



## Première Urgence - Aide Médicale Internationale Rapid Assessment Report October 2012

### Overview

Since March 2011 and the continuously escalating crisis in Syria, Lebanon (along with Jordan, Iraq and Turkey) has been a refuge area for Syrian families fleeing the instability and violence in their country. The majority of registered (or awaiting registration) refugees are currently split between the North and Bekaa governorates with high concentration in Akkar, Tripoli, Aarsal... (At the authorship time of this report, UNHCR reports around 77 014 refugees registered and around 30 511 individuals awaiting registration).

By October 19th 2012, UNHCR provided figures about the distribution of the registered refugees by Governorate, as presented in the following table:

Governorate	Total (individuals)
LE Beirut	810
LE Bekaa	27187
LE Mount Lebanon	1317
LE North	34805
LE South <sup>1</sup>	213
Location not available	728

Notwithstanding the above, and with the protraction of the crisis and the significant increase of refugees numbers in Lebanon, large numbers of refugees are now also accounted for in the South, Nabatieh, Mount Lebanon and Beirut Governorates. The aid community, until recently, has concentrated its efforts on the first areas of refuge but the rolling out of the registration and assistance to other areas has become very crucial, especially with the upcoming winter.

### Methodology of the assessment

PU-AMI has been monitoring the situation in the South and Beirut from its well-established Saida base, since the beginning of 2012 and launched rapid assessments in several areas (Saida city, Saida district, Palestinian gatherings, Beirut...) as of July 2012 when the Syrian refugees' influx to these areas increased.

Following several reports of significant gaps in assistance in Beirut, Al Chouf and Saida areas, the mission launched a rapid needs' assessment and data collection process that started in October 2012 and is still ongoing at the authorship time of this report. The purpose of this process was to maintain a presence in

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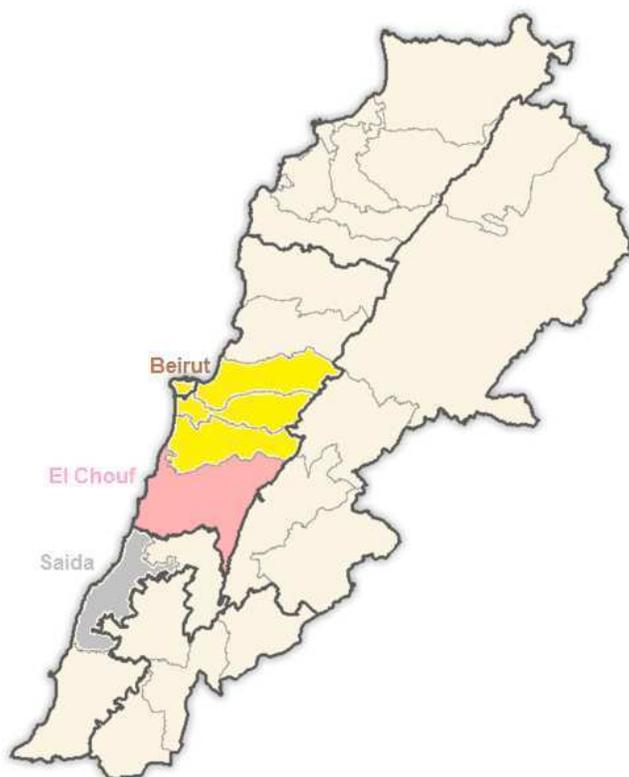
<sup>1</sup> To be noted that the registration in the South is currently being launched by UNHCR (which explains the low figures within the table)

the areas enabling PU-AMI to identify the most significant gaps in assistance and to have a grassroots grasp on the dynamics of the humanitarian situation through the setting up of a large network of key interlocutors present on the field.

PU-AMI team collected data regarding refugees' figures, basic needs (Food, WASH, Shelter...) through questionnaires, direct observations and secondary data analysis (from municipalities, local charities and aid actors). Within the catchment areas of our Saida base i.e. Saida district, greater Beirut and Mount Lebanon, the main areas of refuge observed were concentrated around Saida, in Beirut and in the Chouf district (mainly the coastal areas and Iklim al Kharoub) (**See map below for assessment coverage area**)

The field assessment was conducted using a mixed-method approach, utilizing household visits and focus group discussions, complemented by a series of stakeholders meetings and workshops. The assessment aimed to capture data related to basic needs of the respondents as well as sector-specific information related to shelter, Water, Sanitation and hygiene, Food and livelihood security, in addition to needs coverage and coping mechanisms.

A total of 48 households' visits and 6 focus group sessions, targeting 80 families were completed by participants, across the targeted areas, which represents a sample of 6 % of the displaced families reported figures.



**The main elements of the assessment:**

- The assessment design, planning, data analysis and reporting were implemented by PU-AMI.

- Based on the objectives set by PU-AMI, the NGO's social unit undertook the field work, by visiting shelters, public halls, conducting focus groups discussions in addition to structured observations and interviews
- Meetings with key persons :
  - Meetings with key informants and local stakeholders in order to gather basic information were held by the PU-AMI social team manager.
- PU-AMI had a copy of the list of registered displaced families from several local actors involved in basic registration.
- It was decided for this assessment that families would be visited randomly with a questionnaire filled for each family.
- The information was obtained through an interview with a household member and a visual inspection of the condition.
- Data entry was done by the PU-AMI database team.
- Data analysis and reporting were done by the Social team manager.

## Displacement figures

Syrian displaced families are distributed mainly among more than 30 neighborhoods in Saida area, Al Chouf and Beirut cities, i.e: Saida town, Ein el Helweh and Mieh w Mieh camps and gatherings in Saida, Al Kharoub province Wadi el Zeini, A'aramoun and el Naameh in EL chouf, Sabra, Shatila, Daouk and Said Ghawash, Tareek el Jdidi and other neighborhoods of Beirut.

The above mentioned areas are considered as concentrating large numbers of displaced families knowing that small numbers of Syrian families are scattered in almost all villages in the assessment coverage areas. As the UNHCR registration process is being launched / ongoing in many of these areas, figures were collected from different stakeholders (municipalities, aid actors...) and present a low level of accuracy although giving a general sense of the situation.

Area	Syrian Families
<i>Saida City and surroundings<sup>2</sup></i>	1029
<b><u>Saida District</u></b>	<b><u>1 029</u></b>
<i>Al Chouf/Al-Kharoub province<sup>3</sup></i>	800
<i>Other districts in Mount Lebanon</i>	800
<b><u>Mount Lebanon Areas</u></b>	<b><u>1 600</u></b>
<i>Borj el Barajneh</i>	150
<i>Tarik Jdidi<sup>4</sup> and the surrounding neighborhoods</i>	350
<i>Beirut City and other neighborhoods</i>	2000
<b><u>Beirut Areas</u></b>	<b><u>2 500</u></b>
<b>TOTAL</b>	<b><u>5 129</u></b>

<sup>2</sup>Saida old City, Western Boulevard, Dala'a, Fawwar, Villat, Ghazieh, Al-Awaly, Sayneik, East Saida neighborhoods

<sup>3</sup>Wadi el Zeineh, Na'ameh, Aramoun, Shehim, Dariah, A'anout, Katermaya, Barja and Zarout.

<sup>4</sup>Tarik Jdidi including (Ard Jalloul, Kaskas, , Daouk and Said Ghawash, Sabra and Shatila

The total number of displaced families is estimated to be 5129 families in the coverage areas of the assessment with an average of 5 to 6 persons per family.

### Accommodations

34 % of the displaced families are living at their relatives and/or friends shelters which are already crowded. An average of 11 members from the host and displaced families are living in a shelter with an average of 2 Rooms, Kitchen and Bathroom for each, other 60 % are renting individual dwellings with an average rent fees of 226 USD per month. Less than 4% were reported living in collective shelters, mainly schools, dispensaries, factories, or social centers.

The nature of the dwelling and the subsequent needs vary significantly between shelters and unfinished houses. According to the data collected the housing profile of the refugees is the following:

Type of housing	% population	Rent Payment modalities
House with host family	34%	No payment but reported participation to host family common costs
Rented apartment	60 %	Monthly rental between 100 and 300 USD
Under construction Building	2 %	No payments.
Parking Garages	1%	No payments.
Collective Centers	3%	No rental or rental covered by local NGO / Islamic charity



After the first wave of visits and data collection, PU-AMI team concentrated the assessment on the families living in the most rudimentary shelters i.e. unfinished buildings, shelters and factories.

### Non food items (NFI's)

80 % of the respondents reported their lack of some major non food items. More than 18% respondents reported receiving NFI's from different local aid actors. The items range from bedding items (such as, blankets, mattresses, pillows...) to hygiene related ones (products for women, diapers for children, soap, toothpaste...). The majority of them claimed receiving limited quantities of the items which is either not

enough to be used by the whole family; or disposable items used for one time or few days after the “one shot” distribution and they are in shortage of it again.

Most of the respondents reported the lack of bedding sets where every three members are using a set consisting of one mattress, pillow and blanket. In addition to that, 72% of the women and 69 % of the children lack the hygiene products such as pads and diapers.

Kitchen and cooking sets were reported as missing for 83 % of the families, in addition to winter clothes (85%) and heaters (69%).

It's highly important to report the worries of the families about the necessity of such items with the prolonged expected situation and the upcoming winter season.

## **WASH**

### **Water:**

97 % of the visited families have a direct access to water in their accommodations, where all shelters are connected to water networks, with water tanks in their accommodations. 80 % reported accessing water in sufficient quantities, among which the water source was Municipality networks (68%), private wells (6%), and the remaining are purchasing water with prices ranging between 7 and 10 USD per week. The majority of the accommodations are connected with plastic tanks with good and hygienic conditions, while 10 % only are either not connected or have metallic or concrete tanks with decent or poor conditions. 59% of the respondents reported regular usage of the water taps, while 41 % are not drinking water from the tap due to the shortage or contamination in water. Shortage of water is an issue claimed by the 44 % of the respondents.

### **Sanitation and waste disposal**

Around 97 % of the assessed families (excluding collective shelters) are living in accommodations that have access to sanitation facilities.

In 37 % of the accommodations, the toilets lack the basic hygiene requirement and are often disease transmission vectors, where no kitchen and/or bathroom facilities and fixtures, to permit good and safe hygiene practices, kitchens and bathrooms have several damages in the water mixers or taps, shower units, or in the cracked sinks. Tiles on floor of bathroom and kitchen are also missed in some accommodations, Leakage from broken kitchen and bathroom fixtures and fittings. Such factors will have direct and significant effect on the health of the host or the displaced families and are directly linked to many respiratory diseases, infections and allergies, no gender separation/privacy for women and others

In several collective shelters, the families do not have access to a sufficient number of sanitation facilities, as in some of them, up to 20 families (more than 100 persons) had to share one toilet. Some collective accommodations have no sanitation facilities at all; families were using neighbours' toilets or open defecation.



## Hygiene

Around 83 % of the visited families are not practicing the basic hygiene practices (hand washing, use of soap, contamination vectors...). The majority of the families declared not having enough purchase capacity or assistance to cover their needs in terms of personal hygiene products (soap, washing powder, toothpaste...) or for the cleaning products. In addition, it's worth putting emphasis on the fact that respondents have no cooking facilities; so families are preparing food in a very unhygienic environment



In general, the level of hygiene awareness, especially the level personal hygiene is worrying. The majority of the displaced families had the relevant knowledge in terms of basic hygiene practices (hand washing, use of soap, body wash...) but lack the hygiene products, such as women and children kits.

## Food Security and Livelihood

The survey shows widespread unemployment after displacement. More than 18 % of all persons are jobless both before and after the displacement, while 59 % of the displaced people are currently not working. Those with a job are often in low status and casual employment, where most of them have a daily work. The average income of the workers equals 15 USD/day. It is estimated that an average sized family could expect to spend around 300 USD per week to cover expenses of families' main needs: Food items, Non-Food items, Rent fees, doctors and health care, transportation and buying water in priority. It should be noted that the market is already crowded by the local labourers.

The majority of respondents reported their inability to find work and their reliance on charity as their principle source of income. In fact, some refugees reported total reliance on the charity of others in order to cover the expenses of their displacement.

87% of the respondents reported the lack of food commodities, i.e; meat (84%) – rice(77%) –bread(71%) Vegetables (67%), various beans (65%), and fruits(62%). It was also reported that very low number of local charities and actors are assisting at this level. Families declared that the food received was insufficient in terms of quantity. The additional need for food access was covered by donation from neighbors and host communities (43 %), purchase and selling of some of the food commodities (57%). A recurrent request from visited families was the one regarding baby milk that if distributed was of insufficient quantity.

### Health

The survey showed some chronic illness, disabilities, pregnancy and injuries among the refugees when it assessed the health conditions of the displaced from Syria.

Some respondents reported that some illnesses occurred to them or their family members after their displacement. Illnesses such as diarrhea, allergy, fever, throat infection and anemia were mentioned. In general, health services are available in Saida, Beirut and Chouf, as for all Lebanon and are provided by hospitals and health centers. UNRWA(for the Palestinians) and some acting NGO's(for the Syrians and Palestinians) alongside with some private hospitals, clinics and doctors have provided assistance and treatment, including primary and secondary health care, surgeries, psychosocial support for some refugees. But, neither UNRWA nor the active NGO's are able to cover all the needs and costs of hospitals medical referrals and the medicines

### Problem Summary

<b>Problems</b>	<b>Affected population</b>	<b>Needs</b>	<b>Coping strategies</b>	<b>Assistance Provided</b>
<b>Accommodations</b>	<i>Host – displaced families</i>	<i>Soft rehabilitation – Winterization.- Rent shelters - Pay rent fees</i>	<i>N/A</i>	<i>Local NGO's, partially addressing the existing needs</i>
<b>Shortage in NFI's</b>	<i>Host – displaced</i>	<i>Blankets / Mattresses/ Pillows/Hygiene</i>	<i>Sharing with Host families</i>	<i>NFI's Distribution by Local NGO's, partially addressing the</i>

	<i>families</i>	<i>products/ Kitchen sets</i>		<i>existing needs</i>
<b>Shortage of FI's</b>	<i>Host-displaced families</i>	<i>All Food types</i>	<i>Sharing with host families- Spending from their own savings</i>	<i>Local NGO's Distribution of coupons and Food Boxes, partially addressing the existing needs</i>
<b>Food Insecurity</b>	<i>Host – displaced families</i>	<i>Grant cash payments</i>	<i>Reduction of expenditures</i>	<i>Charity donating an average of 35-50 USD ( for Few number of families)</i>
	<i>Displaced Families</i>	<i>Employment</i>	<i>Expenditure Reduction</i>	<i>Charity Donations.</i>
<b>Diseases - Disabilities – unhealthy practices</b>	<i>Displaced families</i>	<i>Improve health situation and hygiene practices</i>	<i>No</i>	<i>UNRWA/NGO's</i>
<b>Unsafe Sanitation facilities</b>	<i>Host – displaced families</i>	<i>Rehabilitation / Construction of toilets</i>	<i>No</i>	<i>No</i>
<b>Shortage of water</b>	<i>Displaced and host families</i>	<i>None</i>	<i>Distribution of water/ Purchase / using other sources such as the mosques</i>	<i>Local actors and Mosques.</i>