Evaluation of IOM's Mindfulness-Based Stress Reduction programme for GBV and HIV-AIDS support workers in South Sudan

Contents

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Executive summary

This external evaluation assesses the relevance, effectiveness and impact of the Mindfulness Based Stress Reduction (MBSR) intervention that was provided to staff from 3 groups consisting of local implementing NGO partners and GBV sub-cluster partners as part of IOM's WASH/GBV program in South Sudan. MBSR is a method of awareness training which uses meditation and yoga practices combined with educational information and group communication around the neuro-physiology of stress and stress-reactivity.

The participants include a number of individuals who are GBV survivors and/or people living with HIV/AIDS, as well as working to support others with similar traumatic experience. The aims of the course were: 1) to address issues of psychological and physical symptoms and negative coping mechanisms linked to traumatic experiences through MBSR techniques and 2) to equip participants with techniques to support the survivors they work with and 3) to train participants to replicate the methods learned.

The evaluation was based on the available quantitative data *(pre- and post-test measures on a standard Perceived Stress Scale)*, qualitative data (focus group discussions with the participants) and interviews with the course designer and instructor, and with key relevant IOM programme staff.

The data demonstrates that the course was exceptionally well designed and well run, in particular it thoroughly and effectively considered the complex issue of trauma-informed MBSR, while ensuring a good balance between following the standard MBSR curriculum and modifying for context. The data further demonstrates that the course was effective in enabling the majority of participants to experience a number of significant reductions in negative psychological conditions such as depression, anxiety, stress, as well as related symptoms such as feelings of low self-esteem, poor concentration, difficulties sleeping, physical pain (with no clear origin), irritability and having difficulties managing daily activities.

In lieu of a control group, the study elaborates how these findings are concordant with commonly-found findings in the scientific research on MBSR in general and in comparable populations who have experienced trauma or have a role in supporting trauma survivors. The changes in levels of perceived stress and positive psychological and physical effects seem to be higher in this course than in other comparable courses. The main reasons for this are posited as being the high levels of cumulative stress of many participants at baseline, the high quality of the course, and the impact in a context of a sustained period of proven stress-reduction methods, adapted to the context and with a significant component of self-care.

There was some difference in terms of the level of positive effect on the different groups, some recording significantly greater reductions in perceived stress and more notable positive effects. This may be attributed to their more significant stress levels at the beginning of the course. Women overall reported more significant benefits than men, although the small sample size and low number of male participants means that firm conclusions on gender appropriateness cannot be made.

The main recommendations are:

- Continue to run further standard MBSR courses with qualified and experienced instructors.
- Consider the possibility of integrating elements of MBSR in other programmes – including as a key training element for any staff working in a role that requires a survivor-centred approach.
- Maintain the link with MHPSS programme to ensure shared learning between MHPSS and GBV.
- Ensure that future courses have more thorough selection and orientation of participants.
- Ensure for more systematic post-course follow-up, ideally with a combination of formal and informal opportunities to maintain practice of the MBSR techniques, including further ToTs and a system of supervision to ensure good practice is modelled.
- Ensure that any future informal courses or programme integration are closely supervised by a certified MBSR instructor with a good understanding of / experience in trauma-sensitivity.

Introduction

This independent evaluation assesses the relevance, effectiveness and impact of the Mindfulness Based Stress Reduction (MBSR) intervention that was provided to 3 groups of implementing partners (National Empowerment of Positive Women (NEPWU) and GBV sub-cluster partners (Active Youth Agency (AYA), Street Children Aid (SCA), Confident Children out of Conflict (CCC)) as part of IOM's WASH/GBV program in South Sudan.

The evaluation has been carried out through the International Federation of Red Cross and Red Crescent Societies (IFRC), by a protection specialist also trained as an MBSR instructor, with support from statisticians at the IFRC, and reviewed by gender, protection and MHPSS specialists. One of the aims of the evaluation is to consider whether it would be beneficial to replicate this pilot initiative within IOM and/or within IFRC, or more widely in the humanitarian sector.

Evaluation methods

The main methods used were reviewing the quantitative data (pre and post-programme "Perceived Stress Scale" self-assessment), qualitative data (Focus Group Discussion) and interviews with the instructor of the course and IOM programme staff who were involved in the design and implementation of this course and related activities as part of the MHPSS programme in South Sudan.

Although the scope of this evaluation does not aim for a comprehensive comparative analysis of the intervention being evaluated and comparable interventions in the scientific research literature around Mindfulness-Based Stress Reduction (MBSR), this report will provide a short overview of the key current research around MBSR and other and specifically recent research on comparable themes of uses of MBSR for trauma (PTSD in particular) and inter-personal violence, for context & comparison with the IOM intervention. The report also includes a short overview of other initiatives to bring MBSR and related mindful-based interventions (MBIs) to humanitarian work for additional context.

This information provided about MBSR and other courses also serves to reinforce the conclusions found that the programme was relevant, effective and had potential for significant impact. As there was no control group established, the positive effects recorded by this group could be put down to simply a well-run course for that group of people. The information and comparison with other MBSR courses (taken from meta-analyses including numerous studies carried out with control groups) can then be considered as sufficient evidence that the effectiveness of this particular course is in line with the general trends found in the effectiveness of MBSR as a method for stress reduction, and in particular reduction of stress (and other symptoms) of people who have experienced trauma.

The evaluation will consider issues related to Relevance, Effectiveness, Efficiency, Impact and Sustainability[1], but given the nature of this small pilot programme with only 45 participants, and the scope of the evaluation aims, not all of the normal evaluation criteria will be assessed in detail, with a particular focus on effectiveness, impact and sustainability.

The groups in the programme[2]

NEPWU Group # 1:
This was a group of 16 women and 2 men. All members are National Empowerment of Positive Women (NEPWU) staff, an organization that works with women living with HIV positive. 2 of the participants are paid and the rest of them are volunteers who are trained by NEPWU in order to raise awareness about HIV, support survivors and most recently with the IOM support, include GBV

[1] OECD: Relevance, Effectiveness, Efficiency, Impact, Sustainability. Note that IFRC Evaluation criteria normally also include "Coverage" and "Coherence".

[2] This description taken from the training report of IOM TI-MBSR training facilitator (Paula Ramirez), included as Annex 1 to this report

knowledge and sensitivity into their work. This particular group had GBV survivors, as well as HIV positive participants who have been part of NEPWU for a while.

NEPWU Group # 2:
It has the same characteristics as group 1 in terms of the affiliation with NEPWU, but this was a group of participants who have been part of NEPWU for just for a couple of months. They still were on a process of making sense about their own selves, lives and stressors.

GBV Sub-cluster Group # 3:
All the participants in this group were social workers or psychologists working with other local organizations who work with GBV survivors. As far as the facilitator could determine, approximately half of the group was still dealing with unresolved traumatic stress. Nevertheless, the spirit of the whole group around how to gain skills for working with others was much more defined than with the other groups. This group integrated the practice to deal with personal issues, but mainly to deal with people they work with in their professional work, weather colleagues or clients.

Background and context to the IOM course

Mindfulness-Based Stress Reduction (MBSR) – introduction to the research

Mindfulness-Based Stress Reduction (MBSR) is a method of mind and body awareness and attention training that was developed and taught by Jon Kabat-Zinn at the University of Massachusetts (UMASS) Medical Center starting in 1979. The MBSR programme is an 8-week course based primarily on the Buddhist meditation tradition of mental training and yoga, other body-awareness techniques and exercises in communication and enquiry. The course also incorporates reading and explanation about the basic understandings of the functioning of stress as currently understood by modern psychological and physical medicine, including recent research in the neurosciences (Tang, Holzel, & Posner (2015). The training report delivered by the MBSR instructor who designed and ran the programme in South Sudan gives a summary of the content of the MBSR programme – a short summary is given in box 1 on the following page.

Box 1: outline of a standard MBSR course

- Class 1: Introduction to awareness of experience-based and concentration based meditations, concepts of the beginner's mind, automaticity, and foundations of mindfulness
- Class 2: Discussion of perceptions, the wandering mind and observing, introduction to yoga and mindfulness of experience
- Class 3: Mindfulness of the breath, non-striving, lying yoga, information on health and well-being
- Class 4: Non-judging, feeling stuck, responding vs. reacting, sitting meditation, standing yoga, mindfulness of events
- Class 5: Experience/perceptions as passing events, dealing with difficult emotions, reflection at half-way point, reinforcement of practice
- Class 6: Mindfulness and communication, allowing, walking meditation
- A day-long silent meditation retreat is included after Class 6
- Class 7: Changing of perspective, sitting meditation, mindfulness of compassion, trust and self-reliance, making the practice your own
- Class 8: Self-care plan, development of a lifelong practice, course evaluation, group reflecting, checking out

The MBSR course was originally conceived as a way to relieve suffering of medical patients by addressing the "stress,pain and illness" that people were grappling with when medical doctors were unable to help with chronic issues (Kabat-Zinn, 2003). Since that time, the model has been used to help more than 10,000 people with many different conditions ranging from chronic pain to heart disease, HIV, and headaches, among others. Over the course of 40 years, the intervention has been researched with a variety of clinical populations and has been found to be helpful for coping with and improving many physical and psychological conditions. The research on MBSR and related mindful-based interventions (MBI) is extensive, with thousands of research papers published, and hundreds more added each year. The training report for this intervention (see annex 1) also cites some of this evidence from a paper summarizing the benefits in education (Meiklejohn et al 2012).

The individual findings in many such research papers have been supported by ever-increasing series of meta-analyses and reviews that consistently find that MBSR and related interventions are effective. Recent general studies find that *"Mindfulness-Based Therapy is an effective treatment for a variety of psychological problems, and is especially effective for reducing anxiety, depression, and stress."* (Khoury B et al, 2013) and that *"MBSR has a moderately large effect on outcome measures of mental health, somatic health, and quality of life"* (Michael de Vibe et al, 2017). A detailed review by David Creswell (2017) of Carnegie Mellon University summarizes that "*Mindfulness interventions have been shown to impact a broad range of outcomes in Randomised Control Trials"* referring to a range of positive (albeit sometimes inferential) effects on a range of outcomes related to physical and mental health (cognitive, affective and interpersonal).

The body of evidence consists of extensive psychological evidence based on a range of self-reporting or observed psychological scales (such as the Perceived Stress Scale used in the IOM programme), as well as neuroscientific studies which *"have begun to uncover the brain areas and networks that mediate these positive effects"* (Tang, Hölzel and Posner 2015).

However, despite the broad consensus in the research literature, reviews also indicate the need for further rigorous research to more conclusively assess the indications found to date. One recent systematic review and meta-analysis states that *"it is reasonable to consider MBSR a moderately well-documented method for helping adults improve their health and cope better with challenges and stress. New research should improve the way the trials are conducted addressing the pitfalls in research on mind-body interventions."* (Michael de Vibe et al, 2017), a sentiment shared by Banks's study on PTSD (2015) which concluded *"further studies with a more robust research design are required".*

A wide ranging review (Goleman and Davidson, 2017) of research into many different kinds of meditation found that, while the past 20 years of research provides a solid evidence of the benefits, this is hampered in some areas by poor quality studies.

We also find in the research and popular literature, numerous examples of the modification of MBSR for particular populations and specific issues, with promising results with many populations, including substance abuse and dependence, depression and anxiety, eating disorders (Kelly, A 2015) [3] as well as psoriasis, fibromyalgia, rheumatoid arthritis, ADHD, heart disease, individuals with HIV and a range of other conditions[4] as cited on UMASS Centre for Mindfulness (CFM) webpage on research articles.

MBSR for trauma and trauma-informed/trauma sensitive MBSR

A systematic review of research on MBSR for Symptoms of Post-traumatic Stress Disorder (PTSD) summarized the concern raised by some researchers that *"mindfulness-based approaches may exacerbate trauma symptoms. It has been suggested that bringing awareness to the present moment and reducing avoidance may trigger distressing flashbacks or intrusive thoughts and memories (Lustyk, Chawla, Nolan, & Marlatt, 2009)."*

However, the overview study concludes that *"the preliminary evidence for the use of mindfulness-based approaches to treat PTSD symptoms is encouraging… results suggest that MBIs may be useful to decrease PTSD symptoms, in particular avoidance*." (Banks, K 2015). Another recent study cited a number of studies showing positive effects on reducing symptoms of PTSD for combat-related trauma (Kelly, A 2015).

Bank's systematic review further states that "*emerging literature seems to suggest that taking a mindful, non-judgmental stance toward traumatic experiences could reduce traumatic stress symptoms"* and that *"may be useful for working with negative cognitions such as self-blame and negative mood, including shame or guilt."*

The study also notes that the (perceived) risk of MBIs exacerbating some trauma reactions can be mitigated by *"adequately trained experienced practitioners so that any potential adverse effects can be monitored and controlled"*, concluding that "*mindfulness approaches are more accessible for this population when tailored to meet individual needs and when appropriately supervised*."[5]

Kelly's study expands further on the benefits of this adaptive approach to MBIs for populations who have experienced trauma in her study *"Trauma-Informed Mindfulness-Based Stress Reduction: A Promising New Model for Working with Survivors of Interpersonal Violence"* (2015). Kelly notes that *"while MBSR provides*

[3] Kelly, A (2015) cites these examples "modifications for substance abuse and dependence (Bowen, Chawla, & Marlatt, 2011; Garland, Gaylord, Boettiger, & Howard, 2010; Zgierska et al., 2009), depression and anxiety (Eisendrath, Chartier, & McLane, 2011; Evans et al., 2008; McGown & Reibel, 2010; Segel, Williams, & Teasdale, 2002; Teasdale et al., 2000), and eating disorders (Kristeller & Wolever, 2011; Kristeller, Baer, & Quillian-Wolever, 2006)."

[4] Anxiety, Asthma, Cancer, Chronic Pain, Diabetes, Fibromyalgia, Gastrointestinal Disorders, Heart Disease, HIV, Hot Flashes, Hypertension, Major Depression, Mood Disorders, Sleep Disturbances, Stress Disorders

[5] Referring to Dutton, M. A., Bermudez, D., Matas, A., Majid, H., & Myers, N. L. (2011). Mindfulness-based stress reduction for low-income, predominantly African American women with PTSD and a history of intimate partner violence. Cognitive and Behavioural Practice, 20(1), 23–32.

many tools that are beneficial to survivors of trauma[6], a trauma-informed enhancement of MBSR would increase this benefit."

The study of women survivors of inter-personal violence found *"statistically and clinically significant improvements in reducing symptoms of post-traumatic stress disorder and depression, as well as decreases in a measure of anxious attachment",* both outcomes were significant compared with the wait-list control group. The qualitative findings were also significant, in particular *"the shift in their relationships, especially in relation to how they viewed themselves internally and how they viewed themselves in relationship with others" (*we shall see later similar findings in the data for the IOM programme).

Kelly's study also indicates some of the key elements of a trauma-informed approach to MBSR (TI-MBSR), largely based around the similar recommendation of making adaptations to both the individual experience of the population and adaptations to the socio-cultural context. The essence of TI-MBSR however is largely a question of placing particular emphasis on certain *"specific trauma-informed psychoeducational content drawn from the psychodynamic, relational, cognitive-behavioral, and neurobiological perspectives…[in order] to enhance and modify the MBSR model"*. However, these are for the most part adaptations or particular emphasis within existing experiential tools found in the MBSR programme. More specifically, the following "additions" are suggested by Kelly[7]:

- Neurophysiology of stress and trauma
- Symptoms as adaptations
- Cognitive vs. survival thinking
- Trauma survivors and perceptions
- Physiological processing
- Meditation of physiological experience
- Seeing our patterns
- The trauma triangle

To ensure the right balance between following the protocol of the standard MBSR curriculum and ensuring an appropriate Trauma-Informed MBSR course, requires skillful and careful application by an instructor who is experienced in working with survivors of trauma. Kelly also notes the beneficial effects of supportive work in a group setting for survivors of trauma (citing Allen (2005) and Herman (1997).

Mindfulness and support to humanitarian workers' well-being

There are a small number of ongoing initiatives to bring mindfulness (MBSR or other MBIs), as well as the related contemplative discipline of yoga – as a support to humanitarian workers. The most developed among these (to this authors' knowledge) are the "Contemplative-Based Resilience (CBR) Project" run by the Garrison Institute in New York, and the "Introduction to Mindfulness" project that was developed as part of the Start Network's Transforming Surge Capacity project and linked to research by the CHS Alliance. The programme within the Start Network project is closely based on the classic 8-week MBSR course, whereas the Garrison Institute's CBR project is broader, including a variety of different contemplative approaches in the course.

These initiatives have targeted both international and local staff. Unfortunately, no detailed reports or evidence of data was available from either project for comparison with the IOM project. However, anecdotal evidence from both the CBR course and the Start Network course (as well as personal communication with the managers of both projects) do indicate as similar level of positive results from the courses as found in the IOM project.

[6] Citing *Garland & Roberts-Lewis, 2012; Gordon, Staples, Blyta, Bytyqi, & Wilson, 2008; Kimbrough, Magyari, Langenberg, Chesney, & Berman, 2010; Smith, 2010; Thompson, Amkoff, & Glass, 2011; Weinstein, Brown, & Ryan, 2009)*

[7] Table 1 in Kelly's 2015 study

Other smaller initiatives include a course called "inner-peace keeping", based on the very popular mindfulness-influenced course developed by Google called "Search Inside Yourself", the inclusion of contemplative practices in the well-being and stress management sections of the UNCHR emergency field guide. Headspace, a popular and evidence-based "app" for mindfulness practice is both promoted for use and popular with humanitarian staff, and offered for free within the ICRC and the Canadian Red Cross. The IFRC, ICRC, a number of Red Cross societies and some offices of UN agencies also have initiatives (some informal, staff-led) to have regular mindfulness practice in their offices.

Evaluation of the IOM course

Course design and approach

The design and approach of the IOM course is considered within the context of MBSR / MBIs in other areas of work as found in extensive research literature as summarized briefly above. Considerations of the **relevance** and **effectiveness** of the course design are assessed on the basis of the Standard MBSR authorized curriculum guide developed by the Centre for Mindfulness (CFM) at the University of Massachusetts (UMASS), their Standards of Practice and guidance by Kabatt-Zinn (2011) on best practices and skills of an MBSR teacher, and more recent guidance developed on competencies in teaching mindfulness (Crane, S 2012) and intervention integrity in Mindfulness-Based Research (Crane, S 2018).

In terms of **relevance,** based on the training report provided, detailed descriptions of the design and adaptation of the course with the MBSR instructor (Paula Ramirez), and interviews with key programme staff for IOM in South Sudan (Catherine Hingley (GBV Specialist), Nadia Asendorf (M&E Officer), Andrea Paiato Program Manager – MHPSS), it is the judgement of this evaluator that the course was designed in a highly professional manner, based on experience, the foundational principles of MBSR, and in line with the curriculum and standards of practice mentioned above.

Based on the written and verbal descriptions of the course design and implementation, it is clear that the key principles listed in the standards of practice were followed. Furthermore, those characteristics listed in the MBI-Teacher Assessment Criteria (MBI-TAC)[8] are evident or presumed from the training report, and interviews with the course designed and programmes staff mentioned above. The documentation provided by the course facilitator on this course (designed under the GBV section of the WASH programme), as well as other courses run in collaboration with the IOM MHPSS programme, and courses run in other locations, also add a further level of confidence in the design and approach of the programme.

The training report described in clear detail how the core elements and principles of a standard MBSR course design were followed, and additional explanations confirm that these core elements were appropriately delivered. However, the most notable aspect of the particular relevance of this course was the willingness and ability of the instructor to modify the course to be appropriate for the local context, the particular characteristics of each group, and the particular needs of each individual (to the extent possible) within each group.

This need for intuitive adaptability is highlighted by CFM's standards of practice: *"The optimal form and its delivery will depend critically on local factors and on the level of experience and understanding of the people undertaking the teaching."* This sentiment is echoed by the criteria in the MBI-TAC: *"Responsiveness and flexibility in adhering to the session curriculum"* and *"Appropriateness of the themes and content (taking into account the stage of the programme and experience of the participants)."*

The course was adapted for the context in South Sudan in general, and for the particular needs of each group in particular. This was done in numerous ways, some of which are outlined in the training report, and/or communicated in interviews. The most significant adaptations were as follows:

[8] The MBI-Teacher Assessment Criteria is a collaborative product between the Universities of Bangor, Exeter and Oxford, and also used by the UMASS CFM.

1. *Adaption to local context and culture and the needs of the group*

Some of the key adaptations that were made included incorporating different bodily movements from local dance and music traditions in addition to the normal yoga movements from MBSR courses. The incorporation of such movements within the course was not done lightly or for amusement / relief, but rather to act as a conduit to access the participant's own personal bodily and cultural resources as a means of empowerment and healing. One participant said *"the war wins over us when it takes our culture"* – the incorporation of local cultural movements into the course was one way to address this regaining of ownership of the local culture.

Some of the measures adopted as listed below to ensure a trauma-informed course were also closely related to adaptation to local context and culture, in particular: using cultural resources, being sensitive on length of practices and adjusting the topic focus according to the group.

2. *Specific additions to ensure trauma-sensitive / trauma-informed practice*

As emphasized in detail in the training report, a particular adaptation of the standard MBSR curriculum was to build in and ensure that each of the three courses (to each group) was developed and run taking into very careful consideration the traumatic experiences that many of the participants had gone through, or were still going through as GBV survivors and/or as HIV-positive people. For groups 1 and 2, in addition to their own personal experience of traumas as a survivor, they were also working as support staff for individuals who have experienced similar trauma as a survivor of GBV or as a person living with HIV-AIDS.

The standard MBSR curriculum, the CFM principles and standards, commentaries by the MBSR founder and managers (see Kabatt-Zinn 1990, 2011), and Santorelli, 1999) and the work around the MBI-TAC (Crane, S 2012 and 2018) all include significant aspects of considering trauma both as a cause and as a consequence of stress, pain and illness. These include aspects such as an emphasis on "invitational language" in the course, allowing the body-mind awareness work to be self-directed.

However, as described above ("trauma-informed mindfulness") there are a number of additional aspects of typical MBSR course that can be augmented to ensure it is appropriate for people with traumatic experiences, especially considering the potential risk body and emotional awareness leading to of re-living trauma through "*distressing flashbacks or intrusive thoughts and memories"* as suggested by *Lustyk, Chawla, Nolan, & Marlatt (2009).*

Ramirez lists a number of the ways that the course was trauma-informed / sensitive – many of these find resonance with the additional elements proposed by Kelly in her study on IPV. The essence of adaptation based on the experience and sensitivity of the instructor was emphasized as important by Banks in her overview of MBSR and PTSD. This aspect of adaption was also evident in the course adaptations mentioned earlier, and also as summarized by Ramirez in the training report (the last four elements mentioned in the table below).

Trauma-informed aspects listed by Ramirez[9]	**Related suggested trauma-informed additions suggested by Kelly (2015)**	**Characteristics listed in the MBI-TAC**
Window of Tolerance and Polyvagal Hierarchy	Neurophysiology of stress and trauma Cognitive vs. survival thinking The trauma triangle	
Titration	Symptoms as adaptations	

[9] The inclusion of these elements was influenced by the following authors: "Walking the Tiger" Peter Levine, "The Body keeps the score: Brain, Mind and Body in the Healing of Trauma" Bessel Van der Kolk, "Trauma Sensitive Mindfulness: Practices for Save and Transformative Healing" David Treleaven

Bodily Resources	Symptoms as adaptations Trauma survivors and perceptions	
Cultural Resources	Meditation of physiological experience	
Personal and group regulation	Trauma survivors and perceptions Seeing our patterns	Natural presence of the teacher – the teacher behaviour is authentic to their own intrinsic mode of operating
Touch for working with pain and self-regulation	Physiological processing	
Invitational Language		Allowing – the teacher's behaviour is non-judging, patient, trusting, accepting and non-striving
Feeling safe in the space and with the programme		Allowing – the teacher's behaviour is non-judging, patient, trusting, accepting and non-striving
Sensitive on length of practices		Responsiveness and flexibility in adhering to the session curriculum
Topics Sensibility (altering the topics focused on according to the group).		Appropriateness of the themes and content (taking into account the stage of the programme and experience of the participants)

A crucial element in the training, in regard to trauma-sensitivity and ensuring that participants felt safe and secure was the orientation and briefing of the translators. It is unusual that MBSR courses be run in translation, this leaves a significant scope for misunderstanding at best, and potentially uncomfortable or even traumatic mis-translations at worst. The considerable care taken to work closely with the translators to ensure that they were translating not just the words but the spirit, approach at attitude of the MBSR practices seems to have avoided any such issues, as shown by the positive results in the quantitative and qualitative data given below.

Areas for improvement

Based on the interviews with the course instructor and programme staff, the only aspect of the course where there could be some considerations for improvement relate to the pre-course orientation. The UMASS MBSR programme standards lists "Pre-Program Group Orientation Sessions" as a key standard as part of the course and normally 2.5 hours long (previously individual pre-programme interviews were required). This full orientation was not possible for these courses, although the instructor was able to conduct a brief orientation with the directors and coordinators of the NGOs whose staff were attending.

Consequently, a significant proportion of the participants were not aware of the content and approach of the course until they started. However, this was mitigated to some extent by an orientation in the first session of the course, and does not seem to have impacted negatively on any participant, at least according to the substantial quantitative and qualitative evidence of the almost exclusively positive effect of the course (see next section). Nonetheless, it would be highly preferable in any future similar courses to ensure that a proper orientation is available, to the extent possible given constraints of the contexts such as in South Sudan.

Effectiveness and impact of the programme

The pilot programme was designed with a robust monitoring system in place, namely a baseline and endline measurement consisting of Cohens' 10-item Perceived Stress Scale (PSS)[10]. The authors describe the scale as "*designed to tap how unpredictable, uncontrollable, and overloaded respondents find their lives"* and specifically mention "*it is sensitive to chronic stress deriving from ongoing life circumstances"* – important for the context of this programme. The scale was translated, and particularly conscientious efforts were made by the facilitator to ensure that each participant had well understood each question before the self-reported baseline and endline measurements were made.

Baer, Carmody and Hunsinger (2012) say of the PSS, in relation to MBSR:

> "The PSS is a widely used and well-validated scale that measures the degree to which situations in one's life over the past month are appraised as unpredictable, uncontrollable, and overwhelming. A higher score indicates a greater degree of perceived stress. Participation in MBSR has been associated with significant declines in PSS scores *(Carmody, Baer, Lykins, & Olendzki, 2009*)."

The PSS is also used in number of other MBSR studies, including in the systematic review of MBSR for PTSD (Banks, 2015) which indicates that perceived stress decreased (actual scores are not provided). The PSS scale has been tested for cultural appropriateness in a wide variety of cultural contexts[11], with positive results overall recommending the scale for use in a variety of cultural contexts (recommending particular attention related to reverse-worded questions in some contexts).

The PSS scores (pre and post intervention) from other MBSR interventions are provided in the table below, compared with the score recorded by the different groups who attended the IOM course (disaggregated by group and by gender).

Population		Mean score Pre-MBSR	Mean score Post MBSR	Difference
IOM groups				
All groups average score		23.01	10.25	12.76
All males		21.67	12.11	9.57
All females		26.20	9.25	16.94
NEPWU Group 1		23.04	6.22	16.82
NEPWU Group 2		24.67	10.63	14.03
GBV Sub-cluster "Group 3"		21.02	14.17	6.86
Other studies for comparison				
Study	Population			
Baer, 2012	Adults with problematic levels of stress related to chronic illness,	20.16	14.28	5.88

[10] The original publication of the PSS: http://www.psy.cmu.edu/~scohen/globalmeas83.pdf
[11] See, for example Almadi et al 2012, Manzar et al 2019, Leung et al 2010 and Perera et al 2017.

		chronic pain, and other life circumstances (USA)			
Abdollah Omidi and Fatemeh Zargar, 2015		Patients with tension type headache referred by psychiatrists and neurologists (Iran)	16.96	12.7	4.26
Cordon, Gibson, Brown 2009	"Secure group"	Adults self-enrolled or enrolled on prescription in MBSR course (USA).	18.08	13.71	4.37
	"Insecure group"		22.67	15.53	7.14
	Overall		19.94	14.63	5.31
Shapiro, 2007		Students on a master's level counseling psychology programme (USA)	24.64	18.36	6.28
Norm Table from L Harris Poll		2,387 respondents in USA, single measure, not related to MBSR interventions[12]	Male: 12.1		
			Female: 13.7		

Analysis of the data

Methods & limitations

The mean score per question of the entire population was calculated from the available data from the individual responses to the PSS questionnaire before and after the course. Based on this data the mean PSS scores per group, by gender (and by group disaggregated by gender) were calculated. The original data set was processed in Stata to produce the detailed analysis per question, with charts developed in the data visualization software "Tableau" (provided as Annex 3).

There was some missing data for gender attribution (not recorded), but this was mostly resolved by deduction from the participant lists, however, the gender attribution individuals who did not record their gender in group 3, and some of the gender attribution had to be derived. There were also 31 blank entries in the responses (across the 900 individual data points in the entire set of all 45 baseline and endline responses), which limit to some extent the accuracy of the mean scores.

Differences between the groups and comparison with other MBSR courses

The clearest finding from this analysis of the data is that the decrease in perceived stress levels is very significant, and the decrease is much greater than found in other studies on MBSR courses. Based on the focus group discussions (see analysis below) and discussions with the instructor and the programme staff, there seems to be three main reasons for this, including accounting for the differences between the groups.

1) **The appropriateness and uniqueness of the opportunity:**

   a. **Appropriateness:** The participants of the NEPWU groups in particular were people who have experienced a lot of trauma, both personally, as a consequence of the conflict-affected environment in Juba, and vicarious trauma as a consequence of their work with NEPWU. The

[12] See full norm table with age and race disaggregation http://www.mindgarden.com/documents/PerceivedStressScale.pdf

levels of stress for these groups (as shown in the PSS scores) are particularly high, meaning that any kind of stress-reduction course is likely to be beneficial.

b. **Uniqueness:** While some had received different types of personal support or care in the past, such an opportunity to experience ways of accessing their personal resources to manage and reduce their stress and trauma was very new, and so necessary and welcome that the perceived change was very significant. This is shown by many of the comments in the focus group discussions, as well as the report of the instructor.

2) The qualities of the instructor

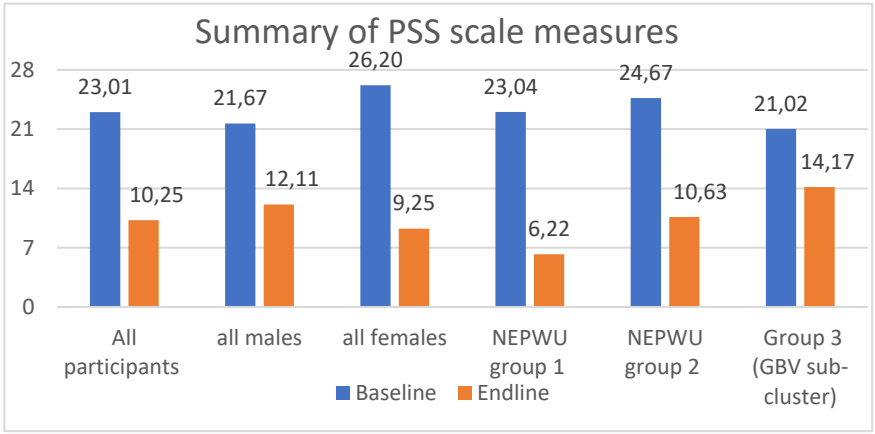
The programme staff have all indicated the very positive qualities of the instructor in engaging with the participants and her particular skill in guiding practices and supporting this particular population. The MBI-TAC mentioned earlier, and the work by Kabatt-Zinn 2011 and Santorelli, 1999, both place significant emphasis on the importance of "embodiment": meaning that the instructor should themselves "embody" the seven attitudes[13] inculcated by the MBSR course.

3) The effectiveness of culturally-adapted and trauma-sensitive approach.

It is interesting to note that the change in overall PSS scores for the GBV sub-cluster group are significantly less than for groups 1 & 2. This group 3 was made up of more professional people, translation was not needed and the course was more orientated towards developing skills for supporting others than supporting the participants directly. The course was delivered with much less modifications / adaptations than for the other groups.

While this group also reported positive results, they were much more inline - with the range of scores and changes in scores reported in other MBSR courses (see table above). One possible hypothesis for this is that the extra effort of adaption to the local context, and particular needs of the groups 1 & 2 meant that the course was very much tailored for their needs and so especially effective. Another probable reason is that (as described in the training report) this group was more concerned with dealing with day-to-day stresses and tension than with significant personal trauma.

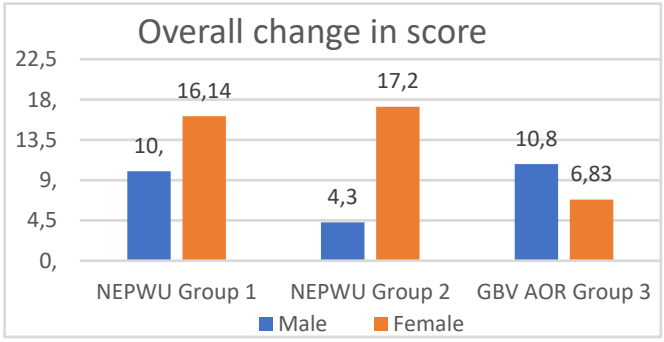
As can be seen in the chart on the right, the clear picture from the data is that the course was very effective for all participants, with some significant differences between gender and between groups. "NEPWU Group 1" had the most significant score change, followed by "NEPWU Group 2", and lastly by the GBV sub-cluster "Group 3".



[13] Non-Judging, Patience, Beginners Mind, Trust, Non-Striving, Acceptance, Letting Go, Gratitude (see Kabatt-Zinn 2011)

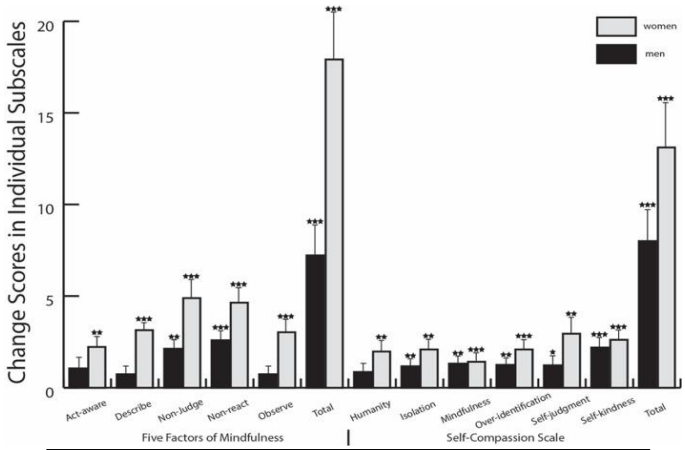
Gender

In groups 1 and 2, there was a notable difference in the extent to which males and females recorded their perceived stress levels. However, it is important to note that to make any conclusions about the significance of these findings given the small sample size, the small numbers of male participants - the ratio of women to men in the group was 16:2 and 10:4 respectively.



Group 3 had a higher change in PSS scores for men than women – however, although the ratio of women to men, the group was 10:4. Unfortunately we only have gender assignment for 10 of the 14 participants. Furthermore, the instructor noted that while many of the women in the course were clearly managing ongoing feelings of trauma, this seemed to be less the case for the men, in particular in the GBV sub-cluster, where the **stressors** that were reported by the male participants were those generally understood as being less serious – office and work-related stress rather than related to abuse or violence.

Therefore, no firm conclusions can be made about the relative benefits of the MBSR course in this setting between men and women. However, it is still interesting to note that the indications that women benefitting more in groups 1 and 2 is concordant with the limited amount of research on the gendered dimensions of mindfulness practice, as found in two recent studies - Kang et al 2018 and Rojiani et al 2017 which both broadly found that women benefitted more than men from the MBSR intervention, with a similar ratio of difference in change between baseline and endline (although not on the same PSS scale).



Rahil Rojiani,et all, 2017 – difference between men & women in effects of a 12-week meditation course

Analysis by question type

The PSS scale has two types of questions – positively-phrased questions 4,5, 7 and 8 *(how often have you felt that things were going your way?*) and negatively-phrased *(how often have you been upset because of something that happened unexpectedly)*. An analysis was carried out to see whether there were notable differences in how the groups and the genders responded to the different types of question.

Score Change by Question Group, By Survey Group

	Negative			Positive		
	Baseline	Endline	Change	Baseline	Endline	Change
GBV Subcluster	7.14	4.07	-3.07	13.29	9.64	-3.65
NEPWU Group 1	9.75	2.38	-7.37	12.00	4.00	-8.00
NEPWU Group 2	9.15	3.50	-5.65	15.15	6.75	-8.40

Score Change by Question Group, by Gender

	Negative			Positive		
	Baseline	Endline	Change	Baseline	Endline	Change
Males	8.50	3.10	-5.40	12.30	9.00	-3.30
Females	8.94	2.89	-6.05	13.94	5.11	-8.83

The only notable change was the NEPWU group 2 had a somewhat greater change in response to the positively-phrased questions than the negatively phrased questions. Given the caveats about the small sample size and gender balance, the differences in gender cannot be taken as conclusive. However it is worth noting that males' change in negatively-phrased coping with perceived stress is nearly double that of the positive-phrased questions.

Question by question analysis

A detailed analysis of the responses by each question is available as an Annex 3 to this report. In summary, there were some noticeable differences in the gender response (as noted above), with women's change from baseline to endline being higher overall for the negatively-phrased questions (even though men's responses were relatively higher comparing their own responses). It is also interesting to note that question 2 *(In the last month, how often have you felt that you were unable to control the important things in your life?)* and question 6 *(In the last month, how often have you found that you could not cope with all the things that you had to do?)* recorded the least change across all groups. However, many of the comments from the focus groups discussions however refer to coping with daily life tasks and controlling important things (work and childcare for example). A potential hypothesis is that issues of "control" and "coping with all the things you had to do" are interpreted differently by this population used to having to give up a certain level of control due to years living in a conflict-affected context with pervasive poverty and insecurity.

Qualitative data – focus group discussion

The focus groups discussions are striking in the almost unanimously positive comments by the participants on the effectiveness of the course and the impact it has had on their better management of their emotional state, ability to sleep, reduced stress, anxiety and an increased ability to manage their work and family life, including being better able to support survivors.

The comments are so universally positive that it raises the question of what Goleman and Davidson, 2017 call "expectation demand" – the risk of wanting to please the evaluator with these subjective and unverifiable self-report measures. It is significant to note that the person who conducted the Focus Group Discussions (IOM Monitoring and Evaluation focal point for the GBV component of the WASH programme) was originally very skeptical of the benefits of the MBSR programme, and conducted the FGD with a very neutral (if not negatively-biased) disposition towards the potential of the programme to have positive effects. The reports from the participants were so positive that she strongly remarked on this intensity, and the difference with her expectations.

The credibility of the reported benefits by these participants is also supported by the high level of similarity to the benefits reported in the extensive scientific literature on MBSR in general and for people who have experienced trauma, as summarized in the background section above.

It is notable that there is no explicit reference by any of the participants to the MBSR techniques being helpful in managing their personal experience with trauma. However, many of the symptoms that are described above as being minimized by the *benefits of the course (in italics)* are common symptoms of PTSD **(given in bold)** or related reactions to traumatic events. Note that each bullet point in *serif italic* is an individual statement from an individual participant.

- *Better emotional regulation* as a counterbalance to **hyperarousal** (10 comments related to emotional regulation)
  - *"I am able to control the way I react to an event. This have helped me to gain strength and be able to control my emotions."*
  - *"If I get annoyed, I could not react immediately but rather remain concentrated, focused and bring back my own breath and stress-less and whereby the stress disappears."*
  - *"With the training I am now able to hold back my emotions, recompose my brain and body and feel stress free. This training have helped me a lot. I am now able to control other problems inside myself"*
  - *"Before the training I never fully understand my emotions and its impact on my behavior, now even if I am insulted I just laugh and remain calm."*
  - *"I was hot-tempered and full of blaming others and also easily transfer my anger to people around me instead, I am now moderate in my approaches and tend to understand reasons more than the human behavior."*

- *"Previously, when I was facing problems, I could break down in tears. After attending this training, I was able listen to friends who are undergoing troubles and tried to calm them down."*

- *Better emotional regulation* and *better concentration and problem management* as a counter-balance to **depression, anxiety, low self-esteem, lack of concentration** (9 comments on concentration, 4 comments on focus, 9 comments on problem management)
  - *"Previously I was unable to concentrate at any single work and sometimes feel over-stressed, depressed, worthless. Those feelings generated many emotional effects on myself like anxiety, fear, isolation, self-doubt and poor decision- making [and] sleeplessness. However, since I started attending this training I can now sleep well, gain self-worthiness, make good decisions and improved eating habits."*
  - *"Being faced with a problem or problems, I am now also able to notice and over-come state of depression in myself."*

- *Reduced stress* – in general or specifically reducing **avoidance** – as well as sleeplessness, and hyperarousal-related symptoms listed below (21 comments related to reduced stress or improved stress management)
  - *"Mostly, before the training if I felt stressed, I lock myself inside a room and cry or even drink beer but with this training, I manage my stress through mindfulness, deep breathing and also listen to music."*
  - *"Before the training I used to experience deep stress associated with my work load, children and the family matters but now my stress have disappeared."*
  - *"My mind was never stable almost in daytime and at night also. [The] training has taught me how to control my emotion, manage stress and be mindful at all times."*
  - *"I now practice daily in morning. This helps me to relax my brain and body muscles easily."*

- *Improved sleep* related to **insomnia and/or physical pain** (13 comments related to improved sleep)
  - *"I hardly have proper sleep, even I visited four different clinics seeking a remedy for this sleeping disorder habits. At certain point, a physician prescribed and put me on sleep-aid injection. After this training I automatically began realizing good sleep because of exercises and mindfulness. To me, I am healed without taking a single medicine, I am very happy and proud."*
  - *"I used to experience tiredness and general body pain and have sleepless nights, which retarded my performance at work but after the training, I can now have enough sleep, wake up fresh and feel lighter and free."*
  - *"Before the training I used to suffer from a serious backache, which made me have sleepless nights, after acquiring new skills because of the training, I stretch my back and legs every evening and this helped me to have painless good sleep."*

- *Reduced physical pain* (12 comments related to reduced pain)
  - *"I used to experience general body and joins pain always but advantageously after attending this training particularly the yoga, I no longer experience the body pain."*
  - *"I also used to experience joint pains but now I am fine even without taking any medicine"*
  - *"Before this training, I used to feel weak, joint pain, stressful and very reactive. Receiving this good training I have changed totally. No body pain any more, I control my emotion, manage stress and became mindful about my environment, what I do and people around me."*

Many participants also reported the benefits for the course in terms supporting survivors and other clients of their work:

- *"I enjoyed the mirror neuron because as a social worker, sometimes you may come across survivor, in this situation looking direct to the eye, feeling of the survivor may automatically transfer to you as mirror. In this situation, you need to control your emotion and finally be in position to help the survivor."*
- *"Before the training, if I come across stories of survivor I used to break down but now I have gained many good skills to support the survivors with first aid."*
- *"I have learned good things about communication and now I have acquired good listening skills which very important tool in dealing with client/beneficiaries in work place and outside work with any other people."*
- *"In communities' people undergo many difficulties as such with this new skills and knowledge I can be able try to support them both physically and emotionally."*
- *"After attending this training I am able to release my stress and support other people whom experience stress."*

The FGDs also demonstrate that all elements of the MBSR course were appreciated and of benefit to the participants. There are many mentions of the benefits of the mindful awareness practices themselves - such as awareness of the breath/mindful breathing (24) and body scan (7), and yoga (29).

There were also some mentions of the educational elements around the neuro-physiology of stress – described by the participants as "the role of the brain in responding or reacting to an event". The instructor communicated (and described in Annex 1) that this was related to simplified explanation of the role of the amygdala and pre-frontal cortex, and its relationship with the sympathetic ("Flight-Fight response") and para-sympathetic nervous systems, and their relation to hyperarousal and other characteristic symptoms of PTSD. A number of participants also mentioned the usefulness of learning about mirror neurons[14] - not a normal topic in MBSR, but concordant with the application of basic neuroscience principles in the course, and a useful addition considering the particular role of the population for this course.

These comments indicate that MBSR (as found in other studies) is supportive of cultivating improved self-awareness and improved emotional self-regulation, as well as cultivating empathy and attentive listening and presence. These qualities are very supportive elements for cultivating a survivor-centred approach in GBV-support work, and indeed any kind of support work requiring a survivor-centred approach (including mental health case management skills for Psychosocial Workers).

Comparison to other interventions in IOM's MHPSS courses in South Sudan

Prior to this course being run as part of the GBV prevention and response component of an integrated WASH-GBV programme, the same instructor ran shorter courses and meditation sessions as part of IOM's MHPSS interventions in South Sudan. In order to have some indicative comparison of the effectiveness of the MBSR intervention compared with other MHPSS interventions in the same context, a key informant interview was carried out with Mr Paiato, MHPSS progamme manager for IOM South Sudan.

Mr Paiato described the MHPSS programme as quite "multilayered", with a lot of programming at the bottom of the IASC MHPSS pyramid to mainstream MHPSS support throughout all services, with MHPSS services through peer support and family centres. In 2017, to develop levels 3 and 4 in the Pyramid, other interventions were started, including the MBSR-inspired courses, WHO's Problem Management Plus (Individual psychological help for adults impaired by distress in communities exposed to adversity), Cognitive Behavioral Therapy, and individual psychiatric support. At level 3 there is also an emphasis on WHO's Mental Health Gap Action Programme.

[14] Mirror Neurons are posited as the neural basis of the human capacity for emotions such as empathy that help us understand the actions and intentions of other people (Marco Iacoboni, 2005)

Mr Paiato noted that as there was not a robust M&E system to assess the level of well-being of the beneficiaries, his comments were based on direct observation.

Mr Paiato indicated that (concordant with the FGD above) impact of MBSR was immediate, which he attributed to the qualities of adaptability and appropriate beneficiary engagement of the instructor – based on her experience of similar contexts and similar issues of trauma from similar work in Colombia. He also noted that the mindfulness techniques, were easily understood by the beneficiaries and so people could easily replicate the exercises. Similarly to the FGD described above, people reported a very immediate use of what they learned, to benefit their coping strategies, stress management, quality of sleep and emotional regulation in daily life.

In terms of a comparison with PM+, Mr Paiato's observation was that MBSR techniques are significantly simpler and easier to apply on a larger scale. The MHPSS programmes aims to be rolled across the IDP camps in South Sudan, mainly working with people who are not MHPSS professionals, mostly recruited from the IDP community. The original ideas was to teach them PM+ and use that tool with the community, but it took several weeks, and they needed quite a long time for supervision. For the MBSR techniques, there was a much more immediate take up and use of the methods by the locally-trained staff, many of whom were also beneficiaries before being hired by IOM.

The implementation of PM+ also has some restrictions as the close one-to-one therapeutic type relationship (in the programme implemented in South Sudan) is something that Mr Paiato felt that a lot of the population from rural areas were not used to. The MHPSS staff had the impression that it was too complex but that the mindfulness techniques were accepted quite universally across the entire population, with the main focus on self-awareness being easy to understand. Ms Ramirez also commented that her experience of PM+ in South Sudan was that it had a tendency to be used in an overly schematic manner, and did not easily lend itself to local and individual adaptation. This experience of PM+ being applied in such a schematic manner has been reported as being common.

Mr Paiato's opinion is that there is great scope and benefit to increase the use of mindfulness within the MHPSS intervention and other sectors, especially to increase IOM's capacity to support women who are at risk of violence. While one of the main benefits noted was the ease of use and replicability of the methods, Mr Paiato also indicated that running the actual full MBSR or similar course is part of the specialized interventions within the MHPSS pyramid, and noted that the success of the course was highly dependent on an individual with significant training in the MBSR method, and experience in applying it in similar conflict and trauma-affected environments. Although it was felt that some support could be provided more informally, the ideal recommendation then was for a suitably-qualified individual to stay for 3-4 years to see how we could scale up mindfulness interventions, including further assessment of how the activity could benefit both beneficiaries and IOM staff.

Sustainability of the programme

The sustainability of results from similar MBSR courses (including those for PTSD) is generally positive – de Vibe's 2017 meta-analysis shows that positive results were generally maintained at follow up and Banks' 2015 overview of MBSR for PTSD showed that 5 of the 7 studies with follow-up were positive. The post-course support mechanisms are not mentioned in those studies, but Goleman and Davidson, 2017 wide-ranging review emphasizes the importance of regular follow up to maintain positive benefits of mindfulness practice. The significant benefits described in the qualitative and quantitative are much more likely to be maintained through either formal (instructor led) or informal (peer-group) regular practice as a support to maintain the regular use of the techniques learned.

There are two elements to the sustainability of this programme – the post-course support to those who participated in maintaining their own practice, and secondly the more complex question of replicating this course or similar interventions in the same or wider contexts.

On the first issue of follow-up with participants[15]: after some initial follow-up by Ms Ramirez with the NGOs who participated, there has been limited follow-up since the ending of the original programme. However, at least one of the participants from the course is now including some of the practices in their work, and recommending that it is an important part of GBV support work to do this.

There are nonetheless positive indications for the potential for sustainability - the comments from participants in the FGDs also indicate the depth to which most participants learned the techniques and approaches, and their intention to use them in their support work for GBV survivors. Mr Paiato's comments about the wide acceptance by the community and the ease of application of the basic techniques indicate a favorable environment for sustainability – although this does not refer to replicating a full MBSR course following the standard curriculum.

Regarding the second point of replicating the programme: this question was addressed through selecting 12 participants from the 3 groups for 4 half-day trainings of trainers. This was a pilot to test the feasibility of participants being trained to use the MBSR methods with their clients, rather than just for their own well-being. The intention of IOM and recommendation (from Ms Ramirez) was to have a longer-term engagement with those using TI-MBSR for themselves and their clients before they could become trainers. The recommendation was that this training period would require at least 6 months of practice in the MBSR methods (with supervision) and followed by an assessment by a qualified MBSR trainer to evaluate the suitability of trainees to provide further trainings. This echoes Mr Paiato's comment about needing 3-4 years to bring to scale.

This outline of building a more sustainable programme through extensive personal practice and expert supervision has potential to expand the programme more broadly, with quality assurance based on training being carried out by an experienced and qualified[16] instructor. Currently there is no concrete plan to expand the programme in this manner, although it is under consideration by IOM.

Conclusions and recommendations

In summary, the findings above clearly demonstrate that there is a wealth of evidence in both the quantitative and qualitative data, supported by interviews with the instructor and programme staff to indicate that the MBSR course was extremely effective in enabling the vast majority of course participants to experience a significant reduction in negative psychological conditions such as depression, anxiety, stress, as well as the related symptoms such as feelings of low self-esteem, poor concentration, difficulties sleeping, physical pain (with no clear origin), irritability (being "hot-tempered", easy to anger) and having difficulties managing daily activities.

The course was particularly well-designed and adapted to the target population. Changes very conscientiously made to ensure that that methods and activities that are part of the standard MBSR course were conducted in such a way that it would ensure support to people who were still experiencing the symptoms of traumatic experiences as described above, rather than exacerbating them (a reported potential risk of mindfulness practice if not guided by an experienced instructor). A good balance was struck between making necessary adaptations according to the particular context, and following closely the standard MBSR curriculum which has proven benefits for many negative psychological and physical conditions.

This may well account for the particularly high reported positive effects of the programmes compared with comparable measures of reductions in Perceived Stress in other MBSR courses, and the notably highly positive self-reports of very significant changes in stress management and emotional regulation in the Focus Group Discussions.

[15] Not a required focus of this study according to the TOR, but considered to some extent.
[16] Note that while there is no universally-agreed standard for qualified MBSR teachers, the MBI-TAC mentioned elsewhere is a very widely accepted international standard by all the major universities offering MBSR certification.

These findings nonetheless are largely concordant with similar findings in the extensive scientific literature on the benefits of MBSR for stress-reduction, emotional regulation and pain management both in general populations and in populations with comparable past trauma such as having experienced intimate partner violence or PTSD. The benefits of MBSR for care-workers and support-workers is also strongly indicated by this same evidence base. While there is little existing scientific literature on the potential benefits of MBSR for humanitarian workers, it is increasingly used within the humanitarian world with positive anecdotal evidence.

The main recommendations are:

- **Continuing or expanding "full" TI-MBSR courses within IOM**
    - Continue to run further standard MBSR courses for similar populations and contexts where there are high protection risks (both for survivors and for support workers). These courses should be supported by similarly-qualified and experienced MBSR teachers to extend the benefit to a wider group. To roll out the programme further would require 1-2 years engagement with a qualified MBSR teacher experienced in TI-MBSR.
    - Consider further collaboration with an established MBSR training institute, to establish a more comprehensive training of trainers process based on extensive practice experience (a minimum of 6 months) and supervision / mentorship if a wider roll-out of the full MBSR curriculum is envisaged.

- **Integrating elements of MBSR into existing programmes**
    - Consider the possibility of integrating elements of MBSR in existing beneficiary-focused programmes and staff-support mechanisms (as with the model used by the MHPSS programme).
    - Consider the possibility of providing training in MBSR methods for any staff working in a role that requires a survivor-centred approach.
    - Maintain the link with MHPSS programme and consider running future courses jointly to ensure coherent links with psychologist staff and GBV support staff's involvement in future MBSR programmes.
- **Modifications to future MBSR full courses**
    - Ensure that future courses have a more thorough orientation period, including a more thorough identification and selection of participants and an obligatory pre-course orientation meeting.
    - Ensure for more systematic post-course follow-up, ideally with a combination of:
        - Further guidance and support by MBSR-certified instructors
        - Ex-participants trained as "mentors" to guide new participants
        - Informal peer-group sessions using either recording to guide practice or peer-led simple practices such as awareness of breathing and simple yoga moves
        - Ensuring that any future informal courses or programmes integration are closely supervised by a certified MBSR instructor with a good understanding of trauma-sensitivity.

Annex 1: Training report by Paula Ramirez

<table>
<tr><th colspan="7">Summary information</th></tr>
<tr><td>Title of training</td><td colspan="6">Trauma Informed-Mindfulness Based Stress Reduction Program for GBV survivors</td></tr>
<tr><td>Objectives of the training</td><td colspan="6">1. Give adapted MBSR sessions to GBV survivors
2. Recognize personal and cultural resources in the present that can help deal with trauma and being HIV positive
3. Understand body-mind connection for self-regulation and understanding</td></tr>
<tr><td>Duration</td><td colspan="6">1 month, 2x3 hour sessions per week for 5 weeks</td></tr>
<tr><td>Dates of training</td><td colspan="6">From 5th of June to 8th of July 2018</td></tr>
<tr><td>Target participants description</td><td colspan="6">(E.g. IDP, returnee, host community, professional category and sector)
National NGOs working directly with GBV survivors: National Empowerment of Positive Women (NEPWU), Active Youth Agency (AYA), Street Children Aid (SCA), Confident Children out of Conflict (CCC) which are all GBV sub-cluster partners.</td></tr>
<tr><td rowspan="4">Participants sex/age breakdown (Annex 1: scanned attendance list)</td><td>Sex</td><td>Under 11 years</td><td>12 – 17 years</td><td>18 – 24 years</td><td>25 years – 60 years</td><td>60 years plus</td></tr>
<tr><td>Male</td><td></td><td></td><td></td><td>12</td><td>3</td></tr>
<tr><td>Female</td><td></td><td></td><td></td><td>32</td><td></td></tr>
<tr><td colspan="6">Group 1 (NEPWU): 16 female, 2 male
Group 2 (NEPWU): 10 women, 4 men
GBV-Sub-cluster group (AYA, SCA, CCC): 9 women 6 men</td></tr>
<tr><td>Names, position, contacts of trainers</td><td colspan="6">NEPWU programme coordinators and social workers, AYA, CCC and SCA social workers</td></tr>
<tr><td>Project/Funding</td><td colspan="6">USAID</td></tr>
</table>

Training details
Sessions description for each day, explanation of topics raised and observations on learning

Introduction

The following is a report that describes the work of the Trauma Informed Mindfulness Based Stress reduction intervention that was provided to 3 groups of implementing partners (NEPWU and AYA) and GBV sub-cluster partners (SCA and CCC) as part of the WASH/GBV program in South Sudan.

On one hand, it gives an outline about how the Mindfulness Based Stress Reduction sessions are supposed to be given in their formal design by Jon Kabat-Zinn and on the other hand, it will give a brief overview about the aspects that were taken into account by the facilitator to modify the sessions in order to be as trauma sensitive as possible. This adjustment was made because 2 of the 3 groups had participants who were GBV survivors living with HIV.

This report will as well cover some anthropological aspects that were considered and elaborated with participants during the sessions to give enough room to their own cultural and socio-psychological resources. Both, cultural and social aspects were ”uncovered” and brought into the sessions by working through the mindfulness practice itself, as it promotes a natural understanding of who the participants are in the present in relation to their world, their families, their work, particular situations and as part of a wider community.

The Mental Health & Psychosocial Support Unit in IOM does not use the word “Trauma”. There is a good reason for this which is the great danger it means to frame everyone´s experience (such as those who live in war-torn countries as South Sudan or Colombia), as traumatic when this is not the case for everyone, and that even after the most traumatic experiences there are people who are able to be resilient and move on without developing clinically significant trauma.

Nevertheless in this report the word “trauma” will be used, as it will frame some aspects that were taken into account in this intervention, not with the purpose of framing participants, but to be as mindful/ sensitive as possible about the possible somatic outcomes that the mindfulness practice can bring for participants who possibly may not have overcome a traumatic experience. It is, specifically, a matter of avoiding harm and being as cultural and sensitive as possible to people´s needs, processes and willingness to see inside themselves.

Purpose of the intervention and characteristics of the 3 participant groups

From the WASH/GBV team, the purpose was to build the capacity of the implementing partners who work with GBV survivors, around the importance of emotional regulation, stress management and self-care when doing this important and sensitive job. This part of the intervention was the basis to start an overall program that planned to introduce or reinforce capacities on other GBV aspects such as livelihoods and women empowerment.

Because the intervention not only covered the MBSR but was part of something much bigger, the 3 groups had the regular 8 MBSR sessions as well as the full day retreat not once per week (as stated in the original program), but twice per week. That meant that, within a month frame, the MBSR process was completed.

The 3 groups were facilitated using a Trauma-Sensitive approach[17] within the MBSR. However, its use and depth varied within each group according to their characteristics.

Following there is a general description about each group:

Group # 1:
This was a group of 16 women and 2 men. All members are NEPWU staff, an organization that works with women living with HIV positive. 2 of the participants are paid and the rest of them are volunteers who are trained by NEPWU in order to raise awareness about HIV, support survivors and most recently with the IOM support, include GBV knowledge and sensitivity into their work.

The sessions were delivered with the help of a translator, who was one of the paid NEPWU staff. The translation happened from English to Juba Arabic as most of the participant's did not speak English. That meant a deep work with the translator beforehand and during the whole process, not about translation abilities, but about mindful and compassionate presence.

This particular group had GBV survivors, as well as HIV positive participants who have been part of NEPWU for a while. The experience of this group during the MBSR sessions, naturally had a lot of work around their emotional material and looking inside themselves to understand how they related to themselves and others, but they were also able to make references to the outside world, to the experience of other women they work with, or situations they live as social workers. In this sense, the MBSR explored on their own selves and how they experience their life in the present, but also had references to the work they do as such.

Group # 2:
It has the same characteristics as group 1 in terms of the affiliation with NEPWU, but this was a group of participants who have been part of NEPWU for just for a couple of months. They still were on a process of making sense about their own selves, lives and stressors. Not much reference was made to the outside world, or challenges when working with others. With this group, particularly, more aspects around healing trauma through the body were introduced. Self-touch, grounding and deeper connection to the body was made in order to make sense about their lived experiences, how they still manifested in the present with mindful attention, and how to overcome them when possible. One of the participants in this group had a movement disability which meant to give the group different choices and options while doing the movement practice.

Characteristics about translation were similar as in group # 1.

Group # 3:
All the participants in this group were social workers or psychologists working with other local organizations who work with GBV survivors. As far as the facilitator could determine, approximately half of the group was still dealing with unresolved traumatic stress. Nevertheless the spirit of the whole group around how to gain skills for working with others was much more defined than with the other groups. This group integrated the practice to deal with personal issues, but mainly to deal with people they work with in their professional work, whether colleagues or clients. Translation was not needed and the MBSR programme was delivered as it is with a couple of modifications that will be mentioned later in the methodology and MBSR outline.

[17] Trauma Sensitive Mindfulness responds to recent investigations carried out by various researchers on the negative effects mindfulness practices can have on participants, as going to the present moment through the body and the breath may trigger memories of traumatic experiences. The Trauma Sensitive approach leads to sensitive strategies that need to be applied when guiding mindful practices, gives support on specific teaching styles and the way to move forward with participants who can show significant distress.

METHODOLOGY

Mindfulness Based Stress Reduction, risks and somatic Trauma-Sensitive aspects to mitigate risks

Mindfulness is a mental training and personal development practice that links concentration exercises with self-observation in order to deepen our personal and social awareness. It was popularized in the West by Jon Kabat-Zinn since 1979, and has generated increased worldwide interest since then.

A repeated mindful awareness practice like the intentional observation of the natural breath or the deliberate examination of our thoughts, emotions and mental states helps developing a more balanced and focused presence. This promotes self-awareness and self-control, two fundamental qualities that constitute the base for a great number of social-emotional competencies. Ultimately, mindfulness practice promotes a state of open and non-judgmental awareness in which processes of acceptance and healing can occur within people engaging with the practice.

General research on mindfulness provides "increasingly convincing data that, in adults, mindfulness improves health and well-being by reducing stress, anxiety, and depression; inducing more positive states of mind; enhancing immune system function; increasing motivation to make lifestyle changes; and fostering social connection and enriched interpersonal relations, among other benefits" (Meiklejohn et al, 2012).

The Mindfulness Based Stress Reduction Program (MBSR, designed by the University of Massachusetts Medical School) is an 8 weeks programme that seeks to integrate mindfulness practice into participants daily life with the purpose of changing maladaptive habits present mainly in the ways of relating with oneself and others.

As such the 8 sessions, originally of 2 hours and a half each, per week, cover 3 main components:

1. The practice: In every session there is formal and informal mindfulness practice. Formal practice include: mindful breathing, mindful walking, body scan, mindful movement, loving kindness and compassion. Informal practice relates to the way in which formal practice is taken into daily life just by being present with what is happening moment by moment without judgment.
2. The topics: Every session is meant to cover a specific topic which reinforce, cognitively, the use of the practice into daily life and regarding different challenges we usually have in life. Such topics cover aspects like: identification of stressors, how the brain works and the impact mindfulness practice has on reactivity and maladaptive mechanisms, communication habits, uncover how we relate to positive/negative events.
3. The circle: Looking inside oneself through the practice and the topics is of great benefit but is also a hard thing to do. In that sense to have the support of the group, "that other" which can relate to what I am saying and vice versa gives perspective to the experience each one is having. When we can relate to others stories, recognizing their own humanity and how it relates to ours, then compassion also thrives.

Risks and the somatic Trauma-Sensitive approach

Even if scientific reports have shown that Mindfulness practice can be of great benefit, it has also shown that when doing the practice with people who have endured unresolved trauma, it can drive to do more harm as participants get in touch with information (specifically in their bodies) they are not ready to deal with. ("Variety of Contemplative Experience" Britton, 2017).

Many of the participants that were part of this intervention, especially in groups 1 and 2 had feelings of being stressed and helpless as a product of diverse situations they had lived in their life. Not only GBV was part of it, but displacement, loss of family members and overall political feeling of abandonment among

others. As such, a trauma-sensitive approach was part of this intervention because as one of the most important researchers on trauma and body frames: “Any experience that is stressful enough to leave us feeling helpless, frightened, overwhelmed or profoundly unsafe is considered a trauma” (Ogden,2015) and in the experience of the facilitator of this intervention who has worked in these contexts, it can be and was true for some of the participants in all the groups.

In this sense to avoid harm and in order to be as cultural and human sensitive as possible, some aspects that come from trauma healing through somatic practices were brought into the MBSR sessions. The following elements when healing trauma through the body were profoundly taken into account during the whole intervention, again, their depth and use varied from group to group while implementing the sessions or from one session to another:

1. **Window of Tolerance and Polyvagal Hierarchy (Ogden, 2006):** The possibility to bring a person back into a state of safety within the body in the present “Optimal Arousal zone”, when having been fluctuating between Hyperarousal zone (Sympathetic “Flight-Fight response”) or Hyperarousal zone (Vagal: Immobilization response)
2. **Titration (Levine, 1997):** Slowly giving participants the possibility of coming to the present and to feel the bodily sensations in their bodies.
3. **Bodily Resources (Van der Kolk, 2014):** For this particular intervention, titration was combined with discovering bodily resources of the participants to give anchors of attention before going (and while going to practice if needed). For example hands touching the chest or the stomach, or both, or touching a piece of cloth while talking helped participants to know and integrate bodily emotional regulators that brought them safely within their own possibility to the present if needed.
4. **Invitational Language:** To give commands to a participant in these kinds of contexts can be very disempowering. In MBSR there is a lot of invitational language, but in this particular intervention the invitational language as well as the possibility of exploring choices according to the possibility/wish of each participant was key to facilitating interoception (the possibility of feeling the feeling of the body), and to foster the trust and confidence needed in each participant to be part of the group, with the possibility of exploring a diversity of options which include everyone, even people with physical disabilities as in Group # 2.
5. **Cultural Resources:** Mindfulness as such is the possibility of the mind to be in the present without judgment. The practices to facilitate this possibility come from eastern contemplative practices which as long as we have a body and are breathing can be used, and make sense for every human being. Nevertheless mindfulness is not about the breathing, it is about the people, their stories, who they are (Stahl, 2014), which includes who they are in their cultural world. The postures that were used came from Yoga, but in this intervention the possibility of using storytelling, dancing and traditional music was explored in order to give space to that which is so important to healing: the social engagement system. Their OWN social engagement system that is rooted specifically in a broader sense in culture and traditions.
6. **Feeling safe in the space and with the programme:** Simple things can mean the world for a person who has lived trauma. Three of those aspects were part of this intervention: 1. always mention where we were after the practice to give a feeling of the present moment in a safe space, in case the practice went into dissociation for somebody or just when waking up after a body scan. 2. go through a very basic outline of each session before starting so participants could predict what was going to happen. In those symbols lie the possibility of feeling and being empowered. 3. since the intervention was made with GBV survivors, the aspects of confidentiality in the group and with the facilitator were cleared from the beginning on.
7. **Sensitive on length practices:** The MBSR as it is, at some point covers practices within a length of 45 minutes. In none of the 3 groups mindfulness practices were guided for such long periods of time. Group # 3 had the longest practices (30 minutes), but for each group it was key to feel the pulse of the group. At some point the practices were long enough so that participants could feel a little bit of distress so as to realize how they related to it - but not to a point which became too much for the group. Specially Group #2.
8. **Personal and group regulation:** If one person gets distressed when doing mindfulness practice, the whole group, as a mirror, gets distressed. It is key to regulate the emotion of the participant who

had “the episode”, but as well to do it for the whole group. This was done normalizing and giving space/naming the experience that was present as part of the process and inviting the group to express how they felt about that in the moment. (That is why sometimes sessions can go to a different topic than the one planned for the session)

9. **Topic Sensibility:** Flexibility is one of the main aspects when facilitating and most of all when working with a group of people with these characteristics. In groups 1 and 3 for example, one session was about the role of the mirror neurons (not part of the MBSR program, and delivered in a very simple way through movement practices mirroring somebody else). The topic of this session came up because some questions that were made about self-regulation and mutual regulation as a result of the Aikido practice. Flexibility also gives space to the cultural aspect to be brought in, as expressed before in the form of dance, music, storytelling or ritual.
10. **Touch for working with pain and self-regulation:** Body pain is one of the main issues that can come for the groups. Pain often becomes bigger because of thoughts and emotions around it that makes it even more difficult to bare. The actual act of learning how to self soothe and regulate through the body, is also a door to allowing the pain and being able to see it as it is in the body, without trying to run away from it. Being able to take a gentle touch to the point of the actual pain is a way to being more compassionate towards the pain, therefore making it less overwhelming and threatening.

STRUCTURE OF THE MBSR SESSIONS

Following, a very brief outline of the MBSR sessions is given. When reading it, one must consider all the already explained trauma informed elements that were introduced in all the sessions. Each one of the elements where used with different level of depth depending on the group’s needs and processes.

Session 1 - MBSR

Theme: The first session of the MBSR programme introduces participants to mindfulness and to the practices of Mindfulness based skills. The teacher embodies the following attitudinal characteristics (Kabat-Zinn, 2013), in this session and throughout the eight sessions:

- Patience
- Trust
- Beginners’ mind
- Non judging
- Acceptance
- Non striving
- Letting go
- Gratitude
- Generosity

Practices: Raisin exercise, mindful movement and body scan meditation
For this particular intervention the raisin was not used and was changed for a Mandasi, a regular type of food South Sudanese eat every day. From debrief of this practice as well as from mindful movement, we went into basic bodily resources before going to the body scan.

Intention: Staying present, being curious, about the landscape of sensation moment by moment, noticing the movement of the wandering, thinking, conditioned mind and any associated judgment.

Thematic teaching concepts: Paying attention, curiosity, awareness, non-judgment, the normality of the wandering mind, mindfulness as a process, not a goal.

Home practice:
-Mindful movement
-Nine dots
-1 daily mindful activity
-1 mindful meal
- Handouts

SESSION # 2

Theme: Session two provides the opportunity to become aware of how seeing things in a certain predisposed way affects our views of reality. There is a continuing focus on supporting mindful awareness and attending to what is present. In this first week of the home practice participants will have encountered challenges finding time to practice. The teachers' focus guides participants to the possibility of shifting from problem solving to "being" with all experiences, regardless of whether they like them or not.

In this particular session that way of perceiving went a lot into how they felt GBV and the different perspectives from which GBV can be seen.

Practices: Body scan, mindful movement, attention to the breath.

Intention: Encouraging curiosity, staying present, normalizing and welcoming challenges, awareness of thoughts, emotions and body sensations, supporting non-striving /doing. For these sessions, the titration of the practice according to each group was key.

Thematic teaching concepts: Breath as anchor, cultivating beginners mind through non-judgmental curiosity, being with all experiences, noticing what gets in the way of present moment awareness (including stories of traumatic experience manifested in the body), normalizing the wandering mind, bringing practice into daily life.

Home practice:

- Body scan
- Pleasant events calendar
- Mindful breathing
- Mindful activity
- Handouts

SESSION # 3

Theme: In the third session of the programme, participants continue to cultivate mindful awareness of the body through the mindful movement and walking practices, exploring how the breath can be an anchor to the present moment during movement. A longer sitting practice extends the theme of non-doing and

paying attention moment by moment. Acceptance, patience and kindness are cultivated as modes of mind that are helpful when meeting challenges that mindfulness practice can present.

Patterns of cognitive, emotional and behavioral reactivity are being noticed by the participants, particularly what is liked and what is not liked. The teacher emphasizes that mindfulness practice offers the possibility of pausing when noticing this reactivity. Choosing to be with, rather than reacting to, supports choice and ultimately a different relationship.

In this particular session for groups 1 and 2 we went to explore more the nature of emotions, their use and how to deal with them. There were several names for emotions that needed to be elaborated and discussed among the participants to find a specific term. It seems that in Arabic Juba there are no words for most of the emotions they wanted to express such as compassion or nostalgia, among others. There was a game that used to help frame emotions and how they manifested in daily life and in their bodies.

Practices: Mindful movement, Mindful walking and attention to the breath.

Intention: Encouraging curiosity, staying present, normalizing and welcoming challenges, awareness of thoughts, emotions and body sensations, supporting non-striving /doing. For these sessions, the titration of the practice according to each group was key.

Thematic teaching concepts: Breath as anchor, cultivating beginners mind through non-judgmental curiosity, being with all experiences, noticing these sensations of thought, mood and behaviors rather than pushing away or avoiding what we dislike, observing what gets in the way of present moment awareness (including stories of traumatic experience manifested in the body), normalizing the wandering mind, bringing practice into daily life.

Home practice:

- Body scan alternated with mindful movement
- Unpleasant events calendar
- Mindful breathing
- Mindful activity, being aware of the automatic pilot and when does it happen
- Handouts

SESSION # 4

Theme: Session 4 focuses on how the body and the mind react to stress. Exploring how stress impacts the body´s systems provides the opportunity to discuss how the mind and body are connected.

Practices: Mindful movement, attention to the breath.

Intention: Remaining present and curious moment-to-moment, working wisely with thoughts emotions and body sensations associated with stress, acceptance and compassion for the nature of habituated behaviors and the conditioned mind.

Thematic teaching concepts: Identifying patterns of flight, fight, freeze, the psychological effect of stress on body/mind/heart, the role of mindfulness in noticing stress reactivity and maladaptive coping mechanisms.

Home practice:

- Body scan alternate with mindful movement
- During the week, being aware of stress reactions including physical sensations that accompany them without trying to change them. Notice feeling stuck, blocking, avoiding, shutting off from experience.
- Mindful breathing
- Handouts

SESSION # 5

Theme: This fifth session builds on session four. Having identified internal and external stressors in session four, and from the home practice assignment to notice stress reactions, discussion is now centered on looking at different ways of responding to difficult situations by allowing mindful awareness to be the platform that supports being with, identifying what is present, and then if necessary choosing and taking action.

Practices: Mindful movement, attention to the breath.

Intention: Encouraging curiosity, staying present, creating space for difficult thoughts, emotions and body sensations. Curiosity about what shows up in the practice. Honoring the full range of experiences regardless of the positive or negative charge. Strengthening that everything can be held in mindful awareness.

Thematic teaching concepts: Breath as anchor, cultivating beginners mind through non-judgmental curiosity, mindfulness is a process not a goal.

Home practice:

- Mindful breath alternate with body scan and mindful movement
- Awareness of difficult communications calendar
- Being aware to moments of reactivity, exploring the breath to slow things down before responding if possible. If not, then noticing being caught in a reactive moment and seeing if it is at all possible, even though one is in the middle of it all, to offer a mindful response.
- Handouts

SESSION # 6

Theme: The sixth session focuses on the continuing practice of mindfulness and includes discussions about various common communication styles. Personal relationships can often be challenging producing strong emotional reactions at times. In this session participants are asked to recognize some of the different ways they react to these situations. Using mindful awareness exercises (Aikido and for the case of groups 2 and 3, mirror neurons), various ways to relate to people are demonstrated.

Practices: Body scan, mindful movement, attention to the breath, mindful inquiry into home practice and loving kindness.

Intention: Encouraging curiosity, staying present, normalizing and welcoming challenges, awareness of thoughts, emotions and body sensations, supporting non-striving/doing.

Thematic teaching concepts: Breath as anchor, cultivating beginners mind through non-judgmental curiosity, approaching the difficult rather than avoidance/aversion. Honoring the full range of experiences.

Home practice:

- Alternate breathing practice with mindful movement or body scan and kindness
- Mindful activity
- Bring awareness to moments of being with other people and how you are relating to them. It is possible to extend kindness towards people you know and people you do not know as well as towards yourself?
- Handouts

SESSION # 7

Theme: Session 7 incorporates the learning of the past weeks. Participants are asked to form small groups where they discuss their experiences of the programme. Instruction is given to review their personal markers of stress, their coping styles and whether they have discovered is adaptive and maladaptive. Their discussion then moves to considering areas of their life that can be shifted into healthier patterns or taking care of themselves.

Practices: Body scan and loving kindness

Intention: Encouraging curiosity, staying present, normalizing and welcoming challenges, awareness of thoughts, emotions and body sensations, supporting non-striving/doing. Recognizing when avoidance/aversion/distraction are present.

Thematic teaching concepts: Breath as anchor, cultivating beginners mind through non-judgmental curiosity, being with all experiences, noticing what gets in the way of present moment awareness (including stories of traumatic experience manifested in the body). Compassionate awareness, gentleness and kindness, mindful resilience.

Home practice:

- Combined practice
- Informal practice in daily life. Taking a few moments at the beginning of each day to notice the body, the breath and to repeat this at the end of the day.
- Handouts

SESSION # 8

Theme: In the final session, themes of endings and beginnings are discussed. The course is ending, but mindfulness practice continues. The session is started by re-visiting the body scan, reinforcing that mindfulness is ultimately an embodied practice, one of active mindful engagements where each moment is an opportunity to be alive.

Practices: Combined practices

Intention: Encouraging curiosity, staying present, creating space for difficult thoughts, emotions and body sensations. Curiosity about what shows up in the practice. Honoring the full range of experiences regardless of the positive or negative charge. Strengthening that everything can be held in mindful awareness.

Thematic teaching concepts: Breath as anchor, cultivating beginners mind through non-judgmental curiosity, being with all experiences, noticing what gets in the way of present moment awareness (including stories of traumatic experience manifested in the body), normalizing the wandering mind, bringing practice into daily life.

Home practice:

- Choose one of the formal practice to focus for the next weeks
- Choose and informal practice
- Noticing the breath at different times during the day
- Look for practice support group among NEPWU staff or the other implementing partners

Closing ceremony

Full Day Practice

As stated as part of the overall MBSR programme, a full day practice was held between sessions 6 and 7. On its original format, the full day practice is done in silence, while the teacher guides mindfulness practices.

For this groups, only group 3 had the original format full day practice, meaning practice in silence with the guidance of the teacher. Group 1 had more talking at the end about the experience, and with group 2 other practices like free painting were included, as well as intervals of practice and talking in order to be able to check on everyone's experience.

For the 3 groups, the end of the full day practice came with a reflection of the emotional resources developed so far. The invitation for session 7 was to feel those (internal and cultural) resources in their daily life, stating also that special sensitivity around events may be developed because of the amount of awareness a full day practice brings.

Lessons learnt & areas for improvement

- The importance of having a Trauma Sensitive approach understanding to lead MBSR interventions
- The importance of extra mentoring translators in two levels: Having a previous session with them, prior to the intervention, so they know what the practice is about and its depth. On the other level, it is key to put extra effort in mentoring translators during the whole process to make sure they interiorize the practice and the content and to make sure it is making sense for them. This guarantees that what is being delivered in the translation keeps the essence of what is meant, both from the facilitator to the participants and from the participants to the translator
- Understand the role of the nervous system when working with trauma and the possibility of feeling in the body, example: interoceptors - exteroceptors
- Use choices and invitational language instead of commands when leading practices
- When guiding yoga postures, try to include local movements people can relate to
- A facilitator who can understand and be aware of signs of dissociation
- It is key for the whole process that the facilitator has very well stated (formal and informal) self-care and self-compassion practices in order to be able to do this work as it is emotionally demanding

Follow-up actions/next steps for capacity building

- A very important next step would be for them to keep practicing as a group with the NGO each one works with
- Follow up of their work on GBV and how they are taking care of themselves
- In order for the program to be sustainable in the long run at a local level, it would be key to deliver a Trauma Sensitive MBSR Training of Trainers to selected participants who, at the end of the whole process, seem interested and able to hold this kind of training for themselves and their community
- Working the programme with men as well, in order to address violent behavior and reactivity

Annex 2: Perceived stress scale

For each question choose from the following alternatives:

0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

l. In the last month, how often have you been upset because of something that happened unexpectedly?

2. In the last month, how often have you felt that you were unable to control the important things in your life?

3. In the last month, how often have you felt nervous and stressed?

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

5. In the last month, how often have you felt that things were going your way?

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

7. In the last month, how often have you been able to control irritations in your life?

8. In the last month, how often have you felt that you were on top of things?

9. In the last month, how often have you been angered because of things that happened that were outside of your control?

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

To determine PSS score by following these directions: • First, reverse your scores for questions 4, 5, 7, and 8. On these 4 questions, change the scores like this: 0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0.

• Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.

► Scores ranging from 0-13 would be considered low stress.

► Scores ranging from 14-26 would be considered moderate stress.

► Scores ranging from 27-40 would be considered high perceived stress.

Dr Cohen's own webpage with various resources related to the PSS is here:
http://www.psy.cmu.edu/~scohen/scales.html

Annex 3: Detailed statistical analysis of the PSS questionnaire

Mean Change Summary	Score Change	Question 1 Summary	Question 1 Gender	Question 1 Group	Question 2 Summary

Mean Change Summary, by Group and Gender

		Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Question 10
Males	Baseline	3.20	1.40	2.77	2.40	2.35	2.07	1.83	2.72	2.33	2.62
	Endline	0.79	0.52	0.61	0.65	0.74	1.35	0.50	1.15	1.37	0.64
	Change	-2.41	-0.88	-2.16	-1.75	-1.61	-0.72	-1.33	-1.57	-0.96	-1.98
Females	Baseline	1.90	1.80	2.44	1.80	2.25	1.78	2.00	2.90	2.50	2.30
	Endline	1.60	1.30	1.60	0.78	0.80	1.30	0.60	1.00	1.80	1.40
	Change	-0.30	-0.50	-0.84	-1.02	-1.45	-0.48	-1.40	-1.90	-0.70	-0.90
Null	Baseline	2.00	2.00	2.50	3.00	2.00	1.00	1.50	3.00	1.50	1.00
	Endline	1.25	3.25	2.25	1.33	2.25	2.00	2.67	2.33	1.25	1.75
	Change	-0.75	1.25	-0.25	-1.67	0.25	1.00	1.17	-0.67	-0.25	0.75
GBV Subcluster	Baseline	2.36	1.57	2.69	1.00	1.54	2.21	1.93	3.08	2.21	2.43
	Endline	1.50	1.86	1.71	1.09	1.21	1.57	0.83	1.38	1.64	1.36
	Change	-0.86	0.29	-0.98	0.09	-0.33	-0.64	-1.10	-1.70	-0.57	-1.07
NEPWU Group 1	Baseline	3.20	0.60	2.56	2.64	3.00	1.36	2.00	2.71	2.27	2.93
	Endline	0.81	0.60	0.56	0.47	0.87	0.67	0.67	0.53	0.87	0.63
	Change	-2.39	0.00	-2.00	-2.17	-2.13	-0.69	-1.33	-2.18	-1.40	-2.30
NEPWU Group 2	Baseline	2.92	2.54	2.85	3.08	2.25	2.31	1.58	2.54	2.54	2.00
	Endline	0.75	0.42	0.75	0.75	0.58	2.18	0.33	1.83	2.00	0.83
	Change	-2.17	-2.12	-2.10	-2.33	-1.67	-0.13	-1.25	-0.71	-0.54	-1.17
Overall	Baseline	2.83	1.52	2.69	2.27	2.32	1.95	1.85	2.78	2.33	2.46
	Endline	1.02	0.98	1.00	0.74	0.90	1.40	0.62	1.20	1.46	0.93
	Change	-1.81	-0.55	-1.69	-1.53	-1.42	-0.55	-1.24	-1.58	-0.87	-1.53

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MBSR

Overall Score Change

	Males			Females		
	Baseline	Endline	Change	Baseline	Endline	Change
GBV Subcluster	19.20	8.40	-10.80	21.86	16.40	-5.46
NEPWU Group 1	24.00	14.00	-10.00	21.29	5.30	-15.99
NEPWU Group 2	21.33	17.00	-4.33	23.70	9.67	-14.03

Score Change by Question Group, By Survey Group

	Negative			Positive		
	Baseline	Endline	Change	Baseline	Endline	Change
GBV Subcluster	7.36	4.40	-2.96	13.54	9.64	-3.90
NEPWU Group 1	9.73	2.64	-7.09	13.00	4.27	-8.73
NEPWU Group 2	8.17	4.45	-3.72	15.15	6.27	-8.88

Score Change by Question Group, By Gender

	Negative			Positive		
	Baseline	Endline	Change	Baseline	Endline	Change
Males	9.13	3.44	-5.69	12.75	9.00	-3.75
Females	8.38	3.64	-4.74	14.54	5.04	-9.50

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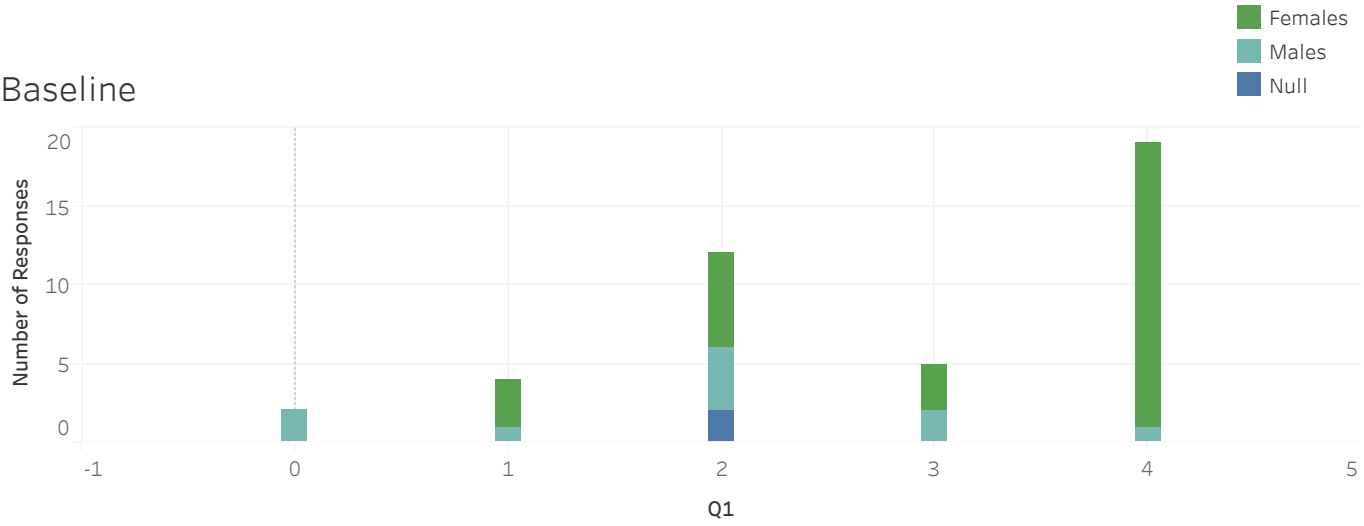
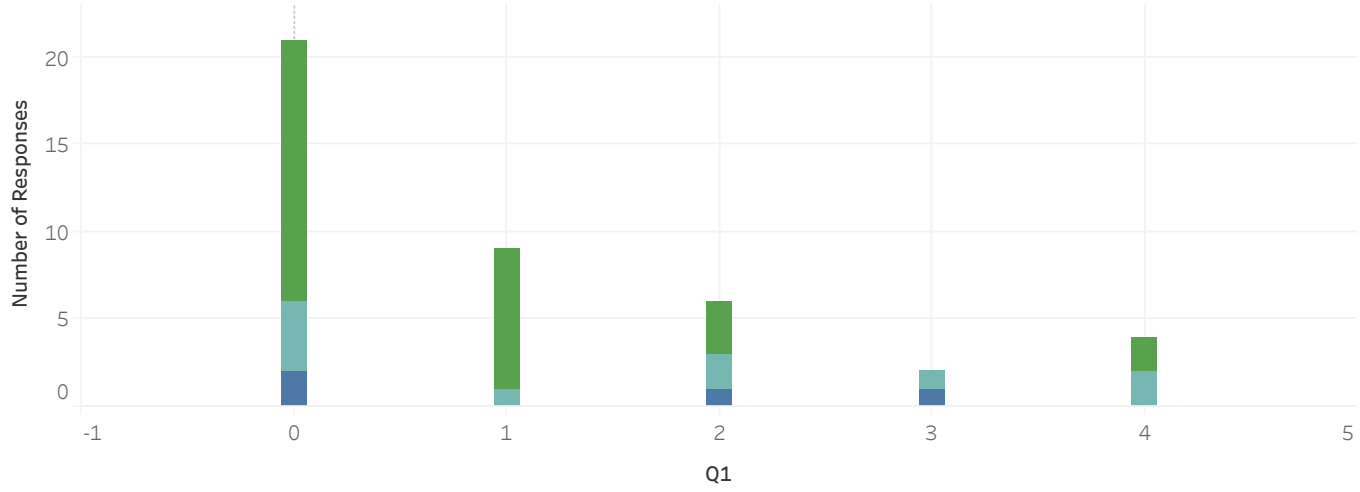
MBSR

1. In the last month, how often have you been upset because of something that happened unexpectedly? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline



Endline



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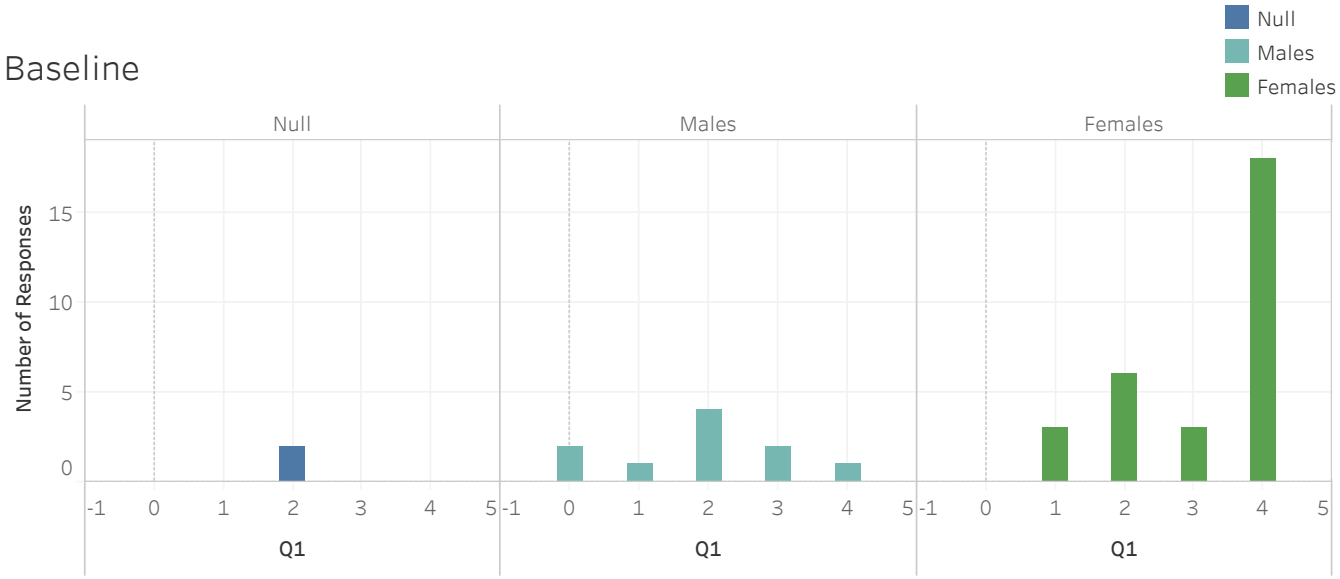
MBSR

Mean C..	Score Change	Question 1 Summary	Question 1 Gender	Question 1 Group	Question 2 Summary	Question 2 Gen..

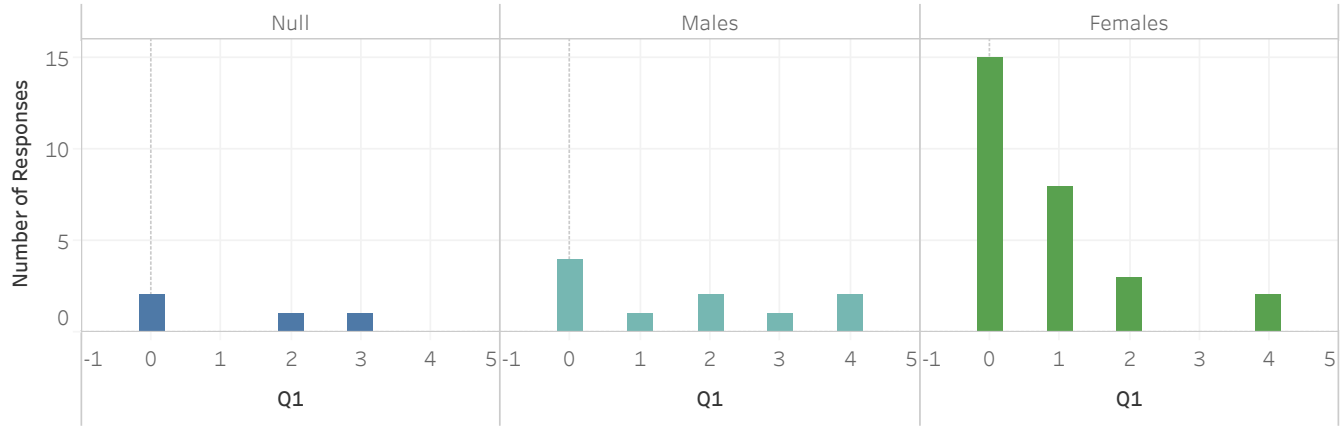
1. In the last month, how often have you been upset because of something that happened unexpectedly? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)



Mean Change: Null
Baseline 2.0
Endline 1.25
Change -0.75

Mean Change: Males
Baseline 1.9
Endline 1.6
Change -0.3

Mean Change: Females
Baseline 3.2
Endline 0.79
Change -2.41



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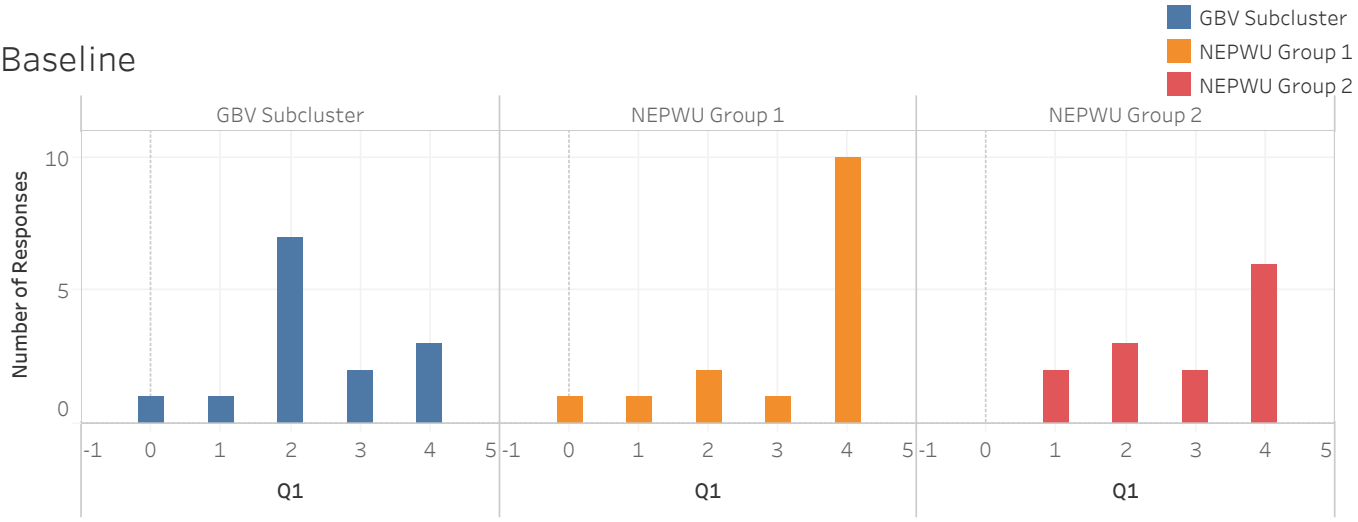
MBSR

Score C..	Question 1 Summary	Question 1 Gender	Question 1 Group	Question 2 Summary	Question 2 Gender	Question 2 Group

1. In the last month, how often have you been upset because of something that happened unexpectedly? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline

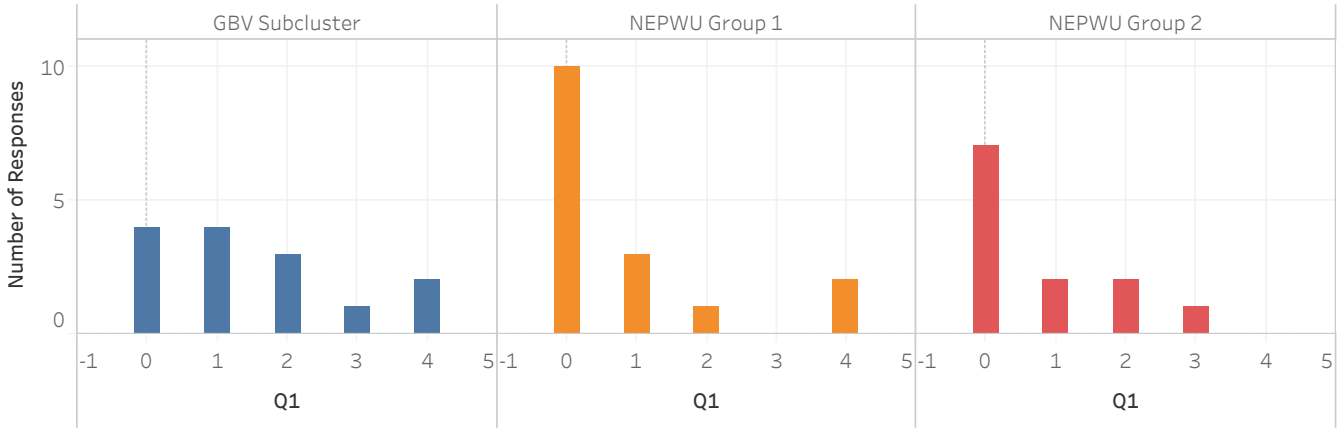


Mean Change: GBV Subcluster
Baseline 2.36
Endline 1.5
Change -0.86

Mean Change: NEPWU Group 1
Baseline 3.2
Endline 0.81
Change -2.39

Mean Change: NEPWU Group 2
Baseline 2.92
Endline 0.75
Change -2.17

Endline



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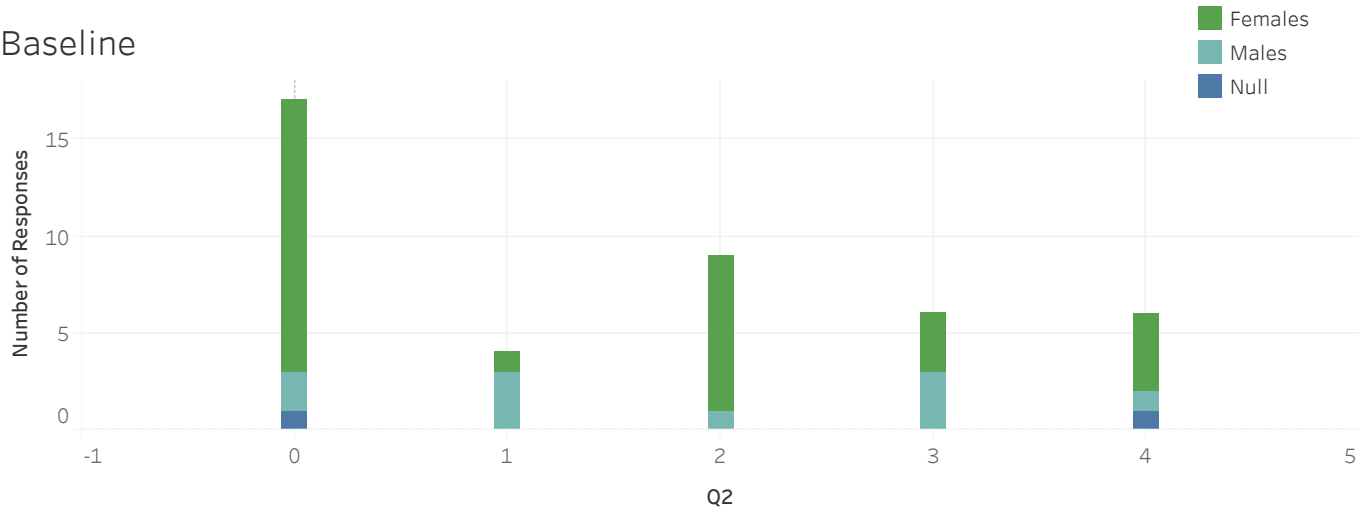
MBSR

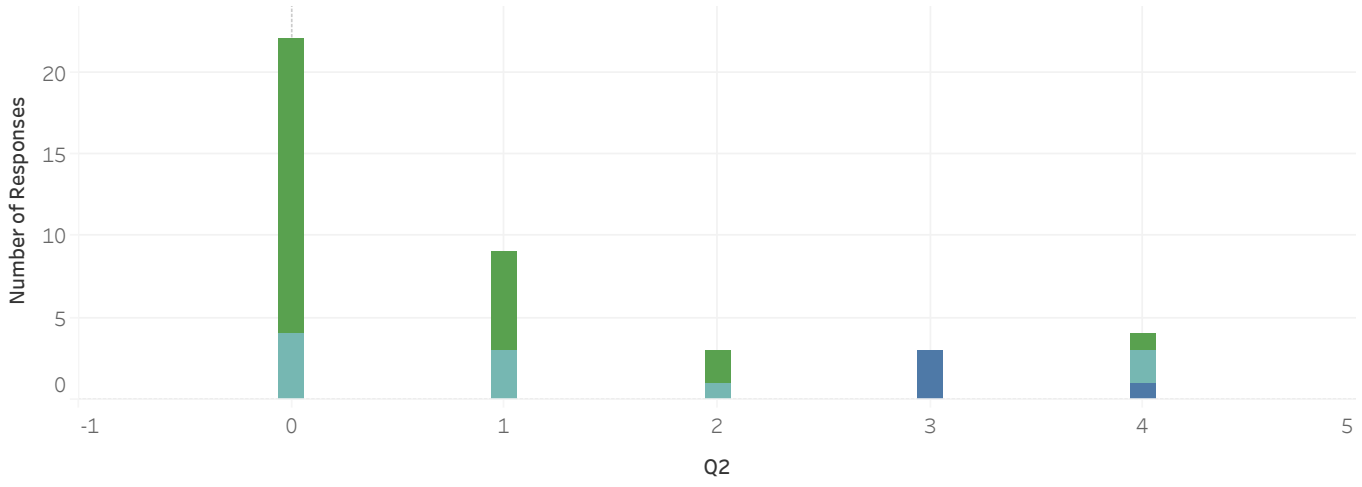
Qu est io..	Question 1 Gender	Question 1 Group	Question 2 Summary	Question 2 Gender	Question 2 Group	Quest ion 3 Sum..

2. In the last month, how often have you felt that you were unable to control important things in your life? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline



Endline



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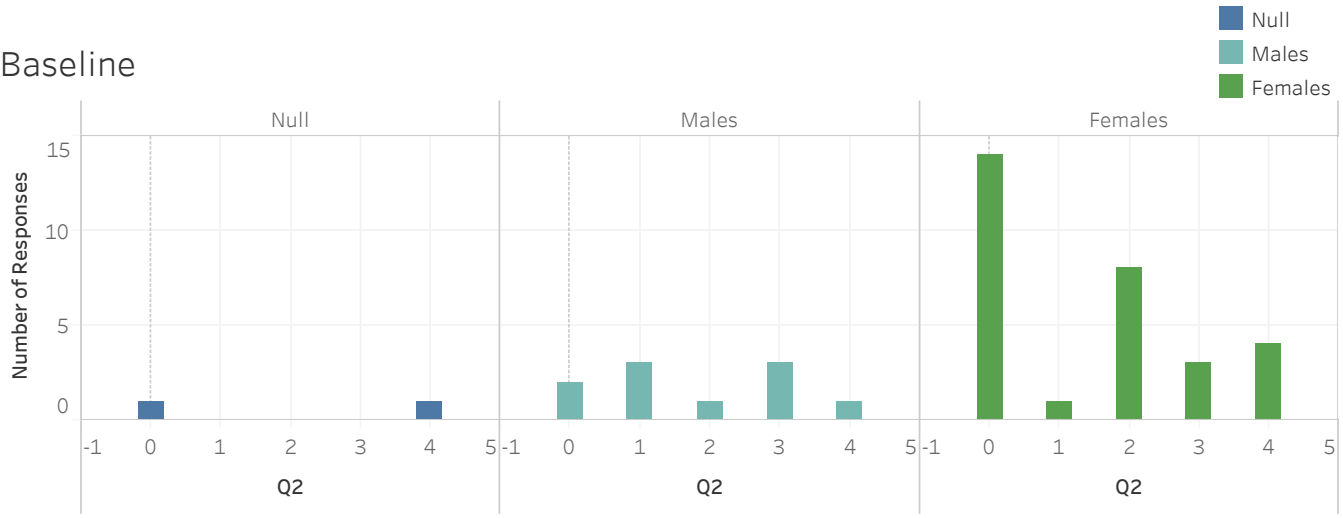
MBSR

Quest io..	Question 1 Group	Question 2 Summary	Question 2 Gender	Question 2 Group	Question 3 Summary	Question 3 Gen..

2. In the last month, how often have you felt that you were unable to control important things in your life? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline

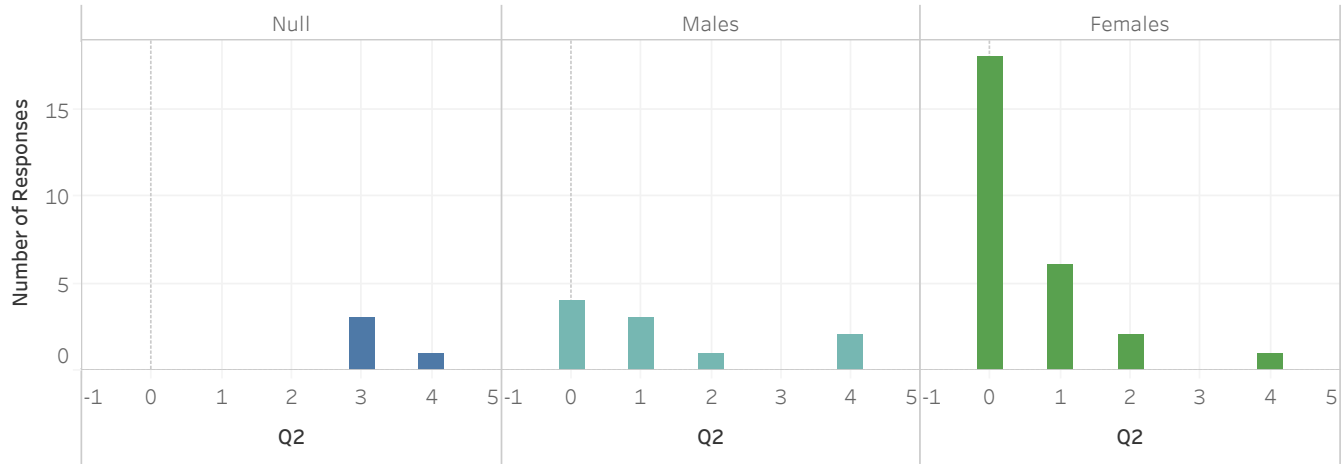


Mean Change: Null
Baseline 2
Endline 3.25
Change 1.25

Mean Change: Males
Baseline 1.8
Endline 1.3
Change -0.5

Mean Change: Females
Baseline 1.4
Endline 0.52
Change -0.88

Endline



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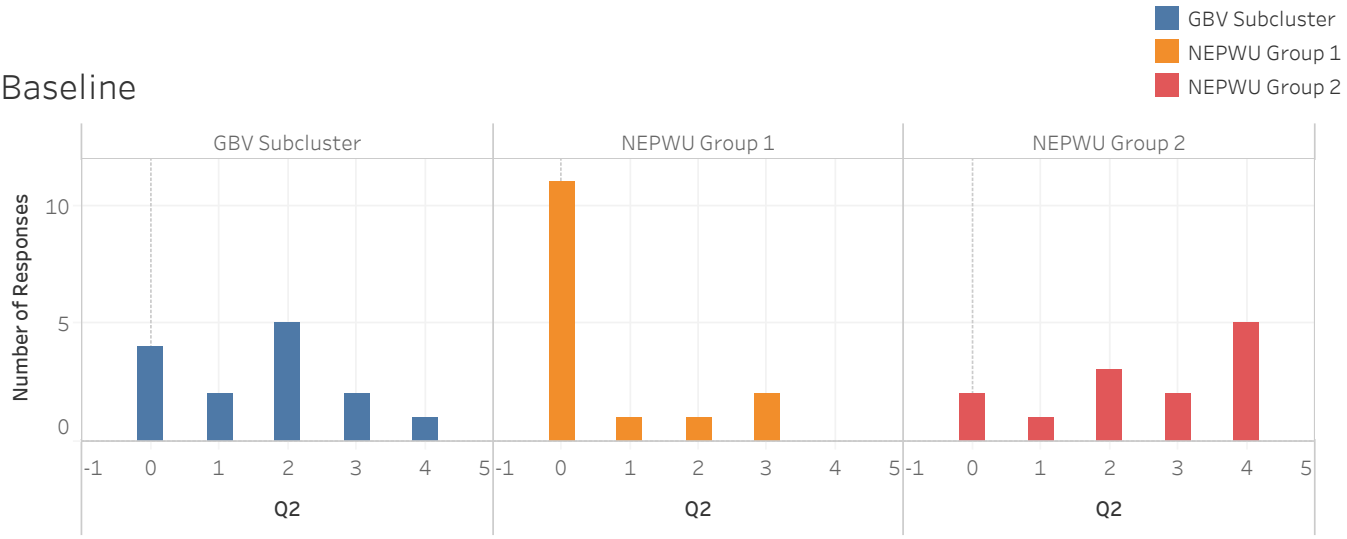
MBSR

Quest io..	Question 2 Summary	Question 2 Gender	Question 2 Group	Question 3 Summary	Question 3 Gender	Question 3 Group

2. In the last month, how often have you felt that you were unable to control important things in your life? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline

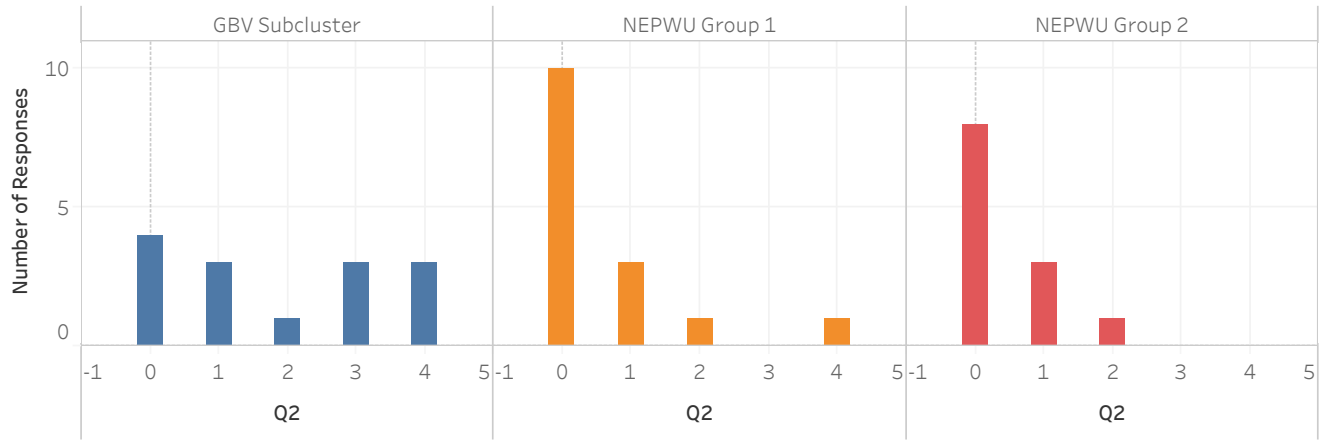


Mean Change: GBV Subcluster
Baseline 1.57
Endline 1.86
Change 0.29

Mean Change: NEPWU Group 1
Baseline 0.6
Endline 0.6
Change 0

Mean Change: NEPWU Group 2
Baseline 2.54
Endline 0.42
Change -2.12

Endline



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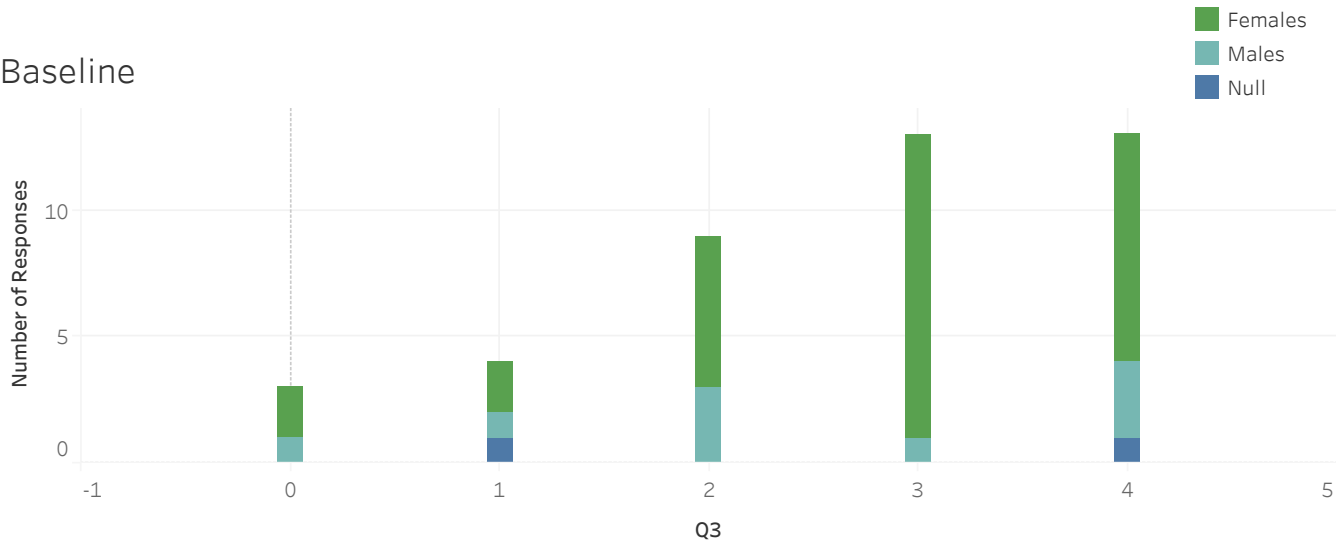
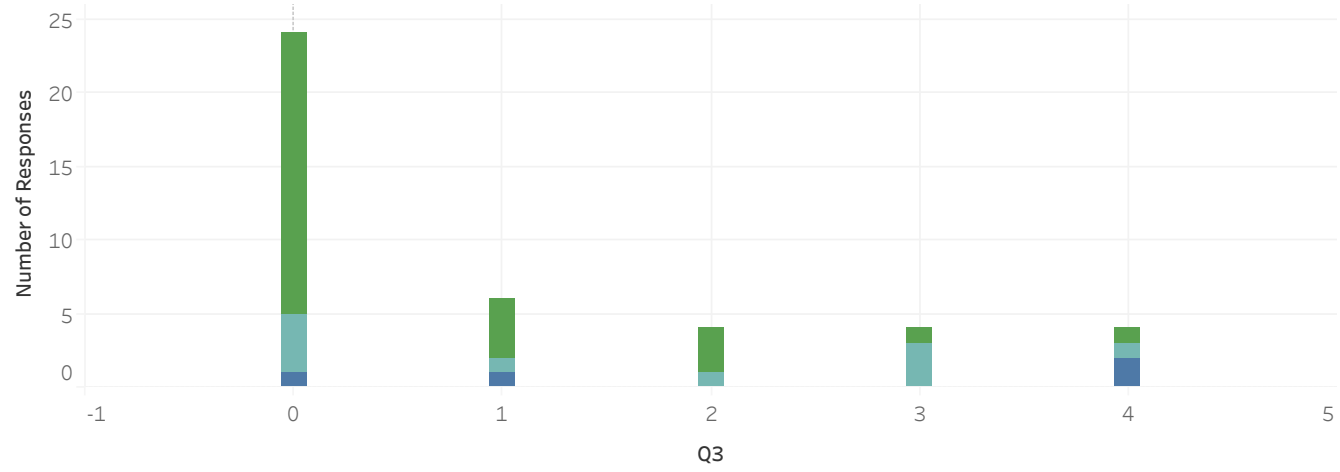
Qu est io..	Question 2 Gender	Question 2 Group	Question 3 Summary	Question 3 Gender	Question 3 Group	Quest ion 4 Sum..

3. In the last month, how often have you felt nervous and ”stressed”? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline



Endline



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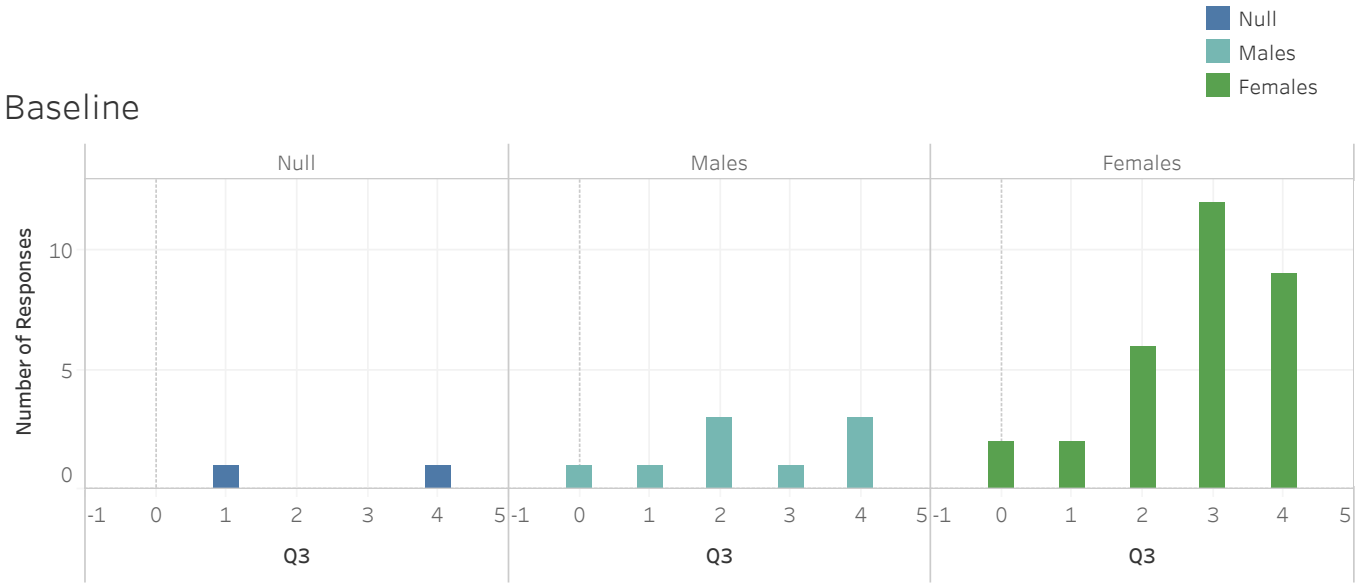
MBSR

Quest io..	Question 2 Group	Question 3 Summary	Question 3 Gender	Question 3 Group	Question 4 Summary	Question 4 Gen..

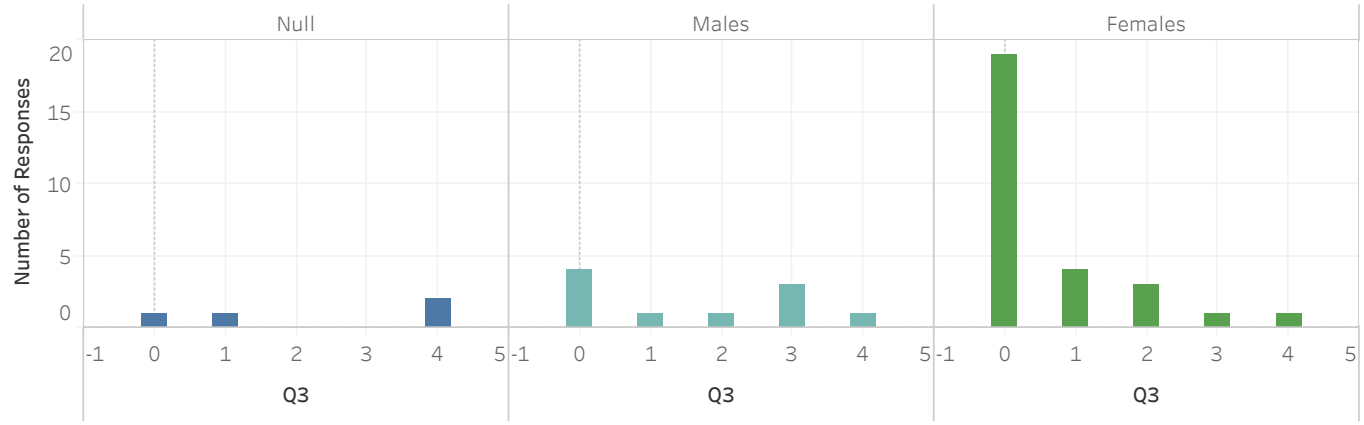
3. In the last month, how often have you felt nervous and ”stressed”? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)



Mean Change: Null
Baseline 2.5
Endline 2.25
Change -0.25

Mean Change: Males
Baseline 2.44
Endline 1.6
Change -0.84

Mean Change: Females
Baseline 2.77
Endline 0.61
Change -2.16



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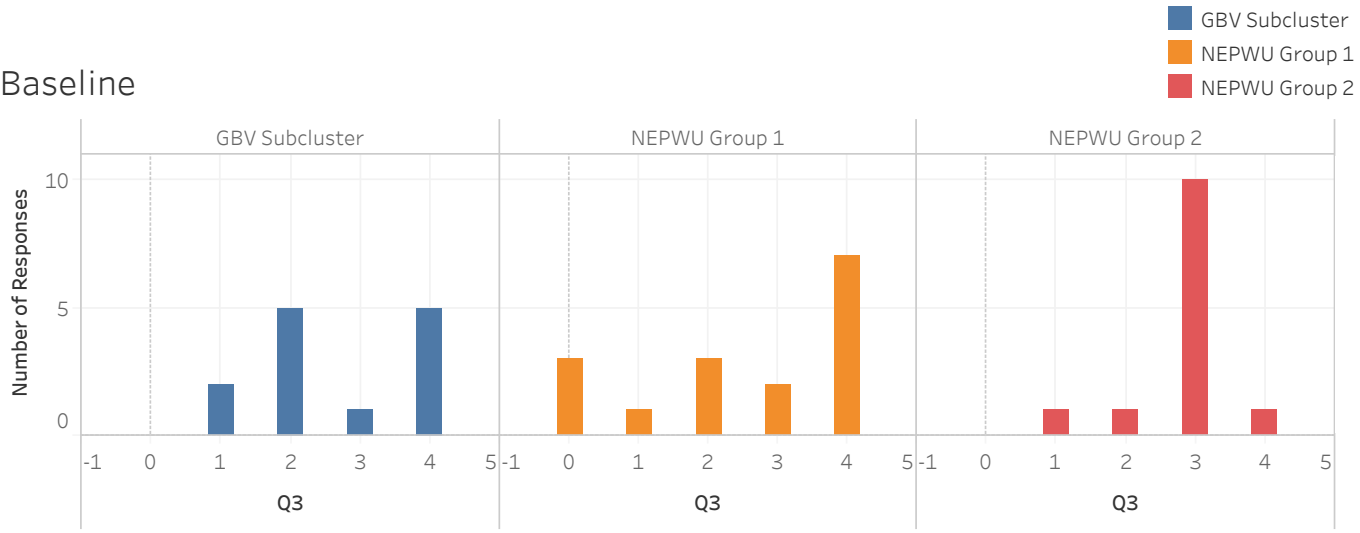
MBSR

Qu est io..	Question 3 Summary	Question 3 Gender	Question 3 Group	Question 4 Summary	Question 4 Gender	Quest ion 4 Group

3. In the last month, how often have you felt nervous and ''stressed''? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline

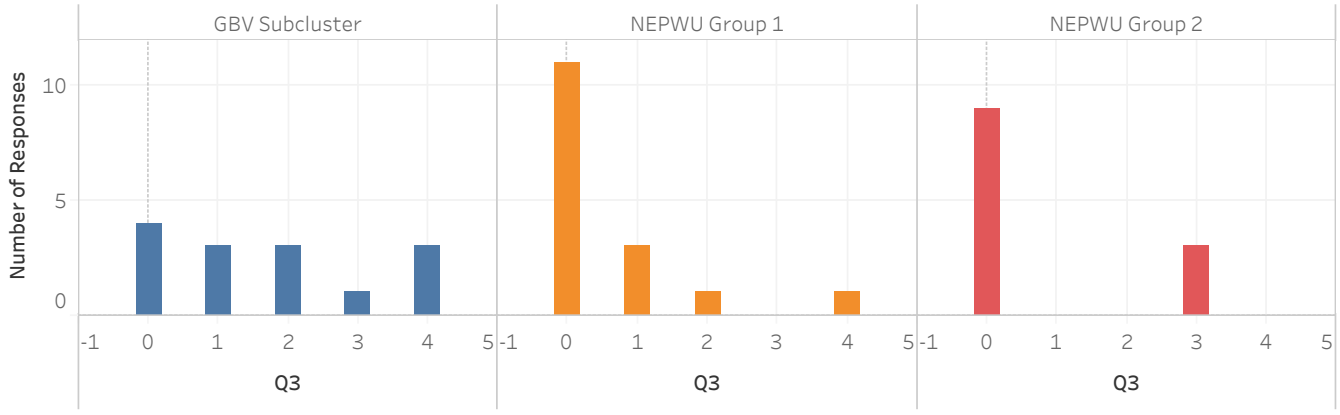


Mean Change: GBV Subcluster
Baseline 2.69
Endline 1.71
Change -0.98

Mean Change: NEPWU Group 1
Baseline 2.56
Endline 0.56
Change -2

Mean Change: NEPWU Group 2
Baseline 2.85
Endline 0.75
Change -2.1

Endline



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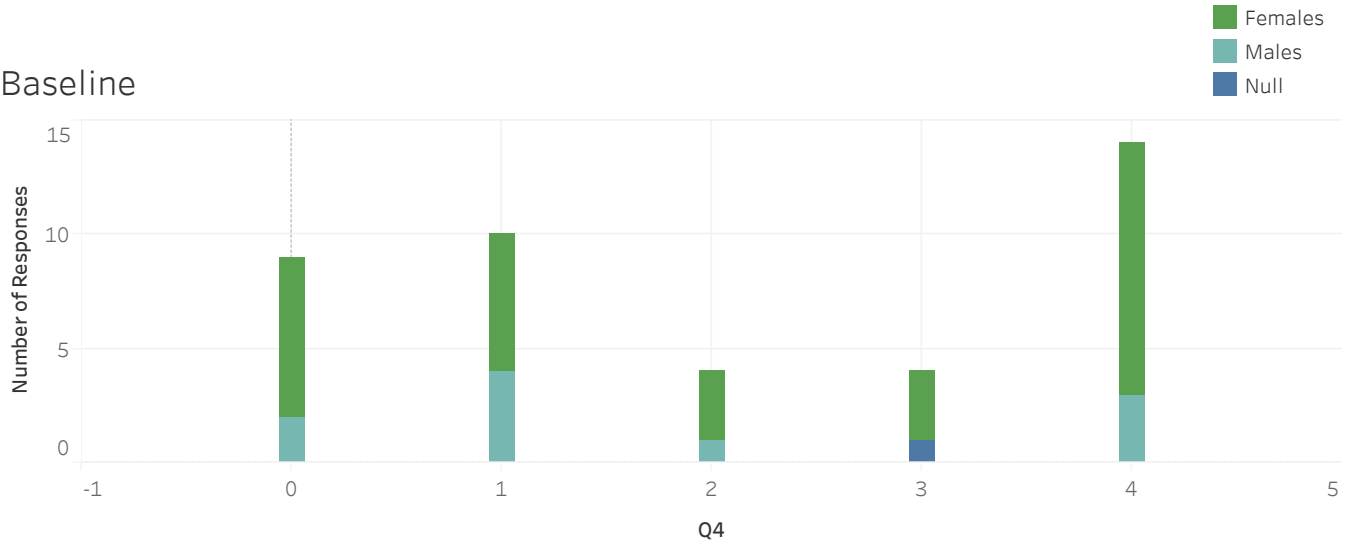
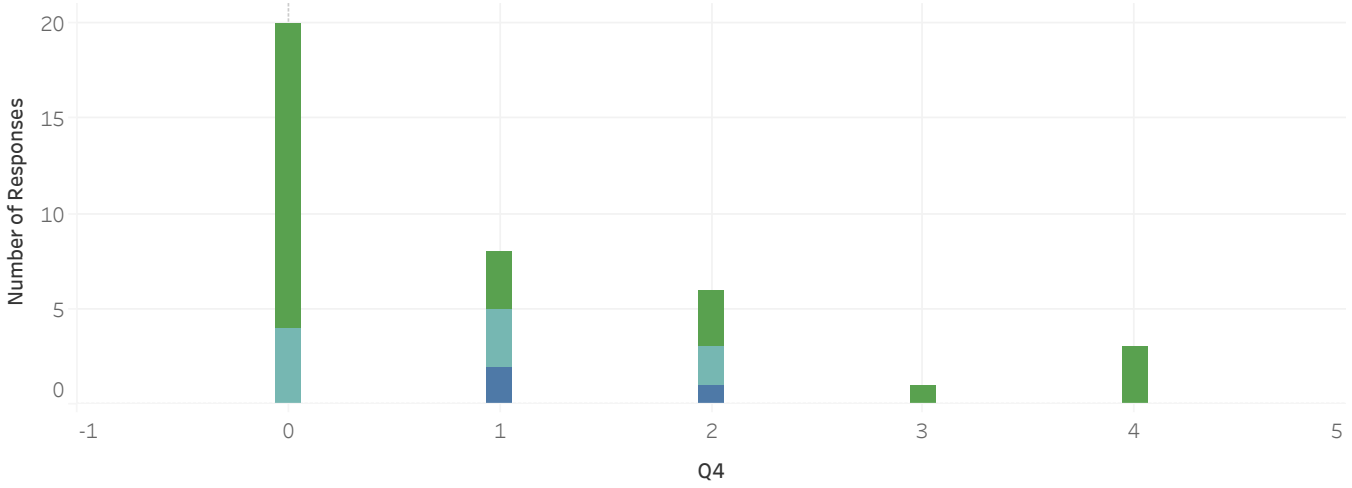
Qu est io..	Question 3 Gender	Question 3 Group	Question 4 Summary	Question 4 Gender	Question 4 Group	Quest ion 5 Sum..

4. In the last month, how often have you felt confident about your ability to handle personal problems"? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)

Baseline



Endline



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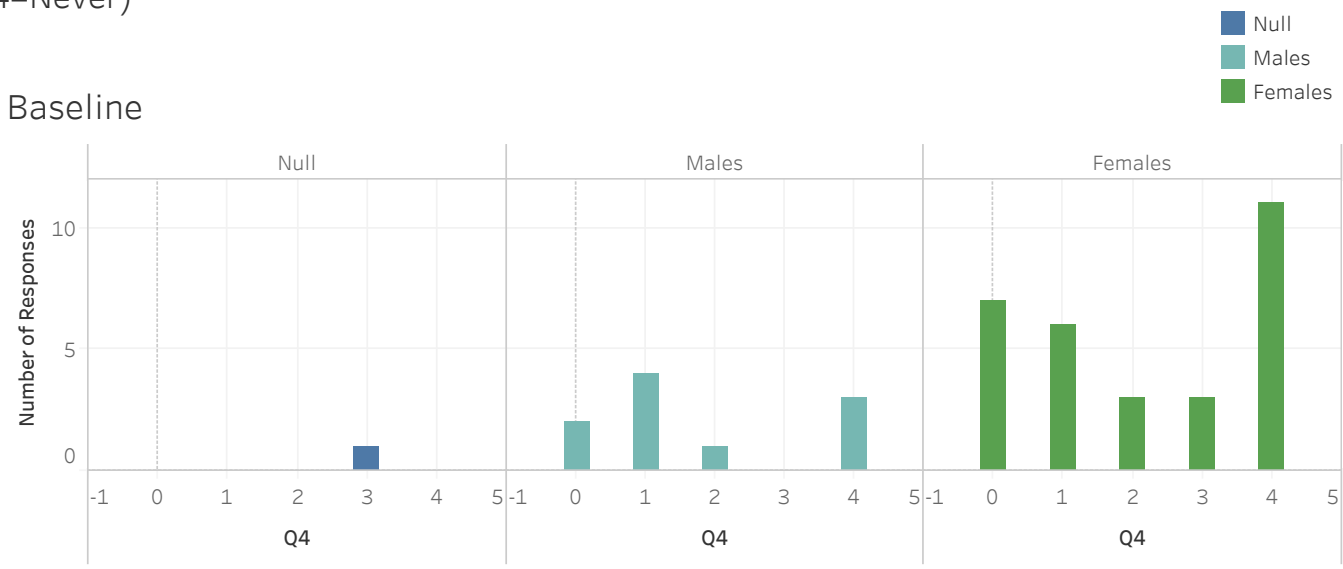
Qu est io..	Question 3 Group	Question 4 Summary	Question 4 Gender	Question 4 Group	Question 5 Summary	Quest ion 5 Gen..

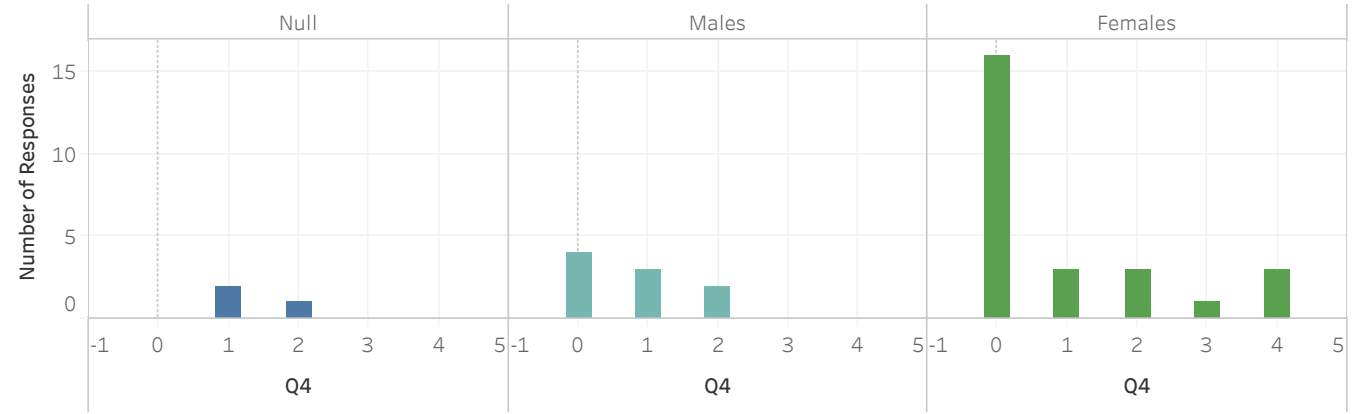
4. In the last month, how often have you felt confident about your ability to handle personal problems"? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)



Mean Change: Null
Baseline 3
Endline 1.33
Change -1.67

Mean Change: Males
Baseline 1.8
Endline 0.78
Change -1.02

Mean Change: Females
Baseline 2.4
Endline 0.65
Change -1.75



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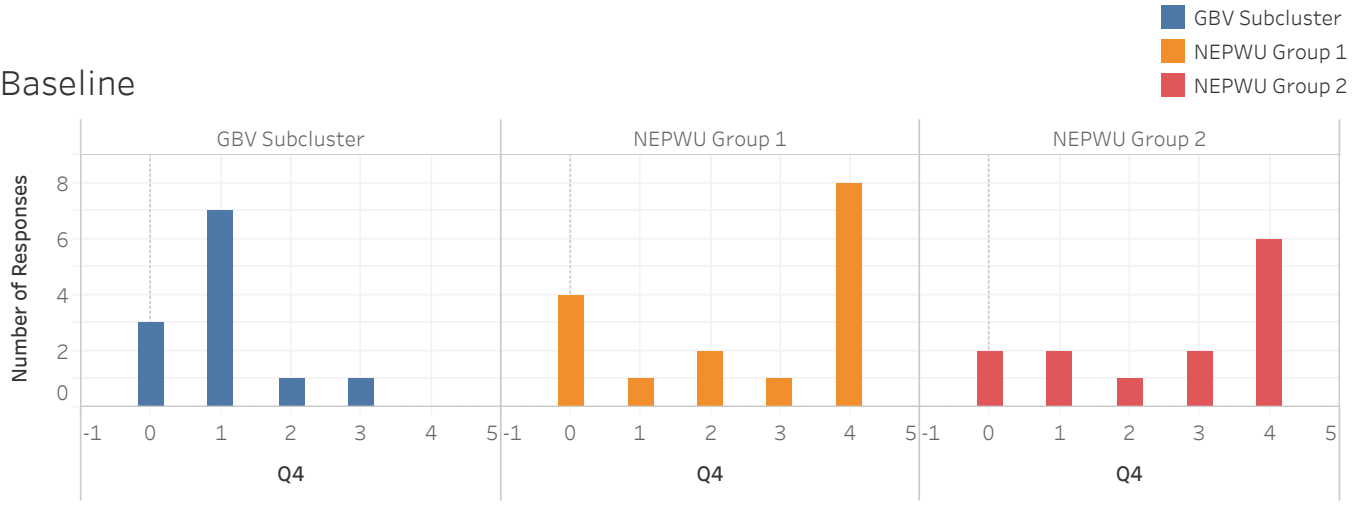
Quest io..	Question 4 Summary	Question 4 Gender	Question 4 Group	Question 5 Summary	Question 5 Gender	Question 5 Group

4. In the last month, how often have you felt confident about your ability to handle personal problems"? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)

Baseline

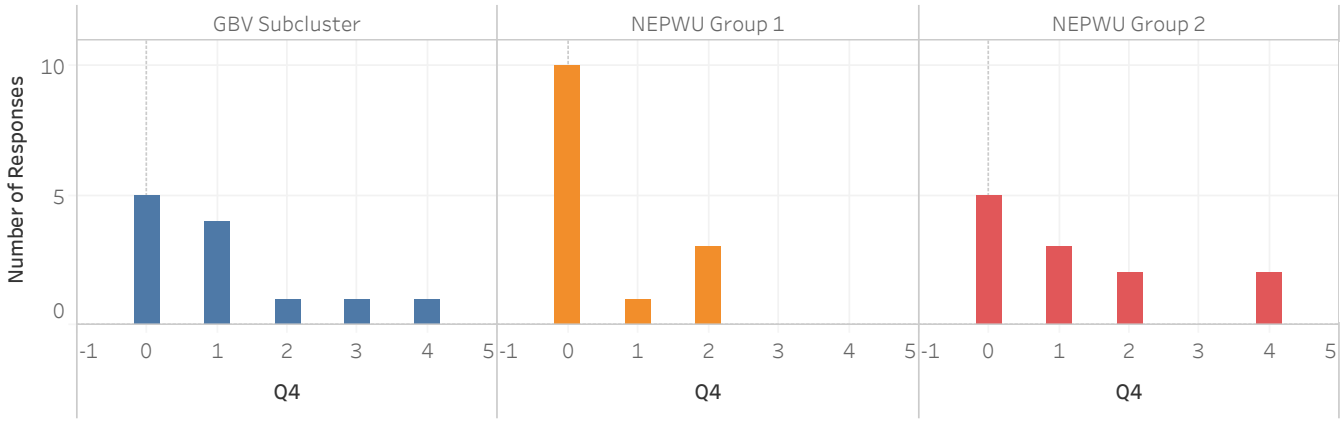


Mean Change: GBV Subcluster
Baseline 1
Endline 1.09
Change 0.09

Mean Change: NEPWU Group 1
Baseline 2.637
Endline 0.47
Change -2.2

Mean Change: NEPWU Group 2
Baseline 3.08
Endline 0.75
Change -2.33

Endline



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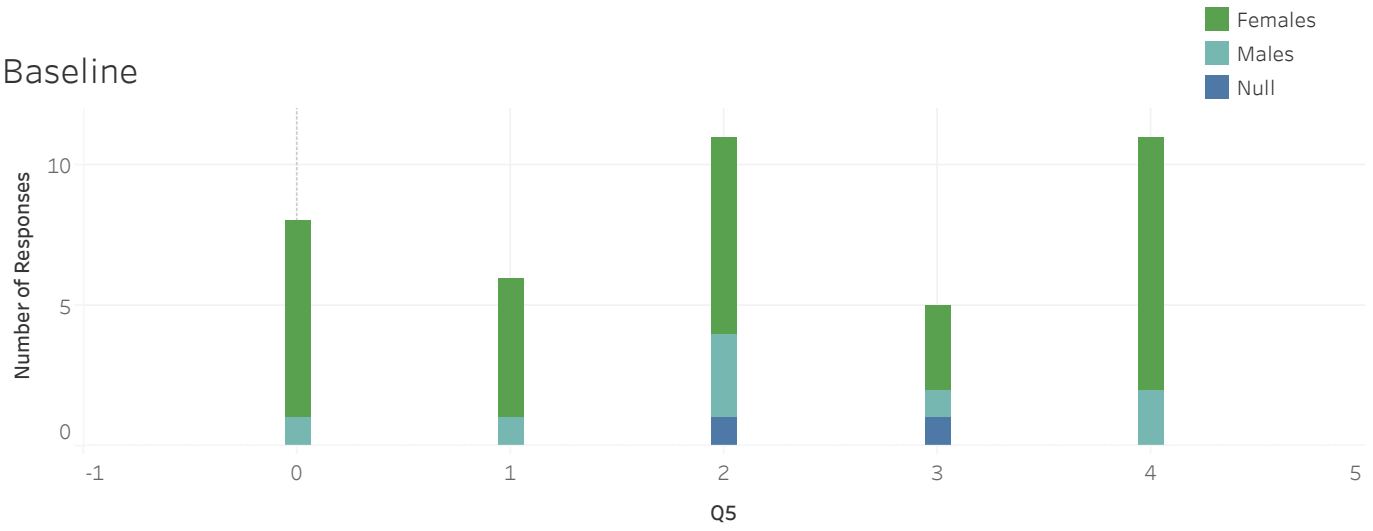
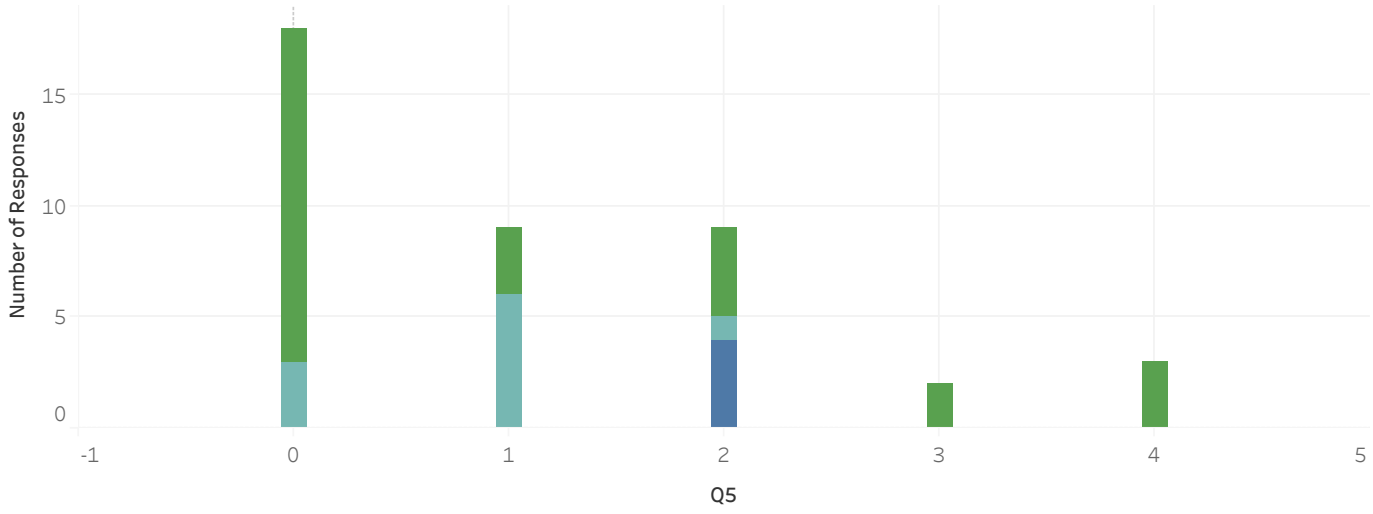
Qu est io..	Question 4 Gender	Question 4 Group	Question 5 Summary	Question 5 Gender	Question 5 Group	Quest ion 6 Sum..

5. In the last month, how often have you felt that things were going your way? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)

Baseline



Endline



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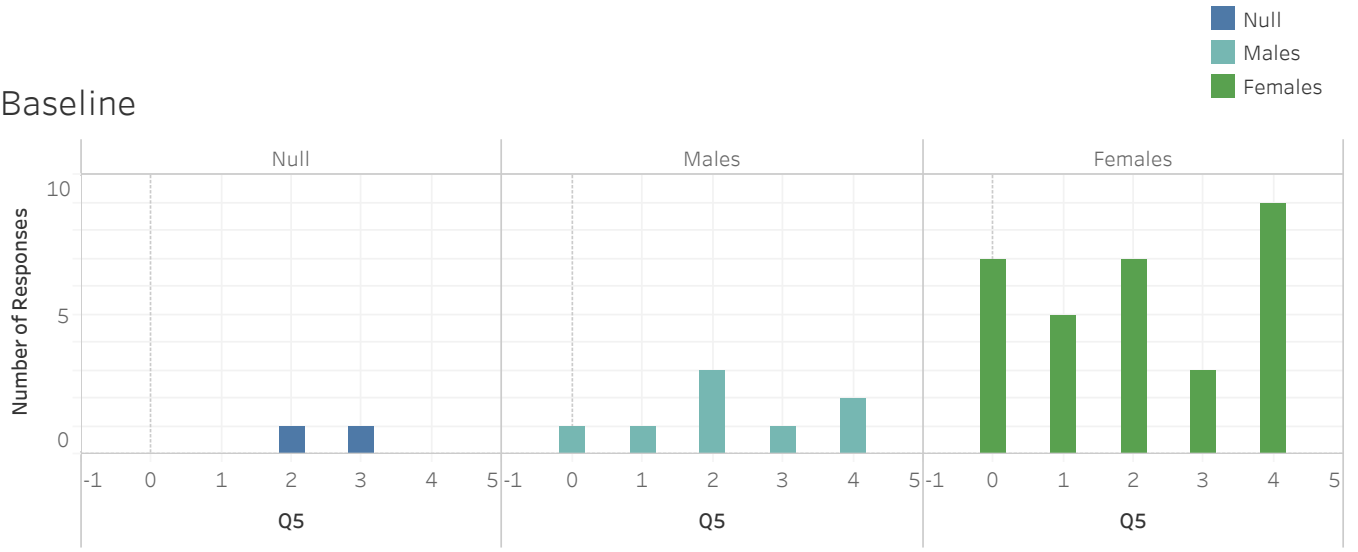
Quest io..	Question 4 Group	Question 5 Summary	Question 5 Gender	Question 5 Group	Question 6 Summary	Question 6 Gen..

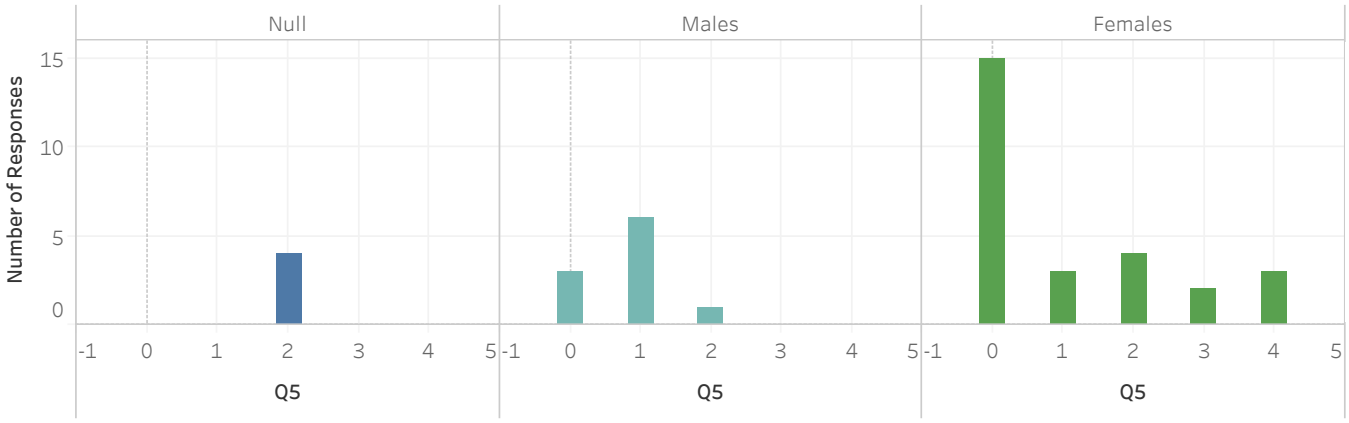
5. In the last month, how often have you felt that things were going your way? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)



Mean Change: Null
Baseline 2
Endline 2.25
Change 0.25

Mean Change: Males
Baseline 2.25
Endline 0.8
Change -1.45

Mean Change: Females
Baseline 2.35
Endline 0.74
Change -1.61



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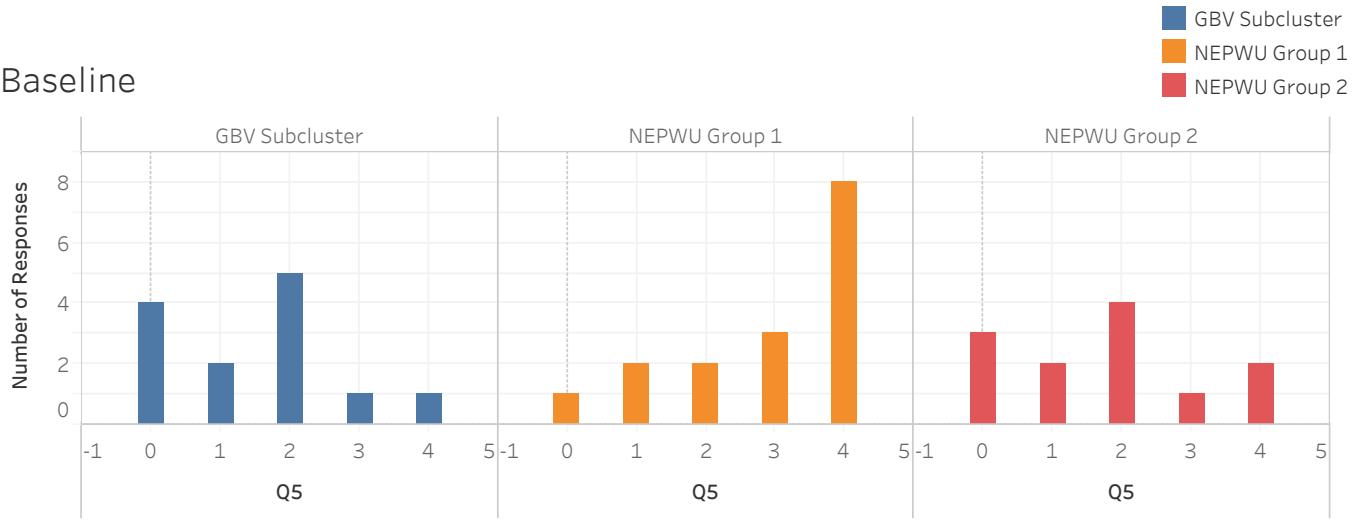
Quest io..	Question 5 Summary	Question 5 Gender	Question 5 Group	Question 6 Summary	Question 6 Gender	Question 6 Group

Line ID
1
2

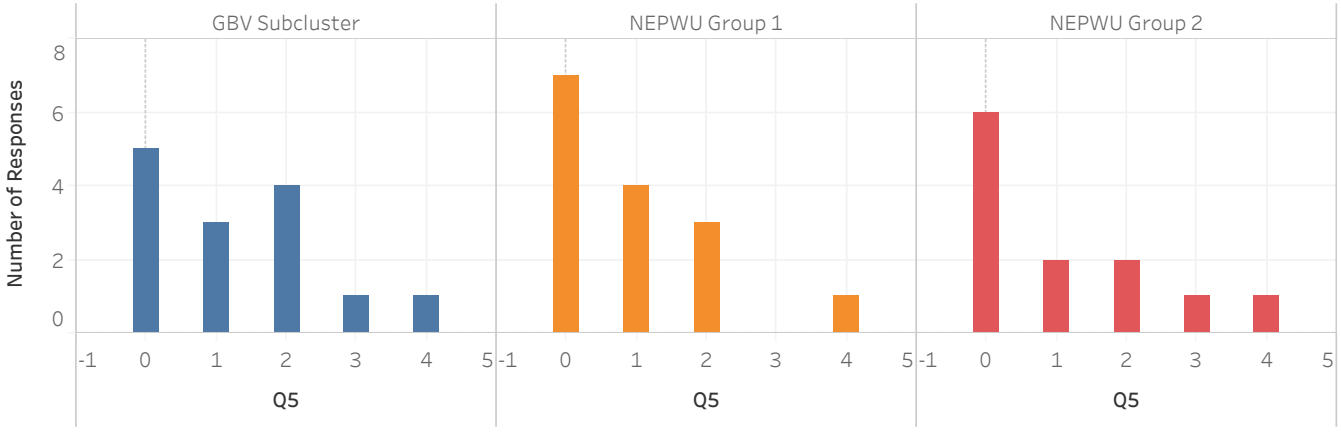
5. In the last month, how often have you felt that things were going your way? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)



Mean Change: GBV Subcluster
Baseline 1.54
Endline 1.21
Change -0.33

Mean Change: NEPWU Group 1
Baseline 3
Endline 0.87
Change -2.13

Mean Change: NEPWU Group 2
Baseline 2.25
Endline 0.58
Change -1.67



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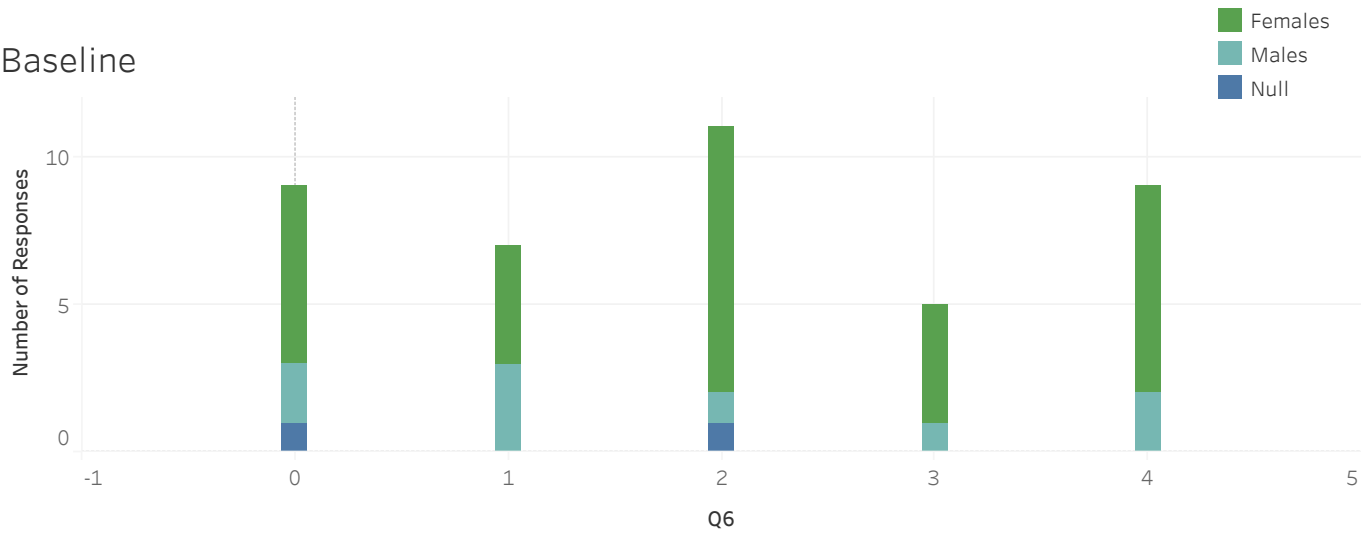
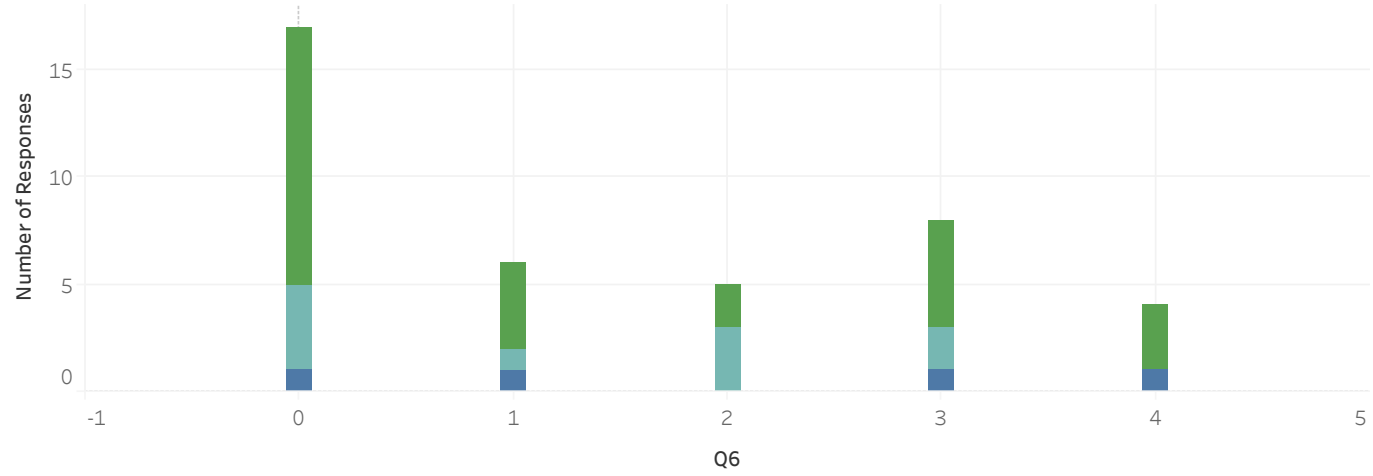
Qu est io..	Question 5 Gender	Question 5 Group	Question 6 Summary	Question 6 Gender	Question 6 Group	Quest ion 7 Sum..

6. In the last month, how often have your found that you could not cope with all the things you had to do? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline



Endline



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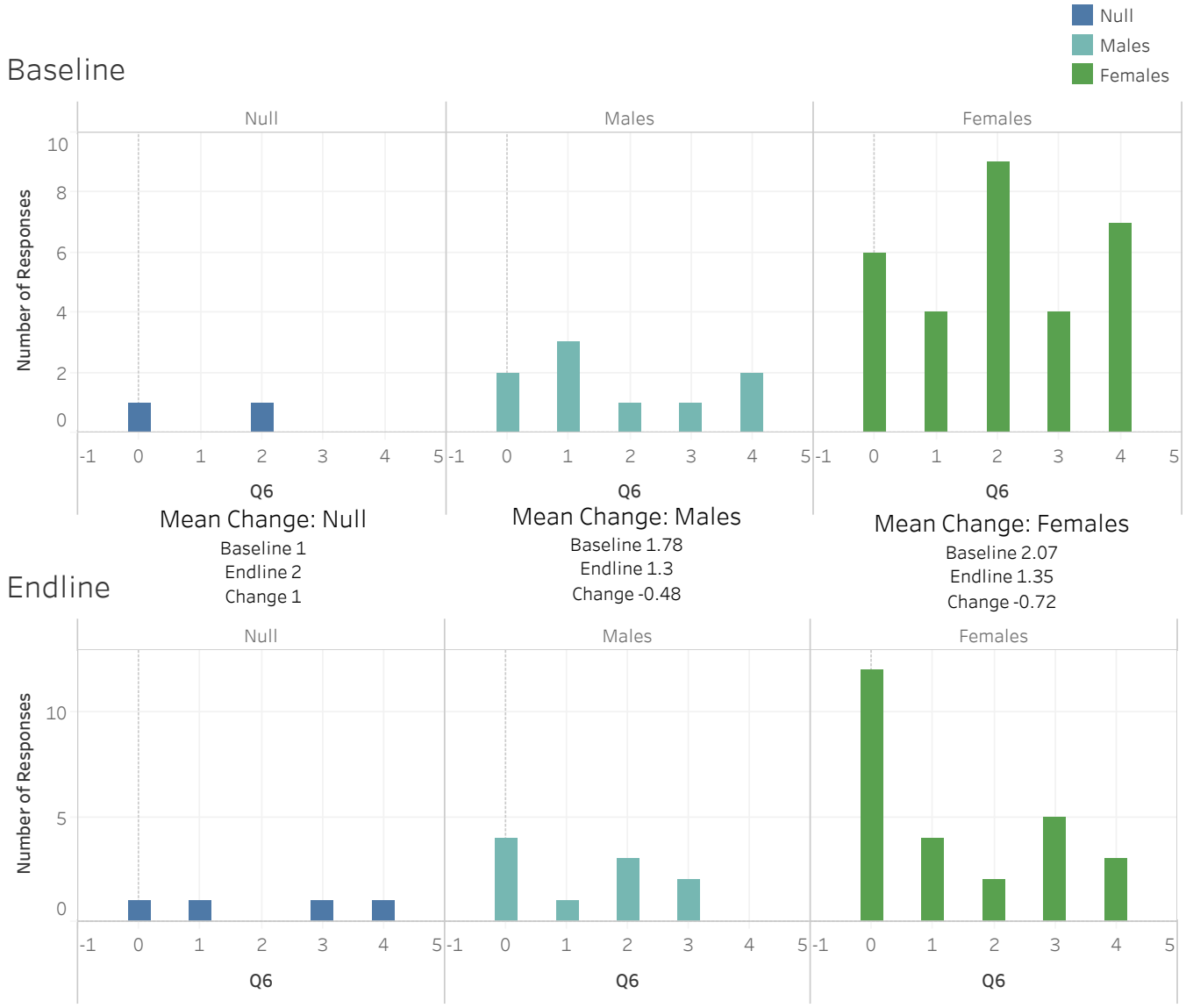
Qu est io..	Question 5 Group	Question 6 Summary	Question 6 Gender	Question 6 Group	Question 7 Summary	Quest ion 7 Gen..

6. In the last month, how often have your found that you could not cope with all the things you had to do? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)



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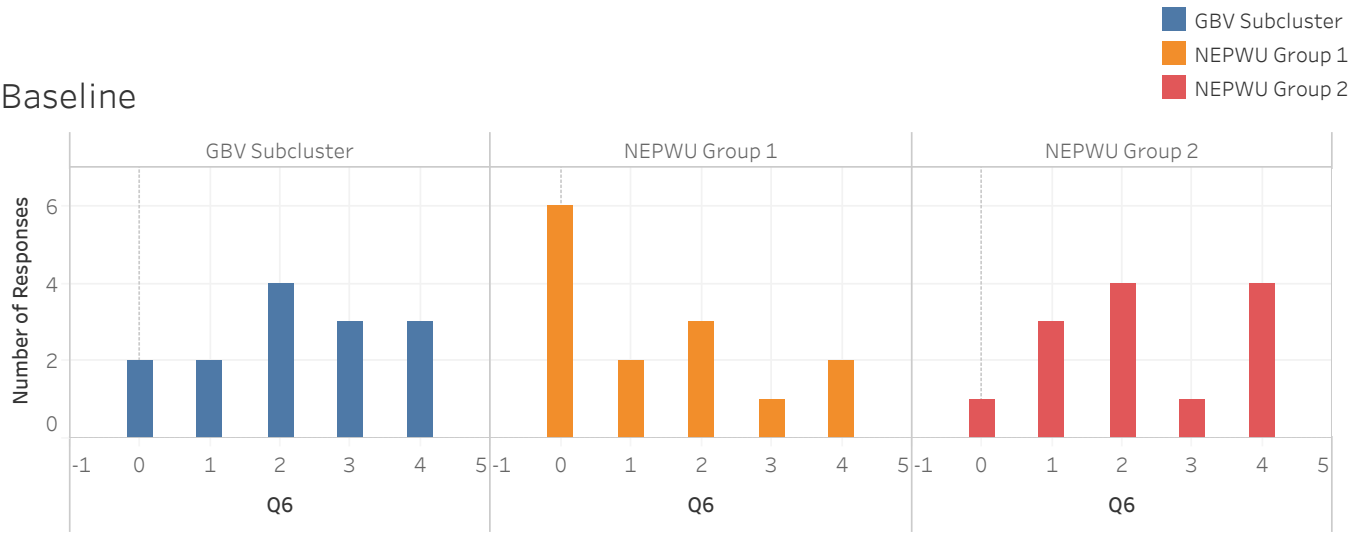
Quest io..	Question 6 Summary	Question 6 Gender	Question 6 Group	Question 7 Summary	Question 7 Gender	Question 7 Group

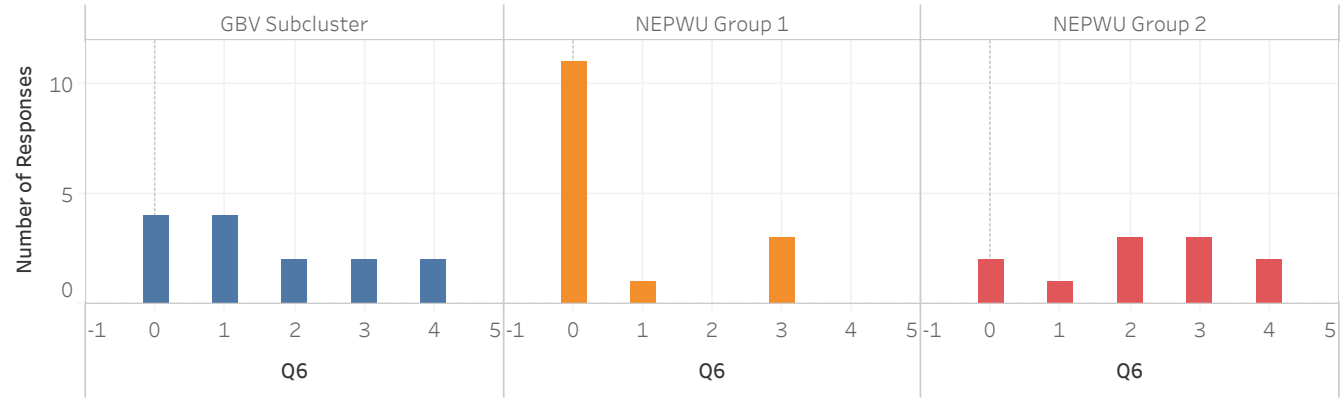
6. In the last month, how often have your found that you could not cope with all the things you had to do? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)



Mean Change: GBV Subcluster
Baseline 2.21
Endline 1.57
Change -0.64

Mean Change: NEPWU Group 1
Baseline 1.36
Endline 0.67
Change -0.69

Mean Change: NEPWU Group 2
Baseline 2.31
Endline 2.18
Change -0.13



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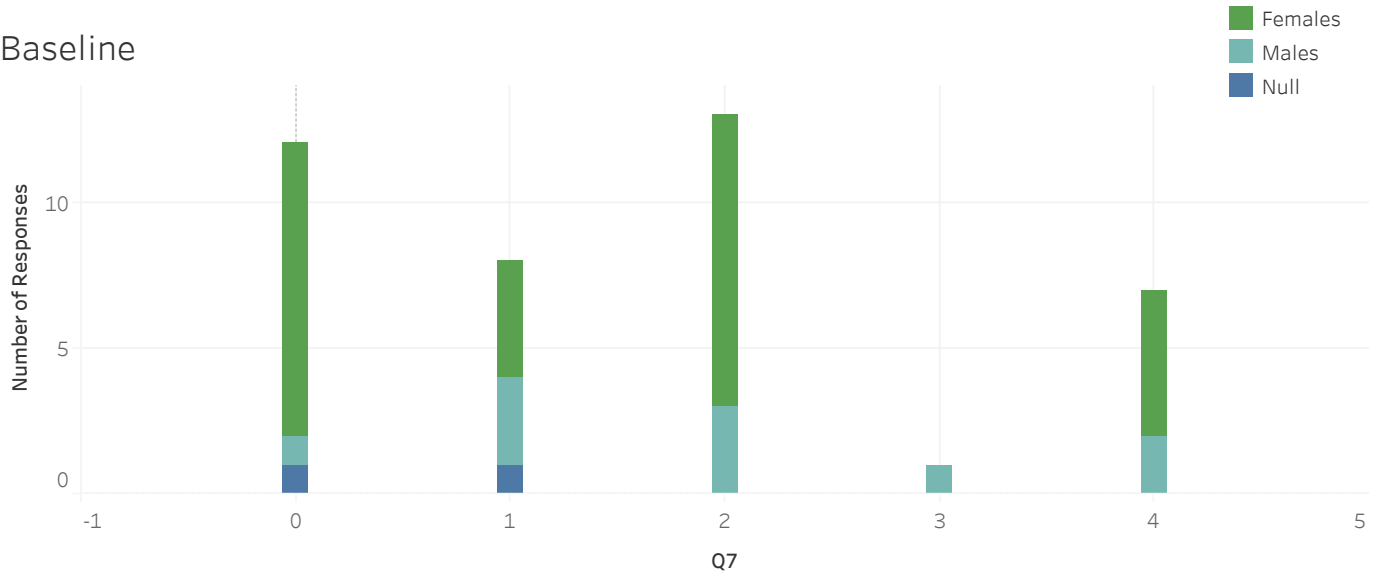
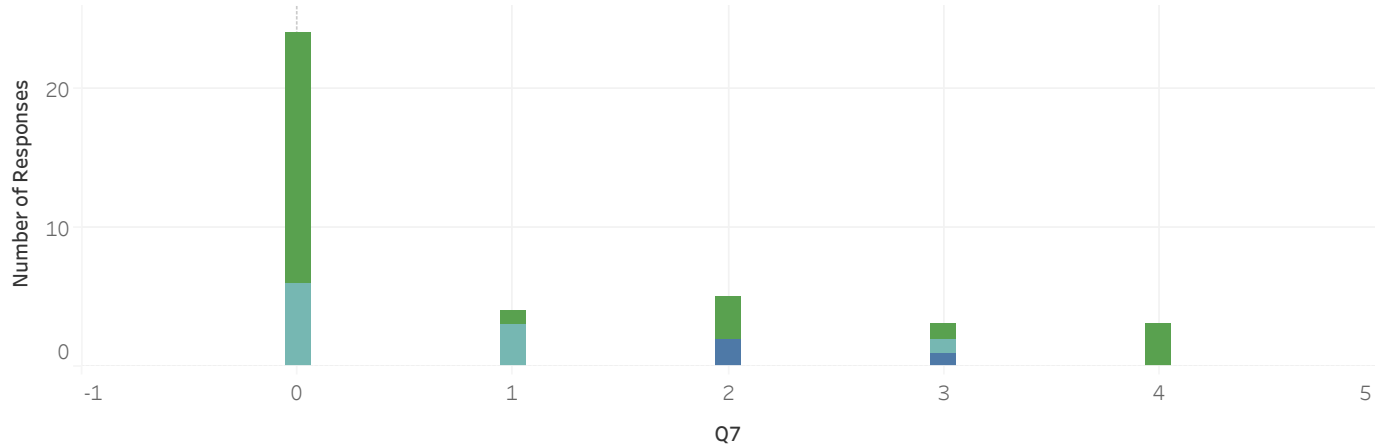
Qu est io..	Question 6 Gender	Question 6 Group	Question 7 Summary	Question 7 Gender	Question 7 Group	Quest ion 8 Sum..

7. In the last month, how often have you been able to control irritations in your life? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)

Baseline



Endline



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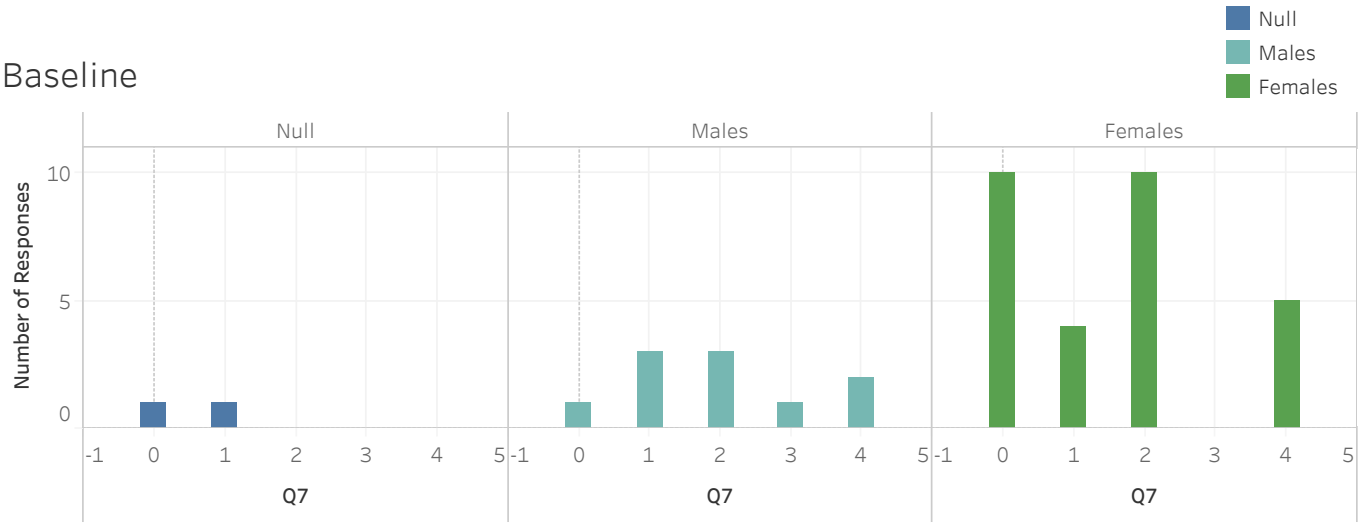
Quest io..	Question 6 Group	Question 7 Summary	Question 7 Gender	Question 7 Group	Question 8 Summary	Question 8 Gen..

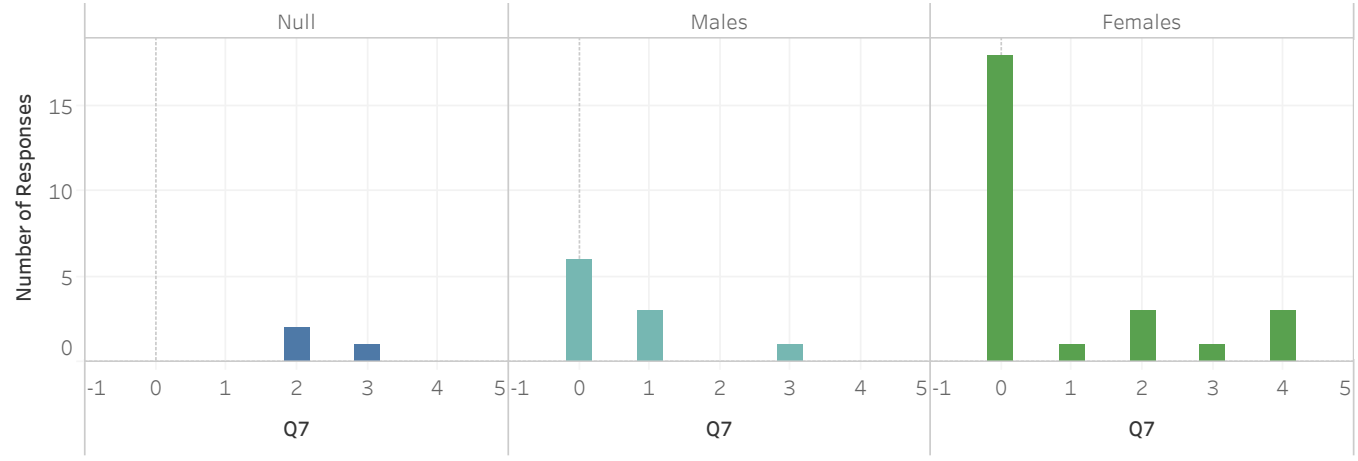
7. In the last month, how often have you been able to control irritations in your life? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)



Mean Change: Null
Baseline 1.5
Endline 2.67
Change 1.17

Mean Change: Males
Baseline 2
Endline 0.6
Change -1.4

Mean Change: Females
Baseline 1.83
Endline 0.5
Change -1.33



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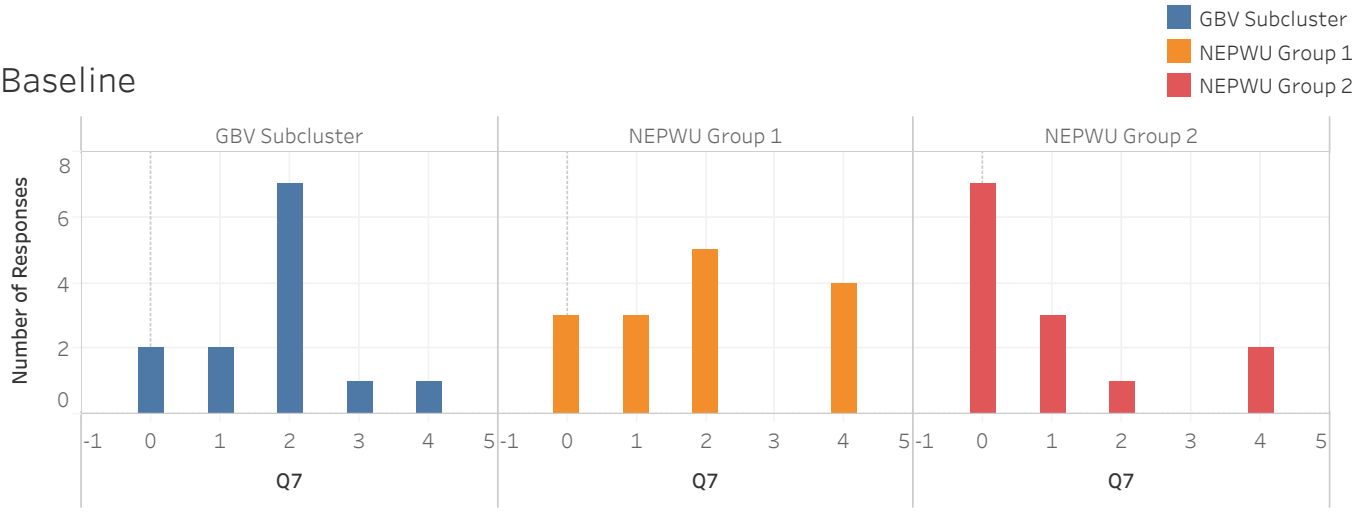
Qu est io..	Question 7 Summary	Question 7 Gender	Question 7 Group	Question 8 Summary	Question 8 Gender	Quest ion 8 Group

7. In the last month, how often have you been able to control irritations in your life? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)

Baseline

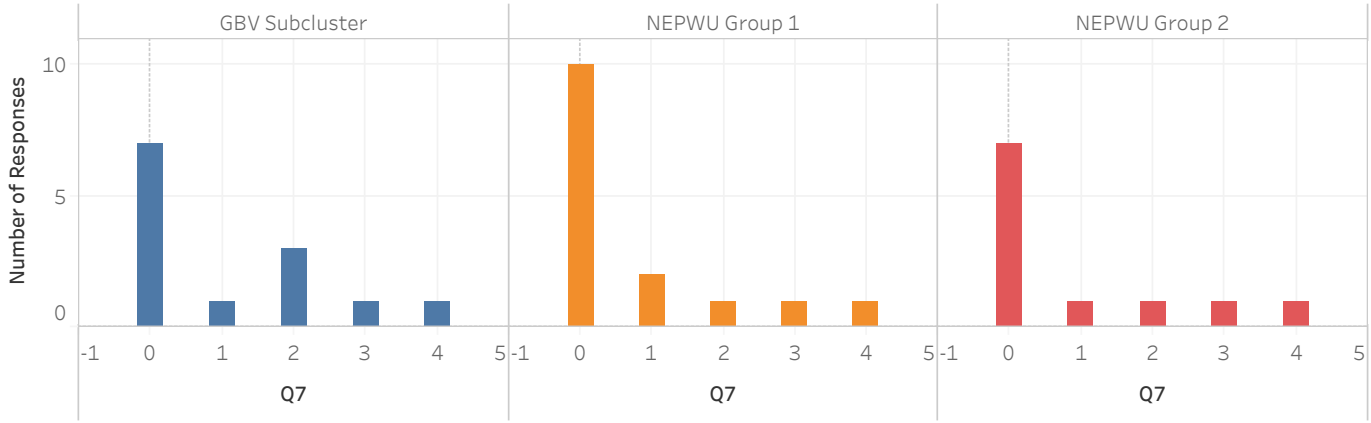


Mean Change: GBV Subcluster
Baseline 1.93
Endline 0.83
Change -1.1

Mean Change: NEPWU Group 1
Baseline 2
Endline 0.67
Change -1.33

Mean Change: NEPWU Group 2
Baseline 1.58
Endline 0.33
Change -1.25

Endline



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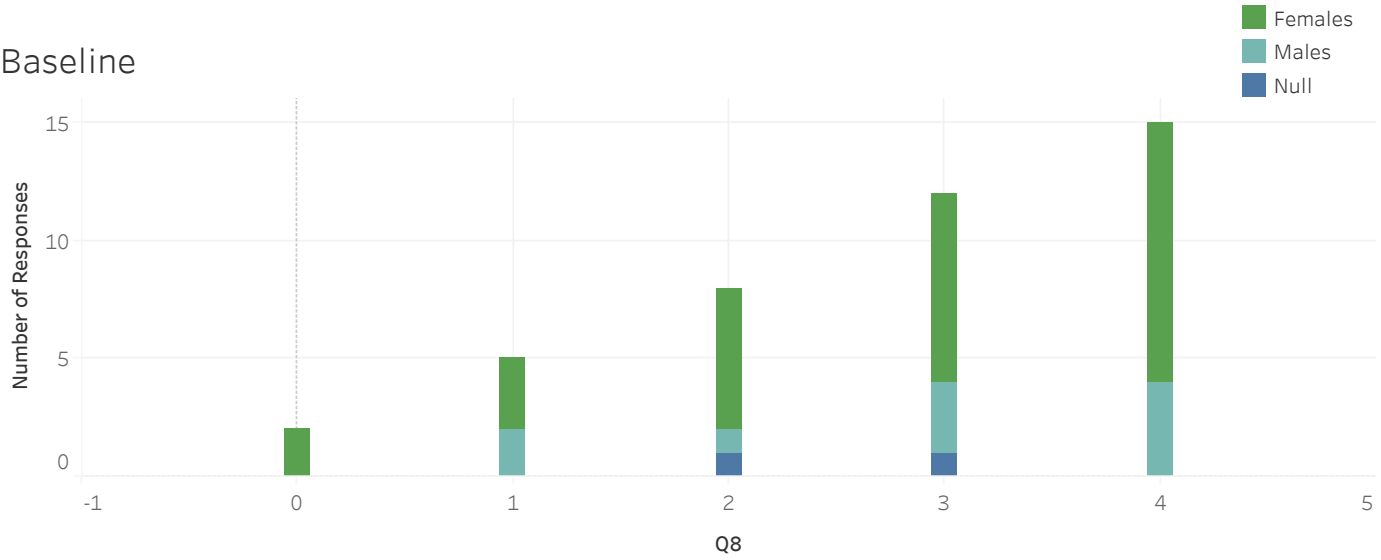
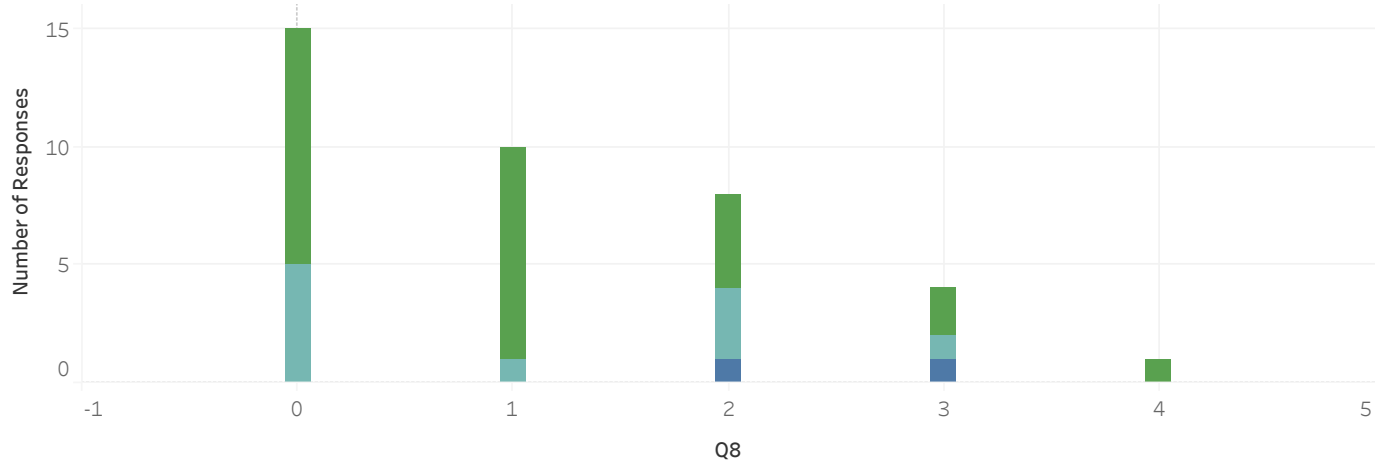
Qu est io..	Question 7 Gender	Question 7 Group	Question 8 Summary	Question 8 Gender	Question 8 Group	Quest ion 9 Sum..

8. In the last month, how often have you felt that you were on top of things? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)

Baseline



Endline



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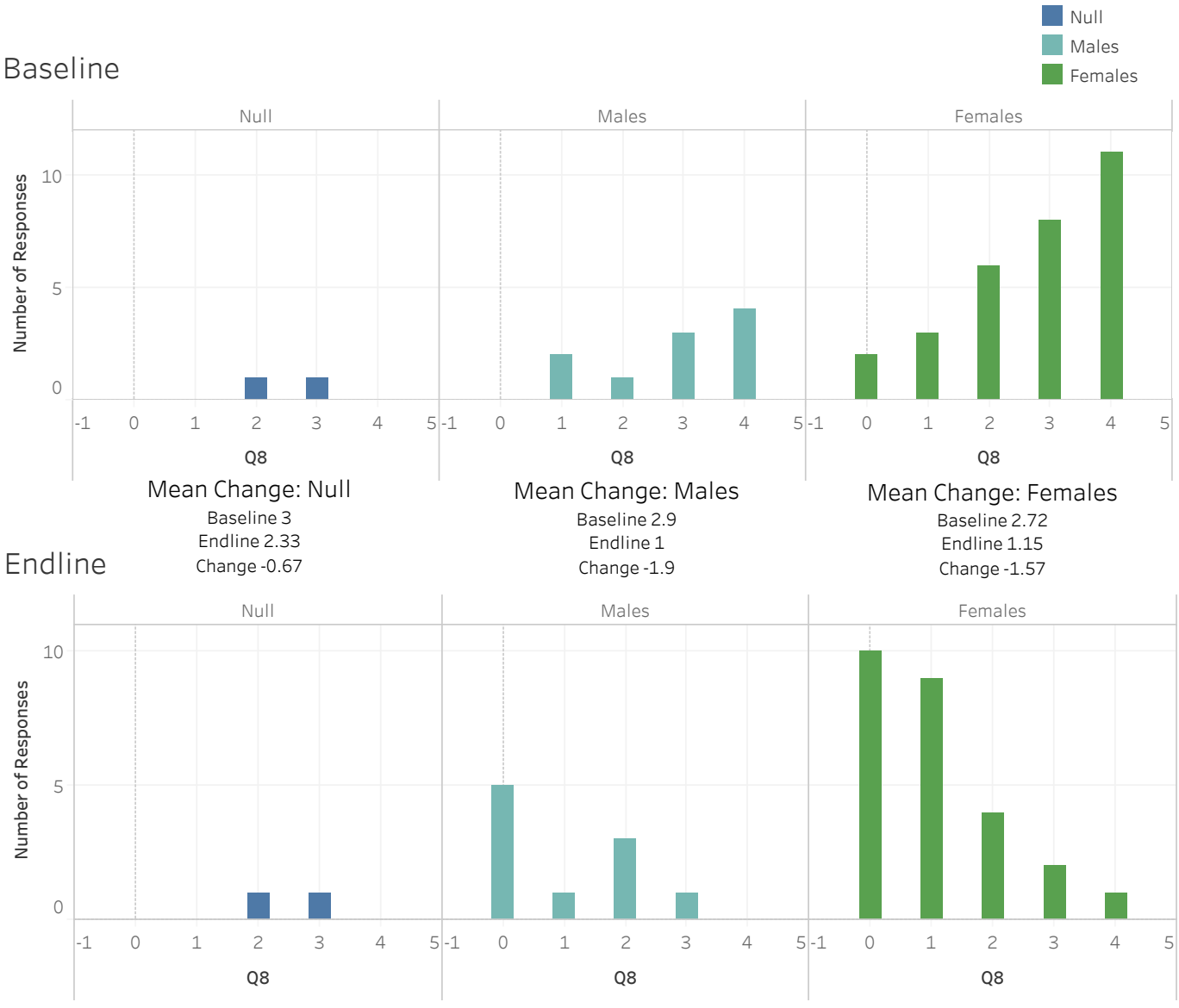
Qu est io..	Question 7 Group	Question 8 Summary	Question 8 Gender	Question 8 Group	Question 9 Summary	Quest ion 9 Gen..

8. In the last month, how often have you felt that you were on top of things? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)



JFraser 11/1/2019

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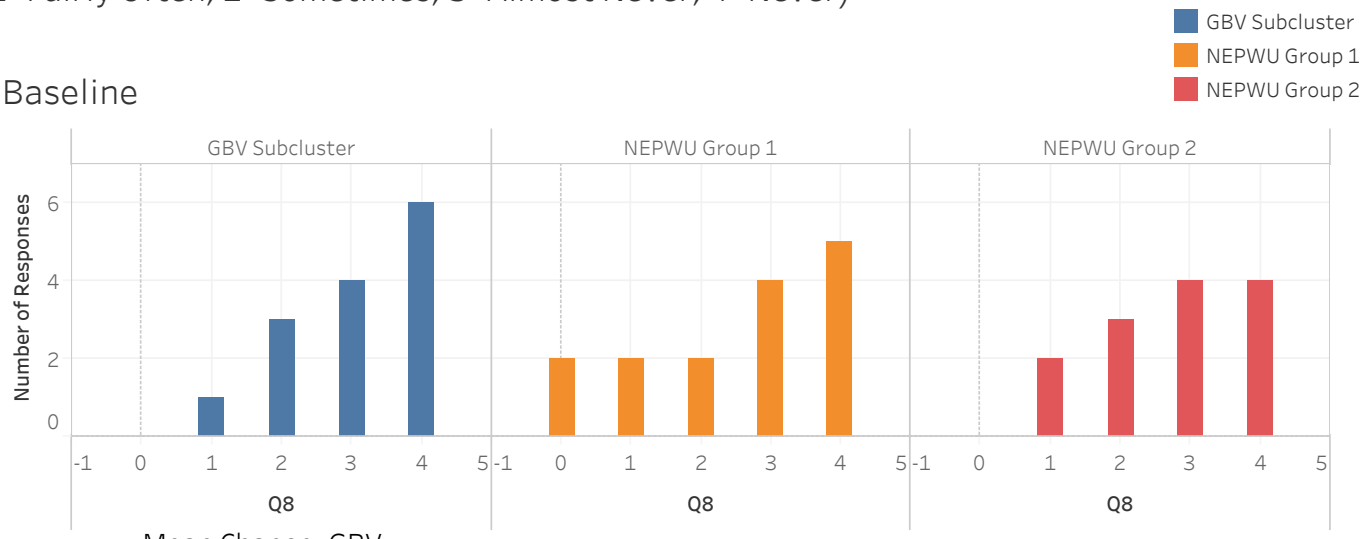
Quest io..	Question 8 Summary	Question 8 Gender	Question 8 Group	Question 9 Summary	Question 9 Gender	Question 9 Group

8. In the last month, how often have you felt that you were on top of things? (0=Very Often, 1=Fairly Often, 2=Sometimes, 3=Almost Never, 4=Never)

Baseline

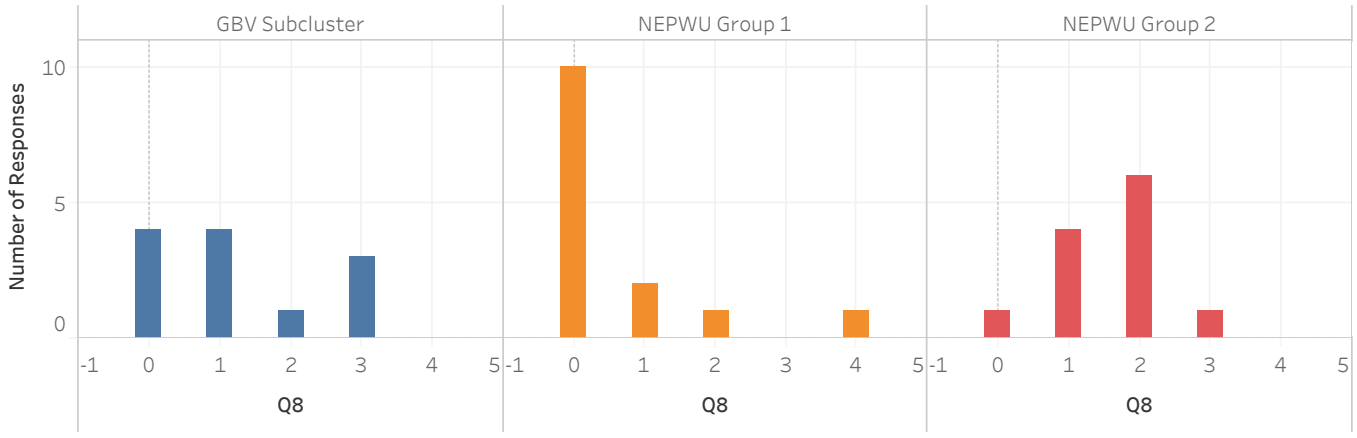


Mean Change: GBV Subcluster
Baseline 3.08
Endline 1.38
Change -1.7

Mean Change: NEPWU Group 1
Baseline 2.71
Endline 0.53
Change -2.18

Mean Change: NEPWU Group 2
Baseline 2.54
Endline 1.83
Change -0.71

Endline



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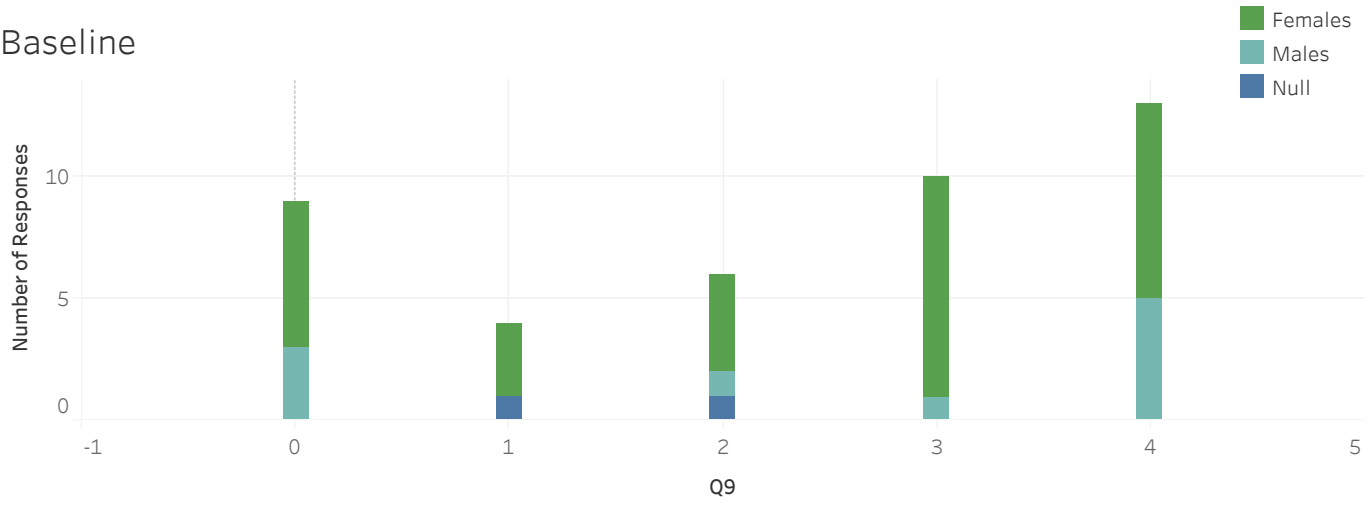
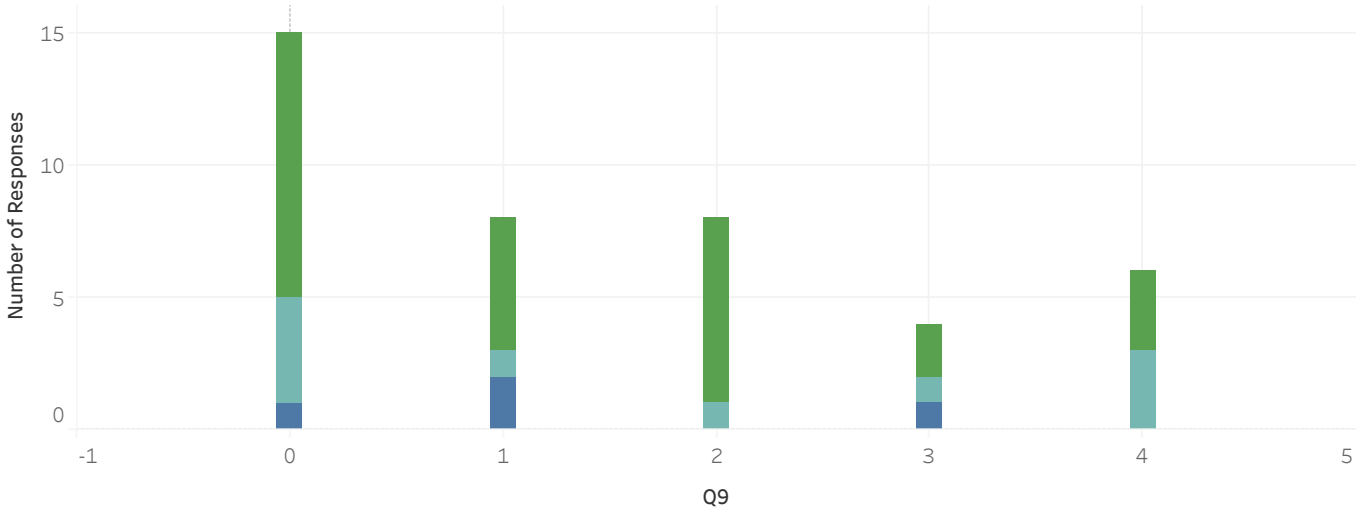
Qu est io..	Question 8 Gender	Question 8 Group	Question 9 Summary	Question 9 Gender	Question 9 Group	Quest ion 10 Sum..

9. In the last month, how often have you been angered because of things that were outside of your control? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline



Endline



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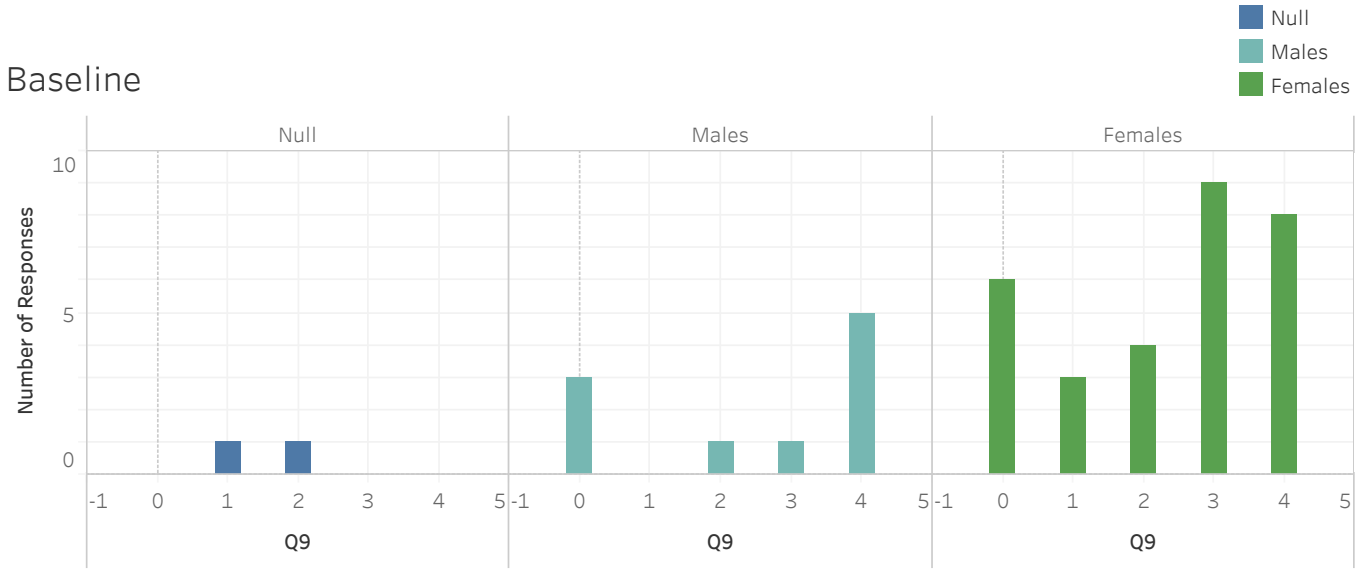
Qu est io..	Question 8 Group	Question 9 Summary	Question 9 Gender	Question 9 Group	Question 10 Summary	Quest ion 10 Gen..

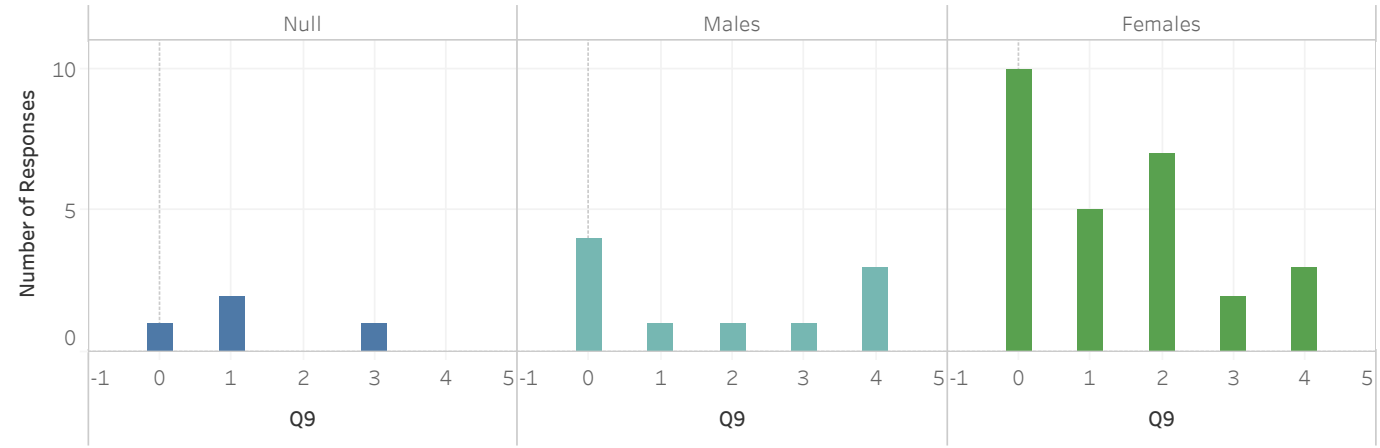
9. In the last month, how often have you been angered because of things that were outside of your control? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)



Mean Change: Null
Baseline 1.5
Endline 1.25
Change -0.25

Mean Change: Males
Baseline 2.5
Endline 1.8
Change -0.7

Mean Change: Females
Baseline 2.33
Endline 1.37
Change -0.96



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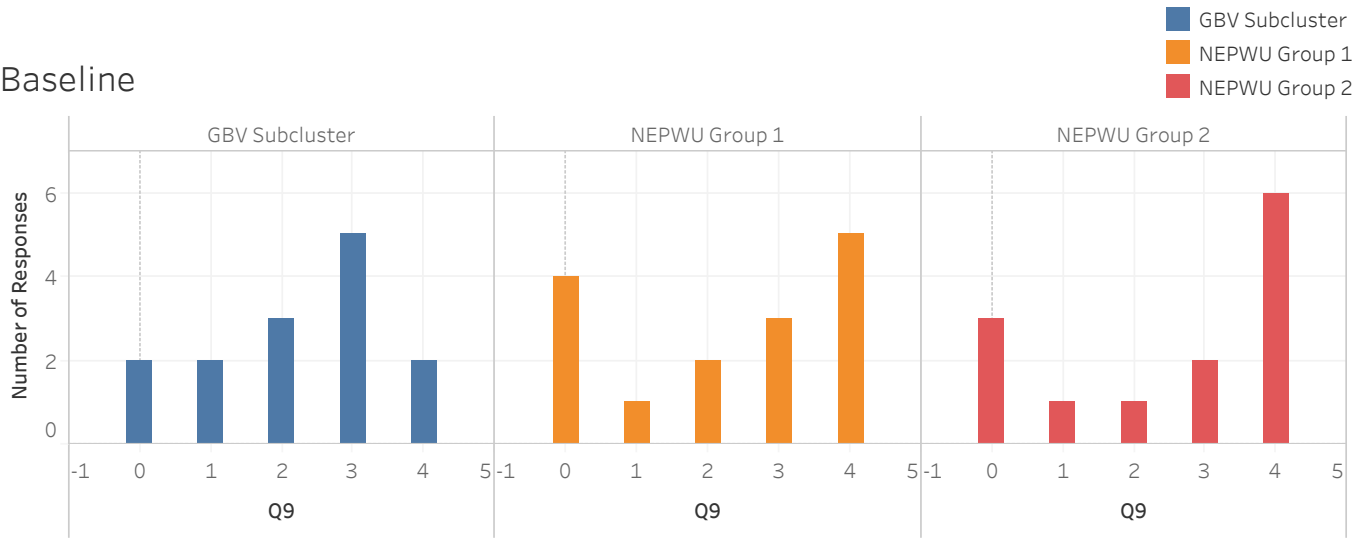
Qu est io..	Question 9 Summary	Question 9 Gender	Question 9 Group	Question 10 Summary	Question 10 Gender	Quest ion 10 Group

9. In the last month, how often have you been angered because of things that were outside of your control? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline

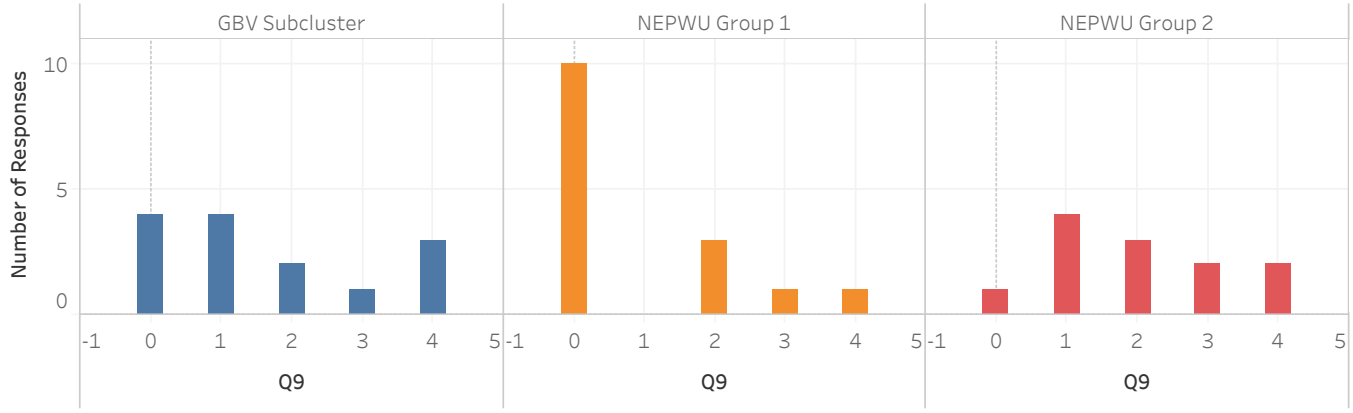


Mean Change: GBV Subcluster
Baseline 2.21
Endline 1.64
Change -0.57

Mean Change: NEPWU Group 1
Baseline 2.27
Endline 0.87
Change -1.4

Mean Change: NEPWU Group 2
Baseline 2.54
Endline 2
Change -0.54

Endline



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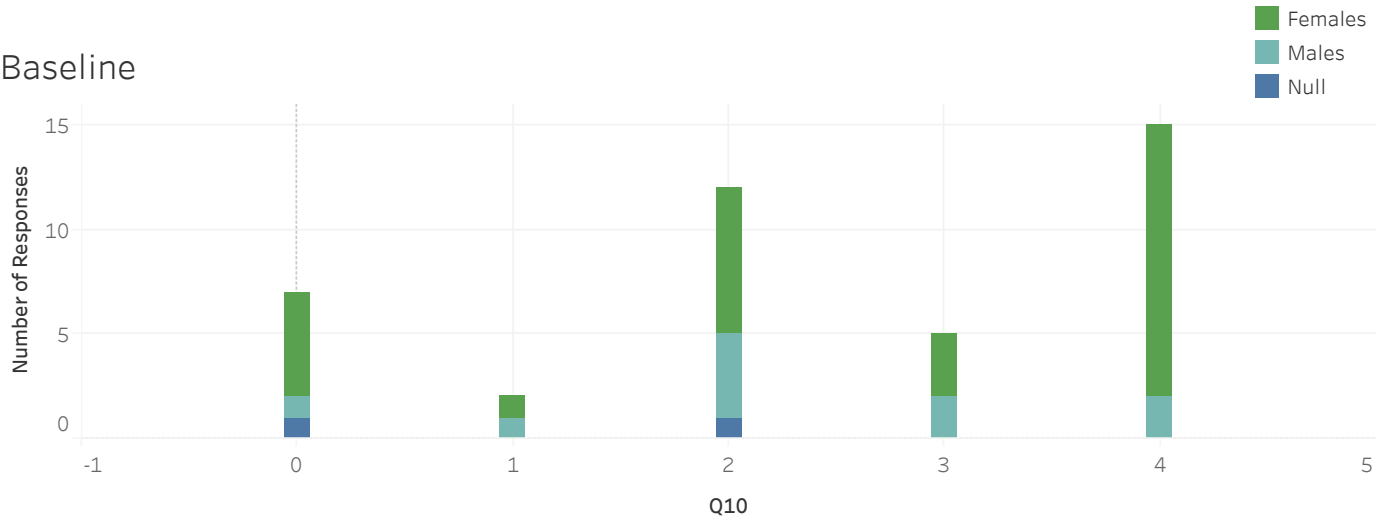
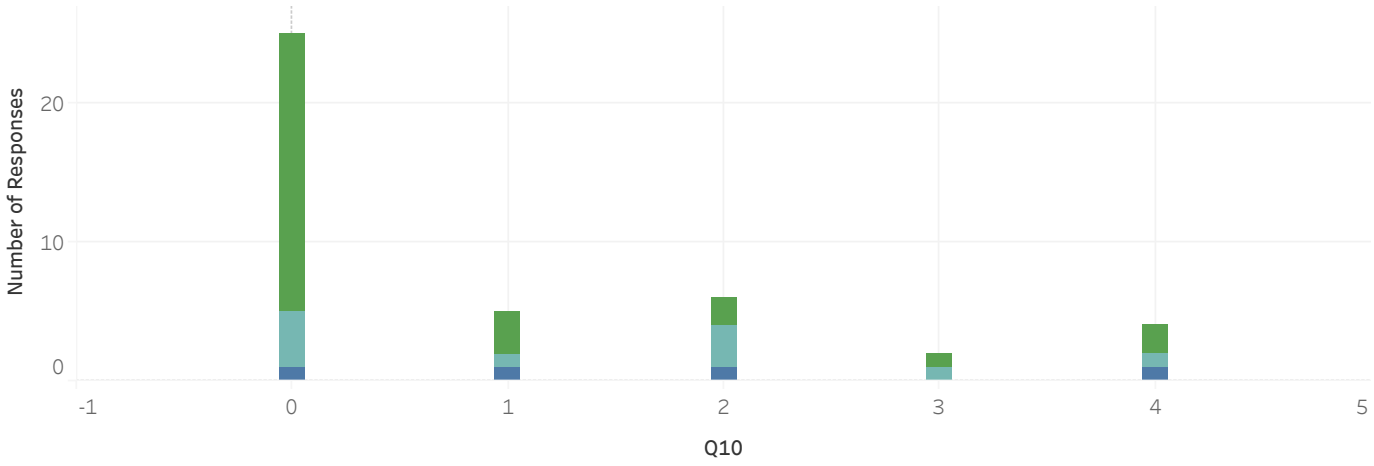
Question 9 Summary	Question 9 Gender	Question 9 Group	Question 10 Summary	Question 10 Gender	Question 10 Group

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline



Endline

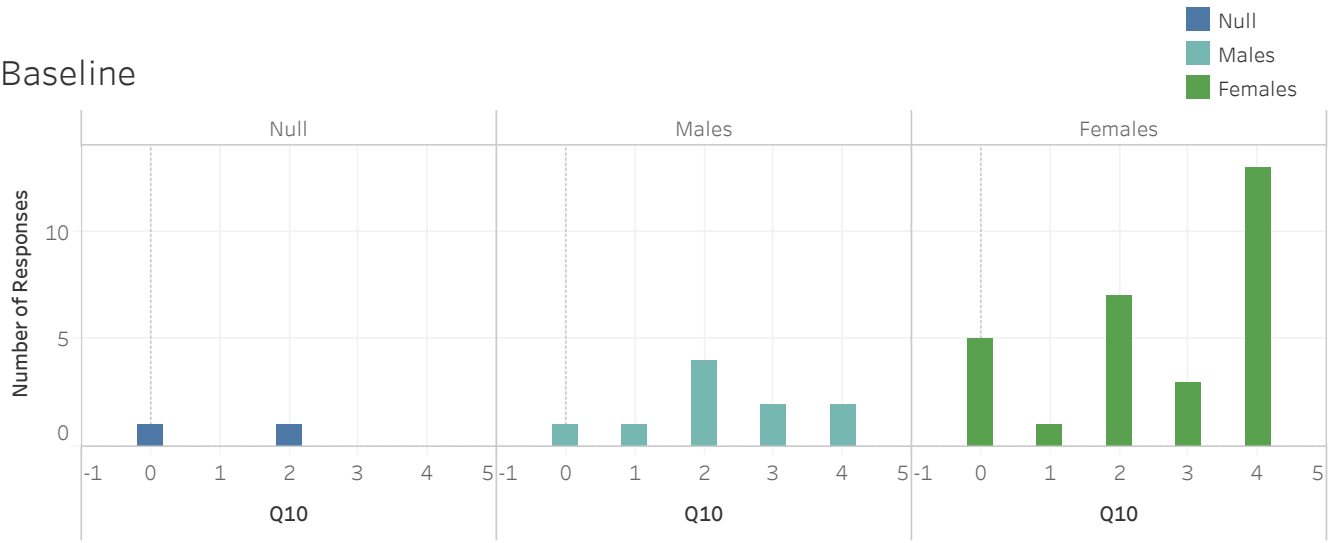


JFraser 11/1/2019

MBSR

Question 9 Summary	Question 9 Gender	Question 9 Group	Question 10 Summary	Question 10 Gender	Question 10 Group

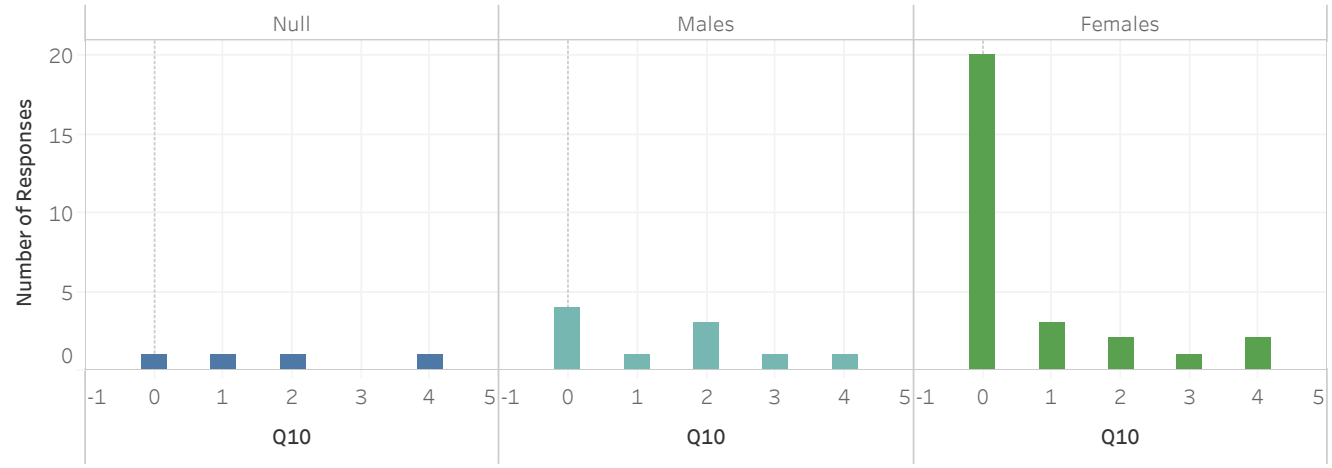
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)



Mean Change: Null
Baseline 1
Endline 1.75
Change 0.75

Mean Change: Males
Baseline 2.3
Endline 1.4
Change -0.9

Mean Change: Females
Baseline 2.62
Endline 0.64
Change -1.98



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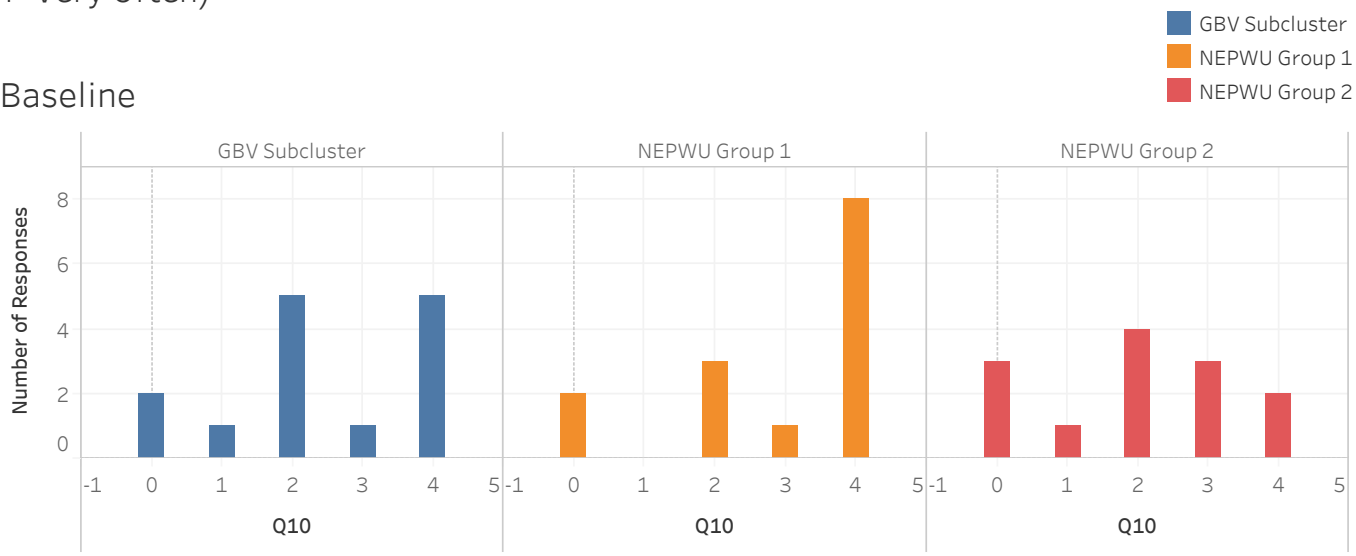
Question 9 Summary	Question 9 Gender	Question 9 Group	Question 10 Summary	Question 10 Gender	Question 10 Group

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? (0=Never, 1=Almost never, 2=Sometimes, 3=Fairly Often, 4=Very Often)

Baseline

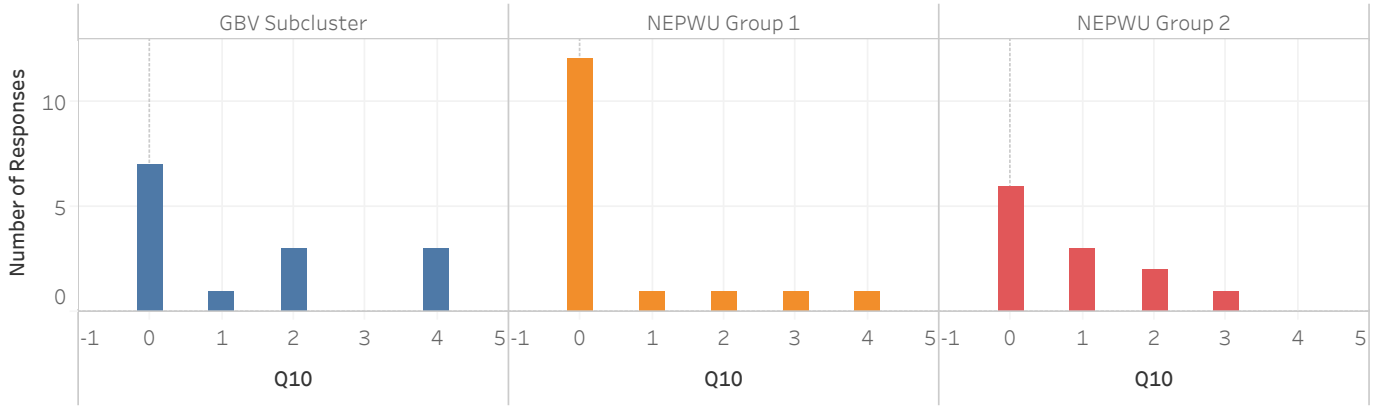


Mean Change: GBV Subcluster
Baseline 2.43
Endline 1.36
Change -1.07

Mean Change: NEPWU Group 1
Baseline 2.93
Endline 0.63
Change -2.3

Mean Change: NEPWU Group 2
Baseline 2
Endline 0.83
Change -1.17

Endline



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