PROJECT PROPOSAL FOR SOMALILAND

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TITLE OF THE PROJECT: Improving the service delivery of mental health facilities and community based services in Somaliland

A. BACKGROUND INFORMATION

1. Background Country Information

TABLE 1: BACKGROUND COUNTRY INFORMATION

- The Republic of Somaliland (formerly known as north-west Somalia) is situated in the horn of Africa. Its boundaries are defined by the Gulf of Aden to the north, Somalia to the east, federal state of Ethiopia to the south and west, and republic of Djibouti in the northwest. The total area of Somaliland is 137,600 km2 with a coastline of 850kms.
- The country is divided into 6 regions, namely Northwest, Awdal, Sahil, Togdher, Sool, and Sanaag, which are subdivided into 32 districts. The capital of Somaliland is Hargeisa. The estimated population of the city is about 0.5 million. Other principal towns are Borama, Berbera, Burao, Erigavo and Las-anod. The main port of Somaliland is Berbera.
- Although no census has been conducted in Somaliland, the population is estimated at three million. The population consists of nomadic people (55%) and urban dwellers (45%). The population density is estimated at 22 persons per km.
- Somaliland is semi arid, the average daily temperature range from 25c to 35c. The average annual rainfall is 14.5 inches in most part of the country.
- Although, no data is available on GDP of the country, most people live with less than one dollar a day. The economy of the country depended a lot on livestock export destined to Saudi Arabia and other Arabian countries. A ban was imposed in 2000 due to outbreak of unfounded rift valley fever. The ban has had severe economic effects in the country leading to sudden depreciation of local currency, unemployment and steady process of population growth in the cities.
- Somaliland is in a state of post-war era and has previously suffered a lot about recurrent civil wars in the 1980s and 90s. A lot of people has been killed, or witnessed a killing; their properties looted or taken away or their homes were destroyed. The number of IDP camps in the urban areas of Somaliland is significantly high.
- The Ministry of health and labour has recently declared to have established a national mental health unit in the ministry of health and labour which will go under the department of non-communicable diseases. Although established yet the unit is struggling to active take role in the improvement of mental health situation in Somaliland and there is no mental health system-structure in place.

2. Background to the current project proposal

TABLE 2: BACKGROUND TO THE CURRENT PROJECT PROPOSAL
Although Somaliland mental health system still remains one of the poorest and underequipped mental health structures in the world, there are both internal and external initiatives for mental health that is taking place and has rooms for improvements. There are few mental health facilities both as institutional and community based. The mental health facilities are very few (2 mental hospitals), four outpatients, two community based inpatients, and There are only two psychiatrist (one of them is neuropsychiatric) in the entire country and both run their private pharmacies. A psychologist, 14 social workers, several qualified nurses and Auxiliary staff are been involved in the day today activities of the current mental hospitals. As the availability of institutional based care alone will not respond to the existing demand of mental health needs there is the need for establishing community based services system that has the basis of contextual culture. However, there are some locally generated community based services that are lacking both the suitable facilities and skilled human resource to provide effective community based services as an alternate port for the mentally ill people. This approach will also require strengthening its service delivery and promoting an accessible/available community based service in the community. Despite the fact that there is a gap to close to improve the service delivery of mental hospitals services at the current facilities, there is also the need to address certain community norms that are contributing negatively to the mental health Somaliland ministry of health and labour has achieved to establish a national mental health unit in the ministry which is a sign for commitment to the mental health. One of its top priorities of the mental health Unit is to attempt to set a proper structure for the organization of the mental health services and advocate the formulation of national mental health policy. GAVO which is a local organization has been actively working in the filed of mental health since 1993, in different levels and now have enormous experience to continue promoting the mental health situation in the various levels of institutional based, community-based, etc. This organization has already been doing certain activities and attained a number of achievements. *Please find the organizational profile as Attached annex*

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

Table 3: **WHICH ARE THE THREE MAIN STRENGTHS OF THE COUNTRY MENTAL HEALTH SYSTEM**?
1. there are some mental health facilities working, eg; mental hospitals, CMH centres
2. there are strong and experienced local NGO that is committed in the field of Mental health
3. local community are ready to contribute

Table 4: WHICH ARE THE THREE MAIN WEAKNESSES OF THE COUNTRY MENTAL HEALTH SYSTEM?
1. absence of mental health policy
2. Insufficient public education and awareness, contributing harmful norms
3. inadequacy of professional mental health facilities staff and psychotropic drugs in the existing services
4. Limited alternate community based services.

B. DESCRIPTION OF THE PROJECT

Table 5: BRIEF DESCRIPTION OF THE PROJECT
Since mental health situation in Somaliland remains under great concern, this project will address some of those important issues to enhance the general mental health situation and particularly will target to advocate for a significant need for a change. As mental health services are still in limited in terms of facilities and human resource the project will focus on improving the service delivery in the current mental health structures that are already providing certain service through drawing the skilled human resources, engaging them in the service delivery and providing training opportunities to the involved staff. The approach is that this intervention will mean at various forms encompassing supporting the mental hospitals with psychotropic drugs, basic/refresh and advance training workshops, supporting sanitation-facilities, recruiting the available human resources and supporting these facilities with structural improvements. In parallel with the mental hospital service provision improvement the project is also aiming at strengthening the narrow community based service available in the community, particularly in the current community mental health centres. Capacity building Trainings sessions will be provided to he community based staff and a number of community volunteers will be recruited who would then provide psychosocial services at community level. However, there is the need for general public awareness and education to increase their level of consciousness on the issues pertaining to the mental health. This will facilitate a process of enlightening to the public to respect the basic rights of the mentally-suffering people. One of the key-important events for such awareness events will be commemorating International Mental health days “10th October of each Year”

Table 6: DESCRIPTION OF THE WEAKNESSES IN THE MENTAL HEALTH SYSTEM THAT THE PROJECT TACKLES
1. There are no sufficient qualified and professional staffs in the existing mental health facilities.
2. There is a limited number of facilities like community based services
3. Poor service delivery at the mental health facilities that exist
4. Existence of social norms that are negatively contributing to the mental health conditions
5. In sufficiency of psychotropic drugs
6. Low awareness on mental health issues on the side of the public and wider community

Table 7: GENERAL OBJECTIVES OF THE PROJECT
1. Enhancing the quality service in the existing mental health facilities
2. Increasing the general public awareness and education to the community
3. Promote the current community based services delivery

Steps towards implementation of the project

Table 8						
	SPECIFIC OBJECTIVE	**ACTIONS**	**ACTORS**	**TIME**	**RESULTS**	**INDICATORS**
		Recruiting project staff		2010		Project activities launched
Obj. 1	**Promote current community mental health services**	Conduct training workshops for the community M H centres staff		2010-2011	Consciousness for the formulation of NMH policy increased	MOHL and other Stakeholders 90% become aware of importance of nation M health Policy
Step		Conduct consultations at community level		2010-2011		
Step		Supporting existing community based centres		2010-2011	Psychosocial support service available at community level	Number of persons delivered psychosocial support
		Establish outreach-mobile Units		2010-2011	Community based services strengthened	Number of persons visited
		Train community volunteers		2010-2011	Community based service strengthened	20 volunteers trained
		Conduct family consultations		2010-2011	100 Families educated	Stigma and discrimination minimised
Obj 2	**Increasing the general public awareness and education to the community on mental health through education and awareness raising campaigns**	Four Awareness raising workshops		2010-2011	Increased public awareness	Human rights of mentally ill people respected among community
Step		Publish 2000			Increase public	

		brochures in Somali with awareness messaged		2010-2011	education and awareness	Level of Public awareness elevated
Step		Conduct two World mental Health Day ceremonies		2010-2011	World Themes on Mental Health Days applied	Public sensitised key mental health issues
Step	**Midterm Evaluation of the project**	**Mid-term evaluation exercise report**		**2010**	**Progress report**	Report document submitted
Obj 3	**Enhancing the quality service in the existing mental health facilities**	Provide office equipment support		2010-2011	Hospitals able to keep proper recording	Improved MH service at MH facilities
Step		Training workshops for Nurses, social workers & auxiliaries		2010-2011	Improved the quality of services available at the existing m hospitals	50 social workers, nurses & other auxiliaries trained with Mental health issues
		Recruit two psychiatric doctors		2010-2011	Proper diagnostic and treatments	Service delivery at the hospitals improved
		Recruit Qualified nurses			Proper Case management and record-keeping	Service delivery at the hospitals improved
Step		Provide psychotropic medications		2010-2011	Improved access to psychotic medications	Increase number of improved pts at hospitals
Step		Conduct Free-Chain initiatives at Berbera M Hospital		2010-2011	Decreased no of chained patients	70% of patients are unchained
Step		Conduct Chain free initiative at Hargeisa M ward		2010-2011	Decreased no of chained patients	60% of patient stay without chain
Step		Improve the physical structure of the two mental hospitals of Hargeisa and Berbera		2010 - 2011	The structure of the two hospitals maintained	Improved accessibility/quality of services

Step		Provide hygiene and sanitation facilities		2010 - 2011	hygiene and sanitation services enhanced	Personal and environmental hygiene conditions promoted
	Final evaluation	Final Evaluation report		2011	Final progress report	Report shared by the partners

Table 9: DIFFICULTIES AND SOLUTIONS	
EXPECTED DIFFICULTIES	**POSSIBLE SOLUTIONS TOWARDS THE EXPECTED DIFFICULTIES**
Difficulties on the side of the ministry of health and labour to effectively participate in the policy advocacy meetings	Involve them with clear role to play specially the mental health unit
Influx of patients to be arrived at the MH facilities due to the awareness	Careful awareness on rights issue and social norms are addressed
Inadequate or lack of psychotropic drugs	Encourage the private pharmaceuticals to bring low-cost psychotropic push for WHO to

C. IMPACT OF THE PROJECT

Table 10:WHAT WILL BE THE IMPACT OF THE PROJECT (e.g. in terms of accessibility of mental health facilities, availability of medicines or interventions, improved follow up, more respect for human rights, implementation of new interventions, etc)
1. Increase public education and awareness, while basic rights of mentally ill people respected
2. Promotion of the service delivery at community level
3. Strengthened the services quality in the existing mental health facilities
4. enhanced capacity of the local organizations involved in mental health

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)	

Table 12: DESCRIPTION OF THE NEEDED RESOURCES		
	DESCRIPTION	**AMOUNT IN $**
MENTAL HEALTH STAFF	Project management and facilities staff	**67,000**
BUILDINGS	Physical Structural improvement	**40,000**
EQUIPMENT	Equipments for the capacity support to the mental health facilities (beds, mattresses, etc) and Involved LNGO	**49,000**
TRAINING	Community and staff trainings	**18,000**

MEDICINES	Psychotropic medication mental health facilities	**24,000**
OTHERS (specify)	Public education: Consultation meetings/Workshops, commemorations costs and publications, media,	**28,000**
Total		**226,000**

TABLE 13: POSSIBLE SOURCES OF FUNDING (these sources are presumed and not necessarily already found now).	
FUNDER	
Government - Department of Health	
NGOs	
Professional Associations	
Others (specify)	
Total	

Monitoring and Evaluation

Information will be collected through project reports, other sources will include media reports, and using focused group interviews to solicit responses on key indicators. Statistical Data will also be collected and used to triangulate qualitative information collected throughout the monitoring process. A detailed M& E system will be developed with all responsible partners during a pre-project phase rather than doing an armchair M&E system that would lack legitimacy and stifle the participation of primary and secondary beneficiaries in defining the details of an evaluation system. To achieve this, GAVO has already developed its own M&E and learning system in which the most significant change stories is to be collected.

A detailed implementation plan (DIP) will be developed in order to guide overall monitoring of the project implementation activities. The executive director of GAVO and program coordinator are responsible for assuring that field staffs implement the project activities with a view towards completing the activities described on time. The Program coordinator shall undertake continues visits to the sites to reinforce this responsibility and to ensure that field staffs are receiving adequate backstopping. The Program coordinator will be responsible for the day-to-day monitoring of the project activities while Executive director will conduct on monthly bases site visits and offers appropriate technical support. The funding Agency and GAVO staff will also visit the project sites during the project period for monitoring purposes.