

# **Palestinian Counseling Center**

## **Strategic Plan**

**2005 – 2009**

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## **I. Introduction**

The Palestinian Counseling Center (PCC) was established in Jerusalem by a group of psychologists, sociologists and educational experts in 1983. The Center was established to work on developing and improving mental health concepts and services in Palestine. Work at the Center started out on a voluntary basis through raising awareness in schools to the importance of counseling and the importance of working with children exposed to physical and political violence. At that time mental health services were restricted to psychiatric treatment for mental disorders at mental health hospitals such as the hospital in Bethlehem, in addition to private clinics that were operated by psychiatrists. Treatment methods used were limited to bio-medical treatment, i.e., medication and electric shocks as well as behavioral therapy.

Since then, the Center has passed through a number of phases in its development process that led to the present shape and character the Center is in today.

### The Institutional Building Phase – Development of the NGO Sector in Palestine

After two years of its establishment, in 1985, the Center received the first financial donation that enabled it to implement the first awareness raising and counseling programs in schools. The schools were chosen as a target to implement the program so that children can access these services within a formal setting.

It is worth mentioning here that counseling as a specialized field of study was not available then.

In 1987 with the outbreak of the first Intifada, the Israeli occupation forces closed down Palestinian schools for over four months. This required the Center to find different approaches such as alternative community centers and gatherings to reach individuals and groups in need of information and assistance. The Palestinian refugees were chosen as targets for psychosocial intervention, due to the urgent need then as the camps were the primary targets for the Israeli forces and had been subjected to severe oppressive Israeli measures. Work started in camps in Ramallah and Jerusalem, where the needs of the children were identified through a survey conducted by the PCC.

It became clear very soon that the demand for psychosocial interventions was great. With the accumulated knowledge and expertise of the PCC and under the PCC supervision, psychologists and counselors were placed in primary health care clinics. This endeavor was possible with the cooperation and partnership of the Patients Friends Society, the Union of Palestinian Medical Relief Committees (UPMRC) and the Palestinian Red Crescent Societies (PRCS) and where work took place in the northern, center and southern areas of the West Bank.

In the years 1990 – 1994, there were initiatives by NGOs to formulate a comprehensive plan in order to organize the mental health services in Palestine. Priorities were

identified, and accordingly the PCC chose to implement a comprehensive project in Jenin. The project was in partnership with MSF-France, Care International, the Palestinian Youth Union (PYU), and Patients Friends Society (PFS). The intervention was comprised of three (3) levels:

1. Preventive intervention in the form of awareness raising services through working with the teachers, youth leaders, women leaders, etc. The implementing organizations were the PCC, PYU and the funding partner was Care International.
2. Direct Intervention through placing counselors in primary health clinics. The PCC with PFS were the implementing organizations with the financial support of UNICEF.
3. Providing therapy through establishing a specialized clinic in Jenin. The supervising organizations were PCC and MSF.

#### The Years 1995 – 2000 and the Palestinian National Authority (PNA)

The years that witnessed the formation of the PNA had impacted the NGO sector. The PCC was affected both positively and negatively. On the positive side, the role of NGOs became clearer. In this context, the duties and responsibilities of the two sectors became more defined. As for the negative side, international aid was directed solely to the public institutions, a move that forced the Center to stop providing services to the public for six (6) months. Shortly afterwards the problem was resolved and the PCC resumed its full operation. It became evident that strategic, longer planning was important in order to avoid falling into similar problems. In the strategic plan that followed this crisis, the PCC decided to concentrate its work in Jerusalem on the short term following a holistic approach in intervention, i.e., psychological, social and educational services. It was also planned that the PCC should expand its operations geographically in the near future. It is worth mentioning here that the PCC received beneficiaries from all over Palestine.

In 2000, the 2<sup>nd</sup> Intifada or Al-Aqsa Intifada broke out. Israeli occupation forces soon imposed a siege on Palestinian towns and villages and restricted movement of people and goods in the Palestinian areas. It thus became important that the PCC open branches in the most needy towns and cities. The PCC presently has its headquarters in Jerusalem, a Community Resource Center the Old City of Jerusalem, a clinic in Ramallah, branches in Jenin, Nablus and Qalqilya; and counseling programs in Al-Khalil (Hebron) and Bethlehem in coordination with Defense for the Children International – Palestine Section (DCI/PS). In the course of this year - 2005, a community mental health center will open in Tulkarem in coordination with the Palestinian Ministry of Health.

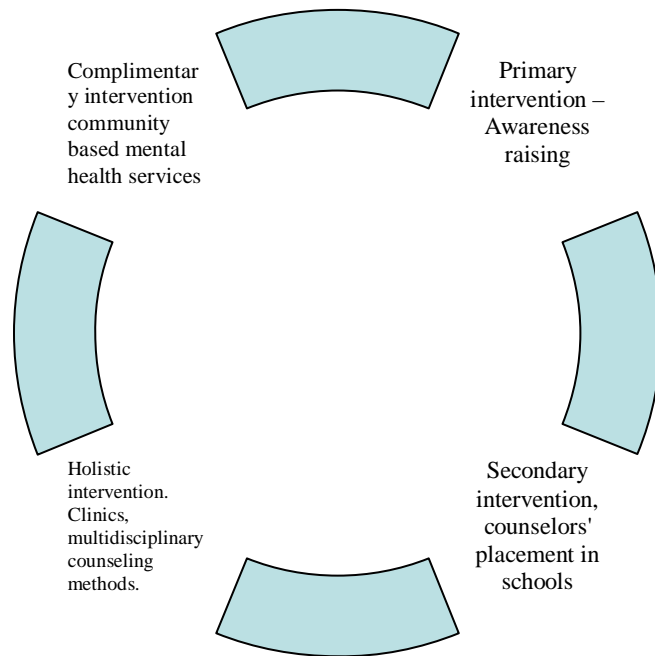
## **II. Holistic Approach**

Since the establishment of the PCC, almost 25 years now, the PCC's vision has remained the same, and that is, to have a healthy Palestinian society that is productive in an independent Palestinian State with Jerusalem as its capital. This vision focuses on building the balance between the individual and his/her surrounding environment. In

order to reach this vision, counseling as a concept had to be introduced, understood and accepted in Palestinian society. In the past 25 years, it was very important to maintain a clear ideological approach that ran parallel to our work undertaken with the individual and community from a mental health perspective. Our vision is that the individual is a unit or an entity in the bigger social context. This unit is crucial in composing the big social structure and therefore, if this unit or cell is healthy then the bigger structure that is the society will not suffer and deteriorate but will become strong and flourish.

We view the individual holistically. This inevitably meant that the services we provided catered to the individual, "the Self" with all his/her needs and as a complex social being. However, our main concern was in "the Self" as the main point that inspired our thinking and holistic service provision.

To summarize, the PCC as present is the result of a cycle of transformatory phases that shaped it the way it is today. The PCC started intervening at the primary intervention level concentrating its efforts in raising the community's awareness to the importance of counseling as a form of effective therapy for various psycho-social problems. The PCC then moved to intervene at the secondary level by placing and supervising psychologists, counselors and social workers in schools and primary health care clinics. In the period that followed, it had become acceptable and even requested that specialized mental health clinics exist and operate.



### **III. Planning Methodology**

The Palestinian Counseling Center's previous strategic plan 2002 – 2004 came to an end at the end of 2004. The PCC's management contracted Al-Sahel Consultancy Firm to conduct an evaluation of the PCC's work. The evaluation aimed primarily at suggesting an implementation / work plan that would recommend organizational improvements in addition to a general evaluation of the PCC's work. The main findings and recommendations were presented to the Board of Directors (BOD). The BOD recommended that the PCC engage in formulating a strategic plan for the coming five years 2005 – 2009, taking into account the external evaluation's main findings and recommendations. A workshop attended by the BOD (chairman, vice-chairman and treasurer) in addition to PCC's management was held to identify the PCC's strategic objectives. The strategic objectives were discussed and analyzed and accordingly the implementation programs were defined. The strategic objectives and their related programs were distributed among the departments where planning at the level of the departments then proceeded. A series of planning workshops were held in each department that included the department's staff. The specific objectives were then identified in addition to the expected outcomes and the indicators that will help measure the extent to which the objectives will be achieved. The departments then worked on formulating the annual plans and accordingly the responsibilities were divided. The departments' plans were collected and assembled in the PCC's detailed strategic plan for 2005 – 2009 in addition to the PCC's annual plan for 2005.

The above methodology was adopted in the planning process in order to ensure the participation of the PCC's various boards and the entire staff members. This aimed to help in unifying concepts and the PCC's general directives among all as well as agreeing on the work strategies. The principle of participatory planning minimizes the chances of duplication and repetition as well as helping to maximize on the use of resources and a fair division of tasks and responsibilities. The PCC's strategic plan was inspired by a strategic plan that was conducted by a group of organizations working in the field of mental health in Palestine. The group calls itself "the Building Balance Group" and is comprised of some 15 Non Governmental Organizations working in mental health in the West Bank and Gaza. The main concern of the group was the need to plan together as NGOs in order to improve the level mental health services in Palestine. The NGOs participated in a number of workshops that contributed in producing the "Building Balance" document. The document deals with an in-depth analysis of the mental health problem in Palestine and goes on to define the strategic objectives that need to be achieved in order improve mental well being of the Palestinian individual and the community. A practical working program was then formulated that enabled the organizations to either work collectively or individually. From this point, the Center started its strategic plan since the center's role in the bigger mental health context became clear.

#### **IV. Mental Health in the Global and Regional Context**

Mental health was the focus of the World Health Organization's report on Mental Health Day 2001. The report supported the global position on the significance of psychological health and its general impact on individuals.

The World Health Organization's report also denotes the gaps between cultures and the speed with which information is exchanged through today's advanced communication technology. These two factors are a source of despair for those who cannot attain the most basic levels of health care, particularly people in Arab regions, where most live in dire conditions of unemployment, ideological struggle, war, aggression or conflict. These issues affect the mental health and well-being of the population. With information spreading through television, the Internet, and satellite communication technology, people around the world have become well informed and aspire for higher standards of living, but have no resources to accomplish most of these aspirations. The result of this perceived deprivation is a rise in emotional problems across the globe.

The report further highlights the increase in the number of people around the world that are at a susceptible age and are prone to developing emotional problems, specifically teenagers, young adults and seniors. This increase is related to the increase in the level of poverty and the resulting social and financial struggles. The above factors directly contribute to a rise in mental health problems with all related consequences.

Reports and research indicate that psychological disorders constitute 10% of total global illnesses, which is expected to rise further in coming years. Studies also show that suicide is one of the top ten causes of death in the world, while five of the top ten reasons for disabilities in the world are related to mental disorders. Of these, depression is expected to rank second in the total sum of causes for global illness by the year 2020.

Dr. Mohammed Abdullah Shawoush, Psychologist and director of the Mental Health Hospital in Jeddah, Saudi Arabia, states in one of his books that anxiety is the second most common of psychological problems. He further states that anxiety can cause several physiological symptoms and ailments such as tremors, chest pain and stomach disorders, and that one of every four people in the world suffers from anxiety, with higher percentages in poor countries or in societies, where the individual's thoughts, drives and instincts are repressed.

Studies conducted across the world and in the Middle East show that a large number of patients visiting health facilities suffer from psychological problems only. The failure to diagnose these problems results in burdening public health facilities with unnecessary costs. The lack of proper depression treatment in developing countries result horrific consequences. In certain areas 95% of depression cases, 80% of schizophrenia and 70% of epilepsy remain untreated.

In an article entitled “Our Arab Culture and Problems in Psychology” Jeddah-based Psychologist Hassan Al-Maleh states that in Arab countries, psychology encounters many difficulties, foremost among them are ignorance, myth, hearsay and uniformed notions about mental illness as well as the social stigma affiliated with it. Many people believe that psychology simply serves the insane, while in reality, only 10% of all cases with psychological problems suffer severe mental disorders. In addition, most practitioners in the field resort to traditional and inappropriate treatment instead of developing suitable and effective therapy for the particular emotional and psychological disorders rooted in the region’s realities. One example of those realities, which hinder proper treatment, is the widespread belief of Arab societies in envy, the evil eye, witchcraft and evil spells as major factors in disturbing their lives and attribute many emotional problems to those notions instead of seeking professional counsel. A study conducted by the Dr. Mohammed Al-Habashneh, Psychologist at Rasheed Hospital in Jordan revealed that 70% of Jordanian patients visiting the mental health clinics suffer from anxiety and depression. 40% of those who visit the primary health care clinics actually have emotional problems. 25% of the World's population suffers from a psychological problem during a certain period of their lives. Depression is more common among women; the ratio is 4 women to one man. 25% of depressed women suffering from excess weight are depressed whereas the study could not find a correlation between weight and depression among men.

Dr. Habashneh states that psychological diseases are numerous and their causes are interrelated and varied. It is not possible to determine a single reason for psychological diseases; however, biological factors are among the most common causes in mental health. Genetic reasons are considered causes of biological problems. Domestic rearing is also another factor, when it is characterized by deprivation, family violence or over reactions during growth. Other external factors include, unemployment, difficult financial circumstances, emotional trauma, death of a loved one as well as job mobility whether to a lower or higher position. There are wars, family breakings and other behavioral factors that are considered part of the individual's life that could cause dysfunctional responses and abnormal neurotic behavior such as, complete collapse of the psyche or high anxiety.

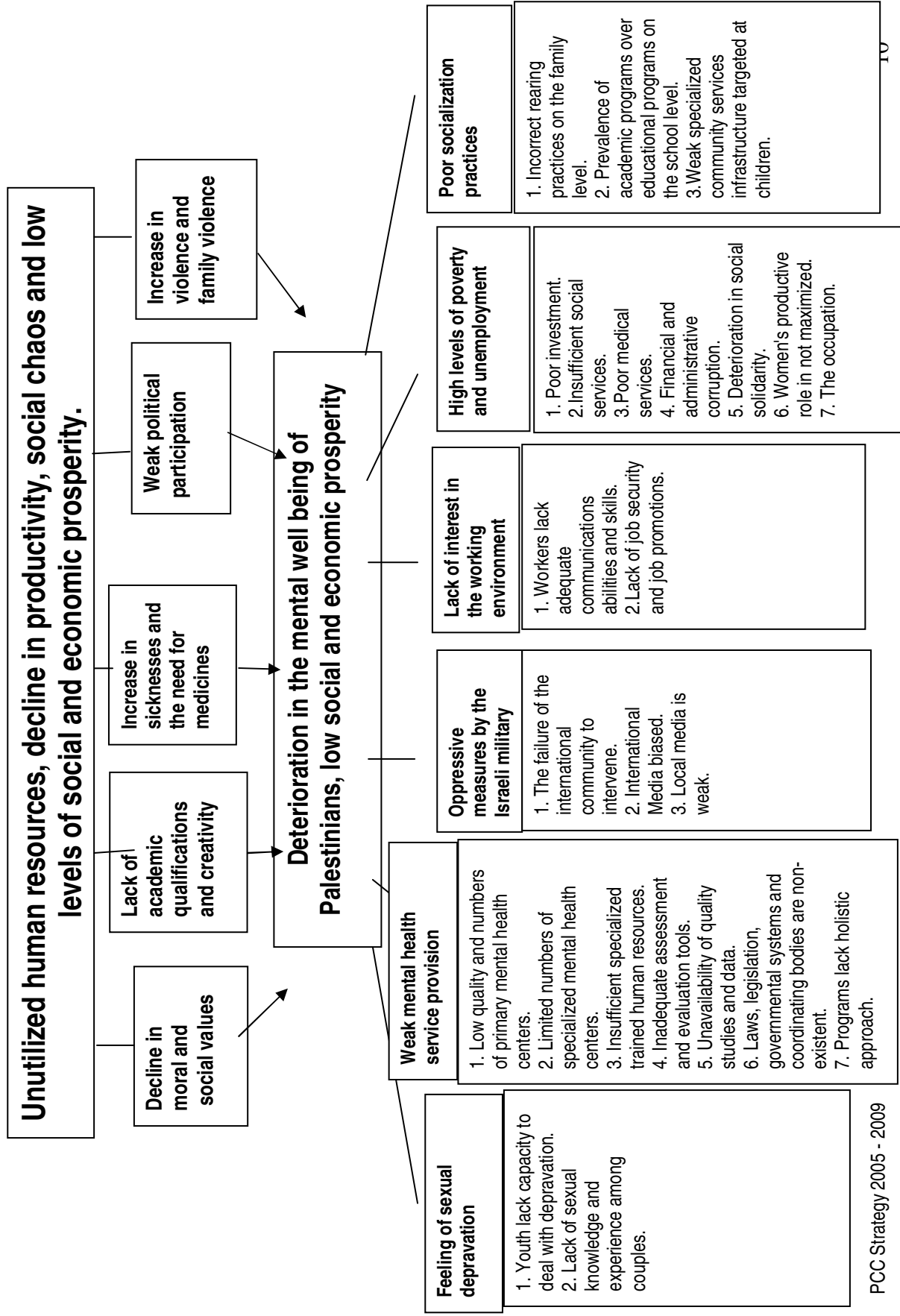
## **V. Mental Health Issues in Palestine**

People in Palestine are affected by the same factors as most other people in the world, particularly those in this region. However, there are special circumstances for the Palestinians, which make the problems more complex than in other places. Studies conducted by mental health specialists in Palestine reveal that the overall mental state of the population has deteriorated markedly for six main reasons:

1. Oppression inflicted by the Israeli Occupation Army.
2. Poverty and high unemployment rates.
3. The skills and abilities of social educators are declining.
4. Insufficient mental health services.
5. Lack of interest in the impact of the work environment on the psychological state of the employees.
6. Lack of awareness and proper sex education.

After a thorough assessment of these factors and their effect on the deteriorating mental health conditions within the Palestinian society, a problem tree was constructed to illustrate the cause and effect relationship (see below.)

*Mental Health Sector – Problem Tree*



## **VI. PCC Today (2005 – 2009)**

Following the workshop to discuss the main findings of the evaluation, the PCC began at the end of 2004 to work on its five year strategic plan. The external evaluation (findings and recommendations) was used as a guiding tool for the planning sessions where main findings and recommendations taken into account. In addition, the ***Building Balance, A Possible Vision for the Mental Well Being of the Palestinian Individual*** document that was developed by a group of civil society organizations working in the field of mental health was also used as a guiding tool. This mental health document was the outcome of numerous coordination meetings and workshops over a two year period, and resulted in a joint vision for mental health in Palestine. Finally, the Palestinian Ministry of Health's National Strategic Health Plan was also taken into consideration during the planning phases.

Taking into consideration the developed vision and objectives, the above process led to the initiation of Departmental Plans, followed by program plans and finally specific action plans.

### **Developmental Vision and Objectives**

Local developmental projects in general aim to increase the productivity of Palestinian individuals in all sectors and to achieve social and economic stability. Most projects also have the long-term objective of enhancing and utilizing local human resources in preparation for the establishment of a stable and independent Palestinian State.

Mental health projects, on the other hand, aim to reduce the psychological impact of the violent political conditions in Palestine in general and reducing the level of domestic violence in particular as well as diminishing the level of illnesses and misuse of medication. These projects are also designed to enhance social activism and individual productivity and to increase political participation.

### **PCC's Vision**

To have a healthy and productive Palestinian society in an independent Palestinian state.

### **PCC's Mission**

The Palestinian Counseling Center is a community based counseling and consultancy organization that advocates for positive mental health and well-being for the Palestinians in the Occupied Palestinian Territories (OPT) through the provision of quality care and capacity building.

### **PCC's Strategic Objectives**

1. To improve the psychological well being of individuals and groups that suffer from mental illness that affects their daily performance.
2. To minimize the danger of psychological, social and academic problems
3. To upgrade the capacities of individuals and institutions working in mental health

4. To contribute to the realization of the sustainability of the Center through abiding by good governance principles
5. To develop policies and capacities in mental health

**Palestinian Counseling Center (PCC)  
Strategic Plan 2005 – 2009**

Strategic Objectives	Specific Objectives	Expected Results	Activities
<p>1. To improve the psychological well being of 2000 individuals and groups that suffer from mental illness that affects their daily performance</p>	<p>1.1 To develop capacities of Palestinians with psychological disorders (children and adults – females and males)</p>	<p>1.1.1 Availability and accessibility to one to one counseling and group therapy programs.</p> <p>1.1.2 Clinical supervision program for clinical department staff</p> <p>1.1.3 Social support service program for chronic patients</p>	<p>1.1.1.1 Individual counseling and group therapy sessions (Jerusalem, Ramallah, Nablus, Jenin, Qalqilya, Tulkarem, Bethlehem and Al-Khalil)</p> <p>1.1.1.2 Clinical supervision sessions</p> <p>1.1.1.3 Review, planning, monitoring and discussion sessions</p> <p>1.1.1.4 Analysis of statistics and information regarding beneficiaries</p> <p>1.1.1.5 Development of pre and post tests to assess intervention impacts</p> <p>1.1.1.6 Training in how to diagnose</p>

	<p>1.2 To develop the clinical intervention techniques that are suitable to the nature of psychological disorders in Palestine.</p>	<p>1.2.1 The availability of highly qualified professionals in the fields of counseling and therapy at PCC facilities</p> <p>1.2.2 The availability of individual and group curative models that can be replicated and is responsive to the disorders in Palestine</p> <p>1.2.3 The availability of clear and specific description of policies and procedures that constitute a base of the curative process</p>	<p>1.1.1.7 Training on the use of diagnostic statistical manual (DSM IV) for mental disorders.</p> <p>1.1.1.8 Applying different psychological approaches in therapy effectively</p> <p>1.2.1.1 Develop and publish policies and procedures manual.</p> <p>1.2.1.2 Documentation of number of clients including new, on-going and referred clients.</p> <p>1.2.1.3 Documentation of therapeutic sessions and plans</p> <p>1.2.1.4 Comparison of therapeutic results in order to form models that apply to the Palestinian community</p> <p>1.2.1.5 To experiment with various therapy techniques</p> <p>1.2.1.6 To document results in from the various therapy techniques</p>
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			<p>1.2.1.7 To provide a clear description</p> <p>1.2.1.8 To provide a clear job description according to the different fields of specialities (counsellors, therapists, clinical psychologists, social workers, etc...)</p> <p>1.2.1.9 The availability of a clear referral system between PCC and other mental health organizations</p> <p>1.3.3.1 The use of expressive arts therapy systematically with specific mental disorders (anxieties and mood disorders)</p> <p>1.3.3.2 The documentation of therapeutic results as a case study</p> <p>1.3.3.3 Training in expressive arts therapy</p> <p>1.3.3.4 Implementation of expressive arts therapy training manual</p>
			<p>1.3.1 The institutionalization of Expressive Arts Therapy</p> <p>1.3.2 The availability of a model that reflects the work of the Center in Expressive Arts Therapy that meets the requirements of the Palestinian beneficiary</p> <p>1.3.3 A training program to transfer approach to other organizations</p> <p>1.3.4 Producing one research paper presenting the comparative results of therapy</p>
		<p>1.3 To apply and adapt expressive arts therapy methods to the nature of disorders in Palestine.</p>	

<p>2. To minimize the danger of psychological, social and academic problems for 4325 students</p>	<p>2.1 To improve academic performance among children ages 6 – 11 years.</p>	<p>2.1.1 Good family rearing practices by families of children between the ages of 6 – 11 years</p> <p>2.1.2 An educational/academic plan is</p>	<p>1.3.3.5 To develop a model for expressive arts therapy that can be implemented in other organizations</p> <p>1.3.3.6 Training in expressive arts therapy</p> <p>1.3.3.7 Supervision for staff of other organizations</p> <p>1.3.3.8 Follow-up for therapeutic work</p> <p>1.3.3.9 After completion of training, withdrawal from the organization and provide follow-up</p> <p>1.3.3.10 Collection of therapeutic data</p>
		<p>2.1.1.1 Remedial education program (after school) in Jerusalem, Nablus, Jenin and Qalqilya.</p> <p>2.1.1.2 The development of support manuals and guides for</p>	

		<p>developed for children between the ages of 6 – 11 with low academic performance (first to fifth graders).</p> <p>2.1.3 Five support manuals are developed in the areas of Arabic and Mathematics for children grades one through five</p> <p>2.1.4 Sixty (60) teachers that are part of the program use innovative teaching tools and develop educational tools for children that suffer from learning difficulties</p> <p>2.1.5 300 to 650 students acquire writing and reading skills</p> <p>2.1.6 300 to 650 parents report of changes in study habits and utilization of free time</p> <p>2.1.7 150 teachers participate in supervision and developing training courses from 15 schools</p>	<p>children's groups</p> <p>2.1.1.3 Training program for teachers and interns</p> <p>2.1.1.4 Outreach program for parents and general community</p> <p>2.1.1.5 Big Brother-Big Sister program in Jerusalem, Ramallah, Nablus, Jenin, Qalqiya, Bethlehem, Al-Khalil and Tulkarem and adopted by six universities.</p>
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	<p>2.2 To work with children between the ages of 12 to 18 to minimize the dangers of psychological, social and academic problems.</p>	<p>2.1.8 Ten schools adopt the education program designed to deal with children that suffer from academic regression</p> <p>2.1.9 Fifty (50) interns participate in and contribute to supporting students with academic problems</p> <p>2.1.10 University students (interns) contribute to supporting students that suffer from academic problems aged 6 – 11 years</p> <p>2.1.11 To transfer the Big Brother – Big Sister program to Palestinian universities where university students will assist children with academic problems.</p> <p>2.2.1 Improved family rearing practices by families of children between the ages of 12 – 18 years.</p> <p>2.2.2 Improvement of life skills among children ages 12 -</p>	<p>2.2.1.1 Selection of schools willing to participate.</p> <p>2.2.1.2 Development of selection criteria for youth participants.</p> <p>2.2.1.3 Needs assessment conducted for main target group.</p> <p>2.2.1.4 Parents involved in work</p>
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	<p><b>2.3 To raise the Palestinian community's awareness to mental health concepts,</b></p>	<p><b>18 years</b></p> <p><b>plan and follow-up.</b></p> <p><b>2.2.1.5 Formation of groups for selected youth</b></p> <p><b>2.2.1.6 Lectures, training workshops and home visits for families</b></p> <p><b>2.2.1.7 Formation of Guidance Committee for parents and youth</b></p> <p><b>2.2.1.8 Awareness raising campaign targeted at youth (12 – 18 years) organized by youth and their parents</b></p> <p><b>2.2.1.9 Conferences prepared for and implemented</b></p> <p><b>2.2.1.10 Summer camps prepared for and implemented</b></p> <p><b>2.2.1.11 Systematic monitoring and evaluation activities</b></p> <p><b>2.3.1.1 Awareness programs and campaigns in Jerusalem, Ramallah, Bethlehem, Al-Khalil,</b></p>
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<p>3. To upgrade the capacities of 2300 individuals and 5 institutions working in mental health</p>	<p>psychological disorders and social problems.</p>	<p>2.3.1 Attitudes towards psychological disorders, psychological problems and social problems are more positive.</p> <p>2.3.2 The level of early detection of disorders and psychological problems is enhanced.</p>	<p>Nablus, Jenin and Qalqiya where over 10,000 people participate in activities.</p>
<p>3.1 To build the capacities of university students (third and fourth year students and graduates) that are majoring or have majored in psychology, social work and special education.</p>	<p>3.1 To build the capacities of university students (third and fourth year students and graduates) that are majoring or have majored in psychology, social work and special education.</p>	<p>3.1.1 An internship program is developed for trainees and university graduates.</p> <p>3.1.2 Training manual for graduate students.</p>	<p>3.1.1.1 Preparation and implementation of a training program for university students (third and fourth year students and graduates)</p> <p>3.1.1.2 Formation of groups of university students and graduates for placement in Jerusalem in 2005 and the expansion in the remaining identified areas the next four years.</p> <p>3.1.1.3 Individual supervision for interns on a monthly basis.</p> <p>3.1.1.4 Preparation of a training manual for interns</p>

	<p>3.2 To develop counseling programs within mental health organizations (individuals and groups) in the West Bank including Jerusalem.</p>	<p>3.2.1 Developed individual and group counselling/therapy programs.</p>	<p>3.1.1.5 Training workshop for Jenin staff</p> <p>3.2.1.1 Publication of a manual in Individual Counseling</p> <p>3.2.1.2 Publication of a manual in Group Therapy</p> <p>3.2.1.3 Networking and coordination with organizations.</p> <p>3.2.1.4 Preparation and implementation of a comprehensive and specialized training program (individual counselling, group therapy and expressive arts therapy).</p> <p>3.2.1.5 Training for organizations in the following topics: individual counselling, group therapy and expressive arts therapy.</p> <p>3.2.1.6 To assist organizations to adopt policies and procedures in working in individual counselling and group therapy.</p>
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	<p><b>3.3 To provide specialized mental health training programs to individuals and organizations</b></p>	<p><b>3.3.1 Capacities of mental health workers are developed and upgraded.</b></p> <p><b>3.3.2 To communicate benefits of the programs through educational packages and films.</b></p> <p><b>3.3.3 Preparation of a study in Professional Burn Out and a study in The Affects of School Counseling</b></p> <p><b>3.3.4 An upgraded library that contains articles, books, studies and journals in mental health</b></p> <p><b>3.3.5 A specialized training program in individual counseling, group therapy and expressive arts therapy.</b></p>	<p><b>3.3.1.1 Preparation of educational packages in expressive arts therapy, individual counselling, group therapy, educational drama, creative movement, children's developmental stages, the adolescent's period.</b></p> <p><b>3.3.1.2 Implementation of a study in Burn Out.</b></p> <p><b>3.3.1.3 Implementation of a study on the Affects and Results of Educational Counseling in Schools.</b></p> <p><b>3.3.1.4 The establishment of a specialized library with over 200 books per year.</b></p> <p><b>3.3.1.5 The preparation and establishment of a web site specialized in mental health in Arabic with access to Palestinians (specialists, students, parents, teachers, general community and the region - MENA).</b></p>
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<p>4. To contribute to the realization of the sustainability of the Center through abiding by good governance principles</p>	<p>4.1 Guarantee the legal status of the organization to ensure compliance with local laws.</p>	<p>4.1.1 Existence of internal policies and procedures.</p> <p>4.1.2 To promote and empower the role of the general assembly and board of directors.</p>	<p>3.3.1.6 Preparation for an international conference</p> <p>3.3.1.7 To identify organizations for networking and coordination purposes: i.e., American Psychological Association (APA), Canadian Mental Health Association, AMAN Coalition, Egyptian Mental Health Association, etc.</p>
			<p>4.1.1.1 To study and review local legal work laws (Palestinian and Israeli).</p> <p>4.1.1.2 To review the Center's insurance files to ensure compliance with the insurance systems in Jerusalem and the rest of the West Bank.</p> <p>4.1.1.3 To follow up with committees identified in the policies and procedures.</p> <p>4.1.1.4 To review legal registration files to ensure compliance with registration requirements.</p>

	<p>4.2 To guarantee implementation of the policies and produces of the Center.</p> <p>4.3 Development of administrative process for human resource development</p>	<p>4.2.1 The availability of high caliber financial and administrative staff to organize policies and procedures and has the ability to implement with accountability and credibility.</p> <p>4.3.1 The availability of upgraded personnel procedures.</p>	<p>4.1.1.5 Systematic meetings for the higher bodies of the center (General Assembly and Board of Directors).</p> <p>4.1.1.6 To contribute to changing the composition of the Board of Directors to ensure consistency with local legal requirements.</p> <p>4.1.1.7 To contribute towards the inclusion of mental health specialists from the General Assembly into the Board of Directors.</p> <p>4.1.1.8 Expansion of the General Assembly.</p> <p>4.2.1.1 To follow-up the capacity of the administrative employees to ensure consistency with policies and procedures.</p> <p>4.3.1.1 Systematic review and follow-up for individual file of each employee.</p>
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	<p><b>4.4 Staff development (45 staff members)</b></p> <p><b>4.5 To guarantee secure and transparent financial process.</b></p>	<p><b>4.4.1 A training program that meets the needs and requirements of staff.</b></p> <p><b>4.5.1 The availability of financial reports supported by one of the Big Four firms.</b></p>	<p><b>4.3.1.2 To improve system regarding employees vacation and leave.</b></p> <p><b>4.3.1.3 To review job descriptions.</b></p> <p><b>4.3.1.4 Training workshop for administrative staff to assist them in understanding and the ability to respond to questions and clarifications by employees.</b></p> <p><b>4.4.1.4 To study the human resources requirements of the and for the center.</b></p> <p><b>4.4.1.5 To review the organizational scale to ensure academic and professional requirements are met and upgrade staff levels where required.</b></p> <p><b>4.4.1.6 To study departments training needs.</b></p> <p><b>4.5.1.1 To review contracts with partners and ensure submission of reports as required.</b></p>
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	<p>4.6 To improve financial management.</p>	<p>4.5.2 Clear and professional procedures to produce financial reports.</p> <p>4.6.1 Clear follow-up procedures to guarantee financial sustainability</p>	<p>4.6.1.1 To review bank statements and ensure partners transfer funds according to contacts.</p>
<p>5. To develop policies and capacities in mental health.</p>	<p>5.1 To develop and improve mental health related policies and procedures.</p> <p>5.2 To contribute to developing a national mental health plan.</p>	<p>5.1.1 Mental health workers are qualified, efficient, and are able to provide high quality mental health services.</p> <p>5.1.2 Beneficiaries and those that work in mental health are protected by laws that take into consideration their needs and rights.</p> <p>5.2.1 The mental health field is organized and satisfies the needs of large numbers of target groups.</p>	<p>5.1.1.1 To study in-depth the workers law and the health law with analysis and long-term affects.</p> <p>5.1.1.2 To provide alternatives and amendments that are supported and convincing.</p> <p>5.1.1.3 To follow up laws during the processes of preparation, modification, legislation, and implementation.</p> <p>5.2.1.1 Strengthening and empowering the role of advocacy groups such as the 'Building Balance' group in order to pressure for change and</p>

	<p>5.3 To expose Israeli policies and violations as they are the main cause of a deteriorating mental health situation in Palestine.</p>	<p>5.3.1 The availability of credible sources of information on the affects of the Israeli occupation on mental health in Palestine.</p>	<p>improve mental health in Palestine.</p> <p>5.2.1.2 To establish relations with international mental health organizations, the Italian Cooperation, the French Cooperation, and the Palestinian Ministry of Health.</p> <p>5.3.1.1 To contribute to developing plans on the social and legal levels (international and Israeli), to counter the Israeli Jerusalem Municipality Plan.</p> <p>5.3.1.2 To empower the Jerusalem community.</p> <p>5.3.1.3 To contribute to the institutionalization of the Jerusalem Consortium.</p> <p>5.3.1.4 To host and follow-up the work of Jerusalem Watch.</p> <p>5.3.1.5 To host the Jerusalem Committee of PNGO</p>
<p>5.4 To build capacities of</p>	<p>5.4.1 The work of</p>	<p>5.4.1.1 To contribute to</p>	

	<p>organizations in advocacy and lobbying.</p>	<p>organizations in advocacy and lobbying is more effective.</p>	<p>organizing and implementing campaigns that counteract Israel's violations of human rights affecting mental health in Palestine.</p> <p>5.4.1.2 Training in advocacy and lobbying.</p> <p>5.4.1.3 To develop training manuals in advocacy and lobbying.</p>
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