

SITUATION ANALYSIS

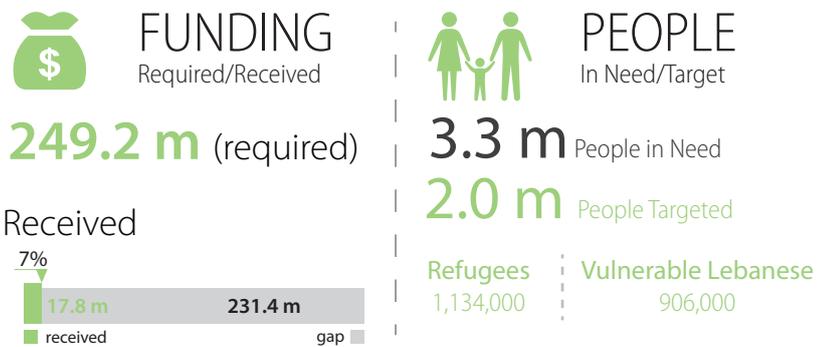
The first round of the mop-up polio campaign took place in 245 cadastres between 23-30 March, targeting children under 5 years of age for oral polio vaccination (OPV).

UNHCR engaged MediVisa as the Third Party Administrator (TPA) to facilitate access to hospital care for displaced Syrians from the 1 March after a competitive bidding process. UNHCR is working alongside the TPA through the transition phase to ensure uninterrupted access to life-saving and obstetric care.

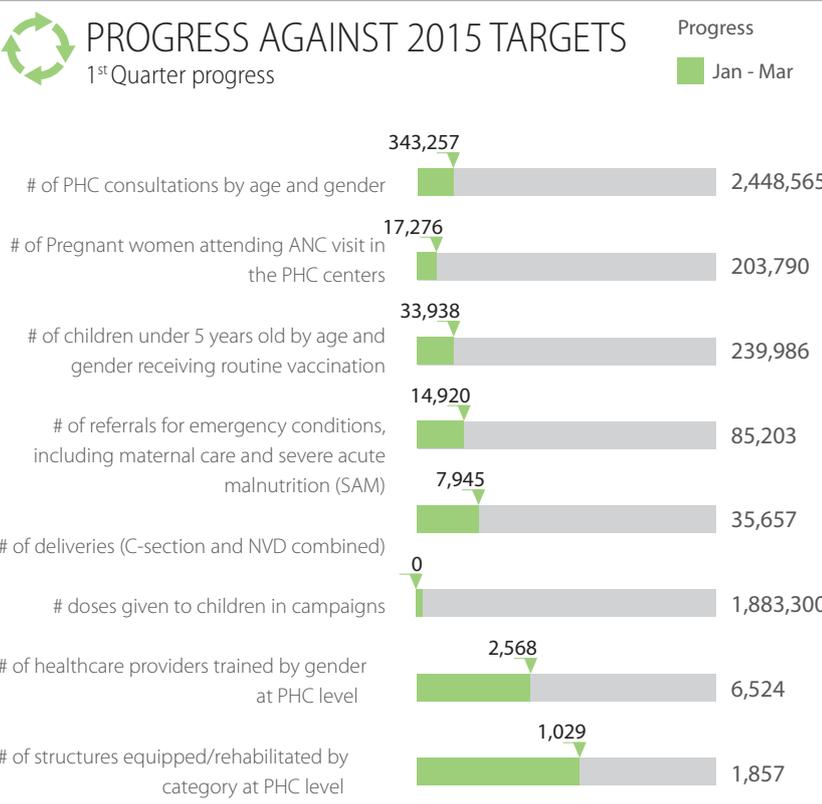
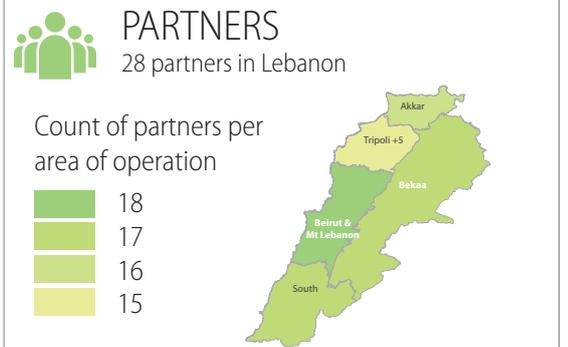
Under the EU-funded Instrument of Stability (IFS), the supply of drugs and equipment to the MoPH facilities is on-going, the primary health care (PHC) guidelines have been updated, 8 isolation rooms at governmental hospitals completed and 5 water labs rehabilitated. 60 health-care staff from approximately 40 primary health-care centers received Psychological First Aid (PFA) training.

Under the Centre Pompidou funding, the national mental health program in collaboration with Universite Saint Joseph (USJ) is currently working on a national situation assessment on substance abuse. A strategy will be drafted based on the results of the assessment.

The Health Steering Committee was launched in March as a Ministry of Public Health (MoPH) initiative. It is led by the Director General of the MoPH with members from the MoPH, Ministry of Social Affairs (MoSA), WHO, UNHCR, UNICEF, UNDP, United Nations Resident Coordinator Office, ECHO and the World Bank. This committee will focus on strategic planning and decision-making related to the health sector. Two main initiatives have been undertaken since the initiation of the Steering Committee this month. One is the request for all health sector partners to provide information on 2014 funding and expenditure on health in order to get a better understanding on how funds were allocated, which in turn will feed into future planning. The other main outcome was the review and prioritisation of the sector budget ahead of the Kuwait conference, whereby the absolute minimum requirement for health would be US\$197 million, distributed evenly over 2015 and 2016, a much lower figure compared to the \$249.2 million for 2015 under the LCRP appeal.

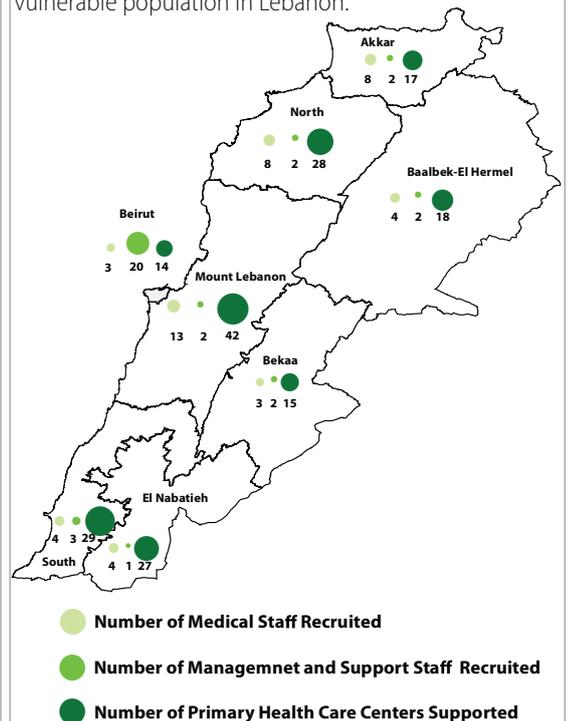


During the initial months of the year some partners may use un-earmarked global funds to ensure programmes can begin in the absence of funding earmarked specifically for the sector



SUPPORT TO PUBLIC INSTITUTIONS

under the EU-funded Action: "Conflict reduction through improving health care services for the vulnerable population in Lebanon."





Progress towards sector Outcomes and Outputs in Quarter 1

The main focus of the public health sector is to ensure access to adequate health care. Vulnerable populations continued to be able to access primary health care (PHC) services, with a total of 343,257 PHC consultations supported in the first quarter of 2015. The majority of beneficiaries seeking these consultations were Syrians (74%), followed by Palestine Refugees from Syria (18%), and affected poor Lebanese (7%). Women more regularly seek PHC, with a 3:2 ratio of females to males.

Of these PHC consultations, 17,276 refugee women received antenatal care (ANC). This is only 9 per cent of the target. Reasons can be attributed to lack of awareness on the importance of ANC and/or how to access it, as well as lack of accessibility mostly due to cost of transportation and consultation. Partners are working on strategies to increase awareness among pregnant women to seek preventive medical care. Secondary and tertiary health care continues to be provided to refugees, with 53 per cent of these services being provided to women delivering babies. The C-section rate for refugees is currently at 31 per cent.

Routine vaccinations of children under five years of age continue and a mop-up campaign of polio vaccinations took place in March. This campaign covers children of all nationalities, in an effort to keep Lebanon polio-free.

With the burden on primary health care centres increasing, an effort to strengthen the existing PHC system has gotten off to a good start in 2015. A total of 2,568 health care providers have been trained on various topics, including the Early Warning and Response System; standard protocols; the use of the Health Information System; and mother and child health and mental health. All of this helps to ensure standard quality health care. In parallel, 1,029 primary health centres have been renovated or provided with improved IT and medical equipment, such as solar fridges, weighing scales, examination tables, and echography machines. Through the Instrument for Stability (IFS) project, 75 health personnel -- 12 of them newly recruited this year -- have been placed within Ministry of Public Health facilities to ensure that services are more accessible.

During the first quarter, five water testing laboratories have been renovated, with three more expected in the next quarter. This will ensure adequate water testing for bacteriology and detection of possible water contamination. Also, eight isolation rooms were created at government hospitals to care for individuals with suspected communicable diseases.

Changes in context in Quarter 1

Syrians requiring health care not supported by partners in Lebanon and who in the past could have opted to go back to Syria to receive the required services, will now have no option but to stay in Lebanon for treatment. Otherwise, they will jeopardize their ability to re-enter Lebanon under new restrictions introduced in January. From an epidemiologic perspective, no major new outbreaks have been observed this year. The mumps outbreak has been on-going since 2014, with 559 incident cases between January and March (22 percent among the Syrian displaced population). The Hepatitis A outbreak has started to decline, with 404 incident cases this quarter (23 percent Syrians), 81 of which occurred over the last month. There were 10 reported cases of measles (three of whom are Syrian).

Complementary to the services provided by public health centres, Lebanon's social development centres (SDC) have received support to provide medications and improve health and nutrition screening in 57 SDC's around the country.

There were no significant changes in the response capacity of health actors. However, a significant development has occurred in the coordination of the health response. Following Decision 1/421 of the Ministry of Public Health, a Health Steering Committee was launched in March. It is led by the Director General of the MoPH with members from the MoPH, Ministry of Social Affairs (MoSA), WHO, UNHCR, UNICEF, UNDP, UNRCO, ECHO and the World Bank.



The responsibilities of this committee include:

- setting the health sector strategy within the broad framework of the LCRP for 2015-2016;
- aligning the priorities for the health response with those of the MoPH;
- directing international donations towards these set priorities;
- and adopting mechanisms to reduce inefficiencies in spending within the health response.

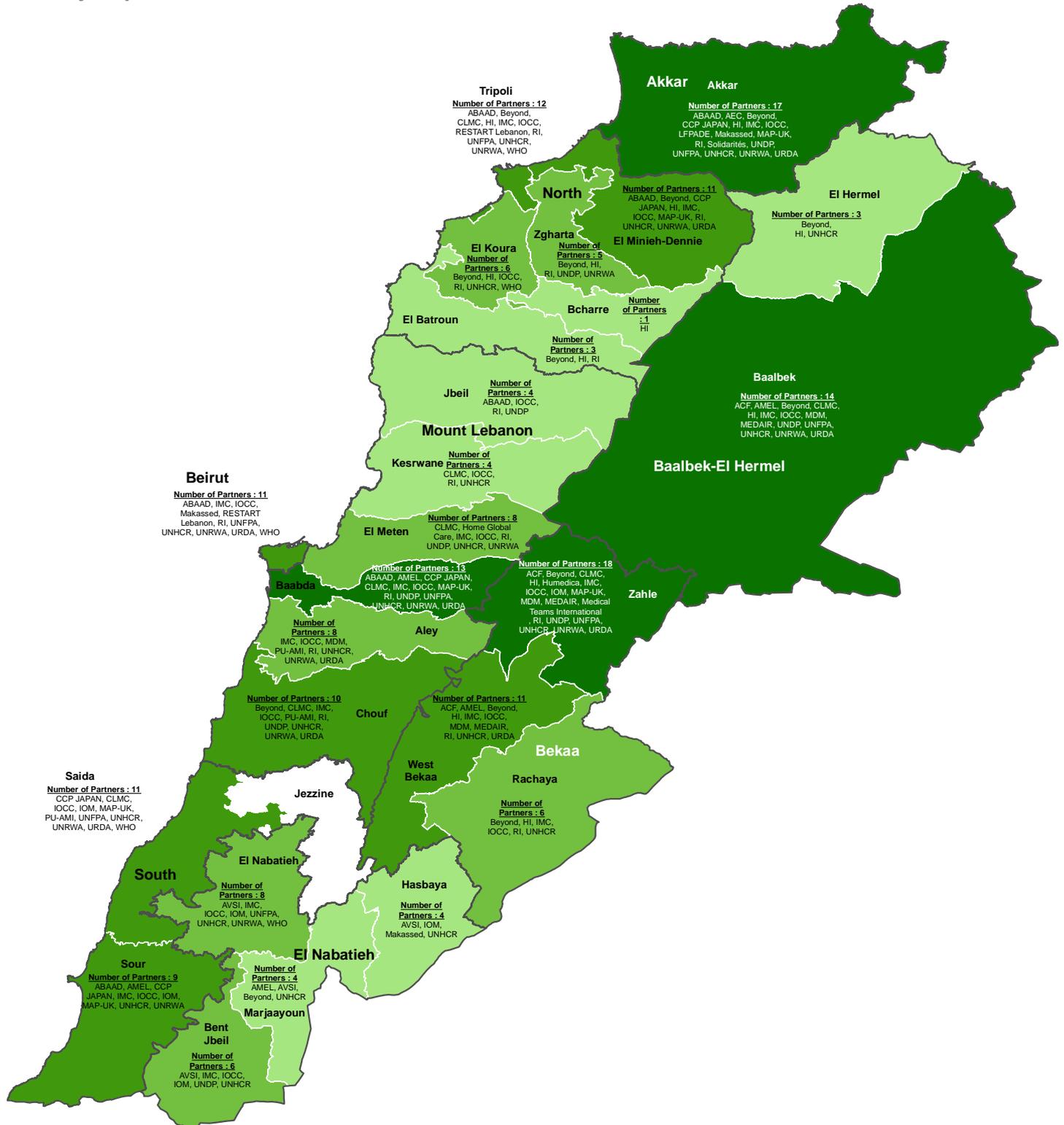
This is the first step in a process of increasing the Ministry of Public Health's engagement to further improve coordination and efficiency within the health sector response.



Number of Partners per Caza/District

March 2015

*A Total Number of 28 Organizations
Currently Report Their Activities*



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Legend

- Governorate
- District

Number of partner per district

- 0 - 4
- 5 - 8
- 9 - 12
- 13 - 18

Reporting Partners:

ACF, AMEL, AVSI, Beyond, CLMC Lebanon, HI, Humedica, IMC, IOCC Lebanon, IOM, Makassed, MAP-UK, MDM, MOPH, PU-AMI, RI, UNHCR, UNRWA, WHO, RESTART Lebanon, UNDP, MEDAIR, UNDP, UNFPA, ABAAD, CCP JAPAN, LFPAD, MEDAIR, Solidarités, UNFPA, URDA