Guidelines to
Referral Health Care in Lebanon

Lebanon

January 2014

UNHCR
The UN Refugee Agency

List of Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
AJEM	Association Justice et Mis*é*ricorde
ARV	Antiretroviral Medication
CLMC	Caritas Lebanon Migrant Center
CT	Computed Tomography
CVD	Cardiovascular Disease
DRC	Danish Red Cross
ECC	Exceptional Care Committee
GML	GlobeMed Lebanon
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IMC	International Medical Corps
IOCC	International Orthodox Christian Charities
IP	Implementing Partner
MAF	Medical Assessment Form
MF	Makhzoumi Foundation
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MSF	Médecins Sans Frontières
MVA	Motor Vehicle Accident
NAP	National AIDS Programme
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
NTP	National Tuberculosis Program
PHC	Primary Health Care
PHU	Public Health Unit
PO	Per Os
POC	People of Concern
PoP	Plaster of Paris Cast
PU-AMI	Première Urgence-Aide Médicale Internationale
QRC	Qataris Red Crescent
SAM	Severe Acute Malnutrition
SCF	Save the Children Fund
SGBV	Sexual and Gender Based Violence
SHC	Secondary Health Care
SIDC	Soins Infirmiers de Développements Intercommunautaire

THC	Tertiary Health Care
TPA	Third Party Administrator
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organization
YMCA	Young Christian's Men's Association

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I. I. Introduction

Since the onset of the civil war in Syria, 2 million people have fled to neighboring countries. By December 20 2013, 790,000 Syrians have been registered with UNHCR Lebanon office. Refugees in Lebanon are living among the Lebanese population, in an urban setting consisting of rented rooms, apartments, or in self-organized tented settlements.

In addition, Lebanon hosts around 15,000 persons of concern (asylum seekers and refugees) mainly from Iraq, Sudan and Somalia.

The standard operating procedures (SOP) for referral care cover all the refugee populations living in Lebanon. These SOPs outline the policies and procedures for referral care in Lebanon, including the limits in health assistance that can be provided.

However:

- Lebanese and Palestinian women/men married to refugees will not receive health care through the UNHCR refugee programme. Instead, they will be directed by social partners' social workers to the relevant national facilities - government, charity-based organizations, NGOs and/or UNRWA, as relevant.
- Other groups, including migrants, third citizens and their spouses and families do not benefit from UNHCR supported health care as outlined in this SOP. These persons and their families should be directed to other public or non-profit institutions in Lebanon who can support them to access the needed service.

A. UNHCR Public Health Approach[1]

UNHCR's Public health approach is based on the primary health care strategy.

UNHCR's role is to *facilitate* access, *advocate* for access through existing services and health service providers and to *monitor* access to health care services. Medical referral care is an essential part of health services. While the primary health care strategy is the core of all interventions, access to secondary health care is important**.**

B. Overview of Available Health Services in Lebanon

UNHCR supports the provision of primary health care services through International Medical Corps (IMC), Caritas Lebanon Migrant Center (CLMC), Makhzoumi Foundation (MF), Première Urgence-Aide Médicale Internationale (PU-AMI), Amel Association, International Orthodox Christian Charities (IOCC), AJEM for health care in prisons, and Restart Association for mental

[1] UNHCR Public Health Operational Guidance Document June 2013

health and victims of trauma and torture. In addition other NGOs such as Médecins Sans Frontières (MSF), Save the Children Fund (SCF), and others are supporting the provision of PHC services for refugees. *See Annex 10 - Health Sector Partners Map* and web portal for regular updates: http://data.unhcr.org/syrianrefugees/syria.php

As of January 1 2014, GlobeMed Lebanon (GML), a Third Party Actor (TPA) has assumed the role of SHC "referral contractor" where it receives all claims and referrals necessitating hospital admission.

C. Access to Health Care Services

Medical referral care is an essential part of health services. While the primary health care strategy is the core of all interventions, access to secondary health care is important.

The Lebanese public health care system is based on cost-sharing for all services provided through the Ministry of Public Health (MoPH) and the Ministry of Social Affairs (MoSA). Primary Health Care centers (PHCCs) are also supported by NGOs and charities.

UNHCR aims to provide health care to refugees at similar levels of care received by the average Lebanese in government health facilities.

At PHC level, refugees pay a nominal fee between LBP 3,000 and LBP 5,000 per consultation. UNHCR covers 85% of diagnostics and 100% of costs of medicine for children under 5 year old, elderly (at or above 60 years), pregnant and lactating women, and disabled people (those with physical or mental conditions that prevent them from becoming active members in society). If available, acute medication is provided free of charge at the PHCC while chronic medications are provided at a nominal fee (LBP 1,000) under the YMCA programme.

Refugees between the ages of 5 and 60 years will have to pay 100% of diagnostic fees while receiving chronic medications free of charge under the YMCA programme. They also are required to pay a nominal fee between LBP 3,000 and LBP 5,000 per consultation.

Antenatal care is provided through all PHC partner-supported clinics. The current minimum package of service recommends 4 consultations, vitamins and mineral supplementations, a maximum of 2 ultrasounds, a minimum package of laboratory tests, and a postnatal care visit. In case of pregnancy complications, additional ANC visits and diagnostics will be covered.

Vaccinations for childhood preventable diseases and vitamin A supplementation are provided free of charge in all PHC centers while at UNHCR registration sites and some entry points measles, oral polio vaccine and vitamin are also offered free of charge. A child seeking vaccination services as well as curative care may be requested to pay LBP 3,000 to 5,000 for the consultation.

Partners also provide mobile health services to populations in remote areas and informal tented settlements such as in Mt. Lebanon, in Bekaa and in the North free of charge.

Public secondary and tertiary health care institutions in Lebanon are semi-autonomous and referral care is expensive. Not all institutions are bound to provide the MoPH flat rate for hospital care interventions.

All refugees from all nationalities can utilize the secondary and tertiary health care services, as outlined below.

All refugees can access health services outside the systems that have been set up by UNHCR, and which are offered in the hospitals in Lebanon upon proof of payment. However in doing so, they will be charged the regular national rate, which can be at a significantly higher cost. In such cases, UNHCR will not be liable to refund the costs incurred.

Through GML-contracted hospitals, refugees can access services at MoPH flat rates as well as UNHCR/GML discounted rates. GML will monitor and approve the admissions and treatment plans and will on monthly basis settle the hospital bills for selected conditions as outlined below. (See *Annex 21 - GML contracted Referral Hospital List as of 16 January 2014.)*

II. Referral care

Secondary and tertiary health care, or hospital-based health care in Lebanon is expensive and UNHCR and partners are working on strengthening the referral systems from the PHC to the SHC and/or THC care to ensure that refugees have equal opportunities to benefit from UNHCR supported health services.

A. Principles:

1. Medical referral care is initiated at the primary health care level.

PHC should be the point of entry into medical care. The PHC centers and PHC partners are the entities that should start the medical referral process. The PHCC will act as gatekeeper to avoid unnecessary expensive medical costs, unnecessary diagnostics, and will be the initiator for referral care. Furthermore the PHCC should be utilized for treatment of acute or chronic disease not necessitating hospital care.

All participating partners should be familiar with the SOP for referral care. All referrals should be accompanied by filling in the correct forms. In case of doubt, the physicians at the PHC center should call the GML hotline to verify that the referred condition will fall under the SOP for referral care.

UNHCR sub and field offices should ensure that refugees presenting their medical complaints in the office are referred to the relevant PHC partner or clinic.

Refugees presenting at the referral hospitals for non-life threatening emergencies will be made aware of the referral pathway at the hospital and be referred to the nearest PHC clinic. Refugees that wish to be treated at the hospital level for non-life threatening emergencies can do so but must bear the full cost of treatment.

2. *Referral care is based on transparent procedures and decisions are primarily based on prognosis and cost.*

There are only two types of referrals:

- Emergencies (obstetric, medical and surgical)
- Elective cases for complementary investigations and/or specific treatment.

For both types of referrals, prognosis is the most important criteria. The prognosis determines the rationale to attempt to provide certain treatment(s). The prognosis must be assessed by a qualified medical doctor.

3. *Referral care is always a medical decision.*

Referral care in Lebanon is decided and cleared by a medical doctor. All referral care covered through cost sharing by UNHCR will be limited to those cases where ***the life or basic functions are at stake.*** The prognosis will be the most important criteria for all referral care.

4. *Medical confidentiality is ensured throughout the referral care process.*

➔ **Please refer to** *Annex 9 - Medical Data Confidentiality*

5. *Cost sharing in referral care*

UNHCR's financial contribution for secondary and tertiary hospital care is 75% of the total bill incurred which will be covered under the referral care budget. The patient is requested to pay the remaining 25%. However,

- Refugees who have already been identified as meeting UNHCR vulnerability criteria will be entitled to 100% coverage for secondary and tertiary health care

- Refugee suffering from serious conditions such TB, HIV/AIDS, severe mental illnesses, and severe acute malnutrition that do not fall under UHNCR vulnerability criteria will be assessed on a case by case basis for their ability to co-pay. If vulnerable, UNHCR/GML will pay 100% of the bill incurred in hospital.

- Survivors of rape and victims of torture will be entitled to 100% coverage.

- For those refugees unable to pay their share, a socio-economic assessment/vulnerability assessment will be carried out by partners and if recommended UNHCR, will step up their coverage up to 90%. (See *Annex 16- Step by Step Procedures for Vulnerability Assessment* and *Annex 17- Vulnerability Assessment Flow Chart*.)

GML will refer those cases to the respective partner, copying the UNHCR Public Health Associate and designated Community services Associate in the respective field office. The Community Service Associate will ensure vulnerability assessment is expedited and assessment report compiled and submitted and will add their own final recommendation and share with the PH Associate in the field and Beirut. PHU Beirut will in turn revert back to GML with the final decision. UNHCR can increase contribution up to 90% following a positive vulnerability assessment.

To note that the communication between CS and PHU will be bilateral as well as between the social partners and CS, and between PHU and GML.

All victims of torture or survivors of sexual and gender based violence (SGBV) are covered at 100% for treatment of injuries/illnesses that are a direct result of the trauma.

Refugees will be responsible for covering 25% of their medical expenses at referral care level, while UNHCR will cover the remaining 75%.

6. The referral hospitals

Referral health care services are offered through public and private hospitals at the class C level, affiliated with GML throughout Lebanon with which referral agreements have been established. (See *Annex 21 - GML contracted Referral Hospital List as of 16 January 2014.)*

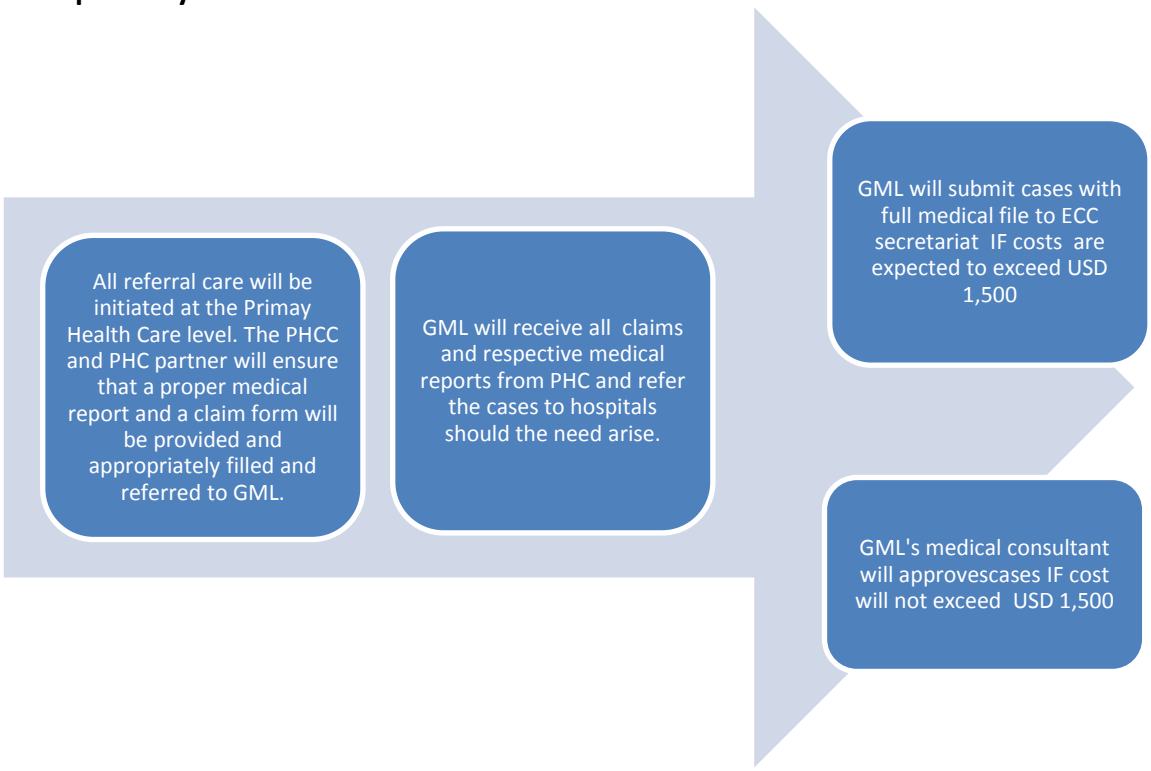
Refugees that are applying for contribution to their referral care costs should be utilizing these hospitals.

Coverage will not be covered at a non-GML contracted hospital unless the service required is unavailable within GML's network and referral has been officially approved.

If a medical emergency presents, refugees should present to the nearest hospital that is part of the GML referral network.

A mass information campaign took place in the last 3/4 weeks of December 2013 where SMS text messages and posters containing information on GML's responsibility for referral care as of January 1 2014 with a list of their contracted hospitals were shared with all refugees. Information sharing will take place thereafter on a continuous basis and messages will be repeated. The information will be made available at registration sites, mobile units as well as at all PHCCs.

B. Referral pathway



➔ **GML will also submit cases with full medical file to ECC Secretariat for cases that have been approved below USD 1,500, but will be expected to exceed this amount during hospitalization.**

➔ **Please refer to** *Annex 2 - Patient Referral Form* and *Annex - 7 for a list of cases that will and will not be covered by UNHCR respectively.*

C. Referral to UNHCR

Once GML approves admission to a hospital and foresees that it will exceed the USD 1,500 financial limit, it is required to inform UNHCR's PHU/Senior PH Assistant via confidential e-mail

about the admission **no later than 48 hours after admission.** The email is to contain all relevant information regarding bio data, registration status, and brief description of the case with the medical delegates' professional assessment. An initial cost estimate is to be added as well. Attached to the email are: UNHCR certificate, medical claim form, medical report, and supporting diagnostic tests and/or reports.

It is imperative that all documents are completely and accurately filled.
Please note that all forms and reports should be filled out in **clear**, **legible** handwriting and in **English.** They must be dated, signed, and stamped by the treating physician.

All scanned documents should be complete and ensured that there is no missing information due to improper scanning or photocopying techniques.

Incomplete documents and submissions will delay the processing of the case.
Please see *Annex 4 - Medical Report Form* to be filled by treating physician at the hospital and *Annex 3 - ECC Referral Claim Form* to be filled by the treating physician or GML medical consultant.

All admissions and subsequent medical bills for survivors of rape and torture will be covered by UNHCR at 100%. All cases will be submitted through confidential emails between relevant protection colleagues and the UNHCR Senior Public Health Assistant. These cases will not be submitted to the ECC but directly handled by UNHCR.

D. Feed back

UNHCR will reply within **maximum of 48 hours after completed documents have been received**. GlobeMed Lebanon will contact UNHCR by telephone for urgent cases.

E. Follow-up during hospitalization

GML are to provide weekly updates on the admitted cases. A medical "progress note" is expected to be attached detailing current medical status with treatment being provided and plan.

➔ **Any extended hospital admission beyond the initial estimated stay should be mentioned with the reason for extended hospital stay.**

F. Discharge

Once the patient is ready to be discharged, GML will email UNHCR PHU about total estimated cost along with patient's status.

A medical report detailing diagnosis, treatment provided, and follow up required including medication to be taken should be attached where a copy is to be given to the patient, a copy retained by PHU, and a copy by GML.

This is to ensure that follow up is done under PHC setting as per UNHCR PH strategy (See *Annex 8 - General Guidelines for Hospital Admissions to UNHCR supported Patients*).

G. The Exceptional Care Committee (ECC)

The ECC in Lebanon will ensure a coordinated and transparent decision making process for all referrals. This committee consists of three anonymous expert medical professionals and is independent in its decision-making.

The confidentiality of the patients' files is protected through medical confidentiality.

The ECC meeting is chaired by either the Senior Public Health Officer based in Lebanon

UNHCR's Senior Public Health Assistant acts as the secretariat for the ECC and is responsible for the preparation, communication, documentation, and follow-up including the provision of minutes for each meeting.

The decisions of the ECC are first based on prognosis for the referral, followed by the costs. Concomitant illnesses that affect the prognosis will be considered by the ECC.

The ECC may also be best placed to identify those relatively rare cases that are appropriate for medical resettlement to a third country.

The ECC and or the Senior Public Health Officer may request for a second professional opinion from senior expert in a specific medical branch to assist in decision making processing and choosing the most appropriate and conservative evidence based intervention.

➔ The Exceptional Care Committee meetings are to be held bi-weekly for the first quarter of 2014 after which it will be held on a monthly basis.

➔ The UNHCR PH Assistant will be able to contact the ECC members for direct phone or email consultations on daily basis.

1. Operational Guidelines:

a) Referral criteria

GML will provide all relevant documentation on the *ECC Referral Claim Form* and send it to the UNHCR in time for the ECC's meeting.

The date of the meeting will be communicated to GML so that they may have the forms and required documents sent duly on time. All individual case files need to be submitted at least 48 hours before the ECC meeting is due.

- *Emergency Cases:*

  All emergency cases exceeding USD 1,500 are to be referred to UNHCR PHU by e-mail to the PH Associate in charge of SH who shall refer the case to ECC. The ECC consultants will be available to provide quick feedback via phone calls for these cases, especially those necessitating complicated life-saving surgery. Other emergency cases that can wait for 24 hrs must have all relevant diagnostic documents sent via email to UNHCR PHU where ECC consultants can provide feedback within 24 hrs.

- *Non-Emergency Cases:*

  These cases, classified as ”cold” cases can be referred to UNHCR PHU for submission to the ECC with the appropriately filled ECC application form to be reviewed when the ECC meets. Other documents that must be included in the case file: UNHCR certificate, medical report written by treating physician stating the diagnosis, treatment, and management plan (in details)plus any concomittant illneses that may affect treatment of the disease for which the patient was admitted, a statement from the treating institute on the cost estimate of the prescibed treatment, and history of any previous medical committe submissions and approvals (for the same illness and/or for other illnesses) provided to the patient with their dates of submission, results of the submissions, and the treatment provided.

➔ **Please use *Annex 3 - ECC Referral Claim Form*. To note that there will be a cap of USD 15,000 for each case referred to the ECC, be it a cold case or an emergency case.**

b) Decision criteria

The committee reviews each case with its own decision criteria.

- Necessity, adequacy and duration of the suggested treatment

- Necessity of higher assistance (financial vulnerability) up to 100%
- Feasibility of the treatment plan
- Prognosis
- Cost
- Eligibility (holding a UNHCR registration certificate)
- Concomitant diseases and age

2. Specific aspects of referral care

○ *Delivery Care*

UNHCR/GML have negotiated a package for delivery services (NVD and C-sections) within their referral network. Cases presenting for emergency delivery (premature delivery or vaginal bleeding) to a hospital outside this network may be covered under the GML package.

○ *Intensive Care*

Cases requiring intensive care unit (ICU) admission will be covered for the first 48 hours after which UNHCR will need to be contacted for approval for extension. Cases hospitalized for more than a week will be reassessed, where coverage may discontinue depending on prognosis.

○ *Neonatal intensive care*

Neonatal intensive care unit services (NICU) in Lebanon are limited and the need for services has been further compromised by increasing number of premature babies born to refugees. Although there has been tremendous advances in the management of premature babies, survival rates for extremely low birth weight (<1,000 g) and/or babies born before 26 weeks of gestation in resource limited settings is low. Given the complex nature and need for NICU services in Lebanon, UNHCR recommends the following: -

- Low birth weight / pre term neonates (>32 weeks) between 1,750 to 2,500 grams birth weight with no other complications. Train the mother on Kangaroo care for the newborn, support exclusive breast feeding, administer vitamin K and follow up the neonate closely. Mother and baby can be discharged from hospital as long as the below criteria is met:

  - Baby is breathing without difficulty

  - Baby's body temperature is being maintained in the range of 36.5 °C to 37.5 °C

  - Mother is confident about her ability to care for the baby

- Baby is feeding well

- Baby is gaining weight

- Low birth weight / pre term neonates (>32 weeks) between 1,500 to 1,749 grams birth weight with no other complications: Train the mother on Kangaroo care for the newborn, support exclusive breast feeding, administer vitamin K and follow up of the neonate closely. If the baby cannot be breastfed, give expressed breast milk using an alternative feeding and train mother accordingly. Discharge when the baby is over 1,750 grams and meets the above criteria.

- Very low birth weight babies between 1,000 to 1,499 grams birth weight / Pre term infants (26-32 weeks) with or without complications. Admit to the NICU and discharge at 1,750 grams with no other complications. Provide appropriate counselling to the mother and follow up the neonate closely. UNHCR/GML supports NICU and a weekly report is submitted to the ECC.

- Extremely low birth weight babies with poor prognosis even with treatment, weighing less than 999 grams at birth and or less than 26 weeks gestational age with or without complications. UNHCR/GML will not support NICU. Support and counseling will be provided to the parents on appropriate care measures.

All neonatal cases will be reviewed by the ECC, even before the discharge, to improve the understanding of neonatal care and ensure their proper transition to their home. The information for submission to the ECC must contain the hospital's neonatal intensive care unit (NICU) chart kept for each NICU case.

- ***CVD (Cerebrovascular disease or Cardiovascular disease)***

Cases admitted with Cerebrovascular Accident (CVA) will be assessed on a case by case basis depending on prognosis, complications and, if in a coma state, on the Glasgow Coma Scale (GCS). GML's medical consultant should provide weekly updates and medical reports. All CVD cases will be submitted to the ECC.

- ***Orthopedics/trauma***

Most orthopedic cases will be referred to the ECC for approval of procedure except those that are clearly lifesaving such as trauma to the head resulting in intracranial hemorrhage and necessitating a craniotomy (see *Annex 11 - Orthopedic Cases*). Orthopedic implants/devices are part of the MOPH flat rate for surgical procedures and cannot be charged separately. Removal of implants is usually not covered by UNHCR unless the patient presents with a risk of osteomyelitis or other threat to limb function. Prosthesis is not provided to patients who do not require surgery but can be acquired from health partners such as HI.

- ***Hematology***

All blood diseases (such as thalassemia) will be covered only if they require emergency transfusion of Packed Red Blood Cell (PRBC) units or Fresh Frozen Plasma (FFP). Expensive treatment such as IgG will not be covered.

Communicable Diseases

- ***Leishmaniasis***

In Lebanon, the treatment is offered in 11 governmental hospitals in newly established Leishmaniasis OPD units assigned by MoPH. In 2013, a negotiated flat rate for consultations at these centers was agreed upon. UNHCR PHC partner, IMC, will continue providing necessary supplies and GML will cover associated diagnostic procedures. The treatment itself is being provided free of charge. All patients must be referred to these OPD clinics via GML. (Please refer to *Annex 13 - Referral Governmental Hospitals for Leishmaniasis treatment*)

- ***HIV and AIDS***

HIV infected refugees can be referred to the National AIDS Programme (NAP) who provides antiretroviral (ARV) medication, consultation, and follow-up to HIV patients free of charge. Free HIV testing and counseling services are provided through the NAP and local NGOs (Soins Infirmiers de Developpement Intercommunautaire (SIDC) and the National AIDS Society) and Primary Health Care Centers. If an HIV infected refugee needs hospitalization due to opportunistic infections, a vulnerability assessment will be conducted and if positive UNHCR/GML will cover 100% of his/her stay.

- ***Tuberculosis***

UNHCR refers refugees in whom a TB infection is suspected to the National Tuberculosis Program (NTP). All diagnostic procedures shall be covered at 100%. Treatment is offered at 8 NTP-affiliated centers and at one hospital for TB inpatients. If a TB patient needs hospitalization, a vulnerability assessment will be conducted and if positive UNHCR/GML will cover 100% of his/her stay.

- ***Mental Health***

The primary goal, similar to other medical needs, is to ensure treatment at PHC and home level, before referral to institutions. Referral from a PHC will be channeled through a mental health partner such as IMC, Restart in Beirut and Tripoli or MSF-CH in Saida. The specialized mental health professional will review the patient and establish the need for further referral to the hospital level. Refugees who are in need of hospitalization due to psychiatric illnesses will be referred in conformity with referral SOP to Hospital de la Croix. On weekly basis UNHCR partners will visit Hospital de la Croix and with the attending physician review the need for further hospital care and community based rehabilitation.

These cases will be referred to the ECC should the need arise. As with all medical files, absolute confidentiality should be maintained when referring these cases. If a mental health patient needs hospitalization, a vulnerability assessment will be conducted and if positive UNHCR/GML will cover 100% of his/her stay.

H. Emergency Health Services

➔ To benefit from UNHCR assistance, GML delegate must approve the treatment.

Emergency health services are offered through GML-contracted public and private hospitals, class C hospitals, around Lebanon. Should the refugee self-present to a hospital with a medical emergency, he/she or his/her family are obliged to inform GML **upon his/her arrival** at the hospital. The hospital in turn should also inform GML about the presenting refugee immediately **upon arrival.**

Refugees presenting in non-participating hospital for medical emergencies will not be covered for their costs, unless contracted hospitals were full and the patient was referred by GML. However, in very acute emergencies with imminent threat of life, a refugee may be admitted in a non-participating hospital but once stabilized they should be immediately transferred to the GML class C hospital.

Like with other secondary health care referrals, emergency outpatient consultations will be covered at 75% only if the GML Delegate approves the case as urgent. All cases that could be treated at PHC level should bear the full costs of the hospital care (including assessment of the case).

Emergency health care services are available to all refugees regardless of UNHCR registration status and/or holders of appointment slips until stabilization of the condition.

For non-registered refugees: The hospital (whether contracted with GML or not) should inform GML of the presentation of the refugee as soon as time permits. If the patient meets the criteria for admission, GML will facilitate hospitalization and inform the hospital management and relatives that GML will cover care at 75% of the total bill for 24-48 hours pending registration by UNHCR. On its part, GML will contact UNHCR registration team for fast track registration within 48 hours. If the patient is registered, treatment and care will continue under the SOP for referral care. If the patient is not registered, GML will pay for care up to the point when the individual is deemed to be of no concern to UNHCR and thereafter inform the hospital and the patient about cessation of hospital care coverage in writing. (*See Annex 6 - Step by Step Procedures of Fast Track Registration*)

Note that for emergencies, such as car or on-the job accidents, it should be ascertained whether the refugee or the other party have insurance policies that should cover these bills under the insurance entitlements.

For refugees involved in a **Motor Vehicle Accident** (MVA):

- Accidents involving 2 vehicles, whereby the vehicle with injured refugees belongs to a refugee and the passengers are the owner's relatives, UNHCR will NOT cover any health care costs.

- Accidents where the owner/driver is not related to the passengers, UNHCR will cover for the passengers (provided they are refugees) only under co-funding conditions regardless whether the driver was a registered refugee or not.

- Accidents involving pedestrians, where UNHCR will cover for the pedestrians only.

If the cost for stabilization is expected to exceed USD 1,500, a pre-approval of UNHCR exceptional care committee should be obtained.

I. Transfer of Patients

Should patients require transfer to another hospital within the network of GML contracted hospitals due to unavailability of services in the former hospital, the referring hospital should inform GML of the transfer.

J. Record Keeping/ Data

The referral partners that have signed the data sharing agreement with UNHCR, have access to the UNHCR's updated and accurate list of all registered refugees. Hospitals will take a copy of the registration certificate of the patient to be included in the confidential medical file.

All referral partners must keep record of all referral care cases they were approached with, regardless whether assistance was provided or not. **This will include all elective cases and rejected cases, with all details, so when opportunities for coverage arise such as HAP, increased funding, individual charities, etc. these cases can be identified. The matrix (See *Annex 12 - Guidance on Monthly Reporting*), must be completed and submitted to PHU at the 10th of each month for the previous month. For rejected cases, it is imperative that the reason for rejection be included.**

Keep an accurate confidential data base system to track all referral care cases.

K. Fast Tracking on Registration

➔ **Please refer to *Annex 5 - Fast Track Registration Form* and *Annex 6 – Step by Step by Procedures of Fast Track Registration*.**

If an unregistered person needs immediate medical attention at referral level, he or she can be fast tracked for registration in order to benefit from medical assistance.

➔ **Visibly pregnant women presenting to any registration staff access fast tracking to enable financial coverage of the delivery as outlined above. No special forms are required.**

In the case of already hospitalized refugees, GML will need to:

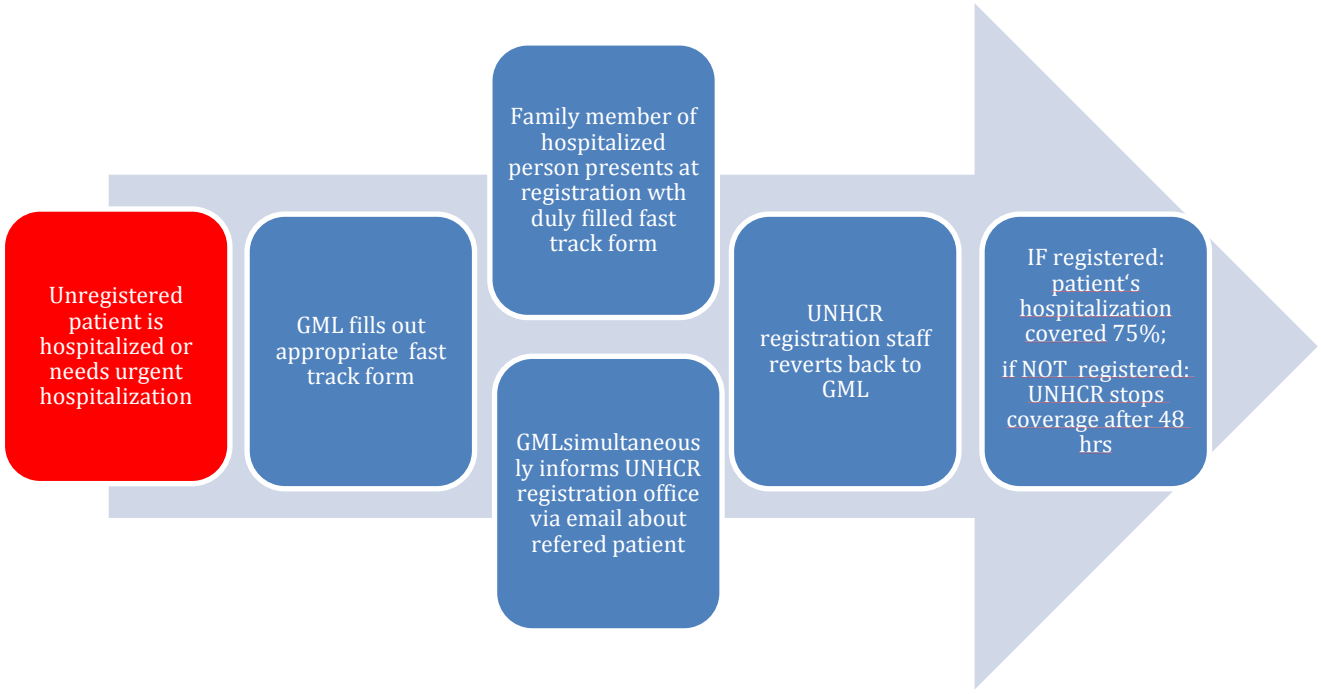
1) Fill the Fast Track registration Form and send a relative of the patient with this form to the registration center at UNHCR. The form should indicate the **level of urgency of the medical condition.** This form can only be filled out by a medical doctor- either **GML's medical consultant** or the **treating physician and should be stamped by GML**. Incomplete forms will not be accepted. It should also be **signed and stamped by the physician** as well as **dated.**

2) Send an email to UNHCR registration office in the relevant Governorate to inform them about the arrival of a case to be fast tracked.

3) Follow up with UNHCR if registration does not take place after 36 hours.

➔ **It is understood that only cases in strictly lifesaving emergencies can be presented for fast tracking. Unregistered refugees will be covered for the first 48hrs after which registration status should be ascertained. If the patient is not eligible for registration, UNHCR will not refund any further costs occurring from that point on and the person will be referred to other relevant institutions to support their access to health care in Lebanon. Unregistered refugees presenting to the Emergency Room with conditions that do not need hospital admission, will not be covered by UNHCR.**

It is imperative for these forms to be filled as accurately as possible in order to provide the necessary care for really urgent cases. UNHCR registration colleagues have been briefed about the importance of this form and are also encouraged to double check with the hospital to ascertain hospitalization of referred refugee.



L. Legal Issues

UNHCR and/its referral partners shall not be held responsible for malpractice, physical or mental harm or adverse outcomes of medical interventions provided by the affiliated hospitals or any third party hospital that have admitted UNHCR-referred refugees. All these incidents will have to be settled between the treating hospitals and the patient or his/her family.

The treating hospital should counsel the patient and his or her family members on the possible negative outcome of referral treatment. Informed written consent shall be requested in line with treating hospital standards as UNHCR shall not accept any liability in such cases. Based on the counseling the patient should sign a written statement indicating that he or she understands and accepts the treatment proposed, its administrative regulations, and its limitations and possible negative outcome if any.

The respect of confidentiality of the medical file must be adhered to by all those concerned.

When UNHCR decides to stop coverage of a patient after a period of time at the hospital due to poor prognosis, due to costs becoming exorbitant, or due to treatment not covered by UNHCR, the hospital and patient shall be duly informed by GML where a written statement to that effect will be signed by both hospital, and if possible, the patient's family member or a witness.

The contracted hospitals must expect to be audited by GML and UNHCR or a UNHCR authorized entity. The hospitals will facilitate the GML and-or UNHCR review of the records of patients referred to them and will discuss these records as required. In addition, the hospitals must expect that UNHCR staff members may visit UNHCR-referred patients, where they will facilitate

their visits and abide by their written advice regarding treatment options of the patients if given.

Annex 1 - Terminology

Primary health care:[2]

Primary health care (PHC) is classically defined as essential health care based on practical, scientifically sound, and socially acceptable methods with technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self- determination (Alma Ata international conference definition, 1978). In practice, PHC components vary according to context but should be available at first-contact with the health system and on a continuous basis. It incorporates the tasks of medical diagnosis and treatment, psychological assessment and management, personal support, communication of information about illness, prevention, and health maintenance. Depending on the setting, PHC may be provided by a nurse, family physician or other type of health worker. In 2008, the World Health Organization advocated for a renewal of PHC taking into account that globalization is putting the social cohesion of many countries under stress, and health systems are clearly not performing as well as they could and should. (www.who.int/whr/2008/en/index.html)

Referral health care:

Secondary referral health care is an intermediate level of health care that includes diagnosis and treatment performed in a hospital or health center having specialized personnel, equipment, laboratory facilities, and bed facilities.

Tertiary referral health care is more specialized medical care for patients who are usually referred from secondary care centers. It includes subspecialty expertise in surgery and internal medicine, diagnostic modalities, therapeutic modalities for treating advanced and/or potentially fatal diseases (e.g. cancer). Very often, third (and/or fourth level) are linked with a University.

[2] UNHCR's Principles and Guidance for Referral Health Care for Refugees and Other Persons of Concern, UNHCR 2009

Annex 2 – Patient Referral Form

UNHCR The UN Refugee Agency

PATIENT REFERRAL FORM

GlobeMed Lebanon

Priority :	Referred via:	Referral Date:
☐ High *(Follow up requested within 24 hours)* ☐ Medium *(Follow up within 3 days)* ☐ Low *(Follow up within 7 days)*	☐ Phone (High priority only) ☐ Email ☐ Fax ☐ In Person	

Referred To:	Referred By:
Agency/Clinic: _____ Address: _____ _____ Phone: _____ Email: _____ Contact (if known): _____	Agency/Clinic: _____ Address: _____ _____ Phone: _____ Email: _____ Contact: _____

Client Information		
Name: _____ Address: _____ Contact (if available): _____	DOB: _____ Sex: _____	UNHCR No.: _____ Nationality: _____

If Client is a Minor	
Name of primary caregiver: _____ Relationship to child: _____	Contact of caregiver: _____

SPECIFIC NEEDS	
Child at risk ☐ Unaccompanied or separated child ☐ Child in institutional care ☐ Teenage Pregnancy ☐ Survivor of or at risk of abuse/neglect ☐ Child spouse ☐ Child career	Woman at risk: ☐ Pregnant / lactating ☐ High risk Pregnancy
☐ Elderly Person	Disability ☐ Moderate mental and/or physical disability ☐ Severe mental and/or physical disability
☐ Survivor of Sexual and Gender Based Violence ☐ Survivor of Tortures	

Reason for Referral: (History of current illness and previous medical history)

Annex 3 - ECC Referral Claim Form A and B

UNHCR The UN Refugee Agency

GlobeMed Lebanon

ECC Referral Claim Form A (*Confidential*) Number……

PART I. THIS FORM SHOULD BE COMPLETELY AND ACCURATELY FILLED BY ATTENDING PHYSICIAN.

Name of Patient:---------- Admission Date: ----------

Date of Birth: ---------- Hospital Name:----------

UNHCR ID No: ---------- GML File No.: ----------

Nationality: ---------- Contact number:----------

1 - Initial Diagnosis: ----------

2 - Past Medical History:----------

---

3 - Please describe full details to be made in the hospital.

Lab Test		X-ray	Ultrasound / Echography	Others

4- In Hospital

Type of treatment	Surgical Procedure	Code of Operation	Expected duration of stay (days)	Estimated Costs (LBP)

I certify that the patient's medical condition necessitates entry to hospital and the treatment plan described above is sufficient for the patient's initial diagnosis.....

PS : All diagnostic tests reports need to be attached to the claim form.

GML contribution		Refugee's contribution		Other Funding Sources	
%	Estimated Amount (LBP)	%	Estimated Amount (LBP)	%	Estimated Amount (LBP)

Approved By (GML): Signature & Stamp Date:

Patient

Diagnose and treatment Plan

Authorization

PART II. ECC APPROVAL (To be filled-up by UNHCR's ECC Member)

Approval for Initial Request:

Duration		Amount (LBP)	Approved ☐ Declined ☐	Approved By	Approved Date
From	To				
			Reasons for decline:		

Approval for Prolongation of Hospital Stay Request 1:

Duration		Amount (LBP)	Approved ☐ Declined ☐	Approved By	Approved Date
From	To				
			Reasons for decline:		

Approval for Prolongation of Hospital Stay Request 2:

Duration		Amount (LBP)	Approved ☐ Declined ☐	Approved By	Approved Date
From	To				
			Reasons for decline:		

Approval for Prolongation of Hospital Stay Request 3:

Duration		Amount (LBP)	Approved ☐ Declined ☐	Approved By	Approved Date
From	To				
			Reasons for decline:		

Approval for Prolongation of Hospital Stay Request 4:

Duration		Amount (LBP)	Approved ☐ Declined ☐	Approved By	Approved Date
From	To				
			Reasons for decline:		

UNHCR
The UN Refugee Agency

GlobeMed
Lebanon

ECC Referral Claim Form B (ON NEED BASIS)

Confidential

Number.....

THIS FORM SHOULD BE COMPLETELY AND ACCURATELY FILLED BY ATTENDING PHYSICIAN.

Name of Patient: ..... **Admission Date:** .....

Date of Birth: ..... **Hospital Name:** .....

UNHCR ID No: ..... **GML File No.:** .....

Nationality: ..... **Contact number:** .....

Diagnosis: .....

Please attach the history of previous EC submissions and approvals for previous treatments for the same illness and for any other diseases provided to patient with the dates and results.

Name of examining doctor: **Signature & Stamp** **Date:**

UNHCR Feedback:

Date of feedback:

Annex 4 - Medical Report Form

UNHCR
The UN Refugee Agency

MEDICAL REPORT

Hospital: …….. Report date: ……..

Patient Name: ……..

Age: …….. Gender: ……..

Admission Date: …….. Unit: ……..

Reason for Admission: ……..

……

Past Medical / Surgical History (for initial report only): ……..

……

Initial Diagnosis: ……..

Treatment Plan (including surgeries and medications):

……

……

……

Estimated Length of Stay: ……..

Prognosis: ……..

Physician Stamp and Signature

Annex 5 - Fast Track Registration Form

UNHCR The UN Refugee Agency

GlobeMed Lebanon

UNHCR Registration Request Form (Daily Basis) **Date:**

Ser. No:	Full Name	الاسم	Telephone Number	Registration Certificate number (if one of the family members is registered)	Date of Birth of Patient	Referring Health Facility (PHC Centre)	Urgency (24hr/48hr/ 1wk/2wk)	Date of Admission	Disease Category (Select from drop-down list)	Receiving Health Facility (Hospital)	Assessed by: (Doctor from receiving hospital)	Estimated discharge date	Registration Decision	UNHCR Case No.
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
Hospital Phone Numbers														

Annex 6 - Step By Step Procedures for Fast Track Registration

Step By Step Procedures for Fast Track Registration

With reference to UNHCR's referral operational guidance, UNHCR's referral care programme intends to ensure that all refugees can have access to life saving emergency medical care through the network of GlobeMed Lebanon contracted hospitals. . Therefore, all refugees regardless of their registration status will be able to access lifesaving medical procedures at the hospital level within 24 hours.

The refugees who are not yet registered with UNHCR have to undergo fast track registration through the following steps in order to ensure that they are registered with UNHCR within 24 to 48 hours so that UNHCR can continue to assist financially with the cost of medical treatment.

1. A Refugee with a medical emergency will seek care directly at a hospital supported by GlobeMed Lebanon (GML) or a Primary Health Care Centre (PHC) will refer the patient who needs urgent medical intervention to the hospital within the referral network.

2. The doctor from the hospital will assess the patient, inform to GML for approval and admit the patient for stabilization medical procedures.

3. If the patient is not yet registered with UNHCR, GML will refer to UNHCR registration centre for fast track registration by using the fast track registration request form (See Annex 4).

4. GML will send all the completed fast track registration request forms to the UNHCR's registration focal point (Associate Registration Officer) by email on daily basis and copy to Public Health Associate, Assistant Registration officer and Associate Protection Officer by email on daily basis.

5. UNHCR registration unit (focal point) will contact the cases, make an appointment within 24-48 hours and proceed with the registration process accordingly.

6. The feedback will be provided to GML by the registration unit via email to confirm the registration status (accepted/rejected) of the referred cases.

7. In case of rejected cases, UNHCR will only cover the costs incurred for life saving procedures during the period from admission time until the decision was made by registration unit to reject the case and the remaining costs from that point on will be under the refugee's responsibility.

8. After hospital discharge, the focal person from Registration Unit (who is dealing with medical cases) will follow-up with refugees directly to complete the registration process.

Annex 7 - Examples of Cases Covered Versus not Covered by UNHCR

1. Examples of Emergencies (obstetric, medical and surgical) procedures to be covered

- Myocardial infarction (heart attack)
- Pericarditis
- Gastrointestinal diseases that require surgical intervention
- Sepsis/ Septic shock
- Respiratory diseases in children under 5 years of age and respiratory distress in adults
- Normal Vaginal Delivery and C-sections if indicated
- Open fracture of long bones (not closed fracture, here PoP is indicated)
- Neonatal incubator for pre-term delivered babies above 28 weeks, however, unless the baby has a severe life-threatening condition, but is otherwise tolerating PO feeding, arrangements for discharge should be done as soon as possible.
- Any procedure that is deemed "organ-saving" except for transplant (see below)

2. Questionable cases to be submitted to ECC

- Orthopedic cases (including motor vehicle accidents) if deemed life saving
- Cancer cases that can be cured and are life-saving
- Elective procedures (hernia operation, cleft/palate, removal of external fixator)
- Long term sustaining tertiary care such as treatment/rehabilitation of complications of chronic degenerative diseases, immunosuppressive treatment, haemodialysis (except if only 1-2 life- saving sessions are needed not necessitating chronic treatment), thalassemia treatment (except if life-saving blood transfer is necessary), multiple sclerosis, etc.
- Burn cases
- Neonatology- determination of length of stay in incubator/ hospital and/ or suggested surgeries
- All cases exceeding estimated costs and/or length of stay and/or facing complications and/or needing additional operation.
- Unintentional injuries and any other categories that may fall hereunder
- In case of traffic accident where the refugee is the victim, and there is a "hit and run" police report, the ECC will review if any refund will be provided, based on the medical bills and police report provided.

3. Cases that will not be covered[3]

- Conditions that can be treated at PHC level
- Cosmetic /plastic/reconstructive surgery/ skin grafts (this includes also burn cases which would require the latter)
- High cost treatment when less costly alternative treatment is equally effective and available
- Experimental, non-evidence based treatment
- Organ transplant
- Infertility treatment
- End-stage cancer (including surgery and chemotherapy)
- Long term treatment necessitating nursing care
- Injuries at the work place where employer is liable to cover hospital expenses
- Road traffic accidents where an insurance would cover the health care

[3] However, UNHCR PHU will liaise with Community Services Unit and Protection Unit to identify potential donors or charties for these patients.

Annex 8 - General guidelines for Hospital Admission of UNHCR Supported Patients

1. For a refugee to be supported by UNHCR, an approval from GlobeMed Lebanon (GML) medical consultant must be received by the network hospital before starting the treatment. Refugees who wish or decide on their own to purchase health care outside the current network must do so at their own expense. In this case UNHCR will not support or reimburse any of the incurred expenses. UNHCR will not pay for medical expenses incurred by refugees unless prior approval was made by UNHCR exceptional care committee. The only exception to this rule is emergency care service.

2. It should be noted that patients referred by UNHCR for tertiary health care services will be admitted in third class ward. In case a third class bed is not available and treatment of the patient has to start before a third class bed is made available, the treating hospital may decide to admit the patient in a higher class facility after receiving an approval from GML. The treating hospital has to enclose the permission with their invoice. Patients will not be allowed to pay for the difference between third and first class as UNHCR directs its service to the needy people only. As the hospitals will provide all meals and necessities, patients will have to pay for any extra expenses made in the hospital, including expenses made in the hospital cafeteria or phone calls.

3. Before starting treatment of the patient, the hospital has to issue an initial medical report re-confirming the diagnosis of the patient, treatment plan and his/her prognosis. This report has to be sent to GML and if different from the approval issued by UNHCR committee, a modified approval should be asked for from UNHCR.

4. The attending physician may ask for further investigations that are required for diagnosis of the patient's disease or deciding on his treatment options. Such investigations will require approval from UNHCR.

5. A case must not be considered for other interventions than the one authorized by UNHCR unless the attending physician reports in writing that the patient had to undergo the unapproved intervention as a life saving measure during the course of treating the disease that was approved for. A full medical justification should be enclosed.

6. Cases should not be treated if:

    a) The health of the patient has reached such an advanced critical stage that survival or recovery are doubtful e.g. cases of advanced renal failure, cancers etc. In this case palliative treatment may be considered and provided after consultation with UNHCR PHU.

    b) The condition has been treated correctly but unsuccessfully over a long period of time such as corrected surgical cases with failed results.

In either case UNHCR has to be informed of the decision of the treating hospital.

2) Patient treatment has to be carried out in accordance with the latest MoPH/WHO Essential Drug List as well as according to drug availability in the hospital. The treating hospital will charge UNHCR according to the public price of medicines or at a cheaper rate if appropriate.

3) On discharge, the hospital will inform the patient of what s/he needs to do regarding any follow up measure. The hospital will issue a medical report, that should be sent to the referring entity, to ensure their follow up, detailing the following:

   a) condition of the patient on admission,
   b) interventions carried out,
   c) condition of the patient on discharge,
   d) improvement that was achieved,
   e) prognosis,
   f) follow up required,
   g) prescriptions for follow up and
   h) Comments/ recommendations.

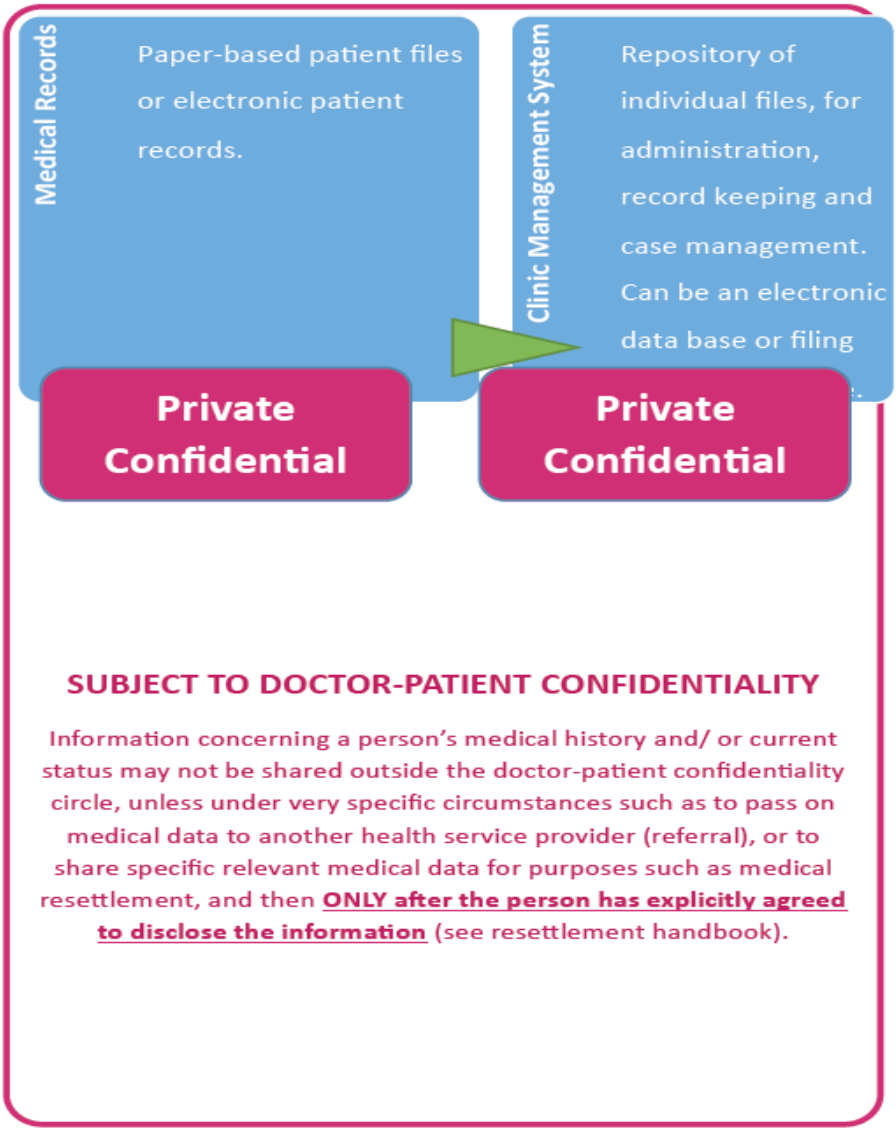
Annex 9 - Medical Data Confidentiality

Medical Data Confidentiality

Any medical data that has an individual identification tag is subject to data confidentiality. This includes medical records, referral forms, medical reports (diagnostic, hospital) and any other forms such as health insurance claims and medical assessment forms (MAF), such as those relevant to UNHCR, i.e. the MAF for medical resettlement.

Personal data in medicine and health is related to the **doctor-patient-confidentiality privileges** that are the basis of medical ethics as well as anchored in national and international laws.

Any sharing of this data outside of the doctor-patient relationship requires the agreed and explicit consent of the individual in writing to a disclosure of information agreement.



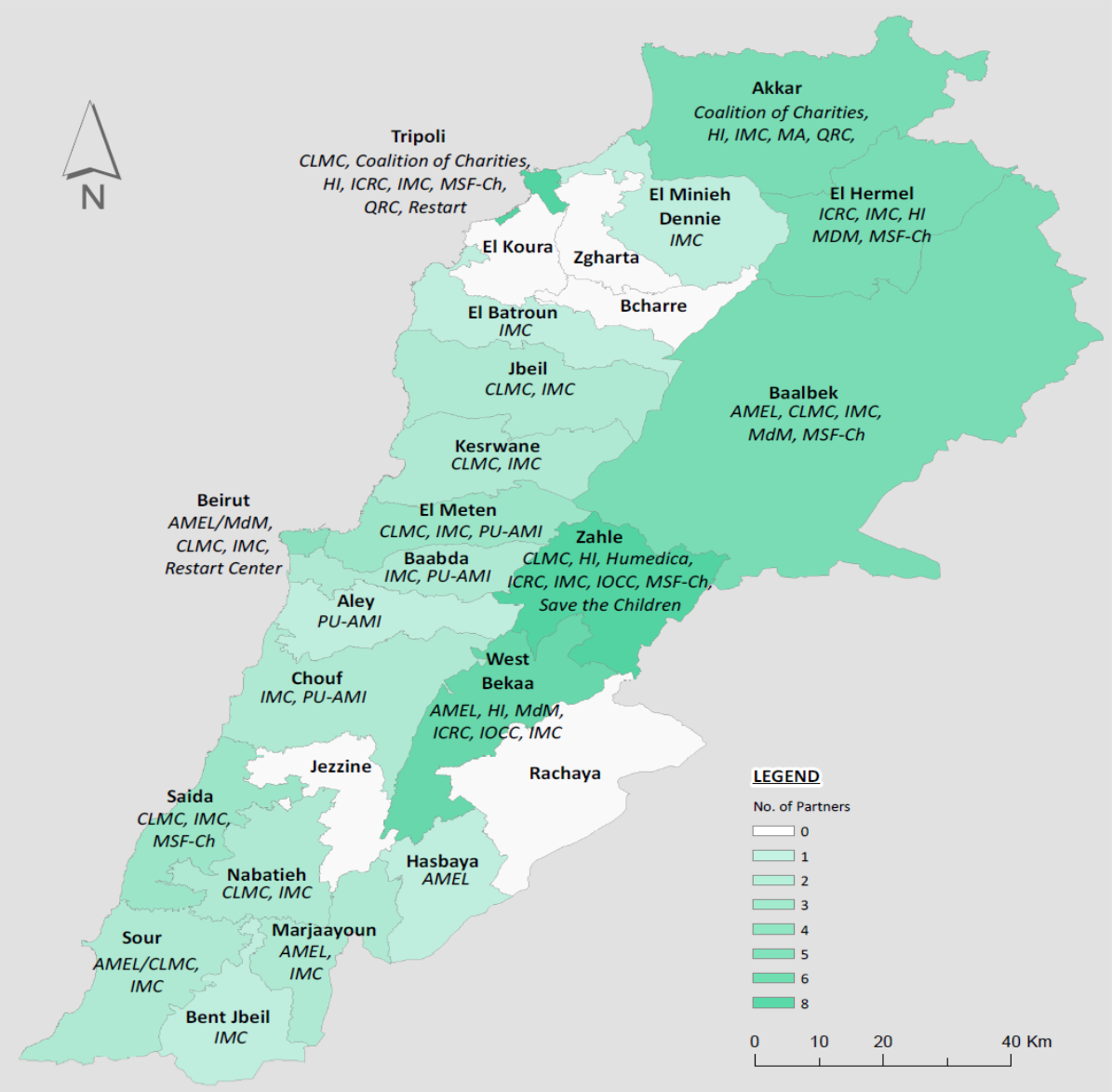
Annex 10 – Health Sector Partners Map

SYRIA REFUGEE RESPONSE

Health Sector Partners Mapping

No. of Organizations intervening at the caza level.

Beirut Lebanon. May 2013.



UNHCR
The UN Refugee Agency

This information is based on Health Partners reporting to the Health Sector Working Group.
Alice Wimmer, wimmer@unhcr.org; Than Aye Aye, than@unhcr.org
Mapping by UNHCR. For more information and updates.
Contact: Rodolphe Ghossoub, ghossoub@unhcr.org.

The boundaries, names, and designations used on this map do not imply official endorsement of the United Nations or UNHCR. All data used were the best available at the time of map production.
Health Care Centers by UNHCR as of April 2013;

AMEL: AMEL Association International, CLMC: Caritas Lebanon Migrant Center, HI: Handicap International, ICRC: International Committee of the Red Cross, IMC:International Medical Corps, IOOC: International Orthodox Christian Charities, MA: Makassed Association, QRC: Qatari Red Crescent, MDM: Medecins Du Monde, MF: Makhzoumi Foundation, MSF: Nedecins Sans Fromtieres, PU-AMI: Première Urgence - Aide Médicale Internationale, RESTART: Restart Center for the Rehabilitation of Victims of Violence and Torture, Save the Children

Annex 11 - Orthopedic Cases

A. Approved:

1. Fresh fractures or delayed unions whether they are infected or non-infected, with need for surgical intervention to complete the treatment. The fractures should be stabilized either by internal, external or even POP cast that can make the transfer of the patients safe.
2. Patients with amputated limbs and the open stumps or necrosis of the flaps or healed but improper amputation stump.
3. Soft tissue defects which need any type of flap or skin graft, including cases requiring free vascularized flaps if presenting within the context of open fracture surgical management with no sign of infection.
4. Knee joint abnormalities due to torture and requiring arthroscopy. MRI must be included.
5. Hand injuries that need surgery whether the injury was bony or soft tissue. The aim of such a surgery would be to get the best achievable function of the hand which may not lead to full recovery of function.
6. Nerve injuries in the upper limb which includes the brachial plexus. The patient must present within one month of the injury where the main complaint would be loss of arm function.
7. Debridement of soft tissue and bone in open wounds and fractures (Gustilo classification II and III) and in osteomyelitis.
8. Primary bone fixation or readjustment of the fixation for those patients with acute injury.
9. Primary tendon repair
10. Arthrodesis for irreducible dislocation or other conditions
11. Repair of scaphoid fracture or carpal dislocation

N.B. All cases referred to UNHCR should have radiographic films (X-rays, CT scans, and MRI) attached as well as culture results where applicable (such as in debridement). All lumbar surgeries (including laminectomies) will be assessed on a case by case basis with referral to the ECC.

B. Not Approved :

1. Cases in which the fixation is good with good alignment and the soft tissues were managed properly.
2. Mal-alignment with acceptable function but the patient is not satisfied with the result.
3. Sciatic nerve injuries in not part of an acute injury or trauma or complete nerve injury with trophic changes.
4. Very stiff hands with intra-articular fibrosis that prevent any further improvement of the function.
5. Face injuries with big soft tissue or bony defects that require surgical intervention, including injuries that affect the function of the mouth, orbit, nose, and ears.
6. Cosmetic, post trauma surgeries of the ear or nose.
7. Cases where the nerve was explored previously and was released or repaired.
8. Complex surgeries for reduction and fixation of fractures that are old but not treated, or those with malunion including intra-articular malunions.
9. Tendon graft or transfer
10. Bone transport procedures or free vascularized grafts for bone gaps.
11. Primary nerve repair or exploration or graft
12. Post-burn contracture release
13. Unit replacement for severe burn scarring
14. Free vascularized soft tissue and bone replacements of both maxilla and mandible.
15. Repair of functional injuries of the mouth, nose, orbit, and ears.

Annex 12 - Guidance on Monthly Reporting

Primary health care - UNHCR will be receiving data from several health partners on a monthly basis. Each agency will submit its data by region. Data from one region will be merged and a health information report generated for each HIS region.

Secondary health care - UNHCR will be receiving data from several health partners on a monthly basis. Data will be merged and analysed. A summary report for all of Lebanon and by region and agency will be shared regularly.

Figure 1 – Stages of data follow for primary health care data

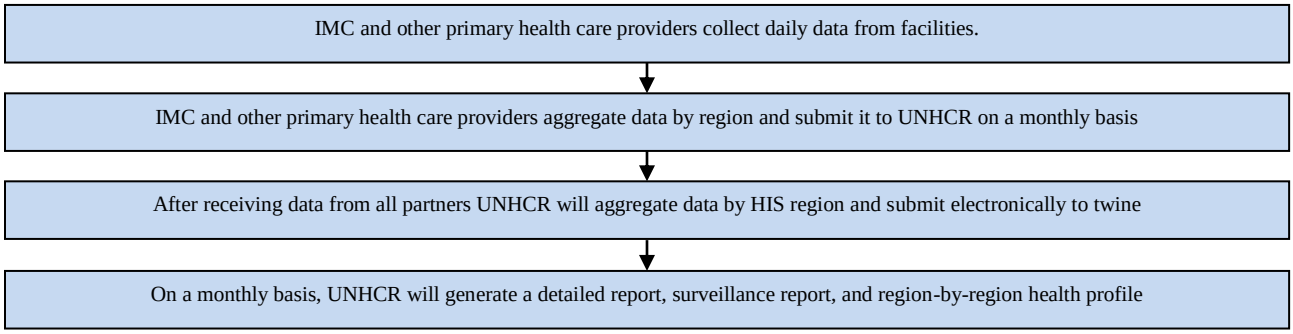


Figure 2 – Stages of data follow for secondary and tertiary health care data (referrals)

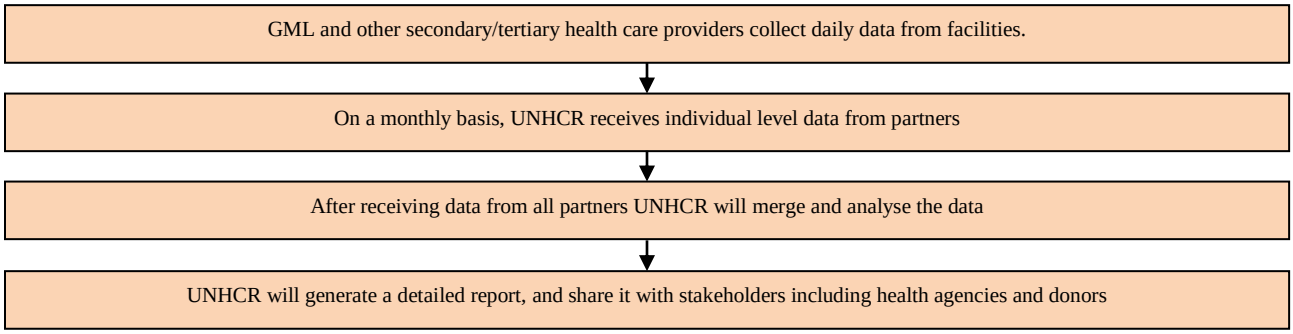


Table - List of variables that should be included in database

Variable	**Variable description. Options for pull down menus are in curved parenthesis {}**
Unique patient id	Unique ID provided by partner or database
UNHCR ID	UNHCR registration number
Full Name	Full name of patient
Gender	Gender {Male, Female}
Date of birth	Date of birth *(ensure format is fixed)*
Age	Age at time of referral
Nationality	Nationality of refugee {Syrian, Lebanese, Iraqi, Other}
Caza of residence	District of residence {Caza, Governorate}
Referred by	Agency or facility referring the patient

Variable	Variable description. Options for pull down menus are in curved parenthesis {}
Date referred	Date patient was referred
Facility name	Hospital or other health facility name
Provisional diagnosis	Provisional (initial/preliminary) diagnosis
Provisional diagnosis category	Provisional (initial/preliminary) diagnosis category
Referral type	Type of referral {Delivery, Emergency above USD 1500, Emergency below USD 1500, Elective, Investigation}
Initial IP approval	Initial approval by implementing partner {Yes, No, Not applicable}
Date IP approved	Date approved by implementing partner *(ensure format is fixed)*
Reason for rejection	Reason for IP not approving {Case not covered by SOP, Delayed IP notification, poor prognosis, other [specify]}
Referred to UNHCR	Referred to UNHCR {Yes, No, Not applicable}
Date referred to UNHCR	Date partner refers to UNHCR
UNHCR approved	Referral approved by UNHCR {Yes, No}
Date UNHCR approved	Date UNHCR approves referral
Referred to ECC	Was patient referred to ECC {Yes, No, Not applicable}
Date referred to ECC	Date ECC approves referral
ECC approved	Was referral approved by ECC?
Date ECC approved	Date ECC approved referral
Amount approved	Amount of money approved (USD or LP) (use only one currency)
Co-payment proportion	Proportion of co-payment applicable {75%, 90%, 100%}
Hospitalization	Was patient hospitalized? {Yes/No}
Date admitted	Date patient is admitted
Date discharged	Date patient discharged
Investigations (yes/no)	Were any investigations carried out?
Investigations (if any)	If yes, what investigation? {multiple select variable: laboratory, CT Scan, MRI, Angiography and other cardiac investigations, other [specify]}
Final diagnosis	Final diagnosis at end of management whether as outpatient or inpatient
Final diagnosis category	Final diagnosis category (categorization of diagnosis)
Health service provided	Health service provided (e.g. operations etc.)
Initial estimated cost	The estimated cost on initial referral
Final estimated cost	The estimated cost after treatment but before discount or audit
Final total bill	Final total amount to be paid
Proportion covered by UNHCR	Proportion to be paid by UNHCR
Proportion covered by NGO or through other support	Proportion covered by implementing partner, other NGO, or through other support
Proportion covered by refugee	Proportion covered by refugee
Final status	Final vital status of refugee { alive, deceased, not known}
Date deceased	If deceased, date of death

*USD 1500=LP 2,250,000

Annex 13 - Governmental Hospital for Leishmaniasis treatment

Referral Governmental Hospital for Leishmaniasis treatment			
Name of hospital/ Phone number	**Physician name/ phone number**	**Schedule hours for consultations**	**Hospital Focal person**
Baalbak Governmental Hospital Tel: 08/ 370022 Fax:08/370470 Bekaa	Dr. Jamal Othman 03 766795	Monday 12.00-14.00 Friday 12.00-14.00	Ms. Ghada Chaaban /03 318225
Hermel Governmental Hospital 08/225312 Fax: 08/225310 Bekaa	Dr. Farid El Lakkis 03 206 711	Saturday 12.00-14.00	Fatima Nasserdin/03665623
Zahleh Governmental Hospital Elias Hrawi 08/825600-1-2 Fax:08/82060 Bekaa	Dr. Farid El Lakkis/ 03 206 711	Tuesday 9.00-11.00 Thursday 9.00-11.00 Saturday 9.00-11.00	Ms. Rabiha Saideh /03729386
Rachaya Governmental hospital Tel: 08/591503 Fax: 08/591504 Bekaa	Dr. Souleiman El Mais 03 247055	Wednesday 9.00-11.00	Ms. Doris Nader / 08 591503 ext: 218
Tripoli Governmental hospital/ Orange Nasso Gov. hospital North	Dr. Omar Dabliz/ 03-229978	Friday from 10.00 - 12.00 Wednesday 13.00-15.00	Mrs, Ratiba Tlayjieh / 70-376011
Halba Governmental hospital North	Dr. Mohamad Ayoub / 03-224107	Saturday 13.00-15.00	Mrs, Khaldiyeh Al-Meslemani, 03-849412
Nabatieh Governmental Hospital 07-766999/ 07-766888 South	Dr. Ali Abu Zeid/03-629146	Wednesday 13.00-15.00 Saturday 8.30 10-30	Abed Ellah Charaf Dein
Bent Jbeil Governmental Hospital 07/452000 /07-452007 South	Dr. Fawzat Ali /03-694362	Wednesday 10.00-12.00	Ali Hamdan
Saida Governmental Hospital South 07-751336/ 07-721606	Dr. Ali Abu Zeid/03-629146	Wednesday 9.00- 11.00	Mr. François Bassil 07-739610 ext. 304 Ms. Sawssan Akkoum ext 405
Dahr El Bachek University Governmental Hospital	Dr. Ahmad Najjar /71-273727	Tuesday 12.00-14.00	

04/960013 /Fax 04/872150			
Rafic Hariri University Governmental Hospital Beirut 01/830000 Fax : 01/443516	Dr. Ossayma Dhouny 03 -661 326 Dr. Pierre Abi Hanna 03 -611 221	Wednesday 10.00-12.00 Tuesday 10.00-12.00	Dr Zouhair Tabbara

Annex 14 - Centers for Voluntary Counseling and Testing

Voluntary Counselling and testing for HIV	
SIDC Sin El Fil Mount Lebanon	1st Floor Daou Bldg., Youssef Karam Str., Sin El Fil Tel/Fax: 01-482428, 01-480714 Beirut and Mount Lebanon
Dar El Fatwa, Beirut	Beirut, Aicha Bakkar. Telephone: 01-785400
Hariri Hospital	Beirut, Jnah. Telephone: 01-830000 (1067)
MOSA Social Development Centre	Qab Elias . Tel: 08 501 334
Qab Elias PHC, Bekaa	Qab Elias Tel: 08-500688
Hariri PHC Bekaa	Taanayel . Tel: 08-513320
MOSA Social Development Centre Tripoli	Al Mina . Tel: 06-390567
MOSA Social Development Centre Tripoli	Al Zahrieh . Tel: 03-495004
MOSA Social Development Centre , Tripoli	Tebbaneh. Tel: 06-226677
MOSA Social Development Centre, South	Tyr, Telephone: 70-904535
MOSA Social Development Centre, South	Nabatiyeh, Telephone: 70-761997
MOSA Social Development Centre, South	Nakoura Telephone: 07-460109
MOSA Social Development Centre, South	Ansar Telephone: 07-501300

Annex 15 - Referral National Centers for Tuberculosis treatment

Centres for Treatment of Tuberculosis				
Area	**Centre**	**Address**	**Phone**	**Opening hours**
Beirut	Quarantina	Quarantina, Beirut	- 443550	8am-13pm,
Beirut	Al Manasfi	Zkak Blat	01-377905	8.30, Call before
Mount Lebanon	Beit El Din	PHCc Near the presidential palace	05- 500048	8.30, Call before
Bekaa	Hermel Old Hospital	President Sabri Hamadeh Street First floor	Dr Kasser Hamadeh 03 724494 Dr Hani Abdel Sater 03857718	Call before
Bekaa	Zahleh Central Dispensary	GSO Building facing Zahleh Gov Hospital	08/821511	8.00-13.00 Mon-Fri
North	Tripoli: Lutte contre la tuberculose	Zahrieh facing Sir Dennieh Garage, first floor	06-424255	Mon-Saturday 8.00 – 10.00am
Saida	TB Center Saida	Al Barbir Building, Nejmeh square, 3rd Floor	07-724854	Call before
Tyr	Tyr Governmental Hospital	Sour	07-343 854	Call before

Annex 16 – Step by Step Procedures for Vulnerability Assessment

UNHCR's referral care programme for refugees is based on the cost sharing principle. UNHCR's financial contribution to hospital care is 75% of the total bill incurred which will be covered under the referral care budget. The refugee is requested to pay the remaining 25%. For those unable to pay their share, a socio-economic "vulnerability" assessment will be carried out by the partners responsible. The partners identified by region are shown in Annex 18.

The identified partners will perform the vulnerability assessment as per following procedures.

1. GlobeMed Lebanon (GML) will receive patients who need lifesaving emergency medical care at the hospital level.

2. GML will inform patient about eligibility for coverage of 75% of hospitalization costs and request 25% contribution by the patient.

3. If patient address that he/she cannot afford to 25% contribution, GML will check with pre-identified vulnerability database shared by UNHCR on monthly basis.

4. If patient is not included in the pre-identified database, GML will contact identified social assessment partners (See Annex – 19) in the respective region to conduct vulnerability assessment through home visits.

5. The responsible social assessment partner will use the standard vulnerability criteria (See Annex – 18) and vulnerability assessment form (See Annex – 20) for vulnerability assessment. At the same time, social assessment partner will contact to charity organizations for funding contributions.

6. The social assessment partner will provide vulnerability assessment's result with recommendation to UNHCR field office (CS unit and Field Public Health Associate).

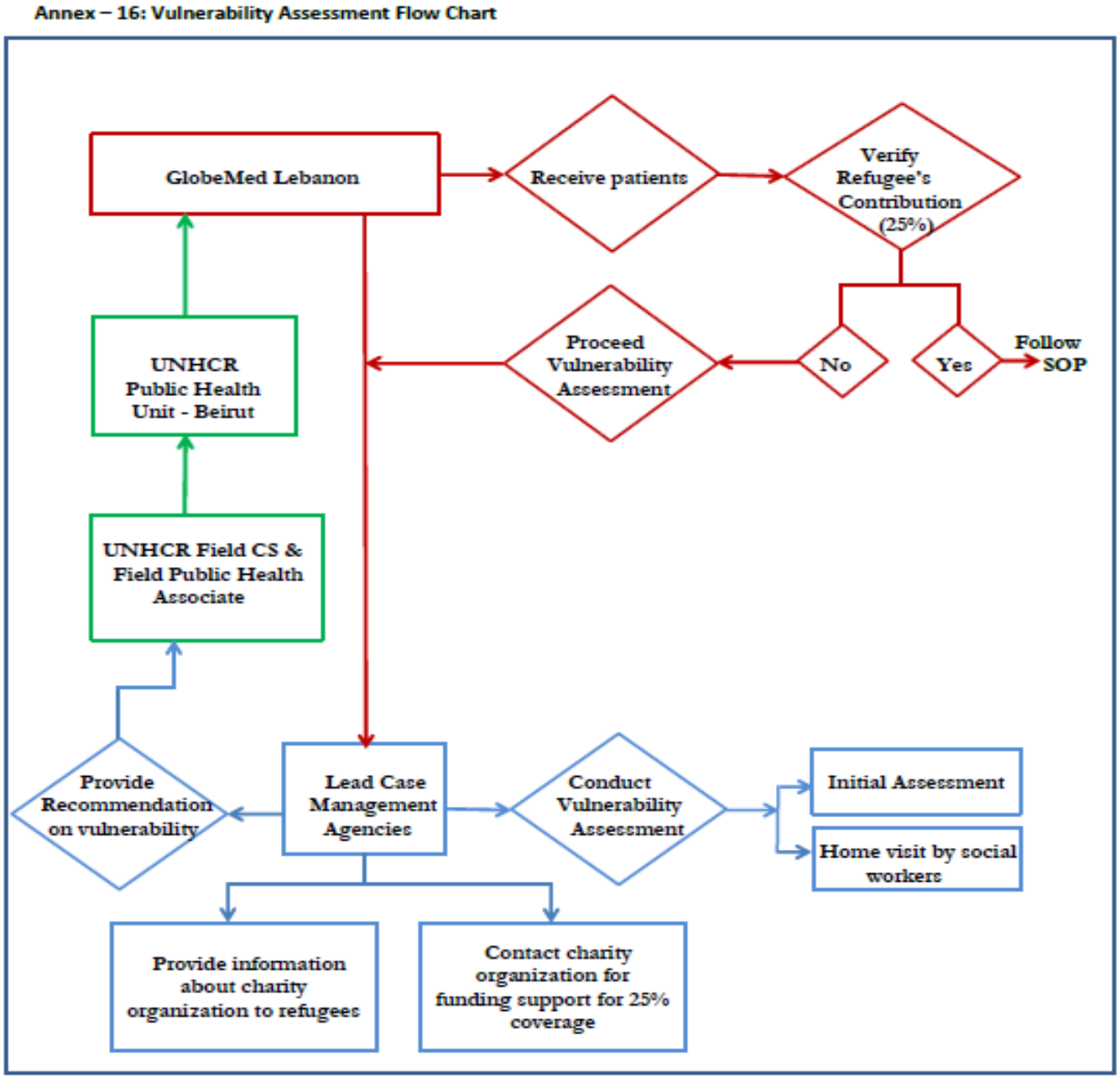
7. UNHCR Field Public Health Associate will share the vulnerability assessment recommendations to Exceptional Care Committee (ECC) secretariat in Beirut.

8. UNHCR ECC secretariat in Beirut will inform GML on increased coverage (e.g. 90% to 100% coverage instead of 75%) based on the level of vulnerability.

9. GML will ensure the assistance coverage accordingly.

The communication between the social partners and CS, CS and PHU as well as between PHU and GML will be bilateral. All victims of torture or survivors of sexual and gender based violence (SGBV) are covered at 100% for treatment of injuries/illnesses that are a direct result of the trauma.

Annex 17 – Vulnerability Assessment Flow Chart



Annex 18 – Vulnerability Assessment Criteria

Annex – 18: SPECIFIC VULNERABILITY CRITERIA – INCREASED HELATH CARE COVERAGE
Teenage Pregnancy [<18 years old] (CR-TP) • Pregnant girl below the age of 18 who may face social, protection and/or medical risks and, as a result, has specific needs**.** • **Note:** The pregnancy may be the result of a pre-marital relation, rape, early or forced marriage and/or the girl may be under pressure to abort the child further putting her at risk.
Child carer (CR-CC) • Person under 18 who is **not unaccompanied** and who has **assumed responsibility as head of household.**
Child spouse (CR-CS) • Person below the age of 18 who is married • **Note:** The legality of the marriage in the country of residence or country of origin is not relevant**.**
UNACCOMPANIED /SEPARATED CHILDREN (SC)
Unaccompanied Child (SC-UC) • Person below the age of 18 who has been **separated from both parents and other relatives** and is not being cared for by an adult who, by law or custom, is responsible for doing so.
Separated Child (SC-SC) - May include children accompanied by other adult family members. • Person below the age of 18 who is separated from both parents and his/her legal or customary primary caregiver, **but** not necessarily from other relatives.
Child in institutional care (SC-IC) • Person below the age of 18 who has been **placed under institutional care**, including by a religious institution, governmental body, non-governmental organisation or specialised agency to meet the basic needs of the child.
WOMAN AT RISK (WR) - Woman over 18 years with protection problems due to her gender
Lactating (WR -LC) The relevant assessment needs to be made by a qualified medical practitioner**.** • Woman or girl who, during the period of lactation, may need to be enrolled in a targeted supplementary feeding and nutrition programme, for medical or other reasons.
Single woman at risk (WR-SF) • Woman, without partner, unmarried, widowed, divorced or separated, and without children**.** • **Note:** Not all single women are at risk. For single mothers, use Woman at Risk and Single Parent code.
SEXUAL AND GENDER BASED VIOLENCE (SV)
• Persons experiencing violence that is directed at them on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threat of such acts, coercion and other deprivations of liberty. • Examples of SGBV are, rape and marital rape, sexual abuse, exploitation and harassment, forced prostitution, physical assault, trafficking, slavery, emotional and psychological violence, harmful traditional practices (i.e. female genital mutilation, forced marriage, honour killing and maiming), discrimination and/or social exclusion).
OLDER PERSON AT RISK (ER) Person over 60 years with specific needs **in addition** to their age)
Older person with children (ER-MC) • Person of 60 years old or above who is the **sole caregiver of children** (below the age of 18), including his/her own children, grandchildren, other child relatives and non-related children.
Unable to care for self (ER-FR) • Person of 60 years old or above who is **unable to care for him/herself on a daily basis** and who lacks the necessary support from family members or others.

SINGLE PARENT /CAREGIVER (SP)
• Single parent (male or female) household with children under the age of 18 and with limited/no community support.
DISABILITY (DS) Disability hindering full and effective participation in society and ability to function independently
Moderate mental (DS-MM) and/or physical disability (DS-PM) Person who has a physical and/or mental impairment from birth or resulting from illness, injury, trauma or old age **, which does <u>not</u> significantly limit the ability to function independently and <u>may</u> require special education, monitoring, medication and/or caregiving.** • The relevant assessment needs to be made by a qualified practitioner
Severe mental (DS-MS) and/or physical disability (DS-PS) Person who has a physical and/or mental impairment from birth or resulting from illness, injury, trauma or old age, **which <u>severely</u> limits the ability to function and <u>definitely</u> requires special education, monitoring, medication and/or caregiving.** The relevant assessment needs to be made by a qualified practitioner
SERIOUS MEDICAL CONDITION(SM) Condition significantly impacting on ability to function independently
Mental Illness (SM-MI) The relevant assessment needs to be made by a qualified practitioner • Person who has a mental or psychosocial condition which impacts on his/her daily functioning. Mental Illness is defined as "**disability**" when long**-term** and **hindering full and effective participation in society** equal to others.
Addiction (SM-AD) The relevant assessment needs to be made by a qualified medical practitioner • Person who has an alcohol, drugs or any other substance addiction that **hinders or impacts his/her daily functioning**, including and **an inability to support his/her family** /or **display violent behaviour** towards family members or others.
Difficult Pregnancy (SM-DP) The relevant assessment needs to be made by a qualified medical practitioner • Woman or girl who requires **<u>increased</u> medical attention and <u>additional</u> assistance** (E.g. supplementary feeding, special travel arrangements etc.) **as a result of a difficult pregnancy**.
Critical Medical Condition (SM-CC) The relevant assessment needs to be made by a qualified medical practitioner • Person who has a **life-threatening medical condition** which requires **immediate, lifesaving intervention and treatment.**
TORTURE (TR)
Mental and/or physical impairment hindering functions in daily life due to having been tortured. (TR-PI) • Person who has a mental or physical impairment due to torture the extent that it **hinders their function in daily life** and the person **requires special attention, monitoring and other support services.**
SPECIFIC LEGAL AND PHYSICAL PROTECTION NEEDS (LP)
At risk of physical and/or psychological violence, abuse or neglect or exploitation (LP-AN) • Person of **any** age, who is at risk of physical and/or psychological violence, abuse, neglect or exploitation. The perpetrator may be any person, group or institution, including state and non-state actors.
Detained/held in country of asylum (LP-DA) • Person who is currently or was previously detained in the country of asylum.
At risk of removal (LP-RD) • Person who is at risk of **any form of removal, <u>including</u> refoulement, deportation or expulsion by the government to his/her country of origin <u>or</u> a third country.**

Annex 19 – Social Assessment Partners by Region

SN	Name of Organization	Geographical Coverage
1	Makhzoumi Foundation (MF) (To be confirmed)	Beirut and Mount Lebanon
2	Caritas Lebanon Migrant Centre (To be confirmed)	
3	DRC (To be confirmed)	Tripoli
4	IMC (To be confirmed)	
5	To be confirmed	Qobayat
6	To be confirmed	
7	DRC (To be confirmed)	Bekaa
8	IMC (To be confirmed)	
9	Shield	Saida
10	CARITAS	
11	Shield	Tyr
12	CARITAS	

Annex 20 – Vulnerability Assessment Form

UNHCR The UN Refugee Agency

VULNERABILITY ASSESSMENT FORM

Date:	**Staff name:**		**Organisation:**	
	Position:			
Type:	☐ Home Visit	☐ Phone	☐ Office	☐ Community Development Centre
	☐ Other (please specify):			

Part A – Basic Bio Data (Head of Household or main person interviewed) المعلومات الاساسية

Full Name الاسم بالكامل	
☐ UNHCR case no:_____ ☐ Other case no: _____	Specific needs:
Sex الجنس: ☐ Male ذكر ☐ Female انثى	Nationality الجنسية :
Date of Birth تاريخ الميلاد (dd/mm/yyyy):	Place of Birth مكان الميلاد:
Date of Arrival (dd/mm/yyyy):	Date of Registration: (dd/mm/yyyy):
Present Address العنوان في بلد اللجوء البلد\ المدينة\الحافظة\الشارع	Phone number رقم الهاتف

Part B– Family Members and Dependants Accompanying the Applicant معلومات أفراد الأسرة

	Full Name الاسم بالكامل	Relationship to Applicant العلاقة برب الاسرة	Sex (M/F) الجنس	Date of Birth (dd/mm/yyyy) تاريخ الميلاد	Specific needs (Use code guidance)
01					
02					
03					
04					
05					
06					

Are all the children/new born registered at the official directorate/embassy?

Part C - Housing condition / الظروف المعيشية

Type نوع	☐ Owned ملك	☐ Rented يجار	☐ Shared شترك	☐ Hosted by: لجهة مضيفة	☐ Collective Shelter
Hosted by:	☐ Relative قريب	☐ Friend صديق	☐ Stranger غريب	☐ Other	

Number of rooms عدد الغرف	Total persons accommodated العدد الإجمالي للأشخاص المقيمين في المنزل الواحد
Number of beds or mattresses عدد الأسرّة أو الفرش	Share of rent الحصة من الإيجار

Housing condition ظروف المسكن	☐ Very good جيدا جدا	☐ Good جيد	☐ Medium متوسط	☐ Poor رديء

Do you or any of your family members have any problems with your current living situation?
Ask about older people, women and girls and boys in particular

Vulnerability Assessment Form

UNHCR
The UN Refugee Agency

VULNERABILITY ASSESSMENT FORM

General comments and observations on housing condition.
Lighting, sanitation, heating/cooling, humidity, mobility issues for elderly and people with disability etc
الإنارة، الصرف الصحي، التدفئة/التبريد، الرطوبة، الخ

Part D – Economic situation الوضع الاجتماعي والاقتصادي

Financial Situation الوضع المالي

How are you supporting yourself?	☐ Salary راتب	☐ Savings مدخرات	☐ Remittances حوالات	☐ Retirement معاش تقاعد	☐ Charity إحسان
Specify					يُرجى التحديد:

Do you or any family members work in Lebanon? هل تعمل أنت أو أي فرد من أسرتك في لبنان؟ إذا نعم: منذ متى؟	*Who, salary, days, working hours, job description, hiring period, etc.* *من، الراتب، الأيام، ساعات العمل، وصف العمل، فترة التوظيف، الخ. يُرجى ذكر أي حالة عمالة أطفال*

Assistance received:

Assistance received past year ما نوع المساعدات التي تمّ تلقيها	☐ Food coupons #_____ مواد غذائية	☐ Hygiene kits لوازم نظافة صحية
	☐ Mattresses/ Blankets بطانيات/فرش	☐ Baby kits لوازم للأطفال
	☐ Rent support #_____	☐ Fuel _____
	☐ Financial assistance #_____	☐ Other (specify) غير ذلك (يُرجى التحديد)

Who provided the assistance? ما هي الجهة التي قدّمت المساعدة؟	**Assistance provided satisfactory?** هل أنتم راضون عن المساعدة التي تمّ تقديمها؟

Additional assistance needed (including need for legal assistance to obtain a work permit)؟ المساعدة الإضافية

Part E – Physical and Mental Health Situation

	Full Name الاسم بالكامل	Physical and mental health condition الحالة الطبية	Medical report تقرير طبي (Y/N)	Treatment location	Treatment satisfactory راض عن العلاج (Y/N)
01					
02					
03					

Vulnerability Assessment Form

UNHCR
The UN Refugee Agency

VULNERABILITY ASSESSMENT FORM

04					
05					

Have you and/or any of your family members experience violence towards you or towards others?
Advise of availability of Torture and Trauma related services.

How is your and/or your family members' health situation impacting on you?

What, if any, additional supports do you and/or your family members need?

Part F– Protection situation

Do you are any of your family members have any fears of circulating while in Lebanon?
Ask about concerns regarding the security situation in your area.

Additional Remarks:

Part G – Recommended follow up / Action plan

Vulnerability Assessment Form

Annex 21 – GlobeMed Contracted Referral Hospitals By Region (*As of 21st January 2014*)

SN	Hospital	Region
1	Rafic Hariri University Gov. hospital	Beirut
2	Heraoui Gov. hospital	Bekaa
3	Bekaa hospital	Bekaa
4	Riyack hospital	Bekaa
5	Doctors hospital	Bekaa
6	Farhat hospital	Bekaa
7	Rayan hospital	Bekaa
8	Hermil Gov. hospital	Bekaa
9	Rachia El Wadi Gov. hospital	Bekaa
10	Taanayel hospital	Bekaa
11	Mortada hospital	Bekaa
12	Al Jabal hospital	Mount Lebanon
13	Libano Canadien hospital	Mount Lebanon
14	Ain Wzein hospital	Mount Lebanon
15	Notre Dame de Secours hospital (NDS)	Mount Lebanon
16	Notre Dame du Liban hospital (NDL)	Mount Lebanon
17	Baabda Gov. hospital	Mount Lebanon
18	Beit Chabab hospital	Mount Lebanon
19	Bwar Gov. hospital	Mount Lebanon
20	Ikleem hospital	Mount Lebanon
21	Tripoli Gov. hospital	North
22	Mazloum hospital	North
23	Salam hospital	North
24	Abdallah Rassi Gov. hospital	North
25	Najdeh Chaabiyeh hospital	South
26	Dalaa hospital	South
27	Raii hospital	South
28	Saida Gov. hospital	South
29	Marjeoune Gov. hospital	South
30	Bint Jbeil Gov. hospital	South
31	Health Med. Center	South
32	Libanese Italian hospital	South
33	Kassab hospital	South
34	Tebnine Gov hospital	South
35	HIRAM hospital	South
36	ALADDINE hospital	South
37	Jezzine Gov. hospital	South

Annex 22 – Hospital Discharge Summary Form

REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH
General Directorate of Health

(DIS' Form)

DISCHARGE SUMMARY

MOH Visa ⌊⌊⌊⌊⌊⌊⌊⌊⌊⌊ MOH Patient ⌊⌊⌊⌊⌊⌊ Hosp. Case No .....

HOSPITAL NAME : .....
PATIENT INITIALS : ⌊⌊⌊⌊
AGE : ⌊⌊⌊ *year(s)* SEX ☐ *Male* ☐ *Female*
ADMISSION STATUS : *Elective* ☐ *Emergency* ☐
ADMISSION DATE : --/--/---- DISCHARGE DATE : --/--/----

HOSPITALIZATION SERVICE : ☐ *Internal Medicine* ☐ *Surgery* ☐ *Pediatrics* ☐ *Obstetric* ☐ *Intensive Care*
☐ *Other, Specify* .....

CHIEF COMPLAINT : .....

POSITIVE MEDICAL HISTORY : .....

PERTINENT CLINICAL FINDINGS : .....

ADMISSION DIAGNOSES : .....

DRUGS USED : .....

MEDICAL/SURGICAL PROCEDURES : .....

PATHOLOGY SPECIMEN : .....

COURSE IN HOSPITAL : ☐ *Smooth* ☐ *Complications*
Specify complications if any : .....

STATUS ON DISCHARGE : ☐ *Recovered* ☐ *Transferred to another Institution* *Needs further treatment*
☐ *Deceased: Specify cause of Death* .....
☐ *Other, Specify* .....

DISCHARGE DIAGNOSIS *Major* : .....
Associated .....

ADVICE ON DISCHARGE : .....

Coding Section

(ICD 10)
⌊⌊ ⌊⌊⌊⌊ . ⌊⌊
⌊⌊ ⌊⌊⌊⌊ . ⌊⌊
⌊⌊ ⌊⌊⌊⌊ . ⌊⌊

(Professional Fee Schedule)
⌊⌊⌊⌊⌊⌊ ⌊⌊⌊
⌊⌊⌊⌊⌊⌊ ⌊⌊⌊
⌊⌊⌊⌊⌊⌊ ⌊⌊⌊

(Pathology Nomenclature)
⌊⌊⌊⌊⌊⌊ ⌊⌊⌊
⌊⌊⌊⌊⌊⌊ ⌊⌊⌊

(ICD 10)
⌊⌊ ⌊⌊⌊⌊ . ⌊⌊
⌊⌊ ⌊⌊⌊⌊ . ⌊⌊
⌊⌊ ⌊⌊⌊⌊ . ⌊⌊

	NAME	PHYSICIAN ORDER NO	DATE & SIGNATURE
ATTENDING PHYSICIAN			
ANESTHESIOLOGIST			