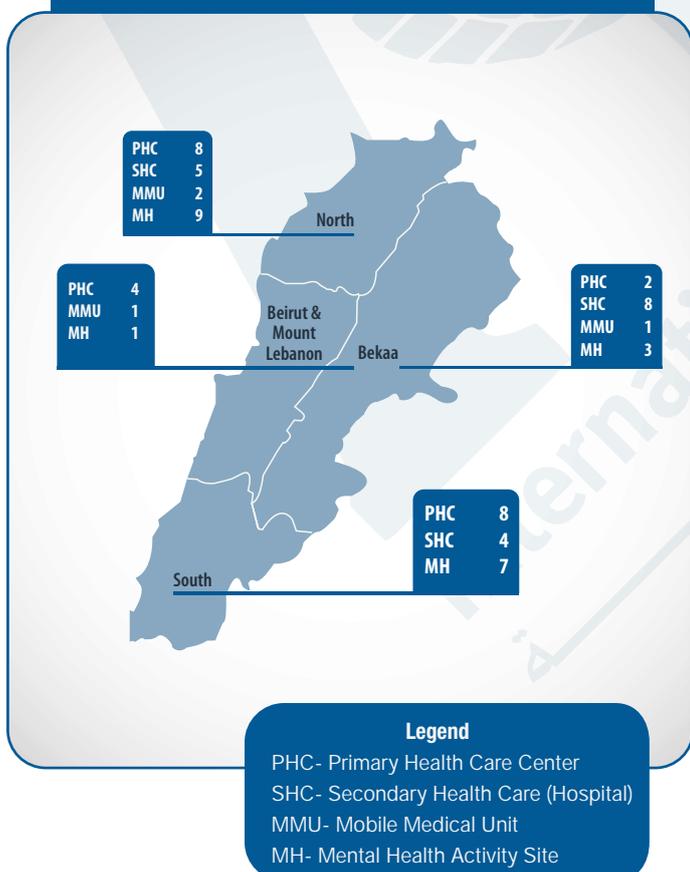


The number of Syrian refugees registered in Lebanon has more than quadrupled over the past six months. On January 1, 2013 Lebanon was hosting some 130,000 refugees; today that figure stands at more than 600,000. The United Nations High Commissioner for Refugees estimates that by the end of 2013 more than 1 million Syrians will have registered as refugees in Lebanon.

In a country of approximately four million, this massive population influx, the majority of which has settled in Lebanon's poorest regions, will increasingly strain the country's resources, including its health care system.

This rapid increase has required, and will continue to require, international NGOs to wisely deploy resources and dramatically expand operations to meet needs.

International Medical Corps' Activities in Lebanon January - June, 2013



In the health sector, International Medical Corps is at the forefront of the emergency response effort, providing services for both registered and non-registered refugees. In the first six months of 2013, through its primary, secondary and mental health care programs across Lebanon, International Medical Corps has:

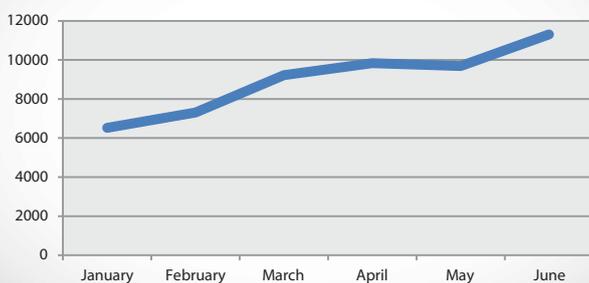
- Provided 53,885 primary health care consultations
- Provided 8,288 mental health consultations
- Supported 8,627 diagnostic and laboratory tests
- Supported 13,447 patients for secondary health care
- Provided health education sessions for 33,503 individuals
- Delivered services through 22 primary health care facilities, 17 hospitals and four mobile medical units

Primary Health Care

Every community the world over has primary health care needs. Those needs don't disappear when people become refugees, but what do disappear are familiar and trusted medical centers and doctors, as well as the livelihoods that fund consultations and treatments.

In the January to June period of 2013, International Medical Corps provided Syrian refugees with 53,885 medical consultations at 22 primary health care facilities and four mobile medical units, reaching the most vulnerable refugee communities in remote areas, collective shelters and informal tented settlements.

Number of Primary Health Care and Mobile Medical Unit Consultations



Expanding Services

Since last year, the geographical reach of International Medical Corps' primary health care services has greatly extended, with the addition of seven clinics and one mobile medical unit.

As more refugees arrive, International Medical Corps will, depending on available funding, continue to revise and expand its network of PHCs to meet demand.

International Medical Corps not only contracts clinics, but often also enhances their service provision and sustainability through management training programs and the provision of medication and equipment.

Dependent on funding, International Medical Corps aims to have 45 clinics operational by the end of December 2013.

Changing Strategies

Due to the high level of demand and decreasing resources, as of May International Medical Corps no longer provides primary health care services free of charge. Refugees must pay a standardized consultation fee of \$2 at all International Medical Corps-supported facilities, excepting mobile medical units where consultations are provided without payment. The introduction of the standardized fee also serves to decrease the gap between refugees and host community members, who must pay \$6.60 per consultation.

Prior to May, diagnostic and laboratory tests for pregnant women, children under five, those with disabilities, and refugees over 60 were provided without charge, while all other refugees had to bear 15 percent of the costs. As of May, the former grouping must bear 15 percent of costs, while all others must now pay 100 percent of test expenses.

Following this change, the number of patients supported for tests decreased from 2,084 in April to just 1,646 in May and June combined. Since January, International Medical Corps has supported 8,627 patients for diagnostic and laboratory tests.



International Medical Corps-supported Mobile Medical Unit in Wadi Khaled

Chronic Care: Over the same period, 3,584 patients with chronic illnesses were provided with care and treatment. In May, International Medical Corps/UNHCR signed an agreement with YMCA to provide this treatment to Syrian refugees through the national program for chronic medication, implemented through 450 centers nationwide. As of July 1, Syrian refugees will have access to chronic medication through their nearest YMCA center.

Acute Ailments: Acute medications are provided free of charge to patients at International Medical Corps-supported primary health care centers. In the January to June period, acute medications were delivered to 29,080 patients.

Vaccinations: Each month, a growing number of children – from 187 in January to 368 in June – have been vaccinated at PHC centers.

Sexual Violence: International Medical Corps has also provided training on the clinical management of rape to clinic and hospital staff.

Health Education

Awareness-raising health education is a key element of International Medical Corps' primary health care services in recognition of the valuable role such initiatives play in limiting the spread of communicable diseases and minimizing both primary and secondary health care costs.

Between January 2013 and June 2013, 33,503 individuals attended health awareness sessions run by International Medical Corps.

International Medical Corps also trained 90 Lebanese nurses and social workers on mother and child health care services, before selecting 24 to work as health educators. These health educators have conducted sessions in health care facilities and collective shelters on a range of issues, including the identification and prevention of diarrhea, lice,

scabies, leishmaniasis, hepatitis A and tuberculosis, as well as on personal hygiene, food safety, nutrition, pregnancy and child care, and vaccinations.

Additional health education workshops and topics are introduced to target specific problems as needs present.

In August and September, International Medical Corps will offer Syrian refugees with minimum medical backgrounds the same training so that they may take on leadership roles in their communities.

Health Education Helps Halt Lice and Scabies Epidemic

Following an outbreak of lice and scabies cases among refugees in the Bekaa and the North in January, International Medical Corps, through its network of community health workers, was able to activate a rapid response, disseminating both treatments and information to affected and at-risk communities.

In collaboration with local municipalities, International Medical Corps also worked to minimize the threat of infection by tackling contributing environmental factors and improving water and sanitation infrastructure.

As part of its response, International Medical Corps distributed information brochures, 1,731 hygiene kits and 4,098 doses of anti-lice and anti-scabies medications.

In addition, 10,358 individuals attended awareness-raising sessions run by the organization on lice, scabies and personal hygiene.

There has been a significant decrease in the number of lice and scabies cases in the majority of shelters where these activities were undertaken.



Health educators providing anti-scabies medication for communities in Tripoli

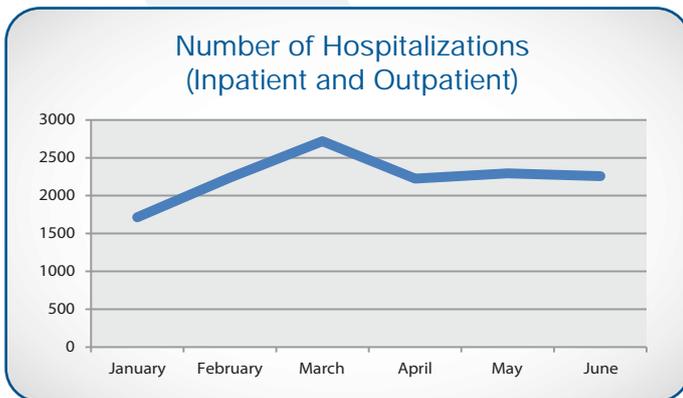
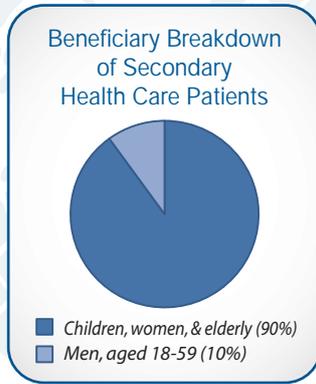
2 Up until mid-April, International Medical Corps was providing free health care services to children and pregnant women. This strategy was revised in line with UNHCR's new public health strategy, and now all refugees pay a standardized consultation fee.

3 Note that some individuals may attend more than one session.

Secondary Health Care:

As there are no field hospitals operating in Lebanon, unlike other host countries, the burden of meeting refugees' secondary health care needs falls on the existing public and private hospital system. Providing health care in this way greatly strains the resources of the hospitals treating this population, and hospitalizations can be extremely costly. Given the high number of premature and difficult deliveries among the Syrian refugee population, this pressure is particularly felt in neonatal units. The host community is also affected due to the decreasing availability of hospital beds.

Since January, through contracts with 17 hospitals, International Medical Corps has supported treatment for 11,695 inpatients and 1,752 outpatients. 90 percent of these patients are women, children and elderly.



Leading Causes of Hospitalization

Over one third of secondary health care patients were hospitalized for infant delivery. During the winter months, respiratory infections were one of the main reasons for hospitalization, but May and June saw a decrease in such cases and an increase in gastro-intestinal conditions.

Reasons for Inpatient Hospitalization	Percentage
Pregnancy	42.0%
Gastro-digestive conditions	10.8%
Trauma/wound/fractures	8.3%
Respiratory infections	8.1%
General surgical conditions	5.7%
Neonatal condition	5.3%
Cardiovascular disease	4.8%

New Life

In the first six months of 2013, International Medical Corps supported 4,507 infant deliveries, including: 113 premature births and 1,629 births by c-section.



Visiting premature babies in the Bekaa

Changes in Secondary Health Care Strategy

As of April, International Medical Corps and UNHCR cover 75 percent of hospitalization expenses for deliveries and immediate lifesaving conditions; the patient must fund the remaining 25 percent. Previously, coverage was 85 percent. After this strategy was applied, three hospitals declined to renew contracts with International Medical Corps, reducing the number of partner hospitals to 14. International Medical Corps is seeking to increase the number of contracted hospitals, as, with the current set up, there aren't enough hospital beds to meet the needs and refugees have to travel long distances to receive care. This will also ensure greater transparency. International Medical Corps' field officers report that the inability of refugees to afford this increased proportion of costs has meant that many presenting with emergency conditions requiring hospitalization are not being admitted.

Marcelle's Story

When his daughter was born with a congenital heart defect that would require surgery to repair, he knew exactly what was at stake: his newborn Marcelle's life. A refugee from Daraa now living in Nabatieh, Marcelle's father also knew that the only way to save her life would be to ask for help. He turned to International Medical Corps with a simple plea: "I cannot afford the cost of the operation; does my daughter have to lose her life because of the money? Please help me." International Medical Corps stepped in with funding from UNHCR to secure Marcelle's surgery at the American University of Beirut Medical Center. Today, following a successful operation and good recovery, Marcelle is back in the loving fold of her family.

Mental Health

Arriving from conflict zones, refugees bring a raft of invisible baggage: experiences of violence and torture, loss and grief. Life in Lebanon then brings its own slew of psychosocial challenges, among them unfamiliar surroundings, cramped or shared living conditions and unemployment. In recognition of this International Medical Corps has expanded its mental health program to meet refugees' needs for psychosocial support and counseling services.

In the first six months of 2013, International Medical Corps provided 8,288 mental health consultations free of charge through seven case management teams integrated into 20 health care facilities and community centers around the country. Where necessary, psychotropic medications were prescribed. As a leader in mental health, International Medical Corps co-chairs with UNHCR the Mental Health and Psychosocial Support sub-working group in North Lebanon.



Children attending
World Refugee Day activities

Building Mental Health Care Capacity

International Medical Corps has also been working to integrate mental health into primary health care, as well as build capacity for the identification and awareness of mental health needs by training community members. Achievements include:

- 89 social/community outreach workers trained in psychological first aid since January
- 32 outreach workers received community-based mental health training since January
- 162 doctors, nurses and social workers trained over the past two years in the assessment and management of a range of mental health problems
- International Medical Corps also trains refugee community members through the following initiatives: Early Childhood Development; the Youth Empowerment Program and the Parenting Skills Program

As part of an initiative to develop sustainable mental health care provision in Lebanon, International Medical Corps works closely with the Lebanese Ministry of Public Health toward the implementation of a standardized mental health approach on a national level. One of two mental health supervision units operated by International Medical Corps will be located at the ministry.

Gender-Based Violence

In collaboration with local gender-based violence (GBV) partners, International Medical Corps is working to increase the capacity of outreach workers to detect GBV and domestic violence cases, to create a safe place for the survivors of such abuse, and to promote gender equality and female participation within both refugee and host communities. In June, International Medical Corps' mental health team opened two community centers, in the North and central Bekaa, where, in addition to psychosocial supports, protection and GBV programs will be implemented.

Rima's Story

Rima is one of countless Syrian children who have witnessed what no child should: the violent deaths of her parents. Soon after, Rima fled to Lebanon with her adult siblings.

When International Medical Corps first encountered the 11-year-old, they found a child who didn't communicate, was incapable of attending school, was aggressive toward her infant nieces and nephews, and experienced tremendous difficulty sleeping due to recurring flashbacks. Following a mental health assessment in April, International Medical Corps' team diagnosed Rima with post-traumatic stress disorder (PTSD).

Treatment was initiated immediately, with both Rima and her family receiving weekly individual and group psychotherapy sessions in their home. Rima soon returned to school, where she is today excelling, particularly in math and science. She has surrounded herself with a group of new friends and leads a social life typical of a child her age.

Working with Rima's family as a whole has meant that the overall emotional wellbeing of her household has improved too, creating a supportive and caring home environment.

Challenges

With the Syrian conflict becoming increasingly intractable, relief agencies in Lebanon will have to rise to the challenge of coping with a protracted refugee crisis. To ensure the health care needs of this displaced community are efficiently met, coordination and data sharing on health issues must go beyond UN agencies and include both the Lebanese government and Gulf countries involved in the Lebanon relief effort. Increased efforts will also be needed to ensure Lebanese citizens' access to both primary and secondary health care is not compromised by the large number of Syrian refugees utilizing the available resources. A further challenge in terms of health care provision is putting strategies in place to close gaps within the system - presently tertiary care, including cancer, thalassemia, hemophilia, and chronic renal failure, is not covered by the International Medical Corps/UNHCR system.

Rising numbers of refugees combined with limited funding mean it is vital that criteria are established across all sectors, to identify and target the most vulnerable. This information needs to be clearly disseminated to the refugee population in a timely manner to decrease the number of potential security incidents while offering aid and services to this population. The situation following the implementation of the new health care strategy, which regularly finds Syrian refugees desperately in need of medical treatment stranded on hospital steps as a result of their inability to pay, has led to security incidents at some health facilities. Several hospitals, citing the security risks to their staff, have even withdrawn from contracts to treat Syrian refugees.

Preparedness for a mass influx of new refugees is also vital. With no formalized camps in Lebanon, agencies must put in place contingency plans to meet shelter needs, with a particular awareness of water and sanitation needs during the hot summer months.

In mid-June, UNHCR Lebanon, in collaboration with the Lebanese government, called for \$1.7 billion to cope with the refugee crisis in Lebanon. This sum is based on Lebanon hosting 1 million Syrian refugees by the end of the year. However, even if the requested sum materializes, aid agencies need to start viewing the Syria crisis as one requiring a long-term response. With this in mind, it will be essential that emergency response agencies are astute and resourceful in how their funding is deployed.

The Months Ahead

Given the challenges in providing secondary health care in the current context, there is a need to review the current system. Improvements, such as implementing a flat rate system, can be made moving forward, which would greatly decrease the amount of time and resources currently being tied up in this sector. Additionally, in order to reduce the number of patients seeking secondary health care services, International Medical Corps aims to increase its primary health care services from a total of 27 clinics as of July to 45 clinics by the end of December.

International Medical Corps is currently assessing the availability of mental health services in the areas where its case management teams operate. The aim of the assessment is to identify local actors, the type of services they provide and the challenges they face with a view to offering complementary services and building local capacities. International Medical Corps is also expecting to expand its mental health

case management team into at least an additional five areas, raising the number of operating case management teams from seven to 12. However, such expansion is very dependent on the availability of funding.



*Supported Mobile Medical Unit
treating patients at a collective shelter in Saida*