

General response

Scenario planning

Scenario 1: Most likely scenario (medium likelihood):

Due to fighting in the outskirts, 5,000 persons will flee from the outskirts to Arsaal city, 3,500 through Wadi Hmeid checkpoint and 1,500 through Mseida checkpoint. LAF will screen fleeing population. Women and children below 14 years of age will be screened in quickly. Boys and men above 14 years of age will be either screened in after longer background checking, sent back to Arsal, or detained. The totality of the 5,000 persons will flee in the same day.

Scenario 2: Worst case scenario (less likely):

Fighting inside Arsal will lead to refugees being trapped inside the city and flight of Lebanese to neighbouring areas outside Arsal, including possibly municipalities in West Bekaa such as Saadnayel, Bar Elias and El Marj.

Trigger

Municipality will trigger the plan, Deputy Mayor Rima Karnabi, tel. 71 654 301 with MSA Mohammad as a backup, 70 090 379. In case of lack of communication, plan will be triggered by Hussein Salem, MOSA, 03 011 808, with Josep Zapater as a backup 70 102 905 and Prachuap Ngsobuk as a backup to J. Zapater, 79 100 054.

Security coordination Jamil Touma, 71 880 010 with Ali Abi Haidar, 3 699 556 as a backup

Summary response

Phase 1

Health and protection teams will be present at an ad-hoc facility at least 10 m. from the military checkpoints. Fleeing population will be monitored for flow dynamics, family composition and destination and lists will be elaborated. Primary health screening will be performed and ambulances will be present. Water and snacks will be distributed. It is expected that most of the population will continue to Arsal city with their own means, or with assistance from Syrians inside Arsal. Response needs to be calculated for 5,000 persons / day, 3,500 through Wadi Hmeid checkpoint and 1,500 through Mseida checkpoint. Service leaflets will be distributed by DAF as well as tokens. A reception and distribution centre will be organized at the SDC in the new municipality. If security or related conditions do not allow operations close to the checkpoints, all operations foreseen at the checkpoints will take place at the SDC instead.

Phase 2

It is expected that most of the families will go to houses in Arsal or to existing ITSs. However, preparedness will be ready for a small number to go to public buildings, mosques or meeting halls and for a new small camp (280 tents). Using information obtained through monitoring at the checkpoints, NGOs present in Arsal will trace the population to their places of destination and perform rapid needs assessment. If urgent needs are found on the ground, they will be immediately communicated to the coordination of the Arsal cell (MSA Mohammad, 70 090 379 or Rima Karnabi, tel. 71 654 301). Needs assessment will be coordinated by MSA Mohammad, 70 090 379.

Phase 3

Sectoral assistance will be provided according to need and settlement profiles. A reception, attention and distribution centre will work at the MOSA SDC close to the new municipality.

Coordination

Arsal cell

- Composition: Municipality, MSA, DAF, Beyond, QRC, NRC, IRC, INTERSOS, LOST, ACF, MEDAIR, Association of Reform and Guidance, Union of Relief Societies, Emergency Authority in the Islamic Medical Authority, TDH-IT, Mercy Corps
- Coordination: MSA Mohammad, 70 090 379, in support to the municipality (Rima Karnabi, tel. 71 654 301)

Zahle support cell

- Composition: DAF, NRC, IRC, INTERSOS, ACF, MEDAIR, DRC, MOSA, UNHCR, UNICEF, WFP
- Coordination: Hussein Salem, MOSA, 03 011 808, with Josep Zapater as a backup 70 102 905 and Prachuap Ngobsuk as a backup to J. Zapater, 79 100 054.

Sector response

Scenario 1

Action	Operational responsibility	Coordination, backup and support
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Protection (including Screening, SGBV, Child Protection, PWSN)		
First phase: close to the checkpoint or alternatively at the SDC		
Collect basic bio and contact data.	UNHCR (Ali Noueihed and Norair Boutchakjian) <i>Alternatively (no UNHCR access): IRC (Edit / Ibrahim)</i>	UNHCR
Vulnerability screening.	UNHCR (Ali and Norair) <i>Alternatively (no UNHCR access): IRC (Edit / Ibrahim)</i>	UNHCR
Identification of UA/SC and referral to CM.	UNHCR (Ali and Norair) /Beyond <i>Alternatively (no UNHCR access): IRC (Edit / Ibrahim)</i>	UNICEF with support from UNHCR as needed
Identification of UA/SC and referral to CM. in ITS	TDH with AMEL	UNICEF
Identification of Women-at-Risk and referral to CM.	UNHCR (Lamis & Sally) <i>Alternatively (no UNHCR access): IRC (Edit / Ibrahim)</i>	UNHCR
Seeking/recording consent for referral to service provider.	UNHCR (Ali and Norair) <i>Alternatively (no UNHCR access): IRC (Edit / Ibrahim)</i>	UNHCR
Distribution of service leaflets.	UNHCR (Ali & Norair) <i>Alternatively (no UNHCR access): IRC (Edit / Ibrahim)</i>	UNHCR
Additional activities at the SDC to be established ASAP after the trigger		
Protection desk (documentation, family tracing, GBV, individual protection services for PWSN).	IRC (Edit)	UNHCR

Shelter, Housing and Other Infrastructure		
First phase: close to the checkpoint		
DAF to coordinate with Beyond to visit to the two sites next to the check points on 21 July and set up the needed temporary structure with plastic sheeting and wood. They may need UNHCR support to coordinate with LAF for permission to access the sites	DAF/Beyond	UNHCR
Establish mobile office facilities at the two checkpoints (tables, chairs, computers, printers, generator, lighting, etc.)	DAF/UNHCR	UNHCR
5 medium tents provided by MOSA are available in case of need	MOSA	UNHCR
As soon as possible / needed		
In case of additional need, identify public buildings	MOSA	
In case of additional need, identify land	Municipality	
Set up 280 light weight tents in land identified by Municipality	DAF	UNHCR
Provide shelter kits in ITS in case of need	NRC	

Basic Domestic and Hygiene Items (NFIs)		
First phase: close to the checkpoint or alternatively at the SDC		
NFI token will be issued (either directly by UNHCR staff or DAF) from the tents next to the checkpoints to every families and will advise them to receive the applicable NFIs at the MoSA SDC which will be distributed by DAF staff	DAF / UNHCR	UNHCR
Third phase		
Distribution of NFIs according to attached standard of distribution	QRC and DAF with DAF coordination	UNHCR
Immediate preparedness activities		
Replenish DAF stock with needed items as soon as more space are made available in the warehouses between 20 – 21 July	UNHCR/DAF	
Pre-positioning of additional CRIs to Zahle warehouse (to be made on 21 July)	UNHCR	
UNHCR will advocate for permission from LAF MI for partners to transport needed items to Aarsal.	UNHCR by 21 July	

Food		
Third phase		
DAF's kitchen has the capacity to cook 1,500 hot meals per day. The food package include rice/meat/chicken which will be sufficient to serve 6,000 persons/day. DAF has the raw materials available for this service	DAF	DAF with support from UNHCR
Provision of e-cards if necessary	DAF and other partners	WFP
Supplement with in-kind food or additional e-cards, access permitting	WFP	WFP
Immediate preparedness activities		
Identify any shop gaps and assess new shops in area of relocation	WFP, INTERSOS, DAF,	
To continue the food assistance to the current beneficiaries and potential new caseload based on displacement (cash or in kind)	WFP, INTERSOS, DAF,	
Mapping of existing partners (traditional and non-traditional) with the ability to provide food assistance and establish coordination for the delivery of the assistance needed	WFP, INTERSOS, DAF,	
Inform relevant shopkeepers in the area of the current situation	WFP, INTERSOS	

Health		
Phase 1 of the health response: Arrival of fleeing community to the checkpoints and referrals of urgent and lifesaving cases		
Beyond: will have at each point a tent (to be established maximum within one hour): -will provide first Aid and referral of urgent cases through the Islamic Medical association and the municipality ambulances;	Beyond	UNHCR
Moreover, according to the MoPH recommendation, OPV will be administered to all fleeing group regardless of the age. In addition to this, the children accompanied with their mothers will be provided IPV + Measles. A vaccination card will be provided to all receiving vaccination.	Beyond	UNHCR
High energetic biscuits + ORS also will be available.	Beyond	
Suspected cases of AFP will be dealt with in coordination with MoPH-ESU and UNHCR (Mona Kiwan). The case will be referred directly to Labwe PHC where the management of the case will start for the collection of stool analysis + admission to health facility to complement the investigation.	Beyond/ MoPH-ESU/UNHCR	UNHCR
**Islamic Medical Association (IMA): -having 4 ambulances distributed for both sites and will coordinate with Beyond for the referral since Beyond should be the one doing	Islamic Medical Association	UNHCR

the triage -They refer the cases in need for critical lifesaving conditions to both field hospitals (MCA and AMC) and to el Amal Health center;		
-Will be referring the cases in need for referral to a hospital outside Arsal to Labwe in coordination between the field hospitals, LRC and the local authorities who should approve the referral of cases outside Arsal.	Islamic Medical Association	UNHCR
**Lebanese Red Cross: -Having a contingency preparedness plan;	Lebanese Red Cross	UNHCR
-2 essentials points one in Labwe PHC and in another point;	Lebanese Red Cross	UNHCR
-17 ambulances ready for first response + 7 cars 4*4 for evacuation	Lebanese Red Cross	UNHCR
-Having in total 35 cars ready in case of the escalation of the situation with 400 first aid staff and volunteers;	Lebanese Red Cross	UNHCR
-They can dispatch MMU in case the need arise;	Lebanese Red Cross	UNHCR
-They have in addition as programs the DMU and the blood banks with an ability to refer blood inside Arsal in urgent situations.	Lebanese Red Cross	UNHCR
-LRC will be referring the cases received by the IMA from Labwe to the reserved hospitals	Lebanese Red Cross	UNHCR
**Mercy Field hospital (Manager: Dr Bassem El Quallaeeh): Are preparing their contingency stock to be able to deal with at least 400 wounded cases- Actually they are able to receive between 60 to 70 cases- They have an issue with receiving Medication from outside Arsal and trying to have a resolution	Mercy Field hospital	
**AMC field hospital: able to receive around 30 wounded cases up to 2pm but normal delivery and c-section for around the clock. Trying to fill its stock for contingency	AMC field hospital	UNHCR
**El Amal Health center: can receive cases for orthopedic and general surgeries (actual capacity according to the stock: 25 cases). They have an emergency room as well with 4 beds;	El Amal Health center	UNHCR
**IMC: will be able to respond to severe mental health disorders and focal point to receive referrals is Samah Hatoum	IMC	UNHCR
Phase 2 of the health response: fleeing persons entered Arsal, or health team is not able to operate next to checkpoints:		
**Beyond: -will establish a health point at MOSA SDC Arsal delivering the same activity as of the one at the checkpoint; -May run MMU (having 2 teams) including vaccination provision (in coordination with MoPH)	Beyond	UNHCR

<p>**The health centres will be receiving the patients for consultations, vaccination, ANC, PNC, NCD...:</p> <p>-Amel Health centre: already prepared the contingency stock and ready to receive additional beneficiaries. The health centre is active for MHgap and IMC provides psychotropic and neuroleptic medication to be prescribed by the trained physician (Dr Ali Daher). Exceptionally, if Dr Daher won't be able to reach the health centre, the centre will accept to release the medication based on the prescription of the psychiatrist working in El Amal health centre.</p> <p>-El Amal: will be supported through SAMS in medication in order to fill the existing gap. They provide acute and chronic consultations+ vaccinations+ mental health</p> <p>** In addition to the regular support from the existing health facilities: AMC, MCA, MSF-ch, Irchad, New Arsal, el aa2idoun</p>	<p>All health centers and organizations providing health services in Arsal/IMC</p>	<p>UNHCR</p>
<p>MHPSS:</p> <p>-IMC has as well community health workers able to do detection and referral from the IS</p> <p>-Coordination with Child protection for PSS</p>	<p>IMC PSS actors from the child protection sector</p>	<p>UNHCR</p>
<p>Additional support</p>		
<p>-UNICEF: will be able to support the MoPH with ORS and high energetic biscuits to be provided to Beyond teams;</p>	<p>UNICEF/MoPH</p>	<p>UNHCR</p>
<p>-MdM: they have 1 Field Clinic 10m*10m + 2 field clinic 6m*6m that can be donated- they are consulting with their headquarter for further support;</p>	<p>MdM</p>	<p>UNHCR</p>

<p>WASH (Response depends on access of materials to Arsal, assessment and coordination with other sectors – BA and Shelter)</p>		
<p>For existing IS:</p> <ul style="list-style-type: none"> • Provide WASH needs (water storage, latrine construction, hygiene kit (soap bars), baby kit, aquatabs, services provision) to all new families 	<p>Current WASH partner working in existing geographical area (ACF, LOST, Mercy Corps)</p>	<p>UNICEF</p>
<p>For possible new site (280 tents):</p> <ul style="list-style-type: none"> • Site preparation in coordination with Shelter • Provide WASH needs (water storage, latrine construction, hygiene kit (soap bars), baby kit, aquatabs, services 	<p>Current WASH partner working in existing geographical area (ACF, LOST, Mercy Corps)</p>	<p>UNICEF</p>

provision) to all new families		
<p>For non-IS:</p> <ul style="list-style-type: none"> For gaps in water availability, WASH partners will assess the need and support whenever possible (Families are expected to have access to safe water and sanitation services) 	NRC - shelter, support from WASH partner whenever possible	UNICEF

Scenario 2

Inside Arsal

- Response to be adapted from Scenario 1 according to first assessment.

Lebanese fleeing

- MOSA to analyze situation in coordination with Mayors
- MOSA to convene Zahle coordination cell to decide on action needed.

Syrian fleeing

- Syrians fleeing Arsal will likely do so in small numbers and they will be referred to UNHCR as per existing procedures.

Annex 1: Contact numbers

Arsal coordination	
Deputy Mayor Rima Karnabi	71 654 301
Backup: MSA Mohammad	70 090 379
Zahle coordination	
Hussein Salem, MOSA	03 011 808
Backup: Josep Zapater, UNHCR	70 102 905
Backup to Josep Zapater: Prachuap Yangsa-Ngobsuk, UNHCR	79 100 054
Protection	
Coordination, backup and support: Fawad Aamir, UNHCR	79 100 052
Shelter, housing and other infrastructure	
Shelter coordination, backup and support: Nick Winn, NRC	76 886 116
Temporary infrastructure: Ali Al Houjairy, DAF	03 108 202
Backup for temporary infrastructure: Prachuap Yangsa-Ngobsuk, UNHCR	79 100 054
Basic domestic and hygiene items	
Ali Al Houjairy, DAF	03 108 202
Backup to Ali Al Houjairy: Karima Karima Al Houjairy	70 950 388
Coordination, backup and support: Prachuap Yangsa-Ngobsuk, UNHCR	03 108 202
Backup to Prachuap Yangsa-Ngobsuk: Yara Atallah, UNHCR	70 065 692
Food	
Ali Al Houjairy, DAF	03 108 202
Coordination, backup and support from Zahle: Maria Rehaime, WFP	76 320 650
Backup to Maria Rehaime: Paul Skoczylas, WFP	70 532 507
Health	
Coordination, backup and support: Mona Kiwan, UNHCR	79 160 198
Backup to Mona Kiwan: Rajaa Halabi, UNHCR	76 421 565
<i>Lebanese Red Cross:</i>	
-Mr Georges Kettaneh- LRC General secretary:	03 345 969
- Mr Walid Kayal- Bekaa LRC coordinator:	03 272 226
- Mr Abdallah Zgheib:	70 118 757
- Mr Ali Allaw- Hermel LRC coordinator:	03 619 229
In addition to the Hotline:	140
<i>Beyond:</i>	
- Mr Tarek Mazloun :	70 129 947
- Mr Mahmoud Hjeiry:	03 237 292
IMC-Mental Health and Psycho social support: Mrs Samah Hatoum:	70 674 587
Islamic Medical Association: Mr Ali Houjeiry:	71 637 838
Wash	
Coordination, backup and support: Maha El-Birani, UNICEF	70 99 66 27
Backup to Maha El-Birani: Maria Saïdy, UNICEF	70 99 66 17

Annex 2: NFIs

Stock / Gap NFI list

Planning Figures: 1,000 HH- 5000 Individuals					
	Local NGOs in Arsal				
	QRC	URDA	DAF (UNHCR NFIs)	Total	Gap
Blankets (Per Individual)	700		2725	3425	-1,575
Mattresses (Per Individual)	65		552	617	-4,383
Kitchen Set (2 per HH)			1167	1167	-833
Bucket + Lid (1 per HH)			1235	1235	235
Jerry Cans 10L (2 per HH)			1116	1116	-884

Standard of distribution

Family size / No	Blankets	Mattresses	Kitchen Set	Jerry Cans	Plastic Buckets
1	1	1	1	1	1
2	2	2	1	1	1
3	3	3	1	1	1
4	4	4	1	1	1
5	5	5	1	1	1
6	6	6	2	2	2
7	7	7	2	2	2
8	8	8	2	2	2
9	9	9	2	2	2
10	10	10	2	2	2
11 -> 15	11 -> 15	11 -> 15	3	3	3

Annex 3: Map of Aarsal with foreseen entry points for influx into Aarsal

