
Committee: World Health Organisation

Agenda: Strengthening Mental Health and Psychosocial Support Systems, with special emphasis on Middle Eastern and Asian states.

**Letter from the Executive Board**

Greetings delegates,

We welcome you all to the maiden edition of Premia MUN 2024. We assure you that this conference shall be a very enriching debate that you'll experience before, especially for the newcomers who will start off their MUN journey in a holistic environment where equitable opportunities shall be given to everyone. We assure you an enriching experience for each and every delegate.

What we desire from the delegates is not how experienced or articulate they are. Rather, we want to see how she/he can respect disparities and differences of opinion and work around these while extending their own foreign policy so that it encompasses more of the others without compromising their own stand, thereby reaching a unanimously acceptable practical solution. The following pages intend to guide you with the nuances of the agenda as well as the Committee. The Guide chronologically touches upon all the different aspects that are relevant and will lead to fruitful debate in the Committee. It will provide you with a bird's eye view of the gist of the issue.

Please note that this background guide is only to provide you all with the basic information which would form the basis of the debate and research you shall be made with respect to your allotted country and its foreign policy. As a representative of your allotted country, it is expected of you to make genuine efforts to research and grasp all the important and relevant aspects concerning your country and the agenda at hand. We encourage you to go beyond this background guide and delve into the extremities of the agenda to further enhance your knowledge of a burning global issue.

Please ensure that your views and stances in the committee do not portray your personal views and are purely from the standpoint of the state you're representing.

We look forward to seeing you at Premia MUN 2024 and wish you the very best in your preparations.

Feel free to reach out to us for any queries.

Regards
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**Introduction to the committee:**

The World Health Organization (WHO) is the leading international organisation for health, established in 1948 after the devastation of World War II. This global health body emerged from the recognition that infectious diseases don't respect borders and a collective effort was needed to combat them. WHO's primary goal is to ensure the highest possible level of health for all people, striving for a world where everyone can live a healthy life free from preventable diseases.

Headquartered in Geneva, Switzerland, WHO acts as a central coordinating body for global health initiatives. It sets international health standards, providing technical assistance to governments and gathering and disseminating health information. The organisation collaborates with governments to strengthen their healthcare systems, focusing on areas like disease surveillance, epidemic preparedness, and health policy development. WHO's definition of health extends beyond the mere absence of disease. The organisation recognises the interconnectedness of physical, mental, and social well-being and promotes a holistic approach to health. This broader definition emphasises the importance of social determinants of health, such as access to clean water, sanitation, education, and housing, in achieving overall well-being.

Through its various programs and initiatives, WHO plays a critical role in addressing some of the world's most pressing health challenges. These include infectious diseases like HIV/AIDS, malaria, and tuberculosis, as well as non-communicable diseases like heart disease, stroke, cancer, and diabetes. WHO also works on maternal and child health, mental health, environmental health, and food safety.

Here are some of WHO's significant achievements:

- Smallpox Eradication: Spearheaded the global campaign that led to the eradication of smallpox in 1980, a remarkable feat in public health history.
- Poliovirus Reduction: Played a leading role in the ongoing fight to eradicate polio, significantly reducing the number of cases worldwide.
- Childhood Vaccine Development: Promotes childhood immunization programs and advocates for vaccine equity to ensure all children have access to life-saving vaccines.
- HIV/AIDS Response: Leads the global response to HIV/AIDS, providing technical assistance to countries and working to expand access to antiretroviral treatment.
- Global Health Regulations: Developed and implemented the International Health Regulations (IHR), a framework for global cooperation in detecting and responding to public health emergencies.

**Mandate of the committee:**

The World Health Organization's (WHO) mandate, as enshrined in its foundational document, the Constitution, is an ambitious one: to secure "the attainment by all peoples of the highest possible level of health." This core objective serves as the driving force behind all of WHO's endeavours.

The Basic Documents, a collection of instruments that includes the Constitution, provide a more comprehensive picture of WHO's functionalities. These documents establish WHO as a preeminent leader and coordinator for global health initiatives. The organisation fosters collaboration not only with the United Nations but also with other specialised agencies and relevant entities. This collaborative approach allows WHO to leverage the strengths and expertise of various stakeholders in tackling complex health challenges.

Furthermore, WHO plays a crucial role in supporting national governments. When requested, WHO offers technical assistance to help countries

strengthen their healthcare systems. This support can encompass a wide range of areas, from developing national health policies to bolstering disease surveillance and response capabilities.

One of WHO's most significant contributions lies in promoting a broader understanding of health. The organisation moves beyond a purely disease-centric view and defines health as encompassing physical, mental, and social well-being. This holistic approach recognises the interconnectedness of these dimensions and their combined influence on a person's overall health.

**Introduction to the agenda:**

Mental health and psychosocial support (MHPSS) are essential to comprehensive healthcare systems. They encompass a wide range of services and interventions aimed at addressing the psychological and social needs of individuals, particularly those affected by adversity. The importance of MHPSS has been increasingly recognized globally, as mental health issues significantly impact the overall well-being and productivity of individuals and societies.

In recent years, the global burden of mental health disorders has risen, with depression, anxiety, and other mental health conditions becoming more prevalent. The World Health Organization (WHO) estimates that nearly one in four people worldwide will be affected by mental or neurological disorders at some point in their lives. Despite this high prevalence, mental health services remain underfunded and underprioritized, especially in low- and middle-income countries.

The Middle East and Asian states face unique and significant challenges related to mental health. These regions are home to diverse populations with varying cultural, economic, and social contexts, all of which influence the

perception and management of mental health. Several factors exacerbate mental health issues in these regions, including ongoing conflicts, economic instability, displacement, and the stigma associated with mental health conditions.

**RoP:**

**Rules Of Procedure:** The MUN Rules of Procedure (RoP) are established to maintain decorum and ensure order throughout a Model United Nations conference. These guidelines are essential for facilitating an effective and organised debate.

**Attendance and Roll Call:**

1. Be present at all sessions.
2. Respond with "Present" or "Present and Voting" during roll call.
3. Roll call is conducted at the beginning of each session to ensure quorum.

**Quorum:**

1. At least one-third of the delegates must be present to start the session.
2. A simple majority (more than half) is needed to pass a draft resolution.

**Debate:**

Speakers' List

1. The primary method for delegates to speak.
2. Delegates speak in the order they are listed.

Formal Debate

1. Follow the speakers' list.
2. Set time limits for speeches.

Moderated Caucus

1. A more flexible debate format.
2. Set time limits for the caucus and individual speeches.

Unmoderated Caucus

1. Informal discussion without a structured order.
2. Set a time limit for the caucus.

Point of Order

1. Used if procedural rules are violated.
2. Chair decides on the issue.

Point of Personal Privilege

1. Used to address personal discomfort.
2. Chair responds immediately.

Point of Inquiry

1. Used to ask procedural questions.

**Motions:**

Motion to Set the Agenda
1. Determines the order of topics.
2. Needs a majority vote to pass.

Motion to Adjourn the Meeting
1. Ends the meeting until the next session.
2. Needs a majority vote to pass.

Motion to Suspend the Meeting
1. Pauses the meeting for a break.
2. Needs a majority vote to pass.

Motion to Close Debate
1. Ends discussion and moves to voting.
2. Needs a two-thirds majority to pass.

**Resolutions:**
Draft Resolutions
1. Written proposals for committee action.
2. Require sponsors and signatories to be considered.

Amendments
1. Changes to the draft resolution.
2. Require discussion and a vote to be adopted.

Voting on Resolutions and Amendments
1. Usually requires a simple majority to pass.
2. Voting can be done by roll call or show of hands.

**Conduct:**
Respectful Behavior:
1. Be respectful and diplomatic.
2. Use polite and professional language.

Yielding Time:
1. Delegates may give their remaining speaking time to the Chair, another delegate, or for questions.

**Key Terms:**

1. **Motion:** A proposal for action or discussion within the committee session.
2. **Clause:** A specific section within a working paper or draft resolution.
3. **Simple Majority:** More than half of the members must agree.
4. **Special Majority:** Two-thirds of the members must agree.
5. **Working Paper:** A document containing policy proposals from delegates.
6. **Draft Resolution:** A formal document outlining proposed actions and solutions.
7. **Bloc:** A group of countries or political parties with shared interests and goals.

**Global Context and Current Trends**

Globally, a growing awareness of the need to integrate mental health into broader health and development agendas has grown. International organizations, governments, and non-governmental organizations (NGOs) are increasingly advocating for policies and programs that address mental health as a critical public health issue. The United Nations' Sustainable Development Goals (SDGs), particularly Goal 3, emphasize the importance of ensuring healthy lives and promoting well-being for all ages, including addressing mental health and substance use disorders.

In the Middle East and Asia, several countries have begun to recognize the importance of mental health and are taking steps to strengthen their MHPSS systems. However, the progress is uneven, and significant gaps remain in the availability, accessibility, and quality of mental health services. These regions also face challenges related to the cultural stigma surrounding mental health, which often prevents individuals from seeking help and hinders the implementation of effective interventions.

**Specific Challenges in the Middle East and Asian States**

The Middle East has been significantly affected by prolonged conflicts, political instability, and humanitarian crises, which have led to widespread trauma and mental health issues among affected populations. The ongoing displacement of millions of people due to conflicts in Syria, Yemen, Iraq, and

other countries has created a critical need for MHPSS services. Refugees and internally displaced persons (IDPs) are particularly vulnerable to mental health issues, including post-traumatic stress disorder (PTSD), depression, and anxiety.

In Asian states, rapid urbanization, economic development, and social changes have contributed to increased stress and mental health problems. While some countries, such as Japan and South Korea, have advanced mental health systems, others struggle with limited resources and infrastructure. Additionally, the cultural stigma surrounding mental health in many Asian societies prevents individuals from seeking help and exacerbates the burden of mental health disorders.

**Goals of This Agenda**

This agenda aims to:

1. Highlight the current state of mental health and psychosocial support systems in the Middle East and Asian states.
2. Identify the key challenges and barriers to effective MHPSS in these regions.
3. Propose strategies and interventions to strengthen MHPSS systems, with a focus on policy development, capacity building, service delivery models, and community engagement.
4. Showcase best practices and successful programs from the region that can serve as models for other countries.
5. Advocate for increased investment and prioritization of mental health at national and international levels.

By addressing these goals, this agenda seeks to contribute to the overall improvement of mental health and psychosocial well-being in the Middle East and Asian states, ultimately enhancing the quality of life for individuals and communities in these regions.

## 2. Current State of Mental Health in the Middle East and Asia

The mental health landscape in the Middle East and Asia is characterized by diverse challenges and significant disparities in service provision and accessibility. Understanding the current state of mental health in these regions requires a comprehensive look at various factors, including prevalence rates, cultural attitudes, existing infrastructure, and the unique stressors faced by these populations.

### Overview of Mental Health Statistics

Mental health disorders are a significant public health concern in both the Middle East and Asia. According to the World Health Organization (WHO), common mental health disorders such as depression, anxiety, and substance use disorders are prevalent across these regions. In the Middle East, the lifetime prevalence of mental health disorders ranges from 15% to 25%, with higher rates observed in conflict-affected countries like Iraq and Syria. In Asia, the prevalence varies widely, with some countries reporting rates as high as 20%.

The Global Burden of Disease Study (GBD) 2019 highlights that depressive disorders are among the leading causes of disability-adjusted life years (DALYs) in both regions. Anxiety disorders, bipolar disorder, and schizophrenia also contribute significantly to the overall burden of disease.

### Cultural Perceptions and Stigma

Cultural attitudes towards mental health play a crucial role in shaping the mental health landscape. In many Middle Eastern and Asian societies, mental health issues are often stigmatized and misunderstood. This stigma can prevent individuals from seeking help and can lead to social isolation, discrimination, and neglect. Traditional beliefs and practices, which may view mental health issues as a result of supernatural forces or moral failings, further compound the problem.

Efforts to reduce stigma and raise awareness about mental health are underway in several countries. For example, public awareness campaigns, educational programs, and the involvement of religious and community leaders are being used to challenge misconceptions and promote acceptance.

**Existing Mental Health Infrastructure and Services**

The availability and quality of mental health services in the Middle East and Asia vary significantly between and within countries. While some countries, such as Japan and South Korea, have relatively well-developed mental health systems, others struggle with limited resources and infrastructure.

In many Middle Eastern countries, mental health services are concentrated in urban areas, leaving rural populations underserved. Conflict-affected countries face additional challenges, with damaged infrastructure and disrupted services. For instance, in Syria and Yemen, ongoing conflict has severely limited access to mental health care, and many mental health professionals have fled the region.

Asian countries also face disparities in mental health service provision. In low- and middle-income countries like Bangladesh, Nepal, and Cambodia, mental health services are often underfunded and integrated with general healthcare services. This integration can lead to a lack of specialized care and insufficient attention to mental health needs.

**Efforts to Improve Mental Health Care**

Despite these challenges, there have been positive developments in the region aimed at improving mental health care. Several countries have implemented national mental health policies and action plans to address the growing burden of mental health disorders.

In the Middle East, countries like Lebanon and Jordan have taken steps to strengthen their mental health systems. Lebanon’s National Mental Health Program, established in 2014, aims to improve mental health services,

promote mental health, and protect the rights of individuals with mental health conditions. Jordan has integrated mental health services into primary healthcare and trained primary healthcare providers in mental health care.

In Asia, countries such as India and China have launched large-scale initiatives to improve mental health care. India's National Mental Health Program, launched in 1982 and revised in 2014, focuses on providing accessible and affordable mental health care through primary health centers. China has also made significant investments in mental health, with its National Mental Health Work Plan (2015-2020) aiming to expand mental health services and improve the quality of care.

**Key Challenges in the Region**

The Middle East and Asia face a unique set of challenges in addressing mental health and psychosocial support (MHPSS). These challenges stem from a combination of socio-political, economic, and cultural factors that impact the accessibility, quality, and effectiveness of mental health services. Understanding these challenges is crucial for developing targeted interventions and policies to improve mental health outcomes in these regions.

**Conflict and Post-Conflict Trauma**

One of the most significant challenges in the Middle East is the impact of ongoing and past conflicts. Countries like Syria, Iraq, Yemen, and Afghanistan have experienced prolonged violence, resulting in widespread trauma and mental health issues. The effects of war, including exposure to violence, displacement, loss of loved ones, and destruction of communities, have profound psychological impacts.

- **Post-Traumatic Stress Disorder (PTSD)**: High rates of PTSD are common among populations exposed to conflict. Symptoms include

flashbacks, severe anxiety, and uncontrollable thoughts about the traumatic events.

- **Depression and Anxiety**: These conditions are prevalent among refugees and internally displaced persons (IDPs), who often face uncertainty, loss, and challenging living conditions.
- **Children and Adolescents**: Young people are particularly vulnerable to the psychological impacts of conflict, which can affect their development and long-term well-being.

**Economic Instability and Poverty**

Economic instability and poverty are significant contributors to mental health issues in both regions. Many Middle Eastern and Asian countries face economic challenges that exacerbate stress and mental health problems.

- **Unemployment**: High unemployment rates contribute to feelings of worthlessness, depression, and anxiety.
- **Financial Stress**: The inability to meet basic needs and financial obligations can lead to chronic stress and mental health issues.
- **Urbanization**: Rapid urbanization in Asia has led to the breakdown of traditional social support systems, contributing to mental health problems.

**Displacement and Refugee Crises**

The Middle East hosts millions of refugees and IDPs due to conflicts in Syria, Iraq, Yemen, and other countries. Similarly, in Asia, countries like Myanmar have experienced crises leading to large numbers of displaced individuals.

- **Mental Health Needs of Refugees**: Refugees face numerous stressors, including cultural adaptation, language barriers, and lack of access to mental health services.

- **Overburdened Host Communities**: Host countries often struggle to provide adequate mental health support to both their populations and the influx of refugees.

**Access to Mental Health Care**

Access to mental health care is limited in many parts of the Middle East and Asia, particularly in rural and conflict-affected areas. Several factors contribute to this challenge:

- **Lack of Infrastructure**: Many countries have insufficient mental health facilities and professionals to meet the demand.
- **Urban-Rural Divide**: Mental health services are often concentrated in urban areas, leaving rural populations underserved.
- **Conflict-Related Disruptions**: In conflict zones, health infrastructure is often damaged or destroyed, further limiting access to care.

**Stigmatisation of Mental Health Issues**

The cultural stigma surrounding mental health remains a significant barrier to seeking care in both regions. Mental health issues are often viewed as personal failings or moral weaknesses, leading to discrimination and social exclusion.

- **Cultural Beliefs**: Traditional beliefs about mental health can discourage individuals from seeking professional help and instead rely on informal or spiritual healing practices.
- **Lack of Awareness**: Limited public awareness and understanding of mental health conditions contribute to the stigma and prevent people from accessing services.

**Human Resource Constraints**

There is a critical shortage of trained mental health professionals in many Middle Eastern and Asian countries. This shortage affects the quality and availability of mental health services.

- **Training and Education**: Limited opportunities for specialised training in mental health care hinder the development of a skilled workforce.
- **Workforce Distribution**: Even when professionals are available, they are often unevenly distributed, with a higher concentration in urban areas.

**Sociopolitical Factors**

Sociopolitical instability and governance issues can hinder the development and implementation of effective mental health policies and programs.

- **Policy Implementation**: Weak governance and political instability can lead to poor implementation of mental health policies and a lack of coordination among stakeholders.
- **Resource Allocation**: Competing priorities and limited resources often result in mental health being deprioritised in national health agendas.

## 4. Case Studies and Best Practices

Examining case studies and best practices from the Middle East and Asia can provide valuable insights into effective strategies for strengthening mental health and psychosocial support (MHPSS) systems. These examples highlight successful initiatives and programs that address the unique challenges faced by these regions.

**Case Study 1: Lebanon's National Mental Health Program**

**Background**: Lebanon, a country significantly affected by regional conflicts and an influx of refugees, launched its National Mental Health Program (NMHP) in 2014. The program was developed in response to the growing need for mental health services among both Lebanese citizens and refugees.

**Key Components**:

- **Integration into Primary Health Care**: The NMHP focuses on integrating mental health services into primary healthcare centres across the country. This approach ensures that mental health care is accessible and available at the community level.
- **Capacity Building**: The program includes training for primary healthcare providers in mental health care, ensuring that they can identify and manage common mental health disorders.
- **Public Awareness Campaigns**: The program has been central to efforts to reduce stigma and raise awareness about mental health issues. Public campaigns, educational materials, and the involvement of community and religious leaders help promote mental health literacy.
- **Collaboration with NGOs and International Organizations**: The NMHP works closely with NGOs, UN agencies, and other international organisations to enhance service delivery and support.

**Outcomes**:

- **Increased Access**: The integration of mental health into primary health care has significantly increased access to mental health services, particularly in underserved areas.
- **Improved Awareness**: Public awareness campaigns have contributed to a reduction in stigma and increased willingness to seek help for mental health issues.
- **Capacity Building**: Training programs have enhanced the skills and knowledge of healthcare providers, leading to better identification and management of mental health disorders.

**Case Study 2: India's National Mental Health Program**

**Background**: India, with its vast and diverse population, has implemented a comprehensive National Mental Health Program (NMHP) to address the mental health needs of its citizens. The program, initially launched in 1982 and revised in 2014, aims to provide accessible and affordable mental health care across the country.

**Key Components**:

- **District Mental Health Program (DMHP)**: The DMHP is a key component of the NMHP, focusing on decentralising mental health care and integrating it into the general health system at the district level.
- **Capacity Building**: The program includes extensive training for healthcare providers, including general practitioners, nurses, and community health workers, to equip them with the skills to manage mental health conditions.
- **Public Awareness and Education**: The NMHP emphasises the importance of reducing stigma and raising awareness through public education campaigns, school programs, and community outreach.
- **Mental Health Legislation**: The Mental Healthcare Act of 2017 is landmark legislation that provides a legal framework for mental health care in India and ensures the rights of individuals with mental health conditions.

**Outcomes**:

- **Expanded Coverage**: The DMHP has expanded mental health service coverage to numerous districts across India, improving access to care.
- **Increased Awareness**: Public education initiatives have contributed to greater awareness and understanding of mental health issues among the general population.
- **Legal Protections**: The Mental Healthcare Act has strengthened the rights and protections for individuals with mental health conditions, promoting dignity and reducing discrimination.

**Case Study 3: Japan's Mental Health Reforms**

**Background**: Japan has made significant strides in reforming its mental health system over the past few decades. The country has focused on deinstitutionalisation, community-based care, and the integration of mental health services into general health care.

**Key Components**:

- **Deinstitutionalization**: Japan has shifted its focus from institutional care to community-based services, reducing the reliance on psychiatric hospitals and promoting integration into society.
- **Community Mental Health Centres**: The establishment of community mental health centres across the country provides accessible and comprehensive mental health services, including outpatient care, daycare, and home visits.
- **Supportive Employment Programs**: Initiatives to support the employment of individuals with mental health conditions help to promote social inclusion and economic independence.
- **Public Awareness Campaigns**: Efforts to reduce stigma and educate the public about mental health have been a central part of Japan's reforms.

**Outcomes**:

- **Reduced Institutionalization**: The shift to community-based care has significantly reduced the number of individuals in psychiatric hospitals and improved the quality of life for many.
- **Improved Access to Services**: Community mental health centers have increased access to mental health services, providing support in a less restrictive environment.
- **Enhanced Social Inclusion**: Supportive employment programs and public awareness campaigns have contributed to greater social inclusion and acceptance of individuals with mental health conditions.

### 5. Monitoring and Evaluation

Effective monitoring and evaluation (M&E) are critical components of any mental health and psychosocial support (MHPSS) program. M&E ensures that programs are being implemented as planned, assesses their impact, and provides data for continuous improvement. In the context of the Middle

East and Asia, where diverse challenges and unique cultural contexts exist, robust M&E frameworks are essential to measure progress and achieve desired outcomes.

**Importance of Monitoring and Evaluation**

Monitoring and evaluation serve several key purposes in MHPSS programs:

1. **Accountability**: M&E provides accountability to stakeholders, including funders, government agencies, and the communities served. It ensures that resources are used effectively and that programs deliver on their promises.
2. **Program Improvement**: By identifying what works and what doesn't, M&E helps in refining and improving program strategies and interventions. It allows for adaptive management, where programs can be adjusted based on real-time data and feedback.
3. **Impact Measurement**: M&E assesses the outcomes and impacts of MHPSS programs. This includes measuring changes in mental health status, quality of life, and other relevant indicators among the target population.
4. **Evidence-Based Decision Making**: Data from M&E activities provide the evidence needed to make informed decisions about program design, implementation, and scaling.

**Key Components of Monitoring and Evaluation**

A comprehensive M&E framework for MHPSS programs typically includes the following components:

1. **Baseline Assessment**: Conducting a baseline assessment at the start of the program provides a reference point against which progress and impact can be measured. It includes collecting data on the mental health status, needs, and resources of the target population.
2. **Indicators and Metrics**: Developing clear indicators and metrics is essential for tracking progress. These should include both process

indicators (e.g., number of people trained, number of sessions conducted) and outcome indicators (e.g., reduction in symptoms of depression, improved quality of life).

3. **Data Collection Methods**: Various methods can be used for data collection, including surveys, interviews, focus groups, and clinical assessments. The choice of method depends on the context, resources available, and the specific indicators being measured.
4. **Monitoring Plan**: A detailed monitoring plan outlines how data will be collected, analysed, and reported. It includes timelines, responsible personnel, and data management protocols.
5. **Evaluation Design**: Evaluations can be formative (ongoing during program implementation) or summative (conducted at the end of the program). The evaluation design should specify the methods for assessing the program's effectiveness and impact.
6. **Data Analysis and Reporting**: Analysing the collected data to derive meaningful insights is a critical step. Equally important is reporting these findings to stakeholders in a clear and actionable manner.

**Challenges in Monitoring and Evaluation**

Monitoring and evaluating MHPSS programs in the Middle East and Asia face several challenges:

1. **Cultural Sensitivity**: Ensuring that M&E tools and methods are culturally sensitive and appropriate is crucial. Standardized tools may need to be adapted to local contexts to be relevant and effective.
2. **Resource Constraints**: Limited financial and human resources can hinder the implementation of comprehensive M&E activities. Innovative and cost-effective methods are needed to overcome these constraints.
3. **Data Quality and Reliability**: Ensuring the accuracy and reliability of data collected can be challenging, especially in conflict-affected or remote areas. Training data collectors and establishing robust data management systems can help address this issue.

4. **Ethical Considerations**: Ethical issues, including informed consent, confidentiality, and the potential harm of data collection, must be carefully managed, particularly when working with vulnerable populations.

**Best Practices in Monitoring and Evaluation**

Drawing from successful MHPSS programs, several best practices for M&E emerge:

1. **Participatory Approaches**: Involving community members and beneficiaries in the M&E process can enhance the program's relevance and acceptance. Participatory methods also provide valuable insights and empower communities.
2. **Use of Technology**: Leveraging technology, such as mobile data collection tools and online surveys, can improve the efficiency and reach of M&E activities. Digital platforms can facilitate real-time data collection and analysis.
3. **Capacity Building**: Investing in the training and capacity building of local staff and partners is essential for effective M&E. This includes training on data collection methods, analysis, and the use of M&E tools.
4. **Integrated M&E Systems**: Integrating M&E activities into the overall program design and implementation ensures that M&E is not an afterthought but a core component of the program. This integration facilitates continuous learning and improvement.
5. **Utilizing Mixed Methods**: Combining quantitative and qualitative methods provides a comprehensive understanding of program outcomes. Quantitative data can offer measurable evidence of impact, while qualitative data provides context and depth.

**Resources for research purposes (non-exhaustive):**

https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1

https://www.who.int/southeastasia/health-topics/mental-health

https://www.npr.org/sections/goatsandsoda/2023/10/25/1208192912/the-middle-east-crisis-is-stirring-up-a-tsunami-of-mental-health-woes

https://www.emro.who.int/emhj-volume-26-2020/volume-26-issue-2/exposure-to-violence-and-its-relationship-to-mental-health-among-young-people-in-palestine.html

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10913114/