ANNEX I

FINAL REPORT TO THE PEACEBUILDING FUND (PBF)

PROJECT: Improving psychosocial support and mental health care for conflict affected youth in Somalia: A socially inclusive integrated approach for peace building

COUNTRY: Somalia

TYPE OF REPORT: FINAL

YEAR OF REPORT: 2022

CONTRIBUTING AGENCIES: WHO, IOM, UNICEF

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1. Project management

1.1. TOR of steering committee and project implementation team

Terms of Reference
Steering Committee for MHPSS PBF Project

Mandate

The Project Steering Committee (SC) is a forum that brings together senior level staff from MOH, WHO, UNICEF and IOM, Somalia National university (SNU) and Administrative Agent (UNDP MPTF) to discuss and endorse overall project strategies and approaches. The Steering committee will consider the issues raised by the project implementation team, provide guidance and support the implementation of agreed activities.

Scope of Work

1. Provide overall guidance, support and oversight to the project;
2. Review and endorse planning, monitoring and reporting tools;
3. Review progress and advise on solutions to any bottlenecks
4. Review and endorse narrative and financial progress reports (interim and final) for timely submission to AA.

Procedures

The SC will meet on a quarterly basis and as needed.

SC members will work to conclude all discussions on a consensus basis. Each agency will identify a focal point and at least one alternate in writing.

Membership of the SC will be limited and each agency will nominate representatives to the SC, as outlined below:

Agency	**Focal point**	**Alternate**
Ministry of Health	Zeynab Ahmed Noor	Abdullahi Abdihakim
WHO	Humayun Rizwan	Naima Abdullahi
UNICEF	David Sezikeye	Maher Farea; Shah Jamal
IOM	Elaine Joyce Duaman	Kerry Kyaa
SNU	Abdulwahab Moalin Salad	
UNDP MPTF	Peter Nordstrom	Fadumo Munim

Terms of Reference
Project implementation Team for MHPSS PBF Project

Mandate

The project implementation team is a forum that brings together staff working in the field from MOH, WHO, UNICEF and IOM, Somalia National university (SNU) to discuss and agree on implementation modalities of the project activities. The team will identify the key issues and challenges in implementation and communicate to the steering committee for discussion and resolution.

Scope of Work

1. Participate in operational planning
2. Collect baseline data from intervention sites
3. Ensure monitoring and reporting tools are utilized and consolidated
4. Participate in research activities
5. Regularly report on project activity progress or updates and suggest possible solutions to challenges and bottlenecks

Procedures

The Project Implementation Team will meet on a monthly basis if possible and ad hoc meetings can be organized as needed.

Each agency will identify the members of the project implementation team.

Membership of the Project Implementation Team will be limited and each agency will nominate representatives to the as outlined below:

Agency	Lead	Team
WHO	Naima Abdullahi	
UNICEF	David Sezikeye	Maher Farea; Shah Jamal
IOM	Elaine Joyce Duaman	Kerry Kyaa
SNU	Abdulwahab Moalin Salad	

1.2. Terms of Reference for the Consultancy providing technical advice on the project

6/5
SOM/CONS

World Health Organization

CONSULTANCY

Terms of reference

Evaluated at P3-NOC
Mirette Kamal, 13 May 2020

This consultancy is requested by:

Unit	UHC/PHC/MHPSS
Country Office	WHO Somalia

1. Purpose of the Consultancy

To provide technical advice on the implementation of the Mental Health and Psycho-Social Support (MHPSS) activities reflected under the PBF project "Improving psychosocial support and mental health care for conflict-affected youth in Somalia: A socially inclusive integrated approach for peacebuilding".

2. Background

As part of the abovementioned project, WHO Somalia will take the lead in implementing the MHPSS project with the focus on training and research in close collaboration with MoH, Somali National University (SNU), UNICEF and IOM.

3. Planned timelines (subject to confirmation)

Start date (tentative): End date (tentative):
01 June 2020 30 November 2020

4. Work to be performed

- Coordinate with Research and M & E teams to develop proposal and framework for the research and M&E plan and liaise with WHO
- Contextualize WHO (mhGAP-HIG) module to be implemented at primary health care centers, community-based organizations and youth centers
- Participate in developing in-service learning MHPSS modules for health care professionals and contribute in developing MHPSS curriculum for Somali National University
- Conduct ToTs (Training-of-Trainers) based on the contextualized mhGAP-HIG using the training materials already in place (University, Federal MoH, State MoHs and Primary Care Units)
- Support WHO, SNU and MoH with possible grant application for continuity and sustainability of the project.
- Support inter-university collaboration between SNU and other established institutions to support their capacity for academic collaboration and resource support as a means to potentially expand the MHPSS activities stemming from the project.

5. Deliverables

The consultant will work remotely to produce the following deliverables

- Draft proposals for the research and M&E plan in collaboration with the Research and M & E teams.
- Build capacities on multidisciplinary training module on MHPSS for youth and integrated into curricula at Somalia National University (SNU)

- Regular monitoring report
- Research study on interlinkages between youth, MHPSS and peace building in Somalia to inform evidence-based strategies/approaches
- Knowledge mobilization activities including publications in peer-reviewed journals, conference presentations and community and stakeholder workshops.

Technical Supervision

The selected Officer will work under the supervision of:

Responsible Officer:	Abdullahi Naima	Email:	abdullahin@who.int
Manager:	Dr Rizwan Humayun, Management officer	Email:	rizwanh@who.int

Specific requirements

Qualifications required:

- First university degree in public health preferably mental health and psychosocial services or relevant field

Experience required:

- At least 5 years of relevant experience; provision of MHPSS programming/services to refugees and IDPs; MHPSS training/capacity building; experience working in a humanitarian/emergencies context.

5. Place of assignment

Mogadishu, Somalia & Nairobi, Kenya

6. Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.

7. Travel

The Consultant is expected to work remotely and travel to Nairobi and Mogadishu when needed

*All **travel arrangements** will be made by WHO – WHO will not be responsible for tickets purchased by the Consultant without the prior authorization of WHO. While on mission under the terms of this consultancy, the Consultant will receive **subsistence allowance**. **Visas requirements:** it is the consultant's responsibility to fulfil **visa requirements** and ask for visa support letter(s) if needed.*

2. Roles and responsibilities of project implementing partners

Roles and responsibilities in MHPSS Project

WHO	UNICEF	IOM	Remarks
• Overall coordination (establishing and convening Steering committee meetings)	• Participate in regular coordination meeting	• Participate in regular coordination meeting	•
• Developing tools for planning, monitoring and reporting	• Participate in review of tools for planning, monitoring and reporting	• Participate in review of tools for planning, monitoring and reporting	• Standardized tools will be used
• Compilation of Baseline data	• Conduct baseline	• Conduct baseline	•

• Implementation
  • Output 1: Capacity building/training and research study
	• Implementation
	  • Output 3: Raising awareness and communication
		• Implementation
		• Output 2: Training and service delivery
			• Put detailed activities and sub activities in the operational plan template

• Communication with AA and MOH	•	•	•
• Monitoring of all project activities	• Monitoring own activities	• Monitoring own activities	•
• Compilation and submission of semi-annual project progress report to AA (14 June)	• Submission of semi-annual project progress report to WHO (01 June)	• Submission semi-annual project progress report to WHO (01 June)	• Clarify on the template
• Compilation and submission annual Progress report to AA (14 Nov)	• Submission of annual Progress report to WHO (01 Nov)	• Submission of annual Progress report to WHO (01 Nov)	•
• End of project report covering entire project duration (15 July)	• End of project report covering entire project duration (01 Jul)	• End of project report covering entire project duration (01 Jul)	• Clarify on the template
• Annual Financial report Jan to Dec 2020 (15 Apr 2021)	• Annual Financial report Jan to Dec 2020 (15 Apr 2021)	• Annual Financial report Jan to Dec 2020 (15 Apr 2021)	• Clarify from AA whether consolidated or individual and template for financial reporting

2.1. Revised draft Work Plan

MHPSS/PBF project Work Plan Nov 2019 – Aug 2021

Outputs	Activities	Sub – Activities	Timeline							Responsible agency
			Q1	Q2	Q3	Q4	Q5	Q6	Q7	
1. Health professionals and community health workers in select conflict-affected IDP communities gain professional-level capacity to deliver youth-centered and gender-sensitive MHPSS services.	Recruit MHPSS Consultant for training module	Develop consultancy TOR								WHO/MOH
		Recruitment of the consultancy/Project officer								
	Organize and conduct 4 MHPSS consultative workshops among relevant technical	Conduct consultations with stakeholders								WHO/MOH
		Organize a meeting with MOH for MPHSS training module endorsement								
	Review MHPSS training module to ensure it is gender sensitive and youth-friendly; translate to Somali; obtain endorsement; and publish and launch the training	Identify resource persons and translate the module								
	Support SNU to train 20 health workers from health facilities to create capacity for rapid decentralization of MHPSS services (training of trainers), and conduct follow-up mentorship	Prepare APW for SNU								WHO/MOH
		Conduct TOT for 20 health workers from target health facilities								
	Conduct cascade trainings to health facilities staff and community health workers from 15 target health facilities and their catchment communities, and conduct post-training follow-up mentorship visits	Identify training facilitators								WHO/MOH
		Roll out cascade training for target health facilities								
	Conduct a research study on inter-linkages between youth, MHPSS and peace building in Somalia to inform evidence-based strategies/approaches that the government (Ministry of Heath) and international aid community can implement as follow-on interventions, building upon this project's results	Recruit study coordinator/consultant for M&E and research								WHO/MOH
		Conduct study								
		Present, endorse and publish study report								
		Conduct dissemination workshop for donors								

Outputs	Activities	Sub – Activities	Timeline							Responsible agency
			Q1	Q2	Q3	Q4	Q5	Q6	Q7	
2. Youth with mental illness and psychosocial issues in conflict-vulnerable IDP communities are provided with MHPSS services through community-based PSS approaches and health service delivery, consequently improving individual well-being, building emotional resilience, raising aspiration, and strengthening community social cohesion towards mitigation of conflict drivers and empowerment of youth as peacebuilders (change agents)	Train health workers and community leaders in gender sensitive Psychological First Aid, Clinical Management of Rape (CMR), GBV management, stigma reduction	Conduct training on Psychological First Aid, Basic Counselling and Communication Skills, PSS in Clinical Management of Rape (CMR) and GBV case management, stigma reduction targeting health workers and community leaders in target locations								IOM/MOH
	Support activation of referral pathways for GBV survivors for medical, psychosocial support, and protection services	Establish referral mechanisms for GBV survivors for medical, psychosocial support, and other protection related services								IOM/MOH
		Identify persons in need of supports through updated referral pathways								IOM/MOH
		Identify participants for the trainings and design specific skills trainings and materials								
		Conduct trainings on counselling and facilitation skills to both youth and non-youth aged counsellors or psychosocial support workers among IDPs to provide individual and peer support to address PSS needs.								IOM/MOH
		Facilitate counselling (individual and peer-to-peer) and support group activities to those identified in need of PSS								IOM/MOH
	Facilitate establishment or reactivation of support groups among youth and vulnerable IDPs	Establish peer support networks among vulnerable groups of youth and other IDPs								IOM/MOH
	Establish and operate MHPSS Resource Center at health facilities, which encompasses youth support groups, counselling, information provision, livelihood/recreational activities.	Identify key locations where MHPSS Resource Centers or Spaces can be established								IOM/MOH
		Design, schedule, implement regular social, cultural, recreational activities that are facility and community based								IOM/MOH

		Provide focused services like counselling and peer support group activities that are both facility and community based								IOM/MOH
	Mobilize, train, and utilize youth mobilizers to gather families and young people for social, cultural & recreational activities	Identify and implement key social activities per location								IOM/MOH
		Recruit and train activity animators and community mobilizers for implementation of social activities								IOM/MOH
3. Awareness among youth of mental health/substance abuse, stigmatization, harmful behaviors and negative coping mechanisms that drive conflict is increased, with youth empowered to effect positive change through peer sensitization / education	Develop IEC materials to address stigma, youth substance abuse (especially Khat), GBV, and conflict-inducing behaviors and disseminate	Develop IEC materials								UNICEF/MOH
		Translate and dissemination to target locations and facilities								
	Develop a radio program together with youth to raise awareness of substance abuse and social-related stigma, and negative coping mechanisms	Develop radio program								UNICEF/MOH
		Contract local FMs/radios in target sites that can air program regularly (e.g. youth community mobilizers, orientation in schools and IDP camps)								
	Orientation of religious, community leaders and other opinion leaders	Identify key religious and community support groups in project sites								UNICEF/MOH
		Sensitize and orientate them to become social agents on stigma reduction and negative coping mechanisms								
	Develop billboards and wall painting	Design billboards								UNICEF/MOH
		Print and wall painting								
	Orientation at schools and IDP camps	Conduct sanitization and awareness raising at schools in IDPs and target areas								UNICEF/MOH
	Development of a series of video clips for you-tube and Facebook	Design short video clips on MHPSS								UNICEF/MOH

2.2. Meeting in Geneva (5-6 March 2020): Academic Insights into Linking Mental Health with Peacebuilding

i. Agenda

Academic Insights into Linking Mental Health with Peacebuilding *Geneva, Switzerland (5-6 March 2020)*	
5 March (day 1): Room L14, 13:00-18:00	
Time	**Activity**
13:00-13:30	Meeting Purpose & Self-Introductions
13:30-14:15	Overview of the Somali Health and MHPSS contexts & Importance of this MHPSS Project - Dr. Humayun Rizwan, Senior (Health) Management Officer, WHO Somalia (30 mins.) **Questions & Discussion (15 mins.)** Session outcome: Better understanding of current health contexts and challenges across Somalia
14:15-14:45	Cultural and historical overview of Somalia, including MHPSS - Dr. Mohamed Ibrahim, Assistant Professor, School of Social Work, University of British Columbia (30 mins.)
14:45-16:00	Peacebuilding Fund (PBF) Project: *Improving psychosocial support and mental health care for conflict affected youth in Somalia: A socially-inclusive integrated approach for peace building* 1. About the PBF/PBF Process & WHO's Role in the PBF Project - Dr. Humayun Rizwan, Senior (Health) Management Officer, WHO Somalia - Dr. Abdihamid Ahmed, Planning Officer, WHO Somalia Emerg. Prog. (15 mins.) 2. IOM's Roles in the PBF Project (remote connection; Skype) - Mr. Vijay Narayan, Health Programme Coordinator, IOM Somalia (10 mins.) 3. UNICEF's Roles in the PBF Project (remote connection; Skype) - Mr. Samuel Bayo Sesay, Child Protection Officer, UNICEF Somalia (10 mins.) 4. Questions & Discussion on Log Frame and Activities (40 mins.) Session Outcome: Better understanding of the project's purpose, outputs and foreseen activities; some needs identified with respect to support from the Academic Team; specific questions and concerns of the Academic Team better understood and, where possible, addressed.
16:00-16:30	Group Photo & Coffee
16:30-17:15	Overview of MHPSS Project's Current Indicators, Baselines and Data Collection Methods - Dr. Humayun Rizwan • Initial thoughts on and questions to guide discussion: What works? What doesn't work? What needs to be improved? What needs to be added? Session Outcome: Ideas and opportunities for improvement identified.
17:15-17:30	Brief Recap & Closing

Academic Insights into Linking Mental Health with Peacebuilding *Geneva, Switzerland (5-6 March 2020)*	
6 March (day 2): M105, 8:30-16:00	
Time	**Activity***
9:00-11:00	Individual presentations from Academic Team
11:00-11:15	Coffee
11:15-13:00	Small break out groups to discuss, agree on and present recommendations as follows: • Indicators that can be used for linking mental health and psychosocial support to peacebuilding and social cohesion. • Scientific methodological frameworks for determining baselines, data collection and measuring impact, i.e. how project contributes to peacebuilding. *Separate meeting areas can be cafeteria & coffee corner*
13:00-14:00	Lunch
14:00-15:00	Present recommendations
15:00-15:15	Coffee
15:15-15:45	Agreement on next steps and ways forward
15:45-16:00	Recap, Next Steps & Close

**Underpinning the day*: ***For Academic Team to define and lead based on the three main objectives of this foreseen collaboration:*

- *Assist WHO, IOM, and UNICEF in understanding and identifying indicators that can be used for linking mental health and psychosocial support to peacebuilding and social cohesion;*
- *Assist WHO, IOM, and UNICEF in generating the scientific methodological framework for determining baselines, data collection and measuring impact, i.e. how project contributes to peacebuilding; and*
- *Use the project and data collected to develop a study and seek to publish the study as a joint article in an academic journal.*

ii. Group Photo

Geneva, 6 March 2020: *Meeting between WHO Somalia, UNICEF (remotely from Mogadishu), IOM (remotely from Mogadishu) and Academics at the WHO headquarters on "Academic insights into linking mental health with peacebuilding."*

iii. Meeting Outcomes

Academics Meeting (Geneva, 5-6 March 2020)

1. Academics Key Actions

a. Compile and share a Technical Proposal, with timeline and individual roles and responsibilities, with WHO (end Mar.), based on following roadmap:

   i. Compilation of existing literature/studies (PB+MH / PB / MH)

   ii. Participate in youth consultations (delayed, due to COVID-19 – academics in touch with UNICEF directly)

   iii. Expert consultations on MH and PB activities

   iv. Hiring of Consultant to design SNU module, translate, adapt and train (ongoing)

   v. Designing the research studies (2 questions)

   vi. Advise on M&E: Revising framework, Defining indicators, Translating/adapting tools, implementation support

   vii. Analysis and reporting (including monitoring) alongside SNU

b. Neil to act as FP and coordinator (Jura/JHU is out) for entire academic team and components

c. Explore and advise on options for joint academic publication

2. WHO Action Points

a. Share consultant fees (complete)

b. Look into hiring expert from UBC (Ibrahim) for MHPSS curriculum development, adaptation, translation, and training (in process)

c. Clear Academic Team technical proposal (not received)

d. Hire Academic Team through Neil's institution (awaiting Neil's feedback on which institution and way forward)

e. Share SNU ToRs with Academics (in process – with Naima)

2.3. IOM – Concept Note on Information Collection Tool: Rapid Psychosocial Needs Assessment Tool

Annex: IOM MHPSS SOMALIA: Youth PBF Project
Concept Note on Information Collection Tool: Rapid Psychosocial Needs Assessment Tool

Background Information
The information collection tool presented has been developed and adapted from IOM's tools (see list of reference materials below) that have been used over the past few years in order to identify and respond to people's psychosocial needs during an emergency and in early recovery settings, mainly targeting displaced and returnee populations but can also be applicable for conflict-affected communities.

As tools for IOM operations, they are designed to achieve four main goals: 1) assessing people's psychosocial well-being in a family and community setting in a participatory way 2) mapping the provision of pre-existing and emergency tailored services and capacities to respond to the needs of the affected population; 3) identify most urgent areas of intervention and 4) accordingly planning interventions aimed at addressing the needs that are not covered by existing services, in the thematic areas where the intervention is most needed.

The assessment is a methodological framework that entails the IOM teams to understand the psychosocial complexities people are facing and use this understanding to have a psychosocial approach in the design of general IOM support interventions, and, if needed tailor specific psychosocial programmes.

Rapid Appraisal Procedure Approach
The IOM Tools build on a methodological approach called Rapid Appraisal Procedure (RAP), which includes:

- Review and analysis of relevant literature and existing information from multiple resources, including publications, academic studies, published IO reports, articles on reviews, newspapers, and TV news.
- Interviews with key informants, including international, national and local stakeholders and professionals.
- Individual and family interviews with the displaced population. Interviews are to be conducted by organization's staff or volunteers in contact with the affected population.
- Focus groups to be held keeping a balance between confessional, ethnical and economic differences of the affected population.
- Field observations. The field observations are based on a list of distress indicators and a scheme of psychosocial observations, to which the interviewer will refer to while assessing the affected population.

The RAP approach proved to be not only advantageous when logistical and capacity constraints are an issue, but also meets the following conditions:

- *Consistency* with assessments carried out by IOM, such as those concerning: The Psychosocial Status of IDP Communities in Iraq in 2005-2006; Psychosocial Needs of Displaced and Returnees Communities in Lebanon Following the War Events in 2006; Psychosocial Needs of Iraqis Displaced in Jordan and Lebanon in 2008; and the Assessment of Displaced Communities in Kenya in 2008; Mental Health and Psychosocial Needs Assessment among Displaced Populations in Wau, South Sudan in 2016.
- *Flexibility*. The RAP approach guarantees a wide degree of flexibility, within a scientific context.
- *Relevance*. The RAP approach is holistic and includes evaluation of existing initiatives in the field. In addition, it gives importance to local knowledge including the beneficiaries' evaluation of the situation. It is likely to avoid pre-judgments of the situation under analysis, excluding prejudices.
- *Participatory process. The RAP approach allows the interviewer to contribute in the process of* reviewing and adapting the tools, according to their understanding of the specificities of the local community.
- *Rapidity*. The RAP approach allows the conduct of a scientific-based assessment in a limited period, and a qualitative rather than quantitative analysis of results. This last element is crucial, given the combination of large numbers of displaced, and a limited budget, which often makes a large-scale quantitative survey impossible.

Methodology: This questionnaire can be used for individual informal interviews and small group discussions. Who can be interviewed?

For individuals: Community members, community leaders, key actors within the community (government, NGOs, CBOs dealing with youth related activities, school officials). Ensure that both male and females are equally sampled (purposively)

For group/s: Two groups will be formed, each group to have **8 to 10 persons** aged 18 to 35 years. Divide the groups according to gender. 1 group will be dedicated to males and the other group will be dedicated to females. The age range also had to be divided accordingly 18 to 25 y/o, 26 to 35 y/o, if possible equal distribution of numbers.

Female	18 to 25 y/o	26 to 35 y/o
Male	18 to 25 y/o	26 to 35 y/o

Another set of two groups will be formed for persons aged 36 years and above. Divide the groups according to gender. The age groups will then be divided accordingly, 36 to 45 y/o and 46 y/o and above.

Female	36 to 45 y/o	46 y/o and above
Male	36 to 45 y/o	46 y/o and above

Where to hold the interviews or group discussions? Ensure that the place is quiet (offering a degree of privacy during the sessions) but safe for both the interviewer/facilitator and the interviewees or participants.

Introduce yourself and your role and which organization you belong to. Inform the participant about the purpose of this session: *This is to help IOM in gathering preliminary information about the youth in this location. The information that you will share will be used in helping IOM design a more appropriate program related to Youth, Mental Health and Psychosocial Support, and Peacebuilding project. Please do not hesitate to share your ideas and always remember that there are no right or wrong answers.*

Inform your participants that you will be taking notes of their answers.

Kindly consider the availability of the participant/s. If at all possible, you can chunk or divide the interviews and group discussions per Topic or Part and agree on the next meetings. This will be more practical that we do not take too much time of their time for the participants.

For Individual Interviews	For Group Discussions
Parts 1, 2, 3	Parts 1, 2, 4

Estimated length of the individual interviews 40 minutes to 1 hour.
Estimated length of the group sessions: 1 hour to 1.5 hours
Provide refreshments even water during group discussions.

The Field Scoping Tool is provided as a separate file.

Reference Material/s:
Psychosocial needs assessment in emergency displacement, early recovery, and return: IOM tools
Author/s: IOM
Year: 2009
Language: English

Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement
Author/s: IOM
ISBN: 978-92-9068-784-9
Year: 2019

2.4. IOM – Field Scoping Tool

IOM MHPSS SOMALIA: Youth PBF Project
Field Scoping TOOL

Instructions: This questionnaire can be used for individual informal interviews and small group discussions. Who can be interviewed?

For individuals: Community leaders; key actors within the community (government, NGOs, CBOs dealing with youth related activities, school officials). Ensure that both male and females are equally sampled (purposively)

For group/s: Two groups will be formed, each group to have **8 to 10 persons** aged 18 to 35 years. Divide the groups according to gender. 1 group will be dedicated to males and the other group will be dedicated to females. The age range also had to be divided accordingly 18 to 25 y/o, 26 to 35 y/o, if possible equal distribution of numbers.

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Male	18 to 25 y/o	26 to 35 y/o

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Female	36 to 45 y/o	46 y/o and above
Male	36 to 45 y/o	46 y/o and above

Where to hold the interviews or group discussions? Ensure that the place is quiet (offering a degree of privacy during the sessions) but safe for both the interviewer/facilitator and the interviewees or participants.

Introduce yourself and your role and which organization you belong to. Inform the participant about the purpose of this session: *This is to help IOM in gathering preliminary information about the youth in this location. The information that you will share will be used in helping IOM design a more appropriate program related to Youth, Mental Health and Psychosocial Support, and Peacebuilding project. Please do not hesitate to share your ideas and always remember that there are no right or wrong answers.*

Inform your participants that you will be taking notes of their answers.

Kindly consider the availability of the participant/s. If at all possible, you can chunk or divide the interviews and group discussions per Topic or Part and agree on the next meetings. This will be more practical that we do not take too much time of their time for the participants.

For Individual Interviews	For Group Discussions
Parts 1, 2, 3	Parts 1, 2, 4

Estimated length of the individual interviews 40 minutes to 1 hour.
Estimated length of the group sessions: 1 hour to 1.5 hours
Provide refreshments even water during group discussions.

For the interviewer or facilitator: Please fill up the information before proceeding to the questions. If you need additional space, please write at the back of the questionnaire pages.

Site Location: _____ **Specific IDP settlement: _____**

Staff conducting the scoping exercise: _____

Date of the session: _____

Part 1 (for individual and group/s). WHO ARE THE YOUTH of SOMALIA?

1. What is the age range of YOUTH in SOMALIA's Context?

2a. How do the youth access the health and nutrition services in IOM managed clinics? Please describe as extensively as possible according to the following:

- Health clinics: What are the reasons they usually access? What general medical cases do we often see YOUTH AGED patients? Are there youth-aged caregivers for these patients with general medical cases, please specify?
- Nutrition centers: Who are the observed youth aged patients? Are there youth aged caregivers, what are their relationships with the patients?

2b. How many young mothers (up to age 21 years old) or PLWs (both falling in the YOUTH age and above the YOUTH age) accessing the health and nutrition centers in the PBF project locations (that are IOM managed)?

2c. Do we have youth aged males who are fathers and accessing the health and nutrition centers as caregivers to their children admitted in OTP and SFP or to the PLWs?

3. List 5 common "problems" and "challenges" that youth are experiencing in this community?

4. How does the community members view the youth and their role in the community?

5. Describe the community's structure and dynamics, in terms of:

- Existing networks/groups in the community (spontaneous and traditional groups versus newly formed groups)
- Traditional ways of gathering in a community (considering differentials in age YOUTH vs NON-YOUTH, and gender)
- Relevant information on social, cultural, religious, economic and political structures and dynamics (for example, conflict issues, ethnic/class divisions, individualistic/collective:
- How does the members of the community help or support each other?

6. In your opinion from discussions, who are the most vulnerable groups and sub-groups in need of MHPSS in the affected communities?

7. How are the vulnerable people assisted? By the community?

Part 2. (For Individual and Group/s). UNDERSTANDING Mental Health and Psychosocial Support

1. What is your understanding of Psychosocial Support (list also if there is an equivalent term)?

2. Is it possible for the people in the community to practice their traditional rites, weddings and ceremonies, and mourning processes?

3. How does the youth express STRESS/DISTRESS? What are social and cultural expressions of distress in the community?

4. How do young people handle or cope with their problems in life?

Negative Ways of Coping with Stress (-)	**Neutral (either + / -)**	**Positive Ways of Coping with Stress (+)**

5. What are the most urgent psychosocial needs to be addressed for the youth in this community?

6. Can you suggest the immediate types of supports for the youth and the long-term type of supports for the youth?

7. How does community characterize and define mental health (or illness if definition leads to this) (specific to this site, but also generally, list the local terms)?

8. What are community's attitudes towards mental illness and people living with mental health issues more broadly? How is stigma characterized by the community?

9. Where do the people with mental illness usually seek help for recovery or treatment? Who helps them and the caregiver/families?

10. Who are the actors or which organizations in your community are providing MHPSS? Please describe or provide details if any.

Part 3. Mapping of Resources (can be utilized for individual interviews with relevant sources – international and local stakeholders, community leaders, camp managers, school heads, relevant ministry officials)

1. Mapping of existing referral pathways: what pathways for supporting the youth? and what is actually in place, and to what extent does the community know about them? To what extent are they utilized?

Major Sector/s	Details on referral pathways or mechanisms
General Protection Needs	
GBV	
Child Protection (especially those in the adolescent years)	
Education	
Health	

2. What are the existing resources and capacities in the communities (both affected and host communities) to cope with adversities and provide MHPSS services?

- Those providing the basic needs and security
- Those providing family and community supports
- Those providing non-specialized supports
- Those providing specialized supports

Part 4. Concept of Peace (please ask these questions to the group/s especially for the youth aged groups)

1. Define PEACE and what are the terms associated with this word?
2. How do you define peace within yourself?
3. How do you define peace within your families?
4. How do you describe peace in your community?
5. Can you suggest how we can achieve peace in the following?

Within one's self?	
Within the family or close relationships?	
In the community?	

Reference Material/s:

Psychosocial needs assessment in emergency displacement, early recovery, and return: IOM tools
Author/s: IOM, Year: 2009
Language: English

Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement
Author/s: IOM
ISBN: 978-92-9068-784-9
Year: 2019

2.5. MoH Data for HMIS

This information is updated as of 10 June and is not complete. Complete information will be sent along the no-cost extension request.

MoH data from HMIS

Basic Information on MHPSS Intervention Areas in Somalia for PBF Project

Intervention Sites	Total Population		Disaggregated Population (aged 15-24 year olds)		Number of IDPs		Total Number of Health Facilities		Number of Facilities Providing Mental Health Services		Number of Health Care Providers (to be trained)	Number of CHW/FHWs in the Communites	Number of Polio Volunteers	Number of Schools	Number and Names of NGOs and UN Agencies Present in the Locations	Mobile Phone and Internet Coverage
	Male	Female	Male	Female	Male	Female	Health Centres	Hospitals	Health centres	Hospitals						None/Poor/Good
Mogadishu	933 133	1 095 417			208 817	245 133	80	11	2	1		500	109	22	Kindly refer to the tabs listing all NGOs providing health services in this location	Good
Baidoa	167 148	196 217			22 517	26 432	32	3	1			200	122	1	Kindly refer to the tabs listing all NGOs providing health services in this location	Good
Kismayo	122 313	143 584			17 303	20 312	37	2	1			100	23	9	Kindly refer to the tabs listing all NGOs providing health services in this location	
Galkayo	154 145	180 953			40 081	47 051						70	129	5	Kindly refer to the tabs listing all NGOs providing health services in this location	Good
Dollow	19 425	22 803			43 386	50 932						50	65	9	Kindly refer to the tabs listing all NGOs providing health services in this location	Good

The data information is generated from FMoH-HMIS, it covers the whole area indicated and not the specific project locations.

Mogadishu

State	Region		District	Facility Name	Facility type	Partner Providing Support	Type of Service provided
BANADIR	BANADIR	BANADIR	**Abdiaziz**	Garisa ACF HC	HC	ACF	Health/Nutrition
BANADIR	BANADIR	BANADIR		Abdiaziz HC	HC	ACF/Shine	Health/Nutrition
BANADIR	BANADIR	BANADIR		Nero HC	HC	NASDO Org.	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Bondheere**	Boondhere HC	HC	CWW	Health/Nutrition
BANADIR	BANADIR	BANADIR		Wiil-Waal HC	HC	CWW	Health/Nutrition
BANADIR	BANADIR	BANADIR		BND Islamic Relief HC	HC	Islamic Relief	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Deynile**	CWW Siinka Dheer HC	HC	Concern World Wide	Health/Nutrition
BANADIR	BANADIR	BANADIR		Daynile CWW HC	HC	Concern World Wide	Health/Nutrition
BANADIR	BANADIR	BANADIR		DYL Islamic Relief HC	HC	Islamic Relief	Health/Nutrition
BANADIR	BANADIR	BANADIR		Deynile Community Hospital	HP	Mercy USA	Health/Nutrition

BANADIR	BANADIR	BANADIR		Daynile IRC HC	HC	IRC	Health/Nutrition
BANADIR	BANADIR	BANADIR		DYL Barwaaqo Mercy USA HC	HC	Mercy USA	Health/Nutrition
BANADIR	BANADIR	BANADIR		SRCS Radar HC	HC	SRCS	Health/Nutrition
BANADIR	BANADIR	BANADIR		Daynile SOYDA HC	HC	SOYDA	Health/Nutrition
BANADIR	BANADIR	BANADIR		Kurdamac HC	HC	SCI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Waydow HC	HC	SCI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Garasbalay OSPAD HC	HC	OSPAD	Health/Nutrition
BANADIR	BANADIR	BANADIR		Cawiye	HC	Zazam Foundation	Health/Nutrition
BANADIR	BANADIR	BANADIR		HINNA HC	HC	HINNA	Health only
BANADIR	BANADIR	BANADIR		Odwayne HC	HC	Community	Health/Nutrition
BANADIR	BANADIR	BANADIR		Tabeelaha CESVI HC	HC	CESVI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Isse Abdi HC	HC	Community	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Dharkeynley**	BURDO HC	HC	Community	Health/Nutrition
BANADIR	BANADIR	BANADIR		DHK IRC HC	HC	IRC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Badbaado SOS HC	HC	SOS	Health/Nutrition
BANADIR	BANADIR	BANADIR		Dharkinlay RI HC	HC	RI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Suuqyare HC	HC	WARDI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Siciid Rooraaye HC	HC	WARDI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Shabelle HC	HC	SCI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Dharkinlay SOYDA HC	HC	SOYDA	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Hamar JabJab**	HJB SCI HC	HC	Save the Children	Health/Nutrition
BANADIR	BANADIR	BANADIR		WARDI UNICEF HC	HC	WARDI	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Hawal Wadag**	Hawl-Wadag Arif HC	HC	IRC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Hodan HC	HC	ACF	Health/Nutrition
BANADIR	BANADIR	BANADIR		October HC	HC	OSPAD	Health/Nutrition
BANADIR	BANADIR	BANADIR		Hanano Health Center	HC	HANANO	Health only
BANADIR	BANADIR	BANADIR	**Karan**	KRN ALDAWA HC	HC	ALDAWA	Health/Nutrition
BANADIR	BANADIR	BANADIR		Keysaney Coomunity Hospital	HP	ICRC	Health/Nutrition
BANADIR	BANADIR	BANADIR		KRN CISP HC	HC	CISP	Health/Nutrition
BANADIR	BANADIR	BANADIR		KRN IRC HC	HC	IRC	Health/Nutrition
BANADIR	BANADIR	BANADIR		KRN Mercy USA HC	HC	Mercy USA	Health/Nutrition

BANADIR	BANADIR	BANADIR		KRN Mercy USA HC	HC	Mercy USA	Health/Nutrition
BANADIR	BANADIR	BANADIR		Jamhuriya HC	HC	ZamZam Foundation	Health/Nutrition
BANADIR	BANADIR	BANADIR		SRCS Gubadlay HC	HC	SRCS	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Kahda**	KHD Mercy USA HC	HC	Mercy USA	Health/Nutrition
BANADIR	BANADIR	BANADIR		Muslim Hand HC	HC	Muslim Hand	Health/Nutrition
BANADIR	BANADIR	BANADIR		Kalkaal HC	HC	WARDI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Kahda Wardi HC	HC	WARDI	Health/Nutrition
BANADIR	BANADIR	BANADIR		Kahda ACF HC	HC	ACF	Health/Nutrition
BANADIR	BANADIR	BANADIR		Kahda ARC HC	HC	ARC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Kahda SOYDA HC	HC	Soyda	Health/Nutrition
BANADIR	BANADIR	BANADIR		Kahda IMC HC	HC	IMC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Shibis Health Center	HC	CWW/CISP	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Waberi**	Waberi HC WARDI	HC	ACF	Health/Nutrition
BANADIR	BANADIR	BANADIR		WAB Elgab HCWARDI/SORRDO	HC	ACF	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Wadajir**	IMC HC	HC	IMC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Halane HC	HC	CWW	Health/Nutrition
BANADIR	BANADIR	BANADIR		Banadir Hospital	HP	MOH	Health/Nutrition
BANADIR	BANADIR	BANADIR		Obosiibo HC	HC	CWW	Health/Nutrition
BANADIR	BANADIR	BANADIR		Jubba Valley MCH	HC	JVDC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Wadajir Hc	HC	CWW	Health/Nutrition
BANADIR	BANADIR	BANADIR		Madina Hospital	Hospital	FMOH/Part…	Health only
BANADIR	BANADIR	BANADIR		WJD SORRDO HC	HC	SORRDO	Health/Nutrition
BANADIR	BANADIR	BANADIR		Korson HC	HC	IRC	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Warta nabada**	WND ARC HC	HC	ARC	Health/Nutrition
BANADIR	BANADIR	BANADIR		15 May HC	HC	ARC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Barwaaqo HC HC	HC	IMC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Umbulotoria HC	HC	IMC	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Yaqshid**	YAQ CISP HC	HC	CISP	Health/Nutrition
BANADIR	BANADIR	BANADIR		Heegan Health Center	HC	IMC/Mercy U.S.A	Health/Nutrition
BANADIR	BANADIR	BANADIR		1da luliyo HC	HC	BanadirLocal NGO	Health/Nutrition
BANADIR	BANADIR	BANADIR		Towfiiq Health Center	HC	Mercy USA	Health/Nutrition

BANADIR	BANADIR	BANADIR		Jungal Health Center	HC	IMC	Health/Nutrition
BANADIR	BANADIR	BANADIR		Tawakal HC	HC	Mercy USA	Health/Nutrition
BANADIR	BANADIR	BANADIR		Yashid AAF	HC	AAF	Health/Nutrition
BANADIR	BANADIR	BANADIR		Al-shifa HC	HC	AL-SHIFA	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Heliwaa**	Wahar Ade HC	HC	Relief International	Health/Nutrition
BANADIR	BANADIR	BANADIR		Heliwa HC	HC	Relief International	Health/Nutrition
BANADIR	BANADIR	BANADIR		Bandar Wanag HC	HC	RI	Health/Nutrition
BANADIR	BANADIR	BANADIR		SOS Hospital	HP	SOS	Health/Nutrition
BANADIR	BANADIR	BANADIR		Gubablay Health Center	HC	NASDO Org.	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Hamar Wayne**	De- Martinio	HC	MOH	Health only
BANADIR	BANADIR	BANADIR		Hamar-Wayne HC	HC	WARDI	Health/Nutrition
BANADIR	BANADIR	BANADIR	**Shangani**	Aid vision HC	HC	Aid Vision	Health/Nutrition
BANADIR	BANADIR	BANADIR		Shangani Referral Center	HC	WARDI	Health/Nutrition

Baidoa

State	Region	District	Facility Name	Facility type	Partner Providing Support	Type of Service provided
SWS	Bay	Baidoa	Busley Health Center	HC	SCAG	PHC, Immunization, RH, Mobilization
SWS	Bay		AYDO Howlwadag Healthy Center	HC	AYDO	PHC, Immunization, RH, Mobilization
SWS	Bay		Bay Regional Hospital	HP	MoH	PHC, Immunization, RH, Mobilization
SWS	Bay		Bayhow Hospital	HP	SAMA	PHC, Immunization, RH, Mobilization
SWS	Bay		Bardale sec SK Healthy Center	HC	New Ways	PHC, Immunization, RH, Mobilization
SWS	Bay		Darasalam WV Healthy Center	HC	MoH/WVI	PHC, Immunization, RH, Mobilization, Nutrition
SWS	Bay		Daryel Community Hospital	HP	DCCCO	PHC
SWS	Bay		DMO Horseed section Healthy Center	HC	DMO	PHC, Nutritions, Immunization, RH, Mobilization
SWS	Bay		Gred Bardale Healthy Center	HC	GREDO	PHC, Immunization, RH, Mobilization
SWS	Bay		Habarre Village Healthy Center	HC	BRF	Immunization
SWS	Bay		HIDIG Healthy Center	HC	HIDIG	PHC, Immunization, RH, Mobilization, Nutrition
SWS	Bay		Howl-wadag SCRC Healthy Center	HC	SRCS	PHC, Immunization, RH, Mobilization, Nutrition
SWS	Bay		IMC Healthy Center	HC	IMC	PHC, Immunization, RH, Mobilization, Nutrition
SWS	Bay		Isha BSDO Healthy Center3	HC	BASDO	PHC, Immunization, RH, Mobilization,Nutrition
SWS	Bay		Isha MOH Healthy Center	HC	MoH	PHC, Immunization, RH, Mobilization

SWS	Bay		Labatan jirow Healthy Center	HC	SAMA	PHC
SWS	Bay		MOH/SCI Horseed MCH	HC	Closed	Closed
SWS	Bay		Awdinle Section healthy Center	HC	New Ways	PHC, Immunization, RH, Mobilization
SWS	Bay		Moragabey Healthy Center	HC	Closed	PHC, Immunization, RH, Mobilization
SWS	Bay		READO Awdinle Healthy Center	HC	READO	PHC, Immunization, RH, Mobilization
SWS	Bay		READO Lawilo Healthy Facility	HC	READO	PHC, Immunization, RH, Mobilization
SWS	Bay		Seydelow Area Healthy Center	HC	SAMA	PHC
SWS	Bay		SOS Adedo Healthy Center	HC	SOS	PHC, Immunization, RH, Mobilization, Nutrition
SWS	Bay		SRCS Isha Healthy Center1	HC	Closed	PHC, Immunization, RH, Mobilization
SWS	Bay		Tiirow Pravate TB Center	HC	Privately owned- Tiirow	Health, TB program
SWS	Bay		Towfiq Health Center	HC	MoH/WVI	PHC, Immunization, RH, Mobilization, Nutrition
SWS	Bay		Wadajir Section Healthy Center	HC	Wadajir Organization	PHC, Immunization, RH, Mobilization

Kismayo

State	Region	District	Facility Name	Facility type	Partner Providing Support	Type of Service provided
Jubaland	Lower Juba	Kismayo	Suqa Xoolaha Health Center	HC	Somali Aid	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries, OTP and TSFP
Jubaland	Lower Juba	Kismayo	Muslim Aid Allenley MCH	MCH	Muslim Aid	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries,
Jubaland	Lower Juba	Kismayo	Suqacowska Health Center	HC	Himilofopundation	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries and TSFP
Jubaland	Lower Juba	Kismayo	Buula-Ablika HC	HC	ARC	OPD.ANC and PNC consultation, EPI vaccination, , , mother and child health,
Jubaland	Lower Juba	Kismayo	Dalxiska MCH	HC	MOH/IOM	OPD consultation, EPI vaccination and OTP
Jubaland	Lower Juba	Kismayo	Siinay Somali Aid Health Center	HC	Muslim Aid	OPD consultation and EPI vaccination
Jubaland	Lower Juba	Kismayo	Fanolle Muslim Aid Health Center	HC	Muslim Aid	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries and OTP
Jubaland	Lower Juba	Kismayo	SRCS Suuq Farjano Health Center	HC	SRCS	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries, OTP and TSFP

Jubaland	Lower Juba	Kismayo	Gulwade HC	HC	MOH/IOM	BEmoNC,CEMONC , mother and child health, deliveries, surgical emergency,
Jubaland	Lower Juba	Kismayo	Kismayo General Hospital	Regional Hospital	ICRC	BEmoNC,CEMONC , mother and child health, deliveries, surgical emergency and SC
Jubaland	Lower Juba	Kismayo	Kismayo General Hospital MCH/OPD	MCH/OPD	Somali Aid	OPD consultation, ANC and EPI vaccination
Jubaland	Lower Juba	Kismayo	Hawo Tako Health Center	HC	SAF-UK	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries and OTP
Jubaland	Lower Juba	Kismayo	Mahfalka Health Center	HC	ARC/PAC	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries, Otp and SC
Jubaland	Lower Juba	Kismayo	Waaberi MCH	MCH	MOH/IOM	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries and OTP
Jubaland	Lower Juba	Kismayo	Howlaha Marabiibta Health Center	HC	MOH/IOM	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries and OTP
Jubaland	Lower Juba	Kismayo	Nidnimo Healht Center	HC	MOH/SCI	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries , TSFP and OTP
Jubaland	Lower Juba	Kismayo	Fii-Afmaodw Health Center	HC	WRRS	OPD, ANC,PNC consultation, EPI vaccination and OTP
Jubaland	Lower Juba	Kismayo	Dalxiska Health Center	HC	SAF-UK	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries and OTP
Jubaland	Lower Juba	Kismayo	Gobwen Health Center	HC	MOH/IOM	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries and OPT
Jubaland	Lower Juba	Kismayo	Abdal-Birole Health Center	HC	Somali Aid	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries, OTP and TSFP
Jubaland	Lower Juba	Kismayo	Bula-gaduud MCH	MCH	MOH/IOM	OPD consultation, EPI vaccination, BEmoNC, , mother and child health, deliveries and OPT

Galk'ayo

Facility Name	**Facility type**	**Partner Providing Support**	**Type of Service provided**
South Galkacyo Regional Hospital	Hos	IMC/MSF	OPD consultation, EPI vaccination, mother and child health, deliveries and OTP
Dhuure Health Center	HC	IMC	OPD consultation, EPI vaccination, mother and child health, deliveries, OTP and TSFP
Bandiradley Hospital	Hos	SAF-UK	OPD consultation, EPI vaccination, mother and child health, deliveries, OTP, TSFP and MCHN

Bandarqali HC	HC	SAF-UK	OPD consultation, EPI vaccination, mother and child health, deliveries, OTP, TSFP and MCHN
Seddex Higle HC	HC	SAF-UK	OPD consultation, EPI vaccination, mother and child health, deliveries, OTP, TSFP and MCHN

Dolow

Facility Name	Facility type	Partner Providing Support	Type of Service provided	EPHS/Non EPHS
Dagreebo Primary Healthy Unit	PHU	Trocaire	Non-functioning	Non EPHS
Dhusay Primary Unit	HC	Trocaire	Emergency, OPD, EPI, Nutrition, safemotherhood,contraceptive, Malaria &TB.	EPHS
Dolow HDC Healthy Centre	HC	HDC	PHU	Non EPHS
Dollow Outreach/Mobile Clinic	Mobile Clinic	Trocaire	Emergency, OPD, EPI, Nutrition, safemotherhood,contraceptive, Malaria &TB.	EPHS
Dollow Reffral Healthy Centre	RHC	Trocaire	Emergency, OPD, EPI, Nutrition, safemotherhood,contraceptive, Malaria &TB.	EPHS
Dollow Riverine Mobile Outreach	Mobile	Trocaire	Emergency, OPD, EPI, Nutrition, safemotherhood,contraceptive, Malaria &TB.	EPHS
Dolow Healthy Centre & TB centre	TB	Trocaire	Emergency, OPD, EPI, Nutrition, safemotherhood,contraceptive, Malaria &TB.	EPHS
Gedweyne Healthy Centre	HC	Trocaire	Emergency, OPD, EPI, Nutrition, safemotherhood,contraceptive, Malaria &TB.	EPHS
Korey Primary Healthy Unit	HC	Trocaire	Emergency, OPD, EPI, Nutrition, safemotherhood,contraceptive, Malaria &TB.	EPHS
Qansaxley IDP Healthy Centre	HC	HDC	Emergency, OPD, EPI, Nutrition, safemotherhood,contraceptive, Malaria &TB.	Non EPHS
Sadumay Primary Healthy Unit	PHU	Trocaire	PHU	EPHS

2.6. Terms of Reference for the M&E Consultancy

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World Health Organization

CONSULTANCY

Terms of Reference

Evaluated at P4/NO-D
Mirette Kamal, 16 July 2020

This consultancy is requested by:

Unit	UHC/PHC/MHPSS
Country Office	WHO Somalia

Terms of Reference (ToR)

1. Purpose of Consultant:
Engaging a Monitoring and Evaluation (M & E) consultant is to develop a comprehensive and complete M & E framework for the implementation of Mental Health and Psycho-Social Services (MHPSS) activities reflected under the PBF project (attached) ***"Improving psychosocial support and mental health care for conflict-affected youth in Somalia: A socially inclusive integrated approach for peacebuilding".***

2. Background
Somalia has suffered from protracted conflict and social unrest since the collapse of the central government in 1991. The conflict, exacerbated by recurrent climactic shocks and mass displacement, has fragmented society, eroded resilience and coping mechanisms. These has led to increase to mental illness and associated psychosocial challenges. More so, the country lacks mental health services in any form or shape. It is within this context that WHO Somalia Country Office (WCO) with offices in Mogadishu and sub-offices in other regions of the country will take the lead in implementing the MHPSS project with the focus on training and research in close collaboration with MoH, Somali National University (SNU), UNICEF and IOM.

3. Planned timelines (subject to confirmation)

1st August 2020 31 October 2020

4. Work to be performed

Output 1: To produce a comprehensive and complete M & E proposal

- Deliverable 1.1: In consultation with partners and WHO, review available project documents and design a comprehensive M & E proposal, including the development of the following:
  - methodology for process and results/output monitoring
  - a timeline and methods for collecting baseline data, joint mid-term review and end-term external evaluation
  - Articulation of outputs, outcome indicators, measurements, variables etc. for the purpose of monitoring and evaluation of process, outcome and impact.
  - tools and methods for data collection and analysis
  - pathways or platforms for coordinated data transfers and access across agencies
  - strategy for data protection and storage
  - Input plans for independent evaluators and or assessors
  - methods for documentation of lessons learnt during project implementation period as well as best practices.

- Deliverable 1.2: Review existing M & E tools utilized by WHO and by other partner agencies (IOM & UNICEF) and develop a single cohesive M & E plan for the entire project implemented across all the agencies.

Output 2: Develop an overall M & E framework for the MHPSS in the context of peace building

- Deliverable 2.1: In consultation with the WHO project lead and research expert, formulate a methodological approach for the project using the PBF project documents and Project Results Framework (attached)

- Deliverable 2.2.: Submit the final proposal within the timelines defined in the ToR.

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Specific requirements

Qualifications required:

- Master's degree in health and or related field of medicine, public health, nursing, psychology or social work preferably in mental health and psychosocial services.

Experience required:

- At least 7 years of demonstrated knowledge and experience in undertaking M & E especially in the area of mental health and psychosocial support in LMIC and or conflict/post-conflict settings.

5. Place of assignment

Home based

6. Medical clearance

The selected Consultant will be expected to provide a medical certificate of fitness for work.

2.7. SNU workplan

PROPOSED WORK PLAN										
Activity	Duratin in Months									
	Oct.2020	Nov.2020	Dec.2020	Jan.2021	Feb.2021	Mar.2021	April.2021	May.2021	jun.2021	July.2021
Plan and conduct the MHPSS modules translation into Somalia										
Revision the final Somali version by Somali experts										
Plan and communicate with relevant organization to recruit 20 TOTs and bring them in Mogadishu										
Conduct TOTs training in Mogadishu										
Conduct consultation meetings between MHPSS consult and SNU about how to embede mental health courses into SNU & other universities curricula										
Report the completion of the TOTs training										
Conduct cascade training in Kismayo , Baidoa and Dolow										
Report the training of health staffs in Kismayo , Baidoa and Dolow										
Trained health staff have to apply the knowledge they gain at the field										
conduct post-traning1 and mentorship for trained health staff in Baido, Kismayo and Dolow										
conduct post-traning 2 and mentorship for trained health staff in Baido, Kismayo and Dolow										
conduct post-traning 3 and mentorship for trained health staff in Baido, Kismayo and Dolow										
Report the result of post-training 1,2 and 3 in kismayo, baidoa and dolow										
Plan the activities of the data collection like training data collectors										
data collection										
Data entry and submit the final report										

2.8. Call for research proposal & M&E Framework

The 'Call for Research Proposal' is complete and currently undergoing technical clearance through WHO's internal systems. It is a 40-page document which can shared separately, if needed, upon request.

The M&E Framework is near completion, but not yet finalized. It constitutes a 27-page document which can shared separately, if needed, upon request.

2.9. Joint WHO, SNU and MOH Report on training of trainers

Mental Health and Psychosocial Support Services (TOT) training for Somalia
8th -15th of December, 2020
Venue: NAC Hotel, Mogadishu, Somalia
Training Report

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1. Introduction:

The WHO Somalia Country Office (WCO) in collaboration with Somali National University (SNU) and Federal Ministry of Health, Somalia (FMOH) have developed mental health Gap Action Program(mhGAP) training module under the support of the WHO mental health and psychosocial support (MHPSS) project funded by the United Nations Peace building. The mhGAP intervention guide for mental, neurological and substance use disorder in non-specialized health settings are an integrative training in Lower and Middle Income Countries (IMIC) including those in conflict and post-conflict setting. A part of the WCO–MHPSS objectives, SNU with the support of WCO and FMOH have conducted eight (8) days intensive integrating seminar on mental health Gap Action Programme (mhGAP) to 24 health care workers from five project target cities in Somalia, Mogadishu (Banadir Regional Administration), Kismayo (Jubbaland state of Somalia), Dollow (Jubbaland State of Somalia), Baidoa (South West State of Somalia) and Galkacyo (Galmudug State of Somalia). The aim of this training is to train 25 health care workers (training of trainers) from health facilities in the aforementioned cities to create capacity for rapid decentralization of MHPSS services.

2. Rationale of the training

According to the estimations of the World Health Organizations (WHO), Somalia has the highest prevalence of mental health illness across the world with one in three persons in Somalia having a mental health problem. As the WHO study revealed, the high burden of mental health illness has resulted from inter-generational trauma, extreme poverty and natural disasters such as famines that occur often and with severe consequences in terms of huger and mortality. This training has provided an opportunity for frontline health care workers (physician, nurse and midwives) to gain necessary knowledge and skills required to provide mental health services in their local community.

3. Training methodology

The training methods were based on adult learning principals by means of multi-grasping techniques comprising of:

- Pre and Post-test evaluations
- Theoretical lectures
- Group discussions

- Role-plays
- Module based exams
- Power point presentations
- Brainstorms ideas and writing on Flip charts
- Questions and answers
- Presenting case studies

4. Learning outcomes of the training

Upon completion of this training, students will be able to demonstrate knowledge outcomes, such as:

- Promote respect and dignity for people with mental, neurological and substance use disorders (MNS).
- Promote and address stigma, discrimination and human rights issues for persons with MNS.
- Recognize common symptoms of MNS.
- Know the assessment principles of MNS.
- Know the management principles of MNS.
- Perform an assessment for MNS.
- Use effective communication skills in interactions with people with MNS.
- Provide psychosocial and pharmacological interventions for people with MNS.
- Plan and perform follow-up for MNS.
- Refer to specialists and link with outside services where appropriate and available

5. Official Opening of the Training

The training was opened by the following officials who are the representative of the project partners:

- WHO Country Representative Dr. Mamunur Malik; he provided brief background of the MHPSS & Peace Building (PB) and objectives of the training.
- Prof. Mohamed Ahmed Jimale, Rector of the Somali National University; he gave remarks on the role of SNU on the MHPSS project and the importance of including mental health curricula into higher education curriculum at national level.
- His H.E Dr. Ahmed Hussein Moalin Deputy Minister of Health has officially opened the training.

6. Training contents, hours, schedule and the duration

The training participants have completed 64 study hours distributed into eight (8) days, from 8th of December to 15th of December, 2020. The training was utilized skilled based approach to enhance competency and knowledge retention. Following is the detail of the training content and the schedule across the eight days of the training.

COURSE SCHEDULE **MHPSS Training for Somalia** *08 – 15 December 2020*	
DAY 1	**08 December**
9:00 -10:00	**Official Opening of the training by MoH, SNU & WHO**

10:00-12:30	Ministry of Health Representative WHO Representative SNU Representative **<u>Introduction</u>** • Group introduction check in agenda setting, pre-training test and housing keeping issues. • Session will introduce mental health in the global and local context. • Introduction to priority conditions covered under mhGAP.
12:30-14:00	Lunch Break
	<u>SESSION 1 – Module 1: Essential Care and Practice</u>
14:00-16:30	**Learning objectives** • Principals of essential care and practice • Effective communication skills in interacting with people with MNS conditions • Tools for assessment • Treatment planning • Promote respect and dignity for people with priority MNS conditions **Practice session** • Dyadic learning, role plays and practice lessons of Module 1 • Use effective communication skills in interactions with people with MNS conditions. • Perform assessments for priority MNSconditions. • Assess and manage physical health in MNS conditions.
DAY 2	**09 December**
8:30-12:30	**<u>SESSION 2 –Problem Management Plus (+)</u>** **Learning Objectives** • Introduction to PM+ • Refresh on information about common mental health problems (i.e. depression, anxiety, stress); • Know the rationale for each of the strategies;
12:30-14:00	Lunch Break
14:00-16:30	**<u>Practice Session</u>** • Role-play on delivering strategies and basic helping skills. • Know and practice basic helping skills;
DAY 3	**10 December**
8:30 –12:30	**<u>SESSION 3 – Module: Modules 2 & 8: Depression and Self-Harm/Suicide</u>** **Learning objectives** • Promote respect and dignity for people with depression/self-harm • Recognize common symptoms of depression/self-harm • Know the assessment principles of depression/self-harm • Know the management principles of depression. • Provide psychosocial interventions for people with depression/self-harm and their care givers. • Deliver pharmacological interventions as needed and appropriate, considering special populations.

	• Plan and perform follow-up for depression/self-harm
12:30-14:00	Lunch Break
14:00-16:30	**Practice Session** • Dyadic learning, role plays and practice lessons on Module 2 & 8 • Perform an assessment for depression and self-harm. • Use effective communication skills in interactions with people with depression and self-harm • Assess and manage physical health conditions as well as depression and self-harm. • Assess and manage emergency presentations for self-harm
DAY 4	**11 December**
8:30 – 12:30	**Session 4--Module 6: Stress and Trauma related disorders Learning Objectives** • Promote respect and dignity for people with disorders due to stress and trauma related conditions • Know the common presentation of disorders due to stress and trauma related conditions. • Know the assessment principles of disorders due to stress and trauma related conditions • Know the management principles of disorders due to stress and trauma related conditions • Plan and perform follow up for people with disorders due to stress and trauma related conditions
12:30-14:00	Lunch Break
14:00-16:30	**Friday Break**
DAY 5	**12 December**
8:30-12:30	**SESSION 5 – Module 7: Substance use Disorders Learning Objectives** • Promote respect and dignity for people with disorders due to substance use. • Know the common presentation of disorders due to substance use. • Know the assessment principles of disorders due to substance use. • Know the management principles of disorders due to substance use. • Plan and perform follow up for people with disorders due to substance use.
12:30-14:00	Lunch Break

14:00-16:30	**Practice Session** • Perform an assessment for disorders due to substance use. • Use effective communication skills in interactions with people with disorders due to substance use. • Assess and manage physical health in disorders due to substance use. • Assess and manage emergency presentations of disorders due to substance use. • Provide psychosocial interventions to persons with disorders due to substance use and their carers. • Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering specialpopulations
DAY 6	**13 December**
8:30-11:00	**SESSION 6 – – Module 3** **Psychosis Learning** **Objectives** • Promote respect and dignity for people with psychoses. • Name common presentations ofpsychoses. • Name assessment principles ofpsychoses. • Name management principles ofpsychoses. • Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations. • Plan and performs follow-up sessions for people with psychoses.
12:30-14:00	Lunch Break
14:00-16:00	**Practice Session for Module 3 Psychosis Learning** **Objectives** • Dyadic learning, role plays and practice lessons on Module • Perform an assessment forpsychoses. • Use effective communication skills when interacting with person psychoses. • Assess and manage physical health concerns in psychoses. • Assess and manage emergency presentations of psychoses. Provide psychosocial interventions to persons with psychoses and their carers.
DAY 7	**14 December**

8:30-12:30	**SESSION 7 – Module 5: Children and Adolescent Mental Health** **Learning Objectives** • Promote respect and dignity for children and adolescents with mental and behavioural disorders. • Know common presentations of children and adolescents with mental and behavioural disorders. • Know assessment principles of child and adolescents with mental and behavioural disorders. • Know management principles of child and adolescents with mental and behavioural disorders. • Plan and perform follow-up for children and adolescents with mental and behavioural disorders. **Practice Session** • Perform an assessment for children and adolescents with mental and behavioural disorders. • Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders. • Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and theircarers
12:30-14:00	Lunch Break
14:30-16:30	**SESSION 8 – Module 4: Epilepsy** **Learning Objectives** • Promote respect and dignity for people with epilepsy. • Know common presentations ofepilepsy. • Know the assessment principles ofepilepsy. • Use effective communication skills in interactions with people with epilepsy. • Know the management principles ofepilepsy. • Plan and perform follow-up forepilepsy.
DAY 8	**15 December**
8:30 –12:00	**Practice Session** • Perform an assessment forepilepsy. • Assess and manage physical health in epilepsy. • Assess and manage emergency presentations ofepilepsy. • Provide psychosocial interventions to persons with epilepsy and their carers. • Deliver pharmacological interventions as needed and appropriate in epilepsy considering special populations.
12:00-14:00	Lunch Break

14:00-16:30	**SESSION 9:** • Wrap UP • Post-training test and evaluation • Award of Certificate of Completion • Closing Ceremony

7. Training policy

a. Attendance

Attendance was a requirement of the course for everyday and every session. Any absence without the knowledge and permission of the instructors and organizers of the training was not being acceptable.

b. Participation

As an intensive theory and skills based training, active participation was required for all the modules and the instructors were noted each participant's active rule during the training.

c. Course exams

As part of the evaluation, a pre and post-training test as well as 5 module based exams was taken within the 8 days of the training.

8. Training discipline

- All mobile phones should silent mode during the training
- No side talking, use of phones and unnecessary disturbance
- Rise hand during questioning and comments
- Respect ideas
- Respect each other
- Actively participate
- Punctuality

9. Background information of the training participants

Table (1) Summarizes characteristics of the mhGAP training participants. Out of the 24 participants, 14(58%) were male and 10 (42%) were female. More than half 16(66.7%) of the training participants had pre-services mental health theory course with mean hours of 51±13.9. Majority of the training participants (79.2%) did not take clinical practice previously. Likewise, majority of them (70.8%) did not take any in service training in mental health. Seventy percent of the training participants had no work experience in mental health. Majority of the training participants 17(70.8%) were either medical doctors or nurse specialists. The remaining training participants were midwife and public health specialists with 4(16.7%) and 3(12.5%) respectively.

Table1: Background information of the training participants

Variable	Characteristic	n=25	%
Gender			
	Male	15	60
	Female	10	40
Pre-service mental health theory course			
	Yes	16	66.7
	No	8	33.3
Hours of pre-service mental health theory course	Mean (SD)	51±13.9	
Pre-service clinical practice in mental health			
	Yes	5	20.8
	No	19	79.2
In service training in mental health			
	Yes	7	29.2
	No	17	70.8
Work experience in mental health	Yes	7	29.2
	No	17	70.8
Participant's designation			
	Medical doctor/Nurse	17	70.8
	Midwife	4	16.7
	Public health	3	12.5

10. Knowledge of the participants toward mental , neurological and substance use

Table 2 summarizes the result of the pre-test. The WHO mhGAP pre-test for mhGAP was used to assess the knowledge of the training participants toward mental, neurological and substance use. A questionnaire that has 16 items related to major mental health disorders was used to assessment the knowledge of the training participants. A score of 1 was assigned to every correct answer while a wrong answer got a score of 0. If the training participant answered all the 16 items correctly, his/her total score is 16. The higher the score the more knowledge a participants was. The scores were than used to calculate mean scores. As shown by the Table(2), the average knowledge score of the pre-test among training participants is 10.44 out of 16 , while the average knowledge score of the post-test is 15 out of 16.

Table 2: pre-test and post-test score

Participant's code	Pre-test scores (highest score is 16)	%	Post-test scores (highest score is 16)	%	Status

1	6	37.5	16	100	Excellent
2	15	93.75	16	100	Excellent
3	9	56.25	10	62.5	Satisfactory
4	16	100	16	100	Excellent
5	8	50	15	93.75	Excellent
6	8	50	14	87.5	Excellent
7	6	37.5	15	93.75	Excellent
8	10	62.5	16	100	Excellent
9	13	81.25	16	100	Excellent
10	11	68.75	16	100	Excellent
11	9	56.25	16	100	Excellent
12	11	81.25	16	100	Excellent
13	8	50	16	100	Excellent
14	14	87.5	16	100	Excellent
15	6	37.5	15	93.75	Excellent
16	13	81.25	15	93.75	Excellent
17	10	62.5	16	100	Excellent
18	12	75	15	93.75	Excellent
19	10	62.5	10	62.5	Excellent
20	11	81.25	16	100	Excellent
21	12	75	15	93.75	Excellent
22	15	93.75	16	100	Excellent
23	15	93.75	15	93.75	Excellent
24	9	56.25	13	81.25	Excellent
Mean (SD)	**10.7**		**15**		Excellent

11. Evaluation of the effectiveness of the training

Table (3) summarizes the training participants' perception toward the effectiveness and usefulness of the training

n=24					
Variables	Strongly Agree	Agree	Disagree	Strongly Disagree	Not relevant to this event
The objectives of the training were met	21(87.5%)	3(12.5%)	None	None	None
The presenters were engaging	21(87.5%)	3(12.5%)	None	None	None
The presentation materials were relevant	19(79.2%)	5(20.8%)	None	None	None

The content of the course was organized and easy to follow	16(66.7%)	7(29.2%)	1(4.2%)	None	None
The trainers were well prepared and able to answer any questions	15(62.5%)	9(37.5%)	None	None	None
The course length was appropriate	5(20.8%)	13(54.2%)	5(20.8%)	1(4.2%)	None
The pace of the course was appropriate to the content and attendees	8(33.3%)	15(62.5%)	1(4.2%)	None	None
The exercises/role play were helpful and relevant	8(33.3%)	13(54.2%)	2(8.3%)	1(4.2%)	None
The venue was appropriate for the event	4(16.7%)	11(45.8%)	4(20.8%)	4(16%)	None

12. Training facilitators

Name	**Title**	**Organization**
Prof. Mohamed Ibrahim	Facilitator (lead)	WHO
Dr. Abdinor Farah Mohamud	Facilitator	SNU
Abdulwahab Salad Iman	Facilitator	SNU
Zainab Ahmed Noor	Facilitator	MoH
Dr. Muna Yusuf	Facilitator	MoH

13. Conclusion and the closing day

The training was closed on Tuesday December 15, 2020 at 3 PM with valuable remarks and appreciation to the whole team. **Ms. Zainab Ahmed Noor,** Head of mental health and Substance use section at the Federal ministry of Health has officially closed the training and thanked to the training organizers, participants and the donors. TOTs certificates were awarded to the all training participants.

Training pictures

2.10. Joint WHO, SNU and MOH Report on cascade trainings (Dollow)

Mental Health and Psychosocial Support Services training for health care workers in Dolow district of Jubbaland State of Somalia

4th -11th of February, 2021

Dolow, Jubbaland, Somalia

Training report

1. Introduction:

The WHO Somalia Country Office (WCO) in collaboration with Somali National University (SNU) and Federal Ministry of Health, Somalia (FMOH) have developed mental health Gap Action Programme (mhGAP) training module under the support of the WHO mental health and psychosocial support (MHPSS) project funded by the United Nations Peace building. The mhGAP intervention guide for mental, neurological and substance use disorder in non-specialized health settings are an integrative training in Lower and Middle Income Countries (IMIC) including those in conflict and post-conflict setting. A part of the WCO–MHPSS objectives, SNU with the support of WCO and FMOH have conducted eight (8) days intensive integrating seminar on mental health Gap Action Programme (mhGAP) to 20 health care workers from five facilities in Dolow District of Jubbaland State of Somalia.

2. Rationale of the training

According to the estimations of the World Health Organizations (WHO), Somali has the highest prevalence of mental health illness across the world with one in three persons in Somalia has one of mental health problems. As the WHO study revealed, the high burden of mental health illness has resulted from inter-generational trauma, extreme poverty and natural disasters such as famines that occur often and with severe consequences in terms of huger and mortality. This training has provided an opportunity for frontline health care workers (physician, nurse and midwives) in Dolow District to gain necessary knowledge and skills required to provide mental health services in their local community.

3. Training methodology

The training methods were based on adult learning principals by means of multi-grasping techniques comprising of:

- Pre and post-test evaluations
- Theoretical lectures
- Group discussions
- Role-plays
- Module based exams
- Power point presentations
- Brainstorms ideas and writing on Flip charts
- Questions and answers
- Presenting case studies

4. Learning outcomes of the training

Upon completion of this training, students will be able to demonstrate knowledge outcomes, such as:

- Promote respect and dignity for people with mental, neurological and substance use disorders (MNS).
- Promote and address stigma, discrimination and human rights issues for persons with MNS
- Recognize common symptoms of MNS
- Know the assessment principles of MNS
- Know the management principles of MNS
- Perform an assessment for MNS
- Use effective communication skills in interactions with people with MNS.
- Provide psychosocial and pharmacological interventions for people with MNS
- Plan and perform follow-up for MNS
- Refer to specialists and link with outside services where appropriate and available

5. Official opening of the training

The training was opened by the following officials who are the representative of the project partners:

1. Abdulwahab Salad SNU
2. Zeynab Nuur MoH

6. Training contents, hours, schedule and the duration

The training participants have completed 64 study hours distributed into eight (8) days, from 4th of February to 11th of February, 2021. The training was utilized skilled based approach to enhance competency and knowledge retention. Following is the detail of the training content and the schedule across the eight days of the training.

COURSE SCHEDULE **MHPSS Training for Somalia** *04 – 11 February 2021*	
DAY 1	**04 Februar y**
9:00 - 10:00	**Official Opening of the training by MoH, SNU & WHO** Jubbaland Ministry of Health Representative SNU Representative
10:00- 12:30	**Introduction** • Group introduction, check in agenda setting, pre-training test and housing keeping issues. • Session will introduce mental health in the global and local context. • Introduction to priority conditions covered under mhGAP.
12:30- 14:00	Lunch Break
14:00- 16:30	**SESSION 1 – Module 1: Essential Care and Practice** **Learning objectives** • Principals of essential care and practice • Effective communication skills in interacting with people with MNS conditions • Tools for assessment • Treatment planning • Promote respect and dignity for people with priority MNS conditions **Practice session** • Dyadic learning, role plays and practice lessons of Module 1 • Use effective communication skills in interactions with people with MNS conditions. • Perform assessments for priority MNS conditions. • Assess and manage physical health in MNS conditions.
DAY 2	**05 Februar y**
8:30- 12:30	**SESSION 2 –Problem Management Plus (+)** **Learning Objectives** • Introduction to PM+ • Refresh on information about common mental health problems (i.e. depression, anxiety, stress); • Know the rationale for each of the strategies;
12:30- 14:00	Lunch Break
14:00- 16:30	Friday Break
DAY 3	**06 February**

8:30 – 12:30	**SESSION 3 – Module: Modules 2 & 8: Depression and Self-Harm/Suicide Learning objectives** • Promote respect and dignity for people with depression/self-harm • Recognize common symptoms of depression/self-harm • Know the assessment principles of depression/self-harm • Know the management principles of depression. • Provide psychosocial interventions for people with depression/self-harm and their carers. • Deliver pharmacological interventions as needed and appropriate, considering special populations. • Plan and perform follow-up for depression/self-harm
12:30-14:00	Lunch Break
14:00-16:30	**Practice Session** • Dyadic learning, role plays and practice lessons on Module 2 & 8 • Perform an assessment for depression and self-harm. • Use effective communicate on skills in interactions with people with depression and self-harm • Assess and manage physical health conditions as well as depression and self-harm. • Assess and manage emergency presentations for self-harm
DAY 4	**07 February**
8:30 – 12:30	**Session 4--Module 6: Stress and Trauma related disorders Learning Objectives** • Promote respect and dignity for people with disorders due to stress and trauma related conditions • Know the common presentation of disorders due to stress and trauma related conditions. • Know the assessment principles of disorders due to stress and trauma related conditions • Know the management principles of disorders due to stress and trauma related conditions • Plan and perform follow up for people with disorders due to stress and trauma related conditions
12:30-14:00	Lunch Break
14:00-16:30	**Practice Session** • Role-play on delivering strategies and basic helping skills. • Know and practice basic helping skills;
DAY 5	**8 February**
8:30-12:30	**SESSION 5 – Module 7: Substance use Disorders Learning Objectives** • Promote respect and dignity for people with disorders due to substance use. • Know the common presentation of disorders due to substance use. • Know the assessment principles of disorders due to substance use. • Know the management principles of disorders due to substance use. • Plan and perform follow up for people with disorders due to substance use.
12:30-14:00	Lunch Break

14:00-16:30	**Practice Session** • Perform an assessment for disorders due to substance use. • Use effective communication skills in interactions with people with disorders due to substance use. • Assess and manage physical health in disorders due to substance use. • Assess and manage emergency presentations of disorders due to substance use. • Provide psychosocial interventions to persons with disorders due to substance use and their carers. • Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering special populations
DAY 6	**09 February**
8:30-11:00	**SESSION 6 – – Module 3** **Psychosis Learning Objectives** • Promote respect and dignity for people with psychoses. • Name common presentations of psychoses. • Name assessment principles of psychoses. • Name management principles of psychoses. • Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations. • Plan and performs follow-up sessions for people with psychoses.
12:30-14:00	Lunch Break
14:00-16:00	**Practice Session for Module 3** **Psychosis Learning Objectives** • Dyadic learning, role plays and practice lessons on Module • Perform an assessment for psychoses. • Use effective communication skills when interacting with person psychoses. • Assess and manage physical health concerns in psychoses. • Assess and manage emergency presentations of psychoses. Provide psychosocial interventions to persons with psychoses and their carers.
DAY 7	**10 February**

8:30-12:30	**SESSION 7 – Module 5: Children and Adolescent Mental Health** **Learning Objectives** • Promote respect and dignity for children and adolescents with mental and behavioural disorders. • Know common presentations of children and adolescents with mental and behavioural disorders. • Know assessment principles of child and adolescents with mental and behavioural disorders. • Know management principles of child and adolescents with mental and behavioural disorders. • Plan and perform follow-up for children and adolescents with mental and behavioural disorders. **Practice Session** • Perform an assessment for children and adolescents with mental and behavioural disorders. • Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders. • Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carers
12:30-14:00	Lunch Break
14:30-16:30	**SESSION 8 – Module 4: Epilepsy** **Learning Objectives** • Promote respect and dignity for people with epilepsy. • Know common presentations of epilepsy. • Know the assessment principles of epilepsy. • Use effective communication skills in interactions with people with epilepsy. • Know the management principles of epilepsy. • Plan and perform follow-up for epilepsy.
DAY 8	**11 February**
8:30 – 12:00	**Practice Session** • Perform an assessment for epilepsy. • Assess and manage physical health in epilepsy. • Assess and manage emergency presentations of epilepsy. • Provide psychosocial interventions to persons with epilepsy and their carers. • Deliver pharmacological interventions as needed and appropriate in epilepsy considering special populations.
12:00-14:00	Lunch Break
14:00-16:30	**SESSION 9:** • Wrap UP • Post-training test and evaluation • Award of Certificate of Completion • Closing Ceremony

7. Training policy

d. Attendance

Attendance was a requirement of the course for everyday and every session. Any absence without the knowledge and permission of the instructors and organizers of the training was not being acceptable.

e. Participation

As an intensive theory and skills based training, active participation was required for all the modules and the instructors were noted each participant's active rule during the training.

f. Course exams

As part of the evaluation, a pre and post-training test as well as 5 module based exams was taken within the 8 days of the training.

8. Training discipline

- All mobile phones should silent mode during the training
- No side talking, use of phones and unnecessary disturbance
- Rise hand during questioning and comments
- Respect ideas
- Respect each other
- Actively participate
- Punctuality

9. Background information of the training participants

Table1: Background information of the training participants

Variable	Characteristic	n=20	%
Gender			
	Male	11	55
	Female	9	45
Pre-service mental health theory course			
	Yes	17	85
	No	3	15
Pre-service clinical practice in mental health			
	Yes	0	0.00
	No	20	100
In service training in mental health			
	Yes	0	0.00
	No	20	100
Work experience in mental health	Yes	0	00
	No	20	100

10. Knowledge of the participants toward mental , neurological and substance use

Table 2 summarizes the result of the pre-test. The WHO mhGAP pre-test for mhGAP was used to assess the knowledge of the training participants toward mental, neurological and substance use. A questionnaire that has 16 items related to major mental health disorders was used to assessment the knowledge of the training participants. A score of 1 was assigned to every correct answer while a wrong answer got a score of 0. If the

training participant answered all the 16 items correctly, his/her total score is 16. The higher the score the more knowledge a participants was. The scores were than used to calculate mean scores. As shown by the Table(2), the average knowledge score of the pre-test among training participants is 8 out of 16 , while the average knowledge score of the post-test is 15 out of 16.

Code	Pre-test	%	Post-test	%	Status
1.	8/16	50	16/16	100	Excellent
2.	7/16	43	14/16	87	Excellent
3.	5/16	31	15/16	93	Excellent
4.	3/16	18	13/16	81	Excellent
5.	9/16	56	15/16	93	Excellent
6.	13/16	81	16/16	100	Excellent
7.	7/16	43	16/16	100	Excellent
8.	9/16	56	16/16	100	Excellent
9.	7/16	43	16/16	100	Excellent
10.	10/16	62	16/16	100	Excellent
11.	8/16	50	16/16	100	Excellent
12.	7/16	43	14/16	87	Excellent
13.	14/16	87	16/16	100	Excellent
14.	9/16	56	16/16	100	Excellent
15.	9/16	56	16/16	100	Excellent
16.	10/16	62	16/16	100	Excellent
17.	7/16	43	16/16	100	Excellent
18.	3/16	18	14/16	87	Excellent
19.	2/16	13	16/16	100	Excellent
20.	12/16	75	14/16	87	Excellent
Mean	8		15		Excellent

11. Evaluation of the effectiveness of the training

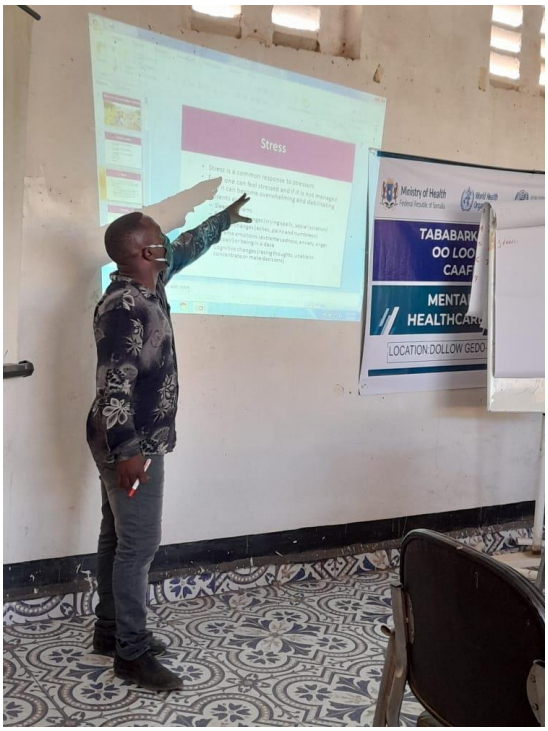
Table (3) summarizes the training participants' perception toward the effectiveness and usefulness of the training

n=20					
Variables	Strongly Agree	Agree	Disagree	Strongly Disagree	Not relevant to this event
The objectives of the training were met	19(95%)	1(5%)	None	None	None
The presenters were engaging	19(95%)	3(5%)	None	None	None
The presentation materials were relevant	17(85%)	3(15%)	None	None	None
The content of the course was organized and easy to follow	16(80%)	4(20%)	None	None	None
The trainers were well prepared and able to answer any questions	15(62.5%)	9(37.5%)	None	None	None
The course length was appropriate	5(25%)	13(65%)	2(0.1%)	None	None
The pace of the course was appropriate to the content and attendees	15(75%)	5(25%)	None	None	None
The exercises/role play were helpful and relevant	19(95%)	1(5%)	None	None	None
The venue was appropriate for the event	10(50%)	10(50%)	None	None	None

12. Conclusion and the closing day

The training was closed on Thursday February 11, 2021 at 3 PM with valuable remarks and appreciation to the whole team. **Mr. Abdulwahab M. Salad,** project focal point at SNU has officially closed the training and thanked to the training organizers, participants and the donors.

Appendix two: Training pictures



2.11. Joint WHO, SNU and MOH Report on cascade trainings (Kismayo)

Mental Health and Psychosocial Support Services training for health care workers in Kismayo city of Jubbaland State of Somalia

4th -11th of February, 2021

Kismayo, Jubbaland, Somalia

Training report

1. **Introduction:**

The WHO Somalia Country Office (WCO) in collaboration with Somali National University (SNU) and Federal Ministry of Health, Somalia (FMOH) have developed mental health Gap Action Program(mhGAP) training module under the support of the WHO mental health and psychosocial support (MHPSS) project funded by the United Nations Peace building. The mhGAP intervention guide for mental, neurological and substance use disorder in non-specialized health settings are an integrative training in Lower and Middle Income Countries (IMIC) including those in conflict and post-conflict setting. A part of the WCO–MHPSS objectives, SNU with the support of WCO and FMOH have conducted eight (8) days intensive integrating seminar on mental health Gap Action Programme (mhGAP) to 20 health care workers from five facilities in Kismayo city of Jubbaland State of Somalia.

2. **Rationale of the training**

According to the estimations of the World Health Organizations (WHO), Somali has the highest prevalence of mental health illness across the world with one in three persons in Somalia has one of mental health problems. As the WHO study revealed, the high burden of mental health illness has resulted from inter-generational trauma, extreme poverty and natural disasters such as famines that occur often and with severe consequences in terms of huger and mortality. This training has provided an opportunity for frontline health care workers (physician, nurse and midwives) in Kismayo city to gain necessary knowledge and skills required to provide mental health services in their local community.

3. **Training methodology**

The training methods were based on adult learning principals by means of multi-grasping techniques comprising of:

- Post and pre-test evaluations
- Theoretical lectures
- Group discussions
- Role-plays
- Module based exams

- Power point presentations
- Brain storms ideas and writing on Flip charts
- Questions and answers
- Presenting case studies

4. Learning outcomes of the training

Upon completion of this training, students will be able to demonstrate knowledge outcomes, such as:

- Promote respect and dignity for people with mental, neurological and substance use disorders (MNS).
- Promote and address stigma, discrimination and human rights issues for persons with MNS
- Recognize common symptoms of MNS
- Know the assessment principles of MNS
- Know the management principles of MNS
- Perform an assessment forMNS
- Use effective communication skills in interactions with people with MNS.
- Provide psychosocial and pharmacological interventions for people with MNS
- Plan and perform follow-up for MNS
- Refer to specialists and link with outside services where appropriate and available

5. Official opening of the training

The training was opened by the following officials who are the representative of the project partners:

6. Training contents, hours, schedule and the duration

The training participants have completed 64 study hours distributed into eight (8) days, from 4th of February to 11th of February, 2021. The training was utilized skilled based approach to enhance competency and knowledge retention. Following is the detail of the training content and the schedule across the eight days of the training.

COURSE SCHEDULE **MHPSS Training for Somalia** *04 – 11 February 2021*	
DAY 1	**04 February**

9:00 - 10:00	**Official Opening of the training by MoH, SNU & WHO** Jubbaland Ministry of Health Representative SNU Representative
10:00-12:30	**Introduction** • Group introduction, check in agenda setting, pre-training test and housing keeping issues. • Session will introduce mental health in the global and local context. • Introduction to priority conditions covered under mhGAP.
12:30-14:00	Lunch Break
14:00-16:30	**SESSION 1 – Module 1: Essential Care and Practice** **Learning objectives** • Principals of essential care and practice • Effective communication skills in interacting with people with MNS conditions • Tools for assessment • Treatment planning • Promote respect and dignity for people with priority MNS conditions **Practice session** • Dyadic learning, role plays and practice lessons of Module 1 • Use effective communication skills in interactions with people with MNS conditions. • Perform assessments for priority MNS conditions. • Assess and manage physical health in MNS conditions.
DAY 2	**05 February**
8:30-12:30	**SESSION 2 –Problem Management Plus (+)** **Learning Objectives** • Introduction to PM+ • Refresh on information about common mental health problems (i.e. depression, anxiety, stress); • Know the rationale for each of the strategies;
12:30-14:00	Lunch Break
14:00-16:30	Friday Break
DAY 3	**06 February**
8:30 – 12:30	**SESSION 3 – Module: Modules 2 & 8: Depression and Self-Harm/Suicide** **Learning objectives** • Promote respect and dignity for people with depression/self-harm • Recognize common symptoms of depression/self-harm • Know the assessment principles of depression/self-harm • Know the management principles of depression. • Provide psychosocial interventions for people with depression/self-harm and their carers. • Deliver pharmacological interventions as needed and appropriate, considering special populations. • Plan and perform follow-up for depression/self-harm
12:30-14:00	Lunch Break

14:00-16:30	**Practice Session** • Dyadic learning, role plays and practice lessons on Module 2 & 8 • Perform an assessment for depression and self-harm. • Use effective communication skills in interactions with people with depression and self-harm • Assess and manage physical health conditions as well as depression and self-harm. • Assess and manage emergency presentations for self-harm
DAY 4	**07 February**
8:30 – 12:30	**Session 4--Module 6: Stress and Trauma related disorders** **Learning Objectives** • Promote respect and dignity for people with disorders due to stress and trauma related conditions • Know the common presentation of disorders due to stress and trauma related conditions. • Know the assessment principles of disorders due to stress and trauma related conditions • Know the management principles of disorders due to stress and trauma related conditions • Plan and perform follow up for people with disorders due to stress and trauma related conditions
12:30-14:00	Lunch Break
14:00-16:30	**Practice Session** • Role-play on delivering strategies and basic helping skills. • Know and practice basic helping skills;
DAY 5	**8 February**
8:30-12:30	**SESSION 5 – Module 7: Substance use Disorders** **Learning Objectives** • Promote respect and dignity for people with disorders due to substance use. • Know the common presentation of disorders due to substance use. • Know the assessment principles of disorders due to substance use. • Know the management principles of disorders due to substance use. • Plan and perform follow up for people with disorders due to substance use.
12:30-14:00	Lunch Break
14:00-16:30	**Practice Session** • Perform an assessment for disorders due to substance use. • Use effective communication skills in interactions with people with disorders due to substance use. • Assess and manage physical health in disorders due to substance use. • Assess and manage emergency presentations of disorders due to substance use. • Provide psychosocial interventions to persons with disorders due to substance use and their carers. • Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering special populations
DAY 6	**09 February**
8:30-11:00	**SESSION 6 – – Module 3 Psychosis** **Learning Objectives** • Promote respect and dignity for people with psychoses. • Name common presentations of psychoses. • Name assessment principles of psychoses. • Name management principles of psychoses. • Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations. • Plan and performs follow-up sessions for people with psychoses.

12:30-14:00	Lunch Break
14:00-16:00	**Practice Session for Module 3 Psychosis** **Learning Objectives** • Dyadic learning, role plays and practice lessons on Module • Perform an assessment for psychoses. • Use effective communication skills when interacting with person psychoses. • Assess and manage physical health concerns in psychoses. • Assess and manage emergency presentations of psychoses. Provide psychosocial interventions to persons with psychoses and their carers.
DAY 7	**10 February**
8:30-12:30	**SESSION 7 – Module 5: Children and Adolescent Mental Health** **Learning Objectives** • Promote respect and dignity for children and adolescents with mental and behavioural disorders. • Know common presentations of children and adolescents with mental and behavioural disorders. • Know assessment principles of child and adolescents with mental and behavioural disorders. • Know management principles of child and adolescents with mental and behavioural disorders. • Plan and perform follow-up for children and adolescents with mental and behavioural disorders. **Practice Session** • Perform an assessment for children and adolescents with mental and behavioural disorders. • Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders. • Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carers
12:30-14:00	Lunch Break
14:30-16:30	**SESSION 8 – Module 4: Epilepsy** **Learning Objectives** • Promote respect and dignity for people with epilepsy. • Know common presentations of epilepsy. • Know the assessment principles of epilepsy. • Use effective communication skills in interactions with people with epilepsy. • Know the management principles of epilepsy. • Plan and perform follow-up for epilepsy.
DAY 8	**11 February**
8:30 – 12:00	**Practice Session** • Perform an assessment for epilepsy. • Assess and manage physical health in epilepsy. • Assess and manage emergency presentations of epilepsy. • Provide psychosocial interventions to persons with epilepsy and their carers. • Deliver pharmacological interventions as needed and appropriate in epilepsy considering special populations.

12:00-14:00	Lunch Break

14:00-16:30	**SESSION 9:** • Wrap UP • Post-training test and evaluation • Award of Certificate of Completion • Closing Ceremony

7. Training policy

g. Attendance

Attendance was a requirement of the course for everyday and every session. Any absence without the knowledge and permission of the instructors and organizers of the training was not being acceptable.

h. Participation

As an intensive theory and skills based training, active participation was required for all the modules and the instructors were noted each participant's active rule during the training.

i. Course exams

As part of the evaluation, a pre and post-training test as well as 5 module based exams was taken within the 8 days of the training.

8. Training discipline

- All mobile phones should silent mode during the training
- No side talking, use of phones and unnecessary disturbance
- Rise hand during questioning and comments
- Respect ideas
- Respect each other
- Actively participate
- Punctuality

9. Background information of the training participants

Table1: Background information of the training participants

Variable	Characteristic	n=20	%
Gender			
	Male	10	50
	Female	10	50
Pre-service mental health theory course			
	Yes	18	90
	No	2	10
Pre-service clinical practice in mental health			
	Yes	0	0.00
	No	20	100
In service training in mental health			
	Yes	0	0.00
	No	20	100
Work experience in mental health	Yes	0	00
	No	20	100

10. Knowledge of the participants toward mental , neurological and substance use

Table 2 summarizes the result of the pre-test. The WHO mhGAP pre-test for mhGAP was used to assess the knowledge of the training participants toward mental, neurological and substance use. A questionnaire that has 16 items related to major mental health disorders was used to assessment the knowledge of the training participants. A score of 1 was assigned to every correct answer while a wrong answer got a score of 0. If the training participant answered all the 16 items correctly, his/her total score is 16. The higher the score the more knowledge a participants was. The scores were than used to calculate mean scores. As shown by the Table(2), the average knowledge score of the pre-test among training participants is 8.6 out of 16 , while the average knowledge score of the post-test is 13.5 out of 16.

Table 2: pre-test and post-test score

Participant's code	Pre-test scores(highest score is 16)	%	Post-test scores (highest score is 16)	%	Status
1	5	31.25	15	93.75	Excellent
2	4	25	13	81.25	Excellent
3	9	56.25	14	87.5	Excellent
4	3	18.75	14	87.5	Excellent
5	11	68.75	14	87.5	Excellent
6	12	75	15	93.75	Excellent
7	14	93.75	14	87.5	Excellent
8	8	50	14	87.5	Excellent
9	8	50	15	93.75	Excellent
10	4	25	14	87.5	Excellent
11	6	37.5	12	75	Very good
12	9	56.25	12	75	Very good
13	13	81.25	14	87.5	Excellent
14	9	56.25	12	75	Very good
15	10	62.5	14	87.5	Excellent
16	10	62.5	10	62.5	Good
17	4	25	11	68.75	Good
18	6	37.5	14	87.5	Excellent
19	14	93.75	14	93.75	Excellent
20	9	56.25	15	93.75	Excellent
Mean (SD)	**8.6**		**13.5**		Excellent

11. Evaluation of the effectiveness of the training

Table (3) summarizes the training participants' perception toward the effectiveness and usefulness of the training

n=20					
Variables	Strongly Agree	Agree	Disagree	Strongly Disagree	Not relevant to this event
The objectives of the training were met	20(100%)	None	None	None	None
The presenters were engaging	18(90%)	2(10%)	None	None	None
The presentation materials were relevant	19 (95%)	1(5%)	None	None	None
The content of the course was organized and easy to follow	16(80%)	4(20%)	None	None	None
The trainers were well prepared and able to answer any questions	18(90%)	2(10%)	None	None	None
The course length was appropriate	9(45%)	10(50%)	1(5%)	None	None
The pace of the course was appropriate to the content and attendees	15(75%)	5(25%)	None	None	None
The exercises/role play were helpful and relevant	19(95%)	1(5%)	None	None	None
The venue was appropriate for the event	12(60%)	8(40%)	None	None	None

12. Conclusion and the closing day

The training was closed on Thursday February 11, 2021 at 3 PM with valuable remarks and appreciation to the whole team. **Ms Zainab Ahmed Nor,** Head of mental health and substance use at MoH has officially closed the training and thanked to the training organizers, participants and the donors.

Appendix 2: Training pictures

2.12. Report from cascade training (Baidoa)

Mental Health and Psychosocial Support Services training for health care workers in Baidoa city of South West State of Somalia

15th -22 of February, 2021

Baidoa, South West, Somalia

Training report

1. Introduction:

The WHO Somalia Country Office (WCO) in collaboration with Somali National University (SNU) and Federal Ministry of Health, Somalia (FMOH) have developed mental health Gap Action Programme (mhGAP) training module under the support of the WHO mental health and psychosocial support (MHPSS) project funded by the United Nations Peace building. The mhGAP intervention guide for mental, neurological and substance use disorder in non-specialized health settings are an integrative training in Lower and Middle Income Countries (IMIC) including those in conflict and post-conflict setting. A part of the WCO–MHPSS objectives, SNU with the support of WCO and FMOH have conducted eight (8) days intensive integrating seminar on mhGAP to 20 health care workers from health facilities in Baidoa city of South West State of Somalia.

2. Rationale of the training

According to the estimations of the World Health Organizations (WHO), Somali has the highest prevalence of mental health illness across the world with one in three persons in Somalia has one of mental health problems. As the WHO study revealed, the high burden of mental health illness has resulted from inter-generational trauma, extreme poverty and natural disasters such as famines that occur often and with severe consequences in terms of huger and mortality. This training has provided an opportunity for frontline health care workers (physician, nurse and midwives) in Baidoa city to gain necessary knowledge and skills required to provide mental health services in their local community.

3. Training methodology

The training methods were based on adult learning principals by means of multi-grasping techniques comprising of:

- Post and pre-test evaluations
- Theoretical lectures
- Group discussions
- Role-plays
- Module based exams

- Power point presentations
- Brain storms ideas and writing on Flip charts
- Questions and answers
- Presenting case studies

4. Learning outcomes of the training

Upon completion of this training, students will be able to demonstrate knowledge outcomes, such as:

- Promote respect and dignity for people with mental, neurological and substance use disorders (MNS).
- Promote and address stigma, discrimination and human rights issues for persons with MNS
- Recognize common symptoms of MNS
- Know the assessment principles of MNS
- Know the management principles of MNS
- Perform an assessment for MNS
- Use effective communication skills in interactions with people with MNS.
- Provide psychosocial and pharmacological interventions for people with MNS
- Plan and perform follow-up for MNS
- Refer to specialists and link with outside services where appropriate and available

5. Official opening of the training

The training was opened by the following officials who are the representative of the project partners:

- Zainab Ahmed Nor, Head of Mental Health Section and Substance Use, Federal Ministry of Health and Human Services
- Abdulwahab M. Salad, MHPSS project focal point at SNU
- Abdi Ali Dabey , Director of Human Resources, Ministry of Health- South West State of Somalia
- Aden Abdirahman, Director of Planning, Ministry of Health- South West State of Somalia

6. Training contents, hours, schedule and the duration

The training participants have completed 64 study hours distributed into eight (8) days, from 15th of February to 22th of February, 2021. The training was utilized skilled based approach to enhance competency and knowledge retention. Following is the detail of the training content and the schedule across the eight days of the training.

COURSE SCHEDULE **MHPSS Training for Somalia** *15– 22 February 2021*	
DAY 1	**15 February**
9:00 - 10:00	**Official Opening of the training by MoH, SNU & WHO** South West State Ministry of Health Representative SNU Representative
10:00- 12:30	**Introduction** • Group introduction, check in agenda setting, pre-training test and housing keeping issues. • Session will introduce mental health in the global and local context. • Introduction to priority conditions covered under mhGAP.
12:30- 14:00	Lunch Break
14:00- 16:30	**SESSION 1 – Module 1: Essential Care and Practice** **Learning objectives** • Principals of essential care and practice • Effective communication skills in interacting with people with MNS conditions • Tools for assessment • Treatment planning • Promote respect and dignity for people with priority MNS conditions **Practice session** • Dyadic learning, role plays and practice lessons of Module 1 • Use effective communication skills in interactions with people with MNS conditions. • Perform assessments for priority MNS conditions. • Assess and manage physical health in MNS conditions.
DAY 2	**16 February**
8:30- 12:30	**SESSION 2 –Problem Management Plus (+)** **Learning Objectives** • Introduction to PM+ • Refresh on information about common mental health problems (i.e. depression, anxiety, stress); • Know the rationale for each of the strategies;
12:30- 14:00	Lunch Break

14:00-16:30	**Practice Session** • Perform an assessment for disorders due to substance use. • Use effective communication skills in interactions with people with disorders due to substance use. • Assess and manage physical health in disorders due to substance use. • Assess and manage emergency presentations of disorders due to substance use. • Provide psychosocial interventions to persons with disorders due to substance use and their carers. Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering special populations
DAY 3	**17 February**
8:30 – 12:30	**SESSION 3 – Module: Modules 2 & 8: Depression and Self-Harm/Suicide** **Learning objectives** • Promote respect and dignity for people with depression/self-harm • Recognize common symptoms of depression/self-harm • Know the assessment principles of depression/self-harm • Know the management principles of depression. • Provide psychosocial interventions for people with depression/self-harm and their carers. • Deliver pharmacological interventions as needed and appropriate, considering special populations. • Plan and perform follow-up for depression/self-harm
12:30-14:00	Lunch Break
14:00-16:30	**Practice Session** • Dyadic learning, role plays and practice lessons on Module 2 & 8 • Perform an assessment for depression and self-harm. • Use effective communication skills in interactions with people with depression and self-harm • Assess and manage physical health conditions as well as depression and self-harm. • Assess and manage emergency presentations for self-harm
DAY 4	**18 February**
8:30 – 12:30	**Session 4--Module 6: Stress and Trauma related disorders** **Learning Objectives** • Promote respect and dignity for people with disorders due to stress and trauma related conditions • Know the common presentation of disorders due to stress and trauma related conditions. • Know the assessment principles of disorders due to stress and trauma related conditions • Know the management principles of disorders due to stress and trauma related conditions • Plan and perform follow up for people with disorders due to stress and trauma related conditions
12:30-14:00	Lunch Break
14:00-16:30	**Practice Session** • Role-play on delivering strategies and basic helping skills. • Know and practice basic helping skills;
DAY 5	**19February**

8:30-12:30	**SESSION 5 – Module 7: Substance use Disorders** **Learning Objectives** • Promote respect and dignity for people with disorders due to substance use. • Know the common presentation of disorders due to substance use. • Know the assessment principles of disorders due to substance use. • Know the management principles of disorders due to substance use. • Plan and perform follow up for people with disorders due to substance use.
12:30-14:00	Lunch Break
14:00-16:30	Friday Break
DAY 6	**20 February**
8:30-11:00	**SESSION 6 – – Module 3 Psychosis** **Learning Objectives** • Promote respect and dignity for people with psychoses. • Name common presentations of psychoses. • Name assessment principles of psychoses. • Name management principles of psychoses. • Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations. • Plan and performs follow-up sessions for people with psychoses.
12:30-14:00	Lunch Break
14:00-16:00	**Practice Session for Module 3 Psychosis** **Learning Objectives** • Dyadic learning, role plays and practice lessons on Module • Perform an assessment for psychoses. • Use effective communication skills when interacting with person psychoses. • Assess and manage physical health concerns in psychoses. • Assess and manage emergency presentations of psychoses. Provide psychosocial interventions to persons with psychoses and their carers.
DAY 7	**21 February**

8:30-12:30	**SESSION 7 – Module 5: Children and Adolescent Mental Health** **Learning Objectives** • Promote respect and dignity for children and adolescents with mental and behavioural disorders. • Know common presentations of children and adolescents with mental and behavioural disorders. • Know assessment principles of child and adolescents with mental and behavioural disorders. • Know management principles of child and adolescents with mental and behavioural disorders. • Plan and perform follow-up for children and adolescents with mental and behavioural disorders. **Practice Session** • Perform an assessment for children and adolescents with mental and behavioural disorders. • Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders. • Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carers
12:30-14:00	Lunch Break
14:30-16:30	**SESSION 8 – Module 4: Epilepsy** **Learning Objectives** • Promote respect and dignity for people with epilepsy. • Know common presentations of epilepsy. • Know the assessment principles of epilepsy. • Use effective communication skills in interactions with people with epilepsy. • Know the management principles of epilepsy. • Plan and perform follow-up for epilepsy.
DAY 8	**22 February**
8:30 – 12:00	**Practice Session** • Perform an assessment for epilepsy. • Assess and manage physical health in epilepsy. • Assess and manage emergency presentations of epilepsy. • Provide psychosocial interventions to persons with epilepsy and their carers. • Deliver pharmacological interventions as needed and appropriate in epilepsy considering special populations.
12:00-14:00	Lunch Break

14:00-16:30	**SESSION 9:** • Wrap UP • Post-training test and evaluation • Award of Certificate of Completion • Closing Ceremony

7. Training policy

j. Attendance

Attendance was a requirement of the course for everyday and every session. Any absence without the knowledge and permission of the instructors and organizers of the training was not being acceptable.

k. Participation

As an intensive theory and skills based training, active participation was required for all the modules and the instructors were noted each participant's active rule during the training.

l. Course exams

As part of the evaluation, a pre and post-training test as well as 5 module based exams was taken within the 8 days of the training.

8. Training discipline

- All mobile phones should silent mode during the training
- No side talking, use of phones and unnecessary disturbance
- Rise hand during questioning and comments
- Respect ideas
- Respect each other
- Actively participate
- Punctuality

9. Background information of the training participants

Table1: Background information of the training participants

Variable	Characteristic	n=20	%
Gender			
	Male	11	55
	Female	9	45
Pre-service mental health theory course			
	Yes	18	90
	No	2	10
Pre-service clinical practice in mental health			
	Yes	0.0	00
	No	20	100
In service training in mental health			
	Yes	6	30
	No	14	70
Work experience in mental health	Yes	6	30

	No	14	70

10. Knowledge of the participants toward mental, neurological and substance use

Table 2 summarizes the result of the pre-test. The WHO mhGAP pre-test for mhGAP was used to assess the knowledge of the training participants toward mental, neurological and substance use. A questionnaire that has 16 items related to major mental health disorders was used to assessment the knowledge of the training participants. A score of 1 was assigned to every correct answer while a wrong answer got a score of 0. If the training participant answered all the 16 items correctly, his/her total score is 16. The higher the score the more knowledge a participants was. The scores were than used to calculate mean scores. As shown by the Table(2), the average knowledge score of the pre-test among training participants is 8.75 out of 16 , while the average knowledge score of the post-test is 14.55 out of 16.

Code	Pre-test	%	Post-test	%	Status
21.	7/16	43	15/16	94	Excellent
22.	7/16	43	14/16	87	Excellent
23.	6/16	38	16/16	100	Excellent
24.	5/16	31	12/16	75	Excellent
25.	9/16	56	14/16	87	Excellent
26.	13/16	81	15/16	94	Excellent
27.	8/16	50	14/16	94	Excellent
28.	10/16	56	16/16	100	Excellent
29.	8/16	62	14/16	87	Excellent
30.	9/16	56	13/16	81	Excellent
31.	10/16	62	14/16	87	Excellent
32.	10/16	62	15/16	94	Excellent
33.	14/16	87	14/16	87	Excellent
34.	9/16	56	16/16	100	Excellent
35.	11/16	68	16/16	100	Excellent
36.	12/16	75	15/16	94	Excellent

37.	4/16	25	14/16	87	Excellent
38.	3/16	19	14/16	87	Excellent
39.	7/16	43	16/16	100	Excellent
40.	13/16	81	14/16	87	Excellent
Mean	8.75	55	14.55	90	Excellent

11. Evaluation of the effectiveness of the training

Table (3) summarizes the training participants' perception toward the effectiveness and usefulness of the training

n=20					
Variables	Strongly Agree	Agree	Disagree	Strongly Disagree	Not relevant to this event
The objectives of the training were met	19(95%)	1(5%)	None	None	None
The presenters were engaging	19(95%)	3(5%)	None	None	None
The presentation materials were relevant	17(85%)	3(15%)	None	None	None
The content of the course was organized and easy to follow	16(80%)	4(20%)	None	None	None
The trainers were well prepared and able to answer any questions	15(62.5%)	9(37.5%)	None	None	None
The course length was appropriate	5(25%)	13(65%)	2(0.1%)	None	None
The pace of the course was appropriate to the content and attendees	15(75%)	5(25%)	None	None	None
The exercises/role play were helpful and relevant	19(95%)	1(5%)	None	None	None

The venue was appropriate for the event	10(50%)	10(50%)	None	None	None

12. Conclusion and the closing day

The training was closed on Tuesday February 22, 2021 at 3 PM with valuable remarks and appreciation to the whole team. Mis Zainab Ahmed Nor, Head of Mental Health and Substance Abuse at the MOH has officially closed the training and thanked to the training organizers, participants and the donors.

Appendix two: Training pictures

2.13. IOM Needs Assessment Report

The full report (33 pages) is available on demand.

The current UN-PBF project is aimed at improving Mental Health and Psychosocial Support Services (MHPSS) for conflict affected youth in Somalia, through a socially inclusive integrated approach for peacebuilding. Through partnership between UN agencies (IOM, WHO, UNICEF), Somali authorities, and a prominent national academic institution, the project will not only establish the first institutional response to mental health and psychosocial issues affecting young Somali men and women, but it will also be a catalytic intervention aimed at systematically addressing one of the most critical, yet never previously addressed, barriers to lasting peace and reconciliation in the country. Following an in-depth context analysis during project conception stages, Kismayo (Jubaland), Dollow (Jubaland), and Baidoa (South West State), have been identified as priority areas for the installation of services related to this project.

This pilot project is a first of its kind in Somalia, where an estimated third or more of the population suffers from mental illness, and where much of the population faces psychosocial problems stemming from the effects of acute and protracted conflict, further exacerbated by climatic and other shocks. It will break new ground in improving understanding of the links between mental health and conflict in Somalia. It is necessary to conduct a rapid assessment on current mental health and psychosocial support needs in the various project implementation sites. Though the assessment of needs is brief in form, it can be utilized to identify and respond to people's mental health and psychosocial needs during an emergency, in early recovery and protracted crisis settings, mainly targeting displaced and returnee populations but can also be applicable for conflict-affected communities.

In post-emergency or protracted crisis contexts like Dolow, Kismayo and Baidoa in Somalia, it is important to have updated assessment focused on mental health and psychosocial well-being especially for the individuals, groups and communities affected by the crisis. Though the activities have started only on July 2020 and are on going already, the assessment results can serve as a tool in developing further the indicators and activities geared towards improvement on quality and sustainability of the mental health and psychosocial support program.

The methodology used was a series of focus group discussions and individual interviews among youth and community stakeholders and actors. Semi-structured interviews and group discussions were administered to gather information about the current emotional and psychological state (feelings, experiences) and needs as well as overview of the coping mechanisms of the selected beneficiaries. Field observations were also utilized and weekly activity reports containing accounts from specific individuals and groups from counselors and facilitators were also analyzed in this report as part of the assessment. The results will help the MHPSS program to better plan and implement the activities.

Last March 2020, consultation meetings were held with male and female community members to discuss the MHPSS situation, needs and resources related to the youth in Qanxaley IDP site in Dollow, Somalia. The male members have also helped the IOM team understand the understanding of people on concepts of mental health, psychosocial support, stress and ways of coping.

The group also included both elderly aged males and people with disability as well as community and religious leaders. The participants have shared their main MHPSS needs which were mostly related to socio-economic issues. Males in Somalia especially those who reached the matured age (14 years old) are usually compelled help in livelihood source for the family (and more pressure comes when the adult male is married as he needs to provide for his immediate family). The Somali men in the group also shared that their community in Dolow help each other out. Their neighbors also look after those who are in dire need of help, even if they themselves also are suffering, they still reach out to their neighbors.

This assessment included participants from the IDP sites in Baidoa, Dolow, and Kismayo where IOM is currently operating. Both the current program beneficiaries and new beneficiaries were included in the selection of participants.

From the identified population, target groups will be identified based on age, gender, social roles in the community, etc. For the participants, adults (18 years and above) were included in the interviews and group discussions.

Simplified Grid for Assessment was used in the interviews and also in the group discussions.

	Suffering	Resilience-Responses
Individual	Feelings/Factors	Activated
Family	Feelings/Factors	Activated
Community	Feelings/Factors	Activated/Potential

Results

Somalia is one of the countries with highest prevalence of mental illness in the world. Even though the exact prevalence of the problem has never been scientifically estimated, it is believed that there is one member in every three households who has some form of mental illness. There are no reliable and comprehensive epidemiological data on mental health problems in Somalia due to limited research capacity and collection of routine data in health centers. The level of mental distress among people in Somalia is thought to be high, and risk factors for developing mental disorders are abundant within the Somali context: loss of people, property and status, disrupted interpersonal relations and social networks, severe and recurring traumatic experiences, displacement, insecurity, uncertainty for the future, and substance abuse. In some settings, almost all Somali had been confronted with at

least one violent event, including witnessing severely injured people, being caught in a combat zone and being in close proximity to shelling or mortal attacks during the previous 2 months.

In general, it is challenging to obtain credible prevalence figures on psychological distress and mental disorders across cultural and language boundaries, and even more so in complex humanitarian emergencies. Also, it should be remembered, that while many people may have experienced significant psychological distress, this is ***not necessarily indicative*** of mental disorder. During the individual interviews and group discussions conducted for this endeavor reveal all the participants have a unified knowledge on the concept of mental health and psychosocial support are meant to *"assist people with mental illnesses" or "Latalin iyo maskax dejin"* which translates to *"helping people through advise when they are feeling sick"*. Oftentimes, the participants are distinguishing *"concepts of stress and/or distress"* as if it is not related to mental health matters and such concepts of mental health have strong linkages to social realms spirituality, culture and traditions. People with mental illness are often called *"Wuu Waalanyahe, Jini ayaa ku dhacaye"*, which roughly translates to *"he is a good person, but he was possessed by an evil spirit" or "xanuunka dimirka"* translates as *"disease of the brain".*

As in many other conflict-affected populations, much research on mental health among displaced Somalis focused on PTSD and its relationship to past experiences, such as facing forced migration, famine, the possibility of death, suffering loss, serious injury. This is however only one part of the spectrum of mental health problems. It is important not to overlook severe mental disorders, such as psychosis and bipolar disorder, which can be expected to increase in prevalence within humanitarian settings. Such conditions existing during armed conflict and flight to IDP sites may put those with pre-existing severe mental illness at particular risk of neglect, abandonment or abuse. Recently, more attention is being given to the role of daily stressors on the mental health of Somali, particularly in post migration contexts, to factors promoting resilience and to the risk factors for psychotic disorders such as *miraa or khat* use and traumatic experiences. The participants attribute the use of *khat* especially when people are "idle".

Overall, MHPSS services are very limited and not firmly grounded in Somalia. Services are neither available in the public sector, nor supported by humanitarian or development actors. In a system where traditional and formal institutions are ill-equipped to deal with mental illness and psychosocial problems, youth often resort to harmful coping strategies, (e.g. self-medication, substance abuse), which can worsen mental health and the psychosocial effects of mass disruption while increasing sense of disenfranchisement and reinforcing the existing stigma around psychosocial problems and mental illness. This fragile situation is further exacerbated now due to the current coronavirus 2019 (COVID-19) pandemic, which brings additional stressors which will inevitably affect youth and other vulnerable populations.

Looking into the specific IDP sites in Somalia which are the current project implementation sites, these were established years ago due to recurrent crises but there was very limited information to almost no earlier MHPSS needs assessments done. Harsh realities of IDP site/camp life, which also included deterioration of social structure in the IDP sites, are very present and certain issues have evolved as the contexts both inside and outside the IDP sites are also constantly changing. Domestic violence, polygamous and early marriage with resultant births within the sites can lead to an overburden of psychological stress for men and women, breaking down the already borderline care for youth and children. Psychosocial needs and mental health problems are directly linked unmet basic needs of the targeted population and addressing these issues is crucial in strengthening psychosocial well-being of conflict affected and displaced population in Dolow, Kismayo and Baidoa.

Participants of the program reported substantial and unique difficulties as a reflection of harsh realities of camp life. These have resonated throughout the discussions and meetings held in the project implementation sites. Those who are currently attending the programme reported symptoms of distress. Unemployment, lack of social support, early marriage with multiple births and further deterioration of social structure, as well as exposure to surrounding communal (threats of inter-clan or communal violence) and domestic violence are just some of the challenges the displaced population are confronted within the IDP sites. Such adversity may subsequently decrease their capacity to cope with daily stressors which is affecting their capacity to care for themselves, their family and their community, potentially placing them at increased risk for mental health problems.

The adult men and women as well as young men and women (youth) who were interviewed detailed their experience of distress, accumulative stress, loneliness, loss of self-esteem, strain and fatigue from cognitive overload and perceptions that they have difficulties to function completely in the daily lives. We must also consider the displaced population in Dolow, Baidoa and Kismayo have experienced recurrent and direct violence and extreme poverty and multiple shocks brought about by natural disasters like droughts and flooding, regardless of age and gender are prone to experience psychosocial stress.

Despite all their experiences, the participants also reflect a degree of resilience and their capacity to cope and develop themselves even if in adversity. They shared also viable or more feasible solutions during the discussion activities on how to resolve some of their current vulnerabilities and issues in the IDP sites.

Concepts of Peace

During the key informant interviews and group discussions, the participants were invited to an exercise wherein they have been asked to personally define their concept of peace to enable IOM to understand their understanding of "PEACE" and see the linkage to concepts of well-being, mental health and psychosocial support. The team also asked the participants to bring forth their suggestions on converting these concepts to more feasible and realistic actions. During the discussions, the participants have expressed their thoughts and practical suggestions. The responses they have provided can be translated into practical supports during this project, notably on the following:

- At individual level: MHPSS activities must be geared towards learning various stress management techniques, provision of access to individual level of supports, linkage to various resources available for social and spiritual/religious supports, strengthening of family supports
- At family level: strengthening of family supports and linkage to various resources available for social and spiritual/religious supports
- At community level: linkage to various resources available for social and spiritual/religious supports, investing more on community-level activities that can allow people to communicate with each other, cultivate activities that allow the community members to contribute in various actions (sense of responsibility and helping each other)

A full mapping of MHPSS resources and set of recommended actions are included in the full report and its annexes.

MHPSS Needs Assessment Activity Photos

FGD Session with Females Group in Qanxaley Camp

FGD Sessions with Males group in Kabasa IDP Camp

FGDs with Male Youth Groups in Kismayo

3.16 Technical Orientation and Training Plan for Community-based Mental Health and Psychosocial Support Skills Basic Package For MHPSS Service Providers for the UN-PBF Project in Somalia

Introduction

The necessity of having Mental Health and Psychosocial Support (MHPSS) knowledge amongst health and social service providers is emphasized around the world specifically when working with vulnerable people. Understanding mental health and psychosocial support and its importance of use is very vital. The purpose is providing psychosocially informed care to vulnerable people especially youth can promote their mental health and psychosocial well-being. Trained health and social service providers can encourage their co-workers from other sectors to use the suitable methodology to ensure maximum level of mental health and psychosocial protection.

Basic mental health and psychosocial support skills are at the core of any Mental Health and Psychosocial Support (MHPSS) intervention. This cascade and refresher training series is meant for all health workers and community-based workers involved in the MHPSS PBF project in Dollow, Kismayo and Baidoa. We hope that these training series will help to orient responders at community level to support people in promoting mental health care and psychosocial well-being. The training will cover both clinical and community based MHPSS components.

WHO developed a comprehensive curriculum based on the evidence-based WHO Mental Health Action Gap Program (mhGAP) modules. The mhGAP modules were submitted to Somali National University and Federal Ministry of Health for validation and approval last November 2020. The first round of ToTs was done last November 2020 and then lately last February 2021, the trained clinicians are currently applying the skills and knowledge from the training. For IOM, we intended to utilize the availability of trained clinicians to help roll-out the training to Community Health Workers and to other actors providing mental health care services in the project locations.

The main topics in these training series for the clinical workers include:

- Principals of essential care and practice
- Effective communication skills in interacting with people with Mental, Neurological, and Substance Abuse conditions
- Tools and principles for assessment for case identification

- Recognize common symptoms
- Treatment planning (clinical and non-clinical) and referral system

The importance to be familiar with what is *Psychosocially Informed Care Approach for Vulnerable People* is also essential. This helps to understand and assist people in the different stressful situation and address the stressors that with healthy coping mechanisms. Similarly, *Supportive Communication Skills* for Vulnerable people is of importance. The knowledge and understanding of what good communication is, the reason why good communication is important, where and when to use supportive communication skills. Lastly, *Psychological first aid (PFA) for Vulnerable People* will be introduced to the participants to help them in calming and supporting the people who are facing distressful situations and assist them in the most humane and practical ways possible. The training will help to encourage all MHPSS service providers to use these guidelines and basic PSS skills to enhance the support and protection response that they can offer to vulnerable people. Practical skills such as basic counselling skills are helpful in delivering assistance to people who need it the most. Basic counselling skills will be targeting those who have counselling roles in the MHPSS PBF project, and this will give them a proper and comprehensive training to learn and refresh skills to deliver quality counselling services. While Group facilitation skills will be targeting those who are involved in social cohesion activities like recreational activities, small group discussions and psychoeducation sessions.

The main topics in these training series for the community-based workers include:

- Psychosocially Informed Care Approach
- Supportive Communication Skills for People in Vulnerable Situations
- Psychological First Aid (PFA)
- Basic Counselling Skills
- Group Facilitation Skills

Any crisis impacts the social networks of the affected, and social interaction is of vital importance for human beings. The current COVID-19 outbreak has provoked social stigma and access of people needing mental health care have been compromised. How we communicate about mental health care and well-being is critical in supporting people to take effective action to help combat and avoid fueling fear and stigma. An environment needs to be created in which mental, neurological, and substance abuse disorders and its impact can be discussed and addressed openly, honestly and effectively. This training module will cover some tips on how to address and avoid compounding, social stigma.

Training Objectives

1. In general, the following should be achieved at the end of the Clinical MHPSS Skills training sessions for the clinical workers:

- The training will answer the following questions:
    - What are MH GAP skills for clinical workers?
    - Who can use MH GAP?
    - When and where do we use MH GAP?
    - How to use basic skills in the MH GAP to help others feel supported?

- Guidelines for practicing the skills on provision of psychosocial support to patients and their caregivers.
    - Learn how to provide basic mental health care so that they can provide support to distressed individuals in the same way as they do in physical/public health crises
    - Address the stigma associated with mental ill-health so that dignity is promoted and respected
    - Empower people to take action to promote mental health
    - Spread understanding of the equal importance of mental and physical health and their integration in care and treatment
    - To work with individuals and institutions to develop best practice in mental health care
    - To provide culturally sensitive learning materials to increase the skills of the general public in administering mental health and psychosocial support.

- Procedures for when and how to refer persons with severe psychological distress.

2. The following specific objectives will be achieved by the end of the training sessions for community-based workers:
   - Understand key concepts on Mental Health and Psychosocial Support (MHPSS)
   - Increase understanding of the psychosocial needs of vulnerable people
   - Understanding the basics of a psychosocially informed care approach for vulnerable people
   - Understand key aspects of supportive communication in everyday interactions and in helping those who are experiencing stress
   - Understand key aspects of psychological first aid (PFA), basic counselling skills, and group facilitation skills in helping those who are experiencing stress and practice providing psychosocial supports

Methodology and Target Participants for the Clinical Team
A three-day training for clinical teams will be delivered per location, 1 in Dollow, 1 in Kismayo and 1 in Baidoa. Each day is a minimum of 5 learning hours.

Batch 1 (18 participants) x 3 days	Dollow	2 Clinicians 6 Qualified Nurses 10 Community Health Workers (CHWs)
Batch 2 (19 participants) x 3 days	Kismayo	5 Clinicians 1 Qualified Nurse 10 Community Health Workers 3 Clinical Workers (1 from Habib Foundation; 1 from Maanbile Center; 1 from Kismayo General Hospital)
Batch 3 (16 participants) x 3 days	Baidoa	2 Clinicians 5 Qualified Nurses 8 Community Health Workers (CHWs) 1 Clinical Worker from Community Mental Health Center

See Annex 1 in filling up the participant list for planning.

The target participants will include the health workers who are based in the health facilities in the project implementation sites and the surrounding communities, they can be included in the training. MoH has supported IOM in selecting training participants location. When selecting the participants:
- The trainees need to be currently delivering health care work in the project locations
- The trainees need to have direct interaction with Patients and Caregivers
- The trainees need to focus for 5 hours of each training day (3 days per batch)
- The trainees will need to have the capacity to cascade the training to their colleagues

A four-day training for clinical teams and community-based workers will be delivered per location. Due to the big number of the participants, there will be 2 groups who will attend simultaneous training session: 2 in Dollow, 2 in Kismayo and 2 in Baidoa. Each day is a minimum of 5 learning hours. On Day 4, kindly take note that the group will be divided into two, group 1 will take counselling skills and group 2 will take facilitation skills. They are divided according to their roles.

Batch 1 (32 participants) x 4 days	Dollow	**Group 1 (with Counselling Role)** 2 Clinicians from MHPSS PBF team 10 Youth Counsellors 5 Non-Youth Counsellors
		Group 2 (with Facilitation Role) 10 Youth Animators 5 Community Health Workers from MHPSS PBF team

Batch 2 (34 participants) x 4 days	Kismayo	**Group 1 (with Counselling Role)** 1 Clinician from MHPSS PBF team 1 Qualified Nurse from MHPSS PBF team 10 Youth Counsellors 5 Non-Youth Counsellors
		Group 2 (with Facilitation Role) 10 Youth Animators 7 Community Health Workers from MHPSS PBF team
Batch 3 (31 participants) x 4 days	Baidoa	**Group 1 (with Counselling Role)** 1 Clinicians from MHPSS PBF team 10 Youth Counsellors 5 Non-Youth Counsellors
		Group 2 (with Facilitation Role) 10 Youth Animators 5 Community Health Workers from MHPSS PBF team

The target participants will include the health workers who are based in the health facilities in the project implementation sites and the teams of community based (non-clinical) MHPSS workers. When selecting the participants:

- The trainees need to be currently identified as a community based MHPSS worker in the MHPSS PBF project
- The trainees will include only the MHPSS PBF clinical teams.
- The trainees need to have direct interaction with people in their community
- The trainees need to focus for 5 hours of each training day (3 days per batch)
- The trainees will need to have the capacity to cascade the training to their colleagues

Methodology:

The training will be given face-to-face in the training hall. The training will be delivered by IOM MHPSS team. Adult learning approach will be utilized where high participation of the trainees is encouraged. A projector, flip charts and notebooks will be the main supportive materials used. COVID-19 preventive measures will be followed such physical distancing and sanitation and hygiene measures and wearing of face mask all throughout sessions.

Profile of the Training Facilitators:

The training facilitators are all from IOM MHPSS Program and Migration Health teams. Mr. Farhan Dini, Mr. Feisal Hussein, and Mr. Abdikadir Gelle are currently working as Psychosocial Support Workers for IOM based Mogadishu, Somalia. They were all trained and supervised on the training modules by the MHPSS Specialist for IOM Somalia (Ms. Elaine Joyce Duaman). Mr. Asad Hassan (Dollow), Mr. Idris Mohamed (Kismayo), and Mr. Mohamud Ibrahim (Baidoa) are IOM Field Health Staff, they have received the ToT training on mHGAP in Baidoa Town last February 2021 and they will be working closely with MoH counterparts in cascading the trainings to clinicians and community health workers in their respective project implementation sites. The facilitators will deliver the training using the local language (Somali).

Training Agenda for Health Workers

Day 1	Topic/Activity
SESSION 1 – Essential Care and Practice	**Learning objectives** • Principals of essential care and practice • Effective communication skills in interacting with people with MNS conditions • Tools for assessment • Treatment planning • Promote respect and dignity for people with priority MNS conditions

SESSION 2 – Substance-use Disorders	**Learning Objectives** • Promote respect and dignity for people with disorders due to substance use. • Know the common presentation of disorders due to substance use. • Know the assessment principles of disorders due to substance use. • Know the management principles of disorders due to substance use. • Plan and perform follow up for people with disorders due to substance use.
Day 2	**Topic/Activity**
SESSION 4 – Psychosis	**Learning Objectives** • Promote respect and dignity for people with psychoses. • Name common presentations of psychoses. • Name assessment principles of psychoses. • Name management principles of psychoses. • Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations. • Plan and performs follow-up sessions for people with psychoses.
SESSION 5 - Stress and Trauma related disorders	**Learning Objectives** • Promote respect and dignity for people with disorders due to stress and trauma related conditions • Know the common presentation of disorders due to stress and trauma related conditions. • Know the assessment principles of disorders due to stress and trauma related conditions • Know the management principles of disorders due to stress and trauma related conditions • Plan and perform follow up for people with disorders due to stress and trauma related conditions
Day 3	**Topic/Activity**
SESSION 6 – Depression and Self-Harm/Suicide	**Learning objectives** • Promote respect and dignity for people with depression/self-harm • Recognize common symptoms of depression/self-harm • Know the assessment principles of depression/self-harm • Know the management principles of depression. • Provide psychosocial interventions for people with depression/self-harm and their carers. • Deliver pharmacological interventions as needed and appropriate, considering special populations. • Plan and perform follow-up for depression/self-harm
SESSION 7 – Epilepsy	**Learning Objectives** • Promote respect and dignity for people with epilepsy. • Know common presentations of epilepsy. • Know the assessment principles of epilepsy. • Use effective communication skills in interactions with people with epilepsy. • Know the management principles of epilepsy. • Plan and perform follow-up for epilepsy.
SESSION 8 – Children and Adolescent Mental Health	**Learning Objectives** • Promote respect and dignity for people with epilepsy. • Know common presentations of epilepsy. • Know the assessment principles of epilepsy. • Use effective communication skills in interactions with people with epilepsy. • Know the management principles of epilepsy.

	• Plan and perform follow-up for epilepsy.

Training Agenda for Community-based MHPSS teams and Clinical teams from PBF project

DAY 1	**Topics**	**Methods**
8:30 am to 9:00 am	Participant Arrival and Introduction Pre-test	
9: 00 am to 9:30 am 30 minutes	Welcome and Introduction • Introductions and expectations • Aim and Agenda • Ground Rules	Presentation and Plenary
9:30 am to 10:20 am 40 minutes	Why Psychosocially Informed Care Approach is important?	Presentations and discussions
10: 20 to 10:40 am 20 minutes	BREAK	
10: 40 am to 11:25 am 45 minutes	Guiding Principles	Presentations And discussions
11: 25 am to 12: 10 noon 45 minutes	Set of values for MHPSS service providers	Presentations And discussions
12:10 am to 12: 30 noon 20 minutes	Prayer	
12: 30 am to 1: 10 pm 40 minutes	Lunch	
1:10 pm to 2:00 pm 50 minutes	General reflections and the conclusion of Psychosocially Informed Approach	
2:00 pm to 3:00 pm 60 minutes	Supportive Communication Skills for vulnerable people • Introduction to supportive Communication skills • Resources to use • Who can use supportive communication skills?	Presentation
3:00 pm to 3:20 pm 20 minutes	BREAK	
3:20 pm to 4:00 pm 40 minutes	What is good communication? why good communication is important?	Presentation and discussions
4:00 pm	End of Day 1. Delegate assignments for tomorrow and start of time	
DAY 2	**Topics**	**Methods**
8: 30 am to 9:00 am 30 minutes	Attendance taking, RECAP the previous day's lessons • Introduction to Supportive Communications • Resources • Who can use supportive communication skills?	
9: 00 am to 9: 30 am 30 minutes	REVIEW: What is good communication? why good communication is important?	Presentation
9: 30 am to 10: 20 am 50 minutes	Everyday interactions: Active Listening	Acting and discussions
10: 20 am to10: 50 am 30 minutes	BREAK	
10:50 am to11:35 am 45 minutes	Supporting People who are experiencing stress	Presentations and discussions

11: 35 am to 12:25 am 50 minutes	Practical Exercises (Annex) 1. Active Listening 2. Good and Bad Communication	
12:25 am to 12:45 am 20 minutes	Prayer time	
12:45 am to 1: 25 pm 40 minutes	Lunch time	
1:25 pm to 2: 00 pm 35 minutes	General reflections and the conclusion of Supportive Communication Skills	
2:00 pm to 3:00 pm 60 minutes	What PFA is and is not • PFA in the framework of Mental Health and Psychosocial Support • Psychological responses to crisis events specifically to COVID-19 pandemic • Key resilience (protective) factors	Presentation
3:00 pm to 3:20 pm 20 minutes	BREAK	
3:20 pm to 4:00 pm 40 minutes	Overview of PFA: who, when and where?	Presentation and discussions
4:00 pm	End of Day 2. Delegate assignments for tomorrow and start of time	
DAY 3	**Topics**	**Methods**
8:30 am to 9:00 am	Registration, ground rules and summarizing the previous day lessons What PFA is and is not • PFA in the framework of Mental Health and Psychosocial Support • Psychological responses to crisis events specifically to COVID-19 pandemic Key resilience (protective) factors	Discussions
9:00 am to 10:00 am 60 minutes	PFA: who, when and where?	Presentations and discussions
10: 00 am to 10: 30 am 30 minutes	PFA ACTION PRINCIPLES • Prepare. . . Look, Listen, and Link	Presentations and Discussion
10: 30 am to 10:45 am 15 minutes	BREAK	
10:45 am to 11: 25 am 50 minutes	Look • Assess the current situation • Who seeks support? • What the risks are? • The needs of the affected • Expected emotional reactions	Presentations and Discussion
11: 25 am to 12:25 am 30 minutes	Listen • Begin the conversation, by listening • Demonstration: helping people feel calm • Good communication	
12: 25 am to 12: 45 noon 20 minutes	Prayer time	
12:45 am to 1: 25 noon 40 minutes	Lunch time	

1:25 pm to 2:25 pm 40 minutes	Link • Practical Support on basic needs • Providing Support yourself • Linking with other services • Helping people to manage their own problems	Presentations and discussions Exercise on Circles of Control
2:25 pm to 3: 20 pm	Role Plays on PFA Action Principles	Role Plays and Plenary
3:00 pm to 3:20 pm 20 minutes	BREAK (working break towards conclusion)	
3:20 pm to 4:00 pm	• Ending your assistance • Reflection exercise • Post test End of Day 3. Delegate assignments for tomorrow and start of time	Presentations and discussions
DAY 4 (Group 1: Counselling Skills)	**Topics**	**Methods**
8:30 am to 9:00 am	Registration, ground rules and summarizing the previous day lessons	Discussions
9:00 am to 10:00 am 60 minutes	• Introduction to Counselling Skills • Aims of Basic Counselling • Principles of Basic Counselling •	Presentations and discussions
10: 00 am to 10: 30 am 30 minutes	• Counselling and Confidentiality • Counselling and Culture Sensitivity	Presentations and Discussion
10: 30 am to 10:45 am 15 minutes	BREAK	
10:45 am to 11: 25 am 40 minutes	• Basic Counselling Skills • 6 step process • Counselling skills to be used for children	Presentations and Discussion

11: 25 am to 12:25 noon
60 minutes
	• The Basics of Communication
	  ○ Communication Defined
	  ○ Effective and Ineffective Communication Skills
		Presentations and Discussion

12: 25 am to 12: 45 noon 20 minutes	Prayer time	
12:45 am to 1: 25 noon 40 minutes	Lunch time	
1:25 pm to 2:25 pm 60 minutes	• Positive Skills to use • ROLE PLAY Annex 3 on Positive Skills to use	Presentations and discussions Role Play Annex 3. 1
2:25 pm to 3: 20 pm	ROLE PLAY Annex 3 on Pandemic Scenario	Role Plays on Annex 3.2 and Plenary
3:00 pm to 3:20 pm 20 minutes	BREAK (working break towards conclusion)	

3:20 pm to 4:00 pm	• Reflection exercise • Evaluation of the training End of Day 4. Delegate assignments for tomorrow and start of time for field supervision	Presentations and discussions
DAY 4 (Group 2: Social Cohesion Activities)	**Topics**	**Methods**
8:30 am to 9:00 am	Registration, ground rules and summarizing the previous day lessons	Discussions
9:00 am to 10:00 am 60 minutes	• What is a Group? Who are the target beneficiaries? • GROUP THINK: Guidelines on forming groups and conducting group meetings	Presentations and discussions
10: 00 am to 10: 30 am 30 minutes	• Spot the strengths and differences • INTRODUCTION to FACILITATION SKILLS • Skills of a good facilitator	Presentations and Discussion
10: 30 am to 10:45 am 15 minutes	BREAK	
10:45 am to 11: 25 am 40 minutes	• Differences between facilitation and teaching	Presentations and Discussion
11: 25 am to 12:25 noon 60 minutes	• Strengths and difficulties as a facilitator	Presentations and Discussion
12: 25 am to 12: 45 noon 20 minutes	Prayer time	
12:45 am to 1: 25 noon 40 minutes	Lunch time	
1:25 pm to 2:25 pm 60 minutes	• ROLE PLAY Annex 4 on Designing and Delivering Psychoeducation sessions • ROLE PLAY Annex 4 on Organizing and Facilitating Small Group Sessions	Presentations and discussions Role Play Annex 4
2:25 pm to 3: 15 pm 50 minutes	• Reflection exercise • Evaluation of the training End of Day 4. Delegate assignments for tomorrow and start of time for field supervision • CHWs to demonstrate in the Health Facilities the exercise (but improved version) that was done but with actual patients and caregivers. • Animators to organize small group discussions in their respective blocks.	Presentations and discussions
3:15 pm to 3:30 pm 20 minutes	Afternoon snacks	

Group Photos of Orientation of Clinical and Community-based Workers teams in Dollow Kismayo and Baidoa

Orientation session of Clinicians and CHWs in Dollow (picture on left side) and in Kismayo (picture on right side).

Orientation of Community – based Youth Animators in Baidoa

2.14. Monitoring and Evaluation Plan

MONITORING & EVALUATION PLAN

PROJECT: IMPROVING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (MHPSS) FOR CONFLICT AFFECTED YOUTH IN SOMALIA, THROUGH A SOCIALLY INCLUSIVE INTEGRATED APPROACH FOR PEACEBUILDING

Lead Organization
World Health Organization

Partner Organizations
UNICEF
Somalia National University
International Organization for Migration
Ministry of Health – Somalia

Please note : The M&E framwork is a 40-page long document. The table of contents is provided here, for information and the entire document can be provided on demand.

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2.15. Lessons learned

Type	Issue / points to be raised	Mitigating measures / recommendations
SNU	1. Cooperation with SNU has been excellent 2. Capacity strengthening of the school of public health in managing and delivering large scale professional development training for health professionals 3. Advancing research and knowledge dissemination	1. This cooperation should continue into the future 2. Successfully undertook trainings, workshops, mentorships, field supervisions at a large scale 3. Talks are taking place to plan an academic conference sometimes mid to late 2022
MHPSS services	1. MHPSS related activities are going on despite the end of the project but sustainability is an issue 2. MHPSS services delivery has improved 3. There are limited mental health institutions for the referral of mental health disorders. Psychiatric cases are often not treated which also leads to poor management of mental health cases. 4. There is an over medicalization of mental health and over-concentration of services at facility-levels that are poorly designed, often missing solid technical grounds, uncoordinated and often based on achieving figures or targets as agreed on their projects. This can often lead to concerns on the quality of implementation and quality of care.	1. Long-term funding should be secured to ensure the financial sustainability of MHPSS activities 2. New projects should build on the already existing structures 3. Health workers should be included in MHPSS training (both clinical/pharmacological and non-clinical/community-based) to build on their current capacities for: the proper identification of cases, case history and conducting interviews to do initial assessments as well as for the follow-up during outreach and home visits, and effective referral to specialized services providers or referral hospitals. Existing agreement with specialists on the referral system needs to be strengthened and alternative outlets needs to be identified. 4. community based MHPSS should be strengthened by investing in family support through home visits during active case finding and follow-up of identified cases. Cultural and traditional as religious and related activities should be supported. Outlets for skills acquisition and vocational learning should be provided, as well as non-formal education and livelihood opportunities
GBV	1. Fear remains of reporting GBV cases. Cases are often being delt with at the community level before being reported. 2. Many GBV survivors wish to receive healthcare services although they often do not wish to report cases 3. Sub-groups that are particularly at increased risk are IDPs, young women and certain groups of young men (i.e. ex-combatants, idle young men who have lost the means to take care of their families, young men at risk of detention or who are targets of violence).	1. There is room to create awareness in community for reporting GVB 2. Strengthening health care services for GBV is key. A lot of cases want to receive healthcare. This could be the entry point for having more impact on GBV 3. Capacity strengthening of local partners is needed across the protection continuum to promote reporting and action 4. There is a need for all stakeholders to engage in GBV cases and need to have strong referral point for GBV survivors 5. Capacity strengthening of Primary Health Centres to be able to provide services to GBV cases including CMR (Clinical Management of Rape) 6. Data should be disaggregated to ensure that the most vulnerable are reached

Catalytic effect for MHPSS	1. This small project was maybe not used as an advocacy tool that PBF had hoped. This project was meant to have a catalytic effect and peacebuilding 2. Limited funding was available during the project period due to COVID-19	1. MH should be more systematically integrated in agencies' programming, especially for WHO. This has been the case for WHO, with at least three project proposals in the pipeline that contain MH activities 2. IOM continued to resource mobilize and was successful in obtaining some limited funds for MHPSS
Project management / coordination	1. Collaboration btw 3 agencies could have been smoother: need for better communication 2. Direct partnering or at least the addition of government or NGO run health facilities could have provided	1. Need for more engaged teams and more regular meetings 2. Need for a stronger project management structure and stricter deadlines
COVID-19	1. COVID-19 was a challenge for implementation, although it was unforeseeable at the beginning of the project	2. Asking for a no-cost extension was helpful and could be replicated in the future
Type	**Issue / points to be raised**	**Mitigating measures / recommendations**
SNU	4. Cooperation with SNU has been excellent 5. Capacity strengthening of the school of public health in managing and delivering large scale professional development training for health professionals 6. Advancing research and knowledge dissemination	4. This cooperation should continue into the future 5. Successfully undertook trainings, workshops, mentorships, field supervisions at a large scale 6. Talks are taking place to plan an academic conference sometimes mid to late 2022
MHPSS services	5. MHPSS related activities are going on despite the end of the project but sustainability is an issue 6. MHPSS services delivery has improved 7. There are limited mental health institutions for the referral of mental health disorders. Psychiatric cases are either not treated or treated like plain medical cases which also lead to poor management of mental health cases. 8. There is an over medicalization of mental health and over-concentration of services at facility-levels that are poorly designed, often missing solid technical grounds, uncoordinated and often based on achieving figures or targets as agreed on their projects. This can often lead to concerns on the quality of implementation and quality of care.	5. Long-term funding should be secured to ensure the financial sustainability of MHPSS activities 6. New projects should build on the already existing structures 7. Health workers should be included in MHPSS training (both clinical/pharmacological and non-clinical/community-based) to build on their current capacities for: the proper identification of cases, case history and conducting interviews to do initial assessments as well as for the follow-up during outreach and home visits, and effective referral to specialized services providers or referral hospitals. Existing agreement with specialists on the referral system needs to be strengthened and alternative outlets needs to be identified. 8. community based MHPSS should be strengthened by investing in family support through home visits during active case finding and follow-up of identified cases. Cultural and traditional as religious and related activities should be supported. Outlets for skills acquisition and vocational learning should be provided, as well as non-formal education and livelihood opportunities

GBV	4. Fear remains of reporting GBV cases. Cases are often being delt with at the community level before being reported. 5. Many GBV survivors wish to receive healthcare services although they often do not wish to report cases 6. Sub-groups that are particularly at increased risk are IDPs, young women and certain groups of young men (i.e. ex-combatants, idle young men who have lost the means to take care of their families, young men at risk of detention or who are targets of violence).	7. There is room to create awareness in community for reporting GVB 8. Strengthening health care services for GBV is key. A lot of cases want to receive healthcare. This could be the entry point for having more impact on GBV 9. Capacity strengthening of local partners is needed across the protection continuum to promote reporting and action 10. There is a need for all stakeholders to engage in GBV cases and need to have strong referral point for GBV survivors 11. Capacity strengthening of Primary Health Centres to be able to provide services to GBV cases including CMR (Clinical Management of Rape) 12. Data should be disaggregated to ensure that the most vulnerable are reached
Catalytic effect for MHPSS	3. This small project was maybe not used as an advocacy tool that PBF had hoped. This project was meant to have a catalytic effect and peacebuilding 4. Limited funding was available during the project period due to COVID-19	3. MH should be more systematically integrated in agencies' programming, especially for WHO. This has been the case for WHO, with at least three project proposals in the pipeline that contain MH activities 4. IOM continued to resource mobilize and was successful in obtaining some limited funds for MHPSS
Project management / coordination	3. Collaboration btw 3 agencies could have been smoother: need for better communication 4. Direct partnering or at least the addition of government or NGO run health facilities could have provided	3. Need for more engaged teams and more regular meetings 4. Need for a stronger project management structure and stricter deadlines
COVID-19	3. COVID-19 was a challenge for implementation, although it was unforeseeable at the beginning of the project	4. Asking for a no-cost extension was helpful and could be replicated in the future

3. PBF & Project Visibility

3.1. Visibility plan

MHPSS Project: Communication and Visibility Plan

A- Objectives

1. Overall communication objective: To acknowledge and make visible amongst the widest possible audiences at national, regional and international levels, the Youth Promotion Initiative of the UN Secretary General's Peacebuilding Fund's contribution and support to improving psychosocial support and mental health care for young people affected by conflict in Somalia through a socially-inclusive integrated approach for peacebuilding.
2. Target groups
   - **Somalia-based:** Government (especially Ministry of Health, and State-level health authorities), beneficiaries (e.g. target groups, IDPs etc.), general population, and other local partners (UN, NGOs) and donors.
   - **Regionally/Internationally:** East African Governments, Governments supporting the PBF, general public, WHO HQ and Regional Office, health practitioners and experts across the region.
3. Specific objectives for target groups
   - Raise awareness of the important and positive impacts that the Youth Promotion Initiative of the UN Secretary General's Peacebuilding Fund's contribution is having, with regard to improving psychosocial support and mental health care for young people affected by conflict in Somalia through a socially-inclusive integrated approach for peacebuilding.
   - Raise awareness on the importance and positive impact of WHO, IOM and UNICEF's work with regard to improving psychosocial support and mental health care for young people
   - Highlight continued mental health needs in Somalia and Somaliland with a view of encouraging further financing

B- Communication Activities

4. See table below

Disclaimer: While agencies would endeavour to produce communication content as outlined in the plan, this cannot be guaranteed, and any communication activity would be contingent on security and access.

C- Human Resources

5. WHO Focal Points (Country-Level) Name: Mr. Kyle DeFreitas Title: External Relations Officer, WHO Somalia Mobile: +254-782-501-324 E-mail: defreitask@who.int	Name: Ms. Fouzia Bano Title: Communications Officer, WHO Somalia Mobile: +252-619-235-880 E-mail: banof@who.int
6. IOM Focal Points (Country-Level) Name: Elaine Joyce DUAMAN Title: Mental Health and Psychosocial Support (MHPSS) Specialist, Migration Health Division (MHD), Mogadishu, Somalia IOM Somalia Mission Mobile: +252614430307 / +252614274724 E-mail: eduaman@iom.int	Name: Claudia BARRIOS ROSEL Title: Communications and Graphic Design Officer Programme Support Unit International Organization for Migration Nairobi, Kenya – IOM Somalia mission Mobile: +254 705832020 E-mail: cbarrios@iom.int
7. UNICEF Focal Points (Country-Level) Name: Dheepa Pandian Title: Communications Chief Mobile: +252613375885 E-mail: dpandian@unicef.org	Name: Eva Hinds Title: Communications Manager Mobile: +252613642635 E-mail: ehinds@unicef.org
8. Peacebuilding Fund Focal Points (Country-Level) Name: Peter Nordstrom Title: Peacebuilding Fund Coordinator Mobile: +252 619 161 436 E-mail: nordstromp@un.org	Name: Fadumo Mumin Title: Mobile: E-mail: fadumo.mumin@one.un.org
9. Ministry of Health Focal Points (Country-Level) Name: Zeynab Ahmed Noor Title: Head of Mental Health & Substance Abuse Mobile: +252616336044 E-mail: mentalhealth@moh.gov.so	Name: Khader Hussien Mohamoud Title: Head of Coordination & Communication Mobile: +252615602637 E-mail: coordination@moh.gov.so

Table 2: Communications & Visibility Plan – Main Activities, Specific Tools Selected and Assessment Methods

#	Type of support	Activity	Communication Tools and Means	Frequency / Number / Timeline	Verifiable indicators	Responsible Officer	Status: Complete, Ongoing, Not Complete
1.	Publications	Production of one **brochure/flyer** for the project	• Electronic and paper versions of the flyer/brochure • Disseminate during related public events / activities (e.g. project launch, closure)	Once at the beginning of the project	• Number of flyers/brochures printed	Kyle & Rizwan with support Fouzia	Complete
2.	Public event	One **project launch meeting** (with Dr. Rizwan, IOM and UNICEF representative, PBF representative, MoH FP in Mogadishu)	• National TV coverage • Written Press release and photo • MoH to participate • PBF representative to participate • WHO project lead to participate • Speeches given by officials • Official press release (individual or joint) and posting of the event on the official web page of WHO country office • Posting of the event on the social media account of WHO CO (Twitter, Facebook and Instagram) • Banner with the name/details of the project, as well as logos of FMoH, WHO and PBF	Once at the beginning of the project	• Number of media outlets (regional and international) covering the Press Release and other news related to official launch • Number of engagements and reactions from the viewers • Number of attendees (if relevant and possible, given CV19 situation)	Kyle & Rizwan with support Fouzia IOM & UNICEF	Complete
3.	Public event	One **end of project ceremony** (Dr. Rizwan, IOM and UNICEF representative, PBF representative, MoH FP) to reflect on the project's achievements		Once at the end of the project		Kyle & Rizwan with support Extrel team & Fouzia & MoH	Under consideration
4.	WHO website	Production of up to two **web-stories** highlighting project objectives, target groups, projected impact, progress	• Web page of WHO country office, with URL link posted on social media • Web page of UNICEF and IOM	Once during the project period	• Number of engagements and reactions from the viewers • Number of views on the WHO website	Clara, review by Louise, Kyle & Rizwan	Ongoing
5.	WHO website and social media	Production of one **photo story** on ongoing project activities/events highlighting successes and achievements	• WHO social media accounts (tagging the PBF, IOM, UNICEF and MOH) • Social media accounts of UNICEF and IOM (tagging PBF and MOH) as applicable to amplify the reach	Once during the project and once at the end of the project	• Number of engagements and reactions from the viewers	Fouzia, with support Extrel team & Rizwan With inputs from IOM (Claudia), UNICEF, MOH and PBF	Ongoing
7.	WHO website and social media	Production of **documentary video** on the	Documentary video (1 to 2 minutes duration) for posting on:	Once (at the end of the project)	• Number of engagements and	Fouzia, with support Extrel	Not complete

#	Type of support	Activity	Communication Tools and Means	Frequency / Number / Timeline	Verifiable indicators	Responsible Officer	Status: Complete, Ongoing, Not Complete
		project achievements and impact on beneficiaries' health *Produced by WHO, with inputs from IOM, UNICEF, PBF and MOH – final product (produced by WHO) to be disseminated by all on the respective channels*	• WHO Somalia web page • Social media platforms of WHO CO (tagging the PBF, MOH, IOM and UNICEF) • Social media accounts of UNICEF and IOM (tagging PBF, MOH and other agencies) as applicable • MHPSS website		reactions from the viewers	team, Rizwan & IOM/UNICEF (Claudia & Elaine) IOM ,UNICEF & MoH	
8.	Publications (printed and/or electronic)	Production, printing and posting on WHO Somalia website one **final brochure/flyer** (including infographics) on overall project achievements	Information and communication products, including infographics To be posted on MHPSS website and agencies' social media accounts	1 product at the end of the project	• Number of information and communication products printed and shared on the website for wider dissemination	Clara & Rizwan, with support Extrel team & Fouzia Claudia (IOM) & UNICEF & MoH	Not complete
9.	Publications (printed and/or electronic)	Production, printing and posting on WHO Somalia website of the **Quarterly Technical Programme Update** mentioning the project and its successes	Quarterly Technical Programme Update	Include details on project in WHO TPU one time, or as relevant	• Number of TPU downloaded	Kyle, with support Fouzia	Complete
10.	Publications (printed and/or electronic)	Publication of a research study/**manuscript** on mental health in Somalia, stemming from project results and findings	Peer-reviewed medical journals	1 paper in a peer-reviewed journals	• Number of times the published articles have been cited by other journal articles	Rizwan, with support Louise & MoH	Not complete
11.	In the field (programme product)	Support in editing / branding of **training material** (agenda/programme, etc.) with all logos	• Printed documentation with PBF's logo and logo of relevant implementing partner (i.e. WHO, UNICEF, IOM, MOH, SNU)	One for each person trained	• Number of documents printed	Rizwan & Fouzia, with support Extral team, MoH-MH, SNU Elaine & Claudia (IOM) UNICEF	Ongoing
12.	In the field	Production of **illustrations** of key messages derived from training sessions with	• Paper Illustrations	Once during a training session for the youth	• Number of illustrations produced	IOM & MoH-MH	Not complete

#	Type of support	Activity	Communication Tools and Means	Frequency / Number / Timeline	Verifiable indicators	Responsible Officer	Status: Complete, Ongoing, Not Complete
		youth (i.e. ask an illustrator to attend the sessions and put on paper his/her understanding of the key messages)					
13.	Printed material (programme product)	Development of **locally-contextualized messages** to address stigma, youth substance abuse (especially Khat), GBV, and conflict-inducing behaviors— working together with youth in the target areas.	• Printed material (with PBF and MOH's logo)	TBD	• TBD	UNICEF & MoH-MH	Not complete
14.	Audio (programme product)	Development of a **radio program** together with youth to raise awareness of substance abuse and social-related stigma, and negative coping mechanisms that may lead to behavior change Local airing of a **radio drama serie**s (an output of a PSS activity in the community among youth) but will be aired locally.	• Radio program, after approval from MOH • Local radio program, after approval from MOH	TBD	• Number of programs • Number of listeners • Number of programs • Number of listeners	UNICEF-C4D & MoH-MH	Ongoing
15.	Audio-visual	Development of multimedia content for social media.	• UNICEF Social media (with PBF's logo and MoH logo tagging PBF), reposted by IOM and WHO	TBD	• Number of products created • Number of engagements	UNICEF & MoH-MH	Ongoing
16.	In the field	Creation of **billboards and wall paintings**	• Billboards and wall paintings (with PBF's logo & MoH logo)	TBD	• Number of billboards and wall paintings	UNICEF & MoH-MH	Ongoing
17.	Website	Creation of a **project website**	• Documents on project implementation • Interactive space for dialogue	Once during the project	• Number of visitors on the website • Number of engagements and	WHO, with inputs from IOM, UNICEF & MoH-MH	Not complete

#	Type of support	Activity	Communication Tools and Means	Frequency / Number / Timeline	Verifiable indicators	Responsible Officer	Status: Complete, Ongoing, Not Complete
					reactions from the viewers		
18.	Public event	Participation of WHO and MOH in the bi-annual meetings with PBF Donor group (Germany, Sweden, Norway, Sweden, Denmark, Finland, Netherlands, Canada, and the UK).	• Online or physical meetings (organised by PBF) • WHO and MOH to participate & inform about the project & how PBF's initial $1,5 million could be taken to scale with bilateral donor support, in order to position for bilateral funding once the PBF contribution ends	Twice per year (August – February)	• Number of meetings held • Number of donors present • Number and amounts of financial engagement deriving from these meetings	PBF, WHO with inputs from IOM, UNICEF& MoH	Not complete

3.2. Project launching ceremony

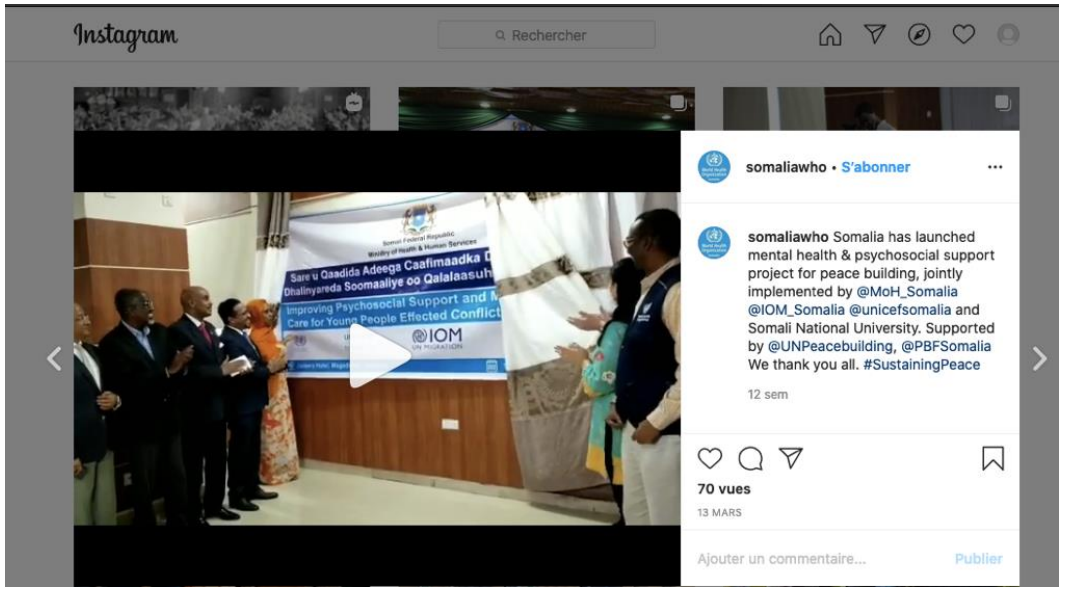
Mogadishu, 12 March 2020 *Project launch ceremony attended by WHO, UNICEF, IOM, PBF and the Federal Ministry of Health, represented by the participation of the Federal Minister of Health, H.E. Dr. Fawziya Abikar Nur. Please see additional pictures of this launch on the official WHO Somalia Flickr account: https://www.flickr.com/photos/whosom/albums/72157713469312103*

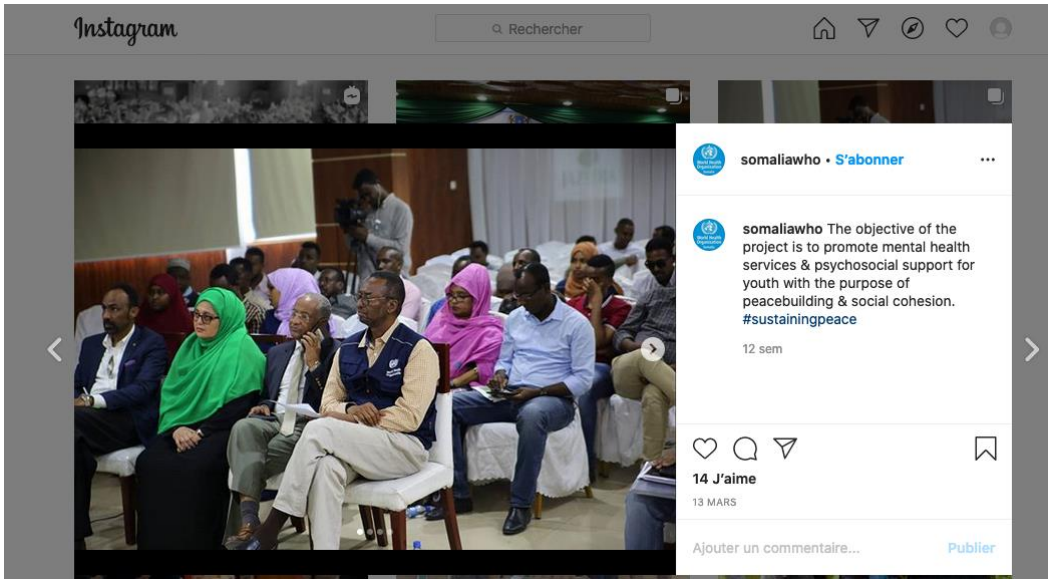
Coverage of Project Launch Ceremony on WHO Somalia Social Media Accounts

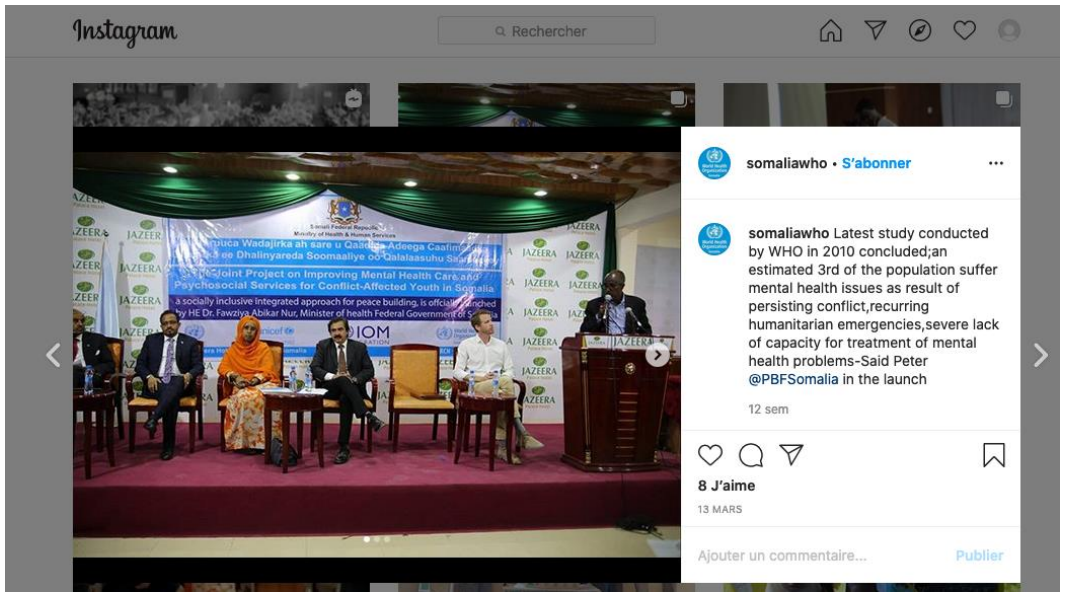
Twitter (12 & 13 March 2020)

Twitter story available at https://twitter.com/WHOSom/status/1238118117244616704?s=20

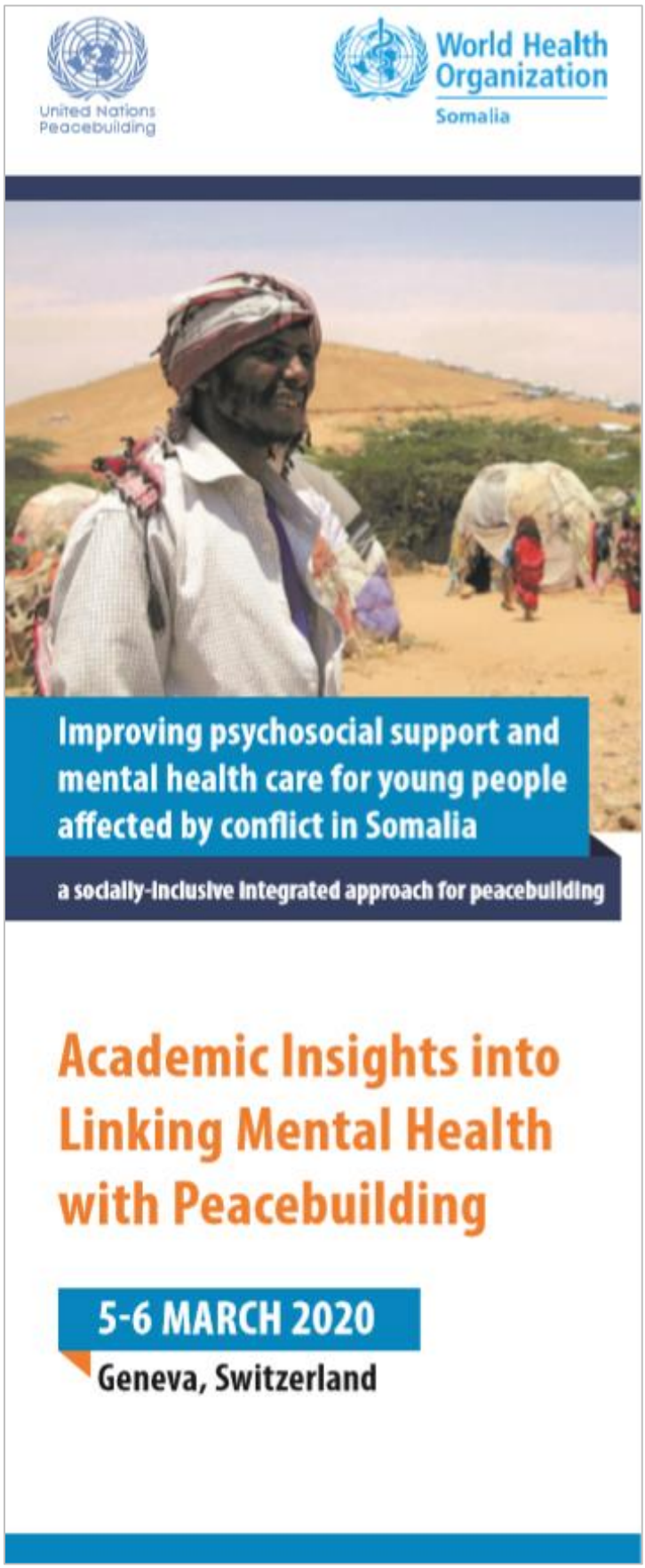
Instagram (13 March 2020)







3.3. Banner from the Academics Meeting in Geneva



3.4. WHO Somalia: Technical Programme Update (January-April 2020)

Primary health care measurement and improvement initiative

On 9 March 2020, WHO Somalia convened the first task force meeting of the Primary Health Care Measurement and Improvement Initiative in conjunction with UNICEF, United Nations Population Fund (UNFPA) and Save The Children. The meeting aimed to update participants on the progress made in the implementation of the Initiative since it was established, with a focus on nomination of task force members, their work plan, the review of the master list of indicators, the identification and mapping of data sources and the progress of the data-mining exercise.

Peacebuilding Fund and Mental Health Care and Psychosocial Services

On 12 March, WHO, UNICEF and IOM held the launch ceremony for their joint project aimed at improving mental health care and psychosocial services for conflict-affected young people in Somalia through a socially inclusive integrated approach for building peace. This pilot project is the first of its kind in Somalia, where an estimated third or more of the population suffers from mental health problems, and where much of the population faces psychosocial problems stemming from the effects of acute and protracted conflict, further exacerbated by climatic and other shocks.

Supporting access to essential medicines

Technical assistance visit to Puntland

Between 19 and 23 January, WHO Somalia's Essential Medicines and Health Product Programme carried out a visit to Puntland in order to provide technical assistance to relevant partners. The visit included meetings and exchanges with the health ministry, the Medicines Regulatory Authority, the National Supply Chain Management team and the School of Pharmacy at Puntland State University. These meetings and their outcomes are outlined below.

- ***Medicines Regulatory Authority in Puntland.*** Discussions focused on the 2020 work plan of the Medicines Regulatory Authority and on some of the challenges faced by the Authority in Puntland in carrying out its vital functions, in particular, staff capacity and financial resources.
- ***School of Pharmacy/Puntland State University.*** The Puntland State University's School of Pharmacy, is the first of its kind in Somalia. Established in October 2016, the pharmacy department initially admitted 35 students, who will graduate in October 2020. The 4-year Bachelor of Pharmaceutical Sciences provided by the school covers a wide range of essential topics. The School has several pharmaceutical science laboratories, which are equipped with some of the most advanced technology in the field.

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Available at http://www.emro.who.int/somalia/information-resources/quarterly-technical-programme-update.html

3.5. WHO Somalia: Technical Programme Update (May to August 2020)

Jubaland and distributed Interagency Emergency Health Kits that will enable medical teams to provide primary health care 30 000 people over a period of 3 months, as well as six cholera kits for treatment of 300 patients for 10 days. Furthermore, WHO and the European Union jointly airlifted 150 cartons of emergency medical supplies to Hirshabelle which can cover the medical needs of over 6000 patients affected by the floods.

Management of severe acute malnutrition

WHO continues to support 53 nutritional stabilization centres in districts affected by drought, flooding and conflict across Somalia. This support includes provision of nutritional supplies such as severe acute malnutrition kits to all stabilization centres, organizing capacity-building training for medical staff and assisting joint supportive supervision visits with the health ministry.

Between May and August 2020, 3920 new cases of severe acute malnutrition were recorded in 32 stabilization centres in Jubaland, South West, Puntland, Galmudug and Hirshabelle states, as well as Banadir region. Cases of severe acute malnutrition are 8–10% lower than cases recorded during the same period in 2019, which may be because of COVID-19 with fewer people coming to health centres. The average case fatality rate of severe acute malnutrition during May–August was 3%, the defaulter rate was 5% (those who left the centre on their own accord) and 3571 children with severe acute malnutrition were discharged after recovery. All other cases were either on treatment or referred for further medical attention.

Support for trauma care

Between January and August 2020, an increased number of injuries, deaths, evictions, loss of income and displacements were recorded as a result of armed conflicts, terrorist attacks and other emergencies; 9948 injuries were recorded in Banadir region and Hirshabelle, Galmudug, South West, Puntland and Jubaland states. In June alone, 1474 trauma-related injuries and 15 deaths were notified. This increase is attributed to conflicts in the Gedo region in April, as well as terrorist attacks in Mogadishu. In order to support a timely response to trauma-related injuries, WHO distributed trauma and surgical kits and Interagency Emergency Health Kits to all states. WHO also prepositioned 60 tons of emergency medical supplies and 738 boxes of trauma kits which would allow health providers to treat 64 723 injured patients.

Progress in provision of mental health services for young people

Progress has been made in the joint WHO, International Organization for Migration (IOM) and United Nations Children's Fund (UNICEF) project launched in March 2020, which aims to improve mental health care and psychosocial services for young people affected by conflict in Somalia through a socially inclusive integrated approach for building peace. International consultants were recruited to coordinate capacity-building activities (i.e. the development of modules on mental health and psychosocial support for health care professionals and implementation of training of trainers) and to undertake monitoring and evaluation activities. A comprehensive monitoring and evaluation plan will soon be

developed. The development of the project was coordinated by the steering committee, which met regularly. In addition, a project website is being developed.

Quality and safety of medicines

Pharmaceutical sector assessment survey, 2020

The pharmaceutical sector in Somalia is weak, fragmented and under-regulated. Therefore, WHO Somalia, in collaboration with Somalia's Federal Ministry of Health and Human Services, has continued to work to improve the regulatory capacity of the Somali National Regulatory Authority. Between 23 and 29 June 2020, the pharmaceutical sector assessment survey was conducted to assess the capacity of the pharmaceutical sector including with regard to infrastructure, logistics and human resources. In all, 25 indicators of access, availability, affordability, quality and rational use of medicines at the health facility level were assessed. The survey was conducted in 65 health facilities (30 public health facilities, 30 private pharmacies and five public warehouses) in Somaliland, Puntland, Jubaland, South West state and Banadir region. Data entry has been completed and the final report, which includes recommendations to policy- and decision-makers, is being prepared.

Quality screening of medicines

In Somalia, no well-established laboratories exist that have the capacity to assess the quality of medicines. Medicines imported into Somalia are not registered by the health ministry, which increases the likelihood of low quality, substandard and falsified medicines entering the pharmaceutical supply chain in the country.

In 2019, WHO donated supplies to the National Medicines Regulatory Authority to operate minilabs capable of performing basic quality testing of selected essential medicines. This testing is needed to detect potential substandard and falsified medicines and to protect the public from such medicines.

Over the reporting period, the National Medicines Regulatory Authority, with technical and financial support from WHO, collected samples of antimalarial and antiretroviral medicines from public health facilities in four regions of Somaliland.

HIV testing and treatement

In the first half of 2020, 257 patients (119 males and 140 females) were registered for HIV care and treatment in Somalia, 8.5% (24/281) less than in the same period in 2019, while it had only fallen by 2% (8/287) from 2018 to 2019 (Fig. 1). The reasons for this reduction are not fully known but it could be due to the COVID-19 outbreak and people staying home and away from health centres.

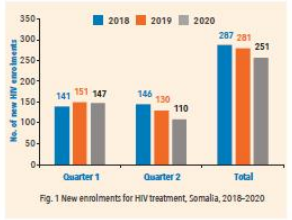


Fig. 1 New enrolments for HIV treatment, Somalia, 2018–2020

Available at http://www.emro.who.int/somalia/information-resources/quarterly-technical-programme-update.html

3.6. WHO Somalia: Technical Programme Update (September to December 2021)

Setting up the Health Resources and Services Availability Monitoring System

The Health Resources and Services Availability Monitoring System (HeRAMS) is an initiative that aims to ensure that core information on essential health resources and services is readily available to decision-makers at country, regional and global levels. In Somalia, the platform has been set up in all the states and Banadir region and three training sessions on the system were conducted for 67 individuals from partner organizations. Overall, 45 health partners are registered to report on 437 of 1632 (27%) health facilities across Somalia. So far, six partners have reported on 38 health facilities and an additional 109 health facilities, which were not in the existing list, have been identified and added to it.

The HeRAMS team is working to get partners in the system to complete their first entry. A national core coordination team has also been created with the federal health ministry, and state-level core coordination teams are being set up. The core coordination team is in charge of organizing training and will take the lead on data analysis and publishing when the system is fully functioning. The first priority of the core coordination teams will be to clean the health centre master list and organize further training for data contributors. In addition, a monitoring dashboard is being created to track progress.

Supporting the coordination of health interventions through the Health Cluster

Between September and December 2020, the Health Cluster supported assessments and planning of humanitarian responses to the Dayr flood and cyclone Gati.

The Health Cluster has also drafted the health inputs of the 2021 *Humanitarian needs overview* and *Humanitarian response plan*. Both documents are developed through a participative process with partners during Health Cluster meetings and by the cluster's technical advisory group. The Health Cluster also reviewed 66 projects as part of the humanitarian response plan, 45 of which were approved by the cluster following a feedback and revision process.

Raising awareness of and building capacity for mental health care

Mental health is an important public health problem in Somalia. Available data indicate that one in every three people in Somalia (total population 15.6 million) has experienced some kind of mental health illness[1]. The situation is attributable to protracted

[1]A situation analysis of mental health in Somalia. Geneva: World Health Organization; 2010.

conflict and trauma across generations, extreme poverty, unemployment and substance abuse. Stigma towards patients with psychosocial disability is widespread while lack of access to care and treatment means patients continue to suffer for years.

To address the important gap in mental health care services, WHO Somalia is building mental health care capacity through a multipronged approach. This involves support to health facilities to deliver services, training of health workers, inclusion of mental health in the Essential Package of Health Services, research on links between mental health and peacebuilding, advocacy for legislation on mental health and work with academic institutions to include mental health in medical training curricula.

Between 20 and 29 October, WHO introduced a training course on mental health for 30 participants (21 males and nine females) from four districts in Bakool and three districts in Bay region, South West State. This was the first such training to be delivered in the area in 30 years. The training covered: eight modules of the mental health global action programme on: essential care and practice; depression and self-harm and suicide; psychosis and bipolar disorders; substance use disorders; epilepsy; child and adolescent mental health conditions; and trauma and stress-related conditions. An additional module on the psychosocial intervention model was included. Similar training is planned in Banadir and Jubaland (Kismayo and Dollow) and a second training will take place in Baidoa, South West State. The trainees will participate in a research project on links between peacebuilding and mental health, in addition to scaling up mental health services in their districts.

As part of Mental Health Day in Somalia, the federal health ministry and the WHO country office organized a webinar on 2 November 2020 on "Opportunities and challenges for a sustainable mental health programme in Somalia". Chaired by Her Excellency the Federal Minister of Health and Human Services, Dr Fawziya Abikar Nur, the webinar brought together representatives from federal and state ministries of health, UN agencies, donors, academia and the private sector and civil society. In her inaugural speech, Dr Fawziya Abikar Nur highlighted the need to scale up investment in mental health. The WHO Representative, Dr Mamunur Malik, called upon international partners to ensure that mental health is integrated into essential health services, and highlighted that scaling up mental services is crucial to achieving UHC.

Protecting vulnerable communities against public health threats

In 2020, WHO Somalia supported Somalia in developing its National Action Planning for Health Security. This is a multiyear planning process aimed at accelerating the implementation of the core capacities of the 2005 International Health Regulations (IHR), and is based on a One Health for all-hazards, whole-of-government approach. The planning captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development.

The Somalia National Action Planning for Health Security mirrors the UHC strategy for Somalia in its commitment to take concrete steps to protect vulnerable communities against all forms of public health threats.

Responding to the devastation of cyclone Gati

In November 2020, cyclone Gati hit Somaliland and Puntland bringing strong winds and heavy rains. The cyclone

Available at http://www.emro.who.int/somalia/information-resources/quarterly-technical-programme-update.html

3.7. WHO Somalia: Technical Programme Update (May to August 2021)

August 2020 and April 2021. In addition, 7445 patients received mental health services following the mhGAP training for health workers and roll out of mental health services across Hudur district. Improvement of physical facilities is underway.

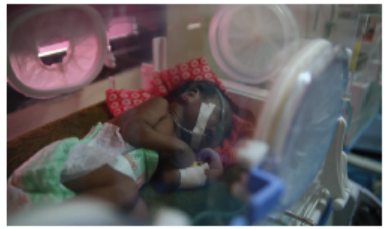
- Support to survivors of conflict, including referral services (particularly trauma patients) from peripheral facilities and conflict front lines to Hudur Hospital. Overall, 266 critical patients were referred to the hospital for trauma care.

Mental Health and Psychosocial Support Project: addressing an underserved area

The Mental Health and Psychosocial Support project is funded by the Peacebuilding Fund as a pilot project to determine the links between mental health and peacebuilding. The project is implemented by WHO, UNICEF and the International Organization for Migration in support of the Federal Ministry of Health. WHO, in collaboration with the Somali National University and the health ministry, supported training of health workers in Kismayo, Baidoa and Dollow on mhGAP. The health workers were supported to roll out mental health and psychosocial support services in their facilities. The mental health focal points were trained to serve as trainers of trainers, and to provide supportive supervision and on-job training in each district. During supervision, knowledge gaps emerged which could not be resolved by on-the-job training. A team from WHO, Somali National University and the Federal Ministry of Health reviewed the issues and it was agreed that debriefing and mentorship workshops be organized in each of the project sites to discuss and resolve any difficulties. Workshops were organized in June and August and have been useful in helping to resolve issues and provide opportunities for peer-to-peer learning.

The project has an operational research component that will look into links between youth, mental health and psychosocial support and peacebuilding in Somalia. The implementation of mental health services in these districts is being aligned with the revised Essential Package for Health Services, which now has mental services in the primary health care package for Somalia. WHO is supporting the research, the findings of which will inform future programming in the field of mental health, youth involvement in peacebuilding and the approaches that can used to improve mental health services and accelerate peacebuilding efforts. The project has a dedicated website, which covers project activities and has useful resources for mental health practitioners in the field (https://health4peacesomalia.org/Home.html).

Integrated Management of Childhood Illness: adapting guidelines and training for Somalia



As part of efforts to reduce child mortality and ensure children receive holistic support in health, WHO provided technical support to the federal and state health ministries to conduct a 3-day workshop in Mogadishu to adapt and review the national Integrated Management of Childhood Illness (IMNCI) guidelines for Somalia.

The main objectives of the workshop were to: (i) review the IMNCI guidelines, incorporate technical comments on them, and address issues that were raised during a training of trainers in Hargeisa on inconsistencies between the chart booklet and training materials; (ii) contribute to institutionalizing IMNCI training in the Somali health system; and (iii) strengthen the capacity of the health personnel in the children's health department to follow up on the IMNCI training.

The workshop included participants from the federal and state health ministries, WHO, UNICEF, Save the Children, the Somali Paediatric Association and the Somali National University participated in the workshop.

The national training package for IMNCI in Somalia has been finalized and is ready to be scaled up. As a next step, WHO will share the revised materials with the heads of the national HIV,

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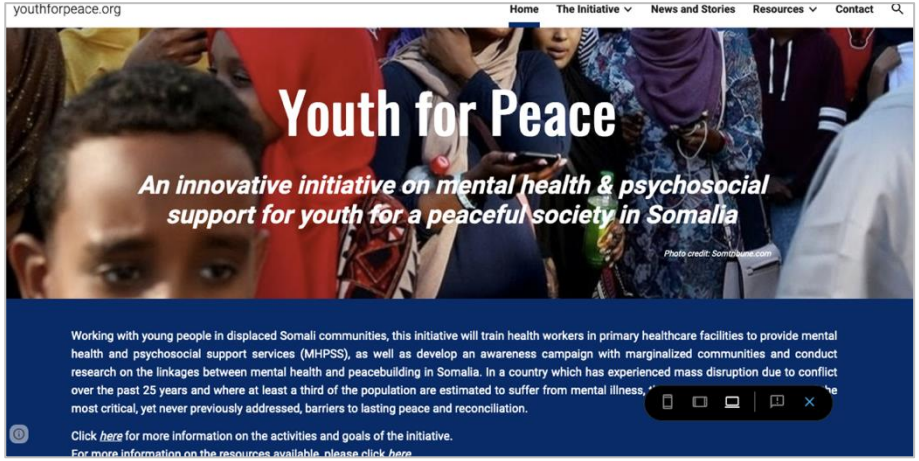
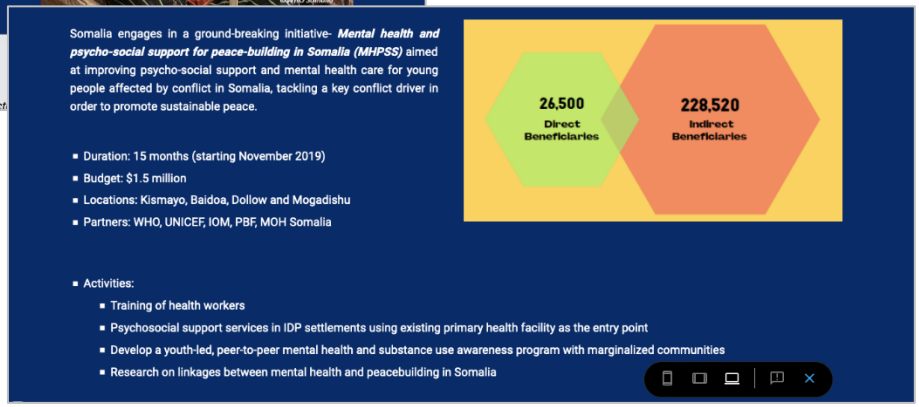
Available at http://www.emro.who.int/somalia/information-resources/quarterly-technical-programme-update.html

3.8. MHPSS project website[1]





[1] Available at https://health4peacesomalia.org/Home.html

3.9. Web-story on the MHPSS project[2]

Somalia implements ground-breaking project aimed at improving psychosocial support and mental health care for young people affected by conflict through a socially-inclusive integrated approach for peace-building

Years of conflict, violence and recurrent climatic shocks have led to long-term displacement and economic adversity in Somalia. Currently, about 2.6 million people are internally displaced, 40% of whom live in extreme hardship. This situation has led to widespread trauma, social deprivation and substance abuse, with devastating consequences on people's mental health. A 2010 WHO situation analysis estimated that one-third of Somalia's population suffers from some form of mental health problem, in a country where two-thirds of the population is under 30 years of age and has had to live with violence their entire life. Despite this, mental health and psychosocial support services remain largely non-existent in the country, while stigma prevents many from seeking help.

It is in this context that the WHO, as a lead agency in health, partnered with Somali health authorities, UNICEF, IOM and the UN Peacebuilding Fund to develop a unique project titled "*Improving psychosocial support and mental health care for young people affected by conflict in Somalia: a socially-inclusive integrated approach for peace-building."* The overall objective of the project is to improve access to mental health and psychosocial support services for young people affected by conflict in Somalia, using an approach that contributes to peacebuilding through community reconciliation and social integration. The project was officially launched during a ceremony in Mogadishu in March 2020, in the presence of the Federal Ministry of Health, H.E. Dr. Fawziya Abikar Nur.[3]

[2] This web story will be uploaded shortly to the WHO Somalia website.
[3] For photos of the launching ceremony, please visit the official WHO Somalia Flickr account: <https://www.flickr.com/photos/whosom/albums/72157713469312103>

To achieve this goal, all project partners will work together to: train health workers to integrate care and treatment of mental illness into the primary healthcare services delivery at health facilities; establish community-based psychosocial support structures and services where youth are mobilised in delivering such services themselves and awareness raising activities; and conduct a study on the linkages between mental health, conflict and peacebuilding in Somalia, with a particular focus on youth and gender dynamics. Indeed, these activities are aimed at helping to reduce stigma associated with mental health and psychosocial disorders, improve social cohesion, and reduce disenfranchisement and marginalization of young people – a recognized driver of conflict – thereby directly empowering youth to be agents of peace and positive change in their communities.

The project directly targets 26,500 individuals living in camps for internally displaced persons in Kismayo, Baidoa and Dollow, with a focus on young women and men, as well as their families. It is expected that an additional 288,520 individuals will indirectly benefit from this project as well.
As the first venture of its kind in Somalia, whereby an institutional response to mental health and psychosocial issues is being undertaken as a means to address a critical barrier to reconciliation and sustained peace in the country, WHO and all project partners look forward to leveraging this unique opportunity in favour of improving and expanding access to mental health services across the country.

The WHO expresses its sincere thanks to the Youth Promotion Initiative of the UN Secretary General's Peacebuilding Fund for its generous support to this critical project and encourages other partners to step up their support to address Somalia's silent mental health crisis.

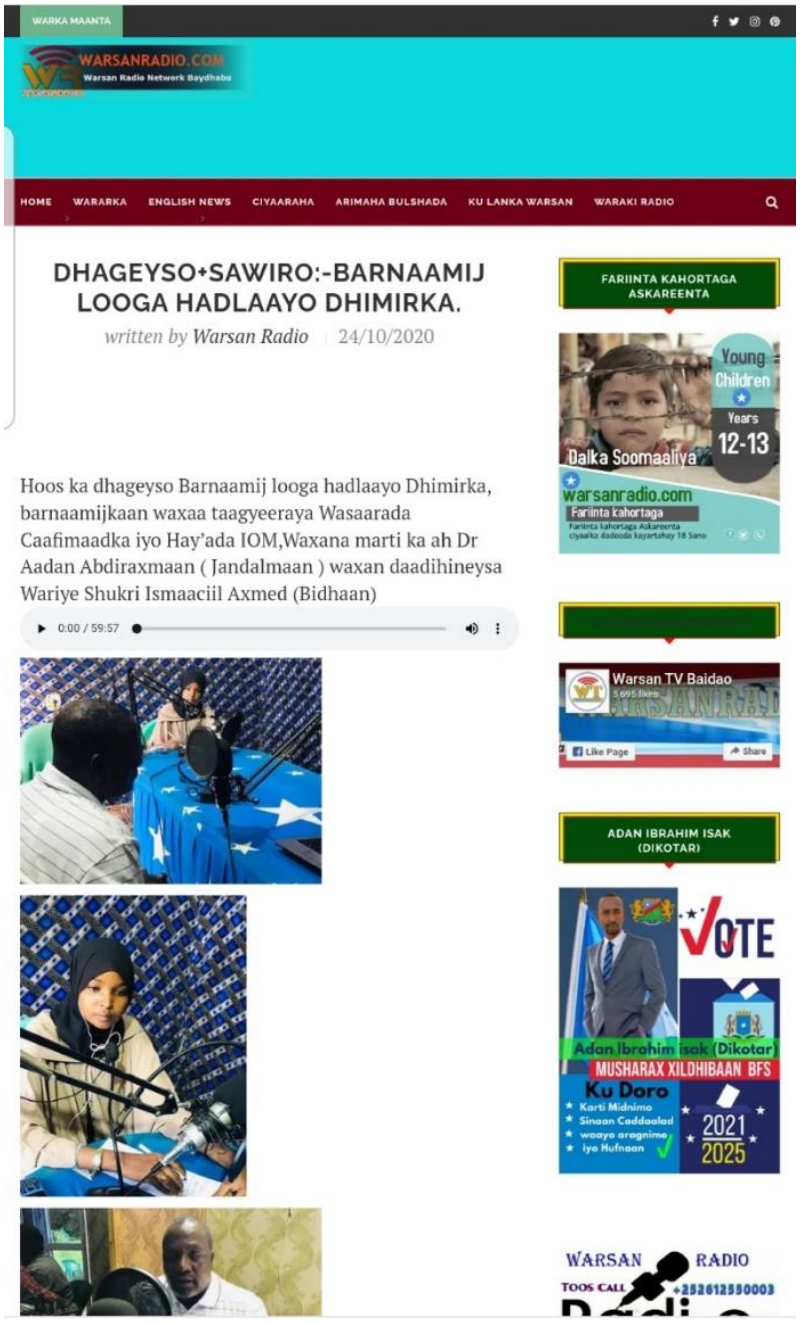
THE PROJECT IN A SNAPSHOT	
DURATION 21 months (November 2019-August 2021)	**LOCATION** Kismayo, Baidoa, Dollow, Mogadishu, Galkayo
BUDGET US$ 1.5 million	**BENEFICIARIEs** 26 500 direct beneficiaries 288 520 indirect beneficiaries
ACTIVITIES Training of health workers Psychosocial support services in IDP settlements using existing primary health facility as the entry point Develop a youth-led, peer-to-peer mental health/substance abuse awareness programme with marginalized communities Academic study	

Available at < *http://www.emro.who.int/somalia/news/somalia-implements-ground-breaking-project-aimed-at-improving-psychosocial-support-and-mental-health-care-for-young-people-affected-by-conflict-through-a-socially-inclusive-integrated-app.html* >

3.10. Mental health webinar (2 November): Tweets

Available at: https://twitter.com/IOM_Somalia/status/1323699241068515330?s=20

3.11. Radio programs discussing World Mental Health Day



Representatives from the Federal Ministry of Health and PSS Pillar Leads in Baidoa and Dollow discussed information on mental health and psychosocial support, youth, peacebuilding, and taking care of mental health during COVID-19 on shows on Warsan radio and radio Gedo. While the targets are intended only in the project locations, these activities helped communities in those hard-to-reach areas to have access to information as well as to stimulate their interest on the promotion of well-being during these difficult times of the pandemic. An estimated 30,075 persons listened to the shows in Dollow (200,500 in the whole Gedo region) and 66,066 in Baido ((330,330 in the whole Bay region).
http://warsanradio.com/2020/10/24/dhageysosawiro-barnaamij-looga-hadlaayo-dhimirka/
https://www.facebook.com/398354637441796/posts/709831742960749
(Radio Gedo -Barnaamij Gaar oo Ururka Muhaajirinta IOM)