WHO IS WHERE, WHEN, DOING WHAT (4WS) IN MENTAL HEALTH, PSYCHOSOCIAL, CHILD PROTECTION AND GENDER-BASED VIOLENCE SUPPORT IN JORDAN

Interventions Mapping Exercise
February 2013

WORLD HEALTH ORGANIZATION (WHO) / THE MINISTRY OF HEALTH, JORDAN
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Who is Where, When, doing What (4Ws) Mental Health, Psychosocial, Child Protection and Gender-Based Violence Support

Introduction

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

Furthering its work, the IASC reference group and the World Health Organization (WHO) developed a"4Ws" tool to map MHPSS services in emergencies. The purpose of the tool is to gain a clearer picture of **who** is doing **what**, **where** and **when**. Unlike other mapping tools used by other sectors (often referred to as "3Ws"), this tool also provides a comprehensive overview of the size and nature of an emergency response with respect to MHPSS. International Medical Corps (IMC) and WHO first piloted the tool in Jordan in 2009 in cooperation with UNICEF. A refined tool was applied for the second mapping in Jordan in 2010, based on emerging issues and lessons learnt from previous mappings conducted in Jordan, Nepal and Haiti. Subsequent mappings were conducted in Jordan in 2010/2011 and in 2012, with the 2012 mapping adding on Protection elements alongside MHPSS. Using the data and feedback collected by International Medical Corps and other agencies that piloted the tool, the IASC reference group developed a manual for conducting 4Ws mappings. This manual was published in 2013 and is available for download from the Mental Health and Psychosocial Support network, *mhpss.net*.

Building on the positive experience of the 2012 MHPSS/Protection 4Ws mapping, it was decided that the 2013 mapping would again combine MHPSS, Child Protection and Gender-Based Violence. Combining the sectors' mappings not only provides a more comprehensive picture of services available for vulnerable populations in Jordan, it also reduces the number of requests agencies receive each month to complete mappings. Due to the current crisis in Syria and its effects on the humanitarian landscape in Jordan, a sub-working group focused on Child Protection (CP) and Gender-Based Violence (GBV) was launched in Jordan.[1] Many agencies providing MHPSS services in Jordan are also active participants in the CP & GBV sub-working groups. Therefore, an agreement was made between the two working groups to combine efforts. The co-chairs of the CP & GBV sub-working group at the time of the

[1] Note: The CP/GBV sub-working group was subsequently split into two sub-working groups: one focused on Child Protection and the other on Gender-Based Violence.

mapping, UNICEF and UNFPA, reviewed the CP and GBV activities included in the 2012 4Ws mapping and those in the United Nations Inter-Agency Syria Regional Response Plan (RRP). The CP & GBV sub-working groups has developed monitoring tools for ongoing use, therefore it was decided that the activities included in the 2013 MHPSS and Protection 4Ws mapping would mirror those activities included in their monitoring structure. The protection activities included in the 2013 mapping fall under the categories of:

- Protection monitoring (in particular Child Protection and Gender-Based Violence),
- Protection services (in particular Child Protection and Gender-Based Violence), and
- Assistance to vulnerable children and their families.

These were added to the list of MHPSS activities as recommended by the IASC reference group, which include community-focused MHPSS; case-focused MHPSS; and general support for MHPSS, CP and/or GBV activities. Examples of activities that fall under these main categories were provided as shown in the attached list (Annex 2).

Additionally, this year's tool included updated geographic locations. Many agencies, in an effort to reach a broader client base, have implemented mobile or roving and Kingdom-wide activities; therefore, these designations were added to the 2013 mapping in place of the designation "All governorates." Furthermore, since the last mapping exercise, the Government of Jordan (GoJ), in coordination with UNHCR, has opened three (3) hosting facilities for Syrians displaced in Jordan: one in Cyber City in the Governorate of Irbid, one in King Abdullah Park (KAP) also in Irbid, and one called Za'atari Camp, a newly established camp in the Governorate of Mafraq. There are ongoing plans to open two (2) additional sites: one located in Zarqa Governorate and operated by Emiratis (EIC) and the other located in Azraq (also in Zarqa Governorate) and operated in cooperation with the GoJ and UNHCR. As they were able, agencies were instructed to indicate activities that are planned or currently taking place at one of these sites under the column typically reserved for indicating cities, villages, or neighborhoods.

Timeframe

The mapping was conducted during the month of February 2013. Agencies were initially given 9 working days to complete the mapping, but this was extended by one week to allow additional inputs.

Objectives

The overall aims of the exercise remain focused on fostering collaboration, coordination, referrals and accountability for all involved agencies; improving the transparency and legitimacy of MHPSS, CP and GBV services through structured documentation; and providing data on patterns of practice to inform and reflect on lessons for current and future responses. By collecting all four components of the 4Ws (who, what, when and where), the information provided can feed into national plans for emergency preparedness and can be used to identify gaps in service provision, geographic and target group coverage, human resources, and technical expertise. It can also be used by participating organizations to

plan for their funding request efforts. The 2013 MHPSS, CP and GBV4Ws mapping had the following four primary objectives.

1. Create a comprehensive database of up-to-date information on basic MHPSS, CP and GBV activities in Jordan
2. Facilitate coordination of MHPSS, CP and GBV services through sharing information on these services among all stakeholders
3. Support stakeholders' efforts in preparing a coordinated MHPSS/CP/GBV response plan
4. Disseminate the findings and recommendations of the mapping to the MHPSS coordination working group, the CP & GBV sub-working group, and other stakeholders

4Ws Mapping Process

International Medical Corps (IMC) and the World Health Organization (WHO) each assigned one staff member to work part-time on the mapping exercise. The IMC staff member prepared the English version of the 4Ws tool and the WHO staff member prepared the Arabic. The co-chairs of the CP/GBV sub-working group, one from UNICEF and the other from UNFPA, developed the CP and GBV components of the mapping. These, along with the co-chairs of the MHPSS coordination working group (senior staff from IMC and WHO), provided project oversight.

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

- A one-page introduction to the 4Ws exercise;
- An excel file with three active sheets: (1) to capture information about the organization, (2) to capture details of the activities, and (3) to list the 13 MHPSS, CP and GBV activities and their corresponding sub-activities; and
- The previous year's 4Ws report (English only).

As their importance has grown over the past year, community based organizations (CBOs) that have been active in providing services to Syrians and other vulnerable populations were included for the first time in the 2012 mapping. Many CBOs in Jordan are now implementing partners for the UN and/or collaborate closely with NGOs and INGOs operating in Jordan, therefore these agencies were again included in the 2013 mapping.

Fifty-one (51) organizations were contacted via the MHPSS coordination working-group and an additional eleven (11) organizations were notified via the CP/GBV sub-working group. Most of these organizations were contacted by e-mail; Ministries were contacted through official letters. Some CBOs, NGOs and Ministries were interviewed in person and/or by phone, and their data was entered by the mapping team. Input from forty-nine (49) organizations was collected and analyzed. One (1) organization provided incomplete data that could not be analyzed; this agency did not respond to requests for follow-up. Three (3) organizations provided input after the data analysis; these agencies are included in the final 4Ws excel file but are not represented in this report. And two (2) agencies that had

previously provided data for the MHPSS/CP and GBV 4Ws mapping reported that they no longer provide MHPSS or Protection services. The Ministry of Health (MoH) and the Jordanian Women's Union (JWU) provided their organizational information, but their activities were reported by their partners, the World Health Organization (WHO) and Un Ponte Per (UPP) respectively.

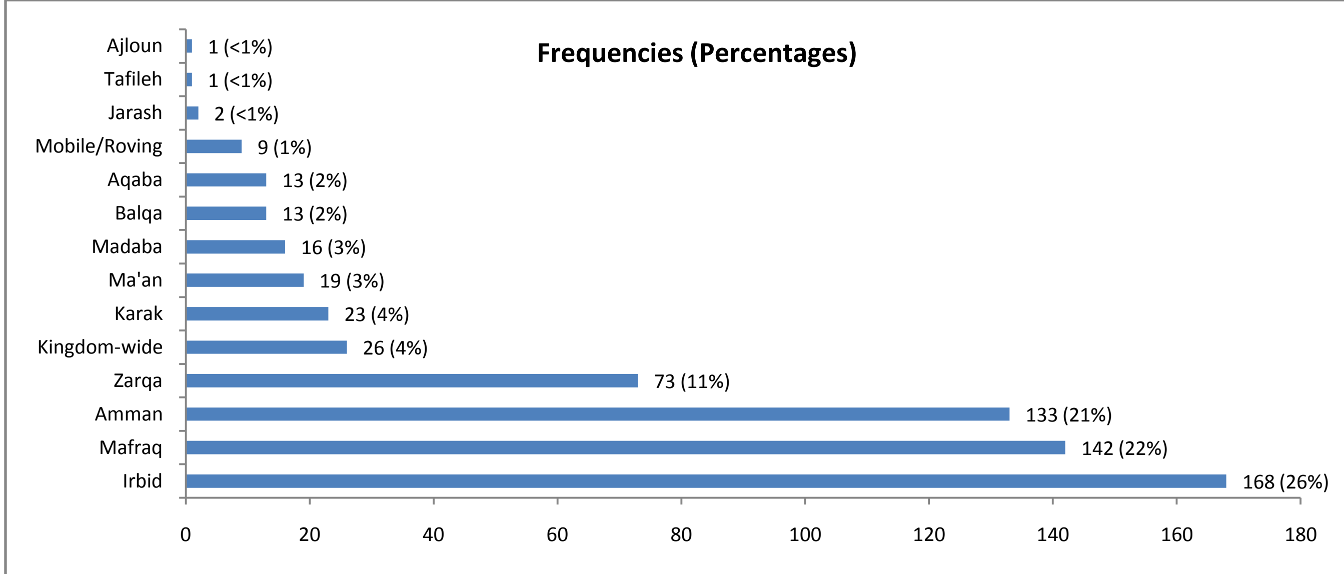
The mapping team compiled all information reported by organizations on one spreadsheet. A workshop was held in March 2013 to present the findings of the mapping exercise (see Annex 3 for a summary). The MHPSS, CP and GBV Working Groups will inform key donor agencies of the results of this mapping and will follow up with these agencies and implementing organizations to ensure that the results are taken into account in planning and coordinating the current emergency response for displaced Syrians in Jordan as well as ongoing support for Iraqis and other vulnerable populations in Jordan.

Findings

Where

The distribution of MHPSS, CP and GBV activities per governorate in Jordan as shown in Figure 1 reflects the concentration in terms of frequencies of all reported activities.[2]

Figure1. Geographic distribution of activities per Governorates



Previous mappings had shown a primary concentration of activities in Amman, but the 2013 mapping shows a shift to the North of the Kingdom with the highest concentrations of activities being in the Governorates of Irbid and Mafraq, those Governorates that border Syria. This is due to the influx of Syrians into Jordan, many of whom are residing in communities in the North, as well as the placement of the Kingdom's only hosting facilities for Syrians in the North (Za'atari camp, King Abdullah Park

[2] The exercise defined one activity as the provision of cohesive services in a specific location. This definition is assumed throughout the publication.

and Cyber City).[3] Additionally, the number of activities reported in Karak have nearly doubled since the 2012 mapping (increased from 12 to 23), while the number of activities have dropped in Balqa, Ma'an, Jarash and Ajloun.

The initial analysis seems to indicate that the Governorates of Mafraq and Irbid are now well supported. However, further analysis is needed to understand the distribution of services within these governorates. Figures 2 and 3 show that while services are relatively balanced between cities/villages and hosting facilities (Cyber City and Kind Abdullah Park [KAP]) in Irbid, this is less the case in Mafraq where nearly half (48%) of all services are available inside Za'atari Camp. Figures on the following pages indicate that this concentration of activities inside Za'atri camp may not be a "gap" due to the small population size in the surrounding governorate, but further information is needed to make a final determination.

Figure 2. Distribution of services in Irbid

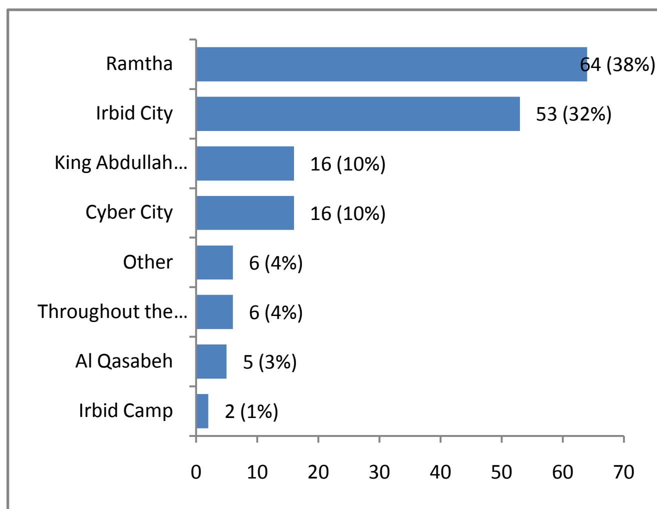
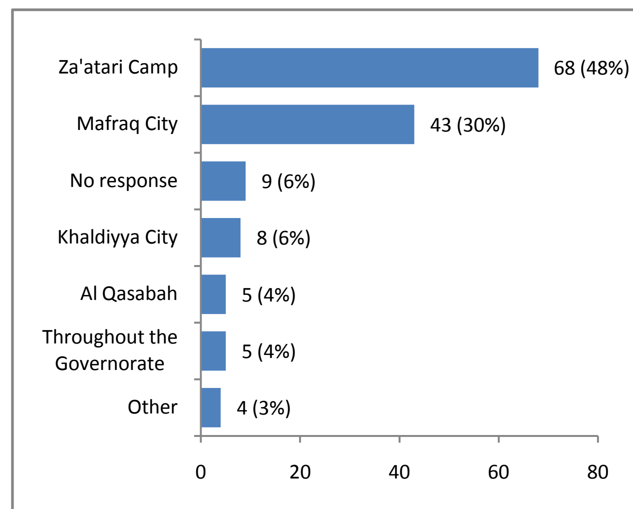


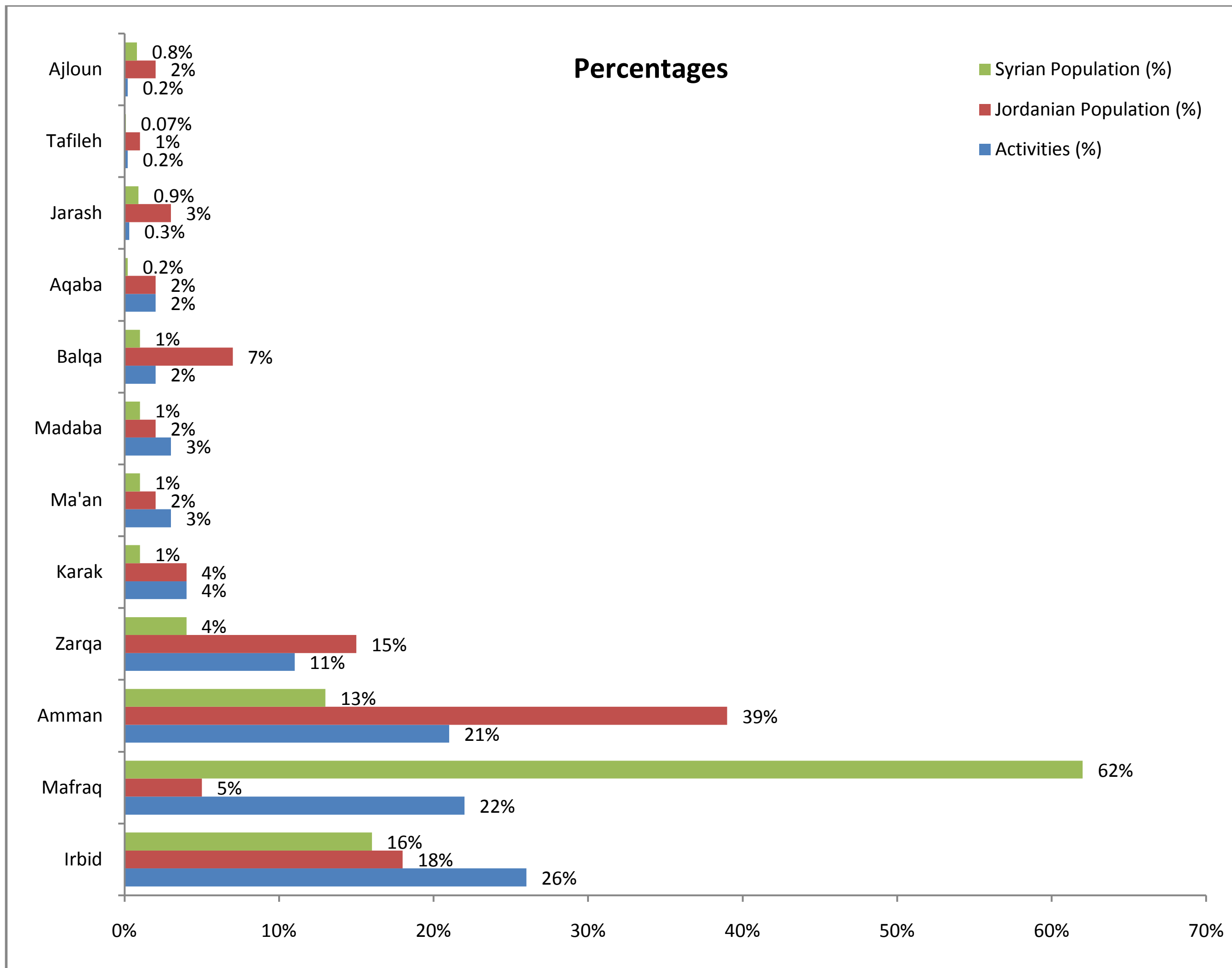
Figure 3. Distribution of services in Mafraq



Figures 4 and 5 on the following page show the concentration of type of activities reflected in percentages per governorate and per region as well as the corresponding population size in each region.[4]

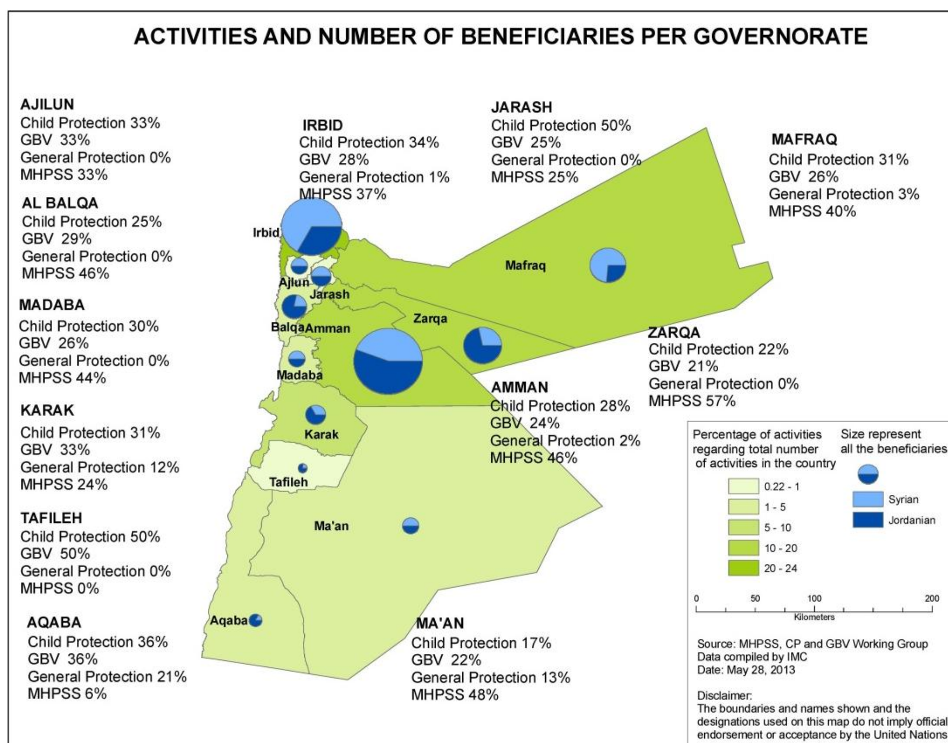
[3] These three hosting facilities were the only facilities open at the time of the mapping.
[4] Jordan population estimates taken from the Department of Statistics, Jordan http://www.dos.gov.jo/dos_home_a/main/cd_yb2011/pdf/Population.pdf. Syrian population estimates taken from: UNHCR Jordan. 07 March 2013. *Percentage of Syrian Registered in Jordan & Place of Origin as of 7 March 2013.*

Figure 4.Concentration of activities and population per governorate



The geographic divisions referred to in the map in Figure 5 include the North (Mafraq, Ajloun, Irbid and Jarash), Central (Amman, Zarqa, Madaba and Balqa), and the South (Karak, Tafileh, Ma’an and Aqaba).

Figure 5. Concentration of type of activities and population per governorate and region



Whereas the 2012 mapping showed a correlation between the Jordanian population size and the concentration of activities per region, this year's mapping shows that in most Governorates, the correlation has shifted to reflect the concentration of Syrians per region.

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

Table 1. Activities per governorate and population

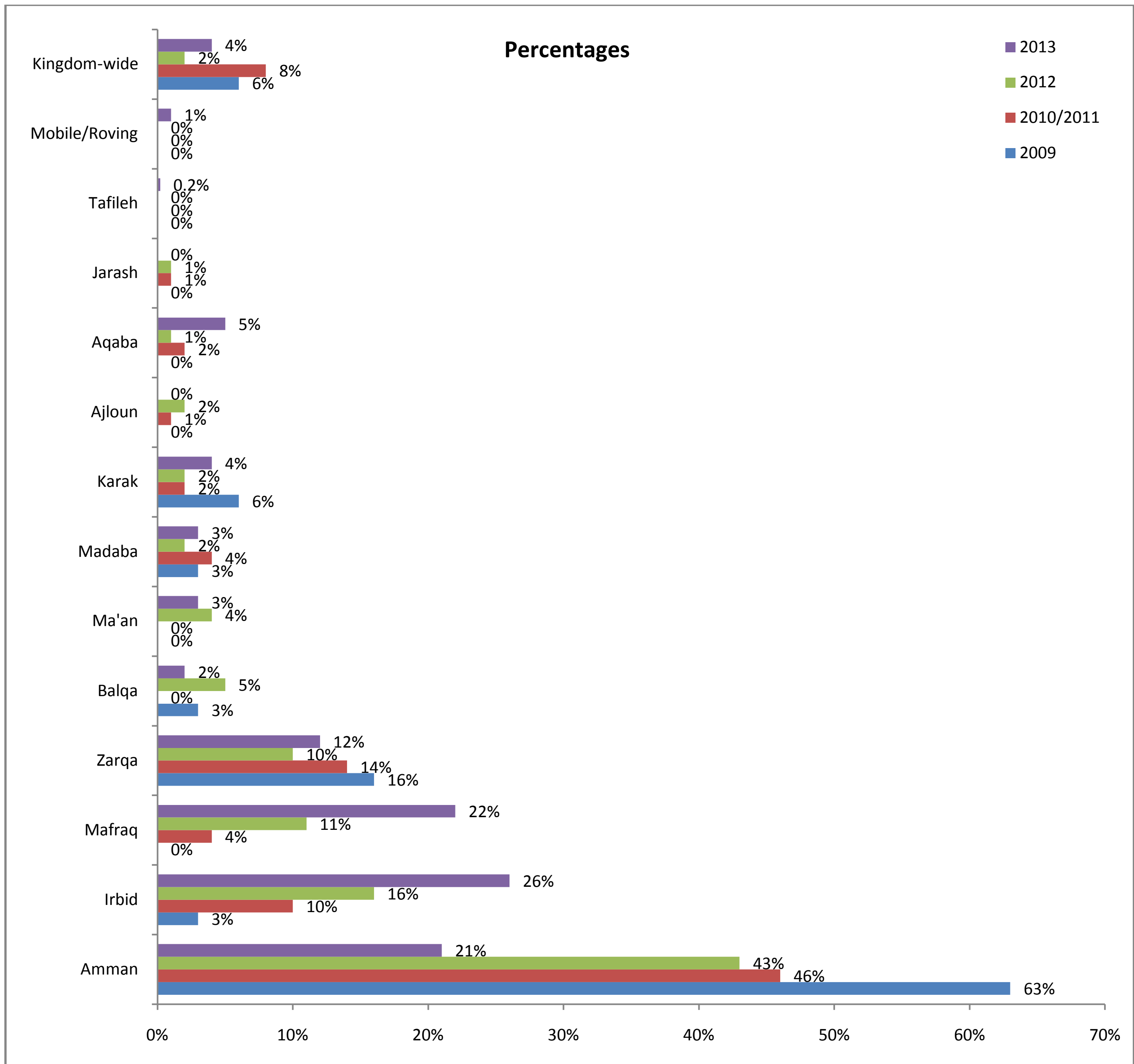
Governorate	Concentration of activities(freq)	Jordanian population (#)	Per 100,000 Jordanians (freq)	Displaced Syrians(%)	Displaced Syrians(#)[5]	Per 100,000Syrians (freq)
Irbid	169	1,112,300	15.10	15.99%	44,047	381.41
Mafraq	140	293,700	48.35	62.01%	170,816	83.13
Amman	134	2,419,600	5.50	13.37%	36,829	361.13
Zarqa	73	931,100	7.84	3.84%	10,578	690.11
Karak	23	243,700	9.44	0.76%	2,094	1098.38
Ma'an	19	118,800	15.99	0.73%	2,011	944.80
Madaba	15	156,300	10.24	0.55%	1,515	1056.11
Balqa	13	418,600	3.11	0.75%	2,066	629.24
Aqaba	13	136,200	9.54	0.18%	496	2620.97
Jarash	2	187,500	1.07	0.99%	2,727	73.34

[5] Note: Numbers of displaced Syrians were calculated by the team using data available from UNHCR as of 11 March 2013.

Tafileh	1	87,500	1.14	0.07%	193	518.13
Ajloun	1	143,700	0.70	0.75%	2,066	48.40

Figure 6 below shows a comparison of the concentration of activities per governorate as reflected in the last four (4) mappings conducted in Jordan.

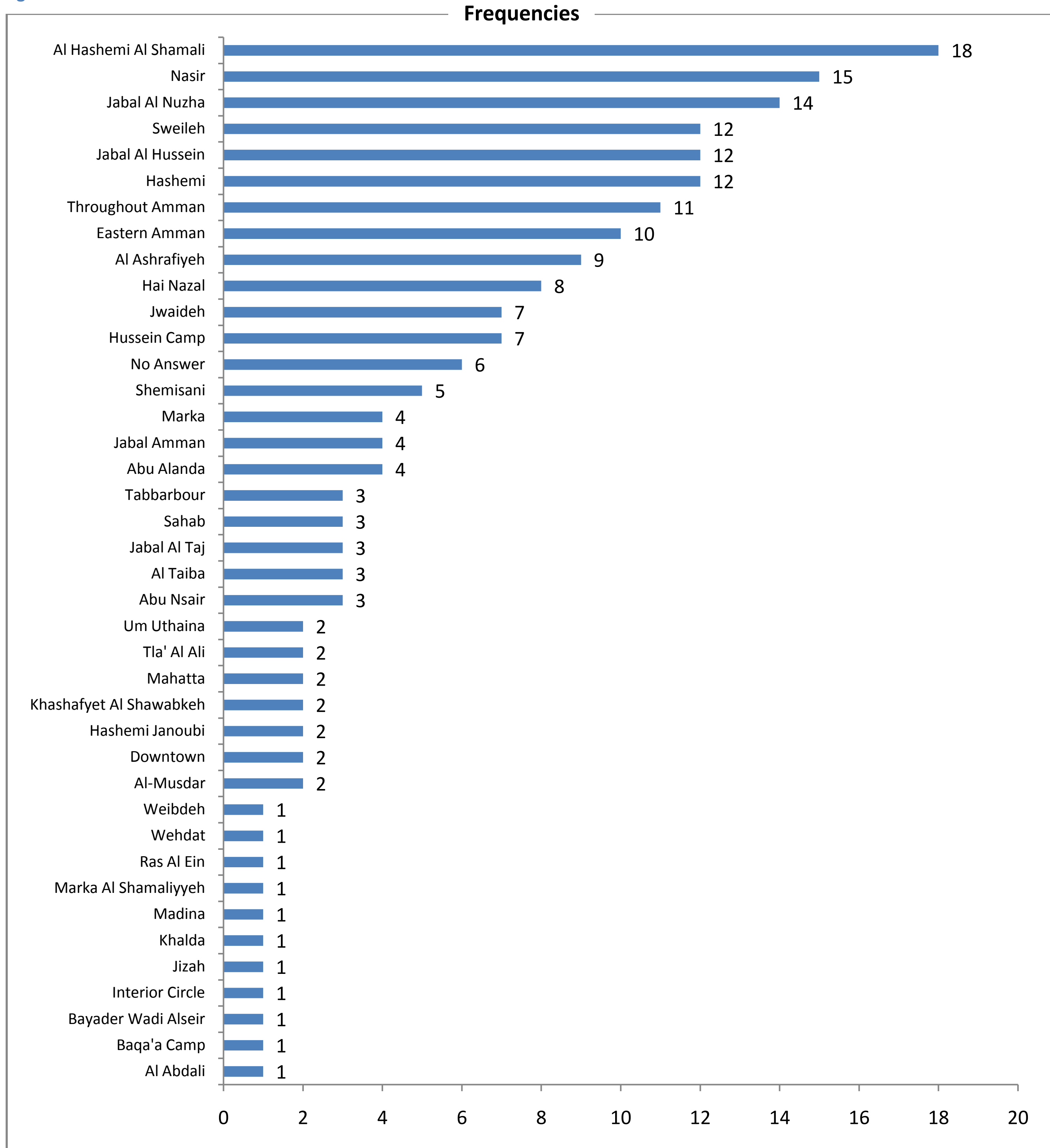
Figure 6. Activities per governorate from the 2009, 2010/2011, 2012, and 2013mappings



Again, we see that as compared with previous years' mappings, while Amman has remained a central point for service provision, the Northern Governorates that stretch across the Syrian border (Irbid and Mafraq) have seen a great increase in the number of services provided.

Previous mappings have asked respondents to specify the neighborhood(s) in Amman in which their activities take place. This request was again made for the 2013 mapping (see Figure 7), but as the focus in service provision has shifted to the North the results indicating Amman neighborhoods was less revealing.

Figure 7. Distribution of services in Amman



What and Who

Figure 8 below illustrates the concentration of services reported according to the four (4) major categories used for the mapping (see Annex 2 for descriptions). Table 2 lists which organizations reported activities in each category.

Figure 8. Concentration of activities per focus

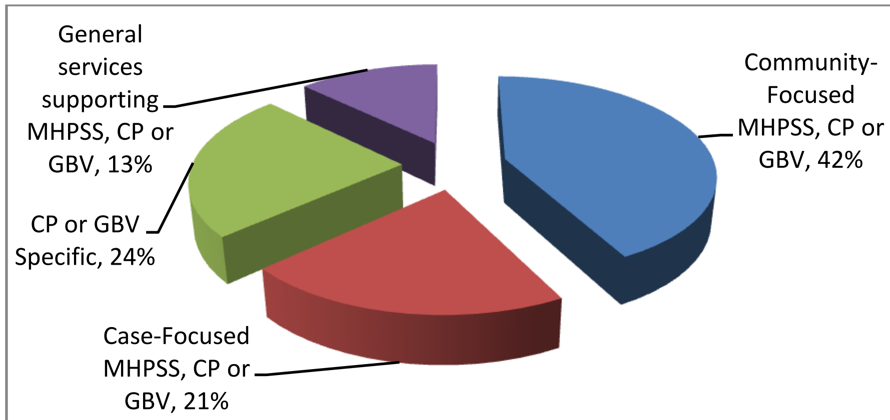


Table 2. Organizations according to focus of activity

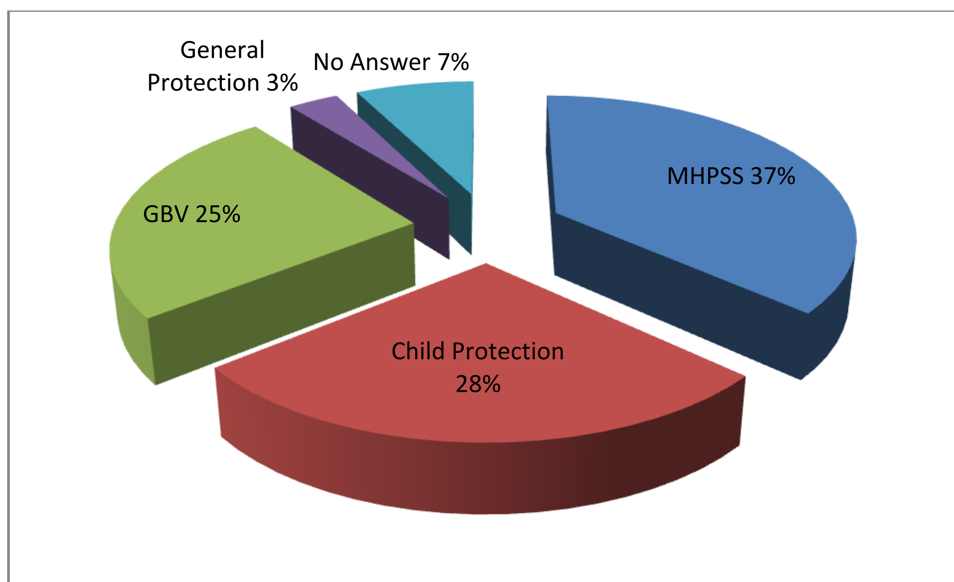
	Community-Focused MHPSS/ CP/GBV	Case-Focused MHPSS/ CP/GBV	CP/GBV Specific[6]	General MHPSS/CP/GBV Support
ActionAid Denmark	✓	✓		✓
Al Kitab Wa Sunna			✓	
Arab Renaissance for Democracy and Development-Legal Aid (ARDD-LA)	✓	✓	✓	✓
CARE International Jordan	✓		✓	✓
Fida International	✓	✓		✓
Finn Church Aid (FCA)/Act Alliance	✓			
Handicap International (HI)	✓	✓	✓	
Integrated Services, Indigenous Solutions	✓			
International Medical Corps (IMC)	✓	✓	✓	✓
International Relief & Development (IRD)				✓
International Rescue Committee (IRC)	✓	✓	✓	✓
INTERSOS	✓			
Islamic Charity Society Center (ICSC)	✓	✓	✓	✓
Jesuit Refugee Services (JRS)	✓	✓	✓	
Jordan Health Aid Society (JHAS)		✓	✓	✓
Jordan Red Crescent (JRC)		✓		
Jordan River Foundation (JRF)	✓	✓	✓	✓
Jordanian Society for Widow and Orphan Care (JSWOC)	✓		✓	
Jordanian Society Psychology	✓			
Jordanian Women's Union (JWU)	✓	✓	✓	
Lutheran World Federation (LWF)	✓		✓	✓

[6] Note: Respondents were asked to specify whether activities classified as "CP/GBV Specific" are targeted toward Child Protection or GBV. This breakdown is detailed in the following figure.

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

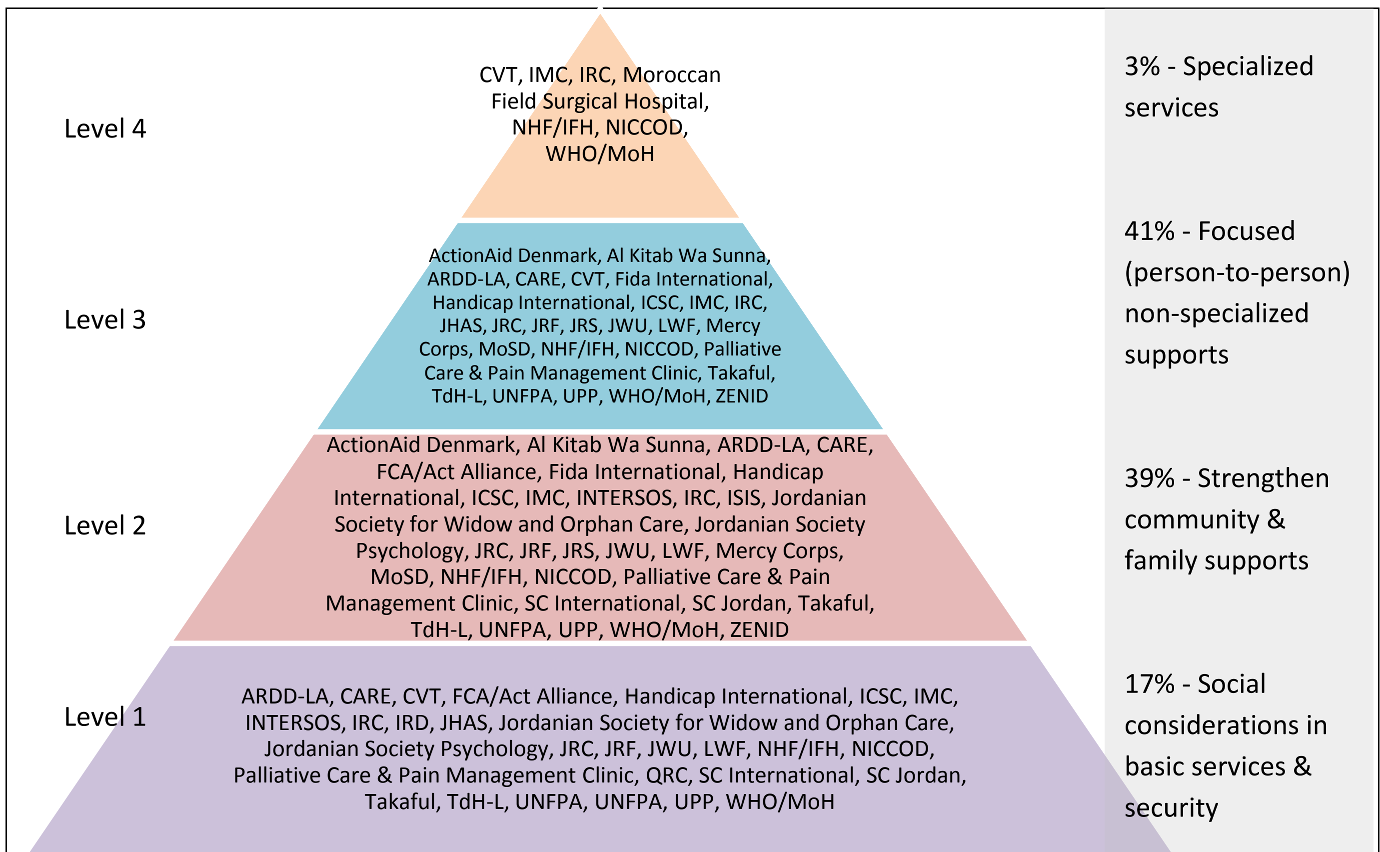
As many of the activities listed are cross-cutting, participants were also asked to indicate whether their listed activities target MHPSS, CP or GBV. This breakdown is shown in Figure 9.

Figure 9. Activities targeting MHPSS, CP or GBV



The activity codes used for this year's mapping were again plotted on the IASC MHPSS intervention pyramid. Figure 10 on the following page shows which agencies reported activities at each of the four levels of the pyramid.

Figure 10. Concentration of activities and organizations per level on the IASC MHPSS intervention pyramid



The majority of activities reported (41%) fell into Level 3 of the intervention pyramid, "focused (person-to-person) non-specialized supports." This represents an increase of 26 percentage points (15% to 41%) from the 2012 mapping (see Figure 11 and Table 3). This increase is due in large part to the increased number of activities reported as targeting specific groups, such as survivors of gender-based violence and children with specialized protection concerns. Level 1 activities, "social considerations in basic services & security," dropped in number from that reported in the 2012 mapping (25% to 17%) as did Level 2 activities, "strengthening community & family supports" (55% to 39%). Level 4 services decreased from the 2012 mapping as well, from 5% to 3%.

Figure 11 and Table 3 below reflect the concentration of activities per level of intervention in the four (4) mappings: 2009, 2010/2011, 2012, and 2013.

Figure 11. Concentration per level on IASC MHPSS intervention pyramid (2009 - 2013)

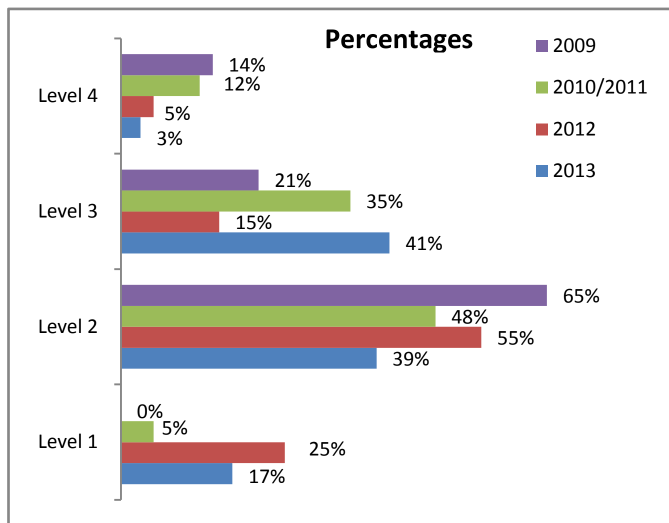
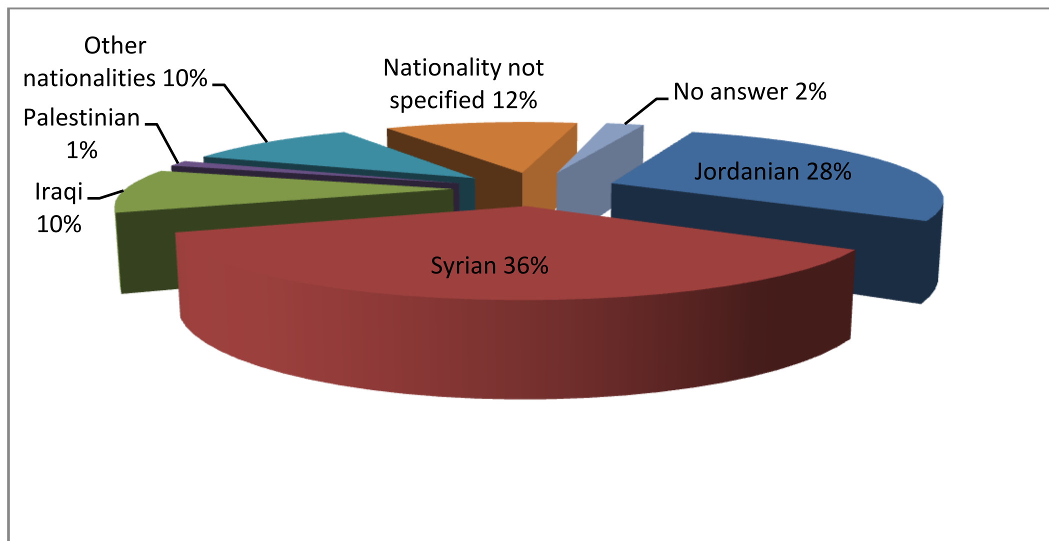


Table 3. Concentration per level on IASC MHPSS intervention pyramid (2009 - 2013)

Pyramid Level	2009 mapping	2010/2011 mapping	2012 mapping	2013 mapping
Level 4	14%	12%	5%	3%
Level 3	21%	35%	15%	41%
Level 2	65%	48%	55%	39%
Level 1	0%	5%	25%	17%

This year's 4Ws mapping also showed a shift in target populations. When the 4Ws mapping was first conducted in Jordan in 2009, the primary target population was Iraqi refugees in Jordan. As seen in Figure 12, the primary target population is now Syrian refugees.

Figure 12. Target populations reported (percentages)



As seen in Figure 12, Jordanians represent a significant proportion of the targeted populations. This is due in part to the national actors that provide ongoing services for all populations in Jordan, but also due to legislation by the Jordanian Ministry of Planning and International Cooperation (MoPIC) which requires that any agency providing services in Jordan also provide comparable services for vulnerable Jordanians. While providing services for the host-population is in line with the IASC Guidelines, it does pose challenges related to program design, in particular when there are public services available for Jordanians which are not always available to refugee and other non-Jordanian populations. Furthermore,

this requirement may complicate funding structures if donors are unaware of this requirement and will only make funding available for non-Jordanian populations residing in Jordan.

Additionally, Figure 12 indicates that Palestinians are targeted by only 1% of the available activities. While there are undoubtedly a lesser number of activities targeting Palestinians, this figure is not representative of the actual service landscape due to some agencies which target Palestinians providing input after the data had been analyzed.

When

Finally, Figure 13 shows the breakdown of activities per type as related to the status of their implementation (i.e., currently being implemented, funded but not yet started, or not funded and not yet started).

Figure 13. Activities per type and status of implementation

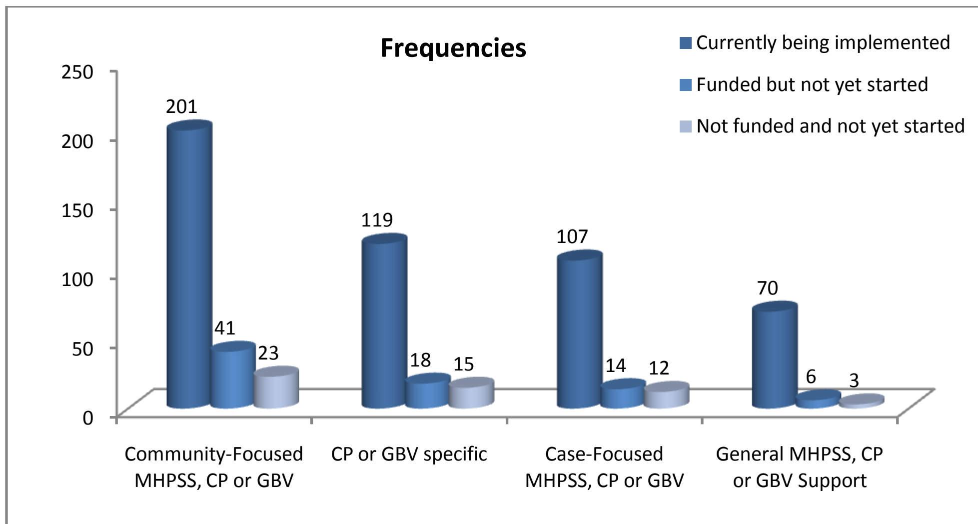
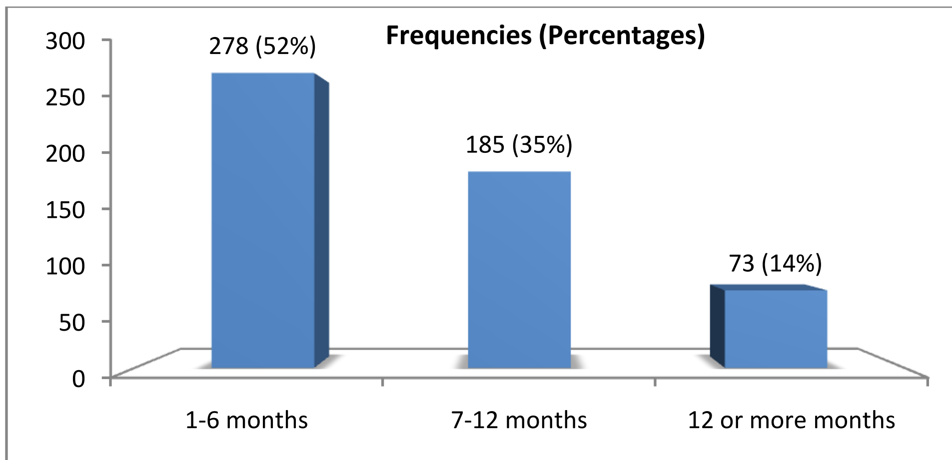


Figure 14 below shows the length of funding (or funding cycles) for activities for those agencies that reported. As can be seen, the majority of funding is short-term, 6 months or less.

Figure 14. Funding cycles per activity



Discussion

The data suggests that since the 2012 mapping there has been an increase of services, particularly at Level 3 of the IASC MHPSS intervention pyramid (i.e., focused non-specialized supports). It is likely that this increase is due in large part to the arrival of the displaced Syrian population and the corresponding increase in protection services for specific populations (i.e., survivors of gender-based violence and children with specific protection concerns) as these services are generally considered higher-level. The information gathered through this exercise should be compared with the data gathered through population-based needs assessments[7] to analyze whether or not the increase at Level 3 is, in fact, needed or if efforts should be redirected toward lower-level supports.

As with last year's mapping, relatively few of the activities reported fall into Level 1 of the IASC MHPSS intervention pyramid. Anecdotal evidence gathered during the 2012 mapping indicated that this was due to the fact that the Government of Jordan (GoJ) and local communities were providing substantial Level 1 services (i.e., security, shelter, health care, food, clothing, and so on). However, as the number of Syrians living in Jordan has continued to increase, the resources and natural supports available in Jordan are becoming increasingly scarce.[8] It is worthwhile for agencies, implementing and donor, to consider strategic ways in which they could support the GoJ and local communities to provide Level 1 services. Additionally, the sectors must consider whether or not there are sufficient advocacy efforts for the incorporation of social and protection considerations in the provision of basic services and security. Though these activities are difficult to measure, they are vital to having a balanced response. Furthermore, given the increase in Level 3 services and the drop in Level 1, MHPSS, CP and GBV actors should further examine their activities to ensure that *preventative* services are receiving funding, staffing, and emphasis proportionate to that of *response* services, in particular as higher level services tend to be more costly.

This year's mapping also shows that Syrians are now the dominant target population. This does not mean that vulnerable Iraqis or populations of other nationalities are no longer residing in Jordan or that vulnerable Jordanians are less in need. On the contrary, as Iraq continues to see targeted incidences of violence, many Iraqis have remained in Jordan and are in no less need of assistance than they were in previous years, particularly those with chronic illnesses who require ongoing medication and support. Additionally, the recent changes Jordan has made to its support structures, for example restructuring its gas subsidies, affects all vulnerable populations, Jordanians included. Moreover, feedback received from members of the working groups is that it is increasingly difficult to provide high quality services to these vulnerable populations as updated information on non-Syrian populations is lacking and funding priorities have shifted.

The data also indicates that new programs have been initiated in Tafileh and other Southern Governorates where no or few activities were reported in the 2012 mapping. This year's data, however, indicates that despite being wider spread, the concentration of services is not entirely matched to the

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[7] Note: An inter-agency assessment is in the process of being conducted at the time of writing this report. The assessment is coordinated through the CP/GBV sub-working group and may provide valuable data for analyzing specific child protection and GBV needs as compared to available services.
[8] UNHCR 2013. Syria Regional Response Plan: January to June 2013. Accessed at: http://data.unhcr.org/syrianrefugees/uploads/SyriaRRP.pdf

concentration of Syrians in Jordan. The Governorate of Irbid, for example, reportedly has 26% of the available services, but only 16% of the Syrian population. Meanwhile, Mafraq has 62% of the Syrian population and only 22% of available services. It should not be automatically assumed, however, that the services in Mafraq are unable to meet the needs of the Syrian population as the majority of Syrians in Mafraq reside in Za'atari Camp where, though lesser in number, services are more easily accessible. Further complicating this issue is the mobility of many Syrians throughout the Kingdom. Agencies currently providing services or planning for future services should coordinate carefully with UNHCR to understand the changing distribution of Syrians in Jordan as compared to the concentration of current activities.

Challenges

Tool-specific challenges and limitations

The tool requires respondents to fill in a separate row on an excel sheet per each location and per each activity. As with previous years, several organizations listed information using one row per activity for all locations where the service is provided or planned to be provided. Other organizations listed all activities that occur in one location on the same line. In such cases, the mapping team separated this type of data per location and per activity. While each governorate and activity was accounted for, some of the related information was lost, such as cities or neighborhoods where activities occur, target group numbers and demographics, and funding sources and amounts. Furthermore, this process increased the chance for human error that can result from copying, pasting or dragging data.

The combination of MHPSS, CP and GBV activities again proved challenging for agencies completing the 4Ws mapping. While the MHPSS activities were not changed from the previous years' mappings, the change in the CP and GBV activities meant that agencies could not rely on their previous experience to properly classify their CP and GBV-related activities. Given the complexity of the tool and the work required to properly classify activities according to the new categories, many agencies struggled to complete their input within the initial two-week timeframe.

Previous years' mappings have brought to light the difficulties associated with collecting accurate, detailed, and easily analyzed data related to target populations. The 2009 mapping used separate codes for the different categories of target groups, but this made the spreadsheet too long and detailed. The 2012 mapping made use of comments inserted into the appropriate column providing examples of the type of information desired, but the lack of "locked" answer fields resulted in incomplete and inconsistent data, thereby making the data difficult to analyze and introducing the likelihood of error. Given the limitations of Excel, no good solution has yet been found for this problem, which again occurred in the 2013 mapping. Previous mappings have recommended that a format other than Excel be used, for example a web-based survey, but planning and implementing this recommendation will require additional time and human resources which were not available for this year's mapping.

Agencies also reported difficulty completing information associated with funding. The majority of agencies reported the funding source(s) per activity and location, but few agencies reported the funding amounts. Of those agencies that did provide funding amounts, many reported that the information they included was only marginally accurate. Some agencies reported that this was due to the fact that the person(s) who completed the mapping are unaware of the financial breakdown per activity and location at their agency. Other agencies reported that it was due to the time that would be required to gather the information to accurately report funding amounts per activity and location. And still other agencies reported that funding for some or all activities is provided through regular annual allocations and that they lack information regarding the financial details. If all participating organizations had provided accurate information on this data point, the exercise would have facilitated a more accurate analysis of the scale of current interventions and provided valuable data for regional funding requests.

Despite these challenges, the final data sheet is relatively easy to manipulate for analysis. Information can be extracted using the filter and sort commands and used to create easily accessible products such as service directories. One can, for example, select one location and relate it to types of activity available there, the organizations providing these types of activities and target populations that can benefit from those activities. Agencies have reported using the 2012 data throughout the past year and it can be expected that the 2013 data will also be used as agencies plan for future activities.

Sectoral challenges and limitations

The 2013 mapping came at a time when many agencies are stretched in their capacity to participate in any activities outside their regular programming, including coordination activities. This problem is further compounded by the many requests agencies receive each month to report to inter-agency coordination mechanisms, including monitoring and evaluation plans, program updates, and other sector mappings. One of the reasons for combining the MHPSS, CP and GBV mappings was to reduce the number of requests agencies receive, but this only minimally addressed the issue.

Additionally, according to feedback received from the agencies contacted for this mapping, there is confusion and disagreement regarding which sector to report to as certain activities could be classified as targeting MHPSS, CP, GBV or some other sector. For example, since the last mapping was completed nearly one year ago, a Cash/Non-Food Items (NFI) coordination group has been launched. Some agencies that previously reported their Cash/NFI activities as Protection activities now report to the Cash/NFI working group, while others continue to report to the Protection working groups. This question of sectoral classification is also common for those activities related to non-formal or non-traditional educational initiatives. This confusion complicates the process of trying to create a comprehensive picture of services available as different agencies with similar programs report to different sectors.

Furthermore, as can be seen from the data provided, many of the activities listed only receive short-term funding. Thus, even if a relatively accurate picture of the sectors at this point in time can be gained from this mapping, the data will be outdated within six (6) or more months. As most agencies are already

stretched in their capacity, compiling a complete 4Ws mapping such as was accomplished through this exercise more than once per calendar year seems unrealistic.

Finally, as the humanitarian needs have grown in Jordan, a decision has been made to separate the Child Protection and Gender-Based Violence sub-working group. While this separation is intended to improve each group's ability to coordinate and reach its target population, this will further complicate any subsequent joint mappings (or increase the number of separate mappings if joint mappings are no longer feasible).

Recommendations

Sectoral Analyses

It is recommended that the MHPSS, CP and GBV working groups should work closely to better understand whether or not the lower levels of the IASC pyramid are adequately addressed and whether or not there are sufficient preventative services available. That is, the sectors should work to ensure a safe and healthy environment and to provide preventative services so fewer response services are needed, in particular as higher-level response services are generally more costly. Though this report can be used as a starting point for such conversations, it is insufficient to provide a complete picture of the size of the current humanitarian response. As with previous mappings, the 2013 mapping only produced partial results related to beneficiary numbers. Therefore, the actual response size per level of the IASC pyramid cannot be analyzed using the available data.

Coordination

It is recommended that the MHPSS, CP and GBV working groups continue to coordinate their activities as the results of this exercise confirm that many agencies provide services targeting more than one of the involved sectors. The groups should coordinate to better understand the specialized language each sector uses. If the three (3) groups (MHPSS, CP, and GBV) were to agree on a shared minimum language, reporting would be simpler and analyses would more easily indicate overlaps and gaps. This effort should take place at the country level, but also at the global level. As many agencies indicated that they provide a combination of MHPSS, CP and GBV services, having a minimum shared language would facilitate coordination, referrals, and a more comprehensive service provision. Furthermore, if members of either group are unfamiliar with the IASC Guidelines, orientations should be scheduled immediately to fill this gap.

Feedback received by phone and email suggests that many agencies are stretched in their ability to respond to information-sharing requests. Therefore, it is recommended that the MHPSS, Child Protection and GBV groups coordinate with donors such as UNHCR and UNICEF to consolidate such requests. This will be particularly needed as the Child Protection and GBV group splits. As was done for this mapping, it is recommended that reporting formats and timelines be streamlined under the guidance of UNHCR as UNHCR has taken a lead role in consolidating information through its Syria Regional Refugee Response Information Sharing Portal, *http://data.unhcr.org/syrianrefugees/regional.php*.

Throughout this process, however, consideration should also be given to those actors that provide services to non-Syrian populations so as to not exclude significant providers.

Additionally, the working groups should coordinate to provide clear and consistent messages on the goals and parameters of each group. As the CP/GBV group is in the process of splitting, this would be a natural time for the groups to redefine their mandates. This can help reduce the confusion in future mappings related to which sector agencies should report their activities to when such activities could be classified under more than one sector. Sectors should also make use of available information-sharing mechanisms such as the UNHCR web portal to share their completed mappings so increased coordination can occur between the various sectors.

Future4Ws mappings

It is recommended that the Child Protection and Gender-Based Violence sectors coordinate at the global level to set standard 4Ws codes and sub-codes. Standard codes and sub-codes make the tool easier to use, make the mapping process easier and faster to implement, and enable more consistent sectoral reporting. Given the number of cross-cutting themes that exist between Child Protection, Gender-Based Violence, and Mental Health and Psychosocial Support, as well as the generally positive experience of combining the sectoral mappings, it is recommended that the global coordination mechanisms consider setting a shared tool to be used in settings where staff have the capacity to complete a more complex tool as is the case in Jordan.

Meanwhile, it is recommended that increased coordination related to mappings occurs within Jordan. It is recommended that the co-chairs of each working group work to fuse together a multi-sectoral mapping structure. For example, if Excel continues to be used as the medium for mapping, each sector could have a separate tab within an Excel file which is sent for completion. This would reduce the frequency of mapping requests and allow for a more comprehensive picture of the humanitarian landscape in Jordan.

Finally, as was recommended in the 2012 mapping, it is again recommended that a web-based survey tool be devised and piloted for conducting the next 4Ws mapping in Jordan. It is expected that a web-based tool would overcome many of the difficulties faced with the current Excel sheet. If designed properly, a web-based survey would be easy to fill out, analyze and update. It is also expected that this format would make the information more accessible to stakeholders and increase their sense of ownership of the information and the larger mapping process. Furthermore, the process of developing the web-based tool should be used as an opportunity to revisit the various elements of the tool and identify areas for improvement or areas that need more research.

Annex1: List of agencies that contributed to the mapping

Name of Organization	Address of Organization	Focal Point Name	Focal Point Phone Number	Focal Point Email Address
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Al Kitab Wa Sunna	Downtown Ramtha	Ahmad Saggar	0788015165	saggggar@yahoo.com
Arab Renaissance for Democracy and Development-Legal Aid (ARDD-LA)	8 KhalilMardam Street, Jabal Amman P.O.BOX 930560 Amman 11193 Jordan	Samar Muhareb	0777611177	smuhareb@ardd-legalaid.org
CARE International/Jordan	Jabal AL nuzha, behind Estiklal mall, building NO. 19 Amman 11195, P.O. Box: 950793	Sawsan Sa'adeh Saba Jadallah Rania Al-Sabbagh	0776731870 0779967771 0779967774	Sawsan.Mohammed@jo.care.org Saba.Jadallah@jo.care.org Rania.AlSabbagh@jo.care.org
Fida International	P.O. Box 1581, Amman 11821 Tla al Ali	Katja Köykkä	65519389	office@fd-jordan.org
Finn Church Aid (FCA)/Act Alliance	Amman, 5th Circle, Uqba Bin Nafeh Street, Building 107	Aiman Nazaal	0775 6666 10	aiman.nazaal@kua.fi
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International Relief & Development (IRD)	4 Madina Al Munawara St. PO Box 3732 Amman 11821 Jordan	Mahmoud Al Omari - Za'atari Project Coordinator	079 851 5781	m.alomari@ird-jo.org
International Rescue Committee (IRC)	14 Siquilya Street, Al Rabya Amman Jordan	Melanie Megevand	0775 00 33 44	melanie.megevand@rescue.org
INTERSOS	Ahmed Urabi Street n.20, Shmeisani, Amman	Davide Berruti	0796614738	jordan@intersos.org
Islamic Charity Society Center (ICSC)	Amman - Abdali	Fawaz Mazra'awi	0795054944	fawaz1960@hotmail.com
Jesuit Refugee Service (JRS)	The Jesuit Centre, 43 Sh. Al Razi, Jebel Hussein, Amman, Jordan	Colin Gilbert	+962797284541	jordan.director@jrs.net
Jordan Health Aid Society (JHAS)	Jandawil-Amman	Mus'ab Nawafleh	0779066110	RAMTHA@jordanhealthaid.org
Jordan Health Aid Society (JHAS)	Mafraq Jordan	Ahmad Masarwah	0775007012	MAFRAQ@jordanhealthaid.org
Jordan Red Crescent	Hashmi Al Shamali	Razan Obeid	0799388312	razan_obeid@hotmail.com
Jordan River Foundation (JRF)	Mawloud Mukhlis Street-Abdoun	Muntaha Al Harasis	06-4925095	m.alharasis@jrf.org.jo
Jordanian Society for Widow and Orphan Care	Mafraq Opposite Engineers Union	Foza Musa Malatis	0796685924	**
Jordanian Society Psychology	Dahyet Al Rashed- Amman	Dr. Sameer Abu Moghli	0795132771	menamog@hotmail.com
Jordanian Women's Union (JWU)	Jabal Hussein- Qasem Al-Rimawi St. 28, Amman, Jordan	Sawsan Ishaq Aseel Bandora	00962 79 8202248 00962 77 9464864	sawsan--ishaq@hotmail.com aseelbandora@hotmail.com
Lutheran World Federation (LWF)	Mitharri Street #2A, Um-As-Summaq, Amman, Jordan	Nader Duqmaq	0797351672	epm.jor@lwfdws.org
Mercy Corps	Um Uthaina, Amra Street, Building Number 23	Elena Buryan	65548571 0775553030	eburyan@jo.mercycorps.org
Ministry of Health (MoH)	Amman - Jordan	Dr. Basheer Al Qaseer	799050216	b.alqaseer@hotmail.com
Moroccan Field Surgical Hospital	Za'atari Camp	**	**	**
MoSD: Al Hussein Social Institute/Amman	Ashrafiyeh: Amman	Mira Abu Ghazaleh	06 4771841	NA

MoSD: Child Care Center/Hashemi Shamali	Hahshemi Ash Shamali, Amman	Imad As Suhaibeh	0775400964	NA
MoSD: Child Care Center/Shafa Badran/Amman	Shafa Badran: Opposite Health Care Center	Ashraf Khatatbeh	0775400977	NA
MoSD: Dar Al Hanan Girls Care Center/Irbid	Irbid	Fawziyeh As Sabe'	02 7404359	NA
MoSD: Dar Al Wifaq	Marka: Urban Development	Dr. Zain Al Abbadi	0775400991	NA
MoSD: Girls Care Center/Rusaifeh	Rusaifeh: Near Rusaifeh Police/Station	Firyal Al Mrayat	0775400972	NA
MoSD: Girls Education and Rehabilitation Center/Amman	Amman: Um Uthaina, Opposite the Ministry of Transport	Raghda Al Azzeh	0775400965	NA
MoSD: Juvenile Education and Rehabilitation Center/Amman	Tareq area, Near General Army Command	Mohammad Abu Diyeh	0775400978	NA
MoSD: Juvenile Education and Rehabilitation Center/Irbid	Irbid: Hai At Twal	Khalid Abu Zaitoun	0775400973	NA
MoSD: Juvenile Education and Rehabilitation Center/Ma'an	As Sateh: Ma'an	RakadHilalat	0775400989	NA
MoSD: Juvenile Education Center/Rusaifeh	Rusaifeh: Near Rusaifeh Police Department	Firas Abu Loha	0775400970	NA
Nippon International Cooperation for Community Development (NICCOD)	Shmesani, Mahdiben Baraka Street, Building #10 P.O.Box 927177 Amman 11190	Juri Murakami	0799214008	murakami@kyoto-nicco.org
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Qatar Red Crescent (QRC)	Amman, JRC office	Sulaiman Mukahhal	962 799798354	sulaiman.mukahhal@qqrcs.org.qa
Queen Zain Al Sharaf Institute for Human Development (ZENID)	Hashemi Shamali- Amman	Rana Diab Mervet Odeh	788101833 795883322	rana.d@johud.org.jo mervat.o@johud.org.jo
Save the Children International - SCI	Shmeisani- Amman	Saba Al Mobaslat	779005550	Saba,mobaslat@savethechildren.org
Save the Children Jordan	83 Jabal Al Nuzha, Istiklal Street	Manal Wazani	Cell: 0775744013 Cell: 079 5599927 Tel.: 06 5670241	mwazani@savethechildren.org.jo
Solidarity Association Charity (Takaful)	Downtown, near Al Omari Masji - Ramtha	Ali Al- Basheer	785391306 - 02/7384722	info@altkaful.net
Terre des hommes - Lausanne	Al-Ilammiyat Al-Arabiyatst. Jabal Lweibdeh, in front of the Ministry of Education. Building #10, 2nd floor	Delegate: Vincent Cauche	Office: 06.46.55.717 Mob: 079.70.28.174	vca@tdh.ch
The Center for Victims of Torture (CVT) Jordan	Raed Building, Al-Bat-Haa' Street, Naifa District, Hashemi Al Shamali, P.O. Box 231706 Amman - 11123 Jordan	Simone van der Kaaden - Country Director	Landline: 06.505.9455 Mobile: 079.564.5815	svdkaaden@cvtjo.org
Un ponte per (UPP) NGO	Jabal Alweibdeh –Kulliat Sharia St. 46, Amman, Jordan	Marta Triggiano	00962 79 7726679	marta.triggiano@unponteper.it
United Nation Population Fund (UNFPA)	Queen Rania Street, University of Jordan Building no.274, 1st floor PO Box 941631 11194 - Amman Jordan	Maria Margherita Maglietti	797773987	maglietti@unfpa.org
World Health Organization (WHO)	Amman/Interior circle	Zein Ayoub	0779855001	ayoubz@jor.emro.who.int

Annex 2: List of MHPSS, CP and GBV activities and sub-activities

	Code	Activity/ Intervention	Sub-Activity Code	Sub-Activity Examples or Details of Activities
Community-Focused MHPSS and Protection	1	Information dissemination to the community at large	1.1	Information on the current situation, relief efforts or available services
			1.2	Messages on positive coping
			1.3	Messages on Child Protection (CP) issues or prevention of Gender-Based Violence (GBV) (include information, education & communication [IEC] materials)
			1.4	Mass Campaigns (Events, TV, Radio, etc)
			1.5	Other (describe in column G of MHPSS & Protection Services Info sheet)
	2	Facilitation of conditions for community mobilization, community organization, community ownership or community control over emergency relief in general	2.1	Support for emergency relief that is initiated by the community
			2.2	Support for communal spaces/meetings to discuss, problem-solve and organize community members to respond to the emergency
			2.3	Other (describe in column G of MHPSS & Protection Services Info sheet)
	3	Strengthening of community and family support	3.1	Support for social support activities that are initiated by the community
			3.2	Strengthening of parenting/family supports
			3.3	Facilitation of community supports to vulnerable persons
			3.4	Structured social activities (e.g. group activities)
			3.5	Structured recreational or creative activities (do not include activities at child or youth friendly spaces that are covered in 4.1 and 4.2)
			3.6	Early childhood development (ECD) activities
			3.7	Facilitation of conditions for indigenous traditional, spiritual or religious supports, including communal healing practices
			3.8	Livelihoods projects (income-generating activities, life skills, literacy classes, etc.)
			3.9	Community development projects in host communities (e.g., quick impact projects [QIPs], community-based protection projects)
			3.10	Support for community-based protection networks
			3.11	Other (describe in column G of MHPSS & Protection Services Info sheet)
	4	Safe spaces	4.1	Child-friendly spaces
			4.2	Youth-friendly spaces (ages 15 - 24)
			4.3	Women's centres
			4.4	Other (describe in column G of MHPSS & Protection Services Info sheet)
	5	Psychological support in education	5.1	Psychosocial support to teachers/other personnel at schools/learning places
			5.2	Psychosocial support to classes/groups of children at schools/learning places
			5.3	Other (describe in column G of MHPSS & Protection Services Info sheet)
	6	Supporting the inclusion of social/psychosocial, child protection and/or gender-based violence considerations in other sectors (e.g., protection, health, nutrition, food aid, shelter, site planning, or water and sanitation services)	6.1	Orientation, training or advocacy with aid workers/agencies on including social/psychosocial, child protection, or GBV considerations in programming (provide details on the MHPSS & Protection Services Info sheet)
			6.2	Other (describe in column G of MHPSS & Protection Services Info sheet)
Case-focused MHPSS	7	Psychological intervention	7.1	Basic counseling for individuals (specify type in column G of MHPSS & Protection Services Info sheet)
			7.2	Basic counseling for groups or families (specify type in column G of MHPSS & Protection Services Info sheet)
			7.3	Interventions for alcohol/substance use problems (specify type in column G of MHPSS & Protection Services Info sheet)
			7.4	Psychotherapy (specify type in column G of MHPSS & Protection Services Info sheet)
			7.5	Individual or group psychological debriefing
			7.6	Other (describe in column G of MHPSS & Protection Services Info sheet)
	8	Clinical management of mental disorders by non specialized health care providers (e.g. PHC, post-surgery wards)	8.1	Non-pharmacological management of mental disorder by non-specialized health care providers (where possible specify type using categories 7 and 8)
			8.2	Pharmacological management of mental disorder by non-specialized health care providers

Domain	No.	Category	Code	Activity
			8.3	Action by community workers to identify and refer people with mental disorders and to follow up on them to ensure adherence to clinical treatment
			8.4	Other (describe in column G of MHPSS & Protection Services Info sheet)
	9	Clinical management of mental disorders by specialized mental health care providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/ general health facilities/ mental health facilities)	9.1	Non-pharmacological management of mental disorder by specialized mental health care providers (where possible specify type using categories 7 and 8)
			9.2	Pharmacological management of mental disorder by specialized health care providers
			9.3	In-patient mental health care
			9.4	Other (describe in column G of MHPSS & Protection Services Info sheet)
General MHPSS & Protection	10	General activities to support MHPSS, Child Protection (CP), or Gender-Based Violence (GBV)	10.1	Situation analyses/assessment (specify whether it is MHPSS, CP, GBV, or a combination in Column H of the MHPSS & Protection Services Info sheet)
			10.2	Technical or clinical supervision
			10.3	Psychosocial support for staff/volunteers (including refugee volunteers)
			10.4	Research
			10.5	Other (describe in column G of MHPSS & Protection Services Info sheet)
Protection	11	Protection monitoring (including Child Protection and Gender-Based Violence)	11.1	Monitoring and reporting of protection issues
			11.2	Safety audits
			11.3	Advocacy on protection issues
	12	Protection services (including Child Protection and Gender-Based Violence)	12.1	Multisectoral services for survivers of gender-based violence (GBV)
			12.2	Case management for survivors of gender-based violence (GBV)
			12.3	Shelter for survivors of gender-based violence (GBV)
			12.4	Medical services for survivors of gender-based violence (GBV) (including clinical management of rape [CMR])
			12.5	Referral of protection cases to non-protection services (health, education, employment, etc.)
			12.6	Legal services
			12.7	Specific services for persons with disabilities
			12.8	Targeted programs for children associated with armed forces and/or armed groups (CAAFAG)
			12.9	Targeted programs for children engaged in child labour
			12.10	Family tracing and reunification for unaccompanied and/or separated children (UASC)
			12.11	Best Interest Assessment (BIA) and/or Best Interest Determination (BID) process for unaccompanied, separated and other children at risk
			12.12	Alternative care for unaccompanied and/or separated children (UASC)
	13	Assistance to vulnerable families	13.1	Financial assistance to vulnerable families
			13.2	Material assistance to vulnerable families (Non-food items)
			13.3	Shelter for vulnerable families

Annex 3: Summary of the 2013 MHPSS, CP & GBV 4Ws Workshop

A workshop was held on 27 March 2013 to present the initial findings of the 2013 MHPSS, CP & GBV 4Ws mapping. The workshop was hosted by International Medical Corps (IMC) and the World Health Organization (WHO) and was attended by 66 individuals from 42 organizations. After a brief welcome statement, presentations were made which addressed: the 4Ws history and process, the initial findings of the 2013 mapping, and potential opportunities for collaboration with the UNHCR communications team. The attendees were then split into three (3) groups and asked to answer the following questions.

- Group 1: The data gathered indicates that the majority of activities currently being implemented in Jordan fall into Level 3 of the IASC MHPSS intervention pyramid. (a) Why do you think Level 3 has increased since last year's mapping? (b) What actions, if any, need to be taken to rebalance the pyramid (i.e., so more activities fall into Levels 1 and 2 of the pyramid, rather than 3 or 4) and who should lead this action?

- Group 2: Many agencies expressed that they are struggling to respond to all of the requests for information from the various coordination structures. (a) How can the MHPSS, CP and GBV groups coordinate their requests for information? (b) How can these groups advocate for an improved information-sharing structure with other sectors?

- Group 3: Feedback received from participants indicates that the tool, as it currently exists, is complex and time-consuming to complete. Additionally, the data indicates that a high percentage of activities are funded for only 6 months or less. (a) How should the tool be modified for future mappings? (b) How can the data be maintained as up-to-date over the course of the next year?

Each group discussed their topics and presented their conclusions to the full group. Following are the most common recommendations given.

- Group 1: One possible explanation for the increase in the number of activities at Level 3 of the IASC MHPSS intervention pyramid may be a lack of knowledge related to the IASC Guidelines. Training should be provided on the IASC Guidelines, including the MHPSS intervention pyramid. Another possible explanation is that this year's mapping focused on more specialized protection activities. If general protection activities had been included, the results might have been different. Discussions should take place at the national and global levels to agree on more balanced activity codes for future mappings. A third possible explanation is that the data analyzed only focused on activities, not beneficiary numbers. This was due to the lack of reliable data received relating to beneficiary numbers, but had more complete data been received, analyses could have been conducted to see the actual size of response at each level, which could have the effect of rebalancing the pyramid.

- Group 2: Those who discussed the issue of information-sharing requests overwhelming identified UNHCR as the actor which should take the lead in consolidating and coordinating

requests. Participants also indicated that more use should be made of the UNHCR online information sharing portal. One recommendation made by the group is for UNHCR to change the structure of the portal so agencies are able to update their own information, rather than sending a request to UNHCR to do so. If this were the case, agencies could log in regularly to update their information, thereby producing a more up-to-date record of the response. Participants did note the issue that not all service providers in Jordan are focused on the Syrian response, so the portal would need to be expanded in order to provide a comprehensive picture of service provision in Jordan.

- Group 3: Participants indicated that more guidance should be provided on how to complete the tool. This may elicit better data related to beneficiaries (descriptions and numbers) and funding (amounts per activity and location) which would allow for a more comprehensive analysis. It was recommended that a full-time data management officer be employed who can provide this guidance and who can coordinate regular, for example quarterly or biannual, updates. Participants also recommended that the mapping be hosted in a shared online space, for example the UNHCR information sharing portal or a file hosting service such as dropbox.com. This would allow participating agencies to have greater ownership of the mapping process and results.

The following actions are recommended based on the group discussions.

1. Training on the IASC Guidelines should be provided for all agencies operating in Jordan that are not familiar with the Guidelines, including donor agencies.

2. The MHPSS, CP, GBV and General Protection sector leads should coordinate at the national and global level to set more balanced MHPSS and Protection activity codes and subcodes for subsequent mappings.

3. The 4Ws mapping tool should be revised so better data is collected relating to beneficiary numbers.

4. Orientations on how to complete the updated 4Ws tool should be conducted prior to launching the next 4Ws mapping.

5. The involved sectors should advocate for UNHCR to take a more active role in coordinating and consolidating information-sharing requests.