



**Finnish-Arab Friendship Society (FAFS)
Report 5/2017**

Project visit 12.-25.2.2017 by Sirkku Kivistö, project coordinator on behalf of Finnish Psychologists for Social Responsibility (FiPSR) and Finnish Arab Friendship Society (FAFS) projects, in cooperation with Beit Atfal Assumoud (BAS).

Purpose of the visit

To close the three years' projects of the mental health service for children, and start new project periods for the years 2017-2018, supported by the Ministry for Foreign Affairs of Finland.



Sirkku Kivistö, Liliane Younes and Kassem Aina 24.2.2017 signing the partnership agreements "Developing the children's mental health and special services in ongoing crisis: Beirut and South Lebanon" by Finnish Psychologists for Social Responsibility (FiPSR) and "Developing the children's mental health and special services in ongoing crisis: North Lebanon" by Finnish Arab Friendship Society (FAFS).

The projects get support for 2017 to 2018 from the Ministry for Foreign Affairs of Finland (MFA). (Photo: Fatima Khaizaran).

Activities during the 12-day-visit

The visit was lively and the schedule was full of good moments:

- * meetings with administration departments of BAS in the main office and with the mental health program coordinators in the Family Guidance Center (FGC) Beirut.
- * visits in the Family Guidance Centers (FGC) in Saida, El-Buss (Tyros) and Beddawi (Tripoli), and Shatila camp center.
- * meeting 17 sponsored children in home visits with social workers or in the centers.
- * visit to Tanmia al Fikria –special school taking care of several sponsored children (e.g., concerning experience of storycrafting method, type of reporting system to the referral partners).
- * attending the AUB conference “Safe Start: Early Childhood Mental Health Updates”, BAS presentation about the use of the Portage method in complex family interventions.
- * cooperation with other Finns: meeting in Embassy of Finland with Ms Miriam Azaar, Ms Celine Najem, World Vision, Ms Liliane Younes about the cooperation concerning the learning difficulties of the children. Interested Finns, Ms Johanna Winberg and journalist Hanna Hirvonen shared some home visits and meetings in Shatila center to learn more about the sponsorship program and other services of BAS. Ms Eveliina Kupula volunteered in BAS 2016 and studied the school dropout class–activity of BAS. Her report (see appendix) was delivered to Director Kassem Aina, Dr Rania Mansour, social work coordinator, and Ms Abla Ghattas, coordinator of the school dropout classes. FiPSR asked them to plan how to inform the relevant persons about the report, and how the report could inform the development of school dropout –class activities of BAS. Dr Najla Bashour, chair of the the board of BAS, promised to review the report.
- * cooperation with other foreign partners of BAS: meetings with Ms Synne Holan and Ms Venke Aarthun from Norwegian Aid Committee (NORWAC), concerning the joint mental health program assistance for BAS. Santé Sud has provided two projects partly under the same time frame as FiPSR and FAFS: “Towards the improvement of the support of vulnerable children in the Palestinian refugee camps in Lebanon” (2015-2016) for the capacity building of the mental health team of professional and social workers. Santé Sud continues with the project “Medico-social care and education for refugee children in Lebanon 1.9.2016-28.2.2018 to support the strengthening of 5 Family Guidance Centers in medico-social care and education of refugee children.” Chief of the project, Sarah Cheiab, arranged a skype-negotiation on 17.3.2017 with the evaluator of the Santé Sud – project, Mr Paulo Lamim.
- * Finland 100 years – to celebrate the anniversary of our independence we have decided to collect information materials about Finland for the children. Mrs Monika Riihelä sent 16 Moomin books (English text) and Ms Riitta Suokas sent 10 animal sticker booklets (also Finnish landscape to fill in with respective animals). Ms Rania Khartabil delivered them to the kindergarten children and will send feedback to the donors.

Progress since the mental health program evaluation by Dr Muna Khalidi (October 2008)

The evaluation report (Family Guidance Centers (Beirut, Baddawi & Sour) Mental Health Program of Beit Atfal as-Somoud, prepared by Dr Muna Khalidi, 2008, see Appendix 2, References) included 25 recommendations. Some observations connected to the current situation (February 2017) can be found in the following list:

- General strategic plan for 5-7 years ahead, 2-3 years for centers (Recommendations 1 and 2)
The strategic planning process was ongoing in February. It will be presented in the 11th mental health conference from 26.10. to 28.10.2017.
The FGCs do not prepare an annual activity plan. FGCs Beddawi and Nahr el-Bared did it during the visit, because it was demanded by the Ministry for Foreign Affairs of Finland (MFA). MFA granted support for Finnish Arab Friendship Society (FAFS) for a two years' project period, but before delivering the support, MFA wanted to get an amended project plan and budget.
- Recruitment of a Mental Health Coordinator (Rec.3)
The board of BAS has decided to strengthen the coordination capacity of the mental health program. During a meeting in FGC Beirut we discussed about the education/profession and job description of the additional coordinator, but the issue is still open until the strategic plan is finalized.
From the partner point of view, the administrative capacity is crucial for the development cooperation (i.e., managing current project issues, reflecting on the progress together, encouraging studies and piloting)
- Health information system to manage patient files (Rec 4)
Most of the patient files are manually filled in on paper and serve the follow-up of the patient's progress in the team.

For FIPSR, the FGC Annual Report is the main source of progress indicators. In 2016 report concerning the patient data file available information is:

- Nationality of patients (Palestinians from Lebanon, Syria and Syrians (PRL, PRS, S) by center
- Nationality of patients for the years 2013-2016 (trend)
- Number of new patients by center
- Total number of beneficiaries by center
- Number of beneficiaries by gender
- Number of new referrals to psychotherapy, speech therapy, psychomotor therapy, occupational therapy, special education, cognitive evaluations by center
- Number of follow-up (FU) sessions in psychotherapy, speech therapy, psychomotor therapy, occupational therapy, special education, cognitive evaluations by center

- Home visits (of social workers)
- Sponsored children through projects and individuals

What we wish to get more information on in the future, is e.g.:

- Waiting list, number of children on the waiting list, if possible, waiting time from the first assessment by the psychiatrist to the treatment (indicator of the sufficiency of resources)
- Number of how many children (boys and girls) continued treatment in the FGC
- Number of how many children (boys and girls) continued treatment in the referred special school or institute
- Number of completed treatments
- Information about the child's progress by the parents' opinion
- Indication about the child's progress by the FGC team evaluation
- Some relevant information about the subgroup of patients belonging to the disability component (children with multiple special needs, disabilities)

Santé Sud has defined the following indicators for their goal defined as "Schooling children with serious illnesses in specialized schools will ensure their right to adequate education" (50 children):

- The number of children receiving a scholarship for the 2016-2017 school year increases by 70 % compared to the previous year (160 in 2016).
- FGC's specialists, as well as parents, see a positive evolution of the disorders in children receiving medical care.
- Each sponsored child is medically examined, at least 1 time per month, by a medical or paramedical FGC specialist.

As sources of verification Santé Sud mentions: School reports of each child, social workers' reports on sponsored children, partner's statistics, questionnaires and semi-structured interviews with social workers and specialists, analysis of the monitoring indicators established early in the project.

In 2016, FGC Beirut was planning a data collection for the project "Medico social care and education for refugee children in Lebanon" of Santé Sud from September 2016 to September 2017. Again, if there is not a comprehensive routine to collect data, BAS/FGC must invest extra effort and time for each partner.

Through observations during my visit (February 2017), I learned that there might not be any comprehensive data filing system in 5 centers. FGC El-Buss is creating a patient data variable list using the file matrix

of a project with Handicap International. In FGC Beddawi the team has plans for additional data gathering for the study, which will be presented in the Mental Health Conference 2017 and identified as important variables:

- general information about the child
- academic information (at home): family size/ academic achievement of the siblings/ level of education of the teacher at home for the student / the tools that the child uses for education
- economic information: paternal and maternal job status, family income, extra activities
- information about the family: house size, social status of the parents, social conditions for the family

In the report on baseline monitoring & evaluation in 2014, Dr Aziza Khalidi recommended to establish electronic databases along the lines:

- Monitoring waiting lists
- Monitoring the services provided
- Monitoring outcomes of individual interventions
- Monitoring group interventions outcomes

FiPSR cooperates with Physicians for Social Responsibility in Finland, which is planning a mental health project in Somaliland. In Somaliland, they already have a tuberculosis-project. In this tuberculosis project, the data collection has been successful, because they have a data clerk responsible for data collection. (See job description for data clerk in Appendix 3). This option may be a strategic solution for BAS/FGC as well and could be further thought through.

The rich, valuable experience and information on the mental health program cannot inform future project development, serve study purposes and advocacy, if there is not a precise filing system (Recommendations 11,13,14,18,19).

Data filing is also helpful from the staff training point of view: continuous internal monitoring about the work develops an understanding of effectiveness (i.e., Are the right things done?), efficiency (i.e., Have we done the right things in a cost-efficient way?) and impact (i.e., How big is the difference achieved by a certain therapy/intervention) (Recommendation 5, 6, 2008).

- Training in community mental health (Rec 6)

FiPSR has earlier proposed that BAS would prepare an annual or also more long-term staff training plan: list of staff, needs for training/supervision/follow-up, implemented training. For funding applications, BAS/FGC needs a description of the baseline skills by professions. Also, the training plan and an overview of implemented

trainings is an asset for fund seeking: BAS can use this information to show how competent the service deliverers are.

Dr Aziza Khalidi has recommended (baseline evaluation report 2014) to establish a working definition of a "Community Based Mental Health Model". It needs discussions and some documentation of how the understanding of the model evolves.

Actually, the idea of a training plan is not new. Also, the Methodological Guide of HI (see appendix) recommends to avoid randomly provided trainings and to plan the training in the frame of a clear work strategy. Moreover, HI guide recommends to follow-up the acquired skills and how these skills are applied in everyday work (page 42).

- Recruitment of additional therapists, specialized in music, drama, art. (Rec 7)
With Prima Materia, Italy, BAS has developed music therapy and lately also a community music project. Music therapy is sometimes the only way through which the child succeeds to settle down in the therapeutic contact. FiPSR has been a consultative partner in the project.
- Non-clinical activities (Rec 11)
We recommend to focus on the preventive and outreach activities, and visits in the camps. However, despite the wide variety of activities in BAS camps centers, some activities could benefit the patients of FGCs more. If FGCs knew about the cultural, sports, and other activities of the camp centers, they could encourage the parents to engage in those activities. Some children cannot go to the camp centers due to the severe impairments, but the parents themselves could join in the group of parents or other activities. Peer support is encouraging for the parents.
- Collaborative links with UNRWA
Two boys, previously sponsored by individual Finnish sponsors, were moved to the UNRWA special education funding, because the families were put on hardship case –status (nowadays Social Safety Net Program SSNP). FGC Saida is active in negotiating with the responsible bodies about the rights of the children. Finnish sponsors continue to sponsor two other children. The service of BAS fills a gap while UNRWA has only very limited services for children with multiple special needs.

Other issues to which the project visit gave inspiration

During the visit we discussed with sponsorship coordinator Fatima Khaizaran about how to report the use of sponsorship donations. Based on the discussion, FAFS prepared a template, which could be used in preparing the report

Draft template for monitoring the sponsorship money

	FAFS: Donated sponsorship money	FAFS: Donated cash gift money in the letters from the sponsors (not through bank)	BAS: Money paid directly to the sponsored person	BAS: Money paid for children’s activities	BAS: Money paid for running office costs, for salaries of the social workers
	January- March 2017	January- March 2017	January- March 2017	January- March 2017	January- March 2017
Sponsored children					
Sponsored KG- children					
Sponsored elderly					

We will see, if this template is helpful.

“We are in emergency situation - in one day everything can change”, Dr Madeleine Badaro Taha in FGC Beirut

The uncertain situation of Syrian refugees came up in several ways during the visit. The families have many things to think about and must make decisions concerning the settling down or moving to some other place. Unfortunately, when the parents are overwhelmed, the needs of the children might become neglected. Adults might not take care, that their children attend kindergarten or school regularly. There are also nourishment problems in some families.



Appendix 1 Day by day program

Sunday 12.2.	Flight from Helsinki 13:05, arrival in Beirut 23:25 TK 826
Monday 13.2.	8:15 Meeting Dir Kassem Aina in main office and planning the visit program. Finnish journalist Ms Hanna Hirvonen, asked by Sirkku, participates in the meeting. Short visits to FGC Beirut and Shatila center. First meeting in financial department about the financial reports 2016, and budgets for 2017
Tuesday 14.2.	Shatila center with Ms Johanna Winberg, visit to 3 sponsored children, short visit of embroidery center.
Wednesday 15.2.	Saida FGC, team meeting, negotiation with Dr Jihane about some cases and one study idea. Meeting 7 sponsored children. Meeting Bahaa Tayyar from Ein el Helweh center.
Thursday 16.2.	Visit to Tanmia Al Fikria–school with Hanan Dabdoub. Working in the financial department with the reports 2016. Meeting Hanna Hirvonen downtown, planning the meetings and information work.
Friday 17.2.	Safe Start: Early Childhood Mental Health Updates, AUB- conference, meetings with FGC Beddawi and Nahr el-Bared staff about the issues concerning the new project periods 2017-2018.
Saturday 18.2.	Working in the main office, financial department and with sponsorship program 18 in Surssock Museum
Sunday 19.2.	10 Shatila center, following-up on the activities, visit to one sponsored family 17 Meeting with NORWAC country representative Synne Holan
Monday 20.2.	8:30 Meeting with Kathy and Gabe Habib and daughters in the hotel. 9:30 meeting with Liliane Younes in FGC Beirut At 11:00 meeting in Finnish Embassy, invited by Ms Miriam Azar, with Liliane Younes, and Celine Najem from World Vision Lebanon (WV: "New Education Perspectives for Children With Special Learning Needs") 13:00 planning meeting with Liliane Younes At 14 Kassem Aina and Faizah Masri 19:00 meeting with journalist Hanna Hirvonen (blogs for FiPSR and FAFS)
Tuesday 21.2.	Meetings in main office in the morning 10:30 FGC Beirut, Dr Madeleine and Liliane from 10:30 to 12.30. 14:00 Meeting in financial department with Mr Diab Kassem (financial and administration affairs) and auditor Raghid Al Adass 19:00 Meeting with Dr Madeleine Badaro Taha and Ms Johanna Winberg
Wednesday 22.2.	Visit to FGC Beddawi, Vocational Training center. Meeting in Beddawi with Abdulla Baraki. Short meeting with Synne Holan in the evening.
Thursday 23.2.	Visit to FGC El-Buss, meeting one sponsored child and his mother, participating in the team meeting and staff well-being afternoon. 19:45 dinner in Dr Najla Bashours house
Friday 24.2.	Meetings in main office (financial reports, partnership agreements signature, volunteering certificate to Eveliina Kupula, interview of Kassem Aina about UNRWA cooperation) Evaluation recommendations from Dr Aziza Khalidi? This issue did

	not succeed. Meeting in FGC Beirut with social workers (comments to the draft annual report of FGCs, mental health conference issues with Liliane Younes), meeting one sponsored MSN-child. Visit to Shatila center, meeting two sponsored children. Visiting two sponsored families.
Saturday 25.2.	Departure from Beirut 06:55 TK 827, arrival in Helsinki 17:20

Voluntary work for FiPSR 65 H, FAFS 70 H during the project visit.

1.3.2017 at 17 Evening for sponsors, supporters and interested Finnish people in Helsinki soon after the trip.

Kiif ilHaal? Mitä kuuluu palestiinalaislapsille Libanonin pakolaisleireissä? – selostustilaisuus Kirjasto10:ssä Helsingissä.

Appendix 2

References

Community Based Mental Health” A Practical Methodological Guide Based on Experiences of two Multidisciplinary Mental Health Teams in Working with Children and Families in Palestinian Camps. 2010-2016. Handicap International (HI), Agence Française de Développement (AFD).

Dr Madeleine Badaro Taha and community worker, Ms Maha Hodroj “Home based intervention in complex families” in SAFE START: Early Childhood Mental Health Updates, 4th conference of the Division of Child and Adolescent Psychiatry, AUB, Beirut, 17.2.2017.

Family Guidance Centers (Beirut, Baddawi & Sour) Mental Health Program of Beit Atfal as-Somoud. Evaluation Report. Prepared by: Muna Khalidi, PhD, Beirut, October 2008

Kupula, Eveliina: School drop-out classes by Beit Atfal Assumoud. Review of the program, methods, and outcomes. Finnish Psychologists for Social Responsibility. Helsinki, 30.1.2017.

Appendix 3
Culture lab data clerk
Terms of reference

Under the supervision and guidance of the lab manager and the PSR TB co-ordinator, the data clerk will have the following responsibilities:

- to follow and adhere to PSR policy and principles
- to be responsible for his/her own safety
- when delegated, make contact to collaborating institutions
- to insert the lab data into the computer
- to prepare weekly, monthly, quarterly and annual reports of the lab activities in collaboration with the lab manager
- to maintain polite and good communication with colleagues and patients at all times
- to participate in staff meetings (once a month/or as often as needed)
- to be prepared to receive and undertake further duties as required by the centre
- to report anything in need of repair or replacement to the appropriate person
- Other administrative duties

.....

Signature

|