Lebanese Republic
Ministry of Public Health
National Mental Health Programme

4Ws Report

Mapping Exercise of Mental Health and Psychosocial Support Activities in Lebanon

National Mental Health Programme
Ministry of Public Health 2023

WHO
WHAT
WHEN
WHERE

In partnership with

The design of this document is supported by

RÉPUBLIQUE FRANÇAISE
Liberté
Égalité
Fraternité

AFD
AGENCE FRANÇAISE DE DÉVELOPPEMENT

QR Codes

For access to more mental health resources, please check:

NMHP-Resources

To stay up to date about the NMHP's activities and receive useful mental health related information and tips, please follow the NMHP on the following social media platforms:

Facebook

FOLLOW US ON Instagram

Twitter/X

For timely access to available services on the 4Ws Platform, please check the Guest Feature on:

4Ws-Services

For more information about the NMHP's work, please check the Webpage:

Website

Acknowledgment

Acknowledgment goes to all individuals and organizations who contributed and facilitated the process of developing and reviewing this report, with special credit to those who had a key role in its drafting, editing, revision, and finalization.

Conceptual and Strategic Oversight and Guidance:

Dr. Rabih El Chammay (Head of the National Mental Health Programme)

Technical Oversight and Guidance:

Jinane Abi Ramia (The Monitoring, Evaluation, Accountability, and Learning Unit)

Technical Review of the Report, Coordination and Input into the Development and Design of the 4Ws Platform:

Bedros Kazazian (Technical Unit)

Data Collection, Data Analysis, and Write-up of the Report:

Jiana Tabbara (The Monitoring, Evaluation, Accountability, and Learning Unit)

Dayana Brome (The Monitoring, Evaluation, Accountability, and Learning Unit)

We are pleased to present to you the annual report of the 4Ws in Lebanon for the year 2023, constituting the third 4Ws report issued thus far since 2013. Your feedback is of utmost importance to us. We kindly request that you dedicate some time to share your valuable input and recommendations on various facets of the report, including strengths, areas of improvement, layout, clarity, relevance, and utility. Your insight will guide further enhancements of the 4Ws reports and will help us adapt them to your needs.

Please direct your feedback to **mh.moph@nmhp-lb.com**
Thank you in advance, we look forward to hearing from you.

List of Acronyms

AJEM	Association of Justice and Mercy
BMO	Blue Mission Association
CCAA	Civil Council Against Addiction
CDLL	Cenacle de la Lumiere
EMDR	Eye Movement Desensitization and Reprocessing
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
IASC	Inter-Agency Standing Committee
IDRAAC	Institute for Development, Research, Advocacy and Applied Care
ICRC	International Committee of the Red Cross
IMC	International Medical Corps
INARA	International Network for Aid, Relief and Assistance
IOCC	International Orthodox Christian Charities
IECD	Institut Européen de Coopération et de Développement - Semeurs d'avenir
IPT	Interpersonal Psychotherapy
ISF	Imam Sadr Foundation
JCI	Junior Chamber International
MAGNA	Medical and Global Nutrition Aid
MdM	Médecins du Monde
MDWs	Migrant Domestic Workers
mhGAP	Mental Health Gap Action Programme
MHPSS	Mental Health and Psychosocial Support
MHPSS- RG	Mental Health and Psychosocial Support – Reference Group
MHPSS-TF	Mental Health and Psychosocial Support Task Force
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MSF Belgium	Medecins sans Frontieres Belgium

NMHP	National Mental Health Programme
NGO	Non-Governmental Organization
NISCVT	The National Institution of Social care and Vocational Training
PHCC	Primary Health Care Center
PFA	Psychological First Aid
PTSD	Post-traumatic Stress Disorder
PU-AMI	Première Urgence Aide Médicale Internationale
RI	Relief International
Restart	Center for Rehabilitation of Victims of Violence and Torture
SAMS	Syrian American Medical Society Foundation
SCI	Save the Children
SDC	Social Development Centres
SGBV	Sexual and Gender-based Violence
SIDC	Society for Inclusion and Development in Communities and care for all
SIF	Secours Islamique France
SKOUN	Skoun Lebanese Addiction Center
TdH-L	Terre des hommes-Lausanne
URDA	Union of Relief and Development Association
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children’s Emergency Fund
UNRWA	United Nations Relief and Work Agency for Palestine Refugees in Near East
WCH	War Child Holland
WFP	World Food Program
WHO	World Health Organization
WVI	World Vision International

Executive Summary

Mental disorders are on the rise in Lebanon with one in four individuals suffering from a mental disorder whereas only 10% have access to adequate care (1). The situation has further deteriorated with the advent of multiple crises such as the Beirut Blast, the COVID-19 pandemic, the economic crisis, the political unrest, and the armed conflict in the region and Lebanon.

The National Mental Health Programme (NMHP) has been working with partners since 2014 to reform the mental health system in Lebanon in line with the National Mental Health Strategy Lebanon (updated 2020-2023) and to increase accessibility to quality mental health care across the country. One integral domain of the national mental health strategy is Domain 4: Information, Evidence, and Research. Under this domain, a main strategic objective is to conduct regular mappings of the mental health services delivered to promote an effective and efficient coordination between the different partners and actors and to detect gaps and duplications. This specific assessment aims to generate a mapping of the mental health and psychosocial support services available in the humanitarian response in Lebanon.

The report provides a snapshot of the capacities, and services available, their distribution, the key areas of focus, and most importantly, the gaps in the response. The categorization of the activities and services follows the Inter-Agency Standing Committee (IASC) classification, noting that the most updated system-level classification that will be adopted in the future will be that of the World Health Organization's network of services, as laid out in the Global Mental Health Report. The 4Ws tool (Who is Doing What, Where, and When) was adopted and implemented to generate a situation mapping of the Mental Health and Psychosocial Support (MHPSS) available. Data collection and assessment took place between November 2022 and December 2023.

A total of 48 NGOs took part in this analysis. Findings highlighted the strengths of the response mechanism in place, such as the diversity of providers, the variety of services across different levels of care, the decentralization of services across Lebanon, the gender-balanced provision of general care, and the inclusion of different population groups across age and nationality. Nevertheless, limitations and gaps were uncovered and highlighted the need to continue to develop more community-focused interventions, implement task shifting of case-focused interventions towards non-specialized providers, empower local PHCCs to provide high-quality services, establish more community-based facilities such as outpatient facilities and Social Development Centers (SDCs), and to build a national referral system across all levels of care. Other findings revolved around the need to balance services across different governorates based on population needs, namely more interventions are needed in Keserwan-Jbeil and Nabatiyeh governorates and diversifying mental health interventions to target different population groups mostly older adults and children. It is noteworthy that this report does not capture all the humanitarian services provided in Lebanon as some organizations did not input their information.

IASC Pyramid of MHPSS Interventions

This report focuses on the broad range of MHPSS interventions and activities provided by organizations across Lebanon. This mapping exercise is based on the Inter-Agency Standing Committee (IASC) pyramid of MHPSS interventions that categorizes MHPSS activities into four levels of services. These four levels have corresponding sections (categories of services), activities and sub-activities. For a detailed description of the sections, activities and sub-activities check below Fig. 1, Table 1 and Appendix 3 (for more details). Activities that are not captured in Levels 2, 3 or 4 were grouped under "Other".

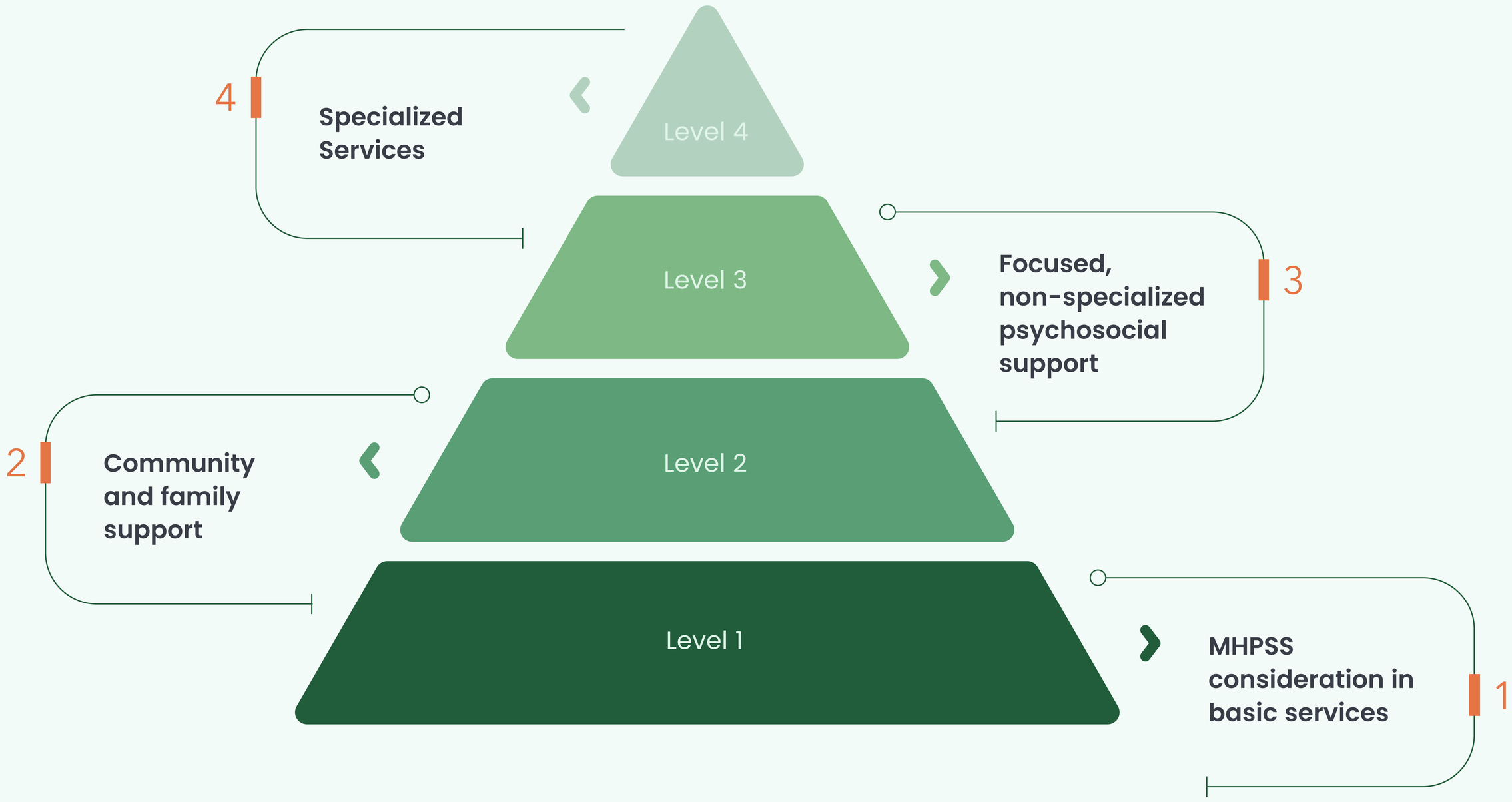

Figure 1: IASC pyramid of MHPSS Interventions

SECTION	ACTIVITY NAME	SUB- ACTIVITY NAME	LEVEL
Community-Focused MHPSS	Information dissemination to the community at large	Developing MHPSS awareness materials (i.e. Brochures, posters, social media posts, etc.)	**2**
		Facilitating the dissemination of MHPSS awareness materials (i.e. Brochures, posters, social media posts, etc.)	**2**
		Outreach activities for raising awareness on MHPSS	**2**
		Mass awareness campaigns for MHPSS prevention and promotion (Events, TV, Radio, etc.)	**2**
	Supporting community-oriented emergency MHPSS activities	Supporting community leaders to develop or maintain MHPSS responses to national emergencies (i.e. working with municipalities, local institutions, etc.)	**2**
	Strengthening of community and family support	Strengthening parenting and family support	**2**
		Structured recreational or creative activities	**2**
	Safe Spaces and Daycare Centers	Community spaces for Youth (ages 15-24)	**2**
		Women's centers (not shelters)	**2**
		Social or recreational daycare centers for older adults (64+, not for Dementia)	**2**
		Medical center for older adults with Dementia (64+)	**2**
	Psychological support in education	Psychological support to teachers/other personnel at schools or learning places	**2**
	Advocacy and inclusion	Advocacy for inclusion of vulnerable groups in MHPSS activities	**2**
Case-focused MHPSS	Identification and referral	Referring individuals with mental health conditions or psychosocial difficulties to needed health and social services?	**3**
	Psychosocial interventions	Behavioral Interventions	**3**
		Social Emotional Learning (SEL) or Life-skills	**2**

SECTION	ACTIVITY NAME	SUB- ACTIVITY NAME	LEVEL
		Self-care or self-help interventions	3
	Clinical management of mental health conditions by non-specialized healthcare providers	PSS to individuals with mental health conditions by non-specialized staff (Nurses, Social Workers, etc.)	4
		Pharmacological management of mental health conditions by GPs, FDs, OB/GYN, etc.	4
		Interventions for substance use conditions by non-specialized staff (Nurses, Social Workers, etc.)	4
		Problem Management Plus (PM+)	3
		MHPSS web or mobile applications	Other
	Clinical management of mental health conditions by specialized mental health care providers	Psychotherapy and non-pharmacological management of mental health conditions by Clinical Psychologists	4
		Pharmacological management of mental health conditions by Psychiatrists	4
		In-patient mental health care	4
		Interventions for substance use conditions by a Clinical Psychologist or a Psychiatrist	4
		Group therapy by a Clinical Psychologist	4
General MHPSS	General activities to support MHPSS	Situation analysis/assessment for MHPSS	Other
		Regional or local mapping of MHPSS activities	Other
		Capacity building and training workshops	Other
		Technical or clinical supervision supporting training workshops on mental health	Other
		Staff care	3
		Supporting the availability of psychotropic medication stocks in PHCCs and CMHCs	4

Table 1: List of activity sections, activities, sub-activities, and levels

Key Findings

The below summary captures the main findings reported by organizations on the 4Ws Platform.

Disclaimer: The findings of this report do not represent all the services provided by Lebanon's humanitarian sector as not all NGOs responded to the surveys. This mapping exercise is ongoing and aims to secure the highest number of reporting NGOs in Lebanon.

Type of Facilities

1. The majority of organizations' facilities were PHCCs (41%), followed by NGOs (34%), while the lowest percentage of facilities encompassed MH outpatient facility attached to a hospital (2%), followed by churches (1%), schools (1%), and residential care facility (1%). No daycare facilities are operating in Lebanon.

Distribution of Organizations by IASC Level

2. The majority of organizations equally fall under the Level 2 component of the pyramid "strengthening community and family support" (77%) as well as Level 4 "specialized services" (67%), followed by Level 3 "focused; person to person; non-specialized support"(58%).

Concentration of Organizations by Category of MHPSS Services versus Substance use Services

3. Most reporting NGOs provide MHPSS services (82%) and only a few provide substance use service (18%).

Concentration of MHPSS interventions across the three major IASC categories of activities (Case-focused; Community-focused and General MHPSS activities)

4. The majority of organizations offer case-focused MHPSS services (77%), followed by community-focused MHPSS services (70%), and then by general MHPSS services (40%).

5. Most of case-focused interventions are provided by specialized MH professionals, while the least case-focused interventions are provided by non-specialized MH professionals.

Concentration of MHPSS Services by Activity and Sub-activity Type

6. Around half of the community-based interventions include a recreational component such as strengthening of community and family support activities (52%) while very few entail community-oriented emergency MHPSS activities and engagement of community leaders to develop or maintain responses to national MHPSS emergencies (2%).

7. The largest proportion of sub-activities related to general MHPSS services included supporting the availability of psychotropic medication stocks in PHCCs and CMHCs (43%) followed by regional or local mapping of MHPSS activities (16%), while the least as research in PHCCs (3%).

Distribution of Organizations in different Coordination Mechanisms

8. Around half of the organizations engage in the MHPSS Task Force (52%), followed by child protection (21%), while the smallest percentage of these organizations engage in community protection (10%).

Concentration of MHPSS activities by Governorates

9. In all governorates, case-focused activities were found to be the most frequent type of activities provided.

10. Keserwan-Jbeil lacks general MHPSS services and reports the least number of activities conducted while the South has the lowest percentage of community-focused services across governorates (31%).

11. Across all governorates, the largest percentage of organizations (50%) were found to operate in Beirut, while only a few were found to operate in Keserwan-Jbeil (5%).

12. Substance use services are lacking in Akkar, Beqaa and Nabatiyeh.

13. Across all governorates, NGOs make up the largest percentage of operating organizations in Beqaa (67%), whereas PHCCs make up the largest percentage of operating organizations in Nabatiyeh (75%).

14. South governorate took the lead in clinical management services (32%), Beirut took the lead in information dissemination to the community at large (25%) and Mount Lebanon governorate took the lead in providing psychosocial interventions (19%), strengthening community and family support services (25%) and supporting community-oriented emergency MHPSS services (50%).

MHPSS Services Target Groups

15. Although the South reported the highest percentage of case-focused versus community focused activities, nonetheless, activities taking place in the South were reported to target the highest percentage of the population as compared to Mount Lebanon, Nabatiyeh, and Beirut. No target population was identified in Keserwan-Jbeil.

16. Activity with highest percentage of beneficiaries is the strengthening of community and family support, and activity with the lowest percentage of beneficiaries is clinical management by non-specialists.

17. The host community (Lebanese population) constituted the largest percentage of the target population for the case-focused MHPSS activities followed by displaced Syrians while the least percentage constituted Palestinian refugees from Lebanon, Palestinian refugees from Syria and to “other” group.

18. The largest percentage of the target population for community-focused MHPSS activities constituted Palestinian Refugees from Lebanon (PRL), followed by displaced Syrians, and the least percentage constituted host community (Lebanon) and Palestinian refugees from Syria.

19. Older adults (24%) are the least targeted in mental health interventions in general as compared to children and adults.

20. The MHPSS activities are targeting men and women equally, while some difference reported at the sub-activity level.

21. The target population for case-focused MHPSS activities was approximately equal for females (52%) and males (48%). The major differences between females and males were depicted for interventions for substance use whereby males constituted 92% of the target population, and for structured recreational or creative activities whereby females constituted 88% of the target population. In comparison to males, females constituted the larger percentage of the target population for activities related self-help interventions, and the community-focused activities. Whereas males appeared to be the larger percentage of the target population for activities related to mental health management by specialized professionals and referral services.

22. The highest percentage of activities operated under partnership implementation constituted clinical management of mental health conditions by specialized mental health care providers (17%) and identification and referral activity (17%). Notably, only 1% constituted community–oriented emergency MHPSS activities, which entails supporting community leaders to develop or maintain MHPSS responses to national emergencies (i.e. working with municipalities, local institutions, etc.).

Introduction

1.1 Contextual Information and MHPSS Background in Lebanon

The National Mental Health Programme (NMHP) was launched in May 2014 within the Ministry of Public Health, with the aim of reforming mental health care in Lebanon and providing services beyond medical treatment at the community level, in accordance with Human Rights and best practices.
NMHP launched the first national mental health strategy in 2015 until 2020 which comprised five domains of actions:

1. Leadership and Governance
2. Service Provision
3. Promotion and Prevention
4. Information, Research and Evidence
5. Vulnerable Groups

NMHP has been leading this reform along with its partners through working across all five domains of the strategy. The strategy underwent a mid-term evaluation in 2018 (4) and a revision in 2024 whereby the National Mental Health Strategy Lebanon (updated 2020-2023) was launched. This report falls under domain 4 of the strategy and aims to provide data on the available services within the humanitarian response. This report also highlights the humanitarian level efforts the Mental Health and Psychosocial Support Task Force (MHPSS-TF) co-chaired by NMHP, WHO and UNICEF. The MHPSS-TF has been coordinating the efforts of actors involved in the humanitarian response in Lebanon (5). In 2023, the number of actors involved in the MHPSS-TF was over 62.

As such, this report aims to present a mapping of the MHPSS services available in the humanitarian response field in Lebanon in 2022-2023. The report provides a snapshot of the capacities, resources, and services available, their distribution, the key areas of focus and most importantly, the gaps in mental health humanitarian response. This report will aid in identifying the areas that require resource allocation and those that are in greatest need of them. This will also help in curbing donor fatigue as maintaining external financing and funding is directly impacted in conflict-affected countries such as Lebanon (3).
The categorization of the activities and services follows the Inter-Agency Standing Committee (IASC) classification, noting that the World Health Organization network of services classification will be adopted in future reports to capture the system-level mapping in Lebanon (6). This mapping encompasses 48 NGOs and 308 facilities that jointly offer MHPSS services, programs, and activities for communities across Lebanon.

The 4Ws MHPSS Tool

The 4Ws tool (Who is doing What, Where, and until When) was originally developed by the Inter-Agency Standing Committee (IASC) MHPSS Reference Group along with the World Health Organization (WHO) to map MHPSS services in humanitarian and emergency settings across sectors on a national level (7).
This tool aims to:

1. Assess the need for humanitarian responses and ensure coordination of responses.
2. Inform the identification of gaps and duplications in MHPSS services.
3. Enable and improve coordination and referrals across organizations.
4. Promote transparency.
5. Draw lessons for future practice and action (IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (7)).

In line with the goal to develop a robust information, evidence, and research system, and with the aim to capture the efforts done at the mental health delivery level, NMHP attempted to map the mental health services manually in 2015, yet several limitations in data collection were encountered. Consequently, NMHP adapted, tested, and implemented the 4Ws online mapping tool. In August 2018, the 4Ws Online Platform for Lebanon was ultimately launched following a period of study, development, and piloting with organizations. However, due to feature limitations, lack of sufficient human resources, performance flaws, and redirecting of funds to national emergencies, it was overshadowed by COVID-19 and other national emergencies. In 2022, a more recent version of the 4Ws Platform underwent adjustments.

This tool includes advanced Key Performance Indicators (KPIs) that allows users to search and quickly identify existing services (live) based on different variables such as level of specialization, type of service, geographic area, name of the NGO, etc. all organized in tab groups, visualizations, and inter-connected dashboards with advanced filtering options.

1.2 Objectives

The 2023 annual mapping exercise focuses on a wide range of MHPSS interventions and activities provided to the populations residing in Lebanon, including Lebanese, displaced Syrians and Palestinian refugees.

The specific objectives of the 2023 annual MHPSS mapping in Lebanon include:

1. Provide a general overview of the scope and composition of the MHPSS response in Lebanon.
2. Recognize gaps in MHPSS activities to facilitate coordinated action.
3. Facilitate referral by providing information on who is where, what they are doing, and until when.
4. Inform future planning and services development.

Methods

2.1 Zooming in on 4Ws

The new user-centered 4Ws Platform can be used across sectors on a national level and encompasses a wide range of features including the ability to monitor and track activities in real-time, archive organization activities, export and save key infographics from the Platform's dashboards to use them for fundraising and partnership opportunities, apply to capacity building workshops, and view published activities and uploaded content regarding sub-activities by other organizations. Annex 4 details the differences between the old and new 4Ws Platforms.

The Platform is designed to collect data from the organizations on their activities, whereby organizations fill in specific fields and tabs and publish them to be viewed by other organizations and the general public, while choosing whether some sensitive info should be made available to the public or only for the MoPH. There are five main dynamic tabs (Activity, Location, Beneficiaries, Funding, and Training) which appear or hide based on the information entered. The definition of each tab can be found in Annex 2. Activity sections are divided into activities, which are further divided into sub-activities, levels are determined based on an algorithm operating in the background, and users can make general specifications (i.e., if the sub-activity is implemented in-person or remotely) or unique specifiers (i.e., like specifying the type of therapy). The detailed list of activity sections, activities, and sub-activities can be found in Annex 3. Additionally, the Platform includes reference documents, which contain information about the 4Ws and its history in Lebanon, a glossary of terms, and the list of activities and sub-activities.

2.2 Data Collection Methods

After conducting a mapping exercise of organizations providing MHPSS services, 78 out of the 111 identified NGOs (based on available data) were reached by email or through phone calls and invited to one of the two training sessions held by the NMHP in October and November 2022 jointly by the NMHP Technical Unit and Research and MEAL unit coordinators. Those NGOs that were not invited were out of reach by either email or phone call. The training aimed at introducing the new 4Ws Platform and guiding the organizations on how to create their accounts and fill in their activities. For organizations that were unable to attend the training, bilateral one-on-one meetings were coordinated.

During the training, focal people from each organization were assigned for ease of communication.

Data collection and assessment took place between November 2022 and December 2023. The detailed numbers of trained organizations and organizations that have signed up on the Platform and have published their activities on the 4Ws can be found in Figure 2. The detailed list of reporting organizations can be found in Annex 1. The organizations were given multiple extended deadlines due to delays in data entry. A team of four individuals from the NMHP were responsible for following up and aiding the organizations, coordinating with organizations and Platform developers, and validating the data.

To facilitate data analytics and reporting at a national level, advanced dashboards were developed through Microsoft Power BI. Power BI is an interactive data visualization software used in the creation of personalized dashboards and reports (8). The purpose of these dashboards is to collect the data published by all organizations on the Platform and present them in a set of pre-defined, exportable figures (such as lists, tables, pie charts, maps, and graphs). The dashboards are advanced in features, filtering, and interactivity. For this assessment, information and results were broken down by geographical location, actors, facilities, targeted population, funding, activities, and sub-activities. Additionally, local dashboards were developed. For more information on the differences between the local and advanced dashboards, refer to Annex 5.

2.3 Distribution of organizations participating in MHPSS

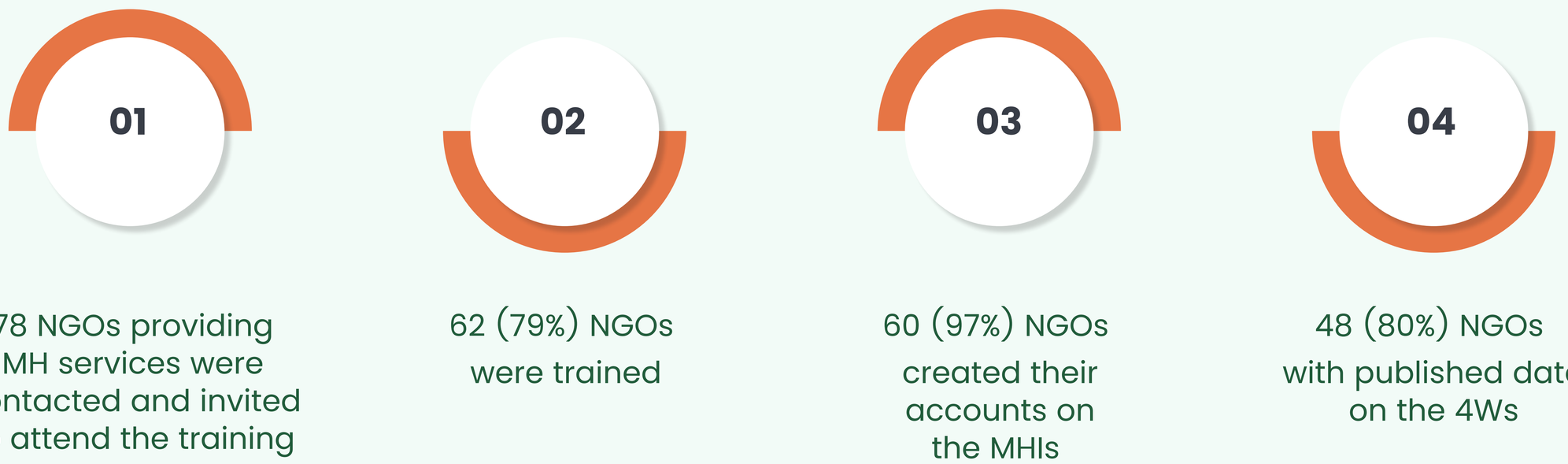

Figure 2: Distribution of organizations participating in MHPSS

The findings of the 4Ws MHPSS mapping exercise are summarized in this paper. This annual mapping activity was carried out between December 2022 and December 2023 by the NMHP. The data collection methodology employed in this mapping exercise is regarded as robust given an increase of 44% in response rate from 2013 to 2023, when data was obtained from 13 NGOs only (36% response rate) as compared to 80% response rate for the year 2023.

Results

Who is doing What?

The 2022-2023 mapping encompassed 48 NGOs and 308 facilities that jointly offer MHPSS services, programs, and activities for communities across Lebanon. For the full list of activity, codes and sub-codes at each level of intervention please refer to Annex 3. For clarifications on how activities are categorized and the terminologies used in English, please refer to Annex 3.

3.1 Percentage of Organizations and Facilities by category

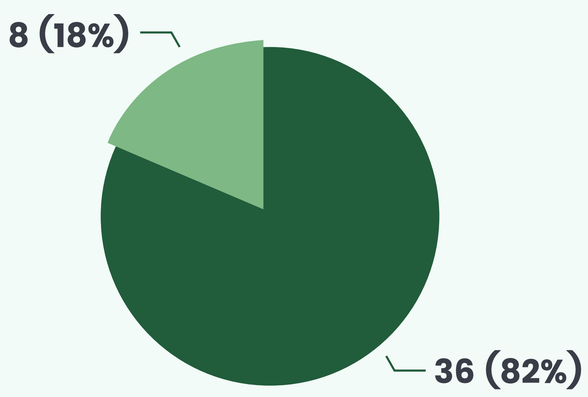

Figure 3: Percentage of Organization by Category

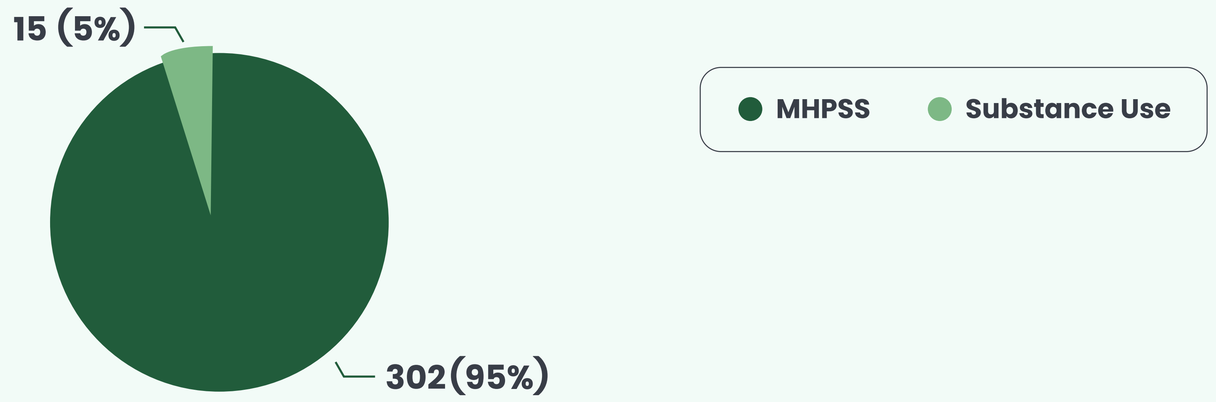

Figure 4: Percentage of Facilities by Category

The above figures indicate that most organizations and facilities in this mapping exercise provide MHPSS services with only a minimal percentage of substance use services being provided by organizations and facilities alike. It is noteworthy that not all organizations (NGOs and private sector) that specialize mainly or exclusively in substance use services have been approached or included in this mapping, so is the case for secondary care in mental health.

3.2 Activities and Layers of Support

The results in this section as based on the Inter-Agency Standing Committee (IASC) pyramid of MHPSS interventions that categorizes MHPSS activities into four levels of services. These four levels have corresponding sections (categories of services), activities and sub-activities as presented in Figure 1 and below.

3.2.1 Percentage of Organizations and Facilities by Level

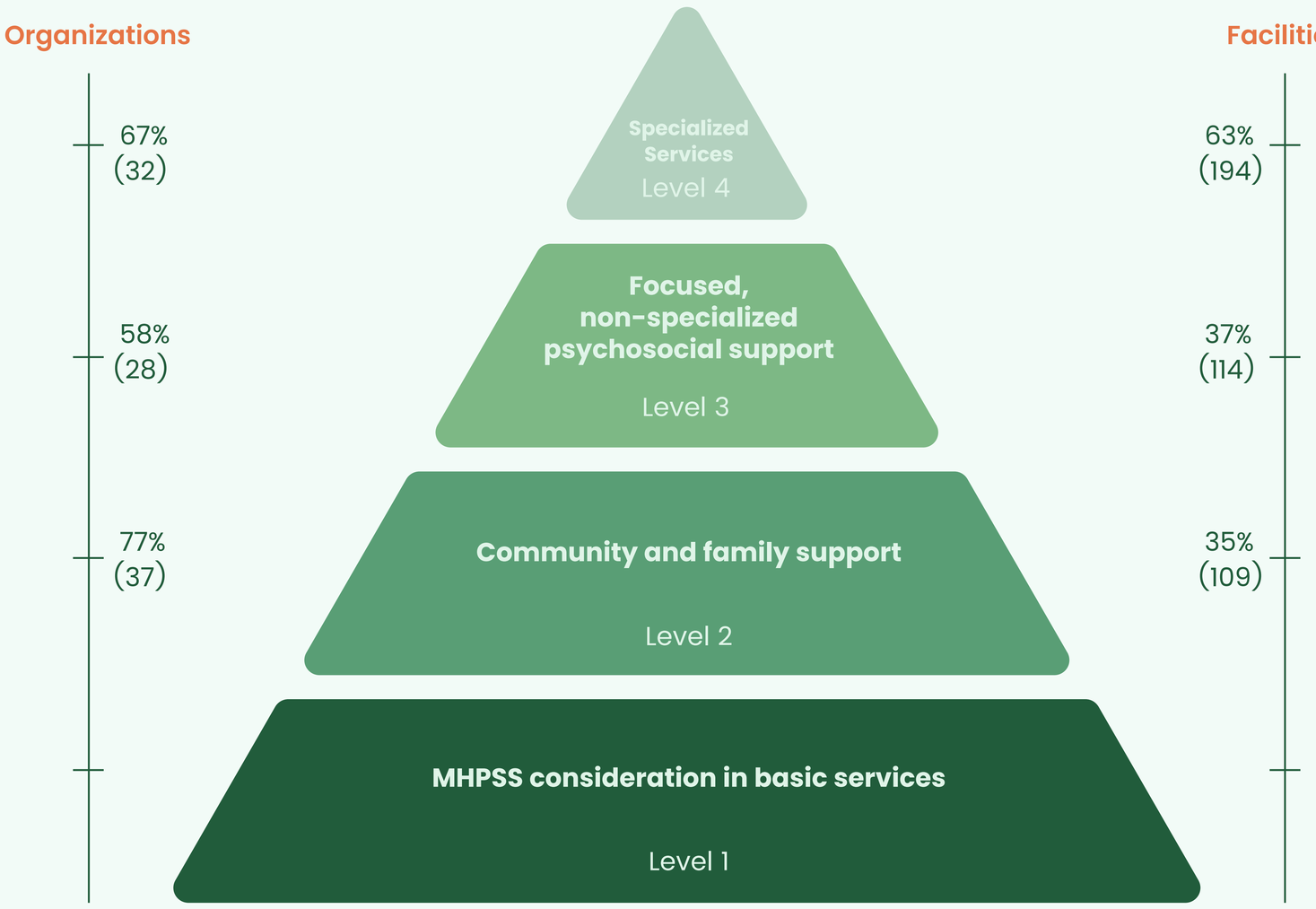

Figure 5: Distribution of Organizations and Facilities by Level

In reference to the IASC Pyramid, findings from the current assessment indicate that the majority of organizations and their facilities are active across levels 4, 3, and 2 at proximity, with the majority of the facilities operating at level 4 of specialized services. Level 1 “Psychosocial consideration when providing basic services” was not investigated for organizations through this mapping as the first level is usually implemented by other sectors such as nutrition, shelter, and WASH which are not part of this mapping exercise. Annex 3 includes the list of activities that fall under each level.

3.2.2 Percentage of Organization and Facility by IASC Section

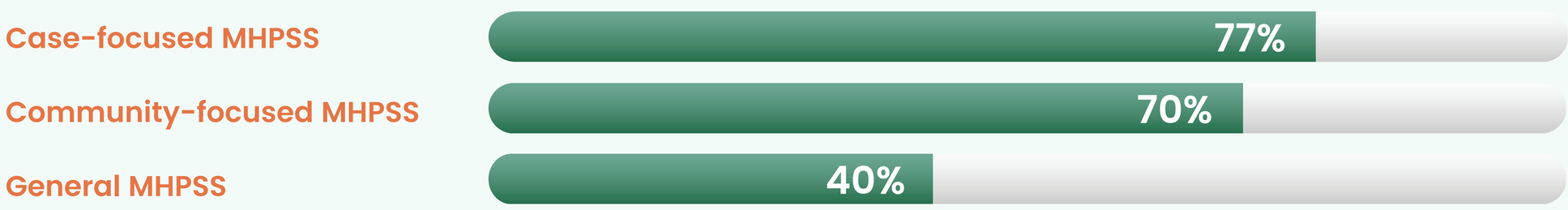

Figure 6: Percentage of Organization by IASC Section

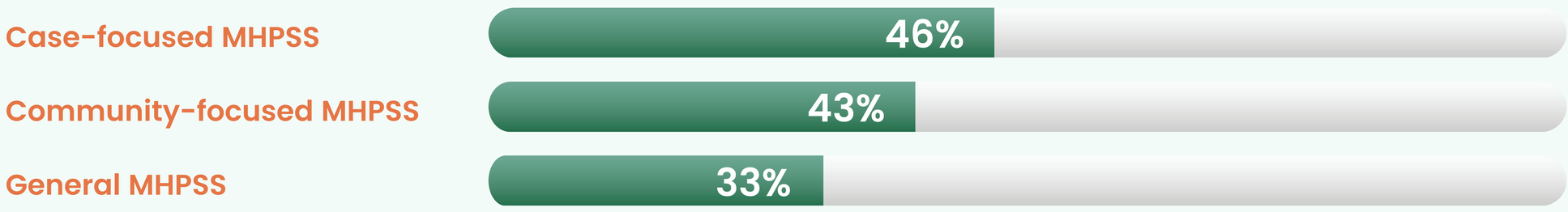

Figure 7: Percentage of Facilities by IASC Section

In congruence with the above, further analysis indicated that the majority of the organizations and the majority of their facilities offer case-focused MHPSS services, followed by community focused MHPSS services, and then by general MHPSS services.

3.2.3 Focus of Level and IASC Section per Reporting Organizations

	Organized by level				Organization by IASC section		
NGO	Level 2	Level 3	Level 4	Other	Case-Focused	Community-Focused	General MHPSS Services
Ahlouna Association	✓	✓			✓		
AJEM	✓	✓	✓	✓	✓	✓	✓
Al-Makassed Philanthropic Islamic Association of Beirut	✓					✓	
Amel Association			✓		✓		
BMO	✓				✓		
CDLL			✓	✓	✓		✓
CCAA	✓			✓		✓	✓
Embrace	✓	✓	✓	✓	✓	✓	✓
GIZ	✓					✓	
Himaya Association	✓	✓	✓	✓	✓	✓	✓
Humanity and Inclusion	✓			✓		✓	✓
IECD	✓	✓	✓	✓	✓	✓	✓
IDRAAC	✓	✓	✓	✓	✓	✓	✓
ISF	✓	✓	✓	✓	✓	✓	✓
IMC		✓	✓	✓			✓
INARA			✓		✓		
IECD	✓	✓		✓	✓	✓	✓
ICRC	✓	✓	✓	✓	✓	✓	✓
IOCC	✓	✓	✓	✓	✓	✓	
IRC	✓	✓	✓	✓	✓	✓	✓
INTERSOS	✓	✓	✓	✓	✓	✓	✓
JCI	✓					✓	
MAGNA		✓	✓		✓		
Makhzoumi Foundation			✓		✓		
MEDAIR	✓	✓		✓	✓	✓	✓
MdM	✓	✓	✓	✓	✓	✓	✓
MSF Belgium	✓	✓	✓	✓	✓	✓	✓
Mousawat	✓	✓	✓		✓	✓	
Mouvement Social	✓	✓	✓		✓	✓	
NISCVT	✓		✓		✓		

NGO	Organized by level				Organization by IASC section		
	Level 2	Level 3	Level 4	Other	Case-Focused	Community-Focused	General MHPSS Services
Nusroto Association	✓	✓			✓	✓	
Oum El Nour	✓		✓		✓	✓	
PU-AMI	✓	✓	✓		✓		
Restart		✓	✓	✓	✓		✓
RI			✓		✓		
SAMS			✓		✓		
SCI	✓	✓	✓	✓	✓	✓	✓
SKOUN			✓		✓		
SIF	✓					✓	
SIDC	✓					✓	
Tabitha - Dorcas Aid International	✓	✓	✓	✓	✓	✓	✓
TdH-L	✓	✓			✓	✓	
URDA	✓					✓	
WCH	✓	✓	✓		✓	✓	
WVI	✓					✓	
ANERA			✓				✓
UNRWA	✓	✓	✓	✓	✓	✓	✓

Table 2: Detailed distribution of services across levels and sections per individual NGOs

3.2.4 Distribution of Facilities by Type

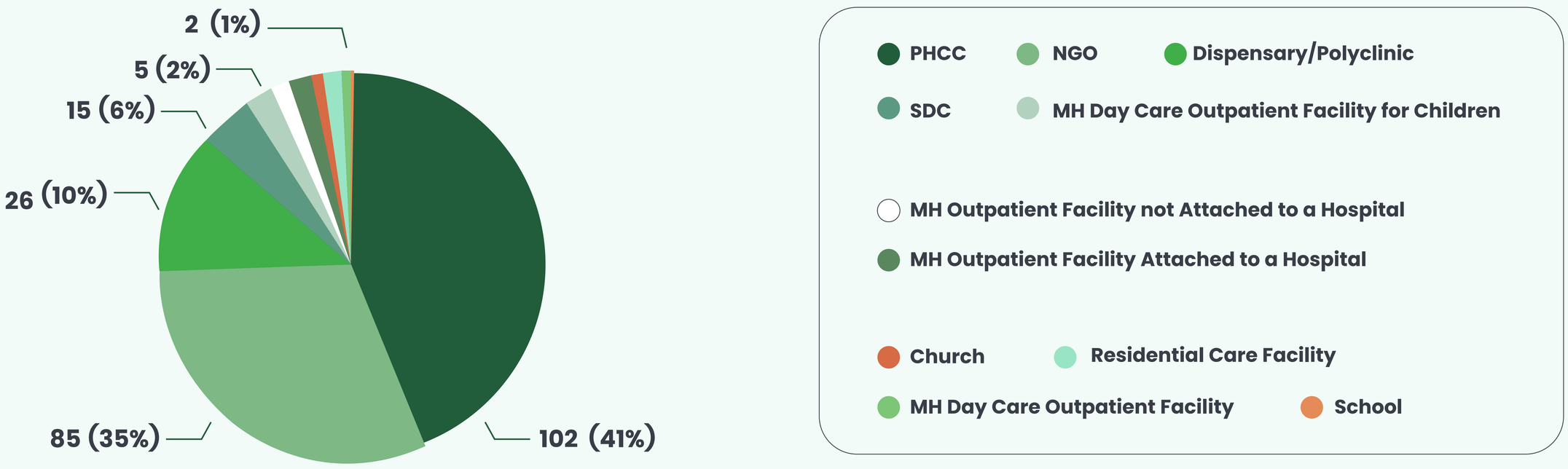

Figure 8: Percentage of Facilities by Type (1) NGO (2) PHCC (3) MH Outpatient Facility not Attached to the Hospital (4) SDC (5) MH Day Care Outpatient Facility for Children (6) MH Day Care Outpatient Facility (7) MH Outpatient Facility Attached to a Hospital (8) Church (9) Dispensary/polyclinic (10) school (11) Residential Care Facility

Among the surveyed organizations who provide mental health services in Lebanon, the majority of their facilities were PHCCs followed by NGOs. This is aligned with the structure of the healthcare system in Lebanon whereby most PHCCs and dispensaries are supported by NGOs. The lowest percentage of facilities encompassed MH outpatient facility attached to a hospital, churches, school, and residential care facility. It is noteworthy that there are no outpatient daycare facilities in Lebanon, those NGOs who indicated having one had mistakenly answered so. Among the surveyed facilities, 71 (22.9%) facilities did not report their facility type.

3.2.5 Distribution of Activity Section by Activity and Sub-activity

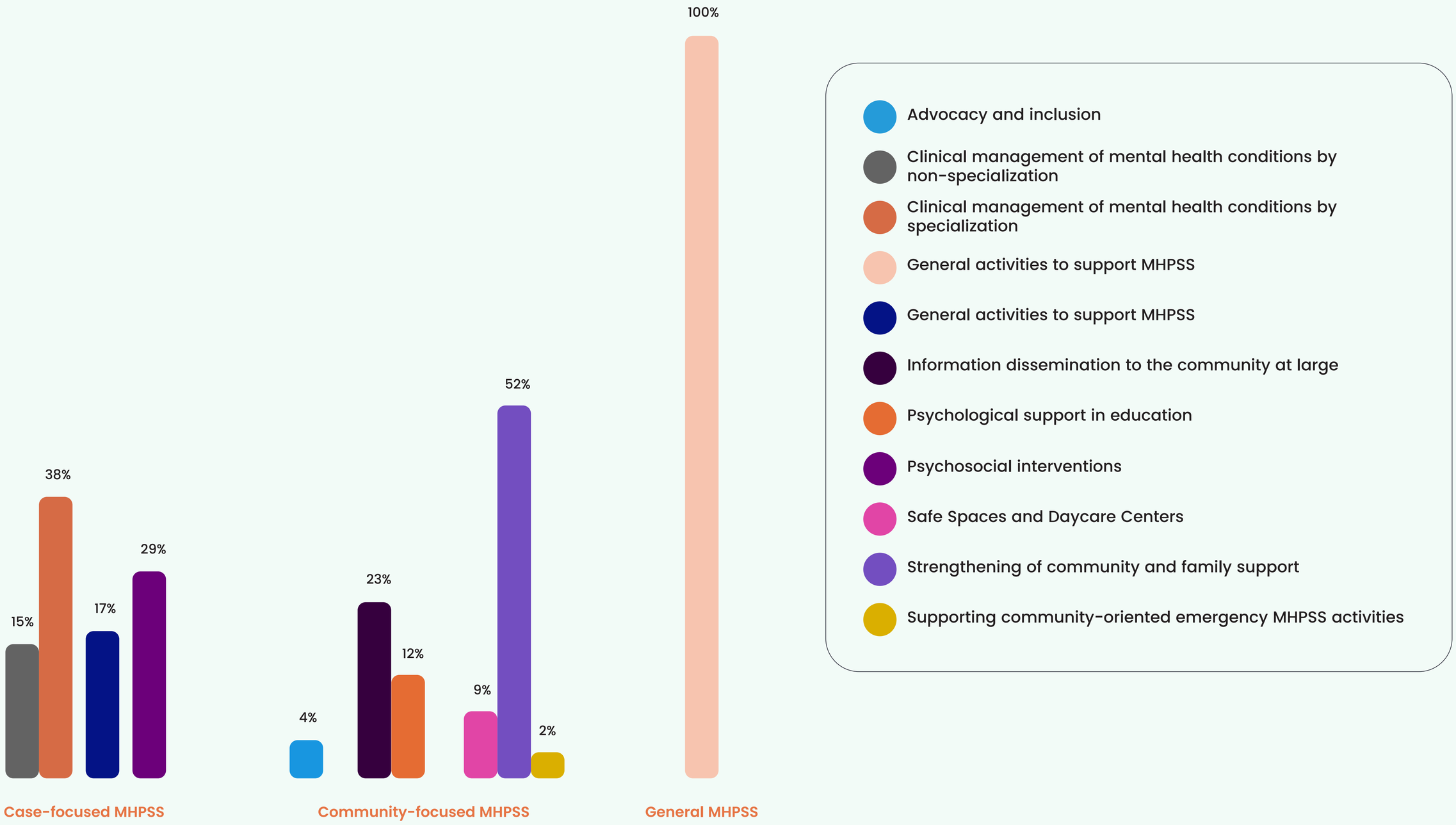

Figure 9: Distribution of Activity Section by Activity

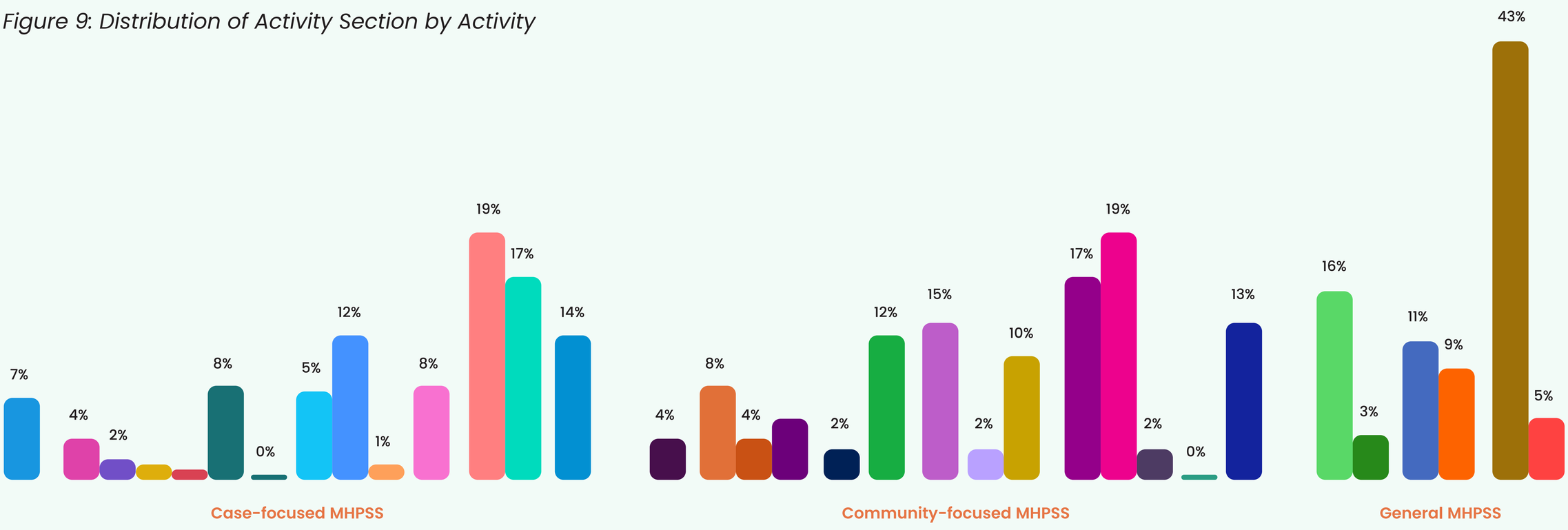

Figure 10: Distribution of Activity Section by Sub-activity

- Advocacy for inclusion of vulnerable groups in MHPSS activities
- Behavioral Interventions
- Capacity building and training workshops
- Community spaces for youth (ages 24-15)
- Developing MHPSS awareness materials (i.e. Brochures, posters, social m...
- Facilitating the dissemination of MHPSS awareness materials (i.e. Brochu...
- Group therapy by a Clinical Psychologist
- In-patient mental health care
- Interventions for substance use conditions by a Clinical Psychologist or a...
- Interventions for substance use conditions by non-specialized staff (Nur...
- Life and social skills education
- Mass awvareness campaigns for MHPSS prevention and promotion (Even...
- MHPSS interventions delivered via dedicated web or mobile applications
- Outreach activities for MHPSS
- Pharmacological management of mental health conditions by GPs, FDs,...
- Pharmacological management of mental health conditions by Psychiatri...
- Problem Management Plus (PM+)
- Providing social activities aimed at mobilizing community resources tow...
- PPS to individuals with mental health conditions by non-specialized staff...
- Psychological support to teachers/other personnel at schools/learning p...
- Psychosocial support to classes/groups of children at schools/learning pl...
- Psychotherapy and non-pharmacological management of mental health ...
- Referring individuals with mental health conditions or psychosocial diffic...
- Regional or local mapping of MHPSS activities
- Research in MHPSS
- Self-care or self-help interventions
- Situation analysis/assessment for MHPSS
- Staff care
- Strengthening parenting and family support

The largest portion of case-focused MHPSS services in Lebanon consisted of clinical management of mental health conditions by specialized mental health care providers, while the least portion constituted clinical management by non-specialized mental health care providers. At the sub-activity level, the largest portion of case-focused MHPSS services constituted psychotherapy and non-pharmacological management of mental health conditions by clinical psychologists, while the least services constituted interventions for substance use, provided by specialized and non-specialized staff (nurses, social workers etc.) as well as MHPSS interventions delivered via dedicated web or mobile applications.

The largest proportion of community-focused MHPSS services constituted of activities that encompassed strengthening of community and family support activities. Similarly, the largest proportion of sub-activities related to community-focused MHPSS services included structured recreational or creative activities, followed by strengthening parenting and family support. However, the least of the community–focused MHPSS service activities constituted supporting community-oriented emergency MHPSS activities as well as the sub-activity constituting the support of community leaders to develop or maintain responses to national MHPSS emergencies (i.e. working with municipalities, local institutions, etc.).

In the general MHPSS service category, all activities incorporated general activities that support MHPSS such as mapping of MHPSS activities, capacity building and training workshops, staff care, etc. Similarly the largest proportion of sub-activities related to general MHPSS services included supporting the availability of psychotropic medication stocks in PHCCs and CMHCs followed by regional or local mapping of MHPSS activities, while the least is research in MHPSS.

3.2.6 Management of Psychotropic Medication Stock by Organizations

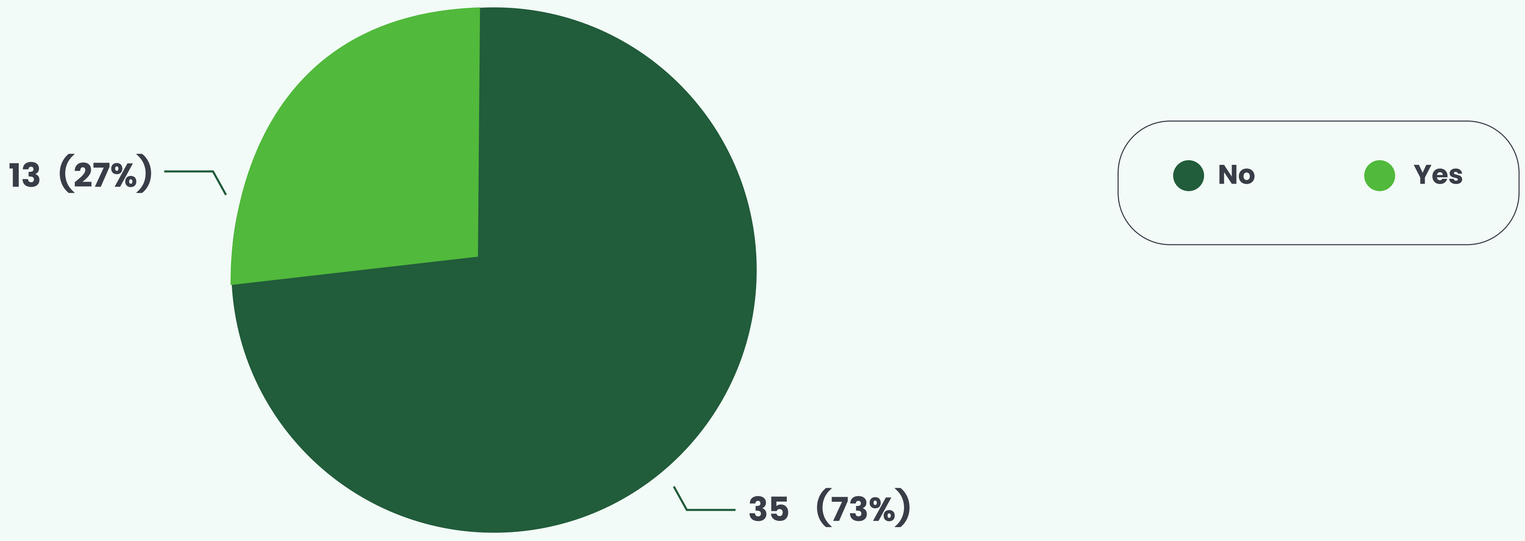

Figure 11: Percentage of Organizations Management of Psychotropic Medication Stock

Among the organizations that participated in this mapping, the majority of organizations indicated that they do not manage a stock of psychotropic medication.

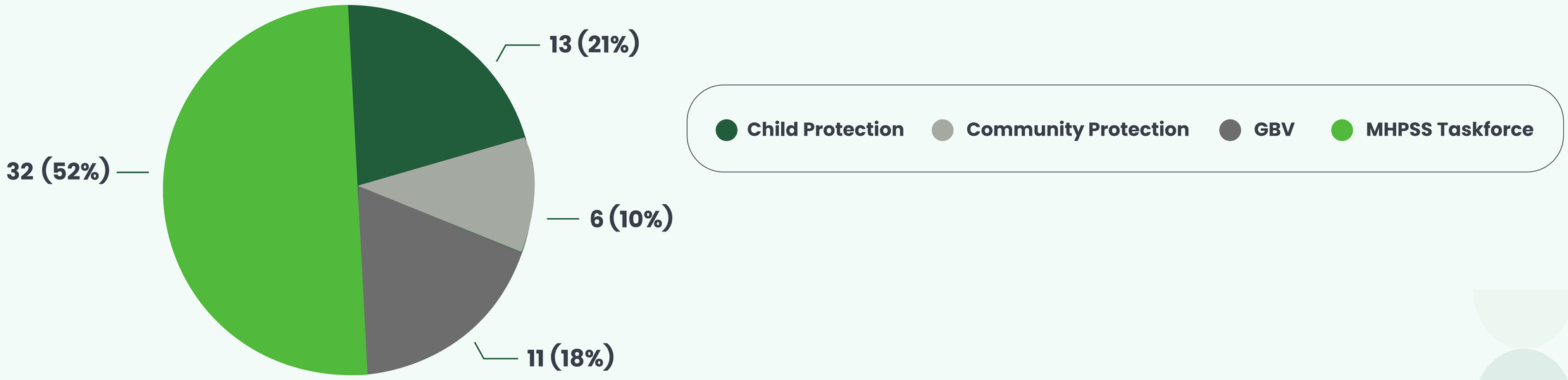

Figure 12: Percentage of Organizations Engaging in Coordination Mechanism

When investigating the percentage of organizations that engage in coordination mechanisms, the majority of organizations participating in this mapping and providing mental health services reported that they engage in the MHPSS taskforce, followed by child protection, while the smallest percentage of these organizations engage in community protection through the child protection sector.

3.2.8 Summary Findings – "Who is doing What?"

- Majority of organizations offer case-focused MHPSS services (77%), followed by community focused MHPSS services (70%), and then by general MHPSS services (40%).
- The majority of organizations' facilities were PHCCs (41%), followed by NGOs (34%), while the lowest percentage of facilities encompassed MH outpatient facility attached to a hospital (2%), followed by churches (1%), schools (1%), and residential care facility (1%). No daycare facilities are operating in Lebanon.
- Majority of organizations equally fall under Level 2 component of the pyramid "strengthening community and family support" (77%) as well as level 4 "specialized services" (67%), followed by level 3 "focused; person to person; non-specialized support"(58%).
- Most of case-focused interventions are provided by specialized MH professionals, while the least case-focused interventions are provided by non-specialized MH professionals.
- Around half of community-based interventions included recreational components such as strengthening of community and family support activities (52%) while the lowest percentages constituted community-oriented emergency MHPSS activities and engaging community leaders to develop or maintain responses to national MHPSS emergencies (2%).
- The largest proportion of sub-activities related to general MHPSS services included supporting the availability of psychotropic medication stocks in PHCCs and CMHCs (43%) followed by re-gional or local mapping of MHPSS activities (16%), while the least as research in MHPSS (3%).
- Around half of organizations engage in the MHPSS Task Force (52%), followed by chil protection (21%), while the smallest percentage of these organizations engage in community protection (10%).

What and Where?

The below section provides specific information about MHPSS services that are offered across various governorates and cazas. The number of organizations, facilities and their respective activities differ across governorates and cazas. As such, differences in the geographic distributions of organizations, facilities and activities per governorates will be presented in the below figures.

3.3 Comparison of Main Categories of Activities among Governorates

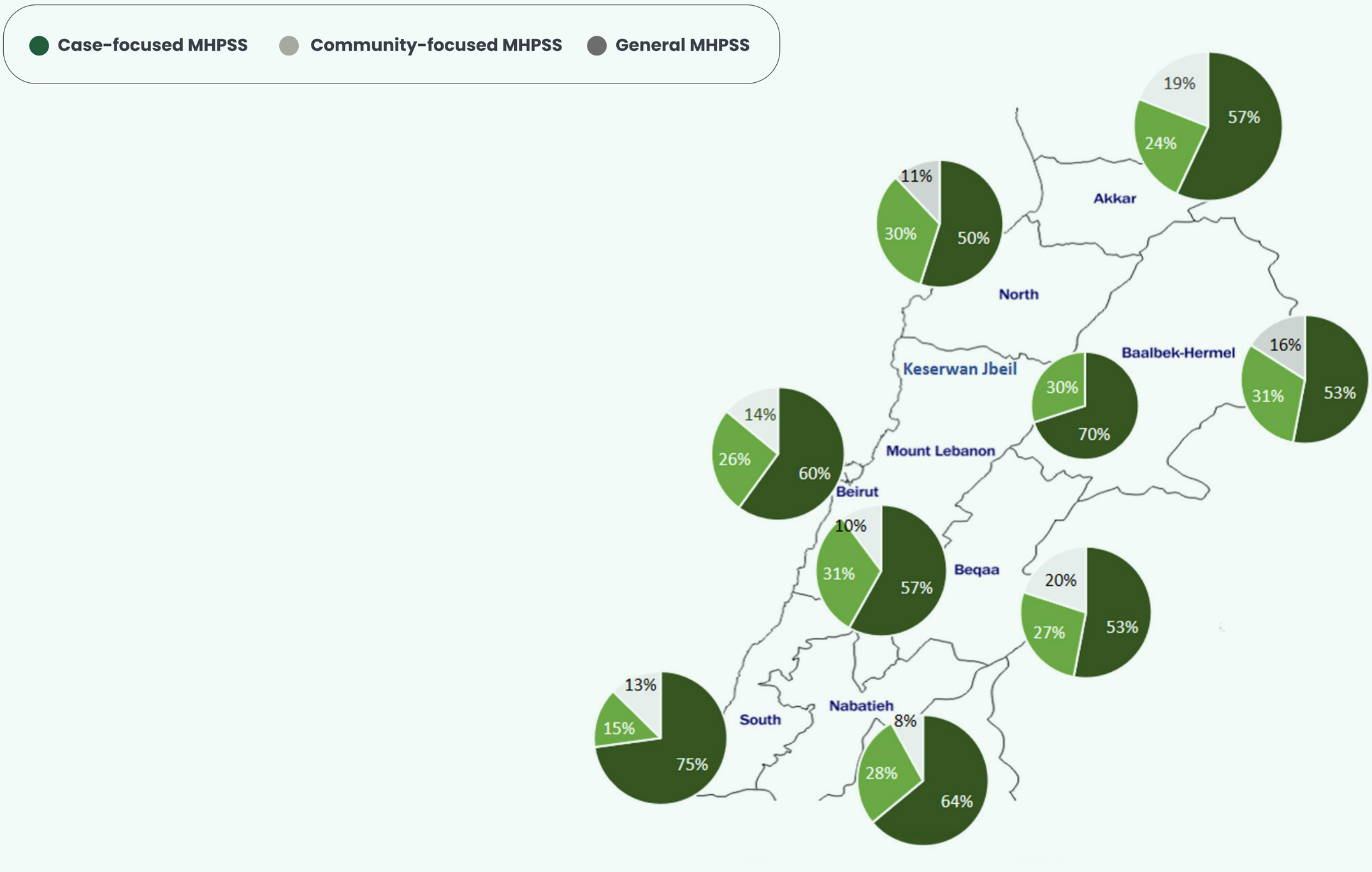

Figure 13: Map on the Comparison of Main Categories of Activities among Governorates

The map above indicates that the majority of activities across all nine governorates in Lebanon are case-focused MHPSS activities, with South having the lowest percentage of community-focused activities and Keserwan-Jbeil indicating no general MHPSS services being serviced there. Baalbek-Hermel and Mount Lebanon have the highest community-focused activities (31%).

3.3.1 Distribution of Organizations by Governorate and Caza

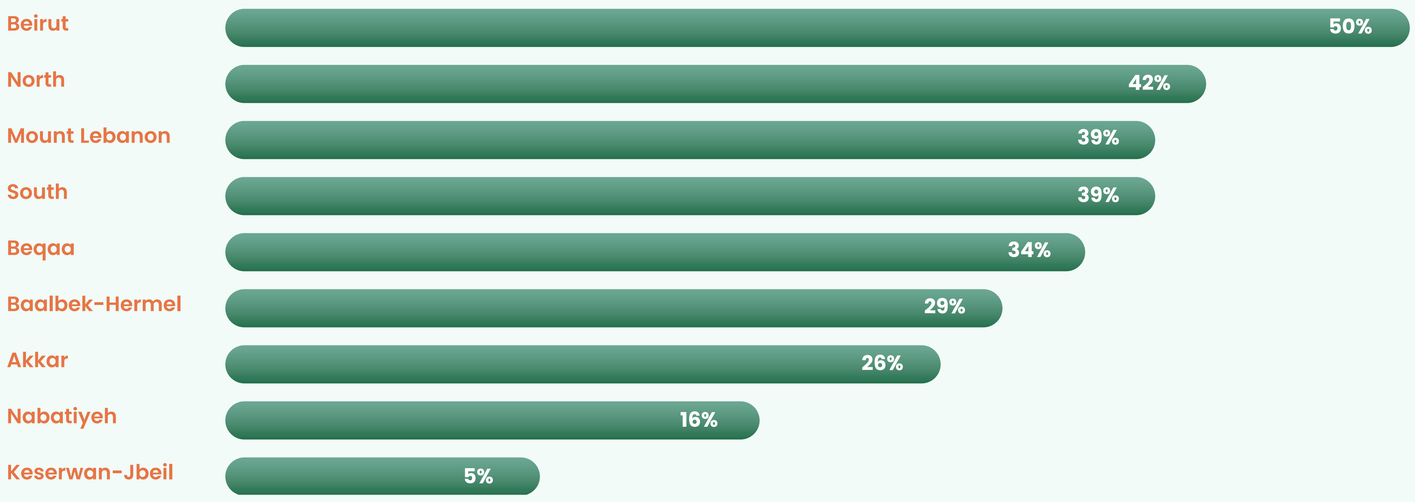

Figure 14: Distribution of Organization by Governorate

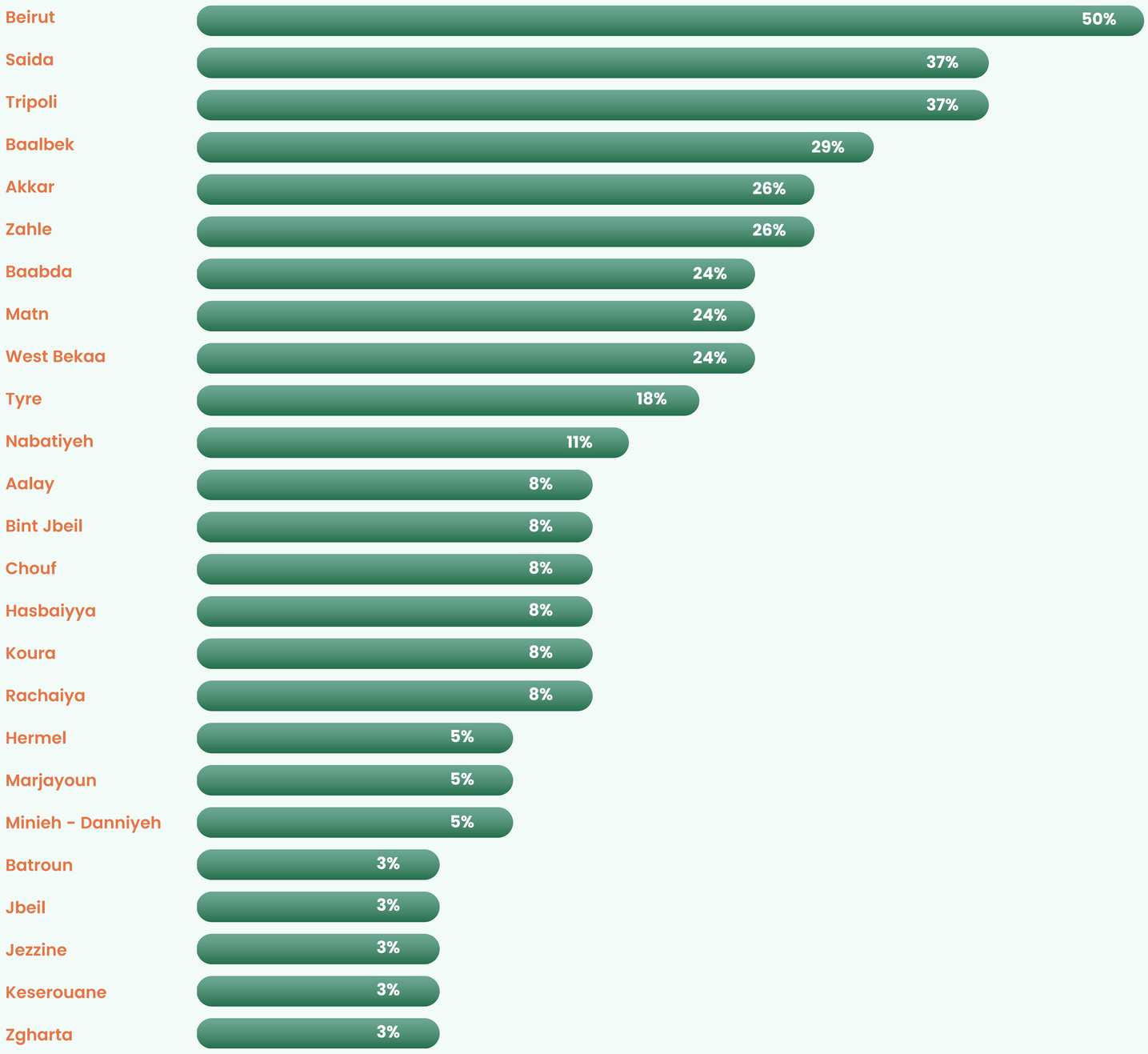

Figure 15: Distribution of Organization by Caza

Among the organizations operating across all governorates, the majority were found to operate in Beirut, and only a few in Keserwan-Jbeil. A further investigation of the distribution of organizations by caza revealed that the majority of organizations operate in Beirut followed by Saida and Tripoli while only a few operate in the following cazas Batroun, Jbeil, Jezzine, Zgharta and Keseroune.

3.3.2 Distribution of Organizations and Facilities by Governorate and Category and by Caza and Category

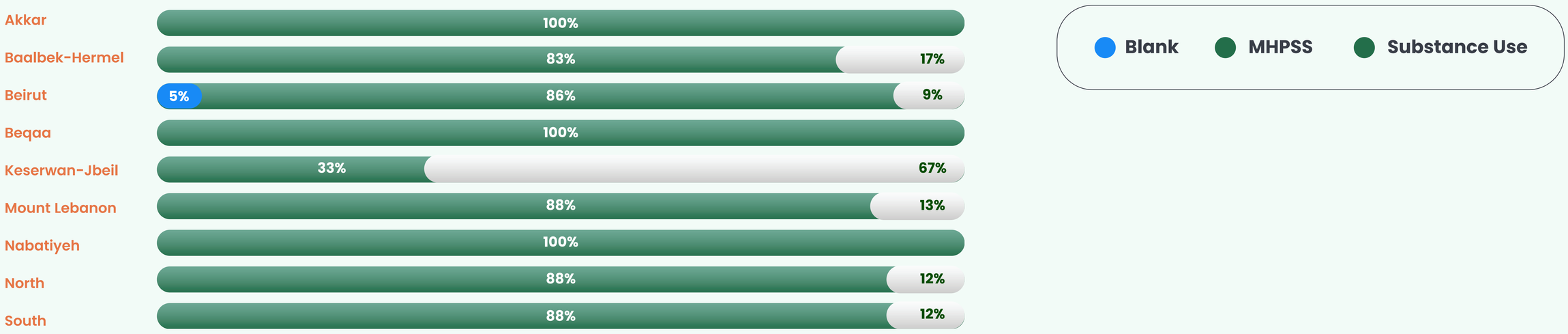

Figure 16: Distribution of Organizations by Governorate and Category

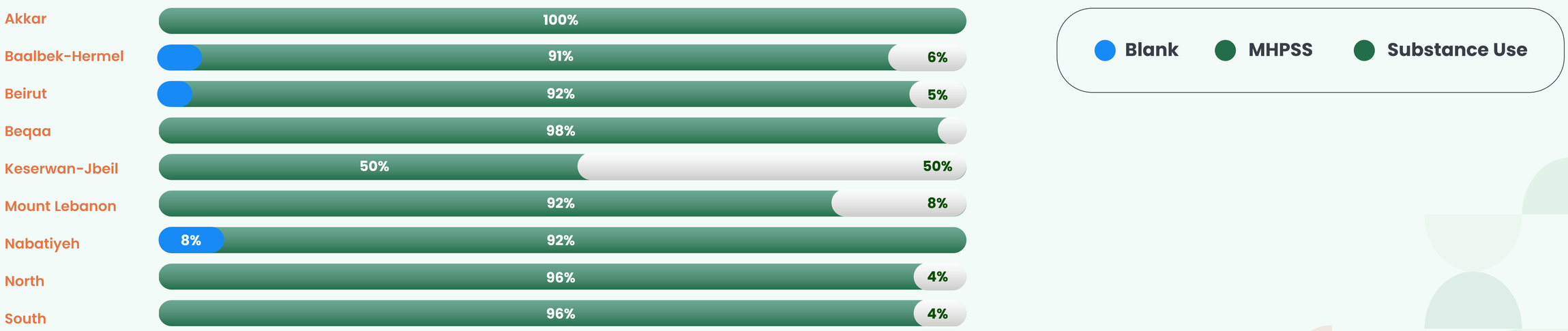

Figure 17: Distribution of Facilities by Governorate and Category

The majority of organizations and facilities operating across the 9 governorates and their corresponding cazas were shown to provide primarily MHPSS activities, with only a few providing substance use activities. Organizations and facilities operating in Akkar, Bekaa and Nabatiyeh were lacking substance use services. Numerous cazas (17 cazas) across the North, South, Mount Lebanon, and in Baalbek also include organizations and facilities that provide only MHPSS services. These figures could be due to underreporting or to the lack of availability of substance use services in these areas. One governorate, Keserwan-Jbeil and its corresponding caza Keserwan took the lead in hosting the highest percentage of organizations that provide substance abuse services.

3.3.3 Organizations Managing Stock of Medication by Governorate

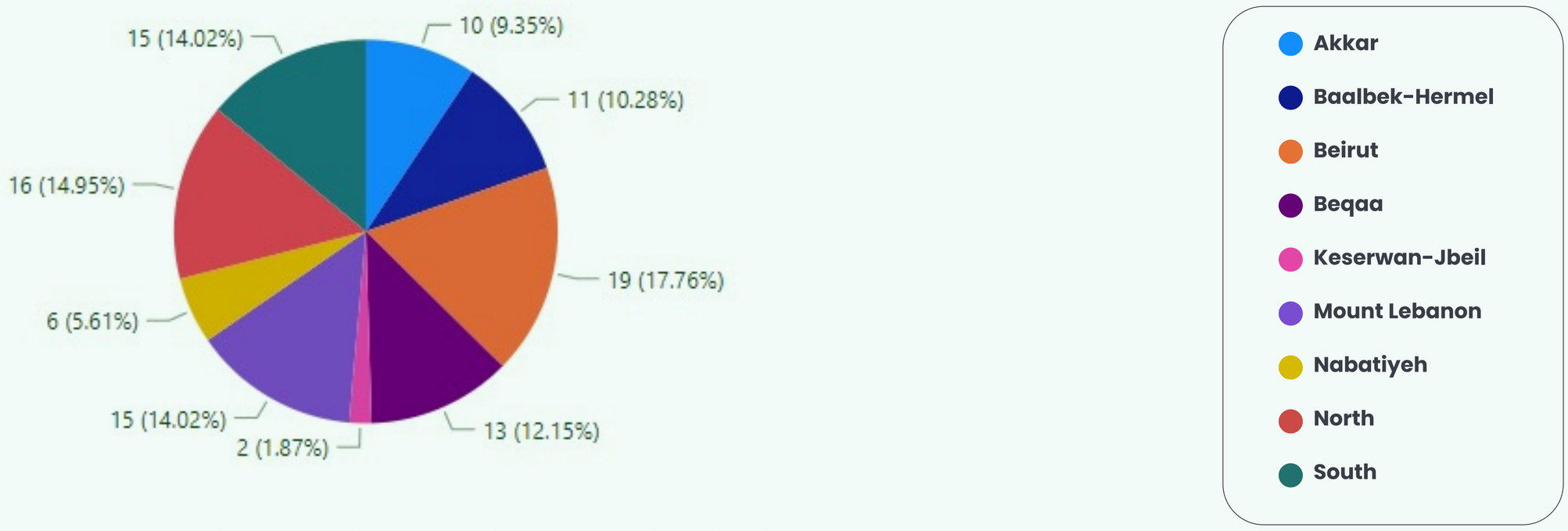

Figure 18: Percentage of Organizations Managing a stock of Medication by Governorate

Findings indicated that most organizations that manage psychotropic medication are found in Beirut, followed by North, South and Mount Lebanon, while Akkar, Nabatiyeh, and Keserwan-Jbeil only have a small percentage of organizations that manage a stock of psychotropic medication. Across cazas, the majority of organizations were found to operate in Beirut, followed by Tripoli and Saida, while the minority operate across Keseroune, Jbeil, Hermel, Zgharta, and Jezzine. The below table provides a list of all organizations that manage a stock of medication across Lebanon.

Governorate	Caza	Organization
Akkar	Akkar	American Near East Refugee Aid International Medical Corps The National Institution of Social Care and Vocational Training United Nations Relief and Work Agency for Palestine Refugees in the Near East
Baalbek-Hermel	Baalbek	Amel Association American Near East Refugee Aid International Medical Corps United Nations Relief and Work Agency for Palestine Refugees in the Near East
	Hermel	American Near East Refugee Aid
Beirut	Beirut	American Near East Refugee Aid International Medical Corps Makhzoumi Foundation Medecins sans Frontieres Belgium Restart Center

Governorate	Caza	Organization
Beirut	Beirut	The National Institution of Social Care and Vocational Training United Nations Relief and Work Agency for Palestine Refugees in the Near East
Beqaa	Rachaiya	American Near East Refugee Aid
	West Bekaa	Amel Association American Near East Refugee Aid International Medical Corps United Nations Relief and Work Agency for Palestine Refugees in the Near East
	Zahlé	American Near East Refugee Aid International Medical Corps United Nations Relief and Work Agency for Palestine Refugees in the Near East
Mount Lebanon	Aalay	American Near East Refugee Aid International Medical Corps
	Baabda	Amel Association American Near East Refugee Aid United Nations Relief and Work Agency for Palestine Refugees in the Near East
	Chouf	American Near East Refugee Aid United Nations Relief and Work Agency for Palestine Refugees in the Near East
	Matn	American Near East Refugee Aid United Nations Relief and Work Agency for Palestine Refugees in the Near East
Nabatiyeh	Bint Jbeil	Imam Sadr Foundation
	Hasbaiyya	American Near East Refugee Aid
	Marjayoun	Imam Sadr Foundation
	Nabatiyeh	American Near East Refugee Aid United Nations Relief and Work Agency for Palestine Refugees in the Near East
North	Koura Minieh – Danniyeh	International Medical Corps American Near East Refugee Aid United Nations Relief and Work Agency for Palestine Refugees in the Near East
	Tripoli	American Near East Refugee Aid International Medical Corps Medecins sans Frontieres Belgium Restart Center The National Institution of Social Care and Vocational Training United Nations Relief and Work Agency for Palestine Refugees in the Near East

Governorate	Caza	Organization
South	Jezzine	Amel Association
	Saida	Ahlouna Association American Near East Refugee Aid Civil Council Against Addiction (CCAA) Imam Sadr Foundation International Medical Corps The National Institution of Social Care and Vocational Training United Nations Relief and Work Agency for Palestine Refugees in the Near East
	Tyre	Amel Association American Near East Refugee Aid Imam Sadr Foundation International Medical Corps The National Institution of Social Care and Vocational Training United Nations Relief and Work Agency for Palestine Refugees in the Near East

Table 3: List of all organizations that manage a stock of medication across Lebanon.

3.3.4 Percentage of Organizations by Governorate and Type

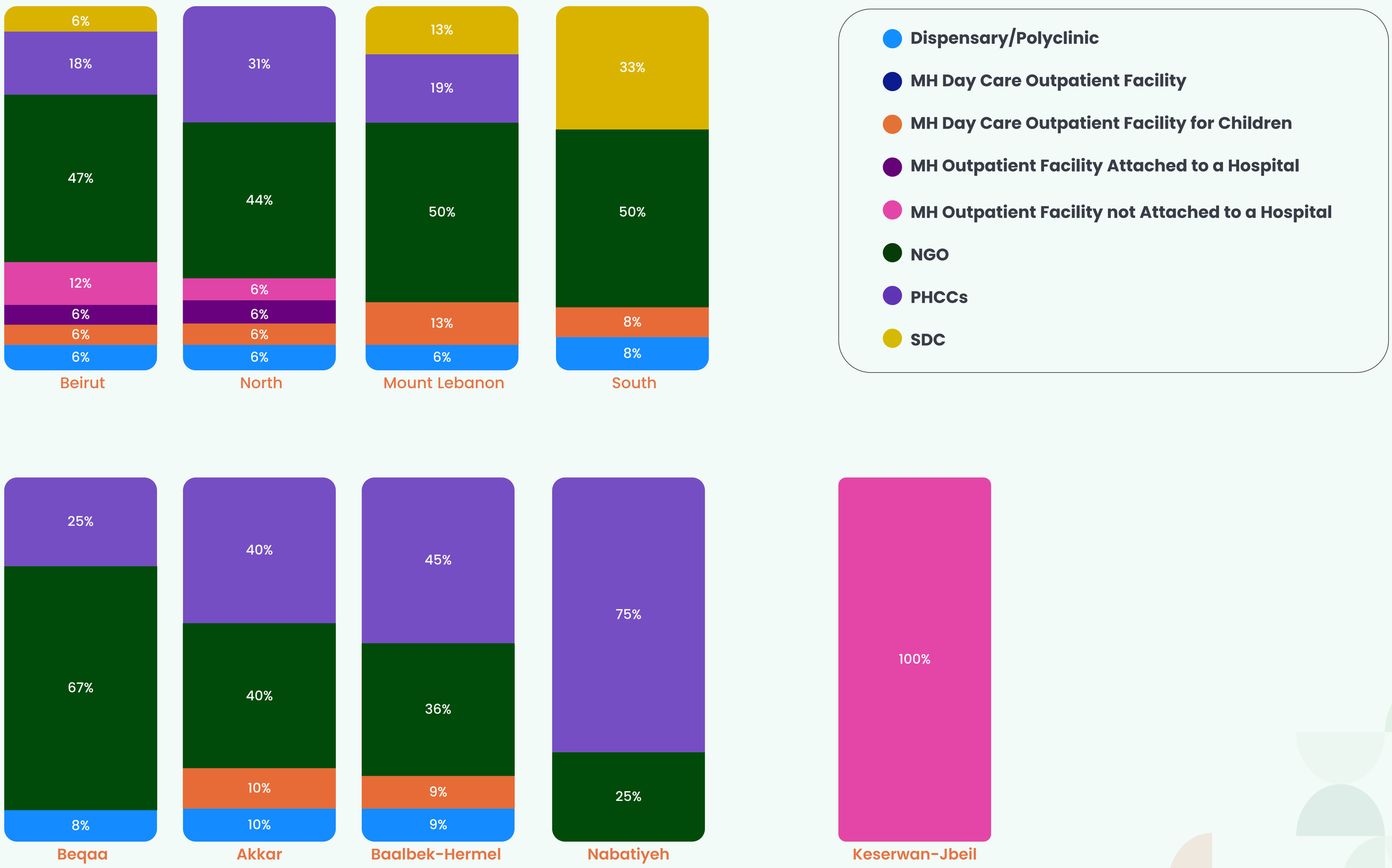

Figure 19: Percentage of Organization by Governorate and Type

As previously mentioned, the majority of the organizations that operate across the governorates are NGOs, followed by PHCCs. One governorate, Beqaa, had the highest percentage of NGOs operating in its region, while another governorate, Nabatiyeh, had the highest percentage of PHCCs operating in its region. Almost all governorates demonstrated a small percentage of their operating organizations constituting of MH outpatient facilities attached to a hospital and not attached to a hospital, MH day care outpatient facilities, MH day care facilities for children, SDCs and dispensary/polyclinic.

3.3.5 Percentage of Activities by Governorate and Caza

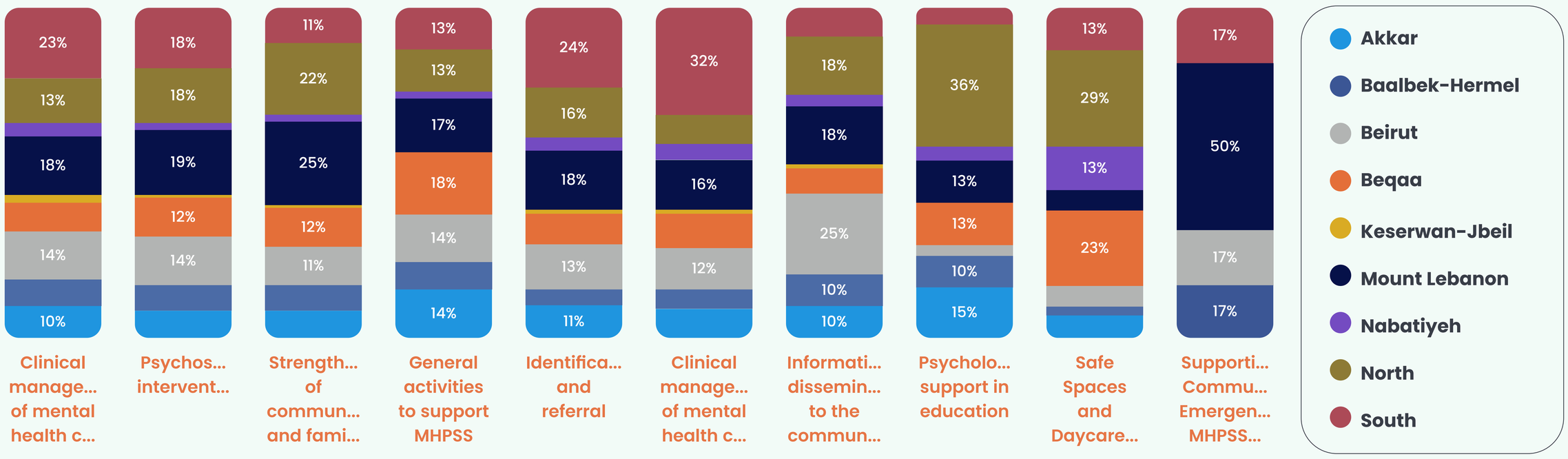

Figure 20: Percentage of Activities by Governorate

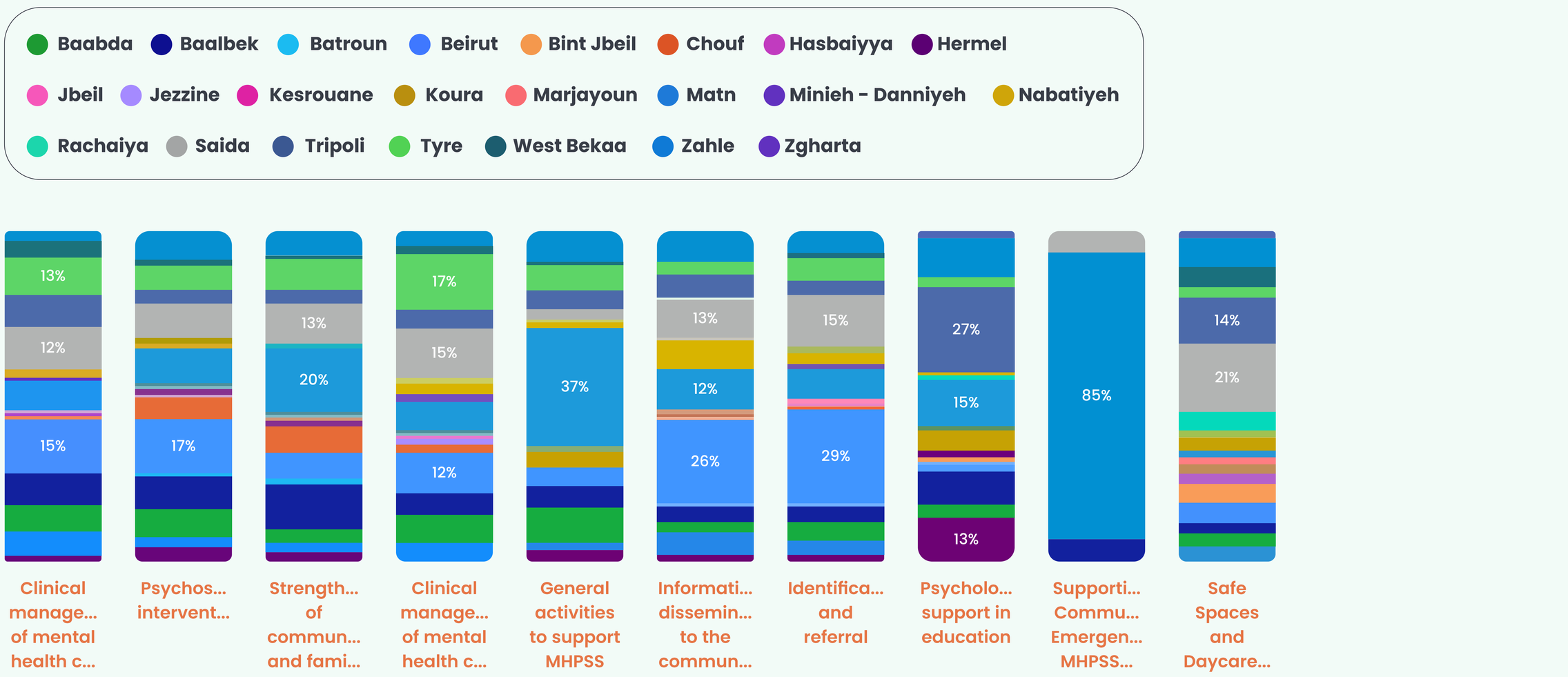

Figure 21: Distribution of Activities by Caza

Across governorates, South governorate took the lead in clinical management services (specialized and non-specialized), as well as identification and referral. Across its cazas, safe space and day care centers were reported to be mainly provided in Saida, while clinical management of services by non-specialized services were mainly provided in Tyre. Both Nabatiyeh governorate as well as Akkar lacked services incorporating supporting community-oriented emergency MHPSS services. Beirut took the lead in the activity related to information dissemination to the community at large. Furthermore, Beirut caza, similar to South governorate, was also found to benefit mostly from clinical management services (specialized and non-specialized), identification and referral as well as psychosocial interventions.

Mount Lebanon governorate benefits mostly from activities related to psychosocial interventions, strengthening community and family support services, and supporting community-oriented emergency MHPSS services. Similarly, its corresponding caza, Metn, mostly benefits from strengthening community and family support services, supporting community-oriented emergency MHPSS services; in addition to general activities to support MHPSS, such as research, capacity building, mapping, among others. Additionally, general activities to support MHPSS were also found to be mostly operating in Bekaa as well. Psychological support services in educational settings were found to be mostly prevalent in North and its corresponding caza, Tripoli. While in Keserwan-Jbeil governorate, most of the activities are lacking and only specialized and non-specialized clinical mental health services, psychosocial interventions, identification and referral, information dissemination at the community at large, are minimally present in this governorate. One activity, “advocacy and inclusion”, was not reported to be operating in any of the governorates and cazas. Of the activities stated as operating across the governorates and cazas, a missing figure for this activity accounted for 5.53%. Activities were prevalent across various governorates and cazas in minimal percentages; thus, indicating the need to diversify the types of activities to reflect all levels of IASC in the different governorates and cazas.

3.4 Target Beneficiaries

Profile of MHPSS Target Beneficiaries by Nationality, Gender, and Age in Lebanon

The following section provides an overview of the profile of MHPSS target beneficiaries (21,544 beneficiaries) by nationality, age, and gender in Lebanon. These figures will be further specified for each governorate, caza and per activities and sub-activities.

3.4.1 Target Population by Activity Section

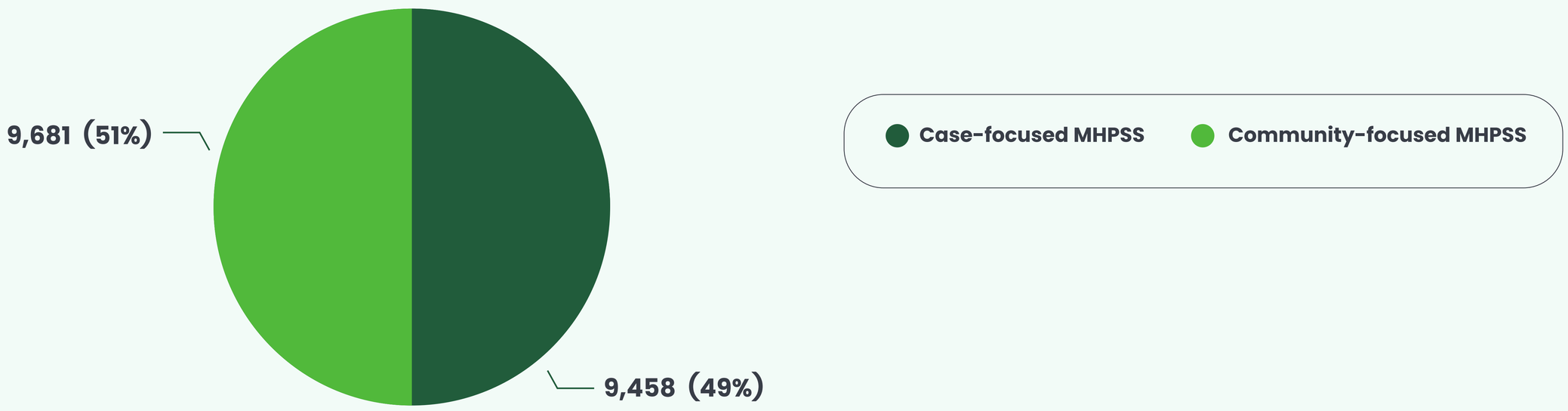

Figure 22: Number of Targeted Population by IASC section

Almost an equal distribution of case-focused and community-focused services is provided to the target population. No general MHPSS activities were reported. In the 4Ws Platform, the only sub-activity within general MHPSS targeting beneficiaries is staff care.

3.4.2 Target Population by Activity and Sub-activity

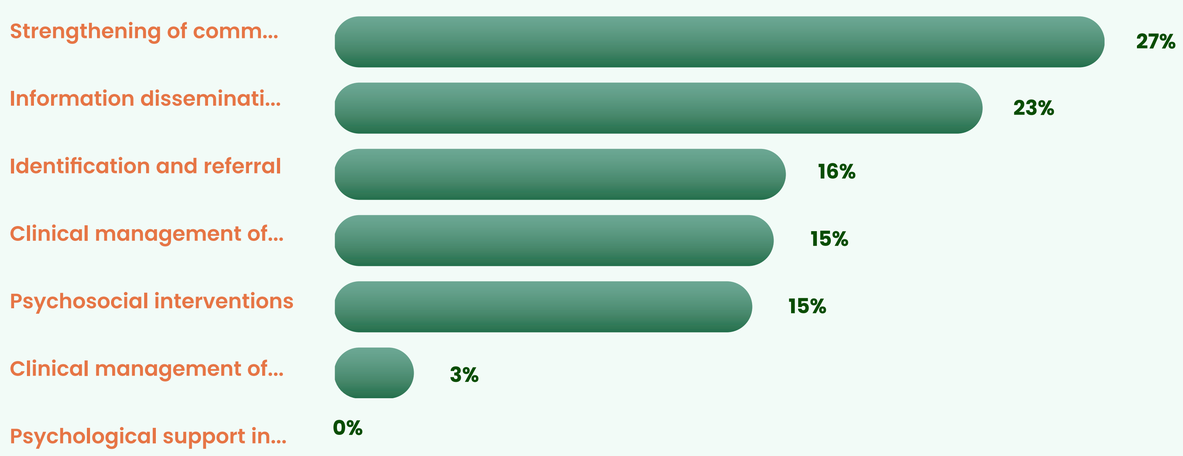

Figure 23: Percentage of Target Population by Activity

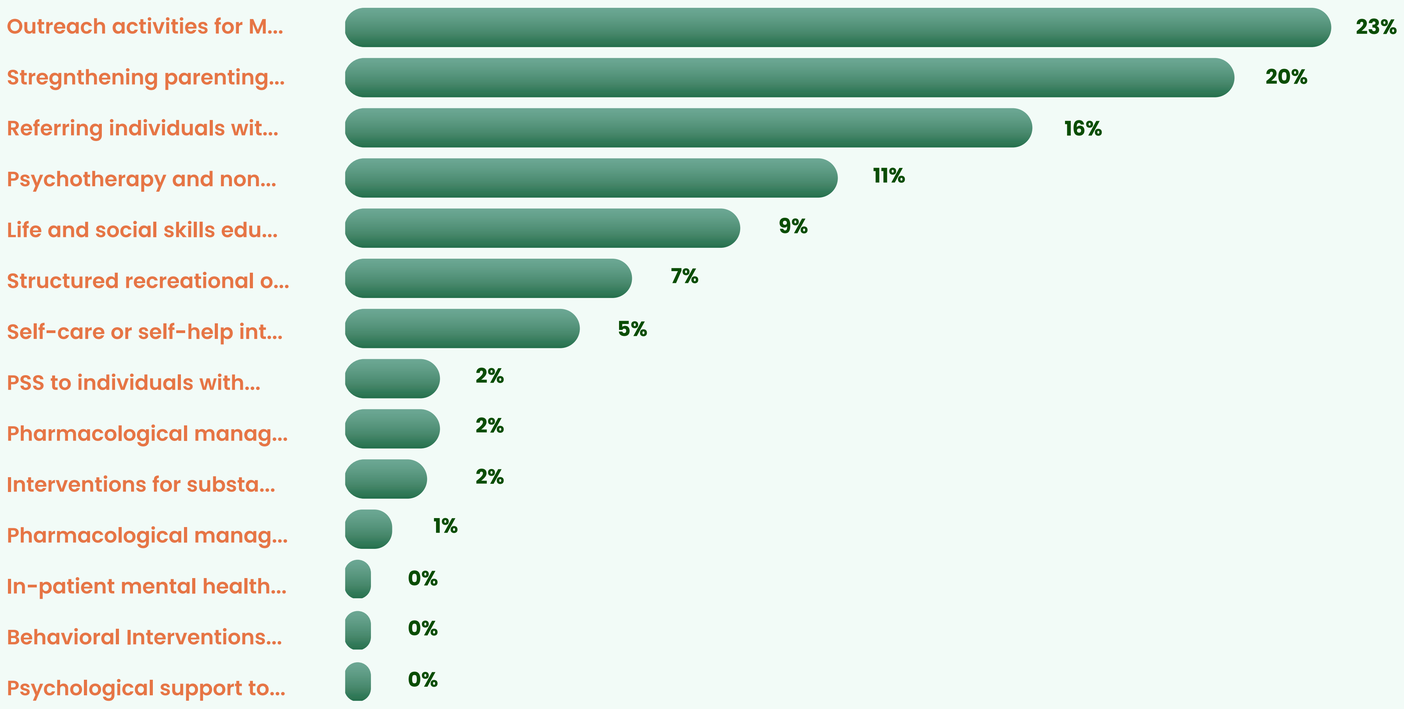

Figure 24: Percentage of Target Population by Sub-activity

Less than 25% of activities involving the clinical management of mental health conditions by specialized mental health providers are provided to the targeted population, whereas strengthening of community and family support appears to be the activity provided to the largest percentage of the targeted population.

Additionally, clinical management of mental health conditions by non-specialized mental health providers appeared to be the activity with the lowest percentage of the target population. This might indicate that while community and family support programs are reaching a wider population, a smaller proportion of specialists and non-specialists perform clinical management for common mental health conditions. Despite the integration of mental health in the PHC network and the adoption of a new referral system that aims at task-sharing between professionals and non-professionals, a gap in providing specialized clinical care to those who are in need is documented. As such, there is a need to improve access to mental health services by specialists and non-specialists or explore ways to scale up their effective integration into community programs.

At the sub-activity level, the largest percentage of the target population benefited from the outreach activities for MHPSS, followed by the strengthening of community and family support. Other sub-activities such as, (1) interventions implemented by clinical psychologists and psychiatrists for substance use conditions, (2) PSS to individuals with mental health conditions by non-specialized staff (nurses, social workers, etc.), (3) pharmacological management of mental health conditions by psychiatrists, as well as by GPs, FDs, OB/GYN, etc. were found to be strictly provided to only a small percentage of the target population. In-patient mental health care, behavioral interventions and psychological support in education sub-activities were not provided at all to the target population.

3.4.3 Target Population by Governorate

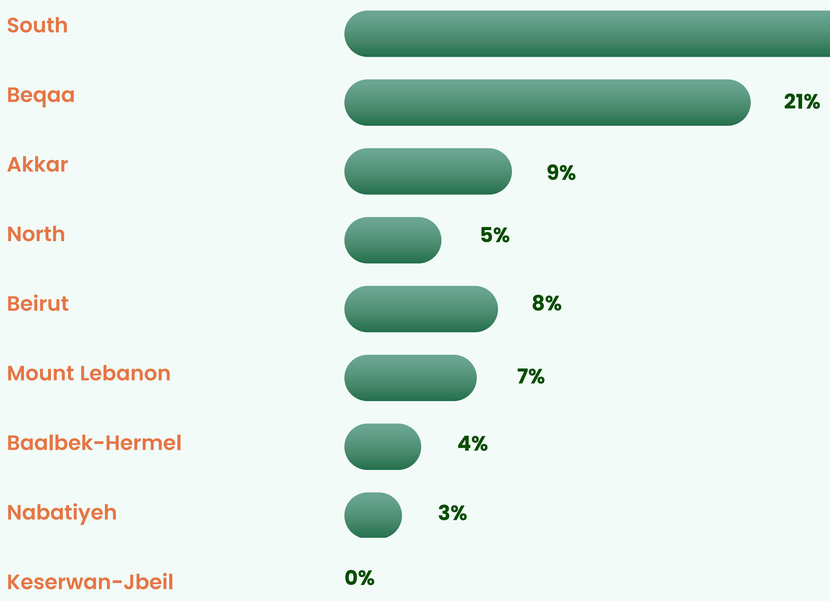

Figure 25: Percentage of Target Population by Governorate

3.4.4 Target Population by Caza

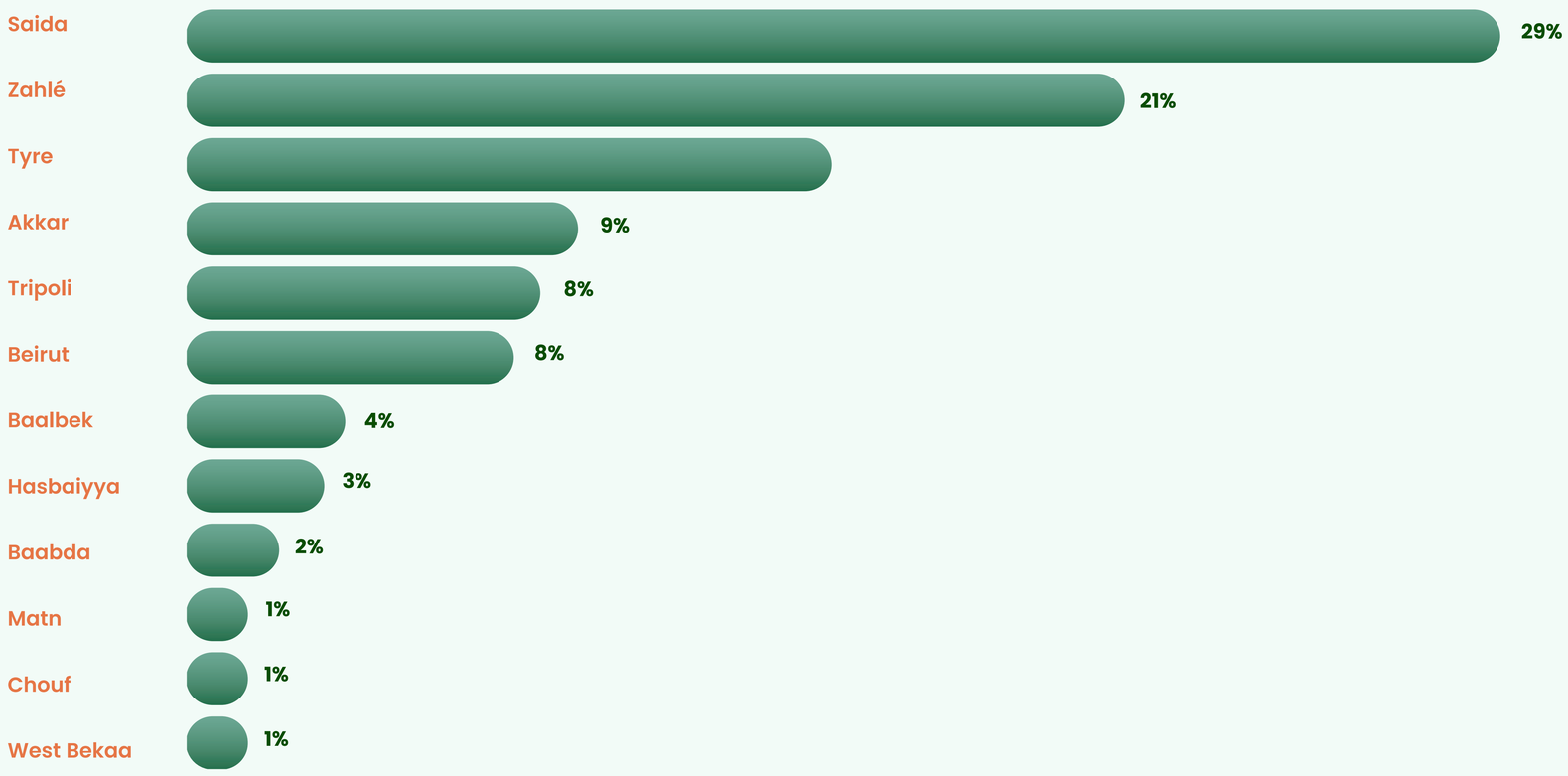

Figure 26: Percentage of Target Population by Caza

Distribution of the target population by governorate and caza indicates that the majority are found in the South and in its corresponding caza, Saida. Target population was found to be least distributed in governorate Nabatiyeh, and in the following 3 cazas, Matn, Chouf and West Bekaa.

3.4.5 Sub-activity by Nationality

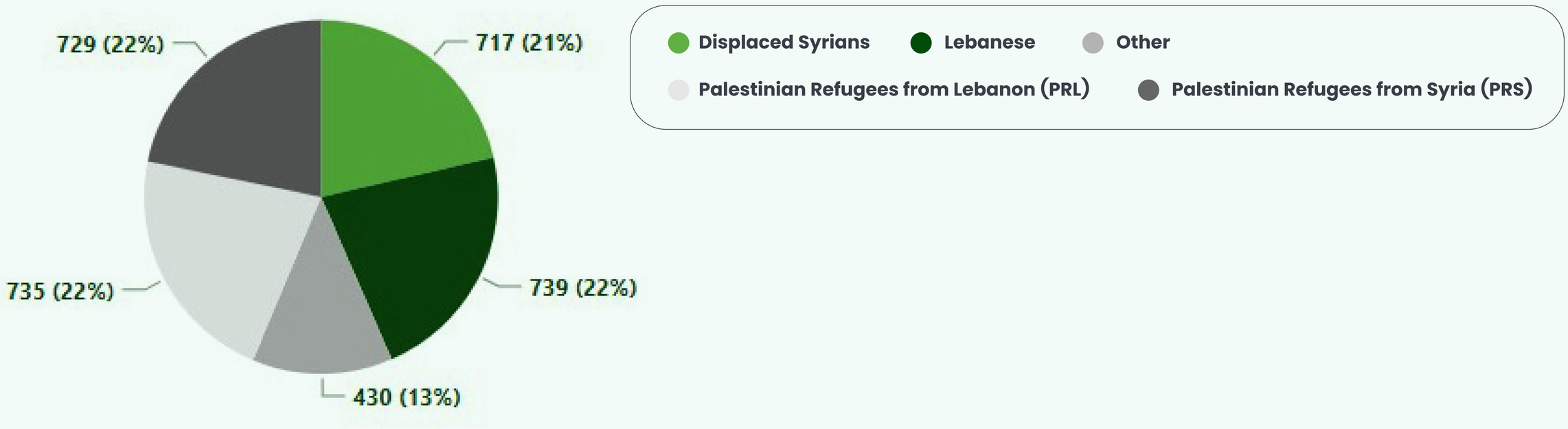

Figure 27: Percentage of Sub-activities by Nationality

The majority of sub-activities are equally distributed between the host community (Lebanese population), displaced Syrians, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL). While a smaller percentage of MHPSS sub-activities are offered to a population under the category “other”.

3.4.6 Nationality by IASC section, by Activity and by Sub-activity

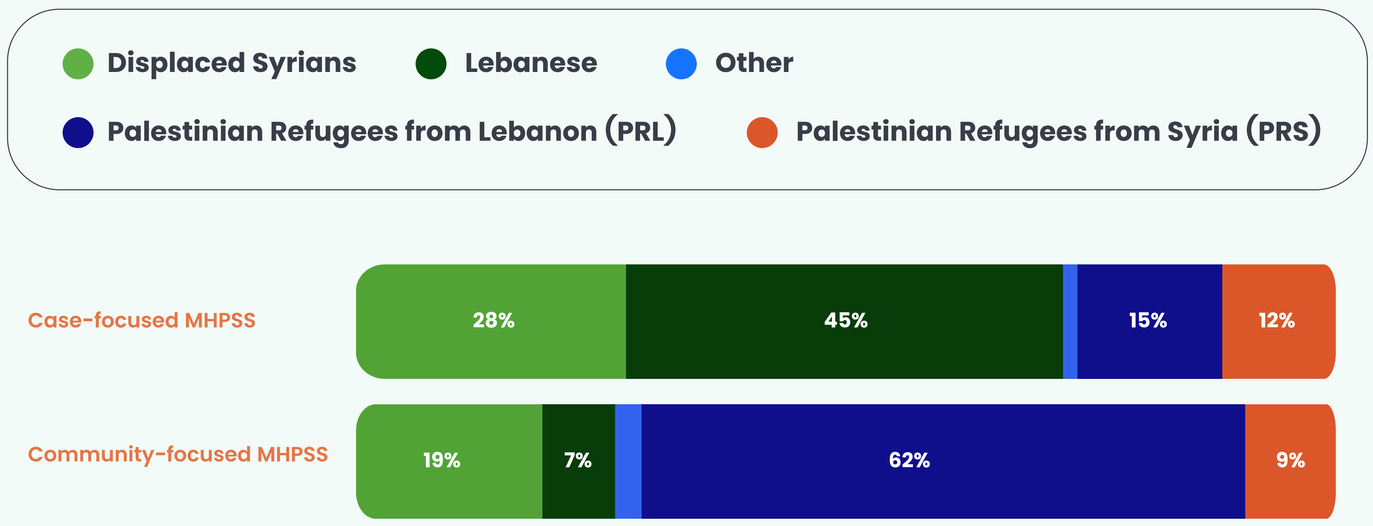

Figure 28: Percentage of Nationality by IASC Section

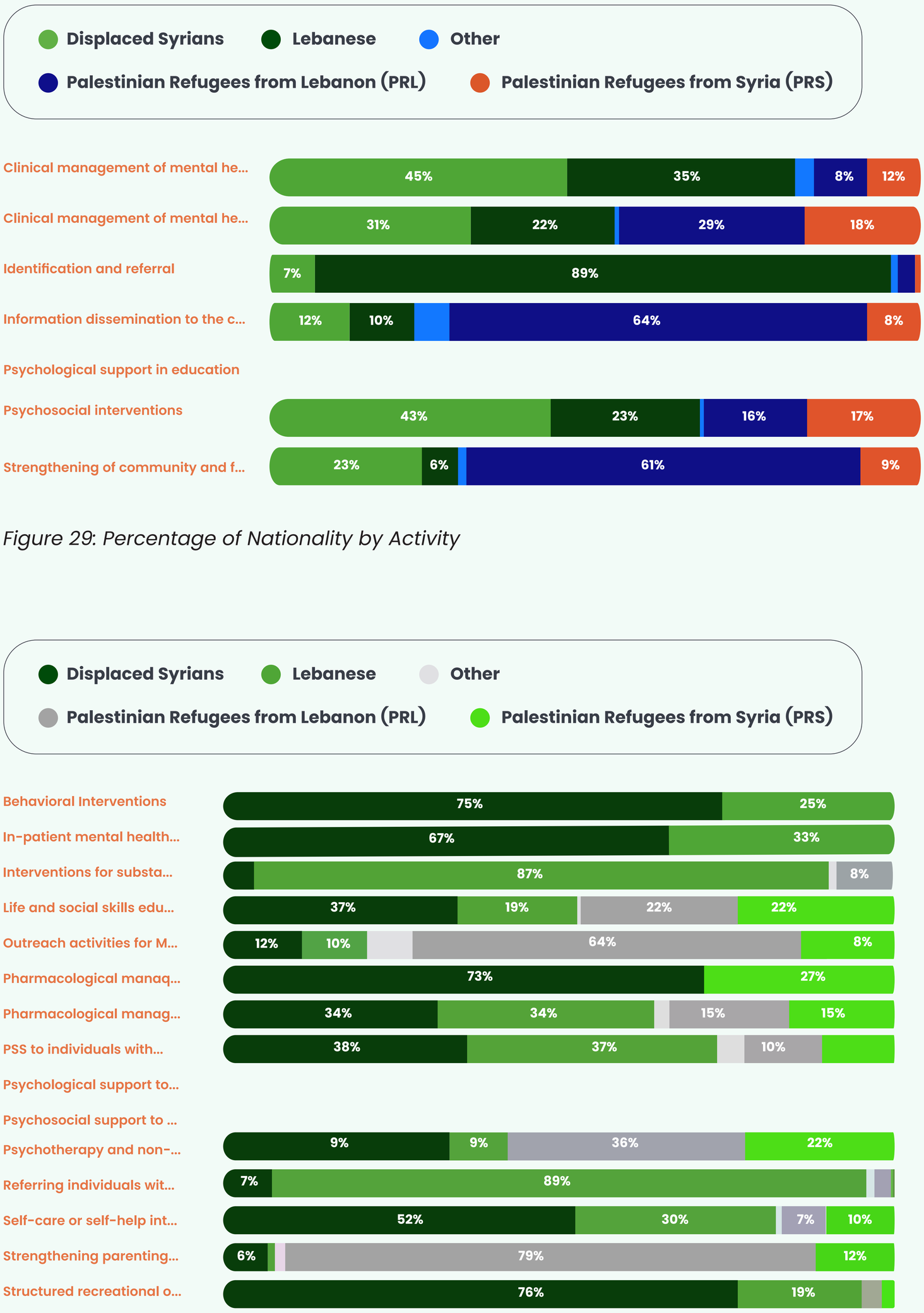

Figure 29: Percentage of Nationality by Activity

Figure 30: Distribution of Nationality by Sub-activity

The host community (Lebanese population) constituted the largest percentage of the target population for the case-focused MHPSS activities followed by displaced Syrians while the least percentage of the target population for these activities constituted Palestinian refugees from Lebanon, Palestinian refugees from Syria and to “other” group. Regarding community-focused MHPSS activities such as supporting community-oriented emergency MHPSS activities, the largest percentage of the target population for these activities constituted Palestinian Refugees from Lebanon (PRL), followed by displaced Syrians, and the least percentage constituted host community (Lebanon) and Palestinian refugees from Syria.

Specifically, the target population for case-focused MHPSS activities such as clinical management of mental health conditions by non-specialized mental health providers, and by specialized mental health providers as well as psychosocial interventions was relatively equally between displaced Syrians and Lebanese host community.

Relatively a similar proportion of Lebanese and Syrians constituted the target population for the services equally, however identification and referral was of higher target for Lebanese, and activities incorporating information dissemination to the community at large and strengthening of community and family support were of higher target for Palestinian refugees from Lebanon.

At the sub-activity level, displaced Syrians appeared to be the largest target group for most of the MHPSS sub-activities. This could be attributed to the scope of the report which focuses on the humanitarian response by the NGOs and does not capture the system level services in Lebanon that target the entire population. Yet one activity, which is identification and referral, in addition to two sub-activities, (1) interventions for substance use conditions by a clinical psychologist or a psychiatrist and (2) referring individuals with mental health conditions or psychosocial difficulties to treatment, appeared to be the activities that are by majority targeted to the Lebanese population. For more detailed information on the distribution of sub-activities by nationality, check the above figure (Fig. 30).

3.4.7 Sub-activity by Age

Figure 31: Percentage of Sub-activity by Age

The largest age groups targeted by the sub-activities of the MHPSS services are beneficiaries aged 18 and below and adults in the age range between 18-63, followed by those older than 64 years.

3.4.8 Age by IASC section, by Activity and by Sub-activity

Figure 32: Percentage of Age by IASC Section

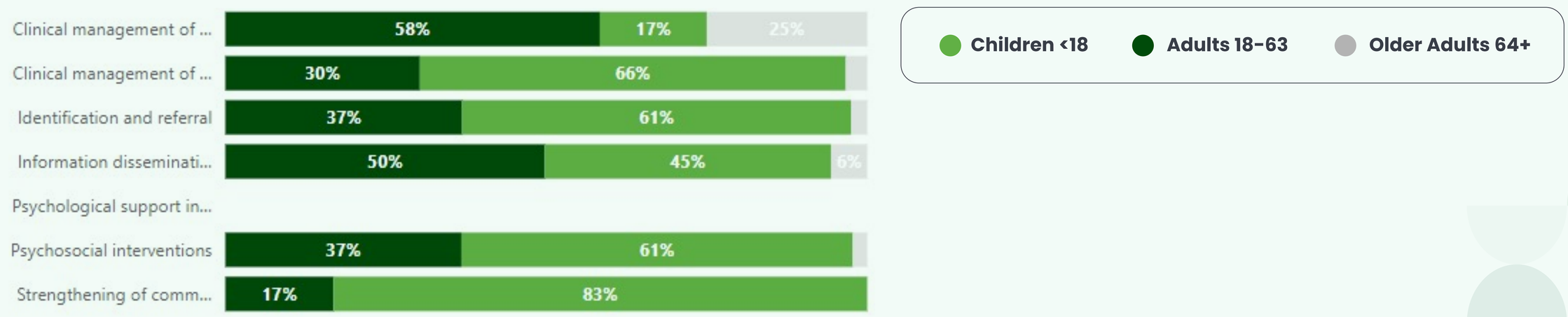

Figure 33: Percentage of Age by Activity

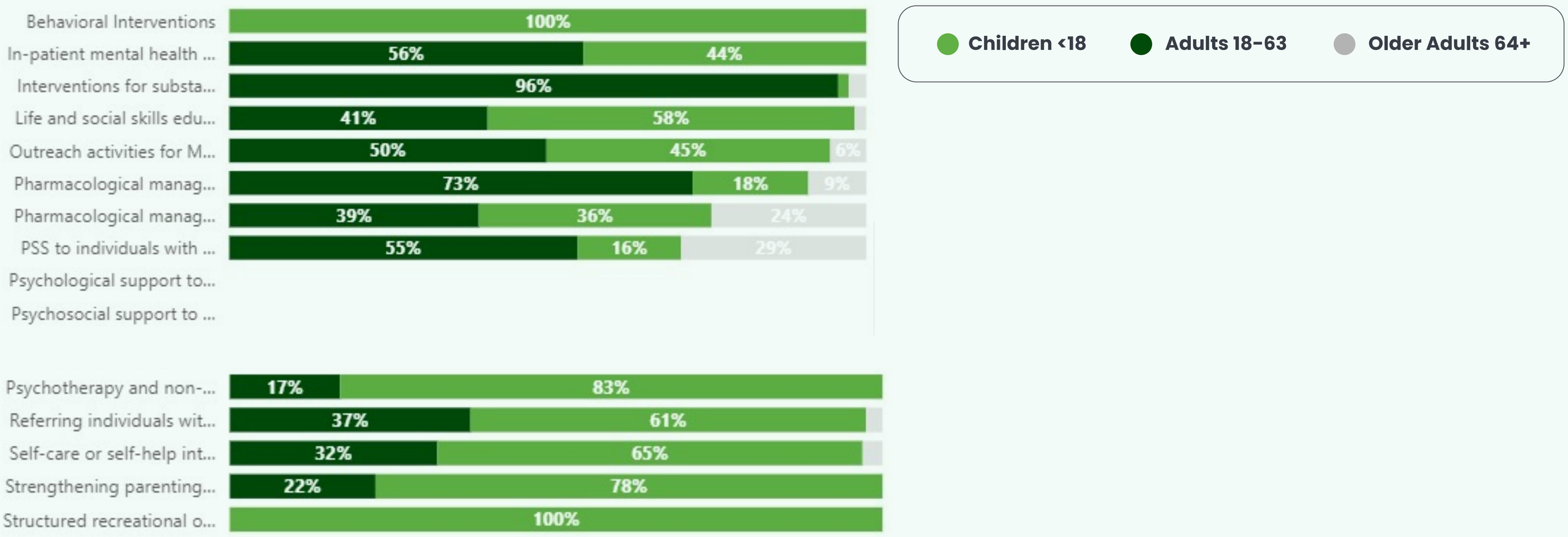

Figure 34: Percentage of Age by Sub-activity

Results indicated that children who are less than 18 years old constituted the largest percentage of the target population for the case-focused MHPSS activities and community-focused MHPSS activities target, followed by adults between 18-63, with only a fraction of the target population for these activities constituting older adults above 64. No reported general MHPSS activities were recorded given that the only activity that involved beneficiaries is the capacity building activity for staff.

At the activity level, adults (18-63) appeared to be the largest target for the activities related to clinically managing mental health conditions by non-specialized mental health provider and information dissemination. Similarly, for sub-activities related to pharmacological management of mental health conditions by GPs, FDs, OB/GYN and by psychiatrists, in-patient mental health care, outreach activities for MHPSS, interventions for substance use conditions by a clinical psychologist of a psychiatrist and PSS to individuals with mental health conditions by non-specialized staff.

For another series of activities, children (below 18) constituted the largest percentage of the target population for clinical management of mental health conditions by specialized mental health providers, identification and referral, psychological interventions and strengthening community and family support. At the sub-activity level, results also demonstrated that sub-activities related to: (1) behavioral interventions, (2) life and social skills education, (3) structured recreational or creative activities, (4) psychotherapy and non-pharmacological management of mental health conditions by clinical psychologists, (5) strengthening parenting and family support, (6) referring individuals with mental health conditions or psychosocial difficulties to treatment and community resources, as well as (7) self-care or self-help interventions, had the largest percentage of target population constituting of children under the age of 18. Only a fraction of activities were reported to target adults older than 64; as such, adults above 64 appear to be the least targeted population for all reported sub-activities.

3.4.9 Sub-activity by Gender

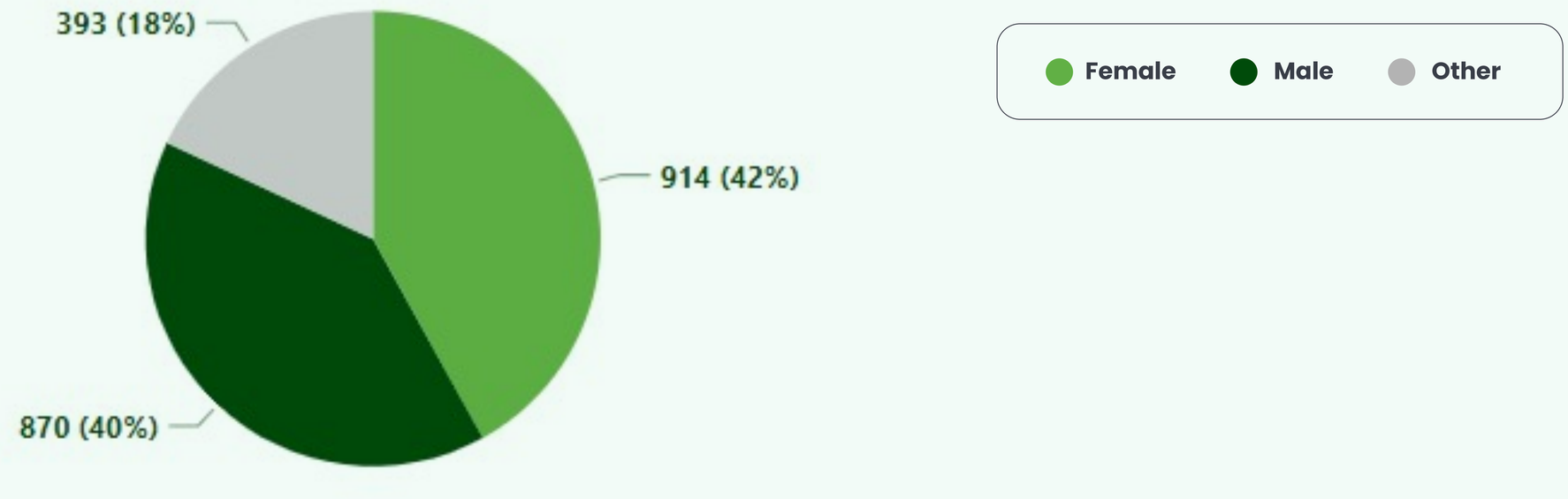

Figure 35: Percentage of Sub-activity by Gender

There is almost an equal distribution of MHPSS activities between males and females, while the “other group” represents a minimal proportion of the serviced population. Nonetheless, a more detailed look into the gender variations within activities and sub-activities is presented below.

3.4.10 Gender by IASC section, by Activity and by Sub-activity

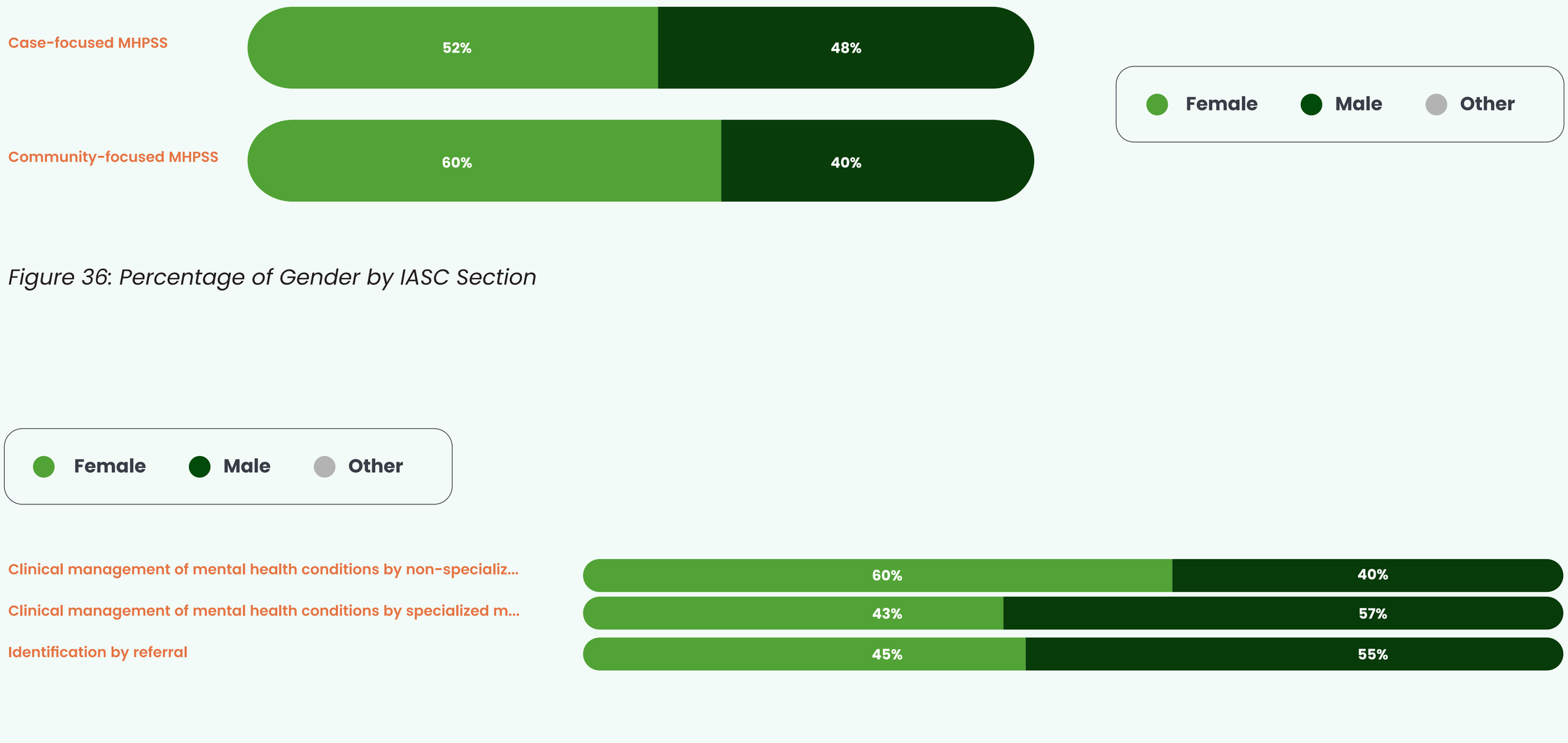

Figure 36: Percentage of Gender by IASC Section

Figure 37: Percentage of Gender by Activity

Figure 38: Percentage of Gender by Sub-activity

The target population for case-focused MHPSS activities was approximately equal for females (52%) and males (48%). The major differences between females and males were depicted for interventions for substance use whereby males constituted 92% of the target population, and for structured recreational or creative activities whereby females constituted 88% of the target population. In comparison to males, females constituted the larger percentage of the target population for activities related self-help interventions, and the community-focused activities. Whereas males appeared to be the larger percentage of the target population for activities related to mental health management by specialized professionals and referral services. No general MHPSS activities were reported.

3.4.11 Distribution of Organization Implementing Partners Per IASC Level

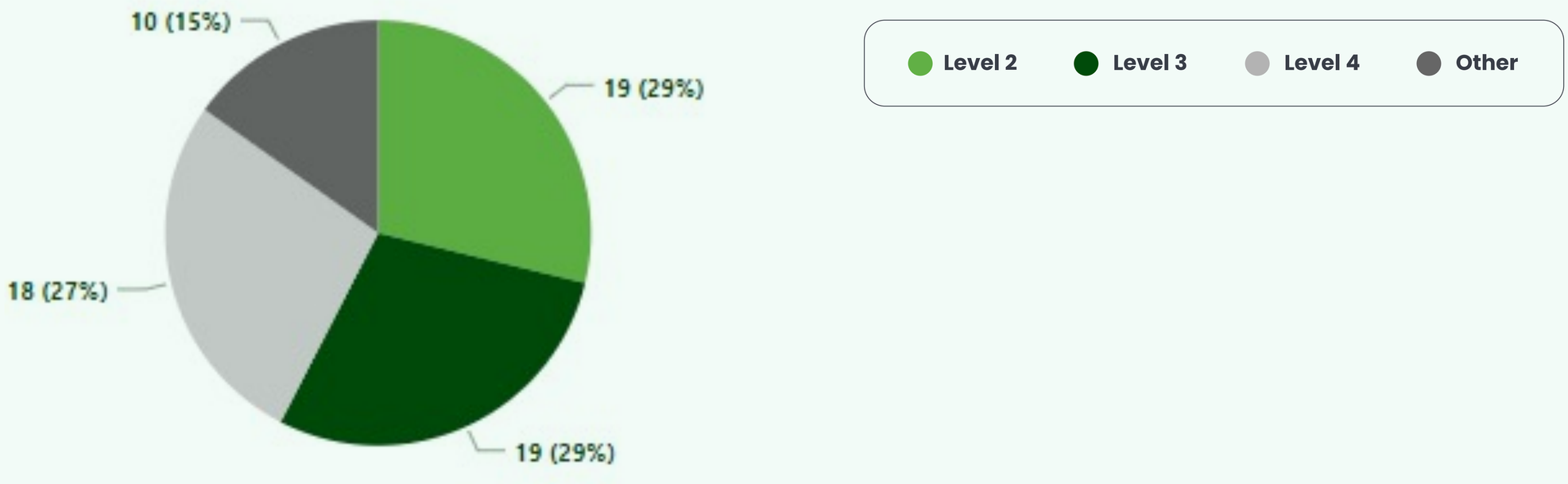

Figure 39: Percentage of Partner Organization per IASC Level

Several organizations indicated that there are partnerships for implementing their MHPSS services and activities. In this mapping exercise, the total number of implementing partners as reported by the organizations reached 32.

Furthermore, at the time of compiling this report, it was evident that the MHPSS activities were equally provided by implementing partners operating under Level 2, Level 3 and Level 4, while only a fraction operated under the level “other”. This is in accordance with the previous finding which indicated the proximity of the majority of organizations and their facilities being active across levels 4, 3, and 2 at proximity.

3.4.12 Partner Organizations Per Section

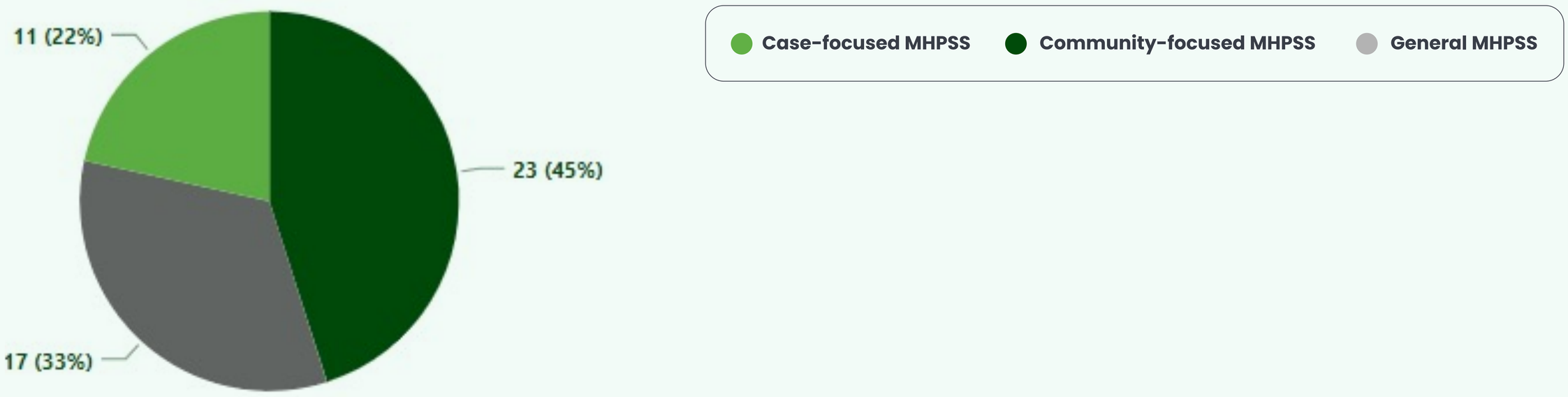

Figure 40: Distribution of Partner Organization per Section

Based on the above figure, the highest proportion of activities operating under partnership implementation are case-focused MHPSS activities, followed by community-focused MHPSS activities, and general MHPSS activities.

3.4.13 Partners by Activity

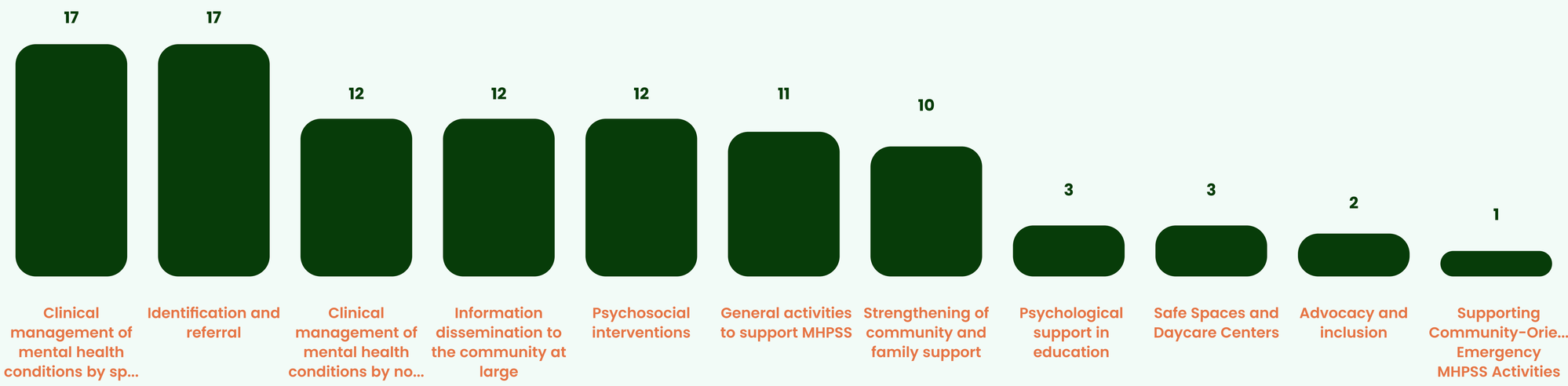

Figure 41: Percentage of Partner Distribution as per Activity

Regarding MHPSS activities, results demonstrated that most activities operating under partnership implementation constituted: (1) clinical management of mental health conditions by specialized mental health care providers and (2) identification and referral activity, while the least operated activity was supporting community-oriented emergency MHPSS activities.

3.4.14 Partner Organization by Governorate

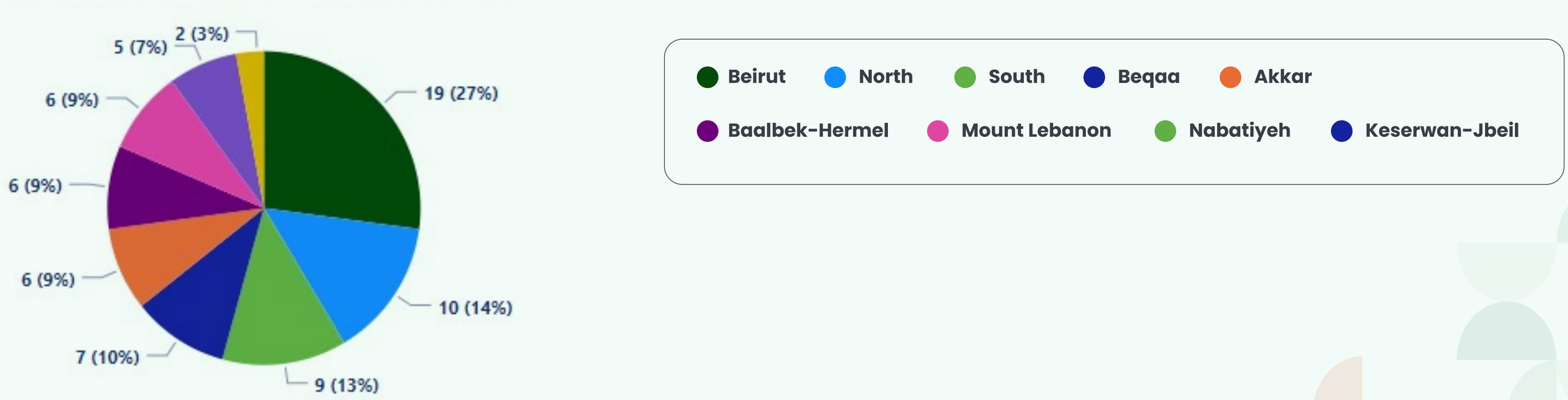

Figure 42: Distribution of Partner Organization by Governorate

Based on the above figure, implementing partners reached, at the time of compiling this report, nine governorates, with majority of partners operating in Beirut, and the least operating in Keserwan-Jbeil and Nabatiyeh.

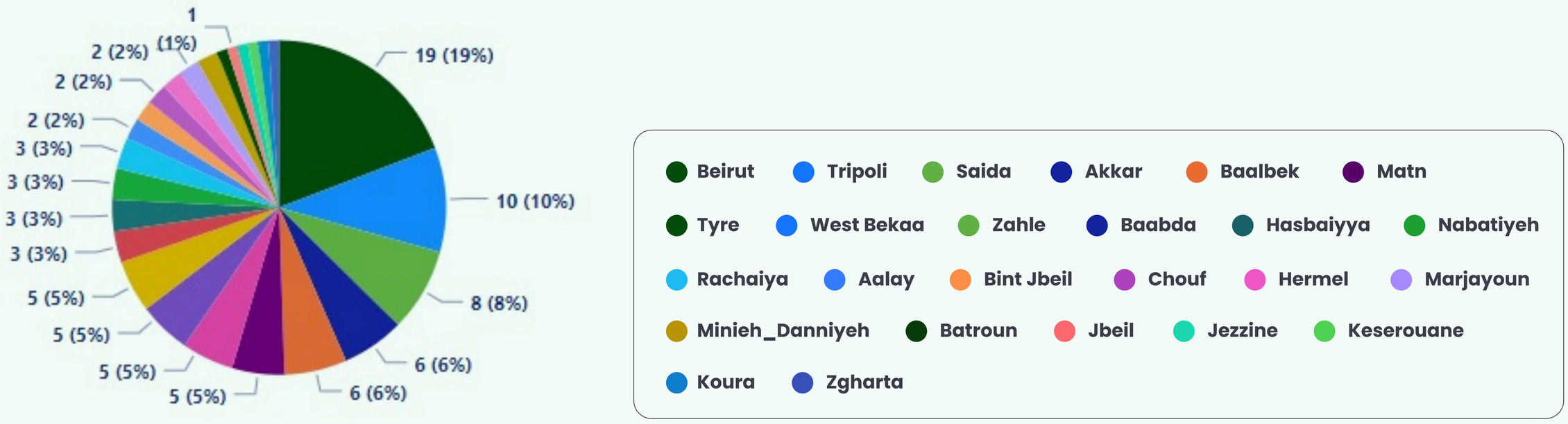

Figure 43: Distribution of Partner Organization by Caza

As for cazas, implementing partners operate across 25 cazas at the time this report was compiled, with the bulk of partners based in Beirut, followed by Tripoli and then Saida, and the least operating in Jbeil, Batroun, Jezzine, Koura, Zgharta and Keserwan.

3.4.15 Summary Findings – "What and Where"

Concentration of MHPSS activities by Governorates:

- In all governorates, case-focused activities were found to be the majority of activities provided.
- Keserwan-Jbeil lacks general MHPSS services and South has the lowest percentage of community-focused services across governorates (31%).
- Across all governorates, the largest percentage of organizations (50%) were found to operate in Beirut, while only a few were found to operate in Keserwan-Jbeil (5%).
- Akkar, Bekaa, and Nabatiyeh are lacking substance use services.
- Across all governorates, NGOs make up the largest percentage of operating organizations in Beqaa (67%), whereas PHCCs make up the largest percentage of operating organizations in Nabatiyeh (75%).
- South governorate took the lead in clinical management services (32%), Beirut took the lead in information dissemination to the community at large (25%) and Mount Lebanon governorate took the lead in providing psychosocial interventions (19%), strengthening community and family support services (25%) and supporting community-oriented emergency MHPSS services (50%).
- Activities are least concentrated in the Keserwan-Jbeil governorate.

Concentration of MHPSS activities by Governorates:

- Activities taking place in the South are targeting the highest percentage of the population as compared to Mount Lebanon, Nabatiyeh, and Beirut. No target population was identified in Keserwan-Jbeil.
- The activity with the highest percentage of beneficiaries is the strengthening of community and family support, and activity with the lowest percentage of beneficiaries is clinical management by non-specialists.

- The host community (Lebanese population) constituted the largest percentage of the target population for the case-focused MHPSS activities followed by displaced Syrians while the least percentage constituted Palestinian refugees from Lebanon, Palestinian refugees from Syria and to “other” group.
- The largest percentage of the target population for community–focused MHPSS activities constituted Palestinian Refugees from Lebanon (PRL), followed by displaced Syrians, and the least percentage constituted host community (Lebanon) and Palestinian refugees from Syria.
- Older adults (24%) are the least targeted in mental health interventions in general as compared to children and adults.
- The MHPSS activities are targeting men and women equally, while some differences were reported at the sub-activity level.
- The target population for case-focused MHPSS activities was approximately equal for females (52%) and males (48%). The major differences between females and males were depicted for interventions for substance use whereby males constituted 92% of the target population, and for structured recreational or creative activities whereby females constituted 88% of the target population. In comparison to males, females constituted the larger percentage of the target population for activities related to self-help interventions, and the community-focused activities. Whereas males appeared to be the larger percentage of the target population for activities related to mental health management by specialized professionals and referral services.
- Highest percentage of activities operating under partnership implementation constituted clinical management of mental health conditions by specialized mental health care providers (17%) and identification and referral activity (17%); with less focus on community–oriented emergency MHPSS activities (1%), which is related to supporting community leaders to develop or maintain MHPSS responses to national emergencies (i.e. working with municipalities, local institutions, etc.)

When?

In mapping MHPSS services, the 4Ws tool also sought to identify the actual starting and finishing dates for MHPSS services in each governorate and caza. To give a clearer picture about the activity cycle, the organizations were asked to report their activities’ status. The figure below shows the activities’ status in Lebanon.

3.5 Implementation Status by Activity Section

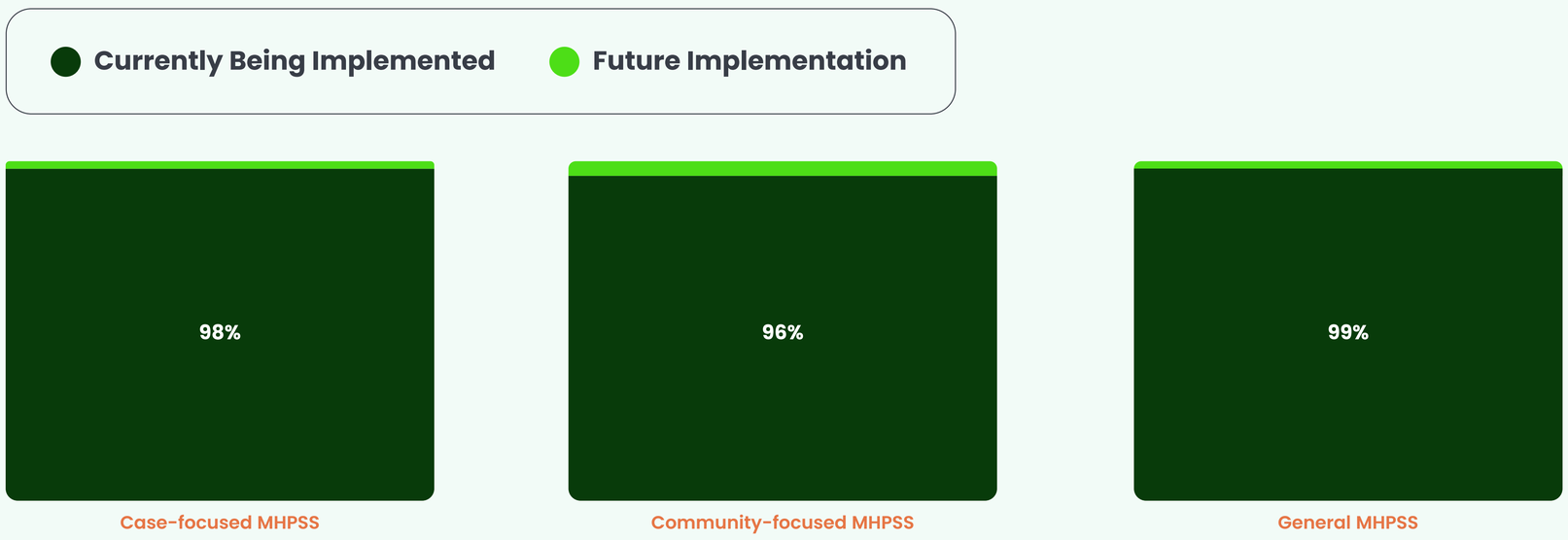

Figure 44: Percentage of Activities as per Implementation Status

According to the implementation status, the highest percentage of MHPSS activities that are currently being implemented are general MHPSS activities, followed by case-focused activities and then community-focused MHPSS activities.

4. Discussion and Recommendations

This annual report was generated from the newly developed 4Ws Online Platform. The report highlights the main distribution of the mental health and psychosocial support services and activities provided by 48 participating NGOs in Lebanon, across regions, target populations, IASC levels, categories, and types of activities, with a response rate of 80%. Areas of focus as well as discrepancies and gaps were depicted. It is noteworthy that more detailed results reported at a national level can be accessed through the advanced dashboards on the Platform itself; this report presents the key findings. It aims at testing the efficacy of the Online Platform in capturing the different MHPSS activities provided as part of the humanitarian response in Lebanon.

The main limitations encountered while generating this report include limited engagement of some NGOs, delays in providing information and updating the activities on the Platform, and the limited scope of the exercise whereby it does not capture the system level approach, rather the NGO sector mainly. The results are thus does not reflect of all the MHPSS and Substance Use Services in Lebanon, rather used as a snapshot of what is being done, by whom, where, and when from the humanitarian lens. Findings could be used to showcase the strengths of the humanitarian system and highlight areas of focus and improvement. It is important to note that PSS activities done by the protection sector for children are not captured in this report due to a joint decision that was made between NMHP and partners in 2017 to exclude protection activities from the 4Ws because they are mapped by another Platform.

This annual report highlights the strengths of the humanitarian response mechanism, such as the diversity of providers, the variety of services across different levels of care, the decentralization of services across Lebanon, the gender-balanced provision of general care, and the inclusion of different population groups across age and nationality. Nevertheless, despite the efforts done, there is still room for improvement.

Findings from this mapping exercise uncover several gaps and recommendations that require actions by donors, actors, and the 4Ws team:

1 For donors:

- Ensure that investments are geographically distributed to secure the provision of mental health activities in different governorates especially in areas with several gaps such as Keserwan-Jbeil. Decisions must follow a thorough needs assessment and demographics analysis of the population as well as coordinated within the MHPSS TF.
- Invest in the provision of community-based services across Lebanon.
- Invest in improving and increasing accessibility to substance use services and centers, especially in Akkar, Beqaa, and Nabatiyeh, or in integrating substance use services into existing facilities. This is yet to be confirmed through triangulated data from various national sources.
- Invest in supporting (1) interventions implemented by clinical psychologists and psychiatrists for substance use conditions, (2) PSS to individuals with mental health conditions by non-specialized staff (nurses, social workers, etc.), (3) pharmacological management of mental health conditions by psychiatrists, as well as by GPs, FDs, OB/GYN, etc. given the shortage of specialized human resources in Lebanon.
- Encourage implementing partners to align their mental health service provision with the national model of care and referral pathways, implement task shifting, and coordinate the efforts with the MHPSS Taskforce and the NMHP.

- Invest in equitable and balanced provision of care across demographic segments (ex. case-focused services for older adults, more outreach initiatives for males, more outreach of substance use services among females, more balanced provision of care across the different nationalities etc.).
- Gear global community interest towards supporting community-focused services across all governorates.
- Encourage actors to fill and support the 4Ws platform by providing resources to boost the Platform's design and visibility and adopt the 4Ws platform as the primary reporting channel required from the organizations they support. This will ensure a timely mapping of services to assist in decision-making.
- Invest more in research in MHPSS field to guide evidence-based interventions and policies and advance the mental health field in Lebanon.

2 For actors:

- Align mental health service provision with the national model of integrating mental health into primary healthcare at community levels in order to increase accessibility to care amidst the shortage of specialists in Lebanon.
- Increase the availability of integrated, inter-sectoral, evidence-based MHPSS services for all age groups, especially for children and older adults.
- Increase the efforts in implementing task shifting of case-focused interventions towards non-specialists and equipping them with the ability to provide clinical management to common mental health disorders in-line with the national model and beyond identification and referral. This is being thoroughly targeted with the launching of a new Mental Health Integration Project in 2021, which aimed to develop unique Mental Health Packages for each priority mental health condition, properly integrated within the existing primary healthcare (PHC) packages.
- Community-focused activities are to be strengthened in different regions especially in rural areas, notably in South to achieve better and more efficient health outcomes at population level.
- Community-focused activities are to be directed more towards preparing for MHPSS emergencies.
- Increase efforts to improve collaborations between NGOs and government agencies to ensure a coordinated approach to MHPSS services as well as legal safety for the displaced populations. Besides, leveraging existing resources, raising awareness of available substance use mental health services, reducing stigma and discrimination, and encouraging help-seeking behavior to ensure an equitable access to care across different population groups.
- Map out the partner›s operations and determine the IASC level at which they function. This information is deemed effective for proper oversight, coordination, and resource allocation to take place between NGOs and their implementing partners.

3 For the MHPSS Taskforce:

- Adopt the 4Ws platform as the primary, official reporting tool for all mental health interventions and activities.
- Ensure timely, accurate, and comprehensive data reporting on the Platform to maintain transparency and informed decision-making.
- Leverage 4Ws reports to guide the formulation of strategic action plans, set priorities, and efficiently allocate upcoming resources and funding.

4 To improve the 4Ws platform performance:

- Capture more detailed and segregated information about the target population served, different types of activities such as general MHPSS services, and funding sources for various activities. These insights will be integrated into the second phase of platform development.
- Enhancements to the platform, such as automated reminders and push notifications, are recommended to ensure timely responses from multiple NGOs.
- Incorporate additional quality assurance measures to further prevent misreporting or missing responses.
- Incorporate system-level indicators that can facilitate mental health reporting at a national level.
- Capture and reach out to more organizations and actors working in the mental health sector to ensure a comprehensive mapping of services in Lebanon and address the gap between those providing services and those entering data.

5. Conclusion

This annual 4Ws report conducted by the NMHP has revealed valuable data and a mapping on the status of MHPSS service provision in Lebanon. The information feeds into identifying existing MHPSS services and priority areas of improvement and gaps in service provision. Findings aim to inform policy, enhance future planning and service development, and facilitate decisions for funding and supporting different initiatives. This mapping exercise is essential to improve the overarching goal, which is access to timely and equitable care for the people in need across all areas in Lebanon amidst the contextual challenges faced in the country.

To address the gaps and challenges identified through the mapping, several steps and actions are required by the different stakeholders. These are in line with the evidence-based steps the NMHP is currently implementing at different levels of the mental health system in Lebanon developing services in line with the WHO network of community-based mental health services (9) (Check Annex 6).

References

1. El-Khoury J, Haidar R, Charara R. Community mental healthcare in Lebanon. Consortium Psychiatricum. 7-71:(1)1;2020. Available from: https://cyberleninka.ru/article/n/community-mental-healthcare-in-lebanon1-

2. Karam E, El Chammay R, Richa S, Naja W, Fayyad J, Ammar W. Lebanon: mental health system reform and the Syrian crisis. BJPsych International. 2016 Nov;9-87:(4)13. Available from: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/18906E1BBF519569C0F1A5F7797D97D9/S205674000001409a.pdf/lebanon-mental-health-system-reform-and-the-syrian-crisis.pdf

3. Rother, M. B., Pierre, M. G., Lombardo, D., Herrala, R., Toffano, M. P., Roos, M. E., ... & Manasseh, M. K. (2016). The economic impact of conflicts and the refugee crisis in the Middle East and North Africa. International Monetary Fund.

4. Saraceno B. International Consultancy on "Mid-term Evaluation of the Lebanon National Mental Health Strategy for the MOPH National Mental Health Programm". 2018. Available at: https://www.moph.gov.lb/userfiles/files/Report-Mid-term20%evaluation20%of20%the20%Lebanon20%Mental20%Health20%Strategy2020-202015%.pdf

5. National Institute for Health Research. 2019. Dynamics of Mental Health and Psychosocial Support Services in Lebanon: Access, Utilization and Delivery. Available from: https://media-ghi.ghi.aub.edu.lb/wp-content/uploads/08/2019/MHPSS-Policy-Brief_July2019-_Final.pdf

6. Inter-Agency Standing Committee (IASC). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. 2007. Available from: https://app.mhpss. net/resource/iasc-mhpssguidelines-in-english/

7. IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. Who is where, when, and doing what (4Ws) in mental health and psychosocial support: Manual with activity codes (field test-version) 2012 Geneva IASC. Available from: https://interagencystandingcommittee.org/system/files/legacy_files/IASC20%RG204%Ws20%MHPSS20%.pdf

8. Microsoft Corporation. What is power BI. 2023. Available from: https://powerbi.microsoft.com/en-us/what-is-power-bi/

9. World Health Organization. 2009. Improving Health Systems and Services for Mental Health. Available from: http://apps.who.int/iris/bitstream/9789241598774/1/44219/10665_eng.pdf

10. World Health Organization. 2005. Mental Health Information Systems. Available from: https://iris.who.int/bitstream/handle/9241546719/43210/10665_eng.pdf?sequence=1&isAllowed=y

Annex 1: Participating Organizations

Acknowledgment:

This is to thank the below organizations and their respective focal people for all their efforts and cooperation in reporting the organizations' activities.

Organization Names (Total of 48)		
Ahlouna Association	Amel Association International	American Near East Refugee (ANERA)
Al Makassed Philanthropic Islamic Association of Beirut	Blue Mission Organization	Cénacle de la Lumière (CDLL)
Civil Council Against Addiction (CCAA)	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	Dorcas Tabitha
Embrace	HelpAge International	Himaya
Humanity and Inclusion (HI)	Institute for Development, Research, Advocacy and Applied Care (IDRAAC)	Inara
International Committee of the Red Cross (ICRC)	International Medical Corps (IMC)	International Rescue Committee (IRC)
Intersos	Imam Sadr Foundation	International Orthodox Christian Charities (IOCC)
European Institute for Cooperation and Development (IECD)	Junior Chamber International Lebanon (JCI)	Justice and Mercy Association (AJEM)
Medair	Médecins du Monde (MdM)	Médecins sans Frontières (MSF OCB)
Medical and Global Nutrition Aid (MAGNA)	Mousawat	Mouvement Social
Makhzoumi Foundation	Nusroto Association	Oum el Nour
Première Urgence - Aide Médicale Internationale (PU-AMI)	Relief International (RI)	Restart Center
Syrian American Medical Society (SAMS)	Save the Children	Skoun
Society for Inclusion and Development in Communities (SIDC)	Secours Islamique France (SIF)	The National Institution of Social Care and Vocational Training (NISCVT)
Terre des Hommes - Lausanne (TdH-L)	Union Of Relief and Development Association (URDA)	United Nations Relief and Work Agency for Palestine Refugees in the Near East (UNRWA)
War Child Holland	World Health Organization (WHO)	World Vision International (WVI)

Annex 2: 4Ws tabs

Activity tab

This tab is where organizations focus on adding their activities and sub-activities and general information related to the chosen sub-activities.

Location tab

This tab is where organizations detail the location of every activity and the location of the facility where said activity is being implemented in, alongside the contact information for the facility and the focal person.

Beneficiaries tab

In this tab, organizations present the target number of beneficiaries accessing the services and segregate the beneficiaries by demographics (e.g., age, gender, and nationality). Additionally, organizations specify if they accept referrals, and include referral information (such as, opening hours and contact information).

Funding tab

In this tab, organizations present information pertaining to funding of the activity, whether it is paid or free, and the service fee, and if fundraising is required, and if there are supporting partners. Organizations can also upload their project proposal under this tab.

Training tab

This tab is where organizations detail information and details related to an activity that is training-based, such as topic, location, information about the trainer, if it is a training of trainers (TOT), participation criteria, and the modality of the training, etc.

Annex 3: List of activity sections, activities, sub-activities, and levels

N.B.: in 2017, a joint decision was made between NMHP and partners to exclude protection activities from the 4Ws because they are mapped by other tools.
It has been decided not to capture Level 1 activities in the 4Ws since they are captured by other sectors. Activities that are not captured in Levels 3 ,2, or 4 were grouped under “Other”.

Section	Activity Code	Activity Name	Sub-Activity Code	Sub-Activity Name	Level
Community-focused MHPSS	1	Information dissemination to the community at large	1.1	Developing MHPSS awareness materials (i.e. Brochures, posters, social media posts, etc.)	2
			1.2	Facilitating the dissemination of MHPSS awareness materials (i.e. Brochures, posters, social media posts, etc.)	2
			1.3	Outreach activities for raising awareness on MHPSS	2
			1.4	Mass awareness campaigns for MHPSS prevention and promotion (Events, TV, Radio, etc.)	2
	2	Supporting community-oriented emergency MHPSS activities	2.1	Supporting community leaders to develop or maintain MHPSS responses to national emergencies (i.e. working with municipalities, local institutions, etc.)	2
	3	Strengthening of community and family support	3.1	Strengthening parenting and family support	2
			3.2	Providing social activities aimed at mobilizing community resources towards their wellbeing	2
			3.3	Structured recreational or creative activities	2
	4	Safe Spaces and Daycare Centers	4.1	Community spaces for Youth (ages 15-24)	2
			4.2	Women›s centers (not shelters)	2
			4.3	Social or recreational daycare centers for older adults (64+, not for Dementia)	2
			4.4	Medical center for older adults with Dementia (64+)	2
	5	Psychological support in education	5.1	Psychological support to teachers/other personnel at schools or learning places	2
			5.2	Psychosocial support to classes/groups of children at schools or learning places	2
	6	Advocacy and inclusion	6.1	Advocacy for inclusion of vulnerable groups in MHPSS activities	2
Case-focused MHPSS	7	Identification and referral	7.1	Referring individuals with mental health conditions or psychosocial difficulties to needed health and social services?	3
	8	Psychosocial interventions	8.1	Behavioral Interventions	3
			8.2	Social Emotional Learning (SEL) or Life-skills	2
			8.3	Self-care or self-help interventions	3

Section	Activity Code	Activity Name	Sub-Activity Code	Sub-Activity Name	Level
	9	Clinical management of mental health conditions by non-specialized healthcare providers	9.1	PSS to individuals with mental health conditions by non-specialized staff (Nurses, Social Workers, etc.)	4
			9.2	Pharmacological management of mental health conditions by GPs, FDs, OB/GYN, etc.	4
			9.3	Interventions for substance use conditions by non-specialized staff (Nurses, Social Workers, etc.)	4
			9.4	Problem Management Plus (PM+)	3
			9.5	MHPSS web or mobile applications	Other
	10	Clinical management of mental health conditions by specialized mental health care providers	10.1	Psychotherapy and non-pharmacological management of mental health conditions by Clinical Psychologists	4
			10.2	Pharmacological management of mental health conditions by Psychiatrists	4
			10.3	In-patient mental health care	4
			10.4	Interventions for substance use conditions by a Clinical Psychologist or a Psychiatrist	4
			10.5	Group therapy by a Clinical Psychologist	4
General MHPSS	11	General activities to support MHPSS	11.1	Situation analysis/assessment for MHPSS	Other
			11.2	Regional or local mapping of MHPSS activities	Other
			11.3	Capacity building and training workshops	Other
			11.4	Technical or clinical supervision supporting training workshops on mental health	Other
			11.5	Staff care	3
			11.6	Research in MHPSS	Other
			11.7	Supporting the availability of psychotropic medication stocks in PHCCs and CMHCs	4

Annex 4: Definition of the MHIS & Difference between the Old and New 4Ws Platform

Definition of Mental Health Information System (MHIS):

According to WHO, the MHIS serves to collect, process, analyze, disseminate, and use information about mental health service and the mental health needs of the population it serves in order to improve effectiveness, efficiency, equitable delivery of services, informed decision-making, and quality of care (10). In Lebanon, the MHIS enables the hosting of numerous Platforms under a single banner.

Difference between Old 4Ws and New 4Ws:

Old 4Ws	New 4Ws
Long and confusing list of sub-activities	Hosted on Microsoft Azure
Have to enter complete data to save	Layout, user interface, responsiveness, and adaptability have been improved
Governorates and Cazas always manual entry on map	Trimmed list of sub-activities, clearer, includes specifiers
Password reset via NMHP	Quick and responsive
Beneficiary numbers by arduous demographics	Save your work and continue later
Included custom target and level allocation	Location picked from added facilities or on the map, platform autofills fields
	Password reset at the level of user
	Simpler beneficiary count
	Target removed
	Creation of Local and Advanced Dashboards to present data and statistics
	Level assignment for sub-activities happen in the backlog automatically
	New training tab
	Added ATLAS indicators for global reporting
	Unified access through a central MHIS for all platforms
	Option to update target beneficiaries with actual beneficiaries
	Easily exportable tables and graphs into multiple formats
	Intelligent report through Microsoft PowerBi
	Option to upload and views documents and IEC material

Annex 5: Difference between Dashboards

Local Dashboards	Advanced Power BI Dashboards	Guest Dashboard
Present data pertinent to the organization itself	View only published information	View only published information
Cannot be accessed with a login	Presents data on a national level, across organizations and facilities cannot be accessed without a login	Presents select data on a national level across organizations and facilities
Free of charge	Advanced visualizations with inter-activity and other premium features	Does not require a login
Basic visualizations and data	Was free for the first year, now on a yearly payment basis for organizations who want to access these advanced national reports	Free and open access
		Only displays activities currently being implemented
		Only shows activities which have a beneficiary component
		Only shows activities that are free
		Only shows activities that accept referrals
		Can be filtered using multiple filters

Annex 6: Services Implemented at the National Level

Below are some of the services implemented at national level to complement the different levels of care and the referral pathway between them:

Step-by-Step (SbS), a digital and guided mental health intervention for the treatment of depression, developed by the NMHP and WHO.

It targets several levels of care in the pyramid, across both formal and informal care. Its continuous scale-up, dissemination, and advocacy as an evidence-based and effective intervention to decrease depression among people living in Lebanon is key. Outreach activities are consistently being conducted by the NMHP to increase reach and awareness.

Moving up the pyramid, and at the level of community and primary care mental health services, the scale-up to a unified model for integration of mental health in PHCCs was launched by the NMHP in 2021. This new model is essential to account for some limitations in the system such as the lack of a unified national process for service provision in the PHCCs, the lack of a gatekeeping strategy and the absence of clear referral pathways. This model resulted in the development of seven unique Mental Health Packages for each priority mental health condition, properly integrated within the existing PHC packages, with specific roles for each healthcare provider per condition per visit of the service user and defined algorithms for referrals and back-referrals to specialized services, task shifting within a multi-disciplinary team, and a gatekeeping system. The integration initiative relies on developing several health ecosystems, each ecosystem comprises five PHCCs linked to one specialized team located in one of them. Since the start of 2023, the NMHP has been piloting the new model with 11 PHCCs across Lebanon and monitoring the progress of the pilot on a monthly basis. This model is expected to ensure the sustainability of mental health services at a PHCC level, ensuring a complete integration. Additionally, it aims to increase the capacity for referrals and empower the healthcare providers to task shift in light of the general scarcity of human resources witnessed during the past few years. The gatekeeping system set in place seeks to ameliorate the impact of the decreasing number and availability of psychiatrists.

The Emotional Support and Suicide Prevention Lifeline (1564) was established by NMHP with Embrace NGO. Embrace has implemented in 2017 a lifeline which is a suicide prevention and emotional support helpline consisting of specialized telephone service which provides over-the-phone emotional support, suicide risk assessment, and orientation to community mental health services. The continuous dissemination of the national hotline to actors and the general public is a key step to ensure its effectiveness and reach.

At the level of psychiatric services within general hospitals, the NMHP is currently working on and guiding the opening of a number of inpatient mental health units in hospitals across different governorates in Lebanon with the support of partners. So far, two inpatient mental health units were established in two general hospitals, the mental health inpatient unit at RHUH was reopened, and a physical space at Tannourine Hospital was established for a mental health inpatient unit. Increased efforts, collaborations, and investments are needed to increase the number of inpatient units across different governorates in Lebanon.

The steps taken towards improving the last level of the pyramid, which is the most specialized and most formal, constitute de-institutionalization and ensuring quality improvement of long stay facilities in-line with human rights and QualityRights guidelines. De-institutionalization aims to improve the conditions of hospitalization and integration in the community of persons who are using mental health services through the support of one of the largest psychiatric institutions for improvements and/or de-institutionalization. It revolves around conducting preparations needed and support to ensure the re-integration of eligible service users in the community through social and clinical assessment and case management, capacity building for hospital staff and key community actors, and thorough follow-up of service users in the community among others. Additionally, it involves the assessment of three second-category facilities, also known as long-stay facilities, based on QualityRights. QualityRights is a WHO approach to improving the quality of mental health and related services and promoting the human rights of people with psychosocial, intellectual and cognitive disabilities.

The NMHP has piloted assessments based on the WHO QualityRights tool and has since formed local assessors in collaboration with WHO and carried out multiple assessments that aim to inform the development of quality improvement plans for the facilities. A series of assessments are currently under planning with the support of WHO alongside regularly training a new pool of accessors. It is essential to disseminate the QualityRights e-training, which is ongoing, to all relevant actors.

To generate comprehensive mapping reports and effectively maximize the work done in the MHPSS sector, the engagement of all MHPSS actors remains key, as the work done will rely on the contribution and cooperation of MHPSS partners in timely and up-to-date reporting on their activities and their efforts in timely service provision.

NMHP will generate these comprehensive reports on a yearly basis to provide the most up-to-date mapping, along with quarterly special issue reports featuring specific topics. The NMHP aims to continuously update and develop the 4Ws tool to increase its use and functionality in MHPSS service mapping and planning in Lebanon.