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Mental health services for children in Northern refugee camps of Lebanon.

Towards implementing
Community Based Mental Health Framework at NISCVT/BAS FGCs
in North and South Lebanon

Moving Forward Despite Marginalization

Midterm External Evaluation

Final Report

prepared by

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List of Tables

List of Figures

List of Boxes

Contents

Introductory Note

This report covers the midterm evaluation of the implementation of the community based mental health care model in two FGCs of NISCVT/ BAS. It is the second in a series of three phased external evaluation that started with a baseline evaluation and will terminate with a final external evaluation. This effort is supported by FiPSR and FAFS.

The format of reporting in the midterm phase of the evaluation consists of two separate reports addressing each of the two supporting organizations FAFS and FiPSR. The methodology is common to both reports, consequently, this report addressed to FAFS is in two parts: Part 1 - common to both FiPSR and FAFS midterm evaluation reports - covers the framework and methods and general findings related to the four FGCs and ends with a set of recommendations; while part 2 covers findings pertaining to the specific FGCs targeted by the supporting agency FAFS - in this report it covers Baddawi and Nahr el Bared FGCs. This report ends with conclusions and recommendations specific to Baddawi and Nahr el Bared FGCs. The report has a set of relevant appendices.

A contextual update:

A recently published situation analysis by the Lebanese Ministry of Public Health (MoPH) summarizes the context of Mental Health provision in Lebanon in the following paragraph:

"Stigma remains a main challenge facing mental health and substance use, cutting across all aspects of care and leading to discrimination, negatively impacting service development, delivery and utilization. Chronic under-funding and the inclination of funding towards curative hospital-based care have led to a scarcity of specialized human resources and services that are mostly based in the private sector. The public sector, while progressively regaining its leadership and regulatory role, is currently overstretched due to the increase in demography following the Syrian crisis. Consensus between the different actors, as well as political will, are the driving forces towards setting a national mental health and substance use strategy, to bridge the treatment gap, improve access to quality care, promote and protect human rights, and restore mental health through effective prevention, promotion, and treatment."[1]

The preceding quote echoes the information provided in the baseline report, and points to the challenges impeding effective implementation of the model in terms of resource needs.

[1] Ministry of Public Health (2015) Mental Health and Substance Use- Prevention, Promotion, and Treatment-Situation Analysis and Strategy for Lebanon 2015-2020. Beirut: Lebanon. p.9

A recent study of UNRWA in collaboration with AUB (2016)[2] reports that more than half of the (adult) respondents of the Palestinian refugees (residing in Lebanon(respondents (51.3 percent) report poor mental health[3], on the other hand 85 percent of respondents of Palestinian refugees displaced from Syria to Lebanon report poor mental health[4].

Part 1 - Midterm External Evaluation of The four FGCs - An Overview

1.1 Introduction

Main findings from the baseline external evaluation demonstrate the relevance of community based mental health care model in general, and among its various interpretations among the four FGCs in the North and South Lebanon. The baseline evaluation also illustrates a commitment on the part of the mental health program at NISCVT/BAS as well as the teams at FGCs to implement such a model, and demonstrates the existence of a learning environment at NISCVT/BAS FGCs as well as the availability of motivated resources both mental health specialists/ therapists as well as social/community workers.

The goal of the external evaluation exercise is to improve performance, hence contributing towards organizational learning process. As stated in the terms of reference, the general objective of the external evaluation across its phases is to "help the staff to reflect on the ongoing work and identify the new innovations which might emerge during the project."[5] "

The midterm external evaluation's focus is to assess effectiveness and efficiency of current strategies and activities pertaining to implementing community based mental health care model in four NISCVT/BAS FGCs located in the North and South of Lebanon. As in the case of the baseline evaluation, the midterm evaluation is a formative evaluation (Boulmetis & Dutwin, 2005)[6] which focuses on producing information useful to ongoing project performance given its timing of implementation in the project cycle. In addition, since this evaluation tackles a

[2] Chaaban, J., Salti,N., Ghattas, H., Irani, A., Ismail,T., Batlouni, L. (2016), "Survey on the Socioeconomic Status of Palestine Refugees in Lebanon 2015", Report published by the American University of Beirut (AUB) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).
[3] op cit p. 103. The instrument used was a the five-item Mental Health Inventory (MIH-5), all proxy respondents are adults, 80 of proxy respondents are women.
[4] op.cit p. 191, all proxy PRS respondents are adults, 70 percent of PRS proxy respondents are women.
[5] Terms of Reference.
[6] Boulmetis,J. Dutwin, P. (2005) The ABCs of Evaluation Timeless Techniques for Program and Project Managers, Second Edition, Wiley 240pp

particular approach in mental health practice - namely applying community based mental health, this evaluation qualifies to be described also a thematic evaluation[7].

Quality standards adopted in the baseline evaluation will be maintained for the midterm evaluation namely: evaluation ethics, partnership approach, coordination and alignment, capacity development, and quality control.[8]

Similar to the baseline evaluation, perspectives of beneficiaries, and staff are considered along with review of available documentation, consequently conclusions are arrived at by triangulation / synthesis of results from varying perspectives.

Given the aim of the evaluation which is to evaluate implementation of the community based mental health care model, the approach of the external midterm evaluation is holistic and not donor activity based, it considers the FGC as a whole as an object of study irrespective of the proportion of the financial contribution of either FAFS or FiPSR to the FGC.

1.2 Objectives of the midterm external evaluation

As stated in the terms of reference, the general objective of the external evaluation across its phases is to "help the staff to reflect on the ongoing work and identify the new innovations which might emerge during the project."[9]

The operational objectives of midterm external evaluation are to assess effectiveness and efficiency of current strategies and activities pertaining to implementing community based mental health care model in four NISCVT/BAS FGCs located in the North and South of Lebanon. In addition the midterm evaluation attempts to shed light on resource needs.

1.3 Framework of the Midterm External Evaluation

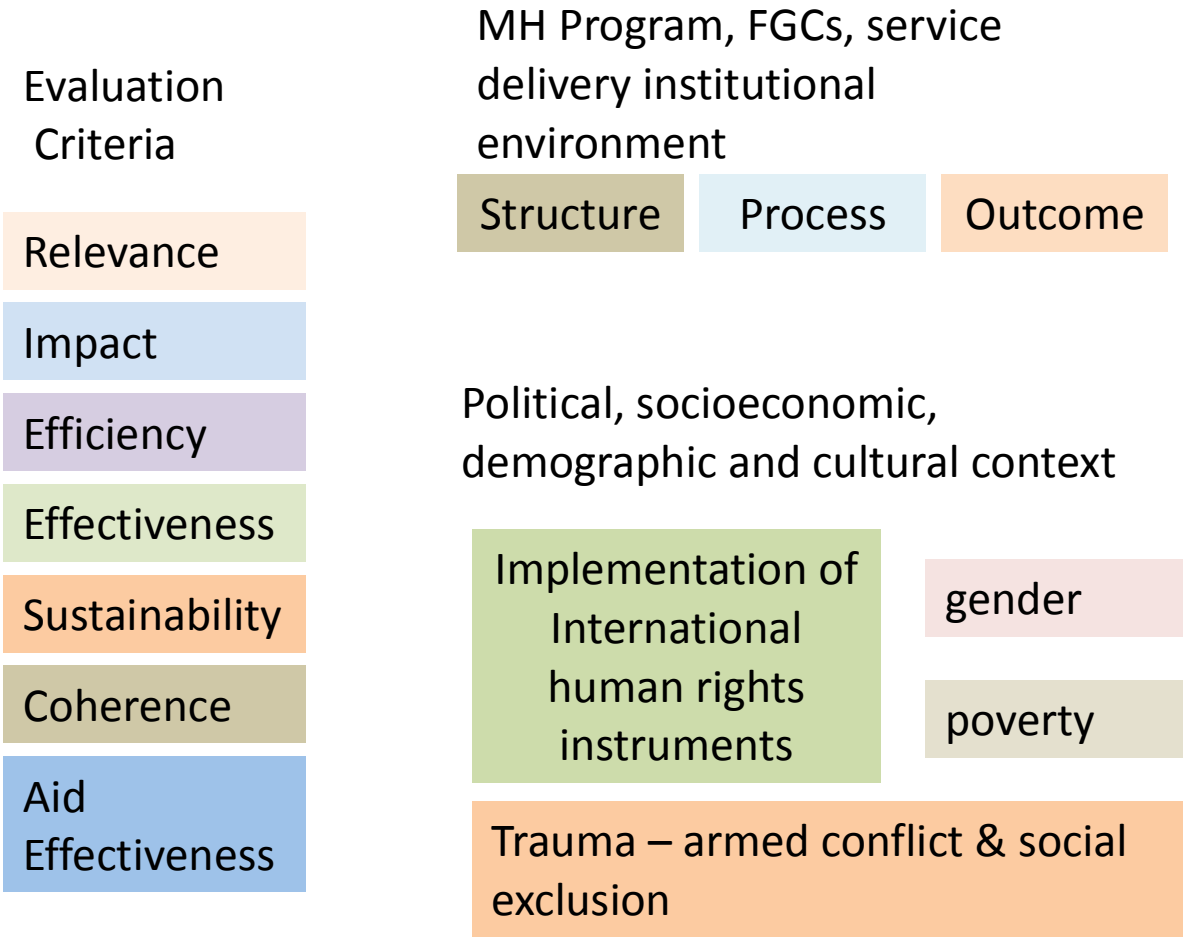
As described in the work plan (See annexes), the midterm evaluation focuses on some evaluation criteria namely, efficiency, effectiveness. (See figure 1 for details of the framework.) In addition, and given the community orientation of the evaluation, the context will be addressed in the midterm phase in a way that is similar to the initial phase of the evaluation given the vulnerability of the Palestinian refugee communities and other marginalized groups that beneficiaries belong to, and in view of the volatile political and socioeconomic environment in Lebanon.

[7] ILO (2012) ILO Policy Guidelines for Results based Evaluations para 2.1.3 p13http://www.ilo.org/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_168289.pdf {July2, 2015]

[8] Refer to Ministry For Foreign Affairs of Finland (2013), Evaluation Manual p.16

[9] Terms of Reference.

Figure 1 General conceptual framework of the External evaluation - baseline, midterm and end of project



source: inception report

Evaluation questions and sources of information for the midterm evaluation

Evaluation questions are classified according to the criteria adopted for the midterm evaluation given its formative scope in terms of three concepts: effectiveness, efficiency, and resource needs. **Effectiveness** and **efficiency** are classical evaluation themes. They are the core questions for this formative evaluation. **Resource needs** is addressed as a concept in view of the vulnerability of the communities. Reflection on resource needs is essential before tackling aid effectiveness in the final evaluation. Aid effectiveness focuses on the quality of utilization of external resources to the program, while reflection on resource needs aims at identifying presence of gaps in resources that impede providing services within the currently specified scope of work.

Sources of information for the midterm evaluation are persons as well as programmatic documentations and field observations. Persons include beneficiaries, staff, and organizations that are in a state of close cooperation with that is equivalent to a formal partnership with FGCs - referred to as partner organization. Programmatic documentations include narrative reports and forms. Field observations are those of the evaluator; they are presented when relevant.

Table 1 Evaluation Criteria, questions, and sources of information - Midterm Evaluation

Evaluation Criterion	Evaluation Questions	Sources of information

Effectiveness
 	
• Meeting stakeholders' expectations
	• Expectations/ specified programmatic results, meeting expectations/ specified programmatic results
	  • satisfaction,
	  • recommending service to others,
	  • discussing problems and difficulties with therapists,
	  • perception of volume of assistance offered by therapist,
	  • and visits by social/community workers.
	• Towards implementing international instruments (rights of child, persons with special needs, CEDAW)
	• Performance improvement indicators (reporting)
		Persons: Beneficiaries, community organizations
		
		Available Programmatic documentations: Narrative reports, forms.
		
		Evaluator observations

Efficiency Outputs compared to resources available	1. How well have the activities transformed the available resources into the intended outputs or results in terms of	**Persons:** staff **Programmatic documentations:** Narrative

	quantity, quality and time? • Waiting time 2. can the cost of the intervention be justified by the achievement? 3. what is the quality of the management of the program - work planning, monitoring and reporting, resource and personnel management, cooperation and communication? Have important assumptions been identified? have risks been appropriately managed?	reports, data base, documentation **Evaluator observations**
Resource Needs	are available resources enough?	Staff, beneficiaries, partner organizations, programmatic documentation

1.4 Methods

The evaluation data consist of freshly collected data - primary data and secondary data from beneficiaries' files and programmatic documentation. Sources of primary data are a survey of beneficiaries, reflections on progress by staff as well as reflections on the community based mental health model by partner organizations. Data are a mix of statistical and qualitative data. Input and analysis of primary statistical data was by using IBM SPSS statistics 21 software. Analysis of statistical data consists of frequency distribution and bi-variate analysis using Pearson Chi Square as a test of significance. For qualitative data, content analysis was performed. The following paragraphs describe the field data collection.

1. Survey of Beneficiaries

The survey consists of interviews with beneficiaries in each of the four centers. Questionnaires (English and Arabic) are attached in a separate document. A minimum of 15 participants per center, a total of a minimum of 60 participants in all four centers. Participants were chosen in a manner similar to the mini-survey conducted in the baseline evaluation as all parents/caregivers of children who have appointments at the FGCs during the day where the evaluator is present. For each FGC a minimum of two days are assigned for field work or until the minimum required number is acquired.

2. Reflections on progress by staff consist of written accounts within the framework of self administered instruments - topics include to what extent was there a transformation from the purely clinical model to the community based model (see instrument in annex). Participants include team leader, therapist, social/community workers in each of the four FGCs.

3. Reflections on the community based mental health model by partner organizations, and other service providers - consist of in-depth interviews with selected key partner organizations in the North and South Lebanon. (see instrument in annex). Participants include one partner organization per FGC. Criterion for selection is based on the opinion of responsible person in each FGC.

4. Review of relevant documentations - these are relevant documents from international and governmental organizations, FGC annual report, NISCVT/BAS 2015 report, and beneficiary records.

1.5 Main Findings - FGCs - North and South

There are three reasons for conducting an analysis of the four FGCs together: the first is that although FGCs may have varying mix of funding but they belong to a single organization NISCVT/BAS and a single program - the Mental Health Program. The second reason is to have some similarity in form with the baseline report that was a single report covering all four FGCs. The third reason is technical, beneficiaries surveyed in the four FGCs are designed to be analyzed as one sample consistent with the baseline report, consequently the sample size chosen is too small for each region to be analyzed separately and obtain meaningful inferences.

Main findings are divided into four sections: effectiveness, efficiency and resource needs; the section ends with a set of conclusions and recommendations.

1.5.1 Effectiveness - four FGCs

The section on effectiveness is presented from several vintage points: beneficiaries, staff, partner organizations, evaluator observation, and review of documentation; it ends with a synthesis.

Effectiveness - Beneficiary Perspective

There are six measures used to assess effectiveness from beneficiaries' perspective - two outcome measures and four process measures. The two outcome measures are satisfaction, and recommending the FGC service to others. The other four process measures are 'discussing problem and difficulties with therapists', perception of volume of assistance offered by therapist, and home visits by social/community workers.

Satisfaction: In general, the majority of respondents (87 percent) express a high level of satisfaction 'greatly satisfied'; the remaining express satisfaction 'satisfied'. Responding beneficiaries who express a high level of satisfaction are beneficiaries who interfaced with FGCs before 2014 and those expressing a lower degree of satisfaction 'satisfied' are new beneficiaries in 2015. There is no statement of dissatisfaction but of degrees of satisfaction. A statistically significant regional variation[10] is found where a gradation of satisfaction is manifested in the North FGCs in contrast to the south FGCs.

Recommending services to others: All beneficiaries across the four FGCs recommend FGC services to persons with similar problems. This proves to be a potent indicator of effectiveness in the midterm evaluation.

Extent of improvement in the child's condition: In this third effectiveness measure, a statement on the improvement, which represents the expectations of parents/ caregivers; findings show that the majority of respondents across FGCs (81.3 percent) report "plenty of improvement" based on interventions received at FGC. A minority (2 out of 64 respondents) noted fluctuation in the situation of the child.

The pattern of the beneficiaries' assessment of the status of the child is similar across the two regions, no statistically significant difference is observed. However, six out of 34 beneficiaries in the north report some improvement compared to four out of 34 beneficiaries in the south. Again, this is another preliminary observation, but its value lies in its concurrence with the pattern of responses on satisfaction presented in a previous section.

There is no statistically significant difference by FGC regarding beneficiaries' assessment of the status of the child's improvement. What is noteworthy though, is that all four FGCs show a gradation of improvement with some variation. Nahr el Bared FGC has a slightly higher number showing some improvement, and beneficiaries from both Nahr el Bared and Baddawi FGCs report cases of fluctuation in the situation of the child. This may not represent variation in effectiveness compared to centers of the south but variation in vulnerability of children in the

[10] using Pearson Chi Square test.

north compared to the south, or this may be just a statistical aberration. However, there is a pooling of evidence regarding a possibility of uniqueness of the sample of beneficiaries of the north FGCs compared to the south.

Duration of treatment at FGC presents the logical hypothesis that is the shorter the treatment the lesser the improvement. Data from the survey show indication of that effect, given the small numbers, results are preliminary, moreover, no statistically significant variation is shown.

Discussing problems or difficulties with therapists: In general the majority of respondents (78.1 percent) report discussing problems and difficulty they face with the team of therapists.

There is no statistically significant variation by region in reporting of respondents regarding the frequency of discussing problems or difficulties with the team of therapists.

When analyzing by FGC a center variation as well as a regional variation unfold. There is a statistically significant variation by FGC regarding reporting of discussing problems or difficulties with therapists. In al bass FGC, 16 out of 17 and in Saida 12 out of 13 respondents report discussing problems and difficulties very frequently with therapists. In the north 11 out of 14 and 11 out of 15 in Baddawi and Nahr el Bared FGCs respectively report very frequent discussions[11].

Regarding variation with duration of interface with FGCs, survey findings show a statistically significant relationship and data show a positive relationship with duration of interface and communication with therapists. This is understandable given the expected maturation of the quality of communication with time and this may also reflect the increasing awareness on the part of caregivers reaffirming the importance of this indicator as one measure of effectiveness of service delivery.

Volume of assistance provided by therapists: All respondents across FGCs report receiving assistance by therapist, the majority (82,8 percent) report receiving plenty of assistance.

Statistically significant regional variation is noted with regard to respondents' reports of receiving assistance from therapists. In the south 29 out of 30 report receiving plenty of assistance (and one is not applicable), while in the north 6 out of 34 report receiving some assistance from therapists. This finding provokes more analysis.

Regarding the variation by FGC of volume of assistance provided by therapists, the statistical significance present in the regional variation persists to the FGC level regarding reports of respondents about receiving assistance from therapists. Survey findings show that in Nahr el Bared FGC four out of 16 respondents report receiving some assistance compared to Baddawi

[11] the Nahr el Bared ratio was calculated by deducting the not applicables.

where the ratio is 2 respondents out of 14 from that FGC. All respondents from Saida and Al Bass report receiving plenty of assistance from therapists.

When examining volume of assistance ever received by therapists by duration of interface with FGCs, study findings indicate that the proportion of respondents reporting receiving plenty of assistance is high across the periods of their interface with the FGCs. Survey findings show a positive relationship between time of interface and volume of assistance ever received. This serves as a validation of the positive quality of the data collected.

Visits by social / community workers: The majority of respondents (85.4 percent) report being visited by social workers. Those visits are prescribed by team leaders in all FGCs. Almost half of the respondents (48.4 percent) report being visited 4 to 6 times during the three months preceding the survey. One respondent reports school follow-up by social worker.

Patterns of social worker/community workers' visits are similar across North and South regions. There is no statistically significant variation.

Regarding variation by FGC, survey findings show a borderline significance FGCs regarding respondents' reports of patterns of visits by social/community workers during the three months preceding the survey. The highest number of respondents reporting many visits is in Nahr el Bared and the lowest number is in Baddawi FGC.

Duration of interface with FGC is not found to be significantly related to visits by social workers in general. However, respondents with longer interface with the FGC report more frequent visits by social/ community workers during the three months preceding the survey compared to other respondents. This may be attributed to the condition of the children since social/community visits are prescribed by team leaders.

Summing up

in general all six measures point to a high level of effectiveness of running of the four FGCs from the beneficiaries perspective. Recommending the FGC to others offers unanimous vote of confidence in FGCs by beneficiaries. There are some regional variations in the other indicators and other factors but more research is needed given the limitation of sample size.

Effectiveness - four FGCs Staff perspective

Evidence from staff reflections indicates a process that is taking place across FGCs towards increasing implementation of community based mental health model. There is evidence of recognition of increasing community awareness through interaction in awareness raising

sessions, and a recognition of the role of support networks of parents in facilitating transition to such a model.

Effectiveness - four FGCs - Partner Organization perspective

Feedback from representatives of partner organizations reveals a common pattern of synergy between NISCVT/BAS organizational credibility and networking with the networks established with FGCs. NISCVT/BAS as an organization acts as a value added element, it enhances the quality of partnership with the FGC hence increasing the effectiveness of the implementation of community based mental health model by the FGC.

Effectiveness - four FGCs - review of documentations

The community based approach in mental health services delivery in NISCVT/BAS is based on the relevant UN principles pertaining to mental health services provision (see box 1). There is financial access to mental health care within the resources available in FGCs. There is a reception of all irrespective of nationality, gender, and socioeconomic condition. Spaces allocated in centers and the methods of treatment are in accordance with principle of preserving the dignity of the patient. Clinical and nonclinical care is provided to beneficiaries at FGC by a group of certified professionals, community workers/ social workers are continuously engaged in upgrading their skills.

Box 1 Relevant UN principles

"Everyone in need should have access to basic mental health care" (UN Principle 1(1)).
1) Mental health care should be of adequate quality, (UN Principle 1 (1) (2):
a) Preserve the dignity of the patient (UN Principle 1 (2);
b) Take into consideration and allow for techniques which help patients to cope by themselves with their mental health impairments, disabilities and handicaps;
c) Provide accepted and relevant clinical and non-clinical care aimed at reducing the impact of the disorder and improving the quality of life of the patient;
d) Maintain a mental health care system of adequate quality (including primary health care, outpatient, inpatient and residential facilities);
2) Access to mental health care should be affordable and equitable;
3) Mental health care should be geographically accessible:
4) Mental health care should be available on a voluntary basis as health care in general (UN Principle 15 (1);
5) Access to health care, including mental health care, is contingent upon the available human and logistical resources

Ten Feasible solutions to address current and future mental health needs - recommended by the World Health Report 2001.

1. Provide treatment in primary care
2. Make psychotropic medicines available
3. Give care in the community
4. Educate the public
5. Involve communities, families and consumers
6. Establish national policies, programmes, and legislation
7. Develop human resources
8. Link with other sectors
9. Monitor community mental health
10. Support more research

Source: compiled by Vickers et al (2005) pp 6, 7

The community oriented approach to mental health adopted by the mental health program at NISCVT/BAS is a one of the unique experiences among Palestinian refugee environment in Lebanon that target primarily children in the context of their families. In its organizational setup with core clinical care with a psychiatrist as the leader of a core team consisting of psychologist, psychomotor, speech therapist and special education provider along with social workers who complement clinical work and outreach to the surrounding community, it is unique in the Palestinian refugee community in Lebanon.

The review of NISCVT/BAS documentation primarily the annual FGC report 2015 and the NISCVT/BAS annual report for 2015 attest to the organizational and programmatic commitment to the community based model. The above commitment represented by program development and achievement is consistent with the UN principles listed in box1.

Effectiveness - Field observations

In general, the trainings in music therapy, and the recently adopted portage programme appear to have positively impacted the morale of the social workers as they accumulate therapeutic skills which is expected to increase the quality of their interface with the community. It is expected to reflect positively on the effectiveness of their performance in the Bared, Baddawi, and Saida FGCs given the prior involvement of Al Buss FGC community workers with a similar activity in their work supp. Music therapy - an area where social workers can be involved has become a basic activity in the work of all four FGCs - parents, as well as staff mention it on equal basis as other forms of therapies in their statements. Portage system has the potential of becoming another basic activity in the work of social workers FGCs contributing to effectiveness from the perspective of the community based model.

Data base development: In three out of four FGCs, and during the filling of the second section of the beneficiary survey instrument (see annex), information had to be sought from paper documentation especially that related to preliminary diagnosis, it indicated a challenge of database development that is acknowledged in the annual FGC report of 2015.

Effectiveness - summing up

Beneficiaries express positive feedback regarding effectiveness of service provision at FGCs as shown from findings of beneficiary survey. FGC staff - team leaders, therapists and social/community workers demonstrate commitment to the community based mental health care model modeled after the Al Buss FGC. All four FGC are engaged in awareness raising sessions. Challenges remain regarding the data base development.

1.5.2 Efficiency - Four FGCs

The efficiency section as it is the case of the preceding section on effectiveness, is approached from several perspectives, in this case it is the beneficiary, staff, and partner organization. This section ends by a synthesis.

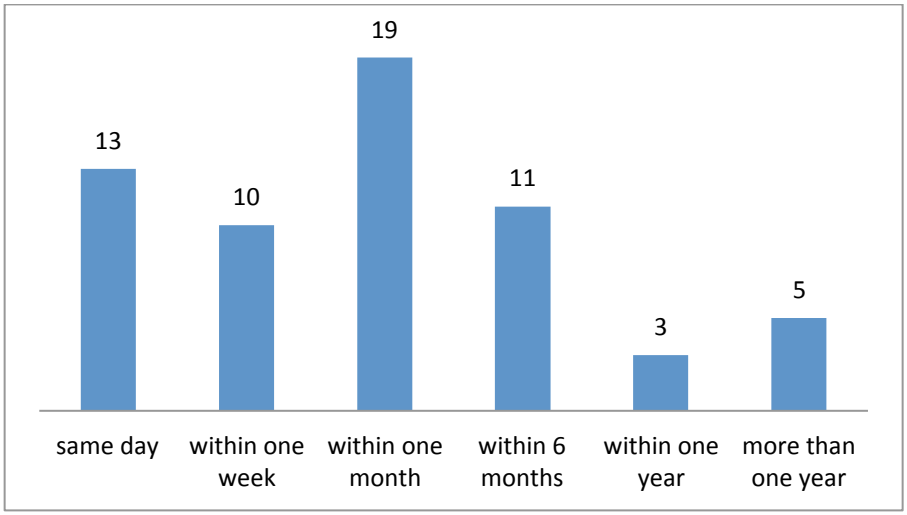
Efficiency - Beneficiary Perspective

The variable waiting time since first contact is adopted as a measure of efficiency in the beneficiary survey[12]. It is a variable that describes the time it takes from first contact to onset of therapy. In the work of the FGC, it assesses the duration of the evaluation period. This variable is calculated by subtracting the date of starting treatment from the date of first visit (registration). Resulting variable is further coded into a categorical variable (see annexes for details). Examining the distribution of the coded variable, findings show that the majority of respondents (68.9 percent) in the four FGCs report that treatment was initiated within one month of coming to the center. Almost a quarter (21.3 percent), report that treatment was initiated in the same day.

In addition findings from examining variation by region (North / South) show that there is a statistically significant relationship between waiting time and region. The peak of the distribution of waiting time since first contact in the north is within one month (15 out of 32) compared to the south where the peak is six months (9 out of 29 respondents).

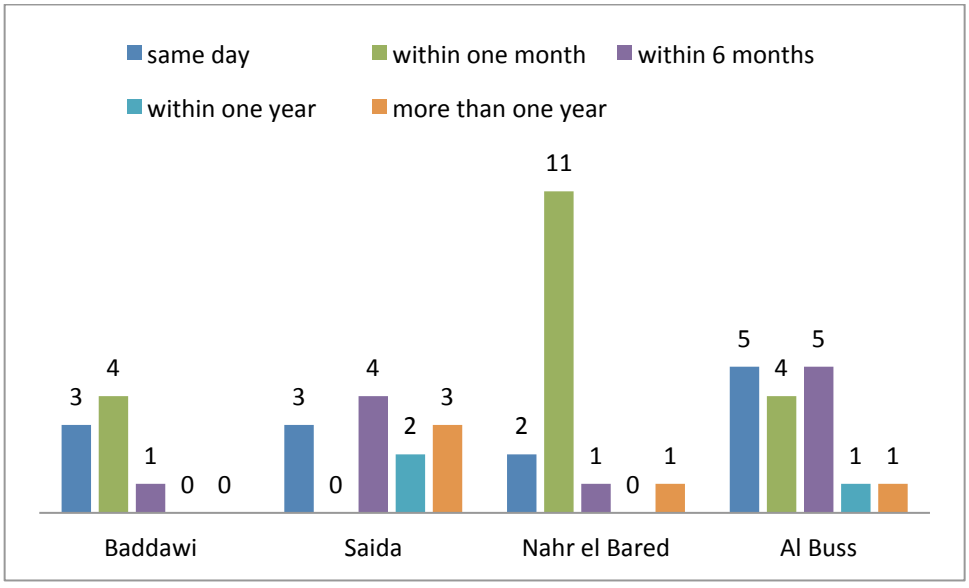
Figure 2 **Waiting Time to therapy since first contact -Four FGCs (counts)**

[12] for further discussion on waiting time and efficiency in ambulatory setting see Matthias Helbig, Helbig, Silke, A Kahla-Witzsch,Heike and Angelika May (2009) Quality management: reduction of waiting time and efficiency enhancement in an ENT-university outpatients' department BMC Health Services Research 9:21
DOI: 10.1186/1472-6963-9-21



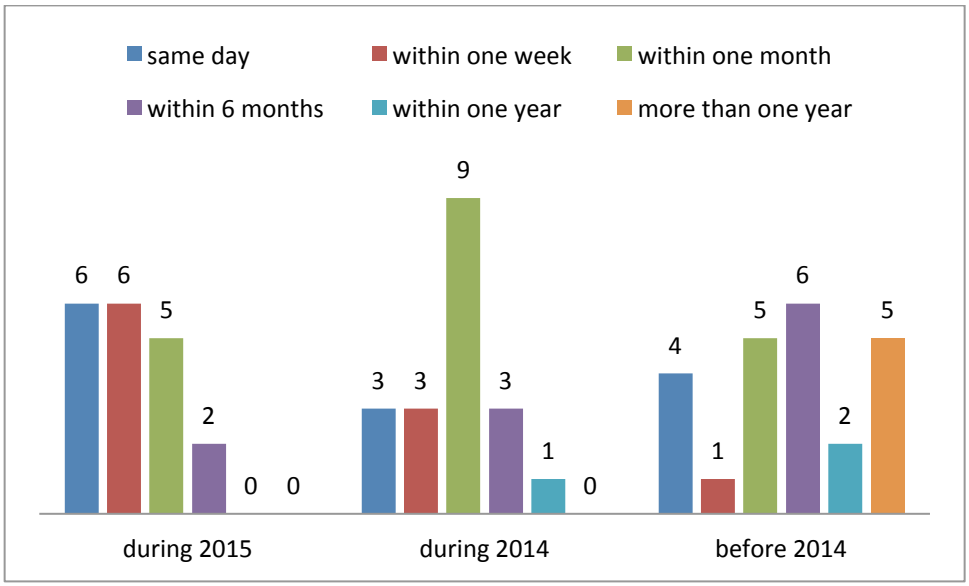
Further analysis is conducted to assess variation of waiting time by FGC, findings show a highly statistically significant variation is observed among FGCs by waiting time since first contact. In Nahr el Bared FGC, there is a notable peak in the distribution of responses where there is a cluster of respondents reporting a waiting time since first contact if a period 'within one month', in general Baddawi and Nahr el Bared have shorter waiting times compared to Saida and Al Buss. Considering one month as an arbitrary cut off point, Nahr el Bared has 12 out of 17 (70.6 percent) of respondents having a one month and shorter waiting time since first contact, Baddawi has 7 out of 8 (87.5 percent) of respondents having a waiting time one month and shorter since first contact, while Al Buss has 9 out of 16 (56.2 percent)and Saida has 3 out of 12 (25 percent) of respondents with one month or shorter waiting time since first contact. These findings are consistent with regional variations in waiting time since first contact.

Figure 3 Waiting time to therapy since first contact by FGC - Four FGCs (counts)



Bivariate analysis was conducted to assess the variation by duration of treatment, findings show a statistically significant variation in the distribution of this variable by FGC and by duration of interface with FGC. Findings show that the older the interface with FGC, the longer the waiting time. Hence despite the relatively limited sample size, there appears to be a decrease in the pattern of waiting time in FGCs as a whole across time, the limited sample size prevent examining the pattern at the FGC level.

Figure 4 Waiting Time to Therapy since first contact by duration of interface with FGC - Four FGCs (counts)



Efficiency - Staff perspective

Staff perspectives focus on the clinical dimension of the community based mental health model. Applying the model of community based mental health care in itself is viewed by the Al Buss staff overtly as an efficient strategy to deliver mental health care. However, regarding efficiency in applying that model clinically, the team leader of Baddawi FGC, notes the capability of the FGC through exchange of information during meetings, and the FGC documentation to cope with the challenge of staff turnover whether they are therapists or social workers.

Efficiency - four FGCs - Grassroots Partner Organization Perspective

Input from in-depth interviews with grassroots partner organizations illustrates the efficient use of resources through networking and collaboration. Networking acts as an efficiency promoting strategy by providing ongoing access to resources outside the FGCs ranging from information to service delivery, this is demonstrated by statements of grassroots partner organizations for all four FGCs: in Al Buss for example the Nabil Badran center - Moussawat shares information on

resources regarding special needs. In addition as expressed directly or indirectly by respondents, the reputation of credibility of NISCVT/BAS acts as a multiplier to the networking efforts made by FGC staff. (Refer to Box 2 for details on collaboration).

Box 2 Some areas of collaboration between partner organizations and FGCs - outputs of in-depth interviews

CBRA - With Baddawi FGC	GUPW - With Nahr el Bared FGC	Nabil Badran- Moussawat with Al Buss FGC	MSSCF with Saida FGC
• Referral to psychiatrist • Advocacy activities • Referral to Sumud KG because Sumud works on mainstreaming children with special needs	Referral of children to FGC and to health clinic, commented positively on the presence of the pediatrician. Most of the problems are speech followed by excessive activity and learning difficulty.	The relationship is complimentary - implies mutual understanding and coordination, avoiding duplication of work. There is perceived credibility among both parties There is follow-up, There is exchange of information - Mousawat Organization - Nabil Badran has the statistics of persons with special needs - they provide the special id for persons with special needs. Each person with special needs has a file. Nabil Badran distributes equipment and assistance tools purchased by funding agencies. FGC refers to them, there is also partnership with UNRWA. The vision is to empower persons with special needs towards becoming active persons in society.	• the cooperation is complementary in nature for example referrals are made from Sumud to the Natasha Saad Clinic, to get eye glasses or hearing tests. • there is exchange of information and joint intervention such as the Syrian project where there was joint work with 30 Syrian Palestinian children - • example: a case of a child who is deaf, is referred to al madrasa al watanyah and the child is sponsored by MSSCF

Efficiency - Four FGCs- Review of documentation

Home visits per social worker is proposed to be one indicator relevant to efficiency**:** Using the data on number of home visits and using the published data on social / community workers the indicator number of home visits per social worker is formed[13]. Analyzing the number of visits per social/community workers as a measure of efficiency (see table 2) reveals some questions to consider relating to the home visits indicator. The first is to what extent is the content of the home visits comparable among FGCs? judging from the report, the community workers at al Buss FGC are engaged in therapeutic work in addition to the background work or follow-up work indicated by therapists. A second question is to what extent is the community work reflected by the indicator of home visit.

Table 2 Home visits by FGC by social/ community workers, visits per social worker by FGC - Four FGCs - 2015

	FGC			
	Al Buss	**Saida**	**Beddawi**	**Nahr el Bared**
Home visits	310	260	77	209
Number of social workers	6	2	2	2
Visits per social worker	52	130	39	105

Source of statistical data: FGC Annual Report 2015

In any case, and excluding Al Buss FGC, the sheer volume of home visits given the limited number of social workers per FGC in the three FGCs - Baddawi, Nahr el Bared and Saida indicates a reasonable level of efficiency. In the case of Beddawi FGC as indicated from field visit information, a volume of interaction occurs in the FGC which is not captured by the home visit indicator. Such a phenomenon also applies to Al Buss FGC based on information obtained informally from staff during field visit.

[13] the assumption is that almost all home visits are conducted by community/social work

Synthesis of evidence on efficiency

Three indicators of efficiency are present from field work and review of programmatic records and documentations. They are waiting time, home visit per social worker, and collaboration with other grassroots partner organizations.

Waiting time and home visits per social workers are two statistical indicators of efficiency that are constructed from available data as shown in the preceding paragraphs. Limitations of home visits indicator is that the detailed information found in the FGC is not translated to the broader database, information on who is conducting each visit, times and target would be useful in monitoring and activity planning.

A third indicator of efficiency is the area of collaboration with other grassroots partner organizations (POs). Noteworthy is the 2015 collaboration with UNRWA on awareness raising and utilizing the expertise of clinicians.

Multipliers of effectiveness and efficiency

Occupational health promotion through stress reduction workshops and capacity building of staff especially in the therapeutic are activities that impact efficiency of clinical work through expanding the expertise and resilience of the human resources engaged with beneficiaries, and consequently potentially enhancing the quality of the services provided, and allowing more resources to be allocated to work targeting groups of beneficiaries.

Occupational health of FGC staff

Several stress reduction workshops were conducted in 2015 supported by FiPSR and FAFS (see FGC report section 5.3 p.10) findings from pretest post test conducted show that there is a 'slight decrease' in stress levels. However, such an activity has prospects if mainstreamed within the routine work of the FGCs, more information is needed to assess impact on productivity.

Capacity Building of staff

Capacity building is an integral activity of the mental health program, 2015 marked capacity building activities in areas such as music therapy, portage system training, and family therapy training.

Music therapy: - supported by Prima Materia - Italy. Staff involved - Lilian Youness a psychologist, mental health program coordinator and a musician by training and Mohammad Orabi the psychologist in Saida FGC attended training in Italy.

Portage system training: Santé Sud conducted capacity building activities targeting social workers in FGCs through the portage program. The objective is to strengthen the capacities of professionals involved with children and youth in 10 camps refugees in Lebanon to improve the prevention and Support for these children made vulnerable. The portage system training enables social workers in all NISCVT/BAS FGCs to intervene with the child within the family context, hence amplifying the effect of the work of the therapists.[14]

Family therapy training Funded by Liensystemic was conducted. " At the beginning of 2015 the training on "Family therapy and Parental Guidance" which started in November 2014 and which was moderated by Ms. Yara Naufal has been completed and all participants have been awarded certificates of attendance." (FGC 2015 report section 5.1 p.8)

The Annual Conference is another form of capacity building that has a networking component with other programs in NISCVT/BAS, partner organizations, researchers and experts in the field. Feedback from staff questionnaire show a positive feedback to the conference from staff.

Ongoing capacity building has the potential to counteract the harmful effect of turnover and serve in the orientation for new staff in addition to continuing education for the current staff. More concrete ongoing measures are needed to assess impact of capacity building activities on effectiveness and efficiency to aid in the planning process of the mental health program at NISCVT/BAS.

1.5.3 Resource needs - Four FGCs

This section comes from a premise that there is a gap in resources for community based mental health care as is evident from the baseline evaluation. The questions posed here are what are resource needs and how are they to be covered? Reflections on resource needs for implementing a community based mental health services is viewed from the beneficiary, staff, partner organization, and a review of documentation. The section ends in a synthesis.

Resource Needs - beneficiary perspective

There were several statements that recurred during the interviews by beneficiaries: "the FGC did whatever they can within their means". Such realization on the part of beneficiaries as well as waiting time measures point to the presence of unmet resource needs for mental health services. FGCs are limited in their role as referring organizations by not having places to refer to that are accessible to their beneficiaries.

[14] Sante Mental Liban, Pour l'amelioration de la prise en charge des enfants vulnerables dans les camps de refugies Palestiniens au Liban dans, Sante Sud Agir san remplace Rapport D'activites 2015, p. 21 <http://www.santesud.org/rapport-act-2015.pdf>

Resource Needs - Staff perspective

Input from two in-depth interviews with lead staff[15] indicates several areas of resource needs, Abdallah Barakeh identified enormous general needs which the FGC alone cannot meet - "we reach 600 children but there are 7000 we cannot reach..", "We need 8 days of psychiatrist work per week!!", "we need financing", "need for psychomotor therapist [for Nahr el Bared FGC]", in addition the problem of recruiting resources to Nahr el Bared camp.

Ms. Khalaf identified the funding needs to sustain current activities - and maintain successes achieved. Ms. Khalaf noted a deficiency in monitoring the work of mental health counselors in UNRWA schools and the consequent depleting impact on the progress made in the treatment at the FGC. She gave the following example - in a case of sexual harassment of a child, the counselor told the child we want to shoot him [the abuser].. Ms. Khawla raised the following questions:

1. what are the standards upon which UNRWA staff were trained on case management?

2. what is the system of evaluation used?

3. what is the role of NGOs in monitoring the work of UNRWA?

Ms. Khalaf presented an account with a prior negative experience of collaboration with UNRWA at an area level as follows: " lack of benefiting from opportunities: in 2011, there was a project between Sumud and UNRWA funded by Welfare Association - training of teachers of first grades to work with children with learning difficulties, with emphasis on generating teaching aids, and developing adequate teaching tools. The output of the project was not up to expectation; eleven teachers were trained most of whom were near retirement age and due to leave UNRWA. In the recommendations of the report issued by [NISCVT/BAS] Sumud, trainees should have been younger. Moreover, there was no commitment to attending the training sessions. Also the project involved distribution of books - UNRWA insisted on inspecting the books to make sure there are no political messages involved. Only part of the books were distributed. The other part was then distributed to FGCs because UNRWA did not reply to communications to that effect. Also some of the books went to [NISCVT/BAS] Sumud KGs that were also included in the project.

According to Ms. Khalaf, the coordination with UNRWA [at the grassroots level] depends on the individual initiative of the UNRWA school director or the teacher. This situation directly

[15] Sources of input from staff are two in-depth interviews with Ms. Khawla Khalaf director of NISCVT/BAS center in Sour and FGC Responsible, Mr. Abdallah Barakeh Coordinator of NISCVT/BAS activities in North Lebanon and overseer of Director of Nahr el Bared NISCVT/BAS Center which includes the FGC.

impedes services of FGC when the school follow-up is not up to standard." Ms. Khalaf expresses concern over the shrinking of UNRWA educational services, such as the elimination of secondary schools.

Moreover, UNRWA according to a statement from Saida FGC refers cases to the FGC this and the collaboration of Al Buss with UNRWA at the grass roots level illustrates a recognition of the role of the FGCs as a center of excellence and also illustrates a gap in services of UNRWA. This is further consolidated by the 2015 memorandum of agreement with NISCVT/BAS with UNRWA.

Conversation with Saida FGC responsible pointed out that there staff turnover among the two field social workers. This has serious implications on the community based mental health model since social workers are the links between FGCs and communities.

Resource Needs - Partner Organization perspective

The increasing vulnerability of communities as generators for further demand on existing resources are underscored by in-depth interview statements of representatives of grassroots partner organizations. With recent challenges facing UNRWA and consequent austerity measures, vulnerability is expected to increase, hence the demand for mental health care at the community level.

Resource Needs - Review of Documentation

A review of NISCVT/BAS documentation shows staff turnover among therapists as reported in the FGC annual report which even when relieved within a short period of time impacts effectiveness and represents a disruption of care. There is a need to rebuild the relationship with the child and family with a different provider - an effectiveness factor. When the search for a therapist takes time as in the case of Nahr el Bared FGC's quest for a psychiatrist, the FGC adapted by referring cases to Baddawi psychiatrist once per month in trips to Baddawi where the beneficiary is accompanied by the social worker which exerts pressure on another scare resource in Nahr el Bared FGC.

A review of UNRWA report of the department of health 2015, shows a trend in mental health care that is family centered and community based. The recent agreement with NISCVT/BAS mental health program although an indicator of the effectiveness of FGC mental health care services, it underscores the gap in UNRWA resources and raises questions on the scope of work of the FGCs therapists in community awareness raising activities in mental health at a wide scale in camps.

Synthesis of resource needs

Available evidence points to two areas of resource needs to ensure effective implementation of the community based mental health program at the FGCS, within the FGC and outside the FGCs. Within NISCVT/BAS, resources are needed in terms of recruitment of staff, reduction of turnover, and the need for funding to ensure sustainability especially in the well funded FGC of Al Buss that has the highest number of community workers among its staff -these matters are touched upon by beneficiaries and staff in lead position in NISCVT/BAS and who at the same time interface with communities.

Outside the FGCs, there is an increase demand for resources in view of the increase in vulnerability of the communities the FGCs work with. This trend is ascertained by a consensus from partner organizations interviewed. The vulnerability is social exemplified by increase in violence and crowding, and economic manifested by increase in joblessness. Also recent information from the AUB study in 2015 underscores the social exclusion of Palestinian refugees in Lebanon and the increasing vulnerability of Palestinian refugees from Syria. Feedback from partner organizations pointed out that such vulnerability has impacted negatively on the performance of the educational sector of UNRWA. Adding to that are the recent measures by UNRWA to manage funding shortage and its negative implication on its education and health services.

1.6 Conclusions and Recommendations

Sustaining an ambulatory mental health care program with a community orientation during a period of uncertainty - political, social and economic is an achievement that justifies investment of NISCVT/BAS as well as its funders. Such precarious conditions impose a burden on the management structure which is managed by communication through formal meetings and side meetings during on the job training sessions. According to the FGC annual report, core monitoring utilization statistics are present, their focus is clinical even there interaction between social workers and beneficiaries occurs in means other than home visits: social workers interface with beneficiaries inside the FGCs, through whatsapp messages. Moreover indicators for monitoring of the community based component emerging in the form qualitative statements on the presence awareness raising activities, and informal mention of group therapeutic activities in the FGC report. Statistics pertaining to follow up with schools and networking with community organizations are not included in the description of the activities of the FGC, although there are statistics of referral of sponsorship cases of multiple special needs. Furthermore, time spent by staff in terms of person hours for example on capacity building is not included in the data base pertaining to services.

'Assumptions' i.e. contextual realities are well identified for the mental health program in terms of the situation of uncertainty in living conditions as well as funding that the FGCs are operating within.

The four FGCs are applying several facets of community based mental health model despite the above-mentioned challenges. Support of the therapists to the community based model, the implementation of the portage system, along with mainstreaming of music therapy and the ongoing training represent achievements. Staff turnover represents a challenge to the clinical and to the community orientation components of the model. However given the higher level of retention of therapists - excluding Nahr el Bared, the challenge is present for the community based component of the model, the turnover of experienced community workers impedes the both clinical work and community based component. Moreover the lack of financial access to referral institutional facilities for children requiring long term treatment is another challenge to the clinical component however, it has presented an opportunity to reflect on enhancing the community based component in terms of interacting with the families either through home visits or involving them with FGC or NISCVT/BAS activities. Furthermore the organization wide strategy of increasing interface among programs also helps, a case in point is in Nahr el Bared where the psychosocial family based project supported by MAP became an opportunity for early detection and referral of children to FGC.

Recommendations

Recommendations consist of general and operational. Operational recommendations are categorized into short term and medium term.

General - relating to the vision for FGCs:

Consider positioning FGCs as Centers of Service Provision for the most vulnerable and as Centers for Knowledge Generation

- In view of the intent of the mental health program to design a general strategy, and based on the existing trend of the FGCs participating in knowledge generation through the NISCVT mental health conference and regional research conferences (Lancet), and other conferences and scientific gatherings, and in view of the limited capacity of the FGCs to meet the needs of the communities which is the domain of UNRWA in principle; This recommendation calls upon NISCVT/BAS to consolidate development of the four centers as centers for service provision for the most vulnerable and knowledge generation. Consequently FGCs would serve to develop the community based mental health care model targeting the most vulnerable and build partnerships with universities and other knowledge generating agencies. This will put them on track to become resource centers that would feed in the process of development of the integrated care (mental health and primary health care) adopted by UNRWA when UNRWA's model is implemented in Lebanon through capacity building staff and exchange of experiences and with UNRWA centers. Such process is consistent with the

ongoing process occurring at the Lebanese Ministry of Public Health in the development of the Mental Health Strategy 2015- 2020 [16]. It is consistent with the current cooperation activity between NISCVT/BAS and UNRWA and similar activities earlier.

- Focusing on the most vulnerable will allow effective utilization of the time and expertise of the limited human resources available as mental health professionals/ therapists and as social workers.

Operational:

to NISCVT/BAS - short term

Consider the following,

- **strengthening of monitoring and evaluation capacity of FGCs for services and human resource development:**
  - consider develop the electronic data base network among FGCs
  - consider designing data bases imputing via Apps on mobile telephone for ease of access to community workers
  - consider including the following statistical indicators : statistics pertaining to follow up with schools, referral to centers outside (sponsored and non sponsored), networking with community organizations, time spent by staff in terms of person hours for capacity building, occupational health activities (stress reduction and other protection activities)
- **integrating capacity building with human resource development policy for FGCs**
  - **including standardized intensive training package** for newly appointed social / community workers - involve staff in the process of design
  - **adopting occupational health activities as core activities** for therapists and social/community workers in FGCs.

to NISCVT/BAS - medium term

Consider the following

- **strengthening collaborative capacity building processes** -
  - Developing core curriculum on mental health track for social / community workers within NISCVT and among other NGOs
    - strengthening existing collaborations with other programs at NISCVT and among other organizations involved in mental health

[16] Ministry of Public Health (2015) Mental Health and Substance Use- Prevention, Promotion, and Treatment- Situation Analysis and Strategy for Lebanon 2015-2020. Beirut: Lebanon.

interventions and arriving at a standardized context oriented capacity building core curriculum for social/community workers.

- Strengthening continuing education activities for FGC staff - therapists and community / social workers
    - make periodicals and other resources accessible through an intra FGC network in a manner similar to that proposed for monitoring and evaluation recommendation.
    - pursue continuing education options with universities in Lebanon and through networking supporting funding organizations of the mental health program at NISCVT/BAS.

Part 2 - Findings for Nahr el Bared and Baddawi FGCs

Introductory note

Part 2 presents midterm evaluation findings particular to Nahr el Bared and Baddawi from field work and from a review of some relevant documentations. It is organized into four sections: context of Baddawi and Nahr el Bared FGCs, effectiveness, efficiency, and resource needs. Part 2 concludes with a set of conclusions and consequent recommendations pertinent to Baddawi and Nahr el Bared FGCs.

In the effectiveness, efficiency and resource needs sections several perspectives are presented: the beneficiary / parent, staff, and the partner organization perspectives. The beneficiary perspective is based on specific questions in the beneficiary survey administered by evaluator. Staff perspective consists of output derived from a self administered instrument sent to staff. A specific tool has been designed for team leaders and another for the staff in general. Manner of reply was left to the discretion of the team to minimize interference with their intensive schedules. The partner organization perspective captures relevant information from the meetings with two partner organizations according to a framework of topics. All four tools are present in the annex section of the report.

2.1 The Context - The FGC and their communities - a zoom in from the perspective of partner NGOs.

Boxes 7 and 8 provide a close-up testimony from the field of the situation of vulnerability of Baddawi and Nahr el Bared camps by two grassroots seasoned activists working in two partner NGOs with Baddawi and Nahr el Bared FGCs. They both underscore vulnerabilities in both camps. Baddawi camp has survived being sandwiched by Lebanese warring factions, while Nahr el Bared camp suffers from the aftermath of the armed conflict in 2007 that destroyed the camp, the process of reconstruction is slow and there is an area of extreme vulnerability in the prefabricated shelters whose walls are metallic and which constitute in themselves a public health risk factor for mental health issues in view of the lack of privacy and overcrowding.

2.4.3 Resource needs - Partner Organization Perspective - *increasing vulnerability in communities*

Box 3 Information on Baddawi and Nahr el Bared refugee camps from interview with Mr. Ahmad Daoud of CBRA - partner organization Baddawi Camp - March 8 , 2016

Outline of the main features of Baddawi Community

There is a population explosion with the onset of the Syrian crisis, the number rose from 16,000 pre 2011 to 45,000. The camp has become a cultural melting pot - Palestinian Lebanese, Palestinian Syrian, Syrian, Kurds, Iraqis.

The camp managed to neutralize itself during the Tabbaneh Jabal Mehsen war. Both parties tried to push the camp into battle either on political grounds or sectarian ones. The political factions managed to protect the camp

We regard Palestinian camps as 'factories for mental health problems", we work within the community from several angles, and focus on building resilience.

The vulnerability of Nahr el Bared

There was agreement on the vulnerability of Nahr el Bared camp - Mr. Daoud by luck is originally from Nahr el Bared, and confirmed the statements made by Mr. Barakeh and Ms. Wannass. In addition he pointed to the problem of family disputes due to the building of an extra space on top of the properties because a portion was deducted to widen the roads, this resulted in bitter family disputes.

Box 4 Input from Ms. Sanaa Wannas of General Union of Palestinian Women - GUPW - partner organization with Nahr el Bared FGC - February 29, 2016

AYK inquired about the vulnerability of the "Baraksat Hadeed" neighborhood, [prefabrickated housing whose roofing and walls are metal.] - a vulnerable area in a vulnerable camp

GUPW was initially against the " baraksat hadeed" essentially because of the unacceptable quality of life. There is no privacy. People hear others over their heads. There are multiple floors. They live as groups of families.

Community organizations involvement and Interventions:
Nabaa and Tadamun [two NGOs] are located there and work with community, GUPW work with children from Baraksat Hadeed within the KG

Hala [social worker Nahr el Bared FGC] : the community still lives the war...
Sanaa: **there are baraksat in Bhanneen but they are from stone with tin roofs.**

Currently families who were cut off from rent [subsidies from UNRWA], and there is a high degree of unemployment, people may be considering access to baraksat !! [because they are cheaper]

Two families occupied UNRWA clinic for a couple of days because of the lack of rent [subsidies].

There is an economic threat, accumulation of debts because of rent.

The rebuilding process [of Nahr el Bared camp] is not known.. the fifth phase is underway

and it is not know whether it will finish.. Regarding the sixth, seventh and eighth phases, there is no financing.

We hope for breakthroughs.
There is a threat to occupy schools by the families who were on assistance for rent.

2.2 Effectiveness - meeting operational objectives

Findings from field work indicate a perceived level of effectiveness in Nahr el Bared and Baddawi FGCs expressed by beneficiaries

2.2.1 Beneficiary Perspective - *Satisfaction, perception of improvement, interaction with therapists and social workers*

Effectiveness measures used are : (1) satisfaction, (2) perception of improvement achieved based on interventions at FGC, (3) discussing problems and difficulties with therapists since starting treatment, and (4) interaction with social workers. Findings from distribution of responses using the preceding measures indicate high levels of effectiveness in both FGCs.

Satisfaction : In Baddawi FGC 13 out of 14 state that they are greatly satisfied and one states that she is satisfied. In Nahr el Bared 13 out of 20 state that they are greatly satisfied and 7 state that they are satisfied with the FGC. All respondents state that they encourage others with similar problems to seek care at the FGCs.

Meeting expectations, Perception of improvement achieved : In terms of the parents' perceptions of improvement achieved attributed to treatment at FGC the majority of respondents in Baddawi and Nahr el Bared FGCs (11 out of 14 in Baddawi and 15 out of 20 in Nahr el Bared) note 'plenty of improvement' has been achieved based on interventions received at the FGC. The rest (2 respondents in Baddawi and 4 respondents in Nahr el Bared FGC) note that some improvement has been achieved. Fluctuations are noted by one respondent out of 14 in Baddawi FGC and one out of 20 in Nahr el Bared FGC.

Discussing problems and difficulties with therapists since starting treatment: A majority of respondents in Baddawi and Nahr el Bared FGCs state that they very frequently discuss problems and difficulties with the team - 11 out of 14 in Baddawi FGC and 11 out of 20 in Nahr el Bared FGC[17]. In Baddawi FGC, 3 out of 14 respondents and two out of 20 in Nahr el Bared note that they have discussed problems sometimes and two in 20 in Nah el Bared state that they rarely discuss problems or difficulties with therapist.

[17] five responses in Nahr el Bared are not applicable.

Interaction with social workers:

In both FGCs there is constant interaction with social workers, home visits are prescribed by therapist. In general, the majority of respondents in both FGCs report 4 to 6 visits in the three months preceding the survey.

Table 3 Interaction with social workers - Baddawi, Nahr el Bared FGCs (counts)

Interaction with social / community workers	Baddawi	Nahr el Bared	Total
no visits conducted until now	2	3	5
some visits (from one and three visits)	7	4	11
many visits (4 to 6 visits)	3	11	14
communication within center & by phone	2	1	3
school follow-up		1	1
Total	14	20	34

Source: field survey

Volume of assistance on how to manage problems and difficulties received from therapists since starting treatment:

Respondents from both FGCs note plenty of assistance received: in Baddawi FGC 12 out of 4 respondents report plenty of assistance received since starting treatment. In Nahr el Bared FGC 12 out of 20 respondents report receiving plenty of assistance from the team of therapists[18].

2.2.2 Staff Perspective - *Transition to community based mental health model and related factors*

The following statements from staff in Baddawi and Nahr el Bared FGCs relate staff perception to transition to the community based mental health care model. The question pertinent to effectiveness in the staff survey instrument is "to what extent do you think the FGC functions have made the transformation from a purely clinical model into a community based mental healthcare model?"

Baddawi FGC

perception of community based mental health model:

[18] four respondent are not applicable.

Baddawi FGC - clinical care and community based mental health care model
"The patient is referred to the center by : social worker, school, other associations, parents, mothers committee to whom we give guidance in the center. The patient is seen by the psychiatrist ---> Diagnosis, then follow up (personalized to each patient) [in the areas of :]psychotherapy, parental guidance, social follow up (visits to school, home), psychomotor therapy, speech therapy, IQ, Music therapy, activities in the center, medications, blood tests, specialized consultations, referral to special needs class, staff meetings for every case (follow-up), awareness raising sessions for parents, teachers."

Dr. Rita Husari

adopting the community based mental health care model

Baddawi FGC

Dr. Rita Husari the FGC team leader notes that "..because of the mothers group-awareness raising sessions, home and school visits, activities (parents and children) we have reached a community based mental health care model."

Baddawi joint staff response - "we can see the shift in reconfiguration of functions of the FGC from clinical approach to the community based approach, we do not exclusively rely on clinical interventions (drug therapy) but we have become more reliant on making a difference within the community and the extended families and [nuclear] families and schools, as well as involving the popular committee and the security committee especially in cases of under-age / juvenile protection as needed. Juvenile protection issues present one of the most important challenges that face a small institution, and a small number of staff (women) within the camp. As for the facilitating factors, the positive attitude that we have and the credibility that we have earned are of the most important factors that helped a great deal to earn the community trust, and our result constitute the evidence."

Nahr el Bared FGC

Nahr el Bared FGC team - Therapists and Social workers'

perception of community based mental health model:

Nahr el Bared FGC - responses note the increase in awareness of the community about mental health

*translated from Arabic by Evaluator

adopting the model

" the model is applied to a great extent through continuous field visits by the social worker to the families that are followed in the FGC through providing advice and special instructions in addition to community meetings in neighborhoods which acts as an outreach of FGC services. Psychosocial presentations include topics that shed light on most important behavioral problems such as violence, school dropout, isolation and depression. Also the social worker is acting partially as a therapist through the application of the portage program."

Increased trust among beneficiaries is noted in the response. Also the synchrony between the work of the Nahr el Bared FGC and the services of the psychosocial health services made the people more aware and interested in mental health.

2.2.3 Partner Organization Perspectives - *quality of collaboration with FGC*

Baddawi FGC - PO - Community Based Rehabilitation Association - CBRA

NISCVT/BAS in general and Baddawi FGC in particular is rated by CBRA respondent as one of the top organizations according to CBRA quality standards and CBRA's first choice to refer children.

Bared FGC PO - GUPW

The quality of the collaboration according to the respondent is very good which reflects positively on the performance of the referred child within the class, and at home based on feedback from follow-up visits. Approximately nine out of ten cases there was progress. Moreover, the FGC saves the mother a trip to services outside the camp. FGC and Sumud clinics also reduce the hardship the [Nahr el Bared camp] community is suffering from.

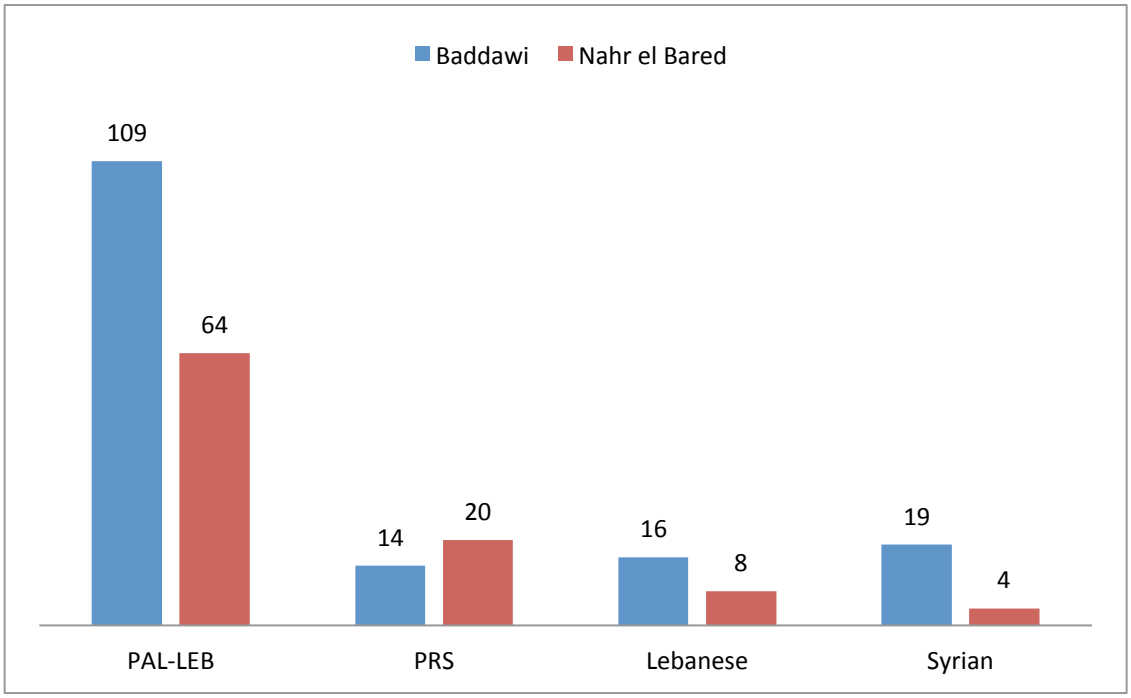
2.2.4 Utilization information from FGC Annual Report 2015

The annual report of the mental health program for 2015 on the NISCVT/BAS FGCs provides statistical and qualitative information is available for all beneficiaries for Baddawi and Nahr el Bared FGCs.

In general there is a higher number of new users in Baddawi FGC in comparison with Nahr el Bared (158 versus 69 users respectively) this may be a reflection of population size in each camp. Figure 5 shows that new users for both FGCs are primarily Palestinians refugees registered in Lebanon. There is a larger number of PRS (Palestinians from Syria) in Nahr el Bared FGC and a larger number of Lebanese and Syrians in Baddawi FGC - Baddawi camp is more open to movement from surrounding areas of the camp, and the FGC itself is located in an area

adjacent to the camp in contrast with Nahr el Bared FGC which is located within the camp where movement in and out of the camp is controlled for security considerations.

Figure 5 Number of New Users of FGCs Baddawi and Nahr el Bared by Country of Registration (for Palestinian Refugees) and by Nationality 2015 NISCVT/BAS Mental Health Program Statistics

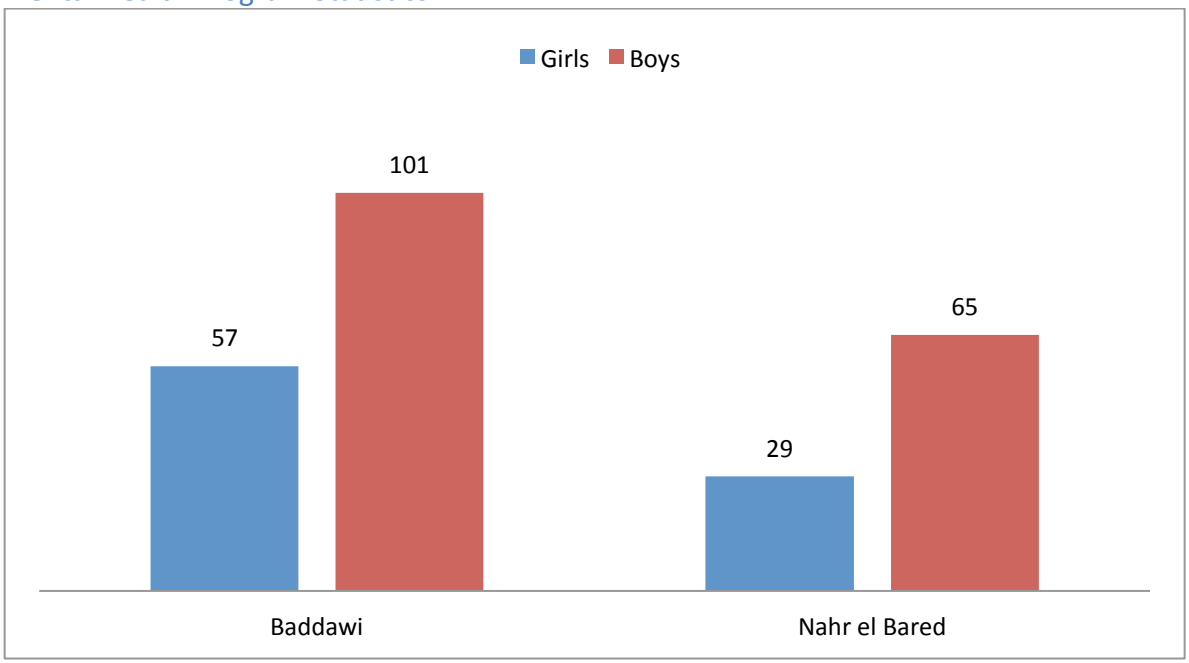


Source: FGC annual report, 2015, p 21 for Baddawi and p24 for Nahr el Bared

Gender distribution of new users

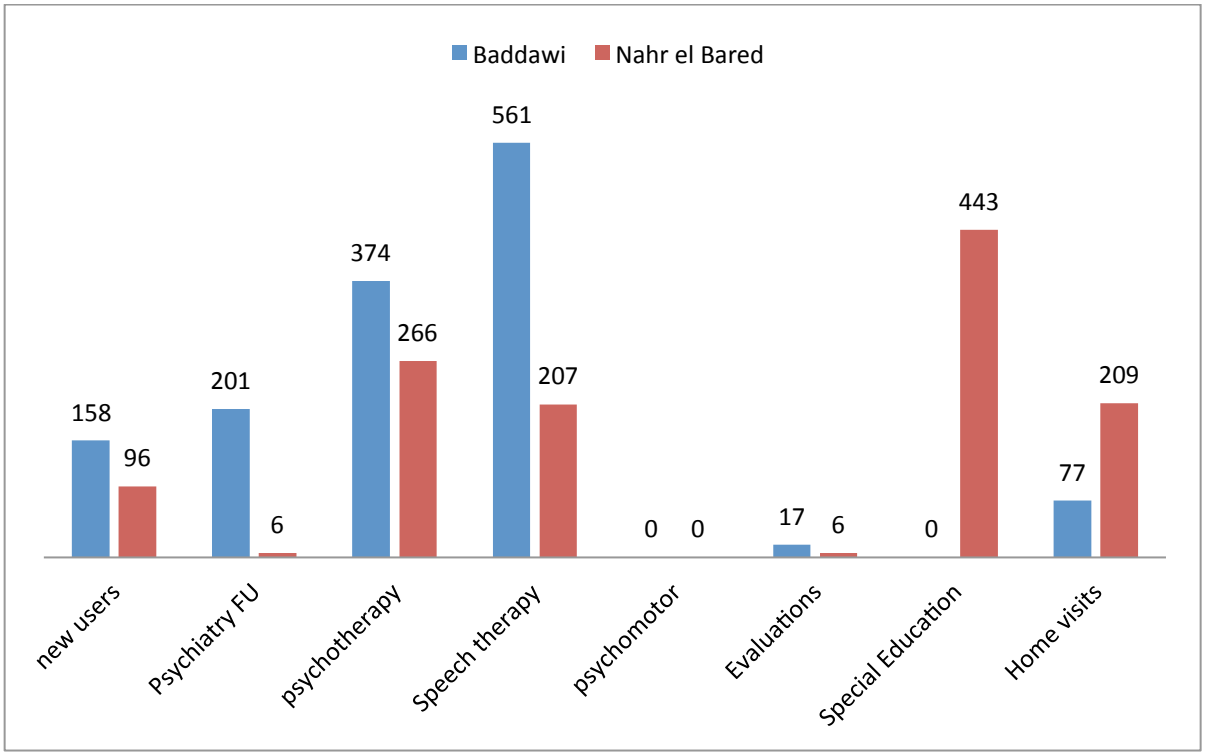
Figure 6 shows the distribution of new users by gender. In general there are more boys than girls in both FGCs. However, girl to boy ratio varies between the two FGS with Baddawi having a higher ratio compared to Nahr el Bared FGC although both have more boys than girls. In Baddawi the ratio is 57:101 (0.56) , while in Nahr el Bared the ratio is 29:65 (0.44). Further analysis is needed in the final evaluation to pursue the matter of boy preference in seeking mental health care, since no information is available about the attitude of parents/caregivers in that matter. In general findings are consistent with the more 'conservative' community in Nahr el Bared compared to Baddawi camp, but this does not constitute definitive evidence of boy preference in seeking mental health care.

Figure 6 New Users of FGCs Baddawi and Nahr el Bared by Gender (Counts) 2015 NISCVT/BAS Mental Health Program Statistics



Source: FGC annual report, 2015, p 21 for Baddawi and p24 for Nahr el Bared

Figure 7 Number of users of FGC Service by type of Services provided, by FGC (Baddawi/ Nahr el Bared) - an Overview - NISCVT/BAS Mental Health Program Statistics 2015



Baddawi and Nahr el Bared FGCs have different patterns of utilization. In Baddawi, speech therapy has the highest volume followed by psychotherapy followed by psychiatry, whereas in Nahr el Bared special education has the lead followed by psychotherapy followed by speech therapy. It is not apparent from these figures whether they reflect actual needs or human resources available. It is noteworthy that in both FGCs psychomotor services are lacking, and there is no special education in Baddawi in 2015.

The FGC report, there are two appointments for psychomotor and special education in Baddawi FGC in December 2015. Also at the beginning of 2016, a psychiatrist has joined the Nahr el Bared FGC team[19].

Figure 8 Number of Users - Psychiatry Follow-up by FGC (Baddawi/ Nahr el Bared) by gender - NISCVT/BAS Mental Health Program Statistics 2015

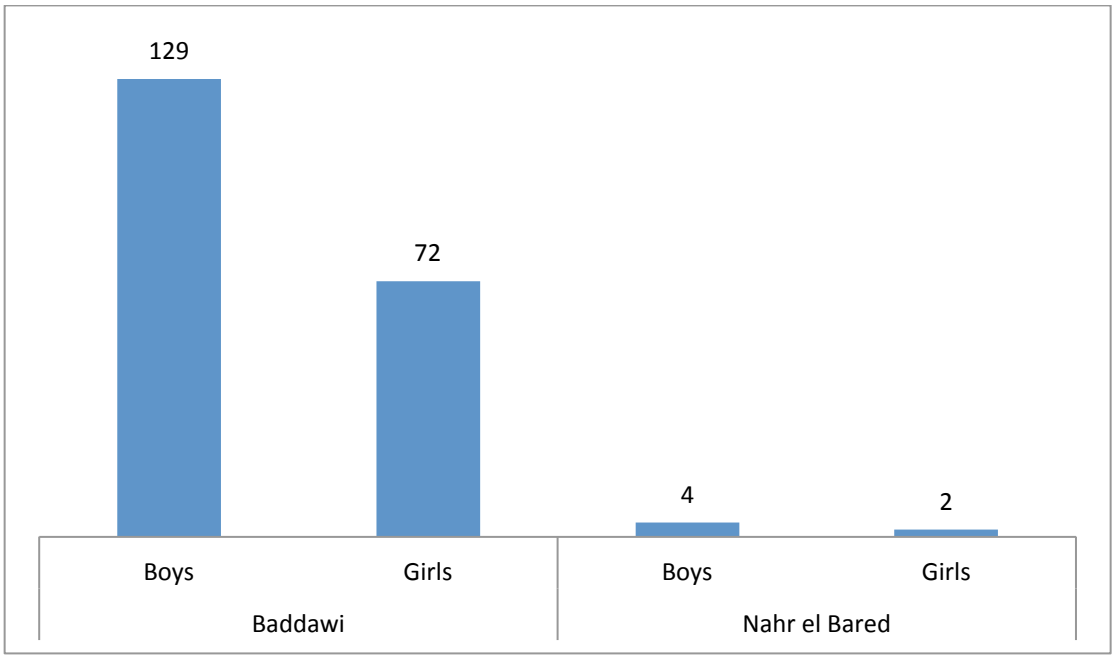


Figure 8 reflects the gap in use of psychiatric services between Baddawi and Nahr el Bared FGCs in view of the absence of the psychiatrist in Nahr el Bared. The girl to boy ratio is 72:129 or 0.56.

[19] based on information from Mental Health Program.

Figure 9 Numbers of New referrals and follow up to Psychotherapy services and by FGC (Baddawi/ Nahr el Bared) by gender - NISCVT/BAS Mental Health Program Statistics 2015

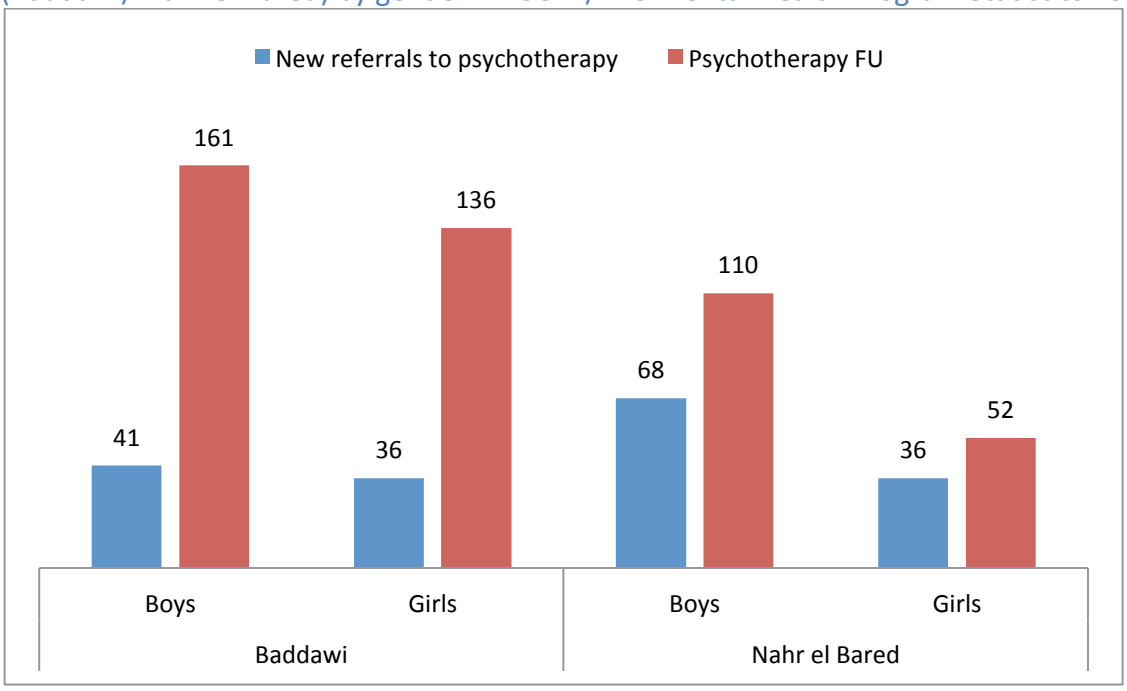
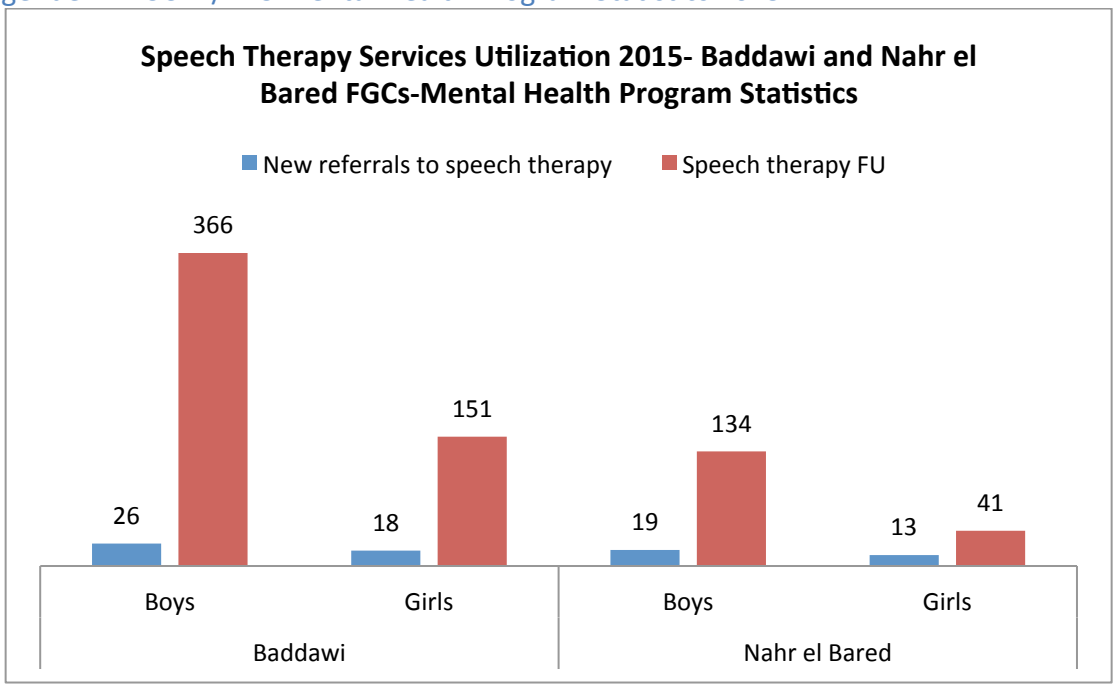


Figure 9 shows a girl to boy ratio approaching parity in Baddawi regarding new referrals to psychotherapy and follow-up to psychotherapy (36:41 - 0.88-, and 136:161 -0.84-respectively); while in Nahr el Bared FGC the ratio for new referrals and follow ups (36:68 - 0.52-, and 52 to 110 -0.47- respectively) approaches the general pattern for all services.

Figure 10 Speech Therapy new referrals and Follow-up by FGC (Baddawi/ Nahr el Bared) by gender - NISCVT/BAS Mental Health Program Statistics 2015



The volume of speech therapy utilization is higher in Baddawi FGC compared to Nahr el Bared. Moreover in both FGC the girl to boy ratio of new referrals approaches parity (18:26 - 0.69 - in Baddawi FGC and 13:19 -0.68- in Nahr el Bared FGC); while that of follow-ups approaches the general pattern (151:366 - 0.41 - for Baddawi FGC and 41:134 - 0.30- for Nahr el Bared FGC).

Table 4 Number of Users undergoing evaluation by FGC (Baddawi/ Nahr el Bared) by gender - NISCVT/BAS Mental Health Program Statistics 2015

Baddawi		Nahr el Bared	
Boys	**Girls**	**Boys**	**Girls**
10	7	6	0

Table 4 shows the small numbers undergoing evaluation during 2015 in both FGCs compared to Saida (46 cases) and Al Buss FGCs (89 cases)[20]. No information is available on the duration of evaluation.

[20] See FGC annual report 2015 p 16 for Al Buss FGC and p. 19 for Saida FGC.

Table 5 New referrals to special education therapist and special education therapy follow-up by gender- NISCVT/BAS Mental Health Program Statistics 2015

	Baddawi		Nahr el Bared	
	Boys	**Girls**	**Boys**	**Girls**
New referrals to special education	NA	NA	20	14
Special Education FU	NA	NA	260	149

Source: FGC Annual Report 2015

Special education figures of Nahr el Bared FGC (Table 5) show a girl to boy ratio of 14:20 - 0.70- for new referrals and 149: 260 - 0.57 -for follow-ups. This is a similar pattern to that of speech therapy.

Table 6 Number of Referrals to special institutions Baddawi and Nahr el Bared FGCs by gender- NISCVT/BAS Mental Health Program Statistics 2015

Baddawi		Nahr el Bared	
Boys	**Girls**	**Boys**	**Girls**
7	2	2	1

Source: FGC Annual Report 2015

Table 6 shows the small number of referrals to special institution for both FGCs. It is 12 referrals out of 254 new users (or 4.7 percent) in 2015.

Box 7 shows information on music therapy in the two FGCs, each FGC has a different measure for this activity, for Baddawi FGC, the number of users was mentioned, whereas in Nahr el Bared, the number of sessions was highlighted.

Box 5 Information on Music Therapy from the FGC annual report 2015

Baddawi FGC	Nahr el Bared FGC
"Therapeutic sessions by Social worker The social worker Ms. Dalal Shahrour member of the music therapy group was in charge of therapeutic sessions using this method with a number of children referred by the psychiatrist . During the year 2015, 10 children have benefited from this therapeutic method .The cases were referred by the psychiatrist at the centre . " Source: FGC annual report 2015, section 16.5 , p.22	**"... Music Therapy** The 2 social workers were also part of the Music Therapy training and implemented **333** therapeutic sessions with some of the cases seen at FGC Nahr EL Bared upon the referral of the specialists." Source: FGC Annual Report 2015, section 17.8 p.24

Table 7 shows a gap in the number of home visits between the two FGCs. Conversation with Baddawi staff revealed that interaction occurs for many cases in the FGC. Such interaction is not documented. Some information is available from the beneficiary survey.

Table 7 Number of reported Home visits in Baddawi and Nahr el Bared FGCs - Mental Health Program Statistics 2015

Baddawi	Nahr el Bared
77	209

Source: FGC Annual Report 2015

Box 6 Information on activities targeting community in Baddawi and Nahr el Bared FGCs - Mental Health Program Report - 2015

Baddawi FGC	Nahr el Bared FGC
"community activities - Baddawi FGC FGC Beddawi organized all along the year various recreational activities for children including arts, drawing , music and handicrafts. An open day with a variety of recreational and educational activities was also organized. FGC annual report 2015, section 16,8 p.23 **Awareness raising activity** Rapid implementation of capacity building activity - environmental hygiene workshop with groups of children at FGC Baddawi. Source: FGC annual report 2015, section 16.8, p.23	**"..Awareness sessions** A series of awareness sessions were organized and delivered to the local community . Part of these sessions were part of the mental health project activities and the other part were relevant to the project implemented in partnership with MAP (Medical Aid for Palestinian)." Source: FGC annual report 2015, section 17.5 p. 24

Awareness raising topics between Baddawi and Nahr el Bared FGCs show a focus on children in both, general topics include life skills such as relaxation, communication with children (Box 9).

Box 7 Topics of Awareness raising sessions in Baddawi and Nahr el Bared FGCs

Baddawi FGC	**Nahr el Bared FGC**
Reinforcing self confidence	Importance of Mental health and therapy inside the community
Women empowerment	How to deal with adolescence
Sexual Abuse (3 sessions)	School drop out
Home activities to stimulate children	Violence and abuse against children
How to prepare children for exams	Communication with children
Language development and challenges	Behavioral and psychological disorders
psychological support	Depression : Causes and treatment
Relaxation	Sexual Abuse in children and how to deal with victims
Catharsis	Aggressivity among children and how to deal with it.
Traumas and its impact	
Child Development	
Learning difficulties	
Stuttering	
source FGC Annual Report 2015, section 16.6 p.23	source FGC Annual Report 2015, section 17.9 p. 25

Regarding networking and coordination, it is evident from information in Box 10 from the FGC annual report 2015 of the presence of active linkages of the two FGCs with the surrounding community. Linkages of the Baddawi FGC with the Lebanese institutions may reflect the more open situation of Baddawi camp and the proximity to Tripoli, the major city in North Lebanon.

Box 8 Information from FGC Annual Report on Networking and coordination - Baddawi and Nahr el Bared FGCs

Baddawi FGC	**Nahr el Bared FGC**
"Coordination and Networking The coordination with local NGOs, KGs , regular private Lebanese and UNRWA schools, special institutions and other actors such as the popular committee in the camp continued through visits and meetings to enhance the referral process and the consultations needed for some cases. A cooperation also has been pursued with the Union for the protection of children / UPEL , for the referrals of some"abuse" cases . In parallel many visitors from Lebanon and from abroad visited the centre .These visits helped to reinforce the collaboration on many levels." Source: FGC Annual Report 2015 section 16.7, p.23	**"Coordination with other NGOs** A close cooperation was established with local NGOs and associations (CBR ,Najdeh.) . In parallel with a coordination with UNRWA schools and the popular committee to better join efforts in serving the beneficiaries in Nahr El Bared." Source: FGC Annual Report 2015 section 17.6, p.24

Above findings indicate the influence of availability of resources on the range of services provided in the FGCs. Psychiatric services, were lacking in Nahr el Bared during a large segment of 2015, special education was lacking in Baddawi during 2015, while psychomotor services were lacking in both FGCs during 2015.

Findings indicate engagement of Baddawi and Nahr el Bared FGCs in community based activities, however statistics are not as detailed as those pertaining to clinical work.

Service based statistics including number of new referrals and follow-ups, gender segregated statistics are invaluable for monitoring purposes and for generating trends.

2.2.5 Evidence from evaluator's field observations

There are positive changes in the two FGCs during 2015 mainly regarding the structural as well as process aspects that would have a positive impact on effectiveness. The Baddawi FGC is expanding by means of constructing new rooms in the floor where it is located to make room for therapists. In Nahr el Bared FGC there are indications that issue of lack of spacial privacy of the FGC is on its way to be resolved based on the statement of Mr. Abdallah Barakeh - coordinator of NISCVT/BAS activities in the north and the director of the Nahr el Bared NISCVT/BAS center.

2.2.5 Synthesis from evidence on effectiveness:

A community based mental health care model is being implemented in both FGCs with configurations depending on the human resources available in each FGC in terms of therapists and social workers. One remaining issue is the spacial privacy of the Nahr el Bared FGC - an infrastructure factor that relates to effectiveness, and which was alluded to in the Baseline report, Mr. Abdallah Barakeh states "Regarding spacial privacy of FGC, there is an option of a separate apartment - it should be accessible, and a car parking for the therapists."

2.3 Efficiency

In the section on efficiency, utilization figures are compared to resources available - focus on human resources (a proxy of financial resources)

2.3.1 Efficiency - Beneficiary Survey- *waiting time*

The variable waiting time is calculated by subtracting the date of starting treatment from the date of first visit from the date of first visit to the FGC. Peaks of waiting times varied between Al Baddawi and Nahr el Bared FGCs. In Baddawi, waiting times range between 'within one week' to 'within one month'. In Nahr el Bared FGC waiting time is reported to be 'within one month'. Variation may be attributed to the case mix, and to therapeutic styles.

Table 8 Waiting Time by FGC

	Baddawi	Nahr el Bared	Total
same day	3	2	5
within one week	5	4	9
within one month	4	11	15
within 6 months	1	1	2
within one year	0	0	0
more than one year	0	1	1
Total	13	19	22

source: field survey

2.3.2 Efficiency - Staff Perspective - *turnover and transition into a community based model*

Available relevant statements from Staff are from Dr. Rita Husari of Baddawi FGC and Mr. Abdalla Barakeh - Coordinator of NISCVT/BAS North Lebanon and director of Nahr el Bared NISCVT/BAS Center (which includes the FGC). Dr. Rita Husari - Baddawi FGC Team leader asserts that "There is no problem in that [staff turnover]. The patient files and the regular meetings help us in that." Indicating the presence of a challenge and at the same time the capability of addressing it, consequently a positive indicator of efficiency. Mr. Abdallah Barakeh

stresses the dire needs in reference to Nahr el Bared and underscores the limited resources in general as follows: "We need 8 days of psychiatrist work per week!!", " Need financing".

2.3.3. Efficiency - Partner Organizations Perspective - *expanding resources through networking*

Networking serves as a factor enhancing efficiency by means of expanding resources from outside sources without change in FGC resources except the time invested in the networking activities which are by assumption of mutual benefit to FGCs as well as to the other organizations. Areas of collaboration is an indicator that reflect pooling of resources hence expanding them.

Findings from field work discussion with Mr. Ahmad Daoud of CBRA in the presence of Ms. Dalal Shahrour of the FGC, indicate that areas of collaboration - i.e. areas where resources are pooled include referral from CBRA to psychiatrist, joint Advocacy activities with FGC, and referral to Sumud KG because Sumud works on mainstreaming children with special needs. Findings from field work discussion with Ms. Sanaa Wannas of GUPW show that Areas of collaboration with FGCs include referral of children to FGC and to health clinic, Ms. Wannas comments positively on the presence of the pediatrician. Most of the problems that are referred are speech followed by excessive activity and learning difficulty.

2.3.4 Efficiency - Evidence from analysis of data from FGC annual report 2015, field observation

As indicated in the general report home visits per social worker is used and results reflected a gap between the two centers favoring Nahr el Bared (see table 2 in general report). Baddawi FGC responsible notes that there is a lot of interaction with beneficiaries in the center. Hence although in principle home visits per social worker is an indicator of efficiency but a specific definition of a home visit is not available, hence it is difficult to interpret the findings for the two FGCs.

Another manifestation of efficient work in Baddawi and Nahr el Bared FGC is through the use of "Whatsapp" / internet communication through mobile phones for scheduling and communicating with families - such a method is quite prevalent in the camps especially among women and youth. Other manifestation include coping mechanisms with staff shortage and turn over. Dr. Hosri of Baddawi FGC in her reply to the team leader questionnaire, uses team meetings to brief and consequently ease the transition process. Box 13 demonstrates how the mental health program coped with the shortage of psychiatrist in Nahr el Bared FGC.

Box 9 Coping with psychiatrist absence in Nahr el Bared FGC

"At the beginning of the year 2015 the team at FGC Nahr El Bared was formed by

1- A psychiatrist
2- A clinical psychologist
3- A speech therapist
4- A special educator

Unfortunately the psychiatrist Dr.Chadi Ibrahim resigned by the end of January 2015. This reduced the number of the staff to only three specialists in Nahr El Bared.

In addition 2 social workers were in charge of the daily follow-up for appointments and organizational issues relevant to the centre and the relation with the local community.

The patients who were visiting the centre for the first time were hence seen by the psychologist for a first assessment.

In October 2015 during a meeting with the FGC Beddawi and Nahr El Bared staff together with the director Mr.Kassem Aina, Ms.Liliane Younes , Mental Health program coordinator and Dr.Svein Staff representing NORWAC , it has been decided that the psychiatrist at FGC Beddawi Dr. Rita Hosri will assign one day per month for the new patients visiting Nahr El Bared. The social worker Ms.Hala Al Sayed was in charge to accompany the families of the concerned cases once a month toFGC Beddawi with a complete relevant file."

Source: FGC annual report, 2015, Section 17, p.23

2.3.5 Synthesis from evidence on efficiency:

The waiting time indicator calculated from information available from user/patient file reflects short waiting times for both Baddawi and Nahr el Bared FGCs for the sample surveyed which present indications of efficiency in the process of work. The portage training and other capacity building activities for social workers have contributed to push forward the implementation of a community based mental health model within the capacities of the human resources available. Also, the approach adopted by NISCVT/BAS of strengthening inter-program referral systems also play a facilitating role. Another indicator of efficiency is the networking with other organizations at the community level which allow for comprehensiveness of care by facilitating access to other resources available at the community. Such a networking is built on the credibility of NISCVT/BAS in general which formed the base on which the relationship was built with each of the FGCs.

Capacity Building and Therapeutic Activities by Social Workers - Multipliers of efficiency and effectiveness

Capacity building and conducting therapeutic sessions by social workers as presented in the FGC annual report of 2015 present two measures of efficiency as well as effectiveness the first - capacity building - is structural because it relates to expanding knowledge base and skills of human resources without recruiting additional human resources with costs incurred. The other is a process measure because it relates to implementation of care. The portage training, family therapy and community based rehabilitation constitute areas for further enhancement of

productivity of social workers and strengthening their credibility as well as enhancing the general efficiency of clinical work by delegating some tasks - under supervision - to the social workers, as well as broadening the knowledge base of social workers. (See boxes 11 and 12)

Box 10 Baddawi Capacity Building activities

The Baddawi FGC capacity building during 2015 included

- Training on Portage system (provided for the group of other FGC's social workers)
- Training on the Community Based Rehabilitation – CBR - (provided for the group of the other FGC's social workers).
- Training of Family therapy and Parental Guidance (Social workers and Mental Health professionals) .

Source: FGC annual report 2015, section 16, p.21

The social workers of FGC Beddawi

- attended a workshop on environmental hygiene
- Participated in the staff care workshop on "Stress Reduction" moderated by Ms. Nina Lyytinen-from the Finnish Psychologists for social Responsibility- Finland. T

Source: FGC annual report 2015, section 16.8, p.23

Box 11 Nahr el Bared FGC Capacity Building Activities

- Training on Portage system along with other FGC's social workers)
- Training on the Community Based Rehabilitation – CBR - (provided for the group of the other FGC's social workers).
- Training of Family therapy and Parental Guidance (Social workers and Mental Health professionals) .

Inferred from the FGC annual report 2015, section 16, p.21

2.4 Resource needs for care at Baddawi and Nahr el Bared FGCs

The section on resource needs as in the efficiency and effectiveness section is discussed from multiple perspectives - in this case they are beneficiaries, staff, and partner organizations.

2.4.1 Resource needs - Beneficiary Perspective - *beneficiaries an under- utilized partner resource*

There is an indication of a demand for special education institutional services. One of the beneficiaries in Nahr el Bared FGC presented a proposal for a special education institution to support him with the challenge facing his child. This demonstrates an existing gap in service provision which is beyond the scope of work of FGC clinically but within FGC's scope of work as gatekeepers and coordinators of primary mental health care which is represented by community based model.

2.4.2 Resource needs - Staff Perspective - *developing capacities of staff interfacing with communities and coping with work load.*

Baddawi FGC -

facilitating factors and challenges facing transition to CBMHM

Baddawi team - input from the team responses indicates coping with turnover resources but recognizes the presence of that challenge especially when noting the challenges of working with community organization in the area of juvenile protection with a small team of social workers [two], both women.

Nahr el Bared FGC -

Mr. Abdallah Barakeh - Nahr el Bared Center Director notes the need for psychomotor therapist as well as financial resources given the increasing vulnerability of the camp in terms of".. increase in violence among young men .. the economy within the camp is at a standstill since the rebuilding stopped .. Lebanese do not venture into the camp... In Nahr el Bared drugs and prostitution is creeping to that conservative community."

Despite the relative responsiveness to care, there is an indication from Nahr el Bared based on the interview with Mr. Abdallah Barakeh of the high volume of need for FGC services. Nahr el Bared FGC suffered the limitation of the absence of a psychiatrist in the camp throughout 2015 an attempt to compensate was to refer cases to psychiatrist in Baddawi. However, the psychiatrist was not first contact of care. The situation was remedied during the beginning of 2016 by the appointment of a psychiatrist who visits once a week.

2.4.4 Synthesis from evidence on resource needs - North FGCs:

Increase in vulnerability among target communities by the Saida and Al Buss FGCs which increase risk factors for mental health problems point to the limitations of the current resources in meeting the needs. Moreover, the reduction of UNRWA services presents a strategic threat, since the FGCs are supposed to be more of model centers than providers at the camp level. The vision of integrating mental health within UNRWA's primary health care system and school health within such budget constraints appears dim.

However, within the current resources available, those two FGCs continuing to evolve to become centers for excellence. However the speed of such evolution varies among the two centers given the significant funding gap. The support of Handicap International to Al Buss center has allowed the recruitment more staff as community workers which along with other factors primarily leadership allowed the Al Buss FGC to become a model center for implementing the community based mental health model, contrary to the Saida FGC where

there are three social workers one who has administrative duties and there is a high turnover rate. To this date, the two FGCs are dependent on external funding given the low income status of beneficiaries.

Conclusions and Recommendations Pertaining to Baddawi and Nahr el Bared FGCs

The distance from Beirut and the marginalization of the North - the area where they are located contribute to the vulnerability of the target population. Such vulnerability is a risk factor for mental health problems. Furthermore, there is a special situation of Nahr el Bared Camp which is cordoned for security reasons, and Baddawi camp that is cordoned by areas of a history of internal armed conflict.

There are positive indications of effectiveness represented by satisfaction of beneficiaries, quality of collaboration with partner organization, short waiting time between first interface and onset of intervention. Also there is awareness of the importance of community based mental health care model, and the process of transition to that model of care.

Regarding infrastructure, Nahr el Bared FGC has recently acquired the services of a psychiatrist, and is in process of establishing spacial boundaries for the FGC similar to the Baddawi FGC

Recommend:

Consider expediting the process of establishing spacial boundaries of the Nahr el Bared FGC, and consider renting an apartment in the vicinity of the camp, as in the case of Saida FGC in relation to Ein el Hilweh camp.

There is a shortage of human resources especially among social workers, each FGC has two social workers. and there is .... therapist in Nahr el Bared.

Recommend:

Consider outreach to universities and the Order of physicians, and major NGOs in the north, conducting presentations on the work of FGCs in the North and seeking professionals to work with a special priority to fill the gap in Nahr el Bared.