

A Jordanian case study: the implementation of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*

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This case study describes the use of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings in Jordan. The fieldwork was carried out 17–27 August 2008 in Jordan and involved discussions with representatives of humanitarian organisations and UN agencies in Amman and Zarqa. This paper describes the ways in which the guidelines have been disseminated in Jordan and how they have ‘added value’ within the context of the Iraqi refugee crisis in Jordan. It also describes the factors that have hindered the full implementation of the guidelines.

Keywords: Inter-Agency Standing Committee (IASC), guidelines, mental health, psychosocial support, Jordan, Iraqi refugees

There are an estimated 450 000 – 750 000 Iraqi refugees currently living in Jordan. As a result, there has been a large expansion of the number of programmes for Iraqi refugees in Jordan over the last twelve months, particularly in the area of mental health and psychosocial support (MHPSS) work. A Psychosocial and Mental Health Working Group (PMHWG) was established in July 2007, and currently meets on a monthly basis. The PMHWG membership is drawn from the humanitarian agencies providing MHPSS services in Jordan. The government of Jordan does not have any formal

involvement in the PMHWG, and does not work closely with humanitarian organisations in general. Since the government is not a signatory to the Refugee Convention, Iraqis are not in Jordan officially as refugees, but as ‘guests’.

Advocacy of the guidelines has been a central feature of the group’s work and the PMHWG has distributed both hard copies and electronic copies to all members of the group. However, the dissemination of the guidelines has been hindered by the fact that the Arabic version was unsatisfactory in Jordan, and an inter-agency team is currently in the process of retranslating them. It was suggested by those involved in this task, that the translator should be someone with specialist mental health and psychosocial knowledge, and who is also familiar with the use of the language (or dialect) of the region where they will be used.

It was generally agreed that the guidelines have been well distributed at international non governmental organisation (INGO) level, but many local non governmental organisations (NGOs) and community based organisation (CBOs) are still unaware of them. As a result, an inter-agency technical advice document, based on the guidelines, has been developed. There have also been a series of workshops and other training events, and by the end of 2007,

all organisations involved in the PMHWG had signed up, in principle, to the guidelines. However, while the guidelines are well used among the larger INGOs and UN agencies at planning levels, there is less certainty about the extent to which other agencies are making use of them.

The information and concepts in the guidelines were seen overwhelmingly as adding value in Jordan, although some contributors commented that the guidelines could be made more accessible in terms of content, layout and language.

There also appeared to be a lack of clarity regarding the target readership. While the guidelines were generally acknowledged to be helpful to policymakers, those responsible for planning psychosocial programmes, and those making funding decisions, there was also some confusion about how they are intended for use by other members within an organisation. Contributors to this case study identified a need for direction regarding how those in different roles can use the guidelines, and for adapted versions of the guidelines to be produced for different actors.

The main strength of the implementation process in Jordan has been the commitment of the agencies and individuals who have advocated strongly for guidelines. This has had a huge impact in terms of awareness of the guidelines among INGOs, and some local NGOs. The experience in Jordan illustrates the impact they can have on an individual or organisation committed to the guidelines, and with the ability and resources to advocate for them.

As a result, considerable progress has been made in terms of the coordination of MHPSS work in Jordan, although this remains a challenge due to the huge increase in the number of MHPSS programmes over the last year.

Areas yet to be addressed include: the inclusion of NGOs and CBOs not yet actively involved in coordination efforts; the coordination of assessments and training; mechanisms to monitor and control the quality of MHPSS provision and avoid duplication of services; and the integration of MHPSS issues into the work of other sectors.

Furthermore, there are aspects of the situation specific to Jordan that hinders the effective implementation of the guidelines. As the Jordanian government does not recognise the Iraqis as refugees, Iraqis know their stay in Jordan depends on the goodwill of the government. Also, many Iraqis are in Jordan illegally, and as a result do not leave their homes. This has consequences for their psychological and social wellbeing, family life, and economic situation. It also means that it is impossible to accurately estimate the number of Iraqi refugees in Jordan. More importantly, not only are their numbers unknown, but also the characteristics of the population, and their needs. There is no identifiable social or physical 'Iraqi community' to work with, because they are scattered and difficult to locate, which makes community based programmes difficult.

Some organisations have recruited Iraqi staff and volunteers to engage in outreach work, but this has its own challenges (e.g. difficulty in ensuring high quality and consistent service from volunteers). Other than this, there is very little participation of the Iraqi population in service planning, implementation or evaluation. The lack of good information about the Iraqi refugee population in Jordan limits the effectiveness of MHPSS programmes, as does the lack of participation of Iraqi refugees in the process. Given the challenges in accessing Iraqi refugees in an urban setting, interventions that build in a significant outreach component are particularly appropriate in Jordan. In addition, the

guidelines should recognise the particular challenges of an urban refugee setting, perhaps with a new action sheet.

Despite these challenges, donors are keen to donate large amounts of money to projects assisting Iraqi refugees in Jordan, due to the current international political situation. The enthusiasm of donors for funding programmes to benefit Iraqis, and the amounts of money available, encourages agencies to enter this arena, with little attention being paid to the needs of the population or the capacity of those implementing the programmes. Programmes often seem not to be planned on the basis of reliable information or population based needs assessments, but are, to a large extent, donor driven. In this context, it is extremely difficult for the guidelines to be implemented effectively.

Until very recently, there was little MHPSS activity in Jordan. Even now, there is a general lack of awareness of psychosocial issues and their relevance in Jordan. Psychosocial work is not well understood, and there is a lack of MHPSS capacity and expertise, especially at the higher levels of the *MHPSS pyramid*. The result of this is a lack of specialist services. The majority of MHPSS services in Jordan are at the lower levels of the *MHPSS pyramid*, and there is considerable duplication of services at these levels. There appears to be an excess of recreational programmes for children, for example, but no specialist services for referral for those with more severe psychological and psychiatric problems.

Also, humanitarian agencies report challenges in recruiting staff with appropriate skills and experience, and, since funding is often short term, it can be difficult to find sufficient time to train staff before implementing programmes. However, recent initiatives to build MHPSS expertise and capacity in Jordan should alleviate this difficulty over the next few years.

Experiences of refining the translation of the guidelines in Jordan could provide lessons for other contexts. It might be valuable, for example, to promote a *'model'* process of ensuring local MHPSS professional leadership of the translation process as part of an initial orientation and local adaptation phase. This model could then be made available in other contexts.

The Jordan case study highlights the unique challenges of addressing emergency MHPSS needs in an urban context. This not only points to specific enrichment of the existing guidance, but also illustrates the likelihood of the emergence of other *'special cases'*. This creates its own challenges for the integrity of the guidance document, and suggests that it might be valuable to develop some dynamic routes for sharing learning from an ongoing implementation process.

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