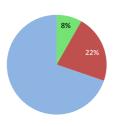
Public Health & HIV Lebanon

Total Persons of Concern (PoCs)

- Under-fives children
- Women of reproductive age



Origin of refugees:

Iragis Sudanese Somalies Iranian

11,660

955

2,570

Implementing Partners:

Health/ HIV

The National Aids Program

Nutrition

Internatioanl Medical Corps

WatSan

Unicef



Access to Health Services

Do PoCs have access to national health facilities? Do PoCs have to pay for primary health care? No of HC facilities where PoCs have free access No of consultations per trained clinician per day Do PoCs have access to 2nd and 3rd level care? Does a referral system exist?

Are referral cases reviewed by a board (or alt. system)?

Public Health Impact

Crude Mortality Rate (CMR) (from survey) Under-fives Mortality Rate (U5MR) (from survey)

Patient load

Average number of new patients per month Average number of repeat patients per month Average number of referrals per month

U5 Morbidity (%)

Upper respiratory diseases	■ U	31.9%
Gastrointestinal diseases	(7.3%
Skin lesions and disorders	■ §	5.6%
Ear diseases (ORL)	■E	2.9%
Anemia caused by nutrition		1.2%

Crude Morbidity (%)

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Upper respiratory diseases	■ l	17.1%
Dental gingival diseases	(14.5%
Antenatal Care		3.9%
Skin lesions & disorders	= \$	3.4%
Cardio vascular diseases		3.0%

2009 Yes Yes

	4	≤ 50
Yes	4	Yes
Yes	4	Yes
Yes	4	Yes

2009

112

Refugees can access primary health care services. However chronic health related services are often unavailable or costly. Similar to nationals, refugees have access to hospitals/inpatient services upon showing proof of payment/sponsorship. UNHCR and IP/OPs have several verbal and wirtten agreements with various governemntal hospitals where refugees can access. However, the access is not limited to governmental hospitals. Collaboration also takes place with other hospitals according to cases and availability of services in each facility. Note that refugees have access to secondary and tertiary care upon proof of payment. This is also required from nationals. The cost for such services is often very high. These factors can be considered as barriers to care

Proportional Morbidity



Malnutrition

Global acute malnutrition rate (GAM) Severe acute malnutrition rate (SAM) Prevalence of anaemia in children under five Prevalence of anaemia in women of reproductive age Average number of kilocalories per person per day

Maternal and Newborn Health

Do pregnant women have access to antenatal care? Do pregnant women have access to safe delivery care? Do women have access to family planning?

Sexual and Gender-based Violence

Proportion of rape survivors who receive PEP <72 h Proportion of rape survivors who receive ECP <120 h

Condom distribution rate (Nr. of condoms/person/month) Does appropriate IEC material exist for PoCs? Are risk groups targeted with prevention programs? Proportion of donated blood units screened for HIV Do pregnant & lactating women have access to PMTCT?

Care and Treatment

Do PoC's have equal access to ART as host community? Nr. of HIV Positive POCs receiving ART Prop. of HIV-pos mothers receiving cotrim. prophylaxis Prop. of HIV-pos infants receiving cotrim. prophylaxis

2009 N/A ≤ 5% N/A (II) < 2%

N/A Φ ≤ 20% ≤ 20% N/A **(1)** N/A (II) 2100

2009 Standard Yes

Yes	4	Yes
Yes	4	Yes
2009		
100%	4	100%

100%

2009		Standar
N/A	①	≥ 0.5
Yes	4	Yes
Yes	4	Yes
100%	4	100%
Yes	4	Yes

Yes variable N/A **(** 100%

> Φ 100%

No survey was conducted on malnutrition during 2009. Only a few cases were observed as being under-weight or undernourished.

All pregnant women who approach UNHCR and its partners are provided with antenatal. postnatal and neonatal health care. High risk pregnancies receive special follow-up and monitoring by the IP. All delivery cases are being assisted with a lump-sum amount of money, as well diapers are provided to new born babies. Substitue milk is reportedly only provided upon a doctor's report that the mother is unable to breast feed (not under UNHCR's budget). As for SGBV, UNHCR and its partners are oprating upon an SOP in place. A gentleman's agreement for refugee access to PEP is in place with NAP. UNHCR and its partners ensure that all parents are vaccinating their children. Vaccination cards brought by them from Iraq are followed according the Lebanese national vaccination calendar

UNHCR and partners distribute IEC materials and condoms to refugees, provided from the NAP. UNHCR refers cases to the national system and VCT centres in Lebanon. There is also a gentleman's agreement between UNHCR and NAP for ART provision. Therefore, access to HIV services is not similar to nationals who automatically receive the service once diagnosed positive through the Ministry of Health. Refugees Most At Risk Population (IDUs.SWs. Prisoners. MSM) have been included in the National Strategic Action Plan (ASAP) for the years 2010-2012.

N/A