Mental and Reproductive Health Survey of the Nahr El-Bared community

Assessment Report

Pre-final Draft Version

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Forward Letter by Welfare Association

Forward Letter by Lebanon Support

I. Acknowledgements

This report is dedicated to the communities where Welfare association programs are implemented namely partners, affected people, women and families who are still internally displaced or returnees with bad conditions living in Naher el Bared, Beddawi Palestinian Camp and Jabal el Beddawi.

Special thanks for the Lebanon Support assessment team, namely Bassem Chit, Walid Taha who helped facilitate the planning and implementation of the assessment process (logistic and human resources) through their local partners and for their valuable contribution to this report.

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Dalia Lakis

ll. Executive summary

A- Introduction

As a result of the outbreak of a violent conflict between the Lebanese Armed Forces (LAF) and the armed group Fateh El Islam in Naher el Bared Camp (NBC) on May 20th, 2007, more than five thousand families residing in the camp found themselves displaced. Although the conflict affected the whole of the country, it's most significant repercussions and impact were mainly focused on the lives and livelihoods of the NBC camp and its surrounding villages, especially that the communities at NBC and the surrounding areas lack the basic safety-net infrastructure and face harsh economic conditions and a wide-spread lack of accessibility to services.

The conflict had serious consequences on the economic, social, and psychological and health situation of the affected communities, and to a much lesser degree of the country as a whole.
The clashes had precipitated the suspension of schools, the closing of various community-based women's health centers, and an overall halt of pre-existing community services, which were replaced by emergency services provided by the local, national and the international humanitarian community.

Three years after the end of fights, Nahr El-Bared camp is still far from what it used to be, large sections of its community are still displaced, or residing within temporary residence within the camp premises, services have partially resumed, but due to the slow-reconstruction process and its related legal and political complications, recovery had not yet been reached.

The target group for this study is Palestinian women, (as key-persona capable of describing and giving insight about the situation and conditions of Palestinian households) who have been displaced from NBC.

Displacement had affected all facets of women's lives and their families; about 61% of the surveyed households remain labeled as "semi-returnees" (returned to temporary housing within NBC but not to their actual homes), while others are still displaced either in the already overcrowded Beddawi camp or neighboring areas in North Lebanon namely Jabal el-Beddawi and the outskirts of Tripoli.

The objective of this study is two-fold, on one hand to present a general overview and assessment of the psychosocial well being of the NBC families, and on the other to look into the general reproductive health conditions of NBC women.

Quantifying the impact of the crisis on the displaced population's psychosocial and reproductive health is very difficult, yet the survey was able to present a global overview

of the situation delineating the main aspects of psychosocial and reproductive health conditions of the NBC community.

B- Mental Health and Psychosocial Well Being:

Experience of loss and ties with the community

The Nahr El-Bared Crisis is generally considered as a man-made disaster or catastrophe, where 19.5% of respondents specifically describe it as "Nakba"[2], 20% consider it as a "tragedy", and another 20% consider it as a "catastrophe", and 13% consider it as an "injustice" while the rest (27.5%) describe it in different wordings, which all have strong negative connotations such as: "murder", "crime", "terrorism", "destruction" and "nightmare".

61% of the respondents noted that they are facing restrictions in movement, and 92% of respondents noted that they are still able to keep their cultural beliefs, customs and lifestyles in their current living space. The main barriers for those who could not maintain their cultural and social habits (8%) were related to bad economic conditions, significant changes in livelihoods and in their psychosocial well-being.

Moreover it has been observed that only 4% were unable to maintain ties with the larger community and their extended family, while 96% of respondents expressed that they are managing to keep full or partial ties.

Most respondents noted that changes in their social and recreational spheres resulted in psychological distress, sadness and instability.

Most respondents noted that geographic distance and harsh economic conditions are the main direct consequences of the crisis, yet uneasiness and distress is widely common (99.5%) yet the level of distress differs between areas, 75% of those living in NBC have admitted having distress, psychological complications and are experiencing sadness and grief, while the percentage is 65% for those residing in Beddawi Camp and 65% for those in Jabal El-Beddawi.

Although there are differences between locations, the reasons behind distress are common, as 70% of respondents in all areas mentioned "instability" to be a main factor in their uneasiness and distress.

Visiting family members and neighbors, taking part in recreational activities and seeking moral support are some of the most used and relied upon coping mechanisms for the surveyed population.

[2] The "Nakba" is a word commonly used by Palestinians to commemorate the expulsion and dispossession of hundreds of thousands Palestinians from their homes and land in 1948. In 1948 more than 60 percent of the total Palestinian population was expelled. More than 530 Palestinian villages were depopulated and completely destroyed. To date, Israel has prevented the return of approximately six million Palestinian refugees, who have either been expelled or displaced. Approximately 250,000 internally displaced Palestinian second-class citizens of Israel are prevented from returning to their homes and villages.

Relation with the surrounding communities

The majority of respondents observed no negative changes in their relation with their neighbors (Palestinians) from NBC.

Relations between the respodent's families and their relative neighbors form Nahr El-Bared Camp (Palestinians)

While in looking at the relation with the surrounding Lebanese community, we notice that 78.7% stated having "no relationship", compared to only 13.3% consider having "good relations" with the surrounding Lebanese communities.

80% of respondents indicated that they intend to return to their homes in NBC, while about 8% wanted to be integrated in the current host community.

Changes in family structures and conditions of children

85% of respondents indicated that children require additional special needs after displacement, and 8% experienced changes in family roles within the household.

Within those who have experienced changes in family roles (8%), 35% of the women and 22% of sons and daughters became the breadwinners of the family.

Relying on external financial support or whole working families also became a more prevailing feature within the community as a result of displacement.

Only 70% of the displaced children are continuing their education in schools, universities and vocational centers regardless of their current location leaving 30% of children out of any academic or educational institution. 98% of those continuing their education get along well with their peers and 89% of the mothers are satisfied with their children's' performance in schools and their social behavior.

The majority of respondents (94%) believe that their children are getting all available and equal opportunities for education compared to other children in the area.

Distress and well-being and social support networks

Substantial mental health and psychosocial difficulties were marked during the conflict and at the current period. There is a negative correlation between conflict and psychosocial well being which is a result from the decline of conditions of all aspects of everyday life.

99.6% of the total respondents confirmed that these feelings of distress and uneasiness are widespread across the community who all retire or ask for "*God's*" assistance and guidance.

This feeling can be explained as a product of a "lack of stability" and as a result of displacement, loss of livelihoods, insecurity and bad housing conditions.

When feeling distressed most respondents often seek their family members for support (61%) or neighbors, friends and other people (25%). Some do not refer to any of those listed, and this applies to the surveyed population in all locations (Naher el Bared, Beddawi and Jabal el Beddawi).

Accessibility to services

On accessibility to social and health services, 88% of respondents mentioned that they are able to access these services, yet the rate of accessibility is highest among those currently residing in NBC and Beddawi Camp (90%), while in Jabal El Beddawi the rate drops to 63%, and most of those in Jabal El-Beddawi who have stated having no access to services relate the lack of access to distance and lack of knowledge about service providers and their current services.

Additionally, 14% mistrust the quality of the service and the health care provided respectively. Accessibility doesn't translate into satisfaction, as 63% of those who are able to access current services are either not satisfied or partially satisfied with its quality. The existing services are generally perceived as insufficient; better quality of care and additional medical services are required along with better and more equal distribution of health care services.

The main issues that are provoking personal concerns among the population and need to be urgently addressed are: Stability and a promising future (54%); Return to Nahr El-Bared (29%); Education (22%); restoration of livelihoods (20%) and better access to health services (9%)[3].
It is also worth noting that levels of instability and job creation differed between areas, where instability levels are the highest in Beddawi Camp followed by NBC; whereas residents of Jabal el Beddawi are observed to be benefiting from higher levels of stability and better job opportunities.

Perceptions about the future of NBC
When asked about the perceptions about the future of the Naher El Bared camp and the actions that could be taken in order to improve the overall well-being of the community, 46% noted that the future is still "*unknown*", 28% believed there will be "*no return"*, 10% believed that the matter was "*in God's hands*" and only 26% believed that "*the camp will be reconstructed*"; also worth mentioning that the current residents of Naher el Bared Camp believed less in the possibility of reconstruction.

[3] Note that the surveyed population were requested to select more than one option thus the total percentages adds up more than 100%

C- Reproductive health

Since the beginning of the conflict in Naher el Bared, the focus of humanitarian efforts was mainly concentrated around delivering the most needed food and non-food items to a an already under –privileged population in addition to working towards rebuilding the camp and putting an end to the forced displacement from what people considered to be their home.

Yet reproductive health has somehow been neglected, and it is too often considered as relevant only to childbearing women of reproductive age (15-44 years). It is true that women bear by far the greatest burden of reproductive health problems and that biological, social, cultural and economic factors increase a woman's vulnerability to reproductive ill health. But reproductive health has to be understood within the context of relationships between men and women, communities and society, since sexual and reproductive behaviors are governed by complex biological, cultural and psychosocial factors. Thus reproductive health is more than just the reproductive organs, and more than just reproduction; it is about how social and sexual behaviors and relationships affect health and create ill health; it is relevant to both men and women, and to persons of all ages.

The study findings show major gaps in terms of knowledge and information, where "*lack of information*" interfaces with cultural norms, customary laws and bad socio-economic conditions. The living conditions have deteriorated to an extent that people lost hope and lost their resilience. Women lack information and knowledge regarding family planning and they are culturally and socially bound to make decisions themselves without any guidance whether it be medical or social guidance, adding to that is the pressure of "baby-booms" which is internationally recognized as a post conflict phenomena.

Lack of information and knowledge about STIs and HIV can be considered as prevalent and can have a serious threat to women's lives and to infants; professional follow up and health guidance seem to be a serious necessity to be a preventive measure against these threats.

Furthermore domestic violence is highly under reported, yet it exists, which could have a severe negative implication on women's health on all levels of their daily lives, although apparently there is a culture of denial regarding this issue, yet it needs to be addressed from a human rights and medical perspectives.

Last and not least, severe high complication levels were reported in pregnancy history although are not correlated with the NBC conflict as the same complication rates were noted throughout the three different phases (pre-conflict, during conflict and post-conflict). Complications are quite common in pregnancy and if dealt with properly and efficiently, two lives can be saved. Thus specific programs should be undertaken to cope with this issue.

Moreover follow-up by social workers during pregnancy and post-pregnancy is rarely available and could be seen as peculiar gap within available reproductive health services.

The level of satisfaction towards present reproductive health services is "good" for most women, yet most women identified the need for better quality of services related to reproductive health.

Most reproductive health services are strictly dealing with pregnancy and to a degree family planning, yet postnatal care is widely missing.

Lack of follow-up and early screening for possible complications in pregnancy and delivery could be a main reason for the high rate of complications encountered by women (22%).

III. Historical overview of Palestinians in Lebanon

In 1948, approximately 100,000 Palestinian refugees sought refuge in Lebanon as a result of the creation of the state of Israel. Temporary refugee camps were setup and the United Nations Relief and Works Agency (UNRWA) was established to address their basic needs.

Today, that number has increased to about 400,000[4] refugees who are officially registered with UNRWA. 53% of these live in the 12 officially registered camps and the rest live in the 39 gatherings all over Lebanon[5]. Geographical limits of the camps are well defined with few entrances guarded by checkpoints both from the Lebanese army and Palestinian armed groups (there are some exceptions-e.g. Dbayeh Palestinian camp). Palestinian Refugees represent about 10% of the resident population of Lebanon. Up to this date, they do not benefit from any services from the Lebanese government including the taxation system, access to health, social benefits, water and sanitation systems, and free exchange of good and services, among others. They suffer from inappropriate living conditions and endure a combination of economic and psychological stress.

It is important to note that Lebanon in contrary to other countries didn't grant Palestinians with neither social nor civil rights comparable to those of regular citizens; (work permits, right to buy and inherit property, health care, freedom of movement, protection against abusive detention, or even participation to elections). In particular, Palestinians are forbidden to work in 70 skilled professions, including medical professions, and the Lebanese government does not recognize their diplomas. Despite 30 out of the 70 professions were removed from the list in 2005 no significant change has been observed among the situation within the population[6].

Palestinian refugees in Lebanon can be categorized in the following manner[7]:

- Registered Palestine refugees: Population 400,000 (according to UNRWA statistics, March 2005)
- Non-registered Palestine refugees: Population between 15,000 and 35,000
- Non-Identified (non-ID) Palestine refugees: Population 3,000

[4] UNRWA Statistics 2005
[5] Needs assessment on Palestinian Refugees in Gatherings in Lebanon, Danish Refugee Council, 2005
[6] Access to health care services for Palestinian Refugees in Lebanon Sept 2007 Beirut ICRC Delegation, Lebanon
[7] Danish Refugee Council – Needs assessment of Palestinian Refugees in Gatherings in Lebanon 2005

IV. Naher el Bared & Beddawi Palestinian Camp profiles

Two of the Palestine camps in Lebanon are located in the North of Lebanon, namely the **Nahr el Bared and Beddawi Palestinian camps.**

Nahr el Bared camp (NBC) "is situated 16 km north of Tripoli near the coast and was originally established by the League of Red Cross Societies in 1949 to accommodate Palestine refugees from the Lake Huleh area of northern Palestine. UNRWA started providing services for the refugees in 1950. It consisted of 2 camps: the old camps established in 1948 and leased by UNRWA from Lebanon on 99 years; and the New camp following the natural growth of the population. Factional violence in the early 1980s inflicted a heavy toll on this camp. The camp was very overcrowded and the infrastructure was poor. Although all shelters had indoor water mains, these were linked to a very inadequate water supply that is pumped from the ground source. All shelters were connected to a sewerage system, which discharges untreated sewage into the sea. UNRWA with support from ECHO rehabilitated 28 shelters in 2003. There were 31,023 registered refugees; a number of NGOs were active in Nahr el-Bared"[8].

As for Beddawi camp, it is situated in the hills at around 5 km north of Tripoli and was established by UNRWA in 1955. UNRWA with support from ECHO rehabilitated 28 shelters. 16,198 registered Palestine refugees live in this camp. The camp suffers from high unemployment and a high level of poverty. The population of Beddawi camp, 15 km south of NBC, increased from 16.000 to 37.000 persons during the crisis of 2007, due to the displacement of the NBC residents to Beddawi, exacerbating the already crowded living conditions and overburdening camp facilities and infrastructure.

A. Naher el Bared Crisis - 2007

At least 300 people including soldiers, militants and civilians were killed in 2007 in a fierce battle in the Naher el Bared Palestinian refugee camp, North of Lebanon, between the Lebanese Army and members of an militant group Fateh Al Islam. Almost the totality of the Nahr El-Bared residents fled from the fighting to other camps and towns around the country seeking refuge in relatively safer areas namely the nearby Beddawi camp and its surrounding areas (Jabal El-Beddawi) on the outskirts of Tripoli city in North Lebanon. The majority of those displaced from NBC where in North Lebanon, while the rest were distributed among camps and towns in Beirut, Bekaa, Said and Tyr. The heavy shelling of the camp destroyed had destroyed all of the old camp, and resulted in substantial damage of the New Camp (Adjacent Area), in addition NGO centres, clinics, schools and others[9] Where targeted during the fighting.

The return to the Adjacent Area (New Camp) started in October 2007 after one month of the declaration of the end of hostilities (September 2007). By June 2009 around 56% of the

[8] According to UNRWA

[9] Naba'a Development Action without Borders. Findings on Displaced people from NBC who moved to Beddawi camp.

families have returned to the Adjacent Area while the reconstruction of the Old camp was still in its very early phases[10]. Around the time of this survey (October 2009) more than 70% of families have returned to the New Camp.

V. Methodology and Process

A. Assessment Objective

The aim of this assessment was to determine mental and reproductive health needs, focusing on the provision, accessibility, awareness and quality and common perceptions towards these services.

B. Assessment Methodology

1. Personal and Demographic Characteristics of the Sample

Sample Size: 1,200 out of 5467 Families (22%)
The sample took into consideration the following:

- Location (Nahr el Bared Adjacent Areas, Beddawi Camp & Surroundings)
- Status (Displaced, Returnee and Semi-Returnee)
- Accommodation Type (UNRWA Plots, Rented Accommodation, Collective Centers and Units owned by their residents)
- Socio-Economic Conditions
- Presence of Women who has experienced pregnancy or currently pregnant.

The typical respondents are females, holders of the Palestinian Nationality (96%), whereas 3.5% are Lebanese and a minority of Syrian nationality 0.5%. The vast majority of the sample are current residents of Naher el Bared Camp (77.5%) followed by Beddawi and Jabal el Beddawi residents (11.5 and 11% respectively).

99.8% of the respondents noted that they were displaced in 2007 and only 32% returned to their homes in NBC in 2007, 54% returned in 2008 and 14% in 2009. 97% of the respondents are married and a minority is widowed or divorced.

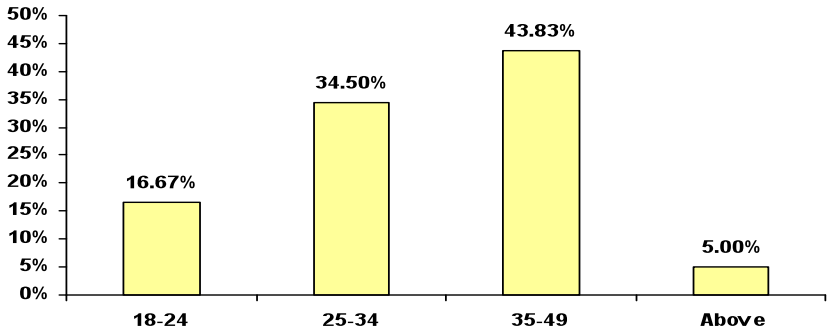
As per the educational level attained, 28% have at least finished the intermediate level and attained a Brevet degree, 13% completed the Baccalaureate, and approximately 20%

[10] Lebanon Support IDP& Returnee Monitor

completed elementary education. Only 7% have a university degree or higher education and merely 1% attended vocation/technical schools.

78% can easily read and write, 19% have a difficulty doing so and 2% are not capable of reading and writing. When asked about their economic position in the household, 96% of the surveyed women noted that they are the household caretakers, 0.6% are the bread winners and 3.4% undertake both positions. On average, 6 individuals in the household rely on them economically and in care provision. 30% of the respondents spend between 8 and 10 hours in taking care of the household and its members 15% put out more than 12 hours a day and 55% spend between 3 and 6 hours a day.

Age Group



C. The methodology used to conduct this assessment:

1. Developed Terms of Reference for the assessment
2. Preliminary Revision of secondary data
3. Literature review on all available assessments related to MHPS and Reproductive Health.
    a. Few secondary data were available, but those found were well reviewed even not related sometimes to the women reproductive health and MH&PS needs. Refer to footnotes.
4. Developing primary data mapping tools and methodology for the data collection
    a. Multi-Purpose Survey focusing on Mental, Psychosocial[11] and Reproductive Health needs, and current services' accessibility and availability levels was developed and later translated to Arabic- *refer to Annex 1*
    b. The questions of the Focus Group were developed – *refer to Annex 2*
    c. The data collection methodology consisted of home interviews with women during the morning period in addition to focus group with key organizations involved in the MHPS support.
5. Validation of the assessment tools

[11] MHPS survey guided by the IOM Psychosocial needs assessment in displacement and emergency situations –Middle east assessment tools 2008

   a. Meeting with LS and Welfare association for revision and integration of comments and suggestions
6. Recruited field officers for the data collection
   a. Five local field officers were selected by LS based on previous experience and other criteria.
7. Launching of the needs assessment
   a. Two Meetings were held on 20/11/2009 and 25/11/2009 in NBC camp with 12 social workers respectively from 9 NGOs covering both Mental Health and Reproductive health.
8. Training of volunteers on the data collection techniques and tools
   a. One day training was held in Beddawi to explain the survey parts and questions and to train the volunteers on the home interview techniques.
9. Data collection by the trained volunteers
   a. The data collection started in October 15th, 2009 despite the bad weather condition and the difficulties to reach some clusters in NBC. It finished in December 20th, 2009
   b. Continuous follow-up and monitoring meetings by LS team leader were held.
10. Data entry of the assessment findings
   a. A group of 4 persons worked on the data entry using excel sheets.
   b. The data entry took more time due to the open-ended answers and to the big number of questions and surveys.
   c. Monitoring and the audit on the data entry was done by the LS Technical Director and team Leader
11. Data analysis of the findings
   a. In order to get accurate results, the data was converted to SPSS result and analysis taking in consideration both the quantitative and qualitative aspect of the answers.
   b. Two Focus Groups were held on 30/6/2010, to disclose some of the findings and get feedback from field workers on the identified analysis at that point.
12. Report writing
   a. A final report was developed explaining the whole process, tools, findings, recommendations and annexes. Refer to table of content.
13. Validation of the report
   a. Several meetings are to be held with LS and welfare in December 2010 to validate the findings and report.
   b. A focus group is to be held with National and International organizations to validate the findings of the assessment before adoption and dissemination
14. Launching of the needs assessment report

VI. Limitations

- Lack of secondary data regarding MHPS and RH status of Palestinian women in general and especially in NBC.
- The delay in starting the assessment affected the implementation phase and the final reporting process.
- The volunteers recruited were Palestinian from the local community, which could be sometimes a limitation to interviewee to respond in an objective and transparent manner.
- The household interview is not the best method for the discussion of sensitive issues like gender-based violence hence the low reporting levels on the issue.
- The survey was long and extensive which resulted in additional time for the processing of the data.
- The Field officers encountered several problems in trying to get clear answers from the respondents, which was mainly due to the sensitivity of the issue and lack of privacy within the respondents' homes.

VII. General Introduction to psychosocial (PS) well being and Mental Health (MH)

Following war related displacement, people at the individual and collective level face psychosocial (PS) suffering. These PS suffering are reflected by a series of feelings (grief, loss, guiltiness, sense of inferiority in relation to the hosting population, isolation, depression, anger, insecurity-instability).

The main stress factors include economic constraints, security issues, breakdown of social and primary economic structures, modification of social roles, violence, persecution and discrimination, loss of loved ones and violence. The reaction towards these factors could be characterized as depression and withdrawal. But on the other hand, normal reactions (not pathological or biological) for abnormal actions could be observed within the displaced community like resilience and the ability of people to judge and cope with their situation.

Psychosocial approaches and programs could play an important role in supporting people in finding their own ways to respond to their uneasiness and suffering. As a result helping them to reach a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[12]. Therefore the mental health and the psychosocial well-being are interrelated and go along together towards an "Autonomous Person".

It's important to clarify the difference between psychosocial approaches and programs. The first is based on the interconnection of psychological and social issues can be applied in all humanitarian interventions, for example the provision of NFIs using a psychosocial approach will allow a relation of respect of the dignity of the people and allowing to plan, implement and evaluate such interventions with a right based approach. In parallel a psychosocial program aims or is mostly focused on alleviating the psychological and psychosocial suffering of people employing several kinds of activities such as recreation, arts, drama, rituals, socialization, counseling, individual and group therapy etc…

The IASC guidelines clarified how would protection, human rights, health, education, food security, shelter and water and sanitation clusters adopt the psychosocial approach for a better PS wellbeing. In addition it highlighted the implication of the PS approach in the following elements of humanitarian interventions: human resources, coordination, assessment, monitoring and evaluation, community mobilization and dissemination of information.[13]

[12] Definition of Mental health - WHO
[13] IASC Guideline on Mental and Psychosocial support in emergency setting 2007

Mental health and psychosocial support (MHPSS) is a composite term used in these guidelines to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.

One of the foundations of mental health and psychosocial wellbeing is the sense of security that comes from living in both a safe and supportive environment[14].

Safety and security through the protection of the population from violence or the threat of violence is one of the cornerstones of mental health and psychosocial wellbeing.

As noted by the Secretary General and the UN Emergency Relief Coordinator, under International Humanitarian Law and Human Rights Law, all civilians are entitled to receive their rights through the humanitarian assistance which is essential in the receovery of their psychosocial wellbeing and mental health.

According to scholars in the psychosocial field, an effective and ethical psychosocial program should[15]:

1. Approach the clinical, social, psychosocial, cultural, historical, anthropological and political issues in a circular manner, including all components in all steps of the project cycle (Natale Losi);
2. Aim at responding to needs self-identified by the beneficiaries' communities (Jones);
3. Aim at empowerment and reconstruction of individual, group and community roles in the society (Schininà);
4. Foster a non-medical approach which includes medical components (Summerfield);
5. Constantly refer to local cultures and traditional ways of healing (Losi);
6. Constantly refer to existing community and individual coping strategies (Pupavac);
7. Avoid application of pre-packaged, westernized modalities of intervention (Summerfield);
8. Since the combination of social and psychological creates an amorphous mass that covers virtually all human needs, a clear definition of the target is also paramount, while implementing a psychosocial program (Papadopoulos).

Psychosocial programs in conflict-driven displacement should avoid:

- The "medicalization" of communities and individuals who are just having normal reactions to abnormal situations.
- The use of culturally inappropriate investigation and early diagnostic tools.
- To have non-professionally equipped staff to perform diagnostic assessment and/or early counselling.
- To initiate psychosocial processes which are not sustainable.
- Inappropriate explorations of the stressful experience.
- To indulge in awareness rising, when a referral system is lacking.
- To go against traditional and faith oriented coping mechanisms, that are a valid response on the short term.

[14] IASC Guideline on Mental and Psychosocial support in emergency setting 2007 Psychosocial/mental health pyramid.
[15] Psychosocial needs assessment in displacement and emergency situations –IOM middle east assessment tools 2008

- To offer widespread and short-term trauma counselling.
- To use programming focusing on a single diagnosis (e.g. PTSD).
- To divide the assistance provided between categories (women, children) while disregarding the needs of male adults and elderly.
- Addressing the needs of adults only through their function as parents. Even though the parental responsibilities and the concern for the children play a big role in the psychosocial wellness of parents, they may have other individual psychosocial needs.

The IASC guidelines suggested developing a layered system of complementary mental health and psychosocial supports that meet the needs of different groups. All the layers are important and should ideally be implemented concurrently:

1. Basic services and security: Re-establishment of security and services addressing basic physical needs e.g. food, shelter water, health.
2. Community and family supports: Significant disruptions of family and community networks occur in most emergencies due to loss, displacement, family separation, community fears, and distrust. A group of people are able to maintain their mental health and psychosocial well being if helped to reconnect to their family and community support.
3. Focused non-specialized supports: A smaller number of people require more focused individual, family, or group interventions by trained and supervised workers. Livelihood, psychological first aid, basic mental health care by primary health care workers can be included under this level.
4. Specialized services: a small percentage of the population whose suffering despite the supports mentioned above, will still facing significant difficulties in basic daily functioning and severe mental disorders. This group of people may need psychological or psychiatric support.

Better understanding of the psychosocial condition:

According to Hertz[16], The emotional adaptation to the displacement and the new living conditions passes through three phases:

First Phase, Impact *is characterized by a succession of positive and negative moments. Brief periods of euphoria, self-realization, are followed by equally brief periods of sadness, anxiety, withdrawal. It is the most problematic phase for intervention, since it is difficult to understand where individual and families are heading to, and the intervention may not be timely. However, a prolonged impact phase requires psychosocial interventions, in order to avoid endemization of the problems*

Second phase, rebound*, is characterized by delusion, discontent, anger, withdrawal and depression. It is the most painful phase, and it can lead either to coping, or to a*

[16] Hertz 1981

problematic stagnation. Therefore, this is the phase in which the psychosocial intervention is most needed.

***The third phase, coping**, is more positive and characterized by feelings of belonging. It represents the phase of integration and well acceptance of the experience.*

Coping phases correlated with four social indicators[17]

Indicators / *Phases*	***Housing***	***Schooling***	***Employment***	***Socialization***
Impact	Temporary	Various or none, frequent changes	Irregular, varying results	Up and down Curiosity and closeness
Rebound	Maybe long term, but precarious furniture, bad house Keeping	Unsatisfactory, no long term perspective	Withdrawal or bad results	Closeness
Coping	Affectionate to, caring for the house	Trying to find a fixed and satisfactory one Got regular Jobs	Regular	Stable Open to new neighbors Religious and ritual life restarts

Today, after 3 years of displacement, this assessment revealed from the perspective of women that the majority of the population is still between the impact and rebound phases. This is due to the current sense of insecurity instability and uncertainty for the future, which is different from the feelings characterising the third phase (belonging, integration, acceptance of experience, openness etc). Knowing the painful unstable situation people are going through, a serious psychosocial intervention taking in consideration at first the basic needs must be adopted by all the humanitarian agents in order to avoid worsening future impact.

[17] Psychosocial needs assessment in displacement and emergency situations –IOM middle east assessment tools 2008

VIII. Assessment Findings, Mental Health and Psychosocial Needs

1. Feelings of distress and uneasiness - Factors

99% of respondents expressed feeling of "uneasiness" faced on both the individual and the community level. When asked to describe this widespread feeling on a personal level, the respondents indicated the following: a sense of "instability" (70%); while 12% described it as "psychological difficulties"; and 8% described it as "insecurity"

Factors contributing to the feeling of uneasiness on a personal level	Percentage of respondents
Instability	70%
Psychological Difficulties	12%
Insecurity	8%

When asked about the reasons behind such feelings, the top reasons were related to their physical conditions, where "Bad Housing" was mentioned by approximately 50% of the respondents, 17.50% linked the cause to "livelihood conditions", and 9.02% related the causes to "displacement".

Factors contributing to the feelings of uneasiness	**Responses**	**Percentage**
Bad Housing	276	49.81%
Livelihood	97	17.50%
Displacement	50	9.02%
Checkpoints	45	8.12%
Poor Social relations	32	5.77%
Loss	21	3.79%
No answer	17	3.06%
Health problems	16	2.88%
Base	554	100%

The factors affecting the psychosocial well being of the respondents can be divided into two main categories, the first is focused on the lack of basic material needs *such as shelter, heath, livelihood and Security*; the second category is more focused on the social solidarity and support, as well as the lack of security, or "al-aman" could also be interpreted as piece-of-mind which are highly associated with *loss, Breakdown or absence of social and family networks.*

According to 97% of respondents, these feelings of uneasiness and distress extend to the community level, and are, according to 33% of answers, related to "the destruction of homes" followed by 30% who relate it to the "difficult and bad conditions" and for 28% it is related to "displacement" expressed as "*tahjeer*" literary translated as "forced deportation".

Why are the feelings of uneasiness and distress wide-spread in the community?	Percentage
The destruction of homes	33%
Difficult and bad conditions	30%
Displacement	28%

When describing feelings of uneasiness, the word "home" was used quite often in most of the answers, from a psychosocial point of view, this is an indicator of "loss of safe spaces" (refer to the interpretation in the hosing section) and personal belongings especially that the interviewees were all women.

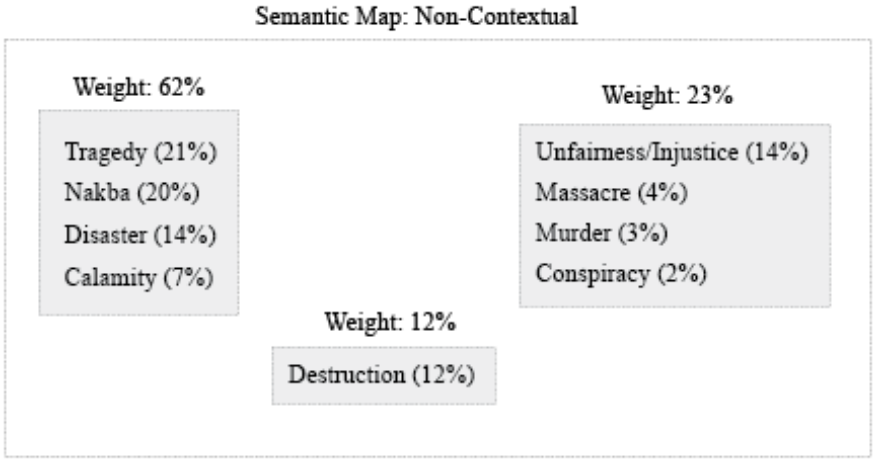
Reference to "God" (*Allah*) or "lord" (*Rabb*) was widely common in the respondents' answers (79%), specifically when asked about which sentences would they use to express their current situation. About half of the respondents were referring to revenge or justice (*"Allah yjazi Elli Kan El Sabab"*, literary translated "God, Condemn whomever was the reason") while the other half referred to God's judgment (*Hasbiya Allah wa Ne'ma Al Wakil*). Few answers were thanking god, or referring to god's will or wishing death.

Generally, the reference to God could be a sign of faith and can be considered as a coping mechanism, which helps in decreasing the feeling of uneasiness and possibly the improvement of psychosocial well-being. Yet when the "reference to God" was brought up to discussion with social workers and project officers working within psychosocial programmes in NBC[18], all concluded it was a sign of "loss of hope" and "despair".

Moreover, when the respondents were asked to describe the Nahr El-Bared crisis within their own words, more than 62% used terms that reflect the meaning of "catastrophe", "disaster" and "tragedy"; while 23% used words that reflect

[18] Mental and Psychosocial Helath Focus Group conducted on June 30th 2010 in Beddawi camp attended by 24 social workers from PCYI, Nabaa, Beit Atfal El-Soumoud, El-Khalissa Association and Najdeh Association

"unjustness", "crime", "repression" and "intolerance"; and 12% used words that reflect "destruction" (See semantics map below). Nevertheless this view is very non-contextual and abstracted from the social and historical meanings of these words for the Palestinian community in NBC and at large.



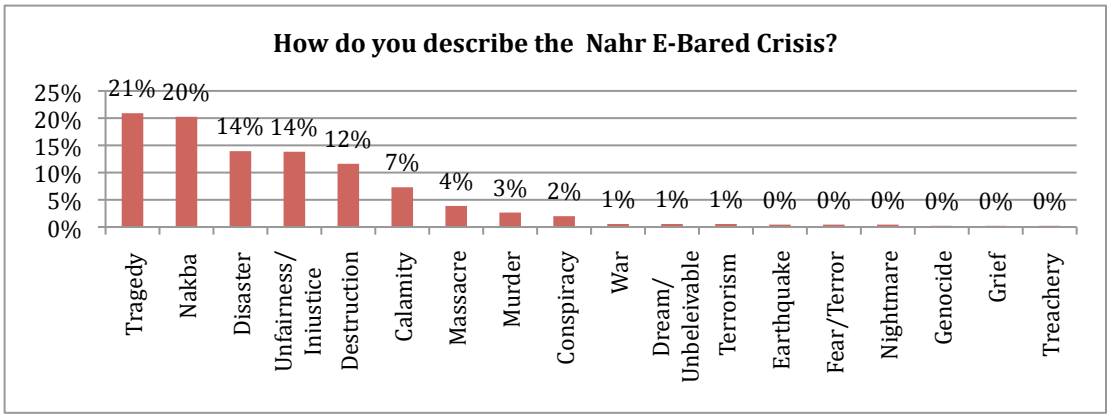
Indeed the mentioning of the Nakba by 20% of the respondents show there is a much deeper relation between the terms used by the community to how they recognize and how they perceive the events and the crisis of Nahr El-Bared, and how they wish to remember it up till now at least.

The deeper relation is manifested in Palestinian memory and history, "for Palestinians, the 1948 War led indeed to a "catastrophe." A society disintegrated, a people dispersed, and a complex and historically changing but taken for granted communal life was ended violently. The Nakba has thus become, both in Palestinian memory and history, the demarcation line between two qualitatively opposing periods. After 1948, the lives of the Palestinians at the individual, community, and national level were dramatically and irreversibly changed"[19].

Within this context, we can notice that the other terms used to describe the NBC crisis are indirectly or directly drawing parallels with the "Nakba", the NBC war has set for the NBC community another reference point for their contemporary memory and history about their life in the camps, where they still face displacement, disconnection from the social space they have lived in and the community dynamics that defined their social interaction.

This comparison is not circumstantial, or peripheral, but is a reflection of the status quo of Palestinian existence in Lebanon, The Nakba is a continuing story since 1948, it has not reached closure, and the NBC war, has set another dark point in the experience of Palestinians in Lebanon, which is represented (NBC War) as was the Nakba by: tragedy, disaster, unjustness, massacre, murder and conspiracy.

[19] Ahmad H. Sa'di and Lila Abu-Lughod, Nakba: Palestine, 1948, and the Claims of Memory by, p. 3



We can not draw conclusions yet as how the NBC community will remember or how will they will store the memory of the Nahr El-Bared war, especially that the crisis, still lacks closure (the camp has not been rebuilt yet, and the majority of people are still displaced), but we can understand that for many among the camp the parallels between the NBC war and the *"continuing"* Nakba is still very valid, and strikingly obvious from the terms used, and as writer Fawaz Turki's internalization of the Nakba leads him to say that he could not escape it, "for it always comes back, that past, as if it were an ache, an ache from a sickness a man didn't know he had"[20].

This recalling of memory in understanding the present is very clearly argued by Paolo Jedlowski: "memory is not only what serves the identity of a group and its present interests, but also the depository of traces that may be valid both in defetishizing the existing and in understanding the processes that have led to the present as it is now, and to the criticism of this very present in the name of the forgotten desires, aspirations or traumas"[21]

What is the "Nakba"?
Nakba (Arabic: النكبة, an-Nakbah), meaning the "disaster", "catastrophe", or "cataclysm" is a word commonly used by Palestinians to commemorate the expulsion and dispossession of hundreds of thousands Palestinians from their homes and land in 1948. In 1948 more than 60 percent of the total Palestinian population was expelled. More than 530 Palestinian villages were depopulated and completely destroyed. To date, Israel has prevented the return of approximately six million Palestinian refugees, who have either been expelled or displaced. Approximately 250,000 internally displaced Palestinian second-class citizens of Israel are prevented from returning to their homes and villages.

[20] cited in Ibid p.5
[21] cited in Ibid p.6

2. Movement and Socialization

When asked about the freedom of movement, the majority of respondents (61%) expressed the existence of restrictions due to **Fear** (48%), **Insecurity** (21%) and **presence of young children** (13%).

> These feelings were highlighted in Nabaa' needs assessment where all respondents confirmed a feeling of insecurity and a lack of safety within the camp because of the military checkpoints. Most of the family relationships and friendships were destroyed or restricted because of the strict controls, long waiting hours on the checkpoints and the difficulties to obtain permissions to enter the NBC. "The restriction on movement has caused a loosening of the formerly strong family bonds"
>
> Needs Assessment Nahr el Bared and Beddawi – Nabaa 2009

Generally, feelings of fear and insecurity could be associated to forced displacement, its implication and the possibility of a second loss or war; In addition to the lack of family and friends/social networks and to the neighbouring community's negative perception towards the IDPs. Yet looking at the context of Palestinians in Lebanon, we can deduce that such feelings can also be re-enforced because of the lack of voice and political representation which contributes to added insecurity and lack of control of their fate and future.

In addition, the Lebanese Armed Forces (LAF) and Fateh el Islam were perceived by the community as responsible for all the destruction and losses that they have experienced because of the NBC war. This "Aggressor" (LAF) being currently in control of the NBC through the check points and long security procedures and restrictions, could be a major factor in prolonging the fear and insecurity of the community. In parallel the Lebanese Army is also perceived by others (Lebanese and some Palestinian) as the "Savour" from terrorism (Fateh el Islam) and considers itself responsible of the maintenance of the security and the stability in the Lebanese territory. Saying that and referring to WHO opinion regarding MH determined by environmental factors "The greater vulnerability of disadvantaged people in each community to mental health disorders may be explained by such factors as the experience of insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health" a serious intervention is highly recommended at this level in order to minimize the fear and insecurity of both Lebanese and Palestinian communities, which will lead to an improved psychosocial wellbeing and mental health.

The question of movement cannot be simply explained by its physical implications on the mobility of the community but it has to be understood in how it creates a context of imprisonment within confined spaces and locations, and contributing to a general feeling of disconnection from the larger Palestinian community (dispersed in

the different camps of Lebanon) and the Lebanese communities. This state of disengagement contributes to deeper social exclusion of the Palestinian community in general that of the NBC community in specific.

To further understand this status of social exclusion, it is important to look at the issue of socialization, where 62% of respondents indicated that they still keep partial relations with the NBC community and their extended family, compared to 34% who have full relations, and only 4% reported having no relations.

Do you keep ties with Nahr El Bared community and with your extended family?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes, partially	748	62.3	62.3	62.3
	Yes, fully	404	33.7	33.7	96.0
	No	48	4.0	4.0	100.0
	Total	1200	100.0	100.0	

The reasons behind the breakdown of social relations for those who are experiencing partial and no-relations with their communities and extended family are mostly related to geographic distance (52% of the respondents), lack of financial capacities (10%) and psychological uneasiness and health conditions (4%), yet about 34% did not mention their reasons.

Reasons behind having partial to no relations with the community and extended family (66% of total respondents)	Percentage
Geographic Distance	52%
Lack of Financial Capacities	10%
Psychological and Health conditions	4%
No Answer	34%

It is widely noticeable that the breakdown or deterioration of social ties is directly linked to the impacts of the war, namely displacement, which are the main causes for creating geographic distances and dispersing the members and units of the extended family.

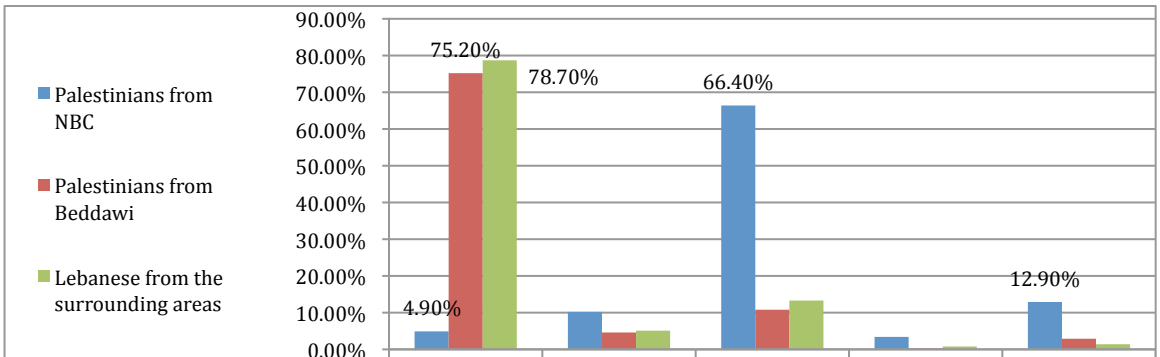
To confirm this situation, the respondents were asked if they have noticed any changes in their regular social life and habits and recreational activities. Almost the totality of respondents (99%) indicated disruption of social networks and of recreational activities; the main reasons behind it were mainly focused around psychological fatigue (70%), long distance and displacement (35%) and the

deterioration of the economic conditions (35%). Moreover 35% of respondents noted that visits from family and friends subsided after the crisis.[22]

These conditions have in various degrees contributed to the insecurity and to the loss of familiarity of space and community, which is one of the main factors contributing to negatively to the well-being of the community.

The majority of the respondents is in between the impact and rebound phases at the socialization level, as it appears they are more isolated and family and social relations have not been restored, which is one of the characteristics of the recovery phase.

To further analyze socialization, the respondents were asked to describe their relations with the NBC community at large, the Beddawi camp residents (Main host community during displacement), and the Lebanese communities.



	No Relationship	Normal	Good	Very Good	Excellent
Palestinians from NBC	4.90%	10.20%	66.40%	3.40%	12.90%
Palestinians from Beddawi	75.20%	4.60%	10.80%	0.30%	2.90%
Lebanese from the surrounding areas	78.70%	5.10%	13.30%	0.80%	1.40%

Based on the above graph we notice that the majority of respondents indicated having good relationships (66.40%) with the Palestinians form NBC while also greater majority indicated they have no relationship with the Palestinians from Beddawi camp (72.50%) and the Lebanese from the surrounding areas (78.70%).

These figures show a very apparent disconnection with the surrounding communities contributing more to the fact that the NBC community are faced with a high level of social exclusion, where there ties are mostly strictly confined within the parameters of their direct community, and have very minimal ties with the surrounding communities, which also contributes to their vulnerability and limits their ability to seek social solidarity, sympathy and support.

[22] *Note: the percentages above add up to more than 100% because respondents were able to choose more than one reason that led to the disruption of social life and recreational activities.*

> This tension and distance with neighbours was confirmed by Nabaa' findings "The current existing problems between Palestinians and Lebanese make all participants feel very bad and unsafe as all of them are afraid another war could happen in NBC…The relationships between Beddawi residents and NBC displaced people have worsened and people started to blame each other for the crisis. This atmosphere affected especially the children: The increase in fights between displaced boys from NBC and Beddawi boys were mentioned"
>
> Needs assessment Naher el Bared and Beddawi Nabaa 2009

The lack of social ties and support with the neighboring communities is obviously weak which negatively affects the NBC community ability to cope with the situation, and also increases their sense of isolation and insecurity.

In addition, 59% of the respondents expressed that the local host population negatively perceived the displaced people (hate, hypocrisy, humiliation, no pity), while 42% thought that they were well treated, 16% didn't have an answer and 10% describe relations to be normal[23].

This shows that an additional major challenge is facing the NBC community and negatively affecting their ability to cope and reintegrate which is this perceived sense of being "unaccepted", "hated" and "humiliated".

3. Cultural beliefs, customs and lifestyle

The majority of the respondents (93%) described that themselves and the community at large are able to keep their own cultural beliefs, customs and lifestyles in their current place of residence. As for the rest (7%), the deterioration of the economic situation, new housing and new neighbours are the main constraints that limit their ability to maintain their lifestyles. In addition, psychological temper and fatigue, distance, destruction of the camp, displacement and checkpoints have forbidden many families from keeping their customs and beliefs.

4. Housing and Shelter

UNDP defines **Internally Displaced persons (IDPs)** as "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or

[23] The total open-ended answers might be above 1200 because some of the interviewee responded by 2 or more answers which were all taken into consideration.

human-made disasters, and who have not crossed an internationally recognized state border"[26]. So all residents of NBC who are still living outside the NBC (Old camp or adjacent area) are considered IDPs

As for **Returnees** the definition is "persons who have returned to their home or habitual place of residency especially after a prolonged absence". In result returnees in NBC are those who have returned back to their actual homes in NBC old camp and adjacent area.

Semi Returnees are "persons or families who have moved back to the NBC and Adjacent area but have not returned to their own homes yet meaning they are hosted in temporary shelters in Naher el Bared adjacent area"[27].

By November 2009, 61% of the respondents have moved back to NBC but not to their own homes, 17% went back to their actual homes, and 22% remained displaced in Beddawi and Jabal El Beddawi. If we compare the Lebanon Support figures[28] to the findings of this assessment, we can say that the number of families in the NBC adjacent area have increased from 55.58% (June 2009) to 78% (November 2009); in parallel the number of families still living in Beddawi and Jabal el Beddawi decreased from 36.08% (June 2009) to 22% (November 2009). On the other hand, the number of returnees have decreased from 28.8% to 21.8% while the number of semi-returnees had increased from 71.19% (June 2009) to 78% (November 2009).

The majority of the population (61%) can be considered to be in the rebound phase (moved to NBC adjacent area, but not to their actual homes). 22% of households are still lingering between the impact and coping phase (temporary rented house, with possible extended long-term stay and with no satisfaction); And 17% can be considered in the coping phase knowing that they have returned to their actual homes.

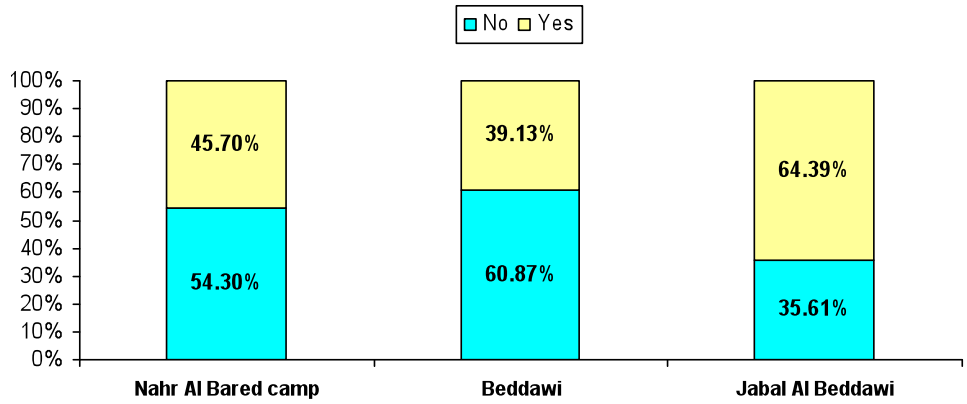
Almost the totality of the respondents (96%) indicated that they owned a house before the crisis; while only 17% currently own the house they live in (mostly returnees) and 60% rent their residence (IDPs and semi-returnees) and the rest (23%) are living in UNRWA plots, collective centers, garages and shared shelters.

Before the NBC war, the majority of households (71%) were living in the old camp. Currently 77% are living in the New Camp (Adjacent Area), the old camp has been completely destroyed; reconstruction is still in its very early phases [29] and access to the old camp is still forbidden by the Lebanese authorities which makes the return to "home or habitual place of residence" delayed for more than three years.

[26] UNDP, Crisis Prevention and Recovery, "Rehabilitation: Crisis & Post-Crisis development Initiatives". June 3, 2002
[27] Lebanon Support, Nahr El-Bared Statistical Report 2009, p.22.
[28] Nahr El Bared Statistical Report 2009
[29] Lebanon Support IDP & Returnee Monitor: http://lebanon-support.org/nbc

53% of all respondents are not satisfied with their current housing condition indicating that there is "no place like home!". The main reasons behind this dissatisfaction are that the **house is "temporary" and is "not owned" where all these terms reflect instabilit**y, which was voiced by 64% of the respondents, compared to 30% who indicated that their current shelter is **not healthy**, and 14% complained that the living space is not enough and that the infrastructure is not appropriate.

Although the rate of dissatisfaction with the current shelter conditions is high when all regions combined, there are regional differences, where we can notice from the graph below that the rate of dissatisfaction is the lowest for IDPs living in Jabal El-Beddawi (35.61%), while it is high for IDPs in Beddawi camp (60.87%) and returnees and semi-returnees in NBC (54.30%).



Rate of satisfaction and dissatisfaction of current shelter conditions per region

For many of respondents, the first and foremost concern (as for everyone else) is their own security and the security of their families. In addition to security, the need for a "home" both as a geographical entity and a symbolic space is essential for the well being of the community, yet such needs are usually unrecognized and not given the sufficient importance in the context of internal and international politics.

The destruction of home and the community has implications that go beyond the physical being of these places. They have impact on the idea of self, of identity, creativity, interpersonal relations and one's world-view. Some of these issues have been addressed and analyzed by anthropologists in the context of recent conflicts.

The leaving or departure from home due to conflict is not only strictly related to the seek of security; it is also symbolizes the leaving behind of a sense of identity, a culture, a personal and collective history. Indeed, the word "home" has several connotations for women, hence, their departure from home, its destruction and its making are important.

Home is the source of primary identity for women not only because both are associated predominantly with the private sphere but also because home is the locus of self, culture and belonging. This is true for men as well as women; however, due

to the historical role that women play in the making of home, they identify much more with it.

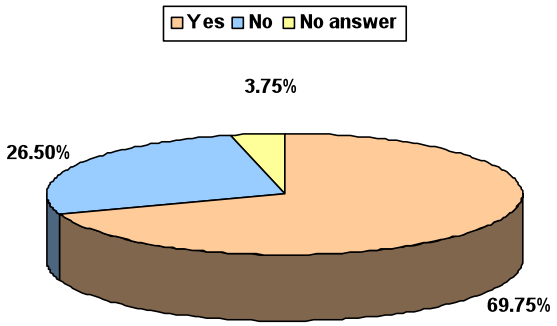
Women's understanding and representations of home involve multiple themes that relate to physical as well as imagined and intangible aspects. Aside from being a reflection of self, social and economic status, home represents the space where women can be “happy” and “secure”, where they can be creative and where they enjoy familial support. At the same time, due to the extreme degree of violence and destruction that has been perpetrated due to the war, home and country are no longer the symbols of protection and security both mirror the peril they contain for the very people they need to shelter and protect. This peril has been experienced several times, leading to double and triple trauma as the refugees keep fleeing back from their country and their homes in the face of constant conflict. This process has also rendered some women completely homeless so that they are unable to conceptualize the presence of a place that may be called as “home”.

5. Schooling

69% of respondents confirm that their children **currently attend school**, universities, or vocational training centers while 26% confirmed that their children are not currently pursuing any education.
Dropouts are mainly related to psychological difficulties, bad education system, the need for employment and disability.

89% are satisfied with their children’s school performance and social behavior, while 11% indicated that they are not satisfied with their children’s performance, most of those are respondents located in NBC. The reasons behind this dissatisfaction were related to **the bad education system, overcrowded class rooms, the double shift system at schools, the lack of teachers motivation, existence of aggressive, nervous and violent behaviors and attitudes among children, decrease in the scholar results and grading and the lack of concentration and motivation** among children.

Do all children go to school?



The respondents who expressed dissatisfaction with their children's performance at schools and social relations related that to their children being isolated, introverted, lonely, aggressive, facing psychological and learning difficulties, felt discrimination in the Lebanese schools, confused in the new temporary overcrowded schools and are facing a different social environment with new colleagues that don't allow them to get along with their peers.

The majority of respondents (94%) consider that their children are getting the same opportunities for education as other children in the area.
Yet it is important to mention, that although the majority of respondents express their satisfaction with their children's school performance, this satisfaction could be the result of fear of stigma, or that they might be hiding their level of involvement in the close education of their children or can be related to the parents education status and or their income level, as satisfaction does not necessarily reflect good performance in schools. However the high rate of satisfaction shows considerable progress when compared to Save the Children's assessment (April 2008) and other studies conducted by other organizations.

> The assessment done by Save the children in April 2008 confirmed the war negative impact on students and their behaviors and it relates that to the parents who are not actively involved with their children; limited space at home forced family members outside of the home resulting in decreased interaction. Parents' anxiety and concern about the future and the present were distracting children.
>
> Psychosocial Needs Assessment: Nahr el Bared Camp Save the Children Sweden- April 2008

This development in the level of satisfaction could indicate that the community in general have reached the coping phase (regular schooling) compared to what was observed by different studies in 2008 which showed that the community is still in the impact and rebound phase (temporary schools, double shifts, over crowdedness, dropout rate, bad results etc…)

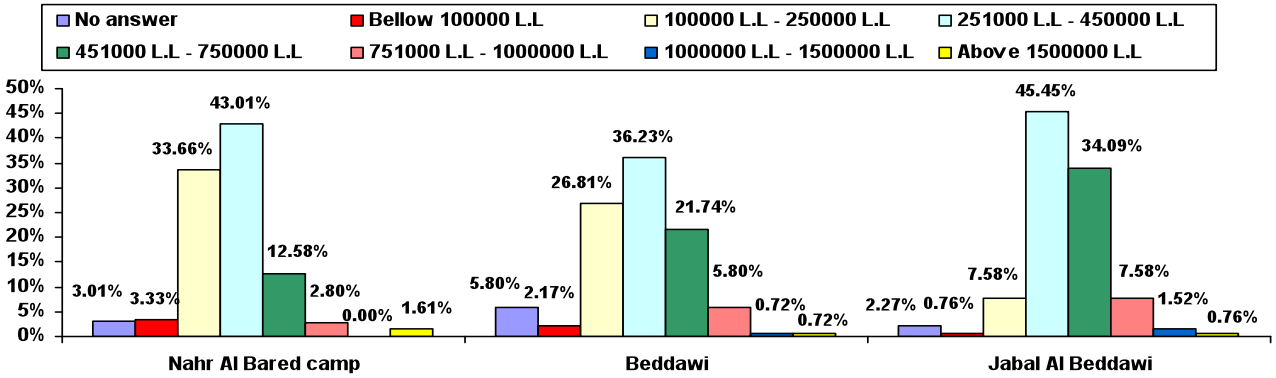
6. Employment and household structure

The main breadwinner in the household is the husband (89%); social aids contribute in the income of 20% of households, followed by support of relatives' 14%. Where as women-headed households constitute 4% of households and in 3% of cases children are main source of income. For 91% of households the averge of working persons per household is 1.

30% of households have an average income between 100,000 LBP to 250,000 LBP per month, while 40% have an average monthly income between 25,000 LBP and 450,000 LBP, and only 16% have an average income between 451,000 LBP and 750,000 LBP. We can conclude that the majority of households (above 72%) have an income, which is less than the National Minimum Wage (500,000 LBP).

The low-income characteristics of the NBC community is a main factor in limiting coping abilities and have a negative impact on their psychosocial well-being, which manifests in less social relations, and constraints on movement and daily actvities.

Household Monthly Income



According to the findings, the majority of respondents (92%) did not note any changes in the roles within their respective families, while only 8% considered that the war has affected the roles within the family and mainly on the economic level.

Out of the 8% who witnessed changes in the household structure, 35% of households the women were driven to be the breadwinners of their families, 22% the children had to start working, and 12% started to mainly rely on relatives' and extended family support.

The involvement of children in the labor force is a major issue, as it limits them from continuing their education, which is essential to their personal development and their psychosocial well being. And although there is no indication about the age of the children who were forced to take on jobs, we can informally consider that the NBC war has led to an increase in child labor, which is a direct violation of child rights.

Job-hunting was mentioned to be one of the main issues provoking personal concerns and uneasiness. As per WHO when talking about MH determined by socio-economic factors, increasing and persisting socio-economic disadvantages for individuals and for communities are recognized risks to mental health.

The surveyed women described the changes in their economic conditions in following: Loss of: houses, furniture (stolen or burnt), source of income (shops,

business, etc), personal objects (cars, jewelry), money, "everything". People either witnessed a considerable drop in their salaries or became unemployed and are faced with debts. Note that NBC was a major provider of labor force in construction and agriculture for the surrounding areas; In addition to the fact of being the main market and commercial hub for the area of Akkar, North Lebanon.

How did the economic conditions of your family change following displacement?

	Change	Response	Percentage
Housing	House and furniture	1130	94.16%
Everything	Everything	206	17.16%
Economic	Income	130	10.83%
	Business and supplies	75	6.25%
	Debts	13	1.08%
	Employee	11	0.91%
	Lack of job opportunities	7	0.58%
Personal Objects	Jewellery cars,	112	9.33%
No impact	No impact	29	2.41%
	Base	1200	100%

7. Outlook on the future

83% would like to return to NBC and to their actual homes, 17% would like to stay in their current residence outside NBC and 13% have other plans for instance: migration, receiving compensation and others.

Regarding the opinion towards the future of Nahr El Bared camp, 46% considered it unknown, 28% think there will be no return, 27% believe in the reconstruction of the NBC and 10% trust "God's will".

This uncertainty for the future and absence of hope are central indicators of distress and anxiety among the population. These feelings are the result of the delay in the reconstruction, the unmet promises, sense of frustration and despair.

8. Informal existing coping mechanism

58% of women confirm the existence of informal coping mechanisms for example social visits (76%), relation with neighbours (40%), family support (29%), also moral support, recreational activities, friends, awareness sessions, religion and others are mechanisms which are used but to a quite lesser degree than those mentioned above.

When facing feelings of uneasiness or distress, 61% of women refer to their families and 9% to their neighbours while 22% of them do not refer to anybody and stay by themselves.

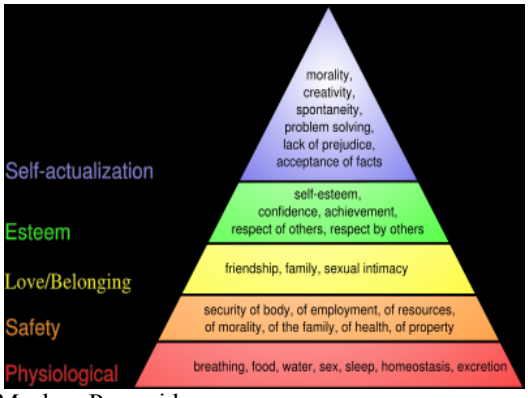
9. Urgent needs or issues to be addressed

For the respondents and their families the most urgent needs and issues to be addressed are the following:

Needs/Issues to be tackled	Percentage (Votes)*
Instability	52%
Return to NBC	29%
Education	23%
Future of the children	12%
Reconstruction	12%
Employment	9%
Health	9%

* Respondents are able to choose more than one need/issue, thus the total account to more than 100%, these percentages are considered as votes.

This reminds us of the "basic needs" argued by Maslow (physical needs and needs for security) which are both absent or still unmet for the majority of the population.
The layers of mental health and psychosocial support in emergencies as per the IASC guideline[31] suggest starting interventions with basic services and security and then move to the community and family support and later to the focused non-specialized supports and at the latest stage the specialized services. This informs us on the importance of starting from bottom to top in order to fulfill the community's needs and ensure a better well being by complementing services.



Maslow Pyramid

Intervention pyramid for mental health and psychosocial support in emergencies. Each layer is described below

[31] IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

10. Existing services and suggestion of services that might support the NBC community

The respondents suggested several actions which could improve the well-being of the community and their families, 61% suggested the improvement of health services, 41% suggested to improve the education sector and 31% suggested to enhance capacity building services and awareness sessions, while others sought that the focus should be on livelihood projects, recreational activities, stability, security and psychosocial support.

In terms of accessibility, 88% of respondents indicated that they have access to social services, while 12% mentioned that they don't mainly due to the long distance (64% out of 12%) while the rest (36% out of 12%) indicated that the lack of access is related to the absence of services, quality of service and the lack of equity in delivery.

Access to Social Services	%	
Have access	88%	
Do not have access	12%	
Due to distance	*7.68%*	
Absence of service, quality of service, lack of equity in delivery	*4.32%*	

38% are not satisfied with the social and health services provided, 37% are satisfied and 25% are partially satisfied. The reasons for the lack of satisfaction are: services are **not sufficient** (56%) **bad quality of services** (43%) and **long distance and no equity in the distribution (1%)**.

Satisfaction with services	Percentage
Satisfied	37%
Partially satisfied	25%
Dissatisfied	38%

Reasons of Dissatisfaction and partial satisfaction	Percentage
Not sufficient	56%
Quality of service	43%
Long distance and lack of equity in delivery	1%

When asked about their information on the existing services offered to respond to personal needs or uneasiness, the majority mentioned the key service providers (UNRWA, CBR, Nabaa, NRC, PU, Najdeh, Beit Atfal As-Soumoud, ACTED and others) referring to material support including rent fees, reconstruction, health,

schooling and NFIs. This might indicate the lack of awareness of the respondents on the existing psychosocial services or the lack of psychosocial activities targeting women as a key-persona in the household. As per UNRWA needs assessment the mental health and psychosocial disorders needs are not covered or underserved by the health care system[32].

11. Key difficulties faced by the organizations working in the Psychosocial field (as per the directors and the social workers)[33]

- Lack of Psychosocial projects targeting all age group (more focus on the children)
- Lack of specialized staff and centers to deal with psychosocial problems
- Lack or absence of detection and referral system for people facing psychosocial difficulties
- No sufficient networking among NGOs working on psychosocial activities
- Lack of awareness about psychosocial well being and disorder symptoms among the population
- No unified clear definition of "Psychosocial" among people and organizations.

IX. Recommendations – Psychosocial Interventions

- Initiate joint PS activities between displaced women from different cluster (NBC, Beddawi and Jabal el Bedawi) with women from Beddawi camp in order to build stronger connections and support mechanism within the hosting area and to decrease the existing tension due to the displacement burden and difference between NBC and Beddawi residence.
- Initiate joint PS activities between displaced Palestinian women and Lebanese women aiming at minimizing the prejudices and barriers between neighbors and preventing escalation of fears and tension.
- Provide small Group intervention with specialized staff aiming to help women express their feelings and thoughts in a safe place in addition to rebuild the social network with people living and facing similar challenges.
- Provide Individual with specialized intervention specially women who have mental health disorders or additional challenges that forbidden them functioning in their daily life.
- Reactivate or re-establish the MH&PS cluster to ensure a better coordination and improvement of the MH and PS wellbeing of the community.
- Update the referral data/ tools/ mechanism developed by Handicap Internaitonal on the existing psychosocial services within the Palestinian camps and disseminate it

[32] Needs assessment Palestinian refugees in Lebanon June 2008- UNRWA Programme Support Office
[33] Mental and Psychosocial Helath Focus Group conducted on June 30th 2010 in Beddawi camp attended by 24 social workers from PCYI, Nabaa, Beit Atfal El-Soumoud, El-Khalissa Association and Najdeh Association

within local organizations and community in NBC, Beddawi and Jabal el Beddawi.(Add NGO perspective)

- Advocate for improved support through the integration of MH&PS guidelines and principles in all the other sector of intervention (shelter, education, health, food, non food, protection, livelihood etc):
- Dissemination and training on the IASC guidelines among the key humanitarian actors and clarification and information about the definition of psychosocial well being and program.
- Representative of the MH&PS cluster group in all the other cluster meeting.
- Encourage Peace building program (Reconciliation) for Lebanese and Palestinian communities. Rebuilding real strong bridges will facilitate a better coping and a regain of the previous peaceful safe status with the neighbour. In addition to the impact of these relations on the livelihood sectors which is essential in the NBC recovery process.
- Encourage negotiation with the Lebanese Authorities regarding the alleviation of the security procedures in the NBC (this will affect directly the livelihood, family and community connections, social life as result the MH & PS well being)
- The improvement of collaboration between the Lebanese and Palestinian authorities in order to ensure the security and safety of both communities and to prevent future possible tension or conflicts.
- Encourage the enrolment/ engagement of university interns from the humanitarian faculties in the social and psychosocial interventions undertaken by the existing organizations
- Advocate for the integration of specialized MH and PS services under the UNRWA health care coverage.

X. Introduction to Reproductive health

Accessibility and the availability of reproductive health services are one the most essential services needed by any community, especially conflict-affected communities. It is relatively easier to provide antenatal care compared to obstetric care; but only emergency obstetric care will save a woman's life in case she is experiencing complications in her pregnancy or delivery.

Another important issue to reproductive health concerns is that of the reproductive health needs of adolescents, who do not commonly receive the needed attention; physiologically, the transition from childhood to adulthood is one of the most critical transitions in sexual maturation, and which its needs, should not be ignored by Health programmers.

In conflict situations, most of the community and social structures that help adolescents through this transition are disrupted; in addition, new circumstances pose other risks to their reproductive well being. Young people, especially in conflict settings, need access to accurate information and youth-friendly health services.

By all accounts, the largely hidden health consequences of violence against women take a heavy toll on the well-being of women. These often take the form of non-fatal physical health outcomes ranging from external and internal injuries, to miscarriage and unwanted pregnancies, headaches and irritable bowel syndrome and self injurious behavior such as smoking and unprotected sex to name a few.

However, the mental outcomes of violence on reproductive health are often revealed in the form of anxiety, fear, eating disorders, obsessive-compulsive disorder and posttraumatic stress disorder. The gender-based nature of domestic violence also results in a more heightened sense of isolation and hopelessness. Ultimately, the resulting morbidity and sometimes mortality result in both tangible and intangible losses to their families and communities and the development of society[34].

A. Assessment Findings - Reproductive Health needs

1. Safe Motherhood and Pregnancy History

Safe motherhood programming requires a range of activities, each with its own subcomponents. Essential care during pregnancy can save the lives of mothers and newborns by reducing anemia, preventing and treating malaria, detecting and treating sexually transmitted infections, preventing mother-to-child transmission of HIV. Communities and

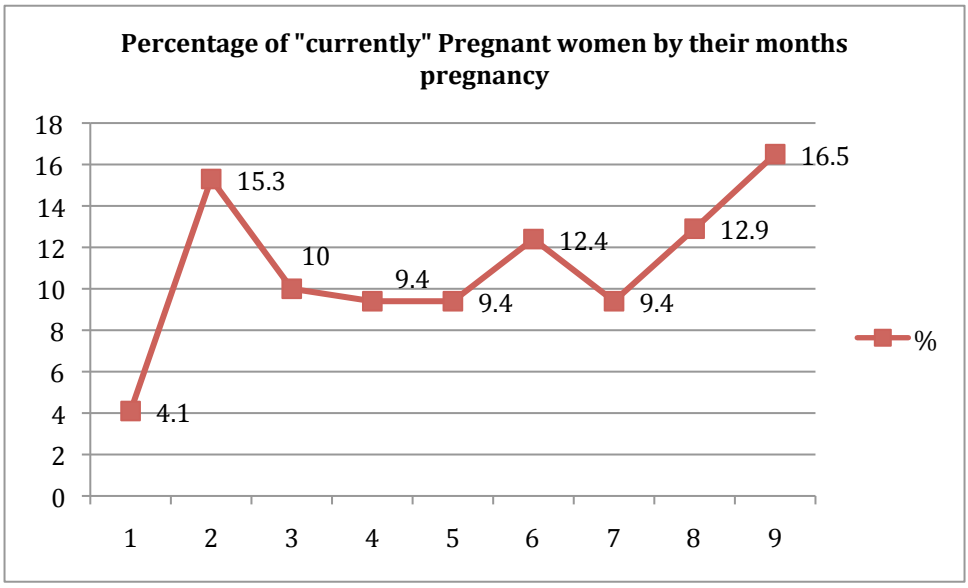
[34] World Health Organization, Violence against Women: A Priority Health Issue, WHO Briefing Kit on Violence and Health

clinicians who are aware of the signs of complications of pregnancy and childbirth and know what to do in such circumstances can save the lives of mothers and newborns by assuring quick access to emergency obstetric care, including post abortion care. During the post-partum period new mothers should have adequate nutrition, support for breast-feeding, and access to family planning; infants should also have adequate nutrition, as well as immunizations and vitamin A.

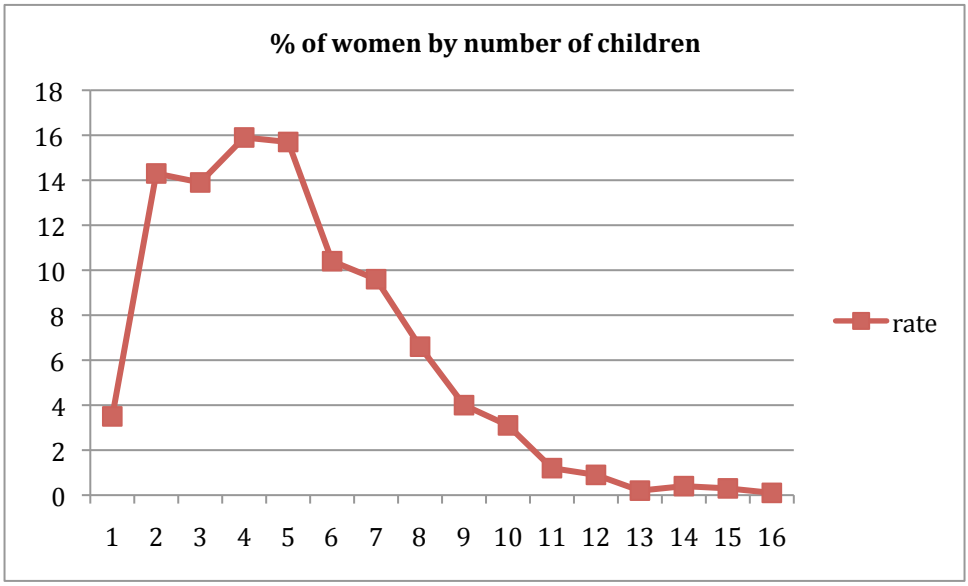
2. Pregnancy Phase:

93% of the women stated to have been at least pregnant once in their life. 84% stated to have had been pregnant before the Nahr El Bared War, while during the conflict only 7.3% of women were pregnant, and the rate of pregnancy escalates to 40% after the end of the conflict. While the rate drops to 14.2% of women who stated to be pregnant at the moment (during the time of the survey (October to December 2009)).

Out of those who are currently pregnant, 60.6% of them have finished their fourth month of pregnancy are between the fifth and ninth month, while 39.4% were still in the early phase of their pregnancy (between the first and fourth month).



On average most women have given birth to 2 to 6 children (55.9%) while 26.4% of women have had between 6 to 15 children. On average each woman have four children.



12% of all women noted that they had given birth to sons and/or daughters who were born alive and then passed away, out of those newborn deaths, 113 were baby boys and 102 baby girls.

For a better understanding of pregnancy conditions, mothers were asked to indicate whether they have given birth to boys/girls who had passed away after completing 6 months of pregnancy, 8% of the mothers responded positively where most of those (66.7% out of the 8%) have lost one baby, and 26% have experienced the loss of two babies, moreover 7.2% of those who experienced a loss of a child during pregnancy had the experience more than 3 times in their life.

When mothers were asked to denote the reasons for the death of the newborn after completing six months of pregnancy, 26% did not answer, 15% stated that they had suffered severe bleeding, while 10% suffered from physical exhaustion and 10% did not know the reason.

Reasons behind the death of the newborn	**%**
No Answer	26%
Severe Bleeding	15%
Physical Exhaustion	10%
Don't Know	10%
Pregnancy Poisoning	5%
Premature delivery	4%
Car accident, diabetes, flu	14%
Others	16%

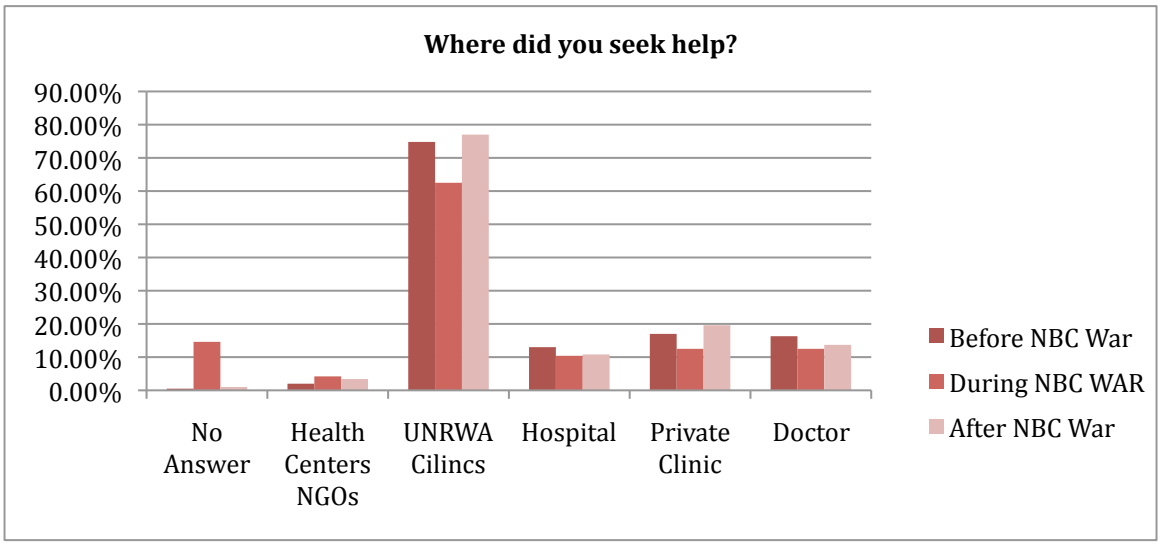
It is worth noting that some of these fatalities were certain, but some could have been prevented if there was proper follow-up or services provided (e.g. diabetes).

Knowledge of danger signs of pregnancy complications is very important and can help facilitate access to appropriate care. Actions could focus on increasing knowledge to prevent maternal and infant deaths. The danger signs witnessed by the pregnant women in the survey were as follows during three denoted periods, before the crisis, during the crisis and after the crisis in Naher el Bared:

Danger Signs during Pregnancy	Before NBC Crisis	During the Crisis	After the Crisis/Currently
Feeling very weak or tired (anemia)	19,60%	20,70%	24%
Severe abdominal pain (pain in the belly)	9,30%	11%	12,50%
Vaginal bleeding	11,60%	16%	9%
Fever	2,70%	2,50%	3%
Swelling of hands and face	10%	10%	9,50%
Headache	10,30%	12%	12%
Blurred vision	6,30%	10%	7%
Other	19%	17%	20%
Don't know	1%	0%	0,50%
None	54%	32%	49%

As per the table above, anemia, headaches and severe abdominal pain were the most common signs among most pregnant women. The majority of women requested help when faced by these complications during all three phases (97%, 97.5% and 94% respectively). The most frequent care places were UNRWA health clinics, private hospitals, physicians and private clinics (95% approximately). Only a minority sought support at home or at NGO centers; this denotes a high level of follow-up by women, as they didn't neglect the complications.

Accessibility to services



When asked on where did they seek help, most women answered that they seek help mainly from UNRWA clinics (77%). It is worth noting that there was a slight drop in requesting services during the NBC war as shown above in the chart.

Approximately 95% of the pregnant women sought help when faced by complications during their pregnancy where the main source of care was UNRWA clinics (75% before and after the crisis and 60% during the crisis). Hospitals, private clinics and doctors were among the main sources of care and support summing up to 30%.

When analyzing whether women requested antenatal care and support again before, during and after the crisis the results were very similar to the previous findings: 899 out of 938 women sought and received antenatal care prior to the crisis, 78 out of 82 during the crisis and 415 out of 448 currently (95% on average for the three phase). This reveals that the level of seeking care and support during the pregnancy phase was high despite the ongoing crisis and displacement, and despite the fact that fewer women sought support for antenatal care through UNRWA clinics during the crisis (62.50%) whereas the figures were approximately 74% before and 77% after the crisis, women were not reluctant to seek help through other care centers and private doctors.

The number of visits to antenatal care units was more than three visits per pregnancy for approximately 87% of the respondents across all phases.

As for those who did not seek care (13%) distance was their main barrier during the antenatal phase for 5% out of the 13%, and 8% out of 13% of women who didn't ask for support didn't report the reasons.

The above figures indicate that women who gave birth in the last two years received the required minimum antenatal visits by a trained provider as per WHO recommendations.

According to most respondents' own assessment (85%), the quality of care in UNRWA clinics didn't fluctuate and remained stable and good before, during and after the crisis. Yet less than 5% of respondents consider the services they are receiving as excellent/very good. What is worth noticing is that only a small number of respondents were satisfied with the quality of services provided (irrespective of the source of service), and the majority rated these services as "good" during all phases.

When asked whether additional antenatal services are required, 25% of the respondents indicated the need for more services (pre-war and during) although the number of respondents requesting more services increased to 29% in the post-war phase.

The requirements for better services are common across all respondents and can mainly be summarized in terms of: more awareness and information on support and care for the newborns; and the lack for more exhaustive tests and testing materials and radiology are the main reasons why women require additional services that need to be provided.

Nutrition during pregnancy and immunization of newborns

On average 34% of pregnant women indicated that they started a specific nutrition diet during their pregnancy (during the three phases (before, during and after the war). 88% of pregnant women noted that they took iron pills or folic acid prior to the NBC war the percentage dropped to 76.8% during the war.

Tetanus toxoid injections during pregnancy are on the decline from 93% prior to NBC war, 78% during the war and 77% after the war (among pregnant women). This medication is given to protect and immunize against tetanus infection. This vaccine is routinely given to all children between 2 months and 6 years of age. Booster injections may be required at the time of injury in older children and adults if it has been 5-10 years since the last tetanus vaccine injection. As Tetanus can occur in cases of even minor injuries it is advisable to actively immunize every person in general. With this aim in view, it is desirable to actively immunize all children from the age of 6 weeks onwards. It is advisable to protect infants against the risks of tetanus neonatorum by immunizing pregnant mothers.[35]

[35] International institute for immunization and vaccines

3. Delivery Phase

Where did you deliver most of your newborns?	Pre-war	During the war	Post-War
No Answer	2.7%	22%	21%
UNRWA clinic	19.8%	12.2%	19.6%
Hospital	75.1%	61%	56.3%
Private clinic	1.1%	1.2%	1.1%
At home	14.9%	1.2%	0.2%
Who helped with the delivery of your newborn?	Pre-war	During the war	Post-War
No Answer	2%	18.3%	20.8%
Relative/Friend	0.3%	0%	0.4%
Traditional birth attendant	5.8%	0%	1.1%
Midwife, nurse or doctor	91.8%	81.7%	77.7%

The majority of interviewed women delivered at a hospital in all three phases, as show in the above table, deliveries at the UNRWA clinics dropped by 7.6% during the war then went up after the war to approximately the same rate as before the war. Deliveries at private clinics are rare, while deliveries at home used to be high during the pre-war phase but decreased considerably during and after the conflict, this decrease is understandable due to loss of privacy as a result of displacement.

When the respondents were asked about who helped with their delivery, most answered (across all phases) that they were helped by a doctor, a nurse or a midwife, while only 5.8% were helped by a traditional birth attendant before the war, and that rate dropped to 1.1% after the war.

Did you encounter any complications during delivery	Pre-war	During the war	Post-War
Yes	28.3%	17.1%	22.1%
No	68.3%	75.6%	56.3%
No Answer	3.7%	7.3%	21.7%

Although the respondents noted higher complications rates during pregnancy and delivery prior to the crisis (28.3%) then after the crisis (22.1%), this should not be not be interpreted as a result of better conditions and healthier pregnancies for two main reasons:

1) The number of pregnant women who sought care before the crisis as indicated in the survey was 401 while after the crisis, the number of women who sought care 202, this means that the probability of proper diagnosis and care is still much higher in the period before the crisis, moreover the rate of those who did not give an answer in the post-war period (21.7%) is much higher than those in the pre-war period (3.7%), which could lead us to the conclusion that complications in the post-war period may not have been properly reported.

2) More deliveries are being undertaken after the crisis without being properly attended by health care personnel which is alarming and denotes diminished quality care marking a decrease of 3% from before the crisis to after the crisis (95.8% of respondents sought care prior to the crisis, while the rate is 92.6% after the crisis). Cultural norms of not seeking care, lack of access, or women's perception of clinical services may exist. Revisiting the state of awareness on danger signs of pregnancy complications may provide information on whether the lack of awareness is a barrier. Actions could focus on promoting seeking support and care when complications arise.

The vast majority of women have normal, uncomplicated pregnancies and deliveries. Unfortunately, many women did experience some complications during pregnancy. For women who did experience complications, the most frequent complications can be mostly summed up in the table below:

Complications during delivery	Before the war	During the War	Post War
Prolonged Labor/Obstructed Labor	47.2%	28.6%	45.5%
Heavy Bleeding	25.3%	28.6%	13.1%
Caesarean	23.4%	14.3%	25.3%

Additionally, 12% of all the women indicated infection of the womb post delivery resulting from improper care and follow-up.

4. Post- Natal Care

While 92.5% of women breastfed their babies for one year on average prior to the crisis, the frequency dropped to 70% during and after the crisis. This drop can be related as postpartum depression (PPD) is quite common after birth which can range from the milder "baby blues" which affect between 50 and 80 percent of all mothers, to psychosis (WHO). The entire family is affected when a mother is depressed it takes a toll on everyone, especially the newborn, who may also begin to show signs of depression. Breastfeeding may decrease the rate of PPD, or lessen its impact. It is known that abrupt[36] weaning (or not nursing following a baby's birth) can cause drastic changes in a mother's hormone levels, which may bring on sadness and even depression

The breastfeeding relationship can be especially important for a mother experiencing PPD. She may feel that it is the "one thing" she is able to do right. It is very important to help preserve this relationship between the mother and the newborn. Counseling and medication, if needed, can help a mother effectively deal with her depression.

Currently, 70% of interviewed women are breastfeeding; the average is twenty-seven months, approximately two years. This could be possibly attributed to awareness campaigns and the cost-effectiveness of breastfeeding especially in the absence of proper livelihood recovery and inability of the family to provide sustainable food support for the newborn.

Breast milk was the sole source of food for newborns between 4 and 6 months old for 44.7% of the respondents, the rate was 45.1% during the war and 26.6% after the war.
Those who didn't, they complemented breast milk with food for the first four to six months.
It is worth noting that UNICEF and community-based organizations were undertaking awareness campaigns promoting the benefits of breastfeeding, which provides adequate nutrition for the newborns. Breastfeeding is one of the most effective ways to ensure child health and survival. The world health organization actively promotes breastfeeding as the best source of nourishment for infants. Breastfeeding also benefits mothers as when the practice is done exclusively often induces a lack of menstruation, which is a natural (though not fail-safe) method of birth control. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

67% of women noted that they didn't seek care and weren't visited by a health care worker during the first six weeks post delivery (pre-war); 59% responded likewise post-crisis.

In the absence of seeking support and health care from professionals as per the findings above, the complications rates six weeks after delivery were less than 8% across the three stages of the conflict. Yet the diagnosed complications were severe and ranged from severe bleeding to high fever rates and swollen painful breasts and urinary infections (40%, 30%, 25% and 15% respectively). When asked to name or describe the complications faced other

[36] WHO breast feeding recommendations

than those in the questionnaire, the majority of women noted vaginal infection (due to episiotomies), anemia and back and head pains (typical complication especially after caesarian sections).

80% of the respondents sought help after being faced by these complications at UNRWA health clinics, private doctors, and hospitals and at home. Those who didn't seek help didn't indicate the reasons that led them not to ask for help. The majority of the women noted that the NBC war affected them on the psychological level and augmented complications on the antenatal level, delivery and affected their children's health, although the respondents did not provide details on how it affected them and their children.

5. Family Planning

Access to a range of family planning options is important for people who wish to space or limit births whether in a setting of conflict-induced displacement or in any other situation. Challenges in the delivery of family planning information may include overcoming misconceptions on the part of community members, assumptions on the part of program managers as well as extraordinarily difficult logistics in places where infrastructure has been destroyed.

93.5% of the surveyed women indicated that they received information and counseling on family planning during their medical check-up visits. Contraceptive pills, vaginal prevention devices and condoms were the most heard of methods for family planning (29.8%, 46.9% and 27.3% respectively); whereas diaphragm caps, sterilization of males or females, injections and traditional planning schemes were used by a minority of the respondents (8%)

Worth noting is that only five participants indicated that the cost of the methods and lack of knowledge about it were the main reason behind not using family planning methods. When asked whether they will be using family planning methods in the future, 38% note that they will, 33% will not and 29% did not provide an answer. UNRWA health clinics are the main source for acquiring information about these methods where 76% head to the clinics to be supplied by the material free of charge; 17% didn't indicate the source of contraceptives and 5% noted buying them from the market of pharmacy and have paid in exchange.

6. Awareness on HIV/AIDS

Control of sexually transmitted infections, including HIV, is a crucial area of reproductive health care. However, it is essential to analyze the unique characteristics in particular conflict contexts in order to plan and implement appropriate programming. Among the key factors that must be understood is the length of time a population has been displaced. For people affected by conflict there are circumstances that can increase or decrease transmission risks. Increased risk can come from reduced access to health services or condoms, for example. HIV/AIDS is a culturally sensitive topic to discuss especially in a

population that considers premarital sex as a vice and expects marital loyalty out of the couple.

Despite the fact that knowledge about HIV/AIDS was high among the respondents who when asked about their knowledge on HIV/AIDS, 98.8% noted that they have heard about it yet knowledge about the main transmission modes was not very accurate. As 47% indicated that mosquito bites and hugging an infected person (17%) as a transmission mode whereas 98% indicate sexual transmission, 94% blood transfusion from an infected person, needle sharing and mother to child as main transmission modes for HIV.

Mass media, education material and advertisements were the main source of information as noted by the respondents (80%) and less than 2% noted attaining information through the health clinics (0.3% UNRWA clinics).

Lack of accurate knowledge about HIV prevention is also prevalent where 81% indicated choosing healthy looking partners and 57% advised not sharing toothbrushes as a prevention tool.

Despite the fact that the former misperception is widely present among the respondents, yet the others noted options for were faithfulness to one partner (71%) and not sharing needles/sharp equipments (61%) and abstinence from sex were also noted as prevention methods. Only 17% noted condom use as a prevention method clearly indicating the proper and accurate knowledge on HIV transmission and prevention. It is worth noting that UNRWA has a specific mechanism for confirming HIV Positive cases in the Palestinian Camps where newly reported incidents are referred to specialized physicians to confirm the cases and propose treatment. Worth of notice is that the National AIDS Control Program (NAP) offers Anti retroviral medications for HIV positive Palestinian Refugees referred by UNRWA on the expense of the Lebanese Government. Furthermore, the NAP has trained UNRWA health workers from the 13 camps in an aim to open free Voluntary Counseling and Testing Centers to enhance accessibility and early testing. This will encourage early testing and reduce transmission, as people will know their status, yet unfortunately these centers are not established yet. This is crucial because it affects not only the refugees themselves, but also the children through mother to child transmission.

7. Sexually Transmitted Infections (STI)

88% of the respondents lack the knowledge on sexually transmitted infections (STI) other than HIV; 65% lacked the knowledge of symptoms associated with STIs and 25% did not answer to this question. Inflammation/redness in genital areas (7%), ulcers and sores (4%) and vaginal foul-smelling discharge (4%), abdominal pain, weight loss and difficulty to get pregnant were noted by the 330 respondents as symptoms to STIs.
2.6% were previously treated from a sexual infection and all of them sought help by seeking treatment at a private doctor's clinic (60%), 18% went to UNRWA clinics and the rest sought treatment at health care clinics or facility associated with NGOs (18%) respectively whereas 3.2% sought a local healer.

8. Gender Based Violence (GBV)

In the acute phase of an emergency, the emphasis is on sexual violence. While many forms of gender-based violence occur, most are shrouded in a protective cloak of "culture" or "norms", this is not to say that local culture is the drive for gender-based violence, but rather it is used to mask that violence and to hide it. Many GBV survivors are ashamed of their experiences and reluctant to talk about them. To seek medical help through the traditional manner may mean explaining their story to multiple people before finally getting the care they need. This may be very intimidating that survivors choose to forgo care.
When the respondents were asked whether they were subjected to any of forms of violence by people **outside of their family**, 3% indicated being subjected to incidences of violence against them before Nahr el Bared conflict, 1% during the conflict and a minor increase in incidence level after the conflict to 3.2% which accounts for 85 women as a total.

The types of violence that the respondents were subjected to were as follows:

Forms of abuse	Before the Conflict	During the Conflict	After the Conflict
1. Physically hurt	27,80%	18,20%	27,30%
2. Moral hurt	72,20%	72,70%	80%
3. Threatened with a weapon of any kind	8,30%	27,30%	0
4. Shot at or stabbed	5,60%		0
5. Detained against your will	2,80%	9,10%	0
6. Subjected to improper sexual comments	0	9,10%	0
7. Forced to remove or stripped of your clothing	0	0	0
8. Subjected to unwanted kissing or touching on sexual parts of your body	0	0	0
9. Sexual violation	0	0	0

As per the findings above, the following can be noted: physical abuse decreased during the conflict yet the same frequency of violence was noted before and after the conflict probably by the same perpetrator. Violence against women usually increases during conflicts and displacement given that tension situations and loss of livelihoods women are more vulnerable. Yet this was not the case in NBC as the majority families were displaced to Beddawi camp and took refugee either in over populated over-crowded rooms where the possibility or incidence of violent incidences is low given that more than two and sometimes three families were sharing the same room or they lived with extended family members also leading to less conflict situation and violent incidences.
While verbal abuse slightly inclined after the conflict, threatening of weapon use dramatically increased during the conflict. The same applies for detaining women during the conflict. Worth noting is the incidence of using improper sexual comments which could be attributed to displacement and change of livelihood and neighborhood where the sense of community belonging ceased to exist among the camp residents. However, no women were declared any sexual abuse of any type.
40% of women noted that they suffered injuries as a result of the violent incidences, another 40% refused to answer and 20% indicated that they were not hurt as a result. The later could

be because they were verbally abused where morally injury is hard to measure yet it exists nevertheless. The majority of the violence victims discussed the issue with a family member (51%), friend (7%) or NGO health worker 5% approximately. 11% refused to discuss it with anyone and 20% did not answer or specify how they coped with the situation. It is worth noting that 50% of the victims wished additional support and help for coping.

Violence within the family

4% of women were subjected to violence by family members out of those, 56% noted that they suffered injuries as a result. Their husbands' families were the main perpetrators, which could be attributed to displacement and shared premises (40%), their husbands themselves (21.5%) and the women's families (13%). Verbal abuse was the most common form of violence (47%) followed by a relatively high prevalence of physical abuse (29%).

Discussing the issue with family members prevails among the domestically abused women (65%), 10% informed their friends and 20% didn't answer. Yet what is worth of notice is that they never discussed incidence of violence outside their circle of trust (family and friends) maybe due to fear or embarrassment despite the fact that 70% of the victimized females wished to seek more support

In an aim to identify the specific requirements needed by women to cope and to stop violence, the study looked at the type of support women requested. The survivors required more support especially by their family members and immediate environment. They believed that they should seek legal support but even when the laws exist they are not implemented. Attaining economic stability and independence was also noted as a main barrier against violence as it will offer them the chance to leave the house and start on their own.
Gender-based violence is unfortunately accepted in our societies and as per the women's responses, instances of support from the environment, society, family members and even husbands are highly lacking.

Underreporting of incidences of violence may have taken place especially that the surveyors were not specialized on the subject specifically, which makes it even harder for females to discuss. In addition all the volunteers who interviewed the women were from NBC, which might affect the end result. This assumption is largely supported by a recent study undertaken by Save the Children Sweden where according to the Social workers; the most important concern for the study was the psychological state of the displaced community.

They suggested that the community is in need of more psychological support programmes in addition to material support (cash and furniture). The same study also noted that verbal and physical violence in homes had increased, partially because of limited space, unemployment, and lack of recreational spaces for children. Additionally, in the absence of specific services and interventions, which if they existed women do not know about, survivors of GBV often forgo reporting the cases given that there is no established mechanism in place.

UNRWA social workers reported in a study conducted by Save the Children that they were aware of the problems but do not intervene as they believe it is outside of their mandate.

Social workers suggested that there was an increase in male (boys and adults) abuse of alcohol and cigarettes. In addition, social workers reported that parents had lost control of their children as a result of the conflict[37].

Among the study findings were the reports of women stating that husbands were more aggressive to them and had less patient with the children. They believed that this was because the men were unable to find work (largely blamed on the check points).

XI. Recommendations – Reproductive health Interventions

The general health of men and women will always reflect earlier reproductive life events since at each stage of life an individual's needs differ. It must be recognized that there is a Cumulative effect across the life span of poor reproductive health. Reproductive health therefore requires that a continuum of care be provided to meet the health needs of individuals throughout their life.

The situation of political violence in NBC has resulted in significant emotional, mental and psychological effects arising from the human rights violations experienced by many women, effects which have had a considerable impact on women's reproductive health.
A holistic view of health requires an analysis of empowerment (awareness, knowledge, accessibility and efficiency of health care services). It is impossible to separate empowerment from reproductive health. Rights must be viewed as intrinsically valuable because of their ability to enhance the freedom of individuals by increasing their capabilities and quality of life. In conflict some women are being empowered when they become responsible for their families and when they reject traditional gender roles by joining the insurgents[38].

The following recommendations are proposed to address the main challenges and findings of the survey:

- Undertake research activities to generate information and data on the extent and type of complications and access to care and to establish the socio-cultural reasons behind the practice of unhealthy behaviors (e.g. home delivery and home care). This is essential for the design of culturally appropriate and effective projects, particularly to develop Information, Education and Communication (IEC) messages that will touch a responsive chord in the community.
- Develop IEC material that specifically target strategic members of the community including: women; community/religious leaders and opinion leaders; policy makers; health providers, including traditional birth attendants (TBAs); men (husbands);

[37] Psychosocial Needs Assessment: Nahr el Bared Camp Save the Children Sweden- April 2008
[38] Impact of Armed Conflict on Women's Rights and Reproductive Health in Nepal.

adolescents; and UNRWA health care workers should be designed to raise awareness on the following:

1- HIV/AIDS transmission modes
2- STI detection, manifestation and treatment
3- Common complications during and after pregnancy, clinical manifestations and danger zones for each
4- IEC material on breastfeeding, its benefits according to international recommendations and guidelines (WHO Fact sheet on breastfeeding)

These information materials should be available in all health care clinics and NGOs to ensure accessibility.

- In a community that noted 22.1% complication rate during pregnancy, home delivery continues to threaten maternal and child life. It is highly recommended to undertake general awareness campaigns and focus group discussions with women to encourage early screening and routine testing for pregnant women. These campaigns should focus on all stages of pregnancy and provide accurate tips and recommendations for women to follow and note the danger zones to alert women in case of severe complications.
- Undertake psychological first aid training to health-care workers to provide counseling support to emotionally disturbed women and girls
- Establish and support income-generation activities to provide alternative sources of livelihood for the females and males who lost their enterprises and livelihoods. Skill-building and income generation activities are also crucial to minimize women's vulnerability to exploitation by promoting self-sufficiency and higher self-esteem.
- Targeted Trainings on GBV should be undertaken and tailored to specific groups such as UNRWA health care workers, psychosocial NGO workers, camp committee members, teenagers, and vulnerable women. The aim of these trainings is to increase trainees' ability to respond appropriately to GBV cases and to help them prevent sexual exploitation and physical violence.
- Non-governmental organizations working in the health sector should collaborate with medical institutions and share information to ensure a swifter and improved response to violence. There is a low level of awareness about the possibility of help that victims of violence can receive, and there is no pressure on law enforcers to do the right thing when dealing with cases of sexual violence.
- Lobby to launch Voluntary Counseling and Testing Centers in all the Palestinian Camps. This will not only ensure that people will know their status in complete discretion and confidentiality. The centers also offer psychosocial support and guidance on reducing and eliminating risky behaviors. This will help in promoting safe behaviors and ultimately safe guard a population where even talking about sexual activity is a taboo.
- Establish a referral network consisting of NGOs, CBOs and CSOs that target youth and women to promote awareness raising and offer support services for violence survivors.