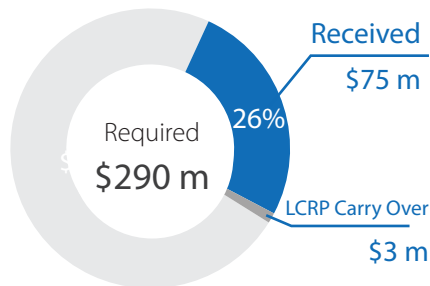




The January - August 2018 dashboard summarizes the progress made by partners involved in the Lebanon Crisis Response and highlights trends affecting people in need. The Health Sector in Lebanon is working to: OUTCOME 1) Improve access to comprehensive primary healthcare (PHC); OUTCOME 2) Improve access 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 Q2 Funding Status

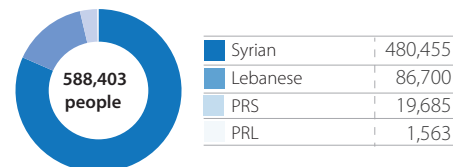
Funding received Jan to June 2018



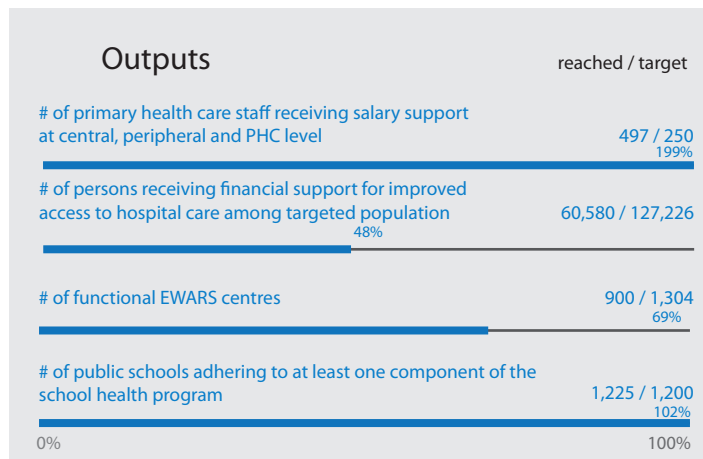
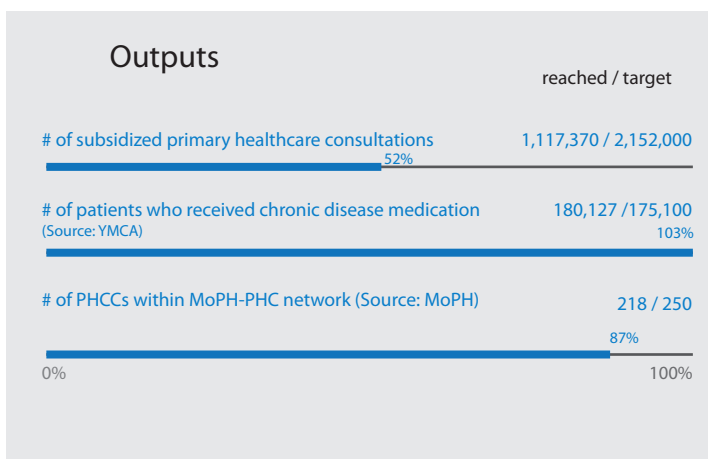
Targeted Population groups



Population reached by cohort

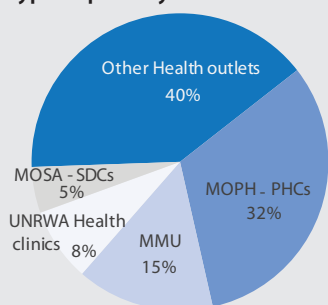


Progress against targets

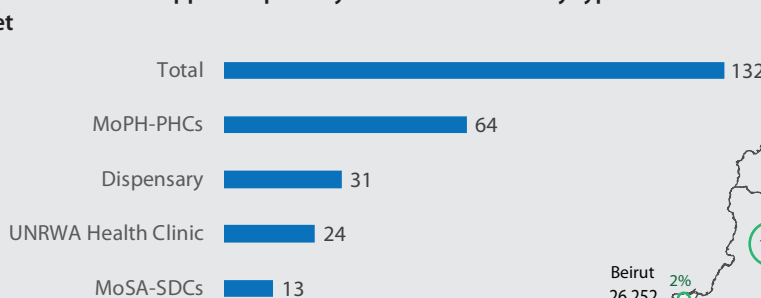


Analysis

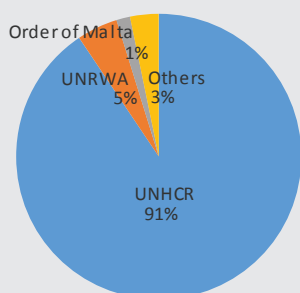
Percentage of consultations by type of primary healthcare outlet



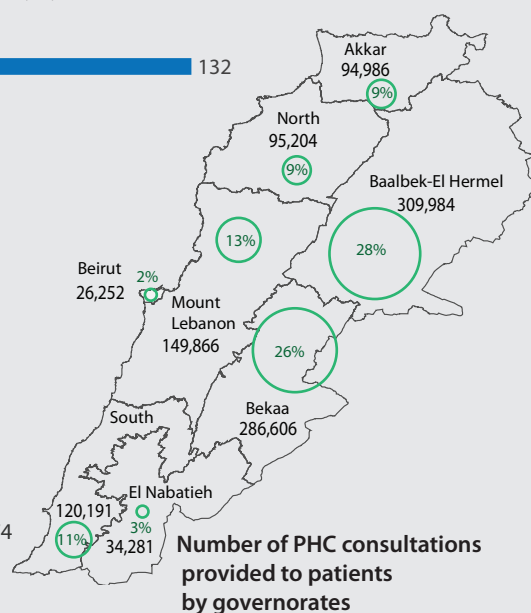
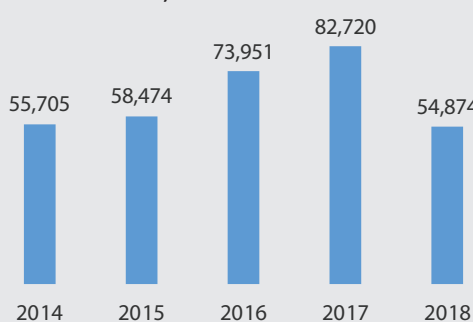
of supported primary healthcare outlets by type



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 **100** facilities as well as **10** 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

180,127 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 (AIA) where **142,410** children were reached from July to August 2018 in 323 cadasters which enhanced the Routine Immunization coverage and strengthened the MoPH PHC system

60,580 displaced Syrians received financial support through UNHCR to access obstetric or emergency hospital care which contributed to an increased access to secondary health care

2,803 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

844

confirmed measles cases from Jan 1st to Aug 30th, 2018

81% Leb/ 19% Syr

Percentage of measles cases by nationality

KEY CONTRIBUTIONS TOWARDS LCRP IMPACT(S)

Similarly to previous years, from January to August 2018, the Health Sector continued to support health services provision through national systems thereby contributing to LCRP Strategic Objective #3.

Health partners provided financial support to displaced Syrians, vulnerable Lebanese, Palestine Refugees from Syria and Palestine Refugees from Lebanon to improve access to quality Primary and Secondary Health Care by providing subsidized PHC services, subsidizing consultations and supporting the supply of medications for acute and chronic diseases, enhancing the routine immunization coverage and providing financial support for secondary health care. Implementation of activities aiming at supporting service delivery and at strengthening the national health system continued by implementing direct service provision where needed and by building on existent network where possible.

As of July 2018, UNHCR implemented changes relative to its Referral Secondary Health Care Program in order to reduce the overall cost of the referral care program, to increase protection for beneficiaries whose patient shares are very high and to simplify and improve the efficiency of the process. The new cost-sharing mechanism requires the displaced Syrian to contribute the first 100 USD and the remaining cost will be covered by 75%. Nevertheless, beneficiaries never pay more than 800 USD. The impact of this change is being monitored through number of admissions before and after implementation of the new mechanism. There has been no noted decrease in admissions to date, however careful analysis of the trends related to admissions is ongoing.

Partners improved access to Primary Health Care services by providing a total of 1,117,370 subsidized consultations which represents 52% of the 2018 target of 2,152,000 consultations. The majority of those who benefited from these consultations were displaced Syrians (81.7%), followed by vulnerable Lebanese (14.7%), PRS (3.3%) and PRL (0.3%). Overall, 85% of subsidized consultations were provided through fixed health outlets while the remaining 15% of subsidized PHC consultations were provided through mobile medical units (MMUs). Of those consultations subsidized through fixed health outlets, 32% were provided by the Ministry of Public Health (MoPH) Primary Health Care Centers (PHCCs), 5% through Ministry of Social Affairs (MoSA) Social Development Centers (SDCs), 40% through other health outlets and 8% through UNRWA clinics.

Obstetric and emergency/life-saving care continued to be provided by UNHCR to displaced Syrians with 60,580 hospitalizations supported from January to August 2018. Through UNRWA, 2,803 Palestinian Refugees from Syria received in-patient hospital care. Lives were saved through continued access to dialysis for 149 displaced Syrian chronic renal failure patients, while 111 others remained on partners' waiting list for support. Various medical missions were organized on a limited basis and covering smaller number of patients targeting specific surgeries such as cleft lip/palate surgeries, cataract surgeries, surgeries for congenital orthopedic malformations among others. This increased the quality of life for those individuals requiring specialized care.

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 as well as dispensaries. Support was provided to the national health system through 497 staff at MoPH central and peripheral level, MoPH-PHCCs, MoSA-SDCS, dispensaries as well UNHCR Registration & Borders vaccination sites. 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), Surveillance and Response related to the measles Outbreak among others. Capacity building through trainings and coaching contribute to improving the quality and sustainability of health service provision through the improvement of skills, resources and management at the individual and organizational level.

CHALLENGES

- As a result of the decrease in funds to UNRWA, UNRWA stopped financial coverage in March 2018 of pregnant Palestine Refugees from Syria (PRS) in need of normal deliveries.
- The MoPH-led “Accelerated Immunization Activity” (AIA) was implemented throughout Q4 of 2017 and Q1 of 2018 with the objective of strengthening access to routine vaccination in areas with low vaccination coverage. AIA was extended in Q2 to respond and prevent measles in affected and at risk cadasters. Children who had dropped out of routine immunization were referred to PHCs for free vaccination. A challenge was the low turnout of children at PHCs so the majority of referred children did not respond and did not visit the PHC for the completion of the vaccination status. Moreover, another challenge was the low levels of funding available to pursue this activity in other second priority low coverage cadasters.
- The political situation and the delays in forming the cabinet have hindered transfer of funds from the Ministry of Finance to the Ministry of Public Health, which reflected in severe shortage in chronic medications. Contingency funds are not available and it is challenging to secure funds to fill the gaps in a timely manner.
- There has been an increase in scabies and lice referrals as a result of poor WASH conditions in many areas across Lebanon with limited scabies medication available in stock. As a result, MoPH had to manage the transfer of medication from facilities where it was available and not needed to facilities where it was needed.
- Lack of donors’ interest in supporting unsustainable life-saving services such as dialysis which leads to increased morbidity and mortality.

KEY PRIORITIES AND GAPS FORESEEN (for next 4 months)

1. Building on the achievements of the MoPH-led “Accelerated Immunization Activities” and the response to the measles outbreak, a key priority is to continue supporting access to routine immunization for children residing in areas with low vaccination coverage as a way to prevent vaccine preventable diseases but also future outbreaks.
2. Strengthening integrated Health & WASH activities by enhancing community awareness, surveillance and referral to health care to avoid WASH-related diseases including skin diseases such as Lice & Scabies especially in light of the expected decrease in WASH services in Informal Settlements (ISs) resulting from lack of funding. In addition, the Health Sector needs to ensure that the treatment and the medications are sufficiently available in stock and available to communities.
3. Maintaining access to Secondary Health Care while expanding support for health conditions requiring hospital care and not currently covered or covered on a very limited basis.
4. Expanding dialysis support to cover around 100 additional patients with chronic renal failure who do not have financial support secured till the end of 2018.

CASE STUDY : Accelerated Immunization Activities as an example of the Lebanese Health System Strengthening

In 2017, the Lebanese Ministry of Public Health (MoPH) in coordination with UNICEF and WHO launched Accelerated Immunization Activities (AIA) in Lebanon with the objective of keeping Lebanon polio free, enhancing coverage for Inactivated Polio Vaccine (IPV) and measles Mumps & Rubella (MMR) vaccines and strengthening routine immunization. The target was the inclusion of all families with children between 0 and 15 years living in pre-defined vulnerable cadasters. The objective is to ensure all children between those ages will be identified, screened for drop-out, referred to Primary Health Care Centers (PHC) and followed-up for the completion of immunization schedule.

With the measles outbreak being declared by MoPH on March 15, 2018, the preliminary results of the initial phase of AIA conducted in 195 cadasters between November 2017 and March 2018, have been essential in shaping the measles response, in reinforcing the AIA approach and in tackling the spread of measles. By extending AIA, 142,410 children under 15 years old were visited in their households in July & August 2017. 137,396 were identified as dropped out and were referred to the closest PHC to update their immunization status. The high percentage of drop-out is linked to lack of access to PHC services and to the unavailability of vaccination documents with the family. Out of the referred cases, 17,494 showed up in PHCs and received their vaccination within the very first weeks; as for the non-respondents, a second visit is planned to figure out the causes of the unwillingness to continue their routine vaccination and to support the access to PHC.

Thanks to the mobilization of Central Emergency Response (CERF) funds, measles is being controlled through the targeting of some 261,000 children. Training and the deployment of 150 community health workers was initiated and information system was strengthened to improve monitoring and the reinforcement of vaccination activities at UNHCR registration centers and five Lebanese borders points. Priority was given to community mobilization efforts which empowered care givers to access immunization, and maintained PHC in the lead accountability for measles control among the population being served.

Limitations:

- Limited Human Resources capacity at some PHCs / Lack of registered nurses.
- The unavailability of an online portal for health information system in all the PHCs.

Challenges:

- Lack of funds needed to extend AIA to all vulnerable cadasters
- Turnover of trained staff

Next steps:

To scale up AIA in order to reach other at risk cadasters



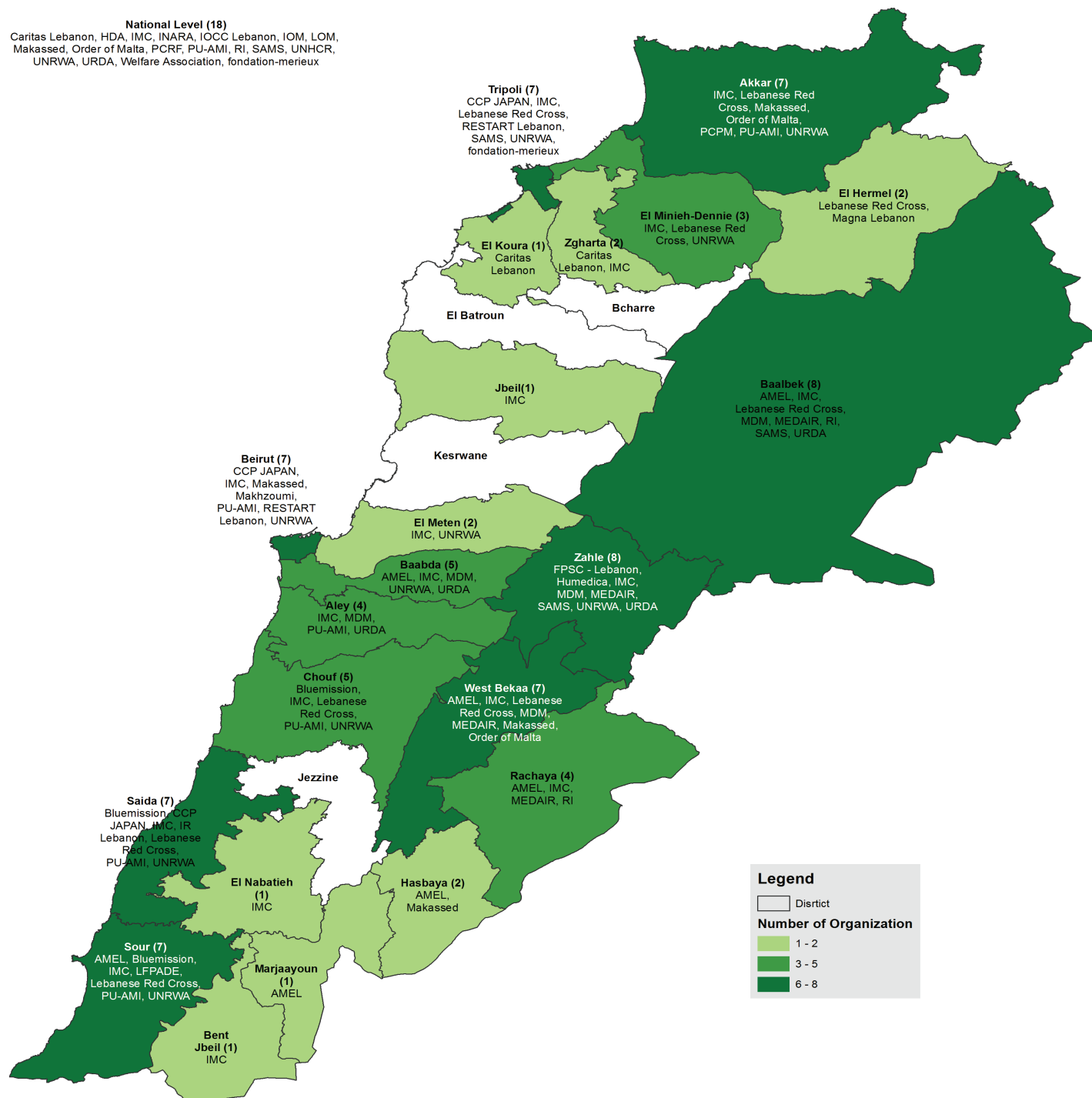
Organizations per District

All 33 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRPand reporting under ActivityInfo.

AMEL, Bluemission, Caritas Lebanon, CCP JAPAN, El Nabatieh, fondation-merieux, FPSC - Lebanon, HDA, Humedica, IMC, INARA, IOCC Lebanon, IOM, IR Lebanon, Lebanese Red Cross, LFPADE, LOM, Magna Lebanon, Makassed, Makhzoumi, MDM, MEDAIR, Order of Malta, PCPM, PCRF, PU-AMI, RESTART Lebanon, RI, SAMS, UNHCR, UNRWA, URDA, Welfare Association

National Level (18)

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



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.

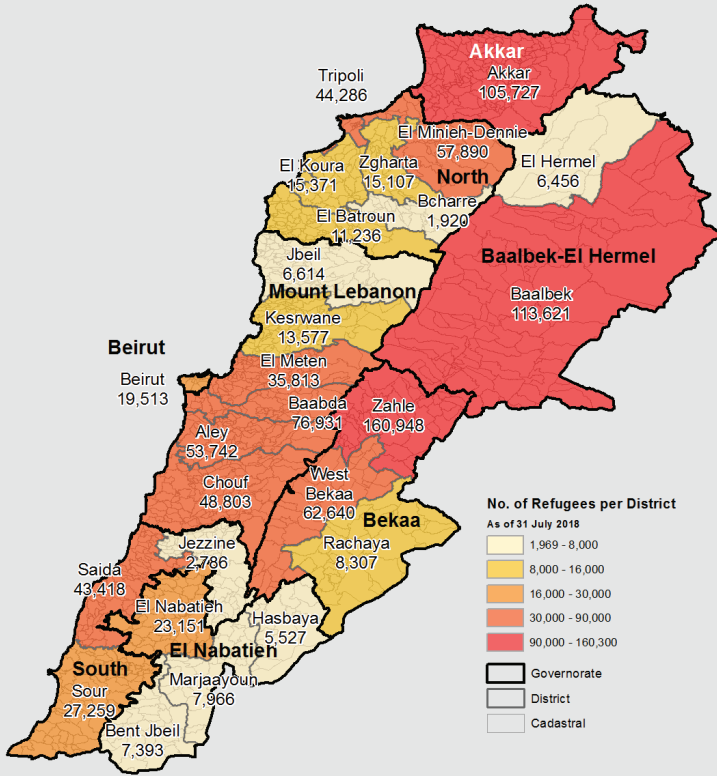
Annex 1: Key Figures

Syrian Refugee Population

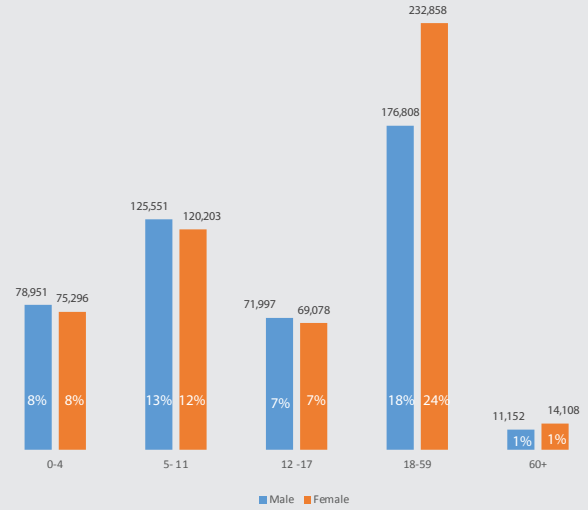
976,002 # of Registered Syrian Refugees
(UNHCR, 31/07/2018)

222,412 # of Syrian Refugee Households
(UNHCR, 31/07/2018)

Location in Lebanon (UNHCR, 31/07/2018)



By Age and Gender (UNHCR, 31/07/2018)



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

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

Mental Health

34,982 # of subsidized mental health consultations provided by health partners (AI, Jan-Aug 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 August 2018

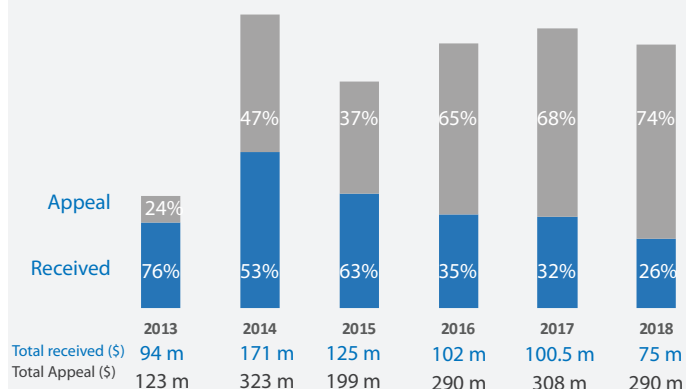
(Source: MoPH and WHO, Lebanese Epi-Monitor, August 2018)

Disease	2017	2018	January	February	March	April	May	June	July
Vaccine Preventable Diseases									
Polio	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
AFP	75 (19)	30 (9)	10 (4)	6 (1)	9 (4)	5 (0)	11 (6)	7 (2)	6 (3)
Measles	129 (52)	395 (134)	26 (9)	67 (23)	147 (66)	155 (36)	227 (24)	163 (19)	75 (8)
Mumps	230 (47)	15 (1)	5 (1)	4 (0)	5 (0)	1 (0)	11 (5)	5 (1)	11 (2)
Pertussis	90 (22)	13 (7)	2 (1)	6 (3)	4 (2)	1 (1)	5 (0)	3 (1)	5 (0)
Rabies	1 (1)	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)
Rubella	10 (6)	6 (1)	2 (0)	2 (1)	1 (0)	1 (0)	0 (0)	0 (0)	0 (0)
Tetanus	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Viral Hep. B	319 (52)	78 (6)	24 (2)	19 (2)	21 (2)	14 (0)	20 (2)	21 (3)	10 (4)
Water/Food Borne Diseases									
Brucellosis	456 (149)	76 (4)	17 (1)	19 (1)	21 (1)	19 (1)	25 (1)	22 (6)	12 (4)
Cholera	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Hydatid cyst	18 (5)	2 (1)	1 (0)	0 (0)	0 (0)	1 (1)	0 (0)	0 (0)	0 (0)
Typhoid fever	654 (19)	90 (0)	38 (0)	24 (0)	18 (0)	10 (0)	23 (0)	22 (0)	11 (0)
Viral Hep. A	775 (139)	230 (28)	82 (13)	53 (7)	45 (3)	50 (5)	45 (8)	44 (14)	43 (4)
Other Diseases									
Leishmania-sis	140 (116)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Meningitis	340 (70)	122 (29)	40 (11)	24 (9)	36 (5)	22 (4)	38 (7)	51 (7)	31 (7)
Viral Hep. C	129 (10)	30 (4)	9 (1)	9 (2)	6 (1)	6 (0)	12 (0)	9 (0)	5 (1)

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 Q2 Received in USD
International Medical Corps (IMC)	19,610,537
United Nations High Commissioner for Refugees (UNHCR)	19,373,127
United Nations Children's Funds (UNICEF)	11,917,323
World Health Organization (WHO)	7,298,803
United Nations Relief and Works Agency (UNRWA)	3,840,137
MEDAIR International Humanitarian Aid Organisation (MEDAIR)	1,816,428
United Nations Fund for Population Activities (UNFPA)	1,694,438
Medecins du Monde (MDM)	1,650,000
Order of Malte	1,634,947
Union of Relief and Development Associations (URDA)	1,510,885
AMEL Association International	1,138,593
Caritas Lebanon	974,304
Première Urgence Internationale (PU-AMI)	570,479
Islamic Relief (IR)	423,029
American Near East Refugee Aid (ANERA)	397,036
Agency for Technical Cooperation and Development (ACTED)	190,131
TAAWON	179,411
Makassed	176,867
Association for Recreational and Cultural Solidarity (ARCS)	158,246
Polish Center for International Aid (PCPM)	133,159
Campaign for the Children of Palestine Japan (CCP JAPAN)	120,318
International Orthodox Christian Charities - Lebanon (IOCC)	47,800
MSD	3,678
Total	74,859,676

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-Berbari et al, 2018)