

occupied Palestinian territory 2018 (part of 2018-2020 HRP)

<b>Appealing Agency</b>	<b>MÉDECINS DU MONDE FRANCE (MDM FRANCE)</b>
<b>Project Title</b>	Reinforce the access to Mental Health services in Qalqilya governorate in the North West Bank through provision of community awareness, adequate MH services at Primary Health Care , and proper referral mechanisms of cases to the secondary Mental health services.
<b>Project Code</b>	OPT-18/H/115671
<b>Sector/Cluster</b>	Health and Nutrition Cluster
<b>Refugee project</b>	No
<b>Objectives</b>	<p>General objective: Contribute to the availability, acceptability and accessibility of Mental Health services in Qalqilya governorate.</p> <p>Specific Objectives:</p> <ol style="list-style-type: none"> <li>1. Ensure mainstreaming of Mental Health services into the primary Health care package provided by MOH and other PHC providers in Qalqilya Governorate</li> <li>2. Reinforce the detection and management of MH cases of children, teenagers and adults at PHC level and ensure the adequate referrals of cases in need to specialized MH services.</li> <li>3. Decrease the stigma and misconceptions of community about the MH problems, disorders and its related services. Taking into consideration a gender equality approach</li> </ol> <p>Within this action, MDM will mainly contribute to reach the Objective 1 of the SO2 of the health cluster “Ensure the availability, accessibility, acceptability and quality of essential lifesaving health services to vulnerable communities” through the mainstreaming of MH care services into PHC services, community anti-stigmatization campaigns, case management and referrals . MDM activity in this project is in line with the Health Cluster activity “Ensure the provision of Mental Health Services in Area C , H2 and the Seam Zone by training of existing health services providers “</p>
<b>Beneficiaries</b>	<p>Total: 3,036 # number of participants in the awareness campaign = 2500 ( 2125 females and 375 males) /of PHC staff trained on MH integration ( 18 doctors , 46 nurses / 40 females and 24 males) /# of MH patients detected at PHC level = 288 ( 24 males , 200 females , 32 boys and 32 girls ) /# of MHPSS service providers trained on MH referral system = 134 ( 90 females and 44 males) /# of cases referred by PHC</p> <p>Female: 2,522 Male: 514 Children (under 18): 84 Adult (18-59): 2,952</p>
<b>Implementing Partners</b>	MOH and the Palestinian counselling center for the capacity building of the PHC staff / Palestinian Counselling center , village councils and CBOs for the community anti-stigmatization campaign
<b>Project Duration</b>	Jan 2018 - Dec 2018
<b>Current Funds Requested</b>	<b>\$299,963</b>
<b>Location</b>	Projects covering just West Bank
<b>Priority / Category</b>	NOT SPECIFIED
<b>Gender Marker Code</b>	2a - The project is designed to contribute significantly to gender equality
<b>Contact Details</b>	MDM F General Coordinator – Palestine: Itziar De Miguel, genco.palestine@medecinsdumonde.net, Mobile : +972 (0)59.891.4260 / +972 (0)54 7750191 NEW Office: +972. (0)2626 1830

<b>Cash transfer programming</b>	Is any part of this project cash transfer programming (including vouchers)?	No
	Conditionality:	
	Restrictions:	
	Estimated percentage of project requirements to be used for cash/vouchers:	0

## Needs

The Introduction about Qalqilya governorate political context is in the comments part .

Mental Health and Psychosocial Support in contexts of conflict is a fundamental component of humanitarian assistance. In times of conflict, fear, violence and uncertainty can cause significant psychological and psychosocial distress among affected populations. Pre existing psychological disorders can be exacerbated while other disorders are directly induced by situations of war or conflict (psychological trauma, anxiety and depression disorders to name a few).MDM is currently implementing a direct MHPSS emergency response program in the NWB including Qalqilya , MDM data analysis in 2017 showed that men were equally affected as women (71% of men versus 78 % of women reporting severe acute stress reactions). Moreover, it was interesting to see that 56% of boys and girls report severe signs of acute stress while 44% of them report normal signs of stress, we can definitively say that children and teenagers are reporting less stress reactions than adults. If minority of people presents severe and moderate disorders, which would need the intervention of professional mental health specialists, a large percentage of people experience legitimate distress and other psychological reactions, which continuously affect them and increase the risk of developing mental health difficulties. This is the case of our beneficiaries. The last analysis conducted by MDM in 2017 showed that 58 % of the adult including men and women who received Psychological first aid report severe signs of acute stress and are at risk of developing PTSD;

End of 2016 , MDM and PCC just finalized a Mental health integration project targeting 25 PHC centers in Nablus governorate , by the end of the project , an external evaluation was conducted , the external evaluation strongly recommended MDM and PCC to extend this program to cover other governorates as it was effective , sustainable and under the main priorities of the MOH MH strategy for 2015 2019 .

MDM is implementing a MHPSS Emergency Response Program since 2014 , through its continuous intervention in the area , MDM identified the following needs :

- 1) High stigma from the MH problems and disorders preventing community members in need for MH services to access it , around 50% from MDM beneficiaries ( 23% out of them were females , 25% males, 27% boys and 25% girls) who were in need to be referred to advanced MH services refused these referrals for stigma , lack of services providers at community level and economic reasons . Having MH services at community level together with the awareness campaign will increase the number of clients seeking for the MH services , especially women as women visits by their own to the PHCCs is accepted at community level , the nurses of the PHCCs usually build a trust relation with women in the villages and will be able to detect and deal with the women MH problems as the majority of the visitors of these clinics are women, Therefore the MH integration to the PHC will Ensure women's full and effective participation access to the services and and will provide equal opportunities as men
- 2) A rising level of violence in a deteriorated economic context: consequences on mental health : The last analysis conducted by MDM in 2017 showed that 58 % of the adult population who received Psychological first aid report severe signs of acute stress and are at risk of developing PTSD; 42% report moderate signs of acute stress and 0 % only report little or no signs of acute stress
- 3) Lack of MH services providers, especially at detection and management of MH cases : Qalqilya governorate is counting only with one MOH MH clinic serving all the governorate ( part time male psychiatrist, 1 male social worker and 1 female psychiatrist nurse ).

## Activities or outputs

Output 1: Reduced stigma towards MH problems /disorders and its services among the population of Qaqlilya governorate throughout MH awareness raising with a gender balance approach

The main aim of our specific Awareness raising is to make the Communities aware about their MH wellbeing, impact of traumatic incidents on their physical health and behavior and the resources available to alleviate it and reducing the stigma associated with MH .

The 18 villages in the seam zone affected by the separation wall & villages more exposed to violence will be the priority of this activity. The activities includes : (1) Awareness workshops about MH problems and disorders with a specific focus of the impact Of traumatic events on the MH wellbeing of the community, the topics of will be identified following an assessment with the community themselves , (2) printed materials including brochures, posters and infographics distribution , (3) provision of the PHCCs with the needed multimedia materials to be used in the clinics to aware the community members about the same topics identified. Women participation is higher than men participation in these activities for stigma and cultural related issues , MDM will adapt its intervention methodology and working timing with men ( after working hours / weekends) to increase men participation.

Output 2: Increased access to MH services at PHCCs level .The objective of this activity is to reinforce the ability of the PHCC staff to be able to receive, detect, provide adequate support and properly manage the cases suffering from MH problems and disorders at PHC level.

The main activity will be the training of the staff of 24 PHCCs on providing MH services at PHC level which includes : (1) training of 72 PHC staff including training modules about interviewing skills, common MH disorders, children psychology , teenagers psychology, adult psychology, child abuse and provision of emergency MH services, (2) technical and administrative follow up of the trained PHC staff by the MOH MH clinic staff supported by MDM and PCC and (3) integration of data collection and reporting tools to be used to report MH problems I .

To maintain the sustainability of the activities, the MOH mental health clinic staff will be involved in the trainings and follow up from the beginning of the action

Output 3: Ensured continuum of care for the patients identified at PHC centers through case management and referral system combating gender stereotypes. The technical trainings provided to the PHC staff will be gender and age oriented ( MH needs during pregnancy and disorders , female teenager's needs and disorders , ...) and will take into consideration the detection , dealing and referrals of disability , abuse and gender based violence cases .

End of 2015, MOH together with MDM launched the national mental health referral system t. Within this action, MDM will integrate the case management approach to the MH services provided at PHC centers and will facilitate the referrals and the referrals feedback among the MHPSS actors within Qalqilya governorate, this will include a Serie of activities: (1) mapping of the MHPSS providers within the governorate, (2) training of the MHPSS actors on the use of the referral system , (3) supervision , follow up and reporting of the use of the referral system .

The use of the MH referral system will facilitate the pathway of the patients identified at PHC and will ensure their arrival to a comprehensive cycle of MHPSS services. Using evidence based figures, success stories and case studies, MDM and PCC will advocate towards MoH to ensure the effective implementation of the MHPSS National Strategy. Specific focus will be made on the integration of the MHPSS into the primary healthcare system and the use of the Mental Health referral system as per the project's scope

### **Indicators and targets**

The indicator of the specific objective of MDM “# of PHC staff capable to provide MH care at PHC centers “ is in line with the SO2 indicator of the health cluster: (1) # of healthcare staff that are trained on MH and have improved their skills on MH case management .

To ensure proper monitoring of the project , MDM will use specific data bases which are already created and functional:

1) MH integration data base where doctors and nurses training and supervision results are integrated , to complete this specific focus groups will be conducted with the trainees before and after the trainings where its qualitative results will be analyzed and reflected accordingly . 2) MH cases at PHC data base , where cases detected and referred will be registered , the qualitative dealing with patients will be reflected through analytical case studies . (3)The awareness attendance , pre ad post test will be registered with the awareness data base .

Output 1 indicators:

# number of participants in the awareness campaign = 2500 ( 2125 females and 375 males)

50% of awareness sessions participants who improve their knowledge about MH problems and their services

please note that the number of women participation to the awareness sessions is usually higher than men as men are always busy and are not available in the community during working hours .

# of printed and disseminated Awareness and Psychoeducation Brochures to community members/ baseline is 15.000

Output 2 indicators:

# of PHC staff trained on MH integration ( 18 doctors , 46 nurses / 40 females and 24 males)

80 % of PHC staff scoring an average of 80% or more in their training post tests per each training module

# of MH patients detected at PHC level = 288 ( 24 males , 200 females , 32 boys and 32 girls )

Based on MDM experience in Nablus governorate 2013-2016, the number of females detected at PHC level is higher than the number of males as the majority of PHC visitors are mothers through the mother and child services.

Output 3 indicators:

Mapping of MHPSS actors is ready and disseminated to all PHC staff trained

# of MHPSS service providers trained on MH referral system = 134 ( 90 females and 44 males)

# of cases referred by PHC staff to other MHPSS services = 50 ( 25 females , 5 males , 10 girls and 10 boys)

# 1 recap document produced with the experience of the project including evidence based figures , case studies , success stories to be produced and shared with MOH and other decision makers

# of advocacy meetings conducted with MOH decision makers about the implementation of the national MH strategy and use of the referral system.

Indicator	Project target
-----------	----------------

<b>Médecins du Monde France(MDM France)</b>	
<b>Original BUDGET items</b>	<b>\$</b>
staff and other personal cost	17,225
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, dedicated S	252,556
General operating and other running costs: Office running cost, office supplies ,telephone and inte	10,559
Indirect / Overhead Costs	19,623
<b>Total</b>	<b>299,963</b>

<b>Médecins du Monde France(MDM France)</b>	
<b>Current BUDGET items</b>	<b>\$</b>
staff and other personal cost	17,225
Direct inputs and services to beneficiaries (Supplies, Commodities, Materials, Services, dedicated S	252,556
General operating and other running costs: Office running cost, office supplies ,telephone and inte	10,559
Indirect / Overhead Costs	19,623
<b>Total</b>	<b>299,963</b>