

August 2020



# Primary Health Care Centers Assessment Summary Findings

*Post Beirut Explosion*

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## ABBREVIATIONS

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<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>BEmOC</b>	Basic Emergency Essential Obstetric Care
<b>CMAM</b>	Community-based Management of Acute Malnutrition
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>EPI</b>	Expanded Program on Immunization
<b>EWARS</b>	Early Warning, Alert and Response System
<b>GBV</b>	Gender-Based Violence
<b>HeRAMS</b>	Health Resources Availability Monitoring System
<b>HIV</b>	Human Immunodeficiency Virus
<b>LeMSIC</b>	Lebanese Medical Student International Committee
<b>MHPSS</b>	Mental Health and Psycho-social Support
<b>MoPH</b>	Ministry of Public Health
<b>MoSA</b>	Ministry of Social Affairs
<b>NCD</b>	Non-Communicable Diseases
<b>PEP</b>	Post-Exposure Prophylaxis
<b>PHC</b>	Primary Healthcare Center
<b>SDC</b>	Social Development Center
<b>SPSS</b>	Statistical Package for the Social Sciences
<b>SRH</b>	Sexual and Reproductive Health
<b>STI</b>	Sexually Transmitted Infection
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization

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## HIGHLIGHTS

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**55**

healthcare centers assessed

**89.1%**

fully/partially damaged centers

**80%**

centers have obstetricians

**70.9%**

centers provide reproductive health consultations

**22%**

of total consultations are related to reproductive health consultations

**56.4%**

centers provide family planning services

**41.8%**

centers provide contraceptives

**58.2%**

centers provide antenatal care

**12.7%**

centers provide BEmOC

**41.8%**

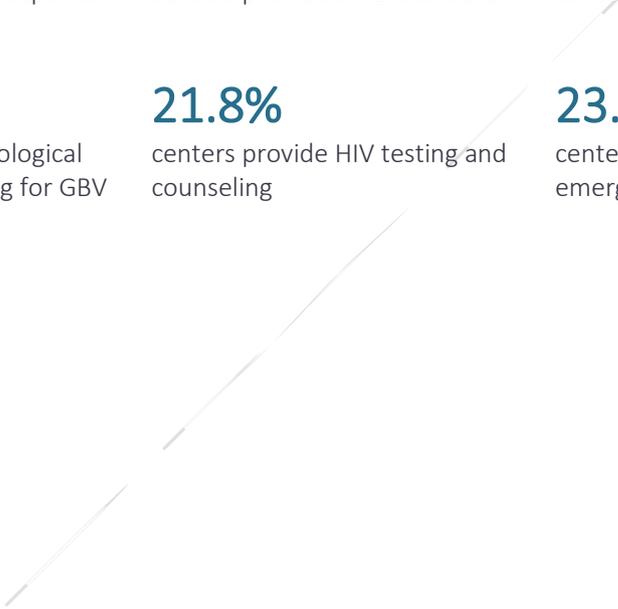
centers provide psychological support and counseling for GBV

**21.8%**

centers provide HIV testing and counseling

**23.6%**

centers provide PEP for STIs and emergency contraceptives



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# INTRODUCTION

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On August 4, 2020, an explosion at the Beirut Port devastated the city and its citizens with a huge blast that spread for kilometers. Before the explosion, fires fulminated throughout dock number 12, resulting in blooming smoke of black and purple. This smoke would serve as a harbinger for the insidious explosion that eventually resulted in more than 170 casualties, more than 50 people missing, 6,000 injured and approximately 300,000 residents displaced.

The primary trigger for the explosion is yet to be determined. However, the chemical substance responsible for the massive explosion was determined to be ammonium nitrate, roughly 2,750 tons.

The damage was drastic in terms of its effect on human life, livelihood, and the infrastructure of the city. The damages to infrastructure cannot be understated, particularly the health sector including hospitals, clinics, primary healthcare centers, laboratories, and dispensaries. It is well known that during crisis and disasters, health care is seriously affected by interruption of continuity of care, poor access, shortage of medical supplies, and falling out of essential sexual and reproductive health services. In addition, quick resumption of primary health services is crucial to the overall process of return of the displaced persons. In this regard, the importance and functionality of the healthcare sector have become much more prominent in the aftermath of such a catastrophe which is further overburdened by the global COVID-19 pandemic. With these compounding stressors and factors, affecting the healthcare system, it is imperative that measures to determine its integrity and functionality of PHCs be undertaken.

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# METHODOLOGY

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The healthcare centers' assessment was based on the established World Health Organization's (WHO) list of primary healthcare facilities within a five-kilometer radius of point zero (i.e., site of explosion). According to the list, 82 Primary Healthcare Centers (PHCs), Social Development Centers (SDCs), and dispensaries were well within the blast radius. Beyond this,

another healthcare facility was assessed per the request of the Ministry of Public Health (MoPH). (Appendix)

## HeRAMS

The Health Resources Availability Monitoring System (HeRAMS), a system for assessing the healthcare sector's capability post-catastrophe, was the primary tool utilized in this assessment. Amidst the aftermath of the blast, this system is vital to the rapid assessment of the affected healthcare sector. The assessment took special note of sexual and reproductive health (SRH) and mental health management. The mental health indicators of this assessment were developed in coordination with the National Mental Health Program at MoPH. The SRH health indicators were developed by the United Nations Population Fund (UNFPA), based on the minimum initial service package for reproductive health in emergencies. The tool was also sensitive for infection prevention and control.

An online application was developed and used for data collection per the HeRAMS assessment tool.

## DATA COLLECTION

Twenty-five medical students, members of the Lebanese Medical Students International Committee (LeMSIC), were responsible for collecting data. LeMSIC members were trained on August 10 and 11 in the use of the data collection method and online application before the assessment. Data were collected from August 12<sup>th</sup> through August 17<sup>th</sup>. The methods of data collection employed included field visits to healthcare centers (respecting social distancing and COVID-19 precautions), phone calls, and self-completed applications.

Prior to initiation of data collection, an email for approval was sent by the PHC department at MoPH to healthcare centers that will be assessed. An official letter was issued in this regard to introduce the objective of the assessment, and to encourage the PHCs to provide the needed responses.

In addition, the Ministry of Social Affairs (MoSA) was involved in facilitating the data collection from the affected SDCs as part of this assessment.

The data collectors encountered some difficulties in retrieving certain data. Such difficulties included the refusal of healthcare centers to provide the data in question, particularly because several assessment teams asked for health related information previously. Another encountered difficulty was the lack of authentic contact information for some of the health centers. As such, data collectors were unable to contact some healthcare centers on the WHO list. In response to these bottlenecks, the UNFPA team liaised directly with a number of health facilities and organisations to complete the data collection. Some facilities opted for online assessment while others preferred phone call-based assessment, choosing to complete them when their workloads were reduced.

## DATA ANALYSIS

Data cleaning and subsequent analysis were conducted via Statistical Package for the Social Sciences (SPSS) version 23.

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# RESULTS

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## BACKGROUND INFORMATION

More than half of the healthcare facilities assessed are located within Beirut Governorate (54.5%), while the rest are, within a five-kilometer radius of the blast, within Mount Lebanon Governorate (45.5%). The facilities included PHCs (56.4%), specialized centers (9.1%), dispensaries (29.1%), and MoSA SDCs (5.5%). The vast majority of these facilities provide a wide range of medical services (87.5%).

Results show that the majority of healthcare facilities reported full functionality (70.9%), accessibility (89.1%), and staffing (96.4%). Although two-thirds of the facilities reported full accessibility to patients with disabilities, this needs to be further assessed concerning means of access and help.

The average number of beneficiaries /months was 35129 in PHCs, 2870 in specialized centers, 485 in MoSA SDCs, and 12554 in dispensaries amounting to around 51,038 patients.

It worth noting that the quarterly average number patients/clients have dropped due to COVID-19 pandemic, civil unrest and the economic crisis.

## INFRASTRUCTURE AND ENVIRONMENTAL HEALTH

Regarding infrastructure and environmental health components, most of healthcare facilities (81.8%) sustained partial damage due to the explosion, with around 72.7% of them are in need of renovations (and had requested work for repair).

The majority of the healthcare facilities relied on the main pipeline as a source of water (92.7%), with many of them (76.4%) having fully functional water supply. Likewise, most facilities (85.5%) had access to vaccine-specific refrigerators secured by private generators in 87.3% of the facilities, indicating that they are not continuously supplied by government electricity company (Electricite du Liban). (Table 2)

Most of the facilities continued to have safe and sufficient water (89.1%), sanitation (89.1%), waste segregation (83.6%), and timely and safe waste collection (78.2%) were widely available. (Table 3)

## MEDICAL EQUIPMENT

Regarding medical equipment, the assessment looked at functionality of the equipment with focus on RH equipment. Data shows that between 82.69 to 93.14% of the equipment assessed are considered functional. The results are shown in Table 4.

## HUMAN RESOURCES

Concerning human resources, it was reported that around 80% of healthcare centers have obstetricians/gynecologists. Furthermore, adequate numbers of general practitioners were reported in 65.5% of the centers. However, 72.7% of the facilities lack mental health specialists and psychiatrists. Paramedical workers of different specialties were available including registered nurses (78.2%), laboratory technicians (78.2%), midwives (72.7%), outreach workers (70.9%), and psychologists (61.8%), among others. (Figure 1)

## HEALTH SERVICES

Regarding health services, general clinical services and essential trauma care are insufficient in terms of triage, assessment, first aid and life support, and basic laboratory testing. Nonetheless, standard precautions (i.e., soap/hand disinfectant, disposable/auto-disable needles, and syringes, etc.) were reported to be available in most (85.5%) facilities.

Regarding child health and nutrition, the results were mixed. On the expanded program on immunization (EPI), three-quarters (76.4%) of the facilities assessed reported adequate ability to carry out routine immunizations according to the national target diseases and adequate cold chains in place. Growth monitoring and/or screening of acute malnutrition were available in (63.6%) of the facilities. Nevertheless, diarrhea management was unavailable in nearly half of the facilities assessed and oral rehydration therapy was unavailable in 63.6% of the facilities. More so, some services, such as under-5 pediatric clinics (60%) and community-based management of acute malnutrition (CMAM) were also absent in around 70% of healthcare facilities. (Table 5,6)

The capacities to manage communicable and non-communicable diseases (NCD) was also assessed (Figure 2). Most of the healthcare facilities reported the capacity to treat or manage NCD such as asthma and chronic obstructive pulmonary disease (COPD) (70.9%), hypertension (81.8%), cardiovascular disease (76.4%), diabetes (80%), and oral health and dental care (61.8%). However, in terms of medication availability, only 41.8% and 52.7% of the centers reported having anti-diabetic and antihypertensive medications respectively. (Table 6)

Concerning communicable diseases, approximately half of the healthcare facilities do not have a regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions. A vast majority of them cannot immediately report unexpected or unusual health events via the Early Warning, Alert and Response System (EWARS). (Figure 2)

## SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Sexual and reproductive health services are essential core services that need to be provided in disaster and humanitarian settings, as women and children can be highly affected in crisis.

### MATERNAL AND NEWBORN HEALTH

Regarding maternal and newborn health, it was reported that normal deliveries were available/ possible in 9.1% of facilities. Basic Emergency Essential Obstetric Care (BEmOC), skilled care during childbirth, and vaccination during pregnancy were available in 12.7%, 21.8%, and 23.6% of facilities respectively. Other maternal and newborn health services such as postpartum care, antenatal care, and tetanus shots, are available in 50-60% of the facilities (45.5%). (Table 7)

### OTHER REPRODUCTIVE HEALTH SERVICES

Other reproductive health services such as family planning, post-menopausal care, cancer screening, and ultrasound exam are found in at least half of all the centers. (Table 7)

### SEXUALLY TRANSMITTED INFECTIONS (STI) AND HUMAN IMMUNODEFICIENCY VIRUS (HIV) /ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Concerning STIs, and specifically HIV, testing and counseling, those services are scarcely available, only in (21.8%) of facilities. Similarly, availability of prophylaxis and treatment, and prevention of maternal HIV transmission were low (20%). The more widely available services are the syndromic management of STIs and national first-line antibiotics (45.5%), and the sexual protection, specifically condoms, that are available in (41.8%) of facilities. (Table 7)

## REPRODUCTIVE HEALTH SPECIFIC EQUIPMENT

The average facility assessed has 2-3 safe/clean delivery kits, 33-34 vaginal examination sets, 0-1 fetal doppler monitors, 0-1 bedside monitors, and 0-1 delivery tables. Concerning functionality of equipment, the range is 70.83-100%. (Table 4)

## REPRODUCTIVE HEALTH MEDICATIONS

Among the reproductive health medications, contraceptives are the most accessible drugs (41.8%). The remaining reproductive health medications can only be found in certain centers. (Table 6)

## GENDER-BASED VIOLENCE (GBV) IN EMERGENCIES

Safe identification and referral of GBV survivors were available in around 51% of the facilities. Other services were less available including post-exposure prophylaxis (PEP) and emergency contraceptives (23.6%), case management of GBV (32.7%), and psychological support and counseling (41.8%). (Table 8)

## AVAILABILITY OF MENTAL HEALTH SERVICES

The assessment across healthcare facilities post-blast showed largely insufficient mental health services.

It should be noted that while services were available to different degrees, they were insufficient for the growing needs. For example, some services are available in half of the facilities, including psychological support (56.4%), PHC referral options (65.5%), availability of private rooms for mental health consultations (54.5%), willingness to assign focal coordinators for mental health integration at PHC (49.1%), the availability of psychotropic medications and specialized staff (49.1%), and the availability of specialized and/or trained mental healthcare providers (47.3%).

The assessment uncovered, in some health centers, a lack of services and decreased capacity of staff in the areas of PHC staff participation in mental health-related training (40%), screening for mental health (27.3%), PHC reception of persons requiring Mental Health and

Psycho-Social Support (MHPSS) services (40%), mental health outreach services (32.7%), PHC support for integration of mental health services (41.8%), and management (21.8%). (Table 9)

Only a minority (21.8%) of facilities reported available psychotropic drug supplies, such as haloperidol, chlorpromazine, fluoxetine, sertraline, amitriptyline, etc. (Table 6).

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## CONCLUSION AND RECOMMENDATIONS

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This report aims to rapidly assess the various types of healthcare centers with regards to functionality, services provided, and drug storage, post Beirut Explosion and during the COVID-19 outbreak in Lebanon. While most centers reported partial damage from the explosion and the request for renovation, the majority were fully functioning. Despite the wealth of medical and paramedical staff in most health specialties, general services and trauma care were substantially lacking. Likewise, child health and nutrition services' availability is inconsistent: while some services are provided, other equally important services are not. Additionally, the facilities were better able at handling non-communicable diseases than communicable ones.

With regard to reproductive health services, the scope and diversity of the RH services provided are inadequate in view of the urgent needs of the population for essential SRH services. Although obstetricians and gynecologists are available, the essential SRH are not placed as priority services. Those findings are alarming as they threaten basic health needs of women and children. Furthermore, in view of the overall paucity of the mental health services, there remains room for intervention to improve this important aspect of health.

It is important to highlight that comprehensive integrated services are needed in a humanitarian settings, basically SRH, mental health, and youth and children health. Scope of quality services should focus on emerging needs, usually interrelated needs that has to be met. This report reveal that most of the facilities assessed remain functional, but the scope, the type, and the quality of services need to be addressed immediately according to the following recommendation:

1. Categorize facilities through mapping of level of services that would allow triaging and referring patients effectively
2. Ensure safety of facilities in terms of building, water, electricity, infection control, and precautionary measures (COVID-19)
3. Mapping of scope of services emphasizing SRH essential services, mental health, and NCDs primarily based on available funds and support, and design procurement accordingly
4. Prioritizing SRH services including screening and GBV, with emphasis on prevention of unintended pregnancies and post-abortion care
5. Assessment- based on resources- to assign facilities to provide certain services preceded by assessment and triage of patients
6. Establish referral system based on available services and resources
7. Assess need to train or reorient providers towards health needs in humanitarian settings
8. Establish a tracking system using HeRAMS to monitor the availability of supplies and the demand for additional support
9. Train general practitioners and family physicians and midwives on providing adequate mental health services and psychosocial support in order to fill the gap of the lack of psychiatrists

## TABLES AND FIGURES

**Table 1.** Background information on primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)

	N (%)
<b>Governorate</b>	
Beirut	30 (54.5)
Mount Lebanon	25 (45.5)
<b>Health center type</b>	
PHC	31 (56.4)
Specialized Center	5 (9.1)
Dispensary	16 (29.1)
MoSA SDC	3 (5.5)
Comprehensive Clinic	0 (0)
<b>Beneficiaries</b>	
All patients	42 (87.5)
A specific community*	6 (12.5)
<b>Functionality status in the current place</b>	
Fully functioning	39 (70.9)
Partially functioning	8 (14.5)
Non-functioning	8 (14.5)
<b>Accessibility for patients</b>	
Accessible	49 (89.1)
Inaccessible	3 (5.5)
Hard-to-reach	3 (5.5)
<b>Accessibility for staff</b>	
Accessible	53 (96.4)
Inaccessible	1 (1.8)
Hard-to-reach	1 (1.8)
<b>Accessibility for patients with disabilities</b>	
Accessible	37 (67.3)
Inaccessible	18 (32.7)
Hard-to-reach	0 (0)

\*Specific community such as refugees, mothers, children and elderly

**Table 2.** Infrastructure of primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)

	N (%)
<b>Level of damage in the original place</b>	
Fully damaged	4 (7.3)
Partially damaged	45 (81.8)
Not damaged	6 (10.9)
<b>Need for renovation and requested work for repair</b>	
Yes	40 (72.7)
No	15 (27.3)
<b>Damage level of equipment</b>	
Fully damaged	4 (7.3)
Partially damaged	19 (34.5)
Not damaged	32 (58.2)
<b>Reason for damage</b>	
Steal	1 (1.8)
Ruin	13 (23.6)
Other reason	9 (16.4)
<b>Main source of water</b>	
Main pipeline	51 (92.7)
Well	4 (7.3)
<b>Water supply status</b>	
Fully functioning	42 (76.4)
Partially functioning	8 (14.5)
Not functioning	5 (9.1)
<b>Private generators</b>	
Available	48 (87.3)
Not available	7 (12.7)
<b>Vaccine specific refrigerator</b>	
Available	47 (85.5)
Not available	8 (14.5)

**Table 3.** Environmental health at primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)

Services	N (%)
Safe and sufficient water	49 (89.1)
Sanitation available	49 (89.1)
Segregation of hazardous and non-hazardous waste	46 (83.6)
Timely and safe waste collection and management	43 (78.2)

**Table 4.** Essential equipment available in primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)

General Medical Equipment	Number available (Mean $\pm$ SD)	% Functioning
Combined otoscope /laryngoscope complete	2.02 $\pm$ 2.51	85.92
Weighing Scale for infants	1.16 $\pm$ 0.74	89.25
Weighing Scale for adults	1.8 $\pm$ 1.53	93.14
Length Measurement Device	1.24 $\pm$ 0.94	87.27
Height Measurement Device	1.4 $\pm$ 1.05	84.12
Sterilizer /Autoclave	1.22 $\pm$ 0.74	84.41
Thermometer	5.58 $\pm$ 14.6	89.85
Blood pressure device	3.38 $\pm$ 5.66	86.05
Minor surgical sets	6.38 $\pm$ 23.89	84.55
Examination light	1.47 $\pm$ 1.03	88.1
Flashlight	0.96 $\pm$ 0.92	82.69
<b>Reproductive Health Specific Equipment</b>		
Safe / Clean delivery kit	2.93 $\pm$ 13.82	100
Vaginal examination set	33.09 $\pm$ 65.48	87.78
Fetal Doppler	0.89 $\pm$ 0.94	81.09
Bedside Monitor	0.4 $\pm$ 0.78	70.83
Delivery Table	0.35 $\pm$ 0.87	71.43

**Table 5. Health Services Availability (N=55)**

<b>General Clinical Services and Essential Trauma Care</b>	<b>N (%)</b>
Standard precautions <sup>1</sup>	47 (85.5)
Triage, assessment, first aid and life support <sup>2</sup>	24 (43.6)
Outpatient services <sup>3</sup>	36 (65.5)
Basic laboratory <sup>4</sup>	17 (30.9)
Referral capacity <sup>5</sup>	40 (72.7)
<b>Child Health and Nutrition</b>	
EPI <sup>6</sup>	42 (76.4)
Under-5 clinic conducted by IMCI-trained health staff <sup>7</sup>	22 (40)
Growth monitoring and/or screening of acute malnutrition (Mid-Upper Arm Circumference or weight- for-height)	35 (63.6)
CMAM <sup>8</sup>	17 (30.9)
Diarrhea Management	29 (52.7)

<sup>1</sup>soap/hand disinfectant, disposable/auto-disable needles and syringes, sharps safe disposal box, sterilizer, latex gloves, masks, guidelines for Standard Precautions

<sup>2</sup>cardiopulmonary resuscitation stabilization of patient with severe trauma and non-trauma emergencies before referral (IV line and saline solution for fluid resuscitation)

<sup>3</sup>with availability of all essential drugs for primary care as per national guidelines

<sup>4</sup>Glycaemia, Complete Blood Count, Chemistry...

<sup>5</sup>referral procedures, means of communication, access to transportation

<sup>6</sup>routine immunization against all national target diseases and adequate cold chain in place

<sup>7</sup>with available paracetamol, first- line antibiotics, Oral rehydration salts and zinc dispersible tablets, national Integrated Management of Childhood Illness (IMCI) guidelines and flowcharts

<sup>8</sup>with outpatient programme for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available

**Table 6.** Priority medications' availability in primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)

<b>Essential and NCD Medications</b>	<b>N (%)</b>
Anti-allergic including Steroids	25 (45.5)
Oral Rehydration Therapy	20 (36.4)
Antibiotics	33 (60)
Anti-diabetic preparations <sup>1</sup>	23 (41.8)
Cardiac and /or Vascular Drugs <sup>2</sup>	29 (52.7)
Antiseptics	28 (50.9)
<b>Psychotropic Medications</b>	
Psychotropic medicine <sup>3</sup>	12 (21.8)
<b>Reproductive Health Medications</b>	
Pregnancy/ Delivery related medicines <sup>4</sup>	12 (21.8)
Reproductive Health Drugs	21 (38.2)
Menopausal therapy	9 (16.4)
Contraceptives <sup>5</sup>	23 (41.8)

<sup>1</sup> Especially Insulin

<sup>2</sup> Anti-hypertensive Drugs, Diuretics ...

<sup>3</sup> Haloperidol, Chlorpromazine, Fluoxetine, Sertraline, Amitriptyline

<sup>4</sup> Pregnancy/ Delivery related medicines such as Iron, Folic acid, Multivitamins, Cytotec and Methergine ...

<sup>5</sup> Pills, Injectables, implants, Long-Acting Reversible Contraceptives, Intrauterine Device, condoms

**Table 7. Reproductive health services available in primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)**

STIs and HIV/AIDS	N (%)
Syndromic management of sexually transmitted infections, national first-line antibiotics available	25 (45.5)
Availability of free condoms	23 (41.8)
HIV testing and counseling	12 (21.8)
Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission only with National AIDS Program	11 (20)
<b>Maternal and Newborn Health</b>	
Antenatal care <sup>1</sup>	32 (58.2)
Skilled care during childbirth <sup>2</sup>	12 (21.8)
Basic Emergency essential Obstetric Care (BEmOC) <sup>3</sup>	7 (12.7)
Post-partum care <sup>4</sup>	33 (60)
Vaccination during pregnancy	13 (23.6)
Tetanus Shot	25 (45.5)
Antenatal Visits	28 (50.9)
Normal Deliveries	5 (9.1)
<b>Other Reproductive Health Services</b>	
Family Planning services <sup>5</sup>	31 (56.4)
Post menopause care and therapy	26 (47.3)
Cancer screening tests (Pap smear)	34 (61.8)
Ultrasound Obstetrical and gynecological	40 (72.7)

<sup>1</sup>i.e., assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition & breastfeeding, self-care and family planning, preventive treatment(s) as appropriate

<sup>2</sup>including early essential newborn care: preparing for birth, assess presence of labour, stage, fill WHO partograph and monitor, manage conditions accordingly, dry baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, available magnesium sulphate, oxytocin, Cytotec, early and exclusive breastfeeding, eye prophylaxis

<sup>3</sup>i.e., parenteral antibiotics + oxytocic/anticonvulsant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7)

<sup>4</sup>examination of mother and newborn baby (up to 6 weeks), respond to observed signs, support breastfeeding, counsel on complementary feeding, promote family planning

<sup>5</sup>provision of family planning counselling, provision of contraceptives, birth spacing and postponement

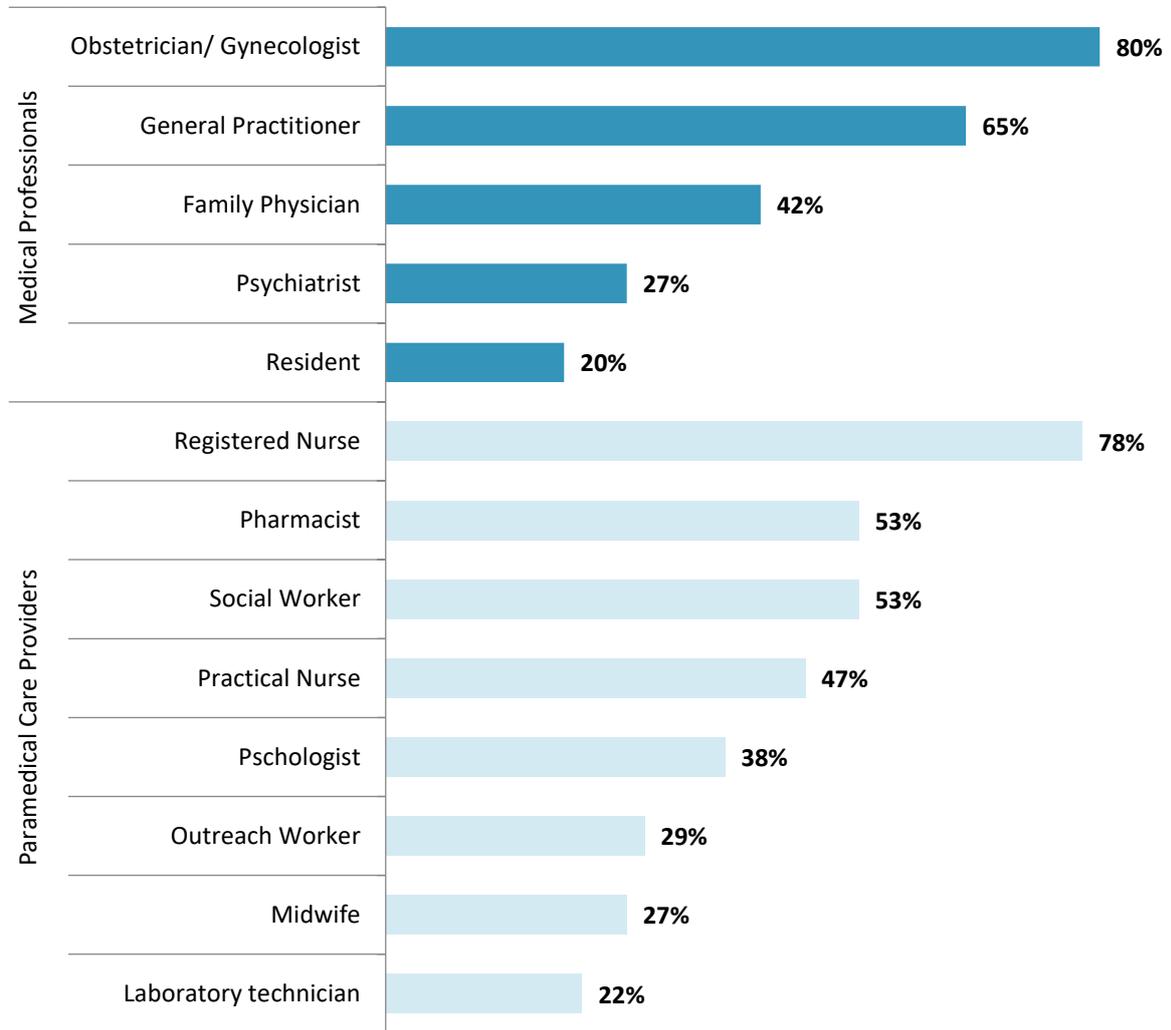
**Table 8.** Services for gender-based violence offered by primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)

Services	N (%)
PEP for STI infections and Emergency contraceptives	13 (23.6)
Safe identification and referral of GBV cases	28 (50.9)
Psychological support and counseling	23 (41.8)
Case management for GBV	18 (32.7)

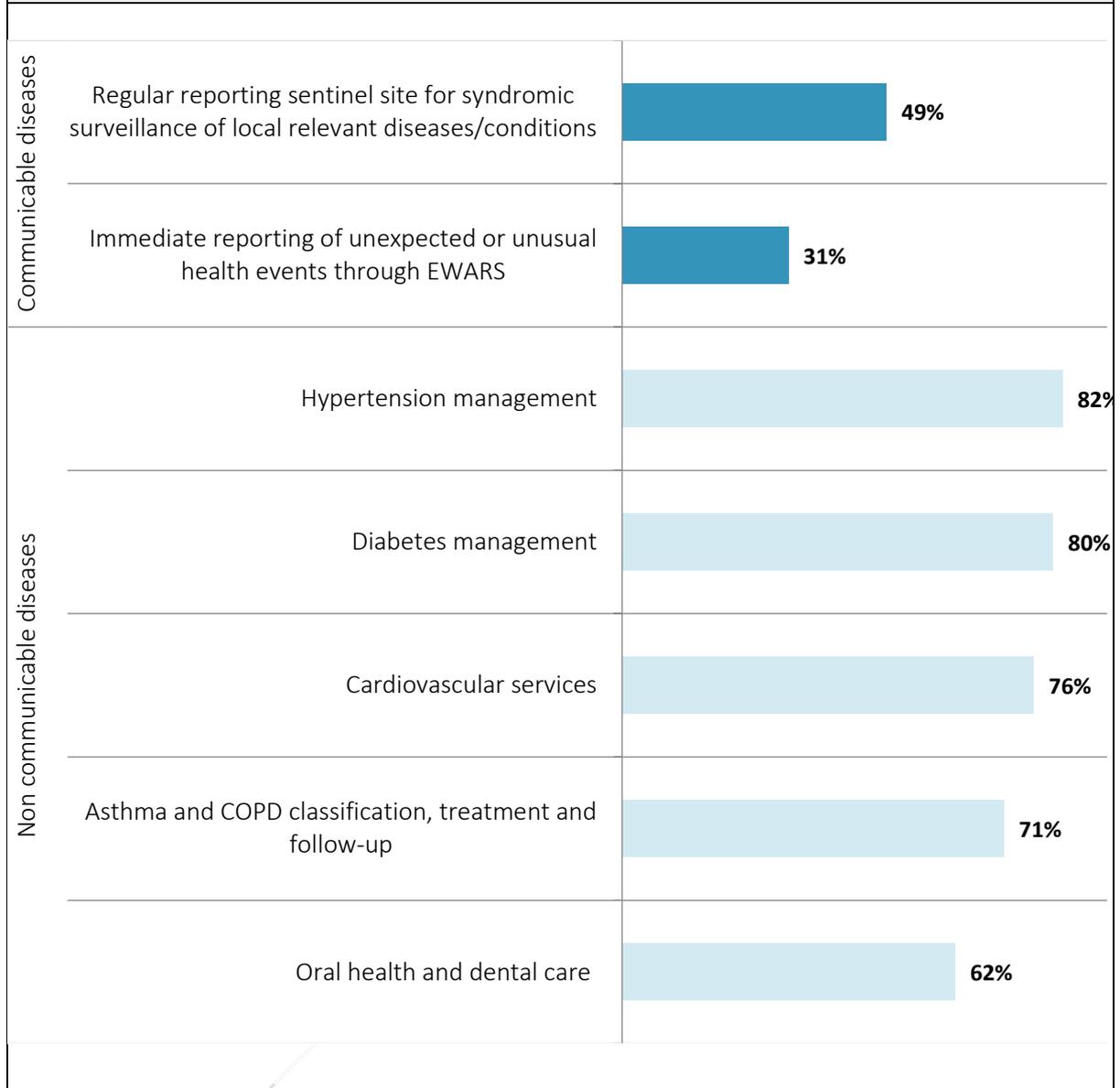
**Table 9. Mental health services offered by primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)**

	N (%)
Psychological support services	31 (56.4)
PHC staff participation in trainings related to mental health <b>(yes/no question)</b>	22 (40)
Screening conducted for Mental Health	15 (27.3)
PHC reception of persons requiring MHPSS services	22 (40)
Mental health outreach services	18 (32.7)
PHC support to the integration of mental health (commitment, time, space, incentives, etc.)	23 (41.8)
PHC referral option(s) to a specialized mental health service provider (psychiatrist, psychologist, etc.)	36 (65.5)
Private rooms to provide Mental Health consultations	30 (54.5)
Willingness to assign a focal person / coordinator for mental health integration at PHC if resources are available	27 (49.1)
Pharmacy and Place for storing psychotropic medications with presence of specialized staff	27 (49.1)
The PHC usage of the health information system (PHENICS) to report on service provision indicators	17 (30.9)
Patient data documentation in a confidential way	49 (89.1)
Management of mental disorders by specialized and/or trained healthcare providers	26 (47.3)
Management of mental disorders by supervised non-specialized healthcare providers	12 (21.8)
Availability of at least one medicine from each group, antipsychotics, antidepressants, antiepileptic and anxiolytics	17 (30.9)

**Figure 1.** Human resources in primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)



**Figure 2.** Communicable and non-communicable disease services offered by primary healthcare centers located in Beirut and Mount Lebanon Governorates (N=55)



## APPENDIX

Appendix. Characteristics of the primary health care centers located in Beirut and Mount Lebanon Governorates						
ID	Health Centre	Health district	Affiliation	Average number of beneficiaries per month	Total number of consultations	Total number of reproductive health consultations
1	Socio-Medical Center-El Fanar	Maten	Private	400	700	200
2	Arc en Ciel	Maten	Organizations	3000	400	85
3	Ibad Al Rahman	Beirut	Organizations	3000	1520	300
4	Dispensaire Medico-Social Intercommunautaire	Maten	Organizations	600	1800	180
5	MoSA SDC Sin El Fil	Maten	Other Ministries	150	450	150
6	Beirut Central Dispensary	Beirut	Ministry of Health	1154	630	0
7	Men Center Abaad	Baabda	Organizations	100	300	0
8	Boulghourjian Socio-Medical Center	Maten	Ministry of Health	7500	7500	0
9	Saint Afram Dispensary - Assyrian League	Maten	Private	1000	3000	0
10	Medical and Social Center Greek Orthodox Nabaa	Maten	Organizations	650	650	30
11	Sin El Fil PHCC	Maten	Organizations	700	950	50
12	Saint Antoine Health Center	Beirut	Ministry of Health	500	350	15
13	AUBMC PHCC	Beirut	Private	700	1800	5
14	Municipal Dispensary Dekwaneh	Maten	Other Ministries	650	1950	0
15	Soins Infirmiers et Développement Communautaire	Maten	Organizations	240	240	240
16	Jdeydeh Municipality Health Center	Maten	Ministry of Health	500	488	0
17	MoSA SDC Achrafieh	Beirut	Other Ministries	35	120	20
18	Red Cross Tarik El Jdide	Beirut	Ministry of Health	300	200	0
19	Orthodox Youth Movement	Beirut	Organizations	400	180	15

Appendix. Characteristics of the primary health care centers located in Beirut and Mount Lebanon Governorates						
ID	Health Centre	Health district	Affiliation	Average number of beneficiaries per month	Total number of consultations	Total number of reproductive health consultations
20	Tahaddi Association	Beirut	Private	800	1200	120
21	Social Reform Association Dispensary	Beirut	Organizations	1000	3000	0
22	Lebanese Red Cross	Baabda	Ministry of Health	90	287	50
23	Al Zahra Health Center	Beirut	Organizations	1300	4000	240
24	Saint George University Hospital PHCC	Beirut	Ministry of Health	250	250	0
25	Saint Michel Medical Center	Maten	Private	260	600	0
26	Etihad Al Kouloub Dispensary	Maten	Organizations	200	400	0
27	Markaz Al Zarif	Beirut	Private	3500	4500	4500
28	La Ligue De Bienfais Des Dames De Rawda	Maten	Other Ministries	60	180	40
29	Quarantina Governmental Hospital PHCC	Beirut	Ministry of Health	400	700	60
30	MoSA SDC Msaitbeh	Beirut	Other Ministries	900	200	25
31	MoSA SDC Mazraa	Beirut	Other Ministries	100	300	60
32	The Drouz Charity Aassociation Dispensary	Beirut	Organizations	100	300	60
33	Saint Charbel Dispensary - Sad El- Bouchrieh	Maten	Organizations	550	1650	360
34	Dar El fatwa	Beirut	Ministry of Health	2000	50	15
35	Bachoura Health Center	Beirut	Ministry of Health	450	1350	300
36	SALIM SLAM MAKASSED ASS.MAZRAA	Beirut	Ministry of Health	400	500	30
37	Centre de Protection Maternelle et Infantile	Beirut	Organizations	250	300	0
38	University Medical Center ULC	Baabda	Ministry of Health	1000	900	300
39	Mother and Child Care Association Health Center	Beirut	Organizations	1200	2100	2100
40	Ghbeiri Municipality Center	Baabda	Ministry of Health	Missing	1060	114
41	Restart Center	Beirut	Organizations	1000	3000	0
42	Herj Health Center	Beirut	Ministry of Health	1000	3000	300
43	Borj hammoud	Beirut	Organizations	30	30	3

**Appendix.** Characteristics of the primary health care centers located in Beirut and Mount Lebanon Governorates

ID	Health Centre	Health district	Affiliation	Average number of beneficiaries per month	Total number of consultations	Total number of reproductive health consultations
44	MoSA SDC Chiyah	Baabda	Ministry of Health	690	2100	2100
45	Makhzoumi Foundation PHCC	Beirut	Ministry of Health	2200	3600	100
46	Lebanese Red Cross	Baabda	Private	400	486	79
47	Karagheusian PHCC	Maten	Ministry of Health	5000	4500	1147
48	Shatila Health Center	Beirut	Organizations	1700	1700	300
49	Saydeh Dispensary Achrafieh	Beirut	Private	150	0	0
50	PHCC Chiyah	Baabda	Ministry of Health	600	1800	300
51	MoSA SDC Bourj Hammoud	Maten	Other_Ministries	350	165	45
52	MSF* Birthing Center	Beirut	RHUH	330	992	992
53	Khatem Al Anbiyaa	Beirut	Ministry of Health	200	200	3
54	Al Sayde dispensary	Beirut	Private	0	0	0
55	Rafik Hariri University VCT*	Beirut	Ministry of Health	0	0	0

\* MSF: Médecins Sans Frontières

VCT: Voluntary Counselling and Testing