

# LEBANON



The ICRC has been present in Lebanon since the 1967 Arab-Israeli war. With the Lebanese Red Cross, it works to protect and assist civilians affected by armed conflict and other situations of violence. In a subsidiary role, it facilitates access to medical care and water, and provides other relief to refugees who fled the armed conflict in the Syrian Arab Republic. It visits detainees to monitor their treatment and living conditions; provides family-links services, notably to foreign detainees and refugees; works with those concerned to address the plight of the families of the missing; and promotes IHL compliance across Lebanon.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

## KEY RESULTS/CONSTRAINTS

### In 2013:

- wounded evacuees from the Syrian Arab Republic (hereafter Syria) received emergency surgical care at Lebanese hospitals thanks to ICRC financial support
- with financial/technical/material support from the ICRC, the emergency medical services of the Lebanese Red Cross provided first-aid treatment, medical evacuations and blood bank services to wounded people from Syria
- people fleeing the Syrian armed conflict had their protection needs addressed, with gaps in the assistance being provided to them by the Lebanese government, the UN and their partners filled in part by the ICRC
- Lebanese residents and Syrian refugees living in the Bekaa Valley and Tripoli enjoyed improved access to water following the rehabilitation of water pumps and other projects carried out by the ICRC with the local authorities
- detainees benefited from regular ICRC visits to monitor their treatment and living conditions, and from confidential feedback and recommendations for improvement submitted to the authorities
- collection of ante-disappearance data from the families of missing persons continued, despite the political situation delaying government action on ICRC recommendations based on an assessment of the families' needs

## EXPENDITURE (in KCHF)

Protection	3,771
Assistance	10,974
Prevention	1,344
Cooperation with National Societies	2,208
General	-

**18,297**

of which: Overheads **1,106**

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>108%</b>
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## PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	70

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	36
RCMs distributed	55
Phone calls facilitated between family members	12
People located (tracing cases closed positively)	40
People reunited with their families	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	6,249
Detainees visited and monitored individually	771
Number of visits carried out	139
Number of places of detention visited	29
<b>Restoring family links</b>	
RCMs collected	122
RCMs distributed	65
Phone calls made to families to inform them of the whereabouts of a detained relative	1,120

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 12,500	12,591
Essential household items	Beneficiaries 50,000	34,716
Water and habitat activities	Beneficiaries 300,000	231,491
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 10	24
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	10

## CONTEXT

The armed conflict in the Syrian Arab Republic (hereafter Syria) seriously affected the humanitarian, security and political environment in Lebanon. In April, Hezbollah's secretary-general confirmed its forces' participation in the armed conflict in Syria.

The number of people entering from Syria posed a challenge to the Lebanese economy, host communities and actors working to address the crisis, particularly in the absence of camps formally established by the government. Close to a million refugees had sought shelter across Lebanon by year-end. Besides regular spillovers along the border, the Syrian armed conflict also aggravated the security situation inside Lebanon, notably in Beirut, the Bekaa Valley, Saida and Tripoli, where more frequent outbursts of violence, criminality and bomb attacks occurred. The Lebanese Armed Forces (LAF) routinely intervened to pacify these areas.

At year-end, a new government had yet to be formed despite the appointment of a new prime minister in March. Palestinians continued to contend with difficult living conditions and persistent tensions in refugee camps.

Hundreds of cases of people missing in relation to past conflicts in Lebanon remained unsolved and continued to cause deep anguish for the families concerned.

## ICRC ACTION AND RESULTS

The ICRC's humanitarian action Lebanon in 2013 was largely shaped by the effects of the Syrian armed conflict. Its response to the needs of refugees and Lebanese returnees from Syria – while remaining complementary to the efforts of the Lebanese government and UN agencies, and their partners – increased steadily. Therefore, the ICRC launched a budget extension appeal for Lebanon in May. In close coordination with those actors, it provided emergency relief, consisting of essential household items and food, for refugees and returnees whose needs remained unaddressed. Similarly, it cooperated with the local authorities to improve availability of water for both refugees and host communities in poorly served areas, which helped ease the pressure on residents and the potential for tensions.

The ICRC regularly visited people who had fled the conflict – mostly Syrians taking refuge in northern Lebanon and the Bekaa Valley – to monitor their situation and, when necessary, raise their protection concerns with the relevant authorities. Refugees from Syria, as well as some Lebanese families, also benefited from ICRC family-links services.

To help the wounded – be they injured in Syria or during clashes in Lebanon – access emergency care, the ICRC regularly supplied drugs, dressing materials and other consumables to first-aid posts and hospitals receiving casualties; covered the costs of surgery for hundreds of critically wounded Syrians; and provided financial support to the emergency medical services (EMS) and blood bank of the Lebanese Red Cross, which remained its main operational partner. Overall emergency preparedness/response capacities were also enhanced through training for first-aiders, surgeons and other medical personnel, and strategically pre-positioned surgical kits. However, technical problems hindered the implementation of some activities for the benefit of weapon-wounded patients.

The ICRC continued to visit detainees to monitor their treatment and living conditions and enable them to exchange news with their families. It continued working with the detaining and central authorities – including through a seminar, round-tables and material/technical support – to ensure better health care for detainees.

Continuing its work on behalf of families of missing persons, the ICRC notably submitted to the authorities a report on an assessment of the families' needs, and recommendations for meeting them. Although the socio-political environment delayed government action on these recommendations, the ICRC proceeded with identifying potential partners for implementing some of them. It also continued collecting information on missing persons through interviews with their families, with a view to preserving key data to facilitate a future identification process. The government's signing of an agreement on the proposed collection of biological reference samples from families was delayed.

The political climate in Lebanon and the challenges posed by the effects of the Syrian armed conflict hindered progress in IHL integration and the functioning of the national IHL committee. Nevertheless, the Ministry of Foreign Affairs prepared a draft law on incorporating the Convention on Cluster Munitions into national legislation.

To facilitate understanding/acceptance of the Movement's work, the ICRC pursued dialogue with the authorities, the LAF and other weapon bearers, and other actors, including in Palestinian refugee camps. It highlighted messages of the Health Care in Danger project, promoted respect for IHL and humanitarian principles and enlisted support for neutral, impartial and independent humanitarian action. The media helped these messages reach influential leaders and the wider public.

Regular coordination meetings among Movement partners and with UN agencies and other organizations operating in Lebanon helped maximize the humanitarian response and avoid duplication of efforts.

## CIVILIANS

### Syrian refugees cope with displacement

People fled to Lebanon from Syria in increasing numbers. With the Lebanese government, UN agencies and their partners providing the primary response, the ICRC – in a complementary role and in coordination with those actors – stepped in, more than initially planned, to meet unaddressed needs.

As a result, some 35,000 people – among them Lebanese returnees and Palestinian and Syrian refugees unassisted by other organizations – alleviated their situation with the help of ICRC-provided blankets/mattresses, kitchen sets, and hygiene kits; some 12,500 of them augmented their diet with one-month food parcels. By year-end, better coverage of needs by other organizations led to a decrease in assistance requests to the ICRC, and thus fewer beneficiaries than planned, for essential household items.

### Syrian refugees and resident communities enjoy better access to water

The refugees' presence put additional strain on resident communities' access to water, which relied on dilapidated infrastructure. In response, the local authorities and the ICRC began working on improving the water supply in affected locations.

Thus, over 230,000 people in the Bekaa Valley and Tripoli improved their access to clean water thanks to eight projects, mainly rehabilitating pumping stations.

### **Authorities reminded of obligations under IHL towards people fleeing Syria**

Refugees reported abuses suffered in Syria or the arrest of their relatives. These allegations were shared with the ICRC delegation in Syria, which submitted representations to the parties concerned whenever possible (see *Syrian Arab Republic*).

The Lebanese authorities were reminded of their obligations under international law, particularly concerning the principle of *non-refoulement*, towards people seeking refuge in Lebanon. Discussions with the LAF and other weapon bearers emphasized the need to protect civilians, including medical personnel (see *Wounded and sick*).

### **Separated family members restore contact**

A few dozen people exchanged news with their relatives, including those detained abroad, through ICRC family-links services. Families filed 777 tracing requests to locate their relatives, including over 650 of whom were believed to have been arrested in Syria.

Under ICRC auspices, one Israeli national was reunited with his family in Israel; seven Lebanese nationals and the remains of six others were repatriated from Israel (see *Israel and the occupied territories*).

Some people eligible for resettlement abroad travelled from Syria through Lebanon and the body of a foreign national from Syria was repatriated, with the ICRC facilitating their transit. The ICRC covered the costs of transportation to the border for Syrian patients released from hospital, and of transferring the remains of Syrians who had died in Lebanese hospitals to their families. A South Sudanese citizen who had been released from a retention center, and a Syrian minor, joined relatives abroad using ICRC-issued travel documents.

### **Government action, on recommendations regarding needs of missing people's families, delayed**

Thousands of families remained without news of relatives missing in connection with past conflicts in Lebanon. The Lebanese authorities, including at the highest level, received a confidential report on an assessment of the families' needs. Through dialogue, the government was encouraged to commit itself to implementing the report's recommendations, such as the creation of a national mechanism for clarifying the fate of missing persons. Progress was minimal as the caretaker government focused on running the country amid the current situation (see *Context*). The ICRC continued to mobilize support for the families of the missing – for instance, by mapping local NGOs and family associations that could implement some of the report's recommendations. A public version of the report helped bring recognition for the families' plight.

With a view to preserving key information in a database for possible comparison with post-mortem data as part of a future identification process, the ICRC continued collecting ante-disappearance data on missing persons through over 580 interviews with their families. Aided by a new ICRC forensic advisor, dialogue with the authorities on the collection of biological reference samples for future DNA testing continued, while awaiting the signing of the requisite agreement. A review of the related training programme

of the scientific police of the Internal Security Forces (ISF) was scheduled for 2014.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees' treatment and living conditions monitored**

Over 6,200 detainees in 29 places of detention received visits conducted according to standard ICRC procedures, with delegates checking whether detainees' treatment and living conditions were in line with relevant law and internationally recognized standards. Some 770 detainees – of whom 625 were newly registered, including Syrians arrested by Lebanese security forces – were followed up individually.

The authorities received confidential feedback based on these visits, including recommendations where necessary. Discussions with the detaining and judicial authorities tackled prison construction standards and overcrowding and respect for judicial guarantees. Foreign detainees at risk of *refoulement* had their cases brought to the authorities' attention; written representations alerted the authorities to these and other issues.

Detainees or their families received attestations of detention, in some cases qualifying them for State welfare allowances. Vulnerable inmates, including women and minors, were shown particular attention, receiving mattresses, clothes and hygiene kits to ease their situation.

### **Authorities work to improve health care for detainees**

Cooperation with the authorities on improving health care for detainees continued. At nine ICRC-facilitated round-tables, ISF decision-makers discussed the progress made in the prison health care system and developed new recommendations for improving prison health services, including mobilizing various ISF departments. At a seminar co-organized by the ISF and the ICRC, representatives from the ISF, the LAF, the General Security Directorate and the Ministries of Health, Justice and Social Affairs, as well as penitentiary health staff, discussed issues such as hunger strikes and solitary confinement. Participants made a commitment to follow up the seminar's recommendations. At an ICRC-organized study tour on prison health care in Switzerland, three senior ISF managers observed best practices in health care in detention.

Detainees at the Roumieh Central Prison – Lebanon's largest – were served by the prison's medical centre, which received hygiene-promotion support, technical advice based on interviews with detainees and material support, including an X-ray machine. An assessment of primary/mental health care in Lebanese prisons was cancelled in order to focus on other health priorities in prison.

### **Detainees maintain family links**

Detainees exchanged news with relatives in Lebanon or abroad through RCMs and over 1,120 short oral messages, or *salamats*, relayed by ICRC delegates. Additionally, 237 foreign detainees informed their embassies of their detention, and 165 others informed the UNHCR of their whereabouts, via the ICRC.

## **WOUNDED AND SICK**

### **Wounded people receive timely treatment**

Weapon-wounded people – mainly Syrian refugees, but also casualties of violence in Tripoli and other cities – received treatment at 11 first-aid posts and 24 hospitals regularly supported by the ICRC with drugs, dressing materials and other consumables and, in some cases, basic medical equipment. In addition, 835 critically

wounded Syrians underwent ICRC-sponsored surgery; 33 were fitted with prostheses. Syrian patients – during and after their treatment/surgery – had their situation monitored and their protection concerns addressed by ICRC delegates and surgeons, who regularly visited ICRC-supported hospitals.

Following the influx of wounded people in Aarsal in north-eastern Lebanon owing to the escalation of the fighting across the border in Syria, a health facility set up by Syrian doctors in Aarsal received support through the installation of a heating system and donation of surgical instruments.

A project to provide treatment for Syrian patients at the Qobayat hospital – via a team of Lebanese surgeons supervised by an ICRC surgeon – was discontinued after about two weeks because some of the patients were carrying multi-drug-resistant bacteria, which posed a high risk of cross-infection. At year-end, the expansion of ICRC support to weapon-wounded people from both Lebanon and Syria was being studied.

### **National Society EMS boosts its capacities**

Medical evacuations of wounded Lebanese and Syrians were carried out mainly by the National Society's EMS. Regular dialogue with the relevant authorities, weapon bearers, local communities and other actors on the ground directly contributed to patients' safe and timely transfer; it also raised awareness of the need to respect medical personnel/facilities and to provide unhindered access to medical care.

As a key responder and the ICRC's main operational partner, the National Society received support for its core services (see *Red Cross and Red Crescent Movement*). In light of the increased need for emergency care, its EMS also stepped up its capacities, thanks to ICRC financial support, by hiring additional staff to ensure round-the-clock coverage of its operating rooms; its blood bank served the needs of Syrian patients, with 3,180 additional blood bags provided by the ICRC.

### **Emergency responders hone their skills**

Volunteers among the Syrian refugees, weapon bearers in Palestinian camps and other first-responders in the tension-prone main cities – trained at National Society/ICRC-supported sessions – helped ensure timely first-aid response in various parts of the country. As a precautionary measure against exposure to chemical weapons, 31 members of the National Society received training/equipment for self-protection and decontamination. Similarly, 18 participants from six ambulance-service providers trained in self-protection/management of patients.

Surgical kits for treating up to 600 weapon-wounded people were strategically pre-positioned throughout Lebanon, and dressing modules for up to 300 patients stocked.

Through ICRC-conducted triage and trauma courses, medical personnel from ICRC-supported hospitals, Syrian doctors and nurses, and LAF health personnel became more adept at treating weapon-wounded patients. Over 230 people participated in four war-surgery seminars and a training session on first aid for the weapon-wounded.

Coordination with other actors, notably the UN Relief and Works Agency (UNRWA), tackled the needs of Palestinian refugees from Syria and the response required from the humanitarian community.

## **AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY**

### **Key actors encouraged to support neutral, impartial and independent humanitarian action**

Regular interaction with various actors aimed to secure acceptance of the Movement and facilitate its work in Lebanon. Dialogue with the authorities, including at community level, focused on operational and IHL-related concerns (see *Civilians, People deprived of their freedom and Wounded and sick*). During first-aid training sessions, weapon bearers, Palestinians in refugee camps, Syrian volunteers and recovering patients also learnt about ICRC activities in Lebanon and elsewhere, IHL and humanitarian principles, and the goals of the Health Care in Danger project.

Briefings sensitized over 400 LAF personnel to IHL and the ICRC's mandate, and some 300 ISF officers to international human rights standards applicable to their duties and ICRC activities for detainees. Some 350 officers from the UN Interim Force in Lebanon attended ICRC briefings as part of their predeployment training.

The media helped relay humanitarian messages to key leaders, decision-makers and the public. Through interviews and other informational material, Lebanese bloggers and local/international media reported on National Society/ICRC activities in Lebanon, Syria and elsewhere, increasing public awareness of humanitarian issues and the Movement's work.

### **Armed/security forces draw on ICRC expertise**

The inclusion of IHL in the LAF's training programme helped bolster the ICRC's operational dialogue, particularly with the LAF's national IHL office. The ISF and the LAF continued to teach IHL at their training institutes, where the ICRC regularly held presentations that helped deepen officers' knowledge of IHL application in armed conflict.

An ICRC assessment of the ISF's code of conduct and the LAF's law enforcement training, particularly in relation to crowd-control operations, enabled the ICRC to gain further insight into their training needs and, pending discussions, adapt existing technical support. Cooperation on the ongoing security sector reform was also explored.

### **Foreign Affairs Ministry seeks ICRC feedback on draft law**

Although other concerns (see *Context*) took precedence over the operations of the national IHL committee and IHL integration, the Ministry of Foreign Affairs prepared a draft law on incorporating the Convention on Cluster Munitions into national legislation, and submitted it to the ICRC for feedback.

Representatives from various ministries, civil servants from the region, researchers from a Hezbollah-affiliated think-tank and a university lecturer participated in the 15th Arab regional IHL course and a regional train-the-trainer course. Both courses were co-organized with the Centre for Legal and Judicial Studies of the League of Arab States to advance IHL implementation and promote peer-to-peer learning.

Young people learnt basic IHL principles through briefings for new EMS volunteers and activities at local schools/universities, including an ICRC presentation at a regional course sponsored by an Islamic university. An IHL competition was postponed to 2014.

## RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, through its EMS, remained the country's primary emergency service provider and the ICRC's main partner in assisting wounded Syrians (see *Wounded and sick*). It drew on significant financial/material/technical support from the ICRC to: develop its strategic plan; modernize/develop/maintain its EMS equipment, vehicles, and stations; cover the costs of fuel and other consumables and salaries for key staff, including for fundraising; and train EMS volunteers to maintain its pool of skilled responders.

A newly designated focal point for family-links services received training, with a view to building a team to develop the National Society's family-links capacity.

The EMS had its five-year strategy approved at its National Congress in August, with further planning to follow. Due to the late election of a new governing board, little progress was made towards a draft law on use of the emblem and the revision of the National Society's statutes.

A new health strategy for the Palestine Red Crescent Society was being developed at year-end.

Regular coordination meetings helped strengthen partnerships within the Movement and ensure a unified approach towards external partners.

MAIN FIGURES AND INDICATORS: PROTECTION	Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Red Cross messages (RCMs)</b>		UAMs/SCs*	
RCMs collected	36		
RCMs distributed	55		
Phone calls facilitated between family members	12		
<b>Reunifications, transfers and repatriations</b>			
People reunited with their families	3		
<b>Tracing requests, including cases of missing persons</b>		Women	Minors
People for whom a tracing request was newly registered	777	52	88
People located (tracing cases closed positively)	40		
<i>including people for whom tracing requests were registered by another delegation</i>	3		
Tracing cases still being handled at the end of the reporting period (people)	840	46	88
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>		Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1		
<b>Documents</b>			
People to whom travel documents were issued	2		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>			
<b>ICRC visits</b>		Women	Minors
Detainees visited	6,249	88	15
Detainees visited and monitored individually	771	88	15
Detainees newly registered	625	84	12
Number of visits carried out	139		
Number of places of detention visited	29		
<b>Restoring family links</b>			
RCMs collected	122		
RCMs distributed	65		
Phone calls made to families to inform them of the whereabouts of a detained relative	1,120		
Detainees released and transferred/repatriated by/via the ICRC	1		
People to whom a detention attestation was issued	26		

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	12,591	25%	50%
Essential household items	Beneficiaries	34,716	23%	46%
Water and habitat activities	Beneficiaries	231,491	20%	60%
	<i>of whom IDPs</i>	Beneficiaries		
		231,491		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	3,000		
<b>Health</b>				
Number of visits carried out by health staff		34		
Number of places of detention visited by health staff		11		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	24		
	<i>of which provided data</i>	Structures		
		19		
Patients whose hospital treatment has been paid for by the ICRC	Patients	868		
Admissions	Patients	2,839	399	24
	<i>of whom weapon-wounded</i>	Patients	399	24
	<i>(including by mines or explosive remnants of war)</i>	Patients		
		4		
Operations performed		9		
<b>First aid</b>				
First-aid posts supported	Structures	11		
	<i>of which provided data</i>	Structures		
		3		
Wounded patients treated	Patients	441		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	10		