

Action Document for the EU Regional Trust Fund in Response to the Syrian crisis to be used for the decisions of the Operational Board

1. IDENTIFICATION

Title/Number	EUTF Programme in support of the Healthcare System for vulnerable population in Lebanon		
Total cost	Total estimated cost: EUR 101,000,000 EUR Total amount drawn from the Trust Fund: EUR 101,000,000		
Duration	47,5 months		
Country	The Lebanese Republic		
Locations	Nationwide		
Implementing Partner (s)	United Nations Children's Fund (UNICEF), World Health Organisation(WHO),International Medical Corps (IMC), Lebanese Red Cross (LRC)		
Main Stakeholder (s)	<ul style="list-style-type: none"> - Lebanese Ministry of Public Health (MoPH); - Primary Health Care Centres (PHHCs); - Lebanese Ministry of Social Affairs (MoSA); - MoSA Social Development Centres (SDCs); - Lebanese Ministry of Energy and Water (MoEW) - Lebanese Water Establishments (BWE, NLWE, SLWE, EBML) - Different UN agencies working on Health, EU Member States, other donors, implementing partners and international financing institutions; -Local and international civil society actors; -Doctors, Nurses, Social workers, Field Workers; -Lebanese universities. 		
Aid method / Method of implementation	<p>Direct management through 2 Grants: 1) International Medical Corps (IMC) lead consortium and 2) Lebanese Red Cross (LRC)</p> <p>Indirect management with 2 Delegation Agreements with UNICEF and WHO</p>		
SDGs	<p>SDG 3 “<i>Ensure healthy lives and promote well-being for all at all ages</i>”</p> <p>Other significant SDG: SDG 16 “<i>Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</i>”</p>		
DAC-code	12220	Sector	Basic Health Care
Objectives	The Overall Objective (OO) of the proposed intervention is to pursue support to access to quality, equitable and affordable health services (service provisions and drugs) for vulnerable population in Lebanon while increasing the capacities of the health care system in		

	<p>progressing towards the achievement of the Universal Health Care, proved as even more essential in the context of Covid-19 pandemic.</p> <p>The Specific Objectives (SO) are:</p> <p>SO 1: To ensure continuity of supplies of essential acute medicines, chronic disease medications and vaccines to the Ministry of Public Health (MoPH) and the Primary Health Care Centres (PHCCs) while strengthening the supply chain management system at both the Central Warehouse as well as at PHCCs level. To contribute to Lebanon preparedness in Covid-19 response through isolation sites as well as infectious waste management and assuring continuity of essential public water services</p> <p>SO 2: To continue the implementation of a Basic Package of primary health care Services (BPS) (including primary health care, mother and child care, reproductive and mental health as well as assistance to disable people) for both Syrian refugees and vulnerable Lebanese at an equitable, affordable and predictable rate, whilst strengthening key health institutions including the MoPH and targeted PHCCs.</p> <p>SO 3: To continue to support the emergency medical services through the reinforcement of the capacity, rationalization and efficiency of the Lebanese Red Cross central dispatch centre – including the adaptation to procedures and protocols for infection prevention control -while continuing to increase the collection of blood products from voluntary non-remunerated blood donors (VNRBD) for the creation of Blood Bank covering the needs at national level.</p>
<p>Main Activities</p>	<p>Main activities will include:</p> <ul style="list-style-type: none"> ✓ Procurement of vaccines, acute and chronic medications ✓ Automation and upgrade of logistic supply system ; ✓ Strengthening the MoPH drug supply chain ✓ Enhancing the capacity of healthcare providers to measure key performance indicators at the PHCC-level, ✓ Strengthening of referral pathways both locally (diagnostic, laboratory, and imaging centres) and with secondary healthcare ✓ Ensure the inclusion of Persons with Disabilities within all services. ✓ Establishment of basic medical direction within central dispatch for better patient triage and care ✓ Establish a national blood donor database ✓ Increase isolation capacity in hospital vacant wards and community centres as well as the management of admission and stay of vulnerable patients; ✓ Collection, treatment and disposal of Covid-19 wastes from hospitals and quarantine centres ✓ Procurement of waste management equipment for quarantine centres and hospitals ✓ Procurement of PPE and disinfectant for ambulances, quarantine centres and blood donations centres as well as ambulances equipment ✓ Provision of spare parts and consumables (in particular

	<p>chlorine) and support to maintenance for assuring continuity of public water services;</p> <ul style="list-style-type: none">✓ Provision of protection equipment and training on its use for operators in water and wastewater sector
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2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

The **Overall Objective (OO)** is to continue to support the access to quality, equitable and affordable health services (service provisions and drugs) for vulnerable population in Lebanon while increasing the capacities of the health care system in progressing towards the achievement of the Universal Health Care, proved as even more essential in the context of Covid-19 pandemic.

The **Specific Objectives (SO)** of the action are:

- **SO 1.** To ensure continuity of supplies of essential acute medicines, chronic disease medications and vaccines to the Ministry of Public Health (MoPH) and the Primary Health Care Centres (PHCCs) while strengthening the supply chain management system at both the Central Warehouse as well as at PHCCs level. To contribute to Lebanon preparedness in Covid-19 response through isolation sites as well as infectious waste management and assuring continuity of essential public water services
- **SO 2.** To continue the implementation of a Basic Package of primary health care Services (BPS) (including primary health care, mother and child care, reproductive and mental health as well as assistance to disable people) for both Syrian refugees and vulnerable Lebanese at an equitable, affordable and predictable rate, whilst strengthening key health institutions including the MoPH and targeted PHCCs.
- **SO 3.** To continue to support the emergency medical services through the reinforcement of the capacity, rationalization and efficiency of the Lebanese Red Cross central dispatch centre - including the adaptation to procedures and protocols for infection prevention control -while continuing to increase the collection of blood products from voluntary non-remunerated blood donors (VNRBD) for the creation of Blood Bank covering the needs at national level¹.

In line with the Overall Objective of the EU Regional Trust Fund in Response to the Syrian Crisis, (EUTF Syria) "to provide a coherent and reinforced aid response to the Syrian and Iraqi crises and the massive displacement resulting from them on a multi-country scale", the Action will contribute to the Specific Objective 3 "*Syrian and host communities have better health, through improved access to health (and water) services, strengthened local capacities (in health and WASH); and strengthened infrastructure (also in both sectors)*" of the current Results Framework².

This Action is contributing to the first two priorities indicated in the recently issued Joint Communication on the global EU response to the Covid-19 pandemic, namely: (i) emergency response to the immediate health crisis and the resulting humanitarian needs; (ii) strengthen health, water and sanitation systems, as well as partners' research capacities to deal with the pandemic and their preparedness; and (iii) address the immediate social and economic consequences.

¹ For all the three specific objectives, lessons learned and best practices from previous implementation will be duly taken into account. In addition, the whole Action will be continuously monitored by the 'Third Party Monitoring of the Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population' project, which started in September 2019. Projects will need to be adapted and adjusted on the basis of data analysis and continuous monitoring in order to maximize their efficiency and impact on the health sector.

² https://ec.europa.eu/trustfund-syria-region/sites/tfsr/files/eutf_rf_2019.pdf

2.2. Context

2.2.1. Country context

Political and Economic Context

Lebanon remains politically and economically fragile. It is vulnerable to internal and external pressures and shocks. Political and confessional divisions as well as regional developments have limited Lebanon's ability to build consensus on political issues and develop effective policies.

Lebanon has a long tradition of hosting refugees. In a country with a current population of approximately six million people, about one in five is a Syrian refugee. Perceptions about Syrian refugees by the Lebanese population have been strongly influenced by the country's history, particularly related to the role of Palestinian militias in the Lebanese civil war. Consequently, the establishment of formal refugee camps has not been permitted. The majority of Syrian refugees have relocated to neighbourhoods where vulnerable host communities predominantly live³. In the early years of the crisis, refugees were seen more as victims forced to flee from war. However, after nine years of protracted crisis, concerns have been voiced about the potentially destabilizing effect of the refugee presence. Consequently, the 2018 – 19 period has witnessed to increasing political polarization and more explicit calls for refugee return⁴. This is expected to increase in the light of the re-opening of the borders after the covid-19 lockdown and the ensuing halt to economic activity exacerbating the already severe vulnerabilities among refugees and Lebanese.

Lebanon's economy has been subject to external and internal shocks and it is currently facing an unprecedented economic and financial crisis with important socio-economic implications and no visible end in sight. The last few months have seen the country default for the first time on its debt -among the highest worldwide as GDP percentage- as its foreign currency reserves plummeted to levels barely sufficient to cover the import of basic goods. The currency has lost 60% of its value in the parallel market. The shortage in liquidity of hard currency has critically reduced, *intra alia*, the import of medical supplies⁵. Dramatic price hikes have been observed on all imported goods (including medicines), affecting negatively the purchasing power in the country, while the closure of businesses and loss of employment severely limit access to income opportunities. The Covid-19 pandemic and the nationwide lockdown started in mid-March have further compounded socio-economic hardship, putting a wider segment of the Lebanese and non-Lebanese population at risk of falling below the poverty and the extreme poverty line.

In this difficult context, the Government has elaborated a financial recovery plan on 30 April 2020 and presented a 3 year development plan to donors on 4 May and sought in parallel financial assistance from the IMF. The austerity plan is quite somber on its economic forecasts and an economic decline is expected for the years to come, further increasing the existing vulnerabilities of a large part of the population.

³ The no-camp policy adopted by the GoL since the beginning of the crisis resulted in the scattering of refugees over the country. More than half of the refugees have settled in the long-neglected regions of Akkar and Bekaa.

⁴ Syrian refugees in Lebanon; Eight Years On, CARE (2018)

⁵ Lebanon: COVID-19 Worsens Medical Supply Crisis' (Human Rights Watch, 24 March 2020): <https://www.hrw.org/news/2020/03/24/lebanon-covid-19-worsens-medical-supply-crisis>

Socio-economic impact of crisis on population

Despite Lebanon being a middle-income country, the civil war of 1975-1990, compounded by the country's conflict with Israel and the Syria crisis; and combined with the weak governance, a weak fiscal system and limitations to the rule of law, has stunted development and has contributed to the creation of a class of Lebanese living in poverty..A survey⁶ conducted before the pandemic outbreak estimated that more than 220,000 jobs had been temporarily or permanently lost between October 2019 and February 2020. In addition, about a third of firms have “temporarily” reduced their employees’ salaries – by an estimated 40% on average. One third of companies reduced their workforce by 60% on average, and 12% have ceased or suspended their operations.

The Government estimates that the country hosts 1.5 million Syrians, registered with the UNHCR or not, along with Palestine Refugees from Syria (PRS) and Lebanese returnees, as well as a pre-existing population of more than 277,985 Palestine Refugees in Lebanon (PRL). The no-camp policy adopted by the GoL since the beginning of the crisis resulted in the scattering of refugees over the country. More than half of the refugees have settled in the long-neglected regions of Akkar and Bekaa.

The World Bank estimated an increase in overall poverty to 45 percent in 2020 that could result in more than a doubling of extreme (food) poverty to 22 percent. This estimate is likely to be conservative as the Covid-19 crisis also adversely impacts the Lebanese economy. As the deepening economic crisis and political instability constrain vulnerable households’ ability to meet basic needs, their dependence on negative coping mechanisms, such as child labour and child marriage, is increasing along with possibilities of renewed conflict and tensions over competition for resources and livelihoods opportunities.

As a result of the cumulative effect of depleted savings, and increased difficulty to access income, the average monthly expenditure of refugees has decreased with the share of households living below the poverty line (US\$ 3.84 per day) reaching 73 per cent in 2019 (68 per cent in 2018) and 55 per cent (51 per cent in 2018) live below the survival minimum expenditure basket (US\$ 2.90 USD per day). An analysis conducted by UN agencies found that an inflation rate of 25% in 2020 would increase the number of Syrian Refugees living below the survival minimum expenditure basket (SMEB) from 825,000 to 1,065,000 people. The estimate of refugee families falling below the SMEB is likely to be far higher when considering the compounded impact of rising unemployment (and resulting loss of income) in the context of the current multi-pronged crisis. Syrian households are increasingly adopting negative coping strategies that deplete assets, affect the households' livelihoods, and very often are irreversible , as well as leading to a violations of their human rights (including sexual exploitation, etc.). Syrian refugee households are increasingly incurring debt with 93% borrowing money and an average debt of US\$ 1,115 in 2019. Syrian refugees are borrowing money for similar reasons as in 2018: to buy food, pay for rent, spending on healthcare and medicine⁷. (33% are in debts to cover the cost of medicines -in 2018 it was 23%)⁸. The current nationwide lockdown has further compounded socio-economic hardship. In an impact assessment conducted by Handicap International⁹, 74% of respondents reported purchasing food on credit, 53% reduced spending on non-food items including hygiene items (potentially perpetuating risk of poor health outcomes given the threat of Covid 19), 28% spent savings on food, 23% sold household assets to buy food, 22% asked other households for food in the last 30 days. Half of the respondents reported they would have to rely on charity in the

⁶ Conducted by InfoPro - <http://www.businessnews.com.lb/cms/Story/StoryDetails/7423/220,000-jobs-lost-estimated-by-InfoPro>

⁷ VaSyr Executive Brief 2018 <https://data2.unhcr.org/en/documents/details/67983>

⁸ VaSyr 2019 <https://reliefweb.int/sites/reliefweb.int/files/resources/73118.pdf>

⁹ Joint Paper IRC-NRC-HI ‘Worsening access to healthcare in crisis-hit Lebanon - May 2020’

coming 30 days, 49% would seek assistance from other households in order to meet their food needs. Lack of income combined with inflation puts **healthcare and medication** out of reach for vulnerable households. Many of them, in absence of money, drastically reduce their non-essential expenses in the education and health sectors, further aggravating their general health status, since they recur to the health facilities only for serious health conditions or when it is too late. Deterioration in the shelter sector, with an increased number of householders living in non-permanent structures and residential shelters, together with an old water network not covering all houses and informal settlement are increasing the risk of water-borne diseases with a negative impact on the health status of vulnerable populations¹⁰.

The Syrian labour force is often underemployed when able to access jobs¹¹ and men struggle to find opportunities to earn a regular income. Adding to their care-taking roles and to fulfilling household chores, many Syrian women have had to work to financially provide for their families. Women have been able to get more jobs in the informal sector, such as petty trading, seasonal agricultural work and cleaning. Child labour among Syrian refugees in Lebanon is also critical. Both girls and boys are vulnerable to mistreatment, harassment and violence with important consequences on their health status (i.e early pregnancy, work-related accidents). During the lockdown the situation has worsened as proved by a recent report published by WHO, UNFPA, UN Women and NCLW¹² indicating an increase in the number of new cases and severity of gender-based violence accidents, while at the same time underreporting is growing.

Social tension and security

Social tensions have increased in areas of Lebanon where large numbers of Syrian refugees coincide with pre-crisis service delivery challenges. Perception surveys carried out under the latest Tensions Monitoring¹³ system report an evident deterioration in the quality of public services-such as waste management, electricity, and medical care- resulting in increased tensions and deterioration of relations both at inter-communal as well as at intra-communal level. Intercommunal incidents and incidents continue to be prevalent in Bekaa and the North Governorates. The health sector is rapidly deteriorating during the pandemic, with over the half of the respondents perceiving health services as poor or declare not to have any access. At the same time, the main priority for residents of Lebanon, amongst the public services, is access to medical services, followed by electricity. The persistent and aggravated economic situation coupled with the large and rising influx of refugees has put the Lebanese health sector under strain; Syrian refugees are accessing the same public facilities of vulnerable Lebanese citizens, increasing the pressure on the delivery of quality of services and public finances as well as the risk of social tensions which could further exacerbate the already delicate security situation in the country. The situation is becoming even tenser during the Covid-19 pandemic, a crisis within a crisis impairing the capacities of already vulnerable Lebanese and refugees to subsist and heightening the risks of social instability. During the Covid outbreak, anti-refugee perceptions and tensions have risen as some municipalities and other actors are expressing that refugees are likely to spread the virus due to the overcrowded conditions in which they live and are complying with the national and municipal precautionary measures. As consequence, in certain localities, refugees have

¹⁰The dismantlement of hard structure in in northern Lebanon, that in the near future could be also extended to Mount Lebanon, has also an impact on the refugees health, linked to the rubble and increase in respiratory diseases, in addition to the severe suffering at mental and psychological level, with a tremendous impact on children. Interagency Coordination Lebanon 'HARD STRUCTURES DISMANTLEMENT SITUATION REPORT' - 24 AUGUST 2019

¹¹ Syrians are permitted to work in three sectors; agriculture, construction and environment/cleaning.

¹² <https://lebanon.unfpa.org/en/publications/gender-alert-covid-19-lebanon-issue-1>

¹³ Data of April 2020

been submitted to stricter curfew and movement limitation, increasing stigma towards persons confirmed or suspected of being infected with Covid-19. This risk leading to evictions and social exclusion as well as to delays in self-reporting and self-isolation. The outbreak has also fueled intra-Lebanese tensions. It is then essential that the international community continues to support the delivery of basic social services. In this light, the EU intervention in the healthcare sector becomes key to ensure the continuation of coverage of health services and the preparedness of Lebanon for the Covid-19, contributing to maintain under control social tensions while improving institutional and operational capacities of the sector.

In the last years, as the crisis became more protracted, international donors scaled up assistance, with a focus on responding to the needs of host communities and host country institutions, as well as refugees. This included projects supporting capacity development of public service delivery institutions, accompanied by investment in local infrastructure. There has also been a significant investment in social service delivery, including health, education, protection and social assistance.

The EU is not a traditional donor in the **health sector** in Lebanon. The greatest part of the international support for the sector has been provided in response to the impact of the Syrian crisis and the EU is not an exception in this sense. Nevertheless, cooperation in the health sector, started in 2012 in the framework of a crisis context, has evolved in a positive example benefitting a large part of the Lebanese health system. The EUTF support in the sector is one of the most successful examples of **humanitarian-development nexus** transition, contributing to improve access to healthcare for vulnerable Syrian and Lebanese while reinforcing the trust between the public sector and the citizens in need of good public services.

Promote **high quality public health principles**, standards and legislation is a priority for the European Union. This becomes even more crucial in context of the Syrian protracted crisis, where competition for access to health services could result in exacerbating social tensions between the refugee population and the Lebanese one as well as in possible spreading of pandemic and/or epidemics with heavy impact on the country's security and stability. In the current Covid-19 outbreak, a high disruption in services is expected and health centers may present a flashpoint in inter-communal tensions. Spreading of rumours, misinformation and fake news could also contribute to increase further tensions, in a situation where the dire economic and livelihood challenges risk citizen compliance and skirmishes with authorities.

Despite Lebanon's generous hosting of Syrian refugees since the beginning of the crisis, as well as the large-scale international response, the concerns articulated above have resulted in negative rhetoric regarding refugees' protracted stay. This has fed into a rise of inter-communal tensions, which were initially prompted by the unresolved, protracted crisis. Since 2018, Lebanese authorities have adopted a number of new policy measures, including small-scale, facilitated group returns to Syria. Other measures have been introduced, including controls on movement, evictions, raids, police searches and, after a decision by the Higher Defence Council (HDC) in June 2019, demolitions of Informal Tented Settlements (ITS) in certain localities, as well as measures that have resulted in the deportation of Syrians deemed to have entered Lebanon irregularly¹⁴. During the pandemic, the international

¹⁴ As confirmed by General Security, 2731 Syrians who are believed to have entered the country irregularly have been deported since May 2019. Due to continued limited access, UNHCR have only been able to intervene on behalf of around 150 individuals, in some instances successfully, albeit with many individuals remaining in detention or deported without due process. UNHCR has confirmed that the implementation of deportations orders resulted in cases of violation of *non-refoulement*.

community has actively advocated for a moratorium on evictions, underlying the important health and safety risks.

Aiming to reduce tensions and reach results in dialogue with the Government of Lebanon on the question of Syrian refugee presence and return, parts of the international community have begun to focus advocacy on more concrete deliverables, whilst acknowledging that controlling borders and stopping illegal movements is Lebanon's sovereign right and legitimate concern. Advocacy efforts have highlighted that existing Lebanese laws can provide acceptable safeguards / due process for deportations and prevent *refoulement*. This may create further entry points to ensure more readily available, reliable data, as well as timely, comprehensive and transparent protection analysis, and ultimately, the development of a framework to guarantee safety and dignity of returns, in compliance with international humanitarian law. Even if during the Covid-19 pandemic borders have been closed and no return has been registered, it is expected an increase in the returns after the end of the lockdown.

2.2.2. Sector context: policies and challenges

The Lebanese Health sector is hospital-centred and physician-driven. It is characterised by a dominant private sector -mostly for profit-, and very active NGO sector often aligned on confessional divisions and on political affiliation. The public Health sector was already weak and facing major challenges before the Syrian crisis amid serious attempts by the Ministry of Public Health (MoPH) to regain its leadership and regulatory role over the past two decades. The Ministry of Public Health (MoPH) and the Ministry of Social Affairs (MoSA) manage the primary healthcare system through 215¹⁵ Primary Health Care Centres (PHCCs, under the supervision of MoPH¹⁶) often run by Lebanese NGOs, religious and politically affiliated institutions, as well as 200 Social Development Centres (SDCs, under the supervision of MoSA) countrywide.¹⁷ Despite the fact that medications and vaccines are supposedly provided for free, limitations in enforcing the existing legislation¹⁸, **affordability and predictability** remain primary barriers for affected populations to access public basic health services. Consultation costs are often coupled with the ones of diagnostic tests, medications that might not be available, and travel costs. This could place healthcare out of reach for many. In 2018, 12% of the monthly expenditure of Syrian refugee households was spent on Health¹⁹, with an increase of USD 13 compared to 2017. Food (40%), rent (20%) and Health continue to represent the most significant expenses, accounting for 75% of the total.²⁰ This trend accentuates during the Covid-19 outbreak, according to a Norwegian Refugee Council survey conducted in Informal Tented Settlements in March 2020, reporting that the main barriers to accessing PHC are financial (40%) or linked to

¹⁵ Number is changing over the time in a range between 205 and 222 accredited centres (220 in 2016, 208 in 2017, 218 in 2018 and 215 in 2019)

¹⁶ Primary Health Care Centers (PHCCs) can be part of the Ministry of Public Health (MoPH) network after both certification and validation of their inclusion in the network. Once PHCCs are included in the network, they receive free essential generic drugs from the MoPH as well as other benefits such as support in capacity building. When they are not supported by international and local NGOs, PHCCs usually charge 10,000 to 15,000 LBP with further out-of-pocket expenditure for laboratory and imaging tests needed to better diagnose and treat patients.

¹⁷ These centres provide a range of primary Health care services, counselling as well as referrals to secondary Health care. At PHCCs health, fees for vary between USD 4.5 and USD 8.

¹⁸ According to existing regulations, all vaccinations are free and will be administered by nurses however, in reality, in most centres doctors administer vaccines and charge for pre-vaccination consultation fees

¹⁹ N. Yassin, '101 Facts & Figures on the Syrian Refugee Crisis'

²⁰ N. Yassin, '101 Facts & Figures on the Syrian Refugee Crisis'

transportation (23.5%). While these barriers pre-dated Covid, they are further exacerbated due to the ongoing economic crisis and reduction in public transportation²¹.

Public secondary and tertiary health care institutions in Lebanon are semi-autonomous. 85% of hospital beds are offered through private hospitals, making the referral care very expensive. Access to hospital care for Syrian refugees is primarily covered through a network of 40²² hospitals across Lebanon (public and private), contracted by UNHCR through a third party administrator²³. 50% of the Lebanese have no healthcare insurance at all, leaving them under the responsibility of the MoPH acting as an ‘insurer of the last resort’. Uninsured Lebanese patients pay 5% of the bill in public hospitals and 15% in private ones, with the Ministry covering the rest. However, the ministry reimbursements have been either severely delayed or not forthcoming at all, given the insufficient funding for the healthcare sector. To reduce the financial burden, private hospitals have been favouring customers who can afford the hospital fee, thus limiting the access of vulnerable Lebanese to secondary and tertiary healthcare services.

Data before the Covid-19 crisis showed a stable access to healthcare²⁴. Nevertheless, following the pandemic, the general situation in the health sector is rapidly degrading with a 40 percent decrease in primary health consultations compared to the year 2019, 27 % in hospitalization for Syrians and 24% for Lebanese, a 6 % decrease in the number of children receiving routine vaccinations, and a severe out of stock of essential medications, reaching 50 % in cases of chronic medications and 26 % for acute ones.²⁵ Several gaps are reported also in mental health services. The reasons of decrease in access to the health sectors are partly linked to the pandemic and the country lockdown, but also caused by the severe economic crisis of the country and the local currency depreciation. A UNHCR survey has found that refugees experience movement limitations, difficulty to access food and pay the rent, and are in need of assistance to cover cost of food, rent and hygiene and sanitation items. The situation is particularly difficult for the chronically ill, disabled and elderly who report a much higher level of food needs, a lack of soap and hygiene products, a serious shortage of and access to medicines together with the inability to cover health related costs, the lack of access to drinking water and a feeling of extreme isolation. In general, Syrian households appear to face greater difficulties in accessing healthcare compared to their Lebanese and PRL counterparts, both prior to October 2019 (39%) and currently (93%).²⁶ Despite being unlawful, the confiscation of identity documents by hospitals due to refugees’ inability to afford medical fees is a relatively common practice which even if pre-dates the current COVID-19 crisis and has exacerbated in the last period.

In 2018, approximately 1.5 million subsidised consultations were provided at the public health care level for persons in need.²⁷

²¹ Joint Paper IRC-NRC-HI ‘Worsening access to healthcare in crisis-hit Lebanon - May 2020’

²² <https://data2.unhcr.org/en/documents/download/70660>

UNHCR subsidized healthcare is limited to obstetric and life-threatening conditions. Refugees bear a part of the hospital bills and often face difficulties to secure these funds, which reduce their access to healthcare and expose them to protection concerns (abusive practices by hospitals).

²⁴ Syrian refugee households requiring Primary Health Care services increased in 2019 to 63% from 46% in 2016 ; while, at the same time, even access has also slightly improved. In 2019, 90% of those requiring PHC received it and 81% received the required secondary health care . In general, latest available data show an increase in demand for PHC while decrease in demand for SHC (from 24% in 2017 to 22% in 2019). Moreover, a higher share of householders were able receive free or subsidized PHC, also thanks to the EU health programme, (increase by 8% to 64% in 2019) .

²⁵ Data Health Core Group, April 2020

²⁶ Joint Paper IRC-NRC-HI ‘Worsening access to healthcare in crisis-hit Lebanon - May 2020’

²⁷ By mid-year 2019, partners supported 732,763 subsidised consultations to PHC for vulnerable Lebanese, displaced Syrians, Palestinian Refugees from Syria & Palestinian Refugees from Lebanon. This is a 16% decrease from the first half of 2018 when partners provided a total of 873,650 subsidised consultations. Syrians make up the largest percentage of people benefitting from subsidised contributions at 66%.²⁷

Some measles outbreaks happening in the last years in some areas of the country. The most recent wave started around October 2018 and is still active, with around 1,109 measles cases reported as of June 2019.²⁸ This affected both Lebanese and refugee populations and it is linked to a suboptimal vaccination coverage: more than 74% of the reported cases between 9 months and 15 years of age received 0 measles doses or lack immunization documentation. The situation is expected to worsen following the pandemic and the lockdown which caused a severe hampering of the vaccinations. Mental Health and psychosocial support (MHPSS) needs have also steadily increased since the beginning of March 2020, particularly for households with a person with disabilities and women. This may relate to increased financial pressures and changes in roles/responsibilities.

Syrian refugees continue to face increasing access barriers aside of non-standardised and often unaffordable cost of health services throughout Lebanon, including feasibility of transport. As a result, refugees are pushed in negative coping mechanisms of hiding, and their vulnerability increase. This is particularly concerning during a pandemic given the potential increase in virus transmission. The complexity of the Lebanese healthcare system, with multiple financing mechanisms, limited public funding and lack of planning for hospital services lead to chronic deficits and are limiting factors to access services. This can leave vulnerable people with high chances of paying out-of pocket expenses for their health care and can exacerbate poverty level. Social stability could be adversely affected by rising tensions due to competition for scarce resources in health. Therefore, supporting the health system in countries hosting refugees is key to maintain the population's health²⁹.

Water services are a key asset in the fight against the pandemic allowing users to maintain hygiene, which is considered the first defence against virus propagation. Covid response generally requires higher consumptions of water. At the same time chlorination should be in place to avoid possible contaminations through water network itself especially in a country like Lebanon where wastewater treatment services are deficient. Since the beginning of financial crisis, all the 4 Regional Water Establishments have progressively reduced the level of services provided in terms of quantity but also quality (lower or no chlorination) in almost all Lebanon. This is due to lack of financial resources as the current level of collected revenues is on average below 10% of what collected in previous years (that was already insufficient). This is expected to worsen in the months to come due to seasonal scarcity of water resources during the summer. In addition, Water Establishments face huge difficulties in accessing spare parts as all the equipment are imported and should be paid in USD while fees from customers are collected in LBP. As a consequence, several break downs in pumping stations have been left not addressed.

2.3. Lessons learnt

In 2016, the first Lebanon only Health Action Document, constituted the largest health package reserved for Lebanon. After more than 2 years from the beginning of its implementation, some lessons

The decrease in subsidies could be caused by the diminution of the mobile medical units-in line with the *desiderata* of the MOPH and coinciding with the sector shifting towards health system strengthening.²⁷ However, consultation in fixed health consults is increasing and now constitutes 85% of the total subsidised consultations provided. At Secondary Health Care level, in 2018, approximately 82,000 displaced Syrians (average of around 6,800 admissions per month) were admitted for life saving hospital care. There has also been a 21% decrease in hospital admission of refugees in 2019 compared to the same period in 2018, which could be linked to the new referral policy imposing increased patient care on the refugees.²⁷ However, a unified costing mechanism is still lacking and the high level of poverty in Lebanon limit the ability to acquire care and cover its expenses.

²⁸ DG ECHO Lebanon Office Regular Report – June 2019

²⁹ The Lebanese health care system is confronted with many challenges: rising costs, persistent inequalities, and changing demands and expectations. The Lebanese Ministry of Public Health (MoPH) needs to continue playing its role as insurer of last resort, but also scale up its role as steward and regulator of the whole sector towards reaching universal health coverage (UHC). MoPH is aiming to further modernise the health care provision; and assist it in opening policy dialogue with other public health funds, private sector and other relevant stakeholders to ensure alignment of the health sector as a whole.

learnt can be drawn. In general, one of the main lessons learnt has been **the importance to ensure and continue a regular coordination and involvement of the MoPH** in the relationship between donors and implementing partners, in order to guarantee the adequate financing of the national Health priorities and continue the dialogue over the overarching structural issues, avoiding overlapping and duplication in a sector that remains heavily underfunded. Such coordination has been also key among implementing partners and it has allowed the reinforcing of synergies and complementarities as demonstrated by the REBAHS-EPHRP complementarily model-to be better explained in the section 2.4- as well as by the growing utilization of an unified system³⁰ At the level of delivery of Primary Health Care services, the REBAHS project, based on a Flat Fee Model initially tested and created by Première Urgence Internationale (PUI) in 2015 and further reviewed and adapted in 2018 by the consortium led by International Medical Corps (IMC), responds to the need of creating an accessible healthcare while reinforcing the existing health structure. It covers consultation costs, medications on the MOPH's essential medication list, laboratory and imaging diagnostic tests to those seeking services at PHCCs. Maternal and Mental health services are included, and, since beginning of 2019 the model is extended to health services for disable people.

After almost two years of implementation of this pilot project, the consortium has been able to analyse data and build on the lessons learned³¹. Number of patients is growing, and, according to the latest available data³², the majority of indicators and targets are overachieved. Particularly positive is the increasing number of consultations of Lebanese patients, proving the growing trust in the public services. Results of the ROM conducted in March 2019 stated that the project implement a "cost effective and affordable primary health care service delivery mechanism at PHCC level that is centered on addressing the actual demand". ROM recommendations include the adoption of the REBAHS model by the MOPH, supported by other health donors and rolled out to all PHCCs in Lebanon to provide effective access and defined benefits to all vulnerable population in Lebanon.

The cost effectiveness of the model will be continued to be measured through different studies, including an independent evaluation of the REBAHS project cost that AUB³³ is currently conducting as well as the continuous monitoring and final evaluation that will be conducted by the EUTF Third Party Monitoring project. All results will be used to modify and adapt the new phase of the project. Given the positive results, beneficiaries' satisfaction and impact at PHC it has therefore been decided to continue to support the model and the existing consortium.

Access to medications continues to present some challenges and some vulnerable patients still incur high out-of-pocket payments to obtain drugs due mainly to stock rupture or medical prescription of medicines not included in the essential medications list. A predictable and medication supply chain has been key to make sure medications are available at the PHCCs level and are being delivered free of charge to patients thus reducing the burden of vulnerable populations. Enhancing the supply chain management system is critical to mitigate stock depletion and proper delivery of medications to patients. Recommendations included in the 2016 'Review of the distribution supply chain of essential acute medicines and vaccines, chronic disease medications to the Ministry of Public Health and the Primary Health Care Centres in Lebanon' as well as in a IMC- study³⁴ will be taken into account for

³⁰ (i.e REBAHS model financed by other donors- i.e US- and the use of the model by other actors providing health care in Lebanon, such as Medair that will adopt it in 2020).

³¹ International Medical Corps Brief: Flat Fee Model Implementation 2018-19

³² Reducing Economic Barriers to Accessing Health and Mental Health Services in Lebanon Project Dashboard (January 2018 - June 2019)

³³ The main aim of the AUB study will be to measure if there has been a reduction in household spending on healthcare and reduction in secondary health care costs. At the moment, on the basis of the available data, patients are saving between 26 and 32 USD per visit for essential services.

³⁴ MOPH Medication Supply Chain Analysis, Primary Health Care in Lebanon International Medical Corps – Lebanon July 2017

the new phase of the project. More in particular the 2016 review indicated the need for improved monitoring of the dispatch of vaccines and acute medication, and supply chain performance management.

The ROM conducted in June 2019 on the UNICEF project 'Securing access to essential medical commodities for most vulnerable population in Lebanon' focusing on the procurement of acute medications and vaccinations indicate weaknesses in data management, and a lack of visibility across the supply chain (i.e. consumption data, demand and stock management system) coupled with a lack of system strengthening elements. UNICEF experienced also some delay in the procurement of non-standardized items, not available in their Copenhagen Quarantine and it was necessary to launch a global procurement. In order to address the underlined issues, and in line with the *desiderata* of MoPH, which is willing to continue to have both standardized and non standardized items on the essential medications list, it has been decided that for this new Action, UNICEF will focus only on the procurement of vaccines, while WHO will provide both medications for acute as well as chronic diseases. Moreover a stronger component of supply chain management strengthening will be included i.e cold chain maintenance, implementation of Effective Vaccine Management Assessment (EVMA) recommendations, expansion of the Mobile Expanded Programme for Immunization Registry Application (MERA) and better technical support to build MoPH's capacity for harnessing and analyzing stock data to enable the effective and efficient management of stock at central and peripheral levels.

This Action is including a support to the emergency medical services currently supported by a Regional Action covering 5 countries. For the current Action it is has been decided to continue only two set of activities among the ones currently implemented, focus will therefore given to the ambulance dispatch center and the blood bank for the positive results achieved as demonstrated also by the ROM report conducted in October 2018. MOPH recognizes that Lebanese Red Cross (LRC) is the only viable option to drive a quality and standardization process on blood transfusion and collection given its experience, current infrastructure as well as geographical and political access across the country. The dispatch centre for the ambulance services is also developing towards an efficient national recognized reference emergency call number "140". Currently, the MOPH and the LRC do not have the financial capacity to support these activities and international support remains necessary. Advocacy towards a financial independence and sustainability of these activities will continue, especially in prevision of the First Health National Forum to be held on the 20th December 2019. This Action does not cover the Secondary Health Care (SHC), included in the 2016 document³⁵.

One of the barriers to better policy dialogue and coordinated action is the lack of reliable data despite the Health Information System (HIS). Often the discussions are rather anecdotal and bottom up data from the PHCCs as well as qualitative data from the beneficiaries through HH surveys is not routinely aggregated and analysed for coordinated action. Often it is not shared with all stakeholders. In order to address this, a Third Party Monitoring project has started in September 2019 and will do the continuous monitoring of the ongoing projects (covered by the 2016 Lebanon Health Action Document as well as the regional ones having an health component) as well as the new ones. The main aim of this project is to collect reliable and independent data to nourish the policy dialogue with MoPH and providing further evidence on the best practices of the different models implemented.

³⁵ The main reason of this decision is linked to the fund limitations which oblige to prioritize areas of intervention. Therefore, in this action preference is given to sustainable and system-strengthening activities -covering both vulnerable Lebanese as well as Syrian refugees- and projects in line with the humanitarian-development focus. At the moment UNHCR intervention in secondary health care remains purely humanitarian, addressing life-threatening conditions and deliveries of Syrian refugees only. MoPH does not envisage, at this stage, the possibility of using the Third Party Administrator model used by UNHCR for covering un-insured Lebanese, preferring to continue to play its role of 'insurer of the last resort'.

Moreover, a regional evaluation of all the health related programmes is under finalization. Therefore, a large degree of flexibility will be required for any intervention in order to take into account results and trends indicated by the Third Party Monitoring as well as by the Health evaluation.

The proper coordination between MoPH and MoSA, MEHE and MoIM, at national and local levels, should continue to be encouraged particularly with a view to integrating sectoral policies at the local level, improving quality of service delivery and enhancing referral mechanisms. In this sense, MoSA participation to the EUTF financed Steering Committee is already to be seen as a positive step in reinforcing the mutual dialogue and exchanges.

This Action is in line with the preliminary results of the LCRP Mid-Term Review³⁶ as well with the strategy of the health sector in 2019.³⁷

2.4 Complementary actions

In response to the consequences of the Syrian crisis in Lebanon, substantial assistance has been provided under various EU-funded programmes. The EU through ENI Special Measures and the EU Trust Fund for Syria has consistently funded the health sector by supporting MoPH and its National Health Strategy as well as the service provisions in the centres part of the MoPH network. With more than EUR 246 million invested since 2012, the EU is undoubtedly the leading donor in this sector.

The Health sector has always been one among the less funded ones since the beginning of the crisis. The Japanese Government is considering the financing of the upgrading of the management system of the Central Warehouse allowing a close monitoring of medications at PHC level, with information on beneficiaries profiles. Such project will complement the EUTF **supply chain management strengthening** activities, which will be part of the WHO project.

At **Primary Health Care level**, the flat-fee model piloted by IMC in the REBAHS has been also financed by US for around 6 clinics, while Canada is also currently considering the possibility to adopt such a model. The EUTF financed project ‘Improved quality of and access to healthcare services, including protection mechanisms, for Syrian Refugees and Vulnerable Lebanese host communities’ implemented by Medair will also adopt a flat fee model scheme starting from 2020. Complementarity with the preventive care ‘Emergency Primary Healthcare Restoration Project’ (EPHRP) phase I, financed by the World Bank, will continue until December 2020 (if the project will be renewed for one year) and synergies will be ensured in the phase II of the project, currently under preparation/finalization, especially in the light of the inclusion of diagnostic tests on the basis of the REBAHS model.

Canada and US will continue support UNICEF for **vaccination, nutrition and maternal health** activities.

As concerning **mental health**, synergies and complementarities will be made with the recently launched ‘Improving mental health and well-being of people living in Lebanon’ project financed by AFD for

³⁶ The LCRP Mid-term review indicated that the health sector is achieving positive results at PHC level, including in the collaborative mental health services model and it is increasingly moving towards health system strengthening in fixed health outlets, while prioritizing support to MoPH with models that offer more coverage for people in need and will expand the early warning system.

³⁷ Health strategy is aiming to sustain health outcomes through continuous improvement of the core health system strengthening functions and with the 4 health sector priorities in the mainstreaming of institutional support to i) Promote country ownership and sustainability, ii) Scale up solutions, and iii) Promote greater efficiencies in health investments, iv) progressively ensure expansion of Universal Health coverage”.

the period 2019-2021 and aiming to increase the opportunity for all people living in Lebanon to enjoy the best possible mental health and wellbeing.

Even if this Action is not specifically supporting **Secondary Health Care**, dialogue and synergies will be ensured, especially in the light of referrals. The same applies to the **protection and WASH** sectors where constant dialogue and cooperation will be ensured.

Beyond the activities mentioned-above, this Action will be complementary to the following ongoing EUTF-supported health-related projects:

- ✓ Resilience and Social Cohesion Programme (RSCP) implemented by *Agence Francaise de Developpement* (AFD) and the Italian Cooperation, in Lebanon, Jordan and Iraq.
- ✓ System strengthening component of the ‘Strengthening the health care system and provision of chronic medications at primary health care centres’ project, implemented by WHO and running until mid-2022.
- ✓ Third Party Monitoring of the Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population implemented by PROMAN consortium

Regular dialogue with the **EU-Lux-WHO Universal Health Care (UHC) Partnership** managed at HQ level will also continue with the aim to pursuing synergies toward the common aim of strengthening Health systems. In total, according to the latest available data, the donor community financed the 54% of the Lebanon Crisis Response Plan (LCRP) appeal in the health sector, i.e USD 145 million of the USD 268 million appealed for in 2019.³⁸

An intervention to assure continuity of the public water services during the period of the pandemic has been inserted within this Action Document. This ad-hoc intervention will be coordinated with MoEW and the 4 Regional Water Establishments in charge of water supply. The intervention is fully in line with all the other water and wastewater programs funded by EU that are promoting long term sustainability of public water services in Lebanon.

2.5 Donor co-ordination

The EU is the leading donor in the Health sector in Lebanon. The EU Delegation to Lebanon calls and organizes regular informal coordination meetings with all donors active in the sector (i.e. US, Canada, France/AFD, Japan, World Bank). At EU level, regular updates are organized in the framework of the EU Development Counsellor meetings where guest speakers/project representatives are invited on occasion to brief on particular issues of concern to the wider international community and/or to explain certain technical aspects of the projects implemented.

The EU maintains constant and regular dialogue with MoPH, through both bilateral political and technical dialogue as well as participation in the following fora:

1. **National Health Steering Committee:** Created in March 2015, the National Health Steering Committee is chaired by the MoPH and composed by relevant UN agencies, WB, EU, Lebanese NGOs and Lebanese Humanitarian International NGOs Forum (LHIF) operating in the health sector. The primary responsibility of this Steering Committee is to set strategic

³⁸ <https://data2.unhcr.org/en/documents/download/75081>

directions for the health sector, prioritize health interventions and steer the allocation resources within the health sector. The committee reports to the Minister of Public Health and the National LCRP Steering Committee.

2. **Steering Committee EUTF funded projects:** A technical coordination for the health care sector is made through the Steering Committee initially created under the EU-funded Instrument for Stability (IfS) Programme, which is continued under the current EUTF support. The Steering Committee of EUTF funded projects is chaired by MoPH and all the EUTF funded projects in the Health sector, both bilateral as well as regional, attend (i.e UNHCR, WHO, UNICEF, IMC led consortium, MEDAIR, Danish Red Cross consortium, Third Party Monitoring experts team). This Steering Committee meets at least twice a year, and constitutes the forum where coordination and synergies among the EUTF project partners are discussed at the presence of the MoPH and the EU. In several occasions, technical discussions initiated in this context have continued in a more restricted circle ('task force') among the most concerned partners, including also non-EU financed actors, strengthening their mutual knowledge and cooperation.³⁹
3. **Health Working Group:** Established under the LCRP, the Health Working Group meet regularly (in general every 2 months) both at capital and regional level to share latest updates at operational level in the sector. The group is co-chaired by MoPH/WHO and it is open to all partners involved in the Health sector, including donors, even if the main discussions are of merely operational nature/information sharing.

On 20 December 2019, the first **National Health Forum** was supposed to be organized in Beirut but it has been postponed *sine die* following the protests of October 2019 and the consequent political crisis. Through this initiative, MoPH was aiming to further modernise the health care provision and assist it in opening policy dialogue with other public health funds, private sector and other relevant stakeholders, to ensure alignment of the health sector as a whole. The National Health Forum would constitute an important instrument for creating a venue for transparent ongoing policy discussion on the way forward on expanding universal health coverage and the financing of the Health sector. Its results would constitute the basis for an even richer dialogue with donors and relevant stakeholders, particularly relevant in the post-pandemic period.

3. DETAILED DESCRIPTION

3.1. Objectives/Expected Results

The **Overall Objective** of the programme is to continue to support the access to quality, equitable and affordable health services (service provisions and drugs) for vulnerable population in Lebanon while increasing the capacities of the health care system in progressing towards the achievement of the Universal Health Care, proved as even more essential in the context of Codiv-19 pandemic.

The **Specific Objectives** are:

SO 1: To ensure continuity of supplies of essential acute medicines, chronic disease medications and vaccines to the Ministry of Public Health (MoPH) and the Primary Health Care Centres (PHCCs) while strengthening the supply chain management system at both the Central Warehouse

³⁹ It is in the context of a similar 'Task Force' that the complementarity PHC model between the flat-fee rate model implemented by the REBAHS project (IMC lead consortium) and the EPHRP/UHC (WB financed) has been agreed and finalized by the MoPH.

as well as at PHCCs level. To contribute to Lebanon preparedness in Covid-19 response through isolation sites as well as infectious waste management and assuring continuity of essential public water services.

SO 2: To continue the implementation of a Basic Package of primary health care Services (BPS) (including primary health care, mother and child care, reproductive and mental health as well as assistance to disable people) for both Syrian refugees and vulnerable Lebanese at an equitable, affordable and predictable rate, whilst strengthening key health institutions including the MoPH and targeted PHCCs.

SO 3: To continue to support the emergency medical services through the reinforcement of the capacity, rationalization and efficiency of the Lebanese Red Cross central dispatch centre including the adaptation to procedures and protocols for infection prevention control while continuing to increase the collection of blood products from voluntary non-remunerated blood donors (VNRBD) for the creation of Blood Bank covering the needs at national level.

The expected results are:

Under Specific Objective 1:

Health component:

- ✓ Improved access and availability of essential acute medicines, chronic disease medications and vaccines for vulnerable population;
- ✓ Management system of the Central Warehouse is upgraded and closer monitoring of medications and vaccines at warehouse and PHC level is ensured, including consumption and information on beneficiaries' profiles;
- ✓ Enhancement and scale-up of Mobile Expanded Programme for Immunization (MERA) – EPI electronic registry tool for vaccine stock management at EPI points and monitoring of vaccination services;
- ✓ Maintenance of the cold chain is ensured;
- ✓ Supply chain management is strengthened and reinforced;
- ✓ Increased MoPH capacity for timely and adequate detection and response to outbreaks
- ✓ The bar code system is developed;
- ✓ EHR feasibility and the HIMS strategic plan are developed;
- ✓ Communities are adequately informed about the Covid-19 pandemic
- ✓ 38 community centres and 10 public hospitals are capacitated for isolation;
- ✓ Specialized mental health services for children and adolescents set up in two general hospitals;
- ✓ Appropriate waste management by collection, treatment and disposal of Covid-19 wastes from hospitals, PHCCs and quarantine centres is ensured;
- ✓ Provision of Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) kits to quarantine centres and PHCCs is ensured.

WASH component:

- ✓ Basic public water services are guaranteed around the country during the CODIV-19 period;
- ✓ Regular chlorination of water is assured;
- ✓ Operators of water and wastewater sector operate in security reducing risk of infection.

Under Specific Objective 2:

- ✓ Service delivery – quality of healthcare provision and the rationale use of healthcare services reinforced;
- ✓ Health Information Systems (HIS) PHCC-level strengthened;
- ✓ MoPH governance and leadership reinforced;
- ✓ Increased capacities of targeted (indicatively 65) PHCCS to address the real demand for PHC Services in the catchment areas;
- ✓ Number of community mental health centers (CMHCs) expanded;
- ✓ Community health services focusing on health promotion, disease prevention and health seeking behavior provided;
- ✓ Improved well-being of Syrian refugees and vulnerable Lebanese population receiving mental health and psychosocial support services;
- ✓ Improved health services for Persons with disabilities. (PwD)

Under Specific Objective 3:

Emergency Medical Services :

- ✓ Increased capacity of central dispatch including the central call-handling;
- ✓ Rationalization of Service delivery for end-users and optimization of the deployment of ambulance resource;
- ✓ Increased access of all the population to effective pre-hospital care;
- ✓ Reduction of the response times for life-critical emergencies will be reduced and a prompter ambulance service improved;
- ✓ Improved patient triage and care within central dispatch;
- ✓ Improved coordination with hospital network and hospital emergency room staff;
- ✓ Improved the quality of care provided.
- ✓ 100% of confirmed or suspected Covid 19 patients have access to safe and effective ambulance transport
- ✓ LRC ambulance crews performing regular (non-Covid 19) missions are protected with intermediate level PPE
- ✓ Access to safe pre-hospital emergency care services is maintained throughout the crisis

Blood Transfusion Services:

- ✓ Safety and availability of blood products are increased;
- ✓ Contributing to achieve the target of 40,000 blood units collected per year by 2023 (baseline of 19,500 in 2017);
- ✓ Increased number of regular blood donors on appointment (pro-active system);
- ✓ Voluntary non-remunerated blood donors are able to donate safely in BTS centers during the pandemic Covid-19.

An indicative logframe reflecting all of the above is included in Annex 1.

3.2. Activities

The envisaged activities are:

The activities suggested under the indirect management approach are, *inter alia*:

Under the **Specific Objective 1:**

Health Component

- ✓ Procurement of vaccines, acute and chronic medications;
- ✓ Revision of the essential medicines list in line with the actual needs of PHCCs;
- ✓ Automation and upgrade of logistics information management system (LMIS);
- ✓ Implementation of a mechanism for systematic monitoring and reporting of stock status, including key performance indicators;
- ✓ Determining the status of the cold chain through an inventory assessment and registering cold chain inventory, including effective planning for and carry out rehabilitation, as needed
- ✓ Training of staff at central and peripheral points on maintaining the cold chain equipment (cold rooms, SIBIR and solar fridges);
- ✓ Ensuring the ongoing implementation of the sustainable cold chain inventory management and maintenance mechanism;
- ✓ Strengthening the MoPH drug supply chain: assist the PHCCs in their drug order to cover Syrians and non-Syrians caseloads, flag and document irregularities and advocate for continued drug availability
- ✓ Generation of critical intelligence for policy development and vision 2030 elaboration;
- ✓ Increasing the MoPH capacity for pharmaceutical monitoring and governance;
- ✓ Developing Health Information and Management system;
- ✓ Enhance the development of MERA to make it caregivers friendly and ensure that it can be used beyond EPI services;
- ✓ Train potential target audience on MERA (such as private schools and private doctors) for wider use and comprehensive monitoring of EPI at national level;
- ✓ Implement EVM assessment recommendations, comprehensive improvement planning and EVM training for the immunization supply chain;
- ✓ Conduct an immunization financing case study;
- ✓ Risk communication and community engagement;
- ✓ Increase isolation capacity in 10 public hospital vacant wards and 38 community centres;
- ✓ Manage the admission and stay of the vulnerable patients to the supported isolation sites;
- ✓ Establishment of the specialized mental health ward in two hospitals;
- ✓ Support the Ministry of Public Health in waste management by collection, treatment and disposal of COVID-19 wastes from hospitals, PHCCs and quarantine centres;
- ✓ Procurement of waste management equipment for quarantine centres, PHCCs and hospitals;
- ✓ Provision of IPC and PPE kits to quarantine centres and PHCCs;
- ✓ Capacity building for staff within the quarantine centres and PHCCs on Covid-19 waste management.

WASH Component

- ✓ Provision of consumables like chlorine, and fuel for running key pumping stations;
- ✓ Importing and installing spare parts for corrective maintenance (mainly for pumping equipment and chlorine dosage);
- ✓ Provision of specific protection equipment and training for its use to water and wastewater operators;
- ✓ Support communication initiatives of WEs to improve citizens water handling during Covid crisis.

The main activities proposed under the direct management approach are, *inter alia*:

Under the Specific Objective 2:

Service Delivery:

- ✓ Implementation of effective triage in PHCCs, supporting the rational and effective use of resources, and monitor of prescribing practices to ensure consistency with the MoPH essential medication list and MOPH/WHO standards.
- ✓ Enhancing the capacity of healthcare providers to measure key performance indicators at the PHCC-level, and assistance provided to PHCCs on data analysis and support physicians in identifying key health outcome data to be monitored to improve patient care.
- ✓ Support the implementation of best practice through medical pre-approval protocols and support the MOPH to assess the competency of doctors and continued professional development, thus allowing the mitigation/monitoring of hidden costs - e.g. unnecessary tests.
- ✓ Strengthening of referral pathways both locally (diagnostic, laboratory, and imaging centres) and with secondary healthcare

Health Information Systems (HIS) strengthening at PHCC-level:

- ✓ Assist PHCC management in developing public health knowledge to better inform health service planning and deliver.
- ✓ Reinforce the utilization of the national HIS known as Phenics. Bolster human resource capacity of PHCCs by supporting dedicated, and trained, data-entry personnel to ensure both PHCC level and national level health surveillance.

Reinforce MoPH governance and leadership:

- ✓ Designated activities for joint MoPH and REBAHS quality and rational use supervision, and ensuring complementarity of the FFM with the MoPH's Lebanon Health Resilience Project.
- ✓ Training component to provide support to PHCCs on data analysis and resource allocation planning. Development of tools for PHCC management.

Community health services (CHWs):

- ✓ Training staff on community outreach activities.
- ✓ Continue to ensure equity of access, acceptance of services, and support strong feedback loops from beneficiaries to PHCCs via integrated community health activities.
- ✓ Continue to identify, train, and support a network of volunteer CHWs Both Syrians as well as Lebanese.

Mental Health:

- ✓ Focus on and expansion of Community Health Case Management.
- ✓ Continued focus on supporting national priorities and initiatives, supporting the overall development and availability of high-quality mental health capacity.
- ✓ Increased trainings on mental health and capacity building for service providers in line with the National Mental Health Programme.
- ✓ Continued focus on the integration of MH services within the PHC system and increasing links with secondary level mental health care.
- ✓ Introduction of a Caregiver Skills Training (CST) Programme.

Persons with disabilities (PwD):

- ✓ Integration of PwD targeted services across all supported PHCCs to ensure inclusion.
- ✓ Maintaining level of PwD CHWs, and training of all CHWs in Community Based Inclusive Development intervention.

Under the Specific Objective 3:

Emergency Medical Services:

- ✓ Provide all dispatchers and call-takers with appropriate training and continuing education opportunities;
- ✓ Establishment of the necessary procedures and infrastructure to be able to dispatch non-LRC ambulances;
- ✓ Train and equip community medical first responders;
- ✓ Establishment of basic medical direction within central dispatch for better patient triage and care;
- ✓ Separate call-taking from dispatching;
- ✓ Develop and launch national community medical first responder smartphone application;
- ✓ Train 100% of EMS stations on electronic patient care report and publish final version (Arabic and English) of electronic patient care report;
- ✓ Provide awareness and training sessions to at least 100 healthcare professionals (non-LRC) on pre-hospital care system and feedback procedures;
- ✓ Procurement of Advanced PPE (full protection level) for the safe ambulance transport of confirmed or suspected COVID 19 cases;
- ✓ Maintaining day shift teams response capacity throughout combined COVID and Financial crisis
- ✓ Procurement of Intermediate level PPE and disinfectant for use during all ambulance missions as well as for use during all blood donations;
- ✓ Replacement of 7 ambulances that are older than 10 years, with ambulances that are especially converted for infection control;
- ✓ Conversion works on 70 existing ambulances to improve infection control.

Blood Transfusion Services (BTS):

- ✓ Implement 150 mobile blood drives in all areas of Lebanon per year;
- ✓ Establish a national blood donor database;
- ✓ Develop and launch the "on appointment" blood donation system;
- ✓ Establish a single 4-digit call number for all requests for blood;
- ✓ Launch multiple media campaigns to recruit regular donors.

3.3. Risks and assumptions

The main risks are:

Risks	Risk level (H/M/L)	Mitigating measures
Negative perception against the presence of Syrian refugees in Lebanon; and Tensions between Lebanese	M/H	In case of a severe deterioration of the security situation in certain areas of Lebanon either due to a further spill-over of the Syrian conflict into Lebanon or violent tensions between refugees and hosts, the activities of the intervention would be

population and refugees from Syria lead to violence.		moved to areas deemed safe. In case of a severe deterioration of the security situation in the entire Lebanese territory, the intervention might have to be halted until the situation improves.
Mobilization of domestic resources	M/H	Continuous policy dialogue with the MoPH, Ministry of Finance and PMO, especially for the preparation of the Health National Forum where discussions on the future of the sector should initiate.
Lack of Government commitment to parallel assistance for Syrian refugees and Lebanese vulnerable populations.	M	Constant policy dialogue with MoPH at both political as well as technical level to support/ adapt the Action.
Insufficient involvement of concerned Ministries and Departments.	M	Increased strategic and operational coordination among MoPH/MoSA/implementing partners and other relevant donors/stakeholders
Since the beginning of 2019, the political affiliation of the newly appointed Minister of Health is also having an impact on the engagement of some donors in the sector, with some reductions/withdrawal from the sector.	M	Given the general reduction of funds in the health sector, EU engagement focusses on the most essential health needs while contributing to strengthen the health system. The EU support does not finance directly the MoPH but it is exclusively implemented through third parties (WHO, UNICEF, IMC led consortium, LRC).
Insufficient commitment to system strengthening and sustainable development approach	M/L	Continuous political dialogue with MoPH/ MoSA. The risk of duplication of support is to be mitigated through continued and active participation in donor coordination for a as well as pro-active outreach to non-traditional donors.
Increased demand for public services and lack of financing leads to a collapse of certain public health services.	M/L	Majority of health services at primary level are private (PHCCs) with a small contribution of patients (i.e flat fee system; subsidized services). In case of lack of financing the risk is that patients do not seek for care anylonger. In case of an end to the violence in Syria and a substantial return of Syrian refugees the activities can continue as foreseen as the needs of the most vulnerable communities in Lebanon for improved public services are believed to persist. Need of continuing advocacy for UHC with MoPH/GoL and with other potential donors to invest in the health sector.
Financial crisis affects capacity of public water Establishments to provide water services in short and medium term.	M/L	Financial crisis affected fees collection and capacity to guarantee regular maintenance and operation of the water services. Other programs funded by EU to target sectorial reforms and promote long term sustainability are already in place. This program will assure resources to transition until the end of Covid crisis.

Competition at local level with other service providers/donors (faith-based or other).	L	Implementing partners will be requested to address identified risks to ensure their mitigation.
<p>Assumptions</p> <ul style="list-style-type: none"> • Stable security conditions and political stability. • No further deterioration of the protection environment for refugees. • Government commitment to support the EUTF programme concept, including a commitment to policy dialogue on necessary long-term reforms and support to the most vulnerable populations living in Lebanon. • Political will to increase the domestic resources/sustainability in the long term in the Health sector (i.e. opening discussion on health insurance) • MoPH will continue approving the various models of service delivery which are currently tested, including the flat fee model; • Willingness of Lebanese communities to engage in the action; • Commitment of all partners to coordinate activities/share relevant information in the sector. • Approval of the Action by local and national authorities, under the assumption that the selected health institutions (both PHCCs and SDCs) will collaborate in planning and implementing the activities. 		

3.4. Cross-cutting issues

During the implementation of the Action, it will be ensured that all financed initiatives consider human rights, gender equality and good governance as core priorities. Conflict sensitivity, conflict mitigation and conflict resolution will also be considered and promoted to the furthest possible extent.

Projects funded under this Action will integrate a Rights-Based Approach in each step of the project cycle. Particular attention will be given to people with disabilities, as well as to gender equality. More specifically, subsidized PHC services will be available for all ages and gender, including the provision of health care services for disable people.

Gender sensitive programming forms an important part of this Action. Promoting family planning, antenatal care and post-natal care and child care will be of utmost concern for all the supported facilities. This Action will make every effort to reach women, girls and boys through health education programming. Community health workers (CHWs) will be women recruited from the community to provide relevant information on basic rights, as well as on where services will be available. CHWs will facilitate safe and confidential referrals to services, informing the community on availability of services and basic practices in disease prevention and well-being. CHWs will conduct community outreach activities in the catchment areas of EUTF-supported facilities. Professional skills trainings are offered to PHC providers to ensure first responders have the skills and competencies to offer survivor-centred care and referrals. These trainings may include clinical management of rape survivors for health professionals and guiding principles of responding to gender based violence (GBV) in humanitarian and protracted emergencies.

A rights-based approach is ensured by prioritising the best interests of the child, through childcare services and vaccinations. Referrals to pertinent protection services will be ensured to girls and boys who have suffered or are at risk of sexual or gender-based violence, and/or are exposed to physical and psychological violence.

Through the provision of equal, accessible, quality and affordable primary health services to all vulnerable populations (both Syrians as well as Lebanese) possible social tensions between the two

groups will be reduced while increasing the trust of the Lebanese citizens in the delivery of public health services. This become even more relevant in the current pandemic context and increased socio-economic vulnerability.

3.5. Stakeholders

The primary stakeholders of this proposed action are:

- ✓ Population in general, including youth, women, men, boys and girls, people in vulnerable situations such as Syrian refugees, Lebanese vulnerable communities, persons with disabilities, etc.;
- ✓ Relevant Ministries and authorities, including MoPH, MoSA and its SDCs, PHCCs, and their supporting NGOs and municipalities, MoEW and Regional Water Establishments
- ✓ EU Member States and other bilateral donors, IFIs, UN agencies;
- ✓ Lebanese and international civil society organization mainly delivering primary health care services;
- ✓ Health personnel (doctors, nurses) as important actors for implementation and respect of the existing Health regulation and legislation.

3.6. Contribution to SDGs

This intervention is relevant for the 2030 Agenda. It contributes primarily to the progressive achievement of **SDG3** “Ensure healthy lives and promote well-being for all at all ages” (**target 3.1** “By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births” ; **target 3.2** “By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births” ; **target 3.4** “By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being” ; **target 3.7** “By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes” ; **target 3.8** “Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all”) while also contributing to **SDG 16** “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels” (target **16.6.2** “Proportion of population satisfied with their last experience of public services”).

By supporting continuity of water services as part of Covid crisis response, this intervention will contribute to SDG #6 - Clean Water and Sanitation.

These SDGs contain goals/targets that cut across the individual SDGs and aim for a mutual attainment of the goals.

Achieving the Universal Health Coverage would improve the accessibility, affordability and equity of Health provision, improving the general population wellbeing and health status. This has become even more urgent and necessary in the light of the COVID-19 crisis. At the same time, delivering quality health service is key in order to increase the population trust and satisfaction of the public services. Moreover, there is a close inter-link between early marriage, pregnancy and health risks of both the young mothers and the new-borns. Trends indicated that higher education for girls was associated with better livelihoods opportunity and consequently delayed marriage, fertility and childbirth.

3.7. Intervention Logic

The Action will focus on comprehensive and sustainable approach to health system strengthening, rather than isolated activities, hence looking, *inter alia*, at the following aspect: developing individual and institutional capacities; enhancing the access, affordability and predictability of the healthcare; improving and providing priority, quality and sustainable health services; reinforcing the supply chain management; supporting the enforcement of the existing legislations and regulations; ensuring continuity of supplies of essential drugs; ensuring the rationalized and better organized provision of emergency medical services as well as contributing to enhance the Lebanese preparedness and response to the Covid-19 pandemic. Strengthening the health system will have a greater impact and lead to sustainable change, encouraging ownership and accountability by MoPH, as well as PHCCs and SDCs beyond the implementation of the action itself, in coordination and collaboration with other relevant ministries and authorities, as well as civil society organisations.

This Action should contribute to reinforcing MoPH, by supporting its long-term view and reform process, with the objective of progressing towards the Universal Health Care Coverage. In this logic, equal support is provided to both Syrian refugees as well as to vulnerable Lebanese, in line with the objectives of the EUTF as well as of the UHC agenda, which should cover both local population as well as migrants and refugees alike. This has proved to be even more essential during the Covid-19 pandemic.

All the projects included in this Action aims to reinforce the health system in line with the technical support that the EU is already providing to the MoPH through WHO in order to reinforce its governance role. The EU, as a donor will continue to contribute, through this Action, to support the strengthening of the health system, towards the achievement of UHC. This could be made possible with a deeper State involvement especially in raising revenues, pooling and purchasing services. Therefore, UHC reforms political nature and need progressive public financings. The EU has and is supporting technically MoPH and the Lebanese health system in this sense and its role could be considered accomplished after the end of this Action. Subsequently, the GoL needs to implement the necessary reforms in order to achieve the UHC. Partners involved in the implementation of the Action could involve partnership with research institutions with a view to gathering evidence, sharing and enhancing knowledge, improving data collection and management, and linking up with existing platforms or networks' including the ongoing Health Third Party Monitoring project.

The action will support Water Establishments by supplying materials and support for some priority maintenance during the Covid Crisis. Operators of Water Establishments will also be equipped with protection material and training for safety procedures related to Covid infection will be put in place. A reporting system from WEs will be put in place with the objective to monitor the results but also to reinforce the institutional capacity of Monitoring the WEs by the MoEW under an operational and financial point of view.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, if relevant

In order to implement this action, it is not foreseen to conclude a financing agreement with the Government of the partner countries.

4.2. Indicative operational implementation period

The indicative operational implementation period of this action, during which the activities described in section 3.2 will be carried out is maximum 47,5 months from the adoption of this Action Document

by the Operational Board, with possible extension of the implementation period until 14 December 2023 to be decided by the Manager, and immediately communicated to the Operational Board.

4.3. Implementation components and modules

This Action will be implemented through **2 main components**, which are the continuation of the current and ongoing EU support in the health sector, on the basis of best practices and lessons learned during the implementation period. **Component 1**, focusing on the procurement of vaccinations, acute and chronic medicines, on the system strengthening of the supply chain management, on increasing the isolation capacity in hospital and community centres, while ensuring the collection, treatment and disposal of Covid-19 wastes and municipal water distribution and its chlorination, will be implemented through two delegation agreements with WHO and UNICEF, international widely recognized partners with the status and experience to ensure the continuation of such a support. The support to the water sector will be provided by amending a delegation agreement already signed with UNICEF. **Component 2**, aiming at the continuation of the implementation of a basic package of primary health care services and emergency medical services, will be continued to be implemented by the current actors respectively 1) a consortium led by IMC and composed by PU 2) Lebanese Red Cross, currently implementing the Lebanese part of a EUTF Regional Programme led by Danish Red Cross.

A meaningful participation of all key stakeholders in planning of activities, outcomes and decision-making during the inception/implementation phase will be ensured along with expertise on Right-Based Approach and gender equality/ gender balance.

4.3.1. Component 1-Indirect management with WHO and UNICEF entrusted entities

A part of this action may be implemented in indirect management with two delegation agreements with WHO and UNICEF. This implementation entails activities described under Specific Objective 1 consisting in ensuring continuity of supplies of essential acute medicines, chronic disease medications and vaccines to the Ministry of Public Health (MoPH) and the Primary Health Care Centres (PHCCs) while strengthening the supply chain management system at both the Central Warehouse as well as at PHCCs level. Specific Covid-19 activities will include the increase of isolation capacity in hospitals, PHCCs and community centres, the collection, treatment and disposal of Covid -19 wastes while ensuring municipal water distribution and its chlorination.

These two agencies have been selected because the import of drugs is, by law, limited to chronic diseases medication through WHO/YMCA, and through UNICEF for vaccines. Moreover, UNICEF and WHO are implementing the current EUTF intervention on vaccinations, acute and chronic medications (after having implemented previously the one financed under the ENI Special Measures) and this will ensure continuity and coherence with the ongoing activities allowing a smooth passage between programs. Differently than in the previous Action, the procurement of acute medications will be done through WHO instead of UNICEF on the basis of a joint decision made by UNICEF-WHO on the revisited list of essential medicines requested by MoPH in order to ensure better efficiency.⁴⁰ WHO will procure according WHO regulations for Global Bidding. In the current Action a stronger system supply chain management component is envisaged and since the two agencies are already working in close cooperation with the Central Warehouse they are in a privileged position to ensure

⁴⁰ Given the delay in the procurement on non-standardized items, UNICEF wanted to continue the procurement of acute medications only on the standardized items. Since MoPH decision of keeping both standardized and non standardized items on the list, it has been decided that WHO will procure also acute medications.

the necessary upgrade. Moreover, WHO and UNICEF are leading partners in coordinating and implementing priorities 1 and 2 of the UN Covid-19 Lebanon Emergency Appeal including the most urgent needs to be dealt by Lebanon during the pandemic.

As such, the selection of WHO and UNICEF is justified by their technical competences, high level of specialization and administrative power as lead agencies in the sector, in addition to their ability to absorb considerable funds in a short period whilst maintaining the required accountability standards. Notably, because of their technical competence in performing an international procurement of medications and vaccines, UNICEF and WHO are the only actors⁴¹ that could perform this type of procurement by respecting quality standards. MoPH is also passing through these 2 implementing partners in order to procure international medications for its supply chain at a convenient/reduced cost.

The component related to support to the water sector will be implemented through UNICEF. An existing delegation agreement (T04.90 signed as part of the WASH action document approved on the 5th MADAD board) already targeting the reinforcement of Water Establishments capacities in the long term will be amended to include the sectorial Covid-19 response and assure quick intervention.

AND

4.3.2. Component 2– Grant (direct management)

(a) Purpose of the grant(s)

The grants included in the present Action aims to continue the current support in term of provision of primary health care service and emergency medical services.

(b) Type of applicants targeted

For the provision of primary health care services the non-profit organizations International Medical Corps (IMC)- Première Urgence Internationale (PUI) have been identified as potential implementing partners as these organizations (in a consortium led by IMC) have successfully implemented in the last 2 years the pilot of a Basic Package of primary health care Services (BPS), including- *inter alia*- primary health care, mother and child care, reproductive and mental health as well as assistance to disable people⁴² at an equitable, affordable and predictable rate.

For the provision of emergency medical services the non-profit organization Lebanese Red Cross has been identified as potential implementing partner as this organization (in a consortium led by the Danish Red Cross) has successfully implemented in the last year activities including- *inter alia*- the refurbishment and strengthening of the capacity of the central dispatch centre and Blood Bank, included under Specific Objective 3. Moreover, the LRC is the front line respondent, taking the lead in transporting suspected and confirmed Covid-19 cases.

(c) Justification of a direct grant

The recourse to an award of a grant without a call for proposals is justified because of the technical competences, high level of specialization and administrative power of the actors implementing the mentioned activities, which cannot, for their nature, being implemented by any other actors in this size and scope. No other actors could implement a 'flat-fee model' that has been firstly established and tested by PUI in 2015 and then refined in the consortium with IMC since 2016. IMC is the largest,

⁴¹ Possibility to do the procurement of acute medicines through IMC has been explored but excluded since 1) procurement is only local not international 2) prices are higher 3) sustainability in the long term (MoPH using UNICEF/ WHO to import medications)

⁴² Consortium on disability at the moment is composed only by IMC and FPSC since it has been a pilot implemented one year after the REBAHS project. For this Action, it is aimed to have directly disability services included

most credible and performing health organization in Lebanon with a specialized technical knowledge in primary health care services. Together with PU, the consortium is the only one that has the administrative and technical capacity to cover more than 60 PHCCs, performing the innovative financial model that we are testing since 2016. In term of ambulance services and blood bank, LRC is the only possible actor. Moreover, it is the only sustainable one. LRC receives also funding from MoPH to finance these activities. LCR is the most recognized and respected emergency health entity all over Lebanon and is leading in Ambulance Service and Blood Transfusion Services. LRC operates the "140" national medical emergency hotline on behalf of the Lebanese state as the main provider of pre-hospital emergency care and transportation. LRC started blood transfusion services in 1964 with the opening of the first blood bank in Beirut. In 2015, LRC initiated a major reform and modernization and in 2017 organized the first policy dialogue with all relevant stakeholders including the Ministry of Public Health, on the future of blood transfusion in Lebanon. LRC is having the lead in transporting Covid-19 suspected or confirmed cases. No other actors could cover these activities. Therefore, under the responsibility of the Commission’s authorising officer responsible, these grant may be awarded without a call for proposals.

If full financing is essential for the action to be carried out, the maximum possible rate of co-financing may be increased up to 100%. If full funding is essential, the applicant has to provide adequate justification to be accepted by Manager, in respect of the principles of equal treatment and sound financial management.

4.4. Indicative budget

COMPONENTS-HEALTH	EU contribution (amount in EUR)
Specific Objective 1: - Indirect management with WHO and UNICEF (Component health) - Indirect management with UNICEF (Component WASH)	41,000,000 so divided:- WHO: 25,000,000, UNICEF 16,000,000 10,000,000
Specific Objective 2 and 3: Grants -Direct Management:	50,000,000 So divided: 42,000,00 consortium led by IMC And 8,000,000 to LRC
Total	101,000,000

Costs for monitoring, evaluation, communication and visibility shall be included in the projects' budgets an included in each contract.

4.5. Performance monitoring and reporting

Monitoring shall be ensured primarily through EU Delegations in-country and in particular with the assistance of specific Trust Fund field and liaison officers posted within the EU Delegations. In addition, the EU Trust Fund has an independent Monitoring and Evaluation exercise to accompany all Fund programmes and ensure that targets are met and lessons learnt can be incorporated into other EUTF actions.

The purpose of the EUTF Syria Monitoring and Evaluation Framework is to assess, across various levels, the degree to which the Overall Objective of the Trust Fund has been achieved. Partners implementing this Action will comply with the ad hoc Monitoring and Evaluation Framework developed for the EUTF Syria as well as with the reporting requirements and tools being developed by the EU Trust Fund.

The implementing partner shall establish a permanent internal, technical and financial monitoring system for the Action and elaborate regular progress reports and final reports.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

The monitoring and evaluation exercises noted above will represent milestones in the implementation of the activities. These regular assessments will constitute a basis for a possible decision of suspension or revision of activities, should the conditions on the ground not allow for their proper implementation.

In addition, as indicated in paragraph 2, the whole Action will be continuously monitored by the ‘Third Party Monitoring of the Lebanon Health Programme for Syrian refugees and vulnerable Lebanese population’ project, which started in September 2019. Projects will need to be adapted and adjusted on the basis of data analysis and continuous monitoring in order to maximize their efficiency and impact on the health sector. Moreover, as mentioned in paragraph 2.5, the existing **Steering Committee EUTF funded projects** is ensuring technical coordination and synergies for all the EUTF health projects in Lebanon. The Steering Committee is also the place where findings and results of the Third Party Monitoring will be presented and discussed.

4.6. Evaluation and audit

Overall, evaluation of the EUTF is mandated by the Constitutive Agreement of the Fund (article 13): “The Trust Fund and the Actions financed by it will be subject to the evaluation rules applicable to EU external programmes, in order to ensure the respect of the principles of economy, efficiency and effectiveness.” Detailed provisions for the Evaluation of EUTF-funded Actions are defined by the strategy for portfolio evaluations.

To support the fulfilment of the mandate of the EUTF reinforcing the EUTF capacity to bring a change in the cooperation area, the projects will carry out a number of evaluations.

Projects should carry out a final evaluation, and one external audit per year. A mid-term evaluation may also be considered. Whenever possible, evaluations will be jointly carried out by partners.

If necessary, ad hoc audits or expenditure verification assignments could be contracted by the European Commission for one or several contracts or agreements.

Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the European Commission. The amount dedicated in the budget for external *Evaluation and Audit* purposes

is EUR. Evaluation and audit assignments will be implemented through service contracts, making use of one of the Commission's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

4.7. Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. Beneficiaries, host communities and administrations in Syria's neighbouring countries, the European public, EU Members States and other stakeholders of the Trust Fund need to be informed about the EU's efforts as the leading donor in the Syria crisis response. Insufficient visibility of the EU's actions weakens the EU's political traction in the region and its standing in Europe. Unsatisfactory recognition of knowledge of EU assistance also has a potential to negatively affect the EU's political efforts to resolve the Syria crisis and its future role in a post-peace agreement transition.

Communication and visibility is an important part of all EUTF Syria programmes and must be factored in to underline the programme's importance at all stages of the planning and implementation. Each implementer is required to draw up a comprehensive visibility, communication and outreach plan for their respective target country/community and submit a copy for approval to the EUTF Syria Communication and Outreach Lead. The related costs will be covered by the project budgets. The measures shall be implemented by the implementing consortium/ia, and/or contractors, and/or grant beneficiaries. Appropriate contractual obligations shall be included in, respectively, procurement and grant contracts.

The global objective of the EUTF Syria communication and visibility campaigns, and hence of the implementing partner, is to improve recognition, public awareness and visibility of the comprehensive and joint EU efforts to effectively address the consequences of the Syrian and Iraqi crises. This should be done by highlighting the Action's real-life impact and results among defined target audiences in the affected region but also vis-à-vis the general public, donors and stakeholders in the EU Member States.

The Communication and Visibility Manual for European Union External Action together with specific requirements for the EUTF Syria serve as a reference for the Communication and Visibility Plan of the Action and the relevant contractual obligations. According to the EUTF Syria's Visibility and Communications strategy all communication and outreach campaigns must be evidence-based, people-oriented and easily understandable. Regional outreach and communication must be conflict sensitive, strategic, do no harm and mindful of the differentiation in messaging for beneficiaries and stakeholders in each country of operation of the Action. The campaigns must place the beneficiaries at the centre and thus ensure adequate ownership. Messaging should have a human face, be empathic, honest, transparent, direct, unambiguous, neutral and conducive to a highly sensitive human and political environment, in addition to being gender-sensitive and gender-balanced.

Furthermore, campaigns should also include components of participatory and engaging communication, where the beneficiary becomes a key actor. This will support the EUTF Syria's programmes in promoting social cohesion, inclusion, dialogue and help mitigate tensions and misperceptions between refugee and host communities.

ANNEX 1 - INDICATIVE LOGFRAME MATRIX (max. 2 pages)

Important note: The overall objective should be one of the outcome statements in the Overarching EUTF Syria Results Framework. It should also use the associated performance indicator(s). The specific objective must be coherent with one result given in the EUTF Syria Results Framework (RF). Each Specific Objective must use the performance indicator(s) linked to the selected result from the RF.

Additional note: The term "results" refers to the outputs, outcome(s) and impact of the Action (OECD DAC definition).

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (all indicators on individual beneficiaries to be disaggregated by sex and community of origin and Covid-response)	Sources and means of verification	Assumptions
Impact (Overall objective)	Health of Syrian refugees and vulnerable Lebanese population improved	1. Universal Health Coverage index (SDG 3.8.1) 2. Vaccination coverage rate in areas at risk of measles outbreaks	1-2. Interviews/testimonies from the stakeholders involved; Final narrative and financial reports, Evaluations 1-2. Results of MoPH/partners assessments/evaluations/studies including the ones of the EUTF Third Party Monitoring	<i>Not applicable</i>

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (all indicators on individual beneficiaries to be disaggregated by sex and community of origin and Covid-response)	Sources and means of verification	Assumptions
Outcome(s) (Specific Objective(s))	<p>1.1 Coverage and/or affordability of universal health care increased</p> <p>1.2 Quality of healthcare provision and the rationale use of healthcare services reinforced</p> <p>1.3 Public water essential services are guaranteed during Covid Crisis</p>	<p>1.1.1 Number of patients receiving regular vaccinations, acute and chronic medications (EUTF RF 15)</p> <p>1.1.2 Number of infrastructure upgraded/refurbished/constructed (Covid-19 related)</p> <p>1.2.1 Number of measles outbreaks</p> <p>1.2.2. Number of professional staff trained at central and peripheral level on maintaining the cold chain (EUTF RF 20)</p> <p>1.2.3 Number of professional staff trained in health care services (Covid- 19 related)</p> <p>1.2.4 Number of primary health care consultations conducted with refugees and host communities, including in isolation centers and other local hospitals (Covid-19 related)</p> <p>1.2.5 Number of people reached through health education activities (Covid 19 related)</p> <p>1.2.6 Number of PPE pieces and sanitation equipment distributed (Covid 19-related)</p> <p>1.3.1 Number of additional hours of water services per beneficiary guaranteed through EU support</p> <p>1.3.2 Number of operators of the sector receiving protection equipment and trainings</p>	<p>1.1.1 -1.2.1- Interviews/testimonies from the stakeholders involved- Interim Report, Final and Progress Reports, EUTF Third Party Monitoring, ROM, WG Health Reports and updates; QIN</p> <p>1.2.2 Interim Report, Health Working Group Updates , Final Report, EUTF Third Party Monitoring, ROM; QIN</p>	<p>Factors outside project management's control that may impact on the OO-SOs linkage.</p>

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (all indicators on individual beneficiaries to be disaggregated by sex and community of origin and Covid-response)	Sources and means of verification	Assumptions
	<p>2.1 People in need receive primary health services and specialized mental health and psychosocial support</p> <p>2.2 Access to health services for Persons with Disabilities is increased</p>	<p>2.1.1 Number of PHCCS applying the Flat Fee Rate model</p> <p>2.1.2. Number of women/children benefitting from the basic health services package (EUTF RF 14)</p> <p>2.1.3 Number of community mental health centres established (EUTF RF 22)</p> <p>2.1.4 Number of cases referred for mental health/PSS services (EUTF RF 29)</p> <p>2.2.1 Number of centres rehabilitated and offering services to Persons with Disabilities (EUTF RF 22)</p>	<p>2.1; 2.2 Interim Report, EUTF Third Party Monitoring, ROM; QIN</p> <p>2.1; 2.2 Interviews/testimonies from the stakeholders involved-; QIN</p>	
	<p>3.1 Capacity of central dispatch center increased</p> <p>3.2 Number of regular blood donors increased</p>	<p>3.1.1. Number of secondary dispatch centres closed</p> <p>3.1.2. Number of calls processed per year</p> <p>3.1.3. Number of patients transported per year (EUTF RF 16)</p> <p>3.1.4. Number of dispatchers and call-takers trained (EUTF RF 20)</p> <p>3.1.5 Number of cases transported in emergency services (COVID 19 related)</p> <p>3.2.1. Number of blood units collected per year by 2023</p>	<p>Interim Report, EUTF Third Party Monitoring, ROM</p>	