

◀ Minutes of Meeting ▶

Meeting Title	: "Psychosocial response to vulnerable population's need in Lebanon: Managing the transition from a humanitarian to a development approach" Workshop by the Agence Francaise de Development With the support of the National Mental Health Programme (NMHP)
Date	: 19.12.2017
Time	:9:00 am to 5:00 pm
Place	:Meeting room, media library, French institute, French embassy- Beirut
In Attendance	: Participants from Ministries, UN agencies, local and international NGOs.
Minutes Submitted By	: Ms Rawan Hamadeh – Public Health Officer NMHP-MoPH Ms.Nour Kik – Policy and Advocacy Coordinator NMHP-MOPH

#	Discussions
1.	<p>Introduction (speakers: Agence Francaise de Development (AFD)-Lebanon, Ministry of Social affairs (MOSA))</p> <p>With the protraction of the Syrian crisis (more than 6 years), and with the decrease in funds, efforts should be gathered and coordinated in order to have a safe and effective transition from the humanitarian into the developmental phase.</p> <p>The Ministry of Social Affairs (MOSA) has affirmed the importance of inter-ministerial coordination. Recently a committee was established between MOSA and the Ministry of Public Health (MOPH) to coordinate activities in the field mainly in the Social Development Centres of MOSA (SDCs) and Primary Health care Centres (PHCs) in the MOPH network targeting Lebanese and Syrian and an initiative to structure the work between MOSA and the National Mental Health Programme (NMHP) has started.</p>
2.	<p>Panel 1: Addressing the needs (speakers: UNICEF, MOSA, World Bank, Amel)</p> <p>Main points or issues raised:</p> <ul style="list-style-type: none"> • Weak coordination between all Psychosocial Support (PSS) actors in the field • Limited coherence between the different types of PSS services. • Decreased funds while the vulnerabilities are increasing which makes the reach of the most vulnerable very difficult and the coverage limited. • Limited accessibility of affected populations to services, due to different reasons such as: • Limited availability of community-based services, low access to information, transportation issues, fear of mobility due to paper issues, access for the disabled to the centers. • Cultural barriers <p>Key recommendations:</p> <ul style="list-style-type: none"> • Development actors should support the linkage between humanitarian and development in order to sustainably address the considerable unmet needs of both host and displaced populations. • Increasing the availability of MHPSS services in the existing health and social welfare system in the country, building on the existing structures and strengthening them. • Developing a sustainable referral system, including linkage between SDCs and PHCs to optimize the work. The network may include focal centres that can act as referral points in every governorate.

	<ul style="list-style-type: none"> • Capacity building for social workers and frontliners on Mental Health and Psychosocial Support (MHPSS). • Developing quality standards for PSS programmes.
3.	<p>Panel 2: Challenges in the fields (speakers: UNHCR, International Medical Corps, Mercy corps)</p> <p>Main points or issues raised:</p> <ul style="list-style-type: none"> • Fragmented and sporadic approach so far in PSS programming. • Wide scope of PSS activities. There is a need to define the scope of PSS programming and what does not qualify as PSS and a need to structure these programmes. • Actors are used to working in silos. Each NGO has its own curriculum for PSS activities. • Different sectors (Education, Protection, Health, etc.) also work in silos separately without regular coordination which has led to a high risk of duplication. • Implementation of “one-time” activities by actors without integrated approach to ensure integration in sustainable national system. • Lack of funding and short humanitarian funding cycles. • Lack of adaptation of activities to local context. • Lack of staff care. <p>Key recommendations:</p> <ul style="list-style-type: none"> • Defining the scope of PSS activities and structuring them. • Ensuring integrated approach in PSS programming, including integration within national systems. • Strengthening inter-sectorial collaboration around PSS. • Investing in evidence-based interventions and in building local evidence. • Setting criteria for staff working in PSS (soft skills, experience, age required). • Development and use of M&E systems for measuring different outcomes. • Material sharing to avoid duplication. • Contextualization of activities. • Participation of family and community in the designing and implementation of activities. • Development of referral system in line with the pyramid of services in the national mental health strategy for Lebanon 2015-2020. • Integrating staff care in requirements by donors to fund projects. • Ensuring active participation of all actors in the national MHPSS task force (coordination mechanism chaired by the MOPH).
4.	<p>Panel 3: The institutional response (speakers: Medecins Du Monde, MOSA, MOPH)</p> <p>Main points or issues raised:</p> <ul style="list-style-type: none"> • The MOPH has launched in May 2015 a national strategy for mental health covering the period of 2015-2020 to build a sustainable mental health system in the country. Key interventions are being implemented by the MOPH and different partners at the level of legislation, prevention, promotion, high quality service development and organization, information and research, etc in line with this strategy. The MOPH is also chairing a coordination mechanism for the MHPSS response: the MHPSS task force which includes around 60 actors. • The need to improve inter-sectorial coordination was emphasized, especially as PSS is “lost” between protection, health and education sectors.

- The collaboration between MOSA and MOPH, for both ministries, is critical to ensure integration and linkage for MHPSS services.
- MOSA and MOPH both emphasized the need to reinforce the national system and avoid the building of parallel and fragmented systems.
- The MOPH stressed on the importance of ensuring an effective alignment of humanitarian and development agendas as it is the only way to ensure a sustainable response to the needs of all persons, Lebanese or non-Lebanese. The current structure of donor systems, which focuses accountability on “number of beneficiaries reached” in an emergency rationale, limits the possibility of sustainable response.
- International actors have a role in supporting national authorities in strengthening national systems and implementing national plans for MHPSS. Medecins du Monde gave an example of how this is possible and effective, and corroborating that the role of national authorities (MOPH, MOSA) is key to harmonize efforts of all actors and align them with national plan, ensure no duplication and ensure national structures are being strengthened.
- Referral system is the biggest challenge repeatedly emphasized by the national MHPSS Task Force (which includes around 50 humanitarian and non-governmental actors working in MHPSS). This includes the issue of transportation of persons in mental health crisis. There is however difficulty in securing the needed funding to develop such a system.

Key recommendations:

- Improving inter-sectoral collaboration for PSS.
- Harmonizing efforts of all actors and directing them towards strengthening national systems and structures through aligning with national strategies for MHPSS.
- Sustain the MHPSS task force and ensure implementation of its annual action plan.
- Develop a sustainable referral system for MHPSS, including a system for the management of psychiatric emergencies.
- Integrate evidence-based MHPSS in university curricula.
- Capacity-building of MOSA social workers on MHPSS as they have a key role in prevention, identification, case management and referral.

5. Panel 4: Regional dimension (UNFPA-Iraq, IMC-Jordan, WHO-Turkey)

Experiences shared:

- UNFPA’s approach in the implementation of PSS in Iraq was the integration of focused PSS interventions in programming for sexual and gender based violence response. The programme was implemented in 128 women community centers that included 55 centers located in camps. The centers opened 6 days a week for 6 hours/day and included 5 outreach volunteers. The main activities provided were PSS, case management, recreational livelihoods, educational activities, awareness sessions and home visits.
- IMC-Regional office are implementing MHPSS interventions in line with global guidelines. Their main activities include the integration of mental health in PHCs, Child and youth focused groups, Peer to peer and community support groups, Training and capacity building of non-specialists on mental health and Mental health case management services.
- WHO-Turkey are supporting MHPSS in North Syria, from Turkey through establishing an MHPSS technical working group, conducting a TOT on the mhGAP, MHPSS integration into PHC (through mhGAP training of doctors and midwives coupled with clinical supervision). Psychological First Aid trainings have also been provided for community health workers. IEC material on mental health has been produced and a training manual for Psychosocial workers.

<p>Lessons learned shared and recommendations:</p> <ul style="list-style-type: none">• Importance of strengthening national governmental institutions, which are the legitimate regulators, and their structures.• Importance of alignment of international and humanitarian actors with national plans and coordination with national authorities.• Strengthening accreditation and licensing standards and processes.• Importance of community outreach.• Capacity building of non-specialists on mental health and contextualized training. <p>Attendees emphasized the need for sharing best practices and lessons learned from each experience. The mhps.net community of practice on MHPSS in the Middle East was mentioned as a new online platform for sharing experiences across the region.</p>
<p>6. Concluding remarks:</p> <p>AFD:</p> <ul style="list-style-type: none">• Scale-up of MHPSS services is urgently needed to address the unmet needs.• The humanitarian-development nexus and transition should be strengthened to ensure sustainable national systems.• Action should build on the existing system and should be in close coordination with national authorities• Building strong referral systems is critical.• Sustainable capacity-building schemes should be considered, including integration of programmes in universities.• Regional coordination, or at least communication, is important as despite contextual differences there are commonalities. <p>MOPH:</p> <ul style="list-style-type: none">• Strengthening national institutions to cater sustainably for the needs of all persons in the country is necessary.• Building a strong referral system is a priority for Lebanon. Persons are at a risk of protection and the inability to access care in a timely manner is a source of distress for persons, families and front-liners.• In terms of capacity-building, Lebanese universities are a source of human resources for the country but also for the region.• MOPH Lebanon is ready to support other countries in the region, through for example sharing of practices and trainers.