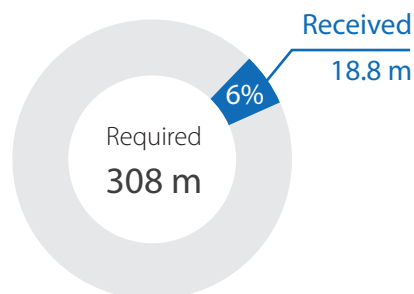




The quarterly dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improved access to comprehensive primary healthcare (PHC) ; OUTCOME 2) improve access to hospital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

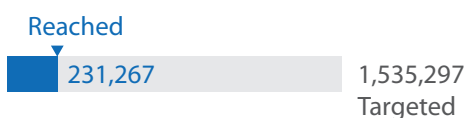
2017 Funding Status

as of 28 April 2017

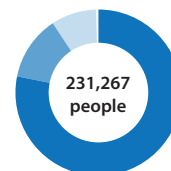


Targeted Population groups

2.4 m (People in Need)



Population reached by cohort



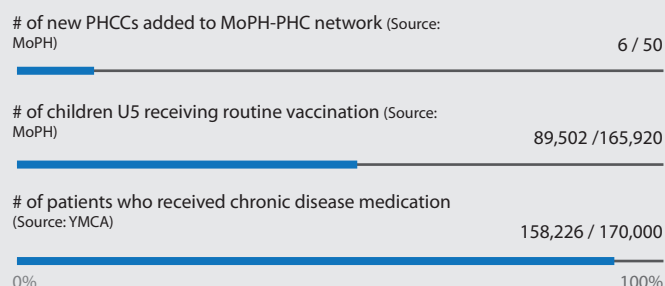
Syrian	180,694
Lebanese	29,113
PRS	20,321
PRL	1,139

Progress against targets



Activities

reached / target



Outputs

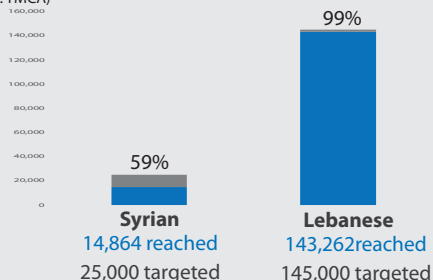
reached / target



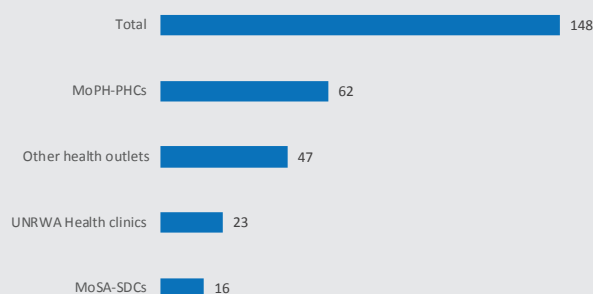
Analysis

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

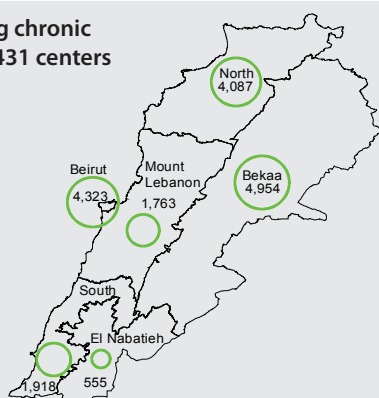
(Source: YMCA)



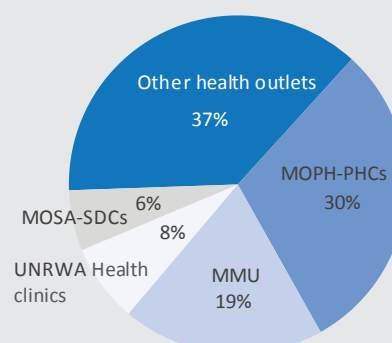
of supported primary healthcare outlets by type



of Syrian Refugees accessing chronic disease medication (through 431 centers within YMCA network)



Percentage of consultations by type of primary health care outlet





Sector Progress



Inter-Agency
Coordination
Lebanon

Funding Status - In the first quarter of 2017, LCRP Health partners jointly received \$18.8 million, representing only 6% of the sector's 2017 appeal of \$308 million. The amount of funding received shows a net decrease relatively to the funding received in Q1 of 2016; 43 M USD (15%) of a total appeal of \$290 million. For Q1 of 2017, 6 partners received more than 80% of the total funds; UNHCR, UNICEF, IOM, MdM, WHO and IMC.

Access to primary healthcare – Similarly to 2016, displaced Syrians and vulnerable Lebanese continued to benefit from support in access to primary healthcare (PHC) services through the provision of subsidies and free medications. 416,656 consultations were supported in Q1 which is similar to that achieved over the same period in 2016 and represents 19% of the annual target. This approach seeks to address the main barrier to the access of PHC services, which is cost, while support to vulnerable Lebanese is a measure to reduce social tensions. In alignment with the LCRP, support in access to PHC is primarily provided through existing governmental institutions; 62 primary healthcare centers (PHCs) within the network of the Ministry of Public Health (MoPH), 16 Ministry of Social Affairs (MoSA) social development centers (SDCs) as well as through 47 other health outlets or to a lesser extent through mobile medical units. As for Syrian Refugees in Lebanon (PRL) and Syrian Refugees from Syria (PRS), they continue to access free primary healthcare services mainly through 23 UNRWA Health Clinics.

As part of continued efforts to improve access to vaccination, including supporting the implementation of the free vaccination policy within MoPH-PHCs, MoPH launched a national vaccination campaign in Q1 targeting parents entitled "Vaccination comes first", in order to raise awareness on the importance of vaccination as well as the availability of free vaccines. As a direct result of the campaign, an increase in demand for vaccination was observed in various MoPH-PHCs. While displaced Syrians can access free vaccines, widely available across a variety of health outlets, localized field assessments in areas with difficult or limited access to PHC services such as Aarsal and Macharii' el Kaa' still point to a relatively poor vaccination coverage which warrants increased attention and strengthened monitoring of vaccination activities.

With the support of WHO, and in alignment with the MoPH- National Mental Health & Substance Abuse Strategy, and with the objective of strengthening mental health services at primary healthcare level, refresher trainings for PHC staff on the mental health Gap Action Programme (mhGAP) guide (v. 1.0) for detection, management, follow up, and referral of priority mental health as well as trainings targeting nurses and midwives took place. Parallel to that, MoPH-PHC and MoSA-SDC staff were also trained on Psychological First Aid (PFA).

Access to secondary healthcare/hospital care – As in 2016, displaced Syrians continue to benefit from similar financial support to access hospital care through UNHCR with 20,309 displaced Syrian being covered for obstetric and emergency/life-saving conditions in Q1 which is 17.6% of the annual target. Displaced Syrians with tuberculosis also continue to benefit from support for outpatient treatment and hospitalization with 27 patients followed-up in Q1. With regards to Palestine Refugees from Syria (PRS), 1,300 individuals were able to access hospital care as per UNRWA hospitalization policy. Additionally, 1,081 displaced Syrians, 161 PRS and 61 Palestine Refugees from Lebanon (PRL) were able to access hospital care for various conditions including dialysis for chronic renal failure through support from various actors. Moreover, around 800 individuals benefitted from specialized diagnostics, which are often costly. Yet, access to needed hospital care remains a challenge for many either because the condition is not within UNHCR's life-saving coverage criteria or due to unaffordability of the patient share for expensive cases as UNHCR is only able to support between 75-90% of the costs depending on socioeconomic vulnerability status. Funding received so far remains similar to that received in 2016 but further funds are needed to support the most vulnerable of the displaced population in overcoming the cost barrier to hospital care.

With the objective of strengthening service delivery at hospital level, and in continuation of trainings initiated in 2016, 2 trainings targeting health staff working in the emergency department of around 15 hospitals (private and public) were trained on managing psychiatric emergencies.

Outbreak control - In line with efforts to strengthen the national system of communicable disease surveillance and response which aim to ensure early and timely detection and control of potential disease outbreaks, a team from MoPH Epidemiologic



Facts and Figures

16%

Percentage of displaced Syrians not able to access needed primary healthcare in past 6 months (VASyR 2016)

12%

Percentage of displaced Syrians HH monthly health-related expenditure share (VASyR 2016)

55 USD

Displaced Syrians HH monthly health-related expenditure (VASyR 2016)

459 USD

Displaced Syrians HH monthly expenditure (VASyR 2016)

24 (13 Syrian + 11 Lebanese)

Total # of maternal deaths in 2016 (MoPH)

113,680 (43,788 Syrian + 69,892 Lebanese)

of facility-based births in 2016 (MoPH)

38.1%

Percentage of respondents who are or whose female partner are between 15-49 years of age using any family planning method (UNHCR 2016 HAUS)

48.8%

Percentage of respondents who are or whose female partner are between 15-49 years of age for whom the reason for not using any family planning method is "Planning for a pregnancy" (UNHCR 2016 HAUS)

2.3%

Percentage of Global Acute Malnutrition (GAM) among displaced Syrians (VASyR 2016)

20,060 (10,594 Non Lebanese + 9,466 Lebanese)

of children U5 screened for acute malnutrition through 203 MoPH-PHCs from January- March 2017 (MoPH / UNICEF)

6,550

of individuals accessing family planning services (MoPH)

177

of children U5 receiving treatment for acute malnutrition through 53 MoPH-PHCs from January-March 2017 (MoPH / UNICEF)

surveillance Unit and WHO Lebanon visited Jordan to review the newly established integrated electronic surveillance system and assess its adaptability to the Lebanese context.

Child, Adolescent and Youth Health - As part of the School Health Programme (MEHE/MoPH/WHO), and in order to address the issue of undetected treatable heart conditions which are the main underlying cause of sudden cardiac death among youth, the implementation of the full pre-participation exam (including the cardiac screening) of young athletes was piloted in a number of public schools. The activity was based on the updated school health guidebook and contributed to raising awareness about undetected treatable heart conditions as well as building the capacity of doctors involved in the school health program in performing the pre-participation exam.



Changes in Context - First Quarter

- As of January 1st 2017, UNHCR has contracted with a new third party administrator (TPA), NEXtCARE (Hotline: 01- 50 40 20), to manage refugees' access to hospital care for emergency/life-saving as well as obstetric care through a network of 50 hospitals across Lebanon.

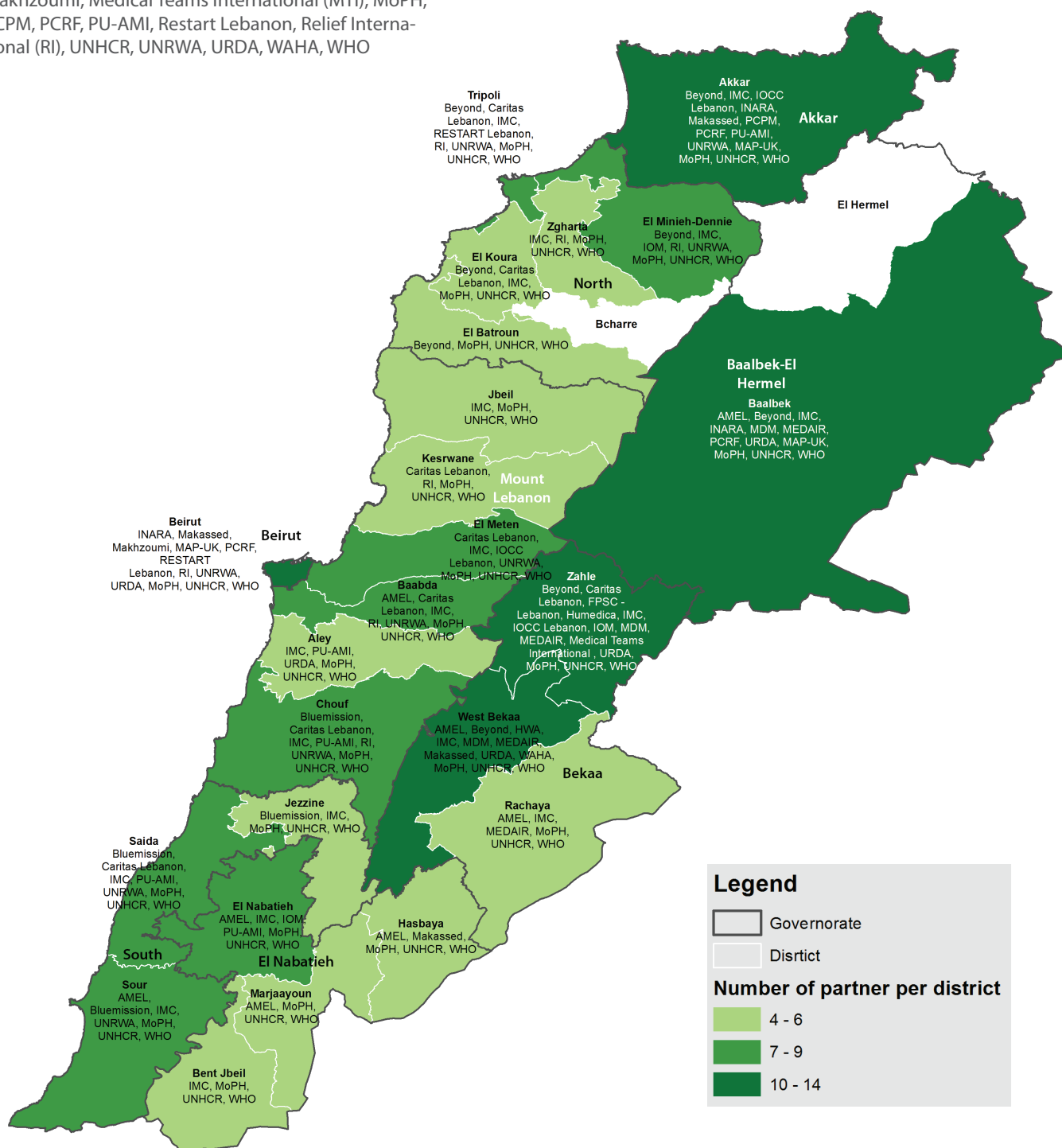
- In January, MoPH issued a letter informing UNHCR and partners that its support to 49 Syrian patients with chronic renal failure for dialysis sessions will stop by the end of February. While various partners have mobilized funds to support those patients' continued access to dialysis, the funds secured are likely to be depleted by the end of May 2017. Support to dialysis treatment has been flagged to OCHA-Lebanon Humanitarian Fund (LHF) as a critical gap in the sector especially since URDA the main partner supporting around 110 dialysis patients does not have enough funds to support additional patients. In addition to that, advocacy efforts are underway to garner various donors' interest in supporting this life-saving cause.

- Medecins Sans Frontieres (MSF)-France has opened a general pediatric unit at the Zahle Hospital and currently admitting children 3 months to 15 years with acute conditions not needing intensive care with plans of expansion as of May. This will further support access to hospital care for vulnerable children in the Bekaa area.

Organizations per district

The achievements described in this dashboard are the collective work of the following 28 organizations:

Amel Association, Beyond, Blue Mission, Caritas Lebanon, FPSC Lebanon, Humedica, HWA, IMC, INARA, IOCC Lebanon, IOM, MAP, MdM, Medair, Makassed, Makhzoumi, Medical Teams International (MTI), MoPH, PCPM, PCRF, PU-AMI, Restart Lebanon, Relief International (RI), UNHCR, UNRWA, URDA, WAHA, WHO



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.