LEBANON
Response Plan

Inter-Sector Coordination Group Meeting

October 8, 2024

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Response Plan

Opening Remarks

ISCG Co-Chairs

Agenda

1. **Introduction and Previous Action Points** – OCHA
2. **Update from the AAWG on the DIRNA** – AAWG
3. **Conflict Sensitivity in Emergency Response** – Tensions Monitoring System
4. **Mental Health and Psychosocial Support Response** – NMHP
5. **Access Update** – Access WG
6. **AoB**

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Previous Action Points

Eyram Dzitrie (OCHA)

Action Points from Previous Meetings

Date	Action Point	Lead	Status	Remarks
2-Oct-24	ISCG to schedule the ISCG meetings every two weeks, and weekly if the situation demands (details on dates and times to be shared).	ISCG	Done	
	OCHA to reshare corrected timetable for emergency information products (Flash Update, etc.)	OCHA	Done	
	OCHA to share communication on the OCHA team supporting the emergency response, and clarifying focal points and responsibilities	OCHA	Planned	
	REACH to share details of the humanitarian situation monitoring questionnaire with concerned Sectors for their review before rollout.	REACH	Done	
	OCHA with support from Sectors to develop guidance for multisectoral response inside and outside collective shelters, also taking into consideration conflict sensitivity.	OCHA	Planned	
	Shelter sector to follow up on government approval for expanding shelter capacity within schools, informal settlements, and other public buildings.	Shelter Sector	Done / Ongoing	This has progressed and we have completed the analysis on expansion capacity of informal settlements and there are talks about possible public buildings where we can install rubbhals.
	Shelter sector to continue coordinating with DRM on expanding the list of recognized collective sites, including NGO-managed shelters and self-settled sites.	Shelter Sector	Ongoing	
	IM team to clarify reporting mechanisms for activities outside of collective shelters and ensure alignment between the daily and monthly reporting tools.	InterSector IM team	Done	IM proposal is weekly but can be changed if necessary

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Update from the AAWG on the DIRNA

Bernard Chedid & Reem Nashashibi (OCHA) - Assessment and Analysis Working Group

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Conflict Sensitivity in Emergency Response

Nisreen Jaafar (Tensions Monitoring System)

TENSIONS MONITORING SYSTEM
LEBANON

Overview:
Tensions & Conflict Sensitivity

Tensions & Conflict Sensitivity

Current Tensions Landscape

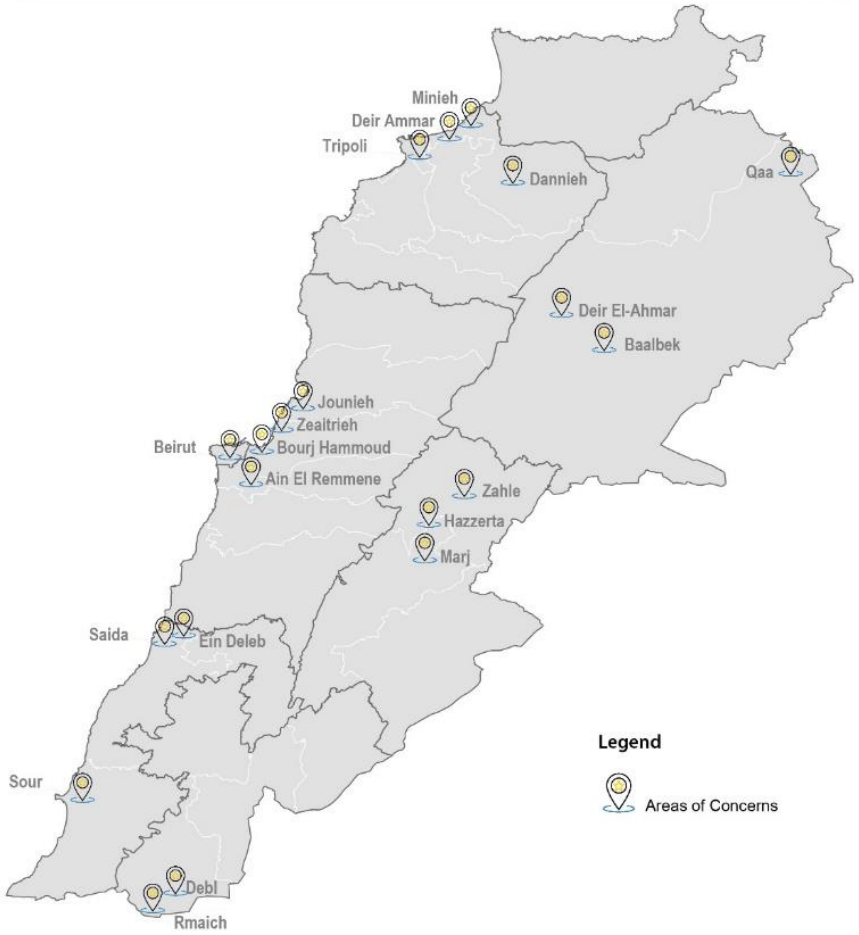
TENSIONS MONITORING SYSTEM LEBANON

! Tensions taking several forms:

- Tensions in and around collective shelters related to assistance
- Tensions around people resorting to public/open spaces due to gaps in shelter solutions
- Inter-sectarian tensions and clashes (mainly based on political and religious differences)
- Inter-communal tensions and anti-Syrian sentiments related to the displacement
- Vertical tensions towards partners & authorities
- Peak in fake news & misinformation leading to panic

! Local actors/authorities have contained incidents, and no large-scale incidents have been reported. However, risks of further escalation remain high.

Tensions' areas of concern amidst escalation of hostilities and displacement



Tensions & Conflict Sensitivity

Future Tensions Risks

- Rising tensions in and around collective shelters related to **cash and in-kind assistance**.
- Competition over **shelter/housing**, **education** and lack of **waste collection**.
- Tensions related to **access to goods** (if crisis persists and demands increase on fuel, bread etc.).
- Inter-communal tensions (lack of access to collective shelters and informal shelter solutions); perceptions around **aid bias**, **community insecurity**, **border movements**, **restrictive measures**.
- Continued high levels of fake news & **misinformation** triggering **panic** and tensions.
- Outbreaks of **infectious diseases** can trigger **stigma** and tensions.
- **Gaps in winter preparedness** as efforts are being dedicated to the emergency response, without proper winter preparedness plans.
- IDPs relocated to apartments and not receiving any assistance are tending to **move to collective** shelters, creating **additional pressure** and tensions.

Tensions & Conflict Sensitivity

Conflict Sensitivity Challenges Reported under the Response to Date

Assessment Fatigue leads to beneficiary frustration from being asked the same question by different entities often without an adequate response.

Aid bias between beneficiaries and partners based on a perception that partners are providing support in a preferential approach that is not based on needs.

Lack of **communication** of aid criteria and **prioritization** as well as what aid/shelters are available and to whom.

Aid bias between partners and local authorities, expressing lack of communication and **gaps in engagement and coordination** with local authorities, leading to frustration by authorities as they perceive that support given is **neither efficient nor sufficient**.

Reports about **corruption**.

Tensions & Conflict Sensitivity

Conflict Sensitivity Challenges Reported under the Response to Date

- **Privacy and dignity** jeopardized when responders take photos **without the consent** of beneficiaries.
- **Lack of Cultural Sensitivity** upon donations of clothing given the religious and cultural background of the displaced population.
- **Food distributions** impacted by community acceptance. Meals risk being thrown away leading to **wastefulness** at a time when resources are insufficient.
- **Communication** with communities reported as demeaning.

Tensions & Conflict Sensitivity

Conflict Sensitivity Considerations for Partners in the Current Response

TENSIONS MONITORING SYSTEM LEBANON

Minimize number of assessments to avoid assessment fatigue and raising beneficiary expectations

- Examine existing data from other actors – use common tools & avoid setting up parallel data tools
- Initiate discussions with the Sector Leads to can facilitate data sharing across organizations
- Refer to the Sector Coordination Teams Contact List.

Mitigate immediate risks by referring to conflict sensitivity guidance on cash and in-kind distributions.

- Clearly define selection criteria and communicate with beneficiaries to avoid misconceptions
- Distribution teams should approach people with trust to avoid tensions and defensiveness and avert giving negative messages.
- Cultural sensitivity is key as it relates to distributions

Integrate specific logistics and security considerations at collective shelters and at distributions

- Adhere to safety standards
- Train staff on security procedures and site evaluation plan (if it has been identified)
- Engage local representatives to facilitate communication during distributions and at sites and/or
- Engage local leaders in crowd control and communication with beneficiaries at distribution/at sites

Tensions & Conflict Sensitivity

Conflict Sensitivity Considerations for Partners in the Current Response

TENSIONS MONITORING SYSTEM LEBANON

Coordinate closely at local level

- Ensure close coordination with local authorities (DRR/DRM/Site management FPs)
- Ensure close coordination with the Inter-Sector Coordination Group and Sector Leads to fill implementation gaps and avoid duplicating assistance

Communicate effectively and through a conflict sensitivity lens closely at local level

- Communicate aid allocation decisions with beneficiaries and local authorities to avoid perceptions of aid perception bias
- Disseminate harmonized messages (aligned with the coordination mechanisms/working groups) to avert misinformation, misunderstandings, and potential politicization of aid
- Raise awareness of local communities or the types and methods of assistance to manage expectations and ensure transparency

Link up to existing referral mechanisms (where applicable)

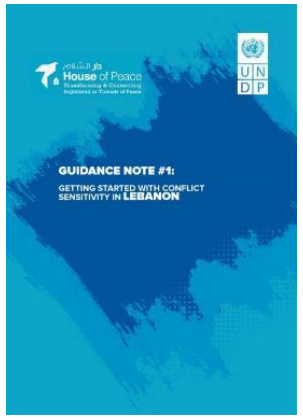
- Partners should be able to make referrals (protection, health, education etc.) during distributions or support at sites. At a minimum, staff working on distributions should be well trained on available referral pathways.

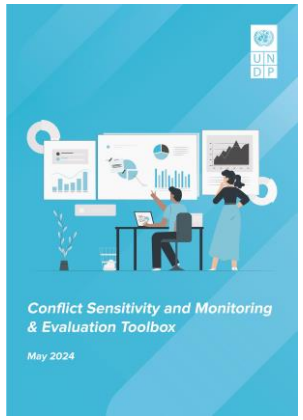
Tensions & Conflict Sensitivity

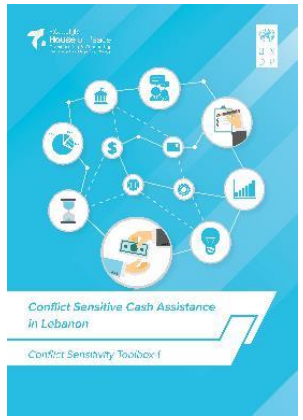
Conflict Sensitivity Resources

Seven Conflict Sensitivity Guidance Notes

1. Getting started with Conflict Sensitivity in Lebanon
2. Conflict-sensitive targeting and project design
3. Conflict-sensitive procurement and recruitment
4. Conflict-sensitive Cash Assistance in Lebanon
5. Conflict-sensitive Engagement with Local Authorities
6. Institutionalizing Conflict Sensitivity at the Organizational Level
7. Conflict Sensitivity and Monitoring & Evaluation Toolbox







Tensions & Conflict Sensitivity

Contact Information

For more information, please reach out to:

Nisreen Jaafar
Conflict Sensitivity Officer – UNDP
nisreen.jaafar@undp.org

Mental Health and Psychosocial Support Response

Rabih El Chammay, MD, Head of Programme (NMHP)
Aya Harb, Governance and Projects Management Officer (NMHP)

MHPSS Response

What clusters/sectors typically contribute to the MHPSS response?

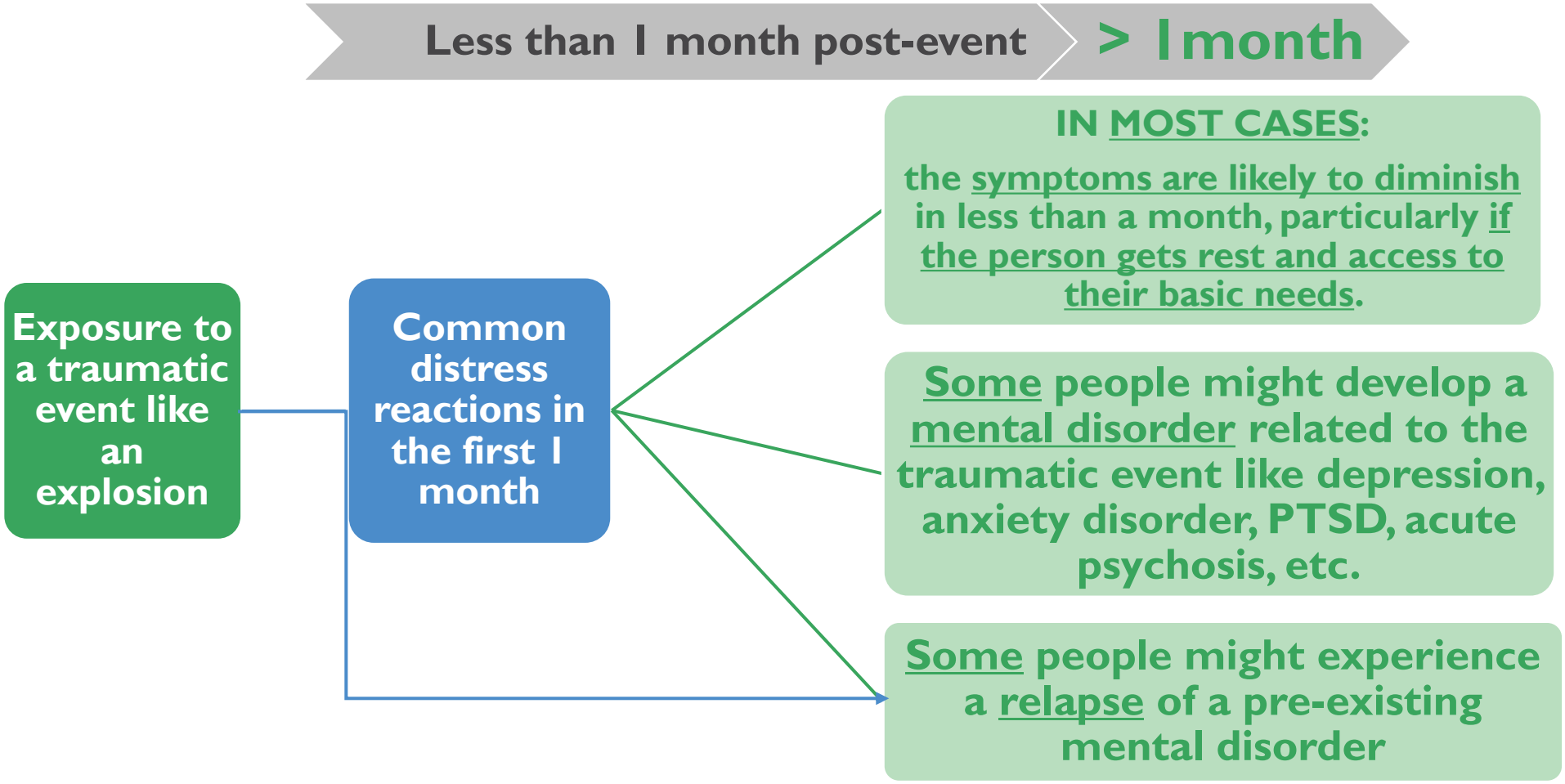
- Health
- Protection
- Child Protection
- Gender-Based Violence
- Education
- Mine action
- Nutrition
- Camp Coordination & Camp Management (CCCM)
- Shelter & Settlements
- Water, Sanitation & Hygiene (WASH)
- Food Security & Livelihoods (FSL)

MHPSS is a multisectoral and cross-cutting area of work

IASC MHPSS Minimum Service Package

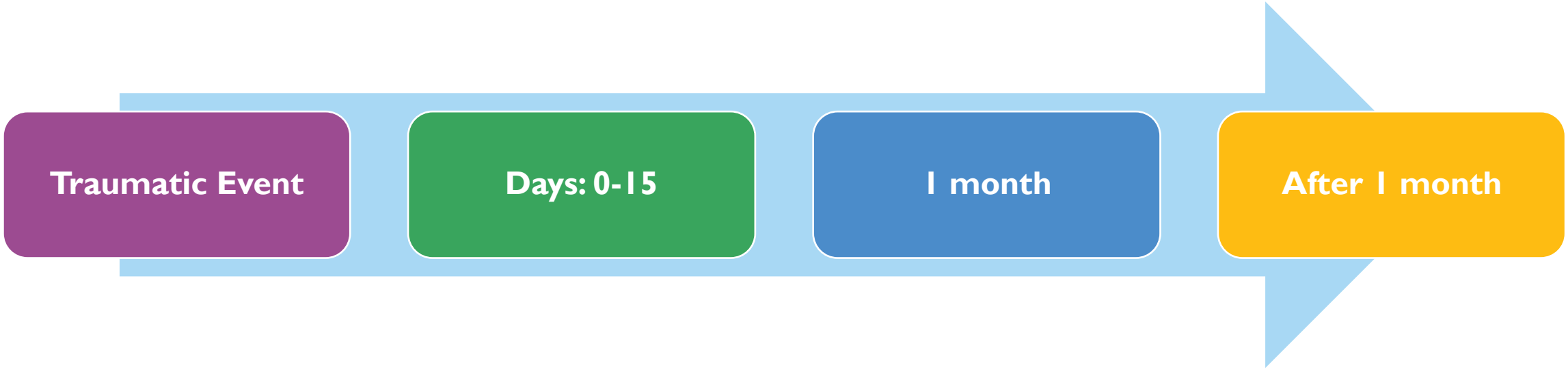
MHPSS Response

Possible negative impact on the mental health of people after exposure to a traumatic event?



MHPSS Response

Responses to Crisis Events



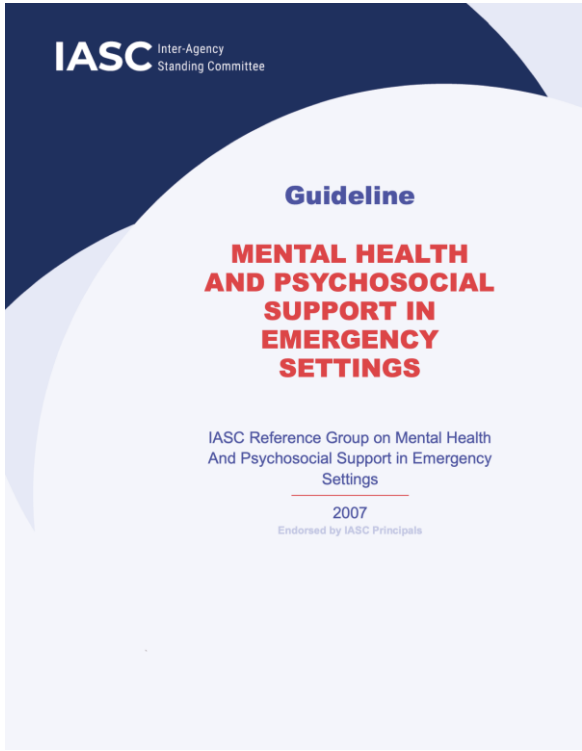
Most people do better over the long-term if they:

Feel safe, connected to others, calm and hopeful.
Have access to their basic needs, and access to social, physical & emotional support.
Regain a **sense of control** by being able to help themselves.

MHPSS Response

Guidance Note Issued by the MHPSS-TF Co-Chairs (NMHP, WHO, and UNICEF)

- In-line with the "Do No Harm Principle" and the IASC Guidelines for MHPSS in Emergency settings, some activities are encouraged, while others should NOT be done for MH for the coming 4 weeks.
- We are still in the emergency phase, and it is normal for people to be experience stress and anxiety.
- Talk about PTSD or other mental health conditions is not appropriate.
- **Universal screenings for mental health conditions is not useful right now and can even be harmful**.
- Please see the table on the next slide.


IASC Inter-Agency Standing Committee

Guideline

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS

IASC Reference Group on Mental Health And Psychosocial Support in Emergency Settings

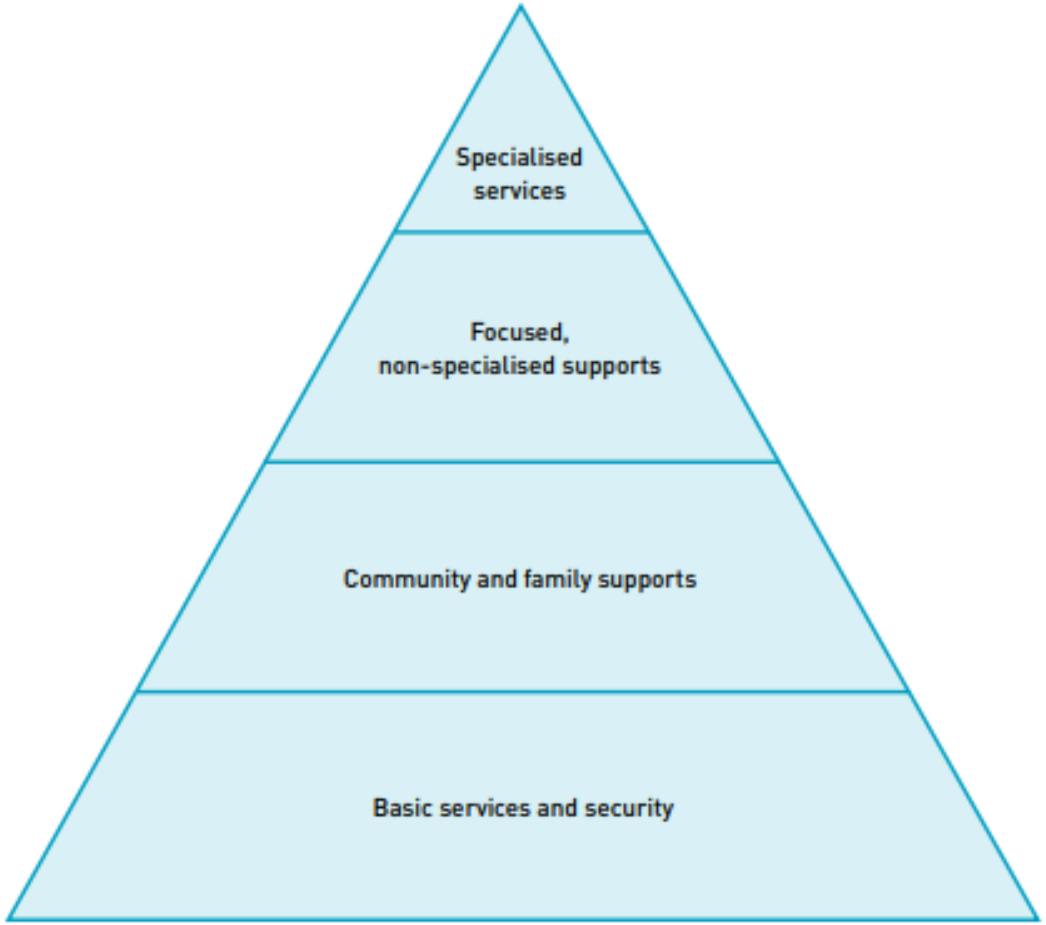
2007

Endorsed by IASC Principals

IASC MHPSS Guidelines

MHPSS Response

IASC MHPSS Intervention Pyramid in Emergencies



- In emergency settings, provision of basic physical needs (food, shelter, water, basic health care, control of communicable diseases) is a direct factor affecting mental health.

- An MHPSS response to the need for basic services may include advocating for these services; and ensuring humanitarian actors deliver them in a way that promotes mental health and psychosocial well-being.

MHPSS Response

Coordination Structure

- MHPSS task force established in 2013
- Chaired by the NMHP, co-chaired by WHO and UNICEF
  - Core group under establishment
  - Subnational task forces in North, Bekaa *established*
  - Subnational task force for the South *in process*
- 65 active local and international organizations
- Yearly action plan developed jointly with partners
- Coordinating MHPSS in several emergencies: Syria crisis, COVID-19, Beirut Port Explosions
- Currently, Revision of the Action Plan in line with the Recent escalations

MHPSS Response

Ongoing Response

Workforce support

- >1,300 frontline workers trained on PFA + dissemination of PFA refresher material
- PHC staff trained on PFA
- >1,500 nurses in hospitals trained on basic psychosocial skills and self-care
- 160 physicians trained on pharmacological management of psychiatric emergencies
- Support group sessions under planning
- Additional TOT and training on PFA and identification and referral under planning
- Training on "*Trauma management in conflict situations*" under planning, mental health will be integrated, with focus on breaking bad news, emotional crisis management / panic attacks, and self-care

Coordination

- Activated roster of volunteering mental health professionals through the order of psychologists and Lebanese Psychiatric Society
- Engagement with partners and sectors to establish South subnational task force
- Bilateral meetings with MHPSS TF members and with TF groups in Bekaa and the North

MHPSS Response

Ongoing Response

Strengthening Services

- National list of psychotropic medications available on website
- Procurement of psychotropic medications through regular routes
- Additional procurement of 2 mental health medication kits through WHO mechanisms
- Management of dispensing of OSTs for 2 weeks inside of 1
- Linking collective shelters to PHCCs including those with psychiatrists and discussions on how to cover gaps.
- Embrace Lifeline and SbS provision of services from home.
- Development of referral pathways between PSUs, PHC centers and available hotlines.
- Orientation of frontliners in the 1787 & 1214 hotlines, Lifeline, PSU teams, MoSA social workers, and PHC coordinators on basic MHPSS skills and referral pathways
- Supporting long-term facilities in their contingency plans

Information Communication

- Set of > 90 messages developed, addressing the ongoing emergency situations in the country: https://drive.google.com/drive/folders/1XQnRXNWC07AlxjqbeGFyhh7RXikLKnEL?usp=sharing
- Self-help podcast and self-care videos prepared and shared widely
- Repository of tools to guide response: supporting children, supporting pregnant women, etc.
- Including key messages of services in kits provided by different sectors: for example, the dignity kit with UNFPA provided to shelters

Assessments

- MOSA conducting needs assessment in shelter. Mental health is integrated.
- Rapid assessment of psychiatric facilities undertaken

MHPSS Response

Available Mental Health Services

National hotline "1564 Lifeline" for psychological support and suicide prevention, in collaboration with Embrace NGO (available 24/7)

- *2,500 callers between April and June 2024*

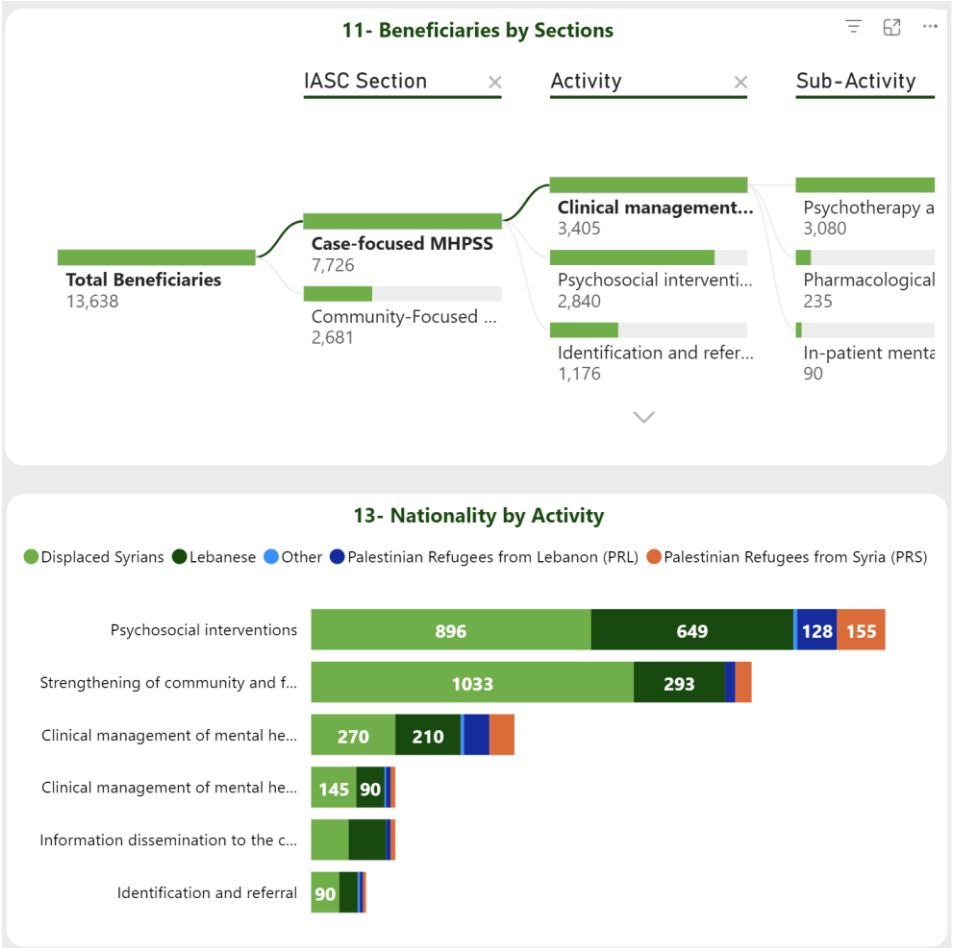
Self-Help+ Podcast: Five episodes of practical exercises to deal with psychological stress: https://resources.nmhp-lb.com/podcasts [Anghami platform]

Step-by-Step e-mental health application: A confidential and free psychological support program that helps in dealing with depression and anxiety: http://step-by-step-program.com

https://resources.nmhp-lb.com

MHPSS Response

*4Ws **Who** is **Where**, doing **What**, and until **When**, in MHPSS in Lebanon*

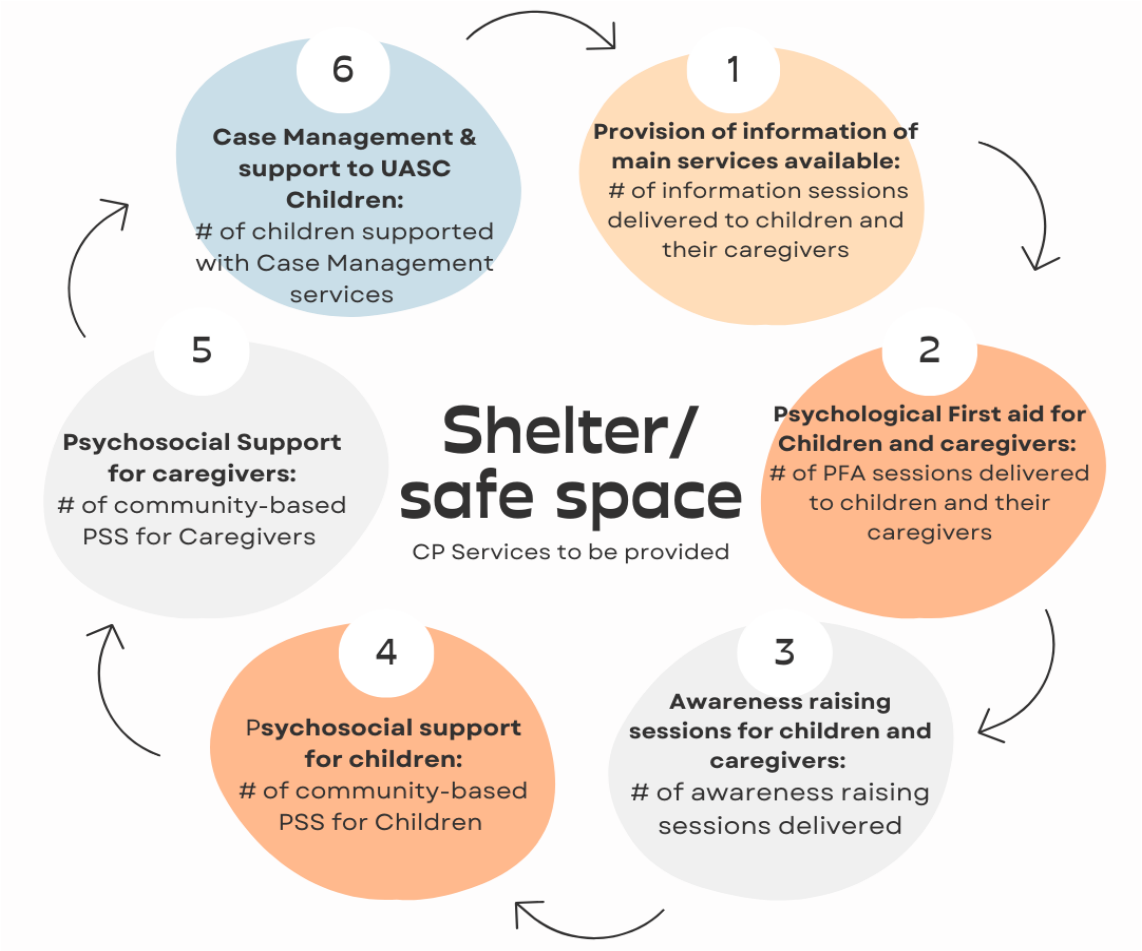


4Ws-Services

https://mhis.nmhp-lb.com/#/guest/home

MHPSS Response

Ongoing Response



MHPSS Response

CP Services Divided by Target audience

For Caregivers:

- Information session
- Awareness Raising sessions
- PSS for caregivers

For Children:

- Awareness Raising Sessions
- Community-based PSS

MHPSS Response

Guidance Note Issued by the MHPSS-TF Co-Chairs (NMHP, WHO, and UNICEF)

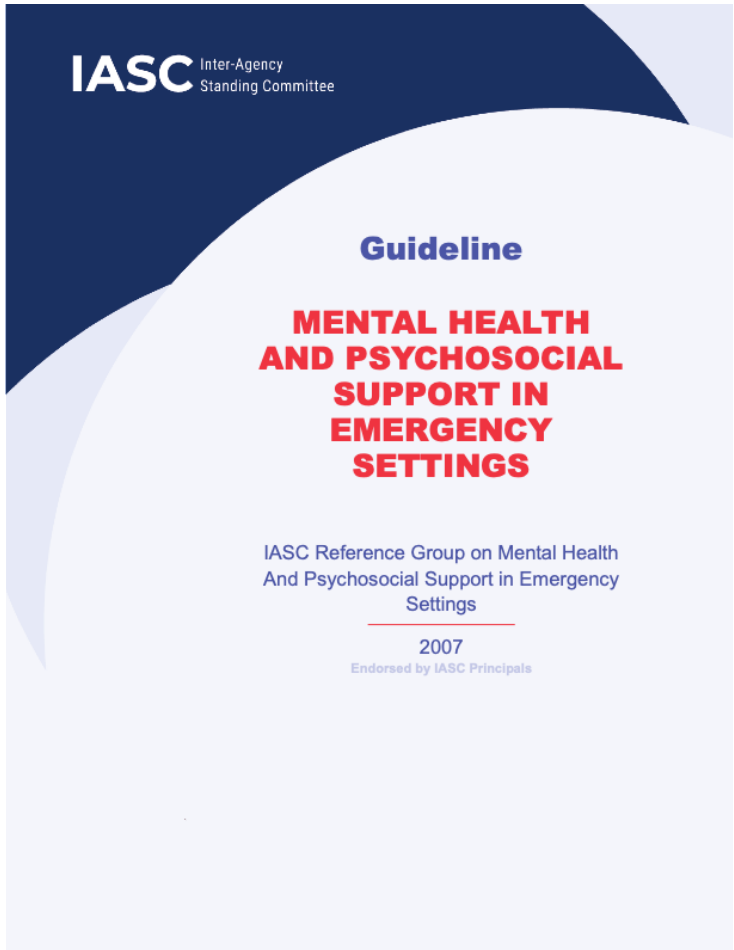
To Do ✓	Not to Do X
• Supporting people access safety, shelter and basic needs, access to services in a dignified manner.	
• Inform people of expected reactions that they can notice on themselves and their children in relation to what is happening and help them with some tips on how to manage them and other relevant information.	• Conducting universal screenings and mental health assessment.
• Safe Identification and referral for persons in need of urgent mental health conditions using the national safe identification and referral material.	• Diagnosing Mental health conditions, including PTSD. • Referring everyone, including those with mild symptoms. • Not referring severe or high-risk cases.
• Dissemination of information on available services for mental health	
• Identifying and supporting persons who are already on psychotropic medication and ensuring continuous supply through the proper a	• Prescribing psychotropic medications regardless of severity or for expected common reactions.
• Conduct individual and support group sessions for people who might be in need of it to individuals in the shelters using evidence-based intervention such as SH+ and PM+	• Start long-term therapies, or therapies that are not based on evidence.
• Providing PSS, and recreational activities for children in line with the recommendations of the PSS working group	
• Signposting national MHPSS services, information, and resources	

MHPSS Response

MHPSS In Other Sectors (IASC Guidelines)

Guidance for each sector on how best to mainstream MHPSS
Action Sheets for Minimum Response for each sector:

- Health
- GBV
- Protection
- Child Protection
- Education
- Food Security & Livelihoods
- Camp Coordination and Camp Management
- Nutrition
- Shelter
- WASH
- Mine Action


IASC Inter-Agency Standing Committee

Guideline

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCY SETTINGS

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Endorsed by IASC Principals

MHPSS Response

Self-Care Videos for Frontliners

- The National Mental Health Programme and the World Health Organization in Lebanon have developed a series of videos on self-care for frontliners.
- The Self-care Video Series includes techniques and exercises to help frontliners deal with work-related stress.
- These videos are available on the NMHP YouTube Channel. Please scan this QR code to get access.

YouTube

Lebanese Republic
Ministry of Public Health
National Mental Health Programme

Self-Care Series - Part 1 ليش ضروري نعتني بصحتنا النفسية؟

Self-Care Series - Part 2 أثر الضغوطات اليومية على صحتنا النفسية

Self-Care Series - Part 3 شو يعني رعاية ذاتية؟

Self-Care Series - Part 4 أثر الضغوطات النفسية على العاملين بالخطوط الامامية

Self-Care Series - Part 5 الإجهاد التراكمي والعاطفي

Self-Care Series - Part 6 الإضطرابات النفسية المرتبطة بطبيعة عمل العاملين بالخطوط...

MHPSS Response

NMHP Resources

- Access the NMHP Resources site here.
- Access detailed psychoeducational content and key messages here.

MHPSS Response

For More Info about the Work of the NMHP at the MoPH Lebanon and about Mental Health

Website

Facebook

FOLLOW US ON

Instagram

Twitter/X

MHPSS Response

Contact details of MHPSS Task Force

National MHPSS Coordination: mhpss.coordination@nmhp-lb.com

MHPSS Chair:

- Dr Rabih Chammay, Head of the NMHP: rabih.chammay@nmhp-lb.com
- Aya Harb, Coordination Officer: aya.harb@nmhp-lb.com
- NMHP: mh.moph@nmhp-lb.com

Co-chairs

- WHO: Edwina Zoghbi, National officer for NCDs and Mental Health zoghbie@who.int
- UNICEF: Roula Abi Saad, Child Protection Officer (PSS), rabisaad@unicef.org

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Access Update

Fadel Saleh, Access/CM Coordination Officer (OCHA)

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Thank You