


Health:

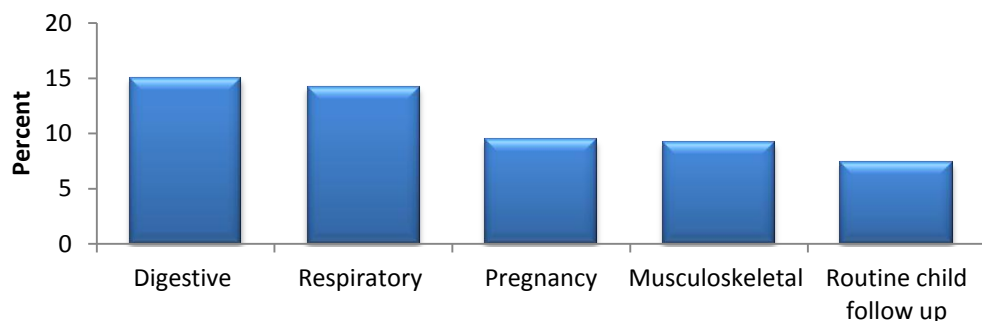
Emergency Response: In response to an expected influx of Syrian refugees into Lebanon International Medical Corps (IMC), in coordination with UNHCR and the Ministry of Social Affairs, deployed a mobile medical unit (MMU) to the Masnaa border crossing on August 30th. Operational at the site for almost two weeks, the MMU provided PHC services and referrals to refugees entering Lebanon. Should the need arise IMC remains ready to respond to any future population influxes.



IMC mobile medical unit at Masnaa' border

Health Education: In order to continue promoting community mobilization and engagement within the response, in August IMC provided Training of Trainers (ToT) sessions for 25 Syrian women with medical backgrounds in the North and 29 in the Bekaa. The six-day sessions covered a wide variety of topics including mother and child health and displacement-related health topics. IMC will provide selected women with further training in communication skills. These women will then act as Community Health Educators, promoting health education and providing personal hygiene for refugee communities, particularly those located in informal tented settlements and collective shelters. This month over **32,000 participants** attended such health awareness sessions.

Top Reasons for PHC Consultations among Syrian Refugees



Primary Health Care: IMC continues to support the provision of primary health care (PHC) services across Lebanon through **27 PHC centers** and **six MMUs**. In August **14,082 Syrian refugees** received consultations through the PHC centers and MMUs, compared to 11,000 in July. Digestive system conditions accounted for the number one reason patients sought PHC services in August, making up 15 percent of the total PHC

patients; such problems are mainly related to seasonal diarrhea. This is also evident in secondary health care – conditions relating to the digestive system made up 13% of hospitalizations.

Secondary Health Care: In response to an increased number of malnutrition cases in recent weeks, IMC, in coordination with IOCC conducted training for IMC technical staff across the country. In addition IMC staff in the Bekaa attended a five-day training on acute malnutrition and Infant and Young Child Feeding (IYCF) as part of a multi-agency unified coordination intervention.

In August IMC admitted **2,600 patients** to IMC-supported hospitals across the country. Of the total inpatients, 45 percent were for deliveries and another 30 percent were patients under the age of 18.



Mental Health:

IMC continues to be a leader in the mental health field, providing case management, gender-based violence (GBV) services, and trainings for Syrian and Iraqi refugees and other vulnerable populations.

Trainings and Capacity Building: IMC continues to provide both mental health gap (mhGAP) and mhGAP refresher training for PHC providers, including doctors, nurses and social workers. These trainings focus on the importance of integrating mental health into primary health care services. Topics include the assessment and management of mental health problems, the different forms of treatment including the use of psychotropic medications, and referral of mental health cases.

At the end of July IMC provided a two day mental health refresher training for **37 participants** in south Lebanon. Two more trainings were held in Beirut in August for a total of **24 PHC service providers**.

Following the mhGAP training in Bekaa that was completed in July, in which the 21 participants demonstrated a 40% increase in knowledge on their post-tests, participants are now completing on the job training, which will last until the end of October.

Case Management: IMC continues to support 11 case management teams which are integrated into 16 hospitals, PHCs, and community centers across Lebanon. In August IMC provided **3,332 case management services**, including psychological and psychiatric consultations, of which 60% were for Syrian refugees. In total IMC provided services for **1,377 new beneficiaries**.

A total of **134 beneficiaries** who receive psychotropic medications from IMC received psychiatric consultations in August.

Gender-Based Violence: IMC continues to work with ABAAD to promote gender equality and provide GBV services, including increasing the capacity of outreach workers, detecting GBV and domestic violence cases, and spreading awareness among communities. In August IMC provided **41 GBV consultations** as part of the case management services.

In August IMC provided its case management staff with training on GBV information management systems in Beirut, the Bekaa, and the south. The trainings covered consent forms, intake forms, and coding for the management of GBV cases. Similar trainings will be provided for the case management teams in the north.

Early Childhood Development:

IMC continues to provide Early Childhood Development (ECD) programs for vulnerable populations. In August IMC completed an ECD program for Iraqi refugee families. 16 women attended 24 sessions in Beirut, focusing on topics such as maternal health and postpartum depression, developmental milestones, the importance of play, and mother and child nutrition.

While women are typically targeted for the ECD sessions as they are the primary caregivers in most families, IMC recognizes the importance of the role of father for their children. As such, at the completion of the session, IMC hosted a dinner in which whole families, including the fathers, were invited to attend. IMC social workers provided an overview of the importance of fathers within early childhood development.



IMC Social Worker leading the ECD program



Fathers participating in the ECD program