

The Hashemite Kingdom of Jordan

The Ministry of Health/The Ministry of Education

Mental Health and Psychosocial Support for Children in Jordan (Development and Implementation of Psychological First Aid)

Final Report

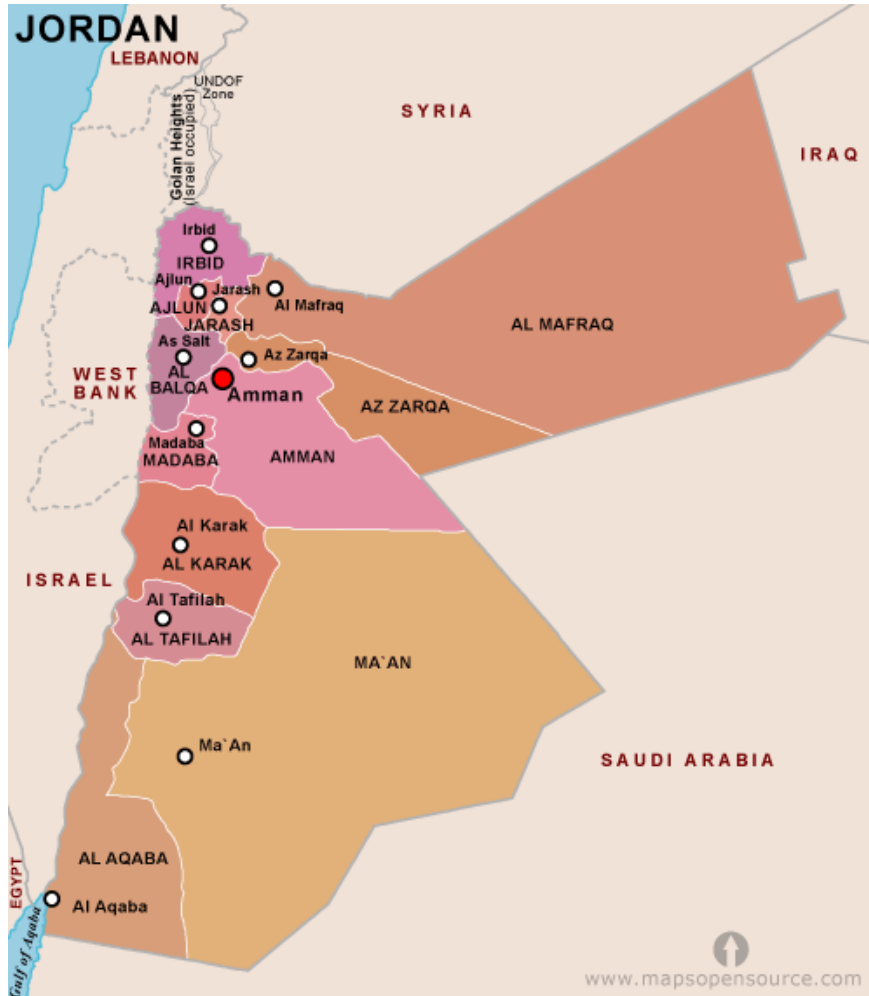
September 2021

Japan International Cooperation Agency (JICA)

Save the Children Japan

JD
JR
21-001

Map of the Hashemite Kingdom of Jordan



List of Abbreviations

MHPSS	Mental Health and Psychosocial Support
PFA	Psychological First Aid
PFA-C	Psychological First Aid for Children
ToT	Training of Trainers
UNHCR	The Office of the United Nations High Commissioner for Refugees
WHO	World Health Organization

Activity photos

Kick-off meeting, ToT sessions (December 2020 to April 2021)



Kick-off meeting with JICA Jordan Office, Ministry of Health, Ministry of Education, Save the Children Jordan and Japan (22 December 2020)



The Ministry of Health co-facilitator explaining PFA-C approach at ToT session (Left, 29 March-1 April 2021)



Facilitators from Japan and Iraq participated online in the ToT sessions (29 March -1 April 2021)



Facilitators (on screen) and ToT participants (29 March- 1 April 2021)

Rollout (1-day) training (June to August 2021)



School personnel participating in role play sessions on reactions of children in emergencies (Amman, 15 June 2021)



Rollout training for medical practitioners (Amman, 16 June 2021)



Rollout training for education practitioners (Amman, 15 June 2021)



Community-based education practitioners learning PFA-C principles and identification of children in need (Zarqa, 13 June 2021)



MoE Facilitator explaining PFA-C to school counsellors (Tafilah, 14 June 2021)



Health practitioners learning PFA-C skills and action principles (Irbid, 29 June 2021)



Education practioners learning PFA-C approach and action principles (Aqaba, 15 June 2021)



Education practioners participating in PFA-C introductory session (Tafilah, 15 June 2021)



The Ministry of Health facilitator delivering session to medical personnel (Zarqa, 16 June 2021)



Education practitioners discussing local resource mapping (Ma'an, 13 June 2021)

Final Review Meeting (August 2021)



Final review meeting with ToT participants (Amman, 1-2 August 2021)

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Chapter 1 Assignment Overview

1.1 Assignment Overview

1.1.1 Target Country

The Hashemite Kingdom of Jordan

1.1.2 Assignment Title

Mental Health and Psychosocial Support for Children in Jordan (Development and Implementation of Psychological First Aid)

1.1.3 Period

Original: 7 December 2020 to 31 May 2021

Amended: 7 December 2020 to 30 September 2021

1.2 Assignment background

In the Hashemite Kingdom of Jordan (hereinafter referred to as Jordan), the needs for Mental Health and Psychosocial Support (MHPSS) have grown rapidly due to the large-scale influx of refugees since the 2011 start of the Syrian crisis and the 2020 outbreak of the COVID-19 pandemic. Although multi-sectoral efforts are essential in this area, and the central Ministries of Jordan along with most agencies recognize the importance of mental health and psychosocial support, there has been limited cooperation and coordination of MHPSS-related activities in the country. Agencies have engaged in one-off and ad hoc activities at the community level but have not taken a systematic approach to date.

On the other hand, environmental changes in society and at household level have been marked, especially during the COVID-19 pandemic, intensifying concerns about the impacts on children. Among the 1.4 million refugees living in Jordan, more than half are children vulnerable to discrimination, bullying and violence with a high percentage of them dropping out of school without proper support.

Under these circumstances, the Ministry of Health of Jordan, in collaboration with the Ministry of Education, plans to develop and put into practice a "School Mental Health Package", based on the "School Mental Health Package" developed by WHO specifically for use in the Middle East Region. However, as data,

knowledge and experience in this sector is limited in Jordan, the Government of Japan was asked to support the initiative (dispatch of individual experts). It was approved as an individual technical cooperation project, titled "Enhancing Community Level Intervention in Mental Health and Psychosocial Support for Children and Adolescent including Refugees". At the same time, the need for Psychological First Aid for Children (PFA-C) at the community level was increasing, and rapidly escalated with the COVID-19 pandemic emergency. The Ministries of Health and of Education requested the delivery and rollout of PFA-C training as soon as possible, as part of the project mentioned above. This assignment was launched to deepen Jordan's understanding of its MHPSS needs by disseminating PFA-C training as part of the country's COVID-19 responses and using its results to inform policy-making and action plans in this sector.

1.3 Assignment Goal, Objectives and Expected Outcomes

(1) Assignment Goal

Community-based mental health and psychosocial support (MHPSS) for children, including child refugee populations in Jordan, is strengthened through development and dissemination of "Psychological First Aid for Children (PFA-C)" in close collaboration with the Ministry of Health and Ministry of Education.

(2) Assignment Objectives

The PFA-C training package is adapted to the current Jordanian situation and training sessions are delivered to government officials of the Central Ministries and Regional Directorates of Health and Education as well as teachers, counsellors and medical personnel who come into contact with children in the community. Post-training evaluation is carried out and recommendations compiled to contribute to policy measures and action plans to strengthen the MHPSS sector in Jordan.

(3) Expected Outcomes

- 1) Outcome 1: The PFA-C manual is reviewed, updated and adapted to the current COVID-19 situation in Jordan.
- 2) Officials of the Ministry of Health and the Ministry of Education are equipped with knowledge and skills of COVID-adopted PFA-C.
- 3) Community-based MHPSS stakeholders are trained on PFA-C.

- 4) Recommendations are summarized to further strengthen the capacity of the Ministry of Health and Ministry of Education for planning and implementing policies and actions on community-level MHPSS for children.

(4) Approach to Assignment Rollout

The assignment adopted a cascade approach as shown in Figure 1. Technical experts conducted a four-day training of trainers (ToT) for the Ministry of Health and Ministry of Education of Jordan. The trained facilitators then led a one-day rollout training session for community-based health and education stakeholders in each region of the country. This cascade approach to rolling out PFA-C training was used throughout Jordan within the assignment period.

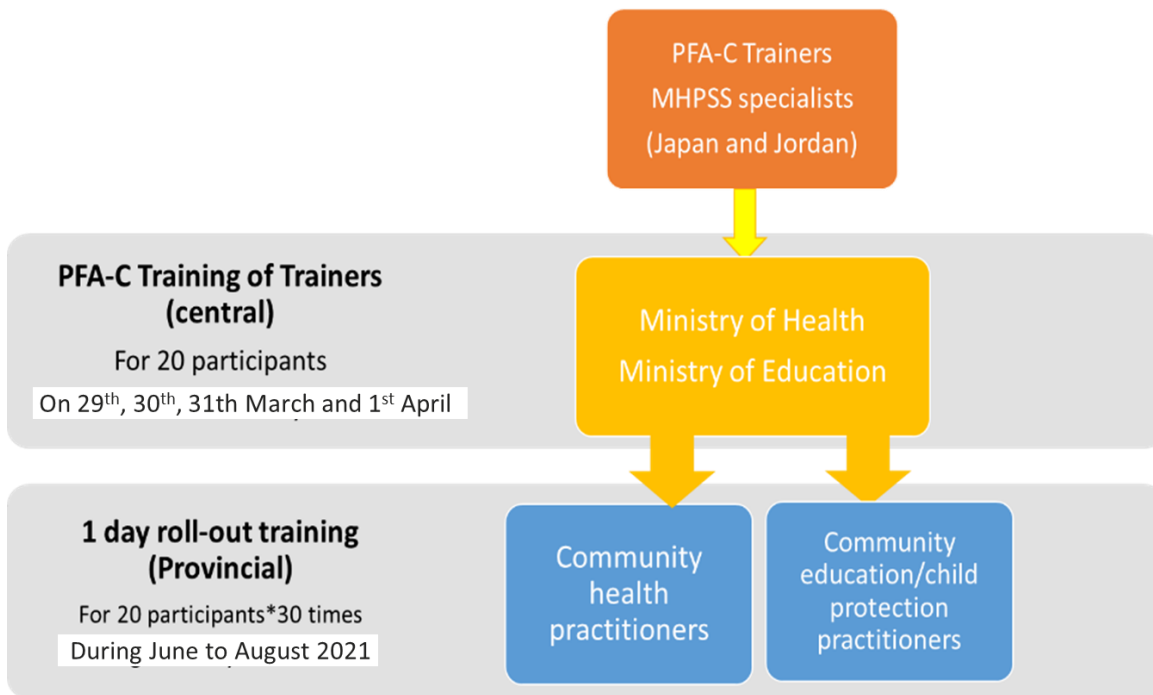


Figure 1. PFA-C Rollout Approach in This Assignment

Chapter 2 Assignment Goal Achievement Status

2.1 Assignment Outcomes

2.1.1 Assignment Outcome Summary

The review of PFA-C and the implementation of training in collaboration with the Ministry of Health and Ministry of Education of Jordan have contributed to strengthening community-based mental health and psychosocial support for children in Jordan. The achievements from outcomes and lessons learnt are as follows.

- 1) Outcome 1: The PFA-C manual is reviewed, updated and adapted to the current COVID-19 situation in Jordan.

Achievements and Lessons Learnt:

In this assignment, the PFA-C manual was reviewed, and the training content was updated and contextualized for the COVID-19 pandemic (see Chapter 3 for the rationale, background, and specific activities). The following elements were added to the original PFA-C training module.

- School-aged children's risks and concerns in terms of COVID-related MHPSS and Self-care/stress Management
- Disabilities and MHPSS/PFA for the most vulnerable children
- Effectiveness of PFA-C Monitoring and Evaluation methodology and tools
- Referral Pathways in the context of the COVID-19 pandemic

In addition, since it was confirmed through initial meetings that officials of both ministries were not very skilled in facilitation and interactive training, a session on facilitation techniques such as ice breaking exercises, techniques for asking questions, and participant involvement was added to the training contents (see Chapter 3, Detailed Activity 3-1 and Activity 5-1). As the issues around the COVID-19 pandemic and refugee situation differ in each region or at governorate level, it was also recommended that these community differences be taken into consideration to ensure that MHPSS activities were tailored to actual needs on the ground, as described later in the recommendations (Chapter 5).

- Outcome 2: Officials of the Ministry of Health and the Ministry of Education are equipped with knowledge and skills of COVID adopted PFA-C.

Achievements and Lessons Learnt:

Through the implementation of this assignment, government officials from the Ministry of Health and the Ministry of Education have deepened their knowledge and understanding of PFA-C in the context of the COVID-19 pandemic (see Activity 5-1-2 in Chapter 3). However, the achievements of this assignment were limited in terms of cooperation between ministries and agencies on the development of MHPSS activities (see Chapter 4). The promotion of inter-ministerial cooperation will be described later in the recommendations set out in Chapter 5.

Outcome 3: Community-based MHPSS stakeholders are trained on the PFA-C.

Achievements and Lessons Learnt:

Through the implementation of this assignment, community-based education and health practitioners improved their PFA-C knowledge and skills. Comparing rates of improvement between professional human resources already engaged in mental health and psychosocial support for children in the community, such as school counselors and community health workers, and those who engaged in administrative tasks such as desk staff, showed the latter to have a higher score (see “Analysis of Pre-Post Test Results for Rollout Training Participants”).

PFA-C is a method that can be practiced by professionals as well as anyone who learns the skills. Introducing this approach to wider populations, especially to those with limited opportunities for training and practice, contributed to strengthening a community-based approach to PFA-C.

Achievement 4: Recommendations are summarized to further strengthen the capacity of the Ministry of Health and the Ministry of Education for planning and implementing policies and actions on community-level MHPSS for children.

Achievement:

In order to apply the lessons learnt from this assignment to future strategy development and activities by the relevant Ministries, we summarized the recommendations from all parties including the Ministries, the training participants and Save the Children. These are described in Chapter 5.

2.1.2 Total Number of Beneficiaries and Indicator Rates

The beneficiaries of this assignment are shown in Table 1.

- **Co-facilitators from the Ministry of Health (Psychiatrists):** Dr. Mohammad Ahmad Abu Slaih (male), Dr. Hasan Marie Mohammed Alsukhni (male) and Dr. Sawsan Fahmi Abu-Dayeh (female) joined the session.
- **Training of Trainers (ToT):** the 4-day PFA-C ToT session was delivered (see Activity 5-1). A total of 18 government officials completed the PFA-C ToT session (ten from the Ministry of Health, eight from the Ministry of Education: 90% achievement rate against target indicator of 20 participants). Two of the participants from the Ministry of Education dropped out of the course due to transfers to other areas during the assignment period. As shown in Table 2, participants included four persons from the National Center for Mental Health, five persons from the Directorate of People with Disabilities and Mental Health, one person from the Directorate for Schools Health Department, one person from the Head of Counselling Department, one person from the Head of Career Counselling Department, six persons from the Head of Counselling Department at Regional Directorates of Education.
- **Rollout training:** Rollout training was held 37 times (19 times led by the Ministry of Health and 18 times by the Ministry of Education) facilitated by the ToT participants mentioned above. As shown in Table 3, a total of 603 people participated in the rollout training (100.5% achievement rate against the target of 600 participants), consisting of 306 participants from the Ministry of Health (69 males and 237 females) and 297 participants from the Ministry of Education (105 males and 192 females). Details of the training participants can be found in Appendix 11 "List of Participants".

Table 1: Total Number of Beneficiaries and Indicator Achievement Rate

Indicator	Target	Achievement	Achievement rate (%)
Co-facilitator (added based on a request made by the Ministry of Health)	-	3 persons	-
1-1. # of the Ministry of Health staff who completed PFA-C Training of Trainers (ToT)	10 persons	10 persons	100%
1-2. Of the above, # of staff members who participated in the rollout activity as a one-day training facilitator	10 persons	10 persons	100%
2-1. # of the Ministry of Education staff who completed PFA-C Training of Trainers (ToT)	10 persons	9 persons	90%
2-2. Of the above, # of staff members who participated in the rollout activity as a one-day training facilitator	10 persons	8 persons	80%
3-1. Community-based health practitioners who participated in the rollout training (1 day training)	300 persons	306 persons	102%
3-2. Community-based education practitioners who participated in the rollout training (1 day training)	300 persons	297 persons	99%

Table 2: List of participants who completed ToT sessions

No.	Name	Ministry	Department/ Duty Station	Title
1		Ministry of Health	Hospital of the National Center for Mental Health	Psychologist
2				Psychologist
3				Psychologist
4				Psychologist
5			Directorate of People with Disabilities and Mental Health	Children rehabilitation Doctor
6				Head of the Mental Health department
7				Pediatrician
8				Mental health and social researcher
9				Legal Nurse
10			Directorate for Schools Health Department	Executive Manager for school environment Department
1		Ministry of Education	Ministry of Education Center	Head of Counseling Department
2				Head of Career Counselling Department
3			Counselling Department-Jerash DoE	Head of Counseling Department
4			Counselling Department-Irbid 1st. DoE	
5			Counselling Department-Ajlun DoE	
6			Counselling Department-Southern Badia DoE	
7			Counselling Department-Tafeleh DoE	
8			Counselling Department-Southern Jordan Valley DoE	
*DoE: Directorate of Education				

Table 3: Summary of Rollout Training Date, Number of Participants, Location and Facilitator

For Community Health Stakeholders (facilitated by the Ministry of Health)

Ministry of Health							
#	Region/Governorate	Roll-out Date	Total number of participants	Male	Female	Venue	Name of Trainers
North region							
1	Irbid	30-Jun	19	5	14	Tahfez CBO	Soltan al Rosan + Wael Mohamad al Ahmad
2		27-Jun	16	2	14	Tahfez CBO	Soltan al Rosan + Wael Mohamad al Ahmad
3		28-Jun	15	2	13	Tahfez CBO	Soltan al Rosan + Wael Mohamad al Ahmad
4		29-Jun	16	3	13	Tahfez CBO	Soltan al Rosan + Wael Mohamad al Ahmad
5	Jarash	4-Jul	18	5	13	Darb CBO	Mphamad al A shal + Lina Daood
6		8-Jul	20	3	17	Darb CBO	Amer Mahmud al Karabsha + Ahmad al Karabsha
7	Mafraq	5-Jul	17	3	14	Afaq CBO	Amer Mahmud al Karabsha + Ahmad al Karabsha
8		6-Jul	20	3	17	Qodorat CBO	Mohamad al A shal + Lina Daood
9		7-Jul	18	3	15	Qodorat CBO	Mohamad al A shal + Lina Daood
Sub-total by Region			159	29	130		
Central Region							
10	Zarqa	13-Jun	11	6	5	Jafar CBO	Mohamad al ashal + Lina Daood
11		16-Jun	13	5	8	Naya CBO	Amer Mahmud al Karabsha + Alma al Kelany
12		20-Jun	17	3	14	Naya CBO	Al Montaser alHyari + Yarob Yosef al Maayta
13	Amman	13-Jun	17	4	13	Sanabel al kaer CBO	Ahmad al Karabsha + Alma al Kelany
14		14-Jun	16	4	12	Sanabel al kaer CBO	Ahmad al Karabsha + Alma al Kelany
15		17-Jun	16	3	13	Adam CBO	Amer Mahmud al Karabsha + Alma al Kelany
16		21-Jun	17	4	13	Al qobayba CBO	Al Montaser alHyari + Yarob Yosef al Maayta
17		22-Jun	15	5	10	Sanabel al kaer CBO	Al Montaser alHyari + Yarob Yosef al Maayta
18		4-Aug	10	4	6	Directorate of People with Disabilities and Mental Health	SC Jordan(Reem Hamdan)
19		23-Jun	15	2	13	Sanabel al kaer CBO	Al Montaser alHyari + Yarob Yosef al Maayta
Sub-total by Region			147	40	107		
total			306	69	237		

For Community Education Stakeholders (Facilitated by the Ministry of Education)

Ministry of Education							
#	Region/Governorate	Roll-out Date	Total # of Participants	Male	Female	Venue	Name of Trainers
North region							
1	Mafraq	6-Jun	17	6	11	Al-Fudain Secondary Mixed School	Iman al Rawashdeh + SC Jordan
2		7-Jun	13	6	7	Al-Fudain Secondary Mixed School	Iman al Rawashdeh + SC Jordan
3	Jarash	17-Jun	17	6	11	Wadi Al-Deir Al-Sharqi Elementary Mixed School	Soha Karabsha + Inas shatarat
4	Ajlon	20-Jun	16	7	9	Hittin Elementary Mixed School	Soha Karabsha + Inas shatarat
5	Irbid	8-Jun	10	4	6	Othman bin Affan Primary School for Boys	Iman al Rawashdeh + SC Jordan
6		9-Jun	20	9	11	Othman bin Affan Primary School for Boys	Iman al Rawashdeh + SC Jordan
Sub-total by Region			93	38	55		
Central Region							
7	Zarqa	15-Jun	16	6	10	Zarqa Al Yamama Elementary School for Girls	Soha Karabsha + Inas Shatarat
8		16-Jun	17	6	11	Ajnadine secondary school for girls	Soha karabsha + Inas shatarat
9	Amman (marka . Amman Kasbah)	15-Jun	16	9	7	Dahiyat Prince Hassan Secondary Mixed secondary School	Basam al Hababhe + Tagred al Badawi
10		21-Jun	15	6	9	Dahiyat Prince Hassan Secondary Mixed secondary School	Basam al Hababhe + Tagred al Badawi
11		22-Jun	17	6	11	Aisha Umm Al-Momineen Primary School for Girls	Basam al Hababhe + Tagred al Badawi
12		23-Jun	17	9	8	Aisha Umm Al-Momineen Primary School for Girls	Basam al Hababhe + Tagred al Badawi
Sub-totab by Region			98	42	56		
South region							
13	Al mazar Al janobe	9-Jun	19	6	13	Al Jafariya Secondary School for Girls	Kholod al Odat + Rofaida al Mahafza
14		10-Jun	19	9	10	Al Jafariya Secondary School for Girls	Kholod al Odat + Rofaida al Mahafza
15	Al tafela	14-Jun	17	1	16	King Abdullah II School for Excellence	Kholod al Odat + Rofaida al Mahafza
16	Al aqaba	15-Jun	19	3	16	King Abdullah II School	Mohamad abu Slaih + SC Jordan
17	Maan	13-Jun	16	4	12	Ma'an Secondary School for Girls	Ibrahim Shqairat + Mohamad abu Slayh
18		14-Jun	16	2	14	Ma'an Secondary School for Girls	Ibrahim Shqairat + Mohamad abu Slayh
Sub-totab by region			106	25	81		
total			297	105	192		

2.1.3 Number of participants by region, gender, job description

Table 4 below shows the attributes of participants by region, governorate, and gender. Out of 603 participants who joined this assignment's PFA-C rollout training, 173 (28.7%) were male and 430 (71.3%) were female. By region, there were 252 (41.8%) beneficiaries in the North region, 245 (40.6%) beneficiaries in the Central region, and 106 (17.6%) beneficiaries in the South region. No training sessions were conducted in the South region by the Ministry of Health.

Participants who joined sessions facilitated by the Ministry of Health disaggregated by job titles included 81 doctors, 197 nurses, and 8 persons from the Heads of Medical and Health Departments (the Head of Nursing Department, the Head of Health Center, the Head of School Health Department, the Head of the Health Professions and Institutions Unit, the Head of Women's and Children's Health Department), and administrative personnel (help desk, administration assistants, volunteers). Those who participated in sessions led by the

Ministry of Education included 287 educational guides (school counsellors), one school principal, three psychological counsellors, two social advisors and three Heads of Educational Guidance Departments. One person answered “other”.

Table 4: Beneficiaries by Region and Gender

	Male	Female	Total
Northern region (252 beneficiaries in total)			
Ajloun	7	9	16
Mafraq	21	64	85
Irbid	25	71	96
Jerash	14	41	55
Subtotal	67	186	252
Central region (245 beneficiaries in total)			
Amman	56	115	171
Zarqa	26	48	74
Subtotal	82	163	245
Southern region (106 beneficiaries in total)			
Aqaba	3	16	19
Karak	15	23	38
Tafilah	1	16	17
Ma'an	6	26	33
Subtotal	25	81	106
Total	174	429	603

2.2 Analysis of Pre-Post Test Outcomes for Rollout Training Participants

2.2.1 Pre-Post Test Outcome Summary

The effectiveness of the rollout training was quantitatively measured using a pre-post test. Responses were received from all 603 participants. In the test, the questionnaire already developed by WHO¹ was revised by this assignment to measure specific aspects of skills and knowledge for supporting children. Corresponding to the contents of the ToT materials, two questions regarding the COVID-19 pandemic situation were added to the

¹ WHO, War Trauma Foundation and World Vision. [“Psychological first aid: Facilitator’s manual for orienting field workers.”](#) P.63

original questionnaire (see appendix 2 "Pre-Post Test"). The test includes a self-evaluation of ability element that asks how confident the respondents are to respond to a child who has experienced an emergency event such as a disaster, as well as questions on technical knowledge of PFA-C. Questions 1 to 9 (ability measurement) use the WHO versions without any modifications with a 1-5 grading of how confident respondents are to deal appropriately and safely with people in emergencies. Questions 1-15 in the latter half (technical knowledge measurement), ask respondents to select yes/no answers as to whether an approach is appropriate to PFA-C, to measure knowledge, skills and level of retention. The latter half of questions 1 to 13 were revised as part of this assignment and adapted to contexts where the participants dealt with children in need (for example, "Most affected people develop mental disorder" → "Most affected children develop mental disorder") and measured their ability to respond to children. Questions 14 and 15 were added to the questionnaire in response to topics explained by the WHO facilitator (Dr. Alison Schafer) in a ToT session: "6 ways parents and caregivers can support their children during COVID-19" (i.e., question 14, "It is recommended that children keep watching TV and SNS news so that they receive the latest information about COVID-19", and question 15, "Allow children to feel their emotions about COVID-19"). While developing the questionnaire, consideration was given to avoiding over-burdening the respondents, such as limiting the total number of questions to fewer than 25, and the number of pages to two after being translated into Arabic.

The results of this test are shown in Figure 2. As a result, evaluation of participants' PFA-C capacity from this rollout training found they improved by 18 points from 68% to 86%, and knowledge of PFA-C improved by 10 points from 66% to 77%. Therefore, it can be concluded that the training sessions contributed to participants' better understanding of PFA-C.

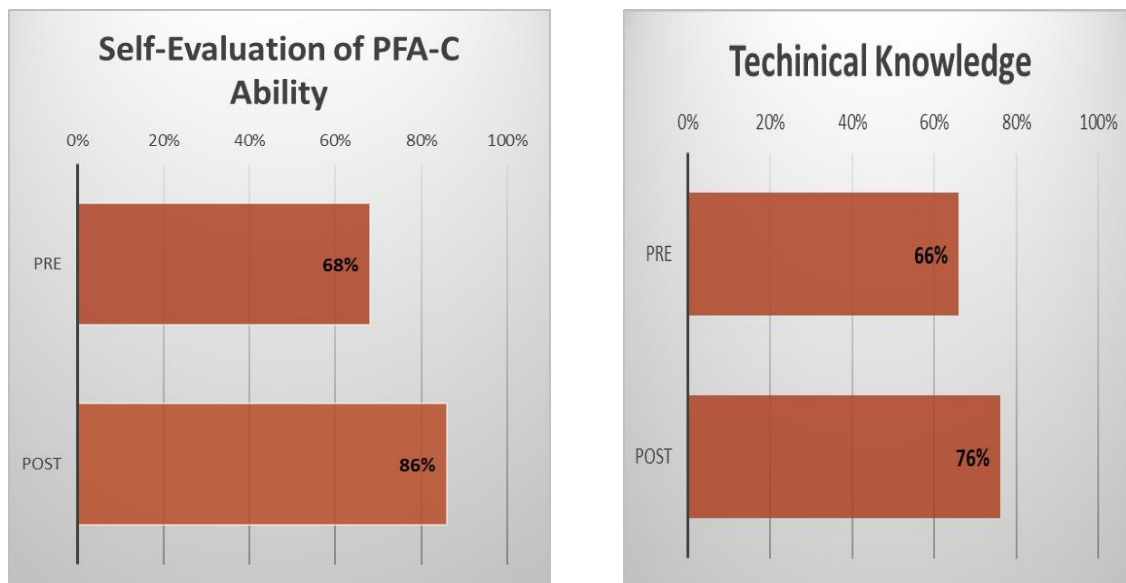


Figure 2: Pre-Post Comparative Analysis of Rollout Training Participants' Self-Evaluation of PFA-C Ability and Technical Knowledge

2.2.2 Pre-Post Test Outcome Detailed Analysis

Figures 3 and 4 below compare the pre-post test results of the PFA-C ability (self-evaluation) and technical knowledge in PFA-C, disaggregated by health and education sectors and by region (the blue bar below shows results of the north region, orange; central and gray; south.). These analyses show no significant difference in the rate of improvement in ability (self-evaluation) and technical knowledge between health and education sectors, nor among regions. We did not reach out to the health practitioners in the South region as the focal point at the Ministry of Health advised that this assignment's limited resources and short time frame would be better focused on the North and Central regions where current needs were highest. The figures for the South region are therefore not stated below.

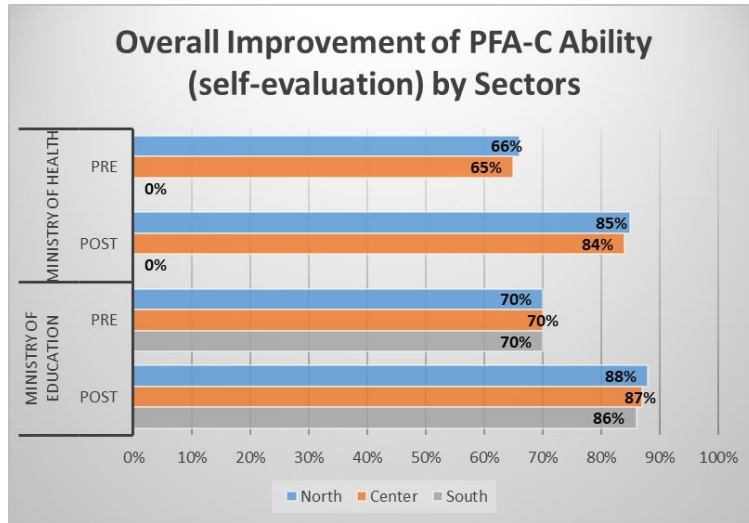


Figure 3: Pre-Post Test Comparative Analysis on PFA-C Ability (Self-evaluation) by Sector and Region

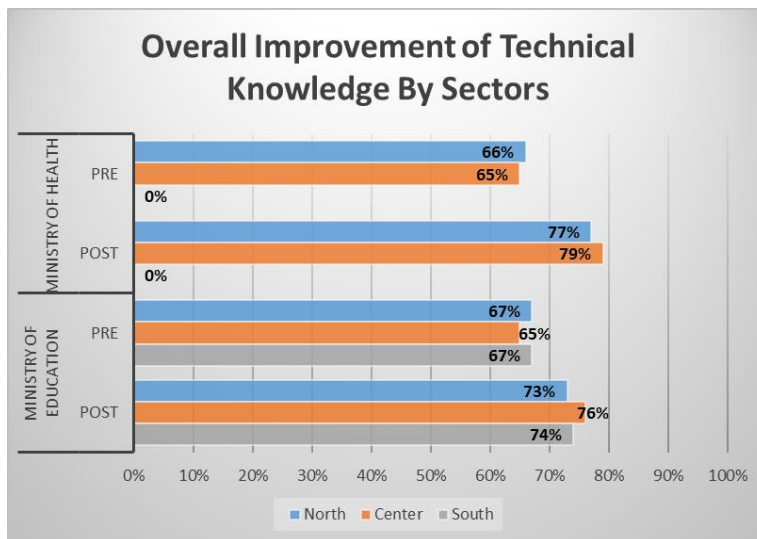


Figure 4: Pre-Post Test Comparative Analysis on PFA-C Technical Knowledge by Sector and Region

Figures 5 to 8 show the ability (self-evaluation) and knowledge improvement rate of all participants by job profiles (Figure 5 for community health stakeholders and Figure 6 for community education stakeholders) and their years of experience (Figure 7 for community health stakeholders and Figure 8 for community education stakeholders). Zero percent indicates that no change has been seen throughout the pre-post test outcomes. From the analysis of this result, community health personnel, the Administrative Department staff (help desk, data entry

staff, etc.) showed high improvement rates (46%, 39%, respectively) in ability (self-evaluation) and technical knowledge for the PFA-C. In addition, observations by the facilitators who led these sessions, participants engaged in administrative roles were more passionate about the training and were enthusiastic to learn about PFA-C. There were no correlations observed between years of experience and rates of improvement.

For education practitioners, there was no significant difference between PFA-C ability (self-evaluation) and technical knowledge improvement either by job roles/responsibilities or by years of experience. (The 88% improvement rate displayed in "Other" was based on one person's results, and we concluded that this specific figure is negligible for capturing the overall trend and relevance.)

All participants, both health and education practitioners, showed a higher rate of improvement in the self-evaluation of ability than in technical knowledge.

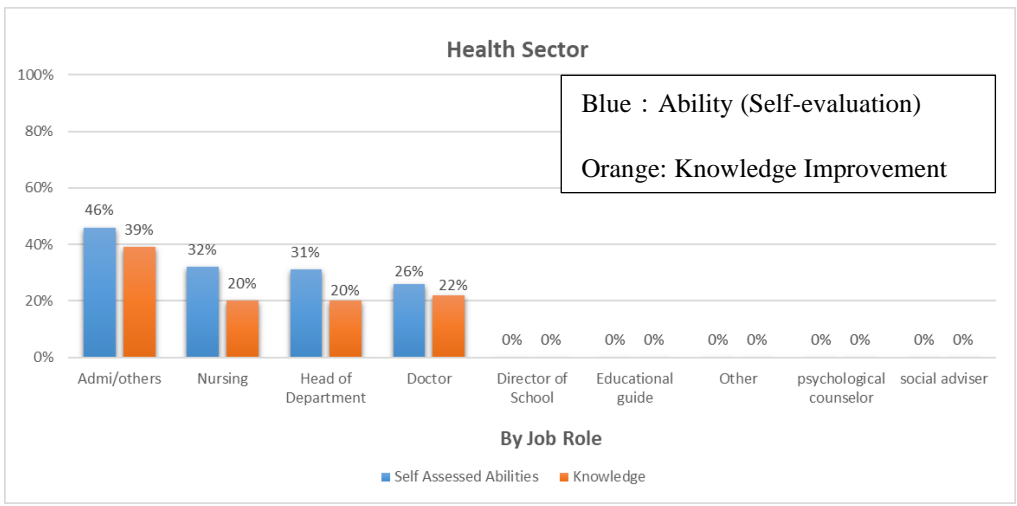


Figure 5: Improvement Rate regarding Ability (Self-Evaluation) and Technical Knowledge by Job Profiles: Community Health Stakeholders

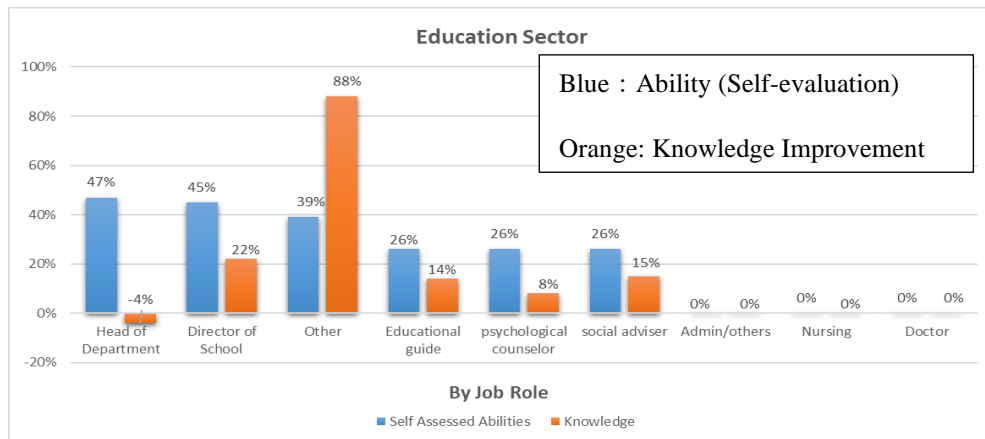


Figure 6: Improvement Rate regarding Ability (Self-Evaluation) and Technical Knowledge by Job Profiles: Community Education Stakeholders

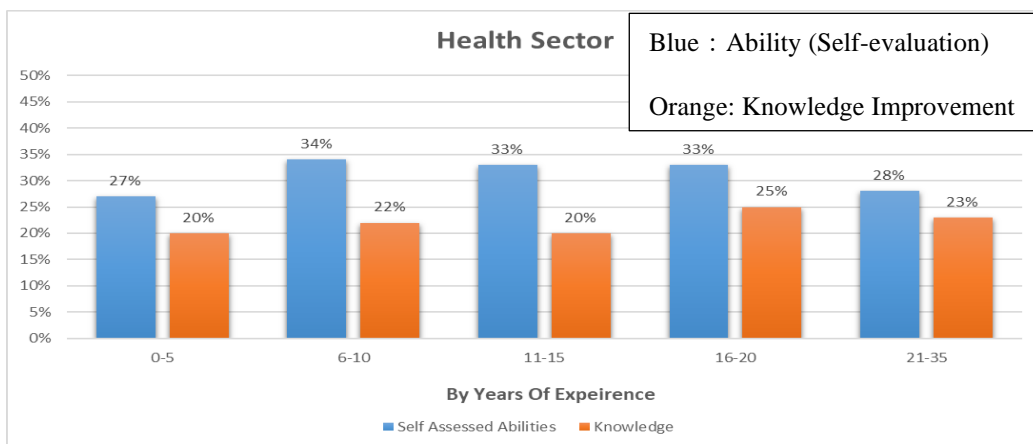


Figure 7: Improvement Rate regarding Ability (Self-Evaluation) and Technical Knowledge by Years of Experience: Community Health Stakeholders

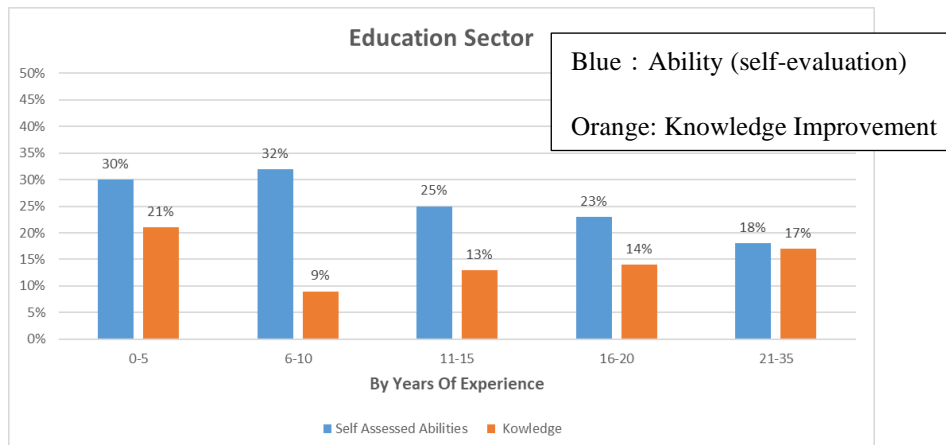


Figure 8: Improvement Rate regarding Ability (Self-Evaluation) and Technical Knowledge by Years of Experience: Community Education Stakeholders

Figure 9 below shows the pre-post test results for two questions specifically related to COVID-19 and PFA-C. When asked if they agreed that "it is recommended that children keep watching TV and SNS news so that they receive latest information about COVID-19," the correct answer rate improved by seven points from 72% to 79%. When asked if they agreed that when assisting children affected by the pandemic, we should “allow children to feel their emotions about COVID-19”, the correct answer rate increased by three points from 89% to 92%. By introducing these COVID-related PFA-C topics, this training has contributed to participants’ understanding of aspects of COVID-19 and MHPSS in Jordan.

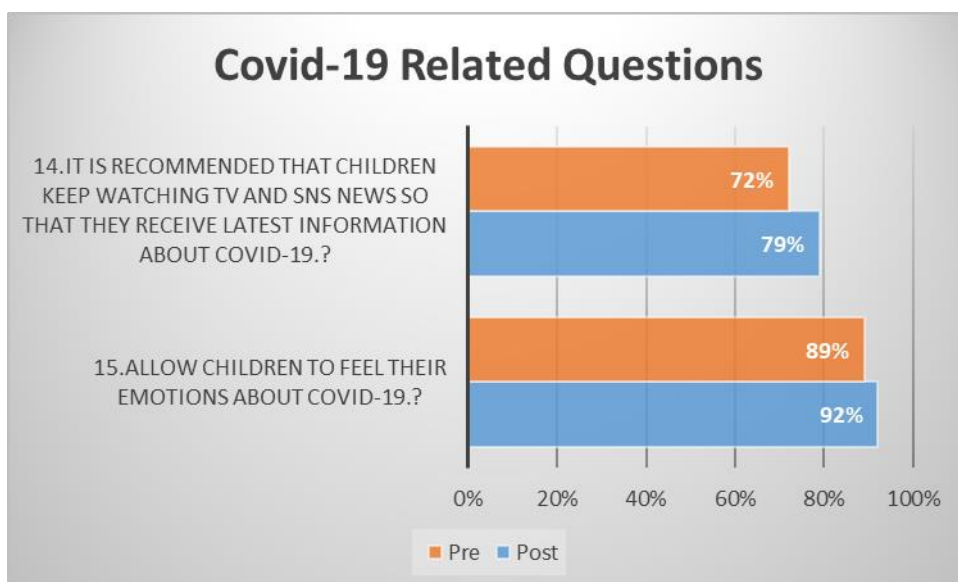
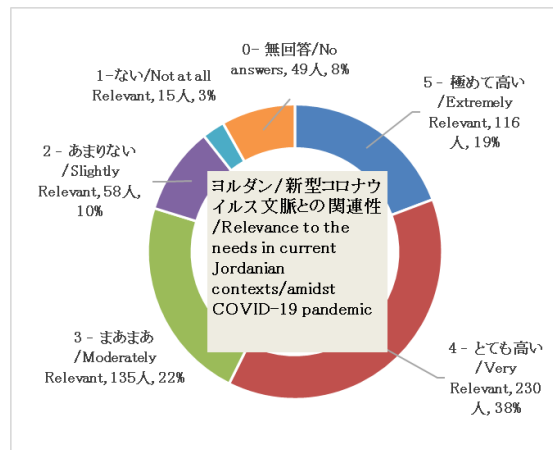
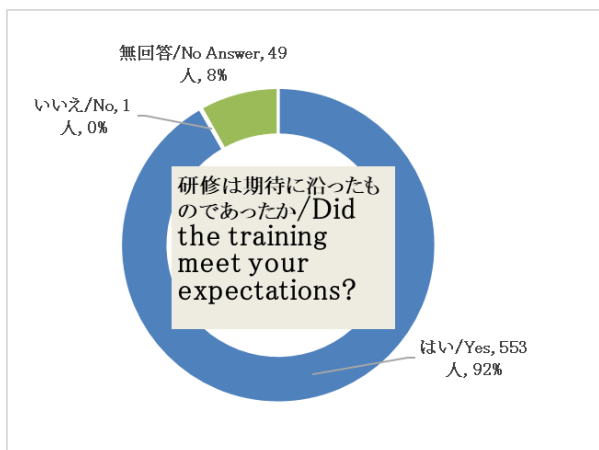


Figure 9: Changes in the Correct Answer Percentage to Questions on the COVID-19 and MHPSS

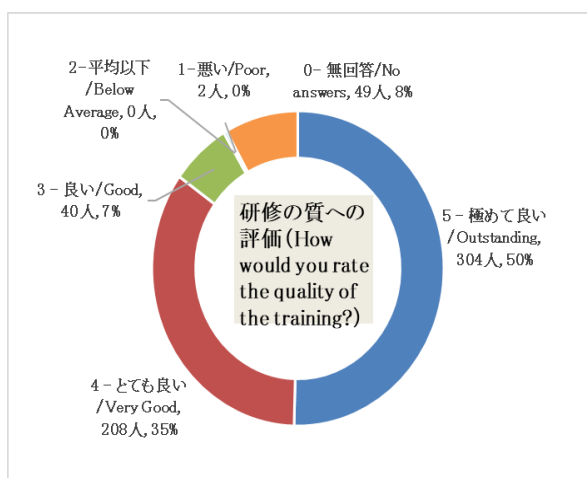
2.3 Training Evaluation Outcome Analysis

In the overall satisfaction rating of the training (Figure 10 below), 92% of respondents (553) said that the training had met their expectations. Relevance to the context of the COVID-19 pandemic in Jordan was "extremely high" or "very high" for 57% of the respondents (346), suggesting that more effort was needed to contextualize the case scenarios based on local regional situations, as described later. The quality of the training content in general was rated as "extremely good," "very good," or "good" by 92% of the respondents (552), and the quality of the facilitators was rated as "extremely good," "very good," or "good" by 91% (551) of the respondents, confirming that the quality of the rollout training and facilitators was evaluated highly by the participants.

Question 1: Did the training meet your expectations? Q2: Relevance to the current Jordanian COVID-19 contexts



Q3: Quality of training



Q4: Quality of facilitators

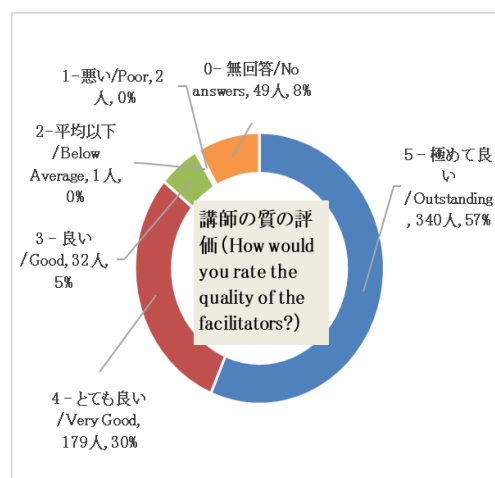


Figure 10: Rollout Training Evaluation Outcomes

2.4 Facilitator Evaluation Sheet Analysis

A facilitator evaluation sheet (10 questions about facilitator ability x 5 grades) was developed and utilized for rollout training in each region, so that the quality of each training could be measured with objective evaluation tools (See appendix 3. “Facilitator Assessment Sheet”). The evaluation was conducted mainly by Save the Children Jordan who accompanied the sessions. Of the 54 training sessions that were evaluated using this sheet, the average score was 80.85 points out of 100, confirming that the quality of training was maintained across regions. Feedback from the rollout training in each region follows.

Positive Feedback:

- The facilitators were flexible and able to adapt the ice breaking exercises and training contents to the participants’ profiles and backgrounds.
- Cooperation between the school and the facilitator worked well to mobilize and motivate the training participants.
- Demarcation of roles and responsibilities between facilitators was clear. Ice breaking exercises and activity sessions were well facilitated, adapted to participant backgrounds and adhered to the timeline. Effective atmosphere setting allowed the participants to freely express their opinions.

Challenges:

- For participants with special considerations, such as those with disabilities and the elderly, there is a need to adjust the training package to suit each individual rather than delivering standardized training. Some of the participants were elderly and used a wheelchair or walking stick, but most of the activities, especially the ice breaking exercises, required challenging physical movements . Also, the venue itself was not disability friendly. As is the case for all training, it is necessary to collect information in advance about participants’ individual needs. Facilitators also need to strengthen their capacity to develop inclusive and flexible training plans and adapt activities to participants’ capabilities.
- For some facilitators, there is a need to strengthen interactive training skills.

Other suggestions and recommendations for improvement:

- The PFA-C approach was new, especially for community-based health practitioners, and it would be beneficial to consider reaching out to wider populations to deliver the ToT sessions.
- If training participants include elderly people or people with disability such as those using a wheelchair, it would be advisable to give more consideration to adjusting group work activities to capacities.
- Many participants were impressed by the animation videos used in the training materials. It would be useful therefore to develop, for example, videos related to the COVID-19 and MHPSS for future training.

Chapter 3 Activity Results Details

3.1 Assignment Summary

This chapter describes each activity in detail.

3.1.1 Inputs from Japan (Plan / Actual)

The following personnel were engaged in this assignment. As originally planned, they were not dispatched to Jordan but stayed in Japan and remotely supported implementation of activities throughout the assignment period.

Table 5: Personnel Plan and Implementation

Role and Name		Person/Month (Original)	Person/Month (Actual)
Role	Name	In-country	In-country
Head of Operation/ Module Development	Yutaka Togawa	0.40	0.40

Training Planning and Implementation 1	Maiko Fujii	1.50	1.60
Training Planning and Implementation 2	Miyuki Akasaka	0.60	0.70
Total		2.50	2.70

Two additional personnel supported the assignment: Dr. Eisaburo Tanaka from the Hyogo Institute for Traumatic Stress as a member of JICA Advisory Committee, and Professor Atsuro Tsutsumi from the Faculty of Law, Institute of Humanities and Social Sciences at Kanazawa University as an external expert. They provided guidance and technical input on assignment activities as well as monitoring and evaluation.

3.1.2 Implementation Staff in Jordan (Plan / Actual)

Save the Children Jordan in the target country was assigned as a local partner organization for the assignment. Child Protection Advisor, Education Advisor, Project Manager, Project Officer/Facilitator and Monitoring and Evaluation staff carried out or supported activities on the ground.

3.1.3 Machinery and Equipment Inputs

As originally planned, we did not provide any machinery or equipment for this assignment.

3.2 Activity Outcomes

3.2.1 Phase-1: The First In-Country Activity- Develop an Assignment Work Plan through Discussion with JICA and a member of JICA Advisory Committee in Japan

Activity 1-1 Develop an assignment implementation strategy, assignment plan and detailed work plan

We developed the assignment implementation strategy, including the implementation approach and overall schedule, based on the goals of the assignment, then formulated the assignment delivery and work plans (see Appendix 4).

Activity 1-2 Consultation with relevant stakeholders

Since the COVID-19 pandemic in Jordan was still ongoing at the beginning of the assignment implementation, Save the Children Jordan conducted discussions on training schedules and implementation

methods, and reviewed the overall schedule in light of delays to concluding the contract. A kick-off meeting was held on December 22, 2020, attended by the Ministry of Health, the Ministry of Education of Jordan, JICA Jordan Office and Save the Children Jordan to explain the assignment objectives and implementation schedules and to agree on the roles and responsibilities of each actor. As well, a separate meeting of stakeholders was held with Dr. Tanaka, a member of JICA Advisory Committee and Professor Tsutsumi, an external advisor.

It took time for us to obtain approval for the assignment from the Ministry of Social Development of Jordan, and final endorsement was delayed until March 2021. Therefore, we postponed the "PFA-C" ToT session originally scheduled for late January to the end of March 2021.

During this time, we held individual interviews with Ministry of Health and the Ministry of Education officials, continued to discuss the details of the PFA-C ToT and build cooperative relationships, even though the schedule was delayed. In the process of discussions with the Ministry of Health, they asked to add some psychiatrists from the Ministry as co-facilitators. After confirming their qualifications and experience, three Jordanian psychiatrists were added to the list of facilitators. The Ministry of Health initially recommended only two male facilitators, but in consideration of gender balance, we requested the addition of one female doctor. In order to maintain training quality, a briefing session on "Psychological First Aid for Children" was conducted online for new facilitators by Japanese experts, Save the Children Japan and Jordan staff members, on March 9, 2021 (see Appendix 5 "Orientation Materials for Co-Facilitators"). At the orientation meeting, we emphasized that "PFA" was not a psychological debriefing and was not something that only experts could do.

Activity 1-3 Finalization of assignment delivery strategy and workplan

The updated assignment implementation plan (Appendix 6) was finalized and shared with each stakeholder.

3.2.2 Phase-2: The Second In-Country Activity- Review the Existing PFA-C Module, Collect and Analyse Relevant Resources and Information on Impacts of COVID-19

Activity 2-1 Carry out desk review and key informant interviews

We collected information on mental health and psychosocial support (MHPSS) in Jordan by desk review and gathered information from, amongst others, the staff of the World Health Organization (WHO) Mental Health Department as well as from the MHPSS Sub-Working Group in Jordan. Specifically, we researched

policy papers, open resource academic papers on COVID-19 and MHPSS for children and adolescents published by other institutions and researchers.

- Gender and Adolescence- Global Evidence: “Listening to young people's voices under Covid-19”,²
- Eastern Mediterranean Health Journal: “The impact of the COVID-19 pandemic on mental health: early quarantine-related anxiety and its correlates among Jordanians”,³
- International Medical Corps: “Utilization of Mental Health and Psychosocial Support Services among Syrian Refugees and Jordanians”,⁴
- Frontiers in Psychiatry: “Psychological Impact of COVID-19 Pandemic Among the General Population in Jordan,”⁵
- Questionnaire for the Evaluation of the National Mental Health & Substance Use Action Plan (2018-2021)
- WHO and UNHCR: Assessing Mental Health and Psychosocial Needs and Resources, Toolkit for Humanitarian Settings,⁶
- Save the Children Japan, and the Disaster Psychiatric Medical Team (DPAT): "Mental Support in Infectious Disease Pandemic Situations-Psychological First Aid for Children-For Parents, Caregivers and Supporters of Children" "⁷

In collaboration with Save the Children Jordan, we also searched Arabic publications, but found only a limited number of studies that referred to children in relation to COVID-19 and MHPSS activities in Jordan. This was the case in other countries as well, especially in the early stages of the COVID-19 outbreak when the focus was on the risks to the elderly and those with pre-existing health conditions and the perspective of children and MHPSS was a relatively low priority. However, the literature listed above showed some evidence that women, adolescents, and vulnerable groups who did not receive social support were significantly affected by pandemic-related measures such as lockdowns and self-quarantine. After reviewing these studies, we conducted a simple questionnaire on MHPSS and children, parents and caregivers in Jordan

² Małachowska, A., Al Abbadi, T., Al Amaireh, W., Banioweda, K., Al Heiwidi, S. and Jones, N. (2020) ‘Listening to young people’s voices under covid-19. [Exploring the impacts of covid-19 on adolescents in Jordan’s refugee camps and host communities.](#)’ Policy brief. London: Gender and Adolescence: Global Evidence.

³ Massad I; Al-Taher R; Massad F; Al-Sabbagh MQ; Haddad M; Abufaraj M. “[The impact of the COVID-19 pandemic on mental health: early quarantine-related anxiety and its correlates among Jordanians.](#) East Mediterranean Health J. 2020;26(10):1165–1172.

⁴ International Medical Corps. [Utilization of Mental Health and Psychosocial Support Services Among Syrian Refugees and Jordanians](#) (May 2020).

⁵ Khatatbeh M, Khasawneh A, Hussein H, Altahat O and Alhalaiqa F (2021) [Psychological Impact of COVID-19 Pandemic Among the General Population in Jordan.](#) Front. Psychiatry 12:618993.doi:10.3389/fpsy.2021.618993

⁶ WHO, UNHCR. [Assessing Mental Health and Psychosocial Needs and Resources, Toolkit for Humanitarian Settings.](#) (2011).

⁷ Save the Children Japan, Published by Disaster Psychiatric Medical Team (DPAT): "[Mental Support in Infectious Disease Situations-Psychological First Aid for Children-For Parents, Caregivers and Supporters of Children](#)" May 2020

during the COVID-19 pandemic and reflected the responses in the training content. Given the time frame and budget of the assignment, we also decided to collect and analyze responses to the questionnaire from ToT participants from the Ministry of Health and Ministry of Education (detailed in activity 2-2 below).

Activity 2-2 Analysis and Documentation of Current Situations and Challenges in the Related Field

As Activity 2-1 above reconfirmed that existing literature on COVID-related MHPSS and children in Jordan was quite limited, we developed a questionnaire on the current status and issues (see Appendix 7 “Pre-Questionnaire”). We used "Assessing Mental Health and Psychosocial Needs and Resources, Toolkit for Humanitarian Settings" published by WHO and UNHCR as a reference point for our questionnaire which covered "1. observations on the overall impacts of the COVID-19 in Jordan", "2. observations on the impacts on children’s mental health and their wellbeing", "3. observations on parents and caregivers’ mental health and wellbeing", and "4. recommendations, challenges, gaps, and opportunities for strengthening MHPSS activities in Jordan. We asked a total of 11 questions in four major categories and shared it with twenty people designated to participate in the ToT sessions. Nine of these, all of whom were from the Ministry of Health, responded by the due date. Observations on the overall impact of COVID-19 on children and their families in Jordan focused on the areas of food security and livelihoods, shelter, medical and mental health services, education, social structure (including religion), and human rights abuses. Some respondents mentioned that the impacts were significant and that the number of children with behavioral disorders such as anxiety was increasing. Some respondents said that Jordan's social and cultural framework made it difficult and shameful to seek help from others, which exacerbated people’s reluctance to ask for assistance. We also asked whether parents and caregivers were able to cope with the difficulties children face because of the pandemic, and most said that it depended on how easily the community and caregivers could obtain information about local resources. Therefore, it was agreed that training should focus on the “Linking” (i.e., referrals) section in the PFA-C training, such as referral pathways and resource mapping. In addition, from the perspective of parents and caregivers, it was important to focus on topics on taking care of children in an emergency such as the pandemic. These topics and observations were reflected in the training content.

3.2.3 Phase-3: The Third In-Country Activity – Update “PFA for Children” Training Module

Activity 3-1 Conduct the ToT session and rollout sessions (1-day training) for "Psychological First Aid for Children" and update the training module

Together with Save the Children Jordan, we reviewed the training module for PFA-C. Since this module had already been used locally, the content of the training materials had been partially revised and we added new material on the current situation and issues surrounding MHPSS of children during COVID-19. The following additions and revisions were made to the existing WHO version of PFA and Save the Children's PFA-C training:

- School-aged children's risks and concerns in terms of COVID-related MHPSS and Self-care/Stress Management
- Disabilities and MHPSS/PFA for the most vulnerable children
- Effectiveness of PFA-C Monitoring and Evaluation methodology and tools
- Referral Pathways in the context of the COVID-19 pandemic

As it was confirmed during the inception meetings that officials of both Ministries were not very familiar with facilitation or interactive training, a session on facilitation techniques, such as ice breaking games, how to ask questions, and participant involvement was added to the training content (see Appendix 1 for training materials and Activity 5-1-1 for training agenda).

We reviewed the effectiveness measurement tests of the WHO and Save the Children versions of PFA and revised the format to match the content of this assignment's ToT sessions.

Activity 3-2 Development of Training Evaluation Indicators

The WHO version of the PFA pre- and post- tests and the PFA for Children post test used by Save the Children were reviewed and revised to fit the content of this assignment's ToT sessions.

Activity 3-3 Consultation with Stakeholders in JICA

In March 2021, discussions were held with the member of JICA Advisory Committee and the external advisor regarding activities 3-1 and 3-2 and finalization of relevant documents. In addition, consultations were held with external facilitators both from Japan and Jordan, Save the Children Jordan and Japan staff members to pre-empt any problems with the Arabic translation in training sessions by ensuring that facilitators themselves shared the same understanding of important terminologies such as "psychosocial" and "resilience," and confirming that their meanings were common to both languages.

Activity 3-4 Finalization of Additional Training Modules and Evaluation Indicators

The ToT training materials and the outcome evaluation indicators were finalized and translated into Arabic.

3.2.4 Phase-4: the Fourth In-Country Activity- Development of Training Delivery Plan

Activity 4-1 Consultation with the Ministry of Health and the Ministry of Education

An inception meeting was held for participants in the PFA-C ToT from the Ministry of Health and the Ministry of Education of Jordan to foster ownership and promote involvement of these stakeholders in the assignment with the presentation attached as Appendix 8. Participants from the Ministry of Education joined online on 24 March, and participants from the Ministry of Health joined face-to-face on 25 March. At the meeting, we explained the assignment objectives and roles and responsibilities of each stakeholder, how to implement rollout training, and confirmed terminologies and definitions related to PFA and MHPSS such as “psychosocial” and “resilience” in order to establish common understanding between participants prior to the actual training.

By the time of the meeting, the Ministry of Education had confirmed positive cases of COVID-19 within the Ministry, which precluded physical gathering. Flexible training sessions were then arranged to adapt to the fluid situation in the country.

Activity 4-2 Discussions with stakeholders in JICA, the member of JICA Advisory Committee and finalization of the workplan (English)

Since the entire initial schedule was delayed by nearly four months, the schedule and venues for rollout training were adjusted according to advice from local stakeholders, and discussion outcomes were summarized in the revised work plan (English) submitted to JICA Jordan Office in April 2021.

3.2.5 Phase-5: the First On-Site Activity- Training Delivery

Activity 5-1 Implementation of the revised PFA-C ToT (* Remote implementation from Japan)

From 29th March to 1st April 2021, the "Psychological First Aid for Children" ToT session was conducted face-to-face in Jordan, with a total of 20 participants from the Ministry of Health and the Ministry of Education of Jordan. In addition, three co-facilitators from the Ministry of Health, one focal person from the Ministry of Health, five staff from Save the Children Jordan, and one from the JICA Jordan Office participated. Two facilitators and three assignment implementation staff (Save the Children Japan) also joined from Japan, and one WHO facilitator attended from Iraq. The training agenda and the time schedule were as follows. Considering that most of the sessions were carried out online, participants were asked to

join the sessions for three half days plus an afternoon practice session, which differed from our original plan for a 3-day training. This adjustment to the time frame was intended to help participants maintain their concentration on online training.

Table 6: ToT session time schedule and agenda

(* Agenda items highlighted in blue were newly added or modified under this assignment. See appendix 1 for ToT Materials)

Date/Time	Topics	Trainer/Facilitator	Reference
29th March (Monday)	Day1- 9:00 to 13:00 / half-day only		
(8:30-9:00)	(Network arrangement/Connectivity check)	(SC Jordan-Japan)	
9:00-9:30	Welcome remarks (JICA) /Ground rules Training Schedule and objectives Quick Energizer/self-introduction	JICA Jordan SC Jordan	PFA-C 1-day manual Session 1
9:30-9:45	Pre-test SC Japan opening remarks	SC Jordan/Japan	
9:45-10:45	Introduction to “WHO PFA”: what is “Psychological First Aid?”	Dr. Alison Schafer/WHO	World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. Geneva: WHO.
10:45-11:00	Break		
11:00-12:30	School-aged children’s risks and concerns in terms of MHPSS amidst COVID-19 and Self-care/stress management (with mini practice sessions)	Dr. Alison Schafer/WHO	Dr. Alison Schafer IASC/COVID-19
12:30-13:00	QAs/Wrap-up	SC Jordan/Japan	
30th March (Tuesday)	Day 2 - 9:00 to 13:00/half-day only		
9:00-9:15	Recap of Day 1	SC Jordan	
9:15-10:00	Introduction to PFA for Children Action principles of PFA (LOOK, LISTEN and LINK)	SC Jordan	PFA-C 1-day manual Session 2

10:00-10:15	Brief introduction of Child development / Children's reactions to crisis	Dr. Eizaburo Tanaka	Session 3
10:15-10:45	Group work about children's reactions to crisis (manual p.42-43)	SC Jordan	
10:45-11:00	Break		
11:00-11:45	Summary of Child development / Children's reactions to crisis	Dr. Eizaburo Tanaka	
11:45-12:45	Identifying children in need of PFA – Specific reactions that need urgent referrals to medical services – Group Work	Dr. Eizaburo Tanaka & SC Jordan	PFA-C 1-day manual Session 4
12:45-13:00	Wrap-up	SC Jordan	
31st March (Wednesday)	Day 3: full day Part1- 9:00 to 12:00 (morning session) Part 2- 14:00-15:00 (afternoon session)		
9:00-9:15	Recap of Day 2	SC Jordan	
9:15-10:00	Disabilities and MHPSS/PFA for most vulnerable children	Prof. Atsuro Tsutsumi	
10:00-11:00	Effectiveness of PFA-C/Monitoring and evaluation methodology and tools	Prof. Atsuro Tsutsumi	
11:00-11:15	Break		
11:15-12:00	Preparation for rollout sessions – Grouping (2 persons per each group) – Develop your session plan – Effective facilitation skills – Review of PFA-C contents and Practice!	SC Jordan	
12:00-13:00	Lunch		
13:00-15:00	Preparation for rollout sessions (ctd.)	Supervised by SC Jordan	
1st April (Thursday)	Day 4: 9:00 to 13:00/half-day only		
9:00-9:15	Recap of Day3/ Questions and Comments on rollout training plans	SC Jordan	
9:15-10:15	How to communicate with children in distress How to communicate with parents and caregivers in distress	SC Jordan	PFA-C 1-day manual Session 5
10:15-11:00	Referral Pathways in the context of COVID-19 pandemic	SC Jordan	SCI materials
11:00-11:15	Break		

11:15-12:00	Questions and Answers/ Are you now ready for rolling out?/steps forward	All	
12:00-12:30	Wrap-up/Post-test	SC Jordan/Japan	

Due to COVID-19 restrictions, especially for Ministry of Education personnel, it took longer than initially expected to coordinate the training, so the ToT session was held before Ramadan on 29th March to 1st April. Initially, we planned to start the one-day rollout training in each Governorate immediately after the completion of the ToT session. However, as Ramadan was about to begin, the working hours of the Ministries and relevant stakeholders were shortened and it became a challenge to engage participants so the overall schedule needed to be reviewed. As a result, the one-day training started immediately after Ramadan. A session was also introduced for ToT participants to refresh the knowledge and skills they had acquired in the ToT a month earlier. The refresher training was held on 26th and 27th May. As participation in physical gatherings was still restricted for Ministry of Education personnel, eight participants attended online on 26 May. On-site training was held for nine participants and one representative from the Ministry of Health on 29 May. In the training, we reviewed the principles of psychological first aid for children and the one-day training package, confirmed the training plan, and carried out practice sessions.

Activity 5-1-2 Measurement of Effectiveness by Training Evaluation Indicators

Pre-post tests and training satisfaction evaluations were conducted and valid responses were received from 19 of the training participants. The response results were analyzed and summarized. As shown in Figure 11 below, the self-ability evaluation of PFA-C for the participants of this ToT improved by 23 points from 67% to 90%, and the technical knowledge about PFA-C increased by 3 points from 78% to 81% as shown in Figure 12. The staff of both Ministries who participated in the ToT already had general basic knowledge of MHPSS, so the improvement rate of knowledge was only 3 points. On the other hand, learning about the stages of child development, identification and communication with children in distress as well as communication skills led to a significant improvement in self-evaluation of actual ability to respond to children's needs using the PFA-C approach.

As a result of the satisfaction survey of the entire training (Figure 13 below), 100% of the respondents answered that the training was in line with their expectations. Regarding the relevance to the context of the COVID-19 situation in Jordan, 67% (13 people) answered that the relevance was "extremely high" or "very high". Regarding the overall quality of the training content and the quality of the training facilitators, all respondents answered, "extremely good," "very good," and "good," and none of the respondents answered,

"below average" or "bad." It was confirmed that the ToT was highly evaluated by the participants as the content was in line with their expectations and the current situation in Jordan.

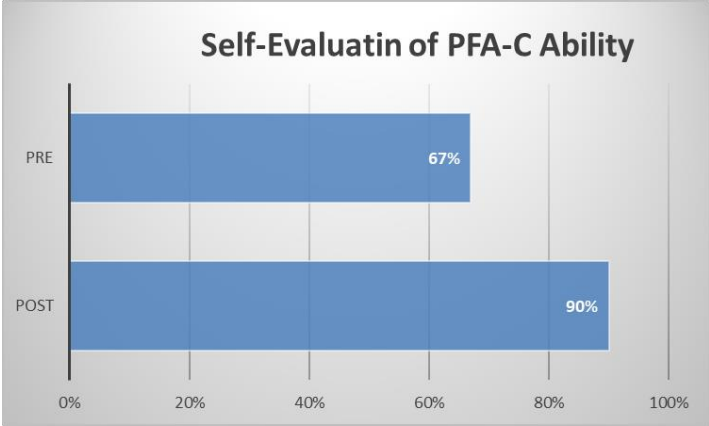


Figure11: ToT Participants’ Pre-Post Test Results of Self-Evaluation of PFA-C

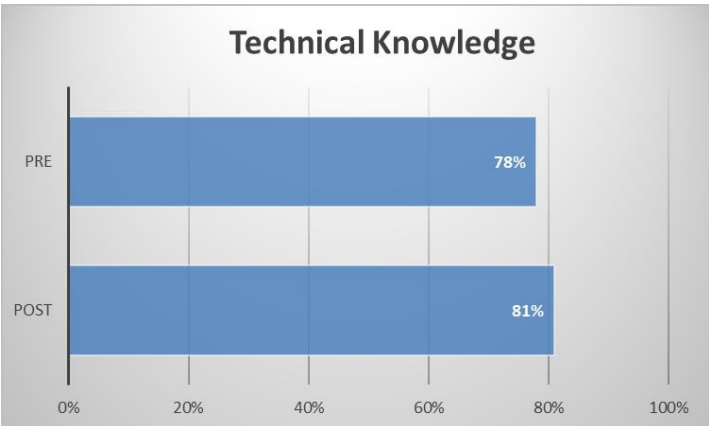
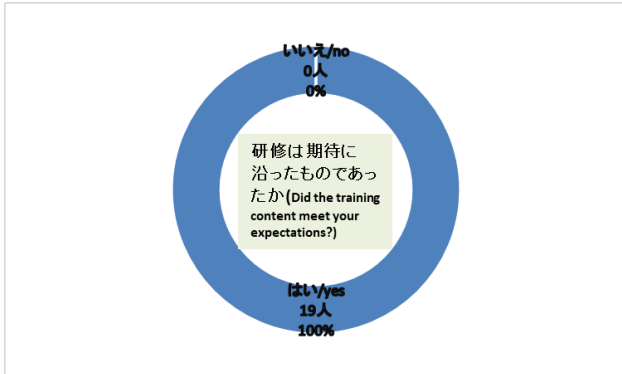
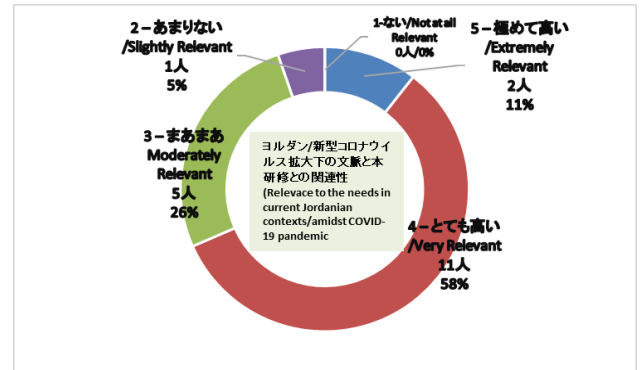


Figure 12: ToT Participants’ Pre-Post Test Results of Technical Knowledge of PFA-C ability

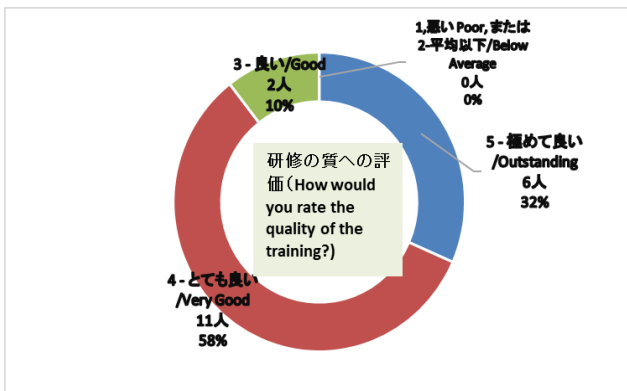
Question 1: Did the training content meet your expectations?



Question 2: Relevance to the current Jordanian /COVID-19 contexts



Question 3: Evaluation of Training Quality



Question 4: Evaluation of ToT Facilitators

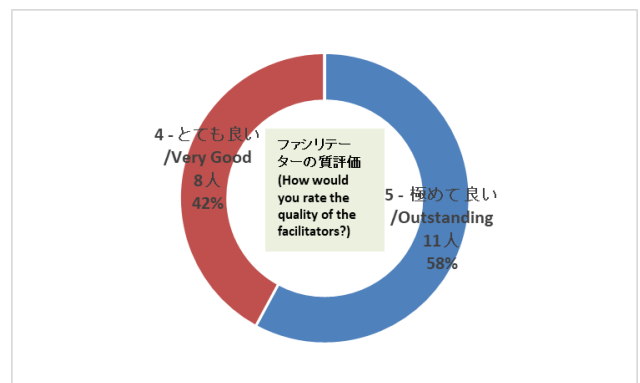


Figure 13: Training Evaluation by ToT Participants

Following the pre-post test at the ToT session, individual telephone interviews were conducted with four participants (two from the Ministry of Health: Hospital of the National Center for Mental Health, Directorate of People with Disabilities and Mental Health and two from the Ministry of Education: Head of Career Counselling Department and Head of Counselling Department (Southern Badia), one male and one female selected randomly from each Ministry. The survey consisted of five open questions that included; (1) How did your impression of “PFA for Children” change before and after the training? (2) What do you think would be the most beneficial element of the PFA-C approach when delivering this to community-based practitioners? (3) Which aspects of PFA-C do you think should be modified for wide dissemination in Jordan?? (4) How did you find interactions between the Ministry of Health and the Ministry of Education during the ToT session? (5) Any recommendations

or concerns you would like to share with us as we move forward to rollout PFA-C 1-day sessions in each region. The purpose of the individual interviews was for respondents to take time to answer each question with more honesty, and to let them respond openly to potentially sensitive questions such as relationships between Jordanian Ministries. See Appendix 9 for “the individual interview questionnaire format”.

All the respondents answered that after the training their impression of PFA-C had changed and their understanding had deepened. One participant responded that “I was more aware that this simple step was an effective way to respond to children in distress” (male, the Ministry of Health). Regarding question (2) about the beneficial elements of the approach, respondents answered "promoting understanding of developmental stages based on children's ages" (female, the Ministry of Health) and "identifying children in need of support through PFA-C and communication skills" (female, the Ministry of Education). Other countries also evaluated these elements to be useful, and a similar tendency was observed in Jordan. Comments regarding question (3) included “the referral pathways should be updated to be more contextual” (female, the Ministry of Education), and this point was reflected during the rollout training. Regarding question (4), all respondents answered that "the communication and collaborative attitude between the two Ministries during the training was effective and sufficient", and respondents said that they would like to continue to actively cooperate with both Ministries. At the time of the actual rollout however, each Ministry’s personnel preferred to be separate which did not demonstrate genuine collaboration on the ground. This point should be taken into consideration for future implementation. Regarding question (5), interviewees made suggestions such as “full preparation is necessary” (female, the Ministry of Health) and “inviting local education and health stakeholders who could actively participate in this training” (male, the Ministry of Education). These comments resulted in our sharing one-day training materials well in advance and conducting the refresher training.

Activity 5-1-3 Reflect updated modules to PFA-C training package for ToT and rollout sessions (1-day training)

Outcomes of the analysis were reflected in the ToT and rollout training materials. Once we finalized the training package in Arabic, they were shared with the facilitators who implemented the rollout training (see Appendix 10).

Activity 5-2 Implementation of revised rollout training (1 day training)

Activity 5-2-1 Implementation of revised rollout training (1 day training)

PFA-C rollout training activities were facilitated by ToT participants for about one month from late June to early August 2021 (37 times with 603 participants in total, see Appendix 11 List of Participants and Table 2 in

Chapter 2 for details). A total of 18 government officials (10 from the Ministry of Health, 8 from the Ministry of Education) who have completed the PFA-C ToT sessions and facilitated roll-out training activities received the certificate of completion (see Appendix 12).

Activity 5-2-2 Measurement of Effectiveness by Training Impact Evaluation Indicators

Based on the outcomes of Activity 3-3, a pre-post test was conducted to measure the effectiveness of the revised rollout training (1-day training). In addition to the training content, the training facilitators (18 people in total) and facilitation skills were evaluated using the facilitator assessment sheet (Appendix 3). The analysis outcomes were described in Chapter 2.

Activity 5-2-3 Finalization of revised rollout training (1 day training)

The finalized rollout training module blended supplementary materials updated and revised by this assignment with the existing rollout training package.

Activity 5-2-4 Dissemination to Related Organizations/Parties

The contents of the finalized ToT session package (see Activity 3-1 and 5-1) and rollout training module (see Activity 5-2-3) were shared with the Ministry of Health, the Ministry of Education and other stakeholders.

3.2.6 Phase-6: the Fifth In-Country Activity- Evaluation based on Activity Implementation and Summary of Recommendations

Activity 6-1 Evaluation of training results

The information collected in Activity 5-1-2 and 5-2-2 was analyzed. In the original plan, interviews with children who had direct contact with the training participants, such as community school teachers and medical staff, were also to have been conducted to assess the efficacy of the PFA-C approach in practice. However, as COVID-19 was still active at the time this was to eventuate, we refrained from having direct contact with children. However, after completing all the rollout training, a final evaluation dialogue with ToT participants from the Ministry of Health and the Ministry of Education was carried out face-to-face and online from 1st to 2nd of August at the office of Save the Children Jordan. Participants included nine personnel of the Ministry of Health and nine from the Ministry of Education. This provided an opportunity to directly share recommendations and lessons learnt throughout the implementation of the training. At the meeting, participants shared the following concerns and suggestions. Some of these are also noted in the recommendations in Chapter 5.

Lessons Learnt and Challenges:

(Agenda, Time setting)

- On the ToT agenda, the session on communication skills was conducted in the second half, but I wanted to learn this at an earlier stage of the training.
- The time available was short given the volume of agenda items covered by the training.
- The role-play scenario set out a fire situation, but I felt that it was not very realistic.
- The concepts of some terminologies used in the training (Normalization, Triangulation, Generalization, Active listening), may be easily conveyed in English, but for participants who only understand Arabic, these were difficult to grasp. These terminologies should be fully explained when rolling out in Arabic.

(Environment setting)

- The one-day training venue was small and not very friendly to participants with physical disabilities.

Suggestions:

(Content, time setting)

- One day was too short for the rollout training, so it would be better to do it in two days.
- For participants who are unfamiliar with the field of mental health and psychosocial support, it would be advisable to carry out additional courses such as introducing MHPSS on the first day and having a PFA-C session on the second day.
- Gender issues did not occur in urban areas (central areas), but segregated group settings were required in the northern and southern regions, as male facilitators were assigned to male participant groups and female facilitators to female groups; the facilitator assignment plan needs to be carefully organized in advance.

(Target Beneficiaries)

- For one-day training, reduce the number of participants per training and carry out training at a larger venue.
- We should reach a wider range and target people within the same governorate.
- Since schools and medical facilities are sparsely located in the southern region, the number of participants is limited if only health and education sector personnel are invited, so it would be better to widen the target audience in these regions.
- PFA-C training should be rolled out in as many schools as possible in the future.

- The related departments of the central Ministries should work together to establish a national PFA-C team and formulate dissemination plans for each Governorate.
- One-day training could be planned at a regional main hospital targeting around 20-30% of the staff so that it would be easy to monitor, follow up, and provide guidance after the training is completed. It would be beneficial to be able to reach a large number of people in several places.

(Recommendations)

- It would be good if all medical facilities had a “MHPSS unit” so that patients and staff could know where to go and what to do when required.
- Develop and distribute PFA-C leaflets that can be used in schools and health centres.
- Make more videos, posters and other promotional material about PFA-C.
- Implement a PFA-C training campaign in a refugee camp.
- Conduct awareness raising activities for PFA-C among children and mental health carers.

Activity 6-2 Policy Recommendations

After compiling all the lessons learnt, good practices and challenges that arose from the implementation of the training, a list of recommendations was developed which would assist the Ministry of Health and the Ministry of Education to further strengthen policies related to MHPSS for children as well as capacity for their implementation at community level. Details are described in Chapter 4.

Chapter 4 Challenges, Adaptations and Lessons Learnt during Assignment Implementation

This chapter summarizes the main challenges faced in the implementation of this assignment, as well as adaptations, and lessons learnt.

4.1 Challenges

Difficulties in fostering cooperative relationship between the Ministry of Health and the Ministry of Education

- Throughout the assignment development and implementation, one of the objectives was to further foster a cooperative relationship between stakeholders of the Ministry of Health and the Ministry of Education for strengthening MHPSS nationwide, but actual achievement was limited in this regard. In order to promote cooperation between Ministry officials, an inception meeting was held to explain the assignment objectives and expectations, and after discussion with the focal points of both Ministries, preparations for training were initiated. In addition, one week before the implementation of the ToT session, a preparatory meeting was held for those who planned to participate in the training, with the aim of fostering a foundation for collaboration between the two Ministries. However, as the Ministry of Education registered some COVID-19 positive cases around that time, they asked that online training replace face-to-face training for their staff. Opportunities for prior consultation were therefore limited by these external factors.
- At the time of the ToT session, the two Ministries shared group work and venues, but from the third day several personnel disagreed with this method, and we decided to divide the participants by Ministry. In the rollout training, we tried to foster a cooperative environment by providing as many opportunities as possible for joint training sessions. In Ma'an province, three training sessions were led jointly by the Ministry of Education and Ministry of Health officials. Having said that, the initial aim of having one facilitator from each Ministry and establishing a consultation mechanism between the two Ministry stakeholders on the ground was not fully realized by this assignment.

4.2 Adaptations

Flexibility of implementation modality during the COVID-19 pandemic

- While the COVID-19 situation in Jordan was extremely fluid, we adjusted and updated our workplan continuously in accordance with the various restrictions issued by the Jordanian government. For example, at the beginning of the assignment, gatherings of 20 or more people were restricted, so we had to adjust venue arrangements and implementation modalities (online/remote implementation) that would meet the Standard Operating Procedures (SoPs) of each Ministry. The ToT session conducted in Amman strictly observed the SoPs, and training was conducted simultaneously in separate rooms to observe social distancing

rules. Pandemic mitigation measures such as hand washing, hand sanitizing, and mask wearing were adhered to during all ToT and rollout sessions and social distancing was maintained during group activities. There were no positive cases of COVID-19 among participants during this assignment.

- Although 17 to 20 people were initially expected to participate in the rollout training, Tawjihi (Jordan's National Secondary Education Completion Examination) kept most of the Ministry of Education and school staff mobilized, and COVID-19 emergencies engaged Ministry of Health staff in community preventative and response actions. Due to these external factors, it was difficult to coordinate a schedule for these personnel, so the average number of attendees was 14-15. In consultation with the Ministry of Health focal point staff, we held an additional one-day training for 10 people in Annam in the final month in order to achieve the initial goal of outreach to a total of 600 people, which meant we achieved the initial target figure. In summary, we were able to deliver training to 603 people in total.

4.3 Lessons Learnt

Implementation permit from the Ministry of Social Development (MoSD)

- When a local affiliated NGO implements an assignment with overseas remittance, obtaining an implementation permit from the Jordanian Ministry of Social Development proved to be mandatory even though the assignment scheme was originally part of the Agreement on Technical Cooperation between JICA and the Government of Jordan. Although we expedited the process, approval took more than two months. As a result, the nationwide rollout training had to be scheduled around the Eid Holidays, and there was a one-month gap between the ToT and the actual rollout training. Additional processes such as refresher training sessions were introduced to mitigate the effects of this gap. This process seems not to necessary when a Japanese consultant travels to the country to implement the assignment directly, but as this assignment used a remote management modality because of the global pandemic, engagement of a local partner, Save the Children Jordan in this case, was indispensable. This leads the case that individual approval from the Ministry of Social Development, which is managing NGOs, and the Prime Minister's Office have become mandatory. In future, when JICA implements similar assignments with a Japanese consultant in collaboration with a locally based NGOs, it is recommended that the contract period take into consideration MoSD's lengthy approval process.

Consideration of background differences between the Ministry of Education and the Ministry of Health stakeholders

- It was found out that education practitioners such as school counsellors were already equipped with basic PFA-C knowledge and skills as well as practical experience. On the other hand, health professionals tended to evaluate their self-ability lower than education stakeholders regarding the PFA-C approach and its practice. For instance, education stakeholders showed 70% of ability (self-evaluation) while health personnel showed 65% as in Figure 3 above. This tendency differed from the task team’s initial assumption that Ministry of Health personnel or community health practitioners would have a better understanding and ability than Ministry of Education and education stakeholders in the communities. To fill this gap, the team started training sessions for Ministry of Health officials one hour earlier so that they could better understand PFA-C and its practice. While explaining the concept of “First Aid” during this additional session, we stressed that PFA-C was not only for experts but for anyone to learn.

Rollout session planning based on the dropouts of facilitators

- Under this assignment, ToT participants were certified as PFA-C trainers only after they had engaged in facilitating rollout efforts, but two of the ten participants from the Ministry of Education dropped out in the middle of the assignment implementation due conflicts in their work schedules. The spaces were filled by a co-facilitator from the Ministry of Health and a Save the Children Jordan staff member. The overall training delivery plan should have assumed that only 70-80% of ToT participants could actually commit and contribute to the PFA-C rollout exercises as facilitators.

Training duration setting

- Many participants in the training shared their feedback that there were too few training days. The assignment intended to carry out the WHO version 1-day training on the first day and the PFA-C ToT session for the next 3 days. Considering that most of the facilitators/trainers joined online, and it was difficult to secure their time slots, especially for the Ministry officials, we decided to cover all items in 2.5 days, i.e., three half days and one full day. Also, in the rollout training, in consideration of the COVID-19 context, we focused on the "linking" section and incorporated referral pathways and service mapping into the training agenda. Given that most participants were not familiar with interactive facilitation, communication methods and skills were also included into the training topics. As a result, time management became somewhat challenging. For future reference, we would recommend planning more time for the PFA-C ToT, at least 5-6 days, with, for instance 3 days in each of 2 weeks instead of 6 days straight, given that medical personnel often needed to take emergency calls during training. This time schedule would make it easier for education/health stakeholders to participate continuously and to absorb the PFA-C approach and MHPSS activities in more detail while maintaining their other commitments. Regarding rollout training, it would be beneficial to introduce those participants unfamiliar with mental health and psychosocial to MHPSS concepts on the first

day, while the PFA-C session could be held on the second day. Another option would be to present the WHO PFA on the first day, so that participants could understand MHPSS concepts and basic ideas around PFA. The WHO version of PFA also includes explanations of basic MHPSS in emergencies and sessions on the effectiveness of PFA, so existing training modules could be utilized without formulating a new training module on MHPSS from scratch. When the two types of training have been provided for two days in Japan, levels of understanding and satisfaction of the participants were high. That timeframe would promote understanding of mental health and psychosocial support in general as well as facilitate deeper understanding and specialized practical exercises for PFA-C within the two days.

Effectiveness of local personnel mobilization under remote management modality

- While Japanese consultants were expected to manage this assignment remotely without travelling to the country, the mobilization of locally based personnel with PFA-C background from Save the Children Jordan, along with three co-facilitators nominated by the Ministry of Health, worked very well in terms of effective remote management.

Chapter 5 Recommendations

The following recommendations for further strengthening and delivering school mental health and MHPSS activities for children in Jordan are based on the challenges, adaptations and lessons learnt described above as well as feedback from each stakeholder who participated in the assignment activities.

Community-based Contextualization

- In this assignment, the ToT session put extra focus on the COVID-19 situation in Jordan. For rollout sessions however, participants suggested that it would be more effective to contextualize the different local situations affecting individual communities. This would also help foster understanding among participants, establish knowledge, identify actual needs, and provide psychosocial support on the ground. Contextualizing the role play case scenario in the PFA-C session would be an option. In the central urban area, a car accident, parents' divorce, child bullying at school or in the community, failing at school, abuse or neglect are issues that might be common to children in the area. On the other hand, in the North and South regions, issues caused by poverty might be more familiar to people who reside in those areas. Case scenarios and role play topics could be contextualized after conducting a simple preliminary survey on the issues and needs of each region. We could also consider establishing a core team for each region consisting of those who have taken the ToT under this assignment or those who have experience in PFA-C.

- As mentioned above, especially at the governorate level rollout sessions, community education practitioners were more familiar with the MHPSS approach than medical personnel such as doctors and nurses. It could be also recommended that the training agenda be adjusted to take account of participant profiles and background. The rollout training session aims to impart communication skills in a short period of time and is considered useful for participants to grasp the meaning and approaches of PFA-C more quickly.

Local supervising system with the ToT participants

- As the rollout training is short, the level of understanding of the topics and ability to apply these skills and knowledge in practice mainly depend on each person's prior knowledge and experience. Some people were able to apply the skills they learnt immediately after the session, while others found it difficult. It is therefore essential to establish a mechanism for supervision and follow up in communities to strengthen community-based PFA-C and MHPSS approaches and activities. Since this assignment was able to reach more than 600 community health and education practitioners throughout Jordan, future planning could incorporate a local supervisory system established in collaboration with these assignment participants.

MHPSS IEC (information education and communication) material development

- In the PFA-C training, many participants were particularly interested in and impressed by the audiovisual materials, so in future the development of MHPSS IEC materials contextualized for Jordan would be of benefit to a wider range of people and is considered to be an effective means of disseminating the importance and effectiveness of MHPSS and PFA-C principles more widely.

Advocacy on adding MHPSS/PFA-C capacity development element to the Ministry personnel's ToR

- For the purpose of further fostering understanding of MHPSS and PFA-C among Ministry personnel and maintaining its sustainability, some ToRs (Terms of References) related to MHPSS capacity building efforts should be included in their roles and responsibilities at the Ministry level, especially for those with the potential to lead the MHPSS sector in the country. The ToR could include developing plans for raising awareness of MHPSS, rolling out a PFA-C strategy nationwide, and policy-making in terms of strengthening capacity for MHPSS.

Mobilization of other stakeholders apart from the Ministry of Health and the Ministry of Education

- We would recommend that further efforts to strengthen MHPSS involve not only education and health practitioners, but also those engaged in community development and child protection (for example, the

Ministry of Social Development, SOS Children's Village, and other Youth Centres and Juvenile Centres in Jordan). By involving them, a more comprehensive, stronger and systematic MHPSS and referral system would become feasible throughout Jordan. PFA-C for parents and caregivers, who are closest to their children, should also be taken into account.

- ✚ MHPSS strengthening initiatives introducing peer to peer PFA-C approach in Jordan
- In this assignment, we specialized in developing a PFA-C approach for "adults" who come into contact with children, such as those in the Ministry of Health and the Ministry of Education. At the same time, PFA-C is an approach that anyone can use when caring for people in psychosocial distress, even if they are not MHPSS specialists. This approach could also be applied to children themselves as part of a “peer-to-peer” support mechanism, to offer assistance to their friends. This peer-to-peer PFA approach could also be incorporated into public school education curricula and/or the non-formal education system for Jordanians as well as for Syrian refugees. In some cases, children and adolescents are more likely to share their concerns with peers than with parents, caregivers, and adults, and children themselves sometimes identify changes in friends more sensitively. Acquiring the knowledge and skills of safe and appropriate PFA for children also leads to improvement of their own resilience.
- In July 2021, the United Nations Children's Fund (UNICEF), MHPSS Collaborative, World Health Organization (WHO) and Save the Children launched a peer-to-peer PFA named ‘I Support My Friends’ toolkit. Though it was not possible to roll out this package under this assignment due to time constraints and beneficiary settings, if the rolling out of this peer-to-peer PFA package is materialized, it is expected that both children and adults will be able to understand and practice PFA-C. This will also contribute to the sustainability of MHPSS at the community level. It could be also an advantage that Save the Children Jordan has already been conducting its pilot activities. By applying this approach, MHPSS for children will be further strengthened with more sustainability, in a more comprehensive manner.

添付資料 Appendices

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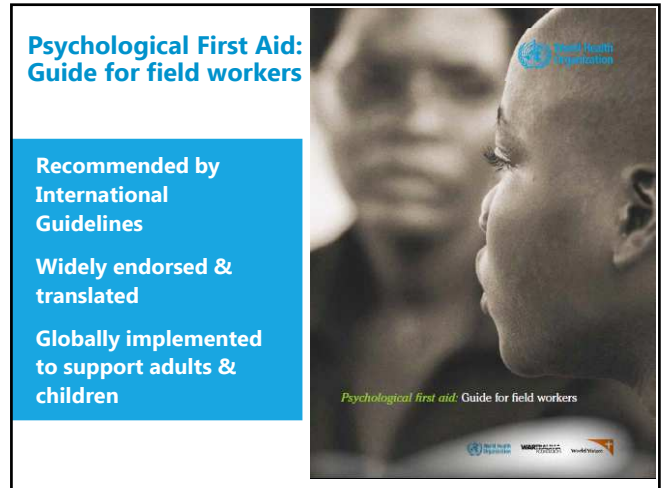
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1. 講師養成研修資料 ToT Materials

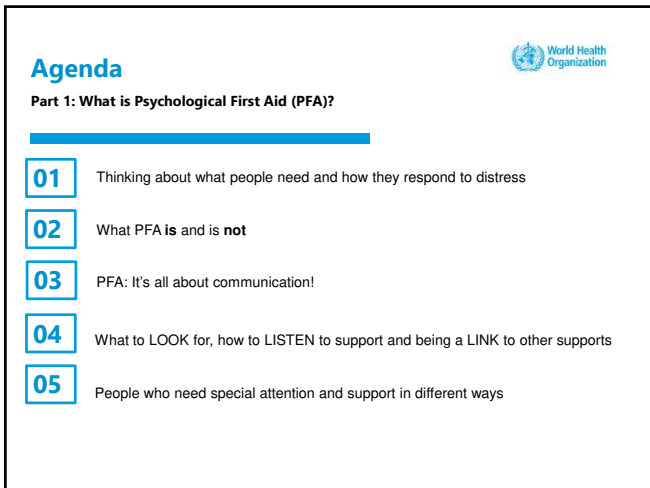
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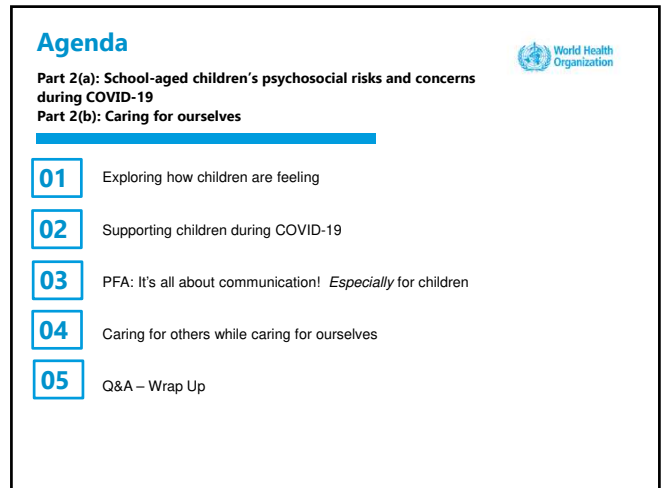
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6

Why PFA?

World Health Organization

People cope better after or during crisis when these ingredients are assured

7

What PFA is and is not

World Health Organization

What comes to mind when you think about "psychological first aid"?

8

What PFA is!

World Health Organization

A description of a humane, supportive response to a fellow human being who is suffering and who may need support. PFA involves:

- Assessing needs and concerns (looking)
- Offering support, comforting people and helping them to feel calm (listening)
- Helping people access practical needs, information, services and social supports (linking)
- Protecting people from further harm

9

What PFA is not!

World Health Organization

- Counseling or therapy
- A clinical or psychiatric intervention (although it can be part of good clinical care)
- Psychological debriefing
- Asking someone to analyse events or put them in order
- Pressing people to tell you their story
- Asking for descriptive details about and event
- Going in-depth about a person's feelings
- Something only professionals do

10

PFA: It's all about communication!

World Health Organization

When providing psychosocial support:

- What is good and helpful communication?
- What is poor or unhelpful communication?
- Is communication only about the words we use?
- In what ways or situations might you need to change the way you communicate with a person?

11

What TO say or do

World Health Organization

- Find a quiet space to talk
- Respect the person's privacy and confidentiality, as appropriate
- Stay near the person but keep an appropriate distance depending on age, gender, culture
- Communicate differently depending on age, gender, culture, situation
- Let them know you hear them – E.g., nod your head or say "hmmmm..."
- Be patient and calm
- Provide accurate information. Be honest about what you don't know – E.g., "I don't know, but I will try to find out about that for you."
- Give information in a way the person can understand – keep it simple.
- Acknowledge their feelings, and important events they share with you, E.g., "I'm so sorry your father has died. It sounds like you miss him."
- Acknowledge the person's strengths and how they have helped themselves
- Allow for silence

12

What **NOT** to say or do

- Pressure someone to tell their story
- Interrupt or rush someone's story
- Don't touch the person if you're not sure it is appropriate
- Don't judge what they have or haven't done, or how they are feeling – E.g., "Don't be sad" or "You should have studied harder."
- Make up things you don't know
- Use technical terms (including "psychological first aid").
- Tell them your own or someone else's story.
- Give false promises or false reassurances.
- Suggest you can solve all of the person's problems
- Take away the person's strength and sense of being able to care for themselves
- Don't talk about people in negative terms (e.g., "crazy" or "mad")

13

What to **LOOK** for, how to **LISTEN** to support and being a **LINK** to other supports

- Look
- Listen
- Link



14

What to **LOOK** for

- Check for safety
- Check for people with obvious urgent basic needs
- Check for people with serious distress reactions



15

How do we know if a person is distressed?



16

How to **LISTEN** to support

- Approach people who may need support
- Ask about people's needs and concerns
- Listen to people, and help them to feel calm



17

LISTEN to people and help them to feel calm

- Keep your voice calm and use a soft tone
- Maintain eye contact
- Reassure the person they are safe and that you are there to help them
- Help them to breathe
- Offer a brief distraction
- Help them to ground themselves in the present moment



18

How to LISTEN to support

World Health Organization

- Helping children to feel calm and comfortable to talk





19

Being a LINK to other supports

World Health Organization

- Help people address basic needs and access services
- Help people cope with problems
- Give information
- Connect people with loved ones and social support




20

LINK people to their own and other positive ways of coping

World Health Organization

Encourage positive coping strategies:

- Diet, exercise, talking to others, spiritual activities, taking rest, adequate sleep, doing someone pleasurable every day, reconnecting with family, friends or community contacts




21

People who need special attention and support in different ways

World Health Organization

Who might need special attention?
How might support be needed and offered in different ways?



22

COVID-19: Exploring how children are feeling?

World Health Organization



23

40%-50% of parents and caregivers say:

World Health Organization

Children have been struggling mentally and emotionally. They are concerned about damage COVID-19 is having on their children's education

Distance learning is ineffective, due to lack in resources, limited internet access, lack of support from adult family members and difficulties connecting with teachers.

1 in 5 parents/caregivers reported financial impacts of COVID-19 resulting in less money to spend on food.

24

Children are worried about:

- Impacts on their education
- Feeling stressed and depressed
- Missing their friends
- Increased risks of poverty and abuse
- Anxiety



World Health Organization

25

Supporting children during COVID-19

What will children need to feel supported during COVID-19 in relation to:

- Education?
- Reducing stress and sadness?
- Connecting with friends?
- Protection from abuse?
- Reducing worry and anxiety?




World Health Organization

26

6 ways parents and caregivers can support their children during COVID-19

1. Be calm and proactive in caring for their children
2. Sticking to routine
3. Allowing children to feel their emotions
4. Asking them about what they are hearing about COVID-19
5. Creating welcome distractions (not always screen time!)
6. Monitoring our own caregiving practices, feelings and coping



World Health Organization

27

So if we're providing PFA to children during COVID-19, remember it's all about communication!

But especially for children!

Why *especially* for children [and young people]?



World Health Organization

28

Caring for others while caring for ourselves

1. Prepare yourself for helping, and always ask: "Am I ready to help?"
2. Manage your stress and adopt your own healthy work and life habits
3. Take time to rest and reflect, especially after any challenging interactions with others
4. Seek supervision, peer support, and do not be embarrassed to seek professional support, if needed



World Health Organization

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Q&A Wrap-up

World Health Organization

www.who.int

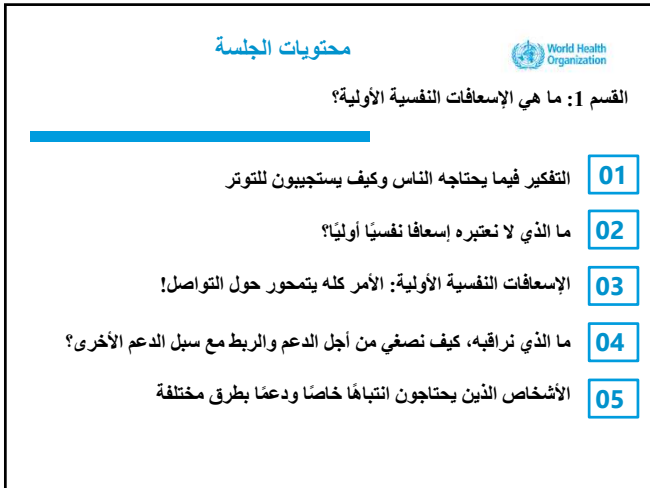
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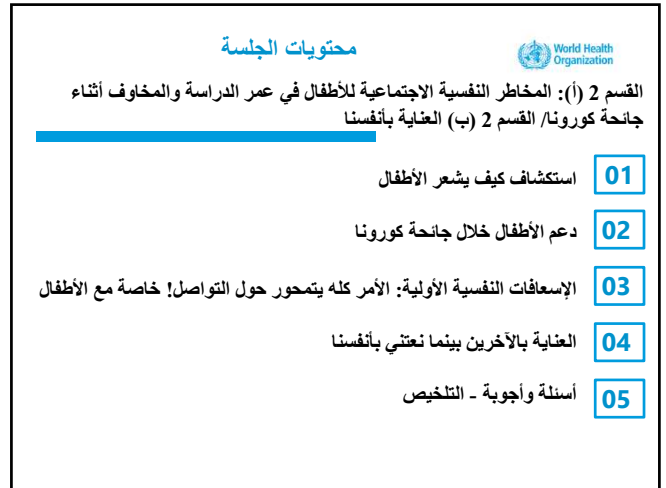
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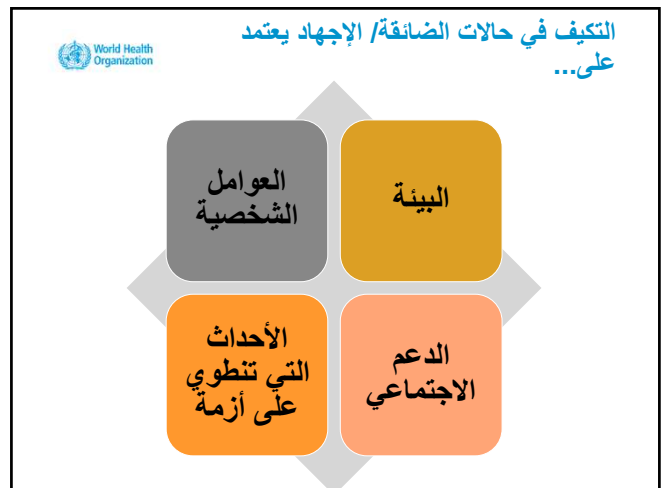
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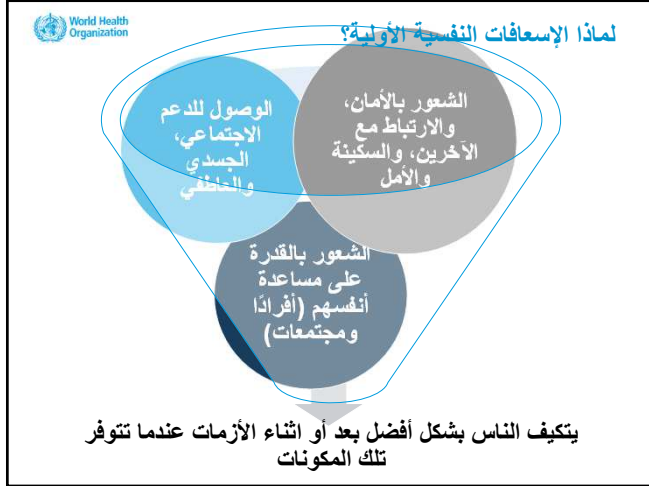
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11



12

ما الذي لا ينبغي قوله أو فعله

- الضغط على الشخص لرواية قصته
- أن تقاطع أو تستعجل رواية قصة شخص ما
- لا تلمس الشخص إن لم تكن متأكدًا بملاءمة ذلك.
- لا تقم بإطلاق الأحكام على ما فعله الشخص أو لم يفعله، أو على الطريقة التي يشعر بها، مثلًا: "لا تحزن" أو "كان ينبغي عليك الدراسة بجد أكثر"
- أن تختلق أشياءً لا تعلم عنها شيئًا
- أن تستخدم مصطلحات فنية (بما في ذلك الإسعافات النفسية الأولية!)
- أن تخبرهم قصتك أو قصة شخص آخر
- أن تعطي وعودًا أو تظمنيات زائفة أو غير حقيقية

13

ما الذي ننظر إليه، كيف نصغي لندعم ونكون رابطًا لآليات الدعم الأخرى

أنظر
أصغ
أربط



14

ما الذي ننظر إليه؟

- تفقد سلامة الأشخاص
- تفقد وجود أشخاص ذوي احتياجات طارئة واضحة
- تفقد وجود أشخاص ذوي ردود أفعال ضيق/ إجهاد جديّة



15

كيف تعلم بأن الشخص في ضائقة/ إجهاد؟



16

كيف تصغي لتقوم بالدعم؟

- توجه نحو الأشخاص الذين قد يحتاجون دعمًا
- اسأل عن احتياجات الأشخاص ومخاوفهم
- أصغ للناس وساعدهم على الشعور بالهدوء



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أصغ للأشخاص وساعدهم على الشعور بالهدوء

- أبق صوتك هادئًا واستخدم نبرة مريحة
- حافظ على الاتصال البصري
- طمنن الأشخاص بأنهم آمنون وأنكم هنا لمساعدتهم
- ساعدهم على التنفس
- اقترح مشتمنًا قصيرًا
- ساعدهم على ترسيخ وجودهم في اللحظة الحالية



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World Health Organization

كيف تصغي لتقوم بالدعم؟

- مساعدة الأطفال على الشعور بالهدوء والراحة للتحدث





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World Health Organization

كيف تكون رابطاً لطرق الدعم الأخرى

- ساعد الأشخاص على تلبية الاحتياجات الأساسية والوصول للخدمات
- ساعد الأشخاص على التماسي مع المشاكل
- زودهم بالمعلومات
- اربط الأشخاص مع أحبائهم وطرق الدعم الاجتماعي المتاحة لهم




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World Health Organization

اربط الأشخاص بطرق التكيف الإيجابي لديهم والطرق الأخرى المتاحة

شجع استراتيجيات التكيف الإيجابية:

- الحماية الغذائية، التمارين، التحدث مع الآخرين، الأنشطة الدينية، الراحة، النوم الكافي، فعل شيء يجلب المتعة كل يوم، إعادة الاتصال مع العائلة أو الأصدقاء أو المجتمع




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World Health Organization

الأشخاص الذين يحتاجون انتباهاً خاصاً ودعمًا بطرق مختلفة

من الذي يحتاج انتباهاً من نوع خاص؟
كيف يحتاج الأشخاص للدعم وكيف يتم تقديمه بطرق مختلفة؟



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World Health Organization

كوفيد-19: استكشاف ما يشعر به الأطفال



23

World Health Organization

40-50% من الأهل ومقدمي الرعاية يقولون:

إن الأطفال قد عاثوا نفسيًا وعاطفيًا خلال الجائحة. إنهم قلقون من الضرر الذي ألحقته جائحة كورونا بتعليم أطفالهم. التعليم عن بعد وسيلة غير فعالة بسبب نقص الموارد، قلة الوصول للإنترنت، قلة الدعم أفراد العائلة البالغين وصعوبة الاتصال بالمعلمين.

1 من 5 أهالي أو مقدمي رعاية أفادوا بوجود صعوبات مالية ناتجة عن كوفيد 19 تسببت بقلة الإنفاق على الغذاء.

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World Health Organization

لدى الأطفال مخاوف بشأن:



- الأثر المباشر على تعليمهم
- الشعور بالتوتر والامتناب
- فقدان أصدقائهم
- ارتفاع خطورة التعرض للفقر والإساءة
- القلق

25

World Health Organization

دعم الأطفال خلال جائحة كورونا



ما الذي يحتاجه الأطفال للشعور بالدعم خلال جائحة كورونا فيما يتعلق ب:

- التعليم؟
- تقليل التوتر والحزن؟
- الاتصال مع الأصدقاء؟
- الحماية من الإساءة؟
- التقليل من الخوف والقلق؟

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6 طرق تمكّن الأهل ومقدمي الرعاية من دعم أطفالهم خلال الجائحة



1. أن يكونوا هادنين واستباقيين في رعاية أطفالهم
2. الالتزام بالروتين
3. السماح للأطفال بأن يشعروا بأحاسيسهم ويعبروا عنها
4. سؤالهم عما يسمونه عن كوفيد 19
5. ابتكار مشتمات ترحيبية (وليس قضاء الوقت أمام الشاشة)
6. مراقبة سلوكياتنا الوالدية ومشاعرنا وطرق تكيفنا

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World Health Organization

إذًا، إن كنا نقدم الإسعافات النفسية الأولية للأطفال خلال جائحة كورونا فنتذكر بأن الأمر كله متعلق بالتواصل!

خاصة للأطفال!

لماذا الأطفال والصغار على وجه الخصوص؟



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World Health Organization

الاهتمام بالآخرين بينما نهتم بأنفسنا



1. حضر نفسك للمساعدة، واسأل نفسك دائماً: "هل أنا جاهز للمساعدة؟"
2. قم بإدارة التوتر لديك وتكيف عاداتك المهنية والحياتية الصحية
3. خذ وقتاً للراحة والتفكير، خاصة بعد تفاعل ينطوي على تحدٍ مع الآخرين
4. ابحث عن دعم المشرفين والأقران، ولا تخجل من أن تطلب دعماً متخصصاً عند الحاجة لذلك

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World Health Organization

أسئلة وأجوبة التلخيص



www.who.int

30

19

Psychological first aid for children

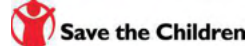


SESSION 3
Children's reaction to crisis, child development approach



Group work

- **Case scenario**
- You have just heard that there has been a fire at a school nearby. It is a school with children of all ages, from preschool to end of high school. Many people have been injured and some children and adults have died. You and your colleagues prepare to go to the affected area.

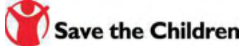


Group work

- What reactions do you expect from the people you will meet?
- Discuss how you expect people to behave, and which emotions and feelings they will display.

Focus on a specific school community member,

- Very young children (6 years and below).
- Young children (7 to 12 years).
- Teenagers and adolescents (13 to 18 years).



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Common reactions of all age groups




- Signs of fear that the event will take place again
- Worry that their loved ones or they themselves will be hurt or separated
- Reactions to seeing their community destroyed
- Reactions to separation from parents and siblings
- Sleep disturbances
- Crying



Cognitive development


21

 0 - 3 years

- No or limited language
- Communicate with body language Very little
- or no understanding of an emergency or event
- Physical contact = comfort

Greatest threat to an infant is to be abandoned

Why ?



22

 0 - 3 years

 Two-year-old Elina was in a car accident.

She and her father were injured. The other passengers were unharmed but shocked.

For several weeks after the accident Elina refused to sit in a car, and she appeared nervous and agitated when in traffic.



Common reactions

23

0 - 3 years

- Cling more to parents
- Regression to younger behavior
- Changes in sleep and eating patterns
- Crying and irritability
- Afraid of things that did not frighten them before



Common reactions

24

0 - 3 years

- Hyperactivity and poor concentration
- Changes in play activity:
 - Less or no interest in playing or only for short periods, repetitive play
 - Plays aggressively and in a violent way
- More opposing and demanding than before
- Very sensitive to how others react



Cognitive development

25

4 - 6 years

- Language, but narrow understanding of the world. Everything is centred around personal experiences
- Does not understand the consequences of emergencies Still fully dependent on parents' reactions
- Preoccupied by death, but does not really understand that a dead person never comes back
- 'Magical' thinking

4 - 6 years



≡ After the Bam earthquake in Iran, six-year-old Agada's father was severely shocked. From being a gentle, playful father he became unpredictable, angry and beat Agada for minor mistakes.

Agada, an otherwise happy and curious child, was quiet, wept easily and was clinging to her mother all day.

One day at bedtime she told her mother: "I wish that daddy would become my real daddy again."

Common reactions

27

4 - 6 years

- Clinging to parents or other adults
- Regress to younger behaviour, e.g. thumb-sucking Stop
- talking
- Inactive or hyperactive
- Do not play or play repetitive games
- Anxious and worry that bad things are going to happen




Common reactions

28

4 - 6 years


- Sleep disturbances, including nightmares
- Changes in eating patterns Become easily
- confused
- Are unable to concentrate well Take on adult
- roles
- Irritability



 7 - 12 years


- Still thinking concrete, but also some abstract and logical thinking
- Deeper understanding of how things are linked together, such as cause and effect, risks and vulnerabilities
- Interested in facts
- Understand that death is for ever



 7 - 12 years

- Understand loss
- Struggle with change
- Divide the world into opposites: good-evil, right-wrong, reward-punishment
- Still some 'magical' thinking




 7 - 12 years




≡ When Yi was nine years old, she was left with her aunt as her father and mother got divorced and both left to work in another part of the country.

Yi said: "If I had been a better girl, my parents would not have been divorced. I have to work hard in school so they can be proud of me and get back together."

 7 - 12 years

- Level of physical activity changes
- Feel and behave confused Withdraw from social contact
- Talk about the event in a repetitive manner
- Are reluctant to go to school
- Feel and express fear



 7 - 12 years

- Negative impact on memory, concentration and attention
- Sleep and appetite disturbances Aggression, irritability,
- restless Somatic complaints (physical symptoms related to emotional stress)
- Concerned about other affected people Self-blame
- feelings
-



Cognitive development of teens:
Transition from child to adult

- Searching for own identity
- Peers more important, although still attached to family
- Understand perspectives of others
- Understand consequences on self and others Growing sense of responsibility mixed with guilt and shame



Teens



When Dieumerci was 13 years old, his village was attacked by rebels. Dieumerci's parents were killed, but Dieumerci and his two sisters managed to hide. They fled, were picked up by government soldiers and taken to a camp.

Dieumerci was encouraged to participate in youth activities, but refused: "How can I play football when I am now the man of the family?"

Common reactions



Teens

- Feel intense grief
- Feel self-conscious or guilt and shame that they were unable to help those who were hurt
- Show excessive concern about other affected persons
- May become self-absorbed and feel self-pity
- Changes in interpersonal relationships

Common reactions



Teens

- Increase in risk-taking behaviour, self-destructive behaviour, avoidant behaviour, aggression
- Experience major shifts in their view of the world A sense of
- hopelessness about the present and the future
- Become defiant of authorities and parents Start to rely more
- on peers for socialising

How children react depends on...



Age, developmental stage

How others, especially parents and care-givers, react

What they have experienced

Past experiences such as abuse, family violence and neglect



What experiences do you think impact how children react

Experiences that affect reactions

- Loss of one or more family members or friends Seeing
- seriously injured or dead bodies
- Family members who remain missing after the event, including when their body has not been recovered, but they are presumed dead
- Becoming hurt or sick because of the disaster or other event



Experiences that affect reactions

- Being unable to evacuate quickly in a life-threatening situation
- Trapped, delayed evacuation Loss of home, school, belongings
- Loss of pets
- Previous experiences with loss, stressful events and other difficulties



From UCLA Center for Public Health Disasters (2006). Listen, protect and connect. Psychological first aid for children, parents and other care-givers after natural disasters. Helping you and your child after disasters.

Psychological first aid for children

SESSION 4

Identifying children who need PFA, and PFA action principles



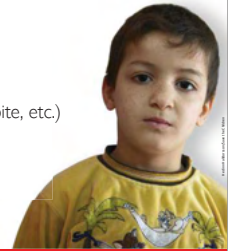
Children at high risk of strong reactions are children who...

- Are separated from their family or care-givers
- Have watched loved ones or others being hurt or killed
- Have been physically hurt
- Feel threatened
- Are worried and concerned because their parents or care-givers are grieving or concerned too
- Feel guilty about surviving when others died
-



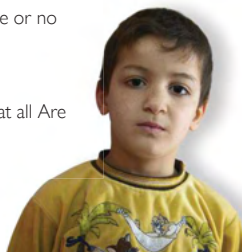
Children with obvious signs of distress...

- Have physical symptoms of not feeling well, such as shaking, headaches, loss of appetite, aches and pains
- Cry a lot
- Are hysterical and panicking
- Are aggressive and try to hurt others (hit, kick, bite, etc.)
- Cling continuously to their care-givers
-



Children with obvious signs of distress...

- Seem confused or disorientated
- Appear withdrawn or very quiet with little or no movements
- Hide or shy away from other people
- Do not respond to others, do not speak at all
- Are very scared



Culturally specific behaviour

47

What are the obvious signs of distress in parents and care-givers

Save the Children

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Parents and care-givers in distress...



as children

[More ?](#)

May not be able to care for themselves or their children

[Reactions in your culture ?](#)

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Action principles for PFA for children

Look

↳ **Listen**

↳ **Link**

Adapted from WHO's Psychological First Aid: Guide for field workers'

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Look

- ▶ Check for safety
- ▶ Look for children with obvious urgent basic needs
- ▶ Look for children, parents and care-givers with serious distress reactions

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Listen

- ▶ Approach children and parents or care-givers who may need support
- ▶ Ask about children and parents' or care-givers' needs and concerns
- ▶ Listen to children and their parents or care-givers, and help them feel calm

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Link

- ▶ Help children and their families to address basic needs and access services
- ▶ Help children and their families cope with problems
- ▶ Provide information
- ▶ Connect children and their families with each other, and with social support

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Most children recover well if they...

- Are reunited with their parents or care-givers Have
- their basic needs met
- Feel safe and out of danger
- Receive support like psychological first aid for children

Children who may need extra help...

- Remain very distressed
- Maintain dramatic changes in personality and behaviour Cannot function daily in their lives
- Feel threatened
- Are at risk of doing harm to themselves or others

If a child is severely distressed, avoid leaving him or her alone. Stay with the child until the reaction has passed or until you can get help from others.

Who do you refer children to ?

If a child is in severe distress, s/he should be linked to professional support.

Which options are available in your area?

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الإسعافات النفسية الأولية للأطفال

عمل مجموعات

سيناريو حالة

الجدود

• سمعت للتو عن حريق في مدرسة مجاورة، وهي مدرسة تحتوي أطفالاً من جميع الأعمار، من مرحلة الروضة وحتى المرحلة الثانوية. جرح الكثير من الأشخاص، وبعض البالغين والأطفال قد توفوا. تستعد أنت وزملاؤك للذهاب إلى المنطقة المنكوبة.

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القسم ب:

19

عمل مجموعات

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• سمعت للتو عن حريق في مدرسة مجاورة، وهي مدرسة تحتوي أطفالاً من جميع الأعمار، من مرحلة الروضة وحتى المرحلة الثانوية. جرح الكثير من الأشخاص، وبعض البالغين والأطفال قد توفوا. تستعد أنت وزملاؤك للذهاب إلى المنطقة المنكوبة.

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20

عمل مجموعات

• ما هي ردود الأفعال التي تتوقعها من الأشخاص الذين ستقابلهم؟

• ناقش كيف تتوقع أن تكون ردود أفعال الأشخاص، وما هي المشاعر التي سيظهرونها.

حدد شخصاً محدداً من أفراد المدرسة من إحدى المجموعات التالية:

- أطفال صغار جداً (6 سنوات فما دون)
- أطفال صغار (7 - 12 سنة)
- مراهقون ويافعون (13 - 18 سنة)

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القسم ب:

21

20

ردود الفعل الشائعة لدى كل الفئات العمرية

- علامات خوف من أن يتكرر الحدث
- قلق من إمكانية إصابتهم شخصياً أو إصابة من يحبونهم بالأذى، أو من إمكانية انفصالهم عن أحبائهم
- التأثير بروية مجتمعهم المحلي يتعرض للدمار
- التأثير بانفصالهم عن أهلهم وأشقائهم
- تغيرات في نمط النوم أو صعوبات في النوم
- البكاء

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القسم ب:

22

21

النمو المعرفي

ما دون 3 سنوات

- لغة محدودة أو غير موجودة
- يتواصلون عبر لغة الجسد
- بالكاد يفهمون حالة طوارئ أو حدثاً معيّنًا، أو لا يفهمونها بتاتاً

الاتصال الجسدي = الطمأنينة

أكبر خطر على الطفل الرضيع هو أن يتم التخلي عنه لماذا؟

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القسم ب:

23

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مثال عن حالة

ما دون 3 سنوات

إيلينا عمرها سنتان، وقد تعرّضت لحادث سيارة هي ووالدها أصيبا بجروح، أما الركاب الآخرون فلم يُصابوا بأذى لكنهم أصيبوا بصدمة.

طوال أسابيع بعد الحادث، كانت إيلينا ترفض الجلوس في سيارة، وبدت متوتّرة ومضطربة خلال زحمت السير.

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القسم ب:

24

23

ردود الفعل الشائعة

ما دون 3 سنوات

- زيادة التشبث بالأهل
- الإنكفاء إلى سلوك أصغر من عمرهم
- تغيرات في أنماط نومهم وأكلهم
- زيادة البكاء وسرعة الإستثارة
- الخوف من أشياء لم تكن تخيفهم في السابق



القسم ب:

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24

ردود الفعل الشائعة

ما دون 3 سنوات

- فرط في الحركة ونقص في التركيز.
- تغيرات في نشاط اللعب:
- اهتمام أقل أو انعدام الاهتمام باللعب، أو اللعب لفترات قصيرة فقط،
- اللعب التكراري،
- اللعب بعدائية وعنف.
- معارضة وتطلب أكثر من السابق
- حساسية عالية تجاه ردود فعل الآخرين



القسم ب:

Save the Children

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25

النمو المعرفي

بين 4 و6 سنوات

«يمتلكون اللغة لكنّ مع فهم ضئيل للعالم - كل شيء يتركز حول خبراتهم الشخصية»

- لا يفهمون عواقب حالات الطوارئ
- ما زالوا يعتمدون على ردود فعل أهلهم
- الموت يشغل بالهم، لكن لا يفهمون أنّ الشخص الميت لن يعود أبداً
- يتصّفون بالخيال والتفكير "السحري"



القسم ب:

Save the Children

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22

مثال عن حالة

بين 4 و6 سنوات

بعد زلزال بام في إيران، أصيب والد أغاندا البالغة من العمر 6 سنوات بصدمة حادة. فبعد أن كان والداً لطيفاً ويحب اللعب، صارت تصرّقاته غير متوقّعة، وراح يغضب ويضرب أغاندا بسبب أخطاء صغيرة. أما أغاندا التي كانت فتاة سعيدة وفضولية فقد صارت صامتة وتبكي بسرعة، وتتشبّث بوالدتها طوال اليوم. في يوم من الأيام، قالت لوالدتها عند وقت النوم: "أتمنى أن يعود والدي من جديد كما كان والدي الحقيقي."



القسم ب:

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27

ردود الفعل الشائعة

بين 4 و6 سنوات

- التشبّث بالأهل أو بغيرهم من الراشدين
- الإنكفاء إلى سلوك أصغر من عمرهم مثل امتصاص الإبهام
- التوقّف عن الكلام
- الخمول أو فرط النشاط
- التوقّف عن اللعب أو تكرار الألعاب عينها
- انغلاق والارتياح من وقوع الأحداث السيئة



القسم ب:

Save the Children

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ردود الفعل الشائعة

بين 4 و6 سنوات

- اضطرابات في النوم، بما في ذلك الكوابيس
- تغيير في نمط الأكل
- سرعة الارتباك
- عدم القدرة على التركيز الكامل
- الاضطلاع بأدوار الراشدين في بعض الأحيان
- سرعة الإستثارة



القسم ب:

Save the Children

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النمو المعرفي

بين 7 و12 سنة

- ما زال تفكيرهم يعتمد على الأمور الحسية الملموسة، لكن لديهم قدرة على التفكير ببعض الأمور المجردة وبمنطق
- يفهمون بشكل أعمق كيف تترايب الأشياء في ما بينها، مثل الأسباب والنتائج، والأخطار وقابلية التأثر
- يهتمون بالوقائع الملموسة
- يفهمون أن الموت يدوم إلى الأبد



القسم ب:

Save the Children

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النمو المعرفي

بين 7 و12 سنة

- يستوعبون مفهوم فقدان
- يتصارعون مع التغيير
- يقسمون العالم بين نقيضين: خير وشر، وصواب وخطأ، ومكافأة وعقاب
- ما زال لديهم بعض التفكير "المسحري"



القسم ب:

Save the Children

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مثال عن حالة

بين 7 و12 سنة

عندما كانت بي في التاسعة من العمر، تركت مع عمّتها لأنّ والديها تطلقا وغادرا للعمل في مكان آخر من البلاد.

فقالت بي في نفسها: "لو أنّي تصرّفت بشكل أفضل، لما تطلق والداي. يجب أن أجتهد في المدرسة حتى يفخرا بي ويعودا معاً"



القسم ب:

Save the Children

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ردود الفعل الشائعة

بين 7 و12 سنة

- تتغير في مستوى النشاط الجسدي
- الشعور والتصرّف بارتباك
- الانسحاب من التواصل الاجتماعي
- التكلّم عن الحدث بطريقة متكررة
- تردّد في الذهاب إلى المدرسة
- الشعور بالخوف والتعبير عنه



القسم ب:

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ردود الفعل الشائعة

بين 7 و12 سنة

- آثار سلبية على الذاكرة والتركيز والانتباه
- اضطرابات في النوم والشهية
- الحساسية وسرعة الاستئثار والتملل
- أعراض جسمانية (أعراض جسدية ناتجة عن الضغط النفسي)
- الفئق تجاه الأشخاص الآخرين المتضررين
- الشعور بالذنب ولوم الذات



القسم ب:

Save the Children

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النمو المعرفي لدى المراهقين

الانتقال من الطفولة إلى سن الرشد

- يبحثون عن هويتهم الخاصة
- يلعب الأقران دوراً مهماً في حياتهم، رغم أنهم مازالوا مرتبطين بأهلهم
- يفهمون وجهات نظر الآخرين
- يفهمون التبعات على أنفسهم وعلى الآخرين
- يزداد لديهم حسن المسؤولية

القسم ب:

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مثال عن حالة المراهقون

عندما كان ديوميرسي في الثالثة عشرة من عمره، تعرّضت قريته لهجوم من الثّوار. فقتل والده لكن ديوميرسي وشقيقته تمكّنا من الاختباء. ثم هربوا فوجدهم الجنود النظاميون وأخذوهم إلى مخيم.

تم تشجيع ديوميرسي على المشاركة في نشاطات للشباب لكنّه رفض قائلاً: "كيف يمكنني أن أعب كرة القدم وأنا الآن رجل العائلة؟"

القسم ب:

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ردود الفعل الشائعة المراهقون (١)

- حزن بالغ
- الوعي الذاتي أو الشعور بالذنب والعار لأنهم لم يتمكّنوا من مساعدة الأشخاص الذين تأدّوا
- التخوّف المفرط على غيرهم من الأشخاص المتضرّرين
- الإنطواء على النفس والشعور بالشفقة على الذات
- تغيّرات في علاقاتهم مع الآخرين

القسم ب:

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ردود الفعل الشائعة المراهقون

- ازدياد في سلوك المجازفة، والسلوك المدمّر للذات أو الانطوائي أو العدائي
- تحولات كبرى في نظرتهم إلى العالم
- شعور باليأس من الحاضر والمستقبل
- تحديّ السلطات والأهل
- اعتماد أكبر على الأقران في العلاقات الاجتماعية

القسم ب:

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تعتمد ردود فعل الأطفال على:

- العمر، مرحلة النمو
- ردود فعل الآخرين، خصوصاً الأهل ومقّمي الرعاية
- ما اختبروه
- الخبرات السابقة، مثل الإساءة، والعنف المنزلي، والإهمال

القسم ب:

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برأيكم، ما هي التجارب التي تؤثر على ردود فعل الطفل؟

القسم ب:

Save the Children

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التجارب التي تؤثر على ردود الفعل

- فقدان فرد أو أكثر من أفراد العائلة أو الأصدقاء
- رؤية أشخاص مصابين بجروح بليغة أو جثث الموتى
- بقاء أفراد من العائلة مفقودين بعد الحدث، بمن فيهم أولئك الذين لا يتم العثور على جثثهم، لكنهم يُعتبرون أمواتاً
- التعرّض للأذى أو للمرض بسبب الكارثة أو أي حدث آخر

القسم ب:

Save the Children

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التجارب التي تؤثر على ردود الفعل

- عدم القدرة على الإجراء بسرعة خلال حالة مهتدة للحياة،
- إجلاء متأخر والشعور بالأسر أو المحاصرة
- خسارة المنزل، أو المدرسة، أو الممتلكات
- خسارة الحيوانات الأليفة
- التجارب السابقة مع الخسارة، والأحداث المسيبة للضغط، والصعوبات الأخرى

من مركز كوراث الصحة العامة في جامعة UCLA (2006)، الإنشاء، والحماية، والتواصل الإسعافات النفسية الأولية للأطفال، والأهل، ومقدمي الرعاية الآخرين، مع وقوع الكوارث الطبيعية. مساعدكم ومساعدة أطفالكم بعد الكوارث.

القسم ب:



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الإسعافات النفسية الأولية للأطفال

الجلسة 4

تحديد الأطفال الذين هم بحاجة إلى الإسعافات النفسية الأولية، ومبادئ عمل الإسعافات النفسية الأولية

القسم ب:



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الأطفال المعرضون لخطر إيداء ردود الفعل الشديدة هم الأطفال الذين:

- انفصلوا عن عائلتهم أو مقدمي الرعاية لهم
- رأوا أحتباءهم أو الآخرين يتعرضون للأذى أو للقتل
- تعرضوا للأذى الجسدي
- يشعرون بأنهم مهتدون
- يشعرون بالقلق لأن أهليهم أو مقدمي الرعاية لهم يشعرون بالحزن أو بالقلق أيضاً
- يشعرون بالذنب لأنهم بقوا على قيد الحياة في حين مات الآخرون

القسم ب:



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الأطفال الذين يُظهرون علامات ضيق واضحة...

- يُظهرون أعراضاً جسدية بأنهم ليسوا بخير، مثل الارتجاج، وآلام الرأس، وفقدان الشهية، والأوجاع والآلام المختلفة
- يكون كثيراً
- ينصرفون بهستيرية ويشعرون بالذعر
- يُظهرون عدائية ويحاولون إلحاق الأذى بالآخرين (الضرب، الركل، العض، إلخ)
- تشتت مستمر بمقدمي الرعاية لهم

القسم ب:



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الأطفال الذين يُظهرون علامات ضيق واضحة...

- يبدو مرتبكين أو ضائعين
- يبدو منعزلين أو صامتين جداً، ويقومون بحركات قليلة أو لا يتحركون مطلقاً
- يختبئون أو يخجلون من الأشخاص الآخرين
- لا يتحاوون مع الآخرين، ولا يتكلمون مطلقاً
- يُظهرون خوفاً كبيراً

القسم ب:



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السلك الخاص بالثقافة

القسم ب:



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ما هي علامات الضيق الواضحة لدى الأهل ومقدمي الرعاية

Save the Children

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الأهل ومقدمو الرعاية الذين يعانون من الضيق...

كالأطفال

قد لا يكونون قادرين على رعاية أنفسهم أو أطفالهم

ردود الفعل في ثقافتكم؟

أكثر؟

Save the Children

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مبادئ العمل للإسعافات النفسية الأولية للأطفال

أنظروا

إستمعوا

أربطوا

بتصريف عن «الإسعافات النفسية الأولية: دليل العاملين في الميدان» الخاص بمنظمة الصحة العالمية

Save the Children

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النظر

التأكد من الأمان

البحث عن الأطفال ذوي الاحتياجات الأساسية الظاهرة والملحة

البحث عن الأطفال والأهل ومقدمي الرعاية الذين يظهرون ردود فعل خطيرة نتيجة معاناتهم من الضيق

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الإستمع

مقاربة الأطفال والأهل أو مقدمي الرعاية الذين قد يحتاجون إلى دعمكم

السؤال عن احتياجات ومخاوف الأطفال والأهل أو مقدمي الرعاية

الإصغاء إلى الطفل والأهل أو مقدمي الرعاية ومساعدتهم على الهدوء

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الربط

مساعدة الأطفال وعائلاتهم على تلبية احتياجاتهم الأساسية والوصول إلى الخدمات

مساعدة الأطفال وعائلاتهم على التكيف مع مشكلاتهم

تأمين المعلومات

ربط الأطفال وعائلاتهم ببعضهم البعض وبالدعم الاجتماعي

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معظم الأطفال يتعافون بشكل جيد إذا ...

- أُعيد جمع شملهم مع عائلاتهم أو مقدمي الرعاية لهم
- تفتت تلبية احتياجاتهم الأساسية
- شعروا بالأمان وبالبعد عن الخطر
- تلقوا دعماً مثل الإسعافات النفسية الأولية للأطفال

القسم ب:

Save the Children

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الأطفال الذين قد يحتاجون إلى مزيد من المساعدة...

- يستمرون بالشعور بالضيق الشديد
- تبقى التغيرات الجذرية في شخصيتهم وسلوكهم مستمرة
- لا يستطيعون تأدية الوظائف الحياتية اليومية
- يشعرون بأنهم مهتدون
- يشكلون خطراً على أنفسهم أو على الآخرين

إذا كان الطفل يعاني من ضيق شديد، نتفادى تركه بمفرده ونبقى معه إلى أن يتحسن، أو إلى أن نتمكن من الحصول على المساعدة من الآخرين.

القسم ب:

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إلى من تحيلون الأطفال؟

إذا كان الطفل يعاني من ضيق شديد، يجب ربطه بالدعم المختص.

ما هي الخيارات المتوقعة في منطقتكم؟

القسم ب:

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HANDOUT 3 – 3/3

Children’s development and reactions to crisis

Child development – overview of stages

COMMON SIGNS OF PSYCHOSOCIAL DISTRESS AMONG CHILDREN	
<p>Common signs of psychosocial distress among children</p> <ul style="list-style-type: none"> • Common signs of distress in all age groups: • Fear that the distressing event will happen again. • Worry that dear ones will be hurt and fear of separation. • Reaction to destruction. • Sleeping problems. • Mood swings. 	
<p>Common signs of distress in children aged 0-3 years:</p> <ul style="list-style-type: none"> • May cling to caregivers. • Regression to younger behavior. • Changes in sleep and eating patterns. • Crying and irritability. • Afraid of things that did not frighten them before. • Hyperactivity. • Changes in play activity/play patterns. • More opposing and demanding behavior than before or overly cooperative. • Very sensitive to other people’s reactions. 	<p>Common signs of distress in children aged 4-6 years:</p> <ul style="list-style-type: none"> • Start clinging to parents or other adults. • Regress to younger behavior such as thumb-sucking. • Stop talking. • Become inactive or hyperactive. • Stop playing, or start playing repetitive games. • Feel anxious and worry that bad things are going to happen. • Experience sleep disturbances, including nightmares. • Change eating patterns. • Become easily confused. • Be unable to concentrate well. • At times, take on adult roles. • Show irritability.
<p>Common signs of distress in children aged 7-12 years:</p> <ul style="list-style-type: none"> • Changed level of physical activity changes. • Confused feelings and behavior. • Withdrawal from social contact. • Talk about the event in a repetitive manner. • Show reluctance to go to school. • Feel and express fear. • Experience a negative impact on memory, concentration and attention. • Have sleep and appetite disturbances. • Show aggression, irritability or restlessness. • Have physical symptoms related to emotional stress. • Concerned about other affected people. • Experience self-blame and guilt feelings. 	<p>Common signs of distress in children aged 13-18 years:</p> <ul style="list-style-type: none"> • Feel intense grief. • Feel self-conscious, or guilt and shame that they were unable to help those that were hurt. • Show excessive concerns about other affected persons. • May become self-absorbed and feel self-pity. • Changes in interpersonal relations. • Increase in risk-taking, self-destructive and/or avoidant behavior or show aggression. • Experience major shifts in their view of the world. • Feels a sense of hopelessness about the present and the future. • Become defiant of authorities and caregivers. • Start to rely more on peers for socializing.

For more information, see Save the Children (2013) *Psychological First Aid*

ورقة التوزيع ٣ - ٣/٣ هؤ الأطفال وردود فعلهم على الأزمة

هؤ الطفل - لحة عامة عن المراحل

علامات الضيق النفسي-الاجتماعي الشائعة لدى الأطفال	
<p>علامات الضيق النفسي-الاجتماعي الشائعة لدى الأطفال</p> <ul style="list-style-type: none"> • علامات الضيق الشائعة في جميع الفئات العمرية: • الخوف من وقوع الحدث المسبب للضيق مجددًا. • القلق من تعرض المقرين للأذى والخوف من الانفصال. • رد الفعل على التدمير. • مشكلات النوم. • تقلبات المزاج. 	
<p>علامات الضيق الشائعة لدى الأطفال الذين تتراوح أعمارهم بين ٤ و ٦ سنوات:</p> <ul style="list-style-type: none"> • البدء بالتشبث بالأهل أو بغيرهم من الراشدين. • الانكفاء إلى سلوك أصغر من عمرهم مثل امتصاص الإبهام. • التوقف عن الكلام. • قلة أو فرط النشاط. • التوقف عن اللعب أو البدء بتكرار الألعاب عينها. • القلق والارتياح من وقوع الأحداث السيئة. • اختبار اضطرابات في النوم، بما في ذلك الكوابيس. • تغيير في أُماط الأكل. • الارتباك بسهولة. • عدم القدرة على التركيز بشكل جيد. • الاضطلاع بدور الراشدين في بعض الأحيان. • الغضب السريع. 	<p>علامات الضيق الشائعة لدى الأطفال الذين تتراوح أعمارهم بين ٠ و ٣ سنوات</p> <ul style="list-style-type: none"> • قد يتشبثون بمقدمي الرعاية. • ينكفئون إلى سلوك أصغر من عمرهم. • تطرأ تغيرات على أُماط نومهم وأكلهم. • ييكون أكثر ويغضبون بشكل أسرع. • يخافون من أشياء لم تكن تخيفهم في السابق. • يُظهرون فرطاً في النشاط. • تطرأ تغيرات على نشاطهم في اللعب/أُماط اللعب. • قد يصبحون أكثر معارضةً وتطلباً من السابق أو مفرطين في التعاون. • قد يكونون حساسين جداً تجاه ردود فعل الآخرين.
<p>علامات الضيق الشائعة لدى الأطفال الذين تتراوح أعمارهم بين ١٣ و ١٨ سنة:</p> <ul style="list-style-type: none"> • يشعرون بحزن بالغ. • يشعرون بالوعي الذاتي أو بالذنب والعار لأنهم لم يتمكنوا من مساعدة الأشخاص الذين تأدوا. • يُظهرون تخوفاً مفرطاً على غيرهم من الأشخاص المتضررين. • قد ينطوون على أنفسهم ويشعرون بالشفقة على الذات. • يختبرون تغيرات في علاقاتهم مع الآخرين. • زيادة في المجازفة، و/أو اعتماد سلوك تدمير ذاتي و/أو تجنبي أو عدائي. • ويختبرون تحولات كبرى في نظرهم إلى العالم. • يشعرون باليأس من الحاضر والمستقبل. • يتحدثون السلطات ومقدمي الرعاية. • يعتمدون على أترابهم في علاقاتهم الاجتماعية. 	<p>علامات الضيق الشائعة لدى الأطفال الذين تتراوح أعمارهم بين ٧ سنوات و ١٢ سنة:</p> <ul style="list-style-type: none"> • يتغير مستوى نشاطهم البدني. • يشعرون ويتصرفون بارتباك. • ينسحبون من التواصل الاجتماعي. • يتكلمون عن الحدث بطريقة متكررة. • قد يُظهرون ترددًا في الذهاب إلى المدرسة. • يشعرون بالخوف ويعتبرون عنه. • يختبرون آثاراً سلبية على الذاكرة والتركيز والانتباه. • يواجهون اضطرابات في النوم والشهية. • يُبدون العدائية والغضب والقلق. • يشكون من أعراض جسدية ناتجة عن الضغط العاطفي. • يقلقون بشأن غيرهم من الأشخاص المتضررين. • يختبرون مشاعر ذنب ولوم ذاتي.

لمزيد من المعلومات، يُرجى الاطلاع على: مؤسسة إنقاذ الطفل (٢٠١٣) الإسعافات الأولية النفسية.

⑤堤敦朗教授 使用資料 (英語版) /Materials presented by Prof. Atsuro Tsutsumi,
 “Disabilities and MHPSS/PFA for most vulnerable children” in English
 「障害を持つ子どもを含めた最も脆弱な状態に置かれた子どもたちに対するMHPSS/PFA」



1



2



3



4

Convention on the Rights of Persons with Disabilities (2006)

Article 1
 Persons with **disabilities** include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with **various barriers may hinder their full and effective participation in society**

5



6

Convention on the Rights of Persons with Disabilities (2006)

General Principles

1. Respect for **dignity, autonomy**, including **freedom to make decisions** & independence
2. **Non-discrimination**
3. Full & effective **participation & inclusion in society**
4. **Respect for difference & acceptance as human diversity & humanity**
5. **Equality of opportunity**
6. **Accessibility**
7. **Equality between men & women**
8. Respect for the **evolving capacities of children with disabilities**

7

Inter-Agency Support Group (IASG) for the Convention on the Rights of Persons with Disabilities

- Established by UN Chief Executives Board (CEB) (2007)
- Members: About 30 UN Departments, Agencies, Funds/Programmes
- Co-secretariat:
 - UN Department of Economic and Social Affairs (DESA)
 - UN Office for High Commissioner on Human Rights (OHCHR)
- To promote compliance with the Principles of CRPD and increasing the scale/effectiveness of the UN's involvement in disability issues

8

A Disability-Inclusive MHPSS Response

How disasters impact persons with disabilities

1. Higher mortality
2. Greater risk of **marginalization from MHPSS services**
3. Greater risk of developing more severe health conditions and **dying**
4. Greater risk of **discrimination in accessing healthcare**
5. Disadvantaged by the **socio-economic consequences**

9

A Disability-Inclusive MHPSS Response

Overarching Areas of Action

1. Mainstreaming of disability in **all response with targeted actions**
2. **Accessibility** of information, facilities, services and programmes
3. Meaningful consultation with and **active participation** in all stages
4. **Accountability** mechanisms

10



- 2016: **402 conflicts** were ongoing, compared with 278 in 2006
- **Highest # of people forcibly displaced** by violence and conflict: **65.6 million**
- Internally displaced persons (IDPs): **40.3 million**
- **Refugees: 22.5 million**
- The nature of conflict has transformed substantially since WWII: Conflicts are becoming more complicated, fragmented and longer
- The rights of persons with disabilities: Marginalized in peace and security: Human rights violation & Higher mortality of persons with disabilities

World Humanitarian Data and Trends (OCHA, 2017)

11

11

Convention on the Rights of Persons with Disabilities (2006)

Article 11: Situations of risk and humanitarian emergencies

States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.

12

**Security Council Resolution 2475 (2019)
on Protection of Persons with Disabilities in Conflict**

- Protection & prevention of violence/abuses
- Ending impunity & ensuring access to justice
- Safe/timely/unimpeded humanitarian access in need of assistance
- Reintegration/rehabilitation/psychosocial support (for women & children with disabilities)
- Equal access to basic services
- Meaningful participation of persons with disabilities
- Capacity building across UN peacekeeping & peacebuilding actors
- Elimination of discrimination, esp. among those who face multiple forms of discrimination

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Charter on Inclusion of Persons with Disabilities in Humanitarian Action (World Humanitarian Summit, 2016)

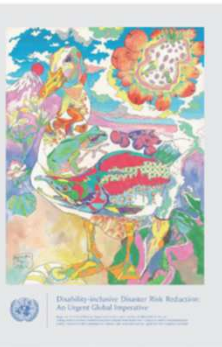
- 1) Non-discrimination
- 2) Participation
- 3) Inclusive policy
- 4) Inclusive response & services
- 5) Cooperation & coordination

IASC Guidelines, Inclusion of Persons with Disabilities in Humanitarian Action (2019)

Must do actions

- 1) Promote meaningful participation
- 2) Remove barriers
- 3) Empower persons with disabilities
- 4) Disaggregate data for monitoring inclusion

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**Disability-inclusive Disaster Risk Reduction:
An Urgent Global Imperative
(UTokyo, UNU, UN et al., 2019)**

Human Rights-based Well-being Checklist (HRWC)

39 items based on CRPD

e.g.

5. I am respected as a capable person.
6. I can move around in this city without many barriers.
7. I can use necessary transportation to participate in social life.
8. I can access necessary information to participate in social life.
9. I can access the Internet and other new technologies.
10. I can ask for support from others when needed.

15



16



17



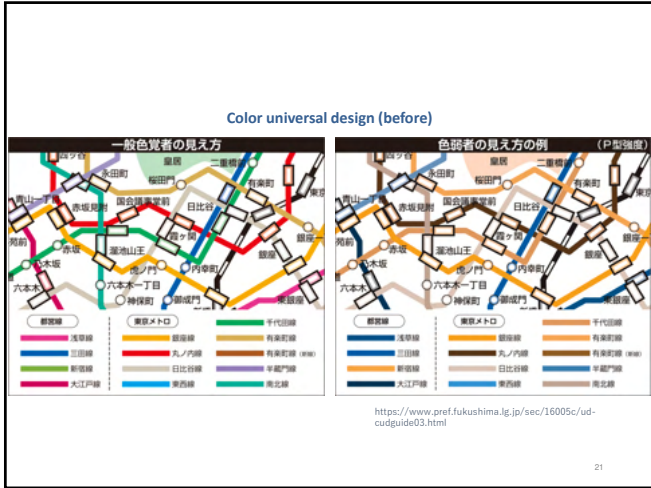
18



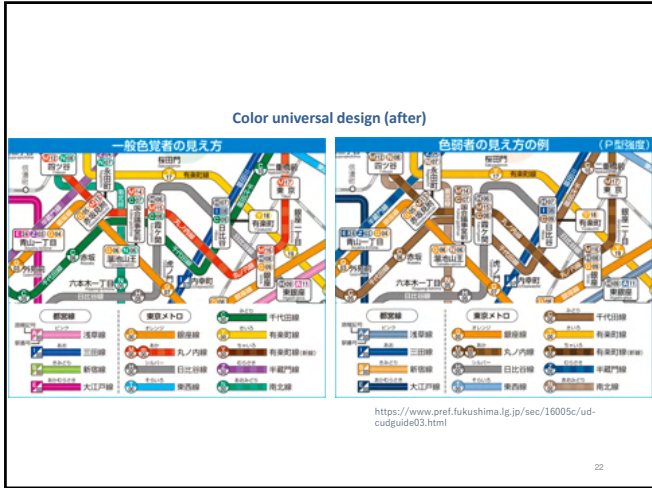
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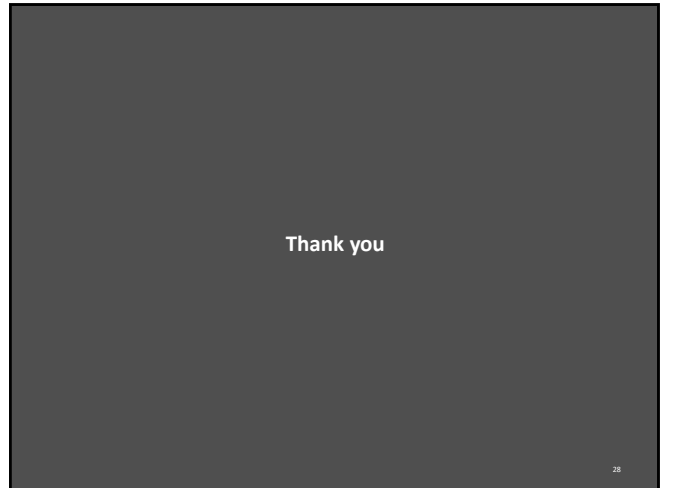
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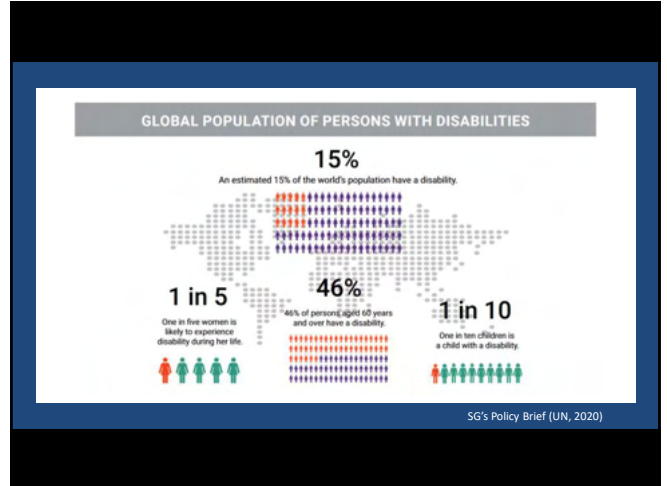
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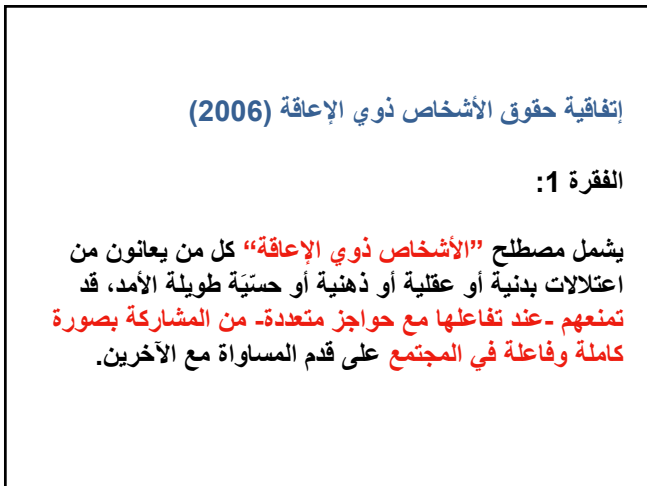
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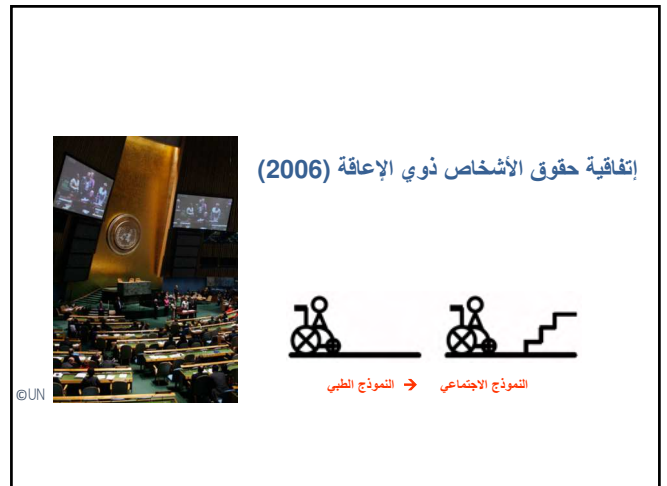
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6

اتفاقية حقوق الأشخاص ذوي الإعاقة (2006)

المبادئ العامة

1. احترام الكرامة والخصوصية بما في ذلك حرية اتخاذ القرارات والاستقلالية.
2. عدم التمييز
3. المشاركة والدمج الكامل والفعال في المجتمع
4. احترام الاختلافات وقبولها كتتنوع إنساني
5. تكافؤ الفرص
6. سهولة الوصول للخدمات
7. المساواة بين الرجال والنساء
8. احترام القدرات التي تتطور لدى الأطفال ذوي الإعاقة

7

استجابات الصحة النفسية والدعم النفسي الاجتماعي الدامجة للأشخاص ذوي الإعاقة

كيف تؤثر الكوارث على الأشخاص ذوي الإعاقة

1. ارتفاع الوفيات
2. خطورة التهميش في تلقي خدمات الصحة النفسية والدعم النفسي الاجتماعي
3. خطورة أكبر في تطوير اعتلالات صحية أكثر شدة والتعرض لخطر الموت
4. خطورة أكبر متعلقة بالتمييز في الوصول للخدمات الصحية
5. التهميش وندرة الفرص بسبب عواقب المشاكل الاجتماعية والاقتصادية

9

استجابات الصحة النفسية والدعم النفسي الاجتماعي الدامجة للأشخاص ذوي الإعاقة

مجالات التنفيذ الشاملة

1. تعميم تقنيات دمج الأشخاص ذوي الإعاقة في كل الاستجابات ذات الأنشطة الموجهة
2. الوصول للمعلومات، والمرافق، والخدمات والبرامج المختلفة
3. الاستشارة والمشاركة الفاعلة في جميع المراحل
4. آليات المساءلة

10



- 2016: نزاعاً، مقارنة بـ 278 في العام 2006.
- أكبر عدد من النازحين قسرياً بسبب العنف والنزاع: 65.6 مليوناً.
- الأشخاص النازحون داخلياً: 40.3 مليوناً.
- اللاجئون: 22.5 مليوناً.
- طبيعة النزاعات تغيرت بشكل جذري منذ الحرب العالمية الثانية: أصبحت النزاعات أكثر تعقيداً، توزعاً وأطول زمنياً.
- حقوق الأشخاص ذوي الإعاقات: التهميش في حالات السلم والأمن: انتهاكات حقوق الإنسان، ونسب وفيات مرتفعة للأشخاص ذوي الإعاقات.

World Humanitarian Data and Trends (OCHA, 2017)

11

اتفاقية حقوق الأشخاص ذوي الإعاقة (2006)

المادة 11: حالات الخطر والطوارئ الإنسانية

تتعهد الدول الأطراف وفقاً لمسؤولياتها الواردة في القانون الدولي، بما فيها القانون الإنساني الدولي وكذلك القانون الدولي لحقوق الإنسان، باتخاذ كافة التدابير الممكنة لضمان حماية وسلامة الأشخاص ذوي الإعاقة الذين يوجدون في حالات تتسم بالخطورة، بما في ذلك حالات النزاع المسلح والطوارئ الإنسانية والكوارث الطبيعية.

12

قرار مجلس الأمن رقم 2475 للعام 2019 حول حماية الأشخاص ذوي الإعاقة في حالات النزاع

- الحماية والوقاية من العنف/الإساءة
- وقف الحماية من العقاب وضمن الوصول للعدالة.
- الوصول الإنساني الآمن غير المتقطع وغير الآني للأشخاص الذين يحتاجون المساعدة.
- إعادة الدمج/التأهيل/الدعم النفسي الاجتماعي (للنساء والأطفال ذوي الإعاقة).
- الوصول العادل للخدمات الأساسية.
- المشاركة الفاعلة للأشخاص ذوي الإعاقة.
- بناء قدرات الجهات الفاعلة في بناء السلم وحفظ السلام في الأمم المتحدة.
- إنهاء التمييز خاصة ضد الأشخاص الذين يواجهون أشكالاً متعددة من التمييز.

13

الميثاق حول دمج الأشخاص ذوي الإعاقة في العمل الإنساني (القمة العالمية الإنسانية، 2016)

(1) عدم التمييز، (2) المشاركة، (3) السياسات الدامجة، (4) الاستجابات والخدمات الدامجة، (5) التعاون والتنسيق

المبادئ التوجيهية للجنة الدائمة المشتركة بين الوكالات بشأن إدماج الأشخاص ذوي الإعاقة في العمل الإنساني (2019)
الأمور التي يجب تنفيذها:

- (1) تشجيع المشاركة الفاعلة
- (2) إزالة المعوقات
- (3) تمكين الأشخاص ذوي الإعاقة
- (4) تصنيف البيانات لمتابعة تطبيق الدمج

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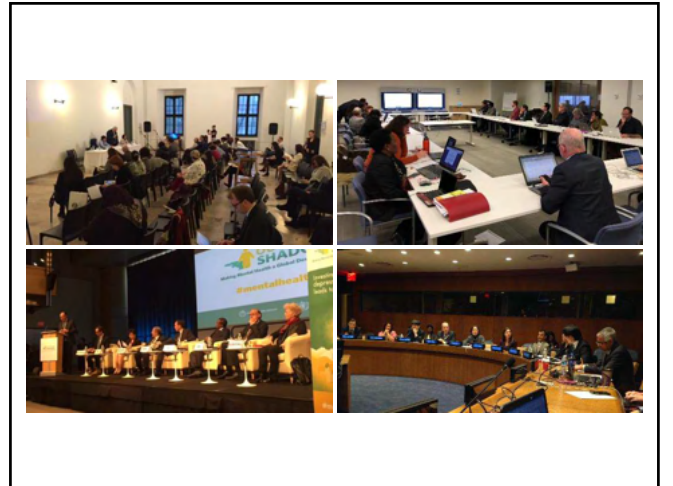
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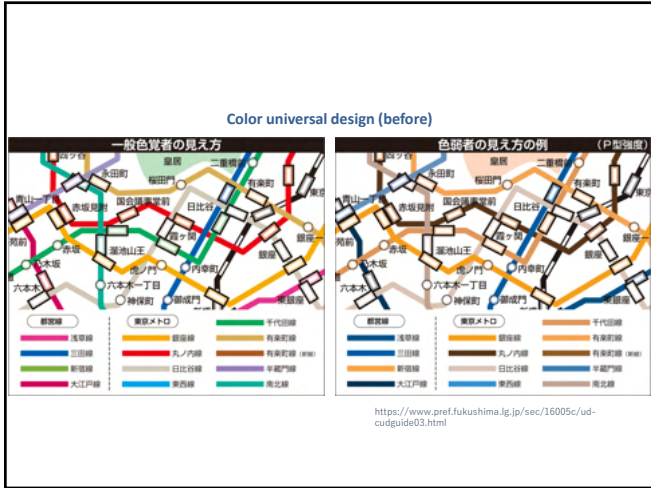
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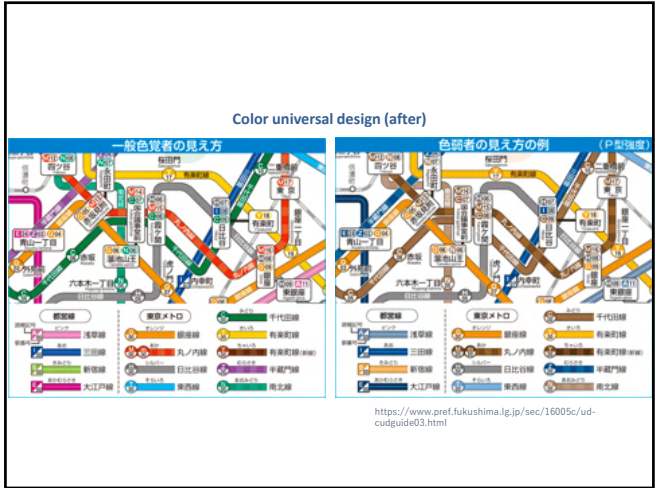
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V. Disaster Preparedness for Resilience Checklist (DPRC)

Following questions ask about your thoughts on disasters.

Please read each question and circle the number on the scale that best reflects your perspective.

	No	Not yet, but I will	Yes
1. I know how to protect myself when disaster occurs.	0	1	2
2. I know how to protect my loved ones, including my family and pet, if any.	0	1	2
3. I know where to evacuate to and how to reach there.	0	1	2
4. I have a stock food and water for possible emergencies.	0	1	2
5. I have prepared an emergency toilet.	0	1	2
6. I have ways to contact my loved ones in emergency situations.	0	1	2
7. I have identified sources of reliable information during crisis.	0	1	2
8. I am aware of predicted disasters in my area.	0	1	2
9. I have a network of people, such as family, friends, and community member, who can support me.	0	1	2
10. I have ideas on how to ensure privacy for myself and others in crisis settings.	0	1	2
11. I know how to access health services in crisis settings.	0	1	2
12. I am prepared to avoid risky drinking or unprescribed medications.	0	1	2
13. I know rest is important.	0	1	2
14. I have my own methods to feel better when distressed.	0	1	2
15. I can utilize my past experience to overcome difficulties.	0	1	2
16. I am flexible and able to adapt to various situations.	0	1	2
17. If something is beyond my capacity, I can ask for support.	0	1	2
18. I understand I do not need to resolve every problems.	0	1	2
19. I can provide support to others when needed.	0	1	2
20. I know that being pressured to talk right after crisis can be harmful.	0	1	2
21. I know that with time, most people recover well from distress.	0	1	2
22. I have cultural resources (music, religion, traditional events, etc.) that promote my well-being.	0	1	2
23. I am aware of needs of marginalized populations and the importance to include them.	0	1	2

قائمة التفقد لقياس الاستعداد للمرونة في الأزمات

الأسئلة التالية توضح لنا ما نعتقد أنه حول الأزمات
الرجاء الإجابة على كل سؤال من خلال وضع دائرة على المقياس الذي يعكس وجهة نظرك

نعم	ليس بعد ولكنني سأفعل	كلا	
2	1	0	1 أعرف كيف أقوم بحماية نفسي عند حدوث كارثة ما
2	1	0	2 أعرف كيف أقوم بحماية الأشخاص الذين أحبهم بما في ذلك عائلتي وغيرهم
2	1	0	3 أعرف إلى أين يتم الإخلاء وأعرف كيف أصل إلى هناك
2	1	0	4 يوجد لدي مخزون طعام وماء لأية طوارئ محتملة
2	1	0	5 قمت بتجهيز حمام للطوارئ
2	1	0	6 لدي طرق للاتصال بالأشخاص الذين أحبهم في حالات الطوارئ
2	1	0	7 قمت بتحديد مصادر للمعلومات الموثوقة خلال الأزمات
2	1	0	8 أنا على علم بالكوارث المتوقعة في منطقتي
2	1	0	9 لدي شبكة من الأشخاص -كعائلي وأصدقائي وأفراد مجتمعي- الذين يستطيعون تقديم الدعم لي
2	1	0	10 لدي أفكار حول كيفية ضمان الخصوصية لنفسى والآخرين في سياقات الكوارث
2	1	0	11 أعرف كيفية الوصول للخدمات الصحية في سياقات الأزمات
2	1	0	12 أنا مستعد لتجنب بعض الممارسات الخاطئة كمعاقرة المشروبات وتناول الأدوية دون وصفة طبية
2	1	0	13 أعلم بأن الراحة أمر ضروري
2	1	0	14 لدي طرق خاصة لتحسين شعوري في حالات الضيق / الإجهاد النفسى
2	1	0	15 أستطيع استثمار تجاربي السابقة للتغلب على الصعوبات التي قد تواجهني
2	1	0	16 أنا مرن وقابل للتكيف في مواقف متعددة
2	1	0	17 إذا كان الأمر يفوق قدرتي، أستطيع أن أطلب الدعم
2	1	0	18 أفهم بأنني لا أحتاج أن أحل جميع المشاكل
2	1	0	19 أستطيع تقديم الدعم للآخرين عند الحاجة لذلك
2	1	0	20 أعلم بأن الضغط على الشخص للتحديث بعد الأزمة مباشرة قد يكون مؤذياً
2	1	0	21 أعلم بأنه مع مرور الوقت فإن أغلب الناس يتعافون من الضيق / الإجهاد النفسى
2	1	0	22 لدي موارد ثقافية (كالموسيقى والدين والتقاليد، إلخ) التي تعزز الرفاه لدي
2	1	0	23 لدي علم باحتياجات الأشخاص المهمشين وأهمية دمجهم

IV. Human Rights-based Well-being Checklist (HRWC)

The following questions ask how much you have experienced certain things in the last year. Please read each question and circle the number on the scale that gives the best answer for you.

	Never	Seldom	Quite Often	Very Often	Always
1. I am suffering from inequality & discrimination due to my <u>sex/gender</u> .	4	3	2	1	0
2. I am suffering from inequality & discrimination due to my <u>age</u> .	4	3	2	1	0
3. I am suffering from inequality & discrimination due to my <u>disability</u> .	4	3	2	1	0
4. I am suffering from inequality & discrimination due to my <u>race or ethnicity</u> .	4	3	2	1	0
5. I am respected as a capable person.	0	1	2	3	4
6. I can move around in this city without many barriers.	0	1	2	3	4
7. I can use necessary <u>transportation</u> to participate in social life.	0	1	2	3	4
8. I can access necessary <u>information</u> to participate in social life.	0	1	2	3	4
9. I can access <u>the Internet and other new technologies</u> .	0	1	2	3	4
10. I can ask for <u>support from others</u> when needed.	0	1	2	3	4
11. I can participate in decision-making related to my community and nation if I want.	0	1	2	3	4
12. I feel threats to my life.	4	3	2	1	0
13. I think I can protect my minimum safety when disasters happen in this city.	0	1	2	3	4
14. My legal decision-making will be obstructed by others.	4	3	2	1	0
15. I can protect my money and assets without interference from others.	0	1	2	3	4
16. I can access legal services such as the court when needed.	0	1	2	3	4
17. I can be detained unlawfully.	4	3	2	1	0
18. I can be subject to physical or sexual violence.	4	3	2	1	0
19. I can make decisions on my body and mind without interference from others.	0	1	2	3	4
20. I can decide where to live.	0	1	2	3	4
21. My place of living is OK.	0	1	2	3	4
22. I can make my opinion heard when needed.	0	1	2	3	4
23. I can keep my privacy when I wish to.	0	1	2	3	4
24. I can participate in a fair election.	0	1	2	3	4
25. I can marry and have a child without much interference from others, if I want.	0	1	2	3	4
26. I can communicate with my family when I want to.	0	1	2	3	4
27. I can communicate with my friends when I want to.	0	1	2	3	4
28. I can have/had quality education.	0	1	2	3	4
29. I can receive necessary health services when I have a physical health condition.	0	1	2	3	4
30. I can receive necessary health services when I have a mental health condition.	0	1	2	3	4
31. I think I can receive necessary social services to live in the community when needed.	0	1	2	3	4
32. I can choose my work if I want to.	0	1	2	3	4
33. My work environment is/would be OK (If I work).	0	1	2	3	4
34. My standard of living (food, clothing, and housing) is adequate.	0	1	2	3	4
35. I have access to clean water and toilets.	0	1	2	3	4
36. I can access/enjoy culture and the arts (including music, films, theatres, museums, libraries, etc.).	0	1	2	3	4
37. I can access/enjoy sports.	0	1	2	3	4
38. I can enjoy tourism and leisure when I want to.	0	1	2	3	4
39. I have freedom to keep my culture and religion.	0	1	2	3	4

قائمة التفتد لقياس الرفاه ذو الصلة بحقوق الإنسان

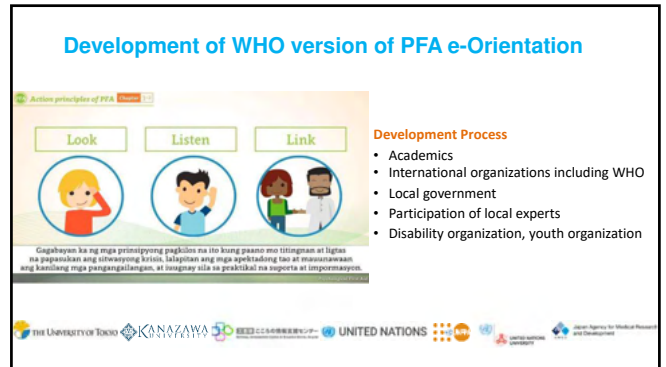
الأسئلة التالية توضح لنا إلى أي حد قد اختبرت بعض الأمور خلال السنة الماضية الرجاء قراءة كل سؤال ووضع دائرة على المقياس بشكل الإجابة الأمثل بالنسبة لك

دائمًا	معظم الوقت	غالبًا	نادراً	نهيائاً	
4	3	2	1	0	1 أنا أعاني من اللامساواة والتمييز بسبب جنسي
4	3	2	1	0	2 أنا أعاني من اللامساواة والتمييز بسبب عمري
4	3	2	1	0	3 أنا أعاني من اللامساواة والتمييز بسبب إعاقتي
4	3	2	1	0	4 أنا أعاني من اللامساواة والتمييز بسبب أصلي العرقي
4	3	2	1	0	5 يتم احترامي كشخص قادر
4	3	2	1	0	6 أستطيع التجول في المدينة دون معيقات
4	3	2	1	0	7 أستطيع استخدام المواصلات الضرورية للمشاركة في الحياة الاجتماعية
4	3	2	1	0	8 أستطيع الوصول للمعلومات الضرورية للمشاركة في الحياة الاجتماعية
4	3	2	1	0	9 أستطيع الوصول للإنترنت أو التقنيات الأخرى
4	3	2	1	0	10 أستطيع أن أطلب الدعم من الآخرين عند الحاجة لذلك
4	3	2	1	0	11 أستطيع المشاركة في اتخاذ القرارات الخاصة بمجتمعي وبلادي إن أردت ذلك
4	3	2	1	0	12 أشعر بتهديدات لحياتي
4	3	2	1	0	13 أعتقد بأنني قادر على حماية سلامتي الدنيا إذا حدثت الكوارث في هذه المدينة
4	3	2	1	0	14 قدرتي على اتخاذ القرارات القانونية سوف تتم إعاقتها من قبل الآخرين
4	3	2	1	0	15 أستطيع حماية أموالي وموجوداتي دون تدخل من الآخرين
4	3	2	1	0	16 أستطيع الوصول للخدمات القانونية كالمحاكم عند الحاجة لذلك
4	3	2	1	0	17 يمكن حجزني بطريقة غير قانونية
4	3	2	1	0	18 يمكن أن أكون عرضة للإساءة الجسدية أو الجنسية
4	3	2	1	0	19 أستطيع اتخاذ قرارات خاصة بجسدي وعقلي دون تدخل من الآخرين
4	3	2	1	0	20 أستطيع أن أقرر أين سأعيش
4	3	2	1	0	21 مكان معيشتي جيد
4	3	2	1	0	22 أستطيع أن أجعل رأيي مسموعاً عند الحاجة لذلك
4	3	2	1	0	23 أستطيع الحفاظ على خصوصيتي عندما أرغب بذلك
4	3	2	1	0	24 أستطيع المشاركة في انتخابات نزيهة
4	3	2	1	0	25 أستطيع الزواج وإنجاب الأطفال إن اردت ذلك دون تدخل من الآخرين
4	3	2	1	0	26 أستطيع التواصل مع عائلتي عندما أرغب بذلك
4	3	2	1	0	27 أستطيع التواصل مع أصدقائي عندما أرغب بذلك
4	3	2	1	0	28 أستطيع الحصول على / لدي الآن/ كان لدي تعليم ذو جودة
4	3	2	1	0	29 أستطيع تلقي الخدمات الصحية الضرورية حين يكون لدي ظرف صحي جسدي
4	3	2	1	0	30 أستطيع تلقي الخدمات الصحية الضرورية حين يكون لدي ظرف صحي نفسي
4	3	2	1	0	31 أستطيع تلقي الخدمات الاجتماعية الضرورية للعيش في المجتمع عند الحاجة لذلك
4	3	2	1	0	32 أستطيع أن أختار عملي إذا رغبت بذلك
4	3	2	1	0	33 بيئة عملي حالياً/ ستكون جيدة (إن كنت تعمل)
4	3	2	1	0	34 مستواي المعيشي (من طعام، وملبس، ومسكن) ملائم
4	3	2	1	0	35 لدي الوصول لماء وحمام نظيفين
4	3	2	1	0	36 أستطيع الوصول ل والاستمتاع بالفعاليات والأماكن الثقافية والفنية (موسيقى، سينما، مسرح، مكتبات، إلخ)
4	3	2	1	0	37 أستطيع الوصول ل/ والاستمتاع بالرياضة
4	3	2	1	0	38 أستطيع الاستمتاع بالسياحة ووقت الفراغ عندما أرغب بذلك
4	3	2	1	0	39 لدي الحرية للحفاظ على ثقافتي وديانتي

⑦堤敦朗教授 使用資料（英語版）「PFA-Cの有効性とモニタリング評価手法」
 / Materials presented by Prof. Atsuro Tsutsumi, “Effectiveness of PFA-C and Monitoring and Evaluation Tools ” in English



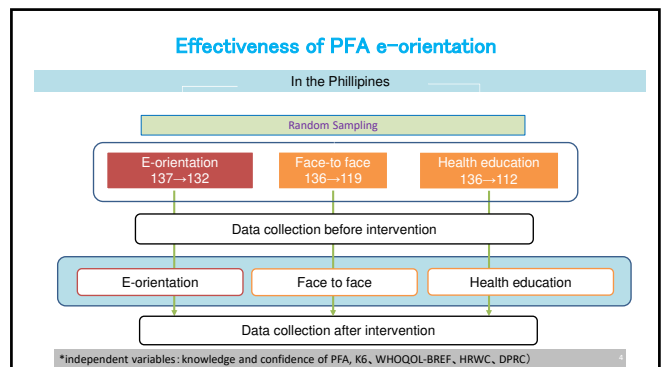
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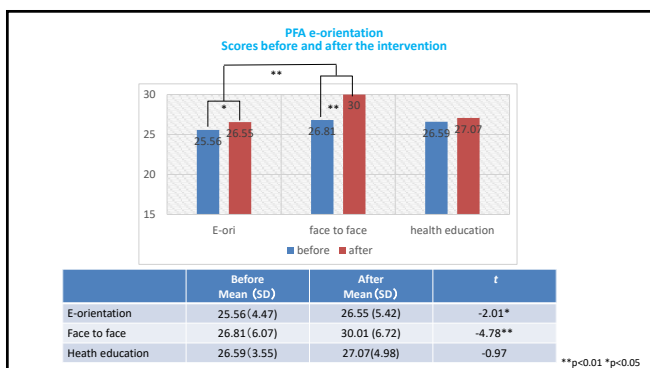
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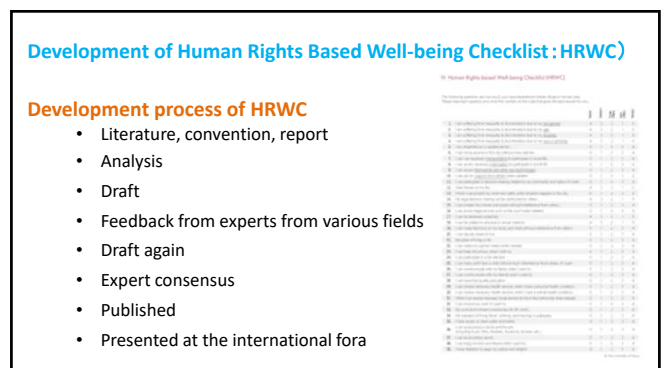
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4



5



6

Human Rights Based Well-being Checklist : HRWC Standardization study

Reliability:

α : 0.90 (Japanese) *

α : 0.84 (Filipino)

Validity: Concurrent validity with WHOQOL-BREF

Correlation: 0.43 (Japanese) *

Correlation: 0.2 (Filipino) (all $p < 0.01$)

*井筒節、堤敦朗、田中英三郎、田中千佳、山田悠平、泉原未来、金吉晴、「人権に基づくウェルビーイングチェックリスト(HRWC)」の有用性に関する研究。心的トラウマ研究。2019。

7

Disaster Preparedness for Resilience Checklist: DPRC Standardization Study

Development process of DPRC

- Literature, convention, report
- Analysis
- Draft
- Feedback from experts from various field
- Draft again
- Expert consensus
- Published
- Presented at the international fora

Disaster Preparedness for Resilience Checklist (DPRC)	
Disaster Preparedness for Resilience Checklist (DPRC)	
1. 災害発生時の対応が適切である	1.0
2. 災害発生時の対応が迅速である	1.0
3. 災害発生時の対応が安全である	1.0
4. 災害発生時の対応が効果的である	1.0
5. 災害発生時の対応が持続的である	1.0
6. 災害発生時の対応が柔軟である	1.0
7. 災害発生時の対応が透明である	1.0
8. 災害発生時の対応が公平である	1.0
9. 災害発生時の対応が責任ある	1.0
10. 災害発生時の対応が協力的である	1.0
11. 災害発生時の対応が革新的である	1.0
12. 災害発生時の対応が持続可能な	1.0
13. 災害発生時の対応が健康的である	1.0
14. 災害発生時の対応が文化的である	1.0
15. 災害発生時の対応が社会的である	1.0
16. 災害発生時の対応が経済的である	1.0
17. 災害発生時の対応が環境的である	1.0
18. 災害発生時の対応が法的である	1.0
19. 災害発生時の対応が政策的である	1.0
20. 災害発生時の対応が制度的である	1.0

8

Disaster Preparedness for Resilience Checklist: DPRC

Reliability:

α : 0.83 (Japanese) *

α : 0.89 (Filipino)

Validity: Concurrent validity with WHOQOL-BREF

Correlation: 0.46 (Japanese) *

Correlation: 0.26 (Filipino) (all $p < 0.01$)

*堤敦朗、井筒節、田中英三郎、田中千佳、泉原未来、金吉晴、「レジリエンス向上のための災害準備性チェックリスト(DPRC)」の有用性に関する研究。心的トラウマ研究。2019。

9

⑧堤敦朗教授 使用資料（アラビア語版）「PFA-Cの有効性とモニタリング評価手法」
 /Materials presented by Prof. Atsuro Tsutsumi, “Effectiveness of PFA-C and Monitoring and Evaluation Tools” in Arabic



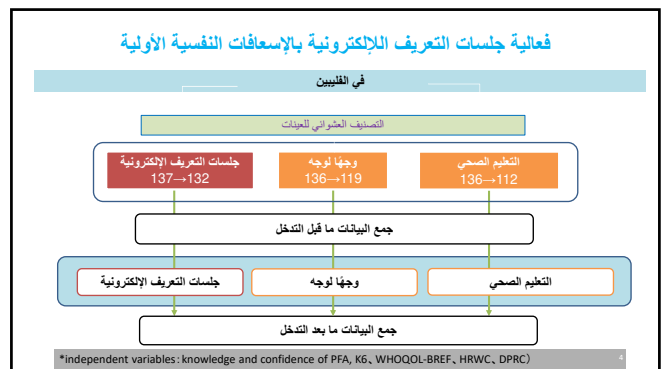
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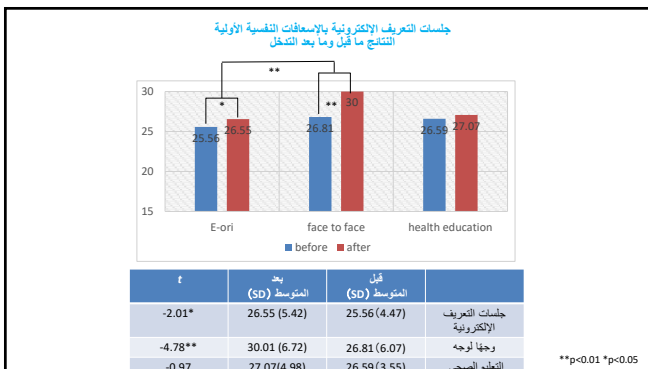
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قائمة التفقد لقياس الرفاه ذو الصلة بحقوق الإنسان HRWC
دراسة التوحيد القياسي

Reliability/ الموثوقية

α : 0.90 (Japanese) *

α : 0.84 (Filipino)

Validity/ الصلاحية: Concurrent validity with WHOQOL-BREF

Correlation/ معامل الارتباط: 0.43 (Japanese) *

Correlation/ معامل الارتباط: 0.2 (Filipino) (all $p < 0.01$)

*井筒節、堤敦朗、田中英三郎、田中千佳、山田悠平、桑原未来、金吉晴。「人権に基づくウェルビーイングチェックリスト(HRWC)」の有用性に関する研究。心的トラウマ研究。2019.

7

قائمة التفقد لقياس الاستعداد للمرونة في الأزمات
دراسة التوحيد القياسي

مراحل تطوير قائمة التفقد لقياس استعداد المرونة في الأزمات

- الدراسات السابقة، الموثيق والتقارير
- التحليل المسودة
- التغذية الراجعة من خبراء في الحقول المختلفة
- مسودة لاحقة معدلة
- إجماع وموافقة الخبراء
- نشر قائمة التحقق
- تقديم القائمة في المنتديات الدولية

8

قائمة التفقد لقياس الاستعداد للمرونة في الأزمات DPRC

Reliability/ الموثوقية

α : 0.83 (Japanese) *

α : 0.89 (Filipino)

Validity/ الصلاحية: Concurrent validity with WHOQOL-BREF

Correlation/ معامل الارتباط: 0.46 (Japanese) *

Correlation/ معامل الارتباط: 0.26 (Filipino) (all $p < 0.01$)

*堤敦朗、井筒節、田中英三郎、田中千佳、桑原未来、金吉晴。「レジリエンス向上のための災害準備性チェックリスト(DPRC)」の有用性に関する研究。心的トラウマ研究。2019.

9

Please check the best correct answer (yes or no) for each statement below...

Which of the following is true for children who have experienced crisis events? **Yes** **No**

1. Most affected children develop mental disorder.
2. Most affected children need specialized mental health services.
3. Most affected children recover from distress on their own using their own supports.
4. Children's responses to crisis events depend on a wide range factors such as their age, stage of development, and the impact on their caregivers.
5. All children require psychological first aid (PFA).
6. An essential element of PFA involves working with other service providers (child protection, health, WASH, Shelter) in order support the provision of basic needs.

Which of the following can be helpful for children who have experienced very distressing events? **Yes** **No**

7. Asking children to recount some of the details of their traumatic experiences.
8. Taking time to be sure it is safe to approach the scene of a crisis event, even if you must act urgently.
9. Telling them the story of someone else you just helped so that they know they are not alone.
10. Giving any reassurance to help people feel better (e.g. your house will be rebuilt soon).
11. Being sure to say only what you know (e.g. about the situation or services) and not to make up information that you don't know.

As someone providing assistance to others you should... **Yes** **No**

12. Focus only on the children you are helping, and try to forget your own needs until after the crisis situation is over.
13. Practise selfcare by taking regular breaks and talking with someone you trust about your helping experience.

As someone providing assistance to children affected by COVID-19 pandemic, **Yes** **No**

14. It is recommended that children keep watching TV and SNS news so that they receive latest information about COVID-19.
15. Allow children to feel their emotions about COVID-19.

[Satisfaction Survey: Post-test only]

Please circle the number that most closely captures your opinion.

1. Did the training content meet your expectations?

1- Yes

2- No

If "No", please explain why:

2. Was the training relevant to the needs in current Jordanian contexts/amidst COVID-19 pandemic?

1 – Not at all Relevant

2 – Slightly Relevant

3 – Moderately Relevant

4 – Very Relevant

5 – Extremely Relevant

3. How would you rate the quality of the training?

1 – Poor

2 - Below Average

3 - Good

4 - Very Good

5 - Outstanding

4. How would you rate the quality of the facilitators

1 - Poor

2 - Below Average

3 - Good

4 - Very Good

5 - Outstanding

5. Please tell us your suggestions to improve this training if any. (Training venue, methodology etc)

This is the end of the survey. Thank you very much for your time.

جلسة تدريب الإسعافات النفسية الأولية – الاختبار القبلي / البعدي

ساعانا هذا الاختبار على تقييم فعالية التدريب الذي تشارك فيه بالإضافة إلى تقييم معرفة المشاركين. شكرًا على مشاركتك.

- تاريخ الاختبار: / / 2021
- نوع الاختبار (ضع دائرة رجاءًا): اختبار قبلي / اختبار بعدي

مرتفع جدا	مرتفع	متوسط	منخفض	منخفض جدا	الرجاء وضع دائرة حول الرقم الذي يناسب تقييمك ل....
5	4	3	2	1	1. قدرتك على دعم الأشخاص الذين اختبروا الكوارث أو أحداثًا أخرى مثيرة للتوتر.
5	4	3	2	1	2. قدرتك على مجابهة والتعامل مع الأزمات بشكل آمن
5	4	3	2	1	3. قدرتك على تمييز الأشخاص المصابون بالضائقة النفسية/ الإجهاد والذين يحتاجون دعمًا.
5	4	3	2	1	4. معرفتك بما ستقوله وتفعله لمساعدة شخص في ضائقة نفسية.
5	4	3	2	1	5. قدرتك على الاستماع بطريقة داعمة تبعًا للسياق الثقافي للأشخاص.
5	4	3	2	1	6. قدرتك على ربط الأشخاص المتأثرين بأحداث تنطوي على أزمة لخدمات الضرورية، والمعلومات والأشخاص الذين يحتاجونهم.
5	4	3	2	1	7. قدرتك على تمييز ومساعدة الأشخاص الذين يحتاجون اهتمامًا خاصًا.
5	4	3	2	1	8. معرفتك بما ستقوله أو تفعله عند مساعدة الأشخاص المتأثرين بالأزمات (بما لا تسبب لهم ضررًا إضافيًا).
5	4	3	2	1	9. قدرتك على العناية بنفسك ودعم أفراد فريقك عند مساعدتك للأشخاص المتأثرين بالأزمات.

الرجاء وضع إشارة في في خانة الإجابة الص. ب. ج. د. هـ (نعم أو لا) لكل جملة من الجمل أدناه....

نعم	لا	أي من التالي ينطبق على الأطفال الذين اختبروا الأزمات؟
		1. الأطفال الأكثر تأثرًا يطورون اضطرابات عقلية.
		2. الأطفال الأكثر تأثرًا يحتاجون خدمات صحية نفسية متخصصة.
		3. الأطفال الأكثر تأثرًا يتعافون من التوتر بأنفسهم، مستخدمين دعمهم الذاتي.
		4. استجابة الأطفال لأحداث الأزمات تعتمد على نطاق واسع من العوامل مثل عمرهم، مرحلة نموهم، والأثر على مقدمي الرعاية لهم.
		5. جميع الأطفال يحتاجون الإسعافات النفسية الأولية.
		6. أحد العوامل ذات الأهمية في الإسعافات النفسية الأولية يرتبط بالعمل مع مقدمي الخدمات الأخرى (كإمالة الطفل، والصحة، والمأوى وغيرها) من أجل دعم عملية توفير الاحتياجات الأساسية.
نعم	لا	أي من الأمور التالية يمكن أن يكون مفيدًا للأطفال اللذين مروا بأحداث مؤلمة؟

7. الطلب من الأطفال أن يسردوا تفاصيل تجاربهم المؤلمة.
8. أخذ الوقت الكافي للتأكد بأنه يمكنك التحدث عن الحدث المؤلم، حتى إن كان ينبغي عليك التصرف بسرعة.
9. إخبارهم بقصة طفل آخر قمت بمساعدته للتوكيف لا يشعروا بأنهم الوحيدون في هذا الأمر.
10. إعطاء الضمانات لمساعدة الأشخاص على الشعور بشكل أفضل (مثلًا: ستتم إعادة بناء منزلك قريبًا)
11. التأكد بأنك لا تذكر إلا ما تعرفه (حول موقف أو خدمات) وعدم اختلاق معلومات لا تعلم عنها شيئًا.
- كشخ □ يقدم المساعدة للآخرين، ينبغي عليك أن....
12. تصب تركيزك على الأطفال الذين تساعدهم، وأن تاول نسيان احتياجاتك لآلين جلاء الأزمة.
13. تمارس العناية بالذات من خلال أخذ استراحات بشكل منتظم والتحدث إلى شخ □ تثق به حول تجربتك في مساعدة الآخرين.
- كشخ □ يقدم المساعدة للأطفال المتأثرين بجاءة كورونا،
14. يوصى بإبقاء الأطفال يشاهدون التلفاز ويتابعون الأخبار من أجل أن يوصولوا على آخر المعلومات المتعلقة بفيروس كورونا.
15. اسمح للأطفال بأن يأسوا بمشاعرهم تجاه فيروس كورونا.
- لا نعم لا نعم

نهاية الاختبار – شكرًا لمشاركتم

استبانة الرضى عن التدريب: استبانة بعدية فقط

الرجاء وضع دائرة على الرقم الذي يعكس رأيك

1. هل لبي المحتوى التدريبي توقعاتك؟
 - 1- نعم
 - 2- لا
- إذا كانت الإجابة "لا"، الرجاء ذكر السبب:
 1. ليس ذو صلة نهائياً
 2. ذو صلة نوعاً ما
 3. ذو صلة بشكل معتدل
 4. ذو صلة بشكل كبير
 5. ذو صلة وثيقة جداً
3. كيف تقيم جودة التدريب؟
 1. سيئة
 2. أقل من المعدل
 3. جيدة
 4. جيدة جداً
 5. مميزة
4. كيف تقيم جودة عمل الميسرين؟
 1. سيئة
 2. أقل من المعدل
 3. جيدة
 4. جيدة جداً
 5. مميزة
5. نرجوا أن تخبرنا بأية اقتراحات قد تكون لديك لتطوير هذا التدريب (كمكان عقد التدريب، طريقة التدريب، إلخ)

نهاية الاستبانة – شكراً لمشاركاتكم

3. ファシリテーターアセスメント・シート Facilitator Assessment Sheet

Psychological First Aid (PFA) Training Session (roll out)

Facilitator Monitoring/Evaluation Form

This monitoring check sheet will help us evaluate the effectiveness of the training provided by ToT session participants in each governorate. Thank you for your participation.

- Date of Training: []
- Location/Governorate []
- Your Name []
- Your Organization/Affiliation []
- Name of Facilitators evaluated []

Please circle the number that best corresponds to how you rate...

Very Low Low Medium High Very High

Facilitator Methods

10. Facilitator's knowledge and understanding of PFA-C approach	1	2	3	4	5
11. Presentation/Delivery Skills (speech speed, clarity, appropriateness, atmosphere setting etc.)	1	2	3	4	5
12. Listening and Responding Skills (did the facilitator answer the questions appropriately?)	1	2	3	4	5
13. Participation Encouragement (did the facilitators encourage participants to actively join discussions and role plays?)	1	2	3	4	5
14. Overall Facilitator Rating	1	2	3	4	5

Session Content:

6. Time Management

1 2 3 4 5

7. Effective facilitation for role-play sessions and exercises (did the facilitator give appropriate/useful feedback on role play participants? etc.)

1 2 3 4 5

8. Do you evaluate that this session achieved its objectives?

1 2 3 4 5

Materials/Venue:

9. Quality of presentation/hand-out materials

1 2 3 4 5

10. Quality of Venue/Facility

1 2 3 4 5

11) If you find any positive points during the training session about facilitators, venue, materials, participants etc. please describe here.

12) If you find any issues during the session, please describe here with potential resolution.

13) Please feel free to add any comments here (recommendations, lessons learnt etc.)

Thank you once again for your useful feedback!

4. ワークプラン Workplan

Workplan for Mental Health and Psychosocial Support (MHPSS) Project for Children in Jordan

A. Project Summary

Project Objective: To strengthen community-based mental health and psychosocial support (MHPSS) for children including refugee populations in Jordan through development and dissemination of “Psychological First Aid for Children (PFA-C),” in close collaboration with the Ministry of Health (MoH) and the Ministry of Education (MoE).

Project Outcomes:

- 1) **PFA-C manual** is reviewed, updated and adopted to the current COVID-19 situation in Jordan,
- 2) **Government officials** are equipped with knowledge and skills of **COVID-19 adopted PFA-C**,
- 3) **Community-based MHPSS** stakeholders are trained on PFA-C, and
- 4) **Recommendations** are summarized to further **strengthen the capacity of the MoH and MoE** to plan and implement policies and actions on community-level MHPSS for children.

Implementing Agency:

Save the Children Japan in collaboration with Save the Children Jordan, entrusted by JICA (Japan International Cooperation Agency)

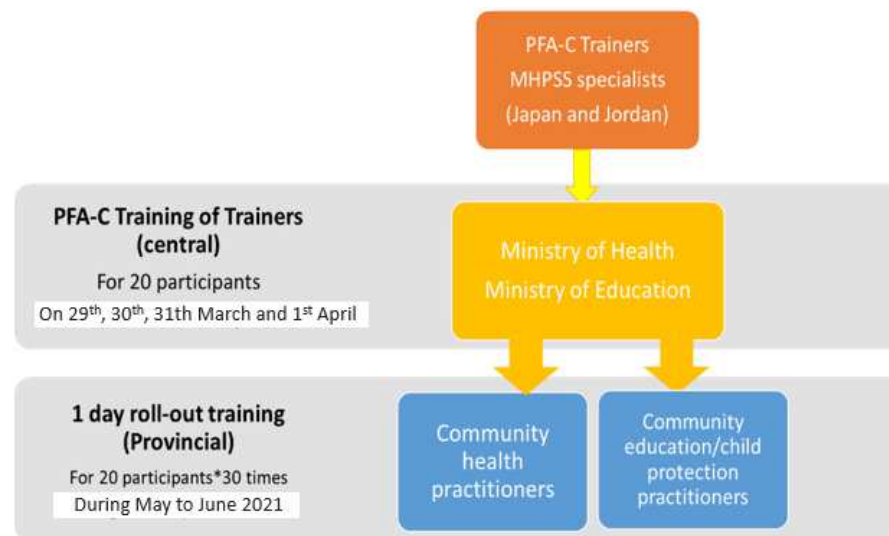
Project Period:

Original: December 2020 to April 2021

Cost-extension discussion is ongoing and the final end date yet to be confirmed.

B. Training Delivery Structure

This project is going to be delivered through **cascade approach**; participants in training of trainers (1st level target) are expected to roll out 1-day PFA-C session to community-based health and education practitioners (2nd level target) at regional/governorate level as below.



C. Detailed Workplan

1. **Overall workplan (Excel)** on monthly and weekly basis is attached.

2. Refresher Training for ToT participants

Date/Place: Monday 24/05/2021 (TBC) in Amman

Participants: PFA-C ToT participants (10 persons from MoH, 10 persons from MoE), MoH cofacilitators, MOH and MOE focal persons

Agenda: Principles of PFA-C, grouping/pairing up, training delivery practice session, roll-out training delivery plan, necessary items and resources, SC Jordan/Japan monitoring plan for roll-out activities etc.

3. One-day roll-out training session plan:

During the period of May and June, one-day PFA-C session for community-based practitioners will be carried out by trained facilitators from MoH and MoE.

Target participants: 600 health, education and child protection practitioners in each governorate. The sessions will be carried out at regional level (Central, North and South).

Region/Governorate	Roll-out Date (TBC)	# of participants in roll-out session	Target reach #	Remarks
Central Region				
- Amman, Madba and Balqa Governorate	June 1 st – June 30	14 days * 20 participants=280 persons	340 persons from Central Region, 4 Governorates (Amman, Madba, Zarqa, Balqa and Madaba)	
- Zarqa Governorate	May 25 th – June 1 st	3 days * 20 participants=60 persons		
North Region				
- Irbid Governorate, Ajloun Governorate	June 6 th – June 9 th	4 days * 20 participants=80 persons	180 persons from North Region, 4 Governorates (Irbid, Jerash, Mafraq and Ajloun)	
- Jerash Governorate	June 13	1days*20participants=20 persons		
- Mafraq Governorate	June 13- June 16	4 days* 20participants=80 persons		
South Region				
- Karak Governorate,	June 27 th - June 30	2 days*20 participants=40	80 persons from South Region, 4 Facilitators will	

Tafilah Governorate	persons	Governorates (Kara, Tafllilah, Aqaba	be requested to
- Aqaba Governorate, June 27th- June 30	2 days*20 participants=40	and Ma'an)	stay over in a
Ma'an Governorate	persons		designated
			hotel near the
			venue. Details
			to be consulted
			with SC Jordan
			team.

Attachment: PFA-C Workplan (Monthly, Weekly) in Excel format.

-End-

Monthly Work Plan (Draft) MHPSS for Children in Jordan supported by JICA											
Project Name:	Strengthening community-based mental health and psychosocial support (MHPSS) system and services for Jordanian and refugee children										
Start Date:	07/12/2020										
End Date:	31/08/2021 (To be consulted with JICA)										
Activity #	Detailed Activities	Q4	Q1-2021			Q2			Q3		Responsible/Accountable
		DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	
Overall Project Goal	Government officials at the Ministry of Health (MoH) and the Ministry of Education (MoE) and relevant district/governorate staff improve their level of understanding towards MHPSS, through										
Outcomes	1- PFA-C manual is reviewed, updated and adopted to the current COVID-19 situation in Jordan										
Output 1	Develop a project work plan through discussion with JICA and in-country committee members in Japan										
Activity 1-1	Develop a project work plan as per discussion outcomes with stakeholders (Project delivery strategy, Workplan and relevant documents)										SC Japan (SCJPN)/ SC Jordan (SCJOR)
Activity 1-2	Coordinate with relevant stakeholders including MoH and MoE and nomination of trainers involved in the ToT and conduct inception meeting session										SC JPN/SCJOR
Activity 1-2-1(new)	Select co-facilitators for PFA-C session as per MoH recommendations										SC JPN/SCJOR
Activity 1-3	Finalize project delivery workplan										SC JPN
Output 2	Review the existing PFA-C curricula, collect and analyze relevant resources and information on impacts of COVID-19										
Activity 2-1	Carry out desk review and KIIs to analyze information on current status, problems/gaps and interventions in Jordan in the field of MHPSS and the impact of COVID 19 on the mental health and wellbeing of children.										SCJPN and facilitated by SCJOR
Activity 2-2	Review, analyze and document outcomes of desk review and KIIs related to MHPSS situations in Jordan										SC JPN
Output 3	Develop a revised PFA for Children (PFA-C) training package (PFA-C)										
Activity 3-1	Review the existing PFA-C curricula and revise contents for COVID-19 adoption										SCJOR/SCJPN/WHO/MOH/MOE
Activity 3-2	Develop evaluation indicators to measure the impacts of training										SC JPN
Activity 3-3	Consultation with stakeholders										SCJPN/SCJOR
Activity 3-4	Finalize a revised PFA-C training module and monitoring and evaluation indicators										SCJPN
Output 4	Develop a training delivery plan										
Activity 4-1	Consultation with relevant authorities and developing training delivery plan										SCJOR/MOH/MOE/SCJPN
Activity 4-2	Agree on a training delivery plan										SCJOR/MOH/MOE/SCJPN
Output 5	Conduct PFA-C training										
Activity 5-1-1	Conduct updated PFA-C training										SC JPN/SCJOR/MoH facilitators
Activity 5-1-2	Training outcome measurement (pre and post/interview)										SCJOR/SCJPN
Activity 5-1-3	Reflect updated modules to PFA-C training package for ToT and rolling out sessions										SC JPN/SCJOR
Activity 5-2-1	Roll out revised PFA-C training for community-based practitioners										SCJOR/MOH/MOE/(SCJPN)
Activity 5-2-2	Training outcome measurement (pre and post/interview)										SCJPN/SCJOR/MOH/MOE
Activity 5-2-3	Update the revised PFA-C based on outcomes of the training if needed and finalize it										SCJPN/SCJOR
Activity 5-2-4	Share outcomes and lessons learnt from PFA-C training sessions with relevant stakeholders										SCJPN/SCJOR
Output 6	Carry out overall evaluation and recommendation complement based on the project implementation										
Activity 6-1	Evaluate outcomes of training delivery										SCJPN/SCJOR
Activity 6-2	Develop and compile recommendations to further strengthen and improve the capacity of the MoH and MoE to plan and implement policies and interventions regarding community-level MHPSS for children										SCJPN/SCJOR/MOH/MOE
Output 7	Develop a project completion report										
Activity 7-1	Develop and submit project completion report covering overall activity outcomes, lessons learnt and recommendations										SCJOR/SCJPN
Deliverables	1) Overall Project Delivery Plan, 2) Workplan, 3) End-of-Project Report										SCJOR/SCJPN

**Weekly Work Plan (Draft)
MHPSS for Children in Jordan supported by JICA**

Activity #	Detailed Activities	Q4																												Q1-2021				Q2				Q3				Responsible/Accountable								
		December							January							February							March							April				May				June					July				August			
		Week 1				Week 2			Week 3			Week 4				Week 1			Week 2				Week 3				Week 4				Week 1				Week 2				Week 3				Week 4							
		Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4									
Overall Project Goal	Government officials at the Ministry of Health (MoH) and the Ministry of Education (MoE) and relevant district/governorate staff improve their level of understanding towards MHPSS, through achieving the following objectives>>>>																																																	
Outcomes	1- PFA-C manual is reviewed, updated and adopted to the current COVID-19 situation in Jordan																																																	
Output 1	Develop a project work plan through discussion with JICA and in-country committee members in Japan																																																	
Activity 1-1	Develop a project work plan as per discussion outcomes with stakeholders (Project delivery strategy, Workplan and relevant documents)																																					SC Japan (SCJPN)/ SC Jordan (SCJOR)												
Activity 1-2	Coordinate with relevant stakeholders including MoH and MoE and nomination of trainers involved in the ToT and conduct inception meeting session																																					SC JPN/SCJOR												
Activity 1-2-1(new)	Select co-facilitators for PFA-C session as per MoH recommendations																																					SC JPN/SCJOR												
Activity 1-3	Finalize project delivery workplan																																					SC JPN												
Output 2	Review the existing PFA-C curricula, collect and analyze relevant resources and information on impacts of COVID-19																																																	
Activity 2-1	Carry out desk review and KIIs to analyze information on current status, problems/gaps and interventions in Jordan in the field of MHPSS and the impact of COVID 19 on the mental health and wellbeing of children.																																					SCJPN and facilitated by SCJOR												
Activity 2-2	Review, analyze and document outcomes of desk review and KIIs related to MHPSS																																					SC JPN												
Output 3	Develop a revised PFA for Children (PFA-C) training package (PFA-C)																																																	
Activity 3-1	Review the existing PFA-C curricula and revise contents for COVID-19 adoption																																					SCJOR/SCJPN/WHO/MOH/MOE												
Activity 3-2	Develop evaluation indicators to measure the impacts of training																																					SC JPN												
Activity 3-3	Consultation with stakeholders																																					SCJPN/SCJOR												
Activity 3-4	Finalize a revised PFA-C training module and monitoring and evaluation indicators																																					SCJPN												
Output 4	Develop a training delivery plan																																																	
Activity 4-1	Consultation with relevant authorities and developing training delivery plan																																					SCJOR/MOH/MOE/SCJPN												
Activity 4-2	Agree on a training delivery plan																																					SCJOR/MOH/MOE/SCJPN												
Output 5	Conduct PFA-C training																																																	
Activity 5-1-1	Conduct updated PFA-C training																																					SC JPN/SCJOR/MoH facilitators												
Activity 5-1-2	Training outcome measurement (pre and post/interview)																																					SCJOR/SCJPN												
Activity 5-1-3	Reflect updated modules to PFA-C training package for ToT and rolling out sessions																																																	
Activity 5-2-1	Roll out revised PFA-C training for community-based practitioners																																					SCJOR/MOH/MOE/(SCJPN)												
Activity 5-2-2	Training outcome measurement (pre and post/interview)																																					SCJPN/SCJOR/MOH/MOE												
Activity 5-2-3	Update the revised PFA-C based on outcomes of the training if needed and finalize it																																					SCJPN/SCJOR												
Activity 5-2-4	Share outcomes and lessons learnt from PFA-C training sessions with relevant stakeholders																																					SCJPN/SCJOR												
Output 6	Carry out overall evaluation and recommendation complement based on the project implementation																																																	
Activity 6-1	Evaluate outcomes of training delivery																																					SCJPN/SCJOR												
Activity 6-2	Develop and compile recommendations to further strengthen and improve the capacity of the MoH and MoE to plan and implement policies and interventions regarding community-level MHPSS for children																																					SCJPN/SCJOR/MOH/MOE												
Output 7	Develop a project completion report																																																	
Activity 7-1	Develop and submit project completion report covering overall activity outcomes, lessons learnt and recommendations																																					SCJOR/SCJPN												
Deliverables	1) Overall Project Delivery Plan,2) Workplan, 3) End-of-Project Report																																					3	SCJOR/SCJPN											

Psychological First Aid
- Introduction -

Atsuro Tsutsumi, Ph.D. Eizaburo Tanaka, MD, MPH, PhD
Professor, College of Human and Social Sciences, Kanazawa University Hyogo Institute for Traumatic Stress
University College London

1

What comes to mind when you hear...

“Psychological First Aid”

2

What is PFA?

- Humane, supportive and practical assistance to fellow human beings who recently suffered exposure to serious stressors, and involves:
 - Non-intrusive, practical care and support
 - Assessing needs and concerns
 - Helping people to address basic needs (food, water)
 - Listening, but not pressuring people to talk
 - Comforting people and helping them to feel calm
 - Helping people connect to information, services and social supports
 - Protecting people from further harm

3

What PFA is NOT?

- It is NOT something only professionals can do.
- It is NOT professional counseling.
- It is NOT “psychological debriefing.”
- No detailed discussion of the distressing event
- It is NOT asking people to analyze what happened or put time and events in order.
- Although PFA involves being available to listen to people's stories, it is NOT pressuring people to tell you their feelings or reactions to an event.

4

History of PFA

- PFA first appeared in 1954 (J Am Med Assoc)
- When disaster strikes (Raphael B, 1986)
 - 1.basic need, 2.physical care, 3.goal orientation, 4.search & reunion, 5.practical support, 6.ventilation of feeling, 7.security, 8.support network, 9.protect from secondary trauma, 10.assessment
- CISD(Critical Incident Stress Debriefing:) to PD(Psychological debriefing) in 1970's to 1990's
- Establishment of PFA manuals in 2000's
 - 1.safty, 2.security, 3.connect to others, 4.self-efficacy 5.hope

5

Previous psychological aid model



6

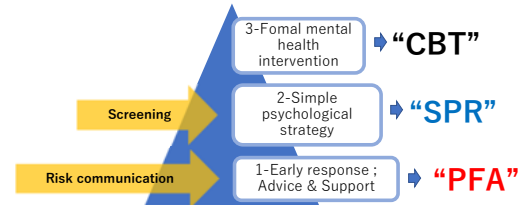
Change in Beliefs

- Prior to 1990, disaster mental health intervention tended to be “off the shelf,” univariate interventions
- In 1990, The British Psychological Society recommended that crisis intervention should be **multi-component** in nature
- Recent recommendations for early intervention include the use of a **variety of interventions matched to the needs** of the situation and the recipient populations along a continuum of care.

7

Psychological recovery strategy

Acute & post-acute phase



8

PFA manuals



9

5. 共同講師向け事前オリエンテーション資料 (アラビア語版)

Psychological First Aid
- Introduction -

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1

What comes to mind when you hear...

“Psychological First Aid”

2

الإسعافات النفسية الأولية (PFA) هي:

وصف لاستجابة إنسانية داعمة لإنسان آخر يتعرض للمعاناة ويحتاج للدعم

تتضمن الإسعافات النفسية الأولية

- تقديم الرعاية والمساندة العليتين من دون تطفّل.
- تقدير الاحتياجات والمخاوف.
- مساعدة الناس على تلبية احتياجاتهم الأساسية (مثلًا الغذاء والماء).
- إراحة الناس ومساعدتهم على الشعور بالهدوء.
- مساعدة الناس في الوصول إلى المعلومات والخدمات والدعم الاجتماعي.
- حماية الناس من التعرض لمزيد من الأذى.

3

الإسعافات النفسية الأولية ليست ...

- أمرًا لا يقوم به إلا المختصون
- إرشادًا نفسيًا
- تدخلًا عياديًا في العلاج أو العلاج النفسي مع أنها قد تشكل جزءًا من العناية النفسية العيادية الجيدة
- تفريغًا نفسيًا (كثقنية عيادية)
- الطلب من شخص ما تحليل وضع الأحداث في ترتيب زمني متسلسل.
- ممارسة الضغط على الناس ليخبروا قصتهم.
- طلب التفاصيل من الناس حول مشاعرهم أو حول ما حدث.

4

الإسعافات النفسية الأولية-نظرة تاريخية

- ظهرت في العام 1954 (J Am Med Assoc.)
- عندما تحدث الكوارث (Raphael B, 1986):
- 1. الاحتياجات الأساسية، 2. العناية الطبية، 3. توجيه الأهداف، 4. البحث وإعادة الشمل، 5. الدعم العملي، 6. تفريغ المشاعر، 7. الأمان، 8. شبكات الدعم، 9. الحماية من الصدمة الثانوية، 10. التقييم
- (Critical Incident Stress Debriefing) CISD
- استخلاص المعلومات الناتج عن الإجهاد المترتب على الحوادث خطيرة: و هو تابع ل (استخلاص المعلومات النفسي) أو ما يسمى (PD: Psychological Debriefing) الذي طرح ابتداءً من السبعينيات وحتى التسعينيات من القرن المنصرم.
- تطوير كراسة/ ملزمة الإسعافات النفسية الأولية مع بدايات الألفية الثانية:
- 1. الأمان، 2. السلامة، 3. الاتصال مع الآخرين، 4. الكفاءة الذاتية، 5. الأمل.

5

نموذج المساعدة النفسية السابق

6

التغير في المعتقدات

- قبل 1990، استجابات الصحة النفسية في سياق الكوارث كانت مهمة، استجابات أحادية المتغير.
- في العام 1990، أوصت جمعية علم النفس البريطانية بأن تكون الاستجابات في سياق الأزمات ذات طبيعة **متعددة المحتوى**.
- تضم التوصيات المتأخرة للاستجابة المبكرة استخدام **استجابات متنوعة توافق احتياجات الموقف والأشخاص المتلقين للخدمة مع استمرارية الرعاية**.

استراتيجية التعافي النفسي

مرحلة الشدة وما بعد الشدة



7

8

PFA manuals



9

	活動内容	活動時期																																			
		2020年12月				2021年1月				2021年2月				2021年3月				2021年4月				2021年5月				2021年6月				2021年7月				2021年8月			
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4				
段階-5: 第一次現地研修作業 研修の実施 作業 5-1 改訂版講師養成研修の実施(※国内からの遠隔実施) 作業 5-2 改訂版ロールアウト研修(1日研修)の実施	作業 5-1-1 改訂版講師養成研修の実施	O																																			
		R																																			
	作業 5-1-2 研修効果評価指標による効果測定	O																																			
		R																																			
	作業 5-1-3 改訂版講師養成研修及びロールアウト研修(1日研修)内容への反映	O																																			
		R																																			
	作業 5-2-1 改訂版ロールアウト研修(1日研修)の実施	O																																			
		R																																			
作業 5-2-2 研修効果評価指標による効果測定	O																																				
	R																																				
作業 5-2-3 改訂版ロールアウト研修(1日研修)の最終化	O																																				
	R																																				
作業 5-2-4 関係各所への周知	O																																				
	R																																				
段階-6: 第五次国内作業 業務実施を踏まえた評価及び施策の提言	作業 6-1 研修実施結果の評価	O																																			
	R																																				
	作業 6-2 施策の提言	O																																			
	R																																				
段階-7: 第六次国内作業 業務完了報告書の作成	作業 7-1 業務完了報告書の作成と提出	O																																			
	R																																				

活動計画は  (O:Original)、 (R:Revised)  Additional

7.事前アンケート Pre-questionnaire

英語版

1. Observations on impact of the COVID-19 pandemic in Jordan

We'd like to know impacts of the COVID-19 pandemic in Jordan for the following aspects in general. Please provide your answers to these questions, to the extent possible.

1. Did you experience or witness the adverse impact of COVID-19 on the below services in your community or in any parts of Jordan? If yes, please circle all that apply (multiple choices available).

- 1) Food Security and Livelihood
- 2) Shelter/Housing
- 3) Health Care and Mental Health Services
- 4) Education
- 5) Religion and Social Structures
- 6) Human rights violations (such as violence against children or vulnerable groups)
- 7) Other (please specify)

2. Please explain details of your experiences or observations on the above impacts.

2. COVID-19 Impacts on Children's Mental Health and Wellbeing

We'd like to know how and to what extent the COVID-19 pandemic affects children's wellbeing and mental health/psychosocial aspects. Please provide your answers to the following questions, to the extent possible.

1. Do you find any children's stress reactions unique to the COVID-19 pandemic in your home/community/society?

1) Yes / No / Don't know (please circle one)

2) Please explain why you answered the previous question in that way.

2. Do you think children have been dealing with their negative emotions and

stress reactions appropriately during the COVID-19 pandemic?

1) Yes / No / Don't know (please circle one)

2) Please explain why you answered the previous question in that way.

3. Do you think children can seek emotional or practical support from their caregivers or community if they are needed?

1) Yes / No / Don't know (please circle one)

2) Please explain why you answered the previous question in that way.

3. COVID-19 Impacts on Caregiver's Mental Health and Wellbeing

1. Do you think caregivers have been dealing with children's negative emotions and stress appropriately during the COVID-19 pandemic?

1) Yes / No / Don't know (please circle one)

2) Please explain why you answered the previous question in that way.

2. Do you think caregivers know children's stress reactions to crises, such as the COVID19 pandemic?

1) Yes / No / Don't know (please circle one)

2) Please explain why you answered the previous question in that way.

3. Do you think caregivers can seek emotional or practical support in the community if they are needed?

1) Yes / No / Don't know (please circle one)

2) Please explain why you answered the previous question in that way.

4. General Mental Health and Psychosocial Supports in Jordan

We would like to know your opinions in terms of mental health and psychosocial support challenges and opportunities in Jordanian context.

1. **What more could be done to support children who are upset / distressed in Jordan?**
2. **what are the expected challenges and gaps in mental health and psychosocial support in Jordan?**
3. **What are the expected opportunities in mental health and psychosocial support in Jordan?**

ملاحظات حول أثر جائحة كورونا على خدمات الصحة النفسية والدعم النفسي الاجتماعي في الأردن

نشكر لك موافقتك على المشاركة في هذه الاستبانة. نحن حالياً في صدد تطبيق تقييم سريع لملاحظة أثر جائحة كورونا في الأردن من حيث الأبعاد المتعلقة بالصحة النفسية والدعم النفسي الاجتماعي للأطفال في الأردن، ونرغب بمعرفة تجاربك وملاحظاتك خلال الجائحة. تتكون هذه الاستبانة من ثلاثة أقسام رئيسية ويتوقع أن تستغرق من 20 إلى 30 دقيقة لتعبئتها. تستطيع تجاوز أي سؤال لا ترغب في الإجابة عنه أو أن تنهي تعبئة الاستبانة في أي وقت. تعكف مؤسسة إنقاذ الطفل اليابانية، بالشراكة مع مؤسسة إنقاذ الطفل الأردنية، حالياً على تطبيق مشروع الصحة النفسية والدعم النفسي الاجتماعي للأطفال في الأردن يتكليف من الوكالة اليابانية للتعاون الدولي (جايجا). لن يتم التعريف بأي شخص عند تحليل أو إصدار تقارير هذه الدراسة، وإنما سيتم عكس النتائج والمخرجات على برنامج تدريب الإسعافات النفسية الأولية للأطفال لموظفي القطاع الحكومي، بالإضافة إلى مختصي الصحة وحماية الطفل في الأردن والذي سيعقد خلال الفترة ما بين آذار وتموز للعام 2021. نشكرك على تخصيص الوقت لتعبئة الاستبانة ونقدر دعمك كثيراً.

الرجاء تعبئة الجدول أدناه:

الإسم	
الجنس	(1) ذكر (2) أنثى
مكان العمل (إسم الوزارة أو المنظمة)	
الوظيفة	
عدد سنوات الخبرة في وظيفتك الحالية	
تاريخ تعبئة الاستبانة (يوم/ شهر/ سنة) كل رقم من خانتين (مثال: 21/11/04)	

أ. ملاحظات عامة حول أثر جائحة كورونا في الأردن

نود في هذا القسم معرفة آثار جائحة كورونا على الجوانب التالية. الرجاء ذكر إجابتك أدناه لأبعد حد ممكن حسب علمك.

1. هل اختبرت أو هددت تأثيراً سلبياً لجائحة كورونا على الخدمات/ القطاعات أدناه في مجتمعك أو في أي مكان في الأردن؟ الرجاء وضع دائرة على كل ما تنطبق الإجابة عليه (يمكن اختيار أكثر من إجابة).

- (1) الأمن الغذائي والفر المعيشية
- (2) الملجأ/ السكن
- (3) الرعاية الصحية وخدمات الصحة النفسية
- (4) التعليم
- (5) الشعائر الدينية والهياكل المجتمعية
- (6) حقوق الإنسان (مثل العنف ضد الأطفال أو المجموعات الأكثر ضعفاً وتهميشاً)

2. الرجاء رح تفاصيل خبرتك أو ملاحظاتك حول الآثار المذكورة أعلاه.

ب. أثر جائحة كورونا على الصحة النفسية والرفاه لدى الأطفال

نود في هذا القسم معرفة كيف ولأي حد أثرت جائحة كورونا على رفاه الأطفال وصحتهم النفسية والجوانب النفس-اجتماعية. الرجاء ذكر إجابتك أدناه لأبعد حد ممكن حسب علمك.

1. هل اختبرت أو وهدت ردود أفعال لتوتر الأطفال مميزة وخاصة بجائحة كورونا في بيتك، أو مجتمعك، أو محيطك

الأكبر وبشكل مختلف عن ردود أفعال التوتر في سياقات أخرى؟

(1) نعم / لا / لا أعلم (الرجاء وضع دائرة حول إجابتك)

(2) نرجوا أن تشرح لنا سبب اختيارك للإجابة أعلاه.

2. هل تعتقد بأن الأطفال كانوا يتعاملون مع مشاعرهم السلبية وردود أفعال التوتر لديهم بطريقة ملائمة خلال جائحة كورونا؟

(1) نعم / لا / لا أعلم (الرجاء وضع دائرة حول إجابتك)

(2) نرجوا أن تشرح لنا سبب اختيارك للإجابة أعلاه.

3. هل تعتقد بأن الأطفال يستطيعون طلب دعم عاطفي أو عملي من مقدمي الرعاية لهم أو من المجتمع إن احتاجوا لذلك؟

(1) نعم / لا / لا أعلم (الرجاء وضع دائرة حول إجابتك)

(2) نرجوا أن تشرح لنا سبب اختيارك للإجابة أعلاه.

ج. أثر جائحة كورونا على الصحة النفسية والرفاه لدى مقدمي الرعاية

1. هل تعتقد بأن الأهل ومقدمي الرعاية كانوا يتعاملون مع المشاعر السلبية وردود أفعال التوتر لدى أطفالهم بطريقة ملائمة خلال جائحة كورونا؟

(1) نعم / لا / لا أعلم (الرجاء وضع دائرة حول إجابتك)

(2) نرجوا أن تشرح لنا سبب اختيارك للإجابة أعلاه.

2. هل تعتقد بأن الأهل ومقدمي الرعاية يعرفون ردود أفعال التوتر لدى الأطفال خلال الأزمات مثل أزمة جائحة كورونا؟

- 1) نعم / لا / لا أعلم (الرجاء وضع دائرة حول إجابتك)
- 2) نرجوا أن تشرح لنا سبب اختيارك للإجابة أعلاه.

3. هل تعتقد بأن الأهل ومقدمي الرعاية يستطيعون طلب دعم عاطفي أو عملي في المجتمع إن احتاجوا لذلك؟

- 1) نعم / لا / لا أعلم (الرجاء وضع دائرة حول إجابتك)
- 2) نرجوا أن تشرح لنا سبب اختيارك للإجابة أعلاه.

د. الصحة النفسية والدعم النفسي الاجتماعي العام في الأردن

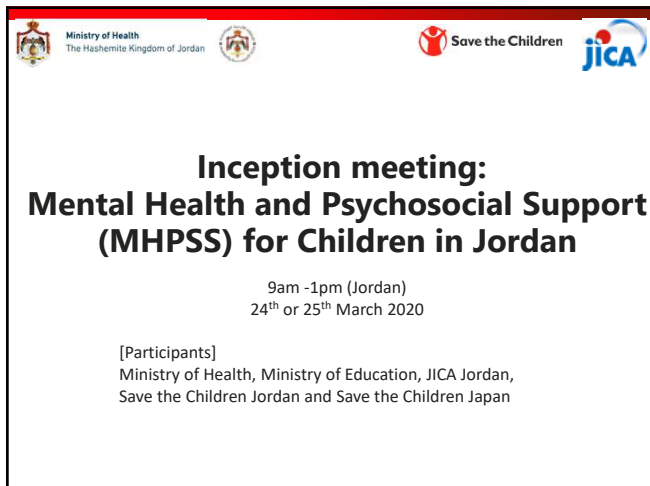
نود معرفة آرائك فيما يتعلق بتحديات وفر الصحة النفسية والدعم النفسي الاجتماعي في السياق الأردني.

1. ما الذي يمكن فعله أكثر لدعم الأطفال الذين يمرون بضائقة نفسية/ محنة/ حزن؟



2. ماهي توقعاتك للفرص والتحديات الخاصة بالصحة النفسية والدعم النفسي الاجتماعي في الأردن؟

3. ماهي توقعاتك للفرص الخاصة بالصحة النفسية والدعم النفسي الاجتماعي في الأردن؟

نهاية الاستبانة، شكرا لك على وقتك وتعاونك في انما



Ministry of Health
The Hashemite Kingdom of Jordan



Inception meeting: Mental Health and Psychosocial Support (MHPSS) for Children in Jordan

9am -1pm (Jordan)
24th or 25th March 2020

[Participants]
Ministry of Health, Ministry of Education, JICA Jordan,
Save the Children Jordan and Save the Children Japan

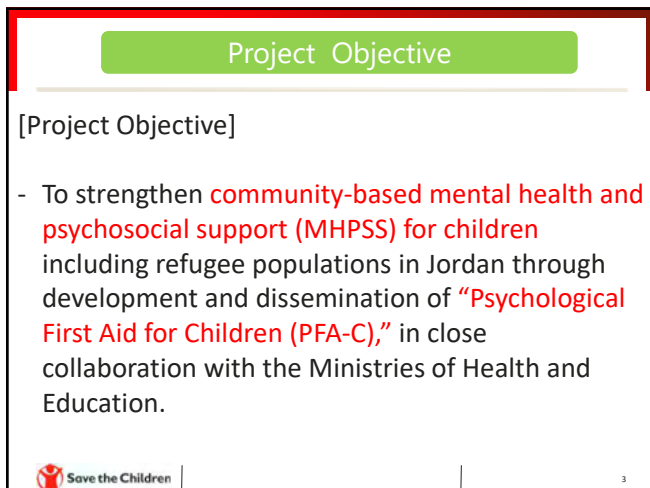
1



Today's agenda

- Introductions
- Project summary
- Overview of “PFA for Children”
- Overview of Training Modality
- Focal point selection/nomination
- Expected challenges and how to address (in case of COVID-19 lockdown...?)
- Logistical arrangement information
- Any comments/suggestions from participants
- QA

2

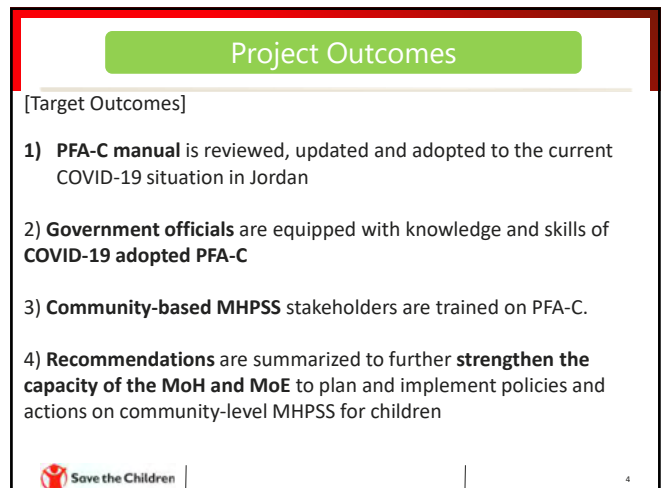


Project Objective

[Project Objective]

- To strengthen **community-based mental health and psychosocial support (MHPSS) for children** including refugee populations in Jordan through development and dissemination of “**Psychological First Aid for Children (PFA-C)**,” in close collaboration with the Ministries of Health and Education.

3

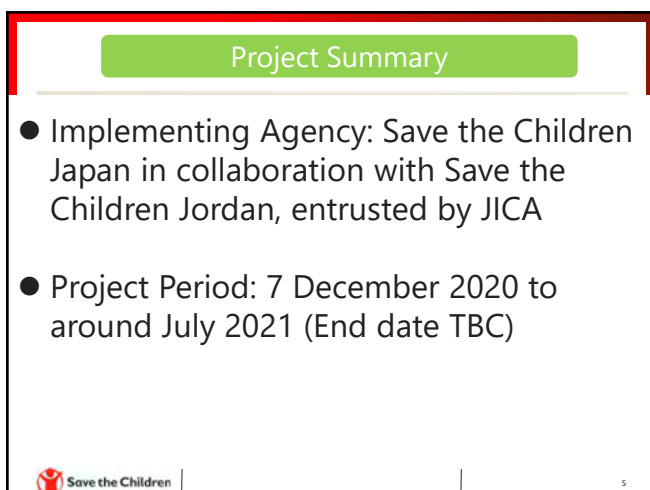


Project Outcomes

[Target Outcomes]

- 1) **PFA-C manual** is reviewed, updated and adopted to the current COVID-19 situation in Jordan
- 2) **Government officials** are equipped with knowledge and skills of **COVID-19 adopted PFA-C**
- 3) **Community-based MHPSS stakeholders** are trained on PFA-C.
- 4) **Recommendations** are summarized to further **strengthen the capacity of the MoH and MoE** to plan and implement policies and actions on community-level MHPSS for children

4



Project Summary

- Implementing Agency: Save the Children Japan in collaboration with Save the Children Jordan, entrusted by JICA
- Project Period: 7 December 2020 to around July 2021 (End date TBC)

5



Members/ Save the Children and Advisors

Save the Children Jordan:

- Ms. Christine Fernandes (Director of Program Development and Quality)
- Mr. Rami Inkheili (Child Protection Technical Advisor)
- Ms. Carol Jadoun (Education Technical Advisor)
- Ms. Israa Abujamouse (Project Manager, PFA-C certified trainer) ; and in-country support staff

Save the Children Japan:

- Mr. Togawa Yutaka (Head of mission, Module development)
- Ms. Maiko Fujii (Training management and delivery 1)
- Ms. Miyuki Akasaka (Training management and delivery 2)


External Advisors:

- Dr. Eizaburo Tanaka (MD, MPH, Ph.D., Hyogo Institute for Traumatic Stress & University College London)
- Dr. Atsuro Tsutsumi (Professor at the University of Kanazawa)

6

Technical Advisors in Jordan

Dr. Hasan Marie Mohammed Alsukhni
 Dr. Mohammad Ahmad ABU SLAIH
 Dr. Sawsan Fahmi Abu-Dayeh.



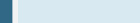
7

Work plan

2nd draft as of 22 March 2021


Work Plan

	Phase 1 Dec 2020-Feb 2021	Phase 2 Feb-March 2021	Phase 3 March-June 2021	Phase 4 July-August 2021
	Data Collection and Analysis	Module Development	Training Dissemination	Evaluation
Activities	Project plan draft and finalization	PFA-C training module review and revision	Delivery of Training of Trainers (ToT) in Amman	Final evaluation of training outcomes
	Kick-off meeting with stakeholders	PFA-C training monitoring and evaluation tool development	Impact/effectiveness measurement	Summary of recommendations
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		Training delivery planning and finalization	Dissemination of revised materials to MHPSS stakeholders	



8

Training Modality Training of Trainers and Roll-out sessions




PFA-C Trainers
MHPSS specialists
(Japan and Jordan)

PFA-C Training of Trainers (central)
For 20 participants
On 29th, 30th, 31th March and 1st April

Ministry of Health
Ministry of Education


1 day roll-out training (Provincial)
For 20 participants*30 times
During April to June 2021

Community health practitioners **Community education/child protection practitioners**




9

Any questions?



10

Thank you for your participation today!



11

8. إنسেশون مية تينغ زل

آرابيا لرب

Ministry of Health
The Hashemite Kingdom of Jordan

Save the Children

JICA

الاجتماع التحضيري:
"الصحة النفسية والدعم النفسي الاجتماعي للأطفال في
الأردن"

(الأردن) 1:00-9:30
24 و 25 آذار 2020

(المشاركون)

وزارة الصحة الأردنية، وزارة التربية والتعليم الأردنية، الوكالة اليابانية للتعاون الدولي جايكا،
مؤسسة إنقاذ الطفل الأردنية، ومؤسسة إنقاذ الطفل اليابانية

1

أجندة الاجتماع

- المقدمة والتعارف
- ملخص المشروع
- الإسعافات النفسية الأولية للأطفال (نظرة عامة)
- منهجية التدريب والتوسع (نظرة عامة)
- نقاط الاتصال
- التحديات المتوقعة وكيفية التعامل معها (الإغلاق التام...؟)
- التحضيرات اللوجستية والترتيبات
- أية تعليقات أو اقتراحات من المشاركين
- أسئلة وإجابات

Save the Children

2

هدف المشروع

- ررد وتقوية خدمات الصحة النفسية المجتمعية
والدعم النفسي الاجتماعي للأطفال، بما في
ذلك اللاجئين في الأردن من خلال تطوير
ونشر منهجية الإسعافات النفسية الأولية
للأطفال بتعاون وثيق مع وزارتي الصحة
والتعليم.

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3

مخرجات المشروع المتوقعة

- 1) مراجعة وتحديث دليل الإسعافات النفسية الأولية للأطفال ومواعمه لظرف كوفيد 19 في الأردن.
- 2) تزويد الموظفين الحكوميين بالمعرفة والمهارات اللازمة لتقديم تدريب الإسعافات النفسية الأولية للأطفال في سياق كوفيد 19.
- 3) تدريب أصحاب المصلحة على مستوى المجتمع من الموظفين الذين يقدمون خدمات مباشرة للأطفال على الإسعافات النفسية الأولية للأطفال.
- 4) تلخيص التوصيات والدروس المستفادة من أجل الاستمرار في تحسين قدرات وزارتي الصحة والتعليم لتخطيط وتطبيق السياسات والإجراءات المتعلقة بالصحة النفسية المجتمعية والدعم النفسي الاجتماعي للأطفال.

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4

ملخص المشروع

- الجهة المنفذة: مؤسسة إنقاذ الطفل اليابانية بالتعاون مع مؤسسة إنقاذ الطفل الأردنية بتفويض من قبل الوكالة اليابانية للتعاون الدولي (جايكا)
- فترة تطبيق المشروع: منتصف شهر آذار 2021 وحتى نهاية شهر تموز 2021

Save the Children

5

الإسعافات النفسية الأولية للأطفال/ نظرة عامة

- الإسعافات النفسية الأولية: وصف لاستجابة إنسانية داعمة لإنسان آخر يتعرض للمعاناة ويحتاج للدعم. مجموعة من التقنيات والمهارات التي تعتمد على 3 مبادئ (النظر، الاستماع، والربط) وتهدف إلى تقديم الدعم النفسي الأولي للمتأثرين من حدث أو أزمة شديدة بهدف:
- تقديم الرعاية والمساندة الأوليتين دون الاهتمام الزائد بالتفاصيل، تقدير احتياجات الناس ومخاوفهم، إراحة الناس ومساعدتهم على الشعور بالهدوء، مساعدة الناس في الوصول إلى المعلومات والخدمات والدعم الاجتماعي، وحماية الناس من التعرض لمزيد من الأذى.
- الإسعافات النفسية الأولية ليست أمراً لا يقوم به إلا المتخصصون، كما أنها ليست إرشاداً نفسياً صرفاً ولا تدخلاً عيادياً أو نوعاً من تدخلات الطب النفسي.
- تقدم الإسعافات النفسية الأولية للأطفال خلال أو بعد حدث ينطوي على أزمة لدى الأطفال مثل الحروب، الكوارث الطبيعية، الجوائح المرضية، إلخ. كما يتم تقديمه للأطفال الذين تعرضوا للعنف أو الإساءة أو الإهمال أو الاستغلال الشديد.

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6

الأعضاء/ مؤسسة إنقاذ الطفل والمستشارون الخارجيون

مؤسسة إنقاذ الطفل/ الأردن:

- كريستين فيرنانديز (مديرة تطوير وجودة البرامج)
- راهي انخيلي (مستشار حماية الطفل)
- كارول جدعون (مستشارة التعليم والتعلم الدامج)
- إسراء ابو جاموس (مديرة مشروع- مدربة إسعافات نفسية أولية)
- ريم حمدان (منسقة حماية الطفل)

مؤسسة إنقاذ الطفل/ اليابان:

- توغوا يوتاكا (مدير المشروع، تطوير المواد)
- مايكو فوجي (إدارة التدريب والتنفيذ 1)
- ميوكي أكاساكا (إدارة التدريب والتنفيذ 2)

المستشارون الخارجيون:

- د. إيسابورو تاناكا (طبيب، ماجستير في الصحة العامة، دكتوراة معهد هيوغو لدراسة توتر الصدمات وكلية لندن الجامعية)
- د. آنسورو تسوتسومي (بروفيسور- جامعة كانازاوا)

المستشارون الفنيون في الأردن

د. حسن مرعي السخني

د. محمد أحمد أبو صليح

د. سوسن فهمي أبو دية

خطة العمل

Work Plan

2nd draft as of 22 March 2021

	Phase 1: Dec 2020-Feb 2021	Phase 2: Feb-March 2021	Phase 3: March-June 2021	Phase 4: July-August 2021
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آلية تدريب المدربين والتدريب التوسعي الميداني



أسئلة؟

شكرا لكم على حضوركم
ومشاركاتكم

9. 個別聞き取り質問票 Individual Interview Questionnaire

Thank you for agreeing to participate in our interview! We would also take this opportunity to appreciate your active participation in the PFA-C ToT session the other day.

We are conducting a post assessment individual interview for randomly selected PFA-C ToT participants to see outcomes of training sessions, and also to compile lessons learnt. This interview will take about 20 minutes, but you may choose to skip any question or end the interview at any point. No individual will be identified in any of the analyses or reports from this study, but the outcomes and results will be collectively reflected into “Psychosocial First Aid for Children” (PFA-C) training project supported by JICA.

*Note for interviewer: the target interviewees would be randomly-selected 1 female and 1 male from MoH and MoE respectively, in total 4 ToT participants to be interviewed.

1) What was your first(original) expectation/impression on “Psychological First Aid for Children” (PFA-C)? Has your impression towards “PFA for Children” changed before and after the training? If so how? Please explain.

2) What do you think would be most beneficial part/element of PFA-C approach when delivering this to community-based practitioners (such as teachers, health workers, school counsellors etc.)?

3) Which parts/contents of PFA-C do you think should be modified/adjusted so as to disseminate it widely in Jordan?

4) How did you find interactions between two Ministries (Ministry of Health and Ministry of Education) during the ToT session? Any recommendations to enhance collaborative relationship at Ministry level?

5) Any recommendations or concerns you would like to share with us as we move forward to roll out PFA-C 1 day session in each region?

This is end of the interview, thank you very much for your participation.

10. 1 日研修資料 Roll-out (1-day) Training Materials

アジェンダ

(الاجنذة التدريبية للمدرب (الاسعافات النفسية الأولية

Training Agenda for the Trainer (Psychological First Aid)

النشاطات Activities	الجلسة Session	المدة الزمنية Duration
ترحيب التقييم القبلي مقدمة قواعد التدريب Welcome Assessment Introduction House Rules	الجلسة الأولى First Session	9:00 – 9:30
ما هي الاسعافات النفسية الأولية للأطفال What is psychological first aid for children?	الجلسة الثانية Second Session	9:30 – 11:30
11:30 – 11:45 استراحة Break		
نشاط تحفيزي (ردود فعل الاطفال تجاه الازمات (لعب أدوار Children's reactions to crises (role play)	الجلسة الثالثة Third Session	11:45 – 12:45
12:45 – 13:00 استراحة Break		
تحديد الأطفال الذين يحتاجون الى اسعافات نفسة اولية Identifying children who need first aid	الجلسة الرابعة Fourth Session	13:00 :- 13:30
(تقنيات الاسعافات النفسية الأولية (20 دقيقة -1 (كيفية التواصل مع الاطفال الواقعين في ضيق (20 دقيقة -2 (لعب أدوار باستخدام تقنيات التواصل الناقط (50 دقيقة -3 1- Psychological first aid techniques (20 minutes) 2- How to communicate with children in distress (20 minutes) 3- Role-playing using active communication techniques (50 minutes)	الجلسة الخامسة Fifth Session	13:30 – 14:00
تلخيص وختام Conclusion	الجلسة السادسة Sixth Session	14:00 – 14:30

ساريس • ماطينغ (2021)

Food Aid								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
tkiyet um ali	food aid	تقديم طرود غذائية ويتم ذلك بعد اجراء التقييمات المتخذة المتكيفة	جميع المحافظات	omar	798247928	omar.toufqa@tu.a.jo	اردنيين فقط او جنسيات اخرى مقيمة "بالاردن منذ وقت طويل" قبل عام 2000	
Cash Assitance								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
JRS JESUIT REFUGEE SERVICE	Cash assistance	مساعدات مادية يتم اعطائها بعد اجراء التقييم الكامل من قبلهم	عمان	Alexine and Ruweena; home visits team and emergency support focal points	N/A	alexine.berthaud 25@gmail.com ruweena.diaa@jrs.net	جميع الجنسيات	
medair	Cash assistance	تقديم مساعدات نقدية وادارة المالية بموجب المعايير التالية: "وجود معيارين او اكثر من معايير الضعفاء: المأوى والتعليم والرعاية الصحية والدعم النفسي الاجتماعي والوضع القانوني"، بالإضافة إلى ما يلي: الأمراض المزمنة، نقص الوثائق المدخل المنخفض للغاية، تهديد الإخلاء، الأطفال خارج المدرسة، مخاوف PSS".	عمان	Hani AlRawashdeh	792827883	senior- protection- jor@medair.org	جميع الجنسيات	
ICMC international catholic migration commission	cash assistance	"تقدم خدمات مالية" كاش-مساعدات مالية ثابتة	عمان - اربد - جرش - عجلون -	Ibrahim Eleimat	079 0482984	referral.jordan@icmc.net	سوريين و اردنيين	لا يوجد اي شهر 8
care	urgent cash assistance cash for education	تقديم مساعدة مادية طارئة لمرءة واحدة فقط بالسنة وقيمتها 130 دينار وتقدم للحالات الطارئة جدا ويتم تحديد ذلك بعد اجراء التقييم اللازم ووجود اي اثبات يدل على الحاجة الاسرة للمساعدة (مثلا اذار من المحكمة (بضرورة اخلاء المنزل يتم تقديم مساعدات مالية مقابل التعليم وقيمتها 70 دينار شهري بشرط ان يكون الطفل منقطع عن التعليم او مهدد بالانقطاع ويتم اجراء التقييم الخاص بهم قبل اختيار الطفل	المساعدات الطارئة -عمان- الزرقاء: المفرق- الازرق"شمالي وجنوبي"- اربد- الكرك مساعدات -التعليم:عمان -الزرقاء- المفرق الازرق"شمالي	N/A	N/A	JOR.AmmanReferrals@care.org	"المساعدات الطارئة:جميع الجنسيات لكن حاليا يتم استقبال كافة الجنسيات الا الاردنيين كونه يتم الحصول على قائمة باسمائهم "من قبل وزارة التنمية مساعدات التعليم :سوريين اردنيين عراقيين	
INTERSOS	cash for protection	يتم تقديم المساعدة العادية لحالات الحماية خدمات ادارة الحالة		N/A			جميع الجنسيات وجميع الاعمار	
TDH terre des hommes	cash assistance	تقديم العمل داخل مراكز الالهة وخارجها بالمناطق المذكورة ويتم تقديم	الزرقاء	Meilaa khateeb	775721199	Meilaa.khateeb@tdh.ch	خدمات ادارة الحالة مع اطفال	
DRC danish refugee council	urgent cash assistance	يتم تقديم مساعدة مالية طارئة لمرءة واحدة او دفعتين ويتم تحديد ذلك بعد اجراء التقييم من قبلهم	الجنوب-شرق عمان-مادبا	amal shdaifat	N/A	amal.alshdhaifat@drc.ngo	اردنيين جميع اللاجئين	

health								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
Johud the jordanian hashemite fund for human development	Health "Rehabilitation"	تقدم المساعدة للحالات التي تعاني من أنواع مختلفة من الإعاقات (السمع والكلام والجسدية والعقلية) بدرجات مختلفة (شديدة ، معتدلة ، خفيفة) مع المعدات الطبية مثل (يلوي كرسي متحرك ، كرسي استحمام ، كرسي صون ، تقويم العظام ، فرضية) وإعادة تأهيل بما في ذلك (العلاج الطبيعي ، العلاج المهني ، علاج النطق وكذلك خدمات الدعم بما في ذلك (الاستشارة الجماعية والفردية ، مركز أولياء الأمور ، مجموعات الدعم ، الأنشطة اليومية)	جميع المحافظات	Al-Shaimaa Mansour	789375355	alshaimaa.m@johud.org.jo	جميع الجنسيات لا تلتحق الاطفال فقط لغاية عمر 10 سنوات النظارات والسماعات اغلب ".المنتمين اطفال أن يحمل المستفيد رقم وطني او رقم مفوضية الاولوية لمشاكل السمع والنطق " لا يتم استقبال لا تلتحق تعاني من اعاقه	
Atfaluna	Health	عمليات جراحية للاطفال " يتم الموافقة على العمليات بعد اجراء التقييم ". الخاص بهم خدمات صحية أخرى مثل توفير أدوية واطراف صناعية ونظارات	جميع المحافظات مخيم الازرق والزعتري	N/A	791442968	atfaluna.team@gmail.com	جميع الجنسيات الخدمات مقدمة للاطفال فقط	
IRJ islamic relief jordan	Health	استقبال اللا تلتحق مثل الحرارة ، الزيادة ، الكسور التي بحاجة الي عملية،تزييف رَم	محافظات الشمال فقط	ehab khawaldih	772156447	ehab.khawaldih@irj.org.jo	سوريين، و اردنيين " الاردنيين الحالة الصحية " والحالة لهم	
IFH Institutes for Family Health/Noor Al Hussein Foundation	health	جلسات نطق عيادات نسائية عيادات الطب العام	عمان	N/A	0795742298 0790220584	N/A	اردنيين وسوريين لكن لا تلتحق يتم اخذ مبلغ من الاردنيين وقيمته 10دنانير تقريبا اما السوريون يدفع الطفل اول مرة 7 دنانير عن الطب العام	لا يوجد شخص محدد لاستقبال الحالات يوجد فقط ارقام هواتف يمكن الحالات الاتصال بهم وتزويدهم بكافة المعلومات ويمكن
MSF medecins sans frontieres	health	خدمات صحية في المحافظات وايضا من خلال المستشفى الخاص بهم داخل عمان	اريد- العفرق- عمان	rawand zureqi	-	Mssf-irbid-outreach@paris.msf.org	جميع الجنسيات	
CVT center for victims of torture	health "Physiotherapy"	خدمات إعادة تأهيل الصدمات النفسية الإرشاد النفسي: العلاج الجماعي (في بعض الأحيان العلاج الفردي و/ أو العائلي). العلاج الطبيعي: العلاج الجماعي (في بعض الأحيان العلاج الفردي).	عمان	Salwa Alhaj Saeed	795097463	JordanReferrals@cvt.org	جميع اللاجئين في الأردن بغض النظر عن الجنسية والجنس والتالة التسجيل لدى المفوضية. ويدفع بدل موصلات للحالات العمر: 5 سنوات فأكثر : الفئات المستهدفة 1- جرائ الحرب 2- الناجون من التعذيب 3- العنف الجنسي 4- الناجون من الحرب	
IMC international medical corps	health	عمر 18 . مساعدة بشأن الولادة في اريد فقط يتم تقديم الخدمات الصحية بالمخيمات فقط	عمان اريد والمخيمات	zaina al ekrimawi	791425008	zalakramawi@internationalmedicalcorps.org	جميع الجنسيات	

livelihood								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
JRF jordan river foundation	Livelihoods	تحسين سبل عيش اللاجئين السوريين والأردنيين المستضعفين ، يشمل السياق التشغيلي كلاً من عنصر الأعمال التجارية الصغيرة ، ويقتن فرص التدريب الأولية والمخصصة. بالإضافة إلى الإحالة إلى فرص التدريب وأنشطة سبل المعيشة الأخرى ويتم ذلك من خلال تقديم منح لفتح مشاريع صغيرة لغاية 1000 دينار ، انشاء زراعي وتصريح زراعي ومستلزمات زراعية لغاية 800 دينار القطاع الزراعي مخصص للسوريين فقط اما باقي الانشاءات للسوريين والاردنيين	عمان- الزرقاء- اربد- الكرك- العقبة	Ammar Kakish" livelihoods"	795086978	a.kakish@jrf.org.jo	سوريين ، اردنيين العمر من 18-50 عام	
ICMC international catholic migration commission	Livelihoods "vocational training"	تدريب مهني ويكون التدريب حسب الطلب بالسوق من عمر 18-30 ومن الممكن في بعض الأحيان ان يزيد العمر قليلا حسب وضع الاسرة " لكن الى الان لم يبدأ مشروع التدريب	المفرق- اربد- الوسط	Ibrahim Eleimat	079 0482984	rral.jordan@icmc.	سوريين و اردنيين	
blumont	Livelihoods	أيضا يتم ICDL يتم عمل تدريب مهني بأكثر من مجال واعطاء دورات التوفير لهم عمل في مجال ادخال البيانات لديهم أيضا مختبر الابداع ويتم ذلك من خلال اعطاء دورات للأشخاص المهتمين والمبتكرين لحللول مشاكل يعانون منها سكان المخيم مثل تصليح الكهرياء وصنع روبوت وعمل طاولات وكراسي... الخ لديهم أيضا مطبخ انتاجي ويتم ذلك من خلال سيدات المخيم حيث يقومون بالطبخ والبيع بأسعار رمزية في مكان محدد ويتم الموافقة عليه من قبل المفوضية التي يتوافق مع اجراءات السلامة العامة لكن حاليا متوقف بسبب ازمة كورونا يتم أيضا من خلالهم دمج ذوي الاعاقة وكبار السن بالانشطة التي تقام بالمخيم خارج المخيم لكن لم يبدأ الى livelihood يتم العمل حاليا على مشروع جديد " الان	مخيم الزعتري	N/A	790861218	complaints@blum	سوريين	
DRC danish refugee council	Livelihoods	يتم حاليا العمل على مشروع جديد لدعم المشاريع الصغيرة يتم مجموعة تدريبات يتم اختيار موضوع التدريب بناء على رغبة المستفيدين حيث حاليا يتم اعطاء دورات تجميل للنساء وبما اعطاهم عدة التي يتمكنوا من الاستفادة من التدريسيات المساعدة بتصاريح العمل دورة ترشيد استهلاك الطاقة تكون جلسة والدة وفي نهاية الجلسة يتم اعطاء المشاركين عدة بسيطة ليتمكنوا من تطبيق التدريب فيما بعد	الجنوب-شرق عمان-ماداب	Rawan AL-Shaer	786010775	Rawan.alshaer@ drc.ngo	اردنيين وجميع اللاجئين	
FCA finn church aid	Livelihoods	مشاريع صغيرة دعم المشاريع القائمة " اذا كان مثلا الفرد الاشخاص لديه بقالة صغيرة ويرغب بتحسينها يتم دعم المشروع يتم العمل حاليا على مشروع سوف يتم تطبيقه بالمخيمات " الازرق والزعترى وسيتم البدء به بعد شهرين تقريبا"	عمان	N/A	770805042	N/A	سوريين و اردنيين	حاليا لا يتم استقبال حالات وسيتم التواصل مع في حال البدء بالاستقبال
world vision								
care	Livelihoods	دعم مشاريع صغيرة تقديم منح مالية لتطوير مشاريع صغيرة قائمة تدريب مهني						

case management								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
medair	Case Management (CCM)	تقديم مساعدات نقدية وإدارة حالة بموجب المعايير التالية: " وجود معايير أو أكثر من معايير الضعفاء: (المأوى والتعليم والرعاية الصحية والدعم النفسي الاجتماعي والوضع القانوني)، بالإضافة إلى ما يلي: الأمراض PSS المزممة، نقص الوثائق، الدخل المنخفض للغاية، تهديد الإخلاء، الأطفال خارج المدرسة، مخاوف	عمان	Hani AlRawashdeh	792827883	senior- protection- jor@medair.org	جميع الجنسيات	
blumont	case management	يتم تقديم الخدمات الأولية لإدارة الحالة التي يتم عمل تقييم أولي ومن ثم التحويل إلى المفوضية لتقديم الخدمات من قبلهم للحالات بالتعاون مع المفوضية بشأن استلام الأسرة بصمة العين ليثبت ان الإيثارب الأسرة لا يتمكن من الاستلام بسبب ظروف صحية ويتم تفويض شخص اخر بالاستلام وذلك بعد اجراء التقييم اللازم	مخيم الزعتري	N/A	790861218	complaints@blum	سوريين	
CVT center for victims of torture	case management	خدمات ادارة الحالة .	عمان - الزرقاء يمكن استقبال حالات من المناطق المحيطة "في عمان والزرقاء"	Salwa Alhaj Saeed	795097463	JordanReferrals @cvt.org	جميع اللاجئين في الأردن بغض النظر عن الجنسية والجنس والثالة التسجيل لدى المفوضية. العمر: 5 سنوات فأكثر : الفئات المستهدفة 1- جرالي الحرب 2- الناجون من التعذيب 3- العنف الجنسي 4- الناجون من الحرب	
INTERSOS	case management (GBV & CP)	يتم تقديم المساعدة العادية لحالات الحماية خدمات ادارة الحالة	عمان- اربد- الكرك	N/A			جميع الجنسيات وجميع الاعمار	
lwf "Lutheran world federation"	case management	يتم حاليا تقديم خدمات ادارة الحالة سيتم العمل قريبا على مشاريع جديدة يتم تقديم فيها طرود غذائية و "livelihood "	زرقاء- عمان- اربد- مخيم	manal al husban	7903458680	usban@lutheranw	جميع الجنسيات وجميع الاعمار	
TDH terre des hommes	case management	يتم تقديم الخدمات الصحية بالمناطق المذكورة ويتم تقديم	لقاء - اربد - الكرك - مخيم	Meilaa khateeb	775721199	ilaa.khateeb@tdh	جميع الجنسيات يتم التعامل مع الاطفال المتواجدين داخل مراكز اللائحة من كافة الجنسيات، اما المتواجدين خارج المركز جميعهم سوريين معرضين لأي خطر "قد يدخلهم دور اللائحة"	
IMC international medical corps	case management	عمر 18 . مساعدة بشأن الولادة في اربد فقط يتم تقديم الخدمات الصحية بالمخيمات فقط	عمان اربد والمخيمات	zaina al ekrimawi	791425008	zalakramawi@int ernationalmedic alcorps.org	خدمات ادارة الحالة بس للاطفال بعمان	

PSS,MHPSS								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
JRS JESUIT REFUGEE SERVICE	PSS	دعم نفسي واجتماعي	عمان	Rasha; psychosocial support coordinator	N/A	rasha.aldmour@j rs.net	جميع الجنسيات	
IFH Institutes for Family Health/Noor Al Hussein Foundation	pss MHPSS	الاجتماعي النفسي الدعم خدمات تقديم يتم	عمان	N/A	0795742298 0790220584	N/A	اردينين وسوريين لكن لا ليا يتم اخذ مبلغ من الاردنيين وقيمته 10دنانير تقريبا اما السوريين مجاناً	لا يوجد شخص محدد لاستقبال الحالات يوجد فقط ارقام هو انفا يمكن الحالات الاتصال بهم وتزويدهم بكافة المعلومات ويمكن للحالات مر اجعتهم
IMC international medical corps	pss MHPSS	"بالحماية المتعلقة الأمور لكن الاعمار لكل نفسية خدمات تقديم يتم 18. عمر لحد فقط "محبوبين وغير منفصلين ميكز، اطفال أطفال، زواج عمالة	جميع المحافظات والمخيمات	zaina al ekrimawi	791425008	zalakramawi@int ernationalmedic alcorps.org	جميع الجنسيات	
MSF medecins sans frontieres	pss	جلسات دعم نفسي اجتماعي " جلسات علاجية "، يستقبلون كافة المشاكل النفسية ويتم بعدها اجراء التقييم الاولي الخاص بهم	اريد-المفرق-عمان	rawand zureqi	0799350736	Mssf-irbid- outreach@paris. msf.org	جميع الجنسيات جلسات الدعم من عمر 3-18 فقط	
lwf "Lutheran world federation"	pss	يتم لاليا تقديم خدمات الدعم النفسي الاجتماعي سيتم العمل قريبا على مشاريع جديدة يتم تقديم فيها طرود غذائية و" livelihood "	زرقاء - عمان - اربد - مخي	manal al husban	7903458680	usban@lutheranw	جميع الجنسيات وجميع الاعمار	
CVT center for victims of torture	Rehabilitation "Psychological Counseling"	: النفسية الصدمات تأهيل إعادة خدمات أو/و الفردي العلاج الأتيان بعض في) الجماعي العلاج: النفسي الإرشاد • (العائلي).	عمان - الزرقاء يمكن استقبال لالات" من المناطق المحيطة "في عمان والزرقاء	Salwa Alhaj Saeed	795097463	JordanReferrals@cvt.org	عن النظر بغض الأردن في اللاجئين جميع لدى التسجيل وكتابة والجنس الجنسية المقبوضة. فأكثر سنوات 5: العمر : المستهدفة الفئات الحرب جرت الى 1- التعذيب من الناجون 2- الجنس العنف 3- الحرب من الناجون 4-	
ICMC international catholic migration commission	pss	يتم عمل جلسات دعم نفسي اجتماعي لكافة الاعمار	المفرق- اربد- الوسط	Ibrahim Eleimat	079 0482984	rral.jordan@icmc.	سوريين و اردنيين	
DRC danish refugee council	pss	يتم لاليا تقديم خدمات الدعم النفسي الاجتماعي	الجنوب-مادبا-شرق عما	marwa awaqleh		marwa.awaqleh @drc.ngo	اردنيين وجميع اللاجئين	

education								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
JRS JESUIT REFUGEE SERVICE	Education	يتم اعطاء دروس تقوية للأطفال	عمان	Arwa; children and youth educational coordinator.	N/A	arwa.seid@jrs.net	جميع الجنسيات	
mercy corp	education	دمج الطلاب ذوي الاعاقة بالمعاهد الحكومية و ارجاع المتسربين للدراسة ذوي الاعاقة من عمر روضة - 18 و المتسربين ذكور من 13-18 و اناث 13-20 " جميع المحافظات " الاطفال الاخرين	ذوي الاعاقة " مخيم الازرق و الزعترى " جميع المحافظات " الاطفال الاخرين	*reah - abdalrahman aw	778498270	rfreah@mercyorg ps.org aawamreh@mer	جميع الجنسيات	
e East Children's Ins	education	من عن الدراسة بالالتحاق بالتعليم الغير نظامي مع توفير المواصلات الى	المقابلين، الهاشمي	Dina AlMasri	776521192	dalmasri@mecinstitute.org	جميع الجنسيات يتم استقبال الذكور لعمر 18 اما الاناث 20	تستقبل المنظمة أي طفل خارج نطاقها الجغرافي وتقوم بنفسها بتحويله الى مكان اخر يقدم له
questscope			جميع المحافظات مخيم الازرق مخيم الزعترى	haya al saeed				
renovation of houses								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
Habitat for Humanity	Renovation of houses	منازل وذلك من خلال تمليح الشبائيد، الحائط، المطابخ، البلاط، الرطوبة..	عمان " شرق عمان "	haitham al zuraiqi	795015570	zuraiqi@habitatforhumanity.org	سوريين و اردنيين يتم استقبال جنسيات أخرى لكن نادرا ويتم ذلك بعد اجراء التقييم للأسرة وفي حال كان وضعهم سيء جدا يتم تقديم " المساعدة لهم	
protection								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
ICMC international catholic migration commission	protection	فوق، جلسات فيما عام 16 من السيدات للرجال توعية جلسات مثل الحماية خدمات 16-35. عمر من الانجليزية واللغة فوق فيما 16 عمر من عربية لغة امية محو عام 15-3 عمر من الامنة المساعدات عن للأطفال جلسات تقدم كما	المفرق- اربد- الوسط	ibrahim Eleimat	079 0482984	icmc@icmc.org	سوريين و اردنيين	
INTERSOS	cash for protection	يتم تقديم المساعدة المادية لحالات الحماية		N/A			جميع الجنسيات وجميع الاعمار	
care	protection	يتم عمل جلسات رفع وعي لأهالي الاطفال المستفيدين من المساعدة العالية مقابل التعليم بمواضيع تخص الحماية الطفل مثل عمالة الاطفال والزواج المبكر... الخ بناء قدرات الاطفال في الكثير من الجوانب منها النفسية والاجتماعية ايجاد منصة خاصة للأطفال السوريين للتعبير عن الرز التحديات التي تواجه السوريين في المجتمع الأردني ويتم اختيار الفئات بعد اجراء التقييم المناسب من قبلهم	لزرقاء-المفرق- الأزرة	amer alaween	791220699	amer.alawin@care.org	الاطفال فقط سوريين الاهالي سوريين و اردنيين وعراقيين اعمار الاطفال 12-17	

legal documentation								
organization	services provided	details of services provided	Location	Focal point name	Phone	E-mail	Target beneficiaries (criteria)	note
NRC norwegian fefugee council	legal	مساعدة في تصاريح العمل .اصدار هويات أمنية ،اصدار عقود زواج مساعدة بأمور قانونية أخرى	البحرين الشمالية، سحاب، القطيف	natalie sabanekeh	770488199	natalie.sabanekeh@nrc.no	جميع الجنسيات	
JCLA (justice center for legal aid)	legal	استشارات قانونية مجانية تمثيل قانوني بالمحكمة	عمان	N/A	791514593	N/A	جميع الجنسيات وكافة الاعمار	
ARDD arab renaissance for democracy & development	legal	استشارات قانونية مجانية بكافة القضايا "تمثيل قانوني بالمحكمة "طلاق، قضايا عمالية ... الخ	جميع المحافظات	N/A	064617477 0777384221	amman@ardd-legal.org	جميع الجنسيات وكافة الاعمار	رقم الموبايل هو رقم الطوارئ، يتم استقبال المكالمات عليه بكل الاقوات
tamkeen	legal	استشارات قانونية وتوعية بكافة القضايا وبالاخص القضايا العمالية تمثيل قانوني بالمحكمة	محافظات الوسط والشمال	yasmin ishtay	797387207	mine@tamkeen-ig.org	جميع الجنسيات كافة الاعمار	
ICRC	Reunion Registration of unaccompanied children documentation	لم الشمل (مساعدة العائلات في معرفة أماكن ذويهم في بلد المنشأ أو المجنون). تسجيل الأطفال غير المصحوبين لمساعدتهم في إيجاد ذويهم ،المساعدة في لم الشمل في حال وجود الأفراد في اي دولة لا يوجد فيها نزاع مساعدات محدودة تتعلق بوثائق السفر لمن لا يملكونها	جميع الدول	bahaa al karaki	777376590	balkaraki@icrc.org	جميع الجنسيات يتم العمل مع الاشخاص ضمن معايير "محددة جدا يتم تحديدها من قبلهم"	

الإسعافات النفسية الأولية للأطفال



ورشة عمل تدريبية ليوم واحد

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الإسعافات النفسية الأولية للأطفال

الجلسة الأولى

الترحيب والتقديم



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الجلسة 1 الترحيب والتقديم

الجلسة 2 ما هي الإسعافات النفسية الأولية للأطفال

الجلسة 3 ردود أفعال الأطفال تجاه الأزمات

الجلسة 4 تحديد الأطفال الذين يحتاجون الإسعافات النفسية الأولية، ومبادئ الإسعافات النفسية الأولية

الجلسة 5 تقنيات الإسعافات النفسية الأولية-التواصل مع الأطفال الذين يعانون من ضائقة نفسية

الجلسة 6 الختام والمراجعة

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الإسعافات النفسية الأولية للأطفال

الجلسة الثانية

ما هي الإسعافات النفسية الأولية للأطفال؟



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الإسعافات النفسية الأولية (PFA) هي:

وصف لاستجابة إنسانية داعمة لإنسان آخر يتعرض للمعاناة ويحتاج للدعم

المصدر: WHO, War Trauma Foundation and World Vision International (2011), based on Sphere (2011) & IASC MHPSS Guidelines (2007)

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تتضمن الإسعافات النفسية الأولية

- تقديم الرعاية والمساندة العمليتين من دون تحفّل.
- تقدير الاحتياجات والمخاوف.
- مساعدة الناس على تلبية احتياجاتهم الأساسية (مثلًا الغذاء والماء).
- إراحة الناس ومساعدتهم على الشعور بالهدوء.
- مساعدة الناس في الوصول إلى المعلومات والخدمات والدعم الاجتماعي.
- حماية الناس من التعرض لمزيد من الأذى.



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الإسعافات النفسية الأولية ليست...

- أمراً لا يقوم به إلا المختصون
- إرشاداً نفسياً
- تدخلاً عيادياً في العلاج أو الطب النفسي (مع أنها قد تشكل جزءاً من العناية النفسية العيادية الجيدة)
- تفريراً نفسياً (كتقنية عيادية)
- الطلب من شخص ما تحليل ما قد حدث أو وضع الأحداث في ترتيب زمني متسلسل.
- ممارسة الضغط على الناس ليخبروا قصتهم.
- طلب التفاصيل من الناس حول مشاعرهم أو حول ما حدث.

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متى نقدم الإسعافات النفسية الأولية؟

- خلال حالة طوارئ أو فوراً بعد حدث ينطوي على أزمة...
- كجزء من بناء القدرات في مجال الاستعداد للكافة في المناطق المعرضة لحالات الطوارئ
- خلال أوقات أزمة أصابت مجموعة صغيرة من الأطفال
- كتدخل فوري مع الأطفال الذين تعرضوا لإساءة جنسية أو جسدية أو إهمال

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في حالات حدوث الأزمات، فإن الأطفال:

- يشكون أفكاراً وردود أفعال مختلفة عن البالغين
- لديهم احتياجات خاصة حسب أعمارهم ومراحلهم النمائية
- يكونون عرضة للأثار السلبية بسبب بنيتهم الجسدية وتعلقهم الاجتماعي والعاطفي بمقدمي الرعاية لهم.

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من هم الأطفال الذين يحتاجون إلى الإسعافات النفسية الأولية؟

- لا يحتاج جميع الأطفال إلى الإسعافات النفسية الأولية. فبعض الأطفال، مثل الراشدين، يتكيفون بشكل جيد جداً مع التجارب الصعبة.
- سنستعرض لاحقاً اليوم كيفية تفاعل الأطفال مع الأحداث المسببة للضغط وكيفية تحديد الأطفال الذين يعانون من الضيق والذين قد يكونون بحاجة إلى الإسعافات النفسية الأولية.

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مبادئ العمل للإسعافات النفسية الأولية للأطفال

- أنظروا...
- استمعوا...
- اربطوا...

تصريف عن «الإسعافات النفسية الأولية: دليل العاملين في الميدان» الخاص بمنظمة الصحة العالمية

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معظم الأطفال يتعافون بشكل جيد إذا:

- أعيد جمع شملهم مع عائلاتهم أو مقدمي الرعاية لهم
- تمت تلبية احتياجاتهم الأساسية
- شعروا بالأمان والبعد عن الخطر
- تلقوا دعماً للإسعافات النفسية الأولية للأطفال

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الأطفال الذين قد يحتاجون مساعدة إضافية....

- قد يكونون في ضائقة شديدة.
- يعانون تغيرات جذرية في الشخصية والسلوك قد تلازمهم لوقت طويل.
- يشعرون بالتهديد.
- معرضون لخطر إيذاء أنفسهم أو الآخرين.

إذا كان الطفل في ضائقة نفسية شديدة، تجنب تركه لوحده. ابق مع الطفل حتى تتلاشى ردود أفعاله الخطيرة أو حتى تتلقى مساعدة من الآخرين.

الإسعافات النفسية الأولية للأطفال

الجلسة الثالثة

ردود أفعال الأطفال تجاه الأزمات



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الإسعافات النفسية الأولية للأطفال

الجلسة الرابعة

تحديد الأطفال الذين يحتاجون
الإسعافات النفسية الأولية، ومبادئ
العمل للإسعافات النفسية الأولية



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الأطفال المعرضون لخطر ردود الأفعال القوية، هم الأطفال:

- المنفصلون عن عائلاتهم أو مقدمي الرعاية لهم.
- الذين تعرضوا لتجربة رؤية أحبائهم أو آخرين وهم يتعرضون للإيذاء أو القتل
- الذين تعرضوا لإيذاء جسدي
- الذين يشعرون بالتهديد
- الذين يشعرون بالقلق والخوف لأن والدهم أو مقدمي الرعاية لهم حزينون أو قلقون أيضاً
- الذين يشعرون بالذنب بسبب نجاحهم في الوقت الذي مات فيه الآخرون



16

الأطفال الذين لديهم علامات ضيق واضحة...

- لديهم أعراض جسدية من الشعور بالتعب مثل الاهتزاز، الصداع، فقدان الشهية والالام
- يبكون كثيراً
- مضطربون ومصابون بالهلع
- عدائيون ويحاولون إيذاء الآخرين (ضرب، ركل، عض، إلخ)
- دائمو التشبث بمقدمي الرعاية لهم



17

الأطفال الذين لديهم علامات ضيق واضحة...

- يبدو مرتبكين أو ضائعين
- يبدو منعزلين أو صامتين جداً، ويقومون بحركات قليلة أو لا يتحركون مطلقاً
- يخشون أو يخجلون من الأشخاص الآخرين
- لا يتجاوبون مع الآخرين، ولا يتكلمون مطلقاً
- يُظهرون خوفاً كبيراً



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20



21



22



23



24

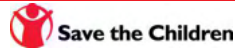


الإسعافات النفسية الأولية



الجلسة 3

ردود أفعال الأطفال تجاه الأزمات،
منهجية تطور الطفل →



1

عمل مجموعات

سيناريو حالة

- سمعت للتو عن حريق في مدرسة مجاورة، وهي مدرسة تحتوي أطفالاً من جميع الأعمار، من مرحلة الروضة وحتى المرحلة الثانوية. جرح الكثير من الأشخاص، وبعض البالغين والأطفال قد توفوا. تستعد أنت وزملائك للذهاب إلى المنطقة المنكوبة.



2

عمل مجموعات

- ما هي ردود الأفعال التي تتوقعها من الأشخاص الذين ستقابلهم؟
- ناقش كيف تتوقع أن تكون ردود أفعال الأشخاص، وما هي المشاعر التي سيظهرونها.
- حدد شخصاً محدداً من أفراد المدرسة من إحدى المجموعات التالية:
 - أطفال صغار جداً (6 سنوات فما دون)
 - أطفال صغار (7 - 12 سنة)
 - مراهقون ويافعون (13 - 18 سنة)



3

11. 参加者一覧（教育、保健分野別） List of Participants by Sector (Health/Education)

Key to abbreviations:

MoE:	Ministry of Education
MoH:	Ministry of Health

List of Participants In the PFA-C

No.	Region	Gender	Ministry	Job Role	No.	Region	Gender	Ministry	Job Role
1	North	Female	MoE	Educational guide	1	Center	Female	MoH	Doctor
2	South	Male	MoE	Educational guide	2	Center	Female	MoH	Nursing
3	South	Male	MoE	Educational guide	3	Center	Female	MoH	Nursing
4	South	Female	MoE	Educational guide	4	Center	Female	MoH	Doctor
5	South	Male	MoE	Educational guide	5	Center	Female	MoH	Nursing
6	Center	Male	MoE	Educational guide	6	Center	Female	MoH	Nursing
7	Center	Male	MoE	Educational guide	7	Center	Female	MoH	Nursing
8	Center	Male	MoE	Educational guide	8	Center	Female	MoH	Nursing
9	North	Male	MoE	Educational guide	9	North	Female	MoH	Nursing
10	Center	Male	MoE	Educational guide	10	Center	Male	MoH	Doctor
11	South	Female	MoE	Educational guide	11	Center	Male	MoH	Doctor
12	South	Female	MoE	Educational guide	12	Center	Male	MoH	Doctor
13	South	Female	MoE	Educational guide	13	Center	Male	MoH	Doctor
14	South	Female	MoE	Educational guide	14	North	Female	MoH	Nursing
15	North	Female	MoE	Educational guide	15	North	Male	MoH	Doctor
16	Center	Female	MoE	Educational guide	16	North	Female	MoH	Nursing
17	South	Female	MoE	Educational guide	17	North	Female	MoH	Nursing
18	Center	Female	MoE	Educational guide	18	Center	Female	MoH	Nursing
19	South	Female	MoE	Educational guide	19	Center	Female	MoH	Nursing
20	South	Female	MoE	Educational guide	20	Center	Female	MoH	Nursing
21	South	Female	MoE	psychological counselor	21	North	Female	MoH	Admin#others
22	North	Female	MoE	Educational guide	22	Center	Female	MoH	Nursing
23	South	Female	MoE	Educational guide	23	North	Female	MoH	Nursing
24	South	Female	MoE	Educational guide	24	North	Female	MoH	Admin#others
25	North	Female	MoE	Educational guide	25	Center	Female	MoH	Nursing
26	South	Female	MoE	Educational guide	26	North	Female	MoH	Nursing
27	South	Female	MoE	Educational guide	27	Center	Male	MoH	Doctor
28	North	Male	MoE	Educational guide	28	Center	Female	MoH	Nursing
29	Center	Female	MoE	Educational guide	29	Center	Female	MoH	Nursing
30	South	Female	MoE	Educational guide	30	Center	Female	MoH	Doctor
31	South	Female	MoE	Educational guide	31	North	Female	MoH	Nursing
32	South	Female	MoE	Educational guide	32	Center	Female	MoH	Nursing
33	Center	Female	MoE	Educational guide	33	North	Female	MoH	Nursing
34	Center	Female	MoE	Educational guide	34	North	Female	MoH	Nursing
35	South	Female	MoE	Educational guide	35	North	Female	MoH	Head of Department
36	North	Female	MoE	Educational guide	36	North	Male	MoH	Doctor
37	South	Female	MoE	Educational guide	37	North	Female	MoH	Nursing
38	Center	Female	MoE	Educational guide	38	Center	Female	MoH	Doctor
39	South	Female	MoE	Educational guide	39	North	Female	MoH	Nursing
40	Center	Male	MoE	Educational guide	40	North	Female	MoH	Nursing
41	Center	Female	MoE	Educational guide	41	North	Female	MoH	Admin#others
42	Center	Female	MoE	Educational guide	42	Center	Male	MoH	Doctor
43	South	Female	MoE	Director of School	43	Center	Female	MoH	Doctor
44	Center	Female	MoE	Educational guide	44	North	Female	MoH	Nursing
45	Center	Female	MoE	Educational guide	45	Center	Female	MoH	Doctor
46	Center	Male	MoE	Educational guide	46	Center	Female	MoH	Nursing
47	North	Male	MoE	Educational guide	47	Center	Female	MoH	Doctor
48	Center	Male	MoE	Educational guide	48	North	Female	MoH	Nursing
49	South	Male	MoE	Educational guide	49	North	Female	MoH	Nursing
50	North	Female	MoE	Educational guide	50	North	Female	MoH	Nursing
51	South	Female	MoE	Educational guide	51	North	Female	MoH	Nursing
52	Center	Female	MoE	Educational guide	52	Center	Female	MoH	Nursing
53	North	Female	MoE	Educational guide	53	North	Female	MoH	Nursing
54	Center	Female	MoE	Educational guide	54	Center	Female	MoH	Nursing
55	South	Male	MoE	Educational guide	55	North	Female	MoH	Nursing
56	South	Male	MoE	Educational guide	56	Center	Female	MoH	Nursing
57	Center	Male	MoE	psychological counselor	57	Center	Male	MoH	Doctor

No.	Region	Gender	Ministry	Job Role
58	Center	Male	MoE	Educational guide
59	Center	Female	MoE	Educational guide
60	North	Female	MoE	Educational guide
61	South	Female	MoE	Educational guide
62	South	Female	MoE	Educational guide
63	Center	Male	MoE	Educational guide
64	North	Female	MoE	Educational guide
65	Center	Male	MoE	Educational guide
66	North	Female	MoE	Educational guide
67	Center	Female	MoE	Educational guide
68	South	Female	MoE	Educational guide
69	Center	Male	MoE	Educational guide
70	South	Male	MoE	Educational guide
71	Center	Female	MoE	Educational guide
72	North	Female	MoE	Educational guide
73	South	Female	MoE	Educational guide
74	South	Female	MoE	Educational guide
75	South	Female	MoE	Educational guide
76	North	Male	MoE	Educational guide
77	Center	Male	MoE	Educational guide
78	South	Female	MoE	Educational guide
79	South	Female	MoE	Educational guide
80	North	Female	MoE	Educational guide
81	Center	Female	MoE	Educational guide
82	Center	Female	MoE	Educational guide
83	Center	Female	MoE	Educational guide
84	South	Female	MoE	Educational guide
85	Center	Female	MoE	Educational guide
86	Center	Female	MoE	Educational guide
87	South	Male	MoE	Educational guide
88	North	Male	MoE	Educational guide
89	Center	Male	MoE	Educational guide
90	South	Female	MoE	Educational guide
91	North	Female	MoE	Educational guide
92	North	Female	MoE	Educational guide
93	South	Female	MoE	Educational guide
94	South	Female	MoE	Educational guide
95	South	Female	MoE	Educational guide
96	North	Male	MoE	Educational guide
97	North	Female	MoE	Educational guide
98	North	Female	MoE	Educational guide
99	North	Female	MoE	Educational guide
100	Center	Female	MoE	Educational guide
101	North	Female	MoE	Educational guide
102	South	Female	MoE	Educational guide
103	South	Female	MoE	Educational guide
104	Center	Female	MoE	Educational guide
105	Center	Female	MoE	Educational guide
106	South	Female	MoE	Educational guide
107	North	Male	MoE	Educational guide
108	South	Male	MoE	Educational guide
109	Center	Female	MoE	Educational guide
110	North	Female	MoE	Educational guide
111	South	Female	MoE	Educational guide
112	South	Female	MoE	Educational guide
113	North	Female	MoE	Educational guide
114	North	Female	MoE	Educational guide
115	North	Male	MoE	Educational guide
116	South	Male	MoE	Educational guide
117	South	Female	MoE	Educational guide
118	South	Female	MoE	Educational guide
119	North	Female	MoE	Educational guide
120	North	Male	MoE	Educational guide

No.	Region	Gender	Ministry	Job Role
58	North	Female	MoH	Nursing
59	Center	Female	MoH	Doctor
60	North	Female	MoH	Nursing
61	North	Female	MoH	Nursing
62	Center	Male	MoH	Doctor
63	North	Female	MoH	Nursing
64	Center	Male	MoH	Doctor
65	North	Female	MoH	Nursing
66	Center	Male	MoH	Doctor
67	Center	Male	MoH	Doctor
68	Center	Male	MoH	Doctor
69	Center	Female	MoH	Nursing
70	North	Female	MoH	Nursing
71	North	Female	MoH	Nursing
72	Center	Female	MoH	Nursing
73	Center	Female	MoH	Nursing
74	North	Female	MoH	Nursing
75	North	Female	MoH	Nursing
76	Center	Male	MoH	Doctor
77	Center	Male	MoH	Doctor
78	Center	Female	MoH	Doctor
79	Center	Male	MoH	Doctor
80	Center	Female	MoH	Doctor
81	Center	Male	MoH	Doctor
82	North	Male	MoH	Doctor
83	Center	Female	MoH	Doctor
84	Center	Male	MoH	Doctor
85	North	Male	MoH	Doctor
86	Center	Male	MoH	Doctor
87	North	Male	MoH	Doctor
88	Center	Male	MoH	Doctor
89	North	Female	MoH	Nursing
90	Center	Female	MoH	Nursing
91	North	Female	MoH	Nursing
92	Center	Male	MoH	Head of Department
93	Center	Female	MoH	Nursing
94	Center	Female	MoH	Nursing
95	North	Female	MoH	Nursing
96	North	Female	MoH	Nursing
97	Center	Male	MoH	Doctor
98	North	Female	MoH	Nursing
99	Center	Female	MoH	Nursing
100	North	Female	MoH	Admin#others
101	North	Female	MoH	Nursing
102	North	Female	MoH	Nursing
103	North	Female	MoH	Nursing
104	North	Female	MoH	Nursing
105	Center	Female	MoH	Doctor
106	North	Female	MoH	Nursing
107	North	Female	MoH	Nursing
108	Center	Female	MoH	Doctor
109	North	Female	MoH	Nursing
110	Center	Female	MoH	Nursing
111	Center	Female	MoH	Nursing
112	North	Female	MoH	Doctor
113	North	Female	MoH	Nursing
114	North	Female	MoH	Nursing
115	Center	Female	MoH	Nursing
116	North	Female	MoH	Nursing
117	North	Female	MoH	Nursing
118	Center	Female	MoH	Nursing
119	North	Female	MoH	Nursing
120	Center	Female	MoH	Nursing

No.	Region	Gender	Ministry	Job Role
121	Center	Male	MoE	Educational guide
122	North	Female	MoE	Educational guide
123	Center	Female	MoE	Educational guide
124	Center	Female	MoE	Educational guide
125	South	Female	MoE	Educational guide
126	Center	Female	MoE	Educational guide
127	North	Female	MoE	Educational guide
128	Center	Female	MoE	Educational guide
129	South	Female	MoE	Educational guide
130	Center	Female	MoE	Educational guide
131	North	Male	MoE	Educational guide
132	North	Female	MoE	Educational guide
133	South	Female	MoE	Educational guide
134	North	Female	MoE	Educational guide
135	Center	Male	MoE	Educational guide
136	North	Female	MoE	Educational guide
137	Center	Male	MoE	Educational guide
138	North	Female	MoE	Educational guide
139	North	Male	MoE	Educational guide
140	Center	Male	MoE	Educational guide
141	Center	Male	MoE	Educational guide
142	South	Female	MoE	Educational guide
143	South	Female	MoE	Educational guide
144	Center	Male	MoE	Educational guide
145	North	Female	MoE	Educational guide
146	North	Female	MoE	Educational guide
147	South	Female	MoE	Head of Department
148	Center	Male	MoE	Educational guide
149	South	Male	MoE	Educational guide
150	South	Female	MoE	Educational guide
151	North	Female	MoE	Educational guide
152	Center	Female	MoE	Educational guide
153	Center	Female	MoE	Educational guide
154	North	Female	MoE	Educational guide
155	South	Female	MoE	Educational guide
156	North	Male	MoE	Educational guide
157	North	Male	MoE	Educational guide
158	North	Male	MoE	Educational guide
159	Center	Male	MoE	Educational guide
160	North	Male	MoE	Educational guide
161	Center	Male	MoE	Educational guide
162	North	Male	MoE	Educational guide
163	North	Male	MoE	Educational guide
164	Center	Male	MoE	Educational guide
165	North	Male	MoE	Educational guide
166	South	Female	MoE	Educational guide
167	Center	Male	MoE	Educational guide
168	South	Male	MoE	Educational guide
169	Center	Male	MoE	Educational guide
170	North	Male	MoE	Other
171	South	Male	MoE	Educational guide
172	Center	Male	MoE	Educational guide
173	South	Male	MoE	Educational guide
174	South	Female	MoE	Educational guide
175	South	Male	MoE	Educational guide
176	South	Female	MoE	Educational guide
177	North	Female	MoE	Educational guide
178	Center	Female	MoE	Educational guide
179	Center	Male	MoE	Head of Department
180	Center	Female	MoE	Educational guide
181	South	Female	MoE	Educational guide
182	Center	Female	MoE	Educational guide
183	North	Female	MoE	Educational guide

No.	Region	Gender	Ministry	Job Role
121	Center	Female	MoH	Nursing
122	North	Female	MoH	Admin#others
123	Center	Female	MoH	Doctor
124	Center	Female	MoH	Nursing
125	North	Female	MoH	Nursing
126	North	Male	MoH	Nursing
127	North	Female	MoH	Nursing
128	North	Female	MoH	Nursing
129	North	Female	MoH	Nursing
130	North	Female	MoH	Nursing
131	North	Female	MoH	Nursing
132	Center	Female	MoH	Nursing
133	North	Female	MoH	Nursing
134	North	Female	MoH	Nursing
135	North	Female	MoH	Nursing
136	Center	Female	MoH	Doctor
137	Center	Female	MoH	Nursing
138	North	Female	MoH	Nursing
139	Center	Female	MoH	Nursing
140	North	Female	MoH	Nursing
141	North	Female	MoH	Nursing
142	Center	Female	MoH	Nursing
143	Center	Female	MoH	Nursing
144	Center	Female	MoH	Nursing
145	Center	Female	MoH	Nursing
146	North	Female	MoH	Nursing
147	North	Female	MoH	Doctor
148	North	Female	MoH	Nursing
149	Center	Female	MoH	Doctor
150	North	Female	MoH	Admin#others
151	North	Female	MoH	Nursing
152	North	Female	MoH	Nursing
153	North	Female	MoH	Nursing
154	North	Female	MoH	Nursing
155	North	Female	MoH	Nursing
156	North	Male	MoH	Nursing
157	Center	Male	MoH	Doctor
158	Center	Female	MoH	Nursing
159	North	Male	MoH	Head of Department
160	North	Male	MoH	Head of Department
161	Center	Male	MoH	Doctor
162	North	Male	MoH	Doctor
163	Center	Female	MoH	Doctor
164	Center	Male	MoH	Doctor
165	Center	Female	MoH	Nursing
166	North	Female	MoH	Nursing
167	North	Female	MoH	Nursing
168	Center	Male	MoH	Doctor
169	Center	Male	MoH	Doctor
170	North	Male	MoH	Doctor
171	North	Male	MoH	Nursing
172	North	Male	MoH	Doctor
173	North	Male	MoH	Nursing
174	North	Female	MoH	Nursing
175	North	Female	MoH	Nursing
176	North	Female	MoH	Nursing
177	Center	Female	MoH	Doctor
178	North	Female	MoH	Nursing
179	Center	Female	MoH	Nursing
180	Center	Male	MoH	Doctor
181	North	Female	MoH	Nursing
182	Center	Female	MoH	Doctor
183	North	Female	MoH	Nursing

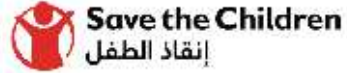
No.	Region	Gender	Ministry	Job Role
184	Center	Female	MoE	Educational guide
185	Center	Female	MoE	Educational guide
186	Center	Male	MoE	Educational guide
187	Center	Female	MoE	Educational guide
188	South	Female	MoE	Educational guide
189	North	Female	MoE	Educational guide
190	Center	Female	MoE	Educational guide
191	South	Male	MoE	Educational guide
192	North	Male	MoE	Educational guide
193	Center	Male	MoE	Educational guide
194	North	Male	MoE	Educational guide
195	Center	Female	MoE	social adviser
196	North	Female	MoE	Educational guide
197	South	Female	MoE	Educational guide
198	South	Female	MoE	Educational guide
199	North	Female	MoE	Educational guide
200	Center	Female	MoE	social adviser
201	Center	Male	MoE	Educational guide
202	Center	Male	MoE	Educational guide
203	Center	Female	MoE	Educational guide
204	Center	Male	MoE	Educational guide
205	Center	Male	MoE	Educational guide
206	South	Male	MoE	Educational guide
207	Center	Male	MoE	Educational guide
208	Center	Male	MoE	Educational guide
209	North	Male	MoE	Educational guide
210	South	Male	MoE	Educational guide
211	North	Male	MoE	Educational guide
212	North	Male	MoE	Educational guide
213	North	Male	MoE	Educational guide
214	South	Male	MoE	Educational guide
215	North	Male	MoE	Educational guide
216	North	Male	MoE	Educational guide
217	North	Male	MoE	Educational guide
218	Center	Male	MoE	Educational guide
219	North	Male	MoE	Educational guide
220	Center	Male	MoE	Educational guide
221	North	Male	MoE	Educational guide
222	Center	Male	MoE	Educational guide
223	North	Female	MoE	Educational guide
224	North	Female	MoE	Educational guide
225	North	Female	MoE	Educational guide
226	North	Male	MoE	Educational guide
227	South	Female	MoE	Educational guide
228	North	Male	MoE	Educational guide
229	South	Female	MoE	Educational guide
230	Center	Female	MoE	Educational guide
231	South	Female	MoE	Educational guide
232	South	Female	MoE	Educational guide
233	South	Female	MoE	Educational guide
234	North	Female	MoE	Educational guide
235	North	Female	MoE	Educational guide
236	South	Male	MoE	Educational guide
237	South	Female	MoE	Educational guide
238	North	Male	MoE	Educational guide
239	Center	Female	MoE	Educational guide
240	Center	Female	MoE	Educational guide
241	South	Female	MoE	Educational guide
242	South	Female	MoE	Educational guide
243	North	Female	MoE	Educational guide
244	Center	Female	MoE	Educational guide
245	North	Female	MoE	Educational guide
246	South	Female	MoE	Educational guide

No.	Region	Gender	Ministry	Job Role
184	North	Female	MoH	Nursing
185	North	Female	MoH	Nursing
186	Center	Female	MoH	Nursing
187	Center	Female	MoH	Nursing
188	North	Male	MoH	Nursing
189	North	Female	MoH	Nursing
190	North	Female	MoH	Nursing
191	North	Female	MoH	Nursing
192	Center	Female	MoH	Nursing
193	North	Female	MoH	Nursing
194	Center	Female	MoH	Doctor
195	North	Female	MoH	Nursing
196	North	Female	MoH	Doctor
197	North	Female	MoH	Admin{others
198	Center	Female	MoH	Nursing
199	Center	Female	MoH	Nursing
200	Center	Female	MoH	Doctor
201	North	Male	MoH	Doctor
202	North	Male	MoH	Head of Department
203	North	Male	MoH	Doctor
204	Center	Male	MoH	Doctor
205	Center	Male	MoH	Doctor
206	North	Male	MoH	Doctor
207	North	Male	MoH	Head of Department
208	North	Female	MoH	Nursing
209	Center	Female	MoH	Doctor
210	Center	Female	MoH	Nursing
211	North	Female	MoH	Nursing
212	Center	Female	MoH	Nursing
213	Center	Male	MoH	Doctor
214	North	Male	MoH	Nursing
215	North	Male	MoH	Doctor
216	North	Male	MoH	Doctor
217	North	Female	MoH	Nursing
218	Center	Female	MoH	Nursing
219	Center	Female	MoH	Nursing
220	North	Female	MoH	Nursing
221	North	Female	MoH	Nursing
222	North	Female	MoH	Admin{others
223	North	Female	MoH	Nursing
224	Center	Female	MoH	Nursing
225	Center	Male	MoH	Doctor
226	North	Female	MoH	Nursing
227	North	Female	MoH	Nursing
228	Center	Female	MoH	Nursing
229	Center	Female	MoH	Nursing
230	Center	Female	MoH	Nursing
231	Center	Female	MoH	Nursing
232	Center	Female	MoH	Nursing
233	Center	Female	MoH	Doctor
234	Center	Female	MoH	Nursing
235	North	Female	MoH	Nursing
236	Center	Female	MoH	Doctor
237	North	Female	MoH	Nursing
238	Center	Male	MoH	Nursing
239	Center	Female	MoH	Doctor
240	Center	Female	MoH	Nursing
241	North	Female	MoH	Nursing
242	Center	Female	MoH	Nursing
243	North	Female	MoH	Nursing
244	North	Female	MoH	Nursing
245	Center	Female	MoH	Nursing
246	North	Male	MoH	Nursing

No.	Region	Gender	Ministry	Job Role
247	South	Female	MoE	Educational guide
248	Center	Female	MoE	Educational guide
249	Center	Female	MoE	Educational guide
250	North	Female	MoE	Educational guide
251	Center	Female	MoE	Educational guide
252	North	Female	MoE	Educational guide
253	Center	Female	MoE	Educational guide
254	South	Female	MoE	Educational guide
255	North	Female	MoE	Educational guide
256	South	Female	MoE	Educational guide
257	Center	Female	MoE	Educational guide
258	Center	Female	MoE	Educational guide
259	South	Female	MoE	Head of Department
260	South	Female	MoE	Educational guide
261	North	Female	MoE	Educational guide
262	South	Female	MoE	Educational guide
263	North	Male	MoE	Educational guide
264	North	Female	MoE	psychological counselor
265	North	Female	MoE	Educational guide
266	Center	Male	MoE	Educational guide
267	Center	Female	MoE	Educational guide
268	South	Female	MoE	Educational guide
269	North	Female	MoE	Educational guide
270	North	Female	MoE	Educational guide
271	North	Female	MoE	Educational guide
272	South	Male	MoE	Educational guide
273	South	Female	MoE	Educational guide
274	North	Female	MoE	Educational guide
275	South	Female	MoE	Educational guide
276	South	Female	MoE	Educational guide
277	Center	Female	MoE	Educational guide
278	Center	Female	MoE	Educational guide
279	Center	Female	MoE	Educational guide
280	South	Female	MoE	Educational guide
281	North	Female	MoE	Educational guide
282	South	Female	MoE	Educational guide
283	North	Female	MoE	Educational guide
284	Center	Male	MoE	Educational guide
285	South	Male	MoE	Educational guide
286	Center	Male	MoE	Educational guide
287	North	Male	MoE	Educational guide
288	South	Male	MoE	Educational guide
289	North	Male	MoE	Educational guide
290	North	Male	MoE	Educational guide
291	South	Female	MoE	Educational guide
292	South	Female	MoE	Educational guide
293	Center	Female	MoE	Educational guide
294	South	Female	MoE	Educational guide
295	South	Female	MoE	Educational guide
296	South	Male	MoE	Educational guide
297	South	Male	MoE	Educational guide

No.	Region	Gender	Ministry	Job Role
247	Center	Male	MoH	Nursing
248	North	Female	MoH	Nursing
249	North	Female	MoH	Nursing
250	North	Female	MoH	Nursing
251	North	Female	MoH	Nursing
252	North	Female	MoH	Nursing
253	Center	Female	MoH	Doctor
254	North	Female	MoH	Nursing
255	North	Female	MoH	Nursing
256	North	Female	MoH	Nursing
257	Center	Female	MoH	Doctor
258	North	Female	MoH	Nursing
259	North	Female	MoH	Nursing
260	Center	Female	MoH	Nursing
261	North	Female	MoH	Admin{others
262	Center	Female	MoH	Doctor
263	Center	Female	MoH	Doctor
264	Center	Female	MoH	Nursing
265	North	Female	MoH	Nursing
266	Center	Female	MoH	Nursing
267	North	Female	MoH	Nursing
268	Center	Female	MoH	Nursing
269	North	Female	MoH	Nursing
270	Center	Male	MoH	Doctor
271	North	Female	MoH	Nursing
272	Center	Female	MoH	Nursing
273	Center	Female	MoH	Head of Department
274	Center	Female	MoH	Nursing
275	Center	Male	MoH	Doctor
276	Center	Female	MoH	Nursing
277	Center	Female	MoH	Nursing
278	Center	Female	MoH	Nursing
279	Center	Male	MoH	Doctor
280	North	Female	MoH	Nursing
281	Center	Female	MoH	Admin{others
282	North	Female	MoH	Nursing
283	North	Female	MoH	Nursing
284	North	Female	MoH	Nursing
285	North	Female	MoH	Nursing
286	North	Female	MoH	Admin{others
287	North	Male	MoH	Admin{others
288	North	Male	MoH	Admin{others
289	North	Female	MoH	Nursing
290	North	Female	MoH	Nursing
291	North	Female	MoH	Nursing
292	North	Female	MoH	Nursing
293	North	Male	MoH	Admin{others
294	North	Male	MoH	Doctor
295	North	Male	MoH	Head of Department
296	North	Female	MoH	Nursing
297	Center	Male	MoH	Admin/others
298	Center	Female	MoH	Admin/others
299	Center	Female	MoH	Admin/others
300	Center	Female	MoH	Admin/others
301	Center	Male	MoH	Doctor
302	Center	Female	MoH	Nursing
303	Center	Female	MoH	Admin/others
304	Center	Male	MoH	Doctor
305	Center	Female	MoH	Nursing
306	Center	Male	MoH	Admin/others

12. 研修修了証 PFA-C Completion Certificate



شهادة مشاركة

تشهد وزارة التربية والتعليم بالتعاون مع مؤسسة إنقاذ الطفل - الاردن

بأن الفاضل / الفاضلة

قد شارك / ت في الورشة التدريبية الخاصة بمشروع (الإسعافات النفسية الأولية للأطفال)
والتي عقدت خلال الفترة ما بين 3/29 - 2021 /4/1 بواقع (18) ساعة . و قد استكمل 20

ساعة عملية.

مدير إدارة التعليم

مدير المشروع

د . سامي المحاسيس



تشهد مؤسسة إنقاذ الطفل - الأردن أن

قد شارك/ت في ورشة تدريب المدربين حول الإسعافات النفسية الأولية للأطفال بتاريخ ٢٠٢١/٣/٢٩ لغاية ٢٠٢١/٤/١. و قد استكمل متطلبات المشروع النظرية و العملية بواقع ٢٨ ساعة تدريبية. و ذلك، ضمن مشروع الإسعافات النفسية الأولية للأطفال

وبناءً على ذلك أعطي/ت هذه الشهادة

مدير المشروع