

Lebanon

Health and Nutrition Thematic Report

January - December 2018



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A) ABBREVIATIONS AND ACRONYMS

AIA	Accelerated Immunization Activities
AFP	Acute Flaccid Paralysis
BFHI	Baby Friendly Hospital Initiative
c-VDPV 2	circulating Vaccine Derived Polio Virus 2
EPI	Expanded Programme of Immunization
IYCF	Infant and Young Child Feeding
MoPH	Ministry of Public Health
PHC	Primary Health Care
PHCCs	Primary Health Care Centers
PRL	Palestinian Refugees from Lebanon
PRS	Palestinian Refugees from Syria
SDG	Sustainable Development Goal(s)
UNICEF	United Nations Children’s Fund

B) EXECUTIVE SUMMARY

Lebanon started 2019 with optimism at the prospect of the formation of a new government, and of new pledges from the international community to support stability and bolster its ailing economy. Nine years into the Syria crisis, the impact of the conflict continues to adversely influence political, economic and financial dynamics in Lebanon, with a quarter of the population being refugees. Lebanon continues to host the highest number of refugees per capita globally,¹ with an estimated 1.5 million Syrian refugees including 950,334 registered as refugees with UNHCR; along with 28,800 Palestinian refugees from Syria (PRS) and a pre-existing estimation of an estimated 180,000 Palestinian refugee from Lebanon (PRL) living in 12 camps and 156 gatherings².

The Syrian crisis has increased the demand on the public health system; however, with the limited capacity of public institutions, the sector is overwhelmed and unable to meet required needs.

¹ <http://reporting.unhcr.org/node/2520>.

²Lebanon Crisis Response Plan (LCRP) 2019, <https://reliefweb.int/report/lebanon/lebanon-crisis-response-plan-2017-2020-2019-update>

The Expanded Programme of Immunization (EPI) cluster survey conducted in 2016, reported only 64.8 per cent of children under the age of 5 years old have completed the measles vaccination. Lebanon has also reported low breastfeeding rates; UNICEF's 2016 household baseline survey showed that the rate of exclusive breastfeeding during the first six months is highest among Syrian mothers at 33.5 per cent, followed by Lebanese mothers at 24.8 per cent, and finally Palestinian refugees at 26.2 per cent for Palestinian Refugee from Lebanon (PRL) and 21.2 per cent for Palestinian Refugee from Syria (PRS) women.

In 2018, UNICEF focused on reaching the most vulnerable children who are not included in the primary healthcare system, the priority being immunization, strengthening of the public health care system and the integration or re-integration of defaulted children in the immunization system. UNICEF also supported public health services including the routine vaccination programme while procuring and monitoring utilization of essential medication.

Funding, from the global thematic pool contributed to UNICEF's efforts to strengthen the national healthcare system through increasing access to immunization and health awareness for the most marginalized children and vulnerable communities, evidence-generation and the endorsement of an Infant and Young Child Feeding (IYCF) policy in Lebanon.

C) STRATEGIC CONTEXT OF 2018

In 2017, UNICEF Lebanon began the implementation of its new country programme 2017-2020 with the Government of Lebanon that marked the need to bridge support from a humanitarian response towards more longer-term humanitarian and where possible more development strategies. Lebanon's present economic situation has increased the risk of growing public health vulnerabilities not only among the Syrian or Palestinian refugees who live in crowded conditions but also among poor Lebanese, living in the same communities and who face several barriers to accessing quality primary health care (PHC) services. These barriers include geographical inaccessibility, unaffordability, indirect costs and lack of trust in Public Health Care services.

UNICEF has been working with the Ministry of Public Health (MoPH) in Lebanon since 2013 to support the implementation of the National health strategy, with focus on increasing access to the primary health care and to improve health and nutrition practices among the most vulnerable populations. Despite this long-protracted crisis, child mortality or malnutrition rates remained at minimal levels. However, in this middle-income country, infant and young child feeding practices are not optimum: for example, exclusive breastfeeding rate is considerably the lowest in the middle east region (14,8% per cent (MICS 2009). Furthermore, the UNICEF Household study 2015 notes that only 34 per cent of girls and boys in Lebanon meet the minimum diet diversity.

A measles outbreak erupted mid-March 2018 in Lebanon and rapidly appeared to spread in clusters across the country. As a preventive response, under the leadership of the MoPH, UNICEF partnered with eight international as well as national non-governmental organizations and initiated a country-wide, but clustered targeted strategy: The Accelerated Immunization Activities (AIA).

This strategy is an initiative which combines community mobilization and strengthened information system in order to screen and identify children defaulters from immunization. Once identified, children are referred to the expanded programme of immunization to complete their vaccination status. In 2018, AIA was expanded to prevent and control the spread of the vaccine preventable disease notably measles, focusing on areas where the cases were detected and where a low immunization coverage was observed.

D) RESULTS ACHIEVED BY HEALTH AND NUTRITION PROGRAMME AREA

Under the umbrella of system strengthening and in line with the Ministry of Public Health's (MoPH) UNICEF launched the AIA by end of 2017. In 2018, the AIA targeted the low immunization coverage cadasters -previously identified through a EPI Cluster Survey-. As such, most at risk children² in informal settlements were vaccinated with MMR, IPV, OPV, Vitamin A and PCV13. Additionally, household visits were conducted in the targeted low-immunization cadasters. The vaccination cards of all children under the age of 15 years old were screened, all the defaulters were identified and referred to the nearest PHC facility.

In partnership with UNICEF local implementation partner, "International Orthodox Christian Charities (IOCC)", funds from the Global Thematic Fund contributed to reaching around **38,596 caregivers** of children under fifteen years of age (both Lebanese and non-Lebanese) with immunization and health awareness messages. Additionally, **37,678 children** identified by the AIA were vaccinated with measles vaccine. Finally, outreach teams and vaccinators were equipped with needed vouchers and log sheets for AIA through funds from this grant.

To further strengthen the Expanded Programme of Immunization (EPI) registry, UNICEF through funding from this grant and in collaboration with the MoPH and trained **500** participants from nurseries across Lebanon on the use of a Mobile Immunization Registry application (MIRA). This application a) facilitates the screening of vaccination cards of infants and young children, b) provides a unique identification voucher for each screened child, and c) refers the defaulter to the nearest PHC facility.

As part of reinvigorating the baby friendly hospital initiative (BFHI) in public hospitals as well as the hospitals contracted by the health sector partners to reach the most vulnerable women and children, UNICEF procured 100 breastfeeding teaching kits. The purpose of these kits is to equip the health care providers and lactation specialists with items and education materials to teach pregnant and lactating mothers on breastfeeding techniques. Health care providers who were equipped with the breastfeeding kits received adequate training on the use of kit, and on conducting breastfeeding counselling sessions.

² children who have dropped out or defaulted from routine immunization.

These kits were later used in the capacity building and awareness sessions by the health care providers in hospitals, specifically in the 16 BFHI hospitals. Additionally, they were employed in awareness sessions provided in the primary health care centres (PHCCs) as well as by lactation specialists during community outreach activities.

Table A: Lebanon Health and Nutrition Results Assessment Framework (2018 achievement and achievements through Global Thematic Fund)

Health and Nutrition	UNICEF 2018 target	UNICEF 2018 achievements	Global Thematic Fund contribution
# of caregivers of children reached with health integrated messages	139,500	295,525	38,596
# of under five children vaccinated against Measles	58,175	112,446	37,678

E) FINANCIAL IMPLEMENTATION

Table 1: 2018 Planned budget by Thematic Sector

Lebanon

Planned and Funded for the Country Programme 2018 (in US Dollar)

Intermediate Results	Funding Type ¹	Planned Budget ²
2490/A0/07/201/004 1.1CAPACITY BUILDING OF HEALTH INSTITUT 24-04 Prevention of Stunting and other forms of malnutrition 21-08 Early Child hood Development	RR	-
	ORR	325,500
2490/A0/07/201/005 1.3 ACCESS TO IMMUN & BREASTFEEDING SERV 21-02 Immunization 21-03 Child Health 21-04 Prevention of Stunting and other forms of malnutrition	RR	-
	ORR	5,291,930
2490/A0/07/201/006 1.4B HEALTH COMMUNITY MOBILIZATION 21-02 Immunization 21-03 Child Health	RR	-
	ORR	276,995
2490/A0/07/201/091 1.5B H&N PROGRAMME SUPPORT 21-03 Child Health	RR	-
	ORR	29,498
Total Budget		5,923,923

¹ RR: Regular Resources, ORR: Other Resources - Regular (*add ORE: Other Resources - Emergency, if applicable*)

² Planned budget for ORR (*and ORE, if applicable*) does not include estimated recovery cost (only programmable amounts).

Table 2: Country-level Thematic contributions to thematic pool received in 2018
Thematic Contributions Received for Thematic Pool 5 by UNICEF Lebanon in 2018
(in US Dollars)

Donors	Grant Number*	Contribution Amount	Programmable Amount
Global-Health Thematic Fund	SC1899010001	500,000	\$467,289.72
Total		\$500,000	\$467,289.72

*N.B. According to IATI, grant numbers must be listed in reports. For a complete list of the grant numbers for the Thematic contributions received, look at the accompanying excel document *2018 Non-Humanitarian Thematic Reports due by Business Area and grant number* available online, and verify using ZGMVREPTRACKOVERDUE report in VISION, as explained on page 7.

Table 3: Expenditures in the Thematic Sector

Fund Category	All Programme Accounts
Year	2018
Business Area	Lebanon - 2490
Prorated Goal Area	(Multiple Items)
Row Labels	Expense
Other Resources – Emergency	11,841,725
21-02 Immunization	1,553,514
21-03 Child Health	9,541,698
21-04 Prevention of stunting and other forms of malnutrition	530,009
21-08 Early childhood development	216,504
Other Resources – Regular	3,499,384
21-02 Immunization	86,438
21-03 Child Health	2,974,200
21-04 Prevention of stunting and other forms of malnutrition	438,433
21-08 Early childhood development	314
Regular Resources	-1,953
21-02 Immunization	-200
21-03 Child Health	-1,598
21-04 Prevention of stunting and other forms of malnutrition	-127
21-08 Early childhood development	-27
Grand Total	15,339,157

Table 4: Thematic expenses by Results Area

The table below shows a breakdown of expenditures of Thematic contributions by results area.

Fund Category	All Programme Accounts
Year	2018
Business Area	Lebanon – 2490
Prorated Goal Area	(Multiple Items)
Donor Class Level2	Thematic

Row Labels	Expense
Other Resources – Emergency	1,070,435
21-02 Immunization	42,820
21-03 Child Health	996,542
21-08 Early childhood development	31,073
Other Resources — Regular	120,310
21-02 Immunization	12
21-03 Child Health	120,289
21-04 Prevention of stunting and other forms of malnutrition	8
21-08 Early childhood development	2
Grand Total	1,190,745

Table 5: Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2018
Business Area	Lebanon – 2490
Prorated Goal Area	(Multiple Items)
Fund Sub-Category	(Multiple Items)
Row Labels	Expense
21-02-05 Immunization operations	1,450,871
21-03-01 IMNCI / Integrated Community Case Management (iCCM) – Community	10,629,409
21-03-14 HSS - Risk informed programming including climate resilience disaster and conflict	6,241

21-03-17 HSS - Health real time monitoring	47,450
21-03-99 Technical assistance - Child health	917,253
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	923,140
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	1,575
21-08-05 ECD Policy and system strengthening	199,253
26-01-03 Humanitarian planning and review activities (HRP, RRP, UNICEF HAC)	502
26-02-05 Administrative data, registers and non-MICS household surveys and censuses	170,566
26-02-08 Programme monitoring	104,736
26-03-02 Capacity and skills development for social behaviour change	42,564
26-03-04 Community engagement, participation and accountability	127,541
26-03-99 Technical assistance - Cross - sectoral communication for development	59,780
26-05-05 Evaluation innovation learning, uptake and partnerships for evaluation	26,227
26-06-02 Innovation activities	34,596
26-06-04 Leading advocate	185
26-06-05 Leading voice	44,026
26-06-07 Leading brand	544
26-06-08 Emergency preparedness (cross-sectoral)	128,292
26-06-10 CRC, CEDAW or CRPD - follow up on concluding observations	987
26-07-01 Operations support to programme delivery	609,395
27-01-06 HQ and RO technical support to multiple Goal Areas	5,246
27-01-16 CO advocacy and communication	33,459
28-07-04 Management and Operations support at CO	-247,141
30-03-03 Private sector partnerships	22,459
Grand Total	15,339,157

Table 6: Planned budget for 2019

Lebanon

Planned Budget and Available Resources for 2019

Intermediate Result	Funding Type	Planned Budget ¹	Funded Budget ¹	Shortfall ²
2490/A0/07/201/004 1.1BCAPACITY BUILDING OF HEALTH INSTITUT	RR	-	-	-
24-04 Prevention of Stunting and other forms of malnutrition 21-08 Early Childhood Development	ORR	\$ 540,000	\$ 47,531	\$492,469

2490/A0/07/201/005 1.3 ACCESS TO IMMUN & BREASTFEEDING SERV 21-02 Immunization 21-03 Child Health 21-04 Prevention of Stunting and other forms of malnutrition	RR	-	-	-
	ORR	\$ 7,063,404	\$ 4,445,394	\$2,618,010
2490/A0/07/201/006 1.4B HEALTH COMMUNITY MOBILIZATION 21-02 Immunization 21-03 Child Health	RR	-	-	-
	ORR	\$ 1,490,000	\$ 125,552	\$1,364,448
2490/A0/07/201/091 1.5B H&N PROGRAMME SUPPORT 21-03 Child Health	RR			
	ORR	\$ 946,681	\$ 514,003	\$432,678
Sub-total Regular Resources	-	-	-	-
Sub-total Other Resources - Regular	\$10,040,085	\$5,132,480	\$4,907,605	\$10,040,085
Total for 2019	\$10,040,085	\$5,132,480	\$4,907,605	\$10,040,085

¹ Planned and Funded budget for ORR (*and ORE, if applicable*) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration.

F) FUTURE WORKPLAN:

UNICEF as part of its continuous strategy to improve system strengthening and quality assurance will implement community outreach and awareness activities. Furthermore, UNICEF in collaboration with the implementing partners, will work to scale-up the Accelerated Immunization Activities, and pursue the measles control response, through an immunization system strengthening approach. Finally, UNICEF will work towards the enhancement of data collection and analysis to monitor the impact of the project, improve evidence-based programming and planning, not only for immunization but as a first step towards universal health coverage.

G) EXPRESSION OF THANKS

UNICEF Lebanon is grateful to its many donors for their strong and proven commitment to the vulnerable children and women affected by the Syria crisis and for their timely financial contribution in support of children in Lebanon. On behalf of the entire UNICEF Lebanon team, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of children affected by the Syrian Crisis in Lebanon.