



Syrian crisis emergency response in Lebanon

BEKAA VALLEY NORTH GOVERNORATE



HI team during a follow up home visit to one of Handicap International's beneficiaries

Activity report – 15th April 2013

EUROPEAN COMMISSION



Humanitarian Aid



Canadian International
Development Agency

Handicap International Federation – Emergency Division

Handicap International has been implementing a Disability & Vulnerability Focal Point (DVFP) project in North Bekaa since June 2012 and has extended it in West and Central Bekaa from mid December 2012. In the same month Handicap International initiated its emergency winterization project, for approximately 3500 beneficiaries. Finally Handicap International has also started to implement a distribution project for families affected by the Syrian crisis (principally newcomers) of NFI and food parcels in West and Central Bekaa. The details of all these projects can be found in this report.

In North Lebanon, the first stage of HI interventions (from June 2012) was mainly focusing on the support to hospitals and specialized centres in Tripoli which were receiving Syrian refugees with war injuries. This response to the Syrian crisis in the North has been complemented with community based activities since December 2012 in order to ensure a better coverage of the specific needs of the refugee population through the implementation of a DVFP project. The specificity of the refugees' profiles encountered and of the needs identified has led to a particular set up that is detailed in the text below.

DISABILITY AND VULNERABILITY FOCAL POINT (DVFP) – BEKAA VALLEY

OBJECTIVES

The general objective of the project is to contribute to **mitigate the impact of the Syrian Crisis on the most vulnerable persons** and their families - including Syrian injured refugees and other vulnerable groups - by responding to **their basic and specific needs**. The project is designed to urgently cover gaps in terms of specific needs, and to complement, reinforce and/or adapt the overall humanitarian response in regards with critical issues, especially through health and protection sectors.

The project relies on a strong network of more than **190 focal points** (local organization, community focal point, municipalities, health centres, etc...), which supports Handicap International in the identification of the most vulnerable families and the person with specific needs. This network enables also to develop acceptance and have a highly qualitative understanding and analysis of the area and challenges.

TARGET POPULATION

- **Injured persons at high risk of developing permanent disabilities**
- Persons that have seen their vulnerability increase subsequently to the crisis, such as persons with existing **impairment/disabilities, older persons, persons with chronic diseases, serious medical condition**.
- HI intervention also focus on **protection cases** (people “at risk”) by putting an end to the situation of exclusion of isolation, linking them to the services they need but as well improving their coping capacities through promoting social links and relationships, reducing their psychosocial distress.

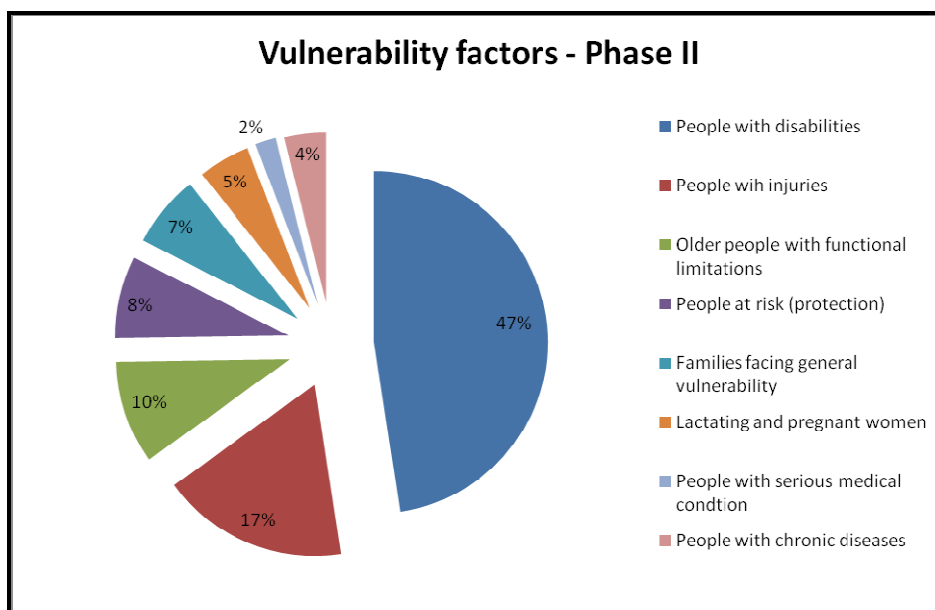


RESULTS:

Till date, a total of **2,026 vulnerable families (i.e. 10,131 individuals)** have been supported by HI's intervention.

- **30% of the individuals with specific needs are under 18 year old**
- Women stand for **45%** of HI beneficiaries.
- **33%** of HI beneficiaries are **newcomers** (arrived in Lebanon less than 1 month ago at the time of the assessment)
- **Only 43% are registered.**

Disaggregation of data (vulnerability factors can be cumulative)



Composed of a pluridisciplinary outreach team (social workers, psychosocial workers, physiotherapists), supported by two technical advisers (rehabilitation and psychosocial), Handicap International implements the 5 following activities:

Identification, assessment and linkage with external actors

The DVFP project aims at improving the identification of the most vulnerable persons with uncovered needs. The extensive **assessment** implemented by HI teams not only contributes to make visible the particularly vulnerable persons, but also ensures proper identification of their needs, both basic and/or specific. Once identified, linkage with external actors is ensured, through the **provision of information on existing services and referrals** to guaranty an individualized support in the response to their needs. As **case manager for the most vulnerable people**, HI strives to ensure an individualized support in the response of the needs of the most vulnerable.

- 50% of HI beneficiaries have thus received at least one referral.

Rehabilitation care

HI Provides emergency rehabilitation care to persons with functional limitations, including people with injuries and disabilities, with the final objective to improve independence in daily activities:

- Rehabilitation sessions
 - Provision of prosthesis/orthotic, with a priority put on persons with injury
 - Provision of mobility aids (wheelchair, white cane, walker, etc...),
 - Provision of specific items (urinal flask, anti pressure sore mattress, etc...)
 - Provision of complementary basic items (blankets, pillow, hygiene kits, etc...)
 - Advices to the families and care takers
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- **1000 rehabilitation sessions have been provided to 550 beneficiaries** (ie 60% of HI beneficiaries)
 - **350 people have received at least one mobility aid** (including wheelchairs, walker, white cane, crutches) or specific items (anti-bedsore mattress, toilet chair, urinal flask and bedpan, rehabilitation tools and complementary basic items)
 - 25 people have been identified and will receive prosthesis (7) or an orthotics (18).

It is worth mentioning that 74% of these cases are people with injuries directly caused by the conflict.

Psychosocial support

Psychological support is offered with the final objective to provide direct psychological support to the refugee communities and **prevent any aggravation of the situation**. This support also ensures a **holistic approach** for the beneficiaries already benefiting from **rehabilitation care** and **people/families at risk benefiting from HI follow-up**.

- Direct psychological support for both individuals and the families
 - Distribution of psychosocial kits
 - External referrals to psychologist and psychiatrist
 - Awareness sessions and activities to recreate links between the refugees communities in tents settlement and collective shelters
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- 267 households have received psychosocial support from HI psychosocial workers (ie 30% of the HI beneficiaries).
 - 267 individual counselling and 126 familial counselling were conducted (ie a total of 393 sessions).

Inclusion and advocacy

The objective of Handicap International intervention is also to advocate for the inclusion of persons with functional limitations and disabilities in the activities of the external actors and to offer its technical expertise to adapt their intervention (accessibility). Beyond the persons with functional limitations and disabilities, Handicap International's intervention is aimed at advocating for the needs of the most vulnerable and to identify the gaps in the coverage of needs.

- **51 staff of 3 organisations has been trained in Bekaa (Action contre la faim, World Vision, Save the Children)**

DISABILITY AND VULNERABILITY FOCAL POINT (DVFP) TRIPOLI AND NORTH LEBANON

In North Lebanon, the DVFP project covers the governorate of Akkar (since end of February), and region of Tripoli (since mid-November). As of end of March, **a total of 811 individuals have been supported by HI's intervention.**

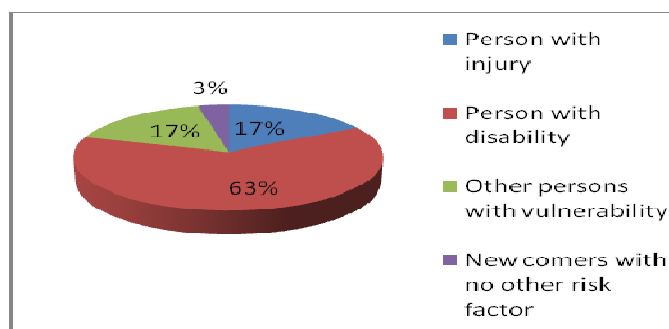
The DVFP project implemented in this region similarly to the one in the Bekaa aims at identifying the most vulnerable persons among the refugee population, in order to provide them with direct tailored services, such as physical rehabilitation care, and access to other services through referrals. However, the profile of the beneficiaries being different, adaptations have been essential to ensure a qualitative response to the needs of the refugee population. The personal risks factors of the beneficiaries are as follows:



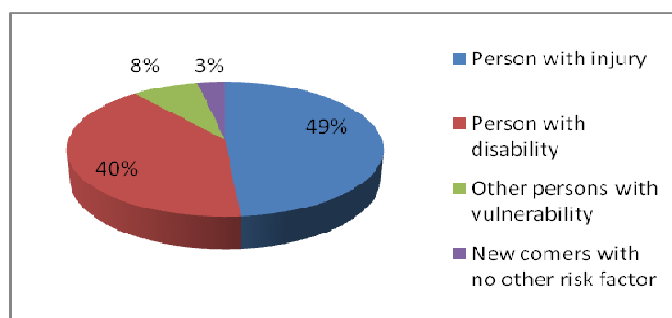
Refugee family supported with rehabilitation cares and social counselling

- **People with injuries:** mainly strokes survivors and war injuries.
- **People with disability:** 30% are older persons with functional limitations and no social participation, 20% chronic illness with need of mobility aid, 50% children with cerebral palsy, and some people with sensorial disabilities.
- **Other people with vulnerability:** Mainly people with no need of rehabilitation cares (only advices), that is to say older people with slight functional limitation related to age, chronic illness without need of neither mobility aid nor rehabilitation follow-up.
- **New comers:** refugees who arrived less than 1 month ago, with no other risk factors.

Risks factors of the beneficiaries in Akkar governorate (factors can be cumulative)



Risks factors of the beneficiaries in Tripoli area (factors can be cumulative)



Rehabilitation care

The high percentage of people with injuries in Tripoli area can be explained by two main factors. First, as highlighted by UNHCR in January, more than 65% of newcomer refugees in the North region settle down in Tripoli and surroundings rather than in Akkar area and there is a higher prevalence of injured people amongst newcomers. Secondly, severely injured refugees are transported to Tripoli for medical care in hospitals or specialized centres. This led to two main adaptations of the DVFP project.

At community level, each DVFP outreach teams is composed of one social worker and one physiotherapist. The constant presence of the physiotherapist facilitates immediate action and regular follow-up of the rehabilitation needs of the beneficiaries throughout the intervention.

In Tripoli, four hospitals and specialised centres are providing medical care to injured refugees. Being at high risk of developing permanent impairments, these people are in great need of physiotherapy, starting from post-surgery physiotherapy. A need to implement complementary support at this secondary level, alongside with community level, was thus identified to prevent further disabilities. Therefore a HI physiotherapist is providing direct support in two centres. In the two other health centres, the physiotherapists refer patients to Handicap International so they can benefit from orthotics and mobility aids.

In parallel, in order to build the capacity of the four health centres, the HI national rehabilitation technical advisor has been conducting on-the-job training and accompaniment for local professionals. Handicap International has also ensured in 2012 the provision of equipment and consumable to hospitals' physiotherapy department.



HI physiotherapist providing physical rehabilitation care at hospital level

Till date:

- **2595 rehabilitation sessions have been provided to 599 beneficiaries (ie 74% of all beneficiaries)**
- **305 persons have received at least one mobility aid** (including wheelchairs, walker, white cane, crutches) or specific items (anti-bedsore mattress, toilet chair, urinal flask and bedpan)
- **49 persons have received orthotics, and 7 identified for prosthesis**

New comers are less likely to access mainstream services, due to lack of information (**in Tripoli, only 45% of the beneficiaries are registered with UNHCR**). Moreover, in Tripoli area and Akkar governorate, refugees are mostly scattered in urban settings. For these reasons, the most vulnerable individuals, including the high number of people with injuries, are even more invisible and difficult to reach.

The project thus relies on a strong network of **almost 100 community resource persons who support Handicap International in the identification of the most vulnerable families and the individuals with specific needs**. The resource people might be Lebanese or Syrians, community leaders, shop keepers, health workers, refugees themselves, or anyone in direct contact with the refugee population and with a will to support vulnerable people. Through these community resource people, the DVFP ensure extensive coverage of individuals in need of support.

Psychological support:

The refugee population is highly vulnerable to psychological distress due to the traumatic experiences they have been through. While psychosocial services are available in the region, a major gap has been identified in the provision of psychological care in North Lebanon. Handicap International has thus decided to implement psychological support, operational since end of March. This support is provided both at community level and in the 4 hospitals and specialised centres to ensure all most vulnerable people are assisted.

WINTERIZATION PROJECT

Objectives:

The harsh winter in the Bekaa valley, in a mountainous area of Lebanon, and the urgency of the shelter needs due to mass arrivals from Syria, led Handicap International and others humanitarian stakeholders to develop an **emergency response in December 2012 for weatherproofing of houses.**

Handicap International distributed and installed family kits for isolation of the windows, doors and ground, with local carpenters and enterprises.

Considering the efficiency of the winter team and project, HI decided to extend the target from an initial 650 **to reach 710 kits installed/distributed to a target of 3,500 persons.**

The project allowed HI to provide a direct much needed service in the entire valley to Syrian refugees as well as support to the local economy (working through local artisans and suppliers). In the specific context of the Bekaa which has always been a vulnerable area of Lebanon and which is affected by more than one year of the Syrian crisis, this initiative proved a success.

Final Results: Activities of isolation on the field are now finished as winter is over.

- HI provided assistance to around **3,500 persons by distributing/installing 710 kits for unfinished houses and substandard shelters sealed off in emergency.**
- **164 heater stoves were distributed to complement the improvement of shelter conditions.**



Unfinished houses sealed off– West Beka

Thanks to Handicap International's intervention **the average temperature inside the houses after sealing off increased by 10° degrees.**

A detailed report including all technical aspects of the project has been prepared and published on the UNHCR website available for consultation.

FOOD AND NON FOOD ITEMS DISTRIBUTION - BEKAA

Objectives:

The deteriorating situation in term of shelter and access to assistance is leading to major gaps in terms of non-food items (NFI), food items (FI).

Vulnerability of population is getting higher, either of the refugees arrived during the past year as their resources are ending, or for the new arrivals who are mostly poor families who fled Damascus area. **The constant increase of new comers, up to 1,500 families per week in Bekaa** is becoming a real burden for this vulnerable region of Lebanon.

A NFI kits is composed of:

- 5 blankets per family
- 4 mattresses
- 1 hygiene kits
- 1 kitchen set
- 1 baby kit for families concerned
- A food parcel of 42 kg provided by WFP



Result up to now:

HI launched this emergency project in mid march and has already recruited a team of 18 persons, set up a stock to receive a total of 2,520 Non Food Items Kits and 2,100 Food Parcels from the United Nation World Food Program.

Whilst assessment started in the 1st week of April, the first distribution took place on the 2nd week of April with a total of 147 households who received a complete package till date. In the coming weeks the teams will work to full capacity with an **estimated 350 kits distributed per week until mid June.**

Latest figures:

Till date:

- **147 households have received kits, including 92 newcomers family, 44 families pending registration with the UNHCR and 11 extremely vulnerable households (identified through HI's DVFP project)**
- 619 households have been assessed for future distribution

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