#### Arsal Meeting with Committees

***Minutes of meeting***

Date: 20.09.2019

Place: Arsal Municipality

Participants: UNHCR, MSA Arsal, EDA, Qussayr Committee, Qalamoun Committee, Voice of Refugees, Coordination and follow up committee, Karyat Al Hayat principal.

UNHCR praises the coordination mechanism and high level of organization that is present in Arsal among the committees as this is rare and unique in Lebanon and provides such value to UNHCR and hopefully vice versa. UNHCR also stresses that committees can contact UNHCR for a meeting at any time. UNHCR ensures the committees that Arsal is always recognized in meeting with donors where three things are always stressed upon:

1. There are a considerable number of refugees in Lebanon and UNHCR advocates strongly for donors support to Lebanon and refugee programs in the country due to imminent need.
2. Specifically this year we see life of refugees is actually becoming harder and harder and among refugees we see people that are in specifically critical situation
3. It is our job collectively to ensure that these people in desperate situation receive the critical support they need.

Health:

* AMC requested assistance and support with medical equipment and medication. They also stated that a doctor was arrested and detained in Saida by LAF. UNHCR confirms that these cases should be followed up by protection. As for support for the request to support the field hospital with medical equipment’s, UNHCR clarified that Secondary health care support is provided only to MOPH governmental hospitals and donor and NGO’s are only allowed to work with registered Hospitals as per MOPH. AMC stated that they are admitting around 10,000 patients to their clinics per Month.
* Two field hospitals remain in operation in Arsal: Medical centre of Arsal supported by URDA and Arsal Medical Center Field Hospital. In addition, MSF-ch is running a “Maternal and Child Care Centre” and admits free of charge normal delivery cases. Moreover, the Islamic Medical association has a delivery facility and ambulances for the transportation of patients from and within Arsal.
* Six Health Centers are providing primary health care services in Arsal with the support of national and internal NGOs: Amel, Al Arshad “MSF”, New Arsal, Al Amal (RI), Arsal Medical Centre, and Medical centre of Arsal. Two centers (El Amal and Amel) are within YMCA network, where chronic medication is available at a subsidized cost for both host community and refugees.
* Lifesaving cases in need for specialized secondary health care are being transferred to the Hospitals within UNHCR network of contracted Hospitals.

* Mental Health and Psycho Social Support (MHPSS) services are available at Al Amal clinic supported by RI/UNHCR, Amel clinic and at Al Arshad Clinic supported by MSF. In addition, RI, ICRC and MSF do have a network of outreach health volunteers who support in the detection and referral of cases in need for health and MHPSS interventions.
* Issues were raised by AMC Representative how was present in the meeting with regards to really low coverage for high cost cases and the lack of coverage of cancer, kidney dialysis and heart problems and they requested support for the dialysis project they have. UNHCR clarified that in Arsal 13 Syrian patient are being supported at AMC for kidney dialysis under a private donor and that UNHCR already have a backup plan in case ended where they are ready to cover the dialysis of the patient at Dar al Amal hospital in Balback and transport will be provided as well in the past the municipality had offered to provide transportation for all patient in need for dialysis and living in arsal.. As for cases with cancer, unfortunately due to the high cost of the treatment. Currently SAMS are supporting few breast cancer cases in a hospital in the north.
* As for Cardiac surgeries, UNHCR already cover lifesaving cases thus the patient should submit their medical file for Nextcare and if the case is life saving the surgery is approved and covered by UNHCR. As for case management of chronic diseases (hypertension, Diabetes, etc..), the services are available at the supported PHC’s in arsal and chronic medication is available and free of charge at the following PHC’s (Amel, Al Amal and MSF).

* It was noted also by UNHCR that it is interesting to note that health program in Lebanon is one of the highest value across the globe.
* On patient share of which UNHCR covers 75% while refugee covers 25% up to 800$. This was raised following August 2017 where the expenditures under the budget for health program reached its peak and the patient share ranged from 1500 up to 8000$ .
* On hospital overcharging: UNHCR does not manage Lebanese hospitals but rather work with them and ensure that they treat refugees with dignity and respect. UNHCR of course monitors hospital treatment and practice and accordingly certain measures are taken. For the patient share and as mentioned above, the patient share is up to 800usd and the patient should follow with nextcare delegates present at the hospital level to check the exact patient share and for follow up.

Education:

* There are four schools present in Arsal. Education sector is still advocating for MEHE to identify more schools. The preparation for the upcoming school year (back to school campaign) is still ongoing in coordination with MEHE. Further discussions are taken place at MEHE as to have an additional school in Arsal.
* Challenges that are faced: lack of capacity in schools to accommodate large number of out of formal education children, registration criteria for the school year 2019-2020 (funding only available for continuing students in formal education) and Syrian learning centers.
* Karyat Al Hayat learning center stated that their building was taken by the Landlord and request assistance for 3-4 tents to relocate the 200 students. MoSA and MoIM stated that they can assist with approval.
* Two recommendation were provided on Education for advocacy with MEHE:
* Allow student to freely and on their own apply to the brevet and baccalaureate as to assist them in having certified certificates rather than sitting at home due to lack of capacity of schools to open.
* Provide the existing Syrian Learning Centers, under monitoring from MEHE, with the Lebanese curriculum as to be taught by them. These centers do not require funding nor assistance. This was noted by UNHCR that MEHE would only certify existing Lebanese schools.

Protection:

* An office at IRC-CDC is to be provided for all refugees to utilize following certain principals such as having this office used for humanitarian purposes with no political discussions and having the office being utilized following AGD approach.
* Inquiries were raised with regards to resettlement with refugees claiming that refugees in Arsal are not being considered for resettlement due to the stigma of terrorism. UNHCR explained that there is no correlation between resettlement criteria and area of residence within Lebanon as well as resettlement globally has decreased with a confirmation that there are few cases that have been in fact considered and/or resettled in Arsal.
* Committees also requested to have a permanent registration office in Arsal as there are a large number of refugees that are not registered and/or recorded and have difficulty in crossing the checkpoint due to protection concerns.
* On demonstrations, UNHCR states that this is a refugee right to voice their concerns. MoSA stresses that this might have negative implications specifically in Arsal where the host community also faces socio-economic problems and advice that careful thought is given prior to taking the decision to conduct it. Qalamoun Committee stresses that they refuse to take part of any demonstrations whilst Qussayr Committee states that they are not planning to conduct any demonstrations but the need to have one came from refugees’ frustration and as a pressure for their voice and concerns be heard.

Basic assistance:

* Multipurpose cash assistance is provided to assist the most economically vulnerable refugee families meet their basic needs by UNHCR and WFP. Food assistance is provided by WFP.
* The most economically vulnerable families receive a monthly cash grant of 260,000 LBP/173.5 USD to cover their basic needs in addition to 27 USD per family member to cover food needs.All MCAP cases receive food assistance, while not all food assisted cases receive MCAP.
* Needs of refugees are calculated on the basis of the survival minimum expenditure basket (SMEB) which is estimated from a market assessment.
* The targeting formula is the tool utilized by WFP and UNHCR for targeting the refugees entitled to the MCAP and Food in order to prioritize refugee families for assistance. UNHCR uses a geographical quota and bottom-up approach to calculate the number of families in need of MCAP, it is an expenditure built model that uses data from latest VASyR and ran against latest EfA data. It generates individual HH scores which allows to rank the entire population from the severe to the least vulnerable, while at the same time placing HHs in four distinct categories (severely, highly, mildly, least vulnerable). Noting that refugees are all vulnerable and in need of assistance; however due to limited resources UNHCR can only assist a certain number of refugee families that is maintained from last year to this. As such it is highly encouraged that refugees update their information in EfA (phone number, specific needs,…).
* Refugees stressed that there are two categories of refugees in Arsal. Those that are residing in informal settlement of which their average monthly costs are $57 at least between rent fees, electricity, wastes and phone bills which the deemed necessary to communicate with UNHCR. And those residing in substandard buildings and/or apartments which pay an average of 166$ for rent, electricity, wastes, water and phone bills in addition to medication.
* Refugee committee stated that refugees in Jordan and Turkey are receiving 80$ and 70$ of food assistance as opposed to WFP only providing 27$ in Lebanon. This will be confirmed by UNHCR; however, usually this depends on the market assessment which includes expenditures and needs.
* Grievance Redress Mechanism was rolled out following disconsolation SMS sent on the 10th of September. GRM aims to re-assess cases for Food and MCAP assistance. As such referrals are welcomed by all frontliners up until the end of November as data will be analysed in December and eligible families will receive SMS if eligible in January. The quota for UNHCR MCAP is around 2,000 cases that will also be assisted with food assistance and same goes for WFP food assistance. Refugees are mainly encouraged to also contact the call center at 01594250 and/or can contact UNHCR helpline one claim is sufficient (call center and/or KoBo). UNHCR will be present in Arsal CDC every Wednesday for collection of claims.
* In parallel to the GRM, cases with protection concerns and/or PwSN are encouraged to be referred to UNHCR as these cases will then be assessed by our protection partner for possible inclusion in protection cash assistance program that is ran throughout the year regardless of the targeting score.

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| MCAP *(WFP,UNHCR)*  Discontinued | MCAP  *(WFP,UNHCR)*  Maintained | MCAP *(WFP,UNHCR)*  newly included | Total |
| 594 | 2727 | 1,062 | 3,789 |

* Figures:

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| MCAP 2019 *(WFP,UNHCR,NGOs)* | MCAP 2020  *(WFP,UNHCR,NGOs)* | WFP Food only 2019 | WFP Food only 2020 |
| 3,882 | 3,789 | 4,870 | 4,130 |

* Out of the above, 1,595 MCAP UNHCR cases were assisted in 2019 and 1,298 MCAP UNHCR cases are assisted in 2020.
* Committees raised the following concerns:
* Recommendation to decrease amount provided and outreach to more families in need.
* Allocate some activities conducted and funded that refugees are not in need of to cash assistance to families in need.
* Attend to more coordination on cash assistance to avoid duplication specifically as claimed from LRC and UNHCR on MCAP.
* Advocate for WFP to meet with refugees as they seem like they are indifferent of the refugee population, their needs and vulnerabilities

WASH:

* Refugees committees stated that they requested during the last meeting to ACF that advocacy be made for WASH interventions (provision of water in specific) to refugee families residing in apartments and/or substandard building.

Dismantlement:

* Although the issue is sort of finalized; however, a team of researchers are present to conduct an assessment in Arsal on implications of dismantlement (protection vulnerability, debt and mental health). Committees will be contacted for information and support is appreciated.

***Action points***

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| **To be done** | **Who** | **Done so far** |
| Conduct a visit to AMC hospital. | Health Sector |  |
| Advocate with MEHE on the recommendations mentioned above by refugees (registration for official exams on their own, certification for Syrian Learning centers) | Education Sector |  |
| Provision of approval and tents to Karyat Al Hayat Learning Center. | MoSA/MoIM/ UNHCR |  |
| IRC Office to be available | Protection sector |  |
| Follow up with cases in need of registration and/or counselling | Protection sector |  |
| Coordination on cash assistance to avoid duplication | Basic Assistance | ICRC supporting through LRC were contacted. They are following up as lists were shared with UNHCR but might be that LRC conducted a parallel assessment in the field. They are planning a meeting with committees to explain the criteria and challenges. |
| Provide total targeting figures from UNHCR and WFP | BA | Added the tables of the entire caseload in Arsal in MoM. TBC that we can share such figures |
| Advocate with WFP centrally and on the field level to meet with refugees | Beirut/BA | A meeting was held between WFP and BA Bekaa on the 18th of September where the issue was raised, but central advice from WFP is pending. |
| Advocate with donors for MCAP | Beirut/BA |  |
| Provision of water trucking to refugee families in buildings and/or apartments | WASH sector/UNICEF |  |
| Dismantlement assessment and/or research | Fundacion Promocion Social/ Refugees |  |