HEALTH SECTOR

PEOPLE IN NEED

3,036,200

PEOPLE TARGETED

2,476,681

NEEDS-BASED APPEAL

$300M

PARTNERS

50

GENDER MARKER

4*

**Intends to contribute to gender equality, including across age groups AND/OR people with disabilities*

CONTACT

LEAD MINISTRY
Ministry of Public Health (MoPH)
Dr. Randa Hamadeh
randa_ham@hotmail.com

CO-LEAD AGENCIES
WHO
Dr. Alissar Rady
radya@who.int

UNHCR
Dr. Jakob Arhem
arhem@unhcr.org

COORDINATING AGENCY
UNHCR
Stephanie Laba
labas@unhcr.org

SECTOR OUTCOMES

OUTCOME 1:

Improve access to comprehensive primary healthcare (PHC)

INDICATORS

- Percentage of displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) accessing primary healthcare services
- Percentage of vaccination coverage among children under 5 residing in Lebanon

OUTCOME 2:

Improve access to hospital (including. Emergency Room (ER) care) and advanced referral care (including advanced diagnostic laboratory and radiology care)

INDICATOR

- Percentage of displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) admitted for hospitalisation per year

OUTCOME 3:

Improve outbreak & infectious diseases control

INDICATOR

- Number of functional Early Warning, Alert and Response System (EWARS) centers

OUTCOME 4:

Women, men, girls and boys in all their diversity have their fundamental rights respected and have access to basic services and information (justice, health, education)

INDICATOR

- Percentage of the population reached with health integrated messages

POPULATION COHORT	PEOPLE IN NEED	PEOPLE TARGETED	FEMALE ♀	MALE ♂
Vulnerable Lebanese	1,500,000	1,062,681	552,594	510,087
Displaced Syrians	1,365,000	1,365,000	701,610	663,390
Palestinian Refugees from Syria	29,000	29,000	15,022	13,978
Palestine Refugees in Lebanon	142,200	20,000	9,920	10,080

1. SITUATION ANALYSIS

Following many consecutive years of addressing the health needs of displaced Syrians, vulnerable Lebanese, Palestinian refugees from Syria and Palestine refugees in Lebanon, the Health sector was further strained in 2021 by the pressure of unprecedented health, economic, financial,[1] social, security and political crises that occurred throughout 2021. The multifaceted crises started late in 2019 with country-wide protests in response to a deteriorating socio-economic situation. The situation was compounded by the Coronavirus Disease (COVID-19) outbreak[2] that was first detected in Lebanon in February 2020 and led to multiple mitigation and general mobilisation measures country-wide. The health system was further affected in August 2020 by the devastating Beirut Port explosions[3] and in August 2021 by another explosion that took place in Akkar, North Lebanon.[4]

This challenging situation hindered the ability of the Health sector to respond to the increased needs of a growing vulnerable population while impeding their access to primary healthcare[5] and hospital care services from both the supply and demand sides. In particular, the multi-layered crisis in Lebanon has significantly compromised maternal, infant and young child feeding and nutrition and has increased the risk of acute and chronic malnutrition among the most vulnerable groups. Based on the preliminary findings of the National Nutrition Survey 2021, stunting continues to represent a health challenge in several governorates, mainly among displaced but also among Lebanese populations.

Equitable access to quality and affordable primary healthcare and hospital care services continues to be challenging for all population cohorts. According to the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) 2021, those who didn't access the healthcare they needed couldn't afford it, with the cost of treatment (73%), doctor's fees (67%) and transportation (40%) cited as the top reasons for not having access overall. Female-headed households (FHH) (82%) more commonly reported not accessing healthcare because of the cost of drugs/treatment than male-headed households (MHH) (71%). MHH (41%) reported lack of access due to cost of transportation more commonly than FHH (34%). With affordability remaining the main challenge to accessing healthcare services, additional barriers that continue to hinder the accessibility and the timely use of services in Lebanon at the supply and demand levels are related to availability, geographical accessibility and acceptability. Demand-side determinants influencing the ability to use health services were represented by the fact that vulnerable populations were unable or unwilling to seek healthcare services while supply-side determinants were aspects inherent to the overstretched health system that was struggling to bear the pressure caused by growing demand, scarcity of resources and increased financial hardship. One of the signs of health system struggle is the observed deterioration in health indicators, such as neonatal mortality rates.

Considering the amplified challenges and the multiple layers of economic, financial, social and political complications, access was exceptionally difficult for people with disabilities, female-headed households, sexual and gender-based violence survivors and older people. Studies and assessments have documented pervasive rates of maternal depression among both Syrian and Lebanese women. Furthermore, lack of access to menstrual hygiene products is another factor negatively affecting girls' and women's wellbeing and mental health. According to the Child-Focused Rapid Assessment conducted in April 2021, 75 per cent of children aged 6-14 in Lebanon had difficulty concentrating or were unable to concentrate on their studies at home and 80 per cent of children in Lebanon are worse off in April 2021 than they were at the beginning of 2020. The protection monitoring reveals that 12 per cent of displaced Syrian children report mental health related symptoms such as concentration problems, mood swings, aggressivity and feeling depressed. According to another assessment, 73 per cent of adolescent girls and boys (72% of Syrians and 81% of Lebanese) and 96 per cent of caregivers (94% of Syrians and 99% of Lebanese) reported feeling stressed. Girls (62%) were more likely to report symptoms of stress and anxiety compared to boys (45%).

In addition, concerns about protection threats and conflict sensitivity were on the rise, including fuel and electricity shortages and movement restrictions. And health-related environmental issues became exceptionally concerning, namely the medical waste management at the primary healthcare and hospital care levels. Over the last three years, refugee-host community relations in Lebanon have been on a negative trajectory. In August 2021, 36 per cent of respondents reported negative inter-communal relations, as compared to 21 per cent in July 2018. Competition over access to services is also increasingly cited as a source of inter-communal tensions, in particular access to electricity and medical care. Some 25 per cent of respondents list access to services as a tension driver. Access to basic services such as healthcare – which are severely strained – remain key priorities for the population. As of August 2021, levels of dissatisfaction with health services rose to exceed those observed in previous years, including at the height of the pandemic, with 63 per cent assessing the current quality of health services in their area as poor or worse. These negative perceptions have likely been driven by a number of related factors, including fears of a second wave of the Delta variant of COVID-19, shortages in medical equipment and medications and other factors related to the current economic crisis and the fuel crisis occurring at the time of the survey.

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[1] *In the past two years, the Lebanese pound lost more than 90 per cent of its value, reaching a rate of $1 = 23000 Lebanese Pounds (LBP). The inflation rate in 2020 reached 84.8 per cent while the first six months of 2021 saw an inflation rate of 131.9 per cent, according to the World Bank.*

[2] *The response to the COVID-19 outbreak in Lebanon is covered under the Emergency Response Plan (ERP) mechanism.*

[3] *On 04 August 2020, a large amount of ammonium nitrate stored at the port of the city of Beirut, the capital of Lebanon, exploded, causing at least 203 deaths, 6,500 injuries, and $15 billion in property damages, and leaving an estimated 300,000 people homeless. The response to the Beirut Port explosions was planned in line with both the COVID-19 action plan and the existing Health sector strategy that aims to ensure equitable and sustainable access to quality physical and mental healthcare services for the vulnerable resident population in Lebanon.*

[4] *At least 33 people were killed by a fuel tanker explosion in Tleil, Akkar District, Lebanon on 15 August 2021. The survivors were evacuated to several hospitals in the area and in Beirut. The direct impact of the explosion was handled under the Emergency Response Plan (ERP).*

[5] *Primary healthcare includes vaccination, medication for acute and chronic conditions, noncommunicable diseases care, sexual and reproductive healthcare, malnutrition screening and management, mental healthcare, dental care, basic laboratory and diagnostics as well as health promotion.*

2. OVERALL SECTOR STRATEGY

NATIONAL PRIORITIES

The Health sector's theory of change is centred around the removal of access barriers for women, men, girls and boys of all ages, genders, disability and diversity backgrounds. This can be achieved through safe, dignified, accountable and inclusive health service provision that will require coordinated interventions in different areas. Areas of intervention will include three prongs:

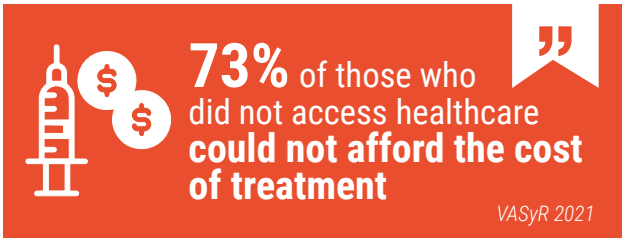
1. Strong and resilient comprehensive and complementary[39] primary, secondary and tertiary physical and mental healthcare;
2. An effective outbreak and infectious diseases control; and
3. An increased provision of health information to women, men and youth, including children and adolescent boys and girls.

Through the removal of access barriers to primary healthcare services and hospital care information, in conjunction with support of healthcare institutions, the supply and demand of services will increase and therefore, the proportion of population benefitting from healthcare services will increase. Additionally, supporting outbreak and infectious diseases control will protect the population from preventable diseases. Subsequently, excess mortality, morbidity and disability, especially in poor and marginalised populations, will be reduced. Healthy lifestyles will also be promoted, with a highlight on noncommunicable diseases (NCD), and risk factors to human health that arise from environmental, economic, social and behavioural causes will be reduced. Health systems that equitably improve physical, mental health and nutrition outcomes while responding to people's legitimate demands will be promoted and financially inclusive. In addition, national policies will be bolstered, an institutional environment for the Health sector will be reinforced and an effective health dimension to social, economic, environmental and development pillars will be promoted. As a result, this will contribute to a positive health impact over the longer term where vulnerable populations have equitable access to basic services through national systems.

Based on lessons learnt during the implementation of the LCRP 2017-2021, the Health sector will maintain its commitment to align its areas of work in 2022 with the Sustainable Development Goals (SDGs),[6] in particular SDG 3,[7] with a focus on universal health coverage and recommended SDG targets for neonatal mortalities. The MoPH response strategy, drafted in 2015 and updated in 2016,[8] serves as the guiding document for the LCRP Health sector strategy. Activities under the LCRP fall within the scope of this strategy, ranging from community outreach and awareness to preventive activities to curative and referral services. By 2022, the strategy continues to aim for the progressive expansion and integration of these services in the existing national healthcare system, in an effort to secure universal health coverage.

The Health sector will continue to shift the health response towards investments in the public health system, thereby strengthening and enhancing institutional resilience with the ultimate goal of sustaining and assuring the quality of service provision. The Health sector will support the strengthening of the national health system by carrying out inter-related functions in human resources, finance, governance, capacity building, information and health information systems. In addition, support to procure medical products, including personal protective equipment, vaccines and data technologies, will be prioritised. This in turn will help the sector attain a positive and sustainable impact on health indicators, and thus on health outcomes, for both the medium and long terms. Direct service delivery components of the strategy will also be maintained to cover critical short-term needs for vulnerable people.

In line with the national mental health strategy and in close collaboration with the National Mental Health Programme (NMHP) under MoPH guidance, the Health sector will ensure that mental health services are improved across Lebanon. This will be linked to the need to prioritise increased access to quality and evidence-based mental health services, including psychotropic medications[9] at three levels. This will include: a community-based level through a multi-disciplinary specialised team; a primary healthcare level through trained and supervised staff as part of the subsidised packages; and a hospital level through the establishment of a psychiatry ward. These will all take into consideration the need to support psychiatric institutions[10] as part of the transition to promote people-centred and human rights-based community mental health services. The Health sector will also ensure collaboration with the NMPH for the revision and update of MoPH guidance beyond 2021 and will further coordinate with the Protection sector for the roll-out and mainstreaming of mental health activities.



[6] *Combined in such a way as to complete or supplement additional services.*
[7] *SDG3: "Ensure healthy lives and promote wellbeing for all at all ages."*
[8] *The Ministry of Public Health Response Strategy serves four strategic objectives: Increase access to healthcare services to reach as many displaced persons and host communities as possible, prioritizing the most vulnerable; Strengthen healthcare institutions and enable them to withstand the pressure caused by the increased demand on services and the scarcity of resources; Ensure health security, including a strengthened surveillance system for the control of infectious diseases and outbreaks; and improve child survival rates.*
[9] *In line with the National Guide for Rational Prescription of Medication for priority mental health and neurological conditions.*
[10] *Institutions contracted with the Ministry of Public Health and registered as mental health institutions, such as Deir Salib and Dar Ajaza.*

As for nutrition activities, preliminary results of the National Nutrition Survey 2021 underline an increased prevalence of acute malnutrition, reaching 4 per cent among children and 5 per cent among pregnant and lactating women (PLW). Findings show that the prevalence of moderate and severe stunting is at 25 per cent among displaced Syrians (which represents 73 per cent of the total number of stunted children in Lebanon) and that over 40 per cent of women and children are affected by a degree of anaemia which imposes lifelong irreversible impacts on their wellbeing and cognitive capital. Additionally, 70 per cent of young children are not being exclusively breastfed and 90 per cent of children are deprived of minimum acceptable diets (MDA) in their early years. Based on these results and on the forecasted increase in multi-nutrient deficiencies, the Health sector will scale up concerted efforts and programmatic solutions to address the nutritional needs of vulnerable children and women. The sector will work to enhance key nutrition interventions, including skilled breastfeeding counselling, detection and management of all forms of malnutrition. It will also enhance the provision of recommended micronutrient supplementation while working very closely with the Nutrition sector. To address the lack of up-to-date data on nutrition and the different forms of malnutrition, the Health sector will support a series of multi-sectoral assessments.[11] The Health sector will actively contribute to the set-up and implementation of nutrition activities and will support existing and upcoming nutrition policies, strategies and surveys. Together with the Nutrition sector, the Health sector will ensure a comprehensive nutrition response guided by the principles of prevention, focusing on meeting nutrition needs throughout the lifecycle and supporting improved diets, practices and services for the nutritional well-being of children and women.

The sector will ensure that COVID-19 preventive measures are mainstreamed throughout all activities, including the safety of both healthcare workers and targeted populations.

The Health sector will focus on balancing the targeting across all population groups. Additionally, in an increased effort to mitigate social tensions, non-Syrian displaced populations, including non-sponsored migrant workers, will indirectly benefit from increased access to primary healthcare and hospital care services offered by the Health sector's partners. The sector will work to enhance referral mechanisms and to ensure equitable access to quality physical and mental healthcare for the vulnerable population while prioritizing the most marginalised groups. At the same time, the sector will take into consideration gender balance and emerging needs such as mental health and nutrition of the most vulnerable populations like infants, pregnant women, lactating mothers, adolescent boys and girls and older people.

The Health sector will increase its contribution in 2022 to strengthen public health knowledge and evidence-based practices implemented by sector partners.

For this, the Health sector has established a research committee[12] with the objectives of decreasing duplication of assessments, channelling available research resources to the gap in information and not merely to academic interest and ensuring ethical considerations are accounted for when assessments or research target displaced populations and vulnerable communities. The LCRP health research committee will review planned assessments for justification and indications, methodology, ethical principles and coordination with existing or planned assessments; and will review proposed research relating to health amongst displaced and vulnerable populations and ensure agreed criteria are met.

The Health sector will work closely with all sector partners to strengthen planning and coordination by reinforcing the existing coordination mechanisms, which are essential to ensuring a harmonised response and prioritisation of services. The sector will follow the Regional Refugee and Resilience Plan (3RP) guidance to ensure alignment and coherence with the response and will maintain close coordination and communication with two co-existing response frameworks: firstly, the Emergency Response Plan (ERP) mechanism[13] established to respond to the COVID-19 outbreak and the direct humanitarian health needs of vulnerable Lebanese and migrants impacted by the deteriorating economic and financial situation; and secondly, the Recovery and Reconstruction Framework for Lebanon (3RF)[14] designed to help Lebanon address the immediate and longer-term needs of the population affected by the Beirut Port explosions.[15] This will enable a more efficient and effective delivery of services, which is particularly important when considering the multifactorial nature of the ongoing and concurrent crises in Lebanon. It will also ensure smooth planning, implementation and reporting processes for Health sector partners and contribute to increased accountability.

Regular meetings, guidance development, information dissemination, consistent reporting, monitoring of contingency indicators and situation analysis will be maintained and reinforced to ensure precise, dynamic and fluid coordination between the different forums,[48] avoid duplication, identify gaps in service provision and advise on programme designs. The sector will commit to providing programmatic guidance and support to partners based on needs and to meet on a monthly

[11] *Assessments include a survey including anthropometric measurements, anaemia, screening, knowledge, practices and attitudes on maternal, infant and young child feeding practices.*

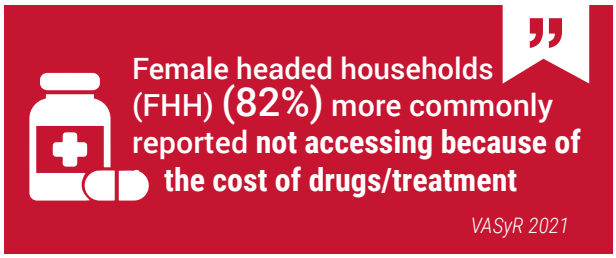
[12] *The research committee is composed of members nominated and selected with the possibility of rotational membership. Members are composed of the Ministry of Public Health, United Nations agencies, international and national non-governmental organisations from the Health core working group.*

[13] *The Emergency Response Plan (ERP) was published in the margins of the International Conference for Support of the Lebanese People chaired by France and the United Nations on 4 August 2021. The Emergency Response Plan seeks to mobilise $378 million to provide life-saving support to the 1.1 million most vulnerable individuals, under Food Security, Health, Nutrition, WASH, Education, Child Protection and Gender-Based Violence sectors.*

[14] *The Lebanon Reform, Recovery and Reconstruction Framework (3RF) is part of a comprehensive response to the massive explosion on the Port of Beirut on August 4, 2020. It is a people-centred recovery and reconstruction framework focusing on a period of 18 months that will bridge the immediate humanitarian response and the medium-term recovery and reconstruction efforts to put Lebanon on a path of sustainable development.*

[15] *Lebanon Crisis Response Plan, Emergency Response Plan (ERP), Recovery and Reconstruction Framework for Lebanon (3RF).*

basis as a comprehensive unified central health working group. The sector will also share all needed decisions and guidance with partners and monitor the sector's outcomes and indicators. Core group meetings will be conducted on a trimester and ad-hoc basis when needed to follow up on situations and make strategic sector decisions. Service mapping segregated by outcome and output level will be updated on a routine basis to prevent duplication of activities and advise on programmatic gaps. In addition to new ways to bring cross-sector partners together across levels, new forums will likely emerge. Innovative approaches to fostering multi-sector collaboration to achieve health equity and quality health outcomes for patients will require participation from different partners. The Health sector will closely work with other sectors, namely Social Stability, Protection, Child Protection, SGBV, Education, Nutrition and Water, Sanitation and Hygiene (WASH) to mitigate risks and mainstream notions of conflict sensitivity, gender, youth, persons with specific needs and environment.



ASSUMPTIONS AND RISKS

In addition to the specific risks associated with each outcome discussed later under "sector results", general assumptions and risks fall into three main categories: funding, equity and data.

It is assumed that the global community will continue to support the Health sector in Lebanon and that support for strengthening the health system will be increased. However, the healthcare system has been weakened by the socio-economic situation as well as the COVID-19 outbreak. The volatility of the situation and the growing numbers of vulnerable populations, especially among the host community, are contributing to increased health risks. Shortages of medicines and fuel and high prices of medical equipment are examples of the challenges faced by the Health sector. These are likely to trigger increased tensions, given that competition in accessing services may arise as more Lebanese are attempting to seek support. They could also result in access issues as well public-facing antagonistic campaigns. The risks affecting this assumption are weakened global financing for health; the current Lebanese socio-economic crisis and austerity plan (including the subsidies withdrawal); and procurement challenges. Such outcomes may weaken the healthcare system and delay or impede health programming, and therefore further hamper the access of vulnerable populations and communities to primary, secondary and tertiary healthcare.

The Health sector remains determined to equitably expand access to health services and information. There is a risk, however, that the focus is on the broad majority, with insufficient attention to marginalised groups. This jeopardises equitable access to health information and services. Supporting health systems without a strong equity focus could exacerbate inequities in both the supply and demand side of accessibility. A key role will be to draw attention to those "left behind" and most marginalised and priority groups, and to review systems and policies not only for achieving better averages, but also to become more inclusive and equitable and to monitor patterns in utiliz]sation and service delivery to identify who may be getting left behind.

Administrative data systems should be able to track access and health outcomes and point to health system gaps. There is a real possibility that the available data does not sufficiently disaggregate, preventing the development of measures to reach and support those left behind. Data may not be available, especially on quality of services, or may not be sufficiently or systematically used, with limited accountability for results. Data protection and patient confidentiality is an additional risk when it comes to using platforms outside the system. Support for the strengthening of unified, systematised, and institutionalised health data systems is required, including staffing and technical support at the national and local levels, in addition to establishing health records that are linked between primary healthcare and hospital care. This includes support for more disaggregation of data—including information on people with specific needs.

Sector Results: LCRP Impacts, Sector Outcomes, Outputs and Indicators

The Health sector has identified four main outcomes for the sector strategy in 2022 and its direct contributions to Impact 3: "vulnerable populations have equitable access to basic services through national systems". These outcomes are based on the sector's analysis of the protective environment, considering the challenges faced by different ages, genders and diversity groups in accessing health services. The Health sector's approach to the delivery of equitable health services is strongly rooted in a vulnerability and rights-based approach to programming. Outputs and activities under each outcome of the strategy are designed to ensure that different groups have equitable access to affordable, essential, and high-quality prevention, promotion, treatment and referral care services.

EXPECTED RESULTS

Outcome 1 – Improve access to comprehensive primary healthcare (PHC)

Strengthening the health system remains a key priority in 2022, given the increasing demand on services and scarcity of resources. This will ensure greater geographical coverage and accessibility, including for people with disabilities, to quality primary and inclusive healthcare services. This will also increase the public trust in the quality of affordable services provided at the level of the primary healthcare centres. Under this outcome, it is assumed there will be an increased need for affordable, subsidised primary healthcare and that health partners will continue to provide support to the MoPH's primary healthcare network which provides equitable and low-cost access to quality health services.

As part of the comprehensive package of primary healthcare, nutrition activities will be ensured including screening and management of acute malnutrition and the provision of micro-nutrient supplements to children and pregnant and lactating women.

Output 1.1 – Financial subsidies and health promotion provided to targeted population for improved access to a comprehensive primary healthcare package

The sector aims to support equitable access to comprehensive[16] quality primary healthcare to displaced Syrian and non-Syrian individuals (whether registered or non-registered as refugees by the United Nations Refugee Agency (UNHCR)) and vulnerable Lebanese individuals, primarily through the MoPH network of primary healthcare centres and dispensaries (including the Ministry of Social Affair's social development centres in instances where there is uneven geographical coverage, or where the caseload is too heavy for the network to bear).[17] A specific focus will be to increase mental health and nutrition awareness and services to account for the increasing needs and to improve physical and non-physical access to primary healthcare for persons with disabilities.

To identify, refer and attend to the needs of children and mothers with acute malnutrition, screening will be undertaken at both the community and health facility level through the growth monitoring and promotion program. The results of the screening will also be used for monitoring the trends of acute malnutrition as a light surveillance system. Mitigation plans will be put in place to make sure the critical services to manage acute malnutrition are minimally affected by potential lockdowns imposed due to potential COVID-19 outbreak spikes. To address the high burden of anaemia among children, adolescents and women, they will be provided with targeted and preventive micronutrient supplementation and home-based fortification schemes. To address the various consequences of period poverty among females in reproductive age, namely physical and mental wellbeing, mobility restrictions, dropping out of school, social stigma and taboo and maintaining dignity and bodily autonomy, the Health sector partners will ensure mainstreaming menstrual hygiene management in the various programmes at the primary healthcare level. Displaced non-Syrians will benefit from the primary healthcare support offered by partners on a non-discriminatory basis. Support for a comprehensive primary healthcare package in 2022 will continue taking into consideration preventive measures to cope with the COVID-19 situation. Key elements under this output include:

- Prioritise comprehensive financial support: improved comprehensive financial support will be provided to displaced Syrian and vulnerable Lebanese individuals, Palestinian refugees from Syria and Palestine refugees in Lebanon who are unable to access health services due to their economic conditions. Non-Syrian displaced populations, including non-sponsored migrant workers, will benefit from increased access to primary healthcare services offered by sector partners based on a non-discriminatory approach. Health partners will continue to support better access by reducing cost-related barriers, such as doctor's fees, additional treatment and transportation expenses through complementary programme activities. Partners will provide additional focus to ensure a balanced targeting among population cohorts and to increase targeting to vulnerable Lebanese individuals, considering the ongoing crises and financial hardship. In 2022, the sector will align[18] with the immediate response model (IRM) and the national task force, which is working towards the development of a national standardised long-term primary healthcare subsidisation protocol (LPSP). The unified financial model created will help reduce out-of-pocket expenditure through a sustainable long-term approach which will increase the public's trust in the Health sector. Health partners will be encouraged to implement this model in the centres they support and to continue exploring how to further optimise the package of services offered to ensure an effective, cost-efficient and sustainable response. This will be closely monitored in 2022 to identify best practices that can be further developed and expanded to ensure improved roll-out of the LPSP and, ultimately, better health outcomes over the long term. Additionally, health partners will work to conduct an outcome and return on investment evaluation to measure the efficiency and efficacy of the implemented packages.
- Use of mobile medical units on an exceptional basis: The Health sector will aim to provide primary healthcare services through Mobile Medical Units (MMUs) only on an exceptional basis. Activities such as vaccination campaigns, outbreak investigation and response and the provision of primary healthcare services will be provided through mobile medical units linked to the closest fixed primary healthcare centre in areas where there is no primary healthcare coverage and in the case of security-related and emergency situations. MMUs implemented in-line and in collaboration with existing national structures/mechanisms will enable the health system to quickly identify and respond to outbreaks and to increase access to primary healthcare services in case of a deteriorated situation. Consequently, this will contribute to decreasing morbidity and mortality rates. As mentioned, Health sector partners will deploy MMUs only when necessary, and, at the same time, the sector will ensure that access to primary healthcare centres is promoted and restored as soon as possible.

[16] *Comprehensive primary healthcare is inclusive of vaccination, medication for acute and chronic conditions, child health, noncommunicable disease care, sexual and reproductive health, malnutrition screening and management, mental health, disability services, dental care as well as health promotion and referral.*

[17] *Palestinian refugees from Syria and Lebanon are an exception as their access to primary healthcare is through The United Nations Relief and Works Agency (UNRWA) clinics.*

[18] *The primary healthcare department developed the Immediate Response Model (IRM) to coordinate the Beirut blast response and ensure the subsidisation of a standardised package of services across all primary healthcare centres supported by national and international non-governmental originations. The IRM is a temporary model that delineates the protocols of subsidizing primary care service packages and provider payment mechanisms. The IRM is to be implemented for three months in the area affected by the blast while a more advanced national standardised long-term primary healthcare subsidisation protocol (LPSP) is prepared and fine-tuned with the aim to be applied in a uniform way in all Ministry of Public Health (MoPH) primary healthcare centres networks. For this purpose, a joint national taskforce among the MoPH primary healthcare department, relevant donors, united nations agencies and national and international non-governmental originations was created.*

- Strengthen complaint and feedback mechanisms: Fifty out of 246 MoPH's primary healthcare centres have active complaint and feedback mechanisms to ensure patients can report any challenges. The complaint and feedback mechanisms are accessible for all groups, including people with disabilities, older people and youth, and the data is recorded and managed confidentially. In addition, information on the Ministry's 24/7 hotline, which displaced populations can call for feedback and complaints, is circulated on a regular basis. The MoPH uses all possible resources to respond to all complaints; however, additional support from the Health and Protection sectors is still needed to strengthen and expand the current feedback mechanism and to collect and analyse data. Supporting the complaint and feedback mechanismwill improve service delivery and accountability for the affected population, enhance public trust and inform the design of the programmes, therefore increasing demand and access for primary healthcare, including mental health services. In 2022, the Health sector will support the scale-up of the hotline to request infant and young child feeding support and report violations of law 47/2008[19] regarding breastfeeding protection and promotion and the aggressive marketing of breastmilk substitutes.

The target for 2022 is a total of 4,953,363 subsidised or free consultations to be provided at the primary healthcare level to displaced Syrian and vulnerable Lebanese individuals and Palestinian refugees from Syria and Lebanon. Consultation reporting will be disaggregated by age and sex to allow monitoring of potential gender-related barriers to primary healthcare access that must be addressed. To improve access of the vulnerable population to mental health services, and while considering the growing needs, 20 per cent of the population in need will be targeted and monitoring of mental health consultations will be disaggregated by population cohort, age and gender. To monitor malnutrition among children under five, 30 per cent of the total number of children in need will be screened and the actual numbers will be monitored through clinic-based growth monitoring screenings for acute malnutrition data. For 2022, the Health sector aims to expand its support to all the 246 primary healthcare centres under the MoPH network and to the 27 United Nations Relief and Works Agency (UNRWA) clinics.

Output 1.2 - Free of charge noncommunicable diseases (NCD) medication provided at primary healthcare centre level

The Health sector will continue to advocate for the timely procurement of quality NCD medications and equitable distribution to the population in need while taking into consideration the current medications shortage and procurement challenges. Health partners will support the MoPH to accurately estimate the medication Needs-Based on utilisation, co-morbidity data and previous stocks interruption while also accounting for projected increases in demand as well as the need for buffer stocks. Partners supporting the provision of medication are recommended to include support for the proper management of pharmaceutical waste as per the national guidelines. The provision of chronic disease medications free of charge will contribute to enhancing the quality of life for persons with chronic diseases and increase financial access to primary healthcare for patients with NCDs. Additionally, it will decrease the burden on secondary and tertiary healthcare by helping to effectively manage disease, reduce the high cost of hospitalisation resulting from poorly controlled chronic medical conditions and will consequently decrease morbidity and mortality rates.

The Health sector strategy under the LCRP will account for the increased needs of the refugee population considering the current context of the economic and financial crises and will continue to provide chronic disease medications for the vulnerable Lebanese already targeted in previous years. Displaced non-Syrians will also benefit from the medications support offered by partners on a non-discriminatory basis. The increased NCD medications needs among the Lebanese population that are perceived to be a direct result of the current crisis will be accounted for through the Emergency Response Plan (ERP). Institutional support and health system strengthening initiatives, such as training on medication and stock management, remain key to improving the existing primary healthcare supply chain and to ensuring medications are distributed in a timely and consistent manner. This includes electronic health records, electronic stock inventory and data-driven decision making to maximise the efficient use of resources. By investing in supply chain management, the efficiency of the system and impact of Health sector medication support will be enhanced.

In 2022, the sector will target 230,000 individuals who are enrolled in the national chronic disease medications program at the MoPH (172,500 Lebanese and 41,400 displaced Syrian individuals), as well as 16,100 individuals (9,177 Palestinian refugees from Syria and 6,923 Palestine refugees in Lebanon) receiving chronic medication free of charge through the UNRWA clinics.

Output 1.3 - Free of charge acute disease medication, medical supplies and reproductive health (RH) commodities provided at primary healthcare centre level

The Health sector will support the MoPH in the provision of acute disease medications free of charge, as well as medical supplies and RH commodities for displaced Syrian and vulnerable Lebanese individuals while taking into consideration the current medications shortage and procurement challenges. Partners supporting the provision of medication are advised to include support for the proper management of pharmaceutical waste as per the national guidelines. Displaced non-Syrians will also benefit from the medications support offered by partners on a non-discriminatory basis. The Health sector strategy under the LCRP will account for the increased needs of the refugee population, considering the current context of the economic and financial crises, and will continue to provide acute disease medications for the vulnerable Lebanese already targeted in previous years. The increase in need among the Lebanese population, which is perceived to be a direct result of the current crisis, will be accounted for through the ERP.

Another focus will be the extension of support to an efficient and timely supply chain management. The sector will continue to advocate for funding and will aim at aligning the list of acute disease medications with the treatment protocol. Health partners will closely

[19] *Law 47/2008 bans the marketing of breastmilk substitutes.*

coordinate to accurately estimate the needs and support in the procurement of acute disease medications as well as other medical commodities. This support will lead to the increased availability of supplies, decreased financial barriers and support for greater access to primary healthcare. Furthermore, the provision of acute disease medications free of charge contributes to an enhanced preventive programming and strengthened growth monitoring for children; therefore, decreasing the risk of complications and the need for hospital care. Without timely access to quality acute disease medications, medical supplies, including personal protective equipment (PPE) for health facilities not already supported under ERP and RH commodities, the risk of preventable hospitalisation and COVID-19 infection will increase in Lebanon. This in turn will increase the financial burden and negatively impact health indicators, especially for morbidity and mortality rates, including neonatal and maternal mortality. The sector will aim to ensure that the current mechanisms of national drug procurement for acute disease medications, medical supplies and RH commodities (including family planning commodities and exposure prophylaxis (PEP) kits) are aligned with the existing needs of vulnerable Lebanese and displaced Syrian individuals as well as other population groups and should avoid any duplication for parallel procurement mechanisms by health partners.

In 2022, the sector will increase its target to some 2.4 million displaced Syrian and vulnerable Lebanese individuals within the existing primary healthcare channels, as well as to 47,700 Palestinian refugees from Syria and Palestine refugees in Lebanon through UNRWA clinics.

Output 1.4 - Free-of-charge routine vaccination provided for all children under five at the primary healthcare centre level and through vaccination campaigns

Due to multiple crises, the first of which started in late 2019, the number of children under five receiving their routine vaccinations was reported to be below the annual average. In 2022, the Health sector aims to support the MoPH to achieve 100 per cent vaccination coverage of displaced Syrian and non-Syrian children, Palestinian refugee children from Syria and Lebanon and vulnerable Lebanese children,[20] based on the national vaccination calendar. This requires the enforcement of the MoPH's policy related to the provision of free vaccination at the primary healthcare level as well as the expansion/ acceleration of routine vaccination activities, with a focus on low vaccination coverage areas[21] and the improvement of the cold chain and supply systems. Outreach activities related to vaccination will be coupled with malnutrition screenings under Output 1.3, and referrals if needed, to maximise the impact of outreach efforts. This will be done through increased awareness about the availability of free vaccination services and infection, prevention and control (IPC) measures at the primary healthcare centres and by supporting the MoPH to increase its COVID-19 prevention activities and its internal monitoring, especially when the patient is being charged for vaccination.

Expanded programme on immunisation (EPI) messages will be re-vitalised in line with the COVID-19 infodemic which has affected people's feelings about vaccines beyond just COVID-19. Messages will emphasise that routine immunisation is not only safe and effective but also essential to protecting children from potentially fatal infections. Vigilance is required to ensure Lebanon remains Polio free, and to contain any possible outbreak. Advocacy to endorse legislation on free vaccination in primary healthcare centres remains key to ensuring increased vaccination coverage and to preventing future outbreaks. In addition, a more systematic vaccination process needs to be developed and endorsed for official return activities. The efforts of the Health sector to ensure that free vaccination is provided for all children under five will positively impact the vaccination status of the children in Lebanon, prevent vaccine-preventable diseases and consequently decrease morbidity and mortality.

In 2022 the sector targets a total of 445,683 children under five[22] to receive routine vaccinations distributed among displaced Syrians, vulnerable Lebanese and Palestinian refugees from Syria and Lebanon at the primary healthcare level.

Output 1.5 - Primary healthcare institutions' service delivery supported

The expansion of the MoPH's primary healthcare centres network to up to 250 centres distributed equitably across Lebanon, the enhancement of the quality of services provided and the physical structure will strengthen the capacity of the ministry to respond to the primary healthcare needs of displaced Syrians and vulnerable Lebanese. Moreover, support across most primary healthcare centres is required in terms of increasing human resources, as they are understaffed and overloaded while at the same time an increasing number of medical staff is leaving the country because of the deteriorating overall situation. By providing staffing support, the Health sector will contribute to enhancing central data collection and analysis, to decreasing the workload at the facility level and to increasing the ministerial capacity to respond to increased demand. Nevertheless, the sector needs to identify and prioritise support for essential core staff whose services are critical in the long run; this will allow the ministry to retain trained and qualified personnel.

Health partners will continue providing equipment, including PPE and IPC kits, to not only respond to current needs but also to replace old and deteriorating equipment. This will allow the centres to deliver safe, quality services and to expand the current coverage, which increases availability and therefore enhances access to primary healthcare services for vulnerable groups. Additionally, the Health sector will aim to build the capacity of staff through ongoing training, coaching and supervision according to identified gaps. A specific focus will be placed in 2022 on building the capacity of the healthcare staff to manage NCD and diabetes. The capacity of healthcare workers will also be enhanced at the national & sub-national levels to integrate nutrition and infant and young child feeding counselling as part of antenatal and postnatal care services and child wellbeing visits.

[20] *It is estimated that 50 per cent of vulnerable Lebanese children receive vaccination through the public health system while the remaining 50 per cent receive vaccination through the private healthcare system.*

[21] *Results of the annual World Health Organisation (WHO) expanded programme on immunisation (EPI) coverage cluster survey.*

[22] *Based on the LCRP population package for 2022, children under five make up 5.5 per cent of the Lebanese population, 14.2 per cent of the displaced Syrian population and 9.7 per cent of the Palestinian population.*

These trainings will include modules on soft skills,[23] safe identification and referral of survivors of sexual and gender-based violence and survivor-centred approaches with a focus on respecting confidentiality and non-discrimination.

In 2022, the Health sector will support a nutrition plan that aims for evidence generation for policy and programming, by undertaking a deep-dive analysis of the drivers and barriers of the high prevalence of anaemia and poor infant and young child feeding and diets of children during their early years. It will also conduct a deeper analysis of micronutrient deficiencies, given the high prevalence of anaemia among women and children in Lebanon. To address the unfinished agenda of iodine deficiency disorders (IDD), periodic monitoring of the IDD status among women and school-age children will be performed in order to come up with relevant policy and programmatic actions. The roll-out of a training led by the MoPH on infant and young child feeding counselling and standard operating procedure will improve knowledge and address inadequate practices related to inadequate breastfeeding initiation and separation of mother and baby at birth. Trainings will target nurses and midwives but also paediatricians, gynaecologists and infectious diseases specialists, among others. Building the capacity of healthcare providers will lead to an enhanced quality of service provision and therefore to an increased trust towards the public services, which will positively impact access of vulnerable groups to primary healthcare services. The Health sector will encourage an equal ratio of female/male staff in every training.[24] The sector will also focus on the monitoring of key quality indicators for improved quality of care through increased coordination between partners and the use of common tools.

The sector will support the MoPH to strengthen its primary healthcare accreditation programme[25] and internal Monitoring and Evaluation (M&E) measures at the primary healthcare level. M&E activities shall focus on compliance with the national health strategy, especially in relations to harmonised costs for services based on LPSP and ensuring free immunisation services at all centres. To safeguard the early initiation of breastfeeding as well as exclusive breastfeeding, Health sector partners will work further in 2022 to enforce the implementation of the law 47/2008 from both supply and demand directions.

Additionally, the Health sector will explore ways to support the expansion of the existing health information system. In 2016, electronic patient files for beneficiaries were established, along with a medication electronic monitoring system[26] in 13 primary healthcare centres. The collection of data through all primary healthcare centres will be further expanded and strengthened to ensure harmonised reporting through common tools and indicators as well as on the quality-of-service provision, including relevance, accuracy, completeness and timeliness. This will lead to more regular access to data, which will help to inform future healthcare priorities. In 2022, the Health sector will focus on enhancing the health information system, including the development of medical records that are to be available between the primary healthcare centres and the hospitals to facilitate referrals and medical follow up. The sector will work in 2022 to pilot the development of a registration platform where the medical records of the patient can be recorded.

The sector aims to target all primary healthcare centres in 2022 within the MoPH's network.

Risks associated with the outputs under Outcome 1 range from the lack of available funds to ensure timely and quality subsidised comprehensive primary healthcare services to non-compliance of primary healthcare centres with instructions provided by MoPH, including hidden costs.[27] Procurement challenges continue to worsen, particularly in the local market, for acute and chronic disease medications including psychotropic medications as well as medical supplies. Ongoing and accelerating flight of medical staff from the country due to the deteriorating situation are contributing to additional risks at the individual and institution levels. Together, these factors may result in decreased access to preventive primary healthcare services, including immunisation and antenatal care, and could increase demand for complicated hospital care. The health system could become overloaded, and the vulnerable populations will face challenges to access needed healthcare, which will jeopardise their health status and put them at risk of preventable hospitalisation and health complications. In addition, financial hardship will continue to increase at the institutions level which will jeopardise the health system and corresponding decline in determinants of health are likely to negatively affect national health indicators, including morbidity and mortality. Efforts from health partners are needed to advocate for predictable, sustainable funding, as well as new and increased resources, in order to support the strengthening of health services to meet the needs of the ever-growing vulnerable populations as a result of the ongoing multiple crises. Partners also need to maintain and expand support to MoPH in order to improve health governance functions, including internal monitoring and evaluation measures. With time, and as the MoPH's capacities are strengthened, the institutional support is expected to progressively decrease.

Outcome 2 – Improve access to hospital (including Emergency Room (ER) care) and advanced referral care (including advanced diagnostic laboratory and radiology care)

The sector aims to provide physical and mental hospital care to 12 per cent of each population group. Through health partners, the sector will also encourage and support hospitals to join the World Health Organisation's baby-friendly hospital initiative in 2022 and to follow the national nutrition guidelines for pregnant women with COVID-19.

23 As an example, the Clinical Management of Rape Training targeting health staff includes a module on soft skills.

24 It is observed that more female health staff attend trainings compared to male health staff – this is reflective of the general healthcare workforce.

25 In 2008, the Ministry of Public Health (MoPH) initiated work on an accreditation mechanism for primary healthcare centres aiming to include all network centres to monitor and ensure quality in primary healthcare centres. The accreditation programme is fully funded by MoPH and implemented by the primary healthcare department.

26 PHENICs: health information system to link and unify the network of Ministry of Public Health's primary healthcare centres.

27 Examples of hidden costs: cost for opening a file, consultation fees prior to providing free-of-charge vaccination.

Output 2.1 – Financial support provided to targeted population for improved access to hospital and advanced referral care

The Health sector aims to ensure access to physical and mental hospital and specialised referral care for all displaced Syrian individuals (whether registered or non-registered as refugees by the United Nations Refugee Agency (UNHCR), Palestinian refugees from Syria and Palestine refugees in Lebanon in need of hospital care. [28] Health partners will continue providing financial support to targeted populations through the implementation of cost-sharing mechanisms. The main activity under this output is the provision of financial support to access hospital services. This is currently done primarily through the UNHCR referral care programme[29],which covers 50-95 per cent of the hospital bill and targets displaced Syrian and non-Syrian individuals,[30] and through UNRWA's hospitalisation policy for Palestinian refugees from Syria and Palestine refugees in Lebanon. In a complementary manner, health partners will continue to provide financial support to cover the patient's share, which is 10 to 25 per cent of the bill, based on a prioritisation approach specified by every partner in consultation with the Health sector. Partners will also aim to cover those conditions which fall outside of UNHCR or UNRWA hospitalisation schemes.

Given the ongoing crisis and the growing number of vulnerable Lebanese and following a pilot that started in 2020, the Health sector will support vulnerable uninsured Lebanese individuals in 2022 with a cost-sharing scheme that includes public and private hospitals for those covered by the MoPH as a last resort. Therefore, Health sector partners will aim to cover the patient share for vulnerable Lebanese individuals after being admitted and supported by the MoPH. On an exceptional basis and following a prioritisation approach, partners will provide effective coverage for Lebanese patients who fall outside the coverage criteria of the MoPH and are covered by the National Social Security Fund (NSSF) and the Civil Servant Cooperative (CSC) schemes.[31] The support will focus on cases that have incurred additional costs resulting from the use of material such as those needed in orthopaedics and cardiology surgeries. The sector will consider utilizing public communication channels to inform the Lebanese population about hospital care support programmes. Partners planning to support hospital care for vulnerable Lebanese will have to increase their mobilisation and outreach activities to expand outreach to the population in need.

The hospital care support provided for vulnerable Lebanese under LCRP differs from the one provided under ERP, since the latter aims to cover the full hospitalisation bill of the patients. Close coordination will be maintained between both platforms to ensure the smooth planning, implementation and reporting of the programmes. In addition, a joint taskforce will be established to develop a unified model for the subsidisation of hospital care for the vulnerable population where the mechanism put in place is well defined and coordinated among relevant stakeholders, including the MoPH. This will help identify coverage criteria and avoiding duplication and therefore support donors in financing the target group to access hospital care.

The financial support provided helps decrease mortality rates and enhances quality of life. In addition, this will contribute to improved neonatal and maternal health by supporting hospital-based deliveries and neonatal services. Social tension will also be mitigated through the balanced targeting approach. Furthermore, by ensuring guaranteed, timely payments for patient care, hospitals will be partly relieved of the additional pressure caused by the multifaceted crises and therefore the support will contribute to decreasing financial hardship at the hospital level. Considering the high cost of hospital care services in Lebanon and the increasing economic vulnerabilities across all populations, health partners need significant financial resources to maintain current levels of financial support provided. Additional resources are also needed to expand the support to medical conditions which do not fall under the current schemes and to support hospitalisation for mental health conditions, given the increased needs and scarce resources in terms of financials and hospital capacity. [32]

In 2022, the sector will target 101,287 displaced Syrian individuals, which arepresents 12 per cent of the population registered with UNHCR,[33] 123,580 Lebanese individuals, which represents 12 per cent of half of the uninsured Lebanese population, 3,480 Palestinian refugees from Syria and 2,400 Palestine refugees in Lebanon receiving hospital services. The targets are calculated based on a 12 per cent hospitalisation rate for all population cohorts.[34]

Output 2.2 - Public and private hospital service delivery supported

[28] *This includes advanced diagnostics, laboratory tests and radiology (on an outpatient basis) and admission to hospital, including emergency room care.*

[29] *As of July 2018, the cost-sharing mechanism requires beneficiaries of the programme to contribute the first $100 of the hospital bill and 25 per cent of any amount exceeding that. $800 is the maximum amount required from the beneficiary. In 2020 and 2021, temporary changes to the cost-sharing scheme were implemented to mitigate the financial hardship for both displaced populations and hospitals. These revisions have been implemented during the fall and winter months when the livelihood opportunities for displaced populations are generally lower.*

[30] *The National Social Security Fund (NSSF) is meant to cover all employees in the formal sector (private sector and government-owned corporations, in addition to contractual and wage earners of the public administration). The Civil Servants Cooperative (CSC) covers the regular government staff.*

[31] *Considering the COVID-19 situation, some hospitals shifted beds dedicated to mental health towards COVID-19 treatment.*

[32] *This figure is based on the number of displaced Syrians registered by UNHCR as refugees, equivalent to 844,056 (as of late September 2021). It is important to note, however, that all displaced Syrians (Government of Lebanon estimates are of 1,500,000 displaced Syrians in Lebanon), whether registered or non-registered with UNHCR as refugees, are eligible for hospital coverage according to UNHCR Standard Operating Procedures for Referral Care.*

[33] *The Health sector targets 50 per cent of the Lebanese population in need. Estimates reveal that more than 55 per cent of the country's population is now trapped in poverty and struggling for bare necessities and that more than half of the Lebanese population (53.3%) is not covered by any form of health insurance. The number is calculated based on the assumption that 12 per cent of the uninsured population will need access to hospital care (half of which is targeted in the LCRP).*

[34] *The hospitalisation rate does not include health interventions done on an outpatient basis, such as dialysis.*

The sector aims to support public hospitals through the provision of equipment to address shortages, replace old and deteriorated equipment and to establish burn units and psychiatric wards in the North, South and Bekaa governorates. Special attention will be given in 2022 to support the operational costs at the hospital level, including but not limited to oxygen supplies and medical waste management. Interventions will also include supporting hospital staffing capacity to compensate for the decreased number of staff caused by the migration of medical staff mentioned previously. The sector will also work on building the capacity of hospital staff through trainings and follow-up (including management of psychiatric emergencies) where an equal ratio of female to male staff is encouraged.

In response to the COVID-19 outbreak in refugee settings, the Health sector will build on the financial support provided over the years for hospitals to withstand increasing pressure and cover hospitalisation fees for Syrian and non-Syrian displaced individuals. The sector will also further support and expand the capacity of the hospitals[35] to equitably implement free-of-charge COVID-19 testing and case management for displaced populations. The additional capacity built to respond to COVID-19 was provided with multi-use specifications, meaning these resources can be deployed in future heath responses. The Health sector will continue the advocacy to support governmental hospitals in fresh United States dollars (USD).[36] Additional funding needs to be provided for hospitals to join the World Health Organisation's baby-friendly hospital initiative. Support to the hospitals will be coordinated with existing responses and provided based on need. In terms of data collection and analysis and given the increased rates of neonatal mortality among the displaced population, the Health sector will work closely with and support the MoPH to monitor and analyse the neonatal mortality rates among Lebanese. The sector will also work with MoPH to strengthen mitigation measures, ranging from supporting preventive primary healthcare, including antenatal services, to curative and hospital support, including neonatal care services.

Given the current multiple crises and the lack of sufficient intensive care unit (ICU) bed capacity at the hospital level, the Health sector will work in 2022 to elaborate on an initiative for effective home-based treatment for terminal patients. This will be linked with the national initiative of the MoPH to promote palliative care.

In 2022, the sector will support 20 hospitals to join the World Health Organisation's baby-friendly hospital initiative.

The risks associated with the outputs under Outcome 2 are both institutional and individual. At the institutional level, public and private hospitals are facing financial challenges to procure and maintain their medical equipment due to their limited ability to pay in hard currency. Additional challenges are being faced in terms of lack of electricity and fuel in addition to insufficient staffing due to migration. Consequently, some facilities have decreased staffing and working hours and have closed several wards. COVID-19 further challenged the hospitals, which were obliged to implement strict IPC measures to deal with the outbreak while at the same time facing as-yet-unpaid reimbursements from MoPH for the cost of providing COVID care to patients. At the individual level, vulnerable populations are unable to easily access hospital care due to the higher costs resulting from currency inflation.

Decreased funding and the consequences of the revised UNHCR referral care standard operating procedure, which imposes a higher patient share on displaced Syrian individuals,[37] presents an additional risk. In 2021, the referral care standard operating procedure was revised again to support both displaced individuals and hospitals. This was temporary, however, and is unlikely to be extended into 2022. An additional risk is the lack of interest and/or sufficient resources to support expensive services, such as dialysis, cancer, thalassemia, haemophilia, and others, which will decrease health access and contribute to an increase in morbidity and mortality rates. Health partners can mitigate these risks through advocacy for funding, extended support for public hospital care, reinforced public-private hospital partnerships to cover uninsured populations in private hospitals and thereby increase access to care. They can also advocate for strengthened coordination where available funds equitably target the most urgent needs. Another mitigation measure would be to increase and strengthen preventive primary care, such as vaccinations, antenatal, postnatal care, family planning, early detection and NCD programmes to prevent complications and reduce the likelihood that hospital care will be needed.

Outcome 3 – Improve outbreak and infectious disease control

Ensuring that Lebanon has in place a national diseases surveillance with an emphasis on the early warning alerts and response system (EWARS) is essential given the numerous challenges which exist. The system helps estimate the number of children who have dropped out of routine immunisation, understand potential health risks associated with environmental degradation, such as waterborne diseases, as well as the impact of poor WASH conditions in informal settlements. Moreover, it allows for the identification of risks associated with acute intoxication by chemicals, pesticides, or bacteria (I.e., food poisoning). The health system should be reinforced in line with international health regulations requirements, especially for the cross-border population. Additionally, outbreak preparedness and response should be maintained. The ESU at the MoPH needs to be further strengthened, with human resources in complementarity with ERP and information and communication technology, in order to maintain the strategy of testing, tracing and referral for treatment. The ESU must be further supported to accelerate decentralisation of surveillance at the district level.

In 2022, the Health sector is targeting 800 EWARS centres.

Output 3.1 The National Early Warning and Response System (EWARS) expanded and reinforced

[35] *UNHCR is expanding and rehabilitating the capacity of public and private hospitals across Lebanon to receive and treat COVID-19 patients free of charge and to avoid competition for care. Support includes beds and intensive care units (ICU) and equipment installation.*

[36] *Governmental hospitals are not allowed to be paid in the United States dollar (USD). They only get paid in Lebanese Pounds (LBP).*

[37] *UNHCR reported a lower admission rate to hospital care in 2019 compared to 2018. This is believed to be related to the new referral care standard operating procedures (SOPs).*

The sector will strengthen outbreak control by expanding and building the capacity of the MoPH to use the EWARS. This system provides critical data in a timely manner and helps to inform monitoring, planning and decision-making in any outbreak containment and response. Between 2015 and 2019, support was provided for the development of an information technology (IT) platform (DHIS2) established in around 950 health facilities.[38] In the surveillance strategic framework and plan of action, support in 2022 will focus on: the harmonisation of the health reporting system, expansion of the national early warning and response system to multidisciplinary stakeholders (such as the Ministry of Agriculture) and improvement of information flow within the MoPH departments and between the ministry and other concerned stakeholders.[39] Further support is needed in terms of data analysis at all administrative levels, and decentralisation of surveillance and decision-making in terms of public health measures at the district level.

The expansion of the national EWARS and its decentralisation will target all primary healthcare centres within the MoPH's network, laboratories and hospitals as well as the ESU at the national level. Priorities for 2022 include the reinforcement of existing surveillance sites and expansion by 40 new sites in addition to the expansion of COVID-19 testing and tracing capacity and the decentralisation of surveillance in the 27 Lebanese districts. To ensure positive outcomes staffing and logistical support, IT systems development and equipment is required in addition to technical support missions, joint training for surveillance and response teams as well as close monitoring of accuracy, timeliness and completeness of reporting.

Output 3.2 - Availability of selected contingency supplies ensured

The sector will ensure that a four-month stock of selected contingency vaccines, emergency medications, therapeutic foods, micronutrients, laboratory reagents, response kits and PPE for quick and effective response to outbreaks is available and maintained.

Output 3.3 – The National Tuberculosis and (Acquired Immunodeficiency Syndrome) AIDS Programmes strengthened

The Health sector will continue supporting the National Tuberculosis (TB) Programme through staffing, capacity building, procurement of necessary materials, facility renovations and the procurement of anti-tuberculosis drugs, ancillary medicines and other consumables. Additional support will be provided to implement IPC measures in the centres to prevent the spread of COVID-19. By implementing these activities, the Health sector will contribute to preventing, identifying and treating tuberculosis cases in a safe and dignified manner which will decrease morbidity and mortality rates.

In 2022, the Health sector is targeting 1200 beneficiaries with TB medication support through the National Tuberculosis Programme.

As for the National AIDS Programme, the sector aims at supporting the development of a protocol for testing, including screening for HIV and sexually transmitted infections in key population groups, doing confirmatory testing for positive cases and starting antiretroviral therapy (ART) for all HIV diagnosed cases as soon as diagnosis is confirmed. This will lead to dramatic reductions in HIV-associated morbidity and mortality and to an increase in life expectancy of patients with HIV infection.

In 2022, the Health sector is targeting 2000 beneficiaries with ARV medication support through the National AIDS Programme.

In addition, the sector aims to train 150 healthcare workers on the detection of and care for TB and HIV.

If the support of the Health sector is not maintained under the above-mentioned outputs under Outcome 3, the ability of the country to ensure the continuation of care amidst the ongoing crisis and to respond to outbreaks will be jeopardised. This could lead to increased outbreaks, vaccine-preventable diseases and subsequent morbidity and mortality. Hence, the need to: i. maintain the level of support provided to the national surveillance system, ii. increase trust toward public services strengthen preventive care, iv. mainstream COVID-19 prevention and[v] increase outbreak preparedness.

Outcome 4 – "Basic Rights and Services": Women, men, girls and boys in all their diversity have their fundamental rights respected and have access to basic services and information (justice, health, education)

Investments in awareness-raising and mobilisation activities at the individual and institution levels among women, men and youth (children, boys and girls), are considered crucial to increasing demand for available healthcare services. At the same time, it offers added value to the community that will have lifelong positive effects on both the individuals and the local institutions. Consequently, this outcome will be achieved through the following three outputs.

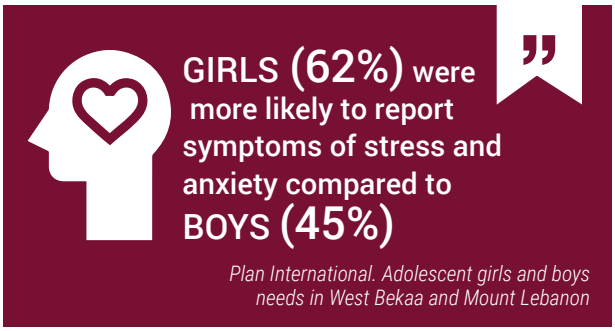
Output 4.1 Health awareness and information strengthened at the institutions level

The Health sector will strengthen institutions-based health promotion and community outreach activities on various health topics (i.e. vaccination, pregnancy care, childcare, family planning, communicable and NCD, sexual and RH, mental health, substance abuse, nutrition, food safety, hygiene, COVID-19 prevention, etc.). Efforts will aim at increasing awareness on the availability and acceptability, and therefore the accessibility, of services (including nutrition, mental health, sexual and reproductive health (menstrual hygiene management), and sexual and gender-based violence services) at the facility and at the individual/community levels. This will be conducted using a joint Health sector approach [40] through the development of a comprehensive package

[38] *Health facilities include primary healthcare centres, dispensaries and hospitals.*

[39] *With the advent of COVID-19, additional support was provided in terms of human resources, provision of testing kits and personal protective equipment to the surveillance teams, as well as development of information technology applications for the call center, the positive cases tracing program and other technical support.*

[40] *Jointly with ERP coordination platform*



for awareness-raising activities that can be adopted by all partners. This will make available, to the population in need, updated information, including service mapping and both online and printed health brochures with targeted and relevant health information. The Health sector will work closely with the Nutrition sector to make sure that the comprehensive package of awareness addresses nutrition-related issues, including maternal nutrition, exclusive breastfeeding, complementary feeding and feeding a sick child. The infant and young child feeding national campaign that started in 2021 will be scaled up in 2022 to provide a higher proportion of caregivers and children with quality counselling and messaging. In addition, the standards, guidelines and tools will be distributed to enhance the effective coverage and quality of care at the facility and community level. The use of media will also be considered for broader communication when needed, given the role that the media can play in promoting healthy lifestyles. Health partners will harmonise health messages and target women and men within communities to influence decision-making and behaviour change. Awareness raising will also include the development and design of information packages and the employment of various dissemination methods, in consultation with affected communities, to ensure that the materials are appropriate and accessible to all groups, including people with specific needs, older people and those who speak other languages. Where possible, inter-sector linkages will be made to maximise health-education dissemination channels, including through education facilities and after-school accelerated learning programmes for children who work. Linkages will also be made through the Protection and Child Protection sectors for the dissemination of health-related messages and information on safe spaces for women and girls, community centres and child-friendly spaces. The sector will also expand its support to the Ministry of Education and Higher Education to strengthen COVID-19 preventive measures as well as vaccine uptake in schools. The provision of information and education along with addressing other accessibility barriers will help decrease social stigma and increase demand for primary healthcare. Consequently, health promotion will increase equitable access to quality primary healthcare, including increased demand for preventive care, which will decrease preventable medical complications.

In 2022, the sector is targeting 246 primary healthcare centres for awareness raising.

The Health sector will continue supporting the Ministry of Education and Higher Education (MEHE)/MoPH/WHO's school health programme, which will be expanded to an additional 25 public and 25 semi-private schools and 25 vocational trainings in 2022. The programme is comprised of activities such as school health and nutrition education, opportunities for physical education and recreation and programmes for counselling, social support, adequate nutrition and mental health promotion. Maintaining the school health programme will create a healthier physical and emotional environment for adolescents and youth. It will also enhance education outcomes, which will lead in the long run to a more productive community. Other activities include the provision of support for the school E-health medical records (procurement of information technology equipment and capacity building) as well as support for the healthy school environmental project. The school health program support for 2022 will be focusing on awareness raising and on ensuring COVID-19 protection and prevention measures.[41] Physical distancing techniques and personal hygiene kits will be made available in all public schools. Guidelines for reporting, isolation, quarantine and case referral at schools will be widely disseminated.

In 2022 the sector is targeting 50 schools.

Women, men and youth, including adolescent boys and girls, will be targeted with a comprehensive health awareness package. Partners will be advised to follow the joint guidance to be issued by the joint Health sector coordination mechanisms for the standardisation and harmonisation of messages.

People with disabilities will be targeted with healthcare information that enhances their access to services. Marginalised adolescents and youth will be targeted to ensure healthcare information reaches out-of-school, street and working children and adolescents through a gender-sensitive approach. Information will include the adaptation of awareness materials and outreach methods, strengthened referral of at-risk children and adolescents to case management agencies and promoting other agencies to refer to healthcare providers. It will also improve the reach of vaccinations through tailored vaccination campaigns, COVID-19 prevention, mental health and sexual and reproductive health activities.

In 2022, the sector is targeting, 1,114,399 caregivers with integrated health awareness material messages. 250,740 pregnant and lactating women and caregivers of children 0-23 months will be targeted with messages on nutrition and infant and young child feeding. 83,580 pregnant and lactating women/caregivers of children 0-23 months will be targeted to receive skilled nutrition and infant and young child feeding counselling. In addition, the sector aims to implement 55,720 awareness sessions for adolescents and youth.

Whereas acceptability, social norms and stigma and staff turnover may all be risk factors associated with the above-mentioned outputs under Outcome 4.2, developing a contextualised package of health awareness materials and identifying and building the capacity of essential staff remains key to sustaining available services and information at different levels. The lack of data on out-of-school children, youth and adolescents is a risk for the programming of Output 4.2. Social stigma is another risk of engagement on mental, sexual and RH issues. A participatory community engagement and social

[41] *WHO will secure around 50,000 rapid COVID-19 antigen tests that will allow rapid diagnosis of suspected cases at schools and timely decision for public health measures.*

mobilisation approach, as well as close coordination with the Protection and Child Protection sectors, are needed to increase evidence-based programming and to mitigate the above-mentioned risks. In addition, greater coordination is needed with these sectors to adapt health awareness and information materials and campaign outreach methods to reach working and street children.

In line with the assumptions, associated risks and mitigation measures mentioned at every outcome level, needs prioritisation remains vital to ensuring a timely response to any funding gaps. Although the sector will aim to ensure that all activities under the strategy are covered, while keeping close coordination and communication with the two co-existing response frameworks,[42] priority will be given to increasing equitable and inclusive access of vulnerable populations to life-saving primary healthcare and hospital care and to strengthening outbreak prevention and control. In line with LCRP Steering Committee guidance, the Health sector Steering Committee will ensure the alignment of unearmarked funds to the key priorities and underfunded needs of the LCRP. The Health sector strategy does include different levels of priority needs for vulnerable groups; however, the implementation of the activities is conducted based on the most urgent, life-saving ones. Second priority outputs will only be tackled when and if the urgent needs are met. In addition, supplementary research is ongoing[43] for increased evidence-based programming and decision-making. This is particularly applicable in the case of developing cost-effective strategies for the provision of subsidised packages of care that are harmonised to strengthen the national health system.

Identification of sector needs and targets at the individual/household, community and institutional/ physical environment levels.
While focusing on the 251 vulnerable cadastres, the Health sector prioritises geographical areas where there is a high concentration of vulnerable populations and encourages a ratio of 50/50 for the support of displaced populations and the host community.

The Health sector calculates the number of displaced Syrian individuals in need based on economic vulnerability, whereby data from the 2021 VASyR indicates that 91 per cent of displaced Syrian individuals are living below the poverty line (similar to last year), compared to 73 per cent in 2019. The number of displaced Syrian individuals in need and targeted by the sector is 1,365,000.

All 29,000 Palestinian refugees from Syria are considered in need and targeted by the Health sector. The number of Palestine refugees in Lebanon considered in need is based on economic vulnerability data indicating that 65 per cent of Palestine refugees in Lebanon (equal to 117,000) are living below the poverty line. Although 117,000 Palestine refugees in Lebanon are considered in need, 20,000 are targeted under the LCRP, with the remaining eligible for support through UNRWA.

The Health sector targets 50 per cent of the Lebanese population in need,[44] which is equivalent to 1,062,681 individuals, for general health services (vaccination, medication, etc.) and 12 per cent of the population in need of hospital care,[45] which is equivalent to 123,580 individuals.[46] The reason the sector targets half of the population in need is mainly related to available resources. The Health sector coordinates closely with the Emergency Response Plan (ERP) to top off additional needs among the Lebanese population.

It is important to note that a wide array of health services are provided by actors outside of the LCRP who therefore do not report against LCRP targets. Solid coordination, consolidation and exchange of health information is to be strengthened under the LCRP 2022.

[42] *Emergency Response Plan (ERP) mechanism established in response to the COVID-19 outbreak and the direct humanitarian health needs of vulnerable Lebanese and migrants impacted by the deteriorating economic and financial situation; and the Recovery and Reconstruction Framework for Lebanon (3RF) designed to help Lebanon address the immediate and longer-term needs of the population affected by the Beirut Port explosions.*

[43] *The European Union launched a third-party monitoring programme that will inter alia analyse current programming.*

[44] *Estimates reveal that more than 55 per cent of the country's population is now trapped in poverty and struggling for bare necessities.*

[45] *More than half of the Lebanese population (53.3%) is not covered by any form of health insurance.*

[46] *Total Lebanese population: 3,864,296 individuals. Source: LCRP population package 2021.*

3. MAINSTREAMING OF GENDER AND SGBV, PROTECTION, CONFLICT SENSITIVITY, PSEA, ENVIRONMENT AND COVID-19

The Health sector's strategy aims at mainstreaming SGBV, Protection, Conflict Sensitivity, PSEA, Environment and COVID-19. In 2022, the Health sector will maintain efforts to strengthen the mainstreaming of the core protection principles ¬– 'meaningful access without discrimination', 'safety, dignity and do no harm', 'accountability' and 'participation and empowerment' – within the sector's strategy.

GENDER AND SGBV

The Health sector will place special attention on health interventions for boys, girls, men and women, including children under five years of age, pregnant and lactating women, adolescents (including adolescent girls married before the age of 18), persons with disabilities, older people, survivors of sexual and gender-based violence, persons living with HIV/AIDS, persons facing gender-based discrimination and other vulnerable groups.

Acceptability barriers will also be tackled, including social stigma, especially RH-seeking behaviours for adolescent girls. As a response to this, the sector will aim to have a female gynaecologist available in each health facility and a female and male health worker to reach girls and boys with age-appropriate reproductive health information. Pregnant women often cannot pay for their deliveries. This can lead to their babies being retained in incubators and not returned to the mother until the bill is paid. In addition, pregnant women are not fast-tracked for delivery appointments at hospitals. This is a barrier to safe and dignified delivery. Mothers are often unfamiliar with the system and call for appointments late. This means there are often no available delivery spaces and the mother gives birth at home with an uncertified midwife, which puts the woman and her baby at risk if there are birth complications. A home birth also means the newborn does not have a birth notification and therefore the birth cannot be registered at the personal status department.

Given the increased rates of sexual and gender-based violence (SGBV), the Health sector will increase response capacity. This includes scaling up the capacity of health facilities to respond to and refer SGBV cases. And as child marriage is increasing, including among the Lebanese population, the Health sector will adapt maternal health services to the needs of adolescent girls to ensure pre-natal care and post-natal support, including psychosocial support and advice, through a referral system. The Health sector will implement the recently endorsed Maternal Mental Health Guidelines for frontline workers that will allow medical and paramedical staff to identify and provide support to new mothers and refer them for professional support.

The sector will support women involved in healthcare provision, promoting their working conditions and work environment and will work on the establishment of safe and gender-responsive mechanisms for people, including individuals with diverse sexual orientations and gender identities to express their shelter needs. The sector will also work with grassroots women's organisations and organisations for individuals with diverse sexual identities to potentially make childcare available, as well as safe and free transportation, for individuals to channel their voices.

PROTECTION

In 2019, the Health sector conducted a protection risk analysis in each regional field office to identify protection risks and barriers faced by different age, gender, disability and diversity groups in accessing quality and accountable healthcare. Mitigation measures to address these barriers, including sexual exploitation and abuse risks, have been designed as a result. In 2022, the Health sector aims to work jointly with the ERP coordination mechanism to update the protection risk analysis and to tailor contextualised mitigation measures, considering the changing context. To fulfil these commitments the Health sector will work closely with the Protection, Child Protection and SGBV sectors over the course of the year.

In 2022, the Health sector, together with the Protection sector, will prioritise the implementation of mental health services for humanitarian workers responding to the needs of vulnerable populations in order to improve and promote staff care (organisational health) and self-care awareness among staff. In addition, the Protection and Health sectors will work together to mainstream mental health and psychosocial support (MHPSS) through the provision of psychological first aid (PFA) trainings.

In 2022, the Health and Protection sectors will make a concerted effort to explore improved collaboration related to ensuring people-centred and human rights-based approaches to community-based MHPSS services. Both sectors will work together to assess and support second category hospitals for the admission of inpatient mental health cases.

The Health sector will conduct refresher trainings for all partners on the Inter-Agency minimum standard for inter-sectoral referrals, with a focus on MHPSS concerns. The sector will work on the establishment of a reporting system for partners to report and track referrals conducted to other service providers and will make sure to update the health service mapping as well as to share other sectors' service mapping with healthcare providers.

The Health and Protection sectors will work together to monitor documentation barriers to accessing health services, including ID confiscation, which will involve joint monitoring and advocacy between sectors. Both sectors will also work together to support and strengthen the complaint and feedback mechanism in primary healthcare centres and to adapt information materials to be inclusive of persons with disabilities.

CONFLICT SENSITIVITY

The sector recognises that the pressure on healthcare institutions caused by the increased demand for services is a potential source of conflict. In addition, the differences in coverage schemes and out-of-pocket expenses for all types of healthcare between vulnerable Lebanese and displaced Syrian individuals remain a source of tension. To address this, efforts are geared towards balancing the targeting among all population cohorts while increasing the support to vulnerable Lebanese individuals. Efforts will also be made to strengthen the MoPH's centres nationally and regionally as well as the primary healthcare system overall, including the Ministry of Social Affairs' social development centres, in order to deal with the increased burden on the system and to ensure continued access for vulnerable Lebanese.

To help streamline access to affordable hospital care for all population groups, the Health sector will work closely with the ERP coordination mechanism to align eligibility and vulnerability criteria as well as to identify pathways for patients to benefit from available support. The sector will aim at sharing information about balanced support and available services. Trainings for partners on conflict sensitivity and do no harm will also be considered. In coordination with the Social Stability sector, the Health sector aims to build the capacity of healthcare staffs to deal with social tension and conflict management. Together with the Social Stability sector, the Health sector will conduct a quarterly overview of tensions to ensure partners are periodically updated on the matter. Health sector partners will be encouraged to apply conflict sensitivity and do no harm principles throughout the design and implementation cycle of interventions.

PSEA

The mainstreaming of PSEA will be prioritised in 2022. Joint efforts will be made in coordination with the ERP coordination mechanism, Protection sector, SGBV sector and PSEA network to increase PSEA awareness and implementation, particularly in the training of frontline workers.

ENVIRONMENT

Lack of safe water, poor wastewater management, solid and medical waste management, hygiene and living conditions and unsafe food all influence the incidence and spread of communicable and noncommunicable diseases. Lebanon has been struggling with a national waste management crisis since 2015. This is addressed by the multidisciplinary national committee for waste management, mostly in coordination with the WASH and Social Stability sectors. In addition, Lebanon was faced with exceptional environmental hazards in 2020 following several bush fires and the chemical nature of the Beirut Port explosions. The Health sector strategy focuses on providing technical advice and disseminating information to the public on safe practices. Additionally, it emphasises the support of the MoPH to sustainably minimise and manage medical waste at the primary healthcare and hospitals level and the strengthening of disease surveillance systems to contribute to improved outbreak control. Medical waste management will be conducted by Health sector partners using multi-year effective approaches that allow centres to benefit from the sustainability of services. Coordination with the Environmental Task Force, based at the Ministry of Environment, in this regard is a must. Medical and infectious waste management has its own laws and regulations. The Health sector commits to adhering to the environmental markers procedure when implementing activities that might pose any negative environmental risks.

COVID-19

The sector will ensure that COVID-19 preventive measures are mainstreamed throughout all activities, including the safety of both healthcare workers and targeted populations. Guidance and best practices will be shared among LCRP and ERP coordination mechanisms.

Population Cohorts	Total Population	Total Population in Need	Total Population Targeted	Total Population Targeted by Sex and Age							
				# Women	# Men	# Children (0–19)	% Children	# Adolescent (12-17)	% Adolescent (12-17)	Additional disaggregation (ex. With Sp Needs)	% additional disaggregation
Lebanese	3,864,296	1,500,000	1,062,681	552,594	510,087	331,025	31%	173,642	16.3%	21,254	2.0%
Displaced Syrians	1,500,000	1,365,000	1,365,000	701,610	663,390	723,450	53%	263,445	19.3%	27,300	2.0%
Palestinian refugee from Syria	29,000	29,000	29,000	15,022	13,978	11,696	40%	4,994	17.2%	580	2.0%
Palestine refugee in Lebanon	180,000	142,200	20,000	9,920	10,080	6,956	35%	3,056	15.3%	400	2.0%
GRAND TOTAL	5,573,296	3,036,200	2,476,681	1,279,000	1,198,000	1,073,000	40%	445,000	17%	49,534	2.0%

Mother and child receiving primary healthcare services in Bekaa.

Amel Association

OUTCOME 1: Improve access to comprehensive primary healthcare (PHC)

INDICATOR 1A	DESCRIPTION	MEANS OF VERIFICATION	UNIT	FREQUENCY
Percentage of displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) accessing primary healthcare services	Number of displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) accessing primary healthcare services out of those who report needing primary healthcare services	Vulnerability Assessment of Syrian Refugees (VASyR) UNHCR Health Access an Utilisation Survey (HAUS) Ministry of Public Health (MoPH) health information system UNRWA assesments and health information system Activity Info	%	Yearly

Lebanese			Displaced Syrians			Palestinian Refugees from Syria (PRS)			Palestine Refugees in Lebanon (PRL)		
Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022
N/A	**N/A**	**100%**	**89%**	**N/A**	**100%**	**N/A**	**N/A**	**100%**	**N/A**	**N/A**	**100%**

INDICATOR 1B	DESCRIPTION	MEANS OF VERIFICATION	UNIT	FREQUENCY
Percentage of vaccination coverage among children under 5 residing in Lebanon	Percentage of infants who received: - The 1st (DTP1) / 3rd (DTP3) dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine - The 3rd dose of polio (Pol3) containing vaccine. May be either oral or inactivated polio vaccine. - One dose of inactivated polio vaccine (IPV1) - The 1st dose of measles containing vaccine (MCV1) - The 2nd dose of measles containing vaccine (MCV2) - The 1st dose of rubella containing vaccine (RCV1) - The 3rd dose of hepatitis B containing vaccine following the birth dose. (HepB3) - The 3rd dose of Hemophilus influenza type b containing vaccine. (Hib3) Percentage of births which received: - A dose of hepatitis B vaccine (HepB) within 24 hours of delivery (Source: WHO and UNICEF estimates of national immunisation coverage - July 4, 2017)	MoPH/WHO Expanded Programme on Immunisation (EPI) cluster survey	%	Yearly

Lebanese			Displaced Syrians			Palestinian Refugees from Syria (PRS)			Palestine Refugees in Lebanon (PRL)		
Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022
N/A	**N/A**	**100%**		**N/A**	**100%**	**N/A**	**N/A**	**100%**	**N/A**	**N/A**	**100%**

OUTCOME 2: Improve access to hospital (including. Emergency Room (ER) care) and advanced referral care (including advanced diagnostic laboratory and radiology care)

INDICATOR 2	DESCRIPTION	MEANS OF VERIFICATION	UNIT	FREQUENCY
Percentage of displaced Syrians, vulnerableLebanese, Palestinian Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) admitted for hospitalisation per year	Number of displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) admitted for hospitalisation per year over total population	MoPH hospital data UNHCR annual referral care report UNRWA hospitalisation data	%	Yearly

Lebanese			Displaced Syrians			Palestinian Refugees from Syria (PRS)			Palestine Refugees in Lebanon (PRL)		
Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022
12%	**N/A**	**12%**	**7%**	**N/A**	**12%**	**12%**	**N/A**	**12%**	**12%**	**N/A**	**12%**

OUTCOME 3: Improve outbreak & infectious diseases control

INDICATOR 3A	DESCRIPTION	MEANS OF VERIFICATION	UNIT	FREQUENCY
Percentage of functional Early Warning, Alert and Response System (EWARS) centers	The sector aims to contribute to strengthening outbreak control through building the capacity of the MoPH in surveillance and response. The focus will be on public health Early Warning and Response System strengthening and expansion Functional EWARS centers are those that report through the EWARS system	MoPH list of EWARS functional centers	Institutions	Yearly

Institutions

Baseline	Result 2021	Target 2022
50	**N/A**	**800**

OUTCOME 4: Women, men, girls and boys in all their diversity have their fundamental rights represented and have access to basic services and information (justice, health, education)

INDICATOR 4	DESCRIPTION	MEANS OF VERIFICATION	UNIT	FREQUENCY
Percentage of the population reached with health integrated messages	The target is that 15% of the population is reached with health integrated messages	Activity Info	%	Yearly

Lebanese			Displaced Syrians			Palestinian Refugees from Syria (PRS)			Palestine Refugees in Lebanon (PRL)		
Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022	Baseline	Result 2021	Target 2022
N/A	**N/A**	**15%**	**N/A**	**N/A**	**15%**	**N/A**	**N/A**	**15%**	**N/A**	**N/A**	**15%**