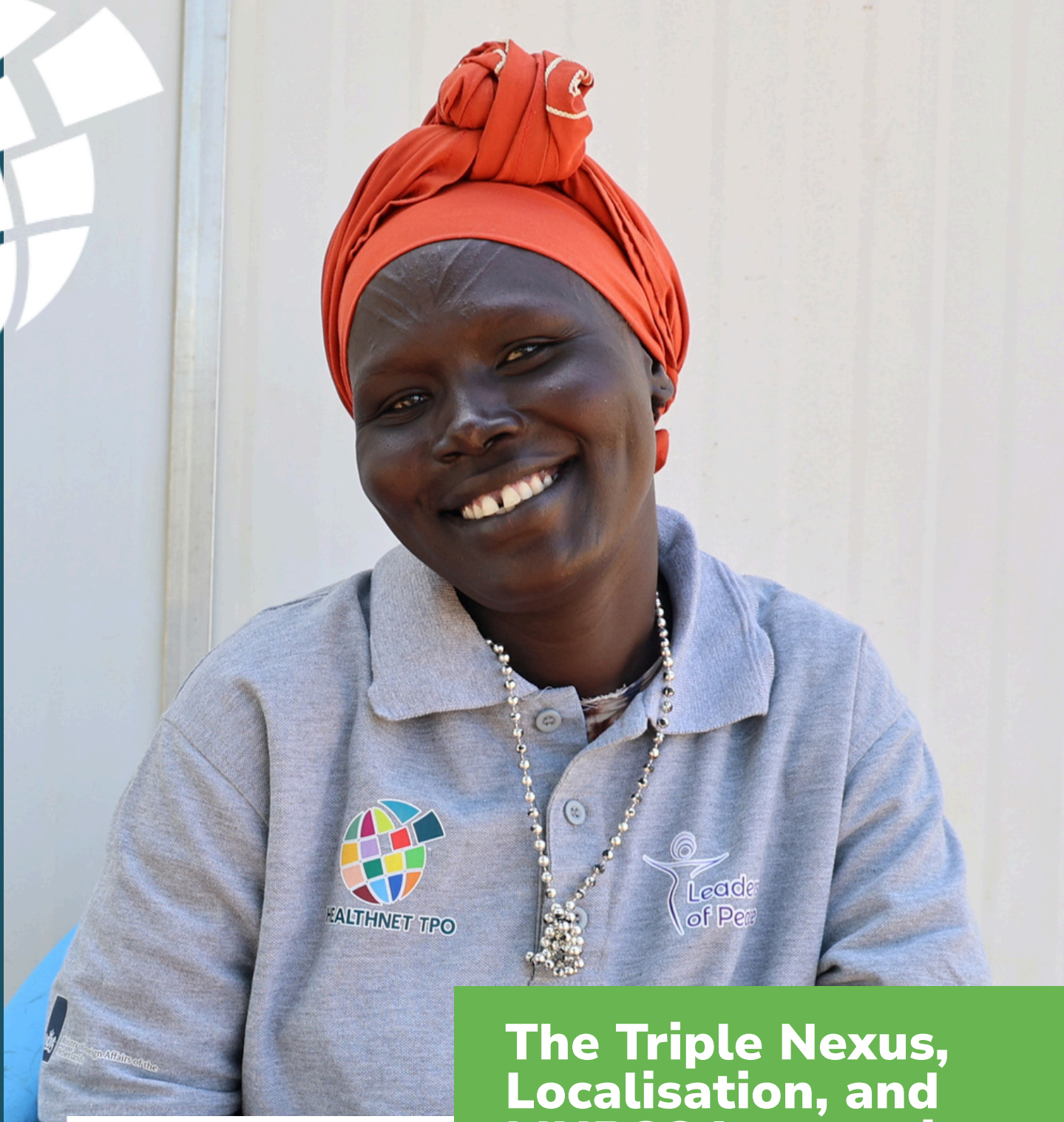
HEALTHNET TPO POSITION PAPER



The Triple Nexus, Localisation, and MHPSS Integration

Abstract

This paper outlines HealthNet TPO's position on the Humanitarian–Development–Peace Nexus (HDPNx) and localisation, with a focus on the central role of Mental Health and Psychosocial Support (MHPSS). The Triple Nexus seeks to bridge humanitarian relief, long-term development, and peacebuilding, but its success depends on local leadership and ownership. HealthNet TPO's experience demonstrates how integrating MHPSS into health systems and community structures can simultaneously address immediate needs, strengthen resilience, and foster social cohesion. Localisation is not an auxiliary principle but a necessary foundation: effective responses in fragile contexts require reinforcing local capacities, knowledge, and legitimacy.

By embedding MHPSS within the Nexus, HealthNet TPO promotes holistic, culturally relevant, and sustainable approaches that empower communities to drive their own recovery. This position paper highlights key considerations and practices for operationalising the Nexus in ways that are ethical, context-driven, and transformative, through examples from HealthNet TPO's programmes.

Global background

In 2016, global policymakers convened in Istanbul, Turkey for the first World Humanitarian Summit (WHS). The discussion verged on a critical policy dilemma: ***what is, or should be, the role of humanitarian action in a world overwhelmed by "permanent emergencies", in which the root causes are overwhelmingly structural and political?***

Discussions led policymakers to agree on two assumptions. Firstly, improvements within the humanitarian system are vitally needed to keep pace with the multiplication and increased duration of emergencies around the world. Secondly, internal reforms would not suffice and achieving durable solutions would require collaboration among humanitarians and their counterparts in the development and peacebuilding communities.

This consensus motivated global leaders to formulate a Commitment to Action to implement a "new way of working" within humanitarian contexts, and especially within protracted or repeated crisis situations. This new way of working, which prioritises collaboration between humanitarian, development and peacebuilding actors, is what we refer to as the "Triple Nexus". With this aim in mind, policymakers envisaged three fundamental shifts in the way the international community traditionally operates in chronically fragile settings.

1. Reinforce, rather than replace, local systems and solutions

The first objective is to reinforce rather than replace national and local systems. The agenda envisages a major shift toward building the capacity and resilience of national and local actors—state and community—to prevent, respond to, and resolve humanitarian emergencies before they become chronic. However, it was also acknowledged that using country systems won't be possible in each and every case. In this instance, where governments lack presence in conflict-affected zones or are unable to respect humanitarian principles, or where local civil society is weak or absent, the immediate humanitarian imperative to save lives should not be jeopardised in favour of longer-term localisation and development goals.

2. Transcend the humanitarian-development divide

The second overarching objective is to go beyond the humanitarian – development (– peacebuilding) divide by working toward collective outcomes, over multiyear timeframes, on the basis of comparative advantage. The Humanitarian – Development – Peace Nexus (HDPNx) was meant to present a framework for coherent, joined-up planning and implementation of shared priorities between humanitarian assistance, development cooperation and peacebuilding actors in emergency settings.

3. Anticipate, and act upon, crises before they emerge

Efforts to strengthen coherence between these three pillars revolve around the third objective of effectively reducing the needs and risks of people affected by crises, promoting the prevention of crises and strengthening the resilience of particularly vulnerable population groups and local structures.

In essence, while the Triple Nexus seems to be very simple, the challenge on how to operationalise it effectively remains. In crisis-affected contexts, the dynamic and non-linear nature of emergencies may mean that different phases of the nexus process coexist, with varying presence of humanitarian, development or peacebuilding actors. Alleviating recurrent humanitarian need while also achieving long-term development and peacebuilding objectives remains – to date - a great challenge.

So, what is exactly the Triple Nexus?

"The "triple nexus" refers to the interlinkages between humanitarian, development and peace sectors and actors; these actors are expected to ***work towards collective outcomes*** *over multiple years to ensure the sustainability of the programmes from a local level".*

HealthNet TPO's operationalisation of the Triple Nexus

HealthNet TPO's long-standing experience in mental health and psychosocial support (MHPSS), health systems strengthening, and community engagement provides a strong foundation for the operationalisation of the Triple Nexus. These areas of work are not isolated efforts; rather, they naturally connect humanitarian, development, and peacebuilding approaches. They allow us to respond to immediate needs while also reinforcing long-term capacities and supporting communities to lead their own recovery and development pathways.

For example, **delivering MHPSS services during a crisis not only addresses urgent suffering; it also helps rebuild social cohesion and trust, enabling communities to take an active role in shaping peaceful futures.** Likewise, strengthening health systems in times of fragility contributes to both resilience and equitable access, promoting inclusive development and long-term stability.

South Sudan

In South Sudan, HealthNet TPO combines healthcare access, mental health support, and peacebuilding efforts, ensuring that its interventions address all level of the Nexus.

- **Humanitarian approach:** HealthNet TPO provides essential healthcare services, including maternal and child health, family planning, and infectious disease prevention, addressing immediate needs in conflict-affected areas.

- **Development approach:** The organisation strengthens health systems by training healthcare workers, renovating medical facilities, and integrating mental health services into the national healthcare system, ensuring long-term sustainability.

- **Peacebuilding approach:** Through initiatives like the "Leaders of Peace" programme, HealthNet TPO collaborates with local authorities and community leaders to foster dialogue, build resilience, and promote social cohesion, helping communities recover from the impacts of conflict.

Afghanistan

HealthNet TPO applies a holistic, systems approach also in Afghanistan that deliberately links humanitarian delivery with long-term system strengthening and community resilience.

Since the mid-1990s, we have been a consistent partner to the Afghan health system, combining essential and humanitarian service delivery with long term investments in workforce capacity, referral pathways, and integration across programs (maternal and child health, infectious disease, nutrition, eye care, and MHPSS). This portfolio allows us to respond to acute needs while reinforcing public systems and local ownership, which is reflected in our organisational strategy.

Our MHPSS model in Afghanistan is explicitly layered within the public health system:

- **Community layer:** Health Social Counsellors (HSCs) and trained community health workers provide psychological first aid, basic counselling, PM+ style problem-solving, and referrals, including school-based MHPSS for children and adolescents.

- **Primary/secondary care layer:** Facility staff trained using WHO mhGAP detect, treat, and refer, embedding MHPSS in routine care pathways.

- **Specialised layer:** Structured referral to specialised services and hospital-based care.

However, this layered, system design only works if it is intersectoral by default. This is why, when possible, HealthNet TPO intentionally integrates MHPSS into vertical programmes such as nutrition, SRH, and infectious-disease services. Eventually, people can move seamlessly between community support, clinics, and specialised care.

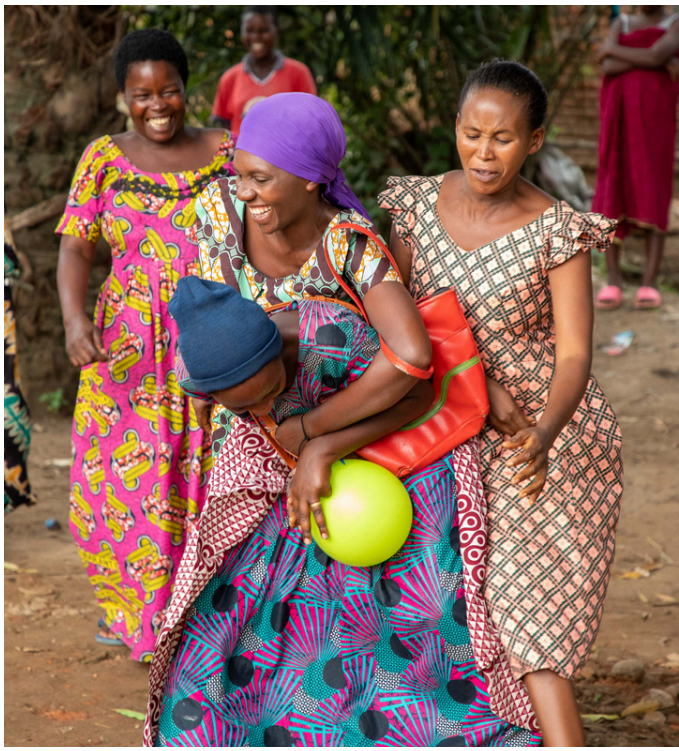
Why Localisation and the Triple Nexus must go hand in hand in fragile contexts

The push for localisation gained momentum with the Grand Bargain, an agreement between donors and humanitarian actors to make aid more effective and efficient by "getting more means into the hands of people in need."(Barakat & Milton 2020). At the World Humanitarian Summit in 2016, localisation was framed as a response to both the chronic financing gap and widespread critiques of the humanitarian system. It sought to decentralise power, expand the workforce, strengthen preparedness and capacity, improve sustainability, and move beyond the paternalistic tendencies of traditional aid (IASC, 2017).

It derives that in fragile and conflict-affected settings, localisation and the Triple Nexus are inseparable. Neither can deliver on its promise without the other. Both demand a rebalancing of power, resources, and decision-making—away from externally driven, short-term interventions and toward approaches that are locally led, integrated, and sustainable.

Local actors – community organisations, health workers, traditional leaders and networks, and civil society groups – are the backbone of crisis response. They are the first to act and the last to leave, bringing not only proximity but also legitimacy, trust, and cultural understanding. True localisation means more than acknowledging this—it requires investing in local capacity, respecting local expertise, and sharing responsibility for outcomes.

> *HealthNet TPO interprets the Triple Nexus as a **practical, integrated framework** that aligns humanitarian assistance, development cooperation, and peacebuilding in support of community-driven, sustainable outcomes. **Localisation is therefore not an add-on, but central to how we apply the Nexus in practice**. Our approach is grounded in collaboration—with communities, local institutions, and partners—and shaped by the insights and experience of our teams working in the field.*



For HealthNet TPO, localisation is not a procedural commitment but a strategic and ethical imperative. Strengthening local leadership reinforces the systems that the Nexus is designed to support. In fragile contexts, this aspect is particularly critical: the sustainability of Nexus programming depends on how much it is based on the strengths and aspirations of local communities. This does not mean neglecting their fragilities, but taking them into account and acting on them.

Rather than viewing humanitarian, development, and peacebuilding efforts as separate phases, we see them as interconnected and mutually reinforcing.

This perspective allows us to adapt our support based on real-time needs while keeping long-term goals in view, always ensuring that the people we work with are at the centre of every response. By aligning Nexus programming with a genuine commitment to local ownership, actions become more relevant, resilient, and rooted in the realities of the people they are meant to serve. This is the foundation on which HealthNet TPO works: advancing humanitarian, development, and peace efforts in a way that empowers communities to drive and sustain their own futures.

Defining MHPSS within the Triple Nexus and Localisation

At the heart of mental health and psychosocial wellbeing lies the understanding of mental health as the ability of individuals to cope with daily stress, realise their potential, and contribute to society. Psychosocial wellbeing expands this view by recognising that psychological health is deeply intertwined with broader social, cultural, economic, and political determinants. Framed this way, Mental Health and Psychosocial Support (MHPSS) is not simply about individual care—it is a process that empowers and dignifies people, while challenging systems of oppression, exclusion, and inequality. This includes confronting the colonial and patriarchal legacies that have long shaped humanitarian aid, development, and peacebuilding.

The IASC Guidelines on MHPSS in Emergency Settings (2007) outline six core principles that continue to guide effective responses: human rights and equity, participation, do no harm, building on existing resources and capacities, integrated support systems, and multi-layered supports. These principles stress that recovery and reconstruction must be community-centred. Sustainable progress comes not from imposing external models of care, but from strengthening local support systems, drawing on existing capacities, and empowering individuals and communities to drive their own processes of healing and transformation.

As Hamber et al. (2024, p. IX) note, this requires "strengthen[ing] and empower[ing] communities through, for example, teachers, civic leaders, or religious officials—in other words, through local resources—rather than depending mainly on external professionals." Implementing MHPSS in this way supports localisation by grounding interventions in cultural perspectives, building capacity from the ground up, empowering individuals within their communities, and adopting a socioecological approach to wellbeing.

Seen through this lens, MHPSS is inseparable from localisation (van Brabant & Patel, 2017). Localisation calls for shifting away from privileging external expertise over local knowledge, addressing power imbalances that perpetuate oppression, and ensuring that responses are context-driven, sustainable, and rooted in community realities. It emphasises the need to tackle not only immediate symptoms but also the structural, cultural, and historical drivers of distress—including the impacts of violence, conflict, and systemic marginalisation.

Positioning MHPSS within the Triple Nexus reinforces this approach. It ensures that humanitarian responses address urgent needs without undermining local capacities, that development efforts strengthen inclusive health and social systems, and that peacebuilding tackles the psychosocial consequences of conflict while fostering resilience and social cohesion. Within fragile contexts, MHPSS becomes both a bridge and a foundation: bridging humanitarian, development, and peace objectives, while laying the groundwork for locally led, culturally relevant, and sustainable wellbeing (van Brabant & Patel, 2017).

In humanitarian settings, *MHPSS ensures immediate psychological aid for people affected by man-made or natural crises.* ***From a development perspective,*** *it strengthens local health systems and builds long-term mental health infrastructure (staff training, tools development, and policies in place).* ***The peacebuilding component*** *promotes social cohesion, conflict resolution, and trauma healing, addressing the underlying causes of distress and instability.*

MHPSS as a Nexus in Practice

At HealthNet TPO, Mental Health and Psychosocial Support (MHPSS) is more than a sectoral intervention: it is one of the clearest expressions of how we work across the humanitarian–development–peace nexus. Our approach follows international standards, but is always locally interpreted and implemented, ensuring that power is shifted to communities themselves. By embedding MHPSS in local realities, programmes support individuals and communities to cope with daily stressors, realise their potential, and contribute to society.

MHPSS illustrates the interplay between the three pillars of the Nexus: it not only helps achieve the Nexus' aims of wellbeing, protection, and resilience, but also offers a pathway to operationalise them in practice. When integrated into humanitarian, development, and peacebuilding work, MHPSS strengthens both individual and collective capacity to recover, adapt, and transform.

In HealthNet TPO's work, MHPSS as a Nexus practice is:

- **Future-focused:** MHPSS addresses immediate psychological needs but also lays the foundation for long-term recovery, sustainable development and peace. Programmes are designed to reduce distress today while building protective factors for tomorrow—such as stronger community networks, improved coping strategies, and opportunities for participation.

- **Integrated**: MHPSS is embedded across sectors such as health, education, livelihoods, and peacebuilding, ensuring that wellbeing is not treated as a separate or secondary issue. By doing so, MHPSS helps break down silos and creates practical entry points for collaboration and coordination between humanitarian, development, and peace actors.

- **Strategic**: Our approach critically engages with systems and root causes of distress, including inequality, marginalisation, and weak governance. MHPSS is used as a platform to empower individuals and communities to participate in decision-making, optimise available resources, and strengthen resilience against future crises.

- **Context-specific:** Every intervention is grounded in the cultural and social perspectives of wellbeing that exist in the community. This means working with teachers, religious leaders, health workers, and traditional structures to design interventions that reflect local realities. By centring participation and lived experience, programmes remain dynamic, adaptable, and sustainable.

- **Resilience-strengthening:** Beyond meeting urgent needs, MHPSS interventions are designed to transform systems and reduce vulnerability. This includes reinforcing community-based structures, creating safe spaces for dialogue and healing, and building skills that allow people to better withstand shocks—whether linked to conflict, displacement, or natural disasters.

This approach builds on the core principles of the IASC Guidelines on MHPSS in Emergency Settings—human rights and equity, participation, do no harm, building on local resources, integrated support systems, and multi-layered supports—but applies them through the lens of the Nexus, ensuring they are locally owned and sustainable.

As our Country Director in Colombia reflects:

> In Colombia, the **MHPSS component is currently part of the social, cultural, political and symbolic recovery processes**; however, there is still a need to work in an integrated and specialised manner on actions that promote large-scale development and place MHPSS tools in the climate, economic and educational components of the country.

In practice, MHPSS cuts across all parts of our mandate:

- In humanitarian settings, it addresses the immediate psychological needs of individuals and communities.
- In development, it contributes to stronger health systems and professional capacities.
- In peacebuilding, it fosters healing, trust, and social cohesion.

For HealthNet TPO, this is not theory but daily practice. MHPSS embodies our Nexus approach – locally rooted, strategically integrated, and future-oriented – helping individuals and communities to rebuild lives and shape stronger, more peaceful futures.

Taken together, these efforts illustrate how MHPSS bridges immediate relief, system-building, and social cohesion, showing what the Nexus looks like in practice.

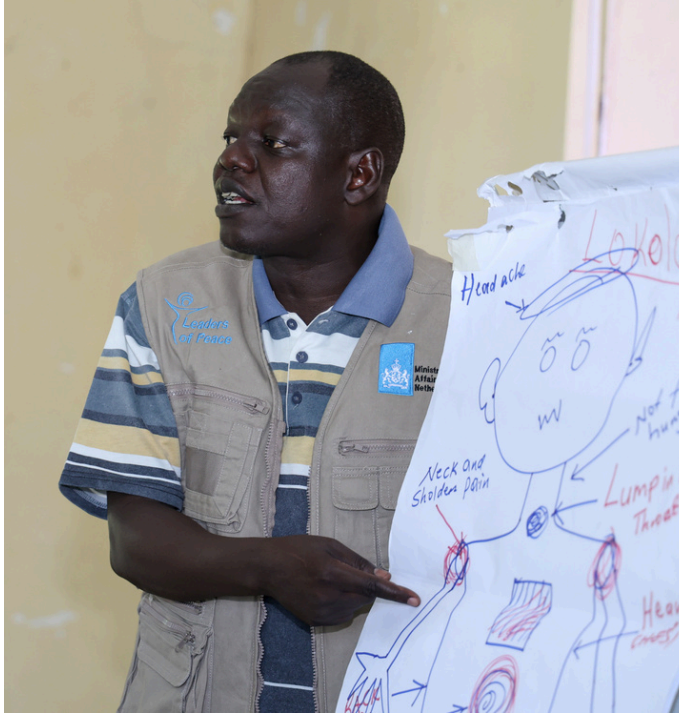
What does it mean to put the Nexus into practice?

HealthNet TPO does not only speak about the Nexus – its MHPSS programmes put it into practice. In emergencies, our teams provide psychological first aid and community-based counselling to ensure people have immediate support after trauma. At the same time, we invest in long-term system-building: **in Afghanistan**, for example, HealthNet TPO trained more than 800 clinicians in 2024 to integrate MHPSS into primary health services, gradually strengthening the health system itself. For lasting peace, programmes such as Leaders of Peace **in South Sudan** go beyond clinical care—partnering with government and community leaders to raise awareness via local radio and embed mental health services into national systems. **In Colombia**, community workshops and advocacy training help to rebuild social bonds and empower women to participate in peace processes.

Grounded in staff experience

HealthNet TPO's understanding of the Triple Nexus has not emerged from theory alone, but through active dialogue with staff across country offices.

These perspectives highlight the values that guide our work: responsiveness, collaboration, and a commitment to strengthening what already exists – local leadership, systems, and knowledge.



Field colleagues describe the Nexus as:

> The union of humanitarian aid, development, and peace, **ensuring that crisis response is comprehensive and sustainable.**

> An **interlinkage** aimed at **transition** and **sustainability**.

> A **modality** where three important programmes (humanitarian, development, and peace) occur simultaneously and are interlinked.

Based on these experiences, several key considerations are critical for making the Nexus work in practice. These are summarised below.

Key considerations	Why it matters
Flexible & context-driven	Plans must adapt to local realities, norms and culture, address root causes, and respond to shifting needs. Long-term financing mechanisms should recognise this complexity.
Rights-based approach	Embedding equity and human rights ensures dignity, participation, and accountability in Nexus programming.
Ongoing assessment	Regular monitoring and reflection are essential to track how interventions interact with local dynamics, balancing immediate needs with long-term goals.
Strong coordination	Collaboration with governments, NGOs, donors, and community leaders avoids duplication, promotes learning, and enables more sustainable responses.
Embedded in local capacity	Building on community structures and local systems ensures sustainability, cultural relevance, and legitimacy.
Intersectionality	Integrating diverse expertise and approaches reduces silos and ensures the Nexus is applied critically rather than as a buzzword.

Conclusions: guiding considerations in our Nexus approach

Our approach to the Triple Nexus is shaped by several key convictions:

1. Integration with Purpose

We do not seek to shift our identity or mandate, but to work in ways that are complementary across sectors when this serves our goals and those of the communities we partner with.

2. Respecting Humanitarian Principles

Wherever we work, we remain guided by the principles of neutrality, impartiality, and independence. We consider carefully when and how different types of programming should be connected, always prioritising access and safety.

3. Local Ownership and Leadership

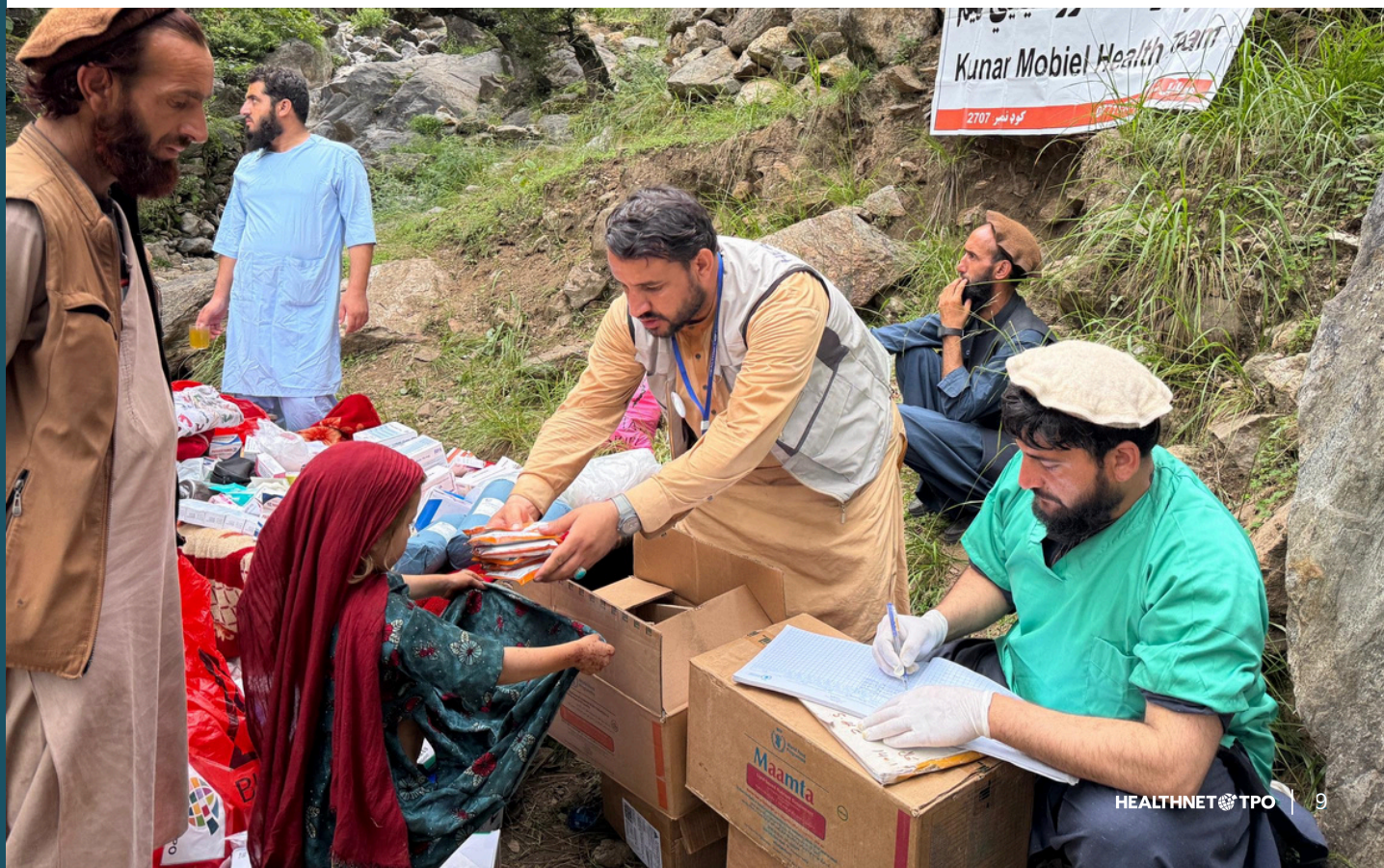
We work to strengthen—not bypass—local systems. Our role is to support and amplify local capacity, whether by working with health professionals, community groups, or public institutions.

4. Recognising What Already Works

HealthNet TPO already engages across the humanitarian, development, and peacebuilding pillars. Rather than inventing new mechanisms, our focus is on making these existing synergies more deliberate and visible.

Our operational model reflects this principle by prioritising national leadership, operating through in-country offices, and implementing projects in partnership with existing public health and community structures. A strong example is our work in Afghanistan. Instead of creating parallel systems, HealthNet TPO embeds support within the government's Basic and Essential Packages of Health Services. Local capacity is strengthened through continuous on-the-job training and supervision of health workers, while general health staff are equipped to recognise, manage, and refer mental health cases using the mhGAP guidelines.

At the same time, the psychosocial workforce in district clinics is reinforced to provide specialised support. Beyond health facilities, HealthNet TPO collaborates with community councils and women's groups to raise awareness and establish community-led referral and feedback mechanisms. This dual approach amplifies local leadership across both the formal health system and civil society, ensuring that care is accessible, trusted, and sustainable.



HEALTHNET TPO THE TRIPLE NEXUS, LOCALISATION AND MHPSS

Continuing the conversation

Implementing the Triple Nexus effectively means continuing to ask ourselves strategic questions:

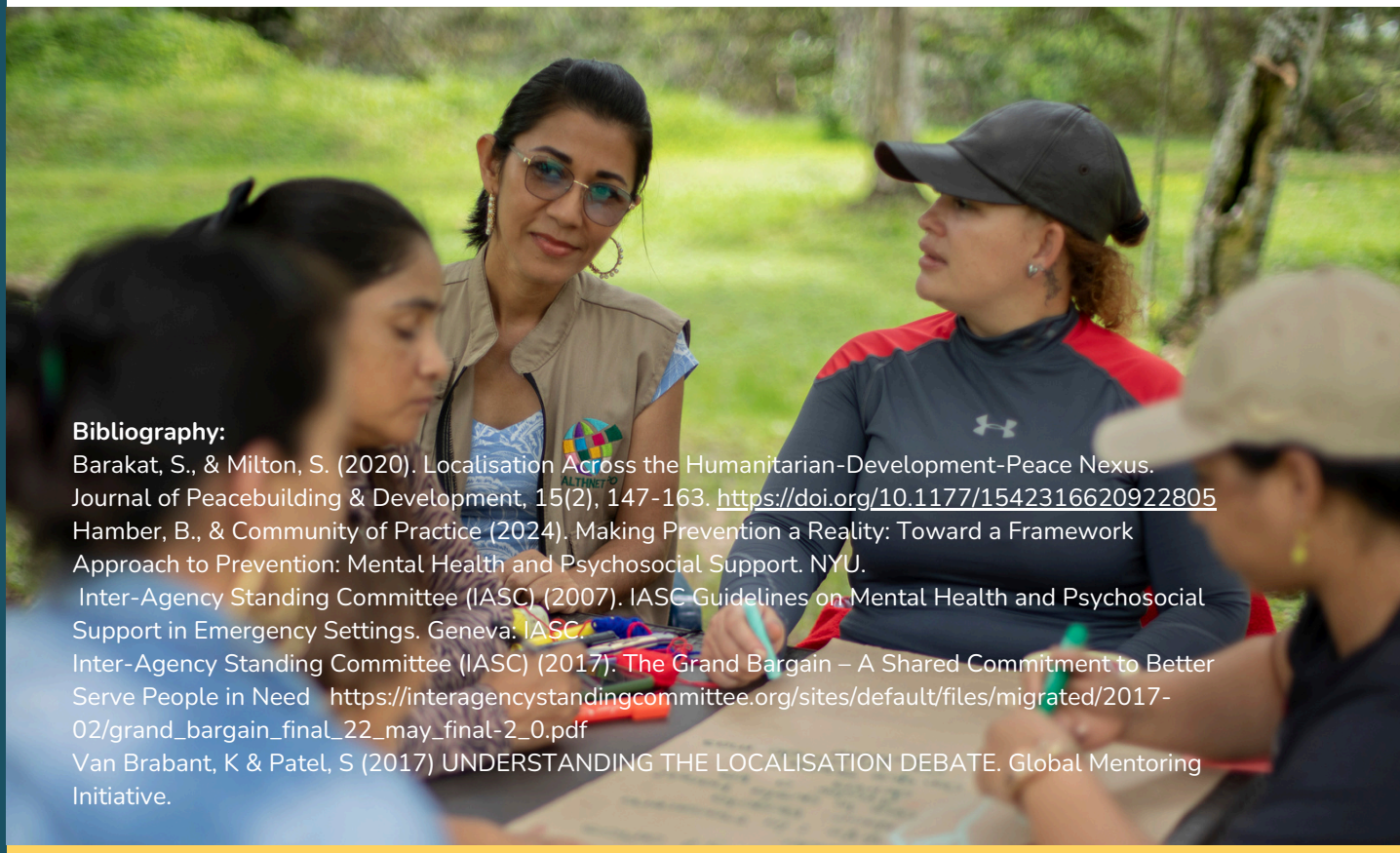
*How can we **further align our programmes** with the Nexus in a way that fits each context?*

*What **operational tools and frameworks** do we need to support joined-up planning?*

*How do we ensure that **localisation** is not only a principle, but **a reality** in the way we design, fund, and deliver our work?*

*Where do we see **potential for stronger partnerships** – local, national, or international?*

HealthNet TPO's understanding of the Triple Nexus is not static—it evolves through experience and shared learning. What remains constant is our commitment to partnership, dignity, and impact in all that we do.



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HealthNet TPO

is an international non-profit organisation that works on the structural rehabilitation of health systems in fragile states. Our mission is to strengthen communities to help them regain control and maintain their own health and wellbeing.

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