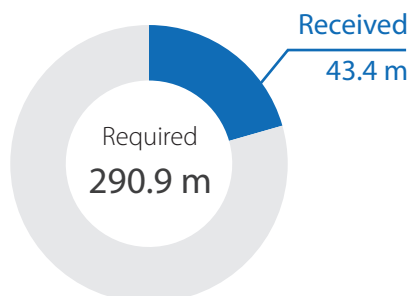




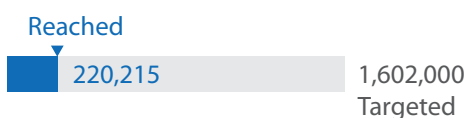
The quarterly dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) improve access to primary health care (PHC) services; OUTCOME 2) improve access to hospital and advanced referral care; OUTCOME 3) improve outbreak control; OUTCOME 4) strengthen key institutions; and OUTCOME 5) ensure transparency and accountability of health partners.

## 2016 Funding Status as of 12 April 2016

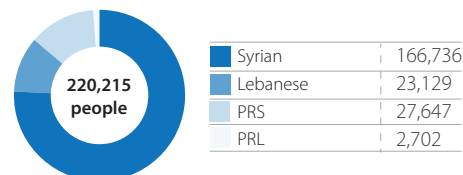


## Targeted Population groups

2.5 m (People in Need)



## Population reached by cohort

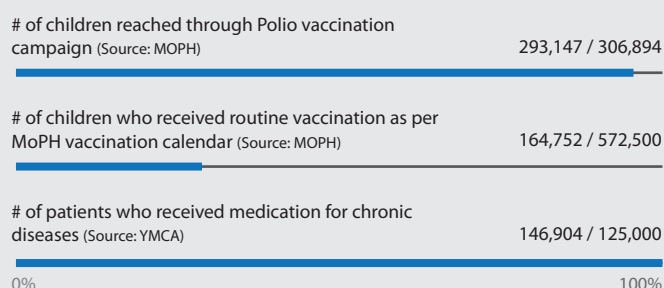


## Progress against targets



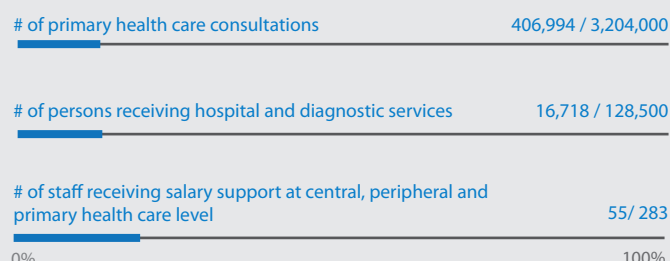
### Activities

reached / target



### Outputs

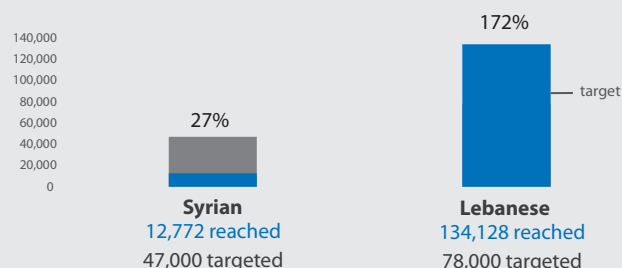
reached / target



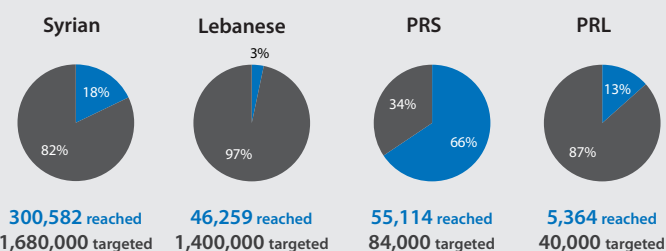
## Analysis

### Patients who received medication for chronic diseases by population cohort versus targets

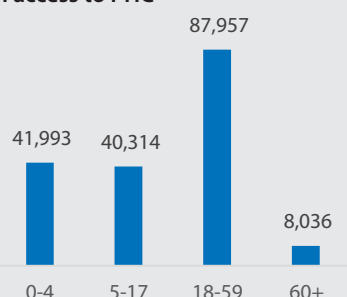
(Source: YMCA)



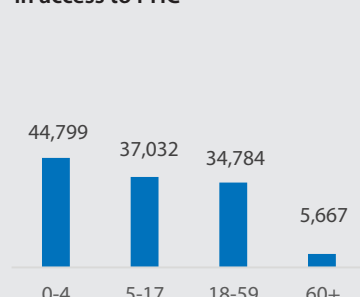
### % of targeted population reached with PHC consultation



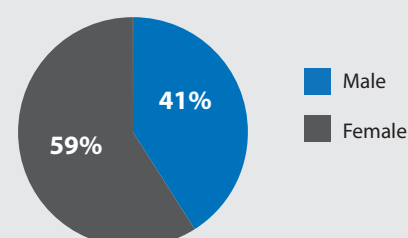
### Age distribution of Syrian females in access to PHC



### Age distribution of Syrian males in access to PHC



### Gender distribution of Syrians in admission to referral care



As of the end of March 2016, LCRP health partners have received a total of 43.4 million USD equivalent to 15 % of the LCRP 2016 health sector's financial requirements of 290 M USD.

Funding received has allowed Syrian refugees, vulnerable Lebanese, Palestine refugees from Syria and Lebanon to access primary health care services through some 130 fixed outlets (PHCs, SDCs, health clinics, etc.) or mobile medical units across the country at a subsidized cost or free of charge. From January to March, the total number of consultations provided by LCRP partners was 406,994 representing 13% of the annual target of 3,204,000 consultations. Although the majority (71%) of these consultations were at fixed centers, an important number of consultations (29%) continue to be delivered through mobile medical units. In addition, the distribution of consultations across different governorates indicates a geographic disparity; proportionately to the distribution of Syrian refugees, the North and Mount Lebanon governorates appear to be underserved in terms of support to primary health care whereas the Bekaa and Baalback el-Hermel governorates appear to be over-served.

Health partners are currently providing an average of 135,000 consultations per month. This reflects the maximum capacity that centers can achieve per month. A concern of the sector is that if health partners continue providing consultations at the same rate, only 50% of the annual target will be achieved and a limited number of vulnerable refugees will receive support in access to primary health care. This implies that support of a greater number of PHC centers is needed to expand coverage.

With regards to vaccinations, 293,147 children (96% of the target) were reached as part of a polio vaccination campaign aiming at maintaining Lebanon's polio-free status.

In terms of hospital and referral care, around 5,400 Syrian refugees per month have been supported with access to life-saving and obstetric hospital care by UNHCR at a network of 56 contracted hospitals across Lebanon. Some partners have also supported hospitalizations not covered by UNHCR on a limited case by case basis. Another concern of the sector is that if health partners continue to support access to hospital care at the same rate and with the same coverage criteria, only 50% of the annual target will be achieved and an important number of refugees will not receive needed hospital care, the main reason being insufficient funding to support all hospitalizations.

Funding received has also contributed to strengthening the MoPH primary health care system through the procurement and provision of both acute and chronic medication as well as vaccines, the provision of salaries for 55 health staff at MoPH central and PHC level, the provision of material such as vaccinations cards, awareness material etc. and technical assistance provided relating to the polio vaccination campaign and preparation for the global switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) among others.



## Facts and Figures

**214**

Number of PHCs within the MoPH network

**3,000-5,000 LBP (US\$2-3.30)**

Cost of a subsidized PHC consultation

**PCV13 (Pneumococcal conjugate vaccine)**

New vaccine added to MoPH EPI (Expanded Programme on Immunization) calendar for 2016

**April 20th, 2016**

Lebanon switch date from tOPV (trivalent oral polio vaccine) to bOPV (bivalent oral polio vaccine)

**5,400**

Average hospital admissions/month (UNHCR only)

**51%**

% of total admissions that are deliveries (UNHCR only)

**33%**

% of C-sections in Q1 out of total deliveries (UNHCR only)

**135,665**

Average number of consultations/month

**97,000 LBP or 64 USD**

Syrian refugee average monthly household health expenditure (Data from Q1 HH profiling questionnaire)

**13%**

% of Syrian refugee monthly household health expenditure out of total expenditure (Data from Q1 HH profiling questionnaire)

**56**

Number of hospitals contracted by UNHCR (through Medivisa)



## Changes in Context - First Quarter

The first quarter of 2016 was marked by 2 important changes:

- UNRWA announced that as of 1 January, changes to its hospitalization policy in Lebanon will be implemented, the purpose of which is to increase tertiary coverage for patients, align the health coverage more closely with Lebanon's policy in general and with the agency's overall hospitalization policy in specific, and manage the rising costs related to the health program in Lebanon within the framework of available resources at UNRWA. The announcement and the implementation of the policy led to community protests and forced the closure of a number of UNRWA installations. This in turn led to the suspension of the policy implementation for a month (March 21- April 21) pending the outcome of ongoing negotiations.

- As of 18 March, UNHCR increased its hospital coverage to 90% for Syrian refugees in need of life-saving and obstetric hospital care for neonatal and pediatric intensive care admissions, patients with severe burns as well as refugees assessed as severely vulnerable based on the results of the household profiling questionnaire. Coverage for all other conditions remains at 75%. This change in policy provides an extended safety net to the most vulnerable and those facing very high medical expenses.

## Organizations

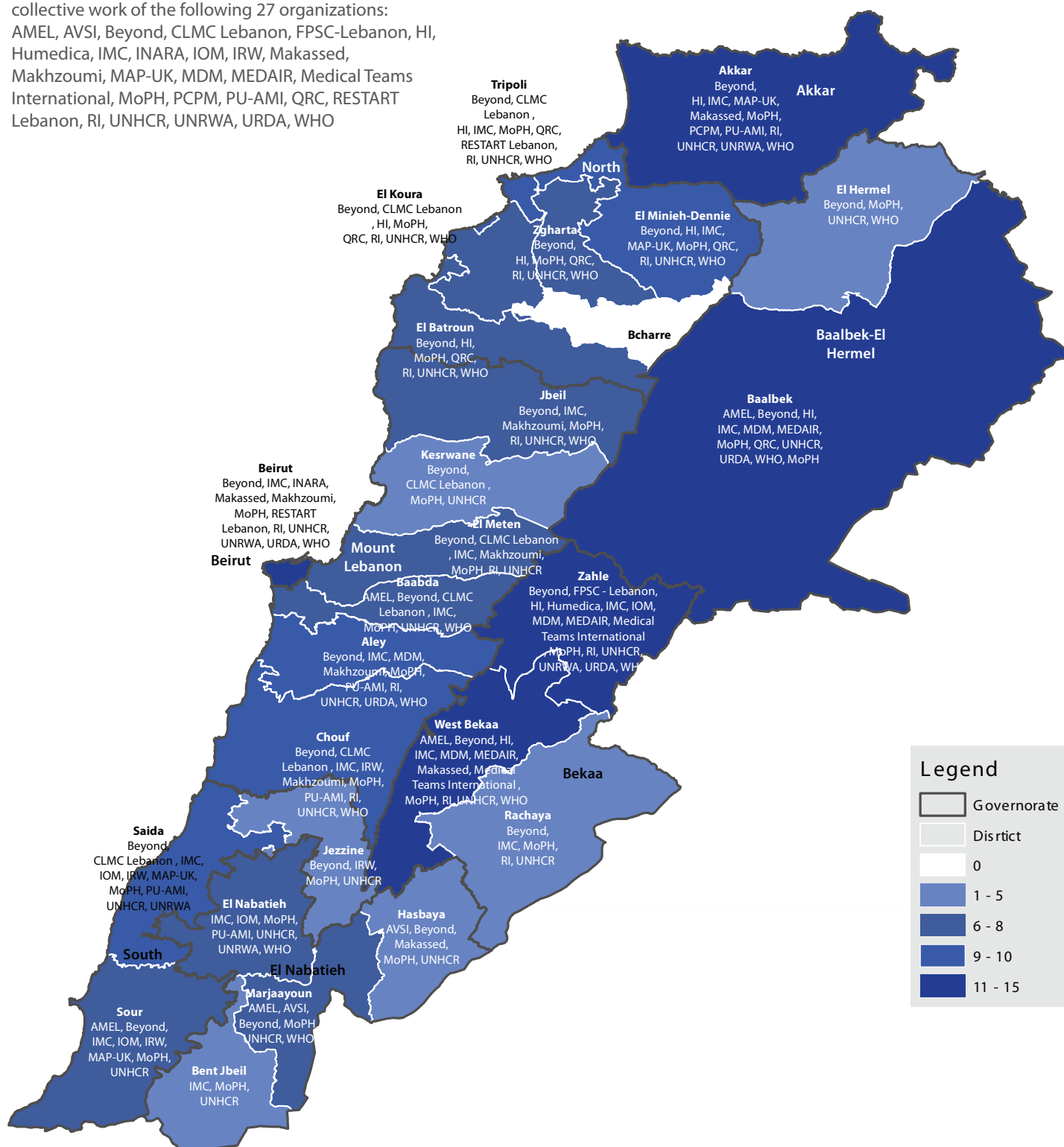
The achievements described in this dashboard are the collective work of the following 27 organizations:

AMEL, AVSI, Beyond, CLMC Lebanon, FPSC-Lebanon, HI, Humedica, IMC, INARA, IOM, IRW, Makassed, Makhzoumi, MAP-UK, MDM, MEDAIR, Medical Teams International, MoPH, PCPM, PU-AMI, QRC, RESTART Lebanon, RI, UNHCR, UNRWA, URDA, WHO



## Organizations per district

The achievements described in this dashboard are the collective work of the following 27 organizations: AMEL, AVSI, Beyond, CLMC Lebanon, FPSC-Lebanon, HI, Humedica, IMC, INARA, IOM, IRW, Makassed, Makhzoumi, MAP-UK, MDM, MEDAIR, Medical Teams International, MoPH, PCPM, PU-AMI, QRC, RESTART Lebanon, RI, UNHCR, UNRWA, URDA, WHO



Note: This map has been produced by UNHCR based on maps and material provided by the Government of Lebanon for UNHCR 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.

