



# Bridging the Gap: Peer Support Groups in Lebanon (2022-2024)

### Project summary

The peer support project is part of a larger health system-strengthening effort – Bridging the Gap – by the Lebanese Red Cross (LRC) and the Danish Red Cross (DRC), funded by the Novo Nordisk Foundation. Peer support groups (PSGs) are implemented in four different locations across Lebanon with people living with diabetes and/or hypertension, including Syrian refugees and the Lebanese host population. An applied research component led by the London School of Hygiene and Tropical Medicine (LSHTM) and local research consultants, funded by Novo Nordisk A/S, aims to capture the PSG implementation and document the participants’ wellbeing and clinical outcomes.

### Peer support intervention

WHY (objectives)	<ol style="list-style-type: none"><li>To empower people in their self-care journey (psychological/ behavioural)</li><li>To improve people’s overall health (clinical)</li><li>To create a space for mutual sharing and a supportive community (social)</li></ol>
WHO	Social workers and nurses
WHAT	Topic-based sessions with diverse activity types
HOW	Closed groups (10-12 participants)
WHERE	In-person at community centres or health facilities
WHEN	Every two weeks for six months

### Context

Lebanon is facing a protracted and multi-layered humanitarian emergency. Over the last decade, the country has hosted the highest per-capita number of refugees globally, witnessed the COVID-19 pandemic and the devastating Beirut port explosion within the same year, and is in the midst of a still unfolding economic crisis. The compounded effects of these issues are a challenge for the national health system’s capacity and have led to a dependency on the private sector and non-governmental actors.<sup>1,2</sup> The LRC, a government auxiliary in Lebanon, supports 36 health facilities, including in relation to the provision of NCD care. A scoping study on existing NCD models of care (2019-2021), conducted by LSHTM and the American University of Beirut (AUB) under the Partnering for Change partnership (P4C), provided insights for the design of the peer support intervention.<sup>3</sup>

### Intervention description

The peer support intervention was initiated and is led by the LRC. It is planned as a 12-month intervention evenly divided into a high-intensity period with meetings facilitated by social workers and a subsequent low-intensity period self-organised by peers with needs-based support. With two groups per centre and three implementation waves, the intervention is expected to reach around 240 individuals. To widen its reach, the project team is training other humanitarian actors and the Ministry of Public Health in Lebanon on its peer support approach. A nationally developed peer support manual guides the implementation. It consists of 12 topics, which are harmonised with context-adapted patient education materials. Social workers and nurses, already part of the LRC health facilities, were trained as facilitators during a three-day workshop. The selection of participants focused on clinical baseline values (HbA1c, blood pressure) and “vulnerability”. Leveraging their strong community ties, social workers were able to consider multiple factors of vulnerability and those that are hard to quantify, such as lack of family support, low household income and personal hardship. A WhatsApp group was established by the social workers for peers to share information and connect between sessions, which was especially important during the low-intensity period.

## Selected lessons learned

These lessons are drawn from participant and facilitator feedback during the review process of the peer support manual and preliminary findings from the associated research study.

- **Facilitator workload:** As the social workers had existing responsibilities, their workload – especially for the session preparation – was significant. To address this, they recommended simplifying the manual (e.g., bullet points, more visual), including all required materials in a “facilitation package”, and hoped to have additional support with identifying venues.
- **Appropriate venues:** The venue selection varied across the four implementation sites but often included difficult trade-offs. For example, desired locations closer to the participants lacked space, privacy, electricity or heating options. Proximity was a primary concern, as many peers faced challenges in arranging and affording transport. While peers generally continued attending due to valuing the groups, this may present a friction point in other settings. Facilitators – with support from the project team – can involve peers in selecting their preferred option.
- **Training facilitators:** Social workers appreciated the training and found it useful. Strong facilitation and communication skills seemed to help set the stage during the initial sessions. This contributed to a positive first impression for peers (e.g., feeling respected) and increased their motivation to attend regularly. However, building relationships takes time. Dedicated activities can aid the process, such as exercises on setting ground rules or getting to know each other. Initial sessions can also be useful for eliciting people’s expectations, as some may not expect the interactive nature of peer support.

The study’s emerging findings will be published in peer-reviewed journals and can also be found on the [Partnering for Change website](#).



## Further reading

[Research into multistakeholder approaches in the MENA region](#)

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## Example of session table of contents and outline

### Session table of contents

1. Introductory session	4. Blood pressure	7. Social support	10. Physical activity
2. Diabetes (part 1)	5. Medication	8. Problem-solving	11. Mental activity
3. Diabetes (part 2)	6. Healthy eating	9. Stress	12. Closing session

### Session outline: Social support

<b>Session topic:</b>	Social support		
<b>Session number:</b>	7		
<b>Session duration:</b>	Around 1.5 hours		
<b>Facilitators:</b>	Social worker and community volunteer		
<b>Overall objective:</b>	To highlight to patients with diabetes and hypertension the importance of social support for living with the disease		
<b>Specific objectives:</b>	<ol style="list-style-type: none"> <li>To recognise the importance of the social and cultural environment (community) in psychosocial and peer support</li> <li>To strengthen the local community's role in peer support</li> <li>To explain the importance of communicating with effective assistance providers</li> </ol>		
<b>Planned activities:</b>	Opening Activity	Welcome and introduction	
	Activity 1	Supportive environment	
	Activity 2	Mutual support	
	Activity 3	Closing and evaluation	
<b>Materials needed:</b>	<ul style="list-style-type: none"> <li>• Large sheets of paper</li> <li>• Pens of several colours</li> <li>• Picture of "illumination process"</li> </ul>		



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**Opening activity:** Welcome and introduction**Duration:** (10 minutes)

- Steps:**
- The facilitator welcomes the participants.
  - The facilitator asks each person in the group to mention a few things that a member of the group helped them with or made them feel good about. For example:
    - So-and-so carried my bag.
    - So-and-so taught me how to play chess.
    - So-and-so encouraged me to cook.
    - So-and-so praised my choice of dress colours.
  - Then the facilitator discusses together with the group the following: How can relationships affect our feelings and improve our lives?
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**Activity 1:** Supportive environment**Duration:** 30 minutes**Key messages and information:**

- The importance of the local community's role in supporting patients to live with the disease.
  - The importance of relevant institutions and organisations in our community.
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**Materials needed:** Large papers and pens of several colours

- Steps:**
- Draw a map of the community you live in.
  - Mark places for community service (clinics, municipality, community centre, a place of worship, association, mayor's office, pharmacy, etc.).
  - Mark these places on the map.
  - The group discusses with each other how these places can be a supportive environment to them:
    - What does the municipality offer me as a patient with diabetes or hypertension?
    - What services are available in the clinic and can I access them as a patient with diabetes or hypertension?
  - The group also discusses how to play an active role in these places, especially after the experience they gained from these sessions.
  - Allow the group to discuss, draw a map, and write down ideas.
  - The group presents their work to the facilitator.
  - Then the facilitator documents this map and sends it as an image on the WhatsApp group for use after the sessions.
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**Note for facilitator:**

- Listen to the information from the group.
  - Encourage the group to think together.
  - Remind the participants of place names, in case they may not remember.
  - Let the group talk. Do not intervene unless necessary.
  - Document the map and send it to the group via WhatsApp.
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## Activity 2: Mutual support

**Duration:** 30 minutes

### Key messages and information:

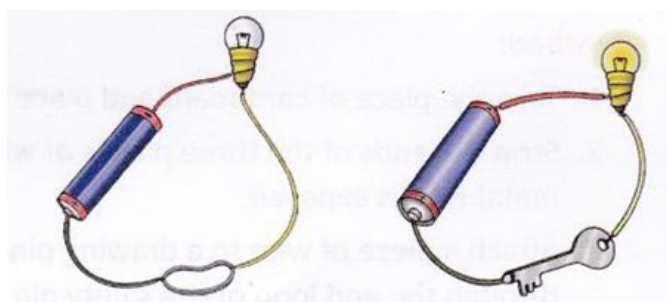
- The importance of the group's support to each other.
- Promote a culture of seeking support when needed.

**Materials needed:** Large papers and pens

**Specific objective:** To strengthen the group's support to each other.

### Steps:

- The facilitator presents pictures to the participants and asks them what they see in them.



- The facilitator then shows the participants a picture indicating the comparison of the group's support to each other to the light illumination process in physics. The facilitator explains the importance of communication and cohesion of the ends of the electric circuit in order to ignite the light.
- Then the facilitator says the following: "In terms of relationships, there are two types of people; they are connector person and breaker person. The connector person helps to illuminate the light, i.e. able to provide support and assistance to people, while the breaker is a person who affects the process of illumination, i.e. providing assistance."
- The facilitator emphasises the importance of communicating with people who are able to provide assistance and support, and staying away from people who are unable to provide any kind of assistance.

### Note for facilitator:

- Receive information from the group.
- Encourage the group to think together.
- Let the group support each other.
- Listen to the group.



### Activity 3: Concluding activity

Duration: 10 minutes

#### Key messages and information:

- Social support plays a positive role in living with the disease.
- Seek support from the group when needed.
- The local community plays a great role in supporting us.
- You need to know the role of institutions within your community and their services.
- The facilitator thanks the group for their participation in the session.
- The facilitator asks the group how they feel about the session (encourages participants to comment).

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**Specific objective:** To close and evaluate.

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**Steps:** The facilitator sends the evaluation link to the WhatsApp group and asks the group to click on the link and fill out the form. The facilitator reads the questions aloud to everyone in case there are people who cannot read.

- Was the information clear and simple? (Yes/ No)
- Did this session meet your expectations? (Yes/ No)
- Did the facilitator present the topics in a clear way? (Yes/ No)
- Does the facilitator accept suggestions? (Yes/ No)
- Was the general atmosphere of the session comfortable? (Yes/ No)
- Will you pass on what you learned today to your friends? (Yes/ No/ Probably)

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This case study was informed by internal project documents and developed jointly with Rima Kighsro Naimi, Lars Bruun Larsen, Jytte Roswall (Danish Red Cross) and Carla Njeim (Lebanese Red Cross)

#### Sources

1. Fouad FM, Diab J, Cosette M, Coutts AP, Deakin S, Daoud A. Lebanon: the failed state: how politics and policy shapes population health and wellbeing. *R4HC-MENA, GCRF*. Published online 2020.
2. Bou Sanayeh E, El Chamieh C. The fragile healthcare system in Lebanon: sounding the alarm about its possible collapse. *Health Econ Rev*. 2023;13(1):21. doi:10.1186/s13561-023-00435-w
3. Willis R, Akik C, El-Dirani Z, Truppa C, Zmeter C, Fleri F, et al. Patient experiences of diabetes and hypertension care during an evolving humanitarian crisis in Lebanon: A qualitative study. *PLOS Global Public Health*. 2023;3(12):e0001383. doi:10.1371/journal.pgph.0001383