

# **ANNEX I**

## **PROJECT PROGRESS 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: SEMI-ANNUAL**

**YEAR OF REPORT: 2021**

**CONTRIBUTING AGENCIES: WHO, IOM, UNICEF**

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# 1. Roles and responsibilities of project implementing partners

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

### **Mental Health and Psychosocial Support Services (TOT) training for Somalia**

**8<sup>th</sup> -15<sup>th</sup> 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 hunger 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 8<sup>th</sup> of December to 15<sup>th</sup> 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.

<b>COURSE SCHEDULE</b> <b>MHPSS Training for</b> <b>Somalia</b> <i>08 – 15 December 2020</i>	
<b>DAY 1</b>	<b>08 December</b>
<i>9:00 -10:00</i>	<b><u>Official Opening of the training by MoH, SNU &amp; WHO</u></b> Ministry of Health Representative WHO Representative SNU Representative
<i>10:00-12:30</i>	<b><u>Introduction</u></b> <ul style="list-style-type: none"><li>● Group introduction check in agenda setting, pre-training test and housing keeping issues.</li><li>● Session will introduce mental health in the global and local context.</li><li>● Introduction to priority conditions covered under mhGAP.</li></ul>
<i>12:30-14:00</i>	Lunch Break

	<b><u>SESSION 1 – Module 1: Essential Care and Practice</u></b>
14:00-16:30	<p><b>Learning objectives</b></p> <ul style="list-style-type: none"> <li>• Principals of essential care and practice</li> <li>• Effective communication skills in interacting with people with MNS conditions</li> <li>• Tools for assessment</li> <li>• Treatment planning</li> <li>• Promote respect and dignity for people with priority MNS conditions</li> </ul> <p><b>Practice session</b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons of Module 1</li> <li>• Use effective communication skills in interactions with people with MNS conditions.</li> <li>• Perform assessments for priority MNS conditions.</li> <li>• Assess and manage physical health in MNS conditions.</li> </ul>
<b>DAY 2</b>	<b>09 December</b>
8:30-12:30	<p><b><u>SESSION 2 – Problem Management Plus (+)</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Introduction to PM+</li> <li>• Refresh on information about common mental health problems (i.e. depression, anxiety, stress);</li> <li>• Know the rationale for each of the strategies;</li> </ul>
12:30-14:00	Lunch Break
14:00-16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Role-play on delivering strategies and basic helping skills.</li> <li>• Know and practice basic helping skills;</li> </ul>
<b>DAY 3</b>	<b>10 December</b>
8:30 –12:30	<p><b><u>SESSION 3 – Module: Modules 2 &amp; 8: Depression and Self-Harm/Suicide</u></b></p> <p><b>Learning objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with depression/self-harm</li> <li>• Recognize common symptoms of depression/self-harm</li> <li>• Know the assessment principles of depression/self-harm</li> <li>• Know the management principles of depression.</li> <li>• Provide psychosocial interventions for people with depression/self-harm and their care givers.</li> <li>• Deliver pharmacological interventions as needed and appropriate, considering special populations.</li> <li>• Plan and perform follow-up for depression/self-harm</li> </ul>
12:30-14:00	Lunch Break
14:00-16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons on Module 2 &amp; 8</li> <li>• Perform an assessment for depression and self-harm.</li> <li>• Use effective communication skills in interactions with people with depression and self-harm</li> <li>• Assess and manage physical health conditions as well as depression and self-harm.</li> <li>• Assess and manage emergency presentations for self-harm</li> </ul>
<b>DAY 4</b>	<b>11 December</b>

8:30 – 12:30	<p><b><u>Session 4--Module 6: Stress and Trauma related disorders Learning Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to stress and trauma related conditions</li> <li>• Know the common presentation of disorders due to stress and trauma related conditions.</li> <li>• Know the assessment principles of disorders due to stress and trauma related conditions</li> <li>• Know the management principles of disorders due to stress and trauma related conditions</li> <li>• Plan and perform follow up for people with disorders due to stress and trauma related conditions</li> </ul>
12:30-14:00	Lunch Break
14:00-16:30	<b><u>Friday Break</u></b>
<b>DAY 5</b>	<b>12 December</b>
8:30-12:30	<p><b><u>SESSION 5 – Module 7: Substance use Disorders Learning Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to substance use.</li> <li>• Know the common presentation of disorders due to substance use.</li> <li>• Know the assessment principles of disorders due to substance use.</li> <li>• Know the management principles of disorders due to substance use.</li> <li>• Plan and perform follow up for people with disorders due to substance use.</li> </ul>
12:30-14:00	Lunch Break
14:00-16:30	<p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for disorders due to substance use.</li> <li>• Use effective communication skills in interactions with people with disorders due to substance use.</li> <li>• Assess and manage physical health in disorders due to substance use.</li> <li>• Assess and manage emergency presentations of disorders due to substance use.</li> <li>• Provide psychosocial interventions to persons with disorders due to substance use and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering specialpopulations</li> </ul>
<b>DAY 6</b>	<b>13 December</b>
8:30-11:00	<p><b><u>SESSION 6 – – Module 3 Psychosis Learning Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with psychoses.</li> <li>• Name common presentations of psychoses.</li> <li>• Name assessment principles of psychoses.</li> <li>• Name management principles of psychoses.</li> <li>• Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations.</li> <li>• Plan and performs follow-up sessions for people with psychoses.</li> </ul>
12:30-14:00	Lunch Break

14:00-16:00	<p><b><u>Practice Session for Module 3 Psychosis Learning Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons on Module</li> <li>• Perform an assessment for psychoses.</li> <li>• Use effective communication skills when interacting with person psychoses.</li> <li>• Assess and manage physical health concerns in psychoses.</li> <li>• Assess and manage emergency presentations of psychoses.</li> </ul> <p>Provide psychosocial interventions to persons with psychoses and their carers.</p>
<b>DAY 7</b>	<b>14 December</b>
8:30-12:30	<p><b><u>SESSION 7 – Module 5: Children and Adolescent Mental Health</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for children and adolescents with mental and behavioural disorders.</li> <li>• Know common presentations of children and adolescents with mental and behavioural disorders.</li> <li>• Know assessment principles of child and adolescents with mental and behavioural disorders.</li> <li>• Know management principles of child and adolescents with mental and behavioural disorders.</li> <li>• Plan and perform follow-up for children and adolescents with mental and behavioural disorders.</li> </ul> <p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for children and adolescents with mental and behavioural disorders.</li> <li>• Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders.</li> <li>• Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carers</li> </ul>
12:30-14:00	Lunch Break
14:30-16:30	<p><b><u>SESSION 8 – Module 4: Epilepsy</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with epilepsy.</li> <li>• Know common presentations of epilepsy.</li> <li>• Know the assessment principles of epilepsy.</li> <li>• Use effective communication skills in interactions with people with epilepsy.</li> <li>• Know the management principles of epilepsy.</li> <li>• Plan and perform follow-up for epilepsy.</li> </ul>
<b>DAY 8</b>	<b>15 December</b>
8:30–12:00	<p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for epilepsy.</li> <li>• Assess and manage physical health in epilepsy.</li> <li>• Assess and manage emergency presentations of epilepsy.</li> <li>• Provide psychosocial interventions to persons with epilepsy and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate in epilepsy considering special populations.</li> </ul>
12:00-14:00	

	Lunch Break
14:00-16:30	<p><b>SESSION 9:</b></p> <ul style="list-style-type: none"> <li>• Wrap UP</li> <li>• Post-training test and evaluation</li> <li>• Award of Certificate of Completion</li> <li>• Closing Ceremony</li> </ul>

## 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 role 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)	<b>10.7</b>		<b>15</b>		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



## 1.2. 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**

**4<sup>th</sup> -11<sup>th</sup> of February, 2021**

**Dollow, 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 (LMIC) 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 hunger 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



**COURSE SCHEDULE**

**MHPSS Training for Somalia**

*04 – 11 February 2021*

<b>DAY 1</b>	<b>04 Februar y</b>
9:00 - 10:00	<p><b><u>Official Opening of the training by MoH, SNU &amp; WHO</u></b> Jubbaland Ministry of Health Representative</p> <p>SNU Representative</p> <p><b><u>Introduction</u></b></p> <ul style="list-style-type: none"> <li>• Group introduction, check in agenda setting, pre-training test and housing keeping issues.</li> <li>• Session will introduce mental health in the global and local context.</li> <li>• Introduction to priority conditions covered under mhGAP.</li> </ul>
10:00- 12:30	
12:30- 14:00	Lunch Break
14:00- 16:30	<p><b><u>SESSION 1 – Module 1: Essential Care and Practice</u></b></p> <p><b>Learning objectives</b></p> <ul style="list-style-type: none"> <li>• Principals of essential care and practice</li> <li>• Effective communication skills in interacting with people with MNS conditions</li> <li>• Tools for assessment</li> <li>• Treatment planning</li> <li>• Promote respect and dignity for people with priority MNS conditions</li> </ul> <p><b>Practice session</b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons of Module 1</li> <li>• Use effective communication skills in interactions with people with MNS conditions.</li> <li>• Perform assessments for priority MNS conditions.</li> <li>• Assess and manage physical health in MNS conditions.</li> </ul>
<b>DAY 2</b>	<b>05 Februar y</b>
8:30- 12:30	<p><b><u>SESSION 2 – Problem Management Plus (+)</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Introduction to PM+</li> <li>• Refresh on information about common mental health problems (i.e. depression, anxiety, stress);</li> <li>• Know the rationale for each of the strategies;</li> </ul>
12:30- 14:00	Lunch Break
14:00- 16:30	Friday Break
<b>DAY 3</b>	<b>06 February</b>



8:30 – 12:30	<p><b><u>SESSION 3 – Module: Modules 2 &amp; 8: Depression and Self-Harm/Suicide Learning objectives</u></b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with depression/self-harm</li> <li>• Recognize common symptoms of depression/self-harm</li> <li>• Know the assessment principles of depression/self-harm</li> <li>• Know the management principles of depression.</li> <li>• Provide psychosocial interventions for people with depression/self-harm and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate, considering special populations.</li> <li>• Plan and perform follow-up for depression/self-harm</li> </ul>
12:30- 14:00	Lunch Break
14:00- 16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons on Module 2 &amp; 8</li> <li>• Perform an assessment for depression and self-harm.</li> <li>• Use effective communication skills in interactions with people with depression and self-harm</li> <li>• Assess and manage physical health conditions as well as depression and self-harm.</li> <li>• Assess and manage emergency presentations for self-harm</li> </ul>
<b>DAY 4</b>	<b>07 February</b>
8:30 – 12:30	<p><b><u>Session 4--Module 6: Stress and Trauma related disorders Learning Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to stress and trauma related conditions</li> <li>• Know the common presentation of disorders due to stress and trauma related conditions.</li> <li>• Know the assessment principles of disorders due to stress and trauma related conditions</li> <li>• Know the management principles of disorders due to stress and trauma related conditions</li> <li>• Plan and perform follow up for people with disorders due to stress and trauma related conditions</li> </ul>
12:30- 14:00	Lunch Break
14:00- 16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Role-play on delivering strategies and basic helping skills.</li> <li>• Know and practice basic helping skills;</li> </ul>
<b>DAY 5</b>	<b>8 February</b>
8:30- 12:30	<p><b><u>SESSION 5 – Module 7: Substance use Disorders Learning Objectives</u></b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to substance use.</li> <li>• Know the common presentation of disorders due to substance use.</li> <li>• Know the assessment principles of disorders due to substance use.</li> <li>• Know the management principles of disorders due to substance use.</li> <li>• Plan and perform follow up for people with disorders due to substance use.</li> </ul>
12:30- 14:00	Lunch Break

14:00-16:30	<p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for disorders due to substance use.</li> <li>• Use effective communication skills in interactions with people with disorders due to substance use.</li> <li>• Assess and manage physical health in disorders due to substance use.</li> <li>• Assess and manage emergency presentations of disorders due to substance use.</li> <li>• Provide psychosocial interventions to persons with disorders due to substance use and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering special populations</li> </ul>
<b>DAY 6</b>	<b>09 February</b>
8:30-11:00	<p><b><u>SESSION 6 – Module 3</u></b></p> <p><b>Psychosis Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with psychoses.</li> <li>• Name common presentations of psychoses.</li> <li>• Name assessment principles of psychoses.</li> <li>• Name management principles of psychoses.</li> <li>• Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations.</li> <li>• Plan and performs follow-up sessions for people with psychoses.</li> </ul>
12:30-14:00	Lunch Break
14:00-16:00	<p><b><u>Practice Session for Module 3</u></b></p> <p><b>Psychosis Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons on Module</li> <li>• Perform an assessment for psychoses.</li> <li>• Use effective communication skills when interacting with person psychoses.</li> <li>• Assess and manage physical health concerns in psychoses.</li> <li>• Assess and manage emergency presentations of psychoses.</li> </ul> <p>Provide psychosocial interventions to persons with psychoses and their carers.</p>
<b>DAY 7</b>	<b>10 February</b>
8:30-12:30	<p><b><u>SESSION 7 – Module 5: Children and Adolescent Mental Health</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for children and adolescents with mental and behavioural disorders.</li> <li>• Know common presentations of children and adolescents with mental and behavioural disorders.</li> <li>• Know assessment principles of child and adolescents with mental and behavioural disorders.</li> <li>• Know management principles of child and adolescents with mental and behavioural disorders.</li> <li>• Plan and perform follow-up for children and adolescents with mental and behavioural disorders.</li> </ul> <p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for children and adolescents with mental and behavioural disorders.</li> <li>• Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders.</li> <li>• Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carers</li> </ul>

12:30-14:00	Lunch Break
14:30-16:30	<p><b><u>SESSION 8 – Module 4: Epilepsy</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with epilepsy.</li> <li>• Know common presentations of epilepsy.</li> <li>• Know the assessment principles of epilepsy.</li> <li>• Use effective communication skills in interactions with people with epilepsy.</li> <li>• Know the management principles of epilepsy.</li> <li>• Plan and perform follow-up for epilepsy.</li> </ul>
<b>DAY 8</b>	<b>11 February</b>
8:30 – 12:00	<p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for epilepsy.</li> <li>• Assess and manage physical health in epilepsy.</li> <li>• Assess and manage emergency presentations of epilepsy.</li> <li>• Provide psychosocial interventions to persons with epilepsy and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate in epilepsy considering special populations.</li> </ul>
12:00-14:00	Lunch Break
14:00-16:30	<p><b><u>SESSION 9:</u></b></p> <ul style="list-style-type: none"> <li>• Wrap UP</li> <li>• Post-training test and evaluation</li> <li>• Award of Certificate of Completion</li> <li>• Closing Ceremony</li> </ul>

## 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 role 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



### 1.3. 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**

**4<sup>th</sup> -11<sup>th</sup> 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 (LMIC) 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 hunger 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



- Powerpoint 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:

#### **6. Training contents, hours, schedule and the duration**

The training participants have completed 64 study hours distributed into eight (8) days, from 4<sup>th</sup> of February to 11<sup>th</sup> 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.

<b>COURSE SCHEDULE</b>	
<b>MHPSS Training for Somalia</b>	
<i>04 – 11 February 2021</i>	
<b>DAY 1</b>	<b>04 February</b>

<p>9:00 - 10:00</p> <p>10:00- 12:30</p>	<p><b><u>Official Opening of the training by MoH, SNU &amp; WHO</u></b></p> <p>Jubbaland Ministry of Health Representative</p> <p>SNU Representative</p> <p><b><u>Introduction</u></b></p> <ul style="list-style-type: none"> <li>• Group introduction, check in agenda setting, pre-training test and housing keeping issues.</li> <li>• Session will introduce mental health in the global and local context.</li> <li>• Introduction to priority conditions covered under mhGAP.</li> </ul>
<p>12:30- 14:00</p>	<p>Lunch Break</p>
<p>14:00- 16:30</p>	<p><b><u>SESSION 1 – Module 1: Essential Care and Practice</u></b></p> <p><b>Learning objectives</b></p> <ul style="list-style-type: none"> <li>• Principals of essential care and practice</li> <li>• Effective communication skills in interacting with people with MNS conditions</li> <li>• Tools for assessment</li> <li>• Treatment planning</li> <li>• Promote respect and dignity for people with priority MNS conditions</li> </ul> <p><b>Practice session</b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons of Module 1</li> <li>• Use effective communication skills in interactions with people with MNS conditions.</li> <li>• Perform assessments for priority MNS conditions.</li> <li>• Assess and manage physical health in MNS conditions.</li> </ul>
<p><b>DAY 2</b></p>	<p><b>05 February</b></p>
<p>8:30- 12:30</p>	<p><b><u>SESSION 2 – Problem Management Plus (+)</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Introduction to PM+</li> <li>• Refresh on information about common mental health problems (i.e. depression, anxiety, stress);</li> <li>• Know the rationale for each of the strategies;</li> </ul>
<p>12:30- 14:00</p>	<p>Lunch Break</p>
<p>14:00- 16:30</p>	<p>Friday Break</p>
<p><b>DAY 3</b></p>	<p><b>06 February</b></p>
<p>8:30 – 12:30</p>	<p><b><u>SESSION 3 – Module: Modules 2 &amp; 8: Depression and Self-Harm/Suicide</u></b></p> <p><b>Learning objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with depression/self-harm</li> <li>• Recognize common symptoms of depression/self-harm</li> <li>• Know the assessment principles of depression/self-harm</li> <li>• Know the management principles of depression.</li> <li>• Provide psychosocial interventions for people with depression/self-harm and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate, considering special populations.</li> <li>• Plan and perform follow-up for depression/self-harm</li> </ul>
<p>12:30- 14:00</p>	<p>Lunch Break</p>

14:00-16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons on Module 2 &amp; 8</li> <li>• Perform an assessment for depression and self-harm.</li> <li>• Use effective communication skills in interactions with people with depression and self-harm</li> <li>• Assess and manage physical health conditions as well as depression and self-harm.</li> <li>• Assess and manage emergency presentations for self-harm</li> </ul>
<b>DAY 4</b>	<b>07 February</b>
8:30 – 12:30	<p><b><u>Session 4--Module 6: Stress and Trauma related disorders</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to stress and trauma related conditions</li> <li>• Know the common presentation of disorders due to stress and trauma related conditions.</li> <li>• Know the assessment principles of disorders due to stress and trauma related conditions</li> <li>• Know the management principles of disorders due to stress and trauma related conditions</li> <li>• Plan and perform follow up for people with disorders due to stress and trauma related conditions</li> </ul>
12:30-14:00	Lunch Break
14:00-16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Role-play on delivering strategies and basic helping skills.</li> <li>• Know and practice basic helping skills;</li> </ul>
<b>DAY 5</b>	<b>8 February</b>
8:30-12:30	<p><b><u>SESSION 5 – Module 7: Substance use Disorders</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to substance use.</li> <li>• Know the common presentation of disorders due to substance use.</li> <li>• Know the assessment principles of disorders due to substance use.</li> <li>• Know the management principles of disorders due to substance use.</li> <li>• Plan and perform follow up for people with disorders due to substance use.</li> </ul>
12:30-14:00	Lunch Break
14:00-16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for disorders due to substance use.</li> <li>• Use effective communication skills in interactions with people with disorders due to substance use.</li> <li>• Assess and manage physical health in disorders due to substance use.</li> <li>• Assess and manage emergency presentations of disorders due to substance use.</li> <li>• Provide psychosocial interventions to persons with disorders due to substance use and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering special populations</li> </ul>
<b>DAY 6</b>	<b>09 February</b>
8:30-11:00	<p><b><u>SESSION 6 – – Module 3 Psychosis</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with psychoses.</li> <li>• Name common presentations of psychoses.</li> <li>• Name assessment principles of psychoses.</li> <li>• Name management principles of psychoses.</li> <li>• Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations.</li> <li>• Plan and performs follow-up sessions for people with psychoses.</li> </ul>

12:30-14:00	Lunch Break
14:00-16:00	<p><b><u>Practice Session for Module 3 Psychosis</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons on Module</li> <li>• Perform an assessment for psychoses.</li> <li>• Use effective communication skills when interacting with person psychoses.</li> <li>• Assess and manage physical health concerns in psychoses.</li> <li>• Assess and manage emergency presentations of psychoses.</li> </ul> <p>Provide psychosocial interventions to persons with psychoses and their carers.</p>
<b>DAY 7</b>	<b>10 February</b>
8:30-12:30	<p><b><u>SESSION 7 – Module 5: Children and Adolescent Mental Health</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for children and adolescents with mental and behavioural disorders.</li> <li>• Know common presentations of children and adolescents with mental and behavioural disorders.</li> <li>• Know assessment principles of child and adolescents with mental and behavioural disorders.</li> <li>• Know management principles of child and adolescents with mental and behavioural disorders.</li> <li>• Plan and perform follow-up for children and adolescents with mental and behavioural disorders.</li> </ul> <p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for children and adolescents with mental and behavioural disorders.</li> <li>• Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders.</li> <li>• Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carers</li> </ul>
12:30-14:00	Lunch Break
14:30-16:30	<p><b><u>SESSION 8 – Module 4: Epilepsy</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with epilepsy.</li> <li>• Know common presentations of epilepsy.</li> <li>• Know the assessment principles of epilepsy.</li> <li>• Use effective communication skills in interactions with people with epilepsy.</li> <li>• Know the management principles of epilepsy.</li> <li>• Plan and perform follow-up for epilepsy.</li> </ul>
<b>DAY 8</b>	<b>11 February</b>
8:30 – 12:00	<p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for epilepsy.</li> <li>• Assess and manage physical health in epilepsy.</li> <li>• Assess and manage emergency presentations of epilepsy.</li> <li>• Provide psychosocial interventions to persons with epilepsy and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate in epilepsy considering special populations.</li> </ul>

12:00-14:00	Lunch Break
14:00-16:30	<p><b><u>SESSION 9:</u></b></p> <ul style="list-style-type: none"> <li>• Wrap UP</li> <li>• Post-training test and evaluation</li> <li>• Award of Certificate of Completion</li> <li>• Closing Ceremony</li> </ul>

## 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 role 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)	<b>8.6</b>		<b>13.5</b>		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**



#### 1.4. 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  
15<sup>th</sup> -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 (LMIC) 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 hunger 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 15<sup>th</sup> of February to 22<sup>th</sup> 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*

<b>DAY 1</b>	<b>15 February</b>
9:00 - 10:00	<p><b><u>Official Opening of the training by MoH, SNU &amp; WHO</u></b></p> <p>South West State Ministry of Health Representative</p> <p>SNU Representative</p>
10:00- 12:30	<p><b><u>Introduction</u></b></p> <ul style="list-style-type: none"> <li>• Group introduction, check in agenda setting, pre-training test and housing keeping issues.</li> <li>• Session will introduce mental health in the global and local context.</li> <li>• Introduction to priority conditions covered under mhGAP.</li> </ul>
12:30- 14:00	Lunch Break
14:00- 16:30	<p><b><u>SESSION 1 – Module 1: Essential Care and Practice</u></b></p> <p><b>Learning objectives</b></p> <ul style="list-style-type: none"> <li>• Principals of essential care and practice</li> <li>• Effective communication skills in interacting with people with MNS conditions</li> <li>• Tools for assessment</li> <li>• Treatment planning</li> <li>• Promote respect and dignity for people with priority MNS conditions</li> </ul> <p><b>Practice session</b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons of Module 1</li> <li>• Use effective communication skills in interactions with people with MNS conditions.</li> <li>• Perform assessments for priority MNS conditions.</li> <li>• Assess and manage physical health in MNS conditions.</li> </ul>
<b>DAY 2</b>	<b>16 February</b>
8:30- 12:30	<p><b><u>SESSION 2 – Problem Management Plus (+)</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Introduction to PM+</li> <li>• Refresh on information about common mental health problems (i.e. depression, anxiety, stress);</li> <li>• Know the rationale for each of the strategies;</li> </ul>
12:30- 14:00	Lunch Break

14:00-16:30	<p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for disorders due to substance use.</li> <li>• Use effective communication skills in interactions with people with disorders due to substance use.</li> <li>• Assess and manage physical health in disorders due to substance use.</li> <li>• Assess and manage emergency presentations of disorders due to substance use.</li> <li>• Provide psychosocial interventions to persons with disorders due to substance use and their carers.</li> </ul> <p>Deliver pharmacological interventions as needed and appropriate in disorders due to substance use, considering special populations</p>
<b>DAY 3</b>	<b>17 February</b>
8:30 – 12:30	<p><b><u>SESSION 3 – Module: Modules 2 &amp; 8: Depression and Self-Harm/Suicide</u></b></p> <p><b>Learning objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with depression/self-harm</li> <li>• Recognize common symptoms of depression/self-harm</li> <li>• Know the assessment principles of depression/self-harm</li> <li>• Know the management principles of depression.</li> <li>• Provide psychosocial interventions for people with depression/self-harm and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate, considering special populations.</li> <li>• Plan and perform follow-up for depression/self-harm</li> </ul>
12:30-14:00	Lunch Break
14:00-16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons on Module 2 &amp; 8</li> <li>• Perform an assessment for depression and self-harm.</li> <li>• Use effective communication skills in interactions with people with depression and self-harm</li> <li>• Assess and manage physical health conditions as well as depression and self-harm.</li> <li>• Assess and manage emergency presentations for self-harm</li> </ul>
<b>DAY 4</b>	<b>18 February</b>
8:30 – 12:30	<p><b><u>Session 4--Module 6: Stress and Trauma related disorders</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to stress and trauma related conditions</li> <li>• Know the common presentation of disorders due to stress and trauma related conditions.</li> <li>• Know the assessment principles of disorders due to stress and trauma related conditions</li> <li>• Know the management principles of disorders due to stress and trauma related conditions</li> <li>• Plan and perform follow up for people with disorders due to stress and trauma related conditions</li> </ul>
12:30-14:00	Lunch Break
14:00-16:30	<p><b><u>Practice Session</u></b></p> <ul style="list-style-type: none"> <li>• Role-play on delivering strategies and basic helping skills.</li> <li>• Know and practice basic helping skills;</li> </ul>
<b>DAY 5</b>	<b>19 February</b>

<p>8:30-12:30</p>	<p><b><u>SESSION 5 – Module 7: Substance use Disorders</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to substance use.</li> <li>• Know the common presentation of disorders due to substance use.</li> <li>• Know the assessment principles of disorders due to substance use.</li> <li>• Know the management principles of disorders due to substance use.</li> <li>• Plan and perform follow up for people with disorders due to substance use.</li> </ul>
<p>12:30-14:00</p>	<p>Lunch Break</p>
<p>14:00-16:30</p>	<p>Friday Break</p>
<p><b>DAY 6</b></p>	<p><b>20 February</b></p>
<p>8:30-11:00</p>	<p><b><u>SESSION 6 – Module 3 Psychosis</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with psychoses.</li> <li>• Name common presentations of psychoses.</li> <li>• Name assessment principles of psychoses.</li> <li>• Name management principles of psychoses.</li> <li>• Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations.</li> <li>• Plan and performs follow-up sessions for people with psychoses.</li> </ul>
<p>12:30-14:00</p>	<p>Lunch Break</p>
<p>14:00-16:00</p>	<p><b><u>Practice Session for Module 3 Psychosis</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Dyadic learning, role plays and practice lessons on Module</li> <li>• Perform an assessment for psychoses.</li> <li>• Use effective communication skills when interacting with person psychoses.</li> <li>• Assess and manage physical health concerns in psychoses.</li> <li>• Assess and manage emergency presentations of psychoses.</li> </ul> <p>Provide psychosocial interventions to persons with psychoses and their carers.</p>
<p><b>DAY 7</b></p>	<p><b>21 February</b></p>

8:30-12:30	<p><b><u>SESSION 7 – Module 5: Children and Adolescent Mental Health</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for children and adolescents with mental and behavioural disorders.</li> <li>• Know common presentations of children and adolescents with mental and behavioural disorders.</li> <li>• Know assessment principles of child and adolescents with mental and behavioural disorders.</li> <li>• Know management principles of child and adolescents with mental and behavioural disorders.</li> <li>• Plan and perform follow-up for children and adolescents with mental and behavioural disorders.</li> </ul> <p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for children and adolescents with mental and behavioural disorders.</li> <li>• Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders.</li> <li>• Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carers</li> </ul>
12:30-14:00	Lunch Break
14:30-16:30	<p><b><u>SESSION 8 – Module 4: Epilepsy</u></b></p> <p><b>Learning Objectives</b></p> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with epilepsy.</li> <li>• Know common presentations of epilepsy.</li> <li>• Know the assessment principles of epilepsy.</li> <li>• Use effective communication skills in interactions with people with epilepsy.</li> <li>• Know the management principles of epilepsy.</li> <li>• Plan and perform follow-up for epilepsy.</li> </ul>
<b>DAY 8</b>	<b>22 February</b>
8:30 – 12:00	<p><b>Practice Session</b></p> <ul style="list-style-type: none"> <li>• Perform an assessment for epilepsy.</li> <li>• Assess and manage physical health in epilepsy.</li> <li>• Assess and manage emergency presentations of epilepsy.</li> <li>• Provide psychosocial interventions to persons with epilepsy and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate in epilepsy considering special populations.</li> </ul>
12:00-14:00	Lunch Break
14:00-16:30	<p><b><u>SESSION 9:</u></b></p> <ul style="list-style-type: none"> <li>• Wrap UP</li> <li>• Post-training test and evaluation</li> <li>• Award of Certificate of Completion</li> <li>• Closing Ceremony</li> </ul>



## 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 role 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

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### 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	15(75%)	5(25%)	None	None	None

the content and attendees					
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



## 1.5. Baseline information

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 Dollow, 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 Waalanyaha, 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*

# 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:

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

<b>Day 1</b>	<b>Topic/Activity</b>
<b><u>SESSION 1 – Essential Care and Practice</u></b>	<b>Learning objectives</b> <ul style="list-style-type: none"> <li>• Principals of essential care and practice</li> <li>• Effective communication skills in interacting with people with MNS conditions</li> <li>• Tools for assessment</li> <li>• Treatment planning</li> <li>• Promote respect and dignity for people with priority MNS conditions</li> </ul>
<b><u>SESSION 2 – Substance-use Disorders</u></b>	<b>Learning Objectives</b> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to substance use.</li> <li>• Know the common presentation of disorders due to substance use.</li> <li>• Know the assessment principles of disorders due to substance use.</li> <li>• Know the management principles of disorders due to substance use.</li> <li>• Plan and perform follow up for people with disorders due to substance use.</li> </ul>
<b>Day 2</b>	<b>Topic/Activity</b>
<b><u>SESSION 4 – Psychosis</u></b>	<b>Learning Objectives</b> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with psychoses.</li> </ul>

	<ul style="list-style-type: none"> <li>• Name common presentations of psychoses.</li> <li>• Name assessment principles of psychoses.</li> <li>• Name management principles of psychoses.</li> <li>• Deliver pharmacological interventions as needed and appropriate in psychoses considering special populations.</li> <li>• Plan and performs follow-up sessions for people with psychoses.</li> </ul>
<b><u>SESSION 5 - Stress and Trauma related disorders</u></b>	<b>Learning Objectives</b> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with disorders due to stress and trauma related conditions</li> <li>• Know the common presentation of disorders due to stress and trauma related conditions.</li> <li>• Know the assessment principles of disorders due to stress and trauma related conditions</li> <li>• Know the management principles of disorders due to stress and trauma related conditions</li> <li>• Plan and perform follow up for people with disorders due to stress and trauma related conditions</li> </ul>
<b>Day 3</b>	<b>Topic/Activity</b>
<b><u>SESSION 6 – Depression and Self-Harm/Suicide</u></b>	<b>Learning objectives</b> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with depression/self-harm</li> <li>• Recognize common symptoms of depression/self-harm</li> <li>• Know the assessment principles of depression/self-harm</li> <li>• Know the management principles of depression.</li> <li>• Provide psychosocial interventions for people with depression/self-harm and their carers.</li> <li>• Deliver pharmacological interventions as needed and appropriate, considering special populations.</li> <li>• Plan and perform follow-up for depression/self-harm</li> </ul>
<b><u>SESSION 7 – Epilepsy</u></b>	<b>Learning Objectives</b> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with epilepsy.</li> <li>• Know common presentations of epilepsy.</li> <li>• Know the assessment principles of epilepsy.</li> <li>• Use effective communication skills in interactions with people with epilepsy.</li> <li>• Know the management principles of epilepsy.</li> <li>• Plan and perform follow-up for epilepsy.</li> </ul>
<b><u>SESSION 8 – Children and Adolescent Mental Health</u></b>	<b>Learning Objectives</b> <ul style="list-style-type: none"> <li>• Promote respect and dignity for people with epilepsy.</li> <li>• Know common presentations of epilepsy.</li> <li>• Know the assessment principles of epilepsy.</li> <li>• Use effective communication skills in interactions with people with epilepsy.</li> <li>• Know the management principles of epilepsy.</li> <li>• Plan and perform follow-up for epilepsy.</li> </ul>

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

<b>DAY 1</b>	<b>Topics</b>	<b>Methods</b>
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 <ul style="list-style-type: none"> <li>• Introductions and expectations</li> <li>• Aim and Agenda</li> <li>• Ground Rules</li> </ul>	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 <ul style="list-style-type: none"> <li>• Introduction to supportive Communication skills</li> <li>• Resources to use</li> <li>• Who can use supportive communication skills?</li> </ul>	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	
<b>DAY 2</b>	<b>Topics</b>	<b>Methods</b>
8:30 am to 9:00 am 30 minutes	Attendance taking, RECAP the previous day's lessons <ul style="list-style-type: none"> <li>• Introduction to Supportive Communications</li> <li>• Resources</li> <li>• Who can use supportive communication skills?</li> </ul>	
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 to 10:50 am 30 minutes	BREAK	
10:50 am to 11:35 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 <ul style="list-style-type: none"> <li>• PFA in the framework of Mental Health and Psychosocial Support</li> <li>• Psychological responses to crisis events specifically to COVID-19 pandemic</li> <li>• Key resilience (protective) factors</li> </ul>	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	
<b>DAY 3</b>	<b>Topics</b>	<b>Methods</b>
8:30 am to 9:00 am	Registration, ground rules and summarizing the previous day lessons What PFA is and is not <ul style="list-style-type: none"> <li>• PFA in the framework of Mental Health and Psychosocial Support</li> <li>• Psychological responses to crisis events specifically to COVID-19 pandemic</li> </ul> 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 <ul style="list-style-type: none"> <li>• Prepare... Look, Listen, and Link</li> </ul>	Presentations and Discussion

10: 30 am to 10:45 am 15 minutes	BREAK	
10:45 am to 11: 25 am 50 minutes	Look <ul style="list-style-type: none"> <li>Assess the current situation</li> <li>Who seeks support?</li> <li>What the risks are?</li> <li>The needs of the affected</li> <li>Expected emotional reactions</li> </ul>	Presentations and Discussion
11: 25 am to 12:25 am 30 minutes	Listen <ul style="list-style-type: none"> <li>Begin the conversation, by listening</li> <li>Demonstration: helping people feel calm</li> <li>Good communication</li> </ul>	
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 <ul style="list-style-type: none"> <li>Practical Support on basic needs</li> <li>Providing Support yourself</li> <li>Linking with other services</li> <li>Helping people to manage their own problems</li> </ul>	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	<ul style="list-style-type: none"> <li>Ending your assistance</li> <li>Reflection exercise</li> <li>Post test</li> </ul> <p>End of Day 3. Delegate assignments for tomorrow and start of time</p>	Presentations and discussions
<b>DAY 4 (Group 1: Counselling Skills)</b>	<b>Topics</b>	<b>Methods</b>
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	<ul style="list-style-type: none"> <li>Introduction to Counselling Skills</li> <li>Aims of Basic Counselling</li> <li>Principles of Basic Counselling</li> <li></li> </ul>	Presentations and discussions
10: 00 am to 10: 30 am 30 minutes	<ul style="list-style-type: none"> <li>Counselling and Confidentiality</li> <li>Counselling and Culture Sensitivity</li> </ul>	Presentations and Discussion
10: 30 am to 10:45 am 15 minutes	BREAK	
10:45 am to 11: 25 am 40 minutes	<ul style="list-style-type: none"> <li>Basic Counselling Skills</li> <li>6 step process</li> <li>Counselling skills to be used for children</li> </ul>	Presentations and Discussion
11: 25 am to 12:25 noon 60 minutes	<ul style="list-style-type: none"> <li>The Basics of Communication <ul style="list-style-type: none"> <li>Communication Defined</li> <li>Effective and Ineffective Communication Skills</li> </ul> </li> </ul>	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	<ul style="list-style-type: none"> <li>Positive Skills to use</li> <li>ROLE PLAY Annex 3 on Positive Skills to use</li> </ul>	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	<ul style="list-style-type: none"> <li>Reflection exercise</li> <li>Evaluation of the training</li> </ul> <p>End of Day 4. Delegate assignments for tomorrow and start of time for field supervision</p>	Presentations and discussions
<b>DAY 4 (Group 2: Social Cohesion Activities)</b>	<b>Topics</b>	<b>Methods</b>
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	<ul style="list-style-type: none"> <li>What is a Group? Who are the target beneficiaries?</li> <li>GROUP THINK: Guidelines on forming groups and conducting group meetings</li> </ul>	Presentations and discussions
10: 00 am to 10: 30 am 30 minutes	<ul style="list-style-type: none"> <li>Spot the strengths and differences</li> <li>INTRODUCTION to FACILITATION SKILLS</li> <li>Skills of a good facilitator</li> </ul>	Presentations and Discussion
10: 30 am to 10:45 am 15 minutes	BREAK	
10:45 am to 11: 25 am 40 minutes	<ul style="list-style-type: none"> <li>Differences between facilitation and teaching</li> </ul>	Presentations and Discussion
11: 25 am to 12:25 noon 60 minutes	<ul style="list-style-type: none"> <li>Strengths and difficulties as a facilitator</li> </ul>	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	<ul style="list-style-type: none"> <li>ROLE PLAY Annex 4 on Designing and Delivering Psychoeducation sessions</li> <li>ROLE PLAY Annex 4 on Organizing and Facilitating Small Group Sessions</li> </ul>	Presentations and discussions  Role Play Annex 4
2:25 pm to 3: 15 pm 50 minutes	<ul style="list-style-type: none"> <li>Reflection exercise</li> <li>Evaluation of the training</li> </ul> <p>End of Day 4. Delegate assignments for tomorrow and start of time for field supervision</p> <ul style="list-style-type: none"> <li>CHWs to demonstrate in the Health Facilities the exercise (but improved version) that was done but with actual patients and caregivers.</li> <li>Animators to organize small group discussions in their respective blocks.</li> </ul>	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*

## 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 Communities	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	<b>Dharkeynley</b>							BURDO HC	HC	Community	Health/Nutrition		
BANADIR	BANADIR	BANADIR		<b>Dharkeynley</b>						DHKIRC HC	HC	IRC	Health/Nutrition		
BANADIR	BANADIR	BANADIR			<b>Dharkeynley</b>					Badbaado SOS HC	HC	SOS	Health/Nutrition		
BANADIR	BANADIR	BANADIR				<b>Dharkeynley</b>				Dharkinlay RI HC	HC	RI	Health/Nutrition		
BANADIR	BANADIR	BANADIR					<b>Dharkeynley</b>			Suuqyare HC	HC	WARDI	Health/Nutrition		
BANADIR	BANADIR	BANADIR						<b>Dharkeynley</b>		Siciid Rooraaye HC	HC	WARDI	Health/Nutrition		
BANADIR	BANADIR	BANADIR							<b>Dharkeynley</b>	Shabelle HC	HC	SCI	Health/Nutrition		
BANADIR	BANADIR	BANADIR								<b>Dharkeynley</b>	Dharkinlay SOYDA HC	HC	SOYDA	Health/Nutrition	
BANADIR	BANADIR	BANADIR									<b>Hamar JabJab</b>	HJB SCI HC	HC	Save the Children	Health/Nutrition
BANADIR	BANADIR	BANADIR										<b>Hamar JabJab</b>	WARDI UNICEF HC	HC	WARDI
BANADIR	BANADIR	BANADIR	<b>Hawl Wadag</b>								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	<b>Karan</b>			KRN ALDAWA HC	HC				ALDAWA	Health/Nutrition			
BANADIR	BANADIR	BANADIR		<b>Karan</b>		Keysaney Coomunity Hospital	HP	ICRC			Health/Nutrition				
BANADIR	BANADIR	BANADIR			<b>Karan</b>	KRN CISP HC	HC	CISP	Health/Nutrition						
BANADIR	BANADIR	BANADIR				<b>Karan</b>	KRN IRC HC	HC	IRC	Health/Nutrition					
BANADIR	BANADIR	BANADIR					<b>Karan</b>	KRN Mercy USA HC	HC	Mercy USA	Health/Nutrition				
BANADIR	BANADIR	BANADIR						<b>Karan</b>	KRN Mercy USA HC	HC	Mercy USA	Health/Nutrition			
BANADIR	BANADIR	BANADIR							<b>Karan</b>	Jamhuriya HC	HC	ZamZam Foundation	Health/Nutrition		
BANADIR	BANADIR	BANADIR								<b>Karan</b>	SRCS Gubadlay HC	HC	SRCS	Health/Nutrition	
BANADIR	BANADIR	BANADIR	<b>Kahda</b>								KHD Mercy USA HC	HC	Mercy USA	Health/Nutrition	
BANADIR	BANADIR	BANADIR		<b>Kahda</b>							Muslim Hand HC	HC	Muslim Hand	Health/Nutrition	
BANADIR	BANADIR	BANADIR			<b>Kahda</b>						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	<b>Waberi</b>	Waberi HC WARDI	HC	ACF	Health/Nutrition
BANADIR	BANADIR	BANADIR		WAB Elgab HCWARDI/SORRDO	HC	ACF	Health/Nutrition
BANADIR	BANADIR	BANADIR	<b>Wadajir</b>	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	<b>Warta nabada</b>	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	<b>Yaqshid</b>	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	<b>Heliwaa</b>	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	<b>Hamar Wayne</b>	De- Martinio	HC	MOH	Health only
BANADIR	BANADIR	BANADIR		Hamar-Wayne HC	HC	WARDI	Health/Nutrition
BANADIR	BANADIR	BANADIR	<b>Shangani</b>	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		Tiirrow Pravate TB Center	HC	Privately owned- Tiirrow	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 Higlie 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 Referral 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



1.6. M&E framework

## **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

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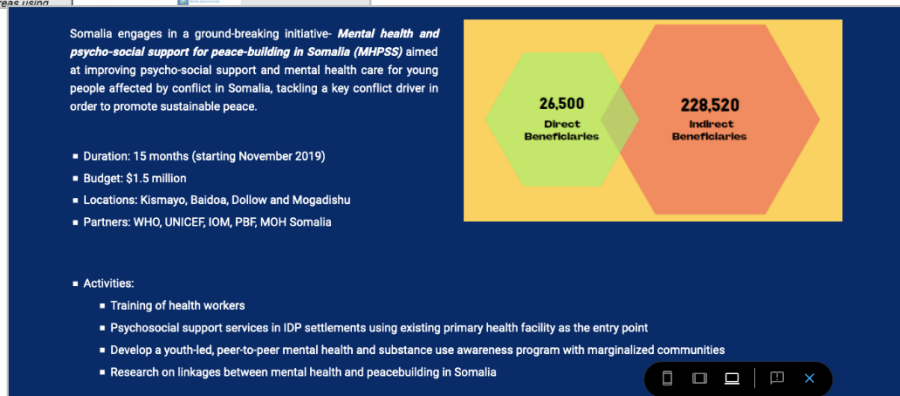
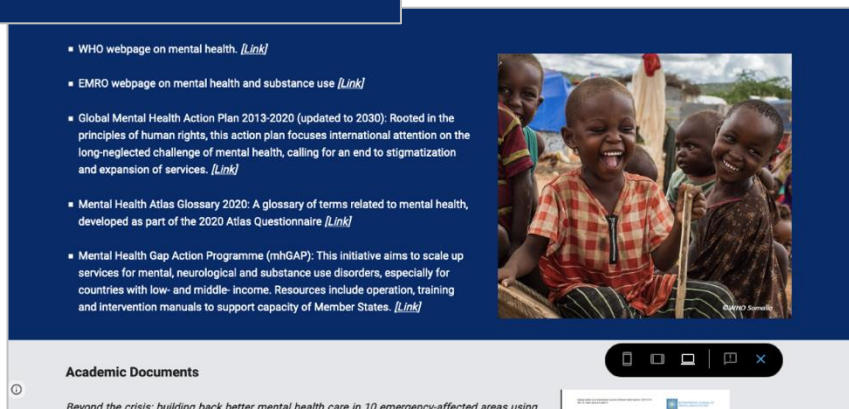
**Please note : The M&E framework is a 40-page long document. The table of contents is provided here, for information and the entire document can be provided on demand.**

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## 2. PBF and project visibility

### 2.1. MHPSS project website (prototype)<sup>1</sup>



<sup>1</sup> Screenshots from the website prototype, available with logins on google sites

## 2.2. Web-story on the MHPSS project

### **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.<sup>2</sup>

<sup>2</sup> 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	
<b>DURATION</b> 21 months (November 2019-August 2021)	<b>LOCATION</b> Kismayo, Baidoa, Dollow, Mogadishu, Galkayo
<b>BUDGET</b> US\$ 1.5 million	<b>BENEFICIARIES</b> 26 500 direct beneficiaries 288 520 indirect beneficiaries
<b>ACTIVITIES</b> 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> >