



**Inter-Agency  
Coordination**  
Lebanon

## Minutes of INTER-SECTORAL MEETING Beirut, 4 March 2016

<b>Meeting Location</b>	MoSA 7 <sup>th</sup> floor conference room	<b>Meeting Time</b>	10:00 A.M
<b>Chair person</b>	Aimee Karam- MoSA	<b>Meeting Duration</b>	2 h
<b>Co-Chair person</b>	Kerstin Karlstrom Senior Inter-Agency Coordinator  Margunn Indreboe Alshaikh Senior Inter-Agency Coordinator		
<b>Minutes Prepared by</b>	Lara Techekirian – Inter-agency Coordination Associate		
<b>Purpose of Meeting</b>	<ul style="list-style-type: none"><li>▪ UNRWA – Situation update and priorities for sectors</li><li>▪ Real time evaluation – SGBV</li><li>▪ Analysis of partner targets and budgets of the LCRP</li><li>▪ Health – analysis of service provision</li></ul>		

### Summary of discussions and action points

<b>1</b>	<b>Situation update and priorities for sectors (UNRWA) Leila Kaissi, Anne Colquhoun</b>
	<ul style="list-style-type: none"><li>▪ UNRWA focal persons provided a presentation outlining the current situation of Palestine Refugees in Lebanon (PRL) and Palestine Refugees from Syria (PRS)</li><li>▪ Findings from the 2015 AUB survey were highlighted, key findings included but were not limited to:<ul style="list-style-type: none"><li>○ 90% of PRS live in poverty and 10% live in extreme poverty. Extreme poverty is three times higher for PRS than PRL</li><li>○ The unemployment rate for PRL is 21% for males and 32% for females. The unemployment rate among PRS reaches a staggering 52.5%, more than double the rate for PRL (23.2%). 68% of females are unemployed compared to 49% of males</li><li>○ PRS respondents of schooling age are less likely than PRL to be</li></ul></li></ul>



	<p>enrolled in schools across all education cycles</p> <ul style="list-style-type: none"><li>○ There is a high burden of chronic disease in PRL which places a large financial burden on households</li><li>○ PRS are almost completely reliant on UNRWA to cover their health needs, with 99% having no access to health insurance other than the coverage by UNRWA for primary health and hospitalization services</li><li>○ The environmental health and housing conditions for the majority of PRL are poor. 46.2% of PRS households reported living in overcrowded conditions with more than 3 people sleeping per room.</li></ul> <ul style="list-style-type: none"><li>▪ Key sectoral areas and priorities for support were highlighted (with focus on basic services in education, health, relief and social services and camp improvement)</li><li>▪ The UNHCR Health sector coordinator asked whether the illiteracy rate was limited to a certain age group, UNRWA focal person noted that the illiteracy rate is 8% ( 11.3% among females and 4.1% among males) and covers all age groups</li><li>▪ The UNHCR Basic Assistance (BA) sector coordinator raised questions on the Poverty incidence among the PRL, the Poverty line and Status of the UNRWA Multi-Cash Assistance Programme (MCAP). UNRWA focal person responded as per the below:<ul style="list-style-type: none"><li>○ The poverty incidents have shifted: In 2010. Poverty was highest in the South now its highest in the Bekaa, more details can be shared when the full report will be launched.</li><li>○ The poverty line is \$208 per person per month and extreme poverty line is \$77 (AUB Survey 2015)</li><li>○ The Status of the UNRWA (MCAP) appealed under the LCRP BA Sector depends on the funding,</li></ul></li></ul> <p>– A question was raised by MoSA chair on changes in service provision.</p>
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	<p>UNRWA focal person pointed out that the agency revised the hospitalization policy (The reasons for this adjusted policy included increasing support for tertiary care and alleviating the burden of costly surgical operations. In addition, a cost-sharing element for secondary care was introduced in line with international good practice).</p>
<b>2.</b>	<b>Real Time evaluation – SGBV ( Lachin Hasanova-UNHCR)</b>
	<ul style="list-style-type: none"><li>▪ The UNHCR Senior Regional Protection Officer (SGBV) presented the evaluation of implementation of Inter-Agency Standing Committee (IASC) Guidelines for the Prevention of and Response to GBV in Emergencies in the Syria Crisis response (2015)</li><li>▪ The objective of the evaluation was to examine the humanitarian community's implementation of global guidance on GBV prevention and response, inform the roll out of the revised Guidelines and support the 3RP and SRP processes</li><li>▪ The key findings highlighted included but were not limited to:<ul style="list-style-type: none"><li>○ The IASC Guidelines for the Prevention of and Response to GBV are not well known</li><li>○ These guidelines are not being used in programming practice nor incorporated in organizational or sector-specific strategic documents and standards.</li><li>○ Sectors rarely hold themselves accountable to women and girls in a meaningful and routine manner</li></ul></li><li>▪ Recommendations made included:<ul style="list-style-type: none"><li>○ Humanitarian Coordinators and Refugee Coordinators to integrate GBV risk reduction in their strategies and proposals</li><li>○ Develop and implement an accountability framework for affected populations</li><li>○ Cluster/ Sectors Leads to Identify GBV risk reduction priorities</li></ul></li></ul>



	<p>based on sectoral assessments, Designate Focal point responsible for monitoring</p> <ul style="list-style-type: none"><li>○ Donors to hold accountable any partners who fail to adhere to and implement the GBV Guidelines</li><li>○ All humanitarian actors to raise awareness and advocate for the uptake of the GBV Guidelines by all international, national and local partners involved in humanitarian response.</li></ul> <p>▪ The full report can be accessed at: <a href="http://reliefweb.int/report/syrian-arab-republic/evaluation-implementation-2005-iasc-guidelines-gender-based-violence">http://reliefweb.int/report/syrian-arab-republic/evaluation-implementation-2005-iasc-guidelines-gender-based-violence</a></p>
<b>3.</b>	<b>Analysis of partner targets and budgets of the LCRP (Sector Coordinators)</b>
	<p>▪ Due to time constraints, this agenda item was postponed to next months' Inter-sectoral meeting and all sectors were asked to present the analysis completed with regards to partner targets and appeal amounts vis-a-vis the total budget and targets in the LCRP.</p>
<b>4.</b>	<b>Health – analysis of service provision (UNHCR)</b>
	<p>▪ UNHCR Health sector coordinator presented the results of a mapping exercise conducted to map the different location where the Primary Health Care services are being provided. key observations were highlighted;</p> <ul style="list-style-type: none"><li>○ Mobile Medical Units (MMUs) are visiting many sites which are less than 1 or 2 kms away from the closest Primary Health Care Centers (PHC) (some sites are being visited by multiple MMU partners and some PHCs are being supported by more than 1 partner)</li><li>○ Many supported PHCs are not within the Ministry of Public Health (MoPH) network</li><li>○ There is an information gap relative to the monthly achievements of non-supported PHCs or Social Development Centres (SDCs)</li></ul>



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	<ul style="list-style-type: none"><li>○ A Call was made for an efficient coordination between the different MMU partners, and also for information to be made available for PHCs and SDCs.</li></ul>
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#### Attachments

Document	Location
IS Presentation	<a href="http://data.unhcr.org/syrianrefugees/admin/download.php?id=10414">http://data.unhcr.org/syrianrefugees/admin/download.php?id=10414</a>