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SYRIAN REFUGEES IN LEBANON: PREPARING FOR THE WORST

Syrians are taking refuge along the eastern border of Lebanon by the thousands. More than 2,000 people fled from Syria into Lebanon in the first week of March alone, bringing the total estimate of displaced Syrians in that country to at least 13,000. Humanitarian operations in much of the north, led by Lebanon's HRC and the UNHCR, are inadequate. Much more assistance must be provided to those arriving in the east, south of Beirut, and in Tripoli. Lebanon has a long history of hosting Iraqi refugees and the same goodwill should be extended to Syrians. To fill humanitarian gaps, all displaced Syrians should be permitted to register and receive assistance regardless of their location in Lebanon. Local leaders and organizations with the experience to provide humanitarian aid must be identified and leveraged to enhance the quality and reach of necessary assistance.

BACKGROUND

Although not a signatory to the Refugee Convention, Lebanon has maintained open borders to thousands of Syrians fleeing bullets, bombs, and torture. At least 13,000 Syrians have fled to Lebanon since the civil conflict commenced one year ago. They are largely reliant on economically distressed host families and humanitarian organizations for shelter, food, and assistance. Lebanon's HRC leads the coordination of humanitarian assistance in the north, partnering with the UNHCR and implementing organizations. UNHCR and international NGOs (INGOs) are clustered near a tightly controlled area called Wadi Khaled, where the 4,000 registered refugees and their host families are generally receiving adequate services. However, nearly three times that number are receiving little to no humanitarian assistance in other parts of the north and in eastern Lebanon, south of Beirut, and in Tripoli.

To reach northern Lebanon, Syrians must now navigate heavily mined areas and avoid Syrian soldiers shooting at

POLICY RECOMMENDATIONS

- The Government of Lebanon (GoL) should agree to register all Syrians fleeing violence and expand government-supported humanitarian assistance to the Bekaa Valley and other areas of Lebanon hosting Syrian refugees.
- Lebanon's High Relief Commission (HRC) should address humanitarian gaps in the provision of food to refugees and host families by exploring the flexible use of food vouchers.
- The UN Refugee Agency (UNHCR) and donor nations should support direct financial and technical assistance to proven local leaders, community and medical NGOs, and recovery centers.
- Lebanon's Ministry of Social Affairs (MoSA) should commit to creating Social Development Centers (SDCs) in areas hosting Syrian refugees and vulnerable populations in eastern Lebanon, Beirut, and Tripoli.

those attempting escape. Border guards have reportedly refused entry to some Syrians, but despite these hardships, thousands have managed to flee into eastern Lebanon. Syrians arriving in the east are not being registered and have little access to humanitarian assistance. They are reliant primarily on *ad hoc* donations collected and distributed by local NGOs. Most refugees are living with families, but some are sheltering in barns and huts.

The fleeing Syrians are an exceptionally young population. In the north, according to formal registration, nearly 20 percent of the refugees are aged four and under, and an additional 35 percent are under 18. Education is available to all children, but because Lebanon has a different curriculum and teaches classes in French or English, Syrian students are finding it hard to adjust. In the north, Save the Children is providing remedial classes to ease the transition from the Syrian to the Lebanese curriculum, but the school enrollment rate is 53 percent at the primary level and as little as 9 percent in secondary school.

REGISTRATION

Registering refugees is important for at least two reasons. First, it is a method of identification vital to a host government's understanding of who is entering the country. Second, registration is the key to assessing the size, needs, and demographics of a displaced population. In the north of Lebanon, the HRC or UNHCR both register refugees and are supposed to share a unified database. However, RI spoke to a family registered with UNHCR outside Wadi Khaled whose 13-year-old was refused medical assistance because the family was not registered with the HRC. Recently, the GoL introduced registration certificates in the north, which should maximize access to refugee assistance. After suspending registration in Tripoli for a few weeks, the GoL also recently agreed to recommence the process. Both of these developments are important and welcomed by RI.

No registration is occurring in the east, where large numbers of refugees are now entering. RI was told that Lebanon's prime minister will determine if and when to open registration in the east. There are concerns that revealing the true number of Syrian refugees could provoke protest from some members of the government. For example, in early March, the deputy leader of Hezbollah stated that no refugee camps would be built to house Syrian refugees, and declared that no refugees lived in his district. While not taking a stance against the entrance of Syrians, his position demonstrates the political fragility of Lebanon's open-border policy should large numbers of people continue to arrive. Yet without registration, thousands of fleeing Syrians are at risk of

arbitrary detention and deportation, and have no access to education, health care, and other human rights.

HUMANITARIAN ASSISTANCE IN THE NORTH

While HRC and UNHCR assistance should cover all of northern Lebanon, it is currently concentrated in an area called Wadi Khaled – a collection of 21 hillside villages within walking distance of Syria. Up to 90 percent of refugees in Wadi Khaled entered Lebanon without permission, and as a result they are not permitted to leave the area. Movement is severely limited by a Lebanese military checkpoint at the hilltop entrance, with landmine fields and the Syrian military at the bottom of the hill. The rest of the refugees in the north are dispersed throughout the Akkar region. There they live in makeshift shelters, rented rooms in houses, or with host families.

Families receive parcels of food from the HRC, which include dried goods like beans, cooking oil, cheese, and canned meat. However, food distribution has been inconsistent and does not adequately account for the size or composition of a family. While fresh fruit, vegetables, meat, poultry, and fish are plentiful in the area, they are not provided in food parcels – reportedly because the HRC deemed them too expensive.

In addition, new mothers expressed a pressing need for baby formula, which is not regularly included in food parcels. One doctor providing free medical care in the area estimated that 80 percent of the mothers he treated were producing insufficient milk to nurse their babies. This was likely due to the extreme stress of displacement coupled with a nutrient-deficient diet. Some mothers were resorting to cow's milk as a substitute.

Refugees in the north, outside Wadi Khaled, expressed concerns about the inconsistent delivery of food. Food parcels have been delivered each month, but delivery dates are erratic. For some larger families, inconsistent delivery made the rationing of food difficult, since they did not know if they would receive the next parcel in 15, 30, or 45 days. Local mayors told RI that in the summer of 2011, amid a change of government in Lebanon, HRC's food distributions were suspended for a few months. Without assistance, host families were unable to feed their refugee guests. As a result, hundreds of refugees in villages were encouraged to return to Syria. These returns were noted in UNHCR's weekly updates, but food shortages were not documented as the reason for the returns. In early March, one mayor from the north informed RI that the villages were again receiving significant numbers of new refugees every day, but local organizations did not have the food or shelter to assist them.

The GoL should authorize the use of food vouchers by Syrian refugees to purchase locally available food not included in food parcels. This would also provide a direct boost to economically distressed villages in need of revival. Food vouchers are often cheaper than food deliveries, respond directly to the necessities of refugees, and are a flexible tool capable of meeting a variety of needs in geographic areas where neither the HRC nor the UNHCR will likely have a robust presence, such as the Bekaa Valley. While concerns regarding possible corruption have been raised in the context of Syrian refugees, this has not proven to be an issue for Iraqi refugees using food vouchers in Lebanon. Moreover, according to UN Interagency Standing Committee documents, there is no evidence that cash projects are more prone to corruption and diversion than other types of assistance.

Adequate shelter was also cited as a significant concern outside Wadi Khaled. Some families RI visited were living in single rooms in small derelict buildings unprotected from the cold. Refugees have received fuel, which is used in stoves for both heating and cooking. However, at times families have had to forego heating their homes to conserve fuel. According to the University College London's Institute of Health Equality, cold homes contribute to reduced weight gain in infants, asthma in young children, and an impeded ability to learn in older children, as well as increased incidence of cold, flu, chronic lung diseases, and heart attacks. Given the youth of the Syrian refugee population, it is critical that they are living in spaces that are safe and habitable, and that fuel rations are large enough to ensure adequate heat.

PREPARATION IN THE EAST

While a number of INGOs are present in the Bekaa Valley, local communities are providing the vast majority of humanitarian assistance to the thousands of Syrian refugees continuing to arrive. The GoL does not permit the HRC to work in the Bekaa Valley, and UNHCR must request permission from the UN's Department of Safety and Security each time it wants to travel there, making its ability to assist refugees in the region unpredictable. Given these limitations, village mayors, community leaders, local NGOs, and MoSA's Social Development Centers (SDCs) should be utilized to provide emergency and ongoing assistance.

Through MoSA's SDCs, host communities and Syrian refugees are able to access a variety of services, including primary health care, mental health counseling, nursery, and vocational training. Increasing access to SDCs outside of Wadi Khaled in the north and along the eastern border would go a long way toward addressing some needs of arriving refugees.

Local mayors and community leaders are providing critical support to refugees in the north that could be replicated in the Bekaa Valley. When thousands of Syrians started crossing into villages through a small, shallow river, nine village mayors immediately coordinated the relocation of refugees among their communities and families. The mayors expressed frustration about the lack of meaningful engagement with the HRC and the UNHCR, as well as confusion regarding where concerns should be raised. Strong partnerships with community leaders and mayors should always be pursued, particularly when the reception of refugees is welcomed and humanitarian access to an area is limited.

As the Syrian refugee population has grown in the Bekaa Valley, local organizations have been finding them housing, facilitating access to medical care, and providing food and other essentials – all outside the HRC/UNHCR framework. The ability of local NGOs to assist refugees is based primarily on *ad hoc* donations provided by community members. While agile, the system is heavily stressed and incapable of assisting a large and growing refugee population. In addition, given that the majority of arriving refugees are women and children, concerns persist that human rights and humanitarian protection issues are not being addressed. The UNHCR, through its financial and technical resources, is beginning to utilize these local organizations and should build on this partnership – particularly where the ability to move freely, safely, or predictably is not assured for non-local staff.

A number of INGOS are permitted to work alongside local organizations in the Bekaa Valley, and they can provide direct assistance to unregistered refugees. Due to their longstanding networks and history in Lebanon, they are able to coordinate with and complement the work of local organizations. One INGO, for example, is mapping out protection needs among unregistered Syrians.

MEDICAL CARE AND RECOVERY

The number of Syrian refugees crossing the border with life-threatening injuries is increasing. Medical care seems to be well-coordinated but under-resourced. The MoSA, INGOs, hospitals, and recovery centers caring for injured refugees urgently need financial assistance, equipment, and medication.

Transport to hospitals is available to Syrians wounded by bullets, shrapnel, or landmines. In a show of generosity, the Lebanese government pays for major surgeries and other life-saving medical interventions. However, it does not have the resources to accommodate patients requiring weeks of recovery in hospital. To address this gap, volunteer doctors and nurses are renting space in buildings to create makeshift recovery centers.

RI was able to visit one of the centers in February, and met women and children who had been shot by the Syrian military while fleeing the heavily bombarded city of Homs. RI met one grandmother who was in a car holding her grandson when a bullet went through her body, entered her grandson's body, and then exited through his leg. Her grandson had already been released after being treated for a broken leg, but she was likely to remain in the hospital for weeks recovering from a hip injury. RI also met a 16-year-old who had lost half of his leg after stepping on a landmine.

In February, doctors at the recovery center told RI that they had seen over 200 seriously injured Syrian refugees since August 2011, and were seeing an increase in patients each week. They reported that the majority of people losing limbs were under 18 years old. The doctors were in desperate need of financial support to pay for rent and hospital supplies, as well as prosthetics, wheelchairs, crutches, and medicine of all types. Donor nations should therefore directly finance life-saving medical operations and long-term recovery clinics in Lebanon. The availability of these services is currently dependent on the already limited resources of hospital staff, and the ability of recovery centers to attract donations. Recovery centers, however, should not be functioning based on *ad hoc* charity.

CONTINGENCY PLANS

While the HRC and UNHCR have been working on contingency plans, events on the ground have continued to deteriorate. Current levels of resources and funding are not sufficient to meet the need. Thus far, UNHCR has not made an emergency appeal for funding and is working within its 2012 budget limits, which did not include a budget line for Syrian refugees. In February, UNHCR said that it was equipped to assist the refugee population without additional funding, but this is not consistent with the experience of refugees in the north – particularly those outside Wadi Khaled. In the east, UNHCR is in the beginning stages of assessing the refugee population. However, financial and in-kind assistance is not readily available to the local organizations that are receiving refugees. Refugees south of Beirut and in Tripoli are reportedly finding it very difficult to register and access assistance even after registration. RI met one man who was told to come back in a month after attempting to register with the UNHCR in Beirut. Out of money for food and rent, he said he had no choice but to move to Turkey. The UNHCR is expected to present a regional appeal in mid-March to donor countries. Given the shortfalls in humanitarian assistance, donor nations should fully support this appeal.

CONCLUSION

So far ministries of the GoL, UNHCR and implementing partners, local mayors, and many communities have generously supported the needs of Syrian refugees. In Wadi Khaled, coordination exists, but gaps in humanitarian assistance are resulting in food shortages and inadequate shelter in other parts of the north. As the population of refugees in the east, south of Beirut, and in Tripoli continues to grow, so too does the need for registration. The HRC must also meet this growing need by expanding operations, and the UNHCR should be identifying appropriate local mayors and organizations to support financially. As the conflict in Syria shows no sign of abating, Syrians will continue to seek refuge in neighboring countries in the thousands. This reality must be confronted with a strong and fully-funded response that supports the GoL by meeting the needs of those refugees and their hosts.

Sarnata Reynolds and Kristen Cordell traveled to Lebanon to assess the needs of Syrian refugees in February 2012.