

LEBANON

CHF 1,475,000

Programme No. 01.65/2000

National Context

Lebanon is now in the midst of reconstruction, after 17 years of civil war and economic decline. The war, which ended in 1992, involved most of the country's ethnic and religious groups, as well as Syrian and Israeli forces. Security in the country is still fragile. Almost one-quarter of the country, in the south, remains under Israeli occupation and conflict generated there erupts from time to time into the rest of the country.

Population and health data are scarce and fragmented, making it difficult to provide an accurate profile of the country. The population of Lebanon is estimated at 3.8 million, with in addition a Palestinian refugee population of at least 360,000 and a large number of guest workers, mostly from Syria.

Although Lebanon is a middle income country in the Middle East region and has an overall literacy rate of 86%, one of the best in the Arab world, around one million Lebanese – roughly one quarter of the population – live below the poverty line and of these, some 250,000 live in extreme poverty. Regional disparities in income, which have long existed between rural and urban areas, where 85 per cent of the population live, have been exacerbated by the focus of reconstruction on Beirut.

As part of the peacetime social reconstruction and development, the government is assuming responsibility for health services that were provided for many years by the Lebanese Red Cross Society (LRCS), and withdrawing subsidies to the Society for such services, forcing it to review its programme policy, revise priorities and look for other areas where it could play a significant role.

Country Assistance Strategy

The Federation's priority is to contribute to improving the situation of the most vulnerable in Lebanon, including Palestinian refugees and Lebanese directly affected by, but living outside of the occupied zone in the south. It will do so by increasing its support for the health programmes which the LRCS is now prioritising, and for an institutional development programme which will make the Society better prepared to tackle new challenges and conserve a partnership with the government in the health and social service areas.

Once the civil strife ended, the LRCS started to reorient its services towards post-war requirements. A long-term development plan was begun in 1994, and will be completed in 2000, when the Society will begin to implement a work plan prioritising its institutional development, and its primary health care programme, which has progressed significantly, making the Society the single largest primary health care provider in the country.

Currently the LRCS covers only 10% of its budget from its own resources. The Society needs assistance in becoming more self-sufficient and increasingly independent of external support. In the long-term, this will be

achieved by strengthening the LRCS's ability to profile its activities among the population and improve its image, and by developing fund-raising strategies leading to financial independence.

Programme Objectives

Disaster Response

Action will be undertaken on an *ad hoc* basis.

Disaster preparedness

For the time being there are no programmes in this area, although the Federation is working on promoting and developing regional and country Disaster Preparedness plans.

Health

The National Society will continue to develop its co-ordination with the government, which is taking over responsibility for some health programmes previously assumed by the Society, and to review its health policy in relation to postwar developments in the country. Its priority is to continue health and social welfare assistance through its health centres to the population in need all over the country, especially in remote areas. To this end, it is systematically upgrading its health infrastructure and revising standards for material and staffing, to ensure quality services and minimal maintenance costs. Its First Aid department currently comprises 37 centres, 1,600 first aid workers, 120 ambulances and 2 operating rooms.

The LRCS ambulance service should be provided with, optimally, 20 new ambulances per year, to maintain an operational vehicle fleet of 100 ambulances. A project, which promotes cost-matching, will partly finance 10 of these vehicles in 2000 and 11 in 2001.

A programme will be developed to increase blood donor recruitment for the Society's eight blood centres, which provide a national service. It will include a computerisation element.

To promote the consolidation of the Society's Medical and Social Services a project will adapt the services provided by the LRCS's 50 medico-social centres, re-orienting them to the needs of the most vulnerable, in particular women and children, and upgrade the level of care, through staff training, re-equipment and renovation, and computerisation.

Humanitarian Values

The Society plans to promote humanitarian values among young people, particularly the generation born during the civil war, by involving them in community development activities through its youth clubs. A Youth Activities project will provide leadership training for young people and support for youth activities in aid of disadvantaged children.

Capacity Building

In the postwar context, the LRCS should evaluate its role, identify new challenges and resolve its funding difficulties. A two year Capacity Building project will carry out an assessment of the Society - its corporate identity, governance structure and finances – and establish a plan of action, while a research and survey project will survey the public perception of the services and products of the LRCS, and its funding sources.