

MHPSS LEARNING COLLABORATIVE

Meeting Report #17 July 27, 2022

Findings from the Nurturing Families Programme in Jordan

This report was produced for review by the United States Agency for International Development (USAID). It was prepared by University Research Co., LLC (URC) and City University of New York School of Public Health (CUNY SPH) and was authored by Weanne Estrada, Victoria Ngo, Emily Peca, Samantha Ski, Monica Dutcher, Andrew Lwasa, and Kristen Kirksey. This report is made possible by the support of the American People through USAID. The contents of this report are the sole responsibility of URC and CUNY SPH and do not necessarily reflect the views of USAID or the United States Government.

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MHPSS LEARNING COLLABORATIVE

The Implementation Science Collaborative (ISC) supported through the HEARD project leverages a global partnership to generate, synthesize, and use evidence to improve policy and program implementation in low and middle-income countries. ISC partners are undertaking four studies to better understand the effectiveness and implementation of community-level mental health and psychosocial support (MHPSS) interventions, with an emphasis on the PSS intervention components and impacts. A fifth, related study is being funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) through Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and implemented by War Child Holland (WCH) in Jordan. The MHPSS Learning Collaborative supports these studies by providing an avenue for knowledge and information sharing across the different study teams.

PARTNER PARTICIPANTS

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- Murray, Sarah
- Nguyen, Amanda

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- Curro, Isabel
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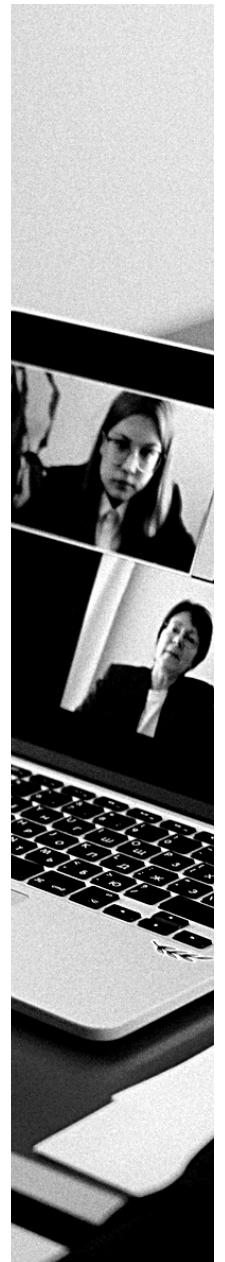
- Brown, Felicity
- Yousef, Hind
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AGENDA

Findings from Jordan

The goal of this meeting was to provide War Child Holland and the Collateral Repair Project the opportunity to present key findings from their pilot study of the Nurturing Families Programme in Jordan and consult with the Learning Collaborative members on project-specific issues, challenges, and next steps.

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|-------------|---|
| 9:00 - 9:10 | Welcome and Meeting Overview
Emily Peca, DrPH, URC |
| 9:10-9:40 | Presentation of Findings Training non-specialist providers to deliver comprehensive family-focused psychosocial support: Our experiences with Nurturing Families Intervention in Jordan
Felicity Brown, PhD, MPsyChlin
Hind Yousef, MSc
Hadeel Mansour, MA
Maha Ghatasheh, BSc |
| 9:40-9:55 | Discussion
Emily Peca, DrPH, URC |
| 9:55-10:00 | Next Steps and Closing
Weanne Estrada, MPH, CUNY |



MEETING HIGHLIGHTS

The Nurturing Families Programme is a comprehensive, family-based intervention that supports vulnerable families to function better, feel stronger, and ultimately offer a nurturing environment for children. The intervention was piloted by War Child Holland and the Collateral Repair Project in 12 families in the Al Hashmi area of Amman in Jordan in 2022. This section summarizes the case study findings from their program pilot as presented during the MHPSS Learning Collaborative Meeting on July 27, 2022.

CASE STUDY FINDINGS

War Child Holland | Collateral Repair Project

Nurturing Families considers the impact of both the broader family and the context in which they live. The program takes a whole-family approach to promote a shared understanding of individual challenges, strengths, and goals. Through joint sessions with a trained non-specialist facilitator, family members develop communication, problem-solving and conflict-management skills and learn how to regulate their emotions and support one another.

Main Findings

- As there were only 12 families included in this pilot, the evaluation focused on the feasibility of the program and the individual trajectories of families rather than on the collective quantitative outcomes.
- Overall, attendance rates were satisfactory among the participant families; however, meetings also had to be frequently rescheduled to accommodate participants' work and school commitments.
- There was good retention in the program, with only one family dropping out of the intervention due to significant family illness.
- Fidelity to the program was high according to facilitator reports and observations. Facilitators also scored well on a structured measure of competency.
- Parents who participated in the program had lower distress and self-defined problems and demonstrated improved parenting scores, family functioning, and emotional regulation when compared to baseline. Children whose families participated in the program also had lower distress and improved wellbeing when compared to baseline. The trajectories of these scores differed across families.

MEETING HIGHLIGHTS

Implementation challenges and adaptations for the next phase

The next planned phase of the Nurturing Families Programme is a feasibility pilot randomized controlled trial with 60 families. For this next phase, implementers plan to address several challenges that were identified during the pilot phase.

Challenges or opportunities	Planned adaptations for the next phase
Facilitators expressed the need for more self care and supervision.	Addition of smaller group supervision sessions and greater focus on self-care
Facilitators needed more training to build confidence and competence.	Focused refresher training on core competencies; development of FAMACT tool for measuring competency
There was constant feedback about financial hardships not being addressed.	Development of a financial literacy course that could be delivered as part of 'enhanced usual care'
Scheduling and space was infeasible for the separate child & parent sessions.	Removal of child sessions in the next phase
Screening with a social worker is infeasible for large numbers of clients.	Development of self-report tools that can serve as multi-dimensional screening interview; tools to be delivered by research assistants
The intervention manual was hard to use.	Formatting adjustments or full redesign of manual

MEETING HIGHLIGHTS

Following WCH's presentation, the members of the MHPSS Learning Collaborative engaged in a plenary discussion around WCH's main challenges and questions. The following discussion points describe the questions posed by WCH and the recommendations and reflections that arose from the Learning Collaborative (LC) in response.

DISCUSSION POINTS

The challenge: Creating direct, adequate referrals to other services in a feasible way

The team from WCH described challenges with providing adequate referrals for families with complex needs, as facilitators had limited capacity to make and follow-up with referrals directly. In addition, referral options were often lacking/unreliable, and case management services were overloaded and could not take on all families.

Responses and reflections from the Learning Collaborative

- The LC acknowledged that building in adequate referrals into program systems is a global challenge, with most organizations not having much success with creating meaningful, value-added referrals. They also pointed out that referrals to unreliable organizations can impact the relationship between the referring party and the client, diminishing the level of trust between the two.
- As referrals are always going to be challenging in humanitarian settings, perhaps program implementers should instead focus on ways to protect their relationship with clients when referrals are unsuccessful.
- Other suggestions from the meeting attendees included:
 - Begin projects by scoping and building relationships with organizations that are already on the ground
 - Set realistic expectations with clients about the range of needs that the program can feasibly meet
 - Hire or assign a case worker to manage referrals for clients
 - Set aside a small budget for emergency cash assistance for the most urgent cases needing additional services

MEETING HIGHLIGHTS

The challenge: Addressing clients' priority needs

A common sentiment among the clients in the Nurturing Families Programme is "mental health and psychosocial support are useful, but we mainly need to take care of our basic needs first." How can program implementers best address this valid concern among clients?

Responses and reflections from the Learning Collaborative

- The TPO/WUSTL team also received similar feedback from their clients during their implementation of the Journey of Life program in Uganda. Clients expressed that it was hard to prioritize mental health when they were still dealing with physiological issues such as hunger and food insecurity. To address this, the TPO/WUSTL team networked with organizations such as the Food and Agricultural Organization, who provided seeds to clients and organized train-the-trainer programs on planting and caring for crops or gardens. This additional service proved to be very helpful, as some clients even began creating their own community gardens after receiving the seeds and training.

The challenge: Selecting the right facilitators for the intervention

Facilitators and field staff play a crucial role in the success of any MHPSS intervention. WCH asked the LC about their thoughts on characteristics to prioritize when selecting facilitators (e.g. from same vs different community, similar vs different personal background, etc.) The TPO/WUSTL team echoed this question and asked the LC if they observed any key differences when hiring facilitators who are less experienced versus those that have more experience.

Responses and reflections from the Learning Collaborative

- HAI implemented their community-based MHPSS intervention in Colombia with a diverse group of facilitators who had varying personal characteristics and experiences. They observed that this composition created a dynamic that allowed for more knowledge sharing, as facilitators with more years of experience mentored those with less, while facilitators with outside experience brought in unique perspectives that supplemented the perspectives of those who had been working with HAI for years. Overall, it seemed that having a diverse pool of facilitators made for a richer learning experience within the team.

Next Learning Collaborative (LC) Meetings

LC #18 **LESSONS LEARNED & NEXT STEPS**

September 2022

The Learning Collaborative will convene to reflect on the lessons learned from the LC process and discuss future opportunities and partnerships.



Zoom ID: 599 794 7941

ABBREVIATIONS

ACF	Action contre la Faim
CRP	Collateral Repair Project
CUNY	City University of New York
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HAI	Heartland Alliance International
HEARD	Health Evaluation and Applied Research Development
ISC	Implementation Science Collaborative
JHU	Johns Hopkins University
LC	Learning Collaborative
MHPSS	Mental Health and Psychosocial Support
TPO	Transcultural Psychosocial Organization
CU	Columbia University
UCPH	University of Copenhagen
URC	University Research, Co.
UVA	University of Virginia
WCH	War Child Holland
WUSTL	Washington University in St. Louis

For additional information, contact isc@iscollab.org

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