



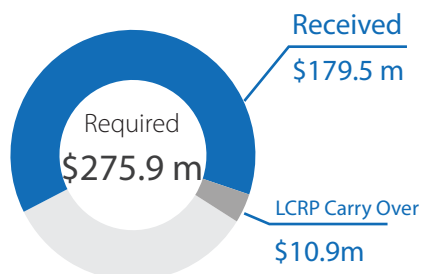
HEALTH End Year 2020 Dashboard



Inter-Agency
Coordination
Lebanon

The January - December 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 31 December 2020



Targeted Population groups

2.7 m (People in Need)



Population reached by cohort

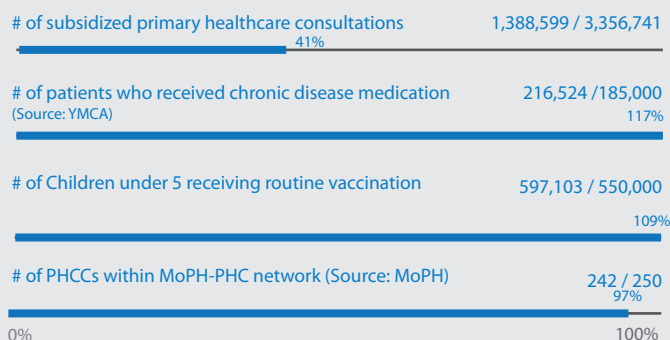


Syrian	489,817
Lebanese	264,692
PRS	2,054
PRL	20,592

Progress against targets

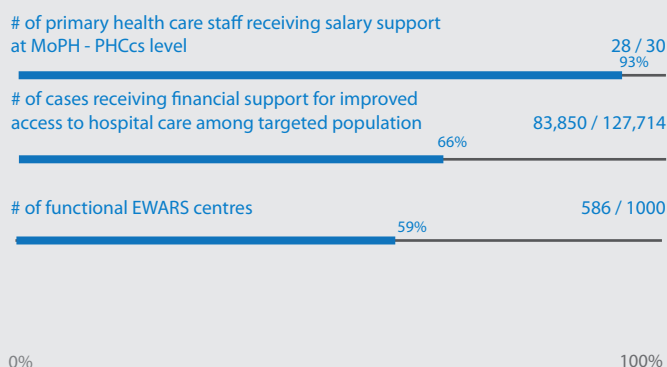
Outputs

reached / target



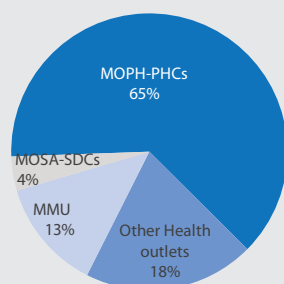
Outputs

reached / target

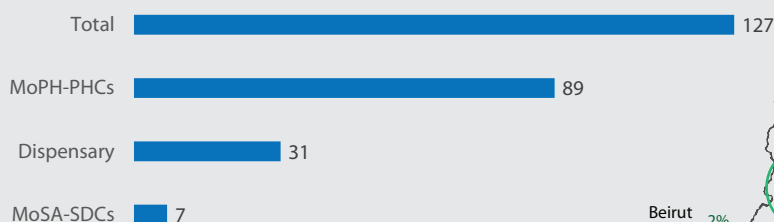


Analysis

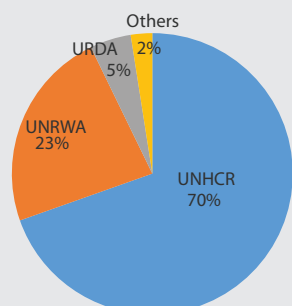
Percentage of consultations by type of primary healthcare outlet



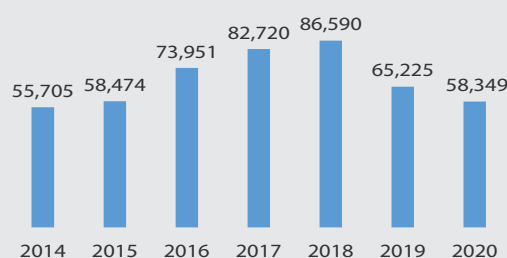
of supported primary healthcare outlets by type



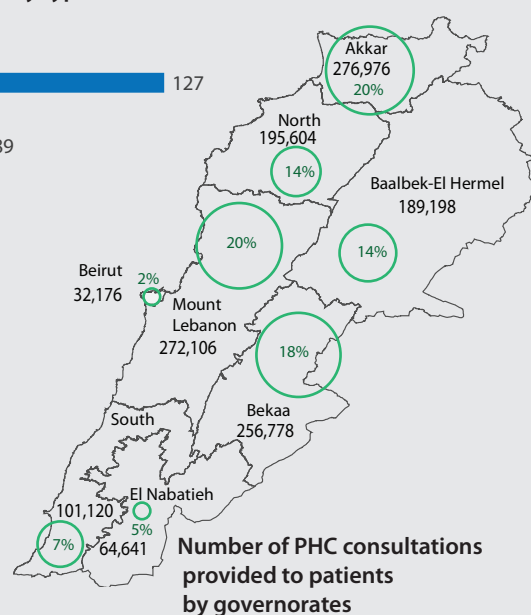
Percentage of support to Secondary health care (SHC) admissions by organization



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.

1,388,599 subsidized consultations were jointly provided by partners which increased access to health care for acute and chronic diseases.

216,524 Lebanese and Syrian refugees were registered in the MoPH YMCA free medications for chronic diseases which contributed to a decreased mortality and morbidity.

597,103 Number of children under 5 receiving routine vaccination.

64,395 displaced Syrians received financial support through UNHCR to access obstetric or emergency hospital care which contributed to an increased access to secondary health care.

1,510 PRS received financial support through UNRWA to access hospital care which increased their financial accessibility to secondary health care.

Facts and Figures

52%

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

66%

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

57%

of Syrian Refugees households have required primary health care in 2020, **90%** of them have received the required care, VASyR 2020.

15%

of Syrian Refugees households have required hospitalization in 2020, **81%** of them have received the required hospitalization, VASyR 2020.

KEY CONTRIBUTIONS TOWARDS LCRP OUTCOME AND IMPACTS

The multiple crises that hit Lebanon in 2020 greatly affected the ability of the Health sector to provide needed primary, secondary and tertiary healthcare for the targeted population. Nevertheless, efforts were magnified to ensure the continuation of care while mainstreaming COVID-19 preventive measures to protect healthcare staff and target population. Health partners have proven their ability to contribute to the LCRP Impact 3. Vulnerable populations have equitable access to basic services through national systems by providing access to comprehensive primary, secondary and tertiary healthcare services, improved outbreak and infectious diseases control and improved adolescent and youth health.

Health sector partners greatly contributed in 2020 to Outcome 1: Improve access to comprehensive primary healthcare (PHC). Most of the results under the first outcome were achieved in the MoPH-PHCCs in the form of subsidized consultations and health promotion, free of charge acute and chronic disease medications, medical supplies, and reproductive health commodities. Additionally, routine vaccination represented an integral part of this outcome at the facility level, and also through national campaigns such as the measles vaccination campaign that was implemented despite multiple challenges. COVID-19 outbreak and restrictive measures affected the service delivery under this outcome mainly during the lockdown period.

For Outcome 2: Improve access to hospital (including emergency room care) and advanced referral care (advanced diagnostic laboratory & radiology care), financial support was not only provided for the displaced population, but also a plan was initiated in 2020 to reach the vulnerable Lebanese population affected by the economic crisis. Public and private hospitals were also supported by an increased bed capacity and equipment, given the COVID-19 situation. This support will be eventually used by the hospitals for the general admissions in the future, given the multi-purpose use nature of the supplies.

The active national Early Warning and Response System (EWARS) and the availability of contingency supplies effectively contributed to Outcome 3: Improve outbreak and infectious diseases control. The systems that were put in place and strengthened by the Health sector were key to a timely COVID-19 response, and supported the sector to maintain a balance between the ongoing crises and the continuation of care.

The nature of the crisis and especially the COVID-19 outbreak, forced Health sector partners to suspend the school health programme in 2020, and to deprioritize the activities aiming to increase access to healthcare information to the most vulnerable adolescent and youth. Therefore, Outcome 4: Improve Adolescent & Youth Health was deprioritized in 2020 vis-à-vis the emergent life-saving priorities.



ANALYSIS OF ACHIEVEMENTS OF THE SECTOR AT THE OUTPUT LEVEL AND CHALLENGES

In 2020, the Health sector remained committed to ensure an equitable continuation of quality healthcare to displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS), and Palestinian Refugees from Lebanon (PRL) despite being challenged by a deteriorating economic crisis coupled with the 2019-Corona Virus Disease (COVID-19) outbreak, and the impact of the Beirut Port explosions.

In 2020, vulnerable refugees and Lebanese benefitted from 1,388,599 subsidized consultations supported by Health sector partners, including 529,384 consultations for vulnerable Lebanese, 850,843 for displaced Syrians, 3,078 for Palestinian Refugees from Syria and 5,294 for Palestinian Refugees from Lebanon, which contributed to improving their access to primary health care services. This represents a 19.6% decrease compared to 2019. This decrease can be explained by the countrywide COVID-19 lockdown, fear of infection, movement restrictions and visits costs, topped off by the Beirut Port explosions, which aggravated the accessibility situation across the country even further. The number of subsidized consultations provided to vulnerable groups in 2020 represent a percentage of 52% of the annual target compared to a percentage of 80% reached in 2019. This is explained by the increased target in 2020 due to the deteriorating economic situation, the decreased access as explained here above and the lack of funds to account for the increased needs and targets. Access to healthcare was exceptionally challenging for the most vulnerable groups, including persons with specific needs, older persons, and female-headed households. The multiple crises also had an impact on people's mental health, including psychological distress, trauma, and anxiety. Therefore, there was an increase in the number of people seeking mental health services. In 2020, vulnerable refugees and Lebanese benefitted from 79,985 mental health consultations, which represents a 42% increase from 2019. Overall, women and girls benefitted from 63% of subsidized consultations and men and boys benefited from 37% of subsidized consultations; a percentage that is similar to previous years. The 529,384 consultations subsidized for Lebanese in 2020 represent 38.1% of the total consultations and is the highest percentage since 2017 (31.3% in 2019, 16.9% in 2018). This is likely due to the deterioration in economic conditions of the Lebanese population and their increased need for subsidized healthcare.

In 2020, vulnerable refugees and Lebanese accessed 87% of subsidized consultations through fixed health outlets (compared to 90.5% in 2019), and 13% through Mobile Medical Units (MMUs). While the sector strategy aims to shift the response towards strengthening the health system, the percentage of consultations provided through MMUs slightly increased because of the increased coverage of mobile consultations put in place to respond to the movement restrictions during the period of the nationwide protests, COVID-19 lockdown and Beirut Port explosions when the access to fixed outlets was made more difficult. Out of the consultations subsidized through fixed health outlets, vulnerable populations accessed 65% of the consultations through Ministry of Public Health (MoPH) Primary Health Care Centers (PHCCs), and 35% in other primary healthcare outlets, which is a similar percentage to the one in 2019.

Regarding the provision of chronic disease medication at the PHC level, a total of 216,524 displaced Syrians and vulnerable Lebanese (57% women and 43% men) were registered at the end of 2020 at the MoPH/YMCA chronic medications program operating through a network of around 435 PHCCs and health dispensaries across Lebanon. This constitutes a 7% increase compared to 2019 and is likely attributed to two main factors. First, people have an increased awareness of the availability of chronic disease medications in the public health facilities. Second, the country's deteriorating economic situation has affected people's ability and willingness to pay for medications at the private sector level and has consequently increased their need for subsidized medications.

A total of 64,395 displaced Syrians received obstetric and emergency/life-saving care during the reporting period. This represents a 12% decrease in the number of supported hospital admissions compared to 2019, which can be explained by the triple burden of a deteriorating economic situation, COVID-19 outbreak and Beirut Port explosions. These attributes respectively resulted in economic hardships at the level of hospitals and individuals, with higher hospital bills as a result of the Lebanese Pound devaluation, countrywide COVID-19 lockdown, fear of infection and an interrupted / overstretched healthcare system after the Beirut Port explosion. Through UNRWA, 1,510 Palestinian refugees from Syria received hospital care, which represents a 21.3% decrease from 2019 and was likely driven by the same factors. Due to an unexpected cut in funding, dialysis, and blood diseases support to displaced Syrians in need was interrupted in 2020 and can no longer be sustained in 2021. The sector continues to advocate for this urgent and life-saving support.

15,386 children under five benefitted from the distribution of clinical nutrition supplies,¹ and a total number of 307,929 caregivers were reached with health integrated messages and counselling on prenatal, breastfeeding, Infant and Young Child feeding (IYCF) practices and maternal newborn child adolescent health services through outreach activities, lactation specialists and phone calls. The messages emphasized on the importance of nutrition considering COVID-19 preventive measures. The nutrition sector in coordination with the line ministries and the sector partners developed Standard Operation Procedures (SOPs) for preventive measures for school canteens and for IYCF practices. The SOPs were adapted to the current context to ensure a coherent contextualized response. The Nutrition sector additionally set an IYCF Hotline, the first under the national IYCF committee, to respond to beneficiaries' inquiries regarding IYCF practices, and to follow up with pregnant and nursing women's breastfeeding challenges. Moreover, five IYCF social media messages were developed and published on sector partners' e-platforms. Through the IYCF committee and under the umbrella of MoPH, 70 participants were trained online on the code of marketing of breastmilk substitutes and SOPs on IYCF practices and on the promotion of exclusive breastfeeding. Moreover, 51 individuals from local non-governmental organizations and private groups were trained to limit the random distribution of formula milk in line with national and international guidelines.

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 2020 to ensure an effective and efficient mainstreaming of COVID-19 measures at the primary healthcare centers and the hospitals' level.

A total of 28 staff were financed to join the MoPH-PHCs, which constitutes a considerable decrease from previous years. After 2018, support decreased due to several factors, mainly political considerations, and instability. Nevertheless, it should be noted that under the response to the Beirut Port explosions, these interventions were picked up in the third quarter of 2020.

In general, access to health care was challenging for the vulnerable population in 2020 due to the multifaceted crises. 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 had to re-design their programmes and re-prioritize their activities to meet the emerging needs and to deal with the exceptional COVID-19 outbreak and Beirut Port explosions. Coordination challenges were also magnified in 2020 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 in line with the overall sector's strategy whilst at the same time, contributing to other responses (COVID-19 and Beirut Port explosions). 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 Health sector's main objectives and priorities were helpful in terms of prioritizing interventions to strengthen Lebanon's public healthcare system under the COVID-19 and Beirut Port explosions responses and ensure continuation of care.

¹ The distribution of clinical nutrition supplies included: 27,000 multiple micronutrient sachet, 2,500 vitamin A packs, 8,370 therapeutic milk, 5,600 ReSoMal sachets for rehydration, 10,650 supplementary spread sachet, 6,500 high energy biscuit sachet, and 1,080 emergency food rations.



Despite the challenging situation, the Health sector's key priorities remain focused on two strategic objectives: to increase access to health services for displaced populations 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 in 2021 is 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 in 2021. Instead, increased investments in health system strengthening is required, including long-term financing, human resources, equipment, medical supplies and capacity building, in addition to a continued and expanded support to the Early Warning Alert and Response System (EWARS). The Health sector will continue its work to strengthen planning and coordination by reinforcing the existing coordination mechanism, which is essential to ensure a harmonized response and prioritization of services, avoid duplication and identify gaps in service provision. This will enable a more efficient and effective delivery of services.

In 2021 and through increased health system strengthening efforts, the sector will prioritize the support to MoPH at the primary healthcare level 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. The sector will align with the immediate response model (IRM) and the national task force that is working towards the development of a national unified long-term primary healthcare subsidization protocol (LPSP)². Health partners will be encouraged to implement this model in the supported centers and to continue exploring in detail further optimizing the package of services offered including financing mechanisms, to ensure an effective, cost-efficient, and sustainable response. Special attention will be given to maintain routine vaccination activities and to ensure an adequate stock of acute and chronic disease medications in the primary healthcare centers across the country.

There is a risk of increase in malnutrition due to the country's economic crises, compounded by COVID-19 outbreak and the negative impact on livelihood opportunities and food security. There is a surge in calls asking for support on Infant and Young Child Feeding, indicating an increased need in breastfeeding support, adequate child feeding and nutrition sensitization sessions, artificial feeding support and basic assistance for nutritionally vulnerable families. Furthermore, there is a lack of data in this regard with the unavailability of recent nutrition assessments to document the impact on acute and chronic malnutrition and inform the nutrition response accordingly. Therefore, a concept note of SMART survey was drafted in line with the most recent standards and recommendations to ensure immediate availability of information on the nutrition status of affected populations to inform the programme design. The proposed exercise will focus on a limited set of nutrition specific and sensitive indicators and is planned to be conducted during the second quarter of 2021. A national nutrition and food safety strategy has been developed and will be rolled out over the year as well.

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 will remain 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 considering the ongoing crisis. In 2021, the sector will aim to develop a protocol will aim in 2021 at developing a protocol that the partners can follow to support hospital care for the vulnerable Lebanese population. The sector will also increase advocacy for the dialysis and blood disease support that might need to be extended until the end of 2021. As the economic situation deteriorates, the Health sector will keep its focus on prioritizing sustainable life-saving services for vulnerable refugees and Lebanese.

² The primary healthcare department developed the Immediate Response Model (IRM) to coordinate the Beirut blast response and ensure the subsidization of a standardized package of services across all primary healthcare centres supported by national and international non-governmental organizations. The IRM is a temporary model that delineates the protocols of subsidizing primary care service packages and provider payment mechanisms. The IRM is to be implemented for 3 months in the area affected by the blast while a more advanced long-term primary healthcare subsidization protocol (LPSP) is prepared and fine-tuned with the aim to be applied in a uniform way in all Ministry of Public Health primary healthcare centres network. For this purpose, a joint national taskforce among Ministry of Public Health primary healthcare department, relevant donors, United Nations agencies and national and international non-governmental organizations was created.



CASE STUDY : Arsal sees its first Primary Health Care Centre (PHCC)

“The laboratory was found in very bad conditions!” explained Mirna, an experienced public health officer with Relief International (RI) who directly supervised the rehabilitation of Arsal’s Primary Health Care Center (PHCC). The center was destroyed after local clashes that took place in 2014. It could no longer be financially supported and had to be closed, depriving a community of 40,000 vulnerable Lebanese and 60,000 displaced Syrians of much needed primary healthcare support.

RI’s initiative to rehabilitate Arsal’s center was part of the program: **“improve the physical and mental health wellbeing of 9,324 Lebanese and 18,296 Syrian refugee beneficiaries through screening and vaccinating children against measles, and providing specialized mental health services in North Bekaa, Baalbeck and Arsal (IPMH)”**, funded by UNOCHA Lebanon Humanitarian Fund for one year and two months. The program was also responding to the measles outbreak reported during March and April 2019.

During the initial visit, the PHCC was found in a bad condition. despite the walls and windows remaining intact, all the medical supplies were damaged and out of place, “it looked like an explosion happened inside, nothing was where it should have been,” explained Mirna. RI hired staff that would start by helping the cleaning team, that was sent by the municipality, to handle the delicate medical equipment. “When the mayor saw the importance of the center to his community and the financial and technical support that RI could provide, he provided a team for support”, confirmed Mirna.

This was a combined initiative between RI and the Ministry of Public Health (MoPH), in coordination with Arsal’s municipality. RI supported with quality management and covered some employees’ salaries to mainly enhance the vaccination services among others. Mirna noticed that the PHCC’s infrastructure meets MoPH’s requirements but lacks quality primary health care services and medical staff. Part of RI’s role was to build a comprehensive package of quality primary health care services.” RI also supported by providing materials to equip rooms related to vaccination and infection, prevention, and control.

RI saw a window of opportunity to bring the center back to life and to enroll Arsal’s only PHCC in the MoPH network. This successful initiative equally served Arsal’s communities and increased their access to primary healthcare services. Pregnant women now have access to a full package of services throughout their pregnancy and after childbirth. There are departments available such as Dental, Pediatric, Ophthalmology, Cardiology and Endocrinology. Children now own vaccination cards with their personal details and diagnostics logged into a healthcare system, linked to a database accessed by MoPH. As a result, 741 children were vaccinated, 3,275 families and 13, 100 patients have received Primary Health Care services at the center.



Photo: A triage nurse assessing a beneficiary at the renovated Primary Health Care Centre in Arsal, Lebanon, November 2020.

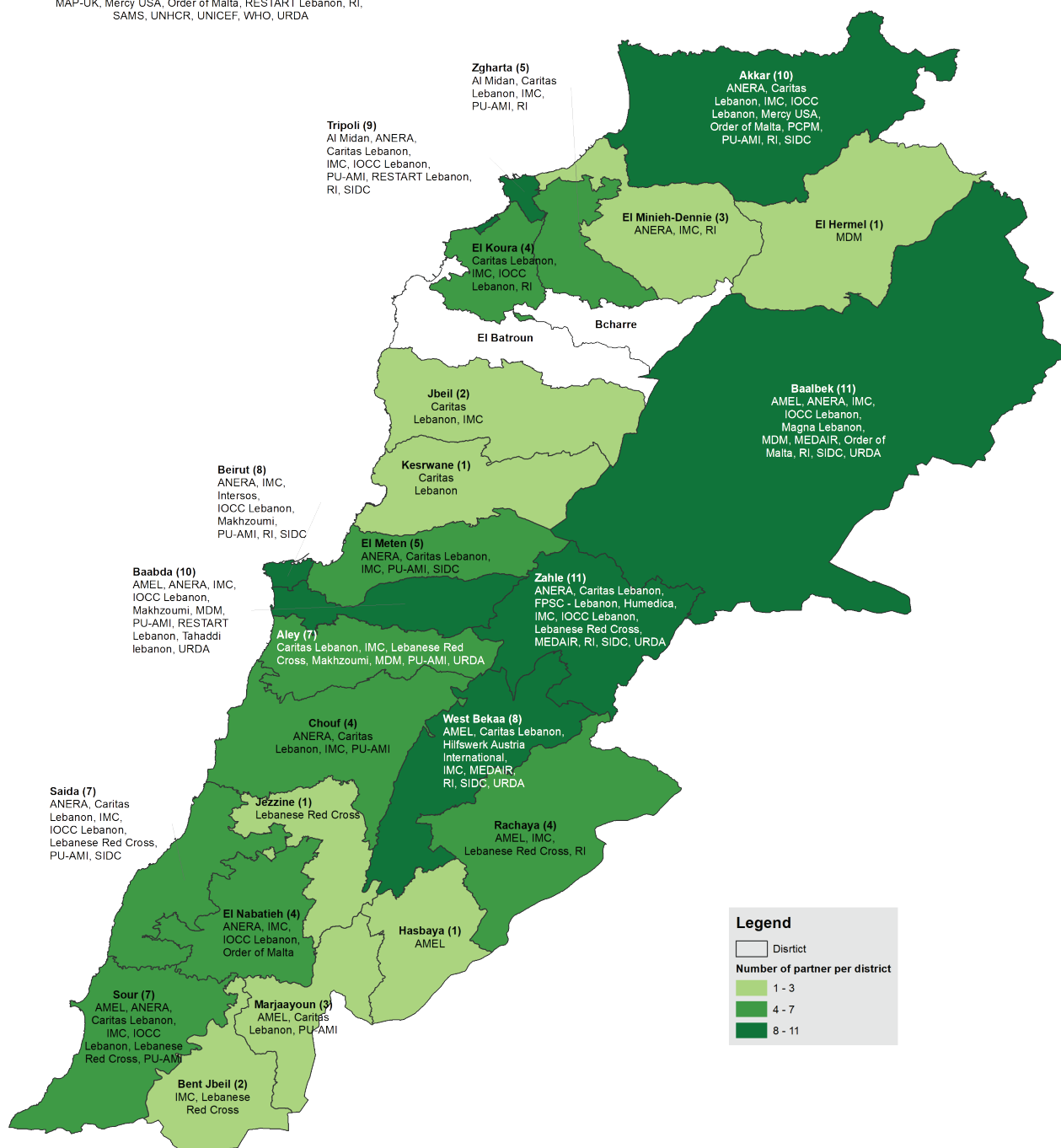


Organizations per District

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

ACTED, ANERA, Caritas Lebanon, IMC, INARA, IOM, LSOG, MAP-UK, Mercy USA, Order of Malta, RESTART Lebanon, RI, SAMS, UNHCR, UNICEF, URDA, WHO

National Level (17)
ACTED, ANERA, Caritas Lebanon, IMC, INARA, IOM, LSOG,
MAP-UK, Mercy USA, Order of Malta, RESTART Lebanon, RI,
SAMS, UNHCR, UNICEF, WHO, URDA



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.

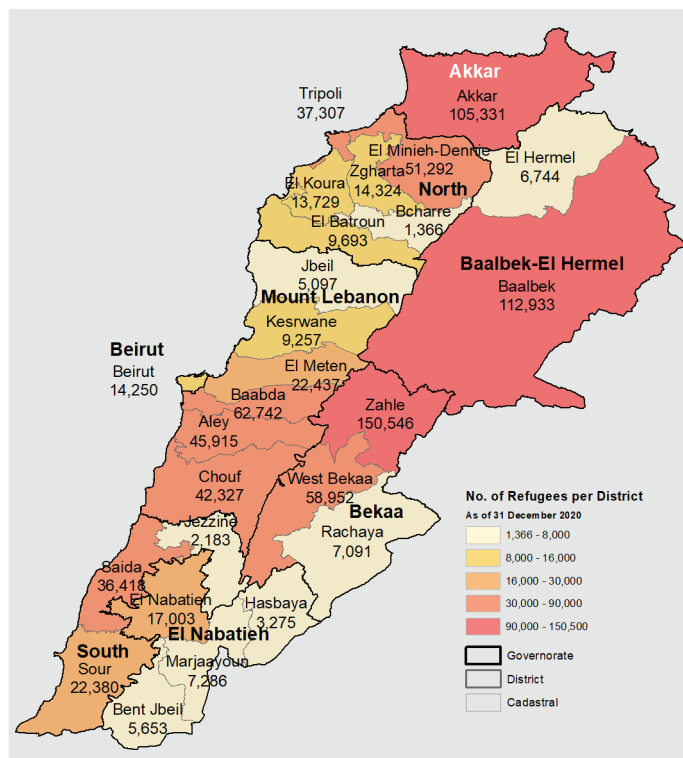
Annex 1: Key Figures

Syrian Refugee Population

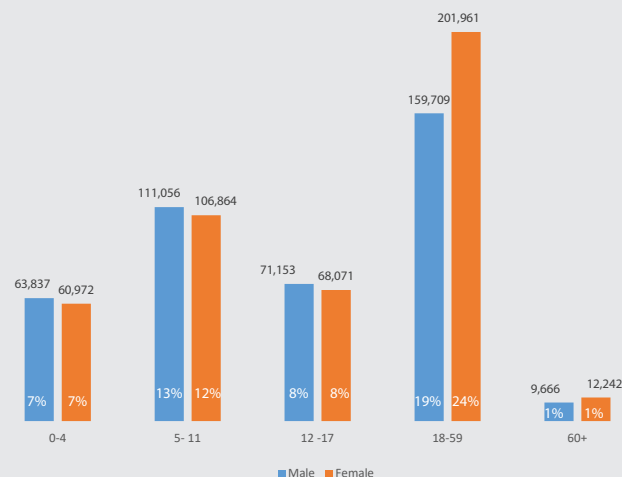
865,531 # of Registered Syrian Refugees
(UNHCR, 31/12/2020)

194,331 # of Syrian Refugee Households
(UNHCR, 31/12/2020)

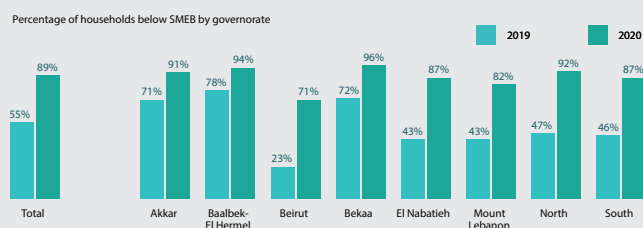
Location in Lebanon (UNHCR, 31/12/2020)



Registered Syrian Refugees by Age and Gender (UNHCR, 31/12/2020)



Syrian Refugee economic vulnerability - % households (VASyR, 2020)



Mental Health

79,985 # of subsidized mental health consultations
provided by health partners (AI, Jan- December 2020)

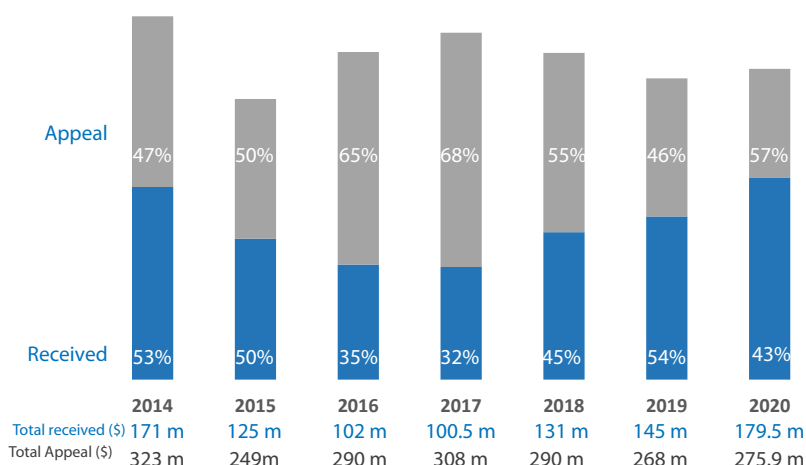
Outbreak Control

819 institutions with surveillance data at the source:
123 are operational for zero reporting (target: 151)
110 are operational for laboratory reporting (target: 151)
586 are operational for medical center reporting (target: 906)
0 operational surveillance sites newly established

Sector Funding Status:

Sector Funding Status 2014-2020

Source: Inter-Agency financial tracking system



Health Research or Assessments recently shared:

- The Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR 2020)
- 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)