

Behind the Concrete Veil

Humanitarian needs of vulnerable crisis-affected refugee and host families in urban and peri-urban areas of Beirut and Mount Lebanon

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ACTED

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Executive Summary

With approximately 5,000 new registrations each week, the Beirut and Mount Lebanon refugee population (close to 148,000 as of the end of March) is the fastest growing in Lebanon, as well as the second largest in the country after Bekaa. This large influx of refugees is having a significant impact on the estimated 2 million Lebanese and 59,000 Palestinian refugees already living in the area prior to the crisis. This is particularly true in impoverished pockets of greater Beirut, where the most vulnerable refugee families and the majority of the estimated 280,000 Lebanese living below the poverty line are concentrated.

The aim of this report is to provide an overview of the humanitarian needs faced by vulnerable populations in ACTED's target areas of Beirut and northern Mount Lebanon (Baabda, Metn, Keserwane and Jbeil Districts). Assessed population groups include not only registered Syrian refugees, but also vulnerable Lebanese families, unregistered refugee households, and refugees registered in other regions but having moved to Mount Lebanon since, whose access to assistance is demonstrably affected by this displacement.

Findings are based primarily on household surveys conducted between September 2013 and March 2014, covering a total of 3,657 households, but are qualified by a series of semi-structured focus group discussions and key informant interviews, as well as by a set of programme monitoring and evaluation studies conducted during the same period. While households surveyed were pre-identified based on their expected vulnerability, and so the sample cannot be considered to be statistically representative across the affected population, the large sample size does enable conclusions regarding the situation faced by vulnerable households in target areas.

The cost of living was found to be significantly higher in target areas than in the rest of the country, as illustrated by the average monthly cost of rent (320 USD, as opposed to 193 USD nationally). In parallel, with unemployment rates pre-crisis in this region already higher than the national average, limited access to income-generating opportunities has resulted in vast reliance on assistance or negative coping mechanisms such as debt (contracted by over 80% of assessed households) to meet basic needs. This is particularly concerning as findings illustrate a clear correlation between debt, and increased protection, health and hygiene risks.

This combination of reduced access to income, and increased expenditure has inevitably affected living conditions of vulnerable families, with a high number living in sub-standard or overcrowded accommodation. Indeed, over 34% of households assessed required upgrading or rehabilitation, and 48% were found to have inadequate or lacking WASH facilities. Furthermore, 36% of assessed households were found to be living with less than 3.5m² of shelter space per person, and the average number of individuals per shelter was a staggering 7.4. Even in these conditions, a large number of households remain at constant risk of eviction in case of rent payment delays or failures. These poor living conditions severely increase health and hygiene risks faced by assessed populations, as illustrated by the high rates of water contamination identified (40% of assessed water sources with coliform bacteria), as well as poor hygiene despite good hygiene knowledge - whilst 98% of respondents were aware of best hand-washing practices, only 15% occasionally washed their hands, due to limited access to adequate facilities.

Assessment findings of vulnerable Lebanese families, though not statistically representative, indicate similar levels of need and vulnerability following the crisis, including in terms of reliance on debt, access to income and living conditions. Despite this, less than 20% of vulnerable Lebanese respondents had received assistance from humanitarian actors. Generally, the perception that Lebanese communities' needs have been overlooked by humanitarian actors was found to have a profound impact on social cohesion, and on perceptions of host communities with regards to refugees.

Based on assessment findings, the following key priorities have been identified to effectively address humanitarian needs in Beirut and northern Mount Lebanon:

- Interventions aimed at improving access to financial resources and income-generating opportunities for vulnerable households, and targeting of shelter and WASH assistance based on economic vulnerability;
- Interventions aimed at improving access to adequate living conditions and WASH facilities for households living in sub-standard or over-crowded accommodation, with special on supporting households with adequate accommodation who are at risk of eviction;
- Needs-based assistance provision not only to registered refugees, but also to vulnerable Lebanese, and Syrian refugees that are either unregistered or registered in other areas, which can be achieved through tracking and referral mechanisms, notably in collaboration with local stakeholders;
- Strong and meaningful engagement with local authorities and community leaders to enable the identification and implementation of community-level interventions, addressing the impact of the population increase on basic service provision.



INTRODUCTION

1.1 Background and Context

Lebanon has maintained an open border policy since the start of the Syrian crisis, and is now host to the largest number of Syrian refugees in the region – over 1 million refugees are registered or awaiting registration as of April 2014 (See Figure 1 below), in addition to the unregistered Syrian population. In the absence of formal camps in Lebanon, Syrian refugees are residing in host communities. With a fragmented pre-crisis population of approximately 4.4 million Lebanese, and over 400,000 Palestinian refugees,¹ this rapid population increase of over 25% is placing extreme pressure on the resources of local communities, and affecting social cohesion throughout Lebanon.

As the refugee-hosting capacity of areas bordering Syria (North Lebanon and Bekaa) is reaching close to saturation, and due to the deterioration of the security situation, increasingly high numbers of refugees are moving into Mount Lebanon and Beirut. **Home to almost 2 million Lebanese, 14% of which are living below the poverty line (less than \$4 a day),²** Beirut and Mount Lebanon are the main urban areas of Lebanon. While these areas

form the centre of the country’s social, economic and political activities, they also include significant pockets of poverty and vulnerability, including notably the southern suburbs.

The number of Syrian refugees registered or awaiting registration in Beirut and Mount Lebanon governorates has increased from less than 90,000 in July 2013, to almost 270,000 in March 2014, not including unregistered Syrian refugees whose population size remains uncertain. **With approximately 5,000 newly registrations each week, the Beirut and Mount Lebanon refugee population is the fastest growing in Lebanon, as well as the second largest in the country after Bekaa (Figure 2).**³ Baadba District, with a population of close to 70,000 registered refugees, is currently host to the fourth largest refugee-populated district in Lebanon.

This population influx has had a severe effect on local communities, including both host communities and Palestinian refugees previously living in the area.

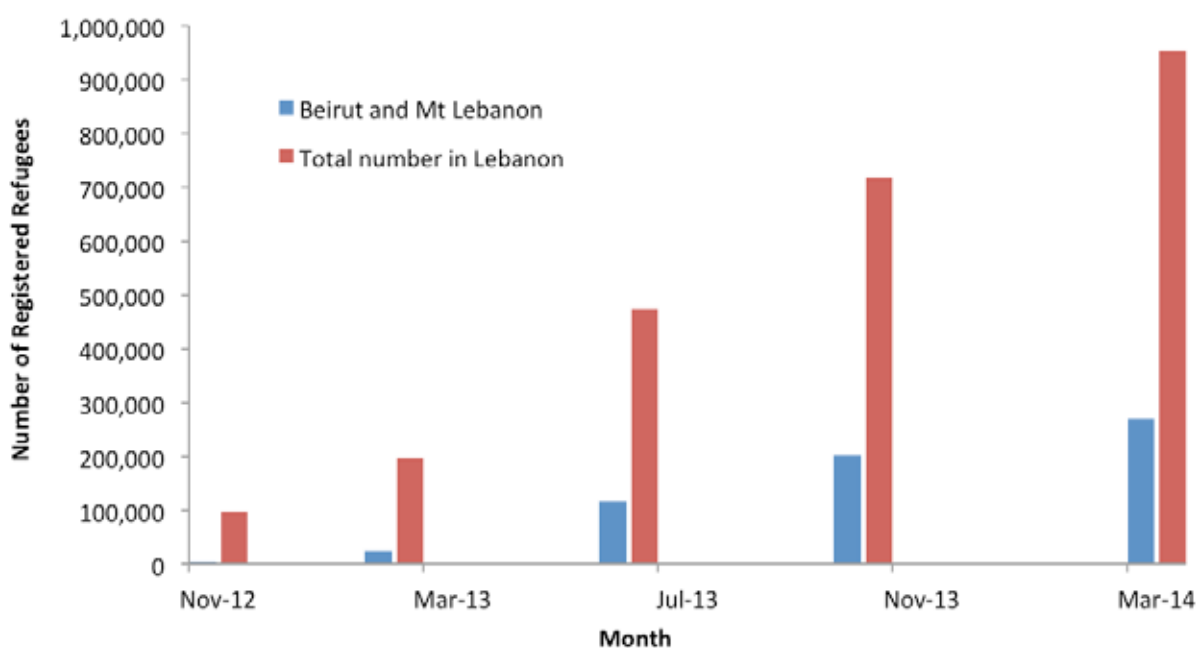


Figure 1 Number of registered refugees per district (UNHCR)⁴

¹ World Bank. (2014). Lebanon. Retrieved from <http://web.worldbank.org/wbsite/external/news/art67528.htm> on 5 March 2014.

² UNHCR Syria Regional Refugee Response, December 2013, Data and statistics, <http://data.unhcr.org/syrianrefugees/country.php?id=122>

³ As of May 2014, this rate has slowed slightly due to allocation of registration slots for the verification of expired registrations.

⁴ Lebanon: Beirut and Mount Lebanon Governorate Profile, March 4 2014, OCHA.

1.1 Background and Context

Indeed, **Mount Lebanon and Beirut were already home to over 59,000 Palestinian refugees**,⁶ who reside mainly in four camps: Shatila, Burj El Barajneh, Mar Elias and Dbayeh. Due to the relatively low cost of living in these areas, many refugees are also moving into these already overcrowded camps. This has contributed to confusion and assistance gaps for Syrians residing within Palestinian camps, as separate funding agencies have specific mandates for each population group.

Unemployment was already an issue prior to the crisis, especially in Mount Lebanon and Beirut where unemployment rates of 8.5% and 10% were respectively found, compared to the national average of 7.9%.⁷ This has been compounded by the refugee influx and flooding of the labour market, which has created high competition between Lebanese and Syrian workers, affecting wages (which have been reduced by up to 60% according to an FAO study)⁸ and access to income-

generating opportunities. Furthermore, the population increase resulting from the crisis has led to pressure on existing resources and markets, in particular food and rent prices.⁹ As a result, it is predicted that an additional 170,000 Lebanese will be pushed into poverty; the Ministry of Social Affairs (MOSA) reported a 40% increase in the utilisation of its health and social programs in 2013.¹⁰

The tourism industry, which contributed 10% -12% of Lebanon's GDP, has suffered as a result of the conflict spilling over into Lebanon. According to a report produced by the Economic and Social Commission for Western Asia (ESCWA) in July 2013, the number of tourists visiting Lebanon fell by 24% between 2010 and 2011, and a further 18% between 2011 and 2012. At the time of writing, ESCWA predicted that this would fall a further 25% by the end of 2013, contributing to an overall drop of 2.5% of the GDP.¹¹

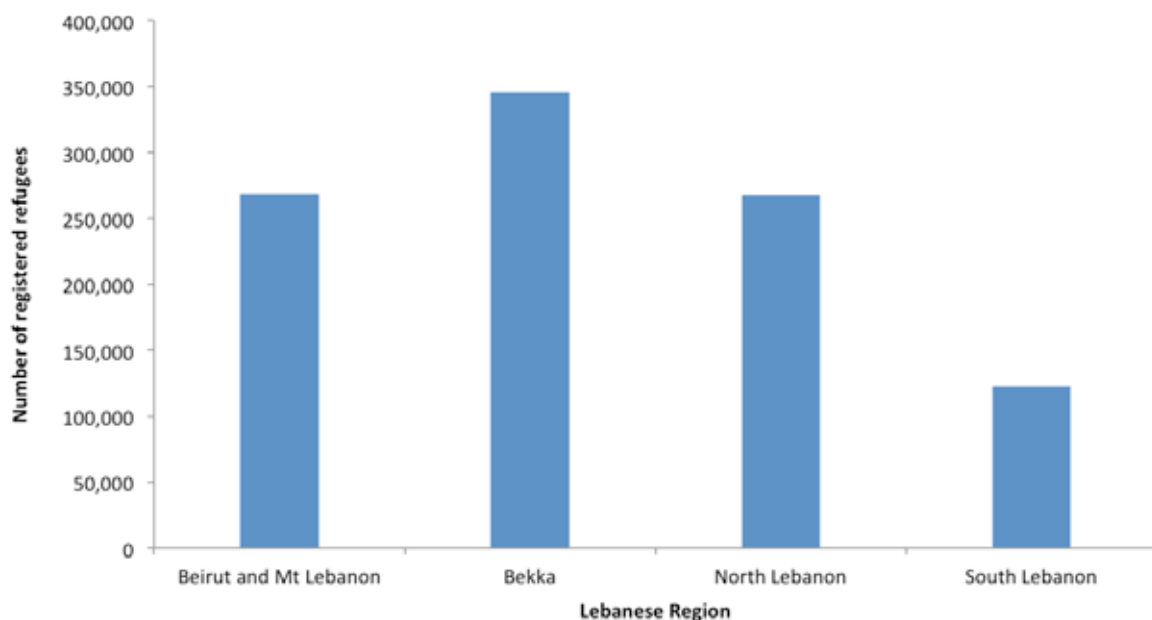


Figure 2 Number of registered Syrian refugees (UNHCR)⁵

⁵ UNHCR Syria Regional Refugee Response, December 2013, *Data and statistics*, <http://data.unhcr.org/syrianrefugees/country.php?id=122>.

⁶ World Bank. (2014). Lebanon. Retrieved on 5 March 2014 from <http://web.worldbank.org/wbsite/external/news/art67528.htm>.

⁷ Lebanese Ministry for Social Affairs (MoSA)(2004), *The National Survey of Household Living Conditions*

⁸ FAO (2013) *Agricultural Livelihoods and Food Security Impact Assessment and Response Plan for the Syria Crisis in the Neighboring Countries of Egypt, Iraq, Jordan, Lebanon and Turkey*.

⁹ World Bank (September 2013) *Lebanon : Economic and Social Impact of the Syrian Conflict*

¹⁰ Ibid

¹¹ ESCWA (2013)

1.1 Background and Context

This combination of reduced access to income, and increased expenditure has inevitably affected social cohesion between host and refugee communities,¹² especially in a deteriorating security context illustrated by the increase in bombings and armed clashes in and around Beirut.

In response to these needs, assistance provided in the northern districts of Mount Lebanon and Beirut

by humanitarian actors has only recently scaled up, particularly in northern districts which saw limited coverage in 2012 and 2013. Figure 3 below shows the presence of humanitarian actors working in across Mount Lebanon and Beirut in the various sectors as of March 2014.

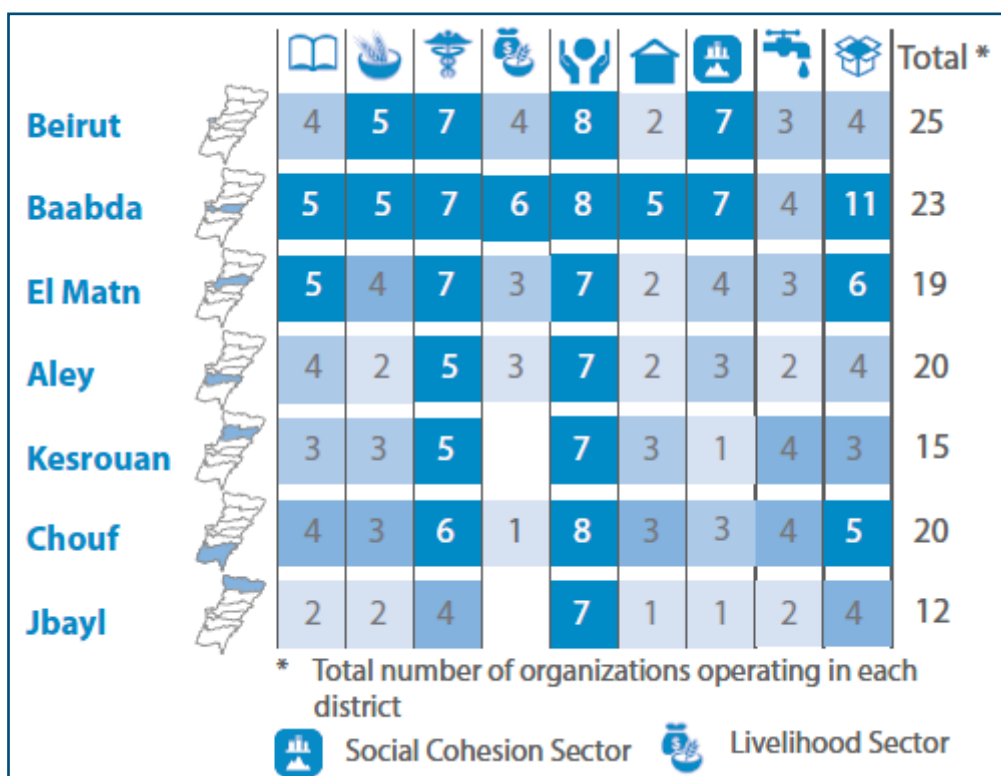


Figure 3 Number of humanitarian actors working in Mount Lebanon and Beirut¹³

¹² International Labour Organisation (2013) Assessment of the impact of Syrian refugees in Lebanon and their employment profile

¹³ OCHA (2014) Lebanon: Beirut and Mount Lebanon Governorate Profile

METHODOLOGY

2.1 Data Source

This report is based on a series of assessments conducted by ACTED in Beirut, and its target districts of Mount Lebanon (Baabda, Metn, Keserwane, and Jbeil) between September 2013 and March 2014 in order to gain a clear understanding of the current context and specific needs of target vulnerable populations, and design its programme and interventions accordingly. Although primarily based on a baseline survey covering approximately 3,000 households, this report also draws on other, qualitative primary information sources, including series of key informant interviews, focus group discussions, as well as on a review of available information from secondary data sources.

In order to identify vulnerable households (HHs) in need of assistance in target areas of Mount Lebanon and Beirut,¹⁴ ACTED undertook **household vulnerability assessments** of Syrian refugees and Lebanese households. The assessment aimed at

identifying the demographic and vulnerability profiles of target households (including their economic situation), as well as their living conditions, with a specific focus on WASH, shelter and access to basic items. As of March 2014, **a total of 3,663 households** had been assessed. The distribution of households assessed per district was calculated based on the concentration of registered refugees. The sample size per district and cadastre is illustrated in Figure 4 below.

Three population groups were targeted during this assessment: UNHCR registered refugees (3,393 HHs), non-registered Syrian refugees (203 HHs), and vulnerable Lebanese (61 HHs). ACTED identified vulnerable registered refugees through the ProGres database, which lists all refugees who have registered with UNHCR. Unregistered Syrians and vulnerable Lebanese were referred by community stakeholders, including local charities, health centres and community leaders.

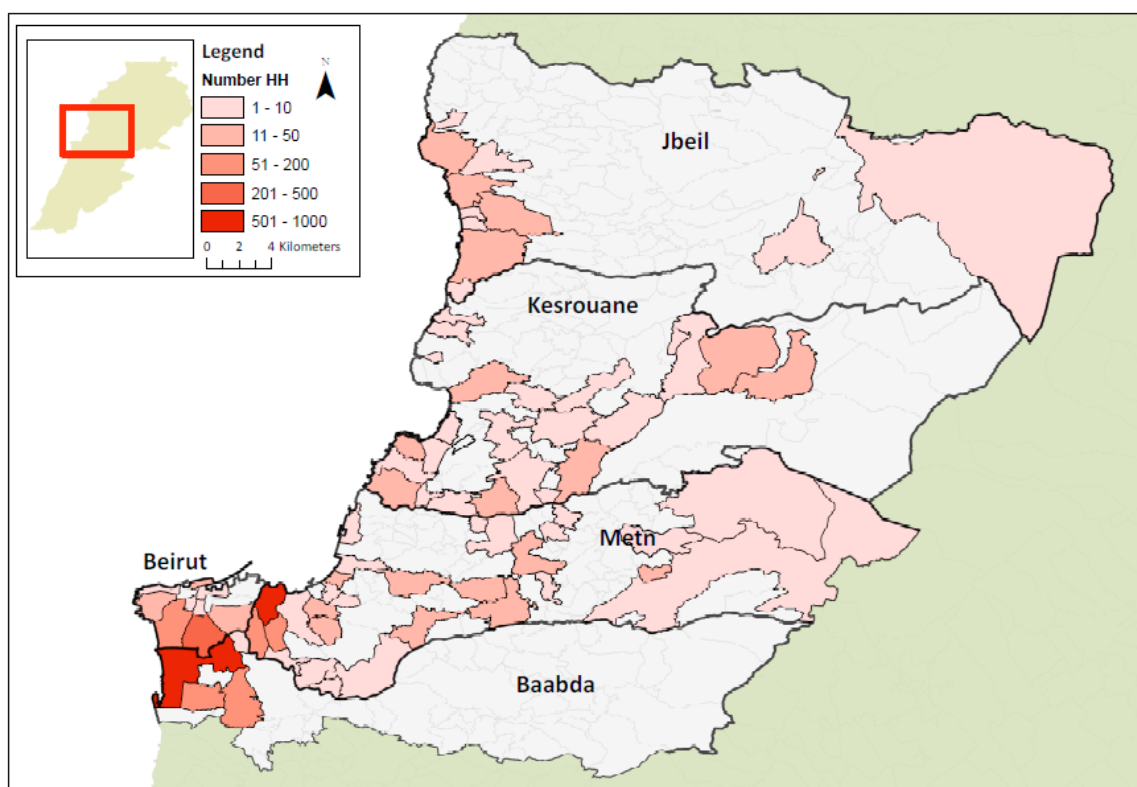


Figure 4 Distribution of households sampled during ACTED's household survey

¹⁴ Selected based on concentration of refugees, and pre-crisis socio-economic vulnerability

2.1 Data Source

Households in ACTED target areas with a burden index¹⁵ score above 10 were pre-selected for assessment, as well as some households with slightly lower scores in the less populated districts of Jbeil and Keserwane. Other vulnerable households (registered refugees with a lower burden index score, unregistered Syrians, vulnerable Lebanese) were included in the assessment through referrals from community focal points, local authorities and civil society actors, or other humanitarian partners operating in the area.

The field-level data collection for baseline assessment has been carried by a team of ten enumerators since September of 2013. The questionnaire to inform the baseline assessment was administered on smartphones using ODK software at the household level.

In addition, in order to qualify and contextualize findings from the household survey, as well as to understand better the impact of refugee displacement on host communities, a series of **semi-structured focus group discussions and key informant interviews** were conducted by ACTED.



These include:

- Semi-structured focus group discussions (FGD) with vulnerable household members, covering the priorities, needs and challenges of Syrian refugee households in the target areas, notably in relation to access to basic services (healthcare, education), and relations with host communities. Six FGDs were conducted between February and March 2014 with a total of 62 male and female participants, primarily at collective shelters. To enable open discussion on issues that can be gender sensitive, a number of FGDs were held with women and men separately.
- Semi-structured key informant interviews, generally held with Head or Deputy Head of the Municipality, the Head of Police or the Mukhtar, in a total of 16 municipalities hosting high concentrations of refugees between August 2013 and March 2014. Quantitative and qualitative data was collected from key informants in order to determine the levels of socio-economic vulnerability of the general population and impact of refugee presence in the area. These key informants ranged from municipal authorities to religious and community leaders, all of whom have a privileged perspective of their community's situation and needs.
- Interviews with ACTED field and technical teams were conducted in March 2014 in order to identify specific case studies to illustrate assessment findings, as well as collect information on field-level observations.

Finally, this report draws on findings from previous **programme monitoring and evaluation studies** conducted by ACTED's independent Assessment, Monitoring and Evaluation Unit (AMEU). These studies took place periodically between November 2013 and March 2014, covering a statistically representative sample of beneficiaries targeted through WASH, shelter, cash and NFI interventions.

¹⁵ UNHCR's burden index takes into account the disability-adjusted dependency ratio as well as 'traditional' vulnerabilities as defined by UNHCR such as persons with disability, female headed households, elderly, pregnant and lactating women, etc.

2.2 Assessment Constraints and Limitations

Generally, as the humanitarian response in Lebanon has fairly recently started focusing on the Beirut and Mount Lebanon area, secondary data and existing assessments available on this specific region remain limited, particularly regarding the evolution of the situation since the increase in refugee registration rates.

ACTED's household-level survey which forms the basis of this assessment was designed to inform beneficiary selection for different interventions, and so **does not provide a holistic assessment of needs across all sectors**. This was somewhat addressed through focus group discussions and key informant interviews, which aimed to provide a more comprehensive understanding of needs, outside the scope of WASH, Shelter and cash/NFI, and including elements on access to education, employment and social cohesion.

In addition, it should be noted that respondents were selected from among communities identified

as most affected by the Syrian crisis, and based on their burden index score or referrals from local stakeholder (so not through random sampling). Therefore, **despite the large size of the sample, it cannot be considered to be statistically representative across the affected population**. Rather, the assessment provides a snapshot and indication of needs among vulnerable sections of the target population. This is all the more relevant for unregistered refugee respondents, as an appropriate sample size could not be calculated in the absence of accurate information on the population of this group.

Finally, it should be noted that certain priority areas in terms of high concentration of refugees and socio-economic conditions could not be accessed for focus group discussions due to security and access constraints, particularly outside the scope of life-saving activities.



Assessment Findings

3.1 Displacement and Demographics

According to the UNCHR ProGres database of registered refugees, as of the 13 March 2014 there were **a total of 24,854 refugees were registered in Beirut and 123,075 registered refugees in the four districts of Mount Lebanon of ACTED intervention (Baabda, El Meten, Keserwane and Jbeil).**

This breakdown does not however take into account internal mobility of the registered refugee population, which has been raised as an issue particularly by humanitarian agencies operating in Jbeil district. Indeed, **of the households assessed in Jbeil, 63% were registered with UNHCR in North Lebanon** and had moved south into Mount Lebanon. In focus group discussions with these individuals, security concerns were cited as the primary reason to move.

Such movement leads to potential gaps in household-level assistance, as agencies operating in North Lebanon cannot intervene in Jbeil, while those operating in Mount Lebanon are often unaware of the location of these households. **Of the 63% who had relocated, only 2% had reregistered in Mount**

Lebanon, and so were able to access assistance in their new location. **A further 78% were no longer active in the UNHCR ProGres database,** suggesting that their registration had been suspended, which happens to refugees who do not collect food aid for three consecutive months.

These figures also do not take into account the number of unregistered Syrians in the area, which, based on estimations of local authorities, could be at least as large as the number of registered refugees. Though the majority of unregistered Syrians who participated in focus group discussions acknowledged that access to assistance, and thus living conditions, were improved for registered refugees, many were not willing to register. **Main reasons cited for not registering were fear of reprisal against family members still living in Syria, fear that information would be sent back to Syrian authorities** who could then force them into military service, and fear that they might be deported and sent to a refugee camp.¹⁶

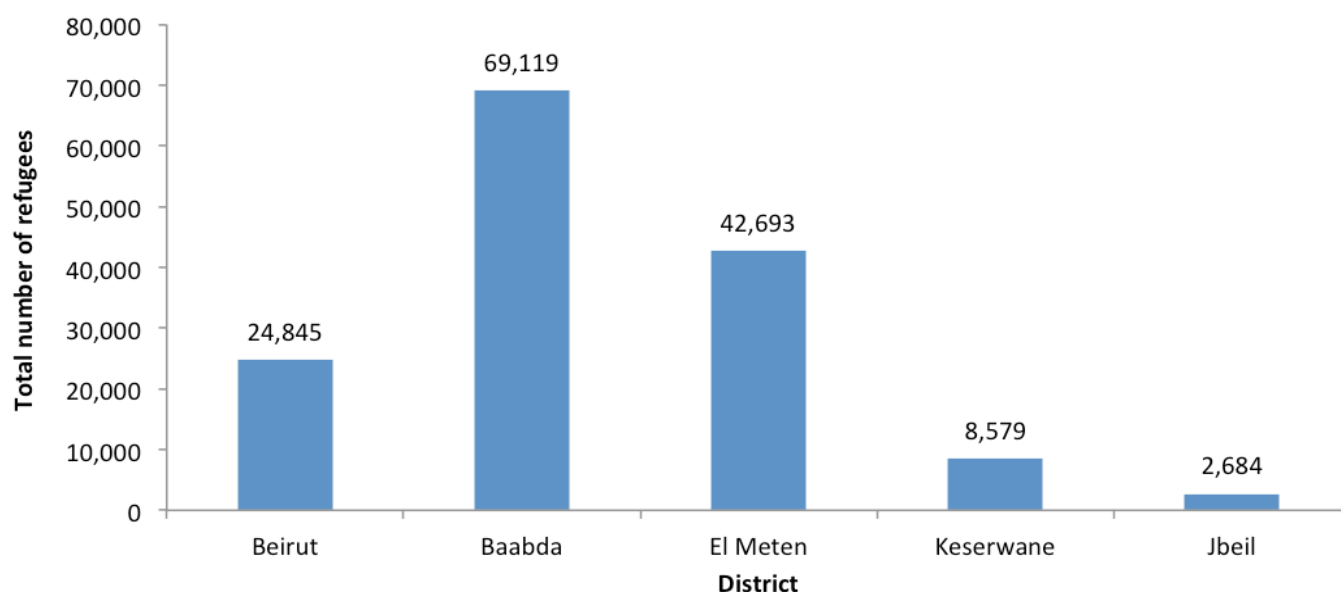


Figure 5 Total number of registered refugees per district in Mt Lebanon and Beirut according to UNHCR registration statistics¹⁷

¹⁶ Such cases are referred to UNHCR for awareness-raising sessions on registration (in line with the unregistered referral SoPs)

¹⁷ UNHCR Syria Regional Refugee Response, December 2013, Data and statistics, <http://data.unhcr.org/syrianrefugees/country.php?id=122>

3.1 Displacement and Demographics

According to UNHCR figures of registered refugees in Mount Lebanon and Beirut, 48.3% of registered refugees are male and 51.7% are female.

This is consistent with this assessment, where the distribution of males and females was found to be respectively 48.6% and 51.4%.

The demographic composition of the household has a strong correlation with overall levels of vulnerability, and households without able-bodied men of working age, including women-headed

households, are highly vulnerable to protection concerns due to their low income-generating capacity. **Of households assessed by ACTED, 13.4% were female headed, 3% of were headed by disabled men, a dozen were headed by an individual under the age of 18, and 2% reported being led by someone over 65.** It should be noted, as mentioned in section 2.2 above, that this finding is not representative of the overall refugee population due to the sampling method adopted for this assessment.



3.2 Household Income, Expenditure and Livelihoods

The protracted nature of the Syrian crisis is having a significant impact on the household income of both refugee and host families, with price inflation occurring, particularly for rent, refugees' savings becoming increasingly exhausted and competition over income-generation opportunities rising. As

a consequence, many vulnerable households are struggling to support their families and, with the majority of working refugees undertaking seasonal labour, their ability to afford rent, food and other essential items is dwindling.



3.2.1 Main Source of Income

The majority of refugee households assessed in Mount Lebanon depend primarily on work, aid assistance, or a combination of the two as their main sources of income.

Approximately **84% of Syrian refugees interviewed had worked in some capacity within the past 30 days**, however Syrian male refugees reported in

focus group sessions being able to find **on average two days of work per week**. 45% of working households had members who were involved in unskilled work, which typically involves working as daily laborers on construction sites; while the remaining 55% were involved in other income-generating activities, including informal and formal trading or skilled labour.

Access to Income Challenges - A Case Study

Only one of the nine families living in a collective shelter in Metn receives food assistance, which is then shared with the other families. The working members of these families can only find seasonal work, mainly in apple picking which takes place from September to December. Residents therefore often find themselves without any source of income, relying largely on either a line of credit at the local supermarket or handouts from neighbours to meet their basic needs.



3.2.1 Main Source of Income

The majority of households that are engaged in employment only had one worker in the household, and almost half of working refugees were supporting between 5 and 7 household members. It is not surprising, therefore, that only **35% of households reported dependence on employment earnings alone**. A large number of households were also relying on handouts (43%), including cash grants, remittances or gifts from family members, and WFP food vouchers (41%). The majority of households assessed reported receiving food assistance (62.8%), and only 15% of households reported receiving no assistance at all from aid actors (Figure 6 below).

Focus group participants notably reported that children aged 6 to 15 were often pushed into the labour force, either through informal commerce on the street, or in small informal businesses.

A smaller sample (77) of vulnerable families receiving cash assistance were interviewed in more detail about income and expenditure during ACTED's winterization post distribution monitoring (PDM). This sample is not statistically representative of refugee population as only vulnerable families living above 500m altitude or either in informal settlements

or collective shelters were targeted for winterization assistance. The results of the survey, however, provide an understanding of employment issues facing highly vulnerable families. Approximately half of these households (49%) had not worked in the past month. The majority of those who had not worked (82%) attributed it to lack of opportunity, with 13% citing a serious medical condition as the reason for unemployment.

As **Syrian workers are willing to work for approximately half the pay of their Lebanese counterparts** according to key informants in our areas of intervention, the influx is having a considerably adverse effect on the available income-generating opportunities for the Lebanese workforce. Indeed, an assessment by the International Labour Organisation (2013) found that Syrian workers are willing to work for lower salaries, longer hours, in more difficult conditions and without social security benefits.¹⁸ The increased competition could have the greatest impact on Lebanese youth as 32% of the working age Syrian refugee population are between 15-24.¹⁹ This is concerning as this age group already faced some of the high unemployment rates in Lebanon prior to the crisis: 17% amongst the 20-24 age group.²⁰

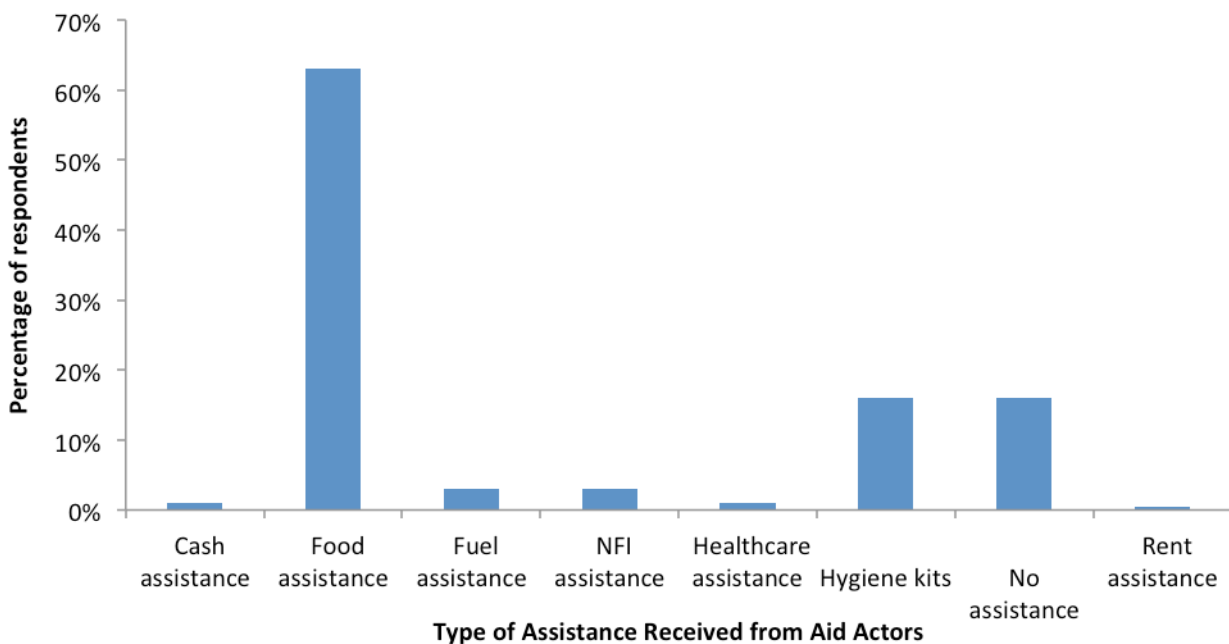


Figure 6 Types of assistance received from aid actors

¹⁸ International Labour Organisation (2013) Assessment of the impact of Syrian refugees in Lebanon and their employment profile

¹⁹ World Bank (2013) Lebanon : Economic and Social Impact Assessment of the Syrian Crisis

²⁰ Central Administration of Statistics (2006) The National Survey of Household Living Conditions 2004.

3.2.2 Main Household Expenditures

As mentioned above, ACTED’s winterization PDM collected detailed information from target households on their average monthly expenditure breakdown, as indicated in Table 1 below. **The total average expenditure of target households was found to be over 1,080 USD per month, of which over 55% was reportedly spent on food and rent alone.** It can be noted that the expenditure on food, which amounts to 58.32 USD per person for the sampled households, is above the 30 USD per person allocated by WFP for monthly food costs.

Item	Total cost per household per month (\$)
Food	\$ 336.53
Rent	\$ 261.49
Health	\$ 120.87
Fuel	\$ 92.66
Hygiene Items	\$ 49.87
Transportation	\$ 40.84
Debt Repayment	\$ 32.79
Utilities	\$ 27.27
Clothing	\$ 26.56
Education	\$ 26.49
Mobile Phone	\$ 23.30
Stove	\$ 22.50
Money to Family	\$ 16.36
Shelter Materials	\$ 5.19
TOTAL	\$ 1,082.75

Table 1 Average monthly household expenditure breakdown reported during ACTED’s winterization survey



3.2.3 Negative coping strategies and household debt

ACTED’s household survey showed that **the vast majority of households (over 80%) reported having had to borrow money or open a line of credit to meet their basic needs.** When households were asked what their primary cause of debt was

attributed to the main reason cited was high rental costs, followed by food, healthcare, and education costs. The distribution of household debt levels as reported in the winterisation PDM is illustrated in Figure 7 below.

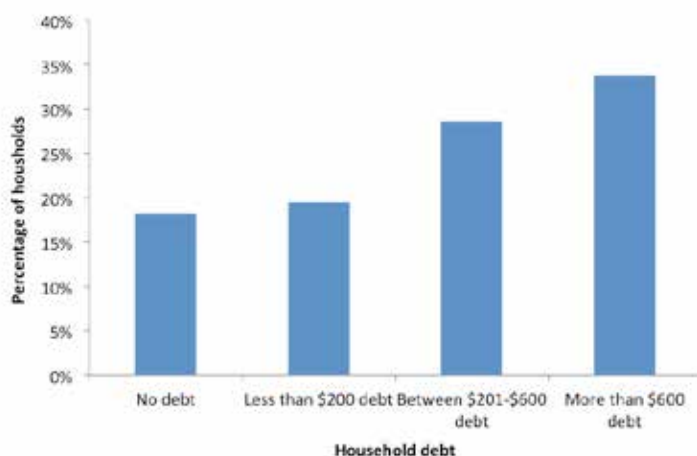


Figure 7 Distribution of household debt as reported in the winterization post-distribution monitoring survey

3.2.3 Negative coping strategies and household debt

Results of the assessment show that the aforementioned lack of financial resources and income-generating opportunities has had an impact on refugees' living conditions, particularly in terms of shelter standards, hygiene and health. **The percentage of households assessed with damaged or lacking shelter and sanitation facilities or who reported a case of childhood diarrhoea was**

consistently higher for households with debt than those without (Figure 8).

Of families assessed through the winterisation baseline, 67% have had to resort to negative coping strategies, such as reducing food intake, begging or engaging in high risk jobs in order to cover the costs of living, as illustrated in Figure 9 below.

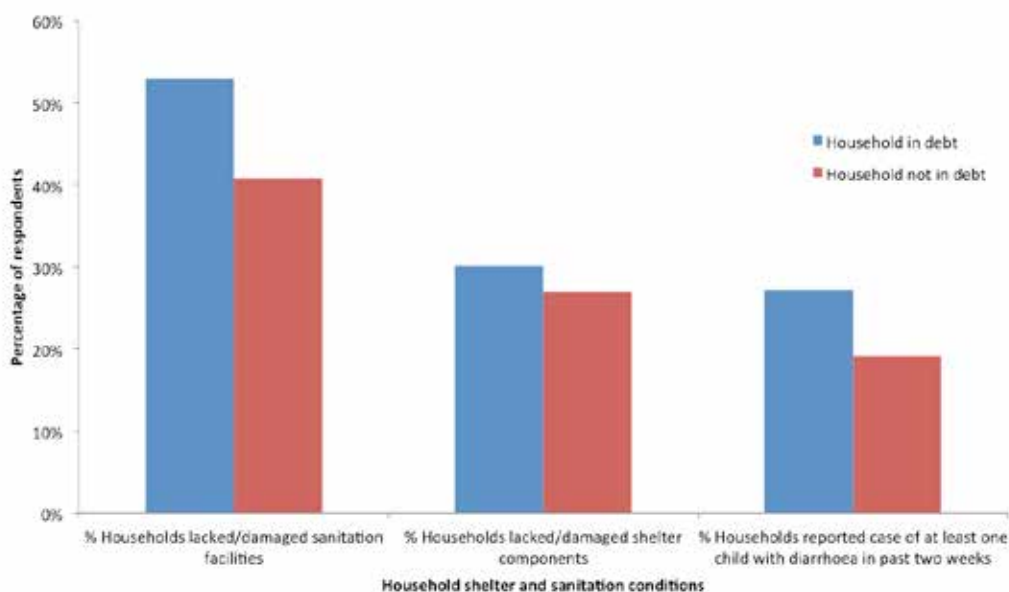


Figure 8 Comparison of living conditions of households in debt and not in debt

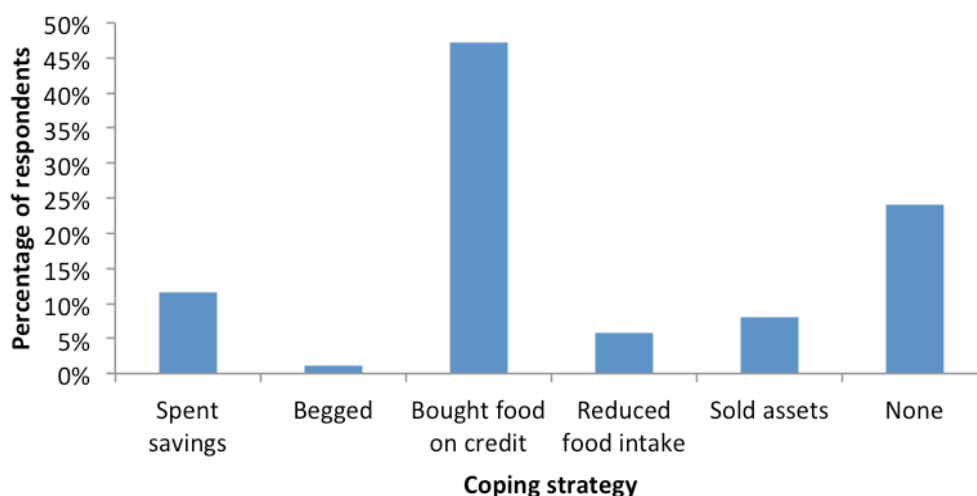


Figure 9 Types of coping strategies reported to ACTED during the winterization baseline assessment

3.3 Shelter

In the absence of formal camps for hosting Syrian refugees in Lebanon, the majority of the refugee population in Mount Lebanon and Beirut are renting accommodation within the host communities. Figure 10 below illustrates the proportion of refugees living in various types of shelters in Mount Lebanon. **The vast majority of assessed households (over 80%) reported living in apartments or houses.**²¹ Based on field observations, it should be noted that **such accommodation often presents similar substandard and insecure conditions as those found in makeshift shelters, tents, unfinished**

buildings, garages, warehouses and worksites.

With the continuing influx of refugees into Lebanon, the shelter absorption capacity of the country is rapidly diminishing, particularly in and around already crowded Palestinian refugee camps and in areas where some of the most economically marginalised and vulnerable Lebanese communities reside.

The **average reported household size was 7.4** and a distribution of the number of people per shelter is illustrated in Figure 11 below.²²

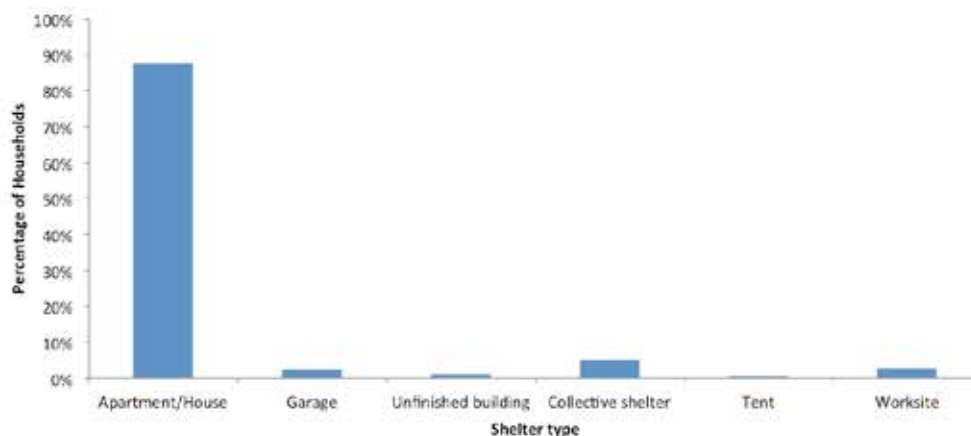


Figure 10 Shelter type and distribution in Mt Lebanon and Beirut (ACTED baseline results)

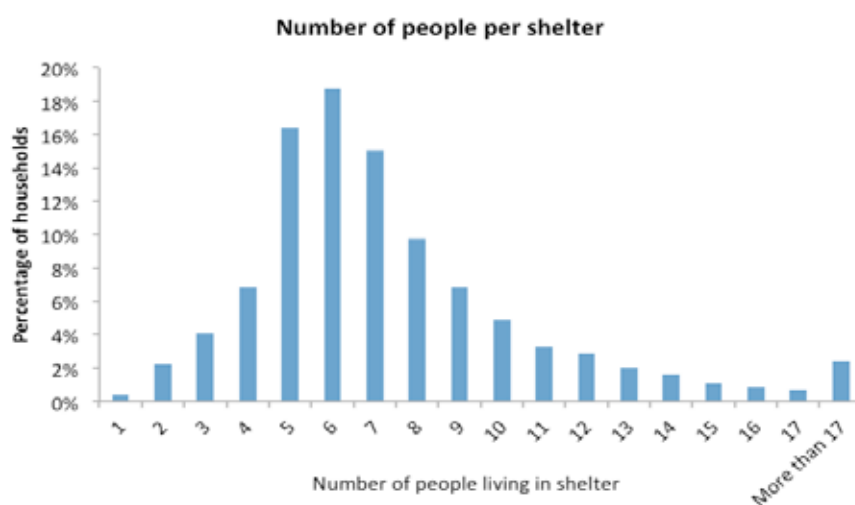


Figure 11 Number of people per shelter (ACTED assessment)

²¹ This differs to the shelter survey which found that 77% of HH in Metn and 64% of HH in Beirut were living in apartments/houses. This discrepancy can be explained by the fact that the areas targeted were highly urbanized and non-random sampling, whereby enumerators/field staff would often be referred cases of other vulnerable families living nearby

²² In this assessment report, a household is defined as a group of two or more persons living together who make common provision for food or other essentials for living. This is according to the UN definition of a household

3.3 Shelter

As a result of the lack of shelter alternatives, some households in Mount Lebanon and Beirut have resorted to erecting informal shelter in small groups, forming informal settlements (IS). However, the establishment of such sites only accounts for 2%

of the refugee population in the Beirut and Mount Lebanon area according to the UNHCR second shelter survey conducted at the end of 2013, mostly due to the lack of available uninhabited land relative to other areas of Lebanon.



Collective Shelters

Three main issues were identified in relation to shelter needs of assessed populations in target areas: sub-standard shelter conditions, rent prices, and overcrowding.

In response to the high cost of living, groups of families in Beirut and Mount Lebanon have moved into shelters where they share facilities and pay more affordable rent. ACTED has identified, or been referred, 23 collective shelters in target areas of northern Mount Lebanon and Beirut. The majority of households living in collective shelters reported weatherproofing during the winter, access to electricity and insecurity of tenure, including strained relationships with landlords, as their main concerns.

Residents of collective shelters are often extended families or families within a pre-existing network and are generally managed informally by one or two individuals. The representative nature of these individuals and their motivations are not always clear, and establishment of an accountable and representative management structure for these centers has been highlighted as a key need by humanitarian actors. In collective centres, families generally share responsibilities such as waste collection, shelter rehabilitation and water supply management; however, only in one collective shelter identified the target area for this assessment has a clear division of responsibilities been established, with specific focal points for social wellbeing / mediation and service delivery.

3.3.1 Sub-standard Shelter Conditions

Through home visits, it was noted that many rented apartments in target areas were in fact terraces, roof tops or cellars which had been converted to meet the high demand for low-cost housing. According to field reports from ACTED engineers, many of these spaces are roofed with dangerous asbestos sheeting, have leakages and have insufficient WASH facilities. **34% of households assessed required some level of upgrading or rehabilitation, including both comprehensive rehabilitation, such as the repair of walls/ceilings or the installation of**

toilets and hand-washing facilities, and more minor works such as repairing windows and installing locks on doors.

While the need for shelter rehabilitation was significant across assessed areas, **the proportion of refugee households residing in sub-standard conditions was significantly higher in Baabda**, where 55% of shelters did not meet minimum shelter sector standards. The breakdown of the state of key shelter components is provided in Figure 12 below.

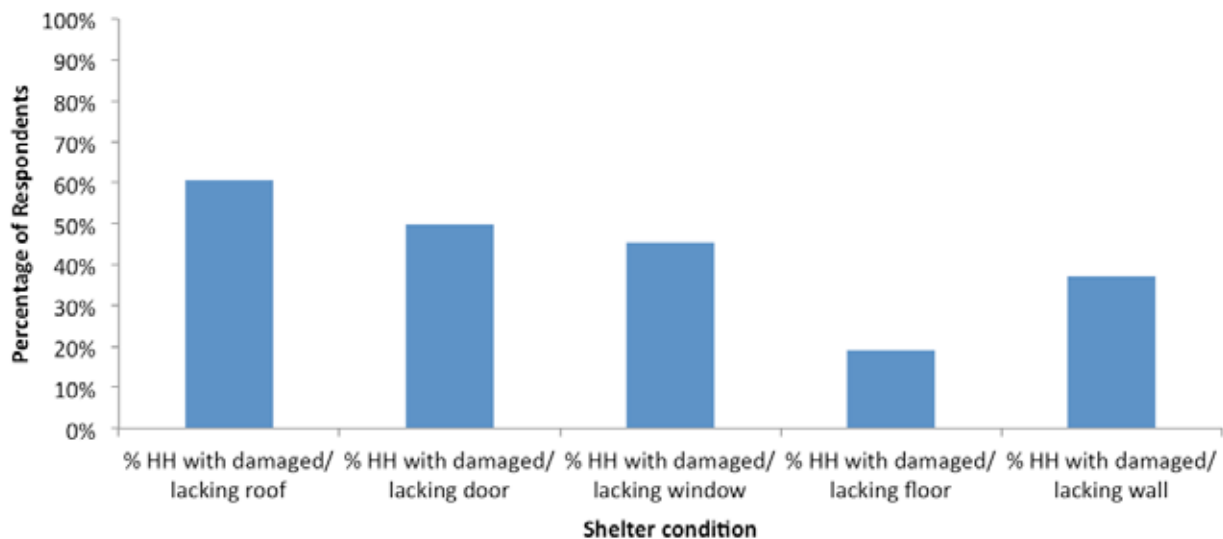


Figure 12 Percentage of households that lacked or had damaged shelter components



3.3.2 Elevated Cost of Rent and Threat of Eviction

In target areas for the assessment, **the average cost of rent has been identified as 320 USD per month per household, which is significantly higher than the national average rent of 193 USD.**²³ A study²⁴ of the shelter conditions of refugees reported that 20.4% of households nationally were paying more than \$300 in rent, whereas this proportion is above 46% in target areas for this assessment, as illustrated by Figure 13 below. Given limited resources of refugees, this cost is clearly a significant burden for vulnerable families.

Key informants interviewed through this assessment

consistently indicated that refugees were paying inflated rental prices for shelters, and that this trend is worsening as the conflict continues into its third year. The Ministry of Social Affairs (MoSA) office for Keserwane and Jbail raised the issue of inflated prices paid by refugees, between \$500 and \$800, for apartments in sub-standard conditions, as a major concern. MoSA cited examples including households paying \$500 per month to live in a garage with no windows or WASH facilities, and other families paying up to \$400 for a room in an unfinished building with no electricity or water connection.



Figure 13 Comparison of the distribution of national and Mount Lebanon/Beirut rental fees

²³ Lebanon Cash Working Group (April 2014) Minimum Expenditures Basket review

²⁴ Shelter Poll Survey on Syrian Refugees in Lebanon, Report prepared for UNHCR by Statistics Lebanon :Polling & Research, April 2014.

3.3.2 Elevated Cost of Rent and Threat of Eviction

A number of eviction cases have been reported to ACTED, particularly in highly urban areas such as Beirut and Baabda, as tenant families reach economic breaking points, and additional families move into these areas increasing demand for accommodation. Field observations have shown that some landlords have been lenient and allowed tenants to accrue debt over a number of months before threatening with eviction, while others evict refugee families after just one month's rent unpaid, knowing that they can easily identify a replacement tenant. Some key informants have also reported detrimental effects of cash programming, as landlords raise rents once informed that beneficiary households will be receiving cash, a factor which refugees are allegedly afraid to report to humanitarian actors.

In collective shelters, which are generally more economical, high costs of rent and threat of eviction remain challenges faced by refugee residents,

albeit to varying degrees. In a collective shelter in Metn, residents haven't been able to pay for two months before being at risk of eviction. In another collective shelter in Metn, if the landlord finds a family willing to pay higher rent, they will evict another systematically. Finally, the landlord of yet another informal settlement in Jbeil, where shelter units are comprised of makeshift materials erected in a banana field, reportedly charges between \$250 and \$500 per family and will only tolerate 2 or 3 days of delay in payment before threatening eviction.

To avoid high rental prices, some refugees in Beirut are finding alternative living arrangements whereby they work on construction sites in exchange for little or no rent. **8.7% of households assessed were thus living on worksites in Beirut;** with a reduction in these trends in other parts of Mount Lebanon with less rapid urban development.



3.3.3 Overcrowding

As illustrated by Figure 14 below, many assessed households cope with aforementioned shelter access constraints through overcrowding, and approximately **36% of households assessed were found to be living with less than 3.5m² of shelter space per person**. This increased to 46% in Beirut. Shelters are shared between large numbers of people, with **55% of shelters occupied by six to ten members, and a further 15% by more than ten people**; for an average number of 2 to 2.3 rooms per shelter respectively. These trends are largely consistent across assessed areas, although they improve somewhat in rural areas further away from

Beirut, such as Jbeil.

Overcrowding of shelters is having negative impacts on the hygienic, social, and psychological health of the Syrian and host populations, and is at the root of many skin infections (dermatitis, scabies and leishmaniasis) and the spread of lice. During site visits and focus group sessions it was evident that cases of skin diseases amongst children were particularly prevalent in collective shelters where overcrowding, availability of clean water and access to latrines are particularly problematic.

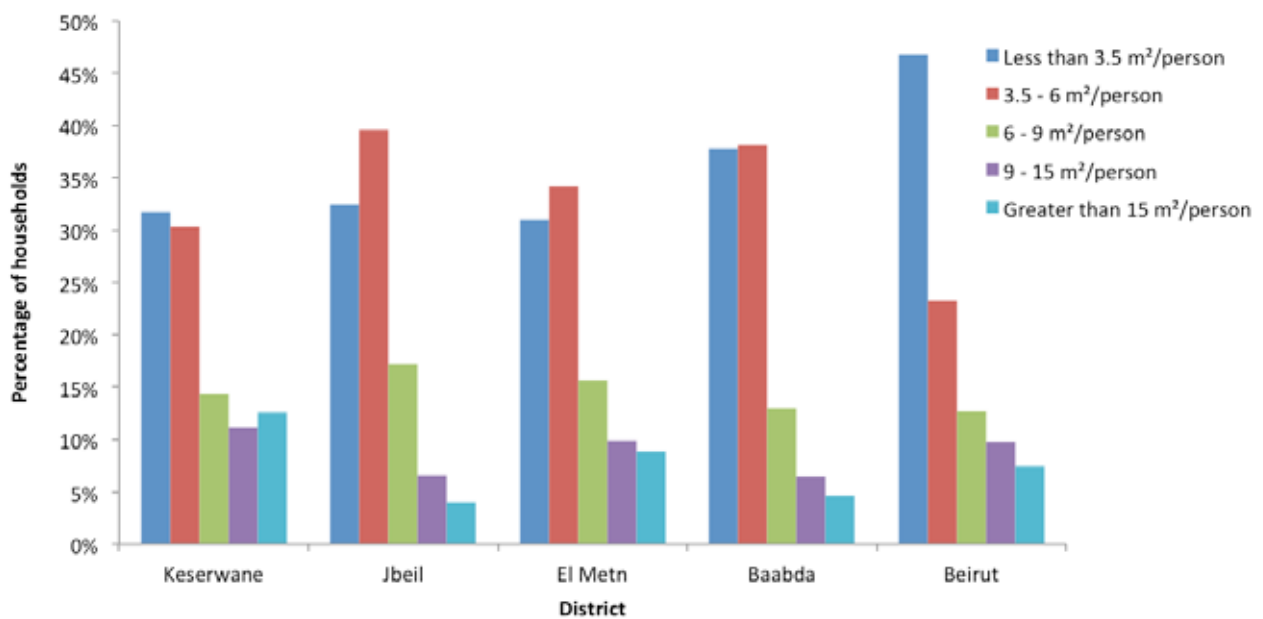


Figure 14 Distribution of crowding of shelters in Mt Lebanon and Beirut based on m² available per person



3.4 WASH

Lebanon is increasingly heading towards a water crisis. This year's rainfall was far below the annual average, and as the number of Syrian refugees reaches 25% of the total population, pressure is increasing on already limited water resources. This situation is further exacerbated by inadequate water supply networks, including Mount Lebanon and Beirut, which limits households' access to potable water. Many of the most vulnerable refugee and Lebanese populations in the Beirut and Mount Lebanon area are residing in illegal accommodation, including converted rooftops, garages or make-shift shelters that have been constructed or converted to a residence without municipal permission. These buildings **cannot be connected to the municipal water network**, thus resulting in a less reliable supply of water to the household. This contributes to poor hygiene levels

and increasing the expenditures of the household for access to water.

Due to supply contamination and unhygienic water storage, **high levels of bacteriological contamination** often make available water undrinkable. **Almost half of refugee families assessed in Beirut and Mount Lebanon reside in shelters without adequate WASH facilities**, such as sinks and latrines, and families often have insufficient funds to purchase basic hygiene items. As most refugees are not used to living in these sub-standard conditions, rates of waterborne diseases are increasingly prevalent amongst vulnerable households. The following sections expand on the challenges facing vulnerable families in Mount Lebanon and Beirut by presenting the findings of ACTED's various WASH assessments conducted since September 2013.



3.4.1 Water Supply and Quality

As the water supply network in Mount Lebanon and Beirut has become increasingly degraded, major water losses have been reported by the Mount Lebanon & Beirut Water Establishment. Insufficient maintenance of the networks has resulted in seepages into the ground, and uncontrolled water theft. Seepage from cesspits and sewage networks has led to a contamination of water supply in many areas, especially where the water supply pipelines are not well chlorinated or pressurized.

While assessment results reveal that the large majority Syrian refugees in Mt Lebanon and Beirut (**approx. 80%**) access water for general household needs through municipal water networks, nearly a quarter of households reported having networked

water for less than two hours per day. Figure 15 below shows the source of drinking water used by assessed households. **Only a quarter of households connected to the water network relied on this source for drinking water**, meaning that the majority of families must purchase water. This is particularly high in Baabda where 93% of assessed households were obliged to purchase drinking water, mostly as a result of high levels of salinity in surrounding groundwater, which limits the availability of piped water to houses. Approximately 9% of households in Mount Lebanon and Beirut reported drinking water from alternative sources, including unprotected springs, boreholes and wells.

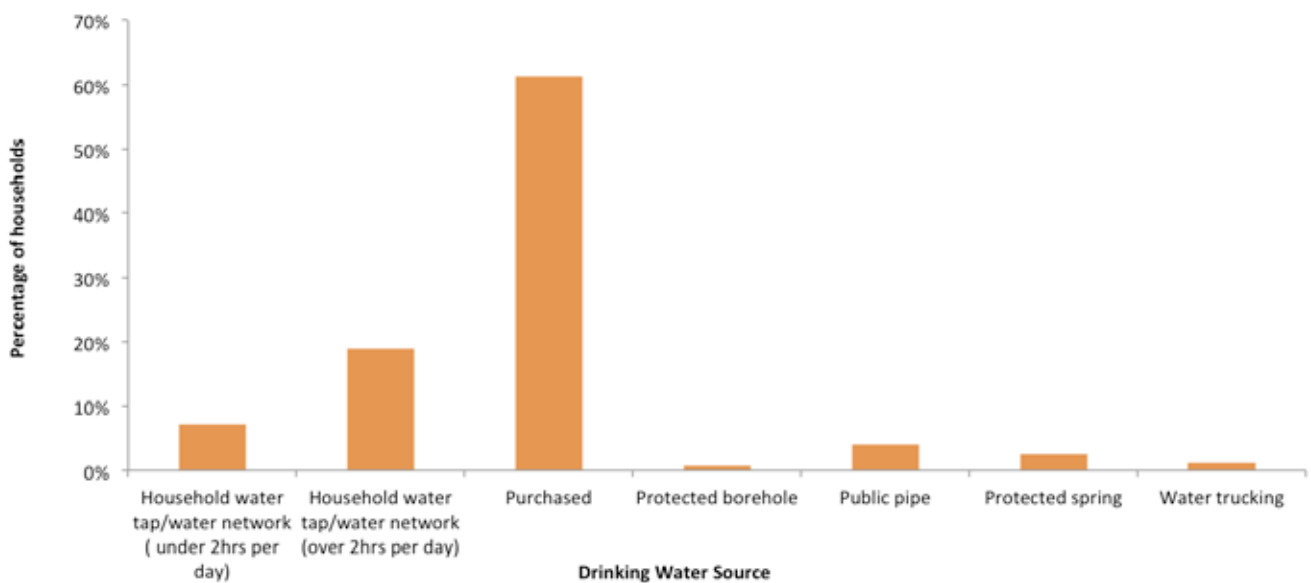


Figure 15 Household drinking water source in Mount Lebanon and Beirut

3.4.1 Water Supply and Quality

Results from ACTED’s household-level bacteriological tests have indicated that **the water in 40% of households tested in Beirut and Mt Lebanon is contaminated with coliform bacteria.** This is particularly concerning, especially as **only 4.8% of respondents who drink tap water stated**

that they treated their water before drinking it, which is contributing to high rates of water borne disease such as diarrhea. Figure 16 below shows rates of water tests showing bacteriological contamination across target areas.

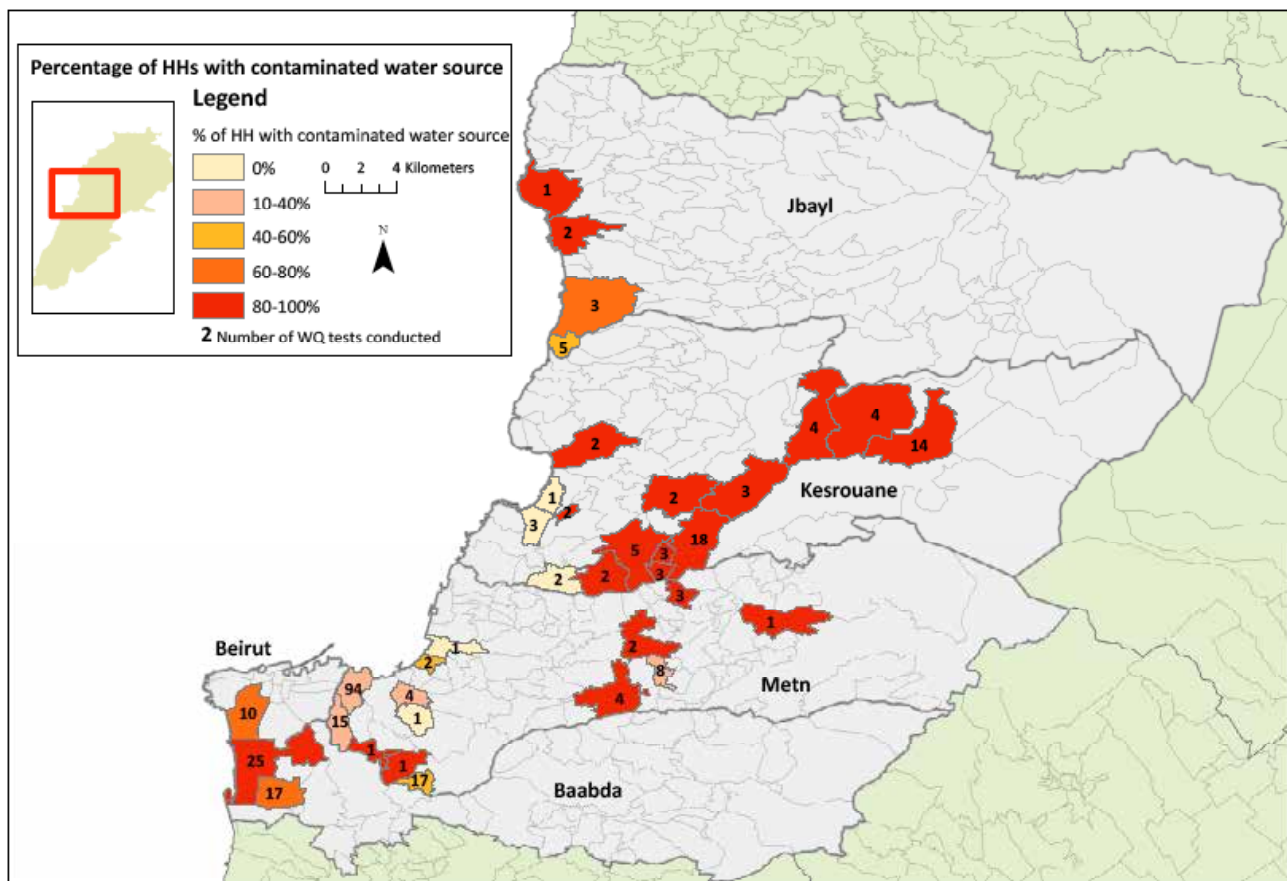


Figure 16 Prevalence of households with contaminated drinking water source

3.4.2 Household level WASH Infrastructure

As mentioned above, many Syrian refugees are only able to access sub-standard accommodation, which often lack basic facilities or require significant rehabilitation. **Almost half of the households assessed (48%) were thus found to have inadequate or lacking WASH facilities or infrastructure.** This includes the absence of latrines and hand-washing facilities as well as a lack of partitions between toilets and kitchen space, contributing to faecal-oral contamination.

Flush latrines are the most common sanitation facilities found in Mount Lebanon and Beirut. However, 20% of all households assessed reported not having access to an operational latrine. Only 52% of households had access to washing facilities in their homes, and 25% of the households with access reported that these facilities were not functional.

3.4.3 Household Hygiene Practices

Crowded living conditions and a lack of access to appropriate WASH facilities and hygiene materials greatly increase the risk of waterborne diseases and ailments, such as diarrhea, hepatitis A, typhoid, worms, and scabies,²⁵ amongst vulnerable refugee households.

As the majority of Syrian refugees are not used to living in the overcrowded and unhygienic living conditions they face in Lebanon, they struggle to adopt appropriate hygiene practices to protect themselves and their families against waterborne diseases. The majority of respondents interviewed through a Knowledge, Aptitude and Practices (KAP) survey conducted by ACTED in January 2014 cited a lack of access to clean water, suitable latrines, and hygiene items as major barriers to improving personal hygiene. **While close to all respondents (98 per cent) were aware of best hand-washing practices, only 15% occasionally washed their hands due to limited access to adequate washing facilities.**

Among assessed households, **twice as many children had suffered from diarrhea in the two weeks prior to assessment compared to adults**, emphasizing the need for child-targeted hygiene promotion activities. Female focus group participants highlighted inadequate access to menstrual hygiene items as the main cause of their health problems, and reported using materials including pieces of cloth, blankets, pants, and tissues instead of sanitary pads, resulting in vaginal infections for a number of women.

In addition to lacking the necessary facilities and financial resources for improving their hygienic conditions, many refugees in Beirut and Mount Lebanon are not aware of how to reduce the risk of waterborne diseases, or how to appropriately address cases of these diseases. 40% of respondents interviewed during the pre-KAP survey stated that they did not know how to treat cases of diarrhea.

3.4.4 Solid Waste Management

Solid waste management and disposal, already an issue in Mount Lebanon and Beirut prior to the Crisis, is becoming critical in light of the increased population. All waste collected in Beirut and Mount Lebanon is deposited in a landfill in Naameh, a town 20km south of Beirut, which had already exceeded its total capacity of 3 million tons prior to the influx of refugees into the region.

While private contractors handle waste collection in many urban parts of Beirut and Mount Lebanon, municipalities in the region are also often responsible for delivering this service in peri-urban and rural communities. These are often under-

resourced and lack the necessary capacity to comprehensively address the waste disposal needs of their local population.

Assessment results have shown that **33% of respondent households do not have their garbage collected**, which leads to waste being burnt or dumped in open pits. Instances of blocked drains and piles of solid waste were frequently observed during household assessments. The health risks associated with poor solid waste disposal are well documented, and so awareness-raising activities on this topic are clearly a priority.

²⁵ WHO Guidelines, available online http://www.who.int/water_sanitation_health/emergencies/qa/emergencies_qa9/en/

3.5 Social Cohesion

Prior to the influx of displaced Syrians, many host communities in deprived areas of Lebanon, such as Beirut's southern suburbs, faced significant development challenges, including high levels of youth unemployment, water shortages, poor environmental sanitation, and a rising cost of living. The continuing influx of refugees into these areas, especially in the absence of formal camp settings and in light of the recent governance gaps at national level, is compounding the pressure on struggling local authorities to deliver basic services, which in turn is contributing to a threat to social cohesion within host communities.

While there have been no significant incidents of violence between the two communities in the Mount Lebanon and Beirut area documented to date, **reports from municipal key informants demonstrate the potential consequences of these rising tensions.** In some municipalities, municipal staff responsible for refugee registration are accompanied by police escorts due to past security incidents. Some local authorities have associated increased crime rates with the rise in refugee population in their area of jurisdiction, with some localities imposing a curfew on Syrian refugee residents as a result.

The results of focus group discussions show that **Syrian refugees tend to generally stay clear**

of local communities, and do not always feel welcome. This perception was largely based on the refugees' negative experiences with landlords and neighbors, which include threat of eviction for light disturbances by children in the neighborhood, or discrimination by landlords against Syrian tenants.

Additionally, the limited focus of the humanitarian response to date on addressing the needs of vulnerable Lebanese populations is also contributing to increasingly tense social dynamics between Lebanese, refugees and humanitarian actors. While an increasing number of humanitarian interventions are being implemented to tackle challenges facing Lebanese communities, there is often lack of knowledge amongst local populations about the different services available and the required eligibility criteria for accessing these services. According to field observations and key informants, **there is a general perception that Lebanese communities have been overlooked by humanitarian actors, which has in turn contributed to a negative perception of refugees residing in their communities.** One Head of Municipality interviewed appeared hostile towards NGOs due to a perceived failure of the international community to support Lebanon with the influx of refugees.



3.5 Social Cohesion

Assessment findings, though not statistically representative, indicate that **many vulnerable Lebanese families have similar needs to Syrian refugees**, as illustrated by Figure 17 below: 82% of assessed vulnerable Lebanese households had to take on debt to meet their basic needs, 39% required structural works to ensure their homes were

weatherproof, and over 46% needed rehabilitation of their water and sanitation facilities, while 40% were either unemployed or relying on remittances. Despite these issues, **80% of vulnerable Lebanese households assessed had not received any assistance.**²⁶

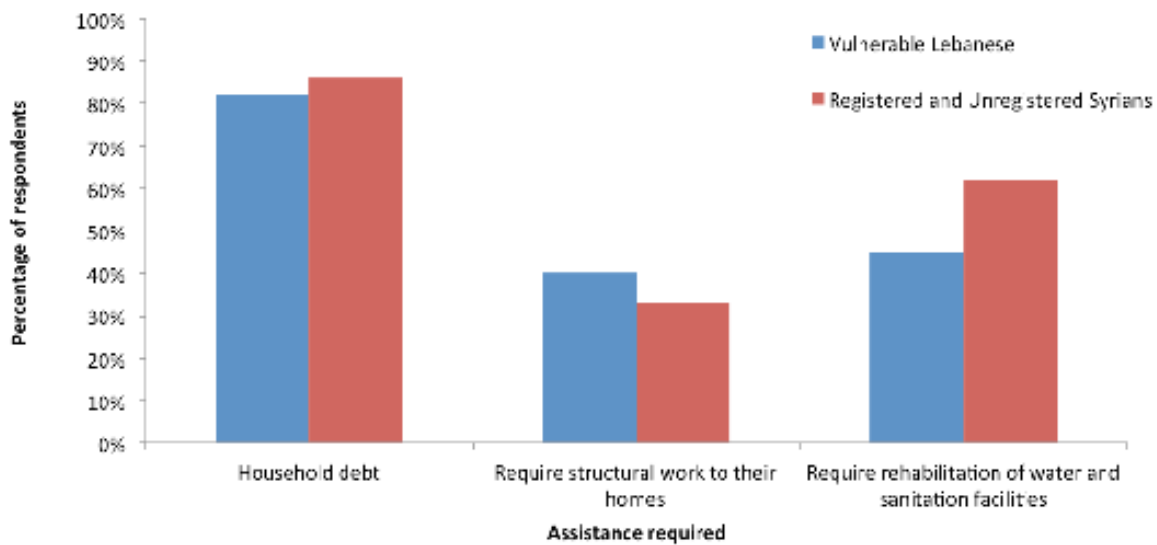


Figure 17 Comparison of issues facing Syrian refugee and Lebanese populations (ACTED vulnerability assessment results)

Household Vulnerability in Host Communities

During a field visit in a central urban area of Beirut, ACTED staff came across an elderly Lebanese man living in an apartment in insalubrious conditions and in need of substantial rehabilitation. His eyesight had deteriorated significantly, and he was unable to work and support himself financially. This had resulted in his monthly income reducing to only 50 USD received from friends and neighbors. As he had insufficient funds for purchasing water, he was drinking from a public standpipe.

²⁶ ACTED's household vulnerability questionnaire did not ask refugees whether or no they received GoL assistance

Conclusions and Recommendations

Based on findings of this assessment, ACTED has identified the four following key priorities in addressing the humanitarian needs of vulnerable crisis-affected populations:

- Lack of financial resources combined with the ever-increasing cost of living in Beirut and Mount Lebanon are the core root of most identified challenges faced by vulnerable assessed populations. As a result, **interventions aimed at improving access to financial resources and income-generating opportunities should be the main focus** to enable vulnerable households to subsist and meet their basic needs not only in the short-term, but also as the crisis extends into the future. The correlation between access to income and poor living conditions also shows the **importance of targeting shelter and WASH assistance based on economic vulnerability**.
- Vulnerable households' living conditions have direct implications on protection concerns, as well as health and hygiene. As a result, **improving access to sufficient adequate WASH facilities and weather-proofing for households living in sub-standard or over-crowded accommodation**, including collective shelters, and unfinished/illegal accommodation, but also rented apartments that are not suitable, will have multiple benefits and contribute to reducing health and protection risks. In these contexts, hygiene promotion and water filter provision can also contribute to reducing health hazards at a relatively low cost. Furthermore, due to the saturation of the housing market in Beirut and Mount Lebanon, **special attention should be placed on supporting households with adequate accommodation who are at risk of eviction**, notably through the addressing issues between landlords and vulnerable tenants.
- Overall, the assessment shows strong levels of vulnerability not only among refugees, but also for vulnerable local populations who are severely affected by the crisis. **Humanitarian assistance should be provided based on needs**, targeting not only registered refugees, but also vulnerable Lebanese, and Syrians that are either unregistered or living in another area to where they are registered. These households can be identified through the **establishment of stronger tracking and referral mechanisms**, building on the profiling work conducted by local stakeholders including both civil society actors and local authorities.
- The Syrian crisis has had an impact, not only on vulnerable households, but also on local host communities as a whole, with local authorities often struggling to maintain social cohesion and basic service provision in highly affected areas. Humanitarian interventions require **strong and meaningful engagement with local authorities and community leaders**. Through this engagement, and the implementation of **community-level interventions aimed at addressing the impact of the population increase on basic service provision**, humanitarian actors can help address some of the roots of social tension leading to protection concerns among refugees.



ACTED

Think outside the box



- 9 values -



- 4 principles -



- 1 goal -

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