

Who is Where, When, doing What (4Ws) in Mental Health, Psychosocial and Protection Support in Jordan

Interventions Mapping Exercise
March - April 2012

WORLD HEALTH ORGANIZATION (WHO)
INTERNATIONAL MEDICAL CORPS (IMC)
THE UNITED NATIONS CHILDREN'S FUND (UNICEF)



Contents

Introduction.....	3
Timeframe	4
Objectives	4
4Ws Mapping Process	4
Observations.....	6
Tool-specific challenges and limitations.....	6
Sectoral challenges and limitations.....	7
Findings.....	7
Where.....	7
What and Who	11
When	13
Interview findings.....	14
Coverage and limitations.....	14
Sustainability	15
Training, Supervision, Monitoring and Evaluation	15
Referral and Linkages	15
Coordination.....	15
Discussion	16
Recommendations.....	17
Coordination.....	17
Capacity building	17
4Ws tool and future mappings.....	17
Annex 1: List of agencies that contributed to the mapping	18
Annex 2: List of MHPSS and Protection activities and sub-activities	21
Annex 3. Examples of data use.....	23

Who is Where, When, doing What (4Ws)

Mental Health, Psychosocial and Protection Support

Introduction

The Inter-Agency Standing Committee (IASC), a global humanitarian body devoted to the improvement of humanitarian coordination, established an IASC Task Force in 2005 on Mental Health and Psychosocial Support (MHPSS) in emergency settings to address the need for concrete guidance on how to organize mental health and psychosocial support in emergencies. Its members consist of the heads of UN agencies, the International Federation of Red Cross and Red Crescent Societies, and large consortia of NGOs such as International Council of Voluntary Agencies and Interaction. In 2007, the Task Force achieved its initial goal of developing a practical, inter-agency, multi-sectoral guidance with the publication of the IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. The guidelines were launched in Geneva on 14 September, 2007.

Furthering its work, the IASC reference group developed a “4Ws” tool to map MHPSS services in emergencies. The purpose of the tool is to gain a clearer picture of **who** is doing **what**, **where** and **when**. The tool also provides a comprehensive overview of the size and nature of an emergency response with respect to MHPSS. International Medical Corps (IMC) first piloted the tool in Jordan in 2009 in cooperation with WHO and UNICEF. A refined tool was applied for the second mapping in Jordan in 2010, based on emerging issues and lessons learnt from previous mappings conducted in Jordan, Nepal and Haiti.

The 4Ws mapping of MHPSS services for 2012 was initially planned to collect information regarding the range of MHPSS activities provided to all beneficiary groups in Jordan. In light of the current crisis in Syria and through consultation with partner agencies, though, it was decided to include a brief list of essential Protection activities in the mapping exercise with the goal of enabling participants to gain a more comprehensive picture of services being provided to vulnerable populations in Jordan. These categories were developed in line with the priorities of the Community Protection Working Group and the Protection sector activities outlined by national and international implementing partners in the United Nations Inter-Agency Syria Regional Response Plan (RRP) compiled and published in March 2012. Protection issues added to the 2012 mapping include:

- Monitoring and advocacy on protection issues,
- Assistance to vulnerable families,
- Basic protection services,
- Community-based protection, and
- Protection services for specific vulnerable groups.

These were added to the list of MHPSS activities as recommended by the IASC reference group, which include community-focused MHPSS, case-focused MHPSS, and general support for MHPSS and/or

Protection activities. Examples of activities that fall under these main categories were provided as shown in the attached list (Annex 2).

Timeframe

The mapping was conducted during the months of March and April 2012.

Objectives

The overall aims of the exercise remain focused on fostering collaboration, coordination, referrals and accountability for all involved agencies, improving the transparency and legitimacy of MHPSS services through structured documentation, and providing data on patterns of practice to inform and reflect on lessons for future response. The information provided by the mapping can feed into national plans for emergency preparedness and can be used to identify gaps in service provision, geographic and target group coverage, human resources, and technical expertise. It can also be used by participating organizations to plan for their funding request efforts. In short, the 2012 MHPSS 4Ws mapping had the following four (4) primary objectives.

1. Create a comprehensive database of up-to-date information on basic MHPSS and Protection activities in Jordan
2. Ensure coordination of MHPSS and Protection services through sharing information on these services among all stakeholders
3. Solidify stakeholders' efforts in preparing a coordinated MHPSS/Protection response plan
4. Disseminate the findings and recommendations of the mapping to the MHPSS Coordination Working Group and other stakeholders

4Ws Mapping Process

International Medical Corps assigned two part-time consultants dedicated to the mapping exercise. IMC Jordan's MHPSS Information Management Officer assisted in preparing the data collection tool. A UNICEF Child Protection consultant advised IMC in developing the Protection component of the mapping, and the chairs of the MHPSS Coordination Working Group provided project oversight.

The 4Ws team finalized the tool and prepared a package to be sent by e-mail or fax to participating organizations (in English and Arabic). The package consisted of:

- A one-page introduction to the 4Ws exercise;
- An excel file with three active sheets: (1) to capture information about the organization, (2) to capture details of the activities, and (3) to list the 15 MHPSS and Protection activities and their corresponding sub-activities; and
- The previous year's 4Ws report (English only).

To account for recent protection supports provided specifically to Syrian refugees, community based organizations (CBOs) that have been active in providing services since March 2011 were included in the 2012 mapping.

Fifty-two (52) organizations were contacted. Most of these organizations were contacted by e-mail; Ministries were contacted through official letters. Some CBOs were interviewed in person and/or by phone, and their data was entered by the mapping team. In total, input from forty-six (46) organizations was collected. ANTARES and QUESTSCOPE participated in the mapping but they had no current activities which fit the criteria for this mapping. The Ministry of Education (MOE) provided their contact information, but no details of their projects or programmes were received by the time of drafting this report. The Ministry of Health (MOH) and the Jordanian Women's Union (JWU) provided their organizational information, but their activities were reported by their partners, the World Health Organization (WHO) and Un Ponte Per (UPP) respectively.

While most organizations were contacted by e-mail, it was decided to meet in person with representatives of some organizations, either to help them complete the tool or to get a clearer picture of their services. Several CBOs had not been part of previous mappings and, until recently, were not exposed to international coordination mechanisms; therefore, it was necessary to explain the process to them and assist them in completing the tool. Furthermore, the Ministry of Social Development (MoSD) provided a list of its centers that provide services, but without providing the required details of those services. Therefore, the team contacted representatives of each of these centers by phone to obtain the required information.

The following ministries, international agencies, national NGOs, and CBOs were interviewed in person or by phone to gather information or to follow up on specific details in their responses.

- Al Kitab Wa Sunna / Ramtha
- At Takaful Society / Ramtha
- Family Guidance and Awareness Center (FGAC) / Zarqa
- The Islamic Charity Society Center (ICSC) / Amman
- The Islamic Charity Society Center (ICSC) / Ramtha
- Jordan Health Aid Society (JHAS) / Amman
- Jordan Health Aid Society (JHAS) / Ramtha
- Ministry of Education (MoE)
- Ministry of Social Development (MoSD)
- UNICEF

The mapping team compiled all information reported by organizations on one spreadsheet. A workshop was held on 16 May 2012 to present the preliminary findings of the mapping exercise. The MHPSS Coordination Working Group will inform key donor agencies of the results of this mapping and will follow up with these agencies and implementing organizations to ensure that the results are taken into account in planning and coordinating the current emergency response for displaced Syrians in Jordan.

Observations

Tool-specific challenges and limitations

Although the 2010/2011 mapping showed that agencies faced little difficulty in completing that year's 4Ws tool, the same cannot be said of this year's exercise. The addition of new data points and new activity and sub-activity categories made this year's tool more difficult to complete. More importantly, many agencies' recent involvement providing support to displaced Syrians in addition to their on-going services increased the amount of information to report, resulting in the challenge of conducting regular and relief programming alongside the 4Ws coordination activity.

The tool requires respondents to fill in a separate row on an excel sheet per each location and per each activity. Several organizations listed information using one row per activity for all locations where the service was provided or planned to be provided as this required less effort to disaggregate data according to categories, numbers of target groups, and other requested details. In such cases, the mapping team separated this type of data per location and per activity. While each location and activity was accounted for, some of the related information was lost, such as target group numbers and demographics. Furthermore, this process increased the chance for human error that can result from copying, pasting or dragging data.

The 2009 mapping used separate codes for the different categories of target groups. Feedback following that mapping indicated that this made the spread sheet too long, and respondents found this method to be too detailed. The 2010/2011 mapping dropped the separate entries and replaced them with one entry requesting general information on the target group. Given the current complexity of the humanitarian situation in Jordan, the 4Ws team hoped to gather greater detail on target groups than was obtained in the previous mapping. Therefore, the 2012 tool requested participants to provide detailed information on target groups, for example nationality, age, gender, and so on. Rather than using codes as was done in 2009, the excel file contained a comment inserted in the appropriate column providing examples of the type of information desired. The data received was incomplete and inconsistent in form thereby making analysis of relevant data difficult.

Twenty (20) organizations provided information on funding sources and ten (10) of them provided information on the amount of funding for the reported services. If all participating organizations had provided the same information, the exercise would have facilitated more accurate analysis on the scale of current interventions and provided valuable data for regional funding requests. However, some organizations had difficulties reporting this information for reasons similar to the following.

- Persons who completed the tool were not always informed of programme funding or costs, particularly as per activity and location.
- Ongoing government services where funding is provided through regular annual allocations also tend to lack information regarding financial details, particularly those persons in charge of providing services.

- Many in-country and external donations from organizations and individuals (outside the UN's Regional Response efforts) were channeled through CBOs to the displaced Syrian population in Jordan. Although CBOs reported that all details regarding these donations are kept in their databases, the workload associated with retrieving and compiling exact details prevented them from providing this information.

Sectoral challenges and limitations

The 2012 mapping coincided with the preparation for the UN's Syria Regional Response Plan (RRP), the regular annual funding request process, and mapping exercises in other fields (a health sector mapping directly preceded the MHPSS/Protection exercise). Although this meant that organizations would be more equipped and willing to share information as they had been updating their information to plan for the previously mentioned activities, the process placed more demand on organizations' time and effort.

Furthermore, the current Syria crisis has created a regional humanitarian situation and initiated emergency response activities in Jordan. CBOs, some of which are newly established, have been active in providing services to Syrians, particularly in the north. However, they have limited human resources and expertise in providing MHPSS or Protection services to vulnerable populations beyond basic relief (e.g., cash assistance and provision of food and non-food items) and referral support through the network they have created amongst themselves. Al Kitab Wa Sunna, At Takaful Society, and the Islamic Charity Society Center (ICSC), the three (3) predominant CBOs assisting Syrians in the north, were interviewed in person and even though the mapping team entered their data, it was hard to reach the identified focal points even by phone to verify information due to their heavy workloads. Despite these difficulties, it is acknowledged that those CBOs provide valuable services and serve as a primary point of contact with vulnerable persons whose MHPSS and Protection needs should be addressed. Therefore, the team agreed that including those CBOs in this year's mapping was essential.

Findings

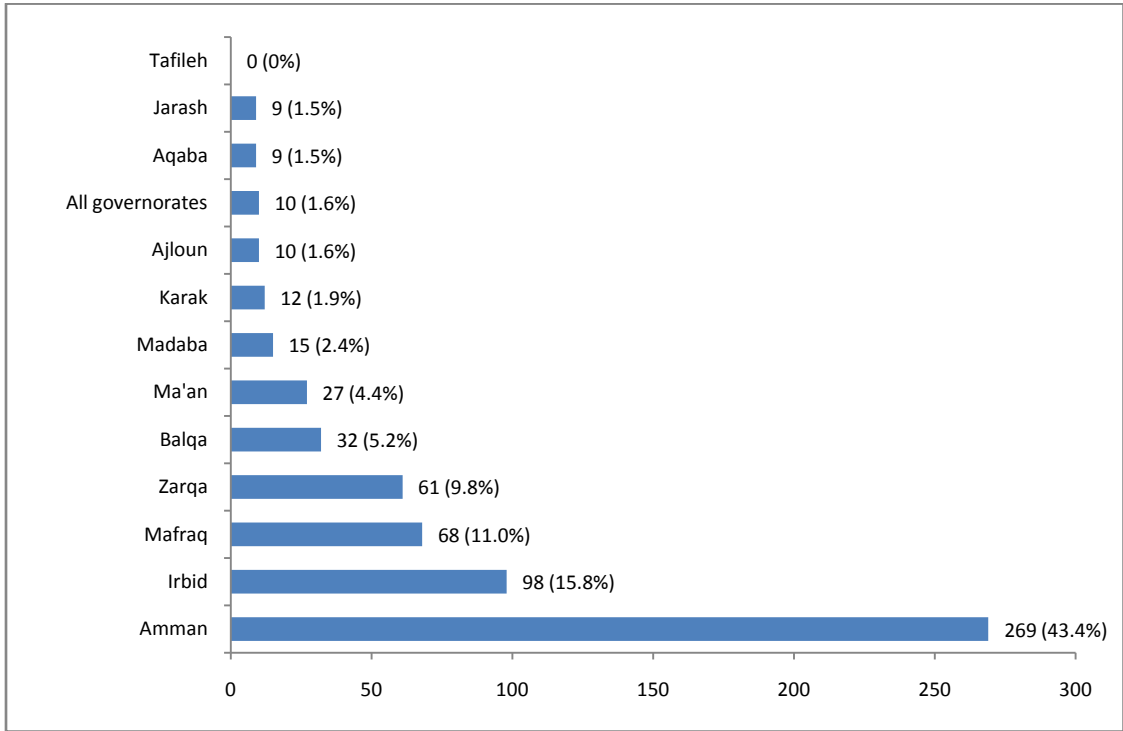
Where

The distribution of MHPSS and Protection activities per governorate in Jordan as shown in Figure 1 on the following page reflects the concentration in terms of frequencies of all reported activities¹. Consistent with previous mappings, the highest concentration of activities is located in Amman, followed by Irbid, Mafraq and Zarqa, while no activities were reported this year or previous years in Tafleeh. Compared to the 2010/2011 mapping, Mafraq has shown an increase in the concentration of activities, and Ma'an, which had no reported activities in the previous mappings, accounted for 5% of

¹ The exercise defined one activity as the provision of cohesive services in a specific location. This definition is assumed through the publication.

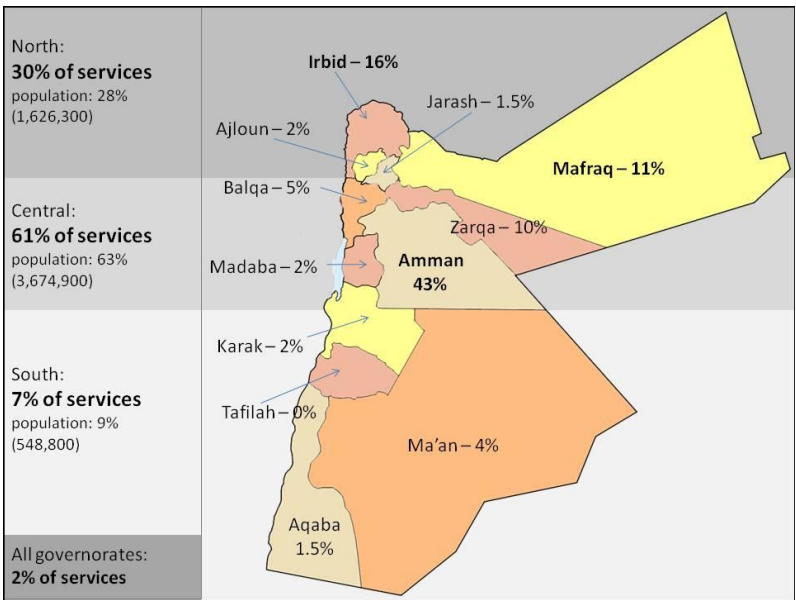
the total activities this year. Mafraq and Ma'an have received a large number of displaced Syrians since March 2011.²

Figure1. Geographic distribution of activities per Governorates (frequencies)



The map in Figure 2 shows the concentration of activities reflected in percentages per governorate and per region as well as the corresponding population size in each region. The geographic divisions referred to in the map include the North (Mafraq, Ajloun, Irbid and Jarash), Central (Amman, Zarqa, Madaba and Balqa), and the South (Karak, Tafilah, Ma'an and Aqaba). A correlation can be seen between the population size and the concentration of activities per region.

Figure 2. Concentration of activities per governorate and region



²UNHCR's statistics at the time of publication show that 2720 Syrians reside in Mafraq and 570 in Ma'an. (UNHCR Jordan: Monthly Registration Trends-Cumulative. Mar 2011 – 03 May 2012.)

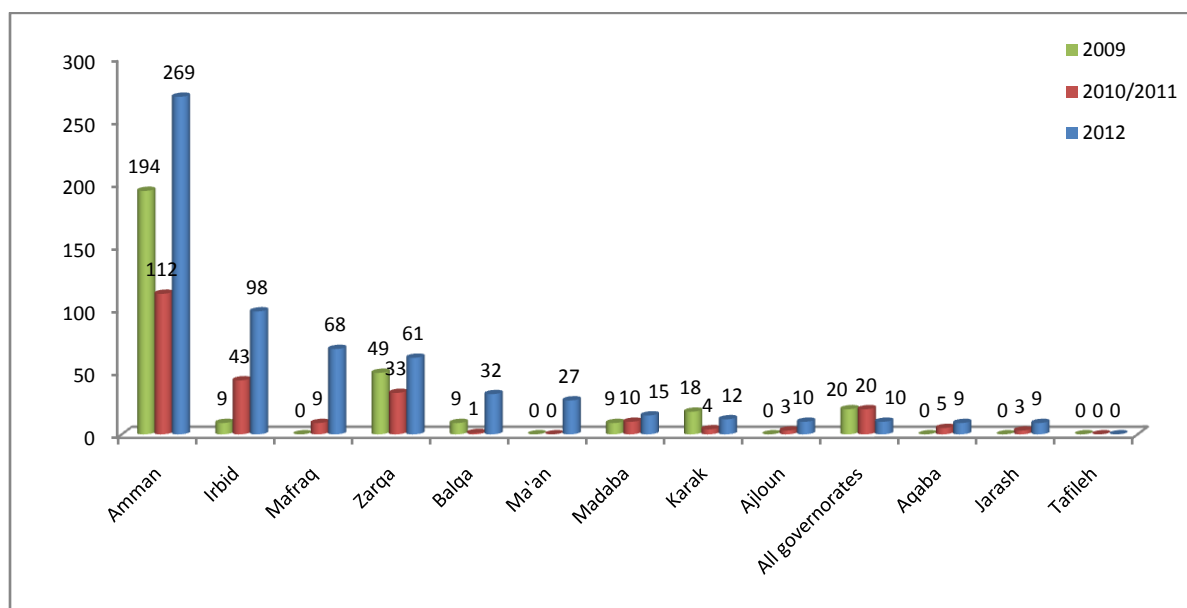
Table 1 shows concentration of activities per governorate, the size of general population in each governorate and activity concentration per 100,000 of the general population. The percentages and numbers of displaced Syrians are also listed per governorate.

Table 1. Activities per governorate and population

Governorate	Concentration of activities (frequencies)	General population	Per 100,000 (frequencies)	Displaced Syrians (%)	Displaced Syrians (#) ³
Amman	269	2,265,200	12	28.30%	4,033
Irbid	98	1,041,300	9	39%	5,558
Ma'raq	68	275,000	23	19.10%	2,722
Zarqa	61	871,600	6	6%	855
Balqa	32	391,900	8	1.30%	185
Ma'an	27	111,200	24	4%	570
Madaba	15	146,300	10	0.30%	42
Karak	12	228,200	5	0.80%	57
Ajloun	10	134,500	7	0.40%	57
All governorates⁴	10	5,850,100	0.17	-	-
Aqaba	9	127,500	7	0	-
Jarash	9	175,500	5	0.50%	71
Tafileh	0	81,900	0	0	-

Figure 3 below shows a comparison of the concentration of activities per governorate as reflected in the last three (3) mappings.

Figure 3. Activities per governorate from the 2009, 2010/2011, and 2012 mappings

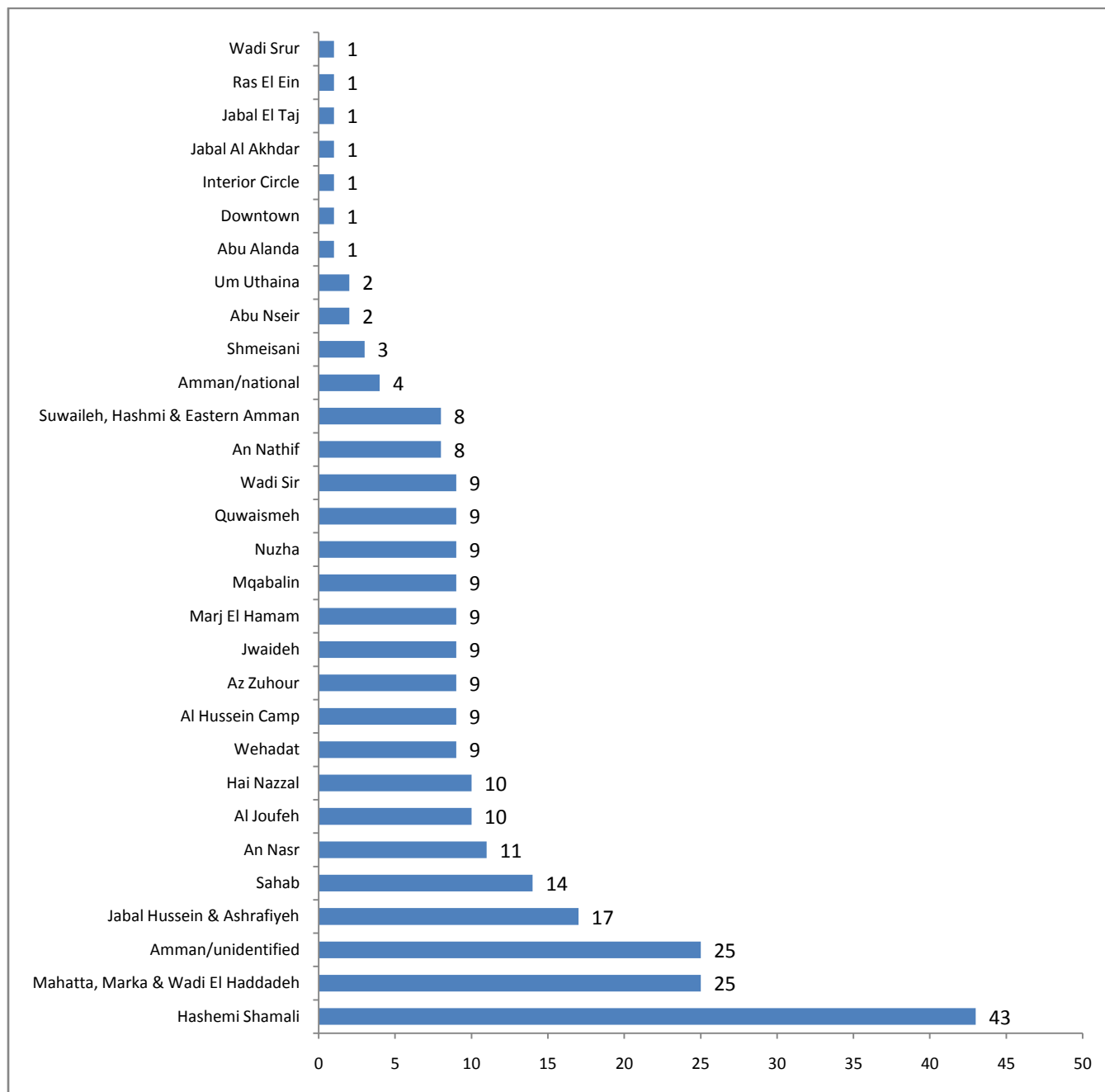


³ UNHCR Jordan: Monthly Registration Trends-Cumulative. Mar 2011 – 03 May 2012.

⁴ Activities in "All Governorates" relate to general activities such as trainings covering representatives from different parts of the country, assessments, or activities that were not assigned a specific location.

For those activities that were reported in Amman, respondents were also asked to specify the neighborhood(s) in Amman in which the activities take place. The breakdown of activities per neighborhood in Amman is shown in Figure 4. Activities were reported in thirty (30) of Amman's neighborhoods compared to only fourteen (14) last year. It is assumed that this increase is due, at least in part, to the increased number of 4Ws participants, particularly the increased number of national actors. As with previous mappings, the highest concentration of activities remains in the Hashemi Shamali neighborhood.

Figure 4. Activity frequencies per neighborhood in Amman



What and Who

Figure 5 illustrates the concentration of services reported according to the four (4) major categories used for the mapping. Table 2 below lists which organizations reported activities in each category.

Figure 5. Concentration of activities per focus of activity

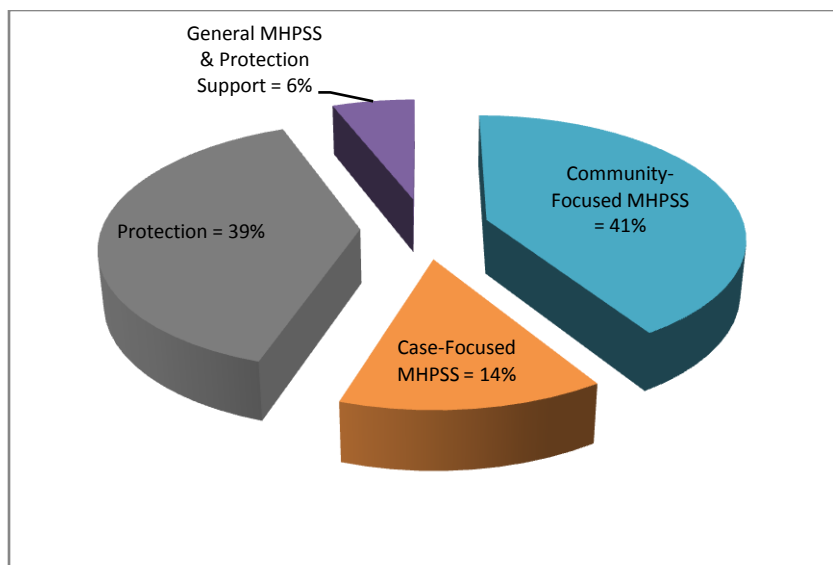


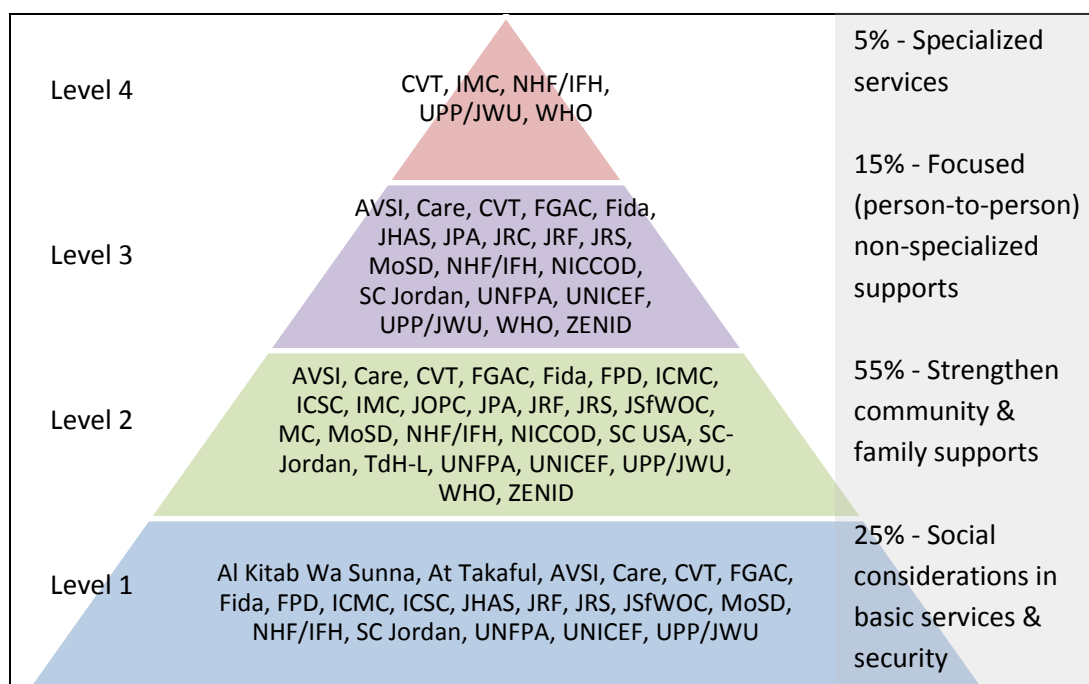
Table 2. Organizations according to focus of activity

	Community-Focused MHPSS	Case-Focused MHPSS	Protection	General MHPSS & Protection Support
Al Kitab Wa Sunna			✓	
At Takaful			✓	
AVSI Foundation	✓		✓	✓
Care	✓		✓	✓
Center for Victims of Torture (CVT)	✓	✓	✓	✓
Family Guidance and Awareness Center (FGAC)	✓	✓	✓	✓
Family Protection Department (FPD)	✓		✓	
Fida International	✓	✓	✓	✓
International Catholic Migration Commission (ICMC)			✓	
International Medical Corps (IMC)	✓	✓		
Islamic Charity Society Center (ICSC)	✓		✓	
Jesuit Refugee Services (JRS)	✓	✓		
Jordan Health Aid Society (JHAS) Mafrq		✓	✓	✓
Jordan Health Aid Society (JHAS) Ramtha		✓	✓	✓
Jordan Red Crescent (JRC)		✓		
Jordan River Foundation (JRF)	✓		✓	
Jordanian Organization for Palliative Care (JOPC)	✓			
Jordanian Psychological Association (JPA)	✓			✓
Jordanian Society for Widow and Orphan Care (JSWOC)	✓		✓	
Mercy Corps (MC)	✓		✓	

Ministry of Social Development (MoSD)*		✓	✓	
Nippon International Cooperation For Community Development (NICCOD)	✓	✓		
Noor Al Hussein Foundation, Institute for Family Health (NHF/IFH)	✓	✓	✓	
Queen Zain Al Sharaf Institute for Human Development (ZENID)	✓	✓	✓	
Save the Children (SC) USA	✓			
Save the Children (SC) Jordan	✓		✓	✓
Terre des Hommes - Lausanne (TdH-L)	✓		✓	
Un Ponte Per/Jordanian Women's Union (UPP/JWU)	✓	✓	✓	✓
United Nations Children's Fund (UNICEF)	✓	✓	✓	
United Nations Population Fund (UNFPA)	✓	✓	✓	✓
World Health Organization (WHO)	✓	✓	✓	✓
*Including: Al Hussein Social Inst. Amman, Child Care Ctr Hashemi Shamali, Child Care Ctr Shafa Badran Amman, Dar Al Hanan Girls Care Ctr Irbid, Dar Al Wifaq Amman, Girls Care Ctr Rusaifeh, Girls Edu & Rehab Ctr Amman, Juvenile Edu & Rehab Ctr Ma'an, Juvenile Edu & Rehab Ctr Amman, Juvenile Edu & Rehab Ctr Irbid, Juvenile Edu & Rehab Ctr Rusaifeh				

The activity codes used for this year's mapping were plotted on the IASC MHPSS intervention pyramid. Figure 6 shows which agencies reported activities at each of the four levels of the pyramid.

Figure 6. Concentration of activities and organizations per level on the IASC MHPSS intervention pyramid



The majority of activities reported (55%) fell into Level 2, “strengthening community and family supports.” Level 1 activities showed an increase of 20 percentage points (5% to 25%) from the previous mapping, while Level 4 activities decreased by 7 percentage points (12% to 5%). This shift in focus reflects the change in service needs as related to the emerging basic needs of Syrians displaced in Jordan.

Figure 7 and Table 3 below reflect the concentration of activities per level of intervention in the three (3) mappings: 2009, 2010/2011, and 2012.

Figure 7. Concentration per level on IASC MHPSS intervention pyramid (2009 - 2012)

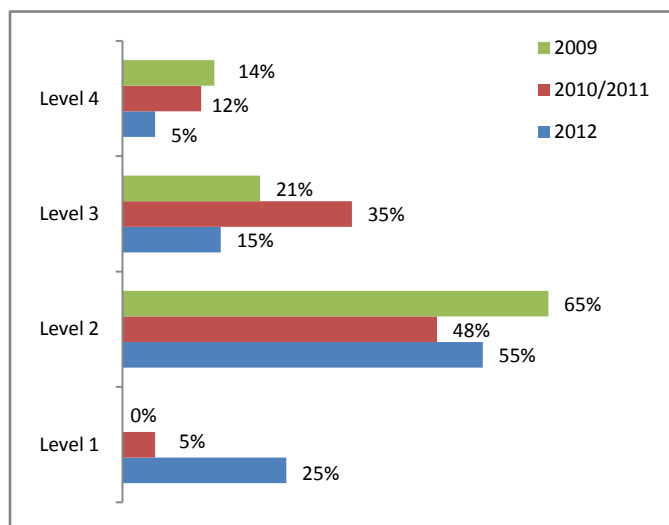


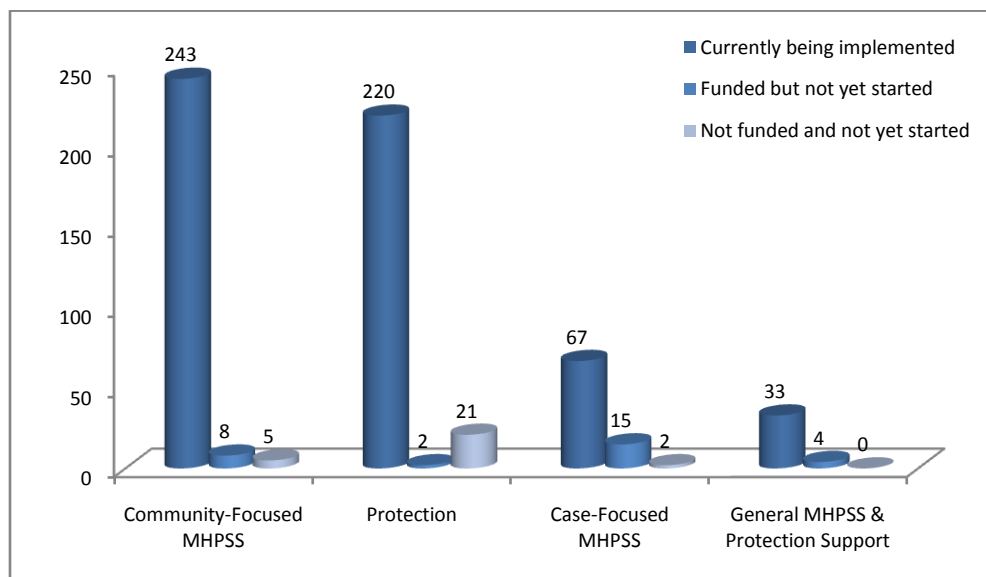
Table 3. Concentration per level on IASC MHPSS intervention pyramid (2009 - 2012)

Pyramid Level	2009 mapping	2010/2011 mapping	2012 mapping
Level 4	14%	12%	5%
Level 3	21%	35%	15%
Level 2	65%	48%	55%
Level 1	0%	5%	25%

When

Figure 8 shows the breakdown of activities per type as related to the status of their implementation (i.e., currently being implemented, funded but not yet started, or not funded and not yet started).

Figure 8. Activities per type and status of implementation



Interview findings

As mentioned in the “4Ws Mapping Process” section, in-person and phone interviews were conducted with ten (10) organizations. In addition to providing their 4Ws information, many of these agencies also provided their perspective on current MHPSS and Protection service provision as summarized below.

Coverage and limitations

Through the course of conversation, the mapping team asked three (3) CBOs in the north to provide their perspective on the types of services being provided to the displaced Syrian population and the integration of these services with other services provided to vulnerable Jordanians. The CBOs interviewed were: At Takaful Society, Al Kitab Wa Sunna, and the Islamic Charity Society Center (ICSC).

The three (3) CBOs reported that they provided relief supports to Syrians, including cash assistance, food and non-food items, rental assistance, as well as guidance on UNHCR registration and general health services. In an effort to ensure that services are not duplicated, these CBOs coordinated to create a shared card which is issued for each beneficiary (individual or family). When services are delivered to the individual or family, the CBO records the type of service delivered, the date of delivery, and the agency providing the service. The beneficiary must present this card each time assistance is delivered. The CBOs also reported sharing cash assistance lists among their agencies. Despite these measures, CBO representatives reported feeling overwhelmed by their workload and concerned about their ability to continue service provision in light of the uncertainty of the expected size of the Syrian influx. They specifically expressed concern over the continued need for rental assistance and uncertainty regarding whether or not they will continue receiving donations to cover this need. The CBOs also highlighted the need for specialized services for persons with disabilities, a concern that was expressed by other organizations as well.

The CBOs reported that their work with the Syrians has created some sensitivity on the part of vulnerable groups in the host community. Agencies may or may not be able to provide assistance to non-Syrians based on the availability of funds or other resources and whether or not donations were allocated for a specific population, such as has been the case with rental support.

At the time of this mapping, the majority of services available to Syrians are focused on basic protection, as most organizations were either planning or just starting other services, including specialized MHPSS services. Drawing on lessons learnt from the response for Iraqi refugees in Jordan, it is expected that the greatest need for the displaced Syrian population will be at the community level (for family-supportive child-friendly spaces, activation of social networks, or communal traditional supports). According to the interviewed CBOs, Syrians in Jordan, similar to Iraqi refugees in Jordan, tend to receive considerable support from within their families, which typically decreases the need for specialized outside supports. However, this observation remains to be confirmed as the situation and response evolve.

Sustainability

National organizations, specifically the NGOs, cited funding as a significant challenge for the sustainability of MHPSS services.

Training and building human capacities were also highlighted as essential for sustainability. Some organizations depend mainly on volunteers who require regular and ongoing training, particularly when new programmes are introduced. Given that their core capacities in MHPSS and Protection are limited, these NGOs will be dependent on external support for training and technical supervision in order to sustain the delivery of quality services.

Participating CBOs reported similar concerns. According to their self-reported data, they have limited or no experience in MHPSS or Protection service provision beyond basic supports, such as cash or in-kind assistance. At this stage of their operation, these CBOs report that they are not equipped in terms of human resources to provide specialized services, though they are being approached by other organizations to initiate psychosocial, protection and education services, and outreach to displaced Syrians already registered with and receiving assistance from them.

Training, Supervision, Monitoring and Evaluation

As mentioned above and consistent with the findings of the 2010/2011 mapping, there is an ongoing need for practical capacity building sessions. Training needs identified by participants relate to service provision, mainly psychosocial/recreational groups and group counseling. In some organizations, staff or volunteers are trained to provide such services at the outset of the programme, but specialized supervision is not provided throughout implementation. Most organizations reported that they conduct some sort of supervision and monitoring, but they continue to require specialized support in order to strengthen and standardize this aspect of their work.

Referral and Linkages

For those agencies that are active in the MHPSS Coordination Working Group, there is general satisfaction regarding and a commitment to participate in the inter-agency referral system being developed by the group. Most organizations, as reported in interviews and seen in the data collected, participate in some kind of referral mechanism and are willing to be part of a systematic referral system for MHPSS services. However, some national organizations that have not been active in the coordination group expressed the need to be involved in a referral mechanism and network.

Coordination

As was observed in previous mapping, some organizations were neither aware of the IASC Guidelines nor were they members of the MHPSS Coordination Working Group. This year's mapping, in particular the in-person and phone interviews with CBOs and NGOs, confirmed the same observation. Though attendance at the Coordination Working Groups has increased since the start of the year, many agencies providing MHPSS and Protection services in Jordan still do not attend these meetings.

Discussion

The data suggests that there has been an increase of services, particularly at Level 2 of the IASC MHPSS intervention pyramid (i.e., community and family supports), since the last mapping. Analysis of the data indicates that this increase is due in large part to the arrival of the displaced Syrian population, similar to the 4Ws findings in 2009 as related to Iraqi refugees. If the number of displaced Syrians is reduced by the next mapping, it is expected that there would be a drop in the number of Level 2 services, as was seen in 2010/2011 with the stabilization of the Iraqi refugee population in Jordan.

While some participants were surprised to see relatively few activities in Level 1 of the IASC MHPSS intervention pyramid, anecdotal evidence gathered through the in-person and phone interviews indicates that the Government of Jordan (GoJ) and local communities are often able to respond to these basic service and security needs. For displaced Syrians, this has generally been the case as they have sought assistance through government-sponsored residencies, local Jordanian families who sponsor them, or local religious centres. Given the historically close ties between Jordan and Syria, this seems natural. There may be a shift in service needs in coming months, though, if the rate of Syrians entering Jordan remains high, straining the local and national support systems.

Though UNHCR's regular reports (Sit Reps) indicate that there are few if any displaced Syrians in Tafileh, on reviewing the final data, 4Ws participants raised concerns over the fact that no services were reported in that governorate. Additionally, participants reported concern in the in-person and phone interviews over the effects that the influx of Syrians will have on vulnerable Jordanians. Further investigation is needed on the population in Tafileh and the effects that the influx of Syrians is having on vulnerable Jordanians to determine whether or not there are true gaps in services.

Qualitatively, the finding that many local and national agencies are neither aware of nor participants in the MHPSS Coordination Working Group is concerning. The IASC *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* encourage participation in coordination groups as a means of improving service-provision. When agencies do not participate in coordination groups, the sector becomes increasingly at risk of service duplication, service gaps, a decreased potential for coordinating field activities, and missed opportunities to share lessons learnt or best practices with colleagues in their same field.

Finally, despite the criticisms of the 4Ws tool, the final data sheet is relatively easy to manipulate for analysis. Information can be extracted using the filter and sort commands and used to create easily accessible products such as service directories. One can, for example, select one location and relate it to types of activity available there, the organizations providing these types of activities and target populations that can benefit from those activities. UNFPA and IMC have already used the data in this way to create brief service guides to be used by local communities with high concentrations of Syrians. Other examples of how the data can be disaggregated are available in Annex 3.

Recommendations

Coordination

It is recommended to increase involvement of all stakeholders in the MHPSS Coordination Working Group activities, specifically national organizations. This would increase awareness of the importance for agencies to coordinate their activities, and encourage active participation in the different aspects of the MHPSS sector.

In line with the above recommendation, it would be useful to arrange a series of orientations for representatives of organizations involved in MHPSS to raise awareness on such topics as the IASC Guidelines as well as the role of the MHPSS Coordination Working Group and the responsibilities of membership.

The support of donor agencies can be drawn on to encourage implementing agencies to take part in coordination activities and to encourage organizations to use the mapping to identify similar services that other actors are providing. Such agencies should coordinate directly with one another and arrange site visits when possible to ensure that different categories of beneficiaries receive their needed services.

Capacity building

Agencies that participated in this year's mapping should coordinate regarding capacity building for CBOs to enable them to identify cases requiring specialized support and referral and to assist them in providing basic MHPSS and protection support for displaced populations.

Participating agencies should also develop a mechanism to support organizations through supervision to improve the quality of service delivery. Many international NGOs plan to partner with the same small group of CBOs or national agencies in the upcoming months. These international NGOs should share their supervision plans with one another to ensure that they are delivering a consistent message and producing positive outcomes. This function should be coordinated through the MHPSS Coordination Working Group or a sub-committee thereof.

4Ws tool and future mappings

It is recommended that a web-based survey tool be devised and piloted for conducting the next 4Ws mapping in Jordan. It is expected that a web-based tool would overcome many of the difficulties faced with the current Excel sheet, which were evident when additional components were added to the tool in line with recommendations of previous mappings. If designed properly, a web-based survey would be easy to fill out, analyze and update. It is also expected that this format would make the information more accessible to stakeholders and increase their sense of ownership of the information and the larger mapping process. Furthermore, the process of developing the web-based tool should be used as an opportunity to revisit the various elements of the tool and identify areas for improvement or areas that need more research.

Annex 1: List of agencies that contributed to the mapping

Name of Organization	Address of Organization	Focal Point Name	Focal Point Phone Number	Focal Point Email Address
Antares Foundation	Gardens St. building 80, office 202., Amman- Jordan	Reem Rawdha	0799309402	Reem.rawadha@antaresfoundation.org
At Takaful (Solidarity Association Charity)	Down Town / Ramtha / Jordan	Ali Al-Basheer	0788652463 / 0796907127	info@altkaful.net
AVSI Foundation	Amman Marj El Hamam Street - Um El Somag Al Saliheen area No. 2	Fadi Hrimat	0777433200	amman@avsi.org
CARE International/Jordan	Jabal Al Nuzha, behind Estiklal mall, building NO. 19 Amman 11195 / P.O. Box: 950793	Yousef Al-Mansour / Saba Jadallah	0779967772 / 0779967771	yousef.mansour@jo.care.org / Saba.Jadallah@jo.care.org
Family Guidance and Awareness Center (FGAC)	P.O.Box 12322 Zarqa 13112 Jordan	Dr. Maha Darwish	962 5 3865144 / 962 5 3866910 / 0795606724	mahasalem@yahoo.com
Family Protection Department (FPD)	7th Circle Area-Amman behind Ministry of Labor	Major Sadeq Al Omari	079501050	sadeq_omari@yahoo.com
Fida International	P.O.Box 1581, Amman 11821	Katja Koykka	0795965463	katja.koykka@fidadevelopment.fi
International Catholic Migration Commission (ICMC)	3rd Circle, Prince Mohammad Street. Al Baraka Complex # 252. PO Box 3304 Amman, 11181 Jordan	Annika Hampson	-	hampson@icmc.net
International Medical Corps (IMC)	Amman- Swaifieh Ali Nasouh St.	Seamus Jeffreson	0796845637	sjeffreson@internationalmedicalcorps.org
Islamic Charity Society Center (ICSC)	Abdali - Amman	Fawaz Mazra'awi	0795054944	fawaz1960@hotmail.com
Jesuit Refugee Service (JRS)	P.O.Box: 212074 Amman 11121 Jordan / Jabal Al-Hussein, 43 Al Razi Street	Colin Gilbert	0962 6 4614190	jordan.director@jrs.net
Jordan Health Aid Society (JHAS)/ Ramtha	Ramtha - Irbid - Jordan	Mus'ab Nawafleh	0779066110	RAMTHA@jordanhealthaid.org
Jordan Health Aid Society (JHAS)/Mafrq	Mafrq - Jordan	Ahmad Masarwah	0775007012	MAFRAQ@jordanhealthaid.org
Jordan Red Crescent (JRC)	Salti Al Ibrahim St. Bld.# 9 Amman- Jordan	Razan Obeid	079 5577117 / 0799388312 / 064908588	razan_obeid@hotmail.com
Jordan River Foundation (JRF)	P.O. Box 2943, Amman 11181 Jordan, Abdoun, Mawloud Mukhles St. bldg#(1)	Samia Bishara	64914999	s.bishara@jrf.org.jo
Jordanian Women's Union	Jabal Al Hussein - Qasim Rimawi St. - Amman	Alia Yousef Abdel Qader Heelan	0798202253	aliaapril@yahoo.com

Jordanian Organization for Palliative Care (JOPCS)	Al Madina AL Munawara St. Al Andalus Complex, office # 108 Amman-Jordan	Safa' Mahmoud Al-Thaher	0795677001	info@jopcs.com
Jordanian Psychological Association (JPA)	Dahiyat Ar Rasheed - Amman	Dr. Samir Abu Moghli	0795132771	menamog@hotmail.com
Jordanian Society for Widow and Orphan Care (JSWOC)	Mafraq Opposite Engineers Union	Foza Musa Malatis	0796685924	-
Mercy Corps (MC)	Um Uthaina, Amra Street, Building Number 23	Maisa Asmar	65548571 / 0776267884	masmar@jo.mercycorps.org
Ministry of Education (MoE)	Abdali - Amman	Eman Al Ajam / Amal Abu Shehab	0795564256 / 0779562100	eman_ajam@yahoo.co.uk
Ministry of Health (MoH)	Amman - Jordan	Dr. Basheer Al Qaseer	0799050216	b.alqaseer@hotmail.com
MoSD: Al Hussein Social Institute/Amman	Ashrafiyeh / Amman	Mira Abu Ghazaleh	06 4771841	-
MoSD: Child Care Center/ Hashemi Shamali	Hahshemi Ash Shamali / Amman	Imad As Suhaibeh	0775400964	-
MoSD: Child Care Center/Shafa Badran/Amman	Shafa Badran, opposite Health Care Center	Ashraf Khatatbeh	0775400977	-
MoSD: Dar Al Hanan Girls Care Center/Irbid	Irbid	Fawziyeh As Sabe'	27404359	-
MoSD: Dar Al Wifaq	Marka / Urban Development	Zain Al Abbadi	0775400991	-
MoSD: Girls Care Center/Rusaifeh	Rusaifeh, near Rusaifeh Police Station	Firyal Al Mrayat	0775400972	-
MoSD: Girls Education and Rehabilitation Center/Amman	Amman / Um Uthaina, opposite Ministry of Transport	Raghda Al Azzeh	0775400965	-
MoSD: Juvenile Education and Rehabilitation Center/Amman	Tareq area, near General Army Command	Mohammad Abu Diyeh	0775400978	-
MoSD: Juvenile Education and Rehabilitation Center/Irbid	Irbid / Hai At Twal	Khalid Abu Zaitoun	0775400973	-
MoSD: Juvenile Education and Rehabilitation Center/Ma'an	As Sateh / Ma'an	Rakad Hilalat	0775400989	-
MoSD: Juvenile Education Center/Rusaifeh	Rusaifeh / near Rusaifeh Police Department	Firas Abu Loha	0775400970	-
Nippon International Cooperation For Community Development (NICCOD)	Shmesani, Mahdi ben Baraka Street, Plot No. 1903	Masumi Matsunaga	0796657673	matsunaga@kyoto-nicco.org
Noor Al Hussein Foundation, Institute for Family Health (NHF/IFH)	Sweileh, near the Educational Development School	Dr. Manal Tahtamouni Monda Qunash / Rawan Dababneh	0796818977 / 0796978176	Dr.tahtamouni@ifh-jo.org / r.dababneh@ifh-jo.org
Queen Zain Al Sharaf Institute for Human Development (ZENID)	Hashemi Shamali - Amman	Sajida Attari	0796589713	sajeda.a@zenid.org.jo
Questscope	PO Box 910729 Amman Jordan	Curt Rhodes	0777200349	curt.rhodes@questscope.org
Save the Children (SC) Jordan	Jabal Al Nuzha	Manal Wazani	0795599927	mwazani@savethechildren.org.jo

Save the Children (SC) USA	HO, Shmeisani - Abdullah Bin Abbas St.- Building No. 42	Nadine Haddad	0776702414	nadine.haddad@savethechildren.org
Terre des hommes - Lausanne (Tdh-L)	Regional Office: Al-Illammiyat Al-Arabiyyat St., Jabal Luweibdeh	Delegate: Vincent Cauche	064655717 / 0797028174	vca@tdh.ch
The Center for Victims of Torture (CVT) Jordan	Raed Building, Al-Bat-Haa' Street, Naifa District, Hashemi Al Shamali / P.O. Box 231706 Amman - 11123 Jordan	Simone van der Kaaden - Country Director	06 505 9455 / 0795645815	svdkaaden@cvtjo.org
Un Ponte per... (UPP), Implementing partner: Jordanian Women's Union (JWU)	Jabal Al Weibdeh, Kulliat Sharia st.46 Amman, Jordan / Jabal Hussein, Qasem Al Rimawi St.28, Amman, Jordan	Marta Triggiano / Nadia Shamroukh	0797726679 / 0795645466	marta.triggiano@unponteper.it / nadia_jwu@wanadoo.jo
UNICEF Jordan Country Office	Tla'a Al Ali- Amman-Jordan, P.O.Box 1551 Amman 111821	Yasar Abdo / Amanda Melville	0799114736, 0799207758	yabduh@unicef.org / amandam1971@yahoo.com
United Nations Population Fund (UNFPA)	Queen Rania Street, UN building, Amman, P.O.BOX 941631, Amman 111194 Jordan	Muna Idris / Suzan Kasht	00962-796344411 / 00962-797315780	idris@unfpa.org / kasht@unfpa.org
World Health Organization (WHO)	Amman / Interior Circle	Dr Anita Marini / Ms Zein Ayoub	0797202532 / 0779855001	marinia@jor.emro.who.int / ayoubz@jor.emro.who.int

Annex 2: List of MHPSS and Protection activities and sub-activities

	Code	Activity/ Intervention	Sub-Activity Code	Sub-Activity Examples or Details of Activities
Community-Focused MHPSS	1	Information dissemination to the community at large	1.1	Information on the current situation, relief efforts or available services
			1.2	Messages on positive coping
			1.3	Other (describe in column G of the services info sheet)
	2	Facilitation of conditions for community mobilization, community organization, community ownership or community control over emergency relief in general	2.1	Support for emergency relief that is initiated by the community
			2.2	Support for communal spaces/meetings to discuss, problem-solve and organize community members to respond to the emergency
			2.3	Other (describe in column G of the service info sheet)
	3	Strengthening of community and family support	3.1	Support for social support activities that are initiated by the community
			3.2	Strengthening of parenting/ family supports
			3.3	Facilitation of community supports to vulnerable persons
			3.4	Structured social activities (e.g. group activities)
			3.5	Structured recreational or creative activities (do not include activities at child friendly spaces that are covered in 4.1)
			3.6	Early childhood development (ECD) activities
			3.7	Facilitation of conditions for indigenous traditional, spiritual or religious supports, including communal healing practices
			3.8	Other (describe in column G of the service info sheet)
	4	Safe spaces	4.1	Child friendly spaces
			4.2	Other (describe in column G of the service info sheet)
	5	Psychological support in education	5.1	Psychosocial support to teachers/ other personnel at schools/ learning places
			5.2	Psychosocial support to classes/ groups of children at schools/ learning places
			5.3	Other (describe in column G of the service info sheet)
	6	Supporting the inclusion of social/psychosocial considerations in protection, health services, nutrition, food aid, shelter, site planning or water and sanitation	6.1	Orientation of or advocacy with aid workers/ agencies on including social/ psychosocial considerations in programming (specify sector in column G of the MHPSS services info sheet)
			6.2	Other (describe in column G of the service info sheet)
Case-Focused MHPSS	7	Psychological intervention	7.1	Basic counseling for individuals (specify type in column G of the service info sheet)
			7.2	Basic counseling for groups or families (specify type in column G of the service info sheet)
			7.3	Interventions for alcohol/ substance use problems (specify type in column G of the service info sheet)
			7.4	Psychotherapy (specify type)
			7.5	Individual or group psychological debriefing
			7.6	Other (describe in column G of the service info sheet)
	8	Clinical management of mental disorders by non specialized health care providers (e.g. PHC, post-surgery wards)	8.1	Non-pharmacological management of mental disorder by non specialized health care providers (where possible specify type using categories 7 and 8)
			8.2	Pharmacological management of mental disorder by non specialized health care providers
			8.3	Action by community workers to identify and refer people with mental disorders and to follow up on them to ensure adherence to clinical treatment
			8.4	Other (describe in column G of the service info sheet)
	9	Clinical management of mental disorders by specialized mental health care providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/ general health facilities/ mental health facilities)	9.1	Non-pharmacological management of mental disorder by specialized mental health care providers (where possible specify type using categories 7 and 8)
			9.2	Pharmacological management of mental disorder by specialized health care
			9.3	In-patient mental health care
			9.4	Other (describe in column G of the service info sheet)

General MHPSS & Protection	10	General activities to support MHPSS & Protection	10.1	Situation analyses/ assessment (specify whether it is protection, MHPSS or both in Column G of the service info sheet)
			10.2	Training/ orientating (specify whether it is protection, MHPSS or both in column G of the service info sheet)
			10.3	Technical or clinical supervision
			10.4	Psychosocial support for staff/ volunteers
			10.5	Research
			10.6	Other (describe in column G of the service info sheet)
Protection	11	Monitoring and advocacy on protection issues	11.1	Monitoring and reporting of protection issues
			11.2	Advocacy on protection issues
	12	Assistance to vulnerable families	12.1	Registration of vulnerable families
			12.2	Financial assistance to vulnerable families
			12.3	Material assistance to vulnerable families (Non-food items)
			12.4	Transportation for vulnerable Syrians
	13	Basic protection services	13.1	Multisectoral services for victims of violence
			13.2	Case management of victims/survivors of violence by social workers or para-social workers
			13.3	Legal services
			13.4	Shelter for vulnerable families
			13.5	Provision of security services
			13.6	Referral to non-protection services (health, education, employment, ... etc)
			13.7	Detention services
	14	Community based protection	14.1	Strengthening community based protection
			14.2	Community awareness raising on protection issues
			14.3	Community development projects in host communities
			14.4	Capacity building for CBOs on response to emergency
			14.5	Capacity building on protection issues
	15	Protection services for specific vulnerable groups	15.1	Anti trafficking
			15.2	Support to disabled persons including children
			15.3	Specific services for victims of GBV (including shelters)
			15.4	Vocational training for youth
			15.5	Family tracing and reunification for separated or unaccompanied children
			15.6	Alternative care for separated children (including institutions)

Annex 3. Examples of data use

The following tables provide a snapshot of what services are being provided where, who provides them and whom they are targeting. In the case of Ramtha and Ma'an, the charts reflect the situation at the time of the mapping, showing that Syrians are the main target or beneficiary group for services provided.

Where	Hashemi Shamali			
What (activity type)	Protection	Community-Focused MHPSS	Case-Focused MHPSS	General activities to support MHPSS & Protection
What (Size/frequency)	21	16	6	2
Who (organizations)	ICSC, CVT, UNICEF/NHF, MoSD Child Care Center	ICSC, CVT, UNICEF/NHF, ZENID	CVT, JRC, UNICEF/ CVT, ZENID	CVT
To Whom (beneficiaries)	mostly Syrians, some Iraqis & Jordanians	mostly Syrians, some Iraqis & Jordanians	mostly Iraqis & Syrians, some Jordanians	general, basically Jordanians and Iraqis (training)

Where	Mahatta, Marka, Wadi El Haddadeh			
What (activity type)	Protection	Community-Focused MHPSS	Case-Focused MHPSS	General activities to support MHPSS & Protection
What (Size/frequency)	8	14	2	1
Who (organizations)	ICSC, UPP/JWU, CARE	ICSC, CARE	UPP/JWU	CARE
To Whom (beneficiaries)	Syrians, Iraqi, general population	Syrians, Iraqis, Jordanians, volunteers	General	Iraqis

Where	Irbid (includes Ramtha)			
What (activity type)	Protection	Community-Focused MHPSS	Case-Focused MHPSS	General activities to support MHPSS & Protection
What (Size/frequency)	19	12	5	3
Who (organizations)	ICSC, UPP/JWU, Takaful, Kitab Wa Sunna, SC Jor., ICMC, UNICEF, NHF, UNFPA, TdH-L	UPP/JWU, SC Jor., SC USA, UNICEF/NHF, UNFPA	UNHCR/JHAS, UNICEF/NHF, UNFPA/NHF	CVT
To Whom (beneficiaries)	mostly Syrians, some others	Syrians, Iraqis, Jordanians	Syrians, general vulnerable population	Syrians, Iraqis, Sudanese, Somalis, Jordanians

Where	Ma'an			
What (activity type)	Protection	Community-Focused MHPSS	Case-Focused MHPSS	General activities to support MHPSS & Protection
What (Size/frequency)	8	12	5	2
Who (organizations)	ICSC, SC Jor., MoSD Juvenile Center, UNFPA	ICSC, UNICEF/ZENID, SC Jor.	UNICEF/ZENID, UNFPA/NHF, MoSD Juvenile Center	SC Jor., UNFPA/NHF
To Whom (beneficiaries)	mostly Syrians, some others	Syrians	Syrians, some Jordanians	Syrians, Iraqis, Sudanese, Somalis, Jordanians/general