

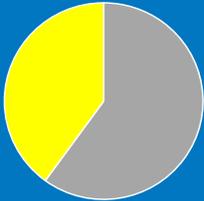


February UPDATE

- February developments
- Helping refugees in need of hospital care
- Zain's Story



FUNDING



Agencies and the Government of Lebanon have requested US\$ 2.48 billion in the 2016 Lebanon Crisis Response Plan (LCRP)

REGISTERED REFUGEES

A total of 1,067,785 are currently registered with UNHCR in Lebanon

LEBANON

INTER-AGENCY UPDATE

FEBRUARY DEVELOPMENTS

Winter distributions: update

UNHCR's cash for winter programme will be extended until the end of March 2016. Although weather conditions have been more favorable this year, UNHCR is taking into account the increased vulnerabilities and expenditures of the refugee population during the winter months.

Over 168,371 Syrian refugee families (841,855 individuals) have received winter cards and fuel vouchers since the beginning of winter. Additionally, some 60,000 families (300,000 individuals) have received items such as clothes, stoves, and blankets.

In Arsal, 7,682 families (38,410 individuals) have received Medco fuel cards distributed by Dar Al Fatwa (DAF) as part of the second cycle of winter distributions in the town that started on January 4.

A recent contribution by the Qatar Red Crescent has allowed UNHCR to distribute much-needed fuel cards to nearly 1,000 additional Syrian refugee families (5,000 individuals) residing in the border town of Arsal.

Over 90,000 children under the age of 15 residing in informal settlements have received a US\$ 40 per child winter grant from UNICEF. Moreover, some 30,800 children have received clothing kits through UNICEF. These include hats, scarves, jackets, sweaters, pants, socks, and boots.

In coordination with the Ministry of Social Affairs (MOSA), UNHCR conducted several rounds of blanket distributions for vulnerable Lebanese families. Over 100,000 blankets were distributed to vulnerable Lebanese families residing in the North, 61,400 in the Bekaa, 19,722 in the South and 17,530 in Mount Lebanon.

Education: update

Over 5,000 children have sat for the placement test in order to enroll in this year's Accelerated Learning Programme (ALP) – a programme designed to allow out of school children to catch up to the level of other children their age despite the years of learning they have missed due to displacement. The children and their parents were informed about the programme through UNICEF, UNHCR and partners' ongoing outreach and awareness-raising efforts.

The first day of the programme took place on Monday 22 February while registration for enrollment is ongoing. The ALP will be available in 32 public schools across Lebanon.

Also this month, DAFI scholars – Syrian refugees benefiting from the DAFI scholarship for higher education through UNHCR – have shown increased engagement through volunteering in homework support groups and advocating for the importance of education, through self-made videos on social media and other means of communication.

Capacity building activities

The Danish Refugee Council is in the process of developing the curriculum for its pilot Gender-Based Violence (GBV) prevention project targeting girls and married adolescents in Baalbek, north Bekaa. Over 180 beneficiaries and their caregivers will be identified to participate in the 24-week training module which will tackle financial education, attitude change towards early marriage, as well as sexual health.

Similarly in Mount Lebanon, Intersos conducted a workshop entitled “My Safety, My Wellbeing” that focused on GBV prevention. Two groups of young women attended the workshop and were engaged in the discussions. Intersos also conducted GBV awareness sessions with over 70 Syrian refugee women and adolescent girls in their Choueifat community centre.

Medivisa - the third party administrator contracted by UNHCR for healthcare services for Syrian refugees - staff and Refugee Outreach Volunteers (ROVs) participated in training sessions to strengthen communication between the two parties and to enhance the referral process in the Bekaa.

A psychological First Aid training was organized by International Medical Corps (IMC) to non-specialized staff from various international and national organizations to build their capacities in providing emotional and practical support to Syrian refugees.

Approximately 25 teachers from 10 different public schools in the North attended a two-day training delivered by Restart to enhance their capacity to identify and refer children with learning difficulties.

Psychosocial support and basic literacy activities were conducted this week with 62 street and working children in different areas around Beirut. All of these children were referred to the ALP programme. Other activities, targeting 108 street and working children, were focused on helping children identify and deal with difficult emotions through art and communication exercises.

The International Relief Committee (IRC) conducted info sessions on birth and marriage registration, anti-fraud actions, education and health services in Sidon and Jezzine districts, with close to 100 Syrian refugee participants.

Over 120 Syrian refugees attended awareness sessions on fraud delivered by SHEILD in different areas in the South.

Institutional Support and Social Cohesion

The neighborhood group - a group of Lebanese and Syrian refugee youth supported by UNHCR and DRC in coordination with the municipality of Tripoli - launched a football tournament as part of a plan to increase interaction and recreational activities between Lebanese and Syrian youth communities. The first game was attended by the mayor, the local mukhtar and members of the municipal council. More such activities are currently being prepared by the group.

UNHCR in partnership with UN-Habitat delivered two bobcat trucks to the Hasbaya and Ain Ebel municipalities.

HELPING ALL REFUGEES IN NEED OF HOSPITAL CARE: A CALL FOR SUPPORT

In addition to primary health care, UNHCR supports access to obstetric and lifesaving hospital care for refugees through a network of 57 hospitals across Lebanon. This programme is guided by strict referral care guidelines (Standard Operating Procedures ‘SOPs’) due to the need to prioritize care according to available funding. Thus many conditions cannot be covered by UNHCR. Some examples are listed below.

In 2015, over 57,000 refugees were assisted with payment of the hospital bills on a cost sharing basis. UNHCR covers 75 percent of the hospital bill although this is increased to 90 percent for refugees who have been assessed to be severely vulnerable. The cost to UNHCR in 2015 was approximately USD 30 million.

In 2015, approximately five percent of the total number of persons referred for care did not fall within the referral care criteria for support. Conditions not covered by UNHCR include chronic diseases that require frequent non-emergency hospitalizations, cancer treatment (surgery, radio therapy, and chemotherapy), hemodialysis for chronic renal failure, congenital malformations, reconstructive surgery and skin grafts, and bone marrow and organ transplant.

UNHCR has an Exceptional Care Committee, chaired by the Senior Public Health Officer and composed of a panel of three independent physicians, that meets twice a month and reviews exceptional cases, approving coverage for compelling cases based primarily on the prognosis and cost.

When a refugee cannot be assisted, UNHCR’s healthcare team makes every effort to find an alternative solution such as referring to NGO partners, private donors and philanthropic organizations.

Unfortunately, there are very few partners involved in referral care and very limited options and funding available. In very few cases, resettlement may be an option.

A number of organizations have been able to cover hospital care for a limited number of refugees falling outside UNHCR’s SOPs. These include the Qatari Red Crescent, the Saudi National Campaign, the Union of Relief and Development Associations (URDA), the International Committee of the Red Cross (ICRC), the Brave Heart Foundation, the Heart Beat Foundation, Caritas Lebanon Migrant Center, Medecins Sans Frontieres, the International Network for Aid, Relief and Assistance (INARA), Soup for Syria, and Smile Foundation.

However critical, the support provided by these organizations remains insufficient. UNHCR has repeatedly advocated with donors about the need to support refugees outside the SOPs as well as covering the patient share to reduce the prohibitive health expenditure.

Among the considered solutions is the creation of a pooled fund for care of refugees outside UNHCR's SOPs, possibly coordinated by UNHCR together with the Ministry of Public Health and Non-Governmental Organizations. In addition, further efforts should be made to reach out to Lebanese physicians to provide pro bono services for refugees on humanitarian grounds or at least offering significant discounts. Setting up a network of philanthropic donors among the civil society, through an alert system relayed by media and social media is another option being explored.

ZAIN'S STORY



Ghoussoun, a 27-year-old single mother, lives in an apartment in Baalbek with her mother-in-law and her three children: Yazan, 11, Hala, 3, and five month-old Zain. They arrived in Lebanon in late 2013. Ghoussoun's husband, a former pastry chef in Syria, has not been seen or heard from since January 2014.

Back when he was only one-month old, Zain had to undergo an open-heart surgery. The cost of the surgery was prohibitive and Ghoussoun was already struggling to make ends meet.

"This is not the life I am used to," she said, "I have been able to make it this far because I sold my jewelry, including my wedding ring."

But Zain's doctor, local NGOs, a number of Lebanese families and UNHCR have pooled their resources to cover the cost of Zain's operation.

Today, Zain has recovered fully and is healthy. Without the support from all the donors, Zain would not have been able to survive.

DONORS

Australia, Belgium, Canada, Denmark, European Union, France, Germany, Ireland, Italy, Japan, Kuwait, Luxemburg, Monaco, Netherlands, Norway, Qatar, the Republic of Korea, Saudi Arabia, Spain, Sweden, Switzerland, United Kingdom, United States of America.

Contributions have also been received from the Emergency Response Fund (ERF) and the Central Emergency Response Fund (CERF) as well as from private donors, national and international organizations.