PROJECT PROPOSAL FOR SOMALIA (SOUTH and CENTRAL SOMALIA)

TITLE OF THE PROJECT: Development community mental health services (Rural and urban) for south/central zone of Somalia

A. BACKGROUND INFORMATION

1. Background Country Information

TABLE 1: BACKGROUND COUNTRY INFORMATION
Country Geographical background, economic, political and social environment including security aspects. Somalia is located in east Africa, bordering the gulf of Aden on the north and Indian ocean, east of Ethiopia Its ethnic groups is African Bantu and they are member of Arab league; Estimated population **9.118.773** (Est. population figure were copied from UNDP on 2008) and it has land boundaries with Kenya 682 km, Djibouti 58 km, and Ethiopia 1.600. coastline length 3,025 km and territorial sea claims 200 nm, Climate conditions are principally desert from December to February – northeast monsoon, moderate temperatures in north and very hot in south; from May to October southwest monsoon, torrid in the north and hot in the south, irregular rainfall, hot and humid periods (tangambili) between monsoons Terrain mostly flat to undulating plateau rising to hills in north, country's economic relay on agriculture which is the most important sector, livestock's about 65% of export earnings recent ban on Somali's livestock because of RIFT VALLEY FEVER has hampered the livestock's earning and few light industries. Somalia has longest coastal areas in Africa, it extend 3025 km of nautical miles the width reaches minimum about (50-61) km in northern coastline most parts of the country has rich fish resources of variety of species. Culturally the Somali peoples are nomads and semi nomads societies and rigid in clan based traditional behaviors and faction stronghold; the period between 1960-1968 two successive democratically elected governments ruled the country through elections and related procedures. On October 1969 military led bloodless insurgency coup that took over the power, and the military ruled the country for 21 years. On 1991 an ousted popular uprising armed civilian militant war broke out, soon after the fall of the government with so many ambitious warlords struggling for power, The country become totally disintegrated and got divided into clan zones controlled by militia leaders supported by their individual clans. However, during 1993 US/UNISOM interventions make the atmosphere to be stabilizing even though persistent inter-clan armed conflicts, political dispute being existed mainly in Mogadishu which tremor humanitarian service operations in Mogadishu and surrounding areas. On tribal base heavily armed greedy warlords fictions lead the political issue whom devastated the restored hope of the peace and resolutions, while Islamist forces and warlords fight in the final warlords ousted, Islamists were expend their power establish alliance. The Islamic militia of the Supreme Islamic courts Council stepped into the power vacuum, seizing the capital of Mogadishu and most of the South/central regions. Earlier the Islamic militia reached within 20 miles of Baidoa, prompting the TFG government being established in Nairobi/Kenya, after 3 years of debates and political negotiations; all parts of the Somali politicians and armed factions leaders include members of civil society groups, community elders etc elected a president and established 4.5 on clan based parliamentary members and speaker of the parliament who nominated government ministers go on

high alert includes some warlords linked to the violence of the past and the absence of government forces, president Yusuf apparently call his longtime ally Ethiopia entered on 2006 for protection and give him greater leverage, during the past and at the present time there is several Political misfortune arguments happened among the president and speaker of the parliament and the MPs alienated in to groups. 27 medical doctors include 3 MSF expatriate and 12 Somali nationals with nurse qualification loose their lives for organized crime of homicidal take place during the 1½ and more decade the natural/manmade tragedy event were also include soil erosion by cutting the plants so harshly and make it charcoal, hijack the humanitarian aid workers and other minority groups, pirates, food items cost inflation, river floods destroyed seeds and under ground food storages, displacement of several of hundreds fled in and out side of the neighboring countries caused droughts are uncertain, while others try to cross the main sea of the golf of Aden (Yemen) or sea between Libya and Italy due to long last apprehensive condition.

Estimated number of people require humanitarian assistance/# IDPs during 2008

Currently, 2.6 million people are estimated to be in need of assistance about one-third of the total population - an increase of more than 40 percent since January 2008. The number of internally displaced people is estimated at 1.1 million. Population movement from the capital increased by 20 percent since January 2008 bringing the number of people who have fled Mogadishu since February 2007 to a total of 860 000. According to the FSAU (Food Security Analysis Unit) the humanitarian situation is likely to continue to deteriorate in the coming months and a total of 3.5 million people, about half of the total population, could be in need of either livelihood support or humanitarian assistance by the end of the year.

Estimated number of people fled out side of the country live at different nations 2000

About 425,000 Somali refugees and asylum seekers lived in about two-dozen countries at the end of 1999: an estimated 170,000 in Ethiopia, some 160,000 in Kenya, about 50,000 in Yemen, more than 20,000 in Djibouti, 3,000 in Tanzania, nearly 3,000 in Egypt, nearly 3,000 in Libya, about 2,000 in Eritrea, 1,000 in Uganda, and some 14,000 new asylum seekers in various European countries.

An additional 20,000 Somalis lived in Yemen in refugee-like circumstances, but Yemen authorities did not officially recognize their refugee status.

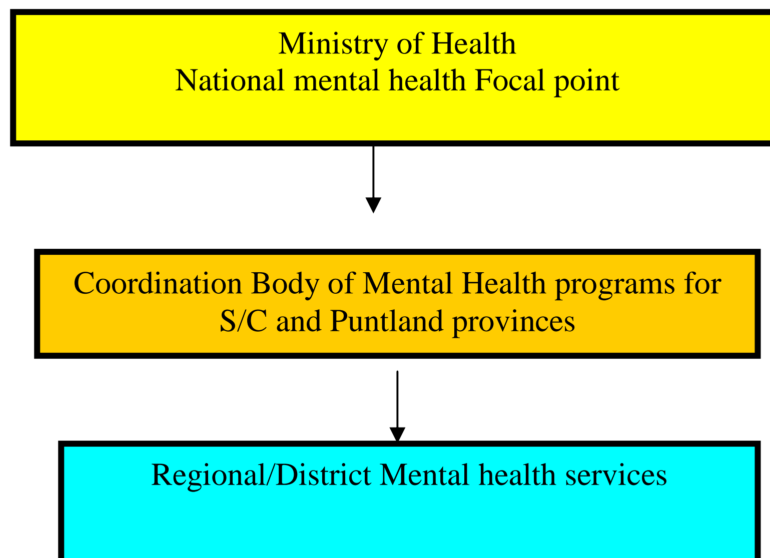
An estimated 350,000 Somalis were internally displaced.

Approximately 25,000 Somali refugees repatriated during the year, primarily to northern Somalia. Tens of thousands of Somalis newly fled their homes in the southern half of the country.

per capita (income per head) is estimated less than $ 1/head/day, less one US

● The overview of the structure of the health system/mental health system
(please see reference of the new organogram attached)
● Mental health service is under the department of curative service of the Ministry of health and there is a nominated mental health focal point

MOH organogram, Mental Health Central-level



2. Background to the current project proposal

TABLE 2: BACKGROUND TO THE CURRENT PROJECT PROPOSAL
In the S/C zone of Somalia have 2 Mental Hospitals: one is Habeb public mental hospital, located at Waberi District in Mogadishu Somalia established on November 24,2005, is responsible for psychiatric Emergency and Mental health out Patients Department, with a capacity of 25 Beds, with 3 psychiatric Diploma, 3 Qualified Nurses, and 10 social workers. The second Hospital is Habeb Rehabilitation treatment Center established November 24,2006 located in Madina District in Mogadishu responsible for Drug abusers and Schizophrenia Negative symptoms , with a capacity of 170 Beds, with 2 Qualified Nurses, and 10 social workers, The communities who live in the South/Central Somalia previously were depend on Ex – Forlanini hospital which was under the department of curative service of MOH and the only psychiatric hospital being conduct activities support mental disorder patients pre war period early 1991, during the collapse of the past regime all public/private institution were destroyed, all mental ill patients in the Ex –

Forlanini hospital for treatment fled and there were no body taken care for mental disorders and there were no mental health facility operation

Unfortunately, we observe that during the civil war the number of mental disorders people were increased day by day, this is due to environmental problems of long term war conflict struck by heavy army (rockets), poverty, hunger, joblessness, Organic diseases etc and lack of mental health facility too. Most of the mental disorders patients were chained in their houses either become withdrawal moving up and down on the streets (homelessness) for a long period without getting care from their families and general communities. There are others relay on traditional healers or have a superstition attitudes that mental illness is caused by bad eye, devils or magic usually mental ill people were persecuted or keep starve , or put together in one place for a hyena to eat the Devil that causes the mental illness, and they also have false beliefs as many other communities in Africa, Asia and Arab countries that the modern scientific medications are not suitable to treat or deal for mental illness.

Fortunately, on 22nd November 2004 – 21st February 2005, the WHO office for Somalia offered a 3 months training diploma course for Psychiatry training held in Bossasso of N/E region of Somalia, trainees were obtained a Psychiatry Diploma, with theory college of Health Science in Bossasso and practical sessions were take place at the Psychiatric department in Bander Qassim General Hospital, a member of the trainees (Abdirahman Ali Awale (Dr.Habeb) who graduated the above mention workshop were establish and opened the Habeb public/private mental hospital in Mogadishu on 24th November 2005

● In the respect of service, the Habeb public/private Mental hospital coordinate psychiatric emergency activities assist out patients attend at the clinic located in Waberi district, the excited or severely mental ill patients were remain/kept there for minimum 15 – 30 days for treatment purpose. After they get improvement, patients were sent back to his/her families and usually they come for a follow up once a month, excluded like those of Catatonic schizophrenia, some cases of Manic patients and drug abusers. We refer to the next Habeb rehabilitation treatment centre Located madina District , accommodated of **4084**, gender wise **2257** Male and **1827** Female from 24th November 2005 – 31st October 2008.

During the period we also conduct a pilot project Chain free initiative program (chain free hospital) phase 1 from 17th September 2007 – 3rd December 2007 which was completed a very successful manner in the aspect of the project objectives designed, we purchase Psychotropic medications (Chlorpromazine) 100mg, Beds, Bed sheets, Mattress and cleaning materials, we conduct 2 work shops attend hospital staff 30 trainees per workshop, Project fund ($ 8000) was sponsor by WHO. We Also conducted Work shops of length 2 times/4 days, nurses come from 10 regions of the S/C zone. We receive 4 times Medication from WHO office In Mogadishu/Somalia We had a significant agreement with WFP by providing food ration of feeding hospital patient of 223 inpatients, the feeding program start April 2008 – 2009.

During the year of 2007, we receive irregularly funds from other sources like the Somali Diaspora live in various countries of EU delivered a cash of $ 12000 US dollars for charity contribution expenditures. The Somali communities in EU regularly watch organized program of mental health activity release through International TVs/radio's like BBC and VOA.

● Awareness campaign

We also conduct a routine community awareness campaign, this program was scheduled and the International/local media and TVs were take part. Audiences were participating the session through telephone calls, a person from the mental health group (psychoanalysis) appointed to guide/facilitate preach a prepared lessons deliver through the radio was present at the Radio station. This program was so famous and called learn mental health through radio's.

3. Analysis of the strengths and weaknesses of the mental health system.

We ask you to identify three strengthen and weaknesses that were found in the analysis of the WHO AIMS data and that were highlighted in the WHO AIMS country report

Table 3: **WHICH ARE THE THREE MAIN STRENGTHS OF THE COUNTRY MENTAL HEALTH SYSTEM**?
1. Diagnoses and management of mental disorders patients,
2. Chain free initiative program started
3. Routine Community Mobilization promote project communities to introduce Mental Health through local media/international media's/TVs.

Table 4: WHICH ARE THE THREE MAIN WEAKNESSES OF THE COUNTRY MENTAL HEALTH SYSTEM?
1. Shortage training opportunity, no adequate TOT and mental health professionals
2. shortage of psychotropic medications, equipments and materials
3. Lack of integrate mental health services into general health system and lack of financial resources for mental health services.

B. DESCRIPTION OF THE PROJECT

Table 5: BRIEF DESCRIPTION OF THE PROJECT

After having seen the background above and benefits of the pilot project Chain free initiative program we will propose expansion and continuation of chain free initiative program through creating two development community mental health services: Rural and Urban. Our project will address at training of mental health staff through up streaming the level of awareness, users rights, technical staff and stakeholders: That's

Specific Objective 1

●Trainings for general practitioners and other health professionals from the primary care sector in issues related to mental heath.

A. Stigma

People with mental disorders face stigma and discrimination in all sectors of society, Including by the health-care workforce. For this reason, HR planning and training need to address issues of stigma and discrimination. This includes training staff to combat their own tendencies to stigmatize as well as those of other members of the health-care Workforce and other sectors of society.

B. Mental health services through primary health care, For South/Central zone of Somalia with limited HR for mental health, delivering mental health services, through primary health care

> identifying mental disorders

> providing basic medication and psychosocial interventions

> referrals to mental Hospitals severe Mental Disorders cases

Specific Objective 2

● Continuation and expansion of Chain free initiative programme (Chain free hospitals, chain free at home and chain free environmental)

the proposal holds very basic phenomenon in the respect of the past poor performance include the limited resources obtained, we will benefit/adopt through the new proposal plan which focus on completion into the overall strengthen a component of a mental health planning in our country respectively which is as following:

≥ Continuation and expansion of Chain free initiative programme (Chain free hospitals, chain free at home and chain free environmental)

≥ Training of human resources for mental health services ≥Community mobilization and public awareness ≥ Availability Psychotherapy medication

Table 6: DESCRIPTION OF THE WEAKNESSES IN THE MENTAL HEALTH SYSTEM THAT THE PROJECT TACKLES
1. increasing the number of sever mental Disorders patients chained for long period in their homes
2. Decreased the number of mental ill patients needed to hospitalized mental hospitals and gave opportunity poor families how can not afford
3. Law level of community awareness.
4. Insufficient provision of psychotropic drugs and mental heath supplies
5. Lack of support from International donors involved humanitarian aid assistance

Table 7: GENERAL OBJECTIVES OF THE PROJECT
1. Enhancing capacity of the existing health care professionals in providing mental health care. -training of various staff on identification and treatment of mental disorders -regular provision of essential psychotropic medicines 2. Enhancing human rights of people with mental disorders (chain free initiative) - within health care facilities - within the community

<u>Steps towards implementation of the project</u>

Please describe the specific activities that are planned for the project. Divide the project into steps and for each step of the project provide details on:

WHAT SPECIFIC OBJECTIVES WOULD YOU LIKE TO ACHIEVE THROUGH THIS PROJECT?

Table 8						
	SPECIFIC OBJECTIVE	ACTIONS	ACTORS	TIME	RESULTS	INDICATORS indicator
Step 1	1. Enhancing capacity of the existing health care professionals in providing mental health care. -training of various staff on identification and treatment of mental disorders -regular provision of essential psychotropic medicines	● TOT of mental health one session 5persons X 3 weeks over one year period ●Annual four training for mental hospitals staffs & Chain free at Homes Groups session/ 4 times X15personesX10 Days for technical staff. ● Annual two training session for social workers 30 personsX4 Days as a part of Chain free initiative (Community mobilizers)	● NMNH F MoH ● Habeb Hospitals ● International donor ● Mogadishu institute of health science	15 days 4 sessions X 4 days 2 sessions X 4 days	● Well trained mental health staff ● respect the rights of mental ill patients and obtained appropriate psychotropic medication. ● Upgrade the community the level under standing that mental disorder is treatable.	Nurses, PHC Doctors, Social workers, families members , Habeb public mental hospital, Donors MOH, Mental ill patients
Step 2	2. Enhancing human rights of people with mental disorders (chain free initiative) - within health care facilities - within the community	● Creating 2 Community mental health services (Chain free Rural and urban services) chain free at homes. ● Chain free Hospitals	●2 Mental Hospitals staff (Habeb Public Mental Hospitals and Habeb Rehabilitation treatment C) ●International donors, MNH Focal point ● 2 groups of chain free at Homes	During the project life cycle During the project life cycle	●Chains are removed from the hospitals, Homes and environment no patients are being chained anymore, By the middle of April 2010, will Rich improvement Development community mental health services	●Family members , Habeb public mental hospital, Donors MOH, Mental ill patients

		● Chain free committee	●Authorities from local community leaders, Civil society, central MoH, psychiatric hospital, human rights commission, security post and ex-users and families is in place		●Removing of chains restraining patients living at home ●The committee will verify that the patients lives in hospitals and homes are free of chains ● Regular inspections are made by relevant authorities to reassure the implementation of the above activities	● minutes of the meetings are available ●Monitored and reported by the Chains free committee set up.
Step 3	Mid-term evaluation of project	An evaluation reconsider the past project activities will be carried out	. ● Mental health unit or focal points. ● WHO/International Donor	2-3 weeks	Assessment tools indicate feedback results will be in hand	● Habeb public mental hospital.
	● Provision of essential psychotropic Medication	● Purchase of essential psychotropic medication (Chlorpromazine, Haloperidol, Fluphenazine Decannote 25 Mg/Ml, Haloperidol decanoate 50 Mg, Trihexyphenidyl 5mg tablet, Amitryptillin, Fluoxetine, carbamazepine diazepam, Anti Epilepsy Drug)	● Bakara Market Habeb Hospital Donor Agency	2 Times/ Year	● Excess in Regular Supply Of psychotropic Medications ● Improvement of Mental ill Patients in Hospitals and Homes.	● Chemical restraints are used in accordance with the international guidelines on use of Psychotropic medicines.

Table 9: DIFFICULTIES AND SOLUTIONS	
EXPECTED DIFFICULTIES	**POSSIBLE SOLUTIONS TOWARDS THE EXPECTED DIFFICULTIES**
Lack of security	Risk based commitment
Lack of UN/International Organizations funding	Habeb committed to continue the project Development mental health services addressed urban and rural in south and central Somalia.

C. IMPACT OF THE PROJECT

Table 10:WHAT WILL BE THE IMPACT OF THE PROJECT (e.g. in terms of accessibility of Community mental health , availability of medicines or interventions, improved follow up, more respect for human rights, implementation of new interventions, etc)
1. Since this project initiate/ introduces new idea we expect a positive impact in the aspect of accessibility, project beneficiaries will be able to reach/benefit eventually regarding availability of psychotropic medications, there will be enough drugs based on the demands; drug shortage might no more be to happen.
2. Over all interventions of mental health service from a different parts include UN/International and local NGOs and community groups will be increased
3. Human rights pertinent and other malice thought will utilize in to the right manner. (No body chain at all in the hospital and reducing the rate of mental disorders patients chained, the hospitals, homes and environmental
4. Implementation of the new interventions in mental health profile will have a good feature which people can play a part for long maintenance within the new mental health context.

D. RESOURCES

Table 11: NEEDED RESOURCES FOR THE WHOLE PROJECT (sign to which class the project belongs)	
Small (<50,000 USD) (e.g., development of a mental health plan)	
Medium (50.000-500,000 USD) (e.g. organizing a series of trainings for primary health care professionals)	
Large (>500,000) (e.g. implementing a network of outpatient facilities in the country)	**X**