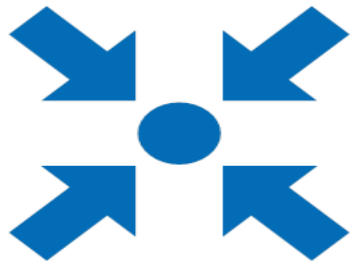


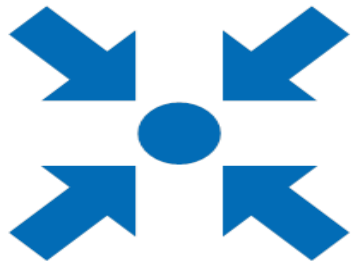


**Inter Agency Meeting –13 May 2016**



# AGENDA

- Winter assistance and complementary cash approaches
- Mercy Corps presentation on Syrian teenagers motivated to build a better future
- Overview of available information and information gaps across sectors
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- AOB



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**Inter-Agency  
Coordination**  
Lebanon



**United Nations High Commissioner for Refugees**  
Haut Commissariat des Nations Unies pour les réfugiés

# 2015/2016 INTERAGENCY WINTER SUPPORT PLAN

## SUMMARY ACHIEVEMENTS

# WINTER SUPPORT

## Summary

Page 5



98%  
Implementation rate



182,364  
HHs received cash for Winter



10,000  
received fuel vouchers

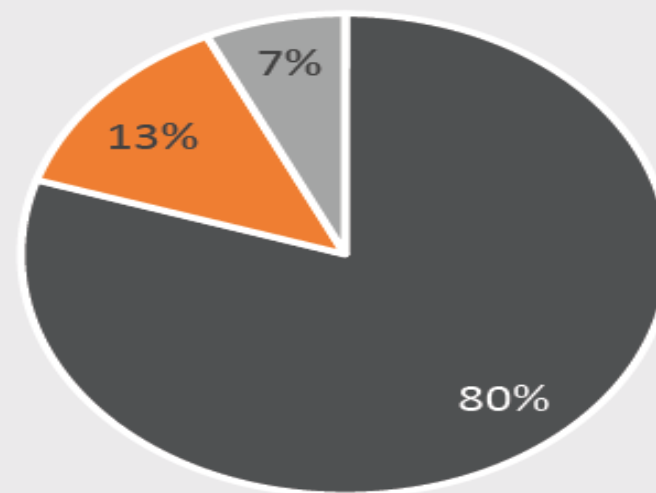


70,000  
HHs received core relief items



165,000  
Children stayed warm at school

Winter Beneficiaries  
by Population Group



■ Syrian ■ Lebanese ■ Palestinian

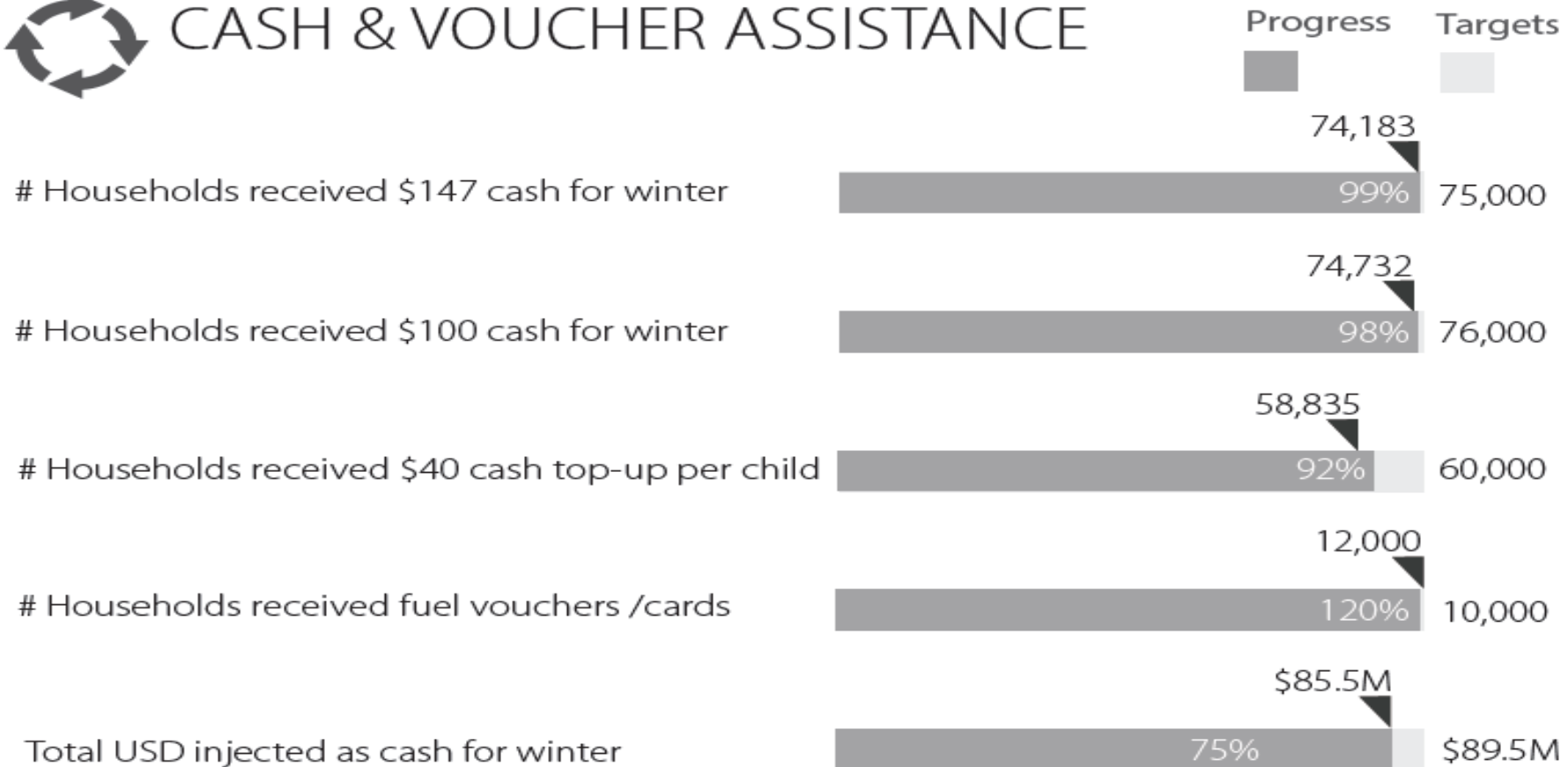
## WINTER SUPPORT – BASIC ASSISTANCE

Page 6

### Summary by assistance type



#### CASH & VOUCHER ASSISTANCE



## WINTER SUPPORT – BASIC ASSISTANCE

Page 7

### Summary by assistance type



#### CORE RELIEF ITEMS & CLOTHES\*





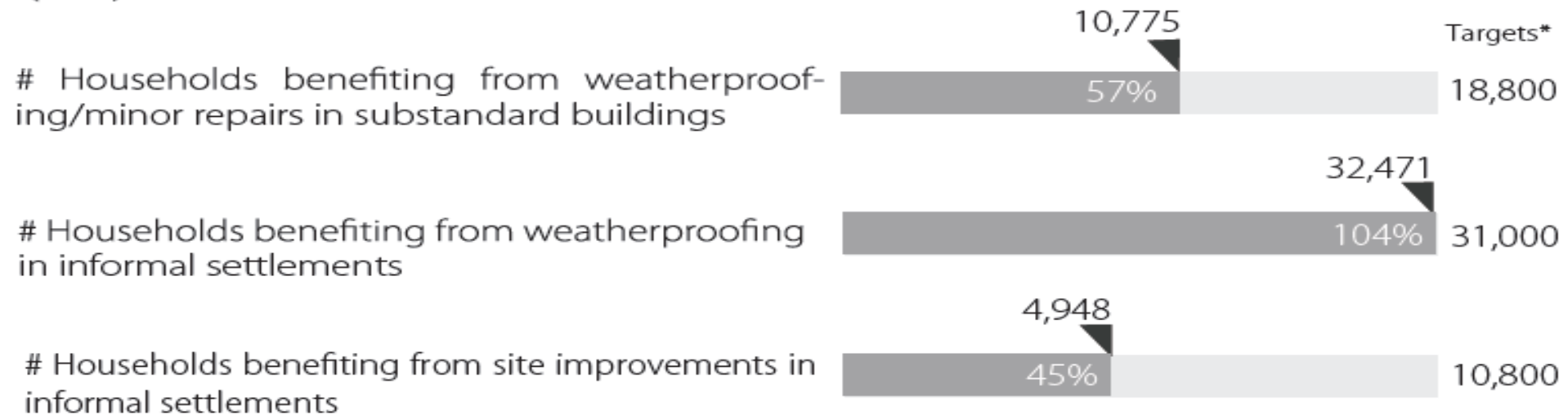
## WINTER SUPPORT – SHELTER

Page 8

### Summary by assistance type



## SHELTER – WEATHERPROOFING



\* Targets represent shelter and economic vulnerable households. Achievements from April 2015 through Mar 2016.



# WINTER SUPPORT – ENERGY AND WATER

## Summary by assistance type

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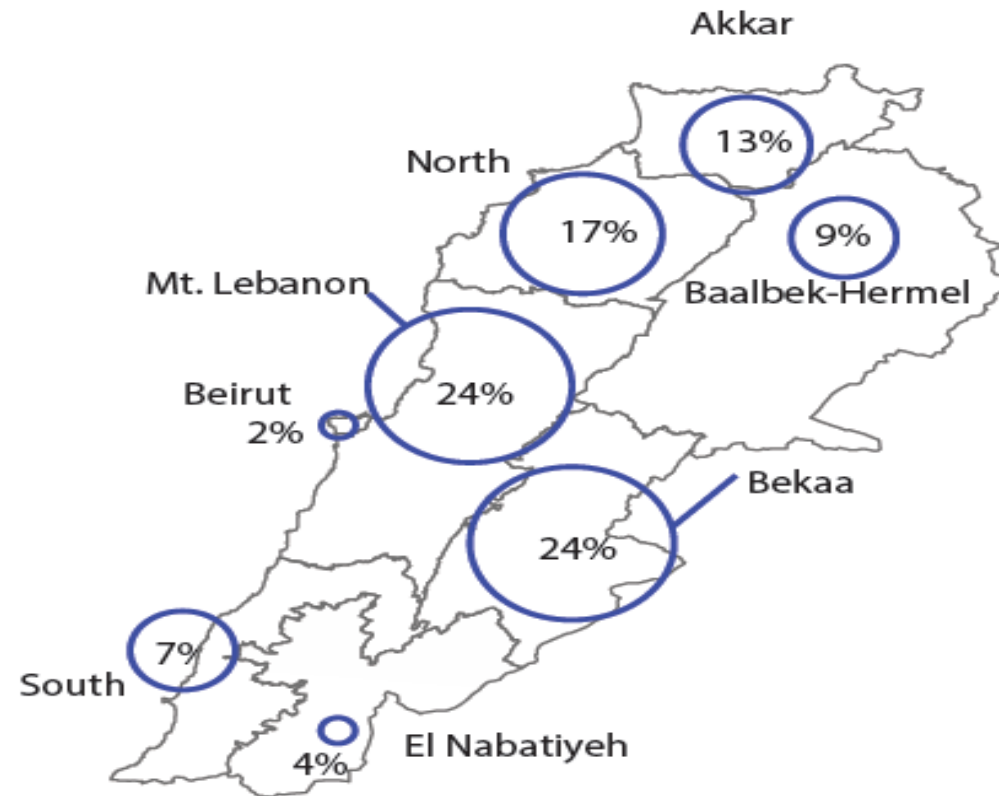
Page 9

- Flood mitigation activities
- Provide water (for storage)/ and before storms
- Ensure that the sewage pits are desludged to prevent overflow

## WINTER SUPPORT – BASIC ASSISTANCE

### Cash assistance in focus

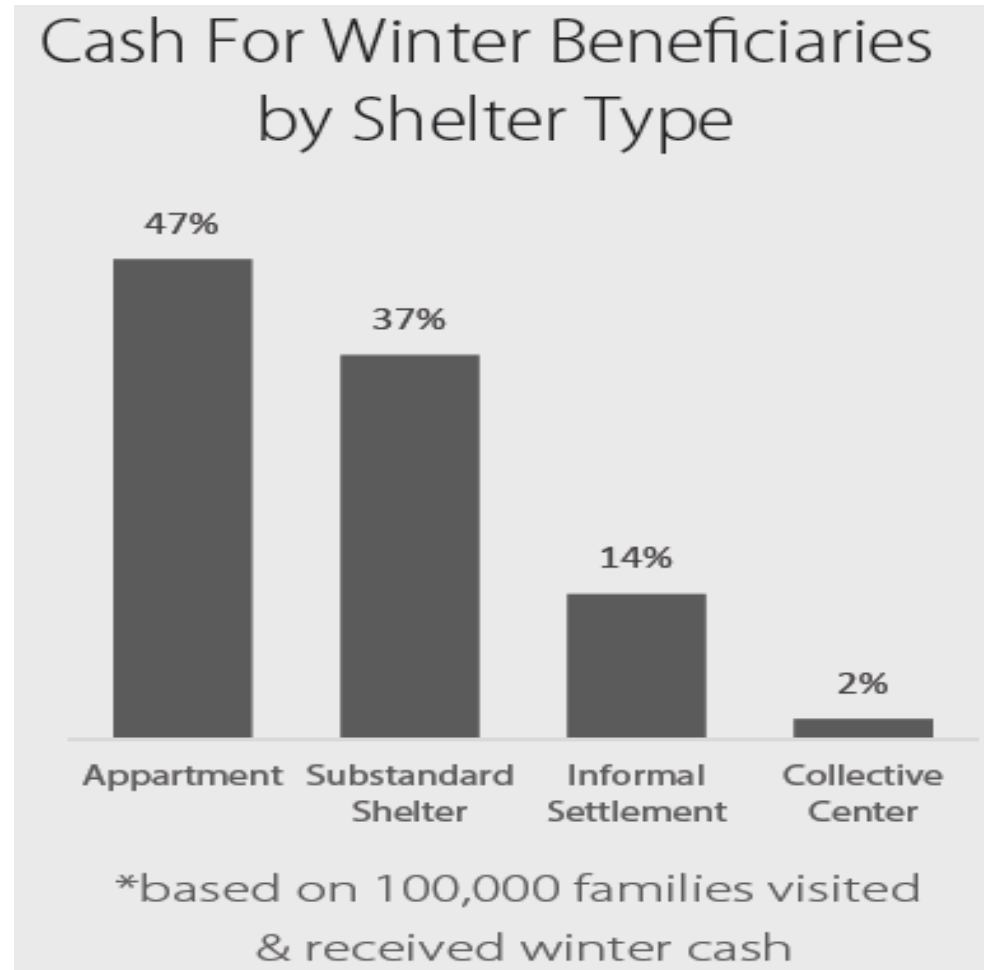
Syrian Refugee Households Receiving  
Cash for Winter by Governorate



## WINTER SUPPORT – BASIC ASSISTANCE

Page 11

### Cash assistance in focus



# WINTER SUPPORT – BASIC ASSISTANCE

## Support to vulnerable Lebanese through NPTP



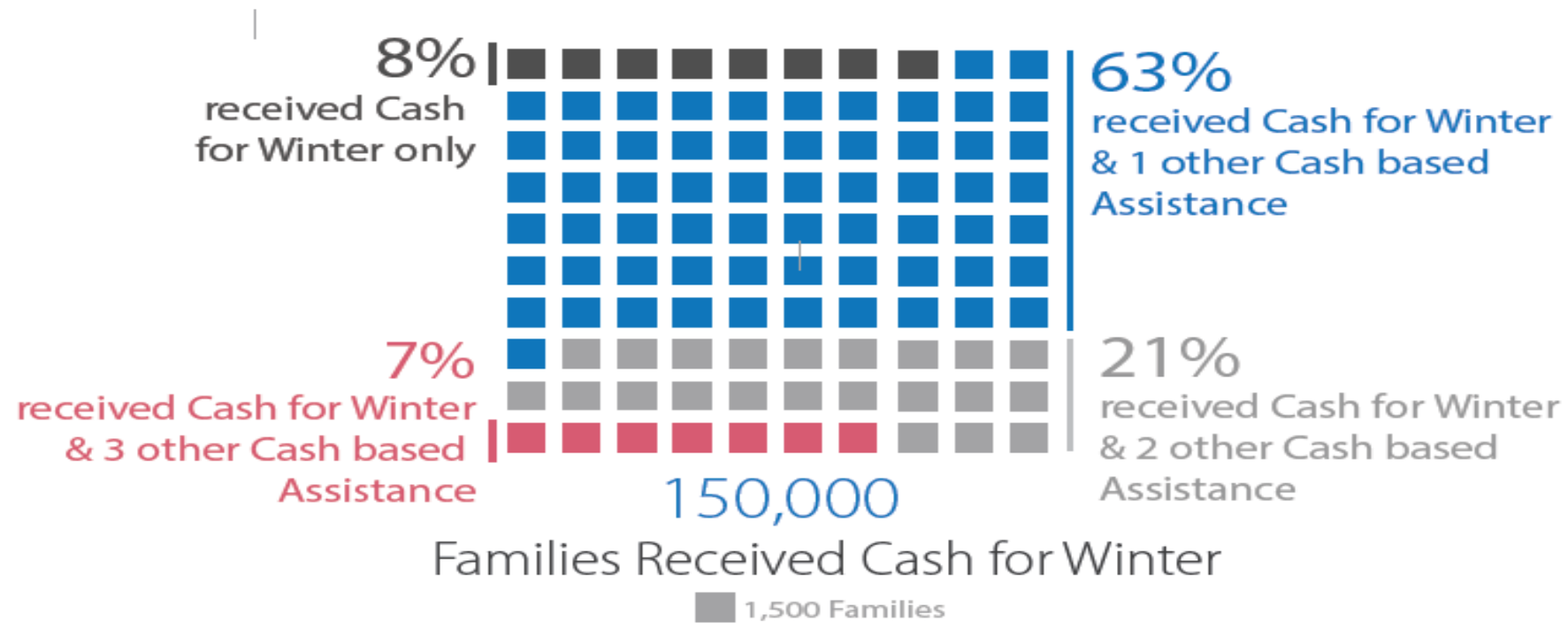
## RECOMMENDATIONS / LESSONS LEARNT

Recommendation / Lessons Learnt	Programme Design	Coordination	Communication	Implementation	Reporting
Ensure involvement of refugees in project design/community based approach	✓				
Outreach to sector working groups: Shelter, Protection, E&W and other coordination mechanisms (CSMCs)	✓	✓	✓	✓	✓
Cash is the best assistance modality / closer look at hard to reach areas where cash is not an option	✓	✓		✓	
Ensure timely funding to meet needs / resource mobilization / to start planning early (June/July)	✓	✓	✓	✓	
Harmonized targeting criteria/ less restrictive / wider criteria adopted this year	✓	✓	✓	✓	✓
Ensure non-duplication of assistance: optimize the use of RAIS and Activity Info – the common IA reporting tools	✓	✓	✓	✓	✓
Outreach to local authorities for information on distributions and assistance		✓	✓	✓	✓
Implementation and provision of assistance to start as of October and for 5 months	✓	✓	✓	✓	✓
Harmonized feedback mechanism: unified complaints mechanism, call center, unified Q&A	✓	✓	✓	✓	✓
Maintain cash safety net for vulnerable Lebanese	✓	✓	✓	✓	✓
Provide written and verbal communication on winter assistance to stakeholders			✓	✓	✓

## CASE STUDY: CASH FOR WINTER

### Complementarity of assistance

Page 14



#### Cash based assistance types:

WFP e-vouchers

\$ 40 / Child top up

\$175 Multi-purpose Cash Assistance

## CASE STUDY: CASH FOR WINTER

### Complementarity of assistance

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#### Introduction

- ❑ HHs have various needs that require different interventions and various modalities
- ❑ Food assistance through E-vouchers: ensure the 2100 Kcal dietary intake per person per day
- ❑ Multipurpose cash assistance: facilitate accessing to basic goods and services (non food items, rent, water, clothing, services, etc.)
- ❑ Cash for winter: help covering parts of the additional winter related expenses like clothes, blankets, fuel
- ❑ \$40/child top up: additional support for families with children living in informal settlements to enable buying clothes, shoes...



## CASE STUDY: CASH FOR WINTER

### Complementarity of assistance

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#### Observations

- ❑ 2015/16 winter and assistance to vulnerable refugees: 4 types of cash transfer modalities (regular and top ups) analyzed
- ❑ Majority of families received cash for winter and food assistance: critical drop after winter may affect their ability to better access basic goods and needs

## CASE STUDY: CASH FOR WINTER

### Complementarity of assistance

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#### Observations

- ❑ Seasonal assistance is a top up to existing assistance schemes that aim to cover additional or increasing costs refugees needs
- ❑ Regular assistance (MPC) coverage has to be expanded further: all poor families eligible for cash and food should receive assistance
- ❑ Otherwise, families will be further exposed to economic hardship and risk falling deeper into poverty

## CASE STUDY: CASH FOR WINTER

### Complementarity of assistance

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Page 18

#### Recommendations

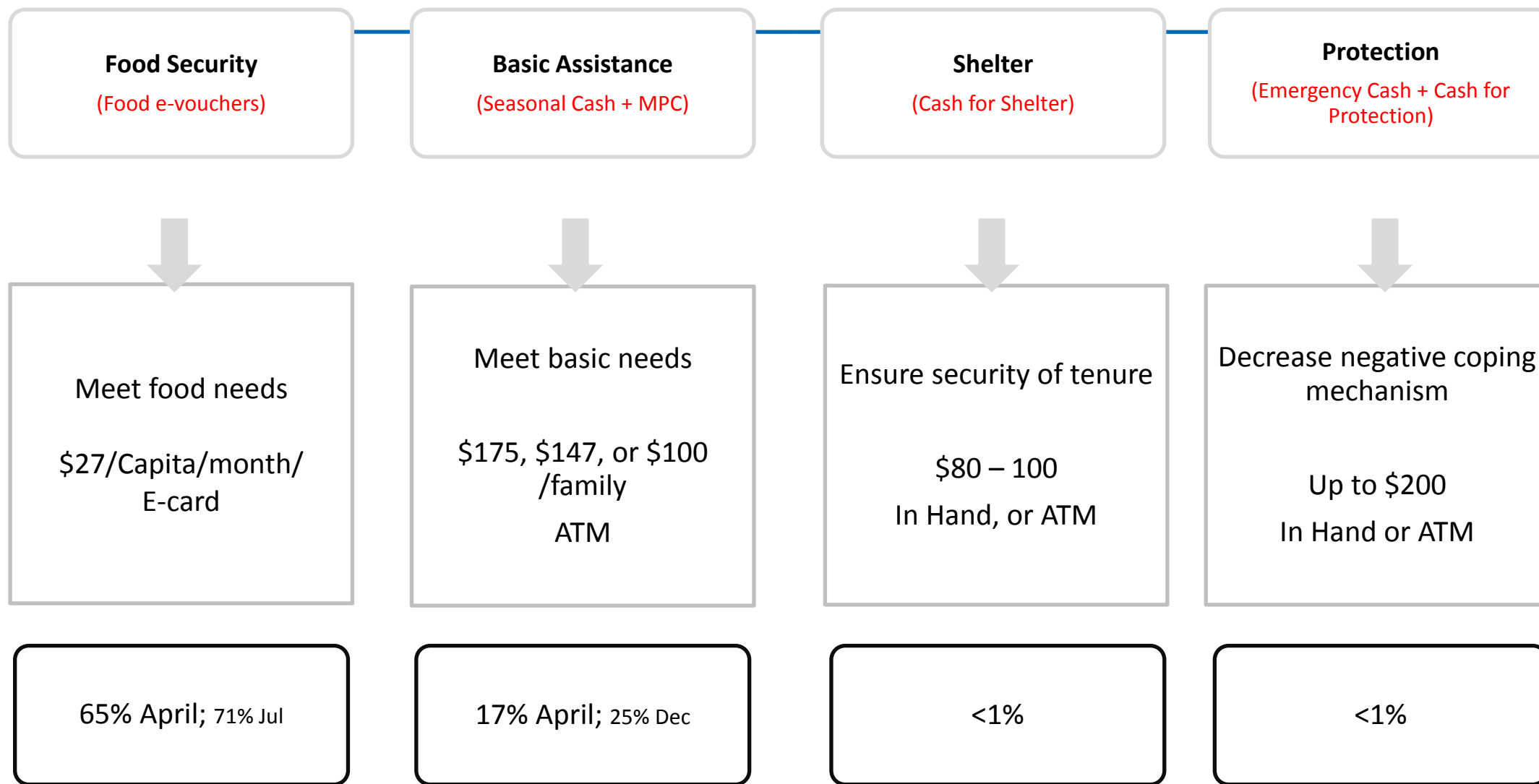
Lessons learnt show the following:

- ☐ Different needs require different forms of assistance and complementarity is essential
- ☐ Unconditional cash is intersectoral in nature and therefore requires consultation across different sectors

## WAY FORWARD: REGULAR ASSISTANCE

### Complementarity of assistance

Page 19



## WAY FORWARD: REGULAR ASSISTANCE

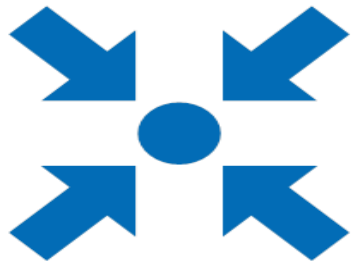
### Complementarity of assistance

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Page 20

For further discussion...

- ☐ Clearly define complementarity between programmes and how refugee needs are met or can be met



# AGENDA

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# *Welcome*



**MERCY  
CORPS**



A large red geometric shape, resembling a stylized arrow or a large 'V' pointing right, is positioned on the left side of the slide.

# **AGE OF UNREST**

## Syrian Youth at a Crossroad

**Anastacia Al Hajj**

Media and Communications Coordinator

# A Future of Syrian Youth



 **MERCY  
CORPS**

 **MERCY  
CORPS**

# Methodology

## Mercy Corps' Research Resources:

"Youth and Consequences" (2014)  
"From Jordan to Jihad" (2014)  
"Investing in Iraq's Peace" (2015)

## Migration Policy Institute:

"The Educational and Mental Health  
Needs of Syrian Refugee Children" (2015)

In-depth interviews with 15 Syrian youth  
during a fact-finding trip to Jordan, Lebanon  
and Turkey in Dec 2015

More than 30 interviews with experts, field  
staff, outreach workers and municipal  
officials from the host countries



## Physicians for Human Rights:

"Aleppo Abandoned" (2015)

## UNICEF:

"The State of the World's Children" (2015)

# Adolescents

- › Mercy Corps' definition of adolescence: 10 to 19 years of age
- › **Adolescence is a critical time** in a young person's development
- › Young Syrian refugees feel isolated, in **limbo**, alone and hopeless
- › They feel a **strong sense of responsibility**
- › They have been a largely **invisible** group





# Challenges They Face

- › Building **emotional well-being** and resilience at a time of turbulence and violence
- › Continuing their **education** and gaining necessary technical knowledge
- › Getting decent **jobs** in which they are treated fairly and legally, and not exploited



# I. Well-Being and Personal Resilience

*“The image I have of my homeland is one of deserted houses, shattered glass, ambulances roaming the streets, people fighting for their lives, and people looking for their families” Sema, 17, lives as a refugee in Turkey*

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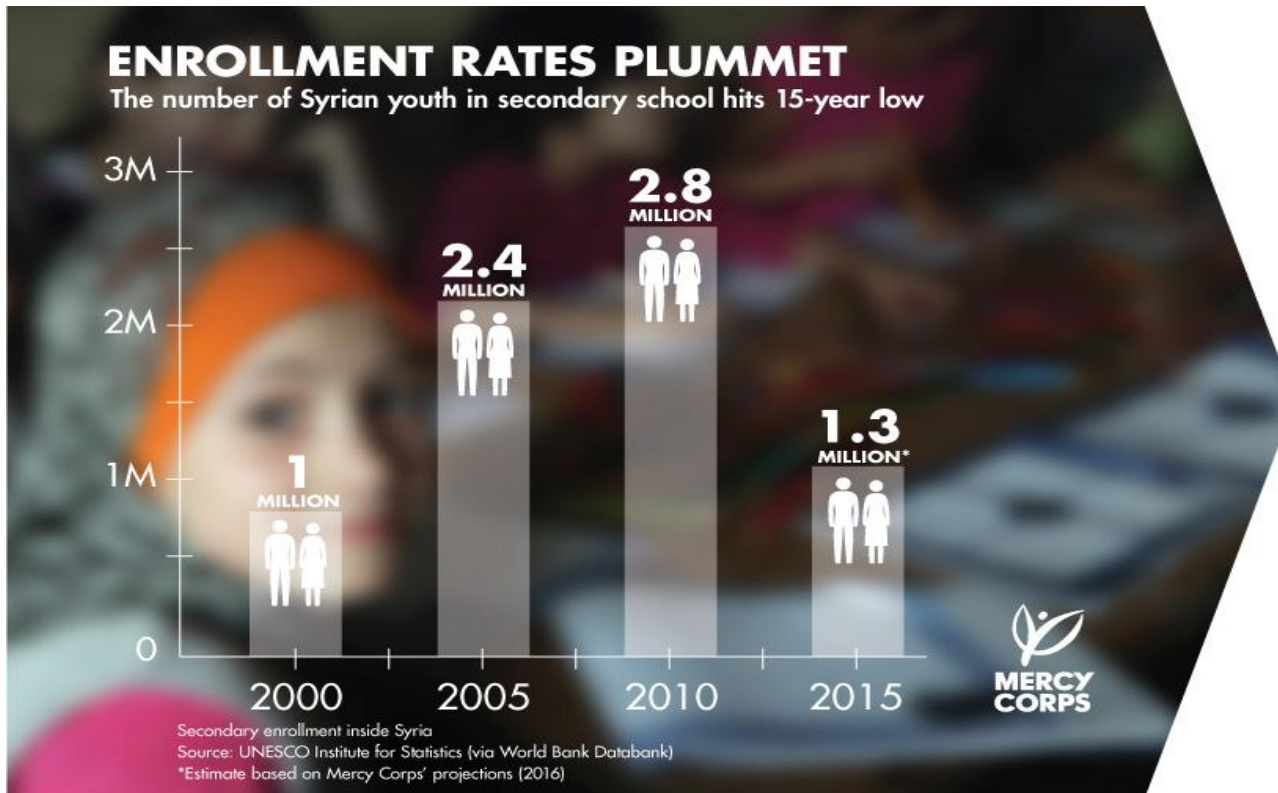
*The Mental Health of Syrian Refugee Youth*

- › Witnessing brutal violence
- › Difficulty re-entering school
- › Facing discrimination
- › Struggling with poverty and exploitative labor
- › Being vulnerable to sexual abuse



## II. Education

*“I was always an excellent student. I’ve always wanted to become a lawyer. But I cannot continue my education because I don’t have the right documentation that proves I passed the 9th grade in Syria” Fadwa, 17, lives as a refugee in Lebanon*



Barriers:

- › Lack of school capacity
- › School distance/Transportation - especially risky for girls
- › Expensive tuition fees
- › Lack of documentation
- › Difficulty of curriculum
- › Different curriculum language
- › Difficulty to integrate



### III. Employment and Income

*“Working in Jordan is illegal for me. If I am caught, I will be arrested and maybe even deported back to Syria. But I need to work; I am the main breadwinner for my family” Bassam, 17, lives as a refugee in Jordan*

#### Syrian refugee youth face

- › Intense pressure to support their families
- › The risk of illegal labor market
- › Exploitation
- › Tension with host communities over jobs



**Unemployment  
Rates**



**# of Families  
Below the Poverty Line**



*I see a beautiful future. There will be lots of difficulties down the road, but they can all be overcome”*

Amina, 17

# Recommendations

## I. Promoting Well-Being and Resilience

- › Reinforce community-based mechanisms and programs to ensure protection of youth
- › Invest in equipping young people with skills and knowledge
- › Make aid adaptive – tailored programming
- › Foster positive social engagement
- › Empower youth to build their own representative assemblies



# Recommendations

## II. Promoting Education for All

- › Promote life skills for adolescents to prepare them for transition
- › Recognize that Non-Formal Education (NFE) is a necessary mode of delivery.
- › Formalize a certification of learning—at both the country and regional level



# Recommendations

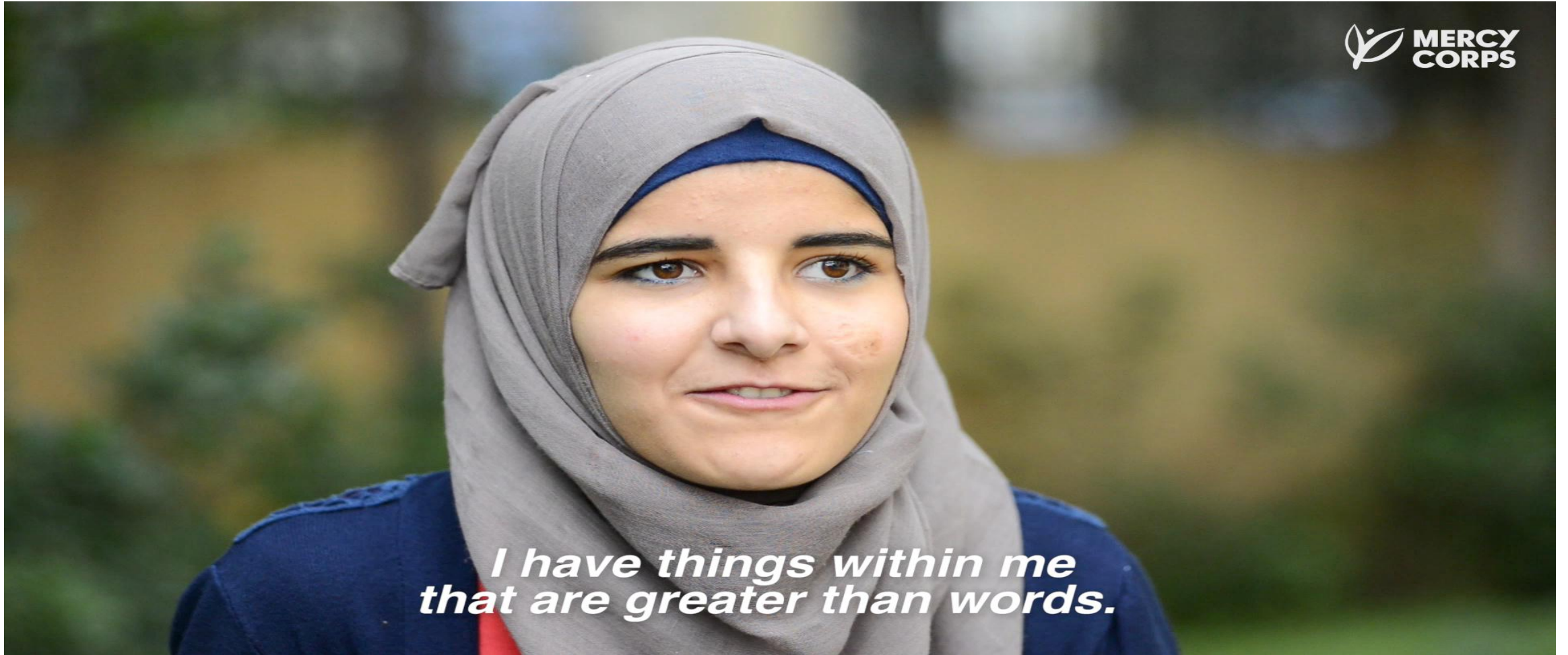
## III. Promoting Economic Growth and Employment Pathways

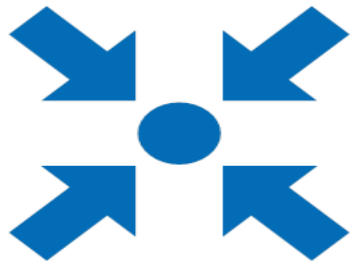
- › Build a legal foundation for safe, decent and fair jobs for refugees
- › Invest in workforce programs for both Syrian refugee and host country youth that respond to market demand
- › Invest in vocational training in skills needed for reconstruction —with an eye towards future economic recovery
- › Invest in industries that will be vital for post-war reconstruction in Syria i.e. construction, technology.





# Call for Action

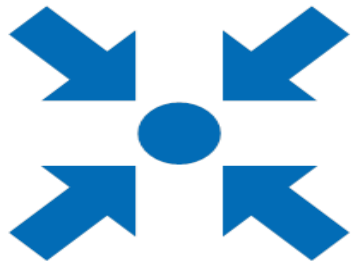




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# Mental Health System Reform in Lebanon

National Mental Health Programme

13 May 2016

# Outline

- Why is Mental Health a Public Health priority
- Mental Health and Substance Use Strategy for Lebanon 2015-2020
- MHPSS Task Force

# Burden of mental disorders

- **10%** of adults suffer from a mental disorder
- Up to **30%** of Primary Care Attenders
- Between **0.5 and 2%** of all adults suffer from a chronic, severe mental disorder
- About **1 in 10 children** suffer from a childhood mental disorder

# Leading causes of years of life lived with disability

<b>1</b>	<b>Unipolar depressive disorders</b>	<b>10.9%</b>
<b>2</b>	<b>Hearing loss, adult onset</b>	<b>4.6%</b>
<b>3</b>	<b>Refractory errors</b>	<b>4.6%</b>
<b>4</b>	<b>Alcohol use disorders</b>	<b>3.7%</b>
<b>5</b>	<b>Cataracts</b>	<b>3.0%</b>
<b>6</b>	<b>Schizophrenia</b>	<b>2.7%</b>
<b>7</b>	<b>Osteoarthritis</b>	<b>2.6%</b>
<b>8</b>	<b>Bipolar affective disorder</b>	<b>2.4%</b>
<b>9</b>	<b>Iron-deficiency anaemia</b>	<b>2.2%</b>
<b>10</b>	<b>Birth asphyxia and birth trauma</b>	<b>2.2%</b>

(Both sexes, all ages)

# Predictions for the leading causes of disability and mortality in 2030

World	1	HIV/AIDS
	2	Unipolar depressive disorder
	3	Ischaemic heart dis.
High-income countries	1	Unipolar depressive disorder
	2	Ischaemic heart disease
	3	Alzheimer
Middle-income countries	1	HIV/AIDS
	2	Unipolar depressive disorder
	3	Cerebrovascular
Low-income countries	1	HIV/AIDS
	2	Perinatal disorder
	3	Unipolar depressive disorder

- Severe mental disorders associated with **2 to 3 fold increase in mortality**, independent of suicide
- Mental disorders associated with **unhealthy lifestyles**, e.g. smoking
- Alcohol use is major risk factor for a number of medical disorders

- Discrimination in employment
- Increased expenditure on medical treatment, e.g. multiple consultations and medications



# Mental Health: a Public Health Priority

- Human rights protection
- Public health and economic burden
- Cost and cost-effectiveness (as low as 2\$ per capita)
- Equitable access and financial protection

- Three psychiatric hospitals
- Seven psychiatric wards in general hospitals
- Outpatient care mainly in the private sector
- MOPH covers inpatient care and psychotropic medication
- Private insurances do not cover mental health
- No mental health legislation
- No mental health strategy

# BACKGROUND (National Mental Health Programme)

Launching May 2014

Partners:

- WHO
- IMC
- UNICEF





**REPUBLIC OF LEBANON**  
**MINISTRY OF PUBLIC HEALTH**

# **Mental Health and Substance Use**

## **Prevention, Promotion, and Treatment**

Strategy for Lebanon  
2015 – 2020

# Strategy launching

- The strategy was launched on May 14, 2015
- “The strategy is not that of the MoPH but rather a NATIONAL Strategy and its successful implementation will require the continued implication and collaboration of all actors on the ground.” Dr. Walid Ammar, Director-General of the MoPH



- Vision
- Mission
- Values and Guiding Principles
- Domains
- Goals
- Strategic objectives
- Targets for successful achievement of objective.

***“All people living in Lebanon will have the opportunity to enjoy the best possible mental health and well-being”***

*“To ensure the development of a **sustainable** mental health system that guarantees the **universal accessibility** to **high quality** mental health **curative and preventive** services through a **cost-effective, evidence-based, multidisciplinary** approach, with an emphasis on **community involvement, continuum of care, human rights, and cultural relevance.**”*



- Autonomy
- Dignity
- Participation
- Empowerment
- Quality
- Accountability and Integrity

1. Leadership and Governance
2. Reorientation of Services
3. Prevention and Promotion
4. Health Information System and Research
5. Vulnerable Groups

# 1- LEADERSHIP and GOVERNANCE

- Legislation (Enact, Revise, Develop)
- Financing (Revise MOPH budget, Insurances)
- Advocacy (Media, User Association, Stigma)
- Emergency response plan
- Substance Use Strategy

## 2- REORIENTATION OF SERVICES

- Integration of Mental Health into Primary Care
- Contracting Psychiatric wards
- Building a referral system (Community-based)
- Monitor Mental Health facilities for Human Rights protection
- Assessment of persons in long-stay facilities
- Piloting e-mental health guided self-help programme

## 2- REORIENTATION OF SERVICES

### Human Resources

### Capacity building plans, with all actors

- Multidisciplinary approach
- Biopsychosocial model
- Recovery model

## 2- REORIENTATION OF SERVICES

### Human Resources

### Target Population

#### Capacity building plans, with all actors

- Multidisciplinary approach
- Biopsychosocial model
- Recovery model

- Specialized Staff
- Non-specialized staff
- Non- health staff
- Undergraduate curricula

## 2- REORIENTATION OF SERVICES

### Quality improvement

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- Accreditation Criteria for MH/SU facilities
- Code of ethics for MH/SU providers
- Monitoring and Evaluation System

## 2- REORIENTATION OF SERVICES

### Procurement and distribution of medication

- Revise the list of MOPH restricted list of medication
- Develop guidelines for rational prescription of psychotropic medication



### 3- PREVENTION and PROMOTION

- Inter-ministerial action plan
- Framework for prevention and monitoring of suicide
- Integration of evidence-based mental health promotion and prevention in: Protection programming, Schools, Maternal and Child Health programmes

## 4- Health Information System and Research

### HIS and M&E

- Integrating a core set of mental health indicators within the national HIS at all levels of care

## 4- Health Information System and Research

### Research

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- Setting priority research areas aiming at service development

## 5- VULNERABLE GROUPS

- Children and Adolescents
- Foreign Domestic Workers
- Older adults
- Families of disappeared from armed conflicts and wars
- LGBT community
- Persons receiving Palliative Care
- Persons in Prisons
- Persons living with disabilities
- Persons living with HIV/AIDS
- SGBV survivors
- Survivors of torture and their families
- Palestinian refugees
- Displaced populations

## 5- VULNERABLE GROUPS

### GOAL

“Improve access to equitable evidence based mental health preventive and curative services for all vulnerable groups living in Lebanon”

- Chaired by the Ministry of Public Health
- Co-Chaired by WHO and UNICEF
- Includes all actors (UN, iNGOs, local NGOs, Other Ministries)
- Aiming at Mainstreaming, Harmonizing and up-scaling MHPSS services in the Syrian Crisis response

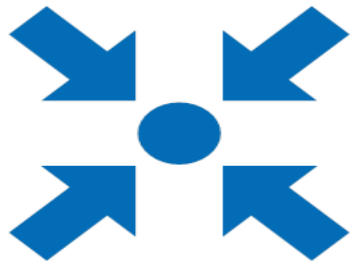
- Around 60 organizations
- Monthly meetings:
  - Centrally: Beirut
  - Regionally: North, South and Bekaa
- Platform for exchange and coordination
- Annual action plan
- Linkage with TFs/WGs from other sectors

# MHPSS TF Action Plan 2016

- Develop a **referral system** for crisis management linking all levels of care
- Maintain an online **4Ws** mapping
- Develop and report on **key indicators** on MHPSS community service utilization
- Disseminate **staff care** recommendations based on assessment results
- Develop a **code of conduct** for NGOs working in MHPSS in line with the national code of ethics developed by the ministry



- Harmonize 1) **recruitment criteria** and 2) **range of salaries and benefits** of mental health professionals working in the humanitarian field
- Scale-up **mental health trainings for ER staff** in selected key hospitals
- **Capacity building for non-specialized staff** (ROVs, front-liners, community mobilizers, CP and SGBV case managers...)
- Conduct **IPT trainings and supervision**



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THANK YOU.