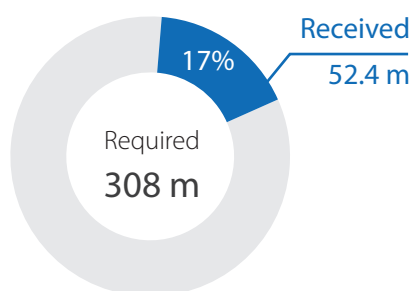




The quarterly dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improved access to comprehensive primary healthcare (PHC) ; OUTCOME 2) improve access to hospital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

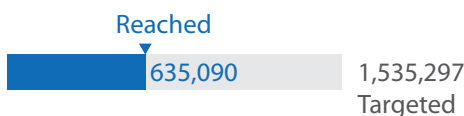
## 2017 Funding Status

as of 30 Jun 2017

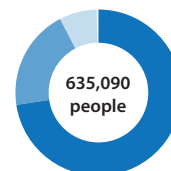


## Targeted Population groups

2.4 m (People in Need)



## Population reached by cohort

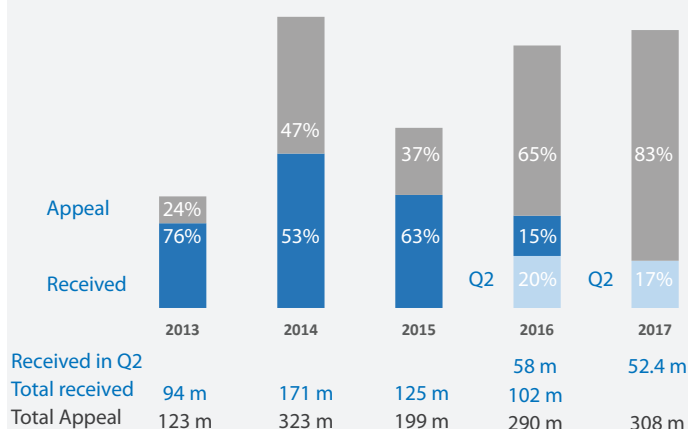


Syrian	461,260
Lebanese	125,034
PRS	46,528
PRL	2,268

## Sector Funding Status

### Sector Funding Status 2013-2017

Source: Inter-Agency financial tracking system



### Health Sector Partners; recipients of direct funding in 2017

Source: Inter-Agency financial tracking system for LCRP Q2

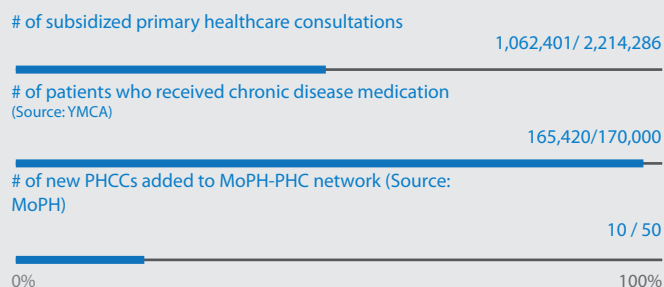
Partner	2017 Received in USD
UNHCR	23,673,946
UNICEF	12,735,089
IMC	2,590,345
IOM	2,460,259
ANERA	2,080,619
Medecins du Monde	1,850,000
WHO	1,774,255
UNRWA	1,774,202
Humedica	838,195
UNFPA	655,000
AMEL	631,461
URDA	598,741
MTI	261,287
RESTART	177,335
IOCC	105,000
ADRA	87,900
Himaya Daeem Aataa (HDA)	60,000
PCPM	60,000

## Progress against targets



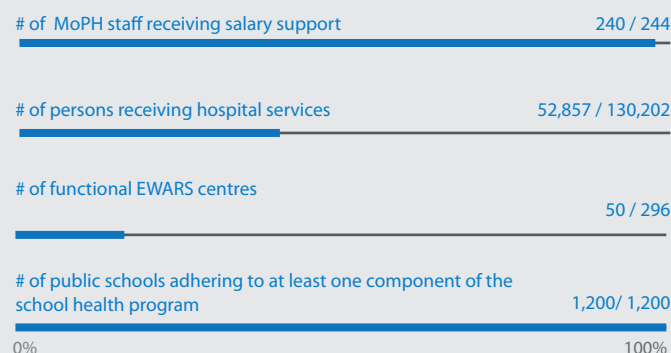
### Outputs

reached / target



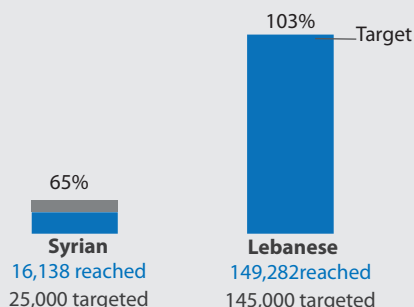
### Outputs

reached / target



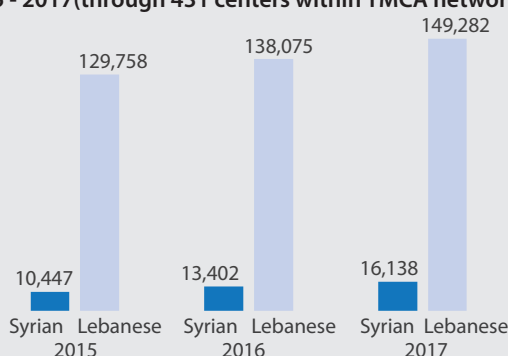
## # of patients who received chronic disease medication (through 431 centers within YMCA network) by population cohort

(Source: YMCA)

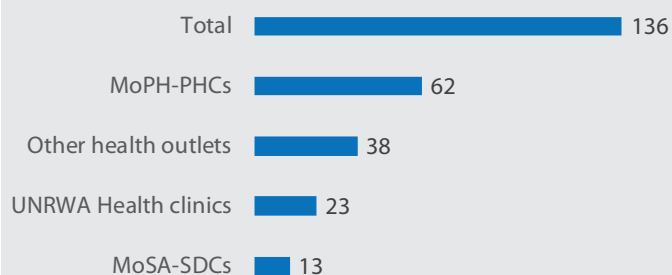


## # of beneficiaries of chronic disease medication thru YMCA from 2015 - 2017 (through 431 centers within YMCA network)

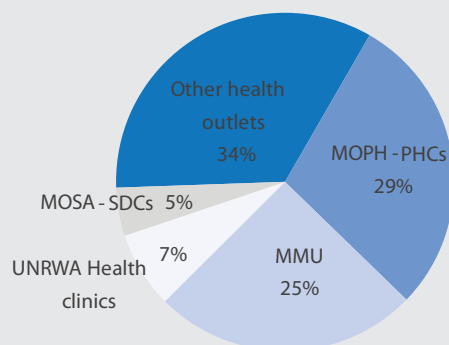
(Source: MoPH and WHO, Lebanese Epi-Monitor, Volume 4, Issue 7 - July 2017)



## # of supported primary healthcare outlets by type



## Percentage of consultations by type of primary health care outlet



## Notifiable Diseases in Lebanon [cumulative n° of cases among all residents (among Syrians)] as of 30 July 2017

(Source: MoPH and WHO, Lebanese Epi-Monitor, Volume 4, Issue 7 - July 2017)

Disease	2016	2017	June	July
<b>Vaccine Preventable Diseases</b>				
Polio	0 (0)	0 (0)	0 (0)	0 (0)
AFP	123 (17)	55 (11)	3 (0)	8 (4)
Measles	44 (18)	88 (28)	11 (5)	8 (2)
Mumps	486 (86)	181 (27)	22 (6)	5 (4)
Pertussis	97 (18)	66 (16)	11 (2)	13 (3)
Rabies	0 (0)	0 (0)	0 (0)	0 (0)
Rubella	12 (6)	8 (5)	1 (1)	2 (2)
Tetanus	2 (0)	0 (0)	0 (0)	0 (0)
Viral Hep. B	367 (48)	202 (37)	22 (3)	18 (3)
<b>Water/Food Borne Diseases</b>				
Brucellosis	402 (165)	208 (55)	20 (3)	43 (3)
Cholera	0 (0)	0 (0)	0 (0)	0 (0)
Hydatid cyst	11 (2)	7 (1)	0 (0)	0 (0)
Typhoid fever	598 (11)	340 (11)	53 (3)	60 (0)
Viral Hep. A	519 (78)	320 (40)	43 (3)	39 (6)
<b>Other Diseases</b>				
Leishmania-sis	58 (52)	15 (15)	0 (0)	0 (0)
Meningitis	458 (63)	208 (43)	32 (6)	42 (6)
Viral Hep. C	116 (8)	69 (3)	8 (2)	10 (0)



## MoPH Grievance Redress System

There are four main uptake channels for grievance redress at Ministry of public Health (MoPH):

- MoPH Hotline (1214)
- Mobile Application (Lebanese Ministry of Public Health)
- Direct Calls to MoPH (01/830300)
- MoPH website ([www.moph.gov.lb](http://www.moph.gov.lb))

The most used Uptake Channel is the Hotline (91% of grievances received come from the Hotline), followed by the website (8%) and the application (1%).

Grievance Indicators at PHC department (Jan-July 2017)

71	Total Number of Grievances registered
97%	Grievances Addressed
2.5	Days Average Time to Resolve Grievance

## Useful links

[Lebanon Information Hub](#)

[Health Working Group Lebanon](#)

[Health Gateways](#)

[Assessment Registry](#)

[Inter-agency contact list](#)

[Refugees Website](#)

**Funding Status** - As of end of July 2017, LCRP Health partners jointly received USD 52 million, representing 17% of the sector's 2017 appeal of USD 308 million. Although the sector counts 43 partners, only 18 were able to raise funds. The level of funding for 2017 is slightly lower compared to funding received by end of Q2 of 2016; USD 57.6 million, representing 20% of the 2016 appeal. It is worth noting, however, that this figure does not include funding received by health actors which are non-LCRP partners.

**Access to primary healthcare** - In Lebanon, displaced Syrians and vulnerable Lebanese can access primary health care (PHC) services through a variety of health outlets; MoPH-PHCs, MoSA-SDCs, dispensaries, private clinics, pharmacies etc., with considerable variation in terms of fee-for-service and out-of-pocket expenditure.

From January to July 2017, displaced Syrians, vulnerable Lebanese, Palestine Refugees in Lebanon (PRL) and Palestine Refugees from Syria (PRS) continue to benefit from financial support to access primary health care services in the form of subsidies for consultations and diagnostics but also free medications through 136 supported primary health care facilities including 62 MoPH-PHCs, 13 MoSA-SDCs, 23 UNRWA clinics and 38 other outlets. These subsidies are provided in addition to vaccines, acute and chronic medications, micronutrients, ready-to-use foods for acute malnutrition and reproductive health commodities) which are available free of charge. A number of displaced Syrians and vulnerable Lebanese also continue to benefit from free primary healthcare services through mobile medical units (MMUs).

By the end of July 2017, and through the support of LCRP partners, displaced Syrians, vulnerable Lebanese as well as PRL and PRS were able to benefit from a total of 1,062,401 subsidized or free PHC consultations (including mental health consultations) representing 48% of the LCRP 2017 target. This is higher compared to 2016 as, by end of July, 981,976 subsidized consultations were provided by LCRP partners representing 31% of the LCRP 2016 target. Displaced Syrians also continue to benefit from free acute and chronic medication provided outside of existing channels to complement the stocks provided through MoPH.

With 4 projects funded under the OCHA-LHF 2016 Standard Allocation coming to an end (July to October 2017), displaced Syrians and vulnerable Lebanese will no longer be able to access subsidized primary health care services in 34 facilities (11 in Akkar, 9 in the North, 9 in Beirut/Mt Lebanon, 4 in South/Nabatieh and 1 in the Bekaa). At this point, it is still unclear how many of those facilities will be taken over by recipients of the EU-Madad fund which is expected to commence in the last quarter of the year.

Whilst there has been an improvement in access to PHCs, cost of services remains the main barrier to access, which is often exacerbated by practices at facility-level which are not adhering to MoPH circulars (i.e. some facilities are charging for vaccination; taking higher fees for sexual and reproductive health services) and not following guidelines or protocols in place. Also, the unavailability of certain drugs (i.e. insulin for diabetic patients) or shortage of others at facility-level may entail further out-of-pocket expenditures or lack of access to needed care. Another challenge is the difficult or limited access to PHC services in areas such as Aarsal and Machari'el Kaa' for reasons related to insufficient number of facilities relative to the size of the population and restriction of movement of both populations as well as humanitarian actors due to the security situation.

In continuation of efforts aimed at health systems' strengthening, staffing support to MoPH at central and peripheral as well as PHC-level continues. Through partners' support, different trainings targeting health staff have taken place to improve access to primary healthcare services. In addition to that, various types of equipment or items have also been donated to PHCs. The national Expanded Program on Immunization (EPI) strategic framework of action was evaluated with WHO, and a detailed plan of action has been initiated and is expected to be elaborated by the end of 2017. Building on the efforts to integrate mental health services at primary healthcare level, MoPH launched a campaign on the 2017 World Health Day entitled "Depression. Let's talk". Depression was the chosen theme as it is one of the most prevalent mental health diagnoses seen at primary health care level, both among Lebanese and displaced Syrians.

**Access to secondary healthcare/hospital care** - Displaced Syrians and PRS continue to benefit from financial support to access hospital care. From January to July 2017, 46,895 displaced Syrians benefited from financial support (75-90% coverage) for hospital admissions related to obstetric and emergency/life-saving conditions with a limited number of actors supporting in the coverage of the patient share (10-25%). On average, 6,700 admissions were supported per month, a net

## Facts and Figures

### Syrian Refugee Population

1,001,051 # of Registered Syrian Refugees (UNHCR, 30/06/2017)

231,530 # of Syrian Refugee Households (UNHCR, 30/06/2017)

### Resettlement

839/7,743 # of individuals whose files have been submitted for resettlement under the "Medical Needs" category (UNHCR, Jan-July 2017)

294/6,634 # of individuals who have departed Lebanon under the category "Medical Needs" category (UNHCR, Jan-July 2017)

### Syrian Refugee Vulnerability Scores (2016 Desk Formula)

48.32% Severely Vulnerable

20.64% Highly Vulnerable

11.48% Mildly Vulnerable

19.56% Least Vulnerable

### Informal Settlements

2,406 # of Informal Settlements (IAMP v.41, June 2017)  
2,386 Active sites  
Less than 4 sites

247,249 # of Syrian Refugees living in Informal Settlements (IAMP v.41, June 2017)  
Individuals

### Vaccination

714,061 # of doses of vaccines provided to children under 5

163,377 # of vaccinated children at 4 UNHCR Registration Centers (MoPH, Jan-July 2017)  
183,109 Measles  
Polio

9,781 # of vaccinated children at the 4 border check points (MoPH, Jan-July 2017)  
22,789 Measles  
Polio

### Nutrition

127,814 # of children U5 screened for acute malnutrition (MoPH, Jan-July 2017)

566 # of children U5 receiving treatment for acute malnutrition through 53 MoPH-PHCs (MoPH, Jan-July 2017)

12,442 # of children U5 and PLW receiving micro-nutrients (MoPH, Jan-July 2017)

increase from 2015 and 2016. PRS also continue to benefit from financial support (coverage variable depending on type of hospital) with 2,849 persons benefitting from support from January to July 2017. Through support from partners, approximately 160 displaced Syrians with chronic renal failure and approximately 150 patients with thalassemia were able to access hospital care for dialysis and blood transfusions respectively. Through two other projects, more than 100 displaced Syrian children born with congenital orthopedic malformations were able to access surgery.

Despite available support, access to hospital care and advanced referral care remains problematic for many. For persons whose condition is covered by UNHCR, securing the patient share required upon hospital admission remains an issue as well as the full payment of the patient share. For displaced Syrians with health conditions which are not covered by UNHCR, such as chemotherapy and radiotherapy for cancer, or other disabling conditions (e.g. multiple sclerosis, hearing loss, vision loss) there is limited access due to cost of care and limited support available.

Access to SHC is further impeded with projects coming to an end; with no clear prospects of new funding streams despite advocacy efforts, around 55 displaced Syrian patients with chronic renal failure will no longer benefit from support in access to dialysis care. Also, displaced Syrians are no longer able to access free specialized diagnostics on an outpatient basis previously supported by an NGO. This included; CT-scans, MRI, colonoscopy and gastroscopy free of charge.

Funding received so far remains similar to that received in 2016 but with an increase in utilization of hospital referral. There is a critical funding gap and insufficient funds to provide continued assistance till the end of the year which could mean the inability of UNHCR to assist 20,000 persons with lifesaving and obstetric care. With increasing vulnerability among displaced Syrians; additional funds are needed to support the most vulnerable to access essential hospital care to prevent avoidable deaths.

**Improved Outbreak control-** In addition to limited cases of vaccine preventable diseases and water-borne diseases being reported on a regular basis to MoPH, outbreaks of scabies and lice continue to be observed during this quarter within some informal settlements mainly due to water, sanitation and hygiene related conditions.

In line with efforts to strengthen the Early Warning and Alert System (EWARS), and in order to improve surveillance and reporting, the last quarter saw the existing surveillance data being migrated to an online platform known as District Health Information System 2 (DHIS 2).

Through staffing support, national active surveillance in selected hospitals has materialized in increased visits of surveillance officers to the surveillance sites while conducting onsite training on reporting of acute flaccid paralysis (AFP) cases and other communicable diseases. In addition, training was initiated for private physicians to enhance reporting on the online mobile application As a supplement to AFP Surveillance, WHO supported MoPH to establish an environmental surveillance in order to detect Wild Polio Virus, Vaccine Derived Polio Virus (VDPV), and other viruses. This is in addition to the monthly wastewater collection from two sewage treatment plants in Mount Lebanon and North governorates. The MoPH will expand its collection sites to reach high risk areas starting with the North.

## Facts and Figures

### Sexual and Reproductive Health

109,287	# of individuals accessing family planning services (MoPH) (MoPH, Jan-July 2017)
263 PHCc & 58 dispensaries	# of facilities where reproductive health commodities are available (MoPH, July 2017)
17	# of facilities receiving refresher trainings or coaching on the Clinical Management of Rape (CMR) (IMC, July 2017)
45	# of facilities where PEP kits are available (MoPH, July 2017)

### Maternal and Neonatal Deaths

3 Lebanese/ 8 Syrian	# of maternal deaths (Jan-June 2017) (Leb/non- Lebanese) (MoPH, Jan-July 2017)
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### Mental Health

24,518 (Avg. 3,500/month)	# of subsidized mental health consultations provided (AI, Jan-July 2017)
70	# of MoPH-PHCs trained on the WHO mhGAP in 2016

## Changes in Context

- Based on the preliminary results of the 2017 Vulnerability Assessment of Syrian Refugees (VASyR), 46% of the interviewed households had at least one member who needed primary health care in the last 6 months, of which 89% were able to access the needed care. This is slightly higher than the results of the 2016 VASyR which indicated that out of the 46% of households which needed primary health care in the last 6 months, 83% were able to access the needed care.
- Consultative and coordination meetings targeting both Health and Water Sector actors have taken place in relation to the THRIVE Initiative. As a reminder, the initiative is a 4-year national action plan for healthy children and mothers, led by the Ministry of Public Health (MoPH) and the Ministry of Energy and Water (MoEW), with UNICEF, WHO, UNHCR, UNDP, UNFPA, UNRWA as partners. One of the initiative's outcomes is improved primary health, nutrition and water and sanitation services to reach more disadvantaged and crisis-affected children, pregnant women and their families. In practice, this will entail the provision of free maternal and child health services at primary health care level. The initiative is planned to be launched towards the end of the year and will include NGO participation.
- The vaccine-derived (OPV) polio outbreak in Syria has prompted the MoPH in Lebanon to initiating IPV vaccination at border line areas and UNHCR registration centres starting Thursday Aug 10, 2017 for children less than 5 years.



Inter-Agency  
Coordination  
Lebanon

## SYRIA REFUGEE RESPONSE

Ministry of Public Health (MoPH) Staffing support

August 29, 2017



### 240 Staff Supported

156

84



#### Akkar Governorate

6 staff at MoPH Peripheral Level  
6 staff at MoPH PHC level  
3 staff at MoPH NTP center

#### North Governorate

20 staff at MoPH Peripheral Level  
8 staff at MoPH PHC level  
5 staff at MoPH NTP center  
1 staff at Governmental Hospital Level

#### Mount Lebanon Governorate

20 staff at MoPH Peripheral Level  
9 staff at MoPH PHC level  
2 staff at MoPH NTP center  
2 staff at Governmental Hospital Level

#### Beirut Governorate

56 staff at MoPH Central  
19 staff at MoPH Peripheral Level  
2 staff at MoPH PHC level  
9 staff at MoPH NTP center

#### Baalbek-EI Hermel Governorate

7 staff at MoPH Peripheral Level  
2 staff at MoPH PHC level  
3 staff at MoPH NTP center  
1 staff at Governmental Hospital Level

#### Bekaa Governorate

11 staff at MoPH Peripheral Level  
2 staff at MoPH PHC level  
5 staff at MoPH NTP center  
2 staff at Governmental Hospital Level

#### EI Nabatieh Governorate

14 staff at MoPH Peripheral Level  
1 staff at MoPH PHC level  
1 staff at MoPH NTP center  
2 staff at Governmental Hospital Level

#### South Governorate

14 staff at MoPH Peripheral Level  
5 staff at MoPH NTP center  
2 staff at Governmental Hospital Level

#### 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

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GIS and Mapping by UNHCR Lebanon. For further information on map, contact Maroun Sader at [sader@unhcr.org](mailto:sader@unhcr.org)



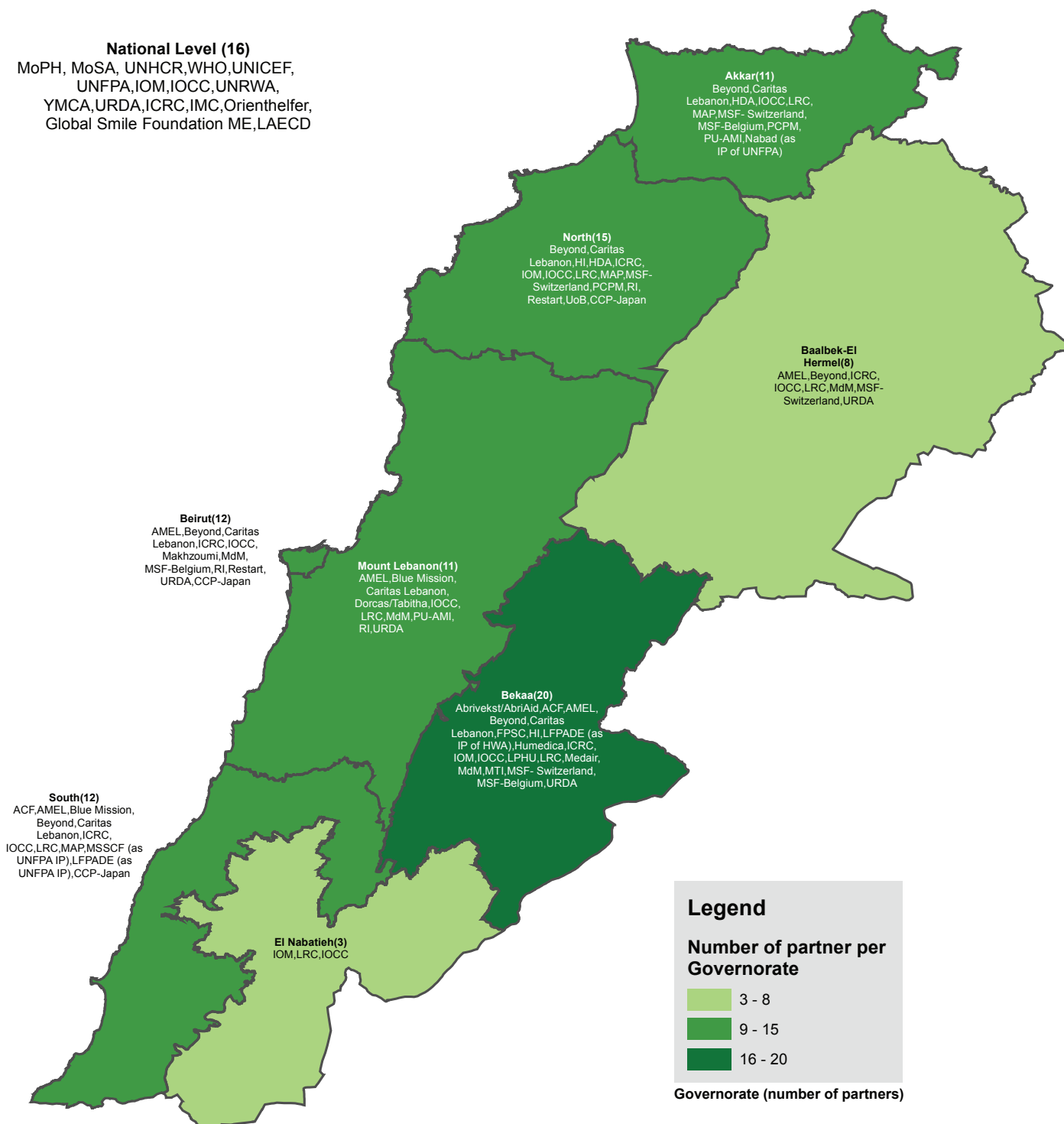


## Organizations per governorate

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, Orientheifer, 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, Orientheifer,  
Global Smile Foundation ME, LAECD



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