



IMPACT REPORT 2025-2026

Mental Health & Psychosocial Support

Impact Report 2025-2026

Gaza • Jordan • Egypt

Care across the lifespan. Support within communities.

Prepared by Dr. Mariam Aboukar | Chair of Mental Health, FAJR Global
Department impact and development report
Reporting through 26 October 2026

A department taking shape

FAJR Global’s Mental Health and Psychosocial Support (MHPSS) department connects psychiatric care, family and community support, safeguarding, education and workforce development for people affected by conflict and displacement.

What this report covers

This report brings together clinical work in Jordan, partnerships in Egypt, child and adolescent needs assessment in Gaza, school workforce training, and the resources being developed to support safe, sustained care. It includes the department’s founding story and its next priorities.

How to read the evidence

Completed activities, resources developed and proposed initiatives are identified separately. Program figures have different reporting periods and may overlap. They must not be added into a single beneficiary total. Reach and training participation describe activity; they do not establish clinical recovery.

Research disclosure

The unpublished Gaza assessment is described only through study scope and broad themes. Detailed results, subgroup estimates and statistical analyses are reserved for scientific review and publication.

A message from the Chair	3
Department reach and care model	6
Jordan clinical work and PCBHI plan	8
Egypt partnerships and creative arts	12
Gaza assessment and school programs	15
Safeguarding and the final manual	22
People, partnerships and future plans	25
References	28

Mental health belongs at the heart of humanitarian care

By Dr. Mariam Aboukar

Chair of Mental Health, FAJR Global

In the fall of 2024, I was emotionally devastated by the suffering I was witnessing in Gaza and felt compelled to find a way to help. I had returned to Harvard for additional fellowship training, and although I brought substantial clinical experience, I was still establishing myself in the field. I reached out to humanitarian organizations, sharing my background and credentials, offering my support.

I knew that Gaza's need for mental health care would be profound and enduring. I could not imagine looking back and knowing that I had failed to offer what I could. I wanted to bring my training in adult, child and adolescent, and psychosomatic psychiatry to people whose losses extended far beyond their visible injuries—to support them through grief, disrupted relationships, and the uncertainty of rebuilding their lives.



Mariam Aboukar, D.O.

While many organizations responded that they had neither a mental health department nor the capacity to accommodate a psychiatrist, FAJR Global responded differently. In my first conversation with Dr. Mosab Nasser, FAJR Global's CEO, I described the psychological consequences likely to endure alongside the physical devastation: grief, fear, disrupted development, family separation, and the difficulty of imagining a future. I also spoke about trauma's potential effects on future generations, including possible epigenetic changes. To my surprise, he embraced my appeal, inviting me not only to join his team but also to establish and lead FAJR's mental health division. Although I questioned whether I was equipped for the role, that conversation gave my concern a clear purpose and placed a meaningful responsibility in my hands.

From concern to a shared commitment

FAJR Global has given me the ability to transform helplessness into service. In ways I could not have anticipated, my clinical training had prepared me for this moment: to understand—and care for—the profound connections between physical illness and mental health.

Within FAJR's Mental Health and Psychosocial Support (MHPSS) Department, we have brought together a team of global mental health experts whose knowledge, dedication, and compassion underpin the work presented in this report. I am deeply grateful for their contributions and for the shared commitment that makes this work possible. We are also privileged to listen to and learn from families, local clinicians, and educators, whose understanding of their communities guides the interventions we develop together.

In Jordan, my team and I provided psychiatric care to medically evacuated Gazan children and adolescents in hospitals and at their residences. In Egypt, we worked alongside partner organizations to deliver mental health and psychosocial programming for Gazan women and children. In Gaza, we are training schoolteachers in trauma-informed approaches to recognize distress, respond sensitively to children's needs, and create supportive classroom environments.

This work has helped bring mental health into settings where psychological needs have too often been overlooked. It has also reinforced the importance of a department capable of sustaining care beyond a single encounter through strong local partnerships, trained teams, safeguarding, and reliable follow-up.

What began as a personal search for a way to help has become a shared commitment to making mental health an enduring part of humanitarian care. As we look ahead, we aim to strengthen local capacity, equip educators to support children with understanding, and build continuity of care for families navigating loss and displacement. The people we serve must remain at the center of that work—their voices, their dignity, and their hopes for their own lives. My hope is that this report conveys both what we have begun and our responsibility to sustain it, so that psychological recovery receives the attention, resources, and care it deserves.

Recovery includes the person and the world around them

War, genocide, conflict and disaster can rupture the conditions that make ordinary life possible: safety, home, work, education, family connection and trust. Psychological distress in these circumstances is often an understandable response to intolerable conditions. Recognizing that distress is human does not diminish its seriousness. It asks us to respond with dignity and care, without treating every expression of grief or fear as a disorder.

Psychiatry brings an essential contribution to that response. It helps distinguish emotional suffering from conditions that require specialized treatment, while considering pain, injury, neurological illness, medication effects and interrupted medical care. A frightened child, an exhausted parent and an adult with a severe pre-existing mental illness may need very different forms of support. A humanitarian response must make room for each of them.

For children, distress may appear through sleep difficulties, irritability, withdrawal, physical complaints, changes in play or problems concentrating. These experiences need to be understood in developmental and family context. A child who cannot settle in a classroom may need predictable routines, a calmer adult, practical support or a clinical assessment. The first response should be curiosity and protection, with help matched to the child's needs.

Mental health and psychosocial support also reaches beyond clinical treatment. A trusted teacher, a safe caregiver, a familiar cultural practice and a dependable place to learn can help restore connection and daily functioning. Food, shelter, protection and access to medical care belong within this work. People cannot be expected to cope their way out of deprivation or danger.

The term "post-traumatic" can obscure the reality that many families remain under threat. Our approach therefore considers ongoing danger alongside symptoms of post-traumatic stress disorder (PTSD), drawing on the concept of continuous traumatic stress (CTS) to keep present circumstances central to care. For families from Gaza, this means asking what is still happening, what each person needs now, and what support is realistically available. Safety and practical assistance must accompany psychological care, with respect for each person's readiness to share their experiences. No one should have to recount the worst moments of their life to receive help.

Our ambition is to build lasting capacity: educators equipped to support distressed students, clinicians able to consult across disciplines, facilitators working within clear limits, and supervisors available when care becomes complex. The manual, assessment, partnerships and training described in these pages are steps toward that goal.

I hope readers see mental health as a responsibility shared across humanitarian work, from the first emergency response through long-term recovery. The measure of our effort will be whether people can reach respectful, appropriate care, remain connected to those who matter to them, and regain possibilities for learning, relationships and everyday life.

Dr. Mariam Aboukar
Chair of Mental Health | FAJR Global

Reach, evidence and capacity

The department's work spans direct care, partner delivery and the foundations needed to extend support safely.

78

Jordan participants

70 children and 8 adults in reported MHPSS services.

408

FAJR-INARA participants

326 children and 82 adults in the FAJR-INARA psychosocial program.

1,505

Gaza assessments

Children and adolescents ages 6-17; April-June 2026.

24

Gaza education personnel

School counselors and teacher supervisors completing training on 11 October 2026.

40

Egypt staff trained

Child protection and safeguarding training on 10 October 2026.

205

Manual pages

Final v2.0 lifespan implementation, training and supervision resource.

What these milestones represent

Clinical and psychosocial access for displaced families; a substantive child and adolescent needs assessment; initial school workforce preparation; and a framework for supervision, protection and quality. In Cairo, the Karama partnership with Taabu Club also enabled 212 displaced Palestinian women to complete integrated skills training and psychosocial programming during April-September 2026.

What comes next

Extend the school training cascade with local supervision and referrals; develop competency-based trainer authorization; advance integrated behavioral health in Jordan; and prepare a broader humanitarian mental health textbook and training system.

A layered system of support

FAJR's final MHPSS manual places mental health within a coordinated response to safety, basic needs, family life and clinical care. People may need support from several layers at the same time.

01 Safety and essential needs

Connect people with food, water, shelter, medical care, accessible services and protection. Reassess current danger and practical barriers throughout care.

02 Family and community support

Strengthen trusted relationships, caregiver support, education, meaningful activity and voluntary cultural or spiritual resources. Offer psychological first aid and practical information.

03 Focused psychosocial and psychological support

Provide structured skills and support through appropriately trained, supervised practitioners. Match activities to age, functioning, context and the limits of the facilitator's authorization.

04 Specialist mental health care

Provide qualified diagnostic assessment, psychiatric consultation and specialized psychological treatment when indicated, with medical coordination and urgent escalation routes.

The connection between these layers matters. FAJR's intended standard is an active handoff and confirmation that the receiving service has accepted the referral, with follow-up when access fails.



01

01 • JORDAN

Psychiatry within medical recovery

For medically evacuated Gazan children and adolescents, recovery continues across hospital wards, rehabilitation, family residences and everyday life.

FAJR medical evacuation imagery from its Jordan country page. Context photograph; it does not depict or identify a psychiatric encounter.

Jordan MHPSS Mission | December 2025

Care in Hospitals and Homes

In December 2025, FAJR Global's MHPSS mission in Jordan provided specialist psychiatric care to medically evacuated Gazan children and adolescents in hospitals and through outpatient visits at family residences.

Consultation-liaison psychiatry in hospital

During the mission, the MHPSS team treated children and adolescents while they were receiving medical care. Consultation-liaison psychiatry works at the intersection of physical illness, psychological distress and the treatment environment. Its contribution is to help medical teams understand mental health concerns alongside injury, pain, procedures, disability and family circumstances.

Continuity at the residences

Our Jordan-based MHPSS clinicians worked collaboratively with Dr. Aboukar to provide longitudinal outpatient care at family residences, extending access beyond the hospital ward. These visits offered insight into the daily demands of recovery: disrupted routines, caregiver fatigue, separation from relatives, uncertainty about follow-up care, and the challenges of helping children resume everyday activities. By meeting families where they were living, the team connected clinical care with the circumstances shaping their recovery.

A developmental and family perspective

Children and adolescents require age-appropriate communication, attention to caregiver relationships and recognition of their growing need for privacy and agency. The department's subsequent framework places these considerations alongside consent, safeguarding and coordination with medical and psychosocial teams.

From individual care to service design

The experience informs a broader goal: make behavioral health available within the patient's existing medical pathway, with local clinicians, brief support, psychiatric consultation and follow-through after referral. This is the rationale for the proposed Jordan PCBHI model described on page 11.

The mission supported patients and families in hospitals and homes while reinforcing the need for local partnerships and ongoing care throughout recovery.

Support alongside treatment

FAJR's Medical Evacuation Impact Report documents MHPSS for patients and caregivers in Jordan, bringing individual support, caregiver work and structured activities into the recovery pathway.

78**Participants**

70 children and 8 adults

250**One-to-one sessions**

Reported program activity

17**Psychiatric assessments**

Reported program activity

A multidisciplinary contribution

Services combined individual and group support, parent-mediated and caregiver activities, recreational programming and psychiatric assessment. A dedicated room at the residence supported delivery closer to where families were living.

What families described

The source report describes caregivers noticing calmer behavior, greater social engagement and improved communication.

Continuity remains a priority

Strengthening continuity of care requires dedicated funding, adequate staffing of psychologists and counselors, reliable appointment availability, and coordinated volunteer support. These resources will help patients and families access consistent care throughout their recovery.

Integrating behavioral health into routine medical care

Primary Care Behavioral Health Integration (PCBHI) would embed brief, culturally responsive support within the medical and rehabilitation services used by Gaza evacuees and their families. The shared proposal outlines a 12-month pilot, provisionally named FAJR PCBHI Jordan.

01 Meet people where they receive care

A medical clinician offers a voluntary introduction to a behavioral health colleague during an existing visit. This direct introduction, or warm handoff, reduces the burden of navigating another disconnected service.

02 Work on a useful, immediate goal

Brief contacts could address sleep, pain coping, procedural anxiety, grief, treatment engagement, adjustment to disability or caregiver strain. Goals are chosen with the patient and family, with attention to daily functioning.

03 Bring specialist support into the team

Appropriately licensed clinicians provide psychiatric consultation for complex presentations, review medical and neurological contributors, and coordinate with local services when urgent or specialist care is needed.

04 Track continuity and learn

A care coordinator follows referrals through to receipt and the next action. The pilot would monitor access, patient-defined goals, caregiver experience, safety and barriers to care, using minimum necessary information.

Implementation would begin with a verified local census, service mapping, Jordanian clinical authorization, referral agreements and workforce preparation. A first-site pilot and evaluation would precede expansion. Budget and enrollment assumptions remain subject to local validation.



02

02 • EGYPT

Connection, care and creative expression

Collaborations with INARA and Taabu Club connect psychosocial support with children's learning, caregiver involvement and women's opportunities for meaningful activity.

Learning at FAJR's school in Cairo. Education context photograph; no mental health status is implied.

A partnership for children and the people caring for them

FAJR and INARA combined medical, psychosocial and educational support for medically evacuated children and families in Egypt. The psychosocial program's reported delivery period was 15 June 2025 to 15 March 2026.

408**Beneficiaries**

326 children and 82 adults

101**Parent-mediated sessions**

Reported session count

97%**Caregiver satisfaction**

Among 31 respondents

Multiple ways to participate

The program included individual and group support, play, art and body-based activities, caregiver involvement and school follow-up. This combination allowed children and adults to engage through different forms of communication and support. Parent-mediated work recognized the caregiver's role in the child's daily life.

Creative approaches across the Egypt portfolio

Creative arts programming at the Cairo MHPSS center offered children opportunities to express themselves, connect with others, and participate in shared activities. Art can provide another avenue for communication when words are difficult, allowing children to engage at their own pace. Through art, children explored their feelings and experiences, engaging at their own pace and building a sense of belonging.

Continuity after the program period

Strengthening continuity of care requires dedicated funding, adequate staffing of psychologists and counselors, reliable appointment availability, and coordinated volunteer support. These resources will help patients and families access consistent care throughout their recovery.

Karama Project: women's wellbeing and opportunity

From April to September 2026, FAJR Global funded and co-implemented the Karama Project with Taabu Club in Cairo, combining psychosocial support with heritage-based skills training for displaced Palestinian women.

212 women reached through integrated support

All 212 enrolled women completed training across three cycles, exceeding the project's enrollment target of 200. The program delivered 137 vocational training sessions and 118 MHPSS sessions. Women developed skills in Palestinian tatreez embroidery, crochet and beadwork while accessing support within culturally meaningful, shared activities.

68.34% reported improvement in wellbeing

The project reported a 68.34% improvement in psychosocial wellbeing. Participants described reduced isolation, stronger confidence and coping, renewed purpose, and improved family communication. Psychoeducation, stress management, emotional regulation, relaxation and peer support were integrated into workshops and dedicated groups, with confidential individual follow-up and referral pathways available when needed. Women could participate at their own pace without being expected to disclose personal experiences of trauma.

FAJR Global Shop: from skills to opportunity

Participants produced 1,014 handmade items, including 787 that passed quality control and were approved for future sales. Embroidered bags and bookmarks, crochet accessories and beadwork carried Palestinian cultural traditions into products prepared for a wider audience.

Planned sales through FAJR Global Shop will connect this work with livelihood opportunities. Some women described taking small orders, developing online platforms or planning home-based businesses. These early steps reflect growing confidence in their skills and possibilities for economic participation.

Continued product development, marketing support, advanced training and psychosocial follow-up can help women build on these gains beyond the six-month program.

Cultural continuity

Social connection

Creative participation

Skills and opportunity



03

03 • GAZA

From children's needs to supportive schools

A child and adolescent assessment, educator preparation and a planned school support pathway connect evidence with the environments children use every day.

School counselors and teacher supervisors at FAJR's psychosocial classroom training in Gaza, October 2026.

Listening systematically to children's needs

The FAJR MHPSS team developed a 68-item needs assessment and collected data from 1,505 children and adolescents in Gaza between April and June 2026.

68**Needs Assessment items****1,505****Children and adolescents****Apr-Jun****2026 collection period**

A broader view of need

The needs assessment brings together conflict exposure, basic needs, emotional and behavioral concerns, relationships, daily functioning and safety. It is intended to inform service planning and referral capacity rather than reduce a child's experience to a single symptom score.

Designed for field use

The available study documentation describes Arabic-language, school-based screening and offline digital collection. Digital organization can help standardize records and support review, while making consent, privacy, data quality and a functioning response pathway essential parts of the process.

A research and planning resource

The assessment gathered extensive information from 1,505 children and adolescents, documenting emotional and behavioral concerns, experiences of adversity, family circumstances, protective supports, and barriers to care. This breadth of information provides a substantive foundation for future programming, helping FAJR identify priorities, tailor school and community interventions, strengthen caregiver support, and direct resources toward identified needs.

The needs assessment also incorporated a triage component that supported more than 30 field workers during interviews with children, helping them identify concerns requiring further assessment or timely referral. Together, the dataset and triage process connect needs assessment with practical planning for responsive, developmentally appropriate care.

What the Needs Assessment Explored

The survey, utilizing evidence-based screening tools, explored the child's circumstances, distress, strengths and support needs. This overview describes question domains.

Context and participation

Age, schooling, caregiver relationships, who answered, language, consent and the setting of assessment.

Displacement and basic needs

Forced moves, current shelter, food and safe water, access to medical care and medication, caregiver separation, disability and chronic health needs.

War exposure, loss and protection

Exposure to attacks and injury, loss or missing relatives, detention, disrupted aid access, and risks of abuse, exploitation or ill-treatment.

Anxiety and mood

Worry, fear and panic; low mood, reduced interest, hopelessness and the effect of distress on everyday functioning.

Trauma-related reactions

Distressing memories or dreams, reminders, avoidance, blame or shame, emotional numbing, heightened vigilance and bodily alarm.

Other emotional and behavioral concerns

Sleep and physical complaints, aggression, regression, dissociation, unusual experiences, intrusive or repetitive symptoms, and substance use.

Attention and activity

Distractibility, restlessness and overactivity, considered within the child's developmental and humanitarian context.

Caregiver-child relationships

Seeking and receiving comfort, emotional connection, responses to caregivers and boundaries with unfamiliar adults.

Strengths and coping resources

Family, friends, school, community, play and other coping resources, including voluntary faith or spiritual support.

Safety and next steps

Suicide and self-harm concerns, protection needs and referral options for psychosocial, psychiatric, medical, social or learning support.

The questionnaire was designed to support screening and referral; its results alone do not establish psychiatric diagnoses. Detailed findings are reserved for planned scientific publication and are not included in this impact report.

What the assessment brings into focus

The available internal materials point to interconnected needs. These themes describe implications for program design.

Distress is connected to lived conditions

Conflict exposure, displacement, deprivation and emotional distress need to be understood together. The response must connect mental health support with practical assistance and protection.

Development changes the response

Children and adolescents need developmentally appropriate communication, activities, privacy and caregiver involvement. A single approach for every age would miss important differences in needs and participation.

Daily functioning matters

Sleep, concentration, behavior, relationships and participation in learning are meaningful areas for assessment and support. Programs should ask how a child is managing ordinary life as well as how the child feels.

Trusted relationships are part of care

Families, schools and community connections are central to the intended response. Support should strengthen safe relationships while preserving routes to focused care and specialist assessment when needed.

The needs assessment provided our MHPSS team with sobering insights into children's emotional, developmental, and practical needs in Gaza, alongside the family, community, and cultural supports that can strengthen their wellbeing. This information offers an essential foundation for future programming, with detailed findings being prepared for publication.

Preparing educators for supportive classrooms

On 11 October 2026, 24 school counselors and teacher supervisors completed Practical Tools for Psychosocial Support in the Classroom, delivered in collaboration with the Ministry of Education.



Participants in Gaza attend FAJR's remote mental health training, with Dr. Mariam Aboukar on screen.

A foundation for the training cascade

FAJR's MHPSS Department delivered Phase 1 of its Teacher Training Program through online sessions led by its U.S. mental health team for participants gathered in Gaza. Representatives from the Ministry of Education and Ministry of Health also joined the training, which introduced practical classroom strategies for psychosocial support informed by cognitive-behavioral and recovery skills principles.

The educational goal

The wider school proposal aims to strengthen trauma-informed, developmentally responsive classroom support: understanding how adversity can affect attention and behavior; creating predictable, non-shaming environments; supporting regulation; and recognizing when a child needs additional help.

A clear professional role

Educators can offer consistent routines, supportive communication and safe referral. Specialist assessment and trauma-focused treatment remain within appropriately trained clinical roles. The planned cascade builds on educators' relationships with students while protecting these boundaries.

A supervised training-of-trainers pathway for schools

The next phase aims to prepare local trainers to support teachers in FAJR-operated and FAJR-funded schools, then extend the approach through agreed education partnerships as capacity permits.

01 Adapt with local educators

Review language, examples, classroom realities and referral options with Gaza educators and relevant ministry counterparts. Prepare Arabic materials suitable for interrupted connectivity.

02 Prepare and assess trainers

Combine teaching with role-play, observed skills and feedback. Assess whether trainers can explain trauma responses, model supportive classroom practices and recognize the limits of their role.

03 Deliver practical teacher learning

Use short live or recorded sessions, facilitated discussion and printable tools. Emphasize predictable routines, supportive boundaries, co-regulation, attention and play, and teachers' own wellbeing.

04 Support practice between sessions

Use school focal points, peer discussion and supervision to help teachers apply skills. Provide a confidential route for questions and concerns that exceed classroom support.

05 Monitor quality before expanding

Review teacher confidence and observed practice, referral completion, acceptability and unintended effects. Adjust materials and workload before extending the cascade to more schools.

The training equips teachers in Gaza to recognize distress and respond to children's needs with practical, compassionate support in the classroom.

A school pathway that connects levels of care

The proposed school model places support within the learning environment while maintaining access to community, medical and specialist services.

Universal classroom support

Participating classrooms would use predictable routines, emotionally supportive communication, inclusive activities and calm, consistent responses to distress. Teachers would be supported in their own wellbeing.

Focused support when needs persist

Children needing more help could be offered structured, time-limited groups and caregiver work through trained, supervised psychosocial staff. The school concept explores an 8-12 week cycle, subject to local adaptation and capacity.

Individual and specialist pathways

Children with more complex or urgent concerns would receive qualified assessment and appropriate clinical or protection referral. School teams would help coordinate access without being expected to manage emergencies or specialist treatment independently.

Family and intersectoral coordination

Caregiver engagement, basic-needs assistance, disability access and collaboration across education and health are intended to keep the pathway connected. Each site would need named focal points, supervision and confirmed referral arrangements.

The school-embedded intensive support concept remains in development. Enrollment targets, staffing, frequency and sites will be confirmed before launch. Evaluation will examine participation in learning, daily functioning, caregiver experience and safe access to care.

Making protection part of everyday work

FAJR's MHPSS Department assisted to develop FAJR's Child Protection and Organizational Safeguarding Policy as part of the department's expanding governance framework.



FAJR staff in Egypt after the October 2026 child protection training.

A policy for the whole organization

The policy addresses conduct, boundaries, prevention of sexual exploitation and abuse, confidential reporting, survivor-centered response, media and digital practices, and organizational responsibilities. It connects safeguarding to daily work across staff, volunteers and partners. For children affected by trauma, child protection and safeguarding are essential to preventing further harm and building the safety and trust that support recovery.

A documented training milestone

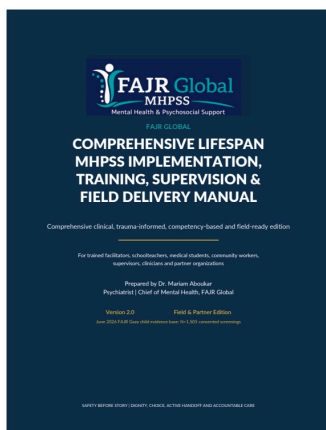
On 10 October 2026, 40 teachers and medical, logistics, and media staff completed safeguarding training at FAJR's Education Center in Egypt. FAJR thanks Dr. Hadil Zaqout for developing and leading the training, which prepared participants to recognize, report, and refer safeguarding concerns while upholding consent and privacy. Practical guidance and knowledge assessments supported staff in making child protection part of everyday practice.

Safeguarding in Practice

FAJR has established clear reporting pathways, named safeguarding focal points, accessible complaints mechanisms, and procedures for timely, accountable follow-through. These systems support consistent practice across sites and help translate learning from concerns and incidents into ongoing staff training and stronger safeguards.

A 205-page foundation for mental health care across the lifespan

The FAJR MHPSS Manual brings implementation, training, supervision and field delivery into a single framework.



Final FAJR MHPSS Manual v2.0

Care from infancy through older adulthood

The manual includes peripartum and infant care, early childhood, school-age children, adolescents, caregivers, adults and older adults. It also addresses disability access, detention survivors and the wellbeing of frontline workers.

Designed for ongoing adversity

Its continuous traumatic stress framework recognizes that threat may persist or recur. Safety, basic needs, trusted connection and practical functioning guide the sequence of support. Continuous traumatic stress is a contextual formulation, not a psychiatric diagnosis.

An operational resource

Detailed field guides, scripts, supervision tools, referral forms and implementation checklists help translate principles into practice. The manual defines professional boundaries and distinguishes psychosocial support from clinical interventions.

Used with adaptation and governance

The English master manual is designed for use in Gaza and adaptation to other humanitarian settings. Arabic translation and cultural adaptation are underway to align its language and guidance with local needs and context. Field deployment will verify referral pathways, appropriate authorization, and clinical supervision.

From training attendance to demonstrated competence

FAJR plans to train and certify trainers in the approaches governed by its manual, with competency assessment and supervision determining what each person may deliver.

Learn the foundations

Prepare learners in safety, consent, developmental needs, culturally responsive communication, psychological first aid, safeguarding, referral and role boundaries.

Demonstrate practical skills

Use observed simulations and practice to assess communication, stabilization, group facilitation, safe escalation and documentation. Feedback and remediation address gaps before responsibilities expand.

Practice with supervision

Provide supported field experience, case review and direct observation. Supervisors help teams adapt to changing conditions while keeping care within authorized scope.

Authorize defined responsibilities

Record authorization by population, module, site and time period. A completion certificate recognizes learning; independent practice requires demonstrated competence and appropriate professional authority.

Develop trainers and sustain quality

Prepare trainers to teach, observe and coach others. Calibrate assessments, review fidelity, renew authorization and protect staff wellbeing as the training network grows.

The manual draws on guidance from the Inter-Agency Standing Committee (IASC) and scalable World Health Organization (WHO) interventions, including PM+, SH+, EASE, and Thinking Healthy, alongside pathways for specialist care. It clearly distinguishes FAJR-adapted skills training from formal certification in these interventions.

Global expertise, locally grounded delivery

The department has recruited a global mental health expert team and is developing a multidisciplinary structure for clinical advice, training, supervision and program design.

A growing team

FAJR's MHPSS Department brings together a global team of mental health experts, including psychiatrists, psychologists, and nurse practitioners. Their complementary expertise supports clinical care, professional training, and program development, while ongoing recruitment strengthens the department's capacity to respond to evolving needs.

Education and health ministries

FAJR collaborates with the Ministry of Education and Ministry of Health on needs assessment and school-based MHPSS initiatives in Gaza. These partnerships bring education and mental health expertise together to guide program development, strengthen teacher training, and coordinate support for children and families.

INARA and Taabu Club in Egypt

FAJR's collaboration with INARA brought psychosocial care together with medical, educational and family support. With Taabu Club, FAJR funded and co-implemented Karama, reaching 212 displaced Palestinian women through heritage-based vocational training and integrated MHPSS in Cairo. These partnerships connect clinical and psychosocial support with family life, cultural identity and opportunities for participation.

Leadership and local knowledge

FAJR's MHPSS leadership team work to integrate direct clinical care with needs assessment, policy and manual development, team recruitment, and program planning. Local educators, clinicians, facilitators, and families actively inform this work, ensuring that care reflects community priorities, cultural context, and the realities of daily life.

International expertise is most valuable when it strengthens local capacity, shared decision-making, and continuity of care. By working alongside local teams and families, FAJR combines clinical knowledge with community experience to shape care around the needs and priorities of those it serves.

A humanitarian mental health textbook and training system

The proposed FAJR Humanitarian Mental Health System (FAJR-HMS), First International Edition, would extend the existing manual into a coordinated reference, field and training resource for emergency settings.

I • Field Operations

Practical response, stabilization and referral.

II • Clinical Reference

Assessment and specialist clinical guidance.

III • Trainer Manual

Teaching methods and trainer development.

IV • Trainee Workbook

Practice and competency preparation.

V • Supervisor Manual

Supervision, observation and quality review.

VI • Implementation Manual

Site readiness, governance and continuity.

The educational ambition

The FAJR MHPSS team proposes a consistent framework for initial response, supported by clear decision tools, simulation exercises, observed skills assessments, and refresher training. Inspired by emergency medicine's standardized training model, the resource is designed to make mental health support practical and accessible in humanitarian and disaster settings.

A global core with local adaptation

Gaza is the flagship application. The plan includes Arabic adaptation, country and crisis annexes, a pocket guide, field cards and a digital companion. Faith-sensitive material would be voluntary and adaptable across diverse communities, with secular alternatives.

A publication pathway

Editorial governance, an evidence library, citation verification, external clinical and lived-experience review, translation testing and field evaluation are planned before release.

Build continuity, then expand with evidence

The next phase is planned to turn the department's resources and early delivery into dependable services, with progress measured through access, quality and functioning.

Strengthen the Gaza school program

Prepare local trainers, support teacher practice, confirm referral pathways and pilot the school support model. Expand with supervision and appropriate clinical and protection capacity.

Protect continuity in Jordan and Egypt

Broaden Jordan's MHPSS efforts, follow open care needs and develop the PCBHI pilot with local clinical partners. In Egypt, build on Karama through continued psychosocial follow-up, advanced skills training and support for product development, marketing and market access. Preserve continuity through transitions between providers and living settings.

Put the manual into supervised use

Complete local adaptation and readiness work, prepare trainers and supervisors, and document competency-based authorization. Use field feedback to improve the resource.

Advance research and learning

The Gaza assessment data have been analyzed with support from a data analyst at Harvard, and draft manuscripts have undergone review. Preparation for publication includes ethics and data-governance verification and documentation of reproducible methods. Future program evaluation will distinguish attendance and access to care from meaningful changes in symptoms and daily functioning.

Develop the wider humanitarian system

Advance the textbook and training architecture through evidence review, external expertise, translation and field testing. Maintain version control and institutional responsibility for publication.

Enabling investment includes local staff time, supervision, accessible Arabic materials, safe spaces, referral coordination, transport and communication, protected data systems and evaluation.

References

Clinical and humanitarian guidance

1 Mental health in emergencies

World Health Organization. 6 May 2025.

[View source](#)

2 IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Inter-Agency Standing Committee. Geneva: IASC; 2007.

[View source](#)

3 Psychological first aid: Guide for field workers

World Health Organization, War Trauma Foundation, World Vision International. Geneva: WHO; 2011. ISBN 9789241548205.

[View source](#)

4 mhGAP Humanitarian Intervention Guide (mhGAP-HIG)

World Health Organization and UNHCR. Clinical management of mental, neurological and substance use conditions in humanitarian emergencies. Geneva: WHO; 2015. ISBN 9789241548922.

[View source](#)

References

Scalable psychological interventions

5 Problem Management Plus (PM+)

World Health Organization. Individual psychological help for adults impaired by distress in communities exposed to adversity. Generic field-trial version 1.1. Geneva: WHO; 2018. WHO/MSD/MER/18.5.

[View source](#)

6 Self-Help Plus (SH+)

World Health Organization. A group-based stress management course for adults. Generic field-trial version 1.0. Geneva: WHO; 2021. ISBN 9789240035119.

[View source](#)

7 Early Adolescent Skills for Emotions (EASE)

World Health Organization and UNICEF. Group psychological help for young adolescents affected by distress in communities exposed to adversity. 2023. ISBN 9789240082755.

[View source](#)

8 Thinking Healthy

World Health Organization. A manual for psychosocial management of perinatal depression. Generic field-trial version 1.0. Geneva: WHO; 2015. WHO/MSD/MER/15.1.

[View source](#)

References

Peer-reviewed research

9

Effect of a Multicomponent Behavioral Intervention in Adults Impaired by Psychological Distress in a Conflict-Affected Area of Pakistan: A Randomized Clinical Trial

Rahman A, Hamdani SU, Awan NR, et al. JAMA. 2016;316(24):2609-2617. doi:10.1001/jama.2016.17165.

[View source](#)

10

Effectiveness of a brief group behavioural intervention on psychological distress in young adolescent Syrian refugees: A randomised controlled trial

Bryant RA, Malik A, Aqel IS, et al. PLoS Medicine. 2022;19(8):e1004046. doi:10.1371/journal.pmed.1004046.

[View source](#)

11

Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms

Yehuda R, Lehrner A. World Psychiatry. 2018;17(3):243-257. doi:10.1002/wps.20568.

[View source](#)

References

FAJR and partner program documents

12 **FAJR Global Comprehensive Lifespan MHPSS Implementation, Training, Supervision & Field Delivery Manual**

Aboukar M. Version 2.0, Comprehensive Lifespan Edition. Field & Partner Edition. FAJR Global; 16 July 2026. Document code FAJR-MHPSS-2026-07-V2.0. 205 pages.

13 **FAJR Global Medical Evacuation Impact Report 2025-2026**

FAJR Global. October 2026. Jordan MHPSS activity: p.16; Egypt psychosocial and education programs: p.27. Supplied organizational report.

14 **Teacher Training Completed in Collaboration with the Ministry of Education**

FAJR Global. 17 October 2026. Training completed on 11 October 2026.

[View source](#)

15 **FAJR Trains 40 Staff in Egypt in Child Protection**

FAJR Global. 18 October 2026. Training held on 10 October 2026.

[View source](#)

16 **Egypt partnerships: INARA and Taabu Club**

INARA. INARA and FAJR Global partnership. 6 October 2025. Medical, mental health and educational collaboration in Egypt.

Taabu Club. Karama: Economic Empowerment and Mental Health & Psychosocial Support for Displaced Palestinian Women in Egypt. Final Narrative Report, April-September 2026. Prepared by Leena Siyam; October 2026. FAJR Global: donor and co-implementing partner. Supplied project report.

[View source](#)



Mental Health & Psychosocial Support

Safety before story.

Strengthening care, connection and the capacity to support recovery across the lifespan.

FAJR Global
Impact Report 2025-2026

Prepared by Dr. Mariam Aboukar
Chair of Mental Health, FAJR Global
27 October 2026

www.fajr.org