



<p>UNA058 - Improving quality and effective management of GBV mitigation and response services, particularly Mental Health and Psychosocial Support, and training of armed actors in Iraq</p>	
<p>UN ACTION MPTF PROJECT FINAL REPORTING FORM</p>	
Country	Iraq
Project Start Date	(01/01/2019)
Project Completion Date	(31/12/2019)
Project Duration	12 months
UN Implementing Entities	UNFPA lead UNAMI and IOM contributing
Name, Title and Contact information of Reporting Focal Point(s) from all implementing agencies. (Please include both email and phone).	<p>UNFPA: Name: Mr.Lionel Laforgue Telephone: +964751-741 0500 Email: Laforgue@unfpa.org</p> <p>UNAMI: Name: Mr. Noel Kututwa Telephone: +964 (0)770 670 1361 Email: kututwa@un.org</p> <p>IOM: Name: Ms. Siobhan Simojoki Telephone: Email: ssimojoki@iom.int</p>
Project Location(s)	Iraq (Central and South Regions of Iraq, and the Kurdistan Region of Iraq)
Project Budget	USD 428,000
UN Action pillar of activity	<input type="checkbox"/> Advocacy <input checked="" type="checkbox"/> Knowledge building <input type="checkbox"/> Support to UN system at country level

Report Date	(31/03/20)
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1. Project Context

The situation in Iraq remains unstable with widespread humanitarian concerns. Years of conflict uprooted millions of people, eroded social cohesion, disrupted access to basic services, destroyed livelihoods and led to increased protection risks. With weak central governance and limited progress towards recovery and development, the situation has become protracted and millions of people across Iraq remain in need of humanitarian assistance. In 2020, Iraq is simultaneously categorized as an upper middle-income country and one that INFORM’s Global Risk Index labels as “very high risk” of a humanitarian crisis. More than two years after Iraq’s military operations against the Islamic State of Iraq and the Levant (ISIL) ended, social, ethnic and sectarian tensions persist on multiple fronts. Political uncertainty and natural disasters continue to intensify humanitarian needs. In October 2019, protests against the recently-elected federal government erupted in Baghdad and other governorates, threatening the fledgling stability and narrowing the national focus. Also in October, a military offensive by Turkey against Kurdish forces in north-east Syria increased insecurity and uncertainty on Iraq’s western and northern borders and created an influx of Syrian refugees. The most vulnerable people in Iraq and those in acute need of humanitarian assistance are those directly affected by the 2014-2017 conflict against ISIL, particularly those who were displaced and whose lives and livelihoods were uprooted and destroyed. In August 2019, the Government of Iraq consolidated and closed a number of IDP camps, with a stated goal of all IDPs returning home by the end of 2020. The humanitarian community in Iraq supports voluntary, dignified, informed and sustainable returns and will continue to encourage and facilitate returns in line with the agreed Principled Framework for Returns, and to support government and development partners in identifying durable solutions in areas of origin with high severity for those who wish to return.

IDPs are increasingly moving to non-camp locations or returning to their areas of origin, with unsuccessful attempts at the latter increasingly leading to the former. The needs both of returnees in areas of origin, and out-of-camp IDPs in need of assistance (mostly in areas in northern and central Iraq), are particularly severe. 93% of districts in northern and central Iraq report access constraints including, but not limited to, intimidation, presence of armed actors, checkpoint issues, explosive ordnance, and bureaucratic and administrative restrictions. Fear of reprisal and the presence of former ISIL fighters within their community are key concerns for IDPs including survivors of sexual violence. Moreover, the situation of female-headed household is generally very precarious, in particular as they are afraid of being treated as “perceived affiliates” of ISIL because of a wrong perception. Protection remains the overarching humanitarian priority for 2020.

Nearly half of all people in need – more than 1.77 million people (2019 Humanitarian Response Plan (HRP)) – have acute humanitarian needs. IDPs in and out of camps, and returnees, experienced partial or full collapse of living standards and disrupted access to basic goods and services, exhausting their capacities to cope and frequently resorting to negative coping strategies, including liquidation of livelihoods assets. The most acute needs continue to be found in governorates that witnessed direct conflict, such as Anbar, Ninewah, Kirkuk and Salah Al Din,

and in governorates that received significant numbers of the displaced, such as Duhok. Without intracommunity reconciliation, large-scale reconstruction and widespread economic rejuvenation — all of which are outside the humanitarian sphere — these numbers will persist in 2020. The most vulnerable include people with perceived affiliation to extremist groups, who are unwelcome in their areas of origin, face stigma and discrimination, and have significant protection needs.

2. Progress Summary

a) Project Goal

In order to address the critical role of MHPSS knowledge for GBV service providers UNFPA has initiated the following activities:

- UNFPA hired an international MHPSS Specialist to assess the current capacity and needs of service providers, to define an action plan and design the related training modules, and finally to conduct specific capacity building and coaching activities with selected actors dealing with GBV survivors, including Conflict-Related Sexual Violence (CRSV) survivors.
- UNFPA conducted 13 training for 265 service providers from all over Iraq. The participants represented Ministry of Health, International Non-Governmental Organizations (NGOs) and Local Organizations.
- UNFPA continued to provide coaching and technical support for the participants.
- One month after the accomplishment of the 13 trainings, UNFPA circulated an impact evaluation to check the implementation of the knowledge the participants gain through the training in the service they provide to GBV and CRSV survivors.
- UNFPA trained police officers of the Family Protection Unit (FPU)/Ministry of Interior (MoI) on GBV case management. UNFPA also supported FPU hotline in Baghdad to ensure the survivors of GBV receive survivors-centred GBV services.

This project also aimed to improve the knowledge and capacity of Iraqi uniformed and armed actors in terms of GBV prevention and response. The following achievements were accomplished during the reporting period:

- UNFPA supported the Family Protection Unit (FPU) in developing the training manual that covered modules on GBV and human rights, targeting Border Guard Police, Federal Police and the Iraqi Security Forces.
- UNFPA shared the manual with the implementing partners, as well as with the Protection Cluster, the GBV and Child Protection sub-clusters across Iraq.
- UNFPA conducted several sensitization sessions with the FPU to enhance trust-building between the community police and the community. Through these sessions, UNFPA addressed GBV and other harmful practices, and assessed the capacity needs of the FPU.
- UNFPA conducted Training of Trainers TOT training for male and female officers across Iraq, followed by cascaded trainings to specific units across the country in a second future phase. The criteria to select the participants were based on the gender balance and equitable geographical coverage.
- With regards to the capacity building and awareness strengthening of the Peshmerga forces in Kurdistan Region of Iraq (KRI) in terms of GBV prevention and response, UNFPA achieved the following results:

- UNFPA conducted cascade Training of Trainers for 20 Peshmerga officers (10 male and 10 female participants) in 2019.
- UNFPA developed an action plan with a committee of three members from the Peshmerga on the implementation plan including the identification of the four training centres for Peshmerga in Erbil, Sulaymaniyah, Duhok and Chamchamal/Kirkuk for conducting the trainings.
- 32 workshops were conducted to MoPA in November and December 2019. Overall 1,877 Peshmergas participated in the trainings that took place in the four centres.

b) Project Outcomes

Outcome 1: Availability, accessibility and quality of MHPSS services for GBV survivors strengthened

(Contribute to UNA Outcome 1.1: Increased knowledge, technical expertise and/or advocacy capacity of targeted stakeholders to respond to CRSV and protect survivors and at-risk groups)

Below are the activities that were implemented to reach this outcome:

- UNFPA conducted needs assessment to check the current MHPSS knowledge among the service providers.
- UNFPA prepared the training packages and the M&E tools.
- UNFPA provided 13 trainings between late July till the last week of December 2019 for 265 specialized and non-specialized service providers.
- One month after the last training UNFPA shared impact evaluation survey with the participants.

Outcome 2: Culture of protection, including GBV prevention and response, institutionalized in the Iraqi security structure- related to this outcome the main achieved points are:

Regarding the Family Protection Unit:

UNFPA supported the preparation of the training materials that include the following basic models: types and forms of violence against women, causes of violence, costs and effects, Legal Framework Related to Sexual Violence against Women (International and National), Guidelines for Response and Prevention of GBV, Guidelines for working GBV survivors with disabilities and special needs, Standard operating procedures for GBV.

Regarding the Peshmergas Forces:

UNFPA supported the design of the training materials which covered modules on GBV, Human Rights and GBV Case Management.

c) Project Outputs

Output 1.1 Improved capacity of the service providers to provide quality and comprehensive mental health and psychosocial services with a focus on most vulnerable women and girls.

UNFPA achieved 132.5% of the planned target. 265 instead of 200 service providers received MHPSS training that covered the topics of MHPSS skills/ethics/IASC guideline, trauma informed care, PFA, Case management and Self-Care. UNFPA delivered 3 additional trainings for MoH in Baghdad and DoH in Duhok upon their request which is reflected in being able to train more service providers.

Output 1.2 Targeted stakeholder groups trained and/or employing knowledge products, advocacy tools and/or resources developed through UNA support, per focus country
(Contribute to UNA Output 3.1: Stakeholder groups trained and/or employing knowledge products, advocacy tools and/or resources developed through UNA support, per focus country).

The pre-post tests showed 89% improvement in the knowledge the participants gain from the training; and the evaluation form showed positive feedback regarding the content of the training and the methodology with some requests to increase the training days. However, some feedback requested to increase the training's days as some topics were intense for the participants, additional request was for advance training with more practical exercises.

Output 1.3 Service providers who attended the MHPSS training, implement the knowledge in the mental health and psychosocial services with a focus on most vulnerable women and girls.

In order to check whether the service providers are implementing the knowledge which they gain through the 5-day training, UNFPA conducted an impact evaluation survey with the participants, the responses were collected and analysed, the results showed that 82.2% of the participants reported that the training was very helpful for their career, also responses were impressively positive about all the topics of the training, however the self-care, trauma informed-care were the highest rated. 73.9% among the participants reported that they benefit from the knowledge in the personal level" as most of the participants them-selves passed through difficult experiences". 61.1% reported that they used the knowledge in providing awareness sessions, 59.2% reported they implement it in the field visits, 40.1% reported they used it for providing therapy and designing MHPSS activities. While 18.5% used it to deliver recreational activities and 15.3% used it for proposal writing.

Output 2.1 progress to Improve knowledge and capacity of armed actors in terms of GBV prevention and response, in particular in relation to conflict-related sexual violence.

- UNFPA supported 32 workshops under the leadership of MoPA in November and December 2019. A total of 1,877 Peshmergas participated in these workshops that covered the following themes: Human Rights and GBV subjects, with a focus on human dignity, human rights and prevention of sexual violence during war and conflict. The Peshmerga forces were trained on how to deal with both civilians and armed groups especially women and children. During these workshops, Peshmerga forces gained knowledge about the importance of preventing sexual abuse towards women and children.
- UNFPA also conducted workshops on PSEA and presented the materials on PSEA and Human Rights, including the 14 principles for better behavioural of Peshmerga during conflict, short videos about human rights and GBV also the importance of PSEA prevention.

d) Project Activities

Activities related to MHPSS:

- UNFPA extended the MHPSS Specialist contract till the end of 2019 to continue conducting specific capacity building and coaching activities.

- UNFPA conducted MHPSS Training to the psychiatrists, Psychologists, counsellors and social workers.
- UNFPA continued to provide MHPSS Coaching to the participants of the trainings.
- UNFPA supported establishing community-based support structures.
- UNFPA conducted assessment of the current case management practices and the best practices of GBV case management.
- UNFPA facilitated the discussion between the Ministry of Health and International Medical Corps to support the Ministry of Health (MoH) in conducting a comprehensive National evaluation with respect to integration of mental health services into primary health care service. However, both International Medical Corps and the Ministry of Health focal point confirmed that the assessment conducted by the International Medical Corps cannot be finalized and disseminated because of the current situation in Baghdad and the changes in the ministry and will be postponed to sometime later.

Activities related to the capacity building of the uniformed actors:

- UNFPA supported the development of the training package for people in uniform and military organized forces (Peshmerga's, Iraqi Security Forces, etc.). These training modules were developed in 2018 with the Kurdistan Human Rights Watch (KHRW) and the Coalition Forces Protection Unit in Iraq focusing on prevention and response to sexual violence in conflict.
- UNFPA supported the training of personnel from organized forces on human rights law, international humanitarian law, including (sexual violence, existing legal framework around violence against women, guidelines and disciplinary procedures, indicators and mitigating measures to address sexual violence).
- UNFPA supported the production, and dissemination of communication materials on GBV, CRSV and women rights in local languages (Kurdish & Arabic)
- UNFPA shared the GBV hotline number (119) during the session in order to provide information and awareness.
- UNFPA supported the training of 1,877 Peshmerga's on human rights, Gender equality, GBV and PSEA in the 4 training centres (Erbil, Duhok, Sulaymaniyah and Manila centre in Garmian).

3. Project Beneficiaries

- GBV service providers benefited from the project in terms of strengthening their ability to provide quality and comprehensive mental health and psychosocial services, with a focus on the most vulnerable women and girls, in particular the ones at risk or survivors of GBV and CRSV.
- Organized forces (Peshmergas, Iraqi Security Forces, FPU) benefited from the project in terms of increasing their awareness and capacity in dealing with survivors of GBV, including CRSV ones.
- Women, girls, boys, and men who have survived GBV/ CRSV
- The most vulnerable women, girls, boys, and men at risk of GBV/ CRSV

4. Implementing partner coordination and stakeholder engagement

- a) Key partnerships and interagency collaboration including roles, responsibilities and interactions with each other.

- MHPSS capacity building:

Close collaboration between UNFPA and the Ministry of Health, INGOs, UNFPA implementing partners and Local Organization, in addition to the MHPSS national working group in all the stages of the MHPSS building capacity component, in the planning, preparations, implementing and after-training evaluation.

The collaboration reflected on the quality of the training UNFPA provided and the needs-matching topic that was covered through the training. Collaboration also was essential in nominating participants and facilitate the transportation/accommodations and the logistics.

The MHPSS working group provided support to share the announcements of the training and also support in the creation of referrals pathways and the discussion of the good practices.

- Capacity building of people in uniform:

UNFPA conducted the activities through a local implementing partner (Al-Mesalla), the main activities aimed to increase the capacities of Peshmergas in all four training centres in KRI (Erbil, Sulaymaniyah, Duhok and Garmian) and the trainers were trained Peshmerga officers themselves from the MoPA.

- b) How the project engaged governmental organizations, UN agencies, NGOs and other key stakeholders. Which coordination mechanisms did the project establish or use? What was the impact of the collaborations on the results of the project?

- The coordination with the Ministry of Health faced some delay because of changes in the focal point in the central government in Baghdad. However, UNFPA managed to keep the communication and had several meetings in person and through Skype, which resulted in providing training to a good number of the Ministry of Health workers. UNFPA received positive feedback from the Ministry of Health about the trainings provided to their staff in different locations. The coordination with the International Organization for Migration (IOM), World Health Organization (WHO) and International Medical Corps (IMC) and other members of MHPSS working group was important to get inputs and circulate the information.
- The coordination with the Ministry of Peshmerga, and the implementing local partner Al-Mesalla happened through weekly meetings and monthly Reporting.

- c) Which multi-sectoral, comprehensive plans or strategies that address conflict-related sexual violence the project contributed to. This can include Protection of Civilians (POC) Strategies, United Nations Development Assistance Frameworks (UNDAF)¹, GBV Strategies, Joint Communiqués on CRSV etc.

- UNFPA, in collaboration with the MHPSS national working group, created a building capacity planning sheet for the actors to inform the WG about the upcoming trainings, locations and targeted group.
- UNFPA is a key member of building capacity/human resources sub-working group and worked closely with IOM and other members to develop Terms of Reference (ToRs) for workers profiles to keep good practices and good quality of services.

¹ UNDAF has been replaced by the United Nations Sustainable Development Cooperation Framework (UNSDCF)

- As a result of the project, the Ministry of Peshmerga Affairs (MoPA) created a Gender and GBV prevention committee/unit.

5. Capacity building

- The MHPSS capacity building trainings that were conducted enhanced the skills and knowledge of service providers to better manage GBV and conflict-related sexual violence cases.
- UNFPA provided MHPSS Coaching to the participants after the training to support in redesigning activities and using of technical tools.
- Community-based support structures were discussed and encouraged to be implemented by the organizations/participants of the training, then a follow-up was done through the coaching.
- UNFPA conducted an assessment of current case management practices and discussed the best practices in providing support for GBV and conflict-related sexual violence cases to be discussed internally for the local organizations participated in the training and coaching.
- UNFPA involved MoPA to humanitarian response and coordination with INGOs, LNGOs and UN agencies.
- UNFPA built the capacity for Peshmerga officers through Training for Trainers (ToT) in GBV and CRSV.
- UNFPA also built the capacity of local implementing partners (Al-Mesalla) in terms of coordination, Monitoring and Evaluation (M&E), activity planning and reporting related to GBV and CRSV.

6. Challenges

Challenges for the MHPSS component:

From UNFPA MHPSS consultant observations during the 13 training and the evaluations collected after each training, and the impact evaluation, UNFPA address these challenges:

- The high demand to participate in the training, UNFPA received requests to attend the training till the last week of December which is a clear indicator of the big gap in MHPSS building capacity in Iraq.
- Confusion and unclear job descriptions among the service providers, affect the best practice of MHPSS services for GBV cases and causing confusion and sometimes harm to the cases by repeating their stories many times to different staff.
- Lack of resources in Arabic or Kurdish so extra efforts needed to prepare the training package and to explain things in a clear simple way.

Challenges for the capacity building of the uniformed actors:

- Due to local holidays (such as Imam Husain ceremony, 40-day condolences of Shia events of Imam Ali death) the training date was shifted to November and December,
- Due to the changes in the government in KRI, some steps have been delayed, including the permission for the Peshmergas to form and establish their Gender Committee.

7. Lessons Learned

- Capacity building in MHPSS represents a tremendous need for specialized and non-specialized service providers. UNFPA is ready to provide additional trainings if fund is secure.
- Conduct trainings in different governorate gives more opportunities for additional numbers if service providers to participate in the MHPSS trainings.
- Coordination with the different ministries and the governmental organizations is a key factor for UNFPA to achieve an impact in the national level.
- UNFPA and the chairs of MHPSS working group agreed that organizations need to coordinate their efforts and resources used for the trainings, therefore a tool was created by MHPSS national working group to share the.
- UNFPA managed to deal with the challenges related to the acceptance of Peshmargas forces towards the subjects dealt with in the trainings and workshops. The participation of female Peshmargas needs to be improved in future events.
- UNFPA received positive feedback from Peshmargas regarding the awareness that they received on Human Rights, GBV and the PSEA.

8. Innovations

- With the important identified needs in MHPSS among service providers, the package of the training needed to be prepared in an innovative way to deliver intense information in short time in a way the participants will enjoy, so a lot of visual materials and exercise and role plays were prepared and used to deliver the training in a way that is really inspiring for the participants.
- All the materials of the MHPSS training were shared with the participants so they can use to share with their colleagues and to refer to when needed.
- Conducting the sessions inside Peshmargas' own training centres constituted an important element in terms of commitment and participation from their end.

9. Sustainability Plan

- a. What are the implementing organizations plans to sustain the project results beyond the life of the project?
 - UNFPA planned for 2 trainings in March 2020 for the Department of Health (DoH) and Women and Girls Treatment and Support Centre in Duhok.
 - UNFPA still provides coaching to the participants and organization to support redesign programs and provide technical support for some cases in addition to coaching on using of MHPSS tools.
 - Continuous involvement of Government entities (including MoH and MoPA) contributes to the overall sustainability of this project.
 - UNFPA plans to continue MHPSS capacity building trainings when funds are secured.
 - UNFPA is a key participant in the MHPSS working group and the Capacity building/human resources working group, where UNFPA is working closely with members to have national frame for workers' profile and organize the trainings and capacity building for service providers.
 - UNFPA plans to continue capacity building and training for Peshmargas.
 - UNFPA continues the coordination with Gender Unit under MoPA.

b. Do you anticipate any challenges in regard to project sustainability?

- Working on prevention on GBV and conflict-related sexual violence needs a lot of efforts from UNFPA to support MoPA working on the challenges and to create a change in the practices regarding GBV and conflict-related sexual violence.
- The context of Iraq is unpredictable especially with recent incidents that happen from November 2019 and still ongoing. Thus, planning and logistics around activities to be conducted remain challenging.

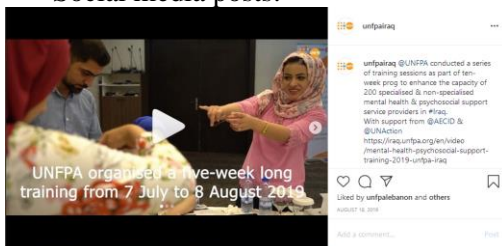
10. Communication Strategy, Communication Materials, Tools and Media

a. Please describe the project's communication strategy and describe what was done to promote the visibility of UN Action.

The project did not have a specific communication strategy as no budget was allocated to Communications & Visibility. UNFPA acknowledged UN Action's contribution through online publications on its [website](#) and through its four social media platforms: [Facebook](#); [Twitter](#); [Instagram](#) & [YouTube](#). One video documenting the MHPSS training was also produced, in addition to banners and IEC materials. The contribution and activities supported by UN Action were documents in UNFPA Iraq's quarterly updates and UNFPA Regional Office's monthly newsletter.

b. Please *describe here, and attach* with this report, **all** communication materials, tools and other communications-related products developed. Kindly also reference and provide links to media coverage of the project. Please also attach photos if available. *For photos, please note, who the photo should be credited to, and confirm informed consent was obtained from the person(s) in the photo.

- [Helpline Central South info card & poster](#)
- [MHPSS training banner](#)
- [MHPSS training video](#)
- [Quarterly updates](#)
- Social media posts:



- <https://www.instagram.com/p/BznVBJZnKUH/>
- <https://www.instagram.com/p/B1TdCEUHhTK/>
- <https://www.instagram.com/p/B13Bnwen131/>

- [Photos](#)

11. Products, Resources and Tools developed

- a. Please **describe** all context-appropriate, catalytic tools and resources that were developed to fill cross-sector gaps in knowledge, practices, advocacy and technical expertise for improved survivor-centred response.

For MHPSS capacity building:

- IASC MHPSS 2007.
- WHO MHPSS assessment guideline.
- Interagency Gender-Based Violence Case Management guideline 2017.
- Online evaluation tool was developed to evaluate the impact of the training.
- Field visit for the survivor centre, reviewing of the tools they use and the adjustments needed to improve the services.

For the capacity building for the uniformed actors:

- GBV concepts guideline.
- Human rights guideline
- PSEA guideline

- b. Describe how you think they could be shared beyond the scope of this project and benefit organizations working in similar contexts.

- All the training materials were shared with the participants so they can use it as a reference and share it with their colleagues.
- All the guidelines were shared with the participants in addition to other resources they can benefit from to improve the knowledge and the services.
- Training skills and doing presentations were also encouraged through the training so the participants can use to deliver trainings and workshops to their colleagues
- MoPA confirmed their will in continuing their coordination with UN agencies and International Organisations, including the Coalition and NATO.

- c. Please **attach all** products developed with this report.

Please Check the Annexes:

- **Annex 1:** MHPSS need assessment report and action plan
- **Annex 2:** MHPSS training Impact Evaluation report
- **Annex 3:** MoPA Info Card on Peshmerga behaviours.
- **Annex 4:** GBV presentation (Kurdish Version)
- **Annex 5:** Human Right Presentation (Kurdish Version)
- **Annex 6:** Prevention of Sexual Exploitation and Abuse (PSEA) Code of Conduct (Kurdish).

12. Voices and Stories

Quotes from the MHPSS trainings participants:

- “These five days training changed my perception to GBV cases and the way I should interact with them”
- “I personally passed through a tough traumatic event in 2017 and the part about the trauma helped me to understand my suffering and how I need to work on it”
- “Training about trauma helped me a lot to better understand myself and my beneficiaries”.

- The Head of the MHPSS Unit at MoH shared that” this training is needed for all workers in the humanitarian field in Iraq”
- “Discussing the skills that MHPSS workers need brought to my attention the *humanitarian role* that we are doing and how effective it can be”
- During the self-care training one participant during one of the exercises started to cry and shared “I just realized how tired I am and that I really need to take care of myself to be able to support others”.

Quotes from the uniformed actors participants:

- The Peshmerga’s gave examples on: “how they have evidenced of the actions that were conducted by the ISIL, and how some of their friends got murdered in a very brutal way” They shared that “despite of the inhumane action that was experienced by ISIL, the Peshmerga were professionals to the detained ISIL persons”.
- “How they helped the children and women from the enemies’ side. They mentioned that they never harmed any of those two. They also added that they feed the children whom were hungry”.
- The trainers shared examples in Human rights and GBV regarding the developed countries and how they have worked to achieve their goals. The trainers encouraged the participants during the training to speak up for their rights and not to be afraid. The Peshmerga’s were reporting that “the ones who don’t have power or high rank can never ask for their right as they were scared from the punishment”. Peshmergas also mentioned that “If they were asked to do something illegal, or not their job by a higher person in military they are obliged to listen to them as if they don’t, they would get fired easily.

13. Budgetary and Spending Report

Below Financial Report is a provisional one as of 31 December 2019 generated by the office. However, the certified financial statement will be produced by UNFPA HQ by June 2020. The implementation arte is almost 100%.

Category	Amount	Actual Expenditure
	USD \$	USD \$
1. Staff and other personnel costs	70,000	75,038.19
2. Supplies, Commodities, Materials	40,000	-
3. Equipment, Vehicles and Furniture including Depreciation	-	-
4. Contractual Services	100,000	154,702
5. Travel	20,000	8,369.27
6. Transfers and Grants to Counterparts	-	
7. General Operating and Other Direct Costs	170,000	161,890.14
Total Programme Costs	400,000	399,999.6
Indirect Support Costs (cannot exceed 7%)	28,000	27,999.97
TOTAL	428,000	427,999.57

14 Contribution to UN Action’s Results Framework

Summary of how the project contributed to UN Action’s Global Results Framework. Please be specific, and reference the corresponding indicator codes in UN Action’s Results Framework².

The project was conducted in coordination with UN Action network entities, partners (researchers on CRSV), and relevant inter-agency country teams (UNFPA as Lead of the GBV Sub-Cluster, and hosting the PSEA (Protection against Sexual Exploitation and Abuse), the RTAP (Real-Time Accountability Partnership) and the GBVIMS Coordinators. In addition, UNFPA Iraq also co-chairs the AGTF (Adolescent Girls Task Force) and the GBV Case Management Working Group.

The Project contributed to improve coordination by:

- Enhancing the UN system’s understanding of reported incidents of CRSV.
- Helping standardize the way UN actors and partner NGOs define and report on specific forms of CRSV.
- Facilitating interagency/multi-sectoral improved GBV-related technical capacity and sustainability in conflict-affected contexts.
- Supporting evidence-based CRSV programme interventions at the field level.
- Promoting “one UN” voice and approach to collection and management of service-level CRSV data. UNFPA leads the GBVIMS Task Force in Iraq and is an active member of the MARA (Monitoring, Analysis and Reporting Arrangements).

All above mentioned were in line with UN Action’s Global Results Framework:

Output 3 – Capacity and technical expertise of institutional, operational, national and other key actors is strengthened to prevent and address CRSV

UNAOup.3.1 Stakeholder groups trained and/or employing knowledge products, advocacy tools and/or resources developed through UNA support, per focus country

UNAOup.3.2 UNA-funded HQ and field level human resources supporting improved CRSV prevention and response

Outcome 1 – CRSV risks are prevented; survivors and at-risk groups are supported and protected

UNAOuc.1.1 Increased knowledge, technical expertise and/or advocacy capacity of targeted stakeholders to respond to CRSV and protect survivors and at-risk groups

UNAOuc.1.2 Improved CRSV policy, practice and access to specific support services

15. Monitoring and Evaluation

For the MHPSS building capacity:

- UNFPA conducted Pre-post tests for each training sessions and the results were mostly positive regarding the knowledge the participants were gaining from the training.
- UNFPA shared evaluation form after each training sessions.
- UNFPA shared After training impact evaluation with the participants 82.2% shared it was helpful and useful in their work and suggested topics to be trained in such as: assessment, case conceptualization, group therapy, CBT and EMDR.

For the capacity building of Uniformed actors:

- On a quarterly basis, Al-Mesalla provided UNFPA with progress reports.
- Weekly meetings were organized and monthly reports were provided by the MoPA Gender and Training Committee to follow up implementation of activities.

² The UN Action Results Framework is attached for your reference.

16. Support and follow up from UN Action

- Needs are tremendous regarding MHPSS capacity in Iraq which makes building capacity projects crucial in this phase of post conflict Iraq. Ministry of Health sent an official letter requesting support from UNFPA. Plans are there to continue building capacity targeting MoH, INGOs and Local NGOs in MHPSS or GBV/CRSV survivors service providers with the support from UN Action and other donors.
- UNFPA considers a continuation of capacity strengthening, sensitization and awareness raising activities targeting Peshmerga forces and other Uniformed actors.

17. Other Feedback

The continuation of the project was strongly requested from MoPA and MoH, the main Government counterparts in this project, as it was clear that it had a great impact on their overall capacity and ability to deal with survivors of GBV and CRSV.

18. Project Data

Guidance: Present achievements against the Goal, Outcomes, Outputs, Activities and Indicators stated in the project's log-frame

UNA058 - Improving quality and effective management of GBV mitigation and response services, particularly Mental Health and Psychosocial Support, and training of armed actors in Iraq

- LOGFRAME -

	Project Summary	Achievements	Achievements against indicators		Verification Method
			Original Baseline, Targets and Indicators	Achievements against Baseline, Targets and Indicators	
GOAL	Please insert Project Goal here. Strengthening the capacity of local institutions and organizations in dealing with GBV issues and to ensure quality and sustainability in service provision				
Achievement for project Goal	Please describe achievements at Project Goal level here. Most of preparatory phases for both components (MHPSS and uniformed/armed actors) have been initiated and a good progress in terms of MHPSS has been achieved since the recruitment of the expert MHPSS consultant. The first outcomes of the training have been very positive and will definitely contribute in strengthening GBV holistic service provision, in particular the MHPSS-related services that still constitute the weakest link in the case management process.				
OUTCOME 1	Please insert Project Outcome 1 here. Availability, accessibility and quality of MHPSS services for GBV survivors strengthened (Contribute to UNA Outcome 1.1: Increased knowledge, technical expertise and/or advocacy capacity of targeted stakeholders to respond to CRSV and protect survivors and at-risk groups)				

<p>Achievements for Outcome 1</p>	<p>Please describe achievements for Project Outcome 1 here.</p> <ul style="list-style-type: none"> - Need assessment was conducted for the current MHPSS knowledge among the service providers. - 200 specialized and non-specialized service providers were shortlisted to attend the MHPSS training. - The training packages and the M&E tools were prepared. - 265 specialized and non-specialized service providers attended the MHPSS training. - After training feedback was collected. 				
<p>OUTPUT 1.1</p>	<p>Please insert Project Outputs under Outcome 1 here: Improved capacity of the service providers to provide quality and comprehensive mental health and psychosocial services with a focus on most vulnerable women and girls.</p>	<p>Please describe achievements at Project Outputs level under Outcome 1 here: 1.1 Improve the capacity of service providers through training and coaching</p>	<p>Number of people trained: Baseline: 0 Target: 200</p> <p>Types of stakeholder trained on MHPSS services: Local organizations, governmental workers, INGOs, UN agencies. Baseline: 0 Target: 4 types of stakeholders</p> <p>Number of service providers report quality improvement in</p>	<p>Achieved: 265</p> <p>Achieved: 4</p> <p>Achieved: 50</p>	<p>Training reports Pre/Post tests Coaching and supervision reports Evaluation report</p>

			the MHPSS services Baseline: 0 Target: 50		
ACTIVITIES	<p>Please insert Project Activities under Outcome 1 here:</p> <p>Please insert Project Activities under Outcome 1 here:</p> <p>1.1.1 Deployment of an international MHPSS Specialist to conduct specific capacity building and coaching activities (6 months)</p> <p>1.1.2 MHPSS Training to existing Psychiatrists and new identified ones</p> <p>1.1.3MHPSS Coaching to trained staff</p> <p>Establishing community based support structures</p> <p>1.1.4 Assessment of current case management practices</p> <p>1.1.5 Support MoH in conducting a comprehensive National evaluation with respect to integration of mental health services into primary health care service (To be re-evaluated after discussing with MoH in September 2019)Please add more as needed.</p>	<p>The MHPSS consultant was hired</p> <p>13 MHPSS trainings were delivered</p> <p>The initial assessment of stakeholders’ knowledge and skills in MHPSS took place prior to the elaboration of the training plan.</p> <p>The coaching process is continuing with a limited number of participants who requested support.</p> <p>Through the training session the participants were informed about the best practicing of case management and community based-support and how to adjust their services.</p>		<p>Achieved: 50</p> <p>Achieved: 20</p> <p>Achieved: 10</p> <p>Achieved: 4</p>	<p>Survey</p> <p>Trainings</p> <p>Evaluations and Pre and post-test.</p> <p>End of training survey</p> <p>One month after the training Survey</p> <p>Coaching report</p>

		<p>The evaluation of MHPSS services at PHC level was not applicable, MOH was contacted and UNFPA was informed that IMC did the evaluation however because of changing the government there is no focal point that UNFPA can contact, IMC confirmed completing the evaluation but they do not have the report yet because of changing the staff at the MoH.</p>		Achieved: 0	<p>As agreed with UN Action, this activity was taken out of the scope of the project mid-2019.</p>
OUTPUT 1.2	<p>Targeted stakeholder groups trained and/or employing knowledge products, advocacy tools and/or resources developed through UNA support, per focus country</p> <p>(Contribute to UNA Output 3.1: Stakeholder groups trained and/or employing knowledge products, advocacy tools and/or resources developed through UNA support, per focus country)</p>	<p>The initial assessment of stakeholders' knowledge and skills in MHPSS took place prior to the elaboration of the training plan.</p> <p>The coaching process also started with a limited number of participants.</p>			

ACTIVITIES	1.2.1 Assessment of targeted stakeholders' knowledge and skills through a baseline and end of project survey	1.2.1 Assessment of 10 of the stakeholder's knowledge and skills in MHPSS.	Baseline: 0 Target: 10 participants	Achieved: 50	
	1.2.2 Organisation of training and coaching sessions for the targeted stakeholders	1.2.2 10 of the stakeholders receive one coaching session through field visit directly from the consultant.	Baseline: 0 Target: 10 participants	Achieved: 10	
OUTPUT 1.3	Service providers who attended the MHPSS training, implement the knowledge in the mental health and psychosocial services with a focus on most vulnerable women and girls.	Description: Number of service providers report quality improvement in the MHPSS services	Baseline: 0 Target: 50	Achieved: 50	
ACTIVITIES	1.3.1 Submission of Pre/post-test for each training topic	Improvement of the participants' skills and knowledge measured through comparing the pre-training knowledge to post-training knowledge through pre& post-test, via below indicators: 1.3.1 Pre/post-test filled after the training	Baseline: 0 Target: 400 (4*20 *5)	Achieved: 500	
	1.3.2 Evaluation form filled after each training		Target is 80% improvements in the post tests	Achieved: 87% improvement	
	1.3.3 Developing of MHPSS best practice tool.		Baseline: 0 Target: 400 (4*20*5)	Achieved: 500	
	1.3.4 Assessment of the improvement of the quality of services provided by the training participants through post training MHPSS best practice tool		Target is 80% positive	Achieved: 88%	

		<p>1.3.2 Evaluations are conducted after each training</p> <p>1.3.3 Developing of MHPSS best practice tool. Achieved: in progress</p>	<p>feedback in the evaluations.</p> <p>Baseline: 50% Target: 80% reported improvement in service providing after the training.</p>	<p>Achieved: 82.2%</p>	
OUTCOME 2	<p>Please insert Project Outcome 2 here. Culture of protection, including GBV prevention and response, institutionalized in the Iraqi security structure <i>(Contribute to UNA Outcome 1.1: Increased knowledge, technical expertise and/or advocacy capacity of targeted stakeholders to respond to CRSV and protect survivors and at-risk groups)</i></p>				
Achievements for Outcome 2	<ul style="list-style-type: none"> • Consultative meeting with coalition protection unit whom dealing with gender and GBV issues to as assess the needed technical support they needed in order to share this experience with Iraqi security forces (ISF). • Coordination meeting with contributing partners to address needed services, enriching tools can be used to • The collision unit has already developed training package module manual which was inclusive of the Broder Guard Police, Federal Police and the Iraqi Security Forces, this manual has been shared with implementing partners, protection cluster, GBV and child protection as Subject Matter Experts purpose. • This module has been enriched with different technical contribution from different experts to be as foundation for the TOT training with different Uniformed actors in Iraq. • In order to build the trust between the community policing and the communities as well as address the GBV harmful practices diverse communication were conducted with Family Protection Unit / Ministry of Interiors to assess the needed training gap in this unit. 				

	<ul style="list-style-type: none"> • Official communication with MOI have been established to conduct TOT training to 30 male and female officers around Iraq, which will be shared broadly with more staff, the selection criteria to those participants will be focusing on the gender balance as we request to nominate female and male to improve their capacity, as well we ensure to target all Iraq governorates in this selection. • 32 sessions were conducted for Peshmergas through training centres under MoPA. - 1,877 Peshmerga’s received sessions on GBV prevention, conflict-related sexual violence, human rights and PSEA sessions. • 11 Peshmerga officer received feedback training on the topic mentioned above. 				
OUTPUT 2	<p>Please insert Project Outputs under Outcome 2 here:</p> <p>2.1 Improved knowledge and capacity of armed actors in terms of GBV prevention and response, in particular in relation to conflict-related sexual violence.</p> <p>2.2 Information, Education and Communication materials related to Gender/GBV prevention and response are designed, produced and disseminated among targeted uniformed actors.</p>	<p>Please describe achievements at Project Outputs level under Outcome 2 here:</p> <p>2.1 TOT training to FPU unit to improve uniformed actors in Iraq to address prevent GBV harmful practices.</p> <p>2.2 materials developed to TOT training.</p>	<p>Increased knowledge, technical expertise and/or advocacy capacity of targeted stakeholders to respond to CRSV and protect survivors and at-risk groups.</p> <p>Baseline: no Target: 3 materials developed for MoPA</p> <p>Conduct meetings with relevant counterparts,</p>	<p>Achieved: Yes</p> <p>Achieved: 5</p> <p>Achieved: Yes</p>	<p>Training with pre and post-tests, coaching and supervision</p> <p>A total of 30 police officers from FPU were trained in GBV case-management</p>

			<p>conduct stakeholders meeting to assess the progress through feedback from trainers and management of armed actors</p> <p>Baseline: 0 Target: 1 evaluation meeting per month per entity (Peshmerga, FPU and Coalition/Iraqi Security Forces)</p>		<ul style="list-style-type: none"> - Minutes of meeting - beneficiaries interview - monthly report. - Weekly meeting. - Visibility materials. - Trainers feedback.
ACTIVITIES	<p>Please insert Project Activities under Outcome 2 here: 2.1.1 Develop and integrate into curriculum of organized forces (Peshmerga, Iraqi Security Forces, Police, etc.), utilising training modules developed in 2018 with KHRW and the Coalition Forces Protection Unit in Iraq on prevention and response to sexual violence in conflict</p>	<p>Please describe achievements at Project Activities level under Outcome 2 here: 2.1.1 Materials have been developed for KRG and will be harmonized with FPU UNIT TOT training Materials</p>	<p>Information, Education and Communication (IEC) material is produced and disseminated among targeted uniformed actors in local language</p>		

	<p>2.1.2 Training of personnel from organized forces on human rights law, international humanitarian law, including sexual violence, existing legal framework around violence against women, undertakings, command orders, guidelines and disciplinary procedures, indicators and mitigating measures to address sexual violence.</p> <p>2.1.3 Design, production, procure and dissemination of Information, Education and Communication materials related to GBV, Gender, CRSV and women rights in local languages.</p>	<p>2.1.2 Uninformed actors personnel from FPU unit have been nominated from the MOI to take the training,</p>	<p>Baseline: No Target: 11 Peshmerga officers</p>	<p>Achieved: 11</p>	
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Annex 1:

MHPSS need assessment report and action plan
UNFPA Iraq June-2019

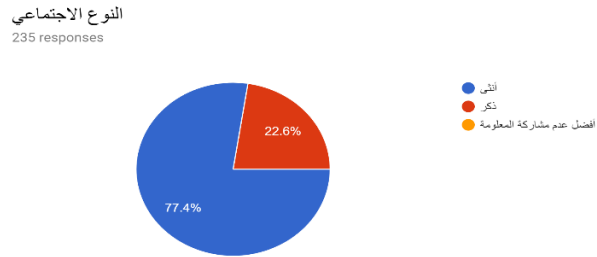
Brief Over view:

UNFPA is initiating work around MHPSS and is in the process of designing the training program package and modules to build the capacity of GBV service provider. In order to better tailor the training program modules, a questionnaire was prepared to understand better the context and to assess the MHPSS needs among the specialized and non-specialized GBV service Providers.

English version and Arabic version of the questionnaire were shared through the WGs and UNFPA network, 235 service providers filled the Arabic version while 78 service providers filled the English version.

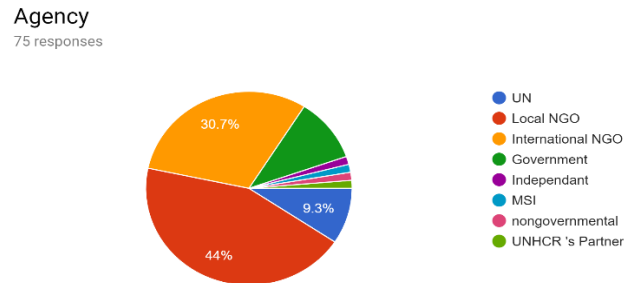
Results of the assessment:

To have good picture about the GBV service providers participated in filling the questionnaire, some demographic questions were requested, such as: The Gender of the participant:



The chart above illustrates the percentage of the Participants; 77.4 Female service provider filled the MHPSS questionnaire, and 22.6% Male service provider, which gives clear picture about the field and the big gap in the numbers of male workers in this sector in Iraq.

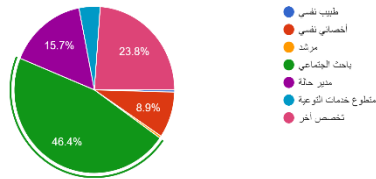
The participant work agencies:



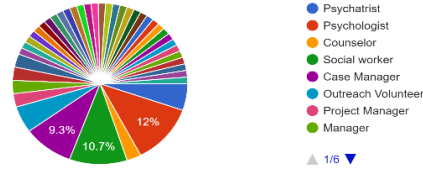
In the response of where the responders working the 44% work in local NGO the other big group 30.7% work for International NGO, then the UN and government. In planning process for the capacity building working plan will try to include the workers form different agencies.

The participant Job title:

المسمى الوظيفي
235 responses



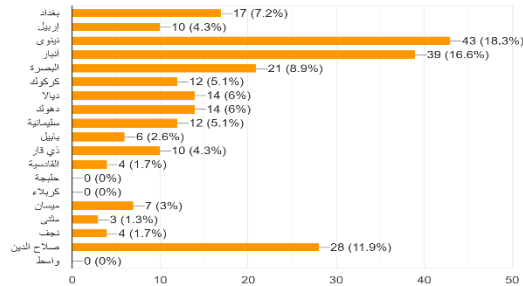
Job title
75 responses



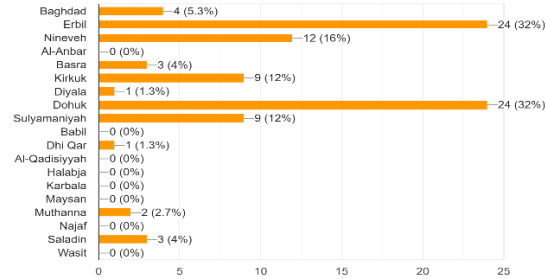
In both versions the social workers are the majority of the service providers filled the questionnaire then the psychologists then case managers, the 3 groups will be the focus in the capacity building ; while it was not surprising to have service providers from other specialties like engineers and management providing level 2 or even 3 from the PSS layer.

The participant work location:

موقع العمل
235 responses



Work Location
75 responses

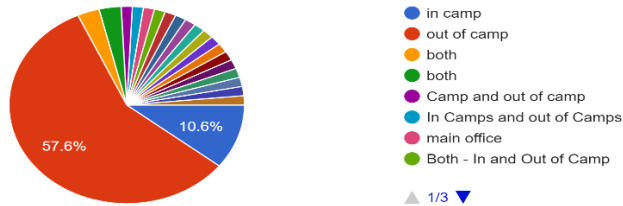


In the two versions Nineveh, Duhok, Anbar salah AL-din Sulymaniyah, Kirkuk and Baghdad. Where the majority of the organizations try to respond to the post conflict situation and this should be reflected in the number of participants in the building capacity workplan.

The site of the work:

Are you working

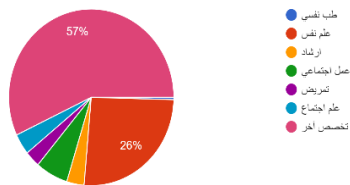
66 responses



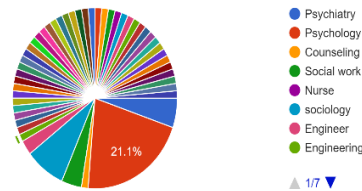
The majority of the participant are working out of the camps 57.6% then 31.8 working both in and out of the camps and the rest work only in the camp.

The Educational background:

ماهي الخلفية التعليمية
235 responses



What is your educational background
76 responses

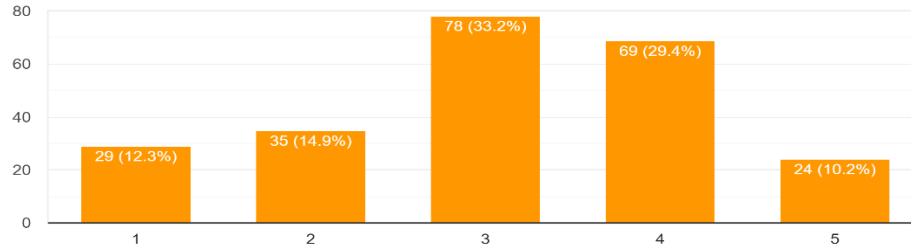


In Both versions while the psychologists are good percentage the majority are from different fields, which give more rational to focus on trainings like: PFA and TIC and PSS for the non-specialized service providers and give the psychologist, counselors and psychiatrists different package. To understand better the current level of knowledge about MHPSS and address the needs, the questions below were requested:

The participant level of knowledge about MHPSS:

نرجو أن تحدد مدى معرفتك بالصحة النفسية والدعم النفسي الاجتماعي

235 responses

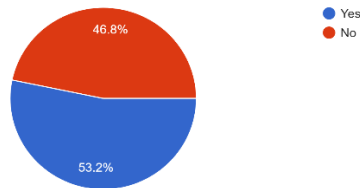


The participants' knowledge about MHPSS is like the normal curve the majority has moderate knowledge while small percentage has limited knowledge or so knowledgeable.

If the participant received training in MHPSS before:

Have you attended MHPSS training before

77 responses

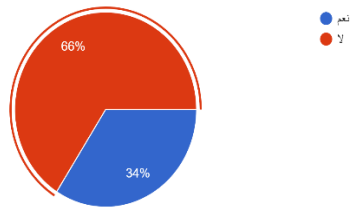


The participants who reported that they received the training are a little bit higher than the participant who didn't. However, the percentage of the one who didn't receive the training is high 46.8.

when asked more detailed about the Trauma-Informed Care, the Majority answered No:

هل حصلت على تدريب عن منهج العناية القائم على المعرفة بالصدمة

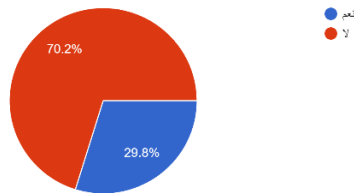
235 responses



When asked about the stress management trainings also the majority didn't receive the training:

هل حصلت على تدريب عن إدارة الضغوطات

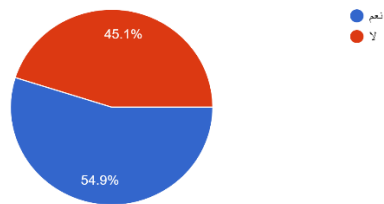
235 responses



When asked about the PFA, 54% received the training and the 45% did not.

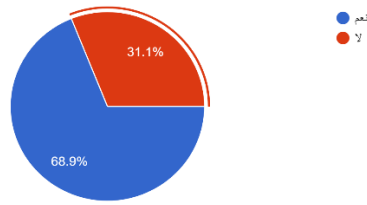
هل حصلت على تدريب الاسعاف النفسي الأولي من قبل

235 responses



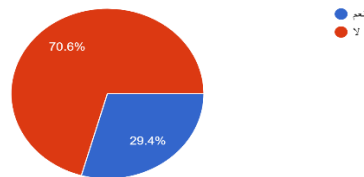
The case management training, high percentage 68.9% answered positively that they received the training and 31.1 respond negatively. Not sure if the training they had covered the ethics and skills for the PSS and case management, which will be covered in the training packages.

هل حصلت على تدريب في إدارة الحالة من قبل
235 responses



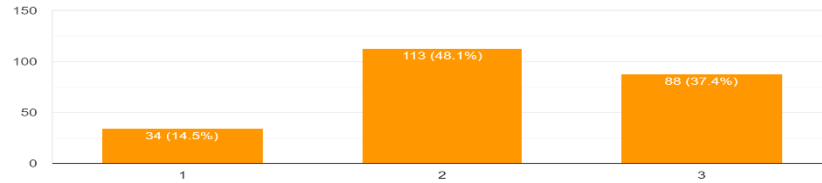
Self-care was the last training that we asked if the participant received or not and the responses were 70.6 did not receive the training which should be one of the main trainings offered for all the trainees:

هل حصلت على تدريب عن العناية بالذات من قبل
235 responses



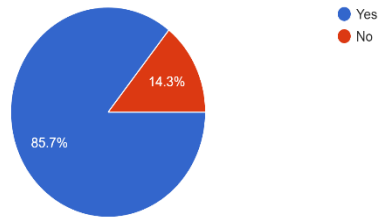
To check if we need to repeat some trainings or do some refreshment for the ones received the trainings already before, we asked if the trainings were less informative or vary informative in a scale 1 to 3, and the responses were the majority were neutral while good percentage reported the training were very informative:

إذا حصلت على أي من التدريبات التي ذكرت سابقا هل كانت
235 responses



To check the availability of the participant to attend trainings in July and August:

Are you available to attend 20 days MHPSS training during July and August
77 responses



Some participants added comments about:

- High need for professional trainings, in Arabic.
- The participant requests practical examples and follow ups after the trainings.
- Some participant from 2 organizations requested coordination with UNFPA.
- Some female participants were concerned about the accommodation and transportations.
- Some participants were concerned about the duration of the trainings and preferred 3 days trainings/ few hours for some weeks.
- Some psychologists asked for CBT and other types of trauma interventions, in addition to their request to visit MH hospitals and get practical examples.

General feedback from the need assessment and the discussions with the MHPSS WG, GBV sub-Cluster coordinator and the GBV focal points:

- The participants showed positive attitude toward the UNFPA initiative to build capacity of GBV service providers and the high needs of MHPSS trainings.
- The participants reported their interest in joining and knowing more about the MHPSS and how to use it in supporting the most vulnerable among the IDPs and returnees specially the one working in Nineveh.
- From the need assessment It was clear the lack of well-trained service providers in the field of MHPSS.

Recommendation:

- With the limited time for providing well-built training with proper time I recommend to focus on 100 service provider from layer 2-3 (outreach, social workers and case managers) and 100 specialized(psychiatrists, psychologist and counselors) for this initiative and that UNFPA consider repeat it as the number of participant filled the questionnaire is 310 and we shared it was open for limited time and not with all the workers. Please check the table below for the key activities.
- I also recommend that UNFPA give a priority for the MHPSS as the needs really high in the post conflict Iraq either through directly provide the service or support technically the local organization, not only through the governmental institutions.
- If possible, arrange follow-up and supervision for some of the trainings.

Key Activities suggested, please read the below notes then check the table:

*Trainings in light blue for Layer 2-3 service providers (outreach, social workers, case managers)

*self-care session will be at the end of each training day for Layer 2-3 service providers service providers to promote and practice self-care.

*Trainings in dark blue for the specialized service providers layer 4.

*trainings in pink for the UNFPA staff.

	Key activity	Discription	Expected time	Budget
MHPSS training package for 100 GBV layer 2-3 service providers	Trainings/ workshops	5 days training for each 20 participants x 5 training	4 weeks in July and the first week of August for the whole package for 100 participants	

	Capacity strengthening on Ethics, counselling skills and IASC MHPSS for	Training/workshop: (for 2 days) x 5 training		7,000\$ x5 =35,000\$
	Capacity strengthening on Trauma-Informed Care TIC for 100 GBV layer 2-3 service providers	Training/workshop: (for 1 day) x 5 training		3,500\$ x5= 17,500\$
	Capacity strengthening on PFA for 100-layer 2-3 service providers	Training/workshop: (for 1 day) x 5 training		3,500\$ x5= 17,500\$
	Capacity strengthening on case-management for 100-layer 2-3 service providers	Training/workshop: (for 1 day) x 5 training		3,500\$ x5= 17,500\$
MHPSS training package for 100 GBV layer 4 service providers	Trainings/ workshops	5 days training for each 20 participants x 5 training	3 weeks in august and the one week in September for the whole package for 100 participants	
	Capacity strengthening on Ethics, counselling skills and IASC MHPSS, developmental stages and needs theory for 100 GBV specialized service providers	Training/workshop: (for 2 days) x 5 training		7,000\$ x5 =35,000\$
	Capacity strengthening on Trauma effects and interventions for adults and children for 100 GBV	Training/workshop: (for 2 days) x 5 training		7,000\$ x5 =35,000\$

	specialized service providers			
	Capacity strengthening on case managements and self-care for 100 GBV specialized service providers	Training/workshop: (for 1 day) x 5 training		3,500\$ x5= 17,500\$
MHPSS training package for UNFPA staff for Erbil and Bghdad staff	Trainings/ workshops	Training/workshop: (for 2day) x 2 training	Last week of June	
	Capacity strengthening on Trauma-Informed Care TIC for UNFPA staff	Training/workshop: (for 1 day) x 2 training		3,500\$ x2= 7,000\$
	Capacity strengthening on self-care for UNFPA staff	Training/workshop: (for 1 day) x 2 training		3,500\$ x2= 7,000\$
			Total:	187,000\$

Annex2:

MHPSS training Impact Evaluation report UNFPA Iraq July-Sep 2019

Brief Overview:

UNFPA started MHPSS building capacity project early on May 2019, need assessment was done in June then the training program package and modules was developed to build the capacity of GBV service provider. Nine trainings were delivered for 200 specialized and non-specialized GBV service Providers between July and September.

One month after the nine training weeks accomplished an impact evaluation tool was developed in English and Arabic to get feedback from the 200 participants about the impact of the MHPSS training they attended. 156 out of 200 participants filled the impact evaluation questionnaire which requested some demographic information as well as feedback about the topics the training covered.

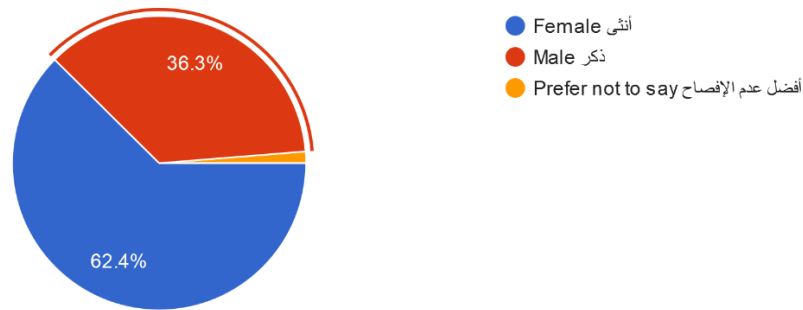
Results of the assessment:

To have good picture about the GBV service providers participated in MHPSS training, some demographic questions were requested, such as:

The Gender of the participant:

النوع الاجتماعي Gender

157 responses

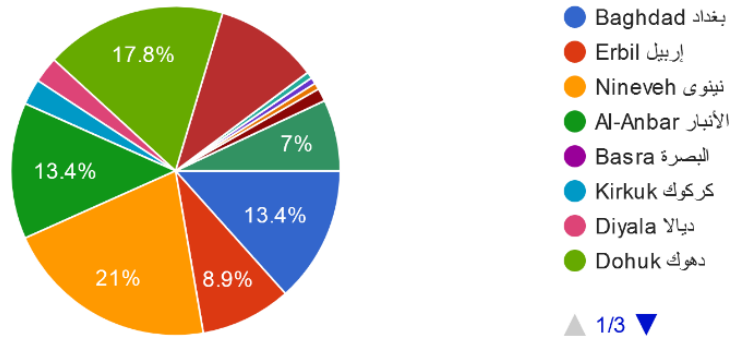


The chart above illustrates the percentage of the Participants; 62.4% Female service provider filled the MHPSS questionnaire, and 36.3% Male service provider, which gives clear picture about the field and the big gap in the numbers of male workers in this sector in Iraq.

From which governorate the participants were

from Which governorate

157 responses

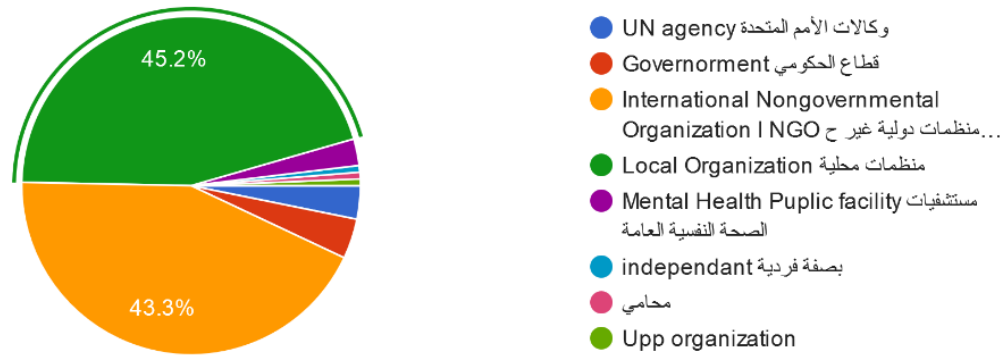


The 200 participants were from all over Iraq and the chart shows the majority were from Nineveh, Anbar, Baghdad and Duhok then Sulaymaniyah, Saladin and Erbil. There were participants from Maysan, Basra, Najaf, Dyala, Kirkuk, al-Qadesyiah, Muthana and Karbala.

The participant work agencies:

Agency you represented المؤسسة التي مثلتها

157 responses

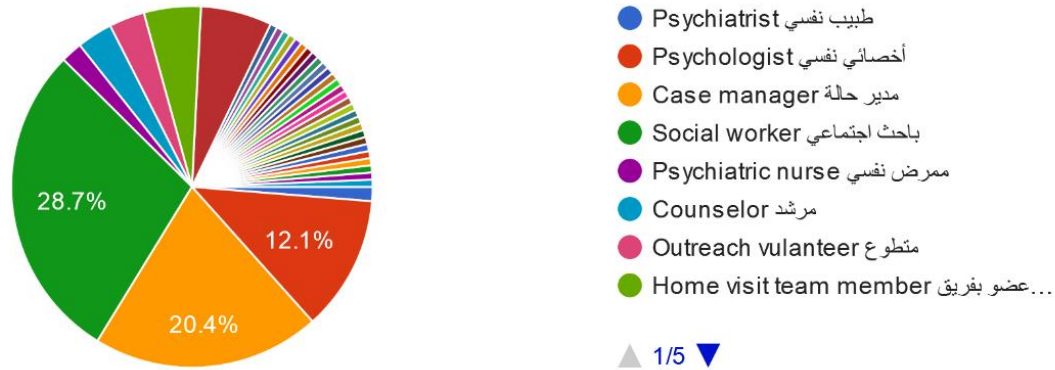


In the response of where the participants working the 45.2 % work in local NGO the other big group 43.3% work for International NGO, then the government, UN agencies and Mental Health Hospitals.

The participant Job title:

What is your Job Title المسمى الوظيفي

157 responses

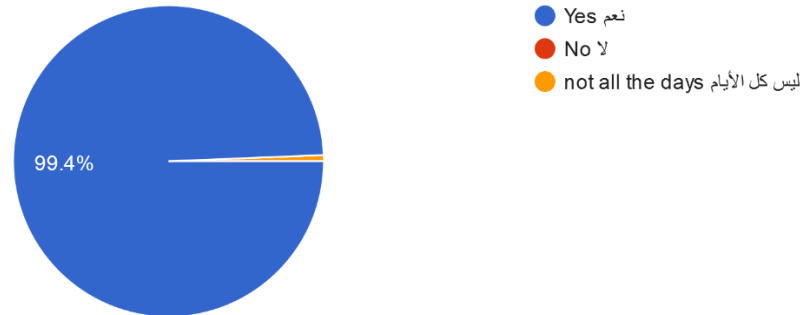


the social workers are the majority of the service who attended the MHPSS training and filled the questionnaire then the case managers and psychologists, also psychiatrists and outreach/home visit volunteers attended the training.

The commitment of the participant in attending the 5 days training:

هل حضرتت أيام التدريب الخمسة

157 responses

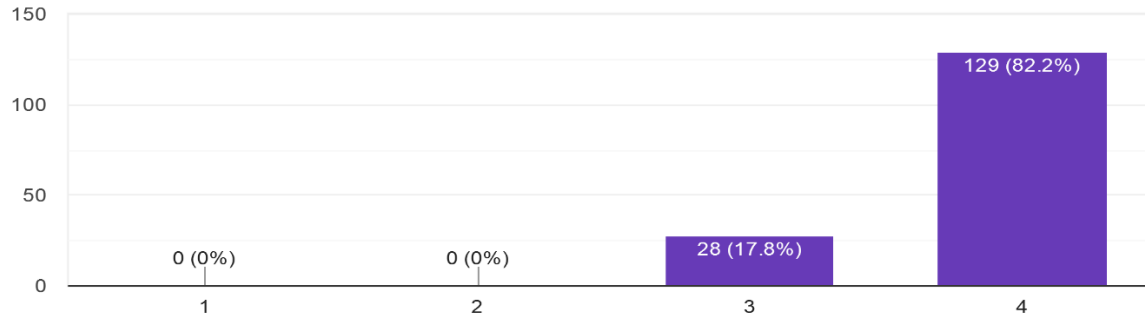


99.4% among the responders attended the whole 5 days training.

How relevant and helpful the training:

How relevant and helpful do you think the training was for your job? برأيك إلى أي مدى وجدت التدريب ملائماً ومفيداً لعملك

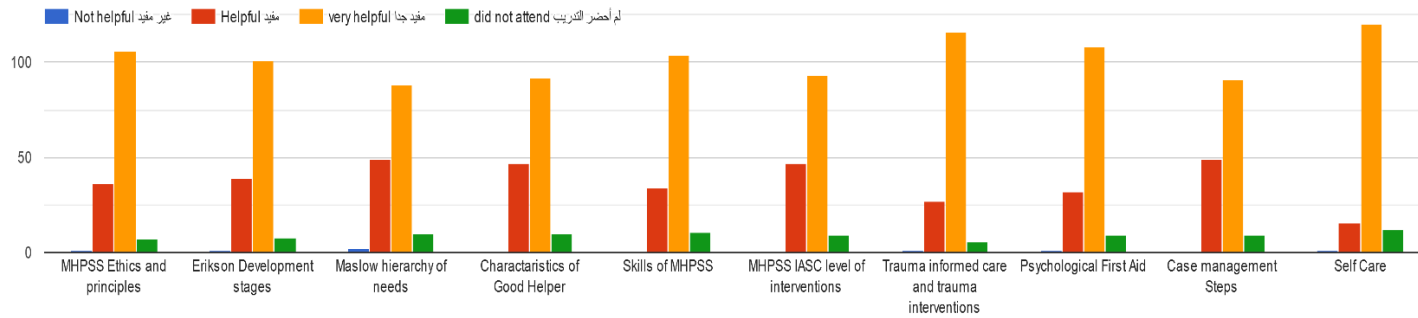
157 responses



In responding to the question how relevant and helpful was the training for the participants, 82.2% think it was very helpful and 17.8% think it was relevant and helpful while no one responded it was not relevant and helpful.

The most helpful training topics for the participants' work:

أي المواضيع التالية كان مفيد لك في عملك Which topic was helpful in your work

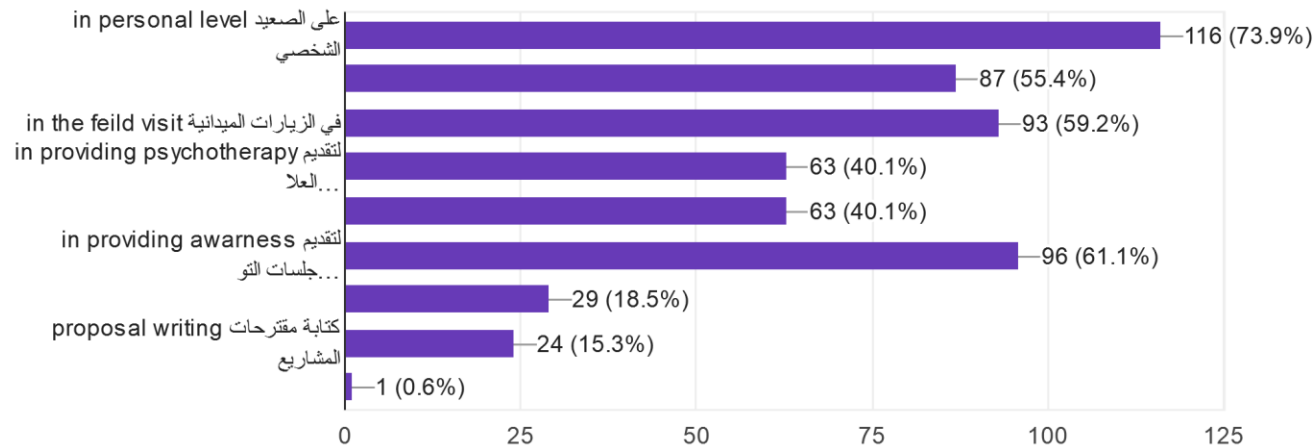


The responses were impressively positive about all the topics of the training, however the self-care, trauma informed-care were the highest; then PFA, MHPSS Ethics and skills, also the other topics were reported as highly helpful for the participants work.

In which area the participants implemented the knowledge they gain from the training.

In which area did you implement the knowledge from the training you can choose more than one في أي مجال من عملك طبق...ليها من التدريب ب امكانك اختيار عدة خيارات

157 responses



73.9% among the participants reported that they benefit from the knowledge in the personal level” as most of the participants them-selves passed through difficult experiences”. Then 61.1% reported that they used it in providing awareness sessions, 59.2% reported they implement it in the field visits, similar percentage 40.1% reported they used it for providing therapy and designing MHPSS activities. While 18.5% used it to deliver recreative activities and 15.3% used it for proposal writing.

The key take aways from the training

When asked about the key take aways from the training: Trauma-Informed Care, self-care and the theoretical information’s were the most reported then the skills and ethics were the key things that they miss always in the training they had before about GBV.

Which subjects you still need training on

When asked about the training they still need, the responses varied which make since as the participants were specialized and non-specialized service providers and from different back grounds.

The participants wish to have training in:

- Case management
- MHPSS skills
- Trauma interventions: EMDR, CBT. Art Therapy.
- TOT in MHPSS.
- Psychotherapy in general.
- MHPSS for Children
- LGBT cases
- Sexual disorders.

Some participants added comments from the evaluation forms after each training day:

- High needs for MHPSS trainings.
- The participant requests practical examples and more role play.
- More advanced trainings in psychotherapy.
- More self-care trainings for the participants.
- Participants recommend the training to be longer and more practical although some were reporting that it is tiring to have the training from 9:00 am till 4:00 pm and requested to have less hours.
- Some psychologists asked for CBT and other types of trauma interventions, in addition to psychotherapy for children.

Recommendation:

- I recommend that UNFPA give a priority for the MHPSS as the needs really high in the post conflict Iraq either through directly provide the service or support technically the local organization, and governmental institutions.
- Support in the Ministry of Health in developing the national MHPSS strategy.
- Keep participating in the national MHPSS working group and the sub-committees for building capacity and suicide prevention.
- Mainstreaming of MHPSS in all GBV activities and trainings provided by UNFPA

- If possible, with the fund situation to arrange more trainings, follow-up/ supervision in MHPSS.

Next planned activities:

- Additional training for the MoH workers the week of 20th till 24th of Oct.

- Training for UNFPA staff in Trauma Informed Care and Self-Care last week of Oct.
- Need assessment for Duhok survivors centre workers to plan training for them.
- Continue the coaching for trainees and local organizations till the end of Dec.