Lebanon Response Plan Health Sector Strategy
Annex 1: Health Severity Scale and PiN Overview for Lebanon 2024

Background

This document provides an in-depth description of the Lebanon Health sector's approach to calculating the figures for Health sector severity and People in Need (PiN) for 2024. The Health sector severity scale and PiN are grounded on a global methodology (described below) that relies on numerous data sources and evidence. The severity and PiN provide a foundation for understanding areas of greatest health need and a basis for targeting of sectoral interventions.

It is important to note that OCHA and Inter-Agency produce an *inter-sectoral* severity and PiN exercise. The *inter-sectoral* methodology aims to capture both sector-specific inputs as well as cross-cutting contextual factors. The approach to the inter-sector severity scale and PiN falls under so-called Scenario B under global guidance. While the Health sector has contributed to the inter-sectoral process, when planning its health response strategy, the Health sector defers to the ***Health sector*** severity and PiN.

Key Definitions[1]

Severity: When assessing needs, it is crucial to ascertain the severity of the situation. In this context, need can be simplified to a basic question: Is someone or a household in need or not? Severity provides further insight by helping to determine the extent of need for an individual, household, or population. Measurements of severity typically assess either the degree or magnitude of the need.

People in Need: PiN refers to the quantification of the number of individuals with identified needs, disaggregated as appropriate. It aims to provide the count of people in need of health assistance, categorized by geographic regions, specifically districts (qada) in the case of Lebanon. Data are typically required to be disaggregated by gender, including women, men, girls, and boys, as well as by population group and individuals with disabilities.

In any emergency setting, it is essential to define the population affected by the crisis, those in need as a consequence, the individuals targeted by humanitarian action, those reached by humanitarian efforts, and ultimately, whose needs are addressed by such action. The PiN serves to define those in need and establishes the foundation for targeted interventions within the sector.

According to the Inter-Agency Standing Committee (IASC), people in need are defined as "those members [of a population] whose physical security, basic rights, dignity, living conditions, or livelihoods are threatened or have been disrupted AND whose current level of access to basic services, goods, and social protection is inadequate to re-establish normal living conditions with their accustomed means in a timely manner without additional assistance."[2]

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[1] Global Health Cluster PiN & Severity Guidance 2.0.
[2] IASC, Humanitarian Population Figures, 2016.

Methodology

Global guidance on PiN and severity methodology provided by the Joint Inter-Sector Analysis Framework (JIAF) underwent significant revision in 2022. As the JIAF was not designed to produce health- specific PiN or Severity, the [Global Health Cluster](#) (GHC) has issued two critical documents in September 2021 and tools that form the basis of the Health sector PiN and severity calculation approach in Lebanon:
- GHC PiN & Severity Guidance 2.0
- GHC PiN and Severity Calculator

The PiN and Severity Calculator rely on indicators from broad categories of data such as a) health resources (HR), b) health status (HS), and contextual factors (CF). The selected indicators for Lebanon are further elaborated in the matrices below.

The data for the Lebanon Health Sector severity and PiN are derived from three main sources:
1. Routine health data from the Ministry of Public Health (MoPH), Lebanon.
2. Multi-Sectoral Needs Assessment (MSNA), 2023.
3. Vulnerability Assessment for Syrian Refugees (VASyR), 2023.

Data Sources and Data Limitations within Lebanon Health Sector Severity and PiN Methodology:
- For some MoPH data sets, data are only available at the governorate (mohafaza) level rather than the district level. In these instances, severity and PiN calculations must be made at the governorate level and applied across all districts within the governorate. This approach limits the precision and stratification ability of these indicators to distinguish between different geographic areas. Consequently, the weight of these indicators has also been reduced.
- Population data sets are derived from various sources compiled between 2017 and 2021 provided by OCHA. Given significant Lebanese migration both out of Lebanon and from urban to rural areas, a refreshed data set is needed for a more accurate estimation of both the extent and location of need.
- The Multi-Sectoral Needs Assessment (MSNA) was conducted in Lebanon among Lebanese, Migrant, and Palestinian Refugee households. Certain geographic areas and households of higher economic strata proved challenging to access. Additionally, the number of samples in some questions was limited. Improvements and refinements in the survey tool and sampling are expected in subsequent years.
- The VASyR in Lebanon, conducted among UNHCR-registered displaced Syrians, relies on self-reported data, introducing potential bias. To mitigate this bias, enumerators received training to provide participants with a comprehensive explanation of the survey's purpose, risks, and benefits, ensuring their informed consent. The survey, typically administered to the head of household or another adult member, is household-based, and individual interviews with each family member were not conducted, posing challenges for accurate information on sensitive topics like child labor or harassment.
- Where appropriate, suggested global severity scale thresholds have been modified to fit the Lebanese context, in consultation with technical experts.

Lebanon Health Sector PiN Indicators: By Category

Data Category	Indicator	PiN Threshold	Admin level	Data source
Health Resources	Percentage of people reporting they are unable to access health services when required – *For Lebanese, PRLs and migrant population*	20%	District	MSNA
	Percentage of households that reported 2 or more barriers to health care that are I related to the current crisis – *For Lebanese, PRLs and migrant population*	20% - % with 2+ barriers	District	MSNA
	Number of health facilities (Primary) per 50,000 population – *For Lebanese, PRLs and migrant population*	2	District	MoPH
	Percentage of PHC Network facilities that deliver essential package of health Services – *For Lebanese, PRLs and migrant population*	80%	District	MoPH
	Percentage of households that report no insurance coverage or NSSF coverage only – *For Lebanese, PRLs and migrant population*	20%	District	MSNA
	Number of inpatient hospital beds (both public and private) per 10,000 People – *For Lebanese, PRLs and migrant population*	17	Governorate	MoPH
	Percentage of people reporting they are living Below MEB – *For Syrian population*	100%	District	VASyR

Lebanon Health Sector Severity Scale Indicators and Thresholds: By Severity Level

| Topics (weight)	Indicator	Global Standard	1	2	3	4	5
			None/Minimal	Stress	Severe	Extreme	Catastrophic
Health Resources (30%)	Percentage of people reporting they are unable to access health services when required	n/a	< 20%	20%	40%	60%	>80%
	Percentage of households that report no insurance coverage or NSSF coverage only	n/a	<= 20%	<= 30%	<= 40%	<= 50%	> 50%
	Number of health facilities (Primary) per 50,000 population	1 PHC2 per 50,000	>3	3	2	1	0.5
	Percentage of healthcare facilities that deliver essential package of health services	n/a	>80%	80%	60%	40%	20%
	Number of inpatient beds per 10,000 population	17 per 10,000	>= 18	>= 18	17	11	5
Health Services (70%)	Proportion of Drop out MMR1 to MMR 2	n/a	< 5%	< 10%	< 14%	< 20%	> 20%
	Percentage of hospital admissions linked to hypertensive and cardiovascular disease out of the total number of admissions for Lebanese patients supported by MOPH	n/a	<= 1.5	1.5	2.0	2.5	>3.5

Please note that the health sector provides a unified severity scale for all population groups.

2022 Health Sector Severity and PiN Results

Governorate	District	Severity	Lebanese PiN	Migrant PiN	PRL PiN	PRS PiN	Syrian PiN
Akkar	Akkar	4	112,681	671	13,325	1,413	146,310
Baalbek-El Hermel	Baalbek	4	95,259	2,461	1,846	1,245	170,281
Baalbek-El Hermel	El Hermel	3	19,490				13,730
Beirut	Beirut	3	118,604	11,370	4,975	470	25,540
Bekaa	Rachaya	3	16,927	3,316	3,183	2,850	8,432
Bekaa	West Bekaa	3	37,221				76,242
Bekaa	Zahle	3	88,246				189,137
Mount Lebanon	Aley	3	116,217	52,121	21,126	5,317	76,909
Mount Lebanon	Baabda	3	225,135				118,873
Mount Lebanon	Chouf	3	114,320				56,630
Mount Lebanon	El Meten	2	217,762				38,223
Mount Lebanon	Jbeil	3	78,344				8,873
Mount Lebanon	Kesrwane	2	96,598				14,549
El Nabatieh	Bent Jbeil	3	61,622	6,631	644	410	9,505
El Nabatieh	El Nabatieh	3	106,525				24,307
El Nabatieh	Hasbaya	2	18,723				4,503
El Nabatieh	Marjaayoun	3	46,901				9,204
North	Bcharre	2	9,072	2,152	13,319	2,174	1,595
North	El Batroun	3	16,527				16,123
North	El Koura	3	36,941				19,372
North	El Minieh-Dennie	4	72,252				71,878
North	Tripoli	3	119,429				52,766
North	Zgharta	3	44,132				23,157
South	Jezzine	3	12,676	7,892	60,135	9,147	3,443
South	Saida	3	161,053				51,479
South	Sour	3	154,992				26,856
	TOTAL	-	2,197,647	86,614	118,552	23,036	1,260,000
	% POPULATION[3]	-	57%	54%	66%	100%	84%

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[3] Lebanese population: 3.864M, source: Labour Force and Household Living Conditions Survey (LFHLCS) 2018–2019 (CAS, ILO); Migrants Population: 160,738, source: Migrant Presence Monitoring (MPM) 2023 (IOM); Palestinian Refugees in Lebanon population: 180,000, source UNRWA -Lebanese Palestinian Dialogue Committee: Population and Housing Census in Palestinian Camps and Gatherings 2017, Central Administration of Statistics (CAS) and Palestinian Bureau of Statistics (PCBS) x 3.1974 (as growth rate from July 2017). PRS population: 23,026, source: UNRWA 2022 estimates based on registration data. Syrian Population: 1.5M, source: LCRP / GoL Estimate of 1.5 million Displaced Syrians, UNHCR Registration and Assistance Databases September 2023, Informal Settlements Mapping Project IAMP112.

Health Sector Severity Scale Map by District
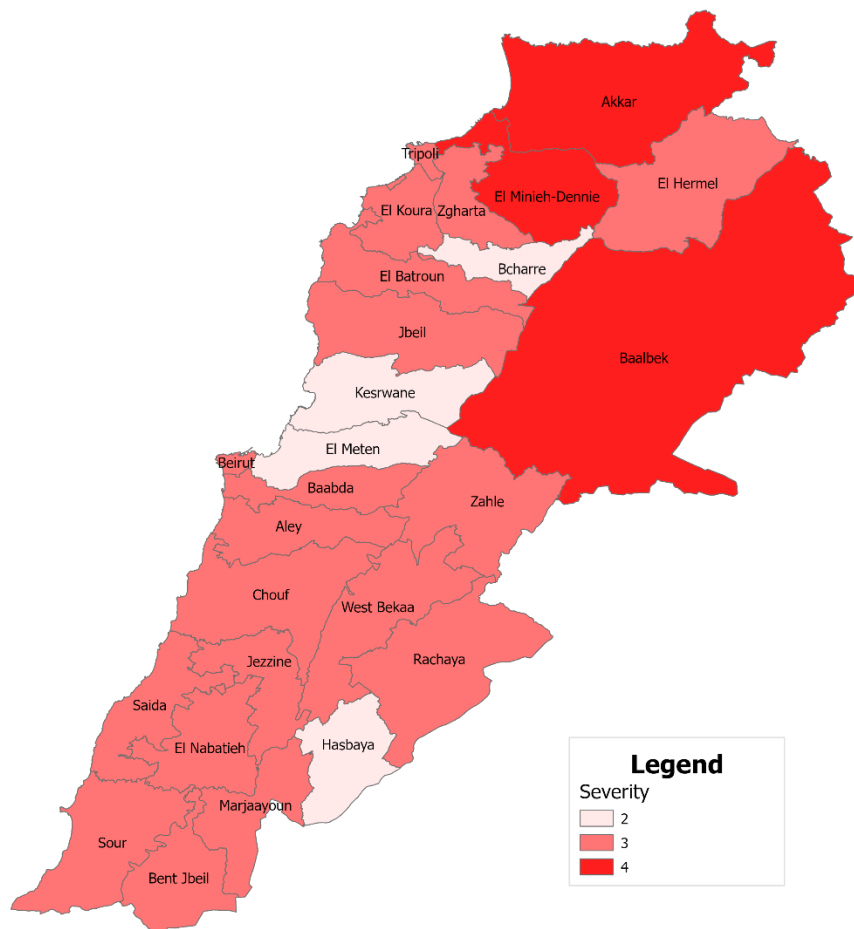
For additional information, please contact:
- Health Sector Coordinator, WHO: Dr. Md Shajib Hossain at smd@who.int
- Health Sector Coordinator, UNHCR: Stephanie Laba at labas@unhcr.org
- Health Sector Co-coordinator, Amel Foundation: Maher el Tawil at healthresponse@amel.org
- Health Sector Information Management, WHO: Bahaa Al Deen Hilal at hilalb@who.int
- Health Sector Information Management, UNHCR: Maroun Sader at sader@unhcr.org