



REGIONAL TRAINING FACILITY
ON PREVENTION AND SUPPRESSION
OF SEXUAL AND GENDER BASED
VIOLENCE IN THE GREAT
LAKES REGION



CENTRE RÉGIONAL DE FORMATION
SUR LA PRÉVENTION ET LA SUPPRESSION
DES VIOLENCES SEXUELLES BASÉES
SUR LE GENRE DANS LA RÉGION
DES GRANDS LACS



FINAL DRAFT REPORT

THE TRAINING OF TRAINER'S WORKSHOP ON INTEGRATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) AND PEACE BUILDING INITIATIVES IN COMBATING SGBV IN THE GREAT LAKES REGION, TOOK PLACE AT IMPERIAL ROYALE HOTEL, KAMPALA ON 20th – 23th JANUARY 2025.

Organized by ICGLR-Regional Training Facility with Support of the GIZ

Facilitated by Gaya Blom and Moses Mukasa, as main facilitators, together with ICGLR-RTF Team

***Compiled by Tumusiime Robert
Project Training Officer
ICGLR- Regional Training Facility
P.O Box 1349, Kampala Uganda
Email; tumurobs@gmail.com
Tel; +256 782 605 102***

THE TRAINING OF TRAINER'S WORKSHOP ON INTEGRATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) AND PEACE BUILDING INITIATIVES IN COMBATING SGBV IN THE GREAT LAKES REGION, TOOK PLACE AT IMPERIAL ROYALE HOTEL, KAMPALA ON 20th – 23th JANUARY 2025..



Participants Group Photo at Opening Ceremony of the Training of Trainer's at Imperial Royal Hotel, Kampala, January 20th-23th, 2021.

Compiled by:

Tumusiime Robert
Project Training Officer, ICGLR-RTF
P.O Box 1349, Kampala Uganda
Email: tumurobs@gmail.com

Tel; +256 782 605 102

CONTENTS

Executive Summary.....	iv
<u>1.0 Introduction</u>	<u>1</u>
2.0 Back Ground and Project Context.....	2
2.1 Integration of MHPSS in the ICGLR-RTF Work Context.....	3
3.0 Objectives of the Training	4
3.1 Main Objective	4
3.2 Specific Objectives	4
4.0 Participants	5
5.0 Methodology.....	5
6.0 Training Program.....	6
7.0 Opening Ceremony.....	7
8.0 Training proceedings	11
A. Introduction/ setting ground rules/ objectives of the training, facilitated by Gaya and Moses	11
B. Proceedings of the training sessions	12
C. Discussions	14
D. Challenges.....	37
E. Recommendations	37
<u>F. Action Plans</u>	<u>39</u>
9.0 Closing Remarks.....	41
10.0Annex.....	44
A.Event – Photos	44
B. Final Draft Program	46
C. Reference	49
D. Feedback on Training evaluation.....	49
E. Power Point Slides (All training packages)	49

Executive Summary

The 4 days Training of Trainer`s workshop of Professionals on Integration of Mental Health and Psychosocial Support (MHPSS) and Peace Building Initiatives in Combating Sexual Gender Based Violence (SGBV) in the Great Lakes Region , took place at Imperial Royale Hotel, Kampala on 20th- 23th January 2025.

The Training was organized by ICGLR-Regional Training Facility with support of GIZ and attended by over 40 professionals from different government agencies and Civil Society Organizations namely; Ministry of Justice and Constitutional Affairs, Ministry of Health, Ministry of Gender, Labour and Social Development, Uganda Police, Uganda Prison Services, Uganda People Defense Force, TPO, International Rescue Committee, Action Aid International Uganda, World Lutheran Federation, Refugee Law Project , East African Professional Counselling Institute, SIMBI , RECODs and among others.

The training of trainer`s workshop aimed at strengthening the capacity of professionals of Mental Health and Psychosocial Support (MHPSS) and Peace Building Initiatives in Combating Sexual Gender Based Violence (SGBV) in the Great Lakes Region.

The capacity of the participants was enhanced through shared experience, knowledge, practical skills and good practices on Integration of MHPSS and Peace Building initiatives in combating SGBV in the Great Lakes Region.

The training was facilitated by Gaya Blom and Moses as Lead facilitators, together with ICGLR-RTF team.

The training methods employed included; lecturing, brainstorming, group work demonstrations, plenary and discussions. Through discussions, participants shared practical lessons, hand on skills, experience, and strategies for responding to victims of accidents as first aid responders.

The opening ceremony was presided over by Amb. Philip Rukikire , National Coordinator ICGLR, Ministry of Foreign Affairs, and Hon. Dr. Janviere Ndirahisha , Regional Director , ICGLR-Regional Training Facility.

The 4 days training course created a deeper understanding on integration of MHPSS and Peace Building initiatives including identification of the opportunities and challenges of integrating MHPSS and Peace building , Co-create interventions that integrates MHPSS and Peace Building, applicable skills and good practices for supporting victims of Trauma cases . It inculcates practical skills on prevention, protection and response to life-threatening MHPSS disorder as a result of trauma and dealing with post trauma including the IASC MHPSS Pyramid principles (multilayered approaches).

During the group work demonstrations & discussions, participant noted the following ;

- There is overlap between MHPSS and Peace building interventions and principles .For example in regard to conflict sensitivity, participation as well as social cohesion and well-being outcomes.
- Integration of MHPSS and Peace building is crucial to create positive peace.
- Integration of MHPSS and Peace building already takes place partially.
- Its important to look into the community assets and resources to see where integration can be reinforced.
- More on integration of MHPSS and Peace building can be done through provision of more PFA trainings to Peace builders e.g. Judges, Police, Security and NGOs; Provision of more psycho

education to e.g. investigators, ; By working more together to complement each other's efforts; Offer more self-care for example to Police, Military and Judicial officers.

During the group work demonstrations & discussions, participant noted the following challenges;

- Inadequate knowledge and practical skills among communities especially refugee communities on responses (MHPSS service care) to victim affected by MHPSS as looks to be a new concept in the population and most people attribute MHPSS problems to witchcraft and cultural attachments.
- The Uganda legal framework on MHPSS is not comprehensive enough and the structural design for addressing MHPSS and referral pathway seem to be not known to population. The mental health and psycho-social support (MHPSS) program is not fully integrated in the national health response system of Uganda.
- Poor coordination and collaborative approaches/ mechanism among service providers for responding to needs of MHPSS victims as the field looks new in its kind with limited number of experts.
- The lack of monitoring, evaluation, and reporting mechanisms of MHPSS program.

Participants also noted the following recommendations;

1. Cascading training to other actors at lower levels (cultural leaders, health workers, Village health team, traditional birth attendants etc) .This helps to extend services of the program -MHPSS and Peace Building close to people.
2. Strengthening the coordination mechanism among actors in referral pathway for responding and addressing needs of MHPSS & PB victims. This can be well handled through mapping of stakeholders and formation of networks for joint coordination and integration of support services to the Survivors/victims- referring survivors/victims to specialized service providers.
3. Strengthening coordination and carry out community sensitization campaign- on awareness of MHPSS problems and encourage the communities to visit hospitals and get specialized treatment
4. Equipping actors in the referral path way with tool kits and other supportive facilities to enable them to deliver the services required by victims.
5. Monitor and evaluation of the actors involved in the provision of the services and make sure complaints in the referrals are addressed.

The closing ceremony was presided over by Dr. Ninsiima Christine as a representative of the Ministry of Health and Hon. Dr. Janvière Ndirahisha, Regional Director ICGLR-Regional Training Facility as a Chief Guest for the closing event.

1.0 Introduction

The 4 days Training of Trainer`s workshop of Professionals on Integration of Mental Health and Psychosocial Support (MHPSS) and Peace Building Initiatives in Combating Sexual Gender Based Violence (SGBV) in the Great Lakes Region , took place at Imperial Royale Hotel, Kampala on 20th- 23th January 2025.

The Training was organized by ICGLR-Regional Training Facility with support of GIZ and attended by over 40 (23F & 17 M) professionals from different government agencies and Civil Society Organizations namely; Ministry of Justice and Constitutional Affairs, Ministry of Health, Ministry of Gender, Labour and Social Development, Uganda Police, Uganda Prison Services, Uganda People Defense Force, TPO, International Rescue Committee, Action Aid International Uganda, World Lutheran Federation, Refugee Law Project , East African Professional Counseling Institute, SIMBI , RECODs and among others.

The training of trainer`s workshop aimed at strengthening the capacity of professionals of Mental Health and Psychosocial Support (MHPSS) and Peace Building Initiatives in Combating Sexual Gender Based Violence (SGBV) in the Great Lakes Region.

The training was facilitated by Gaya Blom and Moses as Lead facilitators, together with ICGLR-RTF team.

The training methods employed a participatory approach which involved; lecturing, brainstorming, group work demonstrations, plenary and discussions. Through discussions, participants shared practical lessons, hand on skills, experience, and strategies for integrating MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region.

The capacity of the participants was enhanced through shared experience, knowledge, practical skills and good practices on Integration of MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region.

The 4 days training course created a deeper understanding on integration of MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region, explored opportunities and challenges of Integrating MHPSS and Peace building; shared good practices on interventions that integrates MHPSS and Peace building. The Training further shared practical skills on prevention, protection and response to life-threatening mental disorders or traumatic stress disorders through application of Pyramid and Socio ecological Model in respect to factors which influences people`s behaviors at different levels or stages of the Pyramid.

2.0 Back Ground and Project Context

The International Conference on the Great Lakes Region – Regional Training Facility on Prevention and Suppression of Sexual and Gender-Based Violence (ICGLR-RTF) is a decentralized institution of the ICGLR based in Kampala - Uganda.

The establishment of the ICGLR-Regional Training Facility is based on: - The ICGLR Pact, 2006 which is premised on The Dar es Salaam Declaration, 2004; and The Protocol on the Prevention and Suppression of Violence Against Women and Children, 2006;

The ICGLR Pact on Security, Stability and Development, 2006 under Article 11 states that:

“The Member States undertake, in accordance with the, to combat sexual violence against women and children through preventing, criminalizing and punishing acts of sexual violence, both in times of peace and in times of war, in accordance with national laws and international criminal law.”

The ICGLR on Security, Stability and Development, 2006 has 10 Protocols; one of these Protocols is the *Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children, 2006*. The Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children, 2006 provides for *Regional Responses to Sexual Violence* under Article 6; one of the regional responses referred to under its article 6 (9) states that:

“Member States agreed to set up a special regional facility for training and sensitizing judicial officers, police units, social workers, medical officers and other categories of persons who handle cases of sexual violence in the Great Lakes Region.”

Article 6(9) of the ICGLR Protocol on Prevention and Suppression of Sexual Violence Against Women and Children, 2006 states that *“Member States agree to set a special regional facility for training and sensitizing judicial officers, police units, social workers, medical officers and other categories of persons who handle cases of sexual violence in the Great Lakes Region.”*

Sexual and Gender Based Violence (SGBV) crimes remain high both in times of peace and in times of war; nonetheless, the region is committed to preventing and responding to all these SGBV crimes.

The ICGLR-RTF has developed training manuals on prevention and response to SGBV based on the socio-ecological model and holistic or integrated approach that encompasses the

Integrated Model of Combating SGBV, a multi-sectoral approach, which includes medical, psychosocial, legal, and socio-economic interventions. ICGLR – RTF has conducted training of 8 Master Trainers, 15 Experts, and at least ten (10) Trainers in each Member State, who in turn have trained over 1,000 persons who handle cases of SGBV in the Great Lakes Region.

2.1 Integration of MHPSS in the ICGLR-RTF Work Context

ICGLR-RTF has a well-established structure of at least 122 affiliated trainers in all the 12 Member States that support cascading of training and sensitization in their respective Member States. Out of the 122, 44 are psychosocial experts. With the high increase in mental health cases, when contacted, all the ICGLR-RTF affiliated trainers expressed interest in acquiring training in MHPSS to enable them to mainstream it in their different professions.

In addition, between 2019 and June 2022, ICGLR-RTF entered a partnership with the Panzi and Dr. Denis Mukwege Foundations and developed a regional holistic training model- *the Regional Integrated Model on Combating SGBV in the Great Lakes Region (Integrated Model)*, which GIZ technically and financially supported in the framework of the Regional Project on Peace and Security in the Great Lakes Region (GLR) co-funded by the German Ministry for Economic Cooperation and Development and the European Union.

This Integrated Model combines the socio-ecological Model used by the ICGLR-RTF in training SGBV professionals and the Panzi holistic "one-stop center" care model for victims of Sexual and Gender-Based Violence. The Integrated Model has seven modules which include *Sexual and Gender Based Violence, Medical, Psychological, legal, social-economic, Prevention and sensitization and Training*.

Between October 2020 and March 2022, this Integrated Model was piloted in 5 Member States: Central African Republic (CAR), Democratic Republic of Congo (DRC), Rwanda, Uganda, and Zambia; 14 trainings for 408 professionals and other SGBV actors were conducted using the Integrated Model. Further, the Model has been digitalized and can be accessed in three ICGLR working languages- French, English, and Portuguese.

Prolonged crises and violent conflicts have had devastating consequences on the mental health and well-being of communities and individuals in the Great Lakes region. Much as significant strides have been made to respond to mental health and psychosocial support (MHPSS) needs, especially in humanitarian settings, MHPSS remains not structurally part of prevention and peace building efforts. Addressing communities' psychological and social needs is essential for building sustainable peace: *“Healing the conflicts within us helps resolve the conflicts around us.”*

Therefore, integrating MHPSS in peace building initiatives is crucial if the ICGLR is to achieve its mandate of ensuring sustainable peace and security in the region. The effects of conflict on the emotional and psychosocial well-being of the people affected by conflict have not been systemically addressed, partly contributing to the recurrent conflict and, hence, unstable and insecure communities. Moreover, SGBV survivors have not received comprehensive MHPSS services despite the trauma they experience. Besides, ICGLR-RTF-some of the targeted professionals, too, have limited or lack knowledge on mental health-related issues.

ICGLR-RTF, through this project, therefore, intends to enhance the capacities and skills of the ICGLR-RTF trainers, structures (e.g., Mediation structure) organizations, and individuals working with communities to provide services to the ex-combatants, survivors of SGBV, and refugees in the four project countries - Burundi, DRC, Rwanda and Uganda to ensure knowledge and skills on MHPSS and Peace Building (PB) is enhanced and integrated into their interventions.

3.0 Objectives of the Training

3.1 Main Objective

The training aimed at strengthening the capacity of professionals of Mental Health and Psychosocial Support (MHPSS) and Peace Building Initiatives in Combating Sexual Gender Based Violence (SGBV) in the Great Lakes Region.

3.2 Specific Objectives

The **specific objectives** of the training were;

1. Build an understanding of the nexus between Mental Health and Psychosocial Support and Peace Building Initiatives ; their complementarity and interdependence.
2. Identify opportunities and challenges of integrating MHPSS and Peace building
3. Co-create interventions that integrate MHPSS and Peace building
4. Develop an action plan for a follow-up training programme on integrating MHPSS and Peace building in the Great Lakes Region.

The participants were required to share practical lessons, knowledge, experiences and skills on integration of MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region, discuss the strategic interventions and develop action plan for fast tracking implementation of activities agreed on during plenary discussions and presentations.

The most significant components covered during the training included: Understand the nexus between MHPSS and PB; Theoretical Framework on MHPSS and Approaches to MHPSS (The intervention pyramid and socio ecological model); Theoretical Framework and Peace Building Approaches(Peace Building Interventions and Conflict Analysis Tools); Localizing MHPSS and Peace Building; The Opportunities and Challenges in MHPSS and Peace Building and a Joint Action Plan developed by the participants to fast track the implementation of activities agreed on during plenary discussions and presentations.

The short-term training objectives were realized through discussions, practical demonstrations on integration of MHPSS and Peace Building, workable strategies and approaches delivered by the facilitators and participant's group work during training sessions.

4.0 Participants

The 4 days training course attended by over 40 (23F & 17 M) professionals from different government agencies and Civil Society Organizations namely; Ministry of Justice and Constitutional Affairs, Ministry of Health, Ministry of Gender, Labour and Social Development, Uganda Police, Uganda Prison Services, Uganda People Defense Force, TPO, International Rescue Committee, Action Aid International Uganda, World Lutheran Federation, Refugee Law Project , East African Professional Counseling Institute, SIMBI , RECODs and among others

5.0 Methodology

The training methods employed included; lecturing, brainstorming, group work demonstrations, plenary, discussions and presentations. Through group discussions and

presentations , participants shared practical lessons, hand on skills, experience, and strategies on integration of MHPSS and Peace Building Initiatives in combating SGBV in the Great Lakes Region.

6.0 Training Program

The 4 days training program was as follows:

Day one;

- Arrival and registration of participants
- Introduction
- Opening Ceremony
- Introduction/Setting ground rules/ Objectives of the training
- Pre-test
- Group picture.
- Understand the nexus between MHPSS and Public Building
- Group discussions & Presentations on Understanding each other's work
- Group discussions and sharing of experiences in regard to work on MHPSS and Peace building
- Working on case study on MHPSS interventions
 - group work & Sharing in plenary of case study findings
- Theoretical Framework on MHPSS and approaches to MHPSS: The Intervention Pyramid and Ecological Model .

Day two:

- Recap for day one
- Definition of Peace Building related concepts and terminologies
- The Peace Building interventions
- The Framework and Peace Building approaches- apply peace building tools on a case study
- MHPSS and Peace Building commonalities and differences
- MHPSS and Peace Building core principles
- Localizing MHPSS and Peace Building responses

Day Three:

- Recap for day Two
- Localizing MHPSS and Peace Building responses- Identify gaps in community based approaches
- Identify opportunities and challenges for integration of MHPSS and Peace Building
- Mapping community based assets and resources

Day Four:

- Recap for day Three
- Applying MHPSS and Peace Building Integration
- Develop action
- Closing Ceremony and Certificates Handover
- Official closure & departure

During the training, trainees actively participated in various discussions, shared practical knowledge and skills on integration of MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region, discussed the strategic interventions and developed action plan for fast tracking implementation of activities agreed on during plenary discussions and presentations.

7.0 Opening Ceremony

The opening ceremony was presided over by Amb. Philip Rukikire , National Coordinator ICGLR, Ministry of Foreign Affairs of Uganda, and Hon. Dr. Janvière Ndirahisha , Regional Director , ICGLR-Regional Training Facility.

Hon. Dr. Janvière Ndirahisha welcomed the participants and thanked them for coming to the training and responding positively to our invitations for the training. In her opening remarks, she sincerely extended appreciation to the GIZ Team which made it possible for ICGLR-RTF to convene this workshop and also for the willingness to work together in organizing such important training.

She also extended special thanks to the ICBS consultants for the preparation of the training materials, and the participants who spared time to come and attend this Training of Trainers Workshop, and good working relationship established with participants and GIZ as funding partner.

Hon. Dr. Janvière Ndirahisha noted that the training of trainers workshop was organized by ICGLR-RTF with the generous facilitation of GIZ. The support reinforces ICGLR-RTF common objective and collective determination to holistically prevent and respond to Sexual and Gender Based Violence cases that had bedeviled our communities. ICGLR-RTF pledges to continue working together to achieve peace, security and stability in our region and ensure the much needed developments of our people are delivered in a sustainable manner.

Hon. Dr. Janvière Ndirahisha noted that the purpose of the training was to strengthen the capacity of selected professionals on integration of MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region.

Hon. Dr. Janvière Ndirahisha further encouraged participants to actively participate, share knowledge and good practices which shall enable us to achieve the set objectives. ICGLR-RTF also expects participants to implement the Action Plan proposed to be developed during the training, and cascade the information in respective areas of operation and institutions. ICGLR-RTF pledges to follow up with the trainees to assess the impact created as a result of interventions under this program on MHPSS and Peace Building.

In his opening remarks, the Chief Guest Amb. Philip Rukikire noted that it was a great honour for him to be part of the Opening ceremony of this Training of Trainers Workshop on Integrating Mental Health and Psychosocial Support and Peace Building Initiatives on combating Sexual and Gender Based Violence in the Great Lakes Region.

The Government of Uganda is very supportive of the Regional Training Facility as exemplified by the good will of the Ministry of Foreign Affairs through the Office of the National Coordinator and Permanent Secretary.

He further noted that since the signing of the Host Agreement between Government of Uganda and the Secretariat of ICGLR in 2014, the Regional Training Facility has had many successes and achievements toward fulfilling its mandate including training of Master Trainers and National Trainers in the 12 ICGLR Member States.

The ICGLR – RTF has demonstrated experience and knowledge in the area of training and is now applying this to MHPSS/SGBV in the region.

Amb. Philip Rukikire mentioned that in the Democratic Republic of the Congo, fighting in the East of the country has caused displacement of more than 1.6 million people, and the escalation of this conflict has hampered the delivery of humanitarian assistance. Civilians caught up in the violence suffer systematic violations of human rights, including targeted attacks against civilians and high levels of Gender Based Violence. There is a high of Sexual Violence and exploitation, including around camps for internally displaced persons which is exacerbated by nonexistent livelihood possibilities and insufficient humanitarian aid.

He emphasized that people affected by humanitarian agencies often face pervasive psychological stress that causes emotional suffering and may undermine people's ability for survival.

The loss and stress experienced during humanitarian agencies cause fear and hopelessness and affect individuals capacity to cope. Community structures that regulate community wellbeing such as extended family systems and informal community networks may breakdown causing social and psychological problems. The principles of MHPSS/SGBV should be based on rights, community and survivor- centered approaches as well as safety, confidentiality, respect and non – discrimination.

He further noted that MHPSS requires a multi-sectoral approach with involvement of partners in health, education and protection (community based protection, child protection and GBV). This is why the work of RTF in addressing the linkages between conflict and its effects with MHPSS and SGBV is important. And as such this workshop shall register a long lasting and far reaching impact in addressing mental health in the affected communities.

He emphasized that MHPSS is an integrated part of programs in various sectors with several layers of complimentary support, with referral systems between the layers. These can be described as:

- i. Provision of basis services and security in ways that protects the dignity of all people and deliver the response in a participatory, rights based way using age, gender and diversity (ADG) approaches.
- ii. Strengthening community and family support through activities that foster social cohesion and through enabling communities to restore or develop mechanisms to protect and support themselves.
- iii. Provision of focused psychosocial support through individual, family or group interventions to those who find it difficult to cope within their own support network.
- iv. Non-specialized workers usually deliver such support, after training and with on-going supervision.
- v. Clinical mental health and psychosocial services for those with severe symptoms or whose intolerable suffering rendering them unable to carry out basic daily functions. Such interventions are usually led by mental health professionals but can also be done by trained and supervised general health workers.

The Regional Training Facility in the past has trained judicial officers, security officers, and social workers on effective prevention and response to cases of Sexual and Gender Based Violence, and this demonstrated RTF's capability and success working with different sectors. As such, we were confident of a successful application of a multi-sectoral approach to MHPSS SGBV resulting in a significant impact in the respective areas of jurisdictions.

In his conclusive remarks , he noted that the existence of the ICGLR-Regional Training Facility for the prevention of Sexual Violence against women and children as the leading

research, information, education, and training sharing facility on SGBV in the Great Lakes Region, has successfully enabled the provision of quality training to groups that deal with survivors of SGBV in a bid to enhance response to SGBV in the Great Lakes Region.

Therefore, pledged to reaffirm their commitment to support the implementation of the Pact on Security Stability and Development in the Great Lakes Region, that has been thus far carried out diligently by the Regional Training Facility in Kampala, as confirmed by periodic assessment and reviews by the Regional Inter-Ministerial Committee.

Thereafter at 10:00am, Amb. Philip Rukikire , National Coordinator ICGLR, Ministry of Foreign Affairs of Uganda officially declared the 4 days training of trainer`s workshop on integration of MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region open.



Participants Group photos at opening of the Training on 20th January 2025 at Imperial Royale Hotel, Kampala.

8.0 Training proceedings

A. Introduction/ setting ground rules/ objectives of the training, facilitated by Gaya and Moses

The training began with an icebreaker that required participants to introduce themselves in groups by mentioning their names and portfolio. Thereafter Gaya asked participants to write their training expectations on the cards and pin them on the notice board ? ; The training expectations were summarized as follows;

- Orientation on training course.
- Sharing experiences, skills on integration of MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region
- Clear understanding of the linkages between
- Training innovations and methodology.
- Training certificates
- Participant's logistics arrangement.

Moses further asked participants to set the ground rules of the training by show of hands. The participants agreed on the following ground rules to guarantee success of the training;

- Respect each other's opinion during participation and sharing.
- Phones be put in silence
- Time management
- Collective participation among participants
- Participant's attendance should be throughout the training period.
- Communication and feedback.
- Avoid chorus answer.
- Un necessary movement prohibited during training.

Gaya Blom/ delivered a presentation on the introduction of the training and clearly stated that the aim of the training as to strengthen the capacity of professionals- on integration of MHPSS and Peace Building Initiatives in Combating SGBV in the Great Lakes Region.

She further explained that the specific objectives of the training of trainer's workshop as follows;

- 1) Build an understanding of the nexus between MHPSS and Peace Building (PB); their complementarity and interdependence;
- 2) Identify opportunities and challenges of integrating MHPSS and Peace Building;
- 3) Co-create interventions that integrate MHPSS and Peace Building; and

- 4) Develop an Action Plan for a follow-up training programme on integrating MHPSS and Peace Building in the Great Lakes Region.

She noted that the training employs the following methods; lecturing, brainstorming, group work demonstrations, plenary and discussions. Therefore, asked trainees to actively participate in the planed sessions of the training.

B. Proceedings of the training sessions

The proceedings of the 4 days training were as follows;

Dates	Topics/sessions	Objectives: At the end of the training participants should be able to:
Day 1 20th Feb 25.	<ol style="list-style-type: none"> 1. Introduction/ Setting ground rules, expectations/ Objectives of the training, facilitated by <i>Gaya & Moses</i>. 2. Introduction on MHPSS and PB integration and update on research findings facilitated by <i>Gaya & Moses</i>. 3. Exchange with other participants about each other's experiences and work on MHPSS and PB integration facilitated by <i>Gaya</i>. 4. Theoretical Framework on MHPSS and approaches to MHPSS facilitated by <i>Moses</i>. 5. Group discussions & demonstration on application of Pyramid and ecological model as intervention of MHPSS facilitated by <i>Moses</i>. 	<ol style="list-style-type: none"> 1. Explain the objectives of the Training, list the learning expectations during the training & set ground rules. 2. Explain the nexus between MHPSS and Peace Building. 3. Demonstrate participants' experiences and work on MHPSS and Peace Building integration. 4. Explain the intervention pyramid and socio ecological model 5. Demonstrate and apply the intervention pyramid and ecological model on a case study to their day to day working space.
Day 2 21st Feb 25	<ol style="list-style-type: none"> 1. Recap of the topics covered on day one, facilitated by <i>Moses</i>. 2. Understanding Peace Building and its interventions facilitated by <i>Moses</i>. 3. Theoretical Framework and Peace building approaches facilitated by <i>Gaya & Moses</i>. 4. Group discussions exercise & demonstrations on MHPSS and Peace Building commonalities and differences, facilitated by <i>Gaya</i>. 	<ol style="list-style-type: none"> 1. Discuss the reflections of day one training sessions. 2. Explain the definition of Peace building related concepts and terminologies; and discuss the Peace building interventions. 3. Explain different conflict analysis tools & apply peace building tools of a case study to their respective work place. 4. Demonstrate the complementarity and interdependence of MHPSS and Peace building interventions and principles.
Day 3 22th Feb 25.	<ol style="list-style-type: none"> 1. Recap of the topics covered on day two, facilitated by <i>Moses</i>. 2. Integration and localization of MHPSS and Peace Building, facilitated by <i>Gaya</i>. 	<ol style="list-style-type: none"> 1. Discuss the reflections of day two training sessions. 2. Explain what MHPSS and Peace building integration entails; Identify gaps in community based approaches & develop suggestions for diverse stakeholders at the micro, meso

	<ol style="list-style-type: none"> 3. The opportunities and challenges in MHPSS and Peace Building, facilitated by Moses. 4. Group work on Mapping community based assets and resources facilitated by Gaya. 	<p>and macro level on MHPSS and peace building interventions.</p> <ol style="list-style-type: none"> 3. Discuss the opportunities and challenges for integration of MHPSS and Peace building. 4. Discuss and Exchange ideas on community based assets and resources.
Day 4 23th Feb 25.	<ol style="list-style-type: none"> 1. Recap of the topics covered on day three, facilitated by Moses. 2. Apply MHPSS and Peace building integration. 3. Group work and presentations on Developing an action plan facilitated by Gaya. 4. Evaluation of the training 	<ol style="list-style-type: none"> 1. Discuss the reflections of day three training sessions. 2. Adopt and Integrate MHPSS and Peace building in practice at their work places. 3. Discuss the activities both at individual and Institutional levels to be implemented by participants after the training course. 4. Discuss and share feedback on the training deliverables
	<p>Closing Remarks – Ministry of Health and ICGLR-RTF OFFICIAL CLOSURE AND DEPARTURE</p>	

C. Discussions

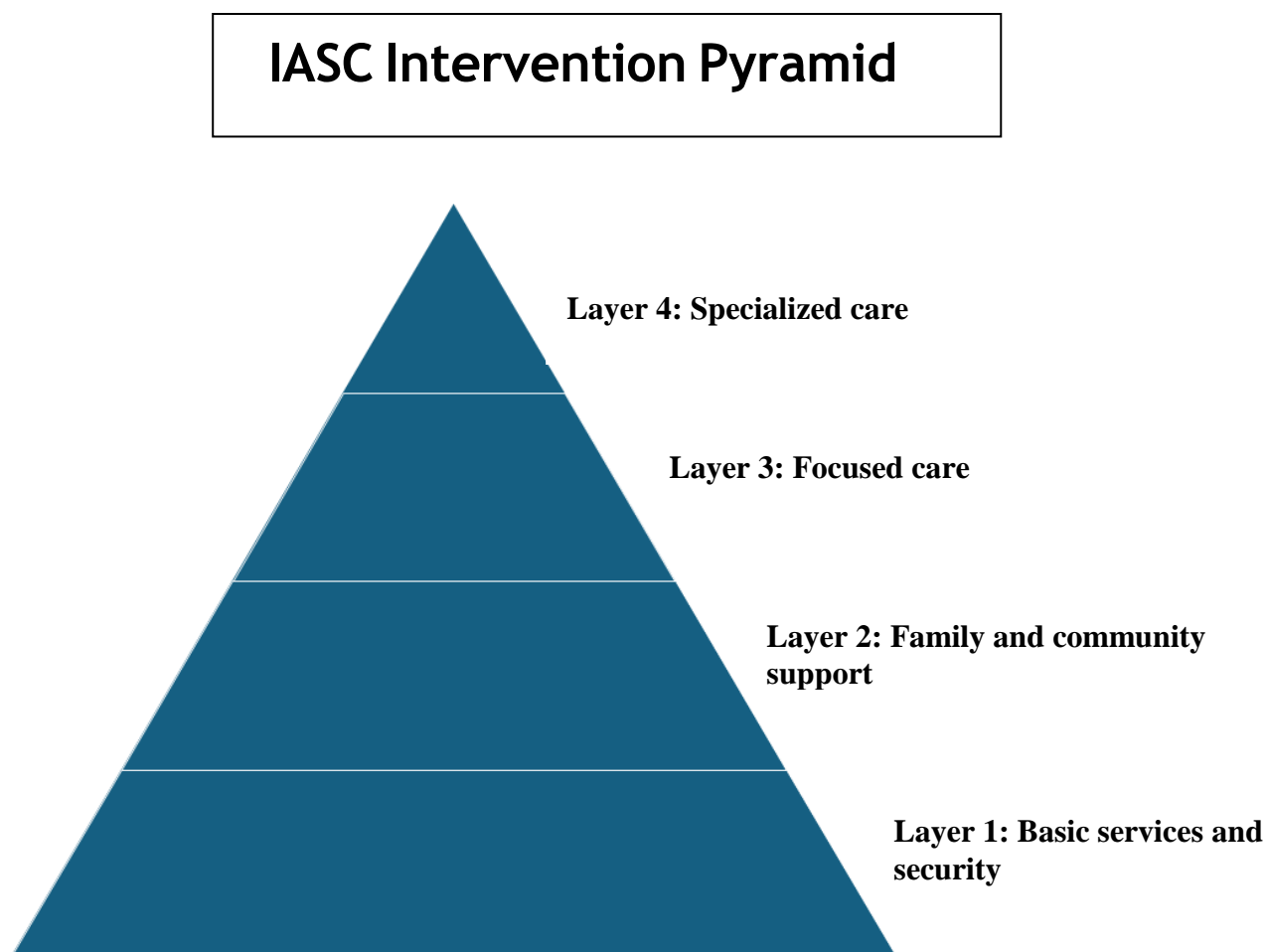
In his presentations, Moses noted that the term MHPSS was officially adopted in the early 2000s, following advocacy by organizations such as the Inter-Agency Standing Committee (IASC) and WHO. The aim of adoption was to bridge the divide between mental health and psychosocial support, integrating the concepts into a unified framework.

IASC Guidelines (2007): The publication of the IASC Guidelines on Mental Health and Psychosocial Support in emergency settings marked a major milestone. These guidelines emphasized the importance of layered support, ranging from basic services to specialized mental health care.

He emphasized that MHPSS services provided across the primary health care system are predominantly composed of private service providers including the traditional and complementary health practitioners with few technical expertise available from Health Center III to the national referral hospitals; psychiatric nurse and social worker at health center III and IV, psychiatric nurse , PCO and psychologist at District Hospital , PCO and Clinical psychologist with visiting Psychiatrist at Regional referral hospital and finally National referral hospital which comprises of all the multi-disciplinary team.

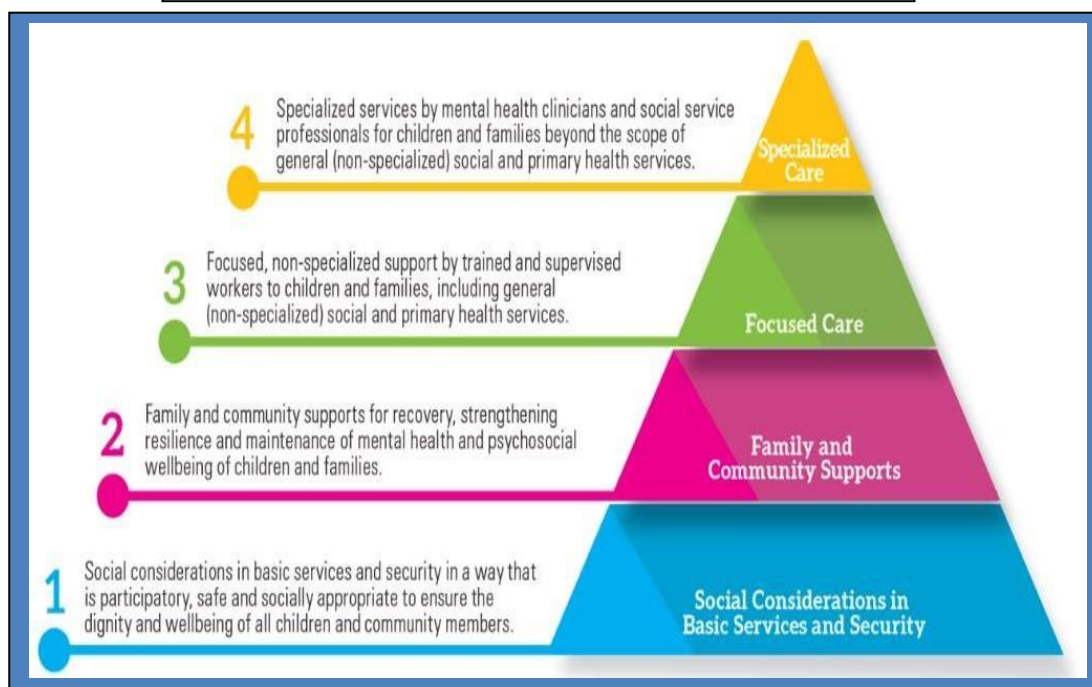
In his elaboration, he noted that the IASC MHPSS Pyramid principles (multilayered approaches) are highly embraced and applied by actors in the medical referrals, and guides implementation of many partners at both prevention , response and integration level with advocacy to system strengthen, structural adjustments and policy implementation taking up a very strongly lately shape among partners.

He highlighted on some of the responses and care services of MHPSS using the IASC intervention pyramid as follows;



He mentioned that at different layers of the pyramid, victim centered approach shall be considered along with the care services as indicated below:

Care Services at different Layers of a Pyramid



During discussions, participants noted that usually people seek medical care when severity of the medical conditions raises to level 3 of the layers. The communities consider level 1 & 2 as normal and never bother to seek for any medical attention.

The participants further highlighted that level 4 of the layers above requires a specialized medical officer to attend to a need presented by a victim, and determine the nature of medical services to be administered to a victim.



Participant's photos during group discussions on the intervention Pyramid of MHPSS

Moses proceeded with a presentation on some of the data of the epidemiology of mental health problems amongst refugees versus psychosocial distress, normal reactions as follows;

Prior to the 1970s, the field lacked robust scientific data detailing the nature, prevalence and determinants of mental health problems amongst refugees.

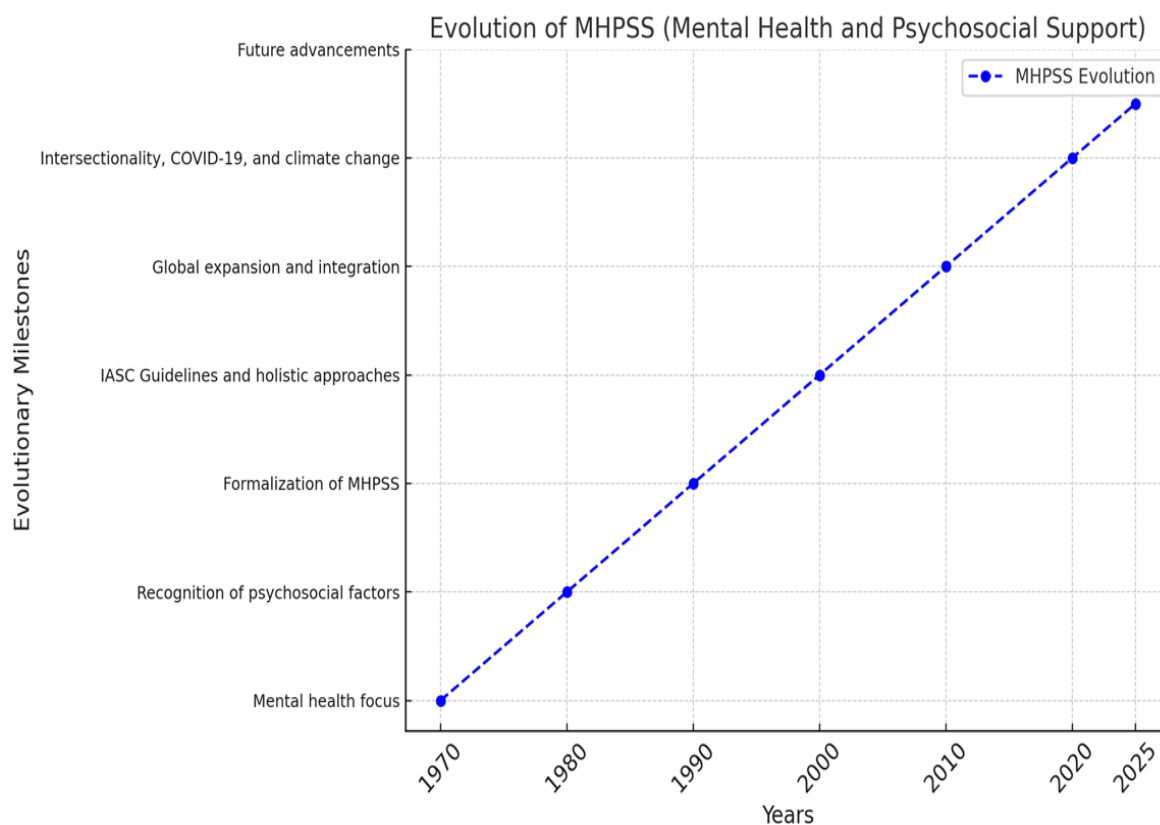
Mean point prevalence estimates¹

	Humanitarian setting
Severe disorders (schizophrenia, bipolar, severe depression, severe anxiety (including severe PTSD)	5.1%
Moderate mental disorder (moderate forms of depression and anxiety, including moderate PTSD)	4.0%
Mild mental disorder (mild forms of depression and anxiety, including mild PTSD)	13.0%
TOTAL	22.1%

Charlson et al (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet* [http://dx.doi.org/10.1016/S0140-6736\(19\)30934-1](http://dx.doi.org/10.1016/S0140-6736(19)30934-1).

Highlights of the prevalence of MHPSS at Global level as per WHO

	GLOBAL 12-month prevalence (median across countries and across level of exposure to adversity) ^b	AFTER EXPOSURE TO EMERGENCY & DISPLACEMENT 12-month prevalence (median across countries and across level of exposure to adversity)
Severe mental disorder (e.g., psychosis, severe depression, severely disabling form of anxiety disorder)	2-3%	3-4% ^c
Mild or moderate mental disorder (e.g., mild and moderate forms of depression and anxiety disorders, including mild and moderate PTSD)	10%	15-20% ^d
"normal" distress / other psychological reactions (no disorder)	No estimate	Large percentage



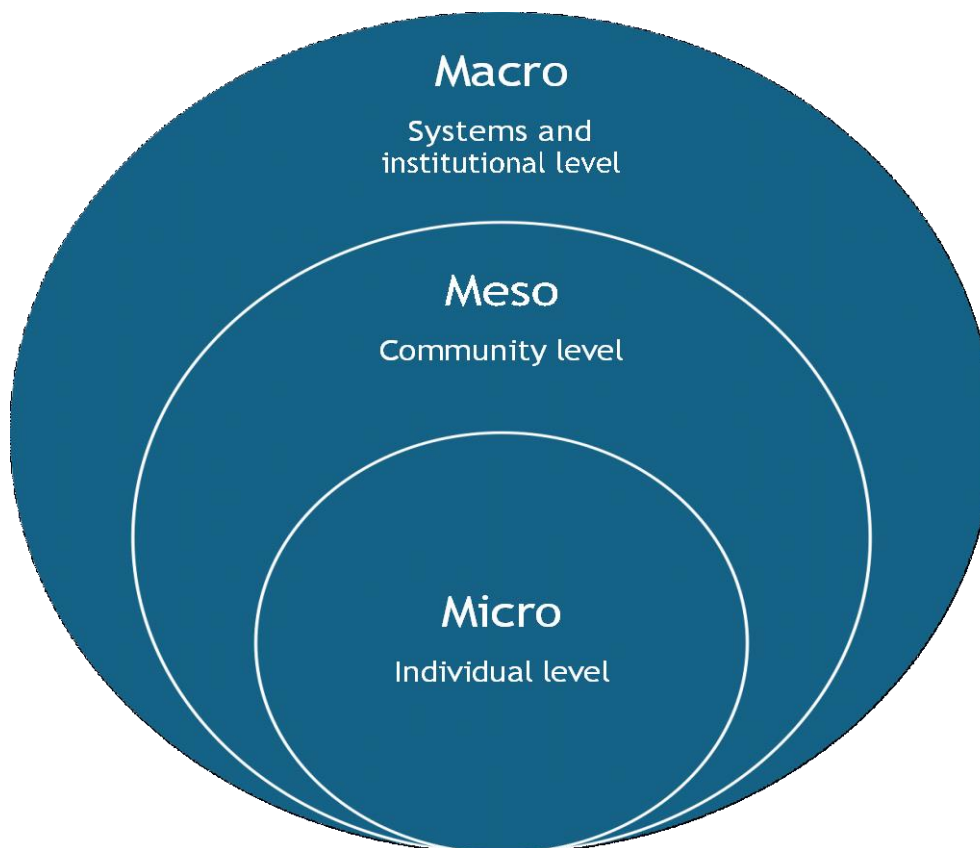
1980s–1990s: Recognition of psychosocial factors (key events: Rwanda genocide and Balkan wars 1980s–1990s brought attention to the psychosocial impacts of crises, including trauma, loss, and social disintegration. Humanitarian actors began incorporating psychosocial components into programs
DSM-III (1980): PTSD was introduced as a distinct diagnosis, largely in response to advocacy from Vietnam War veterans and studies on trauma survivors, including survivors of natural disasters and violence.

Moses further presented on the MHPSS situation in Uganda and highlighted the common MHPSS disorders at humanitarian level as ; depression, anxiety, suicide, epilepsy and PTSD while BMD , SUD, depression and suicide reflected as high in the general community as at 2023 MOH MHPSS status update report.

The Legislation in place to address MHPSS include The Constitutional of the Republic Of Uganda ; Uganda mental Health Act 2019 in use , Uganda Mental Health Policy in draft, Uganda Mental Health Strategic Plan in final stage as stands for approval but with recommendation on change of name from strategic plan to implementation framework . this has created good Legal and regulatory environment for promotion of mental health and prevention of MNS disorders with great focus at human rights.

He mentioned that the examination and analysis of the MHPSS adopted the so called Social Ecological Model as an approach for looking at different factors that influence behaviors of individual state at various levels of life as illustrated below:

Social Ecological Model



Moses emphasized that MHPSS is an umbrella term which describes;

What is MHPSS?

Mental health and psychosocial support

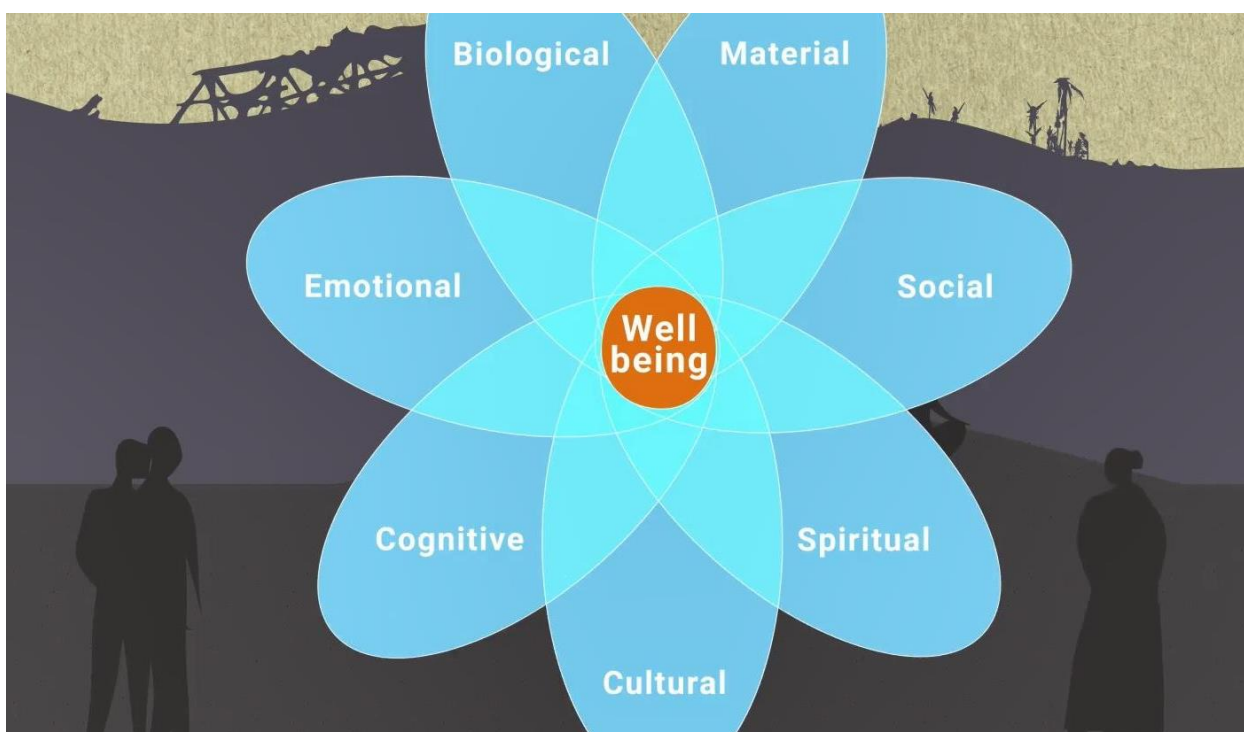
- ✱ protecting or promoting psychosocial well-being and/or
- ✱ preventing or treating mental health conditions



'Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder' (IASC's 2007 Guidelines on Mental Health and Psychosocial Support in Emergency Settings, p. 01).

He explained the concept of psychosocial wellbeing according to Williamson and Robinson (2006), as a multidimensional concept that encompasses the interplay between psychological and social factors both of which significantly influence an individual's ability to live a fulfilling life .

An illustration of a flower was used to describe the psychological and social factors interplay that influence individual`s ability to live as follows:



The illustration above highlights that the psychosocial wellbeing is context-specific and shaped by factors such as cultural norms, social structures, and individual experiences. It underlines the need for holistic and culturally sensitive interventions that address both mental health and social dimensions. This conceptual framework has been widely used in humanitarian contexts, where the focus depend on understanding and addressing how crises disrupt both psychological and social aspects of life.

During group discussion, participants outlined ranges of MHPSS problems as:



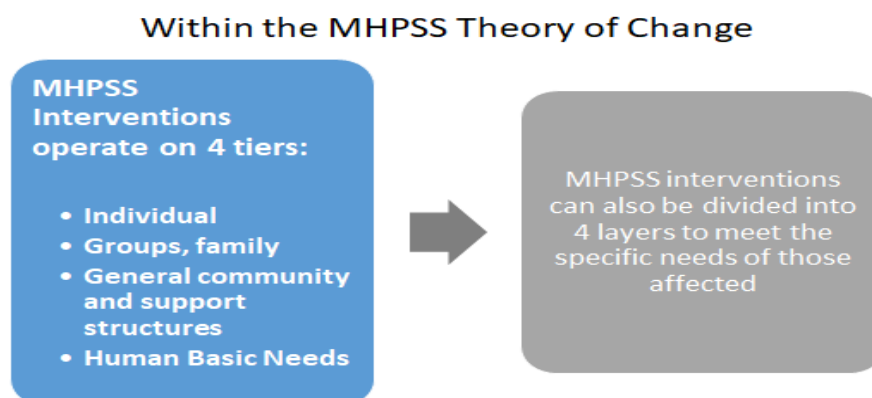
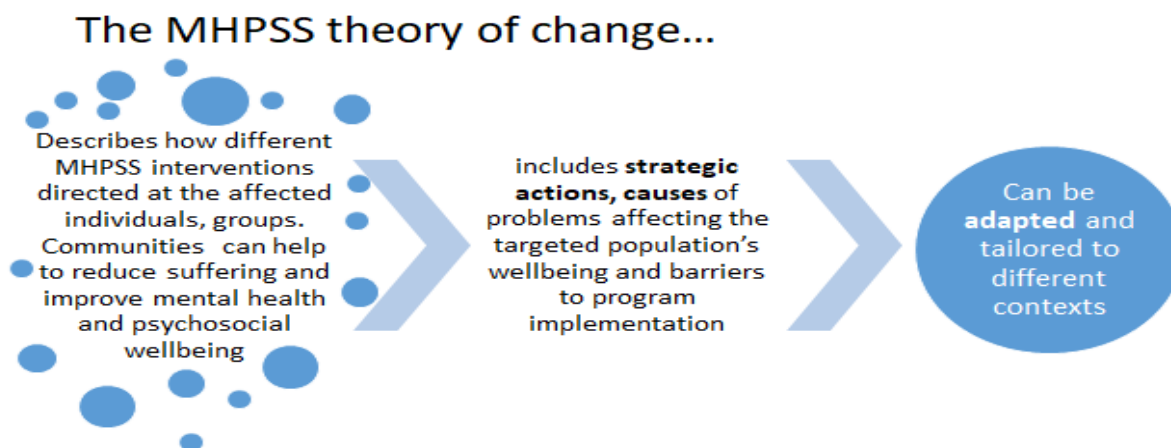
Addressing the MHPSS problems outlined above requires an MHPSS intervention which refers to any structured activity, program, or service aimed at addressing mental health and psychosocial support needs. And

An MHPSS approach explained as the overarching framework, principles, and strategies used to guide the design, implementation, and integration of mental health and psychosocial support (MHPSS).

Participants further explained that these interventions are designed to improve psychological well-being, promote resilience, and strengthen social cohesion, often in

contexts of conflict, disaster, displacement, or other crises, as well as MHPSS approaches Interventions in various settings, such as humanitarian crises, post-conflict areas, and development contexts. It emphasizes the holistic integration of mental health care and psychosocial well-being into broader health, protection, education, and community systems.

Moses explained the MHPSS theory of change by highlighting key of the interplay variables as



The participants noted that the environment may influence the healing or wellbeing of individuals and the social ecological model has a strong connection to individual at different levels, thus mental health requires a multidimensional approach while addressing MHPSS problems and interventions at the pyramid are considered as tools and resources for prevention and response to MHPSS problems (mental disorder, post trauma disorder and severe psychological issues).

Moses mentioned that the MHPSS Social Ecological Model is a conceptual framework used to understand and address mental health and psychosocial needs by examining the

various interconnected levels of influence that affect individuals and communities. It recognizes that mental health and psychosocial well-being are shaped not only by individual factors but also by relationships, community dynamics, and broader societal structures. This model helps guide the design and implementation of MHPSS interventions by targeting multiple levels simultaneously for a comprehensive approach.

He further noted that some of the risks and protective factors under MHPSS social ecological models include;

He further highlighted the approaches and interventions to MHPSS as indicated below;

- **Trauma Approach/ Trauma-Informed Care (TIC)**

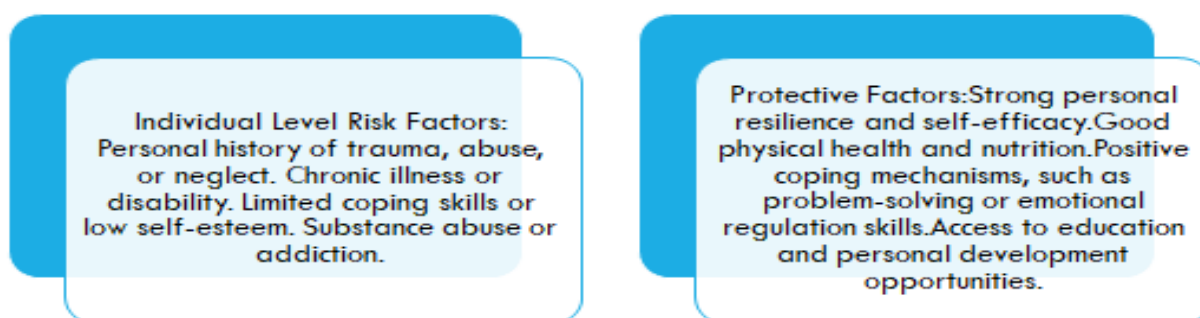
an approach that recognizes the prevalence and impact of trauma on individuals and integrates this understanding into all aspects of service delivery. The goal is to create environments that promote healing, resilience, and empowerment while avoiding re-traumatization.

- **Global mental health approach**

The ‘global mental health’ approach emphasizes the importance of providing appropriate health interventions for a range of mental health issues including those not typically for humanitarian settings such as psychotic disorders, bipolar disorder, alcohol and substance use problems, dementia and intellectual disability.

For decades, the World Health Organization, and its allies advocate for the integration of mental health into general health care (World Health Organization, 2001). Refugee settings are peculiar, because of increased mental health needs including issues related to extreme stress and pervasive losses, but also due to decreased capacities of the health system to respond adequately to these mental health issues. Paradoxically however,

RISK AND PROTECTIVE FACTORS IN THE SOCIAL ECOLOGICAL MODEL



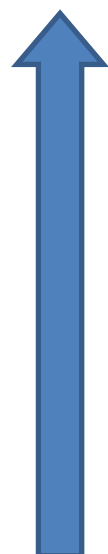
humanitarian refugee settings can also provide new opportunities to tackle mental health needs within health care systems and to foster mental health care reforms (Epping-Jordan et al., 2015; Pérez-Sales, Fernández-Liria, Baingana, & Ventevogel, 2011).

- **Community based psychosocial approach**

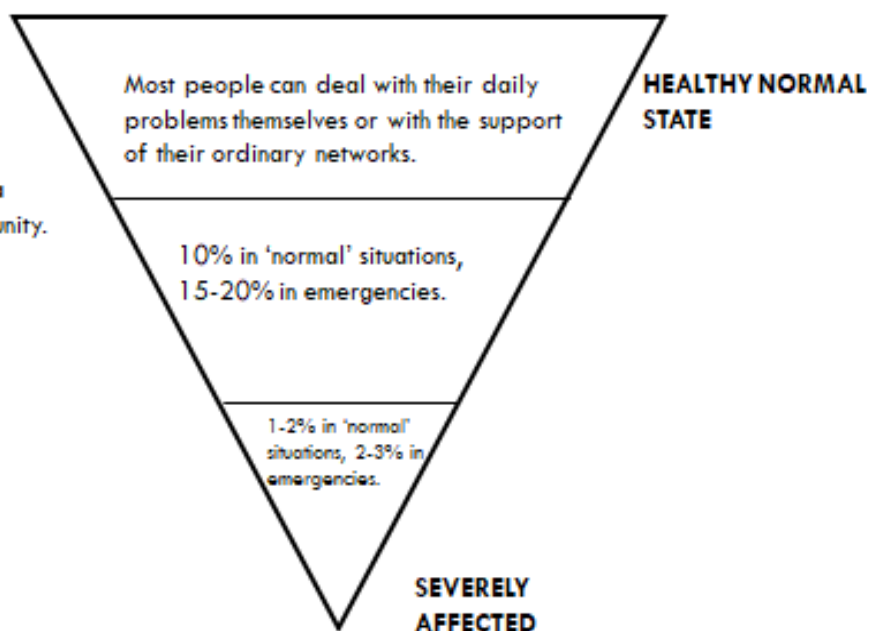
The psychosocial approach is strongly influenced by the theoretical work around social ecologies, locate social needs of individuals within the social context of a family or household which, in turn, is located within communities (Bronfenbrenner, 1986). Consequentially, the psychosocial approach emphasizes the importance of healing social ties between people. Key components of psychosocial reconstruction of conflict affected communities include healing the collective wounds of war, community mobilization for collective planning, use of local resources and capacities and supporting the (re)construction of social institutions that foster adaptation and survival (social fabric), fostering cooperation between displaced persons and host populations, truth and reconciliation and forgiveness (Boothby, Strang, & Wessells, 2008; Wessells & Monteiro, 2001). An important characteristic of the psychosocial approach is the importance given to the active participation of local stakeholders in both the definition of what is ‘at stake’ as well how problems should be solved (M. Wessells, 2009).

Moses further provided an illustration of the psychosocial approach using a triangular pyramid as follows;

RESILIENCE



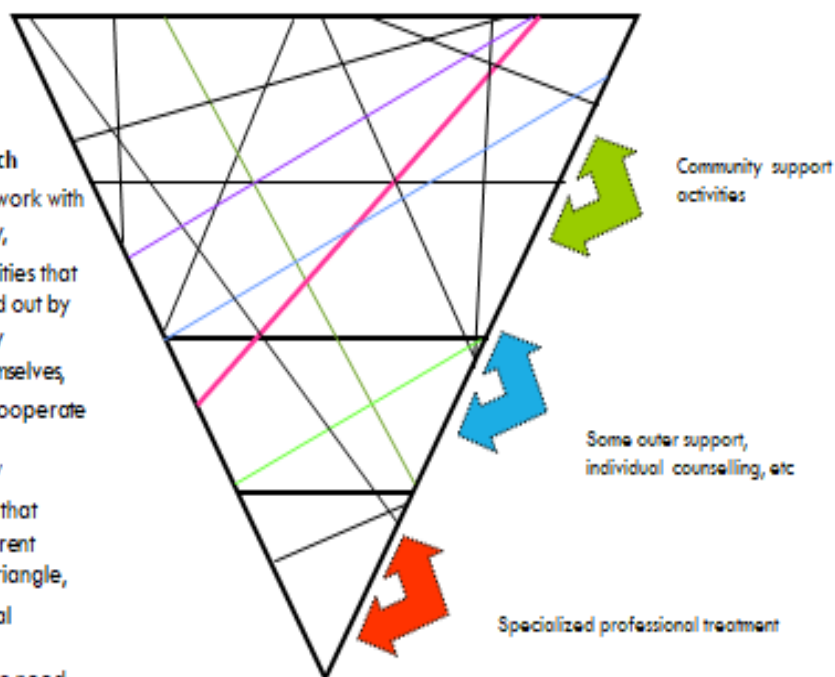
The triangle represents the population in a society/community.



CBPA SAFETYNET TRIANGLE

The CBPS approach

1. Address and work with the community,
2. Promote activities that can be carried out by the community members themselves,
3. Identify and cooperate with other programmes/ organisations that address different levels of the triangle,
4. Set up referral structures for individuals who need specialized care.



He noted that the Objectives of Community Based Psychosocial Support Approach as;

- To assist affected people to attain stable life and integrated functioning,
- To restore hope, dignity, mental and social well-being and a sense of normality.

Moses and Gaya divide the participants into groups to discuss a case study of MHPSS related issues affected by Amina and her children in conflict zone and refuge settlement.

During the discussions, participants highlighted some of the MHPSS faced by Amina and applied pyramid intervention approach and social ecological model to respond to MHPSS issues in the case study.

Participants in group discussions of a case study of Amina related MHPSS issues.



During the group discussions, participants noted that MHPSS interventions can happen at different levels of social ecological model depending on needs of the victim. The IASC pyramid gives guidance on how to support people like Amina as mentioned in the case study). There is no peace without health and there is no health without peace. Therefore, revisiting the wellbeing flower would be very valuable and provides a good cure for MHPSS related cases.

In her presentation on Understanding Peace building and linking MHPSS and Peace building, Gaya noted that the types of Peace commonly known include; Positive peace and Negative Peace. She further elaborated that *Negative peace* as absence of war, conflict, violence, at an individual, national and international level. However this does not mean that there is trust between people, there may be silent violence between groups, individuals in

groups might be sceptical to engage with each other, work together and build trust. It focuses on institutional reforms to prevent acts of violence committed by individuals or groups. In this situation, people have not necessarily dealt with the causes of conflict.

*On the other hand, **Positive Peace*** refers to the absence of indirect and structural violence, the absence of unjust structures and relationships. It focuses on repairing relationships and constructively working on conflict resolution as well as building a social system that serves the needs of the population.

Gaya further
power point
images and
participants
views on
pictures as



presented
slides of
asked
about they
these
follow:

Guiding questions?

- 1) Show first the first picture and ask what participants see.
- 2) Then show second image and ask what participants see.
- 3) What can we learn from this, if we link it to conflict?

These different images can make people aware that there are differences in perception. This could potentially result in conflict, if we lack an understanding towards each other that the other person might see things differently. Our differences in understanding can be a result of different experiences in life, different values, and different culture and background.

She further explained that conflict is just not only an evil thing, conflict has a dual capacity. If conflict is handled constructively it brings the potential for a constructive change, as it might help people to realize their interests, values and aspirations, therefore, reaffirm their identity. Conflict in that way can bring growth and development in an area. They can be a way of understanding each other and consider a mutual understanding as a tool for building a health relationship. Conflict can therefore be the driving force for individual and social change.

Gaya highlighted the levels of conflict development processes as follow:

LEVELS OF CONFLICT

Intra- personal

These are conflicts within a person.

Inter-personal

These are conflicts between individuals or small groups of people. For example within families, among friends, between young and old people, between small ethnic groups or communities.

Intra-group conflicts

These are conflicts within small groups (team, organisation, family) or larger groups (religious community, within elites in a country).

Inter-group conflicts

These are conflicts between groups, such as organisations, ethnic groups or identity groups. In general these conflicts are bigger in size than inter personal conflicts.

Inter-national/inter-state conflicts

These are conflicts happening on a national or inter-state level.

She mentioned that the different dimensions of peace building involve:

Structural dimension;

Causes of conflict, e.g. unfair land distribution, environmental degradation, unequal political representation.

If these aspects are not addressed, it's hard to create long lasting peace.

Relational dimension;

Reconciliation, forgiveness, trusts building and future vision.

Working on reducing the negative effects of conflict, through repairing and transforming damaged relationships. Also very much via working on effective communication.

Personal dimension;

Building peace must pay attention to the psychological and emotional layers of the conflict. It acknowledges that when our inner world is disturbed, our impact on society is more likely to be negative.



Gaya concluded the session with group discussions of a case study - Amina as follow:

CASE STUDY – GROUP WORK

- Go back into the same group and work on the same case study
- You will now look at the case study from a Peacebuilding angle
- Answer the questions in your group together for Module 5

1. What conflicts can you identify in the case study?
2. What kind of violence do you observe?
3. Which of Amina's rights are violated?
4. Which of Amina's needs are not met?
5. What key actors could you identify which are involved or not involved in conflicts in Amina's community or country? Between which actors do you see conflicts?



During the group discussions, participants noted that IASC pyramid provides the guided support to Amina's needs and should be addressed at 3 & 4 of the pyramid (professional care services) as already discussed earlier in day 2 sessions. Participants also indicated that there is no peace without health and there is no health without peace.

Participants further had a reflection on the violence triangle, cited that the victims sometimes support the violence they are experienced through structural adjustment levels of the social ecological model ranging from attributions at individual level, Family level, Community level and Society level.

Gaya further highlighted some of the Peace Building Principles as;

PEACEBUILDING PRINCIPLES

- Analysing the root causes of conflict
- Applying conflict sensitivity
- (re) Building relationships
- Working Interdependently and multi dimensional
- Having a long term focus, being sustainable
- Building an infrastructure
- Being locally driven



CORE PRINCIPLES

- HUMAN RIGHTS AND EQUITY
- PARTICIPATION
- DO NO HARM
- BUILDING ON AVAILABLE RESOURCES AND CAPACITIES
- INTEGRATED SUPPORT SYSTEMS
- MULTI-LAYERED SUPPORTS

Gaya further asked participants in plenary discussions to take a moment and give their opinions on the following conflict analysis images as follow;

CONFLICT ANALYSIS

The process of understanding or examining the reality of conflict from various perspectives



Guiding questions?

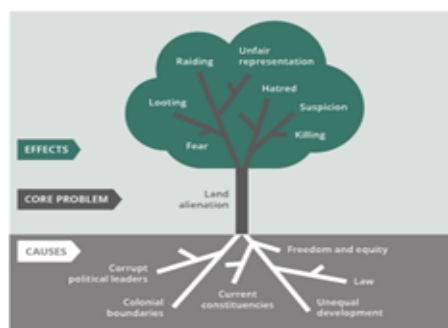
Show picture, ask, what do you see?
What does this have to do with conflict analysis?

Gaya emphasized that conflict can be best analyzed using conflict analysis tools namely; Problem Tree, Onion Model, Actor Mapping as indicted below:

CONFLICT ANALYSIS TOOLS

Some examples:

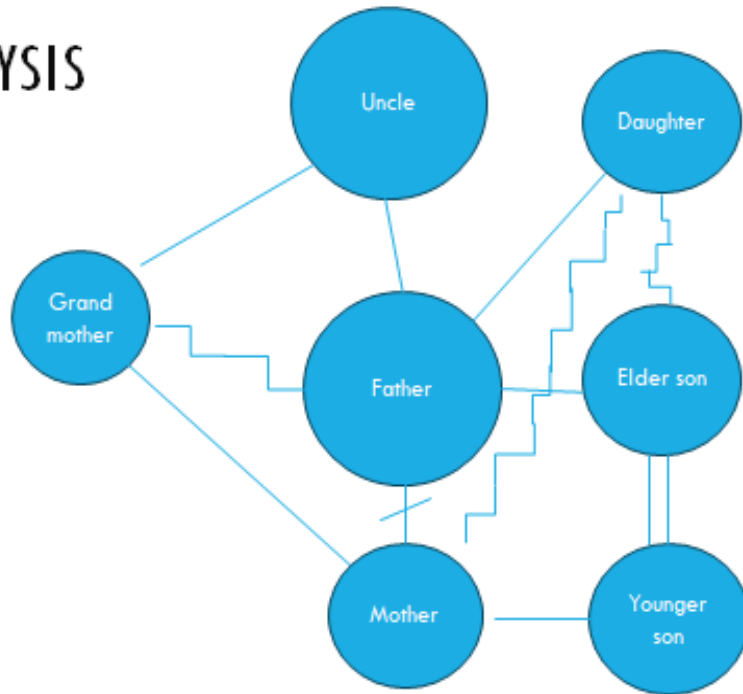
- Problem Tree
- Onion Model
- Actor Mapping



Source: Pothan et al. (2000: 28)

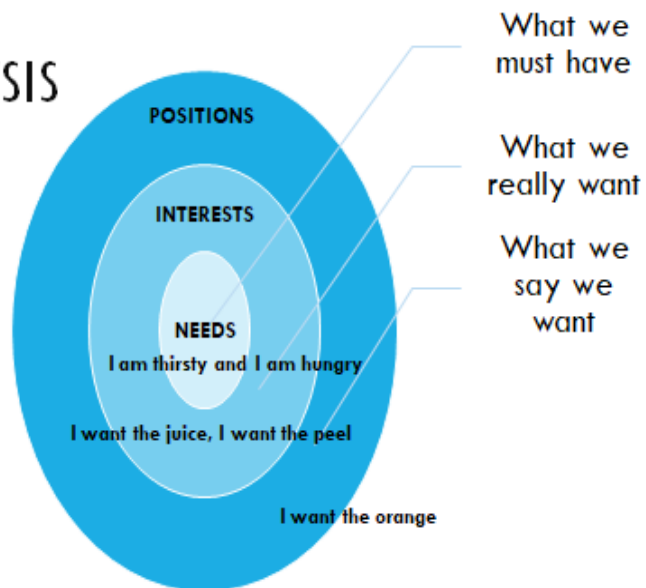
CONFLICT ANALYSIS TOOLS

Actor Mapping



CONFLICT ANALYSIS TOOLS

Onion model



Gaya further noted that Peace Building processes and resolutions involve Inter-defendant and multi- lateral factors that need to be examined at different levels as indicated below:

INTERDEPENDANT AND MULTIDIMENSIONAL

Examples of interventions

Micro=

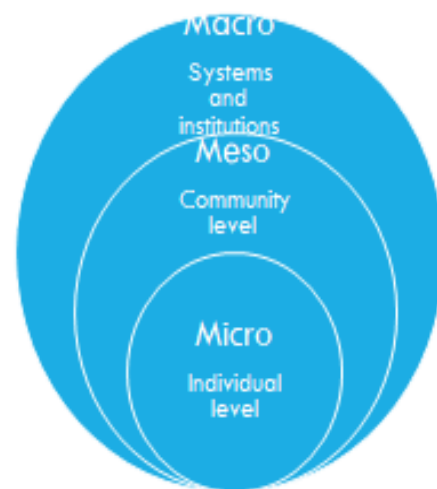
- Conducting mediation or conflict resolution among 2 neighbours
- Awareness raising meetings with men or women about GBV

Meso=

- Building a memorial sight in the community
- Mediating between diverse religious or ethnic groups

Macro=

- Supporting with setting up Justice and Peace commissions
- Lobby for changing of a law on womens inheritance of land at the provincial, national level



In his presentation, Moses asked participants to divide themselves in four groups and discuss the following questions under a case study on integration of MHPSS and Peace Building as follow;

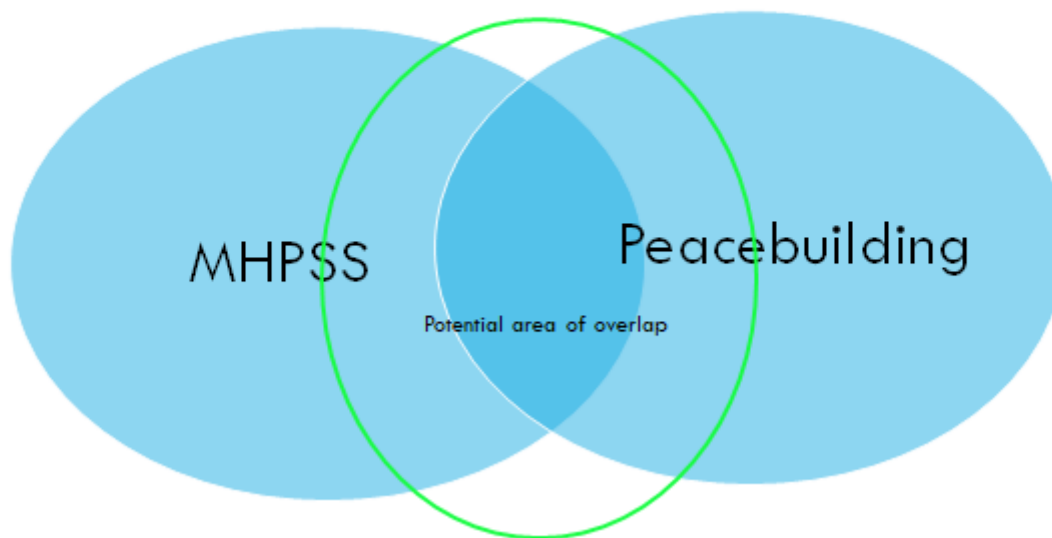
CASE STUDY PART II- GROUP WORK



Peacebuilding focus

1. What do you see as Peacebuilding elements in this approach? Write on coloured cards (different colour than the MHPSS responses)
2. What are the possible Peacebuilding outcomes? Write on coloured cards (same colour)
3. What would you define as the core principles of Peacebuilding that are implemented in this case study? Write on coloured cards (same colour)

WHERE DO YOU SEE THE OVERLAP?



MHPSS focus

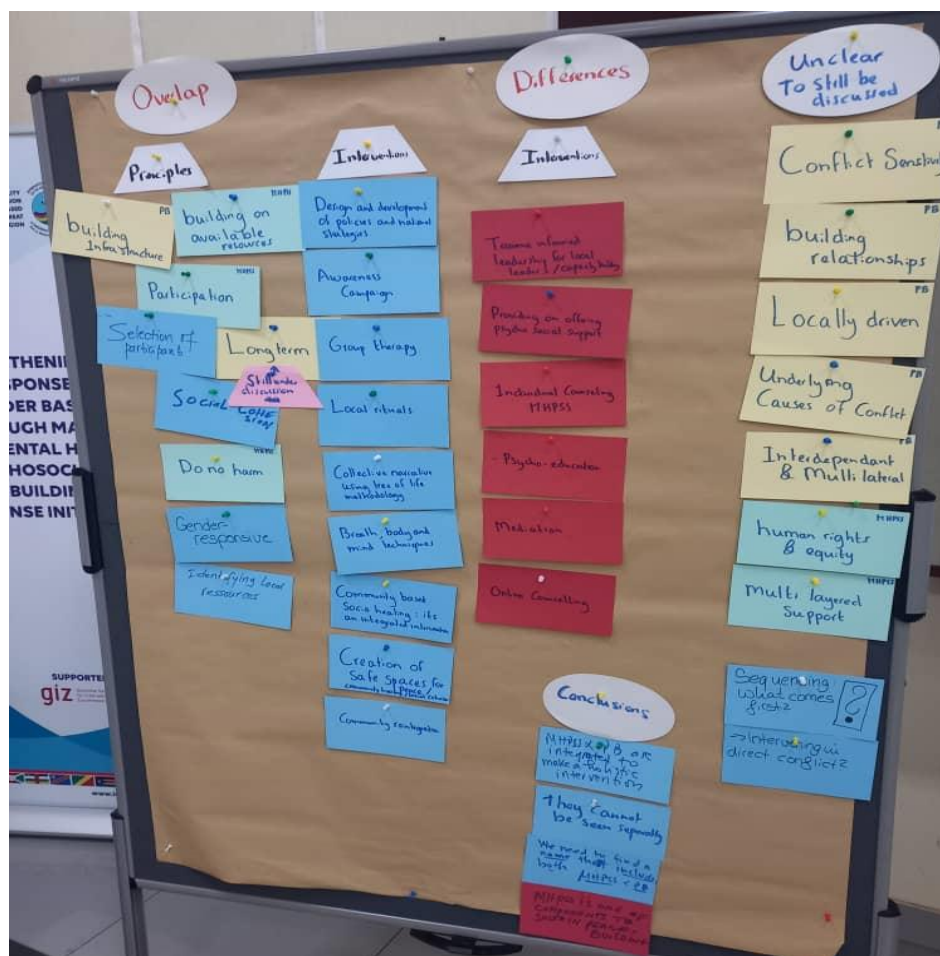


1. What do you see as MHPSS elements in the community-based socio therapy approach? Write on coloured cards
2. What are the MHPSS outcomes? Write on coloured cards (same colour)
3. What would you define as the core principles of MHPSS which are implemented in this case study? Write on coloured cards (same colour)
4. At what level of the intervention pyramid would you position community-based socio therapy?

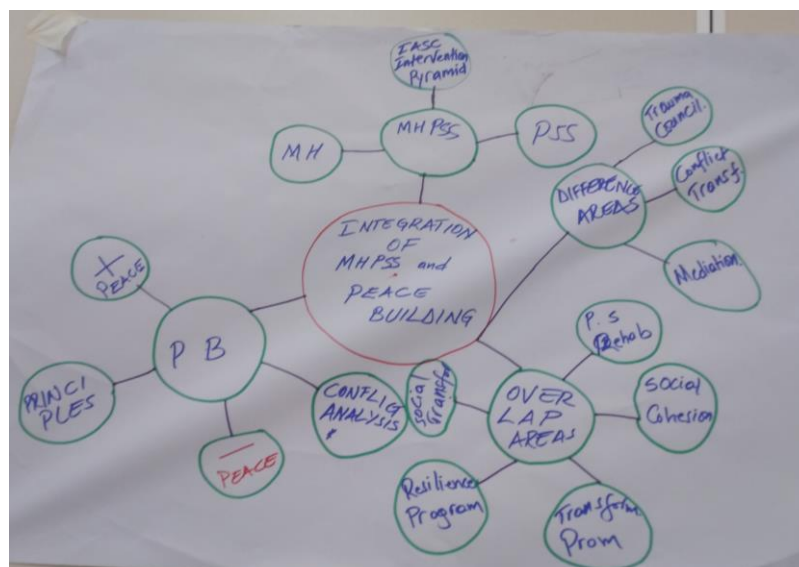
During the group discussions, participants identified potential areas of overlap as follow:

- Conflict sensitivity and Do-No-Harm; both areas are confident and sensitive in questioning e.g. SGBV center and women groups.
- Both MHPSS and Peace Building employs the basic principles of human Rights Based Approach.
- Both concepts are examined and analyzed using social ecological model and IASC Pyramid.
- both approaches focus on people's pain and interventions seeks to promote wellbeing of individual life.

The participant's presentations on potential areas of overlap, difference between MHPSS & Peace Building and intervention measures;



Gaya and Moses highlighted on the elements of integration between MHPSS and Peace Building including overlap areas and differences as indicated below :



Moses further facilitated a session on understanding the components of the Asset Based Community Mapping Framework in MHPSS & Peace Building and how to identify tools of community based assets and resources. He asked participants to undertake an exercise

- Form 5 lines behind each other of the same number of people.
- Try to make your line longer by using only your own capacities and resources.
- You are not allowed to use any resources from the room.



EXERCISE

on Asset Based Community as guided below:

- How was it to do this exercise?
- What can we learn from this?



EXERCISE

Participants noted that the exercise was very interesting and creative, it teaches us how to think outside box and identify all the resources available, and use all means available to efficiently achieve your goals.



Participant's photos during a demonstration exercise on Community Based Asset & Resources

In conclusion, Moses noted that Asset Mapping is a valuable tool for identification and mobilization of competent skills and talents of individuals, organizations and institutions in the community through asset mapping one can:

- Identify youth and adults as a driving force for a program or project
- Identify neighborhood resources to apply to neighborhood issues
- Develop a resource bank for the community
- Determine the strengths in the community or organization
- Mobilize all residents to solve community problems and apply pressure for more resources
- Foster relationships with citizens, groups or agencies to build healthy communities

Participants through group discussions and experiential learning, shared issues that were affecting them psychologically `` The River of Life as a tool used for self-awareness and emotional insight applied in Psychology and Community Development to explore personal, group or community narratives.

D. Challenges

During the group work demonstrations & discussions, participant noted the following challenges;

- Inadequate knowledge and practical skills among communities especially refugee communities on responses (MHPSS service care) to victim affected by MHPSS as looks to be a new concept in the population and most people attribute MHPSS problems to witchcraft and cultural attachments.
- The Uganda legal framework on MHPSS is not comprehensive enough and the structural design for addressing MHPSS and referral pathway seem to be not known to population. The mental health and psycho-social support (MHPSS) program is not fully integrated in the national health response system of Uganda.
- Poor coordination and collaborative approaches/ mechanism among service providers for responding to needs of MHPSS victims as the field looks new in its kind with limited number of experts.
- The lack of monitoring, evaluation, and reporting mechanisms of MHPSS program.

E. Recommendations

Participants also noted the following recommendations;

6. Cascading training to other actors at lower levels (cultural leaders, health workers, Village health team, traditional birth attendants etc) .This helps to extend services of the program -MHPSS and Peace Building close to people.
7. **Strengthening the coordination mechanism among actors in referral pathway** for responding and addressing needs of MHPSS & PB victims. This can be well handled

through mapping of stakeholders and formation of networks for joint coordination and integration of support services to the Survivors/victims- referring survivors/victims to specialized service providers.

- 8. Strengthening coordination and carry out community sensitization** campaign- on awareness of MHPSS problems and encourage the communities to visit hospitals and get specialized treatment
- 9.** Equipping actors in the referral path way with tool kits and other supportive facilities to enable them to deliver the services required by victims.
- 10.** Monitor and evaluation of the actors involved in the provision of the services and make sure complaints in the referrals and addressed.

F. Action Plans

Actions	With whom? (Partners/ Stakeholders)	When?	What resources	Person Responsible
1. River of Life (preparation, implementation and emotional care)	Fathers' Union & Counsellors (Pastors)	Feb. 1, 2025	Members, stationery, projector, & other logistical items	SP. Francis Ogweng
2. Police Baraza (peer discussion) – which PSS is needed? & Identify actors	Police Welfare Officers	Every Monday , Baraza meetings	Members, stationery, projector, & other logistical items	SP. Francis Ogweng
3. Awareness campaign on the integration of MHPSS and Peace building - Documentation of lessons learnt and good practices - Advocate for integration of MHPSS into national policies - Assess impact and adapt strategies - Mainstream the integration (e.g. in sectorial meetings, ...)	-	-	Transport & other logistical items	Michael Wasswa
4. Integrate MHPSS and Peace Building in UPF Training schools &	Police Officers	Next calendar year	Training logistics	SCP. Dr. John Kamya

Curriculum				
5. Activity brief report to the staff	Organization staff/Community based facilitators	27 th -31 st /Jan/2025	Writing materials, pens.	George Aguze
6. Basic training on MHPSS and Peace Building.	Organization staff/Community based facilitators.	17 th -21 st /Feb/2025	Lunch for staff participants, writing materials.	George Aguze
7. Presentation to the MHPSS Coordination group.	MHPSS Coordination working group.	18 th -20 th /Feb/2025	Print materials.	George Aguze
8. Implementation of the integration.	Staff, project participants.	March-December/2025	Financials, human resources, transport.	George Aguze
9. Basic training on MHPSS and Peace Building.	Organization staff/Community based facilitators.	17 th -21 st /Feb/2025	Lunch for staff participants, writing materials.	George Aguze

9.0 Closing Remarks

The closing ceremony was presided over by Dr. Ninsiima Christine as a representative of the Ministry of Health and Hon. Dr. Janvière Ndirahisha, Regional Director ICGLR-Regional Training Facility as a Chief Guest for the closing event.

Dr. Ninsiima Christine, thanked the participants for having actively participated in the training throughout the four days, and for the good cooperation and strategies shared to respond to needs of MHPSS victims in Uganda.

She noted that the MHPSS problems are issues of humanitarian concern which affects everybody and have cost implications to the Government of Uganda. As participants you have played your part and Ministry of Health is also committed to integrate your recommendations into its strategic plan and ensure the key highlighted issues of the program are considered and implemented. As Ministry of Health, we are very happy to see such initiatives being spearheaded by our partner agencies- ICGLR-RTF and GIZ. Let's continue supporting the interventions of the program jointly and achieve great milestones together with the private sector partners.

She further extended special thanks to the facilitators and participants for coming up with a joint action plan, congregations upon completion of the training. Ministry of Health shall ensure that the action points in the Action plan are well facilitated and make sure the contained objectives are properly implemented amidst the time frame given and achieve to main goals of the program.

Finally, she thanked the organizers for the team spirit exhibited and reflected before, during and after the training.

In her closing remarks, Hon. Dr. Janvière Ndirahisha as a chief guest noted that it was a great pleasure and honour for her to preside over this closing ceremony of the Training of Trainers Workshop on Integration of Mental Health and Psychosocial Support (MHPSS) and Peace Building (PB) Initiatives in Combating Sexual and Gender Based Violence in the Great Lakes Region.

Congratulations upon satisfactory completion of this training!

She further noted that in line with ICGLR-RTF's mandate, this Training of Trainers Workshop has achieved the set objectives, which were to:

- 1) Build an **understanding** of the nexus between MHPSS and PB; their complementarity and interdependence;
- 2) Identify **opportunities and challenges** of integrating MHPSS and Peace building;
- 3) Co-create **interventions** that integrate MHPSS and Peace building; and
- 4) Develop an **action plan** for a follow-up training programme on integrating MHPSS and Peace building in the Great Lakes Region.

The Training of Trainers Workshop has provided us with knowledge, information and skills which strengthens our capacities to Integrate MHPSS and Peace Building Initiatives in prevention and response to SGBV.

ICGLR-RTF sincerely appreciates the support provided by GIZ that has made it possible for us to convene this training. Your support reinforces our common objective and collective determination to holistically prevent and respond to Sexual and Gender Based Violence.

We also thank the ICBS consultants for facilitating the training in a highly professional and innovative manner. All the materials used and referred to in the training will be shared with the participants via email.

ICGLR-RTF extends special appreciation to the participants for positively responding to our invitation, commitment and enthusiasm exhibited throughout the training sessions. Uganda, as the first ICGLR Member State to benefit from this programme, has set a very high standard which will be effectively utilized as benchmark for other ICGLR Member States.

We are honoured to register you on the roster of our trainers on this particular subject; and reconnect with the existing team of ICGLR-RT affiliated Trainers and Experts. This is a formidable network that will enable ICGLR – RTF to conduct training in other areas.

Recommendations from this training shall also be observed to prevent, and respond and provide assistance to victims of SGBV/MHPSS in the Great Lakes Region.

I wish you the very best in your continued efforts of preventing and responding to Sexual and Gender Based Violence in a holistic manner that integrates Mental Health and Psychosocial Support (MHPSS) and Peace Building Initiatives in Combating Sexual and Gender Based Violence in the Great Lakes Region.

Finally, ICGLR-RTF pledges to continue working with you to achieve peace, security and stability in our region so that the much needed development for our people can be sustained.

The Chief guest , proceeded with the handover of certificates to the participants who had successfully completed the 4 days training of trainer`s Workshop” *on integration of Mental Health and Psychosocial Support (MHPSS) and Peace Building Initiatives in Combating SGBV in the Great Lakes Region*, and thereafter closed the Training workshop officially.

10.0 Annex

a. Event – Photos



Participants photos at opening of the training – Imperial Royale hotel, Kampala on 20th January 2025



The chief guest presiding over the closing ceremony of the training at Imperial Royale hotel ,Kampala ,23rd January 2025.



Participants during group work discussions , exercise and presentations at Imperial Royale Hotel Kampala Jan 2025



The participants photos during training sessions at Imperial Royale Hotel , Kampala on 22nd Jan 2025



A team of facilitator`s photo at the closing ceremony of the training at Imperial Royale hotel ,Kampala ,23rd January 2025

B. Final Draft Program

Training programme Integration of MHPSS & Peace building 20-23 January 2025, Kampala

Overall objective training programme:

- Build an understanding of the nexus between MHPSS and PB; their complementarity and interdependence
- Identify opportunities and challenges of integrating MHPSS and Peacebuilding
- Co-create interventions that integrate MHPSS and Peacebuilding
- Develop an action plan for a follow-up training programme on integrating MHPSS and Peacebuilding in the GLR

DAY 1 Introduction and understanding MHPSS: 20 January 2025

Time	Module	Objective	Topic & Methodology
8.00-8.30		Arrival & Registration	
8.30-10.00	Module 1: Introduction	<ul style="list-style-type: none"> • Getting to know each other • Developing ground rules • Identifying training expectations • Understanding the work of RTF/ICLGR and the MHPSS and PB project with GIZ and ICBS 	Words of welcome Getting to know each other Setting ground rules Agenda and expectations Pre-test Group picture
10.00-10.30	Coffee Break		
10.30-10.55	Module 1: continued	Understand the nexus between MHPSS and PB	Introduction on MHPSS and PB integration and update on research findings Video Q&A
10.55-12.00	Module 2: Understanding each others work	<ul style="list-style-type: none"> • Understanding each other's work • Sharing of experiences in regard to work on MHPSS and Peacebuilding 	Exchange with other participants about each others experiences and work on MHPSS and PB integration
12.00-13.00	Module 3: Defining MHPSS	<ul style="list-style-type: none"> • Explain the definition of MHPSS • Provide examples of MHPSS interventions 	What is MHPSS? Discussion in plenary Working on case study- groupwork Sharing in plenary of case study findings
13.00-14.00	Lunch break		
14.00-14.35	Module 3 continued		Defining MHPSS-Presentation
14.35-15.00	Module 4: Theoretical Framework on MHPSS and approaches to MHPSS	<ul style="list-style-type: none"> • Explain the intervention pyramid and socio ecological model • Apply the intervention pyramid and ecological model on a case study • Introduce approaches and interventions to MHPSS 	Introduction to Intervention Pyramid and Ecological Model -Presentation
15.00-15.10	Working thee		
15.10-16.30	Module 4 continued		Working on case study- group work Share in plenary case study findings Reflection Day 1

DAY 2 Understanding Peace building and linking MHPSS and Peace building : 21 January 2025

Time	Module	Objectives	Topic & Methodology
8.30-9.00			Recap
9.00-10.30	Module 5: Defining Peace building	<ul style="list-style-type: none"> Explain the definition of Peacebuilding related concepts and terminologies Describe peacebuilding interventions 	What is Peacebuilding? Discussion in plenary Working on case study-group work Defining Peacebuilding- Presentation
10.25-10.55	Coffee break		
10.55-13.00	Module 6: Theoretical Framework and Peace building approaches	<ul style="list-style-type: none"> Explain different conflict analysis tools Apply peacebuilding tools on a case study 	Conflict Tools-Presentation Case study-group work Share in plenary case study findings
13.00-14.00	Lunch break		
14.00-15.10	Module 7: MHPSS and Peace building commonalities and differences	<ul style="list-style-type: none"> Describe MHPSS and Peacebuilding core principles Identify the complementarity and interdependence of MHPSS and Peacebuilding interventions and principles 	Introduction case study-plenary Working on case study MHPSS- group work Share in plenary case study findings
15.10-15.20	Working thee		
15.20-16.30	Module 7: continued		Working on case study Peace building-group work Share in plenary case study findings Reflection Day 2

DAY 3 Integration and localisation of MHPSS and Peace building: 22 January 2025

Time	Module	Objectives	Topic & Methodology
8.30-9.00			Recap
9.00-10.45	Module 8: localizing MHPSS and Peace building responses	<ul style="list-style-type: none"> Identify gaps in community based approaches Explain what MHPSS and PB integration entails Develop suggestions for diverse stakeholders at the micro, meso and macro level on MHPSS and Peacebuilding interventions Develop suggestions for diverse stakeholders at the different layers of the intervention pyramid on MHPSS and Peacebuilding integration 	Defining MHPSS and PB integration- presentation Video Defining localisation-presentation Video Working on case study -group work
10.45-11.14	Coffee break		
11.14-11.45	Module 8 continued		Share in plenary case study findings
11.45-13.00	Module 9: Opportunities and challenges in MHPSS and	<ul style="list-style-type: none"> Identify opportunities and challenges for integration of MHPSS and Peace building 	Conduct a SOA analysis in groups

	Peacebuilding		
13.00-14.00	Lunch break		
14.00- 15.10	Module 10: Mapping community based assets and resources	<ul style="list-style-type: none"> • Exchange on community based assets and resources • Identify community based assets and resources 	Introduction - plenary Identifying community assets-group work
15.10-15.20	Working thee		
15.20-16.30	Module 11: Deep dive	<ul style="list-style-type: none"> • Get to understand some good examples of MHPSS and Peacebuilding approaches • Exchange on community based assets and resources • Identify community based assets and resources 	Time to share good practices and approaches by participants- Flexible space Reflection Day 3

DAY 4 Applying MHPSS and Peacebuilding integration: 23 January 2025

Time	Module	Objective	Topic & Methodology
8.30-9.00			Recap
9.00-10.30	Module 12 : applying MHPSS and Peace building integration	<ul style="list-style-type: none"> • Integrating MHPSS and Peace building in practice 	Integrating MHPSS and Peace building within an organisation-group work Sharing of group work in plenary
10.30-11.00	Coffee break		
11.00-11.25	Module 12 continued		Sharing of group work in plenary
11.25-13.00	Module 13: Developing an action plan	<ul style="list-style-type: none"> • Develop an action plan to conduct a training or workshop • Co-create actions on MHPSS and Peace building integration 	Developing an action plan-individual Developing a training plan-group work
13.00-14.00	Lunch break		
14.00-14.30	Module 13 continued		Sharing group work in plenary/ market place
14.30-16.30	Module 14: Closing and Evaluation	<ul style="list-style-type: none"> • Share feedback on the training • Conduct post-test • Close the training together 	Complete evaluation form Complete post-test Evaluate together Group picture
16.30	Official Closure & Departure		

C. Reference

- 1) Bronfenbrenner U. *Toward an experimental ecology of human development.* Psychol. 1977;32:513–531. doi:10.1037/0003-066X.32.7.513.
- 2) Centers for Disease Control and Prevention. *The Social-Ecological Model: A Framework for Prevention.* <https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>(open in a new window). Published 2015.
- 3) *Concepts of peace building.* A Global Pro Bono Law Firm (PILPG)
- 4) *Peace building and conflict transformation.* A resource book. Shilling, K (2012). Youth department of the presbyterian church in Cameroon.
- 5) Sallis JF, Owen N, Fisher EB. *Ecological models of health behavior.* In: Glanz K, Rimer BK, Viswanath K, eds. *Health Behavior and Health Education.* 4th ed. San Francisco: John Wiley & Sons; 2008:465–485.
- 6) *The IASC (2011). Advocacy Package. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.*
- 7) *UN Peace building. An Orientation (2010). Peace building Support Office.*
- 8) *World mental health report - World Health Organization(WHO)*
www.who.int/publications/b/64274

D. Feedback on Training evaluation

E. Power Point Slides (All training packages)