



HEALTH IS A RIGHT FOR ALL

**AN EXPERIENCE OF TERRITORIAL COOPERATION
BETWEEN TUSCANY, LEBANON AND UNDP LEBANON
TO PROMOTE THE RIGHT TO HEALTH
AND MORE EQUITABLE ACCESS TO QUALITY CARE**

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PHOTO CREDITS

Cover. Emad Shuman. *Dental check up in the public primary school of Haret Hreik (Beirut Southern Suburbs, Lebanon)*. February 2017.

Pag. 9. Luigi Triggiano. *Saint John Church (Byblos, Lebanon)*. 2017.

Pag. 10. Paolo Triggiano. *Meeting at the Ministry of Social Affairs (Beirut, Lebanon)*. 2014.

Pag. 13. Worker of Ministry. *Meeting at the Ministry of Public Health (Beirut, Lebanon)*. 2013.

Pag. 14. Luigi Triggiano. *Phoenician wall in Batroun, Lebanon*. 2012.

Pag. 19. Luigi Triggiano. *Workshop with the Primary Health Care Centre and schools of Byblos, Lebanon*. February 2015.

Pag. 26. Worker of UNDP. *Workshop with the representatives of schools and Municipalities of Wadi Khaled, Lebanon*. 2013.

Pag. 42. Emad Shuman. *Ruins of Tyre, Lebanon*. 2011.

Pagg. 48-49. Worker of UNDP. *The new Primary Health Care Centre of Chiah, Lebanon*. 2014.

Pag. 53. Worker of Haret Hreik PHCC. *Briefing at the Haret Hreik Municipality*. 2009.

Pag. 54. Luigi Triggiano. *The castle of Sidon, Lebanon*. 2015.

Index

5 Executive Summary

11 Research Objectives

15 A short history of the Experience

15 Context

17 Start-up of the cooperation relationship

18 An integrated innovative strategy

27 Working together

28 Start-up and development of the partnership

31 The role of local and national institutions

33 The role of Tuscan decentralized cooperation and UNDP

35 Impact and results

37 Strengths and Weaknesses

40 The future

43 Lessons learned and a glance at the future

55 Conclusions

56 Annexes

EXECUTIVE SUMMARY

THE CORE OF THE DOCUMENT. From 2007 to the present day, the Regional Government of Tuscany, the Municipality of Arezzo, the Tuscan local health authority ASL Sud Est, Oxfam Italia and the Francesco Redi Centre, in partnership with UNDP Lebanon, have implemented a decentralized cooperation process in order to address the basic needs of citizens in Southern Beirut municipalities, as expressed by their majors, and to contribute to a better access to health care in Lebanon. This document aims to share the knowledge acquired during the decentralized cooperation relationship between Tuscany and Lebanon by focusing on the partnership dimension and highlighting those elements that can be replicated at national level.

A PROBLEMATIC CONTEXT. According to UN data, 2,268,990 Lebanese live in Beirut and in the surrounding Mount Lebanon region, against an estimated total Lebanese population of about 5.8 million people in 2015. An estimated 1.5 million people live and work in the capital city and its outskirts. The Lebanese health system is complex and made up of different number of private and public actors: in 2012, they were 138 private hospital over a total of 168. Access to health services is a problem for about 50% of the Lebanese population that has not public or private insurance coverage. For this section of the population, relevant it is the commitment of Ministry of Public Health, which covers 85% of the hospitalization services costs in private and public hospitals in the country. At the same time, the Lebanese Ministry of the Public Health has a network of 225 primary health care centers of which 70% belong to local non-governmental organizations, 22% to the Municipalities and 8% to the Ministry of Social Affairs. In spite of the big effort of Ministry of Public Health to ensure the access to health services for the more vulnerable groups, especially unemployed and elderly people, they are however registered the difficulties to reach

LIST OF ACRONYMS

ART	Articulation of Territorial Networks
ASL	Azienda Sanitaria Locale (Local Health Authority)
AUB	American University of Beirut
FRC	Francesco Redi Centre
MoIM	Ministry of the Interior and Municipalities
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MEHE	Ministry of Education and Higher Education
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OIT	Oxfam Italia
ONG	Non-Governmental Organization
PHCC	Primary Health Care Centre
RT	Regional Government of Tuscany
SDC	Social Development Centre
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees

this population. This problem affects both displaced and local communities. The national health system is working to tackle the difficulty to ensure sufficient investments for the prevention of chronic diseases and mechanisms of referral to family doctors; at the same time, it is acting to improve its efficiency and effectiveness.

MAKING THE CHANGE HAPPEN. During the first years of the Tuscan-Lebanese-UNDP Lebanon partnership, activities were concentrated in three Municipalities in Southern Beirut¹, namely Haret Hreik, Burj al-Barajneh, and Ghobeiry. They consisted in training courses and experience-sharing among professionals and experts from Tuscany and the named municipalities, and in parallel setting new modalities of the salaries payment of the personnel and in improving the infrastructure and the equipment through UNDP Lebanon support. Those changes were translated in activities that aimed at improving people's access to social and healthcare services (PHCCs) and in strengthening the institutional role of municipalities. This first phase proved that a holistic approach to primary healthcare was possible if the concept is owned by the decision makers although in a difficult political context. In 2009-2010, the experience was extended to three more Municipalities (Chiah, Al - Mreyjeh, and Furn al-Chebbak) and the number of private actors involved in the initiative increased. In 2012- 2014, UNDP Lebanon extended the dialogue with the Ministries of the Interior and Municipalities (MoIM), of Public Health (MoPH), of Social Affairs (MoSA), and of Education and Higher Education (MEHE), and in September 2014, the four Ministries and UNDP Lebanon signed the Memorandum of Understanding "Support for Integrated Services Provision at Local Level" initiative. In 2015, the initiative was launched in presence of the four General Directors, UNDP Lebanon and Tuscany region representatives. The initiative aims to promote local governance for local development through the mechanism of setting a local welfare system in 21 experimental

A change from local to national level

municipalities spread in the seven regions of the country and covering 72 public schools, 29 Municipalities, 15 Social Development Centres and 12 Primary Health Care Centres. This was the beginning of a new experience whose outcomes will be able to prove the validity and effectiveness of joint planning activities for social and health services, promotion and education among the communities.

WORKING TOGETHER: WHAT WE HAVE LEARNED. One of the distinctive element of the cooperation on primary health care in Southern Beirut is the relationship built by Tuscan, UNDP Lebanon and Lebanese actors over the years. It is a relationship based on deep knowledge of local needs, on mutual trust, on equal standing, and on constantly making all significant choices together. The partnership has always been open to innovation and to a systemic approach, and made up of highly qualified experts coming from various sectors and willing to share their know-how in order to address the Lebanese needs. The initiative on primary healthcare in Lebanon has been characterized by the active involvement of several public and private actors, with different roles according to the working phase, but with a common vision: health as a fundamental right of the people, the PHCCs and social development centres (SDCs) as providers of health and social care services and health promoters, and Municipalities as key actors of the whole process due to their mandate toward citizens. The partnership between Lebanon, Tuscany and UNDP Lebanon actively involved both local and national authorities. Municipalities were the facilitators of territorial necessities and the catalysts for change; they also ensured that each service would be guaranteed to the most vulnerable groups of the Lebanese population. Started thanks to the involvement of MoPH, the active participation of ministerial institutions was also fundamental as an indicator of a strong political will to engage for the universal right to health for all, as a strong means to remove bureaucratic obstacles, rationalise the use of public administration resources, and make the whole system more efficient.

The entire process would not have been possible without two key facts: a significant change in the access to quality healthcare services for the entire population living in the intervention areas,

A relationship based on knowledge of local needs, mutual trust, constant joint decision-making

1. Municipalities in Southern Beirut is a way of saying but officially they are coastal municipalities of Baabda caza (province) in Mount Lebanon.

and the tangible acknowledgment of such change through its institutionalization at national level, substantiated in the Inter-Ministerial Initiatives social and healthcare plans.

A GLANCE AT THE FUTURE. The key factors summarized above are those that determined the particularly innovative character of the experience, at least in the Lebanese context. In the space of eight years, the partnership generated such a strong impact at local level that it succeeded in influencing the national policies on primary health care and in launching a constructive dialogue on the universal right to health between Municipalities and Ministries in Lebanon. From this point of view, the dynamics established between the local and central authorities is maybe even more successful if we consider that institutions with different political and religious leanings sat down at a table as equals, and initiated a constant dialogue that is still going on today. The shared objective of this debate is to guarantee quality healthcare to all people living in Lebanon, whether these are Lebanese citizens, or “old and new” displaced.

The partnership on primary healthcare has gone a long way so far, and will tackle several important challenges in the future:

1. The development of a Lebanese national policy for an equal access to primary healthcare for all;
2. The economic, social and institutional sustainability of the whole process;
3. A possible reform of *Primary Health Care* with a balance between national and local medium-term actions to improve the efficiency of the healthcare system and the nationwide dissemination of accredited Primary Healthcare Centres to the new approach.

The Tuscan-UNDP-Lebanese partnership and its actors of both nationalities have created the condition for a better access to quality healthcare services to all people. Now they can look to the future taking advantage of the lessons learned over several years of collaboration.

A challenge for the future: developing a Lebanese national policy for an equal access to primary healthcare



RESEARCH OBJECTIVES

For many years, the Italian cooperation has been focusing on Lebanon as a priority country due to the significant historical, cultural and economic links and because of the challenges that the country has had to face over the last few years. In this scenario, the Italian system can give a very significant contribution to Lebanese national public policies on the right to health for all citizens. The Tuscan decentralized cooperation has been - and still is - one of the most important actors in this specific field. In 2007 the Regional Government of Tuscany, the Municipality of Arezzo, the local health authority ASL 8 (now ASL Toscana Sud Est) and Oxfam Italia (former Ucodep), in partnership with UNDP, created a public-private partnership that is still operating today, in order to respond to the citizens' primary needs expressed by the majors of Southern Beirut municipalities and with the purpose of building a more equal access to healthcare in Lebanon.

This document aims to analyse the knowledge acquired and processes activated during the decentralized cooperation relationship between Tuscany, Lebanon and UNDP Lebanon, and to make them widely usable. *What is the reason why the experience developed by the Regional Government of Tuscany, ASL 8, UNDP, and Oxfam Italia in the Southern Beirut Municipalities could be replicated at national level?* The report will try to answer this crucial question by focusing on partnership. The investigation strategy used for the capitalization of the case study² consists of 28 interviews carried out in Lebanon and in Italy in order to gather opinions and the perception of change of key actors involved in the process³.

2. The methodological note is contained in Annexe 1 to this report.

3. The guidelines for semi-structured interviews are contained in Annexe 2 to this report.



During a mission in Lebanon in October 2016, meetings were held with 12 public and private institutions working at municipal and national level, and with UNDP; in Italy, interviews took place in November 2016 and involved 2 public and 1 private entity. A wide and heterogeneous partnership has grown over the years with the active contribution of public and private actors, both Italian and Lebanese, working at subnational, national and international level with a common purpose: the social and medical wellbeing of all people living in Lebanon, regardless of their origin, nationality, legal status, religion, and so on.

The present document is structured as follows: the first part illustrates the history and the fundamental phases of the Tuscan-UNDP-Lebanese partnership. The following two chapters describe the collaboration strategy adopted by partners (in terms of start-up and development of the relationship, role of the actors, strengths and weaknesses) and the most significant lessons learned from this experience with a particular focus on future developments.



A SHORT HISTORY OF THE EXPERIENCE

CONTEXT

The Beirut Municipality is also one of the eight regions (*mohafazah* in Arabic) making up the country. Beirut is the capital city and the main political, administrative and economic centre of Lebanon. It is home to the most renowned universities and most important national and foreign businesses and banks. According to UN data, 2,268,990 Lebanese live in Beirut and in the surrounding Mount Lebanon region⁴; of these, an estimated 1.5 million people live and work in the capital city and its outskirts⁵ (in 2015 the estimated total Lebanese population was about 5.8 million⁶, including Syrian refugees and Palestinian refugees from Syria).

In the Beirut and Mount Lebanon regions, the proportion of displaced to the resident population is lower than in other areas of the country, and so is the economic and social impact of the Syrian displaced inflow. According to the latest OCHA reports 2016, in these two regions there are 305,687 registered Syrian refugees (of which only 27,302 in Beirut) and 85 informal settlements (only 1 in Beirut). Due to the higher cost of living, most Syrian refugees settled in Beirut have a better socioeconomic background and can afford renting a house. Syrian displaced add up to 45,415 Palestinian refugees previously living in the two regions, and to 7,088 Palestinians who used to live in Syria but had to flee the country when the conflict broke out 8,645 of these live in Beirut⁷.

4. Source: OCHA, Lebanon: Beirut and Mount Lebanon Governorates Profile, 2016.

Data available at: http://reliefweb.int/sites/reliefweb.int/files/resources/11052016_Beirut%20and%20Mt%20Lebanon.pdf

5. Source: Localiban. See <http://www.localiban.org/rubrique150.html>.

6. Source: World Bank. Data available at: <http://data.worldbank.org/country/lebanon>.

7. All data in this paragraph are drawn from the above-mentioned OCHA report (May 2016 update).

Although the displaced inflow is relatively low, the City of Beirut is affected by a series of vulnerabilities that already existed before the impact of the Syrian crisis on Lebanon. They concentrate in particular in several municipalities of the coastal area of Baabda caza (province) in Mount Lebanon, named Beirut Southern Suburbs, and called in Arabic “*dahiya*” which is classified as one of the most fragile in Lebanon. This area had to face the tragic effects of the civil war of 1975 first, and then those of the Israel invasion in 2006 when it gave shelter to people fleeing the South region of Lebanon. Residents in these districts – nearly one million people, most of them youth – have to face a series of difficulties which are critical: widespread poverty, lack of basic social and health services, high unemployment rates and scarce working opportunities (especially for young people and women), poor-quality education, and high school drop-out rates. The situation is made worse by political instability and by the side effects of the Syrian crisis. In a delicate context with high unemployment rates, the inflow of Syrian refugees has generated frictions between them and the local population.

The Lebanese health system is complex and made up of different number of private and public actors: in 2012, they were 138 private hospital over a total of 168⁸. Access to health services is a problem for about 50% of the Lebanese population that has not public or private insurance coverage⁹. For this section of the population, relevant it is the commitment of Ministry of Public Health, which covers 85% of the hospitalization services costs in private and public hospitals in the country¹⁰. At the same time, the Lebanese Ministry of the Public Health has a network of 225 primary health care centres of which 70% belong to local non-governmental organizations, 22% to the Municipalities and 8% to the Ministry of Social Affairs¹¹. In spite of the big effort of Ministry of Public Health to ensure the access to health services for the more

Beirut is affected by vulnerabilities that already existed before the impact of the Syrian crisis

vulnerable groups, especially unemployed and elderly people, they are however registered the difficulties to reach this population. This problem affects both displaced and local communities. The national health system is working to tackle the difficulty to ensure sufficient investments for the prevention of chronic diseases and mechanisms of referral to family doctors; at the same time, it is acting to improve its efficiency and effectiveness.

START-UP OF THE COOPERATION RELATIONSHIP

The consequences of the 2006 conflict between Lebanon and Israel led the UNDP Lebanon program “ART GOLD” to promote a development cooperation initiative in Lebanon involving Tuscan and other local entities from Europe. During visits and meetings of Tuscany representatives with Lebanese Municipalities and ministries, the mayors of the municipalities Beirut Southern Suburbs expressed a strong priority to address the population’s primary health needs. After the mission in March 2007, the Regional Government of Tuscany, the Municipality of Arezzo, ASL 8 (now ASL Toscana Sud Est), Oxfam Italia (former Ucodep) and UNDP, basing on input from Beirut Southern Suburbs municipalities, identified and established the content of a three-year program whose scientific coordination was assigned to ASL Sud Est. The program focused on Southern Beirut and was composed of three core elements:

A partnership starting from local needs

1. Promoting the role of municipalities as guides for social and health services based on the guidelines of the line ministries and combining resources available on the territory, with a continuous dialogue and collaboration with national authorities;
2. Enhancing the skills of professionals in the field of social and primary healthcare services and the development of new mechanisms of interaction among service providers at local level;
3. Establishing a new organisational model for providing primary healthcare to citizens in order to promote a fairer access to medical care and the optimization of public resources.

8. Source: Vincent Geisser (2014), « Etat » de santé au Liban : une médecine à deux vitesses. See: <https://ifpo.hypotheses.org/5836>.

9. Source: National Health Statistic Report in Lebanon, 2012 Edition. Available at: <https://igsps.usj.edu.lb/docs/recherche/recueil12en.pdf>.

10. Source: data provided by UNDP Lebanon.

11. Source: data provided by Ministry of Public Health.

The concept of the initiative was based on the Primary Health Care Centres (PHCCs) implemented in the city of Arezzo (Tuscany) and contextualized to Lebanon, in order to contribute to the human and social development of citizens and to protect the right to health for all people. To be noted that, since the initial planning phase in Beirut Southern Suburbs, these centres have not been designed as an alternative to specialist medicine or to general practitioners in Lebanon but rather as the experimentation of a new ways of providing services to organise and provide *family medicine*¹² complementary to the medical system already in force in the country.

AN INTEGRATED AND INNOVATIVE STRATEGY

In Lebanon, the initiative and its related activities started in 2008 and immediately involved a growing number of public and private actors, both Lebanese and Italian. Such inter-institutional dimension has characterized the partnership and its evolution from 2007 to the present day.

THE FIRST STEPS. During the first two years (2008-2009), activities were concentrated in three Municipalities in Beirut Southern Suburbs, namely Haret Hreik, Bourj al-Barajneh, and Ghobeiry. They consisted in particular in training courses and experience-sharing among Lebanese and Tuscan professionals and experts in order to enhance the skills of professional, technical, and administrative staff of the PHCCs. An important work was done also on processes and procedures. In parallel, UNDP Lebanon supported the PHCCs for the improvement of the infrastructure and the equipment as well as in co-funding the salaries of the personnel as per the new procedures.

Activities also focused on strengthening the institutional role of Municipalities (involving Majors, Deputies, and Council members)

Supporting technical and institutional capacity building



12. In Europe, family medicine is referred to as “general practice” (“*medicina generale*”).

being the PHCCs property of the local authorities. Therefore, in this phase of the experience, local authorities and the PHCCs, constantly supported by Tuscan experts and UNDP Lebanon team, have made own and experimented the vision of public health and a different way of responding to the basic needs of the population. They also acquainted of the social and health problems that citizens, especially the most vulnerable, have to cope with every day. The results were significant and different from one place to the other. In Haret Hreik, for example, healthcare operators immediately showed a clear will to adopt a new and different approach and the Municipality was ready to take on institutional responsibilities. In fact, starting from 2010, the Municipality of Haret Hreik started to cover completely the salaries cost and the running cost of the PHCCs as per the new procedures. In Bourj al-Barajneh and Ghobeiry, on the contrary, the cultural and organisational change which was necessary to sustain the proposed PHCCs model, improve professional profiles, and train staff into a multidisciplinary approach, required a longer time. In general, however, the main impact of this first phase consisted in demonstrating that a holistic approach to primary healthcare in order to meet people's basic needs was possible even in a problematic social and political context like Beirut Southern Suburbs.

A GROWING PARTNERSHIP. As a result, in 2009-2010 the Municipalities of Chiah, Mreyjeh and Furn al-Chebbak joined the PHCC model experimentation program upon the initiative of their respective majors. The integrated participatory approach adopted by institutions and communities, granted by the UNDP Lebanon and the RGT through its public and private bodies (ASL Sud Est, Municipality of Arezzo, Oxfam Italia and Francesco Redi Centre), brought to increase the number of local private actors taking part in the initiative and a gradual innovation of the operating methods. Inclusive networking strategies were designed and implemented in order to get local public institutions to communicate and collaborate with civil society in their respective communities. In this phase, the social and healthcare integration and the integrated vision of individual and family to healthcare constitute the focus of new training approach. A social worker was introduced since the beginning in the PHCC primary healthcare team as a professional

Increasing the number of local private actors involved and innovating the operating methods

reference person who would take in charge individuals and their families according to the new paradigm. The inter-disciplinary, cross-sector character of the experience was a highly innovative element in the Beirut Southern Suburbs context and allowed the creation and reinforcement, in the course of time, of a fruitful and strategic relationship between National and peripheral local institutions. This evolution consisted in a double change that would mark the whole Tuscan-UNDP Lebanon-Lebanese cooperation experience: the extension of the project partnership towards the national level, and the introduction of the social dimension in the scope of intervention of PHCCs.

Local community representatives were included into the working groups in order to discuss the population's problems and needs and to identify priorities. Students attending public primary and secondary schools and the most vulnerable people were included in the programs as privileged target groups. Several regulatory frameworks, concerning the mechanism of hiring personnel by the local authorities and paying the salaries, were raised by the municipalities to the Ministry of Interior and Municipalities, thanks to exchange and dialogue with national level.

THE EXPERIENCE GOES NATIONAL. In 2012, UNDP Lebanon promoted the experience at National level initially with the Ministry of Public Health and Ministry of Social Affairs and later on with the Ministry of Education and Higher Education and Ministry of Interior and Municipalities. The concept was to extend the experience to other rural and urban municipalities of Lebanon. A number of municipalities in Lebanon expressed the interest in partnering to the programme to a better access to health care in Lebanon. Between 2008 and 2012, the quantity and quality of services provided by the PHCCs to citizens had improved to such an extent that Beirut Southern Suburbs Municipalities went on ensuring sustainability and continuity with their own budget allocations after the UNDP Lebanon direct funding had expired. In 2011, the Syrian crisis broke out, causing a significant inflow of displaced fleeing the civil war and searching for shelter in Lebanon. This brought about unavoidable critical effects on the provision of basic care services. In 2013 there were 729,535 UNHCR-registered Syrian refugees in

An innovative, inter-disciplinary and cross-sector experience for strengthening fruitful and strategic relationship between National and peripheral local institutions

Lebanon¹³ against a resident population¹⁴ of nearly 4 million people in 2007 (according to UN estimates, the global population in Lebanon was 5.3 million in 2013¹⁵).

STRENGTHENING THE RELATIONSHIP. In 2014, the Ministries of Public Health, of Interior and Municipalities, of Social Affairs, of Education and Higher Education and UNDP Lebanon signed the Memorandum of Understanding untitled “Support to Integrated Services Provision at Local Level” (“4M” Agreement) initiative that includes the partnership with Tuscany Region. The main output for experimental phase of the initiative is to develop Integrated Social and Health plans and services in 29 municipalities spread in the different regions of Lebanon. The working groups set up by the municipalities and involving the PHCCs, the SDCs and the public schools would identify shared priorities and health objectives and develop plans integrating resources and institutional competences. In the long run, the aim of the initiatives is to set up an Inter-institutional System for welfare at local level endorsed by the National level. The SDCs/PHCCs as “providers” of healthcare services in schools will plan their work through the synergic approach of social and healthcare policies. This strategy would allow an interdisciplinary and cross-sector approach to health care and try to optimize efficiency and effectiveness of the available resources. In February 2015, the initiative was launched in presence of the General Directors of the four Ministries, UNDP Lebanon, Tuscany representatives and the partners at local level, municipalities, PHCCs, SDCs and public schools¹⁶. This event marked the start-up of the workshops organised in the seven regions involved in the process. The workshops were led by ASL experts of the Regional Government of Tuscany and saw

A Memorandum of Understanding among Ministries of Public Health, of Interior and Municipalities, of Social Affairs, of Education and Higher Education and UNDP Lebanon

the strategic involvement of the American University of Beirut, interested in the new multidisciplinary approach to social and primary healthcare proposed and promoted by the Italian colleagues. The purpose of the whole process was to introduce an integrated approach to primary health care and social services to the community, as well as an interdisciplinary approach to prevention and health care in schools. The result of this experience would demonstrate the validity and effectiveness of joined Local and National planning in the field of education and social and health protection in local communities.

A RELATIVE INNOVATION IN LEBANON. On the one hand, for the first time in Lebanon, the SDCs/PHCCs are taking part in the whole multi-year process in order to configure itself as multidisciplinary teams and to be devoted in providing integrated social and primary healthcare, and to learn on how to programme based on clear objectives, improving their skills, and in adapting them self to social and healthcare approach focused on global health, both of individuals and of specific population target groups. On the other hand, the partnership between Tuscany, UNDP Lebanon and the Lebanese institutions promoted the decentralized cooperation experience and a more effective model of the PHCCs to provide services, but it also promoted the dialogue among local and national institutions for common objectives and inter-sectorial approach for services, in order to find innovative solutions for the population. All these elements laid the foundations for a welcome, and necessary, more efficient and effective use of cultural and financial resources and for an urgent, specific investment in training of the new Primary Care teams on the new approach. This process has been initiated and developed, from 2008 to the present day, thanks to permanent and continuous sharing of the experience and know-how regarding PHCCs (Case della Salute) acquired in Tuscany by the RGT, the Municipality of Arezzo, ASL Sud Est and many other actors involved at different stages of the process.

Over the last few years, the Municipalities of Beirut Southern Suburbs, first of all Haret Hreik with its New Pilot Centre, have become a symbol of the social value of what has been done as far, leading almost all 7 municipalities of Al Dahyieh to join the approach and invest in new Primary Health Care Centres (PHCCs).

A partnership promoting the decentralized cooperation experience and the dialogue among local and national institutions for common objectives and inter-sectorial approach for services

13. Source: elaboration of UNHCR data available at <http://data.unhcr.org/syrianrefugees/country.php?id=122>.

14. The exact figure provided by the Lebanese Central Administration of Statistics (Presidency of the Council of Ministers) is 3,759,137 residents in 2007. Information available at: <http://www.cas.gov.lb/index.php/about-lebanon-en>.

15. Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, custom data acquired via website.

16. In particular: 29 Lebanese local authorities, 72 public schools, 15 SDCs, 12 PHCCs.

The new building for the primary health care center

In 2014 Haret-Hreik municipality opened the new and upgraded primary health center

- **First floor:** pharmacist, triage, reception, archive, sterilization room, store
- **Second floor:** pediatrician, family doctor, gynecology
- **Third floor:** psychologist, social worker, nutritionist, HR, General manager
- **Fourth floor:** conference room, services



Source: Haret Hreik PHCC

However, as a result of the processes and experiences made in Lebanon, it is now important to support the national level for a more strategic role in responding to the necessity for change expressed at local level; experiences such as the national project “*Towards Universal Health Coverage*” can be an interesting the starting point. The results achieved as far have helped, and still help, the whole partnership to understand a basic principle. Considering that, disorders and illness always result from the interaction of several harmful elements (genetic, environmental, social, cultural, relational, etc.), therefore prevention and treatment need cross-sector policies, and multi- and interdisciplinary interventions for the reduction of waste and inefficiency, in order to be effective and accessible to citizens. The motivation and collaborative efforts of the four ministries’ representatives, which led to the drawing-up of an Inter-Ministerial Agreement in September 2014 and to the subsequent actions, mark an important milestone for the Lebanese institutions and therefore represent a good practice to be promoted and replicated.

The main stages of the partnership experience in Beirut Southern Suburbs are summarized in the following table which shows how the implemented activities became more ambitious over time while, and how, the number of actors have increased, and up-scaled to the national level.

WHEN	WHAT	WHO
2007	Identification and definition of the contents of a three-year project on primary health care in Beirut Southern Suburbs	LEB: Municipalities. INT: RGT, ASL, UNDP Lebanon, OIT
2008-2009	Implementation of the project on improving PHCCs, training courses, rehabilitation, equipment and covering salaries and experience sharing in Haret Hreik, Bourj al-Barajne, and Ghobeiry	LEB: 3 Municipalities and other local actors INT: RGT, ASL, UNDP Lebanon, OIT, FRC
2009-2010	Experimentation of the PHCC model in other Municipalities in Beirut Southern Suburbs (Chiah, Mreyjeh, and Furn al-Chebbak)	LEB: 6 Municipalities and other local actors INT: RGT, ASL, UNDP Lebanon, OIT, FRC
2011	Exchange with Ministry of Public Health and of Social Affairs in order to offer innovative care services <i>Break out of the Syrian crisis</i>	LEB: 6 Municipalities, other local actors, and 3 Ministries
2012	Beginning of a common reflection with Lebanese ministries for planning integrated social and health services at local level	INT: RGT, ASL, UNDP Lebanon
2013	Several municipalities showed interest with the PHCC model	LEB: 9 Municipalities, other local actors, and 4 Ministries INT: RT, ASL, UNDP Lebanon
2014	Signature of the Memorandum of Understanding between the ministries of Public Health, of Social Affairs, of Interior and Municipalities and of Education and Higher education and UNDP Lebanon	LEB: 29 Lebanese Municipalities, 72 public schools, 15 SDCs, 12 PHCCs and 4 Ministries INT: RGT, ASL, FRC, UNDP Lebanon
2015	Beginning of the activities of the above mentioned initiative	

Note: LEB = Lebanese, INT = International.

Source: Table created by the authors

WORKING TOGETHER

One of the distinctive element of the cooperation on primary health care in Beirut Southern Suburbs has been the relationship built by Tuscan, UNDP Lebanon and Lebanese national and local actors over the years. It has been a long and varied relationship, open to innovation, with the contribution of different yet complementary experiences and competences. This process has gradually created a “critical mass” of various actors creating and fostering a substantial change in the way of thinking towards the primary health care in Lebanon.

This case study analyses the idea of decentralized cooperation partnership as a means adopted by the Regional Authority of Tuscany along with decentralized cooperation actors and UNDP Lebanon on the Lebanese territory to respond to the need of improving primary health care in Beirut Southern Suburbs. The need was first expressed by Lebanese mayors in 2007, in the aftermath of the destructions caused by the 2006 war, as a result of existing necessities exacerbated by the crisis and the massive mobilization of the international community. The study specifically tries to highlight the aspects that led this experience to be recognized as a good practice to be replicated in other municipalities endorsed by the national level (Ministries), and to explore the forthcoming steps of the initiative. Six areas of analysis have been examined:

1. Start-up and development of the partnership;
2. The role of various Lebanese national and local authorities involved in the process;
3. The role of the Tuscan decentralized cooperation and UNDP;
4. Impact and outcomes of the Tuscan-UNDP-Lebanon partnership;
5. Strengths and weaknesses of the partnership;
6. The future of the Tuscan-Lebanese relationship on primary health care.

Capitalization is a joint reflection process that involves all actors participating in and sharing an experience. Basing on this principle, the analysis of each of the above-mentioned areas has been carried out in collaboration with the key actors of the



partnership, those who created it and contributed to enhancing it both personally and institutionally.

The following pages illustrate the most relevant elements resulting from interviews with the key actors of the partnership process. (For more details about the methodology and a complete list of actors interviewed, see annexes 1 and 3 respectively.)

START-UP AND DEVELOPMENT OF THE PARTNERSHIP

THE MOST SIGNIFICANT STEPS. The Tuscan-UNDP Lebanon-Lebanese experience can be divided into two fundamental phases, which involved different actors and enhanced the process of the embryonal innovation of the primary healthcare system in Lebanon. The interviews have generally identified two fundamental moments when the partnership took its shape.

1. Between 2007 and 2008: beginning of the relationship among the Regional Government of Tuscany, the Municipality of Arezzo, ASL Sud-Est, UNDP Lebanon and Lebanese local authorities. In this phase an experimental holistic approach to health care was introduced, one of which, medical care is centred on the individual. It was applied in the municipalities of Bourj Al Barajneh, Furn Al Chebbak, Chiah, Ghobeiry, Mreyjeh, and Haret Hreik, in Beirut Southern Suburbs. This model proved to be totally innovative in the Lebanese context and was much appreciated by the different stakeholders;
2. 2014: official involvement of 4 Ministries (Public Health, Interior and Municipalities, Social Affairs, and Education and Higher Education) in a nationwide integrated program on health and social services. This phase gave start to an unprecedented confrontation on national policies aiming to overtake the dispensary system toward an approach of PHCC as primary care unit of public health capable of delivering services for the individual and community in a continuous manner, thus launching a proposal for the integration of different institutional competences.

An evolving partnership through the years

These two phases originated from the same roots. Since the beginning, the partnership was created and developed on the basis of the needs expressed by the Lebanese community. Each step and all project activities were designed to respond to the specific necessities of the initiative's beneficiaries.

It is important to emphasize that the two phases outlined above are characterised by different methods of intervention, all of which have been highly innovative in the Lebanese context. The first phase focused on building strong institutional relationships with the Municipalities in the Beirut Southern Suburbs and on supporting the changes of the approach of the PHCCs (innovative training sessions and continuous tutoring). In the second phase, greater importance was given to the patterns of relationship between the local and the national level: the operational axis was shifted onto institutional meetings at national level and to experimenting new training methodologies in order to replicate the Beirut Southern Suburbs model in other parts of the country.

A VARIED RANGE OF PARTNERS. The initiative on primary health care in Lebanon saw the participation of various actors which were different, in terms of both quantity and type, depending on the process phase. They were – and are – either public or private legal entities; many of them operated and operate on the local level, others on the national or international level. The partnership included both the NGO, that are part of the network of the MoPH, as the American University of Beirut, whose involvement in the holistic approach to primary health care proved fundamental in the training of trainers. Similarly, Municipalities of different political and religious leanings collaborated and worked together with the Ministries involved. The results of the interviews carried out in Tuscany and Lebanon clearly show that some actors, more than others, played a catalysing role at some point during the partnership process: the Regional Government of Tuscany, the UNDP, the Lebanese Ministry of Public Health, and the Municipalities of Beirut Southern Suburbs. The cascade effect, which is often crucial in determining an initiative's results, brought new actors into the process at various stages, each of them endowed with a clear added value. The ART initiative of UNDP Lebanon was introduced and validated by the Government

Participation of key actors varied in terms of both quantity and type, depending on the process phase

of Lebanon. The Regional Government of Tuscany was invited by the ART GOLD programme of UNDP Lebanon. ASL8 of Arezzo was drawn into the project by the Regional Government of Tuscany. The Lebanese Ministry of Public Health brought in the American University of Beirut. The experience of primary health care in three Lebanese municipalities was extended to other three municipalities. All of them had a common vision: health care as a fundamental right of the people and the PHCCs as providers of healthcare services and health promoters.

TIME AND TRUST. The long-lasting partnership and the mutual trust on which the relationship among the project partners is based are the two main characteristics most frequently mentioned by those interviewed both in Lebanon and in Tuscany. Time allowed partners to get better acquainted with each other and ensured continuity in coping with the daily challenges of primary health care. Trust between the two territories and UNDP Lebanon was built by constantly making all significant choices jointly, and all solutions adopted saw the active participation and total approval of all parties involved. The relationship among partners evolved and adapted to changing situations and contexts over 8 years of collaboration and activities. Starting from a post-emergency situation in 2007 after the 2006 war, partners were able to establish medium-term development strategies in the extremely fragile context of the Middle Eastern region. In 2011, during the implementation of the partnership program, the outbreak of the Syrian crisis led Lebanon to accept about 1.2 million displaced over 24 months¹⁷.

Long-lasting partnership and the mutual trust as key factors of success

THE VOICE OF KEY ACTORS. According to one of the Tuscan participants interviewed, following the most crucial post-emergency phase of the relationship (2007-2009), Municipalities in Beirut Southern Suburbs felt free to express the needs and necessities of their territories. Primary health care was selected as an area for priority intervention which would not be based on occasional measures but on a medium and long-term approach. Primary Health Care would be considered a public duty and Municipalities should be actively involved in the fight against inequalities.

THE ROLE OF LOCAL AND NATIONAL INSTITUTIONS

MUNICIPALITIES AND MINISTRIES. The partnership between Tuscany, Lebanon and UNDP Lebanon and Lebanon actively involved local and national authorities over a period of 8 years. Municipalities acted as facilitators of territorial necessities and the catalysts for change; they also ensured that each service would be guaranteed to the most vulnerable groups of the Lebanese population. Interviews revealed that the role of Municipalities changed, during the different phases of the process, from an initial role as beneficiary oriented services to be main promoters of the initiative. They particularly acted as promoters toward the new actors (private PHCCs and SDCs) of the second phase of the process after 2014.

On the other hand, the involvement and active participation of ministerial institutions was also fundamental as an indicator of a strong political will to engage for the universal right to health in Lebanon, and as an actor able to remove some bureaucratic obstacles, which prevented the implementation of the integrated approach to primary health care on the territory.

The balance of competences of the local and national level entities involved in the project proved to be fundamental for an appropriate strategy development and for an effective impact of change on citizens' health. The participants in the interview agreed on the fact that Municipalities need Ministries in order to implement the process of integrated health plans, and that Ministries need the widespread presence of local authorities on the territory to grant coordination among the numerous stakeholders and the effective delivery of health services to all citizens. For example, 22% of the 225 Lebanese PHCCs depend on Municipalities¹⁸. The interviews revealed that Municipalities with different political leanings also have a different "force" and different relations with central institutions regarding the bureaucratic obstacles to be removed. The Municipality of Haret Hreik, for example, was able to

Municipalities acted as facilitators of territorial necessities and the catalysts for change

17. Source: elaboration of UNHCR data available at <http://data.unhcr.org/syrianrefugees/country.php?id=122>

18. Source: elaboration of UNHCR data available at <http://data.unhcr.org/syrianrefugees/country.php?id=122>

operate without any hindrance in the local schools for the delivery of social and health services of the PHCCs managed by the same Municipality; other Municipalities, instead, cannot access so easily.

A SYSTEMIC APPROACH. The integration of public health strategies, pursued by the four Ministries, contributes not only to the improvement of services delivered to the citizens but also to the rationalisation of resources required by the public administration. As a result, the whole system is more efficient. At the same time, the initiative also improves the Municipalities' level of responsibility in the coordination and networking of local actors. During the interviews many people expressed the opinion that ministerial participation promotes a common vision of public health in Lebanon and ensures consistency and internal cohesion of the initiative. The relationship between the municipal and the ministerial level has changed and, as a result, the responsibilities of each entity involved in the process have been made clearer and duplication is reduced. This view of the relationship between the State and local authorities is built on the experience of the Tuscan Region model and on the vision of UNDP that promotes Local Governance for local development. It aims to create and develop a systemic approach, involving all public administrations. An essential element of the “systemic approach” is the bottom-up approach in collaboration with various local actors. This involved the Municipality along with all stakeholders of the local community, including schools, in order to impact on public health. Another keystone of the initiative was the participation of the American University of Beirut in the Local Health Integrated System (an unprecedented experiment). In addition to technical competences in the health sector, the AUB possess a significant capacity to be a thought leader in Lebanon and to develop and follow innovative ideas and solutions. All in all, interviews clearly show a very positive assessment of the strategies applied at local and national level during the initiative on primary health care in Beirut Southern Suburbs: the initiative is considered a good experience to promote in other Lebanese areas in order to demonstrate that change is possible.

Integrating public health strategies thanks to the action of the four key Ministries

THE VOICE OF KEY ACTORS. According to a representative of a Lebanese Ministry, the 4M-Project was an attempt to proceed towards better strategy integration in order to improve the provision of public services to the citizens. Ministries improved their capacity to work together and to devise more complementary and efficient services.

THE ROLE OF TUSCAN DECENTRALIZED COOPERATION AND UNDP

METHOD AND CONTENT: A WINNING COMBINATION. The partnership between Tuscany, UNDP Lebanon and Lebanese Institutions has always been characterized on an equal relationship and maximum transparency. Clear positions and expectations, as well as the constant quest for solutions that would prove beneficial and sustainable for both sides were the advantages most commonly cited by the interviewees about the partnership, both in Tuscany and in Lebanon.

The experience of decentralized cooperation developed over time allowed to share the importance and the methods for building a local system capable of tackling its challenges and promoting the different roles and the know-how of the various key actors. In terms of content, the partnership has been successful in leveraging the importance of the social role that public health plays in society founded on human basic rights. In its territory, Regional Government of Tuscany has been implementing, for years, a holistic approach to health with policies that focus on a health system centred around the person, an approach which it also promotes in its international relationships. Just as coherently, the chosen work method was to closely involve the Lebanese communities, both when identifying the problems and needs, and when prioritizing the solutions and setting the objectives to pursue and how to manage the operating strategies. The Tuscan – UNDP Lebanon experience performed, with the appropriate adjustments required to ensure it fit the context, in the suburb of Beirut Southern Suburbs allowed to share with the Lebanese ruling class

Sharing knowledge and leveraging the importance of social role of public health

and citizens that change is possible, and that this transformation can be positive and of a high quality. The work carried out on the factors that influence health, and therefore on those with a direct effect on people's ailments, was transformed into an approach directed at schools and the new generations as privileged agents of the change in the paradigm of health.

THE ADDED VALUE OF PEOPLE. Most respondents highlighted in the selection of experts, qualified and with great capacity, the element that made the difference and triggered change, allowing the new knowledge to be put into practice. High-quality training and constant support formed a framework within which the qualified Tuscan professionals were able to develop their skills and make these available to the Lebanese institutions and operators, also continuously striving to adapt them to the needs and characteristics of the local context.

THE ROLE OF UNDP LEBANON. UNDP had an important role in networking among the local authorities in Beirut Southern Lebanon and the decentralized cooperation partners during all the phases of the initiative. After the signature of the Inter-ministerial initiative with the four ministries, UNDP had the role of catalyzer among all the partners, local, national and international. In addition, dialogue with all the partners for the introduction of innovative approaches, building the trust and ensuring the continuity over the years has been the milestones towards a model of integrated welfare system.

High-quality training
and constant support

THE VOICE OF KEY ACTORS. The Lebanese Municipalities believe that without ASL Sud Est, the Regional Government of Tuscany, UNDP Lebanon and Oxfam, the results and the impact achieved with the process would not have been possible.

IMPACT AND RESULTS

Based on the results of the interviews held in Tuscany and Lebanon, it became clear that the changes generated by the primary healthcare experience in Beirut Southern Suburbs can be grouped into two closely inter-connected areas:

1. SOCIAL AND HEALTHCARE PRACTICES. In the Lebanese Municipalities involved, the PHCCs function and operate based on a system that guarantees all citizens, of all social origins and all nationalities, the opportunity to access quality healthcare services and regular medical examinations at the PHCCs, subject to payment of a fee of less than 8 USD\$. For citizens that are listed in the NPTP (National Poverty Targeting Program) managed by MoSA who cannot even afford to pay, the Lebanese Ministry of Public Health has launched a programme named to provide Universal Healthcare Coverage supported by World Bank. The programme covers the costs of medical examination and the referral to laboratories or X-rays. For PHCCs engaged has been critical the ownership, by all the public and private institutions involved, of the idea of adopting a holistic approach to the patient and of promoting integrated social and healthcare plans on a local level, in which prevention, the promotion of good health and subsequent follow-up examinations are the strategic guidelines. This new paradigm can be seen in the change of mentality regarding the management of healthcare by healthcare operators, managers and civil servants and, even if to a lesser extent, also by patients. This change, also recognised by local authorities and by the PHCCs, was determined by three key factors: i) the constant technical assistance ensured, over the years, by the Regional Government of Tuscany, the ASL 8 of Arezzo and UNDP, ii) the active role played by the Lebanese Municipalities, iii) the presence of qualified staff in the health centres, who proved to be capable of assisting patients with dedication and professionalism. Proof of this change in mentality can be seen in the economic commitment made by several Lebanese Municipalities in Beirut Southern Suburbs, which invested their own financial resources in the PHCCs, and in particular, to cover the costs of management and salaries.

A change of
mentality on
management
of healthcare by
healthcare operators,
managers and civil
servants

2. PROCESS AND DIALOGUE BETWEEN THE PARTIES. All the interviewees confirmed that opportunities for dialogue had been created: both vertical dialogue between municipal and ministerial levels regarding primary healthcare and also horizontal dialogue between local actors that share the responsibilities for the community's health in the same area. Similarly, it has been strengthened the comparison work between various Ministries for social and health joint planning. Both these processes of dialogue, founded on a common language, have helped to make a breakthrough, reinforcing the coordination and collaboration between public and private institutions and sharing visions and more effective work methods for the provision of quality healthcare services. Specifically, regarding the dialogue among Municipalities, it must be emphasised that this took place among local authorities with different political and religious affiliations, based on the common intention to ensure the wellness of the people. A significant experience in a Parliamentary democracy based on a multi-confessional system.

It is interesting to note that the interviewees found it easy to identify the impact and results of the initiative: this is a clear indication of the extent to which the interviewees welcomed the process and also of the fact that the change it generated was evident for all to see.

A dialogue between local and national institutions, taking place among actors with different political and religious affiliations, but based on the common intention to ensure the wellness of the people

THE VOICE OF KEY ACTORS. According to the representatives of the Lebanese Municipalities, the PHCCs services to the entire community, on a social level and also with regard to health. The work performed in schools was essential to this purpose. Patients can also access complete health packages to help them with issues such as nutrition, pregnancy, chronic illnesses, vaccinations and mental health.

STRENGTHS AND WEAKNESSES

Like every process, the cooperation project on primary healthcare carried out by Tuscany, Lebanon and UNDP Lebanon and was characterised by various elements of success and difficulty that helped to strengthen and develop the partnership.

STRENGTHS. The interviewees painted a rather homogeneous, converging picture of the successful elements that characterise the partnership. They mentioned in particular the following strengths:

- **The relationship built with UNDP Lebanon and with the Lebanese Ministries.** This aspect enabled the experience to take on a wider and more strategic value with regard to the right to health care in Lebanon;
- **The cross-sectorial and multi-stakeholder nature of the experience.** The work performed in the various inter-linked sectors and the involvement of many different, yet complementary parties allowed the development of a system initiative that went beyond individual projects and sources of financing;
- **The constant support and technical assistance ensured over the years by the Tuscan decentralized cooperation actors.** The know-how provided enabled the partners to effectively exchange ideas with a view to resolving the problems identified and above all to improve the services offered to the citizens;
- **The relationship of trust established between the people and the institutions involved.** This aspect was the essential element that bound the partnership together and contributed significantly to the sense of appropriation of the experience;
- **The added value provided by the exchange of experiences and quality know-how.** The comprehension of the other parties' situation and the constant exchange of views experienced at all levels enhanced the sense of belonging and made change possible;
- **The deep understanding of local needs in all phases of the activated process.** Meeting the real needs of the context and its population was the founding element of all the projects promoted by the partnership to improve access to health care by all citizens.

THE VOICE OF KEY ACTORS. According to one of the representatives of the ASL Sud Est, looking up, starting from the priorities, was one of the elements that made the initiative successful. Jointly identifying the priorities and focusing on them, is a characteristic that accompanied the entire process.

WEAKNESSES. The consideration of the problematic aspects of the process was less homogeneous as this was dictated by both the institutional and personal experiences of the interviewees. An attempt was therefore made to group together the main emerging problems based on the type of party interviewed, in order to paint as accurate a picture as possible of the observations made during the interviews held in Tuscany and Lebanon.

- **LOCAL ACTORS** (PHCCs, Municipalities, SDCs). According to these actors, the main problems are the need to extend quality services to the citizens and reduce the delays in the implementation of cooperation and dialogue initiatives with the Ministries. The need to guarantee constant training processes for local operators was also highlighted (for example, mention was made of the need to understand who to train in the management of the information system). Finally, the interviewees confirmed the importance of strengthening and guaranteeing the institutional appropriation of the initiative by all municipal members (e.g. municipal council members), so that the promotion and sustainability of the process would not depend on the personality of the individuals involved, but in the municipal institution itself.
- **RECENTLY INVOLVED ACTORS** (AUB, other NGOs operating in Lebanon). According to the actors that entered the process in a later phase, and therefore provided an “outsider’s view” of the process, the main problems concerned the need to ensure a continuous follow-up to the territorial systems included in the initiative (especially to PHCCs operators and to municipal officials and managers recently involved thanks to the 4M

The importance of strengthening and guaranteeing the institutional ownership of the process

project). This is true regardless of the commitment of the individuals involved and it should be oriented to facilitate a real systemic and institutional appropriation of the initiative. During the interviews, this subject was linked with one closely related: how to replicate the success of the initiative performed in Beirut Southern Suburbs in other Municipalities of the country, and therefore how to guarantee the necessary training and support, two elements that were one of the keys to the success of the process. How to involve the Municipalities, which incentives to offer and which training schemes to implement: these were the most frequently asked questions during the interviews. Another critical element was identified in the lack of clear integration among the various Lebanese actors involved in the primary healthcare system. Finally, the following potential risks for the future of the initiative were identified: the definition of a more appropriate catchment area for the PHCCs and more efficient ways for training of trainers to be used for launching and supporting the PHCCs in other locations in Lebanon not yet involved in the initiative.

- **TUSCAN AND INTERNATIONAL ACTORS.** The most relevant problems identified by these actors concern process management in a wider sense, especially in the phases in which the process itself was speeded up or slowed down. Understanding the direction to take depending on the new challenges and opportunities that occurred during the eight years of cooperation has often led to delays compared with the timelines initially established. It was also noted how it should be necessary to balance, in the future, the focus on the national level of the process with the local needs of the process, especially in terms of training and support to existing PHCCs or those being launched. Other critical elements concern the need to improve the monitoring and evaluation system envisaged for the initiative, both for health care (using an Information System capable of combining the quality requirements of treatment and disease management with the management-related requirements of the PHCCs), and also on a process and planning level. These are particularly relevant in terms of quality and quantity indicators that can demonstrate the achieved results and the performances of

Finding the balance between the focus on the national level and local needs

the integrated teams. One critical aspect linked to this point, and requiring improvement, is the economic sustainability of the process and the need for a larger economic investment in PHCCs operators, who become the main actors of the change by improving the efficiency and effectiveness of primary healthcare interventions.

THE FUTURE

The interviews clearly showed that all partners are already looking to the future of the initiative and are actively interested in jointly reflecting on the next steps to be taken. Rising inequalities, the effects of the Syrian crisis and the great political, social, and religious fragmentation of Lebanon make the context very complex; however, it appears clear that all the participants involved are ready to take on these challenges, which we have attempted to group together below.

POLICY. The challenge which many see as fundamental consists in supporting the development of a national Lebanese policy providing equal access to primary health care for everyone. Huge emphasis continues to be placed on succeeding in improving the healthcare system from the lower ranks by spreading the good practices implemented in Beirut Southern Suburbs on a larger scale, and in managing to remove the bureaucratic obstacles experienced locally.

SUSTAINABILITY. The economic, social, and institutional sustainability of the entire process is a further element of common interest in the medium-term. The constant support of ministerial and municipal institutions, and the extended support of the international community consistently with the national policies, are two fundamental conditions to ensure that Lebanese healthcare policies undergo a change that will stand the test of time.

LOCAL AND NATIONAL. At national level, the direction that needs to be supported is one that fosters a more efficient quality health care system for all people, but it is also important to continue acting locally with the dissemination and replication of PHCCs. The training of trainers of local teams in primary healthcare, the organisation of

initiatives for the exchange of real experiences, and quality technical assistance implemented by sectorial practitioners, are the activities that drew the highest level of interest from the interviewees and for which the partnership with Tuscany has demonstrated, over time, to achieve the best results. Succeeding in combining work at national and local level in the healthcare sector is therefore the medium-term strategy generated by the partnership. The local initiative inspires national choices by providing case studies and experiences that can be used as general guidelines; at the same time, national action defines the general reference framework and makes the healthcare system more effective and efficient. The synergy between local and national actors will therefore be crucial for helping to make the change credible in the eyes of the international community.

NEXT STEPS. The working guidelines that the actors involved as far have cited as those which best meet the requirements of Lebanon are: the creation of incentive systems to encourage Municipalities to assume responsibility for primary healthcare, the growing assignment of responsibilities to the Municipalities or to organised groups of entities such as, for example, the Unions, the reinforcement of cross-sectorial and inter-ministerial work to ensure increasingly integrated social and healthcare planning, and the construction of an adequate system for process monitoring and assessment. The country must presently tackle the impact of the Syrian crisis and growing inequality between the different population groups, both among residents and refugees.

Creation of incentive systems for Municipalities, increase of cross-sectorial and inter-ministerial work, integrated planning, monitoring and evaluation systems in place

THE VOICE OF KEY ACTORS. According to a UNDP Lebanon representative, the Syrian crisis has had a negative impact on the Lebanese scenario; at the same time, however, it has also brought real opportunities for rationalising and optimising the available resources in order to guarantee high-quality aid to the large number of displaced living in the country.

LESSONS LEARNED AND A GLANCE AT THE FUTURE

The actors involved in the partnership between Tuscany, UNDP Lebanon and Lebanon on primary healthcare have reconstructed and elaborated the history, evolution, and impact of the process. In our opinion, this sort of collective brainstorming has reaffirmed the good work done and the results obtained thanks to this partnership, as well as the sense of belonging and the widespread personal and institutional commitment shown by those involved. The interviewees have clearly outlined the successful elements of the initiative, the most critical elements of the entire process, and the strategic guidelines for the future. All of this showed a constructive sense of criticism on the part of the various actors involved, which is characteristic of a “healthy” partnership among local entities. Indeed, the partnership between Tuscany, UNDP and Lebanon developed as a relationship in which all parties had equal status, with no top-down approaches or impositions, but always clearly and genuinely calibrated on the real requirements and competences of the key participants, both from Lebanon and from Tuscany. Perhaps this is, among all, the main strength of the experience, and the key to success for the future of the partnership.

During the capitalization process, several concepts and words recurred frequently, almost tracing the fil rouge of the experience: change in mentality, holistic approach to primary healthcare, involvement of the entire community, joint effort, integration of social and healthcare and “system-making”, experience sharing, the key role of Municipalities and Ministries, in particular MoPH, constant support and training, combination of local and national dimension. These concepts already outline the successful elements of the experience and its future.

Therefore, this section will summarise the many observations made during the capitalization process, in an attempt to highlight the main lessons learned and, from an outsider’s stance, to recommend the guidelines for the partnership’s future action.



THE SUCCESS OF A LOCAL MULTI-STAKEHOLDER AND MULTI-LEVEL APPROACH TO PRIMARY HEALTH CARE

Lesson learned. The experience in Beirut Southern Suburbs, with the results obtained, is particularly significant since the change in mentality noticed by all actors involved resulted from a sort of virtuous circle that established itself between the two levels of the initiative: the social and healthcare level, and the political-institutional level. Training PHCC operators and municipal managers to adopt a holistic approach to primary healthcare meant pushing them to dialogue with one another and with other entities on the territory. The increase in quality and quantity of this dialogue subsequently enhanced the effectiveness and impact of the lessons learned about the holistic approach to primary healthcare.

Recommendation. The technical-operational and the political-institutional levels have mutually fostered and reinforced one another, thus promoting a territorial multi-stakeholder and multi-level approach to primary health care which benefits above all the communities and their residents. This kind of practice must be maintained in the future as it is one of the cornerstones of the process. Working with an integrated social and healthcare approach means that the national and local institutions (in particular different Ministries and local authorities) must work together for the wellbeing of citizens, integrating their cross-sectorial competences also from the point of view of national planning and scheduling.

CONSTANT TRAINING AND SUPPORT BASED ON LOCAL REQUIREMENTS

Lesson learned. It is clear that one of the key elements of success of this experience consisted in adapting training to the new paradigm, and continuous assistance in order to prepare and support the institutions involved (municipal officials and PHCC operators) for the change in mentality and approach regarding primary health care. Training, support and monitoring: these are clearly the key words for the future of the process. These activities cannot be performed as a one-off, but must be part of a continuous, medium-term course of action that can be adapted to meet the changing requirements of the context.

Recommendation. The competences of the parties actively involved in the initiative (e.g. already operating PHCC staff) must be

The engagement of both technical-operational and the political-institutional levels as a cornerstone of the process

continuously strengthened without forgetting the “local/territorial” dimension of capacity building. At the same time, it is necessary to (re)launch processes of capacity building designed to form a new group of trainers that can accompany other Municipalities and other PHCCs in the change of mentality and capacity required in order to adopt a holistic and integrated social-healthcare approach to primary healthcare.

THE KEY ROLE OF MUNICIPALITIES

Lesson learned. Experiences such as the one that focused on healthcare in Beirut Southern Suburbs can give new strength to the word “decentralization” in Lebanon, understood as a profitable partnership between different public parties in which the Municipalities play a key role as institutional brokers or facilitators, also in the field of health promotion and protection. During the capitalization process, mention was often made of a widespread difficulty of involving the local Lebanese authorities and constantly ensuring the complete fulfilment of their role. Sometimes the role played by Municipalities varied depending on the personality of the actors involved. Instead, it is essential for Municipalities to be aware of the leading institutional role that they play in their local area, also and above all regarding health matters, thanks to their closeness to citizens and to the places and contexts where people live. At the beginning of 2017, after almost six years of devastating effects of the Syrian crisis on Lebanon, and with the international community acknowledging the crucial role played by the Lebanese municipalities in tackling these effects, the Municipalities are slowly becoming more aware of the position they hold for their citizens. The role of municipalities as institutional facilitators again becomes central and key for the wellbeing of all population groups living on the Lebanese territory.

Recommendation. Municipalities must be placed at the centre of all future initiatives, both in order to reinforce the competences (e.g. through specifically designed accompaniment plans, also pertaining to the management of multi-sectorial partnerships and shared strategic planning) and also to increasingly include these in national institutional dialogues. In addition to this, it must be emphasised that in the future more attention could be focused on the Unions of Municipalities as new participants in the

The leading role of the Municipalities

initiative, especially if these include and group together smaller Municipalities that would not have sufficient human and financial resources to launch and sustain similar processes to those implemented in Southern Beirut.

MINISTRIES AS DECISION-MAKERS AND FACILITATORS

Lesson learned. It is essential to clarify the roles played by the different actors involved and their respective responsibilities for ensuring an effective and efficient management of healthcare. In this context, adequate legislative and administrative foundations must be laid to ensure the nationwide diffusion of an integrated healthcare system focused on primary health care. The system absolutely needs to be promoted and consolidated by reinforcing, under the aegis of the Ministries, the mechanisms of dialogue between organisations in the same local area and between the local and national authorities. Indeed, if the individual Municipality is the facilitator and broker of the process on a local level, the Ministries involved can be facilitators and brokers of the process on a national level, both in the cross-sectorial and cross-territorial sense. This systemic approach can ensure a coherent integration of priorities and strategies, while guaranteeing an overall recovery of efficiency of public resources allocated to the right to health and to social and healthcare integration. In this way, experience sharing among different Lebanese territories becomes a crucial element for demonstrating that the change towards a fairer access to treatment is possible. Sharing this knowledge can also facilitate the relationships between Municipalities with different political and religious affiliations, helping to ensure the provision of homogeneous health and social care services nationwide.

Recommendation. The more this process, based on dialogue and pooling knowledge, is promoted by the Ministries in their role as the parties responsible for national social and healthcare policies, the more effective and participated it will be. From this point of view, the “4M Agreement” is the precursor of a new and effective inter-institutional methodology in Lebanon. Conferences, meetings, debates, joint meetings on the field are all tools available to the authorities, which can promote exchange, comparison, and contamination of

A systemic approach ensuring coherent integration of priorities and strategies

different experiences, but they can also be fundamental for replicating the success of the Beirut Southern Suburbs experience nationwide to the advantage of the whole population.

CONSTRUCTIVELY REINFORCING THE NATIONAL-LOCAL DIALECTICS IN LEBANON

Lesson learned. As stated above, one of the biggest successes of the initiative was the fact that it “drove” a wide range of participants to dialogue with one another: PHCCs with Municipalities, Municipalities with one another, schools with Municipalities, Municipalities with Ministries, Ministries with the Accademia, the Accademia with PHCCs and Municipalities, Ministries amongst themselves. Many vertical and horizontal connections were created and, fortunately, by now they are inextricable, but their positive and pro-active practice must be enhanced and they must continuously be substantiated in increasingly integrated programs.

Recommendation. In this sense, keep working on a local level to reinforce the Municipalities and the PHCCs is as important as acting at national level. These processes will allow the strengthening of the institutional and legislative framework, the removal of bureaucratic obstacles, and the institutionalisation of sharing mechanisms at local level and of the training tools available to all Lebanese municipalities wishing to replicate the Beirut Southern Suburbs experience. The national-local dialogue, with its practices and results, will shape the success of the initiative in the years to come. This practice was crucial in allowing the experience of Beirut Southern Suburbs to reach a national dimension. And such a positive, constructive practice must be reinforced over time to ensure the appropriation and continuation of the process’ results nationwide.

THE MOBILIZATION OF THE RECOGNISED THOUGHT LEADERS IN LEBANON

Lesson learned. The contribution made by the American University of Beirut (AUB) to the initiative was unanimously recognised as fundamental; and in fact, the future sustainability of the processes launched is also based on the ability to mobilize the academic centres of excellence in Lebanon. These are able to study,



validate and give the necessary training support to the nationwide dissemination of the integrated approach to primary healthcare. In our opinion, the AUB will have the crucial role of training the group of trainers who will support the Municipalities and PHCCs in the challenges of the 4M project.

Recommendation. Though the first attempts of this kind have produced unstable results, this does not prevent us from continuing down this pathway and, for example, using training courses that are more institutionalised and better supported within the University. Given its many specialisations, the AUB could also play a central role in creating a system for monitoring the efficiency and effectiveness of the PHCCs and providing reliable qualitative and quantitative data. This system could not only manage data about social and healthcare services (quality of the services offered, number of patients signed up, etc.), but also the more institutional and economic components of the process (economic sustainability of PHCCs, quality of the relationships between Municipalities and Ministries, changes in national policies etc.).

THE SYRIAN CRISIS, THE ELEPHANT IN THE ROOM

Lesson learned. The decentralized cooperation process between Tuscany - UNDP and Lebanon was launched when Syria was still one of the most stable states in the Middle-Eastern scenario. Unfortunately, everyone is well aware of what happened later and is still happening in the country, with all the consequences that the war in Syria has also had on its neighbour Lebanon. Some of the interviewees stated that, worryingly, less Lebanese were now attending the PHCCs because of the increase in Syrian patients. Additionally, the Syrian crisis has clearly brought about a new consideration of the role of Municipalities and of the decentralization process in progress, given that, as is well-known, the Lebanese Municipalities— both in urban contexts such as Beirut and in rural ones such as in Bekaa or Akkar – have sustained a large part of the impact of the Syrian refugee inflow to Lebanon, with problematic consequences in terms of services provided and social stability.

Recommendation. A more in-depth consideration of these elements can and must be launched within the scope of this initiative, both at technical and operational level and also at institutional

Challenges posed to health system by the Syria crisis impact must be taken into account in future programming

level. Specific training for healthcare operators, the development of specific guidelines for managing situations where there is a significant number of refugees in the PHCCs, opportunities for PHCCs with similar experiences to share these, the request for the assignment of more government funds to the Municipalities that welcome a larger number of refugees, are all initiatives that could be taken to tackle a situation which is becoming more and more delicate.

THE IMPORTANCE OF MEDIUM TO LONG-TERM INTERNATIONAL COOPERATION INITIATIVES

Lesson learned. During the interviews, by retracing the process history, reference was often made to wide-ranging international cooperation programmes within which this initiative was launched and/or developed. These were, in particular, a 2007 programme of the Italian cooperation on health care in Lebanon, or the Art Gold programme of UNDP.

Recommendation. It is clearly important for Lebanese participants to be able to rely on constant medium to long-term support from international cooperation actors. This support must in any case be coherent with the scheduling and priorities of the Lebanese authorities, especially in this phase in which international donors are shifting from the emergency aid provided in response to the Syrian crisis to a medium to long-term support aimed at promoting development. For this reason too, dialogue and synergy between local and national levels are fundamental, as is defining exhaustive national policies.

DECENTRALIZED COOPERATION STILL HAS A LOT TO GIVE

Lesson learned. As previously mentioned, the active involvement of different kinds of participants, with different visions and mandates, was one of the main keys to the success of the initiative. However, it is worth underlining that the “critical mass” at the basis of the experience was the territory, with its many public and private bodies. The Lebanese territory— institutions, citizens, organisations, schools – took up action and enthusiastically welcomed the exchange of ideas and the support provided by the Tuscan territory through its participants. From this point of view, it was the exchange of ideas between the two territories involved – Tuscany-

UNDP and Lebanon – that made most of the difference. The will to show that change was possible was the element that generated the change itself. And to date, that same exchange of ideas is still in progress.

Recommendation. The Tuscan territory can and must support the Lebanese participants in the future challenges, first of all by favouring the definition of a clear institutional framework for the integrated approach to primary health care. The Tuscan system can help the Ministries and Municipalities to define and take over their respective roles in order to strengthen the required integration between participants and levels, transforming it into a deeper and more generalised holistic approach to primary health care. Moreover, the Tuscan participants can still play a central role with regard to more technical and operational aspects of primary health care, continuing to provide their technical expertise in order to train a new generation of Lebanese trainers capable of ensuring constant follow-up and support to Municipalities, schools and PHCC operators. Exchanging experiences and professional skills is therefore still useful and desirable, as is the inclusion of new working fields such as, for example, migrant health, health and the environment, in order to prepare or reinforce new professional skills to tackle the inflow of Syrian refugees to Lebanon and environmental problems.

MONITORING AND RESEARCH ARE CRUCIAL

Lesson learned. Reference has been made above to the importance of establishing and institutionalising an effective monitoring system to ensure the availability of qualitative and quantitative data which provides evidence of the impact and the significance of the processes launched; a system that enables the know-how acquired to be managed by reflecting on solid information. This “meta-element” of the initiative, which has been inadequate until now, is instead central for identifying the next steps to take, based on what has been achieved to date. Similarly, it is crucial to continue analysing and systematising the knowledge of the context and that generated by the initiative in progress.

Recommendation. In our opinion, for the future of the initiative importance must be given to the possibility of launching a study about the causes of the unequal access to healthcare in Lebanon,

with the aim of better defining the reference legislative framework for public health care in the country, identifying the main players in the sector and the related dynamics (power analysis), and the factors that exclude vulnerable population categories from accessing health care. This basic study would help us understand even more clearly the role that Municipalities can play in the fight against inequality, using success models and establishing a profitable and constructive local-national dialogue in order to identify new project and process dimensions on which to work in the immediate future.



CONCLUSIONS

There is no doubt that the experience capitalized here can be used as a case study of particularly effective decentralized cooperation.

A frank and equal exchange of objectives and experiences between Tuscany - UNDP and Lebanon. The comprehension of the added value of a similar relationship. The commitment of highly qualified staff capable of making their know-how about primary health care available and adapting it to suit the context. The generation of a change for the entire local population in terms of their access to quality social and healthcare services. The acknowledgment of this and its institutionalisation on a national level. The active involvement of parties with different natures and roles, from Ministries to Universities and from Municipalities to decentralized cooperation actors in Tuscany and UNDP. These are the ingredients leading me to state that what we have here is a good practice and an experience with many extremely innovative elements, at least in the Lebanese context.

In the space of eight years, the partnership generated such a strong impact at local level that it succeeded in influencing the national policies on primary health care and in launching a constructive dialogue on the right to health between Municipalities and Ministries in Lebanon, a deeply fragmented country where the local-national dialogue is damaged by deep social, political and religious fractures.

For this reason, the dynamics established between the local and central authorities is maybe even more successful if we consider that institutions with different political and religious leanings sat down at a table as equals, and initiated a constant dialogue that is still going on today. The shared objective of this debate is to guarantee quality healthcare to the entire Lebanese population, whether these are Lebanese citizens, or “old and new” Palestinian refugees and Syrian displaced. The success of the initiative is therefore clear to see, but it is just as clear to see that the initiative is also the beginning of new challenges. The heterogeneous partnership involved to date can and must grasp these opportunities to make its significant results sustainable and replicable, to guarantee that all people living in Lebanon can access adequate healthcare, and to continue working together to fight inequalities in the country. And all this must be done by first sustaining and reinforcing the function and the mission of Lebanese institutions.



ANNEX 1

CAPITALIZATION OF THE DECENTRALIZED COOPERATION EXPERIENCE BETWEEN TUSCANY AND LEBANON

Methodological note

Version 10/06/2016

Authors: Silvia Ciacci, Flavia Donati, Lorenzo Paoli

Nine years after its start-up, the **decentralized cooperation relationship between Tuscany and Lebanon for the enhancement of primary health care** is characterized by its longevity, the number of public and private actors involved, their engagement in the initiative, the local and international relations and partnerships it created, and its impact on the Lebanese territory. In order for this experience to provide ideas and evidence which can be useful for a common reflection about achieved results and future strategies, the project “Support to Local Authorities (Municipalities) for the enhancement of social and healthcare services offered to the population”, funded by the Regional Government of Tuscany, includes a systematisation and capitalization activity in. The RGT, the local health authority ASL 8 of Arezzo (today Sud Est), UNDP Lebanon and Oxfam Italia (OIT) are the main partners of this multi-year program. The systematisation activity shall encourage a reflection on the process which, starting from the first healthcare intervention in Lebanon in 2007, has led to the present large-scale program. The analysis shall highlight successful elements and the most critical weaknesses as well as lessons learned to be made available for future interventions in the social and healthcare sector in line with a decentralized cooperation approach. This document explains the methodology proposed by the main actors involved in the learning process deriving from the Lebanese experience of the Tuscan decentralized cooperation system. The note illustrates the objectives and key questions on which the capitalization process is based, followed by a description of the main phases of the initiative and a working plan proposal.

CAPITALIZATION OBJECTIVE

General objective: to analyse the knowledge acquired and processes activated during the decentralized cooperation relationship between Tuscany, UNDP and Lebanon on social and healthcare matters, and to make them widely usable.

The analysis pertains to several aspects:

- Knowledge acquired and partnership processes activated;
- Changes and results generated in the process;
- Methodologies and tools created by the projects put into place over the years;

- Lessons learned, both from a technical point of view in terms of improvement of primary health care (a component of the capitalization process managed by UNDP), and on the institutional level, in terms of relationships among territories and public and private actors according to principles of international partnership/decentralized cooperation (a component managed by the RGT).

Each aspect will be analysed with an **evidence-based approach** showing the initiative’s relevance and impact over the years.

Particular attention will be paid to gathering evidence on how the PHCCs in Southern Beirut also provided primary health care to **Syrian displaced and Palestinian refugees from Syria**, thus offering a reception “tool” to people fleeing war. This is fully in line with the social inclusion approach on which the Primary Healthcare Centre model is based.

KEY QUESTIONS FOR CAPITALIZATION

For a capitalization process to be successful, some key questions must be identified to guide the definition of methodological tools in order to find the answers that the capitalization process requires. The questions pertain to two main areas:

A. Change occurred in social and healthcare policies.

How and why did the quality of assistance in the PHCCs improve? Which advantages did citizens get from the new services provided by institutions such as schools, municipalities, MoSA, PHCCs?

- Regarding this question, indicators showing the improvement of service quality will be crucial: for example, how the number of PHCC users increased and what their level of satisfaction is. Some specific aspects of the investigation shall be examined in depth with UNDP.

B. Partnership created.

What is the reason why the experience developed by the RGT, ASL 8, UNDP, and Oxfam Italia in the Southern Beirut Municipalities could be replicated at national level?

In order to answer this question, the following specific aspects have been identified in a preliminary phase and will be thoroughly investigated during the capitalization process:

- Process started;
- Quality of the new services provided by the PHCCs;
- The initial will to adopt a public-private partnership approach including citizens;
- The will to take into consideration from the very beginning the influence exercised onto Lebanese institutions with regard to social and healthcare policies, starting from local experiences in order to produce an impact at national level.

WORKING GROUP AND CAPITALIZATION PHASES

The working group entrusted with the capitalization activity is made up of Lorenzo Paoli, Oxfam Italia Knowledge Coordinator, as the team leader, and Silvia Ciacci, Oxfam Italia Programme Development Advisor for the Mediterranean and Middle East region. Continuous support to the capitalization team will be provided by Luigi Triggiano, Scientific Coordinator at ASL8, who contributed to starting up the process and took part in it from the very beginning. The capitalization process might require some specific technical competences which will be activated ad hoc if necessary. The highest level of consistency must be ensured with the capitalization process carried out by UNDP Lebanon.

The capitalization process will be composed of six phases as detailed below. For each phase, the corresponding output is indicated.

1. Defining the capitalization methodology

The first phase of the capitalization process will consist in defining the capitalization methodology. The working team will prepare a methodological note (the present document) and submit it to the RGT and ASL8 for approval. The approved note will be transmitted to UNDP Lebanon experts taking part in the initiative.

Output: approved methodological note.

2. Gathering information from secondary sources

A set of documents will have to be taken in consideration and analysed as secondary sources of information in order to adequately retrace the cooperation experience and the underlying process. The documents are the result of projects implementation and context analysis, and include:

- Review of project documentation (project documents, reports, assessments);
- Review of the documentation produced by the projects (training materials, materials issued by PHCCs in Lebanon, etc.);
- Lebanese legislative framework for social and healthcare policies, and competences of local authorities on social and healthcare matters (laws and regulations about decentralization, etc.);
- Strategic reference framework of international donors/organisations in this sector.

Output: list of reference materials.

Output: systematised project documentation and documentation produced during the process.

3. Gathering information from primary sources

A fundamental step in the capitalization process consists in gathering information from primary sources by means of semi-structured interviews with key actors, both in Italy and in Lebanon. The key actors to be interviewed will be identified through careful continuous consultation with the RGT and the Scientific Coordinator of the project. Interviews will be carried out according to guidelines reflecting the capitalization objectives and questions specified above. Interviews with Lebanese key actors imply the organisation of a mission to Lebanon since it is essential that the capitalization team and the Scientific Coordinator be present on site to meet the main Lebanese stakeholders (principally the Municipalities of Southern Beirut). The mission to Lebanon will take place approximately in the second half of September 2016.

Output: guidelines for semi-structured interviews.

Output: mission agenda.

4. Drawing up the capitalization document

Once the gathering of information from primary and secondary sources is accomplished, the capitalization team will draw up the capitalization document in Italian and English. The maximum document length will be 30 pages, including the annexes. The document will contain an *abstract* and an *executive summary* to facilitate reading and a prompt circulation of its content.

Output: capitalization document shared with and approved by the RGT and ASL8.

5. Layout and print

The completed capitalization document will be submitted for layout and print. The printing process will be outsourced to an external graphic design, and the document printed in approx. 100 copies (depending on cost estimate).

Output: printed capitalization document.

6. Presenting the capitalization document

The capitalization document will be presented during the final project seminar taking place in Florence in December 2016.

Output: PowerPoint presentation of the capitalization document.

WORKING PLAN

ACTIVITY	MONTHS - 2016							RESPONSIBILITY
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1. Drawing-up and approval of the Methodological Note	■							OIT TEAM + RGT
2. Gathering secondary information	■	■						OIT TEAM
3. Gathering primary information			■	■				OIT TEAM
3.1 Identification of key actors			■	■				OIT TEAM + ASL8 REPRESENTATIVE + RGT
3.2 Interviews in Italy and in Lebanon			■	■				OIT TEAM + ASL8 REPRESENTATIVE
4. Summary and document production				■	■	■		OIT TEAM
5. Layout and print					■	■		TO BE CONFIRMED
6. Presentation						■	■	OIT TEAM + ASL8 REPRESENTATIVE + RGT

ANNEX 2

CAPITALIZATION OF THE DECENTRALIZED COOPERATION EXPERIENCE BETWEEN TUSCANY AND LEBANON ON PRIMARY HEALTHCARE SYSTEM

Guidelines for semi-structured interviews

Final 30/09/2016

The expected result of the interviews is to involve key informants into a reflection process aimed at outline the following crucial aspects of the experience of decentralized cooperation:

- Start-up and development of the partnership;
- The role of the local authority and the relation with national authorities (Government, Ministries) and other local bodies (schools);
- The role of the Tuscan decentralized cooperation;
- The impact and results achieved;
- Strengths and weaknesses of the process;
- The future of the initiative.

Interviews will be administrated to key informants selected by the project team and they will last around an hour. The capitalization team will analyze the results in a comparative way. Such primary data will be the basis for the elaboration of the final capitalization report.

QUESTIONS

Each key informant will be asked to answer six (6) questions. The questions will be slightly tailored upon the key informant (if he/she is a politician, or an operator, etc.) but they will share a common structure in order to produce comparable information. The capitalization team will also put attention of “shadow” information to capture (specificities of the question that cannot be asked directly because sensitive but that can be extrapolated from the interview itself).

The questions will be:

1. Can you explain us when and how the partnership with ASL8 and the Regional Government of Tuscany started? How has it developed during the time? Has your role in that changed from the beginning? In your opinion, how has been the partners’ network managed?
2. What have been the main stakeholders of the process? Did they change over the time? Did you have any relation with the private sector? If yes, how?

3. What role do you think the local authority play in this process? Moreover, what role did the national authorities play? Are you satisfied with it?
4. What role do you think the Tuscan actors (ASL8, Regional Government of Tuscany) play in this process? Are you satisfied with it?
5. Which results do you think have been achieved thanks to this initiative? Which impact do you think this initiative generated on the lives of the people?
6. Can you identify two success factors and two critical issues of this initiative?
7. What possible future scenarios do you see for the continuation of the initiative?

KEY TOPIC	QUESTION	“SHADOW” INFORMATION
PARTNERSHIP	Can you explain us when and how the partnership with ASL8 and the Regional Government of Tuscany started? How has it developed during the time? In your opinion, how has been the partners' network managed?	<ul style="list-style-type: none"> • Satisfaction about the partnership development • Changes occurred over the time
	What have been the main stakeholders of the process? Did they change over the time? Did you have any relation with the private sector? If yes, how? Has your role in that changed from the beginning? If yes, how?	
ROLE LOCAL AUTHORITY	What role do you think the local authority play in this process? Moreover, what role did the national authorities play? Are you satisfied with it?	<ul style="list-style-type: none"> • Understanding whether and how local authorities were supported by national authorities during the process • Understanding which main competencies of a Lebanese local authority are and how the initiative impacted on them • Understanding if the role of the local authority and its accountability were strengthened by the initiative
ROLE TUSCANY SYSTEM	What role do you think the Tuscan actors (ASL8, Regional Government of Tuscany) play in this process? Are you satisfied with it?	<ul style="list-style-type: none"> • Understanding whether and how the role of decentralized cooperation actors has changed over time (and Ucodep/OIT)
IMPACT	Which results do you think have been achieved thanks to this initiative? Which impact do you think this initiative generated on the lives of the people?	<ul style="list-style-type: none"> • Understanding more about financial sustainability of the PHCCs • Having some figures about users of PHCCs
STRENGTH - WEAKNESS	Can you identify two success factors and two critical issues of this initiative?	
FUTURE	What possible future scenarios do you see for the continuation of the initiative?	

ANNEX 3

LIST OF INTERVIEWS CARRIED OUT FOR THE CAPITALIZATION OF THE LEBANESE EXPERIENCE:

DATE	TIME	INSTITUTION	NUMBER OF PEOPLE
October 3, 2016	10:00	Ministry of Public Health	1
	11:00	PHC Karagheusian	2
	12:30	Municipality of Furn El Chebbbak	1
October 5, 2016	9:00	Ministry of Public Health	1
	12:00	Municipality of Mreyje and PHC	3
October 6, 2016	9:00	PHCC Haret Hreik	2
	11:00	Municipality of Ghobeiry	1
	16:00	Municipality of Chiah	4
October 7, 2016	9:00	Ministry of Public Health	2
	10:30	Ministry of Education	1
	13:30	UNDP	1
	15:00	American University of Beirut	2
November 8, 2016	15:30	UNDP	1
	11:00	Regional Government of Tuscany	1
November 17, 2016	12:00	ASL Toscana Sud Est	2
November 28, 2016	11:00	Francesco Redi Centre	1
December 21, 2016	16:30	UNDP ART Gold	1



REGIONE
TOSCANA



REGIONE TOSCANA

The Regional Government of Tuscany is an autonomous local authority provided for by Constitution. It represents the regional community, exercises and promotes own constitutional autonomy in the frame of the Italian Republic unity and inseparability. Tuscany is one of the 20 Italian regions, with an area of 22,993 km² and a population of about 3.6 million of people. Regional Government of Tuscany is strongly committed in development cooperation activities in order to contribute to the reduction of inequalities, the development of territories and the achievement and protection of rights. For further information, please visit www.regione.toscana.it

ASL TOSCANA SUD EST

Azienda USL (Local Health Authority) of Southern Tuscany Region includes the territories of three Tuscany Provinces (Arezzo, Siena and Grosseto) and covers the needs of about 800 thousand people. It consists of 13 health zones-districts and, on the interested territory, guarantees a network of clinics and a structure of protection and promotion of the health able to meet the health and social needs. Universalist system guaranteed by the expertise of professionals and the full cooperation with the Authorities, the general practitioners, pediatricians, voluntary sectors, professional associations. For further information, please visit www.uslsudest.toscana.it

OXFAM

Oxfam is an international confederation of 20 organizations networked together in more than 90 countries, as part of a global movement for change, to build a future free from the injustice of poverty. Please write to any of the agencies for further information, or visit www.oxfam.org