

**Youth FORWARD: Alternative Delivery Platforms and
Implementation Models for Bringing Evidence Based
Behavioral Health Interventions to Scale for Youth
Facing Adversity in West Africa
Annual Capacity Meeting Report
August 8th & 9, 2018**

Hannah Berrian¹ and Emmanuel Mac Boima²

¹Youth FORWARD Research Capacity Building Coordinator, University of Liberia Pacific Institute for
Research and Evaluation, Liberia (UL-PIRE)

²Youth FORWARD Research Capacity Building Coordinator, University of Sierra Leone/ Caritas

Acknowledgement

Acknowledgement to the University of Georgia, Boston College of Social works and the National Institute of Mental Health (NIMH) and World Bank.

Partners

Youth FORWARD is in partnership with Innovations for Poverty Action (IPA), Caritas Freetown, University of Liberia, University of Sierra Leone and GIZ Freetown.

Table of Contents

Background.....	4
Annual Meeting Overview	4
Attendance.....	5
Annual Meeting Agenda and Presenters	5
Background About National Institute of Mental Health	7
The Purpose and Goals of Youth FORWARD	9
The YRI study with EducAid:	11
Overview of the World Bank’s new initiative (Human Capital Project)	11
Youth Forward Partners Review	12
Arja- IPA	12
Yusuf Jalloh – GIZ	12
Charles – Caritas Freetown	13
Presentations of Research Findings from Local Researchers.....	13
Dr. Stephen Sevalie	13
Pharm Abdulai Jawo Bah	13
Dr. Stephen Kennedy - Liberia	14
Objectives of Youth FORWARD Capacity Building Component:	14
Success and challenges faced in each country (Sierra Leone and Liberia).....	14
Developing Funding Proposal / Capacity Building Issues	15
Data Management	16
Research Administration	16
Discussion Session / Question and Answer Sessions	17
Appendix 1: List of participants.....	20

Background

Boston College of Social Works through Dr. Theresa Betancourt initiated Youth FORWARD: Alternative Delivery Platforms and Implementation Models for Bringing Evidence Based Behavioral Health Interventions to Scale for Youth Facing Adversity in West Africa project. The National Institute of Mental Health (NIHM) funds this project.

Youth FORWARD (Youth Functioning and Organizational Success for West African Regional Development) was established with the overall objective of setting up an implementation science hub in West Africa with a dual mission:

- a) To accelerate scaling up innovative and sustainable delivery of evidence-based mental health interventions for youth exposed to violence and other forms of adversity across a range of delivery settings;
- b) To serve as a global hub for capacity building in mental health services research on children, youth and families facing adversity and to conduct implementation science on the delivery of evidence-based mental health services via alternate delivery systems such as youth employment programs in West Africa.

Based on the aforementioned goals, the Youth FORWARD Hub will be engaged in activities aimed at developing and implementing a study based approach that looks at quality improvement in taking evidence-based mental health interventions to scale up for youth exposed to adversity via locally run youth employment programs. In addition, the Youth FORWARD project will also support capacity-building efforts aimed at accelerating the use of evidence-based youth mental health programs to address the treatment gap in West Africa. The project will help government and major stakeholders make greater use of the evidence-based results in policy and program development and evaluation methods to measure program effectiveness.

The Capacity Building Core seeks to achieve this aim by fostering exchange and mutual learning between sites, through the development and delivery of innovative and locally relevant training and technical assistance programs for stakeholders, including University of Sierra Leone and University of Liberia faculty, students, government partners, and NGO leaders. Links between the Scale-Up Study and Capacity Building Core will provide opportunities for on-the-job learning in quantitative and qualitative research methods to increase capacity for implementation science.

Annual Meeting Overview

The Youth FORWARD Project has recently concluded its annual meeting on 8th -9th August, 2018 at the Radisson Blu Mammy Yoko Hotel, in Freetown.

The meetings were a two-day event, with day 1 being a scientific session in which Youth FORWARD partners discussed the overall work of their organizations including successes, challenges and lessons learnt, while the Day 2 Session was focused more on capacity building opportunities, challenges and potential solutions.

Attendance

In terms of attendance the meeting attracted over 100 participants from different levels of the Mental Health space, more especially those interested in mental health research or those currently working within the mental health space in Sierra Leone. A full list of participants can be found in appendix 1.

Annual Meeting Agenda and Presenters

Scientific Sessions - Day 1	Presenters
Presentation 1: Mission, vision and goal of National Institute of Mental Health U19 scale-up hub initiatives	Dr. Makeda Williams. Chief, Global Mental Health Research, Office for Research on Disparities and Global Mental Health, Office of the Director, National Institute of Mental Health
Presentation 2: Overview of the purpose and goals of Youth FORWARD, progress report of all activities to date as well as an outline of upcoming activities and future goals	Dr. Theresa Betancourt, Salem Professor in Global Practice at the Boston College School of Social Work, Director of Research Program on Children and Adversity, PI of Youth FORWARD
Overview of the World Bank's new initiative called the Human Capital Project	Gayle Martin, Country Director, World Bank
Panel Discussion 1: overall work of Youth FORWARD partners and how to enhance effective partnership to deepen research and research capacity in West Africa	Moderator: Dr. Stephen Kennedy, University of Liberia
Panel Discussion 2: Presentations of research findings from local researchers active in the mental health space	Moderator: Dr. Haja Wurie, Lecturer, College of Medicine and Allied Health Sciences, University of Sierra Leone

Capacity Building Sessions - Day 2	Presenters
<p>Panel Discussion 1: Overview of current goals for Youth FORWARD capacity building, summary of successes and challenges faced in each country</p>	<p>Moderators: Nate Hansen, Tamora Callands</p>
<p>Breakout Session 1: Capacity building opportunities and challenges • Audience will be divided audience into small groups. Each group will be given 15 minutes</p>	<p>Moderators: Nate Hansen, Tamora Callands</p>
<p>Presentation 1: Developing funding proposals • 2-part presentation focused on developing funding proposals. During part 1, the chairs will walk the audience through the basics of developing a fundable research project. This will entail how to develop the skeleton of a research proposal. Then, part 2 will demonstrate ways to convince your audience that your project should be funded.</p>	<p>Chairs: Nathan Hansen, Tamora Callands</p>
<p>Presentation 2: Data Management • Focus on basic data management skills including setting up databases, minimizing error before data collection, pre-testing questionnaires, entering data, managing physical and electronic data, data checks using descriptive statistics</p>	<p>Chairs: Arja Dayal, Leslie Alex</p>
<p>Presentation 3: Research Administration • Overview of research administration, including basic information on understanding differences between direct and indirect costs, F&A rates for foreign organizations, structure of funding, review of budget requirement, and general funding policies.</p>	<p>Dr. Makeda Williams</p>

Conclusion	Dr. Nate Hansen, Dr. Tamora Callands

Background About National Institute of Mental Health

In her presentation Dr. Makeda Williams who spoke on “Building evidence and capacity for taking action: global mental health research at NIMH”. Mentioned that NIMH envision a world where mental health illnesses are prevented and cure. According to Dr. Williams, the Director of NIMH is Joshua Gordon and has been with NIHM for two years.

She further went on to state that, NIMH has four strategy priorities that really shaped the work they do;

- (1) Defining the mechanism for complex behavior
- (2) Trying mental illness trajectory to determine when, where and how to intervene
- (3) Striving for prevention and care
- (4) Strengthening the public health impact of NIMH supported research.

She further explained that NIMH supports mental health research that covers the following key thematic areas:

- (1) Makes a contribution to science
- (2) Addresses an issues an NIMH research priorities
- (3) Addresses equity
- (4) Has applicability to other (low- resource) settings
- (5) Includes research capacity building.

NIMH she added is all about filling a scientific gap with innovative research that has not been conducted and can really addressed the domestic and global burden of science. NIMH is interested in the setting where the research takes place and focused on depression as a priority disease. WHO mental health gap action plan happens to be one of the resources of NIMH.

The purpose of mhGAP is to recognize the central role of mental health in achieving health for all people. This plan has four major objectives;

- ❖ Looking at effective leadership and good governance,
- ❖ Integrating mental health and social services into the community based settings,
- ❖ Implementation strategies for promotion and prevention and

❖ Strengthening information system and evidence in research.

NIMH also sees global mental health and mental health disparity as a cross cutting theme and are interested in scaling up interventions that has shown to be successful that increased quality, that increased access for mental health care in low resource setting.

She also noted that NIMH started in 2011 with a collaborative hub for international research on mental and this was to increase the research based for mental health intervention in low and middle-income countries through integration, translational clinical, epidemiological and policy research. The basis was to address task shifting and task sharing for delivery of mental health services and providing opportunities for building capacity.

NIMH had six hubs that finished this year; one in West Africa called Pam-D hub in Nigeria and Ghana, focused on complementary alternative healers managing psychosis. Other research hubs focus on different areas like maternal depression among other. NIMH has collaborations with other funders like Global Challenges Canada and Global Alliance for Chronic Diseases. The Global Challenges Canada Funding opportunity was announced in 2013. It focused on integrating mental health into chronic disease care provision in LMICs and how to leverage chronic disease model to integrate mental health.

The second grant was Global Alliance for Chronic Disease. The Funding call was 2017. It focused on how implementation research could be used to scale-up and sustained evidence based practices. The Principal Investigator had to be in low/middle income country and collaborated with someone from a high-income country. Implementation Costing had to be assessed, collaborate with local stakeholders, local NGOs, government and health care entities. NIMH want to scale-up, Intervention that shown to be viable based on this NIMH was able to established a research partnership in 2016 for scaling up mental health intervention called the scale-up hub and they conducted research in low and middle-income countries to expand evidence based mental health intervention and to build sustainable in country capacity.

On the aspect of Research Partnership for Scaling up Mental Health intervention is the U19, There are 11 hubs now, started with five, added six more Sub-groups; capacity building sub-working group, implementation sub-working group and thinking about adding Junior investigator working group. She also explained the ways in which NIMH build and expand research capacity for mental health, which is through Research grants and capacity building component, through institutional training grants and individual training grants. Other hubs have done – short courses, symposiums, online courses and mentorship.

NIMH provided the funding through the NIMH Office for Research on Disparities and Global Mental Health, Fogarty International Center and other global health initiatives, Investigator-initiated applications and other initiatives. There are three Fogarty initiatives:

1. Mobile health- support exploratory and development research to adopt innovative mobile health technology specifically in LMICs (R21).
2. (2)Global brain-supports innovative collaborative research capacity building project relevant to LMICs on brain and nervous system disorders throughout the life span (R01, R21).
3. (3)Emerging global leader award – provides researcher with early career to research scientist from LMICs, which holds a junior faculty position at LMICs academics research Institution (K43)

In her closing remarks, she mentioned that NIMH tried to leverage all the opportunities to build research capacity.

The Purpose and Goals of Youth FORWARD

Dr. Betancourt in her presentation started by saying Youth FORWARD is a global mental health implementation science research hub with capacity building initiatives. She furthered went on to emphasized the importance of mental health issues when it comes to youth development as there is no health without mental health, because the impact of mental health is Social and Economic.

According to statistic, she quoted that one fifth of the global population are youth and 85-90 % of the world population of youth live in low resource setting like Sierra Leone as such so many youth in the world suffer from mental health related issues, that why we have a high rate . Research Program on Children and Adversity (RPCA) started in 2002 and have work in many parts of Africa; Uganda, Ethiopia to name a few and even in India on the subject of looking at child protection.

According to Dr. Betancourt, RPCA is interested in the gap between what they know about science on mental health, youth development, trauma and what is happening on the ground in research environment. The aim of RPCA is to close implementation gap taking into consideration that there is a vast collaboration of partners over the years.

She further stated that, RPCA started with a longitudinal study after the war and it is still going on since 2002 with collaborators at University of Georgia, Harvard University and City University of New York. For the longitudinal studies, it started in 2000 after the war because not enough focus on what happens post-conflict and the long-term effects conflict has on the youth at the time. The cohort of young people were enrolled after the war, samples came from integration

centers back in 2002 mainly working the International Rescue Committee who were by then working in five districts.

The following findings were discovered;

1. Who is really struggling?

- Those who experienced trauma during the war but then had life troubles like stigma, no acceptance from community, no family support, couldn't go to school after the war
- Kids needed help to think about their future and what they could do with their lives
- Mismatch between mental health needs and the interventions that were being proposed to help these people in need
- Problems in emotion regulation and functioning – can be linked to trauma but what are we going to do about this?
- This brought them to the idea of readiness

While developing the Youth Readiness Initiatives, the team started to think about intervention models, did formative research: What was used for youth who went through conflict in other parts of the world; what are the core elements across interventions? The idea for the intervention was to be Trans diagnostic. YRI was done through focus group, key informant interview, key stakeholder involvement.

However the following realities on the ground also came up

- Limited resources – task shifting, delivery in groups to reach more people at once
- Comorbidities
- Link to life opportunities – As we can't just do stand-alone mental health approach

While the below listed were the Component of the YRI

- YRI components
- Psychoeducation – what to expect to feel when you go through trauma
- Coping skills – recognize when you're getting triggered and do something to calm yourself down
- Cognitive restructuring
- Behavioral activation
- Interpersonal skills – problem solving, communication
- Goal setting and how to work towards them step by step

- Use of proverbs to communicate core concepts
- Theory of Change

The YRI study with EducAid:

EducAid schooling is free for vulnerable youth. Here we conducted a study to see how these intervention components worked here using Randomized Control Trial (RCT). The aim was to find and screen youth, research team worked with local authorities; they were looking for young people in the community who struggle with this and want to go back to school and may be interested in participating in a research study.

YRI intervention was done in 10 weeks, sessions once weekly for two hours. Interventionist were lay workers who had a Bachelor's Degree. They did a training course and supervision, Assessment batteries. Teachers enrolled and blinded to treatment.

The Lessons learned and next steps: How to move beyond the classroom; where big investments for vulnerable youth also being made? Employment, livelihoods that was the idea of Youth FORWARD. Now, taking the evidence-based interventions to a new delivery platform and the new delivery plate is what GIZ doing.

Overview of the World Bank's new initiative (Human Capital Project)

In her presentation the World Bank in Country Representative Gayle Martin spoke about the Importance of Human Capital in the development of any country. She also noted that Education is the most important factor for social mobility, as without education this will not only affect the economic growth of a country but will also create room for a number of other associated factor. Gayle Martin went ahead to give several other reasons why Human Capital is indeed important based on the following reasons ; De-worming when child is in primary school can increase their income when they are older, Education and health investments yield economic gains , Neglecting human capital can weaken a country's development , Increase in trust between people and government institutions.

On the aspect of the component she made mention of three major aspect namely;

1. Developing a human capital index
2. Program to track progress
3. Scaling up

On the issue of why an index is also important, she went on further to explain the following associated factors namely;

- Doing Business report that ranks countries annually
- Heads of state and ministers pay attention to this – results are a big deal

- Business people are deciding where to put foreign investments
- “Without measurement progress is doomed to be rare and erratic. With measurement, progress becomes predictable.” From Bill Gates annual 2013 letter
- Survival X school X health = productivity of a future worker
- Survival – will kids born today survive to school age
- School – how much school will they complete and how much will they learn
- Will they live to be an adult
- Relating to the SDGs – don’t want to distract efforts from the SDGs with a new thing

Speaking about early adopter countries, she mentioned that Sierra Leone among the list as this comprise of mostly low and middle income countries around the world, and in the case of Sierra Leone ; New government’s commitment to education, 20% of the government’s annual budget going to education. Based on the above such government will ensure that, Ministry of Finance is the focal point in the government, they will also Develop a national strategy to accelerate progress on human capital , and also consider this as the time for a movement in global health leadership to go forward.

Youth Forward Partners Review

Arja- IPA

In her presentation about the work of IPA in relation to the Youth Forward Project, the Country Director for IPA Arja started by explaining what her organization is all about? She noted that Innovation for Poverty Action is focused on more evidence, less poverty like changing the standards for evidence e.g. of what we have with medicine now. She attributed change to programme or intervention.

She also spoke about full cycle evaluations, what makes a good evaluation, the need to work from a logic model, how you get evidence to be used, and the importance of partnership taking into consideration the return on investment.

Yusuf Jalloh – GIZ

The representative from GIZ started by explaining about their capacity building effort with special emphasis on the Micro, Small and Medium Enterprises programme that they currently have on going in three districts. He also spoke briefly about the B-LOOP (Business Loop) program which they have , which enables beneficiaries to contact finance organizations and get knowledge about what they have to do to get a business on going.

Mr. Jalloh also spoke about their youth component which is targeting 10,000 youths to be trained in in entrepreneurship, agro-processing, solar PV and psychosocial component. He also made mention about their TVET = Technical and Vocational Education and Training, programme in

three districts but the programme died out due to lack of teaching personnel from the Ministry of Education who said they didn't have teachers available with the requisite capacity

Charles – Caritas Freetown

The Programme Manager for Caritas in his presentation gave a brief background about Caritas that it is a faith based organization which focuses to promote the social teachings of the Catholic Church. He also spoke about the organizations Mission / Vision which is aimed at serving humanity with dignity, enhance livelihood and capacity building.

He further noted that the organization also has a socio pastoral focus which is to support social programs and the pastoral work of the church.

Presentations of Research Findings from Local Researchers

Dr. Stephen Sevalie

In his presentation Dr. Stephen Sevalie the head of the Military 34 Hospital in Freetown said that with the outbreak of the Ebola, there has been a lot of research going on now, and not only that but people are now developing the interest of doing research full time as a career, he also added that the Military 34 hospital is now been up graded in terms of having trained personnel and also centralized service system to enhanced it operations and service delivery.

On the aspect of collaboration he further went on to say that they are currently collaborating with a number of other institutions including the Kings Partnership and the University of Liverpool. Dr. Sevalie also gave a brief rundown of some of the other research work they have been doing with specific emphasis on the work they did with Ebola survivors.

Pharm Abdulai Jawo Bah

In his presentation he spoke about a particular research they just concluded on perinatal depression and further went on to explain about it prevalence as well as its chain of transmission in Sierra Leone. He further went on to talk about how the data was collected, interpreted and also what were the results outcomes. He ended his presentation by giving a number of recommendations as to how these issues can be resolved.

Dr. Abdul Jalloh- Kissy Mental Home;

In his presentation he spoke about a study they did in 2015/16, which was a post war study estimated over 715,000 people were suffering from mental disorders but very few were getting services. He went on to add that in most cases the people who were providing these services were non-formal health care providers like the traditional healers.

Dr. Jalloh also added that at the Psychiatric Hospital studies were relying on clinical records rather than WHO disease classification. He also spoke about the methodology used in conducting this research, how the data was interpreted and also the results outcomes.

Finally Dr. Jalloh ended his presentation by giving a number of recommendations among which are an increase in terms of awareness and the need to promote mental health and prevent psychological disorders, the continuous training of health workers on assessment tool and also the need for proper documentation system to be implemented in the hospital which is important.

Dr. Stephen Kennedy - Liberia

In his presentation Dr. Kennedy spoke about the Challenges and implications of integrating mental health research in LMICs. He further added that Liberia has, 1 psychiatric hospital with 1 psychiatric but he's almost retired.

He went on to state that Liberia does not have any in country with a PhD in Psychology, which also another serious gap in their mental health system, and the need to having the necessary mechanisms in place to ensure that people are not only attracted to this area but that when they do get employed, there is the constant motivation to make them stay in the profession, hence the need for support in the form of Grant from NICHD at NIH.

Objectives of Youth FORWARD Capacity Building Component:

Speaking about the objectives of the Youth Forward Capacity Building Component, Dr. Tamora in her brief presentation summarized it as follows;

- Understand Training Needs within the sector
- Developing leadership and partnerships with local institutions
- Use of technology to help with effective implementation
- Training of Local Researchers to be able to conducts research on their own

Success and challenges faced in each country (Sierra Leone and Liberia)

In her brief presentation about what we have done so far in Sierra Leone Dr. Wurie gave a brief background about the efforts made by COMAHS in terms of research activities, the challenges they faced in terms of getting the necessary systems and processes in place for effective implementation, as well as the different types of Grants they have received so far from other related projects. She further spoke about how COMAHS sees itself in the next couple of years and at what level they want to attain in terms of service delivery, as well as also mentioning the

other institutions that they are currently partnering with in terms of improving and meeting the research needs of Sierra Leone.

Dr. Kennedy on the other hand who spoke about Liberia mentioned the need to look and think long term to prepare countries to target emerging health challenges that we face. He also added that we need to set up mechanism to identify suitable candidate for scholarship to go study at US. Dr. Kennedy further spoke about similar challenges faced by Liberia, in terms of capacity building as well as getting the necessary support to enhanced effective implementation and service delivery.

Developing Funding Proposal / Capacity Building Issues

In her presentation Dr. Tamora said that there are a number of institutions that currently provide funding for research but for you to get this type of funding you need to first write up you proposal in a very professional way to meet certain requirement and key element on it.

She also went on to discuss in detail about capacity building issues related to both Sierra Leone and Liberia.

Reviewed on the mental health situation in Sierra Leone and Liberia:

- Everyone talks about psychosocial interventions but no one can define “psychosocial”
- mhGAP
- Importance of using evidence-based research

Based on the above she went on to also reemphasized on the overall objectives of the Youth FORWARD Projects as listed below;

- Understand training needs
- Develop leadership and partnerships
- Use technology
- Train local researchers

On the issues of discussion on potential capacity building activities the following issues were discussed

- YRI qualitative data – DE identified
- Have students interested in this to come meet Caritas team to work with them.
- What’s been analyzed so far – cash transfer stuff because of unexpected result with girls and parents taking money
- All other stuff hasn’t been touched

- Need for research administration support
- What about a short course on research administration?
- Can we get support from someone in Ghana? They have administrators there.
- Betty (the COMHAS finance person) is feeling left out and like she's not part of the team. People don't understand what she says and just go to her about money. And she doesn't know about what happens with the research
- Build capacity of capacity building coordinators – what exactly do they need
- Take subject specific free online courses

Data Management

In her presentation Arjal from IPA spoke in detail about data management, and how it been collected, interpreted and stored. She further went on to talk about the different types of methods used and what are the advantages and disadvantages involved in using any of those prescribed methods.

Unfortunately we did not get a copy of this presentation (this was used as part of IPAs internal training resources and therefore cannot be shared) as such we cannot give the specifics details of this presentation.

Research Administration

In her presentation on research administration Dr. Makeda spoke about the NIH as well as its 27 institutes. She also spoke about NIH extra mural team which has to do with, Program, Grants Management as well as Monitoring fiscal issues, making sure you're compliant with rules of US government, terms you're responsible for if you're given the funding.

She further added that they have Grants management specialist that works with the Principal Investigator to meet at the criteria and provide all the necessary information to be funded. She also spoke about the stages and the process involved in getting a grant as well as the responsibility that comes with it.

Dr. Makeda emphasized on the need for the applicant to know how to write for NIH grant as well as the ability to keep trying and been resilient. She added that you have to learn how to write for NIH and be resilient and keep trying. Among the other key element she spoke about in terms of what is expected and what is been considered before any grant is been awarded are as follows;

Recipient institution team

- i. Principal Investigator (PI)
 - a. Designed by grantee institution
 - b. Responsible for science

- ii. Authorized organizational representative
 - a. Designated representative of the grantee organization
 - b. Accountable for information presented in grant application, signs all official correspondence
 - c. Assure compliance with laws, policies, and procedures
- iii. Research administrator
- iv. Money goes to institution where PI is based, not PI themselves
 - a. Legally responsible for proper conduct and execution of project
 - b. Provide fiscal management of project
 - c. Ensure compliance with Budget
- v. Must be allowable, allocable, researchable and consistently treated
- vi. Must conform to Program Announcement or Request for Announcement
- vii. These are types of funding mechanisms
- viii. Direct costs vs indirect costs
 - a. Direct – specifically identified with project, activity directly assigned to research activities
 - b. Indirect (aka facilities, F&A) - infrastructure costs not directly related to research but you need them to run the project

Sub award

- Written agreement outlining all requirements, terms and conditions of the award and details
- F&A must be calculated on allowable expenses only
- Foreign component – only to support the cost of NIH regulations
- Modified total direct cost – MTDC

Discussion Session / Question and Answer Sessions

During the discussion session the following issues were discussed;

Dr. Makeda

-  Lack of epidemiologists – we need to have data to support what we want to do
-  Training situation – how do we get people excited and engaged in addressing mental health
-  Research administration issues

Edward Jah also commented on the following

-  What are we doing with the data we collect?

- ✚ What if we had a website where information on all mental health work done in the country is shared
- ✚ Proposals SLESRC approved
- ✚ Duplication but when you start people tell you no one has done this before
- ✚ We don't look at data in a way we can share it with the public – asked by media outlets what the prevalence of mental health is here but we don't know!

Dr. Wurie also made a few comments on;

- ✚ Idea of repository has been discussed
- ✚ We need to know about each other so we don't duplicate efforts
- ✚ We have to engage with decision makers throughout the process – make them feel like they are part of process and make them familiar with your work

Dr. Jalloh also added the following;

- ✚ Lack of coordination for mental health research

Nate also commented saying;

- ✚ Researchers just talk to each other, we don't talk to the people who will be using the information
- ✚ It takes 17 years for research to be put into practice
- ✚ Need to do better communication between researchers, practitioners, policy-makers

Dr. Sevalie also added that ;

- ✚ Resources – has to be a minimum threshold that says below this level it's going to be very difficult to do something
- ✚ Referring to developing research capacity in LIC – international community has to put more money into the full thing – money into grant managers, financial systems, setting up “grants” office

Christine Lebbie (Caritas Social Worker) also made mentioned of the following;

- ✚ Youth are drinking local brews and taking drugs and no one is paying attention to it

Dr. Jalloh's response:

- ✚ ECOWAS came last week to address issue of drug abuse
- ✚ It's a regional issue
- ✚ Tramadol abuse

- ✚ Recommendations to fix it are to raise awareness that there actually is a problem and to also set up a rehab center

Tamora in her comments mentioned that;

- ✚ Capacity building and diversity
- ✚ Big NGOs that give money to countries don't focus on capacity so things don't change

Theresa's also responded with the following comment

- ✚ Ebola – changed the landscape
- ✚ Somewhat of a distraction though
- ✚ Liberia IRB is a business model – similar to Rwanda
- ✚ Massive overload on the few talented people in these countries – how to get more talented people and support them
- ✚ Secondary data analysis

Conclusion

Overall the day two day session was not only very educative but it was very much timely and important especially now that we have more people interested in not only learning how to write research but to also actually fully engage in research activities aimed at contributing to national development.

Appendix 1: List of participants

No	Name	Organisation	Email
1	Emmanuel Mac- Boima	COMAHS	emacboima249@gmail.com
2	Hannah Berrian	UL-PIRE	hannahberrian@gmail.com
3	Arja Dayal	IPA	adayal@poverty-action.org
4	Nate Hansen	University of Georgia	nhansen@uga.edu
5	Theresa Betancourt	Boston College	theresa.betancourt@bc.edu
6	Tamora Callands	University of Georgia	tamcall@uga.edu
7	Makeda Williams	NIMH	willimak@mail.nih.gov
8	Haja Wurie	COMAHS	hrwurie@yahoo.com
9	Hege Lind	Handicap International	h.lind@hi.org
10	Aiah Umar Konoboy	NETHIPS	aikonoboy@gmail.com
11	Dr. Stephen Kennedy	UL-PIRE	sbkennedy4@gmail.com
12	Francis Abu Bayor	SMART -SL / COMAHS	faboyor@gmail.com
13	Foday Sahr	USL- COMAHS	fsahr65@gmail.com
14	Dauda Sesay	Caritas Freetown -Researcher Asst	dauda.dauda1@yahoo.com
15	Yusuf Jalloh	GIZ-EPP	yusuf.jalloh@giz.de
16	Marionette Gabber	Caritas Freetown -Researcher Asst	mamusu@yahoo.com
17	Josephine Mbomaya	Caritas Freetown -Researcher Asst	jmbomaya@gmail.com
18	Charles Ishmeal	Caritas Freetown	ishmealalfredcharles@gmail.com
19	Elizabeth Lengoh	MOHS	bettietaylor2011@gmail.com
20	Sulaiman Kaikai	SLUP	sliman@gmail.com
21	Mohamed J Kanneh	COMAHS	mohamedkanneh691@gmail.com
22	Dr. Abdul Jalloh	COMAHS / USL	abdulpjalloh@icloud.com
23	Mahmoud Feika	Caritas Freetown-Research Asst	mahmoudfeika@gmail.com
24	Sheku M Kamara	SAMH-SL COMAHS	smkamara91@gmail.com
25	David Brewa Conteh	SAMH-SL COMAHS	dbrewerconteh@gmail.com
26	Lyndon Johnson	Caritas Freetown -Researcher Asst	bainesjohnson10@gmail.com
27	Patricia Kamara	Caritas Freetown -Researcher Asst	kamarapatricia2018@gmail.com
28	Isha Max Thullah	Caritas Freetown -Researcher Asst	macraeisha@gmail.com
29	Nadia Nana Yilla	SLEMSA -COMAHS	nadna92.ng@gmail.com
30	Aminata Libe Bangura	SLFMSA COMAHS	aminatalibobangura@gmail.com

31	Ismatu Kenneh	COMAHS / USL	ismatukenneh1@gmail.com
32	Sheriff Bangura	HMS	aminabangura@yahoo.co.uk
33	Diania Moigbe	COMAHS-SLEMSA	didmoigbe@gmail.com
34	Michael Alie Conteh	NCD/MHMOHS	michaelalexconteh@gmail.com
35	Foday . A. Koroma	SLEMSA -COMAHS	fodayabdul23@gmail.com
36	Thomasia.B.A. Weekes	SLEMSA -COMAHS	teaweekes@gmail.com
37	Sidikie Mansaray	SAMH-SL COMAHS	sidikiemansaray@gmail.com
38	Abdulai Jawo Bah	COMAHS	abdulajawobah@yahoo.com
39	Khalil .I. Swaray	SAMH-SL COMAHS	khalilswaray@gmail.com
40	Martin Samuel Yonnie	SAMH-SL COMAHS	martinyonnie@gmail.com
41	Mohamed. A.Turay	COMAHS -COMAHS	
42	Omar Bah	SLEMSA -COMAHS	bahomar29@gmail.com
43	Maxwell Kpaka	CARITAS F/T	maxwellkp@gmail.com
44	Sallu Alpha	SLEMSA -COMAHS	alphasallu@gmail.com
45	Chernor .A.B.Barrie	SLEMSA -COMAHS	nasribarrie@gmail.com
46	Edward .M.Jah	MHLAP&MHC-SL	edwardmjah.mhinsl@gmail.com
47	Christiana.M.Lebbie	CARITAS F/T	chrislebbie@yahoo.com
48	Alice Tarawalley	CARITAS F/T	april27961@
49	Steven .S.B.Conteh	COMAHS-SLEMSA	stevensbconteh@gmail.com
50	Mohamed .Y.Turay	CMARG	
51	Souleymane Fiallo	MOMERTUM	
52	Noah Tucker	COMAH-SLEMSA	noahtucker92@gmail.com
53	Chukuemeka Haffner	SLEMSA -COMAHS	haffnerbassaly@gmail.com
54	Sylnata.A.A.Johnson	COMAHS	sylnatajohnson15@gmail.com
55	Dr.Stephen Sevallie	RSLAF	stevensyllo@gmail.com
56	Barnabas Fornah	SLEMSA	fornahbarnabas@gmail.com
57	Mariama.M.Bah	SLEMSA	mariamamadinabah33@gmail.com
58	Khadijah .J.Jalloh	SLEMA	khadijahjalloh5@gmail.com
59	Paulina H Sowa	COMAS	paulinahsowa@gmail.com
60	Francyida Cummings-John	SLEMA	mabelwilliams771@gmail.com
61	Wuyatta Payne	COMAHS	wuyattapayne96@gmail.com
62	Zainab Sandi	SLEMA	
63	Aminata Kanu	COMAHS	kanuaminata9@gmail.com
64	Mamusu.H.K. Mattia	COMAHS	mattiahalimatu6@gmail.com
65	Davida Sesay	COMAHS	dsdavidasasay@gmail.com
66	Kamam Rashid	SLEMA	kamamrashid@yahoo.com
67	Aruna Peter Sahr	SLEMA	ptosharuna@gmail.com
68	Paula. B.Nyangba	SLEMA	npaulabetty@gmail.com
69	Enanga Sonia Namunga	SAMH-SL COMAHS	enangananainga@gmail.com
70	Sunna A James	COMAHS	sunnajames18@gmail.com
71	Alusine.F.Conteh	COMAHS	aconte270@gmail.com

72	Mohamed.Y.Turay	CMARG	
73	Maxwell Joseph Kargbo	COMAHS	
74	Mohamed Kargbo	NCD/MHMOHS	maxwelljosephkargbo@gmail.com
75	Joseph M Gamick	COMAHS	josephmgamick@yahoo.com
76	Henry Sankoh Jr	COMAHS	sankohhenry@gmail.com
77	Alusine.D.Koroma	JMU-RSLAF	destinyalusine@gmail.com
78	Joseph Nynoh	SLEMA	nanohjay@gmail.com
79	Jemilatu.I.Rahman	SLEMA	jemilatu8@gmail.com
80	Sorie Ironn-sky Turay	KSLP	sorie.turay@kcl.ac.uk
81	Idriss Koroma	KSLP	idrisspartey1@gmail.com
82	Christiana Sam	KSLP	christianasam1980@gmail.com
83	Isata .M.	KSLP	isatamoi3377@gamil.com
84	Osman Turay	COMAHS	osmanturay35@gmail.com
85	John Tamba James	COMAHS	samansa4real@gmail.com
86	Amos Mani Boima	COMAHS	amopmboima@yahoo.com
87	Saileymane Diallo	MOMERTUM	59saileymane@gmail.com
88	Fatoma Momoh	IPA	fmomoh@poverty-action.org
89	Lenic Alen	IPA	
90	Lawrence Babaw	SLEMA	mbabawo09@gmail.com
91	Esther Mansaray	KINGS S L PARTNERSHIP	mansetherf90@yahoo.com
92	Mohamed S Koroma	Community water Aid & Sanitation	cousassl.organisation@gmail.com
93	Fenella Beynan	KINGS S L PARTNERSHIP	fennellabeynan@rcl.ac.uk
94	Alie Tarawally	CARITAS	april27961@gmail.com
95	Bockarie Dawa	SLPM	
96	Aisha Fanny Conteh	MINISTRY OF HEALTH(mohs)	contehaishafanny@yahoo.com
97	Mayue Turay	COMAHS	majueturay11@gmail.com
98	Idrissa Momoh Koroma	COMAHS	idrissak97@gmail.com
99	Elizabeth.E.Gamek	SLENSA	elizabetheg@yahoo.com
100	Emmanuel Mark Kanu	SAMH-SL COMAHS	emorxkanu@gmail.com
101	Betty Feimata Boima	COMAHS	boimabetty@gmail.com
102	Mohamed Daffae	COMAHS	mdaffe@gmail.com
103	Alhaji P kamara	CARITAS	povahlaj@gmail.com
104	Yatta Jennifer Kamara	COMAHS	yattakosia.kamara@usl.edu.sl
105	Christiana Pratt	COMAHS	chrismoza917@gmail.com
106	Fanta Barba Kamara	COMAHS	fantakay978@gmail.com
107	Tatowo .B.Mansaray	COMAHS	tatowoboto@gmail.com
108	Ayesha.B.Mansaray	COMAHS	mansarayayesha@gmail.com
109	Fatmata Batuly Bah	COMAHS	batult273@gmail.com
110	Velma Chika Williams	COMAHS	velmawilliams97@gmail.com
111	Ramatulai Bah	COMAHS	ramatulaibah@gmail.com

112	Constance.U.M.Mbayo	COMAHS	con2041@gmail.com
113	Habibatu .M.Munda	COMAHS	habibatumunda3a@gmail.com
114	Mohamed Feika	CARITAS	mahmoudfeika@gmail.com
115	Sherrif Bangura	HMS	sherrif-bangura@hms.harvard.edu
116	Alice Timbo	COMAHS	alicetimbo59@gmail.com
117	Vafie V konneh	COMAHS	konnehvafievalentine@yahoo.com
118	Alhaji Umaru Sow	COMAHS	pharmsow@gmail.com