

من حقنا ألا نكون
ضحايا للعنف



The
Psychosocial Emergency Teams
in the West Bank

فرقا
الدعم النفسي الاجتماعي للطوارئ
في الضفة الغربية

TABLE OF CONTENTS

Summery	2
The Project:	
● Accomplishments	4
● Activities:	5
■ Children group counselling sessions	5
■ Recreational activities, Ventilation days and Parades	6
● Fun Days	6
● Trips	7
● CRC Parade	8
■ Sensitization sessions and psychosocial support for caregivers	9
● Emergency Intervention	10
○ Intervention Procedure	11
○ Summary of Interventions	12
● The Emergency Teams	12
■ Training	12
● Training of team members:	12
● Training of school supervisors	13
● Empowerment and Training of CBOs	13
● IASC training for CPNS and UNRWA	14
■ Supervision	14
■ Coordination	14
● Team coordination meetings	15
● Central and district level coordination meetings:	16
■ Referrals	17
■ Team stress management	18
● Mapping of MHPSS service providers in West Bank	18
■ Phase 1	19
■ Phase 2	19
■ Difficulties	20
■ Lessons Learnt	20
● Visibility	21
■ Monthly updates	21
■ Website	22
■ Banners and billboards	23
■ Media coverage	23
■ Flyers	23
● Obstacles	23

SUMMARY

The “Psychosocial Emergency Teams in West Bank” project was initiated in 2003 in response to the arising psychosocial needs of children during and after the second Intifada. The heightened insecurity of daily life for children across the oPt includes such phenomena as military incursions and killings, home demolitions and displacement, house searches, lack of access to normal routines as schooling and play, harassments at checkpoints and lack of access to basic support services particularly for those living in major West Bank towns and cities and near the separation wall, military zones and settlements.

The East Jerusalem YMCA Rehabilitation Program (YMCA) provides psychosocial support to children and caregivers through 11 child protection teams, each composed of 25 to 30 psychologists and social workers. The teams are operational across 11 districts of the West Bank; Jenin, Tulkarem, Qalqiliya, Nablus, Salfit, Ramallah, Jerusalem, Bethlehem, Hebron, Tubas and Jericho. Supported by UNICEF and funded by ECHO, the Psychosocial Support team project covers more than 3,000 children and 2,000 caregivers per year.

Children are guided and facilitated to carry out activities designed to decrease their stress level and reinforce resilience & coping mechanisms in order to cope with their difficulties themselves. In addition, caregivers take part in sensitization sessions that provide them with positive means to communicate with their children and encourage appropriate behaviour towards them. The sensitization sessions also help caregivers express their feelings, share their experiences, ventilate their stress and develop more positive skills when dealing with their children. The Psychosocial Support teams receive constant training and supervision in order to be ready to intervene at times of emergencies, particularly in East Jerusalem areas that are subjected to house demolitions and house demolitions orders, North West Bank (Nablus and Jenin) and South (Hebron). This is in addition to areas that are close to or surrounded by the separation wall.

A total of **1,113** group counselling sessions were held covering around **2,551** children. Sessions were held in schools, especially public and UNRWA schools, with the cooperation of Ministry of Education, UNRWA and SOS. Sessions were also held in village councils, female/male rehabilitation centres, cultural centres and women associations. Both female and male children attended the sessions and were positively affected by them. Children were able to overcome their fears and anxiety from the surrounding violence through expressing their thoughts and feelings. The sessions have also had a positive impact on their behaviour towards their families and friends in school.

1,146 Caregivers sensitization sessions were held covering a total of **1,816** caregivers who were provided with skills and techniques on positive communication with their children and were offered support and guidance. Caregivers were educated on issues like violence and abuse in order to create a more secured environment at home, for children. Sessions for caregivers were held in women centres and associations, municipalities, village councils, kindergartens, cultural centres and rehabilitation centres.

Emergency interventions were focused on areas that witnessed acts of violence by either the Israeli military forces or the settlers, particularly in the areas of north West Bank (Nablus and Jenin), as well as in the south (Hebron) and the areas that are close to the separation Wall. That is in addition to urgent emergency interventions at East Jerusalem where many families were evicted from their houses that were demolished, and a large number of families are threatened with the same fate. Interventions were also held at areas and schools that showed an increased level of social violence. A total of **292** emergency interventions were held in 2012. Teams worked with both the children and the caregivers at these areas helping them ventilate and overcome difficult situations. Emergency interventions were also held with families whose relatives were killed or arrested and this included psychological ventilation and support. Children and families were then encouraged to join the group sessions.

In order to empower team members and provide them with techniques and methodologies to be used when working with children and caregivers in difficult situations, **14** training sessions were held for team members.

Coordination meetings were held on a regular basis in order to coordinate between organizations, evaluate activities, set work plans, coordinate for referral cases and plan for emergency interventions. Team members and volunteers showed a high level of commitment and participated in team activities including training, supervision and stress management. Teams shared experiences, received training and achieved all planned outcomes.



THE PSYCHOSOCIAL EMERGENCY TEAMS IN THE WEST BANK

ACCOMPLISHMENTS

By December 2012, The Psychosocial Emergency Teams in the West Bank were able to accomplish the following:

1. At least **10,415** children, both boys (50%) and girls (50%) from vulnerable areas across the West Bank including East Jerusalem, benefited from a diverse range of activities, including group counselling, structured recreational activities, emergency visits, referral and open days.
2. At least **1,590** female (70%) and male (30%) caregivers gained the required skills to help improve the psychosocial wellbeing of their children, their resilience and coping mechanism.
3. At least **232** psychosocial emergency team members, **178** CBO volunteers and undergraduate university students, both males and females, involved in psychosocial support for children were trained to be able to provide quality services to children and their caregivers in targeted communities.
4. Coordination and cooperation among concerned institutions, organizations, Ministries and clusters, especially during emergencies, were improved and strengthened.



Activities

1. Children Group Counselling Sessions

The children group counselling sessions are based on a special curriculum which was developed for use with children who have experienced difficult events or are living in stressful conditions, and which team members have received advanced training in. The sessions were designed to help children decrease stress level, reduce anxiety, build self confidence, ventilate and express their feelings. The sessions were also designed to reinforce their resilience and coping mechanisms which has empowered and enabled them to cope with their difficulties.



2,551 children (1,182 girls, 1,369 boys) victims of political and social violence were reached through these groups. Each group of 15 children attended 7 counselling sessions as planned. **(53%)** of children attending the counselling sessions stated that they do not feel safe due to occupation practices, **(34%)** have disturbing dreams, **(51%)** feel disturbed when remembering the pictures of the disturbing incident, and **(30%)** of children feel pain in some parts of their body most of the time. Additionally, **(75%)** of caregivers stated that after each attack their children suffer moderate to high levels of fear, insecurity, bedwetting, or low school achievement.

The counselling sessions helped children express their feelings and difficulties and helped decrease their sense of insecurity due to occupation practices and also helped reduce their disturbance. After attending the sessions, fewer children reported having disturbing dreams, and fewer children reported having problems concentrating while studying. Also, fewer children reported using violence in solving their problems with others.

Symptom	Pre Intervention	Post Intervention
Sense of insecurity	53%	18%
Disturbance	53%	13%
Disturbing dreams	37%	8%
Problems concentrating while studying	34%	10%
Using violence in solving problems	27%	8%

The counselling sessions had similar influence on both male and female children, with no significant variations.

The following is a breakdown of the Children group counselling sessions.

District	# of children reached		# of sessions
	GIRLS	BOYS	
Jenin	76	140	103
Tubas	64	105	91
Tulkarem	119	229	166
Qalqiliya	152	105	101
Nablus & Salfit	230	261	249
Ramallah	103	97	107
Jerusalem	113	105	102
Bethlehem	106	127	105
Hebron	113	117	105
Jericho	106	83	84
Total	1,182	1,369	1,213

2. Recreational activities, Ventilation days and Parades

A) Recreational Activities (Fun Days)

Recreational activities are a tool that helps children, girls and boys, go back to normality if no further intervention is needed. These activities were held at areas of intervention and included activities that enhance self expression and self confidence, as well as help children reduce tension and anxiety following exposure to traumatizing incidents. Counsellors and professionals who facilitate the recreational activities can observe the positive outcomes the activities leave on children, and thus recommend the continuation of those activities for children in the affected areas. It was noticeable that recreational activities bring out positive feelings and emotions and help children have some balance and stability after being subjected to emergencies. Additionally, recreational activities provide a space for children to interact with other children through structured psychosocial activities, drawing, games and play. Furthermore, recreational activities help assess the children's needs and are considered as a means of identification for children who are in need of further psychosocial support. Children identified as in need for further support join the group counselling sessions and are also referred to in-depth counselling and other services as needed.



A total of **106** recreational activities were conducted and reached a total of **8,517** children (4,474 female, 4,043 male). Girls and boys were encouraged to express their feelings and reduce their tension through ventilation games and exercises. Children, who live in unprivileged areas and do lack similar activities showed eagerness to attending those activities. At Wadi al-Hsein area in Hebron, which is close to Kiryat Arba settlement, children are constantly being attacked by soldiers. After intervention at the area, a recreational activity was coordinated. The children were so eager to attend the activity that they showed up an hour and a half prior to the scheduled time.

District	# of Recreational Activities	# of Children Participated in the Recreational Activities	
		GIRLS	BOYS
Jenin	13	640	615
Tubas	7	190	250
Tulkarem	12	660	409
Qalqiliya	5	121	119
Nablus& Salfit	18	1041	874
Ramallah	7	213	204
Jerusalem	12	491	449
Bethlehem	9	278	364
Hebron	15	474	499
Jericho	8	366	260
Total	106	4,474	4,043

B) Ventilation Days (Trips)

Deprived children and caregivers living under regular acts of political violence indicated their need for ventilation days, where they can, for one day, leave behind all the daily troubles they go through and just release stress and ventilate. Some activities suggested by the children and caregivers are trips, puppet shows, plays and other activities that help them go back to normality and resume their lives with happiness and positive emotions.

The Psychosocial Emergency Teams organized 12 day trips where children enjoyed activities that included sightseeing, swimming, visiting zoos and local attractions. Most children have never enjoyed such activities due to financial, political and social constraints. This is despite the fact that these locations are close to their areas of living.



The counsellors also observed that those activities helped enhance self expression and self confidence of children. Not to mention that, through the ventilation days, children in need for further psychosocial support were identified and were able to join the counselling sessions, and were also referred to individual counselling when needed.

District	# of Ventilation Days	# of Children Participated in the Ventilation Days	
		GIRLS	BOYS
Jenin	1	45	55
Tubas	1	55	45
Tulkarem	1	46	52
Qalqiliya	1	75	23
Salfit	1	25	25
Nablus	1	25	25
Ramallah	1	45	50
Jerusalem	1	50	50
Bethlehem	1	47	53
Hebron	2	51	45
Jericho	1	66	40
Total	12	530	463

C) CRC Parade

To commemorate the ratification of the Convention on the Rights of the Child (CRC) the Psychosocial Emergency Teams in the West Bank organized four parades; in the South (Bethlehem and Hebron), Middle (Ramallah, Jericho), North (Tulkarem, Qalqiliya, Jenin, Tubas, Nablus, Salfit), and one in East Jerusalem. **1,983** children (994 girls, 989 boys) from the most vulnerable communities reached by the project joined the parades, and wore unified hats and shirts and carried banners that called for their rights to live a life without violence. Children also called for their rights for education, participation, play, health and many others. During the parades, the children were accompanied by scouts, clowns, and street performers and the entire event was widely publicized and covered by the different news media. Other activities held included theatrical and musical performances that helped promote the rights of the children. This helped bring noticeable feelings of happiness to the children who are deprived of such activities.



The parades also required great deal of coordination between team member organizations, as well as coordination with governmental institutes, directorates, CBOs, as well as police and civil defence. All parties worked hand in hand to assure the safety and protection of children and the success of the event.

Location of the Parade	# of Children Participated in the Parades	
	GIRLS	BOYS
Jenin	40	40
Tubas	85	80
Tulkarem	50	50
Qalqiliya	60	40
Salfit	50	50
Nablus	50	50
Ramallah	154	196
Jerusalem	280	222
Bethlehem	80	100
Hebron	120	126
Jericho	25	35
Total	994	989

3. Sensitization sessions and psychosocial support for caregivers

Caregivers whose children received counselling or who live in vulnerable areas attended groups of sensitization sessions in order to become better equipped with skills on how to protect and support their children and develop more positive skills when dealing with them. This ensured that those children received the needed support when they went home and it encouraged a sustainable positive change in family relations and on the development of these children. The team counsellors facilitated these sessions and were able to encourage appropriate behaviour towards children. The sessions also helped caregivers express their feelings, share their experiences and ventilate their stress. The teams made an effort to encourage fathers (male caregivers) to attend the sessions.



1,816 caregivers (1,766 female, 50 male) attended sensitization sessions. During the sessions, the caregivers received support in a number of ways, including:

- Discussion of problems faced by their children and provision of knowledge and skills to dealing with these problems.
- Raising their awareness regarding the impact of using violence against children and introduction of appropriate positive communication skills.
- Clarification of the impact of family problems on the psychological status and healthy development of children.
- Awareness raising regarding the connection between the academic problems and the psychological status of the child.
- Offering caregivers, mainly mothers, the opportunity to ventilate and express their feelings, in addition to increasing their awareness and encouraging them to approach institutions that offer psychosocial services when needed.

“We did benefit a lot from the sessions, and it helped us deal with our children. What was nice and different is that the counselor was using a language that we felt was close to us, and the discussion was simple so we were able to better understand the content.”

As quoted from a mother from “Al ‘Aqqaba” area who benefited from the sensitization sessions

Caregivers showed a lot of interest in attending the sessions due to their need for such support. Only 27% of caregivers stated that they have enough awareness on the effect of family disputes on the behavior and involvement of their children, 21% have the needed skills and knowledge to dealing with their children when faced with difficult incidents and 15% have enough skills to dealing with tension between their family members; this is compared to 77%, 61% and 54% respectively after attending the sensitization sessions.

Caregivers were made aware of the effect of domestic violence on their children, and fewer caregivers reported using physical violence in controlling their children. In addition, more caregivers reported using positive encouragement and reward their children. The significant of school follow-up was also highlighted and more caregivers follow up on the school achievement of their children.

On the personal level, caregivers were empowered to be better able to express their feelings and difficulties, and to acquire the ability and skills to face the challenges they are faced with.

District	#of caregivers		# of sessions
	FEMALES	MALES	
Jenin	153	10	105
Tubas	120	-	93
Tulkarem	146	9	112
Qalqiliya	157	11	109
Nablus & Salfit	410	14	215
Ramallah	150	-	99
Jerusalem	151	6	108
Bethlehem	190	-	105
Hebron	150	-	108
Jericho	139	-	92
Total	1,766	50	1,146

Emergency Intervention

The Psychosocial Emergency Teams were immediately mobilized in response to incidents of political and social emergencies, and response was coordinated between team member organizations. Victimized children and caregivers were visited and initial psychosocial support was provided through ventilation and expression of feelings. An initial needs-assessment was conducted based on which a comprehensive intervention plan is developed. Group counseling sessions for girls and boys, recreational activities and caregivers' sensitization sessions were offered accordingly, and referrals were facilitated.



Interventions were also focused on reaching the most vulnerable, distant and neglected areas. Despite difficulties in reaching those areas, the teams worked hard to insure the rapid and efficient response.

The Psychosocial Emergency Teams responded to various emergencies including:

1. House demolitions, evictions and forced displacement of families.
2. Military incursions, night searches, killings and arrests.
3. Settlers attacks and violent acts.
4. Confiscation of land and building of the separation wall.
5. Children and families suffering from checkpoints and access restrictions, including gated areas.
6. Child maltreatment in families and schools and acts of social violence against children.
7. Children in hospital as a result of physical violence

Interventions were also focused on areas that witnessed significant increase in house delimitations, confiscation of properties and evacuation. Of those most targeted areas are East Jerusalem, Hebron, Bedouin communities and Jordan valley areas.

Those incidents of the political and social violence were documented and monitored through the emergency intervention assessment form which is filled up by counselors, and information gathered was entered into the database which was developed for this purpose. Information collected included type of emergency, needs of people affected, and number of directly and indirectly affected girls, boys and caregivers, etc. All information collected through the needed assessment of affected children and caregivers was entered into the database and monitored.

Monthly newsletters were then produced by the communication officer, reporting on all incidents and interventions, as an initiative to increase awareness on the realities of victimized children and encourage further support to vulnerable communities. The updates were disseminated to a mailing list that was developed for this purpose. Also, updates on interventions were uploaded on the teams' website.

www.ej-ymca.org/psetwb

This also helped raise awareness on the work of the teams, increased coordination between the teams and local and international organizations receiving the newsletters, as well as encouraged targeted children and caregivers to approach the teams for support.



Summary of Interventions

Until the end of December 2012, a total of 292 emergency interventions were conducted, (50%) of which were held in area C, (70%) targeted remote villages and (77%) of those attacks targeted families. The teams were able to reach and work with 3,230 children (1,423 females, 1,734 males) who were direct victims of those incidents. Also, teams were able to reach 3,046 caregivers (1,423 females, 1,623 males) affected by the incidents.

District	# of Emergencies in Each Location	# of Female Children	# of Male Children
Jenin	19	285	261
Tubas	33	491	637
Tulkarem	11	27	22
Qalqiliya	42	73	70
Nablus & Salfit	119	151	169
Ramallah	14	26	42
Jerusalem	13	83	101
Bethlehem	11	83	106
Hebron	26	237	301
Jericho	4	40	25
Total	292	1496	1734

The Emergency Teams

Training

1. Training of team members:

14 sessions of training were conducted for team members, benefiting a total of 194 counselors and professionals from 94 team member organizations. The trainings were based on the needs assessment of team members which was conducted at start of project. Team members were also trained on activities they can utilize during emergency interventions, including ventilation and stress release activities. Other training topics included sexual abuse, individual counseling, therapy through arts and others.



2. Training of school supervisors :

Two IASC (Inter-Agency Standing Committee) trainings were conducted and attended by 16 MoE school supervisors. Trainings were faced with great delays and obstacles due to continuous strikes at the MoE. As a result, the teams faced great hardship in coordinating the trainings which were postponed several times, and less than anticipated number of supervisors attended. Despite this, (75%) of counselors stated that the training helped develop their professional skills, (100%)

stated that it is appropriate for the target groups they work with, and (100%) of them confirmed that they are the right persons to attend this training.

3. Empowerment and Training of CBOs :

70 CBOs in identified vulnerable communities were reached during previous project. The team continued working with 40 CBOs previously targeted and were also able to reach additional 30 CBOs as planned. 78 professionals and volunteers from newly targeted CBOs received 2 days trainings on ventilation and stress management activities that can be utilized during emergencies. They were also trained on activities that help children reduce stress and increase self impression. The 70 CBOs were empowered to conduct activities with their communities and were also provided with the materials needed to do so. The CBOs were as well considered the contact points who facilitated the work of the teams in the vulnerable communities throughout the project, and who at the same time approached the teams for interventions during emergencies. The CBOs also played a leading role in the coordination and participation in the CRC parades which were conducted.

4. IASC training for CPNS and UNRWA.

Training on Inter-Agency Standing Committee (IASC) guidelines for 5 CPNS and UNRWA staff was conducted, benefiting a total of 13 UNRWA staff and 71 members of CPNS. (100%) of professionals attending the training responded that they think they are the right persons to attend this training, and (82%) of CPNS members and (64%) of UNRWA staff stated that the training significantly helped develop their professional skills. Additionally, (91%) of CPNS members and (73%) of UNRWA staff stated that the training is appropriate for the target groups they work with. This shows that the IASC training was of great benefit and empowerment to professionals working in the field. The teams will continue to build on this experience and increase awareness on the IASC guidelines. The teams will also continue coordination with MoSA in order to provide further support and trainings to the CPNS.



A breakdown of IASC training sessions

District	Recipients	# of Training Days	Date of Training	# of organizations benefited from training	Participants	
					FEMALES	MALES
Nablus	MoE school supervisors	1	26/11/2012	1	5	3
Bethlehem	MoE school supervisors	1	14/1/2013	1	7	1
Ramallah	UNRWA	1	8/11/2012	1	6	7
Ramallah	CPN	1	27/11/2012	7	5	8
Bethlehem	CPN	1	17/12/2012	11	10	1
Hebron	CPN	1	24/12/2012	15	8	8
Jenin	CPN	1	26/12/2012	12	2	10
Nablus	CPN	1	22/11/2012	18	16	3
Total		8		66	59	41

Supervision

Team members received professional support and guidance throughout their work with children and caregivers. Team supervision sessions were held on a monthly basis during which individual cases, interventions and activities were discussed and evaluated during the supervision sessions. The supervision insured that the activities implemented on the ground are up to the best professional standards and also insures that the continuous guidance and professional needs of counselors are met. This was evident in the assessment of supervision, as (81%) of team members stated that the content of supervision and subjects discussed met their needs, and (79%) of them stated that number of training hours offered is appropriate.

Team members also thought that the supervision helped develop their professional skills (78%), increased their knowledge (79%) and is appropriate for the target groups they work with (80%). Additionally, team members assured that they do require professional supervision (93%) and their general evaluation was positive to the supervision they receive through the Psychosocial Emergency Teams (87%).

Furthermore, supervision was of great significance as it helped build the teams and bring the members together, as well as increased their sense of belonging. Additionally, through the supervision, team members were encouraged to be more involved and active in the implementation of activities. Supervision also had an added benefit to the counselors themselves who were able to debrief and ventilate and talk about the experiences they are faced with on the ground.



Coordination

Team coordination meetings:

Coordination meetings between team organizations were held on a monthly basis, and when urgently required. In the meetings, areas and emergencies in need for intervention were identified and joint plans for intervention and implementation of activities were set, with the active participation and involvement of team organizations. Also, during coordination meetings, previous interventions are assessed and work with children and caregivers are evaluated. Suggestions and professional feedback is taken into consideration insuring high standards and professionalism of services provided. In addition, during team coordination meetings case referrals are facilitated between team organizations.

Additionally, team members were represented in CPNs and DWG meetings in addition to MHPSS and CPWG meetings. Information was shared and coordination for emergency response was achieved.

Memorandums of Understanding (MoU) concerning the coordination, collaboration and involvement of team members were developed and are being signed by team member organization. The MoU stresses the importance of joint work and team spirit, as team organizations are considered partners on the ground. Additionally, it states the clear roles and responsibilities of each organization participating in the teams, which includes attending coordination meetings, intervention in times of crisis, referrals and active involvement in conducting project activities. Furthermore, central level MoUs will be signed with the MoE, MoH, MoSA and UNRWA.

Central and district level coordination meetings:

Central and district level coordination meetings were held with the purpose of reducing coordination gaps and building bridges and linkages between organizations working on the national level, as well as encouraging joint response. Linkages between the Psychosocial Emergency Teams and the CPNs were strengthened and the teams continued to be represented at the CPN meetings.

Central and district level meeting held during the project were attended by decision makers and directors of team organizations, including MoE, MoH and MoSA. The purpose of the meetings was to evaluate the activities and accomplishments of the year 2012, and set joint plans for the year 2013. Team organizations stressed the importance of the yearly central meeting which leads to improved national level coordination and collaboration, in addition to increased involvement of team organizations,

Outcomes of the central meeting included:

- Representative of the MoE stressed the importance of the teams and the importance of the continuation of activities provided. The MoE conducted a study on the needs of children in vulnerable areas, and the need for psychosocial support as well as recreational activities in those areas was identified by the study. The MoE does have several obstacles in meeting the arising needs of vulnerable areas, and area C, due to limited access and limited resources. Thus, the work of the Emergency Psychosocial Teams is considered as complimentary to the work of the MoE in those areas.
- Representatives of the MoSA indicated the willingness of the ministry to increase the coordination between the teams and CPNs, in addition to signing an official MoU between both parties. The importance of coordination, joint work, and referral was also stressed out.
- Representatives of the MoE, MoSA and MoH stressed the importance of the teams and their work, and also considered this complimentary to the work of the different ministries. Official MoUs will be drafted and signed between the different ministries and the teams in order to increase collaboration and joint work.
- Additionally, team organizations stressed the importance of continued work on the teams' visibility, as well as the importance of receiving the regular updates, newsletters, and a final printed report on the work of the teams. This helped increase their awareness and involvement in the work of the teams.

- Team organizations appreciated receiving regular structured feedback on the commitment, involvement and participation of the team member representing each of them, in order to insure their active participation.
- It was also recommended to carry on with the training and supervision of team members due to its significance in insuring the proficiency of team members in conducting emergency interventions and activities.
- The IASC Mental Health & Psychosocial Guidelines in Emergency settings training which was conducted for UNRWA, CPNs, and MoE school supervisors was viewed as very essential. It was recommended to build up on this experience in increasing the capacities of professional working in the MHPSS field, and especially the capacities of CPNs. Additionally, it was viewed important to conduct further training on the IASC guidelines and increase awareness of more professionals in the field in this regards.

Referral

During response to emergencies, a needs assessment is conducted for the affected boys and girls and male and female caregivers and also for the affected area. Psychosocial support is then provided to children and caregivers through group sessions and recreational activities. When other needs are identified, children and caregivers are referred to team organizations or other organizations of specialty. The teams follow up with the social service providers and insure that the beneficiaries' needs have been met.

A referral form was developed and reviewed with team members. A database was then developed, which facilitated documentation of referrals. Referral forms were filled and documented on the database; cases were then managed and followed up to insure the needed services were received

A list with the needs required during emergencies was developed. This included multidisciplinary services including health, legal, advocacy, food, shelter, specialized services and other. The teams worked on mapping organizations providing those services in their areas and arranged referrals accordingly.

Referral between Health actors and protection actors was initiated by OCHA in 2012. Several meetings were conducted to coordinate referral, after which training for Health professional were conducted so they are able to identify cases in need for psychosocial support and refer them to the teams. The referral system between health actors and protection actors is now coordinated and systemized. Cases are referred and followed up accordingly.

District	# of Referred cases			
	Girls	Boys	mothers	fathers
Jenin	17	31	10	1
Tubas	1	23	-	-
Tulkarem	2	-	-	-
Qalqiliya	1	2	5	-
Salfit	-	-	-	1
Nablus	2	2	13	3
Bethlehem		1	3	1
Hebron	1	4	-	-
Jericho	3	4	2	-
Total	27	67	33	5

Team stress management

Team members and counselors, went through lots of obstacles and challenges to conduct project activities and reach most vulnerable and remote communities. Counselors had to go through checkpoints, drive on unpaved roads and travel for long hours in order to reach the most vulnerable. Additionally, at many times, counselors themselves were subjected to similar acts of political violence as children and caregivers. This all causes them stress, fatigue and burnouts, which created the continuous need for ventilation and stress management.

During the supervision sessions, the teams were encouraged to talk about those struggles and were provided with guidance and techniques and were supported to ventilate and release this stress.

Additionally, team members went on a one day stress management that was designed to help them overcome the stress and burnouts and help develop resilience to cope with the pressure imposed on them.

However, it was observed and noted by team members that a one day stress management was not sufficient. Thus, team members recommended that the stress management needs to be extended to 2 days. The stress management for 2013 will be planned accordingly.

A breakdown of the Stress management activities Held in the districts:

District	# of Participants	
	FEMALES	MALES
Jenin	11	9
Tubas	6	5
Tulkarem	6	4
Qalqiliya	2	6
Salfit	5	4
Nablus	5	0
Ramallah	13	10
Jerusalem	19	3
Bethlehem	16	2
Hebron	12	6
Jericho	12	3
Total	107	52

MAPPING OF MHPSS SERVICE PROVIDERS IN WEST BANK

The East Jerusalem YMCA Rehabilitation Program is in the final stages of completing the activity of Mapping of Mental Health and Psychosocial Service Providers in the West Bank. The mapping of MHPSS service providers in the West Bank will contribute to the coordination and referrals between organizations, especially during times of emergencies. This will increase collaborative work and will be a significant source of information of Who does What, and Where in the West Bank. The mapping also identifies and categorizes organizations which provide MHPSS services

The mapping of MHPSS service providers in West Bank was initiated during 2012. Initial results show a total of around 250 organizations providing MHPSS services in the West Bank. The mapping was conducted in phases as planned.

Phase 1 (Preliminary Phase)

Identification and selection of scientific committee, which was joined by 8 members from UNRWA, MoH, MoSA, MoE, PRCS, PCC and YMCA.

The mapping scientific committee members are:

1. UNRWA: Ms. Wafa' Ali
2. MoH: Ms. Suheir Hammad
3. MoSA: Mr. Yousef Abu Mokh
4. MoE: Ms. Elham Ghuneim
5. PRCS: Mr. Musa Abul Jarayesh
6. PCC: Ms. Rima Awad
7. YMCA: Ms. Lama Odeh, Mr. Husein Warasneh

The selection criteria of Scientific committee members included:

- Relevance of education and work experience in the MHPSS sector
- Knowledge of the realities, needs and challenges of organizations providing MHPSS services, and recent developments in this field.
- Have the needed skills and knowledge in scientific research methods and methodologies.
- Have authority of decision making to facilitate and coordinate any cooperation needed.
- Ease of communication and accessibility through email, and able to attend the regular meetings.

The main tasks of the scientific committee included:

- Facilitate communication with the organizations they represent.
- Develop mapping questionnaire
- Set definitions and classification criteria of organizations mapped
- Collect lists of organizations providing MHPSS services
- Give feedback on mapping database, website and final report.
- Offer feedback and suggestions to mapping team and provide support when needed.
- Commit to attending the regular meetings held.

The mapping team reviewed several relevant studies and mapping initiative conducted both on the local and international level, making use of the outcomes of the literature review which was conducted in 2011 and the information gathered from the different mapping initiatives studied. The used questionnaires, tools and methodologies were also reviewed. The team also held meetings with TDH organization who implemented the mapping of MHPSS service providers in Gaza. The aim of the meetings was to share experiences and discuss accomplishments and challenges, which would help the YMCA team in the planning and execution of the mapping.

Phase 2 (Implementation Phase)

- The scientific committee held several meetings to discuss the questionnaire, definitions and selection criteria. A first draft was developed for pilot testing.
- Data collectors from the 11 district received the needed training and each was asked to pilot test the questionnaire by visiting and filling the questionnaire with 1 organization. Feedback was then received from the data collectors on the questionnaire including feedback on questions, categorizations, definitions and length. Feedback was also received on the coordination and cooperation of organizations filling in the questionnaire.
- All feedback received was taken into consideration by mapping team and scientific committee, and was integrated in the final draft of questionnaire. After which another training was conducted for data collectors and then the data collection process was initiated.
- The data collection process lasted around 3 months and during which questionnaires were reviewed and data collectors received supervision and regular feedback in order to insure accuracy and accountability of collected information.
- The database was then developed in order to document the collected data.
- Data entry was parallel to data collection. Constant follow up and feedback was given to data collectors verifying the accuracy, validity and reliability of information collected. Workshops were also scheduled with data collectors to review collected questionnaires. Data collectors were at times asked to revisit the organizations to insure questionnaires are appropriately filled and all missing information is collected.

- Information collected was entered in both Arabic and English languages and will be shown on website in both languages as well. This will make sure that both local and International actors can benefit from the website and make use of information collected.
- The work on the website was then initiated. The domain name was discussed between the mapping team and the scientific committee, which was agreed upon to be (MHPSS.ps) since the mapping covers Mental Health and Psychosocial Service (MHPSS) providers in West Bank (ps).



Difficulties faced during the mapping process:

- Difficulties in coordination of meetings with the scientific committee due to busy work schedules
- Difficulties in setting the selection criteria of organization to be included in the mapping
- The scientific committee also faced difficulties with classification of organizations mapped, target groups and activities/services provided.
- Difficulties in coordinating visits with organizations, since it was agreed that the questionnaire is to be filled with the director or decision maker at the organizations mapped. It did take a lot of time and effort to coordinate for the visits which at many times obliged the data collectors to revisit the same organization in order to fill the questionnaire.

Lessons learned and next steps:

- The mapping activity was successfully implemented and was conducted as planned. The mapping team was able to confront and overcome the different challenges and difficulties they faced.

- As a next step, a final report needs to be produced. The final report will include the details of the mapping activities, outcomes, used tools and methodologies as well as challenges of the mapping activity. The final report will also include graphs and analysis of collected data. A final report and a CD will be produced and distributed.
- Additionally, a user friendly manual will be produced and will include mapped organizations. The manual will be distributed to organizations, ministries, CBOs, and schools, especially at vulnerable areas, so that children and caregivers will have access to it and will be able to utilize it when they are in need for psychosocial support. The manual will also help increase referrals between organizations, especially during times of emergencies. The manual as well as the website will increase collaborative work and will be a significant source of information of Who, does What, and Where in the West Bank.
- In order to increase visibility and awareness on the mapping process, and also in order to insure increased coordination between MHPSS service providers, a national workshop will be conducted in to give an overview on the mapping activity, launch of website and distribute of final report and manual which will be produced.
- The 11 Psychosocial Emergency Teams will also make use of the information gathered. The teams will be more aware of organizations providing MHPSS in their areas, and so will contact them and encourage them to be part of the teams. As a result, coordination, collaboration and referral will be encouraged and strengthened between MHPSS service providers in the West Bank.
- Additionally, organizations will be encouraged to upload MHPSS educational and research material to the website, which will insure that it becomes more interactive and informative.

Visibility

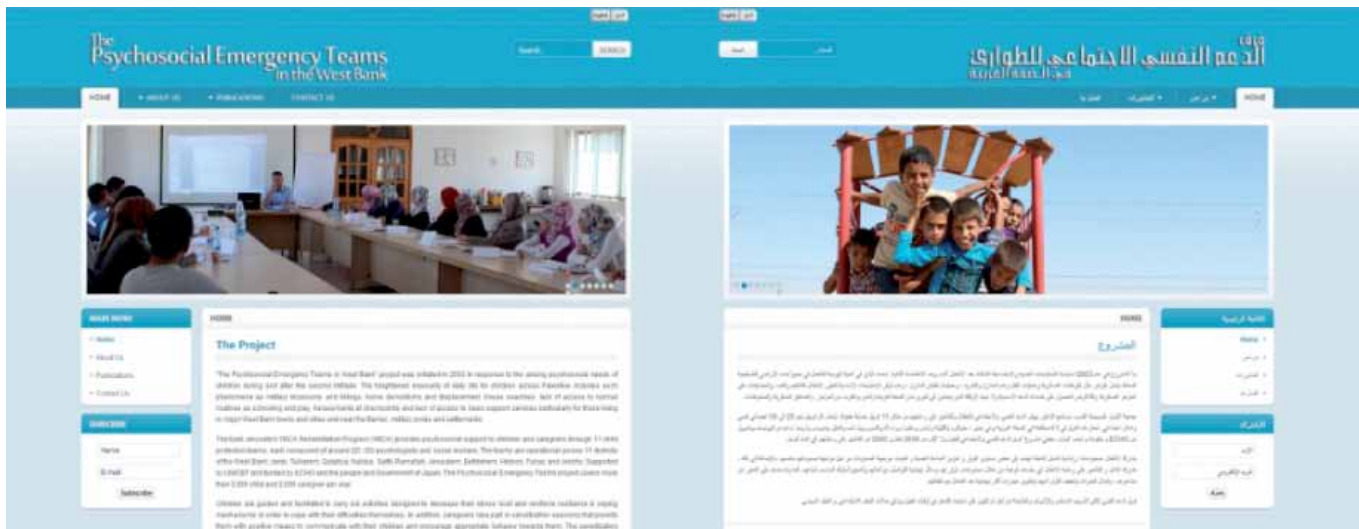
The visibility of the Psychosocial Emergency Teams was increased, as was recommended by partner team organizations in the central meeting. This was essential to ensure that more children, caregivers, professionals and organizations are aware of the teams and the services offered. A visibility and communication coordinator was recruited for this purpose. The coordinator worked on documenting emergency interventions and producing stories and monthly newsletters which were sent out to the mailing list which was developed for this purpose and which included emails of team member organizations, clusters and main service providers. The visibility coordinator also worked on the design of visibility materials which were produced and which included flyers, billboards, roll up posters and shirts and hats for the CRC day. Visibility components also included presentation to clusters and child protection groups on the work of the teams, the interventions and the activities provided.

- Monthly updates

Monthly newsletters were produced by the communication officer, reporting on all incidents and interventions, as an initiative to increase awareness on the realities of victimized children and encourage further support to vulnerable communities. The updates were disseminated to a mailing list that was developed for this purpose and were uploaded on the teams' website

- Website

Additionally, a website (www.ej-ymca.org/psetwb) was developed, and on which newsletters, stories and information about the team were uploaded. The website also has contact information for all the teams, and it was produced in both languages, Arabic and English, so that it reaches the local and international actors.



- Banners and billboards

As part of the effort to increase visibility of the project, 11 billboards were created and were displayed in all the districts in order to raise awareness of the work of the Emergency Teams and ways of contacting the teams if psychosocial support is needed.

Also, a rollup poster was created for each team to be displayed during any event or activity that the teams held.



- Media coverage

Most of the project's events and activities were widely covered by the local and global media outlets including news websites, TV channels and newspapers. This helped tremendously in raising awareness of the teams and the services offered.

- Flyers

Thousands of flyers were produced detailing the services of the teams and the scope of the project, both in Arabic and in English. The flyer also included contact information for all the teams and ways of reaching out when support is needed.

Obstacles

Alongside the hard work and the accomplishments we achieved in every aspect of the project, difficulties always faced the Psychosocial Emergency Teams.

From one hand, the instability which the region is unfortunately undergoing continues to constitute a real difficulty in front of the dedicated team members, particularly those who are working in the field. Movement was restricted which greatly affected the intervention plans. Moreover, since our interventions during this year focused on vulnerable areas where the communities are facing the threat of eviction- reaching these areas on a daily basis constituted a real hardship, particularly due to the fact that no cars can reach these remote, isolated and hard-to-reach areas where no normal roads to use exist. Furthermore, the intensification of the settlers' violence made it hard for the team members to reach some areas besides working with fear in many cases, especially in the villages that are close to the settlements.

Also in some cases, the teams struggled to find a suitable location to hold the interventions, especially in remote areas. This was exceptionally difficult when dealing with incidents of demolitions of whole areas.

Participating Organizations in the Psychosocial Emergency Teams:

Al Bir Society	Palestine Children's Relief Fund
Al Marfa Mental Health Association	Palestine Red Crescent Society
Al Murabitat Charitable Society	Palestinian Counseling Center
Al-Awda Center	Palestinian Family Planning and Protection Association
Al-Maqdese for Society Development	Palestinian General Union of People with Disability
Alyasir Organization for Development and Rehabilitation (Al Sheraa)	Palestinian Medical Relief Society
Annajdah Palestinian Women's Development Society	Palestinian Police
Attadamun Charitable Society	Palestinian Prisoners Society
Bal'a Sports and Cultural Club	Partners for Sustainable Development
Beit Fajjar Municipality	Psycho-Social Counseling Center for Women
Bethlehem Governorate	Qalqilia Charitable Society for the Blind
Burj Al-Luqluq Social Center Society	Qalqilia Women Association
Caritas Jerusalem	Roles for Social Change Association (Adwar)
Child Care Society	Rosary Sisters School - Jericho
Committees of Social Work Association	Sawa
Community Action Center - Al-Quds University	Shaikh Khalifa Vocational Rehabilitation Center
Community Based Rehabilitation Program	SOS Children's Villages
Community Service Center - An Najah University	Sparfford Children's Center
Defence for Children International	TAMER Institute for Community Education
East Jerusalem YMCA Rehabilitation Program	Terre Des Hommes
Ephpheta Paul VI	Thalassemia Patients' Friends Society
Family Defense Society	The Guidance and Training Center for the Child and Family
General Union of Palestinian Women	The Hebron-France Association for Cultural Exchanges
Girls' Care Home	The Montessori School
Habla Municipality C.B.R	The Palestinian Happy Child Center
Health Work Committees	The Palestinian Center for Growth and Human Development
Hebron Governorate	The Palestinian Working Woman Society for Development
House of Faith Association for the Care and Shelter of Orphans	The Rural Women Development Society
Humanitarian Bridges of Hope Association	The Shepherd Society - Bethlehem Bible College
IBDAA Cultural Center	The Trust of Programs for Early Childhood, Family and Community Education
Islamic Charitable Society - Hebron	The Union For Social Workers and Psychologists
Jericho Municipality	Treatment And Rehabilitation Center For Victims Of Torture
Jericho Women's Charitable Society	Tubas Charitable Society
Médecins Du Monde	Union of The Charitable Societies - Jerusalem
Medicines Sans Frontiers	UNRWA
Mehwar Center	Women Center - Jerusalem
Ministry of Culture	Women for Life
Ministry of Detainees And Ex-Detainees Affairs	Women's Centre for Legal Aid and Counseling
Ministry of Education	Women's Studies Center
Ministry of Health	Working Woman Committee
Ministry of Labor	Youth Development Department
Ministry of Social Affairs	
Nafs Center for Empowerment	

To contact the psychosocial
emergency teams

Jenin	04-2504167
Tubas	04-2504167
Tulkarem	09-2675621
Qalqilya	09-2948566
Nablus	09-2371598
Salfit	09-2517235
Jerusalem	02-6277966
Jericho	02-2324075
Ramallah	02-2959990
Bethlehem	02-2772713
Hebron	02-2253773

psetwb@ej-ymca.org
www.ej-ymca.org/psetwb