Colombia: Women Advocate for Peace (WAP)

End of project evaluation

our impact

3,024 participants across its six departments

including 2,690 women, six individuals with diverse gender identities and expressions (two non-binary, two transgender women, and two transgender men), and 328 cisgender men.

HEALTHNET TPO

Project overview

The Women Advocate Peace (WAP) is a five-year project (2021–2025) implemented under the framework of the Dutch National Action Plan IV (NAP-IV) on Women, Peace and Security (UNSCR 1325) and funded by the Dutch Ministry of Foreign Affairs. It is delivered through a consortium led by ICCO/Cordaid and composed of HealthNet TPO, LIMPAL, CODACOP, and Ruta Pacífica de las Mujeres, combining expertise in mental health and psychosocial support (MHPSS), gender equality, advocacy, and peacebuilding.

In Colombia, HealthNet TPO leads project implementation across six conflict-affected departments — La Guajira, Bolívar, Meta, Putumayo, Nariño, and Cauca — in collaboration with local women's groups, community leaders, and institutions. The project contributes to Colombia's peace process by strengthening women's psychosocial wellbeing, leadership, and participation in peacebuilding and by addressing the gendered impacts of conflict. Its overall aim is to create an environment where women and girls from diverse backgrounds can live free from violence, realise their rights, and actively shape inclusive and sustainable peace.

Within the WAP programme, HealthNet TPO works through three interconnected result areas:

1. **Peace Process:** Strengthening advocacy for women's participation and influence in peacebuilding. Activities include knowledge-building events, community advocacy actions, and research initiatives such as the Shared Learning Agenda on the intersection of MHPSS and peace.
2. **Protection and Accompaniment:** Reinforcing community-based psychosocial support mechanisms and safe spaces for women and girls. The project trains community agents and institutional actors to identify and respond to mental health needs and promotes self- and collective-care practices.
3. **Women's Empowerment:** Enhancing women's economic autonomy through collective care strategies, vocational and leadership training, and financial support for women-led ventures.

Building on HealthNet TPO's presence in Colombia since 2016, WAP continues to promote community-based psychosocial care as a foundation for recovery and resilience. The project also invests in the wellbeing of women leaders and caregivers through capacity-building on self-care and evidence-based MHPSS practices. As Sandra Patricia Jacanamejoy, a Kamëntšá Indigenous woman and HealthNet TPO Regional Leader in Sibundoy, Putumayo, explained:

> ***"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 understand these are forms of gender-based violence, and we are raising our voices, sharing our knowledge, and helping other women do the same."***

Through these efforts, **Women Advocates for Peace demonstrates how MHPSS can serve as both a tool for healing and a catalyst for women's leadership and social transformation,** advancing the goals of the Women, Peace and Security agenda in Colombia.

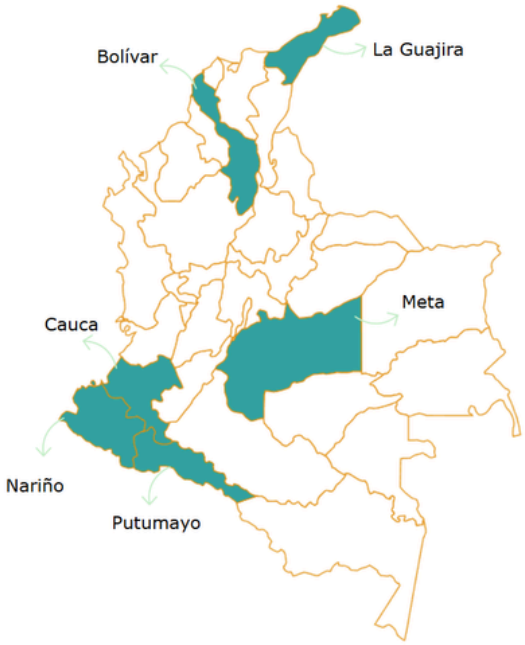
Context

Colombia is navigating a complex post-conflict transition following the 2016 peace agreement between the national government and the FARC-EP. Despite this landmark accord, armed violence continues in many regions due to the reconfiguration of illegal armed groups and weak implementation of peace-related commitments.[1] The country is marked by significant internal displacement, with over 7.2 million people forcibly uprooted, and more than 8.8 million registered as victims of the armed conflict.[2]

The legacy of war has left profound emotional, social, and psychological wounds. Women, in particular, have mostly suffered the burden of the conflict, facing displacement, sexual and gender-based violence, and the weight of sustaining their families and communities amid insecurity.[3] In many areas, women's bodies have been used as territories of war. Gender-based violence, including sexual violence within armed groups, obstetric violence, and intimate partner violence, has left lasting effects on women and girls. Everyday sexism, unequal access to resources, and systemic impunity continue to pose challenges to women's wellbeing and participation.[4]

At the same time, Colombia has a strong tradition of feminist organising and activism, robust legal frameworks such as Law 1257 on women's rights, and a vibrant civil society that has long defended equality and peace. These assets provide fertile ground for implementing feminist, community-based psychosocial approaches that see healing not merely as recovery, but as a process of political transformation.[5]

HealthNet TPO and its consortium partners[6] under the Women Advocate Peace (WAP) programme operate in several conflict-affected departments — including La Guajira, Bolívar, Meta, Putumayo, Nariño, and Cauca — each with distinct realities and challenges.



Across these territories, HealthNet TPO's work recognises that wellbeing cannot be achieved without addressing the root causes of conflict and the structural, cultural, and emotional dimensions of violence. The organisation's approach reflects the understanding that healing is political and that emotional recovery, social justice, and peace are deeply interconnected processes.

Despite the persistence of violence and inequality, Colombian women survivors are leading peacebuilding processes: they demand recognition of their experiences, seek justice, and advocate for transformative change. They are key in the truth-seeking and reconciliation process. In this context, HealthNet TPO's feminist, systemic approach to MHPSS is uniquely suited. By combining community-based psychosocial support, collective care strategies, and body-centred methodologies, the organisation supports both individual recovery and collective empowerment. This approach bridges personal healing and structural transformation, recognising that sustainable peace is built not only in institutions, but in the minds, bodies, and relationships of those who have endured conflict.

WAP Approach

Within this complex reality, the **Women Advocate Peace (WAP)** project applies a feminist and systemic perspective that treats psychosocial wellbeing as both a personal and political process. Healing is understood as an act of resistance and liberation, inseparable from the struggle for equality, justice, and peace. The approach integrates emotional recovery with social transformation, acknowledging that patriarchal structures, discrimination, and exclusion must be confronted for true wellbeing to emerge.

While the project primarily focuses on women's empowerment, it also recognises that sustainable peace requires men's engagement. Women repeatedly expressed fatigue at carrying the emotional and social burden of reconciliation alone. WAP therefore encourages men to critically reflect on the violent dynamics that shape their identities and relationships, fostering new forms of masculinity grounded in care, non-violence, and shared responsibility. This inclusive dimension seeks to transform not only women's experiences of healing but also the broader gender relations that sustain peace at the community level.

Psychosocial wellbeing is strengthened through community-based collective care encounters, which integrate body-based and narrative practices designed to foster safety, solidarity, and expression. Somatic exercises, storytelling, rituals, and artistic practices allow women to process trauma, rebuild trust, and reaffirm agency. These activities are supported by training components covering psychological first aid, GBV prevention, wellbeing promotion, and peacebuilding tools, ensuring that women gain both the skills and confidence to accompany others in their communities, but also that there are community spaces that promotes safe spaces to reflect on GBV and transform community dynamics.

The methodology is grounded in cultural relevance and local ownership. WAP draws on frameworks such as the **Kämentsá Guidelines**, which incorporate Indigenous worldviews and ancestral practices from the Kämentsá community, and **EMMA** (Meetings of Women Who Mobilize Support), a model that emerged from participatory research in Meta, Bolívar, Putumayo, and Guajira. These tools have become essential to promoting intercultural approaches to psychosocial support and peacebuilding.

Co-creation is at the heart of the project. Women are not seen as beneficiaries but as co-creators of the process: leading activities, co-creating methodologies for other groups and incorporating their artistic and cultural practices as vehicles for peacebuilding. **Through feminist analysis,** participants explore everyday sexism, power dynamics, and the connections between mental health, gender-based violence, and social exclusion.

Workshops also strengthen advocacy and leadership skills. Using participatory methods, women engage with key policy frameworks such as Law 1257 and UNSCR 1325, translating them into accessible knowledge through infographics and group exercises. This process allows participants to articulate demands, engage local authorities, and connect personal healing with collective action.

Ultimately, psychosocial support is understood as a collective, cultural, and political process. It transforms vulnerability into agency and isolation into solidarity, enabling women to become advocates for peace and social justice. The Women Advocate for Peace project demonstrates that psychosocial wellbeing, when addressed through feminist, systemic, and intercultural approaches, can become a cornerstone for inclusive, resilient, and sustainable peace in Colombia.

WAP Implementation

From the outset, the Women Advocate for Peace (WAP) project employed **Resource Mapping and Mobilisation (RMM)** to explore local meanings, beliefs, and practices related to mental health, gender, peacebuilding, and cultural wellbeing. The RMM process was not only diagnostic but also intervention-oriented: each session provided a psychologically safe space where women could share collectively, practice active listening, and begin to build agency.

To capture the diversity of perspectives and expressions, the RMM used varied participatory tools, including:

- **Embodied explorations,** where participants used body postures or gestures to represent what mental health "looks like" for themselves and in their communities and also to create how they wanted to shape it.
- **Drawing exercises** to visualise perceptions and stigma of wellbeing and distress, particularly in communities less accustomed to verbal or body-based expression.
- **Narrative strategies** to challenge dominant mental health discourses, including those that stigmatise people with psychosocial challenges as "crazy" or "dangerous."

WAP Implementation

Implementation remained **flexible and adaptive** to each community's cultural and social dynamics. In more expressive communities, embodied work thrived; in quieter settings, creative and narrative methods were prioritised. In all cases, local coordinators and leaders were key. All sessions began with **collective agreements** on safety, respect, and non-judgement, ensuring a foundation of psychological security. In some areas, men were **intentionally excluded** from group spaces to allow women to speak freely, particularly where intimate partner or family-based violence was prevalent.

Importantly, advocacy was embedded in every stage of implementation rather than treated as an add-on. Women were supported to lead local dialogues, question candidates for public office, and participate in municipal and national forums. In one example, a locally organised women's forum brought together community members and mayoral candidates, during which participants demanded concrete commitments to the Women, Peace and Security agenda. The project also forged **linkages with universities and national networks,** amplifying women's voices and ensuring that their perspectives reached beyond their immediate territories.

Across all sites, WAP reinforced that psychosocial support is not merely a service or treatment, but an act of collective knowledge creation, resistance, and liberation. **Healing was framed as a political process:** one that simultaneously addresses the internal wounds of conflict and the external structures that perpetuate inequality.

Beyond strengthening wellbeing and group cohesion, **these approaches prepared women to act as advocates for peace and active political participants.** Collective care and feminist analysis equipped participants to identify issues they wished to address, gain confidence to engage with local authorities, and design advocacy strategies connecting personal healing with structural change.

In this way, **psychosocial processes became a bridge between recovery and political influence,** enabling women to translate personal transformation into social and institutional impact.

Case-Based Adaptations

Implementation in Colombia was shaped by diverse local realities, requiring adaptation to each community's social dynamics, security conditions, and cultural practices.

In La Macarena (Meta), where armed actors remain active and gender-based violence is common, the team encountered resistance from men; some of whom forbade their wives from participating. To address this, WAP implemented protective strategies, including engaging other members of their families for an intergenerational meeting and initial trust-building activities with them and the community. The "voices gathering" method, developed by a Colombian academic, proved particularly powerful: one woman shared her story, prompting resonance and solidarity from others, culminating in a symbolic act of collective healing.

In Sibundoy (Putumayo), an intergenerational process incorporated ancestral Indigenous practices to support healing and identity restoration. Elders, and in particular older women, shared traditional medicinal knowledge and rituals, challenging gender hierarchies that had historically marginalised them. WAP encouraged these women to lead session openings and facilitate reflection, thereby restoring their authority, visibility, and cultural continuity.

These case-specific adaptations illustrate how MHPSS approaches are most effective when they honour local knowledge systems, adapt to social realities, and balance psychosocial care with cultural identity and safety.

Cultural Transformation and Sustainability

WAP's sustainability strategy centres on building self-reliant structures and transferable skills within women's groups so that collective care, advocacy, and peacebuilding activities can continue beyond the project's lifespan. From the outset, the team worked to ensure that safe spaces would not depend on HealthNet TPO's presence. This was achieved by co-developing safe-space agreements with participants, modelling facilitation techniques, and supporting women to replicate the format in other community settings.

To sustain advocacy and civic engagement, women were trained to design and lead their own initiatives: from convening local forums with authorities to participating in municipal development planning. Linking these groups to municipal and national networks, including universities and other women's organisations, expanded their reach, visibility, and access to resources.
A key tool for sustainability is the co-created guideline developed with women leaders on MHPSS, GBV prevention, and safe-space facilitation. This document integrates theoretical, ethical, and methodological guidance with practical session plans, enabling women to train others and maintain the approach independently.

As explained by Andrea Ardila del Toro, HealthNet TPO's MHPSS Coordinator in Colombia, the objective is that "the groups start doing it themselves", keeping collective care alive as a community practice and embedding psychosocial wellbeing into local leadership and advocacy cultures.

COLOMBIA: WOMEN ADVOCATE PEACE

HEALTHNET TPO

Bibliography

[1] Gil, J. (2025, July 31). Colombia's surge in armed violence: How did we get here? The New Humanitarian. https://www.thenewhumanitarian.org/analysis/2025/07/31/colombias-surge-armed-violence-how-did-we-get-here

[2] Internal Displacement Monitoring Centre. (2025, May 13). Las cifras que presenta el Informe Global sobre Desplazamiento Interno 2025. https://www.internal-displacement.org/news/las-cifras-que-presenta-el-informe-global-sobre-desplazamiento-interno-2025/

[3] United Nations. (n.d.). Colombia: Violence against women, girls and the LGBTQI+ community — its causes and consequences. ReliefWeb. Retrieved November 5, 2025, from https://reliefweb.int/report/colombia/colombia-violence-against-women-girls-and-lgbtqi-community-its-causes-and-consequences#:~:text=In%20Colombia%2C%20decades%20of%20conflict%20have%20deepened%20the,with%20colonial%20attitudes%2C%20structural%20racism%2C%20inequality%20and%20classism

[4] Rodriguez Castro, L. (2020). 'We are not poor things': territorio cuerpo-tierra and Colombian women's organised struggles. Feminist Theory, 22(3), 339-359. https://doi.org/10.1177/1464700120909508 (Original work published 2021)

[5] Fal-Dutra Santos, A., Cardona, S., Jaramillo Piedrahita, F. L.(2025). Taking Peace into Our Own Hands: Colombian Feminists Use Local Politics to Advance Their Agenda for Peace. Global Studies Quarterly, 5(1), https://doi.org/10.1093/isagsq/ksaf001

[6] Consortium partner are ICCO, CODACOP, LIMPAL, and Ruta Pacifica De Las Mujeres. Donor is the Dutch Ministry of Foreign Affairs.

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.

Wibautstraat 137d, 1097 DN,
Amsterdam, The Netherlands
T: +31 (0)20 620 00 05
www.healthnettpo.org

HEALTHNET TPO