



TARGETS

As specified in the RRP5

 **548,000**
Syrian refugees (registered or awaiting registration)

 **150,000**
Persons unwilling to register

 **5,000**
Lebanese returnees

 **58,400**
Palestine refugees from Syria (PRS)

 **369 million**
USD required

NEEDS

The Lebanese health care system including UNRWA and NGO supported clinics are severely stretched as rising numbers of refugees weigh heavily on public health services.

Many refugees are already in need of health care when they arrive in Lebanon. Others develop health care needs during their stay; often exacerbated by poor living conditions.

While Syrian refugees and Lebanese returnees have access to the public and private health care system in Lebanon, many cannot afford the fees for these services and transportation to health facilities. Some NGOs offer primary health care services free of charge, but the number of beneficiaries covered is limited.

Existing primary health care centres lack capacity to meet the needs. The current supply of medicines for acute and chronic diseases is insufficient to cover the rising demand, while prevention and control of disease outbreak in view of crowded living conditions, poor water and sanitation, presents a challenge.

Secondary and tertiary health care in Lebanon is expensive and the majority of refugees are not able to cover the cost of hospitalization. Additional support is urgently needed to ensure that at least life-saving interventions are covered.

OBJECTIVE

Improve health of the targeted population by control of epidemics, supporting access to primary health care (PHC) and referral care

ACTIONS/OUTPUTS


- Control of epidemics
- Support to access primary health care
- Access to referral health care for deliveries and life saving
- Referral to rehabilitative services


KEY AUGUST DEVELOPMENTS


- Over 15,700 children vaccinated at UNHCR registration centers in collaboration with MopH and UNICEF.
- Mental Health Psycho-Social Services evaluation ongoing
- Rapid assessment on delivery services to analyze reasons for high rate of C- sections and the low coverage of pre-natal care
- Identification of malnutrition cases and follow up - Increased focus on preventive measures

ACHIEVEMENTS TO DATE

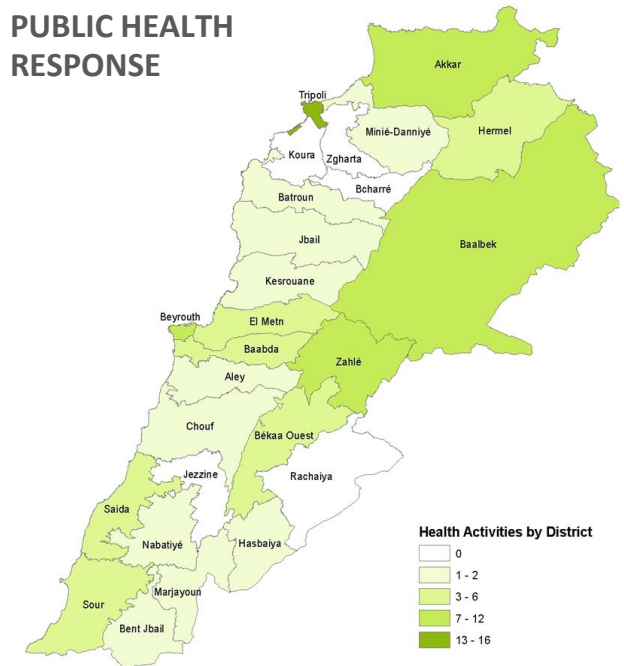
August figures in brackets

 **248,000** (19,500) individuals assisted with primary health care

 **80,000** (8,500) individuals participated in health education

 **49,700** (2,700) individuals assisted with secondary health care

PUBLIC HEALTH RESPONSE



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Agencies reporting this month:

