**Problem Definition**

The Under-5 Mortality Rate (U5MR) among refugee and marginalized Lebanese children was consistently higher than among non-vulnerable children in Lebanon from 2020 to 2024.

**Conceptual Framework: Determinants of Under-5 Mortality**

The conceptual framework for U5MR in Lebanon will draw upon established models, adapted to the specific context of refugee and marginalized populations. We will categorize determinants into proximal (direct causes) and distal (underlying causes/associations), with the overall outcome being the U5MR.

**Outcome:** Under-5 Mortality Rate (U5MR)

**Proximal Determinants (Direct Causes of U5MR):**

* **Infectious Diseases:**
  + Acute Respiratory Infections (ARIs)
  + Diarrheal diseases (cholera, rotavirus, etc.)
  + Measles and other vaccine-preventable diseases (VPDs)
  + Neonatal infections (sepsis, tetanus)
* **Neonatal Conditions:**
  + Preterm birth complications
  + Birth asphyxia
  + Congenital anomalies
* **Malnutrition:**
  + Severe Acute Malnutrition (SAM)
  + Moderate Acute Malnutrition (MAM)
  + Stunting (chronic malnutrition)
  + Micronutrient deficiencies (Vitamin A, iron, zinc)
* **Injuries:**
  + Accidents (drowning, burns, poisoning)
  + Violence-related injuries (less prevalent in under-5s, but can be a factor in conflict-affected areas)

**Distal Determinants (Underlying Causes - affecting proximal determinants):**

1. **Socio-Economic & Political Environment:**
   * **Poverty Levels:** Household income, expenditure on essential needs (food, healthcare, housing).
   * **Food Insecurity:** Household food access, utilization, and stability; child dietary diversity.
   * **Economic Crisis:** Inflation, unemployment rates, currency devaluation.
   * **Political Instability:** Governance, policy implementation, access to public services.
   * **Conflict & Displacement:** Displaced persons, damage to infrastructure, increased vulnerability.
2. **Maternal & Child Health Services:**
   * **Access to Quality Healthcare:** Proximity of health facilities, affordability of services, availability of essential medicines and supplies, skilled health personnel.
   * **Immunization Coverage:** DTP3, Measles, Polio, Rotavirus, etc. (uptake rate, cold chain integrity).
   * **Antenatal Care (ANC):** Number of visits, content of care, tetanus toxoid vaccination.
   * **Skilled Birth Attendance (SBA):** Proportion of births attended by trained health professionals.
   * **Postnatal Care (PNC):** Follow-up for mother and newborn.
   * **Integrated Management of Childhood Illness (IMCI):** Availability and quality of IMCI services.
   * **Nutrition Services:** Availability of growth monitoring, Infant and Young Child Feeding (IYCF) counseling, and supplementary feeding programs.
   * **Emergency Care:** Access to emergency obstetric and neonatal care (EmONC).
3. **Household & Community Environment:**
   * **Water, Sanitation, and Hygiene (WASH):** Access to safe drinking water, improved sanitation facilities, and hygiene practices (handwashing, food hygiene).
   * **Housing Conditions:** Overcrowding, exposure to environmental hazards.
   * **Maternal Education Level:** Literacy, knowledge of health practices, and decision-making power.
   * **Care-Seeking Behaviors:** Timeliness of seeking care for sick children.
   * **Social Support Networks:** Community resilience and support for vulnerable families.

**Measuring KPIs over time:**

* **Poverty Level:**
  + **KPIs:** Percentage of households living below the poverty line, percentage of households experiencing multidimensional poverty (e.g., using MPI indicators).
  + **Measurement:** Household surveys (e.g., VaSyR for Syrian refugees, national household surveys for Lebanese).
* **Food Insecurity:**
  + **KPIs:** Household Food Insecurity Access Scale (HFIAS), Food Consumption Score (FCS), Dietary Diversity Score (DDS) for children.
  + **Measurement:** Household surveys, rapid nutritional assessments.
* **Healthcare Access & Utilization:**
  + **KPIs:** % of children with full vaccination coverage, % of births attended by skilled personnel, % of children with suspected pneumonia seeking care.
  + **Measurement:** Health facility records, household surveys.
* **U5MR:**
  + **KPI:** Number of deaths per 1,000 live births (disaggregated by gender, nationality, geographic location, and socioeconomic status).
  + **Measurement:** Health facility records (births/deaths), household surveys (birth histories).

**Intervention/Action Plan: "Safe Start, Brighter Future" Program**

**Overall Objective:** To reduce the Under-5 Mortality Rate (U5MR) among refugee and impoverished Lebanese children by strengthening access to essential health and nutrition services, improving household resilience, and enhancing community health practices.

**Specific Objectives:**

1. **Improve Access to and Utilization of Quality Primary Healthcare and Immunization Services:**
   * **Activities:**
     + Establish/support mobile health clinics in underserved refugee settlements and impoverished Lebanese communities.
     + Strengthen existing primary healthcare centers (PHCs) with essential medicines, medical supplies, and basic equipment (e.g., for cold chain maintenance).
     + Support PHCs with incentives for healthcare workers (doctors, nurses, community health workers) to retain staff.
     + Conduct mass vaccination campaigns for routine childhood immunizations (DTP3, Measles, Polio, Rotavirus) in target areas, with robust outreach and follow-up.
     + Provide free or subsidized essential medicines for common childhood illnesses (e.g., antibiotics for pneumonia, ORS for diarrhea).
     + Referrals to secondary/tertiary care for severe cases, with financial assistance for vulnerable families.
2. **Enhance Maternal and Newborn Health Outcomes:**
   * **Activities:**
     + Provide free/subsidized antenatal care (ANC) services, including iron-folate supplementation, tetanus toxoid vaccination, and counseling on nutrition and birth preparedness.
     + Promote and facilitate access to skilled birth attendance (SBA) at supported health facilities, offering incentives if feasible.
     + Ensure access to immediate postnatal care (PNC) for mothers and newborns, including newborn examination and counseling on breastfeeding and danger signs.
     + Train community health workers (CHWs) to conduct home visits for newborns and identify danger signs, referring to health facilities.
3. **Combat Malnutrition and Improve Child Nutrition Practices:**
   * **Activities:**
     + Implement Infant and Young Child Feeding (IYCF) counseling sessions for mothers/caregivers, focusing on exclusive breastfeeding, timely introduction of complementary feeding, and dietary diversity.
     + Establish community-based growth monitoring and promotion (GMP) programs, with regular screening for malnutrition.
     + Provide Ready-to-Use Therapeutic Food (RUTF) for children diagnosed with Severe Acute Malnutrition (SAM) through outpatient therapeutic programs (OTP).
     + Implement targeted supplementary feeding programs (TSFP) for children with Moderate Acute Malnutrition (MAM).
     + Distribute micronutrient supplements (e.g., Vitamin A, iron) where deficiencies are prevalent.
4. **Promote Improved Water, Sanitation, and Hygiene (WASH) Practices:**
   * **Activities:**
     + Conduct community awareness campaigns on hygiene practices (handwashing with soap, safe disposal of child feces).
     + Distribute hygiene kits (soap, water purification tablets) to vulnerable households.
     + Support rehabilitation/maintenance of water points and sanitation facilities in target communities/settlements.
     + Promote safe water storage practices at the household level.
5. **Strengthen Community Awareness and Health-Seeking Behaviors:**
   * **Activities:**
     + Train and deploy community health workers (CHWs) from within the target communities to conduct home visits, disseminate health messages, identify health needs, and facilitate referrals.
     + Develop culturally appropriate and accessible health education materials (flyers, radio spots, social media content) on child health, nutrition, and hygiene.
     + Establish community-based discussion groups to address myths and misconceptions about vaccinations, child health, and nutrition.

**Target Beneficiaries:**

* Children under 5 years old (0-59 months)
* Pregnant and lactating women (PLW)
* Primary caregivers (mothers, fathers, guardians)
* Healthcare workers in supported facilities
* Community members in target areas

**Geographic Focus:** Priority will be given to areas with high concentrations of refugees and/or impoverished Lebanese populations, identified through vulnerability assessments and existing health data (e.g., informal settlements, specific governorates like Akkar, Bekaa, and parts of Beirut/Mount Lebanon with high poverty rates).

**Partnerships:**

* Ministry of Public Health (MoPH)
* UN agencies (UNICEF, UNHCR, WHO, WFP, UNFPA)
* Local NGOs and community-based organizations (CBOs)
* Healthcare facilities (PHCs, hospitals)
* Donors

**Communication Plan**

**Overall Objective:** To ensure that the program's findings, trends, and results are effectively disseminated to relevant stakeholders to inform policy, resource allocation, and future interventions.

**Target Audiences & Their Interests:**

1. **Program Team (Internal):**
   * **Interest:** Operational effectiveness, identifying best practices, addressing challenges, and guiding daily activities.
   * **Communication:** Regular team meetings, internal progress reports, dashboards, and technical workshops.
2. **Donors (External):**
   * **Interest:** Accountability, impact of their investment, adherence to objectives, potential for scale-up or future funding.
   * **Communication:** Quarterly/annual narrative and financial reports, high-level impact reports, dedicated donor briefings, site visits, and final evaluation reports.
3. **Healthcare Organizations & Public Health Centers (External):**
   * **Interest:** Best practices for service delivery, training needs, coordination mechanisms, and integration into national health plans.
   * **Communication:** Technical reports, workshops, joint learning sessions, policy briefs, and direct engagement meetings.
4. **Governmental Entities (e.g., Ministry of Public Health, Ministry of Social Affairs - External):**
   * **Interest:** Policy implications, national health planning, resource mobilization, addressing health disparities, and informing national strategies.
   * **Communication:** High-level policy briefs, official presentations, formal reports, participation in inter-ministerial meetings, and joint planning sessions.
5. **Community Representatives & Beneficiaries (Internal/External):**
   * **Interest:** Program benefits, understanding changes, feedback on services, sustained health behaviors.
   * **Communication:** Community meetings, simplified progress reports, feedback mechanisms, success stories (with consent).
6. **Other Key Stakeholders (e.g., UN agencies, other NGOs, Academia - External):**
   * **Interest:** Learning, coordination, identifying gaps, research opportunities, and advocacy.
   * **Communication:** Public reports, participation in coordination forums, academic papers/presentations.

**Communication Tools & Activities:**

1. **Comprehensive Program Reports:**
   * **Types:** Inception Report, Quarterly Progress Reports, Annual Reports, Mid-term Evaluation Report, Final Evaluation Report.
   * **Content:** Detailed findings, analysis of KPIs, challenges, lessons learned, and recommendations.
   * **Audience:** Internal team, donors, governmental entities, key partners.
2. **Summary/High-Level Reports & Policy Briefs:**
   * **Purpose:** Distill key findings and actionable recommendations for decision-makers.
   * **Format:** Concise, visually appealing documents (2-4 pages).
   * **Audience:** Donors, governmental entities, high-level UN officials, policy advocates.
3. **Stakeholder Presentation (PowerPoint/Google Slides):**
   * **Purpose:** Share main findings, trends, and results in a dynamic, engaging format.
   * **Content:**
     + **Introduction:** Problem definition, program objective, target population.
     + **Conceptual Framework:** Briefly explain the determinants addressed.
     + **Methodology:** Overview of interventions and M&E approach.
     + **Key Findings & Trends (with visuals):**
       - Baseline vs. Endline U5MR (overall and disaggregated by nationality/vulnerability).
       - Trends in key outcome indicators (vaccination, nutrition, WASH, service utilization).
       - Success stories and qualitative insights.
     + **Achievements & Lessons Learned:** What worked well, unexpected challenges, adaptations.
     + **Recommendations:** Actionable recommendations for policy, practice, and future programming.
     + **Call to Action:** For continued support, policy changes, scale-up.
   * **Audience:** Program team, donors, governmental entities, healthcare organizations, other key stakeholders. Tailor content and depth for each audience.
4. **Infographics & Fact Sheets:**
   * **Purpose:** Visually summarize complex data for broad dissemination.
   * **Audience:** All stakeholders, public.
5. **Website/Social Media Updates:**
   * **Purpose:** Share program progress, success stories, and key findings publicly.
   * **Audience:** General public, media, partners.
6. **Workshops & Learning Events:**
   * **Purpose:** Facilitate deeper engagement, discussion, and peer learning among healthcare providers and partners.
   * **Audience:** Healthcare organizations, public health centers, NGOs.
7. **Success Stories & Case Studies:**
   * **Purpose:** Humanize the data and showcase the real-world impact of the program.
   * **Audience:** Donors, public, policymakers.

By implementing this comprehensive plan, we aim not only to reduce the tragic burden of under-5 mortality among Lebanon's most vulnerable children but also to contribute to a more resilient and equitable health system.