UNRWA LEBANON: *Delivery of Health Care in the Context of the Displacement of Palestine Refugees Registered in Syria (PRS)*

RESEARCH METHODS AND INPUT

The preliminary findings presented in this brief combine the outcomes of 30 interviews conducted between November and December 2016 with stakeholders in Lebanon at three UNRWA primary health care facilities and an UNRWA country level office as well as a group model building session with key UNRWA staff members in Lebanon field held in February 2017. To protect participant confidentiality and anonymity, as well as stimulate constructive discussion and engagement with research findings, generic summary messages are presented here. More detailed analysis linked to outputs from the group model building session will follow in due course.

©2017 UNRWA Photo by Maysoun Jamal Mustafa. Palestine refugee child from Syria being examined at Beddawi Health Centre, North Lebanon

BACKGROUND

Due to the ongoing Syria conflict, Palestine refugees from Syria (PRS) have been displaced into Lebanon. The latest data (UNRWA, November 2016, unpublished) shows that 31,928 PRS are registered in Lebanon. 16,073 of these individuals live within camps (principally Saida and Tripoli) and the rest live outside camps mainly in the Beqaa and Saida areas.

PRS displacement has presented multiple challenges for UNRWA health service delivery in Lebanon, including: an unexpected influx of PRS, increased complexity of clinical cases and additional strains on the already underfunded and under-resourced health network. In addition to providing services tailored to the displaced populations – many with new clinical and psychosocial needs – UNRWA also embarked on a series of health care reforms targeted at managing the increasing burden of non-communicable diseases. Several reforms were implemented, most notably a reconfiguration of primary care provision towards a 'family health team' model and the introduction of a computerized health management and record system.

WHAT HAS BEEN DONE TO ADDRESS THE PROBLEM?

PRS and Palestine Refugees registered in Lebanon (PRL) populations are unable to access Lebanese primary health care services; primary care is delivered by UNRWA clinics, which also arrange for referrals to secondary and tertiary care as relevant. To accommodate the influx of PRS into Lebanon, as well as ensure improved and efficient care delivery, UNRWA has implemented several strategies including:

1. Hiring new PRS staff teams and cadres to address increases in service utilization;
2. Changing medicine stocking procedures and prescription patterns to patients;
3. Introducing additional systems for record-keeping and care management;
4. Training staff in the provision of psycho-social support to vulnerable patients;

The above strategies have enabled care management in the short to medium term, however the UNRWA system and its staff struggle given the prolonged conflict and growing service demands

WHAT IMPLEMENTATION CONSIDERATIONS NEED TO BE KEPT IN MIND?

The aforementioned strategies have all supported continuity of health provision to those for whom UNRWA has responsibility. During interviews and in a recent group model building session with staff at all health system levels in Lebanon, UNRWA staff articulated the following challenges in strategy implementation:

TAKE HOME MESSAGES/ RECOMMENDATIONS

1- A review of human resource policies given current issues in hiring is recommended – with careful consideration of alternative means of hiring, including contractual agreements with staff.

2- Clarification is needed on decentralization of decision-making and how this translates to devolution of budgets to local levels (also how/when approvals from the Field Office are really needed); this may lead to improved operational efficiency.

3- Revision of hospitalization policy which includes consideration of coverage, transparency in billing, contracting with new hospitals, and policies pertaining to hospital stay is encouraged. Transparency to beneficiaries and staff in the above mentioned points is needed.

4- Strengthened communication with communities and staff around the reasons behind, as well as positive implications of, the health reforms is needed.

1. **Current human resource policy does not support urgent hiring or retention of trained staff brought in on a casual basis.** Health facilities routinely require new staff to meet the high pace of service utilization; hiring processes are currently perceived as bureaucratic and time-consuming. In addition, retaining casual-basis employees, whose contracts range between six to nine months, is not possible as extensions to contracts are not permitted. Given time invested in training newly hired staff, the current human resource policy is deemed unresponsive to the needs of health facilities. Participants note that UNRWA's job packages are often perceived as unattractive: recruiting and retaining qualified professionals is thus particularly difficult. The inability to hire competent professionals who have already worked on a casual basis in the UNRWA system is imposing an additional burden.

2. **Decentralization of decision-making to area and clinic levels is not complemented by devolution of budgets.** The distribution of PRS differs between areas, however this does not correspond to differences in budgets devolved for spending at health facility levels. Without expenditure authority, area officials perceive decentralization as hampering operational efficiency.

3. **Simultaneous implemention of the ongoing UNRWA health reforms [1] while coping with the PRS influx and resulting high utilization of services has created staff capacity challenges.** A number of participants observed that no new staff were hired to cover the additional duties incurred during the transitional period when reforms were first introduced.

4. **Hospitalization incurs high out-of-pocket expenditure for both PRS and PRL.** Given the high rate of socio-economic deprivation among refugees, hospitalization fees are often economically catastrophic for families[2]. Health care in Lebanon is perceived as prohibitively expensive, particularly hospital based services. UNRWA referrals to secondary and tertiary care are only partially covered and the services covered differ for PRS and PRL. The majority of health care staff interviewed expressed concerns over high hospitalization expenditures (both within the health system and for their communities) and call for more transparency relating to service reimbursement and hospitalization costs.

5. Given evidence that communities generally perceive UNRWA's new policies as a decline from previous service standards and an attempt to abandon the Palestinians and their legitimate cause[3], **strengthening communication is required.** This includes communciation with staff. Although the majority of staff acknowledge the importance and advantages of the health reforms, many also perceive changes as an attempt to cut health care costs. This impression is further enforced by recent changes in hospitalization coverage.

REFERENCES:

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