Inter Agency Meeting – 1st August 2014

AGENDA

1. **2015 projections**

2. **Health Update**

3. **VASyR 2014 preliminary results**

4. **3RP status update**

AGENDA

1. **2015 projections**
2. **Health Update**
3. **VASyR 2014 preliminary results**
4. **3RP status update**

REGISTRATION PROJECTIONS FOR SYRIANS IN 2015

UNHCR LEBANON

REGISTRATION UNIT

1 August 2014

ASSUMPTIONS

✓ Security situation in Syria

✓ Security incidents in Lebanon

✓ Official and unofficial Lebanese borders

✓ GoL Policy

✓ Flow of Syrians and plans for registration

✓ Effect of programs (RST, assistance, etc)

Projections: 2014

- Based on Last 6 months of 2013

- 52,500 Registered/month (2,500/day)
- 60,000 Appointments/month (2,857/day)
- **Total Registered**: 630,000
- **Total end year population: 1,435,835 (2.5% short of RRP6 1.5 M)**

Update on 2014 Projections

❑ **To date (January-June)**

▪ 290,215 out of 315,000 total registered: **8%** *short* **of projection**

▪ 374,340 out of 360,000 total appointments requested: **4%** *higher* **than projection**

❑ **As of 30 July 2014:**

▪ Reached **77%** of the total population projected by end 2014*

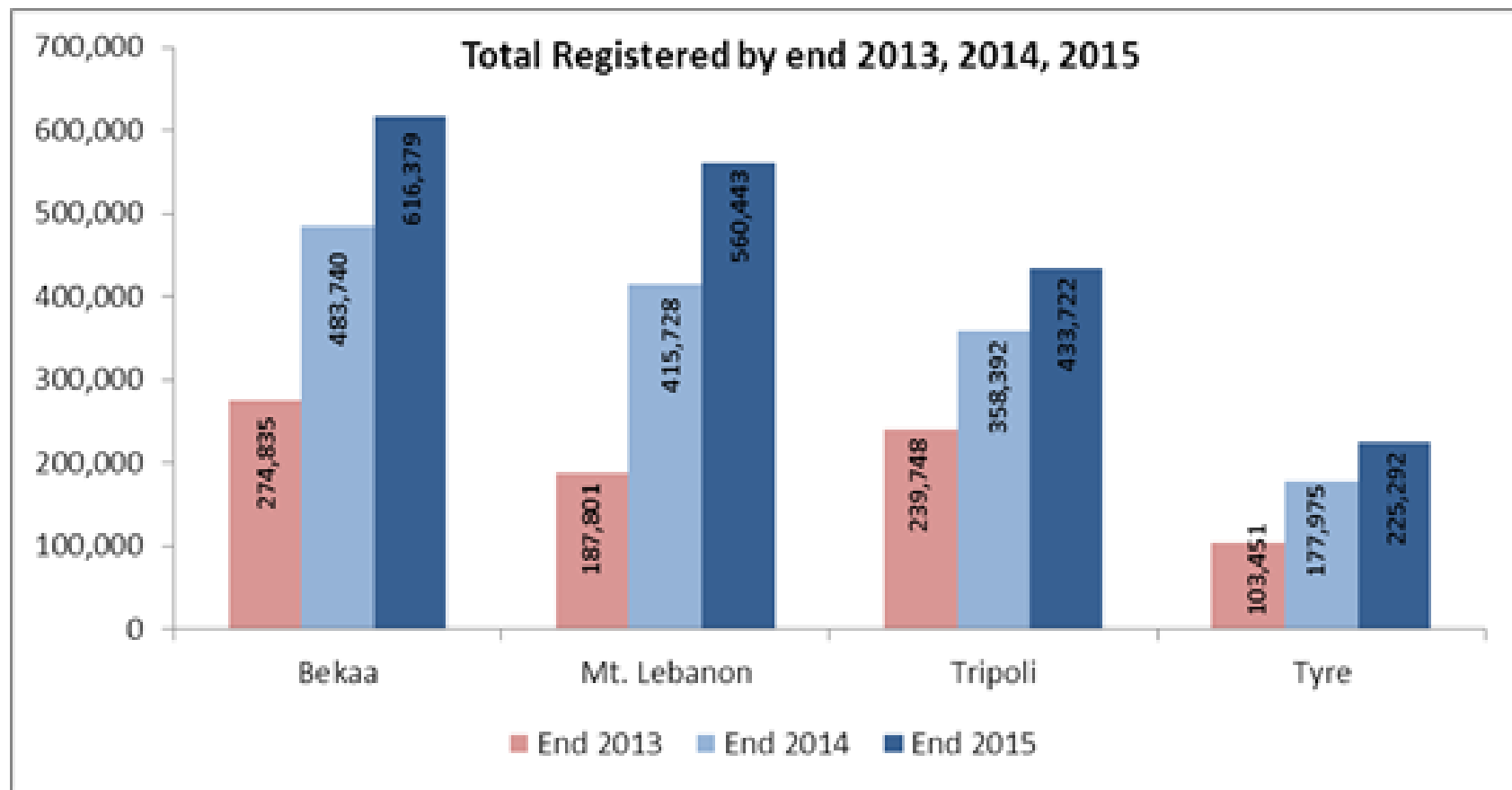▪ Reached **74%** of the 1.5M RRP6 projection by end 2014*

* Does not include waiting registration; currently approx. 28,500

Projections: 2015

- Based on 35% decrease in new registration & 30% appointments from 2014

- 33,333 Registered/month (1,587/day)
- 42,000 Appointments/month (2,000/day)
- **Total Registered:** 400,000
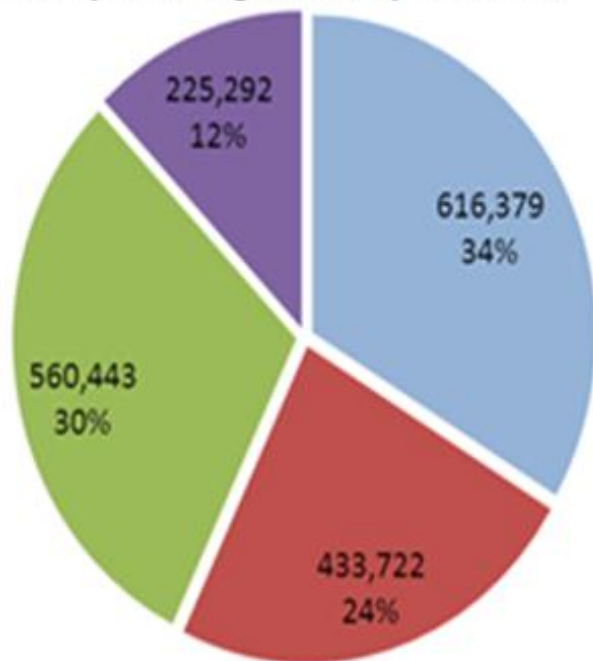- **Total end year population:** 1,835,835

Total Population end 2013, 2014, 2015

Total Registered by end 2013, 2014, 2015

	Bekaa	Mt. Lebanon	Tripoli	Tyre
End 2013	274,835	187,801	239,748	103,451
End 2014	483,740	415,728	358,392	177,975
End 2015	616,379	560,443	433,722	225,292

Distribution of Population in 2015

Total Syrians Registered by end 2015

- Bekaa: 616,379 — 34%
- North: 433,722 — 24%
- Mt. Lebanon: 560,443 — 30%
- South: 225,292 — 12%

AGENDA

1. **2015 projections**
2. **Health Update**
3. **VASyR 2014 preliminary results**
4. **3RP status update**

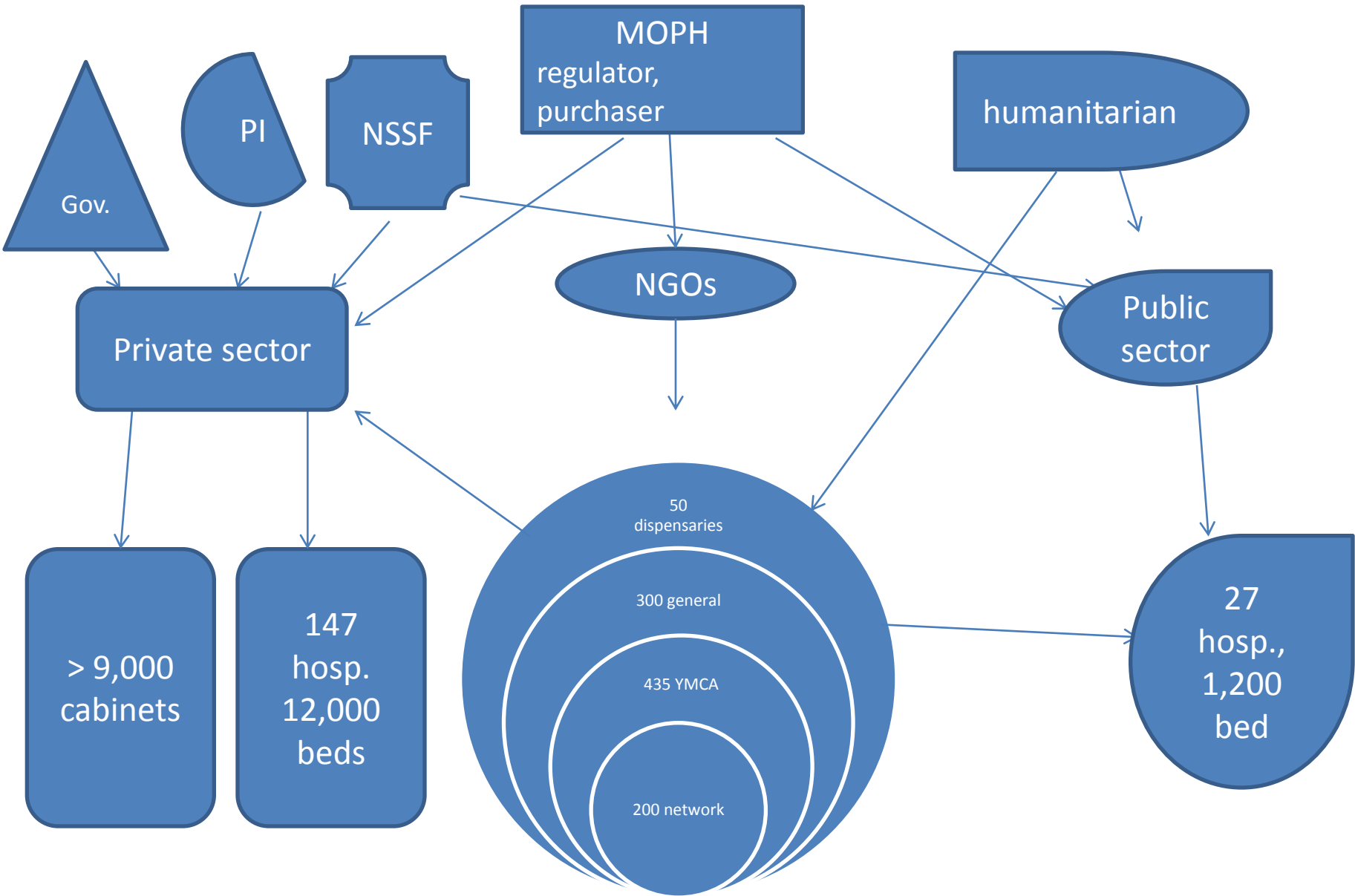# Health Sector Working Group

Inter-Agency Meeting Update

1 August, 2014

Lebanon's Health Context

Leadership:

- MOPH, WHO, Inter-Agency
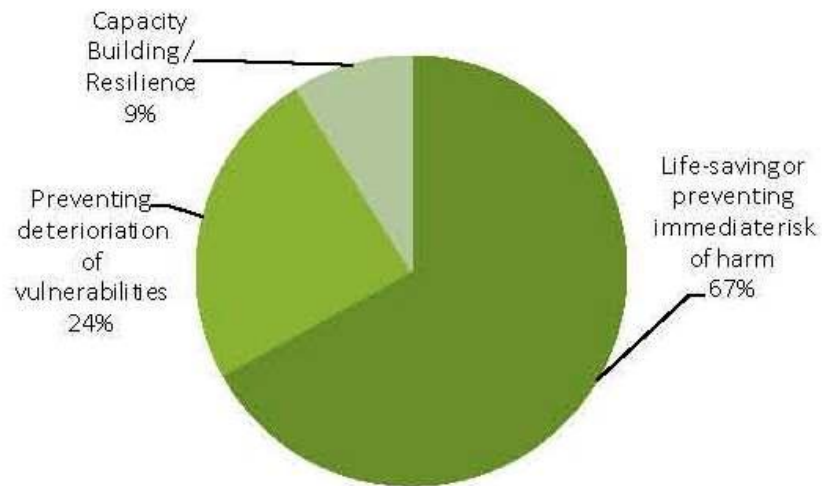- Core Group – 2 GoL, 2 UN, 2 NGOs, 1 IA

Hospital/Referral (SHC, THC)

- Referral of Syrian refugees from PHC to TPA contracted hospitals (22,000), with clearance from TPA.

- Referral from PHC to SHC (labs and radiology) based on eligibility set of services.

- Total hospital bill for 1Q was $11.3M, UNHCR contribution $8.3M

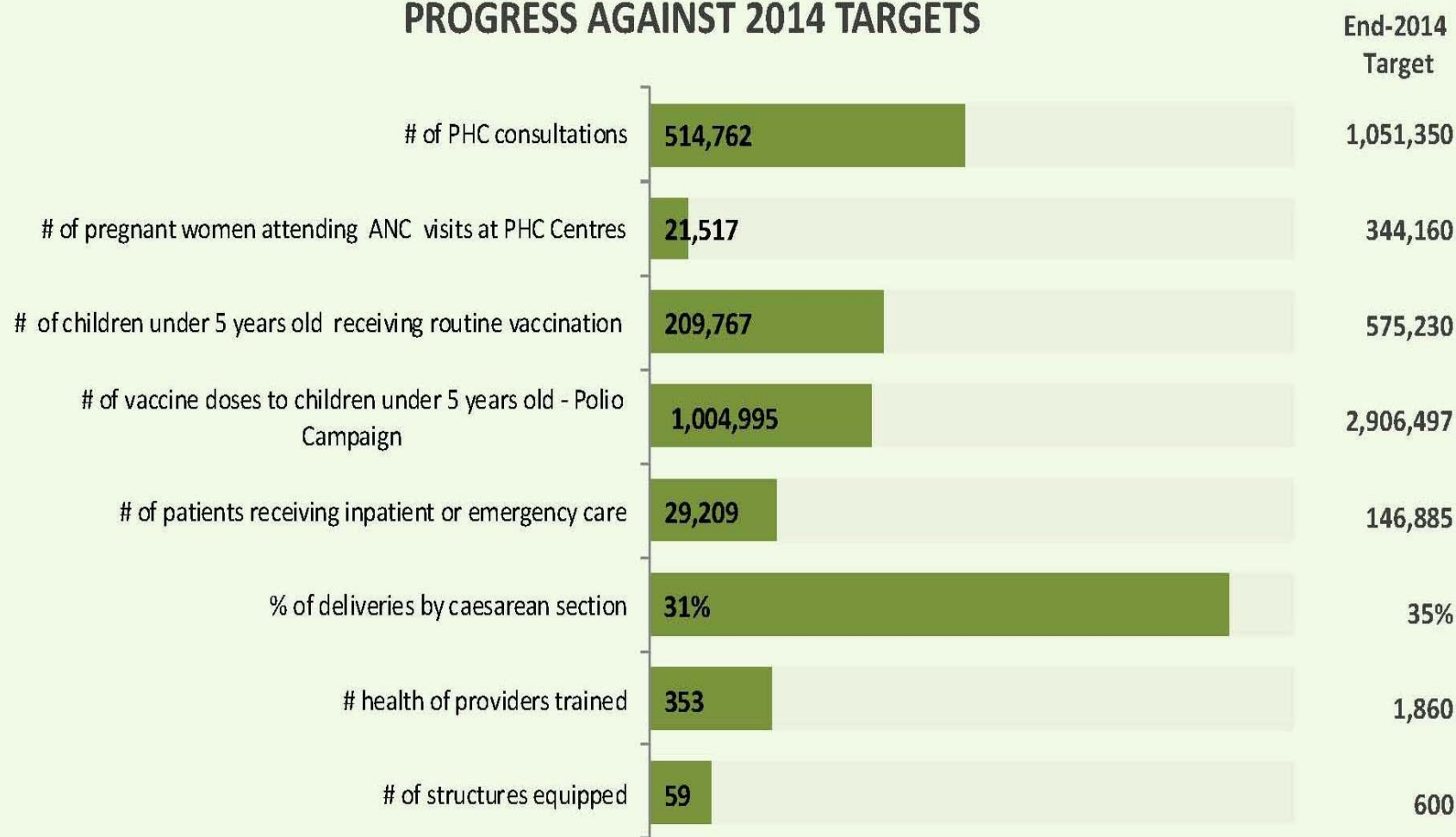- Admission to SHC through Emergency room cleared by TPA , based on life saving condition criteria

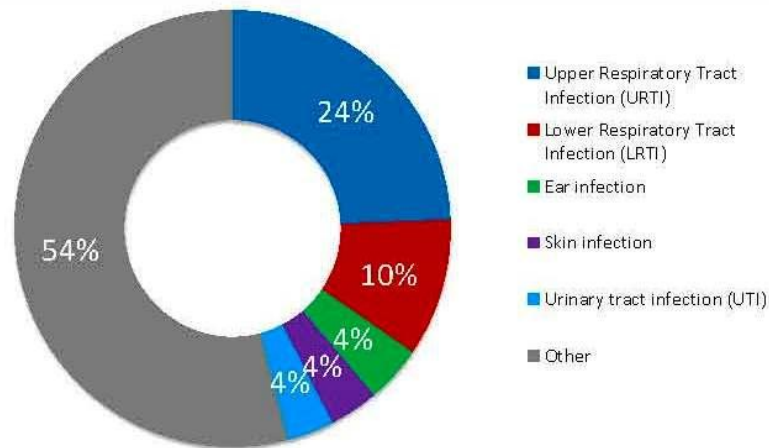# Prioritised Strategy

CATEGORIZATION OF ACTIVITIES

Capacity Building / Resilience 9%

Preventing deterioriation of vulnerabilities 24%

Life-saving or preventing immediate risk of harm 67%

PROGRESS AGAINST 2014 TARGETS

End-2014 Target

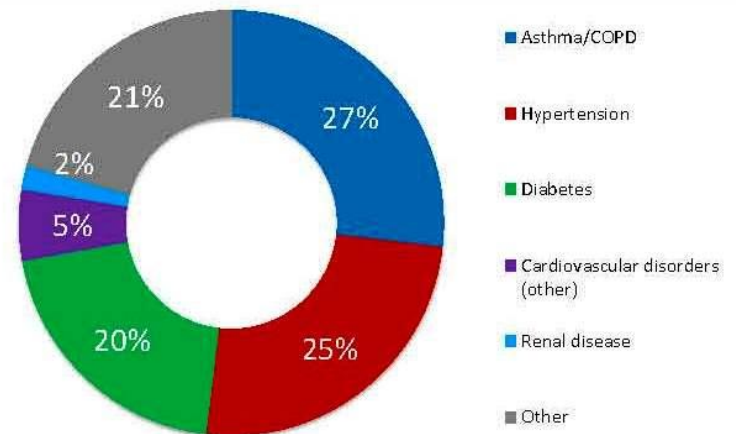| Indicator	Progress	End-2014 Target
# of PHC consultations	514,762	1,051,350
# of pregnant women attending ANC visits at PHC Centres	21,517	344,160
# of children under 5 years old receiving routine vaccination	209,767	575,230
# of vaccine doses to children under 5 years old - Polio Campaign	1,004,995	2,906,497
# of patients receiving inpatient or emergency care	29,209	146,885
% of deliveries by caesarean section	31%	35%
# health of providers trained	353	1,860
# of structures equipped	59	600

Source: figures reported above reflect the information reported to Sector Coordinators by Partners participating in Working Groups

Population Health Status

Acute health conditions (%)

- Upper Respiratory Tract Infection (URTI) — 24%
- Lower Respiratory Tract Infection (LRTI) — 10%
- Ear infection — 4%
- Skin infection — 4%
- Urinary tract infection (UTI) — 4%
- Other — 54%

Chronic health conditions (%)

- Asthma/COPD — 27%
- Hypertension — 25%
- Diabetes — 20%
- Cardiovascular disorders (other) — 5%
- Renal disease — 2%
- Other — 21%

Achievements PHC

- Infrastructure: provision of equipments to 180 PH centres in progress

- Quality: updating standards of care in progress

- Services: Integration of NCD management in 75 PHC centers, and MH services in 55 centers

- Expansion of PHC centres subcontracted by UNHCR, and 10 % increase in PHC MOPH network

Nutrition

- Currently, the nutritional status of refugees is considered a Low public health concern in Lebanon.

- To address any potential deterioration:

✓ Providing food assistance to more than 832,600 refugees and vulnerable host community members;

✓ Raising awareness on the importance of breast-feeding and personal hygiene and food safety to more than 397,000 people;

✓ Malnutrition screening for children between 6 months and 2 years and immediate referral to treatment;

✓ Training to 58 Primary Health Care Centers and eight hospitals across Lebanon to detect and treat malnourished children and women.

✓ Established a nutrition program at the MOPH

Mental Health

- Mh-GAP adapted to Lebanese context
- Trainings on the mental health GAP-Interventions.

  40 health staff (doctors, nurses, social workers, etc.) trained, distributed between 20 primary health care (PHC) centres across Lebanon.

- WHO Lebanon started rolling out the mhGAP training in 35 centers
- The chronic medication list updated to include MH medications.

Leishmaniasis

- 12 clinics operational (MOPH/WHO/UNHCR)

- Glucantime stocks available at MOPH (WHO)

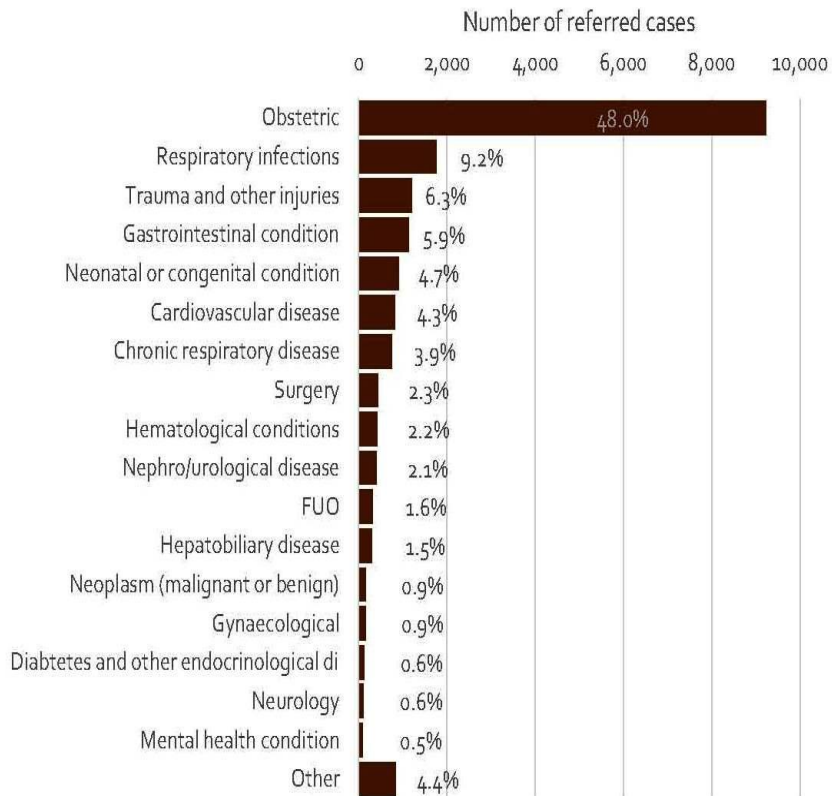- More than 314 patients treated since January 2014

Achievements Outbreak Prevention

- Stocks of medications and supplies for treating 3,600 case of AWD in place (WHO); chlorine tabs and filters for hospitals under procurement

- Stocks of Chronic medications for 150,000 patient for 2 years in progress (WHO)

- EWARS (WHO): guidebooks and SOPs updated; DHIS2 in place; expansion to PHC and Schools started;

- Vector mapping initiated

- Diarrhoeal treatment kits (10,000 pts) UNICEF

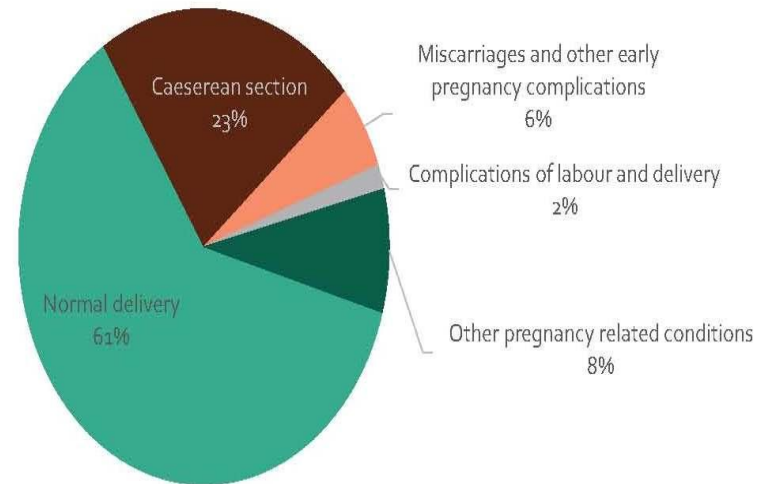- AWD preparedness plan in development (MOPH/IA)

Achievements SHC

- Approx.70% of patients were female and a quarter (25%) were among children younger than 5years old.

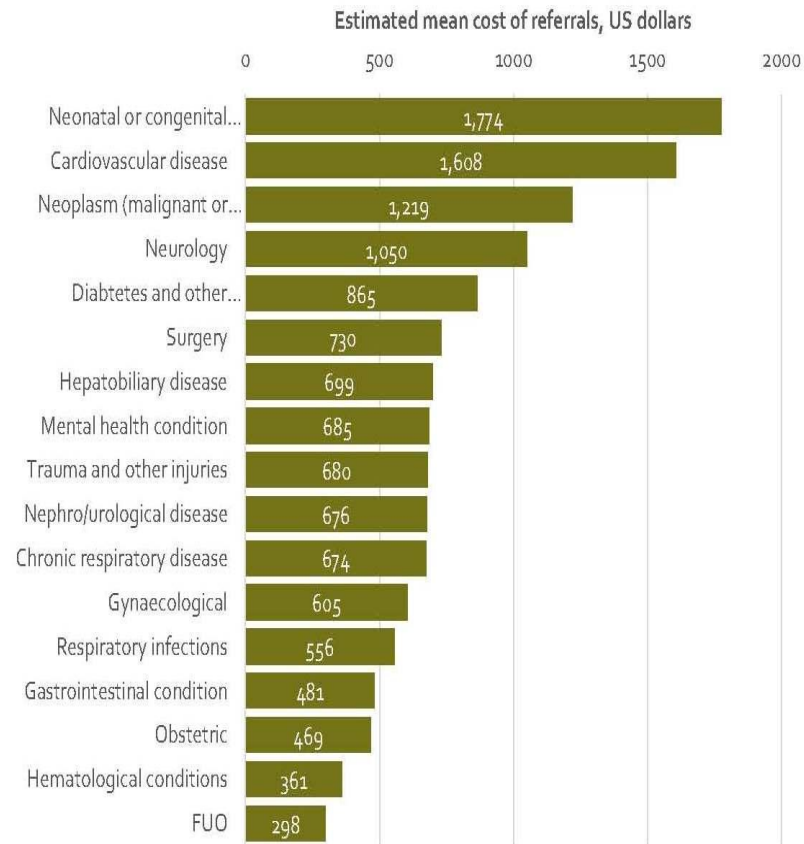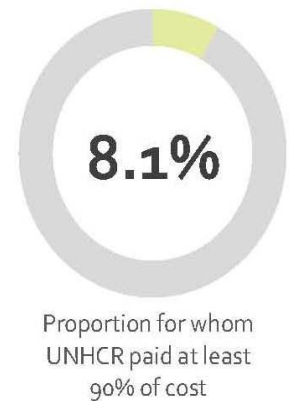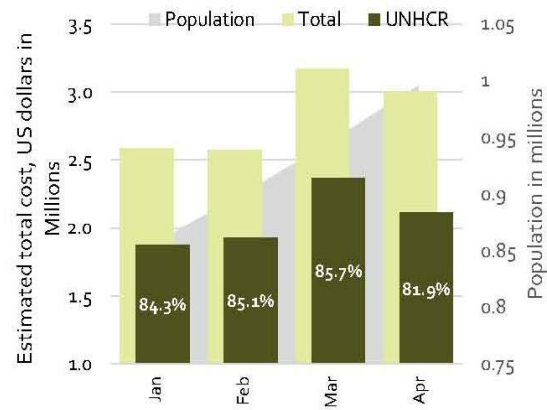Distribution of referral cases by diagnosis category

Number of referred cases

Obstetric	48.0%
Respiratory infections	9.2%
Trauma and other injuries	6.3%
Gastrointestinal condition	5.9%
Neonatal or congenital condition	4.7%
Cardiovascular disease	4.3%
Chronic respiratory disease	3.9%
Surgery	2.3%
Hematological conditions	2.2%
Nephro/urological disease	2.1%
FUO	1.6%
Hepatobiliary disease	1.5%
Neoplasm (malignant or benign)	0.9%
Gynaecological	0.9%
Diabtetes and other endocrinological di	0.6%
Neurology	0.6%
Mental health condition	0.5%
Other	4.4%

Reasons for obstetric referrals

Caeserean section 23%

Miscarriages and other early pregnancy complications 6%

Complications of labour and delivery 2%

Normal delivery 61%

Other pregnancy related conditions 8%

Secondary Health Care Achievements

Estimated average hospital cost per referral by diagnosis category

Estimated mean cost of referrals, US dollars

Diagnosis category	Cost (US$)
Neonatal or congenital...	1,774
Cardiovascular disease	1,608
Neoplasm (malignant or...	1,219
Neurology	1,050
Diabtetes and other...	865
Surgery	730
Hepatobiliary disease	699
Mental health condition	685
Trauma and other injuries	680
Nephro/urological disease	676
Chronic respiratory disease	674
Gynaecological	605
Respiratory infections	556
Gastrointestinal condition	481
Obstetric	469
Hematological conditions	361
FUO	298

Estimated total hospital cost and estimated proportion paid by UNHCR by month

Legend: Population, Total, UNHCR

Month	UNHCR %
Jan	84.3%
Feb	85.1%
Mar	85.7%
Apr	81.9%

8.1%

Proportion for whom UNHCR paid at least 90% of cost

Funding Gap

FUNDING REQUIRED
By Humanitarian Partners

170 million USD

FUNDING GAP - as of 1 June 2014

41%
Funding
Gap

Funded
59%*

* Including 2013 carry-over

I.A Consequences of Underfunding

✓ With a 41% Funding Gap , 900,000 refugees and vulnerable Lebanese will have reduced access to basic curative and preventive treatment

✓ 50,000 refugees requiring emergency secondary health care will not be treated with potential lethal consequences (UNHCR funding Sep)

✓ 30,000 women will not have access to safe delivery in hospitals or neonatal care

✓ Children will be at greater risk of contracting preventable diseases, and all will be vulnerable to outbreaks of communicable diseases.

✓ More vulnerable refugees and Lebanese will be prone to measles, acute watery diarrhoea, malnutrition and respiratory infections

Barriers	Possible Solutions	Resulting Challenges
Access to basic healthcare	• Consolidate humanitarian partner PHCs to centres of excellence. • Reinforce national network.	• Decreased access - further distances to travel (+costs) +waiting times. • Health financing
	• Health insurance. • Alternative hospitals.	• Currently cost prohibitive. • GOL would not approval, short term solution
	GOL waivers for international procurement.	• GOL would not approval
Access to SHC	• Live saving, obstetrics, further prioritization • Health insurance	• Unsustainable, 5-15% not receiving support • Currently cost prohibitive

Thank You!

AGENDA

1. **2015 projections**

2. **Health Update**

3. **VASyR 2014 preliminary results**

4. **3RP status update**

*VASyR 2014

II. Preliminary results

WFP

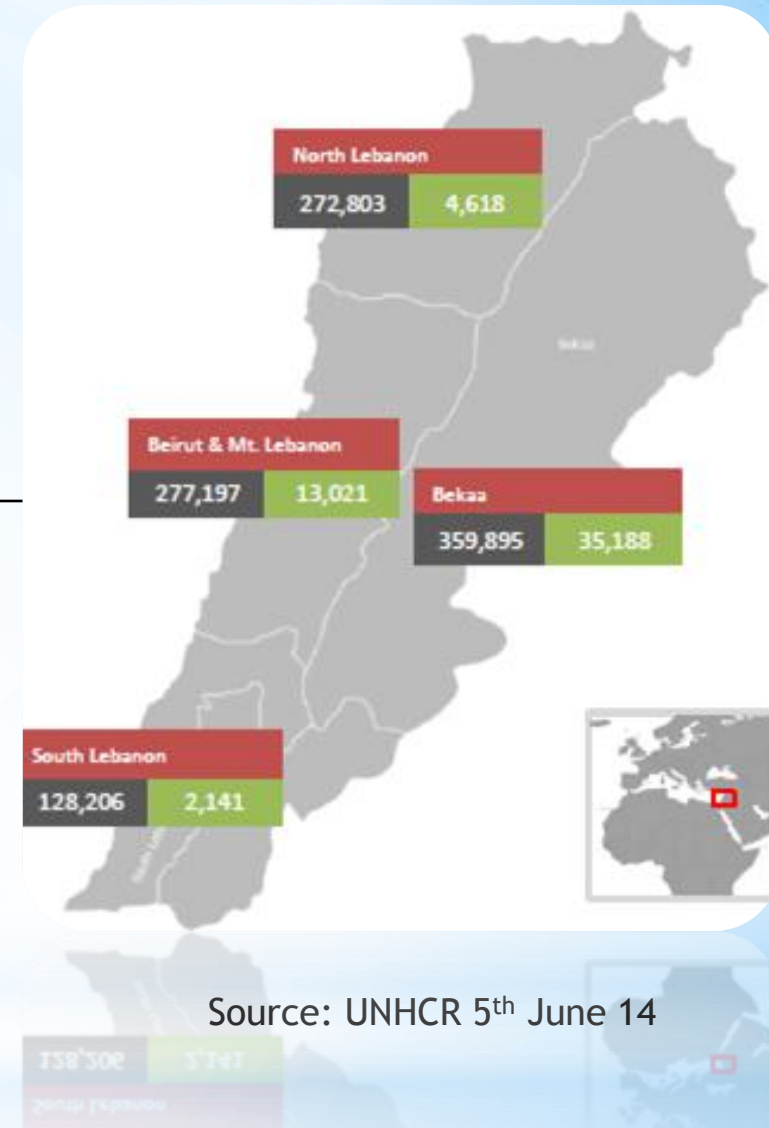Susana Moreno Romero
Food Security Expert - WFP Lebanon CO
susana.moreno@wfp.org

* Last multi-sectorial survey representative at national level: VASyR 2013

* Significant changes in context 2013-2014

	2013	**2014**
• *Number of refugees*	423,495	1,087,814
• *Targeting*	No	Yes
• *Time after the conflict started*	2 years	3 years

* What is the impact of these factors on the vulnerability and living conditions of Syrian refugees in Lebanon?

* UNHCR, UNICEF and WFP joint exercise

North Lebanon
272,803   4,618

Beirut & Mt. Lebanon
277,197   13,021

Bekaa
359,895   35,188

South Lebanon
128,206   2,141

Source: UNHCR 5th June 14

*Rational

*GENERAL

* To monitor and evaluate the vulnerability situation of Syrian refugees in Lebanon one year after the original 2013 VASyR.

*SPECIFICS

* Provide a multi-sectorial overview of Syrian refugees' living conditions.

* Analyze the main changes found compared to their situation last year

* Discuss major drivers of these possible changes (if any)

* Recommend steps forward.

*Objectives

* **Population**
    * UNHCR registered and awaiting registration Syrian refugees - Included and excluded for assistance

* **Sampling frame**
    * Representativeness at regional level:
        * Beirut - Mount Lebanon
        * Bekaa
        * Akkar
        * T5
        * South (including Nabatieh)

* **Sample size**
    * 1750 HH
    * 350 HH / region
    * 35 clusters (=locations=villages, towns, neighborhoods) / region
    * 10 HH / cluster

* Methodology I

*Who?

Field data collection by CPs and region

Akkar: REACH/ ACTED

Beirut/Mount Lebanon: REACH & PU
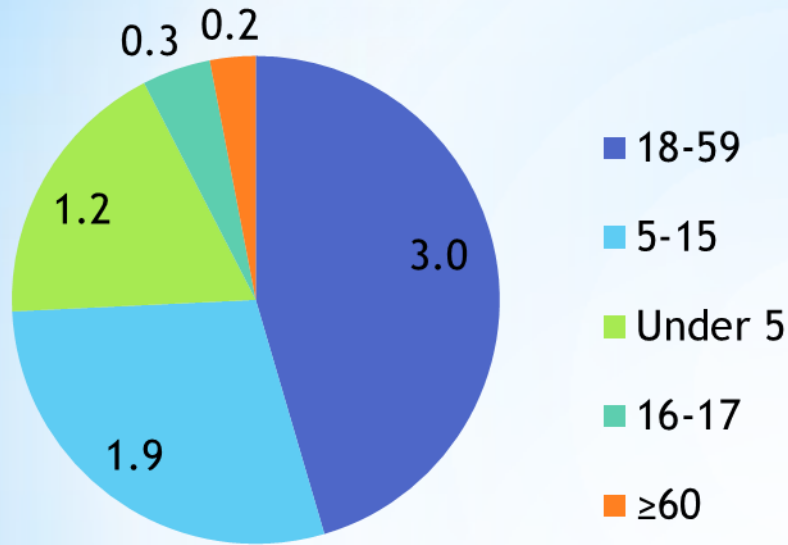
Bekaa: InterSOS, Mercy Corps & WorldVision.

South: ACF, NRC, Sheild

Tripoli 5: Care, NRC and Solidarite International

* Methodology II. Data collection

*RESULTS

Pie chart values: 3.0, 1.9, 1.2, 0.3, 0.2

Legend:
- 18-59
- 5-15
- Under 5
- 16-17
- ≥60

* Average HH size
6.6; 1 adult less than 2013 (7.7)
6.1 BML – 7.1 Bekaa

* HH size ≥ 7 = 40%   (2013: 50%)

* Dependency ratio: 32% HH have ≥2 dependents/ non-dependent
lowest in BML; highest in Akkar.

* 8% single headed households with dependents (3% BML – 15% Akkar)

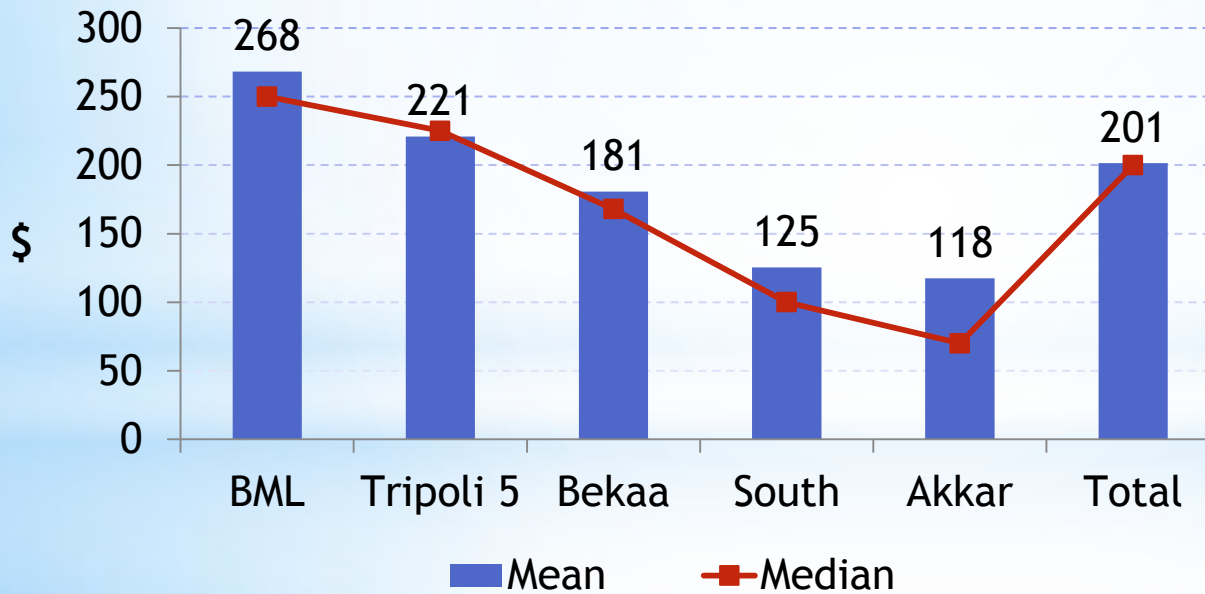* 16% were female headed households (2013: 11%) (10% BML -23% Akkar)

*HH composition

* Apartments (SSU): 59%; Unfinished shelter: 25%; IS: 14%

* Akkar & Bekaa – less apartments & more IS.

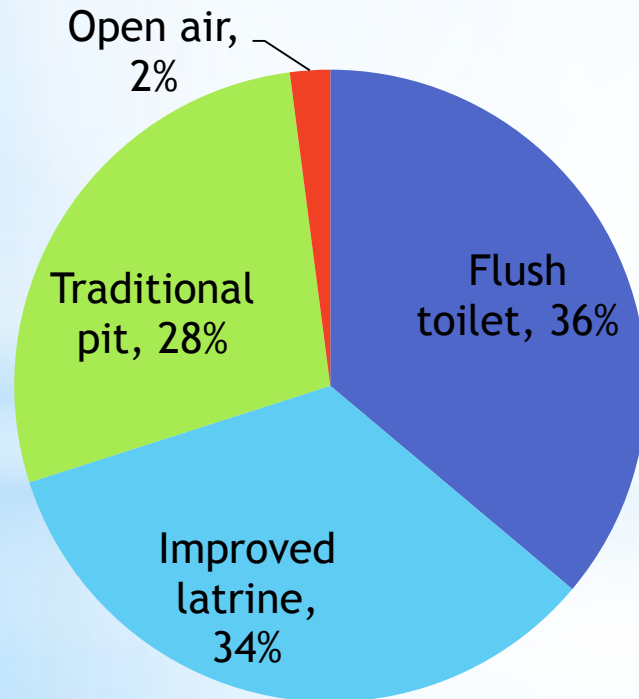* 82% renting - mainly unfurnished shelters – Akkar ↑ HH hosted for free

* 50% HH ≤ 7m^2 /person; 19% ≤ 3.5m^2 /person (↑ in BML)

* VASyR 2013
  - mean: 250$
  - median: 225$

* Shelter

* 33% have no access to drinking water (2013: 28%)

* 40% have no access to hygiene items (2013: 13%)

* 12% HH have no access to bathrooms (2013: 6%)

* 7% of households share bathrooms with 15 people or more

Open air, 2%

Traditional pit, 28%

Flush toilet, 36%

Improved latrine, 34%

* 8% of households shared latrines with 15 people or more

WFP

*WASH

Bar chart values:
- TV: 81%
- blankets: 75%
- mattress: 73%
- satellite: 72%
- gas stove: 70%
- winter clothes: 59%
- fridge: 58%
- water heater: 47%
- washing machine: 45%
- sofa set: 32%
- beds: 24%
- table and chairs: 24%
- motorcycle: 7%
- sewing machine/iron: 6%
- electric oven: 3%

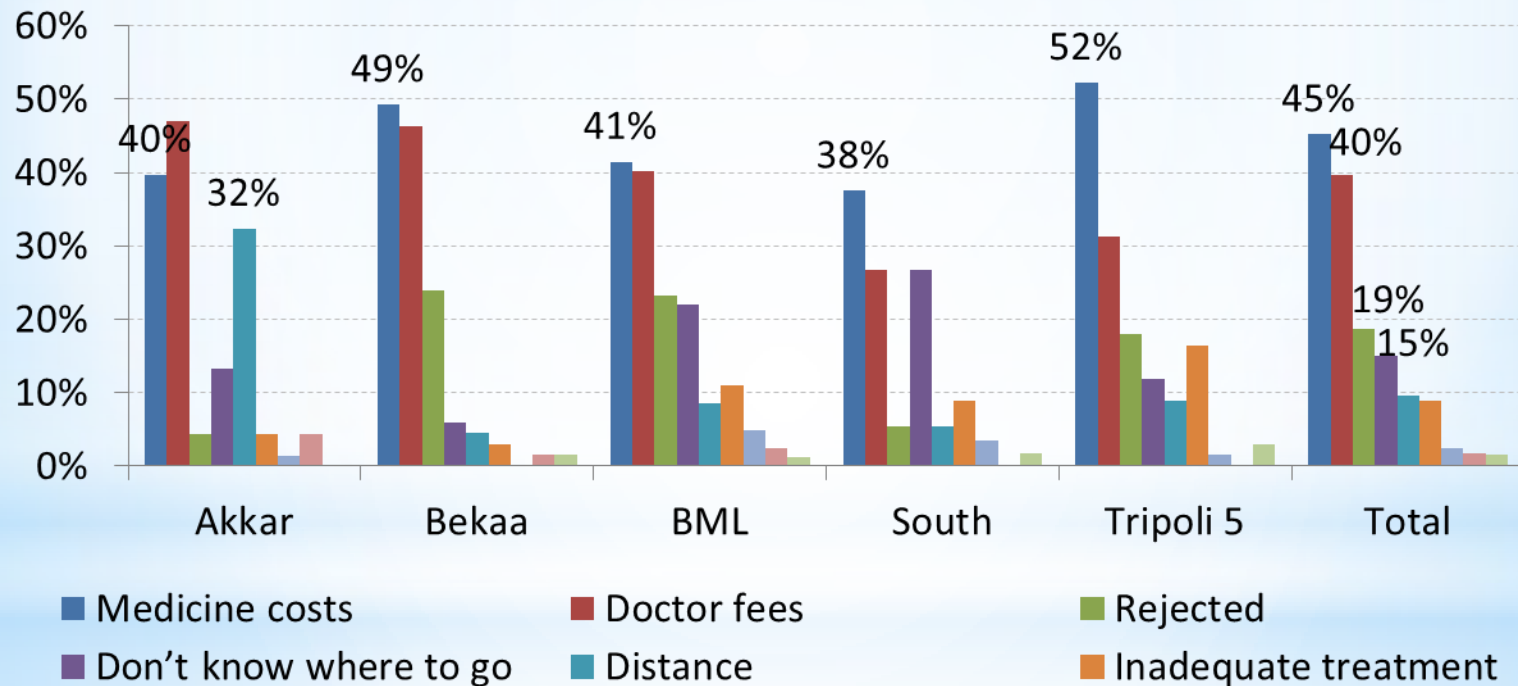(blankets, mattress and gas stove, winter clothes circled) → 41%

* 12% HH felt insecure; 5% Bekaa – 18% BML

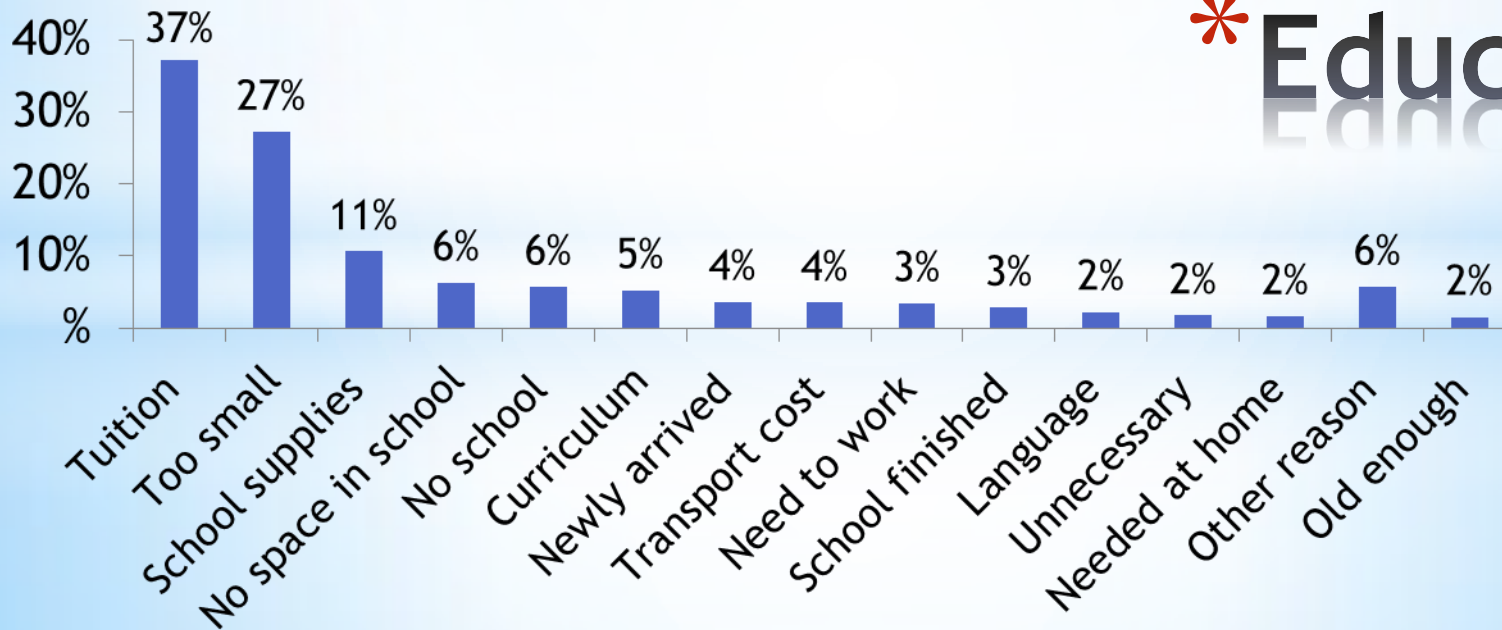* Most common type was harassment by neighbors : ↓ Bekaa - ↑ T5

* Assets & Security

* 72% of households have at least 1 person with a specific need

* 34% of households have at least 1 pregnant or lactating woman

* Nearly 1/3 of HH that required HA could not access to it
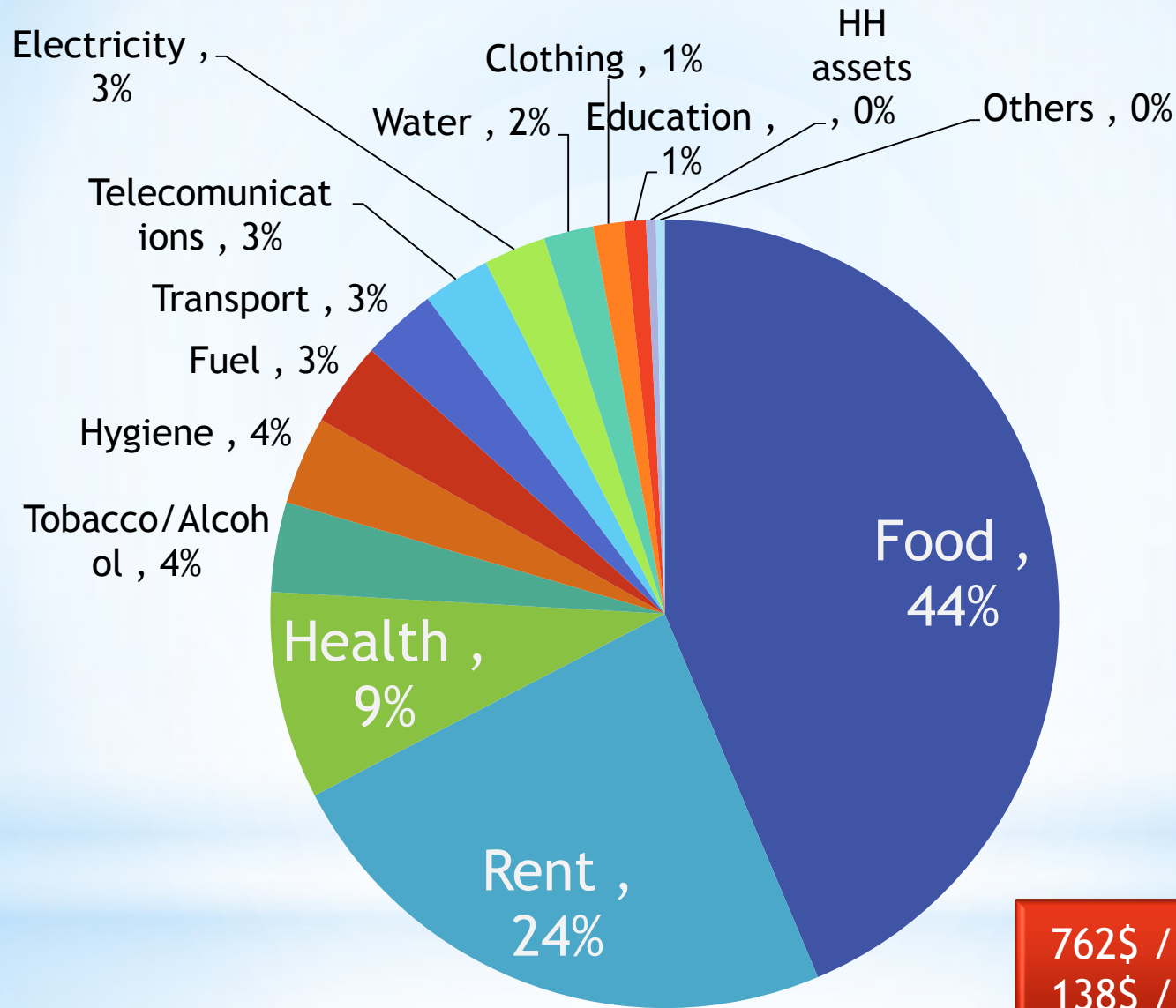

* Reasons why required HA was not received

* 2-3 children **in school age** per HH

* 66% were **not attending school**

* 44% have **not attended school for 1 year** or more

* 16% **moved to the next grade**
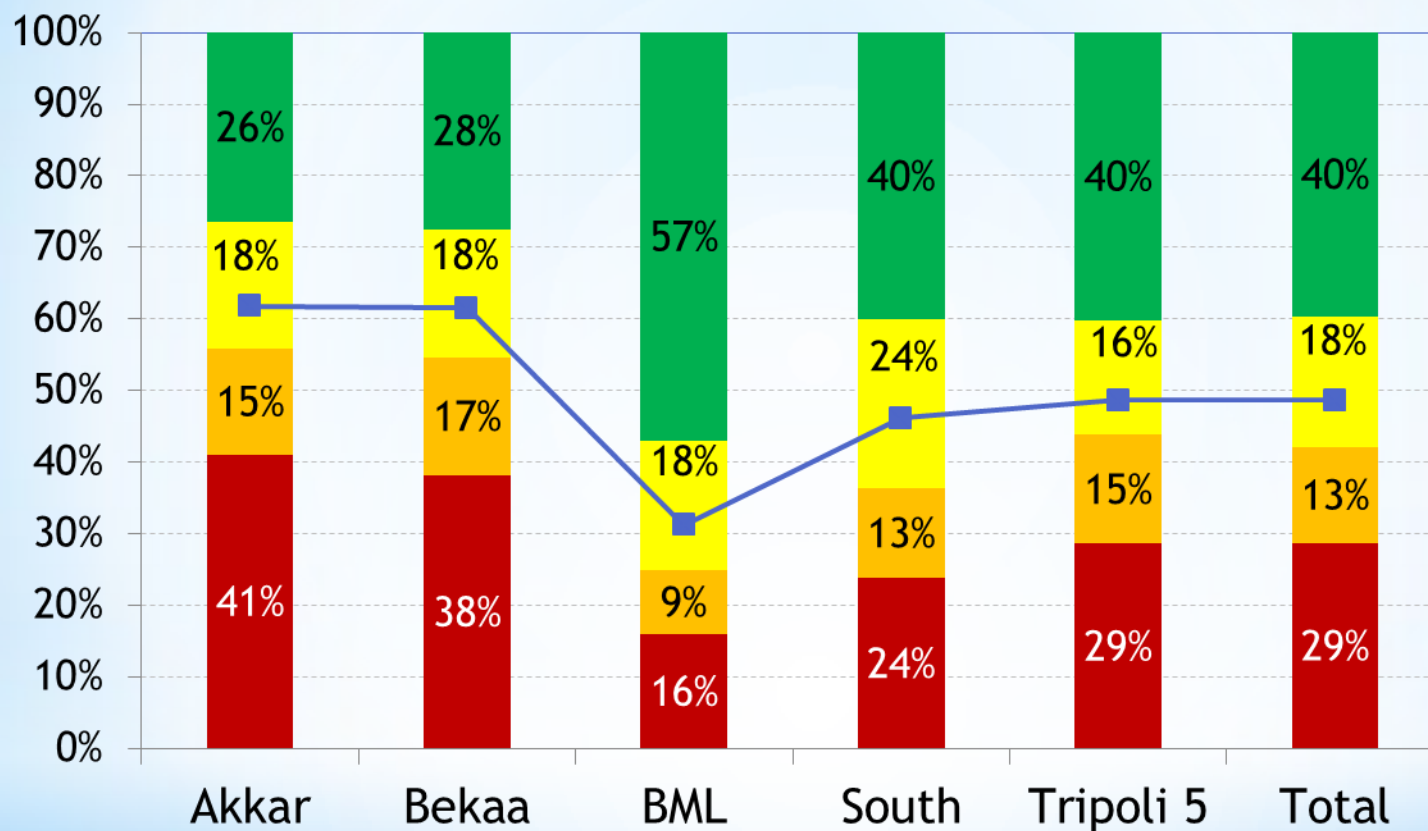
* 6% were **attending non-formal education** activities

* Education

Chart:

Category	Percentage
Tuition	37%
Too small	27%
School supplies	11%
No space in school	6%
No school	6%
Curriculum	5%
Newly arrived	4%
Transport cost	4%
Need to work	3%
School finished	3%
Language	2%
Unnecessary	2%
Needed at home	2%
Other reason	6%
Old enough	2%

*Expenditures and food security

WFP

Electricity , 3%

Clothing , 1%

HH assets , 0%

Others , 0%

Water , 2%

Education , 1%

Telecomunications , 3%

Transport , 3%

Fuel , 3%

Hygiene , 4%

Tobacco/Alcohol , 4%

Health , 9%

Rent , 24%

Food , 44%

762$ / HH/ month
138$ / pc/ month

*Expenditures per category

* 762$ HH monthly expenditure / 20 working days / 20$ daily salary = 1.9 working members

* 1 working member / HH = 5.5 non-working members (dependents)

* Main livelihood source:

Food voucher: 40%

Non agricultural casual labor: 29%

Skilled work: 14%

* Second livelihood source (79%)

Non agricultural casual labor (20%)

Debts/loans (20%)

Food voucher (14%)

* Third livelihood source (45%)

Debts/loans (22%)

Food voucher (4%)

Gifts (3%)

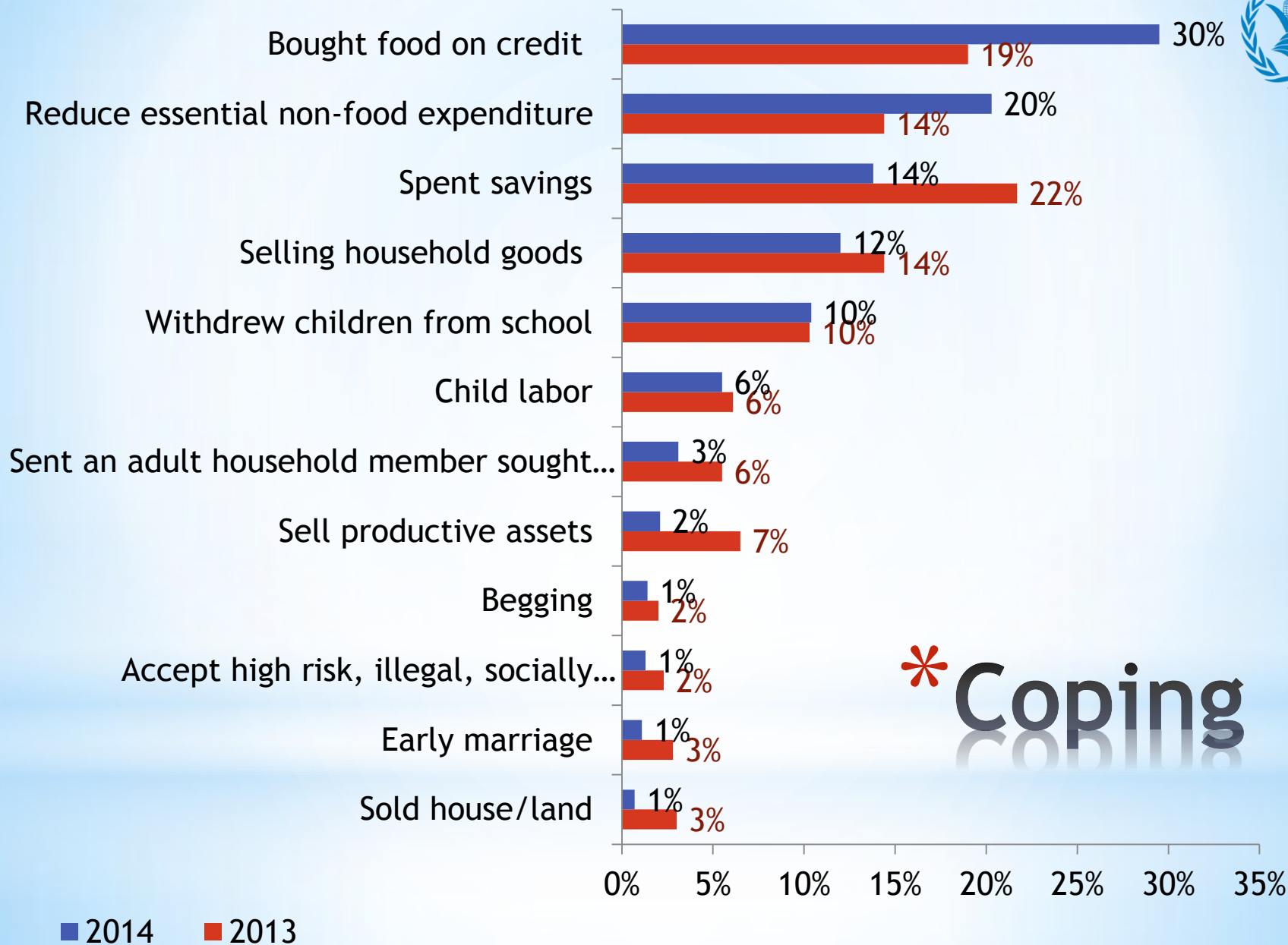* 26% HH unemployed

* 31% HH with ≥5 dependents / active member

* 75% employments are casual

* 21% permanent

*Livelihood

	FOOD SECURITY	MILD FOOD INSECURITY	MODERATE FOOD INSECURITY	SEVERE FOOD INSECURITY
Food security	**25%**	**62%**	**12.4%**	**.4%**
Food consumption	Acceptable	Acceptable with FCRCS	Border line	Poor
	35%	52%	9.5%	3.3%
Food expenditure share	Low (<50%)	Medium (50-64%)	High (65-74%)	Very high (≥75%)
	68%	21%	6%	5%
Coping strategies	No CS	Stress CS	Crisis CS	Emergency
	13%	59%	20%	8%

*Food security

* Coping

Bought food on credit: 2014 30%, 2013 19%
Reduce essential non-food expenditure: 2014 20%, 2013 14%
Spent savings: 2014 14%, 2013 22%
Selling household goods: 2014 12%, 2013 14%
Withdrew children from school: 2014 10%, 2013 10%
Child labor: 2014 6%, 2013 6%
Sent an adult household member sought...: 2014 3%, 2013 6%
Sell productive assets: 2014 2%, 2013 7%
Begging: 2014 1%, 2013 2%
Accept high risk, illegal, socially...: 2014 1%, 2013 2%
Early marriage: 2014 1%, 2013 3%
Sold house/land: 2014 1%, 2013 3%

■ 2014 ■ 2013

WFP

- 82% HH borrowed money or receive credit in the past three months
  (74% BML – 88% Bekaa)   (VASyR 2013: 71%)

- **WHY?**

- 73% HH to buy food (VASyR 2013: 81%)

- 50% HH to pay rent (VASyR 2013: 52%)

- 31% HH to pay health care (VASyR 2013: 25%)

SOURCE

* 92% from friends or relatives in Lebanon

* Debts

AMOUNT

* Mean = 674 $ (CI 95%= 620-730$) (VASyR 2013: 750$)

* 50% HH have debt >= 400$ (median) (350$)

		FOOD SECURITY	MILD FOOD INSECURITY	MODERATE FOOD INSECURITY	SEVERE FOOD INSECURITY
Food security	2013	32%	56%	11.5%	.9%
	2014	**25%** ⬇	**62%** ⬆	**12.4%** ⬆	**.4%** ⬇
Food consump.	**2013**	55%	38%	4.7%	2.3%
	2014	**35%** ⬇	**52%** ⬆	**9.5%** ⬆	**3.3%** ⬆
Food exp. share	**2013**	54%	26%	9.4%	10%
	2014	**68%** ⬆	**21%** ⬇	**6%** ⬇	**5%** ⬇
Coping strategies	**2013**	18%	60%	14%	8%
	2014	**13%** ⬇	**59%** ⬇	**20%** ⬆	**8%** ≈
Coping capacity indicator	**2013**	10%	63%	23.7%	3.6%
	2014	**10%** ≈ ⬇	**68%** ⬆	**20.4%** ⬇	**2.3%** ⬇

*Food security

*Thank you

*Questions & comments

AGENDA

1. **2015 projections**
2. **Health Update**
3. **VASyR 2014 preliminary results**
4. **3RP status update**

Moving forward to 2015
Guidance Note number 1

1 Objective that means 2 things (2015-2016)

- build the resilience of vulnerable communities and strengthening the capacity of national and municipal delivery systems.

- address refugee protection and humanitarian assistance needs

PHASES

SITUATION ANALYSIS Identifies/Prioritizes Needs	August 15
RESULTS FRAMEWORK Objectives, Outcomes, Outputs	Mid September
BUDGET REQUIREMENTS	Early October

SITUATION ANALYSIS

1. **General overview of needs and evidentiary basis** (300 words)

2. **Results achieved to date** (250 words)

3. **Constraints** (150 words)

4. **Priority interventions** (with a justification) (150 words each)

5. **Targeted beneficiaries** (based on vulnerability and with a justification) (250 words)

6. **Cross-sectoral priorities** (250 words)

EVIDENCE

- Sectoral needs assessments and MSNA;
- 3/5 Ws;
- VaSYR for refugees;
- UNRWA needs assessments for PRS;
- IOM survey for returnees;
- UNDP Mapping of 242 cadastrals;
- OCHA Reach Host Community Vulnerability Mapping;
- UNDP risk mapping to define vulnerability for all population groups

Situation analysis
- Needs & priority interventions for each population grp.
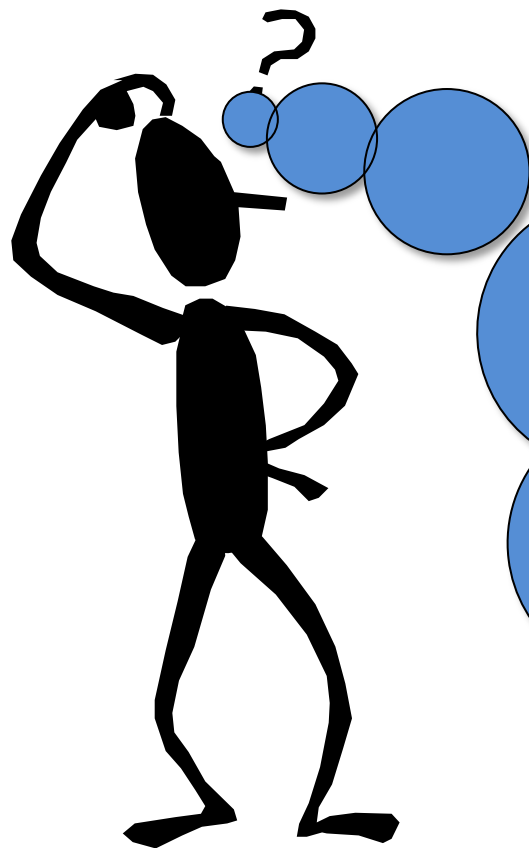- Needs of key public institutions in your sector

The justification must include information on the way the most vulnerable were identified.

Based on the situation analysis:
- What needs have been identified in your sector?
- What evidence do you use to determine who is most vulnerable from your sectors perspective?

Determining Vulnerability

- persecution based on status
- poverty, hunger, illness
- ratios: refugees vis-à-vis hosts
- inadequate access to services
- capacity of institutions to deliver
- risk of conflict

Results achieved to date

- What results haven't been achieved?

- Who are you reaching and who are you not reaching (by area and population cohort)

- What are the trends of achievements over time?

- Results achieved by key public institutions

Constraints

- What implementation constraints do you face and how do you address them?

- What facilitated or hindered reaching the people you reached?

Priority interventions (with a justification)

For each of the needs identified in section 1.1 B list the top 5 needs based on the following criteria:

- **Magnitude of the impact** (number of persons affected. nature of the threat to their well-being/survival)
- **Is it critical for saving lives**? **Reducing social tensions?**
- **Cost Efficiency** ("value for money and time")
- **Scalability and sustainability** of the intervention
- **Nature of the service delivery** (in-kind, cash or through public institutions)
- **Impact on the ability of the service delivery system** to cope with the crisis

By population group and for the relevant public institutions

- For each population cohort, who is in greatest need of your sector's support? How do you determine them?

- What cadastrals have the biggest needs in your respective sector? How are you determining this?

Priorities w/cross-sectoral linkages

- Use the MSNA matrix on cross-sectoral linkages to identify with other relevant sectors needs and vulnerable groups that need to be addressed jointly.

- Are there interventions that can have a multi-plier effect? (It solves 2 things at once -- e.g., solves a basic need + reduces conflict, solves a health problem + a protection problem)

Coordination

- Lebanese Crisis Response section of the 3RP will be initiated by UNHCR and UNDP.
- Planning will continue within the existing sector structure. The UN agency with the strongest development mandate leads on the resilience/stabilization portion.
- UNDP is prepared to provide support to agencies leading on the resilience/stabilization portion,
- UNDP will advise if other sectors would be needed to deliver a resilience response.
- The government leading role in all sectors will be preserved.

PUBLIC HEALTH-Update

Highlights:

- Review of SHC in light of funding forecasts from RRP6:

  1. SHC criteria to remain, with recommendations to tighten vulnerability and patient co-share arrangements;

  2. Planning for further analysis on maternal healthcare and delivery care in the community – cost benefit analysis;

  3. Improve NCD management at PHC level.

- Standardising package of MMU services with greater linkages to WASH activities

- Preparing PFA training and new guidelines linking PSS to all sectors

- UNICEF conducted supplementary immunisation week in high risk locations

CSMC Updates

- • Plans are underway to conduct CSMC training in the five regions. The training will target the national/local authority, refugees, NGOs, CBOs and Charity organizations providing services in the collective sites. This follows recommendations made during CSMC national workshop in June.

- • The training package is being adopted from the CCCM/CMC modules – customized to local context.

Social Cohesion & Livelihoods Update

Highlights:

- 847 persons benefitted from vocational training

- 691 persons benefitted from income generating opportunities

- 51 change agents were trained in addressing misperceptions and fighting tensions.

- 2 more local conflict mitigation mechanisms established in Wadi Khaled and Beirut Southern Suburbs.

- REACH Akkar Host Communities Assessment underlines strain on host communities and inadequate level of service provision. Yet, communities top priorities in terms of service provisions seem to be related to issues predating the crisis.

- New reporting guidelines for CSP (appealed for under social cohesion) to be reported both under the social cohesion sector and the sector relevant to the activities implemented.

CASH-Update

- Operational platform for the one card with WFP is ready, however delays linked with the legal aspect of the solution will make a September roll out more realistic.

- UNHCR will start implementation with the CSC card in August for about 7,000 households and will be moving onto the WFP one card solution once all the paper work is ready. Other agencies (CARE, SCI, SIF and SI) are looking in alternative solutions to be able to distribute the August for a cumulative caseload of about 2,000HH.

- A list of about 22,900 HH eligible HH has been extracted by UNHCR from the June Progres database using the Bio Index 1 formula. Agencies have been updating/issuing their DSA with UNHCR and requesting beneficiaries list to start their multi-sector cash assistance programming.

WASH - Update

Highlights:

- Steering Committee has been reformed and has commenced tackling planning, strategic and operational issues.

- UNOCHA ERF for Water Scarcity: Project proposals for responding to the water scarcity issue across Lebanon in the most high risk areas were prepared by 28 different partners. These were reviewed at field and National level. 17 projects with a total value of $4.4m were selected for implementation in the next 3 months by 14 Partners.

- Development of training program for WASH and Health workers for Acute Watery Diarrhoea Preparedness and Response. To be implemented by UNICEF, Balamand University and WHO.

- Workshop undertaken in Bekaa to manage who will do what where and when in Informal Settlements including filling the response gaps.

Action Points:

- Review of existing documents and resources to determine current status of WASH needs and for planning response for next 2yrs.

- Develop and finalise Acute Watery Diarrhoea Preparedness and Response Plan with Health Sector.

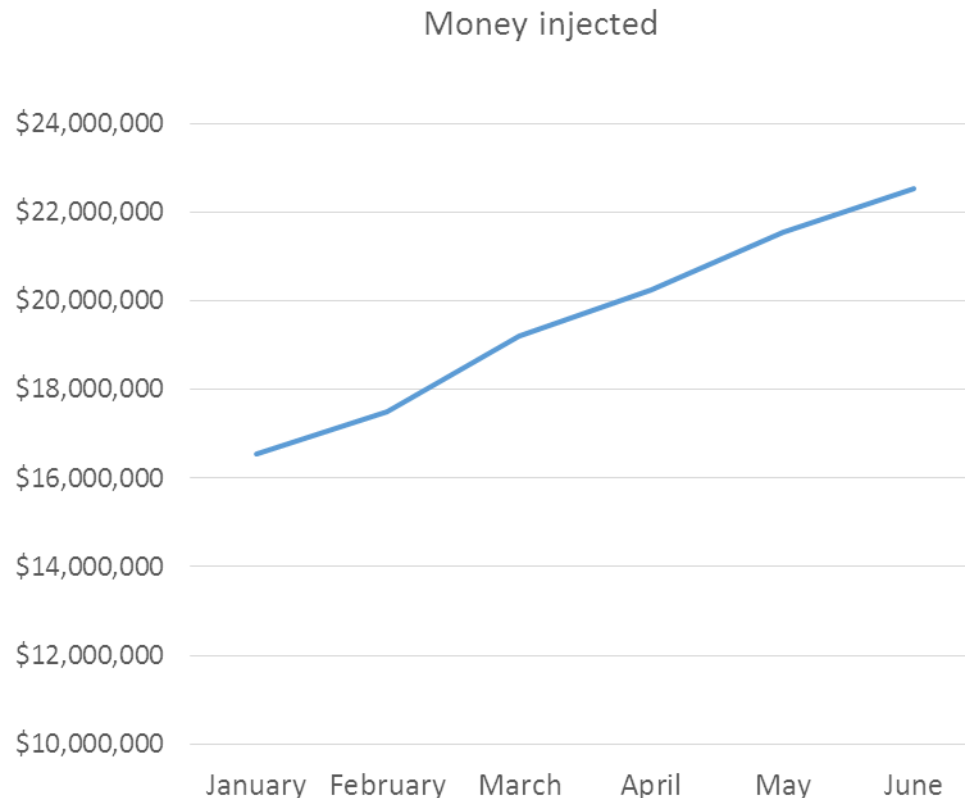- Revise and update the Technical Guides for Water, Sanitation and Hygiene Promotion.

WFP - Update

- **In July 2014**, WFP reached over **810,000 beneficiaries** through e-cards and food parcels, achieving 96% of its target during July distribution cycle. *(reconciliation of figures ongoing)*

- The **majority** of the beneficiaries (98 %) were assisted through the **e-card modality,** while newly arrived refugees (2 %) received food parcels while awaiting registration.

- WFP continued to increase the number of partner shops where beneficiaries can redeem their e-card values for food. To date, WFP has **contracted over 380 partner shops** across Lebanon.

WFP - Update

- **Money Injected into the Economy:**

Since the beginning of the year WFP has injected over US$117 million into Lebanese economy (until June).

Money injected

WFP – Update

- **Study on the Direct and Indirect economic Impact of the Voucher Programme in Lebanon:**
  A study on the impact of WFP's e-card programme on the Lebanese economy is being finalised. The preliminary findings show that the system is a quick and efficient mechanism for delivering food assistance, and it is beneficial for participating shops, doubling their revenues on average, spurring investment amounting to some US$3 million and generating 1,300 jobs. The study also revealed significant indirect benefits, yielding a multiplier value of 1.51 in the food products sector.

Other Food sector – Updates

- **In July** other food sector partners reached over 54,000 beneficiaries through vouchers, cash for food transfers and food parcels. (final figures awaiting reconciliation)

Thank You!