

مؤسسة عامل الدولية
amelassociation International



Rapid Needs Assessment

South Beirut

Burj el Barajneh

April 2013

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Introduction

This report summarises the findings of the recent Rapid Needs Assessment at *Amel Association International's* Burj el Barajneh (Baajour) community centre, which took place in late March 2013. It is hoped that the reader will benefit both from the summary of the target population's needs and the analysis of how *Amel Association International* can best replicate such assessments in the future.

Amel Association International

Amel Association International is a civil, non-confessional organisation set up in 1979 by Dr Kamel Mohanna with a team of physicians, sociologists, journalists and others following the 1978 occupation of South Lebanon. The association has 23 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 and South Lebanon.

The number of Syrian refugees in Lebanon is constantly increasing. The Syrian internal crisis has brought **1,000,000** 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 approximately 25%. Of these, **440,000** are registered with UNHCR and **78,000** are living in Beirut. In the coming months, *Amel Association International* foresees a new influx of Syrian refugees.

Burj el Barajneh

Burj el Barajneh is located in the Southern suburbs of Beirut, between Beirut Rafik Hariri International Airport and Haret Hreik. This area is defined as one of Beirut's poverty pockets, hosting marginalized Lebanese populations. Moreover, cheap housing and living costs mean that there are sizable communities of Lebanon's refugees and migrant communities, including Kurds, Iraqis, Sudanese and – most recently – Syrians. It is estimated that there are currently around **2,743** Syrian refugees² living in the area.

Furthermore, Burj el Barajneh is the location of one of Lebanon's first and largest Palestinian refugee camps, founded in 1948. The camp was already hosting, before the Syrian crisis, **16,000 registered**

¹<http://www.amelinternational.org/photos/pdf/20130415022834.pdf>; number of services provided = 100,000

² UNHCR (2013) "Registered Syrian in Beirut and Mount Lebanon by Village, Gender and Age"; calculation included registered refugees in Burj el Barajneh only.

refugees³, though some estimates put the figure much higher at over **20,000**. UNRWA estimates that 40,000 Palestinians have fled from Syria to Lebanon.

Amel International Association has had a centre in Burj el Barajneh since 1982.⁴ The centre operates in cooperation with NGOs and the Ministry of Public Health. It offers primary healthcare, women and childcare as well as education services for children. Currently, the centre is undergoing an expansion of the services it provides to include a child protection programme for 100 children, most of whom are Syrian refugees.

Rapid Needs Assessment: objectives

The Rapid Needs Assessment questionnaire at *Amel Association International's* Burj el Barajneh centre was put into the field to achieve two main objectives:

1. Meeting the growing need for evidence-based provision of Syrian refugee services on an area-by-area basis, according to respondents' answers; and
2. Perfecting the survey for use in other *Amel Association International* centres.

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 produce further such 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 at the end of March 2013. Questions aimed to assess respondents' main needs in each of the following four areas:

1. General information;
2. Health;
3. Education; and
4. Livelihood.

The **target population** of the survey consisted of Syrian refugees attending or living near to the Burj el Barajneh centre, specifically those deemed vulnerable or at risk. Respondents at the Burj el

³<http://www.unrwa.org/etemplate.php?id=134>

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

Barajneh centre who fitted the target population profile were presented with a questionnaire and guided through it by social workers at the centre or at home.

Respondents were largely known to centre staff, making outreach possible by home visits or at the centre. Of these, the most common method was engaging respondents in the centre. The vast majority of respondents (though not all) were beneficiaries of the Burj el Barajneh centre.

The total number of respondents to the Rapid Needs Assessment survey was 54. As one respondent indicated that she had been resident in Lebanon for 21 years, we removed her answers from the findings, giving us a final tally of **53**. While this number is lower than we would have hoped, it does not prevent us from drawing reasonably solid conclusions about the target population, which is itself limited to a section of the population of a single area of the Southern suburbs of Beirut. In the future, we hope to be able to include more beneficiaries in the Rapid Needs Assessment without affecting its speed and accuracy.

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.

Additionally, we were able to meet with social workers at the Burj el Barajneh centre to conduct a follow-up interview. During this interview, we sought to justify some of the findings of the survey, specifically those which did not fit in with our experiences at other centres.

As the survey was largely experimental, it mainly consisted of closed ended questions (e.g. “[Answering yes or no,] do you or does any member of your family suffer from health issues?”), which were followed by an open-ended question (i.e. “Please explain”). In the future, there are several alterations that we intend to make, including reducing the number of open-ended questions. In this, the Rapid Needs Assessment survey given to beneficiaries at Burj el Barajneh was extremely informative.

Findings

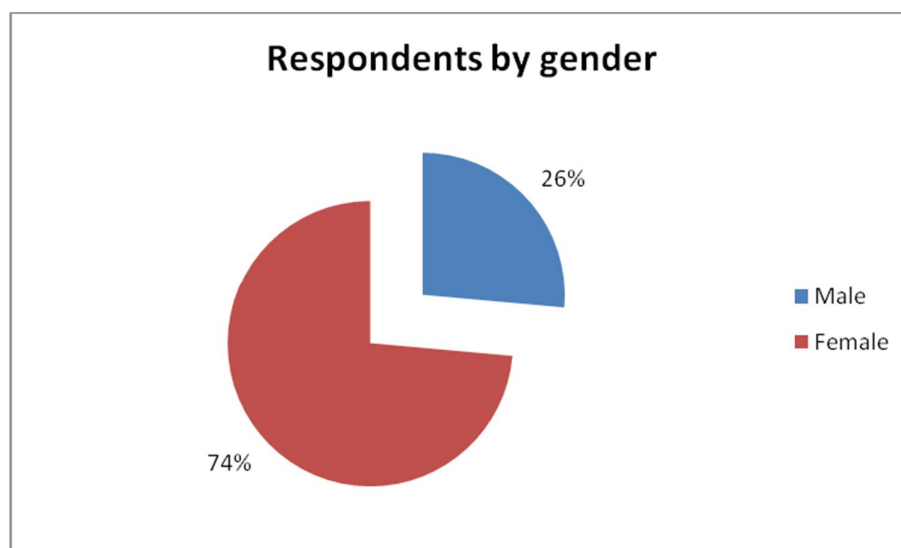
Target population demographics

The first section of the questionnaire asked respondents a series of questions designed to help *Amel Association International* get a rough idea of the centre's target population demographics.

Gender

As highlighted by *Figure 1*, the Burj el Barajneh centre receives significantly fewer male than female beneficiaries, who make up almost three quarters of the total number of respondents to the survey.

Figure 1:



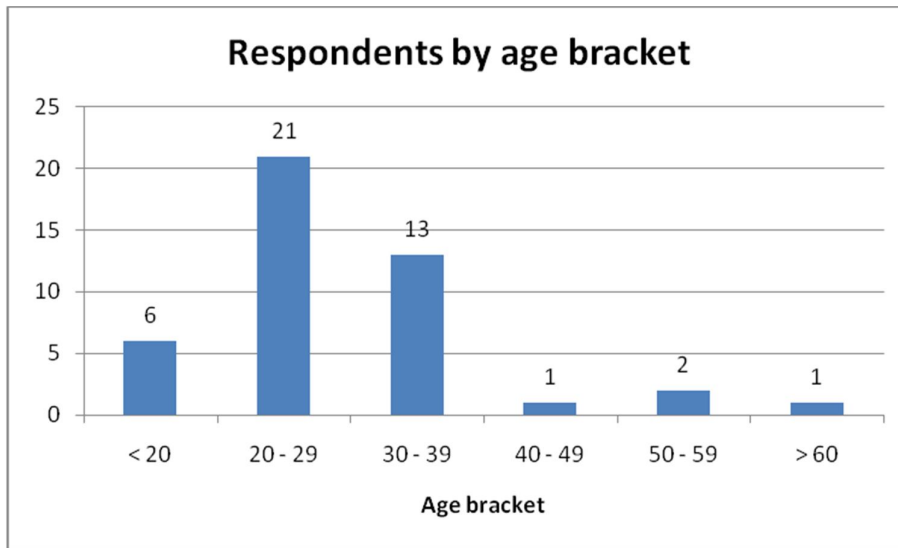
This is in line with the findings of a follow-up interview conducted with social workers from the Burj el Barajneh centre, conducted in April 2013, in which we were told that **over 80%** of centre beneficiaries from the target population are women and children.

However, it is important not to read too deeply into such figures; as we see later on in the findings, male Syrian refugees seem more likely to be working in Lebanon, making it highly unlikely that the apparent discrepancy between men and women at the centre is representative of the Syrian refugee population of Burj el Barajneh.

Age

The target population at the Burj el Barajneh centre is generally young to middle-aged, with an average (mean) age of **31.4** and a slightly younger median age of **29** years old. Additionally, as indicated by *Figure 2*, the centre's most heavily-populated age bracket among the target population is 20 - 29.

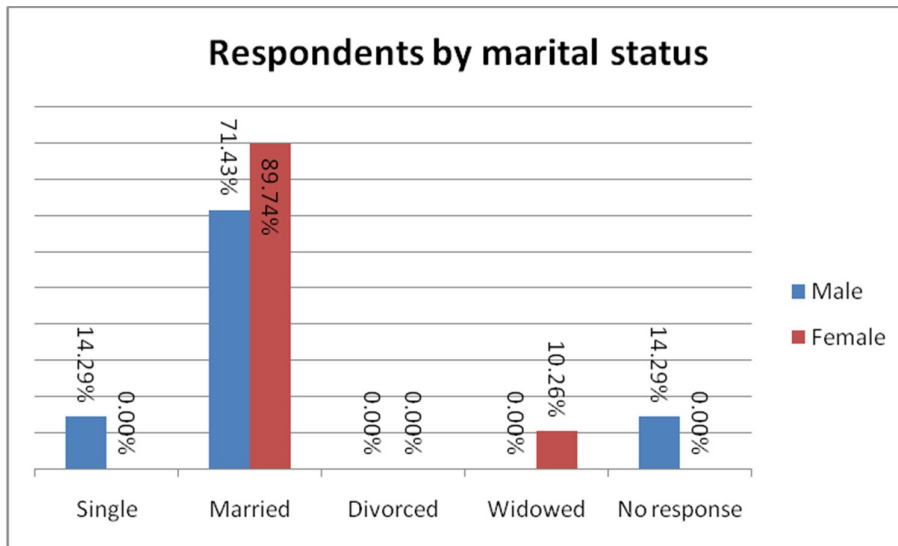
Figure 2:



Marital status

Almost all of the respondents to the survey indicated that they are married, as shown in Figure 3.

Figure 3:



Interestingly, there were no divorcees. Furthermore, the only singletons were male – both under the age of 30 – and the only widows were females, one of whom was the oldest respondent to the survey at age 70.

This is a particular area of concern for *Amel Association International*, as widows may be more vulnerable than other beneficiaries.

Number of children

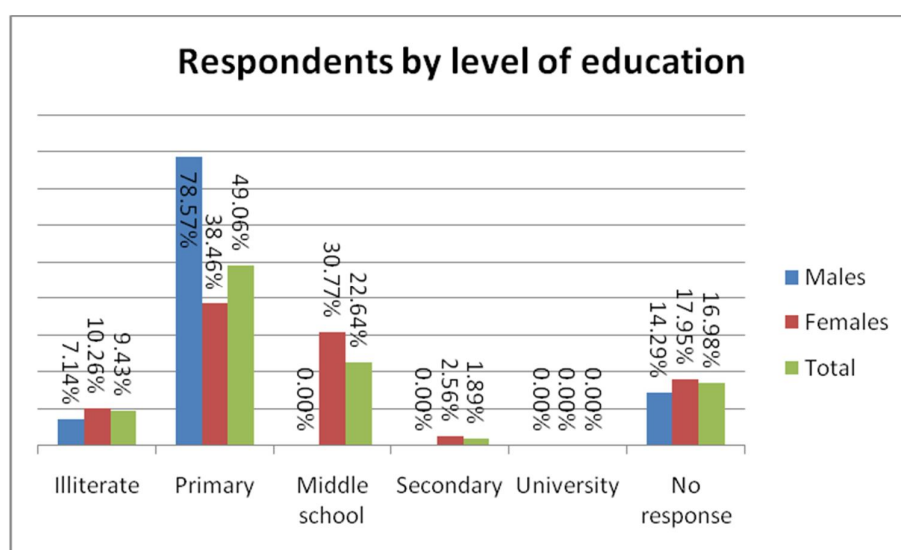
The average (mean) number of children under the age of 18 per household represented at the Burj el Barajneh centre is **3.89**; a median of **4**.

This highlights the need to continue providing immunisation services at the centre, as many target population children may not yet have undergone their full vaccination programme.

Level of education

As indicated by *Figure 4*, the target population at the Burj el Barajneh centre tends to suffer from low levels of education.

Figure 4:



Interestingly, especially considering the uneven distribution of work between males and females (see below), **a third** of female respondents indicated that they are educated beyond primary level – something that no male respondents could claim.

Profession

In terms of both former and current profession (i.e. in Syria and in Lebanon), male members of the target population at the Burj el Barajneh centre are far more likely to have a means of independent income than their female counterparts. In Syria, just 7.14% of male respondents were unemployed or inactive⁵, compared to 89.74% of women.⁶ This gap narrows in Lebanon, but the unemployment/inactivity rate of male beneficiaries is still significantly lower than that of women – **21.43%** versus **92.31%**. *Figures 5 & 6* provide a full breakdown of profession (previous and current) by gender.

⁵ “Inactive” refers to people out of but not seeking employment, such as housewives.

⁶ Both figures assume that no response equates to unemployment.

Figure 5:

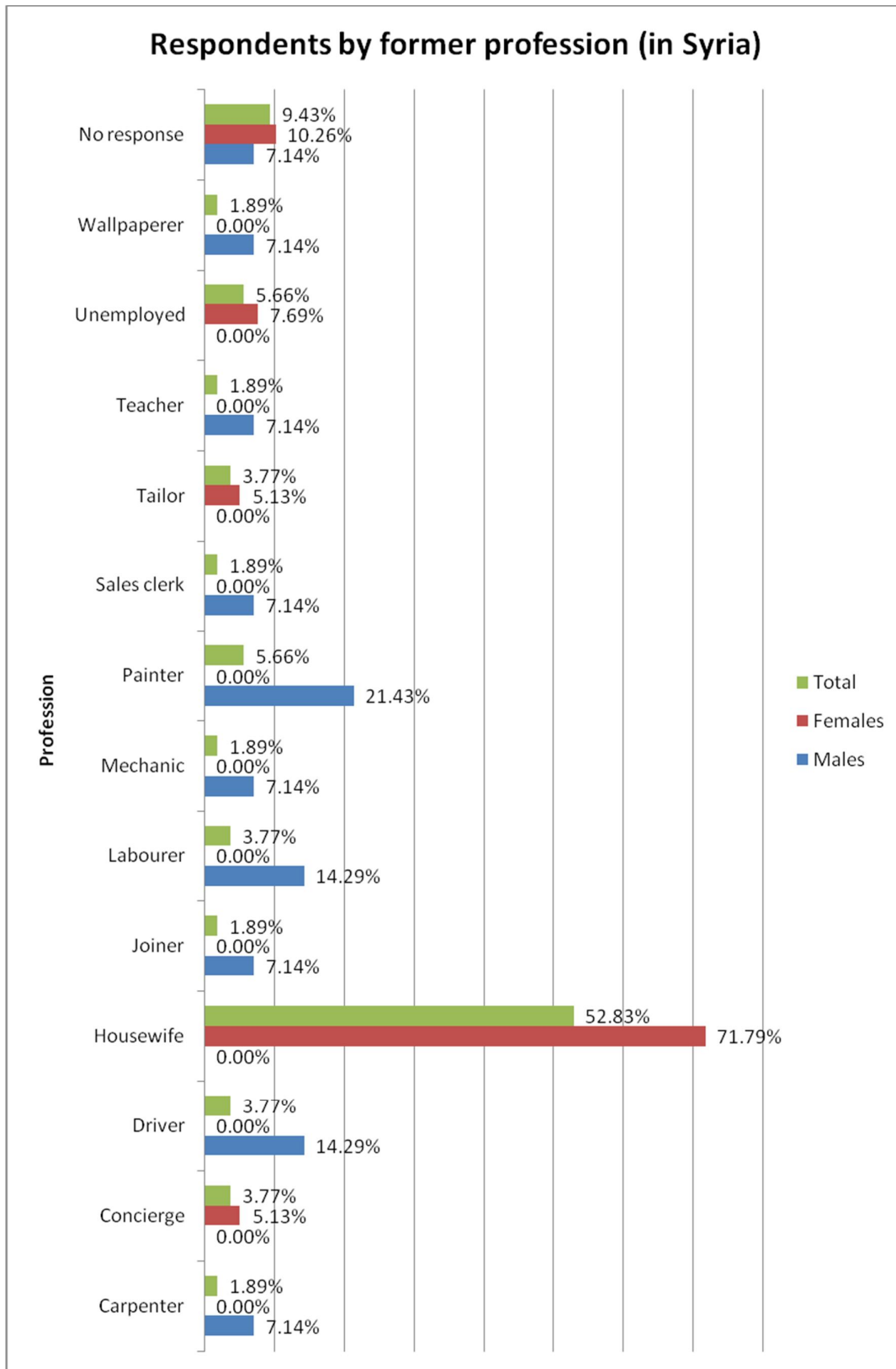
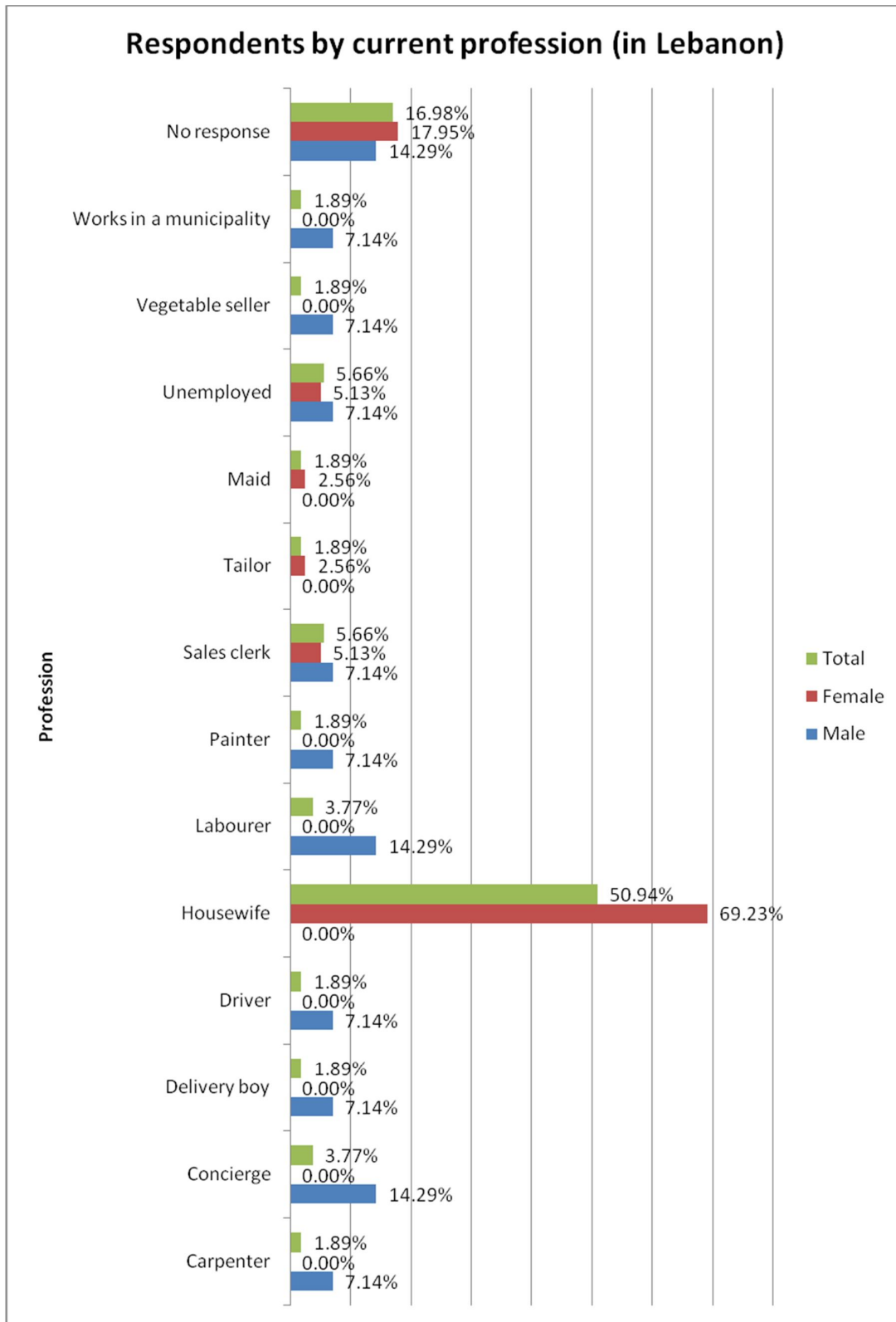


Figure 6:

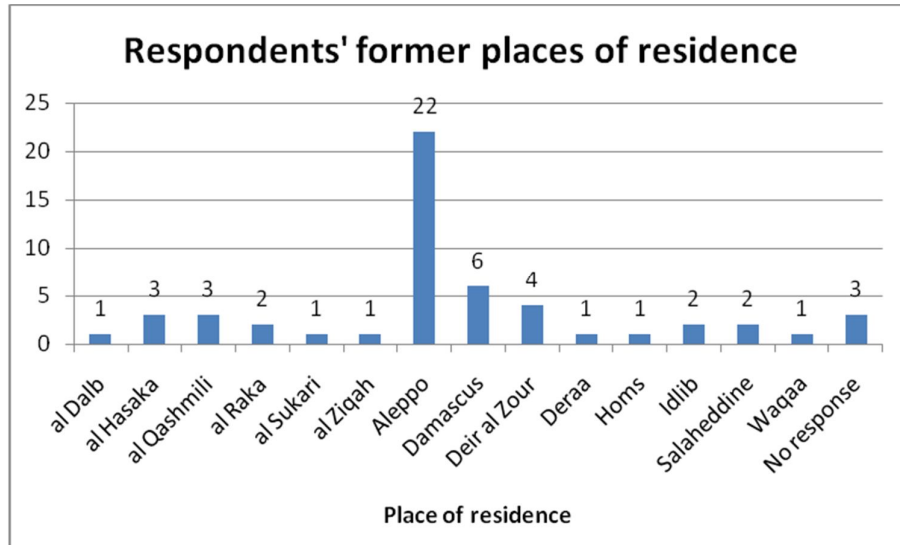


As we can see, being less well-educated than their female counterparts has not had a negative effect on the male target population’s ability to find employment in Lebanon. However, we cannot read too deeply into this, as the high proportion of female respondents who are housewives suggests that some may not have not even sought paid work.⁷

Place of residence

As indicated by *Figure 7*, the many of the respondents to the survey come from Aleppo in Syria.⁸

Figure 7:



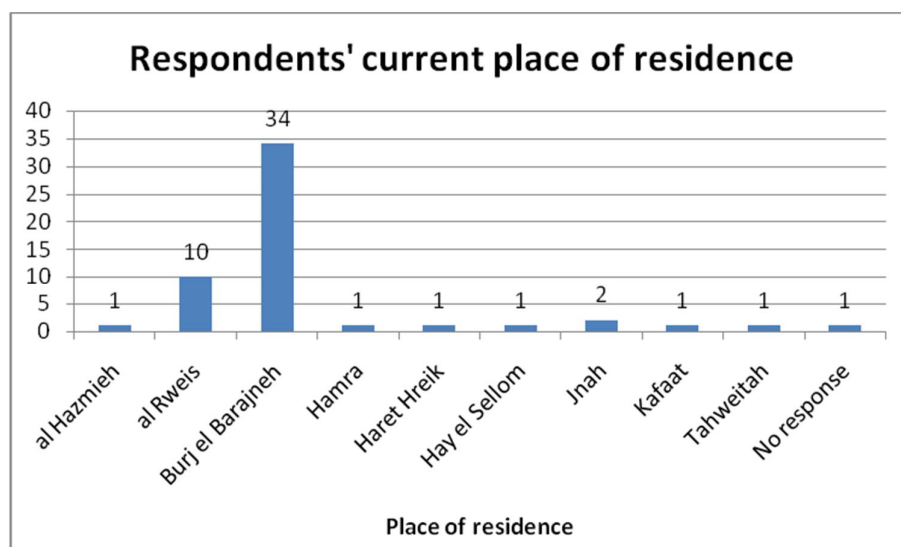
Additionally, where **more than two thirds** of respondents indicated that they used to live in a rural setting in Syria, all are now living in an urban environment.

This may indicate a need to provide the target population with practical advice about living in built-up areas. *Figure 8* shows that well over half are now living in near to the centre in Burj el Barajneh.

⁷ For future surveys, we will address this by asking respondents to indicate whether they are actively seeking employment in Lebanon.

⁸ The *Appendices* contains a detailed map of Syria.

Figure 8:



Somewhat surprisingly, one respondent claims to currently live in Hamra – the only to reside outside of the Southern suburbs of Beirut.

Length of stay

The average (mean) length of stay of survey respondents at the Burj el Barajneh centre is **13.97 months** (12 months median), indicating that most of the respondents fall within the target category of Syrian refugees fleeing the current civil war in their country.

Number of individuals per household

The average (mean) number of individuals per household represented at the Burj el Barajneh centre is **9.51**; a median of **8**. This suggests that most beneficiaries live in very overcrowded conditions. Additionally, we can assume that the high number of individuals per household vs. the average of four children per respondent (see above) is indicative of the fact that several families may be living in each dwelling. Future versions of the survey will ask basic questions about the size of respondents' dwellings (possibly by asking about the number of rooms or beds) to ascertain the extent of the problem.

Aid and registration status

Of the respondents to the survey, **none** are registered with the UNHCR and **only one** is receiving any form of aid; in this case from the *Hariri Foundation*.

During the follow-up interview with social workers at the centre, we sought to assess why so much of the target population seems to be unregistered with potentially beneficial aid organisations. The problem is twofold: first, much of the target population “does not know” about the advantages of registration or the registration process. Second, some are apparently worried that being registered with one organisation will limit their access to services provided by another.

Therefore, the target population at the Burj el Barajneh centre needs to be aware of the advantages of registering with the UNHCR as a matter of urgency.

Summary

The findings of part one of the survey suggest that the Burj el Barajneh centre receives mainly young female beneficiaries from the target population, with a low level of overall education. Most are married and have several children under the age of 18. However, households seem to rely mainly on male family members to provide an income. Most have moved to Lebanon since the onset of the Syrian civil war and are living in overcrowded conditions in the Southern suburbs of Beirut, often near to the Burj el Barajneh centre. This differs from the rural setting in which most lived in Syria. Almost no beneficiaries are receiving any form of aid, and none are registered with the UNHCR.

Health

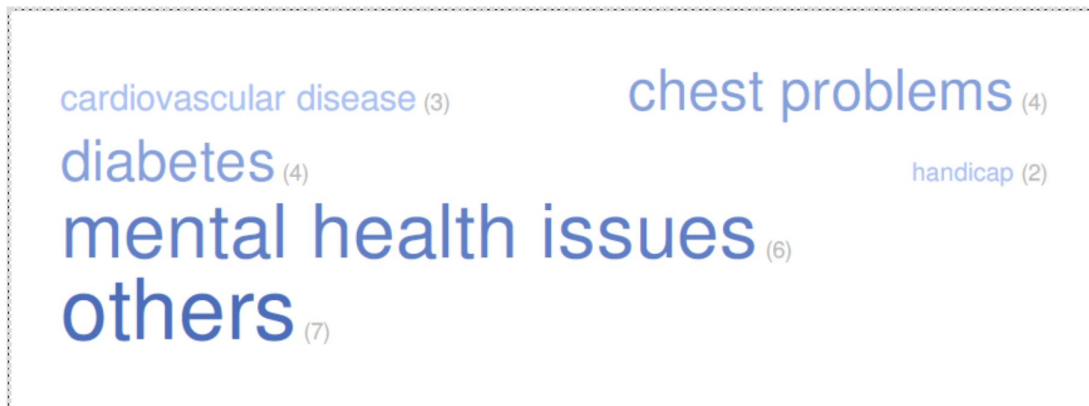
The second part of the Rapid Needs Assessment survey asked respondents a series of questions designed to assess their needs with regard to their healthcare and that of their family.

Health issues

In total, **35.85%** of respondents indicated that they had health problems. *Figure 9* displays the main issues as a word cloud, where common issues appear larger than those encountered by fewer respondents.

Figure 9:

Respondent's most common health complaints⁹



As we can see, chronic illnesses such as diabetes and cardiovascular disease are commonplace, indicating a need to provide high-quality GP services and medication for the target population at the Burj el Barajneh centre.

Interestingly, stress is the single most common health issue among respondents, confirming that many Syrian refugees are suffering from the effects of having to flee the fighting in their home

⁹ "Others" refers to illnesses that do not fit into any other category, e.g. arthritis, sexual/reproductive health, etc.

country. This issue is greater among children; **28.30%** of respondents indicate that at least one child in their household has been diagnosed with some form of mental health problem. Among these, the most ubiquitous were stress (**53.33%**) and fear (**33.33%**). Worryingly, only **20%** indicated that any of the children in their families suffering from such problems have received professional help.

There is a clear imperative for the Burj el Barajneh centre to increase the level of psychosocial counselling it currently provides through its GPs. Social workers' capacities should be reinforced to fill any current gaps in provision. Serious mental health cases should be referred to the appropriate specialists, notably within the framework of the UNHCR referral procedure, as is the normal practice at *Amel Association International* centres.

Medication

In total, **39.62%** of survey respondents stated that they or someone in their family are on medication. The reasons for taking medicine are largely the same as those in *Figure 9*, with an additional group (**14.29%**) using antibiotics. We know from the follow-up interviews conducted with social workers at the centre that much of the target population at the Burj el Barajneh centre also suffer from acute illnesses at some point or another. The short-lived nature of such illnesses explains the natural depression of cases in our survey findings. The most common such illnesses at the centre are **scabies, lice, chicken pox** and **tuberculosis**.

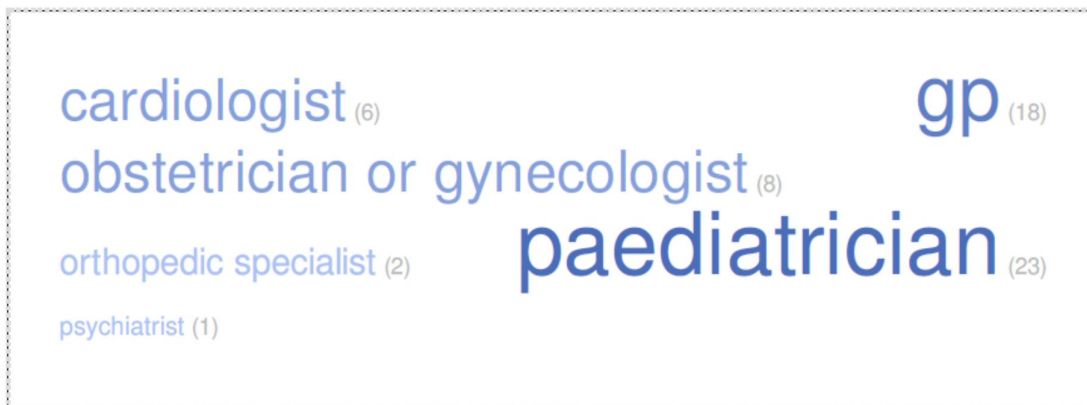
Health consultations

A large proportion (**83.02%**) of respondents indicated that they or someone in their family have sought expert medical advice at least once since arriving in Lebanon.

This confirms the previous analysis that many of the illnesses encountered are acute, highlighting the need for the Burj el Barajneh centre to remain well prepared and stocked to handle outbreaks of infections.

Figure 10:

Most sought-after medical specialists¹⁰



¹⁰ Data compiled from question 3.ii of the "Health" section of the questionnaire, which asked respondents to indicate why they had sought medical advice in Lebanon.

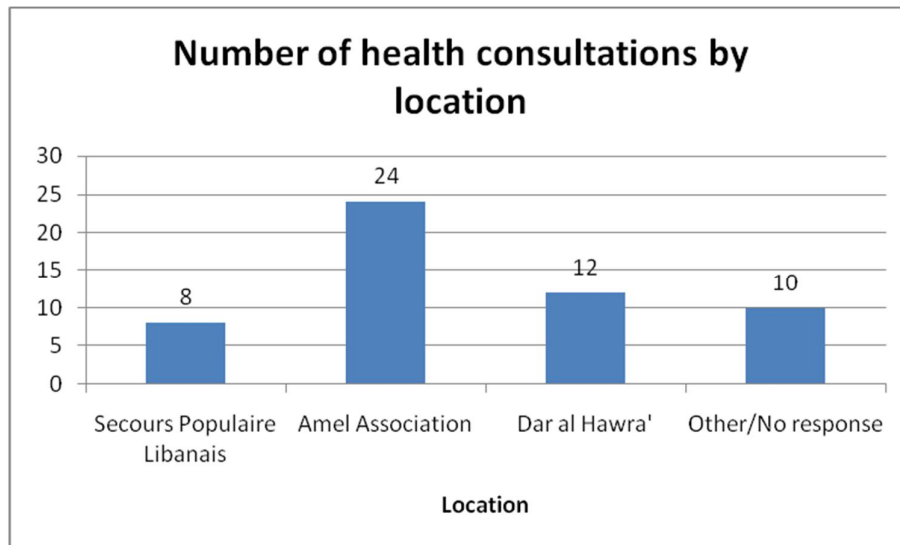
Additionally, *Figure 10* highlights the high number of respondents seeking advice about childcare and feminine care. These are additional to, rather than instead of, the issues mentioned previously.

Figure 10 should act as an indicator for the types of specialist the Burj el Barajneh needs to employ to meet the needs of the target population. Due to the high number of child beneficiaries at the centre, it is important also to continue providing the target population with paediatric consultations.

The target population pays an average (mean) of **LL. 29,103** (USD 19.40) per health consultation; a median of **LL. 15,000** (USD 10).

As *Figure 11* shows, the most popular location for such consultations among respondents is *Amel Association International* centres. This cannot be interpreted as a trend across the entire target population, as respondents were mostly beneficiaries at *Amel Association International's* Burj el Barajneh centre. However, it does indicate that respondents have a generally high understanding of the advantages of visiting the centre.

Figure 11:



The fact that the average(mean) cost per consultation is significantly higher than the nominal fee charged by *Amel Association International* at its Burj el Barajneh centre (LL. 8,000/USD 5.33, LL. 10,000/USD 6.67 and LL. 20,000/USD 13.33 for GP, paediatric and gynaecological appointments respectively) suggests that some respondents pay significantly more elsewhere. It is therefore vital that the centre maintains a high level of visibility in its local community.

Pregnancy and childcare

The pregnancy rate among respondents and their families upon arrival in Lebanon was **24.53%**. This number has since fallen off dramatically, with only **3.77%** currently expecting a child. This number falls even further when we consider that one respondent was expecting a child when she arrived in Lebanon and is yet to give birth, suggesting that only **1.89%** of respondents have become pregnant or have a family member who has become pregnant in Lebanon.

However, this figure is vastly different from at other centres, where pregnancy rates among Syrian refugees have remained high for the duration of their stay in Lebanon. Additionally, the findings of the survey do not correspond to the answers of social workers at the Burj el Barajneh centre during the follow-up interview, which indicated that around **25%** of women in the target population at the centre are pregnant – the same percentage as upon arrival from Syria. We are unable to account for this discrepancy, but suspect that it is simply an oddity of this particular survey's findings.

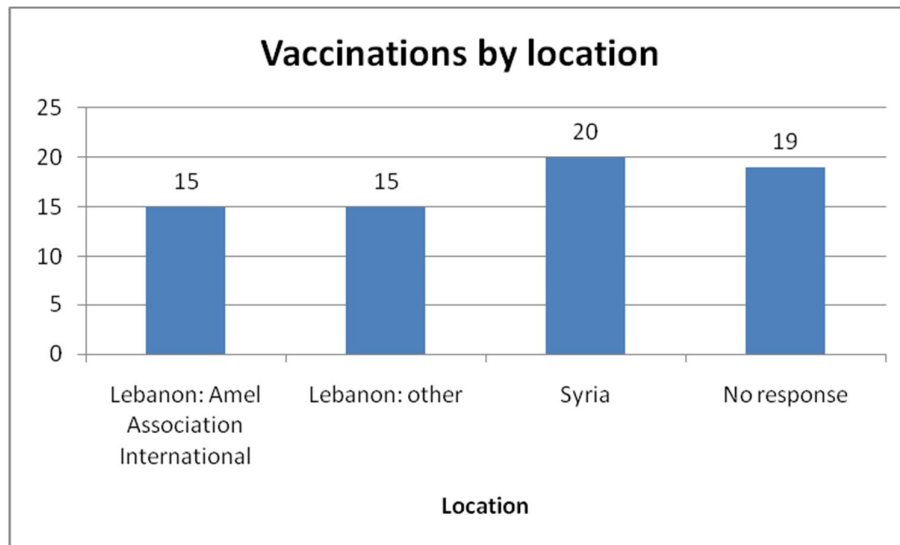
Interestingly, of the beneficiaries who have seen an addition to their families since arriving in Lebanon, **25%** returned to Syria for childbirth, reflecting the high costs (average **LL. 468,000**) involved with giving birth in Lebanese hospitals.

With regard to breastfeeding, **33.96%** of respondents indicated that they have at least one breastfeeding child in their family.

The Burj el Barajneh centre needs to ensure that target population beneficiaries know the advantages of breastfeeding, as well as the related good practices.

Finally, it seems clear that the target population at the Burj el Barajneh centre are well-educated on the importance of having their children immunized, with **84.91%** of respondents stating that all the children in their family had been vaccinated. However, due to the nature of the target population's escape to Lebanon, some children may still require booster vaccinations to ensure full immunisation.¹¹ This is especially true in light of *Figure 12*, which displays the most popular locations for vaccinations.

Figure 12:



As we can see, **over a third** of respondents indicated that their children received some of their vaccinations in Syria, suggesting that they may not have received booster vaccinations before or since travelling to Lebanon.

¹¹Future surveys will ask this question directly.

Amel Association International needs to ensure that these children do not go without potentially life-saving immunisation, particularly given their poor living conditions.

Monthly healthcare expenditure

The average monthly healthcare expenditure among respondents at the Burj el Barajneh centre is high: a mean of **LL. 197,100** (USD 131.33) or a median of **LL. 150,000** (USD 100).

Most worryingly, only **15.09%** of respondents indicated that they are able to cover these costs themselves. **11.32%** stated that they can “sometimes” afford the monthly cost of healthcare, and the remaining **60.38%** indicated that they could not at all (13.21% failed to give an answer). Of these, only one was able to secure funding from an external agency or charitable organization. This highlights the importance of *Amel Association International* community centres such as the Burj el Barajneh centre, as they are capable of providing sustainable health protection services.

There needs to be a concerted effort to ensure that the target population is aware of the advantages of coming to the centre. Furthermore, the centre should increase its contingency capacities, especially if there is a sudden outbreak of communicable diseases.

Health awareness sessions

In general, the target population seems keen to attend health awareness sessions. **71.7%** indicated that such sessions would interest them. Such sessions could cover the most common health issues faced by the target population, such as pregnancy and childcare, hygiene and stress management.

Health awareness sessions are a sustainable way for the Burj el Barajneh centre to help maintain good levels of health among beneficiaries, without incurring exceptional extra costs.

Every effort should be made to enhance the centre’s awareness work as the benefits of preventative over reactive medicine cannot be understated. A preventative approach also fits better with *Amel Association International’s* philosophy than does a medicinal approach.

Summary

Generally speaking, target population beneficiaries at the Burj el Barajneh centre take their health and that of their family extremely seriously. They spend an average of **USD 131.33** per family per month on healthcare, despite most not being able to cover the costs themselves.

The most common health issues include chronic diseases such as diabetes, hypertension and asthma, though many beneficiaries, especially children, also suffer from the psychological effects of their experiences. It seems likely that many also suffer from acute infections. The centre needs to consider the scope to provide psychosocial support, as this was a common problem.

However, there is a generally good understanding of the advantages of attending the Burj el Barajneh centre for healthcare services. This could be further improved by engaging more with the local community to ensure that Syrian refugees do not pay over the odds for services available for a nominal fee at the centre.

The centre should enhance its contingency planning and remain aware of the possibility of outbreaks of infectious diseases and prepare accordingly. Health awareness sessions and vaccinations are a good way of ensuring that the impact of such outbreaks is limited, and will also contribute to the long-term sustainability of the centre’s activities.

There is a clear need and desire for these services among beneficiaries. Additionally, there is capacity for the centre to expand the services it provides. Finding the right balance between preventative approaches and medicinal represents a great future challenge for the centre.

Education

The survey’s third section attempted to ascertain the educational needs of the target population, both adult and child.

Number of children in education

The average respondent had **2.81** (mean) children in education prior to leaving Syria for Lebanon. However, **58.49%** of respondents indicated that none of the children in their household who were in education in Syria are now in school. A further **5.66%** stated that “some” of their children are in education. *Figure 13* displays the main reasons for this drop-off in school attendance rates.

Figure 13:

Common reasons for school absence among respondents’ children



Assuming that “left school to work” is a sub-category of “financial issues”, we can estimate that **80.77%** of respondents’ children are unable to attend school in Lebanon due mainly to financial concerns.

Covering the cost of education

Interestingly, especially given the above, **66.67%** of respondents whose children *are* attending school in Lebanon indicated that the schooling is “free” or “almost free”. This suggests that the “financial issues” mentioned above may not be directly involved with the cost of tuition, but rather with the additional fees involved (such as books, uniforms, etc.) or even perhaps with the inability of a child to both attend school and generate income for his/her family at the same time. We also know that state schools in Lebanon have quickly become saturated with Syrian refugees, meaning that the only education now available is likely to be unaffordable to the target population.

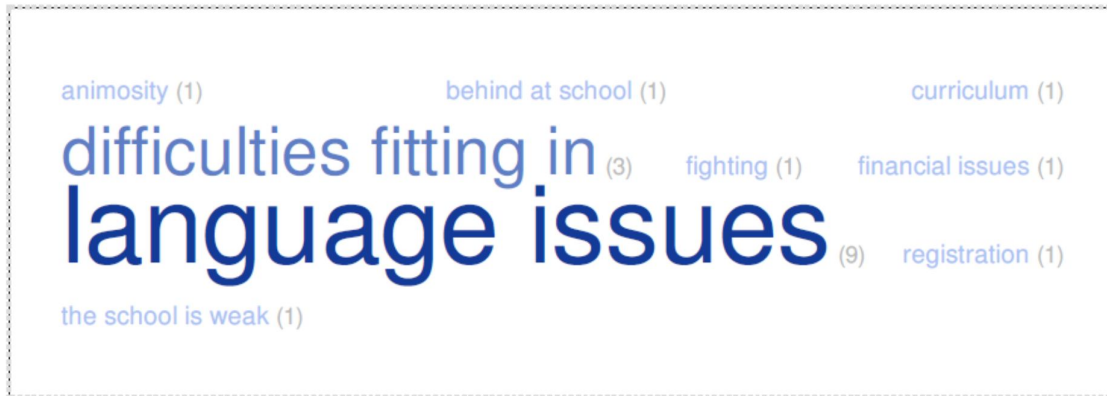
This indicates a need to provide an accelerated learning programme for children who are unable to access education in Lebanon.

Problems faced in education

The survey also reveals what respondents consider to be the main challenges facing their children in the Lebanese school system. *Figure 14* displays the results.

Figure 14:

Challenges faced by children in the Lebanese school system



As we can see, language issues are the most common response, highlighting the need to provide language classes to children with little or no command of English or French. Difficulties fitting in also crop up on more than one occasion, suggesting that some children may benefit from life skills training such as conflict resolution.

Life skills and vocational training

Figures 15 & 16 display respondents' most common desires with regard to life skills and vocational training, respectively.

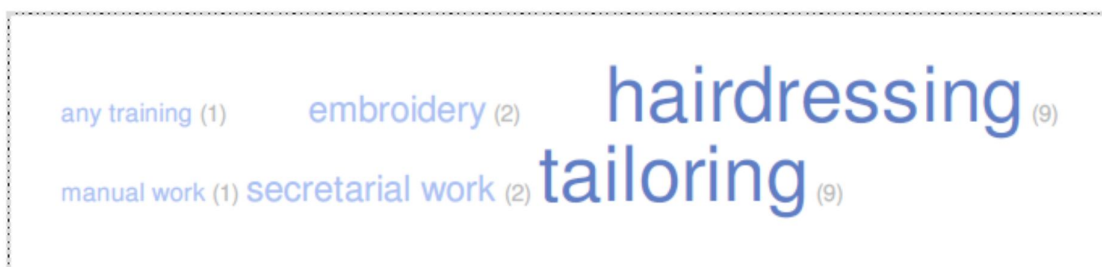
Figure 15:

Respondents' needs: life skills



Figure 16:

Respondents' needs: vocational training



We can clearly see that, as with their children, most respondents at the Burj el Barajneh centre feel that they require language training to help them adapt to their new lives in Lebanon. Interestingly, many also expressed a desire to learn about more abstract issues such as Human Rights and stress management. Getting to grips with ICT (information and computer technology) is also something that respondents desire.

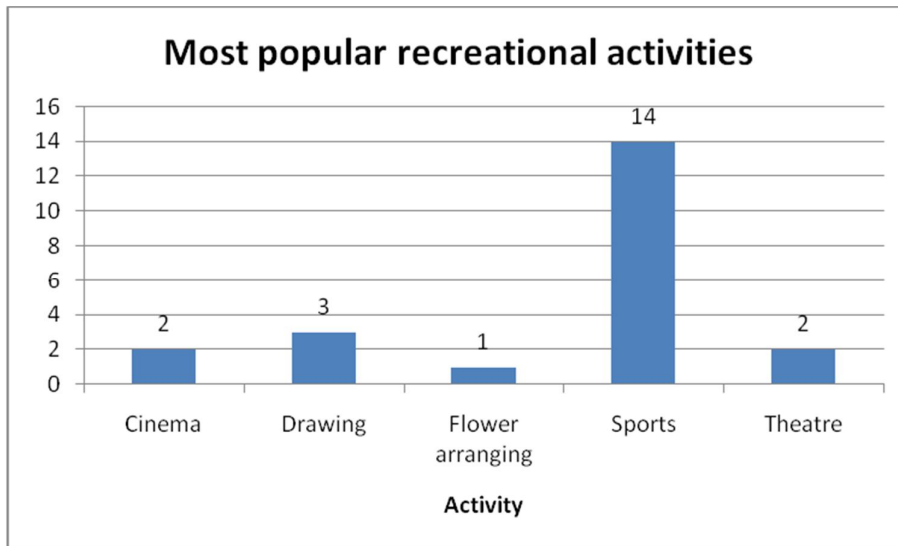
With regard to vocational training, many female respondents feel that they lack the skills required to help provide their families with much needed income. Many wish to learn service sector skills such as tailoring and hairdressing.

It may be necessary for *Amel Association International* to commission micro labour market studies in individual areas to assess how best to exploit gaps in the market to help respondents find work. Focus groups with local businesses could also achieve this.

Recreational activities

The target population at the Burj el Barajneh centre also expressed an interest in recreational activities, particularly (mainly in the case of male respondents) sports. *Figure 17* displays the most popular recreational activities.

Figure 17:



Summary

In general, respondents at the Burj el Barajneh centre desire formal and informal education both for themselves and their children. However, gaining access to the saturated state education system in Lebanon has been impossible for much of the target population, and private education is often far too costly.

Cost aside, many see lack of ability in a second language (either English or French) as the biggest challenge facing their children at school or themselves in daily life. This is indicated by the high number who desire classes in language training. Furthermore, many feel they lack the hard and soft skills to be able to provide for their family.

Providing transport between Burj el Barajneh and other centres and increasing outreach activities in the local community are key to allowing the target population to access all of the services provided by *Amel Association International*

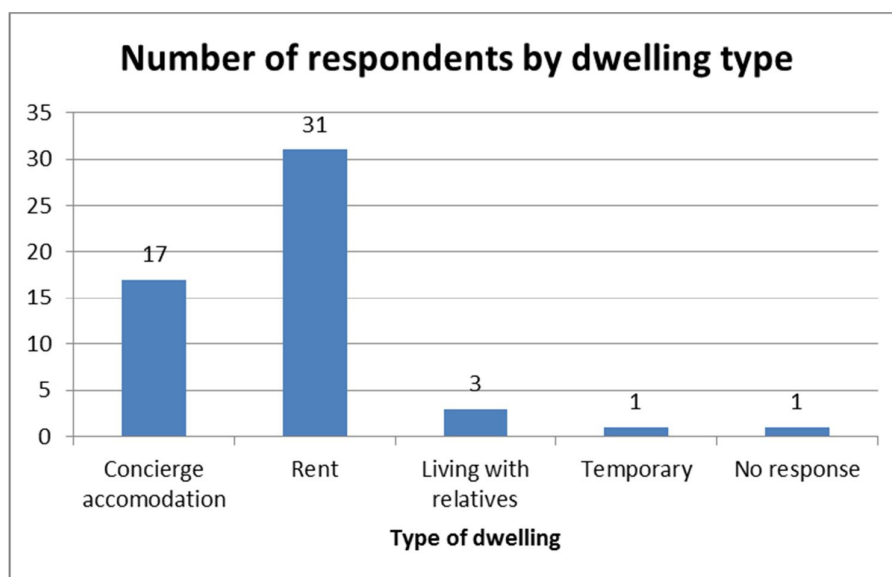
Livelihood

The final section of the survey asked beneficiaries to answer a series of questions about their household financial situation. Many of the answers given have been incorporated into the discussions above, and we recommend that this section be merged with the others on future surveys.

Type of dwelling, length of stay and cost of accommodation

Figure 18 displays data for the number of respondents by type of dwelling.

Figure 18:



As we can see, the most popular kind of accommodation for the target population at the Burj el Barajneh centre is rented, with **58.49%** of respondents currently residing in such accommodation. Issues involved with such dwellings are the high cost of rent, which have increased with Syrian migration to Lebanon following the onset of violence in their own country.

The average cost of such accommodation is **LL. 389,884/month** (mean) or **LL. 450,000/month** (median).

As we will see, this is often more than individuals in the target population earn each month, indicating a need to help them by relieving their other costs (such as education and healthcare).

The second most popular type of accommodation is concierge (“natour”) accommodation. While the costs involved with living in such dwellings is considerably lower than living in rented apartments (most indicated that it was free), there are other problems. Of greatest concern is the fact that such accommodation tends to be very small, and overcrowding is an issue. Indeed, several respondents living in concierge accommodation indicated that they have more than the median number of people living in their household, with two respondents stating that they lived in households of 15 and 16 people, respectively.

This reinforces the earlier analysis that health awareness sessions are necessary, with hygiene being perhaps one of the most important topics.

Respondents’ average length of stay in their current accommodation was **12.11 months** (mean).

Monthly income

The target population’s average (mean) income in Lebanon is **LL. 786,250**. While this seems reasonable, the median monthly income, which omits exceptional responses, is much lower: **LL. 450,000**. Interviews with centre staff revealed that much of the target population was able to travel

to Lebanon with some form of savings. However, these were swiftly exhausted due to the high costs incurred by the target population in Lebanon.

As previously stated, this figure is equal to the median cost of accommodation, and lower than respondents' average monthly expenditure on healthcare. There is a clear imperative for *Amel Association International* to help beneficiaries at its Burj el Barajneh centre with such costs.

As stated previously, the most sustainable way to do so seems to be provision of awareness sessions and remedial classes; tackling problems (such as health problems and educational needs) before they arise.

Living expenses

Figure 19 displays respondents' main living expenses in Lebanon.

Figure 19:

Respondents' main living expenses



As expected, basic needs such as food, healthcare and clothing come out on top. Accommodation costs also rank highly, as do utility costs (water and electricity). There is some concern that low levels of income among the target population may translate into issues such as malnutrition.

This highlights the need of the recommendations, both above and below, pertaining to provision of healthcare and educational services, which may help to reduce costs and boost income among the target population.

Summary

In general, the target population at the Burj el Barajneh centre struggles to make ends meet on a month-by-month basis. Monthly costs for healthcare and accommodation regularly exceed the monthly incomes of respondents, which may go some of the way to explaining the overcrowded conditions in which many are forced to live.

This reinforces the aforementioned need to allow the Burj el Barajneh centre's target population access the life skills and vocational training.

Conclusion

Amel Association International can help the target population at its Burj el Barajneh centre in several ways. The follow is a list of recommendations based on the findings of this report.

Recommendations

Health

The high number of women and children attending the centre justifies **the focus on gynecological, obstetric and pediatric care**. The high number of pregnancies among the target population further reinforces this need.

There are also several widows in the target population, **whom *Amel Association International* may wish to monitor closely, as they may be at higher risk than others**.

Many children at the centre may not have undergone a full programme of immunisations, including booster vaccinations. *Amel Association International* needs to work hard **to ascertain whether target population beneficiaries are fully immunised, and act accordingly**.

Furthermore, much of the target population finds itself living in extremely crowded conditions. This highlights **the need for good practices with regard to hygiene and living conditions notably through awareness sessions**.

Much of the target population suffers from chronic illness (such as asthma, diabetes and cardiovascular disease), indicating a need **to continue providing high-quality primary healthcare**.

There is a clear imperative for the Burj el Barajneh centre to continue **providing psychosocial counselling for target population beneficiaries suffering from mental illnesses**. Serious cases should be referred to a specialist psychiatrist, within the UNHCR referral procedure. Target group should be made aware of mental health illnesses through awareness sessions.

Amel Association International centres need **to keep well stocked up on antibiotics and treatments for acute illnesses**, which are common among the target population. The most common acute illnesses are infections of the skin, respiratory disease, gastroenteritis, and other infections.

Much of the target population is pregnant, indicating a need **to provide mother and childcare advice and advice about where to go for delivery**.

The Burj el Barajneh centre also needs to ensure that **beneficiaries know the advantages of breastfeeding, as well as the related good practices to pregnancy**.

Furthermore, the centre should **enhance its contingency planning, especially if there is a sudden outbreak of communicable diseases**.

Much of the target population expresses a desire to attend health awareness sessions. *Amel Association International* should provide sessions on the most common aspects of healthcare, **such as communicable diseases, stress management, childcare, etc**.

Education

Many children in the target population find themselves unable to access the Lebanese education system. *Amel Association International* needs **to work closely with schools and other NGOs to provide accelerated learning programmes for Syrian refugees.**

Livelihood

The majority of target population women at the centre are either unemployed or inactive in the job market, and many feel that they lack the skills required to help provide their families with much needed income. *Amel Association International* should **conduct micro labour market studies and focus groups to ascertain how these women can make a meaningful contribution to their communities whilst earning a living.**

All the respondents to the survey indicated that they now live in urban areas. Accordingly, the target population (especially those who formerly resided in rural settings) may need some practical advice about adapting to their new surroundings.

The target population is largely unregistered with the UNHCR. *Amel Association International* **should work with the UNHCR and other NGOs to educate the target population about the advantages of registration.**

There needs to be a concerted effort to ensure that beneficiaries are **aware of the advantages of coming to the centre.** This can be achieved through continued community outreach and active communication initiatives.

Many target population beneficiaries indicated a need for language training, ICT training and life skills training (e.g. conflict resolution, stress management, etc). Amel **should extend its ICT training and life skills training to its center of Burj El Barajneh and make sure to provide transport links** between the various centres to ensure that beneficiaries in one area do not miss out on services provided in another.

Most of the target population indicated an inability to cover basic costs. *Amel Association International* is concerned that low incomes may translate into issues such as malnutrition, **emphasising the need to help reduce beneficiaries' outgoings by providing healthcare and educational services.**

General

To facilitate coordination between the centres, Amel should **develop a central database of beneficiaries.**

Note on the questionnaire

The Rapid Needs Assessment survey at *Amel Association International's* Burj el Barajneh was, in many respects, a great success. As well as providing a revealing picture about the demographics of the centre and beneficiaries' needs, it allowed us to identify and rectify several issues with the original survey. Changes were made in three main areas:

1. Some questions on the original survey were deemed unnecessary for the purposes of the Rapid Needs Assessment (e.g. "What was your monthly income in Syria?", which is irrelevant

because former income has little bearing on beneficiaries' lives in Lebanon and is impossible to compare accurately, due to the massive depreciation of the Syrian Pound (LS.) since the onset of the Syrian civil war);

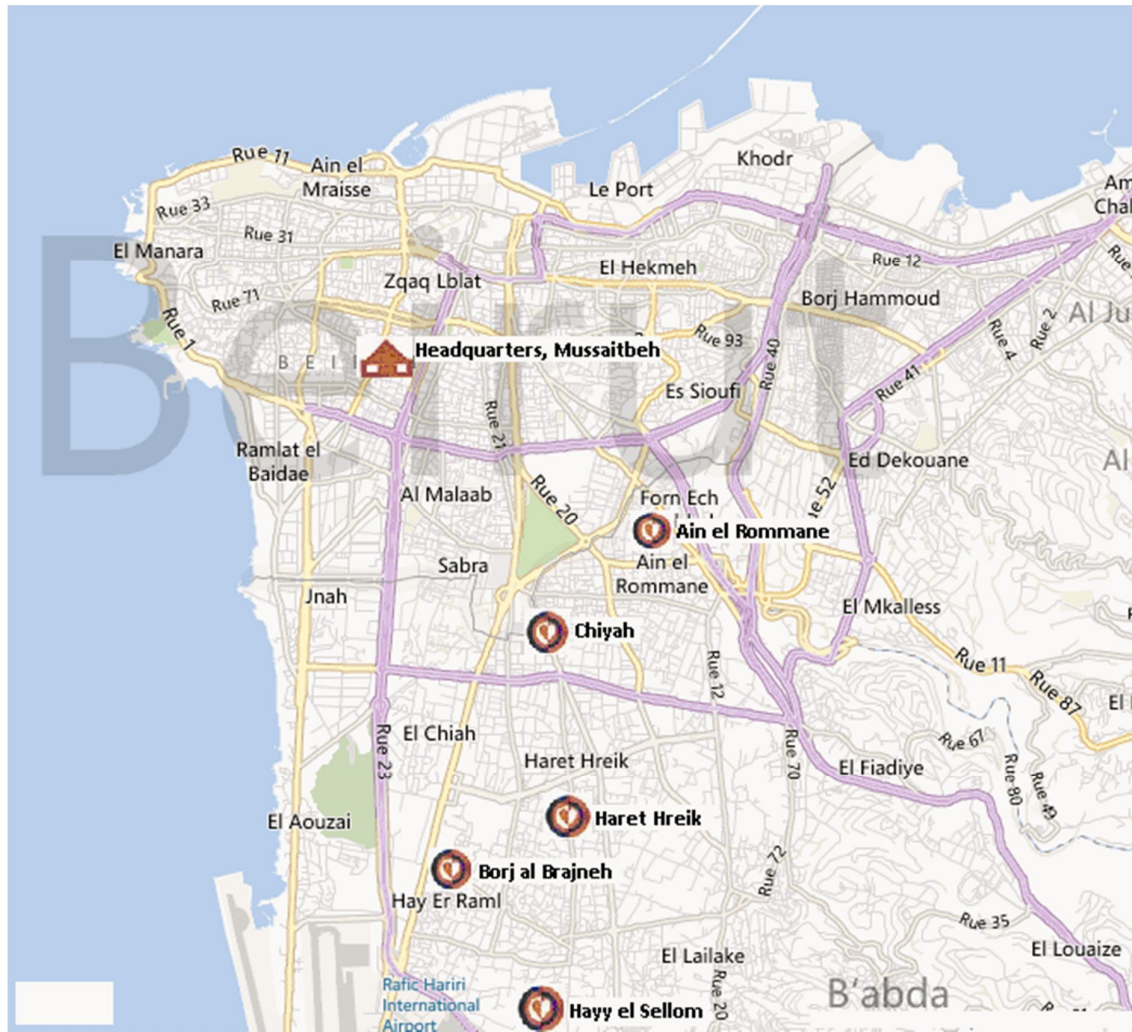
2. The high proportion of open-ended questions made the compiling of data arduous and may have effected analysis of the data; and
3. The survey's "financial situation" section needs to be merged with the other sections of the survey.

As stated, however, we believe that the Rapid Needs Assessment survey at the Burj el Barajneh centre was, in general, a success. That we have been able to identify these weaknesses means that the process will be more efficient in the future – something that captures the spirit of the Rapid Needs Assessment perfectly.

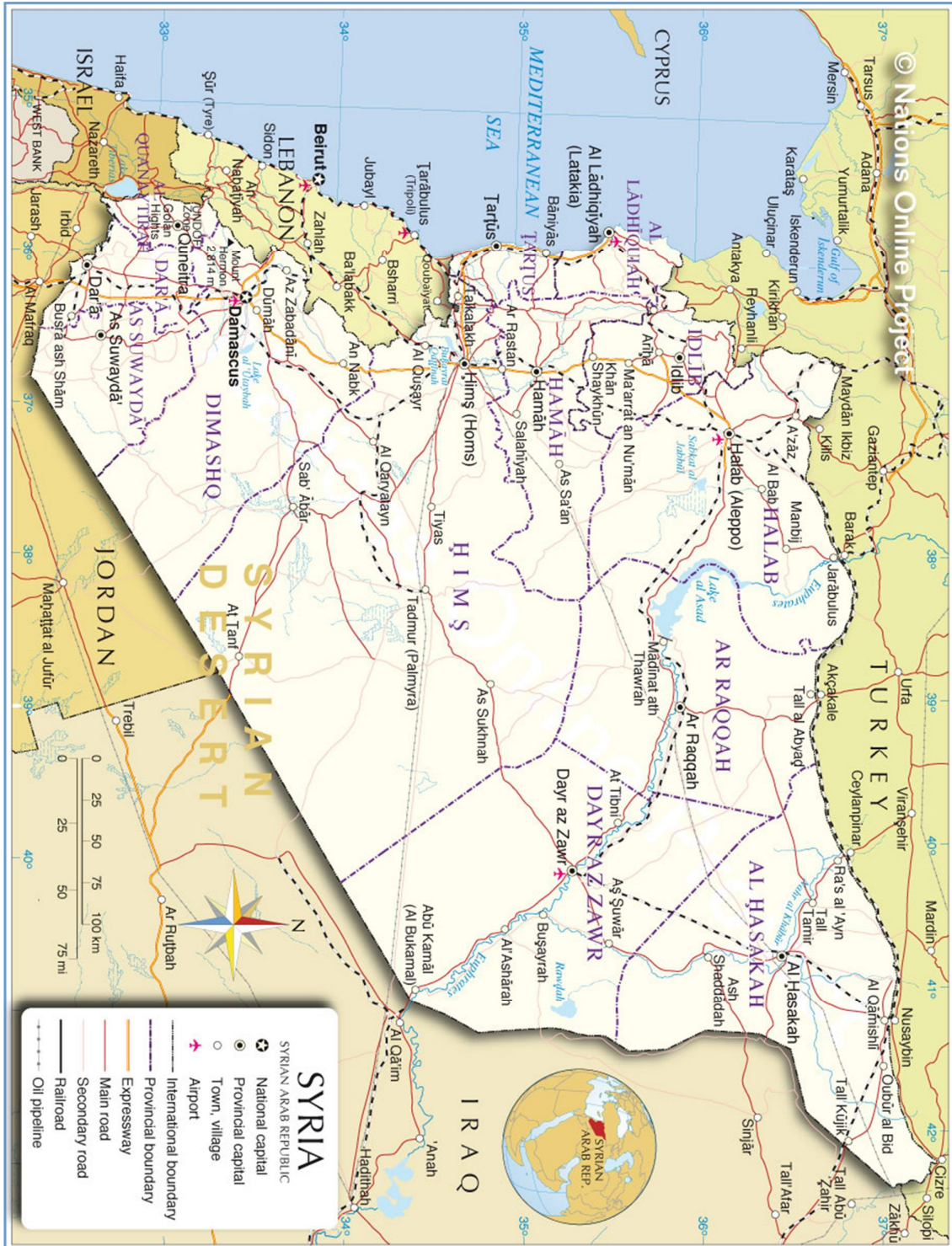
Social workers at the Burj el Barajneh centre responded positively to the Rapid Needs Assessment survey, stating that it allowed them to get a better idea of the needs of the target population. It is hoped that the updated survey will be even more beneficial for staff and beneficiaries alike.

Appendices

Appendix 1: map of Amel Association International centres in Beirut and its Southern suburbs



Appendix 2: map of Syria



Appendix 3: original survey (English)

General information:						
No.	Question	Code				
1	Sex	1 = Male	2 = Female			
2	Age					
3	Marital status	1 = Single	2 = Married	3 = Divorced	4 = Widowed	
4	Number of children (under the age of 18)					
5	Level of education	1 = Illiterate	2 = Primary	3 = Middle School	4 = Secondary	5 = University
6.i	Former profession (in Syria)					
6.ii	Current profession (in Lebanon)					
7.ii	Former place of residence (in Syria)					
7.ii	Rural or urban?	1 = Rural	2 = Urban			
8.i	Current place of residence (in Lebanon)					
8.ii	Rural or urban?	1 = Rural	2 = Urban			
9.ii	Are you receiving any aid?	1 = Yes	2 = No			
9.ii	Please explain					
10.i	Are you registered with the UN or any other organisation?	1 = Yes	2 = No			
10.ii	Please explain					
11	How long have you been a refugee in Lebanon (in months)?					
12	How many people are there					

	living in your household?					
Health:						
No.	Question	Code				
1.i	Do you or any of your family have any health issues?	1 = Yes	2 = No			
1.ii	Please explain					
2.i	Do you or any of your family take medicine?	1 = Yes	2 = No			
2.ii	Please explain					
3.i	Have you or any of your family attended health consultations with a doctor since arriving in Lebanon?	1 = Yes	2 = No			
3.ii	What for?					
3.iii	How many times?					
3.iv	Where?					
3.v	Is this a private clinic or public hospital?	1 = Private clinic	2 = Public Hospital			
3.vi	What kind of consultation?					
3.vii	How much did you pay (in LL.)?					
4.i	Are you or any of your family pregnant?	1 = Yes	2 = No			
4.ii	Were you or any of your family pregnant upon arrival in Lebanon?	1 = Yes	2 = No			
4.iii	Where was the baby born?					
4.iv	Did you have to pay (in LL.)?	1 = Yes	2 = No			
4.v	How much?					

4.vi	Did an organisation cover the costs for you?	1 = Yes	2 = No			
4.vii	Which organisation?					
4.viii	Is the child breast feeding?	1 = Yes	2 = No			
5.i	How much do you pay for healthcare each month (in LL.)?					
5.ii	Are you able to cover the costs?	1 = Yes	2 = No	3 = Sometimes		
5.iii	How?					
6	Would you be interested in health awareness sessions?	1 = Yes	2 = No			
7.i	Have your children been vaccinated?	1 = Yes	2 = No			
7.ii	Where?					
<u>Education:</u>						
No.	Question	Code				
1.i	How many of your children were in education when you left Syria?					
1.ii	Are they attending school in Lebanon?	1 = Yes	2 = No	3 = Some		
1.iii	Where?					
1.iv	If any of your children are not attending school, why?					
2	How are you able to cover the costs of education?					
3.i	What problems do your children face at school?					
3.ii	Do your children take part in any remedial classes?	1 = Yes	2 = No			
4	What are your children's					

	main needs at school? (e.g. books, etc)					
5	What life skills would you like to learn or develop? (e.g. CV writing, language learning, ICT, etc)					
6	What types of vocational training would you be interested in? (e.g. secretarial work, hairdressing, construction, etc)					
7	What types of recreational activities are you interested in? (e.g. cinema, drawing, theatre, sports, etc)					
8.i	Have your children been diagnosed with any psychological issues?	1 = Yes	2 = No			
8.ii	Please explain					
8.iii	Do they receive any psychological support?	1 = Yes	2 = No			
8.iv	Please explain					
<u>Financial situation:</u>						
No.	Question	Code				
1.i	Where do you live?					
1.ii	What kind of dwelling is it?					
1.iii	How long have you been living there (in months)?					
2	How much do you pay for accommodation each month (in LL.)?					
3	What do you currently do to earn a living?					

4	What was your monthly income in Syria (in LS.)?					
5	What is your current monthly income (in LL.)?					
6	What are your main living expenses?					

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