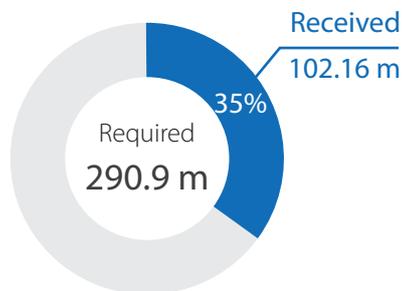




The quarterly dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) to improve access to primary health care (PHC) services; OUTCOME 2) to improve access to hospital and advanced referral care; OUTCOME 3) to improve outbreak control; OUTCOME 4) to strengthen key institutions; and OUTCOME 5) to ensure transparency and accountability of health partners.

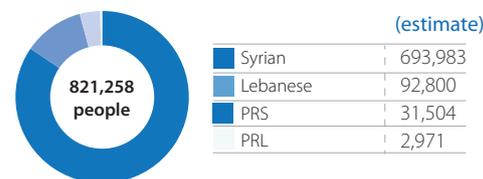
### 2016 Funding Status as of December 2016



### Targeted Population groups

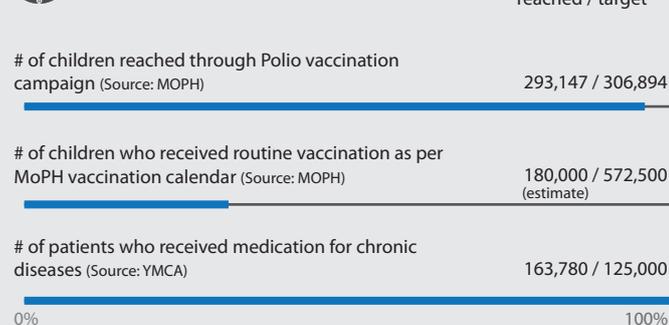


### Population reached by cohort



## Progress against targets

### Activities

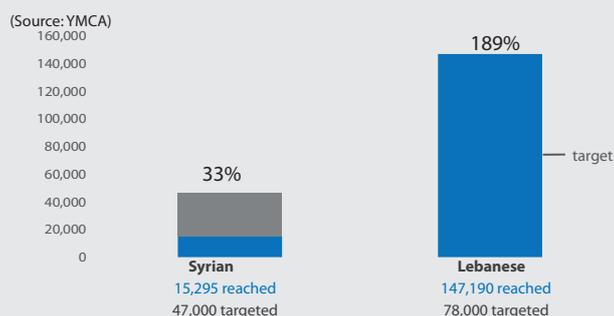


### Outputs

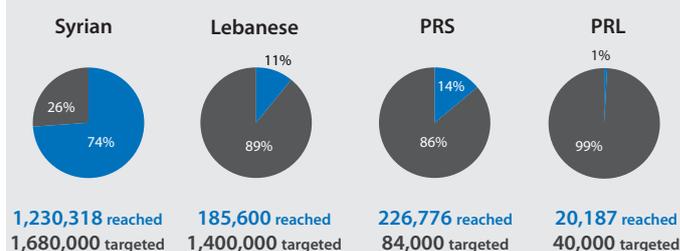


## Analysis

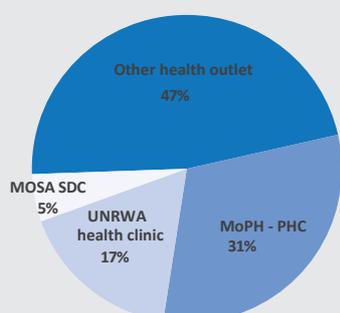
### Patients who received medication for chronic diseases by population cohort versus targets



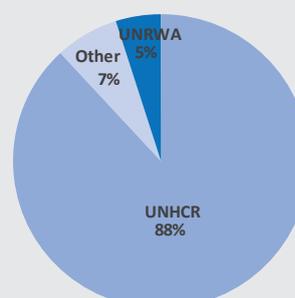
### % of targeted population reached with PHC consultation

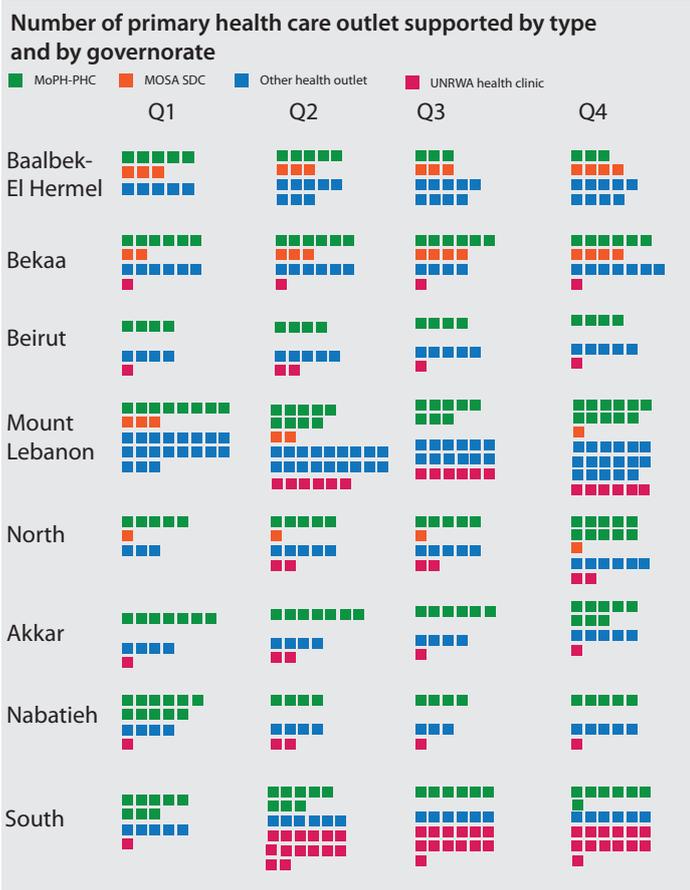


### Percentage of consultations by type of primary health care outlet



### Percentage of hospitalisation supported by partners





### 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)
- 2.3%**  
Percentage of Global Acute Malnutrition (GAM) among displaced Syrians (VASyR 2016)
- 37,536 (avg. 3,126/month)**  
Total # of deliveries (Jan-Dec 2016, UNHCR only)\*
- 32%**  
C-section rate (Jan-Dec 2016, UNHCR only)\*
- 48,934**  
Total number of children screened for malnutrition at MoPH-PHCs (Source: MoPH)
- 722**  
Total number of children undergoing outpatient treatment of malnutrition in 2016 (Source: MoPH)
- 77**  
Total number of children undergoing inpatient treatment of malnutrition in 2016 (Source: MoPH)

\*Figures on UNHCR Referral Care might slightly change upon final auditing of hospital bills.

## KEY ACHIEVEMENTS

- As part of continued efforts to improve access to primary health care, health partners (25 in total) supported a total of 1,662,881 subsidized primary health care consultations in 2016. While 74% of these consultations were provided through fixed health outlets, 26% were provided through mobile medical units (MMUs) in remote areas.
- As part of continued efforts to provide access to medications for chronic non-communicable diseases through the national MoPH subsidized program of distribution operated by the YMCA that covers around 422 PHC centers across the country, a total of 163,780 patients (Syrians 15,295, Lebanese 147,190 and other nationalities 1,295) were provided with chronic medication.
- As part of continued efforts to improve access to hospital care;
  - Health partners supported a total of 81,651 hospital admissions. 89% of these admissions were covered by UNHCR for obstetric and emergency/life-saving care among displaced Syrians, 5% of the admissions were covered by UNRWA for Palestine Refugees from Syria (PRS) while the remaining 6% of admissions were covered by 7 other health partners on a case by case basis.
  - 117 patients suffering from chronic renal failure, 110 thalassemia patients and 75 patients with other blood diseases received regular access to dialysis sessions or blood transfusions and care respectively.
- As part of the continued efforts to keep children in Lebanon protected from Polio, 2 supplementary polio vaccination campaigns were held at the beginning of 2016 (January and February) reaching 293,147 out of a target of 306,894 achieving 96% coverage. The campaigns targeted children who might have been missed during the previous immunization rounds.



The Health Sector continued to provide humanitarian assistance and protection for the most vulnerable (LCRP Strategic Objective 1) by supporting access to primary health care as well as hospital care. Displaced Syrians, vulnerable Lebanese as well as Palestine Refugees in Lebanon (PRL) and Palestine Refugees from Syria (PRS) were able to access subsidized primary health care services.

Health partners were able to support a total of 1,662,881 consultations in 2016 reaching only 52% of the sector target due to the funding available. The majority of beneficiaries of these consultations were displaced Syrians (74%), followed by PRS (14%), vulnerable Lebanese (11%) and PRL (1%). Overall, 74% of subsidized consultations were provided through fixed health outlets while the remaining 26% of subsidized PHC consultations were provided through mobile medical units (MMUs). Of those consultations subsidized through fixed health outlets, 31% were provided through Ministry of Public Health (MoPH) primary health care centers (PHCcs), 5% through Ministry of Social Affairs (MoSA) social development centers (SDCs), 47% through other health outlets and 17% through UNRWA clinics. Access to primary health care services has remained stable with 16% of respondents in the VASyr 2016 reporting difficulty accessing services with user fees being the biggest barrier.

Regarding hospital care, access continued to be provided to displaced Syrians for obstetric and emergency/life-saving care, with additional financial coverage provided for psychiatric, burns and intensive care related admissions through a network of around 50 hospitals contracted by UNHCR with 72,705 hospitalizations supported from January to December 2016 representing a 24% increase in the number of UNHCR supported hospital admissions from January to December 2015 (58,474 admissions). Through UNRWA, 4,027 Palestinian Refugees from Syria received in-patient hospital care. On a more limited basis, various partners also supported access to hospital care for displaced Syrians either by contributing to the 10-25% patient-share for UNHCR supported cases or by covering hospital fees for cases not-supported by UNHCR. Overall, health partners supported a total of 81,651 hospital admissions reaching only 61% of the sector target. With regards to chronic diseases; chronic renal failure, thalassemia and other blood diseases, financial support for treatment (blood transfusion or renal dialysis) was available in 2016 for a 302 patients who regularly received needed hospital care.

The Health sector contributed to provide institutional support through provision of medicines and supplies; supporting salaries of MoPH staff and improving technical capacity through trainings. (LCRP Strategic Objective 2). Partners supported the procurement of sufficient vaccines, medication and reproductive health commodities for MoPH PHCcs as well as dispensaries. Staffing support (151 staff in total) was provided to MoPH at both central and peripheral levels including PHCcs increasing capacity to detect and respond to outbreaks and increasing capacity to see patients at clinic level. Various trainings targeting MoPH staff at PHC level took place to strengthen and improve the quality of services related to the screening and management of acute malnutrition, reproductive health as well as mental health. In addition, PHCcs' technical capacity was reinforced in medicine stock management. Additionally, public hospitals received support in the form of trainings, namely on the inpatient treatment of severe acute malnutrition and a number of public hospitals received additional equipment.

Without the sector efforts, there would have been lower vaccination coverage and overall reduced access to primary and hospital level care. This would have resulted in increased likelihood of serious vaccine preventable disease outbreaks and increased morbidity and mortality due to treatable conditions. Lack of support to the public sector would have reduced the capacity of the health system to absorb the additional load.

The major challenges are as follows:

#### Funding shortfalls

- Insufficient funding was a major issue as only 35% of funds appealed for were received. 52% of the sector target for number of subsidized primary health care consultations and only 61% of the sector target for number of individuals supported with hospital care was reached. Additionally, access to hospital care for patients suffering from serious chronic diseases and catastrophic illnesses was limited. As a result, many patients did not receive needed hospital care.
- Diagnostic services remain heavily underfunded.

#### Operational

- The MoPH issued a circular in 2014 directed to all health centers and dispensaries on committing to free vaccination; however some PHCs were not fully compliant and some refugees had issues with transportation cost and legal papers, whereas other refugee groups are highly mobile within the country which makes it difficult to reach them even through MMUs. These issues presented a barrier to some children being fully vaccinated.
- The targeting of vulnerable Lebanese at primary health care level for subsidies was inconsistent since there was no single approach used across partners. Partners relied on a pre-defined list of vulnerability criteria for coverage, MoSA National Poverty Targeting Programme (NPTP) enrolment or their own social assessments.

#### Technical

- Shortage of chronic disease medication was often reported at PHC level. To address this, doctors, pharmacists and health care workers in MoPH PHCs receiving chronic medications through YMCA were trained to improve stock management and reduce stock-outs.

#### Policy/Institutional

- The MoPH Health Information System (HIS) is still being rolled. It is used only at MoPH PHCs and does not include all health outlets where primary health care is provided, moreover, some health partners do not regularly share data on PHCs supported and consultations. This has resulted in incomplete data on primary health care utilization.

## KEY PRIORITIES AND GAPS FORESEEN - 1ST QUARTER 2017

For the next 3 months (January – March), key priorities of the sector are as follows:

- To continue providing support for access to primary health care with a focus on vaccination, ante-natal care, family planning, mental health and care for non-communicable diseases
- Expand roll out of Health Information System
- Ensure consistency amongst partners in the targeting of vulnerable Lebanese at primary health care level
- To maintain support provided for hospital care, specifically obstetric and emergency/lifesaving care
- To advocate for funding to expand the support currently provided for an important number of persons suffering from serious chronic diseases such as renal failure and advanced cancers
- To continue expanding and strengthening the Early Warning and Response System (EWARS) for improved outbreak control
- To continue strengthening public primary health care and public hospital service delivery

Critical gaps foreseen that need to be addressed as a matter of priority include the support for hospital coverage of persons suffering from chronic diseases who are currently not receiving support as well as support for hospital care for cases not currently covered by any partner.

## Organizations

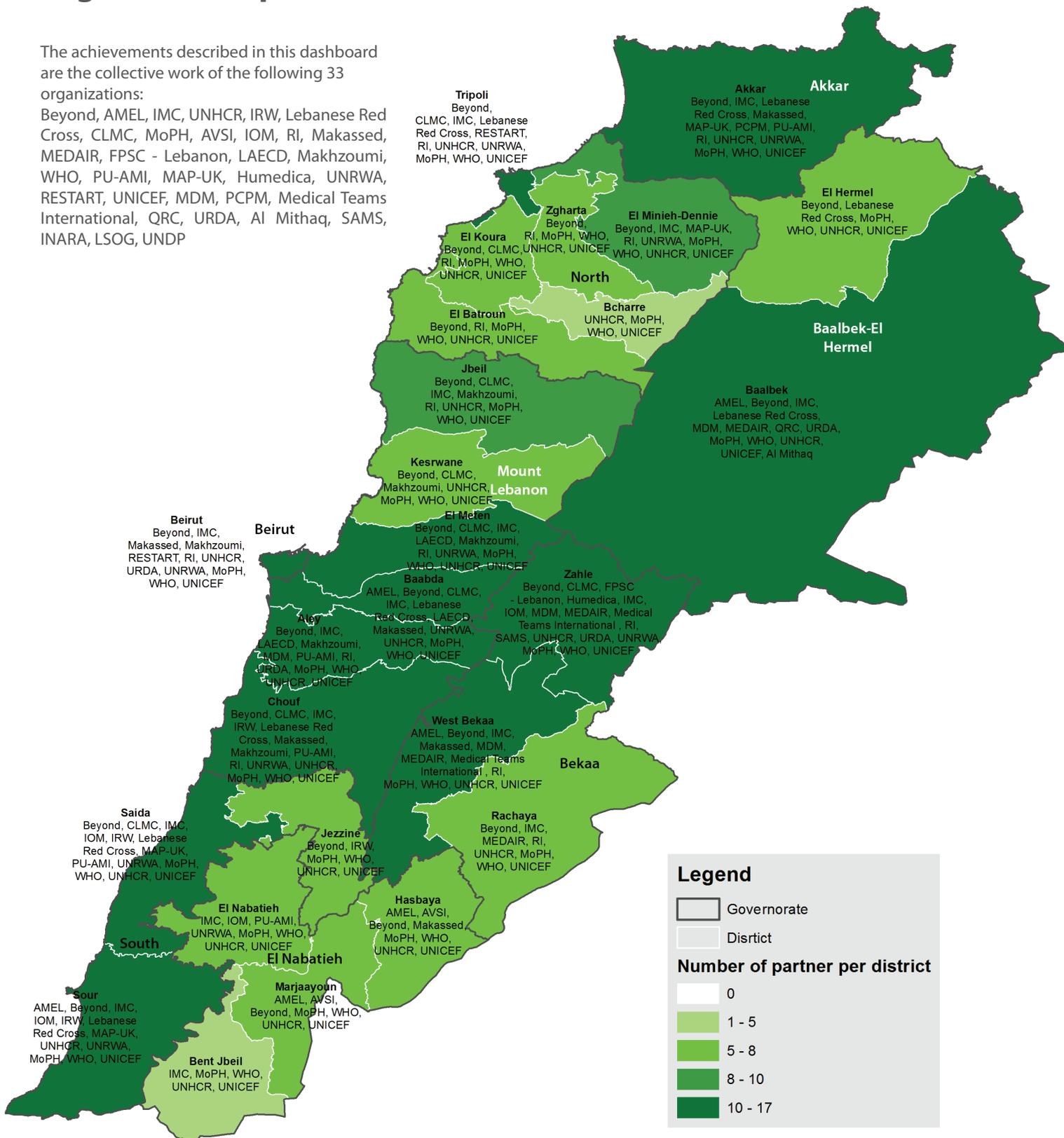
The achievements described in this dashboard are the collective work of the following 33 organizations: Beyond, AMEL, IMC, UNHCR, IRW, Lebanese Red Cross, CLMC, MoPH, AVSI, IOM, RI, Makassed, MEDAIR, FPSC - Lebanon, LAECD, Makhzoumi, WHO, PU-AMI, MAP-UK, Humedica, UNRWA, RESTART, UNICEF, MDM, PCPM, Medical Teams International, QRC, URDA, Al Mithaq, SAMS, INARA, LSOG, UNDP



# Organizations per district

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

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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.