

Final Report

The Psychosocial Emergency Teams in the West Bank
May 2013 - April 2014





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Summary

The prolonged occupation and conflict related violence in oPt impacts all aspects of children's lives. Violence against girls and boys and female and male caregivers includes direct attacks, bombing, shelling and shootings resulting in death, injury and disability. It also includes restrictions on movement and mobility, suspension of civil liberties, systematic inequalities, loss of livelihood and severe economic distress resulting from the blockade, the confiscation of land, destruction of properties and forced displacement.

Settlers' violence against Palestinian people increased a lot during the reporting period, the settlers' violence includes uprooting trees, especially olive trees, and burning properties of Palestinians, destroying their cars and houses, writing hateful graffiti against Arabs on churches and mosques.

The combination of these factors results in a systematic assault on Palestinian cultural identity that threatens children's security and psychosocial well-being and negatively affects the fabric of family and community life. Military and domestic violence and disruptions in social services and protection systems due to the political fragmentation of the country also undermine the ability of parents - both mothers and fathers - to care for and protect their children. This is compounded by social and political fragmentation that compromises the development of individuals and their communities.

The "Psychosocial Emergency Teams in the 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 20 to 25 psychologists and social workers. The teams are operational across 11 districts of the West Bank; Jenin, Tulkarem, Qalqiliya, Nablus, Salbit, Ramallah, Jerusalem, Bethlehem, Hebron, Tubas and Jericho. Supported by UNICEF and funded by ECHO, the Psychosocial Emergency Teams 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 Emergency 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),

Jordan valley (Jericho) and South (Hebron). This is in addition to areas that are close to or surrounded by the separation wall.

1,465 group-counselling sessions were held for 210 groups of children all over the West Bank including East Jerusalem covering around 2,610 children. Sessions were held in schools, especially public and UNRWA schools, with the cooperation of the 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.

1,403 Caregivers sensitization sessions were held for 203 groups of caregivers all over the West Bank including East Jerusalem covering a total of 1,964 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), Jordan Valley (Jericho) and the areas that are close to the Separation Wall. That is in addition to urgent emergency interventions in 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 in areas and schools that showed an increased level of social violence.

A total of 510 emergency interventions were held between May 2013 and April 2014 reaching 6,926 persons all over the West Bank including East Jerusalem. Teams worked with both children and caregivers in 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. Some cases were referred to specialized organizations for further treatment and intervention.

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, 21 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 April 2014, The Psychosocial Emergency Teams in the West Bank were able to accomplish the following:

1. A total of 23,488 children, 12,167 girls (52%) and 11,321 boys (48%) 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 1,964 caregivers, female (97%) and male (3%) caregivers gained the required skills to help improve the psychosocial wellbeing of their children, their resilience and coping mechanism.
3. At least 330 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.
5. The Manual of the psychosocial intervention was produced in 2014 on which the PSS teams and CBOs members already received training.
6. After finalizing the design and layout of the Mapping report of the Mental Health Psychosocial Services in the West Bank, the Launching workshop for partner organizations and stakeholders was conducted with the aim to present the results and distribute the manual and the report. A website that includes all these information was also launched during this workshop.





Activities

I. 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.

2,610 children (1,434 girls, 1,176 boys) victims of political and social violence were reached through 210 groups. Each group of 15 children attended 7 counselling sessions as planned. (51%) of children attending the counselling sessions stated that they do not feel safe due to occupation practices, (40%) have disturbing dreams, (53%) feel disturbed when remembering the pictures of the disturbing incident, and (33%) of children feel pain in some parts of their body most of the time. Additionally, (71 %) of caregivers stated that after each attack their children suffer moderate to high levels of fear, insecurity, bedwetting, or low school achievement.

Following are some indicators that helped us assess the impact of the delivered counseling sessions.

- Most of the children (93%) who attended the counselling groups (63% high degree and 30% moderate degree) have the ability to express their feelings in front of others.
- 79% of the children believe that they have close friends that they can share secrets with.
- 74.7% of the children indicated that their families deal with them with respect and attention.
- 73.5% of the children feel that their families are able to protect them at risk.
- 69.1% of the children feel that they are adorable
- 68.7 have the ability to improve their performance in school.
- 68.9% of the children did not use violence to solve their problems with others

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

Symptom	Pre Intervention	Post Intervention
Sense of insecurity	51%	20%
Disturbance	53%	11%
Disturbing dreams	40%	10%
Problems concentrating while studying	36%	11%
Using violence in solving problems	31%	9%

The counselling sessions had similar impact on both male and female children, with no significant variations. These sessions changed peoples lives, especially those who suffered from PTSD syndromes, they became more social and were able to return to the normal life.

A mother said my child is better able to communicate and socialize with his peers, his classmates noticed the change as well And this was the result of child's participation in children group sessions.

In one of the support groups, a hyperactive child used to make a lot of problems hindering the flow of sessions. After receiving focused attention and support from his counselor and group members, the child's behavior was better transformed.



District	Total # of children reached		Total # of sessions	Total # of groups
	Girls	Boys		
Jenin	36	118	125	18
Tubas	61	42	114	16
Tulkarem	141	102	143	18
Qalqiliya	160	127	130	22
Nablus & Salfit	349	215	304	43
Ramallah	104	105	118	17
Jerusalem	104	57	104	15
Bethlehem	127	153	119	17
Hebron	230	169	203	29
Jericho	122	88	105	15
Total	1,434	1,176	1,465	210



II. Recreational activities, Ventilation days and Parades

1. 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 were able to observe the positive outcomes the activities left on children, and thus recommended 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.

191 recreational activities were conducted and reached 16,673 children (8,720 females, 7,953 males). 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 lack similar activities showed eagerness to attending those activities. In Tulkarem, the village of Nazlat 'Isa-Tulkarem is split in half by the separation wall, and children suffer daily harassments as they have to move from one side of the village to the other. The Psychosocial Emergency Team held a ventilation activity for the children to help them cope with the effects of the daily harassment. The children were so eager to attend the activity that they showed up an hour and a half prior to the scheduled time.



District	Total # of Recreational Activities	Total # of Children Participated in the Recreational Activities	
		Females	Males
Jenin	24	1050	1140
Tubas	18	1252	563
Tulkarem	20	867	536
Qalqiliya	16	886	722
Nablus & Salfit	30	971	1343
Ramallah	14	442	398
Jerusalem	11	473	336
Bethlehem	12	312	372
Hebron	37	2182	2258
Jericho	9	285	285
Total	191	8,720	7,953

A fun day psychosocial conducted at school for children whom their classmate was killed by sudden. As a result of these activities, some students were referred to school counselor for in-depth psychosocial counseling.

The targeted groups suggested to increase the number of fun and recreational days for a minutes affected areas in order to help reduce the level of tension arising from the political and social incidents it is also recommended to include the mother of the affected children in the ventilation days.

2. 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 emotions. Some of the activities suggested by children and caregivers include 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 23-day trips where 1,969 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 not close to their areas of living.

The counsellors also observed that those activities helped enhance self expression and self confidence of children. It is worth mentioning that, through the ventilation days, children in need for further psychosocial support were identified, were referred to individual counselling when needed.



District	# of Ventilation Days	# of Children Participated in the Ventilation Days	
		Females	Males
Jenin	3	50	90
Tubas	2	120	60
Tulkarem	2	98	90
Qalqiliya	1	55	45
Salfit	2	85	85
Nablus	2	100	100
Ramallah	2	88	112
Jerusalem	2	31	29
Bethlehem	1	105	95
Hebron	4	156	125
Jericho	2	125	125
Total	23	1013	956

3. 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. 2,236 children (1,000 girls, 1,236 boys) from the most vulnerable communities reached by the project joined the parades, and were 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 institutions, 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.



District	Total # of Children Participating in the Parades	
	Females	Males
Jenin	30	45
Tubas	45	55
Tulkarem	58	30
Qalqiliya	65	25
Salfit	35	35
Nablus	35	35
Ramallah	200	300
Jerusalem	250	280
Bethlehem	165	185
Hebron	67	216
Jericho	50	30
Total	1000	1236

III. Sensitization sessions and psychosocial support for caregivers

Caregivers whose children received counselling or who live in vulnerable areas attended sensitization groups 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.



1964 caregivers (1915 female, 49 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 deal 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.
- Raising awareness on the relation between academic problems and the psychological status of 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.

Caregivers showed a lot of interest in attending the sessions due to their need for such support. Before receiving support, only 26% of caregivers reported that they have enough awareness on the effect of family disputes on the behavior and involvement of their children, 19% reported to have the needed skills and knowledge to dealing with their children when faced with difficult incidents and 13% reported to have enough skills to dealing with tension between their family members; this is compared to 70%, 65% and 58% respectively after attending the sensitization sessions.

Changes in Parents' behavior based on parents' pre-post tests

Situation	Pre	Post
Express their feelings	18.7%	68.5%
Use violence with wards the children	30%	6.5%
Encourage and reward their children	40%	75%
Understand the significance of school follow -up	27%	62.9%



Changes in parents' behavior based on according to childrens' pre-post tests

Situation	Pre	Post
My parents use bad terms towards me	57%	7%
My parents deal with me in respects and attention	47%	74.7%
My parents are able to protect me in risky situation	45%	73.5%
My parents encourage me to participate in social and cultural events at school	45%	70%

Caregivers became aware of the effect of domestic violence on their children, and fewer caregivers reported using physical violence in controlling their children. One of the mothers reported punishing and beating her children as a result of her stress, Following attending ventilation sessions, the mothers reported a reduction in referral to use violence against her children.

She pointed out that she learnt different social and communication skills that helped her to communicate better with her children besides other tools and techniques that she used to control her anger and she learnt how to express her feelings in a proper and positive way.

In addition, more caregivers reported encouraging and rewarding their children. The significance of school follow-up was also

highlighted and more caregivers began to follow up on the academic achievements 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. Parents especially mothers mentioned that “we learnt things we never knew before, we understood our children better than before, we can sleep now better than before because we learnt many methods to relax”. Another mother said “through the caregivers’ sensitization sessions, we can discover ourselves, the sessions are like a mirror where we can see ourselves in a better way”.

District	Total # of Caregivers		# of sessions	# of groups
	Males	Females		
Bethlehem	1	176	119	17
Jerusalem	2	157	126	18
Ramallah	0	176	118	17
Tulkarem	0	199	133	19
Qalqiliya	0	197	126	18
Jenin	21	110	110	16
Tubas	10	33	103	15
Nablus	0	222	132	19
Salfit	5	235	136	20
Hebron	10	273	203	29
Jericho	0	137	137	15
Total	1,915	49	1,403	203

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. According to YMCA updated Data Base System, the team responded to 70% of the total cases within the first 48 hours. Victimized children and caregivers were visited, and initial psychosocial

support was provided accordingly through ventilation and expression of feelings. An initial needs assessment was conducted based on which a comprehensive intervention plan was 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, remote, and neglected areas. Despite difficulties in reaching those areas, the teams worked hard to insure rapid assessments

and efficient response to the needs of the affected individuals and groups Psychosocial first aid was provided according to the international standard.



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 hospitals 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.

Incidents of the emergency intervention were documented on the YMCA online data base system by field counselors under the monitoring of the Project Officer and Media Coordinator for future reference.

Collected information included types of emergency, needs of people affected, number of directly and indirectly affected girls, boys and caregivers, referral and follow up information, achievements and obstacles... etc.

Monthly newsletters were produced by the Media Coordinator, 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 projects web. (www.ej-ymca.org/psetwb).

Newsletter helped raise awareness on the mission of the teams, increased coordination between the teams and local and international organizations receiving the newsletters, as well as encouraged affected children and caregivers to approach the teams for support.

Some areas are accessible with special permits on specific hours set by Israeli Civil Authority and Israeli Military forces.

Unfortunate Bedouins, suffered from demolitions for many years. They have been threatened by the ongoing over night Military training and were evacuated from their tents by the Israeli soldiers for several days

In many areas, the Psychosocial intervention is delayed for several days due to Closures and prohibition of access into those areas to provide humanitarian support.

Manual of intervention

Based on the YMCA's experience in responding to emergency cases, a guiding manual for the psychosocial emergency teams was produced, entitled the Psychosocial Manual: Systematic Responding to Emergency Cases. It highlights the intervention process based on the type of the emergency.

The manual lists the different stakeholders and expectations of the response. This will help in building and standardizing the knowledge of the broader psychosocial sector while promoting interagency collaboration and referral in the West Bank.

The manual includes the basic information that will help the counselors to respond to the basic needs of the effected people during emergencies. It also includes training materials, working tools, assessment, and forms that will help the field workers to enhance their capacities and to provide effective and efficient services to the effected individuals and groups during emergencies.

This simplified manual aims to provide psychosocial service providers during emergency with effective and efficient tools and protocols to respond to the needs of the affected people. Furthermore, field workers, volunteers, local community based organizations can also refer to use this manual.

The psychosocial counselors and field workers can use this manual as a reference as it documents 10 years of practical experiences of the YMCA. This experience includes the way of responding to the human needs of individuals and groups affected by emergencies. The manual also includes the theoretical backgrounds, and the professional principles that should be used during the intervention Furthermore, during the project's lifetimes. The psychosocial emergency teams received one day training on this manual and then they will receive a copy that can be used as references for future intervention and training.

Summary of Interventions

During the period of May 2013 to April 2014, 510 emergency interventions were conducted, (50%) of which were held in area C, (70%) targeted remote villages (77%) of those responses targeted families. The teams were able to reach

and work with 4063 children (1611females, 2452 males) and 2863 caregivers (1283 females, 1580 males) who were directly victimized of those by incidents

Location	# of Interventions	# of Adults Affected		# of Children Affected		Sum
		Males	Females	Males	Females	
Bethlehem	17	58	55	58	29	200
Jerusalem	43	126	117	130	123	496
Ramallah	25	40	47	42	209	378
Tulkarem	26	59	70	61	50	240
Qalqiliya	30	97	71	33	36	237
Jenin	31	199	125	196	180	700
Tubas	26	255	234	224	267	980
Nablus	42	99	76	41	33	249
Salfit	160	425	270	1234	405	2334
Hebron	80	177	143	309	200	829
Jericho	30	45	75	84	79	283
Sum	510	1580	1283	2452	1611	6926

The Emergency Teams

Training

1. Training of team members

21 training sessions were conducted, benefiting a total of 356 (258 females, 98 males) counselors and professionals from 178 team member organizations. Two kinds of training were conducted to the team members, **the first training** was based on the needs assessment and was conducted towards the beginning of the project. **The second training** was provided to seven groups which

was based on the Manual of emergency intervention that includes activities they can utilize during emergency interventions, including ventilation and stress release activities. Other training topics included individual counseling, art therapy, sexual abuse, etc...



2. Training of CBOs' member of IASC manual:

Six sessions of IASC (Inter – Agency Standing Committee) training were conducted and attended by 93 CBOs' members and supervisors (63 of them are females). This training provided them with the basic guidelines to respond to emergencies according to the international humanitarian standards.

though the evaluation of the training (100%) of the participants reported that they that they think they are the right persons to attend this training, and (82%) of CBOs members stated that the training significantly helped develop their professional skills. Additionally, (91%) of CBOs members stated that the training is appropriate for the target groups they work with. This shows that the IASC training was of great benefit to the professionals working in the field. The teams will continue to build on this experience and increase their awareness on the IASC guideline. The teams will also continue to coordinate with MoSA, MEHE and other stakeholders and partners to provide further support and trainings to the CBOs.

3. Empowerment and Training of CBOs :

178 professionals and volunteers from the targeted CBOs received 2 days training on organizing 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 178 CBOs were empowered to conduct activities within their communities and were also provided with the materials needed to do so. The CBOs acted as contact points who facilitated the work of the teams in vulnerable communities throughout the project, and were responsible to approach 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 during the month of December.

Supervision

Team members received professional support and guidance throughout their work with children and caregivers. During these sessions, individual cases, interventions and activities were discussed and evaluated. The team members received feedback from their supervisors, and were provided with techniques to improve their response to each case.

The supervision sessions were conducted on a monthly basis in four districts (Jerusalem, Hebron, Bethlehem, and Jericho) while they were conducted once in the northern district (Ramallah, Nablus, Salfeet, Tubas, Jenin, Qalqilyah, Tulkarem) due to budget limitations.

The supervision process insured that the activities are implemented up to the best professional standards and that the professional needs of the counselors are met. This was evident in the assessment of supervision whereas (81%) of team member stated that the content of supervision and subjects discussed met their needs, and (87%) of them stated that the number of training hours offered was appropriate standards.

Team member also reported that the supervision helped develop their professional skills (83%), increased their knowledge (82%) and was appropriate for the target groups they work with (76%). Additionally, they confirmed that they do require continuous professional supervision (87%) and their general evaluation at the supervision they received through psychosocial Emergency Teams was positive (85%).

Furthermore, supervision was of great significance as it helped build the capacity of the teams and enhance the team spirit, team members were encouraged to be more involved and active in the implementation of the activities. Supervision also had an added value to the counselors themselves who were able to debrief, ventilate, and talk about the experiences they are faced with on the ground.

Coordination

Team coordination meetings:

Memorandums of Understanding (MoU) concerned in the coordination, collaboration and involvement of team members were developed and signed by team member organizations towards at the beginnings of the projects. The MoU is stress the importance of joint work and team spirit, as team organizations are considered Partners within their initiatives. This state the clear roles and responsibilities of each organizations which might include attending coordination meetings, intervention in the teams, which includes attending coordination meetings, intervention in times of crisis, referrals and active involvement in conducting project activities. Furthermore, four main MoUs were signed with the MoEHE, MoH, MoSA, and UNRWA.

Coordination meetings between team organizations were held on a monthly basis, and when ever required. In these 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.

In addition previous interventions were assessed and work with children and caregivers was evaluated. Suggestions and professional feedback was taken into consideration to ensure the good quality of services provided. Also case referrals were facilitated between team organizations and followed up.

During the meetings an invitation to the team members to participate in field work through organizing and implementing activities in coordination with partners to respond to the emergencies.

Lack of proper spaces for conducting those meetings remained a challenge for learn member.

Central and district levels coordination meetings:

Central and district level coordination meetings with representatives of CBOs, NGOs, and Local governmental organizations were held as planned with the purpose of reducing coordination gaps and building bridges and linkages between organizations working on local and national levels, besides encouraging joint responses to the emergencies.

Furthermore, linkages between the Psychosocial Emergency Teams and the CPNs were strengthened and the teams continued to be represented at the CPN monthly meetings. To evaluate the activities and review the accomplishments of the PSS emergency team several central and district level meetings were held during The project and were attended by decision makers and directors of team organizations, including MoEHE, MoH and MoSA.

The purpose of the meetings was to evaluate the activities and accomplishments during the project period (May 2013 – April 2014). 76.1% of the team member organizations believed that the presence of the PSS teams was critical and contributed to raising the wellness level of mental health in the West Bank.

The PSS teams provided the first aid to affected children and Caregiver the psychosocial intervention included conducting rapid assessment to evaluate the PSS need of the affected groups and to provide them with the needed psychosocial support through children and caregivers psychosocial group counselling.

a total of 147 cases (89 male, and 58 females) have been referred to other relevant partner organization for further individual and in-depth intervention to respond to specific needs such as medical treatment, educational and remedial courses, psychological therapy and so on. The team members follow up with the social service provides and insure that the beneficiaries' needs have been met.

These cases are documented in the YMCA data base and have been tracked and updated when necessary.

District	# of Referred cases
Jenin	30
Tulkarem	24
Qalqiliya	16
Nablus	3
Bethlehem	5
Hebron	64
Jericho	5
Total	147

Helping the Helpers

Part of the project activities is building the capacity of team members and counselors and help them overcome and deal with the challenges they face during the implementation of the project activities.

It is worth mentioning that the Counselors, Volunteers and other team members, had to go through checkpoints, drive on unpaved roads and travel for long hours in order to reach the most vulnerable areas.

Furthermore, counselors themselves were subjected to acts of political violence just like the children and caregivers, which resulted

in stress, fatigue and burnouts, and created a continuous need for having a space for ventilation and stress management.

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

This year, 142 team members (72 females, 70 males) from different districts and organizations gathered for a two-day stress management activities that was designed to help them overcome their stress and cope with the pressure imposed on them.





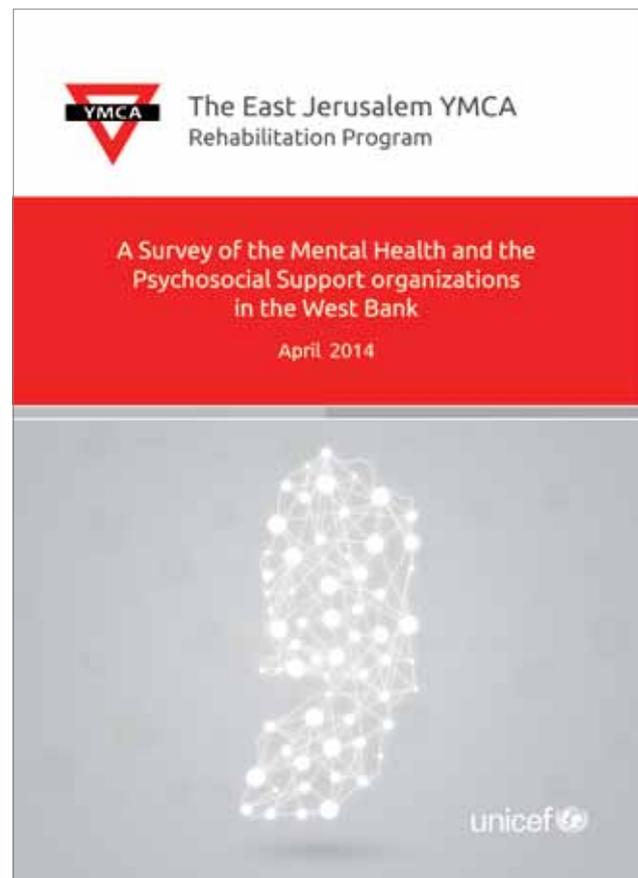
Mapping of MHPSS service providers in West Bank

The East Jerusalem YMCA Rehabilitation Program is in the final stages of completing the Mapping of Mental Health and Psychosocial Service Providers in the West Bank. The mapping report both in English and Arabic, besides a manual of MPSS Organizations was printed and distributed during the month of October 2014 to the partner organizations as well as service providers at local and National levels.

The mapping of MHPSS service providers in the west Bank should contribute to the coordination and referral between organizations, especially during times of emergencies. It will also 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 data were collected through collecting information from 255 organizations who work within the sense of Mental Health and psychosocial support in the West Bank through a special questionnaire prepared by the Scientific Research Committee and coordinated by the YMCA team members and researcher. The data were collected through personal interviews with the representatives of the organizations during the period of September 2012 to March 2013.

A copy of the published material will be distributed during the launching workshop and through mail, however, an online copy will be uploaded to the YMCA website with a link to download the materials and the search



Visibility

In order to ensure that more children, caregivers, professionals and organizations are aware of the teams and the services offered, a media coordinator was recruited in 2013.

The coordinator worked on documenting emergency interventions through networking with the PSS team members all over the west bank and producing stories and monthly newsletters.

In addition to worked on the design of visibility materials produced during the project timeframe which include flyers, banners, roll up posters, shirts, and hats.

Presentations to clusters and child protection groups on the work of the teams, the interventions and the activities were made on a continuous basis.

• Monthly updates

Twelve monthly newsletters were produced by the communication coordinator to inform about incidents and interventions. These newsletters increase awareness on the realities of victimized children and encouraged further support from local and international organizations to the vulnerable communities. The updates were disseminated through the mailing list, and distributed in clusters and coordination meetings. Eight of them were uploaded to the teams' website.

- **Website**

At the team members made sense to regularly document information on their work on the website of ([www.ej-ymca.org / psetwb](http://www.ej-ymca.org/psetwb)) while was developed in 2013, to become the main sense of information on the conducted interventions. The websites was made available in both Arabic and English to serve a wider audience.

- **Banners**

As part of the efforts to increase the visibility of the project, 11 banners were produced and were displayed in all districts to inform about the work of the Emergency Teams and ways of contacting them. Also, rollup poster were produced in 2013 for all teams to be displayed during the events and activities that the teams organized.

- **Media coverage**

Most of the project's events and activities were widely covered by local and international media outlets. The fact which helped tremendously in raising awareness of the project and the services offered. The PSS teams coordinators were keen to regularly write and update media outlets on project activities.

Obstacles

Despite the accomplishments achieved, the Psychosocial Emergency Team faced many challenges during their daily field work.

The lack of security and the ongoing political conflict resulted in an increase the numbers of emergency incidents that the PSS team had to respond to. The fact which presented the PSS team to respond to an increasing number of emergencies.

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.

Location	2012-2013	2013-2014
Bethlehem	17	17
Jerusalem	19	43
Ramallah	16	25
Tulkarem	21	26
Qalqiliya	42	30
Jenin	22	31
Tubas	36	26
Nablus	59	42
Salfit	82	160
Hebron	64	80
Jericho	9	30
Sum	387	510

Movement was restricted, which greatly affected the intervention plans. Moreover, since our interventions 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 and isolated areas where no paved 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. 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.



