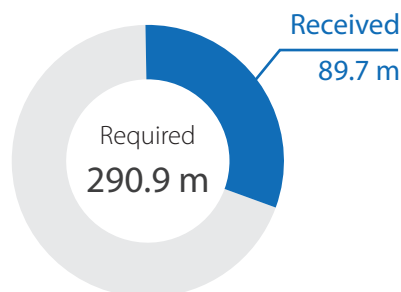




The quarterly dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) improve access to primary health care (PHC) services; OUTCOME 2) improve access to hospital and 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 August 2016

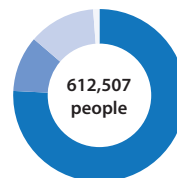


Targeted Population groups

2.5 m (People in Need)



Population reached by cohort



Syrian	464,374
Lebanese	64,103
PRS	76,809
PRL	7,221

Progress against targets



Activities

reached / target

of children reached through Polio vaccination campaign (Source: MOPH) 293,147 / 306,894

of children who received routine vaccination as per MoPH vaccination calendar (Source: MOPH) 620,291 / 572,500

of patients who received medication for chronic diseases (Source: YMCA) 154,809 / 125,000

0% 100%



Outputs

reached / target

of primary health care consultations 1,125,344 / 3,204,000

of persons receiving hospital and diagnostic services 49,835 / 128,500

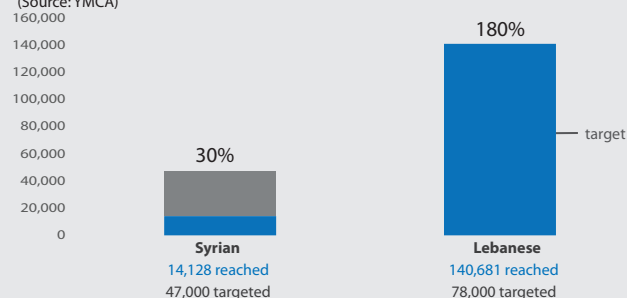
of staff receiving salary support at central, peripheral and primary health care level 108 / 283

0% 100%

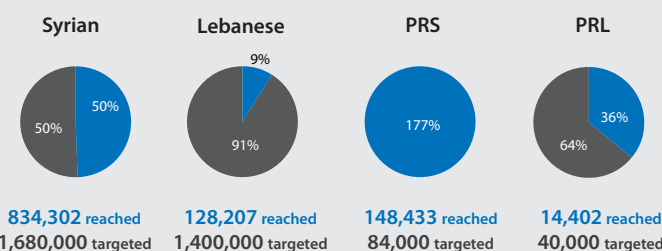
Analysis

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

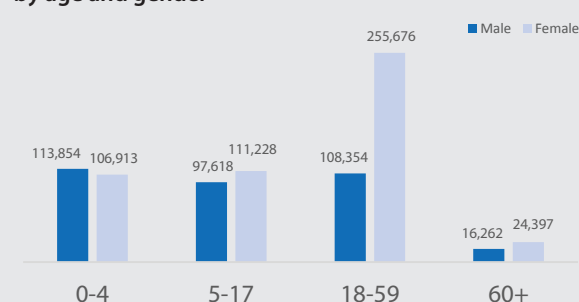
(Source: YMCA)



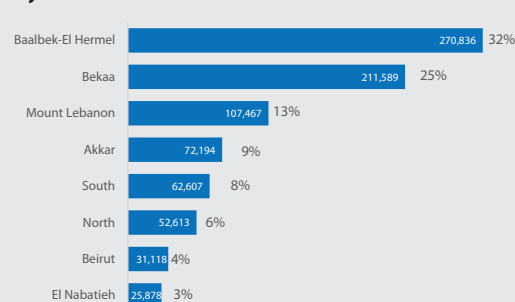
% of targeted population reached with PHC consultation



Number of PHC consultations provided to displaced Syrians by age and gender



Number of PHC consultations provided to displaced Syrians by Governorates



As of end August, total LCRP 2016 funding received under the Health Sector is at 90 million USD, equivalent to 31% of the sector's financial appeal of 290 million USD, with the top 5 recipients of the sector; UNHCR, UNICEF, WHO, YMCA and UNRWA having received 80% of the total funds. The funding received is comparable to funding received in the same period last year whereby by the end of September 2015, the Health Sector had received a total of 99 million USD under LCRP 2015.

In terms of improving access to primary health care (outcome 1), health partners have been able to support a total of 1,125,344 consultations to date representing 35% of the target. The majority of beneficiaries of these consultations were Syrians (74%) followed by PRS (14%), vulnerable Lebanese (11 %) and PRL (1%). Overall, 35% of these consultations were provided through 62 health centers including dispensaries, 23% through 55 MoPH-PHCs, 12% through 25 UNRWA clinics, 4% through 12 MoSA CDCs while the remaining 25% were provided through MMUs.

As for ensuring hospital or referral care (outcome 2), access continues to be provided to Syrian refugees for emergency/life-saving and obstetric care through a network of 53 hospitals contracted by UNHCR with 44,485 hospitalizations from January to August 2016 representing an 18% increase in the number of admissions from January to August 2015 (37,670). With regards to some chronic diseases, financial support for treatment (blood transfusion or renal dialysis) has been available since Nov 2015 and regularly provided to a number of Syrian refugees; 153 thalassemia patients, 115 renal failure patients, 17 hemophilia patients and 13 sickle cell anemia patients received care support through URDA since November 2015. Through UNRWA, 2,235 Palestinian Refugees from Syria received in-patient hospital care. On a more limited basis, various partners are also supporting access to hospital care for Syrian refugees either by contributing to the 10-25% patient-share for UNHCR supported cases or by covering hospital fees for cases not-supported by UNHCR such as chronic conditions, cancer etc.

Several interventions were implemented by the sector aiming at institutional strengthening (outcome 4). Staffing support to MoPH continues with 108 staff supported until the end of the year. Beirut Rafic Hariri hospital has been equipped with a new MRI and CT-scanner and 3 MoPH-PHCs have received ultrasound machines. In line with the integration of malnutrition screening, referral and treatment at PHC-level and in order to ensure a continuum of care, children diagnosed with severe acute malnutrition (SAM) will now be able to receive treatment as a result of a training targeting health staff in all public hospitals. Beneficiaries of reproductive health services across MoPH-PHCs are expected to receive care in a standardized way after doctors have been trained on the Reproductive Health Service Delivery Guidelines (SDGs). As part of the integration of mental health into primary health care using the WHO mental health Gap Action Programme adapted for Lebanon, trainings on the assessment, management and referral of individuals suffering from mental health disorders targeting staff within the network of MoPH-PHCs continue. In order to address challenges with medicines stock management such as shortage of medication, trained doctors, pharmacists and health care workers in PHCs benefiting from chronic medications through YMCA, are expected to be able to manage medications in such a way that ensures proper storing and continued availability of medications at PHC level.



Facts and Figures

1,033,513 # of Syrian Refugees registered with UNHCR as of 30/6/2016

53

Number of hospitals contracted by UNHCR through Medivisa (UNHCR August 2016)

12%

% of Syrian Refugee HH monthly health-related expenditure share (VASyR 2016)

55 USD

Syrian Refugee HH monthly health-related expenditure (VASyR 2016)

459

USD Syrian Refugee HH monthly expenditure (VASyR 2016)

3.5

Average # of consultations/PRS (Jan-June, UNRWA)

3.3%

Hospitalization rate among PRS (excluding ER services) (Jan-Jun, UNRWA)

140,668

Average number of supported consultations per month (Jan-Aug, all partners)

5,697

Average hospital admissions/month (Jan-Aug, UNHCR only)

2,935

Average deliveries admissions/month (Jan-Aug, UNHCR only)

32%

C-section rate (Jan-Aug, UNHCR only)

220

Number of PHCs within the MoPH network

56

PHCs within the MoPH network supported by I/NGO partner



Changes in Context - First Quarter

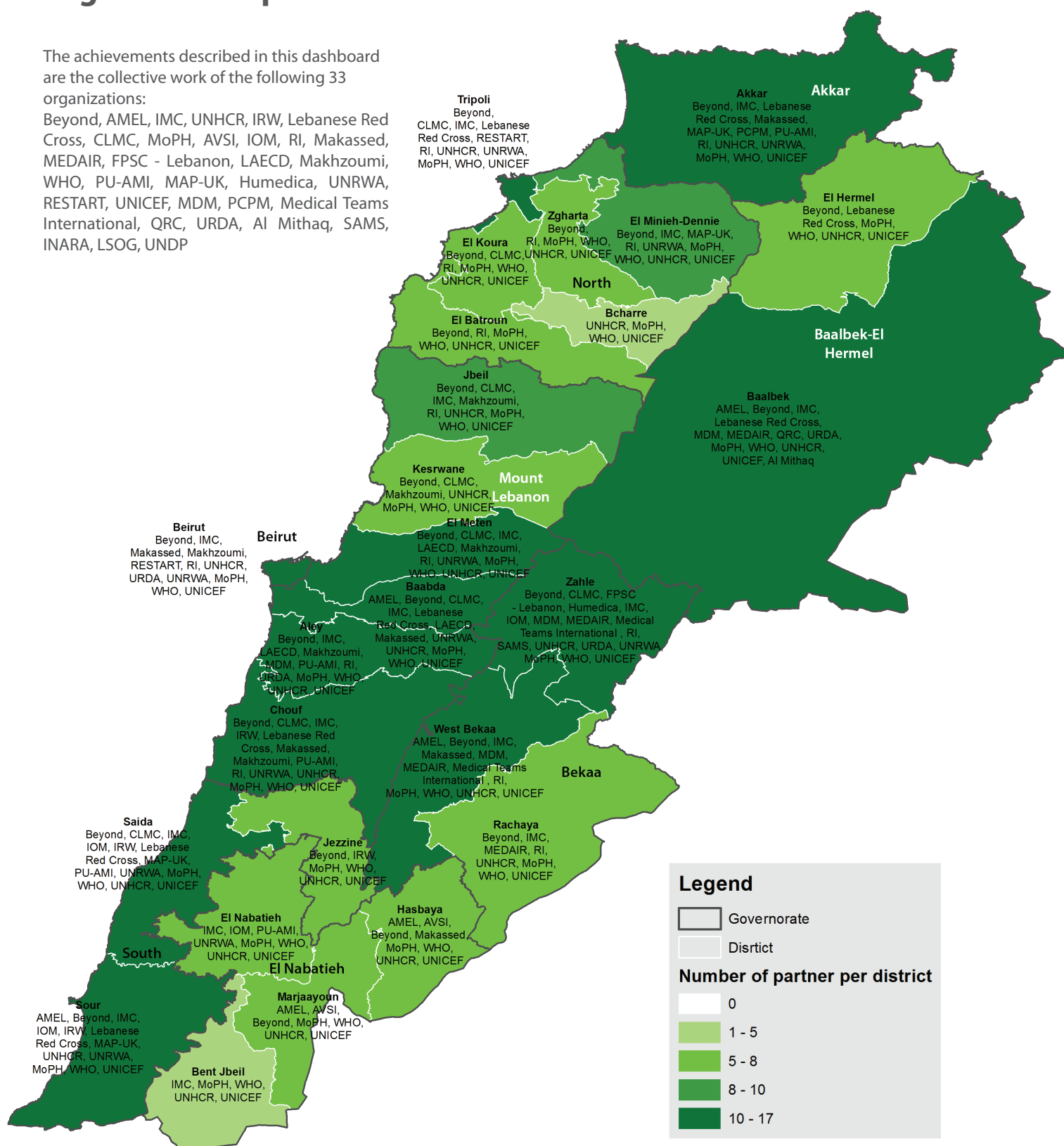
The security situation in the Qaa' area, following the suicide bombings, impacted the access of Syrian Refugees, evicted to Masharii'el Qaa', to primary healthcare services as well as hospital care. Security measures taken by the Lebanese Armed Forces (LAF) restricted the movement of refugees outside of Masharii'el Qaa' area and health actors access to Masharii'el Qaa' to implement health-related interventions was not allowed for a while. More recently, access to primary health care has been facilitated by the Lebanese authorities granting access to health NGOs (such as Beyond and MdM) into Mashsarii'el Qaa'.



Organizations per district

The achievements described in this dashboard are the collective work of the following 33 organizations:

Beyond, AMEL, IMC, UNHCR, IRW, Lebanese Red Cross, CLMC, MoPH, AVSI, IOM, RI, Makassed, MEDAIR, FPSC - Lebanon, LAECD, Makhzoumi, WHO, PU-AMI, MAP-UK, Humedica, UNRWA, RESTART, UNICEF, MDM, PCPM, Medical Teams International, QRC, URDA, Al Mithaq, SAMS, INARA, LSOG, UNDP



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.