The January - September 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

**Targeted Population groups**

- **Reached**: 2.4 m (People in Need)
- **Reached**: 1,893,000

**Population reached by cohort**

- **Targeted**: 547,475
- **Reached**: 547,475 people

### Progress against targets

#### Outputs reached / target

- **# of subsidized primary healthcare consultations**: 967,009 / 2,660,400 (36%)
- **# of patients who received chronic disease medication**: 209,171 / 185,000 (113%)
- **# of Children under 5 receiving routine vaccination**: 352,570 / 550,000 (64%)
- **# of PHCCs within MoPH-PHC network (Source: MoPH)**: 242 / 250 (97%)

#### Outputs reached / target

- **# of primary health care staff receiving salary support at MoPH - PHCcs level**: 76 / 26 (87%)
- **# of cases receiving financial support for improved access to hospital care among targeted population**: 64,744 / 127,714 (51%)
- **# of functional EWARS centres**: 610 / 1000 (61%)

### Analysis

#### Percentage of consultations by type of primary healthcare outlet

- **MoPH-PHCs**: 63%
- **MoSA-SDCs**: 4%
- **Dispensary**: 13%
- **MMU**: 13%
- **Other Health outlets**: 20%

#### # of supported primary healthcare outlets by type

- **Total**: 114
- **MoPH-PHCs**: 76
- **Dispensary**: 31
- **MoSA-SDCs**: 7

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

- **UNHCR**: 67%
- **UNRWA**: 26%
- **UNRDA**: 5%
- **Others**: 2%

#### # of SHC admissions supported by UNHCR, 2014 to 2020

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>55,705</td>
<td>58,474 73,951 82,726 86,590 65,225 43,445 182,911 139,549 513,381 530,000 410,000</td>
</tr>
<tr>
<td>2015</td>
<td>55,705</td>
<td>58,474 73,951 82,726 86,590 65,225 43,445 182,911 139,549 513,381 530,000 410,000</td>
</tr>
<tr>
<td>2016</td>
<td>55,705</td>
<td>58,474 73,951 82,726 86,590 65,225 43,445 182,911 139,549 513,381 530,000 410,000</td>
</tr>
<tr>
<td>2017</td>
<td>55,705</td>
<td>58,474 73,951 82,726 86,590 65,225 43,445 182,911 139,549 513,381 530,000 410,000</td>
</tr>
<tr>
<td>2018</td>
<td>55,705</td>
<td>58,474 73,951 82,726 86,590 65,225 43,445 182,911 139,549 513,381 530,000 410,000</td>
</tr>
<tr>
<td>2019</td>
<td>55,705</td>
<td>58,474 73,951 82,726 86,590 65,225 43,445 182,911 139,549 513,381 530,000 410,000</td>
</tr>
<tr>
<td>2020</td>
<td>55,705</td>
<td>58,474 73,951 82,726 86,590 65,225 43,445 182,911 139,549 513,381 530,000 410,000</td>
</tr>
</tbody>
</table>

Prepared by the Inter-Agency Information Management Unit | For more information contact Inter-Agency Coordinators Elina Sälen elina.sahlen@undp.org and Carol Ann Sparks sparks@unhcr.org.
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, 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). Support was provided through direct service delivery for the life-saving immediate needs while emphasizing on health system strengthening for the longer run. At the same time, partners were also responding to COVID-19 outbreak and to the Beirut Port explosions emergencies through a separate response mechanism. The response to COVID-19 outbreak which was considered a Public Health Emergency of an International Concern (PHEIC) was implemented following the eight universal pillars. The Beirut Port explosions’ response was planned in line with both: COVID-19 action plan and the existing Health sector strategy. A delicate link was maintained between the continuation of care and the emergent crisis and coordination efforts were maximized to ensure complementarity.

From January to September 2020, vulnerable refugees and Lebanese benefitted from 967,009 subsidized consultations supported by sector partners, including 361,898 consultations for vulnerable Lebanese, 599,128 for displaced Syrians, 2,392 for Palestinian Refugees from Syria and 3,591 for Palestinian Refugees from Lebanon, contributing to improving their access to primary healthcare services. This represents a 14.6% decrease compared to the third quarter of 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 even further. Overall, women and girls benefitted from 63% of subsidized consultations and men and boys benefited from 37% of subsidized consultations. The percentage of vulnerable Lebanese benefitted from subsidized consultations increased to 37.4%, as compared to 27% by the third quarter of 2019. This is likely due to the deterioration in economic conditions of the Lebanese population.

By the third quarter of 2020, vulnerable refugees and Lebanese accessed 87% of subsidized consultations through fixed health outlets (compared to 90% 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 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 73% of the consultations through Ministry of Public Health (MoPH) Primary Health Care Centers (PHCCs), a similar percentage to the same period in 2019. In terms of chronic disease medication provided at the PHCC level, a total of 209,171 displaced Syrians and vulnerable Lebanese (57% women and 43% men) are registered at the MOPH/YMCA chronic medications program operating through a network of around 435 PHCCs and health dispensaries across Lebanon. This constitutes a 73% increase compared to the third quarter of 2019 and is likely attributed to the fact that people are more aware of the availability of these medications in the health facilities and to the country’s deteriorating economic situation where the people’s ability and willingness to pay for the medications at the private sector level has considerably decreased.

A total of 48,158 displaced Syrians received obstetric or emergency/hospital care which contributed to an increased access to health care for acute and chronic diseases.

A total of 41,187 Syrian Refugees households have required hospitalization in 2020, 90% of them have received the required care, VAsyr 2020.

A total of 110,857 caregivers across Lebanon benefited from community outreach activities, awareness sessions, direct counselling and health integrated messages on maternal, new-born, child and adolescent health and nutrition. All 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 and were disseminated among different stakeholders and partners. Standard operating procedures for IYCF are being developed. A national nutrition strategy and an IYCF action plan have been finalized and integrated in the nutrition task force joint action plan; they cover short, medium and long terms interventions in coordination with MoPH and nutrition active partners.

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 PHCCs and health dispensaries. The support was extended in the third quarter of 2020 to ensure an effective and efficient mainstreaming of COVID-19 measures at the primary healthcare centers and the hospitals level. 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. Some 26 staff were financed to join the MoPH PHCCs which constitutes a considerable decrease from previous years however an increase from the first half of 2020. 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 during the third quarter of 2020.
At the beginning of 2020, Lebanon was faced with an unprecedented situation with the prolonged impact of the Syria crisis, the rapidly deteriorating economic situation and the COVID-19 outbreak. With the Beirut Port explosions in August, the already overstretched Health sector was greatly challenged to ensure an equitable access to quality healthcare services for all vulnerable populations. Fear of infection, country lockdown and shortage of medical supplies and medications coupled with the decreased ability to afford care and by the interrupted healthcare services after the Beirut Port explosions were the main reasons for the reduced access to healthcare from January to September 2020.

An impact on people’s mental health has also been observed, including psychological distress, trauma and anxiety. People in need faced additional challenges to access mental health services because of the shift to remote services. Patients with acute mental health needs had difficulty to access secondary mental health care as mental health hospitals stopped admissions as a result of the COVID-19 outbreak pandemic and fear of exposure to the virus. In addition, some hospitals shifted the beds dedicated to mental health towards COVID-19 treatment. 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. Increasing reports on malnutrition and malpractices among children under five and pregnant and lactating women and home-based deliveries requires the sector to monitor the situation more closely and to scale up nutrition programming and nutrition surveillance to be able to better prevent, detect and manage malnutrition. Based on previous trends, it is estimated that for the third quarter 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. Around 220 displaced Syrians with chronic renal failure and blood diseases struggled to receive free dialysis and blood diseases care, which enhances their quality of life. Due to an unexpected cut in funding dialysis and blood diseases, support to displaced Syrians in need was interrupted and can no longer be sustained and urgent support is needed.

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. Challenges increased as organizations had to prioritize their plans and reprogram their activities, protect themselves from psychological stress and COVID-19 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 third quarter 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 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.

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 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. Instead, increased investments in health system strengthening is required, including long-term financing, human resources, equipment, medical supplies and capacity building. 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.

During the last quarter of 2020 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 uniform with the immediate response model (IRM) and the national task force that it is working towards the development of a national unified long-term primary healthcare subsidization protocol (LPSP). 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 ensure an adequate stock of acute and chronic disease medication 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. However, there is a lack of data in this regard with no recent nutrition assessment is available to document the impact on acute and chronic malnutrition and inform the nutrition response. A nutrition survey is being discussed with partners to assess the situation and develop a targeted response in the last quarter 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 considering the ongoing crisis. 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.

---

1 On 14 August 2020, a large amount of ammonium nitrate stored at the port of the city of Beirut, the capital of Lebanon, exploded, causing at least 203 deaths, 6,000 injuries, and US$15 billion in property damages, and leaving an estimated 300,000 people homeless.

2 On 30 January 2020, following the recommendations of the Emergency Committee, the WHO Director General declared that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC).

3 The highlights are: Country level coordination, planning and monitoring; Risk communication and community engagement; Surveillance, rapid response teams and case investigations; Points of entry; national laboratory; infection prevention and control; Case management and Operation support and logistics.

Prepared by the Inter-Agency Information Management Unit | For more information contact Inter-Agency Coordinators Margunn Indreboe Elina Silen elina.silen@undp.org and Carol Ann Sparks sparks@unhcr.org.
As of March 2020, Restart Center has initiated the tele-MHPSS approach\(^3\) as an innovative strategy to ensure the continuation of mental health care despite the COVID-19 pandemic. Between March and September 2020, Restart center's multidisciplinary team has provided a total of 12,459 tele-MHPSS sessions\(^4\) to 2,404 individuals of which 82% were displaced population, 36% were female and 35% were children. The Tele-MHPSS modality proved to be successful and efficient in the context of COVID-19 and can be applied in case of protests and roads blockages and of persons of concern with mobility challenges.

**The story of Khaled\(^3\)**

This is the story of Khaled, a 22-year-old single man from Syria, who is part of the LGBT community and is currently residing in Lebanon. Although Khaled has been accepted for resettlement, the COVID-19 pandemic delayed his departure date. He had to stay in Lebanon for a period of eight months as he impatiently waited for the airports to re-open.

During that period and after losing his job due the economic crisis, Khaled had to stay in a shared room in an apartment with his friend’s family where he was bullied daily. The COVID-19 lockdown further aggravated the situation where Khaled had to stay at home for a longer time. The young man was referred for tele-psychology services at Restart center to learn coping strategies to manage this transitional period. He was very committed to therapy and started integrating the skills he acquired into his daily life.

After six sessions, he relocated to a different house and reported actively searching for job opportunities while training in an organization to establish programs for Syrian refugees from the LGBT community in Lebanon.

One week after ending therapy, Khaled received a call whereby he was informed that his departure date to Canada was scheduled. Driven by the desire to provide support to the people in need and after the positive impact that tele-MHPSS has had in Khaled's life, he left while committing to pursue his studies in psychology in Canada.

---

\(^1\) Represented by the direct and indirect costs. Direct costs include fees and indirect costs related to transportation costs.

\(^2\) The IRM is a temporary model that delineates the protocols of subsidizing primary care service packages and provider management. The IRM is in line with the largest and the most successful primary care subsidy model to be implemented in Lebanon.

\(^3\) The story of Khaled is an illustrative case to show how the Tele-MHPSS approach can be applied in case of protests and road blockages and of persons of concern with mobility challenges.

\(^4\) The Tele-MHPSS modality proved to be successful and efficient in the context of COVID-19 and can be applied in case of protests and road blockages and of persons of concern with mobility challenges.
Organizations per District

All 30 organizations mentioned below are contributing to the achievement of Health Outcomes prioritized under the LCRP and reporting under ActivityInfo.

Al Midan, AMEL, ANERA, Caritas Lebanon, FPSC - Lebanon, Hilfswerk Austria International, Humedica, IMC, INARA, Intersos, IOCC Lebanon, IOM, LSOG, Magna Lebanon, Makhzoumi, MAP-UK, MDM, MEDAIR, Mercy USA, Order of Malta, PCPM, PU-AMI, RESTART Lebanon, RI, SAMS, SDC, UNHCR, UNICEF, URDA, WHO.
Annex 1: Key Figures

Syrian Refugee Population
879,529 # of Registered Syrian Refugees (UNHCR, 30/09/2020)
199,776 # of Syrian Refugee Households (UNHCR, 30/09/2020)

Location in Lebanon (UNHCR, 30/09/2020)

Syrian Refugee economic vulnerability - % households (VASyR,2019)
- 55% Severely Vulnerable
- 18% Highly Vulnerable
- 9.8% Mildly Vulnerable
- 17.2% Least Vulnerable

Mental Health
- 56,157 # of subsidized mental health consultations provided by health partners (AI, Jan- September 2020)

Outbreak Control
- 855 institutions with surveillance data at the source:
  - 128 are operational for zero reporting (target: 151)
  - 117 are operational for laboratory reporting (target: 151)
  - 619 are operational for medical center reporting (target: 906)
  - 0 operational surveillance sites newly established

Sector Funding Status:

<table>
<thead>
<tr>
<th>Year</th>
<th>Total received ($)</th>
<th>Total Appeal ($)</th>
<th>Received %</th>
<th>Appeal %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>171 m</td>
<td>323 m</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>2015</td>
<td>125 m</td>
<td>249 m</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>2016</td>
<td>102 m</td>
<td>290 m</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>2017</td>
<td>100.5 m</td>
<td>308 m</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>2018</td>
<td>131 m</td>
<td>290 m</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>2019</td>
<td>145 m</td>
<td>268 m</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>2020</td>
<td>118.6 m</td>
<td>275.9 m</td>
<td>43%</td>
<td>57%</td>
</tr>
</tbody>
</table>
## 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.

### Annex 2: Health Research or Assessments recently shared:

- COVID-19: Concerns and Needs of Syrian Refugees in Informal Tented Settlements in Lebanon (LPC, 2020)

### Points of Entry

<table>
<thead>
<tr>
<th>Number of health-care crossing points</th>
<th>25</th>
</tr>
</thead>
</table>

### Risk Communication and Community Engagement

- Thematic awareness raising campaigns: 18
- 856 vulnerable youth produced 2,322,459 gowns and cloth masks

### Surveillance, Rapid Response Teams, and Case Investigation

- Total PCR tests: 31,638 (377,061 tests in October 2020)
- 1,139,498 total tests (October 2020)
- 41,000 total positive cases with CFR: 1.75%

#### CFR progression by week

- W1 (Oct 1-Oct 6): 10.42
- W2 (Oct 7-Oct 13): 11.47
- W3 (Oct 14-Oct 20): 11.03
- W4 (Oct 21-Oct 27): 12.54

#### Positive cases among health-care workers out of total positive cases

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total</th>
<th>males</th>
<th>females</th>
</tr>
</thead>
<tbody>
<tr>
<td>by age group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 20 years old</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 70 years old</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24-49 years old</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-69 years old</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Prevalence by age group:

- Males: 57%
- Females: 43%

#### Prevalence by gender:

- 32.5%
- 67.5%

### National Laboratories

#### Status Target

<table>
<thead>
<tr>
<th>Status</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Testing Capacity per day (October 2020)</td>
<td>12,567</td>
</tr>
<tr>
<td>Laboratories EQA/Validation to perform RT-PCR testing</td>
<td>5</td>
</tr>
</tbody>
</table>

### Case Management

#### Status Target

<table>
<thead>
<tr>
<th>Status</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU beds dedicated for COVID-19 in public and private hospitals</td>
<td>306</td>
</tr>
<tr>
<td>Non-ICU beds dedicated for COVID-19 in public and private hospitals</td>
<td>796</td>
</tr>
<tr>
<td>Isolation centers</td>
<td>466</td>
</tr>
</tbody>
</table>

### Infection Prevention and Control

#### Personal protective equipment

- more than 37,628,404 PPE items for the protection of healthcare workers at Hospitals and PHCs

#### Critical wash supplies and services

- 1,919 IPC and disinfection kits distributed to 9,959 vulnerable people
- 183,907 vulnerable people continuously reached with water trucking (35 to 60 L/day)