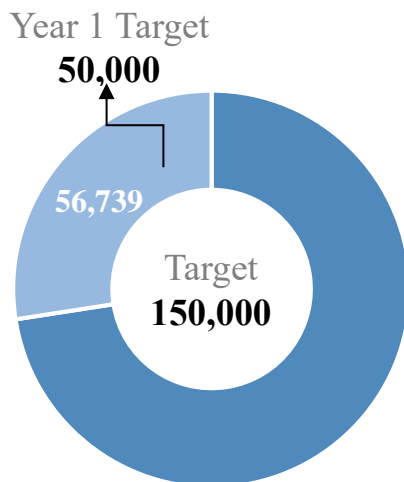
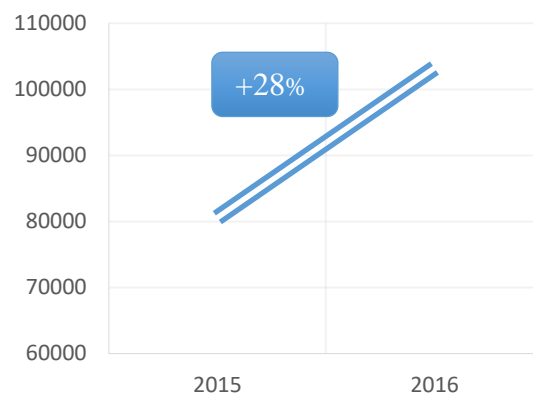


Project Disbursement



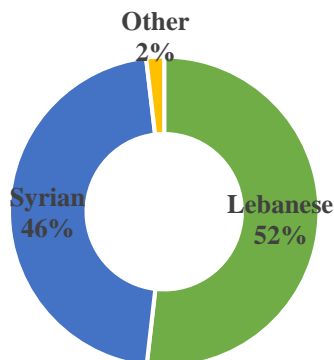
Beneficiary Enrollment



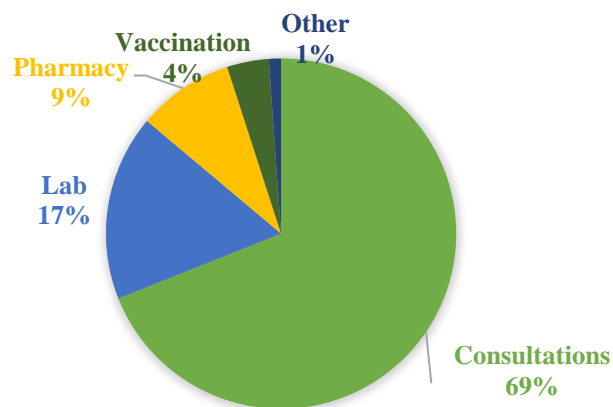
Lebanese accessing PHCCs

Progress Updates

The Project subsidizes Lebanese for an essential healthcare package & enhances access to Syrian Refugees into the Primary Healthcare Network. During 2017, almost half of the beneficiaries of the PHC network were Syrians.



More than **19,000** beneficiaries received the following health services during year 1 of the project:



RF Indicator	Yr 1 Target	Actual to date
Female Beneficiaries	50%	51%
Utilization of services: Average number of visits per beneficiary per year	1	1.6
Children Immunized	1600	1926
Children immunized against polio	1600	774
Health facilities contracted	75	69
Health Personnel receiving Training	250	650
Timely Transfer of funds	3.5 months	1 month

Enrollees **7.4%** are elderly (64+)

51% are females

19% are first time users of PHCCs

Beneficiaries receiving services at the PHCC **65%** were screened for Diabetes & Hypertension

8% enrolled in Diabetes package; **12%** enrolled in hypertensive package

Patient Experience & Satisfaction

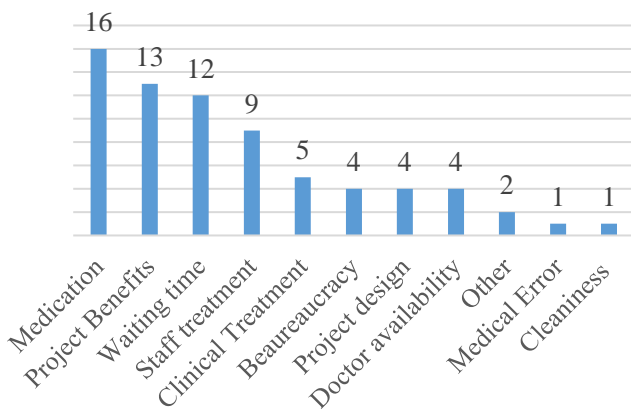
Beneficiaries Surveyed	600
Patient Satisfaction Score	>90%
Waiting Time at PHCC	< 30 min
Beneficiaries reporting trust in their healthcare provider	90%
Beneficiaries Knowledge about Project Benefits	95%
Beneficiaries with Easy Access to PHCC	83%

Grievance Redress Systems

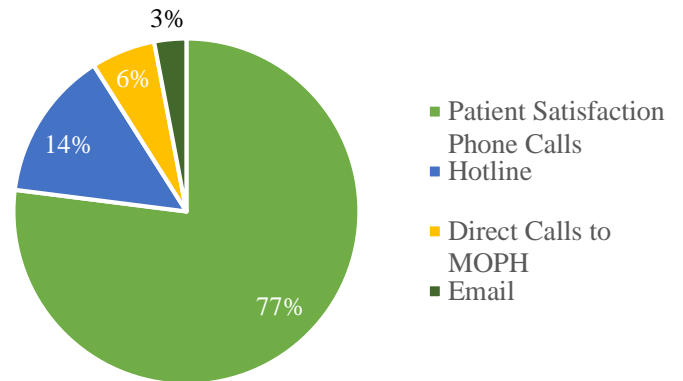
The project exceeded target for year 1 in terms of number of grievances registered (71 vs 30). It also exceeded targets in terms of % grievances addressed (97 vs 75).

Total Number of Grievances registered	71
% Grievances Addressed	97%
Average Time to Resolve Grievance	2.5 Days

The following chart shows grievances received by category:



Active engagement of beneficiaries through the patient satisfaction phone calls turned into a de-facto channel for grievance uptake. 77% of grievances registered were registered through this channel.



Challenges & Mitigation Measures

- Weak culture for use of preventive services among poor Lebanese**

Slow process; tackled at the local level through PHCCs; outreach campaigns
- Inconsistencies in contact info in beneficiary database hindering ability to reach and enroll target beneficiaries**

Provide PHCCs with a margin for open enrollment for vulnerable Lebanese from their catchment area
- Poor documentation of medical data on the hard copy and electronic medical record**

Continuous on the job training; recruitment of public health officers for PHCC follow up at the level of the districts