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#### Annual Report 2013

#### I- Introduction

As a non-profit organization working with the Palestinians since 37 years, we experienced all kinds of catastrophic crisis including displacement, destroyed houses, killings, disappeared persons, disabilities due to injuries, sieges around the camps, mass killings, broken families etc...However, the Syrian crisis took a most horrifying magnitude that no one has experienced before.

A tremendous humanitarian crisis ranked the biggest in the modern history, reporting an unbelievable number of deceased persons and more than six millions between internally displaced and refugees scattered in different countries.

No matter how much aid is provided by the UN agencies, international and local organizations, they can hardly cover part of the refugees' daily needs for survival, not to mention the educational and health services and the right to shelters with the minimum decent requirements.

Grievances reported by some refugees who fled the living hell of war, reveal the actual sufferings, bad living situations and harsh daily struggle for survival.

"Living in a refugee camp is like having to die very slowly. Yes we are alive, but the life you live is so far from the minimum level of good living conditions"

"Last year I had a husband I loved, a family and a home. Now I have lost it all"

"The dinghy capsized not far from the coast of a Greek island, but luckily we were rescued by coast guards. Later I found out that others, including whole families drowned attempting to reach Greece via some route".

Beside daily needs, the diverse problems among the refugees have different dimensions on the social level such as:

- Alteration in the family structure.
- Partition among some family members and others whereabouts' unknown.
- Disappearance of own community and access to services.
- More responsibilities for women due to losing their husbands
- Change in the status of men who can no more support their families creating low self esteem and increased domestic violence.
- Change in the children's' and youth behavior
- Marginalization and loss of power.
- Facing discrimination and rejection.

The longer the crisis drags on, the need for jobs increases, a fact that started raising complains from the local inhabitants due to the high competition it creates, as the refugees accept very low wages locals cannot accept. The influx of refugees is affecting the hosting community inside the Palestinian camps, who has to share with them the already poor resources. From another side rents are inflated and became beyond the reach of the majority. Accordingly, complaints started to be heard.

#### "I am really happy that I could help my relatives to settle down, but they will have to leave very soon as I cannot handle their needs anymore"

#### II- Family Happiness Program:

This program as usual includes a variety of services and activities directed to the sponsored kids and their families. However, this year additional services were introduced due to the emerging pressing needs of the PRS. Among that sponsorship for PRS children and more sponsored kids from the kindergartens. From another side the PRS children and families were given the opportunity to share in all programs and benefit from all services provided by NISCVT.

#### 1- Sponsorship 2013

#### Sponsorship Figures 2013

Center	# of	females	males	# of
	children			families
Shatilla	116	61	55	61
Burj E-Barajneh	157	92	65	77
Mar Elias	46	26	20	21
Beddawi	143	68	75	45
Naher El-Bared	148	64	84	64
Ein El-helweh	133	76	57	66
Rashidieh	126	63	63	60
Burj El-Shemali	166	92	74	71
El-Bass	60	34	26	30
Baalbeck	69	33	36	44
Total	1164	609	555	609

#### Sponsorship figures 2013 – Palestinian refugees from Syria (PRS)

Center	Families	Children		Females
			Males	
Bur El-Barajneh	3	9	6	3
Shatilla	3	8	6	2
Beddawi	2	4	2	2
Ein El-Helweh	15	27	15	12
Rashidieh	2	3	2	1
Burj El-Shemali	10	25	12	13
El-Bass	2	4	1	3
Baalbeck	5	11	9	2
Total	41	91	53 (58%)	38 (42%)

#### Sponsorship of KGs children 2013

Center	sponsored children	Males	Females
Bourj Al-Barajneh	15	7	8
Shatila	20	10	10
Beddawi	69	41	28
Naher ElBared	54	30	24
Bourj Al-Shemali	13	9	4
Ein ElHelwe	30	16	14
Rashidieh	43	20	23
		133	
Total	244	(55%)	111 5%)

## 2-Art & cultural Activities

Art and cultural activities became a constant agenda in the presented activities. Regular music trainings are implemented in Rashidieh, Naher El-Bared & Beddawi involving children of different ages, supported by FORUM students and teachers from the Norwegian Academy of Music.

In Shatila and Burj El-Barajneh Two Musical bands are active under direct support and training by al-kamanjati organization from Palestine. Training on Dabkeh carries an important national aspect in preserving our Palestinian heritage through passing it to the new generations.

# Art Activities 2013

Activity	groups	Participants	Females	Males
Dabkeh	9	141	76	65
Choir	10	128	42	86
Musical bands	27	270	115	155
Drama	7	105	54	51
Handicraft	16	275	206	69
Drawing	21	410	242	168
Photography	3	46	24	22
Comics drawing	10	70	46	24
Total	103	1,445	805	640





Cultural Activities 2013				
Activity	# of events	Participants	Females	Males
Library & cultural groups	65	643	386	257
Lectures + workshops	93	3,737	2,205	1,532
Exhibitions/theater/TV interviews	56	5,905	3,268	2,637
Competitions	14	2,065	1,155	910
Other	15	262	165	97
Total	243	12,612	7,179	5,433

#### 3- Mothers' Activities

Mother's activities / Family Happiness program

Activities	# of Participants
Monthly meetings	686
Mother's Day	761
Exhibitions/concerts/films	1175
National events/Sabra & Shatilla commemoration	1166
Health & psychological sessions	980
Workshops	223
Women in the society/social empowerment	845
Other: Cooked meals	120
Total	4956





#### 4-Sports and scouts Activities

Beirut Marathon became an annual event that the children from all regions look forward to. Supported by our friends in Finland, boys and girls run every year this Marathon that became listed as an international sports event.

In the Northern camps, football is the most popular game, 108 games (nine/moth) were played during the year with different teams inside the camps and with the neighboring Lebanese teams. The PRS youth were encouraged to join the teams and they were provided by the suitable clothes and shoes.

Some members were chosen to participate in three workshops, two organized by ANERA, one dealt with indoor and outdoor games, the second training of trainers. The third workshop organized by Right to Play organization in which discussions took place to investigate the needs and requirements of the different sports teams inside Beddawi and Naher El-Bared camps.

It is evident from the figures below that the only game that attracted the girls was ping pong and of course the Marathon. Accordingly there is a great need to increase the girls' participation and provide other games that would draw their attention.



#### Sports activities 2013

Activity	# of teams	members	Females	Males	Coaches
Football	8	156		156	5
Running (Beirut	11	206	110	96	6
Marathon)					
Ping pong	3	24	3	21	2
Chess	2	6		6	1
Total	24	392	113	279	14

#### Scouts Activities 2013

Center		Members	females	males	Trainers/leaders	F	Μ
	groups						
shatilla	3	50	20	30	4	2	2
Burj El-	8	251	118	133	19	11	8
Shemali							
Rashidieh	4	80	40	40	16	9	7
Beddawi	9	90	30	60	15	8	7
Total	24	471	208	263	54	30	
							24





#### 5- Different Activities 2013

Activity	# of Activities	Participants	Females	Males
National events	81	8975	5103	3873
Abroad visits	4	91	50	40
Ramadan dinners	14	475	332	143
Summer activities	21	1441	777	664
Local events	35	5223	2922	2301
Festivals/Films	42	5070	2805	2265
Picnics	34	2020	1225	795
Total	231	23295	13214	10081

#### 6- Embroidery project

It is well known that the main objective of this project is enabling the Palestinian women to earn a steady income without leaving their homes, added to its importance in preserving this beautiful part of the Palestinian heritage.

However, a substantial decline in the production was observed due to the global economic crisis that reduced the embroidery orders we receive from our friends. A number of 1607 items were produced in 2013 with the majority of small and medium items mainly book markers, phone cases, small purses, greeting cards etc....

Accordingly, the number of working women decreased as well and reached 85 women in the camps of, Beirut, Rahsidieh, Ein El-Helweh, Baalbeck and Naher El-Bared.

The staff included three full time, two part time and two volunteers, all women.

The main markets were in the following countries: Japan – Germany – Finland – Malaysia and USA.

The week for Palestinian Heritage, witnessed an exhibition in which we participated, along with an exhibition for the solidarity day with the Palestinians was held at the ESACWA premises.



#### **III Educational Services**

#### 1- <u>The kindergartens</u>

Seven kindergartens operated in different camps with a vital aim to contribute to the development of the children's abilities of Palestinian pre-school children in various aspects: physical, psychomotor, social-emotional, cognitive and linguistic. We also strive to help these children acquire knowledge and values and develop their cultural identity in an active learning environment where children are exposed to different kinds of educational centers. What we really focus on is triggering the children's critical thinking skills by engaging them in different kinds of learning experiences. In addition, many Palestinian Syrian families started visiting our centers seeking help to

enroll their children in our preschools. Therefore, we decided to open for them classes where they can learn the basic required skills in an appropriate learning atmosphere and mingle with other kids to avoid the spread phenomenon of child labor among the PRS, which leads to many serious problems such as child abuse or even delinquency.

The year 2013 registered in our Kindergartens a total number of 742 children (Palestinian children along with PRS). Our teachers have the chance to participate in several workshops on yearly basis to keep on improving their teaching skills and acquire new techniques to implement the curriculum. Palestinian families had trusted us and enrolled their precious children knowing that we can offer them an effective early education and it is our duty to provide this essential service since we believe that education is our most effective tool to build a decent future.

The center	Number of children	Males	Females
		м	F
Shatila	Nursery (32)	17	15
	KG1 (26)	17	9
	KG (27)	12	15
	KG2 (32)	12	20
Bourj Al-Barajneh			
	Nursery (29)	12	
	KG1 (35)	18	17
	KG2 (32)	14	17
			18
Ain Al-Helweh	Nursery (32)	13	19
	KG1 (25)	14	11
	KG2 (27)	14	13
Bourj AL-Shemali	Nursery (23)	14	9
-	KG1 (26)	12	14
	KG2 (28)	13	15
Al-Rachidieh	Nursery (18)	8	10
	KG1 (34)	13	21
	KG2 (21)	15	6
Naher Al-Bared	Nursery (26)	4	22
	KG1 (25)	12	13
	KG2 (18)	6	12
Beddawi	Nursery (25)	14	11
	KG1 (23)	16	7
	KG2 (21)	9	12
Total number	585	279M (48%)	306F (52%)
Grand total	585+157 PRS= 742		
	children		

#### Kindergartens figures 2013

Through a generous two years financial fund from the Embassy of Finland, 5 classes were opened for the children coming from Syrian in three southern camps of AL-Rashidieh, Bourj AL-Shemali, and Ain Al-Helweh. A sixth class was also opened in Beddawi with an overall enrollment figure of 157 children. We made sure to hire 6 Syrian teachers and three Syrian Assistants not only to help them improve their socio-economic situation but also to increase the sense of identity among the Syrian children.

#### **Activities of Kindergarten Mothers 2013**

#### Kindergarten figures of PRS children 2013

The center	Classes	children	teachers
Ain Al-	KG1	25 children	4
Helweh	KG2	34 children	
Bourj AL-	KG1	24 children	3
Shemali	KG2	26 children	
AL-Rachidieh	KG1	28 children	2
Beddawi	KG2	20 children	1
Total	157		6PRS 4PR

Kind of Activity	participants
Educational meetings	585
Recreational activities with the children	355
National & local events	621
Picnics with the children	267
Social & health awareness sessions	446
other	95
Total	2365





#### 2- Remedial Education;

Although this supporting education became a vital part of the educational services, but this year it took another dimension with the increasing number of PRS children in great need for such support. It is quiet known that education during crisis has an important influence on the children's development and well-being. Or as mentioned in the **UNHCR Education Strategy "it provides life-sustaining physical, psychological and cognitive protection".** Hence, such programs must include psychosocial interventions that address the effect of conflict on behavior, thought, memory and general functioning abilities. Accordingly, the PRS children are benefiting from the wide range of services and activities provided at the centers and those who are in need for specialized support at the Family Guidance center are being taken care of.

Remedial Classes 2013											
Center	children	F	М	classes	teachers	F	Μ				
Shatilla	60	31	29	3	4	3	1				
Burj El-Barajneh	62	34	28	4	4	2	2				
Ein El-Helweh	70	27	43	4	4	4					
Rashidieh	75	40	35	5	5	5					
Burj El-shemali	42	20	22	3	4	2	2				
Beddawi	61	30	31	3	4	4					
Naher ElBared	123	52	71	8	8	7	1				

#### Remedial Classes 2013

Baalbeck	46	25	21	3	3	2	1
Total	535	255(48%)	280(51%)	35	36	2	7
						5	





#### 3- Special education

The number of girls benefiting from this program increased due to the admission of PRS girls to the classes, and as usual the girls are given basic educational skills in addition to including them in some activities they choose mainly handicraft, art etc... It is worth mentioning here that most of those girls either have learning difficulties or dropped out from schools at an early stage

Center	classes	students	F	Μ	teachers	F
Ein El-helweh	1	13	13		1	1
Rashidieh	1	16	16		1	1
Burj ElBarajneh	1	20	20		1	1
Baalbeck	1	12	12		1	1
Total	4	61	61		4	4

#### **Classes for girls with special needs 2013**

#### 4- Vocational Education

It is obvious from the below figures that the number of beneficiaries from the VET program increased due to the inclusion of the PRS youth and their aspiration to acquire certain skills that will open for them future opportunities to work.

The NGOs that supported the program were RESCAT/Spain, ADPM/Belgium. Fluchlingskinder/Germany, ANERA & NPA/Lebanon. As usual the VET program has two divisions; the first includes training courses inside our centers providing intensive short courses of six months on different skills. The other consists of scholarships into certified schools that provide two or three years training, after which the student receives official certificate that gives him/her better working opportunities. The project of RESCAT/Spain is providing vocational training for youth on construction skills who latter were involved in the rehabilitation of some houses inside the camps and population gatherings in the south. This service was provided to 23 houses.

#### Vocational Training inside the Centers 2013

subject	courses	students	F	М	Trainers	F	М
computer	3	35	30	5	1		1
Aluminum	3	45		45	3		3
Auto Cad	1	22	10	12	6	2	4
Electrician	2	46		46	1		1
barbers	1	25		25	1		1
Hair dressing	3	60	60		2	2	
ICDL	1	19	15	4	3	1	2
handicraft	1	20	16	4	2	1	1
Painting/gypsum	3	44		44	1		1
Plumbing	2	30		30	1		1
English SAT	3	13	8	5	1		1
Total	23	359	139	220	22	6	16

# Vocational training outside the centers 2013

Course	# of students	Females	Males
Electronics	3		3
<b>Business management</b>	1		1
photography	1	1	
plumbing	2		2
<b>Electrical installation</b>	1		1
Graphic design	1	1	
Nursing	16	2	14
Air conditioning	1		1
hotelier	2	1	1
Secretarial works	2	1	1
Hair dressing	6	6	
Computer	6	5	1
Interior decoration	10	5	5
Industrial mechanics	4		4
Aluminum works	3		3
Plumbing	2		2
Shop drawing &	22	10	12
quantity survey			
Total	83	32	51

Total number of VTE students was 442 including 171 females (39%) and 270 males (61%).





## **IV-Health Services**

#### A- Dental Clinics

Good oral hygiene is integral to one's general health and is essential for the individual overall well-being. Oral diseases restrict activities in school, at work and at home causing millions of school and work hours to be lost each year.

B.A.S's Dental Health Team is working hard to make sure we can ensure healthy mouths.

Our goal is to effectively prevent disease and control any potential problems through a combination of community, professional and individual action.

#### 1- Kindergarten School Program

The kindergarten school program started in 1991 in order to fill a detected need. There was a large gap of oral health services being delivered to children of low income families living inside the Palestinian camps in Lebanon.

1a- Dental Screening: Screening for 55 kindergartens in 8 camps

- 3 camps in Beirut
- 2 camps in the North of Lebanon
- 3 camps in the South of Lebanon

	Screened children	Female	Male	Treated teeth	Untreated	Extractions needed
Beirut (3camps)	2066	983	1083	1309	1221	201
South (3camps)	3415	1863	3415	2050	836	253
North (2camps)	2637	1196	1441	3049	1860	350
Total	8118	4039	5939	6407	3917	804

#### 1b- dmft index

The caries experience for a child is expressed as the total number of teeth or surfaces that are decayed (d), missing (m), or filled (f). The dmft index shows us the number of affected teeth in primary dentition. Scores range from 0 to 20 for children.

Camp	Male	Female	Total
North	1.99	2.3	2.2
South	3.6	3.4	3.5
Beirut	2.5	2.4	2.5

#### 1d- Dental treatment

Early checkups help prevent cavities and tooth decay which can result in pain, trouble concentrating and other medical issues. Youngsters with healthy teeth chew food easily, learn to speak clearly and smile with confidence.

Table 5: Summary of Dental Treatment Conducted in all 8Camps (number of teeth)

Extraction	Amalgam	Composite	R.C.T	Cement	Sealant	X-ray	Fluoride
357	346	6193	82	2246	673	92	8118

<u>1e- School emergencies</u>

The school nurse provides health care to both students and staff by performing health screenings and coordinating school personnel, family, community and healthcare providers to advocate for better health care and a healthy school environment.

#### **2-Dental Health education**

This education program helps children ages 3 through 6 develop good oral health habits that can last a lifetime. It helps children understand the importance of their teeth in achieving good health. It provides basic information appropriate for their age and experience regarding keeping their teeth clean and healthy. And it introduces the dentist as a friendly doctor who helps them take care of their teeth.

**<u>2a-Milk Feeding Program</u>**: Warm milk without sugar is served to the KG children three times a week.

#### 2b- Family Happiness "Children ages 7-8

We feel it is vitally important that young children understand the importance of good oral health and preventive dental measures.

#### **2c - Dental Health Education**

-In June, our dental staff together with LEAP organization, implemented Dental Health Awareness Program for approximately 200 children and their mothers in the camps of Rashdyie and BourjElShamali,. At the end we distributed tooth brushes and paste to all children.

#### **2d-Dental treatment for ages 7-18**

Table 7: Types of Dental Treatment (ages7-18)

Diagnosis	EXT.	Composite	Amalgam	Scaling	R.C.T	X-ray	Crown	Total
612	214	1820	641	549	516	620	163	5135

# 3- Mothers and staff

#### 3a Treatment:

All dental treatment, excluding fixed and removable prosthesis is offered to all mothers and staff free of charge.

Diagnosis	EXT.	Composite	Amalgam	Scaling	R.C.T	X-ray	Crown	Total
412	211	829	621	311	518	615	178	3695

<u>3b-Health education</u>: Mothers of sponsored children and staff are included in the dental health presentations. <u>4-Treatment of camps' inhabitants</u>: This included local refugees and Palestinian refugees from Syria PRS

Diagnosis	EXT.	Composite	Amalgam	\Scaling	R.C.T	X-ray	Crown	Total
314	214	820	641	549	516	620	217	3891

#### 5- Conferences

The Second international Palestinian Dental Congress in Lebanon was held from 12/13-12/14/2013





# B- Naher El-Bared Pediatric Clinic

This clinic was established in 2011 through a personal effort from Dr. Loubani a Palestinian doctor, originally from Naher El-Bared, living currently in Canada. Encouraged by the fact that UNRWA doesn't have specialized pediatricians and usually children are seen by general practitioners.

Two doctors and a nurse provide specialized treatment for children four days every week from 8AM till 2PM. Services are provided free of charge with the required medication.

Some cases are referred to the specialists at the mental health, others to the urologist and some to the dental clinic. This clarifies the holistic approach of the health services in this center.

In addition to the above awareness sessions are given to the mothers to provide them with knowledge concerning the most common diseases among children, preventive methods and healthy nutrition.

Month	First visits		Repeate	d visits	
	Males	Females	Males	Females	Total
January	77	61	122	41	301
February	85	53	93	98	329
March	74	59	143	129	405
April	58	41	174	165	438
May	36	47	105	99	287
June	42	28	96	100	266
July	39	39	117	92	287
August	22	21	66	61	170
September	38	36	131	117	322
October	38	16	153	137	344
November	31	29	134	95	289
December	33	20	168	116	337
Total	1250 (45%)	1502 (55%)	450 (44%)	573 (56%)	3775
Grand total	2752		1023	<u> </u>	

Number of patients showing number of first and repeated visits

The awareness sessions dealt with the essential health problem common among children, totaling a number of 23 sessions. Main topics: High fever – Anemia (2) – Diarrhea, vomiting & dehydration (2) - vaccination agenda- breast feeding- nutrition- hepatitis- rational use of medicines- scabies- smoking during pregnancy- asthma- Thalasemia-personal hygiene- high fever (2)- colds and flues- effect of wrong medicines- first aid.



#### **Pathologies**

Classifications	#of cases
Allergic disorders	233
Eye disorders	8
Ear disorders	330
Respiratory system disorders	1239
Digestive system disorder	520
Cardio vascular system	7
Nervous system disorders	1
Infectious diseases	309
Urinary tract infections	70
Oral diseases	78
Skin disorders	113
Endocrinal diseases	1
Surgical diseases	29
Bone & joint disorders	23
Traumatic Disorders	13
Rheumatism	2
Nutritional disorders	8
Cancer and benign tumors	1
Psychiatric disorders	4
Neonate disorders	41
Normal	701
Blood diseases	44
Total	3775

#### C- Family Guidance Center for Mental Health

The year 2013 was a continuation of the work that started more than 16 years ago and increased from one to five specialized clinics. It's undoubtedly the cumulating experience that is building more credibility in the FGCs services either within the community or towards the donors and partners.

The FGCs like any other services providers were faced with the fact of the Syrian crisis and hence ethically responsible to serve this underprivileged community. This was an additional burden on the staff that showed enough flexibility to deal with such an unexpected load of demands. From this perspective, overlooking the security situation in Lebanon is impossible and ways to adapt to unforeseen events have been adopted.

The FGCs keep playing its role as "safety valve" for mental distress in a very tensed context where economic crisis and all its correlated returns, religious conflicts, discrimination, extremism, violence and overall chaos are a daily challenge.

#### **1-Services**

The five clinics continued providing its services for the local Palestinians as well as the Palestinians from Syria and the Syrian refugees. This situation created a heavy burden on the human and financial resources of the FGCs clinics, since they are the only centers that provide such specialized services..

All the services of the NISCVT including the Family Guidance Centers services were offered free of charge for all the Palestinian–Syrian and the Syrian who settled in Lebanon and in the camps trying as much as possible to be a welcoming place for them.

Support groups were organized for groups of displaced mothers on how to deal with the crisis situation.

1.	FGCs –	Figures	2013
<b>±</b> .	FUC3 -	riguies	2013

		0	-		
	Beirut	Al Buss*	Beddawi	Saida	Nahr
					el Bared
New Patients	172	181	132	105	75
Psychiatry FU	232	112	130	161	58
New referrals to psychotherapy	111	55	56	91	39
Psychotherapy FU	249	910	196	315	73
New referrals to speech therapy	12	35	23	103	10
Speech therapy FU	502	725	53	150	32
New referrals to psychomotor therapy	11	19	02	59	02
Psychomotor FU	320	676	67	192	07
Evaluations	44	17	48	58	11
New referrals to special education	NA*	NA	28	-	01
Special Education FU	NA	NA	77	NA	07
New referral to occupational therapy	NA	13	NA	NA	NA
Occupational therapy FU	NA	496	NA	NA	NA
Home visits	14	485	36	476	71

#### NA : Not applicable

FGC Beirut 2013	Total	м	F	Leb	Pal	PRS	Syr	Other
New Patients	172	107	65	55	73	17	24	03
Psychiatry FU	232	269	146					
FGC Al Buss 2013	Total	Male	Female	Leb	Pal	PRS	Syr	
New Patients	181	72	109	89	26	57	9	
Psychiatry FU	112	45	67					I
Beddawi 2013	Total	Male	Female	Leb	Pal	PRS	Syr	
New Patients	132	84	48	13	85	16	18	
Psychiatry FU	130	75	57					
FGC Saida 2013	Total	Male	Female	Leb	Pal		Syr	
						PRS		
New Patients	120	45	75	30	61	20	09	
Psychiatry FU	161	121	40		I			
FGC Nahr El Bared 2013	Total	Male	Female	Leb	Pal		Syr	
						PRS		
New Patients	75	54	21	00	65	10	00	
Psychiatry FU	58	36	22					1

# 2- MSN Project / Multiple Special Needs children Sponsorship and referrals

In 2013 the project for "Multiple Special needs children/ MSN" was approved by the Finnish Ministry of Foreign Affairs. Around 45 children from the 5 FGCs beneficiaries benefited from this project not only for their schooling through referral to special education but also by allowing them to benefit from the services of the FGCs such as full assessment, follow-up, provision of medications and medical tests ( audiometer, ABR, cerotype's, blood tests, EEG...etc).

Some schools cooperated in receiving the referred children for schooling with reduced tuition fees.

In addition to the mentioned approved program some associations in Italy (Christian Codrai Foundation – CCF) and in Switzerland (Palestine Children- PalCh) beside some individuals from Finland contributed in sponsoring some children by paying their yearly tuition fees and other related expenses.

#### **3- STAFF TRAINING AND WORKSHOPS**

Within the policy of improving the staff skills, a series of administrative and technical workshops and training have been offered to the FGCs teams of professionals and social workers. Those included the following

a-"Right Based Management" workshop organized by Diakonia

**b-** "Professional use of Social Media", training organized by Diakonia. An official Facebook page for the NISCVT has been created subsequently. The page started updating and documenting all activities and event taking place inside the Institution.

**c-** "Communication coaching training": follow-up on a training held by Diakonia previously.

d-"Rights-Based Story writing": workshop delivered by Diakonia Capacity Building Program.

**e-** A Follow-up on "Music therapy Training" in collaboration with Prima Materia Association- Italy for the group of 11 specialists and social workers from the 5 FGCs who started this specialized training in June 2012.

**f-** "Developing music skills": training with Dr Henry Brown, Ms Illaria Savini , Mr Simone Faraoni " musicians from Prima Materia.

g- "Self Care" workshop: organized and facilitated by Ms Amber Gray from the USA on "Using creative arts (dance, yoga...) for stress release.

h- "Children Maltreatment and abuse": one day workshop by Dr Arne Mahyer from Norway.

i- "Online Library Research" one day training provided to for El-Bus coordinator by initiative from NORWAC, aiming to provide the FGCs team with researches and references relevant to their work through spreading online trustful and based evidence articles.

#### 4- CONFERENCE 2013

The seventh conference on mental health took place in May 2013 and the theme was "Educational Challenges in Refugee Population".

Choosing this topic was based on a load of challenges and difficulties seen in the field of education especially with the additional problem of the displaced Syrian families concerning the education of their children and their integration in the schools in Lebanon. Representatives from around 73 organizations, associations, embassies, schools and universities attended this event.

Prior to the conference 2013, a workshop on "Digital Story Telling" by Mr Kjetil Bjoerke has been organized at the FGC Beirut for a group of 7 young boys and girls from Chatila camp to train them on this new method on "**Digital storytelling as a tool and a method in the fields of learning**". The outcomes of the training were part of Mr Kjetil Bjoerke intervention / workshop during the conference. One of the short documentary films prepared by one of the participants was displayed during the conference.





<u>5- Meetings with partners</u>: Meetings with old and new partners, considered as a pillar for the FGCs work, aimed at creating better updating with the ongoing activities, discuss improvement of services and possible future programs. Accordingly, a series of meetings were held and field visits were done accompanied by some partners. Our partnership focused on the following NGOs

Finnish Psychologists for Social responsibility, NORWAC, Norwegian Embassy, CCP Japan, Handicapp International and Diakonia.

<u>6- Trainees</u> As usual FGC centers were open for trainees from Lebanon and abroad: Family doctors, PhD students from the USA, Masters Student from the Lebanese university and from Saint Joseph University were received. Field visit was paid by a group from the "Beirut Arab University to the FGC- Beirut.

<u>7- Coordination with UNRWA and other NGOs</u> A close cooperation with UNRWA educational Department continued especially in terms of a follow-up of the special needs children and the possible financial support. Cooperation and contacts with other NGOs were also continuously done for a better networking. A lot of coordination efforts have been invested with local and International NGOs

**<u>8-</u>** Encountered Difficulties The influx of refugees from Syria created great need for all kinds of services. In a modest attempt to release that stressful situation, all services and activities for the displaced families were provided free of charge and this caused a lot of pressure of NISCVT resources and on the local staff.

From another side, the continuous outbreaks of fighting in the city of Tripoli in the North were an obstacle for the professionals to reach the camps of Beddawi and Naher El-Bared due to the dangerous situation.

This resulted in the resignation of some specialists, although we were able to recruit a new speech therapist, but still there is a need for a psychomotor specialist for both camps.

From another side the project supported by the Norwegian Embassy to provide individual treatment and awareness sessions for parent, caregivers and teacher, was delayed due to such continuous interruption.

#### D- Reproductive Health

"By adopting a HRBA, the message is conveyed that one has the right not only to SRH services, but to quality services, and that these services should not just be made available, but should also be accessible and acceptable to all groups." (UNFPA, Human Rights Based Approach)

#### 1- The clinics

The continued obstacles of funds for the clinics made it difficult to continue providing free services inside the clinics, thus similar to the previous year we had to apply for minimal fees from the patients. However, services for the PRS patients were kept under the free of charge policy, in spite of their increased numbers. Unfortunately such situation had a negative impact in reducing the number of patients mainly in Beddawi clinic that we had to shut down temporarily, added to that the lack of urologist services in bur-El-Barajneh clinic. We have high hopes in re-activating the clinics' work as a new donor promised to support the whole clinics that will luckily continue providing quality free services for all.





Beddawi

GYN

URO

Naher El-

GYN

Bared

URO

Distrib	ution o	f pati	ents Pale	estinian	Refu	gees fror	n Syria	, Pales	tinian Re	fugees	and S	Syrian Re	fugees	
Bur	j shema	ali	Ra	Rashidieh			Burj barajneh Beddawi			NBC				
PR	PRS	S	PR	PRS	S	PR	PRS	S	PR	PRS	S	PR	PRS	S
631	224	86	269	152	32	100	129	119	143	65	17	791	120	13
	941	•		453	•		348	•		225			924	

TOTAL	9	41	45	3	3	348	2	225	924	4
TOTAL	326	615	133	320	0	348	133	92	654	270
December	36	76	9	46	0	45	0	0	51	7
NOVEMBER	35	59	15	33	0	31	0	0	60	19
October	27	52	8	55	0	42	0	0	52	16
September	41	78	14	22	0	17	0	0	56	20
August	28	43	8	14	0	16	4	0	48	14
July	30	61	13	25	0	19	10	9	51	25
June	23	42	11	34	0	21	8	5	72	29
May	28	40	6	33	0	27	26	20	37	23
April	25	51	10	22	0	16	5	19	34	33

Total numbers in all centers 

GYN

URO

URO

GYN

# Patients' numbers in all reproductive health clinics 2013CampBurj shemaliRashidiehBurj barajneh

GYN

Month

January

February

March

Specialists

URO

# Pathologies in all YAC centers 2013

đi đi	ec ho	ī.	STD	pregna nt	đ	courseling	ଅକ୍ଷେକ୍ଷ	anemia	gallactorhea	Ovaniancyst	Follow up	Sex dysfunction	infect ility	Conge nital malformation	Premature uteruteruteri	le mia	abortion	Post part um	Respiratory pb	Diges tive p b	he morrhoid	Breast mass	e nures is	incontine nce	pros tititis
Burj she mali	5 37	248	187	390	37	180	55	92	10	15	90	15	19	5	9	4	8	68	10	19	5	11	15	9	4
Rashidie h	314	124	94	287	38	42	24	12	5	9	24	5	14	1	2	2	3	11	2	2	4	2	3	2	1
Burj Baraj ne h	191	94	54	257	94	10	25	14	8	14	51	0	12	0	3	0	2	14	1	1	1	3	0	1	0
Beddawi	149	87	34	179	34	25	35	14	3	14	13	2	9	1	4	1	3	2	2	2	2	6	5	2	3
NBC	447	274	2 37	114	20	45	15	9	1	z	14	2	10	2	1	2	1	15	2	4	1	2	1	2	4
Total	1638	8 27	615	1317	223	302	154	141	123	54	192	24	64	9	19	9	17	110	17	28	13	24	24	16	12
																									1 1
camp	paps mear	vark œelle	appendectomy	uro lit hiasis	Renalc yst	Renalfailure	Spina I disorder	Ure the rail stemosis	Cervical polyp	hyd ro ne phros is	Tes tis mas s	HBP	c ystoce lle	Testis retraction	Rena Icolik	hematuria	dia betic	hypos pa dias	hydrocelle	c holycititis	me nopause	hursitisme		measte nosts Obse it v	proteinuria
Burj she mali	papsmear	oo varkooelle	appendectomy	4 urolit hasis	M Renalcyst	T Renalfailure	N Spine I disorder	00 Ure the rail sternos is	Cervical polyp	hydrome phrosis	Tes tis mass	A B H Z	w cystoce lle	t Testis retraction	Rena Ico li 22	hematuria 34	da betic	w hypospadias	hydrocel k z	t cholycittik	asmedouane 15	e hursitisme	3	10 J. J. S.	bioteinuria 12
Burj					1.122.01		- 22 M -		1.134.	hyd ro ne	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	- 31	1.11		1.3233	1.200		1.00	1897			1.000	·	3	
Burj she mali		8	1	5	3	1	2	8	2	au ou privu 2	2	ъ	3	1	32	34	5	3	2	1	15	3	3	3	12
Burj she mali Rashidieh Burj		8	1	5	3	1 0	2	8	2	au or prív 2 1	2 1 0	25 10	3	1	32 18	34 20	5	3	2	1	15 9	3	3	3 2 0	12
Burj she mali Rashidieh Burj barajneh		8 4 0	1 0 0	5	3 1 0	1 0 1	2 1 0	8 4 0	2 1 2	2 1 0	2 1 0 2	25 10 2	3	1 1 0	32 18 5	34 20 2	5	3 1 0	2 1 0	1	15 9 4	3 1 2	3 1 0	3 2 0 1	12 10 2

#### 2- Awareness sessions, Counseling & Home visits:

Funded by the Norwegian Embassy in Lebanon this important program within the reproductive health took a new approach that is unique in such a conservative male dominated community a fact embodied in the local culture.

Inviting the men to attend the awareness sessions was due to a solid conviction that social change and the understanding of gender issues need acceptance from males as well as females who usually are not the decision makers. However, the good respond from men to attend the sessions was a good indicator to their need for knowledge. Reproductive health means approaching real issues that are the source of human existence, the base on which families with its complicated relations are built and through which communities are constructed. It is an intervention inside the most confidential circle of private life, where all sorts of negative and positive behaviors exist, and most of all where generations develop their attitudes and behavioral tendencies. However, the outcome was very encouraging, although men are usually hesitant in discussing their personal life, but this is gradually decreasing and great eagerness is observed among them to know about family relations, to better understand their children and how to deal with adolescents and their physical changes and emotional fluctuations etc...in addition to health problems affecting them directly.

The sessions were distributed between health issues and psychosocial issues, given twice a month for each category. As for the gender balanced participation in this program, the dominating number of females is evident, and thus the balance to be adjusted here is for males.

Including the PRS became a must in all our programs, services and activities, and as noticed in the below table their number is very close to the locals number.

As for the counseling every patient has the right to receive counseling during the first visit and whenever there is a demand.

Falent S Sessions 20	-				
camp	Sessions	Mothers	Fathers	PR	PRS
Burj al barajnieh	25	305	144	334	115
& chatila					
Naher I bared	14	266	85	234	117
Burj al shemali	20	213	123	128	208
Beddawi	13	108	110	146	72
Rashidieh	22	329	198	228	299
Total	94	1221	660	1070	811
Grand total		18	81		

#### 2. a- Psychosocial sessions Parent's sessions 201

#### 2. b- Health sessions Parents' sessions 2012

Parents' sessions 2013	E atta		# - <b>f !</b>	B.C. alla a un		<i>µ</i> - <b>f !</b>
Camp	Fathe	ers	# of sessions	Mothers		# of sessions
	PR	PRS		PR	PRS	
Shatilla	104	91	13	264	250	22
Burj El-Barajneh	96	156	12	247	171	19
Rahsidieh	90	70	10	99	117	9
Burj El-Shemali	113	123	10	121	157	10
Naher El-Bared	110	80	18	224	144	16
Beddawi	90	110	14	126	198	18
Total	603	633	77	1081	1037	94
Grand total	1136	(35%)		2118 (65	%)	
	Tot	tal parent	s 3254, sessions 2	L71		

<u>3- Peer education program</u>: Funded by the Medical Aid for Palestinians UK, the popularity of this program is beyond imagination, the great change in knowledge became evident among the youth, while during the residential workshops the coordinator and the social workers are greatly impressed by the changing attitude and behavior of the peer leaders. Also impressed were our friends at MAP, the donor organization, who organized a focus group meeting to test the resulted changes and needs of the youth,

and due to the apparent trust in the results of the program they are going to renew their support for the project

Place	Subjects	particip	oants		PR/PRS
		SW	Boys	Girls	
Marelias camp	The concept of peer	5	14	8	24 PR
	Education				3 PRS
Marelias camp	How to Conduct a	7	9	8	19 PR
	Questionnaire				5PRS
Marelias camp	Communication & anger	6	14	9	25 PR
	management				4 PRS
Al meshref	Adolescence, relations	6	15	8	21PR
	between parents and				8 PRS
	friends				
Al meshref	Aids,STDS,drugs	4	11	9	20 PR
					4 PRS
Marelias camp	<b>Classroom management</b>	6			6 PR
Ramlieh	Focus group	6	12	11	28 PR
					1 PRS
Total	7 workshops	40	75	53	137 PR
					25 PRS
			Gran	d total	168

# Peer education workshops 2013





# Awareness sessions 2013(youth)

Place	Sessions	Boys	Girls	PR	PRS
Rashidieh	19	33	183	142	74
Burj al shemali	17	69	169	102	136
Al buss	4		62	62	
Naher al bared	38	220	522	597	145
Beddawi	67	439	764	955	248
Burj al barajnieh	33	160	177	325	12
& chatila					
Total	178	921 (33%)	1877 (67%)	2183 (78%)	615 (22%)
	Grand total	2798	·		

#### 4- Cooperation with other Organizations

The relations with UNFPA in specific developed a lot based on last year's successful experience. This year three open days supported by UNFPA, were held in Beirut, Rashidieh and Al-jalil camp in Baalbeck. The open days as usual were for the pubic addressing the topics mentioned in the table below, through posters, drama, singing, games etc... The events were enjoyed by a great number from the camps' inhabitants, and organizing such an event for the first time in Al-Jalil was something extraordinary for the people.

UNFPA Project Open days			
Place /Date	Topics	Boys	Girls
Rashidieh camp 1 December 2013	Aids - STDs , Early Marriage, Peer Pressure, communication	53	141
Beirut 22 December 2013	Aids - STDs , Early Marriage, Peer Pressure, communication	67	140
Al jalil camp/ Baalbeck 27 December 2013	Aids - STDs , Early Marriage, Peer Pressure, communication	82	106
	Total	202	387
		58	9

# V-Staff & Volunteers

Staff in the centers 2013						
Center	Full time	F	Μ	Part time	F	М
Burj El-Barajneh	13	12	1	3	1	2
Shatilla	11	9	2	6	4	2
Mar Elias	2	2		1	1	
Beddawi	17	15	2	11	8	3
Naher El-Bared	18	12	6	19	10	9
Ein El_Helweh	15	14	1	6	5	1
Rashidieh	14	11	3	11	7	4
Bur El-Shemali	18	14	4	16	7	9
El-Bass	8	8		8	5	3
Baalbeck	3	2	1	3	3	
Total	119	99 (83%)	20 (17%)	84	51 (61%)	33 (39%)
Total FT & PT						
203						
74% F 26% M						

#### Staff training 2104

Center	# of participants		
Burj El-Barajneh	10		
Shatilla	20		
Mar Elias	2		
Beddawi	6		
Naher El-Bared	20		
Ein El-Helweh	7		
Rashidieh	9		
Burj El-Shemali	18		
El-Bass	18		
Baalbeck	6		
Total	116		

#### Volunteers 2013

Center	# of volunteers		
Shatilla	6		
Naher El-Bared	30		
Rashidieh	25		
Burj El-Barajneh	4		
El-Bass	23		
Burj El-Shemali	12		
Total	100		

#### VI- Visitors

|--|

Center	Visitors	Sponsors	Journalists	delegations	other
Burj El-Barajneh	41	21	3	17	
Shatilla	61	5	8	45	3 Ambassadors
Mar Elias					
Beddawi	22	1	1	20	
Naher El-Bared	19	2		17	
Ein El-Helweh	10	2		8	
Rashidieh	22	7	5	10	
Bur El-Shemali	47	8	15	24	
El-Bass	107	3		104	
Baalbeck	2			2	
	331	49	32	247	3
Total					

NISCVT Board members, management, staff and beneficiary families, would like to thank all donors and friends, whose generous contributions and trust, are enabling us in such difficult moments to continue providing the essential services to the families.

#### VIII-Conclusion:

In respond to the dragging catastrophic situation with no clear vision for any solution, the humanitarian aid must continue and develop in some ways to meet the growing needs and the increasing numbers of refugees.

Among the most difficult problems that need to be addressed by the donors and hosting governments: -Inconsistent, irregular and unequal distribution of relief items making it difficult for families to depend on rations alone.

-The bad living conditions mainly, the outside WASH facilities that spread fear among children and women to use at night

-The complicated legal problems of residence mainly among the Palestinians.

-The high unemployment leads to high frustration and increased GBV; in addition to diverse social problems such as school dropouts, child labor, early marriages, and street beggars etc... Such problems need to be addressed through rights-based approaches by the active NGOs, or it will have bad consequences on the national level.

# She said "My husband feels humiliated and angry about the discrimination against the refugees, but the children and I are the ones who pay the price for his anger. Most of the time, I wish he had not come."

Although the situation is chaotic and confusing even to the UN agencies and international NGOs, practical steps must be taken to expect longer stay for the refugees since the political solution is far away from being reached. Interventions must be based on information collected from different sources and a referral system need to be set for better cooperation between the service providers, added to that regular monitoring and evaluation.

Finally exposure to conflict and displacement cause long term risks mainly to children and women who are the main victims of discrimination, neglect, violence, abuse, exploitation that create potential mental and psychological disorders. Hence there is a need for psychosocial support and the existence of friendly spaces for professional intervention and protection.

Annex

**Emergency relief Aid**