LESSONS LEARNED FROM DELIVERING GENDER-BASED VIOLENCE AND MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT SERVICES TRAINING IN CONFLICT-AFFECTED AREAS IN ETHIOPIA

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INTRODUCTION

In November 2020, conflict broke out between Tigrayan security forces and the Ethiopian Federal Government, affecting populations in Tigray and parts of the Amhara and Afar regions. The conflict devastated the health system in affected areas, rendering most health facilities and health posts non-functional. Simultaneously, sexual violence and gender-based violence (SGBV) significantly increased in these areas.

Since 2017, the United States Agency for International Development (USAID) Transform: Primary Health Care Activity has operated in the six major regions of Ethiopia: Amhara, Oromia, Sidama, Southern Nations, Nationalities, and People's Region, Southwest, and Tigray, working with Ethiopia's Ministry of Health (MOH) to strengthen primary health care and prevent maternal and child deaths. The Activity implemented several activities to strengthen GBV prevention and response services within the primary health care system.

In addition to short- and long-term effects on survivors' physical health and economic well-being, SGBV has detrimental effects on the mental health of individual survivors, their families and loved ones, and the broader community. Experience of and exposure to the heightened violence led to steep increases in community members' need for mental health and psycho-social support

(MHPSS) services throughout conflict-affected areas in northern Ethiopia. In response to increased reports of SGBV cases during the conflict, the Activity sought to strengthen post-SGBV health services and referrals. Critical knowledge gaps on SGBV and services among health extension workers (HEWs), health care providers, and other health professionals resulted in severe gaps in services and service quality for SGBV survivors. For these reasons, the Activity supported strengthening SGBV response services, particularly awareness of and referral to MHPSS services in conflict-affected areas. This brief provides an overview of the process for implementing these training sessions and details the lessons learned and recommendations for future implementation.

OVERVIEW OF TRAINING

As a national curriculum for MHPSS services for GBV survivors did not yet exist, the USAID Transform: Primary Health Care Activity collaborated with the Ethiopia Public Health Institute (EPHI) to develop and deliver a *Community-based SGBV & MHPSS Awareness Creation & Case Identification* training-of-trainers (ToT) curriculum. The Activity cascaded the training across several conflict-affected sites in Amhara, and it aimed to (1) create SGBV and MHPSS knowledge and understanding among the trainees and (2) assist participants/paraprofessionals in identifying and linking SGBV survivors and people with severe mental health challenges. The training provided basic knowledge on SGBV and mental health, equipped participants with knowledge and skills to identify SGBV cases and persons with mental illness, and reinforced referral mechanisms to strengthen linkages to MHPSS for survivors. See a full list of topics covered in Exhibit 1.

First, the Activity organized a ToT with EPHI and the MOH in Bahir Dar in March 2022 to train psychiatry professionals, social workers, and psychologists in SGBV and MHPSS services in conflict settings. A total of 25 participants (20 male; five female) were selected from universities, hospitals, deployed emergency teams, and the USAID Transform: Primary Health Care Activity team based in conflict-affected areas.

Exhibit 1: Topics covered in the Community-based SGBV & MHPSS Awareness Creation & Case Identification training

- ✓ Concepts of MHPSS
- ✓ Classification of Mental Health Disorders
- ✓ Causes of Mental Illness, Cultural Explanations for Mental Illness
- ✓ Priority MH Conditions in Humanitarian Situations
- ✓ Mental Health Care in Ethiopia
- ✓ Basics of GBV
- ✓ Effective Communication Skills
- ✓ Role of HEWs in MHPSS and SGBV
- ✓ Screening for SGBV and MH cases
- ✓ Identification of persons with different MH problems
- ✓ Orientation to a referral tool via role play

To follow up, the Activity held a planning meeting with all ToT participants to prepare for rollout training in conflict-affected zones. EPHI and the MOH reviewed training materials again to ensure effectiveness for rollout. The USAID Transform: Primary Health Care Activity collaborated with zonal officers to select training woredas based on those most severely affected by the war and to finalize other logistical preparations. ToT participants helped select participants for the subsequent rollout training, including HEWs, HEW Program Officers/Supervisors, health development army members, psychiatry professionals, Public Health Emergency Officers, linkage focal persons from health centers and Woreda Health Offices, experts from the Women, Children, and Social Affairs Office, and emergency team members based in conflict-affected woredas and zones. Rollout training sessions were then organized and cascaded in each of the selected woredas.

Exhibit 2: Number of participants in SGBV & MHPSS Awareness Creation & Case Identification rollout training

ZONE	NUMBER OF SESSIONS	PARTICIPANTS TRAINED
South Wollo	3	81 (39 female)
North Wollo	3	74 (36 female)
Wolkait	1	26 (12 female)
North Showa	1	26 (21 female)
Wag Hemra	4	109 (71 female)
North Gondar	1	23 (9 female)
Oromia	1	27 (22 female)
Total	**14**	**366 (210 female)**

LESSONS LEARNED FOR IMPLEMENTATION

KEY SUCCESSES AND ENABLING FACTORS

- Diverse participants, ranging from HEWs to psychiatry professionals, brought varied experiences and knowledge, enabling participants to share and learn from one another.
- Participants understood that it is essential to provide MHPSS and to protect survivors from stigma.
- The content of the training was well framed and effective.
- The training was feasible to deliver in the allotted time of three days.

CHALLENGES

- Most participants primarily speak Amharic, but training materials were prepared in English, and trainers had to adapt materials.
- There was not a complete facilitators' guide for rollout training sessions.
- The diverse range of educational backgrounds among participants sometimes affected the pace of the training, as some participants struggled to keep up with the technical content being discussed.
- With no established point person or entity responsible for follow-up, commitment among participants to apply the training content may vary.

RECOMMENDATIONS FOR FUTURE TRAINING

- Translate all training materials to Amharic or other local languages.
- Strengthen post-training follow-up to understand how training concepts are being put into practice.
- Finalize the facilitator guide for future implementation.
- Increase the interactivity and opportunities to practice application during the training through role play and case study activities.
- Design strategies to mitigate differing levels of education and experience among the participants to benefit from experience sharing while also ensuring all participants stay engaged and can apply the material.

14 rollout training sessions have been conducted thus far, reaching a total of 366 participants (Exhibit 2). Since the training sessions, 93,479 people (45,704 female) have been reached through GBV awareness-raising activities during health worker-led morning sessions at health centers, house-to-house sensitization campaigns, kebele meetings by HEWs, and at internally displaced persons sites by the Qishene theatre club. Furthermore, 28 GBV cases have been linked to health facilities for treatment.

"[DURING THE TRAINING], TWO TRAINEES REFLECTED HOW LOCAL AUTHORITIES AT THE KEBELE LEVEL USE THEIR POWER TO COMMIT GENDER-BASED VIOLENCE. MOST PARTICIPANTS ASSOCIATED THE TRAINING TOPICS WITH INSTANCES FROM THEIR PERSONAL LIFE, PARTICULARLY DURING THE DISCUSSION ON THE DIFFERENT TYPES OF MENTAL DISORDERS. TRAINEES ALSO REFLECTED THAT THE TRAINING WILL NOT ONLY HELP THEM TO PERFORM THEIR JOB, BUT ALSO WILL HAVE AN IMPACT ON THEIR PERSONAL AND FAMILY LIFE."

– TRAINER, WAGHEMRA ZONE

CONSIDERATIONS FOR FUTURE PROGRAMMING

While training participants were keen in identifying and referring SGBV and mental health cases, they raised several issues and barriers to effective implementation in their work. They expressed that guidance for HEWs to work with SGBV and mental health cases is not clear, and HEWs and community advocates are not fully aware of existing facilities or institutions providing SGBV and MHPSS services. Furthermore, the overall process for identifying and referring SGBV and mental health cases remains weak, with poor service mapping and referral linkages. A strong referral network using referral slips between HEWs/community advocates and facilities providing SGBV and MHPS services has not yet been established. There are also no individual folders for case documentation, and psychiatry professionals have been keeping documentation in their private notebooks. Many facilities also face shortages in mental health medications. Beyond health response,

most SGBV survivors also need economic support, which remains unaddressed. Most survivors face financial difficulties and may be unable to reach the places where they are referred. These health system gaps and economic barriers are often heightened for internally displaced persons.

Based on these observations, trainers and participants shared the following recommendations to consider for future programming:

1. With such a high number of cases, it is crucial to manage GBV cases properly and sustain training follow-up. Furthermore, there is a need to provide SGBV and MPHSS training on a large scale.
2. Ensure attention is given at all levels (Zonal Health Divisions, Woreda Health Offices, and communities) to SGBV and mental health, including establishing systems, ensuring ownership across levels, assigning coordination bodies, and developing clear reporting and referral systems for the community.
3. Ensure comprehensive service mapping and adequately disseminate reporting and referral system protocols with HEWs and community advocates.
4. Advocate to increase awareness of SGBV and MHPSS and relevant services.
5. Develop accountability mechanisms for departments to plan and monitor SGBV and MHPSS service provision and awareness-raising activities.
6. Provide additional financial and material resources for humanitarian and government workers to adequately respond to SGBV cases in conflict-affected areas.
7. Develop or revise SGBV and mental health illness screening tools and referral slips and distribute adequate quantities to HEWs to effectively screen and refer cases.

Although the situation in these conflict-affected areas of Amhara remains challenging, there continues to be ways to support survivors, the community, and the health system in recovering. This brief provides some key lessons learned to build upon to strengthen and expand SGBV response services, including adequate MHPSS service referrals and care.

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