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MIND THE PEACE

Integrating MHPSS, Peacebuilding and Livelihood Programming:
A guidance framework for practitioners

February 2023

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Cover picture: Shores of Lake Tanganyika, Nyanza-Lac, Makamba, Burundi. June 2018, Landry Nshimiye.

About this report

This Guidance Framework outlines Interpeace's principles and approach to integrated mental health psychosocial support services (MHPSS), peacebuilding and livelihoods programming. It provides practical guidance; and it aims to demystify MHPSS for practitioners of peacebuilding and livelihood development, and livelihood development and peacebuilding for practitioners of MHPSS.

It is increasingly recognised that differences in applied methods, use of terminology and tools, and even epistemologies, deepen silos and limit the collective impact and effectiveness of programming. As a primer for Interpeace staff, we hope the Framework will assist Interpeace as well as practitioners of MHPSS, peacebuilding and livelihood development to improve cross-sectoral learning and opportunities to integrate their practice.

The Framework contributes to a growing body of learning, research and practice that has emerged in both scholarly and grey literature. It draws on journals, books, mapping reports, international and organisation-specific guidance documents, evaluations, and programme experience. It has also benefited from local, regional and international policy and research processes, including the Inter-agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings, and its guidance note development process; UNDP's 2022 report *Integrating Mental Health and Psychosocial Support into Peacebuilding*; and a number of country-based case studies published in 2022 that benefit from consultations with communities at the intersection of MHPSS, peacebuilding and livelihoods. Building on these resources, the Framework provides practical principles and guidance for programme implementers, researchers, and donors who want to operationalise and support more integrated approaches to MHPSS, peacebuilding and livelihood development.

Finally, it offers practical directions for Interpeace's emergent programming in this area. Interpeace programming is integrating MHPSS, peacebuilding, and development by applying an approach that is resilience-oriented and multi-dimensional. The guidelines set out general approaches that can be applied flexibly in different contexts.

The Framework is intended to be iteratively updated, in line with Interpeace's learning approach to integrative programming and the need to periodically revise guidance and principles based on research, evidence and knowledge.

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Foreword

In situations of war, the international aid system will readily pour billions of US dollars into rebuilding 'critical physical infrastructure', yet it largely neglects the invisible wounds that stunt the ability of a society to heal, reconcile and develop.

Violent conflict is taking place at levels unseen since the Second World War. Its human cost is incalculable. Hundreds of thousands of lives are lost every year, and millions more people harbour deep trauma and stress, uprooted from their homes, families and livelihoods. In recent years, the mental health impacts of exposure to violence, instability and displacement have been further aggravated by the stress of the COVID-19 pandemic and government-imposed lockdowns.

The pandemic severely upended young people's growth and education. According to the World Health Organization, during the first year of the pandemic the prevalence of depression and anxiety among children and youth rose by a staggering 27%.

If left untreated, prospects for future peace and development will inevitably be hampered by the legacy of invisible wounds carried especially by children and young adults caught in this maelstrom. According to UNICEF, "30 million children have been displaced by conflict. Many of them are being enslaved, trafficked, abused and exploited. Many more are living in limbo, without official immigration status or access to education and health care."

What sort of future can we expect if the explosion in mental health needs of young people is neglected?

Thankfully, the field of mental health and psycho-social support (MHPSS) has developed steadily in recent years, and particular efforts have been made to include it in humanitarian responses to crises and natural disasters. There has also been a growing recognition that MHPSS plays a central role in the ability of a society to heal and reconcile, a process that in turn underpins all other dimensions of development.

Sadly, recognition of the importance of MHPSS has not yet been matched by a commitment of resources commensurate with the scale and depth of the challenge. It is estimated that Western models of psychotherapy are prohibitively costly, that qualified staff are too scarce, and that the barriers raised by stigmatisation of mental health are too steep to overcome. However, these factors need no longer get in the way.

This paper represents Interpeace's contribution to broadening the concept of MHPSS, by putting equal emphasis on personal and collective healing, addressing the root causes of societal wounds with due respect for cultural and context specificities, and intervening efficiently and at scale to treat all those in need.

The model that we have developed with knowledgeable practitioners and scholars from around the world integrates MHPSS with societal healing (community reconciliation) and livelihood skills development. Learning to heal oneself, in a manner that facilitates reintegration in the community, brings impressive and inspiring results. When, in addition, tools are made

available that enable people to lift themselves from debilitating precarity, the outcomes can be transformational.

The integrated approach presented in this report also offers a shift in focus: it offers individual rehabilitation and also improves relationships within and between communities and with the State, thereby creating conditions for a more sustainable society.

At the same time, it must be acknowledged that the body of knowledge and practice on MHPSS in situations of conflict is still in its early development. We need to deepen our understanding of the benefits of using and sequencing different approaches as well as how to work across sectors to leverage complementarities.

It is our hope that this paper will contribute to a wider paradigmatic change in MHPSS, peacebuilding and livelihoods practice. If it does so, international partners will be better equipped to support locally-owned and embedded solutions that can reach people in need more effectively, more efficiently, and at the scale required.

Scott Weber
President, Interpeace

9 January, 2023

Executive summary

Conflict and violence have an enormous impact on mental health and psychosocial well-being. One in five people living in a conflict-affected environment suffers from a mental disorder. Many others suffer from less acute but significant distress because of family separation, collapsed livelihoods, physical displacement from home and community, or fear of violence. Scaled-up programming that integrates mental health and psychosocial support (MHPSS) with peacebuilding and livelihood creation has the potential to enable millions of people who live in conflict or in the shadow of violence and injustice to survive and ultimately thrive. This report establishes the rationale for a paradigm shift in integrated programming across these areas. It includes principles, practical guidance and community informed programming ideas for scaling up a new and integrated approach to MHPSS, peacebuilding and livelihood programming.

The long-lasting mental health and psychosocial effects of conflict and violence make securing and sustaining peace much more difficult. It has been established that, in a process called the victim-of-fender overlap, people who have been victimised are more likely to become perpetrators.[1] While the personal emotional wounds of violence and conflict interact in complex ways with wider collective narratives and identities, in many contexts they generate cycles of revenge, conflict, suspicion and intolerance that may last for decades. Beyond their mental health and social consequences, conflicts may also cause massive displacement, depriving individuals and communities of homes and vital social connections, while those who have been displaced and those who remain also frequently experience interruptions in their economic activities or lose their livelihoods. Taken together, these mental health, social and economic impacts can undermine the capacity of people to reconcile, resolve and transform patterns of grievance and conflict, and rebuild their lives.

Communities possess many resources and capacities that enable them to find solutions. However, outside support and accompaniment are often necessary to achieve longer-term transformation. It is therefore important to understand how MHPSS, peacebuilding and livelihood interventions can be made coherent and mutually supportive. Unfortunately, current international interventions in fragile and conflict-affected settings are frequently siloed and on a small scale. The scale of need, and the limited resources available to address it, are such that new approaches are required. These need to be more integrated, more effective, scalable, and unlikely to cause unintended harms.

Fortunately, the international community has largely recognised that it must urgently connect the fields of MHPSS, peacebuilding and livelihood development, because failure to do so will undermine effective action. Building on the advocacy and research of numerous organisations,[2] the 2020 United Nations (UN) Secretary-General's report on peacebuilding and sustaining peace explicitly endorsed the need for inte-

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1   See Berg, M., and Schreck, C. (2021), 'The Meaning of the Victim-Offender Overlap for Criminological Theory and Crime Prevention Policy', CrimRxiv, <https://doi.org/10.21428/cb6ab371.322ebfb5>; Jennings, W. G., Piquero, A. R., and Reingle, J. M. (2011), 'On the overlap between victimization and offending: A review of the literature', Aggression and Violent Behavior, 17/1, at <https://doi.org/10.1016/j.avb.2011.09.003>.

2   See, for instance, Bubenzer, F., Tankink, M. and Sliep, Y. (2022), 'Integrating Mental Health and Psychosocial Support into Peacebuilding: Summary Report of Data Collected', UNDP, <https://www.undp.org/sites/g/files/zskgke326/files/2022-05/undp-integrating-mental-health-and-psychosocial-support-into-peacebuilding-summary-report.pdf>; IASC MHPSS Reference Group (2019), 'Community-Based Approaches to MHPSS Programmes: A Guidance Note', <https://migrationhealthresearch.iom.int/sites/g/files/tmzbdl256/files/publications/community-based_approaches_to_mhpss_programmes_ a_guidance_note_1.pdf>; International Association for Human Values (IAHV), <https://us.iahv.org/>; Kubai, A., Angi, K. (2019), '"In the End, No Winners, No Losers": Psychosocial Support in Peacebuilding and Reconciliation for Conflict Affected Societies', Felm, <https://felm.org/wp-content/uploads/ 2020/01/felm_psychosocial-support-in-peacebuilding-and-reconciliation-for-conflict-affected-societies_final.pdf>; Norwegian Church Aid, <https://www.kirkensnodhjelp.no/en/>; Arthur, P., Monnier, C. (2021), 'Mental Health and Psychosocial Support to Sustain Peace: Four Areas to Explore for Improving Practice', International Centre for International Cooperation, <https://cic.nyu.edu/sites/default/files/cic_-_mhpss_support_to_ sustain_peace_april_2021.pdf>; TPO Uganda, <https://tpoug.org/>.

gration.[3] The challenge now is to harness practitioner momentum to implement this objective.

The three fields of MHPSS, peacebuilding and livelihood development all seek to improve the overall wellbeing of individuals and communities. In addition, their inputs and outcomes are mutually interdependent. At the same time, they each involve an array of interventions, models, tools and approaches that do not always connect to one another. Their situational contexts, related professional standards, vocabularies and approaches may also be very different. In these respects, many conceptual, relational and even epistemic barriers obstruct the path to more integrative approaches.

Practitioners will need to acknowledge, overcome and balance these different polarities and tensions frankly when they design, implement and operationalise integrated interventions. Interpeace has begun to address this challenge by articulating new principles, approaches and guidelines for programmes and cooperation with partners.

The report draws on extensive desk research, Interpeace's own practice, and various country- and expert-based consultations. It first describes key polarities and challenges at the intersection of MHPSS, peacebuilding and livelihood development, then outlines five principles for integrated programming that respond to these challenges. Section 3 provides practical conceptual approaches for integrated programming and illustrates the interventions, tools and programming options that might address different mental health, peacebuilding and livelihood development challenges. Section 4 presents the detailed findings of four country case studies, which include community-informed programming ideas that can be further developed and implemented based on integrated principles. Finally, Section 5 sets out nine practical programming guidelines, including tools, frameworks and examples that implementers, partners and donors can use to plan, design and create new integrated approaches to MHPSS, peacebuilding and livelihood development.

Five Interpeace principles for integrated programming

Interpeace has identified five principles that are relevant to integrated programming (see below and Figure 2). They acknowledge that, in conflict-affected contexts, needs and priorities rarely fit neat disciplinary categories, such as mental health, peace or livelihood development, or even the categories of individual, family, community or institution. The latter have needs that are transversal, interconnected and interdependent, and it is not possible to neatly separate or redress them by focusing on one element alone.

Interpeace has therefore adopted an approach that promotes multisystemic resilience and cross-sectoral collaboration, and seeks change across multiple systems. The approach recognises that different systems interconnect and generate synergies and that endogenous capacities, skills and resources are present at many levels. Its implementation requires more systemic thinking, new incentives, different models of financing and collaboration, and much greater investment in learning.

1. Focus on the multisystemic resilience of individuals, families, communities and institutions

In conflict-affected contexts, individual and community needs rarely fit inside neat disciplinary categories, such as mental health, peace or livelihood development, or even the categories of individual, family, community or institution. The latter have needs that are transversal, interconnected and interdependent. Nevertheless, most organisations and institutions are structured sectorally. As a result, they tend to develop

3   UN Secretary General (2020), 'Peacebuilding and Sustaining Peace', A/74/876-S/2020/773, <https://www.un.org/peacebuilding/sites/ www.un.org.peacebuilding/ files/documents/sg_report_on_peacebuilding_and_sustaining_peace.a.74.976-s.2020.773.200904.e_4. pdf>.

in-house capacities in a single sector. National and international funding sources also tend to be sector specific. Tools too. Given the sensitivities of MHPSS and peacebuilding, actors prefer to focus on interventions that apply skills, capacities and funding they already possess. Some are even advised not to engage in integrative work unless they are accompanied by experts from other sectors. While accompaniment is indeed important, this advice creates anxiety and may cause institutions to avoid initiatives that take them into areas of work in which they do not have a history.

Interpeace has adopted a multisystemic resilience lens to address these challenges. Multisystemic resilience is an established conceptual framework for assessing and addressing the complex needs of conflict-affected populations.4 It brings together various perspectives on resilience (including livelihoods resilience, community resilience, family resilience, psychological resilience, institutional resilience, and resilience for peace) in one overarching framework that recognises the interconnected nature of different systems and the synergies they generate. To apply a multisystemic lens to integrated programming, it is necessary to convene relevant actors in ways that make fullest use of their respective advantages, strengths and capacities, and plan for collective impacts and resilient outcomes. It is equally necessary to create new financing models and organisational incentives, and share professional vocabularies and understanding.

2. Leverage traditional and everyday approaches alongside structured approaches

When framing MHPSS approaches, it is important to distinguish 'traditional or everyday MHPSS' from 'structured MHPSS'. 'Everyday MHPSS' programmes refer to elements in the everyday fabric of community life that contribute to social and emotional wellbeing. 'Structured MHPSS' policies and programmes are typically regulated by formal national frameworks and delivered by qualified professionals, often in clinical settings. The prominence of structured MHPSS often overshadows efforts to document, understand and leverage traditional and everyday practices that foster mental health and wellbeing and peace. Despite calls to integrate the two approaches, traditional healing and structured/professionalised MHPSS approaches are practised in parallel, and there is very limited communication between them. This has created a tension between structured mental health programming that typically leans towards clinical science, and traditional approaches that are based on indigenous practices. Yet both approaches have value and make important contributions to health and wellbeing.

Tensions between traditional and Western-driven approaches are similarly present in the fields of peacemaking and peacebuilding. Just as it is possible to over-medicalise MHPSS, it is possible to 'over-struc- ture' peacebuilding initiatives at the expense of traditional and everyday practices. Research suggests that traditional mechanisms of conflict resolution remain the preferred method of dispute resolution for most people living in communities around the world. Reasons include their accessibility, cost-efficiency, familiarity, and local legitimacy. Moreover, traditional peacebuilding approaches tend to operate independently of the state, and can therefore be effective in conditions of state fragility, or state failure and collapse.

At the same time, for a variety of reasons, traditional approaches can also be problematic.

Interpeace's approach aims to leverage traditional and everyday practices alongside structured approaches to enhance resilience with respect to mental health, social cohesion and livelihoods. To work with, integrate and leverage actions, structures, relationships and networks, it is necessary to map needs as well as endogenous capacities. It is also vital to engage with local actors to identify structured approaches that they feel are appropriate and necessary, so ensuring that local actors take the lead when structured

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4   Lordos, A., Hyslop, D. (2021), 'The Assessment of Multisystemic Resilience in Conflict-Affected Populations', in Ungar, M., 'Multisystemic Resilience: Adaptation and Transformation in Contexts of Change', Oxford Scholarship Online, <https://oxford. universitypressscholarship.com/view/10.1093/ oso/9780190095888.001.0001/oso-9780190095888-chapter-23>.

approaches are designed and adopted. The aim is to enhance, not replace, endogenous 'every-

day' systems that play a central role in supporting people in the aftermath of violence.

3. Balance protection (negative peace) with connection (positive peace)

Peacebuilding approaches tend to emphasise either protection (negative peace) or connection (positive peace); that is, security/stabilisation (protection), or dialogue, consensus building and social cohesion (connection). In the context of MHPSS service provision, a similar demarcation exists. Approaches tend either to protect individuals from self-harm or harm to others through hospitalisation and social welfare programmes (protection), or they improve the quality of interpersonal relationships in families and the wider community through community-based psychosocial activities (connection). Peacebuilders run risks if they insist on connection-based strategies in situations where victims cannot safely express their views or cannot forgive because there is no justice. Mental health interventions may help traumatised individuals to heal and come to terms with their lot (peace); but, in the absence of structural changes that remove the causes of suffering (justice), such help may sustain an unjust social order. Sacrificing individual for "collective" needs may also do harm, create new systems of exclusion, or compromise a society's capacity to support more comprehensive transformation. Over-emphasis on one form of action may achieve certain benefits but may also compromise the possibility of effective action at other levels. This raises important concerns about where and how to start working with populations that have been exposed to conflict and violence.

A key principle of Interpeace's integrated programming is to *balance* protection and connection. As a peacebuilding organisation, Interpeace is committed to creating opportunities to rebuild and transform relationships between individuals and communities who are affected by conflict. In those processes, however, it is important to ensure that individuals and communities are safe and are protected when they connect. In practical terms, it may be necessary to sequence activities in a manner that takes account of geography, the context of the conflict, and peace ambitions. In Rwanda, for example, Interpeace programmes adapted the approach to groups. Some groups engaged in more protective mental health activities in advance of connection-led activities, while the connection work of other groups led them to explore mental well-being activities. Balancing the two agendas may lead to the adoption of complementary approaches and activities. To judge whether protection or connection approaches are the most important, it is important to do context-specific analysis, observe carefully, be adaptable, and develop learning loops.

4. Work to embed change and capacity in institutions through an integrated multitrack (Track 6) approach

A key consideration is the extent to which national infrastructures for MHPSS, peacebuilding, and livelihood development are integrated. While distinctions between infrastructures for peace and public mental health must be respected, a measure of integration is both desirable and feasible. Much psychosocial peacebuilding occurs at grassroots level. Support for such initiatives can protect them from being over-structured, and from interference by state or outside

actors who are implicated in the conflict. This is itself valuable, particularly in contexts of authoritarianism or neo-colonialism. However, grassroots peacebuilding initiatives are difficult to scale up to the point where they have impact at national level or beyond. If they cannot be embedded in a process that reaches beyond the support of NGOs and international actors, their sustainability is in doubt.

Interpeace believes that any integrated strategy should plan from the outset to generate political support at all levels (from the start or early on), develop policies that support integrated programming, and align integrated programming with government strategies for post-conflict recovery, development and health (among others). In accordance with this approach, programmes should seek to embed change and capacity for change in a manner that enables institutions to continue an iterative and ongoing process of transformation. Lack of government commitment should not prevent other actors from taking action, but an enabling policy environment usually makes it possible to deliver support to a larger segment of the population. On these grounds, Interpeace actively seeks to involve institutional actors who are responsible for mental health, economic development, and peace and social cohesion, wherever it is relevant and appropriate to do so.

5. Rely on evidence and enhance practice

Because resources for peacebuilding are limited and because conflicts are complex and numerous, many practitioners believe that they must use all the resources they have to build sustainable peace. On resource grounds, and also because the values that underpin work in humanitarian and crisis contexts put into question the ethical applicability of rigorous evidence-based interventions, they subordinate the collection and analysis of evidence. Yet, research is vital if practitioners are to understand needs and challenges, ensure their work is effective, and capture learning that can improve programming.

Interpeace recognises that it is imperative to invest in appropriate, well-designed, and ethical research to obtain in-depth knowledge of needs, priorities, risk factors and protective processes for individuals, households, communities, and institutions. Research is important at all stages of the programme cycle, and especially at programme design. It is also important to adopt sound research methods. A mix of research methods should be used to support the dual perspective described in this report, which melds well-established, evidence-based global approaches with local knowledge and everyday psychosocial practices. Quantitative methods are more appropriate to establish how phenomena that are well-understood globally appear locally (to calculate, for example, the prevalence of post-traumatic distress, inter-ethnic negative stereotyping, or food insecurity). In contrast, phenomena that are locally unique (highly localised experiences of conflict, specific forms of economic distress, everyday psychosocial practices, traditional approaches to peacebuilding, etc.) can be researched better by open-ended qualitative research, using focus groups, key informant interviews, and participant observation. All forms of research should be participatory and action-oriented.

Integrated programming options for context- and problem-specific responses

Much of the research for this study focused on developing options for integrated programming. Based on an extensive review of the approaches used in MHPSS, peacebuilding and livelihood programming, the authors concluded that options and guidance for integrated programmes should address specific contextual needs, and the change that the integrated approach intends to secure. With this in mind, the report presents options for twelve specific types of change that integrated programming might aim to achieve. In no particular order, these types of change are:

Ending violence and fostering conditions of security
Addressing the needs of internally displaced persons, refugees, and their host communities
Ending authoritarian violence and opening space for civic dialogue
Designing and implementing security sector reforms
Supporting consensus-building in peace negotiations
Healing psychosocial trauma in the aftermath of violent conflict
Managing the reintegration of former perpetrators and other combatants
Fostering a culture of transformative leadership
Strengthening mental health and social cohesion as entry points for economic development
Promoting gender equality and ending gender-based violence
Empowering youth and strengthening youth leadership
Building a sustainable, inclusive and resilient social contract

These integrated programming options are not intended to be uniform in size or character. Taken together, they provide a foundation on the basis of which stakeholders can design collaborative and contextualised programmes across the three fields. The main report describes these programming options in more detail.

Key lessons that emerge from case studies

Between 9 and 23 March 2022, Interpeace ran four case study consultations for this report. The team selected four distinct and diverse contexts that had different situations of conflict, different geographical contexts, and had integrated MHPSS to different degrees in peacebuilding processes: Cyprus, Kenya, Rwanda and Ukraine. The consultations also enabled the team to pilot its integrated programming options as a tool for enabling collaborative design. Each context generated a distinct set of reflections on integrated programming and ideas for future work, but four overarching lessons emerged.

1. Livelihoods are an essential dimension of integrated programming, regardless of the state of conflict.

2. In contexts of acute crisis, such as Ukraine, integrated programming may or may not be a priority, but strategies that are sensitive to mental health, peacebuilding and livelihood needs remain fundamentally important.

3. When designing context-appropriate integrated programming, it is critical to map endogenous and exogenous actors and approaches.

4. Gender equality and youth empowerment are priority areas for integrated programming.

These lessons have been integrated into the Framework's principles, approaches and guidelines.

Ten practical programming guidelines

1. **Start by identifying local needs and resilience capacities, based on integrated evidence-based analysis.** Identify population needs and existing practices, capacities and infrastructures, using participatory, bottom-up and representative methods that are informed

by clinical knowledge; at the same time, map traditional and everyday approaches and community-based actors using a mixed methods approach. Interpeace research has shown that it is critical to identify local needs, but also to understand how those needs show themselves

and what infrastructures and local practices are available to meet them. To establish this knowledge, combine clinical mental health methods with ethnographic and qualitative approaches, and where appropriate triangulate quantitative data, qualitative data and stakeholder mapping. The clinically informed, conflict sensitive and contextual analysis that results can provide the basis for programmes that improve mental well-being, social cohesion and economic development and make full use of local knowledge, practices, capacities and infrastructures.

2. **Build trust and understanding across sectors, organisations and approaches.** Truly integrative approaches require bringing sectors, professional perspectives, organisations and local communities together to co-design appropriate and effective working methods that maximise the best contributions from different fields. Research and programme experience has shown that cross-sectoral alliances that leverage the strengths of each actor and intervention create more impactful change. It is always challenging to manage heterogeneous stakeholders; and to achieve collaboration it is sometimes necessary to encourage national partners to review their disciplinary preconceptions. True integration requires stakeholders to invest in developing the skills that are required to collaborate, to convene, and to do process-oriented design: these skills are necessary to bridge the wide gaps in thinking and experience that can separate professionals in structured services from traditional and everyday providers embedded in communities.

3. **When designing policies and programmes, balance the different views of formal and informal actors, structured and unstructured services, and traditional healing and science-based approaches.** Too often, MHPSS and peacebuilding programmes face a false dichotomy, asked to choose between cooperating with government-sanctioned professional actors or cooperating with traditional healers and other local actors. Development actors are also often missing from these strategies. For peacebuilders, it is therefore vital to build convening processes that engage all relevant actors, scale up impact, encourage formal structures to inte-

grate local needs and approaches, and link to sustainable development action.

Integrated programming is currently held back by the absence of diversity at 'the design table'. Many different perspectives need to be heard: those of traditional healers and science-based actors, grassroots activists and public health officials, mental health practitioners and peace actors, etc. In addition, to scale up integrated MHPSS, peacebuilding and livelihood programming it is necessary to secure political buy-in. While lack of government commitment should not stop action on the ground, an enabling policy environment makes it possible to extend services to a much larger proportion of the population. From the outset, integrated strategies should plan to generate political support at all levels, and co-develop policies that support existing integrated programming and align it with government strategies for post-conflict recovery, development, and health.

4. **Design guidance and implementation tools that are practical and locally-informed in collaboration with stakeholders.** Integrated programming of MHPSS, peacebuilding and livelihood development is held back by lack of guidance on a wide variety of technical issues (including stakeholder process design, design of clinical modules, survey instruments, participatory action methods, appropriate development interventions, etc.).

Further, much of the guidance that is available tends to be divided into internationally-defined and technically-oriented mental health protocols, or qualitative case guidance on peacebuilding and psychosocial-oriented approaches. To be relevant and useful and to achieve integrated objectives, guidance and tools for all contexts must be developed on the basis of a rigorous, participatory and inclusive process. Because the learning from these approaches is still relatively new, much more investment needs to occur in field-building and evidence-generation, to guide future approaches and their scale-up.

5. **Integrate Track 6 capacity development, to embed change in state and local institutions.** To truly integrate programming, key stakeholders

must be equipped with the necessary capacities. This requires knowledge and practice transfers that bridge traditional silos and areas of expertise as well as traditional power structures. Individuals need to be linked to their community, and the community needs to connect with its county or sub-region, and national and international actors, acknowledging that all have important contributions to make, but also that there are deficits in knowledge and capacity. Training and accompaniment of programme staff and local, national and international stakeholders underpin efforts to integrate MHPSS, peacebuilding and livelihood programming. To deepen capacity and ensure sustainability in the long term, training should be offered to an array of stakeholders, including religious leaders, community health workers, relevant authorities, and civil society actors. Substantively, it is critical to cross-train people who have a peacebuilding background in mental health issues, and people who have a mental health background in peacebuilding, to facilitate their cooperation. A long term and sustainable strategy based on a Track 6 approach will embed training, knowledge and capacity in formal higher education systems, as well as local and national infrastructures, in order to promote positive feedback loops and enlarge the capacity to scale up.

6. **Design an integrated design, monitoring, evaluation, and learning (DMEL) system.** Given that it is a new field of programming, organisations should invest in DMEL for integrated MHPSS, peacebuilding and livelihood development, using a mix of methods. Both clinical and more sociological approaches should be adopted. DMEL systems generate the evidence over time that makes it possible to measure, understand and communicate change. Systems based on iterative learning assist stakeholders to stay humble and adaptable, and generate quantitative and qualitative evidence that shows the effects of programming and thereby gains the support of affected communities as well as national and international stakeholders. Evidence-informed and context-sensitive tools and measurements can also provide new ways to monitor impact and adapt programming approaches appropriately. Interpeace

has developed a randomised control trial (RCT) approach in one of its programmes that is designed to verify theories of change and attribute impact. The tool can be used in association with many other qualitative tools to triangulate data and capture detailed insights into how and why change occurs.

7. **Establish mechanisms and processes to support the well-being of staff, partners and stakeholders**. For staff, partners and stakeholders, providing MHPSS services in conflict-affected contexts can be mentally, emotionally, and physically taxing. Constant exposure to first- and second-hand trauma, long hours, uninterrupted availability, and stress, can affect both mental health and wellbeing. This is particularly true of professionals, volunteers and others who work in their own societies. Ensuring their continued wellbeing is an ethical imperative, but also contributes to the continuity and impact of integrated programming. Organisational policies and practices need to promote staff, partner and stakeholder wellbeing. This may require taking a range of steps, such as establishing supervisory structures, engaging external service providers, leveraging remote resources, and scheduling breaks between activities.

8. **Use all of the above to mitigate the risk of unintended consequences.** Programmes in this area tend to do harm by stigmatising individuals, perpetuating conditions that do not meet the needs of the most vulnerable, increasing exposure to conflict, or failing to protect people from mental distress and traumatisation by being blind to mental health challenges. Integrated programmes, sound DMEL, and multistakeholder engagement that are rooted in an understanding of local realities and resilience can help implementers to avoid common unintended consequences.

9. **Enhance capacity and infrastructure to support integrated programming, to ensure it can be sustained financially and institutionally.** Too much MHPSS and peacebuilding programming depends on outside support and resources. Not enough is done to build the capacities, expertise and resources of local

institutions, so that they can deliver integrated programmes in the long term. In many situations, improving mental well-being, creating conditions for peace, and improving health, education, and livelihood indicators are long-term transformational processes. They require long-term support to ensure that transformation is sustained. Programming strategies should therefore focus on understanding what endogenous practises and capacities exist, strengthening them, and, where they do not exist or are insufficient, adding capacities and practices that are financially and operational sustainable. To achieve these goals, it will be necessary to combine structured and unstructured care, formal and informal interventions, traditional and science-based practices, and local and international actors, and to develop strategies for embedding essential capacities in state institutions and services.

10. **Develop a roadmap for the transition from pilot programming to transformative change at national scale.** The ultimate objective of integrated programming should be to achieve systems transformation – and through that, societal transformation – at national scale. Implementing the above steps in this guidance framework – especially, collaborative design, the track 6 approach, and sustainable financial systems - would help to build sound foundations for that transition. Maintaining long-term commitment and motivation, within the organisation but also among key donors and partners, while working to integrate approaches in relevant national frameworks, and resisting the urge or pressure to divert attention to other priorities, are all key success factors in managing the transition from pilot programming to transformative change at national level.

Glossary and key terms

Mental health and psychosocial support

Cognitive-behavioural therapies (CBT).[5] Cognitive-behavioural therapeutic approaches seek to achieve positive change, including in clinically distressed individuals, by modifying cognition and behaviour. More recent cognitive-behavioural models balance change-oriented strategies with the acquisition of skills and mindsets that foster acceptance and mindfulness. CBT operates on the assumption that, by correcting inaccurate beliefs, distancing the self from troubling thoughts, and acquiring skills that make it possible to tolerate emotional crises, individuals can reduce their vulnerability to extreme emotional distress in times of adversity. There are several types of CBT. Those the models refer to include:

- Mindfulness-based cognitive therapy, which employs meditation to deal with various challenges such as anxiety and depression.

- Dialectical behaviour therapy, which applies strategies such as problem solving to develop skills that assist individuals, particularly those with more severe mental health conditions, to cope in a more effective manner.[6]

- Acceptance and commitment therapy, which teaches individuals how to acknowledge and accept their feelings and adopt behavioural changes to improve daily functioning.[7]

Counselling.[8] As defined by the American Psychological Association, counselling is "professional assistance in coping with personal problems, including emotional, behavioural, vocational, marital, educational, rehabilitation and life stage problems".[9] Counselling professionals assist individuals to improve their well-being, alleviate distress, and solve crises through culturally-informed and sensitive practices.

Community-based MHPSS. Drawing on the IASC guidelines on community-based MHPSS, practitioners suggest that community-based MHPSS is characterised by "understanding the importance of collective reactions to adversity and of social cohesion in determining individual and social well-being; activation of context-specific multidisciplinary support systems that build on existing strengths of affected communities, rather than merely provision of services to respond to the deficits created by the emergency; participatory engagement of communities in all phases of projects; and the objective to restore and/or strengthen the collective structures and systems essential to daily life and well-being".[10]

Creative arts therapies.[11] This group of approaches employs a range of art forms to transform thoughts, emotions and experiences into tangible shapes or forms, facilitating personal transformation and integration. Creative arts therapies assume that, if people's creative expression and imagination are tapped, they can examine their body, feelings, emotions, and thought processes in ways verbal therapies do not allow.

5   American Psychological Association (2022), 'What is Cognitive Behavioral Therapy?', <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>.

6   Behavioral Tech (2021), 'What is Dialectical Behavior Therapy (DBT)?', <https://behavioraltech.org/resources/faqs/dialectical-behavior-therapy-dbt/>.

7   Hayes, S., 'Acceptance and Commitment Therapy', Association for Contextual Behavioral Science, n.d., <https://contextualscience.org/act>.

8   American Psychological Association, 'Counseling Psychology', <https://www.apa.org/ed/graduate/specialize/counseling>.

9   American Psychological Association, 'Counseling', APA Dictionary of Psychology, <https://dictionary.apa.org/counseling>.

10   Nersisian, D., Ragueneau, M., Rieder, H., Schinina, G. (2021), 'Community-based approaches to MHPSS', Forced Migration Review, 66, <https://www.fmreview.org/sites/fmr/files/FMRdownloads/en/issue66/nersisian-ragueneau-rieder-schinina.pdf>.

11   Hluska, M. E. (2016), 'Understanding the Roles and Uses of Art Making in Art Therapy', Expressive Therapies Dissertations, 3, https://digitalcommons.lesley.edu/cgi/viewcontent.cgi?article=1003&context=expressive_dissertations.

Family resilience framework.[12] This framework focuses on vulnerable families and is intended to strengthen family functioning in the context of adversity. "A basic premise guiding this approach is that stressful crises and persistent challenges influence the whole family, and in turn, key family processes mediate the recovery and resilience of vulnerable members as well as the family unit."[13] The framework assumes that, as families strengthen their ability to meet future challenges, they become less vulnerable.

Family therapy (counselling) and parent training. This approach focuses on understanding and improving processes related to family functioning. Family-based interventions can improve the cohesion, resilience, and wellbeing of family systems and their individual members.[14] By focusing on family processes and acquiring related skills, individuals develop a better sense of their identity and relations in their family context, which also has positive spill-over effects for the community.

Mental health and psychosocial support services (MHPSS). The WHO/Inter-Agency Standing Committee (IASC) 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings' defines MHPSS as "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder".[15]

Multifamily therapy (healing spaces).[16] Multifamily therapy brings together several families facing similar challenges in a therapeutic setting. Inspired by group therapy, multifamily therapy is premised on the assumption that supporting multiple families together allows them to work collectively to overcome specific challenges.

Narrative therapies. Narrative approaches encourage individuals to tell their life story. They provide tools that enable people to re-write their story, so renewing their purpose and identity.[17] Narrative therapies assume that, by reflecting on one's life, re-describing aspects of it, and modifying its emotional valence, individuals can feel more coherent and re-acquire a sense of purpose.

Nonviolent communication training.[18] Nonviolent communication helps people to exchange information that is necessary to resolve disagreements and conflicts peacefully, with empathy and respect. It gives people and communities tools that enable them to understand what triggers them, take responsibility for their reactions, and deepen their connections to themselves and others. By developing their ability to communicate effectively and respectfully, community members can put themselves in a better position to reconcile past disputes, tolerate one another, and identify common ground.

Psychoeducation.[19] Psychoeducation broadly involves sharing knowledge, insights, and skills about aspects of social, emotional, or cognitive functioning in order to protect or enhance a population's health and wellbeing. The purpose of psychoeducation is to improve awareness of practices that can promote wellbeing so that people can make more informed choices in everyday life.

Psychosocial support groups.[20] These groups provide a space for people with similar experiences to share what has happened to them and help one another to find strategies to manage the effects. Support groups assume that, by talking and listening to others who have had similar experiences, individuals can feel more connected, and can confront and

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12 Walsh, F. (2016), 'Family resilience: a developmental systems framework', European Journal of Developmental Psychology, 13/3, <https://doi.org/10.1080/17405629.2016.1154035>.

13 Ibid.

14 The Bowen Center for the Study of the Family (2021), 'Learn about Bowen Theory', <https://www.thebowencenter.org/core-concepts-diagrams>.

15 IASC (2007), 'IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings', p. 1, <IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007 | IASC (interagencystandingcommittee.org)>.

16 Sinoué Mental Health & Recovery Center, 'Multifamily Therapy', <https://www.sinoue.com/en/pathology/multifamily-therapy/>.

17 Dulwich Center, 'What is Narrative Therapy?', <https://dulwichcentre.com.au/what-is-narrative-therapy/>.

18 Centre for Nonviolent Communication (2020), 'The Center for Nonviolent Communication', <https://www.cnvc.org/>.

19 GoodTherapy (2022), 'Psychoeducation', <https://www.goodtherapy.org/blog/psychpedia/psychoeducation>.

20 Hoy, T. (2021), 'Support Groups: Types, Benefits, and What to Expect', <https://www.helpguide.org/articles/therapy-medication/support-groups.htm>; Worrall, H., Schweizer, R., Marks, E., Yuan, I., et al (2018), 'The effectiveness of support groups: a literature review', Faculty of Science, Medicine and Health – Papers: part A., <https://ro.uow.edu.au/cgi/viewcontent.cgi?article=6502&context=smhpapers>.

accept their challenges, improve their coping skills, and be empowered to deal with their problems.

Public health approaches.[21] Public health approaches are science based and multi-disciplinary. They typically involve four steps: (1) defining and monitoring a problem; (2) identifying its risk and protective factors; (3) developing and testing prevention strategies; and (4) assuring widespread adoption. They aim to promote the health, safety and wellbeing of entire populations.

Psychological first aid. This refers to the provision of emergency psychosocial support to communities in the immediate aftermath of disasters.[22] It enables individuals to provide humane, supportive, and practical help to fellow human beings during serious crisis events, promotes positive coping, reduces maladaptive coping and posttraumatic distress, links affected persons to community resources, and sets communities on a path to recovery.[23]

Socio-emotional skills training. Socio-emotional skills include a broad range of personal social, emotional and cognitive capacities. Many international organisations are giving more attention to socio-emotional skills because it has been shown that they are associated with a range of desirable life outcomes in mental health, professional performance, family life, and citizenship.[24]

Sociotherapy. Sociotherapy is a group-based, structured and facilitated method for achieving personal and community healing in traumatised or polarised communities.[25] In a safe, caring and respectful space,

it enables people to process traumatic memories, focus on present challenges and evolve towards a shared future.

Structured approaches for mental health and psychosocial support service provision. Structured MHPSS approaches are manual- or theory-based approaches to promote mental health and strengthen psychosocial support that formally regulated and financed public health systems for mental health and psychosocial support typically provide to the population as a professional service.[26]

Traditional and everyday approaches to MHPSS. The World Health Organization (WHO) defines traditional medicine as "the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness".[27] 'Everyday MHPSS' refers to social systems and practices of care that can be identified in all organised societies throughout history. It includes a wide range of beliefs and practices, such as religious ceremonies, musical events and community feasts at community level, parental practices and social solidarity systems for households in adversity at family level, and supportive or mentoring relationships at personal level.

Student centred learning.[28] Student centred learning enables students to define what subjects they want to study and how they want to study them. By comparison with traditional teaching, it shifts power and decision making from teachers to students in order to facilitate

21 US National Center for Injury Prevention and Control (2022), 'The Public Health Approach to Violence Prevention', Centers for Disease Control and Prevention, <https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>.

22 The National Child Traumatic Stress Network, 'About PFA', <https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa>.

23 World Health Organization, War Trauma Foundation and World Vision (2011), 'Psychological first aid: Guide for fieldworkers', <https://www.who.int/publications/i/item/9789241548205>.

24 UNICEF, 'Life Skills and Citizenship Education', n.d., <https://www.unicef.org/mena/life-skills-and-citizenship-education>; Harvard University (2022), 'Ecological Approaches to Socio Emotional Learning (EASEL) Lab', <https://easel.gse.harvard.edu/>.

25 Biracyaza, E., Habimana, S. (2020), 'Contribution of community-based sociotherapy interventions for the psychological well-being of Rwandan youths born to genocide perpetrators and survivors: analysis of the stories telling of a sociotherapy approach', BMC Psychology, 8, <https://bmcpsychology.biomedcentral.com/articles/10.1186/s40359-020-00471-9>.

26 UNWRA (2017), 'Mental Health and Psychosocial Support Framework', <https://www.mhinnovation.net/sites/default/files/downloads/ innovation/reports/MHPSS%20Framework%20Branded%20FINAL%20EN.pdf>.

27 World Health Organization, 'Traditional, Complementary and Integrative Medicine', <https://www.who.int/health-topics/traditional-complementary-and-integrative-medicine#tab=tab_1>.

28 American Institute for Research (2010), 'TEAL Center Fact Sheet No.6: Student Centered Learning', <https://lincs.ed.gov/sites/default/files/6%20_ TEAL_Student-Centered.pdf>.

co-creation and discovery and accommodate different interests, backgrounds and abilities. By working in a supportive environment, students become agents in their own learning, gain confidence, and feel appreciated, respected and validated.

Peacebuilding

Civic engagement.[29] Civic engagement is work that seeks to ameliorate the civic life of a community, through political or non-political processes, and the acquisition of knowledge, skills, values, and motivation to achieve that goal. It may take numerous forms: instilling democratic values, such as tolerance, moderation and respect for opposing viewpoints; collecting and providing information; equipping citizens to become more engaged in their political system; increasing their ability to assert their rights; holding leaders and institutions accountable, etc.

Volunteerism. Volunteerism is work that individuals voluntarily undertake without payment, usually for the public good.[30] It enables individuals to increase their knowledge and technical and social skills; enables individuals and groups to participate in the development of their communities; and can strengthen trust and cohesion among people engaged in collective activities.

Community mediation.[31] A process by which impartial mediators help disputing parties to improve their relations and reach a mutually satisfactory agreement. Community mediation processes generally adhere to certain principles: they are voluntary and confidential; mediators are expected to be independent, neutral, and impartial; parties are expected to have equality of standing and to cooperate. Mediation, especially at community level, is intended to enable the parties and their communities to reconnect, resolve conflict non-violently, and manage ongoing conflicts sustainably.

Emerging leadership frameworks.[32] New leadership frameworks seek to address the challenge of ineffective and authoritarian leadership practices, that cause inadequate service delivery, social conflict, and public corruption. Leadership development is seen to be a promising direction for peacebuilding and livelihood development. Frameworks aim, for example, to displace authoritarian paradigms, promote commitment to institutions rather than constituencies, delegitimise norms that increase the likelihood of conflict or corruption, and encourage collaboration and service to society. It is assumed that accountable, responsible and competent leadership will improve service delivery, social cohesion and socioeconomic development while significantly reducing the risk of violent social conflict and public corruption. Several frameworks have emerged, including transformational leadership, the three-level model, servant leadership, distributed leadership, and collaborative leadership.

Gender equality, inclusion and positive masculinities.[33] Efforts to promote gender equality and inclusion as well as positive masculinities emphasise the need to address the practical needs of men and women (equity focused approaches) and also their interests (equality and empowerment focused approaches that address power relations). They aim to promote equality and the ability of all people to live full lives. The premise of gender equality and positive masculinity efforts is that the social, political and economic empowerment of women and the adoption by men and boys of positive forms of masculinity will transform unequal power relations, enhance the well-being and agency

29 Paffenholz, T., Spurk, C. (2006), 'Civic Society, Civic Engagement, and Peacebuilding', Social Development Papers, Conflict Prevention & Reconstruction, No. 36, <https://www.researchgate.net/profile/ChristophSpurk/publication/228658197_Civil_Society_Civic_Engagement_and_Peacebuilding/ links/564dc29008ae1ef9296acc88/Civil-Society-Civic-Engagement-and-Peacebuilding.pdf?origin=-publication_detail>.

30 Husnina, N., Asmuni, A. Arif Ismail, I. (2017), 'Theoretical Framework of Predictors Volunteering Behavior', International Journal of Academic Research in Business and Social Sciences, Special Issue No. 7, 4th International Conference on Educational Research and Practice, <http://dx.doi.org/10.6007/IJARBSS/v7-i14/3656>.

31 ADR Times (2022), 'Types of Mediation: Evaluative, Facilitative, and Transformative', <https://www.adrtimes.com/types-of-mediation/>; Shonk, K. (2022), 'Types of Mediation: Choose the Type Best Suited to Your Conflict', <https://www.pon.harvard.edu/daily/mediation/types-mediation-choose-type-best-suited-conflict/>.

32 CompassPoint (2022), 'Leadership Frameworks', <https://www.compasspoint.org/follow-up-resource/leadership-frameworks>.

33 Davis, A. (2020), 'Ten Foundations of Gender Inclusive Peacebuilding', Interpeace Peacebuilding in Practice Paper, No. 6, <https://www.interpeace.org/wp-content/uploads/2020/09/PiP_6-10_Foundations-web_ENG-v18.pdf>.

of women, men, girls and boys, foster more equitable and sustainable peace and development, and enable women as well as men to shape the future. Gender equality and inclusion activities may also advocate for and promote the rights of sexual and gender minorities who face specific forms of marginalisation, exclusion and vulnerability.

Human rights protection.[34] The Universal Declaration of Human Rights (UDHR), adopted by the UN General Assembly in 1948, was the first legal document to set out fundamental human rights that must be universally protected. All States have ratified at least one of the nine core human rights treaties and one of the nine optional protocols. The assumption of human rights programming is that respect for universally recognised human rights will allow individuals, and by extension societies, to flourish.

Institutional reform.[35] Institutional reform interventions change the rules and norms that govern public sector activity in order to catalyse political, social and economic transformation. Institutional reform assumes that improvements in the commitment, capacity, efficiency, integrity and responsiveness of public sector institutions will enhance their performance and ultimately reduce poverty, advance development, and sustain peace.

Intergenerational dialogue.[36] Intergenerational dialogues bring together older and younger generations in collective spaces to build relationships, learn from each other and share experience. Their aim may be, for example, to promote gender equality, enhance youth leadership, increase meaningful participation in decision making, or reduce violence and tension, etc.

Legal aid.[37] Legal aid systems make free or affordable legal counsel, representation and services available to individuals from low-income backgrounds who could not otherwise afford such services. The premise is that individuals from marginalised backgrounds should be entitled to defend themselves on fair terms in court.

Media development.[38] Article 19 of the Universal Declaration of Human Rights guarantees the right to freedom of opinion and expression, which includes the right to information. Media development efforts typically focus on strengthening media independence from state interference and the media's contribution to ensuring access to information. Independent, plural, professionalised media that reach a wide audience can foster transparency and good governance, build bridges, increase knowledge of complex issues, influence policy makers, provide an outlet for the expression of emotion, and motivate people to take action for peace.

Mentorship.[39] A relationship between two or more people in which one person supports another to build skills, gain insights, and make decisions for their personal or professional development. The premise of mentorship is that the experienced advice of role models can help people to make sound decisions that will improve their lives.

Negative peace. Negative peace is the absence of personal violence or fear of violence.[40]

Positive peace. Positive peace, more ambitious than negative peace, presumes a society in which norms, attitudes and institutions help communities and societies to resolve grievances in just and non-violent ways.[41]

34   Stanford Encyclopedia of Philosophy (2019), 'Human Rights', <https://plato.stanford.edu/entries/rights-human/>.

35   Joshi, A., Carter, B. (2015), 'Public Sector Institutional Reform: Topic guide', GSDRC Topic Guide, University of Birmingham, <https://gsdrc.org/wp-content/uploads/2015/07/PSIR_TG.pdf>.

36   Kozieja-Grabowska, I. (16 March 2020), 'Intergenerational dialogue – how to bring together generations?', EPALE Blog, European Commission, <https://epale.ec.europa.eu/en/blog/intergenerational-dialogue-how-bring-together-generations>.

37   Council of Europe (2021), 'The efficiency and the effectiveness of legal aid schemes in the areas of civil and administrative law', Guidelines and Explanatory Memorandum, <https://rm.coe.int/guidelines-of-the-committee-of-ministers-of-the-council-of-europe-on-t/1680a39918>.

38   UNESCO (2008), 'Media Development Indicators: A framework for assessing media development', <Media development indicators: a framework for assessing media development - UNESCO Digital Library>.

39   Eller, L. S., Lev, E. L. Feurer, A. (2014), 'Key components of an effective mentoring relationship: a qualitative study', Nurse Educ. Today 34/5, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3925207/#:~:text=Eight%20themes%20described%20key%20components,collaboration%3B%20and%20(8)%20role>.

40   'An editorial', *Journal of Peace Research*, 1/1, 1964, <https://doi.org/10.1177/002234336400100101>; Galtung, J. (1969), 'Violence, Peace and Peace Research', Journal of Peace Research, 6/3, <https://www.jstor.org/stable/422690>.

41   Based on 'An editorial', *Journal of Peace Research*, 1/1, 1964, <https://doi.org/10.1177/002234336400100101>; Galtung, J. (1969),

Participatory and inclusive governance. Participatory and inclusive governance promotes the involvement of all sections of society in decisions about the distribution of public funds between communities, the design of public policies, and monitoring and evaluation of government spending.[42] The premise of this approach is that societies will develop faster and will be more peaceful if citizens' priorities inform policies and investment and citizens feel they have ownership of their institutions.[43]

Participatory school governance.[44] Schools that are governed participatorily involve staff, students, parents, teachers and other key stakeholders in their decision making. The intentions are to foster democratic culture among staff, students and the wider community and to strengthen academic performance.

Peacebuilding. The UN says that peacebuilding aims "to reduce the risk of lapsing or relapsing into conflict by strengthening national capacities at all levels for conflict management, and to lay the foundation for sustainable peace and development. It is a complex, long-term process of creating the necessary conditions for sustainable peace."[45]

Peace education. Peace education activities promote knowledge, skills and attitudes that help people to prevent the occurrence of conflict, resolve conflicts peacefully, or create social conditions conducive to peace.[46] The aim is to change behaviour by encouraging people and societies to consistently seek alternatives to violence. The premise is that, if attitudes to war and violence are transformed, peace practice and peacebuilding will be more sustainable.

Peace journalism. Peace journalism recognises that reporters and editors can contribute to peace by selecting what they report and considering how their products affect prospects for peace.[47]

Peace negotiations. Peace negotiations feature multiple parties, usually politicians, military officials, and diplomats, who work together to achieve peace, elements of peace, or a resolution between two or more warring parties.[48] The assumption of peace negotiations is that an agreement between conflicting parties can be reached by dialogue rather than military force, thereby ending hostilities and restoring "peace".

Social protection. Social protection is defined in the widely used Transformative Social Protection Framework as "all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing economic and social vulnerability".[49] Initiatives can be state-led or community-led and can be categorised by their functions: protection (social assistance); prevention (social insurance); or promotion (economic inclusion).

Security sector reform.[50] Security sector reform is a multisectoral endeavour. It may include initiatives to: increase capacity; improve democratic governance and accountability; increase respect of human rights;

'Violence, Peace and Peace Research', Journal of Peace Research, 6/3, <https://www.jstor.org/stable/422690>. Definitions of positive peace are contested.

42   Speer, J. (2011), 'Participatory Governance, Accountability and Responsiveness: A Comparative Study of Local Public Service Provision in Rural Guatemala', Humboldt-Universität zu Berlin, <https://d-nb.info/1020443103/34>.

43   OECD (2020), 'What does "Inclusive Governance" Mean? Clarifying theory and practice', OECD Development Policy Papers, No. 27, <https://www.oecd-ilibrary.org/docserver/960f5a97-en.pdf?expires=1662106014&id=id&accname=guest&checksum=79E3A9C696068C5ED8D7884F67BACA25>.

44   Villarreal A., Rodriguez, R. G. (2011), 'Expanding School Governance through Participatory Community Engagement', IDRA, <https://www.idra.org/resource-center/expanding-school-governance-through-participatory/>.

45   UN, 'Terminology', <https://peacekeeping.un.org/en/terminology#:~:text=Peacebuilding%20aims%20to%20reduce%20the,necessary%20conditions%20for%20sustainable%20peace>.

46   Peace Insight, 'Peace education', <https://www.peaceinsight.org/en/themes/peace-education/?location&theme=peace-education>.

47   Lynch, J. (2015), 'Peace Journalism: Theoretical and Methodological Developments', Global Media and Communication, 11/3, <https://www.researchgate.net/publication/283828285_Peace_journalism_Theoretical_and_methodological_developments>.

48   Norwich University Online (2020), 'The Do's and Don'ts of Peace Negotiation', <https://online.norwich.edu/academic-programs/resources/dos-donts-peace-negotiation>.

49   Devereux, S., Sabates Wheeler, R. (2004), 'Transformative social protection', Institute of Development Studies, Working Paper 232, https://www.ids.ac.uk/download.php?file=files/dmfile/Wp232.pdf.

50   ISSAT (2015), 'SSR Overview', <https://issat.dcaf.ch/Learn/SSR-Overview>; Security Sector Integrity (2022), 'Security Sector Reform', <https://securitysectorintegrity.com/security-sector-governance/security-sector-reform/>.

strengthen coordination and oversight. An inclusive, evidence informed redesign of security sector infrastructure, which has political support and includes essential capacities for implementation and human rights protection, can enable security sector institutions to effectively address individual, community, and state security needs, earn the trust of the population, increase willingness to disarm and demobilise, establish a greater sense of security, and create conditions that can foster healing, reconciliation, and peaceful socioeconomic development.

Transitional justice. Transitional justice addresses large-scale or systemic human rights violations in countries emerging from conflict where abuses were so numerous and so serious that the normal justice system could not respond adequately.[51] Typical transitional justice procedures generate historical records to counter denial, hold perpetrators accountable for their acts, provide symbolic or material reparations to victims, or reform institutions to (re)build social trust.

Successful procedures can prevent recurrence of violence and foster sustainable peace. Transitional justice processes may include criminal prosecution, truth seeking, reparations, institutional reform, or memorialisation. Restorative justice, which focuses on reconciling victims and perpetrators, is sometimes considered a form of transitional justice.

Youth development, mentoring, empowerment, and inclusion.[52] Youth development, mentoring, empowerment and inclusion emphasise the need to engage and include youth meaningfully in order to foster sustainable and equitable peace and development. It assumes that young people who are equipped with knowledge, skills, networks, support, access and recognition will make appropriate decisions, become agents of their destiny, improve their lives and the lives of their communities, and contribute positively to the social, economic and political wellbeing and peace of their societies.

Livelihood development

Livelihood programming. The UNDP's 'Guidance Note on Recovery: Livelihood' defines livelihood promotion as "a set of development-based interventions that involve improving the resilience of household livelihoods so that food and other basic needs can be met on a sustainable basis".[53] Four principles underlie livelihood programming: it is "people-centred, multilevel, dynamic, and ultimately aims to achieve sustainable livelihoods".[54] Livelihood programming can be applied in stable/peaceful contexts as well as emergency and conflict contexts. However, the strategies mobilised by individuals and communities may be slightly different and may evolve when conflicts become protracted. The objectives of programming may vary in response to the stage of conflict and/or recovery. They can include protecting livelihood

assets, livelihood recovery, developing long-term livelihoods that improve livelihood resilience, or fostering household access to markets. This document focuses on livelihood strategies that enable individuals and communities to collectively enhance their livelihoods.

Community-based enterprise.[55] Community-based enterprises (CBE) are created, owned, managed and controlled by members of a community. CBEs often emerge as a response to a social, economic or environmental problem. CBEs presume that their inclusive and collective understanding of livelihood challenges and opportunities, and their collaborative development of institutions to co-administer specific livelihood activities, will raise overall economic prosperity by improving resource management, strategic market

51 International Center for Transitional Justice (2008), 'What is Transitional Justice?', <https://www.ictj.org/sites/default/files/ICTJ-Global-Transitional-Justice-2009-English.pdf>.

52 Simpson, G. (2018), 'The Missing Peace: Independent Progress Study on Youth, Peace and Security', UNFPA and PBSO, <https://www.unfpa.org/sites/default/files/youth/youth-web-english.pdf>; Youth Power Learning (2017), 'A Systemic Review of Positive Youth Development Programs in Low- and Middle-Income Countries', <https://pdf.usaid.gov/pdf_docs/PA00MR58.pdf>.

53 International Recovery Platform and UNDP India (2010), 'Guidance Note on Recovery: Livelihoods', International Recovery Platform, <https://www.unisdr.org/files/16771_16771guidancenoteonrecoveryliveliho.pdf>.

54 Jaspars, S. (2006), 'What is Livelihoods Programming?', Field Exchange, Special Supplement 3: From food crisis to fair trade, <www.ennonline.net/fex/103/chapter2>.

55 Peredo, A. M., Chrisman, J. J. (2006), 'Toward a Theory of Community-Based Enterprise', Academy of Management Review, 31/2, <https://www.jstor.org/stable/20159204>.

positioning, and specialisation, and will also improve trust between community stakeholders, as well as wellbeing, self-confidence, and purpose.

Cooperatives. The Nebraska Cooperative Development Center defines a cooperative as "an association of persons that is owned and controlled by the people to meet their common economic, social and/or cultural needs and aspirations through a jointly-owned and democratically controlled business".[56]

Food security. Food security exists when "all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life".[57] This definition points to the four dimensions of food security: food availability, food access, food use, and food stability.

Infrastructure development. Relates to the construction and expansion of foundational services, such as transport, energy, water networks, and information and communications technology, for the purpose of stimu

lating economic growth and improving quality of life.[58]

Savings group. A savings group is a group of people, varying in size and form, who come together voluntarily to combine their savings and lend out the accumulated amount to each other to meet economic needs, maintain or start small businesses, or increase economic activity.[59] This type of organisation is common in poor and rural communities that have limited access to financial services or state-based social protection mechanisms. Typical models of savings groups are village savings and loan associations (VSLAs)[60] and rotating savings and credit associations (ROSCAs).[61]

Technical and vocational education and training. "Technical and vocational education and training (TVET) is understood as comprising education, training and skills development relating to a wide range of occupational fields, production, services and livelihoods."[62] TVET programming assumes that non-formal training in specific skills for which there is a need will enable TVET trainees to find jobs and improve their livelihood opportunities.

56 Nebraska Cooperative Development Center (2022), 'What is a Cooperative?', <https://ncdc.unl.edu/what-cooperative>.

57 FAO (2006), 'Food Security', Policy Brief, Issue 2, <https://www.fao.org/fileadmin/templates/faoitaly/documents/pdf/ pdf_Food_Security_Cocept_Note.pdf>.

58 IGI Global (2022), 'What is Infrastructure Development?', <https://www.igi-global.com/dictionary/the-impact-of-infrastructure-on-growth-and-development/59129>.

59 Poverty Cure, 'Savings Groups', n.d., <https://www.povertycure.org/learn/issues/entrepreneurial-spirit/savings-groups>.

60 CARE (2019), 'Unlocking Access, Unleashing Potential: Empowering 50 Million Women and Girls through Village Savings and Loan Associations by 2030', <https://www.care.org/wp-content/uploads/2020/05/vsla_unlocking_access.pdf>.

61 Johnson, J. (2022), 'What is a Rotating Savings and Credit Association?', <https://www.thebalance.com/what-is-a-rotating-savings-and-credit-association-5219314>.

62 UNESCO-UNEVOC, 'TVETipedia Glossary: Technical and Vocational Education and Training', <https://unevoc.unesco.org/home/TVETipedia+Glossary/filt=all/id=474>.

Background

Situating MHPSS in Interpeace's approach to peacebuilding: Why is Interpeace interested in integration?

In its own programming, Interpeace has explored integration of MHPSS into its peacebuilding approaches, and connected that work to livelihood and development initiatives that can reinforce peacebuilding gains. Interpeace integrated MHPSS in a peacebuilding programming for the first time when it began the Societal Healing and Participatory Governance in Rwanda programme in 2015. The programme produced notable results and learnings on the importance of MHPSS in longer-term transformational processes to rebuild individual, collective and structural resilience in the aftermath of violent conflict. In recent years, communities, national stakeholders and Interpeace have all agreed that integrated programming is fundamental to achieving impactful and transformative effects. Since it put resilience at the centre of its five-year strategy, A Resilient Peace, Interpeace has increasingly worked to support individuals, communities and societies to create sustainable systemic peace that cuts across levels and responds to complex needs.
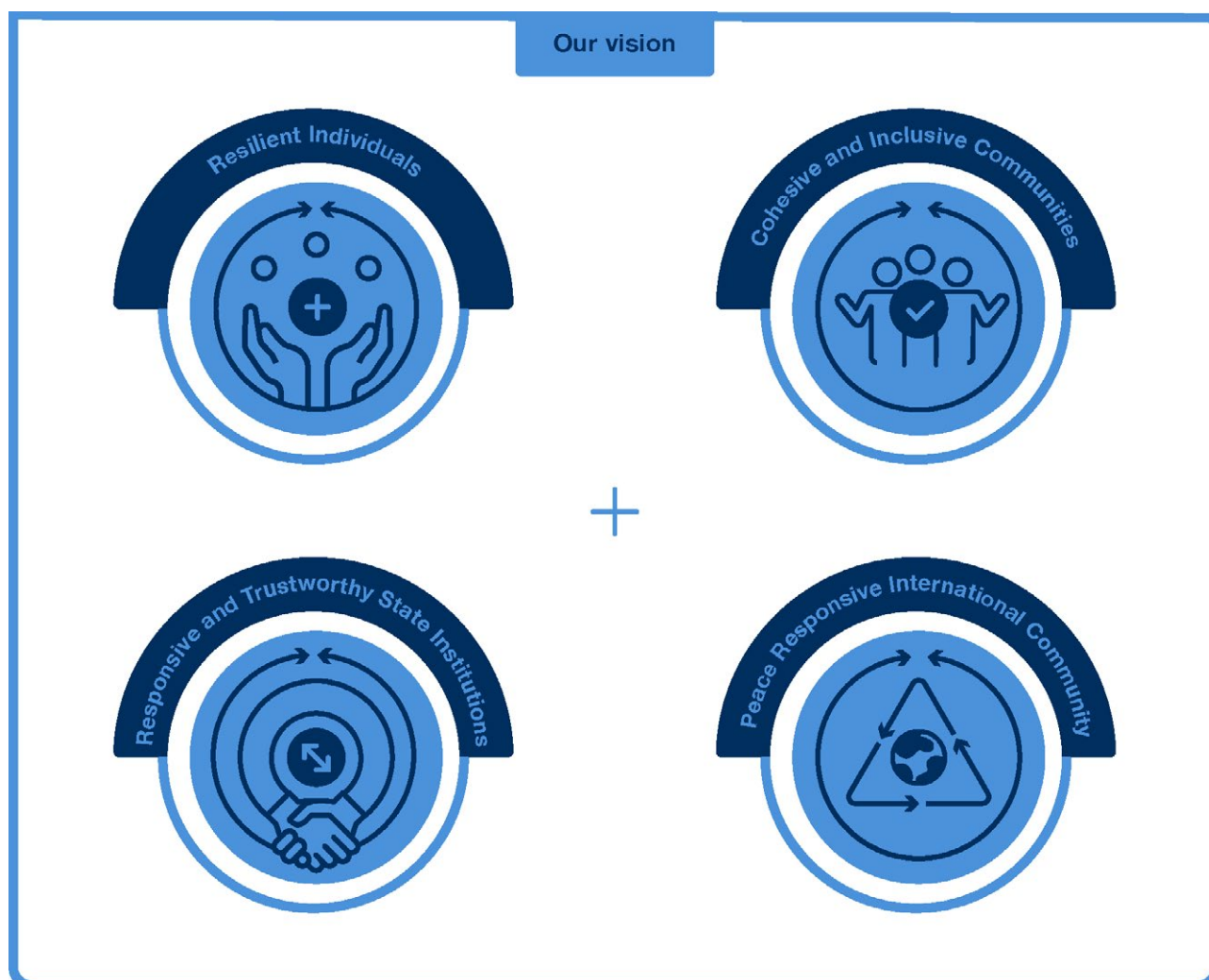
To this end, it has undertaken to enhance efforts to integrate MHPSS (as well as economic development) in its peacebuilding efforts. Interpeace is currently expanding its integrated programming portfolio to cover over half of programmes that are in an early or advanced stage of programme design. In doing this, it is guided by five key foci:

Pursuit of negative and positive peace	Interpeace understands that peace is not the simple absence of violence but presumes a framework of social and political relationships that are free from coercion or violence, allowing groups and individuals in society to pursue their economic, identity, political, religious, or other needs and aspirations without fear, with justice, and in security. Two pillars of Interpeace's Change Framework (which lays out the organisation's theory of change) demonstrate Interpeace's commitment to pursuing both negative and positive peace in the contexts in which it works. They are: (1) to reduce violence and enhance safety and security; and (2) to build more resilient and inclusive societies. *MHPSS presents opportunities to support work on both negative and positive peace. With respect to negative peace, MHPSS can be leveraged to address the impacts of insecurity and violence and to prevent future violence, especially at interpersonal level. With respect to positive peace, MHPSS can be leveraged to support systemic efforts to create holistic transformation, of individuals, communities and societies.*
Applying a Track 6 approach	The Track 6 approach connects local communities, civil society, governments and the international community. In the peacebuilding field, initiatives that involve government officials and other high-level decision-makers are referred to as Track 1. Initiatives that work with influential actors from civil society are referred to as Track 2. Those that engage the local population at community and grassroots level are called Track 3. Interpeace works across all levels, connecting the three tracks: 1+2+3=6. *Historically, the integration of MHPSS in peacebuilding programming typically occurred in tracks 2 and 3. However, as awareness of the impact of trauma on leadership practices has grown, it is increasingly understood that MHPSS can be employed in each track, and can help to bring the three tracks together.*
Inclusion is central to sustainable peace	The second pillar of Interpeace's change framework is to build more resilient and inclusive societies. Interpeace firmly believes that for peace to be sustainable and societies to be resilient, all sectors of society must be included meaningfully, not least actors who have been engaged in violence, and especially actors who have been systemically marginalised or excluded. A key objective in Interpeace's 5-year strategy is to 'enhance inclusion and justice', including by advancing the youth, peace and security (YPS) and the women, peace and security (WPS) agendas through in-country programming. *Experiences of marginalisation and exclusion impact mental health but can also drive conflict. MHPSS approaches can both address the effects of experiences of marginalisation and exclusion, and empower those who have been marginalised to create new narratives and take action in support of inclusive transformation.*

Social contract	Interpeace believes that peace requires a commitment: a social contract between the different elements of society that establishes conditions in which the pursuit of needs and aspirations can take place without recourse to violence or coercion and with full respect of human rights. To this end, Interpeace's approach to scaling up and sustaining peace (as described in the 5-year strategy) is anchored in both meaningful and inclusive participation and state engagement and advancement of peace. *Developing or strengthening a social contract requires changes in attitudes, behaviours and practices at every level, from individuals to systems. MHPSS approaches can help institutions and societies to accept and adopt new practices and ways of relating, between citizens and between citizens and their governments.*
Multisystemic resilience	Since it published the *Framework for Assessing Resilience* in 2016, Interpeace has placed *resilience for peace* at the heart of its programmatic and policy engagement. The Framework describes the mix of attributes, capacities, resources, and responses that enables individuals, communities, institutions, and societies to deal peacefully with the impact of past conflict and violence and prevent new patterns of conflict and violence from emerging. *Resilience for peace* is inherently multisystemic: it recognises that social, political, economic and cultural factors transform the peace and conflict dynamics of a context. Interpeace's interest in connecting MHPSS, peacebuilding and livelihood (economic) development took shape in the context of its work on resilience. *Multisystemic resilience requires working at all levels but also addressing the multidimensional needs of individuals, communities and society at large. These needs include general well-being, including mental well-being, and environmental conditions that enable holistic wellbeing. For these reasons, MHPSS is an integral element of multisystemic resilience.*

Section 1. Why a new integrated approach to MHPSS, peacebuilding and livelihood development?

The scale and severity of interconnected mental health, peacebuilding and livelihood development challenges

Mental health outcomes are affected by everyday adversities but also by the socio-political conditions that tend to form during and in the aftermath of violent conflict. In their book *Psychosocial Perspectives on Peacebuilding* (2015), Hamber and Gallagher concluded that "the psychological impact of armed conflict is acute at an individual level (...) but the social and infrastructural problems are deep, cross-cutting and perhaps described as chronic and deeply embedded in the everyday existence and meaning systems of local populations".[63] Socioeconomic insecurity and political exclusion influence, and are influenced by, mental health and psychosocial conditions, as well as by conflict. As the interconnectedness and interdependence of mental wellbeing, conflict, economic growth and stable governance become increasingly evident, it is vital to understand how MHPSS, peacebuilding and livelihood development can be brought together in support of efforts to sustainably transform the lives of individuals, communities and societies that are in conflict or emerging from it.

The legacy of conflict on mental health is an enormous and growing barrier to long term peace and development. A 2019 study by WHO estimated that at any given point 22% of the members of conflict-affected populations suffer from mental disorders (depression, anxiety, post-traumatic stress disorder [PTSD], bipolar disorder or schizophrenia), highlighting the close connection between conflict and mental health.[64] Many others suffer less acute forms of distress as a consequence of family separation, inability to sustain livelihoods, physical displacement from home and community, or fear of violence.

Further, conflicts have become more complex and last longer, and involve more actors, who often have competing or overlapping political, economic, social, cultural and historical claims. These trends have been linked to targeting of civilians, conflict-related sexual violence, and in some instances the occurrence of extreme and performative acts of violence. As a consequence, the legacy of conflict on mental health is enormous but also growing in many parts of the world. Ongoing injustice, violence and unresolved conflicts and grievances create cycles of mental distress that undermine peace efforts, and cycles of conflict that undermine mental health.

The link between mental health and peace has been confirmed by practitioners and scientific research at many levels and in many contexts. In many of the places where mass violence occurred in the late 1990s and early parts of this century, rates of trauma, post-traumatic distress and other mental health challenges are much higher than in countries and settings that have not been affected by conflict. It is increasingly understood that these mental health and psychosocial effects both perpetuate cycles of violence and fundamentally impair people's ability to participate in society and be active citizens, let alone contribute to reconciliation and peace efforts. Mental health literature has also confirmed the links between exposure to violence and injustice, externalising behaviours, and

63 Hamber B., Gallagher, E. (eds) (2015), 'Psychosocial perspectives on peacebuilding', Springer.

64 Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., et al (2019), 'New WHO prevalence estimates of mental disorders in conflict-settings: a systematic review and meta-analysis', The Lancet, 394/10194, <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext>.

Exposure to Conflict and Violence

Disrupted Social Cohesion

Psychological Distress

Socio-Economic Distress

norms and ongoing patterns of violence and exclusion – a pattern also identified by much culturally grounded peacebuilding work.

Examples of literature that has explored the links between mental health and political violence include:

- Canetti and co-authors (2013) investigated the Israeli-Palestinian conflict and found evidence of a vicious cycle characterised by chronic exposure to political violence. The violence induced psychological distress and led to heightened threat perceptions that in turn promoted militarism and a non-compromising attitude to the conflict.[65]

- Galea and co-authors (2010) examined PTSD symptoms and psychopathology in Liberia's Nimba County, two decades after the Liberian civil war. They showed that the distribution of PTSD symptoms and psychopathologies correlated with the

"path of violence" of the civil war, demonstrating a direct link between experience of violence and levels of psychopathology.[66]

- An interdisciplinary exploration of collective trauma and protracted social conflict by Rinker and Lawler (2018) combined the perspectives of a mental health practitioner and a conflict researcher. They showed that collective traumas and protracted social conflicts formed a cyclical process both in the Israeli-Palestinian context and in marginalised communities in the United States. The study identified collective trauma as an unaddressed root cause of protracted social conflict.[67]

- Betancourt and co-authors (2015) studied the intergenerational impact of violence on mental health in Sierra Leone. They found strong evidence that the mental health of children was affected by the war-induced mental ill-health of their caregivers.[68]

- Miller and co-authors (2020) documented the development and rationale of the Caregiver Support Intervention, which provides mental health support to parents impacted by conflict based on the widely corroborated clinical understanding that parental mental health is a strong determinant of the impact of war on children.[69]

- Rees and co-authors (2018) published in the Journal of Global Mental Health a report that (like many other studies) linked the legacy of conflict to family and intimate partner violence in Timor Leste.[70]

- Suurmond and co-authors (2020) identified a link between PTSD and reduced readiness to reconcile with former enemies in a South Asian sample.[71]

65 Canetti, D., Hall, B. J., Rapaport, C., Wayne, C. (2013), 'Exposure to political violence and political extremism: A stress-based process', European Psychologist, 18/4, <https://doi.org/10.1027/1016-9040/a000158>.

66 Galea, S., Rockers, P. C., Saydee, G., Macauley, R., et al (2010), 'Persistent psychopathology in the wake of civil war: long-term posttraumatic stress disorder in Nimba County, Liberia', American Journal of Public Health, 100/9, <https://doi.org/10.2105/AJPH.2009.179697>.

67 Rinker, J., Lawler, J. (2018), 'Trauma as a collective disease and root cause of protracted social conflict', Peace and Conflict: Journal of Peace Psychology, 24/2, <https://doi.org/10.1037/pac0000311>.

68 Betancourt, T., McBain, R., Newham, E., Brennanc, R. (2015), 'The intergenerational impact of war: Longitudinal relationships between caregiver and child mental health in postconflict Sierra Leone', Journal of Child Psychology and Psychiatry, 56, <https://doi.org/10.1111/jcpp.12389>.

69 Miller, K. E., Ghalayini, H., Arnous, M., Tossyeh, F., et al (2020), 'Strengthening parenting in conflict-affected communities: development of the Caregiver Support Intervention', Global Mental Health, 7, <https://doi.org/10.1017/gmh.2020.8>.

70 Rees, S., Mohsin, M., Kuowei Tai, A., Steel, Z., et al (2018), 'Risk of perpetrating intimate partner violence amongst men exposed to torture in conflict-affected Timor-Leste', Global Mental Health, 5, <https://doi.org/10.1017/gmh.2018.16>.

71 Suurmond, J. M., Poudel, B. R., Böhm, M. (2020), 'Assessing psychosocial conditions for social reintegration of former Maoist

Current programming solutions in MHPSS and peacebuilding are not at sufficient scale and do not efficiently leverage available resources, capacities and skills. The current scale of MHPSS and peacebuilding approaches is not significant enough to address present needs. Old ways of working tend to reach few people or are sub-optimal for the context. To reach scale and leverage local capacities effectively, new approaches are required that can identify and make appropriate use of local practices, norms and behaviours that are already embedded in communities. These practices can reinforce local forms of resilience and support mental health and conflict transformation processes.

Growing scholarly and policy recognition of the need for integration

Scholars and practitioners increasingly recognise that siloed approaches are ineffective and that more integrated approaches are needed that also tackle livelihoods. Many peacebuilding, development and MHPSS actors have intuitively understood that, if the mental and psychosocial traumas and mental distress caused by exposure to violence and injustice are not addressed, sustainable conflict management and transformational peace are very difficult to achieve. However, although a rich body of local MHPSS and peacebuilding practice has emerged, as well as some policy discourse on integration, much of this work remains small-scale or has not truly integrated the three fields; currently, it is not adequate to transform the effectiveness of MHPSS, livelihood and peacebuilding approaches.

In the last 30 years, MHPSS and peacebuilding have experienced significant evolution and change. During this time, more harmonised programmatic approaches to peacebuilding and psychosocial support have emerged and significant learning and evidence have been collected on the efficacy of these approaches in conflict-affected settings. Yet in terms of practical integration a large gap remains, not least because it is difficult to reconcile mental health's clinical, standardised, and data-driven approach with peacebuilding's less structured, highly contextualised and intuitive methodology.

Recognising the issues described above, several scholars have recently explored the connection between these fields, including:

On the links between MHPSS and peacebuilding

- Brandon Hamber, Elizabeth Gallagher and Peter Ventevogel (2014) edited a Special Section of the journal Intervention, titled 'Narrowing the gap between psychosocial practice, peacebuilding and wider social change'. They argued that it was necessary to link psychosocial interventions and peacebuilding, and to recognise and leverage the contribution that MHPSS could make to broader social transformation.[72]

- The Institute for Justice and Reconciliation (IJR) and the War Trauma Foundation hosted an international conference, titled "Healing communities, transforming society: Exploring the interconnectedness between psychosocial needs, practice and peacebuilding". The conference discussed whether MHPSS and peacebuilding should be integrated and, if so, how.

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combatants and communities in Nepal', Conflict, Security & Development, 20/6 <https://doi.org/10.1080/14678802.2020.1848126>.

72   Hamber, B., Gallagher E., Ventevogel, P. (2014), 'Narrowing the gap between psychosocial practice, peacebuilding and wider social change: an introduction to the Special Section in this issue', Intervention, 12/1, <https://www.interventionjournal.com/sites/default/files/ Narrowing_the_gap_between_psychosocial_practice%2C.2.pdf>.

- In 2016, The World Bank explicitly recognised the need to integrate MHPSS in its programmes in fragile and conflict-affected settings.[73]

- A special issue of the journal Intervention, edited by Friederike Bubenzer and Marian Tankink (Volume 15, Issue 3, 2017), focused on "The intrinsic interlinkage between peacebuilding and mental health and psychosocial support: The International Association for Human Values model of integrated psychosocial peacebuilding". It extended previous thinking on linkages between the fields by highlighting the impact of mental health on other sectors, such as policy and politics, health, education, and the economy.

- In the same year Bubenzer and Tankink, with Van der Walt (2017), reviewed the theory of practice in a publication of the International Justice and Reconciliation and War Trauma Foundation, titled 'Achieving Sustainable Peace through an Integrated Approach to Peacebuilding and Mental Health and Psychosocial Support'. The review found that almost all the literature on integration was based on "underlying assumptions that societies can change and that successful transformation is based on a holistic, socio-ecological approach".[74]

- In parallel, peacebuilding organisations, including Interpeace, have taken steps to integrate MHPSS in their interventions.

On the links between MHPSS and livelihoods

- Scientific evidence, human experience, and programmes have shed light on the vicious cycle of mental disorder and livelihood degradation.

- The mutuality of this relationship was shown to be asymmetrical when it came to treatment, however. Social studies, for example by Lund and co-authors (2011), showed that, while there was a positive association between the provision of MHPSS services and improvements in livelihood and economic outcomes, the opposite was not true: cash grants and other livelihood support alone did not reliably lead to long-term improvements in mental health.[75] However, when an MHPSS component was included in a livelihood programme or in a livelihood component of an MHPSS programme, the combination produced a virtuous cycle.

- For instance, a study by Kumar et al. (2016), published in the Journal of Public Health Policy, compared individual MHPSS and livelihood programmes with integrated MHPSS-livelihood programmes. The authors found that the combined programmes had better development outcomes.[76] Schinina and co-authors (2016), in a publication supported by the War Trauma Foundation, found the same virtuous cycle and underlined the centrality of integrated MHPSS-livelihood programming for populations in severe distress.[77] In a study in Liberia, Blattman and co-authors (2015) found similarly that cognitive behaviour therapy (CBT) followed by cash grants reduced recidivism more effectively than either intervention separately.[78] Given the evidence of the effectiveness of MHPSS-livelihood integration, some have argued that failure to coordinate the two programme

73 World Bank Group (2016), 'Psychosocial support in Fragile and Conflict-Affected Settings', <https://www.worldbank.org/en/topic/fragilityconflictviolence/ brief/psychosocial-support-in-fragile-and-conflict-affected-settings>.

74 Tankink, M., Bubenzer, F., van der Walt, S. (2017), 'Achieving Sustainable Peace through an Integrated Approach to Peacebuilding and Mental Health and Psychosocial Support: A review of current theory and practice', Institute for Justice and Reconciliation and the War Trauma Foundation, <http://www.ijr.org.za/home/wp-content/uploads/2018/01/IJR-Peacebuilding-Lit-Review.pdf>.

75 Researchers found that, although cash transfers did not reliably contribute to improved mental health, mental health interventions did result in consistent positive economic outcomes for lower and middle classes. Lund, C., De Silva, M., Plagerson, S., Cooper, S., et al (2011), 'Poverty and mental disorders: breaking the cycle in low-income and middle-income countries', The Lancet, 378/9801, <https://doi.org/10.1016/S0140-6736(11)60754-X>.

76 Kumar, S., Willman, A. (2016), 'Healing invisible wounds and rebuilding livelihoods: Emerging lessons for combining livelihood and psychosocial support in fragile and conflict-affected settings', Journal of Public Health Policy, 37/1, <https://doi.org/10.1057/s41271-016-0009-0>.

77 Schinina, G., Babcock, E., Nadelman, R., Sonam Walsh, J., et al (2016), 'The integration of livelihood support and mental health and psychosocial wellbeing for populations who have been subject to severe stressors', Intervention, 14/3, <https://www.interventionjournal.com/ sites/default/files/ The_integration_of_livelihood_support_and_mental.5.pdf>.

78 Research for the World Bank Policy Research Paper series found that, though both a USD 200 cash grant and CBT (focused on self-regulation, patience, and orientation to non-criminal identities and lifestyles) reduced recidivism over a one-year period, CBT followed by cash transfers was more effective than either intervention alone. Blattman, C., Jamison, J. C., Sheridan, M. (2016), 'Reducing crime and violence: Experimental evidence on adult non-cognitive investments in Liberia', Policy Research Working Paper 7648, World Bank Group, <https://openknowledge.worldbank.org/handle/10986/24222.

types could be described as a mismanagement of resources.

- Other studies, however, have found that MHPSS interventions failed to deliver mental health or livelihoods outcomes for populations in severe economic difficulty. Torre (2021) documented an integrated MHPSS and cash grant programme in Uganda that failed to produce either livelihood or mental health benefits because the severity of the livelihood crisis dwarfed the cash assistance offered.[79] Community members said that the small size of the grants contributed to the general feeling of desperation and created conflicts over their use and distribution. Such studies show the practical co-dependence of mental health and livelihoods, and that shortcomings in one can undermine the success of the other.

Despite this work, the three fields remain deeply divided in their theories, methodologies, and approaches. As the Government of the Netherlands noted in its contribution to the UN 2020 Review of the Peacebuilding Architecture: "Mental health and psychosocial aspects and needs at individual and community level are not yet structurally and explicitly factored into peacebuilding initiatives supported or undertaken by the international community (including the UN system)".[80] One reason for this omission was pointed out by Wessells and Sule in a draft incep-

tion report on 'Establishing an Interagency Approach on Linking MHPSS and Peacebuilding': "The areas of mental health and psychosocial support (MHPSS) and peacebuilding have evolved along relatively separate lines and have been, apart from some notable exceptions, separate silos in humanitarian and development work".[81] The separation has been sustained even though the fields of mental health, peacebuilding and livelihood development have a common origin in that they all aim to improve the quality of human life. The three fields also use similar methods and approaches and even share an overlap in the philosophical and theoretical foundations that underpin their theories of change. At the same time, concerns over medicalisation of the response to conflict-associated trauma, the tensions between structured clinical interventions and community-based psychosocial support, and between individual and communal processes of change, among other factors, have continued to keep the three fields apart.[82]

In recent years, several intergovernmental agencies and international NGOs have produced guidance notes on integrating MHPSS in humanitarian interventions. However, as some of them have noted, it remains necessary to build the argument for integration and develop the tools, framework, connections, and capacity to put it into practice.[83]

Current siloed approaches are less effective

Mental health and peace are highly interdependent in the real world – but so are the professional fields of mental health, livelihoods and peacebuilding.

Clinical mental health approaches are based on evidence-based practices and theories of change that rigorously measure and evaluate interventions. This

methodology has certainly helped to develop the field, but is not without challenges and limitations. Many approaches to mental health rely on medical diagnoses and focus on individualised care. They can be inappropriate in conflict and post-conflict contexts where diagnosis can lead to stigmatisation and resistance to care. Further, as GIZ notes, "a solely medical

79 Torre, C. (2021), 'Therapy in Uganda: a failed MHPSS approach in the face of structural issues', Forced Migration Review, 66, <https://www.fmreview.org/issue66/torre>.

80 Kingdom of the Netherlands (2020), 'Mind the Past to Build the Future: Integrating MHPSS in Peace Building – Contribution of the Netherlands to the 2020 UN Peace Building Architecture Review', p. 1,<https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/ nl_contribution_to_the_pba_review_2020_-_mind_the_past_to_build_the_future_0.pdf>.

81 Wessels, M., Sule, R. (2021), 'Establishing an Interagency Approach on Linking MHPSS and Peacebuilding: Inception Report Draft', unpublished, IASC Reference Group on MHPSS.

82 Ibid.

83 Two prominent multilateral initiatives provide guidance on integrating MHPSS into peacebuilding: a UNDP Guidance Note 'Integrating Mental Health and Psychosocial Support into Peacebuilding' (2022), < https://www.undp.org/publications/integrating-mental-health-and-psychosocial-support-peacebuilding>; and the IASC's 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings' (2007), <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>.

approach moves the process of overcoming trauma from the survivors' social circles into the therapy room",[84] compromising the psychosocial dimensions needed for recovery. In addition, such approaches are seen as 'Western' and overly formal, undermining informal local, indigenous and cultural systems and practices.

These issues largely drove efforts to couple psychosocial support and mental health in the context of humanitarian action, where MHPSS developed. Much like peacebuilding, psychosocial support emphasises relationships, community networks and cultural practices. It connects people's psychological needs with their social environment, side-stepping the individual-centred focus of standard mental health work. Because it emphasises relationships, psychosocial support was the natural entry point for integration with peacebuilding. It seemed evident that combining peacebuilding and psychosocial approaches would assist efforts to transform the structures, systems and cultures of violence that cause psychosocial and mental ill-health.

However, much peacebuilding action is predicated on whether the individuals and communities concerned are psychologically ready or able to engage in such activity. Problematically, this judgement is often made without the rigorous evidence-based analysis that characterises clinical interventions. Psychosocial and peacebuilding approaches that are blind to mental ill-health can fail to understand or influence the causes of severe psychological, social, and emotional distress, or their effects both on individuals and entire communities. Such blind interventions can cause unintended psychological and physical harm; at best, they fail to achieve a meaningful shift towards peace or wider transformative objectives.

It is clear that, in conflict contexts, peace-blind mental health approaches and mental health-blind psychosocial and peacebuilding approaches generate risks to people and have a diminished impact. There is a pressing need to integrate the two fields more fully in order to avoid doing harm and to enhance psychological recovery and peace. Further, the risks of siloed approaches suggest that the challenge for truly integrated approaches is to find a locally defined and context specific *balance* between formal mental health methods and more informal psychosocial peacebuilding approaches.

Common philosophical foundations and objectives: an opportunity for synergy

The fields of MHPSS, peacebuilding and livelihood development have similar philosophical foundations and similar or complementary objectives. They aim to create conditions that nurture holistic wellbeing, in individuals, communities and societies.

- The WHO defines mental health as "a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community".[85]

- The IASC 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings' describe MHPSS as "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder".[86]

- The UN states that peacebuilding aims "to reduce the risk of lapsing or relapsing into conflict by strengthening national capacities at all levels for conflict management, and to lay the foundation for sustainable peace and development. It is a complex,

84 GIZ (2016), 'Psychosocial Support in Crisis and Conflict Settings', <https://www.cmimarseille.org/sites/default/files/newsite/library/files/en/ GIZ_Psychosocial%20Support_8_2016_eng.pdf>.

85 World Health Organization (2022), 'Mental Health: strengthening our response', <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

86 IASC (2007), 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings', p. 1, <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>.

long-term process of creating the necessary conditions for sustainable peace."[87]

- The 1997 Agenda for Development (adopted by the UN General Assembly) defines development as "a multidimensional undertaking to achieve a higher quality of life for all people".[88]

- The UNDP's 'Guidance Note on Recovery: Livelihood' defines livelihood promotion as "a set of development-based interventions that involve improving the resilience of household livelihoods so that food and other basic needs can be met on a sustainable basis".[89]

In essence, the three fields are all driven by the desire to enable individuals to live positive and dignified lives free of coercion, violence and other inhibiting factors such as poverty and inequality.

Although they have evolved separately, the three fields have increasingly focused on systemic analyses and the achievement of longer-term wellbeing. Issue 2 of the Advances in Mental Health Journal (2017), which examined "promotion, prevention and intervention", essentially approached health from a systemic perspective. It included several articles that, in the language of the Center for Disease Control (CDC), considered "the complex interplay between individual, relationship, community, and societal factors".[90] Since 2010, the CDA Collaborative Learning Projects have been socialising systemic thinking within the peacebuilding field. Interpeace's 'Framework for Assessing Resilience' (2016) emphasised the systemic nature of resilience for peace.[91] In parallel, donors have become interested in increasing efficiency across the humanitarian-development-peace (HDP) nexus by applying shared financing mechanisms (through these are still rare), and forming consortia to foster interdisciplinary learning and synergies. These initiatives have started to improve the system as a whole (though the effect is limited) but HDP actors need to take the lead alongside donors.

So the three fields are interconnected, in their origins but also in the directions they are taking. Integration offers an opportunity to create the positive futures for individuals and societies that they seek. It will help the three fields to apply a systems lens (pursue meaningful change at multiple interconnected levels) and adopt a resilience approach that steps beyond absorbing and adapting to change, towards holistic transformation that fosters longer term peace and well-being.

Getting integration right

We need to get integration right. The policy and programmatic interest in more integrative MHPSS and peacebuilding approaches that we have described creates significant opportunities and is positive, but there is a risk that it will fail to overcome key practitioner and policy barriers. The test of integration is whether structured, clinical and formal mental health care integrates with informal, community and tradition-based forms of care, with less structured forms of peacebuilding-informed psychosocial care, and with development and livelihood interventions that can redress critical material needs. Evidence from many different contexts shows that approaches that are overly formal or clinical can tend to stigmatise, medicalise and/or pathologise what are in essence peacebuilding and justice issues. Such approaches fail to address or transform the dynamics that give rise to much mental distress. Conversely, approaches that rely too much on informal customs and traditional practices, or are inadequately informed by rigorous clinical diagnosis and knowledge, can cause harm or be blind to the nature of severe psychological, social and emotional distress. Getting the balance right is key to finding successful integrative applications.

87   UN, 'Terminology', <https://peacekeeping.un.org/en/terminology#:~:text=Peacebuilding%20aims%20to%20reduce%20the, necessary%20conditions%20for%20sustainable%20peace>.

88   UN General Assembly, Agenda for Development, A/RES/51/240, <https://digitallibrary.un.org/record/245092?ln=en>.

89   International Recovery Platform and UNDP India (2010), 'Guidance Note on Recovery: Livelihoods', International Recovery Platform, <https://www.unisdr.org/files/16771_16771guidancenoteonrecoveryliveliho.pdf>.

90   US National Center for Injury Prevention and Control (2022), 'The Socio-Ecological Model: A Framework for Prevention', Centers for Disease Control and Prevention, <https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>.

91   Interpeace (2016), 'Assessing Resilience for Peace: Guidance Note', <http://3n589z370e602eata9wahfl4.wpengine.netdna-cdn.com/wp-content/uploads/2016/06/2016-FAR-Guidace-note-Assesing-Resilience-for-Peace-v7.pdf>.

Currently, explicit integrated MHPSS and peacebuilding programmes are rare and piecemeal in international humanitarian, development and peace action. While there is significant local experience and increasingly high-quality evidence-based programming to build on, much programming remains detached from formal structured mental healthcare models and the large international health actors that attract the bulk of international resources. This can be another important benefit of integration: it could enable formal institutions to widen the range of their operations while building capacity and expertise at local and community level cost effectively. Where the mental health and peace challenges are deep and broad across society, and resources are limited, achieving scale in a sustainable manner is critical to the success of overarching peace and mental health strategies.

An additional element of integration is often missed too: practical redress of the development realities that underpin the lives of people in fragile and conflict-affected places. In many cases, livelihood concerns sit at the nexus of MHPSS and peacebuilding challenges: they undermine dignity, social justice, meaning and purpose, and often reinforce cycles of despair and depression that contribute to peace and conflict dynamics and undermine individual and community wellbeing. Moreover, integrated development actions are not just ameliorative: they can play a transformative role in shaping norms, incentives, behaviours and attitudes to peace.

When done right, MHPSS, peacebuilding and livelihood integration is efficient, effective and strategic. While we are not aware of any study that has successfully assessed the cost-benefit ratio of programmes that integrate MHPSS, peacebuilding and livelihood development, indicative research suggests it is very high. The scale of mental ill-health, and the impact of related externalising and internalising behaviour on human capital and productivity, are known to be significant. These barriers to human capital development are a major challenge for many fragile and conflict-affected societies, which tend to have a high burden of mental distress. Truly integrative approaches can help to promote long term human capital development, which underpins both long-term economic development and social resilience.

Section 2. Polarities and principles for integrated MHPSS, peacebuilding, and development programming

Persistent polarities and challenges to integrated approaches

As mentioned in previous sections, despite the recent push to integrate, challenges remain. They include:

- **Distinct methodologies and vocabularies.** The fields of MHPSS, peacebuilding and livelihood development employ distinct methodologies and vocabularies, though they have shared values and draw on similar theories. It is therefore difficult for professionals from one field, with little or no background in the other field, to engage in cross-sectoral dialogue.[92]

- **Inadequate capacity and competencies.** A mapping report by Bubenzer and co-authors (2017) noted that capacity and resource constraints impeded integrated interventions.[93] Participants at a consultation on the UN 2020 Review of the Peacebuilding Architecture (convened by the Ministry of Foreign Affairs of the Netherlands) also concluded that capacity gaps were a key obstacle to mainstreaming MHPSS in peacebuilding. One of four key recommendations was to build and connect capacity.

- **Shortfalls in financing.** The financing models for peacebuilding are a further obstacle to integration. Grant periods average one to two years, tend to amount to less than USD 1.5 million, and almost all funding is provided by government donors. The vast majority of peacebuilding organisations rely on rigid results-based management (RBM) grants, which require strict adherence to traditional log frames that incentivise top down and non-adaptive approaches and rarely support systemic learning. Though multilateral financing in conflict-affected and fragile contexts has grown, RBM rules limit the opportunities for and the efficacy of integrated programming, which often requires more resources and a long-term approach to achieve the systemic and sustainable transformation of which it is capable.

Beyond these more obvious challenges, practitioners may face some difficult choices as they move towards integrated programming. The following sections present some of these, with suggestions for managing them. The issues were identified in the course of stakeholder discussions, during the case studies, or by the authors.

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92 Wessels, M., Sule, R. (2021), 'Establishing an Interagency Approach on Linking MHPSS and Peacebuilding: Inception Report Draft', unpublished, IASC Reference Group on MHPSS.

93 Bubenzer, F., van der Walt, S., Tankink, M. (2017), 'Mapping Global Practice: Healing Communities, Transforming Societies - Mental Health, Psychosocial Support and Peacebuilding', War Trauma Foundation and the Institute for Justice and Reconciliation, <http://www.ijr.org.za/home/wp-content/uploads/ 2017/07/Mapping-MHPSS-and-PB_IJR-and-WTF_June-2017.pdf>.

Balancing the immediate need to protect individuals and communities, and the longer term need to create or restore vertical and horizontal connections between individuals, communities and institutions

Finding a balance between protection and connection is a theme that runs like a red thread through the MHPSS-peacebuilding discourse. Both fields consider protection and connection to be important, but consensus as to when protection should take precedence over connection is still lacking. The concept of boundaries can help to define the criteria that should be used to guide policy and programme decisions.

Both the MHPSS and peacebuilding fields have developed protection- and connection-based approaches. Their goals are interrelated. When the inner world of people is disturbed, their behaviour is more likely to harm others. They may display disengagement, frustration, anger, disappointment, radicalisation, disrespect, violence, depression, resistance, etc. Individuals who know themselves well, are healed and empowered, or who are working toward their psychosocial recovery, are more likely to contribute positively to society and strengthen peace in their communities and institutions.[94] However, being and feeling at peace, or even working towards it, is far from straightforward when people live in desperately poor, war-affected, or oppressive cultures, and when others with whom they interact are hostile, ultra-competitive, or violent.

So individuals and groups must be protected from abuse and violence (negative peace) while relationships are restored, social systems that serve the needs of the whole population created, and conflicts constructively resolved (positive peace). Each field has developed approaches that fall broadly into one or both of these areas of action (Figure 1).

Figure 1. Matrix of MHPSS vs peacebuilding and livelihood development activities
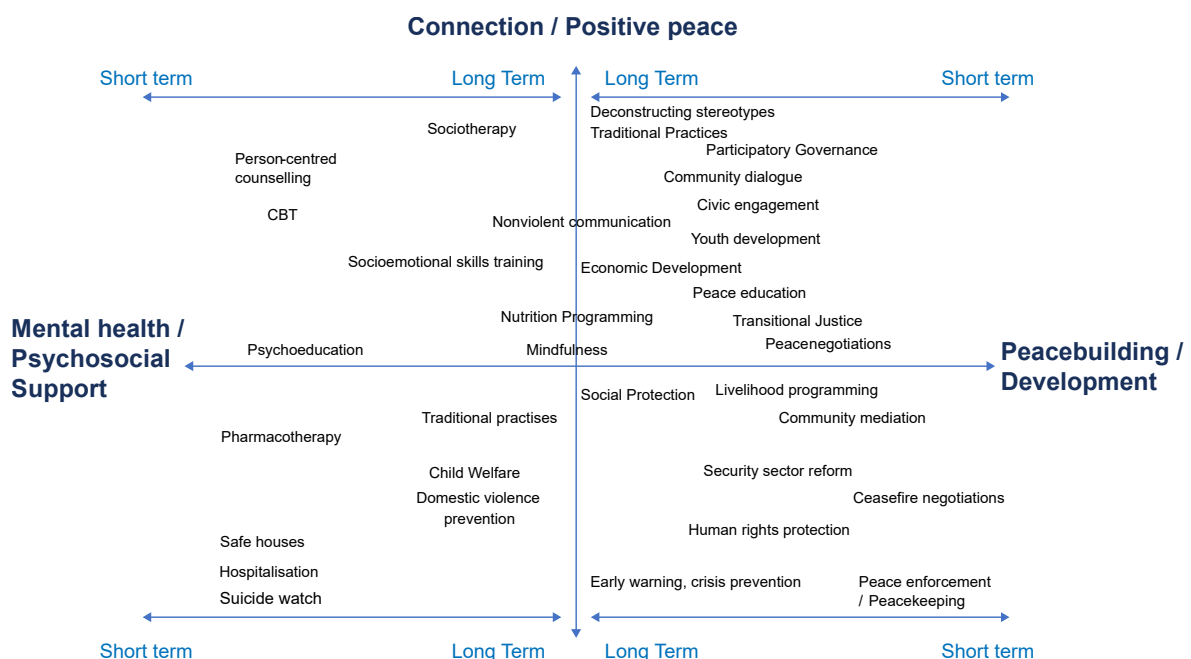
94   Chip Tafrate, R., Mitchell, D. (eds) (2013), 'Forensic CBT: A Handbook for Clinical Practice', Wiley-Blackwell.

In the left upper quadrant are mental health approaches that are connection-based, including all Western 'talk' therapies and local ways of connecting around mental health. Sociotherapy and nonviolent communication are positioned between mental health and peacebuilding because these approaches are used in both MHPSS and peacebuilding initiatives and programmes. In the right upper quadrant lie peacebuilding approaches that in the main are connection-based. They include traditional and local peace-making methods, peace negotiations, community dialogue, initiatives to deconstruct stereotypes, participatory governance programmes, and leadership and youth development training. Peace education and transitional justice have elements of both connection and protection and are therefore placed in the middle. Mindfulness is also placed in the middle because it is practised in both mental health and peacebuilding contexts and can lead to connection- or protection-based actions. In the right lower quadrant are peacebuilding approaches concerned with protection. They include social protection approaches, security approaches to peace such as peacekeeping, human rights advocacy, non-violent civil resistance, zones of peace, and local practices. The left lower quadrant contains mental health approaches to protection, variants of which can be found in Western as well as local mental health approaches. They include domestic violence prevention, safe houses, child welfare programmes, custodianship, hospitalisation, and suicide watch. Psychoeducation is placed in the middle of the protection and connection quadrants because it contains elements of both.

While both the MHPSS and peacebuilding fields aspire to achieve an optimum balance of connection and protection, no consensus exists on how that is achieved in practice. Norms, rules, policies, and laws[95] that regulate such decisions are culture- and sector-bound and more or less formalised and known.

The concept of 'boundaries' may be helpful in this context. Widely used in MHPSS approaches, including family therapies and person-centred counselling, it is the practice of openly communicating and affirming personal values and needs as a way to prevent them from being compromised or violated. Without values and boundaries our identities become diffuse and may be influenced by the definitions that others use. Personal boundaries are the physical, emotional, spiritual, time, material, and mental limits we establish to protect ourselves from being manipulated, used, or violated. They allow us to separate who we are, and what we think and feel, from the thoughts and feelings of others. An important part of therapeutic practice is to teach clients, parents, and educators how to set legitimate boundaries in non-violent ways, and accept other people's legitimate boundaries.[96]

In every relationship of domination, exploitation, and oppression,[97] one person or group invades the boundaries of another person or group, commonly using seduction, deceit, manipulation, or intimidation.[98] In such relationships, dominator and dominated alike are reduced to objects. The former is dehumanised by an excess of power, the latter by lack of it. Trauma occurs when boundaries are invaded in this way without consent.[99] If a person is placed in a situation in which

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95 Relevant laws for peacebuilding include: international law, including the Geneva Accords, the Responsibility to Protect principle, and human rights frameworks; national and domestic laws; and multi- and bilateral agreements. Laws and policies to regulate mental health practices have principally been developed in Western countries. For example, the Dutch Compulsory Care Act (WvGGZ) stipulates the criteria that must be applied when taking protective mental health measures: that the person is a danger to him- or herself and/or to surrounding people; that methods of contact have been exhausted and force is the only way to protect the person and the community; that force must be proportional and effective and applied in consultation with family/carers; that decisions to override a person's autonomy are a last resort and should be lifted as soon as possible.

96 See for example, Strickland, J. C., 'Boundaries & Relationships', CBT Psychological Associates, <https://cbtpsychologicalassociates.com/boundaries-relationships>. On systems therapy, see the work of Hohm on non-violent resistance and the new authority, and the work of NVC Resolutions, at <https://nvc-resolutions.co.uk/>. Nonviolent communication trainers offer workshops on NVC, 'mourning' and 'expressing and accepting "no"'.

97 The field of peacebuilding has been criticised for power blindness. Traditionally, it focused on social harmony, reconciliation, and conflict resolution, at times perpetuating abusive relationships at the expense of justice. For this reason, some peacebuilding scholars (for example, Dudouet) have called for closer cooperation between the civil resistance and peacebuilding fields, for which peace and conflict studies literature appears to provide a theoretical basis.

98 Freire, P., 'Pedagogy of the Oppressed', Continuum, 2000; Fanon, F. (1968), 'Wretched of the Earth', Grove Press; Stark, E. (2007), 'Coercive control: How men entrap women in personal life', Oxford University Press.

99 See, for example, Heitzler, M. (2013), 'Broken Boundaries, Invaded Territories: The Challenges of Containment in Trauma Work', International Body Psychotherapy Journal, 12/1, <https://www.ibpj.org/issues/articles/Heitzler%20-%20Broken%20Boundaries%20Invaded%20Territories.pdf>.

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their boundaries are deeply invaded, they may lose the ability to feel or sense their boundaries, or their 'self'. They may find it difficult to recognise boundary invasions, to filter out their needs from those of others, to know who they are, and therefore defend themselves. In relationships marked by unequal power, those with less power are prone to defer to the needs of the more powerful and are more likely to tolerate invasive behaviour. Hurt and disempowerment are common consequence. Some may even try to maintain their attachment to the powerful person at the cost of their own survival.[100] However, where boundaries are very rigid, there can be little or no connection, because there is too much distance. This can lead to isolation, self-absorption, and domination. A balanced respect for boundaries – one's own and those of others – is required to reach out and connect: it is a prerequisite of personal health, intimacy, trust, love, and dialogue (mental health themes), and by extension, reconciliation, power-sharing, collaboration, freedom, and peace (peacebuilding themes).

Peacebuilders may enable or perpetuate boundary invasions if they insist on connection-based strategies in situations where dialogue is used by the state or other actors to manipulate, destabilise, and oppress.[101] Or if they promote reintegration of perpetrators as a singular objective, without regard to the protection of victims. Or if they offer peace education trainings that prioritise empathy and understanding but neglect justice issues and rights-based reform. Or if they do not allow victims to describe reality as they see it (an important component of any trauma healing and empowerment process), due to concerns about stereotyping or stigmatising.

Mental health interventions in societies that have been widely traumatised will help individuals to heal and make peace with their situation (peace), but in doing so may help to sustain an unjust social order rather than advance structural changes that remove the causes of suffering (justice). Conversely, peacebuilding is itself a psychosocial intervention when it helps to dismantle political environments that are oppressive and thereby reduces traumatisation.

Similarly, securitised approaches that seek to enforce peace and only focus on negative peace (cessation of hostilities) may block transformative processes that would resolve the grievances that cause violent conflict, or may worsen inequities and conflicts that drive grievance and violence. This concern has been much discussed in recent years in the context of large stabilisation missions in Afghanistan and the Sahel and counter-terror operations in many parts of the world.

Western mental health care strategies are connection-based where possible, and protective where necessary. An exploration of criteria, based on boundaries, "access to services", "agency", or other human rights norms and laws relevant to mental health and peacebuilding, could clarify whether and to what degree a protection or a connection strategy is most appropriate in given contexts.

Reflections from Rwanda

Stakeholders in Rwanda provided a context-specific nuance to the challenge of managing protection and connection. Rwanda is a densely populated country and victims and perpetrators live in close proximity. Rwandans noted that, in this context, victims seek to connect with the larger community, including perpetrators, to secure protection and in so doing help to achieve a balance between protection and connection. Since members of communities depend on each other for their livelihoods, transport, access to services, and day to day needs, connection enables them to meet these requirements. They cited the example of reconciliation villages, where individuals opted to create post-genocide connections as a means to advance restorative justice, gain social protection and work towards economic recovery.

Rwandans recognised that, in the Rwandan context, connection was initially privileged over protection by individuals who were deeply affected by the 1994 Genocide Against the Tutsi. When they were asked whether work on MHPSS would reopen new wounds and compromise the protection and connection that had been built over time, they pointed out that there was always tension when it came to managing individual and collective needs.

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100 As is the case with Stockholm syndrome.

101 Peace studies founder Johan Galtung noted that freedom is both a consequence of conflict and a precondition for its transformation. In other words, peaceful conflict resolution under threat is an oxymoron.

It was suggested that one option would be to do preparatory work with some traumatised groups in the population before involving them in peace-building activities. This work would meet individual and collective mental health needs, and give participants enough mental resilience to protect themselves when they joined collective and connecting activities. This practice is not uncommon in integrated programming and could provide a way to balance protection and connection in practice.

Structured Approaches | **Traditional and Everyday Practices**

Balancing structured, evidence-based MHPSS approaches with traditional and everyday MHPSS practices

When framing MHPSS approaches, it is important to distinguish between 'traditional and everyday MHPSS' and 'structured MHPSS'. Discourses on mental health and psychosocial support (but especially mental health) draw heavily on Western concepts and approaches. This often means that little effort is made to document, understand and make appropriate use of traditional and everyday practices that foster mental health and wellbeing in post-conflict and developing contexts. Yet traditional and everyday practices can provide innovative, effective and locally-accepted forms of care, that are often not just missed but may be essential to efforts to decolonise development aid and localise ownership and delivery of services.

While use of traditional medicine may be on the decline, it plays an important role in meeting mental health care needs.[102] In most parts of the Global South, traditional healers outnumber mental health workers, and are also accessible and trusted. A study by Abbo in Uganda found that 65.1% of those attending traditional healing practices in Jinja and Iganga districts were considered to be in psychological distress.[103] A WHO Situational Assessment of mental health in Ghana (2022) reported that 39 psychiatrists, 244 psychologists, 2,463 mental health nurses and 362 mental health social workers were available to meet the mental health needs of Ghana's 31 million people.[104] In contrast, about 45,000 traditional healers were reportedly operating in the country,[105] and between 30% and 70% of the population sought mental health care from traditional and faith-based healing institutions. Folk mental health traditions, based on religious custom and aetiologies of supernatural affliction, are overwhelmingly sought by Indians, Nepalese, Bangladeshis, and Pakistanis who experience mental ill-health. Traditional medicine is often more accessible and affordable than contemporary medicine, and patients may find it easier to accept because it connects to their cultural identity. Patel has noted, for example, that "severe mental illness is clearly recognised as [a cause of] illness and suffering by indigenous communities, poverty and mental illness frequently coexist, and traditional healers play a prominent role in mental health care".[106]

102 A 1983 WHO textbook estimated that 80% of people in Asian and African countries use traditional medicine to meet their primary healthcare needs. However, a 2016 WHO-SAGE study found that in the country with the highest reported use, India, only 11.7% reported traditional medicine as their most frequent source of care. The other countries in the study, China, Ghana, Mexico, Russia and South Africa, reported less than 3% use. Oyebode, O., Kandala, N. B., Chilton, P. J., Lilford, R. J. (2016), 'Use of traditional medicine in middle-income countries: a WHO-SAGE study', Health Policy Plan, 31/8, <https://doi.org/10.1093/heapol/czw022>.

103 Abbo, C. (2011), 'Profiles and outcome of traditional healing practices for severe mental health illnesses in two districts of Eastern Uganda', Global Health Action, 4, <https://doi.org/10.3402/gha.v4i0.7117>.

104 World Health Organization (2022), 'Ghana: WHO Special Initiative for Mental Health Situational Assessment', WHO, Ministry of Health of the Republic of Ghana, and Global Mental Health Program of the University of Washington, <https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report---ghana---2021.pdf?sfvrsn=e39fc056_3>.

105 Bouso, J. C., Sanchez-Avila, C. (2020), 'Traditional Healing Practices Involving Psychoactive Plants and the Global Mental Health Agenda: Opportunities, Pitfalls, and Challenges in the "Right to Science" Framework', Health and Human Rights Journal, 22/1, <https://www.hhrjournal.org/2020/06/perspective-traditional-healing-practices-involving-psychoactive-plants-and-the-global-mental-health-agenda-opportunities-pitfalls-and-challenges-in-the-right-to-science-framework/>.

106 Patel, V. (2011), 'Traditional healers for mental health care in Africa', Global Health Action, 4, <https://www.researchgate.net/publication/51574819_Traditional_healers_for_mental_health_care_in_Africa/fulltext/0f62145d382901dda3c12352/>.

'Everyday MHPSS' refers to activities in the fabric of community life that contribute to social and emotional wellbeing. It contrasts with 'structured MHPSS', whose policies and interventions are typically regulated by formal national frameworks and delivered by qualified professionals. Social systems and practices characteristic of everyday MHPSS can be identified in organised societies throughout history. They are diverse and include: religious ceremonies, musical events, and community feasts at community level; parental practices and social solidarity systems for households in adversity at family level; and supportive or mentoring relationships at personal level. In times of peace, in harmonious societies, 'everyday' social systems and endogenous practices are often adequate to address almost all mental health and psychosocial needs in the population, ensuring that individuals and communities feel connected, coherent, well, and have a sense of purpose.

Exposure to violent conflict disrupts everyday practices and endogenous sources of resilience, and generates new psychosocial challenges, including high rates of post-traumatic distress, depression, and substance abuse. In addition, community leaders must work in conditions of extreme psychosocial adversity and poverty when they are themselves traumatised and in distress. For these reasons, everyday MHPSS systems are typically not able to meet the psychosocial needs of populations during and after violent conflicts and need to be complemented by structured MHPSS policies and programmes, which are professionalised, evidence-based, and funded by public health infrastructures.

The evidence requirements of the biomedical field, mistrust between traditional health providers and biomedical providers and between service users and biomedical providers, as well as differences in language, classification and communication, create barriers to the integration of traditional health providers in MHPSS interventions. Because everyday MHPSS practices are diverse, lack documentation and sometimes transparency, and cannot always demonstrate how they contribute to mental wellbeing, professionalised practitioners are often reluctant to recognise or make use of them. Yet they remain the most accessible form of care for many populations, who prefer and trust them. It is therefore important to ensure that MHPSS approaches are integrative, particularly in peacebuilding contexts where there is exceptional need.

Collaboration between traditional healers and psychiatrists is not a new idea. Integrative medicine involves combining traditional or complementary medicine with Western biomedicine, alongside each other (as an adjuvant) or integrated in another way. 'Integrative mental health care' tends to be more consistent with traditional worldviews, which emphasise social relations and spiritual beliefs. Similarly, not least in Western societies, it is common to reach populations through less professionalised mental health actors. Schools, churches, and mentorship and empowerment programmes all make use of institutional spaces and actors who are locally embedded to deliver MHPSS services. Structured and professionalised MHPSS providers working in post-conflict settings need to develop similar spaces and practices. By combining therapies and services, better and more holistic outcomes can be realised on a larger scale.

Similar tensions separate traditional and Western-driven approaches to peacemaking and peacebuilding. Critiques of the 'liberal peacebuilding paradigm' (partly inspired by the perceived failures of international peace interventions in the 1990s) have shifted attention from international to local conflict resolution.

Traditional-healers-for-mental-health-care-in-Africa.pdf?origin=publication_detail>.

Balancing international peacemaking and peacebuilding, as well as traditional and everyday peacebuilding practices

Traditional and indigenous dispute resolution takes many forms: consensus decision making, restoration of the human/resource/ecological balance, compensation or reciprocal gift exchange to restore harmonious group relations, etc. Traditional and everyday peacemaking and peacebuilding practices are no less diverse. For instance, at least thirty unique traditional ways of resolving conflict are known in Nepal, most of which predate the formal court and judicial systems by hundreds of years. It is not straightforward to catalogue or categorise them. Despite this diversity, common features have been found in communities across continents. In many cultures, for example, elders or trusted third parties practise mediation. These practices too vary: the Judiya system in Sudan is based on ad-hoc third party mediation by wise individuals and volunteers; [107] in Burundi, a now defunct structure of arbitrators, representatives and royal advisors operated, called the Bashingantahe.[108] Collective responsibility is also a common practice, based on the principle of giving compensation to restore peace. It features in Sudan and the Bashingantahe, and in the

Xeer (customary law) system used by Somali communities in Somalia, Kenya and Ethiopia. The Xeer system and restorative justice processes used in Bougainville, Papua New Guinea, have been integrated in the official justice system, which emphasises that the clan has a duty to raise compensation (usually monetary or material) for victims.[109] In Bougainville, collective responsibility is not just monetary but includes public shaming as well.[110] Globally, such mediation structures often render justice as well as reach consensual settlement agreements. Among the most famous are the Gacaca in Rwanda[111] and Nahe Biti in Timor Leste.[112] In both jurisdictions, traditional mediation and justice practices were adapted to address post-genocide and post-conflict transitional justice.

Beyond mediation, justice and dispute resolution practices aim to cleanse, achieve forgiveness and reintegration. Examples include ceremonies held by the Acholi in Northern Uganda,[113] the inkundla/lekgotla systems in Bantu cultures in Southern Africa (that require individual admission of culpability and requests

107 Elsanousi, Y. (2017), 'Traditional Judiya Leaders in Sudan as Actors of Humanitarian Diplomacy: Are They Eligible to Fulfill These Roles in the Darfur Humanitarian Crisis?', Journal of African Studies and Development, 3/2, <(PDF) Traditional Judiya Leaders in Sudan as Actors of Humanitarian Diplomacy: Are They Eligible to Fulfill These Roles in the Darfur Humanitarian Crisis? | Yasir E A Elsanousi - Academia.edu >.

108 Nindonera, A. (2003), 'Ubushingantahe as a Base for Political Transformation in Burundi', Working Paper No. 102, Consortium on Gender, Security and Human Rights, <https://genderandsecurity.org/sites/default/files/ubushingantahe_as_a_base_for_political_transformation_in_burundi_2.pdf>.

109 UNESCO, 'The Xeer Traditional Legal System of Somalia', <https://ich.unesco.org/en/individual-case-study-00988&id=00032>.

110 Boege, V. (2011), 'Potentials and Limits of Traditional Approaches to Peacebuilding', in Austin, B., Fischer, M., Giessmann, H. J. (eds), 'Advancing Conflict Transformation: The Berghof Handbook II', Barbara Budrich Publishers, <https://berghof-foundation.org/files/publications/boege_handbookII.pdf>.

111 Huyse, L., Salter, M. (eds) (2008), 'Traditional Justice and Reconciliation after Violent Conflict: Learning from African experiences', International Institute for Democracy and Electoral Assistance, <https://www.idea.int/sites/default/files/publications/traditional-justice-and-reconciliation-after-violent-conflict-learning-from-african-experiences_0.pdf>.

112 Broderick, P., Cassman, D., Hagan, M., Hoffman, B., et al (2013), 'Legal History and the Rule of Law in Timor-Leste', Introduction to the Laws of Timor-Leste Working Paper Series, Stanford Law School Timor-Leste Legal Education Project, <https://www-cdn.law.stanford.edu/wp-content/uploads/2018/04/Legal-History-and-the-Rule-of-Law-in-Timor-Leste.pdf>.

113 Huyse, L., Salter, M. (eds), 'Traditional Justice and Reconciliation after Violent Conflict: Learning from African experiences', International Institute for Democracy and Electoral Assistance, <https://www.idea.int/sites/default/files/publications/traditional-justice-and-reconciliation-after-violent-conflict-learning-from-african-experiences_0.pdf>.

for forgiveness),[114] and ceremonies in Sierra Leone,[115] Mozambique,[116] and Zimbabwe that may involve requests for ancestral forgiveness of individuals or more general forgiveness. In these examples, cleansing rituals help to reintegrate perpetrators of violence or combatants in their societies. In many cases, such rituals meet a peacebuilding but also an MHPSS need, because they emphasise healing to enable communities to move forward. Many traditional practices highlight the restoration of relationships, and include mediation, compensation and forgiveness processes, culminating in shared food, beverages, concoctions and sometimes intermarriage, to create lasting social bonds. Other everyday practices (which are even less studied and more difficult to classify) seek to bridge peace and healing. They may include formal and informal gatherings of victims, commemoration practices, or social events that encourage connection, recognition, affirmation and belonging.

Research suggests that traditional conflict resolution mechanisms remain the preferred method of dispute resolution for people living in communities and villages around the world. The reasons are understandable: they are accessible, cost-efficient, familiar, widely recognised as legitimate, and adequate. Moreover, they tend to operate independently of the state and can therefore continue to function when the state is fragile or has collapsed. This independence adds to their legitimacy. Traditional peacemaking processes take time and enable comprehensive inclusion and participation. Contrary to formal dispute resolution, they focus on the psychosocial and spiritual dimensions of conflict transformation. Being grounded in local experience, such mechanisms may compensate for, or even remedy, the defects of top-down, international peacemaking initiatives, led by states, international organisations, and international financial institutions, which frequently fail to adequately involve local communities that have the most direct interest in peace.

Identifying and leveraging traditional practices is important for successful peacebuilding. At the same time, the complexity of conflicts means that these practices have had to be complemented by formal approaches that strengthen capacity to deal with the new challenges that conflicts generate.

Further, many traditional practices are problematic.

- Their efficacy is not always proven, particularly in dealing with the effects of conflict.

- They sometimes clash with human rights principles, because their emphasis on social harmony is often at the expense of real justice for victims. Many traditional practices focus on re-establishing social order rather than addressing the causes of violence and conflict or establishing conditions for longer-term peace.

- Their emphasis on social order subordinates the well-being of individual victims to the interests of the broader society. This can have damaging repercussions in terms of resentment, dissatisfaction with decisions, and feelings of marginalisation, which may influence or drive future conflicts or acts of violence.

- They tend to assume that "the victim (and his or her kin), the victimiser (and his or her kin) and the entire social group will share the burden of dealing with the conflict".[117] For example, a report on the Fambul Tok initiative by Innovations for Poverty Action noted that it "led to greater forgiveness of perpetrators and strengthened social capital, but at the cost of reduced psychological health".[118]

114 Muruthi, T. (2006) 'African Approaches to Building Peace and Social Solidarity', African Journal on Conflict Resolution, 6/2, <https://www.ajol.info/ index.php/ajcr/article/view/39402>.

115 Werkman, K. (2014), 'Understanding Conflict Resolution: Community Reconciliation through Traditional Ceremonies', Central European Journal of International and Security Studies, 2, <https://cejiss.org/seeking-community-reconciliation-through-traditional-ceremonies-a-strategy-of-conflict-management>.

116 Huyse, L., Salter, M. (eds), 'Traditional Justice and Reconciliation after Violent Conflict: Learning from African experiences', International Institute for Democracy and Electoral Assistance, <https://www.idea.int/sites/default/files/publications/traditional-justice-and-reconciliation-after-violent-conflict-learning-from-african-experiences_0.pdf>.

117 Center for International Crime Prevention (1999), 'Handbook on Justice for Victims: On the use and application of the Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power', UN Office for Drug Control and Crime Prevention, <https://www.unodc.org/pdf/criminal_justice/ UNODC_Handbook_on_Justice_for_victims.pdf>.

118 Innovations for Poverty Action, 'Reconciliation, Conflict and Development: A Field Experiment in Sierra Leone', <https://www.poverty-action.org/study/reconciliation-conflict-and-development-field-experiment-sierra-leone>.

- They emphasise forgiveness; but it is not clear that forgiveness is always genuine or helpful. They may frustrate the understandable anger of victims and their expectations of justice.

- They tend to replicate social imbalances of power, and to grant only minor roles to women, youth and marginalised groups.

- In many countries, the colonial government, and also successor authorities, co-opted indigenous structures and mechanisms of governance and dispute resolution, undermining their legitimacy.

These issues and the evolution of the peacebuilding sector have led to the establishment of a 'modern' framework for peace making. International discourse has emphasised the role of restored social contracts to achieve sustainable peace and development, and Western donors and INGOs have increasingly pushed for more 'structured' approaches to peacemaking. These trends are reflected in the number of trainings on conflict transformation, the bias of financing towards negotiation and mediation, and the proliferation of models (such as dialogue groups) that have their roots in traditional practices but are increasingly standardised. Nevertheless, in both conflict and post conflict environments, traditional and everyday practices for resolving conflict, rendering justice and rebuilding relationships have co-existed and continue to co-exist with institutions and processes led by international actors. The creation of spaces for respectful dialogue at local and national level between traditional and modern peacebuilding practitioners, allowing each to understand and learn from the other, is an essential prerequisite of optimal integration of traditional and modern approaches.

Reflections from case studies

Interpeace's peacebuilding efforts have sought to identify traditional peacebuilding practices through participatory action research (PAR) and integrate them in programme design and implementation. This has ensured that local and national actors own peacebuilding interventions in their societies. The Peace Houses that Interpeace and CEPAD (its partner) established in Timor Leste as an extension of *nahe biti* are an example. Traditional procedures were complemented by train-

ing, capacity building and civic engagement that imported the values of anti-corruption initiatives. Another example is Interpeace's support for *Xeer* or customary law among the clans in Mandera County. The approach made it possible to adopt a unified approach to peacemaking and compensation and facilitated government recognition of agreements. What emerges from these and other experiences is that there is room for, but also value in, bridging traditional and modern peacebuilding practices.

Integration of international efforts is more common in peacebuilding than MHPSS programmes. Looking ahead, the experience the peacebuilding field has acquired from bringing traditional and everyday practices into programming strategies could suggest how traditional and everyday MHPSS practices can be integrated with modern, structured approaches.

A non-exhaustive list of strategies to balance the use of traditional and Western influenced MHPSS and peacebuilding approaches includes:

- Map formal and informal practices, actors and structures that are involved in MHPSS or peacebuilding. In some cases, actors may work in both areas. Understanding who they are, and their functions, is a precursor to any form of integration.

- Identify what communities understand by "healing", "wellbeing", and "peace". Terminology is a huge barrier between traditional and indigenous approaches and Western medical approaches. If the perceptions and expectations of communities are understood, it becomes possible to identify opportunities for synergy, and to align programming with community expectations.

- Reach out to religious actors and spaces as an entry point for engagement with individuals and communities. In the Mandera triangle, Islam plays a major role in every aspect of life, including mental well-being and peacebuilding. Any integrated approach must take this into account but also tap into the resources that religious practices provide to foster holis-

tic well-being. In Rwanda, religious institutions were among the first actors to provide spaces for psychosocial recovery after the 1994 Genocide Against the Tutsi. They form an important part of both the MHPSS and peacebuilding infrastructure. In Ukraine, consultations for this report showed clearly that volunteer networks were vital to MHPSS service delivery, while religious institutions and actors also played an important role because they were trusted by the communities they served. Religious actors and spaces can be a strategic entry point for psychosocial recovery and social cohesion programming.

- Remain open and respectful of traditional practices but mindful of human rights, protection principles, and Do No Harm considerations. Traditional healers in particular reported that the lack of respect and unwillingness to engage of the biomedical community was an obstacle to collaboration. INGOs showed similar attitudes. External actors need to demonstrate openness towards and respect for traditional practices. However, there may be limits. In some contexts, traditional ways of addressing mental health or conflict resolution may directly conflict with human rights principles.

As mentioned in the section above, balancing connection and protection is important. Balancing traditional practices with principles of human rights and protection is also critical to ensure that efforts to integrate do no harm.

The most important commitments, however, are to flexibility and adaptability. Stakeholders in Rwanda reported that, while traditional practices were integrated in the country's peacebuilding, reconciliation and post-conflict recovery processes, actors turned to more structured approaches for MHPSS in the aftermath of the Genocide. The Genocide against the Tutsi revealed profound social fractures and the fact that so many Rwandans actively participated and were complicit in it suggested that traditional approaches for managing and promoting well-being would be ineffective. Rwandans said that this led local actors to seek out approaches that could create new and stronger forms of mental and psychosocial resilience. Their key message was that local and national actors must drive programme design and implementation, and identify which approaches are best suited to meet the challenges that individuals and communities face in their society.

Grassroots Service Delivery — **Embedding in Formal Institutions**

Embedding change and balancing the delivery of services through grassroots infrastructures and formal institutions

Mental health and peacebuilding practitioners both need to develop a country-level infrastructure to achieve sustainable impact at national scale. However, this brings challenges and risks that must be considered and addressed when programmes are designed.

The UN, national governments, and NGOs support national capacities for peacebuilding and conflict prevention ('infrastructures for peace') around the world. Many governments have formed administrative units or coordinating bodies or focal points in ministries to drive national peace plans. Not all institutions,

however, fulfil their mandate. Some state infrastructures are used to perpetuate centralised control rather than to empower local communities. The degree to which infrastructures for peace should be embedded in the state therefore depends on the nature and quality of governance. When governance is democratic, peace may be most effectively supported from the top, since (part of) the state is itself an infrastructure for peace. In other contexts, hybrid arrangements of state and civil society, or even disconnection from the state, may be more appropriate.

At country level, national public mental health systems are responsible for addressing mental health issues. This is necessary in order to deliver at scale. In conflict-affected countries that experience a substantial burden of mental distress, however, trade-offs may be necessary. Highly centralised mental health infrastructures may inadvertently sideline local community-based and endogenous forms of psychosocial support. Privacy issues also arise, with regard to who has access to citizens' mental health records and how such information is used.

These issues, and the risks, already mentioned, of over medicalising MHPSS and over-structuring peacebuilding efforts at the expense of traditional and everyday practices, have led many scholars and practitioners to support psychosocial peacebuilding, especially at grassroots level. They argue that this could shield programmes from being overstructured and from state interference and control. This model could have value, particularly in contexts of authoritarianism or neo-colonialism, but grassroots initiatives are difficult to scale up and do not easily make an impact at national level or beyond. Further, if they depend essentially on the support of NGOs and International actors, their sustainability is doubtful.

In most country contexts, it is desirable to position peacebuilding and mental health delivery programmes in a manner that balances country-level infrastructure and autonomous local capacity, and encourages mutual respect, communication, and collaboration. Interpeace's Track 6 approach, which promotes the engagement and collaboration of central government institutions, local authorities, the non-governmental sector, and grass-roots communities, can help in the development of national-level infrastructures that respect and strengthen local endogenous capacities.

A final consideration is the extent of integration of national infrastructures for MHPSS, peacebuilding, and development. While certain distinctions between infrastructures for peace, public mental health systems, and national development frameworks need to be respected, some degree of integration is both desirable and feasible. For instance, strengthening community resilience is a policy objective around which several national-level institutions can meet, because it requires a parallel focus on mental health and psychosocial support, peacebuilding for social cohesion, and socioeconomic development. Enhancing nation-al-level infrastructures to foster community resilience can be a promising future direction, at the intersection of MHPSS, peacebuilding, and development.

Reflections from Rwanda, Mandera and Ukraine

The importance of institutionalising and structuring MHPSS approaches was emphasised by stakeholders in both Rwanda and Mandera. Rwanda has prioritised the adoption of group-based and collective approaches to MHPSS that encourage psychosocial peacebuilding while enhancing mental health. Because government interventions have the most significant influence on society, efforts are being made to extend MHPSS practices across government structures, going beyond clinical and individualised care models, in order to enhance and expand the reach, impact and sustainability of initiatives that blend MHPSS and social cohesion work. With respect to institutionalisation, stakeholders said that, in Rwanda's history, "obligations toward social cohesion have created real and embedded habits of peaceful cohabitation". They believed that, if the government practised an integrated approach, it would trickle down and influence other formal and informal practices.

In Mandera, state supported MHPSS services scarcely exist and interlocutors felt that the ineffectiveness of government-led mediation had hindered the achievement of sustainable peace. They believed that communities in Kenya but also cross-border communities would benefit if MHPSS services were embedded across County institutions in Kenya. With regard to peacebuilding, they said partnerships were needed to ensure that informal practices, agreements and developments were recognised and mutually enforced by communities and government authorities. In both areas, local people felt that balance, partnerships and mutual reinforcement were the most vital concerns - more important than promotion of grassroots practices.

In Ukraine, stakeholders said it was challenging to balance national and local, though it was not possible to explore this issue deeply. Those consulted stressed the immediate material but also psychosocial support that informal

and formal volunteer networks provided. At the same time, they indicated that lack of coordination reduced the effect that could be achieved. They were not necessarily arguing that service delivery should be embedded and institutionalised through the state; their view was rather that the communities' own structures should be supported and strengthened.

These consultations suggested that there are costs (in terms of scaling up, impact and sustainability) associated with leaning heavily on fully informal and grassroots, or fully structured and institutionalised systems. The general view was that a balance must be struck that takes account of the context.

Action-oriented | **Research-driven**

Balancing urgent and immediate practical action with investment in robust research to generate evidence of good practice in the context of limited funding

The next chapter will introduce the various approaches to mental health, psychosocial support, peacebuilding, and livelihood development that the research team reviewed. They are intriguing and in some cases compelling. In many instances, evidence of their usefulness and effectiveness has been collected in numerous countries.

Practitioners are acutely aware that conflicts are increasingly complex and resources are scarce, for peacebuilding in particular, and many feel that it is more important to use the resources that are at hand to build peace rather than generate rigorous evidence. Some argued also that the values underpinning work in humanitarian and crisis contexts mean that rigorous evidence-generating approaches are not always ethically appropriate.

There is still a need to collect local evidence that will enable practitioners to understand clearly which approaches are likely to be most relevant in given situations. Through appropriate, well-designed, and ethical research, in-depth knowledge can be acquired on needs, priorities, risk factors, and protective processes with respect to individuals, households, communities, and institutions, which can inform programme design.

To apply the dual perspective recommended by this report (synthesising well-established and evidence-based global approaches with local knowledge and everyday psychosocial practices), diverse research

methods should be used. On the whole, quantitative methods are more appropriate when exploring how phenomena that are well-understood globally appear in specific contexts: for example, the prevalence of post-traumatic distress, the incidence of interethnic negative stereotyping, or how many households are food insecure. In contrast, open-ended qualitative research, using focus groups, key informant interviews, and participant observation, is better equipped to analyse phenomena that are local to a specific context: for example, localised experiences of conflict, family problems, everyday psychosocial practices, or traditional approaches to peacebuilding.

Another consideration is the level at which research takes place. Work to integrate MHPSS, peacebuilding and livelihood development involves multiple levels of analysis, of individuals, households, communities, institutions, and the country as a whole. Research methods must be able to measure processes and characteristics at all these levels. Specific research tools (such as population surveys, institutional audits, community scorecards, official statistics, or actor mapping) are more relevant to some levels of analysis than others.

Depending on the research objective, different analytic strategies can be employed. Thematic analyses of qualitative data can explain local responses to adversity and resilience. Statistical regression models can reveal drivers and entry points for change, related to

an outcome of interest. Clustering approaches can be used to identify homogeneous subgroups in a community that display similar profiles in terms of their mental health, readiness for peace, and livelihood capacity. Between-group comparisons can be used to discern the impact of age, gender, ethnicity or other characteristics on psychosocial or peacebuilding challenges. Multilevel analysis can be used to detect cross-level effects, such as the extent to which improvements in the quality of local governance influence the mental health and readiness for peace of individuals in a community.

Research efforts have most impact when they adopt a participatory and action-oriented perspective. Programme designs should not be developed by a research team that works in isolation from community stakeholders. Instead, social stakeholders should be involved at all stages – when defining research questions, selecting the study population, approving the research instruments, developing the analysis, interpreting the results, and assessing the implications for policy and programmes. At the same time, a participatory and action-oriented approach to research should not reduce its technical quality. Decisions on how to design a psychometric scale, conduct randomised sampling, or implement a specific analysis, should be left to technical experts on the research team.

A final critical research function Is to test the effectiveness of interventions, beyond the initial baseline research that is required for programme design. As integration of MHPSS with peacebuilding and livelihood development continues to advance, and novel approaches are tested, it will be very important to ensure that programmes have the desired impact without doing harm. Impact evaluation studies use a range of quantitative and qualitative methods, each

of which has strengths and weaknesses. Randomised controlled trials document changes in relation to specific and well-defined outcome indicators, such as psychological wellbeing, interpersonal tolerance, or household livelihood development. More qualitative methods (in-depth case studies, outcome harvesting, process tracing, or contribution analysis) can identify underlying mechanisms and processes of change as well as broader, possibly unanticipated, outcomes that a programme contributed to.

Reflections from case studies

It is important to understand how rigorous research informs and is informed by practice. Stakeholders, especially in Rwanda, stressed that rigorous research often takes place without reference to programme design. Even monitoring and evaluation (M&E) data, which technically should inform programmatic decisions, is often collected for the sole purpose of reporting to donors. If research is not used in design and is not disseminated and communicated to those for whom the research and actions are intended, it becomes an extractive exercise. More investment in research and M&E is required, given the novelty of integrated programming and the dearth of evidence on what is effective (in peacebuilding in particular); but it is even more important to close the loop between generating and using data. To practitioners, research may seem expensive and time consuming. But well-balanced research partnerships that use practitioner expertise could strengthen the rigour of research and embed it in programmes, ensuring that it contributes to programme decision-making and is not merely extractive.

Balancing sector specific actions that capitalise on experience and expertise with innovative multidimensional, multisectoral collective actions to achieve systemic transformation

Multisystemic resilience is an emerging conceptual framework for assessing and addressing the complex needs of conflict-affected populations.[119] It combines a range of perspectives on resilience (with respect to livelihoods, community, family, psychology, institutions, and peace) in one overarching framework that considers how the synergies and interconnections of systems affect their resilience. To integrate MHPSS, peacebuilding, and livelihood development, multiple systems must come together, each with many components. Viewing what is involved in terms of multisystemic resilience can help actors to understand an operation's complexity, identify ways to connect the resilience of different systems, and develop effective and synergistic cross-sectoral partnerships.

However, most organisations and institutions are organised sectorally. Their in-house capacities are tailored to meet the demands of a single sector. In addition, national and international funding sources are also frequently sector specific. As are the tools that are available. Given the sensitivities of both MHPSS and peacebuilding, the instinct of actors is to focus on activities for which they already possess the skills and capacities and can obtain funding. Sometime actors are advised not to engage in integrative work unless accompanied by experts from all relevant sectors. Expert accompaniment is of course valuable; but such advice has an inhibiting effect and may discourage cross-sectoral collaboration.

In practice, applying a multisystemic resilience lens in programme design requires a commitment to cross-sectoral collaboration on programmes that aim to secure change in multiple systems. Such programmes still need to have a central, overriding objective (which will be met by the transformations planned) because otherwise effort and investment is likely to be spread too thinly to have effect. For instance, a programme whose objective is to end violence can transform several systems that directly or indirectly cause violence. At the personal and domestic level, it might address unhelpful gender norms that promote a toxic concept of masculinity; at the community level, it might promote non-violent communication training, to help actors resolve everyday disputes peacefully; at institutional level, it might work to strengthen the human rights culture of official institutions and tackle structural violence in the society. Each of these programme elements targets a different issue but all are complementary, combining to reduce the overall level of violence in society and preparing the ground for a resilient peace.

The next chapter provides more examples that show how a multisystemic resilience lens can be applied to address specific challenges in conflict-affected contexts. The examples are conceptual: the aim is to inspire programme designers to frame programmes that simultaneously address MHPSS, peacebuilding, and development needs to meet a specific over-riding objective.

Financing – a key enabler of more multisystemic and integrated approaches

It is vital to work in cross-sectoral ways, but structural challenges cannot be ignored. To establish programming that promotes multisystemic resilience, it will be necessary to change the structure and functioning of the international system. Its financing mechanisms are not designed to fund

119 Lordos, A., Hyslop, D. (2021), 'The Assessment of Multisystemic Resilience in Conflict-Affected Populations', in Ungar, M., 'Multisystemic Resilience: Adaptation and Transformation in Contexts of Change', Oxford Scholarship Online, <https://oxford.universitypressscholarship.com/view/10.1093/ oso/9780190095888.001.0001/oso-9780190095888-chapter-23>.

multisectoral work. Changing the way interventions are funded could critically facilitate integrative programming. States and other donors will need to create specific mechanisms for funding

such work, or develop funding strategies which encourage coalitions that assemble inter-disciplinary expertise to achieve a shared objective.

Five Interpeace principles for integrated programming

The discussion so far has confirmed that efforts to integrate MHPSS, peacebuilding, and livelihoods programming must build long-term mental health and resilience in a manner that is systemic, context-sensitive, and scalable. To "get integration right", Interpeace and its partners have developed five guiding

principles. These should inform initiatives to integrate the three fields. They are designed to minimise harm, but more particularly ensure that integration generates virtuous circles that promote long-term systemic impacts.

Figure 2. Visualising Interpeace's integrated programming approach.
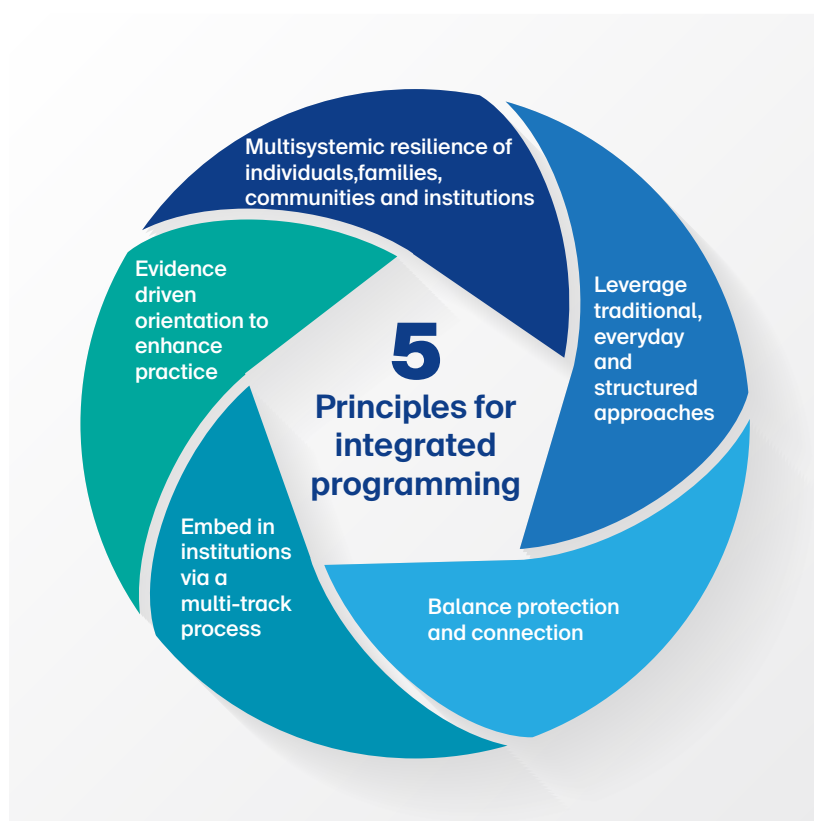
Principle 1. Focus on the multisystemic resilience of individuals, family, communities and institutions

In conflict-affected contexts, individual and community needs rarely fit inside neat disciplinary categories, such as mental health, peace or livelihood development, or even the categories of individual, family,

community or institution. The latter have needs that are transversal, interconnected and interdependent, and it is not possible to neatly separate or redress them by focusing on one element alone. A multisystemic resil-

ience approach requires a commitment to cross-sectoral collaboration and programmes that aim to secure change across multiple systems. It recognises the interconnectedness of and synergies between diverse systems and the presence of capacities, skills and resources at different levels. Resilience capacities are interconnected, and exist on a spectrum that can evolve from absorptive to adaptive to transformative. The ultimate objective is long-term transformation.

Principle 2. Leverage traditional and everyday approaches alongside structured approaches

Psychosocial peacebuilding is increasingly seen to be the natural point of connection between MHPSS and peacebuilding; but Interpeace's resilience-oriented approach seeks a more integrated approach. It recognises the reservations that have been expressed about integrating mental health in peacebuilding. As already noted, poorly structured mental health interventions may focus too much on individuals. They tend to create medicalised systems that pathologise systemic causes and can lead to the stigmatisation of individuals; may be seen as overtly 'Western' and formal; and may undermine informal local, indigenous and cultural systems and practises. At the same time, they can contribute in valuable ways to more holistic and scaled-up approaches. The challenge is to balance traditional everyday and structured formal approaches. Balancing should start by convening a range of actors around the design table (traditional healers, medical professionals, grassroots activists, public health officials, mental health carers, peace activists) to listen to their points of view and map their methods.

Interpeace's approach aims to balance traditional and everyday practices and structured formal approaches to enhance resilience capacities for MHPSS and livelihoods. Mapping needs and endogenous capacities is central to being able to work with, integrate and leverage these structures, relationships and networks. Further, working with local communities to identify which formal approaches they find useful and appropriate will ensure that local people lead their integration. This combination of practices and approaches will enhance rather than replace the local systems that primarily support people in situations of violence.

Principle 3. Balance protection (negative peace) and connection (positive peace)

A foundational polarity in integrated MHPSS, peacebuilding and livelihood programming is the boundary between approaches that emphasise protection (negative peace) and approaches that emphasise connection (positive peace). By over-prioritising protection and negative peace, securitised and medicalised approaches may undermine connection and longer-term positive peace. Equally, connection approaches that are blind to injustice and mental ill-health may reinforce patterns of trauma as well as structural and physical violence. Some psychosocial efforts and peacebuilding efforts tend to prioritise connection and collective interests over individual needs, even though, after conflicts, numerous individuals have specialised needs that must be addressed in a protective environment as part of the process of (re)building connection. Sacrificing their needs in the name of the collective interest can create new systems of exclusion and compromise a society's resilience and ability to change. Unbalanced approaches of either sort may create 'boundary invasions' that inadvertently cause harm. The question of when 'health' turns into harm and 'peace' into violence is ultimately determined by the context but it remains a recurrent question that all forms of integrated intervention must address.

Principle 4. Work to embed change and capacity in institutions through an integrated multitrack (Track 6) approach

When integrated MHPSS, peacebuilding and livelihood programmes are scaled up, it becomes critical to secure political support. Repairing the ruptures between individuals, communities and their states is not possible without state support. Lack of government commitment should not prevent communities or institutions from taking action on the ground: nevertheless, an enabling policy environment makes it possible to reach a much larger proportion of the population. From the outset, therefore, those wishing to promote an integrated strategy should plan to secure political support at all levels, at once or quickly; develop policies that support integrated programming; and align integrated programmes with government strategies for post-conflict recovery, development and health (among others). Grassroots initiatives are often an essential starting point; but they are generally unable to achieve an impact at national level or beyond. Efforts to integrate that depend for essential support on NGOs or international actors are unlikely to be sustainable. For this reason, programming efforts should seek to embed change and capacity for change in institutions that can continue an iterative and ongoing process of transformation. Wherever it is relevant and appropriate, Interpeace works explicitly with institutional actors responsible for mental health, peace, social cohesion and economic development. It does so for three reasons: (1) to involve government stakeholders in creating an enabling environment for integrated programming; (2) to catalyse the transformation of state institutions; and (3) to embed integrative approaches at all levels to achieve scale and sustainability.

Note on community-based MHPSS

As early as 2002, Action by Churches Together released a facilitator's guide on 'Community Based-Psychosocial Services in Humanitarian Assistance'. The Guide affirmed that "the foundation of all community-based psychosocial work is the belief in the affected community's capacity for recovery and resilience". This belief was reaffirmed in subsequent guidelines including the IASC's 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings' (2007), UNICEF's 'Operational Guidelines on Community-based mental health and psychosocial support in humanitarian settings' (2018), and the IASC's 'Guidance Note on Community-based approaches to MHPSS Programmes' (2019), among others. The most recent World Mental Health Report (WHO, 2022) recommends community-based strategies on the grounds that they increase accessibility, reduce stigma, protect human rights, and improve mental health outcomes. These guidelines indicate the degree to which the humanitarian field now seeks to provide MHPSS services as much as possible through community-based infrastructures.

Community-based delivery of MHPSS services is embedded in Interpeace's approach to integrated programming. Interpeace fully supports the IASC's affirmation that "using community-based MHPSS approaches facilitates families, groups and communities to support and care for others in ways that encourage recovery and resilience". Its approach complements humanitarian commitments with respect to community-based approaches in three important areas.

1. In an integrated approach, community-based structures extend beyond formal institution that provide support and care to individuals and communities and may include informal carers who are trusted by their communities to help individuals heal, restore family and community relationships, manage conflict, and support overall economic development. Interpeace is committed to cooperating with **traditional and everyday approaches**, including community-based structures and institutions that provide MHPSS support.

2. Most guidance on community-based MHPSS focuses on humanitarian response. It adopts a socio-ecological approach and emphasises the influence of family, community and society on individual and collective wellbeing and resilience. Interpeace's integrated approach also focuses on individual and collective wellbeing and resilience but puts emphasis on a full resilience spectrum, from coping to

transformation. It will **leverage community based (as well as traditional and everyday) approaches both to enhance individual and collective wellbeing and to mobilise that wellbeing in a process of systemic transformation that will sustain societal resilience**.

3. The IASC's landmark 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings' remains the main reference point for MHPSS. It describes four layers of intervention: (1) basic services and security; (2) community and family supports; (3) focused, non-specialised supports; and (4) specialised services. Community-based approaches tend to fall within the first three layers of intervention and are contrasted with more individualised therapeutic models that lie in the fourth layer. When it merges structured interventions into integrated programmes, Interpeace aims to provide specialised services through community-based structures. This means that, wherever possible and appropriate, Interpeace will p**rovide training in non-specialised approaches and their use and will apply clinical approaches and tools in group (community-based) settings in order to provide the support needed at scale**. It will refer individuals who require specialised individual care.

Principle 5. Rely on evidence and enhance practice

Integrated programming in MHPSS, peacebuilding and livelihood development requires investment in learning, research and evidence generation. It is imperative to invest in appropriate, well-designed, and ethical research, in order to understand needs, priorities, risk factors, and protective processes at all levels (individuals, households, communities, and institutions). This is key at every stage of the programme cycle but especially during programme design. It is equally important to apply appropriate research methods. To implement the dual perspective recommended by this report (synthesising well-established and evidence-based global approaches with local knowledge and everyday psychosocial practices), a mix of research methods should be used. Both quantitative and qualitative methods have a place, according to the subjects of inquiry. All methodologies have strengths and weaknesses; they should be applied for purposes to which they are suited.

Interpeace Theory of Change for Integrated Programming

The Context Interconnected Consequences

Institutions may be weakened or destroyed, mistrusted by citizens, unable to deliver services or respond to the needs of community, incapable of creating inclusive economic growth opportunities or preventing or managing ongoing or future violence.

Communities may experience collective trauma that may build unhealthy bonds, curb opportunities to bridge divides, perpetuate cycles of revenge and conflict, intensify suspicion and intolerance, and prevent collaboration for community development.

Families may face separation, internal tensions and conflict, intergenerational discord and may be at risk of transmitting trauma and hostility to each other and future generations.

Individuals may face continued personal insecurity, and emotional or mental wounds due to exposure to violence or the loss or interruption of livelihoods. They may lose hope, or any sense that they can create a better future.

Our Approach Integrated Solutions

Peacebuilding

Livelihoods

Institutional

Community

Family

Individual

Mental Health and Psychological Support

Our Expected Results Multidimensional Resilience

Institutions that are trustworthy, deliver inclusive and responsive services and can shepherd processes for structural transformation that addresses root causes of conflict and patterns of systemic exclusion.

Communities that are inclusive, experience better intergroup relations and collaborate to transform conflicts and build civic trust.

Families that are cohesive and take collective responsibility to improve communication patterns and transmit peace values.

Individuals who experience a sense of purpose and wellbeing, can activate socioemotional skills to deal with challenges resiliently, and have agency, and a sense of responsibility, to resist violence and contribute to peace.

Section 3. Conceptual approaches to integrated programming

This section sets out 12 integrated MHPSS, peacebuilding and livelihood programme options that can potentially be employed by Interpeace or other interested organisations. The purpose is to elevate Interpeace's programming in these 12 areas by integrating MHPSS with various peacebuilding and livelihood development approaches and so address multidimensional needs and build multisystemic resilience.

These conceptual options should be seen as jumping off points for creative reflection on innovative integrated programming. The aim is to stimulate cross-systemic synergies and impact. They are complemented by case studies that provide clear learning and guidance. The lessons of the case studies can be used to inform testing and application of the conceptual options.

The conceptual options are based on an extensive survey of approaches that are used primarily by MHPSS services or peacebuilding initiatives. Because these approaches underpin the options, the section begins by presenting the results of the survey and setting out definitions that are relevant when contextualising the options.

Surveying the MHPSS field

MHPSS in contexts of humanitarian emergency is not a new field of practice. In the last fifteen years, several international organisations (for example, UNICEF and ICRC) and coordinating bodies (for example, the IASC) have developed guidance documents and consensus opinions that inform MHPSS operational practice. This report is not intended to replace those. On the contrary, readers who are not already familiar with the MHPSS-in-emergencies field (such as mental health practitioners who have worked in developed countries, or peacebuilding practitioners who have not yet integrated MHPSS in their work) are strongly encouraged to read the core guidance documents, alongside this report, before attempting to design or implement programmes that integrate MHPSS, peacebuilding, and livelihood development. Below is a non-exhaustive core reading list.

Guidance documents on MHPSS in emergency contexts

The Inter-Agency Standing Committee (IASC), established in 1992, facilitates inter-agency decision-making in response to complex emergencies. Its members include a broad range of UN and non-UN humanitarian organisations. The IASC's guidelines for MHPSS have the support of IASC members and numerous experts who contributed to their development.[120] The guidelines include action sheets and practical operational advice on many related topics, including: intersectoral coordination; conducting a needs assessment; applying human rights standards; developing human resources for MHPSS; strengthening community-based support; developing health services; promoting the MHPSS agenda through access to education; and conducting community psychoeducation. The document also considers the social and psychological dimensions of shelter and site planning, food security and nutrition, water access, and sanitation. Since the original Guidance document was published in 2007, the IASC Reference Group on MHPSS has developed additional guidance, including guidelines for a common monitoring and evaluation framework for MHPSS,[121] and recom-

120 IASC (2007), 'IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings', <https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>.

121 IASC (2017), 'IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support Programmes in

mendations for conducting ethical MHPSS research in   emergency settings.[122]

Figure 3. IASC intervention pyramid for mental health and psychosocial support in emergencies.
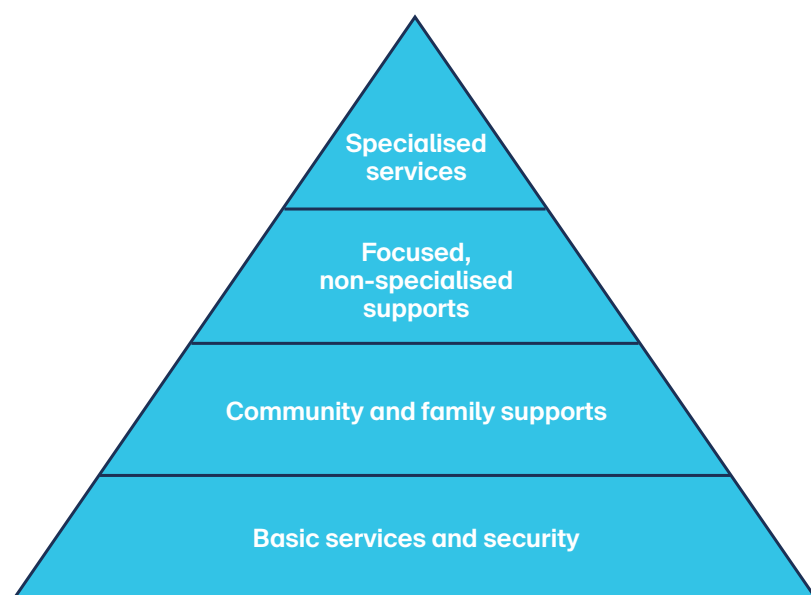
Building on the work of the IASC, the ICRC developed more specific, problem-oriented guidance for its own MHPSS programmes.[123] It covered activities that fall within 'mental health', including basic psychological support, psychotherapeutic support, and specialised psychiatric care, as well as 'psychosocial support' activities by psychosocial groups, on information and sensitisation and on developing a multidisciplinary referral network. The manual focuses on understanding and addressing the needs of specific population groups that are at particular risk of being affected by emergencies, including: families of missing persons; victims of violence; helpers; hospitalised patients who have been wounded by weapons; people with physical disabilities; people deprived of their liberty and former detainees; and other population groups that are indirectly affected by emergencies.

UNICEF's operational guidelines for MHPSS primarily target the wellbeing and resilience of children and families.[124] The UNICEF model of MHPSS aims to strengthen nine circles of support that can play a protective role in children's lives. At the level of community, these are: a strengthened care system; activation of natural community supports; wellbeing and protection awareness-raising; and stigma reduction. At the level of the family or primary caregiver, circles of support include: strengthening each family's community support networks; cultivating positive parental practices; and supporting caregiver wellbeing. Finally, at the child level, support includes: ensuring safe and nurturing environments; developing positive peer-to-peer relationships; and promoting stimulation, learning, and skills development. The manual provides detailed operational guidance for developing impactful activities in each of the nine circles of support.

This Interpeace report addresses the integration of MHPSS with peacebuilding and livelihood development, and seeks to complement rather than replace

Emergency Settings', <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-programmes>.

122 IASC (2014), 'IASC Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings', <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings/documents-public/iasc-recommendations>.

123 International Committee of the Red Cross (2020), 'Guidelines on Mental Health and Psychosocial Support', <https://www.icrc.org/en/publication/4311-guidelines-mental-health-and-psychosocial-support>.

124 UNICEF (2018), 'Operational guidelines on community-based mental health and psychosocial support in humanitarian settings: three-tiered support for children and families' (field test version), <https://www.unicef.org/media/52171/file/Mental%20health%20and%20psychosocial%20support%20guidelines%202019%20.pdf>.

the above resources. Its objective is not to replicate the detailed guidance on MHPSS in emergency contexts that these resources provide, but to consider the broader relevance of MHPSS in processes of peace-building and livelihood development.

A public health lens is essential when considering how to scale up interventions to meet the needs of whole populations. It makes possible scaled-up, cost-effective, high-quality, and equitable provision of mental health and psychosocial support services. Table 1 shows the elements that need to be in place to provide an effective public health infrastructure for mental health and psychosocial support.

Table 1: Key ingredients of a public health infrastructure for structured MHPSS

Multi-year strategy document	Clarifies high-level objectives, target populations, and therapeutic approaches.
Governance system	Defines reporting lines and decision-making responsibility at national and district levels.
Decentralised infrastructure	Includes accessible service centres for primary, secondary, and tertiary care.[125]
Epidemiological and capacity assessment	Guides prioritisation of services and capacities to be developed.
Human resource development	Includes recruiting, training, certifying, and supervising front-line service-providers.
Protocols, guidelines, supplies	These services help to structure and streamline the interventions service providers offer, by means of screening protocols, treatment manuals, facilitation guides, or medical supplies.
Communication strategy	Increases motivation to use the service across the target population, and reduces stigma.
Sustainable funding system	Clarifies how tax-based or other income will be allocated to public health, whether beneficiaries will pay for services, and how service providers will be remunerated.
Participatory local design	Helps to ensure that MHPSS services are responsive to local challenges and needs, and strengthen and complement the community's capacities to provide everyday MHPSS.

Structured MHPSS public health policies and programmes should aim to *complement* and *strengthen* everyday MHPSS capacities. Specifically, at the level of community-based MHPSS, they should implement interventions (such as psychological first aid, sociotherapy, non-violent communication training, and community psychoeducation) that go hand-in-hand with reinforcing everyday community psychosocial practices: playing sports or organising sporting events; organising community feasts and gatherings; supporting community dialogues on issues of concern to members of the community; organising and participating in religious ceremonies and collective mourning practices; participating in music and dance events; and establishing local markets and other opportunities for everyday interaction where people can meet and connect.

At the level of child, family, and caregiver support, public health services should implement programmes

125 It is especially important to pay attention to the needs of people who have suffered permanent physical or mental injuries caused or worsened by experience of war. A UN Flagship Report on Disability and the Sustainable Development Goals (SDGs) stresses the need for disability-inclusive development. (See https://www.un.org/development/desa/disabilities/publication-disability-sdgs.html.) During conflict, disabled persons can face extreme mental hardship due to the precarity of health services, dangerous circumstances, and their reduced autonomy. Access to school, work, healthcare, and other essential functions is crucial to the social integration of those with disabilities. Disabled persons account for 15% of the global population, rising to 1 in 4 in some conflict-affected countries. (See https://reliefweb.int/report/world/fact-sheet-conflict-and-persons-disabilities-3-december-2021.) Failure to integrate them in society incurs substantial economic cost.

and policies that support and contribute to spontaneous social support systems and semi-structured everyday activities between and within households: nurturing a positive and safe school environment; providing opportunities for socio-emotional skills training; providing family therapy and parent training; implementing nutritional interventions. Depending on the local culture, activities might also include: offering gifts to new households; community support to mothers before and after birth; afternoon monitoring by the wider family or community of children of working parents; gatherings of children and youth for play and conversation; community networks to support families facing adversity; youth clubs; events for parents to share experiences and provide mutual support.

Finally, at the level of individuals, cognitive-behavioural therapy, narrative therapy, humanistic therapy, creative arts therapy, and neuroscience-based therapeutic approaches should complement, inform, and enrich everyday community practices and relationships that provide psychosocial mentoring and support: storytelling, experience-sharing, and advice-giving by parents and grandparents; supportive relationships with friends, siblings, and others; mentoring relationships in the workplace; support from a sports coach; support from a spiritual mentor or guide; reading; and culturally rooted proverbs or maxims.

Designing an effective public health system to address mental health and psychosocial support needs in conflict-affected populations requires maintaining in balance clinical and structured evidence-based interventions and everyday mental care and support. When this balance is achieved, the formal public MHPSS infrastructure can support, complement and deepen each community's rich pre-existing psychosocial fabric.

In the Annex, brief synopses of structured interventions for MHPSS have been provided, at the level of community, child-and-caregiver, and individual. MHPSS programme designers are encouraged to go beyond this brief overview, for example by exploring relevant primary resources for each approach. It should be emphasised that the list of structured MHPSS approaches provided here is not exhaustive; it will be developed as needed. At this stage, the

priority was to provide an overview of the most widely accepted MHPSS interventions, which are used in numerous contexts, documented to be effective in peer-reviewed research publications, and endorsed by international organisations.

To obtain information about 'everyday' aspects of MHPSS, the best method is context-specific participatory research. Each culture conceptualises and systematises everyday psychosocial support in unique ways, which can be understood by respectful and culturally sensitive listening and observation.

A peace responsive approach to MHPSS

Literature on the links between MHPSS and peacebuilding, including the texts presented above, emphasises the value of integrating MHPSS in peacebuilding efforts. While research and evidence demonstrate the impact of conflict and violence on mental health, much less work has been done to show how a peacebuilding lens can be applied, or how integrated peacebuilding approaches can add value to and deepen the impact of MHPSS initiatives. As important as it is to integrate MHPSS in peacebuilding, it is equally important to integrate peace in MHPSS programmes, whether these are undertaken by humanitarian actors or embedded in a public health infrastructure.

The IASC's 'Guidelines on Mental Health and Psychosocial Support in Emergency Settings' (2007) recognise that MHPSS activities have the potential to do harm, given the sensitivity of issues they engage with.[126] In a 2008 article for the journal Refuge, Wessels described a number of cases in which the provision of MHPSS failed to "do no harm". He argued that this failure was due to a number of factors, including: tokenistic participation of states and communities in guiding humanitarian action; MHPSS assessments that were not contextualised or followed up; short term expert assistance that failed to build long-term internal capacities; and imposition of external understandings and responses that possibly undermined local resources and approaches.[127]

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126 IASC, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (n. 15)

127 Wessells, M. (2008), 'Do No Harm: Challenges in Organizing Psychosocial Support to Displaced People in Emergency Settings,' Refuge: Canada's Journal on Refugees, 25/1, < https://refuge.journals.yorku.ca/index.php/refuge/article/view/21392>.

Despite some progress, these and other challenges persist.

To address them, Interpeace proposes a peace responsive approach to MHPSS provision. Interpeace defines peace responsiveness as "the ability of actors operating in conflict affected or fragile contexts to be conflict-sensitive and to deliberately contribute to peace through their technical programming -in a manner that enhances collective impact, that supports inclusive, gender-responsive and locally- led change and that strengthens societal resilience to conflict and violence".[128] The World Bank has estimated that 80% of humanitarian need is driven by conflict, which suggests that the majority of MHPSS provision is within conflict affected contexts. Integrating peacebuilding in MHPSS can potentially both enhance the technical delivery and impact of MHPSS activities and also ensure that these activities deliberately contribute to peace.

In what ways can a peace responsive approach enhance the impact of MHPSS activities? The three examples below illustrate how deliberate integration of a peace lens adds value and broadens and deepens the impact of MHPSS programming and actions.

Local leadership. Many of the risks of harm are directly linked to poor awareness of, and responsiveness to, the local context, and imperfect engagement with, and accountability to, local actors. Fundamental to peacebuilding is the understanding that change must be locally led and that trust emerges from local agency. Local leadership is often conflated with national/institutional ownership. Peacebuilders have learned that ownership and leadership must occur in all tracks. Whether designing and implementing a humanitarian response or a public mental health programme, a peace responsive approach to MHPSS will enable local actors at all levels to help develop and own the services they use.

Sustainability through structural transformation that addresses root causes. Through thorough, locally-driven analysis, a peace responsive approach encourages institutions to address the root causes of crises, rather than their symptoms. It invites MHPSS service providers (whether humanitarian actors or public health institutions) to develop and implement programmes that address the social, economic and environmental factors that contribute to trauma, anxiety, depression and other conditions, including their intersectionality. The approach encourages MHPSS providers to analyse the structural transformations required to promote mental health and psychosocial wellbeing, recognising that systems and institutions also need to change. It enables actors to work on MHPSS in conflict, but also on holistic recovery, thereby ending recurrent cycles of remedial response.

Enhancing resilience. Interpeace's Guidance Note 'Framework for Assessing Resilience' (2016) describes resilience for peace as "the diverse endogenous attributes, capacities, resources and responses, that potentially enable individuals, communities, institutions and societies to deal peacefully with the impact of past conflict and violence, as well as to prevent new and emerging patterns of conflict and violence".[129] In addition to the elements covered in the previous two points, the resilience for peace lens offers two contributions:

1. It enhances awareness that conflict and risk, and consequently resilience, lie along a spectrum. Conflicts and risks occur between prevention and post-conflict transformation; expressions of resilience range from the absorptive to the transformative. Thinking of risks and resilience in terms of a spectrum increases opportunities for humanitarian actors and public health actors to contribute to peace. Applying a peace responsive approach does not mean that MHPSS actors are expected to be peacebuilders; rather, they

128 Interpeace (2021), 'Peace Responsiveness: Delivering on the promise of Sustaining Peace and the Humanitarian-Development-Peace Nexus', <https://www.interpeace.org/peace-responsiveness/#11477/1/>.

129 Interpeace, 'Assessing Resilience for Peace: Guidance Note', n. 75.

adapt how they do MHPSS to maximise their contributions to peace. The level of adaptation depends on each context. The key point is that MHPSS actors can use the peace responsive lens to understand and deliberately plan their contributions to peace, inclusive of and beyond psychosocial peacebuilding.

2. Resilience for peace recognises that resilience may be expressed positively or negatively. This enables MHPSS actors to identify coping patterns that reinforce vicious cycles

of conflict, violence and risk exposure. Locally rooted analysis can help them to ensure that their programming does not feed such vicious cycles; more ambitiously, they can also work to transform vicious cycles into virtuous ones that foster positive well-being in the short-term or prevent future risks. This perspective is critical because, if such patterns are ignored, MHPSS interventions are likely to cause harm rather than achieve the mental health and psychosocial outcomes they seek.

PeaceBuilding Overview

As noted in the section on traditional approaches to peace, peacemaking has been deeply embedded in many cultures around the world. By contrast, the term 'peacebuilding' was coined by Johan Galtung in the article 'Three Approaches to Peace: Peacekeeping, Peacemaking and Peacebuilding' (1975).[130] The term was further popularised and became embedded in the international system when the 1992 UN Agenda for Peace defined it as "action to identify and support structures which will tend to strengthen and solidify peace in order to avoid a relapse into conflict". In the 30 years that have followed, the term and its definition have evolved, and organisations use a variety of definitions. Interpeace's Strategic Positioning Paper defines peacebuilding as "the process of strengthening a society's capacity to manage and transform conflict in non-violent and non-coercive ways".

Two UN resolutions passed in 2016, commonly referred to as the Sustaining Peace Resolutions (General Assembly resolutions A/RES/70/2062 and S/RES/2282) have shaped the current context of peacebuilding in the last six years. They encourage a holistic approach to "sustain peace, particularly through the prevention of conflict and addressing its root causes, strengthening the rule of law at the international and national levels, and promoting sustained and sustainable economic growth, poverty eradica-

tion, social development, sustainable development, national reconciliation and unity including through inclusive dialogue and mediation, access to justice and transitional justice, accountability, good governance, democracy, accountable institutions, gender equality and respect for, and protection of, human rights and fundamental freedoms…".[131] 'Our Common Agenda', which outlines the current UN Secretary General's vision of the future of global cooperation, alludes to the development of a new agenda for peace. For the moment, the Sustaining Peace Resolutions remain the overarching guiding framework for global peacebuilding.

MHPSS and public health actors have broadly agreed approaches that, subject to critique, guide and influence their work at all levels. Peacebuilders have agreed some tenets of peacebuilding: that it must be locally owned, must be inclusive at all levels of society, and is a long-term process. These positions are reflected in Interpeace's five pillars of peacebuilding: local ownership, building trust, reaching out to all groups, long-term commitment, and process matters.

Scholars and practitioners have attempted to systematise peacebuilding and design typologies. Adopting terms used by Martin Luther King Jr. in his 1963 letters from Birmingham jail,[132] Galtung distinguished "nega-

130 Galtung, J. (1976), 'Three Approaches to Peace: Peacekeeping, Peacemaking, and Peacebuilding', Peace, War and Defense: Essays in Peace Research II, <https://www.galtung-institut.de/wp-content/uploads/2016/06/galtung_1976_three_approaches_to_peace.pdf>.

131 UN General Assembly, resolution 70/262, Review of the United Nations peacebuilding architecture, A/RES/70/262, 12 May 2016, undocs.org/en/A/RES/70/262.

132 King, M. L. (1963), 'The Negro Is Your Brother', The Atlantic, republished by The Atlantic in 2018 under the title 'Letter from a Birmingham Jail,' <https://www.theatlantic.com/magazine/archive/ 2018/02/letter-from-a-birmingham-jail/552461/>.

tive" from "positive" peace In his article 'Violence, Peace and Peace Research'.[133] The former refers to the absence of violence and the latter to the absence of structural violence. The distinction has been applied by many peacebuilding scholars and practitioners to separate activities such as ceasefires, demobilisation and disarmament and security sector reform from activities such as intercommunity dialogues, psychosocial activities, peace education, and transitional justice. The Institute for Economic Peace uses the prevalence of violence to measure negative peace in its annual Global Peace Index, and measures positive peace in eight dimensions: well functioning government, equitable distribution of resources, free flow of information, sound business environment, high level of human capital, acceptance of the rights of others, low levels of corruption, and good relations with neighbours.[134] IEP publishes annual reports on the state of peace across countries and several peacebuilding organisations use its Peace Index as a reference for measuring peace.

In 'The Little Book of Conflict Transformation', John Paul Lederach categorised peacebuilding activities in a different way. He defined conflict transformation as "envisioning and responding to the ebb and flow of social conflict as life-giving opportunities for creating constructive change processes that reduce violence, increase justice in direct interaction and social structures, and respond to real-life problems in human relationships".[135] He proposed an analytical model for conflict transformation based on four dimensions: (1) the personal dimension covers impacts on individuals' cognitive, emotional, and spiritual well-being; (2) the relational dimension focuses on the influence on relationships of power, interdependence and communication; (3) the structural dimension considers social, political and economic structures that influence peace and conflict; and (4) the cultural dimension examines patterns that influence identity and ways of being. Building on this typology, in 'Building Peace: Sustain-

able Reconciliation in Divided Societies', Lederach also described the different levels of peacebuilding actors.[136] His pyramid included the following layers:

- Level 1. The top leadership is composed of military/political/religious leaders. At this level, activities may include high-level negotiations and mediation as well as cease-fires, etc.

- Level 2. Middle-range leadership is composed of ethnic and religious leaders, academics and intellectuals, and NGOs/CSOs. Activities may include problem-solving workshops, conflict resolution training, peace commissions, conflict resolution teams, etc.

- Level 3. Grassroots leadership may include local leaders, leaders of indigenous NGOs, community developers, local health officials, and refugee camp leaders. Activities focus on local peace commissions, grassroots training, reducing prejudice, psychosocial initiatives to address trauma, etc.

Practitioners and scholars do not all agree which actors belong at each level or what activities occur at each level, many agree that peacebuilding is a multi-level process and that sustainability requires change across all levels.

The Joint Utstein Study of Peacebuilding (2004)[137] and the OECD Development Assistance Committee's guidance on evaluating conflict prevention and peacebuilding activities (2008) are among the most comprehensive efforts to systematise and classify peacebuilding activities. The Utstein study proposed a peacebuilding palette that classifies actions in terms of security, socioeconomic foundations, political framework, and reconciliation and justice. Inspired by this, the OECD-DAC's classification stressed the importance of transforming attitudes, structures, relationships and behaviours in four key areas: socioeconomic development; good governance; reform of

133 Galtung, J. (1969), 'Violence, Peace, and Peace Research', Journal of Peace Research, 6/3, <http://www2.kobe-u.ac.jp/~alexroni/IPD%202015%20readings/IPD%202015_7/Galtung_Violence,%20Peace,%20and%20Peace%20Research.pdf>.

134 Institute for Economics & Peace (2015), 'Pillars of Peace: Understanding the key attitudes and institutions that underpin peaceful societies', <https://www.economicsandpeace.org/wp-content/uploads/2015/06/Pillars-of-Peace-Report-IEP2.pdf>.

135 Lederach, J. P. (2003), 'The Little Book of Conflict Transformation: Clear Articulation of the Guiding Principles by a Pioneer in the Field', Good Books.

136 Lederach. J. P. (1997), 'Building Peace: Sustainable Reconciliation in Divided Societies', United States Institute of Peace Press, <https://pestuge.iliauni.edu.ge/wp-content/uploads/2017/12/John-P.-Lederach-Building-Peace.-Sustainable-Reconciliation-in-Divided-Society.pdf>.

137 Smith. D. (2004), 'Towards a Strategic Framework for Peacebuilding: Getting Their Act Together, Overview report of the Joint Utstein Study of Peacebuilding', Royal Norwegian Ministry of Foreign Affairs, <https://www.regjeringen.no/globalassets/upload/kilde/ud/rap/2004/0044/ddd/pdfv/210673-rapp104.pdf>.

justice and security institutions; and justice, truth and reconciliation.[138] Socioeconomic development activities might include action to promote equitable and balanced poverty reduction, gender equality, equitable service delivery, and reintegration of displaced populations, among others. Good governance activities might include civil society development, promotion of freedom of expression and association, participatory process, democracy and governance, human rights promotion, among others. Justice and security reform activities might include security sector reform, peacekeeping, community policing, disarmament, demobilisation and reintegration of combatants, and de-mining. Activities to promote a culture of justice, truth and reconciliation might include trauma healing, transitional justice, dialogue among conflicting groups, prejudice reduction, or promotion of diversity.

These typologies have helped to demystify the complex and multidisciplinary peacebuilding sector. However, no categorisation or classification can provide practical global guidance on how peace is built in all contexts. Peacebuilding is a highly contextual process that requires, first and foremost, buy-in, ownership and leadership by the societies concerned, as well as careful and continuous assessment. Most important, too, peacebuilders must show flexibility and and an ability to adapt as they seek approaches that are appropriate and effective in the context and the moment.

Emerging trends in peacebuilding

Conflicts, as well as the contexts in which conflicts occur, have changed significantly in the last 30 years, during which peacebuilding activities and practice have evolved into a professional field of activity. The number and complexity of conflicts have increased significantly, measured in terms of the local and international actors engaged in them. A key trend is the emergence of many sub-national intra-state political conflicts. Few large vertically structured parties are currently in conflict; more conflicts engage numerous decentralised and atomised groups with overlapping or competing objectives. While it is difficult to generalise, many argue that conflicts have become more multisystemic, driven by information technology, economic globalisation, climate change, enormous growth in cross border trade, and unprecedented migration flows.

While each conflict has a unique history and political economy, certain fundamental themes can be identified. The dynamic of many conflicts is reinforced by the absence of a functioning social contract between the state and its people; persistent marginalisation; the exclusion of certain ethnic, linguistic and cultural groups; and historical narratives that animate new or old political and economic inequities. Experience of peaceful transitions has shown that resolution of these issues requires long term peacebuilding processes that must be led by local actors who are legitimate and trusted by the populations they speak for. To create such conditions, it is necessary to embed capacities, norms and institutions and create a psychological readiness for conflict transformation that is often not present, or is persistently undermined by the day-to-day realities in zones of conflict.

Cutting across these trends is the wider realisation that the legacies of war and violence, including the mental and psychosocial scars they cause, prevent sustainable conflict management, let alone transformation for positive peace. In many of the places where mass violence occurred in the late 1990s and early 21st century, trauma, post-traumatic distress and other mental effects of war fundamentally inhibit people's ability to function, survive and thrive. This is a major obstacle to reconciliation and peace. The links between exposure to violence and injustice, externalising behaviours and norms, and ongoing patterns of violence and exclusion are better understood scientifically but are only anecdotally evident in much ethnographically-oriented peacebuilding work with communities and individuals.

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138 OECD DAC (2008), 'Guidance on evaluating conflict prevention and peacebuilding activities: Working Draft for Application Period', Organisation for Economic Co-operation and Development, <https://www.oecd.org/dac/evaluation/dcdndep/39774573.pdf>.

In response to these problems, peacebuilding has been evolving.[139] Important emerging trends include:

An emphasis on conflict prevention	The peacebuilding field is notorious for being more reactive than preventive in its work. 'Pathways for Peace', a report by the World Bank and UN in 2018, sought to mainstream prevention of conflict in international peacebuilding discourse.[140] The UN Sustaining Peace resolutions urged the UN system to prevent conflicts and respond to them in more adaptive, joined-up ways.[141] Despite these efforts, it is difficult to say that interventions have shifted significantly or successfully towards a preventive posture.
A focus on inclusion	The 'Pathways for Peace' report stressed "the centrality of inclusion in prevention approaches".[142] As noted, it has increasingly been recognised that exclusion and marginalisation are root causes of conflicts globally. Since the adoption of UN Resolutions 1325 in 2000 and 2250 in 2015, peacebuilding frameworks have acknowledged that it is important to engage with and empower youth and women in peacebuilding, address persistent exclusion, and improve the sustainability of peace. This is reflected particularly in the strategies of the UN Peacebuilding Fund, which has financed implementation of the Youth Peace and Security (YPS) and Women's Peace and Security (WPS) agendas, as well as the commitments of many bilateral and multilateral donors.
Calls to integrate MHPSS into peacebuilding strategies	Since the 2014 special issue of the journal Intervention, calls have multiplied to connect the MHPSS and peacebuilding fields. (See the works mentioned in the introduction.) Advocacy by the Ministry of Foreign Affairs of the Netherlands created space for policy initiatives by the IASC, UNDP and the "Renewing the UN approach to Transitional Justice" initiative. The UN Secretary General's report on Peacebuilding and Sustaining Peace (2020) articulated a clear intention to integrate MHPSS in peacebuilding efforts. The UN Peacebuilding Fund's Gender and Youth Promotion Initiative (2021) explicitly listed promotion of MHPSS for women and youth among the focus areas of funding.

139 More on this can be found in: World Bank Group and United Nations (2018), 'Pathways for Peace: Inclusive Approaches to Preventing Violent Conflict', <https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/documents/pathways4peace.pdf>; and Simpson, G. (2018), 'The Missing Peace: Independent Progress Study on Youth, Peace and Security', UNFPA, <https://www.youth4peace.info/system/files/2018-10/youth-web-english.pdf>.

140 World Bank Group and United Nations (2018), 'Pathways for Peace: Inclusive approaches to preventing violent conflict', World Bank Group, <https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/ files/documents/pathways4peace.pdf>.

141 UN Security Council, Resolution 2282, S/RES/2268/ 2016, <https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2282.pdf>; UN General Assembly, Review of the United Nations Peacebuilding architecture, A/RES/70/262, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/119/39/PDF/N1611939.pdf?OpenElement>.

142 World Bank Group and United Nations (2018), 'Pathways for Peace: Inclusive Approaches to Preventing Violent Conflict', <https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/documents/pathways4peace.pdf>.

Economic peacebuilding	Political economy and conflict/peace dynamics are intimately linked. Long-term peace in societies requires the presence of meaningful livelihoods, decent jobs, and equal access to basic goods and services, as well as general well-being, justice and security, in a context of good governance. Increasingly, development and private sector actors are realising that their development and investment policies affect the peace of communities they operate in. Community perceptions of their investments - who they assist, the needs they address, the degree to which their approach is seen to be inclusive - also affect the risks of investors. The conflict sensitivity and peace responsiveness of public and private investment is increasingly perceived to be a factor in business success, having financial relevance as well as effects on reputational and operational risk. Peacebuilding actors are also increasingly aware of the significant impacts that private and public sector investment can have on peace and conflict in fragile settings. In conflicts characterised by resource competition, the role of private actors can be enormously consequential. Peacebuilders are increasingly engaging in new partnerships with private and public investors. This is reflected in the growth of new categories of sustainable finance, including social bonds and loans, sustainability linked bonds, and new peace bonds and peace equity funds. Development finance institutions (DFIs) are seeking to develop new strategies and approaches in fragile and conflict-affected settings, and the regulatory landscape for environmental, social and governance (ESG) and impact investing is also undergoing significant change. The draft EU Social Taxonomy, the EU's corporate sustainability due diligence legislation, the International Sustainability Standards Board (ISSB) process to harmonise global standards on sustainability-related disclosure, and other standards relating to investment, the economy, human rights and peace, are having increasing influence.
A multisystemic and multidimensional approach to supporting peace	Commonly described as nexus programming, multisystemic and multidimensional approaches to humanitarian, development and peace work are entering the discourse on international engagement. The complexity of conflict dynamics requires complex responses. This was recognised in the UN's Sustaining Peace Resolutions (2016)[143] and the 2016 World Humanitarian Summit that called on all actors to contribute to peace and initiated discussion of the humanitarian, development and peace nexus. These shifts have encouraged partnerships between humanitarian, peacebuilding and development actors and the adoption of integrated programming that seeks to work on multiple needs at multiple levels.

Background to Livelihoods Programming

Similar to peacebuilding, the field referred to as 'livelihoods' in this document (and sustainable livelihoods elsewhere) has no agreed definition or standard approaches. The World Commission on Environment and Development introduced the term "sustainable livelihoods" to the global humanitarian and development community in its report 'Our Common Future' (1987), commonly known as the Brundtland report.

The emphasis of the document was on enhancing current development without "compromising the ability of future generations to meet their own needs";[144] it paid particular attention to those living in poverty. Krantz has suggested that the sustainable livelihoods approach developed from a realisation that economic growth does not necessarily lessen poverty, that poverty is more than low income, and that those living

143 UN Security Council, Resolution 2282, S/RES/2268/ 2016, <https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2282.pdf> ; UN General Assembly, Review of the United Nations Peacebuilding architecture, A/RES/70/262, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N16/119/39/PDF/N1611939.pdf?OpenElement>.

144 Brundtland, G. H. (1987), 'Report of the World Commission on Environment and Development: Our Common Future', UN General Assembly document A/42/427, <https://www.are.admin.ch/dam/are/en/dokumente/nachhaltige_entwicklung/dokumente/bericht/our_common_futurebrundtlandreport1987.pdf.download.pdf/our_common_futurebrundtlandreport1987.pdf>.

in poverty, having most knowledge of their situation, must be involved in the design of programming and policy.[145]

The most commonly used definition of livelihood is:

"...the capabilities assets (stores, resources, claims and access) and activities required for a means of living: a livelihood is sustainable which can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels and in the long and short term."[146]

The Sustainable Livelihoods Framework (1999), set out by DFID in Sustainable Livelihoods Guidance Sheets, remains a core reference for many organisations. The Framework recognises that all livelihood programming takes place in unique "vulnerability" contexts where individuals, communities and countries experience specific shocks, trends and seasonality factors. Within this context, households and communities have specific assets. The Framework breaks these assets down into five forms of capital: human, natural, financial, physical and social. Human assets include the members of a household, their education level, their knowledge and skills, and their active labour. Physical assets may include livestock, equipment, vehicles, homes, irrigation pumps, etc. Natural capital includes land, forests, water, grazing, fishing and other bio-products that are at the disposal of a household. Financial capital includes savings, material possessions of high value such as gold or jewellery, income, credit, insurance, etc. Social capital includes kinship networks, and groups and associations, as well as socio-political voice and influence.[147] Baumann and Sinha, in their article 'Linking development with democratic processes in India: Political capital and sustainable livelihoods analysis,' argued for the inclusion of political capital, which they defined as the ability to influence political and economic decision-making processes that facilitate access to livelihood resources.[148]

With respect to the context and assets, each context has specific structures and processes. The structures include levels of government, private sector structures and civil society. The presence and efficacy of these structures influence the presence and sustainability of livelihoods. Processes include policies, legal frameworks, institutions and cultural practices that affect livelihoods. The Framework emphasises the importance of transforming structures and processes to create enabling conditions for sustainable livelihoods.

The Framework lays out a set of outcomes that livelihood strategies aim to achieve. These include: more income, increased well-being, reduced vulnerability, improved food security, more sustainable use of natural resources. The IFRC framework for livelihoods additionally integrates social relations, status, dignity and (self) respect.[149]

To achieve these outcomes, the framework emphasises the need for livelihood strategies. However, it does not describe them. This is because livelihood creation, like peacebuilding, is highly contextual. It is subject to the assets available, and the context and its evolution. As the 2012 UNDP and IRP guidance note on livelihood in recovery noted, "livelihood strategies must be able to adapt or change altogether as the surrounding conditions change".[150]

145 Krantz, L. (2001), 'The Sustainable Livelihood Approach to Poverty Reduction: An introduction', Swedish International Development Agency, <https://commdev.org/wp-content/uploads/pdf/publications/The-Sustainable-Livelihood-Approach-to-Poverty-Reduction-SIDA.pdf>.

146 Chambers, R., Conway, G. (1992), 'Sustainable Livelihoods: Practical Concepts for the 21st Century', IDS Discussion Paper 296, Institute of Development Studies, <https://www.ids.ac.uk/download.php?file=files/Dp296.pdf>.

147 Carney, D., Drinkwater, M., Rusinow, T., Wanmali, S., et al (1999), 'Livelihoods Approaches Compared: A brief comparison of livelihoods approaches of the UK Department for International Development (DFID) CARE, Oxfam and the United Nationals Development Programme', DFID, <(PDF) LIVELIHOODS APPROACHES COMPARED A brief comparison of the livelihoods approaches of the UK Department for International Development (DFID), CARE, Oxfam and the United Nations Development Programme (UNDP) (researchgate.net)>.

148 Baumann, P., Sinha, S. (2001), 'Linking development with democratic processes in India: Political capital and Sustainable Livelihoods analysis', Natural Resources Perspectives 68, Overseas Development Institute, https://cdn.odi.org/media/documents/2825.pdf.

149 International Federation of the Red Cross and Red Crescent Societies (IFRC, 2011), 'IFRC Guidelines for Livelihoods Programming', <https://www.livelihoodscentre.org/documents/114097690/114438860/IFRC+Livelihoods+Guidelines_EN.PDF.pdf/73bdb19a-1a84-be09-f136-21232b13e3a0?t=1569430174761>

150 International Recovery Platform and UNDP India, 'Guidance Note on Recovery: Livelihoods', n. 38.

The livelihood approaches of CARE,[151] FAO,[152] USAID,[153] and UNDP[154] adopt similarly phased approaches to livelihood programming. Their phases include livelihood provisioning, to provide immediate relief and maintain nutrition to save lives; livelihood protection, to prevent the deterioration of assets; and livelihood promotion, to improve household resilience to meet food and other basic needs. These guidance documents outline a number of programming options ranging from cash distribution to policy change. The IFRC guidelines for livelihoods programming, which focuses on situations of crisis, also includes livelihood strengthening. It promotes support to vulnerable households to strengthen activities in which they are already engaged; livelihood diversification, and the development of new skills and livelihood strategies; and livelihood transformation, which involves changing how households provide for their needs.[155]

The guidelines propose numerous approaches to achieve sustainable livelihoods. Activities range from cash transfers for vulnerable households, to building physical capital such as roads and boreholes, via investment in education and technical and vocational training, to building human capital. However, as the USAID Livelihoods and Conflict toolkit noted, "applying a livelihoods approach to programming in conflict situations requires flexibility, creativity, and a commitment to supporting efforts at the local level to safeguard access to resources".[156] Above all, activities to promote livelihood recovery, diversification and transformation must be relevant to the individuals, families and communities concerned and appropriate for the context. While no single strategy is pre-eminent, actors engaged in livelihoods programming generally agree that it should be people-centred, responsive and participatory, sustainable and dynamic, multilevel, and involve partnerships between the public and private sectors.[157]

Advances in the integration of MHPSS and livelihoods programming

In the last two decades, a consensus has formed that the mental health and livelihood needs of populations affected by conflict, other forms of violence, or severe distress are interlinked. This claim was gradually validated by practice, observation, and research. A number of reasons explain the link, the most obvious being that conflicts and natural disasters tend to

simultaneously degrade both livelihoods and mental health.

Integrated MHPSS and livelihood programming is not new. An internal World Bank Group review in 2015 found that 26 projects had mixed MHPSS and livelihoods during the period from 2010 to 2015.[158] The World Bank

151 Carney, D., Drinkwater, M., Rusinow, T., Wanmali, S., et al (1999), 'Livelihoods Approaches Compared: A brief comparison of livelihoods approaches of the UK Department for International Development (DFID) CARE, Oxfam and the United Nationals Development Programme', DFID, n. 130, <(PDF) LIVELIHOODS APPROACHES COMPARED A brief comparison of the livelihoods approaches of the UK Department for International Development (DFID), CARE, Oxfam and the United Nations Development Programme (UNDP) (researchgate.net)>.

152 Frankenberger, T. R., McCaston, M. K. (1998), 'The household livelihood security concept, Food Nutrition and Agriculture', <https://www.fao.org/3/X0051t/X0051t05.pdf>.

153 Livelihood and Food Security Technical Assistance project (2011), 'Livelihood and Food Security Conceptual Framework', USAID, <https://www.marketlinks.org/sites/default/files/resource/files/LIFT%20ES%20Framework_8%2017%202011.pdf>.

154 International Recovery Platform and UNDP India, 'Guidance Note on Recovery: Livelihoods', n. 38.

155 IFRC (2011), 'IFRC Guidelines for Livelihoods Programming', n. 131, <https://www.livelihoodscentre.org/documents/114097690/114438860/ IFRC+Livelihoods+Guidelines_EN.PDF.pdf/73bdb19a-1a84-be09-f136-21232b13e3a0?t=1569430174761>.

156 USAID (2005), 'Livelihoods and Conflict: A Toolkit for Intervention', <https://www.ngoconnect.net/sites/default/files/resources/Livelihoods%20and%20Conflict.pdf>.

157 Carney, D., Drinkwater, M., Rusinow, T., Wanmali, S., et al (1999), 'Livelihoods Approaches Compared: A brief comparison of livelihoods approaches of the UK Department for International Development (DFID) CARE, Oxfam and the United Nationals Development Programme', DFID, n. 130, <(PDF) LIVELIHOODS APPROACHES COMPARED A brief comparison of the livelihoods approaches of the UK Department for International Development (DFID), CARE, Oxfam and the United Nations Development Programme (UNDP) (researchgate.net)>.)

158 Tejada, N. (2015), 'Incorporating Mental Health and Psychosocial Support in World Bank Group Operations: Taking Stock of WBG experience (2010-2015)', Fragility, Conflict and Violence Group, The World Bank Group, <https://www.cvereferenceguide.org/sites/

Group's MHPSS-related portfolio covered several development areas including health and nutrition, education and human development, social protection and labour, demobilisation and reintegration, and gender and conflict. The great majority of these programmes occurred in fragile and conflict-affected countries, including Liberia, Sierra Leone, Rwanda, Afghanistan, South Sudan, DRC, CAR, and Haiti.

Many guidelines address integration of MHPSS and livelihood programming. They include general guidelines, such as the IASC's Guidelines on MHPSS in Emergency Settings (2007),[159] which called for integration of livelihood and economic support as part of psychosocial work; and sector-specific publications, that include an MSF manual (2011)[160] on MHPSS programming in conflict settings that recognised the centrality of livelihoods needs, and an IOM manual (2022)[161] on MHPSS and livelihood integration (MLI) that provided practical guidance on how to integrate MHPSS components in livelihood programming.

MHPSS-livelihood guidelines tend to cover a range of themes and contexts, but many focus on conflict and post-conflict situations. To illustrate, in 2004 the World Bank published a toolkit on 'Integrating Mental Health and Psychosocial Interventions into World Bank Lending for Conflict-Affected Populations' that recognised

the role of mental health in achieving development potential, consolidating peace and supporting post-conflict recovery.[162] The feedback loops between peace, mental health, and livelihoods have long been understood. Many of the programmatic applications of MHPSS in livelihood programming have peacebuilding themes and objectives that relate to self-regulation, conflict resolution skills, identity, social resilience, relationship-building, community-strengthening, and leadership.

Ultimately, it is increasingly understood that development gains alone do not reliably improve war-torn societies' mental health, and that MHPSS interventions integrated with development and livelihood outcomes can unlock better mental health outcomes and have a sustainable development impact. However, while several programmes have tried to integrate issues of peace and conflict in MLI, few have directly addressed the conflict-related social and structural factors that degrade livelihoods and mental health. Just as conflict-insensitive MHPSS and peacebuilding programmes that are blind to mental health will be less effective and cause harm, livelihood and MHPSS programmes in conflict-affected societies will not achieve their purposes sustainably if they do not include an intentional peacebuilding dimension.

Integrated programming options for a context- and problem-specific response

As described above, approaches that integrate MHPSS, peacebuilding and livelihood development in coherent programmes that seeks deeper and broader transformation have compelling advantages. Interpeace believes that integrated programming has the potential to catalyse the following changes, provided they are intentionally designed to do so:

- **Immediate term: respond to immediate needs by creating conditions conducive to negative peace and post-conflict recovery**. MHPSS and peacebuilding help to tackle immediate short-term impacts of violence, address the needs of populations that have been traumatised and polarised by violent conflict, interrupt cycles of violence, and

default/files/resources/INCORPORATING%20MENTAL%20HEALTH%20AND%20PSYCHOSOCIAL%20SUPPORT%20IN%20 WORLD%20BANK%20GROUP%20OPERATIONS%20_2015.pdf>.

159 IASC (2007), 'IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings', <https:// interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007>.

160 de Jong, K. (2011), 'Psychosocial and Mental Health Interventions in Areas of Mass Violence: a Community-Based Approach', Guideline document (2nd Edition), Médecins Sans Frontières, <https://app.mhpss.net/?get=366/MSF_mentalhealthguidelines.pdf>.

161 International Organization for Migration (2022), 'MHPSS and Livelihood Integration (MLI) Manual', <https://iraq.iom.int/resources/mhpss-and-livelihood-integration-mli-manual>.

162 Baingana, F., Bannon, I. (2004), 'Integrating Mental Health and Psychosocial Interventions into World Bank Lending for Conflict-Affected Populations: A Toolkit', The World Bank, NIMH, and CMHS, <https://au.int/sites/default/files/documents/39231-doc-181._mental_health_toolkit.pdf>.

contribute to resilient post-conflict recovery. MHPSS underpins critical psychological changes that are necessary for individuals and groups, while peacebuilding and development make it possible to channel those personal and group changes into societal and systemic transformation of cultures and institutions. Because that transformation can end cycles of violence, integrated MHPSS and peacebuilding programming also contributes to prevention.

- **Medium term: address personal, interpersonal and cultural drivers of conflict**. MHPSS, peacebuilding and livelihoods nurture attitudes that support positive peace, by addressing the consequences of violence and related grievances, which have an impact on mental well-being, intergroup relationships and civic trust. Additionally, integrated interventions advance inclusion and address marginalisation, systematic exclusion and political oppression, which all harm mental health and peace. Integrating MHPSS in peacebuilding allows individuals and groups to deal with experiences of marginalisation but also empowers them to take constructive action to transform their lives and eventually their societies, making them more accepting, inclusive and equitable.

- **Longer term: foster transformative capacities for cooperation and positive peace**. MHPSS, peacebuilding and livehoods support the development of transformative skills and capacities, as well as collaborative action in support of positive peace.

- **Longer term: establishing a more resilient social contract**. Integrating MHPSS, peacebuilding and livelihoods in the delivery of inclusive, responsive and decentralised health services can increase social trust, enlarge human capital, encourage civic participation, and, ultimately, promote a more resilient social contract

This section presents some programming options for a context- and problem-specific response. The options have been conceptualised on the basis of a desk review of MHPSS, peacebuilding and livelihoods approaches. (See the annex for a brief summary of the desk review.) They promote long-term peace and sustainable development through multi-level programming at the level of individuals, families, communities and institutions.

Clearly, the options here do not cover all potential MHPSS, peacebuilding or livelihood activities. They focus on activities and contexts where Interpeace has at least some programming experience. Other peacebuilding organisations may employ some of the approaches described, or different combinations of them, or quite different approaches. The programming options are a starting point for contextualised and collaborative integrated programme design by Interpeace and stakeholders from (at least) the three domains studied in this report.

Ending violence and fostering conditions of security

	Mental health and psychosocial support -programmatic approach	Mental health and psychosocial support -objectives	Peacebuilding and development -objectives	Peacebuilding and development -programmatic approach
Individual level	Psychological first aid, counselling.	Restore calm, encourage positive coping.	Strengthen skills to deal with disputes non-violently.	Nonviolent communication training.
Family level	Parent training.	Ensure a safe and supportive family environment.	Promote nonviolent family norms, prevent food insecurity.	Positive masculinities, social protection, humanitarian assistance.
Community level	Psychosocial support groups.	Develop supportive community relationships.	Strengthen community conflict resolution capacity, identify alternative community livelihoods.	Community mediation, participatory needs assessment.
Institutional level	Public health approaches.	Develop a scalable infrastructure for psychosocial support.	Bring parties together to find common ground, strengthen infra-structures for peace, protect and repair critical economic infrastructure and institutions	Peace negotiations, public service delivery.

What is the challenge?

In active conflicts, several actors may commit violence, leading to widespread community insecurity. Depending on the conflict context, perpetrators may be state actors (national army, police, other security services) that use excessive or discriminatory force; local militias formed to protect the interests of specific ethnic groups, political formations, or geographic regions; violent extremist organisations that use terrorism and other subversive tactics; or criminal gangs organised around economic objectives. In addition, domestic violence may be fuelled by toxic perceptions of masculinity that cut across the domestic and civic spheres. Violence causes personal injuries and loss of life, destroys economic capacity (burned crops, destroyed factories, slaughtered or stolen livestock), and disrupts critical services (health, education, policing, transport, access to utilities). It also constricts civic space, because citizens prioritise their personal safety and become risk-averse, while state institutions focus their resources on emergency governance and social control.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

In contexts of violent conflict, programming should focus on basic psychosocial support to restore calm and encourage positive coping, while developing skills, norms, and capacities for nonviolent resolution of conflicts. Specific psychosocial interventions can include psychological first aid, counselling, parent training, and psychosocial support groups. Peacebuilding interventions that could be considered include nonviolent communication training, develop-ing positive masculinities, and strengthening capacities for community mediation. In the domain of liveli-hoods, interventions should focus on preventing food insecurity, protecting and repairing critical economic infrastructure, and assisting affected households and communities to identify alternative means of livelihoods when violent conflict disrupts their usual economic activities.

In what contexts is this programming option most relevant?

This programming option should be considered as a possible starting point for programme design in contexts where widespread violence is ongoing, and the priorities are stabilisation, damage mitigation, and establishing the conditions for peace.

Reflections on implementing this programming option

In times of active violence, give attention to the connec-tion vs protection dilemma. In general, avoid trying to connect (reconcile) victims and perpetrators at this stage. Focus instead on efforts to ensure the safety of survivors and potential victims of violence. Develop a psychosocial support network for them. Recognising that everyday life is severely disrupted, prioritise brief structured interventions that do not depend too much on everyday psychosocial practices. With respect to the research-or-practice question, skew strongly towards practice, because the needs are widespread and obvious, reducing the need for research.

Additional resources, case studies and lessons learned

- **Combating drivers of xenophobic violence in South Africa.** This joint project of CSVR and Freedom House aimed to strengthen coopera-tion between key community members, communi-ty-based organisations, migrant groups and local political and traditional leaders to combat xeno-phobia-related violence and its effects. See Centre for the Study of Violence and Reconciliation (2022), 'Mental Health and Psychosocial Support Services', <https://www.csvr.org.za/mental-health-and-psy-chosocial-support-services/>.

- **Considerations for addressing mental health and psychosocial needs of communities affected by violent extremism through mental health and psychosocial support.** This brief by the Interna-tional Organization for Migration explored the inte-gration of mental health and psychosocial support in activities designed to prevent violent extrem-ism, stabilise communities, and achieve disarma-ment, demobilisation and reintegration (DDR) in communities impacted by violent extremism. See IOM, ´Considerations for Addressing Mental Health and Psychosocial Needs of Communities Affected by Violent Extremism through Mental Health and Psychosocial Support´, n.d., <https://www.iom. int/sites/g/files/tmzbdl486/files/ our_work/DMM/ Migration-Health/final_mhpss_addressing_ve4.pdf.

- **Neem Foundation, Nigeria.** Initiatives to prevent violent extremism in Nigeria by building inclusive communities and improving the capacities of key stakeholders. See Neem Foundation (2021), <https:// neemfoundation.org.ng/>.

Addressing the needs of internally displaced persons, refugees, and their host communities

	Mental health and psychosocial support - programmatic approach	Mental health and psychosocial support -objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and livelihood development objectives -programmatic approach
Individual level	Narrative therapy, acceptance and commitment therapy.	Heal trauma, prevent risky behaviours, clarify values and goals.	Encourage civic engagement, strengthen vocational skills.	Positive youth development (PYD), technical and vocational training (TVET).
Family level	Multifamily healing spaces.	Reconnect refugee families, strengthen intergenerational harmony.	Provide food, shelter, clothing, and other essentials.	Social protection.
Community level	Sociotherapy.	Develop supportive relations between refugees and host communities.	Provide economic opportunities, reduce stereotyping.	Community-based enterprises, social contact events.
Institutional level	Psychoeducation.	Ensure refugee support services are trauma-responsive.	Ensure prejudice does not interfere with refugee service provision.	Inclusive and participatory governance.

What is the challenge?

After a violent conflict or in contexts where violence might erupt, populations flee to safety, to other locations in the same country (internally displaced persons, IDPs) or abroad (refugees). Refugees and IDPs may lack essentials for survival (food, water, shelter, medication) and are often traumatised. They may lose central elements of identity if they are displaced for years or generations. Relations with their host community may be tense. Host communities may also be experiencing significant socioeconomic or psychosocial adversity, and may feel their needs are neglected while the needs of IDPs and refugees are not.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

In contexts of displacement, psychosocial support programming should focus on trauma healing, clarifying values and goals, strengthening the inter-generational cohesion of displaced families, and developing supportive relations between displaced persons and host communities. Peacebuilding and livelihood development programming should focus on encouraging the acquisition of new vocational skills, providing social protection to meet essential needs for food and shelter, developing opportunities for economic and civic participation, preventing tensions between displaced persons and host populations, and ensuring that governance practices as well as service provision are non-discriminatory and inclusive. Wherever feasible, psychosocial or socioeconomic services that are provided for the benefit of refugee populations should also be made available to the host community. Programmes should not benefit only the refugee population.

In what contexts is this programming option most relevant?

It is appropriate in contexts of widespread displacement after violent conflicts that cause displaced persons and the communities that host them to experience many psychosocial, socioeconomic, and social cohesion challenges.

Reflections on implementing this programming option

Formal psychosocial support services (such as PTSD treatment) are typically deployed quite rapidly in contexts of post-conflict displacement. It is nevertheless important to restore the everyday psychosocial fabric of displaced families and their communities. Focus on strengthening multisystemic resilience and individual, family, community, and institutional processes of change. Research to identify bottlenecks and obstacles to refugee integration can improve the quality of policies and programmes. Interventions should primarily aim to build connections - within each displaced family, with other community members, and with host institutions - but should not lose sight of the protection agenda, especially in cases where displaced persons are at risk of being exploited.

Additional resources, case studies and lessons learned

- **Forced Migration: A Transitional Justice Issue.** This research brief made recommendations for integrating forced migrants in transitional justice processes, including provision of MHPSS and other assistance. See Centre for the Study of Violence and Reconciliation (2022), 'Forced Migration: A Transitional Justice Issue', <https://www.csvr.org.za/forced-migration-a-transitional-justice-issue/>.

- **Media and peace education in Afghanistan.** McMaster University and the Afghan universities in Peshawar, Pakistan, held a series of workshops for Afghan refugees to reduce prejudice among children and promote the participation of women. It produced a psychosocial model of conflict transformation, and a peace education curriculum for Afghan school children aged 10–15, including a training manual and a storybook addressing mental health issues in families and demonstrating peaceful principles. For the less literate, the stories were animated by hand puppets. See McMaster University (2008), 'Media and Culture of Peace (2000-2001)', <https://www.humanities.mcmaster.ca/~mpeia/media_culture/team.html>.

- **Mental health project (CSVR).** This project delivered comprehensive MHPSS services to refugees and asylum seekers through counselling, case management and psychiatric services, as well as indirect psychosocial services through community outreach and capacity building. See Centre for the Study of Violence and Reconciliation (2022), 'Mental Health and Psychosocial Support Services', <https://www.csvr.org.za/mental-health-and-psychosocial-support-services/>.

- **Mental health, psychosocial response and intercultural communication.** This information sheet describes work to promote mental health and psychosocial well-being of migrants and host communities through programmes and activities that support re-definition of social, professional, family and interpersonal roles. The programmes integrated MHPSS in conflict transformation and national, cultural and family mediation. See International Organization for Migration (IOM) (2019), 'Mental Health, Psychosocial Response and Intercultural Communication', <https://www.iom.int/sites/g/files/tmzbdl486/files/documents/mhd__infosheet_mhpss_03.10.2019_0.pdf>.

- **Psychoeducation as a contribution to conflict transformation.** This self-help guide for adult men addresses the psychosocial effects of the war and migration crisis in the Syrian Arab Republic. It provides basic information on the sources of stress and practical measures to mitigate it. See IOM (2014), 'Self-Help Booklet for Men facing crisis and

displacement', <https://publications.iom.int/books/self-help-booklet-men-facing-crisis-and-displacement>.

- **Psychosocial support for Syrian/Iraqi refugees and internally displaced people (GIZ).** This document describes the work of GIZ to strengthen MHPSS support to refugees in Jordan, Iraq, Lebanon and Turkey. See GIZ (2022), 'Strengthening Psychosocial work', <https://www.giz.de/en/worldwide/39799.html>.

- **The contribution of social and recreational activities to conflict transformation**. IOM MHPSS staff in Libya used a community centre to bring together displaced people, migrants and local residents and improve social cohesion. See IOM Libya (2022), 'Mental Health and Psychosocial Support', <https://libya.iom.int/mental-health-and-psychosocial-support>; and IOM and USAID (2021), 'Manual on Community-Based Mental Health and Psycho-

social Support in Emergencies and Displacement', <https://www.iom.int/sites/g/files/tmzbdl486/ files/mhpss/second-edition-manual-on-cb-mhpss-in-emergencies-and-displacement-2021.pdf>.

- **STRENGTHS (IFRC Reference Centre for Psychosocial Support).** This programme trained Syrian refugees to provide mental health services to fellow refugees. It was developed by the World Health Organization. See STRENGTHS (2017), 'Scaling Up Psychological Interventions with Syrian Refugees', <http://strengths-project.eu/en/strengths-home/>.

- **TPO Uganda emergency response.** This programme met the immediate psychosocial and protection needs of refugees and their host communities. It also addressed the transition from an emergency response to sustainable development. See TPO Uganda, 'Emergency Response', <https://tpoug.org/index.php/ emergency-response/>.

Ending authoritarian violence and opening space for civic dialogue

	Mental health and psychosocial support – programmatic approach	Mental health and psychosocial support – objectives	Peacebuilding and livelihood development – objectives	Peacebuilding and livelihood development objectives – programmatic approach
Individual level	Socio-emotional skills training.	Strengthen flexibility, critical thinking, and problem solving capacity.	Protect individual victims, create demand for respect of human rights.	Human rights awareness and protection.
Family level	Parent training, structural family therapy.	Strengthen democratic norms in families.	Enable families of victims to seek justice.	Legal aid.
Community level	Student-centred learning, participatory school governance.	Ensure schools become places of dialogue and civic growth.	Strengthen citizen voices and dialogue, broaden the base of economic agency and development	Media development, participatory dialogue, collaborative local actions, community-based enterprises.
Institutional level			Change leadership norms.	Servant leadership and collaborative leadership frameworks.

What is the challenge?

Authoritarian regimes attempt to control civic space by intimidation, excessive policing, silencing dissent, and restricting freedom of the press and political expression. They may attempt to impose a uniform state ideology on all citizens, or oppress specific cultural or linguistic groups in a mistaken effort to impose social cohesion. To maintain control, leaders may use divide and rule tactics or brutally repress non-violent as well as violent forms of resistance. Centralisation of political authority may be complemented by centralisation of economic power, through transferring national wealth and industrial production to a small number of individuals who are closely allied with the authoritarian regime. Generalised fear may cause people to distrust neighbours, friends or minorities.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

In contexts of authoritarian violence, psychosocial programming should focus on developing socio-emotional competencies, including capacities to be flexible, solve problems, and think critically, which are essential prerequisites of democratic citizenship. It might promote respectful dialogue, democratic norms and civic growth, for example, in families and schools. Peacebuilding programming should focus on strengthening human rights protection and awareness, providing legal aid to victims, strengthening citizen voices through media development and participatory governance, broadening socioeconomic agency and development (for instance by establishing community-based enterprises), and transforming leadership norms by promoting servant and collaborative forms of leadership.

In what contexts is this programming option most relevant?

This programming option should be considered in contexts where the main challenges are constriction of civic space and authoritarian leadership practices that undermine political security and make it difficult for civic actors to achieve transformative social change. It is also relevant to people in refugee camps and diaspora communities, who may have lived much of their lives under such regimes and have fled authoritarian violence.

Reflections on implementing this programming option

In such contexts, culture and everyday practices are frequently co-opted to support the authoritarian regime. Exercise caution when deciding whether to rely on them. Authoritarian regimes may also connect with certain groups in the population, to co-opt and control them. While vertical connections between leaders and the population are not wrong in themselves, they should be counter-balanced by cultivation of personal agency and critical thinking, which people can use to protect themselves from elite exploitation.

Additional resources, case studies and lessons learned

- **ACOPLE – Community-based treatment services for Afro-Colombian victims of torture.** This project was implemented from 2010 to 2020 in Colombia. It implemented evidence-based, effective and culturally appropriate MHPSS for victims of torture, expanded holistic services to victims, and built the capacity of Afro-Colombian CSOs to assist torture survivors. See Gonzalez, E. K., Tejada, N., Sanabria Gonzalez, A. (2020), 'ACOPLE. El Corazon de una Experiencia Comunitaria', Heartland Alliance International, <https://www.heartlandalliance.org/wp-content/uploads/2019/11/ACOPLE-El-Coraz%C3%B3n-De-Una-Experiencia-Comunitaria.pdf>; and Heartland Alliance International (2015), 'VTTP Quarterly Progress Report', USAID, <https://pdf.usaid.gov/pdf_docs/PA00KND6.pdf>.

- **Community-led intervention to counter authority-based violence in South Africa (CSVR).** This document describes best practice strategies for mobilising and empowering risk groups and communities to counter authority-based violence in South African communities. See Centre for the Study of Violence and Reconciliation (2022), 'Mental Health and Psychosocial Support Services', <https://www.csvr.org.za/mental-health-and-psychosocial-support-services/>.

Supporting consensus-building in peace negotiations

	Mental health and psychosocial support -programmatic approach	Mental health and psychosocial support - objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and Livelihood development objectives -programmatic approach
Individual level	Socio-emotional skills training, narrative therapies.	Strengthen the socio-emotional and prosocial competencies of negotiators; address the trauma of negotiators.	Ensure that negotiators prioritise the human rights of all members of the population	Human rights awareness and advocacy.
Family level	Family counselling, psychoeducation.	Create a supportive environment within families of negotiators.		
Community level	Sociotherapy.	Rebuild basic safety and trust between negotiating stakeholders in preparation for negotiations.	Ensure communities participate in establishing negotiating priorities.	Participatory needs assessment, population surveys.
Institutional level	Psychoeducation for negotiators on trauma responsiveness.	The terms of agreements take into account the psychosocial needs of the population.	Structure political dialogue to identify common ground and achieve inclusive outcomes.	An integrative negotiation framework.

What is the challenge?

Political peace negotiations tend to be highly contentious and characterised by lack of trust between the parties, who have been trying to defeat or eliminate each other. Many parties continue to be willing to use violence to achieve their political aims. Today, most conflicts are intrastate in nature. Most peace processes are therefore asymmetrical (the negotiating parties do not have the same levels or forms of power). For political leaders and governments, peace negotiations often involve loss of power or privileges: they may be reluctant to agree to power-sharing arrangements, democratic elections, or more binding forms of accountability.[163] For non-state parties, vulnerability is an important issue: settlements usually require them to demobilise and disarm, giving the state (their adversary) a monopoly on the use of force; they may also be expected to submit to trial and judgement for crimes committed during the conflict. Other challenges that arise include the vested interests of elites, weak political will, and lack of trust. Elites play a central role in negotiating and implementing peace arrangements, even if peace negotiations are relatively inclusive:[164]

163 van Walt van Praag, M. C., Boltjes, M. (2013), 'Implementation of peace agreements', in 'Managing Peace Processes - Process related questions: A handbook for AU practitioners', Volume 1, African Union and Centre for Humanitarian Dialogue; Bjoltes, M. (ed) (2007), 'Implementing Negotiated Agreements – The Real Challenge to Interstate Peace', TMC Asser Press.

164 Hirblinger, A., van Hooff, S., Kellogg, M., Paffenholz, T. (2019), 'Supporting or Resisting Change: Elite Strategies in War to Peace and Political Transitions', Inclusive Peace and Transition Initiative, < https://www.inclusivepeace.org/wp-content/uploads/2021/05/

agreeing a deal without their support can be unacceptably costly for political leaders. During negotiations, distributive (win-lose) negotiation strategies tend to prevail over integrative ones (win-win). Parties tend to use power, leverage, or persuasion to coerce other parties into lowering their objectives, expectations, or status in the negotiation, further reducing trust.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

During peace negotiations, integrated programming is required at individual, family, community, and institutional level. Participants in peace negotiations need to: be individually strengthened and supported to address their own conflict-associated trauma; build their socio-emotional and prosocial competencies to cope with the challenging interpersonal environment of negotiations; and develop human rights awareness. Families of negotiators may also be counselled and offered psychoeducation, to help them understand the psychological and social pressures that negotiators experience and support them accordingly. At community level, it can be useful to prepare the ground for negotiations by rebuilding basic safety, trust, and respect between stakeholders, using group-based healing processes such as sociotherapy. It is also essential to ensure that communities participate in setting negotiating priorities. This can be achieved via participatory needs assessments and population surveys. Finally, at institutional level, political negotiations should be structured to achieve results by adopting an integrative negotiation framework.

In what contexts is this programming option most relevant?

This programming option should be considered when peace negotiations are occurring or about to start. Negotiations may include high-level peace talks to address a specific conflict, processes of constitutional reform, or local negotiations to address disputes between communities.

Reflections on implementing this programming option

The connection-or-protection dilemma often polarises actors and observers during peace negotiations. "Peace camps" prioritise connection across all stakeholder groups, whereas "rejectionists" prioritise protection of their own group and perceive connection with others as threatening. Finding a balance between these two tendencies, that respects connection and protection agendas equally, is often a prerequisite for successful convergence in peace talks. Research can play a critical role by clarifying the priorities for peace of different constituencies and using that knowledge to find common ground between them.

report-elite-strategies-en.pdf>.

Additional resources, case studies and lessons learned

- **In the End No Winners, No Losers.** This case study examined challenges and prospects for linking psychosocial support and mediation processes in Syria. See Kubai, A., Angi, K. (2019), '"In the End, No Winners, No Losers": Psychosocial Support in Peacebuilding and Reconciliation for Conflict Affected Societies', Felm, <https://felm.org/wp-content/uploads/2020/01/felm_psychosocial-support-in-peacebuilding-and-reconciliation-for-conflict-affected-societies_final.pdf>.

- **Peace mediation guidelines.** The European External Action Service has issued recommendations on using a psychosocial approach to mediation. Its guidelines include tools and methods to analyse and address emotional, psychological and social dimensions of peace processes. See European External Action Service (2020), ´Peace Mediation Guidelines´, European Union, <https://www.eeas.europa.eu/sites/default/files/eeas_mediation_guidelines_14122020.pdf>.

- **Peace starts with peace of mind.** This study in northern Uganda describes community feedback on the sustainability of community peacebuilding and dispute mediation that integrates MHPSS approaches. See TPO Uganda (2019), '"Peace starts with peace of mind": Study on the intersection between post-conflict trauma and peacebuilding in northern Uganda', <http://tpoug.org/wp-content/uploads/2019/12/knowledge-development-resource2.pdf>.

- **Reconciliation Project.** This project applied a novel method for promoting reconciliation within divided societies, which transformed intergroup relations into a key component of peace negotiations' success. See Harvard International Negotiation Program (2022), 'Reconciliation Project' <https://inp.harvard.edu/reconciliation-project>.

- **States of Mind in Conflict: Offerings and Translations from the Psychoanalytic and Psychosocial Fields.** This research explored the relevance of selected clinical and psychological concepts for mediation, and proposed potential tools and recommendations for training and practice. See Bruna Seu, I. (2021), 'States of Mind in Conflict: Offerings and Translations from the Psychoanalytic and Psychosocial Fields', New England Journal of Public Policy, 33/1, <https://scholarworks.umb.edu/cgi/viewcontent.cgi?article=1802&context=nejpp>.

Healing psychosocial trauma in the aftermath of violent conflict

	Mental health and psychosocial support - programmatic approach	Mental health and psychosocial support - objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and livelihood development objectives - programmatic approach
Individual level	Socio-emotional skills training for emotion regulation, interpersonal effectiveness, and prosocial outlook.	Address the socio-emotional and prosocial competencies of reform planners and frontline security service providers.	Strengthen human rights culture among planners and providers of security sector reform.	Human rights protection and awareness.
Family level	Family counselling.	Enable families of injured or deceased security actors, but also families of victims, to receive holistic care.	Enable people to cope with loss of livelihoods after deaths, disappearances or injury.	Socioeconomic support to the families of security actors but also to victims of security sector violence.
Community level	Population surveys.	Understand community fears and security needs.	Support the participatory design of security sector reforms, restore trust.	Multistakeholder security dialogue.
Institutional level	Counselling and provision of MHPSS services for security actors.	Protect the mental health of frontline security actors.	Strengthen security institutions.	Reforms to regulate the use of force by security actors.

What is the challenge?

After violent conflicts or mass atrocities, many people experience trauma, impaired psychosocial functioning, social mistrust, and hostility. All these can result in isolation and loss of identity, as well as reduced economic and civic participation, which can perpetuate chronic underdevelopment, social marginalisation, and psychosocial distress. Recovery requires meeting a complex set of needs, of individuals and institutions, and action to foster individual resilience and long-term intergroup safety and security.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

After such crises, people require multidimensional support, across mental health, psychosocial support, peacebuilding, and development. Individuals may need to strengthen their coping skills and re-author their identities, objectives that can be achieved via several therapeutic approaches. At the same time, it is important to encourage constructive civic participation by survivors and also former perpetrators, through peace education, volunteerism, and grassroots peace initiatives. To reduce the risk of inter-generational transmission of trauma or intergroup hostility, families must be helped to improve their communication and cohesion. At community level, steps to process collective trauma should be taken, to promote healing and restore trust. Opportunities for socioeconomic recovery should also be explored, including through savings groups and community-based enterprises. At institutional level, finally, it is important to strengthen health systems, especially the provision of decentralised community-based mental health services, and to develop transitional and restorative justice processes.

In what contexts is this programming option most relevant?

It should be considered in post-conflict contexts where conditions of basic security and service delivery have been restored but invisible wounds continue to obstruct psychosocial recovery, social cohesion, and economic development.

Reflections on implementing this programming option

It is vital to adopt a multisystemic approach to post-conflict trauma healing. Recognising that there is a "high prevalence of PTSD" is not enough. It is essential to recognise that conflicts generate complex disruptions in social cohesion, livelihoods, and institutional behaviour, in addition to mental ill-health, and that these effects reinforce each other and can lead to chronic community fragility. In such contexts, the best results can be achieved by blending traditional heal-

ing practices with formal science-based interventions. Given the scale of post-conflict psychosocial trauma, it is essential to build a robust public health infrastructure. However, care should be taken to avoid undermining local grassroots systems for healing and care. A well-designed public health infrastructure to heal psychosocial trauma should work with, and empower, local grassroots initiatives

Additional resources, case studies and lessons learned

- **A World Turned Upside Down: Social Ecological Approaches to Children in War Zones.** This edited book distilled findings, models, policies and recommendations on how best to respond to the psychosocial needs of children and populations affected by war. See Boothby, N., Strang, A., Wessells, M. (2006), 'A World Turned Upside Down: Social Ecological Approaches to Children in War Zones', Kumarian Press.

- **Fambul Tok Process.** This approach describes a community-owned healing and reconciliation process. See Fambul Tok (2022), 'The Nuts and Bolts of the Fambul Tok Process', <https://www.fambul-tok.org/ programs/reconciliation>.

- **Global Trauma Project (GTP).** This project builds capacity for healing, empowerment, and transformation by training, mentoring and certifying community providers to prevent and treat the impacts of complex trauma, compounded stress and childhood adversity. See Global Trauma Project (2018), 'Global Trauma Project', <https://www.globaltraumaproject.com/>.

- **I Can Forgive Now.** This is an exploratory outcome evaluation of War Child's psychosocial support intervention 'I DEAL' in the Eastern Equatoria State of the Republic of South Sudan and the Putumayo and Valle

del Cauca regions in Colombia. It aimed to support children to manage the aftermath of armed conflict by strengthening their social and emotional coping skills. See Eiling, E., van Diggele-Holtland, M. (2013), '"I Can Forgive Now" - Evaluation Study of War Child´s Psychosocial Support Intervention I DEAL', <https://reliefweb.int/report/south-sudan/i-can-for-give-now-evaluation-study-war-childs-psychoso-cial-support-intervention-i>.

- **Interventions for children affected by war: an ecological perspective on psychosocial support and mental health care.** This research presents peer-reviewed psychosocial and mental health interventions that addressed the mental health needs of conflict-affected youth, and highlights areas in which policy and research need strengthening. See Betancourt, T. S., Meyers-Ohki, S. E., Charrow, A. P., Tol, W. A. (2013), 'Interventions for children affected by war: an ecological perspective on psychosocial support and mental health care', Harvard Review of Psychiatry, 21/2, <https://research.vu.nl/en/publications/interventions-for-children-affected-by-war-an-eco-logical-perspect>.

- **NEEM Foundation.** The NEEM Foundation runs crisis response programmes to promote the protection and wellbeing of populations and communities living in contexts affected by conflict, violence and

fragility. Its services include MHPSS for victims of insurgency. See Neem Foundation (2021), <https://neemfoundation.org.ng/>.

- **Societal healing and participatory governance.** This programme provides safe spaces for dialogue and healing, builds the capacity of local leaders, and increases youth capacities for critical thinking. Its goal is to enable Rwandan society to overcome the wounds of the past and peacefully manage conflicts and diversity. See Interpeace, 'Rwanda', <https://www.interpeace.org/programme/rwanda/>.

- **The Butterfly Peace Garden, Sri Lanka.** Led by a multi-ethnic committee of local representatives, this project partners with schools and religious and community leaders to train local artists to act as animators. They accompany children and use imaginative play (pottery, artwork and heartwork) to help heal the traumas of war and promote resilience. See Santa Barbara, J. (2004), 'Medicine and Peace: The Butterfly Peace Garden', Croatian Medical Journal, 45, <http://neuron.mefst.hr/docs/CMJ/issues/2004/45/ 2/15103766.pdf>.

- **Ubuzima Burakomeza (ARCT-RUHUKA Rwanda Organisation of Trauma Counselors).** This programme strengthens psychosocial support interventions for youth and families in Kigeme refugee camp. See ARCT-RUHUKA Rwanda Organisation of Trauma Counselors (2022), 'Ubuzima Burakomeza', <https://www.arctruhuka.org/ubuzima-burakomeza/>.

Designing and implementing security sector reforms

	Mental health and psychosocial support - programmatic approach	Mental health and psychosocial support - objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and livelihood development objectives - programmatic approach
Individual level	Socio-emotional skills training for emotion regulation, interpersonal effectiveness, and prosocial outlook.	Address the socio-emotional and prosocial competencies of reform planners and frontline security service providers.	Strengthen human rights culture among planners and providers of security sector reform.	Human rights protection and awareness.
Family level	Family counselling.	Enable families of injured or deceased security actors, but also families of victims, to receive holistic care.	Enable people to cope with loss of livelihoods after deaths, disappearances or injury.	Socioeconomic support to the families of security actors but also to victims of security sector violence.
Community level	Population surveys.	Understand community fears and security needs.	Support the participatory design of security sector reforms, restore trust.	Multistakeholder security dialogue.
Institutional level	Counselling and provision of MHPSS services for security actors.	Protect the mental health of frontline security actors.	Strengthen security institutions.	Reforms to regulate the use of force by security actors.

What is the challenge?

The military, police or other security forces may be used to curtail civil liberties or repress critics, thereby creating insecurity. They may target certain communities or individuals, undermining social cohesion and increasing mistrust. Human rights violations, or perceived threats of them, may exacerbate psychological trauma. Where security institutions are weak, security vacuums may be filled by street gangs, unregulated militias or other armed groups. Where these actors affiliate with specific minorities or identities, they may entrench social distance and encourage more groups to form in self-defence, exacerbating insecurity.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

In the context of efforts to reform the security sector, integrated programming is required at individual, family, community, and institutional level. At individual level, socio-emotional skills training and human rights awareness should be offered both to reform planners and frontline security service providers. At family level, holistic support should be offered to the families of injured or deceased security actors, but also to victims of security sector violence. Services should include psychosocial counselling but also socioeconomic support. At community level, population surveys and multistakeholder dialogue can strengthen the partic-

ipatory design of security sector institutions, helping to rebuild trust. At institutional level, security actors should have access to MHPSS. Security services should be held to rules of engagement that govern and restrain the use of force against civilians.

In what contexts is this programming option most relevant?

It should be considered in contexts where conflict and tension between the security forces and the local population drive conflict, or where different ethnic groups rely on their own security institutions in ways that are polarising, or where the absence of effective and trusted security institutions increases everyday insecurity and encourages the formation of militias and other informal armed groups.

Reflections on implementing this programming option

In security sector reform, the priority is to establish systems that enable all sections of the population to feel protected. This cannot be achieved without first understanding the needs, perspectives, and aspirations of the population. The issue of connection (of protection through connection) is therefore critical. Research is necessary to develop a nuanced understanding of perceived threats that should be addressed by the reformed institutions. Finally, a multisystemic perspective is essential, because reforms should include a broad range of preventive and reactive security institutions, while focusing on the personal transformation of security sector personnel.

Additional resources, case studies and lessons learned

- **Addressing security and human rights challenges in complex environments.** This training curriculum on general standards for policing was developed jointly by the International Committee of the Red Cross and DCAF. See DCAF and ICRC (2015), ´Addressing Security and Human Rights Challenges in Complex Environments: Training Curriculum on General Standards for Policing´, <>.

- **Reinforcing community and local security structures in Suzak, Kyrgyzstan.** This describes a case of citizen participation through local security councils (a form of decentralised security governance). See Saferworld, ´Reinforcing community and local security structures in Suzak, Kyrgyzstan´, n.d., https://www.saferworld.org.uk/en-stories-of-change/reinforcing-community-and-local-security-structures-in-suzak-kyrgyzstan.

- **Rethinking a human rights-based approach to security sector reform.** This paper describes the adoption of a human rights-based approach in the design, implementation, monitoring and evaluation of an SSR programme, and the associated participation of stakeholders. See Piaget, K., Fernandez, M. D. (2016), 'Rethinking a Human Rights-based Approach to SSR', ISSAT HRBA Working Group Paper 1, DCAF, <https://issat.dcaf.ch/download/104618/1850703/HRBA%20Working%20Group%20Paper%201.pdf>; also Simon, I., Fernandez, M. D., Chung, O-M. (2016), 'Interpreting International Norms in a Human Rights-based Approach (HRBA9 to SSR)', ISSAT HRBA Working Group Paper 2, DCAF, <[https://issat.dcaf.ch/ download/110391/1995660/HRBA%20Working%20Group%20Paper%202.pdf](https://issat.dcaf.ch/download/110391/1995660/HRBA%20Working%20Group%20Paper%202.pdf)>; also Piaget, K., Fernandez, M. D., Berthoud, S., Hernandez, T. (2017), 'Decentralisation of Security Governance: Facilitator of a Human Rights-based Approach (HRBA9 to SSR?)', ISSAT HRBA Working Group Paper 3, DCAF, <https://issat.dcaf.ch/download/111714/2027474/HRBA%20Working%20Group%20Paper%203.pdf>.

Managing the reintegration of former perpetrators and other combatants

	Mental health and psychosocial support - programmatic approach	Mental health and psychosocial support - objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and livelihood development objectives - programmatic approach
Individual level	Narrative therapies, acceptance and commitment therapy, socio-emotional skills training.	Assist people to re-author their identities, re-define values, acquire socio-emotional competencies.	Encourage constructive civic participation, ensure technical skills adequacy.	Civic engagement and volunteerism, technical and vocational training.
Family level	Structural family therapy, family resilience therapy, parent training.	Support reconnection of combatants with their families.	Renegotiate gender roles in the family, manage conflict within families, promote truth telling.	Positive masculinities, multifamily healing spaces.
Community level	Sociotherapy.	Establish safe spaces to support community reintegration.	Provide socioeconomic opportunities, address grievances, clarify rights and responsibilities.	Saving schemes, community-based enterprises, transitional justice, civic education, vertical dialogue.
Institutional level	Mentoring and parole systems.	Develop infrastructure to monitor and support reintegration.	Promote reconciliation, mainstream human rights culture in institutions.	Establish restorative justice, and a normative human rights framework.

What is the challenge?

After a conflict, the reintegration of former combatants is a complex process. Return to everyday civilian life can be very difficult for people who have spent years cultivating military skills and fighting. Former combatants may be traumatised by their combat experiences, or may have committed crimes (and may be serving prison sentences). They may have caused harms in their own or neighbouring communities for which their family and community may be unwilling to accept them back. Poorly planned and executed reintegration can exacerbate the psychological fragility of families and communities which continue to feel physically and socially insecure. If reintegration is poorly resourced, returning ex-combatants may lack skills and fall into poverty, or fail to receive adequate livelihood training. If their multidimensional needs are not well understood and addressed, many may return to violence.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

Reintegration of combatants and former perpetrators requires a multidimensional action plan. At individual level, former combatants require help to re-define their values, acquire socio-emotional competencies, and re-author their identities; and need technical and vocational training to become employable in the labour

market. At family level, reintegration involves renegotiating parental and possibly gender roles in the family, managing intrafamily conflicts, and promoting truth telling to ensure that violence is not transmitted to the next generation. At community level, former combatants require help with social reintegration (for example, opportunities to reconcile and reconnect with other community members in safe spaces) and economic reintegration (for example, opportunities to join saving schemes and community-based enterprises). Finally, institutional infrastructure is needed to support reintegration. Needs might include parole or mentoring systems, half-way houses, formal frameworks for transitional and restorative justice, and action to safeguard the rights of former combatants by mainstreaming human rights values in all institutions.

In what contexts is this programming option most relevant?

This programming option should be considered in contexts where a significant number of citizens, who were active participants in a conflict that has ended, now need to be reintegrated constructively in community life.

Reflections on implementing this programming option

It is vital to adopt a multisystemic approach to post-conflict trauma healing. Recognising that there is a "high prevalence of PTSD" is not enough. It is essential to recognise that conflicts generate disruptions in social cohesion, livelihoods, and institutional behaviour, in addition to mental ill-health, and that these effects reinforce each other and can lead to chronic community fragility. In such contexts, the best results can be achieved by blending traditional healing practices with formal science-based interventions. Given the scale of post-conflict psychosocial trauma, it is essential to build a robust public health infrastructure. However, care should be taken to avoid undermining local grassroots systems for healing and care. A well-designed public health infrastructure to heal psychosocial trauma should work with, and empower, local grassroots initiatives.

Additional resources, case studies and lessons learned

- **Coalition of civil society against violent extremisms (C-SAVE).** A network of civil society organisations cooperated to tackle violent extremism in Indonesia, including by reintegrating former extremists. See International Civil Society Action Network (2019), 'Peace Heroes: Indonesia's Mira Kusumarini Shows How Reintegrating Ex-Extremists is Done', <https://icanpeacework.org/2019/02/peace-heroes-indonesias-mira-kusumarini-shows-reintegrating-ex-extremists-done/>.

- **The contribution of counselling to conflict transformation**. This programme of the International Organization for Migration supports the reintegration of former Boko Haram members into their home communities in north-eastern Nigeria. It offers advice on livelihood development, self-worth, education and social justice. See IOM Nigeria (2022), 'Assisted Voluntary Return and Reintegration', <https://nigeria.iom.int/assisted-voluntary-return-and-reintegration>; see also, IOM and USAID (2021), 'Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement', <https://www.iom.int/sites/g/files/tmzbdl486/files/mhpss/second-edition-manual-on-cb-mhpss-in-emergencies-and-displacement-2021.pdf>.

- **EKN Project (community-based sociotherapy in Rwanda).** This project facilitated the reintegration of prisoners, addressed intergenerational legacies of the genocide that might hamper reconciliation, and reinforced ownership among local leaders, teachers, and other changemakers. See Community Based Sociotherapy Rwanda (2020), 'EKN Project', <https://cbsrwanda.org/projects/ekn-project/>.

- **Improving community safety by promoting dialogue and collaboration.** A series of reconciliation dialogues, supported by the local authorities in Nyankunde (DRC), helped young people to understand the security forces' work, helped the security forces to recognise biases in their behaviour towards young people, and demonstrated to both that peaceful resolution of tension was possible. See Interpeace (2022), 'Improving community safety by promoting dialogue and collaboration', <https://www.interpeace.org/ initiative/improving-community-safety-by-promoting-dialogue-and-collaboration/>.

- **In the End No Winners, No Losers.** This case study explored an example of victim-perpetrator acceptance and support in Colombia, and made general recommendations on reintegration of ex-combatants. See Kubai, A., Angi, K. (2019), '"In the End, No Winners, No Losers": Psychosocial Support in Peacebuilding and Reconciliation for Conflict Affected Societies´, Felm, <https://felm.org/wp-content/uploads/2020/01/ felm_psychosocial-support-in-peacebuilding-and-reconciliation-for-conflict-affected-societies_final.pdf>.

- **Integrated disarmament, demobilisation and reintegration (DDR) standards.** These UN DDR standards recognise the importance of MHPSS for ex-combatants. See UN (2006), 'Integrated Disarmament, Demobilization and Reintegration Standards', <https://resourcecentre.savethechildren.net/document/ integrated-disarmament-demobilization-and-reintegration-standards>.

- **To live in peace.** This paper describes how women ex-combatants in Burundi and Northern Uganda have conceptualised and operationalised psychosocial well-being, and the contributions they can make to communities at peace. See Bragin, M., Tosone, C., Akesson, B., Taaka J., Nzeyimana, G. (2021), ´To live in peace: Women ex-combatants in Burundi and Northern Uganda envision psychosocial well-being´, Peace and Change, <https://app.mhpss.net/?get=41/to_live_in_peace_women_ex_combatants_in-1.pdf>.

- **Tujyane Project (Community Based Sociotherapy Rwanda).** This project contributed to democratisation processes and equitable development by supporting the reintegration of ex-prisoners and mitigating intergenerational legacies of the genocide, including the transmission of trauma, violence, and divisionism. See Community Based Sociotherapy Rwanda (2020), 'Tujyane Project', <https://cbsrwanda.org/projects/ tujyane-project/>.

Fostering a culture of transformative leadership

	Mental health and psychosocial support - programmatic approach	Mental health and psychosocial support - objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and livelihood development objectives - programmatic approach
Individual level	Socio-emotional skills training, including emotional awareness and regulation, toleration of uncertainty, active listening, self-expression.	Develop socio-emotional skills to underpin transformative leadership.	Develop civic attitudes to underpin transformative leadership.	Positive masculinities, women's empowerment, positive youth development.
Family level	Parent training (to be tolerant, responsive, authoritative, effective, and inspiring).	Develop a transformative leadership culture in homes.		
Community level			Provide opportunities for civic leadership.	Participatory and inclusive governance, civil society initiatives.
Institutional level			Transform the leadership culture in public and private institutions.	Executive leadership education; servant, collaborative, and distributed leadership.

What is the challenge?

The quality of national, regional, and local leadership is frequently a root cause of conflict and under-development. Peace agreements often stipulate that new institutions must be formed to sustain peace, but these will not perform well if autocratic and non-collaborative leadership cultures and oppressive leadership practices persist. As a result of leadership failures, institutions in many societies are not responsive to the public's needs, deliver poor or discriminatory services, and deplete natural resources, a state of affairs that ultimately encourages the re-emergence of violent conflict.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

From a psychosocial perspective, it is possible to nurture a transformative leadership culture by strengthening the socio-emotional skills that underpin it, such as emotional awareness and regulation, toleration of uncertainty, active listening, and capacity for self-expression. A transformative leadership culture can be cultivated in families by strengthening practices that enable parents to be tolerant, responsive, authoritative, effective, and inspiring. From a peacebuilding perspective, gender work (on positive mascu-

linities and women's empowerment) can help to unlock the potential of people of all genders to practice transformative leadership. It is also important to provide opportunities for civic leadership in the community, via participatory governance practices and civil society initiatives. Finally, the leadership culture of public and private institutions can be transformed, by executive leadership education and emphasising servant, collaborative, and distributed models of leadership.

In what contexts is this programming option most relevant?

To the extent that weaknesses of leadership are found in almost every context, this programming option is universally applicable. However, it is most relevant in contexts where failures of leadership are so severe that they cause conflict or hamper progress towards peace and development. Signs of such difficulties include widespread institutional dysfunction, chronic inability to conclude peace negotiations or implement peace agreements, and endemic nepotism or corruption.

Reflections on implementing this programming option

Leadership practices reflect a society's history and culture: attempts to transform leadership practices need to be mindful that traditional and modern approaches may both have legitimacy. Understanding existing leadership cultures may require sociological research beforehand, to make sure that proposed reforms are contextually appropriate for everyone involved. To transform leadership practices across social systems (in local authorities, private businesses, central government, NGOs, schools, families, etc.), a multisystemic perspective is essential. Including local leaders in peacebuilding and livelihood development programmes can enrich these and enable local leaders to acquire additional experience and competencies.

Additional resources, case studies and lessons learned

- **Africa Leadership Initiative.** This programme works to form the next generation of African leaders and guide them to lead their countries with integrity. See Africa Leadership Initiative (2022), 'About Us', <https://www.africaleadership.net/about/>.

- **Coalition of civil society against violent extremisms (C-SAVE).** This programme helps civil society organisations to work together to tackle violent extremism in Indonesia, including by reintegrating former extremists. See International Civil Society Action Network (2019), 'Peace Heroes: Indonesia's Mira Kusumarini Shows How Reintegrating Ex-Extremists is Done', <https://icanpeacework.org/2019/02/peace-heroes-indonesias-mira-kusumarini-shows-reintegrating-ex-extremists-done/>.

- **Community based MHPSS.** This intervention by ZOA in cooperation with Organisation Paix et Développement Durable, offers community-based sociotherapy training to local leaders from government and civil society backgrounds. It focuses on leaders' responsibility to govern inclusively and accountably. See ZOA (2022), 'Community based MHPSS: a foundation for sustainable peacebuilding. Experiences from Burundi and DR Congo', <https://www.zoa-international.com/sites/default/files/assets/files/_MHPSS%20and%20peacebuilding%20English%20final.pdf>.

Strengthening mental health and social cohesion as entry points for economic development

	Mental health and psychosocial support - programmatic approach	Mental health and psychosocial support - objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and livelihood development objectives - programmatic approach
Individual level	Dialectical behaviour therapy, socio-emotional skills training.	Mitigate psychological distress symptoms, build socio-emotional skills.	Develop technical skills, encourage economic activities for women and youth	Technical and vocational education, women and youth economic empowerment, civic engagement.
Family level	Family therapy, parent training, youth counselling.	Improve communication in households.	Strengthen and connect family-based livelihood initiatives, promote innovation in the family.	Capacity audits, micro-grants, saving schemes, cooperatives, youth innovation training.
Community level	Sociotherapy.	Heal community relationships.	Promote collective community-based economic activities.	Negotiation skills building, participatory needs assessment, community-based enterprises, networking and partnerships.
Institutional level	Institutional reform, psychoeducation.	Connect development policies with mental health frameworks, promote mental health in the workplace.	Connect development policies and social cohesion frameworks.	Institutional reform.

What is the challenge?

Efforts to develop conflict-affected countries economically are often hampered by the psychosocial effects of conflict. Community members may not trust each other enough to collaborate in businesses or cooperatives; people who have conflict-related mental health problems can find it difficult to remain motivated, focused, and socially effective in their workplaces.

These challenges compound other obstacles to economic development (lack of technical skills, limited entrepreneurship capacity, shortage of capital, etc.), causing chronic under-development in conflict-affected communities. Lack of access to nutritious and diverse sources of food may have an impact on physical strength and mental concentration.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

Unlocking the socioeconomic potential of conflict-affected populations requires work at individual, family, community, and institutional level. At individual level, it is essential to address symptoms of psychological

distress, cultivate socio-emotional skills, develop technical competencies, and create socioeconomic activities for women and youth. At family level, it is important to improve communication patterns in households, and strengthen and connect family-based livelihood initiatives. Specific programmatic approaches that can support family-based livelihood creation include capacity audits, micro-grants, saving schemes, cooperatives, and youth innovation training. At community level, it is often necessary to heal relationships, using group-based processes such as sociotherapy, before promoting collective community-based economic activities. Networking, partnerships, participatory needs assessments, negotiation skills trainings, and community-based enterprises can all support the emergence of community-based socioeconomic activity. Finally, at institutional level, it is important to connect policy frameworks for economic development with policies and systems for social cohesion and mental health, promote mental health in the workplace, and ensure that organisations and economic networks are socially connected and promote harmonious co-existence.

In what contexts is this programming option most relevant?

This programming option can be applied in contexts where post-conflict socioeconomic recovery, or poverty reduction more generally, are major issues of concern, and progress toward development objectives is hampered by conflict effects such as trauma or social mistrust. This option should not be applied in the immediate post-conflict period, when trauma healing is often the most urgent priority. (In that period, it may be more appropriate to apply the programming option "healing psychosocial trauma in the aftermath of violent conflict", which also addresses economic recovery but prioritises trauma healing.) This programming option should be applied later, as conflict trauma begins to recede and priorities shift toward economic objectives.

Reflections on implementing this programming option

While the central objective of this programming option is economic development, a multisystemic lens is required to understand and address social cohesion and mental health challenges that impede socioeconomic progress. The emergence of community-based enterprises and similar initiatives depends on achieving a thoughtful balance between national economic planning and promotion of local initiative. It is appropriate for national planners to prioritise particular technologies and industries, but they should allow and encourage local entrepreneurs to show initiative.

Additional resources, case studies and lessons learned

- **Empowering communities through trauma healing.** This project contributed to sustainable development by promoting civic participation, public accountability, and management and transformation of conflicts in non-violent ways. See ARCT-RUHUKA Rwanda Organisation of Trauma Counselors (2022), 'Empowering Communities Through Trauma Healing', Trocaire, https://www.arctruhuka.org/empowering-communities-through-trauma-healing-supported-by-trocaire/.

- **In the End No Winners, No Losers.** This report included recommendations and resources on the nexus of livelihoods and psychosocial well-being. See Kubai, A., Angi, K. (2019), '"In the End, No Winners, No Losers": Psychosocial Support in Peacebuilding and Reconciliation for Conflict Affected Societies', Felm, <https://felm.org/wp-content/uploads/2020/01/felm_psychosocial-support-in-peacebuilding-and-reconciliation-for-conflict-affected-societies_final.pdf>.

- **Mercy Corps Middle East Regional Report.** This report presented the results of a semi-experimen-

tal, mixed method study of Mercy Corps' multi-country programme in the Middle East, that helped improve their psychosocial wellbeing and 'employability' of conflict-affected and displaced adolescents and youth. See Casual Design (2020), ´Middle East Regional Report', Mercy Corps, <https://www.mercycorps.org/sites/default/files/2020-06/Advancing_Adolescents_Regional_Report_FINAL_14Apr20.pdf>.

- **Psychosocial support for orphans and children exposed to HIV in Chitungwiza.** This project gave children access to play centres and therapeutic services, relieving guardians of care duties and allowing them to work and earn. See Sisimayi, C., Sisimayi, T. (2014), 'The ZAPP-UZ Project – Psychosocial Support for Orphans and Children Exposed to HIV in Chitungwiza', Save the Children Zimbabwe and Zimbabwe AIDS Prevention Project-University of Zimbabwe, <https://resourcecentre.savethechildren.net/document/zapp-uz-project-psychosocial-support-orphans-and-children-exposed-hiv-chitungwiza>.

- **Strengthening psychosocial community interventions for sustainable peace.** This programme built the capacity of community practitioners of psychosocial support, conflict management and peacebuilding in Rwanda. See ARCT-RUHUKA Rwanda Organisation of Trauma Counselors (2022), 'Strengthening psychosocial community interventions for sustainable peace', <https://www.arctruhuka.org/strengthening-psychosocial-community-interventions-for-sustainable-peace/ >.

- **TPO Uganda.** TPO's community programmes have improved the psychosocial wellbeing of families, livelihoods, and social inclusion, and managed cases of depression, trauma and anxiety arising from war and sexual and gender-based violence. See TPO Uganda, 'Mental Health Services & Psycho-Social Support', <https://tpoug.org/index.php/mental-health-services-psycho-social-support/>.

- **Youth livelihoods**. This report evaluated the work of Youth Readiness Intervention, a cognitive behavioural therapy programme to improve employment and mental health outcomes among war-affected youth in Freetown, Sierra Leone. See World Bank Group (2016), 'Psychosocial Support in Fragile and Conflict-Affected Settings', <https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/psychosocial-support-in-fragile-and-conflict-affected-settings>.

Promoting gender equality and ending gender-based violence (GBV)

	Mental health and psychosocial support – programmatic approach	Mental health and psychosocial support – objectives	Peacebuilding and livelihood development – objectives	Peacebuilding and livelihood development objectives – programmatic approach
Individual level	Narrative therapies, cognitive therapies, socio-emotional skills training.	Address women's and men's mental health separately and then collectively.	Promote positive civic engagement of women and men on equal terms.	Civic engagement and volunteerism, technical and vocational skills training.
Family level	Family therapy.	Improve communication and respect in family relationships.	Reduce sexual and gender-based violence, promote equal partnerships and decision making in households.	Human rights protection, positive masculinities, women's economic empowerment.
Community level	Sociotherapy, support groups.	Create safe spaces and a supportive environment for women.	Affirm gender-inclusive social norms, create an enabling environment for women's social and economic development and participation.	Media development, psychoeducation, positive masculinities, male gender champions.
Institutional level			Promote women's participation, introduce policies to end gender-based violence, develop gender responsive policies and programming.	Institutional reform, executive leadership education.

What is the challenge?

Social norms and stereotypes about women perpetuate their exclusion from civic decision-making processes; rigid and toxic ideas of masculinity perpetuate patterns of violence and social, economic and political exclusion. If conflict analyses, interventions and policies are not sufficiently sensitive to gender, masculinities will not be fully understood or transformed, and interventions may intensify physical and emotional violence in the home. Socially accepted norms and stereotypes may affect women's confidence and competence. Loyalty assumptions may hinder women's abilities to insist on their rights and to demand policies and programmes that address their specific needs. Masculinity expectations may block men from accessing needed services, including mental health services, or from playing constructive and peace-promoting social roles in their communities.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

Promoting gender equality and ending gender-based violence is a multidimensional effort that requires attention at all levels. In families, it is essential to improve communication and respect between all family members, promote positive masculinity norms, support women's economic empowerment, and de-normalise all forms of violence. At individual level, it is important to address women's and men's needs in a disaggregated way, because the prevalence and presentation of mental disorders tend to differ by gender. At the same time, it is important to promote the equal civic engagement of women and men, and equal access to technical and vocational skills train-

ing. At community level, depending on circumstances, it may be necessary to create safe spaces for women, notably when they have been victims of violence or other abuse. Gender-inclusive social norms should be promoted, through media development, psycho-education, and public advocacy, to create an enabling environment for women's social and economic development and participation. Finally, at institutional level, it is essential to develop gender-responsive policies, to ensure women and girls enjoy equal access to opportunities and participation, and to mitigate/end gender-based violence.

In what contexts is this programming option most relevant?

Because gender inequality and gender-based violence are ubiquitous, this programming option is relevant in almost every context. It is nevertheless import-

ant to match the design to the context in which the programme will be applied, and combine it appropriately with other thematic approaches that are relevant.

Reflections on implementing this programming option

To end gender inequality and gender-based violence, it is necessary to reconcile traditional cultural perspectives on gender roles and gender expectations with contemporary models that are value- and rights-based. A multisystemic perspective is essential to the

extent that gender equality must be promoted and supported in multiple social systems and contexts, including the family, workplace, governance institutions, the justice system, the education and health sectors, etc.

Additional resources, case studies and lessons learned

- **Addressing sexual and gender-based violence.** The Centre for the Study of Violence and Reconciliation provides MHPSS services to victims of sexual and gender-based violence (SGBV), raises awareness of SGBV via psychoeducation groups, and facilitates access to support for other SGBV-related issues. See Centre for the Study of Violence and Reconciliation (2022), 'Mental Health and Psychosocial Support Services', <https://www.csvr.org.za/mental-health-and-psychosocial-support-services/>.

- **Enhancing women's participation in decision-making and peacebuilding processes in Syria.** This project combats violence against women

and girls and conflict-related sexual violence in Syria, and promotes women's participation and women's rights. The document includes peer-to-peer learning opportunities on strategies for dealing with the past. See Euromed Feminist Initiative IFE-EFI (2022), 'Enhancing women's Participation in Decision-Making and Peacebuilding Processes in Syria', <https://www.efi-ife.org/project/ enhancing-women%E2%80%99s-participation-decision-making-and-peacebuilding-processes-syria>.

- **Inspire Toolkit.** This resource assists frontline staff to support women in communities affected by crises to deliver participatory psychological support, especially on gender inequality, SGBV and discrimination.

See Trócaire (2021), ´Inspire Toolkit: Interventions to Support Protection, Resilience and Empowerment with Women and Girls´, < https://app.mhpss.net/?get=46/inspire-_toolkit_final-interactive_light.pdf>.

- **Integrating the psychosocial dimension in women's empowerment programming.** This guide shows that integrating MHPSS in women's empowerment programming can achieve the underlying structural changes necessary to empower women and eliminate the root causes of poverty. See Wurzer J., Bragin, M. (2009), 'Integrating the Psychosocial Dimension on Women's Empowerment Programming: A Guide for CARE Country Offices', CARE Österreich, <https://app.mhpss.net/?get=366/integrating-the-psychosocial-dimension-in-womens-empowerment-programming_-a-guide-for-care-country-offices.pdf>.

- **MHPSS in humanitarian response.** This policy statement recommends MHPSS integration and describes the positive effects it can have on political and socioeconomic goals such as poverty reduction, peacebuilding and SGBV. See Government of the Netherlands, ´Mental health and psychosocial support (MHPSS) in humanitarian response´, <https://www.government.nl/topics/mhpss/>.

- **MHPSS in a peacebuilding initiative with Bangsamoro women leaders.** This initiative sought to strengthen the capacities of Bangsamoro women peacebuilders and mediators in the Philippines to provide MHPSS to vulnerable groups and communities affected by armed conflict. See UNDP, 'The Netherlands and UNDP launch Mental Health and Psychosocial Support in Peacebuilding initiative with Bangsamoro Women Leaders', 2 December 2021, <https://www.undp.org/philippines/press-releases/netherlands-and-undp-launch-mental-health-and-psychosocial-support-peacebuilding-initiative-bangsamoro-women-leaders>

- **Palestinian Women's Development Society.** This local NGO has empowered women in Tukarm. By enhancing their role in decision-making, it has reduced SGBV in the community, raised women's educational and professional standing, and increased their participation and their role in decision-making. The organisation's activities included psychosocial support in education, psychological interventions, clinical management of mental disorders, and other activities in support of MHPSS. See East Jerusalem YMCA (2013), 'Palestinian Women's Development Society, Mapping of Mental Health & Psychosocial Support Service Providers in the West Bank', <http://mhpss.ps/en/organization/palestinian-womens-development-society/6DHffl-1WzW0=>.

- **Peace Mothers Platform.** These support groups were started by women in villages in Sierra Leone to support all women who survived the war and its aftermath. See Fambul Tok (2022), 'Peace Mothers', <https://www.fambultok.org/programs/peace-mothers>.

- **TPO Uganda.** This organisation works with families affected by SGBV; it has assisted survivors and victims in communities that practise female genital mutilation to access psychosocial support, corrective surgery, and community acceptance; built the capacity of communities and institutions to respond to SGBV; and addressed risk factors that foster conflictual gender relations. See TPO Uganda, 'Gender Based Violence Prevention', <http://tpoug.org/index.php/gender-based-violence-prevention/>. See also Nuwagaba, D., Najjingo, D., Arinaitwe, F. (2019), 'Project Evaluation Report: Prevalence of SGBV and Impact of TPO Psychosocial Support Model and Livelihoods Interventions on Mental Health Recovery of SGBV Survivors in Emergency in the West Nile Region', TPO Uganda, UN Women and Ulinzi Innovations Consult Limited, <https://reliefweb.int/sites/reliefweb.int/files/resources/FINAL%20TPO%20MHPSS_Livehood%20Impact%20evaluation%20Report%20%2027012020.pdf>.

- **USAID MHPSS training in Ethiopia.** This report details the lessons learned from delivering SGBV and MHPSS training in conflict-affected areas in Ethiopia. See Ghelani, S., Stones, E. (2022), 'Lessons learned from delivering gender-based violence and mental health and psycho-social support services training in conflict-affected areas in Ethiopia', EnCompass and USAID, <https://encompassworld.com/wp-content/uploads/_2022/08/USAID_Transform_SGBV_MHPSS_Lessons_Learned_Brief.pdf>.

Empowering youth and strengthening youth leadership

	Mental health and psychosocial support - programmatic approach	Mental health and psychosocial support - objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and livelihood development objectives - programmatic approach
Individual level	Counselling, socio-emotional skills training, creative arts approaches.	Develop and clarify youth values, build the socio-emotional skills of boys and girls.	Strengthen youth leadership competencies and critical thinking, promote technical education.	Youth leadership training, technical and vocational education, formal education.
Family level	Parent training, family therapy, nutritional counselling.	Enable youth to develop confident identities in their families.	Enable youth to lead peace and development activities in the family.	Peace education in schools and through community-based dialogue and volunteer initiatives.
Community level	Intergenerational sociotherapy.	Promote intergenerational understanding.	Include youth in community decision making; foster intergenerational collaboration.	Participatory and inclusive governance; mentorship.
Institutional level	School counselling, mentorship, extra-curricular support.	Create a positive enabling environment for youth development.	Clarify generational succession systems and norms.	Institutional reform.

What is the challenge?

Failure to include young people in leadership roles stunts their interest, confidence, and competence and reduces the likelihood of social transformation. Socioeconomic and political exclusion can disrupt or undermine developmental trajectories. Youth are often stereotyped and treated as if they are a problem rather than human beings with agency, specific needs and unique roles. Exposure to violence may lower and narrow youth aspirations and push them towards vulnerability and marginalisation.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

Empowering youth is at once a psychosocial, a peacebuilding, and a development challenge. From a psychosocial perspective, youth require support to develop and clarify their values, build socio-emotional skills, and develop confident identities. From the perspective of peacebuilding and livelihood development, it is important to strengthen their leadership skills, provide educational and vocational training, enable them to lead peace and development activities in their families and communities, and include them in community decision-making. In all cases, intergenerational dialogue and understanding are needed, which can be promoted via community dialogue processes such as sociotherapy. Finally, it is essential to establish generational succession systems and norms, within families, in workplaces, in the community, and at the level of national leadership.

In what contexts is this programming option most relevant?

The issues of youth empowerment, generational transition, and the contestation that accompanies them, are universal and this programming option is therefore relevant in almost every context. As in the case of gender, the main questions to answer are how to adjust the programming option to accommodate the cultural context, and how to combine it with other relevant thematic approaches.

Reflections on implementing this programming option

Research can play an important role in work on youth empowerment. Well-designed research studies can clarify needs, identify skills that are most needed, show where opportunities are lacking, etc. Additionally, research can give young people a voice and bring their perspectives to decision-making fora. It is often important to reconcile traditional expectations of each age group and assumptions about inter-generational communication with demands for youth empowerment and its effects.

Additional resources, case studies and lessons learned

- **Beautiful Mind consulting.** This project of the International School of Geneva incorporates adolescent mental health perspectives in conflict resolution and violence prevention using conflict mediator training and certification. See Beautiful Mind (2022), 'Conflict Transformation, Mediation and Metal Health in Schools', <https://beautifulmind.cc/2018/05/14/conflict-transformation-mediation-and-mh-in-schools/>.

- **DUHUZE Connect.** This project has helped to consolidate peace and inclusion in Rwandan society by enhancing youth participation and ownership of reconciliation processes, and by responsive policies and programmes. See ARCT-RUHUKA Rwanda Organisation of Trauma Counselors (2022), 'USAID "DUHUZE" Connect project', <https://www.arctruhuka.org/usaid-duhuze-connect-project/>.

- **IFRC toolkit on psychosocial support.** This toolkit on child-friendly spaces bridges implementation gaps identified in reviews by the Psychosocial Centre of the International Federation of the Red Cross and Red Crescent Societies (IFRC). The child-friendly spaces approach is used to reduce the risk of violence against children in emergencies and promote psychosocial well-being. See IFRC Psychosocial Centre (2019), 'Toolkit for Child-friendly Spaces in Humanitarian Settings', <https://pscentre.org/the-toolkit-for-child-friendly-spaces-in-humanitarian-settings/>.

- **Life skills education and psychosocial support for conflict-affected children and adolescents in Ukraine.** This project offered children and adolescents affected by the conflict in Ukraine life skills that they need to live peacefully in host and returnee communities, and psychosocial support to strengthen their resilience. See UNICEF Country Office Ukraine (2017), ´End-of-Project Evaluation. ECHO Children of Peace Project: Life skills education and psychosocial (support for conflict-affected children and adolescents in Ukraine Report´, <http://autta.org.ua/files/files/Eng%20ECHOCoP%20Evaluation%20Report.pdf>.

- **Memorialisation and intercommunity dialogues, Act for the Disappeared, Lebanon.** This oral history project collected the stories of those who are missing and memories of war. It has raised the awareness of later generations, enabled people to hear 'other' voices, initiated dialogues among groups and communities, and encouraged development of a shared understanding. Youth are a key audience. See Act for the Disappeared, 'Investigation on the Fate of the Missing and Protection of Gravesites', <http://www.actforthedisappeared.com/projects>.

- **Piece of Art to Arts for Peace.** This youth workshop promoted connection in South Sudan. Multi-ethnic groups of displaced children and young people met regularly in psychosocial support resource centres, for sport, craft activities or group discus-

sions, and learned about growing and fostering relationships without too much cerebral talk. Specific techniques encouraged the expression of feelings and thoughts and interpersonal dynamics that cannot be easily translated into words. See IOM and USAID (2021), 'Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement', <https://www.iom.int/sites/g/files/tmzbdl486/files/mhpss/second-edition-manual-on-cb-mhpss-in-emergencies-and-displacement-2021.pdf>.

• **Psychosocial support to conflict-affected children, youth and families in Gaza.** This programme offered psychosocial support to youth and families in the Gaza strip, to alleviate the stress caused by conflict, encourage dialogue and civic participation, and promote health and well-being. See Horn R., Strang, A. (2009), 'Psychosocial Support to Conflict-Affected Children Youth and Families in Gaza' (Mid-term Evaluation, UKAID and Mercy Corps), <http://www.childrenspsychologicalhealthcenter.org/wp-content/_uploads/2014/11/Gaza-Workbook_UKaid-Mercy-Corps_Full-Report.pdf>.

• **REPSSI.** Regional MHPSS interventions have transformed policy and practice for girls, boys and youth in Africa. See REPSSI (2022), 'Psychosocial Wellbeing for All Children', <https://repssi.org/>.

• **Terre des Hommes operational guidance.** This guide offers a community-based and contextualised approach to HHPSS. See Terre des hommes (2021), 'Towards Psychosocial Resilience and Well-Being: a framework to ensure a community-based and contextualised approach to Mental Health and Psychosocial Support intervention', <https://www.tdh.ch/sites/default/files/tdh_mhpss_operational_guidance.pdf>.

• **Youth, peace and security: psychosocial support and societal transformation.** This brief argues that young people should have more access to MHPSS, and opportunities to participate, including through mobilisation and resistance. See Hamber, B., Martinez, D., Taylor, D., Stappers M., Unger, T. (2022), 'Youth Peace and Security: Psychosocial Support and Societal Transformation', Outside the Box Policy Brief, Interpeace, <https://app.mhpss.net/?get=41/yps-report-psychosocial-transformation.pdf>.

Building a sustainable, inclusive, and resilient social contract

	Mental health and psychosocial support - programmatic approach	Mental health and psychosocial support - objectives	Peacebuilding and livelihood development - objectives	Peacebuilding and livelihood development objectives - programmatic approach
Individual level	Socio-emotional skills training.	Nurture critical thinking, collaboration, self-control, grit, intellectual humility.	Equip individuals to become politically involved, cultivate civic responsibility.	Civic engagement, youth empowerment, civic education.
Family level	Family therapy.	Foster cohesive and value-oriented families.		
Community level	Participatory school governance.	Foster school connectedness.	Encourage collaboration to address community challenges.	Participatory needs assessment, participatory governance.
Institutional level			Strengthen the quality of leadership and access to information.	Transformative leadership frameworks, media development.

What is the challenge?

Many contemporary societies are experiencing a crisis in their social contract, which increases the risk of violent social conflict. Social contracts rely on mutual loyalty, accountability, and trust between citizens and their government. They weaken when institutions are ineffective, political leaders are corrupt, the reach of government is incomplete or overly centralised, or delivery of services is not inclusive, responsive, or fair. Citizens also uphold their social contract by fulfilling their responsibilities (paying taxes, voting, accepting the rule of law, and participating actively in improving their communities, etc.). Characteristic signs of a weak-

ened social contract are widespread citizen mistrust of governance institutions, and governance institutions that do not attend to the needs of their populations. While weak social contracts do not necessarily lead to violent conflict, they create fragility that, in the presence of other risk factors, can open a path to violence. After violent conflicts, social contracts are typically very weak, because the above challenges are compounded by intergroup polarisation, while newly emergent or conflict-tarnished governance institutions have little legitimacy.

How can MHPSS, peacebuilding, and development approaches be integrated to address it?

Psychosocial as well as peacebuilding programming can significantly strengthen the social contract. Acquisition of socio-emotional skills (especially critical thinking, collaboration, self-control, grit, and intellectual humility) can prepare individuals for constructive and

responsible citizenship, especially when combined with civic engagement, civic education, and youth empowerment programming. Fostering cohesive and value-based families can have a strong indirect effect on the social contract, because family life constructs

a social contract model that most people are familiar with. The social contract can also be strengthened indirectly by schools, through practices such as participatory school governance and other approaches that foster cohesion and connectedness. In communities, similar effects can be achieved by encouraging collaborative responses to community challenges. Finally, improving the quality of leadership and strengthening access to information, through transformative leadership frameworks and media development, can directly contribute to improving 'vertical' aspects of the social contract.

In what contexts is this programming option most relevant?

It is most relevant in contexts where governance institutions are mistrusted and public corruption, inadequate delivery of public services, and civic apathy are widespread. It is also relevant in cases where specific ethnic, linguistic, or socioeconomic groups are insufficiently represented in processes of public governance.

Reflections on implementing this programming option

Research can strengthen aspects of the social contract. It can increase understanding of needs, and can improve the design of programmes to strengthen citizenship, service delivery, the quality of representation, and levels of social and civic trust. To nurture the social contract, it is critical to work for personal transformation (readiness and competence for active citizenship) and institutional transformation (responsive service delivery).

Additional resources, case studies and lessons learned

- **Building communities that support violence prevention.** This joint research by CSVR and the Raith Foundation analysed strengths and gaps in community programmes implemented in Kagiso, Marikana, Ekangala and Johannesburg (South Africa). See Centre for the Study of Violence and Reconciliation (2022), 'Mental Health and Psychosocial Support Services', <https://www.csvr.org.za/mental-health-and-psychosocial-support-services/>.

- **Challenges and priorities for peace in Kasai and Kasai-Central.** This document summarises consultations held in the Democratic Republic of the Congo to facilitate dialogue and mediation, and improve relations between local communities, the authorities, and security forces. See Action pour la Paix et la Concorde, Commission Diocésaine Justice et Paix Kananga, Interpeace, and Travail et Droits de l'Homme (2020), 'Challenges and Priorities for Peace in Kasai and Kasai-Central: Summary of consultations held in the territories of Dibaya, Kamako, Kamonia, Mweja and Tshikapa', <https://www.inter-peace.org/wp-content/uploads/2020/10/2020-Defis-et-priorites-Kasai-Exec-Summary-EN.pdf>.

- **COMITAS.** This project of IOM, Mercy Corps and Search for Common Ground reduced conflict between farmer and herder communities in Nigeria. See IOM Nigeria (2022), 'IOM Partners with Mercy Corps and Search for Common Ground on a Project to Mitigate Conflict Between Farmer and Herder communities in Adamawa State', https://nigeria.iom.int/news/iom-partners-mercy-corps-and-search-common-ground-project-mitigate-conflict-between-farmer-and-herder-communities-adamawa-state>.

- **Forging resilient national social contracts.** This project aimed through research and scholarly dialogue to revitalise the social contract concept in countries affected by conflict and fragility. In nine countries, it examined how national social contracts emerged and adapted, and transcended ephemeral elite bargains, to become more inclusive and durable arrangements for peace. See Resilient

Social Contracts, 'Forging Resilient National Social Contracts: Preventing Violent Conflict and Sustaining Peace', <https://socialcontracts4peace.org/>.

- **UNHCR thematic paper on forced displacement.** This report includes a case study from El Salvador, where UNHCR, UNDP, and IOM worked to strengthen the ability of municipal offices to support victims of violence by addressing their psychosocial and legal needs. See UNHCR and UNDP (2021), 'Partnership on Forced Displacement', <https://www.undp.org/publications/undp-unhcr-partnership-forced-displacement>.

Section 4. Country case studies on needs and practical entry points for integrated programming

Background

Between 9 and 23 March 2022, Interpeace ran four case study consultations as part of this research. The team chose four distinct geographical contexts that were at different stages of conflict and had integrated MHPSS in longer-term peacebuilding to different degrees.

Table 2. Case study countries

Context	Geographic location	Stage of conflict cycle	Stage of integration of MHPSS and peacebuilding
Rwanda	Central Africa/ Great Lakes	28 years post-genocide.	In the process of institutionalising an integrated approach after decades of less formal integration.
Mandera Triangle with a focus on Kenya	East Africa/Horn of Africa	Three different contexts: Somalia faces persistent insecurity; Ethiopia is relatively stable; volatility in northern Kenya has reduced in recent years.	Minimal MHPSS services, that are scarcely or not at all integrated in peacebuilding efforts.
Cyprus	Mediterranean/ European	A frozen conflict characterised by negative peace.	Advanced provision of MHPSS services, but these are almost completely isolated from peacebuilding efforts.

Context	Geographic location	Stage of conflict cycle	Stage of integration of MHPSS and peacebuilding
Ukraine	Eastern Europe	Currently in violent conflict following invasion by Russia.	Multiple but uncoordinated efforts to provide MHPSS were made but in the past these were not directly connected to peacebuilding or efforts to build social cohesion. Peacebuilding and efforts to build social cohesion have been deprioritised in the current emergency.

Given the diversity of these situations, a consultation methodology was adapted that could accommodate logistical challenges and was appropriate to each context. The methodology and results of each case study are presented below.

Key lessons that emerge from the case studies

While each context generated reflections on integrated programming and ideas for future work, four overarching lessons emerged across the four contexts.

1. Livelihood is an essential dimension of integrated programming, regardless of the stage of conflict.

Research studies have demonstrated the reciprocal link between poverty and mental ill-health. In all the consultations, this emerged as a key issue. In Rwanda and Mandera, when participants were asked to prioritise the programming options described in the last section, "Strengthening mental health and social cohesion as entry points for economic development" was among the options that attracted most interest. Participants also thought that livelihood challenges fundamentally affect the holistic recovery and resilience of individuals and communities after violence.

2. In contexts of acute crisis, such as Ukraine, integrated programming may or may not be a priority, but strategies that are sensitive to mental health, peacebuilding and livelihood needs remain fundamental.

At the current moment, the most urgent priorities in Ukraine include: to provide psychological first aid and positive coping training during emergencies; to strengthen capacities for participatory needs assessment; and to generate employment opportunities for displaced Ukrainians. While none of these activities can be described as peacebuilding, they help to create a supportive environment for community cohesion and healthy interdependence that can lay the foundations for explicit peacebuilding activities at a later stage.

3. Mapping of actors and approaches, both endogenous and exogenous, is fundamental to designing context-appropriate integrated programming.

The consultations in Rwanda, Mandera and Ukraine showed that, to design context-appropriate integrated programmes, it will be important to tap into the dynamic and diverse networks of stakeholders and

practices in these areas. This would mean drawing on civil society and state resources In Rwanda; drawing on religious and cultural spaces and practices in Mandera; and making use of the extensive volunteer network in Ukraine. Cyprus stands apart: the willingness of highly professionalised actors to continue multisectoral reflection needs to be explored further.

4. Gender equality and youth empowerment are priority areas for integrated programming.

In each of the contexts, gender dynamics and the specific needs of youth emerged as key potential areas for integrated programming. In Rwanda, this was seen to be essential in the context of intra-family tensions, and GBV. In the Mandera triangle, a highly patriarchal Islamic social environment, work with both women and youth was considered an important entry point into concerns that included SGBV, drug addiction and engagement in violent extremism. In Ukraine, participants highlighted the impact of the war and voluntary conscription on families, particularly children and

female spouses. In Cyprus, women's descriptions of their invisible wounds and the intergenerational transmission of mistrust and social distance contrasted starkly with the opinions of older males, who did not feel that MHPSS interventions were currently needed. Academic research suggests that integration of MHPSS is relatively advanced in the fields of gender equality and youth empowerment.

These lessons have been integrated in the conceptual programming options that were presented above.

Mandera Triangle – Kenya

Context

Located where the borders of Kenya, Somalia and Ethiopia meet and populated primarily by Somali communities, the Mandera Triangle has experienced cyclical conflicts influenced by competition for land, water, natural resources and power. Inter-state tensions and conflicts date back to the immediate post-independence period in Kenya. They play differently across border communities. Lawful border crossing, trade and access to services are constrained by uncoordinated policy frameworks, lack of cross-border cooperation, and the persistent suspicion of security and immigration authorities.[165]

Beyond inter-state tensions, interclan conflicts between primarily pastoralist communities led to cycles of vicious retaliatory attacks that caused the loss of hundreds of lives, the displacement of thousands of people, and widespread destruction and loss of livelihoods. Each clan party to a conflict mobilised reinforcements across borders, entrenching hatred and grievances throughout the triangle.

Persistent insecurity made the region particularly vulnerable to violent extremism, compounding insecurity. For nearly two decades, the extremist group Al Shabab has operated in the region. In the wake of a 2013 attack in Nairobi, the Kenyan government increased the presence of security agencies on the Mandera side of the border. Corruption, impunity, forced disappearances, extra-judicial killings and other acts of violence by the security forces deepened the mistrust of communities in the region who had been subject to collective punishments since the 1963-1967 Shifta War.[166]

The Triangle is peripheral to the central governments of the three countries. Underdevelopment, poor services and marginalisation characterise the region and influence relations between communities and central authorities. In Kenya, the devolved government structure put in place in 2011 has brought some additional resources and services to the area. However, it has also become an additional site of interclan compe-

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165 Interpeace (2017), 'Voices of the People: Challenges to Peace in Mandera County', Mandera County Note, <https://www.interpeace.org/wp-content/uploads/2017/07/2017-ECA-Kenia-Mandera-County-Note.pdf>.

166 Ibid, p. 38.

tition, feeding into the cycle of violence.

Interpeace has been active in the region since 2015, primarily on the Kenyan side of the border. After a 9-point joint declaration was agreed by elders of the Garre and Degodia clans (the major clans involved in the most recent spates of violence), criminal cattle raids, property damage, and displacement fell significantly. While this initiative and other efforts by the communities to prevent and manage violence are encouraging, the long-term prospects remain fragile.

The generalised nature of violence, and the behaviour of security actors, means that no family is untouched. According to stakeholders, communal compensation (*diya* payments) help to normalise interclan relationships, but do not necessarily meet the specific needs of victims. Little psychosocial support is available to those most affected by violence. Grievances persist because people interact with those who are responsible for their suffering; impunity for crimes is widespread and the justice system imperfect. Increases in drug abuse, instances of suicide, and recruitment into extremist groups indicate that traditional systems do not have the capacity to manage mental health concerns and that additional processes for psychological recovery are required. As stated in a recent Interpeace report, "the estimated prevalence of mental disorders in the Triangle, particularly in Somalia, is higher than the average in low-income war-torn countries".[167]

Methodology

In this context, the researchers and Interpeace's Kenya programme staff convened a one day workshop for 21 stakeholders from the Triangle, including health and peacebuilding professionals, to discuss needs, entry points and strategies for integrating MHPSS and peacebuilding programming. The participants:

- Shared their observations and personal experiences of MHPSS needs in the Triangle.

- Discussed the 12 conceptual programming options.

- Prioritised the options in terms of their relevance to the Triangle.

- Brainstormed three key questions on each programming option in small groups:

  - How relevant is this option to your context? Which elements of it are most relevant?
  - How relevant are the approaches? Are other approaches being used? Is anything missing?
  - What gaps exist in current programme practice? How could a possible joint intervention be approached?

- Presented their responses to the full group.

Though this was not planned, the discussion led those present to develop a health and peace programme, through a participatory process that subsequently included other stakeholders.

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167 Interpeace (2021), 'A Comprehensive Study of Health Gaps and Needs in the Mandera Triangle: The Cross-Border Health for Peace Programme', p. 69, <https://www.interpeace.org/wp-content/uploads/2022/03/2021-Cross-Border-Health-Policy-and-Practice-Report-Mandera_PRINT.pdf>.

Prioritised areas for integrated programming

Of the basis of their discussion, the participants decided that the following five programme options were most relevant for integrated programming in the Triangle:

Healing psychosocial trauma in the aftermath of violent conflict.	21 votes
Strengthening mental health and social cohesion as entry points for economic development.	16 votes
Ending violent conflict and fostering conditions of security.	13 votes
Addressing the needs of internally displaced persons, refugees, and their host communities.	12 votes
Promoting gender equality and ending gender-based violence.	12 votes
Building a sustainable, inclusive, and resilient social contract.	11 votes
Designing and implementing security sector reforms.	10 votes
Empowering youth.	10 votes
Supporting consensus-building in peace negotiations.	10 votes
Managing the reintegration of former perpetrators and other combatants.	8 votes
Fostering a culture of transformative leadership.	7 votes
Ending authoritarian violence and opening up the civic dialogue space.	3 votes

Healing psychosocial trauma in the aftermath of violent conflict

This programming option was deemed very relevant by the group assigned to dig deeper into it. According to members of the group, the violence experienced by local populations has created mental health and peacebuilding challenges and has also affected livelihoods. The group felt this option would help to examine a spectrum of areas in which psychosocial healing was relevant. They considered that some efforts to build peace peacebuilding were being made, but that these had not sufficiently integrated either MHPSS or livelihoods.

They made the following suggestions for adapting the option's design and implementing it in the Mandera context:

- At **individual level**, efforts to re-author identities could specifically address clan and political identities, as primary identities. The option could integrate audiovisual tools and documentaries that are currently used to depolarise communities. On peacebuilding, there is civic engagement, but structures to support peace education and volunteerism are not well funded.

- In the Somali social structure, the **family** provides a strong social support network and is a source of resilience. The option should make use of this resilience to connect different levels.

- At **community level**, collective efforts to end hostilities and promote forgiveness focus on stopping immediate conflict. There is less focus on processing trauma after hostilities have ceased. Community level counselling does not exist, or is insufficient. Survivors lack opportunities for socioeconomic recovery (savings groups and community based enterprises do not exist). However, shared cultural and religious values are a strength that could be drawn on to strengthen the approaches suggested in this option.

- At **institutional level**, the approach taken to mental health services and infrastructure needs to be harmonised at cross-border and regional level. This is more complex than institutional change in one country.

Strengthening mental health and social cohesion as entry points for economic development

This programming option was one of the most popular in the Mandera Triangle. Stakeholders reported that poverty and competition over resources were key drivers of conflict and violence, and that addressing socioeconomic needs could facilitate psychosocial recovery, enable victims to compensate for loss of livelihoods, and reduce retaliatory violence.

The group noted that psychosocial and economic recovery is not an institutional priority; in Kenya and Ethiopia, institutions are functioning. Currently MHPSS services lack infrastructure, capacities, resources and personnel. Further, there is no link to an economic recovery programme that might include community counsellors. Initiatives exist to promote technical and vocational education, and economic empowerment of women and youth, but they too lack capacities and resources. Further, few recreational activities are available for youth, that might integrate MHPSS and livelihoods support.

Stakeholders noted that since conflict is often driven by competition for natural resources, the options could put more emphasis on infrastructure development and peace dividend projects at community level. At the individual and family levels, they suggested that start-up capital should be made available to establish small businesses.

Ending violent conflict and fostering conditions of security

Stakeholders discussed this programming option from two interconnected directions: security sector reform and traditional dispute resolution mechanisms.

Though the programming option on security sector reform was not among the top five priorities, stakeholders nevertheless believed this area of work was vital to addressing peacebuilding needs in the Triangle. Relations between the security agencies/government and communities are characterised by mistrust, fear and intimidation. In general, communities do not exercise any ownership of security planning and management, and are not proactively involved by security actors. Given the volatility of the environment, the security forces are themselves coping with their vulnerability and exposure to violence.

Stakeholders noted that several mechanisms in the county address dispute resolution and issues of justice. The formal justice system takes too long: issues are forgotten, or the perpetrator is simply imprisoned which does not recompense the survivor. As a result, there is support for traditional justice and dispute resolution mechanisms. However, these emphasise collective punishment of the group to which the perpetrator belongs, rather than support and reparation for survivors. Survivors rarely have access to psychosocial support, for healing or economic recovery, despite having to bear the consequences of violence for the rest of their lives.

The group suggested that this programming option could integrate approaches for meeting the psychosocial needs of security personnel with other approaches that transform their conduct. They suggested that community security mechanisms should also be integrated. At institutional level, they noted that coordinating security, justice and immigration would create an enabling environment for security. With respect to justice for victims, finally, they said efforts should be made to empower the community because it would make justice processes faster, cheaper and more accessible in the Mandera context.

Addressing the needs of internally displaced persons, refugees, and their host communities

Stakeholders recognised the value of this option, because recurrent conflicts in the Mandera triangle frequently cause internal and cross-border displacement. Movement is often inhibited by border closures triggered by armed conflicts. Since the three countries depend on each other, border closures disrupt business and movement. The police use unclear border regimes as a "pretext" to arrest and harass people, which exacerbates tension. Migration also occurs as a result of drought and for other economic reasons.

The group proposed to integrate the Women for Change initiative in this option. This initiative brings local and host communities together with refugees and migrants to enhance trust and confidence and counter the common fear that any woman wearing a hijab belongs to Al Shabab. The option could integrate this and similar solidarity activities at community level.

Other proposals included: at institutional level, integrate activities that connect mental health professionals and spiritual leaders; and coordinate health and peace actors both at community and institutional level. Stakeholders felt there were overlaps and opportunities for synergy with the youth empowerment option. They also suggested that mobile outreach clinics could be used at community and institutional level to solve some of the difficulties of working with pastoralist communities.

Promoting gender equality and ending gender-based violence

The group split this option in two parts: GBV, and gender equality. It noted that gender equality is especially relevant given the patriarchal nature of society in the Mandera triangle, and that there are many cases of GBV and associated trauma in the region. The nomadic lifestyle exacerbates GBV. For example, women and girls, in particular, are restricted to looking after animals and often do not have access to formal medical and legal services. Additionally, social norms for justice provision in pastoralist communities often have weak mechanisms to hold GBV perpetrators to account. Cycles of retaliatory violence in pastoralist communities render women and girls vulnerable to SGBV.

This was the prioritised option area where stakeholders found the most examples of initiatives to operationalise programming. At institutional level, they identified gender mainstreaming projects, including the '2/3' policy at county level (at least on the Kenyan side) according to which one gender may not occupy more than two thirds of government positions. Kenyan also possesses a dedicated gender department, sensitisation programmes on women's rights, initiatives to provide microgrants to women for economic empowerment, and sponsorship opportunities for girls to study. At community level, several CSOs work on culture and education. Recently, over 600 women traders were engaged by Interpeace to help foster peace and cohesion; the programme is helping them to form the first registered women's cooperative society.

With respect to GBV, participants noted that rape is culturally taboo. Women who are raped are stigmatised, unable to marry, and disowned. Because of discomfort around the topic, those with power, usually men, rarely acknowledge it is an important issue. The practice of FGM is a further concern. To address these questions through this option, the group suggested exploring a number of ongoing initiatives: gender liaisons at police stations; plans for an integrated gender recovery centre that will provide health services to victims of GBV; employment of psychologists by the ministry of youth, gender and social services, to provide psychosocial support to survivors; approval of an FGM policy at county and national level; and implementation of a recently adopted Somali *Xeer* Accord that requires all rape cases to be formally prosecuted without interference by cultural elders.

At family level, stakeholders proposed to add parental training to break patriarchal norms. At individual level, they suggested integrating the promotion of girls' education; and integration of a sensitisation dimension to dispel cultural stereotypes of employment for men and women.

At institutional level, they noted: put into operation the free helpline for reporting GBV; capacitate and expand the official judicial system to deal with GBV; strengthen systems to collect evidence of GBV; limit corruption in GBV cases; work with traditional justice mechanisms to strengthen their response to GBV; reduce stigmatisation of victims of rape; and address early marriage.

Unfortunately, the GBV group primarily focused on Kenya and did not discuss at length the applicability of their proposals in Somalia and Ethiopia. Stakeholders did note that cross-border work is difficult because governments and legal systems are different. It was noted that fewer GBV cases occur in Ethiopia than in Kenya and Somalia.

Reflections on the way forward

The following reflections are based on the group work and the participatory design workshop.

1. **To design sound MHPSS approaches in the Mandera Triangle, it would be necessary to map actors and approaches.**

Religious and traditional leaders play a role in MHPSS. They are also the preferred authority to deal with individual and community crises. They employ a range of traditional approaches that may or may not align with clinical theories and understandings of mental health. Traditional approaches could provide insights into what methods would be well-received in the area (such as healing through poetry, or physical exercise to build socio-emotional and conflict management skills, etc.).

Professional psychologists and psychiatrists focus primarily on clinical care and psychiatric medication. These may be useful to treat extreme cases of psychosis or drug dependence, but they would not be appropriate for the undiagnosed and day-to-day needs of a population that continues to be exposed to violence in a volatile environment. Clinical approaches are also heavily stigmatised.

Mapping all the approaches that are used to provide mental health and psychosocial care could bridge the gap between formal and informal practitioners, widen the options for delivering such services, and help to design contextualised approaches that could reach a larger proportion of the people who have been affected by conflict but do not necessarily demonstrate evident symptoms of mental illness.

2. **Mapping Islamically accepted approaches to MHPSS could help to engage religious leaders and build general social acceptance to MHPSS approaches.**

Many stakeholders pointed out the stigma associated with MHPSS services. In itself this is not unusual, but one aspect was specific to Islam. The acceptance of fate was both a resilience factor that enabled individuals and communities to cope, and a factor that discouraged individuals from recognising and accepting psychosocial needs. The effect is that modern and clinical approaches may be viewed as inconsistent with religious practice; and individuals may feel pressured to forgive, accept fate and accept negotiated agreements and related compensation as part of religious practice.

Mapping practices that are accepted in other Muslim contexts, particularly those that are grounded in the Islamic faith, might provide content that could be integrated into psychoeducation, and might increase awareness of conflict-related psychosocial needs as well as support for activities and approaches that address them.

3. **Livelihood development programming could serve as an important entry point for integrating MHPSS and peacebuilding initiatives.**

Given the links between conflict, trauma and loss of livelihoods in the Mandera triangle, stakeholders were keen to include economic recovery efforts in any integrated programming. Because MHPSS is taboo but livelihood is among the first priorities of most of the population, livelihood initiatives could provide a route to multisectoral programming. One proposal was to set up youth centres to integrate socio-emotional skill and peace education within youth leadership and vocational and livelihood training. Livelihood initiatives for adults, that emphasise collective livelihoods or resource sharing, could also be entry points for integrating mental health and individual conflict management skills. Expanding peace education through "Amani Clubs" in schools could introduce the issue to young children.

4. **Deploying multidimensional conflict response and prevention teams**

In the context of the Mandera Triangle, groups of elders have always played an important role in conflict management, resolution and reparations. Recent peacebuilding efforts, including those of Interpeace, have built on this role, by inviting elders to lead Ceasefire Monitoring Committees and other structures. This step was critical to the relative stability that is being restored in the area. However, as noted previously, these structures have specific capacities; they are not equipped to provide psychosocial support to victims of attacks and violence. Recognising this, one proposal was to add individuals able to provide psychological first aid toc the teams of mediators and early responders. This would provide a temporary solution while more integrated approaches take shape, and would not require elders to become MHPSS professionals or change the composition of Ceasefire Monitoring Committees.

Cyprus

Context

The Cyprus Problem is one of the longest-running frozen conflicts in modern history. There has been ongoing UN involvement since 1964. During the 1960s and early 1970s, fuelled by disagreements over the governance of recently independent Cyprus, tensions built up between Greek and Turkish Cypriots, leading to the formation of competing nationalist militias, tendencies to ethnic segregation, and attacks against civilians. This culminated in the tragic events of 1974, when a coup by a Greek military junta against the elected Greek Cypriot president preceded a Turkish invasion that displaced 40% of the island's population and divided the island into two parts. Several rounds of UN-sponsored peace talks, in pursuit of reunification based on a federal blueprint, have ended in deadlock. Causes frequently cited for their failure include: excessive emphasis on 'track 1', with limited participation by women, youth, or other societal stakeholders; radically different positions of the two communities on future security arrangements; the divided attention of negotiators, who simultaneously participate in the separate administrations of their communities; and the competing interests of other regional powers. It is worth noting that psychosocial issues have so far not been considered relevant to the peace process, which has mostly focused on thorny political dossiers such as governance, property, security, citizenship and the economy. Both halves of the island possess a modern and well-developed MHPSS sector and offer numerous options for post-graduate education in psychology, psychiatry, social work and related disciplines. However, the MHPSS sector appears to have no links into peacebuilding.

Methodology

Cyprus is a high-income country and it was difficult to convene stakeholders in physical meetings. The research team therefore opted to run a 3-hour workshop via teleconference. It invited a spread of participants, including former members of the negotiating teams, former ministers, political scientists, grassroots peace activists, and gender experts, as well as MHPSS specialists. The latter included clinical psychologists, social psychologists, family therapists, child psychiatrists, and sociologists. In the end, 22 stakeholders participated and a further 12 expressed interest and asked to be kept informed of future meetings. Ahead of the workshop, participants were sent a questionnaire on the conceptual options and were asked to choose up to five that were particularly relevant to the situation of Cyprus. During the workshop, participants discussed whether MHPSS has relevance to the peace process. They then considered the programming options that participants prioritised, and finally looked at next steps.

Prioritised options for integrated programming

Participants prioritised the 12 programming options as follows:

Supporting consensus-building in peace negotiations	15 votes
Building a sustainable, inclusive, and resilient social contract	14 votes
Fostering a culture of transformative leadership	13 votes
Empowering youth	13 votes
Healing psychosocial trauma in the aftermath of violent conflict	10 votes
Promoting gender equality and ending gender-based violence	10 votes
Addressing the needs of internally displaced persons, refugees, and their host communities	5 votes
Strengthening mental health and social cohesion as entry points for economic development	4 votes
Ending authoritarian violence and opening up the civic dialogue space	3 votes
Designing and implementing security sector reforms	3 votes
Ending violent conflict and fostering conditions of security	0 votes
Managing the reintegration of former perpetrators and other combatants	0 votes

While the voting patterns were on the whole balanced (in terms of age, gender, and community), there were some marked exceptions. Most notably, 9 of the 10 who voted for "Healing psychosocial trauma in the aftermath of violent conflict" were women. In addition, several of the younger participants, especially university students, selected "Strengthening mental health and social cohesion as entry points for economic development". And participants who were themselves displaced tended to select "Addressing the needs of internally displaced persons".

In the discussion about the relevance of MHPSS to peacebuilding, several themes emerged. One was that many people in Cyprus have normalised their disappointment and despair at failure to resolve the conflict. This saps civic engagement, reduces psychological wellbeing, and undermines their sense of purpose. A second theme was the unresolved anger that many feel because conflict-associated suffering has never been acknowledged but is often disparaged as intransigent "anti-peace" political ideology. A third theme was trauma, both direct and inter-generational, passed on through families. Finally, the participants reflected on the topic of socio-emotional competence, and the role it can play in mental health and peace. Specifically, they argued that inability to recognise and express emotions underlies communication difficulties in the family and community, leading to a proliferation of everyday conflicts.

With respect to the conceptual programming options, the group discussed the challenges of putting in place multidimensional strategies for transformation, and concluded that it would not be feasible to achieve change at the proposed scale without adopting an aligned multistakeholder approach in a framework of distributed and collaborative leadership.

Reflections on the way forward

The group expressed a desire to reconvene; they want to continue to develop their ideas on integrating peacebuilding and mental health in Cyprus. In view of the priorities the group selected, the next conversations could look more closely at leadership practices, peace negotiations, and how trauma healing and the acquisition of socio-emotional competencies could help to unlock them. The group could also examine how the inter-generational transmission of conflict-associated trauma might be interrupted at community level, and how improved emotional awareness, expression, and communication might transform the quality of family and community life.

To make progress on these issues, it would be important to make sure that the overall effort retains a 'social movement' perspective, and does not focus excessively on any one actor. A cross-communal, inter-disciplinary group of civic and professional stakeholders, including grassroots peacebuilders, political negotiators, psychologists, psychiatrists, sociologists, gender activists, and youth activists, could take leadership of such an initiative, assigning responsibility for tasks to specific members as appropriate.

Rwanda

Context

Starting in the 1950s, Rwanda began to experience community-level conflicts between Hutu and Tutsi. These worsened after Rwanda gained formal independence from Belgium in 1962 and gradually led to a major exodus of the Tutsi minority population to neighbouring countries. Efforts to ease tensions through international mediation culminated in a peace agreement in August 1993, signed in Tanzania. However, starting in April 1994, Rwanda experienced a brutal state-sponsored genocide for more than one hundred days, instigated by extremist factions in the Hutu leadership. Some estimates put the number of genocide victims at more than one million people. The victims were primarily Tutsis but included some moderate Hutus who attempted to protect their Tutsi neighbours. The genocide was fuelled by anti-Tutsi dehumanising narratives and included highly local violence because victims and perpetrators often lived in the same villages. Sexual violence against women and girls was rampant during that period. It is estimated that 350,000 women and girls were subjected to rape, torture, sexual slavery, or mutilation. The Tutsi-led Rwanda Patriotic Front brought an end to the genocide after defeating the Hutu militia in late July 1994. Fearing reprisals or wanting to escape accountability, more than 2.5 million Rwandans fled to neighbouring countries in the aftermath of the genocide.

Due to the scale of the atrocities that were committed, the recovery process has been long, slow, and arduous. Survivors, in many cases traumatised and suffering from extreme poverty, organised themselves into associations and orphan families for mutual support. Perpetrators who remained in the country and who could be identified were judged by Gacaca grassroots community courts. More than 100,000 genocide perpetrators were sentenced to prison terms lasting from a few years to several decades, depending on the leadership responsibility they exercised and the extent to which they displayed genuine remorse. The government of Rwanda restored essential services and infrastructures, and developed a formal mental health sector modelled on Western models as well as a wide range of programmes for peace education and community reconciliation under the supervision of a National Unity and Reconciliation Commission. In terms of the economy, Rwanda now aspires to be a middle-income country by 2035 and a high-income country by 2050. Several high-profile investment projects, including a new international airport, are currently underway.

Despite these efforts, challenges remain. Trauma, mistrust, and poverty are still widespread, and are mutually reinforcing. Genocide perpetrators that received the longest sentences, typically unrepentant

genocide leaders, are now due to be released, increasing the risk that social tensions could re-emerge. In addition, inter-generational transmission of trauma and hostility is increasingly evident. Epidemiological surveys have shown that children of survivors, born after the genocide, are five times more likely to display symptoms of post-traumatic distress than children whose parents are not survivors. Social mistrust and intergroup anxieties are also being passed from one generation to the next, undermining opportunities for collaboration among youth and increasing the risks of antisocial behaviour, substance abuse, depression,

and suicide. Against this backdrop, Interpeace and several other organisations are implementing increasingly integrated programmes that set out simultaneously to promote community-based reconciliation, provide psychosocial support, and create collaborative livelihoods, prevent the intergenerational transmission of genocide legacies, and pursue strategies for prisoner reintegration. For all these reasons, a Rwanda case study represented an opportunity to check whether the research team's conceptual frameworks resonated with practitioners in a country which has mainstreamed integrated approaches.

Case study methodology

Interpeace convened a half-day workshop with 11 stakeholders, who included government representatives, scholars, and practitioners in mental health and psychosocial support, peacebuilding and reconciliation, collaborative livelihood development, and prisoner reintegration. The participants were initially asked to describe the needs in their sectors, what is already being done, and whether their sectors are integrated or siloed. They then discussed the 12 conceptual options for integrative programming, and prioritised

the options they considered most relevant in Rwanda. Stakeholders were asked to what extent the five highest-ranked programming options were applicable in Rwanda's context, whether the approaches recommended by each were already being implemented, and what more could be done through integrative multisystemic programming to strengthen processes of recovery and resilience. Finally, they discussed the dilemmas associated with integrative programmes, and how these are currently managed in Rwanda.

Current capacities and needs

The discussion of capacities and needs confirmed that Rwanda is making significant efforts to provide mental health care (understood as the prevention and treatment of clinical disorders) and psychosocial support (understood as the social protection of vulnerable groups), and build peace (through a range of initiatives that include peace education, community dialogue, and transitional justice). However, the country has limited capacities, in terms of human resources, technical toolkits, competency training, and adequate meeting places. Participants felt that support for economic development is insufficient and less robust than support to meet basic needs, and that livelihood

opportunities are required as urgently as resources and material support.

The group noted that actors who are implementing complementary approaches do not coordinate; their initiatives remain disconnected, undermining their impact. They also said that programmes tended to empower communities and groups but did not pay sufficient attention to individuals' needs and assets, undermining sustainability; and that community-based initiatives did not link up sufficiently with government services and national policies, causing many initiatives to fade when donor or volunteer support declined.

Prioritised areas for integrated programming

Participants prioritised the 12 conceptual frameworks as follows:

Strengthening mental health and social cohesion as entry points for economic development	8 votes
Healing psychosocial trauma in the aftermath of violent conflict	8 votes
Managing the reintegration of former perpetrators and other combatants	8 votes
Promoting gender equality and ending gender-based violence	7 votes
Empowering youth	6 votes
Building a sustainable, inclusive, and resilient social contract	4 votes
Fostering a culture of transformative leadership	3 votes
Addressing the needs of internally displaced persons, refugees, and their host communities	3 votes
Designing and implementing security sector reforms	1 vote
Ending violent conflict and fostering conditions of security	1 vote
Ending authoritarian violence and opening up space for civic dialogue	0 votes
Supporting consensus-building in peace negotiations	0 votes

The interest in "Managing the reintegration of former perpetrators and other combatants" was foreseeable in view of Rwanda's need to reintegrate many former genocide perpetrators; but participants also showed interest in "Healing psychosocial trauma in the aftermath of violent conflict" and "Strengthening mental health and social cohesion as entry points for economic development". According to the group, these programming options resembled each other in that they involve mental health, social cohesion, and livelihoods, though "Healing psychosocial trauma" focuses on the experience of conflict and is more relevant in the immediate post-conflict period and "Strengthening mental health and social cohesion as entry points for economic development" becomes more pertinent as the immediate effects of conflict recede. In their view, 28 years after the genocide, Rwanda is currently precisely at that transition. The experience of genocide is no longer at the centre of social life and citizens are increasingly focused on the country's socioeconomic transformation and achieving its future-oriented goals, from which perspective the legacies of the past (including lingering mental health challenges and social tensions) are obstacles to be overcome. On these grounds the participants finally decided that "Strengthening mental health and social cohesion as entry points for economic development" was more relevant to Rwanda's current needs.

They nevertheless made proposals for enriching both options in the Rwandan context. Specifically, they suggested that support for mental health recovery should extend beyond post-traumatic distress and depression to problems of substance abuse; that the concept of community reintegration should be broadened to include survivors as well as perpetrators; and that initiatives to strengthen social cohesion should include community dialogue, conflict management, and transitional justice systems.

With respect to "Managing the reintegration of former perpetrators and other combatants", participants thought this option should put more emphasis on individual counselling and psychotherapy; and that improving conflict management skills would help to address family challenges (especially of income and livelihoods). They recommended that programmes on prisoner reintegration should focus more on the sexual health of former prisoners, on helping former perpetrators to be aware of their rights and responsibilities in the community, and on developing institutional and policy frameworks to support restorative justice.

The participants also discussed gender equality and youth empowerment. On gender equality, they thought that steps should be taken to establish institutional and policy frameworks for gender mainstreaming; and that more attention should be given to punishment of GBV, the role of the private sector in promoting gender equality, and the gender dimensions of livelihoods and property inequality. On youth empowerment, they wanted dropping out of school to be addressed, as well as the roles of formal education in fostering mental health, social cohesion, and preparing for sustain-

able livelihoods. Finally, the group discussed whether the empowerment option would deal in the same way with young women and young men, but reached no conclusion.

Managing dilemmas

When they discussed the 'protection or connection' dilemma, the participants noted that in Rwanda the implicit assumption is that protection can best be achieved *through* connection. In other words, reconciliation and restorative justice bring survivors and former perpetrators together, reduce hostility and the potential for conflict within communities, and enhance protection and safety. Connection lies at the heart of efforts to build social cohesion; it is also integral to Rwanda's strategy for economic recovery.

With respect to the "tradition or formal" dilemma, it would appear that Rwanda handles peacebuilding and reconciliation in a different way to mental health and psychosocial support. Rwanda's peacebuilding strategy has primarily repurposed traditional approaches to social cohesion to meet the needs of the post-genocide era. Examples include the Abunzi mediation committees, monthly community service through Umuganda, and the Gacaca courts. By contrast, Rwanda's MHPSS has adopted modern science-based methods, inspired by Western health systems. The participants explained that traditional MHPSS approaches had failed to prevent the genocide, and were therefore deemed inadequate. However, spiritual and faith-based approaches to MHPSS also thrive in Rwanda. Many Rwandans consider that belonging in a religious community and receiving pastoral counselling enabled them to cope after the genocide and restored their sense of social connection.

When they considered the "grassroots or institution" dilemma, participants thought that the two approaches offered synergies and were not really in competition. Specifically, they argued that embedding interventions in institutions and policy frameworks can improve the sustainability of community-based grassroots programmes. However, they also recognised the risk that such programmes might not align with the needs of local communities. They suggested that participatory needs assessments and programme designs, that respect local actors and their expertise, would mitigate this danger.

The participants discussed the "research or practice" dilemma at length. The prevailing opinion was that research and practice are not in balance. Research findings do not adequately inform practice, at least partly because research and writing are not culturally widespread practices in Rwanda. As a result, there is more investment in direct action processes, bypassing research. When research is done, it tends to duplicate and to remain on the shelf rather than build knowledge and inform practice. Strategies that could help to create a better balance include: piloting interventions before scaling them up; developing rigorous monitoring and evaluation systems; and adopting participatory research approaches to increase ownership and ensure that research findings will be used.

Regarding the "sector specific or multisystemic" dilemma, participants pointed out that, to achieve multisystemic change, it is essential to form multistakeholder partnerships based on complementary expertise.

Reflections on the way forward

Key insights and reflections for future integrative programming in Rwanda include:

1. Future programmes should revolve around strengthening mental health and social cohesion as entry points for economic development, and include components for managing the reintegration of former perpetrators.

2. Future programmes should promote gender equality and focus on youth empowerment.

3. Traditional and everyday frameworks for mental health and psychosocial support in Rwanda could

be reviewed, to see how they might complement and reinforce structured approaches.

4. A balance should be sought between establishing national policies and frameworks and adopting local and participatory approaches to needs assessment and programme design.

5. Capacities for action-oriented research and evidence-based practice could be strengthened by increasing capacity and encouraging dialogue between Rwanda's research community (in universities) and its practitioner community (in government agencies and NGOs).

Ukraine

Context

The collapse of the Soviet Union deeply influenced the origins of the ongoing war in Ukraine. Like other former constituent republics of the USSR, Ukraine found itself internally divided and under external pressure from Russia to adopt a Russia-leaning geopolitical orientation. Eastern and Southern districts of Ukraine, predominantly Russian speaking, tended to support closer geopolitical integration with Russia. The rest of the country, predominantly Ukrainian-speaking, tended to support closer integration with, and eventual membership of, the European Union and NATO. Government policy on Ukraine's geopolitical orientation became an intensely contested issue, as pro-EU and pro-Russia administrations sequentially attempted to lead the country in opposite directions. Tensions peaked in 2013, when Ukraine's president, Victor Yanukovych, refused to sign into force a parliament-mandated association agreement with the EU and declared that he would pursue closer ties with Russia and the Eurasian Economic Union. Resulting social unrest in Kyiv (often described as the Revolution of Dignity, or Euromaidan) led Yanukovych to flee Ukraine ahead of a parliamentary vote that stripped him of his presidential powers. A newly elected government swiftly proceeded to sign Ukraine's association agreement with the EU. Subsequently, Russia escalated efforts to foment unrest in Russian-speaking Eastern and Southern Ukraine. Eventually, it annexed Crimea and established breakaway governments in parts of Donetsk and Luhansk districts. The situation appeared to be settling into a frozen conflict, in which Russia gradually consolidated its hold over the breakaway regions as the Ukrainian government pursued democratising and modernising reforms in the areas it controlled, while combating Russian misinformation and other Russian attempts to destabilise Eastern and Southern Ukraine.

In late 2021, Russia's tone became increasingly belligerent and it built up its military presence all round Ukraine. The most contentious issue was whether Ukraine would pursue membership of NATO at some point in the future, which Russia said threatened its own security. Russia argued that its concerns were defensive in nature; but its neo-imperialist ideology and aspiration to restore a "Russian World" from Siberia to Central Europe are considered by many analysts to be root causes of the war that followed. Russia invaded Ukraine on 24 February 2022, with bombardments of several major cities, including Kyiv and Kharkiv. More than a quarter of Ukraine's population (approximately ten million people) fled their homes, while thousands of civilians have been killed while sheltering or during their efforts to flee. Negotiations between Ukraine and Russia to end the war are ongoing. Progress appears to have been achieved on some issues (such as grain exports and aspects of Ukraine's future geopolitical orientation) but on other issues the parties are far apart. Specifically, Russia seeks to formalise its control of areas in Southern and Eastern Ukraine, while Ukraine expects a full Russian withdrawal from Eastern Ukraine and in the long term a dialogue on the eventual status of Crimea. With the talks deadlocked, the war continues. After encountering heavy resistance and incurring severe military losses in the north of the country, Russia retreated from the environs of Kyiv but continued attacks in the east. In towns and cities from which Russian troops retreated, evidence emerged of mass atrocities and war crimes. For Ukraine the future remains uncertain, while there is significant risk

that the war might spread beyond the current Russo-Ukrainian context.

Ukraine's Ministry of Health has estimated that 15 million people might require psychological support and treatment due to war-related trauma.[168] Several UN agencies have also warned about the long-term mental health impact of the war.

Case study methodology

Considering the extreme hardships and grief that all Ukrainians are currently experiencing, the team adopted a simplified methodology, to minimise distress to participants and avoid distracting them from the more urgent matters they have to deal with. Specifically, we invited a group of about 15 practitioners in MHPSS and peacebuilding to a 3-hour online meeting, primarily to listen to them regarding Ukrainian needs in the context of the current emergency. The initial framing conversation revolved around the following questions:

- What are the most urgent challenges to mental health, social cohesion, and everyday survival and livelihoods, for different groups of the population and specifically: displaced and host communities in Western Ukraine; refugees in Eastern Europe and elsewhere; professional and conscripted soldiers; and populations under siege or military occupation?

- What sources of resilience are Ukrainians drawing upon, in terms of values, competencies, community relationships, institutional supports, and external supports?

- Where can we detect vulnerabilities, for which additional support is required?

Following this discussion, participants considered specific activities that might alleviate mental health, social cohesion and livelihood challenges that Ukrainians face, and discussed which should be prioritised for immediate implementation. The following potential actions were discussed:

Possible actions to strengthen mental health and psychosocial support

Psychological first aid – training for facilitators.	One-day training for community volunteers to help them identify people in distress, listen effectively, support positive coping, and link with community resources. A related manual by International Medical Corps has already been made available in Ukrainian.
Psychosocial support for professional and conscripted soldiers.	Psychoeducation and online support groups can strengthen capacities to improve (1) grit[169] and hope; (2) care, tolerance, and respect; (3) collaboration and coordination; (4) radical acceptance (peace of mind).
Supporting children to cope with displacement, family separation, death, and grief.	Dissemination of psychoeducational material; parent and caregiver support groups. Emphasis on providing: a sense of safety; processing loss; providing warmth and support; giving praise; spending time together to talk; encouraging good behaviour; reducing aggression; maintaining routines; encouraging play; mitigating anxieties; staying connected with friends and families. A UNODC manual is already available.
Stress management skills for youth and adults.	Dissemination of psychoeducational material and convening of psychosocial support groups using WHO's "Doing what matters in times of stress" guide. It focuses on grounding, unhooking, acting on your values, making room, engaging, and being kind.

168 Ministry of Health of Ukraine (2022), ´ ВПЛИВ ВІЙНИ НА ПСИХІЧНЕ ЗДОРОВ'Я – КОЛОСАЛЬНИЙ – ВІКТОР ЛЯШКО ´, <https://moz.gov.ua/article/news/vpliv-vijni-na-psihichne-zdorov%e2%80%99ja---kolosalnij---viktor-ljashko>.

169 Duckworth, A. L., Peterson, C., Matthews, M. D., Kelly, D. R. (2007), 'Grit: Perseverance and passion for long-term goals', Journal of Personality and Social Psychology, 92/6, <https://doi.org/10.1037/0022-3514.92.6.1087>.

Problem management plus group-based interventions for vulnerable adults facing adversities.	A five session group intervention, using a WHO protocol, to develop practical coping skills and prevent mental distress in contexts of adversity.

Possible actions to strengthen social cohesion and livelihoods

Participatory needs assessment for community resilience	Create spaces (physical or online) for communities to connect, develop solidarity, identify needs, and develop action plans for mutual support. This can be done in Eastern Europe and Western Ukraine (connecting displaced and host communities); on the front line (combatants and population being protected); and in communities under military occupation (addressing survival needs, staying safe).
Community-based mediation	Use transformative mediation to train community volunteers to help address tensions that may arise in their communities; for example, help community members to recognise each other's needs and transform relationships through collaboration.
Strengthening national unity	Prevent the formation of "anti-East Ukraine" or "anti-West Ukraine" stereotypes and discrimination, by ensuring that other Ukrainians are not being blamed for Russia's invasion. More generally, foster a tolerant and inclusive sense of Ukrainian national identity. This can be done through community psychoeducation and through participatory needs assessment.
Jobs and livelihoods	Create platforms that connect Ukrainians with jobs they can do, based on their skills and specialisation. Work can be online based at their current locale, or arranged with supported relocation.
Education in emergencies	Strengthen access to digital and on-site education in the context of the current emergency.

Following the meeting, the team remotely consulted some additional practitioners, who had not been available. All consultations took place during the last week of March 2022, about one month into the war.

Prioritised areas for integrated programming

The participants began by emphasising that their conflict exposure was extremely high. By this, they meant that citizens in every corner of Ukraine had been affected by the war: their town or city was bombarded or invaded; or they were forced to evacuate as a precaution; or they lived behind enemy lines; or had joined the fight to repel Russian forces; or were living in fear that their town or city would be attacked; or because those in the West were called to host vast numbers of displaced persons from East, South, and Central Ukraine. They pointed out that millions of Ukrainians currently require emergency psychosocial support, and that more than ten million Ukrainians had been displaced from their homes due to the war. They said food insecurity was also a major threat, because most regions of the country had ceased to function normally, agricultural production in Eastern and Southern Ukraine had been disrupted, and the country's productive capacity had been redirected to the war effort.

They summarised the needs of specific groups as follows:

1. Internally displaced persons and refugees need support to help them to: deal with the psychological shock; decide what they will do / where they will go; address their need for food, shelter, and schooling; reconnect with members of their families and communities; find employment; make contact with local authorities and other community members in their host towns and villages; find new daily activities that will help to restore a sense of normality, especially among children; and begin to process the traumatic experiences they have just gone through.

2. People who are under siege or behind enemy lines lack psychosocial support. They are preoccupied by their need to protect their personal security and obtain food, water, medicine, warm shelter, and other essentials; they avoid using their telephones (to save battery), and cannot therefore participate in online psychosocial support groups; and they fear that Russian forces might target them if it becomes known that they are in contact with an international organisation. This said, some participants mentioned that psychosocial and livelihood support was provided to some rural women in areas under occupation. It may be that it is possible to engage more safely with non-urban populations.

3. Professional and conscripted soldiers require psychosocial support, for instance to help them acquire distress tolerance and cooperation skills. Engaging with them would be very difficult due to the Ukrainian Ministry of Defence's security policies. The only way to provide psychosocial support would be through the line of command, in coordination with the Ministry of Defence and the Territorial Defence Forces. Support could be provided by "warrior psychologists" embedded in military units.

The participants said that the main source of resilience was the spirit of volunteerism and solidarity that permeates Ukrainian society. Specific examples of volunteering included staffing telephone support lines for older people who have been isolated due to the war; and deploying teams of volunteers at train stations to support displaced persons who arrive. However, resources are not available to adequately support volunteers, who are often themselves traumatised and face personal livelihood and security challenges. More support is needed to train and supervise volunteers, and meet their practical everyday needs, including food and housing.

The participants suggested several actions to strengthen mental health, psychosocial support, social cohesion, and livelihoods. Their priorities were: train volunteers in psychological first aid; establish psychosocial support, safe spaces, and retreats for MHPSS practitioners and dialogue facilitators, who are themselves under heavy strain from the trauma to which they are daily exposed; run participatory and survey-based needs assessments; obtain support to help children cope with displacement, separation and grief; and assist displaced people.

During the main workshop, participants showed limited interest in activities to build social cohesion. However, during follow-up consultations Ukrainian peacebuilding practitioners expressed concern about the risk of conflict between host communities and internally displaced persons in Western Ukraine. To meet this challenge, they recommended the deployment of integrated teams, composed of psychologists and mediators, to address the psychosocial and peacebuilding needs of internally displaced persons and host populations.

Reflections on the way forward

It is important to keep in mind that needs are constantly evolving in Ukraine, as the situation on the ground changes. For instance, when the consultations took place in late March it was not yet relevant to discuss reconstruction or dealing with the after effects of the war. However, just two weeks later, Russian troops had already withdrawn from the environs of Kyiv, many displaced persons were returning to their damaged homes and cities in Central Ukraine, and reconstruction had become a live issue. The dimension of time

must therefore be considered when designing an integrated MHPSS strategy for the country.

At the moment of writing (March/April 2022), the most urgent priorities included: provision of psychological first aid and positive coping in emergencies; strengthening capacities for participatory needs assessment; and connecting displaced Ukrainians with opportunities for employment. None of these activities can be classified as peacebuilding; but they create an environment that supports community cohesion and healthy inter-dependence and can lay the foundations of peacebuilding activities at a later stage.

As the threat of exposure to active fighting begins to recede, either in Ukraine as a whole or in specific regions, the war's longer-term effects on mental health and social cohesion will need to be addressed. These are likely to include a high prevalence of post-traumatic distress, and stressed social cohesion and trust between Ukrainian-speaking and Russian-speaking communities, especially where temporary displacement starts to transition into permanent settlement.

For all these activities, it would be appropriate to build on the vibrant networks of volunteers that are active throughout the country. In collaboration with leading figures of such networks (who are typically specialists in mediation, dialogue or mental health), these networks could build their capacity if they were provided with guidance material, training, supervision, and material resources (transport, shelter, food, communications and security equipment).

Section 5. Guidelines for integrated MHPSS, peacebuilding and livelihood development programme design

So far, this report has outlined a range of MHPSS, peacebuilding, and livelihood development approaches and considered specific ways in which they might be integrated into coherent multi-sectoral programmes. This final section focuses on practical actions that should be undertaken when designing and implementing integrated programmes.

Among other things, practitioners need to: develop a cross-sectoral multi-level alliance; identify population needs; agree on policy roadmaps and programme strategies; design or adapt guidance documents and tools for activities; train programme staff and community stakeholders; and design a monitoring, evaluation, and learning system. Taken together, these actions reduce the risk that integrated programmes will cause harm, because they ensure that programmes respect and build on local and national knowledge, design interventions that are appropriate for the context, address the challenges that target populations face, embed support in sustainable formal and informal infrastructures, and commit to a continuous cycle of learning and adaptation-

1 Start with Integrative evidence-based identification of local needs and resilience capacities

2 Build trust and understanding across sectors, organisations and approaches

3 Balance a diversity of views in policy and programme design: between formal and informal, structured and unstructured, traditional-healing and science-based approaches

4 Collaboratively design locally-informed actionable guidance and practical tools for implementation

5 Integrate Track 6 capacity development that embeds change in the state and local institutions

6 Design an integrated design, monitoring, evaluation, and learning (DMEL) system

7 Establish mechanisms and processes to support the well-being of staff, partners and stakeholders

8 Use all of the above to mitigate the risk of unintended consequences

9 Enhance the capacity of integrative approaches, and their infrastructure, so that they can be sustained financially and institutionally

10 Develop a roadmap to transition from pilot programming to transformative change at national scale

Start with an integrative evidence-based assessment of local needs and resilience capacities

Individuals, communities and societies are affected in different ways by conflict and are likely to have a variety of mental health, peacebuilding and livelihood needs. Applying a one-size-fits-all approach without understanding these needs may compromise the effectiveness and impact of programming, but may also do harm by not providing context specific services. It is therefore important to identify a population's needs before taking action to meet them.

Interpeace research has shown that it is critical, not just to identify what local needs are, but to understand how they are expressed, and what relevant infrastructural resources and local practices are already present. To do this preparatory work, clinical methods from mental health need to be combined with ethnographic and qualitative approaches and, where appropriate, quantitative data should be triangulated with qualitative information and stakeholder mapping. These tools can generate a clinically informed, conflict sensitive and contextualised analysis that will support tailored programmes to improve mental well-being, social cohesion and economic development using available knowledge, practices, capacities and infrastructures.

The research team for this report used conceptual programming options to help it identify priority needs in an inclusive, participatory way. As the process for preparing the case studies on Rwanda, Cyprus, and the Mandera Triangle show, they can be used to build multi-stakeholder engagement. Subsequent steps depend on the outcome of consultation. If a single programming option is dominant, planning can focus on that. More frequently, however, several options attract support, reflecting the fact that most countries in conflict have multidimensional challenges. For this reason, as discussed, the option to promote socioeconomic development by addressing trauma and cohesion and the option to reintegrate former perpetrators were both considered relevant in Rwanda.

It is vital to ensure that all relevant stakeholders are included in this first deliberative step. To achieve this goal, it may be necessary to convene several groups, to ensure that the specific perspectives of women, youth, rural populations, and ethnocultural minorities are heard. Discussions with stakeholders should not be confined to the selection of preferred conceptual frameworks, but should also explore the status of relevant practices and services in the community, and the community's specific challenges and needs.

The next phase is technical rather than participatory. Using a mix of research methods, the assessment should explore more deeply the society's institutional and social capacities, and the challenges it faces, in relation to the programming options that stakeholders have chosen. A more comprehensive analysis can be obtained by mapping stakeholders and triangulating quantitative and qualitative data. These analyses can provide the foundation for sound programmes that build on available local knowledge, practices, capacities and infrastructure. Table 3 sets out research methods that are relevant to the needs assessment phase.

Assessing resilience

Interpeace's landmark guidance note on assessing resilience for peace has shaped how Interpeace undertakes conflict, contexts and needs assessments. To integrate a resilience for peace lens, it is vital to start by identifying what is working in a context, not just what is not working. This approach makes it possible to operationalise the principles of an integrated programming model that blends traditional and everyday approaches with more structured approaches, applies a track 6 lens, and integrates efforts made at grassroots and by institutions. To generate evidence of resilience capacities, practitioners need to identify and understand the practices, approaches, systems and actors that are already engaged in supporting individuals, families, communities and the society to transform. Evidence-based needs assessments should therefore identify "the endogenous assets, attributes, qualities, resources and actions embedded within communities and societies".

Table 3. Options for identifying population needs, existing practices, capacities and infrastructures

Tools, methods	Purpose	Types of information gathered	Advantages	Limitations
Situational, context and conflict analysis	To gather information on the state of current systems, practices, and services; and identify challenges and opportunities relevant to planning and designing initiatives.	Needs, systems, services, gaps, conflict dynamics.	Depending on the approach used, the analysis can be flexible and encourage learning about long-term as well as immediate conditions, dynamics and needs.	Depending on the complexity of the context/ conflict, it may be difficult to identify specific entry points. Particularly in contexts of ongoing violence or immediately after conflicts, local actors may not consider that MHPSS is a pressing need.
Participatory action research			Gives communities ownership and helps to set a foundation for future interventions.	May require more time and resources; analysis is harder; donors and policy makers may think it is less credible/empirical.
Stakeholder mapping			Makes it possible to identify non-formal as well as formal actors.	Extensive actor mapping may be lengthy and expensive.
Service availability mapping; institutional capacity audit			Provides structured insights into current capacities.	Service availability mapping and capacity audits require significant resources to complete, analyse, visualise, and apply.
Population surveys	To assess needs in a particular geographic context; to determine baseline variables for comparison.	Prevalence of mental health disorders; socio-economic and livelihood needs; access to services; prevalence and exposure to violence; peacebuilding needs.	Can provide reliable evidence on prevalence; can reveal risks and protective factors associated with a specific condition.	Structured surveys provide limited insight into the lived experiences of the population, especially on themes that were not explicitly the subject of investigation
Screenings	To assign individuals, groups or communities to specific interventions.		Can help to ensure that individuals receive the services they need (rather than what has been planned).	Recruitment may be difficult, especially for sensitive research into taboo or stigmatised topics. These include MHPSS.

Tools, methods	Purpose	Types of information gathered	Advantages	Limitations
Structured observation	To understand the complex dynamics that create a state of affairs, including why it formed and contributing factors.	Needs; events leading to these needs; what has been and is being done to address them; the effect of strategies; what people believe should be done.	Structured observation can reveal behaviours and interactions that the persons being observed may be unaware of.	Coding of information is time consuming; observation cannot provide insight into the state of mind of the persons or groups being observed.
Key informant interviews (KIIs)			Allows individuals to express their views in their own terms; captures their perceptions and how others interpret those perceptions.	Coding of information can be time-consuming; interpretations may be skewed by researcher subjectivity; information may not be generalisable.
Focus group discussions (FGIs)			Allow the collection of qualitative data from a group of selected people. May cover their under-standing of concepts, their perceptions of needs, their ideas on what has been or could be effective. Participants do not need to be literate. FGIs can provide a basis for further research.	Focus group discussions are not anonymous, which may restrict openness. They require careful facilitation to make sure that all voices are heard and to discourage group think. FGDs can be time intensive and raise the same challenges as KIIs in terms of coding, generalisability and analysis.
Case studies			Case studies can provide multidimensional insights into the capacities of specific types of individuals, groups, or institutions and the challenges they face.	Case study insights cannot be generalised without additional research that includes a representative sample.
Mixed methods		Depending on the tools combined, could include any of above.		Time and resource intensive; requires diligence to make full use of different types of data.

Table 4. Key questions for a needs, practices, capacities and infrastructure assessment (not an exhaustive list)

Needs

- What are the primary challenges with respect to conflict, peace, MHPSS and livelihoods?

- Which groups need integrated support most and what are their specific needs? (Consider gender, age, factors of marginalisation, and other marginalised groups.)

- What data are available? What data are needed to construct a sound integrated programme?

- What stigma surrounds MHPSS (and also peace)? What needs to be considered in order to "do no harm"?

Actors

- Which formal, informal and traditional actors provide structured and everyday MHPSS, peacebuilding and livelihood services?

Practices/capacities

- What practices/services are available? What gaps need to be filled?

- What are the most commonly used practices/services? How can they be strengthened?

- What actions to fill capacity and knowledge gaps would optimise current services and practices?

Tools

- What (documented and undocumented) tools can be used for assessment, and how can they be improved?

- What (documented and undocumented) tools can be used for implementation, and how can they be improved?

Policies

- What policies guide strategies for MHPSS, peacebuilding and livelihood development?

- What are their strengths and limitations in creating an enabling environment for integrated programming?

Build trust and understanding across sectors, organisations and approaches

During a conflict cycle, individuals, communities and the broader society face multi-dimensional challenges with respect to mental health, peace and development. Usually, the needs are vast and resources are limited. Multidimensional needs require multidimensional responses and different actors bring different and complementary skills, expertise and reach. Truly integrative approaches need to convene different sectors, professions, and organisations to co-design approaches, in association with local communities, then apply agreed tools and approaches innovatively to meet the needs of very specific situations.

Research and programme experience have shown that cross-sectoral alliances can leverage the strengths of each actor and intervention to create more impactful change. It is nevertheless challenging to keep a heterogeneous group of stakeholders in forward motion; national partners sometimes need to break out of their disciplinary silos to collaborate with one other. True integration also requires extensive investment in collaboration, convening and process-oriented design to bridge the large gaps that can separate structured clinical health care providers and informal community providers of care.

The conceptual programming options chosen for this report can provide guidance on the mix of partners

and stakeholders that should be brought together to achieve them. For instance, if a decision is made to work on trauma healing, socio-emotional skills training, and community-based economic development, it would be reasonable to collaborate with psychologists, other trauma therapists, educators, counsellors, and business development advisors. Stakeholder coalitions should balance the presence of government institutions, professional associations, non-governmental organisations, universities, community representatives, and others as appropriate. Those who participated in the initial process of prioritising programming options can be considered for inclusion as well. Factors to take into account might include: readiness to innovate, willingness to collaborate, implementation capacity, population coverage, availability, and ability to influence policy makers. However, partners can be recruited widely. The initial engagement with stakeholders should transition quite quickly to a multi-stakeholder group format, based on shared interests and partnership between all the stakeholders, with a view to agreeing policies and a strategy, as outlined below.

Table 5. Actors who might contribute to multisectoral alliances

Level	MHPSS	Peacebuilding	Livelihoods
Community	MHPSS practitioners (clinical or community based). Organisations that exclusively provide MHPSS services. Organisations that integrate MHPSS in other sectoral programming.	Organisations and community groups that work on social cohesion, reconciliation and other peacebuilding topics. Mediation and other peacebuilding groups.	Cooperatives. Community based enterprises. Livelihood experts.
	Cross-cutting. Opinion leaders, community-based associations, faith groups, women's associations, organisations working on gender, human rights organisations, youth groups and associations.		
National and/or institutional	Ministries of Health, including departments and bodies responsible for mental health. National MHPSS networks (or clusters).	Ministries, departments and commissions in charge of reconciliation, social cohesion, reintegration, etc.	Ministries of finance, planning, economic development, decentralisation, etc.
	Cross-cutting. Civil society platforms, Ministries responsible for youth and for gender, departments in charge of human rights, etc.		
International	International humanitarian organisations that work on MHPSS or integrate MHPSS in their programmes. International peacebuilding organisations. International development organisations. Donors. Multilateral agencies.		

Balance a diversity of views in policy and programme design: formal and informal, structured and unstructured, traditional and science-based care

Political support is important when scaling up integrated MHPSS, peacebuilding and livelihood programming. The experience of Rwanda, where integrated work was begun by grassroots actors long before the government started to engage, suggests that the absence of government support should not and does not prevent effective action; nevertheless, an enabling policy environment makes it much more likely that programmes will reach a large proportion of the population. For this reason, proponents of an integrated strategy should aim from the outset to win political support at all levels, and should align integrated programmes with government strategies for post-conflict recovery, development and health (among others).

Consensus should initially be sought among programme partners, who already represent a wide cross-section of society. If they start by negotiating an agreed analysis of needs and challenges, this can be the basis for a shared action plan and strategy. Road-maps and strategies should clarify the main long-term objectives of the initiative, as well as the different categories of activity that will achieve them. At this stage, little detail is required. For instance, it is sufficient to agree that family reconciliation between former combatants and their spouses/children will be a key activity, with the aims of improving communication, preventing violence in the household, and renegotiating everyday roles. How facilitators will hold conversations with families and teach them skills, etc, can be left until later.

Collaboratively design contextualised and actionable guidance and provide practical tools for implementation

Progress towards integrated programming is impeded by the absence of practical guidance and tools. Because each context is specific, with unique needs and challenges, initiatives need to be precisely tailored; they cannot be pulled off a bookshelf and applied. All guidance and tools must go through a participatory, inclusive and rigorous process to ensure that they will achieve agreed integrated objectives, do so in a specific context, and in a way that the population concerned will find accessible and appropriate.

To develop such documents, technical working groups should be established that include in-country specialists, and additional international support where necessary. The purpose of such groups should be to prepare detailed guidance or protocols for integrating peacebuilding, mental health, and livelihoods objectives in agreed activities. Guidance documents should be specific enough to support session-by-session activity planning. They should strike a balance between evidence-informed practices and culturally grounded approaches. Whenever possible, they should interweave elements of mental health, psychosocial support, peacebuilding, and development into an integrative theory of change. Table 6 lists integrative guidance documents that were developed or used by Interpeace's programme in Rwanda. They cover different dimensions of MHPSS, peacebuilding, and development.

Table 6. Interpeace Rwanda guidance documents.

Guidance document	Description
Resilience-oriented group therapy	This form of group therapy was designed for adults that had experienced trauma and displayed various signs of mental ill-health. It teaches resilience skills, and uses those skills to engage effectively with family and the community.
Multifamily healing spaces	Multifamily healing combines elements of community dialogue with family therapy. It creates diverse spaces – parent groups, youth groups, family groups, community-wide groups – to improve the quality of communication and interrupt intergenerational transmission of trauma and hostility.
Socio-emotional skills curriculum	The socio-emotional skills curriculum provides structured opportunities to acquire emotional, interpersonal, and executive self-management skills. Modules are science-based but culturally adapted for the Rwandan context. The curriculum can address preventive interventions for children and adolescents, or remedial interventions for marginalised groups and reintegrated former perpetrators.
CO-LIVE: A Guidebook for Community-Based Enterprises	The CO-LIVE guidebook enables communities to develop their own plans for socioeconomic development, in ways that simultaneously promote livelihoods, social cohesion, and ecological sustainability. In CO-LIVE, the community itself develops enterprises that reflect its comparative advantage. Proceeds support the social and economic needs of the village or town.
Sociotherapy	Sociotherapy is a structured group intervention that simultaneously promotes community reconciliation and personal healing. It guides participants through stages of safety, trust building, care, respect, developing a new life orientation, and processing painful memories. At the end of the process, participants are reconciled and feel they can turn their attention to socioeconomic development.

Guidance documents, models and protocols should go through multiple rounds of testing before being accepted as culturally-grounded good practice. Testing should follow several stages. An initial pilot with a small number of participants and groups elicits qualitative feedback on what works and what does not. Randomised trials assess the proposal's effectiveness in relation to key quantifiable outcomes of interest. The trials stage is also an opportunity to understand whether a project's model of change works (whether the intervention has the expected or desired effect). At the same time, it explores wider outcomes of the intervention, at the level of the family or community. These methods are discussed in more detail in the next section on monitoring, evaluation, and learning.

Integrate Track 6 capacity development that embeds change in the state and local institutions

In addition to guidance and tools, stakeholders must have the capacity to implement integrated programmes. Training and accompaniment of programme staff and other stakeholders is crucial to their success. To establish capability, but also sustainability and access, numerous stakeholders may need to be trained, including religious leaders, community health workers, local and national government officials, and civil society actors. Substantively, cross-training people with a peacebuilding background on clinical mental health issues, and people with a clinical mental health background on peacebuilding, will improve their ability to cooperate. A long term and sustainable strategy based on a Track 6 approach will also seek to embed training, knowledge and capacity in formal higher education systems, and local and national infrastructures, in order to ensure future scalability and encourage positive feedback loops.

Training requires striking a balance between expedience and competence. Large cohorts of students cannot attend courses that require months or years to complete; they take too long to achieve impact at scale. Shorter modules, lasting a few days or weeks, can teach specific skills or protocols that over time generate cumulative learning. Such courses should be experiential, include role plays and reflection sessions, consider opportunities and motives to ensure that all participants will read and digest the learning, and include an examination to test both knowledge retention and critical judgment. Ongoing supervision by a more experienced practitioner should be provided for at least one year after the completion of training, alongside peer sharing by those who have trained. If training modules can be incorporated into degree or postgraduate higher education programmes, this will boost their long-term sustainability (after donor support as ended). Specifically, mental health protocols can be integrated in psychology departments, protocols for social cohesion in conflict resolution departments, and protocols for livelihoods in departments that teach business or development economics.

Establish an integrated design, monitoring, evaluation, and learning (DMEL) system

Integrated MHPSS, peacebuilding and livelihood development programming is a new field of programming and should receive significant investment in mixed methods DMEL. The DMEL system should incorporate learning and methods from both clinical and ethnographic approaches.

Over time, DMEL systems generate evidence that makes it possible to measure, understand and communicate change. Because integrated programming is relatively new, it is essential to design systems that are based on iterative learning, both to remain humble, flexible and adaptable and to produce quantitative and qualitative evidence to justify programming and win the support of communities, governments and international actors. Clinically informed tools and measurement approaches that are used in the right way and are properly contextualised can provide new ways to monitor impact and adapt programming approaches appropriately. Interpeace has developed a randomised control trial (RCT) approach in one of its programmes which is important for verifying theories of change and attributing impact. This tool is used alongside a host of context sensitive qualitative tools to triangulate data and capture information about how and why changes occur.

Table 7. Options for monitoring and evaluating impact

Tools and methods	Purpose	Types of information gathered	Advantages	Limitations
Randomised controlled trials	To assess if an intervention had a measurable impact on anticipated outcomes of interest.	Pre-intervention and post-intervention scores of outcome indicators.	Provides an empirically rigorous and globally accepted basis for deciding whether an intervention had the expected impact.	Fails to account for outcomes that were not explicitly hypothesised or were generated by wider systems; does not clarify the mechanisms of change.
Micro-track outcomes in real time	To understand factors that drive session-by-session change in the context of a multi-component intervention.	Session-by-session tracking tables with scores for multiple indicators.	Provides insight into underlying processes that contribute to change, making it possible to focus efforts on key ingredients of change.	Requires additional investment (design of questionnaires, collection of data, analysis, and reporting).
Outcome harvesting; story-based approaches (e.g., "What is the most significant change?")	To detect broader outcomes of an intervention, in the family or in the wider community to which participants belong.	Thematic summary of key outcome categories.	Goes beyond an intervention's original hypotheses to detect outcomes that had not been anticipated.	Insights may be viewed as anecdotal and cannot be confirmed in an empirically robust manner.

Establish mechanisms and processes to support the well-being of staff, partners and stakeholders

Delivering MHPSS services in conflict-affected contexts can be mentally, emotionally, and physically demanding. Constant exposure to first- and second-hand trauma, long-hours, uninterrupted availability and stress can undermine the mental health and psychosocial wellbeing of service providers. This is particularly, though not exclusively, true of professionals, volunteers and others who come from the conflict-affected societies in which they work. Ensuring their continued wellbeing is not only an ethical imperative; it also contributes to the continuity and impact of integrated programming. It is therefore important to establish policies and practices that maintain the well-being of staff, partners and other stakeholder. Examples might include supervisory structures, external service providers, remote support, peer mentoring, break periods between activities, etc.

It is vital to address the risk of burn-out. An MSF report, 'Psychosocial and Mental Health Interventions in Areas of Mass Violence',[170] found high levels of professional burn-out, especially among national staff. It advocated the introduction of specific burn-out prevention policies that ensure: (1) case diversification and job rota-

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170 de Jong, K., (2011), 'Psychosocial and Mental Health Interventions in Areas of Mass Violence: a community-based approach', Guideline document (2nd Edition), Médecins Sans Frontières, < https://app.mhpss.net/?get=366/MSF_mentalhealthguidelines.pdf >.

tion among staff; (2) clinical supervision; (3) good team dynamics, including regular team meetings, social events, planned time off, and income regularity; and (4) a "helping the helpers" system alongside peer support structures. It suggested that, whenever possible, psychological support to staff should be offered by people who do not belong to the organisation.

All in all, staff support should be a key consideration in project design; and staff morale and mental health should also be monitored during implementation. Projects should be flexible with respect to staff functions and where necessary should set additional resources aside for staff psychological support. Towards the end of their engagement or at project completion, individual staff who have worked on MHPSS in zones of conflict should receive a psychological check-up, as part of the employer's duty of care, to ensure that they do not leave with any long-term consequences that result from their work.

Mitigate the risk of unintended consequences

From a Do No Harm perspective, MHPSS practitioners must avoid any suggestion that struggles with mental and emotional health are personal failings. They are effects of coping with societal dysfunction. It may not be possible for individuals to transform their psychological state until progress has been made towards peace. Until progress has been made, admissions of guilt and efforts to reconcile may be viewed as insincere and fuel distrust.

Similarly, peacebuilding and livelihood development interventions may also perpetuate inequalities if MHPSS challenges are not addressed at the same time. This is because people who are psychologically resilient are better able to take advantage of civic and economic opportunities; psychologically fragile individuals are particularly at risk of being left behind as a community advances.

More generally, where the objectives of an intervention do not match the needs and circumstances of its target population, the intervention is as likely as not to do more harm than good. Typical traps include: situations where empathy and connectedness are pursued when individuals and communities should have been strengthened and protected against excessive stress or abuse; burdening populations with complex peacebuilding and livelihood development responsibilities without recognising the conflict-related traumas that they are experiencing; and providing MHPSS, peacebuilding, or livelihood development services in a top-down manner, in ways that detach or divert local people from their own sources of resilience.

To reduce such risks, the most important maxims are: ensure that programme designers have access to a broad and multisystemic toolkit that enables them to select appropriate interventions; and respect process when designing programmes, by ensuring that all decisions involve and include the inputs of local MHPSS, peacebuilding and livelihood specialists, who have access to local information and are guided by it.

Enhance capacity and infrastructure so that integrative approaches can be sustained financially and institutionally

Improving mental well-being, establishing long term conditions for peace, and improving development indicators in health, education, and livelihoods, etc. are all long-term transformational processes. Integrated programming has the potential to improve several factors at once. However, to achieve this outcome will require long-term support. Funding institutions need to treat efforts to integrate, not as projects, but as long-term investments. That investment needs also to be flexible and learning-oriented, so that implementation and cycles of improvement are based on learning from what works and what does not. Without sustained investment, results are likely to be ephemeral, and will not lead to long-term or profound political, social and economic transformation.

Initial programme funding may be provided through international development assistance; but, if mental health and peacebuilding are to be sustained in the long term, new financial systems and capacities will be required. Sustainable options might include: embedding finance allocations for such services in the national budget; establishing a national insurance system with certified providers; and developing private financing mechanisms for mental health and peacebuilding, through bonds or other financial instruments. All these mechanisms could be financed by the growth in GDP that would result from reducing or overcoming mental health and social cohesion challenges.

Develop a roadmap for the transition from pilot programming to transformative change at a national scale

As discussed in this report, the ultimate objective of integrated programming should be to achieve systems transformation – and through that, societal transformation – at a national scale. Implementing the above steps in this guidance framework – particularly adoption of collaborative design, a track 6 approach, and sustainable financial systems - would help establish sound foundations for the transition to national scale; but significant hurdles and threats to achieving impact at scale remain. One risk that should be addressed is related to institutional attention span. Achieving impact at scale requires consistent effort, in a single national context, with a well-defined consortium of non-governmental and governmental partners, for an extended period of time. Quite often, however, institutions' attention span is too short. Donor priorities shift, institutions foreground work in other contexts or different programmes, new governments with different priorities are elected, etc. Furthermore, the peacebuilding and development field, like many other contemporary sectors, tends to value innovation more than constancy, which is a very useful mindset at the stage of programme design but can become an obstacle when scaling up is required and the appropriate strategy is to avoid further changes of approach, and continue to work with a broad coalition of stakeholders to implement relevant financial, legislative, and regulatory systems. Sustaining long-term commitment and motivation, in the organisation and among key donors and partners, working over time to integrate approaches in national frameworks, and resisting pressure to divert attention to other priorities, are all key success factors in managing the transition from pilot programming to transformative change at national level.

Section 6. Conclusion

This report is a contribution to the growing body of literature that highlights the links between MHPSS, peacebuilding and livelihoods. Integrating approaches across these three fields offers an opportunity to strengthen the support that external actors provide to individuals, families, communities and societies affected by and emerging from conflict. Integration also contributes to prevention by building the resilience of individuals and communities while transforming the environment around them and addressing exclusion and marginalisation, grievances, weak or disrupted social contracts and other factors. The potential for integration has never been so high. Recognising its potential, the Inter-Agency Standing Committee (IASC) and UNDP have both produced guidelines for policy makers and practitioners.

As this document makes clear, however, integration involves risks. Beyond the obvious challenges posed by inadequate resources and capacities, it requires us to confront polarities, some of which are general and some of which are specific to individual fields. To avoid harm, it is essential to balance protection and connection. To strengthen rather than disrupt patterns of resilience, it is vital to make use of traditional and every-day practices as well as more structured approaches. To bridge capacity gaps and scale up responses and resources in context, integration must occur at the grassroots but also at institutional level. The principles of an integrated approach, presented in this report, make it possible to support societies affected by violent conflict in ways that are ethical and responsible.

The report begun to answer a question that many peacebuilding and many MHPSS practitioners have posed: *how* do we integrate approaches? What we have learned during the research process is that, because individuals, families and communities have multidimensional needs, we must move beyond integrating MHPSS in peacebuilding, and seek full tri-directional integration that includes livelihoods, which are an essential dimension of well-being. The programming options and case studies presented in the report demonstrate the value of adopting collaborative, multistakeholder design for integrated approaches, that start with context analysis and identification of the specific changes that integration aims to catalyse.

While the work of Mike Wessels and Raksha Sule for the IASC and Friederike Bubenzer, Marian Tankink and Yvonne Sliep for UNDP uncovered a rich history of initiatives to integrate MHPSS and peacebuilding, further programming and evidence generation are required. Specifically, stakeholders could employ the programming options presented in this document to design integrated programmes that are contextualised and collaborative. Innovative work of this kind should be accompanied by rigorous evaluation and evidence generation, using methods that are contextually appropriate, to enable us to understand the beneficial (and negative) outcomes of integration, and how these outcomes are generated. Additional research could also helpfully explore more nuanced questions that arise in the context of integrated programming. These might include:

- What combination of approaches is most relevant at different stages of violence (pre-conflict, during conflict, protracted conflict, post-conflict, etc.)?
- What combinations of approach most effectively address particular types of violence (violent extremism, intercommunity conflict, authoritarian violence, interstate conflict, chaotic civil conflict, gang violence, SGBV and domestic violence, etc.)?
- What are the most effective ways to interrupt conflict-related inter-generational trauma and hostility?
- In a peacebuilding context, how can different psychosocial approaches (cognitive-behavioural, narrative, humanistic, etc.) be integrated, adapted and applied most effectively?
- How can livelihood programming be leveraged to support, rather than undermine, mental health and social cohesion?
- What changes should be made in integrated programmes to meet the specific needs of low-to-middle income countries and those of middle-to-high income countries?

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Annexes

Annex 1. Mental health and psychosocial support

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Cognitive-behavioural approaches	
These approaches focus on positive change, including in clinically distressed individuals, by directly modifying cognition and behaviour. Recent cognitive-behavioural models balance these change-oriented strategies with the acquisition of skills and mindsets that foster acceptance and mindfulness.	**Mechanisms of change** Through correcting inaccurate beliefs, putting a distance between the self and troubling thoughts, and acquiring skills to tolerate emotional crises, individuals can reduce their vulnerability to extreme emotional distress in times of adversity. **Cognitive behavioural therapy.** Clinicians use different strategies to achieve cognitive and behavioural change, depending on the specific disorder or clinical issue that a person displays (depression, anxiety, substance abuse, anger issues, etc.). Key techniques include cognitive restructuring, behavioural activation, and exposure to anxiety-inducing stimuli.[1] **Acceptance and commitment therapy.** This therapy revolves round six distinct focal points, which together contribute to psychological flexibility. They are: letting go of 'sticky' thoughts; accepting circumstances and emotional experiences; maintaining present moment awareness; developing an 'observer self'; clarifying personal values; and taking committed action in the service of those values.[2] **Dialectical behavioural therapy.** This combines individual psychotherapy with group-based psychological skills training. The skills training focuses on four components: distress tolerance and mindfulness (which constitute the acceptance-side of the therapy), and emotion regulation and interpersonal effectiveness (which are the skills needed for behaviour change).[3] **Schema therapy.** This therapy focuses on core beliefs and other aspects of cognition that develop in early life when basic needs are not met, leading to maladaptive coping styles. Schema therapy helps to heal early maladaptive schemas, break schema-driven life patterns, and eventually meet the core emotional needs of everyday life.[4]

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1   American Psychological Association (2022), 'What is Cognitive Behavioral Therapy?', <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>.

2   Hayes, S., 'Acceptance and Commitment Therapy', Association for Contextual Behavioral Science, n.d., <https://contextualscience.org/act>.

3   Behavioral Tech (2021), 'What is Dialectical Behavior Therapy (DBT)?', <https://behavioraltech.org/resources/faqs/dialectical-behavior-therapy-dbt/>.

4   Raypole, C. (2019), 'How Schema Therapy Can Help You Undo Harmful Patterns', <https://www.healthline.com/health/schema-therapy-2>.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Community health promotion	
This brings together members of communities to provide services and education that improve the physical and mental well-being of people in a geographical area.	*Mechanisms of change*
	Community health workers educate residents and offer comprehensive services in a given geographic context, empowering people to take control of their health, improve the health and quality of life in their community, and reduce health inequalities.
	Generalist community health workers are trained to provide a wide range of functions, including "home visits, environmental sanitation, provision of water supply, first aid and treatment of simple and common ailments, health education, nutrition and surveillance, maternal and child health and family planning activities, communicable disease control, community development activities, referrals, record-keeping, and collection of data on vital events".[5]
	Specialist community health workers are trained to provide specialist services such as maternal and child health, reproductive health and family planning, TB care, malaria control, HIV/AIDS care, treatment of acute respiratory infections, food security and nutrition, immunisation, diarrhoea management, environmental health, and sanitation, etc.[6]
	Community health programmes are usually responsible for recruitment, selection and training, supervision and support, governance and management by communities, and connections to formal health services.
Creative arts therapies	
This group of approaches employs art forms to transform thoughts, emotions, and experiences into tangible shapes or expression, facilitating personal transformation and integration.[7]	*Mechanisms of change*
	When people's creative expression and imagination are tapped, they can examine their body, feelings, emotions, and thought processes in ways verbal therapies do not allow.
	Art therapy combines psychotherapy and visual arts, including painting, doodling, sculpting, drawing, moulding clay, carving.
	Dance or movement therapy. Movement is the primary tool in this form of therapy, but it also uses the art of play.
	Drama therapy. Theatre techniques are used to treat individuals with mental health, cognitive, and developmental disorders. Through the art of play and pretend, patients gain perspective on their life experiences (referred to as "aesthetic distance").
	Music therapy. This therapy uses music, music-making, or other music-related interventions in a therapeutic relationship.
	Poetry therapy uses the written word to bring healing and personal growth.
	Psychodrama. This form of therapy uses patients' real-life experiences to practise new and more effective roles and behaviours.

5   Ofosu-Amaah, V. (1983), 'National experience in the use of community health workers: a review of current issues and problems', WHO, <https://apps.who.int/iris/handle/10665/39257>.

6   Ibid.

7   Hluska, M.E. (2016), 'Understanding the Roles and Uses of Art Making in Art Therapy', Expressive Therapies Dissertations 3, <https://digitalcommons.lesley.edu/cgi/viewcontent.cgi?article=1003&context=expressive_dissertations>.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Family therapy and parent training	
These approaches focus on understanding and improving how a family functions. Family-based interventions can improve the cohesion, resilience and wellbeing of families and their individual members.	***Mechanisms of change*** By focusing on family processes and the acquisition of relevant skills, family members understand their identity and relations within their family, with positive effects for the community as a whole. **Structural family therapy** considers the role of subsystems (spousal, parental, sibling, etc.), and the quality of relationships (respectful, distant, overinvolved, etc.) in the family's overall functioning.[8] **Family systems theory** explores the role of 'emotional contagion' (trans-generational transmission of psychopathology), family conflicts, or emotional cut-offs.[9] **Family resilience theory** focuses on the potentially protective role of family belief systems that maintain hope and make sense of adversity; family organisational systems that are flexible, supportive, committed, and connected to the community; and family communication processes that are clear, tolerant, and open.[10] **Parent training approaches** focus on the acquisition of practical skills that parents can use to be more effective in their roles. They include the ability to give direction (for example, exercise authority in structuring children's time), and the ability to engage with the child (listen, play on children's terms, be patient of mistakes, etc.). **Multifamily therapy** brings together several families who face similar challenges in a therapeutic setting. Inspired by group therapy, it assumes that families can overcome challenges if they work on them with other families that face similar issues.[11]

8   Cherry, K. (2021), 'What is Structural Family Therapy?', VeryWellMind, <https://www.verywellmind.com/what-is-structural-family-therapy-5193068>.

9   The Bowen Center for the Study of the Family (2021), 'Learn about Bowen Theory', <https://www.thebowencenter.org/core-concepts-diagrams>.

10 Walsh, F. (2016), 'Family resilience: a developmental systems framework', European Journal of Developmental Psychology, 13/3, <https://doi.org/10.1080/17405629.2016.1154035>.

11 Sinoué Mental Health & Recovery Center, 'Multifamily Therapy', <https://www.sinoue.com/en/pathology/multifamily-therapy/>.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Health promotion, disease prevention and well-being	
These programmes engage and empower individuals and groups to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and other morbidities.	*Mechanisms of change*
	These programmes help people to make informed choices about their health, and improve their health and quality of life by addressing the root causes of ill health.
	Communication. Programmes raise public awareness of healthy behaviour. Campaigns may employ public service announcements, health fairs, mass media campaigns, newsletters, etc.[12]
	Education. Programmes encourage behaviour change by increasing knowledge. Strategies might include courses, trainings, support groups, etc.[13]
	Primary prevention services. These services stop diseases from occurring. They include vaccination and post-exposure prophylaxis, nutrition and food supplements, provision of information and education on medical health risks, counselling, etc.[14]
	Secondary prevention. These programmes seek to detect diseases early and thereby improve the chances of positive health outcomes. They include screening programmes to detect diseases or prevent congenital malformations; and drug therapies administered as soon as diseases are detected.[15]
	Policy, systems, and environment. Programmes improve laws, rules, and regulations (policy), organisations and their operations (systems), and the economic, social, or the physical environment, to encourage, promote and facilitate healthy choices.[16]
	Health promotion "usually addresses behavioural risk factors such as tobacco use, obesity, diet and physical inactivity, as well as the areas of mental health, injury prevention, drug abuse control, alcohol control, health behaviour related to HIV, and sexual health".[17]

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12 Ibid.

13 Ibid.

14 WHO Regional Office for the Eastern Mediterranean (2022), 'Health promotion and disease prevention through population-based interventions, including action to address social determinants and health inequity', <http://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html>.

15 Ibid.

16 Rural Health Information Hub (2022), 'Defining Health Promotion and Disease Prevention', <https://www.ruralhealthinfo.org/toolkits/health-promotion/1/definition>.

17 WHO Regional Office for the Eastern Mediterranean (2022), 'Health promotion and disease prevention through population-based interventions, including action to address social determinants and health

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Health system strengthening[18]	
	Mechanisms of change
	Programmes strengthen health service delivery, the workforce, information, medical products, technologies, financing and governance to improve health, the responsiveness of the health sector, social and financial risk protection, and the efficiency of health delivery.
	Service delivery. Programmes ensure the comprehensiveness, accessibility, coverage, continuity, quality, coordination, accountability, efficiency and person-centred character of health service delivery.
	Health workforce. Programmes increase the human resources (public and private) available to health care services to cure, prevent, and rehabilitate, through policies, skills and management.
	Health information system. Programmes improve data generation and compilation, and the analysis and synthesis of information, as well as its communication and use, to improve health-related decision making. Key elements of data include socioeconomic, environmental, behavioural and genetic determinants of health, as well as inputs, performance, outcomes and inequities.
	Medical products. This area includes policies, information, manufacturing practices, procurement, and support for use of medicines, as well as equipment and commodities.
	Financing. Covers the mobilisation, accumulation and allocation of funds to improve quality, equity, and efficiency and protect people from financial catastrophe.
	Leadership and governance. Action to ensure that strategic policy frameworks are in place, and that there is effective oversight; also covers coalition building, provision of appropriate incentives, attention to system design, and accountability.

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inequity', <http://www.emro.who.int/about-who/public-health-functions/health-promotion-disease-prevention.html>.

18 WHO (2007), 'Everybody's Business: Strengthening Health Systems to Improve Health Outcomes – WHO'S Framework for Action', <https://apps.who.int/iris/bitstream/handle/10665/43918/9789241596077_eng.pdf>.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Mentorship This is a relationship between two or more people in which one person guides others to acquire skills, gain insights and make decisions for their personal or professional development.	***Mechanisms of change*** Having access to role models who provide effective support enables individuals to make better decisions and improve their lives. **Purpose.** Mentors and mentees discuss the reasons for their cooperation and identify areas of work. **Communication.** They agree how and how often they will communicate or meet, and respect the arrangements they make. **Trust.** They undertake to be honest and avoid trust-breaking behaviour. **Process.** They agree places and ways of meeting that are mutually acceptable, and follow the four stages of formal mentoring: (i) to plan the process; (ii) to build the relationship, and negotiate its terms; (iii) to develop and maintain momentum; and (iv) to agree when the formal mentoring element of the relationship ends. **Progress.** They set goals and agree what competencies are needed to reach them; they establish how they will monitor, evaluate and adapt them. **Feedback.** Both the mentor and mentee give and receive feedback on progress and also on the relationship and process.
Narrative approaches These approaches encourage individuals to recount their life story and give them tools to re-author it, contributing to a renewed sense of purpose and identity.[19]	***Mechanisms of change*** By reflecting on one's life story, re-authoring some of its aspects, and modifying its emotional valence, individuals can strengthen their personal coherence and re-acquire their sense of purpose. **Narrative therapy.** Individuals tell their story, separate their identity from the problems they face, deconstruct problems to identify root causes, and re-author their story to find new meaning and a sense of purpose. **Testimonial therapy.** In this variant of narrative therapy, individuals re-author their story after a traumatic event, in ways that propel them toward post-traumatic growth. **Narrative exposure therapy.** This variant of narrative therapy is designed for situations of post-traumatic stress. Individuals narrate their traumatic experiences and relive emotions they experienced, while remaining connected to the present moment.

19   Dulwich Center, 'What is Narrative Therapy' (Dulwich Center), <https://dulwichcentre.com.au/what-is-narrative-therapy/>.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Neuroscience-based therapeutic approaches	
These approaches stand at the intersection between psychology and human biology. Interventions typically seek to modify aspects of neural functioning to enable changes to occur in mood, cognition, and relationships.	*Mechanisms of change* By modifying the behaviour of dysfunctional neural synapses, neurochemical balance can be restored, making it easier for individuals to regulate their emotions, thoughts, and relationships. **Psychopharmacology.** A range of psychotropic medications target distinct neurochemical systems, alleviating symptoms of depression, anxiety, mood instability, inattention, or psychosis. **Cognitive training.** This emerging field of practice aims to modify the behaviour of higher-level neural networks by modifying everyday learning and experience (applying the principle of neuroplasticity).
Nonviolent communication training	
This training helps people to exchange information necessary to resolve disagreements and conflicts peacefully, with empathy and respect. It gives people and communities tools and awareness to understand what triggers them, take responsibility for their reactions, and deepen their connections to themselves and others. [20]	*Mechanisms of change* By developing their ability to communicate effectively and respectfully, community members can learn how to find common ground, respect one another, and reconcile past disputes. **Empathic receiving.** This is the skill of accepting how another is and what they would like without hearing blame, criticism or demands. **Honest self-expression.** This is the skill of expressing how I am and what I would like without blaming, criticism or making demands. **Self-empathy.** These are the skills of venting, neutral observation, identifying feelings and bodily sensations, understanding what you want/need, mourning, finding beauty in need, and identifying requests. **Protective use of force (versus punitive use of force).** Boundaries are set to prevent injury or injustice. **Needs (versus strategies).** The training assumes that there are universal human needs, distinct from strategies to meet them, and that "everything we do is in service of our needs". **Requests (versus demands).** The training distinguishes requests from demands; unlike a person who makes a demand, a person who is refused a request will not force the matter.

20   Centre for Nonviolent Communication (2020), 'The Center for Nonviolent Communication', <https://www.cnvc.org/>.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Nutritional programmes	
Nutrition programmes for children aim to ensure that every child receives adequate and balanced nutrition, reducing the risk of cognitive, emotional, social and general health problems.	**Mechanisms of change**
	Adequate and balanced feeding in early life enables normal child development (physical, emotional, cognitive).
	Nutritional counselling educates parents and children on the importance of balanced nutrition, including through breastfeeding during infancy.
	School meals provide balanced meals in schools to ensure that socioeconomically vulnerable children do not fall behind in their nutrition or studies.
	Livelihood support provides seeds, livestock, and related skills so that families can give their children a more balanced diet.
Person-centred therapy	
This therapy focuses primarily on the quality of the therapeutic relationship. It relies on the humanistic conviction that, if individuals live in a respectful and accepting environment, they will grow and flourish.[21]	**Mechanisms of change**
	Through being respected and accepted by another person, individuals learn to respect and accept themselves, which becomes the first step on a path towards self-discovery, independent decision making, and personal integration.
	Therapeutic empathy. This therapy employs active listening, which draws on the ability to reflect back what one hears, and paraphrase and summarise.
	Therapeutic respect. This therapy teaches people to become aware of the 'conditions of worth' against which other people are judged, and to become tolerant of those who do not fulfil the conditions.
	Therapeutic authenticity. This is cultivated by learning to attend to one's thoughts and emotions as these occur in the present moment, and express them appropriately in the context of relationships.

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21   Raskin, N. J., Rogers, C. R., Witty, M. C. (2008), 'Client-Centered Therapy', in Corsini, R. J., Wedding, D. (eds.), 'Current Psychotherapies'.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Psychoeducation	
Psychoeducation is an umbrella term. It can be defined broadly as a process of sharing knowledge, insight, and skills about aspects of social, emotional, or cognitive functioning in order to protect or enhance a population's health and wellbeing.[22]	*Mechanisms of change* Psychoeducation programmes foster insights into practices that can promote wellbeing and enable people to make more informed choices in their everyday life. **Nudges.** Brief verbal or visual messages, disseminated through radio, television, signposts, or other media, prime individuals exposed to them to behave in specific positive ways. **Collaborating with positive role models.** Public figures deliver a psychoeducational message through mass and social media. **Seminars and workshops.** Ideally, events at local or community level are combined with personal mentoring and follow-up. **Mainstreaming.** Psychoeducation activities are widely disseminated in health systems, education institutions, and the workplace.
Psychological first aid	
These programmes deliver emergency psychosocial support to communities immediately after a disaster. They aim to restore calm, encourage positive coping, and link affected persons with community resources.[23]	*Mechanisms of change* These programmes deliver humane, supportive, and practical help to fellow human beings who have experienced serious crisis events. They promote positive coping, reduce the risk of maladaptive coping and post-traumatic distress, and set communities on a path to early recovery. They: **Comfort** and console. **Care** for immediate needs. **Educate** about normal human responses to crises. **Protect** from ongoing threats. **Provide support** to do practical tasks. **Inform** about positive coping strategies. **Connect** with social support.

22 GoodTherapy (2022), 'Psychoeducation', < https://www.goodtherapy.org/blog/psychpedia/psychoeducation>.

23 World Health Organization, War Trauma Foundation and World Vision (2011), 'Psychological first aid: Guide for fieldworkers', WHO, https://www.who.int/publications/i/item/9789241548205>.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Psychosocial support groups	
These groups provide spaces in which people can share similar experiences and help each other to manage their effects.[24]	*Mechanisms of change* By talking and listening to people who face similar challenges, people can rediscover a sense of connectedness, openly confront and accept their challenges, develop coping skills, and be empowered to deal with their problems. **Cognitive behavioural groups** focus on identifying and changing thinking patterns, emotional responses and behaviours that are inaccurate or distorted. **Interpersonal groups** focus on social interactions and interpersonal relationships. **Psychoeducational groups** focus on educating about disorders and ways of coping with them. **Skill development groups** focus on improving social skills. **Support groups** offer many forms of support, especially to family members of people who are going through psychosocial processes.
Socio-emotional skills training	
Socio-emotional skills include a broad array of personal social, emotional and cognitive capacities. Many international organisations promote socio-emotional skills because they are linked to a range of desirable life outcomes, including mental health, professional success, a happy family life, and positive citizenship.[25]	*Mechanisms of change* Individuals who possess socio-emotional skills can adapt flexibly and rapidly to many circumstances, including stress and setbacks. People who lack socio-emotional skills are correspondingly less able to cope with stress, uncertainty, risk, and reverses. **Education.** Young people are taught socio-emotional skills seamlessly as they proceed through their education. **Training courses.** A wide range of training modules can teach socio-emotional skills. **Youth.** Mentoring and counselling programmes can teach young people socio-emotional skills that they can use in their daily lives. **Active learning.** Youth entrepreneurship and innovation initiatives can teach socio-emotional skills that young people can use professionally. **Socio-emotional skills taxonomies.** These are diverse but typically include **social skills**, such as communication, cooperation, and negotiation; **cognitive skills**, such as critical thinking, systems thinking, and creativity; and **skills for psychological wellbeing**, such as emotional regulation, acceptance, and mindfulness.

24 Hoy, T. (2021), 'Support Groups: Types, Benefits, and What to Expect', <https://www.helpguide.org/articles/therapy-medication/support-groups.htm>; Worrall, H., Schweizer, R., Marks, E., Yuan, I., et al (2018), 'The effectiveness of support groups: a literature review', Faculty of Science, Medicine and Health – Papers: part A, <https://ro.uow.edu.au/cgi/viewcontent.cgi?article=6502&context=smhpapers>.

25 UNICEF MENA, 'Life Skills and Citizenship Education', n.d., <https://www.unicef.org/mena/life-skills-and-citizenship-education>; Harvard University (2022), 'Ecological Approaches to Socio Emotional Learning (EASEL) Lab', <https://easel.gse.harvard.edu/>.

INTERVENTION	MECHANISMS OF CHANGE AND KEY COMPONENTS
Sociotherapy	
A group-based, structured, and facilitated approach to personal and community healing for use in collectively traumatised or polarised communities. [26]	***Mechanisms of change*** Coming together and connecting within a safe, caring, and respectful space enables people to process traumatic memories, focus on present challenges, and orientate toward a shared future. **Main principles.** Interest, equality, democracy, participation, learning-by-doing, and being present in the here-and-now. **Therapeutic stages.** Establishing safety, building trust, mutual caring, mutual respect, processing the past, envisioning the future. **Participants and sessions.** Small groups of community members from diverse backgrounds meet regularly.

26 Biracyaza, E., Habimana, S. (2020), 'Contribution of community-based sociotherapy interventions for the psychological well-being of Rwandan youths born to genocide perpetrators and survivors: analysis of the stories telling of a sociotherapy approach', BMC Psychology, 8, <https://bmcpsychology.biomedcentral.com/articles/10.1186/s40359-020-00471-9>; Mental Health Innovation Network, 'Community-based Sociotherapy Adapted for Refugees (COSTAR)', n.d., <https://www.mhinnovation.net/innovations/community-based-sociotherapy-adapted-refugees-costar>.

Annex 2. Peacebuilding

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Civic engagement and volunteerism	
People with civic engagement work to improve the life of communities and acquire knowledge, skills, values, and motivation to do that. They may promote the community's quality of life through political or non-political processes. Volunteers help people, their community or organisations without expectation of payment.[27]	**Mechanisms of change** Civic activism instils fundamental values of democratic culture, including tolerance, moderation and respect for opposing viewpoints, and gives citizens knowledge, resources, psychological engagement and networks they need to be active in the political system, assert their rights, hold leaders and institutions accountable, and ensure their priorities are met. **Civic engagement.** This covers a wide variety of activities: community problem solving, active membership in groups or associations, volunteering, fundraising for charity, community development, etc. **Electoral engagement.** This includes voting, persuading others to vote, displaying buttons/signs/stickers, contributing to campaigns, volunteering for candidates or political organisations, monitoring electoral processes. **Political voice.** This covers such activities as advocacy, meeting officials, contacting the media, protesting, issuing physical and virtual petitions, boycotting, canvassing, etc. **Volunteerism.** A wide range of activities that are undertaken voluntarily out of altruism or for the collective good, without payment. **Civil society.** Civic engagement and participation can take many forms, but much of the international community's focus has been on civil society. Seven basic functions of civil society have been proposed: protection of citizens; monitoring of accountability; advocacy and public communication; socialisation; building community; intermediation and facilitation between citizens and the state; and service delivery.
Community mediation	
Impartial mediators assist parties in dispute to improve their relations and arrive at a mutually satisfactory agreement. In most cases, community mediation processes observe the following principles: they are voluntary and confidential; mediators are expected to be independent, neutral, and impartial; the parties have equal status and are expected to cooperate.[28]	**Mechanisms of change.** Mediation, particularly at community level, can enable conflicting parties and their communities to reconnect, resolve their conflicts non-violently, and manage conflicts sustainably in the future. **Facilitative mediation.** A professional mediator facilitates negotiation between parties in conflict. The mediator controls the procedure, and the parties control the outcome. The facilitator largely respects the parties' views and does not impose a solution. **Evaluative mediation.** Mediators offer their opinions based on an assessment of the strengths and weaknesses of the parties' case. They also propose solutions. The mediator controls the process and the outcome. **Transformative mediation.** The mediator empowers the parties in conflict to resolve their conflict by recognising each other's needs. The aim is to transform the relationships between the parties and lay the foundation for relationships that are strong and collaborative.

27 Paffenholz, T., Spurk, C. (2006), 'Civic Society, Civic Engagement, and Peacebuilding', <[PDF] Civil Society, Civic Engagement, and Peacebuilding | Semantic Scholar>.

28 ADR Times (2022), 'Types of Mediation: Evaluative, Facilitative, and Transformative', <https://www.adrtimes.com/types-of-mediation/>; Shonk, K. (2022), 'Types of Mediation: Choose the Type Best Suited to Your Conflict', <https://www.pon.harvard.edu/daily/mediation/types-mediation-choose-type-best-suited-conflict/>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Community resilience Reinforcing community resilience is a multisystemic endeavour. It involves healing and reconciling communities; building sustainable livelihood systems; improving the quality of local leadership; strengthening participatory governance practices; fostering inter-generational cooperation; strengthening family cohesion; and developing peaceful relations with neighbouring communities based on trade, solidarity, and shared cultural practices.	***Mechanisms of change*** Programming that considers and understands the challenges local communities face, that provides communities with the resources they need (training, material resources, economic and other opportunities), and that develops community-led plans to strengthen local cohesion and growth, can improve physical infrastructure, institutional effectiveness, social connectedness, and economic collaboration while enhancing psychosocial and socioeconomic wellbeing and resilience in the face of natural or man-made disasters. Positive examples of community coexistence and leadership may be transformational at national level. **Participatory assessment.** This tool identifies needs and challenges that a community faces, which may be endogenous (lack of agricultural capacity, youth violence, ineffective local leadership, etc.), or external in origin (raids by other communities, poor national governance, pest diseases, floods, droughts, etc.). **Participatory dialogue.** This process may or may not apply a formal resilience assessment framework to set priorities for the community's capacity development. **Collaborative local action.** The community works together with other stakeholders to achieve communal aims, through specialisation and coordination. It might, for instance, create physical infrastructure; use natural resources sustainably; promote education; train and develop skills; work to resolve conflicts; prepare for or respond to crises; reform governance practices, etc. **External support:** local efforts to strengthen community resilience may be supported by national or international actors, working separately or in coordination. For instance, in the same community, FAO or WFP might support development of agricultural systems, and UNICEF or UNESCO development of education.
Deconstructing stereotypes These programmes bring people together who are antagonistic, to form more constructive relationships, change their perceptions of each other, and foster collective engagement and action.	***Mechanisms of change*** Positive interactions between parties in conflict create opportunities to solve problems collectively and create social capital. On this foundation, people and communities can reduce prejudice and improve their interpersonal and intercommunity relations. **Social contact theory.** This approach reduces prejudice and bias by identifying a common goal, showing that cooperation is required to achieve it, and affirming equal status, with the support of authority figures.[29] Although it has limitations, this theory has underpinned much of the work that has been done to deconstruct stereotypes. Nevertheless, efforts increasingly focus less on directly addressing prejudice and stereotypes and more on building 'social cohesion' and creating a sense of unity. These approaches connect with work on conflict resolution mechanisms, shared livelihoods, joint identification of problems and solutions, and collective action.

29   Abdul Latif Jamel Poverty Action Lab (J-PAL) (2019), 'Governance, Crime and Conflict Initiative: Lessons from randomized evaluations on managing and preventing crime, violence and conflict', Innovations for Poverty Action and UK AID, <https://www.povertyactionlab.org/sites/default/files/review-paper/gcci_evidence-review_july-2019.pdf>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Disarmament, demobilisation, reintegration (DDR)	
DDR programmes support the voluntary disarmament and discharge of combatants from armed groups, and assist ex-combatants to start a new life, make a living, and find a place in society.[30]	***Mechanisms of change*** Holistic multisystemic support to former combatants enables them to address their social, economic, political, familial, and psychological needs. By enabling former combatants to re-integrate successfully in the community, DDR can prevent a relapse into conflict, provided that clear arrangements are made to enable them to relinquish their weapons and effective transitional justice, community reconciliation and trust building programmes are established. **Traditional/first wave DDR** focused on government or rebel military units, in post-international or civil war contexts. They were typically applied in sequence: disarmament, demobilisation, then reintegration. **Second generation DDR** had a broader goal. It aimed to create conditions for positive peace. Interventions included the promotion of reconciliation between former combatants and communities, strengthening social institutions, and promoting economic livelihoods for former combatants and their families. **Third generation DDR.** More comprehensive still, third generation DDR begins before peace agreements have been agreed. It focuses on political engagement and outreach and is consciously linked to national development plans.[31] The sequencing of activities is not fixed and depends on the context.

30 Peace Insight, 'Disarmament, demobilization and reintegration (DDR)', n. d., <https://www.peaceinsight.org/en/themes/ddr/?location&theme=ddr>.

31 Muggah, R., O'Donnell, C. (2015), 'Next Generation Disarmament, Demobilization and Reintegration', Stability: International Journal of Security and Development, 4/1, <https://www.stabilityjournal.org/articles/10.5334/sta.fs/>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Emerging leadership frameworks	*Mechanisms of change*
New leadership frameworks seek to address the challenge of ineffective and authoritarian leadership practices, which tend to cause poor service delivery, social conflict, and public corruption. This approach to leadership development is seen to have promise for peacebuilding and livelihood development.	The model seeks to shift leadership norms away from authoritarianism and populism and towards collaboration and service. The assumption is that improving the quality of leadership will enhance service delivery, social cohesion and socioeconomic development, and reduce violent social conflict and public corruption.
	Transformational leadership emphasises intrinsic motivation and the positive development of followers. The model claims to foster higher moral maturity; encourages followers to look beyond self-interest towards the common good; includes individual mentoring and coaching; and allows freedom of choice by followers.
	The three-level model asks leaders to work at three levels (public, private and personal). It emphasises self-mastery, growing leadership presence, trustful relationships with followers, and flexibility while remaining grounded in values.
	Servant leadership turns the concept of leadership on its head, by reframing leaders as servants of the team under their supervision, while the institutions that leaders manage are framed as servants of the wider community. The test of servant leadership is whether the communities that leaders serve become more equitable, harmonious, and inclusive.[32]
	Distributed leadership. This model is based on the anthropological theory of distributed cognition. It argues that leadership functions are naturally stretched, or distributed, across individuals within an organisation, regardless of whether they officially hold a leadership title.
	Collaborative leadership developed in response to the challenges of multi-institutional private–public partnerships, where institutional leaders, by definition, cannot control every aspect of their operation. By coordinating their efforts, tolerating frustration, and learning to work across sectoral siloes, groups of leaders transcend personal and institutional interests to pursue shared goals.[33]

32 Spears, L. C. (2005), 'The Understanding and Practice of Servant-Leadership', School of Leadership Studies, Regent University, <https://www.regent.edu/wp-content/uploads/2020/12/spears_practice.pdf>.

33 Watenpaugh, N. (2021), 'Collaborative Leadership: The Leadership Style of Partner Ecosystems', Forbes, <https://www.forbes.com/sites/forbesbusinesscouncil/2021/03/23/collaborative-leadership-the-leadership-style-of-partner-ecosystems/?sh=7300d6821e9e>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Gender equality and inclusion, positive masculinities	
This approach underlines the importance of satisfying not only the practical needs of men and women (equity focus), but also their interests (equality and empowerment focus). The latter requires work on power relations to advance equality and enable all people to live full lives.	*Mechanisms of change* The social, political and economic empowerment of women, and the adoption by men and boys of positive masculinities, would transform unequal power relations, enhance the well-being and agency of women, men, girls and boys, and foster more equitable and sustainable societies in which women and men would contribute on equal terms to shaping the future. **Women's economic empowerment** emphasises the contributions of women to productive economic systems and opportunities for women's empowerment through income generation. **Women's leadership and political participation** promote women's leadership and civic skills, and opportunities for influence in the political sphere, in an effort to achieve more equitable gender-responsive decision-making. **Positive masculinities:** this approach recognise the harmful impacts of patriarchy and hegemonic masculinities on men, and aims to address the specific needs of men while instilling alternative, positive masculine values that encourage men to be champions of gender equality. **Gender inclusive peacebuilding** analyses gender norms, roles and capacities; develops and implements strategies to address specific vulnerabilities connected to gender; adopts strategies to address sources of exclusion and marginalisation; and deliberately creates opportunities to change power dynamics and encourage more inclusive decision-making. **Action on sexual and gender based violence (SGBV)** aims to reduce SGBV, protect survivors of SGBV, and end community tolerance of violence against women and girls.
Human rights protection	
The Universal Declaration of Human Rights (UDHR), adopted by the UN General Assembly in 1948, set out fundamental human rights to be universally protected. All States have ratified at least one of the nine core human rights treaties and one of the nine optional protocols.	Mechanisms of change Respect for universally recognised human rights will allow members of society, and by extension societies, to flourish. **A normative legal framework.** Invoking the human rights framework in peace processes promotes values of inclusion and equality, and generates confidence that people will be protected during processes of conflict resolution. **Structural conditions for peace.** Applying a holistic approach that protects and promotes civil, political, economic, social and cultural rights provides a foundation for sustainable peace. **Participation and inclusion.** Involving human rights actors and applying human rights principles and legal instruments promotes more inclusive peace processes. **Accountability and redress.** Pursuing and promoting restorative approaches to justice establishes principles of accountability and restitution that need to be included in any settlement that seeks to achieve a fair and sustainable peace.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Institutional reform Improves and strengthens the rules and norms and institutional capacity of the public sector, in order to catalyse political, social and economic transformation.	**Mechanisms of change** Improving the commitment, capacity, efficiency, integrity and responsiveness of public sector institutions enhances state performance and ultimately reduces poverty, advances development, and sustains peace. **Intra-state relationships** focus on the relationship between decentralised entities and central authorities and the rules that govern decision-making at all levels and between levels. **State–society relations** focus on how citizens participate in governance to demand services, ensure accountability, and inform policy-making. Social norms that reduce discrimination and inequality are important. **Private sector relations** include the conditions established by the state to encourage private sector growth, as well as private sector contributions to state activities.
Media development[34] Article 19 of the UDHR affirms the right to freedom of opinion and expression, which includes the right to information. Media development efforts typically focus on strengthening the media's independence from state interference and the media's access to information.	*Mechanisms of change* Independent, plural, professional media provide information to a wide audience, and can foster transparency and good governance, increase knowledge of complex issues, influence policy makers, provide an outlet for the expression of emotion, and motivate people to take action for peace. **Legal and regulatory reform.** Efforts to amend or develop legal and regulatory frameworks, codes of conduct, press councils and standard-setting bodies operated by the press, for the purpose of guaranteeing freedom of expression and the right to information. **Plurality and diversity.** Efforts to ensure that the media have a diversity of voices and influences to avoid concentration of ownership, airtime or bias by individuals, families, companies or groups. **A platform for democratic discourse.** Efforts to ensure that the media provide a platform for all sections of society, so that they are visible, heard and contribute to decisions. This is often achieved by balancing the diversity of the workforce, the production of content, and the communities reached. **Professionalisation.** Efforts to encourage objectivity, ethics and standards for investigating, editing and reporting among journalists, editors and media owners, through coaching, internships, training, distance learning, and collaboration with civil society (among others). **Infrastructural capacity.** Efforts to enhance media performance and outreach, by means of ICT and digital media technology development, satellite access, independent printing presses, archiving and storage facilities, multi-platform delivery systems, etc. **Peacebuilding.** Strengthening media capacity to provide early warning, conflict-sensitive reporting, outreach on peace efforts, citizen journalism and crowd-sourcing.[35] **Peace journalism** recognises that media actors can contribute to peace through what they report and how they report.[36]

34 UNESCO (2008), 'Media Development Indicators: A framework for assessing media development', <Media development indicators: a framework for assessing media development - UNESCO Digital Library>.

35 Idris, I. (2020), 'Media/communications on peacebuilding/social cohesion/changing prevailing narratives on conflict', <https://reliefweb.int/sites/reliefweb.int/files/resources/781_Media_communications_for_peacebuilding_social_cohesion_changing_prevailing_narratives_on_conflict.pdf>.

36 Lynch, J. (2015), 'Peace Journalism: Theoretical and Methodological Developments', Global Media and Communication, 11/3, <https://www.researchgate.net/publication/283828285_Peace_journalism_>

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Non-violent resistance	
This practice seeks to achieve public goals such as social change by means of symbolic protests, civil disobedience, satyagraha, economic or political non-cooperation, or other methods, while being resolutely nonviolent.	**Mechanisms of change** A critical mass of people refuse to lend their support to oppressive structures, which they seek to remove in order to open space for social transformation that is more sustainable. The core rationale of non-violent resistance is that structures of power and oppression require the explicit or implicit cooperation of those they subordinate. Strategic nonviolent action is intended to withdraw cooperation, leading to collapse of oppressive power. Forms of nonviolent struggle include education and persuasion, mass non-cooperation, civil disobedience, nonviolent direct action, and various sorts of social, political, cultural, and economic intervention.
Nurturing a positive and safe school climate	
A positive and safe school climate is characterised by supportive relationships, safety from violence, participatory school governance, and student-centred learning.[37]	**Mechanisms of change** Positive and safe schools become an enabling environment where young people can discover themselves and cultivate their relationships, leading to psychosocial wellbeing, academic achievement, and better preparation for citizenship. **Connectedness.** Schools can create and nurture supportive peer and teacher relationships. **Bullying** can be stopped by effective monitoring, reporting, contingency management, and psychoeducation of all school stakeholders. **Governance.** Schools can teach principles of governance and also provide opportunities for students to learn about decision-making and accountability in practice. **Curricula.** Curricula determine the content of learning; schools can promote problem- and student-centred learning.

Theoretical_and_methodological_developments>.

37 American Institute for Research (2010), 'TEAL Center Fact Sheet No.6: Student Centered Learning', American Institute for Research, <https://lincs.ed.gov/sites/default/files/6%20_TEAL_Student-Centered.pdf>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Participatory and inclusive governance	**Mechanisms of change**
The practice of involving all sections of the population in decision-making. Key areas include the distribution of public funds, drafting of public policies, accountability, and monitoring and evaluating government spending.	More participatory governance, in which policies and investments are informed by citizen priorities and citizens feel a sense of ownership of the state, enables societies to harness the power of citizens for development and peace. **Public information.** Citizens are made aware of government policies, decisions and actions through public access to information. **Education and deliberation.** Citizens are made aware of, and make use of, their civic rights and responsibilities. **Advocacy and citizen voice.** Citizens are able to voice their priorities and concerns. **Public dialogue.** State and non-state institutions and citizens exchange ideas to improve understanding and policies. **Electoral transparency and accountability.** Legitimate representative democracy is based on free, fair and transparent elections. **Policy and planning.** The participation of citizens and civil society in policy discussions ensures that policies are responsive to citizen priorities. **Public budgets and expenditures.** Inclusivity, transparency and accountability in public financial management are achieved by citizen involvement, public dialogue, and public information. **Monitoring and evaluation of public services.** Public monitoring and reporting mechanisms ensure the quality and responsiveness of service delivery. **Public oversight.** Public monitoring and reporting mechanisms promote accountability by enabling citizens and civil society to monitor public procurement and appointments, combating corruption and nepotism.
Participatory school governance	***Mechanisms of change***
This type of school governance involves staff, students, parents, teachers and other key stakeholders in decision making in and about schools.	Participatory school governance mechanisms foster democratic culture, both among students and in the wider community, and strengthen students' academic achievement. **Participative.** All stakeholders are able to participate in decision-making. Mechanisms are open, transparent, and inclusive.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Peace education Peace education activities promote knowledge, skills and attitudes that help people to prevent conflicts, resolve conflicts peacefully, or create social conditions conducive to peace.[38]	***Mechanisms of change*** Transformation of attitudes towards war and violence, and behaviour changes that lead people to consistently seek alternatives to violence, will render peace, peace practice and peacebuilding more sustainable. The peace education themes highlighted below have been taught through a variety of methods including questioning, dialogue, reflection, analysis, research, artistic expression, town halls, fishbowls, simulation exercises, computer games, and roleplays. **Conflict.** Conflict analysis, conflict styles, communication skills, conflict resolution processes, alternative dispute resolution (negotiation, mediation, consensus building, fact finding, arbitration, conciliation), problem-solving, peace agreements. The positive force of conflict: driving change, inclusion, creativity, personal growth, institutional change. **Violence.** Recognising bullying, understanding extremism and vandalism, standing up to violence, nonviolent peacekeeping. **Peace.** Peer-mediation programmes, nonviolent communication, staff development, non-coercive classroom management, dealing with violence in the classroom, cooperative lessons, changing policies and procedures to create a more cooperative school environment. **Social-emotional development.** Self-discipline, anger management, emotion regulation, positive social skills through self-reflection, reading, writing. **Oppression.** Knowledge of the dynamics of oppression acquired through historic, social, and institutional analysis, reflection, and dialogue. Through praxis, oppressed people can acquire a critical awareness of their own condition, and, with teacher-students and student-teachers, struggle for liberation.
Peace negotiations Peace negotiations bring multiple parties together, usually including politicians, military officials, and diplomats, who work together to achieve elements of peace or a resolution between two or more warring parties.[39]	***Mechanisms of change*** Through dialogue rather than military force an agreement between conflicting parties can be reached to end hostilities and restore "peace". **Types of mediation** include integrative negotiation (an interest-based model that seeks win-win solutions); distributive negotiation (a zero-sum outcome in which one party wins at the expense of the other); and bad faith negotiation (where parties pretend to reach a settlement but have no intention to compromise). **Models of negotiation** include ceasefires, power sharing, comprehensive peace negotiations, insider mediation, constitution-making processes.[40]

38   Peace Insight, 'Peace education', <https://www.peaceinsight.org/en/themes/peace-education/?location&theme=peace-education>.

39   Norwich University Online (2020), 'The Do's and Don'ts of Peace Negotiation', <https://online.norwich.edu/academic-programs/resources/dos-donts-peace-negotiation>.

40   University of Edinburgh, 'Key Findings', n. d., <https://www.politicalsettlements.org/key-findings/>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Peacekeeping and stabilisation	**Mechanisms of change**
Peacekeeping is a technique designed to extend peace, however fragile, when fighting has halted, and to assist in implementing agreements that have been made.[41] Stabilisation describes connected or integrated civilian/military efforts by external actors to contain or reduce conflict in situations where peace has not (yet) been established.[42]	Military support that removes illegitimate political actors, assists the implementation of peace agreements, protects civilians, is expected to reduce violence and lay foundations for longer-term security.

Traditional peacekeeping creates a space for political settlement of disputes between states. It often involves observation, monitoring and reporting of agreements, supervision of cease-fires, support to verification mechanisms, and interposition as a buffer and confidence-building measure.

Managing transition is a process of assisting the implementation of a comprehensive political settlement agreed by parties to a conflict.

Peace enforcement seeks to impose the will of the UN Security Council by direct military or economic action.

Wider peacekeeping describes attempts to accomplish "wider" humanitarian tasks in a context of continuing violence or fragile peace.

Peace support operations work to establish liberal democracy in formerly war-torn societies. They employ significant military and civilian resources and define "consent," "impartiality," and "minimum use of force" broadly.[43]

Stabilisation efforts may focus on halting fighting, creating a foundation for legitimate state structures, including justice and security processes, or generating employment and livelihoods, according to the context and their level of ambition.[44] |
| **Security sector reform (SSR)** | *Mechanisms of change* |
| This is a multisectoral endeavour that may: reform security forces to increase their capacity; improve democratic governance and accountability; ensure respect of human rights; or strengthen effective coordination for oversight and accountability | An inclusive, evidence-informed redesign of security sector infrastructure that enjoys political support, has the necessary capacities and protects human rights, can enable security sector institutions to address individual, community, and state security needs effectively, earn the trust of the population, increase willingness to disarm and demobilise, establish a greater sense of security, and set in place conditions that can foster healing, reconciliation, and peaceful socioeconomic development.

Foster a supportive political environment. This is usually achieved through dialogue between security forces, justice providers, and beneficiaries.

Undertake security system reform assessments. These are typically multimodal, and include: population research (through household surveys, focus groups, key informant interviews) to develop a better understanding of security needs; use of conflict analysis methodologies to understand root causes of conflict and related risk factors; and institutional audits and assessments to determine the capacity, integrity, and socio-political role of security institutions.

Design support programmes for SSR. Based on assessments, integrated cross sectoral SSR strategies are ideally designed collaboratively by government and civil society partners.

Strengthen national capacity. This typically focuses on four areas: (i) strategic planning and policy making; (ii) budgetary processes; (iii) management; and (iv) monitoring, review and evaluation. |

41 United Nations (2008), 'United Nations Peacekeeping Operations: Principles and Guidelines', <https://peacekeeping.un.org/sites/default/files/capstone_eng_0.pdf>.

42 Tana Copenhagen (2019), 'Stabilization-Development Nexus', literature review, <https://reliefweb.int/report/world/literature-review-stabilisation-development-nexus>.

43 Bures, O. (2007), 'Wanted: A Mid-Range Theory of International Peacekeeping', International Studies Review, 9, <https://www.researchgate.net/profile/Oldrich-Bures/publication/229651595_Wanted_A_Mid-Range_Theory_of_International_Peacekeeping1/links/5abd20590f7e9bfc0457b08c/Wanted-A-Mid-Range-Theory-of-International-Peacekeeping1.pdf?origin=publication_detail>.

44 Tana Copenhagen (2019), 'Stabilization-Development Nexus', literature review, <https://reliefweb.int/report/world/literature-review-stabilisation-development-nexus>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Transitional justice	**Mechanisms of change**
Transitional justice describes a wide range of interim justice processes that countries emerging from periods of conflict and repression have created to address large-scale or systemic human rights violations so numerous and so serious that the normal justice system would not be able to provide an adequate response.[45]	From establishing the historical facts to holding perpetrators to account for their crimes, transitional justice processes provide symbolic or material reparations to victims and contribute to efforts to (re)build social trust and prevent any recurrence of violence in countries that have recently emerged from conflicts.
	Documentation/truth seeking/right to truth. These processes investigate, document and archive past human rights violations.
	Accountability/criminal prosecution/right to justice. These judicial procedures arraign and punish those responsible for gross violations of human rights and humanitarian law.
	Reparations/right to reparation. These processes adjudicate the distribution of material or symbolic reparations to victims.
	Guarantee of non-recurrence/institutional reforms. These processes restructure public institutions that were implicated in conflict and repression.
	Memory and memorialisation. These mechanisms record the past and tell the stories of those affected by conflict and repression.
	Restorative justice. These are alternative models for addressing crime, that focus on the social importance of reconciliation between victim and perpetrator.

45 International Center for Transitional Justice (2008), 'What is Transitional Justice?', <https://www.ictj.org/sites/default/files/ICTJ-Global-Transitional-Justice-2009-English.pdf>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Youth development, mentoring, empowerment, and inclusion	
These programmes emphasise the need to engage and include youth in political and other processes, both on principle and because their contributions will advance peace and development.	*Mechanisms of change* Equipping young people with knowledge, skills, networks, support, access and recognition will enable them to make their own decisions, act responsibly, improve their own lives and those of their communities, and contribute to social, economic and political wellbeing and peace in their societies. **Positive youth development (PYD).** PYD does not treat youth as a risk or a problem, but works to build their skills and foster healthy relationships. By creating assets, agency, and an enabling environment for them, PYD permits youth to become active partners in development efforts. **Youth mentoring.** These programmes pair a young person with a non-parent adult to promote positive development.[46] The adult provides broad guidance and support and does not aim to fix a problem or teach a specific skill.[47] **Youth empowerment.** At individual level, youths and adults develop skills as well as critical awareness. These enable them to contribute to society and collaborate with others. At organisational level, bodies that enable youth and adults to acquire skills give them tools for managing their lives and contributing to public life. At community level, youth who are given roles in the community will improve community life, contribute to its economic prosperity, and enrich citizen participation at all levels. **Youth economic empowerment and inclusion.** These programmes focus on creating economic development opportunities for youth (among others). Instruments include: savings schemes, loans, and microfinance programmes; job placement and job creation; technical and vocational training and skills acquisition; private sector programmes to create jobs for youth and recruit them; internships and opportunities to shadow professionals; mentorship and entrepreneurship activities; business planning and business starter kits, etc. **Youth political participation and inclusion.** These programmes increase youth participation in informal and formal decision making. They aim to fulfil young people's rights; empower youth; increase the efficiency of policies and services; and develop the experience and expertise of young people. **Youth peace and security.** These programmes include youth in peace processes, so that they can contribute to efforts to address the long-term impacts on mental, physical, financial and other well-being that result from exposure to violence. Their involvement may take many forms: participation, protection, prevention, partnership, advocacy, disengagement, reintegration.

46 Lakind, D., Atkins, M., Eddy, J. M. (2016), 'Youth Mentoring Relationships in Context: Mentor Perceptions of Youth, Environment, and the Mentor Role', Children and Youth Services Review, 53. <https://doi.org/10.1016/j.childyouth.2015.03.007>.

47 Mentoring Resource Center, 'Understanding the Youth Development Model', Mentoring Fact Sheet no. 13, Office of Safe and Drug-Free Schools, <https://educationnorthwest.org/sites/default/files/resources/factsheet13.pdf>.

INTERVENTIONS	MECHANISMS OF CHANGE AND KEY COMPONENTS
Zones of peace	
Zones of peace or sanctuaries are physical zones whose inhabitants are protected and considered inviolate. Examples range from zones that receive medical and other supplies to zones that shield civilians from attack.[48]	*Mechanisms of change* Peace zones, where people exercise their right to refuse to cooperate in waging a war, can enable communities to reduce violence and prevent further harm. **Grassroots zones.** Youth, teachers, religious institutions and other civil society actors establish a zone of peace. **Local authority zones.** Mayors and governors establish zones of peace, often in collaboration with grassroots actors. **Internationally-supported zones.** The UN, other global or regional organisations, or international NGOs, set up or support zones of peace. Zones of peace are typically governed by two principles: impartiality and nonviolence.[49]

48 Hancock, L. E. (2017), 'Agency & peacebuilding: the promise of local zones of peace', Peacebuilding, 5/3, <https://doi.org/10.1080/21647259.2016.1253604>.

49 Mouly, C., Idler, A., Garrido, B. (2015), 'Zones of Peace in Colombia's Borderland', International Journal of Peace Studies, 20/1, <https://www3.gmu.edu/programs/icar/ijps/Vol20_1/Mouly_Idler_Garrido.pdf?gmuw-rd=sm&gmuw-rdm=ht>.

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