



8/8/2014

Humanitarian field report about the situation of civilians in Arsal after the armed conflict: The crisis which the town of Arsal has experienced resulted in a real tragedy, especially for the Syrian civilians in the camps who were the prominent victim of the crisis.

For their camps which were not protecting them from the heat of summer nor the coldness of winter were prone to shelling and sniping for five days, and the walls , which were to isolate them from their surroundings, had to protect them from all that .

1. Health Sector

The Following risks were the most notable of what the Syrian refugees suffered in these camps.

Direct injury as a result of the continued shelling and the sniper attacks continued, with the lack of protection in the regular tents.

Combustion of the tents, especially with the fact that the materials that make up the structure of the camp are easily flammable, and it is difficult to control, the fires in these conditions, resulting in burns injuries and Suffocation.

Absence of evacuation plans that have to be prepared in advance to face such circumstances, and thus the number of wounded were trapped in some cases under the bridge camps which have been shelled.

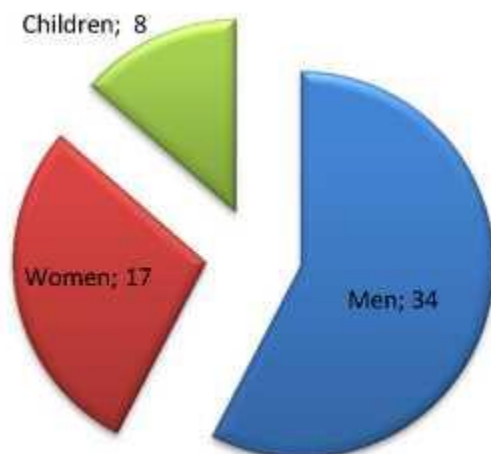
The Difficulty of moving the wounded to hospitals from the camps, and the impossibility to transfer critical cases to the Lebanese hospitals increased the number of these cases.

Health infrastructure in Arsal already suffers a large deficit

That caused a heavy burden on the medical work in Arsal, which was relatively not prepared for such cases have been controlled.

The results of risks:

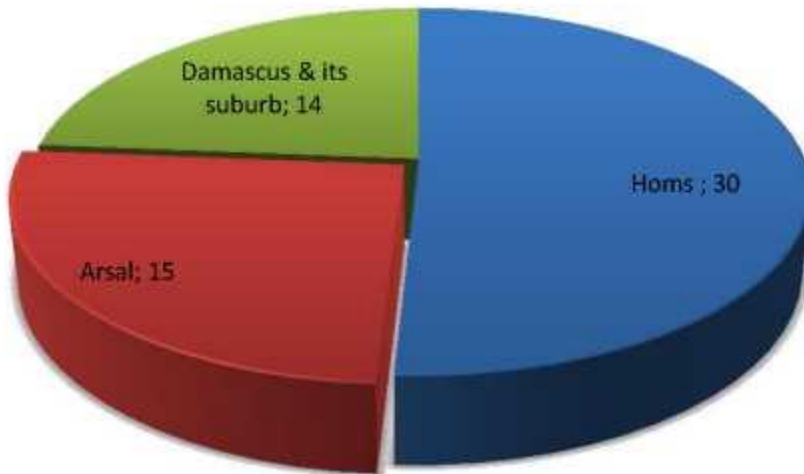
59 civilians killed



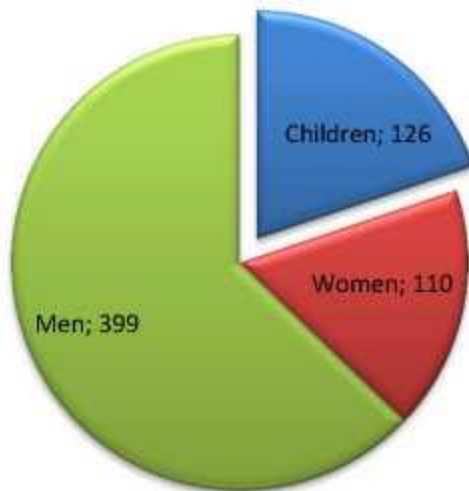


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The victims were not only from one area :



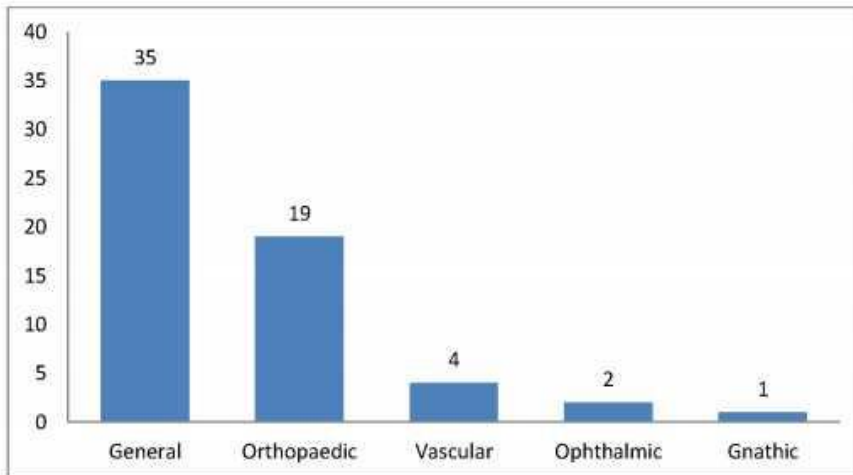
635 civilians wounded, 93% of women are Syrians refugees distributed as follows:





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61 surgical operations were distributed as follows :



1.1 Health facilities performance

Working health facilities are divided in Arsal as following:

- Field hospitals; the work of mercy (Al Rahma) Hospital and medical staff in Arsal at maximum capacity to accommodate the huge number of wounded and injured during those days
- Primary health care centers: all have been closed during the crisis and stopped working. This led to deprive many patients of chronic regular follow- up treatment, and the severe lack of treat conditions that have occurred during the outbreak of the crisis. A number of cadres of these centers helped hospitals operating in an attempt to absorb the pressure that they were facing.
- Mobile clinic: all mobile clinics have stopped working during the crisis, and some have turned into ambulances transport the wounded and injured.
- Healing houses: operating healing houses were evacuated due to the proximity of fault lines and the distribution of the wounded on different places.

Obstacles faced by hospitals

- Field hospital buildings faced direct and indirect bombing, posing a danger to the injured, paramedics and the staff working in them.



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- b) Absence of a wounded transfer system that is accustomed to work in such conditions, in addition to not having ambulances in these hospitals with trained crews.
- c) Preventing the transfer of any of those injured from additional burden on those the evacuation of the healing houses.
- d) The number of injured exceeded the capacity of hospitals, especially with the evacuation of the healing houses.
- e) Lack of competent personnel, especially in neurosurgery and vascular surgery, with the large number of cases that need cadres of the previous terms of reference and preventing the transfer of those cases.
- f) Shortages in some disposables and medicines as a result of the suffocating siege that has been imposed on the town, and not allowing the introduction of any of the medical and pharmaceutical aid.
- g) Shortage of fuel, especially diesel fuel needed to run the generators.
- h) Absence of intensive care department in the hospital and therefore exposing the cases that needs them to great risk.
- i) Absence of a CT scan, with the urgent need to it, especially in head and spine injuries and preventing evacuation of any injured during the crisis.

1.2 During the recent truce:

- a) The Red Cross, until the moment of preparing this report , evacuated 47 injured to hospitals on the other side, 12 children, 13 women and 22 men and the various primary medical needs were ensured.
- b) A convoy of medicines and medical consumables to Aarsal was allowed to enter, and was delivered to the operating hospital.

1.3 Recommendations:

- a) Strengthen hospitals buildings, and preparing special shelters near them for protection during exposure to bombing.
- b) Create an integrated system for the transfer of the injured, and civil defense, and providing them with trained cadres who are able to work in different circumstances.
- c) Enlist international organizations, and institutions of the Lebanese state to allow the evacuation of the injured and the critically cases whatever the circumstances are.
- d) Follow up the injured cases that the Red Cross did not take care of, especially those who need more than one surgery, and meet their various medical needs.



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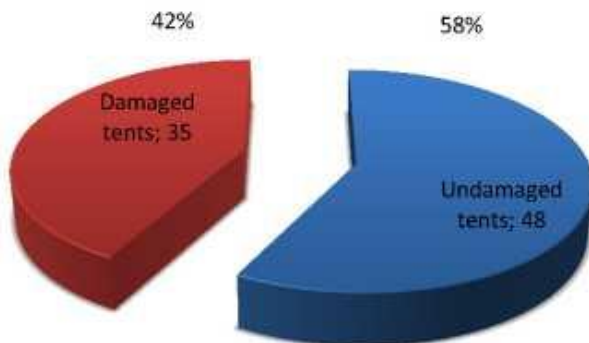
- e) Support the pre-existing healing whether in Arsal or inside Lebanon, and meet their shortcomings to accommodate the region suffers, especially in neurosurgery and vascular surgery.
- f) Create spare stores for drugs and medical disposals in Arsal, to meet the emergency needs in crisis, and fill them continuously.
- g) Establish a center for CT scans, and another for intensive care. Because of the great importance and the urgent need for such projects.
- h) Strengthening primary care centers to work during the crisis, not to neglect chronically ill patients.

2. The Humanitarian sector and camps:

2.1 The most important risks that faced the infrastructure of the camps

- a) Most of the camps in the region are built of wood and fully covered with flammable tents Nylon, what caused the burning of the tents and the difficulty of fully controlling the flames.
- b) Fast transmission of fires between neighboring tents because they overlap with each other.
- c) Most of the reservoirs are distributed in high and exposed places, which caused damage to a large number of them.
- d) The big effect of the shells on sewerage connections.

The total number of the town camps as about (73) camps inside the barriers of Army, and about (7) camps outside these barriers and it is difficult to reach in light of security of tension in the town. A team of engineering section counted the effected camps within the barriers of the Army, and the number was (35) camp affected by varying degrees depending on how the camp is close or far from the security tension areas, which is approximately equivalent to 2097 fully damaged tent.



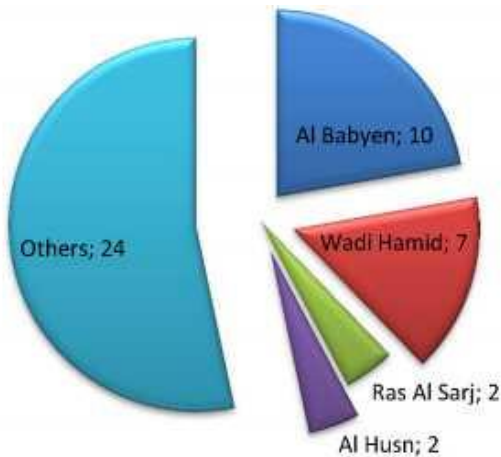


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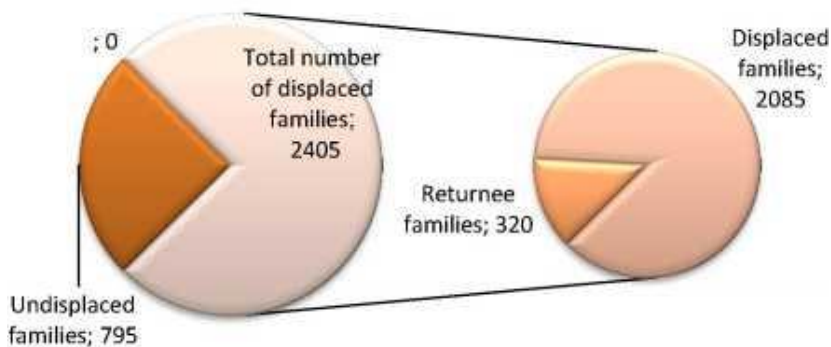
It is worth mentioning that the most affected camps are located within AlBabiyen region in the town and they are (10) affected camps of about (453) tents.

And camps located within the area of Wadi Hamid in the region which are (7) affected camps of about (376) tents burned completely.

While the general distribution of the camps by the affected areas as follow:



More than (2405) families were displaced of camps, displaced between mountains near the town and some houses of the town. A few of them managed to get out to the areas of central and west Bekaa. It is necessary to draw attention to the small number of families who have returned to the camps so as not to exceed the (320) family.





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3. Proposals and recommendations within the humanitarian segment and accommodation:

- a) starting the repairing of the affected camps in Arsal after resolving the current crisis with improving the conditions of the camps as a priority and not just fixing them, and pay great importance to infrastructures.
- b) Forming an administrative body for the camps under the supervision of the Lebanese government the municipality of Arsal and with the participation of supporting institutes.
- c) Supporting camps with fire extinguishers in anticipation of similar cases.
- d) Set up new camps in safer areas.
- e) Solve the problem of camps outside the army barriers to move into the Lebanese territory to facilitate the arrival of aid.
- f) Regularize the situation of Syrian refugees in the camps, giving them the ability to move to areas outside Arsal in the event of renewed of current crisis, which contributes to reduce the population density of Arsal in the state of similar incidents.

4. The achievements of the Foundation for LIFE:

- a) It was the first to introduce an initiative to resolve the conflict between the parties.
- b) The members who participated are (The executive director of the Foundation lawyer "Nabil Halabi", the humanitarian projects officer in the institution Dr. Fadi AlHalabi, Mr. Ahmad AlQusair where they were wounded during the attack with the two members of the institution)
- c) The foundation has sent medical aid campaign the same day of the negotiations team getting out of Arsal, but the situation that has occurred from the attack on the negotiation team prevented the introduction of the medical aid.
- d) The next day, a convoy of humanitarian aid (food and medical) in collaboration with the Federation of Societies relief a convoy of 16 trucks) was prepared, but did not enter because of the interception of the people of Al Labwa area on the outskirts of Arsal.
- e) On the third day, the institution was able to enter the first assistance relief truck to Arsal despite the exposure of the truck to rejection from residents of Arsal, but the team was able to solve the problematic situation and materials were delivered to a group of trusted leaders of Arsal.
- f) The technical, engineering and medical departments of the crisis and preparing a scientific report about it.