FORGOTTEN VOICES

AN INSIGHT INTO

OLDER PERSONS AMONG REFUGEES FROM SYRIA IN LEBANON

Caritas Lebanon Migrants Center

Najla Chahda
Hessen Sayah
Jon Strong
Christopher J. Varady

ABOUT CARITAS LEBANON MIGRANT CENTER

Caritas Lebanon Migrant Center (CLMC) is the pre-eminent service provider to refugees and migrants in Lebanon. Established in 1994, it has grown from a modest team of three persons into an organization with seven field offices, a community center, 24-hour presence in the Retention Center for Foreigners and is staffed by a team of over 200 professionals, all with specialized expertise in serving these beneficiaries. CLMC every year serves approximately 8,000 migrant workers and 9,000 Iraqi refugees. It regularly carries out research and needs assessments related to migration and refugee issues in Lebanon, trains other organizations in the Middle East, and contributes to regional advocacy efforts. CLMC has a high degree of name brand recognition throughout the country, as seen by the unparalleled cooperation with the Lebanese Authorities as numerous working relationships with local hospitals, municipalities, volunteer organizations, and religious institutions throughout Lebanon. Its website can be accessed at **www.caritasmigrant.org.lb**

This study was made possible by the generous financial support of Fondation Caritas Luxembourg.

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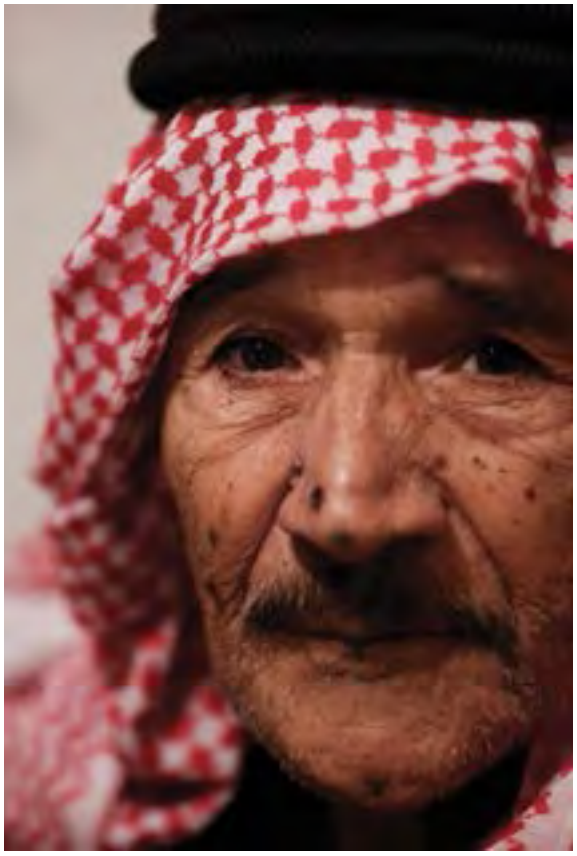

The authors are extremely grateful to the following people, without whose efforts this study would not have been possible:

For financial support: the Fondation Caritas Luxembourg.

For technical support: Dr. Gilbert Burnham and Dr. Shannon Doocy (Johns Hopkins Bloomberg School of Public Health); Hiba Izdahmad (Women's Humanitarian Organization); and Mireille abi Mansour, Maria abou Diwan, and Isabelle Saade (Caritas Lebanon Migrant Center).

For support to the ethical review: Myrna Ghannagé, Liliane Kfoury, Lynn Maalouf, and Marie-Claude Souaid of Universite St. Joseph.

For managerial and logistical support: Eng. Kamal Sioufi, President of the Board Committee of Caritas Lebanon Migrant Center; and Olfat Mahmoud, Director of the Palestinian Women's Humanitarian Organization.

For data collection: Miriam Fattalah, Rita Howayeck, Mireille Salem, Miray Daher, Alexandra Nakhle, Carine Sader, Samah Sabbah, Samar Nahhas, Maria abou Diwan, Bernadette Hajj Moussa, Mira Chalghanian, Bahaa Zrein, and Hiba Mikhael.

For data entry: Rana Rahal.

For photos: All photos in this publication are credit of Sam Tarling. (www.samtphoto.com)

Dear Friends,

As the Syrian refugee crisis in Lebanon is well into its second year, we in the Caritas Lebanon family have been serving those fleeing from violence since the Spring of 2011 when the first refugees arrived in our country. Since that time, we have built one of the largest, most comprehensive responses to the crisis, having served more than 125,000 individuals.

Serving such a large number of people has been a Herculian task for our staff. However, it is important that we analyze the needs of those we serve in a scientific and methodological manner in order to base our response on accurate data and needs expressed by the people themselves. This study is important in developing that understanding.

We know from experience that older persons suffer in silence, quietly stepping aside so that younger members of their families can access services and aid. Our Christian faith compels us to seek out those who may be left behind and ensure that they are reached by our expression of faith. We value the human dignity, the contribution, and the protection of all human beings, at all stages of life. We in Caritas Lebanon consider this study as a means to give a voice to those older persons in this time of emergency. They are our grandfathers and grandmothers, our uncles and aunts, and we owe it to them in this time to care for their needs, as they have cared for ours as we were growing up.

We in the Caritas Lebanon family plan to use the information contained in this study to improve our response and better serve older persons. We hope that this study will call others to do the same.

Fr. Simon Faddoul
President
Caritas Lebanon

Dear Friends and Colleagues,

The Board Committee of Caritas Lebanon Migrant Center is proud to publish and share the findings of this study on older persons among the Syrian refugees in Lebanon. We at CLMC have been serving the age-specific needs of older persons for more than a decade with our projects for Palestinians around the country. However, we are once again reminded and called to respond to the forgotten voices of older Syrian refugees. This study, through both statistics and the human stories behind them, shows a great need for assistance.

Despite our experience in working with older Palestinians, we were taken aback by the findings of this study. Older refugees have so many needs, which are not yet a priority to the humanitarian aid actors responding to this crisis. We at CLMC take this opportunity to call attention to these findings and consider them a call for action.

The CLMC Board Committee is grateful to all those who have made this study possible. In particular, we thank the generous support provided by Fondation Caritas Luxembourg which made the resources available to conduct the study. We thank the Johns Hopkins Bloomberg School of Public Health for its technical support and unwavering solidarity at our requests for support during this crisis.

As a service-providing organization, CLMC hopes that this study will translate into action. The statistics and knowledge presented here are intended to provide humanitarian aid actors with the information they need to make data-based decisions and respond to the actual needs of this often forgotten population of refugees. Responding to their needs cannot be done by CLMC alone, but requires a coordinated effort by all those organizations—Lebanese and international—acting in good faith to alleviate the suffering of Syrian refugees present in our country.

Sincerely,

Eng. Kamal Sioufi
Board Committee President

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ACRONYMS

ADL	Activities of Daily Living
BPRM	Bureau for Population, Refugees, and Migration of the United States Department of State
CLMC	Caritas Lebanon Migrant Center
ECHO	European Commission Humanitarian Aid and Civil Protection Department
IASC	Inter-Agency Standing Committee
IRB	Institutional Review Board
NCD	Non-Communicable Disease
PALWHO	Palestinian Women's Humanitarian Organization
PRS	Palestinian refugees from Syria
PTSD	Post-Traumatic Stress Disorder
SPHERE	The SPHERE Project (www.sphereproject.org)
UNHCR	United Nations High Commission for Refugees
UNRWA	United Nations Relief and Works Agency (the agency charged with caring for the plight of Palestinian refugees in the Middle East)
WHO	World Health Organization

EXECUTIVE SUMMARY

Caritas Lebanon Migrant Center (CLMC) is pleased to share the results of this study on older persons among refugees coming from Syria. "Forgotten Voices" is an important opportunity to better understand the particular needs of older persons in the refugee population as well as to draw greater attention to this group which tends to be over-looked in many responses.

Older persons constitute an increasingly larger share of the world's population, and refugees affected by both natural and man-made disasters. At the same time, their stage in life presents particular constraints, needs, and strengths of which the humanitarian community must take note. General services for the entire population are no more appropriate for older persons than are general services for children or pregnant women. It is important that the humanitarian community create and implement age-appropriate, age-specific responses for older persons in a refugee crisis setting.

Building on its expertise in this field, CLMC collaborated with Johns Hopkins University to create a study designed to better understand the plight of older refugees from Syria. Taking place in early 2013, the study sampled approximately 10% of the older refugees registered in its database. The results of the study were surprising in that they highlighted an over-whelming need.

Some key data include:

- 74% of respondents noted that they were dependent on humanitarian assistance to meet their basic needs.
- 66% of respondents described their overall health status as bad or very bad. Nearly all respondents listed at least one chronic illness, with 60% having hypertension, 47% having diabetes, and 30% having some form of heart disease. Most respondents had multiple chronic illnesses.
- Most respondents had a number of disabilities, including 47% reported difficulty in walking and 24% reporting vision loss. Approximately 10% of older refugees were physically unable to leave their homes and 4% were bedridden. Large numbers of older persons require mobility aids such as walking canes and eye glasses.
- 87% of respondents were unable to regularly afford medication they require.
- Reducing meal sizes, skipping meals, and skipping fruits, vegetables, and meats were common among older persons. In fact, there was a tendency for older persons to eat less quantity or less quality food in order to provide better meals to younger members of the family.
- High numbers of older persons reported mental health concerns. Nearly 61% of respondents reported feeling anxious, while significant proportions of older persons reported feelings of depression, loneliness, and feeling as a burden to their families.

Despite these grim findings, CLMC found that older persons have a number of significant assets to bring to their families. Older persons tend to garner more respect and are able to be more effective negotiators with the host community. They also tend to have a positive effect on other members' mental health and can provide assistance with child care and household chores. CLMC concentrated its recommendations in this study on activating those strengths for the benefit of both the older person as well as his/her household.

INTRODUCTION TO THE STUDY

Caritas Lebanon Migrant Center (CLMC) has by now registered and served more than 125,000 Syrian refugees in Lebanon. While CLMC's ultimate aim is always to provide the necessary support to migrants and refugees in the country, this study was an opportunity for CLMC to assess the needs of older refugees from Syria, analyze data, and share its findings with the humanitarian aid community using population-based scientific methods.

In registering such a large number of Syrian refugees, the CLMC social workers and managers noticed a substantial number of older refugees. In addition to having needs related to their age, the older refugees seemed not to be receiving equal attention and specialized service from those providing assistance. As such, CLMC conceived this study with several objectives:

- Undertake an action-oriented research project, to produce baseline data on the needs of elderly refugees which would support the assistance efforts of CLMC and other humanitarian groups
- Give a voice to older persons, whose needs have been widely ignored in this crisis. As a sub-population of the UNHCR "Persons with Specific Needs", CLMC will use the results of this study to increase awareness of their needs by policy makers and other organizations providing assistance
- Contribute to the body of knowledge of older refugees, a topic of great importance about whom there has been relatively little previous study

The principal research questions were:

- What is the basic demographic profile of older Syrian refugees and older Palestinian refugees from Syria (PRS)?
- What are the greatest health concerns of older refugees? What are the current gaps in health service provision?
- Is the diet of older refugees adequate? If not, in what ways is it deficient?
- What is the mental health status among older refugees?
- What social support is available to older refugees? How do refugee families shoulder the burden of elderly care? What gaps should be addressed?

CLMC saw an obligation to carry out this study. Drawing from its decade-long experience in serving older Palestinian refugees, CLMC has particular expertise and insights into working with older persons. Its social work methodology also allowed it to identify the substantial numbers of older persons living in refugee households, and establish the trust necessary to enroll them in the study.

In carrying out this study, CLMC utilized the technical expertise and support of its long-standing partner, the Johns Hopkins Bloomberg School of Public Health. This prestigious research institution is consistently ranked among the world's finest schools of public health; its students and faculty have been responsible for many advances in the health of populations worldwide. In addition, the Center for Refugees and Disaster Response within the Johns Hopkins Bloomberg School of Public Health is widely recognized as a leading authority on refugee health issues. Dr. Gilbert Burnham and Dr. Shannon Doocy were instrumental in providing technical support for this study.

THE ELDERLY IN HUMANITARIAN EMERGENCIES:
A BRIEF LITERATURE REVIEW

A Worldwide Perspective on Aging and Emergencies

The world is aging at an unprecedented rate. From 2005 to 2010, the elderly population – that is, those ages 60 or greater – grew more than twice as fast as all other population age groups[1]. The elderly are now 11% of the total world population, and their numbers are expected to double by 2050 as the growth of this population segment accelerates. The pace of this demographic shift is most dramatic in less developed countries, where the number of older persons will rise from 400 million in 2000 to 1.7 billion in 2050. Decreasing fertility rates and increasing longevity will correspond to relatively fewer children and more older persons in coming decades, particularly in developing countries where the older population is growing fastest. **By 2050 the number of older persons will exceed the number of children worldwide for the first time in history.**

As the world population continues to age, older persons will be increasingly affected by humanitarian emergencies. Currently, HelpAge International estimates that 26 million older persons are affected by natural disasters every year[2]. **Older persons also now constitute 8.5% of the total population of concern to UNHCR, a number much higher than generally recognized[3].** Low to middle income countries already suffer disproportionately from disasters: 97% of those killed in natural disasters live in those countries[4]. The rapid growth of older persons in the population, particularly in low and middle income countries, will present a significant challenge for the humanitarian aid community as it seeks to serve their needs.

There is also ample evidence that older persons are disproportionately affected by emergencies compared to other age groups in many, but not all, emergency setting[5]. The degree to which older persons are affected varies considerably depending on the severity of the emergency, the resilience of the older persons in the population, social support for them, the adequacy of humanitarian aid, and many other contextual factors. Older persons fare worse than others in many disasters. In the 2004 Indian Ocean tsunami, the highest age-specific death rates were recorded among older adults aged 60—69 (22.6%) and 70+ (28.1%)[6] in Aceh, Indonesia. In Hurricane Katrina in 2005, more than 70% of those who died were above the age of 60, many of whom lacked access to medication or other hurricane relief following the storm[7]. In the post-election violence in Kenya (2008), older Kenyans were unable to queue for long periods of time to receive food distributed at camps for internally displaced persons[8]. Older persons also struggle to return to normalcy after a disaster – 80% of the "extremely vulnerable individuals" remaining in camps in northern Uganda's Lira District as of 2007 were elderly[9].

[1] UN Department of Economic and Social Affairs. World Population Aging 2009, 2010.
[2] IFRC. World Disasters Report, 2007.
[3] UNHCR, UNHCR's Policy on Older Refugees, 19 April 2000, EC/50/SC/CRP.13, Annex II, available at: http://www.refworld.org/docid/47036b502.html [accessed May 2013]
[4] IFRC. World Disasters Report, 2007.
[5] Cherniak, EP. The Impact of Natural Disasters on the Elderly, Am J Disaster Med 2008; 3(3):133-139.
[6] Doocy, S, Rofi, A, et al. Tsunami Mortality in Aceh Province, Indonesia. Bulletin of the World Health Organization 2007; 85 (2): 273-278.
[7] AARP. We Can Do Better: Lessons Learned for Protecting Older Persons in Disasters. Research Report. AARP Public Policy Institute, Washington, 2006.
[8] IASC. Humanitarian Action and Older Persons: An Essential Brief for Humanitarian Actors. 2008.
[9] IASC. Humanitarian Action and Older Persons: An Essential Brief for Humanitarian Actors. 2008.

Health of Older Persons

Health is among the highest concerns of older persons affected by humanitarian emergencies. Their impaired health status pre-emergency, reduced muscle strength, increased sensitivity to heat and cold, reduced mobility, and restricted senses present obvious concerns. The loss of a simple aid, such as a walking stick or eyeglasses, can make an older person dependent. Further, the loss of healthcare access for chronic diseases is often among the first capacities a health services to be lost in an emergency. This can have severe effects on the health and functional capacity of older adults. For example, an untreated diabetic foot ulcer may progress to gangrene and require amputation, or untreated high blood pressure may precipitate a heart attack or stroke. If the healthcare system does remain intact, older persons may struggle to access it due to physical or mental disabilities, displacement, or inadequate financial resources.

When planning a disaster response for a population, the specific vulnerabilities of older persons must be taken into account. General services for the entire population are no more appropriate for older persons than are general health services for pregnant women[10]**.**

Health services must be physically accessible, affordable, and appropriate for the elderly. This includes provision of medications (particularly for chronic diseases); assistive devices such as walking canes, eye glasses, or hearing aids; physical rehabilitation and therapy for injuries and disabilities; geriatric medicine; and where appropriate, palliative care.

Nutrition of Older Persons

Adequate nutrition is essential to maintain health. This is especially true for older persons, a population with nutritional needs which in some ways differ from that of the general population. Older persons may require small, frequent meals due to slower digestion and often decreased appetite. Foods must be sufficient in calories to maintain body weight, and with adequate protein to preserve muscle strength and sustain the immune system, The diet should also include adequate fluids to promote hydration; fiber to aid in digestion; calcium and vitamin D to prevent osteoporosis; iron to prevent anemia; and other micronutrients such as vitamin A, B-complex vitamins, vitamin C, vitamin K, magnesium, zinc, and iodine to prevent other diseases and nutritional deficiences.

Further, many older persons require specialized diets due to chronic diseases, for instance a low-salt diet for high blood pressure or a diet that promotes steady blood sugar for diabetes mellitus. **These dietary requirements must be taken into consideration when planning nutritional interventions for older persons but are seldom considered when routine food rations are estimated.**

Several other factors, in addition to nutritional content, must also be considered in food and feeding programs for older persons. **Food distribution must accessible to older persons who cannot travel to distribution points, cannot stand in a queue for long periods of time, or cannot carry food back to their houses.** Those disabled or restricted in sight or dexterity may require assistance in opening packaging, preparing food, or feeding themselves. Some older persons may also require support and encouragement to eat enough, especially if dementia, depression or bereavement is present. **It is clear that older persons require specialized attention for nutritional support, and a one-size-fits-all approach is neither sufficient nor appropriate.**

Mental Health Status of Older Persons

Poor mental health status is not synonymous with old age, yet the elderly often suffer a high burden of mental illness. **Depression is the most common mental health condition among older persons, and its incidence increases in times of disaster or conflict.** Many factors contribute to depression, including poor physical health, poverty, displacement, separation from friends and family, and bereavement. Anxiety disorders such as post-traumatic stress disorder (PTSD) may also develop if the person has experienced a threat to his or her life or the life of a loved one. There is some evidence that older persons develop PTSD at higher rates than the general population, although much remains unknown about how emergencies affect their mental health[11].

Cognitive decline and dementia are perhaps the most debilitating mental illnesses experienced by older persons. These conditions are progressive in nature and eventually make a person dependent on others for even the most basic tasks of daily living. In emergencies, families often struggle to care for elderly family members suffering from cognitive decline. **Priority is often given to infants or young children instead, neglecting elderly family members.** Though elderly persons with cognitive decline present a significant challenge for humanitarian organizations, it is possible to promote the retention of cognition and memory through support groups or home visits from skilled community health workers.

Financial Needs of Older Persons

Poor financial status compounds all other problems faced by older persons in emergencies. Nearly two-thirds of all older adults live in developing countries and 80% have no regular income[12,13].

HelpAge International has noted that "Poverty and exclusion remain the greatest threats to older people. Disasters make a bad situation worse"[14]. Savings or assets such as a house or a business are often left behind or destroyed in an emergency. Older persons cannot carry as many belongings with them as others, putting them at a disadvantage when fleeing disaster or conflict. Further, there are few opportunities to generate income for older persons in emergency settings, as they lack the strength for physically-demanding labor and the social connections to find formal work when displaced. Further, older persons are often intentionally or unintentionally excluded from cash-for-work programs or other income generating activities, making them reliant on their families or humanitarian aid for basic needs.

Social Support for Older Persons

Humanitarian emergencies often erode formal and informal support systems upon which older persons rely. **Pension systems may be inadequate or non-existent in many countries, especially during and immediately after an emergency. Families, often broken apart by displacement or the death of a family member, must make difficult decisions in allocating limited resources to competing priorities.** The family may be unwilling or unable to support an ailing older family member, choosing instead to devote time or financial resources towards meeting the needs of younger or more productive family members. Perhaps the worst off are the unaccompanied older persons. Without the support of friends or family, the unaccompanied older persons often become marginalized and destitute, unable to provide for themselves or access essential goods or services. Outreach programs must pay special attention to this group, since assistance can be life-saving if it is designed and implemented appropriately.

[10]IASC. Humanitarian Action and Older Persons: An Essential Brief for Humanitaria Actors. 2008.
[11]Jia, Z, Tian, W, et al. Are the Elderly More Vulnerable to Psychological Impact of Natural Disaster? A Population-Based Survey of Adult Survivors of the 2008 Sichuan Earthquake.BMC Public Health 2010, 10:172.
[12]Wordl Health Organization. What Are the Public Health Implications of Global Aging?. Geneva: WHO 2008.
[13]HelpAge International. On the Edge: Why Older People's Needs Are Not Being Met in Humanitarian Emergencies. 2011.
[14]HelpAge International, UNHCR & ECHO. Older People in Humanitarian Crises: Guidelines for Best Practice. London 1999.

Human Rights and Older Persons

Impartiality is a basic tenet of human rights. Article 2 of the Universal Declaration of Human rights states that everyone has the right to humanitarian assistance regardless of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status[15]. Although the characteristic of age is not mentioned in this passage, it is clear that older persons cannot be excluded from the rights and protections afforded to all other people. Article 25 of the Universal Declaration goes on to explicitly mention older persons:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or lack of livelihood circumstances beyond his control." [Emphasis added]

These rights are equally applicable to older persons affected by humanitarian emergencies. Another important document is the Convention on the Rights of Persons with Disabilities, which affirms that state parties shall "provide those health services needed by persons with disabilities […] designed to minimize and prevent further disabilities, including among children and older persons." (Article 25 B)[16]. These rights apply to all those who have physical, mental, intellectual or sensory impairments, which hinder full participation in society, a description that may apply to many older persons affected by an emergency. Other standards and conventions that describe the human rights of older persons include the Sphere Standards, the Convention Relating to the Status of Refugees (article 24 B), the International Covenant on Economic, Social and Cultural Rights (articles 11 &12), and The Declaration on the Elimination of Violence Against Women[17,18,19,20].

[15]UN General Assembly. Universal Declaration of Human Rights, 10 December 1948, 217 A (III), available at: http://www.refworld.org/docid/3ae6b3712c.html [accessed May 2013]
[16]UN General Assembly, Convention on the Rights of Persons with Disabilities : resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: http://www.refworld.org/docid/45f973632.html [accessed May 2013]
[17]Young HH, Harvey PP. The Sphere Project: the Humanitarian Charter and Minimum Standards in Disaster Response: Introduction. Disasters. 2004 Jun 1;28(2):99–9.
[18]UN General Assembly, Convention Relating to the Status of Refugees, 28 July 1951, United Nations, Treaty Series, vol. 189, p. 137, available at: http://www.refworld.org/docid/3be01b964.html [accessed May 2013]
[19]UN General Assembly, International Covenant on Economic, Social and Cultural Rights, 16 December 1966, United Nations, Treaty Series, vol. 993, p. 3, available at: http://www.refworld.org/docid/3ae6b36c0.html [accessed May 2013]
[20]UN General Assembly, Declaration on the Elimination of Violence against Women, 20 December 1993, A/RES/48/104, available at: http://www.refworld.org docid/3b00f25d2c.html [accessed May 2013]

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BACKGROUND ON THE SYRIAN REFUGEE CRISIS IN LEBANON

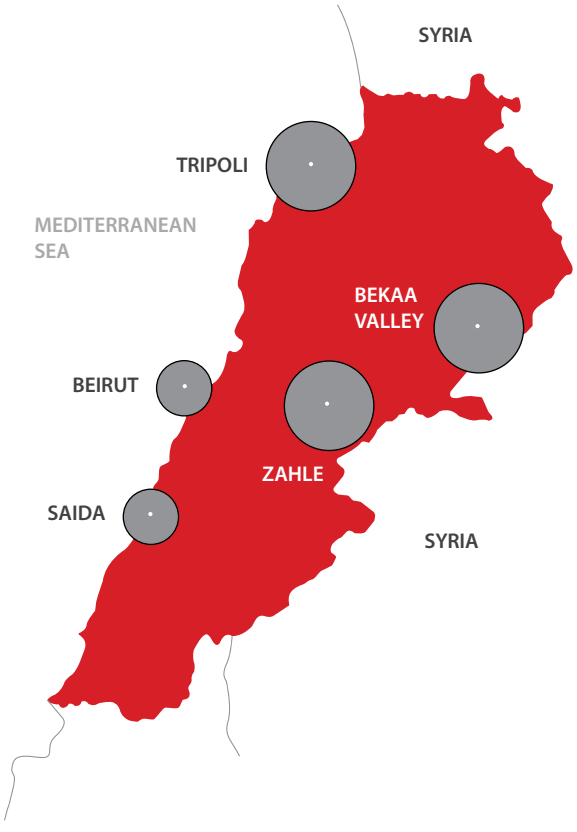
Background to the Crisis

Lebanon is currently confronting one of the worst refugee crises in its history. Since the unrest began in Syria in March 2011, the numbers of refugees entering Lebanon (as well as other neighbouring countries) has been steadily increasing in parallel with the increased violence in Syria. Initially, small numbers began to enter the border regions of Lebanon, settling in the North and Bekaa Valley. Currently, Syrians are entering in ever larger numbers. With the threats of Jordan and Turkey closing their borders, the outlook of the refugee crisis in Lebanon is looking worse.

As of August 1, 2013, there are over 678,000 refugees registered by UNHCR or awaiting registration, as well as a further 56,000 Palestinian refugees from Syria registered with UNRWA. About 1,000 Syrians daily contact UNHCR each day seeking registration as refugees. Those who are still afraid to register as well as the large number of Syrians who are migrant workers afraid to return home only add to these UNHCR numbers. The official estimates by the Lebanese Government now place the total number of Syrian refugees in the country at 1.2 million. (By comparison, during the height of violence in Iraq, Lebanon hosted up to 50,000 Iraqi refugees). UNHCR data indicates that most have settled in the North, followed by the Bekaa Valley, the South, Mount Lebanon and Beirut itself. Many are moving to Beirut in search of jobs and better housing. Lebanon, with a population of 4.1 million struggles to absorb such a large numbers of Syrian refugees. Probably one in four persons on the Lebanese territory today is a Syrian refugee. Updated statistics from UNHCR can be accessed at http://data.unhcr.org/syrianrefugees/country.php?id=122

These numbers threaten to overwhelm the capacity of the Lebanese government as well as both national and international organizations. The Lebanese government, for political and security fears, originally did not allow collective sites nor camps. In essence, this decision has created a chaotic system in which the refugees are left on their own to seek private arrangements. With the influx of refugees, wages for Syrians and unskilled labor has decreased just as prices for rent and food have increased. The vulnerability of the refugee population is steadily increasing as a result. Recently the Lebanese government has eased their ban on collective settlements, but this has not yet resulted in more affordable shelter options for most refugee households.

UNHCR has coordinated a response involving international and local NGOs as well as Lebanese host institutions. Today, there are approximately 50 NGOs working on the crisis and approximately 20 offering health care services. However, the large number of refugees entering Lebanon has overwhelmed refugee support systems.



Living Conditions for Syrian Refugees in Lebanon

The needs of Syrian refugees, as well as Palestinian refugees from Syria, are large and growing. Economic support is now minimal. Despite the right of Syrians to work in Lebanon (there is a long history of Syrian migrant labor in Lebanon as well as governmental relations which have led to this policy), the influx of refugees has created a labor supply far in excess of demand. Several CLMC internal assessments have noted that day-laborers are fortunate if they find 2-3 days of work per week, and wages for daily, unskilled laborers have fallen from $33 per day to $20 per day since the onset of the crisis. At the same time, the large arrival of refugees has driven up prices, particularly for housing but also for other goods and basic needs. Coping mechanisms are weakening as prices are increasing.

Most refugees stay in rented houses, many of which are makeshift additions to existing houses. Some stay with Lebanese relatives, or in tents adjacent to agricultural fields. Some families shelter in schools, mosques, or other public facilities. The Lebanese Government is very reluctant to offer facilities to Syrian refugees for a number of political and historical factors. There are already signs of strain in the housing market, with many Syrians having difficulty in finding any housing at all. Some share housing, living with Lebanese relatives, others, particularly Syrian Palestinians are moving into the Palestinian refugee camps in Lebanon. Lebanese returning from Syria are also facing difficulties in finding housing. At present even a 20 square meter makeshift room with kitchen and bathroom is renting for about $150-200 a month, an amount equal to about 50% of the salary of a Syrian labourer working full-time. The most vulnerable refugees are those squatting in unfinished construction sites without walls or any facilities.

The living conditions of Palestinian refugees from Syria (PRS) is the most critical. A recent needs assessment [21] conducted by the NGO, American Near East Refugee Aid (ANERA), demonstrated that the living conditions of Palestinian refugees from Syria tend to be worse than the Syrian refugee population. Most PRS have lodged in the Palestinian refugee camps of Lebanon, camps which were already severely over-crowded and struggle to provide basic services to their residents. Palestinian refugees in the camps were already the poorest of the poor in Lebanon, and now hosting the poorest of the refugees from Syria. The ANERA needs assessment found that 28% of PRS were living in sub-standard housing and a majority were living in over-crowded conditions, with sometimes more than 10 persons living in a single room.

Furthermore, Palestinian refugees from Syria do not have the same automatic right to work as do Syrian refugees. Thus, their livelihood potential and coping mechanisms is severely constrained. ANERA's needs assessment found that more than 90% of PRS were unemployed, and the majority of their host families' heads of household were likewise unemployed. Thus, the entire household remains dependent on aid for even the most basic needs.

Increasingly, the large numbers of Syrian refugees are causing social tensions to arise. Many Lebanese, rightly or wrongly, blame deteriorating economic conditions in the country on the refugees. In fact, there have been several demonstrations against the presence of Syrians in the country. Additionally, some landlords have evicted Iraqi refugees from their apartments because they are able to charge higher rents to Syrians, a trend which has fuelled social tension.

[21] http://www.anera.org/wp-content/uploads/2013/04/PalestinianRefugeesFromSyriainLebanon.pdf

Legal Framework

Lebanon is not a signatory to the 1951 Convention on Refugees or the 1967 Protocol. In the past Lebanon has been de-stabilized by an influx of refugees. Currently, Lebanon maintains policies to discourage the influx of refugees. Refugees, even holding UNHCR cards, may face legal difficulties if their immigration status is not regularized with the Lebanese government. The case for Syrian citizens is quite different from other refugee groups as Syrians can easily obtain entry visas to enter Lebanon at the border. For the time being, their status is legal. Syrian refugees may automatically renew their visas on the Lebanese territory (without needing to return to Syria first). These accommodative measures appear to be firmly in place for the present. However, if larger inflows continue and/or Syrian refugees become involved in Lebanese sectarian tensions, this policy may change.

The legal framework for Palestinian refugees from Syria is even more restrictive. Upon entering Lebanon, they receive a stay of much less time and it is renewable only once inside Lebanon. Most Palestinian refugees have already over-stayed their visas at this point.

CLMC's Response to the Syrian Refugee Crisis

As a local Lebanese NGO with nearly two decades of experience serving refugees in Lebanon, CLMC began a rapid response to the needs of Syrian refugees who began arriving in Lebanon as early as May 2011. Its presence in the Retention Center for foreigners who are arrested as well as its field presence all throughout Lebanon allowed it to identify the presence of Syrian refugees quickly and implement a rapid response. Furthermore, its positive reputation with local authorities as a trusted name meant that many refugees have approached CLMC directly before contacting UNHCR or other authorities.

CLMC has assisted more than 125,000 Syrian refugees since July 2011. With the donated resources of its partners around the world and in collaboration with UNHCR, CLMC has provided:

- Food and non-food item assistance in accordance with SPHERE standards;
- Medical assistance through referrals to various health care providers as well as through the Caritas Lebanon mobile clinic;
- Psycho-social assistance to traumatized refugees and those dealing with underlying mental health issues;
- Education assistance to children to enroll in Lebanese public schools;
- Legal assistance to provide protection as well as family law matters such as births and marriages in Lebanon;
- Shelter for survivors of sexual and gender based violence and those still at risk;
- An information booth at the land border crossing at Masna'a in which CLMC distributes immigration information and contacts for services to Syrians arriving into Lebanon;
- Repatriation assistance for third-country nationals leaving Syria to help citizens of the Philippines, Indonesia, Sri Lanka, and other countries transit safely through Lebanon on their way home.
- A wide range of events and donations through the Caritas Lebanon volunteer network.

Because of its wide-ranging and long-term operational relationships with many stakeholders in Lebanon, CLMC has been particularly adept at identifying and receiving Syrian refugees throughout the crisis, especially those who are afraid to register with UNHCR or who otherwise have gone undetected and unassisted. In fact, recent surveys among the public show that a majority of Lebanese mention CLMC as the main provider of services to refugees in the country. CLMC identifies them through the following means:

- Religious institutions (such as mosques, churches, and congregations)
- Well-publicized hotlines which receives numerous calls each day
- Municipalities as well as social workers from the Ministry of Social Affairs (CLMC is now signing an MOU with the MOSA to train their staff)
- Local charity and volunteer organizations, as well as referrals from international NGOs
- Caritas Lebanon's own network of 36 field offices, and specialized social service centers, which cover all parts of the country
- Clinics, dispensaries, pharmacies, and hospitals
- Public and private schools
- UNHCR referrals
- The general public (in fact, Most Lebanese know CLMC as the go-to provider of services for refugees in the country. They also know Caritas Lebanon as one of the pre-eminent social service agencies in the country.
- Word of mouth referrals from other Syrian refugees, including community health educators and Syrian outreach workers employed by Caritas to identify needs among refugees.

CLMC serves refugees using a social work methodology. Accredited social workers are the main point of contact for each refugee family served, screening them using vulnerability criteria and seeing they receive needed services. The social work approach encourages refugee engagement by working with them to prioritize their needs, activate coping mechanisms, and plan their survival in Lebanon. The evidence is that this helps greatly in building trust, allowing CLMC to serve beneficiaries who might otherwise slip through the cracks.

CLMC's service follows best practices, such as the SPHERE standards and guidelines and the IASC working group guidelines. CLMC has developed checklists for social workers conducting home visits to ensure that any gaps between refugees' homes and SPHERE standards are identified, as well as standard operating procedures and followed. Such guidelines ensure consistent responses and highlight protection needs for vulnerable groups especially children and survivors of SGBV. CLMC is an active participant in working groups convened by UNHCR in both Beirut and the field. Wherever possible, CLMC harmonizes its services with decisions taken by the UNHCR working groups.

CLMC carries out this work through its team of accredited social workers, lawyers, psychologists, and nurses. They are supported by well-experienced administrative and logistics staff. CLMC's presence throughout Lebanon is assured by ten field offices, three shelters, three community centers, and its presence in the Retention Center for foreigners.

A comprehensive brochure of CLMC's efforts for Syrian refugees can be accessed at http://english.caritasmigrant.org.lb/wp-content/uploads/2013/04/caritas-syian-brochure-final-v3.pdf

CLMC's Commitment to the Older Persons

CLMC has been assisting with the health care needs of older persons for more than a decade. In implementing an ECHO-funded project since 2002, CLMC and its staff have gained valuable experience and insights into working with older persons. While this experience focused primarily on Palestinian refugees, many of the best practices and lessons learned remain valid and transferable. As such, CLMC saw a unique opportunity to carry out this study.

In 2002, the International Catholic Migration Commission (ICMC) began a project to support Palestinian women's health. The following year, Caritas Austria took over the lead on the project and narrowed its focus to older persons, after witnessing both the urgent need and the unmet gap in services for this population. This began a ten-year journey which is still serving older persons in need today.

Although the services offered by this project over the past 10 years are substantial, CLMC feels that the greatest accomplishment of this project has been the solidarity created with older persons who had no other support. Even though older persons were able to access health services through UNRWA, no specialized service existed for them.

CLMC HAS ASSISTED MORE THAN 125,000 SYRIAN REFUGEES WITH COMPREHENSIVE SERVICES

This project created a solidarity link to these older Palestinians.
In its decade of service, the project leveraged over 3.5 million Euros in donated resources to serve older Palestinian refugees. During that time, the service and accomplishments were impressive:

- Over 3700 older persons received nursing care at home and at centers.
- Nearly 1,000 older persons received physiotherapy treatments
- Over 2,000 care-givers trained to assist older persons
- Over 5,000 persons increased their knowledge on ageing
- Over 65 UNRWA medical, nursing, and social work staff were trained in the provision of care to older persons
- Over 3,000 older persons participated in social activities
- Over 400 home were modified for increased mobility
- Over 11,000 medical cards were distributed

Building on these results and the staff expertise created, CLMC designed and conducted this study to further explore geriatric health issues on elderly Syrian refugees who began arriving in Lebanon during the Spring of 2011. Specifically, CLMC wanted to know if some of the lessons learned from its experience with Palestinian elderly refugees were applicable and transferrable to older Syrian refugees in the current context.
Some of these lessons learned include:

- **Outreach methods** of care and home visits are critically important for health care for older persons. Because many older persons have difficulty with mobility as well as many severe vulnerabilities, many are either home bound or bedridden. It is critical that health professionals have the ability to make home visits and provide assistance on site.
- **Care for chronic illnesses** (including visits to monitor health status) must be included in all health care services provided. Many older persons have chronic illnesses which require constant monitoring and control. If not controlled, the chronic illnesses of older persons can become life-threatening and expensive-to-treat medical emergencies.
- **Medical records** with key medical and pharmaceutical data for each patient are important. Many refugees "shop" for medical services and medicines from multiple sources. Each service provider does not have access to the patients' past medical records, which can lead to interruptions in care and drug interaction. Medical cards with key data were developed for Palestinian refugees to avoid such situations, and kept with each beneficiary.
- **Life-Cycle Education** in which CLMC social workers and experts have trained UNRWA medical staff. This education filled an important gap in increasing the knowledge of UNRWA medical staff to treat older persons appropriately according to the education curriculum. Similarly, education for the entire community on geriatric medicine was an important step in sensitizing all community members to the age-specific health needs of older persons.
- **Mobility aids and/or minor community infrastructure improvements** can make the difference between a home-bound or active older person. Older persons even with a minor mobility issue depend upon mobility aids such as a walking cane, bed rails, or a hand rail in the community. Without such simple, inexpensive aids, an older person can be home bound and become socially isolated.
- **Trained care-takers** are important to provide continuous care and reduce expenses. However, for cultural reasons, care-takers almost always must be a daughter, daughter-in-law, or female relative/neighbor.

METHODOLGY

For the purposes of this study, the research team developed the following key concepts and definitions which they used to make decisions related to source population, sampling, and data analysis.

Key concepts and definitions

- **Older persons.** For the purposes of this study we defined elderly as persons age sixty or above in accordance with the definition of older persons used by the World Health Organization and UNHCR. We acknowledge that this age cutoff is somewhat arbitrary and that many refugees in their fifties experience similar issues as those we have designated as older persons. We chose to limit our study to refugees age sixty or above to emphasize the age-specific needs of older persons and focus on the most vulnerable within this population.
- **Refugee.** Many Syrians continue to come to Lebanon as migrant workers. Some migrant workers have brought their families (including older persons) with them while they work, intending to offer them a respite from the violence in Syria. These households may have multiple reasons for being in Lebanon, on some of which technically fall under the definition of a refugee as defined in the Geneva Conventions. For the purposes of our work but we have considered this population as refugees. Registration or pending registration with UNHCR was not a determinant for this study to be considered a refugee. This study considered a Syrian national or Palestinian refugee from Syria who entered Lebanon after March 2011 as a refugee for the purposes of this study.
- **Palestinian refugee.** Palestinians in Syria have been refugees there for several generations. In this crisis, they do not fall under the mandate of UNHCR but rather that of UNRWA (which was created after the exodus from Palestine), the agency charged with supporting Palestinian refugees throughout the Middle East region. Palestinian refugees have different identity cards and nationalities from Syrians, even if they have been born and raised in Syria. They enter Lebanon under a different immigration classification than Syrian citizens, and they most often settle in Palestinian refugee camps in Lebanon. As such, we have distinguished them from Syrian citizens as a sub-population of this study.
- **Household.** For the purposes of this study, we considered a household as a group living together and acting as a single economic unit. We did not limit household to blood relationships.
- **Lebanese and/or Palestinian host family.** Many refugees are living with host families. We considered host families as those who have allowed Syrian and/or Palestinian refugees to live in the same living space with the host family. Renting or giving space to a refugee family without living on the same premises was not considered as a host family.
- **Non-communicable disease (NCD):** Non-communicable diseases are medical conditions which are of a non-infectious etiology. Often NCDs are chronic diseases requiring continuing medical management such as diabetes or hypertension. However NCDs can also encompass acute manifestations such as stroke or heart attack. In this study we often grouped NCDs by the affected organ system rather than distinguishing individual NCDs that affect the same organ system. For instance, asthma and chronic obstructive lung disease were grouped under the broader category of lung disease.

- **Functional status.** Health problems among older adults are frequently manifest as declines in functional status – the ability to perform the functions of day-to-day life. The Katz Index of Independence in Activities of Daily Living, also known as the Katz ADL scale, is a tool used to objectively measure functional status in older persons. It assesses the ability to perform six activities of daily living independently: bathing, dressing, toileting, feeding, transferring (moving in and out of a bed or a chair), and maintaining continence of bowel and bladder. Independence is judged as the ability to perform the activity with no supervision, direction, or personal assistance from others. A score of six corresponds with the ability to complete all six tasks independently, indicating full functional status. A score of three to four indicates moderate impairment and a score of six or less indicates severe functional impairment.

Source population

The source population for this study is the approximately 1,100 older Syrian refugees registered with CLMC and 700 older Palestinian refugees from Syria (PRS) registered with the Palestinian Women's Humanitarian Organization (PALWHO) as of January 2013. Study participants were selected from databases of refugees registered with CLMC or PALWHO using a systematic sampling technique to ensure representative sampling with regards to geographic distribution and date of arrival to Lebanon. This ensured that the number of study participants selected at each CLMC field office (Baalbeck, Saida, Sin el Fil, Taalabaya, Tripoli, and Zahleh) and PALWHO field office (Bourj el-Barajneh, Mar Elias, and Shatila) was proportional to the number of older refugees registered at each field office. If an older refugee selected for sampling could not be contacted or refused to participate in the study, a replacement was selected using convenience sampling. In particular study sites this convenience sampling included refugees who had arrived to Lebanon in February or March 2013.

Determination of sample size and margin of error

Sample size was determined by balancing the need for adequate sample sizes to achieve statistical significance with the limited availability of CLMC and PALWHO staff to conduct interviews. The sample methodology was a stratified random sample, in which a random sample from all cases registered at each field center was chosen. A total sample size of 220 – consisting of 175 older Syrian refugees and 45 older Palestinian refugees from Syria – was selected based on these considerations. These samples sizes allow the measurement of population characteristics within a margin of error of ±7.6% among Syrian refugees and ±15% among Palestinian refugees from Syria. The calculation of margin of error assumes the most conservative prevalence rate of 50%, a survey response rate of 95%, a study design effect of 1.0, and a 95% confidence interval.

Study Design and implementation

This study utilized a mixed-methods design with quantitative and qualitative components.

The quantitative component used a survey questionnaire (see Annex D and E) to record basic demographic information, displacement history, and care-giving for the older person, non-communicable diseases, disabilities, nutrition, mental health, and functional status. Because there are little data available on the older refugee population in Lebanon, the survey focused on collecting the information related to a broad range of issues affecting older refugees rather than focus on a particular issue in-depth. Information about each survey participant was also gathered from the CLMC and PALWHO databases of registered refugees to add additional data for analysis.

Open-ended interviews with older refugees as well as humanitarian organizations providing aid to refugees in Lebanon were added to provide a qualitative component to the study. Interviewing older refugees offered a valuable opportunity to explore issues in greater depth and to seek explanations for trends observed in the quantitative data. Meetings with the staff of humanitarian organizations were also arranged to learn about their experiences serving older refugees and ask if they had planned or implemented programs or assessments to address the specific needs of older refugees.

Study Timeline

This study followed the timeline described below.

JANUARY 2013	The Johns Hopkins University researcher arrived in Lebanon for a three week field assignment. During this time, he • Determined the study objectives in collaboration with CLMC and PALWHO • Carried out key informant interviews with UNHCR and other NGOs • Led in the creation of the survey instrument CLMC staff • field tested the survey instrument during this period and adjusted the survey instrument • presented the project to the Institutional Review Board of Universite St. Joseph The IRB conferred approval for the study in late January 2013.
FEBRUARY 2013	CLMC staff • hired and trained the interview staff. Most were CLMC social workers already working with Syrian refugees • supervised the beginning of data collection
MARCH 2013	CLMC staff • completed the data collection • conducted data entry into a Microsoft Access database • conducted qualitative interviews with Syrian refugees in the Bekaa Valley The Johns Hopkins University researcher conducted a second field assignment and • conducted statistical analysis with Stata 12 software • facilitated further key informant interviews
APRIL 2013	The Johns Hopkins University researcher • conducted data analysis and interpretation
MAY-JUNE 2013	CLMC staff and the Johns Hopkins University researcher • wrote the findings and interpretations of this study

Limitations of the study

This study faced several limitations which are described in this section.

Limitations related to external validity:

- **Rapidly changing refugee population.**
  The rate of refugees entering Lebanon has been dramatic and is highly sensitive to the levels and locations of violence in Syria. Between July 1st and December 31st 2012, UNHCR reported the refugee population increased 493%. As such, the records from which the participants were sampled were out-of-date almost immediately. Nevertheless, the team considers that the trends and issues identified in this study are still valid and useful. It is possible, however, that the newly arrived refugees may vary from those sampled in January 2013 to some extent.
- **Internal movement of refugees.**
  Refugees once in Lebanon do not remain in static locations and in some cases, selected refugee names could no longer be located. They were replaced by other refugees meeting the survey criteria using a convenience sample.
- **Timing of survey administration.**
  As the surveys were conducted during the cold, wet winter months, it is possible that this timing influenced some of the answers. For examples, during this period, fruits and vegetables as not as abundant and this may have decreased the amount of this food type that was reported to have been consumed during the previous week.
- **Geographic distribution of Palestinian Refugees from Syria.**
  Due to the field presence of PALWHO, the study only sampled Palestinian refugees from Syria in the refugee camps in and around Beirut. The populations settling in this area may vary from populations settling in the other Palestinian camps and gatherings around Lebanon, which could have biased the results.

Limitations related to internal validity:

- **A high rate of convenience sampling.**
  Due to a high degree of internal movement of refugees, particularly in the northern Bekaa Valley, some originally sampled older refugees were not located. It is likely that they left and moved to a different region of Lebanon. As such, they were replaced by other older refugees chosen by convenience sampling. This mostly affected the cases from the northern Bekaa Valley.
- **Low response rate for mental health data.**
  For reasons of either difficulties in formulating questions or respondents' lack of willing to discuss mental health, there was a high rate of lack of response for questions pertaining to mental health status or symptomatology. These missing data prevented adequate analysis on this module.
- **Differences in survey administration.**
  It is possible that due to a high number of data collectors, there were differences in administering the survey across the many field sites around the country, in spite of the training provided
- **Bias related to self-reporting.**
  Many questions relied upon participants to self-report medical conditions. It is possible that respondents did not know their own full medical diagnosis or the severity of their own medical conditions or were reticent to report these.

Statement on priority of service and protection over the research objectives

CLMC, as a social service agency, prioritizes the rights and needs of those who it serves. As such, researchers stressed that interviewers should always place precedence on urgent needs over the research objectives of this study. If, for example, an older person was found to be in urgent need of care, the interviewers were instructed to stop the survey and refer that person to a social worker for immediate assistance. In conducting the surveys, no such cases were found to be so urgent that the survey was suspended. However, the detailed information on each case was referred to social workers for more intensive follow up.

Ethical Considerations and Institutional Review Board Approval

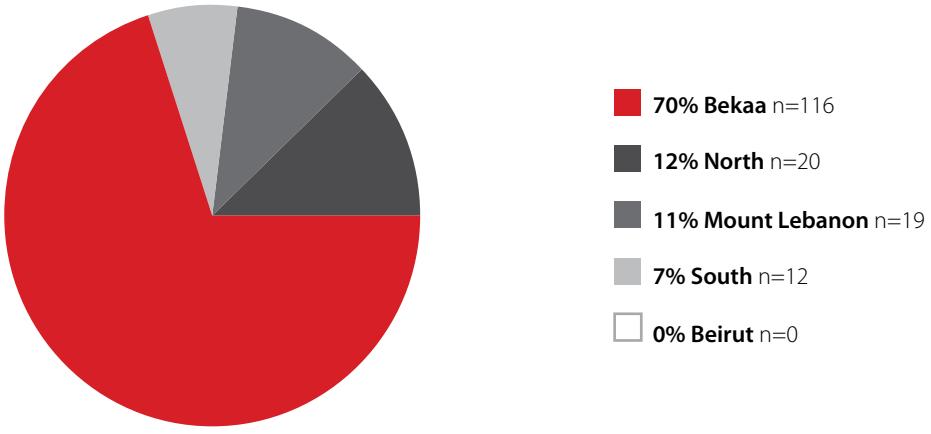
An ad hoc Institutional Review Board of Universite St. Joseph, one of the leading universities in Lebanon, approved this study (see Annex A) with special attention to the protection of vulnerable human subjects. This Institutional Review Board consisted of Myrna Ghannagé, Chef du département de psychologie, Faculté des Lettres et des sciences humaines; Liliane Kfoury, Chargée de recherche, Centre d' études pour le monde arabe moderne; Lynn Maalouf, Chercheure associée, Centre d' études pour le monde arabe moderne; and Marie-Claude Souaid, Faculté des Lettres et des sciences humaines. Permission for data analysis was also obtained from the Institutional Review Board of the Johns Hopkins Bloomberg School of Public Health. Prior to each interview, the research team explained the study objectives as well as the voluntary and confidential nature of the study to participants. It was emphasized that participation was entirely voluntary and non-participation would in no way affect the provision of services from CLMC. All study participants issued their oral or written consent.

OLDER PERSONS AMONG THE REFUGEE POPULATION: FINDINGS

The geographic distribution of older persons Syrian refugees in this study, a sample representative of all older Syrian refugees registered with CLMC (including those cases who replaced missing cases), was as follows (Figure 1). A majority of order Syrian refugees resided in the Bekaa region, particularly in locations served by CLMC field offices at Baalbeck and Taalabaya, due to the large field presence of CLMC in this area. Other participating CLMC field offices included Saida (South region), Sin el Fil (Mount Lebanon region), Tripoli (North region), and Zahleh (Bekaa region).

Figure 1.

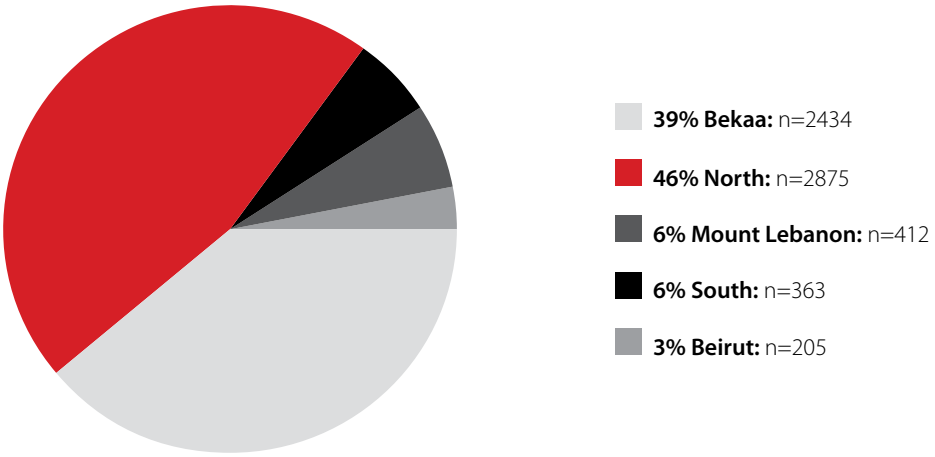
Geographic distribution of older Syrian refugees participating in the study by region (n=167)



The geographic distribution of older Syrian refugees registered with UNHCR differs from that of older Syrian refugees participating in this study (Figure 2). In particular, older Syrian refugees living in the Bekaa Valley region are overrepresented in our sample relative to UNHCR numbers, whereas older Syrian refugees in the North region are underrepresented in the data presented in this paper. Further, the Beirut region is also underrepresented, since the CLMC Sin El Fil field office was considered technicality be in the Mount Lebanon region rather than the Beirut region.

Figure 2.

Geographic distribution of older Syrian refugees registered by UNHCR as of March 2013 by region

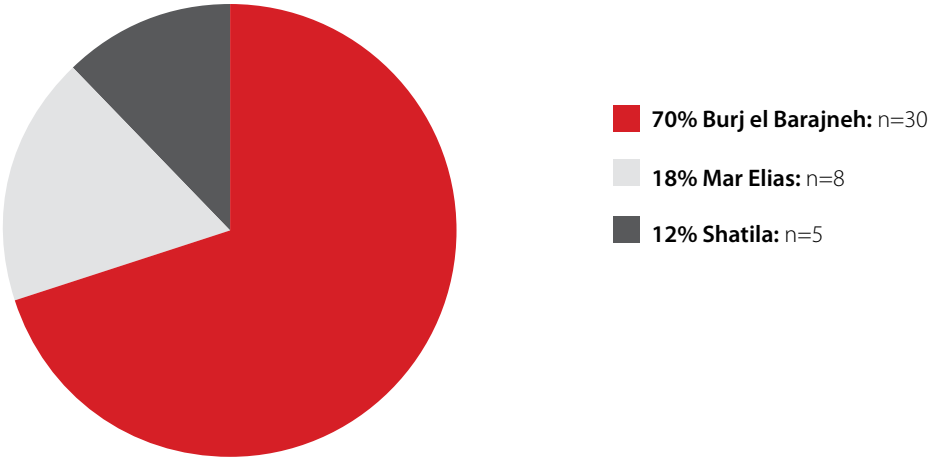


These differences in geographic distribution are to be expected, since CLMC's presence varies in different regions of Lebanon. In addition, only about half (55%) of the older refugees participating in the study were registered with UNHCR. This is also to be expected, as CLMC gives priority to unregistered refugees. The true distribution of older Syrian refugees in Lebanon likely lies between the figures in this study and UNHCR statistics of registered older Syrian refugees. Thus it is important to consider geographic distribution in interpreting the results of this study, since, many population characteristics vary considerably by region such as urban / rural location, type of housing, availability of services, or other factors.

All older Palestinian refugees from Syria (PRS) who participated in this study resided in refugee camps in Beirut (Figure 3). The majority came from the camp at Bourj el Barajneh, with fewer older refugees participating at Mar Elias and Shatila. The geographic distribution of elderly PRS in this study was roughly proportional to the population of older PRS registered with PALWHO.

Figure 3.

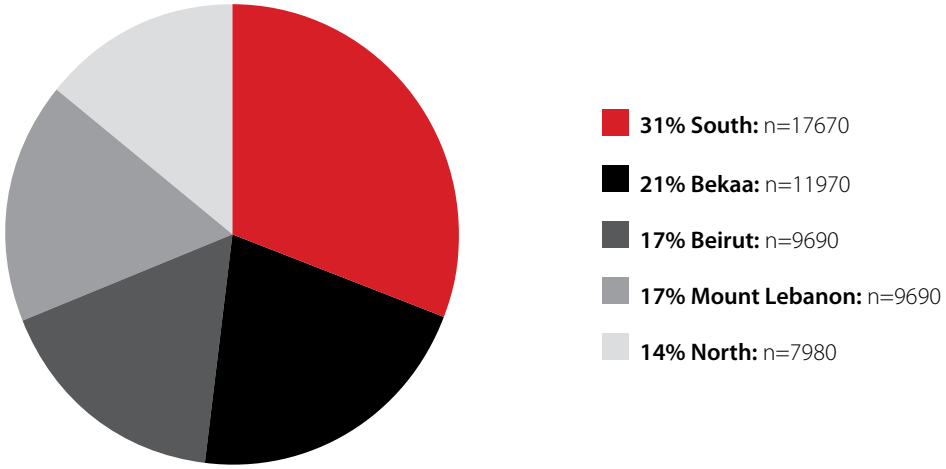
Geographic distribution of older Palestinian refugees from Syria participating in the study by location (n=43)



The geographic distribution of all Palestinian refugees from Syria (PRS) according to UNRWA is displayed below (Figure 4). Age-disaggregated data that distinguished between older PRS and non-elderly PRS was not available at the time this study was written. There are obvious differences in geographic distribution between that of UNRWA and older PRS in this study because this study only included older PRS from refugee camps in Beirut.

Figure 4.

Geographic distribution of all Palestinian refugees from Syria registered by UNRWA as of May 2013 by region (statistics not available for elderly population)



FINDINGS

The following section of the study describes the findings of the survey.

Survey Response

A total of 210 older refugees were included in the final sample, corresponding to a response rate of 95.4%. This included 167 older Syrian refugees and 43 older Palestinian refugees from Syria. The number of older Syrian refugees surveyed by CLMC field offices was 58 in Taalabaya, 50 in Baalbeck, 20 in Tripoli, 19 in Sin el Fil, 12 in Saida, and 8 in Zahle. PALWHO field offices surveyed 30 older Palestinian refugees in Bourj el Barajneh, 5 in Mar Elias, and 8 in Shatila. The geographic distribution of the survey population was roughly proportional to the number of older refugees registered with each CLMC or PALWHO field office. The exception was the Sin el Fil field office where additional older refugees requested to participate in the study. To encourage participation and community relations, the data collectors from the Sin el Fil field office allowed the additional persons to participate and thus returned about twice as many surveys as had originally been planned.

All older refugees selected for participation using the random systematic sampling technique were able to be reached at the field offices in Taalabaya, Bourj el Barajneh, Mar Elias, and Shatila. For those who could not be reached (due to internal movement in Lebanon), the data collectors replaced them with other older persons using a convenience sample methodology—as long they met the selection criteria. The overall proportion of the sample obtained through replacement sampling was 38%. Although this rate is high, the refugee populations are quite homogenous and the researchers estimate that the effect of this high rate is minimal on the data interpretation.

PART I: DEMOGRAPHIC INFORMATION AND DISPLACEMENT HISTORY

Demographics

The average older refugee in this study was 68 years old, and the median was 66 years. The youngest was 60 years old and the oldest was 96 years old. The distribution of ages is skewed towards older ages, with 25% of the population over the age of 72. Figure 5 and Figure 6 show the distribution of age and sex among Syrian and Palestinian refugees, respectively. There were significant differences in age between Syrian and Palestinian refugees, with Syrian refugees being 4.6 years older on average. Sex distribution also differed between Syrians and Palestinians: there were approximately even numbers of men and women among Syrians in the survey population, whereas a large majority of older Palestinian refugees surveyed were women (81%). The sex imbalance among Palestinians included in the sample can be attributed to the focus of PALWHO on assistance to women, although an underlying imbalance in the general older Palestinian refugee population may exist.

HASAN

60 years old

"Life as a Palestinian refugee has never been easy," Hasan explains, "We have lived our whole lives from day to day".

Although Palestinian refugees in Syria attempted to remain neutral in the conflict in Syria, the violence eventually came to affect them as well. In 2012, the al-Yarmouk camp near Damascus, where Hasan and his family had always lived, came under heavy attack by aerial bombing.

"Being close to Damascus, we had been hearing bombings for some time," he says, "but the aerial attack was so violent and destructive that we knew could not stay in Syria even another day."

His family sold as many belongings as they could salvage from their damaged home and left. However, as a Palestinian, crossing the border into Lebanon is not as easy as it is for Syrians. Hasan paid a number of bribes along the way.

Hasan tells his story, breathing heavily and struggling to pronounce the words. He suffers from hypertension, diabetes, asthma, and relies on a pacemaker to regulate his cardiac rhythm. With their savings depleted and no right of employment in Lebanon, the family struggles to pay about $167 a month in rent as well as the cost of Hasan's medicines. Neighbors, both Syrian and Lebanese, contribute when they can. When the family does not have enough money, he skips his medicines.

Hasan and his family live near a Palestinian gathering in the Bekaa Valley. "We still do not know if we have a home to return to in Syria. But I am not sad," Hasan says, "If I die in Syria or I die in Lebanon, what is the difference? I will never see my country Palestine again."

Figure 5.
Age and sex distribution of older Syrian refugees (n=165)

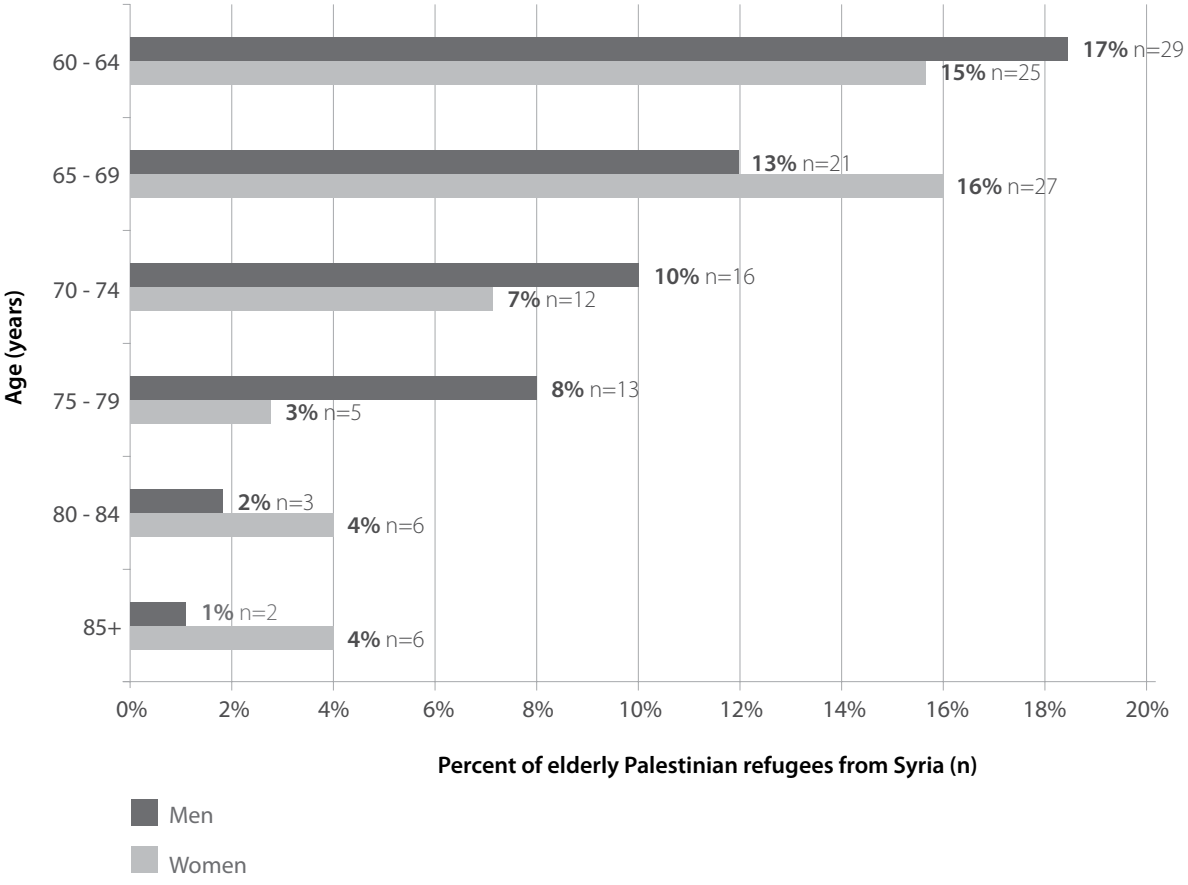
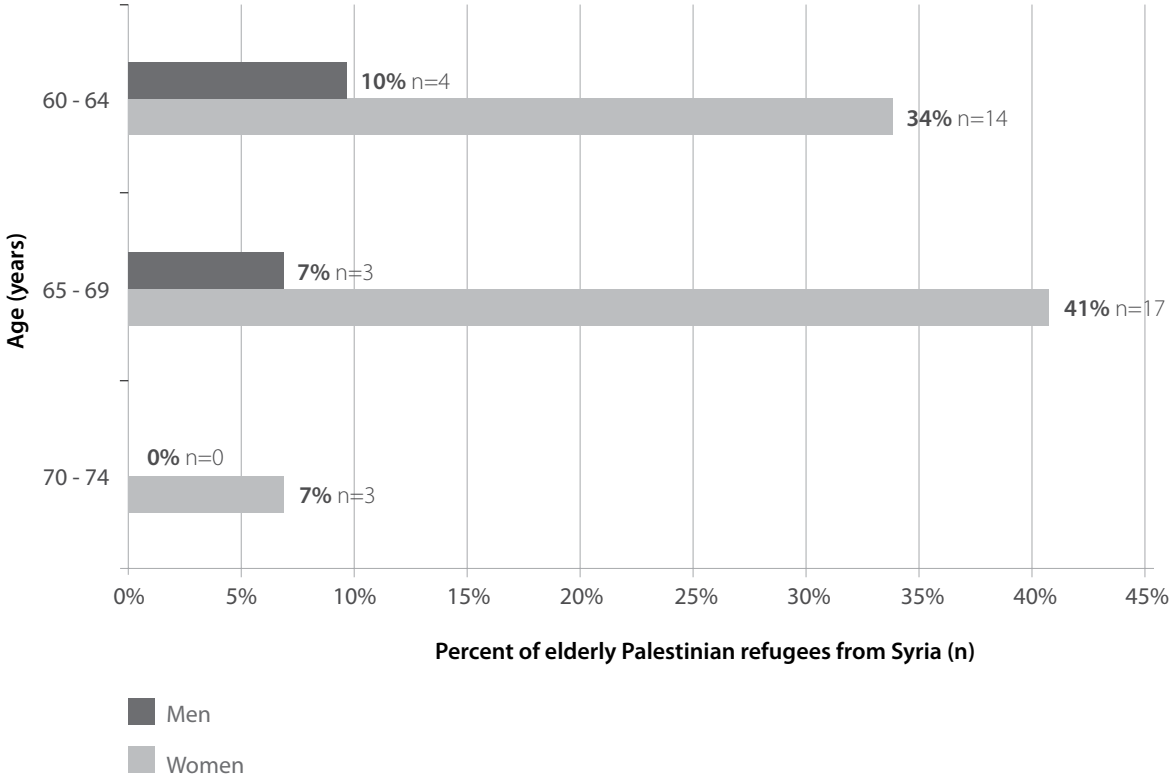


Figure 6.

Age and sex distribution of older Palestinian refugees from Syria (n=41)



Most older Syrian refugees have low levels of formal education: only 41% of refugees had completed primary school and 6% secondary school. Half (50%) of the older Syrian refugee population was illiterate. Educational attainment was higher among Palestinians, with 68% completing primary school and 9% completing secondary school. This is due to the long-term presence of UNRWA offering education to Palestinians as well as their cultural emphasis on education. Despite that, a substantial proportion (21%) of older Palestinians were illiterate. This is most likely due to the fact that women are over-represented in the sample.

Place of Origin in Syria

Much of the information about city of origin in Syria was incomplete for older refugees in this study. Among the 66 older Syrians for whom data was available, the most common cities of origin were Homs (32%), Damascus (26%), and Aleppo (20%). The low response rate regarding city of origin in Syria is understandable given the potential fear of being identified. Information about city of origin was nearly complete for older Palestinians – most came from Damascus (45%), Daraa (19%), or Idlib (17%), with smaller numbers coming from Maarat Al Nahman, Aleppo, Homs, and Hama. 36% of older Palestinians reported living in a refugee camp in Syria prior, with most coming from the Ein Al Tal camp outside the city of Aleppo.

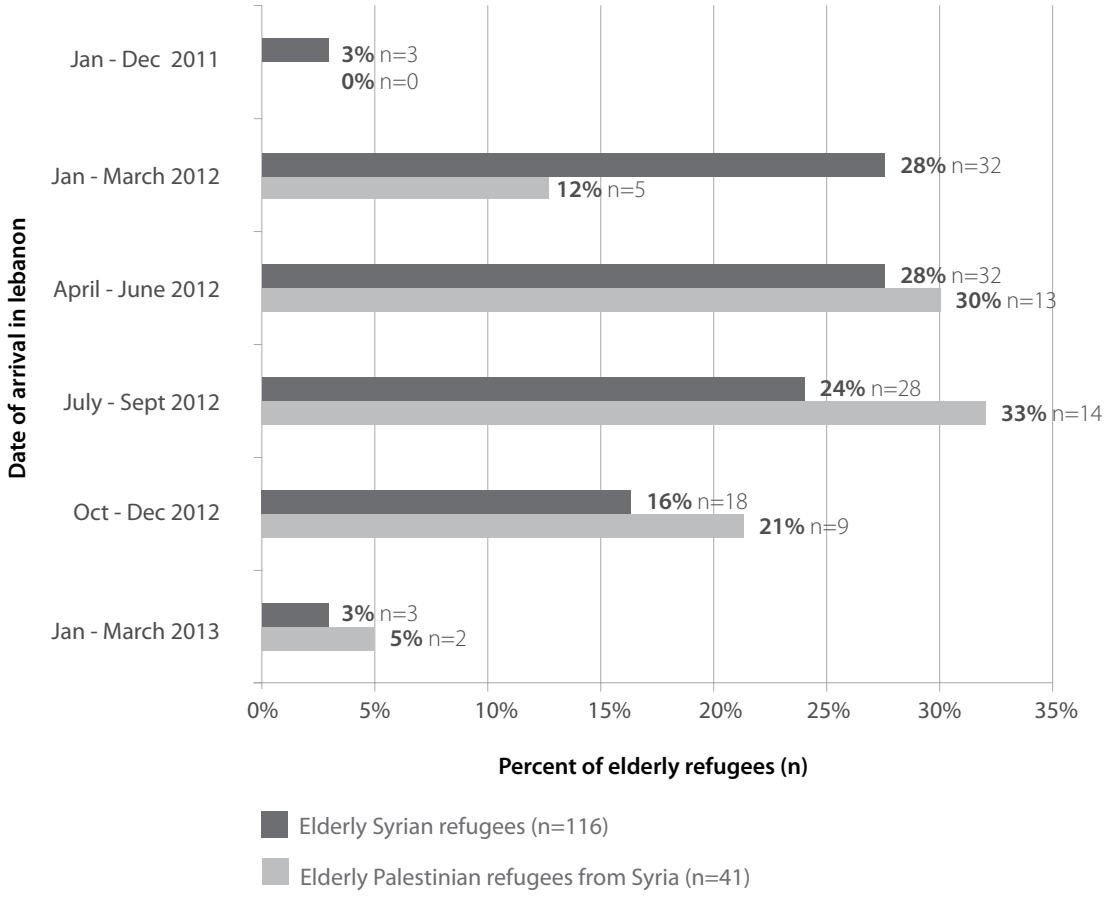
These numbers differ significantly from the UNHCR and UNRWA data for the registered elderly. There are several possible explanations for this discrepancy. First, the study contained large numbers of refugees who were not registered with UNHCR and UNRWA. Second, the geographic distribution of older refugees in this study also varied from that of UNHCR and UNRWA. Finally, the high number of people unwilling to respond to this question may have biased our data towards particular cities of origin.

Arriving To Lebanon

In this study, older refugees were sampled to ensure the study population was representative of all registered CLMC and PALWHO older refugees with respect to date of arrival to Lebanon. The distribution of arrival dates is depicted in Figure 7. Half of the older Syrian refugees in this study arrived after May 31st, 2012, and 25% arrived after August 29th, 2012. In contrast, older Palestinian refugees from Syria participating in this study arrived later: half arrived after August 2nd, 2012 and 25% arrived after October 4th, 2012. This study included few older refugees who arrived after 2013 because the databases of registered refugees were sampled in early January 2013. The few older refugees who arrived after 2013 were those selected by convenience sampling (see methods section).

Figure 7.

Distribution of dates of arrival to Lebanon for older Syrian refugees (n=116) and older Palestinian refugees from Syria (n=41)



During qualitative field interviews, several elderly Palestinian refugees from Syria reported significant difficulties in crossing the border from Syria to Lebanon. Many waited several days for a visa, often unnecessarily because they did not know the proper procedures. One said that she fainted of exhaustion after waiting for several days. Others elderly Palestinian refugees had to take loans or sell assets such as sheep or jewelry to afford the formal and informal costs of crossing.

Many elderly refugees also recounted traumatic experiences in leaving Syria during qualitative interviews. They described living in neighborhoods under heavy bombardment or being surrounded by fighting. Many said their homes were badly damaged or destroyed. Some families reported being trapped for several weeks or months, waiting for a break in the fighting to escape to Lebanon. Elderly Syrians also frequently described family members, usually sons, who had been killed in the fighting, taken to prison, or disappeared for months or even longer.

According to quantitative results of this study, **refugees arriving on later dates were significantly more likely to experience a traumatic event prior to leaving Syria** such as fleeing from active conflict, having their homes destroyed, experiencing direct persecution, or having a family member kidnapped. This is association was observed when controlling for potential differences between Syrians and Palestinians. This suggests that elderly were in fact not among the first to leave Syria, but were "forced" to leave only as the violence increased. The elderly appeared to have stayed behind until the violence worsened, perhaps to protect homes or other assets.

Elderly refugees also left Syria for reasons indirectly related to the civil war. During qualitative interviews, **a substantial number of elderly refugees said they left Syria because they could not access necessary medical care** for problems such as heart disease or chronic pain. They reported that hospitals and clinics in Syria had been dismantled or destroyed, and the cost of medicine had increased dramatically as supplies in Syria ran out. **Others came to Lebanon in search of food or water, necessities which had become unavailable in some parts of Syria.** Many elderly refugees said they waited until conditions inside Syria had become unbearable before leaving for Lebanon.

Registration with UNHCR

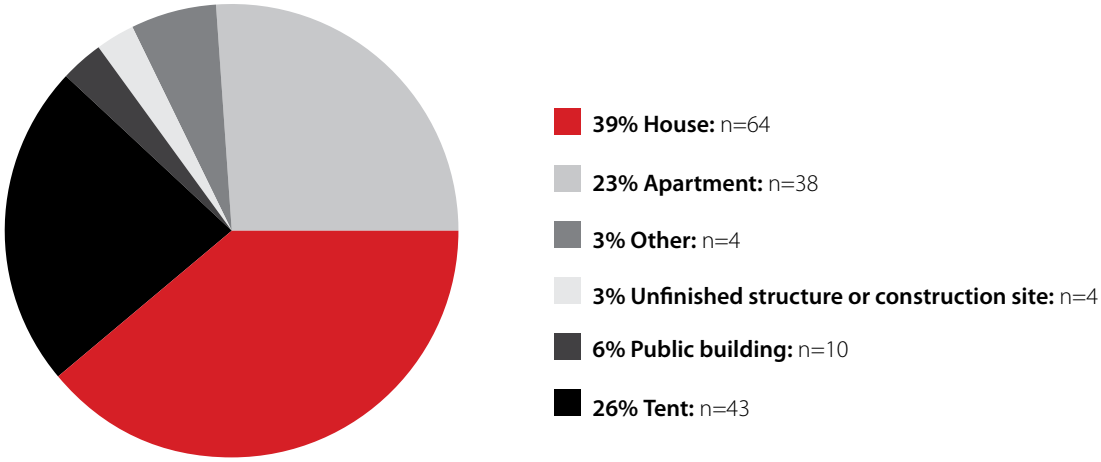
At the time of the study, **55% of elderly Syrian refugees had registered with UNHCR and an additional 15% had applied but had not yet been registered.** The remaining 30% had not applied for refugee status with UNHCR. These numbers may not be representative of the true population of elderly Syrian refuges in Lebanon since CLMC gives priority to those who have not yet registered with UNHCR. As one might expect, those who arrived to Lebanon on earlier dates were more likely to be registered with UNHCR.

Although it was difficult to determine why so many elderly Syrian refugees had not registered, several explanations were encountered during qualitative field interviews. Many refugees had recently arrived in the weeks immediately prior to the study, thus they did not yet register. Others did not know who to contact or how to register, though this response was encountered less frequently. It is also possible that elderly refugees were reluctant to share personal information with any authorities for fear of identification and persecution, though this reason was not provided by elderly refugees interviewed in the field.

Living Conditions in Lebanon

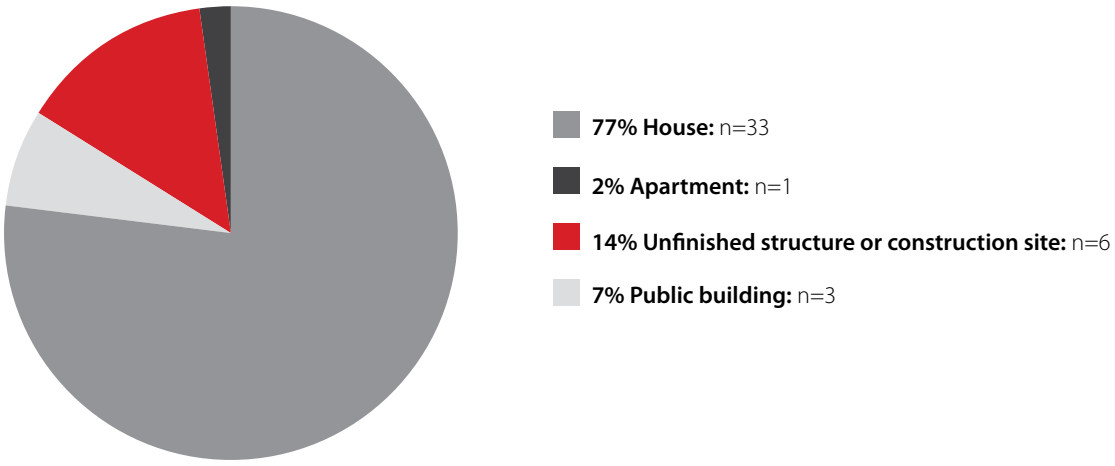
Housing. Most older Syrian refugees live in houses (39%), followed by tents (26%), apartments (23%), public buildings (6%), unfinished structures or construction sites (3%), or other dwellings (3%) (Figure 8). Those living in tents resided primarily in an area served by the CLMC Taalabaya field office, whereas those living in other types of dwellings were more evenly distributed geographically.

Figure 8.
Types of housing of elderly Syrian refugees (n=163)



Because Palestinian refugees from Syria almost always move into the Palestinian refugee camps of Lebanon (or their hinterlands) on arrival, the findings for Palestinian refugees from Syria vary substantially (Figure 9) from those of Syrian refugees. A higher proportion of older Palestinian refugees lived in houses (77%) which are almost always with host families. However, in a troubling finding, 14% were living in unfinished buildings or construction sites, which are the most hazardous and with many vulnerabilities. A further 7% are living in public buildings of UNRWA and 2% in other types of dwellings. This data varies from a needs assessment conducted by the American Near East Refugee Aid (ANERA) at approximately the same time. However, the variance is likely explained by the fact that this study sampled only refugees in Beirut whereas the ANERA needs assessment was carried out for refugees throughout Lebanon.

Figure 9.
Types of housing of older Palestinian refugees from Syria (n=43)



Family Size. The average size of older Syrian refugee households was seven persons with 12% of households having more than 12 or more people. Palestinian households were significantly larger: the average household size was 10.5 people, and 52% of households had 12 or more people. Within large households there is often more competing priorities among family members. The older family member may receive fewer resources as a result. On the other hand, in larger households, there may be more income-earners. Thus, those in large-sized households, should be evaluated on an individual basis.

Financial Conditions. Most elderly refugees report they are in a very difficult financial situation, with 74% saying they are dependent on receiving financial help or humanitarian aid to provide basic necessities such as food, water, shelter, or medicine. About one fourth (24%) are usually able to afford basic necessities but sometimes must borrow, rely upon humanitarian aid, or go without. Only 2% of elderly refugees are able to consistently afford necessities with their own finances. Correspondingly, **66% of elderly refugees rely on aid from CLMC, PALWHO, or other humanitarian aid organizations as their primary financial resource.** A smaller but sizable number (22%) rely on their family as their means of support, and others spend their savings (6%), sell assets (3%), or rely on other sources of financial support (3%). The fact that 22% of the elderly rely upon their family as a means of support (21% elderly Syrian refugees; 26% elderly Palestinian refugees from Syria) suggest that coping mechanisms (local unskilled or low-skilled labor) are still working, albeit under strain.

The survey did not detect significant differences in financial status or the primary means of financial support between elderly Syrian and Palestinian refugees. However, the methods by which financial status was assessed did not allow for a high degree of distinction between levels of financial status. In conducting qualitative interviews, it appeared that on the whole elderly Palestinian refugees were worse off financially than elderly Syrian refugees, yet individual financial circumstances varied significantly within these groups.

KHALED

70 years old

Khalid sat clutching a string of prayer beads with his left hand, his right draped loosely across his lap. He is nearly 70 years old and has difficulty speaking, so his son helps to tell his story. Khalid and his family left Syria one year ago when their home in Baba Amr, a neighborhood in the western city of Homs, endured nearly a month of intense fighting and bombardment. The family now resides in a small informal camp of makeshift tents in the Bekaa region of Lebanon not far from the Syrian border.

Despite leaving Syria under extremely difficult circumstances, the family managed to stockpile several months' supply of medicine to manage Khalid's numerous health problems. After several months this medicine ran out, and the family was unable to afford the dramatically higher cost of medicine in Lebanon. His son shows me several empty packages of medicine prescribed to treat hypertension and high cholesterol.

One night Khalid awoke unable to speak or move the right side of his body. He was rushed to a local hospital where he was diagnosed and treated for stroke. Fortunately, UNHCR paid for 85% of the hospital bill, and Khalid's family managed to pay the remaining 15% by borrowing from friends and extended family. Khalid was released from the hospital 10 days later to return to his makeshift tent near the Syrian border without any rehabilitation or medicines to manage his hypertension or high cholesterol.

The work of rehabilitation fell upon Khalid's family in the makeshift tent. Through their hard work he was able to regain some movement on his right side, but he still struggles to speak and walk on the uneven ground of the camp. Khalid and his family are extremely worried about a second stroke given that Khalid is once again without his medicine. His son says that this medicine is the family's top priority above food, school, and shelter. When asked about future, his son responds "If the future remains as it is now, it is a catastrophe."

Social Circumstances of Older Refugees

Family Status. The majority of older Syrian refugees were married (72%) or widowed (24%); the remaining (n=6, 4%) were divorced, separated, or never married. Of those who were widowed, most were women (84%). Of those that were married, 95% lived with their spouse in Lebanon, 3% reported their spouse had stayed in Syria (all spouses who stayed were male), and 2% reported their spouse was missing or lived elsewhere.

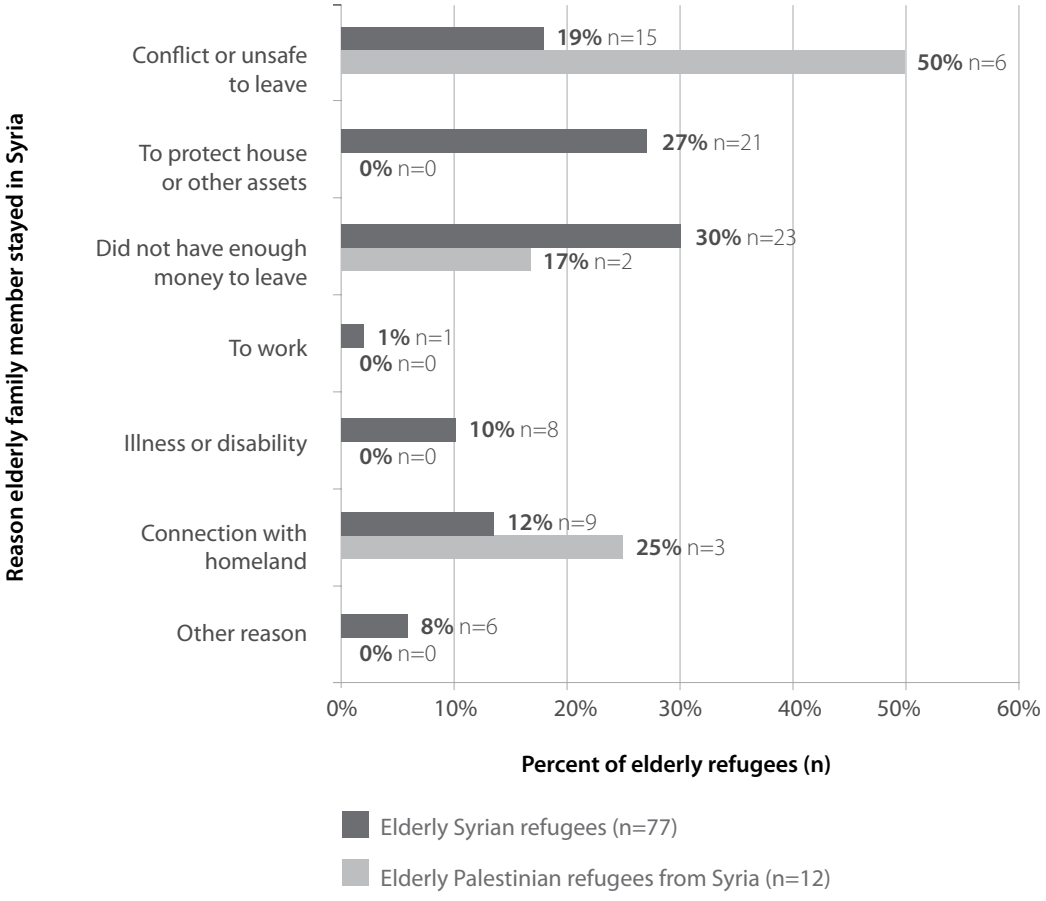
A lower proportion of older Palestinian refugees were married (47%) and a higher proportion widowed (37%) compared to older Syrian refugees. The remainder (16%) were divorced, separated, or never married. Once again, most of those who were widowed were women (81%). Most married older Palestinians lived with their spouse in Lebanon (75%), and others reported their spouse had stayed in Syria (20%) or their spouse was currently missing or living elsewhere (5%). Three of the four (75%) older Palestinians who reported their spouse had stayed in Syria were female.

Those Who Remained in Syria. When asked if they had older family members who stayed in Syria, 47% (n=77) of older Syrian refugees responded in the affirmative. When asked for the reason(s) why an older family member had stayed in Syria, 30% (n=23) responded that they did not have enough money to leave, 27% (n=21) stayed to protect a house or other assets, and 19% (n=15) were unable to leave due to conflict. Other reasons included a sense of connection with homeland (n=9, 12%), illness or disability (n=8, 10%), or other reasons (n=7, 9%). It should be noted that respondents were allowed to indicate multiple reasons why an elderly family member stayed in Syria. Slightly more than half (n=71, 52%) of older Syrian refugees reported they had older friends or neighbors who stayed in Syria.

The reason(s) older friends and neighbors stayed were different than the reasons older family members stayed: 37% (n=26) of friends or neighbors stayed to protect a home or other asset, 24% (n=17) were unable to leave safely due to active conflict, 17% (n=12) lacked the financial resources necessary to leave, 14% (n=10) stayed due a sense of connection with Syria, 3% (n=2) stayed due to illness or disability, and 7% (n=5) stayed for other reasons.

Figure 10.

Reason(s) an elderly family member stayed in Syria among elderly Syrian refugees (n=77) and elderly Palestinian refugees from Syria (n=12). Note: respondents were allowed to indicate more than one response.



A lower proportion of older Palestinian refugees had elderly family members who stayed in Syria (n=12, 28%), but the proportion who had older friends or neighbors stay (n=19, 47%) was similar to older Syrian refugees. There were not significant differences in the reasons why older family members and older friends stayed in Syria. Approximately half of older family members (n=6, 50%) and older friends (n=9, 47%) were unable to leave safely due to conflict. About one fifth of older family members (n=2, 17%) and older friends (n=4, 21%) did not have enough money to leave. Other reasons cited by small numbers of older Palestinians included staying due to an illness or disability, a sense of connection with Syria, or other reasons. Again, older Palestinians were allowed to choose multiple reasons why their older family members and older friends had stayed in Syria.

Care-Taking. Approximately 40% of older refugees provide care for someone in their household. Of those who provide care, 37% care for their spouse and 32% care for a child age 5 to 15 years old. Less commonly, older Syrian refugees care for other older adults (18%), other non-elderly adults (8%), or children under the age of 5 (5%). Only 1 of the 43 older Palestinians surveyed provided care for other household members. This may be due to differences in how older Palestinians perceive the notion of caring for household members – many older Palestinian refugees equated providing care with providing financial support, an action most older Palestinians are unable to perform. In addition, older refugees with poor functional status were significantly less likely to provide care for others in the household, suggesting that physical limitations among older refugees impair their ability to provide care.

AHMED

71 years old

When CLMC social workers asked why Ahmed and his wife were living alone without their children in a tented settlement in the North of Lebanon, they stopped talking. The sadness in their eyes was obvious. CLMC social workers have come across so many cases like this, with family members missing, and refugees unable to even speak about them.

Ahmed and his wife came to Lebanon about 8 months ago from Hama. With their home destroyed and not much salvaged which they could sell, they came to Lebanon with some relatives. "We are too old to work, too old to find a way to survive. We stay here every day and wait." Ahmed has hypertension and heart disease. His wife has diabetes.

Surviving in Lebanon is a day to day struggle. "UNHCR helps us from time to time. Caritas gave us food two times, and blankets." The prices in Lebanon are four to five times higher than in Syria, and any savings that elderly may have had is usually lost when they convert Syrian pounds into Lebanese lira. "Sometimes, we eat with our niece and her family here in the camp. But they have so little to give, so we stay to ourselves a lot of the time. And we wait."

APPROXIMATELY 40% OF OLDER REFUGEES PROVIDE CARE FOR SOMEONE IN THEIR HOUSEHOLD

PART II: PHYSICAL HEALTH

Self-Reported Health Status

When asked to describe their health status, most older refugees indicate their health is bad (54%) or very bad (12%). The remainder reported that their health was satisfactory or better. These responses were significantly more common among older refugees with advanced age, those with low education, those who reported having many chronic diseases, and those who reported having poor mental health. Furthermore, most older refugees state that their health has gotten worse since leaving Syria and coming to Lebanon (66%). There were no significant differences between Syrians and Palestinians with regards to self-reported health status or how their health has changed since coming to Lebanon.

Chronic diseases

Older refugees report a high burden of chronic illnesses and disabilities (Figure 11). The most common chronic diseases among all refugees surveyed were hypertension (60%), diabetes mellitus (47%), heart disease (such as angina, coronary artery disease, infarction, or heart failure) (30%), musculoskeletal conditions (including arthritis, bone disease, joint disease, or back pain) (26%), high cholesterol (26%), eye disease (such as cataracts; not glasses) (18%), and lung disease (such as asthma, chronic obstructive pulmonary disease, or chronic cough) (18%). The burden of these diseases was significantly higher in older Palestinians compared to older Syrians, even when controlling for the effects of sex and age. Less common chronic diseases included chronic pain (14%), digestive tract disease including liver disease (12%), kidney or urinary tract disease (6%), and neurological disease (including stroke, epilepsy, or headache) (6%). These diseases were also more common among older Palestinian refugees with the exceptions of musculoskeletal conditions and chronic pain, which were more prevalent among older Syrian refugees.

Rarely, older refugees reported chronic diseases such as skin disease (3%), cancer or tumors (3%), kidney disease, needing dialysis or urinary tract disease (3%), gynecologic disease (2%), and endocrine disease (such as hypothyroidism; not diabetes) (1%). In total, older **Palestinian refugees reported 4.0 chronic diseases on average, a significant greater number than the 2.5 chronic diseases reported on average by older Syrian refugees (Figure 11).**

Figure 11.

Prevalence of the most common chronic diseases among older Syrian refugees (n=167) and older Palestinian refugees from Syria (n=43)

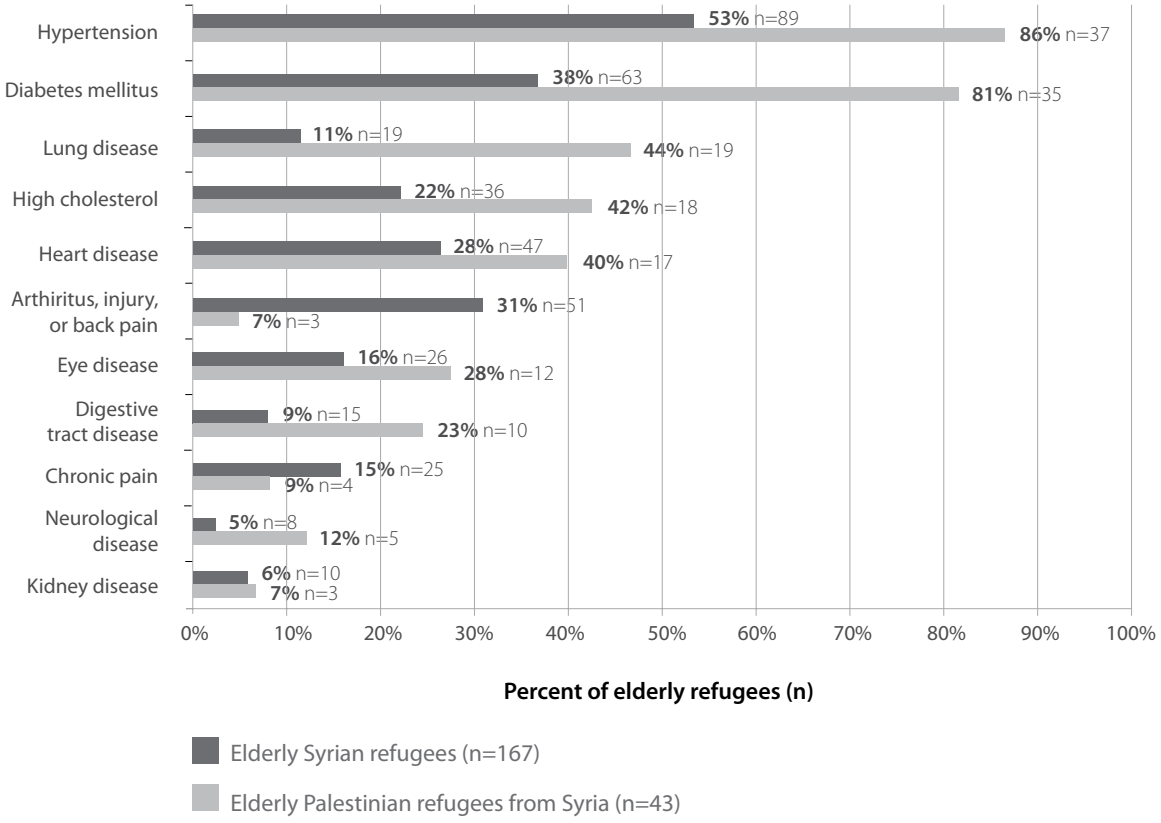
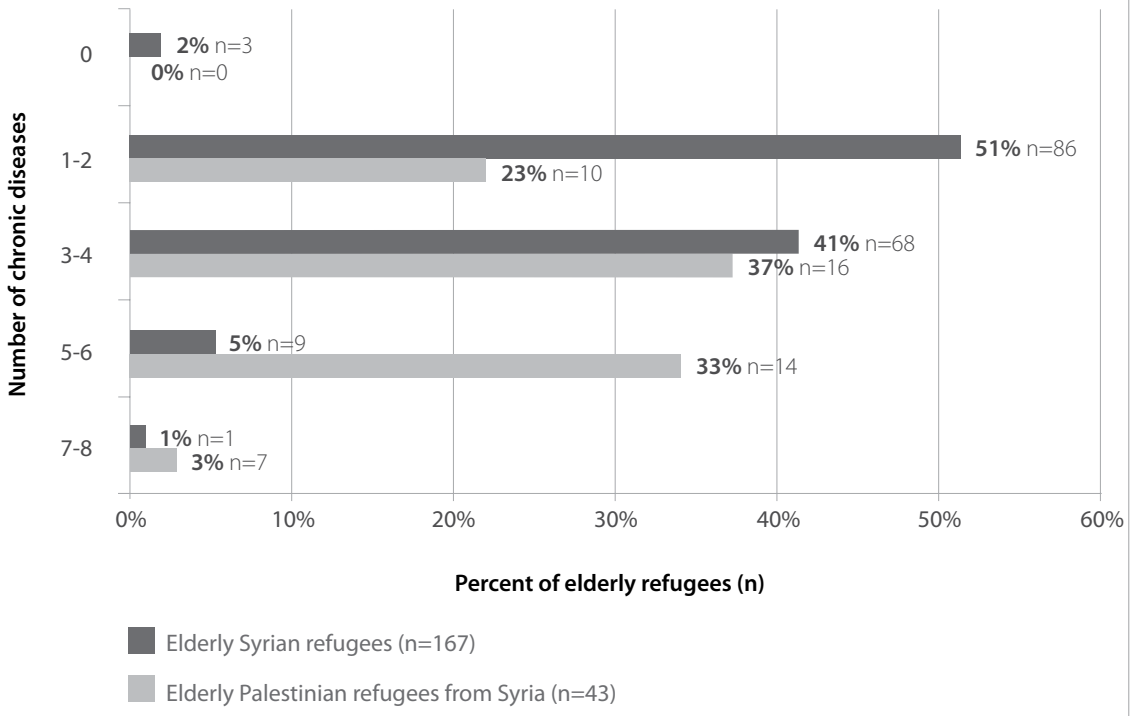


Figure 12.
Number of chronic diseases reported by older Syrian refugees (n=167) and older Palestinian refugees (n=43)

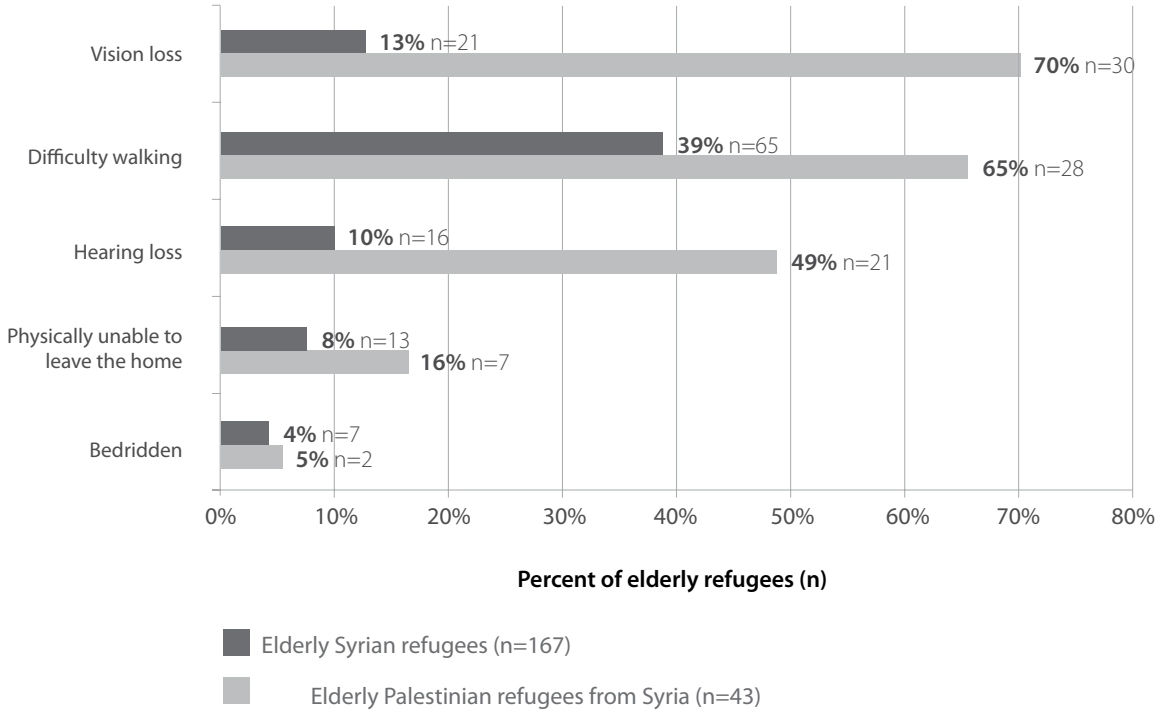


Disabilities

Difficulty walking was the most common disability reported (44%), followed by vision loss (24%) and hearing loss (18%). It is important to note that many older persons reported more than one disability. **Approximately 10% of older refugees were physically unable to leave the home and 4% were bedridden.** The prevalence of these disabilities was much higher among older Palestinian refugees compared to older Syrian refugees, both before and after controlling for demographic characteristics such as age and sex in the analysis (Figure 13).

Figure 13.

Disabilities among elderly Syrian refugees (n=167) and elderly Palestinian refugees from Syria (n=43)



Access to Medical Care

79% of older refugees identified financial cost as their primary difficulty in seeing a doctor when then they need medical care. Other barriers included lack of knowledge about where to see a doctor (12%) and the physical inability to travel to see a doctor (4%). Only 1.5% stated they had no difficulties in seeing a doctor when they need medical care. Similar responses were observed when older refugees were asked about their primary difficulty in obtaining medications. **87% reported they had difficulty affording the cost of medication, 7% reported they did not know where to buy medication**, and 3% said they were physically unable to go to the pharmacy. Only 3% reported that they had access and money to buy their medicines.

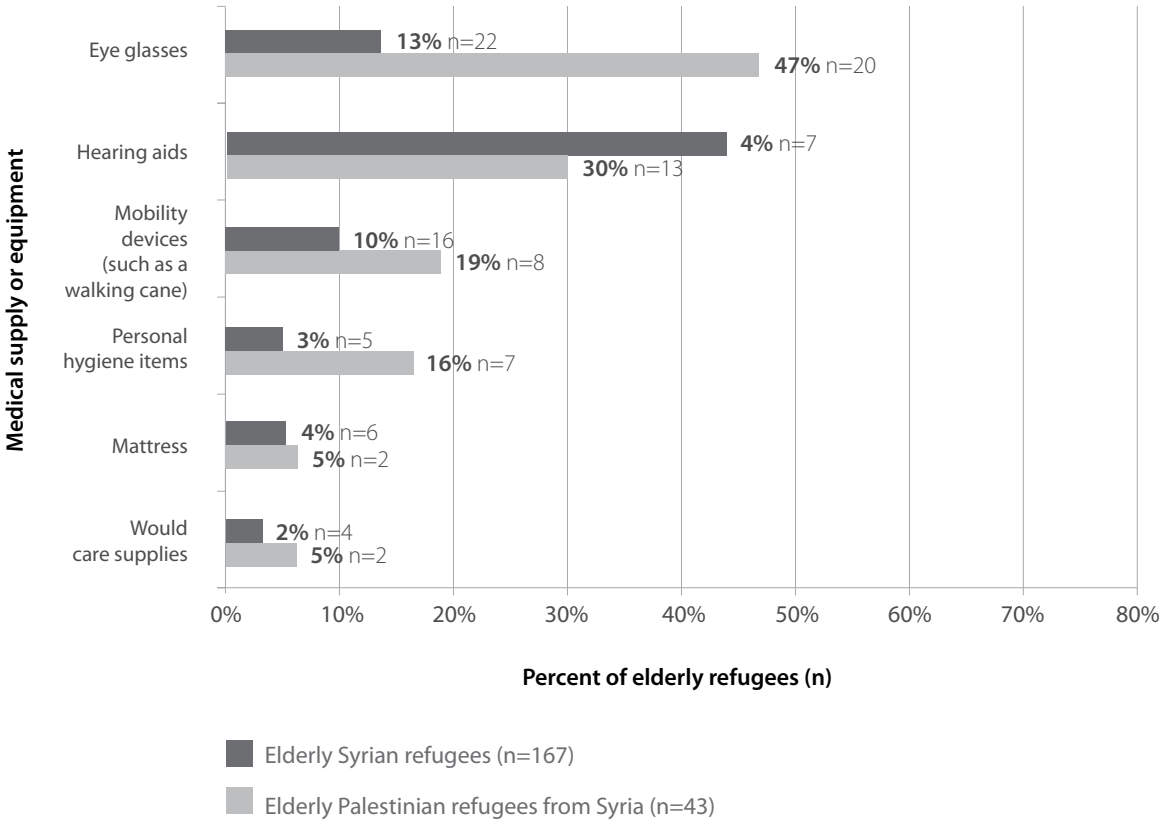
An interesting trend emerged during qualitative interviews regarding how elderly refugees obtain medications. Most elderly refugees were utilizing medicine they had brought with them from Syria, and they did not have the means to access medications in Lebanon when this medicine ran out. Some had enough medicine to last a few months, but others would run out in a matter of days or weeks. Medicine in Lebanon is several times more expensive than in Syria, and most refugee families are unable to afford it without sacrificing other essentials such as food or housing. Some families were able to arrange for medicine to be bought in Syria and delivered to them by other refugees fleeing the country.

However, this was not a reliable source of medicine, since it depended on the family in need knowing another refugee family who was leaving Syria and planning to settle nearby in Lebanon. These difficulties in obtaining adequate medicine are particularly problematic for elderly refugees with several chronic health problems such as hypertension or diabetes that require continuous treatment to manage properly.

The quantitative survey also assessed which medical supplies they need to manage their health problems, with most of them needing multiple aids (Figure 14). **Among elderly Syrian refugees, the most commonly needed supplies were mobility devices (such as a walking cane) (25%), eye glasses (18%), personal hygiene items (13%), followed by hearing aids (11%) and wound care supplies (10%). Elderly Palestinian refugees were significantly more in need of all medical supplies included in the survey besides wound care supplies than were the elderly Syrian refugees.** This includes eyes glasses (70%), hearing aids (51%), personal hygiene items (47%), and mobility devices (47%).

Figure 14.

Medical supplies and equipment needed by older Syrian refugees (n=167) and older Palestinian refugees from Syria (n=43)



Nearly all older refugees – 96% of Syrians and 100% of Palestinians – reported they had a family member who would take care of them if they were sick or help them if they had an emergency. When asked about friends and neighbors, 75% of older Syrian refugees reported they had a friend who would take care of them and 83% had a friend who would help in an emergency. Older Palestinian refugees were less likely to have a friend or neighbor who would help them – 51% had a friend who would take care of them if they were sick or who would help them in an emergency.

According to qualitative interviews, the daughter-in-law was the most common caretaker of elderly family members (with sons often not present due to the war). Less commonly, an elderly family member would take care of another elderly family member in need. If an elderly man had taken multiple wives, one of the younger wives would often take care of him. However, this situation also lead to the exclusion and neglect of older wives who did not have family members to take care of them. In one instance, an older wife was effectively abandoned and left to live in deplorable conditions, without any support from friends or family members.

Elderly refugees were also asked during qualitative interviews if they felt they were a burden to their families. Among elderly Syrian refugees, responses varied significantly. Those who received little care and support from their families did not feel as if they were a burden. Similarly, elderly Syrian refugees who were able to assist in child care or household chores usually did feel they were a burden to their families. However, elderly Syrian refugees who were disabled or unable to perform activities of daily living without the help of family members usually did feel like a burden to their families. Some expressed guilt that they were unable to help with household chores or provide financially for the family. In contrast, almost no elderly Palestinian refugees from Syria felt they were a burden to their family. One elderly Palestinian explained that in their culture it is expected that younger family members provide for elderly family members. Thus very few felt as though they were a burden, regardless of the amount of support received or the amount of care required.

PART III: NUTRITION

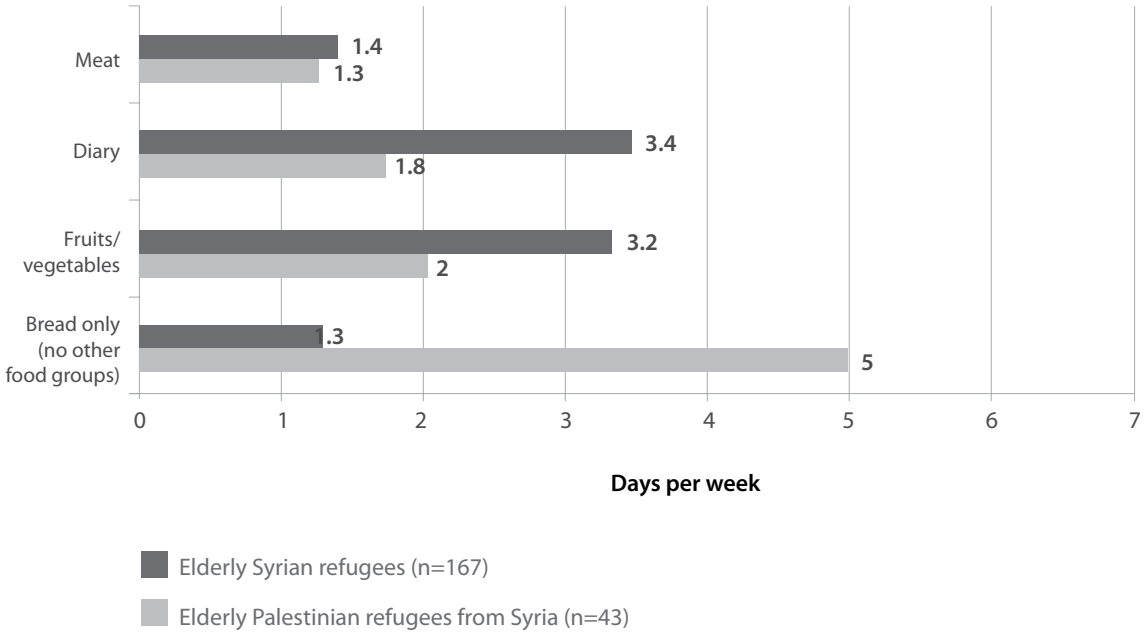
It is important to note that the survey was administered during the winter of 2013, thus the researchers assume that the seasonal availability and cost of certain foods has influenced the findings presented here.

Diet Composition

Older refugees were asked how many days out of the past week they had consumed certain types of food including meat (including beef, goat, chicken, fish, or eggs), dairy (including milk, cheese, or yoghurt), and fruits / vegetables (Figure 15). Both older Syrians and Palestinians consumed meat about 1.4 days per week on average. Older Syrian refugees consumed dairy foods as well as fruits and vegetables more frequently than Palestinians, eating dairy foods 3.1 days per week and fruits and vegetables 3.2 days per week. Older Palestinians consumed dairy foods 1.8 days per week and fruits and vegetables 1.9 days per week. Older refugees were also asked how many days per week they ate only bread and nothing else. **Older Syrian refugees ate only bread 1.2 days per week, whereas older Palestinian refugees ate only bread 5.0 days per week.**

Figure 15.

The frequency of consuming various food groups by elderly Syrian refugees (n=167) and elderly Palestinian refugees from Syria (n=43), measured in days per week



The study identified several factors associated with the frequency of eating different food groups. Older refugees with poor financial status ate bread and nothing else more days per week than older refugees with higher financial status. This suggests that eating lower quality food is a common coping mechanism among older refugees when financial resources are scarce. Similarly, older refugees living in large households with many other people consumed only bread more frequently and other food groups (such as meat, dairy, fruits, and vegetables) less frequently than older refugees living in households with fewer people. This demonstrates that there is more competition for high quality foods in large households and that high quality foods may be reserved for younger household members at the expense of older persons.

The type of residence an older refugee lived in also predicted the frequency of eating different groups of foods. For example, older refugees living in tents ate fruits and vegetables more frequently and ate bread less frequently than those living in houses. This makes sense given that tent settlements are most often located in rural agricultural areas where fruits and vegetables are abundant but bread, most often produced in bakeries within cities, is scarce. Correspondingly, those living in apartments, typically in urban areas, ate only bread more frequently than those living in houses. Those living in public buildings had the least amount of diversity in their diets: meat, dairy, fruits, and vegetables were all consumed less frequently than those living in houses. This may be a reflection of the desperate financial situation of older refugees who resort to squatting in public buildings.

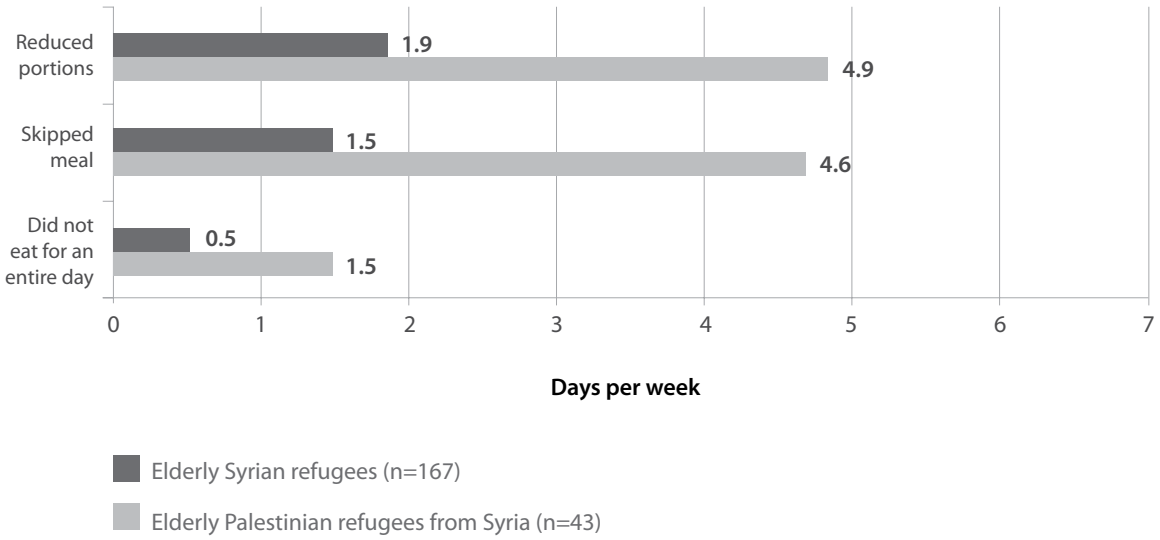
Food Security

Older refugees were also asked how the lack of food has affected the way they eat. Specifically, they were asked how many days out of the past week they have reduced portion sizes, skipped a meal, or gone an entire day without eating due to lack of food (Figure 16). **Older Syrian refugees reported reducing portion sizes 1.9 days per week, skipping a meal 1.5 days per week, and not eating at all 0.5 days per week. In contrast, older Palestinian refugees reported reducing portion sizes 4.9 days per week, skipping a meal 4.6 days per week, and not eating at all 1.5 days per week.** Factors associated with reducing portion sizes or skipping meals included poor financial status, large household size, and type of residence. Those living in apartments reduced portions or skipped meals less frequently, whereas those living in tents or public buildings skipped meals more frequently relative to those living in houses. A large majority (88.7%) of older refugees identified difficulty paying as their biggest problem related to food. Other responses included loss of appetite (5.6%), difficulty cooking (3.1%), or other problems (2.5%). Food security is critical as those older persons who do not have an adequate diet will suffer additional health problems.

...REDUCING PORTION SIZES OR SKIPPING MEALS INCLUDED POOR FINANCIAL STATUS

Figure 16.

The frequency of eating practices related to lack of food by elderly Syrian refugees (n=167) and elderly Palestinian refugees from Syria (n=43), measure in days per week



NISRINE

63 years old

"Only Caritas helps us," Nisrine says solemnly. Like many Christian minority families, Nisrine and her children are afraid to register with UNHCR as they fear that elements in Syria could get their names and target them in the future. Nisrine arrived in Lebanon from Aleppo about one year ago.

"All the Syrian people want to go home. We want to go home as well. But we are afraid that Syria will become like Iraq, with no more place for Christians." Nisrine and her family have rented a small one room apartment in the Christian town of Zahle in the Bekaa Valley. "We saw so many terrible things in Syria. We don't know who we can trust and who we cannot. When I go to the grocery store or leave the house, I don't speak with anyone."

Nisrine is in good health for her age. "I feel glad that I can still be a grandmother and help my family. I take care of the children and help around the house as much as I can. But life in Lebanon is so hard. In Syria, we could feed the whole family for a few dollars but here we need five or six times that amount. My son works in town, but there are so many people looking for jobs and the salaries are not enough. We have to pay rent, food, electricity, the school for the children. His salary cannot stretch far enough. I take less or just eat bread and rice so that the family can eat what they need. This is how I help."

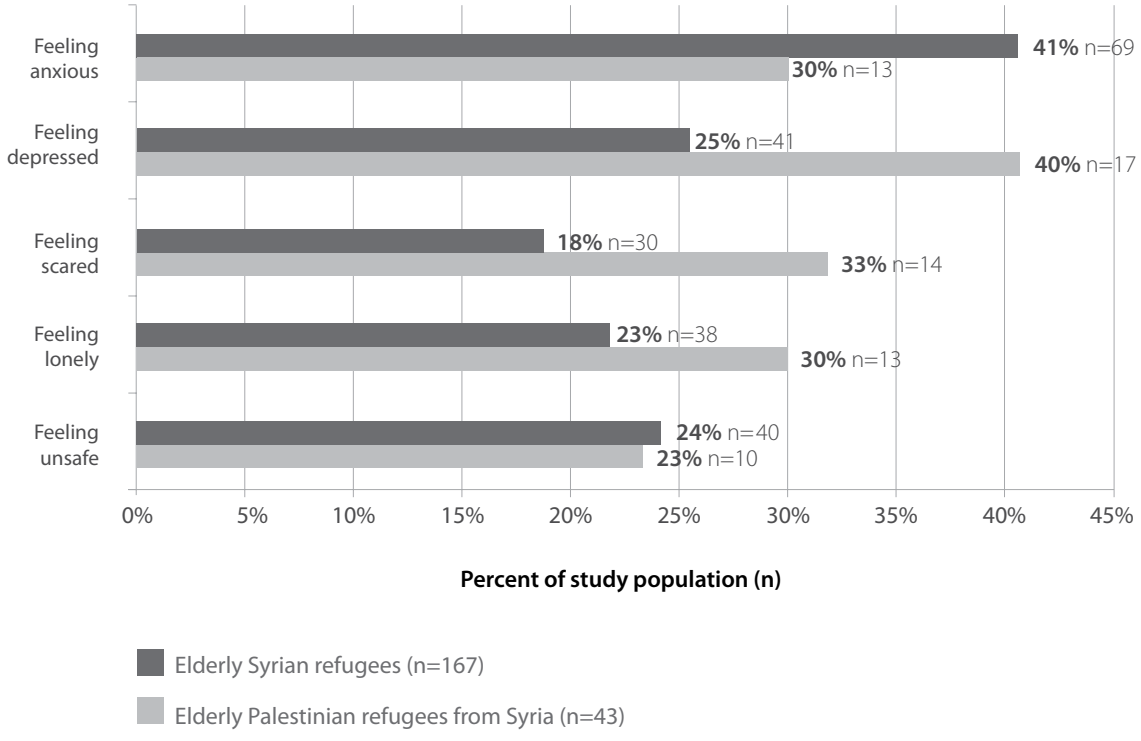
PART IV: MENTAL HEALTH

Negative Feelings

Older refugees were asked to identify negative feelings they may have experienced in the past week (Figure 17). **Nearly 61% reported feeling anxious. Others reported feeling depressed (28%), lonely (24%), unsafe (24%), or scared (21%).** Respondents were allowed to indicate having multiple negative feelings, and in fact for many older refugees this was the case. Feelings of anxiety in older refugees were closely related to whether or not a friend or family member was available to help them in an emergency. Feeling depressed was significantly more common among older refugees who were more educated, more advanced in age, those who do not have a friend to care for them, and those who left Syria under traumatic circumstances. Feelings of loneliness among older refugees were associated with poor financial status, living in a tent or house, and not having a friend who could provide care if the older refugee became sick. Household size and marital status were unrelated to feelings of loneliness, perhaps indicating that many older refugees feel lonely despite living with a spouse or large family.

Figure 17.

Negative feelings experienced in the week prior to the survey by elderly Syrian refugees (n=167) and elderly Palestinian refugees from Syria (n=43)



During qualitative interviews, it became clear that many elderly refugees were depressed about their current situation. Several broke down in tears when asked about family members who had died or been imprisoned in Syria. Others talked about experiencing many of the symptoms of depression such as feelings of sadness, loss of appetite, decreased energy, difficulty sleeping, and loss of interest in things they used to enjoy. Many felt powerless, yearning to return to Syria but knowing this was impossible until the violence subsides.

The Affect of Mental Health on Day-to-Day Function

Older refugees were asked how much these negative feelings affect their ability to function in day to day life. 11% reported that they are able to perform tasks normally or almost normally in spite of their negative feelings. **57% said that negative feelings restricted their ability to perform some tasks, but that they were able to do at least half of what a healthy person of their age would be expected to do. 32% said that their negative feelings cause much restriction, impairing their ability to do at least half of what a healthy person of their age would be expected to do.** The remaining 11% reported their feelings did not restrict their capabilities. Those with poor physical health and high levels of education were significantly more restricted by negative feelings than other older refugees. Further, **most older refugees (57.8%) report their mental health has gotten worse since leaving Syria and coming to Lebanon.**

FATIMA

75 years old

Fatima came to Lebanon with her whole family only after the Syrian military lifted a siege on her home town of Homs. They had been trapped in their damaged home for some time, with nowhere to go. "Despite all the violence, I never wanted to leave my country. But when my family couldn't stand it any longer, they brought me with them to Lebanon. I never wanted to leave my home, but my family said, 'Who will take care of you?', and they insisted that I come with them."

Fatima's age and poor health make her dependent on others for the basics of everyday life. Her daughter-in-law helps her get dressed, go to the bathroom, and with the household chores. "I do what I can to help cook, but it's not much. I can't help as much as I want to, and I feel like a burden to my daughter-in-law. I'm ashamed that I need her so much."

"In Syria, I was a grandmother and I helped my family. Here, the life is so difficult, things are so expensive, and I am just another worry for my family."

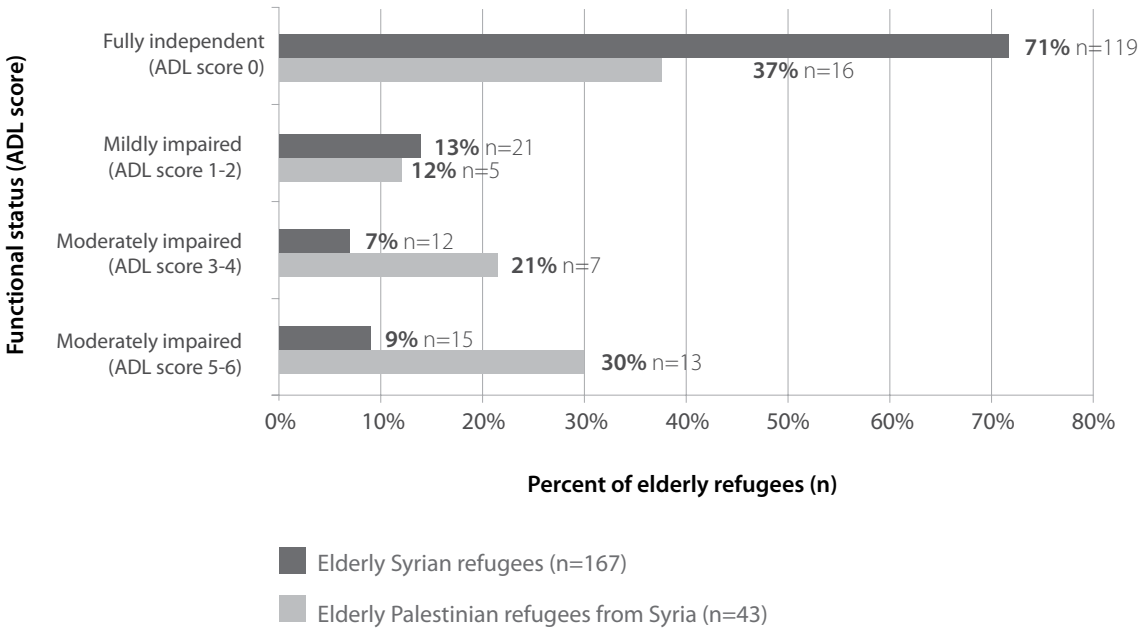
PART V: FUNCTIONAL STATUS

A sizeable number of older refugees were dependent on others for dressing (26%), bathing (26%), going to the toilet (22%), transferring (21%), maintaining continence (20%), and feeding (12%). Nearly two-thirds (64%) of older refugees were fully independent in performing all six activities. 10% were moderately impaired (requiring help with 2-3 activities) and 18% were severely impaired (requiring help with 4 or more activities). This assessment of functional status provides an objective view on the health of older refugees.

Lower levels of functional status were associated with advanced age, the presence of dementia, poor vision, difficulty walking, poor reported health status, and larger household size. There was a trend towards lower functional status among females, but this was not statistically significant. Palestinian refugees had lower levels of functional status compared to Syrian refugees (Figure 18). However, when the factors listed above were included in the analysis there was no significant difference between Syrian and Palestinian refugees.

Figure 18.

Functional status (ADL score) of elderly Syrian refugees (n=167) and elderly Palestinian refugees from Syria (n=43)



HUDA

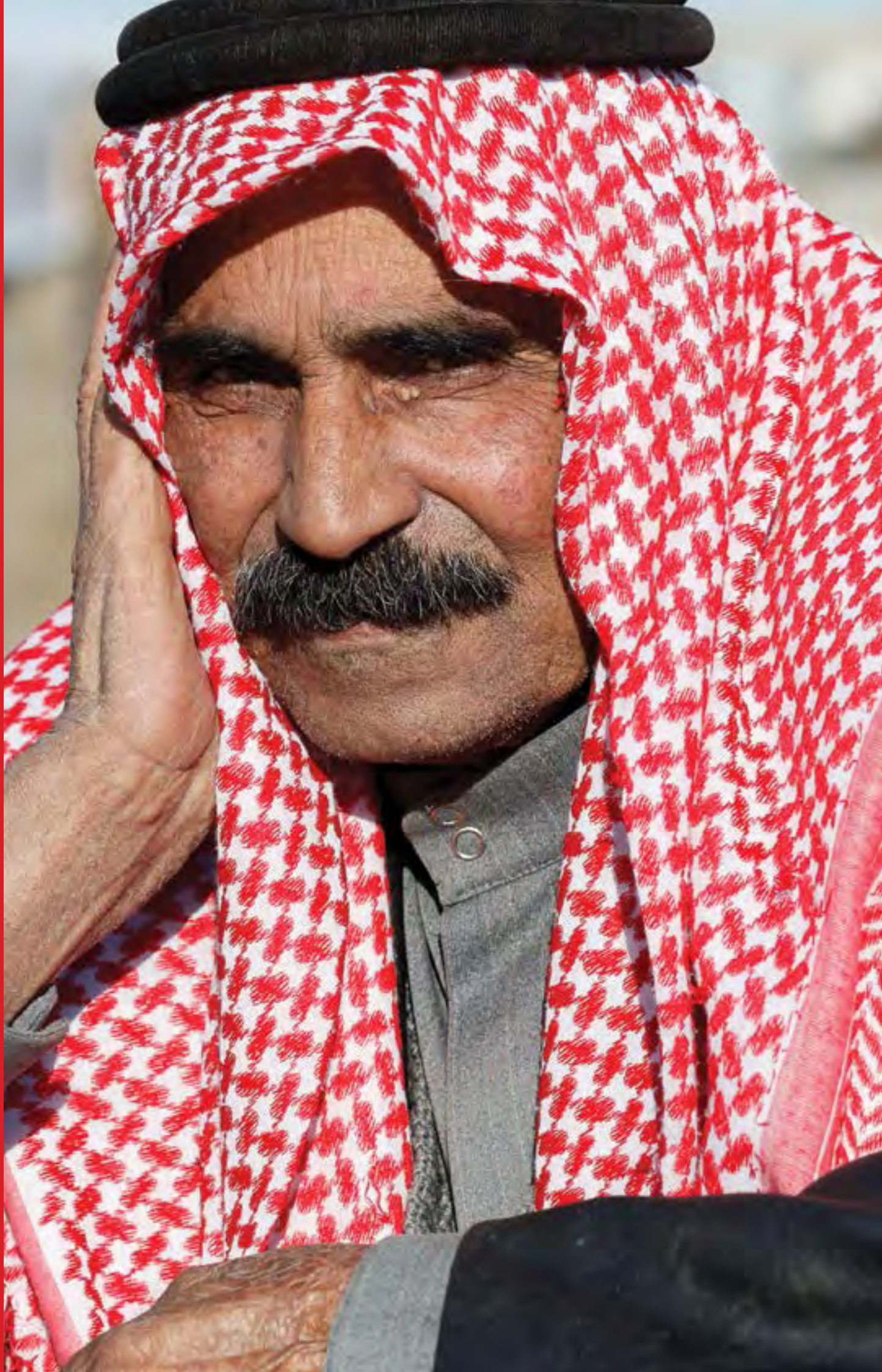
74 years old

In identifying refugees in unfinished construction sites in the Bekaa Valley, CLMC social workers found Huda, laying outside on several blankets in the mud on a very cold day. With several very young children nearby, the adult members of the household were gone. CLMC social workers immediately called a nurse and began to search for the adults in the household.

"What can I do?," asked her son, "We have nothing—absolutely nothing—so I have to go into the town and search for work if I'm going to feed the family."
Her son explained that he has no choice but to leave his mother on some blankets outside of the construction site. Huda has severe mobility problems and cannot lift herself up or walk on her own. She waits for her daughter-in-law or a neighbor to help her up, help her dress, and help her to the bathroom.

Huda has difficulty speaking at all. Her son and daughter-in-law explain that they have to assist her with even the most basic tasks, in addition to taking care of their five children. The family, after fleeing to Lebanon with no savings, is squatting in an unfinished construction site.
Without walls or any facilities, Huda's daughter-in-law says the task of caring for her is nearly impossible. There is no toilet, no bathing facilities, and no kitchen in the construction site. Without walls, winter temperatures are nearly unbearable for the whole family who has to sleep on cold concrete.

"This is one of the worst cases I've encountered," explains Maria, a CLMC social worker. "Given their extreme vulnerability, we provided them with food assistance as well as bedding and a stove. Right now, we are speaking to landlords and other people to find a more suitable place for the family to stay since this construction site is practically unlivable."



CONCLUSION AND DISCUSSION

The findings of the survey revealed a number of issues to highlight. The following have been chosen by the research team for further discussion.

The gap in age-specific services for older refugees

Throughout the quantitative study as well as the qualitative interviews, it quickly became apparent that there were no aid programs focusing on the specific needs of older refugees. Though many aid organizations recognize older refugees as a vulnerable population in need of additional assistance, most often this recognition does not translate to programs aimed specifically at their age-specific needs. In the health programs offered by UNHCR, UNRWA, and NGOs, older persons are grouped together with other adults, resulting in programs that may not fully respond to the age-specific needs of older persons in an appropriate manner. This study seeks to raise awareness of this important issue such that older refugees are afforded the same degree of specific attention as other vulnerable groups such as infants or pregnant women.

Health and access to medical care

Health is perhaps the issue of greatest concern to older refugees from Syria. This study's findings have demonstrated that most older refugees are in very poor health, suffering from an excessively high burden of chronic diseases and disabilities. Appropriate medical care could alleviate many of these conditions and greatly improve the length and quality of life, yet most older refugees struggle to access care, mostly due to the high cost. What little financial resources they have are divided among many competing priorities, with little left over for appropriate medical care. Often times, older refugees forgo chronic care or interrupt chronic care until their health status becomes dire. Unfortunately, this presents obvious health hazards, making acute crises more difficult and more expensive to treat. Though UNHCR, UNRWA, and other humanitarian organizations are providing many medical services at free or reduced cost, the reality is that most older refugees do not benefit sufficiently from these efforts. Much greater effort must be made to support the age-specific medical needs of older refugees including affordable medication for chronic illnesses; appropriate mobility aids and medical equipment; support for family members and others that provide care for the older refugees; and accessible primary healthcare providers knowledgeable in both geriatric and refugee medicine.

HEALTH IS PERHAPS THE ISSUE OF GREATEST CONCERN TO OLDER REFUGEES FROM SYRIA.

Limitations of mobility and assistive devices

Mobility is a critical issue for older refugees, yet many of the older persons in this study suffer from less than optimal mobility. This has dramatic effects on their overall well-being, including higher rates of chronic illnesses and mental health difficulties. It reduces the amount of labor they can contribute to the family including child care and household chores and correspondingly increases the burden on younger family members who must provide for them. Those with limited mobility may not be able to perform basic activities of daily living such as showering or toileting, especially in the challenging environments of tent settlements or apartments with many stairs. Those with low mobility have decreased access to assistance because they cannot walk to distribution points or queue for long periods of time. Subsequently they are also less visible to humanitarian organizations.

Despite the wide-ranging effects of limited mobility, it is relatively inexpensive to resolve. A walking cane or a railing on a bed is quite inexpensive, yet it can mean the difference between an older person lying in bed all day and being able to contribute to the well-being of the household. Even more expensive equipment such as a wheelchair or a railing in the home can offer a high return on investment if an older person becomes able to provide for themselves. Beyond these cost-benefit considerations, mobility equipment helps to restore the basic dignity of older refugees who otherwise cannot do the activities they are capable of doing.

Nutrition

Food insecurity and poor dietary quality are worryingly common among older refugees in Lebanon. Many older refugees, particularly older Palestinian refugees, frequently skip meals, go entire days without eating, or eat nothing but bread because other types of food are unaffordable. Compounding this problem is the high prevalence of chronic diseases, many of which require special diets to manage properly. For example, an older person with diabetes who goes an entire day without eating may fall into shock due to low blood sugar. Alternatively, an older person with high blood pressure or high cholesterol may resort to eating cheaper, less healthy foods that worsen his or her conditions. Poor nutrition may have dire health consequences for older refugees unless humanitarian organizations intervene.

Humanitarian organizations must also consider the associations between dietary quality and other factors such as financial status, household size, and type of housing in planning nutritional interventions. Rationing of food within the household must be accounted for when planning nutrition programs for older persons, particularly in households with many people or poor financial status. The impact of location and type of household on the local availability of different foods should also be considered to appropriately recognize and fill the nutritional gaps in the diets of older refugees.

Mental health

Although a detailed investigation of the mental health of older refugees from Syria was beyond the scope of this study, there were several important findings regarding mental health. The impact of social isolation on mental health became readily apparent. Often living in fractured families due to war and displacement, many older refugees lacked support they once enjoyed from family and friends in Syria. Those living in tents or houses far away from other refugees experience extreme social isolation which contributes to poor mental health. In fact, older refugees who did not have a friend to care for them were significantly more likely to feel depressed and lonely than those who did have a friend. In addition, many older refugees did not take into consideration that they might be able to provide psychosocial support to younger members of their households. This is unfortunate as it is a great strength of older persons which remains untapped in the current situation. Organizing social support groups for the elderly may be an effective way of raising spirits and improving the quality of life of elderly refugees. Further, intergenerational activities would provide a valuable opportunity to share knowledge and experience between generations and build the sense of self-worth among the elderly.

The plight of elderly Palestinian refugees from Syria

Though individual circumstances varied greatly, older Palestinian refugees from Syria were found to be in a worse condition compared to older Syrian refugees throughout most of the study findings. Though the older Palestinians and older Syrians in this study varied significantly in several key demographic factors, the Palestinians still fared worse when controlling for these factors in the analysis. Though there are many possible explanations for why these disparities exist, it is the actionable reasons that must be focused on. Palestinian refugees from Syria fall under the mandate of UNRWA support rather than UNHCR support. While there are legal and historical reasons for this distinction in the mandate between the two UN agencies, it is intended as a "separate but equal" system in which Palestinians receive the same quality of assistance as other groups. In practice however, UNRWA appeals have received much less funding from the international community than UNHCR appeals. This disparity must be remedied if Palestinian refugees are to no longer be marginalized in Lebanon. Greater attention and support, particularly for the Palestinian older, is sorely needed.

The interconnected nature of issues facing elderly refugees

Throughout the analysis of study results, a reoccurring theme was the interconnectedness of issues facing older refugees. The links between education and health, nutrition and housing, mental health and social support for older refugees were all readily apparent, just to name a few. This interconnectedness demands that the humanitarian response to the needs of older refugees be holistic in nature. Greater coordination between NGO service providers is needed to maximize the effectiveness of aid provided to older refugees. Furthermore, older refugees should not be viewed in isolation but rather as important members of families and communities. NGOs must also consider the context in which older refugees live and interact within these social structures to ensure that aid is appropriately targeted and that others may also benefit from aid provided to the elderly.

Strengths and assets of older refugees

Older refugees should not be seen as passive recipients of aid; they possess knowledge and experience that is unique, important, and of great value to refugee communities. These assets often not recognized initially; however, when prompted, older refugees and their families acknowledged that older persons have a number of important roles. First, older persons act as symbols of stability and continuity of family, even in the tumultuous circumstances of a crisis. This helps families and communities cope with the stresses of displacement, thus contributing to improved mental health. Second, older persons are effective negotiators and peacemakers with non-refugee populations. They are respected and non-threatening, and as such they are able to negotiate for places to live, seek jobs for younger family members, and foster good will with host communities. In addition to these roles, older persons also assist with child care and household chores. This eases the burden on other household members, particularly women and mothers.

Despite their needs and vulnerabilities, older persons should not be seen as solely dependent or weak. Older persons bring specific assets and strengths to emergency settings, though they typically receive even less recognition for these than for their vulnerabilities. In situations of population displacement, they are often able to negotiate more effectively for space, housing, and tolerance from host communities. In fact, in the Middle East, older persons who speak on behalf of larger groups of refugees are more respected and more likely to be listened to by policymakers. Further, the elderly preserve and transmit traditions and customs that define a people's cultural identity, even in times of social disintegration. This sense of identity can moderate extreme views during times of conflict, contributing to the peace-building process. Further, the elderly often contribute significantly to household chores and child care, particularly when a child's parents are not present. The failure to recognize and leverage these contributions represents a missed opportunity not only to bolster the sense of self-worth among disaster affected elderly, but also to better the families and communities where the elderly reside.

OLDER REFUGEES SHOULD NOT BE SEEN AS PASSIVE RECIPIENTS OF AID; THEY POSSESS KNOWLEDGE AND EXPERIENCE THAT IS UNIQUE, IMPORTANT, AND OF GREAT VALUE TO REFUGEE COMMUNITIES.

RECOMMENDATIONS

As shown in the findings, the needs of older persons among the refugee population are both grave and requiring of immediate action. Given the needs and gaps identified in this study for the older Syrian refugees, **the over-arching recommendation is a call to action**. It is clear that the humanitarian aid community needs to support older persons in this crisis with age-appropriate and specific attention.

Specific recommendations include:

For the Humanitarian Aid Community:

- Continue to disaggregate data on age, including older persons. To be seen is to be heard, and it is clear that age disaggregated data will support decision-making and focusing on older persons in this crisis.
- Fund programs specifically for older refugees. Assistance to older persons is currently included in a general package of health services, but without specific earmarked funding for targeted services, they are likely to not be provided with appropriate services. For example, older persons are currently attending primary care clinics along with other age groups, but these service are not oriented to persons needing care for chronic conditions or persons requiring mobility aids.
- Ensure that older persons have adequate places to sit and wait during distributions or other activities that request beneficiaries to queue for services. However, it is preferable to deliver humanitarian aid to the homes of older persons to preserve their dignity and avoid undue strain on them to travel and wait during distributions.
- Prioritize older persons as a specific target population of assistance programs. Older persons are clearly identified and recognized as "persons with specific needs." The international response from the humanitarian aid community has not yet sufficiently differentiated their needs from those of other groups, and designed interventions tailored to those needs. These specific interventions needed include:
    - Assistance in the management of chronic illnesses
    - Assistance with mobility aids, to reduce dependency
    - Assistance with "older person dignity kits" such as incontinence pads, a walking stick, and a bed rail
    - Assistance with their specific needs, within a household approach
    - Assistance with mental health
    - Assistance which build on the strengthsand assets which older persons have
- Include secondary and tertiary health care services for older persons. Most health programs focus on primary health care. However, for older persons at a later stage in life, their health needs largely shift to the need for secondary and tertiary health care.
- Consider the mobility needs of older persons when designing shelter programs and programs that include communal infrastructure such as water taps, showers, toilet facilities, and laundry facilities.
- Provide protection for older persons, including support to helping them access state and private social programs and pensions. Older persons should be able to access social safety net programs which serve them but they often require protection in order meet the administrative requirements for accessing such services.

- Include services which train and offer care-giving services to older persons, particularly those who are unaccompanied or do not have younger family members to fill this gap.
- Develop asset-based approaches to working with older persons. For example, older persons are considered to be more helpful in providing psycho-social support to younger family and community members. They are considered to have more social respect and less threatening to others in conflict-prone areas.
    - o Develop programs which train and encourage older persons to provide psycho-social support to family members and community members
    - o Consider putting older persons in positions of negotiation and representation for their communities where appropriate

For UNHCR:

- Continue to disaggregate data according to age categories that include older persons
- Continue to advocate for age-appropriate and age-specific responses for older persons in Lebanon.
- Consider providing greater support to older persons for management of chronic illnesses, restricted for persons age 60 and above. This would include complete coverage for doctor's visits to control chronic illnesses, and full to partial support for medicine and assistive devices.
- Include access to secondary and tertiary health care for older persons.

For UNRWA:

- Continue to disaggregate data according to age categories that include older persons
- Continue to advocate for age-appropriate and age-specific responses for older persons in Lebanon.
- Support older persons in care of chronic illnesses and ensure that older persons have access to medicines for chronic illnesses.
- Include access to secondary and tertiary health care for older persons.

For CLMC and other humanitarian aid actors in Lebanon:

- Sensitize social workers to be aware of the tendency for older persons to be overlooked in household needs assessments and responses to refugee families
- Encourage social workers to prioritize unaccompanied older persons or older persons without care-takers, as a matter of priority
- Encourage social workers to provide counseling to older persons based on their specific needs related to both physical and mental health
- Encourage families to include older persons into communal activities and avoid tendencies to neglect them or marginalize them

- Develop programming for older persons, at least partially using the expertise from other experiences in serving older Palestinians in Lebanon and elsewhere. Specifically, this might include:
    - o Train care-givers in families or communities, using existing manuals and curricula to monitor and control chronic conditions. This could be done as a capacity-building action as well to give basic nursing skills to care-givers which can be used in the future
    - o Develop psycho-social activities for older persons, especially those which can build connections with younger generations and those which offer group activities for older persons
    - o Consider nutrition programs which (a) respond to geriatric nutrition needs and (b) avoid opportunities for older persons to defer their meals for the benefit of younger members of their families. This might be combined with psycho-social activities such as organized meals that also afford elderly an opportunity to socialize
    - o Consider approaches for community-based projects to build solidarity with older persons and develop a caring mentality among the community members to care for older persons
- Develop a pilot program for home-based nursing care and health care for chronic illnesses. The pilot program should seek to document new methodologies and interventions which can respond to needs in a low-cost, low-resource intensive manner
- Design scale-up interventions building on the findings from pilot activities
- Continue to advocate for and raise the issue of older persons' plight among the refugee population and their age-specific needs
- Offer training to other health care providers on geriatric medicine
- Seek ways of developing the strengths of older persons in this refugee crisis, including their support for child care, household chores, and emotional support to their family members
- Attempt to sign an MOU or grant agreement with UNHCR and/or UNRWA to offer care for older persons, on the basis of its expertise
- Train other NGOs and service providers on issues related to care of older persons

For Researchers:

- Conduct follow-on research to the individual components of this study. This study was intended as a pilot study to provide information to target specific needs identified among older refugees. However, more in-depth studies using validated instruments would be valuable in gaining further insights into the age-specific needs of older refugees.
- Conduct more research about the needs of older refugees and services appropriate to these populations. The literature is lacking attention and information to this sub-population.
- Disseminate research on older refugees to the academic and humanitarian aid community.

ANNEXES

a. Institutional Review Board Approval
b. Consent Form in English
c. Consent Form in Arabic
d. Survey in English
e. Survey in Arabic

ANNEX A - INSTITUTIONAL REVIEW BOARD APPROVAL

Caritas Lebanon Migrant Center

Institutional Review Board
Decision

The undersigned have reviewed the CLMC—Johns Hopkins University survey of elderly Syrian refugees present in Lebanon. We find this study has minimal risks to the participants and does not increase those already present. Participation is unlikely to bring harm to those taking part, and its conduct is not an excessive burden. We find that the rights and confidentiality of participants are adequately protected. The study and methods are appropriate and do not violate the cultural and moral principles of those participating.

Name, Title, and Affiliation	Signature	Date
Myrna Ghannagé Chef du département de psychologie Faculté des Lettres et des sciences humaines Université Saint-Joseph		21 janvier 2013
Liliane Kfoury Chargée de recherche Unité interdisciplinaire de recherche – UIR Mémoire Centre d'études pour le monde arabe moderne Université Saint-Joseph		21 janvier 2013
Lynn Maalouf Chercheure associée Unité interdisciplinaire de recherche – UIR Mémoire Centre d'études pour le monde arabe moderne Université Saint-Joseph		21 janvier 2013
Marie-Claude Souaid Chercheure associée Faculté des Lettres et des sciences humaines Université Saint-Joseph		21 janvier 2013

ANNEX B - CONSENT FORM IN ENGLISH

Study Consent Form

Caritas Lebanon Migrant Center (CLMC) has been serving refugees since 1994 in Lebanon. We try to learn from our work and constantly improve our services to refugees. CLMC is conducting a study on the specific needs of elderly Syrian refugees in Lebanon, and we would like to ask you some questions about your health and living conditions. We asked you to take part in this survey because our files indicate that you are over 60 years old. The research is being conducted by Caritas Lebanon Migrant Center staff. We ask that you read or listen to the information on this form before agreeing to answer the questions in this questionnaire.

Purpose
The purpose of the research is to study the well-being and needs of elderly Syrians in Lebanon. CLMC will use the research to better understand the health needs of elderly Syrian refugees and improve health services provided to elderly refugees in the future. CLMC will only use the information you provide to us today for the purposes of the study. We will not share information with any other person and we will not use the information for any other reason except to understand the health needs of elderly Syrian refugees. **Your participation and answers to this questionnaire will not in any way affect the services you are receiving from Caritas Lebanon Migrant Center. Once the research study is completed, your answers will be destroyed and never shared with anyone except the CLMC staff who are working on the project.**

Procedures
If you agree to be in this research, and sign this consent form, we ask that you answer our questions. The survey should take about 25-30 minutes of your time, and we value and appreciate your time in this matter. You are welcome to answer our questions in the presence of other family members, but please be aware that some questions may be about sensitive matters related to your physical or mental health.

Risks and Benefits
Some of the questions may be personal and sensitive, but the information will not be shared with anyone else. When the research is completed, we will only report on trends but never on individual persons. You may refuse to answer any questions on the form. If you would like to ask any questions about the services or assistance you are receiving from Caritas, or would like to receive from Caritas, the social worker will answer those questions.

Confidentiality
The records of this study will be kept private. Anything you tell us will remain confidential. In any sort of report of the study, we will not include any information that will make it possible to identify you. We are not asking for your name, address, or phone number.

Voluntary nature of study
Your decision whether or not to participate in this research will not affect your current or future relations with CLMC or the services you receive. Even if you sign the consent form, you are free to stop doing the survey at any time. You can also choose not to answer a specific question. You do not need to complete it if you feel uncomfortable doing it.

Contact
If you have any further questions about the survey, please contact our field office, which is serving your case.

I have read the above information and understand that this survey is voluntary and I may stop at any time. I consent to participate in the study.

_____	_____
Signature of participant	Signature of the Researcher
_____	_____
Date	Date

Date of IRB approval: To be determined

وثيقة موافقة من أجل دراسة

يقدّم مركز الأجانب في كاريتاس لبنان الخدمات للاجئين منذ 1994 في لبنان. نحاول الاستفادة من عملنا وتحسين خدماتنا للاجئين. يقوم المركز بدراسة عن الاحتياجات الضرورية للاجئين السوريين المسنّين في لبنان، ونودّ طرح بعض الأسئلة عن وضعكم الصحي وظروف معيشتكم. طلبنا منكم المشاركة بهذه الدراسة لأنّ ملفاتنا تدلّ أنّ عمركم يزيد عن 60 سنة. يحضّر البحث من قبل فريق عمل المركز. الرجاء أن تقراءوا أو تصغوا الى المعلومات في هذا المستند قبل الموافقة على الاجابة عن الأسئلة في هذه الاستمارة.

الهدف

الهدف من هذا البحث هو الاضطلاع على أوضاع واحتياجات السوريين المسنين في لبنان. سوف يساهم البحث على معرفة مركز الأجانب في كاريتاس لبنان احتياجات اللاجئين السوريين المسنّين الصحية بشكل أفضل وبالتالي تحسين الخدمات الصحية المقدمة للاجئين السوريين المسنين في المستقبل. سوف يستعمل المركز المعلومات التي توفرونها لنا اليوم لأهداف الدراسة فقط. لن نقوم بمشاركة هذه المعلومات مع أي أحد آخر كما ولن نستعمل هذه المعلومات لأي هدف آخر سوى التعمّق بمعرفة احتياجات اللاجئين السوريين المسنين الصحية. **انّ مشاركتكم وأجوبتكم على هذه الاستمارة لن تؤثّر بأي شكل كان على المساعدات التي تتلقونها من مركز الأجانب في كاريتاس لبنان. لدى انتهاء البحث، سوف تتلف كل المستندات والأجوبة ولن تتمّ مشاركتها مع أي أحد سوى فريق العمل التابع للمشروع.**

الاجراءات

اذا وافقتم على المشاركة بهذا البحث ووقعتم على وثيقة الموافقة، سوف نطلب منكم الاجابة على اسئلتنا. يتطلب ملئ الاستمارة حوالي 25 – 30 دقيقة من الوقت ونحن نشكركم على وقتكم. بامكانكم الاجابة على الأسئلة بحضور افراد من العائلة ولكن نلفت انتباهكم أنّ بعض الأسئلة قد تكون حساسة اذ تتعلّق بصحتكم الجسدية أو النفسية.

المخاطر والمكاسب

قد تكون بعض الأسئلة شخصية وحساسة، ولكن لن تتم مشاركة المعلومات مع أي أحد آخر. لدى انتهاء البحث، سوف يتمّ اعطاء تقرير عن الاتجاهات وليس عن الحالات الفردية. بامكانكم الامتناع عن اجابة اي من أسئلة الاستمارة. اذا اردتم طرح اسئلة حول الخدمات او المساعدات المقدمة من قبل كاريتاس والتي تتلقونها أو تودّون تلقيها، سوف تقوم العاملة الاجتماعية باجابة هذه الأسئلة.

احترام السريّة

ان كل الملفات المتعلقة بهذا البحث هي خاصة. كل المعلومات التي تطلعوننا عليها سوف تبقى سريّة. لن نقوم بمشاركة ايّ معلومة تدلّ عليكم في أيّ من تقارير هذا البحث. لن نسألكم عن اسمكم أو عنوانكم أو حتى رقم هاتف.

طوعية المشاركة بالدراسة

انّ قراركم بالمشاركة في هذه الدراسة أو عدمها لن يؤثّر بأي شكل على علاقاتكم الحالية او المستقبلية بمركز الأجانب في كاريتاس لبنان او على الخدمات التي تستفيدون منها. حتى بعد توقيعكم وثيقة الموافقة، باستطاعتكم التوقف عن اجابة الاستمارة في أيّ وقت كان. بامكانكم ايضا" الامتناع عن اجابة سؤال معينّ. لا داع لاكمال الاستمارة اذا لم تشعروا بالراحة.

الاتصال / الاستعلام

اذا كانت لديكم أيّة اسئلة بشأن البحث، الرجاء الاتصال بالمكتب الميداني الذي يتابع حالتكم:

لقد قرأت المعلومات الواردة أعلاه وأدركت انّ المشاركة طوعية وأن بامكاني التوقف في أي وقت اوافق على المشاركة بهذه الدراسة.

_____	_____
توقيع المشارك	توقيع الباحث
_____	
تاريخ	

ANNEX D - SURVEY FOR PALESTINIANS REFUGEES FROM SYRIA (PRS) IN ENGLISH

Needs Assessment of Elderly Palestinian Refugees from Syria	Page 1

Instructions
Read the privacy agreement and get the respondent's signature before starting the survey.
For each question, read the question and all of the answer choices to the respondent.
Write all answers in the empty column on the left side of the page.
For questions in which the answer choices are numbers, choose only one answer.
For questions in which the answer choices are letters, choose all of the answers that apply.
Answer every question with neat handwriting that is easy to understand.

Section 0: Interview Information			
		Respondent ID	0.0
		Interviewer's name	0.1
		CLMC Field Office	0.2
		Date of interview (DD/MM/YYYY)	0.3
	Yes=1 *No=0*	Does the respondent refuse to participate?	0.4

Section 1: Demographic Information					
				How old are you? (check identification card if they have it)	1.0
	Female=2	*Male=1*		Respondent sex (does not need to be read)	1.1
				What is the highest level of education that you completed?	1.2
	Primary=3	*None, literate=2*		*None, illiterate=1*	
	University or more=6	*Technical school=5*		*Secondary=4*	
				What type of residence do you live in?	1.3
	Tent=3	*House=2*		*Apartment =1*	
	Other=6	*Unfinished structure or construction site=5*		*Public building=4*	
				How many people now live in your household including you, your family, and those who are not related to you?	1.4
	Yes=1	*No=0*		Do you live with a Lebanese host family?	1.5
	Not applied=3	*Applied, not yet registered=2*	*Yes=1*	Are you registered with UNHCR?	1.6
				Which of the following statements best describes the current financial situation of your household?	1.7
				*We are **financially okay**, there is always money for basic necessities such as food, water, shelter, and medicine without relying upon humanitarian aid* =1	
				*We have **some financial difficulty**, usually we have enough for basic necessities but sometimes we borrow, rely upon humanitarian aid, or go without* =2	
				*We are in a **very difficult financial situation**, we are dependent upon receiving financial help or humanitarian aid for basic necessities* =3	
				What financial resource does you rely on most to meet your needs?	1.8
	Selling assets=3	*Aid from Caritas or other organization=2*		*Support from family=1*	
	Other=7	*Borrowing=6*	*Savings=5*	*Elderly person works for income=4*	

Needs Assessment of Elderly Palestinian Refugees from Syria	Page 2

				Respondent ID	0.0

Section 2: Social Support						
	Widowed=4	*Separated=3*	*Divorced=2*	*Married=1*	What is your marital status?	2.0
	Never married=7		*Engaged=6*	*Spouse missing=5*		
					Where is your spouse?	2.1
	Missing/other=4		*Stayed in Syria=3*	*Living with me=2*	*Not married=1*	
	Yes=1	*No=0*			Do you have elderly family members that stayed in Syria?	2.2
					What were the reasons your elderly family members stayed in Syria? (choose all that apply)	

	Conflict or unsafe to leave=B Does not have elderly family member that stayed in Syria=A *Did not have enough money to leave=D* *To protect house or other assets=C* *Other reason=H* *Connection with homeland=G* *Illness or disability=F* *To work=E*	2.3
	Yes=1 *No=0* Do you have elderly friends or neighbors that stayed in Syria?	2.4
	What were the reasons your elderly friends or neighbors stayed in Syria? (choose all that apply) *Conflict or unsafe to leave=B* Does not have an elderly friend or neighbor that stayed in Syria=A *Did not have enough money to leave=D* *To protect house or other assets=C* *Other reason=H* *Connection with homeland=G* *Illness or disability=F* *To work=E*	2.5
	Yes=1 *No=0* Do you take care of people in your household?	2.6
	Who do you provide care for in your household? (choose all that apply) *Child age 5 to 15=C* *Child under age 5=B* *Does not provide care for anyone in the household=A* *Other non-elderly adult=G* *Other elderly adult=F* *Person with disability=E* *Spouse=D*	2.7

Section 3: Chronic Diseases and Disabilities		
	Neutral=3 *Good=2* *Very good=1* *Very bad=5* *Bad=4* Generally, how do you describe your own health?	3.0
	Worsened=3 *No difference=2* *Improved=1* How has your health changed since leaving Syria?	3.1
	Which of the following medical conditions do you have? (choose all that apply) *Hypertension=B* *Heart disease (such as angina, infarction, or heart failure)=A* *High cholesterol=D* *Lung disease (such as asthma, COPD, chronic cough)=C* *Diabetes mellitus=F* *Digestive tract disease including liver disease=E* *Skin disease=H* *Arthritis, injury, bone disease, joint disease, or back pain=G* *Chronic pain=J* *Neurological disease (such as stroke epilepsy, or headache)=I* Cancer or tumors=L Kidney disease, dialysis, or urinary tract disease =K *Other endocrine disease (such as thyroid)=N* *Blood disease (such as anemia or thalassemia)=M* *None=Q* *Gynecologic disease=P* *Eye disease (such as cataracts; not glasses)=O*	3.2
	Which of the following physical disabilities do you have? (choose all that apply) *Difficulty walking=C* *Hearing loss=B* *Vision loss=A* *Limb amputated=F* *Physically unable to leave the home=E* *Bedridden=D*	3.3

	Respondent ID	0.0

Section 4: Medical Care		
	Yes=1 *No=0* Do you have a family member that would take care of you if you are sick?	4.1
	Yes=1 *No=0* Do you have a friend or neighbor that would take care of you if you are sick?	4.2
	Yes=1 *No=0* Do you have a family member that would help you in an emergency?	4.3
	Yes=1 *No=0* Do you have a friend or neighbor that would help you in an emergency?	4.4
	If you have difficulty seeing a doctor when you need medical care, what is the primary reason? *Do not know where to go=3* *Cannot afford=2* No difficulty=1 Difficulty communicating with health care worker=5 *Physically unable to go to clinic=4* *Other=7* *Lack of trust in the skills of the health care worker=6*	4.5
	If you have difficulty getting the medications you need, what is the primary reason? *Do not know where to go=3* *Cannot afford=2* No difficulty=1 Difficulty communicating with health care worker=5 *Physically unable to go to pharmacy=4* *Other=7* *Lack of trust in the skills of the health care worker=6*	4.6
	Which of the following supplies do you need? (choose all that apply) *Personal hygiene items=C* *Hearing aids=B* *Eye glasses=A* *Wound care supplies=F* *Mattress=E* *Mobility devices (such as walking cane)=D* *Cooking supplies=I* *Equipment to assist showering or bathing=H* *Equipment to assist toileting=G*	4.7

	None=L	*Blood pressure cuff=K*	*Glucose testing strips for diabetes=J*	
			Which of the following supplies do you currently have? (choose all that apply)	
	Personal hygiene items=C	*Hearing aids=B*	*Eye glasses=A*	
	Wound care supplies=F	*Mattress=E*	*Mobility devices (such as walking cane)=D*	4.8
	Cooking supplies=I	*Equipment to assist showering or bathing=H*	*Equipment to assist toileting=G*	
	None=L	*Blood pressure cuff=K*	*Glucose testing strips for diabetes=J*	

Section 5: Nutrition				
For questions 5.0 to 5.6, write the number of days between 0 and 7				
			How many days in the past week did you eat meat, chicken, fish or eggs?	5.0
			How many days in the past week did you eat milk, cheese, or yoghurt?	5.1
			How many days in the past week did you eat fruits or vegetables?	5.2
			How many days in the past week did you eat only bread?	5.3
			How many days in the past week did you go an entire day without eating due to lack of food?	5.4
			How many days in the past week did you skip a meal due to lack of food?	5.5
			How many days in the past week did you reduce the portion size of your meals due to lack of food?	5.6
			What is your the biggest problem related to food?	
	Difficulty cooking=3	*Difficulty paying for food=2*	*No problems=1*	5.7
	Food is low quality or not appealing=5		Loss of appetite=4	
	Other problem=7		*Difficulty feeding oneself=6*	
Needs Assessment of Elderly Palestinian Refugees from Syria				Page 4
			Respondent ID	0.0

Section 6: Mental Health				
	Neutral=3	*Good=2*	*Very good=1*	6.0
	Very bad=5	*Bad=4*	Generally, how do you describe your own mental health?	
	Worsened=3	*No difference=2*	*Improved=1*	6.1
			How has your mental health changed since leaving Syria?	
			Which of the following feelings have you experienced in the past week? (choose all that apply)	
	Feeling lonely=C	*Feeling ignored=B*	*Feeling depressed=A*	6.2
	Feeling unsafe=F	*Feeling scared=E*	*Feeling anxious=D*	
	None of these feelings=I	*Feeling irritable or angry=H*	*Feeling like a burden to family=G*	
			How much restriction do these feelings cause in your day to day life?	
			***Little restriction**, I can do tasks normally or almost normally in spite of these feelings =1*	
			***Some restriction**, I cannot do some tasks, but I can still do at least half of what a healthy person of my age would be expected to do =2*	6.3
			***Much restriction**, I cannot do half of what a healthy person of my age would be expected to do =3*	
	Yes=1	*No=0*	Do you have dementia, Alzheimer's or other cognitive impairment?	6.4

Section 7: Activities of Daily Living			
For each activity, choose either **Independence** (performs activity **with no** supervision, direction, or personal assistance) or **Dependence** (performs activity **with** supervision, direction, personal assistance or total care)			
	***Independent:** Bathes self completely =1*	Bathing	7.0
	***Dependent:** Needs help with bathing or getting in and out of the shower =2*		
	***Independent:** Puts on clothes without help; may have help tying shoes =1*	Dressing	7.1
	***Dependent:** Needs help with dressing self =2*		
	***Independent:** Goes to toilet, gets on and off, arranges clothes, cleans genital area without help =1*	Toileting	7.2
	***Dependent:** Needs help walking to toilet, transferring to the toilet, cleaning self, or uses bedpan or commode =2*		

	Independent: *Moves in and out of bed or chair without help =1* ***Dependent:*** *Needs help in moving from bed to chair or requires complete transfer =2*	Transferring	7.3
	Independent: *Exercises complete self control over urination and defecation =1* ***Dependent:*** *Is partially or totally incontinent of bowel or bladder =2*	Continence	7.4
	Independent: *Gets food from plate into mouth without help; cooking may be done by another person =1* ***Dependent:*** *Needs partial or total help with feeding =2*	Feeding	7.5

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	Respondent ID	0.0

Section 8: Additional Demographic Information				
	What is your religion?			
	Islam, Sunni=1	*Islam, Shia=2*	*Islam, Druze=3*	8.0
	Islam, other=4	*Christianity=5*	*Other religion=6*	
	Before you came to Lebanon, did you live in a refugee camp in Syria?		*Yes=1* *No=0*	8.1
	Before coming to Lebanon, which refugee camp in Syria did you live in?			
	Did not live in a refugee camp=1	*Dera'a=2*	*Ein el tal=3*	
	Hama=4	*Homs=5*	*Jaramana=6*	8.2
	Khan Dunoun=7	*Khan Eshieh=8*	*Latakia=9*	
	Neirab=10	*Qabr Essit=11*	*Sbeineh=12* *Yarmouk=13*	
	Before coming to Lebanon, what city in Syria did you live in? (write the name of the city)			8.3
	What was the date when you arrived in Lebanon? (write the date in the form DD/MM/YYYY)			8.4
	Why did you choose to leave Syria? (choose all that apply)			
	Living in conflict zone=A	Direct persecution=B	Ethnic persecution=C	8.5
	Family member kidnapped=D	Destroyed house=E	Other reason=F	
	What assets did you leave behind in Syria? (choose all that apply)			
	Real estate=A	*House=B*	*Business=C*	8.6
	Cash or money=D		*Other asset=E*	

End of survey
Thank the respondent for their time and participation

ANNEX D - SURVEY FOR SYRIAN REFUGEES IN ENGLISH

Needs Assessment of Elderly Syrian Refugees	Page 1

Instructions
Read the privacy agreement and get the respondent's signature before starting the survey.
For each question, read the question and all of the answer choices to the respondent.
Write all answers in the empty column on the left side of the page.
For questions in which the answer choices are numbers, choose only one answer.
For questions in which the answer choices are letters, choose all of the answers that apply.
Answer every question with neat handwriting that is easy to understand.

	Section 0: Interview Information			
			Respondent ID	0.0
			Interviewer's name	0.1
			CLMC Field Office	0.2
			Date of interview (DD/MM/YYYY)	0.3
	Yes=1	*No=0*	Does the respondent refuse to participate?	0.4

	Section 1: Demographic Information				
				How old are you? (check identification card if they have it)	1.0
	Female=2	*Male=1*		Respondent sex (does not need to be read)	1.1
				What is the highest level of education that you completed?	
	Primary=3	*None, literate=2*		*None, illiterate=1*	1.2
	University or more=6	*Technical school=5*		*Secondary=4*	
				What type of residence do you live in?	
	Tent=3	*House=2*		*Apartment =1*	1.3
	Other=6	*Unfinished structure or construction site=5*		*Public building=4*	
				How many people now live in your household including you, your family, and those who are not related to you?	1.4
	Yes=1	*No=0*		Do you live with a Lebanese host family?	1.5
	Not applied=3	*Applied, not yet registered=2*	*Yes=1*	Are you registered with UNHCR?	1.6
				Which of the following statements best describes the current financial situation of your household? *We are **financially okay**, there is always money for basic necessities such as food, water, shelter, and medicine without relying upon humanitarian aid =1* *We have **some financial difficulty**, usually we have enough for basic necessities but sometimes we borrow, rely upon humanitarian aid, or go without =2* *We are in a **very difficult financial situation**, we are dependent upon receiving financial help or humanitarian aid for basic necessities =3*	1.7
				What financial resource does you rely on most to meet your needs?	
	Selling assets=3	*Aid from Caritas or other organization=2*		*Support from family=1*	1.8
	Other=7	*Borrowing=6*	*Savings=5*	*Elderly person works for income=4*	

Needs Assessment of Elderly Syrian Refugees	Page 2

	Respondent ID				0.0

	Section 2: Social Support					
	Widowed=4	*Separated=3*	*Divorced=2*	*Married=1*	What is your marital status?	2.0
	Never married=7		*Engaged=6*	*Spouse missing=5*		
					Where is your spouse?	2.1
	Missing/other=4		*Stayed in Syria=3*	*Living with me=2*	*Not married=1*	
	Yes=1	*No=0*			Do you have elderly family members that stayed in Syria?	2.2
					What were the reasons your elderly family members stayed in Syria? (choose all that apply)	
	Conflict or unsafe to leave=B				Does not have elderly family member that stayed in Syria=A	2.3
	Did not have enough money to leave=D				*To protect house or other assets=C*	
	Other reason=H		*Connection with homeland=G*	*Illness or disability=F*	*To work=E*	
	Yes=1	*No=0*			Do you have elderly friends or neighbors that stayed in Syria?	2.4
					What were the reasons your elderly friends or neighbors stayed in Syria? (choose all that apply)	
	Conflict or unsafe to leave=B				Does not have an elderly friend or neighbor that stayed in Syria=A	2.5
	Did not have enough money to leave=D				*To protect house or other assets=C*	
	Other reason=H		*Connection with homeland=G*	*Illness or disability=F*	*To work=E*	
	Yes=1	*No=0*			Do you take care of people in your household?	2.6
					Who do you provide care for in your household? (choose all that apply)	
	Child age 5 to 15=C		*Child under age 5=B*		*Does not provide care for anyone in the household=A*	2.7
	Other non-elderly adult=G		*Other elderly adult=F*	*Person with disability=E*	*Spouse=D*	

	Section 3: Chronic Diseases and Disabilities				
	Neutral=3	*Good=2*	*Very good=1*	Generally, how do you describe your own health?	3.0
	Very bad=5		*Bad=4*		
	Worsened=3	*No difference=2*	*Improved=1*	How has your health changed since leaving Syria?	3.1

			Which of the following medical conditions do you have? (choose all that apply)	
	Hypertension=B		*Heart disease (such as angina, infarction, or heart failure)=A*	
	High cholesterol=D		*Lung disease (such as asthma, COPD, chronic cough)=C*	
	Diabetes mellitus=F		*Digestive tract disease including liver disease=E*	
	Skin disease=H		*Arthritis, injury, bone disease, joint disease, or back pain=G*	3.2
	Chronic pain=J		*Neurological disease (such as stroke epilepsy, or headache)=I*	
	Cancer or tumors=L		Kidney disease, dialysis, or urinary tract disease =K	
	Other endocrine disease (such as thyroid)=N		*Blood disease (such as anemia or thalassemia)=M*	
	None=Q	*Gynecologic disease=P*	*Eye disease (such as cataracts; not glasses)=O*	
			Which of the following physical disabilities do you have? (choose all that apply)	
	Difficulty walking=C	*Hearing loss=B*	*Vision loss=A*	3.3
	Limb amputated=F	*Physically unable to leave the home=E*	*Bedridden=D*	
	Needs Assessment of Elderly Syrian Refugees			Page 3
			Respondent ID	0.0

Section 4: Medical Care				
	Yes=1	*No=0*	Do you have a family member that would take care of you if you are sick?	4.1
	Yes=1	*No=0*	Do you have a friend or neighbor that would take care of you if you are sick?	4.2
	Yes=1	*No=0*	Do you have a family member that would help you in an emergency?	4.3
	Yes=1	*No=0*	Do you have a friend or neighbor that would help you in an emergency?	4.4
			If you have difficulty seeing a doctor when you need medical care, what is the primary reason?	
	Do not know where to go=3	*Cannot afford=2*	No difficulty=1	4.5
	Difficulty communicating with health care worker=5		*Physically unable to go to clinic=4*	
	Other=7		*Lack of trust in the skills of the health care worker=6*	
			If you have difficulty getting the medications you need, what is the primary reason?	
	Do not know where to go=3	*Cannot afford=2*	No difficulty=1	4.6
	Difficulty communicating with health care worker=5		*Physically unable to go to pharmacy=4*	
	Other=7		*Lack of trust in the skills of the health care worker=6*	
			Which of the following supplies do you need? (choose all that apply)	
	Personal hygiene items=C	*Hearing aids=B*	*Eye glasses=A*	
	Wound care supplies=F	*Mattress=E*	*Mobility devices (such as walking cane)=D*	4.7
	Cooking supplies=I	*Equipment to assist showering or bathing=H*	*Equipment to assist toileting=G*	
	None=L	*Blood pressure cuff=K*	*Glucose testing strips for diabetes=J*	
			Which of the following supplies do you currently have? (choose all that apply)	
	Personal hygiene items=C	*Hearing aids=B*	*Eye glasses=A*	
	Wound care supplies=F	*Mattress=E*	*Mobility devices (such as walking cane)=D*	4.8
	Cooking supplies=I	*Equipment to assist showering or bathing=H*	*Equipment to assist toileting=G*	
	None=L	*Blood pressure cuff=K*	*Glucose testing strips for diabetes=J*	

Section 5: Nutrition				
	For questions 5.0 to 5.6, write the number of days between 0 and 7			
			How many days in the past week did you eat meat, chicken, fish or eggs?	5.0
			How many days in the past week did you eat milk, cheese, or yoghurt?	5.1
			How many days in the past week did you eat fruits or vegetables?	5.2
			How many days in the past week did you eat only bread?	5.3
			How many days in the past week did you go an entire day without eating due to lack of food?	5.4
			How many days in the past week did you skip a meal due to lack of food?	5.5
			How many days in the past week did you reduce the portion size of your meals due to lack of food?	5.6
			What is your the biggest problem related to food?	
	Difficulty cooking=3	*Difficulty paying for food=2*	*No problems=1*	5.7
	Food is low quality or not appealing=5		Loss of appetite=4	
	Other problem=7		*Difficulty feeding oneself=6*	
	Needs Assessment of Elderly Syrian Refugees			Page 4
			Respondent ID	0.0

Section 6: Mental Health					
	Neutral=3	*Good=2*	*Very good=1*	Generally, how do you describe your own mental health?	6.0
	Very bad=5	*Bad=4*			
	Worsened=3	*No difference=2*	*Improved=1*	How has your mental health changed since leaving Syria?	6.1
				Which of the following feelings have you experienced in the past week? (choose all that apply)	
	Feeling lonely=C	*Feeling ignored=B*		*Feeling depressed=A*	6.2
	Feeling unsafe=F	*Feeling scared=E*		*Feeling anxious=D*	
	None of these feelings=I	*Feeling irritable or angry=H*		*Feeling like a burden to family=G*	
				How much restriction do these feelings cause in your day to day life?	
				***Little restriction**, I can do tasks normally or almost normally in spite of these feelings =1*	6.3
				***Some restriction**, I cannot do some tasks, but I can still do at least half of what a healthy person of my age would be expected to do =2*	
				***Much restriction**, I cannot do half of what a healthy person of my age would be expected to dc=3*	
	Yes=1	*No=0*		Do you have dementia, Alzheimer's or other cognitive impairment?	6.4

Section 7: Activities of Daily Living			
For each activity, choose either **Independence** (performs activity **with no** supervision, direction, or personal assistance) or **Dependence** (performs activity **with** supervision, direction, personal assistance or total care)			
	Independent: *Bathes self completely =1* ***Dependent:*** *Needs help with bathing or getting in and out of the shower =2*	Bathing	7.0
	Independent: *Puts on clothes without help; may have help tying shoes =1* ***Dependent:*** *Needs help with dressing self =2*	Dressing	7.1
	Independent: *Goes to toilet, gets on and off, arranges clothes, cleans genital area without help =1* ***Dependent:*** *Needs help walking to toilet, transferring to the toilet, cleaning self, or uses bedpan or commode =2*	Toileting	7.2
	Independent: *Moves in and out of bed or chair without help =1* ***Dependent:*** *Needs help in moving from bed to chair or requires complete transfer =2*	Transferring	7.3
	Independent: *Exercises complete self control over urination and defecation =1* ***Dependent:*** *Is partially or totally incontinent of bowel or bladder =2*	Continence	7.4
	Independent: *Gets food from plate into mouth without help; cooking may be done by another person =1* ***Dependent:*** *Needs partial or total help with feeding =2*	Feeding	7.5

End of survey
Thank the respondent for their time and participation

تعليمات
اقرأ الاتفاق الخاص واحصل على امضاء المجيب قبل البدء بالأسئلة
لكلّ سؤال، اقرأ السؤال وكلّ الأجوبة على السؤال
أكتب كلّ الأجوبة في العامود الفارغ على يسار الصفحة
الأسئلة التي أجوبتها هي أرقام، اختر فقط جواب واحد
الأسئلة التي أجوبتها هي أحرف، اختر كل الأجوبة المناسبة
أجب عن كل سؤال بخطّ واضح ومفهوم

قسم 0 : تعليمات المقابلة		
0.0	هويّة المجيب:	
0.1	هويّة المحاور:	
0.2	مكتب مركز الأجانب في كاريتاس لبنان:	
0.3	تاريخ المقابلة (يوم/شهر/سنة)	
0.4	هل يرفض المجيب المشاركة؟ كلا=0 نعم=1	

قسم 1: معلومات ديموغرافية		
1.0	كم عمرك؟ (دقّق في التذكرة اذا كانت معهم)	
1.1	جنس الشخص المجيب (لا حاجة لقرائته) ذكر=1 أنثى=2	
1.2	ما هو أعلى مستوى علمي قد أكملته؟ لا شيئ، أمّي= لا شيء، متعلّم=2 ابتدائي=3 ثانوي=4 مدرسة مهنيّة=5 جامعي أو أكثر=6	
1.3	ما هو نوع المسكن الذي تعيش فيه؟ شقة =1 منزل=2 خيمة=3 مبنى للعامة=4 مبنى غير منتهي أو بناء قيد الانشاء=5 غيرها=6	
1.4	ما هو عدد الأشخاص الذين يسكنون في منزلك بما فيهم أنت، عائلتك، وغير المقربين؟	
1.5	هل تعيشون بضيافة عائلة لبنانية ؟ كلا=0 نعم=1	
1.6	هل مع مفوضية الأمم المتحدة لش نعم=1 قدّم طلب، ليس مسجلا" بعد=2 يقدّم طلب=3	
1.7	اختر التعريف المناسب للوضع المادي الحالي في منزلك: =1 وضعنا المادي مقبول، دائما" المال مؤمّن للحاجات الأساسية مثل الطعام، المياه، المأوى، والأدوية دون الاعتماد على المساعدات الانسانية =2 لدينا بعض المشاكل المادية، عادة" لدينا ما يكفي للاحتياجات الأساسية انّما أحيانا" نستدين، نعتمد على المساعدات الانسانية، أو نستغني عن الأشياء =3 انّ وضعنا المادي سيّء جدّا"، نعتمد على المساعدات المادية أو الانسانية للحصول على الاحتياجات الأساسية	
1.8	ما هو المورد المادي الذي يعتمد عليه منزلك من أجل تلبية احتياجاته؟ مساعدة من عائلتك=1 مساعدة من كاريتاس أو مؤسسة أخرى=2 بيع الموجودات=3 شخص مسنّ يعمل من اجل المدخو مدخرات=5 استعارة=6 غيرها=7	

0.0	هويّة المجيب	

قسم 2: دعم اجتماعي		
2.0	ما هو وضعك العائلي؟ أرمل=4 منفصل=3 مطلّق=2 متأهل=1 لم يتزوج أبدا"=7 خاطب=6 الشريك مختفي=5	
2.1	أين هو شريكك؟ لست متزوج=1 يعيش معي=2 بقي في سوريا=3 مختفي/غيرها=4	
2.2	هل لديك من افراد عائلتك مسنّين لا يزالون في سوريا؟ كلا=0 نعم=1	
2.3	ما هي الأسباب التي جعلت أفراد عائلتك المسنين يبقون في سوريا؟ (اختر كل ما هو مناسب) لم يبقى من افراد عائلتي مسنين في سوريا=A أزمة أو غير آمن الخروج؟=B لحماية المنزل وممتلكات أخرى=C لا يوجد موارد مادّية للخروج=D للعمل=E مرض أو اعاقة =F التعلّق بالوطن =G سبب آخر=H	
2.4	هل لديك من أصدقاء مسنّين أو جيران لا يزالون في سوريا؟ كلا=0 نعم=1	
2.5	ما هي الأسباب التي جعلت أصدقائك المسنين أو جيرانك يبقون في سوريا؟ (اختر كل ما هو مناسب لم يبقى من أصدقائي المسنين او جيران في سوريا=A أزمة أو غير آمن الخروج؟=B لحماية المنزل وممتلكات أخرى=C لا يوجد موارد مادّية للخروج=D للعمل=E مرض أو اعاقة =F التعلّق بالوطن =G سبب آخر=H	
2.6	هل تقوم بعناية أشخاص في منزلك؟ كلا=0 نعم=1	
2.7	بمن تعتني في منزلك؟ (اختر كل ما هو مناسب) لا أعتني بأحد في منزلي=A ولد دون الخمس سنوات=ولد عمره بين 5 و 15=C الشريك=D شخص ذات اعاقة=E مسنّ خارج المنزل=F غير مسنّ خارج المنزل=G	

قسم 3 : أمراض مزمنة واعاقات		
3.0	عامّة"، كيف تصف صحتك؟ جيّد جدّا"=1 جيّد=2 عادي=3 سيّئة=4 سيّئة جدّا"=5	
3.1	كيف أصبحت صحتك منذ خرجت من سوريا؟ تحسّنت=1 لا تغيير=2 ساءت=3	
3.2	ما هي الأمراض التالية التي تعاني منها؟ (اختر كل ما هو مناسب) أمراض القلب (جرحة، ...)=A ضغط مرتفع=B أمراض الرئة (كالربو، السعال المزمن) =C الدهون مرتفعة =D أمراض الجهاز الهضمي بما فيها الكبد =E السكري =F التهاب المفاصل، أمراض العضم والمفاصل=G أمراض جلدية=H أمراض الأعصاب =I أوجاع مزمنة=J أمراض الكلى =K سرطان أو أورام=L أمراض الدم =M خلل في عمل الغدة الدرقية=N أمراض العين =O أمراض نسائية=P لا شيء=Q	
3.3	ما هي الاعاقات الجسدية التالية لديك؟ (اختر كل ما هو مناسب) فقدان البصر فقدان السمع=B صعوبة المشي =C طريح الفراش جسديا" غير قادر على الخروج من المنزل =E طرف مبطور=F	

0.0	هويّة المجيب	

4.1	هل سيعتني بك أحد أفراد عائلتك في حال مرضت؟	كلا=0	نعم=1
4.2	هل سيعتني بك صديقك أو جارك في حال مرضت؟	كلا=0	نعم=1

4.3	هل سيساعدك أحد أفراد عائلتك في حالة الطوارىء؟ كلا=0 نعم=1	
4.4	هل سيساعدك صديقك أو جارك في حالة الطوارىء؟ كلا=0 نعم=1	
4.5	ي حال لديك صعوبة لزيارة الطبيب عندما تحتاج لعناية صحية، ما هو السبب الأساسي؟ لا صعوبة=1 الكلفة عالية=2 لا أعرف الى أين أذهب=3 جسديا" لا أقدر أن أذهب ال صعوبة التواصل مع العامل في الرعاية الصحية=5 عدم الثقة بمهارات العامل في الرعاية الصحية =6 غير=7	
4.6	في حال لديك صعوبة في الحصول على الأدوية، ما هو السبب الأساسي؟ لا صعوبة=1 الكلفة عالية=2 لا أعرف الى أين أذهب=3 جسديا" لا أقدر أن أذهب الى ال صعوبة التواصل مع العامل في الرعاية الصحية=5 عدم الثقة بمهارات العامل في الرعاية الصحية=6 غير=7	
4.7	ما هي اللوازم التالية التي تحتاجها؟ (اختر كل ما هو مناسب) نظارات للنظر=A سمّاعات للأذن =B أدوات نظافة شخصية =C أجهزة للمساعدة على التنقل (كالعصا)= فرشة =E لوازم للعناية بالجرح=F لوازم للمساعدة في قضاء الحوازم للمساعدة في الاستحمام أو الاغتسال=I لوازم للطبخ=I أشرطة قياس السكري=J جهاز الضغط=K شيء=L	
4.8	ما هي اللوازم التالية التي لديك حاليا"؟ (اختر كل ما هو مناسب) نظارات للنظر=A سمّاعات للأذن =B أدوات نظافة شخصية =C أجهزة للمساعدة على التنقل (كالعصا)= فرشة =E لوازم للعناية بالجرح=F لوازم للمساعدة في قضاء الحاوازم للمساعدة في الاستحمام أو الاغتسال=I لوازم للطبخ=I أشرطة قياس السكري=J جهاز الضغط=K شيء=L	

	لأسئلة 5.0 - 5.6، اكتب عدد الأيام بين 0 و 7	
5.0	كم يوم خلال الأسبوع الماضي قد تناولت اللحم، الدجاج، السمك أو البيض؟	
5.1	كم يوم خلال الأسبوع الماضي قد تناولت الحليب، الجبنة، أو اللبن؟	
5.2	كم يوم خلال الأسبوع الماضي قد تناولت الفواكه أو الخضار؟	
5.3	كم يوم خلال الأسبوع الماضي قد تناولت الخبز فقط؟	
5.4	كم يوم خلال الأسبوع الماضي لم تأكل شيئا" طوال اليوم لأنه لا طعام لديكم ؟	
5.5	كم يوم خلال الأسبوع الماضي لم تأكل احدى الوجبات الأساية خلال اليوم لأنه لا طعام لديكم ؟	
5.6	كم يوم خلال الأسبوع الماضي تناولت كميّة أقل في الوجبات لأنه لا طعام لديكم ؟	
5.7	ما هي أكبر مشكلة تعاني منها لها علاقة بالطعام؟ لا مشاكل=1 صعوبة في دفع كلفة الطعام=2 صعوبة في الطبخ=3 فقدان الشهيّة=4 انخفاض الجودة أو ليس جذّاب=5 صعوبة في اطعام الذات: مشكلة أخرى=7	
	Needs Assessment of Elderly Palestinian Refugees from Syria Page 4	
0.0	هويّة المجيب	

	قسم 6 : الصحة النفسية	
6.0	عامّة، كيف تصف حالتك النفسية؟ جيّد جدّا"=1 جيّد=2 عادي=3 سيّئة=4 سيّئة جدّا"=5	
6.1	كيف تغيّرت حالتك النفسية منذ تركت سوريا؟ تحسّنت=1 لا تغيير=2 ساءت=3	
	ا هي الأحاسيس التي اختبرتها خلال الأسبوع الماضي؟ (اختر كل ما هو مناسب)	

6.2	الإحساس بالإحباط=A	احساس بالتجاهل=B	حساس الوحدة=C	
	احساس القلق=D	احساس الخوف=E	اس عدم الأمان=F	
	احساس عبء على العائلة=G	احساس الانفعال أو الغضب=H	يء من هذه الأحاسيس=I	
6.3	ما هو حجم القيود التي تسببها هذه الأحاسيس أو التجارب في حياتك اليومية؟ 1= **قيود قليلة☒ أقدر على فعل الأعمال بشكل عادي أو تقريبا" عادي بالرغم من هذه الأحاسيس** 2= **بعض القيود☒** لا أقدر على فعل بعض الواجبات، انّما ما زلت قادرا" على فعل على الأقل نصف ما يتوقع من أي انسان طبيعي من عمري 3= **قيود كثيرة☒ لا أقدر على فعل نصف ما يتوقع من أي انسان طبيعي من عمري**			
6.4	هل تعاني من النسيان، الألزهايمر، أو الخرف المبكر؟	كلا=0	نعم=1	

قسم 7 : نشاطات يومية			
لكلّ نشاط، اختر **مستقل☒** (يقوم بالنشاط **دون** مراقبة، ارشاد، أو مساعدة شخصية) أو **غير مستقل☒** (يقوم بالنشاط **مع** مراقبة، ارشاد، مساعدة شخصية أو عناية)			
7.0	الاستحمام	1= **مستقل:** يستحمّ لوحده كاملا" 2= **غير مستقل☒:** بحاجة للمساعدة خلال الاستحمام أو للدخول والخروج من الحوض	
7.1	ارتداء الثياب	1= **مستقل:** يرتدي الثياب دون مساعدة؛ ربّما بحاجة للمساعدة في ربط شريط الحذ 2= **غير مستقل:** بحاجة للمساعدة في اللبس.	
7.3	استعمال الحمام	1= **مستقل:** *يذهب الى الحمام، يقضي حاجته، يرتّب ثيابه، ينظف الأعضاء التناسلية دون مساعدة* 2= **غير مستقل:** *بحاجة لمساعدة في الذهاب الى الحمام ، لقضاء حاجته، تنظيف الأعضاء التناسلية، أو يستعمل نونية السرير أو الكمود*	
7.3	الانتقال	1= **مستقل:** يدخل ويخرج من السرير أو الكرسي دون مساعدة 2= **غير مستقل: *بحاجة للمساعدة في الانتقال من السرير الى الك***	
7.4	التحكّم في التبوّل	1= **مستقل:** *يتدرّب على التحكّم في التبوّل والتبرّز* 2= **غير مستقل:** *بشكل جزئي أو كلي لا يمكنه التحكم في التبوّل أو المثانة*	
7.5	الطعام	1= **مستقل☒:** يتناول الطعام من الصحن الى داخل الفمّ دون مساعدة؛ قد يحضّر الطعام من قبل شخص آخر 2= **غير مستقل☒:** بحاجة لمساعدة جزئية أو كلّية في تناول الطعام	

Page 5	تقييم احتياجات اللاجئين الفلسطينيين المسنّين القادمين من سوريا	
0.0	هويّة المجيب	

قسم 8 : معلومات ديموغرافية اضافية				
8.0	ما هي طائفتك؟ مسلم، سنّة=1	مسلم، شيعة=2	مسلم، درزي=3	
	مسلم، غير=4	مسيحي=5	ديانة أخرى=6	
8.1	قبل قدومك الى لبنان، هل كنت في مخيّم للاجئين في سوريا؟	كلا=0	نعم=1	
8.2	قبل قدومك الى لبنان، في أي مخيّم للاجئين كنت في سوريا؟ لم أكن في مخيّم للاجئين=1	درعا=2	عين التل=3	
	حماه=4	حمص=5	جاراماتا=6	
	خان دنن=7	خان عيشه=8	لاتاكيا=9	

	نيراب=10	قبر اسيت=11	سبينه=12	يرموك=13
8.3	قبل قدومك الى لبنان، في اي مدينة كنت في سوريا؟ (اذكر اسم المدينة)			
8.4	ما هو تاريخ وصولك الى لبنان؟ (اليوم/الشهر/السنة)			
8.5	لماذا قرّرت أن تغادر سوريا؟ (اختر كل ما هو مناسب) يعيش في منطقة النزاع=A خطف أحد أفراد العائلة=D	اضطهاد مباشر=B دمّر البيت=E	اضطهاد مذهبي=C سبب آخر=F	
8.6	ما هي الممتلكات التي تركتها في سوريا؟ (اختر كل ما هو مناسب) عقار=A السيولة او المال=D	بيت=B	تجارة=C ممتلكات اخرى=E	

نهاية الدراسة
اشكر المجيب لوقته واشتراكه

ANNEX E - SURVEY FOR SYRIAN REFUGEES IN ARABIC

2.5	ما هي الأسباب التي جعلت أصدقائك المسنين أو جيرانك يبقون في سوريا؟ (اختر كل ما هو مناسب لم يبقى من أصدقائي المسنين او جيران في سوريا=A أزمة أو غير أمن الخروج؟=B لحماية المنزل وممتلكات أخرى=C لا يوجد موارد مادّية للخروج=D للعمل=E مرض أو اعاقة =F التعلّق بالوطن =G سبب أخر=H	
2,6	هل تقوم بعناية أشخاص في منزلك؟ كلا=0 نعم=1	
2.7	بمن تعتني في منزلك؟ (اختر كل ما هو مناسب) لا أعتني بأحد في منزلي=A ولد دون الخمس سنوات=ولد عمره بين 5 و 15=C الشريك=D شخص ذات اعاقة=E مسنّ خارج المنزل=F غير مسنّ خارج المنزل=G	

	قسم 3 : أمراض مزمنة واعاقات	
3,0	عامّة"، كيف تصف صحتك؟ جيّد جدًا"=1 جيّد=2 عادي=3 سيّئة=4 سيّئة جدًا"=5	
3.1	كيف أصبحت صحتك منذ خرجت من سوريا؟ تحسّنت=1 لا تغيير=2 ساءت=3	
3.2	ما هي الأمراض التالية التي تعاني منها؟ (اختر كل ما هو مناسب) أمراض القلب (جرحة، ...)=A ضغط مرتفع=B أمراض الرئة (كالربو، السعال المزمن) =C الدهون مرتفعة =D أمراض الجهاز الهضمي بما فيها الكبد =E السكري =F التهاب المفاصل، أمراض العصم والمفاصل=G أمراض جلدية=H أمراض الأعصاب =I أوجاع مزمنة=J أمراض الكلى =K سرطان أو أورام=L أمراض الدم =M خلل في عمل الغدة الدرقية=N أمراض العين =O أمراض نسائية=P لا شيء=Q	
3.3	ما هي الاعاقات الجسدية التالية التي لديك؟ (اختر كل ما هو مناسب) فقدان البصر فقدان السمع=B صعوبة المشي =C طريح الفراش جسديا" غير قادر على الخروج من المنزل =E طرف مبتور=F	
Page 3	تقييم احتياجات اللاجئين السوريين المسنّين	
0,0	هويّة المجيب	

4.1	هل سيعتني بك أحد أفراد عائلتك في حال مرضت؟ كلا=0 نعم=1	
4.2	هل سيعتني بك صديقك أو جارك في حال مرضت؟ كلا=0 نعم=1	
4.3	هل سيساعدك أحد أفراد عائلتك في حالة الطوارىء؟ كلا=0 نعم=1	
4.4	هل سيساعدك صديقك أو جارك في حالة الطوارىء؟ كلا=0 نعم=1	
4,5	بي حال لديك صعوبة لزيارة الطبيب عندما تحتاج لعناية صحية، ما هو السبب الأساسي؟ لا صعوبة=1 الكلفة عالية=2 لا أعرف الى أين أذهب=3 جسديا" لا أقدر أن أذهب // صعوبة التواصل مع العامل في الرعاية الصحية=5 عدم الثقة بمهارات العامل في الرعاية الصحية =6 غير=7	
4,6	في حال لديك صعوبة في الحصول على الأدوية، ما هو السبب الأساسي؟ لا صعوبة=1 الكلفة عالية=2 لا أعرف الى أين أذهب=3 جسديا" لا أقدر أن أذهب الى //: صعوبة التواصل مع العامل في الرعاية الصحية=5 عدم الثقة بمهارات العامل في الرعاية الصحية=6 غير=7	
4.7	ما هي اللوازم التالية التي تحتاجها؟ (اختر كل ما هو مناسب) نظارات للنظر=A سمّاعات للأذن =B أدوات نظافة شخصية =C أجهزة للمساعدة على التنقل (كالعصا)=I فرشة =E لوازم للعناية بالجرح=F لوازم للمساعدة في قضاء الحوائج للمساعدة في الاستحمام أو الاغتسال=I لوازم للطبخ=I أشرطة قياس السكري=J جهاز الضغط=K شيء=L	
4.8	ما هي اللوازم التالية التي لديك حاليا"؟ (اختر كل ما هو مناسب) نظارات للنظر=A سمّاعات للأذن =B أدوات نظافة شخصية =C أجهزة للمساعدة على التنقل (كالعصا)=I فرشة =E لوازم للعناية بالجرح=F لوازم للمساعدة في قضاء الحاوزم للمساعدة في الاستحمام أو الاغتسال=I لوازم للطبخ=I أشرطة قياس السكري=J جهاز الضغط=K شيء=L	

لأسئلة 5.0 - 5.6، اكتب عدد الأيام بين 0 و 7	
5.0	كم يوم خلال الأسبوع الماضي قد تناولت اللحم، الدجاج، السمك أو البيض؟
5.1	كم يوم خلال الأسبوع الماضي قد تناولت الحليب، الجبنة، أو اللبن؟
5.2	كم يوم خلال الأسبوع الماضي قد تناولت الفواكه أو الخضار؟
5.3	كم يوم خلال الأسبوع الماضي قد تناولت الخبز فقط؟
5.4	كم يوم خلال الأسبوع الماضي لم تأكل شيئا" طوال اليوم لأنه لا طعام لديكم ؟
5.5	كم يوم خلال الأسبوع الماضي لم تأكل احدى الوجبات الأساية خلال اليوم لأنه لا طعام لديكم ؟
5.6	كم يوم خلال الأسبوع الماضي تناولت كميّة أقل في الوجبات لأنه لا طعام لديكم ؟
5.7	ما هي أكبر مشكلة تعاني منها لها علاقة بالطعام؟ لا مشاكل=1 صعوبة في دفع كلفة الطعام=2 صعوبة في الطبخ=3 فقدان الشهيّة=4 انخفاض الجودة أو ليس جذّاب=5 صعوبة في اطعام الذات= مشكلة أخرى=7
Page 4	تقييم احتياجات اللاجئين السوريين المسنّين
0.0	هويّة المجيب

قسم 6 : الصحة النفسية		
6.0	عامّة، كيف تصف حالتك النفسية؟	جيّد جدّا"=1 جيّد=2 عادي=3 سيّئة=4 سيّئة جدّا"=5
6.1	كيف تغيّرت حالتك النفسية منذ تركت سوريا؟	تحسّنت=1 لا تغيير=2 ساءت=3
6.2	ا هي الأحاسيس التي اختبرتها خلال الأسبوع الماضي؟ (اختر كل ما هو مناسب) الإحساس بالإحباط=1 احساس بالتجاهل=B حساس الوحدة=C احساس القلق=D احساس الخوف=E اس عدم الأمان=F احساس عبء على العائلة=i احساس الانفعال أو الغضب=H ـيء من هذه الأحاسيس=I	
6.3	ما هو حجم القيود التي تسببها هذه الأحاسيس أو التجارب في حياتك اليومية؟ 1= **قيود قليلة: أقدر على فعل الأعمال بشكل عادي أو تقريبا" عادي بالرغم من هذه الأحاسيس** 2= **بعض القيود:** لا أقدر على فعل بعض الواجبات، أنّما ما زلت قادرا" على فعل على الأقل نصف ما ينوقع من أي انسان طبيعي من عمري 3= **قيود كثيرة: لا أقدر على فعل نصف ما يتوقع من أي انسان طبيعي من عمري**	
6.4	هل تعاني من النسيان، الألزهايمر، أو الخرف المبكر؟	كلا=0 نعم=1

قسم 7 : نشاطات يومية		
لكلّ نشاط، اختر **مستقلة** (يقوم بالنشاط **دون** مراقبة، ارشاد، أو مساعدة شخصية) أو **غير مستقلة** (يقوم بالنشاط **مع** مراقبة، ارشاد، مساعدة شخصية أو عناية)		
7.0	الاستحمام	1= **مستقل:** يستحمّ لوحده كاملا" 2= **غير مستقلة:** بحاجة للمساعدة خلال الاستحمام أو للدخول والخروج من الحوض
7.1	ارتداء الثياب	1= **مستقل:** يرتدي الثياب دون مساعدة؛ ربّما بحاجة للمساعدة في ربط شريط الح 2= **غير مستقل:** بحاجة للمساعدة في اللبس.
7.3	استعمال الحمام	1= **مستقل:** يذهب الى الحمام، يقضي حاجته، يرتّب ثيابه، ينظف الأعضاء التناسلية دون مساعدة 2= **غير مستقل:** بحاجة لمساعدة في الذهاب الى الحمام ، لقضاء حاجته، تنظيف الأعضاء التناسلية، أو يستعمل نونية السرير أو الكمود
7.3	الانتقال	1= **مستقل:** يدخل ويخرج من السرير أو الكرسي دون مساعدة 2= **غير مستقل: بحاجة للمساعدة في الانتقال من السرير الى الك**
7.4	التحكّم في التبوّل	1= **مستقل:** يتدرّب على التحكّم في التبوّل والتبرّز 2= **غير مستقل:** بشكل جزئي أو كلي لا يمكنه التحكم في التبوّل أو المثانة
7.5	الطعام	1= **مستقل:** يتناول الطعام من الصحن الى داخل الفمّ دون مساعدة؛ قد يحضّر الطعام من قبل شخص آخر 2= **غير مستقل:** بحاجة لمساعدة جزئية أو كلّية في تناول الطعام

نهاية الدراسة
اشكر المجيب لوقته واشتراكه

2.5	ما هي الأسباب التي جعلت أصدقائك المسنين أو جيرانك يبقون في سوريا؟ (اختر كل ما هو مناسب لم يبقى من أصدقائي المسنين او جيران في سوريا=A أزمة أو غير أمن الخروج؟=B لحماية المنزل وممتلكات أخرى=C لا يوجد موارد مادّية للخروج=D للعمل=E مرض أو اعاقة =F النعلّق بالوطن =G سبب آخر=H	
2.6	هل تقوم بعناية أشخاص في منزلك؟	كلا=0 نعم=1
2.7	بمن تعتني في منزلك؟ (اختر كل ما هو مناسب) لا أعتني بأحد في منزلي=A ولد دون الخمس سنوات=ولد عمره بين 5 و 15=C الشريك=D شخص ذات اعاقة=E مسنّ خارج المنزل=F غير مسنّ خارج المنزل=G	

قسم 3 : أمراض مزمنة واعاقات		
3.0	عامّة"، كيف تصف صحتك؟	جيّد جدّا"=1 جيّد=2 عادي=3 سيّئة=4 سيّئة جدّا"=5
3.1	كيف أصبحت صحتك منذ خرجت من سوريا؟	تحسّنت=1 لا تغيير=2 ساءت=3
3.2	ما هي الأمراض التالية التي تعاني منها؟ (اختر كل ما هو مناسب) أمراض القلب (جرحة، ...)=A ضغط مرتفع=B أمراض الرئة (كالربو، السعال المزمن) =C الدهون مرتفعة =D أمراض الجهاز الهضمي بما فيها الكبد =E السكري =F التهاب المفاصل، أمراض العضم والمفاصل=G أمراض جلدية=H أمراض الأعصاب =I أوجاع مزمنة=J أمراض الكلى =K سرطان أو أورام=L أمراض الدم =M خلل في عمل الغدة الدرقية=N أمراض العين =O أمراض نسائية=P لا شيء=Q	
3.3	ما هي الاعاقات الجسدية التالية التي لديك؟ (اختر كل ما هو مناسب) فقدان البصر فقدان السمع=B صعوبة المشي =C طريح الفراش جسديا" غير قادر على الخروج من المنزل =E طرف مبتور=F	
Page 3	تقييم احتياجات اللاجئين السوريين المسنّين	
0.0	هويّة المجيب	

4.1	هل سيعتني بك أحد أفراد عائلتك في حال مرضت؟	كلا=0 نعم=1
4.2	هل سيعتني بك صديقك أو جارك في حال مرضت؟	كلا=0 نعم=1
4.3	هل سيساعدك أحد أفراد عائلتك في حالة الطوارىء؟	كلا=0 نعم=1
4.4	هل سيساعدك صديقك أو جارك في حالة الطوارىء؟	كلا=0 نعم=1
4.5	بي حال لديك صعوبة لزيارة الطبيب عندما تحتاج لعناية صحية، ما هو السبب الأساسي؟ لا صعوبة=1 الكلفة عالية=2 لا أعرف الى أين أذهب=3 جسديا" لا أقدر أن أذهب ال صعوبة التواصل مع العامل في الرعاية الصحية=5 عدم الثقة بمهارات العامل في الرعاية الصحية =6 غير=7	
4.6	في حال لديك صعوبة في الحصول على الأدوية، ما هو السبب الأساسي؟ لا صعوبة=1 الكلفة عالية=2 لا أعرف الى أين أذهب=3 جسديا" لا أقدر أن أذهب الى ال: صعوبة التواصل مع العامل في الرعاية الصحية=5 عدم الثقة بمهارات العامل في الرعاية الصحية=6 غير=7	
4.7	ما هي اللوازم التالية التي تحتاجها؟ (اختر كل ما هو مناسب) نظارات للنظر=A سمّاعات للأذن =B أدوات نظافة شخصية =C أجهزة للمساعدة على التنقل (كالعصا)=i فرشة =E لوازم للعناية بالجرح=F لوازم للمساعدة في قضاء الحوائج للمساعدة في الاستحمام أو الاغتسال=I لوازم للطبخ=I أشرطة قياس السكري=J جهاز الضغط=K شيء=L	
4.8	ما هي اللوازم التالية التي لديك حاليا"؟ (اختر كل ما هو مناسب) نظارات للنظر=A سمّاعات للأذن =B أدوات نظافة شخصية =C أجهزة للمساعدة على التنقل (كالعصا)=i فرشة =E لوازم للعناية بالجرح=F لوازم للمساعدة في قضاء الحاوائج للمساعدة في الاستحمام أو الاغتسال=I لوازم للطبخ=I أشرطة قياس السكري=J جهاز الضغط=K شيء=L	

Takla building, 5th floor, Blvd. Charles Helou Sin El Fil, Beirut, Lebanon
Tel: +961 1 502 550 email: carimigr@inco.com.lb www.caritasmigrant.org.lb

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