

CHILD MONITORING AND OBSERVATION FORM (CMOF)

USER MANUAL

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EducAid

SOCIAL INNOVATION
AND INCLUSIVE EDUCATION
FOR INTERNATIONAL COOPERATION

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Child Monitoring and Observation Form (CMOF) User Manual

This manual is designed as a guide for teachers to facilitate proper assessment and effective health intervention aimed at detecting at-risk children. It includes the methodology for developing the CMOF form, step-by-step instructions of how to fill it, the total scoring for each student and how to interpret the results. The manual includes two versions of the form. The first version is for students from 1st - 5th grade and the second version is for students from 6th – 10th grade.

Table of Contents

I	Introduction	9
II	Theoretical Background: Methodological Development of the CMOF	11
III	The Pilot Study	11
IV	Training on the Use of the CMOF	12
1	Ethical training	12
2	Training of Teachers	12
3	Training of Counselors	12
4	Scoring and Interpretation	12
VI	STEP-BY-STEP INSTRUCTIONS FOR USING CMOF	13
VII	Description of the CMOF	14
VIII	Factor Analysis	15
IX	Appendices	15

Introduction

Educaid's most recent projects held in Palestine have highlighted the distinctive need to deal with problematic situations within the classroom. These cases often require financial assistance and additional human resources skills beyond those of ordinary teachers and counselors.

Therefore, EducAid facilitated a discussion among Palestinian professional educators which led to establishing the CMOF, a tool developed specifically to help teachers identify situations that require advanced specialized care with recommended local services.

It is important, however, to clarify that the CMOF is part of a set of tools that EducAid developed for working in schools, aimed at improving the education provided through an active and fully inclusive pedagogy.

The Child Monitoring and Observation Form (CMOF) was developed in 2019 by EducAid in cooperation with the Palestinian Counseling Center (PCC) within the framework of the project "READY: Resilience, Empowerment and Advocacy for a Deeper Inclusion in Shu'fat Refugee Camp" AID11264/EDUCAID/UNRWA/14, funded by AICS (Italian Agency for Development Cooperation).

There was a need to develop a comprehensive and easy-to-use tool that would meet the educational, social, and psychological needs of the UNWRA students in Shu'fat Refugee Camp. To accomplish the proposed goal, information was collected through teachers' student observations.

One of the main purposes for CMOF is to facilitate smooth communication between teachers and counselors. Hence, the teachers' familiarity with their students will help detect students with signs of psychological, social and/or educational risk. Based on the risk level identified, detected students will then be referred either to school counselors or to advanced specialized services. Notably, CMOF was created in the framework of this specific project, providing care for these particular detected students. Furthermore, the tool was designed with clear instructions so it can be used by counselors in upcoming years.

Theoretical Background: Methodological Development of the CMOF

The Child Monitoring and Observation Form (CMOF) was developed through several stages: Based on observations and interviews, an initial checklist was developed to determine the most common problematic symptoms faced in the student's environment (at school and home). Afterwards, a literature review was conducted on the topic of "Universal Detection" in classrooms, based on which the CMOF began to develop its final form. To take advantage of existing expertise, therapists were consulted from the Palestinian Counseling Center, statisticians from Birzeit University, and both the UNRWA Mental Health Department and the UNRWA Department of Guidance and Counseling. Consequently, the form was presented and discussed by a selected focus group of teachers and counselors from the targeted schools to ensure that the tool was understandable, easy-to-use and suitable for the local context. Finally, all observations and reviews were incorporated to take the final form of CMOF, before conducting the pilot study.

The Pilot Study

The pilot study was conducted to determine the tool's accuracy, and also to identify at-risk students across the three schools in Shu'fat Refugee Camp. During this study, a group of teachers underwent training on the use of the tool and its ethics (See below for more details). As a result, 403 CMOFs were completed by 24 teachers for classes through 1st -10th.

Towards the end of the study, Educaid's team and the Palestinian Counseling Center (PCC) conducted another training course for the teachers and counselors in Shu'fat UNRWA schools. These sessions were meant to train them in extracting and analyzing the results of the form, the conversion mechanism and the procedures taken for risk assessment. Educaid's team supplied counselors with mapping sheets to provide psychosocial support for Shu'fat Refugee Camp. The mapping sheet includes various local institutions (see appendix 7 for mapping sheets) which students can be transferred based on their needs and level of risk.

Training on the Use of the CMOF

As mentioned above, EducAid and PCC's team conducted multiple training sessions for the teachers and counselors in Shu'fat UNRWA schools. These training sessions varied in subject and participants: The teachers were trained on how to fill the form. Whereas, counselors were trained on how to calculate the scores of the forms and all the required subsequent procedures. Both teachers and counselors were trained on the ethics of filling the form.

Ethical training

The ethical training session was conducted to inform both teachers and counselors about the purpose of this tool, how to ethically fill it out, and how to protect the data. In this training, the team separated the teachers and the counselors into groups. So that each group could write a list of ethics that ensure the privacy and protection of the data. The following is a list of some ethics to obtain while filling out the form provided by the counselors and teachers:

- To ensure secrecy and privacy of data. If personal data is unprotected, it could cause the student to become stigmatized or ostracized.
- Taking a neutral and unbiased stance. To prevent stigmatizing and ostracizing against the student, teachers and counselors needed to pardon any existing emotions or ideas toward the student.
- Being honest. Teachers and counselors must be transparent about their students to ensure detection is accurate and fair.
- Giving full attention. Teachers and counselors must have a clear headspace, think through carefully, and take their time while filling out the form to ensure their information is complete and accurate.

Training of Teachers

The teams also conducted multiple training sessions for different groups of teachers in order to show them how to correctly fill the form, review it, and answer their questions. The aim of these training sessions were done so that the teachers themselves can be qualified to train other teachers to use the form; so that in the future it wouldn't be an issue for new teachers to use and fill out the form.

Training of Counselors

The counselors were trained on how to interpret and score the CMOF. These sessions were conducted in order to train the counselors on the subsequent referral procedures taken when a risk level is detected. In these trainings, the counselors were given the mapping sheets that were provided by EducAid. The mapping sheets provide appropriate local institutional and organizational services based on individual needs and risk levels.

Scoring and Interpretation

Once the form is filled out and all the questions are answered by the teachers, a score for each indicator is calculated by the counselors. Then a total score for all the indicators is calculated, indicating the risk level for each student. This categorization of risk levels allows the counselor to decide the required procedures that must be taken. (See Appendix 4, 5 and 6)

Step-by-step instructions for using cmof

Step 1: Training Teachers How to Fill the Form

Before starting detection, it is necessary that the school counselor trains the teachers on how the form is used, as well as training them on the ethics of filling the form.

School counselors organize training sessions for teachers to clarify the purpose of CMOF. Collectively, they will be reviewing the form, answering participants' questions, and training them on how to properly fill out the form (instructions are included in Appendix 1). In the training, teachers are to be trained on the ethics of using the form by dividing them into groups for discussion and then presenting issues related to ethics. The following is a list of a few ethics that need to be discussed and included during the training:

- The importance of ensuring confidentiality and privacy. Participants in training should note that if privacy is not protected, it may cause stigma or ostracism. In order to avoid this, it is preferable to keep the forms in a safe place away from the reach of students.
- The importance of maintaining honesty and fairness. It is important to have a clear mind and focus well while filling the form out. Teachers must take their time and not rush in answering to avoid any form of prejudice. Any pre-existing feelings or thoughts toward students that may be caused by disagreements with students, parents or favored by kinship should also be abandoned. It is also necessary to consider student behavior over months to avoid generalization based on events that may have temporarily affected the student's mood.
- Answer all or as much questions as possible. If unable to answer some questions, teachers should ask for help from other teachers who know the student better. It is strictly forbidden for students to answer questions.

Step 2: Distribute forms

At the end of the training, the teacher selects a class they are closely associated with so the form is filled out accurately. The advisor should distribute the forms according to the grades of students (Forms of grades 6th-10th are attached in Appendix 3 and forms of grades 1st-5th are in Appendix 2 and can be copied from this manual for use). Teachers are required to complete the form and return it to the counselor within one to two weeks.

While it is preferable for teachers to fill out the form for ALL students in the class, if there is a large amount of students, teachers can fill in the forms for students who show any of the symptoms or problems revealed in the form. In addition, it is preferable to complete the form for all students with low academic achievement, as there is a direct relationship between low academic achievement and psychosocial difficulties.

Step 3: Collect forms and Analyze Results

After the forms are collected, the counselor calculates the score for each indicator. Then, he or she proceeds to calculate all the scores of indicators to estimate the level of risk. There are 4 levels of risk: Low risk, medium risk, high risk and very high risk. The level of risk can be determined by referencing to the table in Appendix 5 (for 6th-10th grade) and the table in Appendix 4 (for 1st-5th grade). It is necessary to use the correct table for accurate information.

If some questions are left unanswered, the counselor should check in with the teacher or counselor so the missing questions can be filled out based on their personal observations of the student. It is

forbidden to collect marks before answering all questions as this affects the level of risk.

Step 4: Create a Treatment Plan Based on Risk Level

After determining the student's risk level, a remedial plan should be constructed. This classification allows the counselor to determine the appropriate procedures that should be taken (see Appendix 6 for interpretations of each risk level).

Description of the CMOF

There are two versions of the CMOF manual; one of them covers students from the first grade till the fifth grade, while the other one covers students from the sixth grade till the tenth grade (See Appendix 2 and 3).

Both versions of the form cover five areas of psychosocial and educational indicators:

1. Behavioral Indicator: contains 9 items for grades from 1st to 5th. Whereas, in the version for the students from 6th to 10th grade it contains 10 items. The items are measured by a scale which ranges from "Never (no days a week)" to "Always (4-5 days a week)". These 10 items aim to measure the reoccurrences of certain behaviors as observed by teachers (in the school and classroom).
2. Educational Indicator: Both versions contain 7 items measured by a scale ranging from "significantly below grade level" to "above grade level". These 7 items aim to assess the student's educational abilities and performance in comparison to the class average.
3. Cognitive Indicator: contains 8 items for grades from 1st to 5th. Whereas, in the version for students from 6th to 10th grade contains 6 items. The items are measured by a scale which ranges from "Never (no days a week)" to "Always (4-5 days a week)". The items in the cognitive indicator aim to assess the student's cognitive level and abilities.
4. Psychological Indicator: contains 7 items for grades from 1st to 5th. While, the version from 6th to 10th grade contains 10 items. The items are also measured by a scale which ranges from "Never (no days a week)" to "Always (4-5 days a week)". The psychological indicator aims to assess certain behaviors or characteristics that could indicate the presence of psychological issues.
5. Other indicators: This indicator is not measured by a scale but instead is a list of specific factors that the student could be practicing or exposed to. The items are separated into three categories based on their risk level (category A, B, and C). Category A consists of the following items: self-harm, suicide attempts, domestic violence, victim of physical violence at school or home, victim of verbal violence at school or home, use of alcohol or drugs. Category B consists of the following items: poor hygiene, separated/divorced parents, repeatedly skipping classes/school days, living with relatives other than parents, political or criminal detention or arrest, and poverty (very low economic situation). Category C consists of the following: school warning, victim of bullying, and speech problems.

The items are circled by the teacher if they apply to the student and are taken into consideration by the counselor when calculating the total scores from the previous indicators.

Factor Analysis

A factor analysis was conducted on the CMOF to analyze its psychometric properties. Therefore, some questions were removed, while others were replaced under different indicators than originally planned, as the factor analysis showed that they were more suitable in other indicators. The factor analysis also showed that it is best to have two forms: One for the primary school students (from grades 1st to 5th) and one for the secondary school students (from grades 6th to 10th).

During data collection, teachers filled 262 Strengths and Difficulties Questionnaire (SDQ)¹ -a global form for measuring mental health of children and adolescents- to compare the CMOF with the SDQ measure, which was previously validated in the Palestinian context. Initially, the SDQ was going to be used as a 'gold standard' that would indicate the cut-off points for the CMOF. However, there was a high correlation between the SDQ and the CMOF (so that a student receiving a high score on one was very likely to score high on the other and vice versa). The cut-off points of the SDQ were too low for the sample. Since the same findings were reported by another study conducted in the Gaza Strip², the SDQ cut-off points were used only as a guide for the cut-off points of the CMOF. Scores falling within 70% were considered "low risk". Scores falling between 71-90% were counted as "medium risk" and the "high risk" category included scores

between the 91-95%. Finally, the "very high risk" are from 95% and higher.

Appendices

Appendix 1: Instructions for Teachers

We are collecting observations about students in order to detect students who show signs of risk and need specialized health intervention by school counselors. This form will help us gather information on behavioral, educational and psychological indicators.

Please fill out the form for each student based on your in-class and in-school observations. When thinking about an individual student, please make sure to base your answers on your observations of them for a long period and not a short one. Also, attempt to answer all the questions to the best of your ability even if you are unsure about a certain question. It is important that the teacher fills the form for a class that they are familiar with and whom they teach regularly or have taught the students at least for one semester.

In addition, this tool ensures confidentiality, so it is important that the teacher does not share any information filled out in this tool with anyone. Please make sure to take your time while answering the questions, especially in questions related to psychological indicators, as those are more difficult to notice than the behavioral and educational ones.

After filling out the form, pass it on to the school counselor in order for the scores to be calculated. This observation form aims to assess each student's risk level based on current circumstances and conditions, it does not measure the risk level for the future as the student's circumstances, and conditions may alter and change.

1 Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40 (11), 1337-1345.

2 Thabet, A. A., Stretch, D., & Vostanis, P. (2000). Child mental health problems in Arab children: application of the strengths and difficulties questionnaire. *International journal of social psychiatry*, 46(4), 266-280.

Thank you for your cooperation. Your work will ensure that students get the support that they need. This will benefit the students themselves, their family and will facilitate your work inside the classrooms.

Appendix 2: CMOF Grades 1-5

Child and Monitoring Observation Form First-Fifth Grade

Teacher name student name

Grade: school Name:

Circle the number that applies to the student. Please answer all questions without exception.

Behavioral Indicators (inside the school)	Never (0 days)	Sometimes (1-2 days a week)	A lot (3 days a week)	Almost always (4-5 days a week)
Lying or cheating	0	1	1.5	2
Destruction of the property of colleagues or school	0	1	1.5	2
Practice verbal violence	0	1	2	3
Practice physical violence	0	1	2	3
Perpetrate bullying	0	1	2	3
Resort to violence to solve problems	0	1	2	3
Intentionally disturbing classmates	0	1	2	2.5
Not listening to the teacher's demands	0	1	1.5	2
Nervousness and losing temper	0	1	1.5	2
<u>To be calculated by the school counselor only:</u>				
			Behavioral Total	

Educational indicators	Much Less than class average	Less than class average	Equal to school average	Higher than school average
Can read	3 weak	2 acceptable	1 Average	0 Good
Understands what he/she reads	3 weak	2 acceptable	1 Average	0 Good
Can write	3 weak	2 acceptable	1 Average	0 Good
Understands what he/she writes	3 weak	2 acceptable	1 Average	0 Good
Math skills	3 weak	2 acceptable	1 Average	0 Good
Understands written instructions	3 weak	2 acceptable	1 Average	0 Good
Understands oral instructions	3 weak	2 Acceptable	1 Average	0 Good
To be calculated by the school counselor only:				
			Educational Total	

Cognitive indicators	Never (0 days)	Sometimes (1-2 days a week)	A lot (3 days a week)	Almost always (4-5 days a week)
Distracted / lack of concentration	0	1	1.5	2
Does not pay attention without reminders	0	1	1.5	2
Does not complete the required tasks in class	0	1	1.5	2
Does not complete the required tasks at home	0	1	1.5	2
Requires extra time to complete assignments in class	0	1	1.5	2
Difficulties in memorizing and retrieval of information	0	1	2	2.5
Difficulties in communication and oral expression	0	1	1.5	2

Not sitting in assigned place	0	0.5	1	2
To be calculated only by the school counselor				
			Cognitive Total	

Psychological Indicators	Never (0 days)	Sometimes (1-2 days a week)	A lot (3 days a week)	Almost always (4-5 days a week)
Shyness and isolation	0	1	2	2.5
Feeling sad	0	1	2	3
Feeling scared	0	1	2	3
Worrying and feeling anxious	0	1	2	2.5
Weak self-confidence	0	0.5	1.5	2
Spends break time alone	0	0.5	1	2
Feeling insecure	0	1	1.5	2
To be calculated only by the school counselor				
			Behavioral Total	

Risk factors and other indicators (place an X next to what applies. You can choose more than one sentence or no sentence):

C	B	A
School warning__	Poor hygiene__	Self-harm__
Victim of bullying__	Parents are separated/divorced__	Suicide attempts__
Speech problems__	Skipping school or classes repeatedly__	Domestic violence__
	Living with relatives other than parents__	Victim of physical violence at school or home__
	Political or criminal detention or arrest__	Victim of verbal violence at school or home__
	Poverty (very low economic situation)__	Use of alcohol or drugs__

Thank you for your cooperation

Appendix 3: CMOF Grades 6-10

Child and Monitoring Observation Form
 Sixth- Tenth Grade
 Teacher Name: Student name
 Grade: School Name:

Circle the number that applies to the student. Please answer all questions without exception.

Behavioral indicators (inside the school)	Never (0 days)	Sometimes (1-2 days a week)	A lot (3 days a week)	Almost always (4-5 days a week)
Lying or cheating	0	1	2	2.5
Destruction of the property of colleagues or school	0	1	2	2.5
Practice verbal violence	0	1	2	3
Practice physical violence	0	1	2	3
Perpetrate bullying	0	1	2	2.5
Resort to violence to solve problems	0	1	2	3
Intentionally disturbing classmates	0	1	2	3
Not listening to the teacher's demands	0	1	2	2.5
Nervousness and losing temper	0	1	2	2.5
Not sitting in assigned place	0	1	1.5	2.5
To be calculated by the school counselor only:				
			Behavioral Total	

Educational indicators	Much Less than class average	Less than class average	Equal to school average	Higher than school average
Can read	3 weak	2 acceptable	1 Average	0 Good

Understands what he/she reads	3 weak	2 acceptable	1 Average	0 Good
Can write	3 weak	2 acceptable	1 Average	0 Good
Understands what he/she writes	3 weak	2 acceptable	1 Average	0 Good
Math skills	3 weak	2 acceptable	1 Average	0 Good
Understands written instructions	3 weak	2 acceptable	1 Average	0 Good
Understands oral instructions	2.5 weak	2 Acceptable	1 Average	0 Good
To be calculated by the school counselor only:				
			Educational Total	

Cognitive indicators	Never (0 days)	Sometimes (1-2 days a week)	A lot (3 days a week)	Almost always (4-5 days a week)
Distracted / Lack of concentration	0	1	1.5	2
Does not pay attention without reminders	0	1	1.5	2
Does not complete the required tasks in class	0	0.5	1	3
Does not complete the required tasks at home	0	1	1.5	2.5
Difficulties in memorizing and retrieval of information	0	1	2	2.5
Difficulties in communication and oral expression	0	1	1.5	2
To be calculated by the school counselor only:				
			Cognitive Total	

Psychological Indicators	Never (0 days)	Sometimes (1-2 days a week)	A lot (3 days a week)	Almost always (4-5 days a week)
Sleeping in class	0	0.5	1	2
Shyness and isolation	0	1	2	3
Feeling sad	0	1	2	3
Feeling scared	0	1	2	3
Worrying and feeling anxious	0	1	2	2.5
Weak self-confidence	0	1	2	2.5
Spends break time alone	0	1	1.5	2
Feeling insecure	0	1	2	2.5
Stealing properties of colleagues or school	0	1	1.5	2
Requires extra time to complete assignments in class	0	1	1.5	2
To be calculated by the school counselor only:				
			Behavioral Total	

Risk factors and other indicators (place an X next to what applies. You can choose more than one sentence or no sentence):

C	B	A
School warning__	Poor hygiene__	Self- Harm__
Victim of bullying__	Parents are separated/divorced__	Suicide attempts__
Speech problems__	Skipping school or classes repeatedly__	Domestic violence__
	Living with relatives other than parents__	Victim of physical violence at school or home__
	Political or criminal detention or arrest__	Victim of verbal violence at school or home__
	Poverty (very low economic situation)__	Use of alcohol or drugs__

Thank you for your cooperation

Appendix 4: CMOF Scoring Matrix and Cut-off Points

{Younger: classes 1-5}

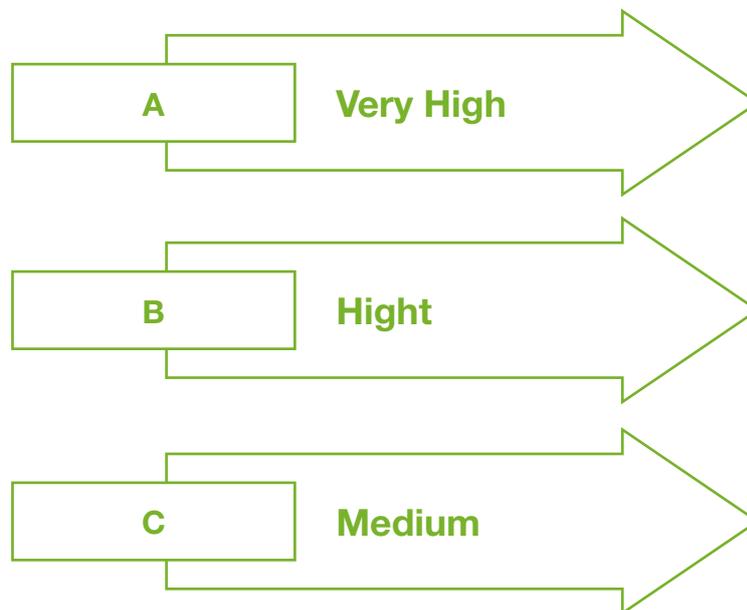
Important Note: If there is any missing information, please refer back to the teacher who filled the form or fill it in based on your own observations. Please do not ignore the missing scores as they will be automatically counted as “0” and cause inaccuracy in the results.

** Calculate the Cognitive-Educational indicator by adding up the cognitive and educational scores together **

CMOF grades 1-5 scoring

Risk Level	General Score	Behavioral Indicators	Cognitive Educational Indicator	Psychological Indicator
Low (None)	0-31	0 - 7	0 - 23	0 - 3
Medium	32 – 45	8 - 14	24 - 35	4 - 7
High	46 – 52	15 - 23	36 - 38	8 - 20
Very High	53 – 68	-----	-----	-----

Interpretation of Risk Factors and Other Indicators (Final section of CMOF)



Appendix 5: CMOF Scoring Matrix and Cut-off Points

{Older: classes 6-10}

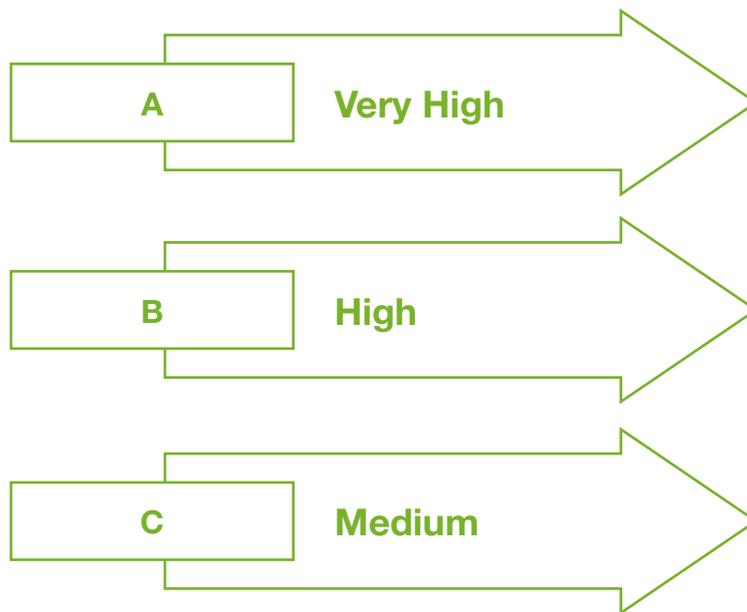
Important note: If there is any missing information, please refer back to the teacher who filled the form or fill it in based on your own observations. Please do not ignore the missing scores as they will be automatically counted as “0” and cause inaccuracy in the results.

** Calculate the Cognitive-Educational indicator by adding up the cognitive and educational scores together **

CMOF grades 6-10 scoring

Risk Level	General Score	Behavioral Indicators	Cognitive Educational Indicator	Psychological Indicator
Low (None)	0-40	0 - 13	0 - 21	0 - 8
Medium	41 - 49	14 - 17	22 - 28	9 - 13
High	50 - 54	18 - 27	29 - 35	14 - 25
Very High	55 - 66	-----	-----	-----

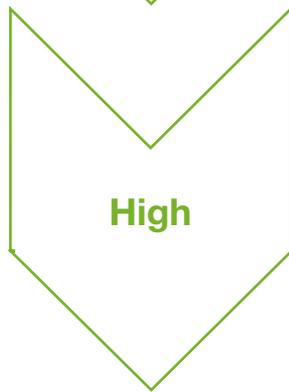
Interpretation of Risk Factors and other indicators (Final Section of CMOF)



Appendix 6: Interpretation of Risk Levels (for younger and older classes)



Needs urgent referral to specialized psychological or educational services (See referral map in Appendix 7 for UNRWA schools in Shu'fat refugee camp).



Most likely needs individual counseling in school and continuous work with parents.

If the school counselor has been working with the student or if indicators are not reduced after a period of individual counseling, consider referring to specialized services (See referral map in Appendix 7 for UNRWA schools in Shu'fat refugee camp).

If cognitive-educational is high, refer to specialized services.



Needs further assesment through observations of the student and in depth interview with parents.

After assesment, decide whether the student needs no intervention or whether they need individual counseling or parent counseling or referral to supportive frameworks such as community groups or recreational-sport activities.

If the cognitive-educational score is "medium", conduct further assesment for learning difficulties. Also consider working with teachers to facilitate student learning by giving the student more time or better seating.



No intervention is needed if score is low.

If score is close to the cut off point, consider risk "medium".

Appendix 7: Referral Map for MHPSS in Shu'fat Refugee Camp

Mapping of organizations that provides mental health and psychosocial support (MHPSS) in Shu'afat Refugee Camp

EducAid 2018-2019

Table of Contents

I	Introduction	29
II	Key words	29
III	Table,N1: MHPSS providers in shu'afat refugee camp	31
IV	Table N2:4w's MHPSS services.	32
V	UNRWA Counseling and guiding program	35
VI	UNRWA mental health department.	36
VII	UNRWA-Child and Family Protection Program	36
VIII	Women's center	37
IX	The Treatment and Rehabilitation Centre for Victims of Torture (TRC)	37
X	MEDECINS DU MONDE SUISSE (MdM-CH)	38
XI	Sawa-child helpline Palestine	39
XII	Palestinian child center	39
XIII	The East Jerusalem YMCA – Rehabilitation Program	40

Introduction

EducAid conducted the following mapping sheet of various support services for psychosocial care available in Shu'afat Refugee Camp in order to promote the interaction among the service providers already working in the camp, and in order to refer the children that need MHPPS to the services that are available in Shu'afat Refugee Camp.

Key words:

Shu'afat Refugee Camp: Shu 'fat Refugee Camp is located between the villages of Shu'afat and 'Anata. The camp was established in 1965 to accommodate refugees previously living in Mu'askar camp in the Old City of Jerusalem. Nowadays the population of the camp is estimated at 20,000; 12,000 of them are UNRWA registered refugees and most of the remaining 8,000 hold Jerusalem IDs (grassroots Jerusalem, website2018).

MHPSS: Mental Health and Psychosocial Support, "The composite term 'mental health and psychosocial support' (MHPSS) refers to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental

Table N1: MHPSS providers in Shu'afat Refugee Camp

MHPSS providers in shu'afat refugee camp				
Organization	Person in charge	Position	Phone number	Email
UNRWA- Community-Mental-Health-Program	Luay Fawadleh	The Supervisor of The Community Mental Health Program	542168463	l.fawadleh@unrwa.org
UNRWA Department-Counseling and Guiding Program	Nasser Matar	Supervisor of Counseling and Guiding	02-2425638	n.mattar@unrwa.org
UNRWA-Child and Family Protection Program	Hana Khalili	Case Manager	059-7454456	H.KHALILI2@UNRWA.ORG
Shu'afat Refugee Camp Palestinian Child Centre	Khaled Al Sheikh Mervat Alqam	Center Manager, Program Manager	054-809-9283, 0528790551	k0548099283@gmail.com; merv_court@yahoo.com
Sawa-Helpline: All the woman together today and tomorrow (by phone)	Ohila Shomar	general manager	54632602	info@sawa.ps
Shu'afat Refugee Camp Women's Center -	Sondos Hamdan	Project coordinator	058 7837337	sundos_k_hamdan@hotmail.com
TRC - Treatment and Rehabilitation Center for Victims of Torture	Khader Rasras	Center Manager	0599256311	khader.rasras@trc-pal.org
Medecins du Monde Switzerland	Kanistra Korina	General coordinator	0594211889	Genco.palistine@medecinsdumonde.ch
The East Jerusalem YMCA – Rehabilitation Program	Jamileh Qassem	Assistant Supervisor of the East Jerusalem team	02-6277966 / 052-4330173	jqassem@ejymca.org

Table N2: 4w's MHPSS services.

who	What	where	to whom
UNRWA-Community-Mental-Health-Program	Basic Individual Counseling Basic Group Counseling Peer Support Age-friendly Spaces Awareness Sessions Life skills interventions (to improve coping) Support Groups Awareness Sessions	Shu'afat Refugee Camp, West Bank, Jerusalem Area	Children, Women and Men
UNRWA Department-Counseling and Guiding Program	Basic Individual Counseling Basic group Counseling Peer support Age-friendly spaces Awareness sessions Life skills interventions (to improve coping) Support groups	Shu'afat Refugee Camp, West Bank, Jerusalem Area	Children, Women and Men
UNRWA-Child and Family Protection Programme	Awareness sessions, Life skills interventions.		
Shu'afat Refugee Camp Palestinian Child Centre			
Sawa-Helpline Palestine	Phone counseling Psychological First Aid Age-friendly spaces Awareness sessions Life skills interventions (to improve coping)	Shu'afat Refugee Camp, West Bank, Jerusalem, Gaza	Children and Women
Women's Center - Shu'afat Refugee Camp	Psychological First Aid Basic Individual Counseling Basic group Counseling Age-friendly spaces Awareness sessions women empowerment	Shu'afat Refugee Camp	Children and Women
TRC - Treatment and Rehabilitation Center for Victims of Torture	Psychological First Aid Basic Individual Counseling Basic group Counseling Age-friendly spaces Awareness sessions Life skills interventions (to improve coping)	West Bank, Shu'afat Refugee Camp	Children, Women and Men

Médecins du Monde Switzerland	Group and individual psychosocial session, peer support, awareness sessions, summer camps, life skills interventions, Psychological First Aid.	Shuafat, Essawiyeh, Jabal al Mukareb	Children, youth, adults men and women survivors of political violence, especially ex detainees children and their families.
The East Jerusalem YMCA – Rehabilitation Program	Psychosocial counseling; Family intervention; Academic rehabilitation; Vocational rehabilitation; Building access facilities and adaptations of buildings; Medical urgent assistive aids; Community activities and raising community awareness; Advocacy; Training at the internal, national and international levels; Networking and co-operation; Research and material production	West Bank districts and East Jerusalem	Persons with physical disabilities and survivors of political violence, ages 6 – 35 years old, males and females
Who	What	where	to whom
UNRWA-Community-Mental-Health Program	Basic Individual Counselling Basic group Counselling Peer support Age-friendly spaces Awareness sessions Life skills interventions (to improve coping) Support groups Awareness sessions	shu'afat refugee camp west bank, Jerusalem Area	Children, women and men
UNRWA Department-Counseling and Guiding Program	Basic Individual Counselling Basic group Counselling Peer support Age-friendly spaces Awareness sessions Life skills interventions (to improve coping) Support groups Awareness sessions, Life skills interventions.	shu'afat refugee camp West Bank, Jerusalem Area Shu'afat Refugee Camp	Children, women and men
UNRWA-Child and Family Protection Programme			
Shu'afat Refugee Camp Palestinian Child Centre			

Sawa-Helpline Palestine	Phone counseling Psychological First Aid Age-friendly spaces Awareness sessions Life skills interventions (to improve coping)	Shu'afat Refugee Camp, West Bank, Jerusalem, Gaza	Children and women	
Women's Center -Shu'afat Refugee Camp	Psychological First Aid Basic Individual Counselling Basic group Counselling Age-friendly spaces Awareness sessions women empowerment	Shu'afat Refugee Camp	Children and women	
TRC - Treatment and Rehabilitation Center for Victims of Torture	Psychological First Aid Basic Individual Counselling Basic group Counselling Age-friendly spaces Awareness sessions Life skills interventions (to improve coping)	West Bank, Shu'afat Refugee Camp	Children, women and men	
Médecins du Monde Switzerland	Group and individual psychosocial session, peer support, awareness sessions, summer camps, life skills interventions, Psychological First Aid.	Shuafat, Essawiyeh, Jabal al Mukareb	Children, youth, adults men and women survivors of political violence, especially ex-detainees children and their families.	
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UNRWA Counseling and Guiding program

UNRWA is a United Nations agency established by the General Assembly in 1949 and is mandated to provide assistance and protection to a population of some 5 million registered Palestine refugees. Its mission is to help Palestinian refugees in Jordan, Lebanon, Syria, West Bank and the Gaza Strip to achieve their full potential in human development, pending a just solution to their plight. UNRWA's services encompass education, health care, relief and social services, camp infrastructure and improvement, microfinance and emergency assistance.

The Counseling and Guiding Program -a part of the UNRWA Education Department - supervises school counselors.

The main responsibilities of the school counselors:

In accordance with Agency policy and procedures, the incumbent:

- (A) Co-ordinates all aspects of the Guidance & Counseling program and activities in the school's compound to which assigned including identification of pupil's problems, planning, implementing, evaluating and recommending annual plans for improvement.
- (B) Assists in assessing pupil's problems by using different techniques such as observation, interviews, academic achievement, action research projects, case studies, questionnaires, group and individual tests, etc.
- (C) Establishes a data base for the schools assigned to assists in identifying common patterns of relationships that cause problems and the suitable guidance and counseling intervention approach that may be applied to solve the problems.
- (D) In co-ordination with the School Supervisor (Guidance & Counseling) provides guidance and counseling training.
- (E) Assists in designing and using group and individual intervention techniques that may create a learning environment which enhances achievement and develops positive pupils' behavior.
- (F) Provides individual guidance & counseling services to pupils whose problems are outside the competency of the teacher-counsellor in the schools to which assigned, on referral basis.
- (G) Co-ordinates with the specialized staff in the Relief and Health Department in providing a referral system for expanded services beyond the area of education counseling.

What cases can the school counselor work with?

School counselors can work with the following cases:

behavioral Problems	violent students
self-esteem issues	personal hygiene
relationship with peers	lack of interest and hobbies
playing in a violent way	coming late to the school
sudden drop in marks	playing in a violent way

If the school counselor found that the cases need advanced care, he/she will refer the cases to the UNRWA clinic psychosocial counselor.

UNRWA Mental Health Department.

The UNRWA MHPSS vision is to protect and promote the right of every Palestinian Refugee to achieve the best possible mental health and psychosocial well-being through UNRWA's basic services. The rationale for the MHPSS program is the relative lack of mental health professionals available to serve a population in psychological distress. In the UNRWA Health Program, the MHPSS interventions aim to enhance the psychological and social well-being of individuals and their communities through empowerment and individual resilience.

These interventions are not limited to an emergency situation nor oriented at problems or deficits but they aim to support psychosocial wellbeing and processes of empowerment. It is not relevant not only to Palestine refugee clients, but also to the health professionals themselves. The Department of Health has defined the MHPSS activities in a stepped care model to manage common MHPSS issues within health centers and their surrounding communities.

What cases can we refer to the UNRWA clinic in Shu'afat Refugee Camp?

You can refer the cases that need professional intervention to the UNRWA clinic.

Examples:

Family Relationship problems	Depression
Sexual disorders	ADHD/ADD
Self-harm	STRESS
Insomnia	Post-traumatic stress disorder (PTSD)

The UNRWA Clinic Psychosocial counselor will refer the cases to another services provider depending on the load of cases that the counselor has.

UNRWA-Child and Family Protection Program

UNRWA's Child and Family Protection Programme, is a multi-sector program that brings together UNRWA's three core programs- Health, Education and RSSP as well as the Protection Unit, along with the refugee communities- to provide the appropriate services to victims of violence and abuse through trained and caring personnel. The program was established in 2009 as part of the CMHP to assist in addressing and preventing all of forms of violence and abuse, through

education, outreach and advocacy.

Who is responsible to refer the children to the protection department of the UNRWA?

The Psycho-social counselor at the UNRWA clinic is responsible to refer the children to the protection department.

What cases can be referred to the protection department

Gender-based violence
Sexual abuse

Shu'fat Refugee Women's Center

The women's center (WCSHC) is an independent Palestinian NGO established in 1997 whose mandate is to serve and address the social, economic, cultural and educational needs of the camp's female and youth population. It works closely with other civil society organization in order to further develop the local community.

WSSHHC's mission is to empower Jerusalemite refugee and non-refugee women and children living in Shu'fat Camp through capacity building and promoting equal opportunities for women and children in societal, economical and political areas.

The center is managed by an administrative committee which elects nine members every three years. The committee supervises the planning and funding of programs and projects. A group of female personnel -appointed by the committee- supervise and implement the daily programs, projects and activities.

Vision:

A women's forum which provides a venue for women to assert and develop themselves, and to empower every woman socially, economically and politically.

Mission:

WCSHC'S mission is to build the capacity of Jerusalemite refugee and non-refugee women by creating social-awareness, promoting equal opportunities and reinforcing the developing young, female community leaders.

The women's center has a psychosocial unit that provides psychosocial support for the community. It raises awareness about mental health issues, mapping several support groups, and empowering marginalized and vulnerable children and women.

From the programs offered by the center:

-**Educational Support Program:** a new system to protect the learning process, this program is one of the proposed solutions to solve the problem of academic delay and underachievement.

-**Psychosocial Rehabilitation Program:** aims to provide psychosocial support and counseling services to reduce violence and help manage problems through psychological methods, to re-integrate into society.

What cases can be referred to the women's center inside Shu'afat Refugee Camp?

The Women's Center doesn't work with individual cases but rather with groups of women and children.

The Treatment and Rehabilitation Centre for Victims of Torture (TRC)

The Treatment and Rehabilitation Centre for Victims of Torture (TRC) is a non-governmental, non-profit organization that provides psychosocial services to survivors of torture and organized violence in the West Bank. The center was founded in 1997 by a Palestinian psychiatrist and human rights activist, Dr. Mahmud Sehwal who has been visiting and treating Palestinian detainees and ex-detainees from Israeli prisons as well as their families on a voluntary basis as early as 1983, and who is currently the President of the Centre. Early on, TRC operated as a voluntary movement and then institutionalized in the year 1999, as an independent Palestinian non-governmental organization in accordance with the prevailing laws. It is governed by a board of directors and supported by a board of international advisors. Day-to-day management is run by the Executive Director Mr. Khader Rasras who is a clinical psychologist by background. Since its founding, the Centre has gradually expanded its work to include training, outreach, public awareness, research, crisis intervention and prevention activities as well as international networking with similar centers worldwide.

Initially, TRC worked to reduce the traumatic and devastating physical and psychological consequences of torture and politically motivated violence and reduce retaliatory behavior by directly offering victims and their family's comprehensive medical, psychiatric, physical, and psychosocial care. TRC also worked to prevent and combat torture, violence, and impunity through training, research, and advocacy.

TRC is a Non-Governmental Organization, licensed by the Palestinian Ministry of Interior and National Security (License No. RA-235-SC) and the Ministry of Health (License No. R/6/2012). TRC provides essential humanitarian services for Palestinian victims of torture, including the victims of the Israeli occupation forces violence, the Palestinian detainees, the wounded civilians, the martyrs' family members along with other poor and marginalized people. TRC works against torture and organized violence. Thus, the center works on advocacy and community awareness concerning several issues including human rights, mental health, campaigns against torture and

organized violence and publishes researches, reports and studies related to these fields

What cases can be referred to the TRC?

The ex-detained cases and all the cases that needs advanced specialized services that is referred from the school counselor of the UNRWA school or from the UNRWA Health Clinic Psychosocial Counselor.

Medecins du monde suisse (mdm-ch)

Médecins du Monde is an international and independent medical NGO founded in 1980, which provides humanitarian relief and development aid to those most in need. Médecins du Monde Switzerland, created in 1993 has been working in Palestine since 1994. In this complex context Médecins du monde Switzerland has chosen to prioritize the provision of quality care in the field of mental health to people in need. From 2009 to 2014 Médecins du monde supported the Palestinian Ministry of Health in the creation of a regional mental health support centre for children and adolescents in Halhul, Hebron. Later on, in 2015 Médecins du Monde Switzerland launched a psychosocial programme in Hebron governorate to provide support and care to ex-detainee youth and their families and has expanded its collaboration with YMCA in other project locations

including East Jerusalem in 2018 in order to provide tailored and specialized support to victims of political violence and especially ex-detainees children and their families.

What cases can be referred to MdM-CH: Ex-detainees children and youth and their families and all victims of political violence in need for psychosocial support.

Sawa-child helpline Palestine

Sexual, gender-based and domestic violence against women and children remains widespread in Palestine. Together with partners, Sawa combats violence against women and children in the Palestinian society. Established in 1998 by a small but determined group of female volunteers, Sawa has grown into a prominent non-governmental organization operating a national helpline for victims of violence across the Palestinian Territories.

Sawa's main beneficiaries are battered and abused women and children.

Vision

Becoming a catalyst for change in the Palestinian society that combats violence and supports human health, safety and dignity.

Mission

Sawa is a leading Palestinian organization dedicated to providing support, protection and social counseling for survivors of violence. We and our community partners stand for an enhanced social wellbeing, based on values of humanity and gender equality, through a set of differentiated services to combat all types of violence, abuse and neglect practiced against women and children.

Sawa's flagship program is the Listening Program (National Helpline): a free three-digit (121) national phone-line that provides support, medical and legal advice, referral services and counseling to women and children who have been exposed to various forms of violence and abuse. A well-trained and qualified team works at the Helpline –operators receive 110 hours of training in both case management and emergency processes for quick intervention: This includes a tele-doctor service that can provide emergency medical advice when required. Team members are equipped with high-quality skills to provide support - primarily psychological counseling - through a bespoke IT platform. This is complemented by the Counseling Center; an extension of the Helpline that provides tailored 1-to-1 confidential support to victims of violence. Through the Let's Talk! Program, the counseling center also provides family counseling sessions, focusing primarily on parent-child relationships through the period of adolescence.

Who can call Sawa (Help line Palestine)?

All the children and women who need initial psychosocial support by Phone.

Palestinian Child Center at Shu'fat Camp

A group of social activists in the camp established the Palestinian Child Center in 2000. Due to the difficult conditions of Shu'fat Refugee Camp in terms of the absence of playgrounds and cultural, social and sport activities for children as well as overpopulation which causes social diseases that increase the difficulties in Palestinian day-to-day life. The guiding value is building the capacities of children ethically, nationally and professionally.

Vision

We strive to contribute to an open and transparent society where people have access to safe places where the next generation cooperates and trusts each other in respect of human rights and needs.

“Children of Shu’fat camp are innovators and initiators and completely aware of their Palestinian identity.”

Mission

The Centre seeks to increase awareness and education through non-curricular means to help children combat social diseases in the camp.

What cases can be referred to the child center?

- Students who needs social support
- Students who cannot read and write

The East Jerusalem YMCA – Rehabilitation Program

The East Jerusalem YMCA - Rehabilitation Program is a non-governmental, non-profit organization established in 1989 and offers quality rehabilitation services to persons with disability and those affected by political violence.

Believing in the human-rights-based approach in addressing the issues related to our targeted groups, we work through a holistic approach to rehabilitate and reintegrate them into community. We give priority to increasing their social, economic and cultural participation into society as well as to addressing discrimination and human rights violations.

The East Jerusalem YMCA - Rehabilitation Program’s main office is located in Bethlehem area, at the Shepherds’ Field in Beit Sahour. It implements its activities and programs all over the West Bank and East Jerusalem through eleven field teams.

YMCA has a website that covers psychosocial and mental health service providers in all areas of

the West Bank and East Jerusalem (<http://www.mhpss.ps/en/home>).

Vision

Towards a free and democratic Palestinian society where persons with disability and survivors of political violence obtain equal rights and opportunities and a decent life free of all types of violence, oppression, discrimination and violation of individual and national rights.

Mission

The East Jerusalem YMCA - Rehabilitation Program seeks to integrate persons with disability and traumatized as a result of political violence through the adoption of the holistic approach in rendering rehabilitative services at the psychosocial and vocational levels, and enhancing their capacities to ask for their rights by means of specialized and professional teams that cover all areas of the West Bank and East Jerusalem, in coordination and partnership with all elements of the Palestinian society in the aim of creating an acceptable and supporting environment that enables them to practice their rights as citizens living in free and democratic country characterized by social justice and indiscrimination.

What cases can be referred to the Program?

Cases of persons with physical disabilities, and survivors of political violence, who require psychosocial rehabilitation services, of both genders, ages 6-35 years old, from all areas of the West Bank and East Jerusalem.

