

RAPID NEEDS ASSESSMENT: HARET HREIK



June 2013

Amel Association International

This report summarises the findings of *Amel Association International's* recent Rapid Needs Assessment survey, which took place in May 2013 around Beirut and its suburbs.

The report makes recommendations based on the survey findings relevant to *Amel Association International's* Haret Hreik community centre, which is undergoing expansion into a multi-function centre with capacity to provide both educational and healthcare services.

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Rapid Needs Assessment: Haret Hreik

AMEL ASSOCIATION INTERNATIONAL

INTRODUCTION

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The report makes recommendations based on the survey findings relevant to *Amel Association International's* Haret Hreik community centre, which is undergoing expansion into a multi-function centre with capacity to provide both educational and healthcare services.

Amel Association International

Amel Association International is a civil, non-confessional organisation set up in 1979 by a team of physicians, sociologists, journalists and others following the 1978 occupation of South Lebanon. The association has 24 centres in Lebanon, located in the regions of Mount Lebanon, Beirut, the Bekaa Valley and South Lebanon. *Amel Association International* is a non-profit, non-sectarian organization that supports the most underprivileged populations in Lebanon through various programmes, including healthcare, psychosocial support, rural development, vocational training, child protection and the promotion of human rights. *Amel Association International* has always been active in emergency and relief programmes, particularly during the Civil War and the 2006 aggression against South Lebanon.

Emergency Response to the Syrian crisis

Since April 2012, *Amel Association International* has, in collaboration with the Lebanese Government, UN agencies, local and international NGOs, assisted Syrian refugees in Lebanon by providing primary healthcare services, educational support, psychosocial activities and the distribution of food and non-food items to **more than 43,000 beneficiaries**.¹ These activities are implemented in the Bekaa Valley, Beirut, Mount Lebanon and South Lebanon.

The number of Syrian refugees in Lebanon is constantly increasing. The Syrian internal crisis has brought **1,200,000** new refugees to Lebanon, according to Lebanese Government estimates – a figure that amounts to an increase in the size of the country's population of over 25%. Of these, **625,940** are registered with UNHCR and **133,176** are living in Beirut.² In the coming months, *Amel Association International* foresees a new influx of Syrian refugees.

Haret Hreik

¹<http://www.amelinternational.org/photos/pdf/20130415022834.pdf>; number of services provided = 110,000

²Figures correct as of Monday 22 July 2013. See <https://data.unhcr.org/syrianrefugees/regional.php> for more details.

Haret Hreik is a municipality located in the Southern suburbs of Beirut in the region of Mount Lebanon, Baabda district. This area is defined as one of Beirut's poverty pockets, hosting marginalized Lebanese populations. The area has seen extensive reconstruction work since it was levelled in the July 2006 war. Although there are currently only **1383** registered Syrian refugees³ living in the area, Haret Hreik is located between several centres of migration for Syrian refugees. Between them, Haret Hreik and the surrounding areas of Laylake, Bourj el Barajneh, Hadath, Chiyah and Ghobeiry play host to **11,884** registered refugees and countless unregistered.

Amel International Association has had a centre in Haret Hreik since 2009.⁴ The centre operates in cooperation with NGOs and UNHCR. It offers educational services for children and youths. Currently, the centre is undergoing an expansion of the services it provides to include a healthcare programme for adults and children, the majority of whom will be Syrian refugees.

Rapid Needs Assessment: objectives

The Rapid Needs Assessment questionnaire at *Amel Association International's* Haret Hreik centre was put into the field to provide detailed, evidence-based information on respondents' healthcare needs and support the expansion of the centre into a multi-function health and community centre.

Note on the report

The advantage of the Rapid Needs Assessment is that it can provide an overview of the target population's needs rapidly and accurately. Additionally, the nature of the Rapid Needs Assessment survey is such that it can be repeated as beneficiaries' needs change, allowing *Amel Association International* to constantly respond to changing circumstances at individual centres.

Throughout the report, the terms "respondent(s)" and "target population" are used interchangeably. For the sake of brevity, it is assumed that the needs expressed by respondents to the survey are representative of the needs of the majority of the Rapid Needs Assessment target population (see below). We do not claim that the findings of this report are representative of the needs of all Syrian refugees living in Lebanon, nor all *Amel Association International* beneficiaries.

Therefore, *Amel Association International* intends to continue producing reports for its other centres in other areas in the near future, as and when Rapid Needs Assessment data is collected.

Methodology

The Rapid Needs Assessment survey took place in May 2013. Questions aimed to assess respondents' main needs in each of the following areas:

1. General information and financial situation;
2. Health; and
3. Education.

³ UNHCR (2013) "Registered Syrian in Beirut and Mount Lebanon by Village, Gender and Age: 19 June 2013"; calculation included registered refugees in Haret Hreik and the surrounding areas.

⁴ See *Appendix 1* for a map of all *Amel Association International* centres in Beirut and its Southern suburbs.

The **target population** of the survey consisted of Syrian refugees (from the current conflict) living in or around Beirut, specifically those deemed vulnerable or at risk. As the majority of respondents answered the survey from home, there were significantly more respondents from areas outside the centre's catchment area. This presents both advantages and disadvantages. On the one hand, we cannot easily say that the needs expressed by respondents are necessarily the needs of the Syrian refugees who will be regularly attending the centre. On the other hand, however, the high number of participants from outside of Haret Hreik (see *Figure 8*) gives us a significantly more balanced view of the living conditions of the Syrian refugee population of Beirut and its southern suburbs as a whole.

The questionnaire was conducted in the field by 6 outreach workers from the refugee community working at Haret Hreik center. All respondents to the survey were known to the centre's outreach workers, making house visits possible and the preferred method of data collection. Prior to releasing the survey to the target population, *Amel Association International* staff led a focus group with the Haret Hreik outreach workers in order to fine-tune the questionnaire. This was particularly useful, as all of the outreach workers are Syrians who moved to Lebanon prior to the start of the Syrian civil war, but nonetheless maintain close contacts to the target population.

The total number of respondents to the Rapid Needs Assessment survey was 188. As some respondents did not fit the target population requirements (for example, they had moved to Lebanon prior to the current conflict), their answers were discounted, bringing the total number to **176 respondents**.

After the data-gathering process, the completed questionnaires were returned to *Amel Association International* HQ in Mussaitbeh, where they were compiled and coded in preparation for writing the report.⁵

Findings summary

As the reader will see, the Rapid Needs Assessment survey was particularly informative in highlighting the dire living, health and education conditions of the target population.

Starting with living conditions, the assessment shows the critical lack of access to decent accommodation. The average monthly rent is 375.75 USD/month while the average monthly income per household is 366USD/month. Many target population individuals live in incredibly overcrowded, unsanitary conditions. The high average number of individuals per house (6.99) is in spite of the high average monthly rent (USD 375.75) paid by Syrian refugees in Beirut. Additionally, many refugees suffer from low levels of education, and some fall into vulnerable categories due to their age (e.g. minors or elderly people) or marital status (e.g. widows/widowers). Finally, few target population individuals (34.66% overall, though the number is significantly lower among women and young people) have succeeded in finding employment in Lebanon, contributing to the inability of most families to make basic payments such as rent. Rent, together with food and health, are considered the most important expenditures by a majority of survey participants.

With regard to healthcare, many target population individuals suffer from or have a family member who suffers from some form of chronic (53.98%) or acute (64.77%) illness. In particular, a high proportion (48.30%) of participants suffers or has suffered from dental problems. Healthcare costs are high (a monthly average of USD 126.53), something that is particularly concerning considering that most participants haven't even enough money for living expenses, much less taking care of their health. With the rapid seasonal changes in weather seen in Lebanon, a public health crisis could be looming, especially with poor living

⁵ Survey data available at: <https://docs.google.com/spreadsheet/ccc?key=0Ava-bsFhfgbjdHdOWmFyX2xOZzFMZEvdvZWQ3bG04anc&usp=sharing>

conditions and close contact between Lebanese and Syrian refugee populations. Paediatric care is another area of concern, with many target population children left unimmunised and a pregnancy rate of 9.09% among the target population. Worryingly, some refugees are taking the risk of returning to Syria to give birth due to the high costs involved in childbirth in Lebanon. When asked what they would like to learn in health awareness sessions (offered by *Amel Association International*), respondents showed a particular interest in general health, womancare and paediatric care.

The educational needs of the target population are just as great as their health needs, with many children unable to access the Lebanese education system, mainly due to financial (48.67%) or access (16%) issues. Where they are able to access education, children face linguistic issues (35.87%), difficulties with the Lebanese curriculum (22.83%) and difficulties adapting (18.48%), amongst others. These children should be the focus of *Amel Association International's* remedial classes. Many target population individuals also express a desire to learn life skills (such as languages) and vocational skills, all of which will help them integrate with their local communities and make ends meet.

The following sections of this report will focus on these issues in more detail, and make recommendations relevant to the expansion of the *Amel Association International* centre at Haret Hreik.

FINDINGS

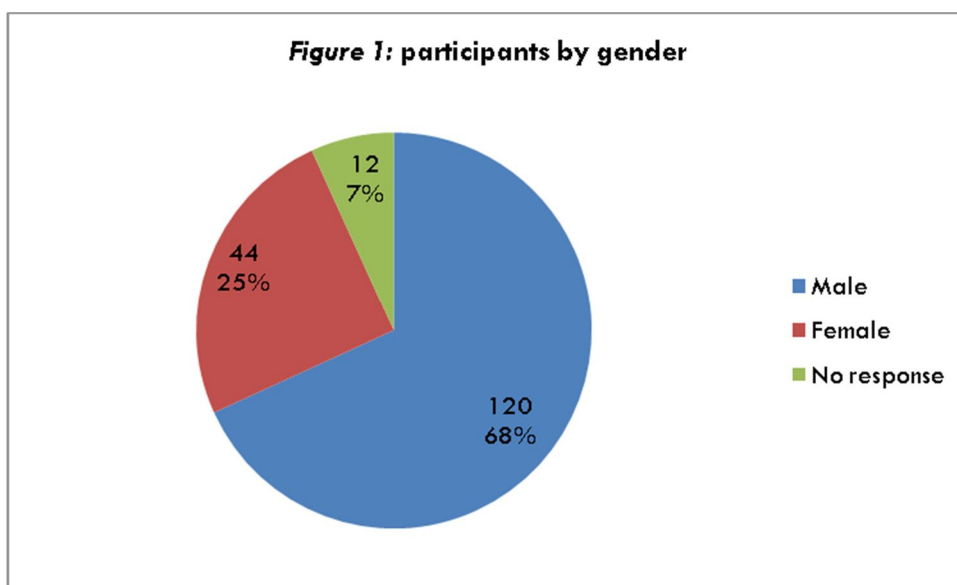
General information and financial situation

Sample size

The sample size for the survey was 188 participants. However, as some have been resident in Lebanon for longer than 30 months (indicating that they are not refugees from the current conflict) the number of responses considered in the findings is **176**. As the main method of data collection for the survey was home visits, we can estimate that the respondents came from 176 different families.

Gender

The majority (**68.18%**) of participants were male, as indicated by *Figure 1*:



However, as most of the data collection was carried out by outreach workers making home visits (rather than in the centre), we cannot say whether this figure is congruous with the demographics of the Haret Hreik centre. Indeed, as home visits were conducted to collect much of the survey data, it is likely that men (who tend to head traditional Syrian families) will have filled in the questionnaires.

Age

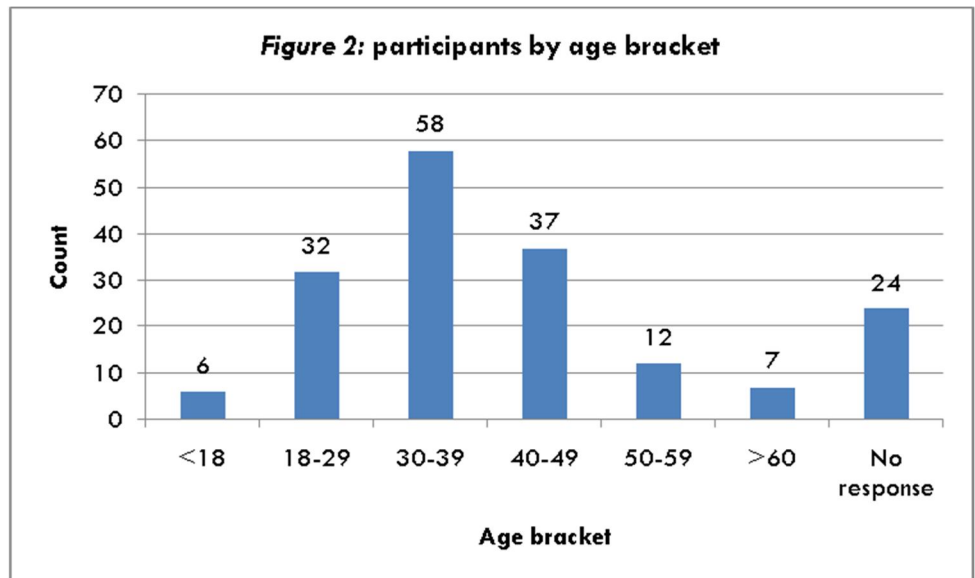
The average (mean) age of participants is **36.46** years old, a median of **35.5**. Individual participants' ages can be broken down into the following age brackets:

Recommendation 1:

7.39% of participants fall into outlying age brackets (younger than 18 or older than 60 years old). These participants require extra care, as they may be both at higher risk of illness and may be less able to provide for themselves & their families. It may be necessary for Amel Association International to provide these individuals with free or reduced-cost healthcare and educational services.

Recommendation 2:

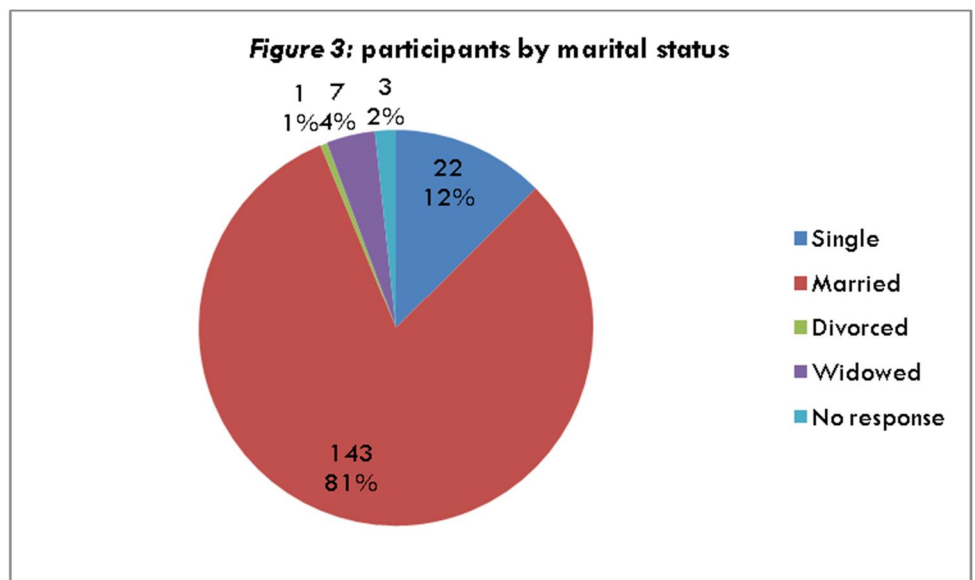
Like those in outlying age brackets, widows/widowers may be more vulnerable than other individuals, as they may not be able to make ends meet and may be at greater risk of developing mental and physiological illnesses that go unnoticed and undiagnosed. This makes it especially important for Amel Association International to monitor them closely and provide them with additional services to ensure that they do not suffer as a result of their marital status.



As we can see, most participants are middle-aged, with **32.95%** of all participants falling in the bracket 30-39. Furthermore, there were six under-18s and seven participants over the age of 60.

Marital status

As indicated by Figure 3, the vast majority (**81.25%**) of participants were married. There was only one divorcee and seven widows/widowers.



Of the participants aged under 18, one female (aged 17 years old) indicated that she is married. This may be indicative of a wider, worrying trend among young Syrian refugees. However, a larger sample size for under-18s would be necessary in order to be able to make any significant conclusion. More work is needed to assess whether young refugees in

Recommendation 3:

Amel Association International may consider conducting research into marriages involving young (under-18) Syrian refugees in Lebanon, especially females. If a trend becomes clear, Amel Association International should consider advocacy to prevent such arrangements.

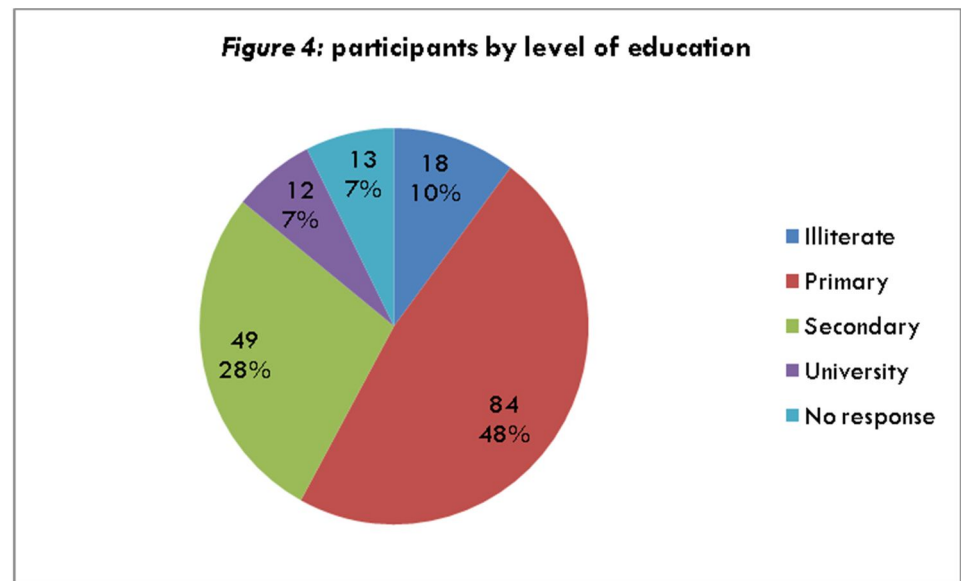
Recommendation 4:

The target population's overall level of education is low, with an illiteracy rate of 10.23% and another 34.66% of participants indicating that they have only received very basic schooling. Such individuals may find it harder to find employment, and may also suffer in other ways, such as inability to find out information about their relatives in Syria, etc. They should be the primary focus of Amel Association International's accelerated learning programme and remedial classes, as well as vocational and life skills training.

Lebanon have been forced to marry at a young age, and to protect such individuals.

Level of education

As indicated by Figure 4, most participants (82.39%) have received some type of formal education. However, the overall level of education is low, with only 61 participants (34.66%) indicating that they had been educated above primary level.

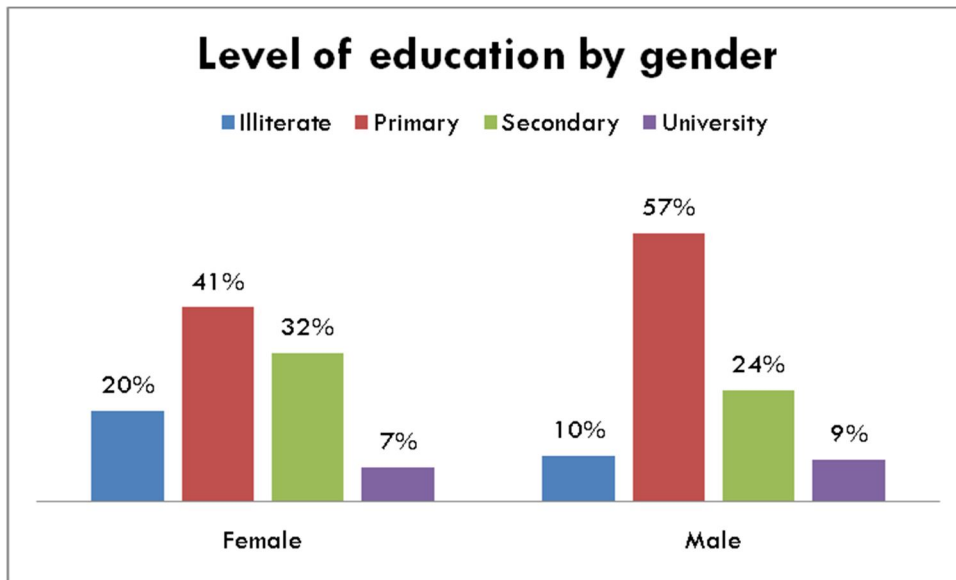


Unlike the previous survey at Bourj el-Barajneh,⁶ this particular Rapid Needs Assessment did not reveal any significant gaps in level of education between men and women with 39% of the women who answered to that question indicating that they had been educated above primary level and 33% of the men who answered to that question indicating that they had been educated above primary level.

Nevertheless, there is a higher proportion of illiterate women to men (20% of the women who answered to that question were illiterate against only 10% for men interviewed).

⁶ Download at:

https://www.google.com.lb/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCwQFjAA&url=http%3A%2F%2Fdata.unhcr.org%2Fsyrianrefugees%2Fdownload.php%3Fid%3D2057&ei=EjzIUe37NYfqswa2gYHICQ&usg=AFOjCNH6Z-U5OA9M_-3qokvOhDv8zqgmQ&sig2=yN4MfRL-Vug-oXSC8UXhZA&bvm=bv.48293060.d.Yms

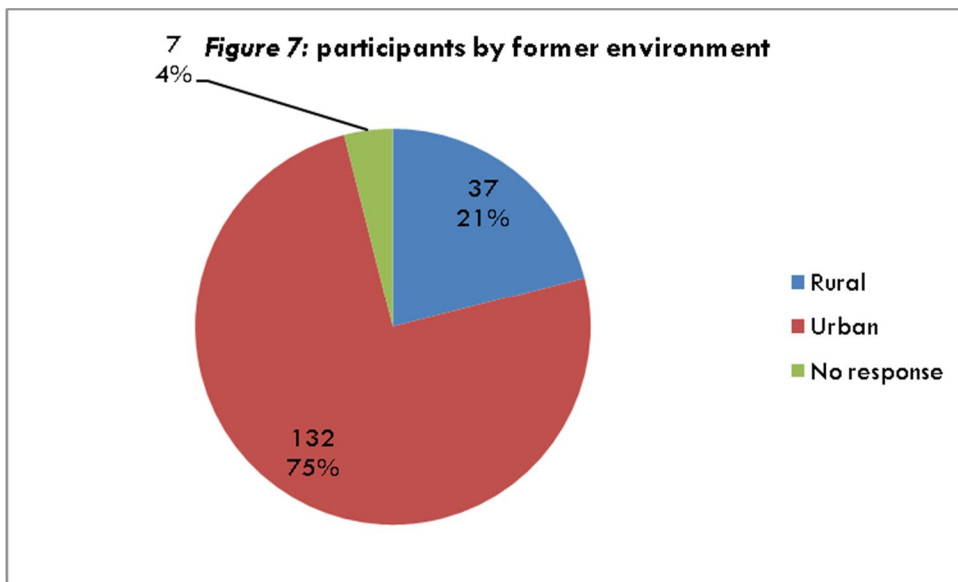
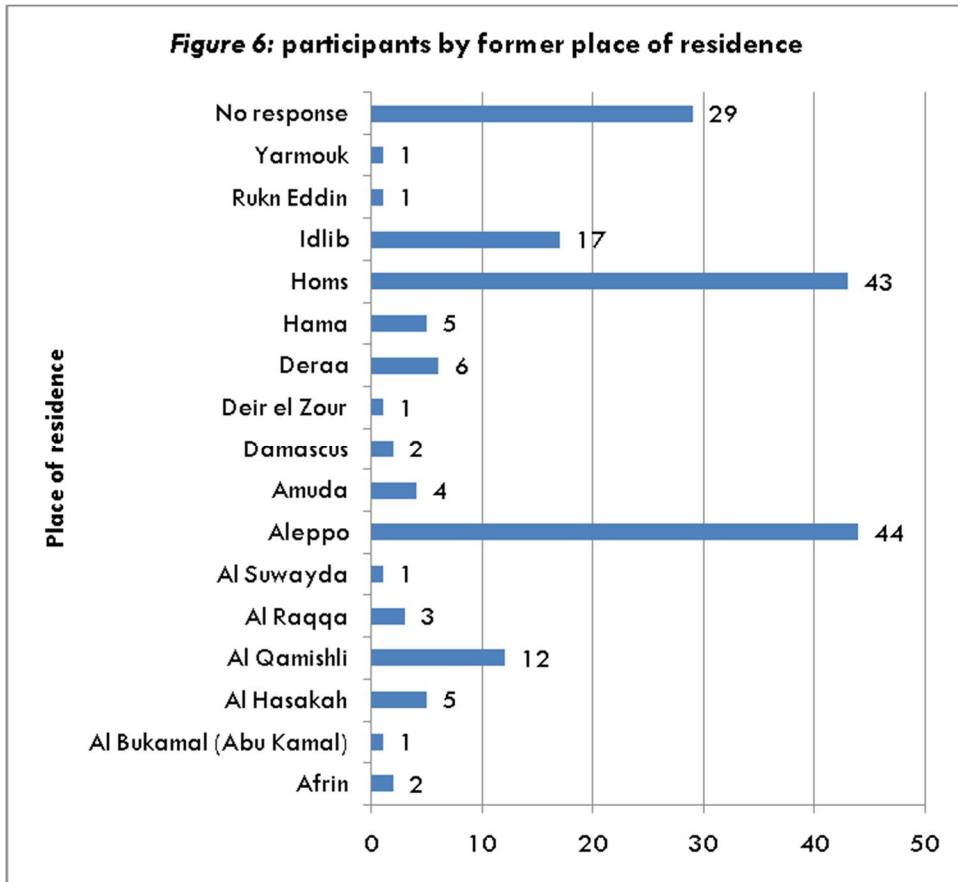


Number of children

The average (mean) number of children per survey participant is **3.4** children, a median of **3**. This drops to a mean of **2.82** children per participant if only children under the age of 18 are included.

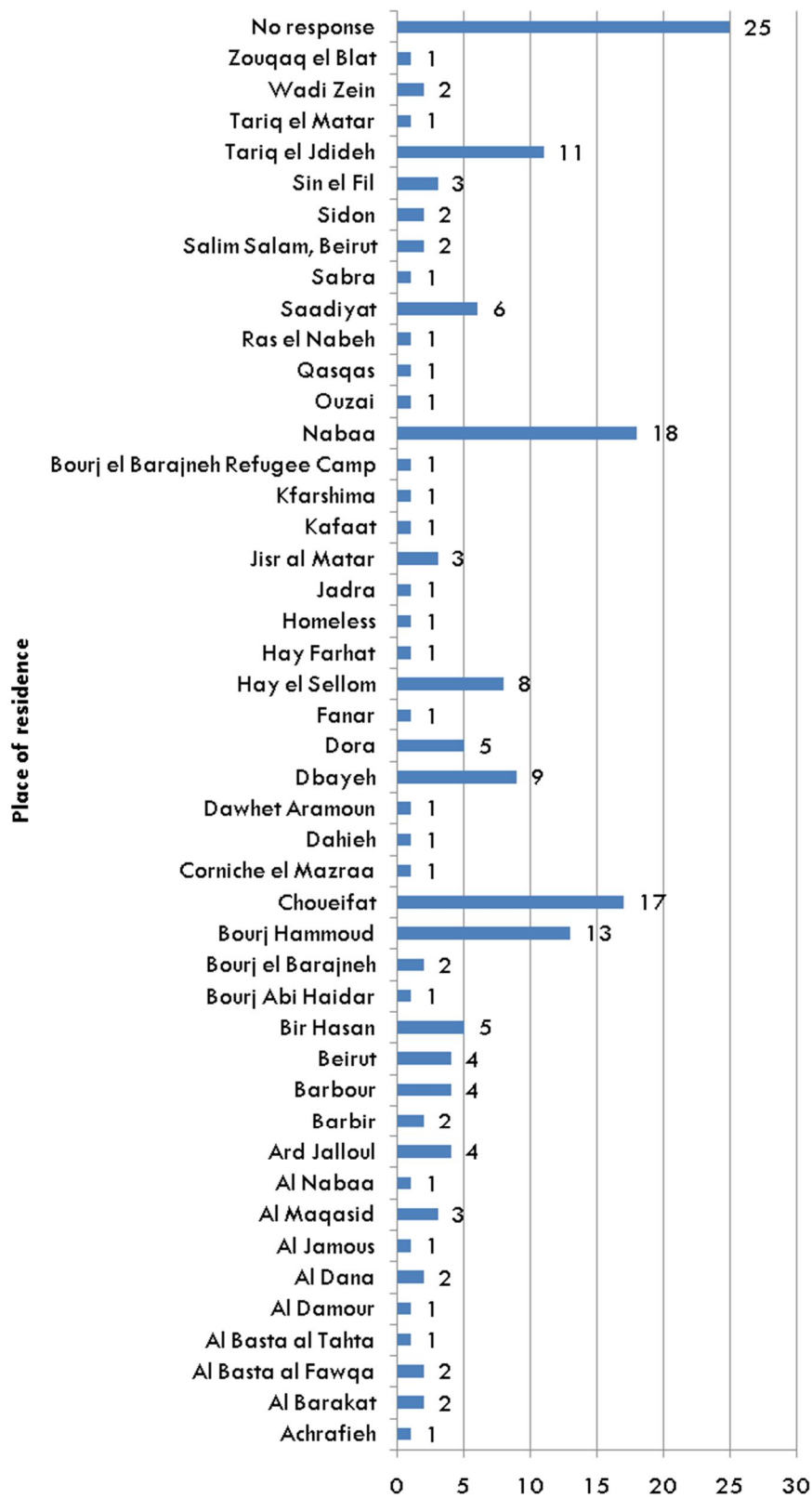
Place of residence

Figures 6 & 7 illustrate participants' former places of residence and environments (rural or urban) in Syria. As we can see, many came to Lebanon from the cities of Aleppo and Homs, which have both seen heavy fighting throughout the course of the country's civil war. The majority (**75%**) of participants previously lived in urban settings.



The trend for urban living continues in Lebanon, with **77.84%** of participants living in towns or cities. *Figure 8* illustrates where participants have settled in Lebanon, with the vast majority living in or around Beirut's southern suburbs. There are especially big communities in Nabaa and Choueifat.

Figure 8: participants by current place of residence



Recommendation 5:

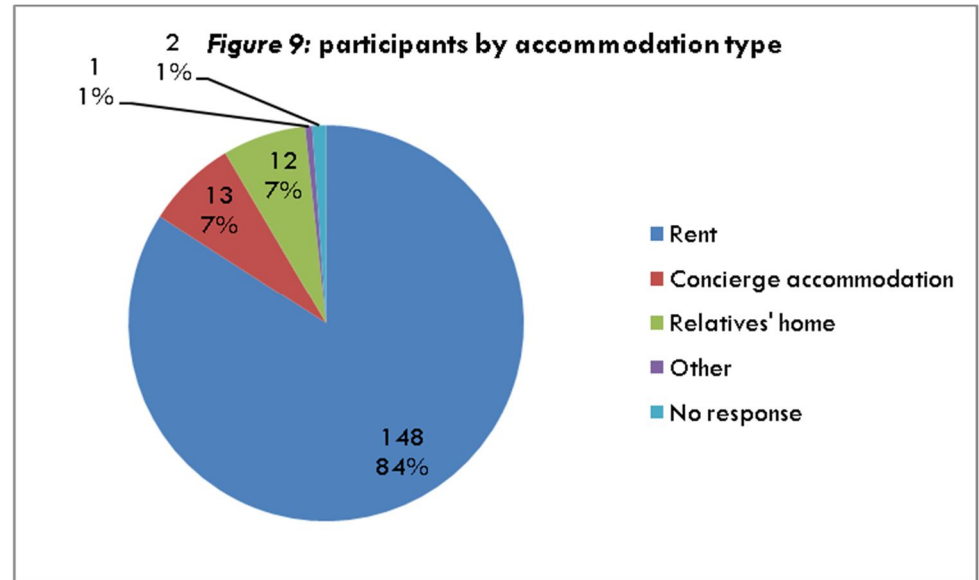
The target population lives in extremely overcrowded situations, with the average household consisting of 6.97 individuals, or 3.33 people per room. Living in such densely-populated accommodation may have severe health consequences, especially as rapid seasonal changes in weather occur (intense, hot weather in summer and cold, damp weather in winter). It is key to provide the target population with essential knowledge about hygiene and recognizing illness in order to prevent potentially epidemic infections from spreading.

Length of stay

The average (mean) length of stay in Lebanon was **9.99 months** when the survey took place, a median of 8.

Living conditions

Most participants (**84.09%**) live in rented accommodation, though a significant minority lives in either concierge accommodation or with their relatives (see Figure 9).



The average (mean) number of rooms per household in such accommodation is **2.09**, a median of 2.

Overcrowding is a real issue, with the average household accommodating **6.99 people (3.33 per room)**.

Despite this, participants still pay an average monthly rent of **USD 375.75**, a median of \$300.⁷

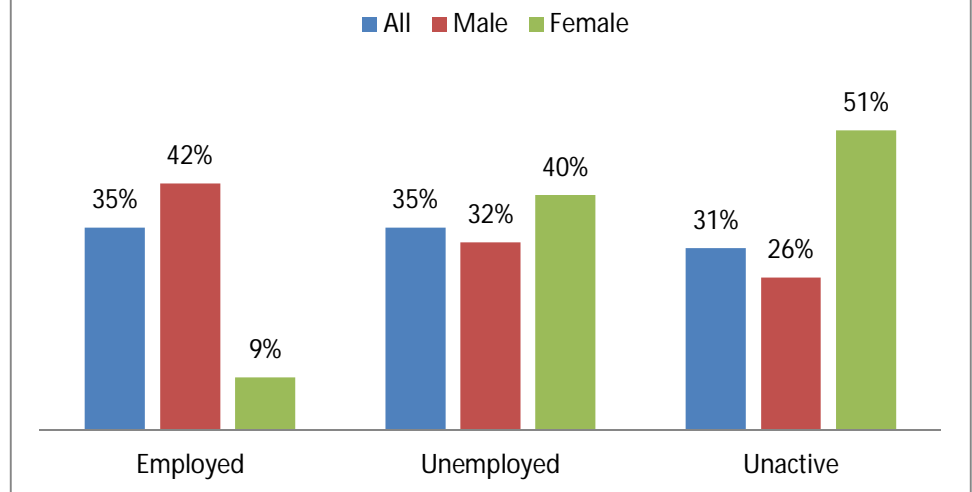
Employment

Figure 10 provides a breakdown of all participants by gender, employment status, whether they are employed, unemployed (not currently employed but seeking employment) or inactive (not currently employed and not seeking employment).

⁷ As shown later on, this figure is lower than the average monthly income of **USD 366.61/month**.

Recommendation 6:

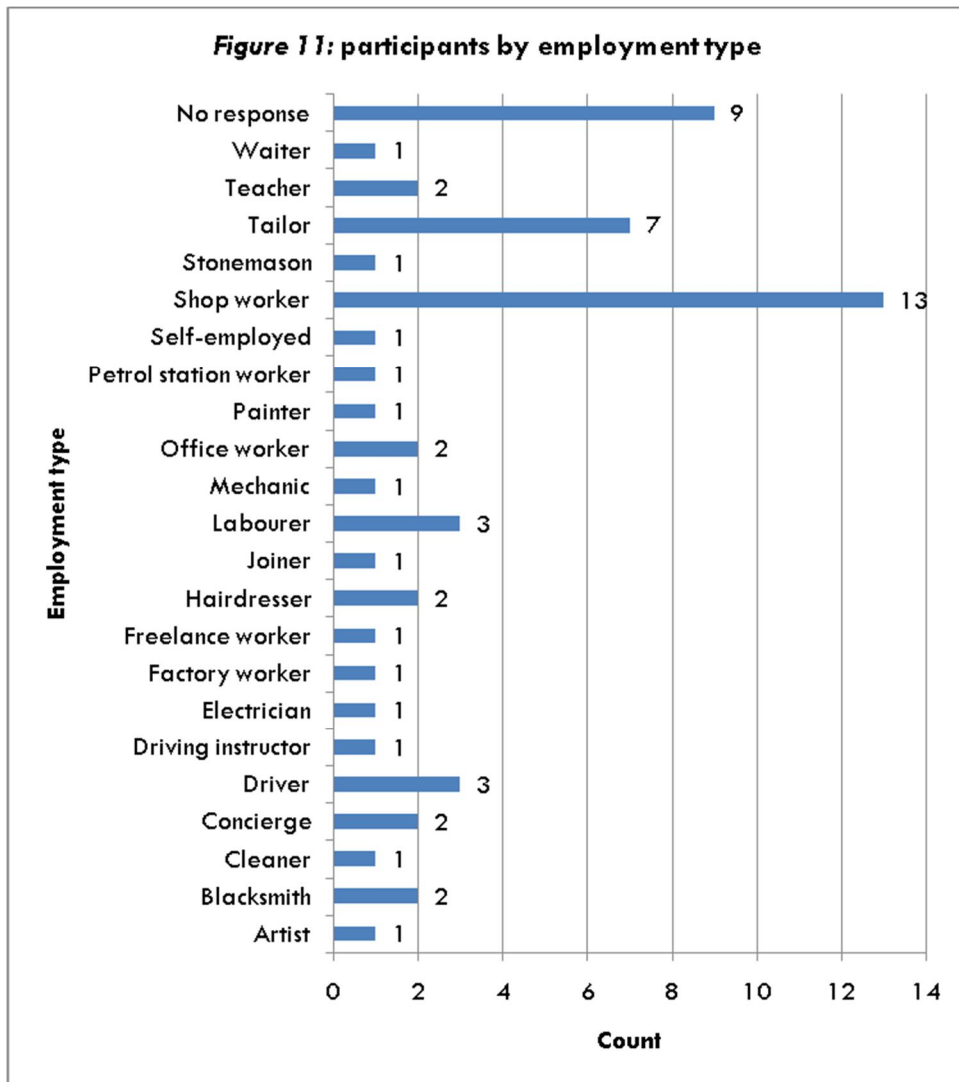
Female and younger (under-30) participants are significantly more likely to be unemployed in Lebanon, despite having sought work. It is imperative, especially given the low household income among the target population, that women and young people be given a chance to be breadwinners; Amel Association International should look into possibility of providing unemployed participants, especially women and young people, with vocational training relevant to the Lebanese labour market in order that they can provide for their families.

Figure 10 : Participants by gender and employment

As indicated by *Figure 10*, one third (**34.5%**) of the 176 participants are currently in employment in Lebanon. This figure is significantly higher among male participants than female, with **42%** of men in employment compared to just **9%** of women. **65.5%** of the refugees interviewed are not working (34.5% unemployed and 31% inactive). It is to be noted that young people are also disadvantaged in the labour market, with the employment rate among participants aged 29 or younger at **23.68%**, compared to an average employment rate of 34.5%.

The divergence between male and female participants appears despite similar proportions of men and women having sought employment since arrival in Lebanon, with **45.83%** of male and **40.91%** of female participants indicating that they have actively sought work. It also appears despite target population women being just as well-educated as their male counterparts. This indicates that the significantly lower levels of employment among female participants is a result of inability to secure work rather than “inactivity” in the employment market, something confirmed by the fact that only **5.56%** of women who claim to have sought work in Lebanon have succeeded.

Figure 11 indicates the types of employment that participants have been able to find, with almost a quarter (**22.41%**) working in shops or stores and a significant percentage working in skilled manual fields like tailoring.



On average, participants indicated that there is less than one other person (**0.89**) working per household.

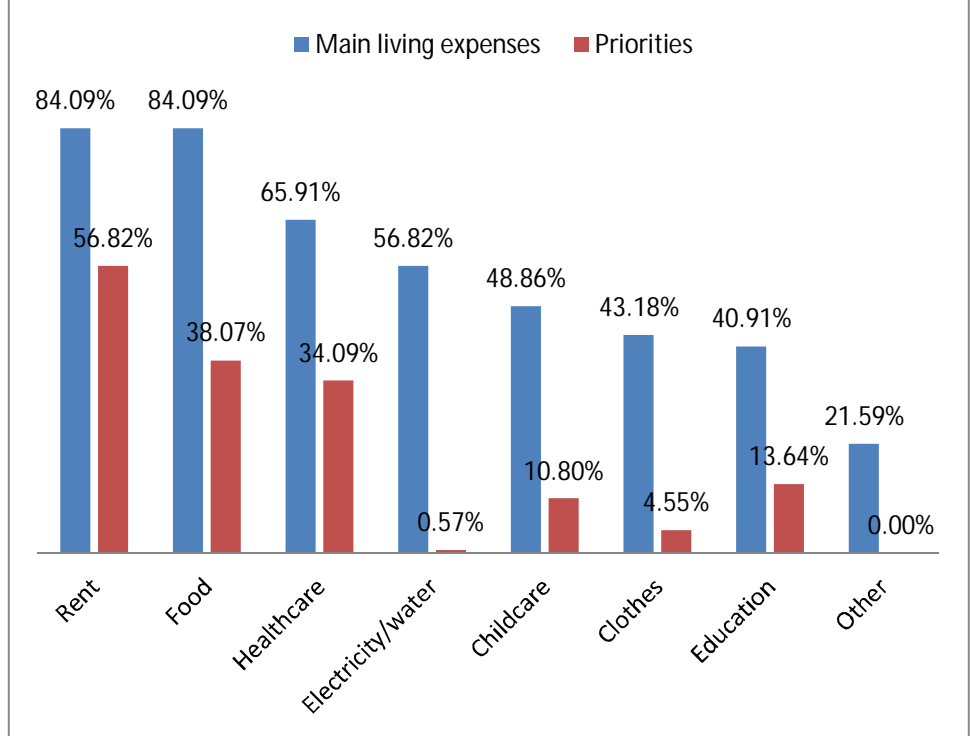
Household income and main living expenses

Participants' average (mean) household income is **USD 366.61/month**, a median of **USD 350/month**. This is lower than the average rent paid by participants, which may explain why rent topped the list of participants' main expenses, with **84.09%** of participants indicating that they consider it one of their "main" expenses and **56.82%** calling it a priority. Other main living expenses and priorities are displayed in *Figure 12*. Significantly for this study, almost two thirds (**65.91%**) of participants named healthcare as a main expense and over one third (**34.09%**) named it as one of their priorities, making it one of only three expense categories (together with rent and food) that were named as a main expense by more than half of participants and a priority by over a third.

Recommendation 7:

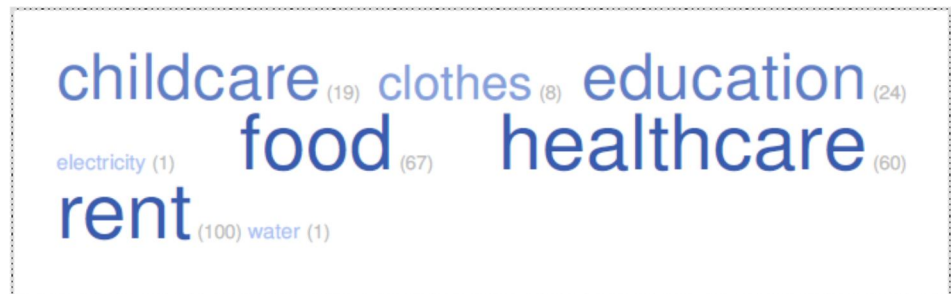
The target population's average household income per month is just USD 366.61 – lower than average monthly rent. This presents a significant obstacle to individuals who wish to access healthcare and education services, both of which can be provided by Amel Association International. Furthermore, as healthcare costs in Lebanon are generally very high, preventative healthcare is by far more sustainable than reactive medicine, indicating that one of the most effective ways to maintain high levels of healthcare without charging participants more than they can afford is to provide health awareness sessions.

Figure 12: participants' main living expenses and priorities



Participants' priorities are also displayed in the word cloud Figure 13, where common issues appear larger than those encountered by fewer respondents.

Figure 13: participants' spending priorities

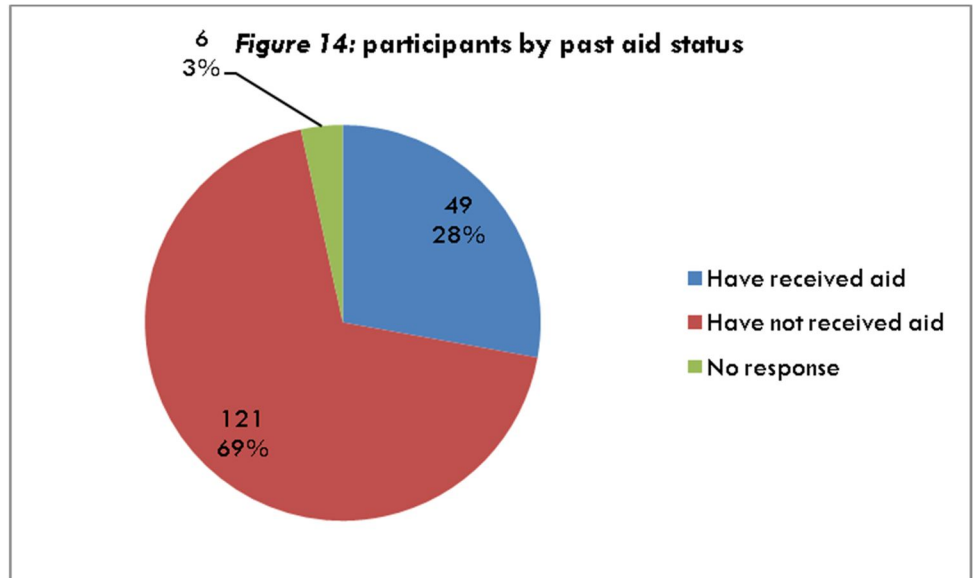


Aid and registration status

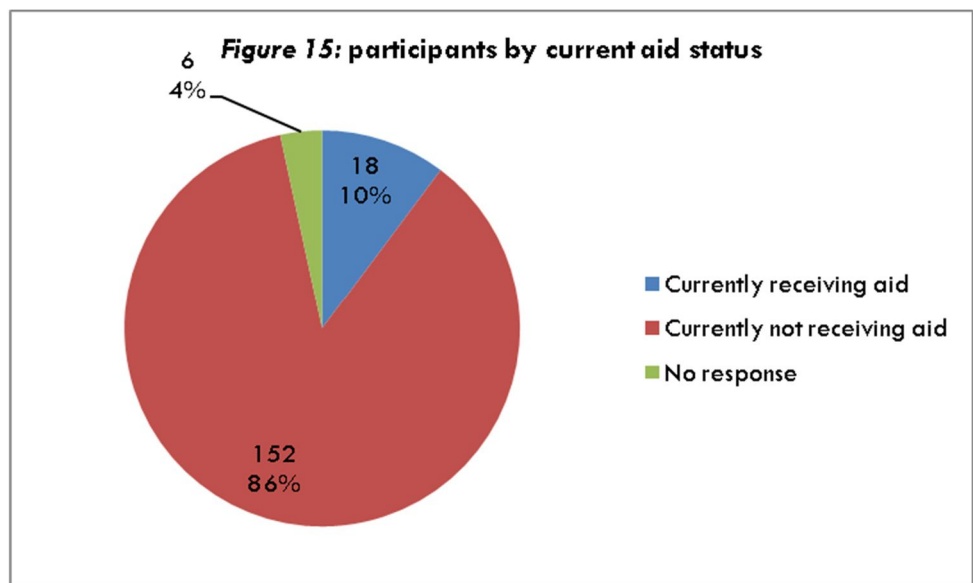
As indicated by Figure 14, a mere **27.84%** of participants have received aid from an NGO or organisation (e.g. the UN or a local municipality) since coming to Lebanon.

Recommendation 8:

Despite reasonably high registration levels (50% of respondents indicated that they are registered with the UN), more can be done. The fact that the UN and related agencies have provided more aid to participants than other organisations indicates that registration does have its benefits, despite not being a long-term solution to the problems faced by many refugees from the Syrian conflict. Amel Association International should encourage unregistered beneficiaries to register as soon as possible. Furthermore, Amel Association International may consider advocacy actions to speed up the registration process and to ensure that all refugees, even those yet to register, receive some form of aid (for example food vouchers).



Worryingly, of those who have received aid since arrival in Lebanon, an enormous **67.35%** indicate that they are no longer receiving anything, suggesting a startling lack of capacity from the UN and its implementing partners to provide assistance on a regular basis. Figure 15 indicates participants' current aid statuses, with **86.36%** stating that they do not currently receive any aid at all.



The main aid-giving organisations are the UN and associated agencies (e.g. UNHCR), which provided **38.78%** of participants formerly receiving aid with assistance and continues to help **27.78%** of current aid beneficiaries. The Makhzoumi Association (**28.57% have previously received aid and 5.56% are currently receiving aid**) and Amel Association International (**10.20% and 11.11%**) also feature, with remaining aid coming from other NGOs or

municipalities. This data indicates a startling lack of aid penetration to participants, possibly due to issues with outreach.

Half of all participants (**39%**) are registered with UNHCR.

Health

This section focuses on the Health conditions of the Syrian refugees living in Beirut and surroundings.

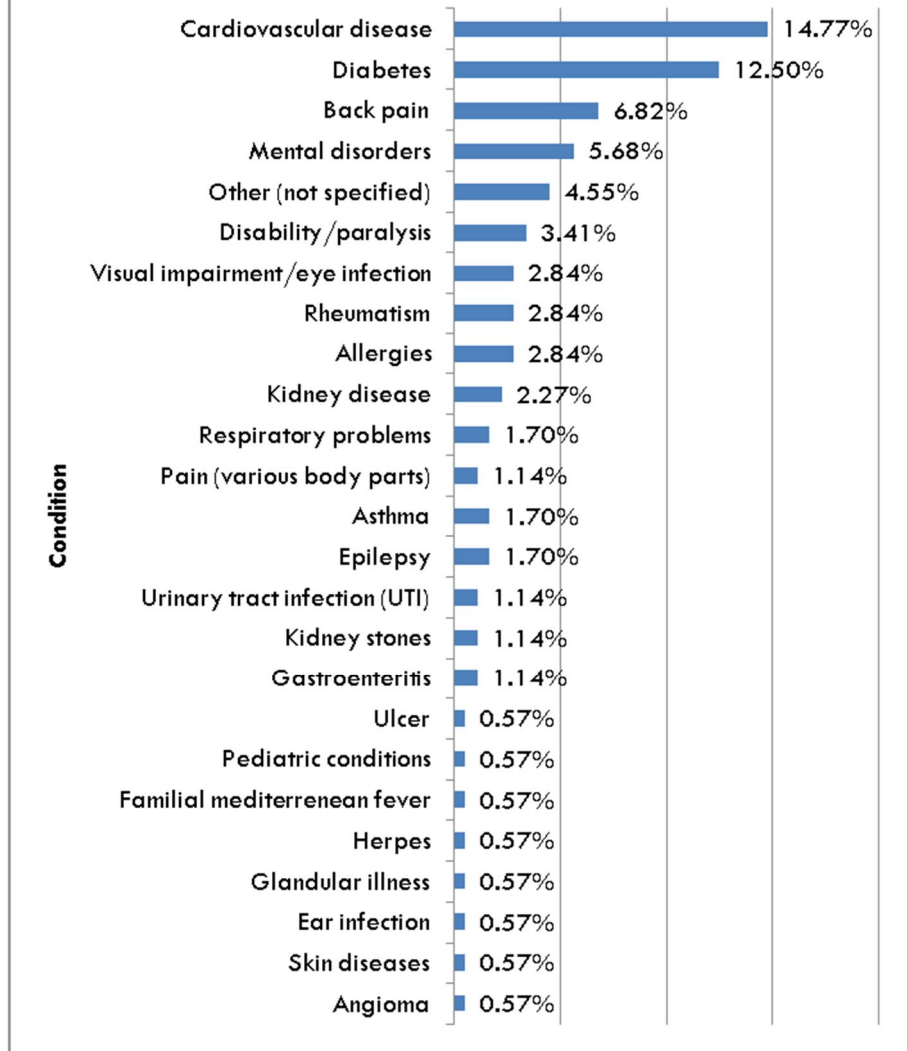
Chronic illness

Figure 17 illustrates participants' responses to both questions 1 & 2 of the health section of the survey, which requested information about what kinds of chronic illness they or their family members suffer from. In total, **53.98%** of respondents indicated that they or a family member suffer from some kind of chronic illness.

Recommendation 9:

Common chronic illnesses affecting the target population are cardiovascular disease and diabetes. Treating these illnesses is simple, but can be expensive for those unable to access healthcare provided by an NGO. Due to financial constraints, beneficiaries require assistance treating their chronic illnesses, such as free medicine, treatment or health awareness sessions.

Figure 17: chronic illness by prevalence



As we can see, cardiovascular disease is the most prevalent chronic illness, with **14.77%** of participants indicating that they or one of their family members suffers from the condition. The next most prevalent illnesses are diabetes (**12.50%**), back pain (**6.25%**) and mental disorders (**5.68%**).

Acute illness

Figure 18 illustrates participants' responses to the next two survey questions, which sought to assess the main acute illnesses affecting the target population. In total, **64.77%** of respondents indicated that they or a family member suffer or have suffered from some kind of acute illness since arriving in Lebanon.

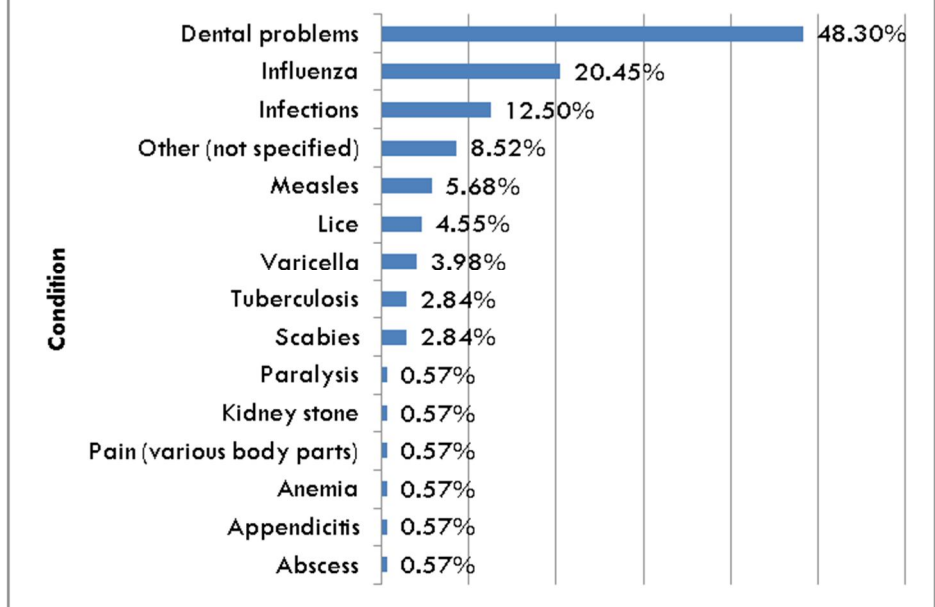
Recommendation 10:

Almost half (48.30%) of participants indicated that they or a family member have suffered from dental problems since arriving in Lebanon, making this the largest single health complaint. Amel Association International should hire a dentist at one of its centres to combat this problem, and should refer cases to that centre.

Recommendation 11:

A large proportion of beneficiaries are currently taking medicine, and it seems likely (due to the acute nature of infections) that the number who needs medication at some point or another may be higher than the 44.32% indicated in the survey results. Due especially to high population densities among the target population and the sudden seasonal temperature shifts in Lebanon, Amel Association International needs to remain aware of the risk of sudden epidemics and maintain high stocks of common medicines.

Figure 18: acute illness by prevalence

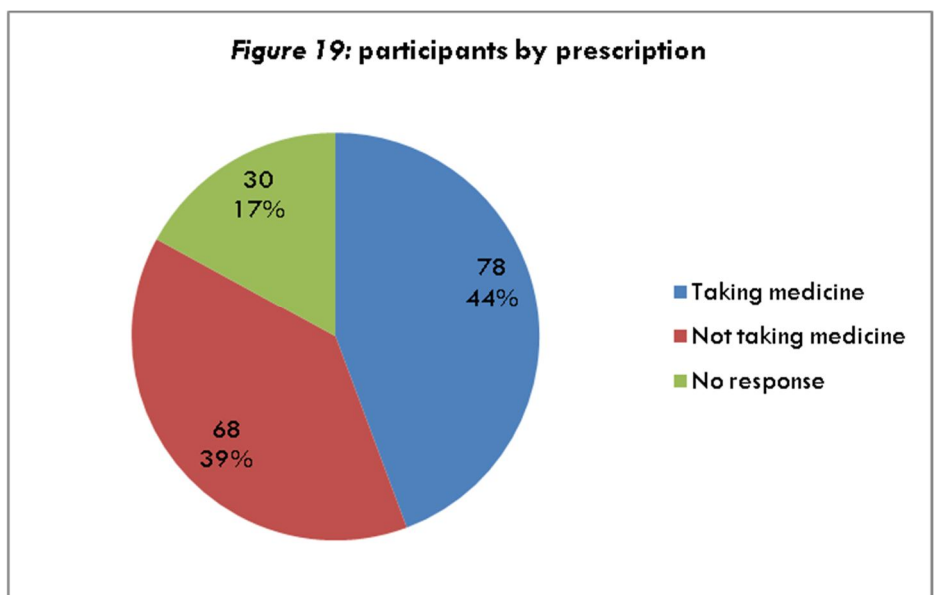


As we can see, the most prevalent condition is poor dental health, with almost half (48.30%) of participants indicating that they or one of their family members is suffering. Influenza (20.45%), various types of infection (12.50%) and measles (5.68%) are the next most prevalent conditions.

Medicine

44.32% of participants indicated that they or a family member are taking medicine, as indicated by Figure 19.

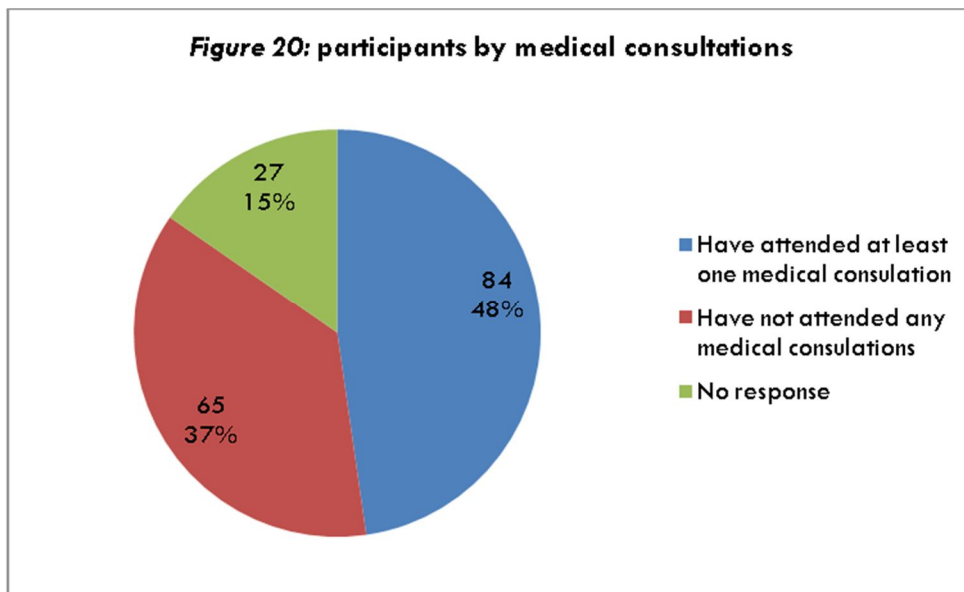
Figure 19: participants by prescription



Of those who indicated that they or a family member are taking medicine, **21.79%** are taking drugs to combat cardiovascular disease and **14.10%** to combat diabetes. The proportion taking antibiotics is **7.69%**, though in reality this is probably much higher, as the acute nature of infections almost certainly leads to a deflation of this figure.

Medical consultations

A similar figure to above (**47.73%**) of participants indicated that they or a family member have attended one or more (average **3.81**) medical consultations since arrival in Lebanon, as illustrated by *Figure 20*. In this section, medical consultations include the consultations with generalists, specialists, drugs, medical tests and medical exams.



The main reason for attending medical consultations appears to be dental problems, with **17.86%** of those who had attended such consultations indicating that this was their main reason. In second place came paediatric care (**10.71%**). As indicated by *Figure 21*, other reasons ranged from check-ups to treatments for both chronic and acute conditions.

Recommendation 12:

As well as for dental problems, a sizeable proportion (5.95% of those who attended health consultations) has suffered from eye infections or visual impairment. Amel Association International should consider employing an eye specialist to work alongside other medical staff. Additionally, as these problems often require a long-term approach to bring them under control, Amel Association International should consider launching a referral campaign at schools.

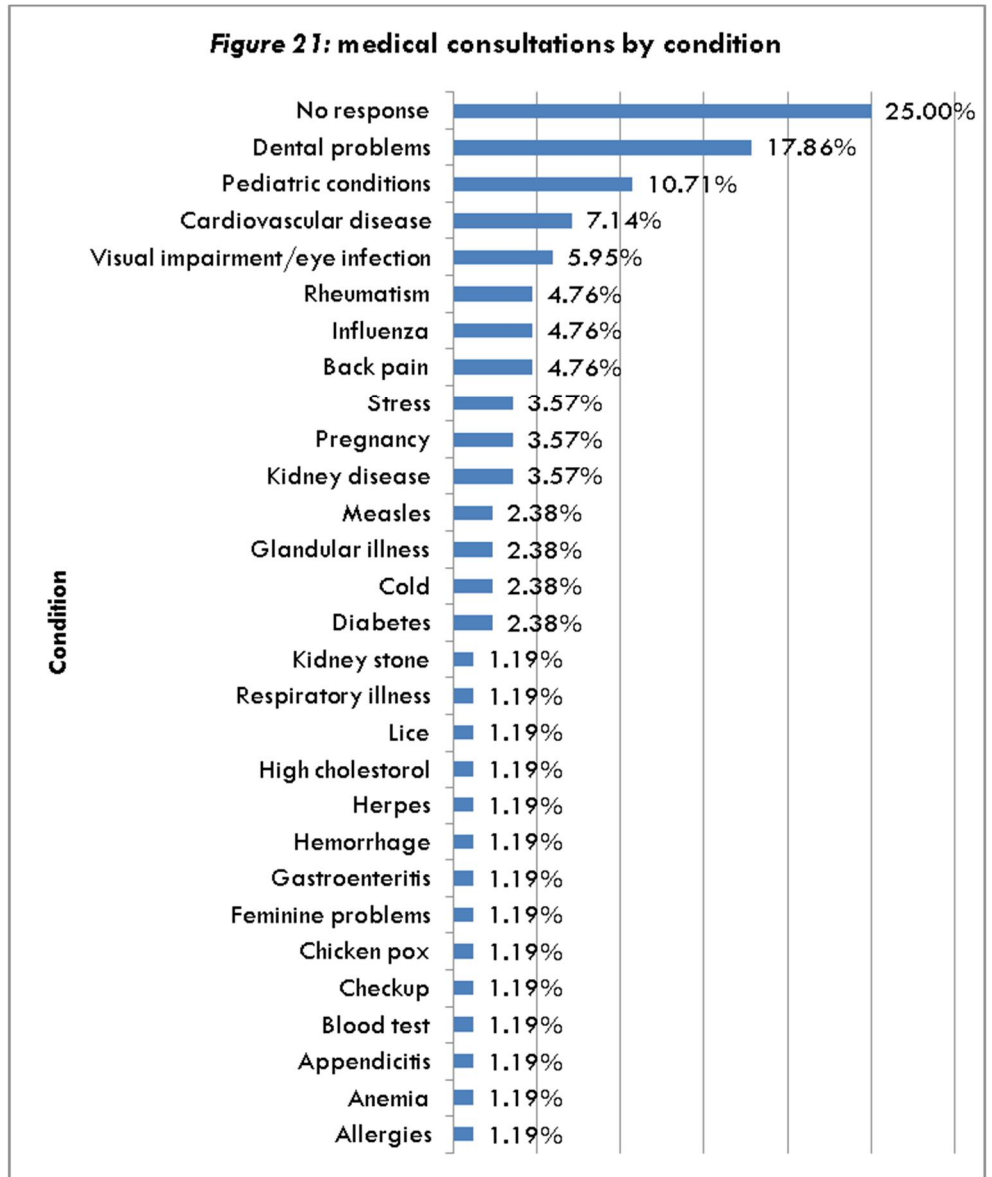
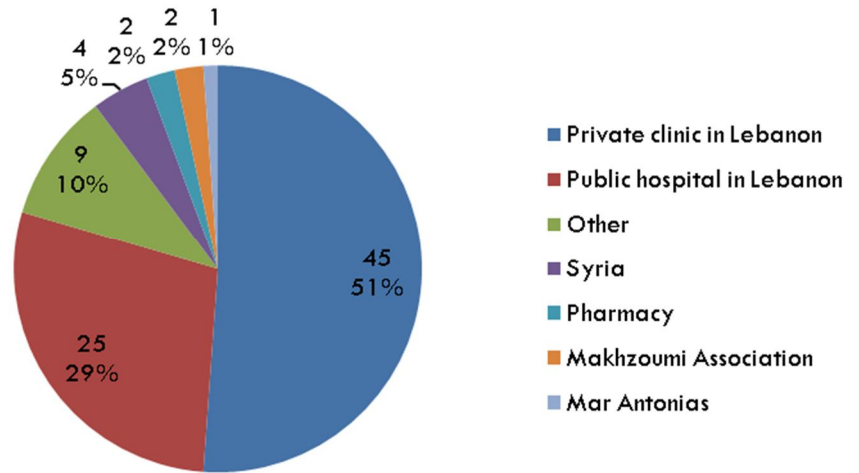


Figure 22 illustrates the most popular locations for such consultations, with 51.14% of participants having attended private clinics.

Recommendation 13:

Over half (51.14%) of participants who had attended a medical consultation indicated that they did so at a private clinic. This may go some of the way to explaining the high mean cost per consultation (USD 367.17), which is higher than the average monthly household income. The target population needs to be encouraged to attend health consultations at Amel Association International (or other NGO) centres to help them reduce costs. To achieve this, Amel Association International should increase its outreach work, as well as producing easy-to-read pamphlets detailing where its services are available.

Figure 22: medical consultations by location

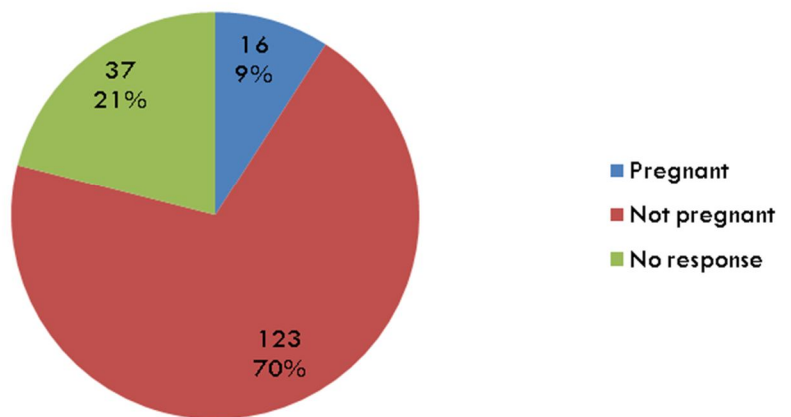


This may go some way towards explaining the high average (mean) cost per consultation: **USD 367.17**. As with rent, this is greater than the average monthly household income.⁸

Pregnancy

As indicated by Figure 23, **9.09%** of respondents indicated that either they or a member of their family are pregnant.

Figure 23: participants' pregnancy rate



⁸Excluding outlying results by taking the median cost per consultation reveals a lower figure of **USD 200**. However, given that the average number of consultations attended is greater than three, this still represents a significant outlay.

Among those who indicated a pregnancy in the family, the average (mean) pregnancy was **5.38 months** gone, a median of **5.5 months**. *Figure 24* illustrates the number of pregnancies by month.

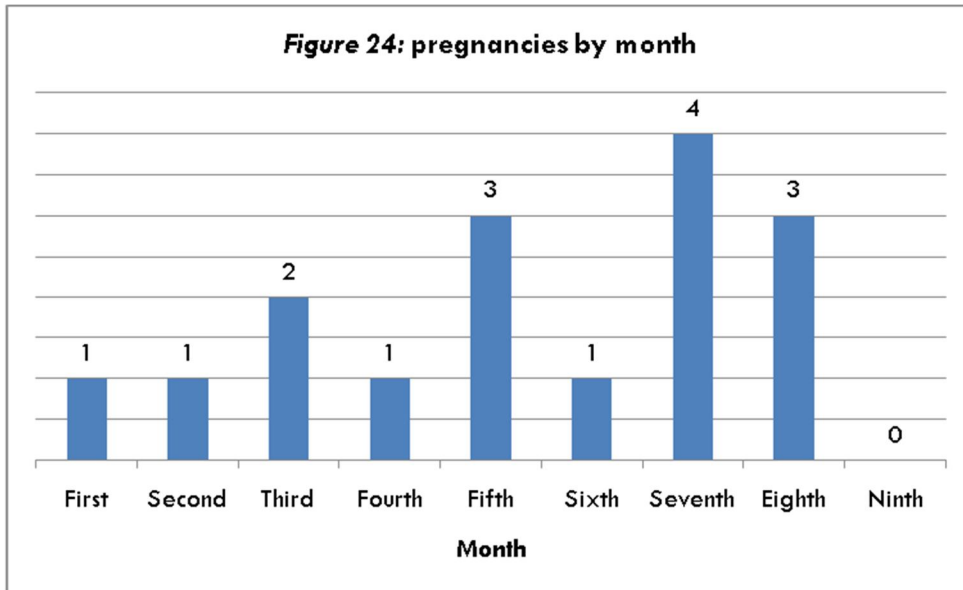
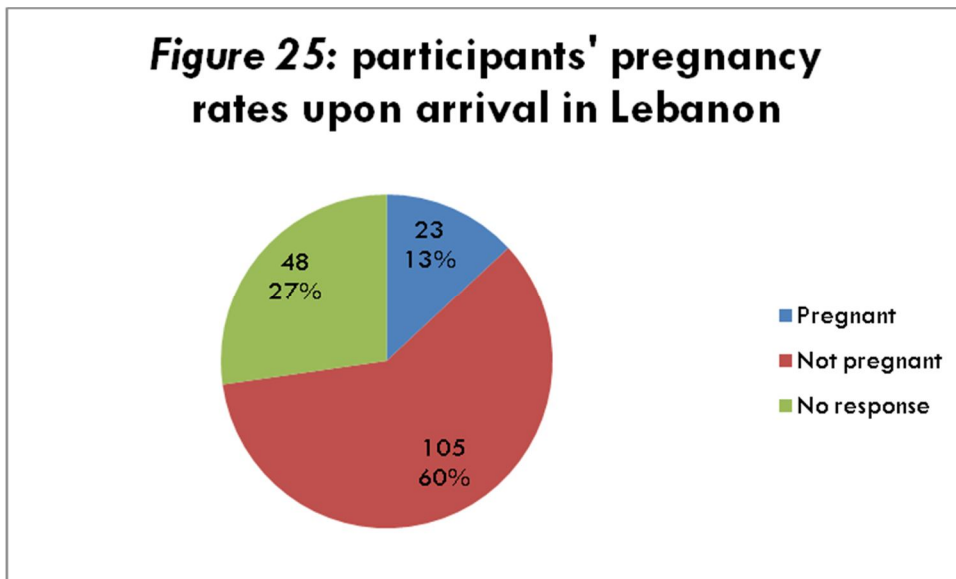
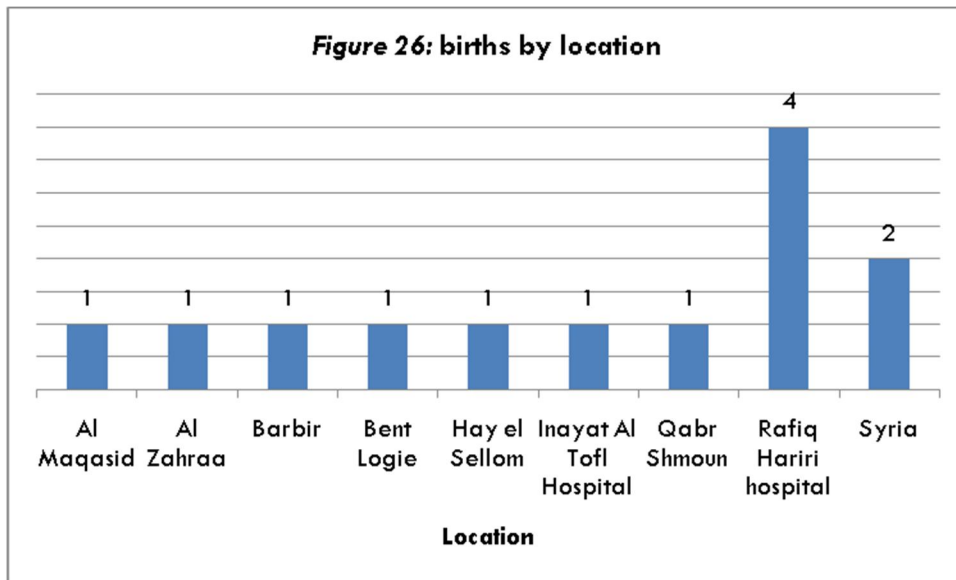


Figure 25 indicates the pregnancy rate among participants upon arrival in Lebanon. Of these, **8** have not yet given birth, with *Figure 26* displaying where those births that have already occurred took place.





It is particularly worrying that some participants felt it necessary to risk returning to Syria for childbirth. However, this may reflect the relatively high costs of childbirth in Lebanon: an average (mean) of **USD 308.67** or a median of **USD 250**. Furthermore, only **five** participants indicated that their childbirth costs had been covered by an organisation, including two by the Makhzoumi Association. This latter is the implementing partner of UNHCR in the sector of health in Beirut area. Moreover, Rafiq Hariri hospital is one of the 2 hospitals where deliveries are covered by UNHCR through Makhzoumi Association. The high cost of childbirth in Lebanon reinforces the need to provide other healthcare services to help reduce beneficiaries' overall costs.

Childcare

On average, each target population household has a median of **one** (mean **0.97**) breastfeeding child.

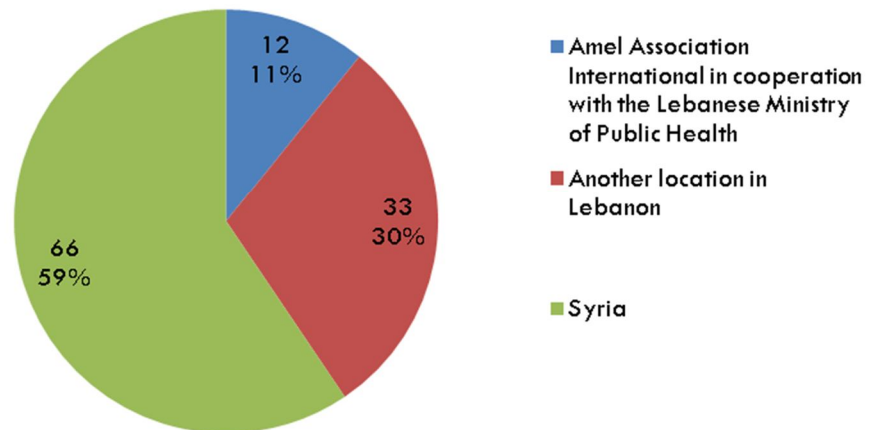
Additionally, participants indicated that there were an average (mean) of **2.46** fully immunised children and a further **1.61** partially immunised children per target population family. **10.81%** of such immunisations took place at *Amel Association International* centres, with the others taking place at other locations in Lebanon (**29.73%**) or in Syria (**59.46%**). *Figure 27* summarises the findings.

Recommendation 14:

Each target population family includes an average of one breastfeeding child. Amel Association International needs to stress the advantages of breastfeeding (including disease resistance and mother-child bonding) to ensure that the number of breastfeeding children is as high as possible.

Recommendation 15:

Despite a high number of children having been inoculated, there is still an average (mean) of 1.33 children per household who have not been given any of the relevant vaccinations. Amel Association International should target such children as a priority and work to educate the target population about the benefits of immunisation. Even if other children have been immunised, checks should be made where possible to ensure that their vaccination record is up-to-date and complete.

Figure 27: vaccinations by location

Respondents indicated that there is an average (mean) of **1.33** unimmunised children per family, a median of **one child**.

Healthcare expenditure

On average, participants pay **USD 126.53** per month on healthcare, a median of **USD 100**. This reflects the earlier finding that the target population prioritises rent and food costs over healthcare costs, but that keeping themselves healthy is still an important expenditure. Worryingly, **51.14%** of respondents indicated that they are unable to cover their healthcare costs, with a further **21.02%** stating that they are only sometimes able to do so.

In total, just **12.50%** of respondents stated that they are able to cover healthcare costs. Of these, **42.86%** stated that they borrowed/assumed debts to pay, **35.71%** use personal expenditure, **15.31%** receive financial assistance from an NGO or organisation and **6.12%** take advantage of free services.

Health awareness sessions

Figure 28 indicates that a high proportion of participants would be interested in attending health awareness sessions.

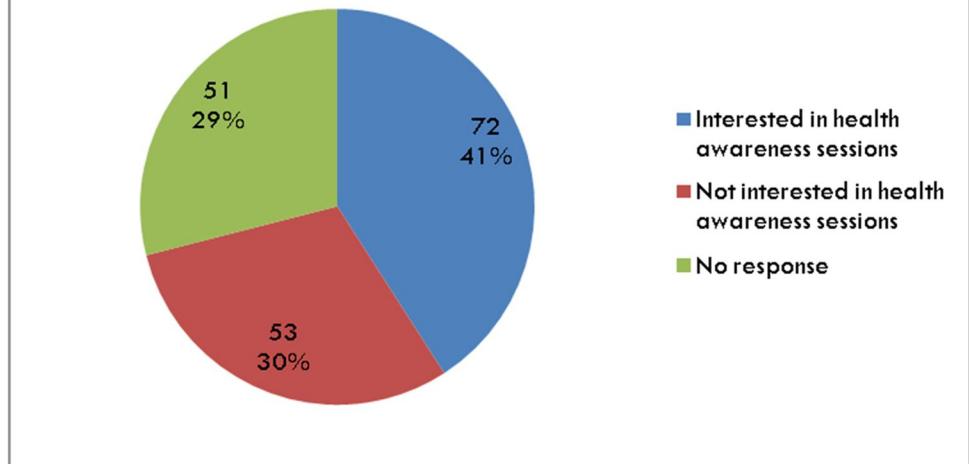
Recommendation 16:

Amel Association International should provide healthcare sessions on general health/hygiene, mental health, pregnancy and childcare and womencare.

Recommendation 17:

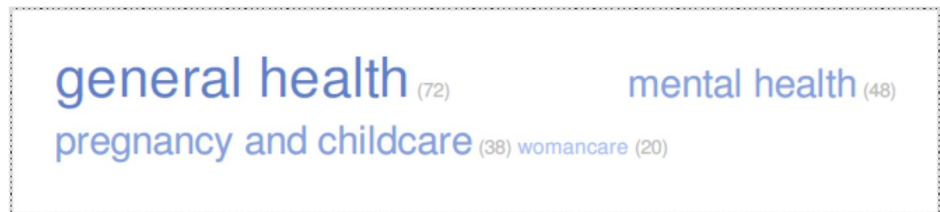
One in ten (10.23%) participants or their families have been diagnosed with some form of mental illness. In reality, the number of sufferers may be much higher. Amel Association International should provide counselling sessions and mental health awareness sessions to help combat this issue.

Figure 28: interest in health awareness sessions



The most popular topic for such sessions is general health, with **40.91%** of all participants indicating a desire to learn more about looking after their general level of wellbeing. Mental health awareness sessions (**27.27%**) and pregnancy and childcare awareness sessions (**21.59%**) are also popular choices. Figure 29 displays these findings as a word cloud.

Figure 29: health awareness session topics by level of interest



Mental illness

10.23% of participants indicated that they or one of their family members has been previously diagnosed with some kind of mental illness, with fear, exhaustion and panic attacks the most common. However, due to the high number of individuals who showed an interest in mental health awareness sessions, we can suppose that the number who are worried about their mental health or who are suffering as a result of their experiences may be much higher than one in ten.

Only seven individuals (**38.89%** of those who have at least one sufferer of mental illness in their family) indicated that they receive any kind of psychological support.

Recommendation 18:

The average (mean) number of children per family attending school is 0.8 children lower in Lebanon than in Syria. The main reasons for this discrepancy are financial and access issues. Amel Association International needs to continue providing its high-quality accelerated learning programme to beneficiaries who are unable to access the Lebanese education system.

Recommendation 19:

Language issues (35.87%), problems with the new curriculum (22.83%), difficulties adapting (18.48%) and discrimination/bullying (11.96%) are among the most common problems for those target population individuals who are able to access the Lebanese education system. Amel Association International should continue to provide remedial classes for children who are having difficulties in formal education.

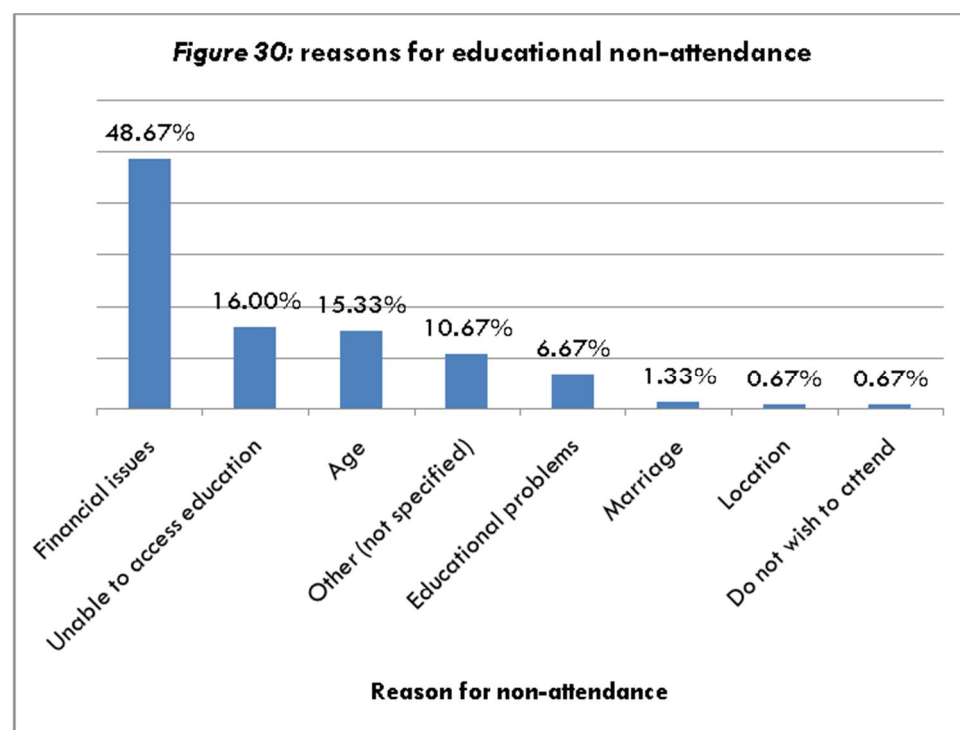
Education

The following section focuses on Education situation and needs for children, youth, and adults.

Schooling

The average (mean) number of children per family attending school in Syria was **2.31**, a median of 2. In Lebanon, this figure drops to an average (mean) of **1.51**, a median of 1.

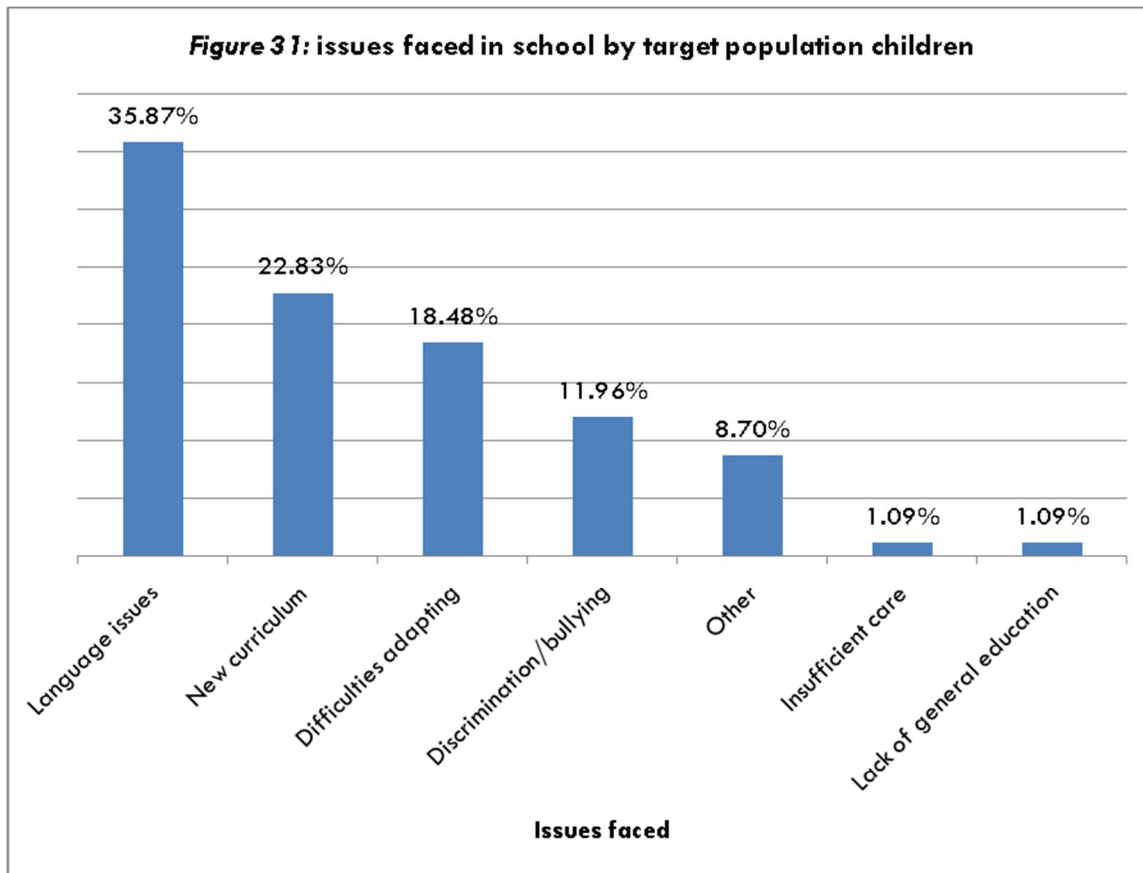
This drop-off highlights the difficulties experienced by some target population children in attending school in Lebanon. *Figure 30* summarises the main obstacles standing in their way.⁹



As we can see, the largest issues are financial and enrolment issues, which account for a combined **64.87%** of all non-attendees at schools in Lebanon.

There are also significant issues faced by those who are able to attend school in Lebanon. Most strikingly, language difficulties account for over a third (**35.87%**) of all problems faced by target population school children, as highlighted by *Figure 31*, which also summarises other issues faced.

⁹Percentages given do not relate to the total number of participants, but rather those who indicated that one or more of their children are unable to attend school in Lebanon.



Despite the lack of schooling and above issues, only **13.07%** of participants indicated that the children in their family attend remedial classes.

Life skills

Figure 32 summarises the main responses to questions 8 & 9 of the education section of the questionnaire, which sought to ascertain what life skills participants would be interested in learning.

Of those interested in receiving life skills training, almost one third (**31.68%**) indicated that they would like language training.

Figure 32: life skills by level of interest



Recommendation 20:

Languages, human rights and coping with pressure are the most popular life skills that target population individuals would like to learn. Amel Association International provides training in all of the above, and should endeavour to continue to do so. Such life skills (as well as others like ICT and literacy) can both improve quality of life and chances of finding employment in Lebanon.

Recommendation 21:

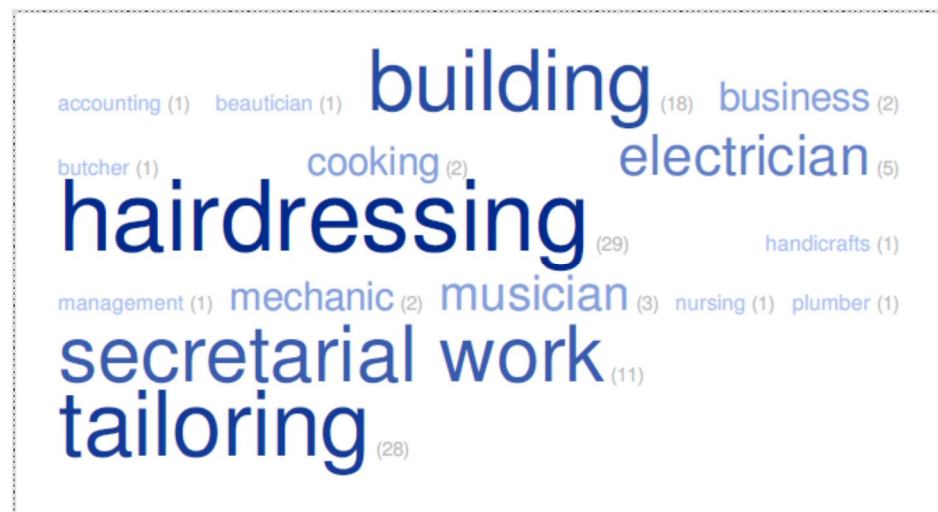
There is a clear appetite among the target population to receive some sort of vocational training. The most popular topics would be skills work such as hairdressing, tailoring and manual labour, though these topics do not necessarily represent realistic job opportunities. Amel Association International should consider conducting a labour market study to discover which skills are most needed in Beirut, and provide vocational training accordingly.

Vocational training

Figure 33 summarises the main responses to questions 10 & 11 of the education section of the questionnaire, which sought to ascertain what vocational training participants would like to receive.

These results displayed a variety of responses, with hairdressing (22.83%), tailoring (22.05%) and building (14.17%) coming out on top.

Figure 33: vocational training topics by level of interest



Recreational activities

Figure 34 summarises the main responses to questions 12 & 13 of the education section of the questionnaire, which sought to ascertain what recreational activities participants enjoy.

Figure 34: recreational activities by level of interest

Recommendation 22:

Recreational activities are an important part of relaxation and contribute to well-being. Amel Association International should, if possible, provide opportunities for the target population to engage in recreational activities such as sport, cinema and arts & crafts.



Responses from male and female participants were, surprisingly (considering the results of previous Rapid Needs Assessments), fairly complementary, though sport was reasonably more popular among male participants (**44.16%**) than female (**33.33%**). Additionally, chess, childcare, dancing and writing were answers unique to women, while travelling, television, attending concerts, ICT, politics, reading, tailoring and watching movies and series were answers unique to men.

RECOMMENDATIONS

General

7.39% of participants fall into outlying age brackets (younger than 18 or older than 60 years old). These participants require extra care, as they may be both at higher risk of illness and may be less able to provide for themselves & their families. It may be necessary for *Amel Association International* to provide these individuals with free or reduced-cost healthcare and educational services.

Like those in outlying age brackets, widows/widowers may be more vulnerable than other individuals, as they may not be able to make ends meet and may be at greater risk of developing mental and physiological illnesses that go unnoticed and undiagnosed. This makes it especially important for *Amel Association International* to monitor them closely and provide them with additional services to ensure that they do not suffer as a result of their marital status.

Amel Association International may consider conducting research into marriages involving young (under-18) Syrian refugees in Lebanon, especially females. If a trend becomes clear, *Amel Association International* should consider advocacy to prevent such arrangements from continuing.

Only 35% of the Syrian refugees interviewed were able to access the labor market in Lebanon. The target population's average household income per month is just USD 366.61 – lower than average monthly rent. This presents a significant obstacle to individuals who wish to access healthcare and education services, both of which can be provided by *Amel Association International*. Furthermore, as healthcare costs in Lebanon are generally very high, preventative healthcare is by far more sustainable than reactive medicine, indicating that one of the most effective ways to maintain high levels of healthcare without charging participants more than they can afford is to provide health awareness sessions.

Despite reasonably high registration levels (39% of respondents indicated that they are registered with the UN), more can be done. The fact that the UN and related agencies have provided more aid to participants than other organisations indicates that registration does have its benefits, despite not being a long-term solution to the problems faced by many refugees from the Syrian conflict. *Amel Association International* should encourage unregistered beneficiaries to register as soon as possible. Furthermore, *Amel Association International* may consider advocacy actions to speed up the registration process and to ensure that all refugees, even those yet to register, receive some form of aid (for example food vouchers).

Health

The target population lives in extremely overcrowded situations, with the average household consisting of 6.97 individuals for an average of two rooms per accommodation place. Living in such densely-populated accommodation may have severe health consequences, especially as rapid seasonal changes in weather occur (intense, hot weather in summer and cold, damp weather in winter). It is key to provide the target population with essential knowledge about hygiene and recognizing illness in order to prevent potentially epidemic infections from spreading.

Common chronic illnesses affecting the target population are cardiovascular disease and diabetes. Treating these illnesses is simple, but can be expensive for those unable to access healthcare provided by an NGO. Due to financial constraints, beneficiaries require assistance treating their chronic illnesses, such as free medicine, treatment or health awareness sessions.

Almost half (48.30%) of participants indicated that they or a family member have suffered from dental problems since arriving in Lebanon, making this the largest single health complaint. *Amel Association International* should hire a dentist at one of its centres to combat this problem, and should refer cases to that centre.

A large proportion of beneficiaries are currently taking medicine, and it seems likely (due to the acute nature of infections) that the number who needs medication at some point or another may be higher than the 44.32% indicated in the survey results. Due especially to high population densities among the target population and the sudden seasonal temperature shifts in Lebanon, *Amel Association International* needs to remain aware of the risk of sudden epidemics and maintain high stocks of common medicines.

As well as for dental problems, a sizeable proportion (5.95% of those who attended health consultations) has suffered from eye infections or visual impairment. *Amel Association International* should consider employing an eye specialist to work alongside other medical staff. Additionally, as these problems often require a long-term approach to bring them under control, *Amel Association International* should consider launching a referral campaign at schools.

Over half (51.14%) of participants who had attended a medical consultation indicated that they did so at a private clinic. This may go some of the way to explaining the high mean cost per consultation (USD 367.17), which is higher than the average monthly household income. The target population needs to be encouraged to attend health consultations at *Amel Association International* (or other NGO) centres to help them reduce costs. To achieve this, *Amel Association International* should increase its outreach work, as well as producing easy-to-read pamphlets detailing where its services are available.

Each target population family includes an average of one breastfeeding child. *Amel Association International* needs to stress the advantages of breastfeeding (including disease resistance and mother-child bonding) to ensure that the number of breastfeeding children is as high as possible.

Despite a high number of children having been inoculated, there is still an average (mean) of 1.33 children per household who have not been given any of the relevant vaccinations. *Amel Association International* should target such children as a priority and work to educate the target population about the benefits of immunisation. Even if other children have been immunised, checks should be made where possible to ensure that their vaccination record is up-to-date and complete.

Amel Association International should provide healthcare sessions on general health/hygiene, mental health, pregnancy and childcare and womencare.

One in ten (10.23%) participants or their families have been diagnosed with some form of mental illness. In reality, the number of sufferers may be much higher. *Amel Association International* should provide counselling sessions and mental health awareness sessions to help combat this issue.

Education

The target population's overall level of education is low, with an illiteracy rate of 10.23% and another 34.66% of participants indicating that they have only received very basic schooling. Such individuals may find it harder to find employment, and may also suffer in other ways, such as inability to find out information about their relatives in Syria, etc. They should be the primary focus of *Amel Association International's* accelerated learning programme and remedial classes, as well as vocational and life skills training.

Female and younger (under-30) participants are significantly more likely to be unemployed in Lebanon, despite having sought work. It is imperative, especially given the low household income among the target population, that women and young people be given a chance to be breadwinners; *Amel Association International* should provide all unemployed participants, especially women and young people with vocational training relevant to the Lebanese labour market in order that they can provide for their families.

There is almost 1 child per family who used to attend school in Syria and that is not able to attend school in Lebanon. The main reasons for this discrepancy are financial and access issues. *Amel Association International* needs to continue providing its high-quality accelerated learning programme to beneficiaries who are unable to access the Lebanese education system.

Language issues (35.87%), problems with the new curriculum (22.83%), difficulties adapting (18.48%) and discrimination/bullying (11.96%) are among the most common problems for those target population individuals who are able to access the Lebanese education system. *Amel Association International* should continue to provide remedial classes for children who are having difficulties in formal education.

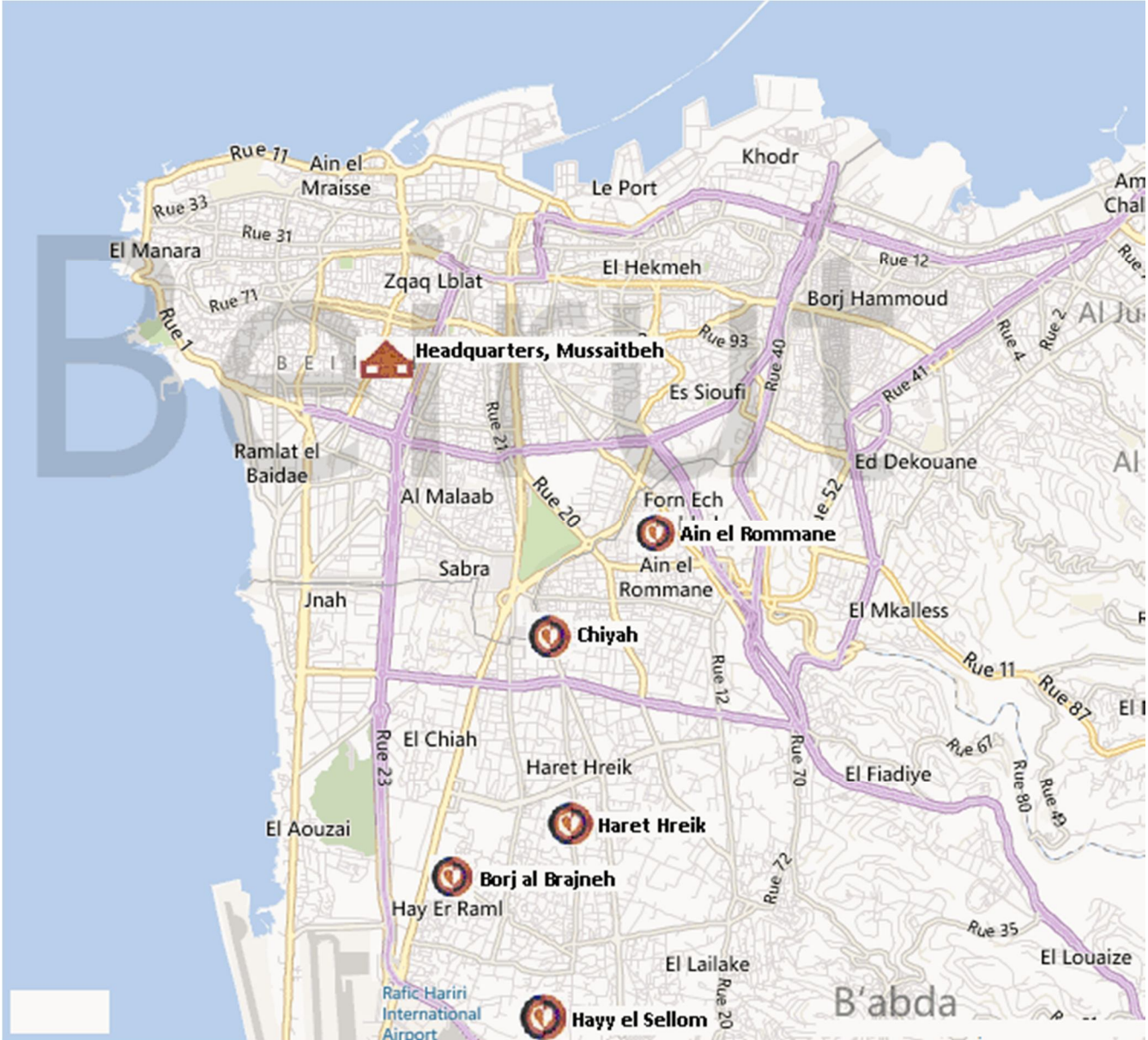
Languages, human rights and coping with pressure are the most popular life skills that target population individuals would like to learn. *Amel Association International* provides training in all of the above, and should endeavour to continue to do so. Such life skills (as well as others like ICT and literacy) can both improve quality of life and chances of finding employment in Lebanon.

There is a clear appetite among the target population to receive some sort of vocational training. The most popular topics would be skills work such as hairdressing, tailoring and manual labour, though these topics do not necessarily represent realistic job opportunities. *Amel Association International* should consider conducting a labour market study to discover which skills are most needed in Beirut, and provide vocational training accordingly.

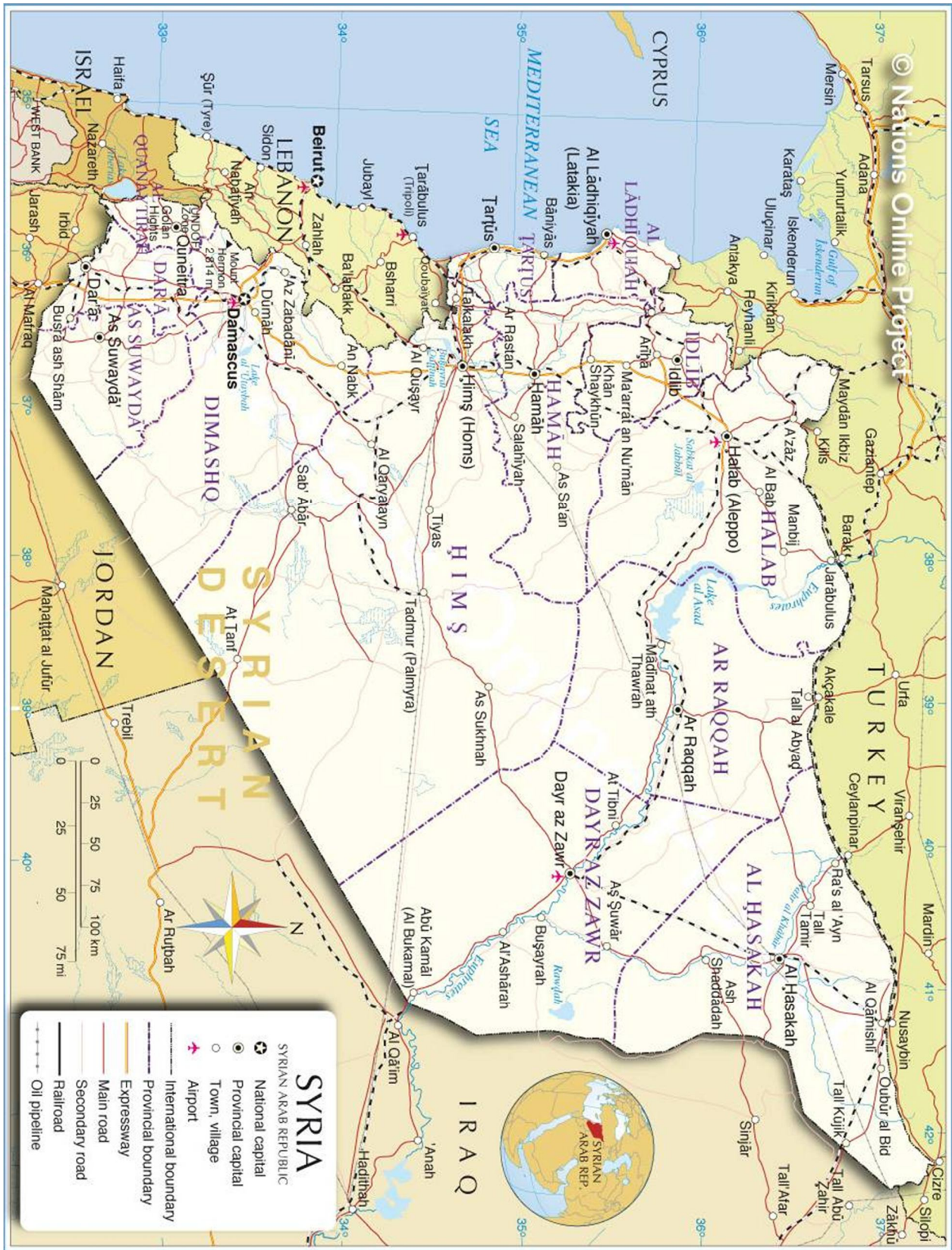
Recreational activities are an important part of relaxation and contribute to well-being. *Amel Association International* should, if possible, provide opportunities for the target population to engage in recreational activities such as sport, cinema and arts & crafts.

APPENDICES

Appendix 1: map of Amel Association International centres in Beirut & southern suburbs



Appendix 2: map of Syria



Appendix 3: survey

مؤسسة عامل الدولية

استمارة رصد احتياجات

معلومات عامة

1. الجنس: ذكر أنثى
 2. العمر:
 3. الوضع العائلي: معازب متأهل مطلق أرمل
 4. مستوى التعليم: أمي ابتدائي ثانوي جامعي
 5. عدد الأطفال:
 6. عدد الأطفال الذين يقل عمرهم عن 18 سنة:
 7. المنزل السابق (سوريا):
 8. هل هذه منطقة ريفية؟ مدنية؟
 9. المنزل الحالي (لبنان):
 10. هل هذه منطقة ريفية؟ مدنية؟
 11. ما هي مدة لجوئك إلى لبنان حتى الآن؟ (عدد الأشهر)
 12. ما هو عدد الأفراد حالياً في المنزل (السكن الحالي)؟
 13. ما هو نوع السكن؟ إيجار ناطور منزل أقاربك نوع آخر
 14. في حال نوع آخر، الرجاء التحديد:
 15. ما هو عدد الغرف في المنزل؟
 16. كم تدفع إيجاراً شهرياً؟ (دولار أمريكي)
 17. هل لديك التوظيف حالياً في لبنان؟ نعم كلا
 18. في حال نعم، الرجاء التحديد:
 19. في حال كلا، هل سعت إلى التوظيف منذ وصولك إلى لبنان؟ نعم كلا
 20. ما هو عدد الأفراد الآخرين في المنزل الذين لديهم التوظيف؟
 21. كم دخلك المنزلي الشهري حالياً؟ (دولار أمريكي)
 22. ما هي نفقات المعيشة الرئيسية؟ إيجار ملابس أكل صحة نفقات أخرى أطفال كهرباء/ماء تعليم
 23. لأي منها تعطي الأولوية؟
 24. هل حصلت على أي مساعدات إنسانية منذ وصولك إلى لبنان؟ نعم كلا
 25. في حال نعم، ما هي المنظمة التي حصلت على المساعدات منها؟
 26. هل تحصل على أي مساعدات إنسانية حالياً؟ نعم كلا
 27. في حال نعم، ما هي المنظمة التي تحصل على المساعدات منها؟
 28. هل أنت مسجل مع الأمم المتحدة أو مع أي منظمة أخرى؟ نعم كلا
 29. في حال نعم، الرجاء التحديد:
- الصحة**
1. هل تعاني من أية الأمراض المزمنة التالية أنت أو أحد أفراد أسرتك؟ عجز/شلل صرع مرض السكري مرض مزمن نفسي مرض مزمن آخر
 2. في حال مرض مزمن آخر، الرجاء التحديد:

3. هل عانيت من أية الأمراض الحادة التالية أنت أو أحد أفراد أسرتك منذ وصولك إلى لبنان؟
 مرض السل الحصبة الجدري العدوى
 مشاكل الأسنان مرض حاد آخر
 الجرب القمل
 إنفلونزا
4. في حال مرض حاد آخر، الرجاء التحديد:
5. هل تأخذ الدواء أو أي أحد أفراد أسرتك؟ نعم كلا
6. في حال نعم، لأي أمراض؟
7. هل حضرت مشورة طبيب أنت أو أحد أفراد أسرتك منذ وصولك إلى لبنان؟ نعم كلا
8. في حال نعم، لأي مشكلة صحية؟
9. كم مرة؟
10. أين؟ مستشفى عام في لبنان مستوصف خاص في لبنان سوريا
 مكان آخر
11. في حال مكان آخر، الرجاء التحديد:
12. كم دفعت؟ (دولار أمريكي)
13. هل أنت أو أحد أفراد أسرتك حامل؟ نعم كلا
14. في أي شهر؟
15. هل كنت أنت أو أحد أفراد أسرتك حاملا عندما وصلت إلى لبنان؟ نعم كلا
16. في حال نعم، أين وُلد الطفل؟
17. كم دفعت؟ (دولار أمريكي)
18. هل تحملت منظمة النفقات؟ نعم كلا
19. في حال نعم، أي منظمة؟
20. كم طفل لا يزال يرضع في أسرتك؟
21. كم أولاد في أسرتك أخذ كل اللقاحات اللازمة؟
22. كم أولاد في أسرتك أخذ بعض اللقاحات اللازمة فقط؟
23. أين؟ مركز مؤسسة عامل الدولية مكان آخر في لبنان سوريا
24. كم أولاد في أسرتك لم يأخذ اللقاحات اللازمة؟
25. كم تدفع أسرتك للنفقات الصحية في شهر واحد؟ (دولار أمريكي)
26. هل تستطيع تأمين الإقساط الصحية؟ نعم كلا أحيانا
27. في حال نعم، كيف؟ نفقة شخصية دين مساعدات مشورات مجانية
28. هل تهتم بدورات للوعي الصحي؟ نعم كلا
29. أي من المواضيع التالية تهتم بها؟
 النفسية رعاية المرأة النظافة العامة الحمل ورعاية الأطفال الصحة
 موضوع آخر
30. في حال موضوع آخر، الرجاء التحديد:
31. هل تم تشخيص لديك أو أحد أفراد أسرتك أي مشاكل نفسية؟ نعم كلا
32. في حال نعم، الرجاء التحديد:
33. هل تحصل أو أحد أفراد أسرتك على أي مساعدة نفسية؟ نعم كلا

التربية

1. ما هو عدد الأولاد في أسرتك الذين كانوا يرتادون المدرسة في سوريا؟
2. ما هو عدد الأولاد في أسرتك الذين يرتادون المدرسة في لبنان؟
3. في حال ولد أو أكثر لا يرتاد المدرسة ما هي الأسباب؟
 أسباب مالية أسباب أخرى لا يستطيع أن يرتاد تعليمية مشاكل
4. في حال أسباب أخرى، الرجاء التحديد:

5. في حال ولد أو أكثر يرتاد المدرسة، ما هي المشاكل التي يواجهها في المدرسة؟
مشاكل لغوية مشاكل أخرى
التمييز/البلطجة التأقلم المناهج الدراسية الجديدة
6. في حال مشاكل أخرى، الرجاء التحديد:
7. هل يشارك الأولاد في أسرتك أي دراسات تعويضية؟
نعم كلا
8. ما هي المهارات الحياتية التي تهتمّ بها أو اكتسابها أو تطويرها؟
 دراسة تكنولوجيا المعلومات والاتصالات
 مهارات حياتية أخرى
اللغات التكيف مع الضغط
حقوق الإنسان معرفة القراءة والكتابة
9. في حال مهارات حياتية أخرى، الرجاء التحديد:
10. ما هو نوع التدريب المهني الذي تهتمّ به؟
البناء تدريب آخر
الحلاقة الخياطة العمل السكرتيري
11. في حال تدريب آخر، الرجاء التحديد:
12. ما هو نوع الأنشطة الترفيهية التي تهتمّ بها؟
الرسم أنشطة أخرى
السينما المصرح الرياضة
13. في حال أنشطة أخرى، الرجاء التحديد:

Appendix 4: translated survey (English)

General information and financial situation

1	Gender	1 = Male	2 = Female							
2	Age									
3	Marital status	1 = Single	2 = Married	3 = Divorced	4 = Widowed					
4	Level of education	1 = Illiterate	2 = Primary	3 = Secondary	4 = University					
5	Number of children									
6	Number of children <18									
7	Previous residence (Syria)									
8	Rural or urban	1 = Rural	2 = Urban							
9	Current residence (Lebanon)									
10	Rural or urban	1 = Rural	2 = Urban							
11	Length of stay in Lebanon									
12	Number of individuals in household									
13	Type of residence	1 = Rent	2 = Concierge	3 = Relatives	4 = Other					
14	If other, please specify									
15	Number of									

	rooms								
16	Monthly rent								
17	Employment yes/no	1 = Yes	2 = No						
18	Please specify								
19	Sought employment yes/no	1 = Yes	2 = No						
20	Number of others working in household								
21	Household income per month								
22	Main living costs	1 = Rent	2 = Clothes	3 = Food	4 = Health	5 = Education	6 = Electricity/water	7 = Childcare	8 = Other
23	Most important								
24	Received aid	1 = Yes	2 = No						
25	Please specify								
26	Currently receiving aid	1 = Yes	2 = No						
27	Please specify								
28	Registered with UN or other organization	1 = Yes	2 = No						
29	Please specify								

Health

1	Chronic diseases	1 = Diabetes	2 = Cardiovascular disease	3 = Disability/paralysis	4 = Epilepsy	5 = Chronic mental illness	6 = Other			
2	If other, please specify									
3	Acute illnesses	1 = Scabies	2 = Lice	3 = Tuberculosis	4 = Measles	5 = Pox	6 = Infections	7 = Influenza	8 = Dental problems	9 = Other
4	If other, please specify									
5	Taking medicine	1 = Yes	2 = No							
6	Please specify									
7	Medical consultations	1 = Yes	2 = No							
8	Please specify									
9	Number of consultations									
10	Location	1 = Public hospital in Lebanon	2 = Private clinic in Lebanon	3 = Syria	4 = Other					

11	If other, please specify									
12	Cost									
13	Pregnancy	1 = Yes	2 = No							
14	Month									
15	Pregnancy upon arrival in Lebanon	1 = Yes	2 = No							
16	Location of birth									
17	Cost									
18	Covered by organization yes/no	1 = Yes	2 = No							
19	Please specify									
20	Number of breastfeeding children									
21	Number of fully immunized children									

22	Number of part-immunized children									
23	Location	1 = Amel Association	2 = Lebanon other	3 = Syria						
24	Number of unimmunized children									
25	Monthly healthcare expenditure									
26	Able to cover costs yes/no	1 = Yes	2 = No	3 = Sometimes						
27	Please specify	1 = Personal expenditure	2 = Borrowing	3 = Aid	4 = Free consultations					
28	Health awareness sessions	1 = Yes	2 = No							
29	Topics	1 = General health	2 = Pregnancy and childcare	3 = Mental health	4 = Woman care	5 = Other				
30	If other, please specify									
31	Mental	1 = Yes	2 = No							

	illnesses									
32	Please specify									
33	Psychological support	1 = Yes	2 = No							

Education

1	Number of children in school (Syria)									
2	Number of children in school (Lebanon)									
3	Reasons for non-attendance	1 = Financial issues	2 = Age	3 = Educational problems	4 = Unable to access education	5 = Other				
4	If other, please specify									
5	Problems faced in school	1 = Language issues	2 = Discrimination/bullying	3 = Difficulties adapting	4 = New curriculum	5 = Other				
6	If other, please specify									
7	Compensatory classes yes/no	1 = Yes	2 = No							
8	Life skills	1 = Languages	2 = Coping with pressure	3 = ICT	4 = Human rights	5 = Literacy	6 = Other			

9	If other, please specify									
10	Vocational training	1 = Hairdressing	2 = Tailoring	3 = Secretarial work	4 = Building	5 = Other				
11	If other, please specify									
12	Recreational activities	1 = Cinema	2 = Theatre	3 = Sport	4 = Drawing	5 = Other				
13	If other, please specify									

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