

LEBANESE HOST COMMUNITIES SUPPORT PROJECT - LHSP



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Lebanese Host Communities Support Project:

UNDP jointly with the Ministry of Social Affairs (MoSA) launched the "Lebanese Host Communities Support Project" (LHSP) as a comprehensive, coordinated and durable response towards the Syrian Refugee Crisis and its implications on the country. The project aims to achieve three main goals:

- 1) Increase the livelihoods and economic opportunities in affected areas
- 2) Strengthen the capacity of local and national actors to deliver basic services in a participatory and conflict sensitive manner
- 3) Improve the local level dispute resolution and community security.

LHSP ACHIEVEMENTS DURING THE MONTH OF APRIL 2014: INCREASING GREEN AREAS AND CREATING LABOR OPPORTUNITIES IN BEKAA:

As an adverse effect of the Syrian refugees crisis and the increase in Lebanon's population, severe consequences on natural resources and Lebanese economy have grown exponentially at all levels.

LHSP, funded by UNHCR, adopted initiatives aimed at increasing green areas in many villages within Bekaa district and creating short-term income-earning opportunities for many vulnerable groups living in challenging conditions.

Irrigation networks were established and 56,500 trees were planted in 14 villages within Bekaa district:

- 5,000 trees in Hermel.
- 4,000 trees in Bakka.
- 4,000 trees in Beeri.
- 3,125 trees in Kfarkouk.
- 3,125 trees in Beit Lahya.
- 3,125 trees in Ein Aata.
- 3,125 trees in Kawkaba.
- 3,500 trees in Baalback.
- 3,500 trees in Majdelyoun.
- 7,000 trees in Jeb Jannine.
- 6,000 trees in Terbol.
- 3,750 trees in Chmistar.
- 3,750 trees in Hadath Baalback.
- 3,500 trees in Nabi Shit.

Enhancing health care services:

Beneficiaries: 285,600 Lebanese and 39,500 Syrians

The conflict in Syria is impacting Lebanon's health system through increased demand for health care services and sharp rise in communicable diseases. Overcrowding, lack of water and sanitation infrastructure and other poor environmental conditions also pose significant risks to increased infections.

To enhance primary health care services and increase access of people to such services at low cost, LHSP, funded by UNHCR, supported many social development centers and primary health care centers within South, Bekaa and Mount Lebanon districts.

In South Lebanon, LHSP supported nine social development centers (SDCs) related to MoSA through the provision of medical equipment, furniture and IT supplies. The SDCs are located in the following villages:

- Tyre
- Chehabieh
- Baisarii
- Majdel Selem
- Kfar Sir
- Khiam
- Qlaileh
- Aadaissi
- Wazani

In Bekaa, Deir El Ahmar hospital was upgraded with radiology room and Aarsal village received an equipped ambulance car.

In Mount Lebanon, a primary health care center (PHCC) was established and equipped in Al



Chiyah Municipality. Moreover, the concept of health education was promoted in many schools within Beirut Southern Suburbs and Maten areas, in this regard, hygiene kits were distributed among:

- Mreijeh Public School
- 21 Public schools within Beirut Southern Suburbs area
- 6 Public schools within Burj Hamoud area.

Strengthening Capacities of Local Authorities to Deliver Basic Services:

Beneficiaries: 244,000 Lebanese and 88,000 Syrians

LHSP, funded by UNHCR, enhanced the capacities of local authorities in Bekaa district to deliver basic services given the sharp increase in demand and utilization by Syrian refugees. The initiatives entailed:

- Provision of collection truck (6 tons) and 200 waste bins for Al Bouhaira Union of Municipalities.

- Provision of a hand sucker truck for Al Marj Municipality.
- Provision of a solid waste truck and Bobcat for Baalback Federation.
- Provision of a Bobcat and a JCB truck for Bar Elias Municipality.
- Provision of a truck with a rear water tank for Labwe Municipality.
- Provision of a solid waste truck for Ain Kfarzabad Municipality.

Supporting Social Activities in Bekaa Region:

Beneficiaries: 22,000 Lebanese and 11,700 Syrians

- LHSP established a public garden in Majdel Anjar to encourage social activities in a safe environment.

Conducting Sensitive Needs Assessment for 49 Localities covering 62 Municipalities:

LHSP is conducting a sensitive needs assessment adopting

Maps of Risks and Resources Methodology through a participatory approach with local authorities and community key leaders. So far, the assessment has been realized in the following communities:

South/Nabatieh: Ghazieh, Al Sarafand, Al Baysariyeh, Borj Chemali, Chebaa, Al Habbariah, Khyam

Bekaa: Bar Elias, Majdel Anjar, Saadnayel, Taalabaya, Terboul

North: Cluster Wadi Khaled: Amayer, Bani Sakher, El Hichi, El Rama, Mqaible, Wadi Khaled, Fard.

The importance of this methodology comes from its ability to identify projects from a development long term perspective, in addition to short term punctual activities that meet directly the needs recognized by communities with ownership and commitment for sustainability.

For each one of the aforementioned targeted communities a multi-sectoral action plan has been produced, with the identification and costing of the projects.

Developing an Inter-Institutional Response Plan for Improved Health Services Delivery:

For the issues related to enhancing educational and health services, UNDP is developing an inter-institutional response plan for an improved health services delivery to standardize the quality of services offered by the different institutions. In this regard, a rapid assessment is being conducted in 10 targeted communities out of the 49 targeted localities as the following:

- Mount Lebanon: Haret Hreik, Al Chiyah, Burj Hammoud.
- Bekaa: Bar Elias, Zahleh and Baalbeck

- North: Halba and Cluster Wadi Khaled

- South: Bint Jbeil

This initiative is being carried out in collaboration with the Ministry of Public Health, Ministry of Social Affairs and Ministry of Education and Higher Education at the national level, and with municipalities, public schools, primary health care centers and social development centers at the local level. This collaboration entails four aspects of intervention:

1. Creating working groups chaired by the targeted municipalities to develop an integrated health plan.
2. Improving the skills of primary health care providers and school health educators.
3. Improving the infrastructure conditions.
4. Systematizing the referral health system.



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