

REPORT SUMMARY

A context that justifies intervention under the Priority Solidarity Fund (FSP)

FSP Project No. 2001-10 was designed in a **period of escalation of the Israeli-Palestinian conflict** during the second Intifada of September 2000, which foreshadowed a major humanitarian crisis on the Palestinian side.

The Intifada has now entered its fifth year, the independent state of Palestine has not yet been created and **economic conditions continue to deteriorate**: 35% of the population of working age is currently unemployed and almost 65% of the population lives below the poverty line.

The crisis is keeping the population of the cities and camps in a near-permanent **complex psychosocial state manifested by multiple anxieties and frustrations**, as each terrorist attack or incident sparks retaliation. Children and adolescents (more than 50% of the population) are the first victims and are traumatised to varying degrees, suffering from anxiety, phobias, depression, disturbed sleep, etc.

The most vulnerable people are those living in the **59 camps in Palestine, Jordan, Syria and Lebanon**, which still shelter some 1.3 million refugees. **The situation is particularly alarming** for the 922,000 refugees in the Gaza Strip, almost half of whom live in eight camps (in the West Bank there are 179,541 refugees in 19 camps). The destruction of homes, closure of urban zones without warning, deprivation of fundamental goods, of freedom of movement, regular incursions and humiliations by the army, etc. **have a negative impact on the standard of living**, with welfare indicators at historic lows.

A project strategy clearly set out in components

In this difficult context, further to a request for support from the Commissioner-General of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) in November 2000, consideration was given to a project that might **lay the foundations for improving the social well-being of refugees living in the camps in the Palestinian Territories, Jordan and Lebanon**. The project was finalised in May 2001.

After a situation-analysis phase based on studies and field missions in 2000 and 2001, **the objectives of the FSP project were fully developed** under three major components:

- **Component 1:** in the Palestinian Territories, set up a mental health prevention network for the three departments of UNRWA (Health, Education, and Relief and Social Services).
- **Component 2:** in Jordan, support a remedial programme in nine UNRWA schools.

- **Component 3:** in Lebanon, implement self-help projects to improve living conditions in the camps, particularly through the construction of a health centre.

Of a total budget of 2.2 millions euro (15 million French francs), 1.5 M€ (10 MF) were initially allocated to mental health in the Palestinian Territories (Component 1), with the remaining 0.8 M€ (5 MF) divided between Components 2 and 3.

Objectives that are not always shared, but well defined

The focus of the first component in the Palestinian Territories is primary prevention in mental health. **France is taking the initiative of intervening in this area where practically "everything has to be built from scratch"**, since there are no similar projects on this scale run by any other organisation.

Since anything new challenges established mechanisms and therefore **requires time for adaptation and dialogue**, it is not surprising that the initiative did not meet with a consensus at the time the project was drafted in 2001. UNRWA, which was to be the single operator of the project, had little experience of working in a partnership under a “logical frame project”.

The interviews we conducted clearly indicate that the discussions held during the preparation of the project certainly contributed to 1) **an accurate assessment of needs** and definition of relevant actions and 2) **a sharing of views**, to ensure the consistency of the action and foster discussion that could in time lead to the design of an effective mental health policy.

Objectives and activities, as well as indicators of success to measure expected direct outcomes were precisely defined. Unfortunately, the expected outcomes were not "quantified" at the beginning of the project. For example, when it was launched, the project for the Palestinian Territories was broken down as follows:

- Training of stakeholders (health, education, social services)
- Recruitment of advisors in psychology
- Fast-track training for educational staff
- Implementation of tools for monitoring mental illness
- Implementation of a network of professionals
- Implementation of prevention tools for each media.

Under the mental health component, the logical construction of the project **made the recruitment of advisors the main priority**. Most of the funds allocated to Component 1 were reserved for wages, fixed costs and supervision. At the start of the project, 15 advisors and 15 facilitators were recruited in the West Bank (supervised by 3 coordinators, 1 project consultant and 1 project director). Since there are more refugees in Gaza, more resources were allocated to that territory (67 advisors supervised by 3 regional coordinators, 1 project director and 1 international consultant).

Since prevention was the core element of the action, **the strategy focuses rightly on communication, training and generalised prevention** for populations at risk (particularly women and children).

Highly relevant strategic choices

This **strategic breakdown of objectives is considered relevant and realistic**, since it reflects the awareness-raising role that this type of project must play. However, for a lack of resources, it was not possible to fulfil some objectives, particularly monitoring (for reasons beyond UNRWA's control, the media action was not implemented and the resources were reallocated to another item).

A key sign of its relevance, the project **is fully in keeping with the intervention framework of the Priority Solidarity Zone (ZSP)**. Giving France strong visibility in a sector that requires major mobilisation, the FSP Project demonstrates its relevance:

1. By **specialising in prevention and awareness-raising** in the field of mental health in a society that tends to stigmatise and exclude people suffering from mental illness.
2. By **using a "logframe project" approach** through a partnership with UNRWA to lay the foundations for efficient intervention.
3. By **seeking a "mobilising" effect**, not only in relation to UNRWA, but also within the refugee community.
4. By **targeting a population** (refugee camps), which has become highly vulnerable during the second Intifada.
5. By **providing for accountability**, particularly through monitoring and evaluation organised by UNRWA.

Thus, by intervening in a sector long "abandoned" by donors, France is carving out a role of leadership in the field of mental health.

Under Component 2, the educational project has also made a relevant and original strategic choice. **This remedial education support, which is both specific and well integrated into the core syllabus**, was carefully designed. The relevance of this experimental, pilot action will be borne out over time. It must be able to demonstrate its effectiveness if it is to be extended to other schools and included in the general budget.

Component 3 responds to real needs but in an altogether different way. **The construction of a new health centre was not excessive** because the project mostly uses existing resources. Moreover, extensive use of the facility demonstrates the relevance of the action in retrospect, even if in the specific context of the camps, the need to better plan the care offered will become more acute.

Lastly, health-related projects that are more modest in size and budget can improve the living standard of refugees, since health problems are perceived as among the most urgent. The principle of self-help seems good for getting small, useful jobs done for the most needy, with appropriate participation. However, there is also the problem of **spreading resources too thinly over small projects** under the FSP Project.

Lack of consistency of the project as a whole and occasionally within each component

However, going back to the design of the project and its central strategy, **it is hard to find evidence of any discussion of the feasibility of coordinating the components.**

Thus, after the project was adopted and funds transferred, each local UNRWA administration (Lebanon, Jordan and the Palestinian Territories) retaining its jurisdiction, prerogatives and habits, decided to manage its component separately. This multiplied organisational channels and any steering committees. **The small amount of room left for the function of "overall coordination" of the project reflects its "limited" capacity** to provide a cross-cutting view of the actions and their reach.

The fact that the programme does not have an **overall** monitoring or technical committee exacerbates the compartmentalisation of programming between Gaza and the West Bank. Each territory has its own organisation and monitoring committee, which have not met very regularly over the past few months.

This compartmentalisation also reduces opportunities for partnerships, except at local level. This separation of the modalities implemented also **hampers feedback**. It is not uncommon for coordinators of one territory to have no visibility on the actions run on another, which prevents them from knowing about "best practices" that could be generated across the programme, e.g. home visits in Gaza.

It is easy to reach the **conclusion that consistency, particularly internal, is relatively low** in FSP Project No. 2001-10. It is, of course, not easy to coordinate these three components, given the spatial context (Lebanon, Jordan, Palestinian Territories) and sectors of intervention (self-help, remedial education programmes and mental health) that do not lend themselves to coordination. This lack of consistency also makes joint evaluation particularly difficult.

Delays that hamper coordination

The project as a whole has been affected by delays in the payment of France's contribution to UNRWA. Even though UNRWA has been able to provide funds, this delay has had an impact on the performance of actions, which have all been subject to some kind of restriction.

Component 2 in Jordan was easier to implement because it mostly involved teachers who had already been identified. The implementation of Component 3 was contingent on the sometimes difficult conditions for construction in the camps (official permission, access, etc.). For Component 1, more surprisingly, there was a certain delay between the West Bank and Gaza:

- **In the West Bank**, UNRWA initiated the first phase at the beginning of 2001 using its own funds, outside the FSP Project. Overall steering for the programme was handed to an NGO, Juzoor, which itself "subcontracted" work to a series of local NGOs. The legitimacy of the project soon became problematic as structural shortfalls became apparent from the outset: vague borders, which did not help reception of the programme by beneficiaries; duplication and overlapping of tasks by several partners (UNRWA, NGOs, etc.); and doubt cast on the legitimacy of some NGOs. The project was

suspended. It was redefined and **relaunched in March 2003** using FSP funds with UNRWA as the single operator.

- **In Gaza**, the project **started in May 2002**, after a period of framing and definition of organisational practicalities. Note that Gaza does not have the same resources as the West Bank for creating partnerships, particularly in terms of supervising and training advisors.

We **regret that these timing problems were not anticipated** to allow for harmonised programming and coordination of the whole mental health component.

Difficulty applying the initial concepts

As several people surveyed have commented, the role of the advisor-facilitator in the project needs to be clarified; it should by nature be clear and stable. Although the terms of reference for the recruitment of advisors are similar in Gaza and the West Bank, **we note some differences in practice:**

- **In Gaza**, the advisor's action is group work. The main idea is to form information and discussion groups, to focus them on a precise theme and to keep them going over the long term. Home visits to the most needy are the key to forming groups. **The logical framework of the advisor's action is therefore applied fairly evenly**, so as to reach as many people as possible with well-defined resources.
- **In the West Bank**, a first difference is obvious. Staff are divided into two distinct groups: advisors and facilitators. A **distinction is thus made from the outset** and distinct terms of reference are applied to each professional category: 1) facilitators take a more "recreational" approach, mainly with groups in UNRWA community centres (drawing with children, raising children with their mothers, etc.); 2) advisors can also work in groups, but they do not organise home visits, which makes it harder to form groups, since they more often act as "therapists" in UNRWA clinics and schools.

This problem of departing from the initial concepts, particularly delicate for mental health, is also found, to a lesser extent, in the other components. For example, **it can sometimes be difficult to position the educational project between a remedial class and a place for psychological support**. The implementation will depend on the variable selection of pupils.

Similarly, in Component 3, the priority was the proper completion of work, at the expense sometimes of a social criterion. As the beneficiaries often pay for the materials and labour, the project is not always a system of "self-help" for the most needy, but becomes **a supplementary mechanism of financing for getting small jobs done**.

Quality of achievements

The mental health component of the FSP Project has produced **highly satisfactory results in the months since activity was launched**. The programme has reached more than 450,000 beneficiaries since its implementation. Relative to the number of refugees in the Palestinian Territories (approximately 415,000), this result seems very positive and to fully meet the objective of informing and raising awareness among as many people as possible.

However, owing to the constraints mentioned above, **these results vary depending on the territory**. The Gaza project is clearly more focused on group work (26,313 groups meeting over the 26 months of the project's implementation), achieving benefits through the concept of home visits (25,092 people reached through 6,339 visits). In the West Bank, the emphasis is on individual advice. The figure there is 4,357 beneficiaries (through 27,211 interventions over the 17 months of the project's implementation) reflecting the fact that advisors are engaged in a "therapeutic" approach, meeting each individual six times on average over the reference period.

We therefore think that the programme, particularly in the West Bank, **offers the possibility of increasing activity** with refugees, particularly vulnerable populations, e.g. the disabled and adult men.

In Component 2, **the quality of the educational activities is undeniable**. Some of its features (co-education, parental involvement, use of games and computers) could gain widespread acceptance. But although the teachers know the children well, it is difficult to monitor reintegrated children and prove the quantitative effects of the project. This problem is likely to become more evident when the experiment is extended.

The health centre is a quality facility, even if construction exceeded the initial budget (the amounts set aside for equipment had to be used, with the monitoring committee's approval). But UNRWA was able to mobilise other resources to equip the centre and make it fully operational. The project's visibility stems both from the quality of the infrastructure and from its essential role in the camp (it has become the main centre).

Visibility of the "sanitation" component is much lower even if the origin of the financing is still mentioned. It is difficult to evaluate more than 271 scattered projects, affecting 1,812 families and involving the construction of a total of 14 km of road and 2 km of drains. **The facilities visited are clearly useful**, even if their durability depends on much more costly infrastructure work.

Budget constraints reduce the effectiveness of action

In general, the people surveyed say that the FSP Project advisors (in partnership with UNRWA) **perform their missions "effectivenessly"**. The dynamic introduced by the project is noteworthy, but the FSP Project suffers from a **lack of financial autonomy**.

The **budgeting of the project needs to be reviewed**, as we can see from the following example. If the total budget allotted to Component 1 for the proposed reference period of 24 months (US\$ 1,414,529) is broken down on a monthly basis and divided by the number of staff initially employed (117 employees, including advisors and coordinators), it comes down to a provisional budget of around **\$ 500 per person per month**. **This appears relatively low**, especially as other crucial expenses have to be met to ensure quality performance: training and supervision of advisors, travel and intervention expenses, communication and consumables, etc.

Mainly, as many people have also said, **adequate supervision and continuous training for the advisors and coordinators** over the life of the project is paramount. This is particularly so when advisors do not have work experience or specialised masters degrees. Insufficiency at this level, as is currently the case, can only raise doubts about service quality over time.

The advisors also criticise the **precariousness of UNRWA contracts** (advisors work on a daily basis without benefits), which is the reason behind the difficulty of retaining staff, whose turnover in Gaza was 25% over the reference period (1 coordinator and 17 advisors left the project, 6 of them breaking their contracts). The contractual rules appear to be too rigid and sometimes contrary to the achievement of results over the long term.

In conclusion, **more resources are required**, to publicise the project, hold meetings with the most vulnerable people, build solid partnerships to make the missions more efficient. Current financial resources are not sufficient for large-scale communication actions (e.g. major events, newsletters, etc.).

A considerable monitoring effort, but evaluation techniques still insufficiently focused on results

Considerable monitoring and steering efforts were made in all the project's components, particularly to stick to the "project" approach, but in highly different ways.

For Component 1, we note that **the monitoring and activity indicators recorded separately for Gaza and the West Bank are maintained satisfactorily**. In terms of evaluation, the project's technical consultant has produced reports, at least on Gaza. There is less feedback on the West Bank, which does not benefit from support. UNRWA also made a fairly "formal" interim evaluation in 2003.

Component 2 on education did not benefit from specific support, although the project director did provide a lot of supervision. In a "steered" project, **there should have been more emphasis on summarising and explaining results**, in order to promote it as objectively as possible. Component 3 was also well monitored, particularly to ensure completion of the construction of the centre. However, **such centralised monitoring of small-scale healthcare projects may not be cost-effective**. It is important to avoid favouritism and regulate demand, but such a system is unlikely to last, even less to be extended.

In conclusion, **the implementation of a real project logic is not necessarily easy** for a large organisation like UNRWA. Projects are often perceived as a supplementary financing technique alongside the general budget. However, the constraints of a project can be an opportunity for UNRWA to pursue management reform, in particular by focusing more on results. For example, **more responsibility could be given to real project managers** who would have a more comprehensive view of their action (including financial aspects and relations with donors). UNRWA authorities seem very concerned about these needs and are now insisting on quality and improved use of data.

Impacts: a major mobilising effect

An impact analysis must not only consider aspects that can be treated quantitatively. However, **examination of the reception of the project is a central element**. In general, each of the components is extremely well received by the beneficiary populations.

This support is particularly obvious for Component 1. After attending many information and discussion groups, we found that the project does respond well to a need, but above all that it is well received. Many people stressed the **change in behaviour induced by the project**. Some groups of people, particularly women (men remain a difficult target to reach), meet more regularly and easily, and ask for this assistance to be strengthened.

The project has also **brought actors from the psychosocial field closer together** by giving them an opportunity to collaborate in partner awareness-raising or reference actions: home visits, forming groups of parents, heading discussion groups, raising awareness among UNRWA staff (educators, paramedics, etc.), summer camps, etc. Cases that advisors have referred to specialised NGOs are another illustration of this cooperation between UNRWA and the community. These links are nevertheless limited by the lack of resources.

Many of the actors we met agree that the FSP Project has brought real changes – albeit not to the same extent in Gaza as in the West Bank – to the **"project logic" and "network" approach** set up by UNRWA. The awareness-raising work on mental health has gathered many people into a network. Networking, often difficult to implement because of conditions in the field, nevertheless has the advantage of facilitating sharing of views.

Overall, the people we met from partner NGOs and UNRWA, not to mention beneficiaries, are **all highly favourable to continued support in the area of mental health**. The need to keep the project going into the long term is another common and recurring comment.

Conditions for gradual inclusion in the general budget and planning

For all the components of the project, the sustainability of the actions is to be examined. The project logic sometimes has counterproductive effects, particularly in Component 2.

For many years, a succession of different funds has supported specialised educational projects. **The negative impact of this precariousness** on activities is high (motivation, loss of trained staff, continuity, etc.). Projects are justified in an experimental phase, but must subsequently be included in the general budget (or discontinued). **Inclusion in UNRWA's Medium Term Plan offers the best prospect** for the project, even if supplementary financing has been obtained in the meantime.

UNRWA's general budget also covers operation of the new health centre. But expanding the care offered risks increasing spending and **it is essential to find ways to regulate costs**. Since participation by the population does not seem possible, other actions are required, based on an analysis of all the costs (including references). Even if a private formula of implementation can be found for some projects (e.g. through micro-credit), public support will be essential to make demand solvent.

The sustainability of mental health actions poses the same challenge to UNRWA's general budget and that of the Palestinian Authority. We must prove that the inclusion of mental health in the "package" of primary health care is justified and cost-effective.

Taking over a large number of projects therefore risks being a burden on the general budget of UNRWA, which seems difficult given the organisation's current financial crisis. At the same

time, **UNRWA has undertaken a vast effort of reform within the framework of a more strategic vision.** This process, which has the support of the European Union, should make it possible to better define the package of services that UNRWA must supply in accordance with more clearly identified objectives. The different components of this mobilising project have offered ways to facilitate this task.

Avenues for change and recommendations

The recommendations and avenues for change that we develop at the end of this report are as follows:

1. **Refocus the strategic objectives** of the project to avoid spatial and thematic dispersion of the action and ensure continuity of the mental health component in the Palestinian Territories.
2. **Harmonise the advisors' framework of intervention** to strengthen their work with groups and awareness-raising in preference to individual care.
3. **Provide adequate training** for advisors, in particular in running socio-cultural activities and **improve supervision** to make the best use of expertise on psychosocial issues.
4. **Concentrate the strategic steering** of the project at UNRWA to avoid compartmentalisation of the programmes in Gaza and the West Bank.
5. **Set up an instrument for monitoring diseases and social reporting** to enhance the project's visibility to donors, civil society and government authorities.
6. Ensure the continuation of the existing mental health programme, **by maintaining support for UNRWA, and others, within the framework of long-term strategic planning.**
7. **Favour national integration** in the design and implementation of support, to favour the emergence of a real mental health policy in Palestine.
8. **Maintain a regional vision** of support for mental health among Palestinian refugees by creating complementary opportunities with other organisations, French and local.

These avenues for change and recommendations were presented and discussed at the meeting held at the Cooperation and cultural action section (SCAC) of the French consulate in Jerusalem, in order to retain the most effective recommendations and **envisage their concrete implementation in the field under the next FSP Project.**