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**Project document by Finnish Psychologists for Social Responsibility & The National Institution of Social Care and Vocational Training (NISCVT), commonly known by the name Beit Atfal Assumoud (BAS) 8.5.2018 Helsinki-Beirut**

# Mental health for groups with complex needs: a multidisciplinary model combining client centred and community approaches (2019-2022) Monitarpeisten ryhmien mielenterveystyö: moniammatillista yksilö- ja yhteisötyötä

**Contents**



## 1. Background and drafting

**- Description of background and situation at the start**

Funding from Ministry for Foreign Affairs of Finland (MFA) in several periods

The partners, Palestinian-Lebanese NGO The National Institution for Social Care and Vocational Training (NISCVT), commonly known by the Arabic name Beit Atfal Assumoud (BAS) and Finnish Psychologists for Social Responsibility (FiPSR) have a long cooperation history (since 1984). Project support from Ministry for Foreign Affairs of Finland (MFA) has given support as fixed-term additional contributions for the strengthening of the mental health and mental health services in the Palestinian refugee community in Lebanon.

FiPSR has a group of psychologists, who by monthly donations support the mental health program, some of them from the very beginning 1984. Ministry for Foreign Affairs of Finland (MFA) has supported several periods. All the supported periods contributed to reach a new stage in mental health program: working in multidisciplinary teams, to overcome and support recovery after periods of wars (1982, 1895-87, 2006, 2007, 2008) and intensified armed conflicts (2017), implementing gradually in larger scale the methods of community based mental health approach (task shifting, help to the families at home), building a network of mental health service providers (mental health conferences 2007), developing the services for children with

multiple special needs (disability component 2009), participation in the care of displaced families from Syria (2012). MFA support has enabled the high quality mental health service for children of low-income and poor refugee families, enabled to reach new stages in service implementation model and enabled the professional skills' development of the mental health program staff.

UNRWA is the principal duty bearer of health services to Palestinian refugees. From 2003 as a part of the project 'Improving the Living Conditions of Palestine Refugees in Lebanon' UNRWA scheduled workshops on themes psychological first aid and psychosocial assistance. UNRWA has also launched (2017) disability inclusion guidelines to create a consistent Agency-wide understanding of key disability inclusion principles and practices.

NISCVT/BAS is projected partner in mental health awareness raising campaigns of UNRWA, and offer gap filling service and expert contribution to the mental health and disability programs. The vulnerability-concept experts of NISCVT mental health program participate also in task-force group of National Mental Health program of Lebanon. These official duty bearers will hopefully in the future be able to offer accessible and affordable services for Palestinian children and their families with mental health difficulties and disabilities. Currently, UNRWA needs the service gap filling cooperation with NGOs like NISCVT/BAS.

First period 1984-1995 – cooperation with social work in the Shatila and Ein el-Helweh camps
The first period was support to and cooperation with the two sponsored social workers in most needy refugee camps in Lebanon (1984-1995). We cooperated continuously with social workers and some information projects supported the information dissemination at that time. The social workers visited Finland. At that time children' home of Beit Atfal Assumoud was evacuated in Damascos due to the Sabra and Shatila massacre. After gradual return to Lebanon NISCVT/BAS started the Family happiness –sponsorship program (comprehensive social work).

Preparation and start of mental health program implemented by the name Family Guidance Center (FGC) 1995-2005
FiPSR was contacted in 1995 and asked to assist in starting the mental health program because of the increased number of social and mental health problems in aftermath of the civil war in Lebanon (1975-1990). NISCVT/BAS trained social workers 1996 in mental and developmental issues of children. The first center by the name Family Guidance Center Beirut started in November 1997. In September 1998 the psychiatrist, Dr Madeleine Badaro Taha started to work in FGC Beirut, and still continues.

Starting mental health services in North and South Lebanon 2005-2007
NISCVT/BAS established 2005 Family Guidance Centers serving the Northern camps. FiPSR assisted in the preparations, but another Finnish NGO, Finnish-Arab Friendship Society (FAFS) took the responsibility of development cooperation with NISCVT/BAS in the North in 2007. However, FiPSR assists FAFS by the professional mental health program managing.

Starting mental health services in South of Lebanon 2007>
Periods, when MFA's support was crucial, was, when NISCVT/BAS decided to develop mental health program to facilitate the recovery after war and armed conflicts in southern Lebanon. The FGC El-Buss in Tyre was opened by the help of MFA funding to alleviate the situation in South Lebanon after the disastrous Israel-Hizbollah –war 2006. The FGC Saida was opened 2010 in the most conflict-prone camp of the refugee camps in Lebanon, Ein el-Helweh. The Finnish support is well noted and appreciated.

Service for children with multiple special needs 2013-2018
The next effort, where Finnish MFA help was supporting the new phase in the mental health program, was the creation of the sponsorship program for schooling of children with multiple special needs (MSN). At the time when NISCVT/BAS invited international sponsors to the sponsorship program (2009), there were few children who got a place in special education in a couple of schools. MFA funded a disability program (2013-2015), during which the FGCs succeeded to make a breakthrough in the service for Palestinian children of multiple special needs. In the project period 2017-2018 the disability project is integrated in the basic project cooperation as a disability component in all FGCs. In school year 2016-2017 there were 184 children in 40 special schools and institutions, and 119 children in tailored medication and medical follow-up in the FGCs (French Santé Sud sharing the funding partnership 2016-2017, but stopped after that period).

"Next developmental efforts 2019-2022 “The best services for most needy people.”
Again, there is a new phase emerging in the mental health program. The twenty years’ experience is highly appreciated by the families. Good service is the best way to raise the awareness of mental health and developmental concerns. However, increasingly there has been initiatives and opinions in FGCs and in the board of NISCVT/BAS, that the service structure must be reflected and updated to correspond the new situation in the Palestinian community. After 70 years’ refuge and waves of several displacements (Nakba 1948, war 2006, destruction of Nahr el-Bared camp 2007, clashes 2008 in North, Palestinians form Syria), worsening economic situation, war in Syria, tensions between locals and refugees, funding cuts and shutdown of UNRWA services, rotten camps – all are facts, which make the living conditions for children and families unbearable in Lebanon. But facing this reality the Family Guidance Centers have not given up. The psychiatrist in FGC Beirut put the red line to the development in coming years: “The best service for most needy people”.

Continuing the mental health program is for NISCVT/BAS not only emergency work in the middle of crisis. NISCVT/BAS is “multitasking” in addition to curative service, NISCVT/FGCs participate in the task-force group of the National Mental Health Programme with around 60 other NGOs and stakeholders. The group is developing the program of Ministry of Public Health by the vision “All people living in Lebanon will have opportunity to enjoy the best possible mental health and wellbeing.”

Situation at the start
NISCVT/BAS invites (and really needs) international partners to support mentally, professionally and financially their multilevel efforts over the on-going crisis period. NISCVT/BAS is updating the strategic plan for the mental health service, continues in task-force of National mental health development work, shares the service delivery responsibility with UNRWA, specialized in service for groups of people with complex needs.

In mutual discussions and drafting process NISCVT/BAS and FiPSR have planned a continuation project by the title: “Mental health for groups with complex needs: A multidisciplinary model combining client centred and community approaches”. FiPSR applies funding for the years 2019-2022 255 000 €/year.

**1.2. Analysis of the operating environment and stakeholders (incl. description of conditions in the local civil society, and analysis human rights situation there)**

Palestinian child, refugee in fourth generation, non-citizen, in closed environment, no money, crowded schools, hardly access to health care – children with complex needs

Estimated population in Lebanon is 5,9 million. By the Lebanon response plan (2017-2020) of whom 2,8 million are targeted needing assistance: 1,5 million displaced Syrians, 1,03 vulnerable Lebanese, 257 400 Palestine refugees in Lebanon (PRL) and 31,500 Palestine refugees from Syria (PRS) .

Palestinian refugee camps and gatherings in Lebanon were created in 1948 and 1967. Thus, Palestinian children living in the camps are now the third or fourth generation of Palestinian refugees.

In 2017 Lebanese-Palestinian Dialogue Committee conducted the first-ever census of Palestinian refugees, Palestinians residing in Lebanon are 174 422 (though, in addition to 32 500 PRS registered by UNRWA. Prime Minister Saad Hariri stated at the census briefing that Lebanon has human, social and moral duties toward the Palestinians, but Palestinian refugees would never become citizens of Lebanon. Mr Hariri wants Palestinians to keep their identity and to return to their homeland.

Humanity & Inclusion is concerned about how closed the environment of the Palestinian child is. “Layers of factors going down from rights and political context to the direct environmental context including family, neighbourhood, and access to school and care services create for Palestinian children a closed environment in physical, psychological and social levels. The children have limited present and future life perspectives and opportunities. In this context, children with mental health problems and their families experience discrimination and feelings of guilt related to the lack of awareness and knowledge about mental health issues in the community” (Handicap International: Community Based Mental Health Guide, 2017, 15).

Fathers cannot give money to their children. Two thirds of the PRL population is poor, 86,5 % of the employed PRL do not have contracts, and only 6,0 % hold work permits. Almost half of the employed are paid on daily basis. The discriminatory laws work against their ability to improve their living conditions and livelihoods.

Between 1950 and 1982 the Palestinian refugee community in Lebanon was considered to be the most educated among Palestinians in the region. The Lebanese civil war 1975-1990 destroyed the infrastructure. Palestinians are a young population, 15 % infants, 26 % being school-age, they have play- and school mates. But UNRWA and AUB have noticed that poverty affects young refugees more than other age groups. Some of the children are disabled. According to the UNICEF assessment 2010, almost 30 per cent of the total Palestinian refugees with disabilities are children below 18, and 30 % of them are excluded from the educational system.

Concerning the access to health care, according to Lebanon Crisis Response Plan, targeted by Health Sector/UNRWA there are 7620 PRL and 11530 PRS children. World Health Organization Country Office, Beirut reports about a decrease in funding to the health sector in general, and specifically to the Palestinians; for this, there was a call for proposals by OCHA focusing on access of Palestinians to primary and secondary health care as well as focusing on disability.

The call for proposals closed on April 6. (Information April 13th 2018 by Ms Edwina Zoghbi, Public Health Officer).

**1.3. Development programmes in country (incl. 2030 Agenda) and relevant policy guidelines influencing the project**

National Mental Health program inclusive, UNRWA in duty, SDGs not very far

Positive development in national mental health program
National Mental Health Strategy works for goal: Improve access to equitable evidence-based health services - preventive and curative - for all persons in the vulnerable groups living in Lebanon (Ministry of Public Health 2015, 45). Refugees from Palestine is one of the vulnerable groups.

Cooperation with UNRWA
UNRWA services encompass education, health care, relief and social services, camp infrastructure and improvement, protection and microfinance. Finland supports UNRWA, which is the main duty bearer in Lebanon for Palestinian refugees. As one of the main and oldest NGOs serving Palestinian Refugees living in the Palestinian camps in Lebanon, the NISCVT has set off since many years initiatives of cooperation with UNRWA. The overview of cooperation during the years 2007-2017, based on the Annual Family Guidance Center reports, shows how mutually benefiting the cooperation is.

Cooperation forums
NISCVT/FGC participate In UNRWA headquarters Beirut in general coordination committee with UNRWA and NGOs. The reported cooperation aims to exchange of knowledge about services and learning to know the responsible people. The cooperation is both occasional and scheduled. When NISCVT/FGC launched 2009 the project “Schooling of children with special needs” FGC with some mothers met in January 2010 the head of UNRWA Lebanon, Mr Salvatore Lombardo. Mothers’ committees were advised to contact area officials throughout Lebanon to establish coordination in the issue of children with multiple special needs.

Referrals
In the annual FGC reports, it is told about the practical cooperation on behalf of the children with health problems, special needs and learning difficulties. Two-ways referrals are done in small scale, but continuously. Some children with learning difficulties could continue in normal class when supported by therapies in FGC, e.g. in 2012 eleven students with learning difficulties reintegrated in their classes. FGC Beddawi therapists and UNRWA teachers established a common action plan. Unfortunately, UNRWA did not accept 2013 the proposal of FGC Beddawi to establish a class for 8 girls with learning difficulties. After the period in special class the girls should been back at school.

Projects
2007-2008 UNRWA health department/Mother and Child Health clinics, Handicap International and NISCVT/Beirut Family Guidance Center launched “Early screening and detection for children from 0-3 years old”, project aiming to increase the parents’ awareness increase. Dr

Madeleine Badaro Taha was responsible of the project implementation. She created a questionnaire to nurses for the detection purpose.
2009 “Detection and Early Intervention in Psychological and Psychiatric Disorders of childhood”, second phase of Early detection project was carried out with all grade one students in Beirut area. Later the questionnaire was implemented with all 5550 students, and children were mentioned to be referred to the FGC according to certain criteria and warning signs.
2010 with FGC Beirut and Pursue Ltd Britain UNRWA launched the pilot project of early screening in 4 francophone pre-schools (Beddawi, Nahr el-Bared, Saida and Beirut). The aim of this project was to find children suffering from trauma, distress or potential developmental or learning difficulties, who could then be referred to FGC centers for further assessment and treatment. 44 UNRWA teachers, school coordinators and school supervisors attended the two workshops of this project and 109 students were examined by the psychiatrist in 6 schools. The cooperation with UNRWA educational department was established.
2015-2016 “Community-targeting Sensitization” awareness sessions for groups of mothers and another series for groups of young people in Beirut and southern camps. This was part of the “Improving the living conditions of Palestine refugees in Lebanon” – EU Spring Funds –program.

Hesitant evaluation by state Lebanon on progress in SDGs
Arab Regional Consultative Dialogue on the Sustainable Development Goals (Tunisia, 18-19 November 2013) decided in October 2013 priority issues for goals: Governance, Equitable growth and jobs, Peace and security, Poverty eradication, Gender equality, Food, Energy, Water, Means of implementation other SDGsa. This priority might be good also from Palestinians’ point of view. The list concerns the issues, which modify the environment of the children.

However, report of SDGs of Lebanon (April 20 2017) does not tell much of concrete interventions, and does not single out Palestinian population. Against poverty Lebanon has targeted support for the poorest (Lebanese). Among Palestinian children and adolescents in various age groups of PRL the extreme poverty rate varies 2,4 – 5,1 %, and among PRL childhood groups between 5,9-13,9 %. SDG 3 mentions that Lebanon will ensure affordable health care for all. Concerning the political system, report confess that many Lebanese are loosing faith in the ability of government to provide services, ensure accountability and justice to the population, and worry about risks of violence and radicalization.

**1.4. Links with possible other projects or development programmes in the same sector, including other activities that Finland has supported through development cooperation funding**

Embassy of Finland has supported 2010 part of the Reproductive Health and Sexual Education Project for Palestinian Youth.by the local cooperation funds the reproductive health program of NISCVT/BAS. The reproductive health activity continues and NISCVT/BAS has after the project established peer education clinics.

FiPSR will cooperate with YMCA Finland, who is funding a three-year project to help Syrian refugees in Lebanon. This joint project of YMCA Finland and YMCA Lebanon develops the livelihood prospects of the youth through vocational training. YMCA Lebanon has supported

some activities of NISCVT/BAS in previous years, e.g. to establish a computer lab in Nahr el-Bared center for vocational training program. (Letter of intent 25.4.2018)

**1.5. Description of the project's planning process and specification of parties involved in them**

The planning started during the monitoring visit in September 2017. Director of NISCVT/BAS, Mr Kassem Aina stressed, that their pioneering and advocating work in mental health is increasingly a question of human / children's rights. Mr Aina expressed that the cooperation with the Northern NGOs, two Finnish and one Norwegian are highly appreciated because of the long-term cooperation. To develop a mental health program with distinction is not a quick endeavour.

Intensive planning sessions were during the monitoring visit 15.2., 21.2., 22.2. 2018 in Beirut. In discussions with the medical supervisor, children and youth psychiatrist. Dr Madeleine Badaro Taha and clinical psychologist, Ms Liliane Younes (FGC Beirut) and in email consultations we defined the long-term goal which the project contributes to, and the outcomes for the 4-year project period. During the visit 19.2.2018 in FGC Saida we planned with two social workers and two mothers, who were accompanying their children to the appointment, how to collect feedback of the workshops and meetings. We brainstormed how to put the questions for feedback. We stated that asking feedback is one way to show, that the opinion of participants in the activities is important. In Finland, among the project team and project supporters, we are preparing procedure how the feedback could be asked directly from the children themselves.

In Finland the board meetings of FiPSR and session 12.12.2017 in Disability partnership Finland have been helpful. The trainers of staff stress management of FiPSR have contributed one subproject which proceeds to training of trainers –stage. Psychologists Kirsti Palonen and Nina Lyytinen planned this 30.3.32018 with General Director Kassem Aina and coordinator of social work, De Rania Mansour. NISCVT will get own skilled staff to carry the wellbeing support further in the project "Stress relief for refugee population in Lebanon"

Several reports helped the planning: Annual report of Family Guidance Center 2017 prepared by coordinator Liliane Younes, masters' thesis of Ms Nancy Najm (2017), overview of the progress reports (27) of children with special needs, the Mental Health and Substance use strategy for Lebanon (2015-2020), UNRWAs guidelines for disability inclusion, some WHO documents, Lebanon Crisis Response Plan (2017-2020), evaluation reports by Santé Sud (staff training and emergency support for children with special needs), final evaluation report of Dr Aziza Khalidi from the previous project period of FiPSR.

During the planning process an interesting issue figured out. Mental health program of NISCVT is appreciated and parents report about good progress of their children. But internally there is a lot going on, some dissatisfaction and a strong will to understand, what must be done to get the service policy updated and clear. The discussion goes on with concept of strategic planning. What an inspiring time it will be to follow and try to assist, when an excellent unit puts upgrading effort on. And at the same time the context is turning more and more desperate. Where might the energy come? Maybe it is the spirit which is embedded in the Palestinian name of the organisation "sumoud", "resilience", "stedfastnes".

**1. 6. If the project is a continuation of an earlier project, the results and lessons learned from that project.**

Treatments in Family Guidance Centers (FGC)
The service in FGCs is open also for Syrian displaced children, 5 % among the 316 beneficiary children. Individual treatment was completed by 35 % of children, 48 % needed more time and support, 7 % were referred to special schools, 4% were unstable, 6 % dropped out. The therapeutic group activities (e.g. music therapy) added the treatment array. Children with special needs (75) were followed up in their own FGCs Saida, El-Buss and Beirut, in addition to their attendance in special education. Nearly half of them had consultations 1-3 times and others 4-12 timed in their own FGC. Quality of cooperation between the family, special school and FGC was estimated in the progress reports good 81 %, fair 15 %, or not good 4 %. The child's improvement was assessed by FGC team, being in the cases 71 % good, 22 % fair and 7 % minimal. The FGCs executed well planned home visits (774) by social workers. Improvement of the home and social situation of the child was good in 70 %, fair 23 % and none in 7 % of cases.

Development of service and networking for sustainability
For analysis of interview data Ms Najm (2017) put the data in the frame of strengths, weaknesses, opportunities and threats. Several strengths were recognized. Leadership commitment means that the board of directors show support to the mental health program through commitment and engagement to advance the mental health services. Existing staff acts upon ethical values and organizational standards and are self-motivated. They have the motivation to strive for continuous improvement and for delivering services as good as possible to their own community. The multidisciplinary team approach adopted by the organization contributes to a holistic care and a diversity in the services provided. These allow for a wide variety of services offered. NISCVT has a well-established network of partners on various levels, such as other programs within the organization, service providers in the community, national organizations and some long-term international supporters. Community based model was developed through the integration of task-shifting in its services under specialists' supervision, the running of parental support groups, the creation of a parents' committee and home awareness stations. One strength stands in its acquired reputation and wide exposure among donors, stakeholders and the community in general during 20 years of serving the Palestinian refugee community. NISCVT puts large efforts into networking and linking with other programs within and outside the organization. Services enjoy a high level of acceptability. This was shown by the high satisfaction of the users, staff and main stakeholders.

In her study Ms Najm (2017) found also weaknesses, areas needing improvement in mental health program. On the leadership and governance level, the program has been operating without the support of a clear policy. Therefore, there are no common vision, mission, values, goals and priorities across all the teams and centers. Mental health services should be managed by professionals experienced in mental health and social work. At the present time, the absence of a full-time program coordinator makes it difficult to harmonize, unify, strategize and organize the work across all the centers. This leads to another challenge related to the internal communication between the staff across all the centers. Many of the staff, especially the part-timers are not informed enough regarding required technical and managerial issues. Financial infrastructure shows many gaps such as: The absence of a fundraising unit specialized in writing proposals and fundraising, the lack of standardized financial policies and procedures, an understaffed financial department, the absence of a yearly financial planning,

the funders' preference for short-term funds. The financial uncertainties faced by the program have led to submitting funding proposals targeting areas and activities that are of interest to the donors but not necessarily to the organization.

Until now the Community Based Model has been carried out by means of trials and errors. Due to various funding circumstances, the centers function independently with different models of organization of services. In many ways, the model still functions in a clinical way: in many centers, the user is received once a week or biweekly and is offered individual treatment sessions for a long time and with low participation from parents. This model has remained unchanged in most of the centers despite the increase in the demand on the services that is coupled with the increase in the waiting lists. Mental health awareness and promotion is not perceived as a priority at the same level in all the centers. There is a poor or lacking collaboration between the different existing programmes (the kindergartens, the Family Happiness and the peer education programmes, etc.). The health and information system also presents a major gap, there is no unified electronic system to collect/generate data to inform decision makers on the prioritization and development of the services. Forms for medical records, for communication, and for administrative procedures differ from one center to the other. Limited research implies a low ability of the program to generate and publish evidence for locally adapted interventions.

Lessons learned
The mental health services should focus still more on the whole community to reach and serve more needy families and children (Dir. Kassem Aina, Dec 18th 2017)

Dedicated, long-term staff is the backbone to mental health services. The training efforts must be continuous and well coordinated and documented. The reinforcement and development of previously learned skills must be included in the staff training plan.

There is again a new period in the mental health services of NISCVT. During a couple of years a strong will has emerged to reflect the 20 years' history and create a new policy with renewed implementation model. This is done by the efforts towards the new strategic plan. Strategic planning is still in the contemplation and consideration phase, not really in active working out-phase. It means that discussion pro and against in the issues concerning the mental health program is ongoing. It is necessary to find a commonly accepted views. Maybe, also the role of the FGC directors and team leaders will be discussed.

Since 2014 team of Finnish psychologists has given stress management workshops to the social workers of NISCVT. The discussion about training of trainers for the stress management activities started in 2017. The social workers report positively about the training, and now a group of them will start training of trainers for the activity "Stress relief for refugee population in Lebanon" in the camps.

While NISCVT with its FGCs serves all nationalities (PRL, PRS, Syrian, Lebanese), it is an example of cooperation and not putting fences between. Unfortunately, because the refugee camps are now mixed after the displaced people from Syria settled down there, some are served by UNRWA and others in the next room by UNHCR. This division is not always understood in the camps.

We learned that monitoring the budget only twice a year is not enough, and shifted from biannual financial reporting to four times a year in order to be alerted in time, if there will be some changes in the service, or recruitment delays after some resignation.

**2. Recipient organisations (including rights-holders and duty-bearers)**
2.1. Immediate beneficiaries
Most beneficiary children have complex developmental problems including organic underlying pathologies, speech, psychomotor or cognitive delays, learning disorders and/or emotional, behavioural problems. Organic problems are: epilepsy, mitochondrial disease, cerebral palsy, brain tumor, vasculitis, down syndrome. Neurological and psychiatric complication of those pathologies are noted. The most prevalent were developmental delays, communication disorders, behavioural and emotional disorders.

370-420 beneficiary children/year, variation depending on several prerequisites
Number of new referrals in FGC Saida annually 120
Total number of beneficiary children in treatment (follow-up) in FGC Saida 200
Number of new referrals in FGC El-Buss annually 100
Total number of beneficiary children in treatment (follow-up) annually in FGC El-Buss 170

Disablity component:
Number of children with multiple special needs (special school, medical aid, rehabilitation, follow up, family support) FGC Saida 20-30 FGC el-Buss 20-30 FGC Beirut 20-30 (60-80)

In southern centers total beneficiary children 370-420, 40-60 of them children with special needs. FGC Beirut 20-30 children with special needs. Total number of disability component 60-80 from three FGCs.

By gender the children are ca 60 % boys and 40 % girls.
By nationality the share of the children is Palestinians in Lebanon (PRL) 75 %, Palestinians from Syria (PRS) 10 %, Lebanese 5%, Syrian 9%, other 1%

2.2. Other beneficiaries
Indirect beneficiaries are all the actors who are responsible for the child's wellbeing, development and care
a) family: mothers, number 700, fathers, number 100 siblings, number 750
b) extended family members, number of 200
c) other services of NISCVT which the beneficiary families can benefit from: social workers in the camp centers, kindergarten teachers, remedial class teachers, dental care, cultural activities 100
d) staff members in southern and Beirut FGCs 22, official duty bearers for family services UNRWA health, education, shelter 10,
e) Special schools and rehabilitation institutions which offer services for Palestinian children with multiple special needs 60-80 persons
f) volunteers, parents' committee members, voluntary working groups 50

Najm (2017, 52) proposes in her thesis proposes target groups new parents, women in bearing age, primary care doctors, nurses, teachers and religious figures.

Feedback information will be asked regularly, and methods to get feedback from children themselves is in developing process. There is slight increase in the number of fathers, who are active in the role at home, and participate in centers' activities.

**2. Recipient organisations' participation and ownership**

The mental heath program of NISCVT is totally in their own hands, but NISCVT wants to invite partners to widen the view, to bring possible new ideas and being a reflection partner. FiPSR project is shared in keen contact. NISCVT/FGC prepares the monitoring visits for partners carefully, shares the documents which are helpful in monitoring, gives always answers to questions, shows appreciation to the cooperation. For the financial support NISCVT is thankful for FiPSR and Ministry for Foreign affairs of Finland.

**3. Objectives and monitoring of objectives**
**3.1. Theory of change** – biopsychosocial approach, complex needs, wicked problems, stages of change

The Family Guidance Centers apply biopsychosocial approach which considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery. Treatment is based on this set of assessment results. In the title of this project is concept "complex needs". "The complex needs" is used in societal challenge theory, which presents problems as tame or wicked, which are tackled in different way. Working in health with wicked problems means multiple co-morbidities and mix of social and medicine problems. (The British Medical Association, Critical, tame and wicked: the three types of problems and how to manage them).

The Stages of Change Model will be helpful in this project. Model helps to assist the change in each stage in an appropriate way. All stages are needed to gain the permanent change. If we e.g. jump too early to the stage of action without the preparation stages, we easily relapse in our effort.

These notions, changes through stages and finding approach to tackle wicked problems (complex biopsychosocial needs), apply both in clinical and community interventions

**3.2 Long-term development objective**

The mental health of children and adolescents and their families within the Palestinian refugee population and among the most deprived categories from other nationalities living in Lebanon is protected and promoted as a fundamental and basic human right.

**3.3. Immediate outcomes, their monitoring and indicators (qualitative and quantitative), and baseline**

1) Multidisciplinary mental health teams delivered service for children with mental and neurodevelopmental disorders in two southern FGCs combining client centered and community approaches
Monitoring: Following in narrative and statistics reports the treatment process from initial assessment by the psychiatrist to family situation by the social worker, treatment plan in the FGC team, referral to therapy, respective therapist carries the assessment, set the treatment goals with parents, delivers the treatment, follows up the progress,
Indicator: Process scale 1-6 (developed as pilot measure to describe the progress of the child)

As a service entity, the annual activity plan is the base for monitoring discussions during project visit. Activity statistics of the centers

2) Organized schooling, medical assistance, therapies, group activities, family support for 60-80 children with special needs (disabilities) in southern and central areas of Lebanon
Monitoring: Service agreements with special schools, medical and rehabilitation instances enable service for children with special needs (increased number of agreements depending on several preconditions). During project visits meeting some children and visting special school, interview of program coordinator.
Indicator: Progress report for sponsors (11 items in questionnaire) (n=30-35), an overview prepared of the data

3) Service coordination and development - skills and facts update - produced new information about the rights of the Palestinian child to quality mental health service and prerequisites for healthy development.
Monitoring by discussions during project visit: Coordination resources checked, implementation of planned staff training, skills enforcement and staff care, data gathering for studies, feedback surveys from parents, siblings, piloting the feedback information from children (samples). Through the outputs produced new information on the situation of the Palestinian children in Lebanon, their rights and the main gaps, for development of mental health program and advocacy work with parents' committees.
Indicator: documented new information for development of the mental health progress

4) Strengthened the mental health service for groups with complex needs in Palestinian community and in Lebanese society by providing a multidisciplinary model combining client centred and community approaches
Monitoring: Interviews during project visits. Year 1921 is named as "Year of multidisciplinary team work in mental health service for children". FiPSR sees, that the project must help the FGC staff to refine their knowledge refined from valuable "practice based" experience towards reflected best practice.
Indicator: Presentations in the annual mental health conferences

**3.4. Most important concrete outputs**

Output 1 Therapies for objective 1 (treatments)
Therapies of 370-420 children implemented individually and/or in therapy groups, including home visits of social work (770), family guidance sessions (5-8 times/year) and psychosocial activities for children (1-2 times/y) with volunteers
Baseline: New therapies 220, appointments ca 1400/year. Home and school visits by social workers 770/year, family guidance sessions in the center 5-8/year, psychosocial outdoor activities 1-2 times/year with the help of volunteers. Beneficiaries by nationality PRL, PRS, Syrian, Lebanese
Monitoring: Activity and financial report 4 times/year, observations and interviews during the monitoring visits, reports
Indicators (qualitative and quantitative): Activity statistics of FGCs including the progress information, beneficiary surveys, staff interviews during the monitoring visits.

Outputs for objective 2 (children with special needs)
Treatment and rehabilitation of 60-80 children with special needs (disabilities) implemented, the contacts to the children' s homes and special schools and institutions managed. Annual progress reports to sponsors written, expecting to get an overview back.
Baseline: 38 children in south, 38 children in Beirut area get referrals to special institutions or benefit from therapies, social support and medical aid.
Monitoring: Meeting beneficiary children and visiting some schools during monitoring visits, interviews with FGC staff, following the level of tuition fees and other expenses with financial department, mediating contacts between the Finnish sponsors (kuntoutuskummit) and the child, promotion of sponsorship program, seeking information about the general situation of service for children with disabilities. In the third project year in Finland evaluation seminar with Disability Partnership Finland.
Indicators (qualitative and quantitative): Activity statistics of FGCs including the progress information, beneficiary surveys, staff interviews during the monitoring visits
Quality of cooperation between home, school, FGC (good, fair, not good), children's progress.
Source: the annual progress reports to sponsors (11-item questionnaire)

Outputs for objective 3 (knowledge building for service development)
Base for service coordination and development - staff training, skills reinforcement, staff care, transportation to work, and training of trainers in stress management organised. New data collected from the work experience of the FGC staff and through beneficiary surveys.
Baseline: Partner organization is renewing the policy and implementation setting for mental health service after 20 years' experience and prepares a new strategy onwards. Coordination resource is scarce. Feedback from service is collected only occasionally. The staff meetings, general and by profession, to reflect the work experience are not arranged regularly due to the time constraints.
Training for staff: Applied behavior analysis – this training will help to deal with autistic children and their parents. The plan is to reinforce and develop previous acquired skills in certain sectors mainly the ADOS, TeaCH, CPT and Vineland. For the social workers the plan is follow-up and supervise the work based on their training on Case Formulation and Portage.
Monitoring: Activity reports, discussion during the monitoring visits, preparing overviews of surveys and feedback inquiries
Indicators: Documented information packages, how the different lines have contributed to the increased new knowledge for service development. The conclusion is attached in the Annual mental health program report.

Output for objective 4
Updated service policy, working model and network
Service policy on Child's right, MH service model and network: strategic plan of MH program, contribution to the National MH Program of Lebanon, gap-filling contribution to UNRWA service. Presentations in annual MH conference, MH leaflets, university interns
Baseline: Preparatory discussions for strategic planning (2016>), master's thesis (Najm 2017) available, requirement by the board of NISCVT. No clear plan yet how to proceed in the effort. According to the Stages of Change NGO moves back and forth in contemplation an preparation stages and cannot yet benefit the urges to step to action and finalize the plan.

About working model and networking NISCVT/mental health program has a lot experience, but in urgent pressure by needs has not left time to extract the hidden knowledge to a published model. The project intends to get the tacit knowledge to come out and commonly shared.
Monitoring: Discussions and interviews during monitoring visits, activity reports, giving overviews of children's progress reports back.
Indicators: Documents of updated service policy, strategic plan and count of sharing network.

**3.5. Objectives related to strengthening of the civil society or local administration**

Objective 1: offering good service for children and families is also a sign of appreciation to the community, they are "normal people who deserve normal service". In the community network the mental health project for children is pioneering work, and forerunner.
Local duty bearer UNRWA keeps NISCVT as partner in service gap filling, but also uses the expertise of FGC staff
Objective 2: The start of program "Schooling of children with special needs" 2009 started a cooperation with parents, special schools and institutions, and opened education possibilities to the children with multiple special needs. It has created gratitude and hopefulness in the society. Of course, the program points out the rights of the persons with disabilities. Inside family the objective increased mutual sharing of responsibilities among mothers and fathers, and some siblings. However, issue of sibling for a brother or sister with multiple special needs is still waiting more effort. The objective has also challenged other actors to pay attention to the rights of children with special needs.
Objective 3: Through active knowledge gathering and feedback collection the civil society actors get opportunity to phase new ideas. When the development of mental health concept is done openly, sharing information, it mediates to the society positive energy. Official duty bearers and NGOs who deliver services will get new information. The children who are referred to the FGCs are mostly belonging to the groups with complex needs. FGCs can shoe that it is possible to improve the situation by trying different approaches and assessing their success and discuss about, event though the problematic situation could not be solved totally. Objective 3 gives a challenge to all actors and duty bearers not to leave the most needy people, but join with them and work with them. Positive example of good cooperation with duty bearer is the mental health program of MOPH. It invites NISCVT/FGCs to share their valuable experience with the big scale development work.
Objective 4: Extracting the tacit expertise to a publicly sharable model will be a great contribution in the development of mental health programs in Palestinian and Lebanese society.

3.6. **Capacity-building of the partner organisation**

There are two lines in capacity building: gaining new skills for therapeutic work, taking care of own working capacity and thus offering "best service to the most needy people", like the medical coordinator of the program tells.

The reinforcement of skills after learned something new is one priority in the staff training plan. We have reserved some money in the budget to training, but think that for training is possible to get other financing partners, too.

The capacity for better documentation is already an old wish, put on the agenda by everyone. FiPSR does not have expertise on this issue and cooperates in getting progress and survey

data with the means which are available. The capacity building aspects lie on the point, that documentation and feedback collection is important, and is good to do also in less favourable conditions, too.

In previous projects we have collected feedback from parents and FGC staff. Now we want to propose that FGCs could collect feedback from children, if possible. This is a joint endeavour and learning process.

One big issue in capacity building is the annual mental health conference. It helps local network to advance in mental health services. Conference gives to the participants opportunity to give visibility to own work, and spreads offers to cooperation.

Since the year 2007 NISCVT/BAS organizes yearly conference about topics related to mental health. The conferences strengthen the local network tackling mental health issues in various topics:

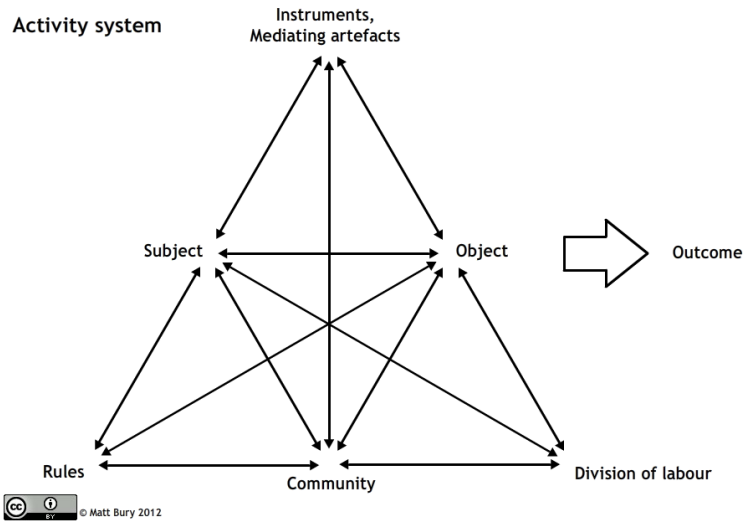
2007 Community mental health services for low income families in Lebanon. Current status and future projects, 75 persons
2008 Mental Health Care of Palestinian Refugees in Lebanon: Current Status and Future Plans, 80
2009 Prevention and Management of mental Handicaps in the Palestinian community,100 p, 40 organisations
2010 Detection and Management of child abuse in Lebanon – Clinical, social and legal aspects 120 persons, 49 organisations
2011 Social Determinants of Palestinian Mental Health,120 persons, 65 organisations
2012 Resilience and Mental Health 65 persons, 53 organisations
2013 Educational Challenges in Refugee Population, 86 persons, 73 organisations
2014 Community Mental Health – What works for whom in Armed Conflict Situations, 87 persons, 75 organisation
2015 Towards a better wellbeing: Inter-sectoral approaches in Mental Health, 61 persons, 49 organisations
2016 Being Palestinian, Human rights, Identity and Mental Health, 81 persons, 60 organisations
2017 Bridging Theory and Practice: Documentation and Research in Mental Health Programs, 182 persons, 46 organisations
2018: Psychological Wellbeing and Mental Health: Interaction between Children, Parents, and the Environment

## 4. Implementation

### 4.1. Description of the implementation plan

In the project assisting the mental health program we use activity theory as an implementation monitoring tool. According to the activity theory the subject, tools and object must be defined (see Picture). Theory lies in that, that these three elements depend on each other. If the focus changes, then the subject (who implements the intervention) and tools (concepts, equipments, materials) used for the change. The project objectives define to what kind of change the intervention is striving. When the project runs in the context with several participants, also the rules, community and division of labor must be defined. Theory of action is a tool for monitoring the project process. E.g. who works with beneficiary child, to which change he/she is assisting the child, which tools (concepts, materials, vehicles) he/she uses. If the object are the fathers, the team must define, who work with fathers, to which change, and what tools (concepts, vehicles) he/she uses with them. What rules therapist must follow or create with fathers, how to put the intervention in the community perspective, and how the therapist defines the division of labor (tasks) with father. Further, if the focus is on existing service model, he/she will discuss with the team about the wished change(s) and by what tools he/she or each member in team will work.

Picture: Scheme of activity system showing what elements are needed to assist the change towards outcome.




Examples for each point in the picture. Is some element changes, then other elements must be changed, too.

Subjects of project implementation:
general administration of NISCVT
mental health program coordinators
multidisciplinary teams of FGC
voluntary right-holders' groups (mothers' committees, activity groups)
international partners

Tools for project implementation
tacit intellectual power
personal commitment
specialized professional skills for mental health service
professional assessment and therapy instruments
infrastructure for documentation studies and information
safe and child friendly premises

Object, focus of project interventions
children with some mental, behavioral or developmental disorder with complex needs, referred to FGC (gender, nationality)
children with special needs who can be included in the "Schooling of children with special needs" prgram (disability component)
Indirect beneficiaries: parent, siblings, extended family, caretaking staff in FGCs, kindergartens, schools,
the documentation and feedback gathering process
existing service model

Rules:
combining client-centered and community approaches
mental health program policy

Community
5 FGCs
Other activities and services of NISCVT/BAS
Official duty bearers
Services for children and families in the Palestinian community
Links to the Lebanese community (Dialogue committee etc)

Partners, NGO network
Division of labor:
balanced efforts for prevention, treatment, rehabilitation
balanced resources between the treatment and awareness raising (prevention, promotion)

### 4.2. Partners and their responsibilities, a possible steering group

Finnish Psychologists for Social Responsibility (FiPSR) is responsible for managing the project after the accepted project plan and conditions and guidelines of project support by MFA, and negotiate with Ministry for Foreign Affairs, if there is need to make some activity or financial changes in the project plan. FiPSR project coordinator together with the project team prepares all the reports to MFA and FiPSR and supporters of the project. FiPSR coordinator and project team follows the activities in Lebanon through activity and financial reports (4 times/year).
The partner organisation NISCVT/BASn is responsible for implementing the project according to the accepted plan, and collecting the activity statistics from the Family Guidance Centers (FGC) and follow up the treatment, rehabilitation and awareness raising & advocacy activities in the FGCs. NISCVT/BAS is responsible to deliver to FiPSR the reports of the activities.
NISCVT/BAS is responsible to keep good internal control of using the support money, and let the external auditor to see the accounts.

Both partners are responsible to share information about the results of the project.
Special issue to monitor jointly, is the development of legislation in Lebanon from the Child's Rights point of view. In the previous statement to the 3rd report of Lebanon, the Committee on the Rights of the Child expressed concerns with the marginalization of Palestinian children, especially girls, and with the children with disabilities. Lebanon has delivered forth and fifth reports together and Committee is examining them.

Both parties are responsible to follow up, how the project shares information and lessons learned about the results of the project, and how the program supports the main goals of the foreign policy: However, the project is mainly working with the rights of women and girls and protection of refugees and displaced people, but is following as a contextual issue the other priority areas.

FiPSR has signed with some NGOs letters of intent. The point is to change information about the gained experience and lessons learned. We also join our capacities in information work. With Physicians Social Responsibility we reflect together the mental health work, and with Finnish Arab Friendship Society and YMCA Finland we share the experience about working in the same country. With Disability partnership Finland we follow the learning process in mainstreaming inclusion. Mission Palestine to Helsinki helps in contextual issues.

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### 4.3. Required resources: personnel, materials, equipment, travel, etc.

Personnel in two FGCs, hours/week
psychiatry, 2 persons 17,5 h
psychology, 4 persons 48 h
speech therapy, 4 persons 40 h
psychomotor therapy, 4 persons 45 h
6 social workers, full-time1 cleaner, part-time h
mental health program coordinators 2 (share of the working time)
financial administration, accountant, administration & project responsible, auditor
general director, share of the work

professional materials, office facilities, transportations
maintenance, cleaning

**4.4.Project's timetable** (responsible person/s in parenthesis

| **2019**<br><br>**Year of parenting after the conference in Oct 2018** | **2020**<br><br>**Year of therapy groups in service for children** | **2021**<br><br>**Year of multidisciplinary team work in mental health service for children** | **2022**<br><br>**Year of Child's right to get help to mental health and developmental problems** |
|---|---|---|---|
| Objective 1 treatment | | | |
| Identification of baseline and development priorities:<br><br>Referrals, inclusion, waiting list, treatment, parents' guidance, progress reports, advocacy work<br>(FGC lead team, FiPSR team)<br><br>Service provided, families guided<br>(FGC staff) | Reviews of executed activities and further development needs (FGC lead)<br><br>"What the children tell?" – piloting the procedure how to collect feedback from children concerning the service<br>(FGC lead, FiPSR team)<br><br>Service provided, families guided<br>(FGC staff) | Reviews of executed activities and further development needs (FGC lead)<br><br>"What FGC wants to tell to the other actors in services for children?" – systemizing the role of a local reference center FGC lead, Gen)<br><br>Service provided, families guided<br>(FGC staff) | Reviews of activities and further development needs (FGC lead)<br><br>"How to continue?" planning the future of the service at the end of the Finnish project assistance period 2019-2022<br>(Gen, FGC lead, FiPSR team)<br><br>Service provided, families guided<br>(FGC staff) |
| Objective 2 children with special needs | | | |
| Identification of the present situation and activities of objective 2, working for the updated agreements with special schools and medical assistance providers.<br><br>Service provided, families guided.<br>(FGC staff)<br><br>Annual progress reports prepared to the sponsors<br>(FGC staff, FGC lead) | Evaluation of the "Schooling of children with special needs" after 10 years of its launch<br><br>Service provided, families guided. (FGC staff) | Update of the services for children with disabilities including intellectual/mental/ psychosocial disability: list of service providers, partnership agreements, reviewed cooperation experience.<br><br>Service provided, families guided. (FGC staff) | Evaluation of the objective 2 within UNRWA Disability inclusion guidelines (Twin track approach: 1) targeted disability-specific support 2) programs and services inclusive and accessible, twin track approach)<br>FGC lead)<br><br>Service provided, families guided, exit plan of the project period 2019-2022 implemented<br><br>(FGC staff, FGC lead, Gen, FiPSR team) |
| Objective 3 update of skills and facts – new information for development | | | |
| Collecting by surveys, interview and focus group discussions feedback of service from children, adolescents, parents, siblings, caregivers, local authorities, interns of Family Guidance Centers (FGC staff, FGC lead, FiPSR)<br><br>Reviews of the annual progress reports of children | Collecting by surveys and focus group discussions feedback of service from children, adolescents, parents, siblings, caregivers<br>(FGC staff, FGC lead, FiPSR team)<br><br>Executing the staff training (possible in cooperation with other funding NGOs). | Reviewing the process how FGCs collect feedback from individual, group and awareness raising interventions.<br>(FGC lead, Gen)<br><br>Annual mental health conference by actual topic (Steer)<br><br>Annual activity report of | Reviewing the resources for continuation of mental health program of NISCVT, how the possible exit of the Finnish supporter can be compensated.<br>(Gen, FGC lead, FiPSR) |

| | | | |
|---|---|---|---|
| to the sponsors, including recommendations (FiPSR team in cooperation with other sponsor NGOs and FGC lead)<br><br>Preparing the further staff training plan based on job descriptions, what skills are required in the multidisciplinary team working with disadvantaged people. Especially the skills of FGC director are cleared. (FGC lead)<br><br>Annual mental health conference by actual topic (Steer)<br><br>Annual report of Mental health program with recommendations distributed<br>(FGC lead) | (FGC lead)<br><br>Review how the progress reports of beneficiary children works for sponsors and for service development. (FiPSR team, FGC lead, FGC staff)<br><br>Annual mental health conference by actual topic (Steer)<br><br>Annual activity report of Mental health program with recommendation distributed (FGC lead)<br><br>Monitoring the development defined in guiding documents (Gen, FGC lead) | Mental health program with recommendation distributed (FGC lead)<br><br>The field of local mental health services in Lebanon/Palestinian community invented and results delivered to the official duty bearers.<br>(FGC staff, FGC lead, Gen)<br><br>Monitoring and reporting the development defined in guiding documents<br>(Gen, FGC lead) | |
| Objective 4 working model renewed | | | |
| Detailed plan for the project assistance in 4 years' time and share with other partners in developing the comprehensive (prevention, treatment. rehabilitation) mental health spectrum. | Follow-up of programmes and agendas of duty bearers: UNRWA, Lebanese-Palestinian dialogue Committee, implementation of Convention on the Rights of the Child in Lebanon, Palestinian Authority delegation in Lebanon.<br><br>Participation in the task-force group of Ministry for Public Health preparing the mental health programme for Lebanon<br><br>Training of staff to meet the needs of beneficiary children, including the children with disabilities. | Strategic plan for mental health services of NISCVT, update | Planned (2019) steps taken in strategic plan of mental health service by NISCVT towards comprehensive, high quality and evidence based community mental health services following the needs-led model, based on accessibility, effectiveness, coordinated care and respect for human rights. |

**4.5. Communication about the project and its results** (including accountability and transparency in the partner country).

Themes on each year, which is handled in the communication: 2019 Year of parenting , 2020 Year of therapy groups in service for children, 2021 Year of multidisciplinary team work in mental health service for children, 2022 Year of Child's right to get help to mental health and developmental problems

With the Finnish NGOs sharing interest in knowledge exchange we will plan some joint communication measures during the years. This cooperation aims to highlight to the Finnish audience interesting questions

Goal of communication is to tell the about children´s needs, advocate their rights, import as much as possible authentic documentation of the children´s opinions and aspirations to the Finnish audience. Also, FiPSR can proudly tell about the development of the schooling and rehabilitation of children with disabilities, project which has changed the situation for special children a lot. Basicly, it is also violation to the rights of the child that service depends on uncertain donations. One year there is no funding, where are his/her right to education then?

Another line is to tell about the practice of NGO development work in crisis areas, and try to get non-interested interested by offering information when someone raises questions. Mission of FiPSR is to address all psychologists (7000) and psychology students (ca 600) and researchers with the experience gained in Lebanon. Supporters of FGCs (80-100) must be continuously updated. Experience of work with multiple special needs issues (complex needs) will be disseminated to the audience interested in this aspect (ca 200-300). In third project year we will arrange together a seminar about this issue. With Physicians for Social Responsibility, Finnish Arab Friendship Society, YMCA Finland we will join our communication ideas and tell especially about the development project  experience. Our projects are like a “high school of  multicultural cooperation”.

FiPSR will continue to publish Reports in the website. We continue information work in facebook and twitter.

**4.6. How will the following be ensured?**

- human rights based approach

The mission of FiPSR is to promote the right to psychological and social wellbeing of every individual. FiPSR utilizes psychological expertise in defense of an equal realization of these goals. The situation of Palestinian refugees in Middle East, especially in Lebanon, is during the on-going crisis easily forgotten, and at the same time their situation is still worsening. Through sponsorship program the Finnish project network and larger audience get possibility to personal experience of the situation. Most often the barrier to take action and defend the rights of the Palestinian child is based on ignorance, and fear to be stigmatized. The project will increase the curiosity towards the question of Palestine and Palestinian diaspora.

- sustainability (financial, institutional, social and ecological)

Until now there are no long-term funding partners for NISCVT mental health program, who had mental health expertise in use. The foreign assistance is more short-term, and thus cannot work with groups with complex needs. Also, there are few NGOs who work mainly with children In Mapping of specialized mental health services by humanitarian and non-governmental actors by MHPSS task-force group of MOPH Lebanon, there were two NGOs offering psychosocial service short time; Himaya 2017-2018 and Terre des Homme 2018. NISCVT/BAS works there since 2017 (El-Buss) and 2010 (Saida).

The total budget of mental health program, implemented by 5 Family Guidance Centers, is ca 637 000 €. The Finnish-Norwegian partnership are the main funders for the program. Finland's main expertise is psychology, Norwegian psychiatry and nursing. We have to intensify our

efforts to find 2-3 other partners who are interested in long-term cooperation (at least 5-10 years) with NISCVT mental health program. Thus the share of support would not be too much and failing to continue the support would not be total disaster for NISCVT. Diakonia, Sweden and Humanity & Inclusion (eight national associations) used to support the mental health program in South Lebanon (FGC el-Buss), but not that many years. Especially strengthening the local actors and community in the inclusion element, from caring of children with "clear" problems towards caring of children with complex needs takes time.

The children, who are more healthy and better off after the high quality treatment and support for parenting, will grow up to citizens with best possible capacities. The good way to exit would be after the decent and peaceful political solution in the region. At least, if Palestinians got civil rights in Lebanon and access to working life, and could improve their situation. Unfortunately, the Syrian crisis has done the circumstances worse than before. The local partner of FiPSR has worked 40 years towards a better community for Palestinians in Lebanon. We hope that the Finnish NGOs are able to continue, and the local partner continues. Every child must be taken care and be supported for a better future.
However, FiPSR helps the partner organisation in the management of development projects towards the results-based management approach: preparing all project documents together, reviewing funding possibilities. Thus FiPSR intends to increase the project management capacity of the partner organisation.

- cross-cutting objectives

a) Gender equality

NISCVT is famous NGO working for gender equality. Also currently, when the religious groups separate boys and girls, NISCVT keep the activities open for boys and girls. NISCVT runs a reproductive health program, where boys and girls work together in peer advisory project. In bagpipe band there are boys and girls, was not common and not expected thirty years ago, when they started. NISCVT wanted to show that girls are as fine bagpipers than boys. In annual report the gender issue is informed among the activity participants and staff. In the mental health program the beneficiaries are more boys than girls (ca 60 % – 40 %) This issue is discussed. There is scientific evidence that prevalence in some childhood developmental disturbances is greater among boys than girls. The FGCs follow the inclusion criteria in assessing the referred child, and according to the staff only the type and the severity of the problem belong to the inclusion criteria, not gender. However, the gender issue will be one on the agenda of the strategic planning.

b) Reduction of inequality

The right-holder children who are our beneficiaries in mental health program live all in very inequal societal circumstances. Thus, our project has a great mission to raise the awareness that the situation is against their rights. By treating all children in an appreciative way children coming to Family Guidance Centers get the feeling of equality. If the families cannot pay the nominal fee for the treatment, the family is exempted from all charges. He/she has the right to get the service. In our project the reduction of inequality is included in the FGC culture to communicate with beneficiaries as right holders.

c) Climate sustainability

Lebanon has signed Paris Agreement on climate change and other conventions. Lebanon is vulnerable to extreme events such as winter floods and extended hot summer days that are

increasing. Concerning the vulnerable Palestinian children, Finnish volunteer Solidarity stitches –network has several years donated warm knitwear to the most cold camp (Wavel) in Baalbeck, Beqaa. Palestinian population does not contribute much to the climate problem, but is unprotected against the results. The project setting of mental health program follows the good practice in protecting the environment. The centers of NISCVT/BAS teach children to recycle materials.

### 4.7. Risk analysis

There are 6 internal and 5 external risks recognized in the analysis which might affect the mental health program. (a separate risk analysis appended to the project document)

For mental health services the funds are the most critical issues. Internally the continuation of funding for mental health program would need renewal of the policy after 20 years' practice connected to that, a better infrastructure for data filing and administrative resource for fundraising. Occupational health and safety hazards of FGC staff is a risk, which must be prevented. External risks for mental health program are connected to the precarious, unstable, poverty issues of the community where the supported children live. Children are exposed to violations of their right to secure and healthy environment with decent infrastructure, which could support their overall and mental health. UNRWA's budget cuts mean serious problems to the services for Palestinian community.

### 4.8. Exit strategy

The good way to exit would be after the decent and peaceful political solution in the region. At least, if Palestinians got civil rights in Lebanon and access to working life, and could improve their situation. Unfortunately, the Syrian crisis has done the circumstances worse than before.

The local partner of FiPSR has worked 40 years towards a better community for Palestinians in Lebanon. We hope that the Finnish NGOs are able to continue, and the local partner continues. Every child must be taken care and be supported for a better future.

However, FiPSR helps the partner organisation in the management of development projects towards the results-based management approach: preparing all project documents together, reviewing funding possibilities. Thus FiPSR intends to increase the project management capacity of the partner. Until now there are no funders who are interested in mental health work, which usually needs a long-term frame to really get results.

## 5. Monitoring and evaluation

**-** Monitoring (monitoring progress and results, and reporting of results)

Monitoring is "continued watchfulness" or "the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice" (WHO) According to these definitions the monitoring function by FiPSR is comprehensive. 2-4 monitoring visits are planned interventions and the reports are sent to the partner as feedback and memorandum. During monitoring visits one part of the program is working in the general administration (director) and financial department and meeting with auditor. FiPSR gets financial reports 4 times a year. All reports are shared and partly prepared jointly. Activity reports are shared with the partner organization. The supporters get 4-8 letters a year, and are thus sharing the

monitoring work. Annually will the feedback collection focus to some group of beneficiaries. New idea is to develop some method or way to collect feedback from children. All results are carefully reported back. Also, in Finland we collect feedback in the public occasions and workshops. We develop this as a tool of appreciation to get the participant's opinion.

Meetings in Beirut with accountant, administration & finance officer and auditor during monitoring visits, observations informed to supporters and in project visit report
In Finland consultation of the accountant in financial management issues. Auditor gives a statement about the project.
Report and discussion in every board meeting about the project

- Assessments and possible evaluations in different phases of the project.
Sample feedback surveys from parents, siblings, from beneficiary children (with children 2-3 times in the years 2019-2020). NISCVT might order a comprehensive evaluation, and FiPSR could join in that with some own questions.

## 6. Detailed project budget

- including personnel hired using project funding, and their job titles.

**Contracted professionals, part-time, Fees/hour EURO rate 30.4.2018 = 1.2079 USD**

Psychiatry 40 USD 33,12 €

Psychology experienced 25 USD 20,70 €, basic 20 USD 16,56 €

Speech therapy, experienced 20 USD 16,56 €, basic 15 USD 12,42 €

Psychomotor therapy experienced 20 USD 16,56 €, basic 15 USD 12,42 €

Social work (month) Sw 743 USD 615 €, Sw 550 USD 455 €, Se 510 422 €, cleaning 333 USD 276 €

| | |
|---|---|
| **Project budget/year** | |
| **Contracted professioanals** | |
| **Psychiatry** Saida 10h/week x 52 weeks x 33,12 € = 17222 € | |
| El-Buss 7,5 h/week x 52 weeks (not every week) x 33,12 € = 12917 € | 30 139 |
| **Psychology/assessment** Saida 10 h/week x 52 weeks x 16,56 € = 8611 € | |
| El-Buss 10 h/week x 52 weeks x 16,56 € = 8611 € | 17 222 |
| **Psychology, psychotherapy** Saida 14h/week x 52 weeks x 20,70 € = 15070 | |
| El-Buss 14 h/week x 52 weeks x 16,56 € = 12056 | 27 126 |
| **Speech therapy** Saida10 h/week, 52 weeks, x 12,42 € = 6458 € | |
| Saida 10 h/week, 52 weeks x 16,56 € = 8611 € | |
| El Buss 10 h/week 52 weeks x 16,56 € =8611 € | |
| El-Buss speech therapist 10h/week, 52 x 12,42 € =6458 € | 30 138 |
| **Psychomotor therapy, occupational therapy** | |
| Saida 12 h/52 weeks x 16,56 € = 10333 € | |
| Saida 10 h/week, 52 weeks x 12,42 € = 6458 € | |
| El-Buss 13 h/week x 52 weeks x 16,56 € = 11195 € | |
| El-Buss 10h/week x 52 weeks x 16,56 € = 8606 € | 35 597 |
| **Subtotal** | **141 222** |

| | | |
|---|---|---|
| **Special education and follow-up: FGCs Beirut, Saida and El-Buss (disability component)** | | |
| Tuition fees, medical tests, medication, transportation 60-80 children 1000€/child (Saida, El-Buss, Beirut) | 60 000 | |
| Group activities for the children with special needs and families. Materials, transportations, participation in summer camps, assistance | 2 000 | |
| **Subtotal** | **62 000** | |
| **Personnel expenses** | | |
| Saida, social workers 615 * 13 = 7995 €, 455 € *13 = 5915 € , 455 € * 13 = 5915 € El-Buss, social workers 422 € * 13 = 5486, €422 € * 13 = 5855 €, 435 € * 13 = 5655 € Saida, cleaner 276 € * 13 = 3588 € | | |
| **Subtotal** | **40 509** | |
| **Coordination of the project implementation and service development** | | |
| Medical supervision, program coordination | 1 000 | |
| FGC staff transportation | 2 500 | |
| Studies: estimated working hours, responsible person 40 h à 27 € = 1080 €, assistant 27,1 h à 17,71 € = 480 € | 1 500 | |
| Training, skills enforcement and care of FGC staff | | 1 500 |
| **Subtotal** | **6 500** | |
| **Operations and maintenance costs** | | |
| Accounting 800, audit 1200 | 2 000 | |
| Electricity, fuel (electricity cuts), water, running real estate costs 1039 € | 1 039 | |
| **Subtotal** | **3 039** | |
| **Grand total, costs paid in Lebanon** | | **253 270** |
| **Expenses paid in Finland** | | |
| **Monitoring** | | |
| Project visits (flights, transportations, accommodation, daily allowance, health checkups): 5-6 travels à 2718 € - 2265 € | | |
| Monitoring the activities and outputs, participation in service planning sessions, steering committee of mental health conference | | |
| Training visit: of trainers in stress management/monitoring (preliminary agreement) | | |
| Monitoring, information and field data gathering | | |
| Evaluation data gathering including evaluation of the disability component of the project | 13 590 | |
| Project auditor statement | 200 | |

| | | |
|---|---|---|
| Disability Partnership, consultation 50 €/h, seminar 2021 | | 750 |
| **Subtotal monitoring** | **14 540** | |
| | | |
| **Personnel expenses** | | |
| Coordinator fee, 120 h/year à 25 € | | |
| Assistant coordinator fee, 50 h à 20 € | | |
| Voluntary work | | |
| Coordinator 256 h á 23 € = 5900 €, assistant coordinator 50 h à 20 € = 1000 €, | | |
| project advisory team 6 x 75 h à 23 € = 10350 €, | | |
| occasional participants, English language consultation 250 h á 20€ 5000 € | 22 250 | |
| **Subtotal personnel expenses** | **26 250** | |
| | | |
| **Administration** | | |
| Accounting (50e/report, 0,90e/action, 65e/h | | |
| financial management consultation | 1 500 | |
| Project audit | 400 | |
| Phone 240, mail 240, internet 30, stationary 510, office equipment 200, | | |
| memory 300, transportation 600 | 2 120 | |
| **Subtotal administration** | **4 120** | |
| | | |
| **Communication** | | |
| Info about child´s situation in Lebanon and access to services – | | |
| information costs: photos, printing, rents, travels, transportation, | | |
| conference presentations, festivals, | | |
| information occasions after the monitoring visits | 1 570 | |
| **Subtotal communication** | **1 570** | |
| **Total expenses in Finland** | | **46 730** |
| | | |
| **Project budget** | **300 000** | |

## APPENDICES:

- Results framework
- Risk matrix
- List of acronyms and references