

# PHC IN ACTION

Official Newsletter of Primary Health Care Department at the  
Ministry of Public Health, Lebanon

PRESS CONFERENCE ON THE ESSENTIAL MEDICATIONS PROGRAM AT  
THE MINISTRY OF PUBLIC HEALTH



In view of the national shortage of medications in Lebanon, the Primary Healthcare Department held a press conference at the Ministry of Public Health on the 11th of June 2021 in the presence of World Health Organization (WHO) Lebanon and numerous Primary Healthcare directors from all over Lebanon. The conference's main aim was to present the procurement chain that the Ministry adopts through the YMCA and with the continuous support of WHO and the European Union, when it purchases chronic and non chronic medications and to stress on the importance of strengthening and preserving it during crises. Dr. Randa Hamadeh further emphasized on the hardship and hard work that facilities and the MoPH have endured to develop and maintain the National PHC National in Lebanon to this point in time, and reassured directors that the MoPH acknowledges and rewards their behaviour as Primary Health champions in the country.

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## MAKING USE OF THE AVAILABLE PHC RESOURCES: INTEGRATING COVID-19 VACCINATION INTO THE NATIONAL PRIMARY HEALTHCARE NETWORK IN LEBANON

### *Increasing accessibility*

As a result of the collaborative efforts between the Primary Healthcare Department at the Ministry of Public and the Knowledge to Policy (K2P) Center at the American University of Beirut, an advocacy document entitled “Integrating COVID-19 Vaccination into the National Primary Healthcare Network in Lebanon” was published on the 1st of April 2021. The main aim of this document is to advocate for the integration of the COVID-19 vaccination into the services delivered by the National PHC Network in Lebanon and to identify requirements for the optimal integration, expected challenges, and counterstrategies to overcome them. The article highlights several advantages to the intervention namely the ability of PHC to secure equitable access to vaccines, to enhance the vaccination coverage, to provide an opportunity for health promotion and prevention, and make use of the available resources already established within the Expanded Program on Immunization. To access the advocacy document, click on the following link:

<https://www.aub.edu.lb/k2p/Documents/Integrating%20COVID-19%20Vaccination%20into%20the%20Primary%20Health%20Care%20Network%20in%20Lebanon%20Full%20Version%20reduced.pdf>



## CONTINUOUS LEARNING AND CAPACITY BUILDING FOR 556 HCWS ON THE MOPH EXPANDED PROGRAM ON IMMUNIZATION

### *Building capacity*

Several regional factors negatively affected the rate of routine vaccination in Lebanon in the year 2020 and subsequently 2021. Whether the overlapping crises or the physical barriers to access healthcare, the end result yielded a suboptimal immunization rate. As the Primary Healthcare Department’s mandate to leave no child unimmunized behind, it collaborated with its partners to improve the national coverage rate. In addition to that, the collaborative platform built on its acquired capacities to further improve the cold chain, logistic system, and to try to unify dispensaries and Primary Healthcare Centers to adopt a unified vaccine management plan.



The central team at the MoPH on the Expanded Program on Immunization conducted quality control audits on the vaccines and managed to visit 100 dispensaries at 22 Qadaa Physicians clinics.

To build on their supportive role, the central EPI team aided the personnel in developing tailored improvement plans based on the strengths and weaknesses of each facility. Moreover, they managed to carry out capacity building sessions and targeted to this point in time 556 healthcare providers on the EPI program, cold chain management and on the Health Information System. Regarding the latter, the central IT team at the MoPH supported the EPI team on optimizing the HIS’ utilization at all the facilities and at the Qadaa Physician offices.



## MOBILIZING MIDWIVES IN PHCCS!



*Denise Dibeh, Midwife at Bolghorgian Primary Healthcare Center, Bourj Hammoud*

“I believe that the presence of midwives in the Primary health care setting is necessary and essential to ensure and maintain good sexual and reproductive health among women across all age groups, and better prepare girls for adolescence and marriage. Among the services I provide at the center are the follow ups with pregnant women during pregnancy and post delivery, follow ups on the required vaccines for the woman and her child, support to women suffering from gender-based violence, and the awareness on the protective measures against covid-19 together with the vaccine. In addition, I offer advice and guidance on family planning using contraceptives and education. I encourage the partner to attend these sessions with his wife so that they can both choose the method that best suits them. All these services are provided free of charge. Since I first started working at the center, only few women were aware of the services that the midwife provides. About one year later, more women started visiting the center asking for reproductive health services from the midwife herself. Not only the beneficiaries became more aware, but also the health care providers as doctors started referring cases for midwifery services and follow ups. If I were to compare the current situation to the time when I first started, I can say that the number of consultations and midwifery services increased, pregnancy follow ups increased, and child care services increased. I encourage and recommend the presence of a midwife in every health care center as she can contribute a lot to ensuring a healthy generation.”

### **Primary Healthcare: Health catered to your need**



*Darine Ayoub, Midwife at Bent El-Hoda Primary Healthcare Center, Sabra*

“When I first came to this Primary Healthcare center, it was not providing any family planning services and this is due to the very low level of awareness among the community on the overall services provided by the center. However, since day one, I wanted to make a big improvement to the center and its community.

I have carried out multiple awareness sessions on several topics, like family planning, breast feeding, hygiene, the available primary health services, Corona precaution among others.

The number of beneficiaries visiting the centers and seeking the above mentioned services significantly increased especially within the past two years, not only because of the awareness sessions but also because of the Covid-19 pandemic and the deterioration of the economic conditions in Lebanon. And accordingly my role will rely on providing midwifery services to all individuals presenting to our facility”.

## TREATMENT OF ACUTE MALNUTRITION IN LEBANON: CAPACITY BUILDING AND SERVICE SUBSIDIZATION

In 2015, the Ministry of Public health, in close collaboration with UNICEF and the International Orthodox Christian Charities IOCC, integrated the acute malnutrition screening and treatment services into the primary health care services. This initiative started as a response to the increased number of detected malnutrition cases with the drastic influx of Syrian refugees in 2011.

The current multifaceted crisis in Lebanon has affected all sectors, whether the effect of COVID 19 pandemic on the healthcare sector or the economic collapse devaluing the currency and increasing poverty rates, all have dire impact on the health and wellbeing of children and pregnant and lactating women. They further exacerbate concerns on food security, especially that acute malnutrition rates already showed an increase in some vulnerable and underprivileged areas. This sensitized the MoPH to take actions and respond to prevent further increase in cases and promote good nutritional status among the endangered and displaced population.

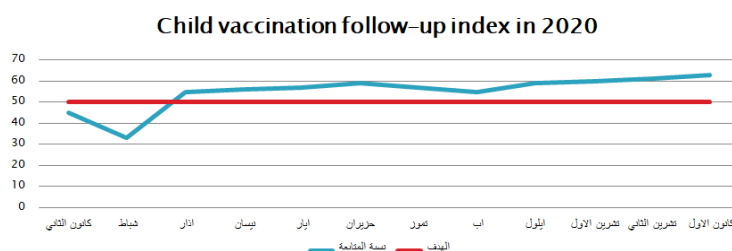
The MoPH updated the training material according to the latest available international guidelines on screening and treatment of acute malnutrition and proceeded with providing refresher-trainings and capacity building to primary health care providers; nurses and midwives. With the support of UNICEF, the screening material, the ready-to-use supplementary food (RUSF), and ready-to-use therapeutic food are made available to the PHC centers by MoPH. Also, governorate monitors, with the support of IOCC, and in close coordination with the PHC department, are providing on-job coaching to treatment centers and following up with the diagnosed cases to ensure no defaulters nor dropouts are to occur.

In addition, a malnutrition subsidization program is being implemented in all malnutrition treatment centers to cover the first consultation visit, five follow-up visits, and transportation fees aiming to ease the financial burden and make sure financial barriers do not prevent children from receiving the right nutritional treatment.

## PHC ELECTED CHAMPIONS IN IMMUNIZATION: IMAM AL RIDA PHCC!

### *Primary Healthcare = Primary Prevention*

The Primary Healthcare Department at the MoPH would like to acknowledge the efforts done by the Imam Al Rida Primary Healthcare Center regarding increasing vaccination coverage rate in their catchment area. The PHCC recognized the importance of immunization against communicable diseases in children, and after having witnessed a decline in the vaccination rate at the center at the beginning of 2020 and the onset of the pandemic in Lebanon, the Imam Al Rida Primary Healthcare Center (PBUH) developed a Quality Improvement Plan and a three phase process aiming at increasing the immunization rate, and reducing the percentage of defaulters in the local community.



The graph shows a decrease in the follow-up rate of children's vaccinations in February 2020, to 32%. This is explained by the strict lockdowns, curfews, and the fear of covid-19. The center felt the need to carry out a rapid intervention.

The mechanism followed by the center is as follows:

1. Admit all children visiting the center to the follow-up program
2. Collect data on newborns from the hospitals in the area
3. Provide free first consultation visit to encourage them to visit the center Conduct campaigns to vaccinate children and catch up with defaulters Sort children by due date to start follow-up
4. Provide appointments according to the vaccine in order to reduce the wastage rate (MMR, Measles...)
5. Send text messages at the beginning of the month to children who are due for vaccination
6. Make a phone call to the parents of children who did not come during the month

One month later, the percentage of vaccinated children increased from 32% in February to 53% in March, and it reached 60% by the end of June 2020. The percentage also continued to maintain the planned rate, until the end of the year, where it exceeded 60% in December 2020. **Congratulations to the Imam Al Rida PHCC on their achievement, and here is to vaccinating all the children on Lebanese grounds together.**