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MAPPING THE INTEGRATION OF THE FIELDS OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT WITH PEACEBUILDING THROUGH CO-CREATION

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Human Sciences, College of Humanities, University of KwaZulu-Natal

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DECLARATION

I, **NOXOLO ZANELE DLAMINI**, hereby declare that Mapping the Integration of the Fields of Mental Health and Psychosocial Support with Peacebuilding through Co-creation is entirely my own work, that all the sources that I have used have been properly referenced and that I have not previously submitted any part of thesis at any other University for a degree.

DATE: 1 December 2022

As the candidate's supervisors, we **Professor Yvonne Sliep and Dr Nosipho Makhakhe**, have approved this thesis for submission.

DATE: 1 December 2022

DEDICATION

To my loving husband Langa and my children, Kwethaba, Bukhosi and Sikuwe, through whose support this work is completed.

ACKNOWLEDGEMENTS

Prof Yvonne Sliep, your encouragement and support have been the greatest motivator to the completion of this work. I am amazed by and have learned from your genuine care for your students, empathetic manner, infectious laughter and always reminding me to breathe. Dr Nosipho Makhakhe, your commitment to excellence, lifting the bar and not settling for average has inspired me. Thank you to you both for your invaluable input into this work. I will carry all that I have learnt into my future endeavours.

My thanks go to the organisations and participants from whom I have learnt and gained an understanding of MHPSS and PB. Thank you to the facilitators of the IJR co-creation workshops, Friederike Bubenzer, Marian Tankink and Yvonne Sliep for your support.

To all my family and friends, I can never thank you enough for your love, support, and encouragement throughout this research. You believed in and continued to pray for me even when it looked to me like I was aiming for the impossible. I treasure you all.

To my wonderful husband, Langa Dlamini – Ngiyabonga Siba! You have sacrificed so much for me to get here. May God abundantly bless you.

To my Lord and Saviour, through whom all blessings flow; I am eternally grateful to you for saving my life, I have been given more time - may the rest of it be lived to serve both you and people.

ABSTRACT

Protracted conflict, combined with the resultant psychological scarring have been a part of present life for many societies. Historically Peace Building and MHPSS (Mental Health and Psychosocial Support) have been used to address the effects of conflict separately, yet they offer different yet complementary solutions to the problem. The purpose of this research was to explore the integration of MHPSS and PB from the viewpoint of the participants of co-creation workshops conducted in 2019 and 2021 on the same topic. A qualitative descriptive design was utilised in this study as it allowed the researcher to explore how the participants responded to the co-creation methodology used in the workshops while gaining insight into their opinions on integration. The study was conducted using documented reports and transcripts of the co-creation workshops, followed by in-depth online interviews.

A thematic analysis was used, and findings show that changing funding mandates were necessary as these impact on what humanitarian work is done. Through advocacy, information sharing, and policy change, the way in which donors approach this work could be changed. Much needs to be done to capacitate those working in the field and to raise awareness of the value of linking these disciplines. Greater understanding between the two fields and knowledge of the language, theories and tools used will need to be shared. The co-creation method that was used for the present study seems to have benefitted the process of integration in the participating organisations, through reflection, information sharing, research and writing.

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ACRONYMS

PB	Peace Building
MHPSS	Mental Health and Psychosocial Support
GBV	Gender Based Violence
UN	United Nations
UNDP	United Nations Development Programme
IOM	International Organisation for Migration
MH	Mental Health
PSS	Psychosocial Support
EU	European Union
AU	African Union
TPO	Transcultural Psychosocial Organisation
COVID 19	Coronavirus Disease 2019
NGOs	Non Governmental Organisations

CHAPTER ONE

INTRODUCTION

Protracted violence has been a part of present life for many societies (Anderson, 2019). These conflicts result in societies that are prone to repetition of this conflict and inflicting deep psychological wounds. Historically Peace building (PB) and Mental Health and Psychosocial Support (MHPSS) have been used to address the effects of conflict separately, yet they offer different yet complementary solutions to the problem (Harrison et al., 2021; Low, 2021). There has been a call to unite these two fields in these conflict-affected societies to curb the cycle of violence and bring healing. The purpose of the chapter is to give a summary of the study and a brief breakdown of the chapters. This chapter entails the background of the study, the rationale and significance of the study, the research objective and questions, the design, context, and outline of the study.

1.1 Background to the Study

Violent conflicts leave behind communities that are psychologically and socially scarred, who must deal with heavy everyday stressors (Charlson, 2019; Ventevogel et al., 2013). The COVID 19 pandemic worsened this situation as it relates to children, youth, and women (United Nations Secretary General, 2022). PB and MHPSS are both used in conflict affected and violent contexts. They have been used separately in the reparation of the social fabric of these societies, addressing the root causes of conflict to discourage the repetition of cycles of violence. There has been a call to merge these two fields to address the mistrust and psychological wounding within these societies while building peace.

MHPSS and PB integrated approaches have been used in various forms, however there are several challenges, such as funding constraints, the length of time that such interventions require, and lack of understanding of the different approaches (Bava, et al., 2013; Rokhideh, 2017). The COVID 19 pandemic has added another dimension to the challenges that are faced globally, the effect of which has brought further complications in war torn and conflict affected areas where whole communities are grappling with poverty, uncertainty, and political tensions (Wessels & Sule, 2022). This has highlighted the urgent need for PB efforts while addressing communities and whole nation's MHPSS needs (Hamber, 2020).

The need for the nexus between PB and MHPSS is evident, what is lacking is understanding the challenges that are faced by those involved, how they have grappled with these challenges, what systems have been used within communities for them to strive and what the practitioners require in moving the work forward (Bubenzer et al., 2017). This study seeks to gain an understanding of what PB and MHPSS specialists who have used integrated approaches in Kenya, Zimbabwe and South Africa envisage as the blockages in integrating the two fields and what they see as the way forward in pursuing integration.

1.2 Rationale and Significance of the Study

Although the need for the integration of MHPSS and PB has been highlighted, insufficient knowledge exists about best practice in this regard (Hamber, 2014; Rokhideh, 2014). The problem that this research seeks to address is how integration of PB and MHPSS is viewed by the practitioners within these fields. This research focuses specifically on how individuals and organisations in Kenya, South Africa, and Zimbabwe, who were involved in a series of MHPSS and PB co-creation workshops held in 2019 and 2021, merged the two fields, what actions followed the initial workshops, what they learnt from the experience and how they hope to advance this work. Much has been written on PB and MHPSS fields

separately, however there is a paucity of research that brings the two fields together (Tankink & Bubenzer, 2017).

The aim of this research is to explore the integration of MHPSS and PB from the viewpoint of the participants of co-creation workshops conducted in 2019 and 2021 on the same topic. It unpacks the experiences of these participants of the workshops and the linking of these two fields in their contexts. The findings of this study could contribute in discussions pertaining to policy formulation and funding mandates for PB and MHPSS integrated approaches.

Reports from Kenya, South Africa and Zimbabwe co-creation workshops where this topic was examined will be used for data, followed by in depth interviews of seven practitioners from each context.

1.3 Research Objective and Research Question

The objective of this research is to gain an understanding of the lived experiences and insights of the participants of the 2019 and 2021 MHPSS and PB cocreation workshops of integrating the fields of MHPSS and PB in their contexts. The research question is what are the experiences and insights of the participants of the 2019 and 2021 MHPSS and PB co-creation workshops of the integration of the two fields, in their contexts?

1.4 Research Design and Context

A qualitative approach will be applied in this study as it allows a researcher to study a phenomenon as it happened, from the participants' vantage point (Pandey & Patnaik, 2014). The direct experiences and subjective points of view of participants will be the focus of this research, as such phenomenology will be the stance taken by the researcher.

The study will be conducted using documented reports of the MHPSS and PB cocreation workshops that will be held in 2019, transcripts of the 2021 workshops, and in-depth online interviews. The research participants who are professionals in these fields attended the co-creation workshops and will form the sample pool from which key informants will be identified for in-depth interviewing. The sample will include three people working in the Mental Health and Psychosocial Support field and three participants from the Peace Building field. The research participants took part in the previously mentioned cocreation workshops which were conducted in 2019 in South Africa, Kenya, and Zimbabwe. The follow up workshops were conducted online in 2021. The interviews will also be conducted online.

1.5 Ethical Clearance for the Study

The procedures followed for ethical clearance are highlighted in Chapter 3. Ethical clearance for this study was granted by the University of KwaZulu-Natal (UKZN) Ethics Committee. (Please see annexure 1)

1.6 Outline of the Study

Chapter 1 is an introduction of the research study. It presents a background and outline of the study.

Chapter 2 is a review of the literature. It sets out an overview of the discipline of Peace Building and that of Mental Health and Psychosocial Support. It also features the research that has been conducted on the linking of MHPSS as well as the gaps that have been found in literature.

Chapter 3 sets out the research methodology followed in this study. It outlines the research design and approach and details the data selection and verification methods used. The ethical considerations of the study are also discussed.

Chapter 4 is a presentation of the findings from the data sets that were used in this study, with quotes included from the transcripts.

Chapter 5 highlights the findings from the study while incorporating literature in the discussion. It unpacks the themes that were uncovered and how they relate to research that has already been done.

Chapter 6, the conclusion, sets out the recommendations and limitations of the research study.

CHAPTER TWO

LITERATURE REVIEW

Destruction of property, loss of livelihoods, suspicion, mistrust, loss of cultural traditions, the weakening of social structures and psychological scarring are some of the effects of war and violent conflict (Brück et al., 2019; Somasundaram, 2014; Wessels, 2008; Ventevogel, 2013). These dire effects necessitate the rebuilding of the affected societies. PB is a combination of interventions at all levels of society who work towards addressing the root causes of violent conflict while strengthening post conflict society, to prevent further violence (Barnett et al., 2007; Conforti, 2019). Similarly Mental Health and Psychosocial Support (MHPSS), interventions assist individuals, families, and communities to address and heal the emotional and psychological scarring associated with violent contexts and conflict (Anderson, et al., 2020; Bangpan, et al., 2016; Tol, 2011). Historically, these fields have worked separately from each other, primarily due to funding constraints and coming from different sectors. This study hopes to show that when these two fields work together, there is greater impact and sustainable peace because MHPSS issues such as past hurts and broken trust can undermine PB efforts, while healing without addressing peace processes does not address issues necessary for rebuilding society (Rokhideh, 2017; Wessels & Sule, 2022). In this chapter, to highlight the necessity for integration, a historical background of PB will be discussed, followed by an explanation of MHPSS and what it entails. The remainder of the chapter focuses on a review of literature regarding the integration of the two fields and the theoretical framework that will be taken for this study.

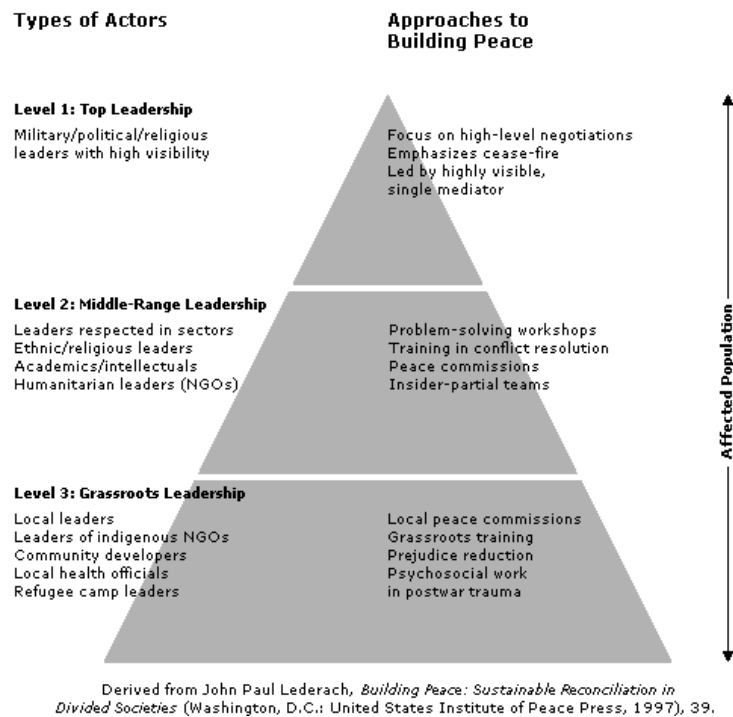
2.1 Peacebuilding

The term peacebuilding was coined by Johan Galtung, a Swedish scholar, said to be the father of peace studies who established that peace is the absence of violence, where

violence is defined as deliberate or unintended influence, which hampers people's physical or mental potential (Galtung, 1969; Cravo, 2017). Galtung's conception of violence includes indirect violence, which can be cultural or structural. Indirect violence is the withholding or unequal distribution of resources (Karbo, 2008). This has an impact on overall health, psychological health, and general wellbeing. A distinction is made between positive peace and negative peace. Negative peace is the absence of war and positive peace is regarded as the integration of humanity; harmonious living of people (Karbo, 2008).

Galtung introduced the concept of PB in his 1975 article, "Three approaches to peace: Peacekeeping, Peacemaking and Peacebuilding." where he compared PB to and explained how it functions with Peacekeeping and Peacemaking (Cravo, 2017; Christie et.al, 2001). The focus of Peacekeeping was the cessation of direct violence and keeping the opposing parties apart, without addressing the causes of the conflict. Peacemaking took a broader view and addressed the thinking of the warring parties by ensuring that they signed ceasefire agreements and attempted to remove the cause of conflict. The third approach to peace, Peace Building was to be a multifaceted approach focusing on addressing the causes of violence as well as finding ways to stem the continuation of violence (Sempiga, 2017).

A foremost contributor to PB literature is John Paul Lederach who argues that PB needs to be at all levels of society (Farizan, & Heryadi, 2021; Shulika, 2013). He introduced the peace pyramid to show the levels at which PB should be addressed and how each level can be involved.



2.1.1 Figure 1. The Peace Pyramid.

The peace pyramid has three levels; the top level, middle level, and grassroots level of leadership (Farizan, & Heryadi, 2021; Shulika, 2013). The top level consists of leaders who are the decision makers who hold a prominent level of power such as political or military leaders. These leaders tend to be well known and are in the public eye. The second layer is that of middle level leadership. These leaders are in contact with the grassroots while having access to the top leaders and a measure of power. These tend to be academic or religious leaders. At the bottom is the grassroots level where the leaders here are linked with the communities. They have first-hand experience of the challenges that are faced by communities and often what is happening has a direct impact on them. Examples of these leaders are health officials, refugee camp leaders and NGOs (non-governmental organisations) who work directly with communities. It is also at this level that there are interventions that are aimed at addressing the trauma suffered due to conflict and other

psychosocial needs (Farizan, & Heryadi, 2021; Hunt, 2019). For Peacebuilding to be effective, it is critical for it to be present at all levels of society.

At the end of the cold war, signified by the falling of the Berlin Wall on the 9th of November 1989, PB was highlighted when Boutros Boutros-Ghali, as Secretary General of the United Nations (UN), adopted and included it in the Agenda for Peace in 1992 in efforts to reduce violent conflict within and among different nations (Cravo, 2017; Hanachor & Echezu, 2021). The Agenda for Peace introduced a four-legged approach to peace that would be applied by the UN. It includes preventive diplomacy, peacemaking, peacekeeping, and peacebuilding, which is in line with what Laderach proposed. The mending of the social fabric is one of the key responsibilities of peacebuilding as protracted conflict in some contexts leads to generational tendencies to mistrust, violent conflict and psychological scarring which become part of the culture of affected communities (Hunt, 2019; Karbo, 2008). Peacebuilding work addresses negative attitudes and aims to break down stereotypes while fostering an environment for reconciliation and healing of psychological wounds that have resulted in or have been caused by ongoing conflict.

Currently there are many different definitions of peacebuilding, Bubenzer et al., 2017 use the following definition:

“Peacebuilding consists of the range of interrelated issues, actions and tools used to promote just and sustainable social, economic, and political structures and relationships – at all levels of society. It is concerned with short term responses to complex and violent conflicts and long-term responses to build the capacity of societies, preventing them from drifting back into violence (conflict prevention). Peacebuilding is an integral part of helping stable societies develop economically, politically, socially, and culturally. It does this by addressing the intangible and tangible psychological, relational, and structural elements of complex issues in an integrated manner.” (p.4)

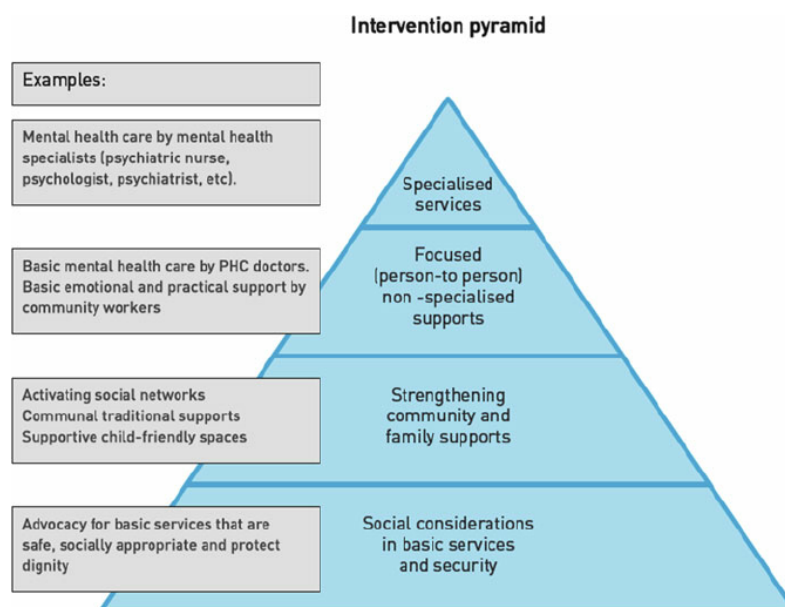
This broad definition gives an understanding of what peacebuilding work entails and what it aims to achieve. It will be the operational definition for this study.

Context is critical in the application of PB. One of the criticisms of PB is that historically its application has been planned and implemented without regard to the way the local people at grassroots levels have addressed their issues (Donais, 2009). The work of the UN and other international agencies have come under critical review as it is often conducted in various post conflict localities in a way that is foreign to the countries within which these interventions have being brought, with limited success (de Coning, 2013; Cravo, 2019). This hampers the success of these interventions as the western approaches are sometimes not suitable for those contexts. In recent years, a more context specific approach has been taken, where people at grassroots level have been involved in the design and implementation of interventions (Hunt, 2019; Cravo, 2019; Christie et.al, 2001). According to these authors, the strength of many of these grassroots interventions is that they have had a psychosocial element in their approach.

2.2 Mental Health and Psychosocial Support

The definition given in the Inter-Agency Standing Committee guidelines for MHPSS in Emergency Settings is that it is “any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder” (Inter-Agency Standing Committee ASC, 2007, p.1). The definition incorporates a combination of approaches that addresses mental health, psychological needs and social factors that encourage resilience and psychological health (Kamali et al., 2020; Miller et al., 2021). This includes any assistance given to aid and strengthen the psychosocial well-being, mental health and resilience of individuals and communities, while increasing their ability to cope with day-to-day stressors (Tol et al., 2020; Ventevogel, 2013). The support can take various forms such as clinical treatment, therapy, support groups psychoeducation and psychological

first aid (Adesina et al., 2020; Miller et al., 2021 Weissbecker et al., 2019). Mental health is the ability to be productive and cope with the challenges of day-to-day life, while having the cognitive and social skills to contribute in one's community (Galderisi et.al, 2013). Thus, the work of mental health professionals is to assist individuals to attain mental health or find ways to manage their limitations. Psychosocial support is the nurturing and care that is offered by a variety of individuals such as friends, support groups and health care workers, through any number of activities which result in resilience and wellbeing in individuals and communities (Inter-Agency Standing Committee ASC, 2007).



2.2.1 Figure 2. The MHPSS Pyramid

The composite term mental health and psychosocial support therefore refers to interventions whose aim is addressing the psychosocial needs of individuals, families, and communities, and or treat any mental health challenges (Troup et al., 2021). MHPSS specialists range from those who have specialised clinical skills in the fields of psychiatry and psychology to social workers and various community workers from non-government organisations, faith-based organisations and those using traditional means of healing (French et al., 2018). This broad definition of interventions that attend to the psychological and social

needs of individuals, families and communities has been criticised to be too broad as it incorporates too many differing approaches that are used at individual, community, and societal levels (Miller et al., 2021).

2.3 The Need for MHPSS in Conflict Situations

The effect of war and violent conflict is not just physical but the mental health and wellbeing of people living in conflict situations is affected (Ventevogel, 2013). As a result, many of the people develop mental health conditions where they need specialised clinical or psychotherapeutic assistance. It is also important that people in conflict and post conflict environments have supportive social networks and other support which also helps them to cope with daily challenges such as loss of income and poverty (Harrison et.al, 2021; Ornett, 2019). MHPSS approaches have been criticised for having a narrow focus on individualistic issues without a consideration to societal issues – that the affected individual will return to the unchanged community and environment that may have contributed to the person’s mental ill health (Hamber, Gallagher & Ventevogel, 2014). For more effective rebuilding of individuals, communities and society, a merging of MHPSS into PB and vice versa is necessary.

2.4 A Closer Look at Integration

Peacebuilding includes addressing the root causes of violent conflict and working towards the prevention of further violence which is crucial for the strengthening of post conflict society (Conforti, 2019). However, what is evident in several contexts is that peacebuilding (PB) work is undermined by issues related to unaddressed mental health and psychosocial needs of individuals, families, and communities (Kubai & Angi, 2019, Rokhideh, 2017; Sliep, 2014). MHPSS interventions, provide healing while assisting in strengthening and rebuilding support systems that enable individuals to cope and thrive in

challenging situations (Sliep, 2009). Thus, a dual approach that incorporates both PB and MHPSS is necessary for effective rebuilding of conflict affected societies while shaping sustainable peace (Wessels, 2008). There has been a call for the integration of the two fields and many have worked to highlight the necessity for this integration (Hamber, 2020; Hart & Colo, 2014, UNDP, 2022).

2.5 The Rebuilding of Social Fabric

Social fabric is a concept from social identity theory used to explain the connections and relations formed within society. It also shows conflict's impact on societies. Norms, experiences, and expectations govern our social interaction and are key to the development of social fabric (Alcock & Sadava, 2014, as cited in Bubenzer et al., 2017). The rebuilding of trust within society is key to creating unity, harmony, and peace. For communities to move forward, it is crucial to repair the severed social fabric that has been damaged by violent conflict (Sliep, 2009; Sliep, 2014). The success of this depends on addressing the trauma and other psychosocial damage that has been caused by conflict. The combined approaches of MHPSS and peacebuilding are necessary to effectively do this. This integration is regarded as a crucial step in ensuring lasting peace through strengthening the agency and resilience of people and communities (Low, 2021). The psychological wellbeing of individuals and communities has a direct impact on their ability to participate in rebuilding their own lives, interact with others, participate in programs that assist the community and perform other PB initiatives (Low, 2021).

2.6 Examples of Integration

Integration of the two fields has taken various forms where both peacebuilding and MHPSS have been utilised in conflict affected society (Bubenzer & Tankik, 2017; UNDP, 2022). There is no singular approach in integration, there is a variety of ways in which

organisations have applied an integrated approach; from those that refer their clients to experts of the other field to those organisations that have transdisciplinary interventions where they have developed a framework that embraces both approaches (Bubenzer et al., 2017).

An example of this is that of the Transcultural Psychosocial Organisation (TPO) in Northern Uganda where post conflict PB efforts seemed unsuccessful until MHPSS work was introduced to enable the communities to address the effects of past trauma due to war and everyday stresses (Tankink & Otto, 2019). The multisectoral approach that was used by TPO Uganda had three legs to it; Peace Building, MHPSS and economic development. In this study, it was found that it was necessary to first treat the symptoms of previous trauma, such as gender-based violence, isolation, suicide, and an increase in criminal activity. Added to this, was the need to assist people to address day to day stressors and improve their coping skills.

Prior to the inclusion of the MHPSS initiative, the churches and traditional leaders took their role and assisted the communities through prayers and cleansing ceremonies. It was reported that while this assisted the people, it was not enough to address their deep fears and trauma. Baseline studies showed that the respondents did not have coping mechanisms for their daily stress and past trauma. Many of them resorted to alcohol abuse and violence. The group therapy which was part of the MHPSS initiative afforded the participants an opportunity to process their experiences in a healthy way, which decreased some of the harmful behaviour resulting from the previous conflict.

Through the psychosocial groups that were formed, strong relational bonds were forged, which assisted in rebuilding their society. As a result, an environment where the participants developed clarity and strength to focus on their economic development was created. Peacebuilding activities such as conflict mediation and reconciliation were added

and were effective once people's internal struggles had been addressed. Conflict mediation and PB activities have given communities skills to resolve their issues in a non-violent way.

Another example is that of the psychosocial peacebuilding work in Bosnia and Herzegovina, of the Welcome and Information Project and the Choosing Peace Together project, started one year after the war and 15 years after the war, respectively (Hart & Colo, 2014). Both interventions addressed the physical and psychological effects of war and the continuing rivalries between the Bosniaks, Croats and Serbs in regions of Bosnia Herzegovina while using peacebuilding activities to create much needed peace. The processes that were used were workshops aimed at psychosocial trauma recovery, problem solving and confidence building. They also utilised storytelling in safe spaces to enable the groups to see the human side of each other and create understanding and empathy between the participants. This was key in rebuilding trust and enabling links to form between the participants who were from different ethnic groups.

The projects that they conducted were amongst the three ethnic groups in different cities in Bosnia Herzegovina, which were involved in and affected by the war. These groups were blended and formed strong communities in the past, but during the 1980s due to political issues, divisions occurred. When the war started, in the 1990s, there were separations on ethnic lines, where displacement and human rights violations occurred amongst the groups. The purpose of the interventions was to create opportunities for dialogue, empathy, and healing from the effects of the war, while rebuilding the social fabric. They engendered a sense of understanding of each other and the different narratives from the others' experiences. Initially the interventions were divided according to ethnic group. As time went on, in some instances, some of the groups requested to meet and after some sessions where bonds began to form, a company was formed by the participants from the different ethnic groups. This was just one small step but was an indication of reparation that

was beginning to take place amongst these women. Other innovative MHPSS and PB approaches addressing various issues such as resilience, wellbeing and social cohesion have been used in various conflict and post conflict settings (Hertog, 2017; Richters, 2015; Sliep, 2014; Wessells & Sule, 2022).

2.7 Challenges of Integration

Although MHPSS and PB integrated approaches have been used in various forms, there are several challenges, such as funding constraints, the length of time that such interventions require, and lack of understanding of the different approaches (Bava, et al., 2013; Rokhideh, 2017). The COVID 19 pandemic has added another dimension to the challenges that are faced globally, the effect of which has brought further complications in war torn and conflict affected areas where whole communities are grappling with poverty, uncertainty, and political tensions. This has highlighted the urgent need for PB efforts while addressing communities and whole nation's MHPSS needs (Hamber, 2020).

Lack of funding was a further constraint. The necessary psychosocial, peacebuilding work in conflict affected societies requires funding which is usually supplied by donor agencies and humanitarian organisations with specific mandates (Kubai & Angi, 2019). The challenge is that although funding is available for interventions, it has been either for MHPSS, or peacebuilding or development work and not for mixed approaches (Hertog, 2017). This then implies that organisations are left with no choice but to align themselves with a particular approach depending on the funding call from donors. The results from these interventions also must align with the funding mandate and not deviate from what is expected. For this funding agencies must be informed of the advantages of an integrated approach.

Related to funding constraints is the issue of the time necessary for the effectiveness of peacebuilding and MHPSS approaches. Healing and reparation work afforded by approaches with a dual or multidisciplinary approach is effective but often time consuming due to the complexity of issues involved in conflict and violence affected society (Wessels & Sule, 2022). Short term interventions as well as long term interventions are necessary for there to be lasting change (Kubai & Angi, 2019).

There is currently still a lack of understanding of the different approaches. Lack of knowledge and understanding between those in the MHPSS field and the peacebuilding field dampens the willingness of organisations to pursue integration (Bubenzer et al., 2017). One of these perceptions is that peacebuilding is always political and confrontational, while MHPSS is humanitarian in nature.

The sample of this study is from a group of experts from the PB and MHPSS fields based in these countries who took part in co-creation workshops focusing on the integration of these two fields. The contexts that they work in are in dire need of MHPSS and PB, due to the violence and conflict that exist in these countries.

The context within which MHPSS and peacebuilding work is done varies and each country has its own nuances with differences within regions and communities. South Africa has a well-known history of apartheid and has been hailed as a good case study of reconciliation. However, South Africa has since seen a steady increase in violence against foreign nationals, women, children, the increase of criminal gangs and other forms of violence (Steinberg, 2018; Willan et al., 2019). This escalated in July 2021 when large scale violence, looting and destruction of property erupted in two of South Africa's provinces (Tatsvarei et al., 2021). Kenya on the other hand has had conflict that is characterised by land disputes, pastoral militia attacks, gangsterism and tribal conflict (Raleigh & Wafula, 2022).

Political violence is also a factor, and it escalates in months preceding elections as tensions increase between the opposing parties, this seen in the post-election violence of 2017 was of the feature in Kenyan history (Bedasso, 2015). Zimbabwe has a long-protracted history of political violence and conflict, which in recent history was evident in occurrences such as the violence during the liberation struggle, the Gukurahundi genocide that happened in the 1980's, violence, and brutality pre and post elections and the use of violent force by the government in response to political unrest (Tshuma, 2019). Context is important as it affects how integration can be done between the fields. It has been shown that integrated approaches differ based on contextual factors such as current level of conflict, funding, existing skills, and resources (Wessels & Sule, 2022).

2.8 Theoretical Framework

The theoretical framework that will be used in understanding the integration of MHPSS and peacebuilding in the said contexts is the social ecological model (SEM) which recognises the complex interplay between intrapersonal, interpersonal, institutional, organisational, community and public policy factors in developing comprehensive interventions in behaviour change (Golden & Earp, 2012; Rimer & Glanz, 2005; Glanz et al., 2008). For there to be lasting change, holistic approaches are necessary, tackling the change from intrapersonal, interpersonal, institutional, organisational, community and public policy (Tankink & Bubenzer, 2017; Tekkas Kerman, 2020). This model finds its basis in the ecological systems theory developed by Urie Bronfenbrenner as a human development theory that shows that human development is a function of the individual's interaction with multiple systems, namely, the microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1975; Golden & Earp, 2012).

The individual (Intrapersonal) level

The focus of the first level is on individual attributes (attitudes, beliefs, knowledge, and skills) and historical factors that may impact on the person's choices and behaviour (Rimer & Glanz, 2005). For the purposes of this study, it looks at how intrapersonal factors influence participants and how these may impact on their perceptions and behaviour towards integration.

The interpersonal level

This level is about close relationships that individuals have with other people and the impact of those relationships on their attitudes, choices, or behaviours (Rimer & Glanz, 2005). This includes close relationships with peers, family members and friends. These relationships provide identity, role definition and support.

Organisational level

The organisational level looks at the different organisations, how they function and what factors in their functioning aid or hinder integration (McLeroy et al., 1988). As this study looks at individuals within PB, MHPSS or related fields, these organisations and how they function and what impact this has on integration within their local contexts is an important focal point.

The Community level

This level is about the different social structures and institutions where social relations occur (Golden & Earp, 2012). The combination of the different organisations, their interaction with each other and how these impact on communities, is of particular interest at this level, as it relates to integration or avoidance of integration.

The public policy level

This level is concerned with broad societal factors that help or hinder required change (Golden et al., 2015; McLeroy et al., 1988). Examples of these factors are societal norms,

health, educational and social policies at various levels that help, maintain or hinder helpful ways of integrating peace and healing.

2.9 Summary

The purpose of this chapter was to give a brief account of the fields of PB and MHPSS, with a focus on the historical background, how these two fields have been in operation in conflict, post-conflict, and violent contexts. It also makes a case for the necessity of integrating these fields as they are both involved in the rebuilding of social fabric. This is particularly emphasised in relation to the countries that pertain to this study, Kenya, Zimbabwe, and South Africa. The next chapter is a description of the methodology that was followed in this study.

CHAPTER THREE

METHODOLOGY

This study is a qualitative descriptive study which explores the integration of MHPSS and PB. An interpretive orientation was taken in this study as the subjective meanings and explanations of the participants, relating to the integration of MHPSS and PB were the focus of the study (Neuman & Robson, 2014; Wahyuni, 2012). The enquiry was done through the analysis of reports and transcripts of co-creation workshops on the integration of MHPSS and PB, which were conducted in Kenya, Zimbabwe, and South Africa. The data gathered from the reports and transcripts was used as a basis for in-depth interviews with some of the participants of the workshops. The online interviews explored if there was additional experience and knowledge regarding the integration of PB and MHPSS. Participants in the study were selected through purposive sampling as specific criteria had to be used to ensure that the correct participants with the relevant knowledge were identified and it was imperative not to leave the selection of participants to chance due to the limited number of participants used in qualitative studies (Carter & Little, 2007). The data was collected through the analysis of reports and transcripts from the workshops, used as a baseline for the in-depth online interviews that followed. The in-depth interviews were conducted to explore if there was additional experience and knowledge regarding the integration of PB and MHPSS. The research tools used were the researcher and the research guide.

3.1 Research Approach and Design

A qualitative descriptive design was utilised in this study. Qualitative research is suited to the exploration of problems that exist in the world through seeking understanding of the experiences and perceptions of individuals (Neuman & Robson, 2014; Pathak et al.,

2013). It enabled the researcher to find patterns and themes in human behaviour which then assisted in understanding phenomena in a deeper manner than with the use of quantitative methods (Tenney et al., 2017). A qualitative approach was applied as it allowed the researcher to study the phenomenon as it happened, from the participants' vantage point, assisting the researcher to uncover the participants views and perceptions (Pandey & Patnaik, 2014). The direct experiences of the participants who work in the fields of MHPSS and PB, who were participants in the 2019 and 2021 workshops were the focus of this study. The insights that they had about the integration of MHPSS and PB based on their experiences in these two fields were a key focus, as well as their experience of the cocreation workshops on the same topic.

The goal of this study was to uncover and bring understanding of the knowledge and insights of individuals working in the MHPSS and PB fields as it pertained to the nexus of these two fields. There is little research that has been done in this area, therefore a descriptive stance was of benefit in bringing new knowledge as descriptive studies look at what, when, and how of phenomena (Doyle et al., 2020), adding understanding to the shape and nature of society (de Vaus, 2001).

3.2 Entry Into the Research Site

The researcher was invited to be an assistant and transcribe for the integration workshops of 2021 which happened on-line. This gave her the opportunity to gain some understanding of the PB and MHPSS fields. It also gave her an opportunity to hear first-hand, some of the challenges and issues pertaining to integration. After this, the organisers of the workshops offered the researcher the reports of the workshops that had been conducted in 2019 as well as the transcripts from the 2021 workshops as part of the data. To gain more insight into how participating organisations applied their knowledge and skills since the

workshops and to explore how they experienced the co-creation workshops, the researcher also undertook to have in depth interviews with some of the participants. The researcher was introduced to the participants and given their contact information by the organisers.

Gatekeeper permission was granted by the organisation that had held the workshops. The researcher then contacted the organisations where the participants worked to request permission for the online interviews that would be conducted. When permission had been granted, the researcher then contacted the research participants to request their participation in online interviews.

3.3 Selection of Participants

Sampling, or the selection of participants, is the process of recruiting participants to partake in the study of a particular phenomenon. Purposive or judgment sampling, a non-random selection of participants where individuals are chosen based on specific characteristics that they possess was used in this study (Etikan et al., 2016). The criteria for the selection of participants were that they were individuals who were delegates in the MHPSS and PB cocreation workshops, who had adopted both the MHPSS and PB approaches to their work or sought to do so. The plan was to select two individuals from each country of interest to add to the knowledge that would be gleaned from the reports from the previous workshops. These individuals had to be from either the MHPSS field or PB field to represent the views from both fields. Some participants were selected due to working in these fields while using a different approach or field as an entry point. Seven participants in total were interviewed, three from Kenya, two from South Africa and two from Zimbabwe. These participants represented MHPSS and PB. One of the participants was in the legal field, working in a PB organisation while one other participant was in PB and education.

3.4 Data Selection Method

Qualitative studies have several data selection methods that can be used such as focus groups, participant observation, document review and in-depth interviews, including video based online interviews (Neuman, 2014; Kabir, 2016; Lobe et al., 2020). In-depth online interviews were selected for this study because the researcher had already been exposed to workshops where the views of participants were expressed in a groups format. The data from the workshops were used as a baseline for the in-depth interviews that were conducted. Secondly due to the limitations of distance as the researcher was based in South Africa and had no means to reach the locations where the participants resided, this was a suitable option. The COVID restrictions that had been set also made this a prudent option.

Online in-depth interviews were used in this study as the researcher wanted to elicit the views and clarify some of the thoughts and ideas that had already been expressed in a group setting within the workshops. Context was key and the researcher wanted to gain understanding of the specific context that each participant represented and their own understanding of integration within that context. The researcher concluded interviews when data seemed saturated. At the point where no current information was being presented and there seemed to be redundancy in data, meaning that new themes were not being uncovered, data saturation had been reached and data collection concluded (Fusch & Ness, 2015; Saunders et al., 2018).

3.5 Research Instrument

The researcher is a key instrument in the research process (Xu &Storr, 2012). This responsibility required preparation in the form of careful consideration and drafting of questions to be included in the interview schedule. For the purposes of this study, the researcher had to first familiarise herself with the fields of MHPSS and PB through

reading publications and reports from the workshops. When conducting interviews, the researcher endeavoured to direct the discussion in a manner that encouraged open communication by the participants, which required practice, through pilot interviews and communication with her supervisors.

A semi structured interview guide (see appendix) consisting of five questions was developed. The open-ended questions provided a structure that the researcher followed. The researcher made use of probing skills in asking other questions that were not scripted (Gill et al., 2008). The interview guide that was used enabled the interviewees to tell their story in a manner that they were comfortable with. From this, the researcher was able to follow up with further probing questions where necessary to gain clarity and greater understanding of what the interviewees shared.

The researcher communicated the use of the recording in the informed consent form and at the beginning of each interview, and asked for permission from each participant to record the interviews. The purpose of the audio recording was to capture the whole conversation which was then transcribed for data analysis (Gill et al., 2008). This was crucial as some of the data would have been missed by the researcher in the moment. Careful listening later and reading of the transcript enabled the researcher to gain greater insight from the discussion.

3.6 Data Collection

3.6.1 Ethical Approval

Ethical approval of the study was granted by the Humanities and Social Sciences Research Ethics Committee of the University of KwaZulu-Natal, under protocol reference number HSSREC/00003698/2021.

3.6.2 Data Collection

Reports and workshop transcripts formed part of the data. The reports that were compiled for the 2019 cocreation workshops and transcripts from the 2021 workshops were used as a baseline to explore more in-depth the most important themes that emerged during the PB and MHPSS cocreation workshops.

The second source of data was using in-depth online interviews using an unstructured interview guide. The researcher contacted the participants through email and set up a Zoom meeting with them. The meetings were set to be between 30 minutes to an hour long. Various challenges ensued, especially issues pertaining to using online communication such as the availability of data or connectivity issues. One other consideration that the researcher had to keep in mind was the different time zones and setting appointments that were most comfortable for the participants. For an example, as the researcher was based in South Africa and was interviewing participants from Kenya, there is a difference of an hour in the South Africa/ Kenya time zone.

The interview guide had five main questions which the interviewer asked depending on how the interview progressed. Interviews started with greetings and the researcher thanking the participant for giving of their time for the interview. After that, the researcher gave a brief explanation of what the interview was about. Although consent had been granted in writing, the researcher explained that the interview was not mandatory and that the participants could withdraw from the interview at any time. They were also not obliged to answer any question. The researcher also indicated that she was open to any question about the research or anything else that the participants wanted to know.

The first question, “Please tell me about your work and what you do in your context?” was used to build rapport, to set the participant at ease and to gain an understanding of the specifics of the participant’s work. Establishing rapport was a challenge in some of the

interviews because some of the interviewees could not keep their cameras on, because they either had limited data or had load-shedding (this was the case with Zimbabwe and South Africa). This meant that for some of the interviews, the researcher was visible to the participant, but the participant was not.

Some questions were not asked as the interviewees answered them before they were asked or the direction of the interview changed in which case, the researcher chose to follow the direction that the research participant was going in, to gain rich understanding of the experiences of the participants. However, in some instances, it was important for the researcher to gently guide the participant back to the point. Follow up and probing questions were used in the interview where clarity was required. Informed consent forms were emailed to participants and signed for each interview.

3.7 Data Analysis

A large amount of data was collected from the three reports of the 2019 workshops, nine workshop transcripts of the 2021 workshops as well as the transcripts from the interview stage. Data analysis for this study was done in two stages. The first stage was that of the reports and workshop transcripts. Thereafter, data from the workshops was used as a baseline for the interviews. Once the data from the interviews was available, it was analysed together with the reports and transcripts from the workshops. One of the data analyses approaches that is useful is thematic analysis, where the researcher seeks to identify important themes that have emerged from the data. Braun and Clarke (2006) have devised a six-phase method which provides a framework for this type of analysis. This is the guide that was followed in the present study.

3.7.1 Workshops and Reports

In phase one, the researcher familiarised herself with the data by repeated reading of reports and transcripts, noting first impressions. In this way she familiarised herself with unfamiliar terminology and contextual differences. Phase two was the generation of initial codes where the data was broken into smaller sections that are pertinent to the research or that the researcher found interesting. Phase three was the search for themes which entails looking for similarities in the codes and combining them into themes. During phase four the researcher reviewed the themes, where themes that did not have sufficient data were turned into sub-themes. Phase five was the defining and naming of themes where each theme was further refined and then defined. The names given to the themes were meant to capture what each theme is about. The themes were used to structure the interview guide.

3.7.2 Interviews

A large amount of data was recorded from the in-depth interviews and was first transcribed by the researcher. It had to be transcribed and organised in a manner that it could be interpreted and meaning extracted from it (Pope et al., 2000).

In phase one, the researcher familiarised herself with the data by repeated reading of interview transcripts, noting first impressions and finalising transcription.

Phase two was the generation of initial codes where the data was broken into smaller sections that are pertinent to the research or that the researcher found interesting.

Phase three was the search for themes which entailed looking for similarities in the codes and combining them into themes.

During phase four the researcher reviewed the themes, where themes that did not have sufficient data were turned into sub-themes. In this phase, interesting similarities and differences between data captured from the reports and that of the interviews, were beginning to emerge.

Phase five was where the themes were defined and named where each theme was further refined and then defined. This stage required a further re-reading of the workshop transcripts for further clarification of understanding gained from the interviews. This process was repeated several times.

The names given to the themes were meant to capture what each theme was about. The final phase, phase six entailed producing the report. This is where the data was analysed for the last time and a report produced, which is found in the following chapter. Evidence of the existence of themes was included through excerpts from the data.

3.8 Trustworthiness

In any research study, the trustworthiness of the research process and findings is of utmost importance. In quantitative studies, reliability and validity are applied as measures of trustworthiness. However, different criteria are necessary for qualitative studies as they are concerned with soft data, thus dependability, credibility, transferability, and confirmability are more suitable in ensuring trustworthiness in qualitative research (Schwandt et al., 2007).

3.8.1 Credibility

This enquiry is about the certainty that can be placed in the truthfulness of the research (Anney, 2014). A few research strategies are available to ensure credibility of a study. Lincoln & Guba, (1985) as cited in Schwandt et al., 2007, propose persistent observation, prolonged engagement, peer debriefing, negative-case analysis and member

checking as strategies that can be employed in establishing the credibility. For purposes of this study, and to ensure credibility of the data that is reported, data triangulation has been used. This is where cross-checking the data is done through different data sources. Firstly, the researcher studied and analysed the workshop reports from 2019 and the transcripts from 2021. Based on these sources of data, the interview “script” was formulated. Informants' triangulation was also used, where participants from various organizations who had participated in the workshops were interviewed representing both the fields being studied (MHPSS and peacebuilding), and related fields (Education and legal) (Anney, 2014). In addition to this, the data collected from the interviews was cross checked with that from the workshops.

3.8.2 Dependability

Dependability is achieved when consistency of data is ensured through having an “audit trail” of the process followed throughout the study (Golafshani, 2003; Schwandt et al., 2007). The recommendation of the writers is that this be done by a separate more experienced researcher who is competent and can effectively examine the data collection process (Schwandt et al., 2007). The supervisors critiqued the research process and verified the raw data through examining the interview schedule and interview transcripts. They challenged all decisions such as the number of research participants, whether data saturation had been reached, and other concerns.

3.8.3 Confirmability

Confirmability refers to objectivity in the research process, where the voices of the research participants are elevated above the biased opinions and idea of the researcher (Shanton, 2004). The rigour that the researcher engaged in, in immersing herself in the data analysis through the repetitive reading and listening to the raw data helped in understanding

and presenting what was said by the participants. What also assisted in this regard was having various sources of data as encouraged by various writers (Shanton, 2004; Schwandt et al., 2007). The researcher was also involved in the transcription of the 2021 workshops, which assisted her in gaining understanding of the fields and the challenges that were mentioned by the research participants.

3.8.4 Transferability

Transferability refers to the possibility of replicating the study elsewhere (Anney, 2014). According to Lincoln & Guba, (1985) as cited in Schwandt et al., 2007, this can be done through providing a thick description of the context of the study. A thick, or thorough description will assist future researchers to be able to ascertain whether their context would fit that of the study under scrutiny. This entails the researcher giving a full and thorough account of the steps taken in the research process. In this study, the researcher has given a full account of the process of the research steps taken as well as the reasoning behind them.

Schwandt et al., (2007) recommend a peer review type of process to ensure the truthfulness of the researcher and that interpretations are in line with the data collected. The process of supervision provided the required space to test trustworthiness throughout the research process.

3.9 Ethical Considerations

Ethical clearance, it became a lengthy administrative process, was crucial to ensure that the research study adhered to ethical standards that have been set out by the research community, such as ensuring that no harm was done to the research participants by the researcher (Guillemin & Gillam, 2004). Ethical clearance was granted as indicated in 3.7.1.

Each participant was contacted through an email requesting their participation in the study as part of informed consent. Information about the study was given to each participant and an explanation given to the effect that their participation would be completely voluntary. This was sent with an informed consent form for their signature. The form explained the necessary ethical issues; that no benefits would be given for participation, participation would be voluntary and that they could stop participation any time, all the information would be kept confidential and there were no risks expected for participation.

According to Singh and Wassenaar (2016), entry to the research site should not be done questionably, without the awareness of those in authority. Gatekeeper requests were drafted and sent to the gatekeepers (The Institute of Justice and Reconciliation, who hold the reports from the workshops, as well as the organisations in whose employ the participants are in.). All of these were signed and emailed back to the researcher prior to the interviews taking place.

3.10 Conclusion

This chapter presented and expounded on the research methodology utilized in this study, with a focus on the research design, approach, and paradigm. The data selection, collection method, how the data was analysed and the issues of trustworthiness of data were also discussed. This was followed by a discussion on the ethical considerations of the study. The next chapter is a presentation of the research findings.

CHAPTER FOUR

FINDINGS

The findings chapter is a presentation of the themes noted in this study. The analysis of the data was done in two phases. The first phase was the analysis of the reports and transcripts of the 2019 and 2021 MHPSS and PB cocreation workshops. The findings from the reports informed the semi structured interviews that followed. Once the interviews were completed, the second phase, a further analysis was done of the reports, workshop transcripts and in-depth interview transcripts. The structure of the chapter starts with the demographics of the participants followed by a presentation of the themes. The themes and subthemes identified in the data were examined and will be discussed in the next chapter through the lens of the social ecological framework. They will be presented in the order of the levels in which they were found.

The themes that emerged from the data are from the intrapersonal, community, organisational and public policy levels. There were no themes that were in the interpersonal level. One theme was found on the intrapersonal level; Secondary trauma, care for the carers. On the community level the following themes were uncovered; Integration at community level, with sub-themes; Community level where linkages are forming, the recipients of the interventions are the same and the cost tied to PB work without MHPSS.

The themes pertaining to the organisational level are; More in-depth knowledge is necessary for proper integration, with subthemes; Awareness raising and capacity building, The value of co-creation, Working together, Continuity through formal education of experts. On the public policy level, the theme; Funding is presented. It has the sub themes; The challenge of finding donors who are willing to contribute to nexus work, Outreach and advocacy for policy change and donor support, The work takes long which does not align with donor funding cycles and change in donor focus. Two themes were located across levels, these are; Issues pertaining to language, with sub themes; The language barrier,

Exposure to the language, The use of the language of stigma. This is followed by the theme;
The lack of integration within MHPSS.

Themes	Subthemes
Secondary Trauma – Care for the Carers	-
Integration at community level	<ul style="list-style-type: none"> • Community level where linkages are forming • The recipients of the interventions are the same • The cost tied to PB work without MHPSS.
More in-depth knowledge is necessary for proper integration	<ul style="list-style-type: none"> • Awareness raising and capacity building • The value of co-creation • Working together • Continuity through formal education of experts
Funding	<ul style="list-style-type: none"> • The challenge of finding donors who are willing to contribute to nexus work • Outreach and advocacy for policy change and donor support • The work takes long which does not align with donor funding cycles and change in donor focus

Issues pertaining to language	<ul style="list-style-type: none"> • The language barrier • Exposure to the language • The use of the language of stigma
The lack of integration within MHPSS.	-

4.0.1 Table 1. A Breakdown of Themes and Subthemes

4.1 Demographics

The study was based on the co-creation workshops organised and cosponsored by IJR (Institute of Justice and Reconciliation) which took place in South Africa, Kenya, and Zimbabwe. The reports of the 2019 IJR integrating peacebuilding and MHPSS through co-creation workshops, were the base of this study, followed by the nine transcripts of the 2021 follow up online workshops of individuals from the same countries. The researcher was invited to transcribe the workshops and kindly given access to them for the purposes of the present study. For the workshop analysis, focus was on the voices of eleven participants of whom seven were followed up with semi structured interviews. The participants of the online interviews are all individuals who are involved in work that pertains to peacebuilding and or MHPSS in various levels of integration. One participant works in peace and education while another is a legal practitioner whose organisation incorporates peacebuilding and more recently MHPSS in their work.

To keep confidentiality, codes have been used for the participants. The coding is as follows (Country, participant number, Workshop/Interview). For an example for the first participant from Kenya whose comment was from a workshop, the code is K1W. Comments that were incorporated into the reports are KR (Kenya Report), ZR (Zimbabwe Report) or SAR (South Africa Report).

Research Participants			
	Participant Code	Field	Country
1	K1W/K1I	Legal and PB	Kenya
2	K2W/K2I	MHPSS	Kenya
3	K3W/K3I	MHPSS	Kenya
4	K4W	MHPSS	Kenya
5	Z1W/Z1I	MHPSS	Zimbabwe
6	Z2W/Z2I	PB	Zimbabwe
7	Z3W	PB	Zimbabwe
8	Z4W	Education	Zimbabwe
9	SA1W/SA1I	Education and PB	South Africa
10	SA2W/SA2I	MHPSS	South Africa
11	SA3W	PB	South Africa
12	SA4W	PB	South Africa
Reports	Kenya (KR)	Zimbabwe (ZR)	South Africa (SAR)

4.1.2 Table 2. List of Participants and Reports

4.2 Secondary Trauma – Care for the Carers

On the intrapersonal level, the practitioners who do PB and MHPSS work within communities are dealing with the needs of societies that have gone through traumatic experiences and are challenged by daily stressors. There is therefore a need to assist communities address these, however these practitioners who are assisting, experience secondary trauma due to exposure to the experiences of the individuals and communities. They themselves are affected by what they hear or may even have experienced other forms of wounding due to the context that they live in. As a result, they are “wounded healers” who have no tools to see to their own wounding. It is necessary at this level to incorporate

MHPSS practices and tools that will assist these individuals to heal while they learn how to bring healing to the communities that they care for.

“It became clear that there is a need of personal healing, even for people who were not the primary victim. People are carrying the trauma (also of others) and are therefore emotional. This counts also for practitioners.” (Z2I)

“It’s at two levels, of course the communities themselves, you know, getting exposed to peacebuilding work when they are feeling or they are wounded, which makes it very difficult. Also the people that are working with, the organisations that are working with these people, they are not even aware of the trauma informed practices, you know, and so it becomes very difficult for the people that they are working with and as well as for them as individuals.” (Z1I)

4.3 More In-depth Knowledge is Necessary for Proper Integration

Through the workshops, realisation of the need for integration was exposed. More in-depth knowledge of each other was seen as a necessity as well as understanding what each field has to offer. The PB organisations had been using referrals much of the time when they needed MHPSS services, without having knowledge of what was done for their clients.

“The workshop highlighted to participants that while organisations and individuals may know of one another and may occasionally refer clients on the basis of a broad understanding of the work being offered; fairly little in-depth understanding exists of one another. There was a palpable excitement and readiness amongst workshop participants to want to learn about one another in more detail after having gained an enhanced appreciation of the possible outcomes of an integrated and collaborative approach.” (ZR1)

4.3.1 Awareness Raising and Capacity Building

The participants indicated that the cocreation workshops helped them gain understanding of the possibility of merging the two fields and encouraged them to find ways of using an approach that meshes MHPSS and PB. They were quite encouraged by this and acknowledged the need to spread the knowledge to more people. However, a caution that was brought was that of the need for more service providers because for example, when people become aware of their trauma or other challenges to their mental health, they will need to be able to receive assistance.

“The cocreation strengthened the intentionality to link the fields.” (KR)

“More awareness raising will need to be done. As more awareness raising is done, there will need for more service providers and referral networks. It has a kind of ripple effect because, as people know more, then more work needs to happen.” (KR1)

“People spoke eloquently and as the work is now being done and awareness is raised more there is a greater need for referral networks but also people who are able to provide the services. So, the capacity building has to go alongside the awareness raising.” (ZR)

4.3.2 The Value of Cocreation

The strong research and writing component coming out of the workshops was beneficial. The prior preparation required of the participants, through reading of current studies sent to them by the cocreation team and the progression of the linking of the fields was important. The workshops amongst other initiatives were instrumental in changing how organisations structure their work. For an example one of the organisations was said to have created a whole MHPSS program linked to their PB work. The cocreation methodology assisted in participants reflecting on the work that they were doing, how it was done and how it could be enhanced through the incorporation of the other field. The data also shows that the

cocreation workshops created an environment where intentional, thought-out action could be taken towards the merging of the fields for better results.

“ I think (Organisation name) was saying that this meeting now by the UN, comes out of all these meetings and engagements. So, I think that having had this kind of strong research and writing component is important..., I think that it did play a critical role, I mean the (Another organisation name) now has a whole MHPSS program, that is really linked to peacebuilding. Its’ much closer, so they did play a role in shifting how like some organisations think...I think there’s definitely value in having uhm, the workshops that bring the two sectors together.” (SA2I)

“It was quite good from the perspective of reflection and identifying certain concepts...There were also some new concepts from the mental health side which we hadn’t considered before... I think it was important to think around how you create, formulate your programme in such a way that both elements are in there and your programme seeks to address both. How is your programme sensitive to conflict, how is your programme sensitive to trauma, you know, that sort of thing.” (Z2I)

“Our organisation was already very integrated...The workshop continued our interest in being an integrated space. Today when we talk about our work, we talk about the fact that we meet where mental health, peacebuilding and governance converge. We have added governance into our framework.” (K4W)

4.3.3 Working Together

The participants recognised the need to work together. They also indicated an awareness that for integration to be effective, they need to have a good grasp of the other field. This would then enable them to sequence interventions with a dual approach from integrating the initial assessments through to activation and evaluation. Training was seen as an immediate need.

“Although the recognition of the need to work in a collaborative way was shared, participants acknowledged that they need more in-depth knowledge of each other; how to work together on the ground, within interventions and how to notice when, where and how to create a shared approach.” (KR1)

“Participants saw the need and the purpose of working together, but how and when this should be done and how to analyse if people are psychologically ready for dialogue was not clear. Repeated reference was made for more training to be conducted on that aspect.” (KR1)

4.3.4 Continuity Through Formal Education of Experts

The participants showed a concern for an in-depth understanding of the theories and methodologies of the fields. More than this, the participants suggested that a formal qualification through universities was key. One of the universities that was represented was said to be in the process of designing a formal qualification that integrates PB and MHPSS. Interdisciplinary experts would potentially be trained through this avenue. This would be a

means to release students into the working world with knowledge and understanding of an integrated approach.

“Gaining an in-depth understanding of the theories and methodologies of the other fields was highlighted as an important step in ensuring proper integration.” (KR1)

“ In the academia the peacebuilding courses are supplemented with psychosocial support courses. We work with colleagues of social sciences and theology and teach students the distinct types of trauma, such as sexual violence as a weapon of war, so that students get an understanding of the relationship between violence and trauma. We try to use theories and shape them into a model that includes the cultural context (I.e. histories of slavery); ensuring that students understand the sources of trauma in Zimbabwe. We see that the change of emotions is related to how they are addressed.” (Z4W)

4.4 The State of Integration Within Organisations

Organisations are said to have been working in silos and where necessary, there has been a tendency to refer or partner with other organisations, the peacebuilders have identified the necessity to partner with MHPSS because they have identified that the root cause of the cycles of violence is due to underlying wounds. The hesitance to integration is compounded by the fact that the two fields do not have the same terminology or the same way in which they apply some principles.

“I think, the two fields have actually been working very, separately, I mean so much and I think even the principles didn’t seem to be exactly the same. I mean what we were referring to as “Do no harm” in MHPSS was not necessarily what the peacebuilders were saying.” (Z1I)

The call for integration has been highlighted and MHPSS has been recognised by peacebuilders as a necessary part in ensuring the success of their interventions. Due to the negative impact of the mental health and psychosocial challenges that the peacebuilders see in communities, they have become aware of the need for MHPSS and are calling for working with MHPSS in a greater way whether through referral, partnership, or a combined approach. It is crucial to capture the knowledge that is being created and further research is needed.

“The peacebuilders wanted to do some psychological first aid, but then the psychologists did not want the peacebuilders in their field. There’s always been that and when the two fields come together even to this day, they complement each other but they do not create a new body of knowledge, which is where I think the future is.” (K3I)

“There isn’t even a partnership, no its low. Look I really, I think the peacebuilding people are reaching out more and trying to make sense and connect. I’m not sure about the MHPSS, you know. I mean there are organisations ...are beginning to try and do that but I’m not seeing the MHPSS sector agitating around Peacebuilding, in South Africa , ... I think the peacebuilders when they go to do the work, they hit against the mental health issues and the trauma and therefore they are reaching out to say, okay guys you know, we need to do this. I think there’s a lot of work needed in pulling them in.” (SA2I)

“So, that’s what we’ve been working towards and of course, currently we don’t do everything. We don’t do both mental health and psychosocial support and peacebuilding, but we tend to invite people who are in these different fields... In their work they realised that people are wounded, people are struggling, the source of the conflict is really around the, the painful experiences that people have had in the past and they are saying to us, look

let's incorporate mental health and psychosocial support , so that we can actually be able to heal the people and be able to take them to the next level.” (Z1I)

4.5. Integration at Community Level

It is within the communities that the urgent need of psychosocial support is apparent, in those places where peacebuilding and development work is happening.

“Even the leaders have realised that signing the peace treaties is not enough, and that's why you sign a peace treaty and then after a while all the issues that used to plague a particular place or particular people keeps cropping up, because you haven't dealt with the underlying issues...and the underlying issues are not dealt with in the peace treaties... They are dealt with in the communities, they are dealt with in the storytelling, they are dealt with in the MHPSS part of the peacebuilding MHPSS combination.” (K3I)

4.5.1 The Community Level Where Linkages are Forming

According to several research participants, the level of awareness and acceptance of the need to incorporate peacebuilding and MHPSS is low. However, they indicated that this is growing. Although some participants stated that they see the interaction of the two fields as something that is below what is needed, the uptake is higher in other countries than in South Africa. The data shows that the peacebuilders have seen the need for MHPSS in their interventions however, the MHPSS practitioners in large part have not seen the need to embrace peacebuilding to strengthen their own interventions.

“I would say that there could be a greater integration. To be sincere mental health has come in, MHPSS is just coming in. We have so, so many peace actors but the majority

of them do not integrate peacebuilding with MHPSS. So, this concept being brought in, I want to believe will really, really work well... We've seen much, much results and we have a lot of success stories. Of course, we still have our struggles and what the struggle now is getting to have peacebuilders embrace MHPSS and be able to understand that for us to make a step we need to integrate the two, yes." (K2I)

4.5.2 The Recipients of the Interventions are the Same

Organisations doing MHPSS work have in the past been working separate from the peacebuilding organisations with a focus on their own expertise. In some cases, the recipients were the same receiving both the peacebuilding and MHPSS benefits. This participant stated that this situation caused confusion and that is one of the reasons why she feels that there is a need to work together and partner in the interventions that they have.

"So I think they were working separately, although there was a tendency and of course, referring to Zimbabwe, a tendency to work with the same people. So, the beneficiaries of MHPSS were the same as the beneficiaries of the peacebuilding field. So, we're going to the same community, we are not working together but we are working with the same people...we've actually been encouraging each other to work together, to integrate, you know, our work, so that we don't confuse the beneficiaries or send wrong messages to our beneficiaries. "(Z1I)

4.5.3 The Cost Tied to Peacebuilding Work Without MHPSS

The challenge comes when peacebuilders work in communities that have mental health and are dealing with trauma. They find it difficult to deal with these issues. They do not have the capacity to address these issues. Not only that, but they also have no tools to

care for themselves as they themselves encounter vicarious trauma due to the stories that they hear from the communities.

“It’s at two levels, of course the communities themselves, you know, getting exposed to peacebuilding work when they are feeling or they are wounded, which makes it difficult. Also the people that are working with, the organisations that are working with these people, they are not even aware of the trauma informed practices, you know, and so it becomes exceedingly difficult for the people that they are working with and as well as for them as individuals.” (Z11)

4.6 Integration is Crucial to all Humanitarian Efforts

The necessity of integration of MHPSS and PB is seen across various fields because it deals with the brokenness and root causes of cycles of violence. Where funding has been poured into development work without the underlying issues having been addressed, those development interventions tend to not have positive results. Healing and peace are essential at all levels of society.

“What I wanted to say was that our challenge is that we need a proper discussion on the interface between PB, trauma and development, because this has to do with not just with education. It’s about education, policing, and all sectors. I was speaking to people in the Energy industry and most of them were saying that they do work in the communities, and it is not working because of the trauma and the violence. We know that issues of violence, PB and trauma are so critical in the development... We need to package our message to say why is it that trauma and PB is critical in assisting you to get those outcomes (pass rates), how do we speak to the developmental people, so that

they can understand that they can't get their development outcomes without addressing the issue of trauma and PB.” (SA2W)

4.6.1 PB and MHPSS in Education

The education sector is an example of a sector that would benefit from integrating MHPSS and PB, as PB and mental health are seen as critical issues to be addressed within education even at school level. The participants related that there is much violence in schools, and this is not dealt with in a manner that can prevent a repetition of this. The issues of trauma and peace are visible at policy level but are not implemented on the ground. Much focus, especially in the South African context seems to be on development, which can be seen in the outcomes required for school leavers.

“I think the central question that we should be addressing is why, how education come to be not seen as part of a PB agenda and that in fact all the way down to the schools. Just look at the discourse around matric. There is just no discussion around matriculation and issues of violence. Not around either the MH of the young people involved...Matric is seen as something located clearly in the area of development, skills, competition, scarce skills, and those sort of issues.” (SA1W)

“They say the right things somewhere in their policy documents but how that ever connects to what happened in classes, that connection is probably never made.” (SA1W)

“All I can say is with the trauma, violence and all the stabbing that have been happening in schools...Can you imagine the level of trauma that is in each school in this country? It is not being dealt with and there hasn't even been a programme that deals with that.

When a stabbing happens, the department (of education) will say “we will send a social worker.,” who will speak to all the kids standing in line (in the school assembly) and that’s it.” (SA3W)

4.7 Funding

On the public policy level, it is apparent that organisations that work in the MHPSS and PB fields require funding for the work that they do. This funding is through international donors. To access funding, organisations need to align with donor priorities.

4.7.1 The Challenge of Finding Donors Who are Willing to Contribute to Nexus Work

Some of the organisations have struggled to fund interventions that have a focus on PB and MHPSS. Out of all the organisations represented in the workshops, only two had received funding for integrated work. One of these organisations was funded for work that was fully merged while the other intended to use the funds to train its peacebuilding staff in psychological first aid. This is not surprising, as an integrated approach to MHPSS and PB is a new area and donors would not have earmarked funds for that.

“Yes we have found a funding partner who is willing to fund as well as offer MPHSS training for all at CCMT. However, it was a challenge finding this funding partner.” (Z3W)

“In a grant application that we recently had, the donors were interested and interested in the fact that our intervention was community led. They highlighted that the key reason for the fund being given was that the intervention was both peacebuilding and MHPSS. However, fundraising continues to be a challenge, but we have tried to focus on the community- we take on the work and find our own funding.” (K4W)

4.7.2 Outreach and Advocacy for Policy Change and Donor Support

On the macro level, an awareness of the need for addressing underlying issues is becoming apparent and that linking MHPSS and PB would do this effectively. The participants believed leaders are becoming more aware of the need for integration. A call has been made to advocate for this move as well as educate donors in this regard as some participants have been involved in doing. In addition to this, data shows that it is necessary that representatives from both fields be involved in shaping policies.

“Globally, you see the MHPSS people, they are getting more and more involved in shaping global policies, but at a regional level, I mean I would find that in most of the spaces, it would just be me and someone else. So, there’s very few MHPSS practitioners in the continent that are involved in shaping continental or regional policies...who can use the language, because there is a certain language that you can use for translating what you know about MHPSS into these larger, into these peacebuilding processes.”
(SA2I)

“So, real important strides at a global level in terms of understanding this (the need for integration). I think the EU, the AU and a lot, there is an appreciation that healing is a critical component of this work and there are some policies that touch it, as I said that on transitional justice. But I think that it hasn’t yet fully landed.” (SA2I)

The fields need to organise themselves and find ways to communicate the need of integration to donors as the focus of donors is not combined but they fund organisations or interventions that have an MHPSS or peacebuilding focus. There have been some

recommendations that have come out of the workshops which have shown different options to engage donors. One of the recommendations has been to host donor roundtables.

“ One of the things that has been started at ...is donor roundtables and this was requested by the Dutch foreign affairs department in the Hague. They are leading it and ... provide the space and the network of organisations. Embassies from respective countries co-ordinate this and they also bring on board other embassies that they work with. For instance work has been done with Kenya and Benin and other countries are to follow. The agenda is generated by the members on the ground and has not included the issue of the integration of MHPSS and PB as yet.” (SA4W)

4.7.3 The Work Takes Long Which Does Not Align with Donor Funding Cycles

Many of the participants indicated that working in the communities takes time and that although the changes that would occur with a combined approach, would be lifelong but due to the complexities of the issues that need to be addressed, the work itself takes long and this is a challenge at the donor level as donor cycles tend to not be longer than there years.

“We need help to find donors that are willing to fund it and commit to it for longer periods”
(KR)

4.7.4 Change in Donor Focus

According to the participants, donors used to fund peacebuilding interventions in South Africa. South Africa seems to have transitioned in donor minds out of conflict where focus needs to be on development. However, the development funding that is being invested does not bear fruit as the underlying issues have not sufficiently been addressed.

“It has been difficult, it’s really been difficult because you want the money. You don’t have money to do the advocacy and shift the understanding of donors. But you must spend time doing that...I’ve called it the paradox of development in SASA (South African Schools Act) (South Africa) and in Africa, that the more they invest in development, is the more they don’t achieve. Part of that is because they haven’t addressed these issues of the longer term effects of unaddressed issues of transitional justice. Trauma is another one guys. Trauma is really an issue.” (SA2W)

4.8 Issues Pertaining to Language

Various sub-themes were identified which address language and how it impacts on integration, such as the use of language that is specific to each discipline and language that can contribute to stigmatisation. These themes cut across all levels.

4.8.1 The Language Barrier

The use of field specific terminology is a challenge when trying to encourage integration. It is crucial to understand the terminology of the other field to be able to communicate the necessity for the merging of the fields. Successful Integration necessitates familiarity and understanding of important language and terminology within each field.

“There’s also the challenge of language, so that’s one thing I’ve learnt that the minute I use MHPSS language, the peacebuilding people will just completely close of...So what I think is happening is that MHPSS has its own language and peacebuilding has its own language and they haven’t found a way to speak to each other,” (SA2I)

4.8.2 Exposure to the Language

The lack of understanding that exists highlights the need for training for those already in the field, which was mentioned by several participants. Terms such as referral and

assessment, which may cause confusion, were flagged as terms that have different meanings within the different fields or even countries.

“When “K2W” was speaking, she was talking about terms like assessment tools, when we have these conversations, together, we need to make sure we all know what that means. What is an assessment tool? That’s psychological speak, as a peace builder, do I know what that actually means?” (KR)

4.8.3 The Use of the language of Stigma

Several participants indicated the importance of the language used, in reference to work pertaining to mental health in communities. They found that people were not seeking this help because of the stigma attached to it. At community level, safer and more familiar terminology may be required as seen in the discussion where one of the Kenyan participants whose organisation has found a novel approach by using friendlier, more acceptable language to describe the work that they do.

“The use of different terminology is important. The use of terms like mental health and psychosocial support can have negative perceptions. We have used terms such as the healing centred which is strength based, using a trauma lens – a holistic approach – this gives an opportunity to engage with different approaches and increase ownership by the community...People do not risk to get discriminated or stigmatised for their mental health issues due to the use of safe language that moves away from mental health.” (KW4)

“We have realised that clients would not necessarily volunteer themselves for the psychosocial support due to stigma...The main challenge is to find a way to package the

information for the community in a palatable manner to show that it is okay to find help due to the violations that one cannot handle.” (K1W)

4.9 The Lack of Integration Within MHPSS

The greater challenge, according to several participants is that MHPSS as a field is still organising itself. On the one hand, there is the mental health, more medicalised sector composed of people who have formal psychological and psychiatric training, and on the other is the more community focused, psychosocial support sector. The interlinkage is still being formulated, with some not seeing it as one field.

“...the other challenge is that the whole concept of MHPSS is fairly new itself also, because even that sector, that’s another thing... because it is trying to combine the mental health, which is mainly the more medical, you know the psychologists and all of that with the psychosocial... Even the MHPSS sector is still trying to find itself, and there are still all this battle around the mental health people saying no why should it be called MHPSS and it’s not professional enough, you are just doing volunteer work. So like what is this, what are we doing? What is the difference between the MH and the PSS, so you can understand that you are bringing three different fields, it’s the psychosocial, which is the much more healing but not as organised and as clear, and the mental health is very medicalised, you know, like you have professional registrations, you have all of this, and then there’s peacebuilding is very similar to the psychosocial. So that brings the complication nje, in and of itself. So we tend to call MHPSS as if it’s the same thing and it’s not.” (SA2I)

4.10 Conclusion

The findings of this study have shown that although peacebuilding and MHPSS have been functioning separately, there is a need for integration to successfully mend the social fabric of contexts challenged by violence and conflict. Although the task to merge these fields will be difficult, all the participants have indicated that it is necessary and various forms and levels of integration was spoken about. From their experiences they have identified various issues that would have to be addressed so that the blending is done in a manner that would serve the fields as well as the recipients. Funding was seen to be a crucial factor because funding mandates drive the direction in which humanitarian work is done. There are donors who are interested in funding this work, however more are needed. Through advocacy, information sharing, and policy change, the way in which donors approach this work could be changed. In addition to this, much work still needs to be done to capacitate those working in the field and to raise awareness of the value of linking the fields. Greater understanding between the two fields and knowledge of the language, theories and tools used within these fields will need to be shared. The co-creation method that was used for the present study seems to have benefitted the process of integration in the participating organisations, through reflection, information sharing, research and writing amongst others. The next chapter is a commentary on the themes that have been highlighted.

CHAPTER FIVE

DISCUSSION

This chapter is a discussion of the findings that were presented in the previous chapter as they relate to literature. The objective of this study was to provide an understanding of the lived experiences and insights of the participants of the 2019 and 2021 MHPSS and PB co-creation workshops of integrating the fields of MHPSS and PB.

5.1 Secondary Trauma – Care for the Carers

The intrapersonal level identifies individual factors; biological, historical, attitudes and other factors which influence the choices and behaviour of an individual (McLeroy, 1989; Centres for Disease Control and Prevention, 2016). This level as it relates to this study is the individual factors found to either hamper or encourage effective integration as seen by the participants. One issue that was raised was that continuous exposure to traumatic experiences resulted in the practitioners developing vicarious trauma. The deleterious effects of exposure to war or violence related trauma, such as depression, sleep problems and withdrawal are well known (Adhikari, 2017; Hassan et al., 2016; Ornert, 2019). In some cases, the humanitarian workers may have experienced trauma in the past and if proper care is not taken, they can be in danger of re-traumatisation (Guskovict & Potocky, 2018). Further to this there has been a growing awareness of the need for the wellbeing of aid workers to be protected and attended to (Jachens, 2019; Lewis & King, 2019).

This is a challenge that is well known in peacebuilding, and it is critical that self-care and care for those in helping professions be seen as a priority (Hertog, 2019; Leitch, n.d.; Njoku, 2019). The participants from the MHPSS background were aware of this phenomenon and spoke much about selfcare and how they train their community workers to set boundaries and empower them with practices that they can use when needed as well as work in teams so

they could support each other. Despite the knowledge in the MHPSS field, self-care and staff care are neglected or not implemented, burnout happens regularly and has a direct impact on motivation to work (Craig & Sprang, 2010 ; Adhikari, 2017).

It is challenging to practice this as individuals without the environment being conducive to practicing self-care. McLeroy et al., 1989 emphasise the fact that organisational characteristics can be used to support behavioural changes. Organisational culture that is sensitive to personnel wellbeing, encourages and normalises self-care by providing various programmes such as training in health enhancing practices, peer counselling and such programmes (Lewis & King, 2019; UNDP, 2022). Debriefing sessions within organisations to provide individuals the opportunity to process their thoughts and emotions regarding the cases or situations that they encounter in their work could also be added. The “Do no harm” principle that is applied to clients could be used as a standard within organisations, not only to clients but asserting that it applies to those in helping professions and needs to be applied to themselves first before applying it to others (Ezell, 2019, UNDP, 2022).

5.2 Integration at Community Level

Often peace treaties are signed on a national level and that does not trickle down to community level where people continue to live in conflict and mistrust, so close community collaboration is necessary (Herbolzheimer, 2015). What is apparent from the data and literature is that communities are experts of their problems and often have an idea of how they can be helped however, PB and MHPSS initiatives are key in assisting communities design and implement initiatives that strengthen their resilience and address the mistrust (López et al., 2019; Shoebridge, 2019). Engaging communities effectively and building on existing knowledge fosters participation which results in better ownership (IOM, 2021).

When community members are empowered with MHPSS and peacebuilding knowledge, it can serve to assist in rebuilding trust while creating space for healing (IOM, 2021). This integrated approach is already happening as it was found in the present study where peacebuilding organisations recruited community workers who were then recruited by MHPSS organisations as well. These are volunteers who were a part of the community and live within the community and people are seen more holistically. The volunteers gained knowledge of both fields through the training and exposure from the organisations that they worked with. Even after the interventions were completed, these community volunteers continued using what they had learnt, having an approach that embraces healing and peace.

This is just one example of what shape integration can take as literature has shown that there is a broad range of ways in which MHPSS, and peacebuilding can be linked (Richters, 2015; Sliep, 2014; López et al., 2019). What is also apparent is that in many contexts the linking came about as organisations responded to the needs of the communities they were working in (Wessels, 2022). It is apparent that integration that will be effective will need to be designed according to the needs of the individuals, communities or societies that are at focus, as there is no one methodology that can fit all contexts (UNDP, 2022).

Various entry points have been used in community level integrated approaches. Wessels & Sule (2022) in their mapping and preliminary recommendations for integrating PB and MHPSS have identified three types of entry points. The first is where there is awareness of a problem in the community that motivates practitioners to address it. An example is where practitioners identify a problem with radicalisation or violent extremism in a community. One of the ways to address this would be to develop interventions to strengthen social relations in that community. The second type of entry point identified is using existing networks or programmes to incorporate PB and MHPSS, such as the use of “arts and cultural media” or working through the education system. The second type is where an aspect of

MHPSS is embedded into PB interventions. An example could be in adding trauma counselling in a transitional justice process.

5.3 More In-Depth Knowledge is Necessary for Proper Integration

Exposure to what is already being done in integration and the many approaches that have been taken by other organisations in different contexts will be of value (Wessels & Sule, 2022). Knowledge of both fields is important so that organisations can formulate their own approaches that integrate the two fields as research has shown that there are numerous approaches to integration (Tankik & Bubenzler, 2017; Wessels & Sule, 2022; UNDP, 2022).

5.3.1 Awareness Raising and Capacity Building

For the new field to grow, intentional action will be required, and much work has been done in recent years to enhance collaboration and integration in peacebuilding and MHPSS (UNDP, 2022; Wessels & Sule, 2022). Opportunities for convergence will have to be created at all levels, organisations will need to create these opportunities.

5.3.2 Integration Through Co- Creation

Awareness raising can take various forms and, in this study, the workshops that were conducted used a particular methodology called co-creation. The effect and impact of this methodology is still being explored. It is one of the ways in which different integration approaches can be explored through reflexive sharing and learning from each other. It also creates a space where better understanding and learning between participants can take place and is one of the approaches that can lead to collective action (Sliep & Gilbert, 2006). It enables practitioners to identify where gaps are and to involve a wide range of actors within the fields in question. Several advantages of using cocreation were highlighted in this study and these are congruent with the UNDP guidance note (UNDP, 2022). Through dialogue in

created safe spaces, knowledge is shared, misconceptions cleared, and assumptions addressed. It is in these places where awareness of others' capability is created, and collaboration opportunities are borne which may lead to the development of a fully integrated approach. In the current UNDP Guidance note: Integrating mental health and psychosocial support into peacebuilding (2022), co-creation is defined as:

“The collaborative development of a process that brings together practitioners from the MHPSS field (clinical, social and community psychologists, psychiatrists, psychiatric nurses, community health workers, social workers, anthropologists, artists, educators, and religious and traditional healers) and the peacebuilding field (people working in transitional justice, conflict transformation, peace education, mediation, reconciliation, peace committee representatives, civil society, community and religious leaders). The aim is to collaboratively innovate a new way of working based on the cumulative knowledge and skills of each field.”

5.3.3 Training

Training on the concepts, theories and language of each field will need to be prioritised within organisations, especially by those on the forefront of this change. A recommendation made in the UNDP guidance note is that through cocreation the institutes of higher learning can be engaged to design programmes that would assist in this training (UNDP, 2022). For proper uptake of integration, awareness raising will also need to be done on all the other levels (McLeroy, 1988)

5.3.4 Continuity Through Formal Education of Experts

Historically, studies in peacebuilding or MHPSS have not incorporated learning about the other field (Khuzwayo, 2013). To enhance the use of integrated approaches, students would need to be exposed to the theories, methodology and concepts of both fields. The present study has shown that there is movement to incorporate MHPSS and

peacebuilding theories and methodology into qualifications offered by the two educational institutions that were represented in the present study. This change does not seem to be happening in qualifications that are MHPSS based, but it seems that in studies within the peacebuilding sphere there are developments in that direction. This aligns with one of the recommendations from the UNDP Guidelines that part of cocreation will be to involve institutions of higher learning so they can create relevant, context specific content that aligns with the integration envisaged for those contexts.

An integrated approach is a multilevel concern as this change can realistically happen on a larger scale when understanding penetrates the government level, so policies can be put in place to create programmes that can address peace and healing at all levels of education. (Bubenzer et al., 2017; Khuzwayo, 2013)

5.4 The State of Integration Within Organisations

Organisations are working within specific fields however there are some who have begun to link the two fields in several ways. For some of the organisations represented in the co-creation workshops, referral was the first step, followed by collaboration. Although they acknowledged that this was not enough, it was seen as a positive move. Some organisations were already fully integrated in their approach at every step of their interventions (López et al., 2019). The greatest challenge is the lack of understanding of each other and different understanding of terminology that is used in both fields.

5.5 Integration is Crucial to all Humanitarian Efforts

There are many entry points that can be used in conflict affected communities. Any field such as the agricultural sector or the social justice sector where lack of peace can

prevent good outcomes of programmes, can be used as an entry point to bring peace and healing as noted above. There are examples where development funding has been poured into post conflict communities unsuccessfully. The turnaround came when approaches that integrated peace, healing and economic development through livelihood projects were implemented (Tankink & Otto, 2019)

5.5.1 PB and MHPSS in Education

The education sector is an example of a sector that would benefit from integrating MHPSS and PB, as PB and mental health are seen as critical issues to be addressed within education even at school level (Bosqui, et al., 2022). The necessity of integration of MHPSS and PB is seen across various fields because it deals with the brokenness and root causes of cycles of violence. Where funding has been poured into development work without the underlying issues having been addressed, those development interventions tend to not have positive results. Healing and peace are essential at all levels of society.

Integrated approaches have been identified as crucial to development and cessation of repetitive patterns that perpetuate violence and conflict, especially as it pertains to children (Kurian, 2020). One of the other areas that have been highlighted where both PB and MHPSS are key is in education, as it relates to learners at school, how and what educators are taught and the education of MHPSS and peacebuilding experts.

Including peace and healing within the school curriculum has been seen to be beneficial to children in violent contexts (Aubrey et al., 2016; Kurian, 2020). Much has been written about the necessity for a culture of peace and how educating learners on peacebuilding within schools in various contexts including Kenya, South Africa and Zimbabwe has the potential to achieve this end (Makuvaza, 2013; Baker et al., 2021; Monyami, 2018). What is lacking is integrating the MHPSS into what is being offered through these programmes. Unfortunately, children suffer from trauma due to corporal

punishment, other forms of abuse at school and violence and conflict within their immediate contexts including the homes (Baker et al., 2021; Brück, 2019). This relates to both negative and positive peace where they suffer from or are exposed to acts of violence towards themselves or others and structural violence such as lack of proper infrastructure which may impact on how they perform at school. There is an urgent need particularly in schools, of restorative justice together with addressing trauma and daily stressors that children are exposed to regularly. As with peace education that has been implemented through the need being seen and driven through government education departments, advocating for integration at these levels is a crucial step (Bosqui et al., 2022; Monyami, 2018).

Another factor within the education sphere is that of how educators are taught. As indicated previously, although corporal punishment was outlawed in South Africa in 1996, many teachers feel powerless without it. They seem to not have the skills to discipline without resorting to violence (Baker et al., 2021). Peace and healing are necessary in education as children grow up in violent contexts and perpetuate the violence that they have grown up with. Incorporating peacebuilding and MHPSS in how educators are trained would begin the process of having schools that are safe spaces, helping children at school level to address their psychological scarring as well as develop peacebuilding skills

5.6 Funding

The public policy level is the level where broad societal factors assist in creating an environment that encourages or inhibits integration (McLeroy et al., 1989). As indicated in the literature, both the workshop reports and interviews in this study highlighted the difficulty of finding donors who would support work that does not just focus on healing or peace but combines the two (Hertog, 2017). As this is a new area, it is unlikely that donors would have earmarked funds for an integrated approach. Where funding is attained, the sustainability is

challenged because donors fund small projects such as psychoeducation or the training of staff on an aspect of MHPSS.

Strategic ways are necessary to mobilise for funding while highlighting the critical need for integration. Also emphasised in the workshops was that for this to happen policy will need to change at all levels. Policy development is important in integration as it drives donor focus for each cycle. Currently there are no national or regional policies in place addressing the integration of MHPSS and peacebuilding. Kiima & Jenkin (2012) argued that developing national policies raises awareness and creates a foundation for sustainable intervention. Other sectors that promote integration argue for better policy and donor collaboration (Zubairi & Rose, 2018; Naimoli et al., 2015). Lessons can also be learnt from sectors who call for better collaboration between donors, such as joint donor reorienting of funding, as this would also greatly benefit the MHPSS, peacebuilding integration (Ingram, 2020). It is also at this level where challenges of short funding cycles can be addressed as multidisciplinary healing and reparation programs with a multidisciplinary approach would require more time to implement.

It is at this level where the UN and other organisations are taking note of the need for integration and this will have a positive effect and push for policy change, which is what is needed for donors to shift focus and then adapt their funding mandates to accordingly (Arthur & Monnier, 2021)

5.7 Issues Pertaining to Llanguage

5.7.1 The Language Barrier

Integration will require understanding the terminology that is used within the two fields. There are some terms that both fields use such as referral, assessment and the “do no harm” concept, however the definition may be different. For an example “do no harm” exists in both

fields but is applied differently. Within MHPSS “do no harm” or non-maleficence principle, is a principle and oath that is undertaken by mental health practitioners to ensure that the way they help would not add to or expose their clients to harm, which includes the issue of confidentiality (Shah, 2012). Do No Harm which has been adapted from the hypocritic oath in the health sciences is used as a framework or approach that PB practitioners use to minimise the negative effects of humanitarian aid in conflict situations (Goddard, 2009; Shoebridge, 2019; Khaled, 2021).

The core aim between the PB and the MHPSS understanding is that those that are being helped are not hindered by the very people meant to help them. However, this can be challenging especially in situations where PB processes and MHPSS clash. For an example with organisations that offer counselling to GBV (Gender Based Violence) survivors, the MHPSS approach may be to counsel and focus on the healing of the individual and not disclose what has been shared with the clients. The same clients in a PB context may be encouraged to seek resolution through the legal system or even the use of media to expose the perpetrator and seek reparation for the client. This is just one of the terms that would need to be understood and adjusted accordingly.

5.7.2 Stigma and Language

From the data that was gathered for this study, it is apparent that peacebuilding is welcome by the communities, however issues pertaining to mental health carry a certain stigma which makes it challenging for those needing help to seek it (López, 2019; Sickel et al., 2014). This was confirmed in a study conducted in South Africa on the issue (Egbe et al., 2014; Kakuma et al., 2010). Studies show that there is a variety of reasons for “psychiatric stigma” (Krendl, & Freeman, 2019). Egbe et al., (2014) showed that “psychiatric stigma” is seen as a sign of character weakness. Complex mental illnesses are negatively perceived in communities as they are sometimes connected to witchcraft, other spiritual causes and other

cultural meanings and experiences (Stefanovics et al., 2016). This study shows that one of the impacts of not seeking help due to stigma is a worsening wellbeing and inability to lead a normal life, which makes it important for community interventions with a healing element to use language that is different to that which is perceived in a negative light.

One of the recommendations within the workshops and interviews was to incorporate MHPSS in ways that do not align with stigma. One of the ways of doing this, which was identified was the use of language that moves away from terminology that is linked to stigma, language that is culturally sensitive and context specific (Wessels & Sule, 2022). In some contexts, the use of mental health or even mental health and psychosocial support are seen in a negative light. Therefore one of the organisations uses “healing centred,” “strength based” instead of “psychological.” If the interventions use language that is neutral yet carrying psychological healing properties then this would be more acceptable and more beneficial to increasing the resilience of individuals and communities (Lopez et al., 2019).

5.8 The Lack of Integration Within MHPSS

MHPSS is defined as “any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder” (Inter-Agency Standing Committee ASC, 2007, p.1). Literature has shown that there has been criticism of this broad definition in that it incorporates too many differing approaches that can be applied at various levels (Miller et al., 2021), findings in this study suggest the same. The divide between the biomedical approach and the psychosocial may add complexity to merging with peacebuilding effectively.

The challenge that is cited in both literature and this study is that the biomedical approach to healing is necessary although seen as a more individual based approach than focusing on the community and the environment that individuals find themselves in (Bava et

al., 2013). It may be harmful or not accepted in some community contexts where other approaches that involve communities and focus on building the fabric of societies may be better utilised (Wessels, 2008; López et al., 2019; Bava et al., 2013). Mental health and psychosocial needs vary depending on individual, cultural, social, and other contextual factors. As the field of MHPSS is understood differently as existing on a continuum, it can lead to negative assumptions. The advantage of working together to create an innovative approach enables participants to know the strength within each approach and integrate according to the needs of the final beneficiaries. This necessitates an understanding that there is no one way of addressing these needs however, as much as the needs exist on a continuum, so do the MHPSS approaches (Wessels, 2022; UNDP Guidance note, 2022).

One other finding from this study and which is confirmed in literature is that there seems to be more of a call for integration from the PB practitioners, while the MHPSS field has not called for integration (Wessels, 2022; UNDP, 2022)

5.9 Policy

Policy needs to be developed at national and international level that can inform structures and processes of how the work can best be done. It will further assist with fund raising and advocacy of the field.

5.10 Summary

This chapter highlighted the key findings from the analysis of data while incorporating literature to explain these key findings. The intrapersonal level factors - Caring for the carers, especially considering the vicarious trauma that they often suffer was discussed, highlighting the need for this to be supported by organisational level changes to create support for practitioners in the workspace. Although no themes were identified on the

interpersonal level, this is a critical level through friendships and family and the effect that these could have on helping professionals. Community level integration was discussed, with the understanding that this is the level at which much integration is happening. This was followed by themes on the organisational level starting with the necessity for knowledge to be shared through awareness raising and capacity building, with cocreation as an example of how this could be done. Training was also shown as a crucial step in the integration process, while developing tertiary level qualifications to train experts in integrated approaches.

The factor that MHPSS and PB are important to all humanitarian responses in all sectors in violent contexts was emphasised, using the education sector as an example. The use of language was another theme, with a focus on the language of stigma and the importance of addressing the differences in terminology. The reality of the need for better funding for integrated approaches and how this is impacted by policy was addressed. Finally, policy needs to be developed on a national, regional, and international level that will inform implementation and funding. The conclusion chapter will follow.

CHAPTER SIX

CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

6.1 Conclusion

There seems to be consensus on the need for integrating fields of MHPSS. The concern is not whether integration should happen, several challenges have been highlighted as barriers to integration. It is apparent that funding is a major challenge. This is the case especially because funding for post conflict and conflict contexts seems to be stretched as conflict is not decreasing but various forms of conflict are on the increase (De Coning, 2018). With this challenge it is going to be important to show good reason funding needs to be restructured and accommodate integrated approaches. The start of lobbying would have to be on the national and international policy front. This would then highlight the importance of integration and impact donor mandates.

Coupled to this is the need for field specific knowledge being disseminated within the fields. This knowledge will assist in understanding that is shared. It will lead to an increase in the ability to create interventions that are community specific, that address the needs of communities more adequately.

The cocreation methodology that was used in the workshops received positive responses from the participants. With each round of workshops, the participants were able to apply what they had learnt into their contexts and add further steps in their integration progression, while taking their resources and existing knowledge into consideration. Those who already had integrated approaches added more layers to their interventions. Those who had been working in silos began processes of collaborating with organisations offering different services to theirs, depending on the needs that they found in their contexts.

6.2 Limitations

Two challenges that transpired were related to the use of an online platform for the in-depth interviews. In some of the interviews there were moments where there were distractions either due to poor connectivity, the presence of family members or other noise in the background. Secondly, some of what was said in the interview was not clearly captured in the recording, which meant that some of what the participants said was lost to the researcher, especially in cases where the researcher understood what was being said, in the moment, because she could read the non-verbal cues from the participant. The challenge came when the interview had to be transcribed as the non-verbal cues were forgotten and there was nothing else to help the researcher decipher what was said. Where there was uncertainty, the researcher was able to communicate with the participants through email for clarity.

6.3 Recommendations

Finding more entry points to integration is vital, because that has the potential to ensure that interventions offer much more than they presently do with better results. Other entry points also add to the sustainability of interventions – such as where MHPSS and PB are integrated with development or leadership programmes for youth.

Intentionality is key in ensuring that integration happens. The levels of integration differ depending on context, for an example, in Zimbabwe it seems that MHPSS and Peacebuilding organisations had been organising themselves prior to the cocreation workshops. The workshops helped them to be more determined, intentional, and more aware of the benefits of working together. In this way more space for collaboration and integration was created. Although the need for the merging of the fields of MHPSS and PB is apparent, it is not clear yet who would take responsibility for the coordination of the integration of the two fields.

A mapping exercise may be necessary for the specific contexts that were included in this study – Kenya, Zimbabwe, and South Africa to be better able to understand who is participating in the fields of MHPSS and PB and know whether and how they incorporate the other field. More research is necessary in finding out which grassroots actors are in PB and MHPSS and what approaches they use. Context will influence how integration can be done between the two fields and must be co-created taking a range of factors like level of current conflict, funding, existing skills, and resources into consideration.

With lack of knowledge having been cited as one of the challenges, institutions of higher learning should be encouraged to offer qualifications that offer their students opportunities to study and be exposed to the terminology, theories, and methodologies of both disciplines.

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ANNEXURES
ANNEXURE A – ETHICAL CLEARANCE

ANNEXURE B – GATEKEEPER LETTER AND FORM

Gatekeeper address

**School of Applied Human Sciences
Discipline of Psychology
College of Humanities
University of KwaZuluNatal
Howard College Campus
18 August 2021**

RE: GATEKEEPER REQUEST

Dear

My name is Noxolo Zanele Dlamini. I am a Health Promotions Masters student at the University of Kwa-Zulu Natal, Durban, South Africa, (student number: 941341524). I am conducting research on the integration of Mental Health and Psychosocial Support and Peacebuilding, under the topic - **Mapping the integration of the fields Mental Health and Psychosocial Support and Peacebuilding through co-creation**. My research will be based on reports from the 2019 and 2021 workshops on the topic -Co-creating an integrated approach to MHPSS and Peacebuilding, as well as indepth interviews of participants in the workshops. The interviews will take place using an online platform the participants have access to. The interviews will take up to one hour where focus will be on the work of Peacebuilders and MHPSS, honing in on the strides that have been taken in doing this work, what the successes and challenges have been, the referral pathways that have been utilised in different interventions, the novel approaches to PB and MHPSS that have been used, and what is envisaged as the way forward.

I request your assistance in authorising me to interview certain individuals within your organisation who would be helpful in this research.

Please note these details:

Benefits

There are no benefits in participating in this study except for the advancement of understanding of the nexus between Peacebuilding and Mental Health and Psychosocial support.

Confidentiality

There are no risks of harm or offence to your organisation or third parties or the community at large due to your participation or refusal to participate in this study. The identity of the participants will remain confidential at all times, and in the results of the study pseudonyms will be used to refer to their contribution.

All data collected will be stored in a secure folder and destroyed after 5 years. Only my supervisor and I will have access to this data.

Recording

All the interviews will be recorded, however should the participants not desire to be recorded, this will be adhered to without prejudice to your organisation or individual concerned. The recordings will be kept in a secure folder and deleted after research is completed.

Upon completion of the research, I will report on the research findings and this report will be made available to the research participants as well as your organisation.

Risks or discomforts

There are no anticipated risks or discomforts for any participation in this study.

Participation conditions

Participation in this study is optional and there is no obligation to participate. Should your organisation or the participants choose to terminate their participation at any time, they will not incur any penalties, as their participation is voluntary. In order to grant this permission, you are requested to complete the attached gatekeeper form to ascertain that you agree for individuals in your employ to participate and understand the conditions of this participation.

Please return the attached gatekeeper form to my email address: noxdlamini@icloud.com.

My supervisor is Professor Yvonne Sliep.

Contact Details: yvonne.sliep@gmail.com

Kind regards

Noxolo Dlamini

GATEKEEPER FORM**Mapping the integration of the fields Mental Health and PsychoSocial Support and
Peacebuilding through co-creation**

I the undersigned agree to indepth interviews of individuals within Green String Network in the above mentioned study and understand that our participation is voluntary and not coerced by any means. Our organisation is of the understanding that we will not receive a reward for our participation.

Date:

Signature:

ANNEXURE C – INFORMATION SHEET AND CONSENT

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL For research with human participants

Information Sheet and Consent to Participate in Research

Date:

Dear Participant

My name is Noxolo Zanele Dlamini. I am a Health Promotions Masters student at the School of Applied Human Sciences, Discipline of Psychology in the College of Humanities, University of Kwa-Zulu Natal, Durban, South Africa. My student number is 941341524. My supervisors are Professor Yvonne Sliep (yvonne.sliep@gmail.com), and Dr Nosipho Makhakhe (MakhakheN@ukzn.ac.za). I am conducting research on the integration of Mental Health and Psychosocial Support and Peacebuilding. You are being invited to consider participating in this study through an indepth interview answering some questions that I would like to ask you pertaining to this topic. This interview will be between 30 minutes and an hour long. Please note the following details:

Benefits

There are no benefits in participating in this study except for the advancement of understanding of the nexus between Peacebuilding and Mental Health and Psychosocial support.

Confidentiality

There are no risks of harm or offence to you, third parties or the community at large due to your participation or refusal to participate in this study. Your identity will remain confidential at all times, and in the results of the study pseudonyms will be used to refer to your contribution.

Recording

The interview may be recorded, please indicate whether you agree to being recorded or not, by ticking the relevant box.

I agree to be recorded	Yes
I do not agree to be recorded	

All data collected will be stored in a secure dropbox folder and destroyed after 5 years. Only my supervisors and I will have access to this data.

Risks or discomforts

There are no anticipated risks or discomforts for your participation in this study.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number: HSSREC/00003698/2021).

In the event of any problems or concerns/questions you may contact the researcher at noxdlamini@icloud.com (27 82 899 2831) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

.Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Participation conditions

Participation in this study is voluntary and there is no obligation to participate. Should you choose to terminate your participation at any time, you will not incur any penalties, as your participation is voluntary. In order to participate, you are requested to complete the attached consent form to ascertain that you agree to participate and understand the conditions of your participation.

CONSENT

I have been informed about the study entitled, Mapping the integration of the fields Mental Health and Psychosocial Support with Peacebuilding through co-creation, by Noxolo Dlamini.

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study I understand that I may contact the researcher at noxdlamini@icloud.com or +27828992831.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

I hereby provide consent to:

Audio-record my interview

YES / ~~NO~~

Video-record my interview

YES / ~~NO~~

Signature of Participant



Date 14/8/22

Signature of Witness

Date 14/8/22

ANNEXURE D – INTERVIEW GUIDE

Interview Guide

1. How do you see the two fields working together? Motivate (past,current and future)
2. What are the benefits and what are the challenges to achieve this?
3. How would you evaluate the partnership of the two fields?
4. Looking back, what are your experiences of the workshops?
5. Talk about the context your work takes place and the role local people play in this work?

ANNEXURE E – INTERVIEW TRANSCRIPT

INTERVIEW 4 TRANSCRIPT

N (INTERVIEWER): I had a very productive interview with L. the other day, so thank you, thank you, thank you for organising that for me. Uhm so it was very helpful. Anyway, so, as you know, my research is around the integration of peacebuilding and MHPSS, and of course you are a legal person. However, I know that in the sphere that you work in, you do end up interacting with MHPSS and interacting with peacebuilding, anyway, especially in the work that you do with FIDA. So, uhm, just as a starting point I would like you to please just ehm, give me a brief outline of what it is that you do as a legal person within FIDA, in the scope of your work.

J: Okay, my name is J...., I am senior legal counsel at FIDA, Kisumu office. FIDA has 3 offices in Nairobi, and then we have two other offices in Kisumu and Mombasa. So, I man, I like to say that I man our Kisumu office, so I am directly in charge of all the projects that run here. So, as the senior legal counsel my main or core work is to facilitate access to justice for women. We have several offerings with regards to access to justice. So, what we do first is to offer free legal aid to women, so we run our legal aid on Mondays and Tuesdays where women from all walks of life come to the office to seek our legal advice in their various matters (2:02). We do offer legal aid, we do drafting of their cases. At that point we are able to assess the clients. There are some who come very psychologically uhm distressed, so we do have a psychological wing whereby we do the individual counselling or joined counselling with therapy, that is what legal is in charge of. So, as we support them with that, because we really believe that when one is emotionally unable to make better or more informed decisions, we always like to try and put them at a place where they accept that this is what is going on, this is my situation is and to deal with it (2:56). We've realised that it then becomes easier to manage that kind of a plan, so at that point we are able to tell whether this is a client who will....(3:10). We have a very active mediation programme. We have a...

N: Eh, sorry J.... I think maybe, please try and turn off your video because so I see that there's...your words come and go, maybe if you turn it off it might be a little bit better.

J: Okay, I can

N: Okay

J: so, uhh I was at mediation. So, we check whether this case is better resolved at mediation, or it is a case that we can refer to the elders or under what we call the Alternative justice system. At FIDA we do believe that there are certain cases that can be resolved at that level, at the elders level. Now with the policy, we have an alternative justice system policy. Our institution has been identified as a third party kind of practice of the alternative justice system, we have that as well. If this matter has to go to court, we are either training the client to represent themselves, so we do self representation training or we are having this client represented by one of us, the internal lawyers (4:25). We have a legal representation program or we will then be able to refer this client to a pro bono advocate. So, we also have a pro bono lawyer scheme that we work with. So, apart from all these interventions, we also have what we are calling strategic impact litigation such that where there are widespread issues of human rights, we are able to maybe just collect the evidence and present it to the constitutional and human rights courts so that we are able to redress that(4:59). Of late we have started a practice where we are able to join in some of these constitutional cases as interested parties, and we are also working on that. Lastly, we do have partnership, we have a partnership where we work very closely with the judiciary. The judiciary, we work with them under what we call the court users committee uhm, we also work very closely with our paralegals and our community based organisations. So we are also tasked to reach women at the grassroots level and this one we do mostly by community forums, so like now we are doing a lot of campaigns around peaceful elections, you know, the need to just have free, fair, peaceful, exercise our right to vote. These are some of the campaigns we're doing and why we should then protect women and children from violence around that area, yeh and so that is just the interesting bit of what we are doing now, but with regards to promoting or facilitating access to justice it is all the other things that I have said (6:14).

N: Alright. Thanks very much Janet, that gives me a very good picture of what it is that you are involved with. It's huge, it's really a lot of work. So, in the work that you have been doing, just from your perspective, where are we with regards to the integration of peacebuilding, MHPSS and eh, as well as the legal side of things? If you could take me to where you think that it was in the past, where you think that it is now and where you, where it will go, as well as where you hope it will go? Anyway, I know I have given you a lot of

questions there but I will ask some more if it is that you haven't covered anything that I'm asking.

J: Okay, thank you. I believe that, initially even as an organisation we were so focused on accessing justice through the formal court systems, yah (7:20). But now with time, because FIDA has been in existence for like 37 years, so I would say that the first 10 years, our intervention was majorly to help the women access justice through the formal court system because that time we believed that some of these institutions that consultative justice system,we believe that they are... in nature...we believe that they are the ones who perpetuate or really even further the abuse of womens' rights. With time we began noticing that that may not necessarily be the case (8:02). They could be doing that because of lack of sufficient knowledge, so we decided to just support them, build their capacities on what it is that is human rights, why these rights are human rights, why we should be able to stick to the general provision, why we should be able to promote the bill of rights and why we should be able to just appreciate the discussions that arose and all those kinds of things. So we realised that indeed they were getting receptive and they were even getting receptive to gender mainstreaming amongst the counsel of elders(8:40). So, uhm we then began saying that it's also possible...(8:54)... *unclear*. That is how we began our interventions with the elders, what we are currently calling the alternative justice system. We've realised that women feel better because this is a very informal kind of way. They are able to present their cases, in the most informal manner, with people they would necessarily even identify with because it is basically people from your locality, so they will speak your vernacular language. You know, there is not all that formality (9:27). So, we then....with women now having confidence in these institutions. Then the 2010 constitution did was even better, we have a whole article that talks about courts embracing other forms of dispute resolution, alternative forms of dispute resolution, including the traditional dispute resolution system. So for us the most important is normally to ensure that their rulings align with the constitution, they are in line with the set international human rights standards and they do not, they are not contrary to justice and those principles that are coined in article 159 2(c). So, for me in terms of reconciling families, because our motto now is.... (*Unclear*).

N: Sorry, you said "justice through mediation?" (10:33)

J: That is our slogan, " Building families through mediation."

N: Oh, I kept on losing that first part. “Building families through mediation – nice. Thank you.

J: We are trying to, you see there are hurdles in family matters, family related matters, you know, we deal with matters of inheritance, matters of land, matters of custody, matters of matrimonial property, divorce, separation. So they are mostly family related (11:07) matters. And we say that once there is a conflict that is linked to family members, then we need to first give them a chance to be able to resolve it through mediation or the alternative justice system before we are able to go to court. So I will say that seeing that at the end of the day, there’s a lot of peacebuilding that happens in the process because we are not only restoring relationships, you know, involving the conflict but we are also restoring relationships. You see the court system is so acrimonious, it’s so, it’s a winner/loser kind of situation, you know. It is the case of I won/you lost, you know those kinds of things but through mediation we try to have a win/win situation. At the end of the day, in fact I was so involved in the process, my views were taken into and I feel like I was able to concede to this extent. So, there is a lot of (12:21) mediation, which for me promotes peacebuilding I will say., because we have done a lot of community mediation, when we have members of our community dealing with matters of succession, you know that’s my response to that.

N: And if you were to design your own intervention, as best as you can, where do you see the interaction of these. In other words what I am trying to ask is that, do you see it as best for peacebuilding and MHPSS, when I’m saying peacebuilding I’m also including mediation and all of that you’ve been mentioning, do you see that as something that needs to happen right from the beginning or do you think that it’s actually better to go in with either peacebuilding or first with MHPSS? How do you see the process functioning?

J: I would say that when I speak to our counsellors they will most of the time tell me that, they will realise, yah, when the emotions are too high they will always, always pick suddenly pick that at mediation, you know, so for me it is critical that these components sort of intertwine but really giving a lot of prominence to the mental health, yah, but/that At the end of the day, you are able to first support this client, because all the time they come here, on the first day you’ll see a client breaking down and really crying, whether it’s a family related matter or a land related matter, or succession, they will still feel deprived, you know. So they

feel that they've been violated (14:24). There is that feeling, there are those emotions, there is that feeling of sadness, because at some point we tell them; how do you feel about this? They say "I feel so sad." I feel so alone, you know, I feel so unworthy, why won't this person just love me anymore? And maybe they will end up crying, for those who maybe manifest their emotions, in that kind of manner. For me it's critical that one, we are able to stabilise, eh, clients when they come, so they can appreciate the conflict, that this has happened, it's not my fault, it's already happened, so they need to be in a state where they appreciate that this conflict is here with me and be sober enough to then address it, face it (15:17). And then I'm able to make better decisions. Our intervention journey does not just end at our individual clients. We have several occasions where we have had joined counselling, we do couples therapy here, some even end at couple therapy, sometimes some say that you know what, we have tried this, it's not helping, we are two adults, let's just separate and take care of our children, or there are situations where they say please give us another chance, you know, so it happens in that way. Even at mediation we are still given an opportunity to caucus. Our mediators are also counsellors, yah, so they will tell you that at that caucusing level you are still exhibiting your counselling skills, trying to stabilise this clients you know... (unclear), we also hold group therapy and empowerment, we give to our women. At times the males, they break down, actually at one of our main branches we have one of our clients who broke down (16:27) and I told her, you will now have to forget where the mediation starts we will need to offer support for him. So, we will see how to sort that out. So, I find that it's critical for us to be able to integrate these...first it's appreciating that we need to support these clients mentally so that their mental health is checked out, you know. They are able, for us the most important thing is that they are not making decisions full of emotions, they are making decisions which are informed because they are being supported and they are at a better place. They've managed to handle this mediation, this eh, mediation.

N: Mh, okay that's such a good approach, because once, from what you are saying, you have supported them emotionally and psychologically, then they are able to think better and be able to make the decisions that they need to make, not from an emotional standpoint. Okay. Alright. Thank you very much. I really appreciate that. I just wanted to look at the other question that I wanted to ask you. Do you remember the workshops that we had. I don't know if you were in the 2019 workshops? Were you there?

J: The one in Nairobi? There was one at Gracha Garden, 2019

N; Yes, yes. The other ones were in January last year, January/ February, somewhere around there. These ones were online. (18:31)

J: Uhuh, I think I attended one of them.

N: My question is what is your experience of those workshops? If you can remember them.

J: For me it was quite interesting to learn that indeed there are partners who are already appreciating that it's critical to support clients mental health, especially for the clients who've undergone certain forms of violations (19:16). I was very impressed at that, that even if we are doing this work we are not starting from zero. Already there is existing kind of interventions. Then what was critical, was then for one to, for us to strategise and see how best to broach it, because there are somebodies?? Where we can interlink or have some sort of interlinkages, between the services we offer, that there also institutions that do purely mental health, yah, yah like the counselling. I remember seeing people from Amani counselling centres and they were *appreciating* our one off programs, because at FIDA we tried to have subsequent sessions. I don't think our counselling sessions are normally one off, though we are quite limited in terms of capacity. We have a capacity gap, which is a very big issue. And for me, I also felt that there's need to really have more *advocacy* because what we have, I would say basic, it's basic counselling, you know, therapies, but advancing the care. I always tell people about a client that I had, who when I first interviewed her and took her and took her instructions, I was so convinced that she didn't have any mental *health issues* (*audio unclear, this is added*), she was quite certain about her case, she presented all documentation that I needed to be able to put together her case (21:12). But she started deteriorating, and when we would go to court she would start shouting and getting out of control, you know. At that point I felt so helpless, I can't help her, until now at some point they got her to order her to be taken for mental examination and the doctors actually said that she has a mental condition and she has to be treated, you know. I'm just at a point thinking, what then happens to the cases where apart from just the instability that someone may experience, (*Audio unclear*) I don't know whether the time is right, I'm just thinking (21:57) then it needs actually to advance to treatment. So I'm thinking that we need then to have an advanced care sort of and this can happen if we map out our plans... because at the end of the day even as we go to our communities for the other peacebuilding work that we do, the other trainings, the other

community forums that we do, ...and there it come to us now the legal, maybe not the psychosocial people because of our capacity, we need to have...

N: You need to have? Sorry...

J: We need to have capacity building for the, us who are not mental health experts but we still find that we have to support clients who may be undergoing various aspects of mental health care, yah.

N: Okay, alright. So do you think that the workshops were helpful? Did they help you to maybe build bridges? How were they helpful.

J: Yes, I will say they were very helpful form the discussions, we appreciated the need, yah. We appreciated the need to be able to integrate these services. We appreciated the need that we can't work in silos, FIDA working here in the corner, you know, Amani Counselling services in their corner, but we can then be able to build a partnership that will be able to (address this mental health???). You know in Kenya people don't alike to appreciate that mental health is actually, eh, I would say it's, it's a need, you know. People don't like to talk about it (24:04). When you tell someone that they are bipolar for example, they will skin you alive, but there are people who have already appreciated that the condition? Manage you know. So for us we are now comfortable to say, you know, I'm so stressed. That's fashionable, it's okay but there could be a lot in that stress, you know.

N: Mmmh, thank you so much and then just as mmm, I am quite aware of your time so I just want to ask you one last question, which is around the the work that you do, in terms of just the context of your work. What role do local people play in this work?

J: In the work that we do?

N: Yes, in the work that you do. I know that for example, Lilliane told me a bit about oooh, I'm going to pronounce it incorrectly now. The work that has been done with the nyumba khumi, something... I know I've mispronounced it...

J: ah, no, you've said it well.

N: Oh, is it? Okay, I'm glad. So, she did mention a little bit some of the work that is done through that structure. I just wanted to find out, besides that, are you working with, what other ways are you working with the community? You mentioned the elders, the council of elders. So, if there's anything else you can add to that or else give me some more information around those, that's alright.

J: Okay, we do work a lot with the community. One, we work with the faith based organisations, because we understand that, Kenya, I think most of the population are Christians, we work mostly with Christians except in our Mombasa office where Islam is practiced a lot. So, we do work with faith based organisations. We work with community based organisations and paralegals. These are our partners on the ground. Normally we have cases reported to them, so they monitor cases that are in court. They help us follow up, you know. They... there's also support at the community level – the community based organisations also help us when we go to mhm, implement activities in the community, so they do a lot of mobilisation work. And the, yes the nyumba khumi, they are the lowest structure under the village elders, the lowest structure whose reach is quite easy and for the community, because they have that trust that they have already built, so it's easier for them to report. We work a lot with the police stations almost in all the villages, so through the gender desks we are able to get a lot of cases of that are reported there, gender based violence cases. Sometimes they refer cases to us, sometimes we refer cases to them because some of these violations are criminal in nature and the police follow up, so this is who we work with very closely. We work with social justice centres, uhm, like in Kisumu we have quite a number of them. (28:08) They are also champions of human rights and they will always help us when we go to the streets when we have to, because that's also some of the ways we do peacebuilding. Where there are certain issues that we want to address, so uhm the community members, we reach them out through local radio stations and media messages and have we want to have interruptive sessions. So we've also been able to go to a lot of vernacular radio stations as well as the mainstream television and newspaper. We actually do have a community presence.

N: Yes, and you said that the lowest structure that you have is the nyumba khumi, because of the trust that they have of the people, and they have sort of a wider reach.

J: Yes, yes. They work under the office of the chiefs. Others we call then national government administration officers. So, they are there under thestructures.

N: Okay, right. Thank you, thank you so much Janet. What has helped is that I had the interview with Lilliane, she gave me quite a lot of information. It was great to have this because you added on to the pockets that I felt I needed to add in to get fuller information. So, I really appreciate your time. So do you still, do you still do a lot of work with Amani? You mentioned that there is still need for now, the clinical side of things. Well, I know for a fact that our Nairobi office is, does refer clients, even when we get the calls, because we run a toll free line. Sometimes our clients are just calling and they are wondering where to go, we can always refer them there, yah.

N: Okay, alright, I see. Thank you very much Janet. Thank you for your time. I hope that all that

J: Thank you so much, have a good day ahead.

N: Thank you, and I hope that your, all that you were wrapping up with mid-year, it went well.

J: Yes, yes. It did go very well. Now we are trying to build up because of elections on the 9th of August, yes. It's like a week now.

N: Okay, well all the best with all that and may it go well.

J: Thank you so much.

N: Okay, bye.

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