



## ***Shared Learning Agenda***

HealthNet TPO's Women Advocates for Peace (WAP) in Colombia and Leaders of Peace (LOP) in South Sudan show how mental health and psychosocial support (MHPSS) can be a bridge between healing, women's empowerment, and peacebuilding. Across very different contexts, these projects use feminist, community-based, and culturally grounded approaches that place women's psychosocial wellbeing at the centre of the Women, Peace and Security (WPS) agenda.



## Integrating psychosocial wellbeing into peacebuilding: lessons from Colombia and South Sudan

To document and preserve the knowledge generated by the Women Advocate Peace (WAP) and Leaders of Peace (LOP) projects, since their start in 2021, HealthNet TPO established a *Shared Learning Agenda*, creating a structured process of joint reflection, exchange, and analysis between the Colombia and South Sudan teams. Its purpose is to compare experiences, identify similarities and differences, and distil lessons that can inform on the impact of MHPSS integration for future Women, Peace, and Security (WPS) programming, ultimately informing the drafting of future policies on WPS, such as the Dutch NAP on WPS.

Although the two countries differ greatly in their political histories, social structures, and stages of peacebuilding, both projects place mental health and psychosocial support (MHPSS) at the heart of their strategies. This provides a unique opportunity to explore what aspects of integrating MHPSS into peacebuilding are universally transferable, and which must be locally adapted.

The Shared Learning Agenda is guided by a central question:



***What can we learn from the experiences of the Women, Peace and Security programmes in South Sudan and Colombia on the intersection between mental health, psychosocial recovery, and peacebuilding efforts; and how is women's psychosocial wellbeing central to advocating for and influencing sustainable peace?***



To systematically record and finalise years of knowledge exchange and to support the end-of-project evaluations in 2025, three thematic workshops were organised:

- Workshop 1 focused on the contextual foundations and the specific MHPSS and peacebuilding approaches and methodologies used in each country and project.
- Workshop 2 examined implementation practices, looking at the impact and sustainability of MHPSS interventions.
- Workshop 3 addressed policy and advocacy, analysing how psychosocial wellbeing informs national agendas and contributes to systemic change.

The workshops demonstrated that while MHPSS interventions must remain context-specific, the principles of safety, trust, collective care, and agency are universal enablers of women's participation in peacebuilding. The learning exchanges also showed that wellbeing is not a peripheral outcome of peace: it is a driver of peace. By nurturing psychosocial wellbeing and solidarity, women and communities gain the emotional and social capacities needed to advocate, organise, and lead change.

The following pages distils the core insights, lessons, and reflections that emerged through the Shared Learning Agenda workshops — offering a concise record of how MHPSS can be embedded in Women, Peace and Security programming, from community action to national policy.

***N.B. Click here to read the country specific reports for the results for either Colombia or South Sudan.***

## Workshop 1: Context, approaches and methodologies

### Purpose of the workshop

The first workshop laid the groundwork for the Shared Learning Agenda by exploring the contextual foundations, approaches, and methodologies that shape the Women, Peace and Security (WPS) programmes of HealthNet TPO in Colombia and South Sudan. The goal was to understand how each country integrates mental health and psychosocial support (MHPSS) into peacebuilding programming, and to identify the common principles and local specificities that guide their community-based models.

### Key discussion areas

- The **role of context** in defining the meaning and practice of psychosocial wellbeing and peace.
- **Community-based methodologies** as entry points to address trauma and strengthen collective resilience.
- The **centrality of women's groups and community organisations** as spaces for healing, trust-building, and civic participation.
- The **interplay between individual recovery and social cohesion**, and how MHPSS contributes to rebuilding social fabric.
- The **balance between cultural relevance and transferable practices** in cross-country learning.

### Building the foundations for psychosocial peacebuilding

Both Colombia and South Sudan are marked by long histories of violence, displacement, and gender inequality.

Yet they also offer strong foundations for psychosocial peacebuilding: in Colombia through vibrant feminist organising and intercultural traditions; in South Sudan through resilient community structures and the authority of traditional leaders.

#### In Colombia (WAP)

- Operates in conflict-affected regions such as La Guajira, Bolívar, Meta, Putumayo, Nariño and Cauca, where women face overlapping forms of armed and gender-based violence.
- Uses a feminist, intercultural, community-based methodology that understands healing as both personal and political. Psychosocial work is explicitly linked to challenging patriarchy, inequality, and everyday sexism.
- Integrates body-based, narrative and artistic practices, and draws on local frameworks such as the Kämentsá Guidelines and EMMA, co-created with women leaders.

#### In South Sudan (LOP)

- Works in a highly fragile setting with some of the world's highest rates of violence against women and girls, restricted civic space, and weak formal institutions.
- Anchors its approach in community systems through Psychosocial Focal Points (PFPs), couple engagement groups, Champions of Change in schools, and traditional justice structures (ABC courts).
- Focuses on relational and grassroots MHPSS, using dialogue and trust-building with chiefs, elders, and religious leaders as key entry points for transforming norms and addressing harmful practices.

## Workshop 2: Implementation and sustainability

### Purpose of the workshop

The second workshop focused on the implementation practices of HealthNet TPO of integrating mental health and psychosocial support (MHPSS) into Women, Peace and Security (WPS) programming in Colombia and South Sudan. It examined how methodologies designed at community level are put into practice, how they empower women's groups and civil society organisations (CSOs), and how sustainability is achieved in contexts marked by fragility, inequality, and ongoing violence.

### Key discussion areas

- Mechanisms for **embedding psychosocial support** within peacebuilding structures and women-led organisations.
- How **community-based facilitators and peer supporters** sustain activities after project cycles end.
- Strategies for ensuring **continuity and local ownership** despite donor dependency or political instability.
- The role of **capacity strengthening and mentorship** in transferring knowledge and maintaining quality.
- The link between **healing, empowerment, and collective agency** in driving lasting social change.

### Translating psychosocial approaches into practice

In both countries, implementation combines participatory diagnosis, safe spaces, capacity building, and long-term ownership, ensuring that psychosocial support continues beyond the project.

#### In Colombia (WAP)

- Starts with Resource Mapping and Mobilisation (RMM) to explore local meanings of mental health, gender and peace, using embodied exercises, drawing, and storytelling. RMM functions as both analysis and intervention, creating safe spaces and building agency from the outset.
- Collective-care encounters integrate somatic practices, storytelling, rituals and arts to process trauma, rebuild trust, and strengthen solidarity.
- Sustainability is fostered by co-developing guidelines on MHPSS, GBV prevention and safe-space facilitation, and by gradually shifting facilitation to women leaders so that groups can run independently and replicate spaces in other settings.

#### In South Sudan (LOP)

- Also uses RMM to map community resources, protection mechanisms and social networks, informing interventions that build on existing structures rather than replace them.
- Implementation centres on ongoing mentoring and supervision of PFPs, women's groups, youth networks and local authorities, following international MHPSS and GBV standards.
- Sustainability relies on embedding change in respected governance and cultural systems: trained chiefs, religious leaders and ABC courts integrate gender-sensitive, trauma-informed practices, while couple groups and Champions of Change continue awareness-raising and self-organised initiatives such as savings groups and communal farming.

## Workshop 3: Policy and advocacy

### Purpose of the workshop

The third and final workshop explored how psychosocial wellbeing informs policy and advocacy within the Women, Peace and Security (WPS) agenda. Building on the experiences of Colombia and South Sudan, the session examined how community-based mental health and psychosocial support (MHPSS) efforts can influence institutional frameworks, national policies, and broader peacebuilding agendas, placing women's wellbeing at the centre of sustainable peace.

### Key discussion areas

- How CSOs and women-led groups **translate local psychosocial experiences into policy advocacy**.
- The role of **evidence and storytelling** in influencing decision-makers.
- **Barriers and enablers** for integrating MHPSS into national WPS and GBV strategies.
- The contribution of **collective healing and empowerment** to social transformation and civic participation.
- Opportunities for **cross-country learning** to strengthen advocacy around MHPSS as a peacebuilding tool.

### From psychosocial wellbeing to systemic change

Both projects show how psychosocial recovery can open pathways to policy engagement and structural transformation, moving from individual healing to changes in laws, norms and governance.

#### In Colombia (WAP)

- Workshops link emotional recovery with rights and policy literacy, translating frameworks like Law 1257 and UNSCR 1325 into accessible tools through participatory exercises and infographics.
- Women are supported to organise forums with local authorities, question electoral candidates, and participate in municipal and national spaces.
- Advocacy is woven throughout the process, not added at the end: collective care, feminist analysis, and safe spaces build the confidence and organisation needed for women to act as advocates for peace and social justice.

#### In South Sudan (LOP)

- Uses a tiered advocacy model:
  - At community level, PFPs and women's groups work with chiefs, ABC Courts and Special Protection Units to promote gender-sensitive bylaws and enforcement of women's rights.
  - At county and national levels, partners engage councils and ministries, while Annual Women's Gatherings in Juba bring women leaders together with high-level officials to present joint communiqués.
  - Regionally, selected women participate in African Union spaces, connecting grassroots realities to continental WPS discussions.
- Through this model, psychosocial support and strengthened relationships become the basis for legitimate, locally owned advocacy that can influence policy and shift social norms.



## Cross-cutting contextual factors

Colombia and South Sudan differ greatly in their histories, social norms, and political contexts (for detailed information please refer to the dedicated reports on the WAP project in Colombia and the LOP project in South Sudan).

Even so, several cross-cutting factors proved foundational in linking MHPSS with peacebuilding and in empowering women as peace advocates. These included:

	Colombia	South Sudan
<b>Legacy of violence</b>	Lack of accountability for perpetrators, entrenched power dynamics, discriminatory access to resources, and intergenerational trauma. Military responses to end conflict have often reinforced patriarchal norms and justified oppressive dynamics in society.	Ongoing conflict and competition over resources between groups create isolation and mistrust. Intergenerational trauma is widespread, with high levels of psychosocial distress.
<b>Cultural of violence</b>	Attitudes and beliefs rooted in religion and traditional practices continue to legitimise and sustain violence.	Violence is embedded in everyday life. Women are perceived as property and subject to being traded.
<b>Social identities and roles in communities</b>	Men often assume militarised identities, while women are expected to care for both the community and men.	Women carry the burden of care work and have limited access to education and other opportunities.
<b>Collective wellbeing and safety</b>	Women's wellbeing is shaped by socio-economic and political conditions, including access to housing, financial stability, safety, and inclusion in decision-making processes.	Wellbeing is viewed collectively. Safety and inclusion depend on group participation, ensuring that women have access to protection and support.
<b>Violence towards women</b>	Sexual violence within armed groups and gender-based violence within society are pervasive. Women's roles remain restricted, with control exerted over their bodies and sexuality.	Sexual and gender-based violence is normalised in many communities. Women have limited access to justice and to safe, confidential care services.
<b>The role of the state</b>	State institutions are widely seen as unaccountable and untrustworthy, with little recognition of the violence suffered by victims.	While state structures exist to implement policies, accountability and reconciliation remain limited. Civil society organisations (CSOs), community-based organisations (CBOs), and NGOs often carry the responsibility of delivering services and ensuring implementation of policies.



## Different contexts, similar approaches to MHPSS

The history of violence in each country shapes how societies perceive protection, trust, and justice. In Colombia, mistrust of state security actors is widespread, leading women to mobilise independently from official authorities. In South Sudan, by contrast, traditional and local authority structures remain critical entry points for influencing norms and ensuring sustainability.

Both countries face the challenge of transforming cultures of violence into cultures of peace. In Colombia, this transformation has largely been framed through feminist and political action, while in South Sudan it is pursued through relational trust-building and survival-focused cooperation. **Despite these differences, several common approaches emerged for empowering women as peace advocates and fostering community shifts toward sustainable peace.** These included:

- The Resource Mapping and Mobilisation (RMM) approach;
- The socio-ecological framing of psychosocial wellbeing;
- The creation of safe spaces.

### Resource Mapping and Mobilisation (RMM) approach

In both Colombia and South Sudan, the Resource Mapping and Mobilisation (RMM) approach served as a starting point for understanding how communities define mental health and psychosocial wellbeing, what drives distress, and which resources can be mobilised to strengthen women's agency and advocacy. At its core, RMM is a participatory process that helps communities uncover how social, cultural, political, and economic factors interact with individual and collective wellbeing.

RMM recognises that wellbeing is shaped by social determinants and interconnected systems. Rather than treating women as

passive recipients of support, it engages them and their communities as active agents capable of transforming the structures that protect and support people. This involves reinforcing existing community mechanisms, creating new ones where needed, and embedding psychosocial support throughout these systems to strengthen resilience and meaningful participation.

To guide this work, the RMM approach is organised into six components:

1. **Conducting community mapping exercises** to identify, describe and analyse the individual and collective mechanisms that help or hinder the health and wellbeing of the local population.
2. **Establishing networks** at different levels of society to build social cohesion and the potential for collective action.
3. **Developing concrete action plans** for long- and short-term goals, in strategic workshops led by community mobilisers.
4. **Capacity building** in a process of direct empowerment through education and participation.
5. **Community activities/interventions** implemented by empowered key figures and/or referral towards more specific service delivery.
6. **Monitoring and evaluation (M&E)** of each stage of the process.

The impact of RMM lies not only in what it produces, i.e., stronger social ties, community-led systems, and increased positive social capital, but also in how it unfolds. Through facilitated reflection, individuals and groups analyse their daily realities, identify problems, and work together to address root causes. In doing so, they build structures that counter these problems, rebuild trust, and strengthen social connections. The process becomes a space for people to express themselves, co-develop solutions, and reclaim their rights.

In this way, RMM functions as both a tool and a pathway to psychosocial wellbeing. It enables communities to challenge harmful norms and limiting systems, define wellbeing on their own terms, and transform the attitudes and values that underpin cycles of violence. At the same time, it cultivates resilience, helping communities prepare for and adapt to future threats.

Originally inspired by the Global Fund's framework for strengthening community systems in public health, RMM was adapted by HealthNet TPO across different contexts, including Burundi, Sudan, and the Democratic Republic of Congo, before being further refined and applied in Colombia and South Sudan.

## Psychosocial wellbeing and the socio-ecological model

Psychosocial wellbeing is not only an internal state; it emerges from the dynamic relationship between individuals and the environments in which they live. The socio-ecological model helps explain this interplay by situating individuals within interconnected social, economic, political, and cultural systems: all of which can act as both risk factors and sources of protection.

Grounded in systems theory, the model identifies multiple interacting levels:

**the individual, the micro level** (family), **the meso level** (community), and **the macro level** (societal and global). Applying this framework highlights the need for approaches that support both individuals and collectives, always in relation to their contexts. Evidence from systematic reviews reinforces this: negative psychosocial outcomes correlate with factors such as low cognitive social capital (individual level), family dysfunction and lack of support (micro level), negative parental influence (micro level), and tense or unstable social environments (meso level).

In both Colombia and South Sudan, work with women explicitly drew on the socio-ecological model to reduce risks, strengthen protective factors, and foster broader social change. Women's wellbeing in both contexts was deeply intertwined with their roles within families, their relationships, and their visibility and participation in community and political life.

In Colombia, the approach emphasised strengthening individual wellbeing while helping women connect their personal struggles to broader relational, community, and societal dynamics. This allowed women to understand their distress not as individual failure, but as shaped by wider systems, opening pathways for collective action.

In South Sudan, support extended from individuals to couples, families, traditional leaders, community structures, and justice and political systems. This multi-layered engagement aimed to expand women's access to care, reinforce accountability, and improve representation in decision-making.

Working across these interconnected levels allowed psychosocial support to function as a bridge between individual healing and collective transformation, making it a foundation for resilience, social cohesion, and sustainable peace.



## Safe spaces

Across both countries, safe spaces were essential to empowering women as peace advocates and enabling community transformation. These spaces offered women opportunities to gather, reflect, share experiences, and address issues affecting their wellbeing. In settings marked by conflict or persistent insecurity, the creation of safety — and the felt sense of being safe — is foundational for mental health, psychosocial wellbeing, and peacebuilding.

Safety extends beyond physical protection. While the Cambridge Dictionary defines “safe” as “not in danger or being harmed,” research shows that the human body does not distinguish between physical threats and perceived relational or social threats. Drawing on the “sense of safety” framework, safety is therefore understood as both external conditions and internal, embodied perceptions of protection and stability.

This is especially critical in conflict and post-conflict contexts, where people often navigate the effects of direct, structural, and cultural violence. Here, safety becomes central to healing, reclaiming agency, and transforming harmful norms and practices.

Research by trauma specialist Judith Herman supports this:

- Safety reduces the risk of developing PTSD following exposure to violence;
- It lowers biological stress responses linked to fear and anxiety;
- It strengthens people’s coping capacities;
- And it helps rebuild social ties and networks.

As identified by Herman, safety is the first and essential stage of recovery, enabling autonomy, empowerment, and reconnection with others. Similarly, safety is understood as a precondition for reconciliation, social cohesion, and the emergence of positive peace.



Because of this, establishing safe spaces is a key principle in integrating MHPSS and peacebuilding.

Both Colombia and South Sudan applied this framework by creating confidential, non-judgemental environments where women could share their stories, voice concerns, receive psychosocial support, and collectively shape solutions.

- In Colombia, safe spaces helped raise consciousness, stimulate collective action, and strengthen networks of solidarity among women.
- In South Sudan, they provided women with emotional support and opportunities to share experiences, while wider community forums enabled dialogue and creative responses to violence and its legacy.

Through these spaces, women in both countries were able to reconnect, organise, and lead — nurturing the social foundations for healing and sustainable peace.

## Triangulated comparative analysis

The results show that while Colombia and South Sudan share the same foundation — integrating community-based MHPSS into WPS programming — the form and function of their approaches, impacts, and sustainability models are deeply shaped by context.

In both countries, safe spaces, leadership development, and advocacy skills emerge as core drivers of women’s participation in peacebuilding. In both, MHPSS is not seen as an isolated service but as a political and collective process that builds agency, trust, and the capacity to influence change.

However, Colombia’s model builds sustainability through strengthening self-organised women’s groups and connecting them to wider civil society and institutional networks. This is possible because Colombia has a relatively robust, though unequal, civic space and a strong tradition of feminist organising. The WAP approach therefore invests heavily in skills transfer, co-created tools (like the guideline), and linking women to advocacy platforms where they can operate independently.

In South Sudan, sustainability is anchored in existing governance and cultural structures — such as chiefs, ABC Courts, and religious leaders — because these actors hold the legitimacy to influence norms in a highly patriarchal and fragmented context. The LOP model there-

fore emphasises relationship-building with male leaders, formalising their gender-sensitive roles, and embedding MHPSS into community justice and decision-making mechanisms.

These differences reflect key contextual drivers identified in Workshop 1:

- **Trust in authorities:** low in Colombia, so the focus is on autonomous action; necessary in South Sudan, so the focus is on transforming authority structures.
- **Gender relations:** the high prevalence of intimate partner violence in Colombia makes women-only safe spaces critical; in South Sudan, male engagement is essential to remove barriers to participation.
- **Civic structures:** Colombia’s decentralised and networked civil society enables horizontal advocacy; South Sudan’s centralised decision-making requires multi-level advocacy escalation.

In both contexts, the integration of MHPSS into peacebuilding has produced tangible impacts: increased confidence and leadership among women, stronger community networks, greater visibility of women’s priorities, and gradual shifts in social norms. Yet the sustainability of these results depends on deep alignment with how each society organises power, trust, and collective action.

Theme	Similarities	Differences	Contextual Drivers	Implications
<b>Community-based approach</b>	Both start with mapping needs, perceptions, and resources before designing interventions.	Colombia uses embodied/feminist methods and intercultural tools; South Sudan uses structured group models and formal guidelines.	Colombia’s strong feminist and intercultural activism traditions; South Sudan’s fragmented governance and need for structure and coordination.	Adapt programme design to local organising traditions and forms of expression.

## Triangulated comparative analysis

Theme	Similarities	Differences	Contextual Drivers	Implications
<b>Safe spaces</b>	Universally valued for trust-building, healing, and empowerment.	Colombia prioritises women-only spaces; South Sudan includes men (couple engagement) to gain buy-in for women's participation.	In Colombia, high rates of intimate partner/familial violence make male presence a barrier; in South Sudan, patriarchal norms require male involvement to remove barriers.	Define "safe" based on gender dynamics and security realities, not as a fixed model.
<b>Integration of MHPSS &amp; peacebuilding</b>	MHPSS framed as collective and political, linked to women's agency and participation.	Colombia uses a feminist framing centred on structural change; South Sudan links MHPSS to daily functioning, survival, and social cohesion.	Colombia's civic activism context makes political framing effective; in South Sudan, basic security and cohesion are higher priorities.	Tailor MHPSS narratives to the most resonant local entry points.
<b>Relationship with authorities</b>	Both acknowledge the need to connect community work with broader systems.	Colombia avoids direct engagement with state security actors; South Sudan trains and collaborates with chiefs, ABC courts, and police.	Colombia's history of state violence and mistrust of formal actors; South Sudan's reliance on traditional/local leaders for legitimacy.	Decide authority engagement strategies based on trust levels and historical relationships.
<b>Advocacy pathways</b>	Advocacy grounded in community-identified priorities.	Colombia focuses on local/municipal advocacy and symbolic actions; South Sudan uses a multi-level advocacy strategy (local → county → national → regional).	Colombia's decentralised, networked civil society; South Sudan's centralised governance and hierarchical decision-making.	Match advocacy strategies to where and how decisions are made.
<b>Sustainability models</b>	Leadership development and capacity-building embedded in both.	Colombia builds sustainability through autonomous women's groups and network linkages; South Sudan anchors sustainability in governance and cultural structures.	Colombia's active civil society supports horizontal networks; South Sudan's legitimacy flows through traditional leadership.	Anchor sustainability in the structures that communities already trust and rely on.

## Results: guiding principles

Across Colombia and South Sudan, eight principles emerged as essential to strengthening women's wellbeing and enabling women-led advocacy for positive peace:

- 1. Creating physical and psychological safe spaces** for consciousness-raising and collective care.
- 2. Working with CBOs, CSOs, and women's groups** to amplify women's voices and support advocacy.
- 3. Shifting norms, values, and beliefs** about women's roles within communities.
- 4. Using co-creative methodologies** to design interventions that reflect women's needs and lived realities.

**5. Providing psychosocial support**, including support for GBV and SGBV survivors.

**6. Applying intersectional and multidisciplinary approaches** that remain flexible and context-specific.

**7. Using a socio-ecological approach** that addresses individual, family, community, and societal levels.

**8. Strengthening social connections and trust**, and building networks that support collective action.



## Results: key considerations for policy and practice

Drawing from the workshops, several strategic considerations emerge for policymakers, practitioners, and donors integrating MHPSS into the WPS agenda:

### 1. Safe spaces must be locally defined.

Their form depends on gender dynamics and security conditions. In Colombia, women-only spaces foster safety; in South Sudan, couple engagement shifts norms. Safe spaces underpin healing, consciousness-raising, and collective organising.

### 2. Authority engagement must be context-driven.

Where institutional trust is low (Colombia), women's autonomous organising is key. Where traditional leaders hold legitimacy (South Sudan), their engagement is essential. Effective engagement strengthens sustainability and acceptance of women's participation.

### 3. MHPSS framing must resonate with local realities.

Feminist, political framings suit contexts with civic space; relational or survival-based framings work in highly fragile settings. Tailoring the narrative increases legitimacy and community uptake.

### 4. Sustainability must be anchored in trusted structures.

Whether through autonomous women's groups (Colombia) or chiefs and ABC courts (South Sudan), grounding change in locally trusted systems ensures continuity beyond projects.

### 5. Methods must fit cultural and organisational norms.

Embodied and narrative practices work in expressive contexts; structured group formats fit hierarchical or traditional systems. Elevating cultural practices deepens ownership.

### 6. Advocacy pathways must match decision-making structures.

In decentralised systems, local advocacy is powerful; in hierarchical systems, multi-level engagement is essential. Psychosocial empowerment helps women navigate these pathways.

### 7. Psychosocial wellbeing is a right and a driver of peace.

Wellbeing enables public participation, resilience, and accountability. It must be recognised as foundational to inclusive governance and peacebuilding.

### 8. Long-term investment is essential.

Sustained advocacy requires multi-year strategies that support both community-level organising and structural reforms.

### 9. Intersectional and integrated approaches increase impact.

MHPSS must link with GBV prevention, livelihoods, education, and legal empowerment to address the drivers of inequality and violence.

### 10. Co-creation strengthens ownership and sustainability.

Interventions designed with communities—through participatory mapping, shared guidelines, and intergenerational learning—produce leaders, not beneficiaries.

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*One of the most important changes we have experienced is recognising our value as women, and especially as Indigenous women. This self-recognition has helped us strengthen our self-esteem and stop accepting certain forms of violence that used to be seen as normal. Now, we are raising our voices, sharing our knowledge, and helping other women do the same.*

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## Conclusion

The comparative analysis confirms that while the principles of community-based MHPSS are transferable, their implementation must be tailored to context. Psychosocial wellbeing underpins women's ability to participate in and influence peace processes. Safe spaces, advocacy, and sustainability strategies are most effective when grounded in local realities, power structures, and cultural practices.

When MHPSS is integrated into WPS programming through culturally resonant, co-created, and context-driven approaches, it becomes a catalyst for both healing and transformative, inclusive peace.



### 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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