SUPPLEMENTAL MATERIAL

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Supplemental material

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1. Summary of study characteristics (n=20).

Author (Year)	Conflict-related Setting *Country* *Type of conflict* *Year(s) of occurrence*	Program Timing & Setting	Study Population	Program Description	Study Objective & Program Goal	Methodology, analysis, and evaluation methods	Main themes and overall findings
Zraly, Rubin-Smith, & Betancourt (2011)[21]	Rwanda Genocide 1994 - 1995	*Timing:* Post-conflict *Setting(s):* Butare, Rwanda	n = 44 *Participants:* Genocide-rape survivors *Gender:* 44 female, 0 male *Age range (years):* Not specified.	*Abasa or AVEGA-Agahozo*[1] *(Women's genocide survivor associations):* Provided informal community mental health services for genocide-rape survivors.	*Study objective:* Explores how genocide-rape survivors overcome adversity and access mental health care through the use of informal community mental health services. *Program goal:* Provide resilience resources to genocide-rape survivors.	*Study design & analysis:* Ethnography *Data collection:* Semi-structured interviews, field notes	A high quality, holistic health and mental health care is needed to address the health and mental health needs of genocide-rape survivors. (Themes) (1) Access to mental health care. (2) Quality of health and mental health care. (3) Use of informal mental health services. (Disconnect between need and availability of MH services)
Richters, Rutayisire, & Slegh (2013)[22]	Rwanda Genocide 1994 - 1995	*Timing:* Post-conflict *Setting:* Byumba & Nyamata, Rwanda	n = 12 *Participants:* Various war experiences *Gender:* 12 female, 0 male *Age range (years):* Not specified.	*Community-based sociotherapy program:* Peer group counseling for adults.	*Study objective:* Explores how sociotherapy facilitates healing of suffering related to sexuality, violence within family, and broken social connections at the community-level. *Program goal:* Help participants regain feelings of dignity, safety, and to reduce distress.	*Study design & analysis:* Not specified. *Data collection:* Participant observation, group sessions documentation, interviews, focus group discussions, home visits	(1) Betrayed sexual and social intimacy. (2) Speaking and silence of private issues.
King (2014)[23]	Rwanda Genocide 1994 - 1995	*Timing:* Post-conflict *Setting:* A district of the southern province of Rwanda	n = 23 *Participants:* Local community members *Gender:* 19 female, 4 males *Age range (years):* 26 - 80	*Healing of Life Wounds*: Community-based, group-based mental health program for adults.	*Study objective:* Explores the factors that facilitated intergroup dialogue and mutual healing between Hutus and Tutsis. *Program goal:* 1. Dealing with bereavement and living together 2. Managing emotions 3. Forgiveness and reconciliation	*Study design & analysis:* Critical ethnography, dialogic performance narrative method *Data collection:* In-depth interviews, participant observation	(1) Recognition of the individual and communal suffering and openness to change. (2) A space for sharing. (3) The quality and approach of the facilitator. (4) Supportive resources.
King & Sakamoto (2015)[24]	Rwanda Genocide 1994 - 1995	*Timing:* Post-conflict *Setting:* A district of the southern province of Rwanda	n = 23 *Participants:* Local community members *Gender:* 19 female, 4 males *Age range (years):* 26 - 80	*Healing of Life Wounds*: Community-based, group-based mental health program for adults.	*Study objective:* Explores the role of sharing personal stories among "survivors" and "non survivors" for mutual healing. *Program goal:* 1. Dealing with bereavement and living together 2. Managing emotions 3. Forgiveness and reconciliation	*Study design & analysis:* Critical ethnography, dialogic performance narrative method *Data collection:* In-depth interviews, participant observation	(1) Suffering through and by nyamwigendaho--"minding one's own business." (2) Why cannot those who were not hiding tell us what they know? (3) Shared suffering. (4) Coming together and mending together. (5) Coming together and attending to the other.

Mahr & Campbell (2016)[25]	Rwanda Genocide 1994 - 1995	*Timing:* Post-conflict *Setting:* Mageragere, Rwanda	n = 15 *Participants:* Orphans, widows, & couples *Gender:* Not specified. *Age range (years):* 26 - 70	*Life Wounds Healing*[2]*:* Community-based, group-based mental health program for adults.	*Study objective:* Explores the Life Wounds Healing program through Campbell's and Burgess's (2012) framing and conceptualization of 'mental health competence.' *Program goal:* 1. Dealing with bereavement and living together. 2. Managing emotions. 3. Forgiveness and reconciliation. 4. 'Raising critical consciousness on domestic violence.' 5. 'Community healing of couples.' 6. Entrepreneurship & micro-business. 7. Law (aid participants in understanding own and others' rights).	*Study design & analysis:* Thematic analysis *Data collection:* Semi-structured interviews, field notes	(1) Establishing a safe social space. (2) Increase in participants' critical understandings of pain and healing processes, which informs behavior change. (3) Creating social capital bonds. (4) Availability of economic opportunities and skills to participants.
Ingabire et al. (2017)[26]	Rwanda Genocide 1994 - 1995	*Timing:* Post-conflict; post-Gacaca courts[3] *Setting(s):* Rwanda	n = 194[4] *Participants:* Sociotherapy participants (i.e., genocide survivors, genocide perpetrators, former Gacaca judges) *Gender:* Not specified. *Age range (years):* Not specified.	*Community-based sociotherapy program:* Peer group counseling for adults.	*Study objective:* Explores what community-based sociotherapy has achieved as a form of restorative justice (peacebuilding). *Program goal:* Contribute to psychosocial recovery from a history of political violence. Address individual psychosocial needs following the end of the Gacaca courts (2005 - 2012).	*Study design & analysis:* Not specified. *Data collection:* Interviews, focus group discussions	Sociotherapy facilitates healing and reconciliation. Contributes to a wider social change at the family and community level. *Themes:* (1) Community perceptions of Gacaca courts. (2) The leftovers of Gacaca (e.g., trauma-related feelings, disrupted social relationships, lack of inner or true reconciliation and the absence of reparation). (3) The contribution of sociotherapy in resolving the leftovers.
Otake (2018)[11]	Rwanda Genocide 1994 - 1995	*Timing:* Post-conflict *Setting:* Musanze, Rwanda	n = 40 *Participant:* Tutsi genocide survivor *Gender:* 1 female, 0 male *Age range (years):* late 20s	*AERG-offered MHPSS program*[5]*:* Group-based psychological counseling.	*Study objective:* Explores the gaps between MHPSS and local communities, in relation to mental health problems and healing processes. *Program goal:* Emphasis placed on talking about traumatic experiences.	*Study design & analysis:* Ethnography, grounded theory *Data collection:* In-depth interviews, focus-group discussions, participant observation, fieldnotes	(1) Community conceptualizes post-genocide mental health through emphasis of social aspects of suffering. (2) 'Practicing' mutual support is vital to community healing processes. (3) Healing happens in everyday life with different people.

Ingabire & Richters (2020)[27]	Democratic Republic of Congo (DRC) Political conflict/war 1998 - 2003	*Timing:* Post-conflict *Setting(s):* Nyarugenge & Mukarange[6] refugee camps, Rwanda	n = 21 *Participants:* Congolese refugees *Gender:* 14 female, 7 males *Age range (years):* Not specified.	*Community-based sociotherapy program:* Peer group counseling for adults.	*Study objective:* Explores factors contributing to suicidal ideation, attempts, and death; existing support/referral mechanisms; prevention and care strategies. *Program goal:* Help participants regain feelings of dignity, safety, and to reduce distress. Contribute to psychosocial well-being, reconciliation, and social cohesion after conflict.	*Study design & analysis:* Thematic analysis *Data collection:* In-depth interviews, focus group discussions	(1) Pathways to suicidal ideation often triggered by current situation circumstances. (2) Respondents reported poor mental health, low sense of belonging and high perceived burden. (3) Family conflicts were important factor leading to suicidal ideation.
Kohli et al. (2015)[28]	Democratic Republic of Congo (DRC) Political conflict/war 1998 - 2003	*Timing:* Post-conflict *Setting(s):* South Kivu Province, DRC	n = 18 *Participants:* Female survivors and male perpetrators of intimate partner violence (IPV) *Gender:* 13 female, 5 males *Age range (years):* Not specified.	*Family and community based social support systems:* Provision of advice or counseling from family or community members (e.g., religious leaders, traditional chief, respected members of community).	*Study objective:* Explores risk factors, individual, and family consequences and community-driven responses to intimate partner violence (IPV). *Program goal:* (1) Rediscover love and commitment. (2) Respectful couple communication. (3) Well-being and needs of the children and the entire family.	*Study design & analysis:* Grounded theory *Data collection:* Interviews	(1) Social and behavioral circumstances that increase risk of IPV. (2) Social, health and economic consequences of IPV on women and their families. (3) Family and community driven response to IPV.
Koegler et al. (2019)[29]	Democratic Republic of Congo (DRC) Political conflict/war 1998 - 2003	*Timing:* Post-conflict *Setting:* The eastern province of South Kivu, DRC	n = 12 *Participants:* Survivors of conflict-related sexual violence *Gender:* 12 females, 0 males *Age range (years):* 18 - 60	*Solidarity groups:* Community-based, economic and psychosocial support program for female survivors of conflict-related sexual violence.	*Study objective:* Explores factors contributing to improvement in mental health for survivors of conflict-related sexual violence who participated in solidarity groups. *Program goal:* 1. Establish networks of community support. 2. Generate income. 3. Cope with multiple traumatic events women experienced.	*Study design & analysis:* Thematic analysis *Data collection:* Interviews	(1) All participants identified some physiological, psychological, economic, or social improvements. Identified skills and economic benefits gained. (2) None of the participants were free from ailments.

Morgan, Wieling, Hubbard, & Dwanyen (2019)[30]	Democratic Republic of Congo (DRC) Political conflict/war 1998 - 2003	*Timing:* Post-conflict *Setting:* The northern region of Katanga, a southeastern province of DRC.	n = 20 individuals (13 couples) *Participants:* Heterosexual Congolese couples *Gender:* 11 female, 9 males *Age range (years):* 33 - 73	*Torture-Surviving Couple Group:* A relational multicouple group therapy (MCT) program for torture-surviving couples.	*Study objective:* Explores couples' perceptions of relationships before, during, after war, during and after group. Examine effects of trauma and torture in relationships. *Program goal:* 1. Understand how torture and dislocation commonly affect couple relationships and normalize issues related to trust and reconnecting. 2. Talk to one another, as well as other couples about their experiences during war, including its effects on their relationship. 3. Strengthen trust, communication, and deep connections. 4. Cocreate a narrative about their past, present, and future lives together. 5. Leverage hope about the future of their relationship, family, and work lives.	*Study design & analysis:* Critical ethnography *Data collection:* Interviews	1) Participants identified negative effects of war on relationships. (2) Identified positive experiences during group (e.g., marital and peer connection, relationship growth). (3) Identified improvements in relationships after group.
Boothby, Crawford, & Halperin (2006)[31]	Mozambique Political violence/civil war 1977 - 1992	*Timing:* Post-conflict *Setting(s):* Maputo, Mozambique	n = 39 *Participants:* Former child soldiers *Gender:* 0 female, 39 males *Age range (years):* 6 - 16	*Lhanguene Rehabilitation Center's psychological and social services:* Facilitate reintegration into rural Mozambican life (e.g., family tracing and reunification programme, community sensitization campaigns, traditional ceremonies* and apprenticeships). *This review will focus on the traditional ceremonies conducted.	*Study objective:* Explores the psychological, social, and economic functioning of former child soldiers, who participate in rehabilitative services. *Program goal:* (1) Establish safety and appropriate codes of conduct. (2) Re-establish self-regulatory processes. (3) Promote security versus survival-seeking appraisal and behavior. (4) Support meaning-making.	*Study design & analysis:* Not specified. *Data collection:* Interviews, focus group discussions, measures	Former child soldiers who participated in rehabilitative services become productive adults.
Deacon & Sullivan (2009)[32]	Mozambique Political violence/civil war 1977 - 1992	*Timing:* Post-conflict *Setting(s):* Meconta District, Nampula Province, Mozambique	n = 47 *Participants:* Women affected by war *Gender:* 47 female, 0 male *Age range (years):* 25 - 61	*Traditional healer (curandeiros) cleansing rituals:* Traditional healer-led rituals to aid the process of reintegration and healing for women affected by war.	*Study objective:* Identify factors of the socioecological system that have facilitated attainment of postwar well-being. *Program goal:* Aid the process of healing and reintegration.	*Study design & analysis:* Thematic content analysis (inductive) *Data collection:* Semi-structured interviews, participant observation	Socioecological system levels were important in supporting Mozambican women's attainment of postwar well-being.

Efraime & Errante (2012)[33]	Mozambique Political violence/civil war 1977 - 1992	*Timing:* Post-conflict *Setting(s):* Josina Machel Island, Mozambique[7]	n = 1 *Participant(s):* Former child soldier *Gender:* 0 female, 1 male *Age range (years):* Not specified.	*Traditional therapy ('ku phemba'): Curandeiro* (traditional healer) -led ritual to help "individual move beyond the traumatic experience" (p. 198) and promote social reintegration. *Rebuilding Hope's secondary preventative program*[8]: NGO-led program to "psychically rebuild children and adolescent victims of military violence" (p. 200).	*Study objective:* Explore cultural dimensions of trauma and treatment process. *Program goal:* *(Both programs)* Facilitate the integration of former child soldiers back to family and community. (Rebuilding Hope's program) (1) Re-establish feeling of trust, especially for adults. (2) Re-establish capacity to give meaning to trauma events. (3) Re-establish self-esteem. (4) Re-establish control of aggression. (5) Re-establish identity. (5) Re-establish self-initiative.	*Study design & analysis:* Case study *Data collection:* Interview, participant observation	Treatment methods are detailed in the case example. Cultural dimensions are explored.
Stark (2006)[34]	Sierra Leone Political conflict/civil war 1991 - 2002	*Timing:* Post-conflict *Setting(s):* Port Loko, Tonkalili, Bombali, and Koinadugu districts of Sierra Leone	n = 25 *Participants:* Former child soldiers who are survivors of rape *Gender:* 25 female, 0 male *Age range (years):* 8 - 30	*Traditional cleansing ceremonies (purification rituals):* Traditional healer-led ceremony to aid the process of healing and reintegration of girls (associated with armed conflict and survivors of rape) back into the community.	*Study objective:* How purification rituals contribute to psychosocial healing and reintegration. *Program goal:* Aid the process of healing and reintegration.	*Study design & analysis:* Open coding & formal analysis *Data collection:* Semi-structured interviews, participant observation, field notes	(1) Cleansing ceremonies represented a symbolic gesture of community reconciliation. (2) Cleansing ceremonies allowed for spiritual transformation.
Hardgrove (2009)[35]	Liberia Political conflict/civil war 1989 - 2003	*Timing:* Post-conflict *Setting(s):* Buduburam Refugee Camp, Ghana	n = Not specified. *Participants:* Liberian refugee women *Gender:* (*N* not specified.) female, 0 male *Age range (years):* Not specified.	*Psychosocial support of Christian church:* Gathering place for psychosocial, spiritual, and emotional support for Liberian refugees. Church involvement activities included leadership positions, participation in services, prayer, and praising God.	*Study objective:* Explore the perceived needs and resources of parents/caregivers of refugee children. Perceptions of return to Liberia. *Program goal:* Psychosocial, spiritual, and emotional support.	*Study design & analysis:* Grounded theory (adaptive approach) *Data collection:* Semi-structured interviews, focus group discussions	(1) Demands of living in refugee camp: Loss of spousal support, loss of autonomy, expense of basic needs, concerns of safety, presence of stress and anxiety. (2) Women interviewed met the demands by utilizing adapted livelihood strategies, psychosocial support of Christian church, placing hope for better future in children's education. (3) Perceptions of return to Liberia: Return was economically unfeasible and insecure.
Wieling et al. (2015)[36]	Uganda (northern) Guerrilla warfare 1987 - present	*Timing:* Post-conflict *Setting(s):* Gulu, Uganda	n = 14 *Participants:* Mothers with relational problems with child *Gender:* 14 female, 0 male *Age range (years):* 25 - 48	*Enhancing Family Connection (EFC) program:* A group-based, parenting program for mothers who reported having relational problems with child.	*Study objective:* Explores the acceptability, usability, and limited efficacy of the program. *Program goal:* (1) Increase positive parenting. (2) Reduce coercive parenting. (3) Teach new discipline strategies.	*Study design & analysis:* Feasibility study *Data collection:* Semi-structured interviews, questionnaires	Mothers found program acceptable to their families and culture. Program is promising in changing parenting behaviors.

Reynolds (1990)[37]	Zimbabwe Political violence/cold war 1964 - 1979	*Timing:* Post-conflict *Setting(s):* Musami, Zimbabwe	n = 35 *Participants:* Children affected by war *Gender:* Not specified. *Age range (years):* 8 - 17	*Traditional healer cleansing rituals:* Traditional healer-led rituals to aid the process of reconciliation and healing for children affected by war.	*Study objective:* Detail children's suffering during Zimbabwe's War of Liberation. Explore how cleansing and protection rituals contribute to reconciliation and healing. *Program goal:* Aid the process of healing and reconciliation.	*Study design & analysis:* Ethnography *Data collection:* Interviews, participant observation	Traditional healers were important stakeholders in the process of healing.
Eiling, Van Diggele-Holtland, Van Yperen, & Boer (2014)[38]	Republic of South Sudan Political conflict/civil war 1983 – 2005[9]	*Timing:* Ongoing conflict[10] *Setting(s):* Eastern Equatoria State, Republic of South Sudan	n = 122[11] *Participants:* Conflict-affected children *Gender:* Not specified. *Age range (years):* 8 - 16	*I DEAL program:* A psychosocial support, life skills program for conflict-affected children and young people.	*Study objective:* Details an exploratory outcome evaluation of War Child Holland's psychosocial program, *I DEAL*. *Program goal:* Strengthen children's social and emotional coping skills contributing to improving social relationships, with a focus on collaboration and conflict solving. Addresses six themes: (1) Identity (2) Dealing with emotions (3) Peer relations (4) Relationships with adults (5) Conflict and peace (6) The future	*Study design & analysis:* (Design) Mixed method, nonrandomized, pre- and post-test design. (Analysis) Grounded theory and content analysis. *Data collection:* Structured interviews, group exercises and discussion, individual goal setting, key informant interviews	(1) Content of program was consistent with children's perceptions of wellbeing. (2) Outcomes reported included decreased fighting and improved relationships with peers and parents.
Veale, Worthen, & McKay (2017)[39]	Sierra Leone Political conflict/civil war 1991 - 2002 ──────── Liberia Political conflict/civil war 1989 - 2003 ──────── Uganda (northern) Guerrilla warfare 1987 - *present*	*Timing:* Post-conflict *Setting(s):* Sierra Leone (8 study sites), Liberia (4 study sites), northern Uganda (8 study sites)	n = 658 *Participants:* Young, war-affected mothers *Gender:* 658 female, 0 male *Age range (years):* 8 - 36	*Participatory action research (PAR) -developed social activities program:* Young, war-affected mother-led social activities to facilitate social reintegration in the community. Activities included individual and group agriculture, group restaurants, petty trading, goat rearing, piggery, literacy training, etc.	*Study objective:* Understand the intersection between individuals and their communities in social reintegration. Reflect on the participatory action research (PAR) study method to facilitate social reintegration. *Program goal:* (1) Facilitate the social reintegration of war-affected mothers. (2) Inspire their communities to engage in social change.	*Study design & analysis:* Participatory action research (PAR) study *Data collection:* Interviews, home visits, focus group discussions, key informant interviews, country team meetings	There are three nodes of individual-community relations identified as possible transformative spaces in psychosocial programming for social reintegration: (1) Intersection between individual emotional experience and the emotional climate. (2) Intersection between individual agency and public engagement. (3) Intersection between individual and community resilience.

[1] AVEGA-Agahozo is 'Association des Veuves du Genocide-Agahozo' (Association of Widows from the Genocide).[21]

[2] Life Wounds Healing program is the phrasing used within Mahr & Campbell (2016); it is the same program as the Healing of Life Wounds program.[25]

[3] Gacaca is a community-based justice system that was in operation in Rwanda from 2005 – 2012.[26]

[4] Programme trained sociotherapists, local leaders, and policy makers were also included as interview respondents in the total n.[26]

[5] AERG is the Association des Etudiants et Éleves Rescapés Du Genocide.[11]

[6] Pseudonyms were used for refugee camp names for ethical purposes.[27]

[7] Unsure if Josina Michel Island is Ilha Xefina Grande or Ilha Xefina Pequena. The authors indicate that Josina Michel Island "is situated about 130 km north of Maputo City" (p.190).[33]

[8] Efraime & Errante (2012) specify that the participant was first "referred to a curandeiro and then to us [Rebuilding Hope program] because of persistent nightmares" (p. 206). In this review, the curandeiro and Rebuilding Hope program are both analyzed.[33]

[9] Eiling et al. (2014) specify that the Eastern Equatoria State was "particularly affected by the civil war from 1983 - 2005." There has been conflict from 1955 - 1972 marking the First Sudanese War and 1983 - 2005 (Second Sudanese War) among Sudan and South Sudan.

[10] At the publishing of Eiling et al. (2014) the South Sudanese Civil War was ongoing (occurring from 2013 - 2020).

[11] n = 122 refers to the participating children in the sample. There were 62 interview respondents.[38]

2. Concept domains and search term guide within PICOS framework.

Population	No restrictions on age. Not specified in any of the concept domains.
Intervention	**(1) Community-centered** Communit* or "community-centered" or "community centered" or "community-oriented" or "community oriented" or "community-led" or "community led" or "community-driven" or "community driven" or "community-based" or "community based" or local **(2) Mental health and psychosocial support** "Mental health and psychosocial support" or "MHPSS" or "Mental health" or psychological or psychosocial or healing or reconciliation or recovery or "group therapy" or "well-being" or "well being" or wellbeing
Control/**C**omparison	Not applicable.
Outcome	Participant experiences; this is placed within the **"(3) Qualitative or mixed methods studies"** concept domain.
Study design/**S**etting	*(Study design)* **(3) Qualitative or mixed methods studies** Qualitative or interview* or "focus group*" or "focus group discussion*" or narrati* or anecdote* or experience* or ethnograph* or "mixed methods" *(Setting)* **(4) Conflict-affected** "Armed conflict" or "post conflict" or "conflict affected" or war or genocide or "political violence" **(5) sub-Saharan Africa** "sub-Saharan Africa" or Angola or Benin or Botswana or "Burkina Faso" or Burundi or Cameroon or "Cape Verde" or "Central African Republic" or Chad or Comoros or "Democratic Republic of the Congo" or Djibouti or Equatorial Guinea or Eritrea or Ethiopia or Gabon or Gambia or Ghana or Guinea or "Guinea-Bissau" or "Ivory Coast" or Kenya or Lesotho or Liberia or Madagascar or Malawi or Mali or Mauritania or Mauritius or Mayotte or Mozambique or Namibia or Niger or Nigeria or "Republic of the Congo" or Rwanda or "Sao Tome and Principe" or Senegal or Seychelles or "Sierra Leone" or Somalia or "South Africa" or "South Sudan" or "Saint Helena" or Sudan or Swaziland or Tanzania or Togo or Uganda or Zambia or Zimbabwe

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3. Search strategy for MEDLINE.

Search conducted on 14/07/2020

1. ("Armed conflict" or "post conflict" or "conflict affected" or war or genocide or "political violence").mp.

2. ("Mental health and psychosocial support" or "MHPSS" or "Mental health" or psychological or psychosocial or healing or reconciliation or recovery or "group therapy" or "well-being" or "well being" or wellbeing).mp

3. (Communit* or "community-centered" or "community centered" or "community- oriented" or "community oriented" or "community-led" or "community led" or "community-driven" or "community driven" or "community-based" or "community based" or local).mp.

4. (Qualitative or interview* or "focus group*" or "focus group discussion*" or narrati* or anecdote* or experience* or ethnograph* or "mixed methods").mp.

5. ("sub-Saharan Africa" or "sub-Sahara Africa").mp.

6. (Angola or Benin or Botswana or "Burkina Faso" or Burundi or Cameroon or "Cape Verde" or "Central African Republic" or Chad or Comoros or "Democratic Republic of the Congo" or Djibouti or Equatorial Guinea or Eritrea or Ethiopia or Gabon or Gambia or Ghana or Guinea or "Guinea-Bissau" or "Ivory Coast" or Kenya or Lesotho or Liberia or Madagascar or Malawi or Mali or Mauritania or Mauritius or Mayotte or Mozambique or Namibia or Niger or Nigeria or "Republic of the Congo" or Rwanda or "Sao Tome and Principe" or Senegal or Seychelles or "Sierra Leone" or Somalia or "South Africa" or "South Sudan" or "Saint Helena" or Sudan or Swaziland or Tanzania or Togo or Uganda or Zambia or Zimbabwe).mp

7. 5 or 6

8. 1 and 2 and 3 and 4 and 7

4. CASP Qualitative Checklist details.

The Critical Appraisal Skills Programme (CASP) Qualitative Checklist is used to assess the quality of each included study.[19] This checklist provides ten questions, which are marked as 'yes,' 'no,' or 'not enough information.' The marked criteria are considered to assign 'strong,' 'moderate,' or 'weak' to the overall study quality. The CASP Qualitative Checklist does not produce a scoring system (i.e., meeting 9 or more criteria produces a 'strong' quality score); the reviewer (CA) does use *her own* scoring system in the interest of distinguishing study quality.

1. Was there a clear statement of the aims of the research?
2. Is qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was the data collected in a way that addresses the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
*10. How valuable is the research?

*Note: For question 10, there is only a comment box for the reviewer to determine the value of the research or whether "the research will help locally" (i.e., there is no marked criteria of 'yes,' 'no,' or 'not enough information'). In this review, the 'value of research' was considered as the studies' relevance and usefulness in answering the review's research questions and objectives. This was determined by the reviewer (CA). (CA) *collectively* considered (1) the breadth of the data (i.e., the quantity of detail provided in the 'results' section of the included study), (2) depth the of data (i.e., the severity of detail), and (3) whether the data could directly answer the review's research questions and objectives. Please note, as all the included studies did not have the same research questions and objectives as this review, (CA) "inferred" the kinds of MHPSS participant experiences and how they occurred during the line-by-line basic coding phase.[20](p7) (CA) did not create a specific, detailed criterion or scoring system of the 1-3 collective considerations (e.g., one to two sentences, one paragraph, or one page of data determining 'narrow', 'moderate', or 'wide' breadth of data). The value of the research (i.e., study relevance/usefulness) was assessed as 'valuable', 'less valuable', 'not valuable'.

Reference for overall quality assessment:

Weak (0 – 4 criteria, "few or none," were fulfilled)
Moderate (5 – 7 criteria, "some," were fulfilled)
Strong (8 – 10 criteria, "all or most," were fulfilled)

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5. Quality appraisal details of included articles (n = 20).

Author (Year)	(1) Clear aim	(2) Appropriate methodology	(3) Appropriate research design	(4) Appropriate recruitment strategy	(5) Appropriate data collection methods	(6) Researcher-participant relationship considered	(7) Ethical issues considered	(8) Rigorous data analysis	(9) Clear findings	(10) Value of research (i.e., study relevance & usefulness)	Score total	Overall assessment
Zraly, Rubin-Smith, & Betancourt (2011)	Y	Y	Y	Y	Y	NE	Y	Y	Y	Less Valuable	8 out of 10	Strong
Richters, Rutayisire, & Slegh (2013)	Y	Y	Y	NE	N	N	N	NE	Y	Less Valuable	4 out of 10	Weak
King (2014)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Valuable	10 out of 10	Strong
King & Sakamoto (2015)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Valuable	10 out of 10	Strong
Mahr & Campbell (2016)	Y	Y	Y	Y	Y	NE	Y	Y	Y	Less Valuable	8 out of 10	Strong
Ingabire et al. (2017)	Y	NE	NE	Y	Y	NE	Y	Y	Y	Valuable	7 out of 10	Moderate
Otake (2018)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Valuable	10 out of 10	Strong
Kohli et al. (2015)	Y	Y	Y	Y	Y	NE	Y	Y	Y	Less Valuable	8 out of 10	Strong
Koegler et al. (2019)	Y	Y	Y	Y	Y	NE	NE	Y	Y	Valuable	8 out of 10	Strong
Morgan, Wieling, Hubbard, & Dwanyen (2019)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Valuable	10 out of 10	Strong
Ingabire & Richters (2020)	Y	Y	Y	Y	Y	NE	Y	Y	Y	Valuable	9 out of 10	Strong
Boothby, Crawford, & Halperin (2006)	Y	Y	NE	Y	Y	NE	Y	Y	Y	Valuable	8 out of 10	Strong
Deacon & Sullivan (2009)	Y	Y	Y	Y	Y	NE	NE	Y	Y	Valuable	8 out of 10	Strong
Efraime & Errante (2012)	Y	Y	Y	Y	Y	NE	NE	N	Y	Less Valuable	6 out of 10	Moderate
Stark (2006)	Y	Y	Y	Y	Y	NE	Y	Y	Y	Valuable	9 out of 10	Strong
Hardgrove (2009)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Valuable	10 out of 10	Strong
Wieling et al. (2015)	Y	Y	Y	Y	Y	NE	NE	Y	Y	Less Valuable	7 out of 10	Moderate
Reynolds (1990)	Y	Y	Y	NE	Y	NE	Y	Y	Y	Valuable	8 out of 10	Strong
Eiling, Van Diggele-Holtland, Van Yperen, & Boer (2014)	Y	Y	Y	Y	Y	NE	Y	Y	Y	Less Valuable	8 out of 10	Strong
Veale, Worthen, & McKay (2017)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Less Valuable	9 out of 10	Strong