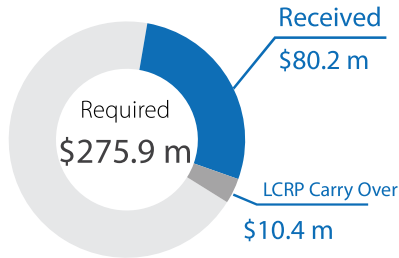




The January - June 2020 dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access to hospital (incl. ER care) and advanced referral care (advanced diagnostic laboratory & radiology care); OUTCOME 3) Improve Outbreak & Infectious Diseases Control; OUTCOME 4) Improve Adolescent & Youth Health.

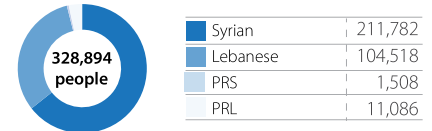
2020 Funding Status as of 30 June 2020



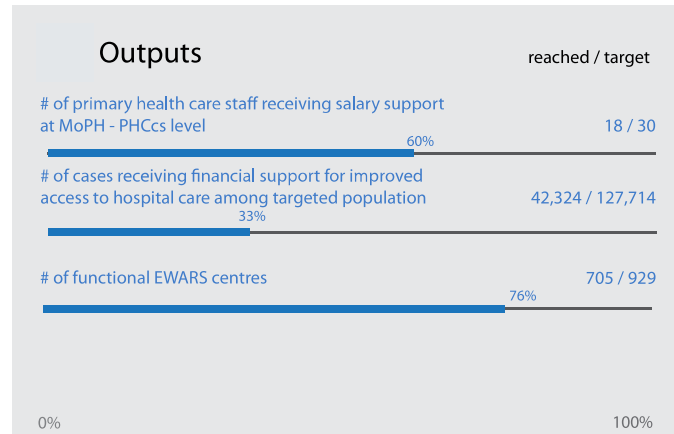
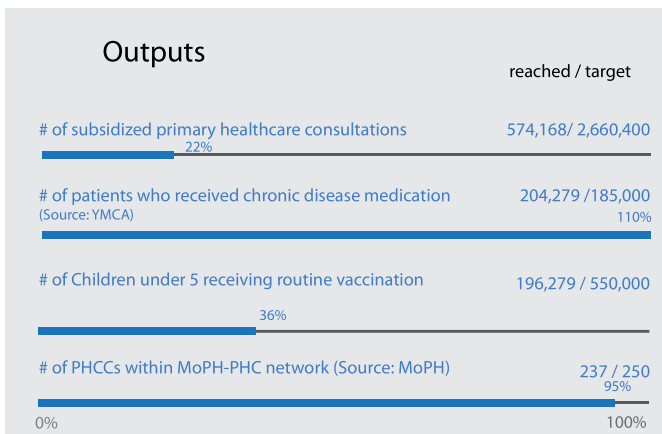
Targeted Population groups



Population reached by cohort

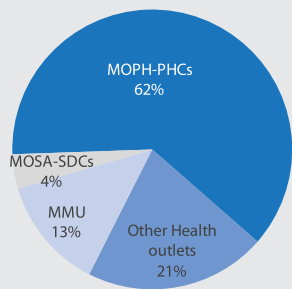


Progress against targets

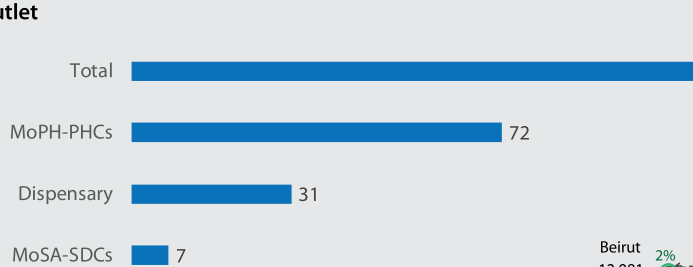


Analysis

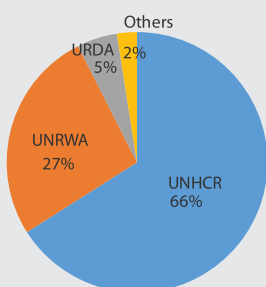
Percentage of consultations by type of primary healthcare outlet



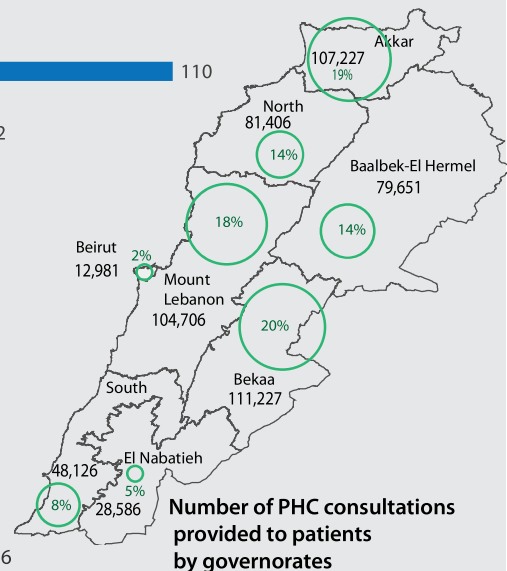
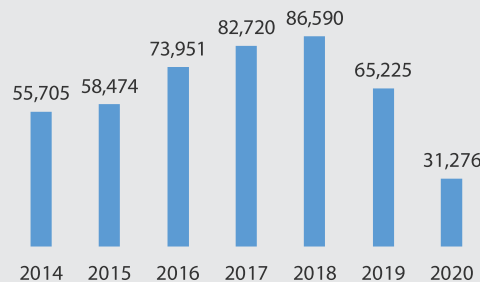
of supported primary healthcare outlets by type



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



of SHC admissions supported by UNHCR, 2014 to 2020



UNHCR Syrian Refugees in Lebanon - Referral care at a glance (2014,2015,2016), UNHCR AI,2017,2018,2019,2020

KEY ACHIEVEMENTS

Around **145** facilities as well as **11** Mobile Medical Units were supported by partners for the provision of subsidized PHC services which enhanced the financial accessibility for primary health care.

574,168 subsidized consultations were jointly provided by partners which increased access to health care for acute and chronic diseases.

204,2798 Lebanese and Syrian refugees were registered in the MoPH YMCA free medications for chronic diseases which contributed to a decreased mortality and morbidity.

196,279 Number of children under 5 receiving routine vaccination.

31,096 displaced Syrians received financial support through UNHCR to access obstetric or emergency hospital care which contributed to an increased access to secondary health care.

1,227 PRS received financial support through UNRWA to access hospital care which increased their financial accessibility to secondary health care.

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

Facts and Figures

22%

of the vulnerable Lebanese, displaced Syrians Palestinian Refugees from Syria & Palestinian Refugees from Lebanon were able to access subsidized primary health care consultations.

33%

of displaced Syrian, received financial support for improved access to hospital care among targeted population.

90%

of Syrian Refugees households accessing primary health care, VASyR 2019.

81%

of Syrian Refugees households that received the required hospitalization, VASyR 2019.

In 2020, The percentage of vulnerable Lebanese benefitting from subsidized consultations increased to 36.4%, as compared to 25.8% out of total in the first half of 2019. This is likely due to the deterioration of economic conditions for the Lebanese population given the ongoing economic and financial crisis.

KEY CONTRIBUTIONS TOWARDS LCRP IMPACT(S)

Despite being challenged by a deteriorating economic crisis coupled with a 2019-Corona Virus Disease (COVID-19) pandemic, the Health Sector continued to provide equitable and quality primary, secondary and tertiary healthcare to displaced Syrians, vulnerable Lebanese families, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL) through direct service delivery and health system strengthening. Support was provided all over Lebanon while focusing on the most vulnerable communities

From January to June 2020, vulnerable refugee populations and host communities benefitted from 574,168 subsidized consultations supported by Sector partners, including 209,036 consultations for vulnerable Lebanese, 361,371 for displaced Syrians, 1,591 for Palestinian Refugees from Syria and 2,169 for Palestinian Refugees from Lebanon contributing to improving their access to primary health care services. This represents a 21.6% decrease from the first half of 2019 in health consultations for vulnerable populations. This decrease can be explained by the countrywide COVID-19 lockdown, fear of infection along with movement restrictions and visits costs. Overall, women and girls benefitted from 62% of subsidized consultations and men and boys benefited from 38% of subsidized consultations. The percentage of vulnerable Lebanese benefitting from subsidized consultations increased to 36.4%, as compared to 25.8% out of total in the first half of 2019. This is likely due to the deterioration of economic conditions for the Lebanese population given the ongoing economic and financial crisis.

In the first half of 2020, vulnerable populations accessed 87% of subsidized consultations through fixed health outlets (compared to 91.5% in the same period of 2019), and 13% through Mobile Medical Units (MMUs). While the Sector strategy aims to shift the response toward strengthening the health system, the percentage of consultations provided through MMUs slightly increased because of the increased coverage of mobile consultations during the period of the nationwide protests¹ and COVID-19 lockdown when the access to fixed outlets was made more difficult. Out of the consultations subsidized through fixed health outlets, vulnerable populations accessed 71% of the consultations through Ministry of Public Health (MoPH) Primary Health Care Centers (PHCCs), as compared to 68.4% in the first half of 2019. This increase reflects the reach of an expanded network, a shift to health system strengthening and strengthened institutional resilience. In terms of chronic disease medication provided at the PHC level, a total of 204,279 displaced Syrians and vulnerable Lebanese people are registered at the MOPH/YMCA chronic medications program operating through a network of around 435 PHCCs and health dispensaries across Lebanon. Out of the total persons registered, 57% are women and 43% are men. This constitutes a 7.9% increase from the first half of 2019 and is likely due to people being more aware of the availability of these medications in the health facilities. It may also be due to the country's deteriorating economic situation.

A total of 31,276 displaced Syrians received obstetric and emergency/life-saving care through support by UNHCR² and other Health Sector partners during the reporting period. This represents a 7.5% decrease in the number of supported hospital admissions for the same period in 2019, which is explained by the countrywide COVID-19 lockdown as a result of the COVID-19 pandemic, fear of infection along with movement restriction and higher hospital bills as a result of the Lebanese Pound deterioration. Through UNRWA, 1,227 Palestinian refugees from Syria received hospital care, which represents a 33.9% decrease during the same period in 2019 and was likely also driven by the same factors.

Some 220 displaced Syrians with chronic renal failure and blood diseases³ continued to receive free dialysis and blood diseases care, which enhanced their quality of life; however, due to an unexpected cut in funding dialysis and blood diseases support to displaced Syrians in need can no longer be sustained and urgent support is needed. A total of 62,244 caregivers across Lebanon were reached through community outreach activities, awareness sessions, direct counselling and health integrated messages on maternal, new-born, child and adolescent health and nutrition. All of the protocols and guidelines for the Infant and Young Child Feeding (IYCF) best practices, and reproductive health were reviewed in light of the COVID-19 response with lead agencies and were disseminated among different stakeholders and partners. IYCF national action plan is being finalized and will cover the coming three years in coordination and partnership with MoPH.

The Health Sector continued to provide support to the national health system by procuring vaccinations, essential medications, reproductive health commodities, as well as other medical supplies and equipment to facilities including MoPH-PHCs and health dispensaries. The support was extended in the first half of 2020 to ensure an effective and efficient COVID-19 response at the primary healthcare centers and the hospitals level. A strategic set of interventions were implemented aiming at strengthening Lebanon's public healthcare system in order to mitigate the impact of the pandemic on vulnerable groups and ensure continuation of care. These interventions include training healthcare workers on Infection Prevention and Control (IPC), risk communication and community engagement campaigns, case management of confirmed cases, human resources support for medical screening activities at points of entry, strengthening of the surveillance system, procurement of medical equipment and supplies (testing kits, personal protective equipment, and Polymerase Chain Reaction (PCR)⁴ testing machines etc.), and early detection and management of suspected cases either in community or at hospital level.

18 staff were supported to join the MoPH-PHCs which constitutes a considerable decrease from previous years mainly 2018 which is linked to multifactorial considerations represented mainly by political consideration and instability. In light of the COVID-19 pandemic, the training focus shifted to further highlight COVID-19 preventive measures and response.

At the beginning of 2020, the Health Sector was faced with an unprecedented situation represented by an existing prolonged refugee crisis, a rapidly deteriorating economic situation and the COVID-19 pandemic. This triple burden has greatly challenged the already overstretched Health Sector to ensure an equitable access to quality healthcare services for both refugee population and host community.

An impact on people's mental health has also been observed, including psychological distress and anxiety. People in need were also challenged to access mental health services because of the shift to remote delivery of services. The access of acute mental health cases to secondary mental health care was also hindered as mental health hospitals stopped admissions as a result of the COVID-19 pandemic and fear of exposure to the virus. Access to healthcare was exceptionally challenging for the most vulnerable groups, including persons with specific needs, older persons and female-headed households. In addition, unexpected funding cuts led to the disruption of dialysis and blood diseases support for the refugee population.

Migrant workers were also challenged to access needed healthcare. Fear of infection, country lockdown, hindered international trade movement and shortage of medical supplies and medications coupled with the decreased ability to afford care were the main reasons for the reduced access to healthcare from January to June 2020.

Increasing reports on malnutrition among children under five and home-based deliveries requires the Sector to monitor the situation more closely. Based on previous trends, it is estimated that for the first half of 2020, the neonatal and maternal mortality rates among displaced Syrians will continue to be higher than the rates 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.

This challenging situation hampered the ability of the Health Sector partners to deliver the intended Sector's outputs and outcomes at both the operational and the coordination level. At the operational level, organizations were forced to re-design their programmes to meet the emerging needs and to deal with the exceptional COVID-19 pandemic. Challenges increased as organizations had to protect themselves from infection, ensure the health and safety of the beneficiaries and guarantee the continuation of care to the people in need.

Coordination challenges were also magnified during the first half of the year including ensuring timely reporting and monitoring. The Health Sector needed to communicate in near real-time on a variety of time-sensitive issues to ensure the continuation of care and an efficient COVID-19 response. The Sector used existing and innovative platforms to proactively keep partners informed about the situation and about the recommendations of the MoPH and lead agencies. The amplified coordination efforts supported partners and advised on their programme re-design. As a result, organizations were able to take the necessary measures and to plan their interventions following a need-based approach.

KEY PRIORITIES AND GAPS FOR THE SECOND SEMESTER 2020

Despite the challenging situation in the first half of 2020, the Health Sector's key priorities remain focused on two strategic objectives: to increase access to health services for displaced Syrians and vulnerable Lebanese; and to strengthen healthcare institutions and enable them to withstand the pressure caused by the increased demand on services and the scarcity of resources. While maintaining a direct service delivery component to cover critical needs for vulnerable people, the priority of the Health Sector was to focus on continued investments in health system strengthening and enhancing institutional resilience to sustain service provision and quality of services, and achieve a positive and sustainable impact on health indicators for the long term. No change in service modality is recommended by the Sector. Instead, increased investments in health system strengthening is required, including financing, human resources, equipment, medical supplies and capacity building.

During the second half of 2020 and through increased health system strengthening efforts, the Sector will prioritize the support to MoPH at the primary healthcare level⁵ with complementarity models that offer more coverage of people in need and complements existing services while implementing infection, prevention and control measures to prevent the spread of COVID-19. Special attention will be given to ensuring an adequate stock of acute and chronic disease medication in the primary healthcare centers across the country.

Malnutrition cases are expected to increase due to the country's economic crises, compounded by COVID-19 pandemic and the negative impact on livelihood opportunities and food security. A nutrition survey is being discussed with partners to assess the situation and develop a targeted response in the second half of 2020.

At the secondary and tertiary healthcare level, the Sector will be focused on improving access to hospital care to displaced Syrians and Palestinian Refugees from Syria, and partners are committed to sustaining and increasing financial support to hospital care while decreasing the patient cost share given the current economic situation. Improved access to hospital care for vulnerable Lebanese families will also be prioritized by the Health Sector. The Sector will also increase advocacy for the dialysis and blood disease support that might need to be extended to the whole of next year. As the economic situation deteriorates, the Health Sector will keep its focus on prioritizing sustainable life-saving services for vulnerable refugee population and host community.

¹) 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 : Roukaya Story, Premiere Urgence Internationale (PUI).

Roukaya is a thirty-year-old Syrian refugee who came to Lebanon eight years ago to ensure the safety of her family. A mother of two already, she is expecting to her third child in the coming months. She lives with her family in Wadi Khaled in Akkar, near Aranissa Ministry of Public Health's (MoPH) Primary Health Care Center (PHCC), supported by Premiere Urgence Internationale (PUI).

2

Following the COVID-19 pandemic, Roukaya was concerned about the risk of virus transmission to her children. To prevent any risk of infection, she isolated her family in the household and cancelled all her mother and child related activities, including routine visits to the pediatrician and to her gynecologist. Her children hence missed four important scheduled vaccines during the quarantine time and the situation was increasingly worrying to their mother, as she feared to put her children at risk of contracting vaccine preventable diseases.

PUI's Outreach Volunteers (OVs) met Roukaya during a remote awareness session on COVID-19. Anxious about her two children's health and her pregnancy, the mother was looking for recommendation on access to health services. The OVs explained to Roukaya the processes regarding PHCC's appointment during the COVID-19 pandemic and clarified the safety measures implemented to prevent any transmission of the virus. The team also provided information to the mother regarding the correct use of personal protection equipment, handwashing, social distancing and general prevention measures that could be implemented to reduce the risk of disease transmission.

Reinsured by the OVs' presentation, Roukaya overcame her fear, implemented all preventive measures and took her children to Aranissa PHCC where they got vaccinated and where she could take an appointment with her gynecologist.

"I wish I had your support way before!" said Roukaya who expressed her gratitude for the OVs and expressed her interest to attend additional awareness sessions.

Even though, it is challenging to ensure the continuation of care during COVID-19 pandemic coupled with an ongoing economic crisis, it is particularly crucial to raise awareness on both COVID-19 prevention and importance of receiving routine health services especially when it comes to mother and child health. Ensuring the availability of the services at a reduced cost plays additionally a key factor in increasing demand on services. When informed about the importance of the service and assured about its availability and affordability, vulnerable population will be greatly able to access healthcare services.



Photo 1. Roukaya going to the Ministry of Public Health's Primary Health Care Center in Aranissa with her two children during the COVID-19 pandemic in July 2020.

1. In October 17, 2019, country wide protests were initiated by the civil society in Lebanon. The protests resulted in continued roadblocks on the international highways and other vital parts of the country and therefore, restricted private and public sector functionality and limited banking operations.

2. 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.

3. Thalassemia, Haemophilia, Sickle Cell Anaemia.

4. PCR tests and antibody testing are the dominant ways that global healthcare systems are testing citizens for COVID-19. They are used to directly detect the presence of an antigen, rather than the presence of the body's immune response, or antibodies. By detecting viral RNA, which will be present in the body before antibodies form or symptoms of the disease are present, the tests can tell whether or not someone has the virus very early on.

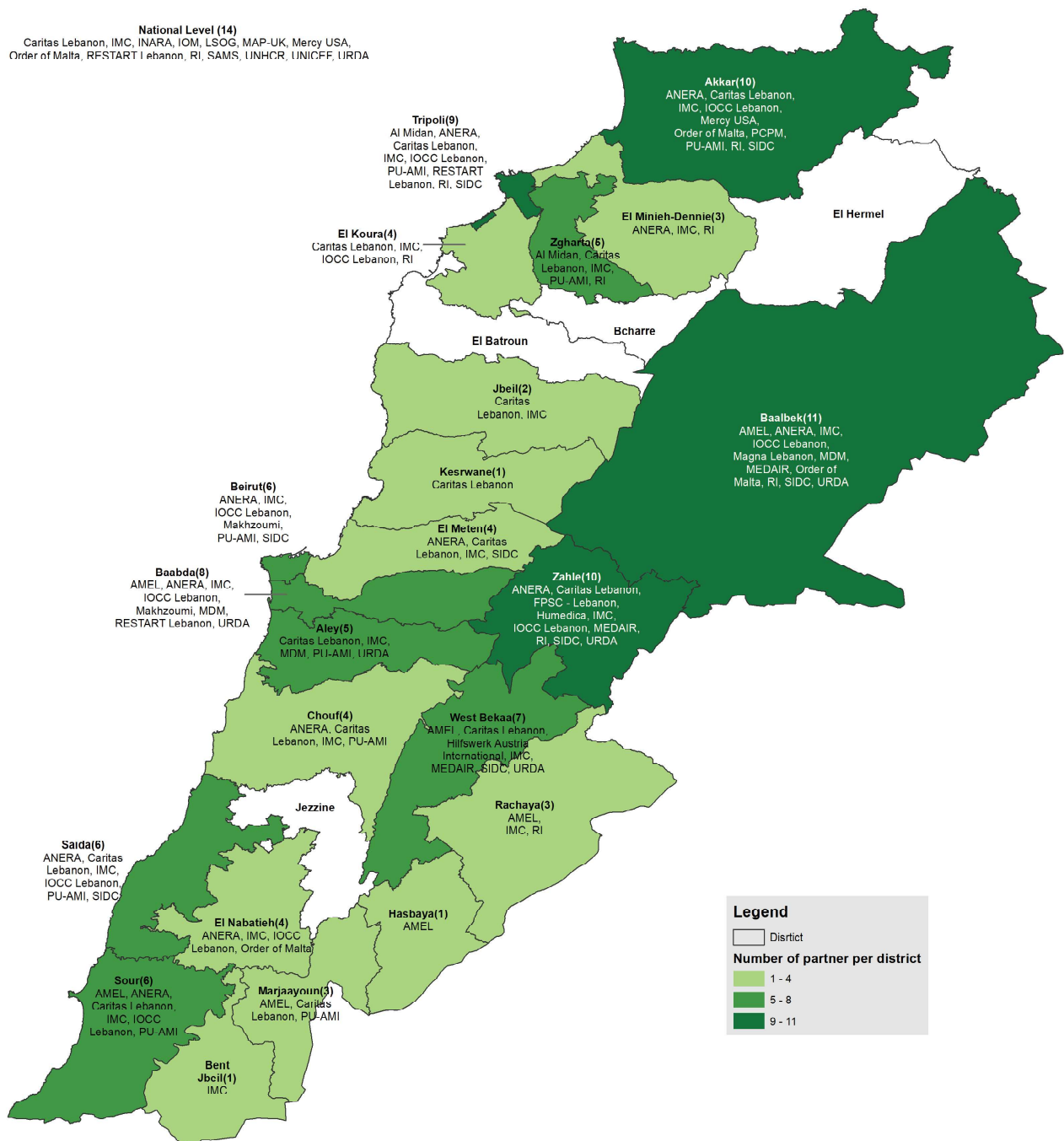
5. Primary healthcare includes access to vaccination, acute and chronic medication, family planning, pregnancy care, non-communicable diseases (NCDs) care, mental healthcare as well as laboratory diagnostics through both support of primary healthcare centres for the provision of subsidies and community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



Organizations per District

All 29 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRPand reporting under ActivityInfo.

Al Midan, AMEL, ANERA, Caritas Lebanon, FPSC - Lebanon, Hilfswerk Austria International, Humedica, IMC, INARA, IOCC Lebanon, IOM, LSOG, Magna Lebanon, Makhzoumi, MAP-UK, MDM, MEDAIR, Mercy USA, Order of Malta, PCPM, PU-AMI, RESTART Lebanon, RI, SAMS, SIDC, UNHCR, UNICEF, 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.

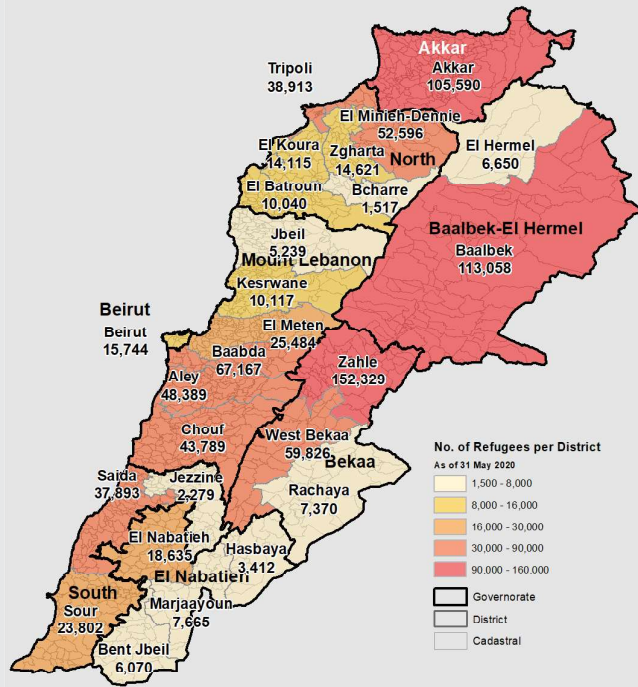
Annex 1: Key Figures

Syrian Refugee Population

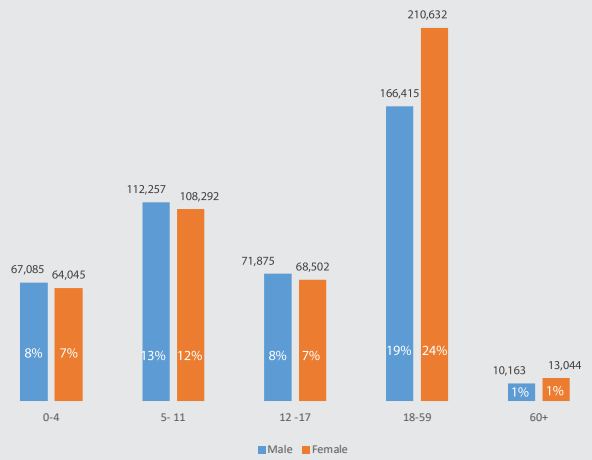
892,310 # of Registered Syrian Refugees
(UNHCR, 31/05/2020)

203,761 # of Syrian Refugee Households
(UNHCR, 31/05/2020)

Location in Lebanon (UNHCR, 31/05/2020)



By Age and Gender (UNHCR, 31/05/2020)



Syrian Refugee economic vulnerability - % households (VASyR,2019)

55% Severely Vulnerable
18% Highly Vulnerable
9.8% Mildly Vulnerable
17.2% Least Vulnerable

Mental Health

34,455 # of subsidized mental health consultations provided by health partners (AI, Jan-June 2020)

Outbreak Control

888 institutions with surveillance data at the source:
132 are operational for zero reporting (target: 151)
122 are operational for laboratory reporting (target: 151)
634 are operational for medical center reporting (target: 906)
0 operational surveillance sites newly established

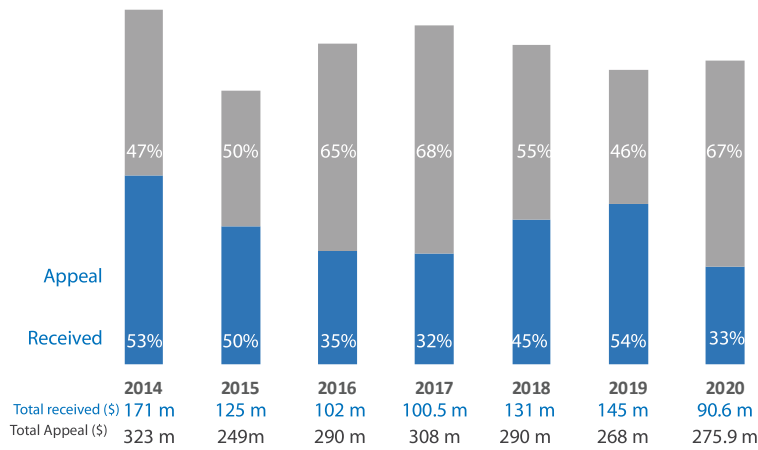
Health Research or Assessments recently shared:

- COVID-19: Concerns and Needs of Syrian Refugees in Informal Tented Settlements in Lebanon (LPC, 2020)
- Effect of COVID-19 on Breastfeeding Practices, Food Access, and Care Practices among Syrian and Lebanese Mothers in Bekaa and South (ACF, 2020)
- COVID-19 Needs Assessment (Plan International, 2020)

Annex 2: Sector Funding Status

Sector Funding Status 2014-2020

Source: Inter-Agency financial tracking system



COVID-19 RESPONSE IN LEBANON - MONITORING INDICATORS



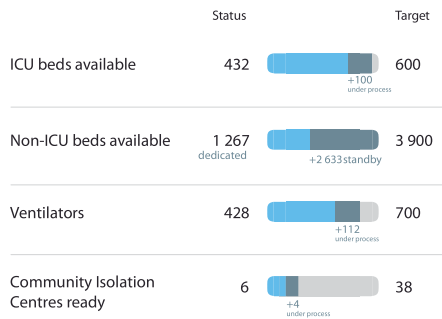
As part of the COVID-19 strategic preparedness and response plan (SPRP) in Lebanon, the Lebanese Government, the Ministry of Public Health and other ministries, UN agencies and local NGOs are joining efforts to respond to this pandemic and mitigate its impact on communities.

The SPRP includes **8 pillars** of work with specific short-term and long-term actions to help identify gaps and effectively respond to COVID-19.

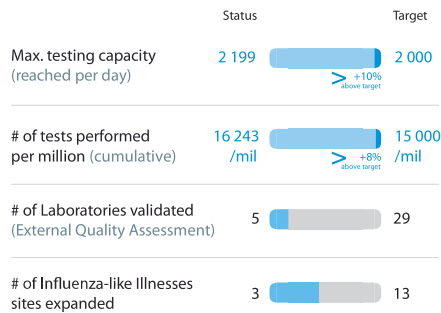


The following highlights specific priority indicators and the progress achieved collectively by partners, including the private sector, to reach the needed targets in Lebanon:

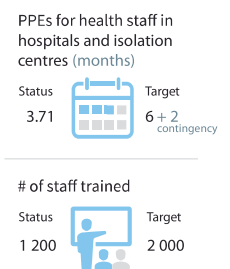
CASE MANAGEMENT



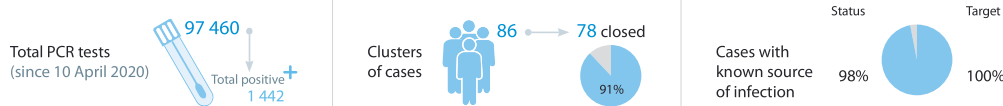
LABORATORIES



INFECTION PREVENTION AND CONTROL



SURVEILLANCE



RISK COMMUNICATION

