# Manual for the implementation of Municipal Health Committees in Lebanon

## A practical guide to strengthen local health governance

AMERICAN UNIVERSITY OF BEIRUT
ReBUILD FOR RESILIENCE
LSTM LIVERPOOL SCHOOL OF TROPICAL MEDICINE
UKaid from the British people

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# Foreword

In the context of multiple and overlapping crises, increasing precarity, and weakened systems of regulation and social protection, significant gaps have emerged in access to quality health services. In such settings, local communities and municipalities are often best positioned to organize, coordinate, and improve access to essential services, including health care. Strengthening local governance can help address limitations in centralized systems, while promoting more equitable, responsive, and context-adapted health services. In this sense, local governance structures offer a practical pathway to improve health outcomes where national systems face constraints.

This manual emerges from sustained engagement between researchers and local actors to explore how health governance can be rooted more closely in the realities of communities. Through a participatory and embedded approach, implemented over four years in Majdal Anjar within the ReBUILD for Resilience programme, municipalities, health stakeholders, and community members worked together to design and operationalize a model of local health governance that is responsive, inclusive, and grounded in lived experience.

This experience has shown that locally anchored governance structures are possible, and can respond to community needs in ways that are attentive to equity, inclusion, and dignity. By bringing together municipal authorities, health providers, and community representatives, Municipal Health Committees (MHCs) offer a practical mechanism to align services with real needs, improve access, and strengthen trust between communities and health systems.

The approach presented in this manual is not a fixed model but a structured way of working that connects governance with practice and institutions with communities. It reflects a shift from fragmented, short-term responses toward coordinated, continuous, and locally owned processes of health governance. In this sense, MHCs represent an emerging model of healthcare governance that is both structurally embedded and operationally connected to the communities they serve.

As municipalities engage with this process, their experiences will be essential in refining and strengthening this model over time. The research team therefore welcomes feedback and reflections, which will contribute to future iterations of the manual and enhance its relevance, effectiveness, and sustainability. Feedback can be shared with the ReBUILD for Resilience Arabic-speaking team at the American University of Beirut and Liverpool School of Tropical Medicine here:


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# List of acronyms

| | |
|---|---|
| **AUB** | American University of Beirut |
| **CHA** | Community Health Assessment |
| **HIS** | Health Information System |
| **IT** | Information Technology |
| **LSTM** | Liverpool School of Tropical Medicine |
| **MC** | Municipal Council |
| **MHC** | Municipal Health Committee |
| **MoPH** | Ministry of Public Health |
| **M&E** | Monitoring and Evaluation |
| **PH** | Public Health |
| **NGO** | Non-Governmental Organization |
| **PHCC** | Primary Health Care Centers |
| **REBUILD** | ReBUILD for Resilience |
| **SMART** | Specific, Measurable, Achievable, Relevant, Time-bound |
| **ToRs** | Terms of Reference |
| **WHO** | World Health Organization |

# Manual for the implementation of Municipal Health Committees in Lebanon

## Executive summary

Lebanon's health system operates within a complex context characterized by centralized governance, strong reliance on private providers, and increasing pressures related to economic instability and recurrent emergencies. While national institutions remain responsible for health policy and regulation, municipalities hold important responsibilities under the Lebanese Municipal Law (Legislative Decree No. 118/1977). These responsibilities position municipalities as key actors in addressing public health (PH) challenges and supporting local health governance. An effective tool for delivering those PH responsibilities is the planning and implementation of a Municipal Health Committee (MHC).

This manual introduces a structured mechanism to support municipalities in organizing and coordinating activities that lead to the establishment of effective MHCs. It is informed by evidence and lessons learned from the ReBUILD for Resilience research in Majdal Anjar, which highlighted gaps between national health policies and their implementation at the local level due to systemic weaknesses within the Lebanese context. In response, the approach in this manual promotes the creation of a multidisciplinary platform that brings together local actors, health professionals, and community representatives. By fostering coordination and collaboration, MHCs contribute to strengthening local health governance and enabling more responsive and integrated actions to address population health needs.

This manual explains how to form an MHC, how it might be organized, and who might be involved. It also highlights how members can work well together by building skills in planning, communication and coordination, and solving challenges and problems.

In addition, the manual describes the key steps needed for the committee to work effectively. These include setting clear goals and action plans through strategic and operational plans; building partnerships with local health centers and organizations; and collecting and using health information to check priorities, inform evidence-based decisions, and monitor progress to improve future actions.

Several examples generated through participatory, embedded implementation research conducted with local stakeholders illustrate how coordinated local initiatives can address health priorities and needs. Together with the annexes, these examples support municipalities seeking to establish MHCs by providing practical, evidence-based guidance and tools for planning, implementing, documenting, and monitoring activities, while strengthening coordination, preparedness, and local health responses.

# Chapter 1: Introduction

Lebanon's fragile and somewhat disorganized healthcare system has made it impossible to create a universal health coverage system in Lebanon [**1, 2**].

Since 1990, the Ministry of Public Health (MoPH) has initiated a network of accredited primary health care centers (PHC networks), supposed to provide at least the most basic level of care to vulnerable populations and implement the MoPH population health programs such as the child immunization, NCD early detection, and chronic medications programs. Centers are owned and managed by a variety of stakeholders from the civil sector. Several municipalities have shown increasing interest in better mobilizing available resources and optimization of the benefits for their populations. Within this context, some municipalities have established and operated health centers in coordination with the MoPH and central authorities [**3**].

However, by 2025, only 42 out of 1064 municipalities had already implemented municipal health centers. Yet, the public health duties of the municipality, as defined in the Lebanese Municipal Law 118/1977 and its amendments (Annex 1), surpass this basic service. This law grants Municipal Councils significant authority and responsibility to act for public welfare, making them the most appropriate level of government to lead transformative change for their communities' health and well-being [**4**].

A first step towards realizing the extended health governance responsibilities of municipalities is to create a MHC. This manual presents a step-by-step approach to establishing the MHC, defining its objectives and guiding its operational activities. MHCs promote a holistic, comprehensive, and community-driven approach to health governance, organizing preventive and curative services, and addressing the social determinants of health, as well as the economic and political factors shaping community health [**5, 6**].

Beyond its formal structure, the MHC serves as a platform for dialogue, coordination, and shared decision-making between municipal actors, health stakeholders, and community members. It creates a space where local knowledge, lived experience, and technical expertise come together to identify priorities, build trust, and shape collective responses to health challenges.

### The creation of this manual

This manual aims to strengthen municipalities' ability to develop and implement a coherent, locally grounded health vision and to respond effectively to evolving health needs and healthcare system crises, with the ultimate goal of improving health outcomes for the populations they serve.

The manual was developed by a team of researchers and public health practitioners at the American University of Beirut (AUB) and Liverpool School of Tropical Medicine (LSTM), as part of the ReBUILD for Resilience research programme consortium.

This consortium was funded by the UK government to examine health system resilience in fragile settings experiencing violence, conflict, pandemics, and other shocks. Teams from Lebanon, Myanmar, Nepal, Sierra Leone and UK have produced practical, multidisciplinary and scalable material which can be used to improve the health and lives of millions worldwide.

This manual draws on participatory action research conducted in Lebanon within this program, grounded in close and sustained engagement with municipalities, community actors, and health stakeholders. Through an iterative and participatory process, the development of MHCs was documented and continuously refined, which has informed this manual. The resulting guidance reflects lessons learned from these experiences and aims to support municipalities in adapting and applying them within their own contexts.

This participatory action research approach allows for continuous learning and real-time adaptation, generating practical, context-specific insights on what enables or constrains effective local health governance in practice. This approach considers the gaps between national health policies and their implementation at the local level, as well as challenges related to coordination, resource allocation, and accountability. At the same time, it enables the identification and testing of locally driven solutions to address these challenges and strengthen governance practices in a sustainable and context-appropriate manner [**7, 8**]. Majdal Anjar was the first municipality where this approach was implemented and developed as a learning site. The town is located in the inner valley of the Bekaa in Eastern Lebanon, having 40,000 residents, half of whom are Syrian refugees. This manual draws on lessons learned from this experience, as well as from subsequent municipalities that engaged in the process.

The manual is a toolkit, designed to encourage the creation and implementation of MHCs. It offers practical guidance to promote more resilient local health systems, through strengthening three core capacities:

- Wise and efficient leveraging of available resources (absorption).
- Processes adjustment and resource allocation to respond to new challenges (adaptation).
- System improvement to meet the goal of community-driven, evidence-based, scientifically rigorous, sustainable, accountable and equitable actions (transformation) [**7**].

***A new commitment to strategic local health governance***
*"Before this project, we did whatever was possible according to our resources and capacities, even repeating actions that had already failed before. Now, we are committed to doing whatever is necessary. If we lack the human or financial resources, we will find a way to secure them, to realize a plan already established" (Testimony from an MHC member during a reflection meeting)*

This manual is intended as a guiding framework rather than a fixed model. Municipalities are encouraged to adapt the approach and activities according to their local context, priorities, and capacities and to refine them through practice and experience.

# Chapter 2: Creating the MHC

### 2.1. MHC membership eligibility and selection criteria

The MHC is established within the framework of the Municipal Council and is supported and legitimized by it. It brings together community members, including professionals, community members involved in social action, and other residents who are committed to public welfare and volunteer their time and expertise to improve the health and well-being of their community through operating local governance of healthcare service provision.

Potential members of the MHC may be identified by the Municipal Council members, community stakeholders, or civil society actors or self-nominate themselves, following the call from the municipality. [**10**] Candidates submit a short letter of intention to the council if the MHC is not yet formed or to the MHC when it is operational. Applications are reviewed and approved through a majority decision.

Selection is based on the candidates' connection to public mandates or to the municipality activities, their demonstrated commitment to community health and well-being, and their genuine willingness to volunteer time and energy in support of public welfare. While professional expertise is an asset, the MHC is open to all individuals willing to participate.

The composition of the MHC should be inclusive, reflecting the diversity of the community it serves, including different age groups, genders, and social backgrounds, as well as individuals with experience in social work. This diversity is essential to ensure that multiple perspectives are represented and that community needs are adequately understood and addressed. It is recommended that the number of MHC members not exceed twelve [**5, 11**].

Ideally, the MHC should bring together a team with a balance of skills, experiences, and knowledge:

- Professional experience in health and social services: e.g., NGO staff, health facility personnel, school representatives, doctors, nurses, and midwives.
- Particular experience in health-related issues: e.g., people living with disabilities or particular health conditions, elderly persons and their carers, and school teachers representing the health needs of children.
- Persons with particularly useful skills: e.g., persons skilled in data management to operate the municipal health information system or experienced in digital outreach and mass communication to operate social media pages.
- Social activists from the community [**12, 13**].

### 2.2. Structure of the MHC

The MHC operates within the framework of the Municipal Council and keeps it informed of its activities and progress. At the same time, it is accountable to the community it serves, through the relevance of its actions, the transparency of its work, and the outcomes to which it contributes. Internally, MHC members are collectively responsible for advancing agreed priorities and upholding their commitment to public welfare through operating sound local governance of their essential services. The MHC can start its activities with at least three members. It should use a dedicated space for its meetings and for the storage of documents and archives related to its activities.

A template for the MHC terms of references (TOR) is proposed in Annex 2. This document can be adopted and adapted to the specific needs of the MHC and requests from local leaders, and each revised version will be circulated among relevant stakeholders for review and input. The MHC shares regular updates on its activities and progress along with its financial reports with the Municipal Council at least once a year or as needed (Annex 3). The MHC can also be visited by a representative of the

Municipal Council as an observer if it does not have Municipal Council members on its board. Its activities, ToRs, and composition are reviewed periodically, at least every two years by the MHC, and may be adjusted based on experience and evolving needs [**14**].

In cases where concerns arise regarding the conduct or participation of a member, these are first addressed within the MHC. Where necessary, and upon a formal request supported by at least half of its members, the Municipal Council may be engaged to review the situation and take the appropriate action.

### 2.3. Functioning of the MHC

On its first meeting after the MHC inauguration and at the beginning of every new two-year period, a board should be voted in, including the following mandatory officers:

- The MHC chairperson convenes and chairs meetings, approves agendas and decisions, and participates in and represents the MHC in Municipal Council meetings.
- The secretary prepares minutes and schedules, tracks follow-up actions, maintains documentation and archives, and ensures communication and collaboration between members.
- The Treasurer: in charge of establishing budgets and presenting financial accounts on an annual basis, replaces the chairperson in case of absence.

Board officers should include:

- A youth representative to maintain contact with the younger members of the community.
- An IT support person to manage documentation and data.
- A public relation officer: builds partnerships with health facilities, civil society groups, local NGOs, academic centers, universities, other MHCs regionally and nationally, and health experts of value in addressing particular health issues in that community context [**12, 15**].
- A communication officer: supports communication with the community through appropriate channels, including public messaging, social media posting, awareness activities, and information dissemination.

Depending on the size and capacities of the MHC, these functions may be distributed among several members or combined within fewer roles.

Through these functions, the MHC plays a central role in strengthening local health governance. It promotes disease prevention and health education, engages communities and stakeholders, improves equitable access to health services, controls and regulates healthcare service provision, supports emergency preparedness, and fosters coordinated action across sectors. It also contributes to addressing environmental health hazards that affect population health, including water and waste management, air and water quality, food safety, and other environmental risks in partnership with corresponding municipal committees.

Grounded in evidence and informed by local knowledge and community engagement, the MHC supports decision-making and actions that are responsive to identified needs and priorities. By combining technical expertise and community participation, the MHC contributes to improving population health, reducing health risks, and enhancing the resilience and well-being of the community [**6, 16, 17**].

***Health promotion activity: Addressing community misconceptions about breastfeeding***

*A survey in pharmacies asking every buyer of infant formula about the age and sex of the child and the reason why the child needs infant formula showed that in more than 90% of cases, children are prematurely weaned because of misconceptions. Therefore, a breastfeeding awareness campaign was designed focusing on misconceptions and geared to the whole population and specifically to pregnant women who attend the maternal and child health hub (Majdal Anjar MHC 2022).*

***Community-driven emergency preparedness and response***

*In 2024, during the escalation of hostilities in Lebanon and in anticipation of an influx of displaced persons, the MHC in Majdal Anjar developed a community-driven emergency plan to provide humanitarian assistance, including shelter, food and water parcels, and access to health care. As a result, the plan strengthened local resilience, reduced response time, and ensured that vulnerable families received life-saving support when they needed it most.*

MHCs may establish subcommittees to address specific health priorities, technical areas, stakeholder concerns, or needs requiring tailored strategies and approaches (e.g., maternal and child health, school health, emergency preparedness, youth committees, data management and analysis, and others). These subcommittees can include MHC members and subject-matter experts, sometimes remunerated if the budget allows. The subcommittees should report their progress against their action plan to the MHC at regular meetings [**10, 18**].

***School health plan***

*The MHC of Majdal Anjar launched a comprehensive school health plan targeting all 13 schools in the town. The program ensures that every enrolled child undergoes yearly medical examinations covering cardiovascular, respiratory, dental, vision, hearing, and mental health, along with lice inspections.*

*The program included:*

- *Medical check-ups with systematic health screening and creation of medical records for all students.*
- *First aid training and kits.*
- *Capacity building of school staff to perform dental checks, referral system to local dentists, fluoride supplementation, and distribution of educational materials.*
- *Teacher training on nutrition, integration of lessons into curricula, promotion of active lifestyles through sports events and marathons, and collaboration with school canteens to provide healthier snacks.*
- *Counseling and awareness sessions for students and parents to promote overall well-being.*

The Board meets weekly to ensure consistent oversight, coordination, follow-on programs, and action on priorities and challenges. The agenda relies on information drawing on community health assessment surveys, formal health indicators (some are proposed in Annex 4), and communication with local health facilities and other active NGO and civil groups. It may also include simple process indicators to monitor the functioning of the MHC itself, such as participation, follow-up on decisions, and implementation of planned activities.

Minutes of all meetings are prepared using a template provided in Annex 5. They are discussed at the next meeting and archived for documentation of MHC activities.

At least once a year the MHC will organize a general meeting open to the public and to key stakeholders in the community, in which activities and plans are presented and public opinions and suggestions are received and recorded [**5, 18**]. A template of the public PowerPoint annual presentation is proposed in Annex 6.

### 2.4. Skills required for a smooth functioning of the MHC

MHC members need practical skills and competencies that allow MHC members to make informed decisions and collaborate effectively in reaching those decisions in due time. Effective committees rely on strong interpersonal and leadership skills, such as respectful communication, empathy, teamwork, and good time management. During the activity cycle, conflicts on decisions may arise, which should be solved using a set of skills presented in Annex 7 [**19, 20, 21**].

To ensure that meetings are conducted in a smooth and effective way, a set of useful regulations is suggested. Meetings are chaired by the chairpersons, and in their absence by the treasurers, and in their absence by the most senior member present. The chairs present the agenda, read and discuss previous minutes, and open the floor for the business at hand. They give members turns in speaking and make sure that all are heard without interruptions. The chairs ensure that all proposed decisions are moved by one member and seconded by another before being discussed and adopted. If a proposed decision is moved but not seconded, it is immediately dropped from the agenda. Members should also be able to manage disagreements by finding common ground, helping the committee to continue working together toward shared community goals. Annex 7 presents an overview of the key skills and competencies required for MHC members to effectively perform their roles and responsibilities.

# Chapter 3: Operating the MHC activities

The MHC is not primarily a service provider. Its core role is to coordinate, guide, connect, monitor, and support health-related action within the municipality. While it may, in specific situations, facilitate or support the delivery of services, its primary function remains one of local governance, management, stewardship, and oversight.

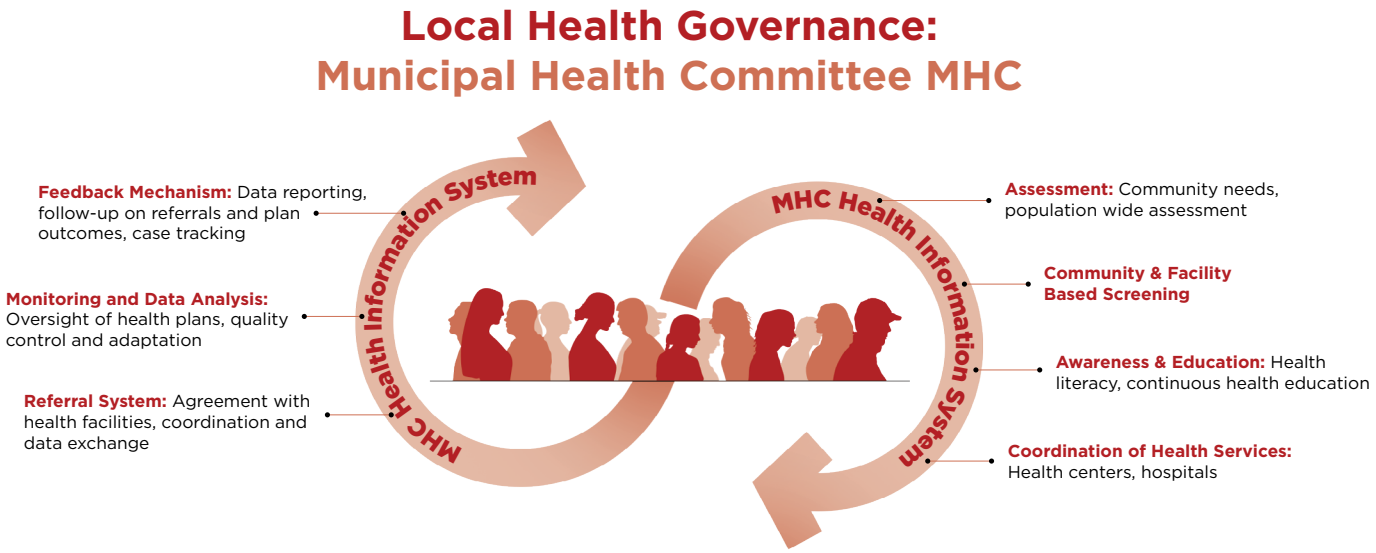
### 3.1. Principles of work

Each activity within the MHC is referred to as a "plan", as it represents a continuous governance function rather than a time-bound project or a one-off program. Unlike short-term interventions that start and end, MHC plans are designed to be sustained over time, continuously monitored, and regularly adapted based on evolving needs and evidence.

Plans are initiated in response to identified community needs or emerging situations and are grounded in an evidence-informed governance approach. Rather than being limited by a predefined timeframe, a fixed number of beneficiaries, or a narrowly defined target group, they remain open and responsive to changing conditions.

A key feature of MHC plans is their cyclical approach, as illustrated in the figure below. Each plan follows a continuous process:

- identifying needs and priorities
- planning actions
- implementing activities
- monitoring progress and collecting data
- evaluating outcomes
- adapting and refining the plan



**The chronic medication program optimisation**

The MHC initiated a plan to improve access to chronic medications for vulnerable individuals in Majdal Anjar. First the MHC partnered with ANERA, which provides free chronic medications to socioeconomically vulnerable groups through a locally hosted health facility.

As a first step, the MHC conducted targeted outreach by distributing an online survey to residents aged 40 and above. The survey collected information on existing health conditions, regularly used medications, sources of medication, and selected socioeconomic indicators.

The MHC then processed and analyzed the data to identify individuals who were eligible for the ANERA program but not yet benefiting from it. Based on this analysis, the committee coordinated with ANERA to facilitate access for eligible individuals to receive their medications.

Following implementation, the MHC maintained regular communication with ANERA to monitor attendance at medication dispensing. Individuals who did not present to collect their medications were identified and contacted. The MHC engaged with them to understand the reasons for non-attendance, assess potential barriers (e.g., transport, awareness, administrative issues), and identify appropriate solutions.

This process was repeated and refined over time, allowing the MHC to improve targeting, increase adherence, and enhance equitable access to chronic medications.

### 3.2. Strategic plan

The strategic plan is the pillar of the MHC's work. It should answer the question, "How can we organize health action in our municipality to ensure health literacy, equitable access, appropriate prioritization, and improved health outcomes for all?" Agreeing on a strategic plan is a core task for the MHC. A 3-5 year plan is developed based on an analysis of community health needs, access to services, resource distribution, and local priorities. The plan presents concrete directions and actions tabulated in actionable steps. In developing the strategic plan, the MHC engages all its members, the Municipal Council ex officio, and selected stakeholders and advisors. It is advisable that the plan be developed through a dedicated workshop, preferably facilitated by a strategic planning specialist, where members collectively discuss priorities, define directions, and structure the plan. The draft is then refined and formally discussed and adopted by the MHC [**13, 16**].

Development of the strategic plan:

- The MHC begins by **defining its vision**, which describes the long-term health and wellbeing it seeks to promote in the community, with a focus on equity, access, and quality of care. It then formulates its mission, outlining how this vision will be translated into coordinated and effective actions.
- These are developed through **continuous engagement** with community members and stakeholders, using workshops and feedback mechanisms to understand the local context, identify priorities, and assess existing challenges, opportunities, and risks.
- The MHC establishes a set of **shared values** to guide its work, support inclusive decision-making, promote collaboration, and ensure alignment with the needs of the community it serves.
- Building on this foundation, the MHC defines **strategic directions** (strategies) and their strategic objectives that guide actions and decision-making. These are translated into **specific activities**

and operational steps with clear roles and responsibilities assigned to MHC members, municipal actors, and partners, with defined timelines to ensure accountability.
- The plan **identifies available and required resources** (human, financial, and material) and supports their appropriate allocation to address identified priorities and gaps.
- Finally, the MHC **identifies potential risks** that may affect implementation and defines mitigation measures to ensure effective and adaptive implementation [**13, 16**].

An elaborate example of drafting a strategic plan is presented in Annex 8.

### 3.3. Development of operational plans

The operational plan translates the MHC's strategic objectives into concrete time-bound actions aligned with available resources and the annual budget cycle. It serves as a practical tool that guides implementation, support coordination, and monitoring progress.

- The process begins by defining yearly operational objectives that are directly aligned with the MHC's strategic priorities and informed by local context, identified needs, and available resources. These objectives are then broken down into key activities that contribute to agreed priorities and resource allocation decisions. Those consist of specific, actionable, and measurable tasks to be implemented within a defined timeframe.
- For each activity, the MHC clearly identifies the responsible person or entity, the required resources (human, financial, and material), and the expected outcomes. Indicators are defined to support monitoring of implementation and results and may be adapted to local capacities and priorities. The SMART approach (Specific, Measurable, Achievable, Relevant, and Time-bound) can be used to develop the strategic objectives and related activities.
- To support accountability and adaptive management, the operational plan is reviewed on a quarterly basis. The status of each activity is updated (pending, ongoing, completed, or on hold), allowing the MHC to monitor implementation, address challenges, and adjust actions as needed [**16, 22**]. An elaborate example of drafting an MHC Yearly Operational Plan is presented in Annex 9.
- To support informed allocation and prioritization, the MHC should prepare a yearly budget forecast outlining the financial resources required for each planned action [**16**] (Annex 10). Reporting is an essential component of this cycle; at the end of the annual period, an operational plan report should be produced, summarizing achievements in measurable terms, discussing unmet targets, and proposing adjustments for future operational cycles if needed (Annexe 3). These reports are shared with the Municipal Council and communicated to the community to ensure transparency, accountability, and alignment with local priorities [**18**].

***Majdal Anjar MHC – annual report summary***

*The Majdal Anjar MHC released its annual report summarizing the actions carried out over the past year. Key plans included:*

- *Establishing a municipal health database to support evidence-based planning and decision-making*
- *Formalizing partnership agreements between the MHC, health centers, and schools in the town*
- *Enhancing maternal and child health services, with emphasis on accelerated immunization activities, breastfeeding promotion, and malnutrition prevention*
- *Launching a school health program addressing hygiene, nutrition, routine check-ups, and physical activity*
- *Establishing and operating a virtual blood bank to improve emergency response and streamline donor mobilization*

### 3.4. Building strategic alliances and partnerships

Since MHCs have no direct authority over local health actors, their power comes from coordination and voluntary collaboration with local health stakeholders, within the framework of the Municipal Council local authority. This action brings together fragmented actors under a shared governance framework, encouraging alignment around shared priorities and a locally defined health vision. This requires building trust, demonstrating credibility, and engaging stakeholders through collaborative processes.

- **Coordination with health care providers:** The good functioning of an MHC is based on a strong partnership with all health service providers in and near the municipality: primary health care network, pharmacies, long-term residential facilities, and hospitals. This requires, as appropriate to the local context, holding frequent meetings to establish mechanisms for confidential exchange of information on trends, outcomes, and service utilization, and to define coordination mechanisms and joint actions. It is also very important to establish a solid rapport with local representatives of public agencies, primarily those of MoPH, but also those of the ministries of Social Welfare, Environment and Education for health services in schools [**16**].
- **Engaging stakeholders in the civil and private sectors:** The MHC should build inclusive partnerships with all stakeholders whose activities may affect the health of the local population. These may include UN agencies and international and local NGOs operating in the municipality's catchment area. It may facilitate the access of academic institutions wishing to gather data or to implement interventions. The MHC serves in this way as a coordination platform, ensuring external actors' work aligns with community health priorities and respects local governance. The MHC should also facilitate partnerships with private businesses to

***Enhancing breast cancer detection through strategic partnerships***

*To implement its plan to reduce barriers to early breast cancer detection, the Majdal Anjar MHC coordinated a self-screening sensitization campaign in collaboration with local health hubs. These hubs were supported to provide self-screening training, confirm suspected cases, and refer women for mammography using discount vouchers.*

*The MHC also engaged mammography service providers to offer reduced fees for women referred through this mechanism. In parallel, it consolidated data from participating hubs and mammography facilities, using voucher tracking to monitor referrals and identify women who did not comply by referral, and asked for the causes of non-compliance to find solutions.*

*This initiative illustrates the impact of coordinated planning, partnership-building, and follow-up in improving access to early detection services.*

***Inclusive stakeholder engagement in local health governance***

*The MHC created a shared platform between political, technical, and community members, including Lebanese, Palestinian, and Syrian health professionals, whereby inclusive practices were adopted, enabling joint decision-making. This coalition strengthened collaborative governance, fostered trust, improved coordination, and demonstrated the value of stakeholder engagement in decentralized health governance.*

encourage activities of social responsibility aligning with MHC-defined priorities [**5, 11**].

- **Collaborating with neighboring municipalities:** The MHC may promote the emergence of and participation in intermunicipal health networks to coordinate responses to common challenges, exchange successful strategies, and harmonize approaches across neighboring municipalities. Through joint training programs, exchange visits, and mutual assistance, neighboring MHCs can build stronger regional health governance [**13, 16**].

***Mekseh Municipality case: Shifting to collaborative local health governance in outbreak response***

*Following the surge of around 50 cases of diarrhea and gastrointestinal infections in Mekseh Municipality, the MHC investigated the issue in coordination with the Municipal Committee of Mekseh and nearby municipalities. It was discovered that a sewage pipe had burst and mixed with the drinking water supply at a point serving several municipalities. The affected municipalities decided to pool resources and networks to negotiate quick repairs without waiting for central state subsidies. They contacted a sanitation company and shared the cost. The damaged pipe was repaired.*

### 3.5. Building a Health Information System (HIS)

The MHC HIS is an organized way of collecting, storing, and using health data to guide action. It is at the heart of evidence-informed MHC action, supporting coordination, prioritization, coherence, tracking, and follow-up. MHCs are encouraged to progressively move toward simple digital systems to collect, store, and analyze data, rather than relying on paper records [**22**].

Sources of data are multiple: one-off or repeated population surveys; intervention results, which may include vaccination or screening campaigns, for example; and data on the functioning of the health facilities in the municipality. When serial data are available, they allow the comparison of health indicators over years to inform the MHC and its corresponding stakeholders on the relevance and effectiveness of implemented actions [**5, 22**]. A team should be created whose size depends on the volume and complexity of data required by each MHC. This team is responsible for collecting, organizing, and managing the data, analyzing them to generate useful information to inform decisions, monitor implementation, adapt processes, and identify impacts of actions.

***Using HIS to improve community health follow-up: oral health amongst school children***

*The MHC in Majdal Anjar created a simple Excel-based dashboard where the results of oral health screening in schools were entered. In particular, the MHC was interested in assessing the volume of vouchers distributed for dental referrals during routine medical school examinations and evaluating the level of compliance with the referral among parents and the feedback received from the dentists. The parents who did not make or attend their appointments as recommended after the medical examination could be identified and contacted to understand reasons for non-attendance, map barriers to access, and identify appropriate responses.*

In general, an effective and useful HIS should be based on the following rules:

- It should be simple and use available tools, such as Excel spreadsheets or mobile phone apps that work without an Internet link (like KoBo, for example) [**22**].
- It is important to designate a focal point amongst the MHC members, to direct the HIS team. The focal point is responsible for the effective and confidential functioning of the HIS team.
- The MHC must establish clear rules for data ownership, anonymity, and confidentiality (Annex 11) and provide appropriate training on data management and confidentiality for all MHC

members. Data governance arrangements within the MHC should be clearly defined, ensuring responsible stewardship, confidentiality, and use in the interest of the community [**23**].

- Data sharing agreements should be developed to regulate the process by which data can be shared with various external partners and stakeholders. A template for a data sharing agreement is in Annex 12 [**22, 23**].The MHC should create a data plan that defines the nature and extent of data to be collected, based on indicators that align with MHC priorities and operational plans. Some operational indicators are suggested in Annexes 4 and 13.
- A baseline assessment of the health status and needs of the community should be conducted at the start of MHC activities, to be repeated at regular intervals. Annex 13 presents a template for an assessment that uses a population-based survey. However, other sources of data may also be used if available: school health data, civil registration data, and medical records at participating community centers [**5, 13**].
- Regular health assessments should particularly focus on socioeconomically or demographically vulnerable groups in the community: mothers and children, elderly persons, people with chronic illnesses, people with disabilities, migrant or displaced persons, and those with incomplete or non-existent health insurance [**6**].

***Using HIS to strengthen under-five vaccination coverage***

*A vaccination coverage survey among children aged five years and under identified those not receiving the routine vaccinations. Parents were given vouchers for free vaccination at the vaccination hub, financed by the municipality. The health facility communicated to MHC the children who attended vaccination services. Parents of those who did not attend within two months were contacted to explore the reasons for not attending and to find solutions to facilitate their attendance.*

***Community-based screening for early detection of type 2 diabetes***

*In response to the priorities identified, the MHC in Majdal Anjar planned a screening activity to detect asymptomatic type 2 diabetes. HbA1c testing was proposed in partnership with health centers and locally present NGOs. In addition, community volunteers with phlebotomy experience performed an outreach campaign in an attempt to cover all residents who could not visit the health facilities. The MHC also coordinated the distribution of educational materials on diabetes prevention and ensured proper referral and tracking of referred patients. This proactive approach reflects a strong commitment to public welfare by promoting prevention, equity, and inclusive health education.*

### 3.6. Monitoring, evaluation, and community feedback

Monitoring and Evaluation help ensure that MHC activities remain effective, accountable, and responsive to community needs. Monitoring tracks the routine implementation of planned activities and progress toward expected results, while evaluation assesses the effectiveness and impact of actions and outcomes. The MHC should establish mechanisms that enable community members to provide feedback on health services, raise concerns, and participate in monitoring service quality through transparent communication. These mechanisms may include various channels (e.g., suggestion boxes, hotlines, regular community meetings) that create a community feedback loop, ensuring that community input and evaluation findings inform planning cycles, decision-making, and the continuous improvement of MHC action [**5, 21**]. Particular attention should be given to ensuring that feedback mechanisms are accessible to all segments of the community, especially those who are often under-represented or face barriers to participation. Community feedback is not only a source of information but a core mechanism of accountability that helps the MHC revisit priorities, adjust action, and maintain public trust.

***Community monitoring: A consultation to improve access to primary healthcare centers.*** *The MHC may convene a community consultation to identify barriers to accessing PHC services, such as geographic distance, commuting costs, or lack of awareness. Based on the findings, the committee can prepare a summary report and share findings with the Municipal Council, community leaders, and relevant stakeholders, who may assist in the identification of appropriate responses. This may include coordinating with partners to deploy mobile health clinics to under-served areas, adjusting service hours, or enhancing outreach and referral systems to improve equitable access. In some cases, the MHC may facilitate access of essential health services for vulnerable families by mobilizing community resources, and coordinating with partners.*

# Conclusion

While this manual provides practical guidance for establishing and operating MHCs, its full potential depends on the development of institutional mechanisms to support, connect, and sustain these efforts across Lebanon. The development of a national or professional platform within academia or official structures to provide technical support, coordination, and shared learning could significantly enhance the sustainability, coherence, and effectiveness of these committees. Establishing a central national or professional platform to provide technical guidance, coordination, and monitoring could strengthen the sustainability and effectiveness of these committees. Such a role could be supported by existing institutions, including academia, the governmental bodies, and the established networks such as the PHC network or the social development centers, as well as professional bodies such as the health professional orders.

This manual is conceived as a living framework, intended to evolve through practice, reflection, and collective experience. As more municipalities establish and operate MHCs, their feedback, lessons learned, and local adaptations will provide valuable opportunities for revision and improvement. Such an iterative process will help refine the guidance, strengthen institutional linkages, and ensure that MHCs continue to develop as an effective mechanism for advancing local governance of healthcare services. This will ultimately lead to improving community health and the population health outcomes in Lebanon.

# Appendices

***N.B.: The following templates are provided for your consideration. They are intended for adoption and adaptation according to your particular needs.***

## Annex 1: Extracts from the Municipal Law 1977/118 and its amendments

The following articles are drawn from the Lebanese Municipal Law (Legislative Decree No. 118 of 1977 and its amendments), which grants Municipal Councils significant authority and responsibility to act in the interest of public welfare, including matters related to health, environmental safety, and social support.

**Article 49**
The Municipal Council shall undertake, without limitation, the following matters:

- General programs related to public works, beautification, sanitation, health affairs, and projects concerning water supply and lighting.
- The establishment of markets, parks, race tracks, playgrounds, public restrooms, museums, hospitals, dispensaries, shelters, libraries, public housing, laundries, sewer systems, waste disposal outlets, and similar infrastructures.
- Assistance to the poor and persons with disabilities, as well as support for clubs, associations, and other health, social, sports, and cultural activities.

**Article 50**
Within its jurisdiction, the Municipal Council may establish, manage directly or indirectly, contribute to, or assist in the implementation of the following projects:
…. Public hospitals, sanatoria, dispensaries, and other health institutions and facilities…..

**Article 51**
Approval of the Municipal Council is required for the following matters:

- …The establishment, relocation, or closure of public schools, hospitals, and government dispensaries.
- Measures related to public emergency relief.
- The establishment of charitable offices and institutions.
- Applications for investment permits for classified shops, restaurants, swimming pools, cafés, entertainment venues, and hotels…..

**Article 74**
The Head of the Executive Authority shall undertake, without limitation, the following responsibilities:

- …Taking measures to combat alcoholism, epidemic or communicable diseases, and zoonoses.
- Taking all necessary measures to prevent or address incidents caused by stray or dangerous animals.
- Ensuring the distribution of assistance to victims of disasters and calamities such as fires, floods, and epidemics.
- Safeguarding public order, safety, and public health, provided that this does not interfere with powers granted by law to state security authorities.
- Ensuring traffic management and facilitating movement in streets, squares, and public roads, as well as overseeing cleaning, lighting, and the removal of debris and waste.
- Taking preventive actions to protect public safety, comfort, and health.
- Protecting individual and public health through sanitary inspection of gathering places, hotels, guesthouses, cafés, restaurants, bakeries, butcher shops, barbershops, and other establishments dealing with food and beverages, as well as monitoring individuals working in

these establishments.
- Taking preventive measures against fires, explosions, and flooding, including organizing fire services and supervising facilities storing flammable or explosive materials and fuels.
- Imposing necessary sanitation, safety, and public health measures on public transport services.
- Ensuring the safety and purity of food products intended for commercial distribution.
- Protecting the environment, natural landscapes, historical heritage, trees, and green areas, and preventing pollution....

**Article 85**
Municipal employees responsible for implementing or monitoring compliance with laws and regulations related to public health, sanitation, construction, and traffic facilitation in public spaces are authorized to record violations of such laws and regulations.

**Article 126**
The regional Federations of Municipalities shall deliberate and decide on the following matters: Public projects of common benefit that serve all or some member municipalities or that extend across the jurisdiction of more than one municipal union, whether existing or planned. These may include roads, sewer systems, waste management, slaughterhouses, firefighting services, transport organization, cooperatives, public markets, and similar projects...

## Annex 2: Municipal Health Committee terms of reference (template)

**Municipal Health Committee Name**
**Mm/dd/yyyy**

| | |
|---|---|
| **Mandate** | What is the MHC key mandate? What does this committee wish to accomplish? |
| **Scope of Work** | Defining the MHC scope of work boundaries, what it is responsible for, where it operates, and how far its influence extends. |
| **Membership** | - Members Name, Contact information, Roles and responsibilities (e.g., chair, secretary, treasurer, IT, mass communication etc.)<br>- Explaining the selection process, the retention, the nomination of alternatives, how many meeting the members can miss, conflict of interest |
| **Reporting Mechanism** | To whom the MHC shall report to? to whom the members shall report to? |
| **Chair and co-chair** | Nominations and roles |
| **Responsibilities** | Detailing the specific responsibilities of the MHC |
| **Meetings** | - Where will the meeting be held?<br>- How often will it be held? (e.g., monthly, quarterly).<br>- When will the agenda be circulated (e.g. one week in advance).<br>- Minutes will be documented and shared with the MHC and Municipal Council members.<br>- Ad-hoc meeting to be called upon emergency/urgent issues |
| **Quorum** | The presence of the three main officers is sufficient for a session to be held: chairperson, secretary and treasurer. |
| **Resources and Budget** | Is there a budget allocated by the Municipal Council?<br>What are the resources needed to function? |
| **Duration** | The MHC will remain in place for “indicate timeline” |
| **Amending the Terms of Reference** | In which conditions, or situations, the Terms of Reference shall be revised/amended |

## Annex 3: Municipal Health Committee progress report (template)

| | |
|---|---|
| **Municipal Health Committee Name** | What is the MHC key mandate? What does this committee wish to accomplish? |
| **Report Date** | Defining the MHC scope of work boundaries, what it is responsible for, where it operates, and how far its influence extends. |
| **Prepared by** | - Members Name, Contact information, Roles and responsibilities (e.g., chair, secretary, treasurer, IT, mass communication etc.)<br>- Explaining the selection process, the retention, the nomination of alternatives, how many meeting the members can miss, conflict of interest |
| **Endorsed by** | To whom the MHC shall report to? to whom the members shall report to? |
| **Type of report (e.g. Monthly, Quarterly, bi-annually, annually)** | Nominations and roles |

| Summary |
| --- |
| |
| **Main Achievements** |
| 1. |
| 2. |
| 3. |
| **Challenges Encountered** |
| 1. |
| 2. |
| 3. |
| **Funding and Source of Allocation** |
| |

| Strategic Objective: | Target | Cumulative Achieved Numbers | % of Achievement | Justification |
|---|---|---|---|---|
| Output 1: | Output 1.1: | | | |
| | Output 1.2: | | | |
| Output 2: | Output 2.1: | | | |
| | Output 2.2: | | | |

| Other Updates |
|---|
| |
| **Final Comments/Suggestions** |
| |

## Annex 4: Municipal community health needs assessment guide

### 1. Purpose

State the purpose of the CHA (e.g., inform health planning, prioritize needs).

### 2. Community Profile

- Demographics: permanent and fluctuating population size, age , gender, nationalities
- Socioeconomic Factors: income, education, employment, housing
- Environmental Factors: sanitation, water access, pollution, environmental hazards

### 3. Health Status Indicators (to be modified as per the CHA purpose)

- Health coverage
- Mortality & Morbidity: diseases prevalence, leading mortality cause
- Maternal & Child Health: e.g., immunization, malnutrition, maternal complications
- Non-Communicable Diseases and risk factors
- Mental Health prevalence
- Utilization of health care preventive and curative services
- Unmet health needs

### 4. Health System and Services

- Existing Health Facilities in the Municipality: number, type, gaps in services
- Human Resources: e.g., doctors, nurses, midwives
- HIS: data availability, reporting mechanisms
- Implemented health campaigns
- Existing health committees/boards, Civil Society Organizations, activists, and others

### 5. Action Plan

- Proposed interventions and strategies based on the identified gaps and needs (urgency, and impact).
- Stakeholders responsible
- Timelines
- M&E indicators [5, 12, 16].

## Annex 5: Meeting minutes (template)

| | | | |
|---|---|---|---|
| **Date** | | **Municipality Health Committee Name** | |
| **Time** | | **Chair by** | |
| **Duration:** | | **Co-chaired by** | |

| **Meeting Attendees** | | | |
|---|---|---|---|
| | | | |
| | | | |

| **Agenda Items** | |
|---|---|
| **Agenda Item 01** | |
| **Agenda Item 02** | |
| **Agenda Item 03** | |
| **Agenda Item 04** | |

| Discussion | Action Plan /Due Date/ Responsibility |
| --- | --- |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| **Next Meeting** | **Additional Notes** |
| | |

## Annex 6: Municipal Health Committee annual public presentation (template)

### Slide 1

Municipal Health Committee
[Name of Municipality]

Public Presentation

Prepared by:
Date:

### Slide 2

**Share an introduction and briefly explain why this meeting is important for the community**

**Share what the Municipal Health Committee does**
Mission
Vision
Strategic Plan
Ongoing activities/ initiatives including impact and targets achieved (e.g., vaccination drives, awareness programs, collaboration with local schools, NGOs, or hospitals)
Success Stories: Share short examples of improvements already achieved (e.g., new partnership established)
Funding/allocation/sources of funding

**Slide 3**

**2- Present the current health situation in the village**
Common health issues (e.g., sanitation, clean water, maternal health, infectious diseases)
Statistics or simple visuals (charts, infographics)

**3- Display key challenges (some examples are listed below)**
Access to clean drinking water
Waste management and sanitation
Nutrition and child health
Preventable diseases (vaccination, hygiene practices)
Financial constraints

**Slide 4**

**4- Announce future plans**
Upcoming projects/ Goals for the next period

**5- Call to action**
Clear steps for the audience (e.g., “Join the monthly health awareness meeting,” “Ensure children are vaccinated”)
How community can participate (eg.,attending health check-ups, reporting)
Encourage collective responsibility

**6- Q&A**

## Annex 7: Skills and competencies required for a smooth functioning of MHC

The following training modules outline key areas of knowledge and skills designed to strengthen the capacity of MHC members. These modules support effective collaboration, community engagement, strategic planning, and resource mobilization, enabling MHCs to perform their roles more effectively and respond to local health needs and priorities. The modules can be adapted to local contexts and to the specific responsibilities of MHC members.

| Training Modules | Content |
|---|---|
| **Soft Skills** | **Communication skills:**<br>• Active listening & empathy<br>• Public speaking & presentation<br>**Conflict resolution:**<br>• Negotiation skills<br>• Mediation<br>• Consensus-building<br>• Managing stress<br>**Leadership & teamwork**<br>**Decision-making & critical thinking:**<br>• Emotional Intelligence<br>• Self-awareness and self-regulation<br>• Cultural Competence & Inclusivity [**18, 19, 20**] |
| **Community Engagement & Participation** | • Community mobilization<br>• Empowerment<br>• Feedback loops<br>• Community health assessments and surveys [24, 25] |
| **Fundraising and Resources Mobilization** | **Transparent financial management:**<br>• Avoiding conflicts of interest<br>• Accountability mechanisms<br>**Developing fundraising plan**<br>**Writing simple concept notes and project proposals:**<br>• Framing the case for support<br>**Community mobilization for small-scale fundraising:**<br>• Charity events<br>• Local sponsorships [**23, 26**] |
| **Strategy Development** | • Defining the MHC vision, mission, and strategic objectives<br>• Setting priorities and developing an action plan with feasible interventions<br>• Establishing SMART indicators to monitor progress and measure impact<br>• M&E, and strategy update [**16, 22**] |

## Annex 8: Strategic plan (template)

| | |
|---|---|
| **Municipal Health Committee Name:** | |
| **Mission Statement:** | |
| **Vision Statement:** | |

| **Strategy Formulation 1:** | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Strategic objective** | **Activity (operational objective)** | **Responsible** | **Start date** | **Due date** | **Resources needed** | **Expected results** | **Anticipated strategic risks** | **Risk Mitigation** | **Key Performance indicators** |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Strategy Formulation 2: | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Strategic objective | Activity (operational objective) | Responsible | Start date | Due date | Resources needed | Expected results | Anticipated strategic risks | Risk Mitigation | Key Performance indicators |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | |
|---|---|
| Prepared by | |
| Endorsed by | |
| Date | |

## Annex 9: Municipal Health Committee yearly operational plan (template)

| | |
|---|---|
| **Municipal Health committee Name** | |
| **Prepared by** | |
| **Timeline: from ---- until -----** | |

| Strategic objective | Operational Objective | Key Activities / Actions | Responsible Person / Entity | Timeline | Resources / Budget Required | Performance Indicators | Status / Remarks |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## Annex 10: Municipal Health Committee yearly budget forecast (template)

| **Municipal Health Committee Name:** | | | | | | |
|---|---|---|---|---|---|---|
| **Preparation Date:** | | | | | | |
| **Description of cost centers** | **Currency** | **Unit Description** (e.g. Month, week, lump sum,...) | **Unit Cost** | **Quantity** | **Total** | **Comments** |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

| **Source of Income** | **Total** | **Comments** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total** | | |
| **Endorsed by** | | |

## Annex 11: Policy on safeguarding community data

### Key Principles

- Respect: Treat all data with care and dignity.
- Consent: Collect data only with clear permission.
- Minimum necessary: Ask only what is needed.
- Security: Protect data from leaks or misuse.
- Transparency: Explain how data is used.

### Safe Data Collection

- Explain clearly: Tell people why data is collected and how it will be used.
- Get consent: Participation is voluntary; people can refuse or withdraw.
- Limit identifiers: Use codes instead of names whenever possible.
- Keep forms safe: Lock paper forms; password-protect devices.
- Access control: Only staff who need data can see it.
- Backups: Save copies securely to prevent loss.
- Secure channels: Share only through approved methods [**22**].

## Annex 12: Data sharing agreement (template)

This Data Sharing Agreement is made between
1. **The Municipality of** _____,
represented by _____, hereafter referred to as the **"Municipality."**
and
2. _____ **(Organization/Institution Name)**, represented by _____, hereafter referred to as the **"Partner Organization."**
The Municipality and the Partner Organization may hereafter be referred to collectively as **"the Parties."**

1. Purpose of the Agreement
The purpose of this Agreement is to establish a framework for the secure and responsible sharing of data between the Parties to support municipal planning, service coordination, public health monitoring, and community development initiatives.

2. Types of Data to be Shared
The following types of data may be shared under this Agreement:

- Aggregated health and service utilization data
- Demographic and population data
- Public health surveillance data
- Environmental and infrastructure-related data
- Program monitoring and evaluation data
- Other data mutually agreed upon by the Parties

3. Data Protection and Confidentiality
The Parties agree to:

- Protect the confidentiality and security of shared data.
- Ensure that personal or identifiable data are not disclosed without proper authorization.
- Use appropriate administrative and technical safeguards to prevent unauthorized access, loss, or misuse of data.
- Comply with applicable national laws, regulations, and ethical standards related to data protection.

4. Data Use
The shared data shall be used exclusively for the purposes defined in this Agreement.
The Parties shall not:

- Use the data for commercial purposes.
- Share the data with third parties without prior written consent of the originating Party.

5. Data Access and Storage
Each Party shall ensure that:

- Only authorized personnel have access to the shared data.
- Data is stored securely using appropriate digital or physical safeguards.
- Data access is limited to activities related to the objectives of this Agreement.

6. Duration of the Agreement
This Agreement shall enter into force on ____ / ____ / _____ and remain valid for a period of _____ **years**, unless terminated earlier by mutual agreement.

7. Termination
Either Party may terminate this Agreement by providing written notice (30 days) to the other Party.
Upon termination, the Parties agree to:

- Return and/or securely delete shared data if requested.
- Ensure that previously shared confidential data remains protected.

8. Amendments
This Agreement may be amended at any time through written consent signed by both Parties.

9. Signatures
By signing this Agreement, the Parties confirm their commitment to responsible and secure data sharing.

**For the Municipality**

Name: _____
Position: _____
Signature: _____
Date: _____

**For the Partner Organization**

Name: _____
Position: _____
Signature: _____
Date: _____

### Annex 13: Expanded Household Health Assessment Questionnaire (template)

The Municipal Health Committee Health Census Questionnaire is a comprehensive, household-based assessment tool designed to be used by MHCs to systematically collect demographic, socioeconomic, and health-related data across the life course of community members. The questionnaire is designed to be flexible: each MHC may adopt and use the sections that it deems most relevant to its local priorities, capacities, and information needs.

The questionnaire begins with a detailed household roster capturing location, socioeconomic status, education, occupation, insurance coverage, and living conditions. It then applies an age-based approach to assess health needs across different population groups: newborns and preschool children, school-aged children, adolescents, young adults, middle-aged adults, and older adults.

The tool covers key health domains including:

- Maternal and child health (birth history, nutrition, vaccination status, developmental milestones)
- Growth monitoring and nutritional assessment (WHO-based indicators)
- Chronic disease screening (hypertension, diabetes, cardiovascular risk, obesity)
- Cancer screening practices
- Mental health screening (PHQ-2, GAD-2)
- Behavioral risk factors (smoking, alcohol use, physical inactivity)
- Geriatric assessment (cognitive screening, functional status)

The questionnaire integrates standardized measurements, validated screening tools, and clear referral pathways to primary health centers and specialists when health risks are identified.

By generating structured, population-level data, the census supports evidence-based planning, targeted interventions, early detection of health risks, and strategic resource allocation at the municipal level. It strengthens local health governance and ensures that community health priorities are identified and addressed systematically.

**The full questionnaire is accessible in electronic form.**

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