

Costing Exercise
(Coverage estimates for secondary healthcare service (MHA delivery))

In Akkar (BIL), South Tripoli, Lebanon

Terms Of Reference

Country/ Region	Lebanon
Start date	21-08-2021
Source of funding	ICM4
Authority	PU Lebanon

1. CONTEXT AND JUSTIFICATION

1.1. CONTEXT

For the past three years, Lebanon has faced a triple crisis that has led to severe repercussions across most sectors. One sector in particular that has been significantly impacted is the health sector, the ongoing economic crisis has significantly reduced the purchasing power of citizens. According to a Reuters report which was published in January 2022, as a result of the currency devaluing by 80% of its original value and has pushed approximately 80% of the population below the poverty line. As a result, according to a 2021 UNICEF report on multi-dimensional poverty in Lebanon about a third of the population, equivalent to 400,000 households, were deprived of healthcare services as of 2021, with the figure increasing to 67% of households that include a PHE reporting barriers to access most often linked to lack of affordable services and the cost of transportation (Lebanon MHA (2021), Furthermore, an April 2022 UNICEF report on healthcare in Lebanon highlights the shortage of medical and human resources as being the direct result of the worsening economic crisis affecting local purchasing power, with the greatest impact arising from the reduction of services being felt by the most vulnerable households.

The gaps mostly of reduced accessibility and availability of health services has had a deep impact on people in need of sexual and reproductive health (SRH) services such as pregnant and lactating women (PLW), women, and girls. According to the latest studies on the effectiveness of sexual and reproductive health services during humanitarian crises, poor access to SRH services is known to generate (1) a high rate of mortality or morbidity due to pregnancy-related complications, (2) unintended or unwanted pregnancies, (3) complications related to unsafe abortions, (4) sexual and gender-based violence (SGBV), and (5) an increased incidence of sexually transmitted infections (STIs), including HIV. According to the latest data shared by the Lebanese statistics department at WFP, ever since 2017, humanitarian efforts have been put into reducing maternal and neonatal mortality. In 2018, the maternal mortality rate dropped significantly and remained about the same (11.7) in 2019. This trend was halted in 2020, with the maternal mortality rate increasing to 16.8, a phenomenon ascribed to COVID-19. During December 2021, there has been a remarkable increase in the total number of cases with 27 maternal deaths for 2021 compared 22 maternal deaths in 2020 and out of the 27 cases, 17 were COVID-19 related.

As of 2021, the Health Utilization and Access Survey (HUAS), annually conducted by the MCH4, showed regression or stagnation across most services, 10% regards to delivery patterns, 8% of participants (238) had delivered in a hospital, a 2% reduction from the figures of 2020. On the other hand, a 2% increase was observed in terms of those who had delivered in medical facilities other than hospitals amounting to a total of 17% (51). In terms of antenatal care