The "4Ws" in Lebanon:

Who's doing What, Where and Until When in Mental Health and Psychosocial Support

Interventions Mapping Exercise

National Mental Health Program

Ministry of Public Health

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ACRONYMS LIST

ACF	Action Against Hunger
CLMC	Caritas Lebanon Migrant Center
CP	Child Protection
tf - CBT	Trauma Focused Cognitive Behavioral Therapy
EMDR	Eye Movement Desensitization and Reprocessing
GBV	Gender Based Violence
GP	General Practitioners
HI - DAD	Handicap International Development Team
IA	International Alert
IDRAAC	Institute for Development Research Advocacy and Applied Care
IMC	International Medical Corps
IOM	International Organization for Migration
IPT	Interpersonal Psychotherapy
MAP	Medical Aid for Palestinians
MdM	Médecins du Monde
mhGAP	Mental Health Gap Action Program
MHPSS	Mental Health and Psychosocial Support
MHPSS TF	Mental Health and Psychosocial Support Task Force
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affaires
MSFBE	Médecins Sans Frontières Belgium
MSFCF	Médecins Sans Frontières Switzerland
NGO	Non-Governmental Organization
NMHP	National Mental Health Program
PFA	Psychological First Aid
PHC	Primary Health Care
RESTART	Restart Center for Rehabilitation of Victims of Torture and Violence
TDH-Italy	Terre des Hommes Italy

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I. Introduction

With civil war in Syria in its fourth year, the impact of the crisis on Lebanon's population, economy and service provision is profound. It is estimated that roughly 1,178,308 registered Syrian displaced and 500,000 unregistered refugees are living in Lebanon (UNHCR, 2015). Individuals displaced due to the Syrian Crisis are a particularly vulnerable group in Lebanon. In addition to the exposure of traumatic events from the war, the majority of this population is currently experiencing various hardships related to impoverishment, overcrowding in both camps and urban areas, risks to personal security, loss of loved ones, fear for the missing, and a lack of access to basic services. The consequences of these difficult ordeals are very likely to affect the physical and psychological wellbeing of the Syrian displaced, as well as the greater Lebanese society.

In regards to the provision of Mental Health and Psychosocial Support services, resources continue to be very limited, especially in the border areas where due to increasing instability, more providers are moving their services centrally to the capital. This limitation is especially dramatic given that specialized Mental Health services in Lebanon are only available at 4 private mental hospitals and 7 psychiatric units within general hospitals, where the majority are located in Beirut. Community-based mental health services are also limited and need to be scaled up (World Health Organization, 2014). Many barriers to receiving mental healthcare continue to impact service delivery including lack of funding, transportation, facilities, trained personnel and stigma, to name a few.

With the support of the WHO, UNICEF and IMC, the Lebanese Ministry of Public Health launched the National Mental Health Program (NMHP) in May 2014 with the aim of reforming the mental health system for all persons living in Lebanon. Since its launch, the program has been working on many fronts:

- Integrating mental health into primary care
- Drafting of mental health legislature
- Engaging universities and scientific societies
- Training field workers and GPs on mhGAP and Psychological First Aid
- Building a referral system for Syrian displaced in need of urgent interventions
- Developing a Mental Health and Substance Use Strategy for 2015 – 2020.

The NMHP also chairs the work of the Mental Health and Psychosocial Support Task Force (MHPSS TF). This task force is co-chaired by the WHO and UNICEF and works to harmonize and mainstream MHPSS in all sectors with actors working directly within the Syrian Crisis Response. (See Annex 2 for the 2015 MHPSS TF Action Plan.)

The "4Ws"-Who's doing What, Where and Until When in Mental Health and Psychosocial Support-mapping tool is an essential component of locating, assessing, coordinating and planning MHPSS services. As such, to provide the big picture of the size and nature of the MHPSS response and to better prioritize the issues to be addressed by the Task Force, "the 4Ws" report will be used. The information gathered from this report will also be used to help in the development of the above mentioned referral

system. This report is the second mapping exercise of the "4Ws" in Lebanon, the first of which was published in the December 2013 UNHCR commissioned report, *Assessment of Mental Health and Psychosocial Support Services for Syrian Refugees in Lebanon*. In the present report, The 2014 results will be compared to those of the previous year to display the changes in service delivery.

II. Objectives:

The overall aims of this exercise were to:

- Review and update the existing data on MHPSS provided for Syrians displaced in Lebanon
- Map the "4Ws" of NGOs providing MHPSS services in the four governorates: Bekaa, Beirut and Mt. Lebanon, South Lebanon and North Lebanon
- Foster collaboration and coordination between actors from the MHPSS TF and the NMHP
- Analyse existing data trends, highlight gaps, reflect on the particular context of Syrians displaced in Lebanon and provide practical recommendations to the MoPH, UNHCR and other relevant partners

III. Methodology:

The assessment took place during September 2014 – March 2015. One NMHP team member, a psychologist, was in charge of initiating and collecting the survey results. Those results were then reviewed and reported by a team of Mental Health and Public Health professionals including one psychiatrist, one psychologist, a psychiatric nurse, a public health officer and a mental health intern.

This exercise focused on updating the "4Ws" mapping information presented in the 2013 *Assessment of Mental Health and Psychosocial Support Services for Syrian Refugees in Lebanon* report. The main tool used by the team to map the "4Ws" was the WHO - UNHCR's *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings.*

For this assessment, the team built upon the 2013 report as the model to collect and report data. The previous division of information was followed and results were broken down by geographical sector, population, actors, funding, activities and sub-activities.
Data collection was structured to the NGOs who are part of the MHPSS TF (Please refer to Annex 4 for the list of NGOs participating in the TF). Each of the 36 NGOs in the task force received an excel spread sheet to complete which included:

- A one-page introduction to the "4Ws" exercise
- A table to update the organization's information
- A table to list the 15 MHPSS, CP and GBV activities and their corresponding sub-activities

A total of 105 individuals were contacted from the 36 participating NGOs. Responses were received from the following 13 NGOs:

- Medical Aid for Palestinians
- Action Against Hunger
- IOM
- IMC
- MSF Belgium
- CLMC
- Himaya
- Handicap International
- MSF Swiss
- IDRAAC
- RESTART
- TDH
- MDM

Collecting the data from the participants proved once again to be challenging as incomplete data was received, late data or received no data at all. The timeframe allocated for collecting the data was set to be one month initially, but the collection deadline was extended to a total of six months. Multiple reminders were sent and phone outreach was made to the 23 organizations who did not reply by the deadline, but no additional data was received. As a result, the authors acknowledge that some of the data received may now be outdated because the 4Ws is meant to capture a snapshot of all MHPSS activities at a certain point in time. However, confirmation that all activities reported in this document are still active in their period of implementation was sought. Also in preparation of writing this report, a request was sent for organizations to update their data due to the 6 months delay, updated data was received from five agencies. The data gathered from participants was analysed using SPSS. (Please see Annex 1 for a detailed list of activities, codes and sub-codes.)

We are grateful for all the organizations that took the time to send the fully completed survey form. Although not comprehensive, these results are able to provide an approximation about the reality on the field.

IV. Results of the "4Ws"

Table 1: IASC Pyramid of Services

Below is the IASC Pyramid, which differentiates MHPSS interventions into four levels of services. Results from the current assessment are compared to the 2013 report results. Level one "Psychosocial consideration when providing basic services" was not measured by this exercise.

Table 1: Distribution of MHPSS activities by level of the IASC Pyramid of Services in 2013 and 2014

Levels of the IASC Pyramid	Corresponding "4Ws" Activities
Level 4 Specialized or clinical services	Case-Focused and General MHPSS
Level 3 Focused non-specialized psychosocial support	Case-Focused, Community-Focused and General MHPSS
Level 2 Strengthening community and family supports	Protection and Community-Focused
Level 1 MHPSS considerations in basic services	Social Considerations in Basic Services and Security

For more information on the four main categories, please see Annex 1

Overall, shift between 2013 and 2014 levels of services was seen. Though more activities were reported in 2014 than in the previous year, no noticeable change was seen on a macro level.

Where

Table 2: Activities per Governorate and Population – Activity Concentration per 100,000 as well as percentage and numbers of displaced Syrians per Governorate in Lebanon

Governorate	General Population[1]	Displaced Syrians (#)[2]	Displaced Syrians (%)	Concentration of Activities (%)	Per 100,000 (%)[3]
North	807,204	285,009	24.2%	18.6%	6.5%
Beirut & Mount Lebanon	1,836,255	340,876	28.9%	29.9%	8.8%
Bekaa	540,000	412,972	35.1%	30.4%	7.4%
South	816,541	139,181	11.8%	21.1%	15.2%

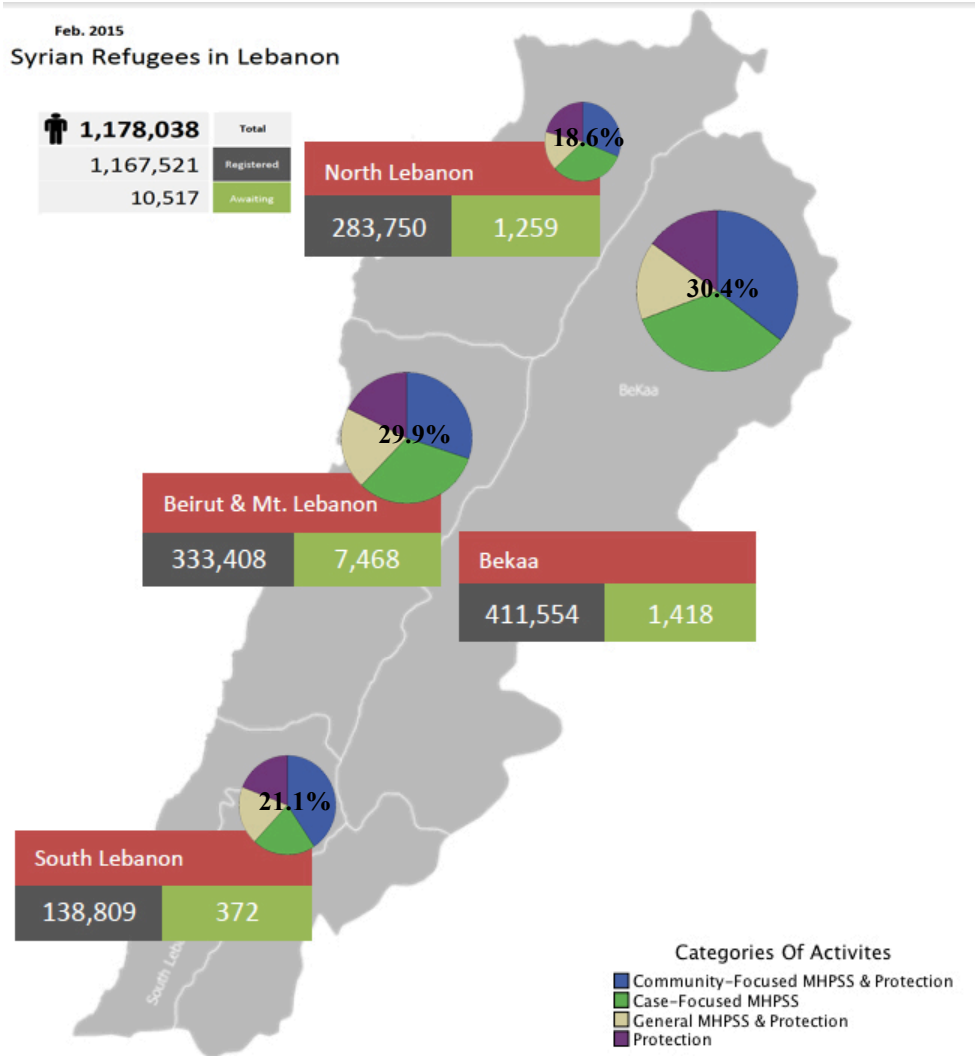
1 – Lebanese Ministry of Environment: "Lebanon State of the Environment Report", Chapter 1, page 11, 2001.
2 – UNHCR Lebanon – Total Registered and awaiting registration Feb 27 2015.
3 – Percentages of activities per 100,000 in Syrian displaced.

Bekaa still takes the lead with 30.4% of the total concentration of activities between governorates. The concentration of activities in Beirut and Mount Lebanon increased significantly from 18.6% in 2013 to 29.9% in 2014 and witnessed the largest shift. North and South Lebanon remained relatively the same as the year before.

It is interesting to note that though Bekaa has the highest concentration of activities and the highest percentage of displaced Syrians, this governorate has the lowest percentage of activities per 100,000, making it the most underserved area given its population size. Southern Lebanon is the highest served governorate at 15.2% of activities per 100 000 population.

Table 3: Comparison of Main Categories of Activities between Governorates

Bekaa takes the lead in both Community-Focused and Case-Focused activities, while Beirut leads in General MHPSS and Protection activities. Southern Lebanon has the lowest number of reported Case-Focused activities at 14.7%.



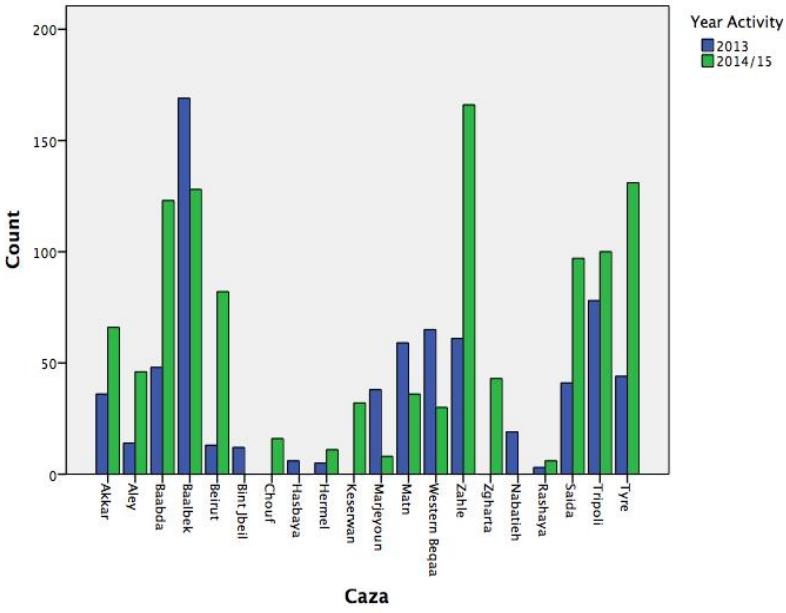
		Categories Of Activites				
		Community-Focused MHPSS & Protection	Case-Focused MHPSS	General MHPSS & Protection	Protection	Total
Governorate	North	17.0%	19.8%	16.5%	22.1%	18.6%
	Beirut & Mount Lebanon	26.4%	31.6%	34.0%	29.6%	29.9%
	Bekaa	31.6%	33.9%	27.0%	25.6%	30.4%
	South	25.1%	14.7%	22.5%	22.6%	21.1%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

Table 3: Comparison of Main Categories of Activities between Governorates

Table 4: Comparison of 2013 and 2014/15 Activities per Caza

Overall, a greater number of reported activities per caza was noted compared to 2013. These findings are interesting given that fewer NGOs responded to the current assessment. Zahlé takes the lead this year with the highest number of total activities across all cazas with 14.8%, followed by Tyre at 11.7%, Baalbek at 11.4% and Baabda at 11%. This is a change from 2013 where Baalbek was in the lead with 23.8%. Significantly less activities were conducted in Zahlé, Tyre and Baabda in 2013 at 8.6%, 6.2% and 6.8% respectively. The number of total activities in Beirut also rose significantly from 1.8% to 7.3%.

The lowest concentration of total activities lies within Rashaya at 0.5% followed by Marjeyoun at 0.7%.

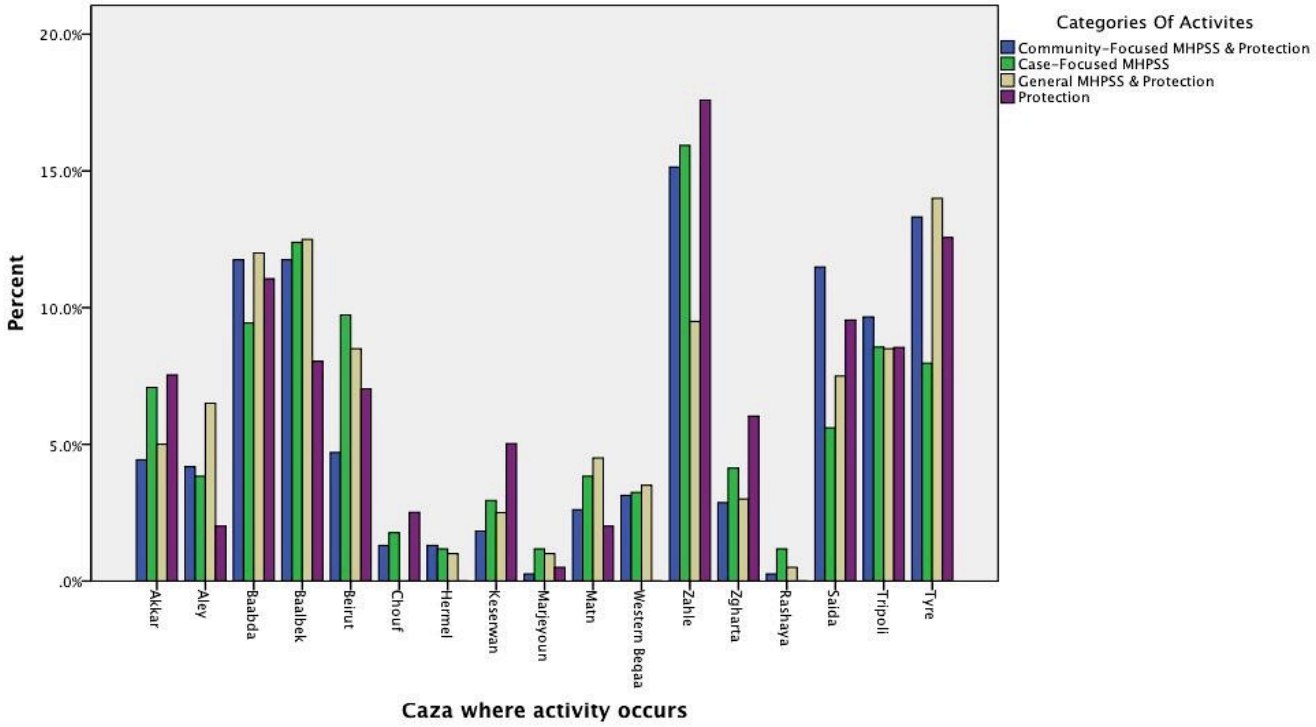


		Year Activity	
		2013	2014/15
Caza	Akkar	5.1%	5.9%
	Aley	2.0%	4.1%
	Baabda	6.8%	11.0%
	Baalbek	23.8%	11.4%
	Beirut	1.8%	7.3%
	Bint Jbeil	1.7%	0%
	Chouf	0%	1.4%
	Hasbaya	0.8%	0%
	Hermel	0.7%	1.0%
	Keserwan	0%	2.9%
	Marjeyoun	5.3%	0.7%
	Matn	8.3%	3.2%
	Western Beqaa	9.1%	2.7%
	Zahle	8.6%	14.8%
	Zgharta	0%	3.8%
	Nabatieh	2.7%	0%
	Rashaya	0.4%	0.5%
	Saida	5.8%	8.7%
	Tripoli	11.0%	8.9%
	Tyre	6.2%	11.7%
Total		100.0%	100.0%

Table 4: Comparison of 2013 and 2014/15 Activities per Caza

Table 5: Comparison of Main Categories of Activities across Cazas

Zahlé takes the lead in Protection, Case-Focused and Community-Focused activity areas and Tyre leads in General MHPSS activities. There are no reported Protection activities in Rashaya, Western Bekaa and Hermel , which may be due to a lack of data or a lack of service provision in those areas.



		Community-Focused MHPSS & Protection	Case-Focused MHPSS	General MHPSS & Protection	Protection	Total
Caza	Akkar	4.4%	7.1%	5.0%	7.5%	5.9%
	Aley	4.2%	3.8%	6.5%	2.0%	4.1%
	Baabda	11.7%	9.4%	12.0%	11.1%	11.0%
	Baalbek	11.7%	12.4%	12.5%	8.0%	11.4%
	Beirut	4.7%	9.7%	8.5%	7.0%	7.3%
	Chouf	1.3%	1.8%	0%	2.5%	1.4%
	Hermel	1.3%	1.2%	1.0%	0%	1.0%
	Keserwan	1.8%	2.9%	2.5%	5.0%	2.9%
	Marjeyoun	0.3%	1.2%	1.0%	0.5%	0.7%
	Matn	2.6%	3.8%	4.5%	2.0%	3.2%
	Western Beqaa	3.1%	3.2%	3.5%	0%	2.7%
	Zahle	15.1%	15.9%	9.5%	17.6%	14.8%
	Zgharta	2.9%	4.1%	3.0%	6.0%	3.8%
	Rashaya	0.3%	1.2%	0.5%	0%	0.5%
	Saida	11.5%	5.6%	7.5%	9.5%	8.7%
	Tripoli	9.7%	8.6%	8.5%	8.5%	8.9%
	Tyre	13.3%	8.0%	14.0%	12.6%	11.7%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

Table 5: Comparison of Main Categories of Activities across Cazas

Table 6: Comparison of Categories of Main Activities within the Cazas

A general increase in activities in all four main categories is noticed. The total number of activities reported rose significantly from 711 to 1121 activities.

There has been a significant increase in Community-Focused MHPPS activities within Saida (44) and Tyre (51), compared to 2013 results of 14 and 15 activities respectively.

For the majority of cazas, an increase was observed in reported activities in all four main categories of activities. The three cazas that reported a decrease across all category lines were Baalbek, Marjeyoun and Western Bekaa.

It is noted that compared to the 2013 report, the following cazas reported no activities: Bint Jbeil, Hasbaya and Nabatieh. This may be due to either a lack of current activity provision or a lack of data supplied by the participant organizations.

			Year Activity	
			2013 Count	2014/15 Count
Caza	Akkar	Community Focused MHPSS & Protection	14	17
		Case focused MHPSS	9	24
		General MHPSS & Protection	5	10
		Protection	8	15
	Aley	Community Focused MHPSS & Protection	8	16
		Case focused MHPSS	4	13
		General MHPSS & Protection	1	13
		Protection	1	4
	Baabda	Community Focused MHPSS & Protection	16	45
		Case focused MHPSS	20	32
		General MHPSS & Protection	4	24
		Protection	7	22
	Baalbek	Community Focused MHPSS & Protection	56	45
		Case focused MHPSS	58	42
		General MHPSS & Protection	26	25
		Protection	30	16
	Beirut	Community Focused MHPSS & Protection	8	18
		Case focused MHPSS	3	33
		General MHPSS & Protection	1	17
		Protection	1	14
	Bint Jbeil	Community Focused MHPSS & Protection	5	0
		Case focused MHPSS	2	0
		General MHPSS & Protection	3	0
		Protection	2	0
	Hasbaya	Community Focused MHPSS & Protection	3	0
		Case focused MHPSS	0	0
		General MHPSS & Protection	2	0
		Protection	2	0
	Hermel	Community Focused MHPSS & Protection	0	6
		Case focused MHPSS	2	4
		General MHPSS & Protection	1	2
		Protection	1	0
	Marjeyoun	Community Focused MHPSS & Protection	19	1
		Case focused MHPSS	10	4
		General MHPSS & Protection	7	2
		Protection	2	1
	Matn	Community Focused MHPSS & Protection	17	10
		Case focused MHPSS	14	13
		General MHPSS & Protection	4	9
		Protection	24	4
	Nabatieh	Community Focused MHPSS & Protection	12	0
		Case focused MHPSS	2	0
		General MHPSS & Protection	4	0
		Protection	1	0
	Rashaya	Community Focused MHPSS & Protection	1	1
		Case focused MHPSS	0	4
		General MHPSS & Protection	1	1
		Protection	1	0
	Saida	Community Focused MHPSS & Protection	14	44
		Case focused MHPSS	14	19
		General MHPSS & Protection	4	15
		Protection	9	19
	Tripoli	Community Focused MHPSS & Protection	28	37
		Case focused MHPSS	28	29
		General MHPSS & Protection	7	17
		Protection	15	17
	Tyre	Community Focused MHPSS & Protection	15	51
		Case focused MHPSS	18	27
		General MHPSS & Protection	7	28
		Protection	4	25
	Western Bekaa	Community Focused MHPSS & Protection	26	12
		Case focused MHPSS	20	11
		General MHPSS & Protection	11	7
		Protection	8	0
	Zahle	Community Focused MHPSS & Protection	23	58
		Case focused MHPSS	15	54
		General MHPSS & Protection	5	19
		Protection	18	35
	Chouf	Community Focused MHPSS & Protection	0	4
		Case focused MHPSS	0	6
		General MHPSS & Protection	0	0
		Protection	0	5
	Keserwan	Community Focused MHPSS & Protection	0	7
		Case focused MHPSS	0	10
		General MHPSS & Protection	0	5
		Protection	0	10
	Zgharta	Community Focused MHPSS & Protection	0	11
		Case focused MHPSS	0	14
		General MHPSS & Protection	0	6
		Protection	0	12

Table 6: Comparison of Categories of Main Activities

Who

Table 7: Focus of Activity per Reporting Organizations

NGO	Community-Focused MHPSS & Protection	Case-Focused MHPSS	General MHPSS & Protection	Protection
Action Against Hunger (ACF)	✓		✓	✓
Caritas	✓	✓	✓	✓
Handicap International Development team (HI-DAD)		✓		✓
Himaya	✓	✓	✓	✓
IDRAAC	✓	✓	✓	✓
International Medical Corps - IMC	✓	✓		✓
International Organization for Migration - IOM	✓	✓	✓	✓
Médecins du Monde - MdM	✓	✓		✓
Médecins Sans Frontières - Belgium (MSFBE)	✓	✓	✓	✓
Médecins sans Frontières - Switzerland (MSFCH)				✓
Medical Aid for Palestinians - MAP	✓	✓	✓	✓
Restart		✓	✓	✓
Terre des Hommes - Italy (TdH-Italy)	✓		✓	✓

Table 7: Focus of Activity per Reporting Organizations

The majority of organizations reported working on activities in 3 or more categories. All 13 of them reported working on Protection activities. We acknowledge that these results may be due to the cross cutting of activities in the organizations' overall programming.

What

This section will focus on the evaluation of three of the Case-Focused Activities, which are:

- **Activity 8** - Psychological Intervention
- **Activity 9** - Clinical Management of Mental Disorders by Non-specialized Healthcare Providers (e.g. PHC, post-surgery wards, etc.)
- **Activity 10** - Clinical Management of Mental Disorders by Specialized Mental Healthcare Providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/general health facilities/mental health facilities)

Table 8: Concerning Activity 8 - Psychological Intervention

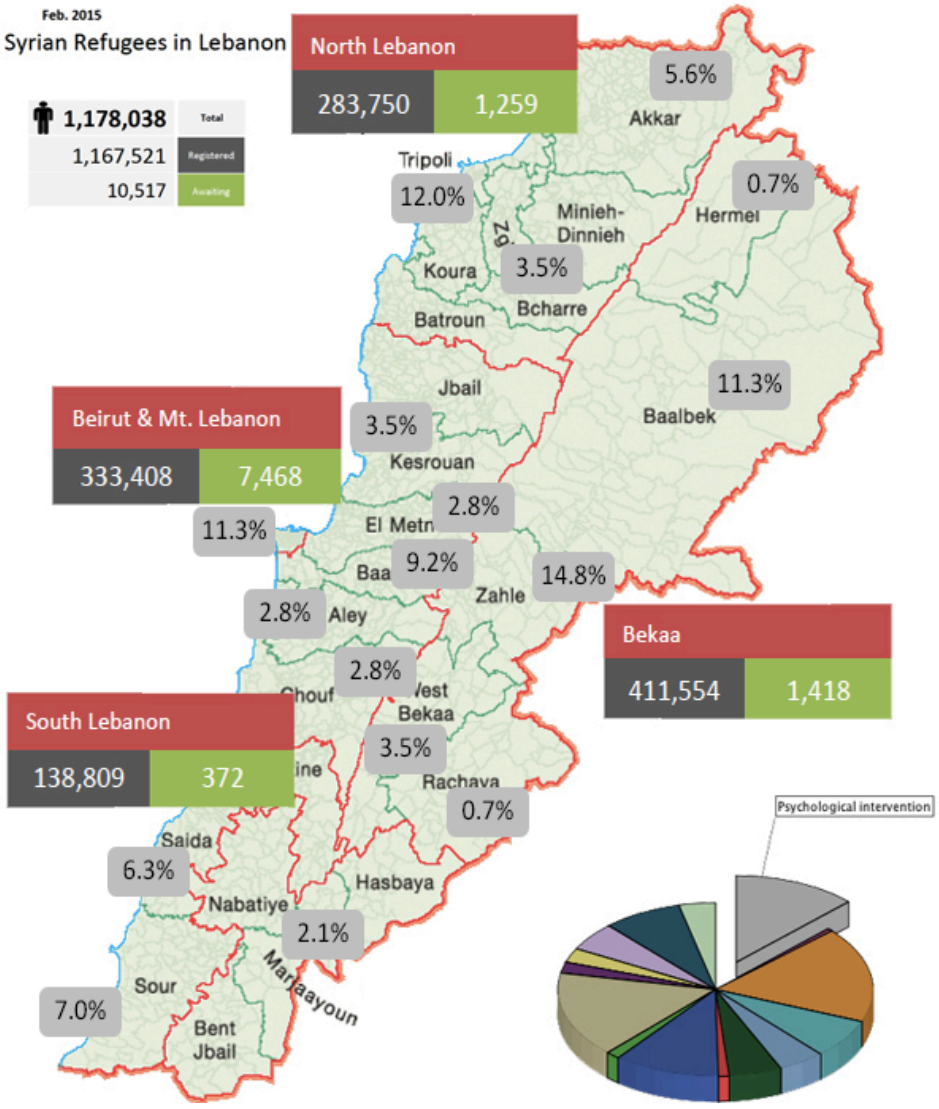


Table 8: Activity 8 Mapping - Psychological Intervention

Zahlé reported a large increase in Psychological Intervention activities – from 5.1% to 14%. Beirut, which was one of 2013's most underserved areas at 1.26%, and it also witnessed a great increase in the number of hosted activities which now constitute 11.3% of the psychological interventions activities in the country. (See Annex 3 for a table of more information)

Table 9: Concerning Activity 9 - Clinical Management of Mental Disorders by Non-specialized Healthcare Providers (e.g. PHC, post-surgery wards, etc.)

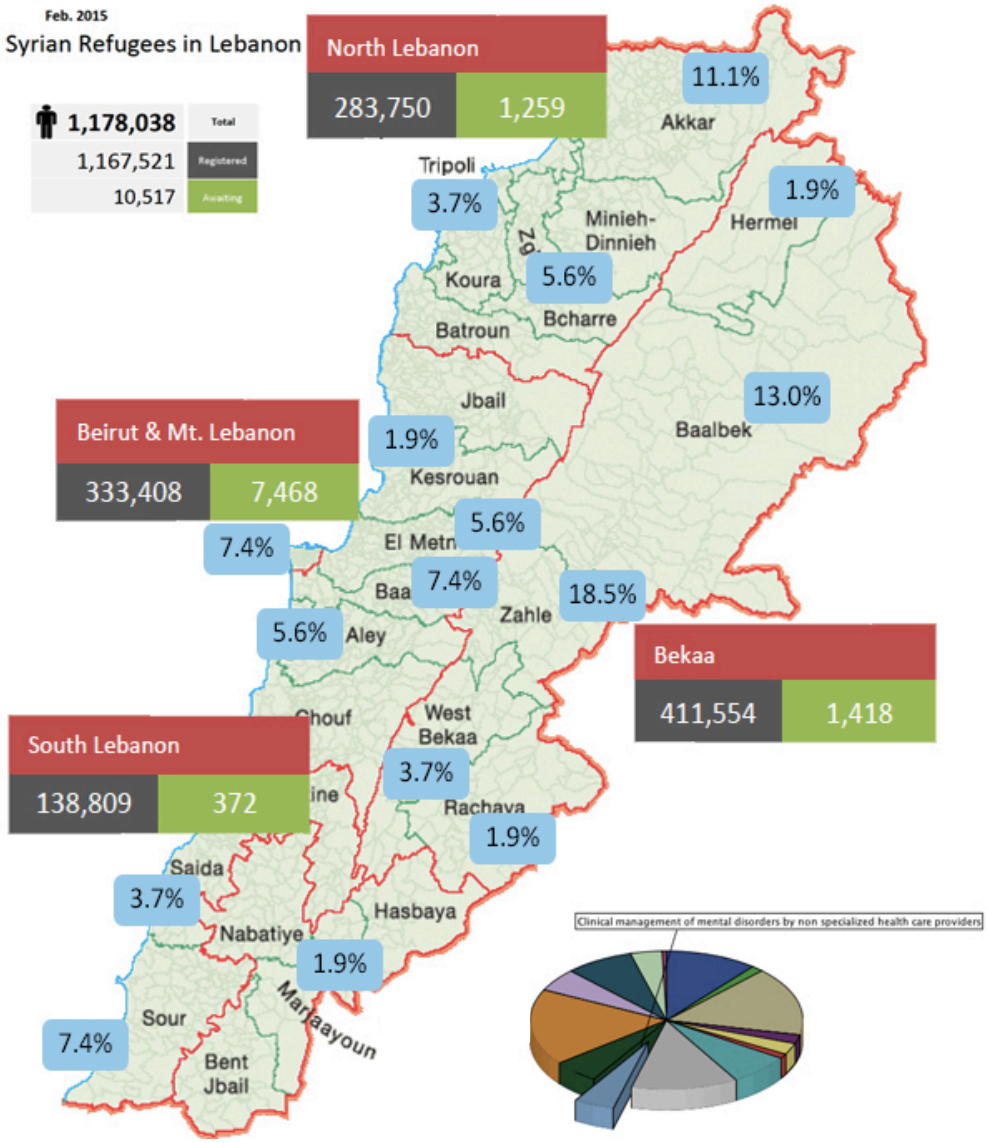


Table 9: Activity 9 Mapping - Clinical Management of Mental Disorders by Non-specialized Healthcare Providers

With the exception of a decrease in Baalbek, Saida and Tripoli, a general rise in clinical management activities by non-specialized healthcare providers was noticed. Akkar reported an increase from 2.5% to 11.1%, Beirut from 2.5% to 7.4% and Zahlé, witnessed the largest increase, from 5% to 18.5%.

These are promising statistics as integrating mental healthcare into primary care is essential in creating a comprehensive mental healthcare system. (See Annex 3 for a table of more information)

Table 10: Concerning Activity 10 - Clinical Management of Mental Disorders by Specialized Mental Healthcare Providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/general health facilities/mental health facilities)

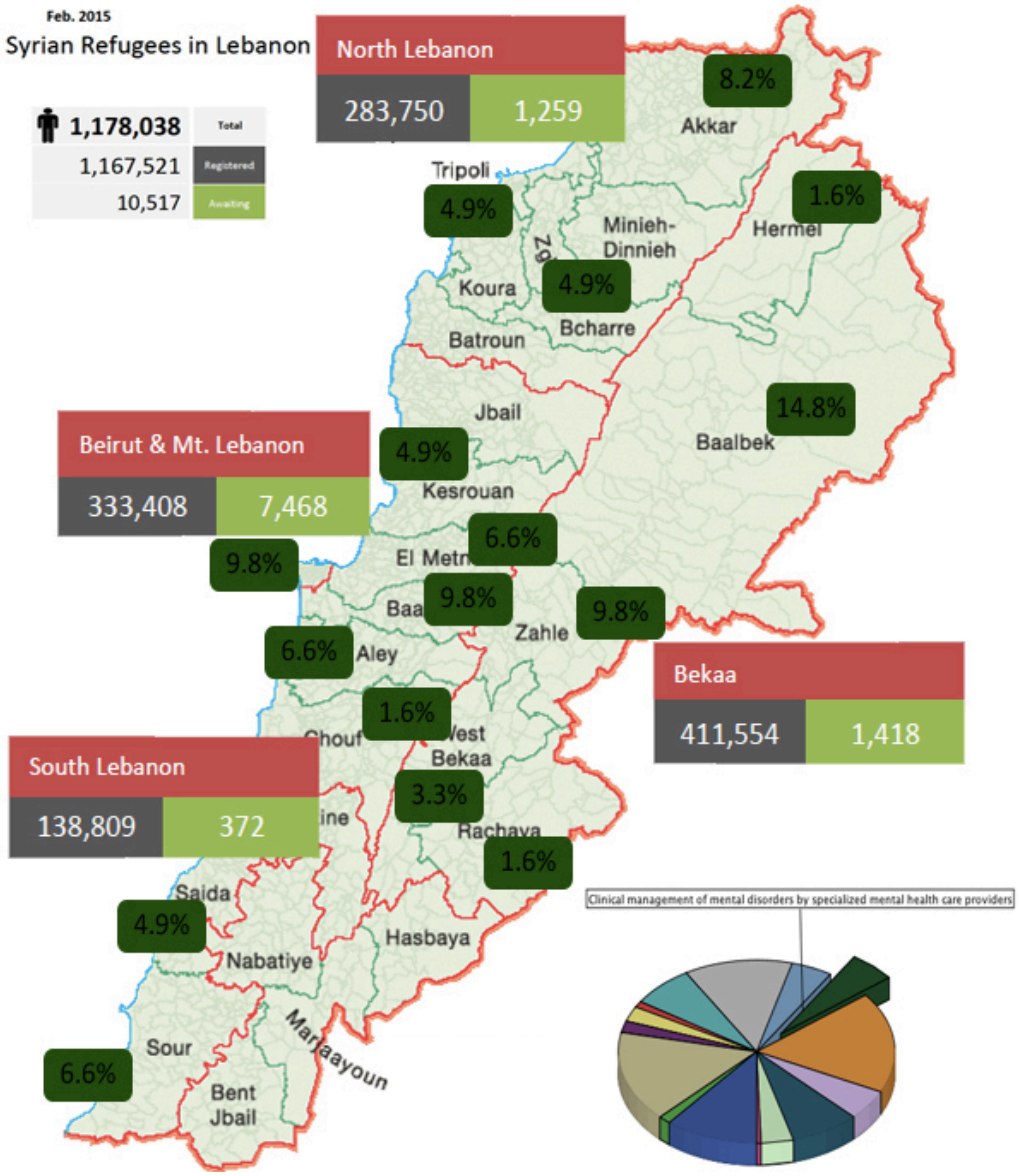


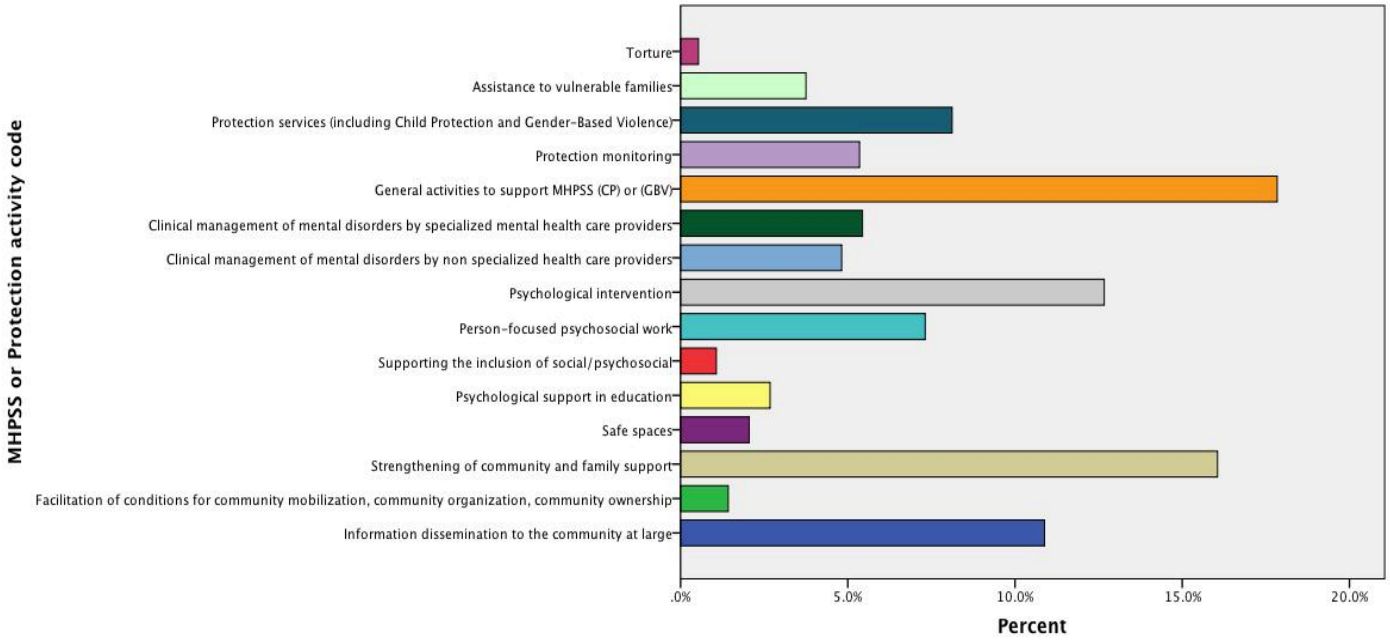
Table 10: Activity 10 Mapping - Clinical Management of Mental Disorders by Specialized Mental Healthcare Providers

The clinical management of specialized mental healthcare is improving as all cazas now report at least 1 or more activities in their district. This is a change from 2013 when this category of activities was not reported in seven of the cazas. (See Annex 3 for a table of more information)

Table 11: The Break Down of Different Activites:

Child Protection and Gender Based Violence activities continue to take the lead with 200 reported activities, followed closely by Strengthening of Community and Family Support at 180.

Information dissemination saw the largest increase from 37 activities to 122 showing an improvement in effectiveness in this activity area.



		Year Activity	
		2013	2014/15
MHPSS or Protection activity code	Information dissemination to the community at large	37	122
	Facilitation of conditions for community mobilization, community organization, community ownership	28	16
	Strengthening of community and family support	92	180
	Safe spaces	47	23
	Psychological support in education	18	30
	Supporting the inclusion of social/psychosocial	43	12
	Person-focused psychosocial work	64	82
	Psychological intervention	79	142
	Clinical management of mental disorders by non specialized health care providers	40	54
	Clinical management of mental disorders by specialized mental health care providers	36	61
	General activities to support MHPSS (CP) or (GBV)	93	200
	Protection monitoring	38	60
	Protection services (including Child Protection and Gender-Based Violence)	62	91
	Assistance to vulnerable families	19	42
	Torture	15	6
Total		711	1121

Table 11: Break Down of Different Activites

Table 12: The Breakdown of Different Sub-activites:

An increase in reported number of Women's Centers was noticed. The number of centers rose from 0 to a total of 10. Youth and child friendly spaces have however significantly decreased.

The highest increase was seen in the number of technical and clinical supervision sub-activities, which rose from 8 to 58 reported activities.

	Year Activity	
	2013	2014/15
Info of Situation	15	35
Messages +Cop	7	48
Messages Child Protection	12	21
Mass Campaigns	1	17
Others	2	1
Support of ER	8	11
Support of CSpaces	20	5
Support for SSA	13	12
Strengthening of parenting	44	39
Facilitation of CS	0	7
Structured social activities	4	22
Structured recreational activities	3	31
ECD activities	4	25
Livelihoods projects	10	17
Community DevProj in communities	9	9
Child-friendly spaces	30	11
Youth-friendly spaces	14	2
Women's centres	0	10
Other	3	0
PSS to teachers	7	12
PSS to classes	7	18
Other	3	0
Orientation, training or advocacy	38	12
Other	6	0
PFA	43	36
Linking Indiv to resources	17	46
Other	3	0
Basic counseling for individuals	43	52
Basic counseling for groups	12	32
Interventions for ALC	8	6
Psychotherapy	17	40
Debriefing	2	9
Other	0	2
Non-pharmacological management NS	15	22
Pharmacological management NS	4	10
Action by CW to identify & refer	21	23
Non-pharmacological management Spec	32	31
Pharmacological management Spec	1	19
Inpatient MH Care	0	11
Situation analyses/assessment	35	23
Monitoring/evaluation	7	30
Training/orienting	28	34
Technical or clinical supervision	8	58
PSS for staff/volunteers	12	30
Research	0	25
Other	3	0
Monit & Report of protection issues	31	28
Safety audits	1	11
Advocacy on protection issues	6	21
Multisectoral services for GBV	19	27
Case management for GBV	9	12
Shelter for GBV	0	7
Medical services for GBV	7	5
Ref of Prot cases to Non-Port services	15	21
Legal services	1	8
Specific services for persons with disabilities	1	1
Financial assistance to families	16	14
Material assistance to families	3	14
Shelter for families	0	14
Protection of Victims of Torture	9	1
Monitoring and reporting of protection issues	1	0
Refer to specialised centers	5	5
Support for C-Bprotec Net	0	5
Others	6	13
BIA & BID for children at risk	5	5
Alternative care for Unc or Sep children (UASC)	5	5
Total	711	1121

Table 12: Breakdown of Different Sub-activites

When

Table 13: Activities Status: Concerning Funding and Implementation

Similarly to 2013, incomplete funding data from participants was received and coded as "not specified." Protection activities had the most unreported funding data.

Community-Focused MHPSS activities reported the largest number of activities that have been funded, but not yet implemented. The remaining categories, Case-Focused and General MHPSS, shared rather similar levels of funding implementation across the board.

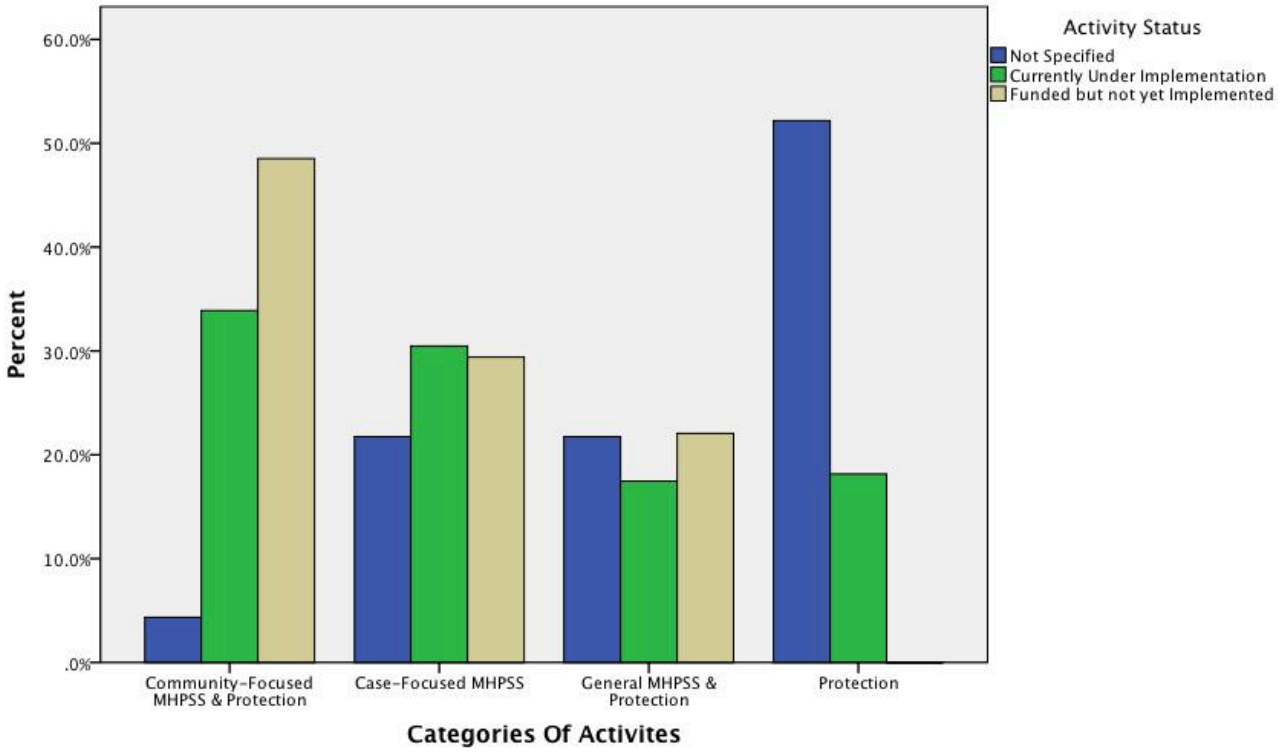


Table 13: Activities Status Funding and Implementation

V. Recommendations:

The 2013 report highlighted the following 11 Priority Recommendations:

2013 Recommendations	Status
Have MHPSS TF keep an up-to-date 4Ws and develop a minimal set of built in M&E indicators that would be agreed upon within the group.	Mostly achieved, ongoing
Familiarize programme staff on the IASC guidelines MHPSS and streamline an MHPSS approach in all sectors.	Not achieved, continuing
Carefully select and train field workers on PFA and other 'core MHPSS competencies' including detection of persons with mental health conditions.	Achieved, ongoing
Train and supervise PHC staff on mhGAP-IG. A shorter version 'mhGAP in humanitarian settings' is under development and can be useful if resources are limited to conducting a full mhGAP base course.	Achieved, ongoing
Harmonize the HIS using UNHCR 7 mental health categories.	Not achieved, being addressed in the National Strategy
Make sure the psychotropic drugs from the Essential Drug list are always available in the health facilities.	Mostly achieved, ongoing
Establish a solid referral and feedback system both centrally and locally in the different districts including pathways for urgent cases that might occur outside working hours.	Partially achieved, Starting
Train and supervise psychologists in evidence-based psychotherapy methods. Preferably Interpersonal Psychotherapy (IPT) and, in addition, a selected number on EMDR or tf-CBT.	Not achieved, continuing
Have a media campaign to improve refugees-host community relations.	Not achieved, being addressed in the National Strategy
Promote access of host community, and other persons of concern such as the Palestinian refugees and the Lebanese returnees to the service available for the Syrian refugees.	Not achieved, Not Identified as a priority anymore by the MHPSS TF
Use mobile teams to improve access to services.	Not achieved, being addressed in the National Strategy

In the coming section, the status of these recommendations will be discussed in more details and new recommendations for the 2015/2016 program year will be provided.

Training

Training facilitated by the NMHP, with the support of WHO and other actors, has been provided to field workers and PHC staff on mhGAP, PFA and other core MHPSS competencies. Feedback from these trainings has been positive and the trainings will remain ongoing. Moving forward, a need to focus more attention on level-one trainings, such as PFA and suicide risk management, is a priority for fieldworkers and social workers engaged in the Syrian Crisis response. These skills are vital to triage patients in crisis given the many barriers to specialized mental health treatment, including a lack of beds, long waiting times for referral and little to no financial resources from patients. Rolling out PFA and crisis training to all field workers is on the MHPSS TF Action Plan for 2015.

One training area that has yet to be achieved is advanced training for psychologists in evidence-based psychotherapy interventions such as IPT, EMDR and tf-CBT. There is a lack of specialized trainers in these modalities in Lebanon and a TOT training and supervision program to achieve this goal is highly needed.

Lastly, it is still a goal to familiarize program staff in all organizations implementing MHPSS interventions on the IASC guidelines and streamline an MHPSS approach in all sectors. This will require the cooperation of all NGOs and ministry partners.

Service Provision

Many of 2013 report recommendations in this area are being addressed in the national mental health strategy, which will be launched in May 2015. These include the availability of psychotropic drugs, the integration of mental health into primary care and the harmonization of a health information system among other activities.

In an effort to improve community host and displaced population relations, the NMHP, in collaboration with IA and IMC, provided TOT workshops for a group of psychologists, psychiatrists and social workers on conflict sensitivity in order to raise awareness at the PHC level on conflict between the Syrian displaced population and the Lebanese community. Follow-up visits were completed after these workshops to ensure implementation at the PHC level.

The MHPSS Task Force is in the process of creating an on-call referral list for urgent mental health cases as a stop gap measure while waiting for the finalization of the referral system. The mental health referral and feedback system is currently under construction. The information received from NGOs for this "4Ws" assessment will directly feed into the development of pathways for care.

The noted rise in number of activities in all four main categories between 2013 and 2014, despite the fact that fewer NGOs participated in this year's "4Ws" process, was hypothesized to be due to the higher number of displaced Syrians in Lebanon, which rose from 793,615 in our last report to 1,178,038 currently (UNHCR 2013, 2015). This shift shows that the response of the organizations conducting MHPSS activities in Lebanon is harmonized to the emerging needs of the Syrian Crisis response. With that said, service provision is still inadequate for many marginalized displaced Syrians and should be improved in all sectors.

Another trend observed was a significant increase in number of activities reported in Zahlé and Beirut, two major urban centers in Lebanon. A potential negative result of this rise is that unfortunately many displaced Syrians who live in rural areas continue to be underserved. To counteract the latter negative outcome, the MHPSS Task Force will work more diligently to engage those agencies working with refugees in the border areas, but most especially in Northern and Southern Lebanon. The NMHP will also work to engage and provide more training to fieldworkers in those locations.

Further Research

One of the overall goals of the NMHP is to develop a national mental health research agenda. Using this yearly report can be a great tool to advocate for certain focuses of research. Further communication and collaboration with academia needs to be initiated and continued to disseminate the findings of these reports.

Moving forward, research can focus on utilization of services, on the help seeking behaviors of Syrian displaced for mental health services and on the acceptability, accessibility and quality of MHPSS service providers. An evaluation of the impact of MHPSS programming in Lebanon by a body independent of the organizations conducting the latter is also recommended.

Coordination

It will be important for the NMHP and MHPSS TF to further build their relationship to ensure adequate coordination across activities. Many challenges are faced by those working in the Syrian Crisis Response and a high level of involvement of all organizations at the MHPSS TF meetings and activities is seen. This participation is a strength to capitalize on in the next year assessment to build higher engagement in future "4Ws" exercises.

Future "4Ws" Mappings

The "4Ws" works best as a rapid assessment tool and requires timely information from multiple sources to provide relevant and accurate information. An online "4Ws" is currently being piloted by the NMHP that can be regularly updated (every 3 months for example) by the relevant NGOs. The excel data from the "4Ws"will be visible to all MHPSS TF members and the NMHP will provide regular reports on the trends of the MHPSS activities.
Lastly, it is recommended that MHPSS TF members designate a focal point per NGO to fill-out the "4Ws" regularly and be the NMHP point of contact. These focal points will be trained on "4W" indicators and will provide input on the challenges in order to streamline the process.

Summary of 2015 Priority Recommendations

Training	Increase level-one trainings, such as: PFA, suicide risk management and other crisis response skills
	Create a TOT training and supervision program for advanced psychotherapy interventions, such as: IPT, EMDR and tf-CBT
	Familiarize program staff on IASC guidelines and continue work on streamlining MHPSS approach sector-wide
Service Provision	Continue TOT conflict sensitivity workshops to improve Syrian displaced and host community relationships
	Finalize and implement on-call referral list for urgent mental health cases
	Finalize and implement mental health referral and feedback system
	Continue to monitor shifting mental health activities to highlight gaps and improve service delivery
Further Research	Improve relationships with universities, professional associations and research institutes to develop a national mental health research agenda
	Disseminate NHMP report findings to the public
	Advocate for further mental health research in the context of Syrian Crisis Response
Coordination	Work closely with MHPSS TF and build relationship to improve coordination and cooperation
Future "4Ws" Mappings	Finalize and implement online "4Ws" system
	Have MHPSS TF members designate a focal point per NGO as a point of contact, be trained on the "4W" and provide input on the challenges to streamline the process

VI. Conclusion:

This exercise was able to provide an assessment of MHPSS services for Syrians displaced in Lebanon. It also allowed us the opportunity to provide a comparison of activities and services to observe greater trends in the Syrian Crisis Response.

The National Mental Health Program looks forward to continuing the "4Ws" process and engaging the MHPSS Task Force members in the collaboration for and assessment of mental health services. The NMHP also looks forward to improving this process to make the "4Ws" a more relevant tool in MHPSS service planning in Lebanon.

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2. United Nation High Commissioner for Refugees. (2015, February 15). *Syrian refugees in Lebanon*. Retrieved from: https://data.unhcr.org/syrianrefugees/country.php?id=122

3. United Nation High Commissioner for Refugees. (2013). *Syrian refugees in Lebanon*. Retrieved from: https://data.unhcr.org/syrianrefugees/country.php?id=122

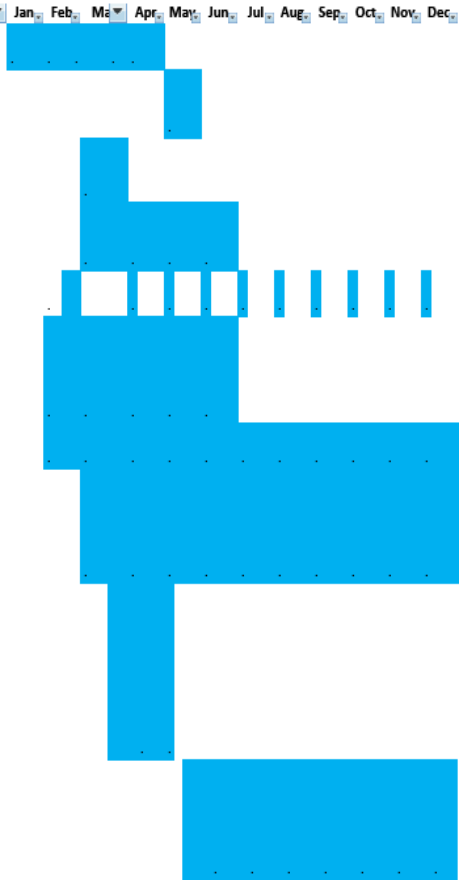
4. World Health Organization and Ministry of Public Health. (2010). *WHO-AIMS report on mental health system in Lebanon*. Retrieved from: http://www.who.int/mental_health/who_aims_report_lebanon.pdf

Annex 1: MHPSS Activity Codes and Sub-codes

	Activity Code	Activity / Intervention	Sub-Activity Code	Sub-Activities (examples or details of activities)
Note: Many of the activities listed here are cross-cutting across sectors. On the Services Info sheet, indicate whether these activities are targeted toward Mental Health and Psychosocial Support, Gender-Based Violence, or Child Protection.				
Community-Focused MHPSS and Protection	1	Information dissemination to the community at large	1.1	Information on the current situation, relief efforts or available services
			1.2	Messages on positive coping
			1.3	Messages on Child Protection (CP) issues or prevention of Gender-Based Violence (GBV) (include information, education & communication [IEC] materials)
			1.4	Mass Campaigns (Events, TV, Radio, etc)
			1.5	Other (describe in column G of MHPSS & Protection Services Info sheet)
	2	Facilitation of conditions for community mobilization, community organization, community ownership or community control over emergency relief in general	2.1	Support for emergency relief that is initiated by the community
			2.2	Support for communal spaces/meetings to discuss, problem-solve and organize community members to respond to the emergency
			2.3	Other (describe in column G of MHPSS & Protection Services Info sheet)
	3	Strengthening of community and family support	3.1	Support for social support activities that are initiated by the community
			3.2	Strengthening of parenting/family supports
			3.3	Facilitation of community supports to vulnerable persons
			3.4	Structured social activities (e.g. group activities)
			3.5	Structured recreational or creative activities (do not include activities at child or youth friendly spaces that are covered in 4.1 and 4.2)
			3.6	Early childhood development (ECD) activities
			3.7	Facilitation of conditions for indigenous traditional, spiritual or religious supports, including communal healing practices
			3.8	Livelihoods projects (income-generating activities, life skills, literacy classes, etc.)
			3.9	Community development projects in host communities (e.g., quick impact projects [QIPs], community-based protection projects)
			3.10	Support for community-based protection networks
			3.11	Other (describe in column G of MHPSS & Protection Services Info sheet)
	4	Safe spaces	4.1	Child-friendly spaces
			4.2	Youth-friendly spaces (ages 15 - 24)
			4.3	Women's centres
			4.4	Other (describe in column G of MHPSS & Protection Services Info sheet)
	5	Psychological support in education	5.1	Psychosocial support to teachers/other personnel at schools/learning places
			5.2	Psychosocial support to classes/groups of children at schools/learning places
			5.3	Other (describe in column G of MHPSS & Protection Services Info sheet)
	6	Supporting the inclusion of social/psychosocial, child protection and/or gender-based violence considerations in other sectors (e.g., protection, health, nutrition, food aid, shelter, site planning, or water and sanitation services)	6.1	Orientation, training or advocacy with aid workers/agencies on including social/psychosocial, child protection, or GBV considerations in programming (provide details on the MHPSS & Protection Services Info sheet)
			6.2	Other (describe in column G of MHPSS & Protection Services Info sheet)
Case-focused MHPSS	7	(Person-focused) psychosocial work	7.1	Psychological first aid (PFA)
			7.2	Linking vulnerable individuals/families to resources (e.g., health services, livelihoods assistance, community resources etc.) and following up to see if support is provided.
			7.3	Other (describe in column C of the data entry sheet)
	8	Psychological intervention	8.1	Basic counseling for individuals (specify type in column G of MHPSS & Protection Services Info sheet)
			8.2	Basic counseling for groups or families (specify type in column G of MHPSS & Protection Services Info sheet)
			8.3	Interventions for alcohol/substance use problems (specify type in column G of MHPSS & Protection Services Info sheet)
			8.4	Psychotherapy (specify type in column G of MHPSS & Protection Services Info sheet)
			8.5	Individual or group psychological debriefing
			8.6	Other (describe in column G of MHPSS & Protection Services Info sheet)
	9	Clinical management of mental disorders by non specialized health care providers (e.g. PHC, post-surgery wards)	9.1	Non-pharmacological management of mental disorder by non-specialized health care providers (where possible specify type using categories 7 and 8)
			9.2	Pharmacological management of mental disorder by non-specialized health care providers
			9.3	Action by community workers to identify and refer people with mental disorders and to follow up on them to ensure adherence to clinical treatment
			9.4	Other (describe in column G of MHPSS & Protection Services Info sheet)
	10	Clinical management of mental disorders by specialized mental health care providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/ general health facilities/ mental health facilities)	10.1	Non-pharmacological management of mental disorder by specialized mental health care providers (where possible specify type using categories 7 and 8)
			10.2	Pharmacological management of mental disorder by specialized health care providers
			10.3	In-patient mental health care
			10.4	Other (describe in column G of MHPSS & Protection Services Info sheet)
General MHPSS & Protection	11	General activities to support MHPSS, Child Protection (CP), or Gender-Based Violence (GBV)	11.1	Situation analyses/assessment (specify whether it is MHPSS, CP, GBV, or a combination in Column H of the MHPSS & Protection Services Info sheet)
			11.2	Monitoring/evaluation
			11.3	Training / orienting (specify topic in column C of the data entry sheet)
			11.4	Technical or clinical supervision
			11.5	Psychosocial support for staff/volunteers (including refugee volunteers)
			11.6	Research
			11.7	Other (describe in column G of MHPSS & Protection Services Info sheet)
Protection	12	Protection monitoring (including Child Protection and Gender-Based Violence)	12.1	Monitoring and reporting of protection issues
			12.2	Safety audits
			12.3	Advocacy on protection issues
	13	Protection services (including Child Protection and Gender-Based Violence)	13.1	Multisectoral services for survivors of gender-based violence (GBV)
			13.2	Case management for survivors of gender-based violence (GBV)
			13.3	Shelter for survivors of gender-based violence (GBV)
			13.4	Medical services for survivors of gender-based violence (GBV) (including clinical management of rape [CMR])
			13.5	Referral of protection cases to non-protection services (health, education, employment, etc.)
			13.6	Legal services
			13.7	Specific services for persons with disabilities
			13.8	Targeted programs for children associated with armed forces and/or armed groups (CAAFAG)
			13.9	Targeted programs for children engaged in child labour
			13.10	Family tracing and reunification for unaccompanied and/or separated children (UASC)
			13.11	Best Interest Assessment (BIA) and/or Best Interest Determination (BID) process for unaccompanied, separated and other children at risk
			13.12	Alternative care for unaccompanied and/or separated children (UASC)
	14	Assistance to vulnerable families	14.1	Financial assistance to vulnerable families
			14.2	Material assistance to vulnerable families (Non-food items)
			14.3	Shelter for vulnerable families
	15	Torture	15.1	Protection of Victims of Torture
			15.2	Advocacy on protection issues
			15.3	Monitoring and reporting of protection issues
			15.4	Refer to specialised centers
			15..5	Provide specialized care for victims of torture specify what do you provide " explain in one sentence in column G.

Annex 2: MHPSS TF 2015 Action Plan

Input	Activity (Process)	Output	Output Indicator	Means of Verification	Assumption
	Finalize the 4Ws report	Mapping for MHPSS Services Updated	4Ws updated	Updated 4Ws Document	partners collaboration
	mhGAP Advanced Training	MH service provision by PHC in 25 previously trained centres improved	Number of 2-day training conducted; number of participants	Training Report	
Meeting Room, LCD, Laptop, List of Participants, Catering	Rolling out PFA for 30 PHC centres	PHC skills in dealing with refugees improved	Number of three 1-day training conducted; number of participants	Training Report	
List of Organization willing to have a Staff Care Assessment	Conduct Staff care assessment	Best practices documented and a set of recommendations for organizations proposed	Assessment report available	Assessment Report	fund secured
Training Matrix Form	Keep an updated training matrix for all organizations	Coordination of trainings and activities improved	updated matrix available	Updated Matrix	partner collaboration
MH Specialists	Building a good referral system	Quality of intervention with person in need of emergency crisis intervention improved	number of SOP number of accessible on-call MH specialists Number of hospitals nerly contracted	SOP, MH specialist report, Hospital contracts	
	Participate to the meetings of CPwG and SGBV TF	Intersectoral collaboration improved	number of meetings attended	List of Meetings Attended	
Meeting Room, LCD, Laptop, List of Participants	Start regular monthly regional MHPSS meetings	Regional MHPSS coordination in south and north of Lebanon established coordination with Bekaa MHPSS coordination mechanism improved	Number of meetings conducted	Meeting Minutes	no security events In the North and South
	Provide stop-gap training to fieldworkers	Crisis interventions skills in dealing with refugees improved	Training conducted; number of participants	Training Report	
	Create an on-call provider list as a stop-gap measure	Improve response with severe MH cases	Number of people using the service	Report	



Annex 3: 2013 – 2014/15 Comparison of Activities 8, 9, 10 by Count

Concerning Activity 8: Psychological Intervention

		Year Activity	
		2013	2014/15
Caza	Akkar	2	8
	Aley	2	4
	Baabda	10	13
	Baalbek	20	16
	Beirut	1	16
	Bint Jbeil	1	0
	Hermel	1	1
	Marjeyoun	5	3
	Matn	5	4
	Nabatieh	1	0
	Rashaya	0	1
	Saida	4	9
	Tripoli	10	17
	Tyre	4	10
	Western Bekaa	9	5
	Zahle	4	21
	Chouf	0	4
	Keserwan	0	5
	Zgharta	0	5
Total		79	142

Activity 8: Psychological Intervention

Concerning Activity 9 - Clinical Management of Mental Disorders by Non-specialized Healthcare Providers

		Year Activity	
		2013	2014/15
Caza	Akkar	1	6
	Aley	0	3
	Baabda	4	4
	Baalbek	12	7
	Beirut	1	4
	Bint Jbeil	1	0
	Hermel	0	1
	Marjeyoun	1	1
	Matn	3	3
	Rashaya	0	1
	Saida	4	2
	Tripoli	4	2
	Tyre	4	4
	Western Bekaa	3	2
	Zahle	2	10
	Keserwan	0	1
	Zgharta	0	3
Total		40	54

Activity 9: Clinical Management of Mental Disorders by Non-specialized Healthcare Providers

Concerning Activity 10 - Clinical Management of Mental Disorders by Specialized Mental Healthcare Providers

		Year Activity	
		2013	2014/15
Caza	Akkar	1	5
	Aley	0	4
	Baabda	3	6
	Baalbek	8	9
	Beirut	0	6
	Hermel	0	1
	Matn	3	4
	Rashaya	0	1
	Saida	3	3
	Tripoli	8	3
	Tyre	6	4
	Western Bekaa	2	2
	Zahle	2	6
	Chouf	0	1
	Keserwan	0	3
	Zgharta	0	3
Total		36	61

Activity 10: Clinical Management of Mental Disorders by Specialized Mental Healthcare

Annex 4: MHPSS TF Member List of NGOs

Organization
ABAAD-Resource Center for Gender Equity
Action Contre la Faim
Amel Association
Arab Resource Collective
American Refugee Committee
AVSI Foundation
Canadian Embassy
Caritas Lebanon Migrant Center
Committee for the Children of Palestin- Japan
Culture, Power and Inequality Working Group
Center for Victims of Torture / Restart
Danish Refugee Council
Family Guidance Center
Fundación Promoción de la Cultura
Gesellschaft für Internationale Zusammenarbeit
Heartland Alliance
Helpage International
Handicap International
Handicap International Development (DAD)
Himaya
International Committee of the Red Cross
Institute for Development Research Advocacy and Applied Care
Ministry of Public Health
Ministry of Social Affairs
International Medical Corps
Inter-Agency United Nations Higher Council for Refugees
International Alert
International Organization for Migration
International Refugee Council
Lebanese Physical Handicapped Union
Lebanese Red Cross
Makhzoumi Foundation
Media Association for Peace
Medecins Du Monde
Mercy Corps
Medecins Sans Frontieres-Belgium
Medecins San Frontieres-Swiss
Pavillion Psychology
Première Urgence - Aide Médicale Internationale
Restart Center
Save the Children
Terre Des Hommes
United Nations Higher Council for Refugees
United Nations International Children Emergency Fund
United Nations Relief and Works Agency for Palestine
Union of Relief and Development Associations
War Child Holland
World Health Organization