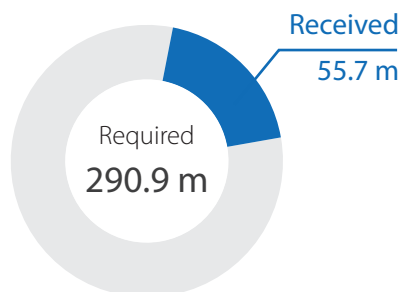




The quarterly dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) improve access to primary health care (PHC) services; OUTCOME 2) improve access to hospital and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

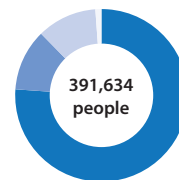


## Targeted Population groups

2.5 m (People in Need)



## Population reached by cohort



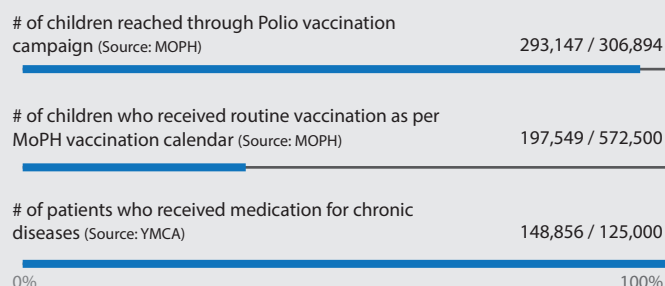
Syrian	298,084
Lebanese	45,234
PRS	43,868
PRL	4,448

## Progress against targets



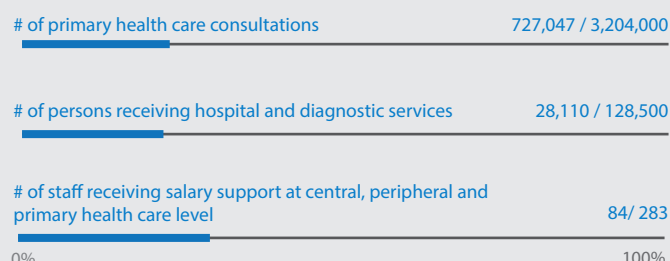
### Activities

reached / target



### Outputs

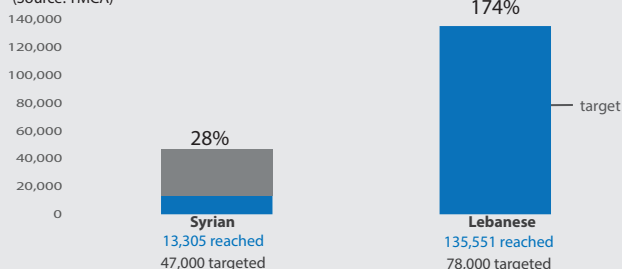
reached / target



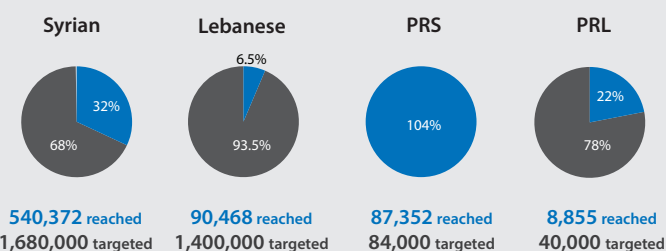
## Analysis

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

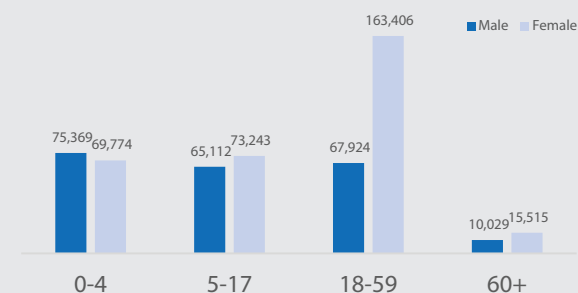
(Source: YMCA)



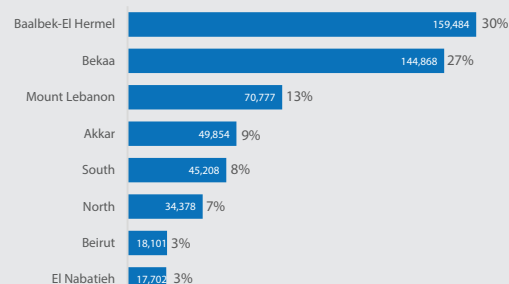
### % of targeted population reached with PHC consultation



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



### Number of PHC consultations provided to displaced Syrians by Governorates



As of the end of May 2016, LCRP health partners have received a total of 55.7 million USD, equivalent to 19 % 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 Palestine Refugee in 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 May, the total number of consultations provided by LCRP partners was 727,047 representing 22% of the annual target of 3,204,000 consultations. Although the majority (72%) of these consultations was at fixed centers, an important number of consultations (28%) continue to be delivered through mobile medical units. The distribution of consultations across different governorates still indicates a geographic disparity; proportionately to the distribution of Syrian refugees, the North and Mount Lebanon governorates appear to be under-served in terms of support to primary health care by partners whereas the Bekaa and Baalback el-Hermel governorates appear to be over-served.

Health partners are currently providing an average of 145,000 consultations per month. This reflects the maximum capacity that centers can absorb on a monthly basis. A concern of the sector is that if health partners continue providing consultations at the same rate only 54% 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 to a greater number of PHC centers is needed to expand coverage.

In line with the LCRP 2016 strategy, 9 PHCs were added to the network of MoPH which was comprised of total of 223 PHCs by the end of May. Also, a total of 85 healthcare staff from 44 primary health care centers received training on the mental health Gap Action Programme (mhGAP) which aim is to integrate mental health care at primary care level.

In terms of hospital and referral care, a total of 21,194 Syrian refugees have been supported with access to life-saving and obstetric hospital care by UNHCR at a network of 56 contracted hospitals across Lebanon. Different partners have also supported a total of 1,513 cases in need of hospitalizations either by contributing to the 10-25% patient share of the hospital fees or in supporting cases outside of UNHCR criteria of coverage on a case by case basis. This support however remains limited as only 19% of the target of 128,500 for 2016 has been achieved. 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 52% 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.

In line with national efforts to reinforce the Early Warning and Response System (EWARS) for outbreaks, an assessment which purpose was to examine EWARS in terms of the national communicable disease surveillance and response system and the national laboratory capacity was conducted. Observations and suggestions for further improvement of the national surveillance system with focus on the EWARS were discussed with the MoPH team and key stakeholders.

Funding received has also contributed to strengthening MoPH through the provision of salaries for 84 health staff at MoPH central and PHC level including the National Tuberculosis Program (29 staff) as well as trainings aiming at building the capacity of health staff on TB sample transport as well as the TB referral network among others. Guidelines for infection control to be used at health facility level providing care for TB patients were developed.

## Changes in Context - First Quarter

The suspension of UNRWA's new/adjusted hospitalization policy was maintained throughout the months of April and May 2016. The decision to suspend the implementation of the new/adjusted hospitalization policy was made following community protests and strongly-voiced concerns that took place subsequent to UNRWA's announcement of the introduction of a cost-sharing element in secondary health care whereby Palestine Refugees were required to cover 5% of their hospitalization fees in Palestine Red Crescent Society (PRCS) hospitals, 15% in Lebanese governmental hospitals and 20% in private hospitals.



## Facts and Figures

**1,048,276** # of Syrian Refugees registered with UNHCR as of 31/3/2016

Distribution of Syrian Refugees in Lebanon

Akkar	10%	Beirut	3%
North	14%	Mount Lebanon	27%
South	7%	Baalbek-El Hermel	12%
El Nabatieh	4%	Bekaa	23%

**223**

Number of PHCs within the MoPH network

**45**

# PHCs within the MoPH network supported by partner

**3,000-5,000 LBP**

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)

**145,000**

Average number of consultations by partner I/NGOs per month

**85,500 LBP or 57 USD**

Syrian refugee average monthly household health expenditure

**14%**

% of Syrian refugee monthly household health expenditure out of total expenditure

**56**

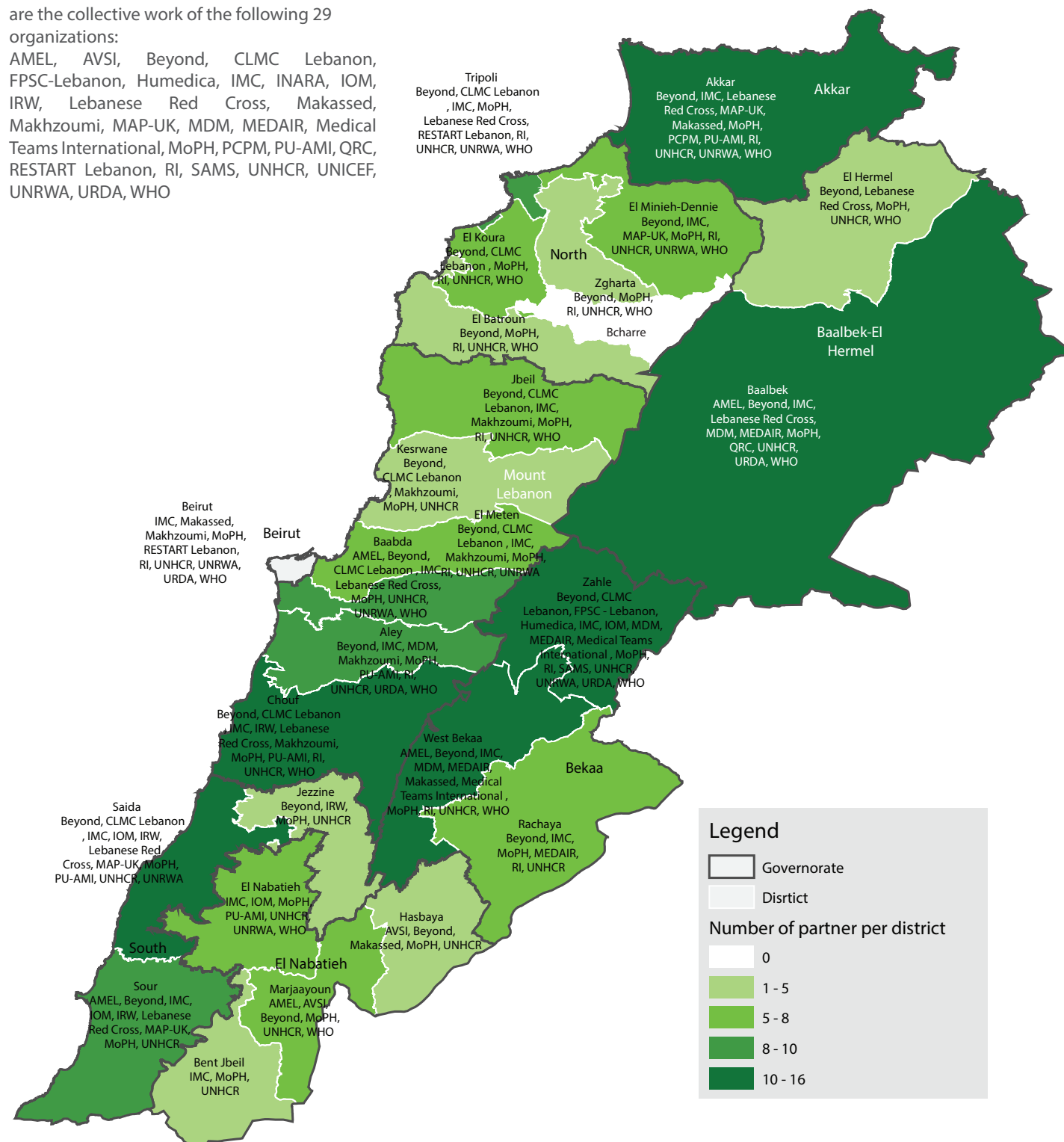
Number of hospitals contracted by UNHCR (through Medivisa)



## Organizations per district

The achievements described in this dashboard are the collective work of the following 29 organizations:

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