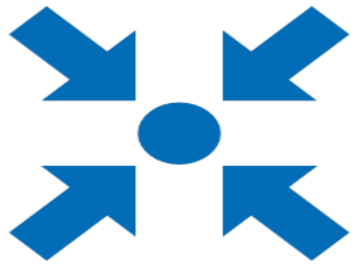


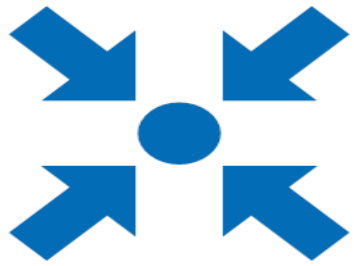


Inter Agency Meeting –6 November 2015



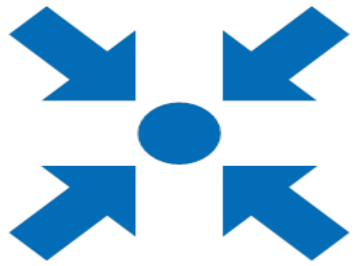
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- City profiles by UN-Habitat
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- AOB



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Disability & Older Age Working Group (DaOAWG)

Persons with Disabilities in the Syrian Refugee Response in Lebanon

Prepared by the World Rehabilitation Fund (WRF)

Definition of Disability (WHO)

- ▶ **Disability** is the consequence of an impairment that may be physical, cognitive, mental, sensory, developmental, emotional, or some combination of these.
- ▶ A disability may be present from birth, or occur during a person's lifetime.

Definition of Disability (WHO)

➔ “Disabilities” is an umbrella term, covering impairments, activity limitations, and participation restrictions.

Impairment

- a problem in body function or structure

Activity limitation

- a difficulty encountered by an individual in executing a task or action

Participation restriction

- a problem experienced by an individual in involvement in life situations

➔ Consequently, Disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

Facts About **Persons with Disabilities**

15%

• of the world's population live with disabilities (~1 billion) (WHO)

80%

• of persons with disabilities live in developing countries (UNDP)

>25%

• of disabilities result from injuries and violence in countries afflicted with armed conflicts (WHO)

3

• children are injured and acquire a permanent form of disability for every child killed in warfare (WHO)

3

• million of the world's displaced people live with disabilities (WHO)

33%

• of the world's displaced persons with disabilities are children (WHO)

Facts About Persons with Disabilities

- Persons with disabilities form the world's largest minority group.
- They are the only minority group that anyone might join at any time.
- They have the right to participate in community and have access to services the same as anyone else.

Persons With Disabilities in Lebanon

- ▶ Estimated number of Lebanese persons with disabilities in a population of 4 million: ~400,000 at a rate of 10%.
- ▶ Around 90,000 (23%) have registered with MoSA so far.
- ▶ Law No. 220/2000 was issued by the Lebanese Parliament in 2000 to address the rights and needs of persons with disabilities.
- ▶ The GoL, LNGOs, CBOs, DPOs, and international partners have invested extensive efforts to address the rights and needs of persons with disabilities.
- ▶ The distribution of refugees in many Lebanese host communities entails equitable provision of assistance to persons with disabilities in need in these communities. Short of this, tension and animosity between refugees and host communities is expected to increase.

Refugees with disabilities in Lebanon / Context

- **Accurate data** reflecting numbers, conditions, needs, and challenges of refugees with disabilities **is still limited**.
- UNHCR's Inter-Agency Multi-Sector Needs Assessment (MSNA) - Phase One Report of May 2014 noted:
"...few available quantitative and qualitative assessments focus on specific needs, particularly of those with disabilities, including children."
- A 2014 Handicap International report noted that:
 - 20% of surveyed Syrian refugees in Lebanon have **at least one impairment** (44.2% **physical**, 42.5% **sensory**, 13.3% **intellectual**).
 - 6% with **severe impairments/disabilities**.

Refugees with disabilities in Lebanon / Context

5. The Lebanon Crisis Response Plan 2015-2016 (Jan. 2015) noted:
- “... some children displaced from Syria have missed multiple years of schooling, have never been to school or have specific needs. These groups, *in particular children with disabilities*, have limited opportunities, making them vulnerable to child labor, child marriage or other forms of abuse and exploitation.”
 - “Based on core public health vulnerability criteria; boys and girls under 5 years of age, pregnant and lactating women, survivors of SGBV, elderly over 60 years of age, *persons with disabilities and mental health conditions*, ... are in the greatest need of support and will be prioritized within the sector strategy.”
 - “Recent assessments confirm that domestic violence, sexual harassment and exploitation, as well as forced/early marriage, remain the main protection concerns for women and adolescent girls. Unaccompanied girls, single heads of households, child mothers/spouses, and *women/girls with disabilities* are particularly exposed to such risks.”

Refugees with disabilities in Lebanon / Assistance

Assistance programs targeting persons with disabilities during the last two years include:

- ▶ **Arcenciel**, in partnership with **FPSC** and with ERF funding, provided rehabilitation services and assistive devices in 2014. Arcenciel expects additional funding this year from other sources.
- ▶ **LPHU**, in partnership with **MPDL**, is running a rehabilitation center in the Bekaa providing physical therapy, occupational therapy, psychosocial support and assistive devices. LPHU is also using mobile centers to target those living in remote and hard-to-reach areas and those who have no access to their centers.

Refugees with disabilities in Lebanon / Assistance

- ▶ **HI** provided physical therapy services, assistive devices, prostheses and orthoses, and psychological support in the Bekaa and in North Lebanon (around 200 beneficiaries in 2014).
- ▶ The Women Refugee Commission (**WRC**) worked with UNHCR to (i) develop a Disability strategy; (ii) promote inclusion of disability in the humanitarian response; (iii) build the capacity of frontline workers and refugee outreach volunteers; and (iv) strengthen case management systems and procedures.
- ▶ **ICRC** provided upper limb prostheses. Recently ICRC is providing lower limb prostheses.

Refugees with disabilities in Lebanon / Assistance

- ▶ **WRF** provided prostheses, orthoses, hearing aids and prescription eyeglasses in host communities all over Lebanon (750 beneficiaries in 2014 with **ERF funds**; and 54 in 2015 with WRF funds).
- ▶ **The GoL** (MOSA, MoPH,...) has been providing services to refugees with disabilities through the SDCs, PHC centers, and other community centers.
- ▶ Several **NGOs/CBOs/DPOs** are providing rehabilitation services in host communities.
- ▶ Several LNGOs and INGOs are looking for new partnerships. Some are waiting for responses on funding proposals.

Refugees with disabilities in Lebanon / Assistance

The case of Hussein



Photos credit: Andrew McConnell (UNHCR) May 2014

Refugees with disabilities in Lebanon / Assistance

The case of Israa

Taking ear mold - April 2015

Fitting the hearing aid - May 2015

Photos credit: WRF

Refugees with disabilities in Lebanon / Assistance

The case of Youssef

Fitted with a prosthesis - May 2014

Photos credit: WRF

Refugees with disabilities in Lebanon / Assistance

The case of Youssef

Trying the prosthesis - May 2014

Running with his new “leg” - May 2014

Photos credit: WRF

Refugees with disabilities in Lebanon / Assistance

The case of Obada

“The last thing I saw with my eyes was the flash light of the blast....”

“My life changed dramatically after I have stood up again on my feet. With my perseverance, I succeeded to overcome the boredom and the desperation that were killing me for the past seven months. I feel now independent again and able to kick off with a new life. I even still have the hope that I will regain my eyesight one day.”

Trying his three prostheses - May 2014

Photos credit: WRF

Refugees with disabilities in Lebanon / Assistance

The case of Karima

Trying her upper limb prosthesis - April 2014

Photos credit: WRF

Refugees with disabilities in Lebanon / Assistance

The case of Hala

Trying her hand orthosis - April 2014

Photos credit: WRF

Refugees with disabilities in Lebanon

Needs & Challenges

Based on available data, we can confirm the following:

1. 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,...).
2. Assistance remains much needed and there are extensive unmet needs for specialized services (including prosthetics and orthotics, physical therapy, prescription eyeglasses, hearing aids, etc.).
3. A particular assistance gap relates to addressing needs of persons with intellectual disabilities and mental disorders.

Refugees with disabilities in Lebanon

Needs & Challenges

4. **Local service providers lack the resources** to provide these services, particularly with the limited native resources and difficult political and economic conditions.
5. Coordination among concerned national and international humanitarian assistance stakeholders has recently improved, particularly within the context of the Protection sector. There is need to nurture coordination with other sectors.

Disability & Older Age Working Group (DaOAWG)

The World Rehabilitation Fund (WRF), HelpAge International (HAI), Handicap International (HI), and Movement for Peace (MPDL), in consultation with several concerned international and native organizations (DPOs, CBOs and NGOs) launched, in October 2013, a “Disability and Older Age Working Group” (DaOAWG) that aims to advocate for the needs and rights of persons with disabilities and older persons among refugees from Syria and in host communities in Lebanon.

The DaOAWG has been working to promote a rights-based approach and to ensure the visibility and inclusion of persons with disabilities and older persons, as cross-sectoral issues in the humanitarian response to the Syrian crisis in Lebanon.

Members of / Participants in the DaOAWG Meetings

arcenciel.aec
participer au développement

**HANDICAP
INTERNATIONAL**
Vivre debout



Fundación
Promoción
Social de la
Cultura



الجرحى
AL-JARHA



الجمعية اللبنانية للرعاية
الصحية والإجتماعية
علم وخبر 281 / أ د



THANK YOU

Weapon Traumatology Training Centre (ICRC Lebanon-Tripoli)

المركز التدريبي لمعالجة جرحى السلاح في
(طرابلس لبنان)



The project

اسباب انشاء المشروع

❑ Why?

treatment of nearly 2000 weapon wounded patients (Syrians & also few Lebanese and Palestinians)

لماذا؟

Financial support to the

توفير الدعم المادي لنحو 2000 جريح سلاح (أغلبهم من الجنسية السورية و لكن تم أيضا مرضى لبنانيين و بعض المرضى من الجنسية الفلسطينية).

Observations

الملاحظات:

❑ No comprehensive patients' clinical management

عدم وجود مقاربة شاملة للإدارة السريرية للمريض.

❑ Wounded developed severe chronic complications (osteomyelitis, fracture non union..)

بروز مضاعفات مزمنة حادة لدى عدد من الجرحى (التهاب العظام وكسور لم تلتئم)

❑ Lack of expertise in war-surgery procedures

نقص الخبرة في إجراءات جراحة الحرب

❑ ICRC expertise in war-surgery leading to MoPH agreement in July 2014 to develop WTTC project

أتاحت خبرة اللجنة الدولية للصليب الأحمر في العمليات الجراحية الناتجة عن نزاع/حرب إبرام اتفاقية مع وزارة الصحة العامة في تموز 2014 لإنشاء المركز التدريبي لمعالجة جرحى السلاح



المشروع رقم (1) Project



Who?

من هم الأشخاص المستهدفين؟

- ☐ All weapon-wounded by fire arms and bomb blast

جميع جرحى السلاح والتفجيرات

- ☐ Emergency cases

الحالات الطارئة

- ☐ Reconstructive surgery (cold cases) based on specific criteria

الحالات التي تتطلب جراحة ترميمية (إصابات غير حديثة) وفق معايير معينة



What?

ماذا ؟

- ❑ Provide all weapon-wounded with comprehensive quality treatment under ICRC supervision through the training of Lebanese Health Professionals

توفير علاج شامل ذات جودة عالية لجميع جرحى السلاح تحت اشراف اللجنة الدولية للصليب الأحمر من خلال تدريب خبراء القطاع الصحي اللبناني



How?

كيف ؟

- ❑ Transferring ICRC knowledge on weapon-traumatology to Lebanese health specialists and staff by international staff

وضع خبرة اللجنة الدولية في إصابات الحرب بتصريف خبراء وموظفي القطاع الصحي اللبناني

- ❑ Developing an academic module in weapon traumatology with Lebanese University.

تطوير وحدة أكاديمية خاصة بإصابات الحرب بالتعاون مع الجامعة اللبنانية.

Where?

أين ؟

- ❑ Tripoli Dar Al Chifae hospital for surgery and Dar Al Zahra for post- operative care including physiotherapy and mental health support.

في مستشفى دار الشفاء للعمليات الجراحية وفي مستشفى دار الزهراء للمتابعة بعد الجراحة كالعلاج الفيزيائي و الدعم النفسي.

Dar Al Chifae Hospital: practical training

دار الشفاء : التدريب العملي



ICRC rents: تستأجر اللجنة الدولية للصليب الأحمر

- Beds سرير
- OT rooms (one 24/7 & one 12/7)

غرفتين مخصصتين للعمليات الجراحية (واحدة 24/7 و الأخرى 12/7)

Outsourced: مصادر خارجية

- ICU وحدة العناية الفائقة
- X-Ray services, laboratory, blood bank, sterilization, laundry, kitchen, cleaning etc.

خدمات التصوير الشعاعي، المختبر، بنك الدم، التعقيم، الغسيل، المطبخ، التنظيف... الخ

Dal Al Zahra Post-Operative Centre

دار الزهراء - مركز علاج ما بعد الجراحة

In the vicinity of Dar Al Chifae

على مقربة من مستشفى دار الشفاء

Renting of

- Beds
- Physiotherapy unit

ايجار

اسرة

وحدة العلاج الفيزيائي

Weapon Traumatology
Training Center

مركز تدريب إصابات الحروب



ICRC



Second Floor
لطباق الثاني

Emergency cases

الحالات الطارئة

- ❑ ICRC is fully equipped to cover emergencies in Dar Al Chifae

اللجنة الدولية للصليب الأحمر مجهزة بالكامل لاستقبال حالات الطوارئ في دار الشفاء

- ❑ Preliminary contact with Dar al Chifae Emergency room at:

للتواصل مع غرفة الطوارئ في دار الشفاء: 06- 429 595 ext. 170

- ❑ ICRC in charge of the clinical management of patients

اللجنة الدولية للصليب الأحمر مسؤولة عن الإدارة السريرية للمرضى

- ❑ Hospitalization fees covered by ICRC

تغطي اللجنة الدولية كافة التكاليف الاستشفائية

- ❑ All nationalities are admitted

يتم قبول جميع الجنسيات بدون تمييز

Selection of patients for Reconstructive Surgery

اختيار المرضى للجراحة الترميمية

- ❑ Pre-screening by ICRC field health-team (ICRC Zahle, Tyr, Beirut and Tripoli)

يتم الاختيار المبدئي للمرشحين من قبل فريق الصحة الميداني التابع للجنة الدولية للصليب الأحمر (في زحلة وصور وبيروت وطرابلس)

- ❑ First consultation done by ICRC surgeon to confirm if patient is potentially eligible for surgery

يقوم الجراح الخاص باللجنة الدولية للصليب الأحمر بمعاينة أولية للمريض للتأكد من أهليته للخضوع لعملية جراحية.

- ❑ Patients' files are transmitted to ICRC hospital team in Tripoli for the final decision

تتم إحالة ملفات المرضى لفريق المستشفى التابع للجنة الدولية المتواجد في طرابلس لاتخاذ القرار النهائي.

- ❑ Transfer of patients to the hospital by private means (ICRC do not cover the cost) or LRC

يتم نقل المرضى الى المستشفى إما بوسائل نقل خاصة بالمريض (لا تغطي اللجنة تكلفتها) أو عن طريق الصليب الأحمر اللبناني

Management of Patients for Reconstructive Surgery

ادارة مرضى الجراحة الترميمية

- ❑ ICRC in charge of the clinical management of patients

اللجنة الدولية للصليب الأحمر هي المسؤولة عن الإدارة السريرية للمرضى

- ❑ Hospitalization fees covered by ICRC

تغطي اللجنة الدولية كافة التكاليف الاستشفائية

- ❑ All nationalities are admitted

يتم قبول جميع الجنسيات بدون تمييز.

- ❑ Preliminary contact with ICRC: للتواصل مع اللجنة الدولية للصليب الأحمر:

Cold cases: 79 300727

الحالات الباردة

Emergency cases: 79 300736

حالات الطوارئ

Confidentiality

السرية



After more than a year بعد أكثر من عام



- ❑ ICRC fully operational in Dar Al Chifae to respond to emergencies related to armed conflict and/or internal clashes

إنّ اللجنة الدولية للصليب الأحمر في دار الشفاء مجهزة بالكامل لاستقبال الحالات الطارئة الناجمة عن النزاعات المسلّحة و/ أو الاشتباكات الداخلية.



ICRC

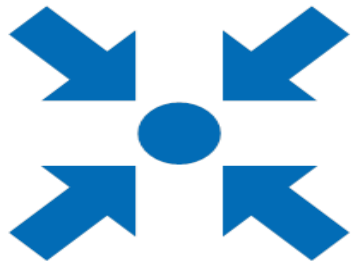
Any Questions?

أية أسئلة؟



Thank you!

شكرًا



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CITY PROFILES

An UN-Habitat Tool

Calculation of the Most Vulnerable Localities is based on the following datasets:

1 - Multi-Deprivation Index (MDI)

The MDI is a composite index, based on deprivation level scoring of households in five critical dimensions:

- i - Access to Health services;
- ii - Income level;
- iii - Access to Education services;
- iv - Access to Water and Sanitation services;
- v - Housing conditions;

MDI is from CAS, UNDP and MoSA Living Conditions and Household Budget Survey conducted in 2004.

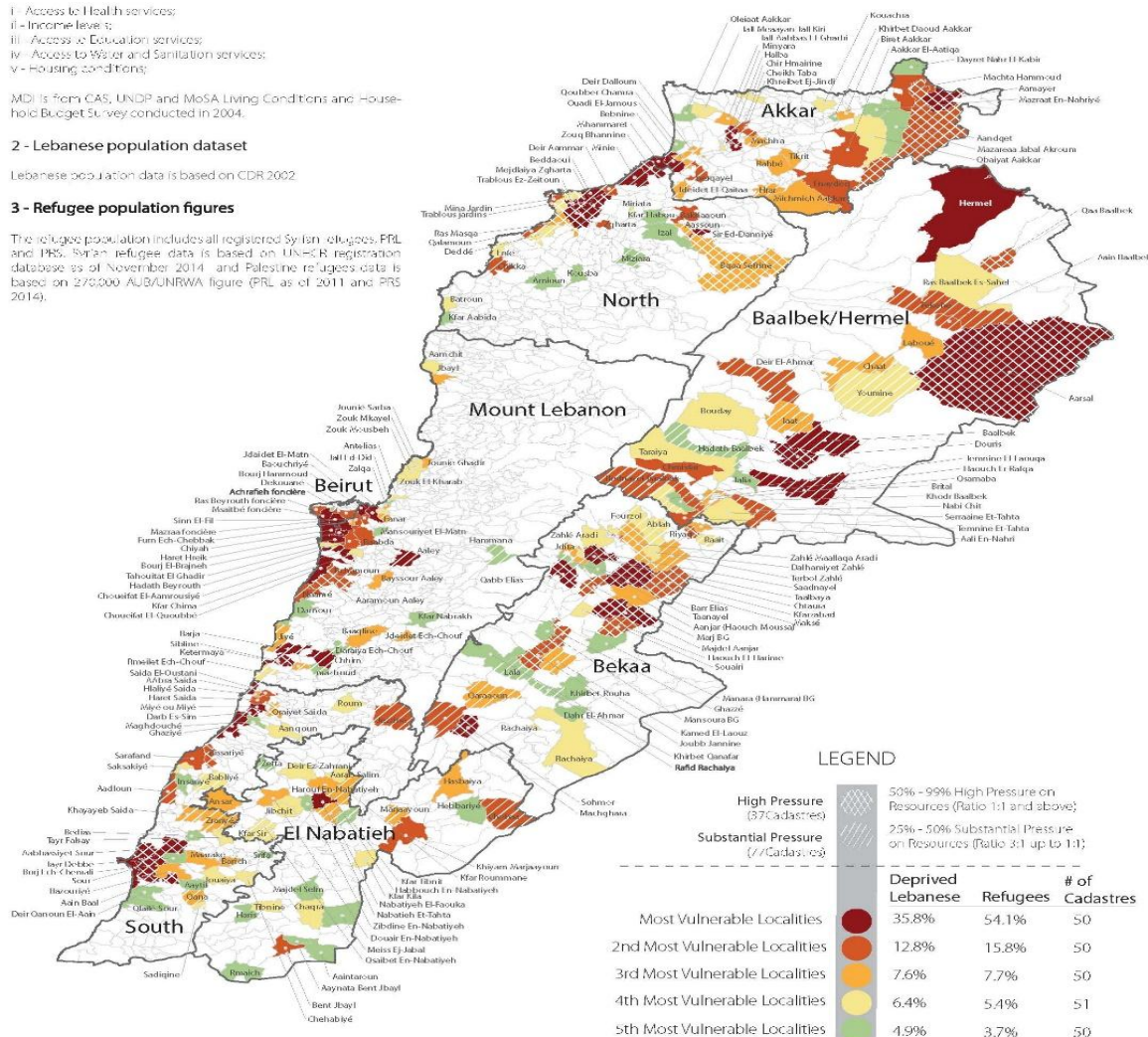
2 - Lebanese population dataset

Lebanese population data is based on CDR 2002.

3 - Refugee population figures

The refugee population includes all registered Syrian refugees. PRL and PRS. Syrian refugee data is based on UNHCR registration database as of November 2014, and Palestine refugees data is based on 270,000 AUB/UNRWA figure (PRL as of 2011 and PRS 2014).

251 Most Vulnerable Cadastres
87% Refugees
67% Deprived Lebanese



The Ratio of Refugees to Lebanese, by cadaster, is included to highlight the potential degree of population pressure on services and resources.

251 Most Vulnerable Cadasters

87 % Refugees

67 % Deprived Lebanese

DENSITY OF VULNERABLE POPULATION IN URBAN AREAS IN LEBANON

Lebanon Four Largest Urban Cities

Tripoli – Beirut – Saida – Sour

% Lebanese population: 49

% Lebanese under 4\$: 44

% PRL: 74

% PRS: 61

% Syrian refugees: 30

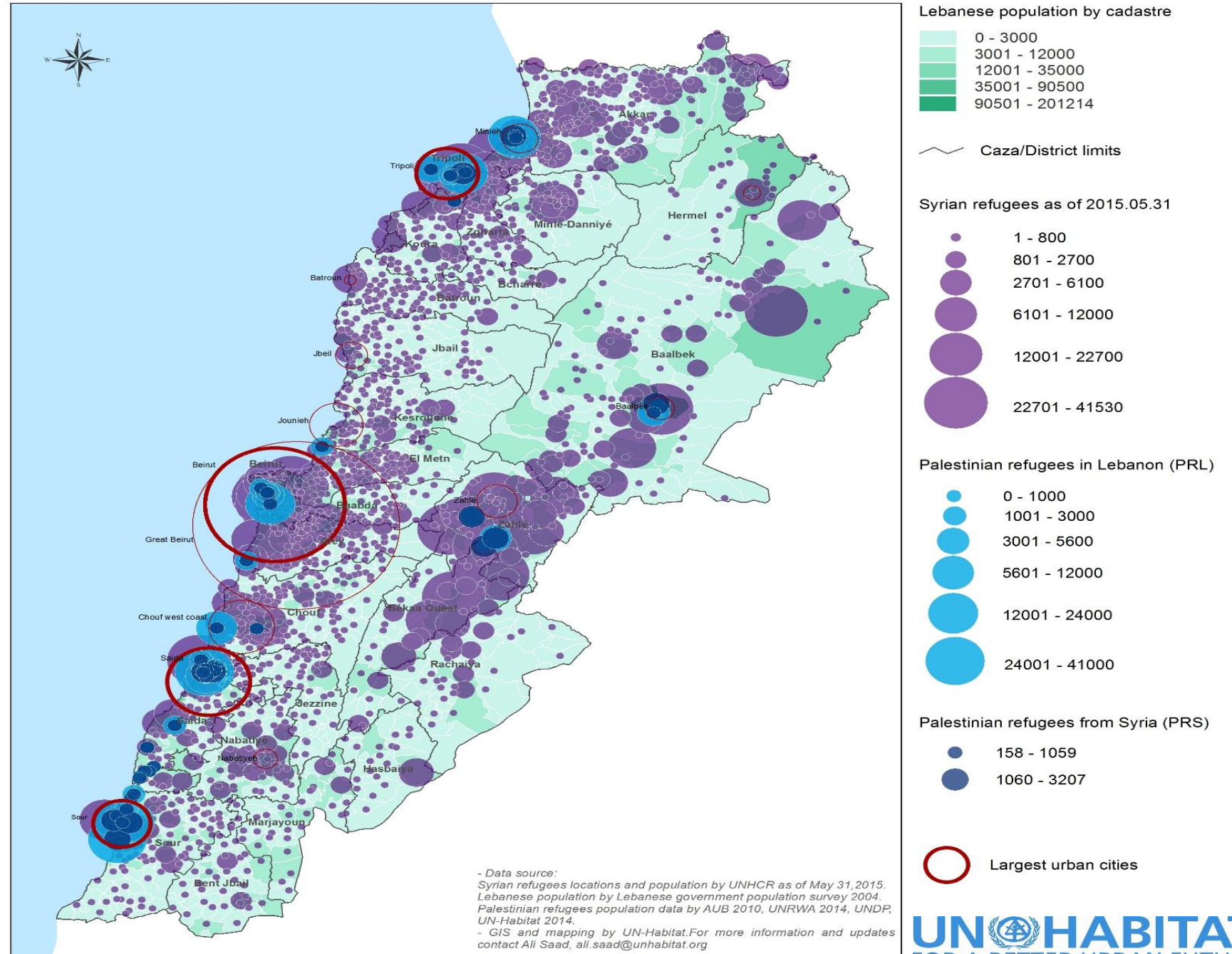
% Total refugee population: 39

% Total Population: 46

Lebanon 14 Largest Urban Areas

% Total refugee population: 54

% Total Population: 62



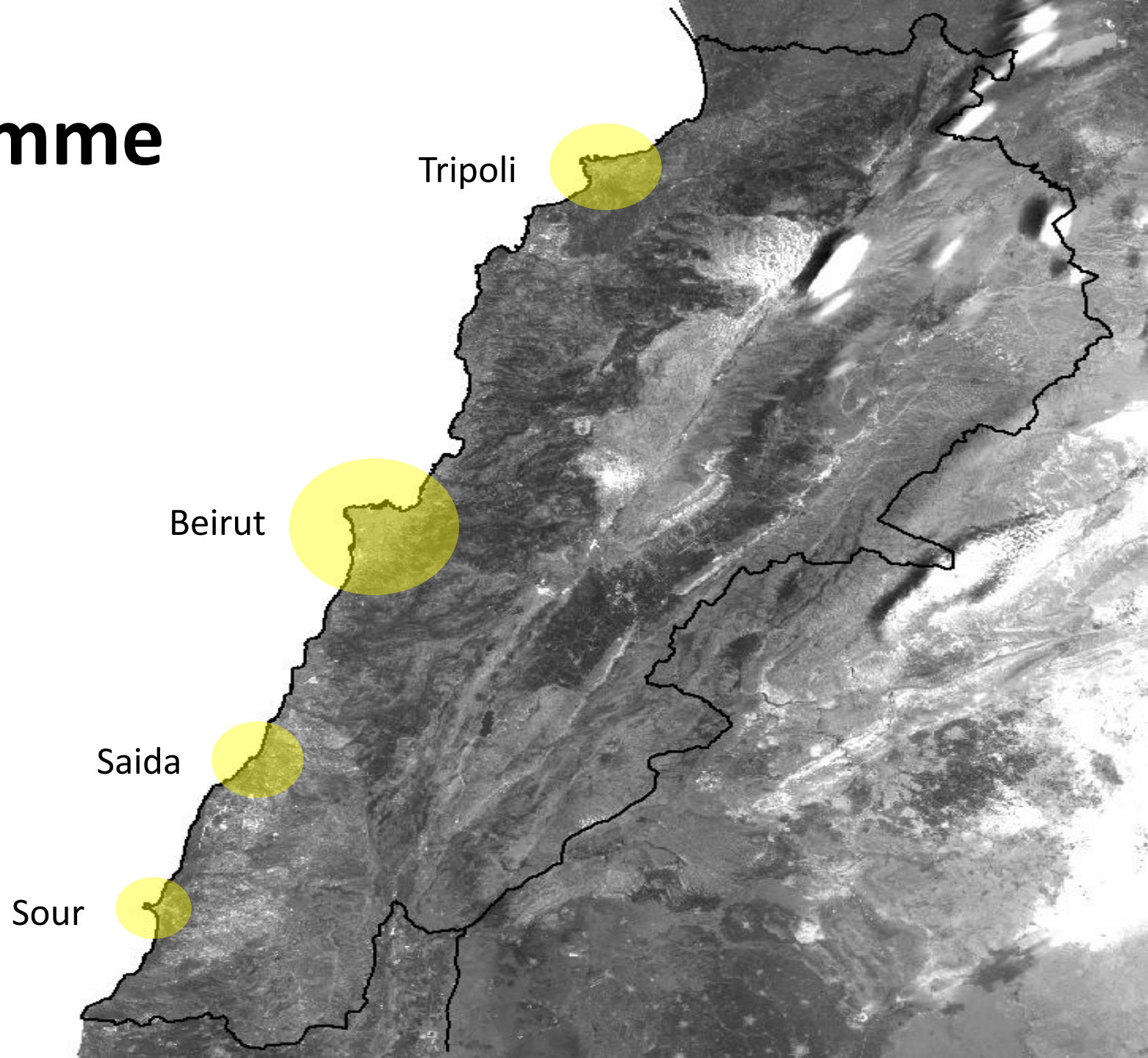
What is a City Profile?

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.

Who will use the City Profile?

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.

Four Cities Programme

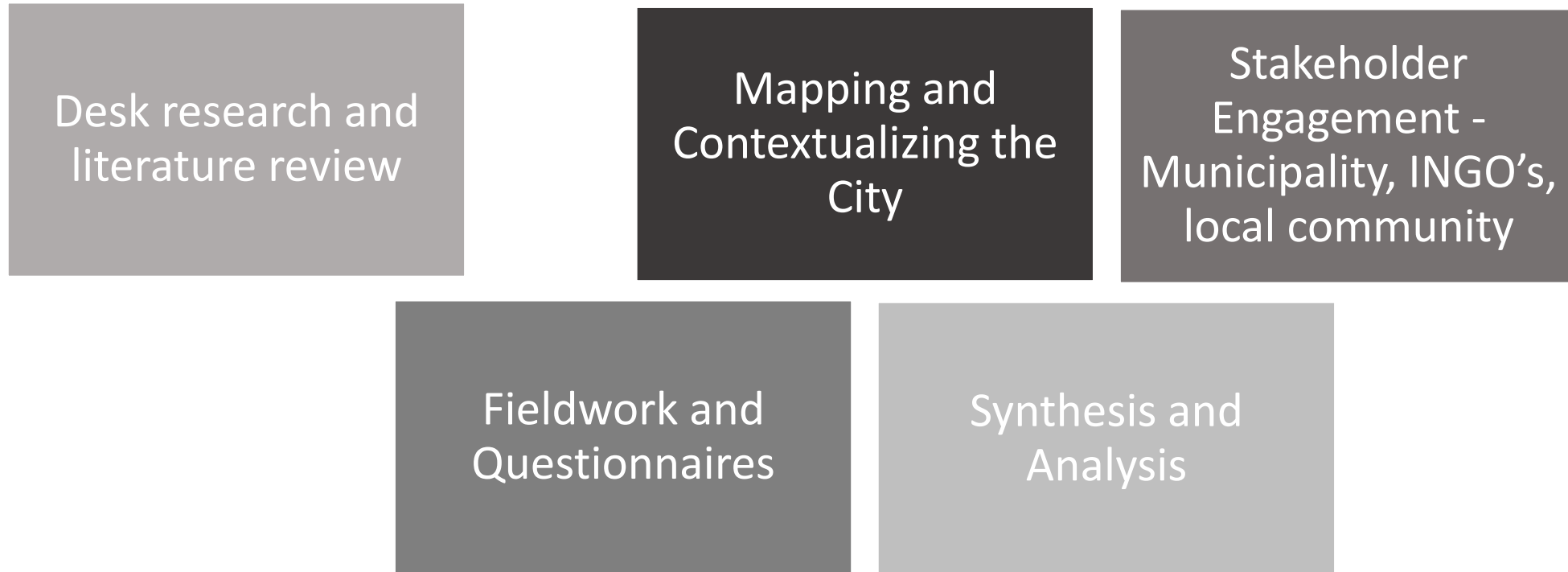


Tripoli

Rapid City Profile



What are we doing?



Profile Sections

- **Introduction**

- Define and contextualize the city

- **Demography**

- Calculating city population to pinpoint people in need and sectorial risk and vulnerabilities
- Population movements which contribute to city segregation
- Changing ethnicity

- **Shelter**

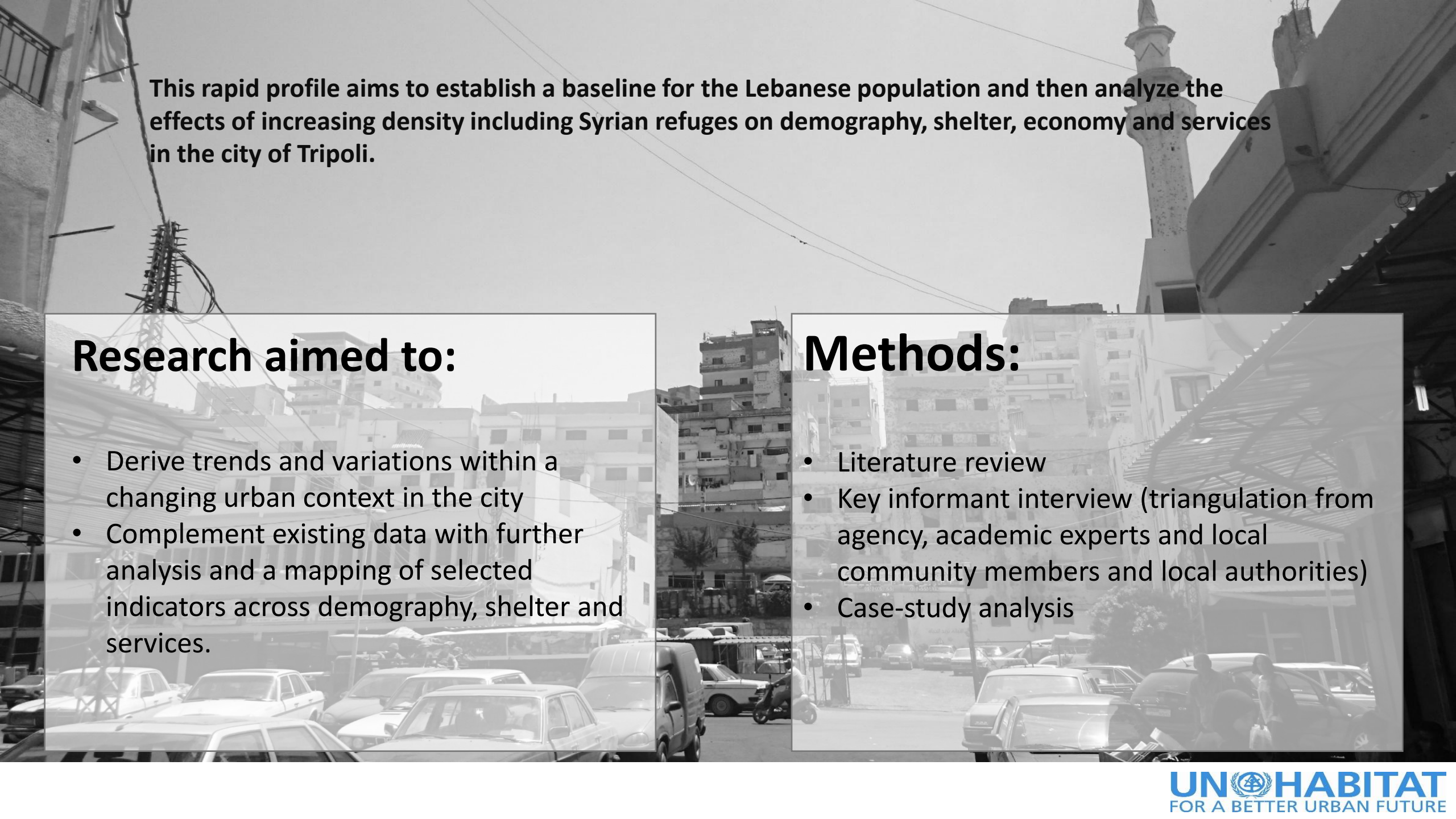
- Overall shelter conditions and critical areas
- Ownership patterns that prevent rehabilitation

- **Services**

- Insufficient and low quality services further accentuate differences across communities

- **Tebbaneh/Jabal Mohsen as a case study** The effects of precarious security on the different sectors to plan interventions





This rapid profile aims to establish a baseline for the Lebanese population and then analyze the effects of increasing density including Syrian refugees on demography, shelter, economy and services in the city of Tripoli.

Research aimed to:

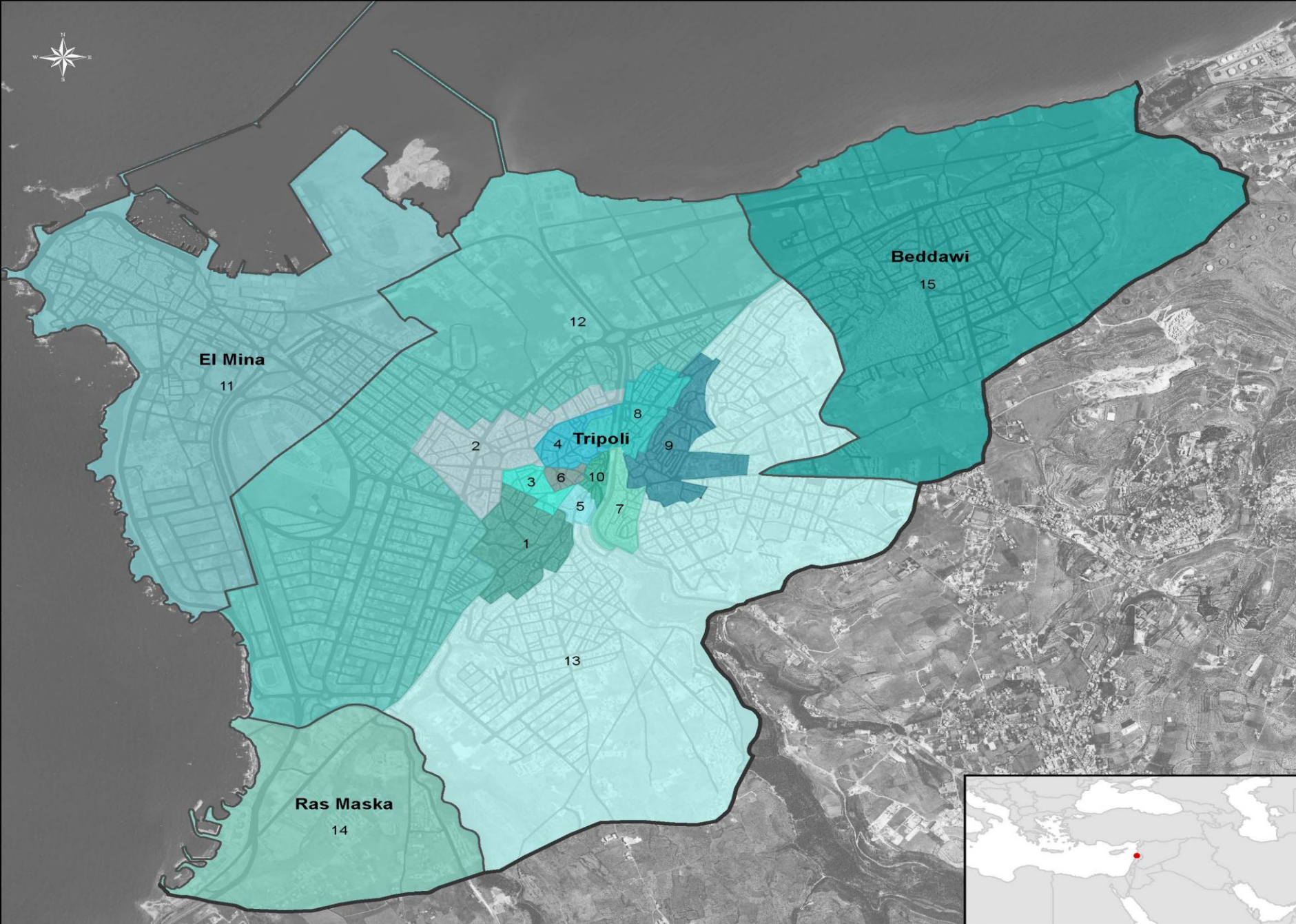
- Derive trends and variations within a changing urban context in the city
- Complement existing data with further analysis and a mapping of selected indicators across demography, shelter and services.

Methods:

- Literature review
- Key informant interview (triangulation from agency, academic experts and local community members and local authorities)
- Case-study analysis

Urban Mapping



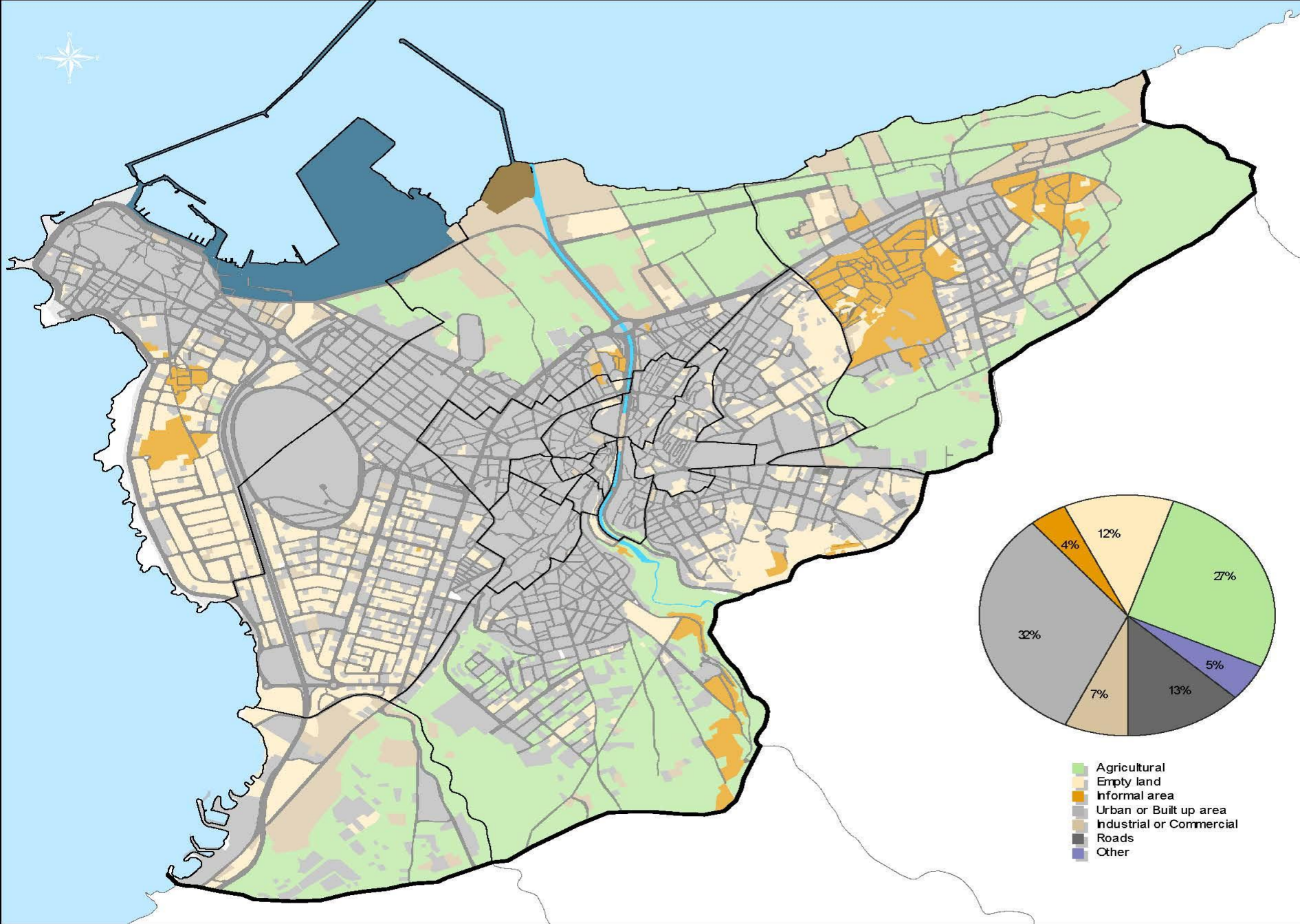


Metropolitan area

Municipalities limits

Cadaster limits

- 1, Tripoli Al Haddadin
- 2, Tripoli Al-Tal
- 3, Tripoli Al-Nouri
- 4, Tripoli Al-Zehrieh
- 5, Tripoli El Mhatra
- 6, Tripoli Al-Rmmanieh
- 7, Tripoli Al-Souéka
- 8, Tripoli Al-Tabbaneh
- 9, Tripoli Al-Kobbé
- 10, Tripoli Al-Hadid
- 11, Al-Mina Jardins
- 12, Tripoli Jardins
- 13, Tripoli Zeitoun
- 14, Ras Maska
- 15, Al-Beddaoui



Land cover/Land use

- Agricultural
- Empty Land
- Informal area
- Urban or Built up area
- Industrial or Commercial
- Roads

Other:

- Harbor
- Water
- Rock cover
- Landfill

Tripoli Population Estimation

NAME	Lebanese Population 1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Growth rate		0.7	1.4	2.5	3.7	4.6	4.8	4.3	3.4	2.3	1.5	1.1	1.4	2.2	1	1	1	1
Trablous Ez-Zeitoun	4902	4936.314	5005.4224	5130.55796	5320.389	5565.12648	5832.2525	6083.0394	6289.8627	6434.5296	6531.04753	6602.8891	6695.3295	6842.6268	6911.053	6980.16	7049.965	7120.46484
Trablous et Tabbaneh	19931	20070.517	20351.504	20860.2918	21632.12	22627.2003	23713.306	24732.978	25573.899	26162.099	26554.5305	26846.63	27222.4831	27821.378	28099.59	28380.6	28664.39	28951.0373
Beddaoui	27460	27652.22	28039.351	28740.3349	29803.73	31174.6987	32671.084	34075.941	35234.523	36044.917	36585.5906	36988.032	37505.8646	38330.994	38714.3	39101.4	39492.46	39887.3856
Mina Jardin	15574	15683.018	15902.58	16300.1448	16903.25	17680.7996	18529.478	19326.246	19983.338	20442.955	20749.599	20977.845	21271.5344	21739.508	21956.9	22176.5	22398.24	22622.2194
Trablous jardins	2221	2236.547	2267.8587	2324.55512	2410.564	2521.44959	2642.4792	2756.1058	2849.8134	2915.3591	2959.08947	2991.6395	3033.5224	3100.2599	3131.262	3162.58	3194.201	3226.14288
Trablous El-Qobbe	55817	56207.719	56994.627	58419.4927	60581.01	63367.7406	66409.392	69264.996	71620.006	73267.266	74366.275	75184.304	76236.8843	77914.096	78693.24	79480.2	80274.97	81077.7205
Trablous Et-Tell	57625	58028.375	58840.772	60311.7916	62543.33	65420.3209	68560.496	71508.598	73939.89	75640.507	76775.1151	77619.641	78706.3163	80437.855	81242.23	82054.7	82875.2	83703.9548
Trablous Ez-Zahrieh	3995	4022.965	4079.2865	4181.26867	4335.976	4535.43049	4753.1312	4957.5158	5126.0713	5243.971	5322.63054	5381.1795	5456.51599	5576.5593	5632.325	5688.65	5745.535	5802.99001
Trablous Es-Souayqa	9737	9805.159	9942.4312	10190.992	10568.06	11054.1894	11584.791	12082.936	12493.756	12781.113	12972.8294	13115.531	13299.148	13591.729	13727.65	13864.9	14003.57	14143.6079
Trablous El Hadid	335	337.345	342.06783	350.619526	363.5924	380.317701	398.57295	415.71159	429.84578	439.73223	446.328218	451.23783	457.555158	467.62137	472.2976	477.021	481.7908	486.608674
Trablous En-Nouri	2568	2585.976	2622.1797	2687.73416	2787.18	2915.39061	3055.3294	3186.7085	3295.0566	3370.8429	3421.40556	3459.041	3507.4676	3584.6319	3620.478	3656.68	3693.25	3730.18231
Trablous El-Haddadine,	52252	52617.764	53354.413	54688.273	56711.74	59320.4791	62167.862	64841.08	67045.677	68587.727	69616.5434	70382.325	71367.6779	72937.767	73667.14	74403.8	75147.85	75899.3327
Trablous Er-Remmaneh-El Mahtra	1751	1763.257	1787.9426	1832.64116	1900.449	1987.86953	2083.2873	2172.8686	2246.7462	2298.4213	2332.89764	2358.5595	2391.57935	2444.1941	2468.636	2493.32	2518.256	2543.43817
Ras Masqa	4082	4110.574	4168.122	4272.32509	4430.401	4634.19957	4856.6411	5065.4767	5237.7029	5358.1701	5438.54264	5498.3666	5575.34374	5698.0013	5754.981	5812.53	5870.656	5929.36301
TOTAL LEBANESE	258250	260057.75	263698.56	270291.022	280291.8	293185.213	307258.1	320470.2	331366.19	338987.61	344072.425	347857.22	352727.222	360487.22	364092.1	367733	371410.3	375124.448

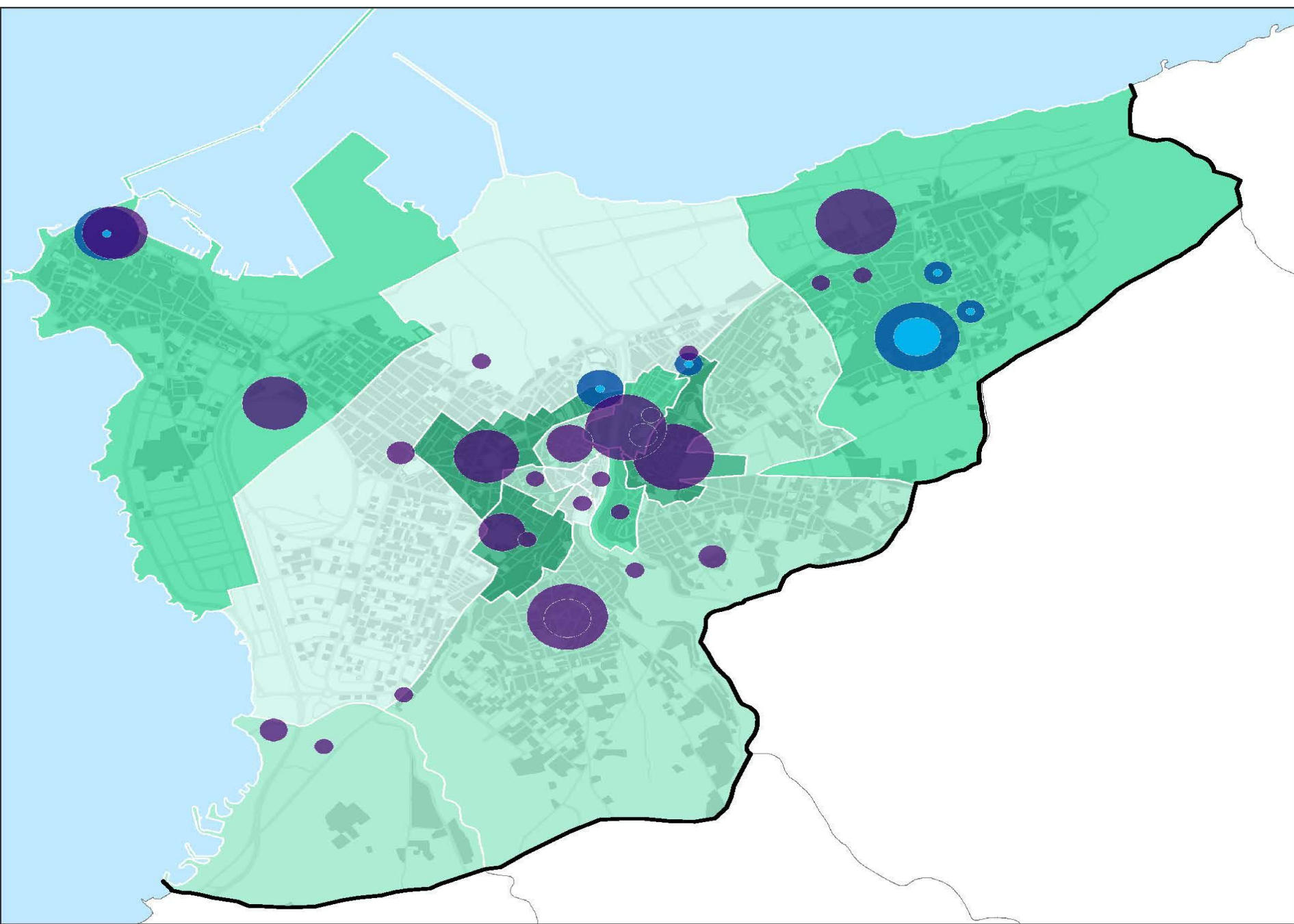
- Lebanese population 1997: **258250**
- Est. Lebanese population 2014: **375124**
- Est. Lebanese under 4 \$ per day 2014: **213371**
- Syrian refugees: **69798**
- Palestinian refugees in Lebanon (PRL): **29975**
- Palestinian refugees from Syria (PRS): **4202**

Total population: **480,029**

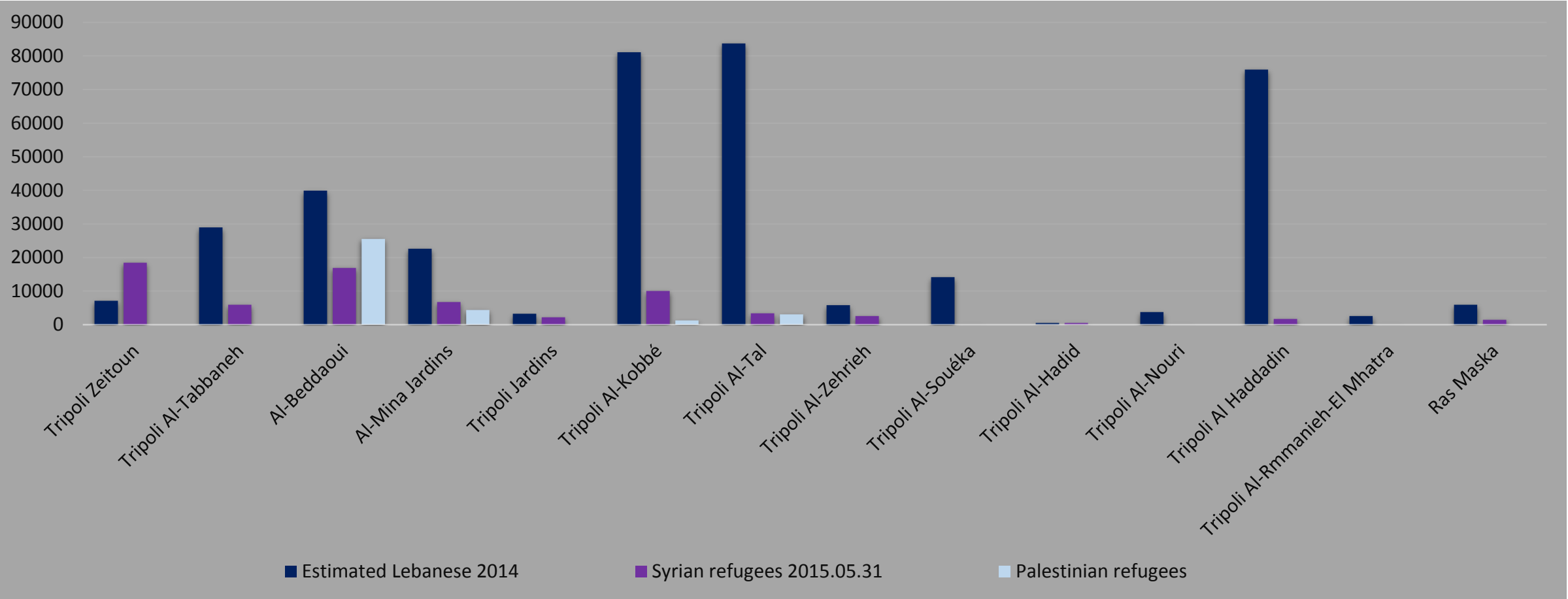
% of vulnerable population: **66%**

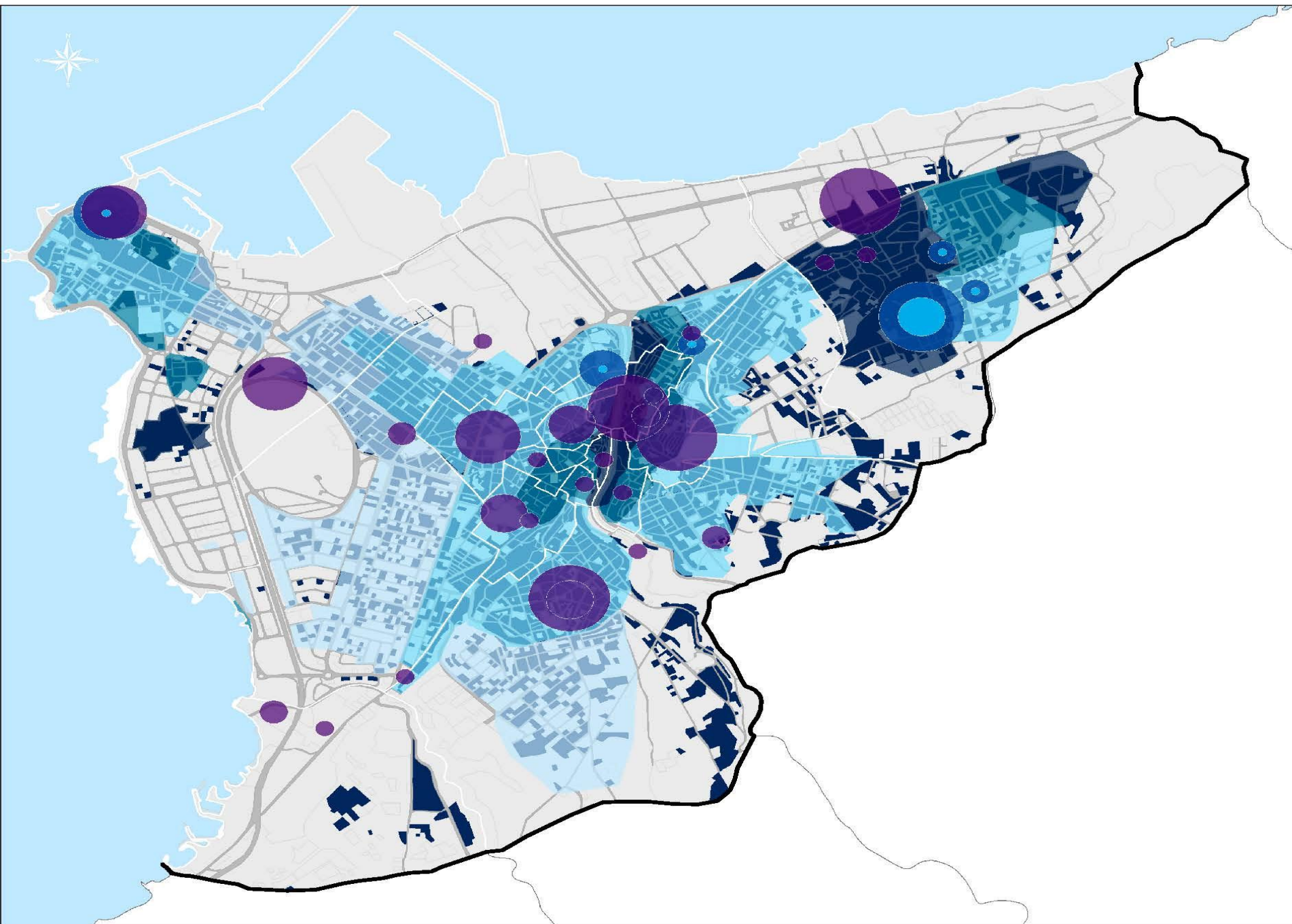
% of Syrian refugees to total: **14.6 %**

The calculation of the Lebanese population and Lebanese under 4 dollars is based on the World Bank Lebanon's annual growth rate



Populations by Nationality and Cadaster





Non residential area

Residential area

Roads

Socio-Economic status

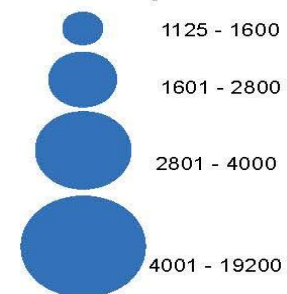
Very Poor

Poor

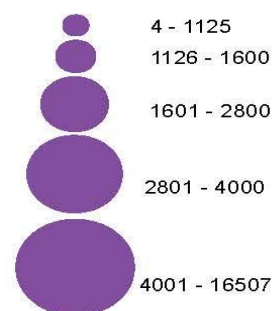
Middle

Wealthy

Palestinian refugees in Lebanon

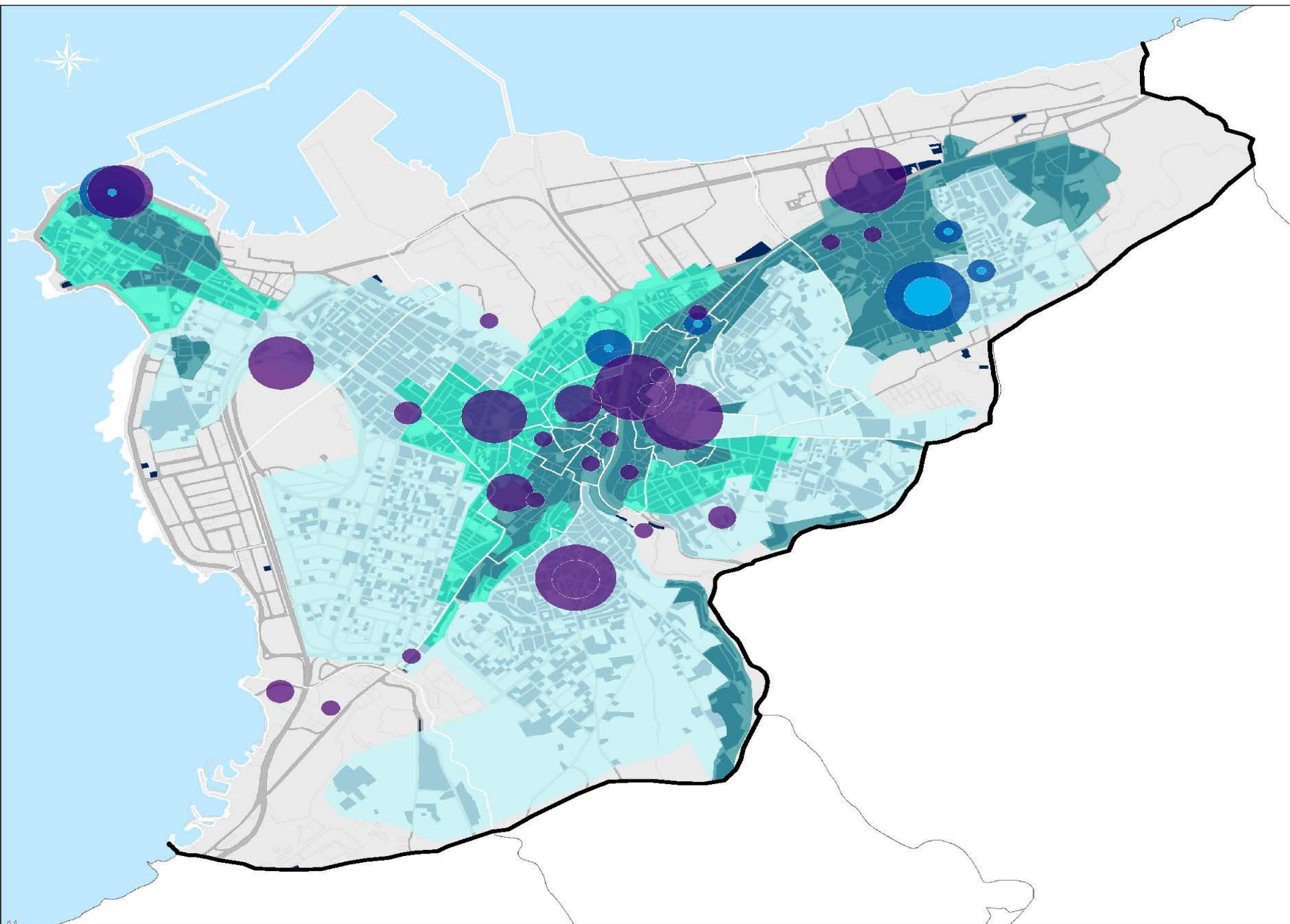


Syrian refugees registered, 2015.05.31



Palestinian refugees from Syria





Non residential area

Residential area

Roads

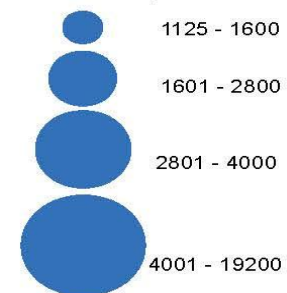
Buildings conditions

Deteriorated

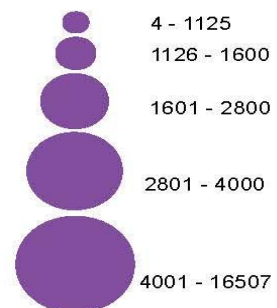
Average

Good

Palestinian refugees in Lebanon



Syrian refugees registered, 2015.05.31

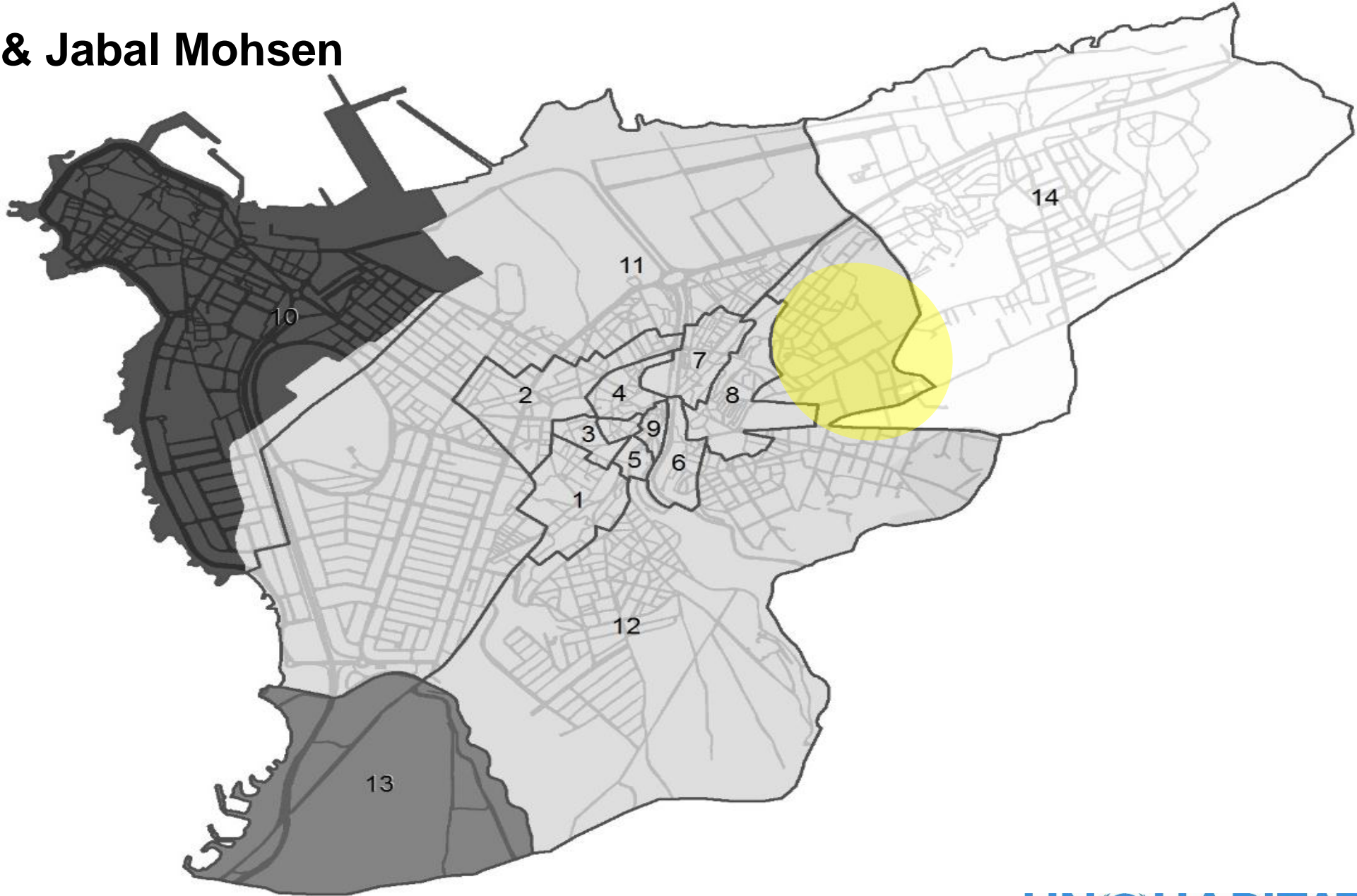


Palestinian refugees from Syria



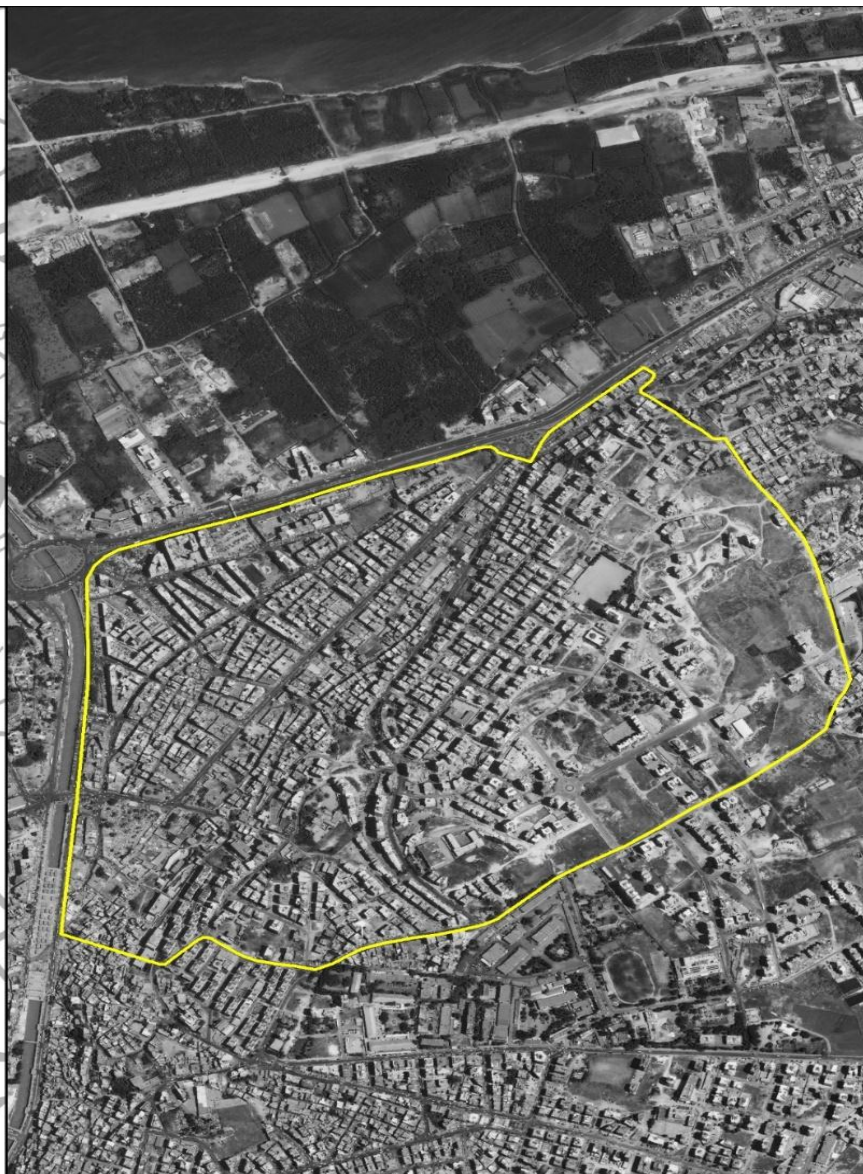
Case Study

Bab El Tabbaneh & Jabal Mohsen

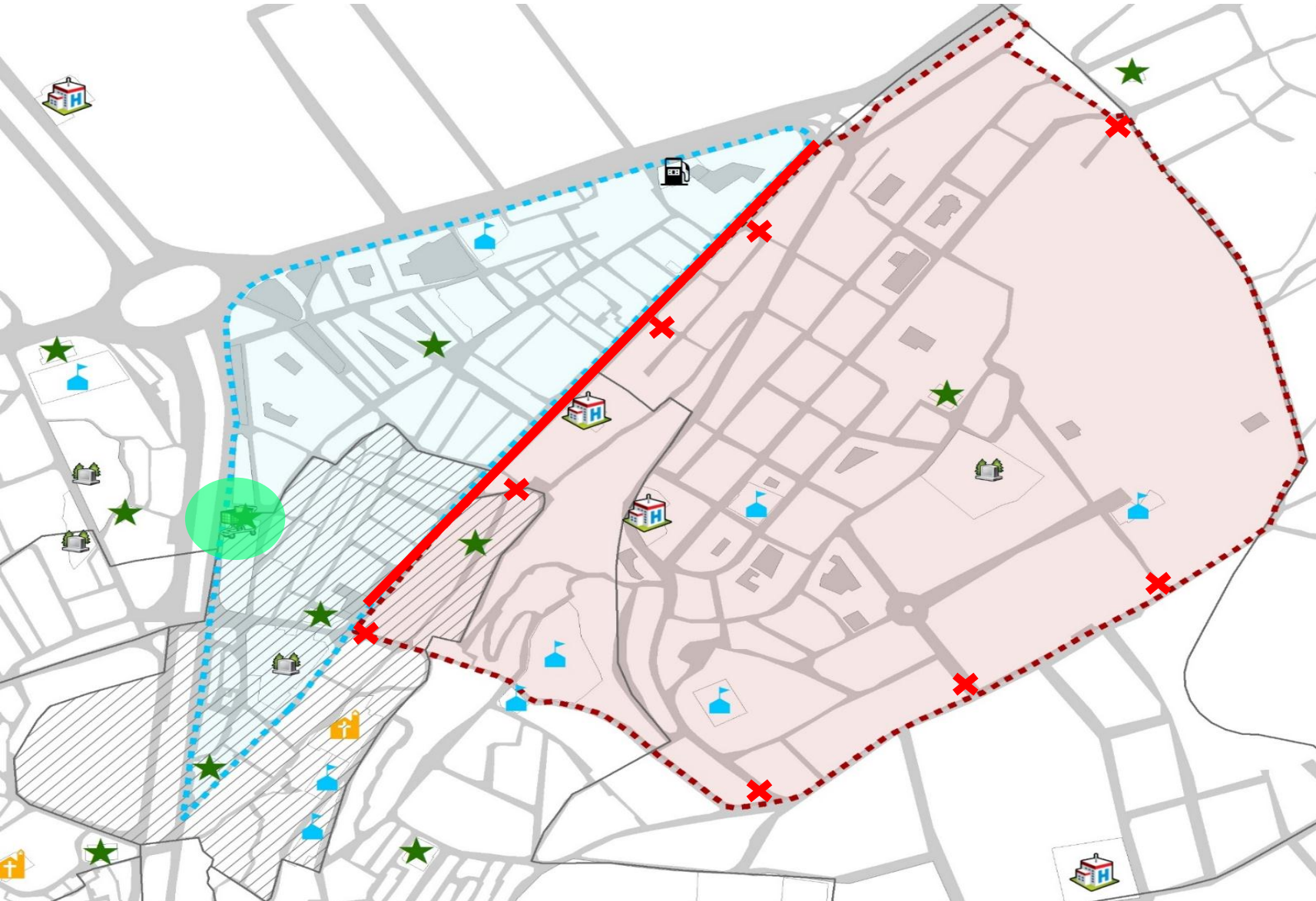


Case-Study Selection

- The magnitude of people in need and sectorial risk and vulnerabilities in both neighborhoods,
- Information and data availability,
- Good examples on how precarious security largely affects the provision and quality of shelter and services,
- To highlight how interventions in the area can build on evidence, spatial analysis and community local knowledge



Social Fabric

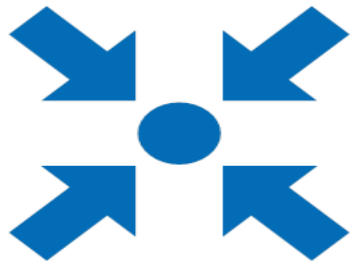




Case-Study Recommendations

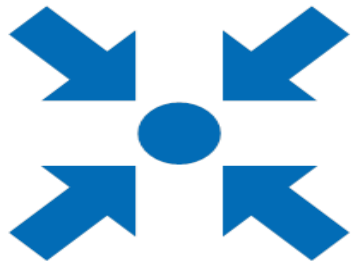
- Strengthening economic ties between neighborhoods and the city itself
- Build on points of convergence such as the vegetable market, existing social ties
- Build on local knowledge of residents in managing and providing services
- Focus on stabilization and peace building programs in both areas

Thank You



AGENDA

- Protection update
- Presentation on agencies working with Disabilities (WRF-ICRC)
- City profiles by UN-Habitat
- **The results of the study on early marriage by USJ**
- Syrian Refugee and affected Host Population Health Access Survey- IMC and MDM
- AOB



AGENDA

- Protection update
- Presentation on agencies working with Disabilities (WRF-ICRC)
- City profiles by UN-Habitat
- The results of the study on early marriage by USJ
- **Syrian Refugee and affected Host Population Health Access Survey- IMC and MDM**
- AOB

Syrian refugee and Affected Host Population Health Access Survey in Lebanon



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH



International
Medical Corps



Humanitarian Aid
and Civil Protection



American University of Beirut
Faculty of Health Sciences



UNHCR
The UN Refugee Agency

- **Johns Hopkins University** – Lead Organization
- **MdM** – Implementing Partner
- **AUB** – Technical partner
- **IMC** – ECHO grant management
- **ECHO** – Funder and technical partner
- **UNHCR** – Funder and technical partner

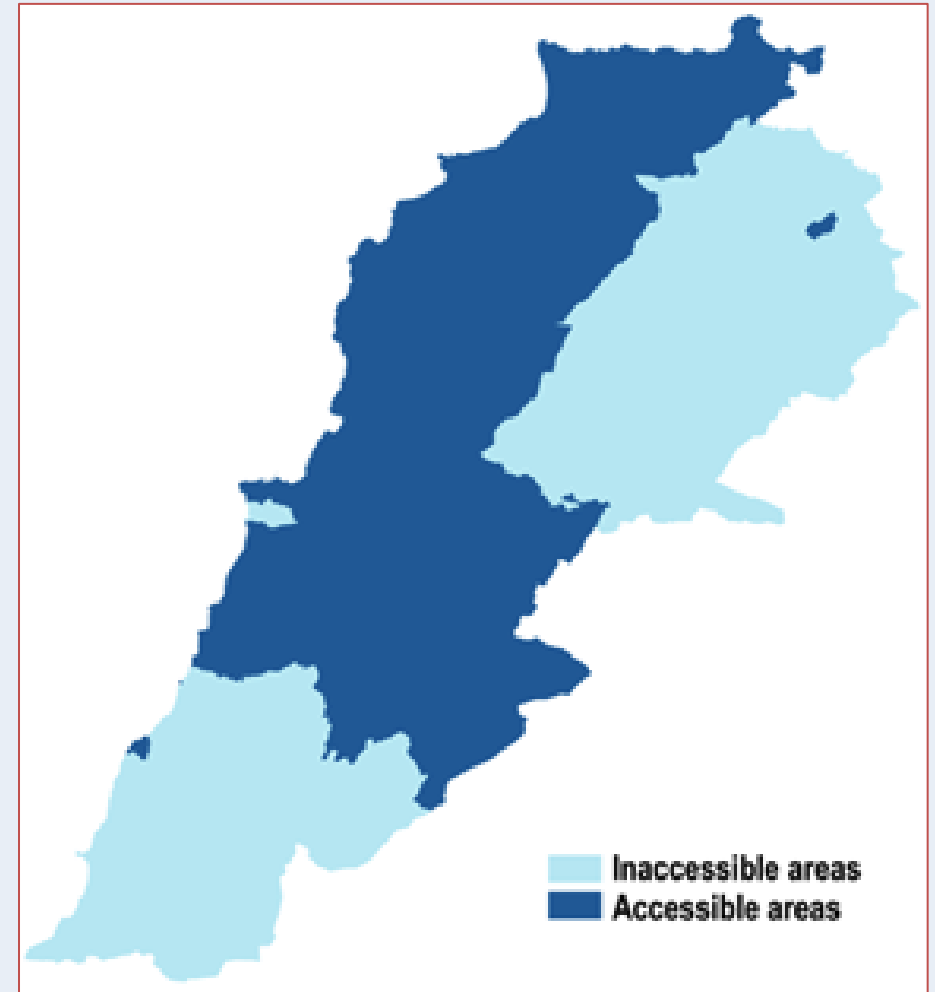
- Survey objective: Evaluate access to health services for Syrian refugees in Lebanon, including health status and care-seeking behaviors.
- Aim: Findings will provide decision makers and program managers at UN agencies, NGOs and government institutions with a comparative analysis of the status of Syrian refugees which can be used to inform humanitarian planning and policy.
- IRB approval :AUB university and JHU university

- ▶ Household survey of 1,376 Syrian refugees and 686 Lebanese
 - ▶ Registered and unregistered refugees are included
- ▶ Cluster survey methodology
 - ▶ Groups of households living nearby to one another are interviewed
 - ▶ Logistically preferred because of reduced travel time compared to a random sample
 - ▶ Clusters of households are assigned proportionally to sub-districts based on the size of the UNHCR registered refugee population
- ▶ Complete confidentiality and oral consent form
- ▶ Using Magpi software on tablet.

- ▶ With respect to sampling, reliance on UNHCR registration data may have resulted in sampling bias if the geographic distribution of registered and unregistered households differed
- ▶ The 2:1 ratio of refugee to host community households in some instances yielded inadequate sample size for statistical comparisons. findings on the Lebanese host community population should not be generalized to the Lebanese population
- ▶ Interviews were conducted by Lebanese, which could have resulted in a higher refusal rate or influenced refugee responses to certain questions such as income

- Reallocation of clusters in areas controlled by militarily and political factions where permission to conduct the survey was not secured
- The survey coverage area included only 53% of registered Syrian refugees and thus is not representative of the entire Syrian refugee population in Lebanon. Especially excluding the most vulnerable district as per UNDP/WFP vulnerability mapping.

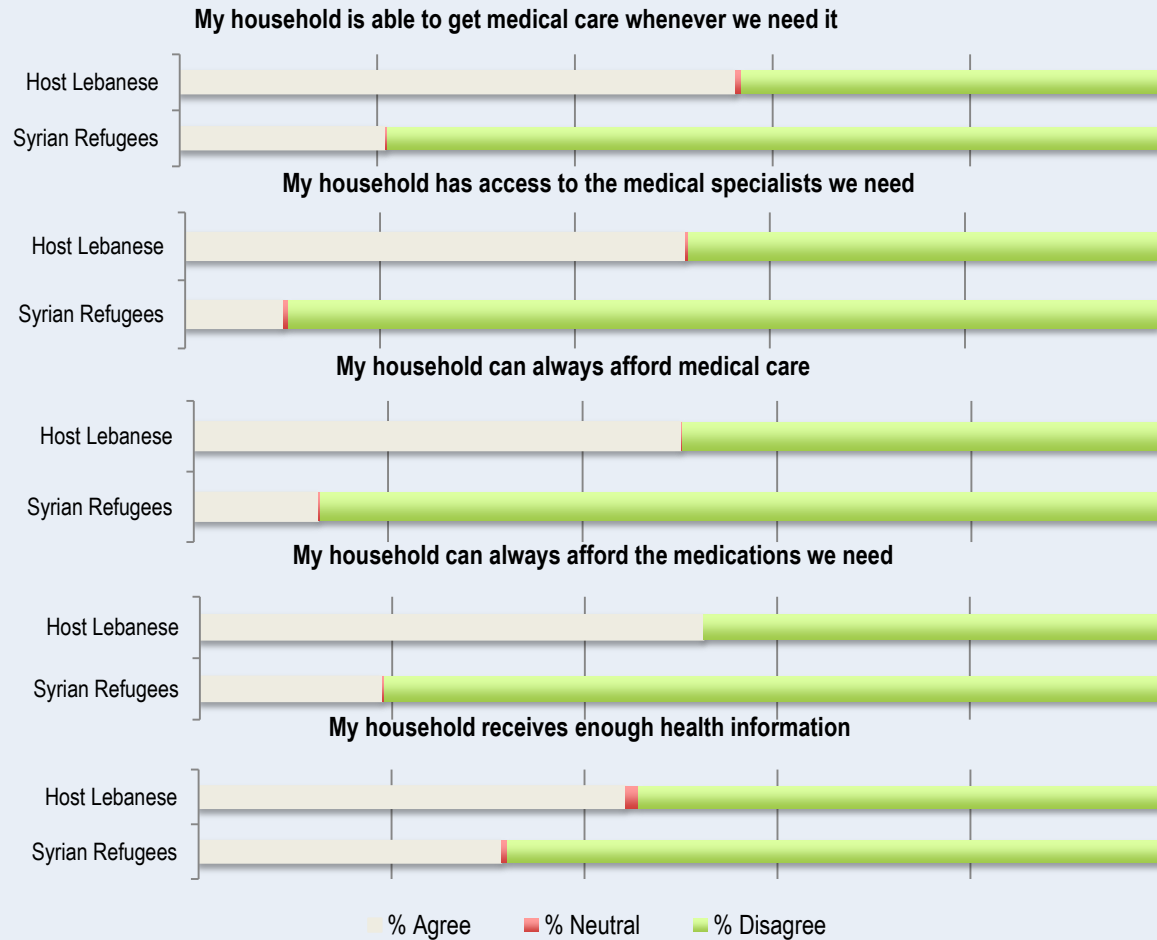
Survey Coverage Area (by cadastral)



- Data was collected between March 12 and April 15, 2015, of teams of 5-6 interviewers
- 16 interviewers and three team leaders were trained; most interviewers and all team leaders had prior experience conducting health survey research in Lebanon
- Interviews lasted an average of 40 minutes

Key Findings – Perceptions of Access

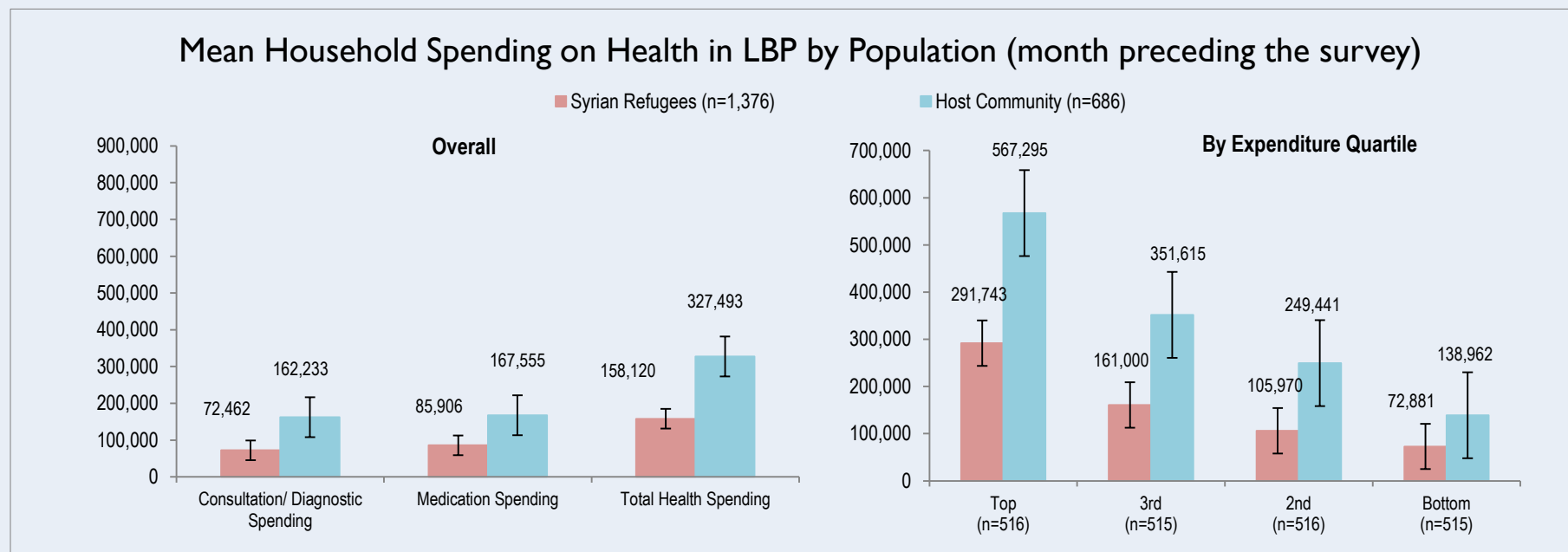
Perceptions of Household Access to Medical Care



24-36% of syrian refugee
perceived care as
affordable and accessible

44-56% of Lebanese host
community members

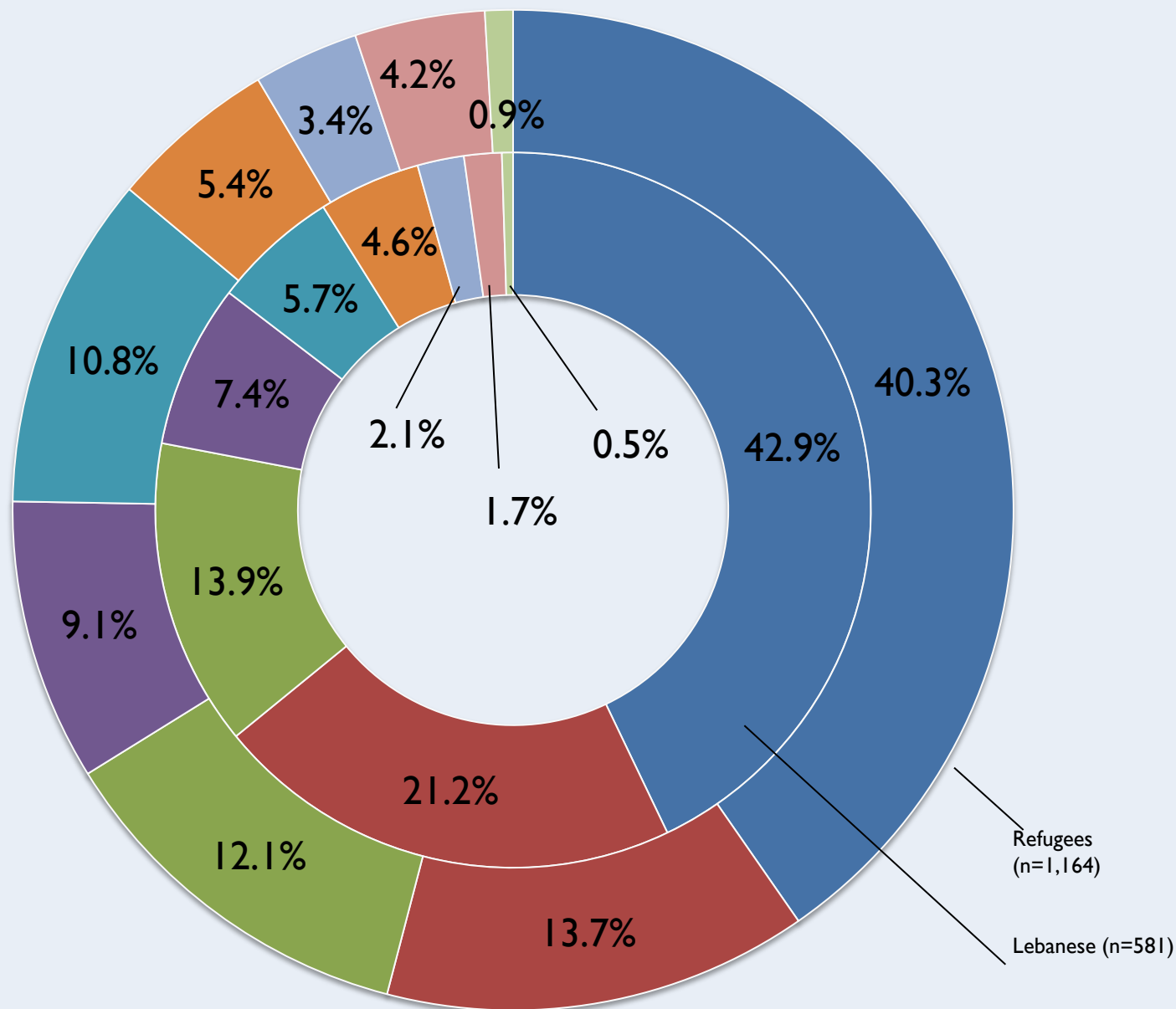
Key Findings – Household Spending on Health



- Median expenditure on health in the month preceding the survey
 - 100,000 LBP (US\$66) among Syrian refugees household
 - 200,000 LBP (US\$133) reported by Lebanese households
 - Mean expenditures in both groups were substantially higher.
- When assessed as a percent of reported income, Syrian refugee households spent an average of 18% of income on health.

Key Findings – Adult Health

Reason Care was Last Needed for an Adult Household Member [in Lebanon]



- Infection or communicable disease
- Chronic/non-communicable disease
- Gynecological problem
- Injury
- Other
- Dental care
- Skin problem
- Pregnancy complications
- Emotional or mental health

- Cost was the primary reason for not seeking care among both refugee (86%) and Lebanese (91%) households.
 - Syrian refugees were most likely to seek care at primary health centers (46%) followed by private clinics/cabinets (24%)
 - Lebanese most often sought care at private clinics/cabinets (51%) followed by primary health centers (19%).
 - At the last visit 31% of refugees and 22% of Lebanese host community members reported no out-of-pocket payment
 - Average out-of-pocket payment was higher among Lebanese (median=50,000 LBP or US\$33) than Syrian refugees (median=10,000 LBP or US\$7).
- 93% of adult were prescribed medications; of these, 89% of refugees and 97% of Lebanese adults obtained medications.
 - The median cost of medication was 30,000 LBP (US\$19) for refugees and 50,000 LBP (US\$33) among host community adults
 - Cost was the primary reason for not obtaining prescribed medicines among both refugees and Lebanese.

Key Findings – Chronic Health

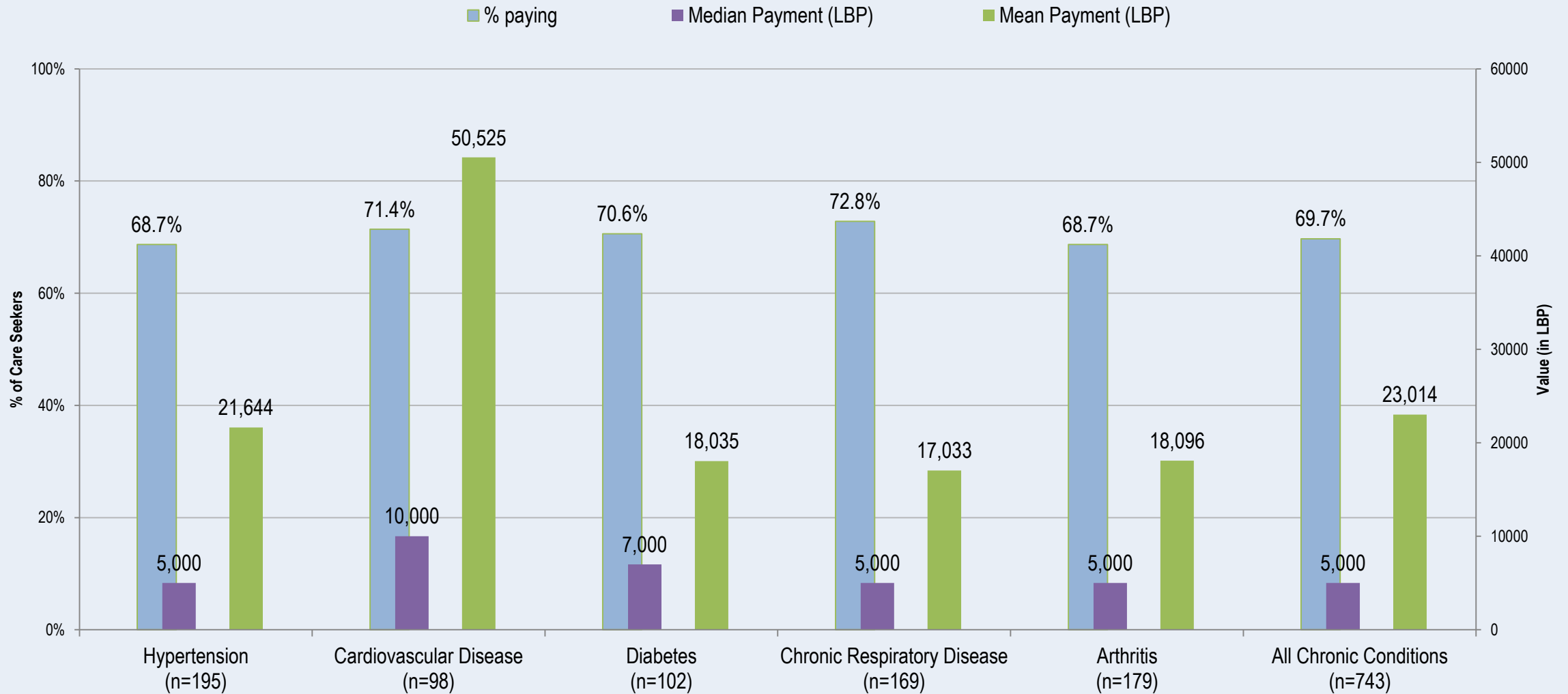
- Significant differences in care seeking location were observed between refugees and the host community

%	PHC	Pharmacy	Private clinic	hospital
Lebanese household	17	2,6	62	16
Syrian refugee household	58	9	20	8,7

- 70% had an out-of-pocket payment for the most recent care received as compared to 83% of Lebanese.
- Median out-of-pocket cost was 5,000 LBP (US\$3) for refugees and 50,000 LBP (US\$33) for Lebanese.
- 76% of refugees and 88% of Lebanese were currently taking medicines; among those not taking medication, the primary barrier was cost.

Key Findings – Chronic Health Costs

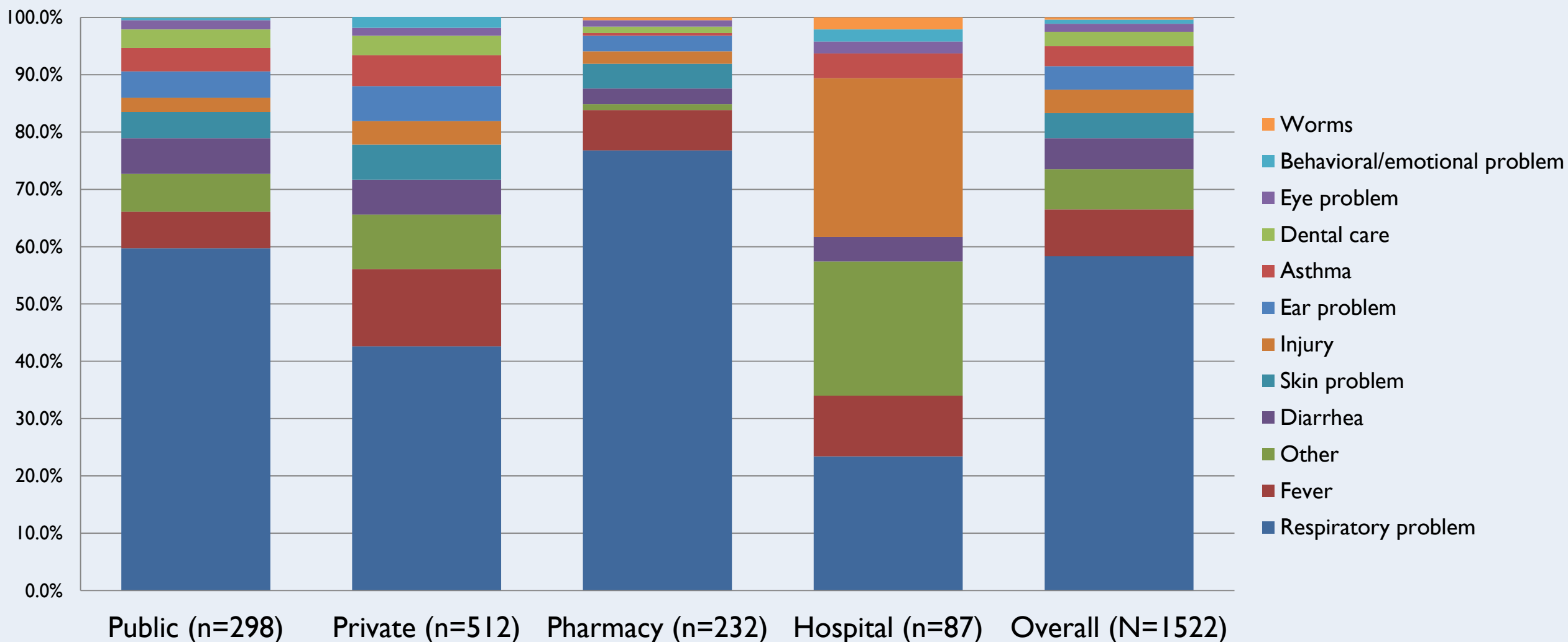
Syrian Refugee Household Payments for Chronic Disease Care by Condition



Key Findings – Children's Health

For the last episode where a child household member needed medical attention, care was sought and received by 74% of refugee households and 85% of host community households.

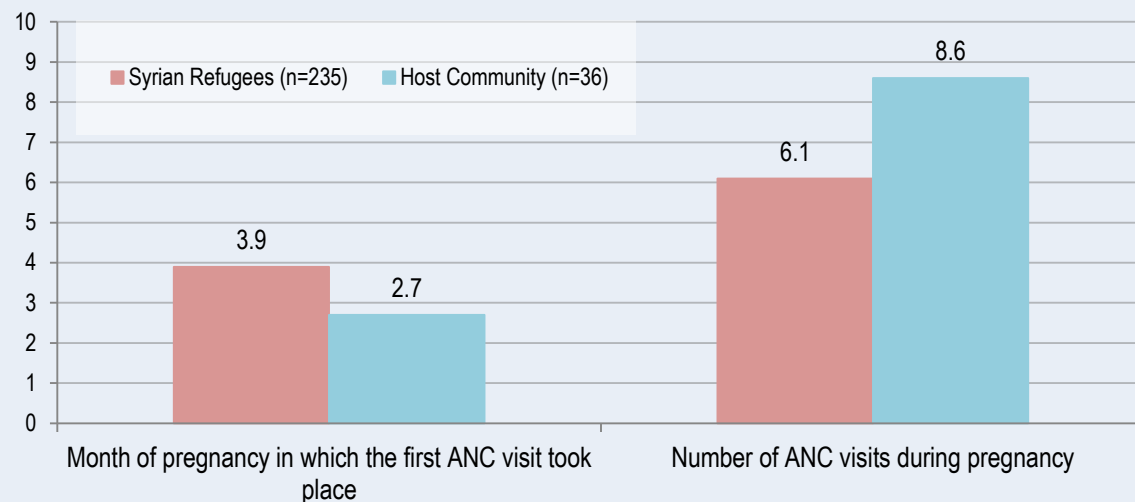
Reasons for Seeking Medical Care among Children by Sector where Services Were Provided (Syrian Refugees)



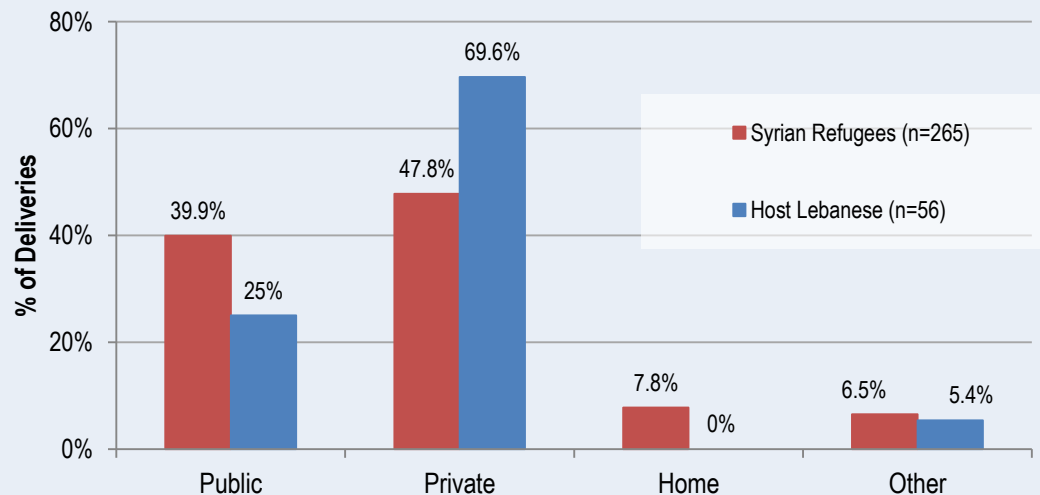
- Cost was the primary reason for not seeking care among both refugee (96%) and Lebanese (78%) households and for not obtaining prescribed medications.
 - 34% of refugees and 24% of Lebanese host community members reported no out-of-pocket payment at last visit.
- The median out-of-pocket payment was significantly higher among Lebanese (40,000 LBP or US\$27) than Syrian refugees (median=10,000 LBP or US\$7).
- 95% were prescribed medications; of these, 93% of refugees and 97% of host community children obtained medications.
- The median cost of medication was 25,000 LBP (US\$17) for refugees and 38,000 LBP (US\$25) for the host community

Key Findings – Antenatal Care/Deliveries

Antenatal Care in Lebanon



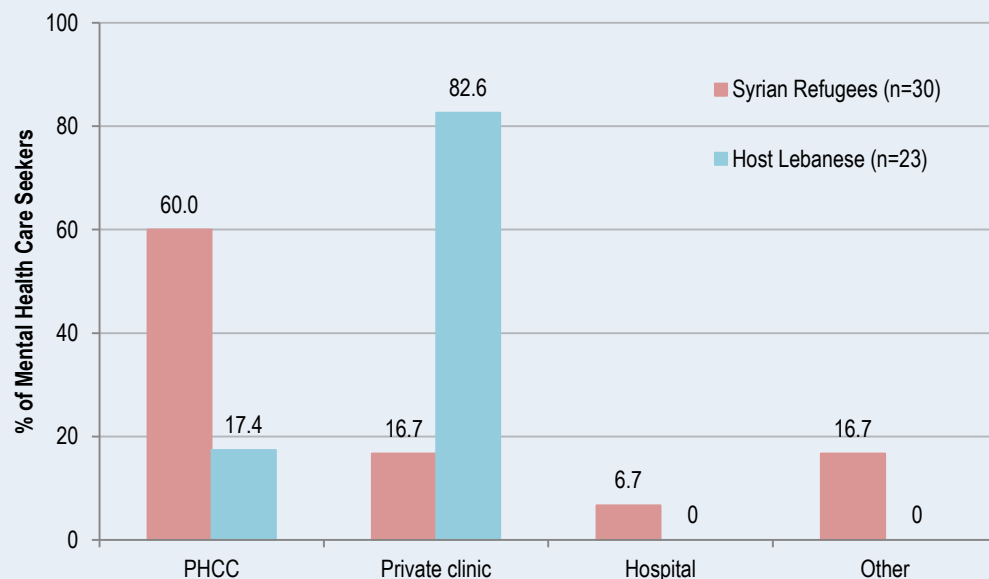
Sector in Which Women Delivered



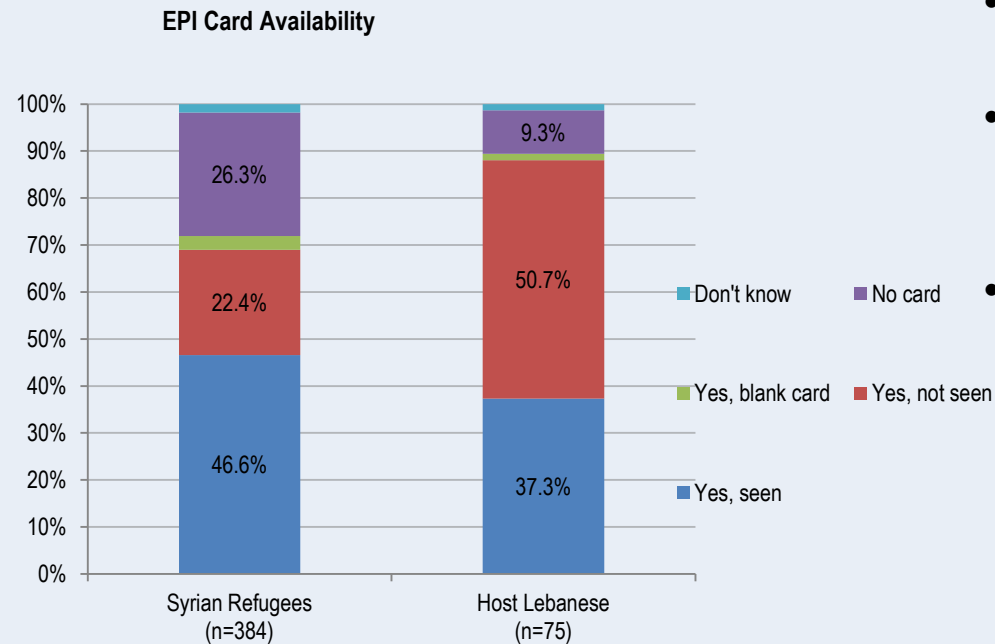
- ▶ 87% of refugees and 95% of Lebanese received antenatal care during their last pregnancy
- ▶ Antenatal care was received in the first trimester by 53% of refugees and 79% of Lebanese.
- ▶ Most deliveries occurred in private hospitals (44% of refugees and 66% of Lebanese) followed by public hospitals (39% of refugees and 25% of Lebanese).
- ▶ Approximately one-third of both groups (31% of refugees, 34% of Lebanese) reported cesarean sections.
- ▶ A majority of refugees (94%) and Lebanese (91%) had out-of-pocket payments for deliveries and the median amounts were 150,000 LBP (US\$100) and 200,000 LBP (US\$120).

Key Findings – Mental Health

Health Facility Utilization for Mental Health Conditions by Population



- 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.
- 47% of refugees, 41% of Lebanese needed care within the past three months.
 - Majority of refugees received care at primary health centers whereas a majority of host community members received care at private clinics.
- A minority of Syrian refugees (33%) and majority of Lebanese (96%) reported out-of-pocket payments for mental health services; the median payment was 0 LBP among refugees and 50,000 LBP (US\$33) among Lebanese.
- Medication for mental health conditions was prescribed to 19% of refugees and 85% of host community members; the most common reason for stopping medication was inability to afford the cost.



- Vaccination cards were presented for 47% of refugees and 37% of Lebanese.
- A majority of refugee and host community households, 59% and 85% respectively, reported no difficulties in obtaining immunizations
- Among refugees, the primary barriers were not knowing where vaccinations were provided and distance.

After discussion with the survey partner, we agreed that the methodology present limitation that prevent any conclusion regarding vaccination. Therefore the data in this study should not be taken into consideration to analyze vaccination coverage

- Living Conditions
- Household Economy
- Refugee Registration

- ▶ Investment health systems strengthening would be prudent.
- ▶ Maintain and expand the access to basic health services and medication in the public sector via lower user fees,
- ▶ Within Primary Health Care Centers, access to care and medication for chronic conditions is of particular concern and should be address.
- ▶ Strengthening preventive health services and health education for those with chronic disease should be priorities.
- ▶ Consolidate patient file system to identify patient at risk

- ▶ Ensure that the humanitarian response is sufficiently funded so that life saving hospital care is accessible for refugees.
- ▶ Enhance investment in primary health care and preventive approaches, specifically strengthening the capacity of public health sector infrastructure which would, decrease the cost of humanitarian intervention and strengthen the public health network beyond the LCRP.

Thank You!

