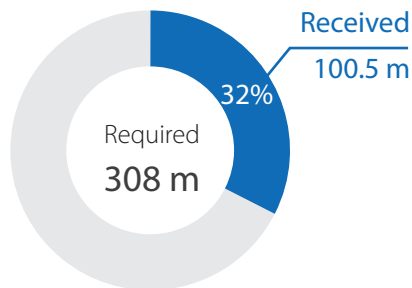




The end of year dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC) ; OUTCOME 2) Improve access to hospital and advanced referral care; OUTCOME 3) Improve outbreak control; OUTCOME 4) Improve Child, Adolescent & Youth Health.

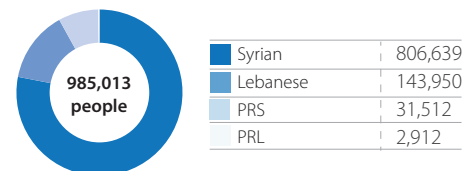
2017 Funding Status as of 31 December 2017



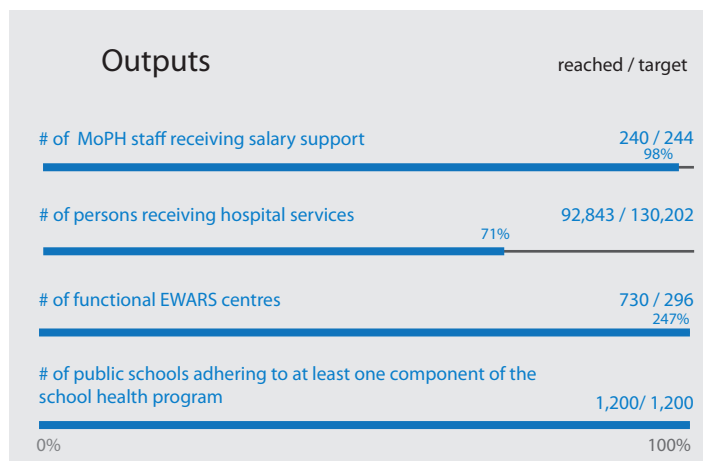
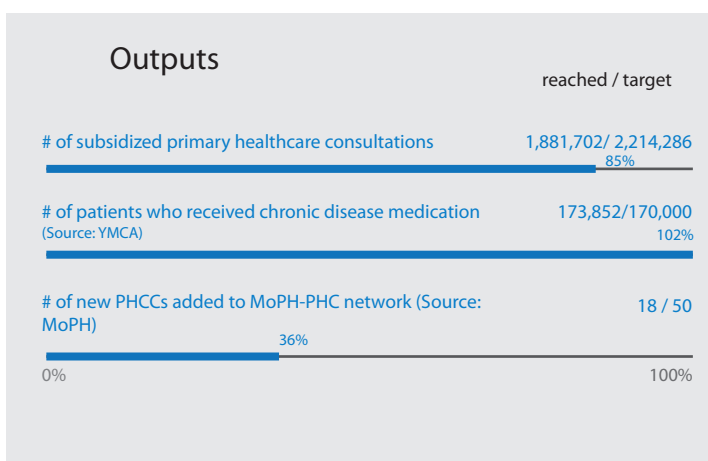
Targeted Population groups



Population reached by cohort



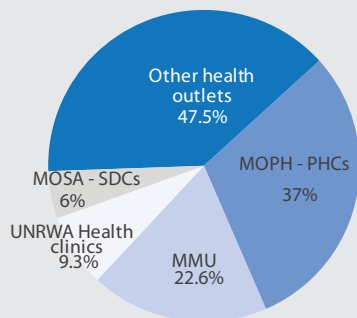
Progress against targets



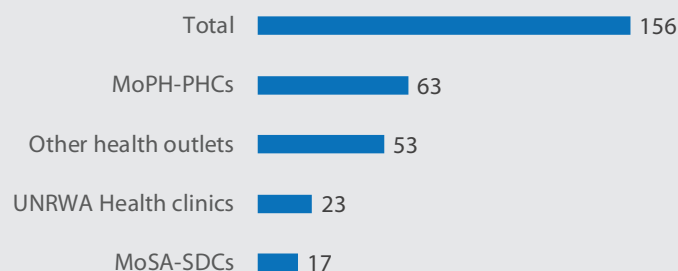
Analysis

Primary healthcare consultations

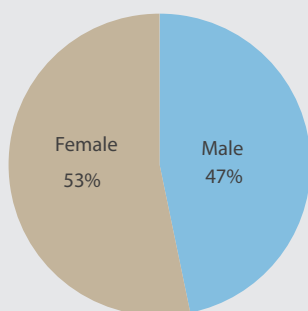
Percentage of consultations by type of primary healthcare outlet



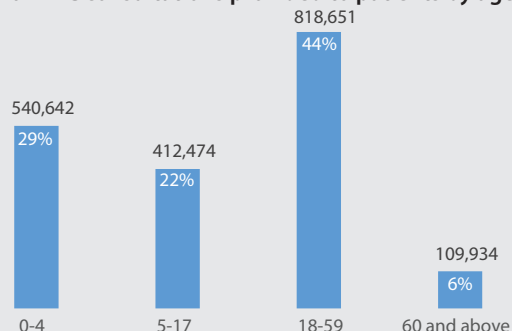
of supported primary healthcare outlets by type



Percentage of PHC consultations provided to patients by gender



Number of PHC consultations provided to patients by age group

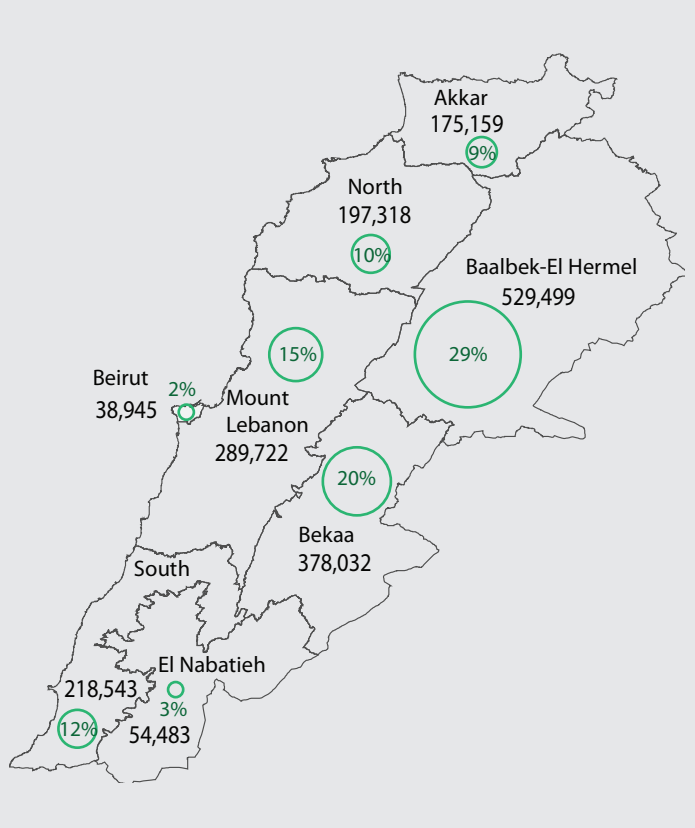




Analysis

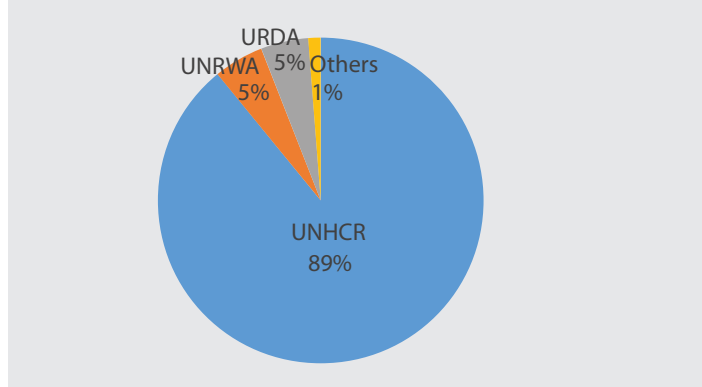
Primary healthcare consultations

Number of PHC consultations provided to patients by governorates

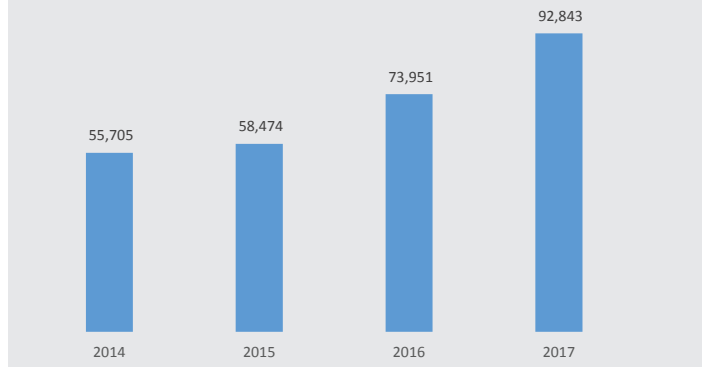


Secondary health care (SHC)

Percentage of support to SHC admissions by organization

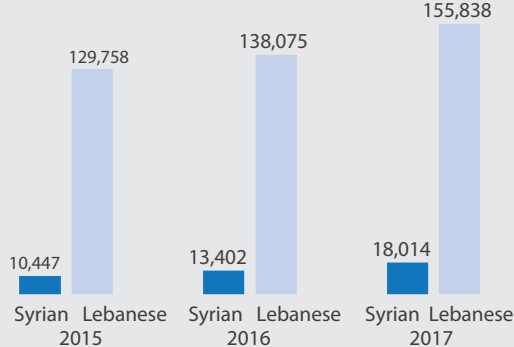


of SHC admissions supported by UNHCR, 2014 to 2017
UNHCR Syrian Refugees in Lebanon - Referral care at a glance (2014,2015,2016), UNHCR AI,2017

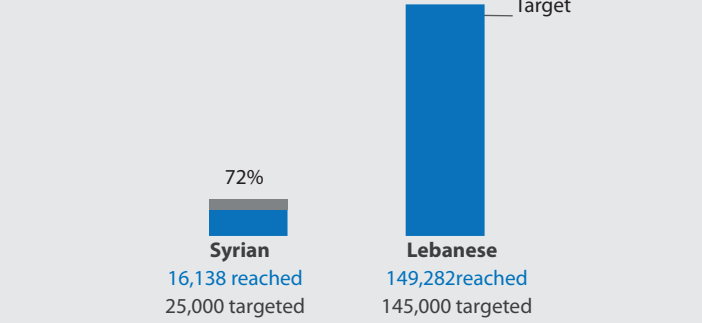


YMCA

of beneficiaries of chronic disease medication thru YMCA from 2015 - 2017 (through 420 centers within YMCA network)



of patients who received chronic disease medication (through 420 centers within YMCA network) by population cohort
(Source: YMCA)



Facts and Figures

11%
Percentage of displaced Syrians not able to access needed primary healthcare in past 6 months (VASyR 2017)

22%
Percentage of displaced Syrians not able to access needed secondary healthcare in past 6 months (VASyR 2017)

34%
Percentage of displaced Syrian children under the age of two reported sick in the last two weeks (VASyR 2017)

11%
Share of health expenditures out of total expenditures (VASyR 2017)

50.6%
Percentage of female respondents who reported that they currently use at least one contraceptive method. (UNFPA, KAP 2017)

74%
Percentage of the women receiving antenatal care (ANC) services out of all who delivered. (UNHCR, HAUS 2017)

41%
Percentage of women who attended 4 or more ANC visits out of all who delivered. (UNHCR, HAUS 2017)

28%
Percentage of women who had sought post-natal care (PNC) services out of all who delivered. (UNHCR, HAUS 2017)

KEY ACHIEVEMENTS

- In 2017, the Health Sector was able to maintain the same level of funding compared to the previous year; approximately **100 million USD** received at a time where displaced Syrians socio-economic vulnerability levels have increased. The sector remained however underfunded, having received only **32%** of the appeal.
- Health Partners were able to maintain their support to displaced Syrians, vulnerable Lebanese, Palestine Refugees in Lebanon (PRL) and Palestine Refugees from Syria (PRS) in access to primary health care; a total of **1,881,702** subsidized primary health care consultations were provided through both fixed health facilities (MoPH-PHCs and dispensaries) as well as mobile medical units reaching 85% of the sector target of **2,214,286** subsidized consultations.
- Health Partners were able to maintain and increase access to chronic disease medication for vulnerable groups through the national MoPH/YMCA system; a total of **175,276** patients (Displaced Syrians **18,014**, vulnerable Lebanese **155,838** and other nationalities **1,424**) were provided with chronic medication.
- Health Partners were also able to maintain and increase their support to displaced Syrians, PRL and PRS in access to hospital care for specific conditions; **92,843** persons were financially supported to access hospital care, this represents **71%** of the sector target of **130,202** persons.
- Health Partners were able to save lives by maintaining support to **110** dialysis patients and mobilize funds to additionally support around **60** dialysis patients.
- Health Partners were able to support the Ministry of Public Health (MoPH) at national, peripheral and primary health care center level with **240** staff. This has supported in strengthening MoPH at district level, the Epidemiological Surveillance Unit, the National Mental Health Programme, Health Information Management as well as service delivery within national tuberculosis centers across the country and within governmental hospitals. The support has also helped to reduce the burden associated with high influx of patients at facility level.

KEY CONTRIBUTIONS TOWARDS LCRP IMPACT(S)

In 2017, the Health Sector continued to provide financial support to displaced Syrians, vulnerable Lebanese, Palestine Refugees from Syria and Palestine Refugees from Lebanon in access to health care through the national health system and continued to implement activities aimed at strengthening service delivery.

Access to primary healthcare services was improved by partners providing a total of 1,881,702 subsidized consultations compared to 1,662,881 subsidized consultations provided in 2016. Subsidized consultations were provided primarily to displaced Syrians (76.4%), followed by vulnerable Lebanese (15.4%), PRS (8%) and PRL (0.3%). Overall, 77.4% of subsidized consultations were provided through fixed health outlets while the remaining 22.6% of subsidized PHC consultations were provided through mobile medical units (MMUs). Of those consultations subsidized through fixed health outlets, 37% were provided through Ministry of Public Health (MoPH) primary healthcare centers (PHCs), 6% through Ministry of Social Affairs (MoSA) Social Development Centers (SDCs), 47.5% through other health outlets and 9.3% through UNRWA clinics.

Obstetric and emergency/life-saving care² was provided to displaced Syrians with 82,720 hospitalizations supported from January to December 2017. This represents a 12% increase in the number of supported hospital admissions from January to December 2016 (73,951 admissions) and a 41% increase from 2015. Through UNRWA, 4,605 Palestine Refugees from Syria received in-patient hospital care which is comparable to 2016. Lives were saved through continued access to dialysis for 110 displaced Syrian chronic renal failure patients and additionally to 60 patients who either stopped receiving support from MoPH in the first quarter of 2017 or were on partners' waiting list for support. On a more limited basis and covering a smaller number of patients, medical missions or projects were organized targeting specific surgeries such as cleft lip/palate surgeries, surgeries for congenital orthopedic malformations among others. This increased the quality of life for those individuals requiring specialized care.

The Health sector provided institutional support to MoPH through the procurement of vaccinations, medication, reproductive health commodities, medical supplies as well as personal protective equipment (PPEs) for acute respiratory infection surveillance, swabs for specimen collection, protective equipment from hazardous materials and items and lab reagents. Also, support was provided to MoPH through staffing, trainings for improved service delivery as well as equipment. In terms of staffing support, various health partners contributed to supporting MoPH at central, peripheral as well as MoPH-PHCs level with a total of 240 staff. Trainings to MoPH staff and/or MoPH-PHCs staff were done on a variety of topics: Infection Prevention & Control, Anti-microbial resistance, Mental Health, Reporting on DHIS2³, Pharmacy Management, Family Planning & Counseling, Reporting to MoPH and MoPH SOPs among others.

CHALLENGES

In 2017, and similar to 2016, the Health sector faced various challenges:

- As a result of insufficient funding, many referrals of patients in need of secondary healthcare or specialized diagnostics were not covered by partners. These include including serious chronic diseases and catastrophic illnesses. As a result, many patients did not receive needed hospital care as they were not able to pay for the fees themselves. This has further negatively affected their health status.
- For displaced Syrian patients in need of in-patient psychiatric care, admission was often delayed because of the limited number of hospital beds.
- Access to routine vaccination for children under five years of age remains a concern for the Health Sector as the results of the WHO vaccination coverage survey; the WHO Expanded Programme on Immunization (EPI) Cluster survey, points to areas of low vaccination coverage. This is further validated by the MoPH/UNICEF/WHO and partners Accelerated Immunization Activities (AIA)⁴ which started in the last quarter of 2017 and which indicate that indeed many children under 5 have not completed their vaccination as per the MoPH routine vaccination calendar and are at risk of vaccine preventable diseases.

Similar to previous years, displaced Syrian women's access to ante-natal care and post-natal care remained relatively low and so it is important to enhance displaced Syrians knowledge of available services through intensifying awareness raising on the location of health facilities providing subsidized primary healthcare services.

- In 2017, there was anecdotal information pointing to an increase in home-based deliveries among displaced Syrians. Assessments showed that not having anyone to care for the other children, a midwife being available, fear of having a C-section, lack of transportation and inability to pay the hospital fees were among reasons related to giving birth at home. MoPH data on maternal mortality for 2017 pointed to an increase in maternal deaths among displaced Syrians compared to the previous year with many of the maternal deaths seemingly being a result of delayed access to care.
- There was also an increase in newborn deaths among displaced Syrians which was comparatively higher than neonatal mortality among Lebanese. This may be explained by poor levels of ante-natal care among displaced Syrians.

KEY PRIORITIES AND GAPS FORESEEN - 1ST QUARTER 2018

Similar to previous years, the Health sector strategy for 2018 is focused on improving displaced Syrians, vulnerable Lebanese, Palestine Refugees from Syria (PRS) and Palestine Refugees in Lebanon (PRL) access to comprehensive primary healthcare (PHC). This includes access to vaccination, acute and chronic medication, family planning, pregnancy care, non-communicable diseases (NCDs) care, mental healthcare as well as laboratory diagnostics through both support of primary healthcare centers for the provision of subsidies and community outreach. The sector is also focused on improving access to secondary healthcare to displaced Syrians and Palestine Refugees from Syria through the provision of financial support for hospital care. Similar to previous years, the sector also aims to improve outbreak control through strengthening and expanding the EWARS system. Lastly, the sector aims at improving adolescent and youth health through the school health program.

As funds have been secured for the support of primary healthcare facilities in the provision of subsidies or free of charge primary healthcare services to displaced Syrians Refugees, vulnerable Lebanese, Palestine Refugees in Lebanon and Palestine Refugees from Syria for 2018, key priorities for Q1 2018 relate to the continued provision of free vaccination as well as acute and chronic medications including psychotropic medications to primary healthcare facilities. Another priority is the continued provision of secondary healthcare services to both displaced Syrians and Palestine Refugees from Syria. Additional Response System (EWARS) for improved outbreak control and to continue strengthening public primary healthcare and public hospital service delivery.

1- The Vulnerability Assessment of Syrian Refugees (VASyR 2016) pointed to 75% of displaced Syrians living under poverty with expenditures per capita below the Minimum Expenditure Basket and unable to meet their basic needs while the VASyR 2015 study pointed to 71% of displaced Syrians living below the poverty line.

2- Obstetric and emergency life-saving care is covered by UNHCR based on its Standard Operating Procedures (SOPs) through a network of 50 hospitals contracted by NEXtCARE, UNHCR'S Third Party Administrator (TPA).

3- DHIS2 is an online information system used for the reporting of communicable diseases to MoPH.

4- The Accelerated Immunization Activities (AIA) target children under 5 in cadasters where routine vaccination coverage was found to be low. Children who are considered not to be up to date relative to the MoPH Routine Vaccination Calendar are either directly vaccinated or referred to a MoPH-PHCc for vaccination.



CASE STUDY : Meeting the needs for medications for Non- Communicable Diseases for the most vulnerable Lebanese and Syrian refugees (WHO)

Since the advent of the Syrian refugee crisis, the number of beneficiaries from the MOPH-YMCA chronic medications program for non-communicable diseases (such as hypertension, diabetes, gastric ulcers, musculoskeletal diseases, endocrine diseases, etc) has doubled; jumping from 78,000 beneficiaries in 2012 to 168,000 in 2017. 57% of the beneficiaries are females and 43% are males. Syrian beneficiaries who benefit from the program contributed 28% to this increase. The MOPH covered around 73% of the Lebanese beneficiaries whereas around 27% of vulnerable Lebanese beneficiaries and all Syrian refugees were covered by external donor support. The graph below shows the percentage of Lebanese and Syrian beneficiaries covered by external donor support (European Union, Japan, Kuwait).

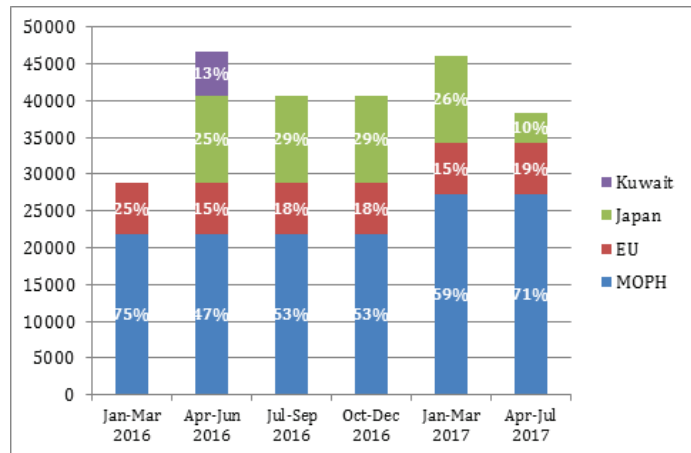


Fig1- Donor support to non-communicable disease medications (WHO-YMCA/MOPH 2017)

Lebanese beneficiaries are almost equally distributed in all governorates, with a higher concentration in Mount Lebanon and Nabatiyeh, while Syrian beneficiaries are mostly concentrated in the Bekaa followed by Beirut and the North.

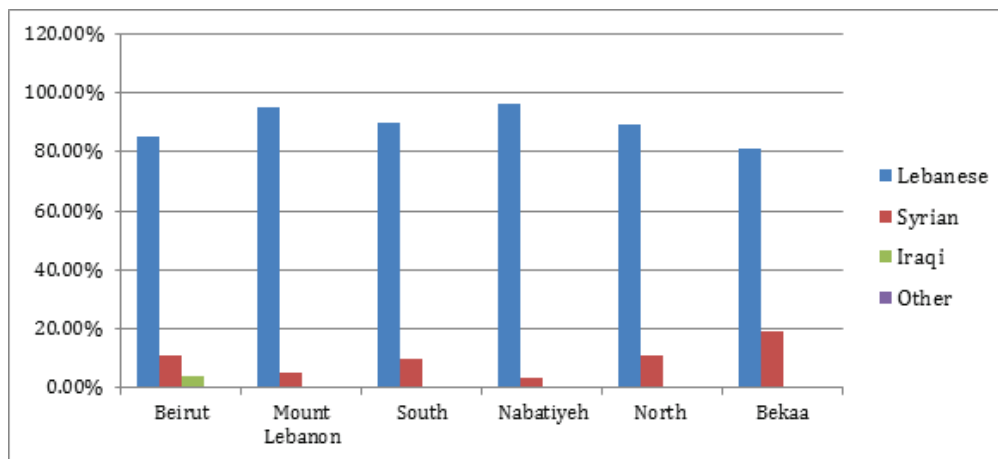


Fig 2- geographic distribution of beneficiaries (Chronic medications program- MoPH- YMCA, 2017)

WHO, with the support of the donors, was able to ensure that supply and provision of medication was not interrupted throughout 2017. The wide geographical distribution of the primary health care facilities supported by the YMCA-MOPH chronic medications program facilitated easy access across the country. No shortages of those medications were formally reported.

By ensuring access to affordable and quality NCD medications disability due to chronic diseases was prevented and consequently the quality of life of many vulnerable Lebanese and Syrian refugees was improved. Due to access to these medications patients are able to prevent the deterioration of their health and do not need hospitalization; access to NCD medications also contributes to reducing the vulnerability of Syrian and of poor Lebanese, by reducing out-of-pocket expenditures on health. The humanitarian support for access to health care in general, and to medicines in particular, reduces the competition for these services among the most vulnerable host and refugees communities, and is therefore believed to have contributed to reducing the social tensions. Close and timely coordination between partners in the humanitarian system can produce results and impact - as illustrated by the joint support to the non-communicable disease medication program.

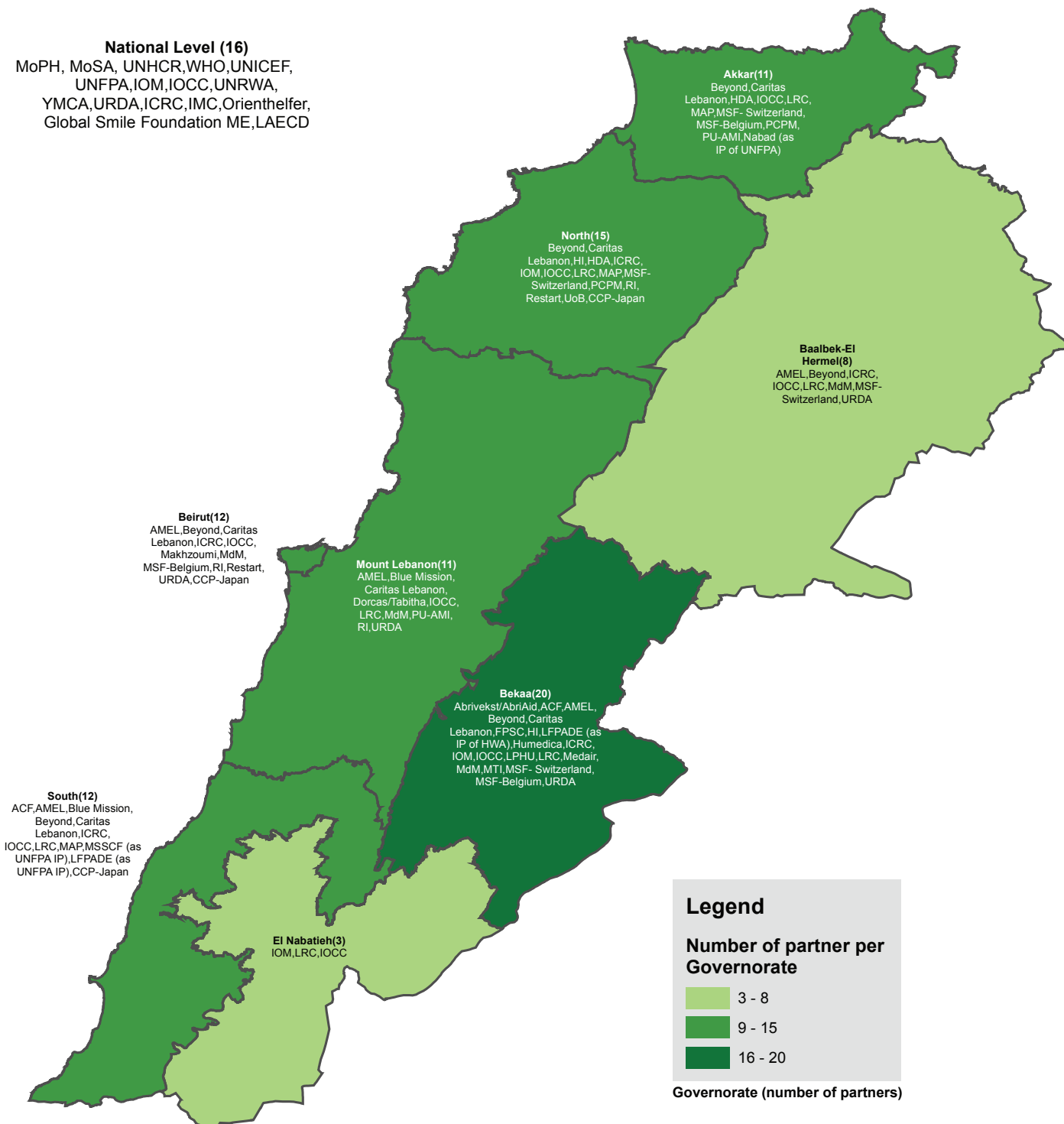


Organizations per governorate

All 46 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRP. MoPH, MoSA, UNHCR, WHO, UNICEF, UNFPA, IOM, IOCC, UNRWA, YMCA, URDA, ICRC, IMC, Orienthef, Global Smile Foundation ME, LAECD, Beyond, Caritas Lebanon, HDA, LRC, MAP, MSF- Switzerland, MSF-Belgium, PCPM, PU-AMI, Nabad (as IP of UNFPA), HI, RI, Restart, UoB, CCP-Japan, Abrivekst/AbriAid, ACF, AMEL, FPSC, LPPADE (as IP of HWA), Humedica, LPHU, Medair, MdM, MTI, Makhzoumi, Blue Mission, Dorcas/Tabitha, MSSCF (as UNFPA IP), LPPADE (as UNFPA IP)

National Level (16)

MoPH, MoSA, UNHCR,WHO,UNICEF, UNFPA,IOM,IOCC,UNRWA, YMCA,URDA,ICRC,IMC,Orienthef, Global Smile Foundation ME,LAECD



Note: This map has been produced by the Inter-Agency Information Management Unit of UNHCR based on maps and material provided by the Government of Lebanon for operational purposes. It does not constitute an official United Nations map. The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

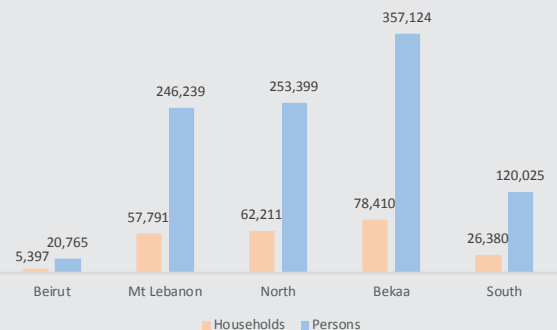
Annex 1: Key Figures

Syrian Refugee Population

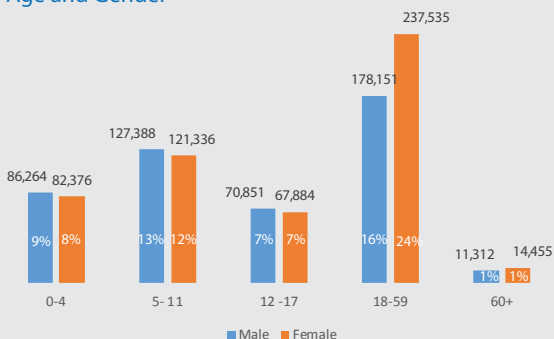
997,552 # of Registered Syrian Refugees (UNHCR, 31/12/2017)

230,189 # of Syrian Refugee Households (UNHCR, 31/12/2017)

Location in Lebanon (UNHCR, 31/12/2017)



By Age and Gender



Syrian Refugee Vulnerability Scores (2017 Desk Formula)

43% Severely Vulnerable
 23% Highly Vulnerable
 12% Mildly Vulnerable
 22% Least Vulnerable

Resettlement

1,289/3,830 # of individuals whose files have been submitted for resettlement under the "Medical Needs" category (UNHCR, Jan-Dec 2017)

646/12,617 # of individuals who have departed Lebanon under the category "Medical Needs" category (UNHCR, Jan-Dec 2017)

Nutrition

114,725 # of children U5 screened for acute malnutrition through MoPH-PHCs (MoPH, Jan-Dec 2017)

1,075 # of children U5 receiving treatment for acute malnutrition through MoPH-PHCs (MoPH, Jan-Dec 2017)

36,599 # of children U5 and PLW receiving micro-nutrients (MoPH, Jan-Dec 2017)

Sexual and Reproductive Health

210 PHCc & 75 dispensaries # of facilities receiving reproductive health commodities (MoPH, Dec 2017)

15 # of facilities receiving refresher trainings or coaching on Clinical Management of Rape (CMR TF) (Dec 2017)

46 # of facilities where PEP kits are available (UNFPA, Dec 2017)

39,833 individuals have accessed Family planning services through MoPH PHCCs (MoPH, Jan -Dec 2017)

69,348 individuals have accessed reproductive health services through Dispensaries

Mental Health

43,111 # of subsidized mental health consultations provided by health partners (AI, Jan-Dec 2017)

Outbreak Control

596 # of medical centers, PHC's & dispensaries which are functional EWARS sites

134 # of hospitals private and public which are functional EWARS sites

Maternal Health

21 # of maternal deaths in 2017 (MoPH, VDO, 2017) (6 Leb, 15 Non-Leb)

123,859 # of deliveries in 2017 (MoPH, VDO, 2017) (68,250 Leb, 55,609 Non-Leb)

56.7 Percentage of C-section out of all deliveries among Lebanese (MoPH, VDO, 2017)

35.7 Percentage of C-section out of all deliveries among non-Lebanese (MoPH, VDO, 2017)

Notifiable Diseases in Lebanon [cumulative n° of cases among all residents (among Syrians)] as of 2 January 2018

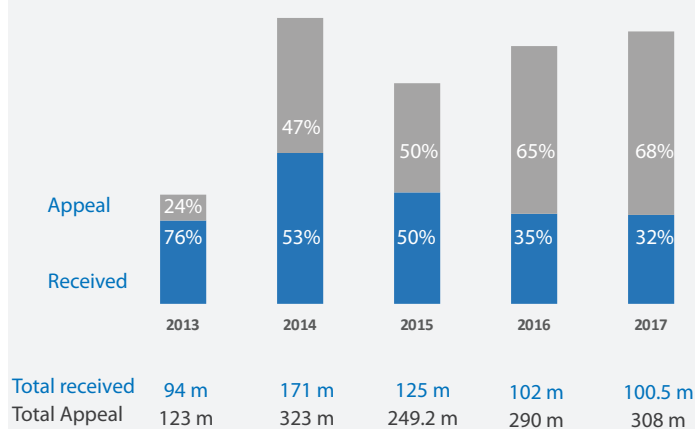
(Source: MoPH and WHO, Lebanese Epi-Monitor, Volume 4, Issue 12 - December 2017)

Disease	2016	2017	November	December
Vaccine Preventable Diseases				
Polio	0 (0)	0 (0)	0 (0)	0 (0)
AFP	123 (17)	75 (19)	4 (2)	3 (1)
Measles	44 (18)	129 (52)	7 (4)	21 (14)
Mumps	486 (86)	230 (47)	15 (6)	6 (3)
Pertussis	97 (18)	90 (22)	2 (1)	3 (2)
Rabies	0 (0)	1 (1)	0 (0)	0 (0)
Rubella	12 (6)	10 (6)	0 (0)	0 (0)
Tetanus	2 (0)	0 (0)	0 (0)	0 (0)
Viral Hep. B	367 (48)	319 (52)	25 (4)	15 (3)
Water/Food Borne Diseases				
Brucellosis	402 (165)	456 (149)	16 (1)	10 (0)
Cholera	0 (0)	0 (0)	0 (0)	0 (0)
Hydatid cyst	11 (2)	18 (5)	1 (1)	2 (0)
Typhoid fever	598 (11)	654 (19)	51 (1)	25 (3)
Viral Hep. A	519 (78)	775 (139)	107 (24)	68 (17)
Other Diseases				
Leishmania-sis	58 (52)	140 (116)	0 (0)	0 (0)
Meningitis	458 (63)	340 (70)	20 (4)	8 (1)
Viral Hep. C	116 (8)	129 (10)	10 (1)	8 (0)

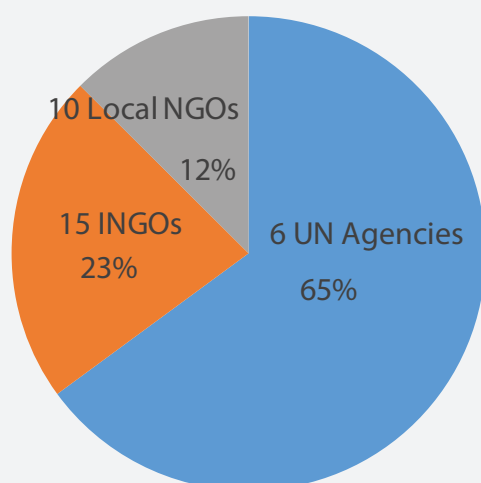
Annex 2: Sector Funding Status

Sector Funding Status 2013-2017

Source: Inter- Agency financial tracking system



% of Health Sector funding received by type of organization



Health Sector Partners; recipients of direct funding in 2017

Source: Inter- Agency financial tracking system for LCRP 2017

Partner	2017 Received in USD
United Nations High Commissioner for Refugees (UNHCR)	38,743,420
United Nations Children's Funds (UNICEF)	13,877,584
American Near East Refugee Aid (ANERA)	8,000,913
Makassed Association	5,800,148
International Medical Corps (IMC)	5,764,313
United Nations Relief and Works Agency (UNRWA)	4,207,364
International Organisation of Migration (IOM)	3,426,063
World Health Organization (WHO)	2,854,255
Medecins du Monde (MDM)	2,476,984
Caritas Lebanon	2,231,889
United Nations Fund for Population Activities (UNFPA)	2,128,107
AMEL Association International	1,635,817
Syrian American Medical Society (SAMS)	1,610,302
MEDAIR International Humanitarian Aid Organisation (MEDAIR)	1,514,476
Union of the Relief and Development Associations (URDA)	1,148,473
Order of Malta Lebanon	1,130,215
Relief International (RI)	875,000
Medical Teams International (MTI)	725,074
Humedita	693,489
Blue Mission	324,314
Première Urgence Aide Medicale Internationale (PU-AMI)	299,356
Restart Center for the Rehabilitation of Victims of Violence and Torture (RESTART)	274,644
Campaign for the Children of Palestine Japan (CCP JAPAN)	219,320
Qatar Red Crescent Society (QRCS)	158,515
Polish Center for International Aid (PCPM)	125,000
Adventist Development and Relief Agency (ADRA)	90,000
International Orthodox Christian Charities - Lebanon (IOCC)	65,222
Hilfswerk Austria International (HWA)	56,528
Association for Recreational and Cultural Solidarity (ARCS)	31,100
Himaya Daeem Aataa (HDA)	19,500
Migration services and development (MSD)	6,050
Total	100,513,434

Non LCRP Partner	2017 Received in USD
MSF-Belgium	8,550,000

Health Assessments

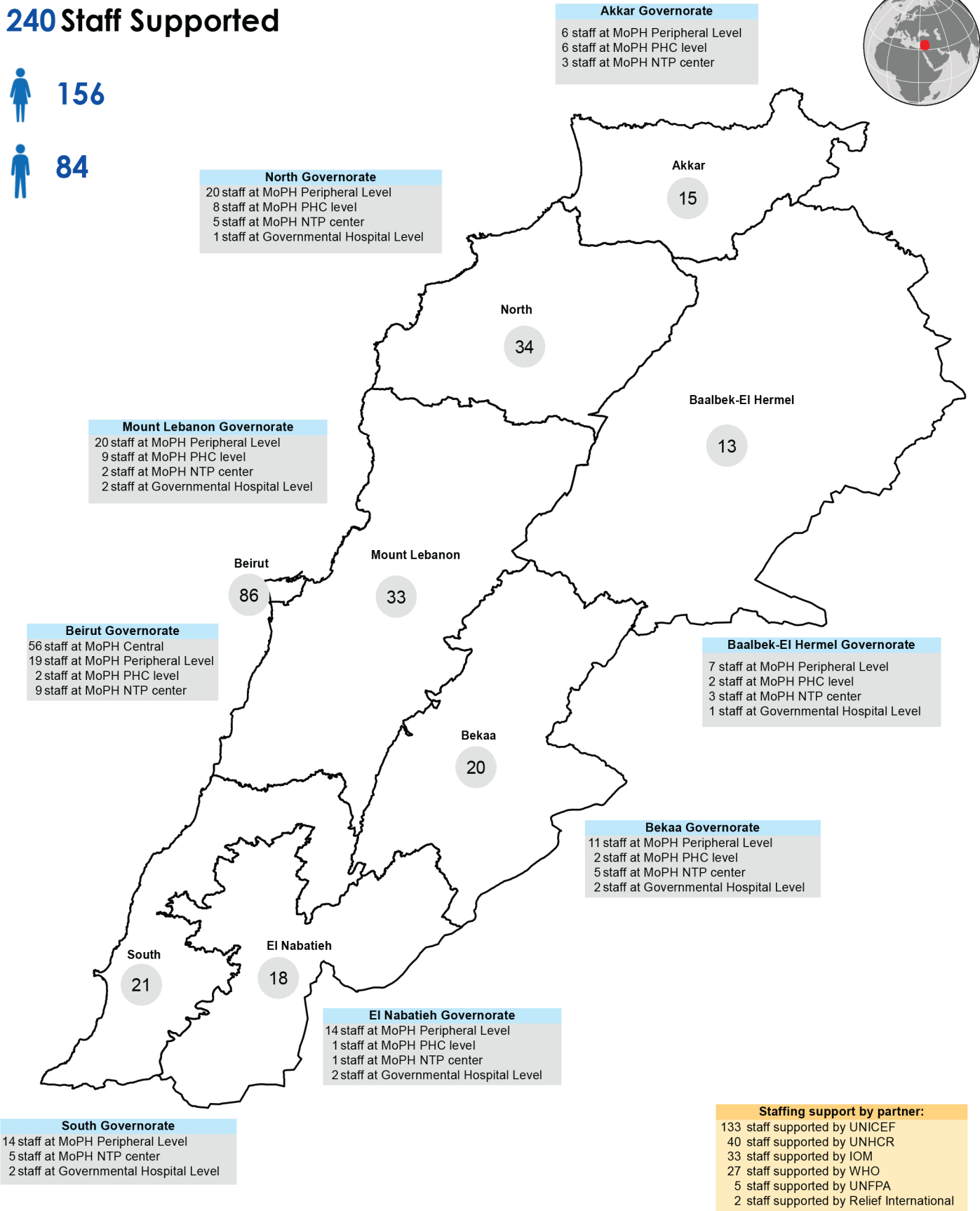
- Vulnerability Assessment of Syrian Refugees (VASyR, 2017)
- Syrian Refugees in Lebanon, Referral Care at a Glance (UNHCR, Jan-Dec 2016)
- Maternal Mortality in Lebanon- A Story of Success (El Kak, F. & Ammar, W., 2016)
- Health access and utilization survey among Syrian refugees in Lebanon (UNHCR, Nov 2017)
- Health & Nutrition Knowledge, Practice and Coverage Survey (MEDAIR, 2016)
- Knowledge, Attitudes and Practices of Syrian Refugees in Lebanon towards Family Planning (UNFPA & BAU, 2017)
- Barrier Analysis of Exclusive Breastfeeding, Minimum Dietary Diversity and Early Antenatal Care Seeking Behaviours of Syrian Refugees in Lebanon (IMC, USAID, TOPs Small Grant, September 2016)
- The Prevalence of Early Marriage and its Key determinants among Syrian Refugee Girls/Women in the Bekaa, Lebanon (AUB, UNFPA, SAWA for Development & Aid, April 2017)
- Profiling the Vulnerability of Palestine Refugees from Syria living in Lebanon (UNRWA, 2015)
- Assessment of Reproductive Health and Family Planning IEC/BCC Materials and Resources (UNFPA, October 2017)
- Expanded Programme on Immunization District-Based Immunization Coverage Cluster Survey (WHO, June 2016)
- Post-traumatic stress disorder in a sample of Syrian refugees in Lebanon (Kazour, F. et al., Comprehensive Psychiatry, Volume 72 , 41 – 47)



240 Staff Supported

156

84



Staffing support by partner:
 133 staff supported by UNICEF
 40 staff supported by UNHCR
 33 staff supported by IOM
 27 staff supported by WHO
 5 staff supported by UNFPA
 2 staff supported by Relief International

This map has been produced by the Inter-Agency Information Management Unit of UNHCR based on maps and material provided by the Government of Lebanon for operational purposes. It does not constitute an official United Nations map. The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.