Executive Summary
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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Interpeace would like to thank the many people who contributed their time and shared their knowledge, experience and personal stories with the report research team and especially those who shared their past and present lived experiences of distress and adversity. This research has been enriched by their experiences and the cause of integrating MHPSS, peacebuilding and livelihoods is clearer and more important because of them.

Citation Guide:

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-offender overlap, people who have been victimised are more likely to become perpetrators. 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, the 2020 United Nations (UN) Secretary-General’s report on peacebuilding and sustaining peace explicitly endorsed the need for inte-

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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 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. 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 peace-making and peacebuilding. Just as it is possible to over-medicalise MHPSS, it is possible to ‘over-structure’ 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 approaches are designed and adopted. The aim is to enhance, not replace, endogenous ‘everyday’ 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 overstructured, 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.
Interpeace Theory of Change for Integrated Programming

Figure 2. Interpeace’s theory of change for integrated MHPSS, Peacebuilding and Livelihoods 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

- **Peacbuilding**
- **Livelihoods**
- **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.
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:

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

Figure 4. Programming Guidelines

1. **Start with Integrative evidence-based identification of local needs and resilience capacities.** 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

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<td>1</td>
<td>Start with Integrative evidence-based identification of local needs and resilience capacities</td>
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<tr>
<td>2</td>
<td>Build trust and understanding across sectors, organisations and approaches</td>
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<td>3</td>
<td>Balance a diversity of views in policy and programme design: between formal and informal, structured and unstructured, traditional-healing and science-based approaches</td>
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<td>4</td>
<td>Collaboratively design locally-informed actionable guidance and practical tools for implementation</td>
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<td>5</td>
<td>Integrate Track 6 capacity development that embeds change in the state and local institutions</td>
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<td>6</td>
<td>Design an integrated design, monitoring, evaluation, and learning (DMEL) system</td>
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<td>7</td>
<td>Establish mechanisms and processes to support the well-being of staff, partners and stakeholders</td>
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<td>8</td>
<td>Use all of the above to mitigate the risk of unintended consequences</td>
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<td>9</td>
<td>Enhance the capacity of integrative approaches, and their infrastructure, so that they can be sustained financially and institutionally</td>
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<tr>
<td>10</td>
<td>Develop a roadmap to transition from pilot programming to transformative change at national scale</td>
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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 integrate 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 multi-stakeholder 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 frame-
work – 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.