The development of a comprehensive mapping service for mental health and psychosocial support in Jordan

Mary Jo Baca, Khawla Fayyad, Anita Marini & Inka Weissbecker

Jordan received a significant influx of Iraqi refugees as a result of war, ongoing conflict, political instability, and limited economic opportunities in Iraq. The multiple needs of Iraqi refugees are primarily met through international donors and non-profit organisations that implement comprehensive programmes, including the provision of mental health care and psychosocial support. With significant human and monetary resources being allocated towards these short term needs, strong coordination is essential among participating organisations in order to optimise outcomes. The international nongovernmental organisation, International Medical Corps, co leads efforts with the World Health Organization in Jordan to conduct a 4Ws mapping (Who is Where, When, doing What) of current mental health and psychosocial support activities. This mapping was initially carried out in 2009, followed by updated mapping exercises in 2010/2011 and 2012, and will continue in 2013. The authors describe how the mapping was developed and has evolved over time, and report the main results and challenges faced. They conclude that the mapping has not only been useful for information sharing and coordination, but that this exercise has also evolved into additional initiatives, such as developing common referral pathways among organisations, and including aspects of protection in the mapping.

Keywords: 4Ws mapping, coordination, Jordan

Introduction

Jordanian context

Following the 2003 war in Iraq, Jordan received a significant influx of displaced Iraqis as a result of ongoing conflict, political instability, and limited economic opportunities in Iraq. Despite the Jordanian government's recognition of displaced Iraqis as '*guests*' (which allows Iraqis to live in Jordan), they lack any legal status and therefore, can experience discrimination. This lack of legal status also greatly diminishes their capacity to integrate and become self-sustaining. Furthermore, with the exception of the extensive efforts of the non-profit sector to assist this community, displaced Iraqis have limited access to Jordanian social services. This has resulted in a recognisable crisis by international donors and non-profit organisations. Therefore, they have implemented a comprehensive approach to sustain refugee populations until an acceptable political solution has been agreed. This approach includes the provision of mental health care and psychosocial support (MHPSS). With significant human and monetary resources being allocated towards the short term needs of this refugee population, extensive coordination among participating organisations is necessary to optimise the outcome of efforts. Recently, 4Ws Mapping (Who is Where, When, doing What) of mental health and

psychosocial activities was successfully implemented in both Haiti and Libya. This mapping created accountability for the availability of services, and is an endorsed technique by the Inter-Agency Standing Committee (IASC) to account for aid efforts in disaster stricken contexts.

The International Medical Corps (IMC), an international nongovernmental organisation (INGO), has worked in Jordan since 2008, implementing a refugee assistance programme. This programme targets the vulnerable populations of both the Iraqi refugees and host populations, providing health, mental health, and protection services. The World Health Organization (WHO), since 2007, has also been implementing a comprehensive health programme including mental health needs, for displaced Iraqis.

Methods and procedures

The 4Ws mapping tool and adaptation to the Jordanian context

Objectives The 4Ws tool was developed by the IASC Reference Group (IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, 2011) to map MHPSS services in emergencies, and provide an overview of the size and nature of the emergency response. IMC and WHO piloted the tool on behalf of the IASC Reference Group in Jordan. The first mapping exercise was conducted from October to November 2009, the second mapping from December 2010 to January 2011 and the third mapping from April 2012 to May 2012.

The objectives of the mapping were to:

1) Map MHPSS activities in Jordan.
2) Recommend changes to the tool, based on field experience.
3) Present the findings of the mapping to the Jordan MHPSS Coordination Group, other working groups operational in Jordan (health, community protection, child protection and gender based violence groups) as well as donors, national health planners, policy makers and other stakeholders.

Human resources In 2009, WHO and IMC jointly contracted two consultants, with experience and background in psychosocial programmes and data collection and analysis, to assist in guiding the mapping process (one international and one national). In addition, the IMC dedicated three full time staff. The WHO Jordan Country Office and Headquarters provided technical support and supervision throughout the process. In an effort to use the mapping for purposes of preparedness, and to further engage the Government of Jordan (GoJ), the 2010 4Ws mapping was conducted in cooperation with the Jordanian governing body for disaster management, the National Center for Security and Crisis Management (NCSCM).

Development and adaptation of the mapping After the first 4Ws mapping was completed in 2009, a collaborative workshop was conducted involving participating organisations, donors, and other stakeholders. Two more workshops have been facilitated since then, and a third took place in May 2012. The workshops elicit constructive feedback and input for use and adaptation of the tool, while also remaining oriented to the specific needs of displaced Iraqis and Syrians in Jordan.

Participant feedback resulted in the identification of several benefits to mapping, such as avoiding duplication, identifying gaps and priorities, improving coordination, use by donors, identification of potential partners for project implementation and improved inter-agency referrals.

Based on lessons learned from the 2009 mapping, the following adjustments were made for inclusion in the 2010/2011 mapping project:

- *Coding of the activities:* Coding of services caused confusion among respondents as a result of perceived overlap in categories, or vague formulations. A new, simpler, set of codes was introduced for the 2010/2011 exercise.
- *Additional coding (quality and volume):* To obtain specific information that could help determine the quality and volume of interventions, additional codes were added to collect data on the qualifications and numbers of staff providing the services, as well as frequency of activities.
- *Categorisation of target groups:* Target group categories were modified, omitting broad categories such as '*general population*' and replacing it with '*men*', '*women*', and '*children*', assigning three age groupings. Categories for '*special groups*', such as people with disabilities or survivors of torture, were also included.

The following adjustments were made to the data spreadsheet:

- *Mapping for different audiences* Different groups expressed different preferences in terms of what would be most useful from the mapping. Case managers suggested details on activities per location and contact persons, for referral purposes. For donors, the placement of organisations and their activities on the IASC pyramid was important to help set funding priorities. All data were entered on a spreadsheet.

4Ws mapping implementation

A list of organisations to be contacted for mapping was developed with the guidance of the IMC, WHO and UNICEF. The 4Ws package was presented and reviewed with the Jordanian MHPSS coordination group, and sent by email to participating organisations (in English and Arabic). The information package consisted of a one-page introduction to the 4Ws exercise, and a data sheet file with three active sheets:

1) Sheet 1 for information about the organisation
2) Sheet 2 for details of activities
3) Sheet 3 includes a list of the 11 MHPSS activities and their corresponding sub-activities. (In 2012, an additional four activities, focused on protection were added to the mapping.)

Supplementary in-depth interviews were conducted with randomly selected agencies (15 in 2009 and 14 in 2010/2011) to discuss issues related to the exercise.

Results of 4Ws mapping in Jordan

Who: participating actors

There were 34 organisations contacted in 2009 (27 provided data), 33 in 2010/2011 (29 provided data) and 52 in 2012 (46 provided data). Organisations included: national and international NGOs, government agencies (e.g. Ministry of Health, Ministry of Education) and global agencies (e.g. WHO and UNICEF).

Where: geographic locations

In terms of distribution, the highest concentration of activity locations are in the capital Amman, followed by Irbid and Zarqa, the second and third largest cities. However, services in other areas like Balqa, Madaba, and Kerak are limited (Figure 1, 2010/2011 data).

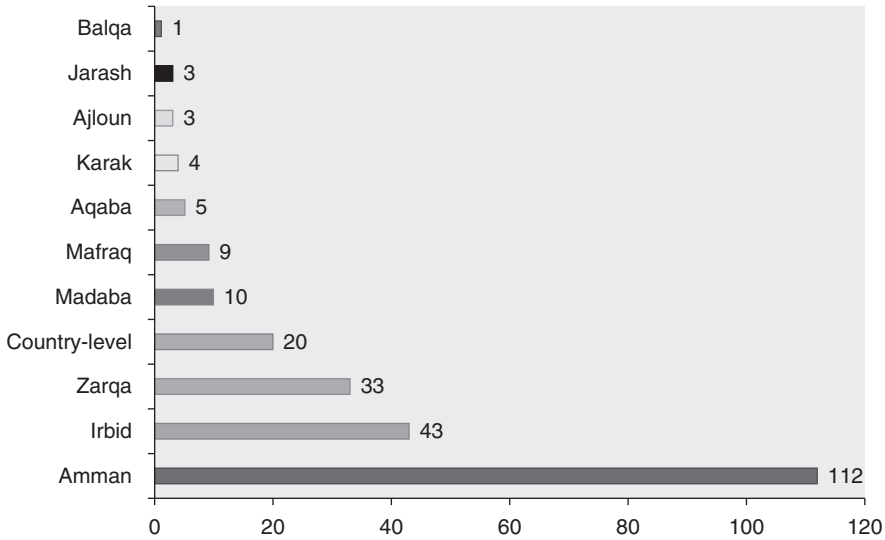

Figure 1: Geographic distribution and frequency of activities.

This distribution has remained consistent over the three years of the mapping exercise(s). However, the exercise has flagged subtle changes in the movement of Iraqis within Jordan. This was first noted through qualitative interviewing of participating organisations, and then reflected by an increase in activities in areas outside the concentrated distribution areas. The mapping allowed the working group to strategically examine geographic coverage, and to discuss which agencies were best positioned to expand into neighbourhoods where there was a seeming deficit. This also helped the working group reach out to grass roots organisations. For areas that had small concentrations of refugees, agencies also became innovative in their approach, organising mobile teams to provide mental health and psychosocial support to individuals at risk, and communities not covered by current programmes.

When: initiation and duration of activities

In the 2009 and the 2010/2011 mapping exercises, the issue of duration was a constraint for government institutions and well established NGOs, as the tool only captured short term activities, tracking 30 day cycles. The revised mapping tool now allows for agencies to expand the duration of their activities, which is more inclusive for longer term programming. The duration of activities in all three mappings also allowed the working group members to explore the type of service against the duration of provision, using the IASC pyramid. For example, if an agency indicated that they were providing specialised services (such as prescribing psychotropic medication), but were only providing this service for less than three months, then it was a flag for the working group to explore the agency's plan for coverage following the completion of service provision.

What: types of MHPSS activities

Concentration by activity type

Activity codes used in the 2010/2011 mapping are shown in Table 1. The most frequently reported activity was '*Strengthening of community and family supports*' (Activity 3), followed by '*Psychological interventions*' (Activity 8), and '*Psychological support in education*' (Activity 5, see also Figure 2). It should be noted that this chart does not represent all planned activities, as some agencies did not report them (Figure 3).

Most activities (63%) are those that can be categorised as community focused (Activity codes 1 – 6), and include information dissemination, group activities to strengthen family and community support, as well as inclusion of MHPSS considerations in other sectors. Thirty-one percent of activities refer to case focused support, which involves providing case focused psychosocial services, including clinical management of cases whether by specialised or non-specialised staff (Activity codes 7 – 10). The remaining 6% of support is categorised as general activities implemented to support MHPSS activities.

Intervention concentration according to the base level of the IASC Guidelines pyramid

The breakdown of interventions according to level on the IASC (2007) intervention pyramid, from the 2010/2011 mapping (Figure 4), indicates that most interventions fall under level 2 ('*Raising community and family supports*'), accounting for 113 activities. This is followed by level 3 ('*Focused person-to-person non-specialised supports*'), accounting

Table 1. Activity codes 2010/2011 mapping

Activity Code	Description of 4Ws activity codes
Activity 1	Information dissemination to the community at large
Activity 2	Facilitation of conditions for community mobilisation, community organisation, community ownership or community control over emergency relief in general
Activity 3	Strengthening of community and family support
Activity 4	Safe spaces
Activity 5	Psychological support in education
Activity 6	Supporting the inclusion of social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation
Activity 7*	(case-focused) psychosocial work
Activity 8*	Psychological intervention (e.g., counseling, psychotherapy)
Activity 9*	Clinical management of mental disorders by non specialised health care providers (e.g. PHC, post-surgery wards)
Activity 10*	Clinical management of mental disorders by specialised mental health care providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/ general health facilities/ mental health facilities)
Activity 11	General activities to support MHPSS

* Of note: some activities under Activity 7 or 8 may also be coded under Activity 9 and 10 when these occur in health care settings. Categories 7 – 11 are thus not mutually exclusive.

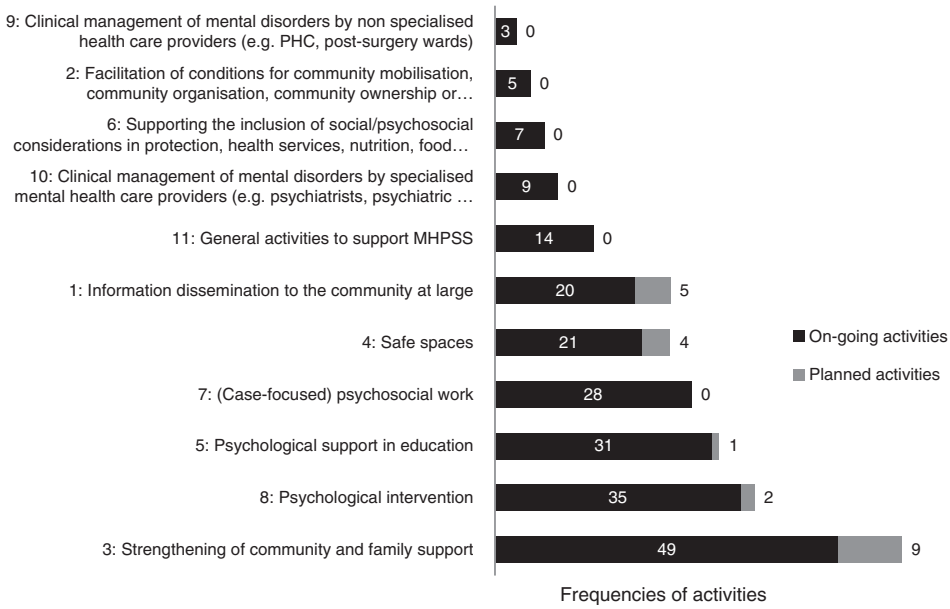

Figure 2: Frequency of categories of activities in 2010/2011 (table below).

for 86 activities out of the total of 243 activities mapped. The basic services that fall under level 1 of the pyramid account for only 14 activities, reflecting the transition from an emergency to post emergency setting. This may also indicate that many of the psychosocial actions at level 1 are often not conceptualised and therefore, may be missed in mapping. Level 4 of the pyramid (‘*Specialised services*’), accounted for 30 of the total mapped activities, and also is likely to accurately reflect the actual available services for this level of intervention on the pyramid. These data are similar to that collected in 2009.

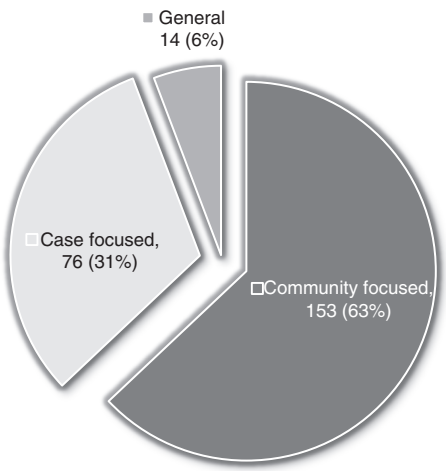

Figure 3: Target distribution of activities in 2010/2011 mapping.

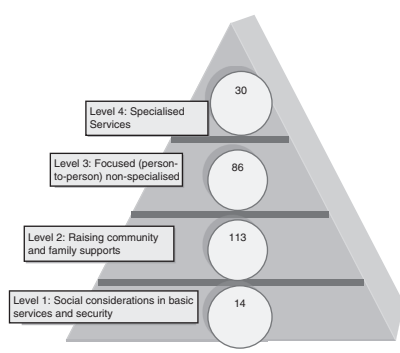

Figure 4: Frequency of activities (2010/2011) according to the IASC intervention pyramid (2007).

Qualitative findings from interviews

Qualitative interviews with select agencies focused on eliciting more information about geographic and target group coverage, sustainability, referrals and network or community links, training, supervision, and monitoring and evaluation.

Qualitative interviews with select organisations (2010/2011 data from 14 agencies) revealed the following:

Coverage

- *Movement of Iraqi population* A number of agencies reported observing movement of Iraqis from Amman to other areas, where the living expenses and conditions were more suitable to their diminishing means. This required a subsequent review by working group members, followed by adjusting the member organisations' response to the resultant, emerging need in other areas of Jordan.
- *Support for specific populations* Agencies highlighted insufficient psychosocial support for people with disabilities and at risk populations in need of services (e.g. children with physical disabilities, orphans, and children who do not attend school). Such needs could be further validated with more detailed mapping. Moreover, the protection needs highlighted in the 2010/2011 exercise were specifically services for women and children. As a result, the 2012 mapping exercise has expanded categories in order to include these services.
- *Group and family support* The need for group services, rather than individual specialised services, was described by some agencies as a way of reaching more of the target population while also creating supportive community links. Agencies emphasised the importance of involving families in case focused activities (individual care), in order to improve family and individual support.

Sustainability

- National capacity in mental health and psychosocial services has been strengthened over the past three years. However, agencies expected decreased funding to pose a problem for the sustainability of current activities, unless carefully planned steps are taken to incorporate services within the regular programmes of national organisations. Therefore, sustainability and quality of interventions, after the hand-over to national agencies, requires close monitoring. This is likely to become an increasing concern as global funding priorities shift.

Training, supervision, monitoring and evaluation

- National agencies and government bodies expressed the need for further training on mental health and psychosocial topics, especially more practical training coupled with the theoretical training. The Ministry of Education (MoE) expressed the need to provide counsellors and teachers with tools for use in the classrooms to improve psychosocial support for their students and colleagues. The majority of agencies sampled also expressed that, although they conduct some method of supervision (monitoring and evaluation), they continue to require support in order to strengthen and standardise this methodology.

Referral and network links

- In general, agencies were satisfied with the referral system currently in place. Some national organisations, however, expressed the need to be involved in the referral mechanism and network.

Agencies also highlighted the need to strengthen links with universities, government organisations and the private sector. Information about existing community services needs to be disseminated, to enhance access to mental health and psychosocial services available, as well as referrals, as required.

Discussion

Challenges and lessons learned

Ease of using the 4Ws tool The plain data spreadsheet disseminated to agencies for data collection was kept simple. The updated tool contained clear activity and sub-activity descriptions, which made categorising activities straight forward. The tool was distributed in both English and Arabic, together with a one-page introduction, which participants found useful. It also increased the ease of completing the tool in the 2010/2011 mapping, as organisations were required to fill in only one sheet for all activities in all locations, rather than one sheet per location. This adaptation reportedly made the tool more user-friendly. The 2012 mapping seemed to be more complicated for agencies to complete, which could be due to a decrease in preparation meetings with the working group, which instructed member organisations how to complete the mapping. Another reason could be the addition of four child protection categories.

Slow response time Participating organisations were slow to respond initially, in both the 2010/2011 and 2012 mapping, which could be attributed to a number of factors. First, some organisations may have been reluctant to dedicate the necessary time and effort to fill in the tool. Second, the turn-over of staff in some participating organisations necessitated identification of new contacts. Often they had not been involved previously in the mapping, and were unaware that their organisations had participated previously. These challenges were addressed by intensifying contacts with the agencies concerned in order to further explain the benefits of the exercise, and to offer assistance.

Low quality of data on training Some agencies' account of the trainings received by their staff was inconclusive. In such cases, participants failed to indicate the duration of the training, or provide a breakdown of staff who had received training. This posed a problem for accurately determining the capacity of each agency to provide specific levels of specialised support.

Difficulty capturing human resources Over the last three years the mapping exercise has been unable to comprehensively establish the human resources and technical expertise available in each participating agency. Many agencies were unable to provide specific feedback regarding the service that each staff member provides. It may be useful in the future to simplify this by requesting agencies to provide an account of all their programme staff, and their specialisations. This adaptation may provide a better understanding of the total size and capacity of the human resources within each agency. It may also be worthwhile to distinguish between permanent staff and temporary programme staff (i.e. consultants).

Challenges in obtaining accurate information from some agencies Mapping of services provided by the government are difficult to completely reflect in the exercise. Relevant ministries are usually involved in implementing several programmes, in cooperation with, or with support from, different donors or organisations, and they can become overwhelmed by the tasks required for all these programmes. In addition, the number of staff who can provide this type of information is limited. They also have large, diverse programmes that do not

translate well into an emergency mapping tool. The 2012 mapping adapted questions slightly to allow for this, and spent more time preparing them. For example, the question on start and end dates of activities in previous mappings did not cater for ongoing activities of ministries nor national NGOs, which posed a difficulty in how to report duration of activity. The 2012 mapping included a specific entry for ongoing activities. Also, the question on the number of beneficiaries in the last 30 days, which was asked in previous mappings, was replaced by a question on numbers in the last 6 months. This made it easier for the government and established local organisations (with multiple branches) to complete the mapping.

Capturing long and short term activities The question as to whether the tool is suitable for capturing activities, in post recovery settings, by national and international agencies continues to pose a challenge. For example, agencies that operate on a yearly funding cycle have their programmes tied to short term provision of services. However, other agencies have longer and more developed funding mechanisms that enable multi-year service provision. This was particularly apparent in the mapping of government services throughout the country. On reflection, it could be better to adapt the 4Ws mapping to reflect longer term, or development oriented, services. Presently the mapping does well in capturing short term activities, but this limits the scope of what other MHPSS resources in Jordan are also reflected in the mapping.

Participation of national NGOs The number of national NGOs participating was seven in 2009, 14 in the 2010/2011 mapping and 29 in 2012. Although this was an intended and desired aspect, in that the aim was to encourage national participation and ownership, not all of the agencies involved had participated the MHPSS coordination group. Therefore, some of these national NGOs were unaware of the *IASC Guidelines* and activities, which required additional exposure to the various uses of the mapping. During the first mapping, many agencies were also reluctant to participate as they were afraid it implied an evaluation of their programmes, and not merely a mapping. This was addressed through discussions about the purpose of the mapping and sharing of the results.

Mapping of additional services Possible mapping of the various services provided by different established community and social structures, such as religious institutions, may need to be examined closer in future exercises. Within the frame of the previous mapping exercises, it was simply not possible to map all of these services.

Limitations of the mapping exercise There are many lessons learned and limitations identified through the process:

- It is not within the scope of this mapping exercise to validate the information provided by participating agencies, nor to provide information about the quality of service provision.
- Informal services or natural support networks are not included.
- The mapping is currently completed annually in Jordan, yet the constantly changing landscape makes the tool quickly outdated, which could potentially misinform new agencies about available services.
- The exercise is not yet well known by financial donors. It would be helpful if donors, who fund psychosocial programmes, encouraged their implementing partners to submit their activities.

- The tool should be made even more user friendly, the data spreadsheet is still long, and may appear overwhelming at first glance, which may deter the user from completing it.

Recommendations to improve the mapping

More detailed information on training The section for reporting on whether a service is: '*(1) currently being implemented, (2) funded but not yet implemented, or (3) unfunded and not yet implemented*', presumes that completed activities are not to be mapped. However, information about training activities would still be relevant six months, or even longer, after completion. Therefore, including an additional category of '*training completed within the last six months*' in the training section should be considered. This is especially relevant in the Jordanian context. It may also be worthwhile to consider including planned trainings, which would facilitate a clearer understanding of how much training is anticipated for specialised mental health and psychosocial professionals.

Terminology Vague terminology used by different organisations, or practitioners, to describe their interventions often resulted in difficulties in coding and clearly capturing activities. Indeed, the mapping revealed the already recognised challenges of vagueness and overlapping of terminology. Following the 2010/2011 mapping, the working group revised its terms of reference to include the development of a common referral form, which has a glossary of terms such as psychosocial, counselling, and child friendly spaces.

Recommendations for improved use of mapping information

Joint efforts among organisations The 4Ws mapping could be used to improve communication among agencies in the MHPSS sector, and to adopt a coordinated mechanism for advertising training, supervision, monitoring and evaluation activities. This may help service providers maximise existing resources, exchange expertise and encourage networking between organisations. Agencies may also consider sharing training calendars through the Jordanian MHPSS working group, to better coordinate themes, level of training, resources and timing.

Identifying human resources and expertise A review of the 4Ws tool, with respect to identifying total human resources and technical expertise available to agencies, may be a helpful exercise.

Using the mapping for planning The Jordanian MHPSS coordination group should consider methods to keep 4Ws data updated and relevant, and to utilise the data in their planning and in fund raising activities. Some potential options include; establishing a server to host the 4Ws mapping, including a format that allows for automatic alerts to organisations. This method may be presented in an easier format than the current data spreadsheet.

Additional initiatives based on the mapping

Integration of 4Ws mapping with mapping efforts among other organisations Organisations in different sectors often engage in similar mapping exercises, which may not include mental health and psychosocial support. The National Center for Security and Crisis Management, which is planning to become the highest level coordinating and preparedness planning body across all strategic sectors in the country, is in the process of building a comprehensive database of all strategic facilities and services in Jordan. The Center has expressed interest in integrating the 4Ws data within its comprehensive database, once it is operational,

which will provide regular updating, sustainability and national ownership of such data.

Development of common referral pathways Participating agencies agreed to use the information captured in the mapping to develop a systematic referral pathway. This was highlighted as a main activity of the MHPSS working group after the 2010/2011 mapping. As a result, a common referral form has been approved by working group members. The working group plans to pilot ways to track successful referrals through the use of a common tracking system, and find ways to improve service delivery using the results from the 2012 exercise.

Inclusion of protection aspects As Syrians continue to enter Jordan seeking asylum, protection has been identified as an area of concern by humanitarian responders. UNICEF and UNHCR in Jordan initiated a child protection working group. Rather than create yet another mapping exercise, that would inherently request information from many of the same agencies already participating in the 4Ws mapping, the MHPSS working group agreed to fuse essential questions on the topic within the 4Ws tool, expanding activity codes from 11 to 15. Results of the MHPSS, as well as protection topics, will be analysed for the 2012/2013 mapping.

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