



The January - August 2018 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 comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve Outbreak Control; OUTCOME 4) Improve Adolescent & Youth Health.

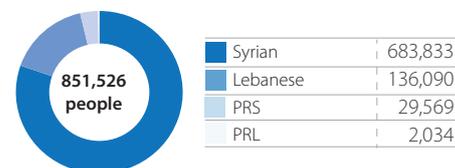
2018 Funding Status as of 31 December 2018



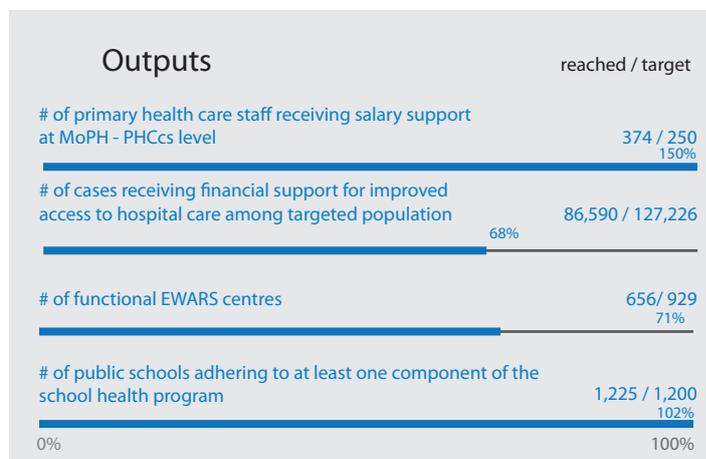
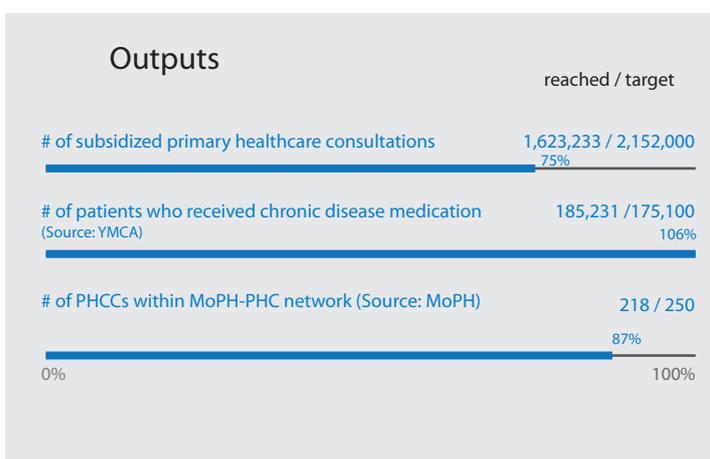
Targeted Population groups



Population reached by cohort

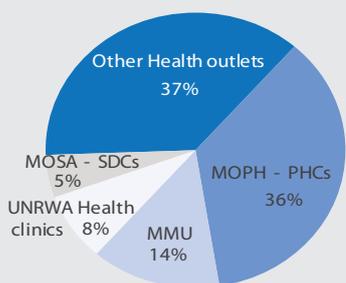


Progress against targets

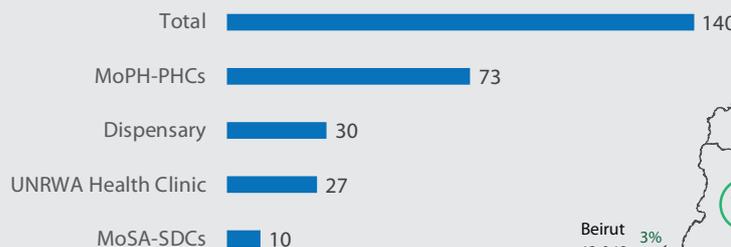


Analysis

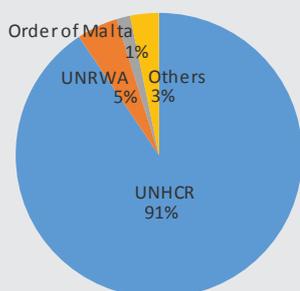
Percentage of consultations by type of primary healthcare outlet



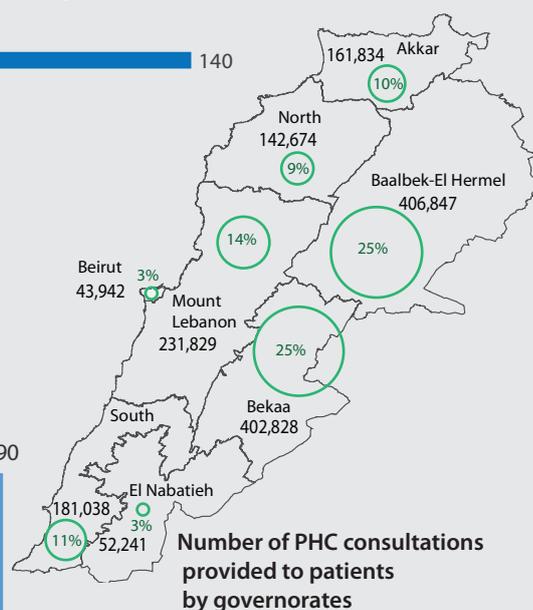
of supported primary healthcare outlets by type



Percentage of support to Secondary health care (SHC) admissions by organization



of SHC admissions supported by UNHCR, 2014 to 2018



UNHCR Syrian Refugees in Lebanon - Referral care at a glance (2014,2015,2016), UNHCR AI,2017,2018

KEY ACHIEVEMENTS

Around **140** facilities as well as **25** Mobile Medical Units were supported by partners for the provision of subsidized PHC services which enhanced the financial accessibility for primary health care

1,117,370 subsidized consultations were jointly provided by partners which increased access to health care for acute and chronic diseases

185,231 Lebanese and Syrian refugees were able to receive free medications for chronic diseases through the MoPH YMCA program during Q2 of 2018 which contributed to a decreased mortality and morbidity

MoPH in collaboration with UNICEF responded to measles outbreak by implementing: Immunization Campaigns and Accelerated Immunization Activities which enhanced the Routine Immunization coverage and strengthened the MoPH PHC system

79,314 displaced Syrians received financial support through UNHCR to access obstetric or emergency hospital care which contributed to an increased access to secondary health care

4,052 PRS received financial support through UNRWA to access hospital care which increased their financial accessibility to secondary health care

149 displaced Syrians with chronic renal failure continued to receive access to free dialysis care which enhanced their quality of life

Facts and Figures

13% of displaced Syrians were not able to access needed primary healthcare in past 6 months according to VASyR 2018 compared to 11% according to VASyR 2017

23% of displaced Syrians were not able to access needed secondary healthcare in past 6 months according to VASyR 2018 compared to 20% according to VASyR 2017

55% of Syrian Refugees reduced their expenditure on health to cope with the lack of food according to VASyR 2018 compared to 11% according to VASyR 2017

2013
Year of last measles outbreak in Lebanon when **1,760** cases were confirmed

March 15th, 2018
MoPH declares a measles outbreak

944
confirmed measles cases from Jan 1st to Dec 31st, 2018

83% Leb/ 17% Syr
Percentage of measles cases by nationality

KEY CONTRIBUTIONS TOWARDS LCRP IMPACT(S)

In 2018, the Health sector continued to provide equitable and quality primary, secondary and tertiary healthcare to displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL) through direct service delivery and health system strengthening.

To provide access to primary health care services, partners supported 1,623,233 subsidized consultations for vulnerable Lebanese and displaced Syrians; however, this represents a 13.7% decrease from 2017 when partners provided a total of 1,881,702 subsidized consultations. This reduction can be explained by the decrease of mobile medical units, as the sector is increasingly moving towards health system strengthening and therefore additional efforts are needed to increase community demand for health services in the primary healthcare centers. In 2018, displaced Syrians (74.1%) made up the biggest share of people benefiting from subsidized consultations, followed by vulnerable Lebanese (16.8%), PRS (8.9%) and PRL (0.2%).

In 2018, 86.5% of subsidized consultations were provided through fixed health outlets compared to 77.4% in 2017, marking a shift towards health system strengthening and strengthened institutional resilience. The remaining 13.5% of subsidized PHC consultations were provided through Mobile Medical Units (MMUs). Of the consultations subsidized through fixed health outlets, 41% were provided through Ministry of Public Health (MoPH) Primary Health Care Centers (PHCCs), 6% through Ministry of Social Affairs (MoSA) Social Development Centers (SDCs), 43% through other health outlets and 10% through UNRWA clinics. This represents an increase in the percentage of primary healthcare services provided through fixed clinic compared to 77.4% in 2017 which reflect the increasing shift toward health system strengthening and strengthened institutional resilience. Overall, 60% of subsidized consultations were provided to females and 40% to men which reflects relatively gender balanced access to primary healthcare services. Moreover, 185,231 displaced Syrians and vulnerable Lebanese were able to receive medications for chronic diseases at primary healthcare facilities. This constitutes a 6.5% increase from 2017 and is likely due to people being more aware of the availability of these medications in the health facilities; 57% of these patients were female and 43% were male, which reflects a gender-balanced service delivery.

Obstetric and emergency/life-saving care¹ was provided to displaced Syrians, with 88,181 hospitalizations supported in 2018. This represents a 6.6% increase in the number of supported hospital admissions from 2017 (82,720 admissions) and a 19.2% increase from 2016 (73,951 admissions). Through UNRWA, 4,052 PRS received hospital care, which represents a 12% decrease from 2017 as a result of the decreased PRS total caseload. 149 displaced Syrians with chronic renal failure continued to receive free dialysis care, which enhanced their quality of life. Awareness on Infant and Young Child Feeding (IYCF) best practices was provided to around 25,000 pregnant and lactating women across Lebanon and 16 hospitals were engaged in the Baby Friendly Hospital Initiative (BFHI). In an effort to increase quality of life for some individuals, medical missions or projects were organized to complete specific surgeries such as cleft lip/palate surgeries and surgeries for congenital orthopedic malformations among others on a more limited basis, and covering a smaller number of patients.

The Health sector continued to provide support to the national health system by procuring vaccinations, medications, reproductive health commodities, as well as other medical supplies and equipment to facilities including MoPH-PHCCs and dispensaries. In addition, a national policy for Infant & Young Child Feeding was launched. Support was provided to the national health system through 374 staff at the MoPH-PHCCs level. As part of health system strengthening and to ensure more sustainable service delivery, trainings and coaching visits continued with a focus on immunization, Clinical Management of Rape (CMR), Baby-friendly Hospital Initiative (BFHI), Infant & Young Child Feeding (IYCF), surveillance and response related to the measles outbreak among others.

CHALLENGES

Funding, political and communication with the community issues have posed the biggest challenges to Health sector partners in the implementation of the sector strategy in 2018. . As a result of insufficient funding, many referrals of patients in need of secondary healthcare or specialized diagnostics were not covered by partners. These include serious chronic diseases and catastrophic illnesses. As a result, many patients did not receive needed hospital care as they were not able to pay for the fees themselves. This has further negatively affected their health status. For displaced Syrian patients in need of in-patient psychiatric care, admission was often delayed because of the limited number of hospital beds. In addition, at the primary healthcare level, the unavailability of funds challenged the expansion of Accelerated Immunization Activities to all cadasters where low immunization coverage is reported. Furthermore, the political situation in the country and the delays in forming the cabinet have hindered the transfer of funds from the Ministry of Finance to the Ministry of Public Health, which reflected in severe shortages in medications for chronic diseases; as contingency funds were not available, it was challenging to secure funds to fill the gaps in a timely manner. On the other hand, displaced Syrian women's access to ante-natal care and post-natal care remained relatively low and so it is important to enhance displaced Syrians knowledge of available services through intensifying awareness raising on the location of health facilities providing subsidized primary healthcare services.

Based on previous trends, it is estimated that for 2018 the Neonatal Mortality Rate (NMR) and Maternal Mortality Rate (MMR) among displaced Syrians will continue to be higher than the NMR and MMR among Lebanese. This could be attributed to the lower levels of ante-natal care visits among displaced Syrians, the higher rates of adolescent pregnancies, the higher frequency of home based deliveries, and the delayed access to obstetric care.

KEY PRIORITIES AND GAPS FORESEEN FOR 2019

While maintaining a direct service delivery component to cover critical needs for displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL), the priorities of the Health sector in 2019 are increasingly shifting toward continued investments in health system strengthening to sustain service provision and quality of services, and achieve a positive and sustainable impact on health indicators. At the primary healthcare² level, the Health sector prioritizes supporting the Ministry of Public Health (MoPH) with complementarity models that offer more coverage of people in need. In addition, and similar to previous years, the sector aims to improve outbreak and infectious disease control through strengthening and expanding the Early Warning Alert and Response System (EWARS) and by strengthening the national tuberculosis and AIDS programmes. The sector aims as well at improving adolescent and youth health through the school health programme. At the secondary and tertiary healthcare level, the sector is focused on improving access to hospital care to displaced Syrians and Palestinian Refugees from Syria, and therefore is dedicated to sustain and increase financial support to hospital care. The Health sector prioritizes the mainstreaming of institutional support to: 1) promote country ownership and sustainability; 2) scale up solutions; and 3) promote greater efficiencies in health investments.

1) Obstetric and emergency life-saving care is covered by UNHCR based on its Standard Operating Procedures (SOPs) through a network of public and private hospitals contracted by a third party administrator.

2) Primary healthcare includes access to vaccination, acute and chronic medication, family planning, pregnancy care, non-communicable diseases (NCDs) care, mental healthcare as well as laboratory diagnostics through both support of primary healthcare centres for the provision of subsidies and community outreach.



CASE STUDY : Meeting the mental healthcare needs of the most vulnerable Lebanese and displaced Syrians

Before the onset of the Syrian crisis, mental healthcare in Lebanon has mainly been provided by the private sector yet poorly accessible especially in what concerns the outpatient mental healthcare. Mental healthcare services were further stretched with the advent of the Syrian crisis and the increasing reported needs. However, access to mental healthcare services including in-patient psychiatric care remains a challenge for vulnerable Lebanese and displaced Syrians.

The World Health Organization defined an optimal mix of mental health services (figure 1) which starts with self-care and informal care (generally provided by one's self or one's network and peers, and are cross-cutting across all levels of care), followed by formal mental healthcare services which should be offered through widespread primary healthcare services and general health services and should be made easily accessible and affordable to the population. Specialized psychiatric care should remain at the top of the pyramid.

In line with this model, the Rafik Hariri University Hospital (RHUH) and the National Mental Health Programme at the MoPH, with the support of the World Health Organization and in partnership with Médecins du Monde, International Committee of the Red Cross in Lebanon, and Skoun – Lebanese Addiction Centre, are collaborating together to provide access to affordable quality and evidence-based mental health and substance use services to person residing in Lebanon.

This model became operational in 2018 and services are provided based on a patient-centred and recovery-oriented approach, with a continuum of care at Rafik Hariri University Hospital premises, which is the largest public hospital in Lebanon. The model offers assessment, diagnosis, pharmacological treatment, psychotherapies, as well as awareness and psychoeducation, in the following premises (figure 2):

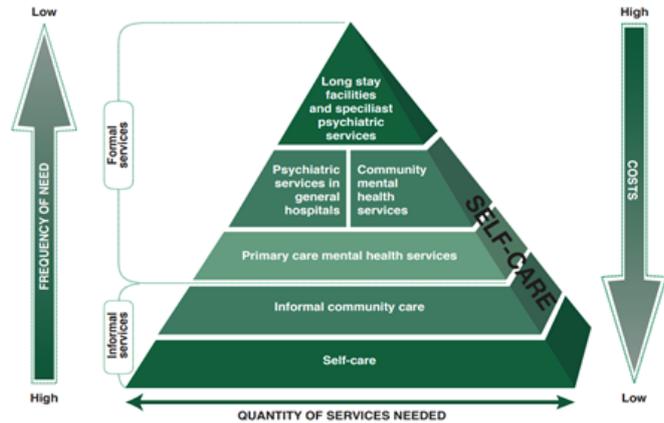


Figure 1- Optimal mix of services pyramid

- **MoPH Primary Health Care Centre** where mental health is integrated;
- **Community Mental Health Centre** where services are provided by a specialized team of psychiatrists, psychotherapists, and case managers (social workers);
- **Emergency department** where staff have been trained on psychiatric emergencies;
- **General ward** providing psychiatric consultations via specialized mental health staff from the psychiatric ward;
- **In-patient psychiatric unit** for cases necessitating admission;
- **Treatment centre** for substance use disorders.

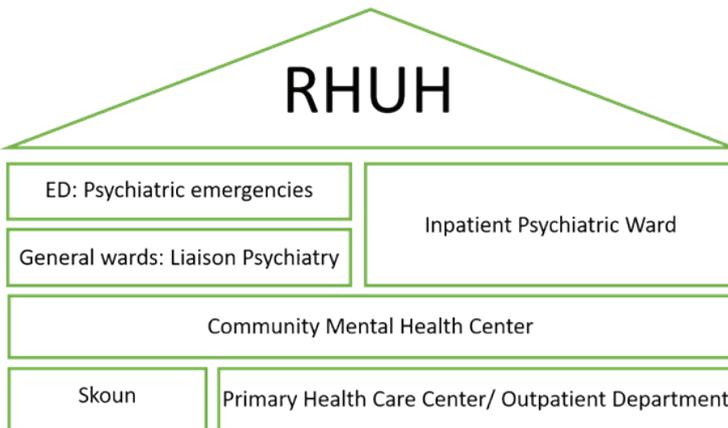
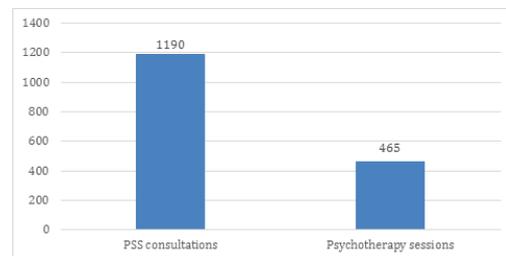


Figure 2. The structure of the mental health unit at Rafik Hariri University Hospital

So far, in the Community Mental Health Centre, around 155 patients are consulting a psychiatrist; in parallel, a total of 1,190 psychosocial support consultations by case managers and 465 psychotherapy sessions have been achieved (figure 3). As for in-patient care, a total of 159 admissions were made in 2018. In addition, a total of 2,478 persons were reached through 129 awareness raising sessions



Around 45% of the patients are female while 55% are males. As for the nationality, around 51% are Lebanese, 38% are Syrians, and 11% are from others nationalities.

This innovative and collaborative initiative brought together various partners and different tiers of mental healthcare within the same location, towards community mental health and wellbeing. Coordination amongst all partners was challenging in order to avoid duplication and promote continuum of care. With support from the Agence Française du Développement, this model will be replicated in the North and the Bekaa where mental health services are a major gap.





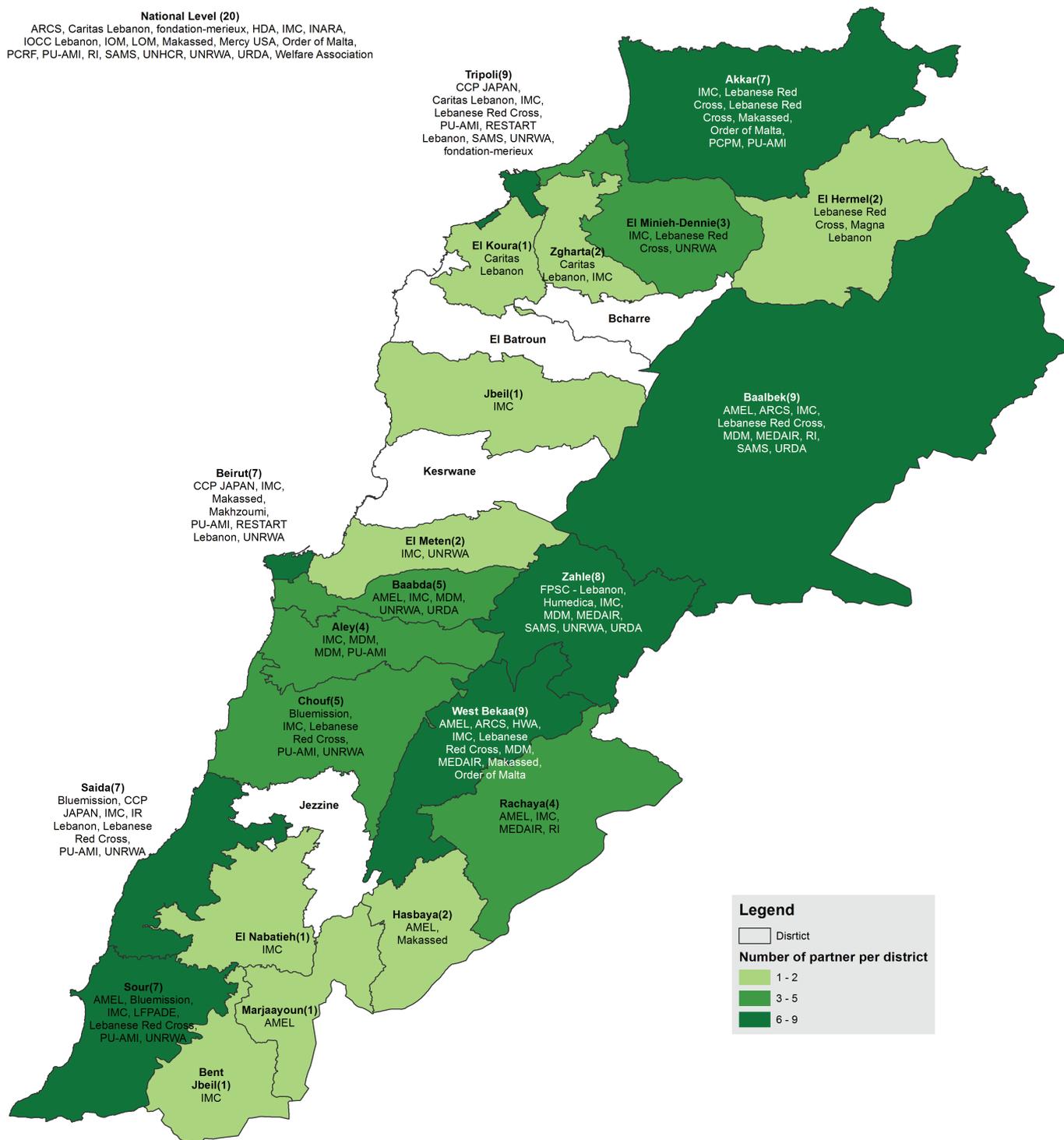
Organizations per District

All 37 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRPand reporting under ActivityInfo.

AMEL, ARCS, Bluemission, Caritas Lebanon, CCP JAPAN, fondation-merieux, FPSC - Lebanon, HDA, Humedica, HWA, IMC, INARA, IOCC Lebanon, IOM, IR Lebanon, Lebanese Red Cross, LFPAD, LOM, Magna Lebanon, Makassed, Makhzoumi, MDM, MEDAIR, Mercy USA, MoPH, Order of Malta, PCPM, PCRF, PU-AMI, RESTART Lebanon, RI, SAMS, UNHCR, UNRWA, URDA, Welfare Association, WHO.

National Level (20)

ARCS, Caritas Lebanon, fondation-merieux, HDA, IMC, INARA, IOCC Lebanon, IOM, LOM, Makassed, Mercy USA, Order of Malta, PCRF, PU-AMI, RI, SAMS, UNHCR, UNRWA, URDA, Welfare Association



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.

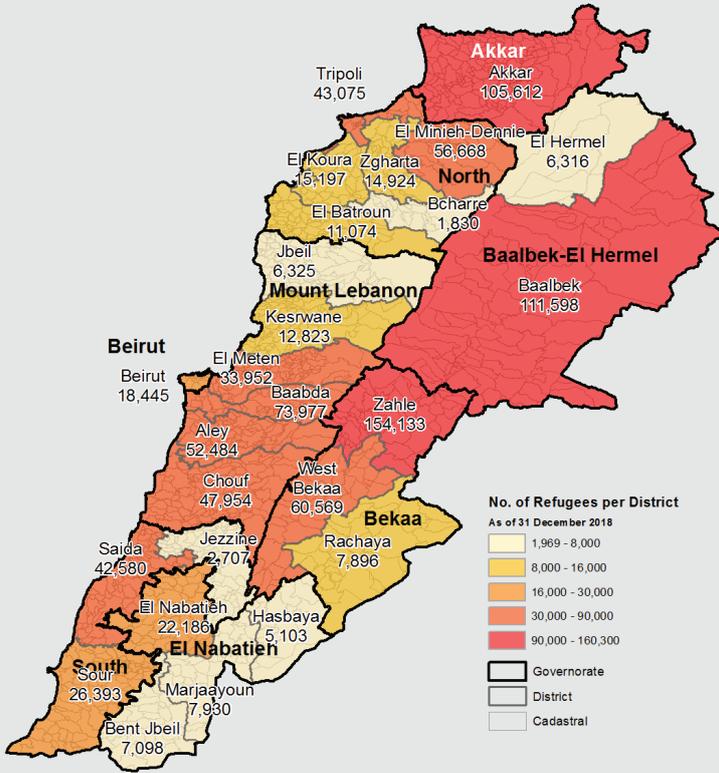
Annex 1: Key Figures

Syrian Refugee Population

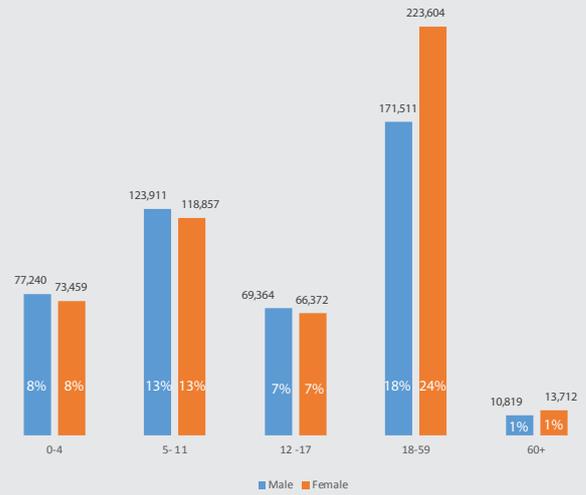
948,849 # of Registered Syrian Refugees
(UNHCR, 31/12/2018)

216,028 # of Syrian Refugee Households
(UNHCR, 31/12/2018)

Location in Lebanon (UNHCR, 31/12/2018)



By Age and Gender (UNHCR, 31/12/2018)



Syrian Refugee economic vulnerability - % households (VASyR,2018)

51% Severely Vulnerable
16.6% Highly Vulnerable
10.6% Mildly Vulnerable
21.8% Least Vulnerable

Mental Health

51,868 # of subsidized mental health consultations provided by health partners (AI, Jan-Dec 2018)

Outbreak Control

974 institutions with surveillance data at the source:
149 are operational for zero reporting (target: 150)
138 are operational for laboratory reporting (target: 152)
687 are operational for medical center reporting (target: 953)
21 operational surveillance sites newly established

Notifiable Diseases in Lebanon [cumulative n° of cases among all residents (among Syrians)] as of November 2018

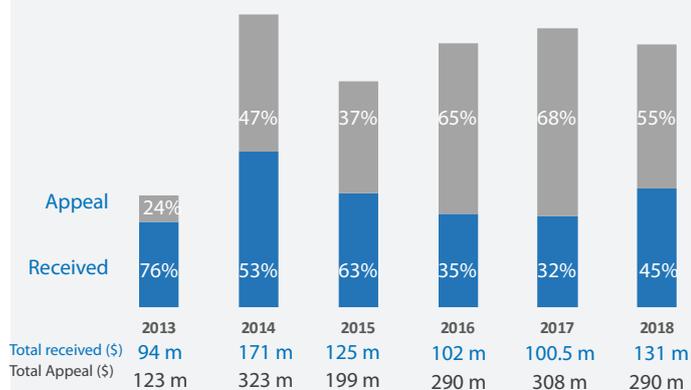
(Source: MoPH and WHO, Lebanese Epi-Monitor, November 2018)

Disease	2017	2018	January	February	March	April	May	June	July	August	September	October	November
Vaccine Preventable Diseases													
Polio	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
AFP	75 (19)	86 (32)	10 (4)	6 (1)	9 (4)	5 (0)	11 (6)	7 (2)	8 (3)	6 (3)	4 (2)	4 (0)	9 (3)
Measles	129 (52)	939 (166)	26 (9)	67 (23)	147 (66)	155 (36)	227 (24)	163 (19)	94 (10)	35 (3)	13 (2)	24 (4)	49 (1)
Mumps	230 (47)	120 (40)	5 (1)	4 (0)	5 (0)	1 (0)	11 (5)	5 (1)	18 (5)	3 (2)	2 (0)	20 (4)	8 (3)
Pertussis	90 (22)	58 (25)	2 (1)	6 (3)	4 (2)	1 (1)	5 (0)	3 (1)	13 (6)	3 (0)	3 (0)	1 (0)	4 (0)
Rabies	1 (1)	3 (1)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)	1 (0)	1 (0)	0 (0)	0 (0)
Rubella	10 (6)	9 (2)	2 (0)	2 (1)	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	0 (0)
Tetanus	0 (0)	2 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	0 (0)	1 (1)	0 (0)
Viral Hep. B	319 (52)	248 (28)	24 (2)	19 (2)	21 (2)	14 (0)	20 (2)	21 (3)	17 (4)	27 (4)	21 (5)	18 (1)	13 (1)
Water/Food Borne Diseases													
Brucellosis	456 (149)	237 (26)	17 (1)	19 (1)	21 (1)	19 (1)	25 (1)	22 (6)	26 (4)	27 (6)	9 (0)	14 (1)	13 (0)
Cholera	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Hydatid cyst	18 (5)	7 (1)	1 (0)	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0)	1 (0)	1 (0)
Typhoid fever	654 (19)	230 (4)	38 (0)	24 (0)	18 (0)	10 (0)	23 (0)	22 (0)	23 (0)	22 (1)	16 (0)	4 (0)	14 (0)
Viral Hep. A	775 (139)	869 (149)	82 (13)	53 (7)	45 (3)	50 (5)	45 (8)	44 (14)	97 (10)	93 (14)	70 (4)	65 (11)	81 (6)
Other Diseases													
Leishmania-sis	140 (116)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Meningitis	340 (70)	400 (78)	40 (11)	24 (9)	36 (5)	22 (4)	38 (7)	51 (7)	54 (12)	45 (3)	23 (3)	20 (6)	20 (3)
Viral Hep. C	129 (10)	96 (7)	9 (1)	9 (2)	6 (1)	6 (0)	12 (0)	9 (0)	9 (1)	6 (0)	0 (1)	12 (1)	3 (0)

Annex 2: Sector Funding Status

Sector Funding Status 2013-2018

Source: Inter- Agency financial tracking system



Health Sector Partners; recipients of direct funding in Q2 2018

Source: Inter- Agency financial tracking system for LCRP 2018 , as of 30 June 2018

Partners	2018 End Year Received in USD
UNHCR	65,000,000
IMC	22,122,838
UNICEF	15,421,053
WHO	7,075,000
CARITAS Lebanon	2,948,783
Medecins du Monde	2,883,617
UNRWA	2,777,067
MEDAIR	2,303,901
AMEL	2,084,843
Order of Malte	1,984,021
PU-AMI	1,701,946
UNFPA	1,522,267
URDA	677,323
Humedica	536,647
IR	423,029
ANERA	397,036
Plan International	330,000
TAAWON	179,411
Makassed	176,867
PCPM	133,159
CCP JAPAN	120,318
ARCS	92,251
IOCC	52,795
Fundación Promoción Social (FPS)	49,097
HelpAge	34,174
MSD	13,886
Total	131,041,329

Health Research or Assessments recently shared:

Expanded Programme on Immunization, District-Based Immunization Coverage Cluster Survey (MoPH, WHO, 2016)

. Multi-sectoral Knowledge, Attitude and Practice Study (UNICEF Lebanon, 2017)

. Infant and young child feeding in emergencies: Organisational policies and activities during the refugee crisis in Lebanon (Shaker-Berberi et al, 2018)