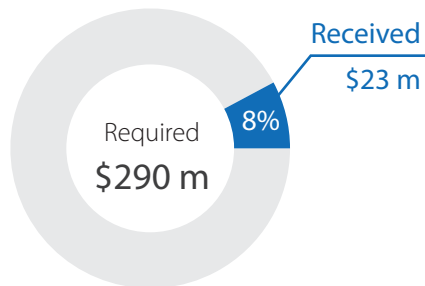




The January - April 2018 dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve Outbreak Control; OUTCOME 4) Improve Adolescent & Youth Health.

2018 Q1 Funding Status

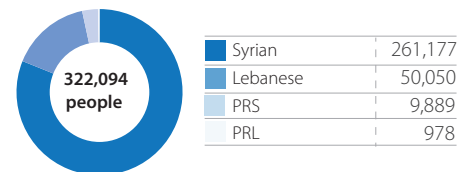
Funding received Jan to March 2018



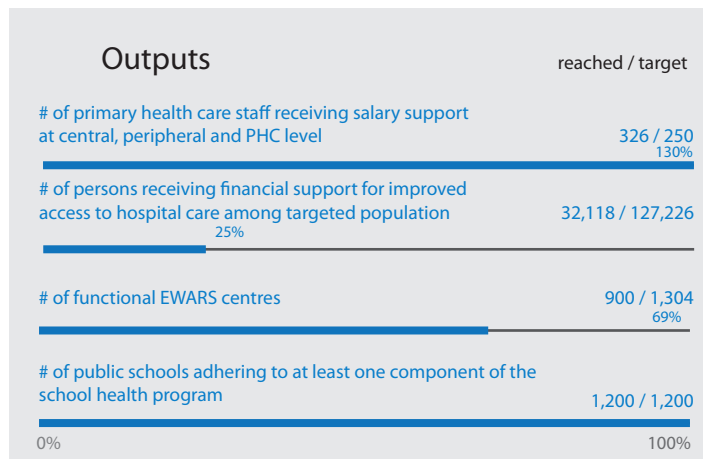
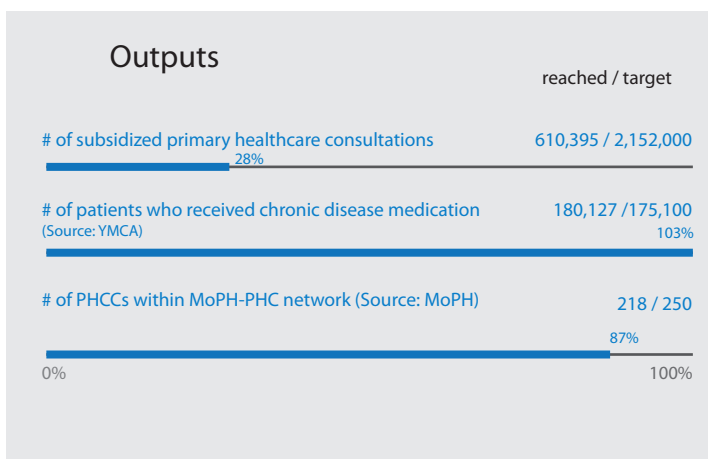
Targeted Population groups



Population reached by cohort

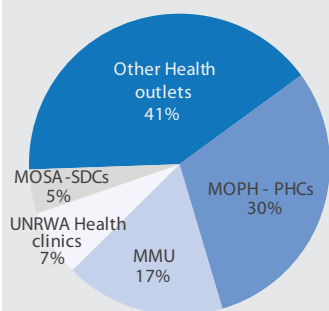


Progress against targets

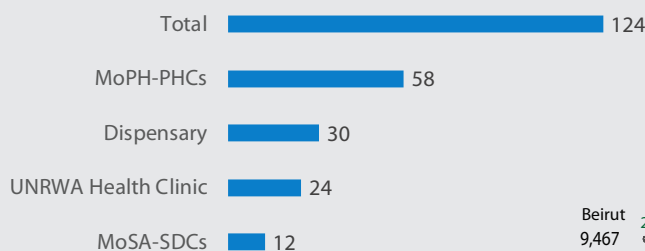


Analysis

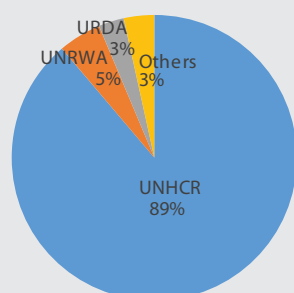
Percentage of consultations by type of primary healthcare outlet



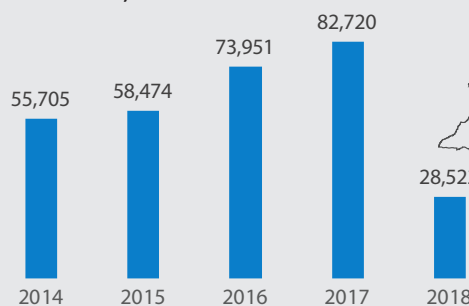
of supported primary healthcare outlets by type



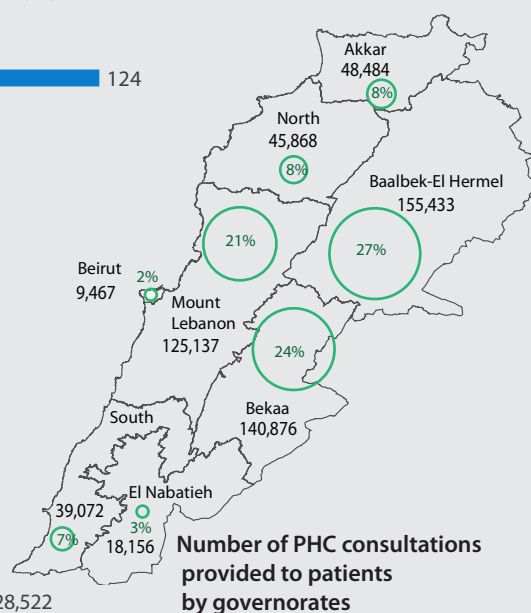
Percentage of support to Secondary health care (SHC) admissions by organization



of SHC admissions supported by UNHCR, 2014 to 2018



UNHCR Syrian Refugees in Lebanon - Referral care at a glance (2014,2015,2016), UNHCR AI,2017,2018



KEY ACHIEVEMENTS

Around 100 facilities as well as **10** mobile medical units were supported by partners in the provision of subsidized PHC services

610,395 subsidized consultations were jointly provided by partners

180,127 Lebanese and Syrian refugees were able to receive free chronic disease medication through the MoPH YMCA program during Q1 of 2018

9,944 doses of measles vaccine and **13,820** doses of MMR vaccine were given to children (6 months to 15 years) in response to the measles outbreak in the areas of Zahle, Shatila, Jnah and Ouzai, during March and April 2018.

28,522 displaced Syrians received financial support through UNHCR to access obstetric or emergency hospital care

1,561 PRS received financial support through UNRWA to access hospital care

140 displaced Syrians with chronic renal failure continued to receive access to free dialysis care

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)

11%

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

2013

Year of last Measles outbreak in Lebanon

1,760

Number of confirmed measles cases in 2013

March 15th, 2018

MoPH declares a Measles outbreak

459

Number of cases reported from Jan 1st -May 22nd, 2018

69% Leb/ 31% Syr

Percentage of measles cases by nationality

KEY CONTRIBUTIONS TOWARDS LCRP IMPACT(S)

Similarly to previous years, from January to April 2018, the Health Sector continued to support health services provision through national systems thereby contributing to LCRP Strategic Objective #3.

As such, health partners continued to provide financial support to displaced Syrians, vulnerable Lebanese, Palestine Refugees from Syria and Palestine Refugees from Lebanon to improve their access to both primary health care as well as hospital care while continuing to implement activities aimed at strengthening service delivery.

Access to primary health care services was improved by partners providing a total of 610,395 subsidized consultations representing 28% of the 2018 target of 2,152,000 consultations. The majority of beneficiaries of these consultations were displaced Syrians (76%), followed by vulnerable Lebanese (16%), PRS (7.7%) and PRL (0.3%). Overall, 76% of subsidized consultations were provided through fixed health outlets while the remaining 17% of subsidized PHC consultations were provided through mobile medical units (MMUs). Of those consultations subsidized through fixed health outlets, 30% were provided through Ministry of Public Health (MoPH) primary health care centers (PHCCs), 5% through Ministry of Social Affairs (MoSA) social development centers (SDCs), 41% through other health outlets and 7% through UNRWA clinics.

Obstetric and emergency/life-saving care continued to be provided by UNHCR to displaced Syrians with 28,522 hospitalizations supported from January to April 2018. Through UNRWA, 1,561 Palestinian Refugees from Syria received in-patient hospital care. Lives were saved through continued access to dialysis for 140 displaced Syrian chronic renal failure patients while many others remained on partners' waiting list for support. On a more limited basis and covering a smaller number of patients, various medical missions were organized targeting specific surgeries such as cleft lip/palate surgeries, cataract surgeries, surgeries for congenital orthopedic malformations among others. This increased the quality of life for those individuals requiring specialized care.

The Health sector continued to provide support to the national health system by procuring vaccinations, medication, reproductive health commodities, as well as other medical supplies or equipment to facilities including MoPH-PHCs as well as dispensaries. Also, support was provided to the national health system through a total of 326 staff supported at MoPH central and peripheral level, MoPH-PHCs, MoSA-SDCS, dispensaries as well UNHCR Registration centres and border vaccination sites. Trainings or coaching visits for improved service delivery continued to be provided with a focus on the Clinical Management of Rape (CMR), Baby-friendly Hospital Initiative (BFHI), Surveillance and Response related to the Measles Outbreak among others.

CHALLENGES

- As a result of decrease in funds to UNRWA, UNRWA had to stop the financial coverage of pregnant women among Palestine Refugees from Syria (PRS) in need of normal deliveries as of March 2018.
- The MoPH-led “Accelerated Immunization Activity (AIA) was implemented throughout Q4 of 2017 and Q1 of 2018 with the objective of strengthening access to routine vaccination in areas with low vaccination coverage. Children who had dropped out of routine vaccination were referred to PHCs for vaccination. One particular challenge was their low turnout at PHCs. Moreover, another challenge was the low levels of funding available to pursue this activity in other low coverage cadasters.
- Delays in funding have resulted in serious shortages in both acute as well as chronic medication in health facilities supported by both MoPH for essential medication as well as YMCA for chronic medication. A time lapse is expected before stocks are replenished as procurement orders can only be placed once funds are actually received in accounts.
- There has been an increase in scabies and lice referrals as a result of poor WASH conditions in many areas across Lebanon with limited scabies medication available in stock. As a result, MoPH had to manage the transfer of medication from facilities where it was available and not needed to facilities where it was needed.
- A delay in the assessment of PHC facilities as well as the signing of agreements between partners and PHC facilities has led to gaps in the availability of subsidized PHC services in various vulnerable areas in Q1 of 2018.

KEY PRIORITIES AND GAPS FORESEEN (for next 4 months)

Building on the achievements of the MoPH-led “Accelerated Immunization Activities” and the response to the Measles Outbreak, a key priority would be to continue supporting access to routine vaccinations for children residing in areas with low vaccination coverage as a way to prevent vaccine preventable diseases but also future outbreaks.

In light of the expected decrease in WASH services in Informal Settlements resulting from lack of funding as well as a perceived trend of increasing WASH-related diseases including skin diseases such as scabies and lice, it is important from a Health Sector perspective to strengthen community awareness, surveillance, referrals to health facilities and ensure that treatment/medications are sufficiently available in stock but also readily available to communities.

Maintaining access to secondary health care while expanding support for health conditions requiring hospital care and not currently covered or covered on a very limited basis.

Expanding dialysis support to cover around 100 additional patients with chronic renal failure who do not have financial support secured till the end of the year.

CASE STUDY : Strengthening Outbreak Control as an example of operationalizing the human-development nexus.

Over the years, the World Health Organization (WHO) has supported the surveillance unit of the Ministry of Public Health. At the onset of the Syrian crisis, and with the increased risk of communicable diseases outbreaks and other threats, WHO reinforced its support particularly to the Early Warning and Alerts and Response System (EWARS); an intervention considered priority in the current context. This support has helped not only in preventing outbreaks but also in strengthening the national surveillance system across the country on the long run.

A detailed situation assessment was completed for the Surveillance system and a strategic framework and plan of action with priority interventions were recommended. Focus was put mainly on the harmonization of reporting system, the expansion of EWARS to multidisciplinary stakeholders, and improving flow of information within the MoPH departments on one side and between the MoPH and the concerned stakeholders on the other side.

An IT platform was established using DHIS2 software, whereby aggregate number of cases can be reported on weekly basis from Health facilities to peripheral and central MoPH teams. WHO also supported the provision of necessary IT equipment for this upgrade. In addition, intensive training of staff at health centers on the DHIS2 was offered by WHO, including advanced training for MoPH staff.

Prior to 2017, facilities used to rely on paper-based reporting to MoPH through fax.

Today 143 hospitals (target: 152), 132 laboratories (target: 152), and 625 primary healthcare centres and dispensaries (target: 1000), are able to use the web based surveillance and reporting system. Subsequently, the MOPH is also able to produce up to date surveillance weekly bulletins published on the MoPH website.

Limitations:

Human resources: limited HR capacity of MoPH (recruitment of permanent staff remains challenging but is needed to ensure sustainability)

- IT infrastructure: the IT infrastructure of the Lebanese Government in general and that of the MoPH in particular requires further support.

Challenges:

- Lack of funds
- High turnover of trained staff
- Difficulty in reaching non-health partners who are key for surveillance

Lessons learned:

- On the Humanitarian-Development Nexus; meaningful and sustainable impact requires complementary action by humanitarian and development actors. This is an example where system strengthening was achieved through humanitarian funds.
- Governmental, non-governmental, public, and private partners are all important players in infrastructure building and maintenance
- Timely acceleration of surveillance and further reinforcement of the system helped avoid outbreaks similar to those happening in nearby countries.

Next steps

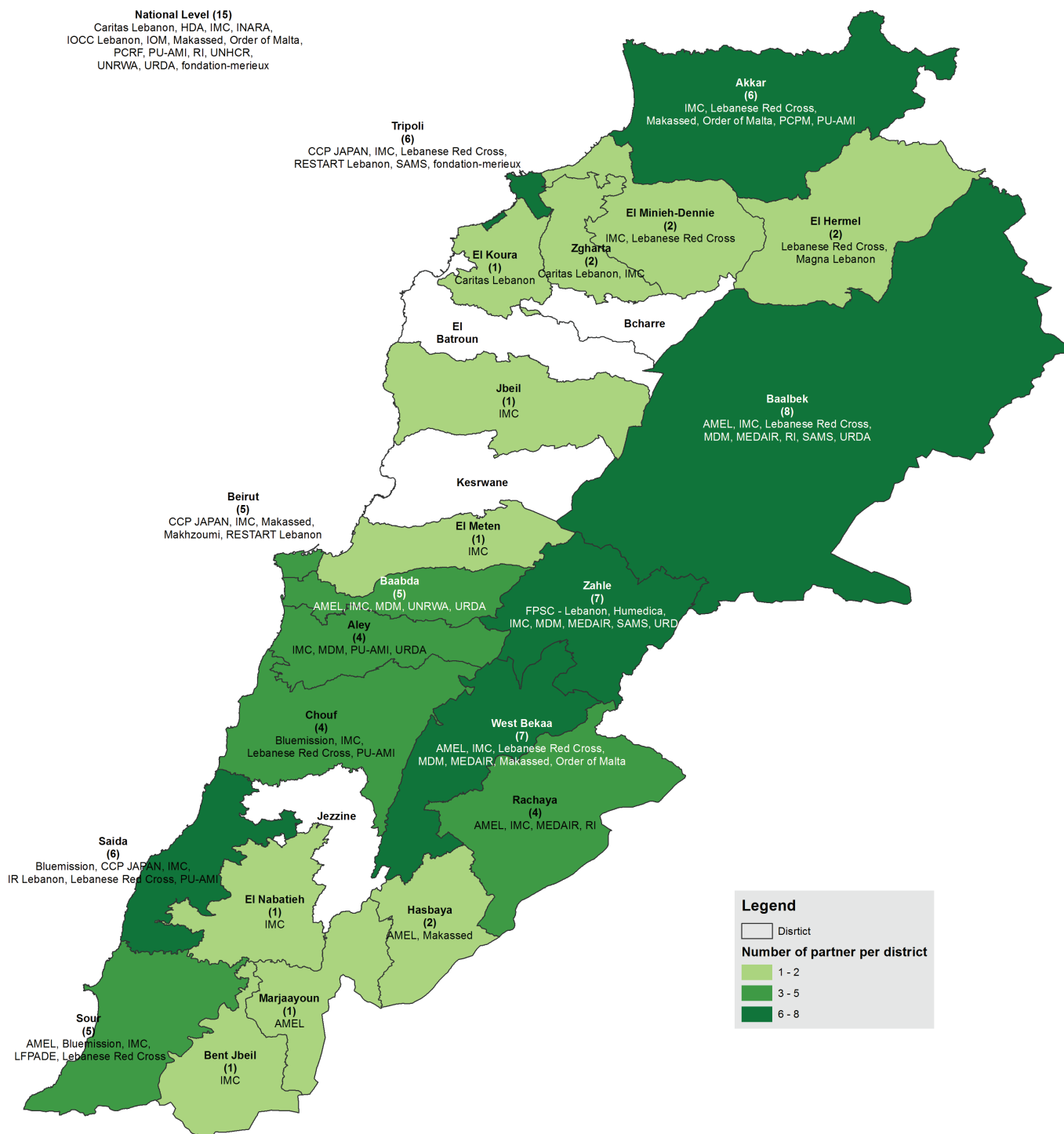
- It is important to move to case-based and real time reporting as today details about each case are sent to MoPH by fax.
- It is important to expand the system to key stakeholders such as the Ministry of Agriculture and the Ministry of Environment (as part of the ONE HEALTH alert system)



Organizations per District

All 30 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRPand reporting under ActivityInfo.

AMEL, Bluemission, Caritas Lebanon, CCP JAPAN, fondation-merieux, FPSC - Lebanon, HDA, Humedica, IMC, INARA, IOCC Lebanon, IOM, IR Lebanon, Lebanese Red Cross, LFPADE, Magna Lebanon, Makassed, Makhzoumi, MDM, MEDAIR, Order of Malta, PCPM, PCRF, PU-AMI, RESTART Lebanon, RI, SAMS, UNHCR, UNRWA, URDA



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.

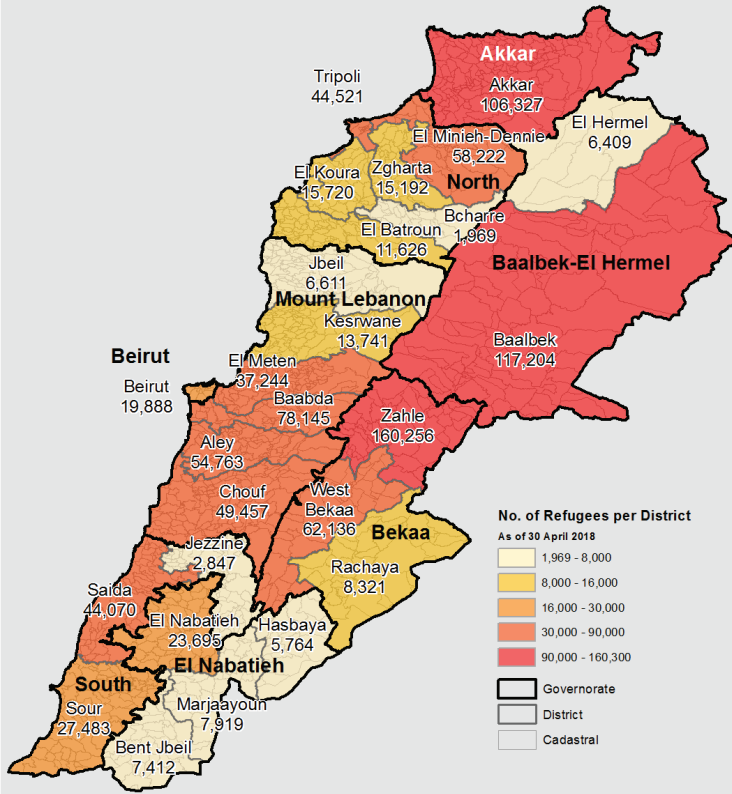
Annex 1: Key Figures

Syrian Refugee Population

986,942 # of Registered Syrian Refugees (UNHCR, 30/04/2018)

226,373 # of Syrian Refugee Households (UNHCR, 30/04/2018)

Location in Lebanon (UNHCR, 30/04/2018)

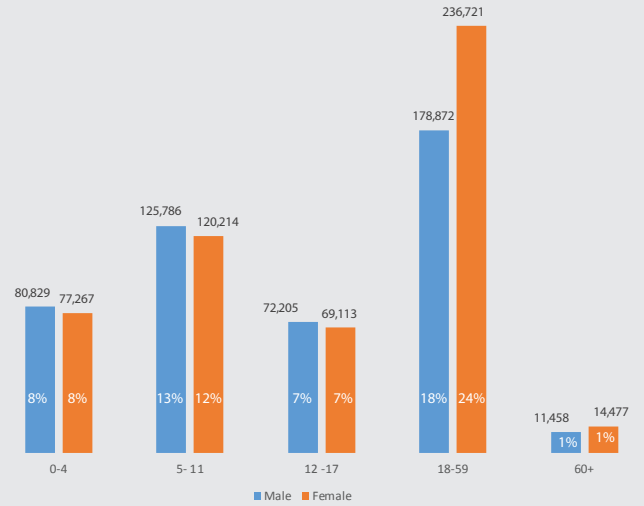


Notifiable Diseases in Lebanon [cumulative n° of cases among all residents (among Syrians)] as of April 2018

(Source: MoPH and WHO, Lebanese Epi-Monitor, April 2018)

Disease	2017	2018	January	February	March	April
Vaccine Preventable Diseases						
Polio	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
AFP	75 (19)	30 (9)	10 (4)	6 (1)	9 (4)	5 (0)
Measles	129 (52)	395 (134)	26 (9)	67 (23)	147 (66)	155 (36)
Mumps	230 (47)	15 (1)	5 (1)	4 (0)	5 (0)	1 (0)
Pertussis	90 (22)	13 (7)	2 (1)	6 (3)	4 (2)	1 (1)
Rabies	1 (1)	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)
Rubella	10 (6)	6 (1)	2 (0)	2 (1)	1 (0)	1 (0)
Tetanus	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Viral Hep. B	319 (52)	78 (6)	24 (2)	19 (2)	21 (2)	14 (0)
Water/Food Borne Diseases						
Brucellosis	456 (149)	76 (4)	17 (1)	19 (1)	21 (1)	19 (1)
Cholera	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Hydatid cyst	18 (5)	2 (1)	1 (0)	0 (0)	0 (0)	1 (1)
Typhoid fever	654 (19)	90 (0)	38 (0)	24 (0)	18 (0)	10 (0)
Viral Hep. A	775 (139)	230 (28)	82 (13)	53 (7)	45 (3)	50 (5)
Other Diseases						
Leishmania-sis	140 (116)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Meningitis	340 (70)	122 (29)	40 (11)	24 (9)	36 (5)	22 (4)
Viral Hep. C	129 (10)	30 (4)	9 (1)	9 (2)	6 (1)	6 (0)

By Age and Gender (UNHCR, 30/04/2018)



Syrian Refugee Vulnerability Scores (2017 Desk Formula)

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

Mental Health

17,196 # of subsidized mental health consultations provided by health partners (AI, Jan-Apr 2018)

Outbreak Control

900 # of institutions with surveillance data at the source:
 - 143 are operational for zero reporting (target: 152)
 - 132 are operational for labo reporting (target: 152)
 - 625 are operational for medical center reporting (target: 1000)

21 # of operational surveillance sites newly established

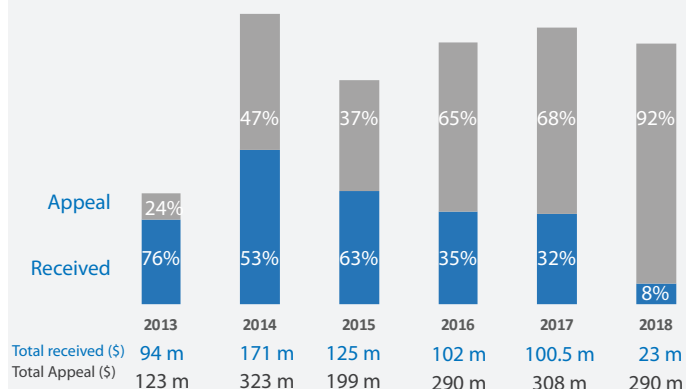
Staffing Support to the Health Care System in Q1 2018

Partner	Total Number of staff supported	Distribution of Staff per location
UNICEF	184	MoPH Central Level: 13
		MoPH Peripheral Level: 92
		UNHCR Registration centres and border vaccination sites: 27
		MoSA Central Level: 2
		MoSA SDC Level: 50
MdM	49	MoPH-PHCs: 30 Dispensaries: 19
IOM	33	NTP Centers: 33
WHO	31	MoPH Central Level: 15
		MoPH Peripheral Level: 16
IMC	27	MoPH-PHCs: 20 Dispensaries: 7
UNFPA	2	MoPH Central Level: 2
Total	326	

Annex 2: Sector Funding Status

Sector Funding Status 2013-2018

Source: Inter- Agency financial tracking system



Health Sector Partners; recipients of direct funding in Q1 2018

Source: Inter- Agency financial tracking system for LCRP 2018 , as of 13 April 2018

Partner	2018 Q1 Received in USD
United Nations High Commissioner for Refugees (UNHCR)	16,195,119
United Nations Children's Funds (UNICEF)	1,973,112
Medecins du Monde (MDM)	1,345,945
United Nations Fund for Population Activities (UNFPA)	799,162
MEDAIR International Humanitarian Aid Organisation (MEDAIR)	710,350
United Nations Relief and Works Agency (UNRWA)	662,433
Caritas Lebanon	487,152
AMEL Association International	203,500
American Near East Refugee Aid (ANERA)	192,473
International Orthodox Christian Charities - Lebanon (IOCC)	47,800
Campaign for the Children of Palestine Japan (CCP JAPAN)	43,874
Total	22,660,921

Health Research or Assessments recently shared:

- . Expanded Programme on Immunization, District-Based Immunization Coverage Cluster Survey (MoPH, WHO, 2016)
- . Multi-sectoral Knowledge, Attitude and Practice Study (UNICEF Lebanon, 2017)
- . Infant and young child feeding in emergencies: Organisational policies and activities during the refugee crisis in Lebanon (Shaker-Berbari et al, 2018)