



Minutes of INTER-AGENCY MEETING Beirut, 6 November 2015

Meeting Location	MoSA-7 th floor conference room	Meeting Time	10:00 A.M
Chair person	Ahmad Kassem – MoSA	Meeting Duration	2h
Co-Chair person	Kerstin Karlstrom Senior Inter-Agency Coordinator UNHCR		
Minutes Prepared by	Lara Techekirian – Coordination Associate UNHCR		
Purpose of Meeting	<ol style="list-style-type: none">1. Protection update2. Presentation on agencies working with Disabilities (WRF-ICRC)3. City profiles by UN-Habitat4. Syrian Refugee and affected Host Population Health Access Survey- IMC and MDM		

Summary of discussions and action points

1.	Protection update (UNHCR)
	<ul style="list-style-type: none">▪ Participatory assessments- structure dialogue with the refugees, using an age and gender lens, as well as Lebanese families from host communities. Preliminary findings included lack of valid residencies, humanitarian assistance, and healthcare coverage and education issues▪ Onward movement to Europe: Several thousand individuals departing every week, majority arriving from Syria directly and using Lebanon as transit (information on this group is still limited)▪ Indicators of scams/frauds are increasingly discovered (data to be consolidated for better sampling).
2.	Presentation on agencies working with Disabilities (WRF-ICRC)

- **World Rehabilitation Fund (WRF)** made a presentation on persons with disabilities in the Syrian refugee response in Lebanon
- As per WHO, Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, developmental, emotional
- Some facts about persons with disabilities were highlighted:
 - 80% of persons with disabilities live in developing countries (UNDP);
 - Persons with disabilities form the world's largest minority group;
 - They are the only minority group that anyone might join at any time.
- Law No. 220/2000 was issued by the Lebanese Parliament to address the rights and needs of persons with disabilities
- Estimated number of Lebanese persons with disabilities in a population of 4 million: ~400,000 at a rate of 10%
- A 2014 Handicap International survey shows that: 20% of surveyed Syrian refugees in Lebanon have at least one impairment and 6% suffer from severe impairments/disabilities
- The provision of assistance to refugees with disabilities has been so far through the limited small-scale interventions of few INGOs and native CBOs, DPOs, NGOs, and GoL entities (FPSC/arcenciel, HI, ICRC, MPDL/LPHU, WRF, SDCs...)
- Assistance remains much needed and there are extensive unmet needs for specialized services
- Disability & Older Age Working Group (DaOAWG) is working to ensure the visibility and inclusion of persons with disabilities and older persons, as cross-cutting issues in the humanitarian response to the Syrian crisis in Lebanon.
- **ICRC Lebanon** presented a project on Weapon Traumatology Training Centre (Tripoli)
- The project provides all weapon-wounded with comprehensive quality treatment under ICRC supervision through the training of Lebanese Health Professionals (Tripoli Dar Al Chifae hospital for surgery and Dar Al Zahra for post-operative care including physiotherapy and mental health

	<p>support.)</p> <ul style="list-style-type: none"> ▪ An academic module in weapon traumatology has been developed in conjunction with the Lebanese University ▪ Hospitalization fees are covered by ICRC ▪ All nationalities are admitted.
3.	City profiles by UN-Habitat
	<ul style="list-style-type: none"> ▪ City Profile is a tool developed by UN-Habitat to analyze impacts of crisis in urban settings and for long-term evidence and community based cross sectorial city planning ▪ The tool is used by Humanitarian community and local authorities to identify risk and vulnerabilities of neighborhoods and people in critical need, to plan targeted multi-sectorial area-based interventions with local relevant actors ▪ It's a four cities programme (Tripoli, Beirut, Saida, Sour) ▪ Research aimed to derive trends and variations within a changing urban context in the city, complement existing data with further analysis and a mapping of selected indicators across demography, shelter and services ▪ Methodology: Literature review, key informant interview and case-study analysis ▪ Case study recommendations included: <ul style="list-style-type: none"> ○ Strengthening economic ties between neighborhoods and the city itself; ○ Building on points of convergence such as the vegetable market, existing social ties; ○ Focusing on stabilization and peace building programs in both areas.
4.	Syrian Refugee and affected Host Population Health Access Survey- IMC and MDM
	<ul style="list-style-type: none"> ▪ IMC and MDM presented Syrian refugee and Affected Host Population Health Access Survey in Lebanon ▪ The objective of the survey is to evaluate access to health services for Syrian refugees in Lebanon, including health status and care-seeking behaviors ▪ Key findings included (not limited to): <ul style="list-style-type: none"> ○ Access: 24-36% of Syrian refugees perceived care as affordable and accessible ○ Health: Syrian refugee households spent an average of 18% of income on health ○ Syrian refugees were most likely to seek care at primary health

	<p>centers (46%) followed by private clinics/cabinets (24%)</p> <ul style="list-style-type: none"> ○ 93% of adult were prescribed medications; of these, 89% of refugees and 97% of Lebanese adults obtained medications ○ 3.1% of Syrian refugee (3.1%) and 4.7% of Lebanese host community households reported having members with a previously diagnosed mental health condition ○ Medication for mental health conditions was prescribed to 19% of refugees and 85% of host community members ○ Vaccination cards were presented for 47% of refugees and 37% of Lebanese <ul style="list-style-type: none"> ▪ Discussion/Recommendations <ul style="list-style-type: none"> ○ Maintain and expand the access to basic health services and medication in the public sector via lower user fees ○ Strengthen preventive health services and health education ○ Consolidate patient file system to identify patient at risk ○ Ensure that the humanitarian response is sufficiently funded so that lifesaving hospital care is accessible for refugees ○ Enhance investment in primary health care and preventive approaches. ▪ A request was made to discuss and compare the results of the Health Access Survey in Lebanon with the household survey (BA WG).
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Attachments

Document	Location
IA Presentation	http://data.unhcr.org/syrianrefugees/admin/download.php?id=9768