

VULNERABILITY ASSESSMENT OF SYRIAN REFUGEES IN LEBANON 2015





**VULNERABILITY
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REFUGEES IN LEBANON
2015 REPORT**



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For the third year the Vulnerability Assessment for Syrian Refugees in Lebanon (VASyR-2015) was conducted jointly by the World Food Program (WFP), United Nations High Commissioner for Refugees (UNHCR) and the United Nations Children Fund (UNICEF).

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Acronyms

ACF	Action Contre la Faim
ACTED	Agence d'Aide à la Coopération Technique Et au Développement
ADCS	Asset Depletion Coping Strategies
BML	Beirut and Mount Lebanon
CS	Coping Strategies
DR	Dependency Ratio
ECHO	European Commission's Humanitarian Aid and Civil Protection department
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FGD	Focus Group Discussion
FS	Food Security
HC	Health Centre
HDADD	Household Daily Average Diet Diversity
HDDS	Households Dietary Diversity Score
HH	Household
HHH	Household Head
HWDD	Household Weekly Diet Diversity
IMWG	Information Management Working Group
IS	Informal Settlement
ITS	Informal Tented Settlement
IYCF	Infant and Young Child Feeding
LCRP	Lebanon Crisis Response Plan
MEB	Minimum Expenditure Basket
MFI	Mildly Food Insecure
MSFI	Moderately or Severely Food Insecure
MSNA	Multi-Sectorial Needs Assessment
NFI	Non-Food Item
NGO	Non-Governmental Organization
PC	Per Capita
PHC	Primary Healthcare
PLW	Pregnant or Lactating Women
SEB	Survival Expenditure Basket
SHC	Secondary Healthcare
T5	Tripoli + 5
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

2015 Key Findings

Demography	For the second year, the average household (HH) size decreased, dropping from 6.6. persons per household in 2014 to 5.3 in 2015.
Shelter	Average monthly rent fell from \$246 in 2013 to \$205 in 2014 to \$164 in 2015. On average four people occupied one room.
Water and sanitation	80% of HHs had access to flush toilets or improved pit latrines in comparison to 70% last year. 39% of HHs did not benefit from improved drinking water sources.
Assets	In comparison to previous years, HHs were more likely to possess essential household assets such as gas stoves, blankets, mattresses and winter clothing. Households in Akkar and Bekaa on average possessed the fewest basic assets.
Education	Just over half of 6-14 year olds attended school. This rate was lowest in Bekka, where only 36% attended school. Fewer than half of students (46%) who entered primary grade one reached grade six. Only 5% of 15-17 year olds attended secondary school or higher, with Akkar reporting the lowest attendance rates.
Health	The high cost of drugs/treatment (39%) and doctor fees (29%) were the main barriers to healthcare. 37% of children under five were ill during the two weeks prior to the survey. Only about half of surveyed children received the required Pentavalent, MMR and measles vaccinations.
Livelihoods	Overall a third of HHs had no members working during the 30 days before the survey, compared with 26% last year. Unemployment rates increased most in Tripoli 5, Akkar and Bekaa. HHs were more reliant on loans, credit and food vouchers than in 2014. Food vouchers were the main livelihood source for 54% of HHs, peaking at 74% in West Bekaa. Non-agricultural casual labour was the main livelihood source for 15% of HHs, half as many as in 2014 (29%). Reliance on skilled work as the main livelihood source also fell from 14% in 2014 to 9% in 2015.
Expenditure	Per capita expenditure was \$107 per month, 22% less than in 2014 (\$138), dipping to \$73 in Hermel and \$78 in Zahle. At the country level, 17% of HHs devoted more than 65% of their spending to food - a 6% increase over last year. More than half of HHs (52%) were below the survival minimum expenditure Basket (<\$87 per capita a month) as compared to 26% in 2014. 69% (vs. 43% in 2014) were below the minimum expenditure basket (<\$114 per capita a month).
Food consumption	In one in three HHs (vs. one in four in 2014) members consumed just one or no cooked meals the previous day. The proportion of HHs with borderline food consumption scores (FCS) increased from 10% to 14%. The percentage of HHs not consuming vegetables or fruit daily doubled to 60%, while the percentage not consuming vitamin A rich food groups jumped from 21% to 33%. More than half of HHs did not consume iron rich food in the last seven days vs. 43% in 2014.
Child nutrition	Less than half (45%) of babies under six months were exclusively breastfed, while one fifth were not breastfeeding at all. An even lower percentage of 6-17 month old infants had the 'minimum acceptable diet' than in 2014.
Coping and debt	Most HHs (89%) reported lack of food or money to buy it in the 30 days before the survey, 22% more than in 2014. Nearly all applied food consumption related coping strategies. More than half applied a "crisis" asset depletion coping strategy, 32% more than in 2014. HHs were far more likely to buy food on credit, cut spending on health or education, spend savings, sell assets and withdraw children from school. Almost nine in ten HHs ran up debts.
Food insecurity	Food security was significantly worse than last year. Moderate food insecurity almost doubled, affecting 23% of HHs. The percentage of food secure households fell from 25% to 11%. Out of the more than one million Syrian refugees registered by June, just 129,216 were considered food secure. Half of all moderately and severely food insecure HHs were in Zahle, Baalbek, Akkar and West Bekaa.
Assistance	Food vouchers were the most commonly received type of assistance (67%) in the three months before the survey. Around 47% reported having received cash assistance but were not receiving it at the time of the survey, especially in Bekaa (67% ¹).

¹ The VASyR was conducted in May-June 2015. During the 2014-15 winter season, refugees received temporary cash assistance to help them cope with the harsh weather conditions.

Executive Summary

Background and Objectives

Lebanon now hosts more than one million Syrian refugees, representing 25% of the population. This is the world's highest number of refugees per inhabitant. The Syrian conflict is now entering its fifth year and humanitarian operations in Lebanon are transitioning from 'emergency' to 'protracted crisis' interventions. Adjustments include using improved systems to identify the most vulnerable households (HHs), individuals or areas; reducing the number of beneficiaries; conducting a more in-depth investigation into needs; and redesigning programmes to make them more cost-effective. Lebanon and the refugees it is hosting are in a very delicate state. Well-informed decision-making is key to ensure the best use of limited resources.

The Vulnerability Assessment of Syrian Refugees (VASyR) conducted in Lebanon in 2013 and 2014 provided valuable insight into many aspects of the living conditions and vulnerability of Syrian refugees at regional and country levels. The results have been widely used by the humanitarian community for planning purposes and programme design.

Significant changes have been noted since VASyR 2014. Overall, the results indicate that refugees have become more vulnerable since 2014. However, there are a few positive indications that some Syrian refugee families are adjusting to life in Lebanon. For instance, household size has continued to shrink, likely indicating that extended families are now living in more nuclear family units. Households are increasingly renting unfurnished apartments and have acquired a few more essential items, such as gas stoves. Nevertheless, refugees cannot legally access the Lebanese labour market and the results indicate that refugees' savings are increasingly exhausted, debts are mounting, and fewer are fulfilling the costly requirements to renew their legal stay in Lebanon. Families are increasingly forced to rely on negative coping mechanisms to support themselves and their families. Refugees are living in a stressful context with no way out.

This updated multi-sectorial overview will allow the humanitarian community to confirm or adjust 2016 plans and programme design. This data is especially valuable for targeting purposes; it contributes to revising the expected number in need of assistance, to analysing eligibility criteria for assistance, and to estimating the degree and types of vulnerability at national and district levels.

Methodology

The assessment surveyed 4,105 HHs of Syrian refugees in Lebanon registered with UNHCR. Data collection took place between the 27th May and 9th June 2015. The population was stratified by districts in order to ensure data was representative at this geographical level.

The household questionnaire design was based on the 2014 VASyR questionnaire to ensure comparability, and the 2015 food and cash targeting questionnaire was used to obtain the information needed to apply the targeting criteria. Qualitative information was gathered from six refugee discussion groups in each district to help understand aspects not captured with quantitative questions.

The analysis for this report was carried out by three United Nations sister agencies: WFP contributed the demography, livelihoods, expenditure, food consumption, coping and debt, food sources, food security, IYCF (Infant and Young Child Feeding) and focus group discussion sections; UNHCR the specific needs, surveyed refugees, protection, shelter, assets, health and assistance sections and UNICEF the WASH, education and child health sections. While WFP and UNHCR analysed the data by regional and district level, UNICEF looked at governorate level (LCRP 2016 is planned to target at governorate level).

Demography

For the second year running, average household size decreased, down from 6.6 members in 2014 to 5.3. Large households were significantly less common; only 25% had seven members or more, compared with 40% in 2014.

Households were less likely to have one or more children under the age of two (36% vs 44% in 2014). Almost one in five (19%) Syrian refugee HHs were headed by women, 3% more than in 2014. The proportion of single headed HHs with dependents was up by 5% to 12%, and was as high as 23% in the district of Zahle.

Almost 27% of HHs reported having at least one member with special needs, a significant decrease from 2014 (49%). Around 7% of HHs had at least one working age member with a disability.

Around 42,000 HHs had at least one pregnant or lactating woman and 5% of the 1,327 sampled girls between 12 years and less than 18 years were either pregnant or lactating.

Shelter

While a high proportion of HHs reported living in independent houses/apartments (58%), around 16% of HHs had difficulty paying rent and were forced to share their apartments with other families. Almost a quarter (24%) lived in buildings considered substandard and 18% lived in informal settlements. Refugees were more likely to rent unfurnished homes than in the previous two years (74% vs. 67% in 2014).

The average monthly rent has continued to fall from \$246 in 2013 to \$205 in 2014 to \$164 in 2015. Rents were highest in Beirut and Mount Lebanon (\$237). Looking at crowding, on average four people occupied one room.

According to the enumerator's observations, around 16% of sampled HHs were deemed to be in substandard and/or dangerous conditions. Unsealed windows, damaged roofs and lack of lighting were among the most prevalent problems, while lack of privacy was commonly reported in Bekaa and BML.

Around 16% of sampled HHs were deemed to be living in unacceptable and dangerous conditions.

Water and Sanitation

Overall 39% of surveyed Syrian refugee HHs did not benefit from 'improved' drinking water sources. The main unimproved water sources were bottled water not from an improved source (14%) and water piped into homes for less than two hours a day (12%). In Baalbek-Hermel 40% of HHs had water piped into their homes for less than two hours a day. The rest (61%) enjoyed 'improved' drinking water supplies, mainly piped into their homes for more than two hours a day (22%), bottled mineral water (21%) or by drawing it from a protected well (9%).

Sanitation has improved. Although one in 10 HHs did not have access to any bathroom facilities, 80% of HHs had access to flush toilets or improved pit latrines versus 70% last year. Similarly, while in 2013 7% of households were forced to resort to open air defecation, this figure has steadily declined, falling to 4% in 2014, and to only 1% this year. In 2015, the proportion of HHs sharing a latrine with 15 people or more was only 4%, down from 9% in 2014 and 13% in 2014.

Assets

Compared with previous years, Syrian refugee HHs were more likely to possess basic assets such as gas stoves, blankets, mattresses and winter clothing. Countrywide the majority of HHs had basic kitchen utensils and water containers and, as in previous years, televisions and satellite dishes. However, only one in 10 reported having enough beds and 15% had tables/chairs, compared with 24% for both last year. The regions with the lowest number of basic assets (mattress, blankets, winter clothes and gas stoves) were Akkar and the Bekaa, while HHs in Beirut and Mount Lebanon were better equipped in comparison.

Education

Just over half (52%) of 6-14 year olds attended school, with little difference between boys and girls. Bekaa had the lowest attendance at 36% and a higher enrolment rate for boys than for girls. Primary drop-out rates were high, especially in Bekaa: nationally fewer than half (46%) who entered primary grade one reached grade six. Nationally only 5% of 15-17 year olds attended secondary school or higher, with Akkar reporting the lowest and Beirut and the North reporting the highest rates. Most HHs (over 71%) whose children were out-of-school, had a monthly household income of less than \$300.

For around half of 6-17 year old children not attending school, the main reasons children could not attend were the cost of education or because the children had to work (48% of 6-14 year olds and 56% of 15-17 year olds).

Health

Free primary health care (PHC) was available for 12% of HHs. Free primary health care was most accessible in Akkar (29%), Tripoli (19%), and Bekaa (13%), and lowest in BML (4%). Cost sharing was the most prevalent type of primary (68%) and secondary (55%) health assistance, with cost sharing being the highest in BML (76% for PHC and 65% for SHC) and in the South (69% for PHC vs. 74% for SHC). Free secondary health care was available for 6% of HHs. Around 31% of those receiving secondary health care did not receive any support from humanitarian partners.

In total 15% of households reported having at least one HH member who required primary health assistance and could not get it. The main reasons cited for not being able to access PHC were cost

(46%), distance (13%) and rejection by the health facility (13%). Proportions did not differ significantly between male and female-headed households. Around 31% reported that at least one HH member required secondary health assistance, while 28% required it and could not get it (compared with 11% in 2014), chiefly because of the high cost (78%).

Of the 4,323 surveyed children under five years old, over 37% were ill in the two weeks prior to the survey, with the highest rates of illness in Mount Lebanon (42%). Coughing was the number one reported ailment, followed by diarrhea and fever.

Only about half of the surveyed children (0-59 months) had received the required three doses of the Pentavalent vaccine (diphtheria, tetanus, whooping cough, hepatitis B, haemophilus influenza type B), with the lowest immunisation rates reported in Akkar (34%) and Baalbek-Hermel (39%). MMR and measles vaccinations were also reported for about half (53% and 55%) of surveyed children (0-59 months) nationally, with the lowest rates in Mount Lebanon, the North, South and Bekaa.

Protection

Only 6% of households who were interviewed reported experiencing any kind of security issue in the previous three months (7% in male and 3% in female-headed HH). Among those reporting any type of incident, verbal or physical harassment (69%) and community harassment (17%) were the most commonly reported.

The cited causes of insecurity were similar for male and female-headed households. Neighbours were most frequently mentioned as a source of problems (58%). Almost 78% of refugees reported that concerns about safety reduced their freedom of movement.

Just 28% of sampled HHs reported having residency permits for all household members. This is a significant drop from 2014, when 58% of households reportedly had residency permits for all members. Among all individuals included in the survey, 41% did not have residency permits. Furthermore, 18% of households did not have residency permits for any members, consistent with last year's findings (19%).

Expenditure

On average, each household spent \$493 a month, a 35% drop from \$762 in 2014. Expenditure on food and rent (which accounted for 45% and 19% of monthly spending respectively) fell by 40%. Per

capita expenditure was \$107 per month, 22% less than in 2014 (\$138), dipping as low as \$73 in Hermel and \$78 in Zahle.

At the country level, 17% of HHs had high or very high expenditure on food ($\geq 65\%$), a 6% increase over last year.

More than half of HHs (52%) spent less than expected to cover the most basic survival needs (<\$87 per capita, also known as the survival minimum expenditure basket, SMEB). This is double the rate found in 2014. In Zahle, nearly three out of four HH spent less than the SMEB. Nationally 69% (versus 43% in 2014) were below the minimum expenditure basket, spending less than \$114 per capita a month, in line with the 70% (versus 49% in 2014) below the Lebanese extreme poverty line (proposed by the World Bank in 2013 and established at \$3.84 per person per day). Almost one in three HHs spent more than \$400 beyond their monthly income.

Livelihoods

The restrictions on Syrian refugees' access to the Lebanese labour market, which the Lebanese government approved at the end of 2014, reduced Syrian livelihood opportunities and made it even harder for refugees to cover their basic needs autonomously.

Nationally, unemployment rates among Syrians increased by 7%, but by even more in Tripoli 5, Akkar and Bekaa. Overall a third of HHs had no members working during the 30 days before the survey, compared with 26% last year. Looking at districts, more than half of working age Syrians were unemployed in El Minieh Dennie, followed by Akkar and West Bekaa.

Based on the 3,592 respondents that reported having received income in the last 30 days, the average per capita monthly income was \$203, (dipping to \$97 in Hermel). When nonworking members were also accounted for, the mean monthly household income was just \$165.

On average working members were employed for 15 out of the last 30 days. The average daily wage was \$15, and was as low as \$10 in West Bekaa, Hermel and Zahle.

Syrian refugee HHs were more reliant on loans, credit and food vouchers than they were in 2014. Nationally household dependency on food vouchers as the primary livelihood source increased by 14% to 54% of HHs, peaking at 74% in West Bekaa district. The percentage of HHs relying on informal and

formal loans as their first livelihood source was three times higher in 2015 (15%) than the previous year, reaching 33% in Chouf.

Reliance on non-agricultural casual labour as the primary livelihood source (15%) was half that of 2014, while reliance on skilled work fell from 14% in 2014 to 9% in 2015.

Food consumption

The number of meals eaten each day by children and adults fell compared to 2014. In one in three HHs (vs one in four in 2014) members consumed just one or no cooked meals the previous day. Children under five consumed fewer than three cooked meals the previous day in 65% of HHs versus 41% in 2014. More than a quarter of HHs (27%) were unable to cook at least once a day on average (7% more than in 2014), mainly due to lack of food to cook (88%) or lack of fuel (12%).

The proportion of HHs with borderline food consumption scores (FCS) increased from 10% to 14%.

There has been a further deterioration in consumption patterns, with households consuming less nutritious food groups, increasing the risk of micronutrient deficiencies. The percentage of HHs not able to consume vegetables or fruit on a daily basis doubled to 60%. The percentage that did not manage to consume vitamin A rich food groups on a daily basis jumped from 21% to 33%. More than half of HHs (51%) did not consume iron rich food groups (fish and meat) at all in the last seven days compared with 43% in 2014. The only food group that Syrian refugee HHs were eating slightly more regularly were sugary products, which were eaten almost daily across both years (up from 6.4 days to 6.7). HHs ate dairy food and eggs less regularly than in 2014.

Child nutrition

Less than half (45%) of babies under six months of age were exclusively breastfed as recommended by WHO (2008). One fifth were not breastfeeding at all.

An even lower percentage of 6-17 month old infants had the 'minimum acceptable diet' in 2015 in comparison to 2014 (3% versus 4%). The main limiting factors were insufficient number of meals (83% did not have the minimum acceptable meal frequency) and poor diet diversity. Only 10% versus 18% in 2014 consumed the WHO recommended minimum four food groups out of seven, sinking to

0% in the districts of Tripoli and Zgharta.

Children between 6 and 11 months were more likely to consume dairy products in 2015 than in 2014 (up from 34% to 60%) and infant formula (up by 8%).

Coping

Most HHs (89%) reported having experienced lack of food or money to buy food in the 30 days before the survey, 22% more than in 2014. Significant differences were found by district, peaking at 100% in Tripoli 5.

Out of those that did not have enough food or money to buy food, almost 100% applied food consumption related coping strategies, chiefly relying on less preferred or less expensive food, reducing the number of meals per day, borrowing food from friends or relatives and reducing portion sizes at meal times. In 29% of HHs adults restricted their consumption to allow children to eat.

HHs were more likely to use coping strategies that depleted their asset base (asset-depleting coping strategies, ADCSs) than in the previous two years. More than half of HHs (52%) applied a 'crisis' ADCS, 32% more than in 2014. The percentage of HHs buying food on credit and reducing essential nonfood expenses such as health or education was more than double that of 2014 and triple 2013. Spending savings, selling goods and assets, and withdrawing children from school were also more common.

The gap between monthly expenditures and income was estimated at \$300. The percentage of HHs with debts was up from 81% in 2014 to 89% in 2015, with HHs mainly borrowing money to buy food followed by paying rent and covering health expenses. The amount of money owed rocketed too: on average, HHs with debts owed \$842 compared with \$674 in 2014. This national average figure has been skewed by that of HHs in BML region, where the mean debt average was \$1,151. At district level HHs in El Meten, Beirut, Baabda, Bcharre-Batroun, Aley and Chouf owed more than \$1,000 on average.

Food sources

Syrian refugees mainly bought their food using food vouchers (48%), their own funds (30%) or credit/borrowing (18%). Nationally Syrian refugees were 15% less likely to buy food with their own funds than they were a year ago.

At the regional level, household dependency on food vouchers increased, particularly in Tripoli (55%).

Using credit and borrowing increased most in Akkar (24%) and Bekaa (25%).

Food insecurity

The food security situation of Syrian refugees in Lebanon significantly worsened since 2014. Moderate food insecurity doubled to affect a quarter of HHs, while the percentage of food secure HHs fell from 25% to 11%. Most of the population (65%) was classified as mildly food insecure.

The number of moderately or severely food insecure Syrian refugees in Lebanon has burgeoned since 2014. Out of the 1,174,690 Syrian refugees registered with UNHCR by June 2015, about 763,549 were estimated to be mildly food insecure, 272,528 moderately food insecure and 5,873 severely food insecure. Just 129,216 were considered food secure.

Regionally, Akkar, Tripoli 5 and Bekaa had the highest proportion of food insecure HHs and the South the lowest. However, food insecurity varied significantly by district within the same region. At district level, the highest proportion of food insecure Syrian refugee HHs (reaching one third) was found in Zgharta, Hermel, Koura, Chouf and Baalbek. Half of all moderately and severely food insecure HHs were in Zahle, Baalbek, Akkar and West Bekaa.

Assistance

Food vouchers were the main type of assistance received (67% versus 69% last year) in the three months prior to the survey, with the lowest rate in Akkar (52%), followed by Tripoli (61%). Bekaa, BML and South had 70%+ coverage rates. Around 12% of HHs received healthcare assistance, 7% food-in-kind and 4% hygiene kits.

Only 7% of HHs received cash assistance in the three months before the survey, with the lowest rate in Tripoli (3%) and the highest in the Bekaa (9%). Over the course of the previous year, 7% of HHs benefitted from education assistance compared with 17% in the 2014 survey and 16% received furniture. HHs in BML were less likely than elsewhere to receive assistance, while those in the Bekaa followed by Akkar received the most assistance, particularly in terms of furniture and food assistance. Education assistance was most common in Akkar (16%) followed by the South (10%).

Recommendations

Policies, measures and programmes oriented towards allowing refugees to generate income while protecting the Lebanese labour market and mitigating potential tensions with the host community are recommended. Reducing the number of HHs targeted for assistance is likely to lead to a further deterioration of the food security situation: dependency on external assistance must be tackled at the same time. The extended and continued inadequacy of infant and young child feeding practices requires a causal analysis to better understand the factors leading to it. Programmes must be directed at tackling the identified causes and ensuring effective behavioural change. Although sensitisation on adequate feeding practices is recommended, other potential causes should be considered to ensure effective behavioural change.

Overall, an upscale of programmatic interventions to cover the growing needs of the refugees is recommended.

Given the significant differences between districts in the same region, any geographical targeting should be applied at a lower geographical level. Systems to identify and recognize these pockets will ensure an appropriate and fair level of assistance to vulnerable HHs, regardless of their location.

Introduction

Background

Entering the fifth year since the conflict started in Syria and with no signs of resolution, humanitarian operations in neighboring Lebanon are being forced to evolve and adapt to ensure a sustainable and adequate level of assistance to vulnerable households and individuals. Adjustments include using improved systems to identify the most vulnerable households (HHs), individuals or areas; reducing the number of beneficiaries; conducting a more in-depth investigation into needs; and redesigning programmes to make them more cost-effective. Well-informed decision making is key to ensure that the transition from emergency interventions to protracted crisis interventions is implemented without causing additional harm to the affected populations.

The VASyR conducted in Lebanon in 2013 and 2014 has allowed a better understanding of the living conditions of Syrian refugees at regional and country level and has provided results widely used by the humanitarian community for planning purposes and programme design, among others. The data collected constitute valuable information on the vulnerability of Syrian refugees in Lebanon from different perspectives: demography, education, health, livelihoods, expenditure, coping strategies and debt, food security, shelter and WASH. While VASyR 2013 presented the first comprehensive picture of Syrian refugees' vulnerability in Lebanon, distinguishing by time of household registration/arrival date (i.e. been in Lebanon for more than six months), VASyR 2014 permitted a regional analysis of vulnerabilities as well as monitoring the situation one year after the first assessment. VASyR 2014 results showed a deterioration in the vulnerability situation of refugees since 2013. For most indicators, the 2014 vs 2013 worsening was not dramatic. The important question for 2015 was whether this deterioration had continued or whether Syrian refugees' vulnerability had stabilized or even improved.

The increase in the refugee population in Lebanon has slowed since the last quarter of 2014, partly due to the new border policy implemented by the government. By mid-April 2015, over one million Syrian refugees were registered or pending registration with UNHCR in Lebanon, about 200,000 more than the same time in 2014. Refugees in Lebanon now represent 25% of the population, constituting the world's highest number of refugees per inhabitant. Restrictions on refugees' access to employment reduce households' ability to cover their basic needs without engaging in coping strategies that, with time and the exhaustion of savings and assets, become more severe and irreversible. Households' powerlessness to meet their basic needs, including food, shelter, health and education, combined with the poor security situation in the region constitute an instable environment at risk of significant deterioration.

In this context, an updated report on the refugee situation in Lebanon is essential to confirm or adjust 2016 plans and programme design. This data is especially valuable for targeting purposes; it contributes to revising the expected number in need of assistance, to analysing eligibility criteria for assistance, and to estimating the degree and types of vulnerability at national and district levels.

Objective

The main objective of VASyR 2015 is to provide an updated multi-sectorial overview of the vulnerability situation of registered Syrian refugees in Lebanon.

Specifics

1. Monitor the vulnerability situation of the Syrian refugees in Lebanon one year after the last assessment.
2. Estimate the degree and types of vulnerability at caza level.
3. Constitute the baseline for the food assistance targeting exercise.
4. Gather beneficiaries' feedback on their current vulnerability situation and the impact of the targeting exercise.

The analysis for this report was carried out by three UN sister agencies: WFP contributed the demography, livelihoods, expenditure, food consumption, coping and debt, food sources, food security, IYCF and focus group discussion sections; UNHCR the specific needs, surveyed refugees, protection, shelter, assets, health and assistance sections and UNICEF the WASH, education and child health sections. While WFP and UNHCR analysed the data by regional and district level, UNICEF looked at governorate level (LCRP 2016 is planned to be targeting at this level).

Methodology

Population and sampling

The assessment surveyed 4,105 Syrian refugee households registered with UNHCR in Lebanon by mid-2015.

The population was stratified by districts in order to obtain representative information at this geographical level. Sample size per district was determined assuming a two stage cluster sampling methodology and according to the following statistical parameters:

- 50% estimated prevalence
- $\pm 10\%$ precision
165 households / caza * 26 cazas = 4,290 HH
- 1.5 design effect
- 5% error

To ensure geographical representativeness, 30 clusters were selected per caza following a random methodology proportional to refugee population size. In each cluster, six randomly selected households were visited.

To estimate the number of clusters as well as households per cluster, the following assumptions were made following statistical and operational considerations:

- Minimum 30 clusters per strata
- Two people per household visit (= 1 team)
- Six households per day and team
- One team per cluster per day

Operations

In the first stage, 30 clusters¹ and four replacement clusters were randomly selected per strata, proportional to refugee population size. The population size per location considered for the cluster selection was the total number of registered Syrian refugees by mid-2015. According to the methodology a total of 4,290 households should have been surveyed. However, due to limitation of staffing resources, districts of Jbeil and Keserwen were merged into one strata and districts of Bcharre and Batroun were also considered as one strata, reducing the practical number of strata from 26 (total number of districts in Lebanon) to 24.

Aarsal town was not included in the assessment because of security reasons. A total of 1,024 refugees with no specific residence were not considered in the random selection of clusters. In addition, 10 locations, 52,369 refugees, most of them in Aarsal, were removed for the random selection due to security and access restrictions (see table).

A total of 1,024 refugees with no specific residence were not considered in the random selection of clusters. In addition, 10 locations, 52,369 refugees, most of them in Aarsal, were removed for the random selection due to security and access restrictions.

	Area	Refugee population
Baalbeck	Aarsal	41,583
	Ras al Assy	7
	El Qaa	9,665
	Khirbet Younine	20
	Khirbet Daoud	13
	Knaisse	22
	Ras Baalbek	942
	Maarboun	92
	Bejjaje	9
	Kharayeb	16

**Clusters removed from the sampling selection because of security reasons or lack of information on the specific location of residence.*

At a second stage, six households were randomly selected within each cluster. Replacement households within each cluster were identified. If in the cluster initially selected, it was not possible to find the six refugee households, the geographically closest cluster was identified until completing the six households for that cluster. Due to time constraints, five households instead of six were visited in some clusters, ensuring the representativeness of the sample per strata.

Organisation of the operations was based on the following:

- 165 (households / strata) / 30 cluster / strata = 5.5 households / cluster
- One team (= 2 enumerators) / cluster / day = 6 households
- Six (households / day / team) = 30 cluster / district * six HH / cluster = 180 households / district
- 30 (cluster / strata) * 23 strata = 690 cluster
- Three teams (6 enumerators) / district = 69 teams = 138 enumerators
- One supervisor / 6 teams = 12 supervisors
- One regional coordinator / region = five regional coordinators
- 4,140 HH * 5 HH / team / day = 10 days data collection.

¹ Locations: Villages, towns, neighborhoods

Data collection

The data was collected between the 27th of May and the 9th of June by 138 enumerators and 13 supervisors. Each team consisted of two enumerators and each supervisor was responsible for six teams on average. To support the supervision of the data collected, two quality monitors per region accompanied the teams during data collection, assisting supervisors with data quality supervision.

Field data collection was undertaken by 10 partners: ACF and Shield in the South; ACF, InterSOS, Mercy Corps and WorldVision in Bekaa; ACTED/REACH, Premiere Urgence and WorldVision in BML; Save the Children in Akkar and DRC and Caritas in Tripoli 5.

The data collected was registered by electronic devices using ODK (Open Data Kit) software and uploaded automatically on UNHCR RAIS platform.

Teams made appointments with the interviewees the day before the cluster visit in order to reduce the risk that interviewees would prepare the household prior to the visit, thus reducing bias.

Questionnaire

The household questionnaire design was based on the 2014 VASyR questionnaire to ensure comparability, and the 2015 food and cash targeting questionnaire to obtain the information needed to apply the targeting criteria. It was designed to take approximately an hour and covered multi-sectorial indicators. It includes key information on household demographics, surveyed refugees, registration, protection, shelter, WASH, assets and services, health, education, security, livelihoods, expenditures, food consumption, coping strategies, debts, assistance and a module on child health and feeding practices. A field test was conducted in advance of the survey roll-out to ensure its feasibility. The household questionnaire is included in annex 4.

Data analysis

Data was cleaned and weights were assigned to each strata according to the population of refugees registered in the region and in country. Data analysis included the following:

- Calculation of indirect indicators such as the dependency ratio, crowding index, food consumption score, coping strategies classification, among others;
- Descriptive statistics of direct and indirect indicators to provide a general characterization of the refugee population; and
- Comparison of main indicators among regions and districts.

The statistical software used was SPSS 20.0, whereas graphs were designed with Microsoft Excel 2010.

Focus group discussions

Through the focus groups, qualitative information was gathered from Syrian refugees' discussion groups with the objective of complementing the household survey information and helping understand aspects that are not otherwise captured with quantitative forms. The focus group discussions questions can be found in Annex 4.

The main objectives and main discussion topics of the focus groups were to:

- Understand shocks: what are the main problems faced by refugees and what are their consequences?
- Identify social networks: what support structures are available, and do refugees have access to them? ; and
- Understand refugee priorities: what are refugees' priorities and how do they perceive the situation could be improved?

Focus group discussions were conducted in all districts in Lebanon except Aarsal. Six FGDs were organised in each district, one FGD per gender in three locations. Locations for FGDs were selected through a random method proportional to population size, out of the clusters selected for the household survey. Two replacement clusters were also identified in case needed. Between six and fifteen refugees with different livelihood backgrounds, gender and age balance, a variety of socio-economic status, and different household headship status took part in each discussion. More detailed information on the location and participants of the FGD can be found in annex V.

Limitations

Although it varied by region and area, there was generally a high rate of household replacement during data collection (>50%) due to changes in the location of residence of households or changed telephone number or other reasons that made it impossible to communicate with them. This replacement may introduce a bias towards those households with less geographical movement and/or households who managed to keep their phone number.

In Marjaayoun, six clusters needed to be replaced due to the lack of permission from authorities to conduct the questionnaire without the supervision of authority representatives, limiting the representativeness of the survey.

It continues to be a challenge to define a household in the Lebanon refugee context. Refugee family members constitute new household units in Lebanon that were often living independently in their country of origin. In other cases, family members share roof and food but they function as different household units with their own budget managed by different household heads.

The expenditure module of VASyR 2015 included additional non-food expenditure categories that were not considered in 2014 or 2013 ("shelter materials", "entertainment" and "legal"). When including additional

categories, total expenditure tends to be higher and the food expenditure share tends to be lower. Differences in average household size between 2014 and 2015 also affects the comparison of average expenditures. Smaller household size implies lower expenditure at household level and higher expenditure per capita. These differences in household size and expenditure categories imply changes in expenditure per capita that do not necessary reflect real changes in household behavior.

Demographics

Household size and composition

An average household was composed of 5.3 members¹: 2.3 adults, 1.8 children aged 5-18 years, one child under five years old, and one elderly person in every seven households.

For the second year running household size decreased, down by 1.3 members since last year (6.6), mainly in the number of adults and 5-15 year old children. One possible explanation was that upon arrival refugees tend to live with relatives or friends to conserve resources while they adapt to their new circumstances and until they find their own housing and livelihood sources. As the time passes, household size could tend to reflect the nuclear family composition.

The reduction in household size was more marked in Bekaa region where it fell by two members, and less marked in BML (by less than one member (0.7)). In the South, Tripoli 5 and Akkar, where households are the smallest, the reduction was by about 1.5 members. At caza level, household size ranged from 4.4 members in Hasbaya to 5.9 in Hermel.

By the same token it was less usual in 2015 to have crowded households: 25% had seven members or more compared with 40% in 2014.

Households were less likely to have children under the age of two: the percentage with one or more children under the age of two fell from 44% in 2014 to 36%; 61% of households had one or more child under 5 years old (4% less than in 2014) and 12% of households had elderly members vs. 20% in 2014.

Almost one in five (19%) Syrian refugee households were headed by women, 3% more than in 2014. Geographical differences ranged from 5% in Nabatieh to 30% in Zahle. At regional level, female headed households were more common in Bekaa, followed by Akkar, Tripoli 5, South and BML.

All household heads were Syrian except a tiny minority (1%) who were Lebanese, Palestinian, Egyptian, and Iranian or from Jordan. The average age of the household head was 39; just 6% of households were headed by someone aged 60 or older, and eight households by someone under 18 years old (four cases in the South, three in Bekaa and one in Tripoli 5).

On average, sex ratio was 1.3 females per male, with significant geographical differences, that ranged from 1 in El Metn and Beirut to 1.5 in Marjaayoun and Zgharta. In all regions sex ratio was within 1.3 and 1.4 except in BML (1.1), probably because of work opportunities in this region.

¹ Even when big household sizes (>21) are considered invalid and removed from the analysis, the mean household size does not change.

Figure 1.1. Household composition, 2013, 2014, 2015

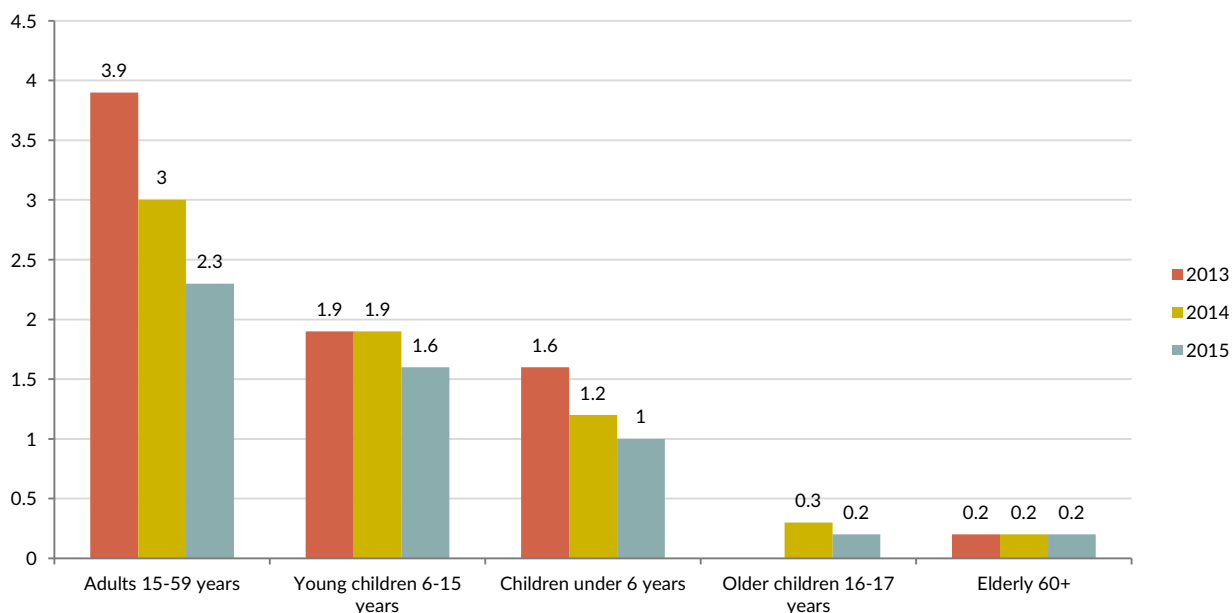
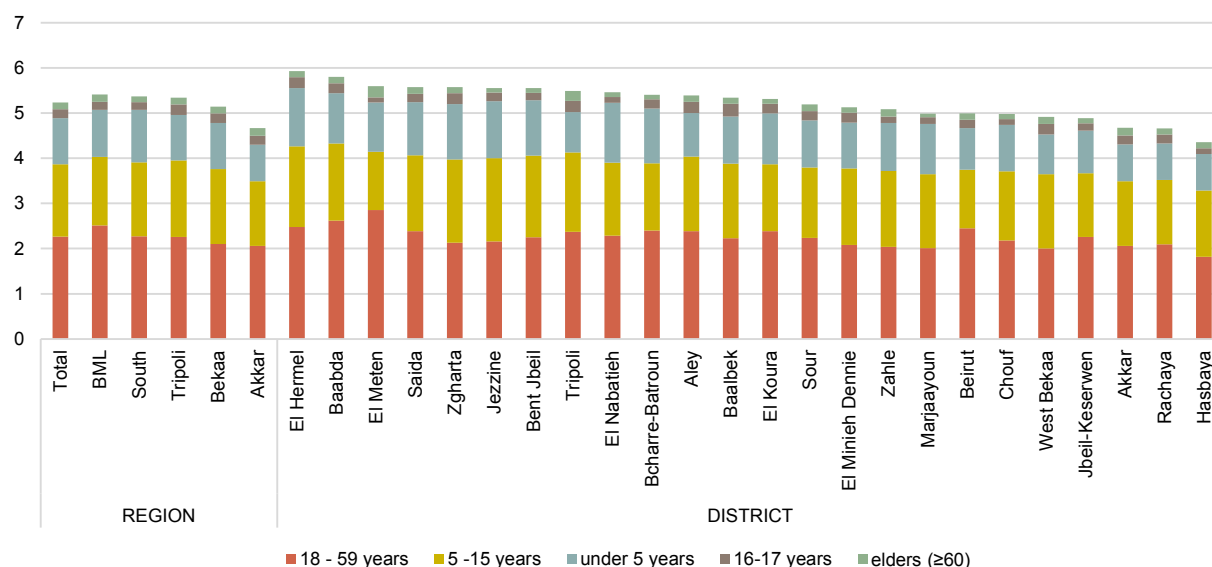


Figure 1.2. Number of household members by age group, at regional and national level



Dependency

The dependency ratio (DR) aims to demonstrate the potential of a household to generate enough income to meet all household members' needs. Household members are considered dependent if they are not able to work because they are either too old (≥ 60) or too young (under 18 years) and/or have physical and/or mental limitations. Non-dependents are autonomous adults between 18 and 59 years old that do not need any support for daily basic activities.

Dependency ratio = number of dependents / number of non-dependents

Dependents = children under 18 + elders ≥ 60 + non-autonomous adults (18-59 y.o.)

Non-dependents = Autonomous adults (18-59 y.o.)

Results show a mean dependency ratio of 1.5, which indicates an average of three dependents per two non-dependents. Households have been classified into four categories according to their dependency ratio and hence their potential economic independency (Figure 1.3 below). The results are similar to those obtained in 2014.

Those in category IV are at a very high risk of not meeting household needs. The highest prevalence of households in this category was in Zahle (28%) and the lowest in Beirut and El Metn (10%).

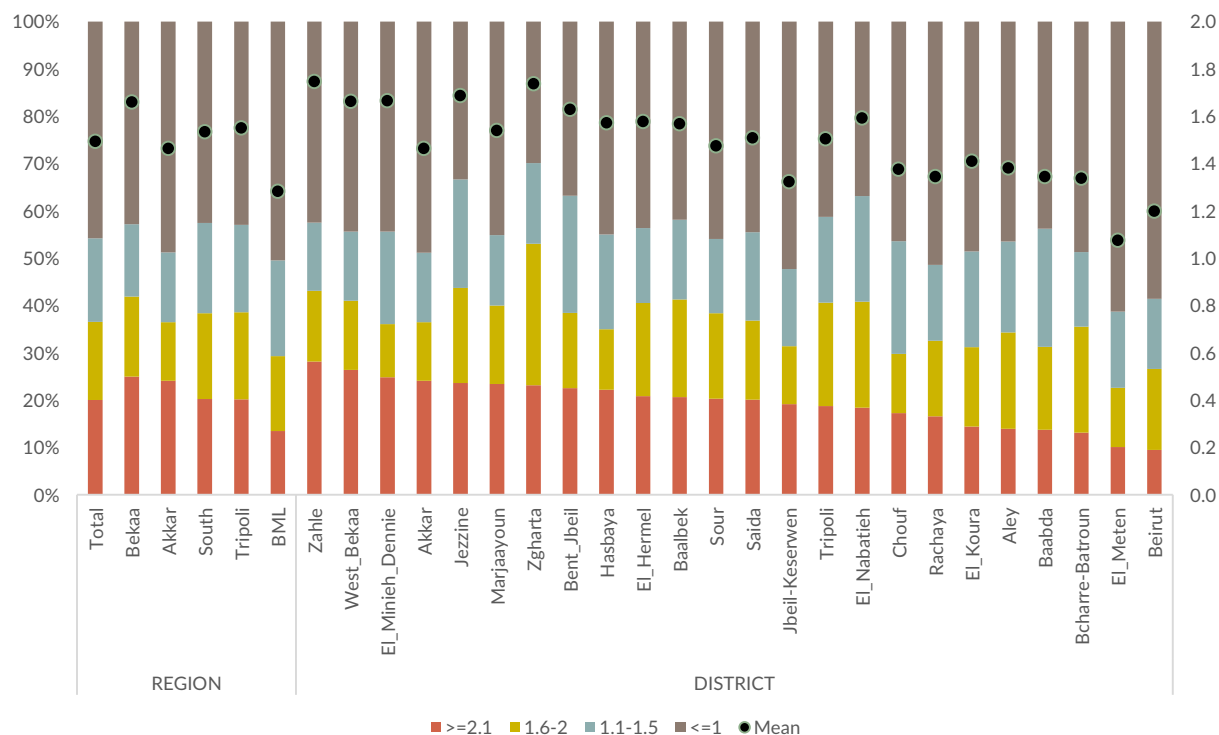
The dependency ratio was highest in Zahle, Zgharta, Jezzine, El Minnie Dennie, and West Bekaa (1.7). At regional level, it was highest in Bekaa (1.7).

The proportion of single headed households with dependents was up by 4% to 12%. Geographical differences were significant with the percentage of single headed households with dependents dipping to just 3% in West Bekaa and reaching 23% in Zahle. At regional level, the percentage increased in all regions except Akkar and was especially marked in Bekaa.

Figure 1.3. Dependency ratios

Category I	1 dependent or fewer per non-dependent member ($DR \leq 1$)	46%
Category II	Up to 3 dependents per 2 non-dependent members ($1 < DR \leq 1.5$)	18%
Category III	Up to 2 dependents per non-dependent member ($1.5 < DR \leq 2$)	17%
Category IV	More than 2 dependents per non-dependent member ($DR > 2$)	20%

Figure 1.4. Percentage of households in each dependency ratio category at regional, caza, and national level



Specific needs

The term specific needs was established by UNHCR protection experts and covers a household member falling into any of these categories: (i) pregnant or lactating, (ii) physical or mental disability, (iii) chronic illness, (iv) temporary illness or injury or (v) serious medical condition.

Almost 27% of households reported having members with special needs, which represents a significant decrease from 2014 figures (51%). However for the total sample and in HHs with at least one member with special needs, the mean number increased significantly from 0.78 in 2014 to 1.4 in 2015. In short, there were fewer HHs with members with special needs, but within these households the number of people with specific needs increased. One possible explanation is that families with specific needs tend to cluster and move in together to pool resources.

One in five of the sampled households had at least one pregnant or lactating woman. Looking at the individual data, the percentage of pregnant or lactating women aged between 12 and 50 years old in the total sample was 23%; assuming that our sample is representative of the general population, one can estimate that this represents around 42,000 households with at least one pregnant or lactating woman.

The data indicates that 5% of the 1,327 sampled girls between 12 years and less than 18 years were either pregnant or lactating. These 62 individuals represented almost 1.4% of the total sample.

Looking at individual data, around 2.6% of the total sample – or 30,000 individuals - had some sort of physical or mental disability. When considering disability of working age members (between the age of 18 and 59), 6.8% of households had at least one working age member with a disability.

Figure 1.5 clearly shows the significant drop in the percentage of households with specific needs between 2014 and 2015: the percentage of members who were disabled, chronically ill, pregnant/lactating or seriously ill fell by 9%, 30%, 14.5% and 5.5% respectively.

The percentage of female-headed households hosting at least one member with specific needs was 32% compared with 25% in male-headed households. Disability was more prevalent in female-headed HHs (4% vs. 2%). Chronic illness was the most prevalent type of disability in male-(12%) and female-(18%) headed households. Combining the three categories of illness (temporal illness, serious medical conditions and chronic illness) into one, the proportion of HHs hosting at least one member with any of these three conditions was 18.7%.

Male-headed HHs hosted on average a larger number of members with special needs (1.5 vs. 1.2 members): this could be explained by the registration procedure but there is no correlation so there is no clear explanation for this.

Figure 1.5. Percentage of households with at least one member with specific needs, male- vs. female-headed households

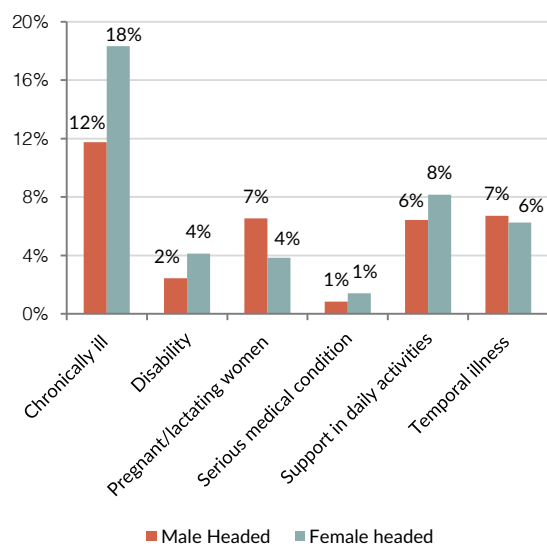


Figure 1.6. Percentage of households with at least one member with specific needs, 2014 vs. 2015

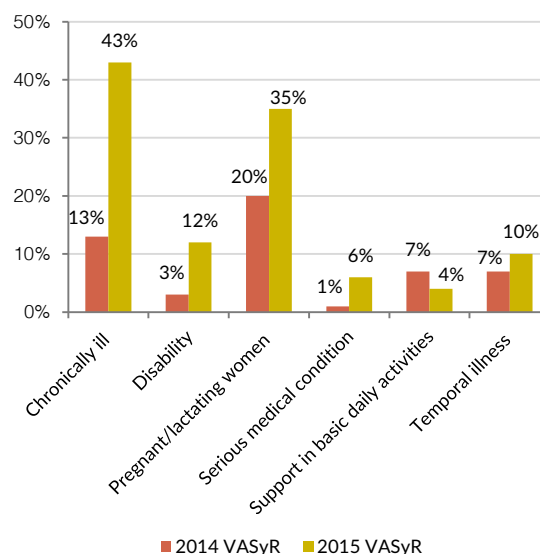


Table 1.7. Regional and caza level demography snapshot

Highest dependency levels	REGION	Bekaa
	CAZAS	Zahle, Zgharta, Jezzine, El Minnie Dennie, and West Bekaa
Highest proportion of households headed by women	REGIONS	Bekaa and Akaar
	CAZAS	Zahle
Highest proportion of households with more than two dependents per non dependent	REGIONS	Bekaa and Akaar
	CAZAS	Zahle, West Bekaa, El Minnie Dennie
Highest proportion of single headed households with dependents	REGIONS	Bekaa
	CAZAS	Zahle

Surveyed Refugees

Results show that fewer households arrived in the 1-2 years prior to the survey than in previous years (17% arriving 1-2 years prior vs. 34% arriving 2-3 years prior). Among those interviewed, 78% arrived as a complete family unit. Female-headed households more frequently arrived with all members; 88% of female-headed households arrived as a complete unit versus 76% of male-headed households. Among households who arrived as a complete family unit, 26% of female-headed and 19% of male-headed HHs arrived 1-2 years before the date of the survey.

Registration

The average number of registered members in a male-headed household was 5.2 (down from 6.2 in 2014) versus 4.1 in female-headed households (also down from 5.4 in 2014). These results are consistent with the calculated average household sizes (5.5 in male-headed households vs. 4.2 in female-headed households).

Results also show that only 1% of all sampled households did not register any of their members with UNHCR prior to January 2015. The total proportion of unregistered individuals in all households surveyed was around 4%, therefore we can estimate that at the national level there are approximately 40,000 unregistered Syrian individuals. UNHCR, at the Government's request, suspended

registration in early 2015, and no Syrians arriving in Lebanon after January 5th have been registered.

Around 34% of HHs had children under three years old who were born in Lebanon, compared with 26% in 2014. Almost 50% of Syrian refugee children under four years old were born in Lebanon. 73% of children under three years who were born in Lebanon had a birth certificate issued either in Lebanon or in Syria.

Figure 2.1 below shows that fewer households maintained valid residency for all households in 2015 as compared to the previous year; while 58% of households surveyed in 2014 had residency permits for all members, this was true for only 28% of households surveyed this year. Permits expire and refugees may not have been able to renew them for various reasons, such as transportation costs, fear of rejection and lack of awareness of the registration process. The percentage of individual Syrian refugees without legal residency permits was around 41%. Furthermore, 20% of households did not have residential permits for any members. This figure is consistent with last year (19%).

Members of female-headed households were less likely than male-headed households to have residential permits, with 30% of female-headed households reporting that no members had residency permits, versus 18% of male-headed households.

Figure 2.1. Time of first arrival (Jan 2015 baseline date)

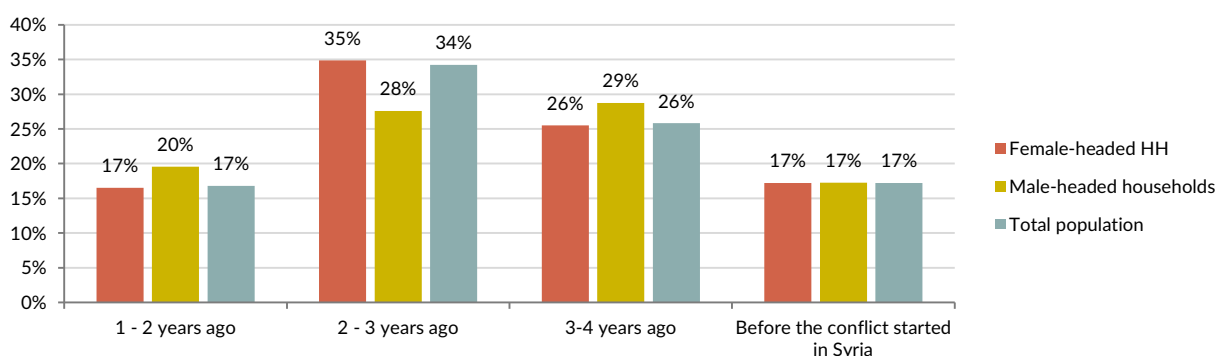
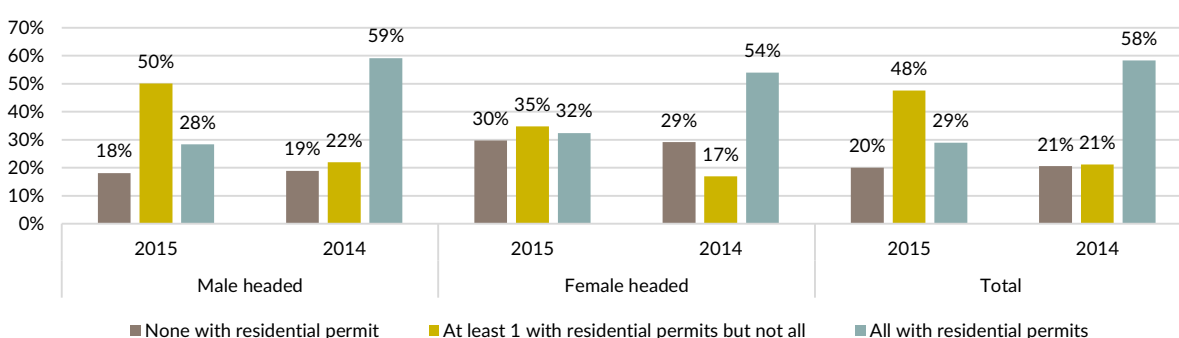


Figure 2.2. Households with and without residential permits, 2014 vs. 2015

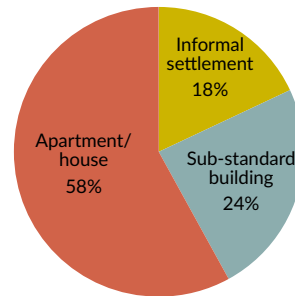


Shelter

Housing

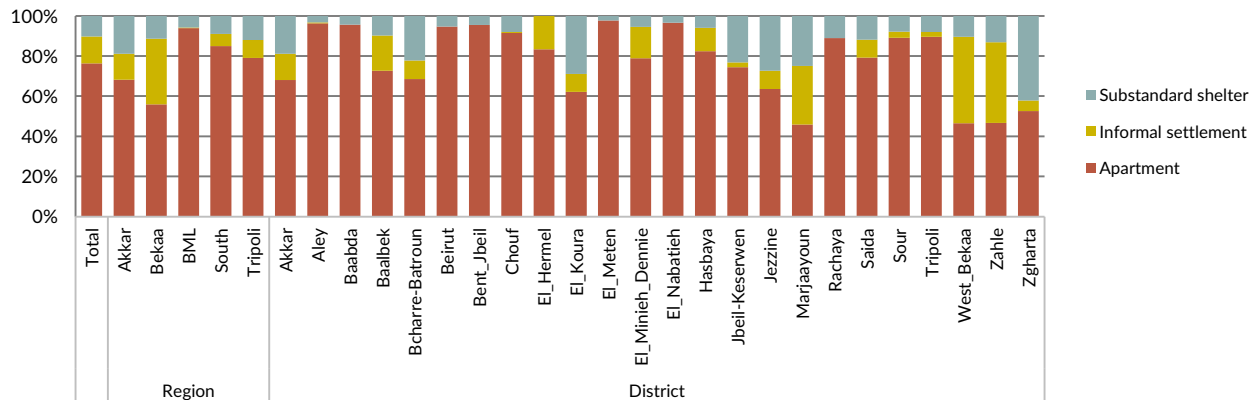
The majority of households reported living in houses or apartments (58%) - a proportion similar to that found in 2014. 16% of households struggle to pay rent and are forced to share their apartments with other families. 24% are in buildings considered substandard¹ and 18% are in informal settlements. A greater percentage of refugees were renting unfurnished homes this year in comparison to the last two years (74% vs. 67% in 2014).

Figure 3.1. Type of main housing for refugees



¹ Substandard covers one room structures (16%), substandard shelters (6%) and unfinished buildings (2%)

Figure 3.2. Shelter type by region or caza



Occupancy

Across all regions, the majority of refugees rented unfurnished apartments or homes, meaning that tenants had to buy their own beds, sofas, couches, mattresses, TVs, gas stoves, and other household essentials. In comparison with 2014, this year a higher percentage of refugees were renting unfurnished homes (74% vs. 67%), while the proportion of furnished rentals decreased (15% in 2014 to 8% in 2015).

The average monthly rent has continued to fall over the last three years, from \$246 in 2013 to \$205 in 2014 to \$164¹ in 2015. Rents remained the lowest in Akkar, followed closely by the Bekaa. Rent was highest in Beirut and Mount Lebanon.

¹ UNHCR shelter survey in 2015 indicated that the average rent is about \$200 per family per month based on 6,000 HH interviewed

Figure 3.3

Type of Occupancy	VASYR 2015			VASYR 2014		
	Male	Female	Total	Male	Female	Total
Owned	0%	0%	0%	0%	0%	0%
Rental	84%	77%	82%	82%	78%	81%
Unfurnished rental	75%	70%	74%	68%	64%	67%
Furnished rental	9%	7%	8%	15%	16%	15%
Provided by employer	6%	1%	5%	8%	4%	7%
Hosted (for free)	4%	8%	5%	5%	6%	5%
Squatting	0%	0%	0%	0%	0%	0%
Assistance / Charity	5%	11%	6%	4%	9%	5%
Others	2%	2%	2%	0%	1%	0%

Figure 3.4. Occupancy type by region

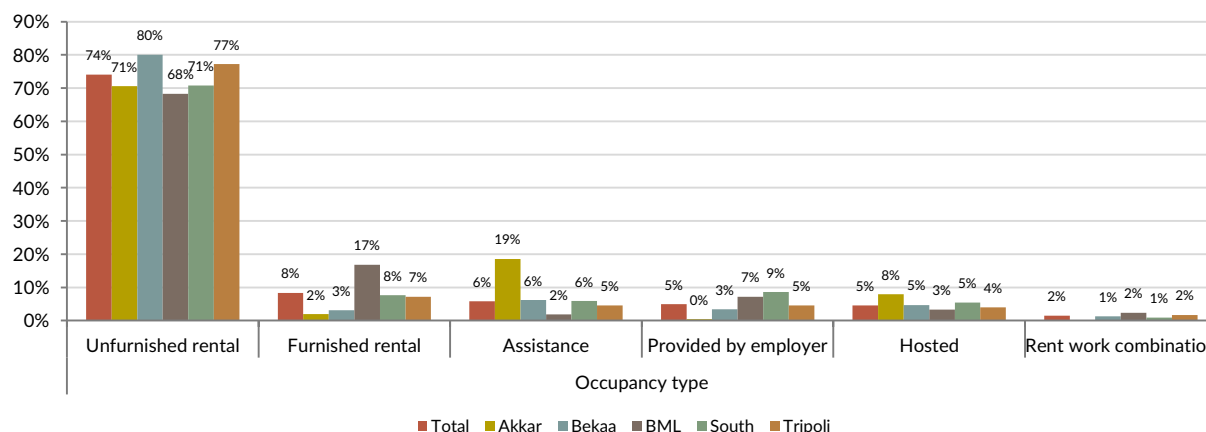
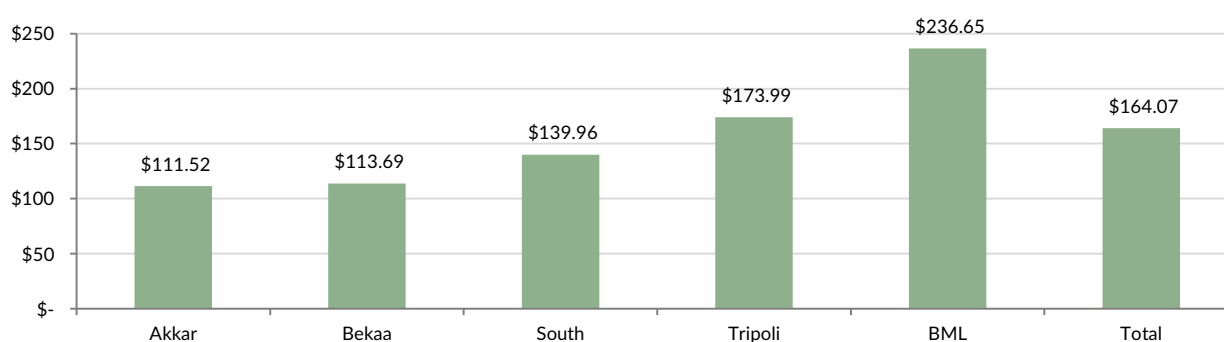


Figure 3.5. Housing rents by region in \$



Living area and crowding index

While rents have fallen, living space has shrunk; in 2014, the average household (6.6 members) shared 54m², whereas in 2015, the average household (5.3 members) shared 38m² of space. The average density was 8.6m² per person for male-headed households and 9.7 m² per person for female-headed households.

More than half of households had less than 7m² per person, and 18% had less than 3.5m² (down from 30% in 2014).

On average, four people occupied one room. In about 17% of households, six or more people occupied a single room, which is on a par with the previous year. Crowding was more or less consistent across the country.

Figure 3.6. Density and crowding, male, female and total

		2015			2014		
		Male	Female	Total	Male	Female	Total
Density	≤ 3.5 m ² / person	19%	15%	18%	30%	33%	30%
	3.6 - 7 m ² / person	33%	36%	33%	19%	20%	19%
	7.1 - 10.5 m ² / person	22%	19%	22%	32%	27%	31%
	More than 10.5 m ² / person	27%	30%	27%	19%	20%	19%
Crowding Index	1 - 2 person/room	27%	34%	29%	34%	38%	34%
	3 - 5 person/room	55%	52%	55%	50%	45%	49%
	6 - 7 person/room	12%	9%	12%	10%	11%	10%
	≥8 person/room	5%	5%	5%	7%	6.1%	7%

Figure 3.7. Density and crowding by region

Density						
	Akkar	Bekaa	BML	South	Tripoli	Total
≤ 3.5 m ² / person	15%	16%	21%	16%	20%	18%
3.6 - 7 m ² / person	30%	41%	31%	26%	29%	33%
7.1 - 10.5 m ² / person	20%	21%	22%	24%	22%	22%
More than 10.5 m ² / person	36%	22%	27%	34%	28%	27%
Crowding						
	Akkar	Bekaa	BML	South	Tripoli	Total
1 - 2 person/room	37%	27%	27%	34%	26%	29%
3 - 5 person/room	46%	57%	56%	51%	57%	55%
6 - 7 person/room	13%	11%	12%	11%	12%	12%
≥ 8 person/room	5%	6%	5%	5%	5%	5%

Shelter conditions

According to the enumerators' observations², 16.3% of HHs were living in substandard and dangerous conditions. Conditions varied by region. Unsealed windows (83.5%), damaged roofs (90.2%) and lack of lighting (72.7%) were among the most prevalent problems, while lack of privacy was a significant issue in Bekaa and BML. HHs located in the Bekaa were living in the worst shelter conditions, while those located in Akkar were relatively better.

² The VaSyR questionnaire included the option for the data-surveyor to provide observations.

Figure 3.8. Observed housing conditions (countrywide)

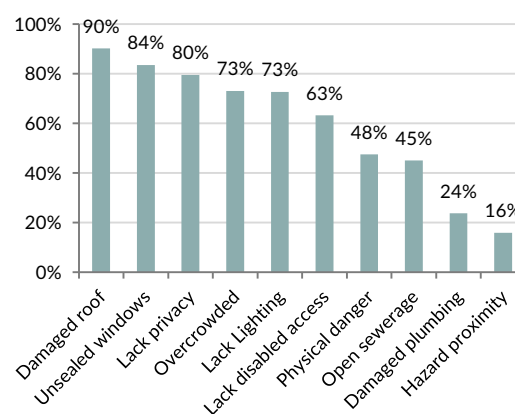


Figure 3.9. Enumerators' evaluations of housing conditions

Housing Conditions	Akkar	Bekaa	BML	South	Tripoli	Total
Unsealed windows	86%	88%	76%	79%	80%	84%
Damaged roof	96%	90%	92%	81%	92%	90%
Damaged plumbing	55%	18%	10%	34%	44%	24%
Lack lighting	0%	88%	59%	76%	58%	73%
Overcrowded	0%	65%	83%	87%	64%	73%
Physical danger	0%	48%	42%	73%	47%	48%
Hazard proximity	0%	12%	13%	45%	21%	16%
Lack privacy	0%	86%	85%	55%	60%	80%
Lack disabled access	0%	100%	20%	51%	65%	63%
Open sewerage	0%	68%	19%	55%	34%	45%

Water and sanitation

The main sources of drinking water in Syrian refugee households were tap (22%) and bottled¹ (21%). Overall, 61% of households used improved sources of drinking water (including piped water into dwelling/yard/plot, public tap or standpipe, borehole, protected dug well, protected spring, public reservoir, and/or bottled water for drinking with another improved source of water for other uses)². Thirty four percent of households relied on a piped supply at the household level but only 22% of them enjoyed a supply for more than two hours daily.

Overall 39% of the surveyed Syrian refugee households did not benefit from 'improved' drinking water sources. The main unimproved water sources were bottled water which was not from an improved secondary source (14%) and water piped into homes but for less than two hours a day (12%).

The majority of households (61%) enjoyed 'improved' drinking water supplies, mainly piped into their homes for

1 Bottled water is not considered an "improved" source because of limitations concerning the potential quantity of supplied water, not the quality as there is no guarantee that water used for other in house uses like bathing, washing, and cooking are supplied from improved sources (UNICEF/WHO, 2011)

2 Improved/Unimproved water sources are defined based on the construction method of the source and the modality of supply. This definition does not consider the component of safe water supply sustainable for drinking purposes consistent with the Millennium Development Goals and the Sustainable Development Goals for drinking water.

more than two hours a day (22%), bottled³ mineral water (21%) or by drawing it from a protected well (9%).

Figure 13.: Percentage of household population using improved and unimproved drinking water sources (national total)

Results from the eight governorates show that while the North had the highest rate of access to improved water sources at 81%, Baalbek-Hermel had the lowest at 42%. The main improved water sources were protected wells for Akkar and Baalbek-Hermel (26% and 30% respectively), bottled mineral water for Beirut (50%), Mount Lebanon (39%) and the North (29%), and tap water available for more than two hours a day for Bekaa (33%), Nabatiyeh (35%) and the South (30%).

The primary unimproved water source for Akkar and Bekaa was water delivered by service providers other than NGOs (11% for both), bottled water (with no secondary improved source) for Beirut (38%), Mount Lebanon (25%) and the North (8%), and piped (tap) water available for less than two hours daily for Baalbek-Hermel (50%), Nabatiyeh (20%) and the South (23%).

3 Bottled water is not considered an "improved" source because of limitations concerning the potential quantity of supplied water, not the quality as there is no guarantee that water used for other in house uses like bathing, washing, and cooking are supplied from improved sources (UNICEF/WHO, 2011)

Figure 4.1. Percentage of households using improved and unimproved drinking water sources

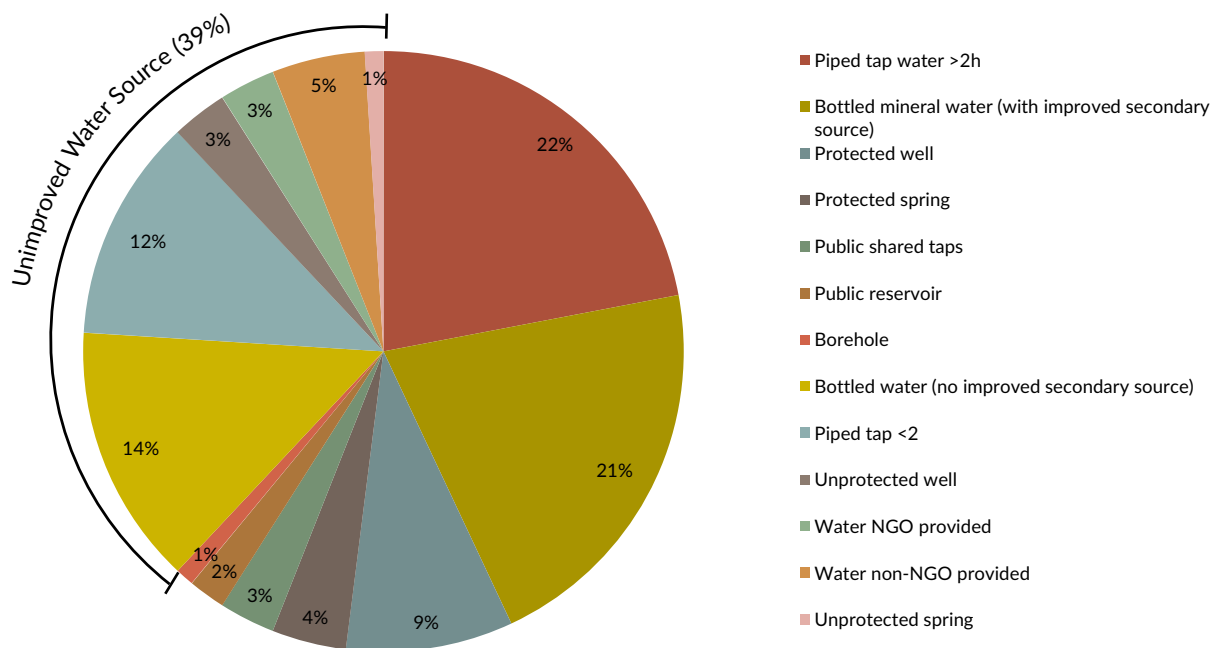


Table 4.2. Water sources by governorate

Governorate	Percentage using improved sources of drinking water	Main improved source and rate	Main unimproved source and rate	No. household members
Akkar	67%	Protected well (26%)	Water non-NGO provided (11%)	2,023
Baalbek-Hermel	42%	Protected well (30%)	Tap water <2h (40%)	2,479
Beirut	61%	Bottled water with secondary source (50%)	Bottled water without secondary source (38%)	711
Bekaa	50%	Tap water >2h (33%)	Water non-NGO provided (11%)	4,960
Mount Lebanon	63%	Bottled water with secondary source (39%)	Bottled water without secondary source (25%)	6,145
Nabatiyeh	61%	Tap water >2h (36%)	Tap water <2h (20%)	930
North	81%	Bottled water with secondary source (30%)	Bottled water without secondary source (8%)	3,460
South	61%	Tap water >2h (30%)	Tap water <2h (23%)	1,737
National total	61%	Tap water >2h (22%)	Bottled water without secondary source (14%)	22,446

Of the 60% of surveyed refugees living in apartments/ houses (shared or not shared), 26% used bottled water for drinking (with a secondary improved source) and 24% had a tap water connection for more than two hours a day. Of the 21% living in substandard shelters (including one-room dwellings and unfinished buildings) 25% had a tap water

connection for more than two hours daily, while for the 11% residing in informal settlements (including informal tented settlements) 34% used drinking water provided by NGOs or other third parties and 15% had protected wells.

Figure 4.3. Percentage of households using improved and unimproved drinking water sources

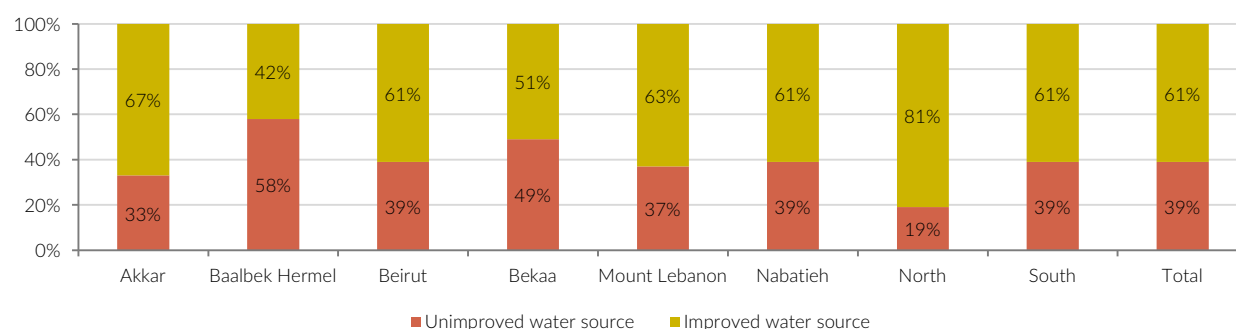


Figure 4.4. Main sources of improved drinking water by governorate

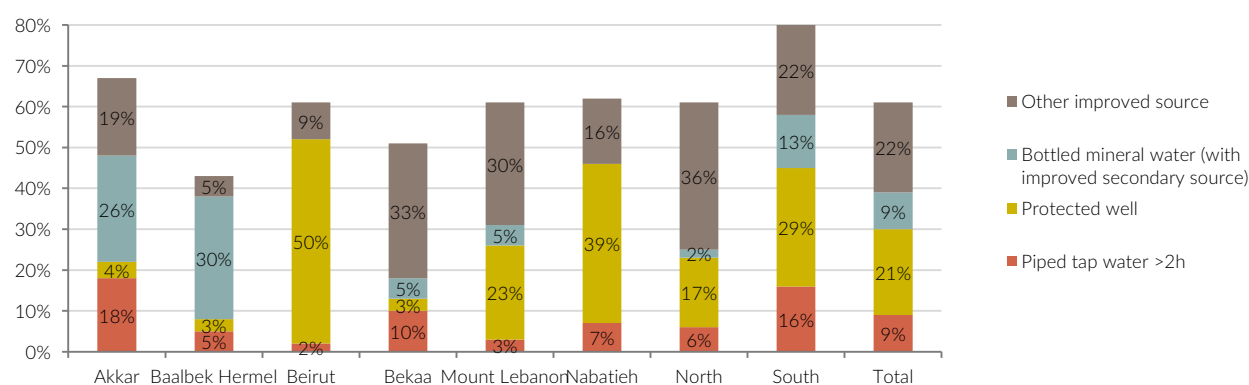
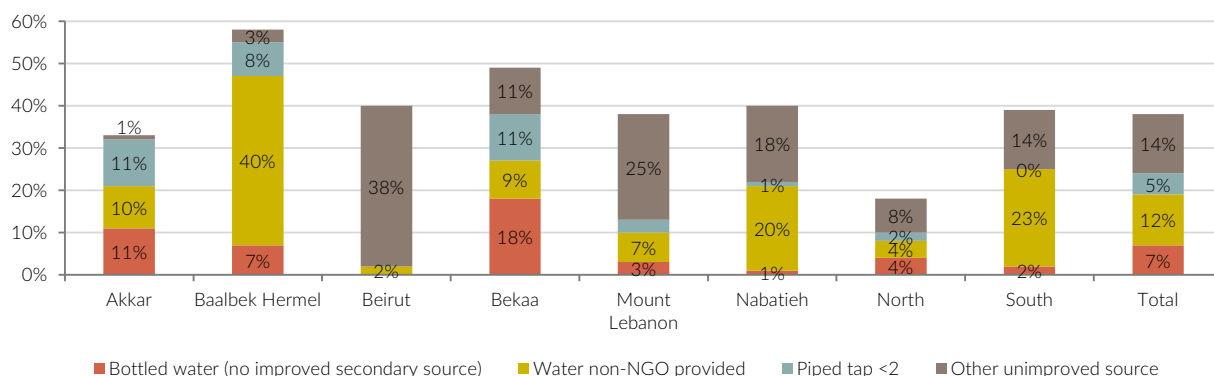


Figure 4.5. Main source of unimproved drinking water by governorate



Toilet and bathroom facilities

The proportion of households without access to bathroom facilities was 10%, reaching 29% in Bekaa. The percentage of households having to share bathrooms with 15 people or more was 4%, ranging from just under 2% in Baalbek-Hermel to almost 6% in the South.

At national level, 80% of households had access to flush toilets or improved pit latrines and just less than 1% did not have access to any type of toilet facility and resorted to open-air defecation. Regional differences were observed: households in Beirut and Mount Lebanon were more

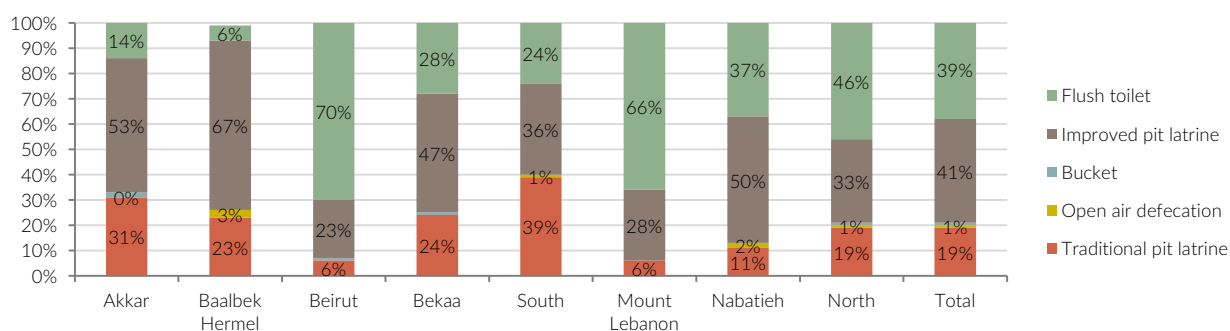
likely to have access to flush toilets (66-70%); it was more common to have improved latrines in Baalbek-Hermel (67%), whereas traditional pit latrines were more common in the South (39%), followed by Akkar (31%).

The proportion of households sharing a latrine with 15 people or more was highest in Akkar (10%) and lowest in Beirut (3%). Overall, access to improved sanitation facilities was highest in Mount Lebanon (94%) and lowest in the South (59%).

Figure 4.6. Percentage of households with access to bathrooms and percentage of households having 15 people or more per bathroom, by governorate

Governorate	Access to bathroom facility	Sharing bathroom with 15 persons or more
Akkar	99%	5%
Baalbek-Hermel	87%	2%
Beirut	98%	3%
Bekaa	71%	2%
Mount Lebanon	96%	5%
Nabatiyeh	99%	3%
North	98%	4%
South	99%	6%
National total	90%	4%

Figure 4.7. Percentage of households using sanitation facilities by governorate



Assets

Country wide the data shows that the majority of HHs had access to the basic kitchen assets (cutlery sets (93%), pots (93%), gas/stove (92%) as well as other basic assets including blankets (86%), water containers (86%) and mattresses (84%); however, only 10% of HHs reported having enough beds¹. The regions with the fewest basic assets were Akkar and Bekaa. Compared with previous years, all HHs had greater access to gas stoves. Refrigerators were most common in Beirut and Mount Lebanon (81.6%), and least common in Akkar and Bekaa (43.7% and 40.6%).

On average, households had access to three basic assets (out of a possible 4), 2.3 medium luxury assets (out of a possible 6) and 0.5 luxury assets (out of a possible 9), similar to 2014 survey results. The distribution of assets was more or less consistent across region; however, Beirut and Mount Lebanon residents had more medium (3.15) and luxury assets (0.78), while households in Akkar and Bekaa the fewest assets.

Assets were classified into three categories- basic, medium and extended (luxury):

Basic	Mattress, blanket, winter clothes and gas stove
Medium	Water heater, bed, table, sofa, fridge and washing machine
Extended ('Luxury')	Electric oven, microwave dishwasher, central heating, air conditioning, sewing machine, DVD player, computer, motorcycle and car

¹ The lack of beds may be related to living condition at informal settlements and or sub-standard building.

Figure 5.1. Average number of basic, medium and luxury assets in household by region

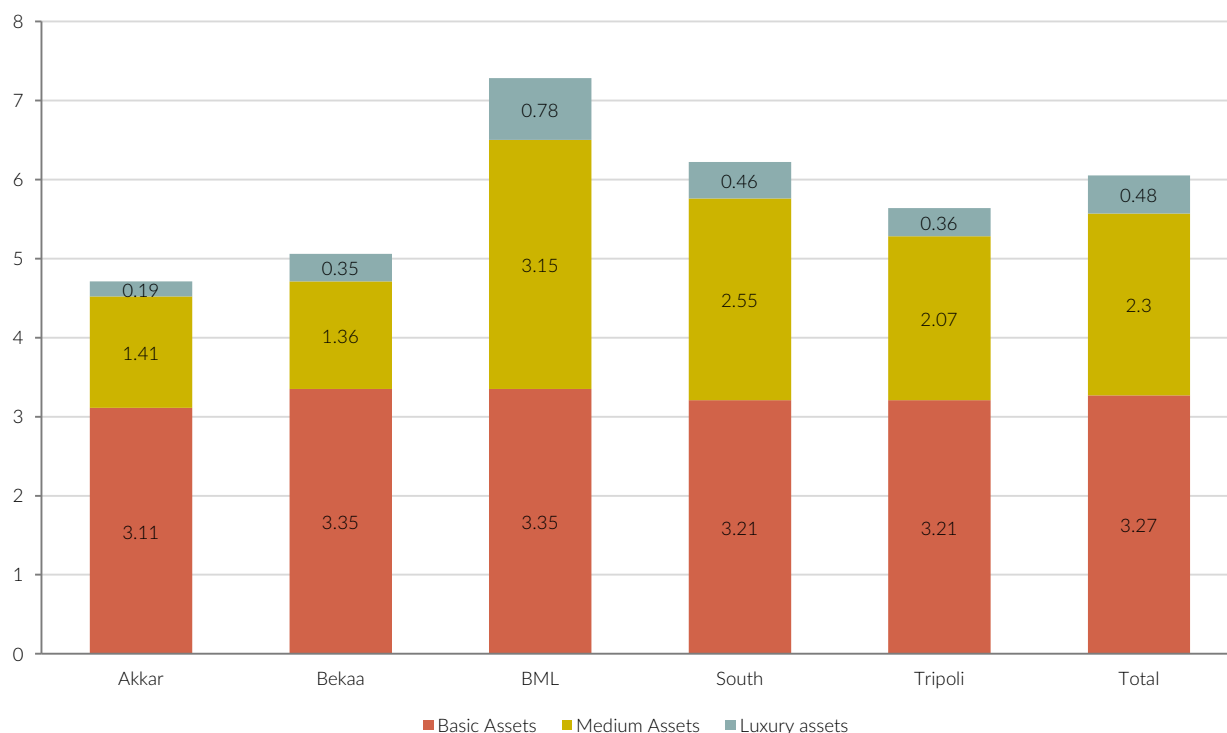


Figure 5.2. Main assets at household level

Assets	REGION					
	Akkar	Bekaa	BML	South	Tripoli	Total
Cutlery sets	89%	93%	96%	85%	95%	93%
Pots/Pans	88%	93%	98%	84%	92%	93%
Gas/stove	84%	91%	97%	86%	89%	92%
Kitchen utensils	88%	91%	92%	83%	90%	90%
Blankets	80%	94%	82%	79%	87%	86%
Water containers	77%	88%	94%	71%	81%	86%
Television	78%	79%	89%	90%	87%	84%
Mattresses	84%	93%	77%	75%	83%	84%
Winter clothing	63%	79%	84%	63%	66%	75%
Satellite dish	67%	67%	82%	61%	70%	71%
Refrigerator	44%	41%	82%	68%	67%	61%
Washing machine	37%	36%	71%	56%	59%	53%
Water Heater	31%	29%	70%	67%	49%	49%
Heater	52%	59%	46%	40%	28%	47%
sofa	10%	14%	49%	37%	23%	28%
Table/chairs	11%	4%	25%	24%	16%	15%
Oven	4%	8%	26%	15%	11%	14%
Sewing Machine/Iron	2%	7%	19%	5%	5%	10%
Beds	9%	3%	20%	8%	7%	10%
Motorcycle	2%	4%	5%	14%	4%	5%
DVD Player	0%	6%	6%	3%	4%	5%
Microwave	4%	2%	9%	3%	2%	4%
Air conditioning	4%	1%	7%	2%	4%	4%
Dish washer/freezer	2%	3%	4%	5%	3%	3%
Computer	2%	1%	4%	3%	1%	2%
Car van truck	1%	1%	3%	3%	1%	2%

Education

Primary schooling

Of 793 surveyed children of primary school entry age (6 years), almost 54% were reported as having entered grade 1 (net intake rate at the age of 6) with the highest rates in the South (70%)¹ and Akkar (74%) and the lowest in Bekaa (39%) and Mount Lebanon (44%)².

The primary net attendance ratio (the percentage of 6-14 year olds who attend primary or secondary school) was 52% nationally, with Bekaa having the lowest attendance at 36% and Akkar and Beirut the highest rates (73% and 76% respectively).

Regarding primary school completion rates³, only around 13% of children reached the last grade of primary from the total number of children of primary graduation age. The percentage was higher for boys than girls and much higher in Beirut than elsewhere, especially Bekaa and Nabatiyeh.

Regarding primary school completion rates⁴, about 46%

¹ Beirut, where the rate was reported as 83%, is not referenced because of the low number of children surveyed, as shown in the table.

² The net intake rate is the total number of new entrants in the first grade of primary education who are of the official primary school-entrance age, expressed as a percentage of the population of the same age.

³ The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time (grade 9), to the number of children of the primary graduation age at the beginning of the current (or most recent) school year (14 years).

⁴ The primary completion rate is the ratio of the total number of students, regardless of age, entering the last grade of primary school for the first time, to the number of children of the primary graduation age at the beginning of the current (or most recent) school year.

of children who entered grade 1 were reported to have reached grade 6, with the rate slightly higher for girls than for boys (47% vs 46%). This means that more than half of children dropped out of primary between grades 1 and 6. Rates between governorates varied tremendously with the highest drop-out rate reported in Bekaa where only 10% reached grade 6 compared with 80% for Beirut.

Figure 20: Transition and survival rates in primary school (national total)

Out of 5,268 surveyed children of primary school age (6-14 years), 48% were found to be out of school (of which about 48% were girls), with the highest rate of out-of-school children found in Bekaa (63% in total of which 52% were girls) and the lowest in Beirut (24% in total of which 45% were out-of-school girls). The lowest rate for out-of-school girls in the primary age group was the South (36%) and the highest in Baalbek-Hermel (54%).

The ratio of girls to boys attending primary education, known as the Gender Parity Index (GPI), was found to be close to 1.00, indicating almost no difference in primary attendance of girls and boys. However, some differences were noted by governorate. For instance Baalbek-Hermel and Bekaa had a higher enrolment rate for boys than for girls.

Figure 6.1. Percentage of children of primary school entry age entering grade 1 (net intake rate) and percentage reaching the last grade (survival rate to grade 6 of primary school)

Governorate	Percentage of children of primary school entry age entering grade 1	Number of children of 1st Grade school age	Percentage of grade 1 entrants who reach grade 6 (final primary year)
Akkar	74	87	63
Baalbek-Hermel	48	79	64
Beirut	83	201	80
Bekaa	39	149	10
Mount Lebanon	44	217	47
Nabatiyeh	62	42	64
North	63	143	65
South	70	56	48
National total	54	793	47
Female	53	384	47
Male	55	409	46

Figure 6.2. Primary school net attendance ratio

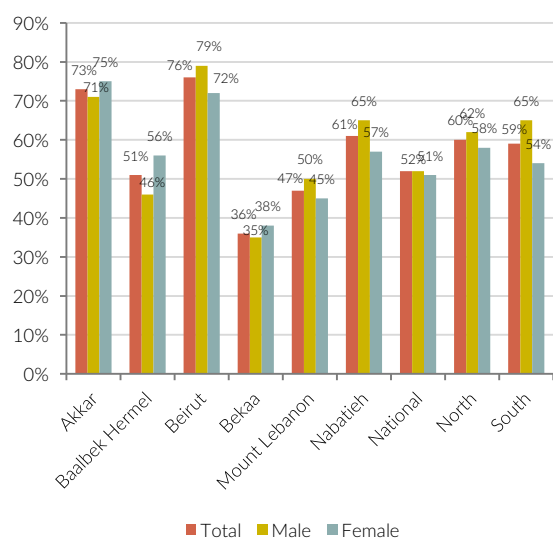


Figure 6.3. Primary school completion rates

Governorate	Primary school completion rate	Number of children of primary school completion age
Akkar	22	40
Baalbek-Hermel	13	41
Beirut	40	8 ⁵
Bekaa	7	141
Mount Lebanon	10	93
Nabatiyeh	9	15 ⁵
North	20	75
South	18	35
National total	13	449
Female	12	239
Male	15	210

Figure 6.4. Transition and survival rates in primary school (national total)

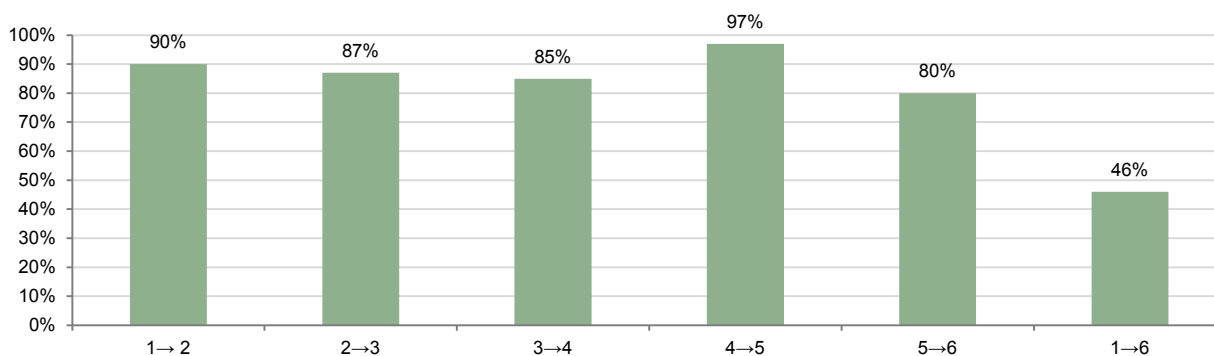


Figure 6.5. Transition and survival rates in primary school (national total)

Governorate	Percentage of primary school age who are out of school	Number of children of primary school age	Percentage of girls in the total out of school population of primary age	Number of children of primary school age out of school	Gender Parity Index (GPI) for primary school*
Akkar	27	486	52	130	0.95
Baalbek-Hermel	49	583	55	286	0.82
Beirut	24	149	46	36	1.10
Bekaa	64	1,255	52	798	0.91
Mount Lebanon	53	1,312	47	692	?
Nabatiyeh	39	215	46	84	1.14
North	40	848	45	335	1.09
South	41	421	37	174	1.20
National total	48	5,268	49	2,536	1.02

* based on the adjusted net attendance ration (NAR)

⁵ Beirut and Nabatiyeh, should not be referenced because of the low number of children surveyed, as shown in the table.

Secondary schooling

A total of 1,230 children of secondary school age (15-17 years) were surveyed across the eight governorates. Secondary net attendance (percentage of children of secondary school age attending secondary school or higher) was 5% nationally, with Akkar reporting the lowest and Beirut and the North the highest rates.

Out-of-school rates for secondary school children were significantly higher in all governorates by comparison with primary school age rates. Some 89% of the surveyed secondary school children were found to be out of school (of which about 48% were girls), with the highest rate found in Nabatiyeh (95% in total of which 46% were

girls) and the lowest in the North (82% of which 52% were girls). The lowest rate for out-of-school girls in the secondary age group was in Bekaa (41%) and the highest in Beirut (59%).

The ratio of girls to boys attending secondary school – the GPI – was 2.39, significantly higher than the 1.02 GPI for primary school, indicating that a higher ratio of girls than boys were attending secondary school. The greatest GPI discrepancies were noted for Mount Lebanon and Bekaa where seven and almost five times more girls were attending school than boys.

Figure 6.6. Secondary school net attendance ratio

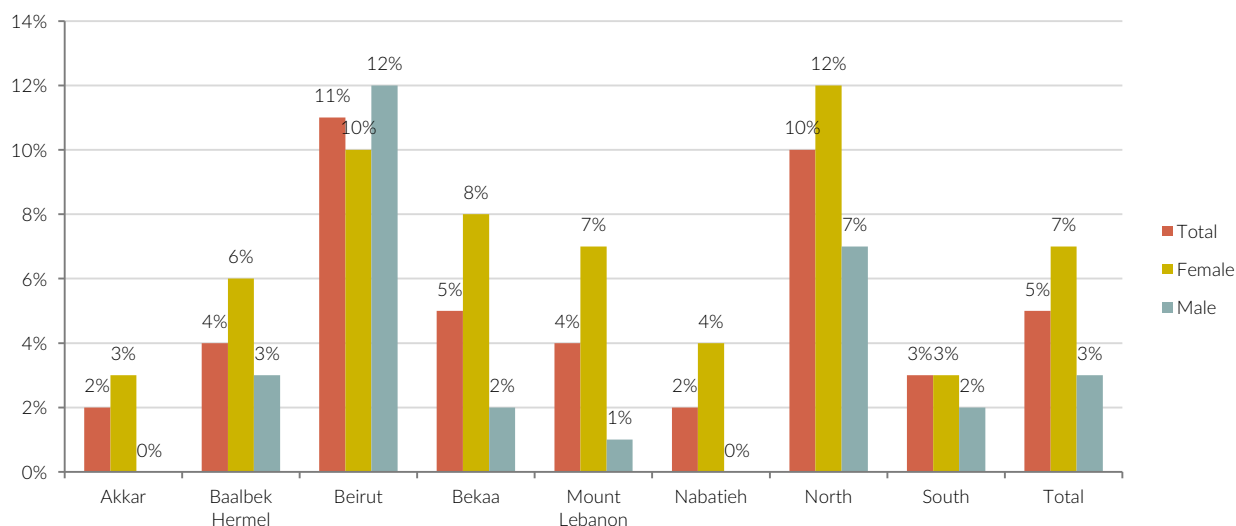


Figure 6.7. Percentage of children and percentage of girls in the total out of school population in secondary school and gender parity

Governorate	Percentage of out of school children of secondary school age	Number of children of secondary school age	Percentage of girls in the total out of school population of secondary school age	Number of children of secondary school age out of school	Gender Parity Index (GPI) for secondary school*
Akkar	89	121	44	107	-
Baalbek-Hermel	87	178	50	154	2.18
Beirut	85	38	59	32	0.87
Bekaa	91	239	42	216	4.68
Mount Lebanon	94	300	52	281	7.19
Nabatiyeh	96	38	47	36	-
North	83	215	53	178	1.58
South	92	102	46	94	1.53
National total	89	1,230	49	1,098	2.39

* based on the adjusted net attendance ration (NAR)

Children out of school

Looking at out of school rates by age and gender, there was a clear shift between the ages of 13 and 14. While more boys than girls were found to be out of school at the age of 13 (75% of boys and 66% of girls), by the age of 14 more girls were out of school than boys (73% of boys and 82% of girls).

The large majority of households (over 71%) whose children were out-of-school had a monthly household income of less than US \$300.

Surveying households with 3-24 year old children, the main reasons why children did not attend school included the cost of education (33%) and the age of children (24%). Other common reasons were that children had to work (7%), schools did not allow enrolment (7%), and because of

the lack of schools in the community (6%). For households responding "other" marriage was the main reason for non attendance, especially for girls.

Looking at reasons why children were found to be out of school by age group, for children aged 3-5, the most common reason was their age while for all the other age groups (6-14, 15-17 and 18-24) the primary reasons were the cost of education or children having to work. There were supply barriers too. For instance the school did not allow enrolment; there was no school in the area; there was no space in the school or there were language/ curriculum difficulties.

Figure 6.8. Percentage of school age children out of school by age and sex

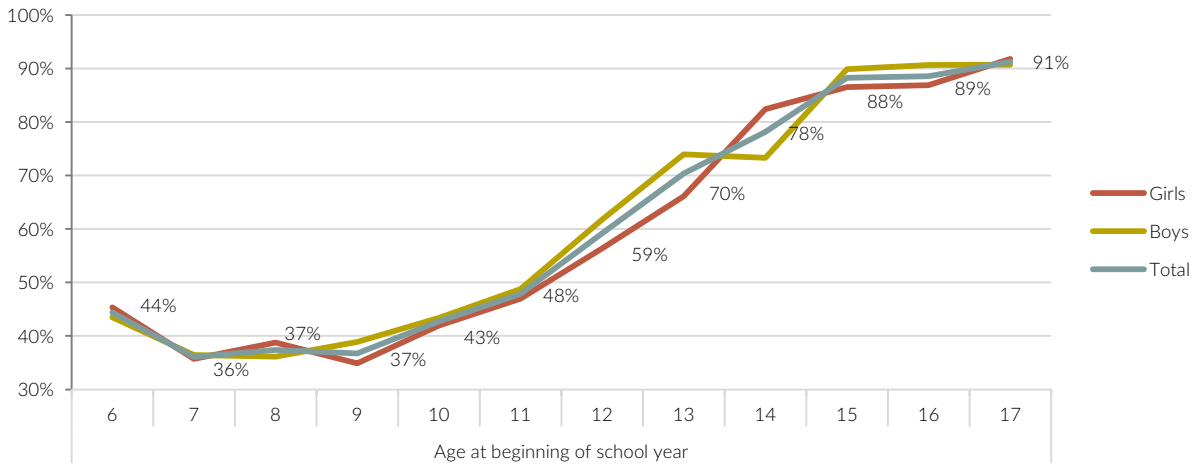


Figure 6.9. Reasons for children (age 3-24) not attending formal education

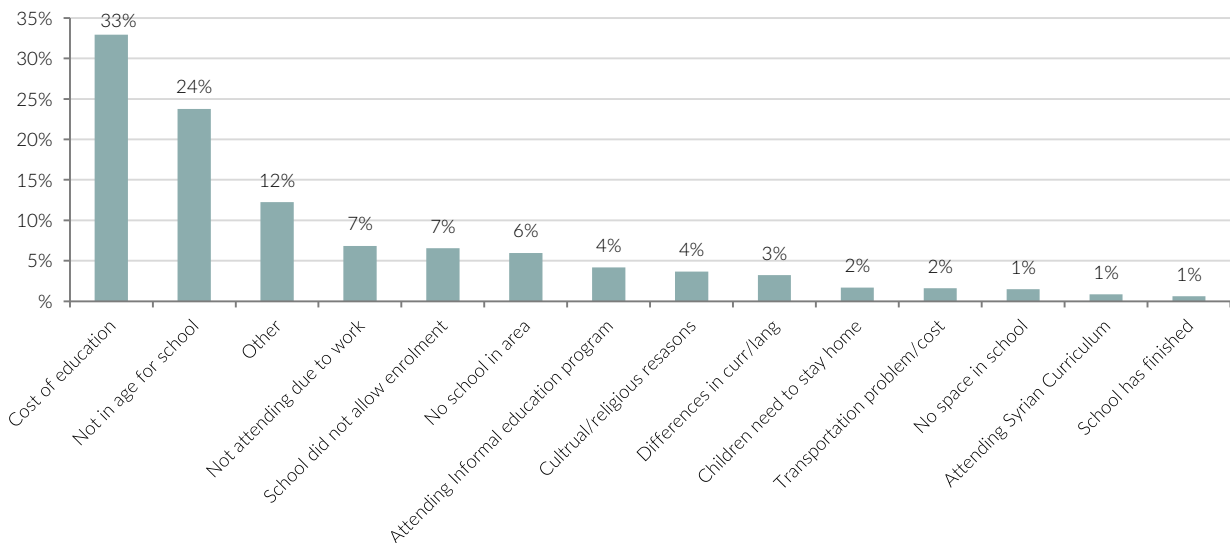
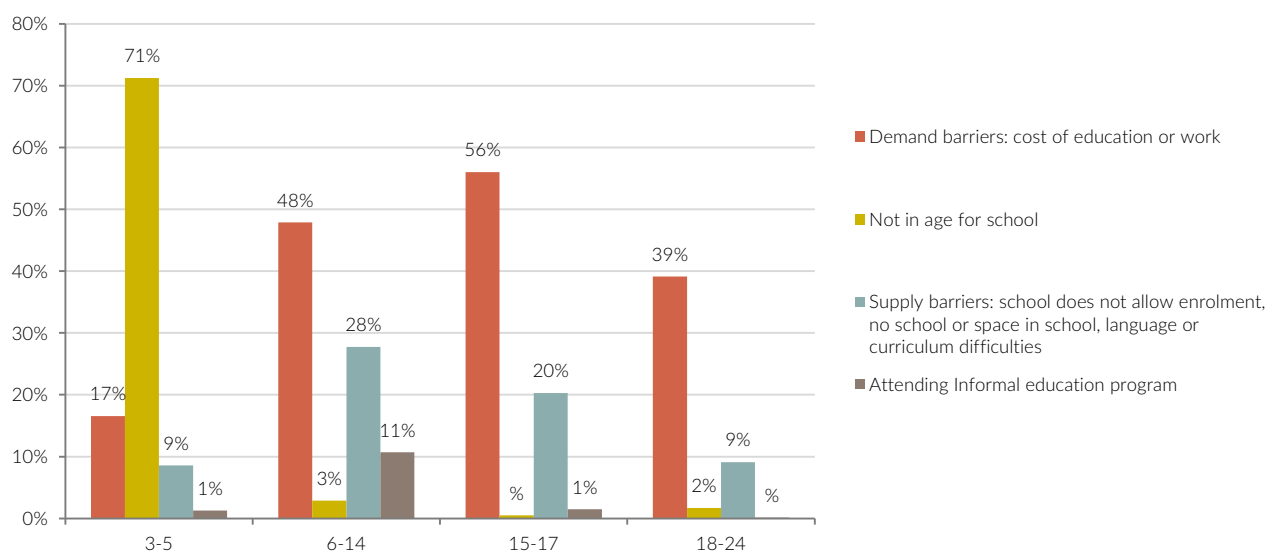


Figure 6.10. Reasons for children not attending formal education by age group



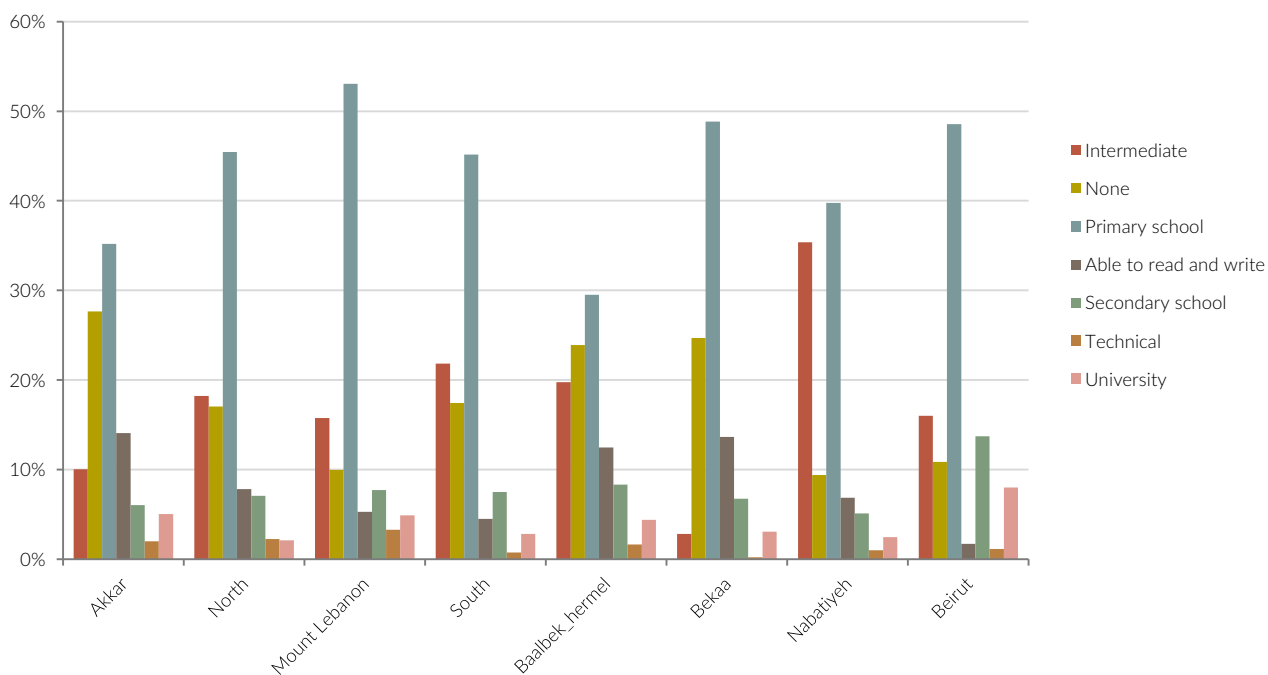
Education levels of household heads

Almost one in five (18%) of household heads did not know how to read or write. Just 59% had completed primary, 7% secondary and 4% had attended university or technical courses. The highest rates of illiterate household heads were reported in Akkar (28%) and Bekaa (25%).

Nationally almost one in five (20%) households was

headed by a woman. However, 33% of households headed by someone with no education was female-headed, indicating that households with lower education levels were more likely to be female-headed.

Figure 6.11. Education level of head of household by governorate



Health

In total 15% of households reported having at least one member who required primary health assistance¹ and could not get it. The main barriers to accessing primary health care (PHC) were cost (46%), distance (13%) and rejection by the facility (13%). Barriers did not differ significantly between male and female headed households. Around 31% of households reported that at least one member required secondary health assistance, while around 28% of households reported that a member required secondary health care and could not get it, compared to 11% in 2014. The main reason households could not access required secondary health care was the high cost (78%).

Free primary health care was available for 12% of households. The proportion of households receiving free primary health care was highest in Akkar (28.7%) followed by Tripoli (18.7%) and Bekaa (12.6%), and was lowest in Beirut and Mount Lebanon (3.5%).

¹ The reference is made at the time of survey (May 2015)

Cost sharing was the most common type of primary (67.8%) and secondary (55.4%) health assistance, at its highest in BML (76.3% for PHC and 65.4% for SHC) followed by the South (69.2% for PHC vs 73.6% for SHC).

Free secondary health care was only available for 6% of households. Almost one in three households (31%) did not receive any support from humanitarian partners for SHC, perhaps because they had their own resources to cover it or they weren't eligible for assistance from a humanitarian partner.

The main reason households did not receive required health assistance was the high cost of drugs/ treatment followed by the cost of doctor's fees. Rejection from a health center was more common for households in the Bekaa Valley and Beirut-Mount Lebanon area. Distance and transportation cost was a more common barrier to receiving health care assistance for households in the South and the least common in the Bekaa.

Figure 7.1. Main source of funding for healthcare

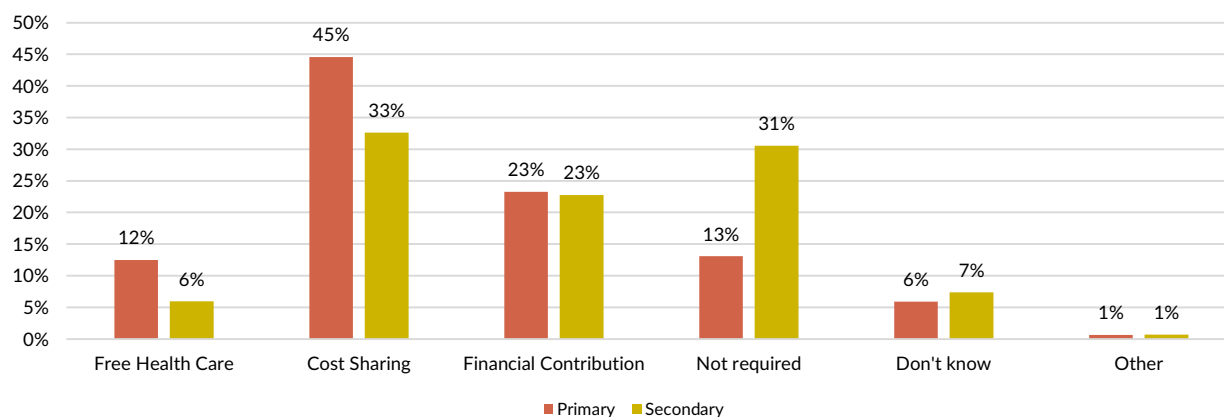
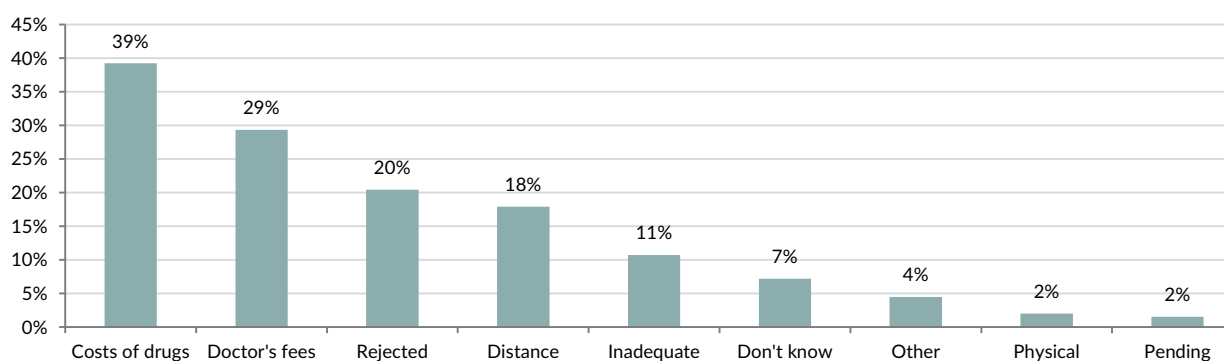


Figure 7.2 Main barriers to health care



Child Health

Health status

The health status of 4,323 Syrian refugee children aged between 0 and 59 months (51% males; 49% females) was assessed nationally. Some 37% of these children were reported as sick in the fortnight prior to the survey, rising to 42% in Mount Lebanon but dropping to 23% in

Nabatiyeh. For all governorates, coughing was the number one reported ailment (32%), followed by diarrhea (25%) and fever (4%). Episodes of coughing were most prevalent in Mount Lebanon, episodes of diarrhea in Bekaa, and fever in the South and Baalbek-Hermel.

Figure 8.1. Percentage of children age 0-59 months for whom the mother/caretaker reported an episode of diarrhoea, cough, or fever in the two weeks prior to the survey

Governorate	Cough	Diarrhea	Fever	Any childhood disease	Number of children age 0-59 months	% of total number of children
Akkar	29%	21%	1%	32%	347	8%
Baalbek-Hermel	35%	26%	6%	39%	481	11%
Beirut	32%	23%	4%	38%	135	3%
Bekaa	34%	30%	3%	38%	973	23%
Mount Lebanon	37%	27%	5%	42%	1,183	27%
Nabatiyeh	20%	17%	1%	23%	215	5%
North	28%	20%	3%	32%	642	15%
South	29%	26%	6%	35%	347	8%
National Total	32%	25%	4%	37%	4,323	100%
Female	31%	24%	4%	35%	2,111	49%
Male	34%	27%	4%	38%	2,211	51%

Immunisation

The Pentavalent vaccine contains five vaccines in one injection, including diphtheria, tetanus, whooping cough, hepatitis B, haemophilus influenza type B. Three doses (penta1, 2 and 3) are required in infancy for protective efficacy. At the national level, only about half of the surveyed children (0-59 months) received the required three doses of the Pentavalent vaccine, with the highest immunisation rates reported in Beirut (66%) and Nabatiyeh (63%) and the lowest in Akkar (34%) and Baalbek-Hermel (39%).

MMR and measles vaccinations were reported for 53%

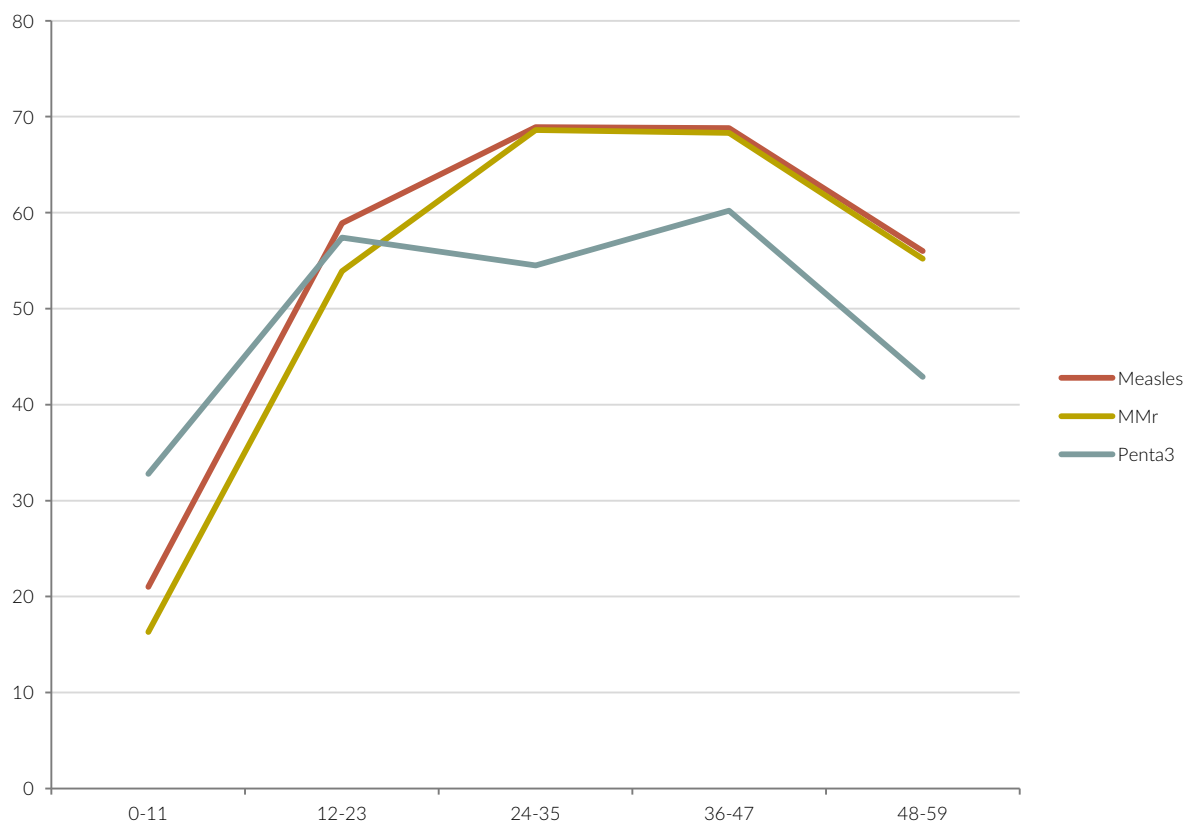
and 55% of surveyed children (0-59 months) nationally, with the highest rates reported in Nabatiyeh, Baalbek-Hermel and Beirut and the lowest in Mount Lebanon, the North, South and Bekaa.

Immunisation rates for boys and girls were generally equally distributed; a slightly smaller percentage of surveyed girls (49%) than boys (51%) had received three doses of the Pentavalent vaccine and a slightly higher percentage of girls (56%) than boys (55%) were immunised against measles.

Figure 8.2. Percentage of children age 0-59 months vaccinated against vaccine preventable childhood diseases

Governorate	Percentage of children age 0-59 months who received vaccination				
	Penta1	Penta2	Penta3	Measles, Mumps, Rubella (MMR)	Measles
Akkar	58%	40%	34%	55%	57%
Baalbek-Hermel	56%	45%	39%	59%	63%
Beirut	81%	67%	66%	69%	61%
Bekaa	60%	47%	45%	47%	53%
Mount Lebanon	74%	63%	61%	55%	52%
Nabatiyeh	84%	70%	63%	61%	66%
North	69%	49%	41%	51%	54%
South	75%	62%	56%	47%	53%
National total	68%	54%	50%	53%	55%
Female	67%	53%	49%	53%	56%
Male	68%	55%	51%	53%	55%

Figure 8.3. Immunization of children by age in months with Penta3, MMR and Measles vaccine



Children between two and three years were the most likely to have been vaccinated against Measles and MMR (69%) and to have received all three Penta 3 vaccinations. The lowest coverage rates were among babies less than a year old.

For the 12-23 month age group, 849 children were surveyed (47% girls and 53% boys). For this age group 57% of children had received all three doses of the Pentavalent vaccine, with the greatest percentage being

reported in Nabatiyeh (74%) and the lowest in the North governorate (44%). For measles immunisation, 59% of surveyed children aged 12-23 months were vaccinated at the national level, with the highest rate in Akkar (79%) and the lowest in Baalbek-Hermel (50%).

Immunisation rates for boys and girls aged 12-23 months were generally equally distributed, though the rate for girls was slightly higher than for boys for all vaccinations, as shown in table below.

Figure 8.4. Percentage of children age 12-23 months vaccinated against vaccine preventable childhood diseases

Governorate	Percentage of children age 12-23 months who received vaccination				
	Penta1	Penta2	Penta3	Measles, Mumps, Rubella (MMR)	Measles
Akkar	69%	48%	45%	76%	79%
Baalbek-Hermel	58%	55%	46%	47%	50%
Beirut	88%	68%	68%	76%	71%
Bekaa	74%	62%	56%	50%	60%
Mount Lebanon	79%	69%	65%	58%	57%
Nabatiyeh	96%	83%	74%	65%	61%
North	68%	49%	44%	39%	51%
South	83%	70%	66%	48%	62%
National Total	75%	63%	57%	54%	59%
Female	78%	63%	58%	56%	60%
Male	73%	62%	57%	52%	58%

Protection

Only 6% of households who were interviewed reported experiencing any kind of security issues¹ in the previous 3 months (7% in male and 3% in female headed HH). Among those who reported any kind of security issues, 75% of female headed households reported harassment and 32% reported community harassment² versus 68% and 15% for male headed households respectively.

The cited causes of insecurity were similar in the two groups (male and female headed HH) and the most cited source of problems was neighbors³ (58%). Concerns about safety issues were found to reduce freedom of movement for almost 78% of households.

In 2014, the feeling of insecurity was significantly more common in Beirut-Mount Lebanon, Akkar and Tripoli + 5.

While in 2014, 58% of household reported having residency permits for all household members, this figure decreased to only 28% in 2015. This could be explained by the fact that some permits had expired and refugees had not renewed them for various reasons, such as high costs, fear of rejection and lack of awareness of the registration regulation. The percentage of individual Syrian refugees without legal residency permits was around 41%. Furthermore, 18% of households had no members with residential permits. This figure is consistent with last year (19%).

1 The term security issue had been introduced by WFP in 2013/2014 and indicates a broad range of security environment that refugee may face on a regular basis.

2 Harassment: can include verbal and physical harassment

3 The term neighbors describes persons who are living within and close to the residing place.

Figure 9.1. Security issues, 2015

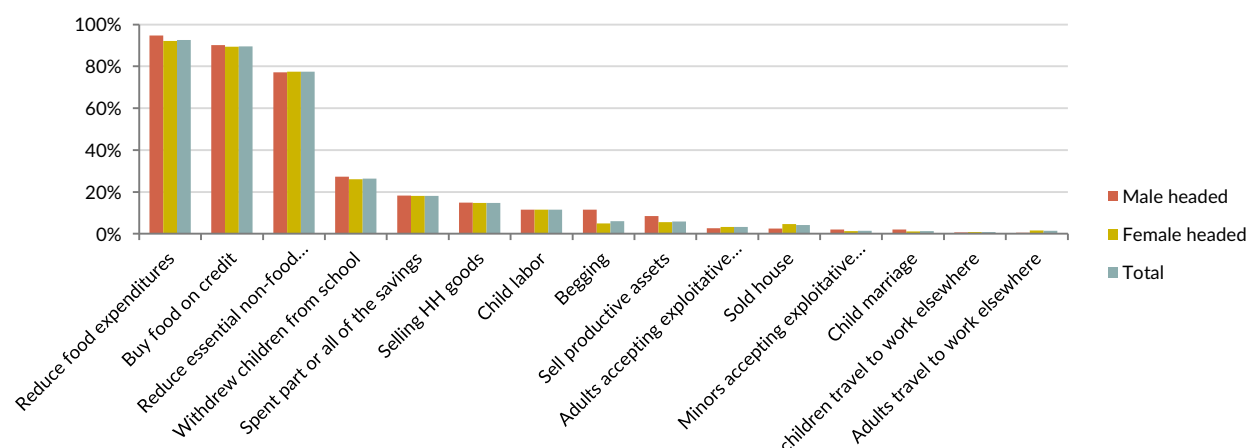
Protection		Male	Female	Total
HH members experiencing any kind of security issue in the last three months	No	93%	97%	94%
	Yes	7%	3%	6%
Type of safety issue	Community violence	15%	32%	17%
	Harassment	68%	75%	69%
	Forced displacement	10%	4%	10%
	Extortion	10%	7%	9%
Cause of insecurity	Clashes	3%	0%	3%
	Hosts	11%	4%	10%
	Neighbors	59%	57%	58%
	Shop owners	9%	7%	9%
	Local organizations	0%	7%	1%
	Organizations that work with refugees	4%	14%	5%
	Other	21%	29%	21%
Does lack of safety reduce the free movement of any household member?	No	22%	25%	22%
	Yes	78%	75%	78%

Male headed and female headed households were found to engage in similar types of coping mechanisms. The most prevalent coping mechanisms were: (i) reduction of food expenditures¹ (92.6%), (ii) reduction of essential non-food expenditures (77% vs. 44% in 2014), (iii) buying food on credit (90% vs. 44% in 2014), and withdrawing children

from school (26% vs. 8% in 2014). The most severe coping mechanisms such as child labour (12% vs. 8% in 2014), child marriage (1% vs. 2% in 2014) and begging (6.0% vs. 2% in 2014) were less frequent in 2015 as compared to 2014.

¹Food coping strategy section to be analyzed and reported by WFP.

Figure 9.2. Negative coping strategies in the last 30 days, males and females



In general, refugees living in Beirut and Mount Lebanon used fewer negative coping mechanisms compared to others. They were least likely to sell HH goods (6%) while those living in Bekaa were the most likely (55%). Child labor and withdrawing children from schools were most prevalent in the Bekaa (18% and 35%) and in Akkar

(15% and 33%). Child marriage was also most prevalent in Akkar, where it was reported by 9% of households. Compared to 2014 data, households in the South appear to be doing relatively better; prevalence of negative coping mechanisms are no longer the highest in the South but rather in the Bekaa followed by Akkar.

Figure 9.3. Negative coping strategies in the last 30 days by region

	Akkar	Bekaa	BML	South	Tripoli	Total
Selling HH goods	55%	16%	6%	26%	23%	18%
Sell productive assets	9%	6%	1%	8%	10%	6%
Reduce food expenditures	94%	96%	90%	82%	90%	90%
Reduce essential non-food expenditures	75%	75%	83%	74%	70%	76%
Spent part or all of the savings	31%	20%	14%	37%	20%	22%
Buy food on credit	95%	95%	85%	83%	87%	88%
Sold house	5%	5%	5%	3%	1%	4%
Withdrew children from school	33%	34%	19%	29%	25%	26%
Child labour	15%	18%	5%	12%	8%	10%
Begging	3%	9%	0%	4%	6%	4%
Adults accepting exploitative work	3%	10%	2%	2%	5%	4%
Minors accepting exploitative work	0%	2%	1%	3%	4%	2%
Adults travel to work elsewhere	3%	3%	0%	2%	3%	2%
Children travel to work elsewhere	3%	2%	0%	0%	1%	1%
Child marriage	9%	2%	1%	2%	1%	1%

Livelihoods

Unemployment has increased

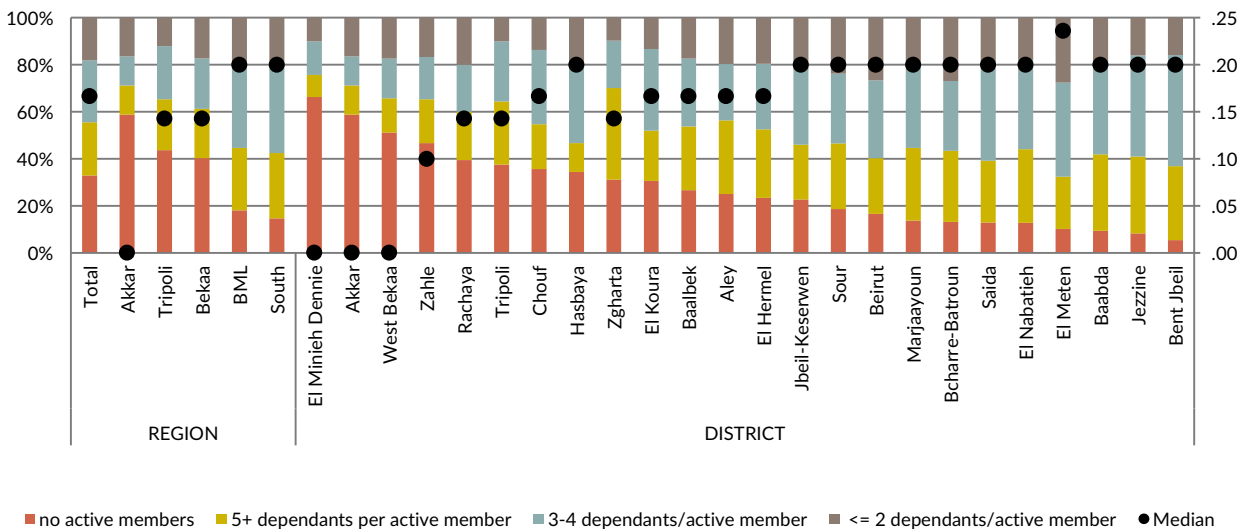
Nationally unemployment rates increased by 7%, but by more in Tripoli 5 (14%), Akkar (10%) and Bekaa (9%). Nationally a third of households had no members working in the 30 days before the survey.

As the figure below shows, caza level unemployment rates were highest in El Minieh Dennie, followed by Akkar and West Bekaa, where more than half of households had no working members in the month running up to the survey. Unemployment was lowest in Beint Jbeil, Jezzine, Baabda and El Metn.

In almost a quarter of households (23%) there was only one worker for every five dependent non workers. In another 25% of households, there was one worker for 3-4 non-active members.

In 7.5% of households one or more children under 18 years old worked in the previous 30 days. Child labour was more common in Hermel and Saida (13%) and less in Rachaya (4%).

Figure 10.1. Household level employment by region and caza, 2015



Type of work

The overwhelming majority of workers (91%) had one type of job. Most work was temporal (70%), especially in Zgharta and Tripoli cazas (92%). Just 19% had permanent work with the percentage lowest in Zgharta and Rachaya (3%) and highest in Beirut (40%), El Metn, Baabda and Aley (32-38%). Seasonal employment (day labour or agricultural labour) was more common in West Bekaa (40%) and Jbeil-Keserwen (33%) and less in Baabda, Beirut, Aley and Tripoli cazas (<1%).

The number of jobs per working member also varied geographically. While in Hasbaya and West Bekaa around 30% of Syrian refugees who worked in the last 30 days had more than one employment, in El Metn, Baabda, Nabatieh, Jbeil-Keserwen and Beirut the percentage with more than one job was negligible (i.e., 99% had just one job).

Monthly income

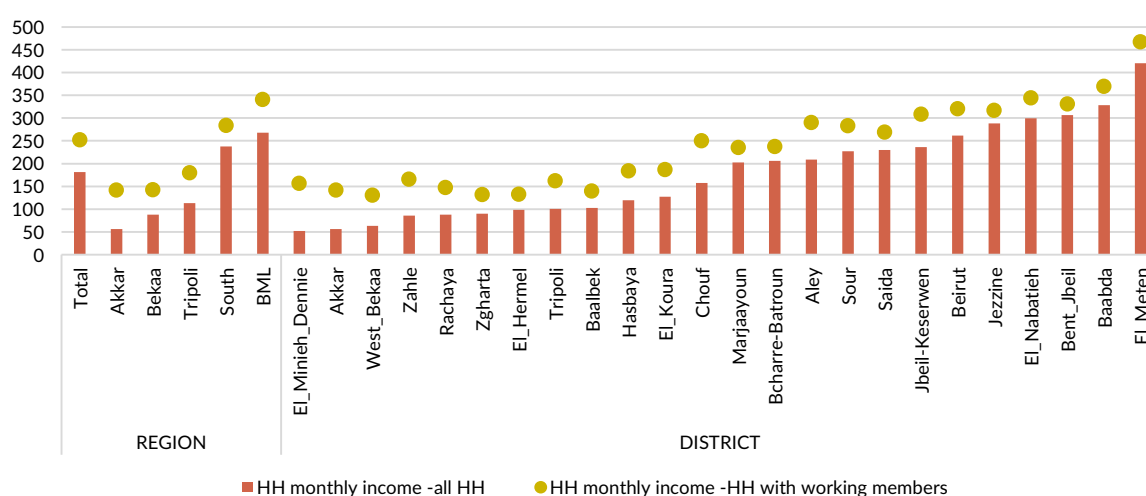
Based on the 3,592 respondents that reported having received income in the last 30 days, the average per capita monthly income was \$203, ranging from \$97 in Hermel to \$333 in El Metn. However, half received less than \$167 per month, varying from less than \$100 in Hermel and West Bekaa to more than \$300 in El Metn.

The mean monthly household income was even lower (\$181.4) than per capita income because on average households had less than one working member per

household. Half of households had a monthly income of \$133 or less. When non-earning households were excluded, household monthly income averaged \$250, ranging from around \$132 in West Bekaa, Zgharta and Hermel to \$467 in El Metn.

On average working members were employed for 15 out of the last 30 days, ranging from 10 days in Zgharta and Hermel to 19 in Bbd. The daily wage averaged \$15, dipping to \$10 in West Bekaa, Hermel and Zahle, and peaking at \$23 in Jezzine.

Figure 10.2. Mean household monthly income (US\$) at regional, caza and national level



Livelihood sources

Syrian refugee households were more reliant on loans, credit and food vouchers as livelihood sources than they were in 2014. More than 80% relied on loans or credits as one of the three main livelihood sources versus around 50% in 2014; 75% of households depended on food vouchers compared with about 55% in 2014. The percentage relying on non-agricultural casual labour was slightly down at 42% compared with 48% a year ago.

In 2015, households were diversifying their livelihood sources in an attempt to meet their monthly expenses: the percentage of households relying on one livelihood source fell from 20% to 5% while the percentage relying on three increased from 43% to 64%.

Food vouchers were the main livelihood source for 54% of Syrian refugee households; informal and formal loans for 15% and non-agricultural casual labour for the same percentage (15%). For the remaining 14% of households,

the chief livelihood sources were skilled work (9%), gifts from family or relatives (2%) or savings, remittances and agricultural labor (<1%).

Most households had more than one livelihood source (95%). The main secondary livelihood source was informal and formal loans (39% of households), followed by food vouchers, non-agricultural casual labour, skilled work and gifts from family or friends.

About two third of households had a third livelihood source (64%), mainly informal and formal loans, followed by non-agricultural casual labour, food vouchers and gifts.

Regional differences were significant for the main livelihood source. The proportion of households relying on food vouchers as the primary source of cash ranged from 26% in El Metn to 74% in West Bekaa. At the regional level, the percentage of households relying on

food vouchers as the main livelihood source in Tripoli 5 was almost double the percentage found in BML at 68% versus 35%.

Nationally household dependency on food vouchers as the primary livelihood source increased by 14%. However in Tripoli 5, the dependency almost doubled since 2014 (from 35% to 68%); in BML it more than trebled (from 11% to 35%) and in Akkar it increased by 40% to 67%. Meanwhile in Bekaa and the South the percentages remained similar to the previous year.

Dependency on loans also increased since 2014; the percentage of households relying on informal and formal loans as their first livelihood source was three times higher in 2015 (15%) than the previous year. The increase was most marked in Tripoli 5, (from 1.5% in 2014 to 10% in 2015). Akkar and Bekaa were the regions with the highest loan dependency as a first livelihood (20%). At caza level,

the percentage ranged from less than 1% in Nabatieh to 33% in Chouf.

The percentage of households relying on non-agricultural casual labour as their primary livelihood source (15%) was half of that found in 2014 and differed significantly by caza and region: from 5% in West Bekaa to 57% in Nabatieh at caza level and from 8% in Akkar to 34% in the South at regional level. The reduction was more pronounced in Tripoli 5, where it fell from 37% to 13%, followed by BML (37% to 18%), Akkar (17% to 8%) and Bekaa (17% to 10%) whereas in the South there was no change.

Households relying on skilled work also reduced from 14% in 2014 to 9%. The reduction was more evident in Akkar, Tripoli 5 and BML. The prevalence varied from less than 1% in Hermel, Zahle, El Minieh-Dennie, West Bekaa and Baalbek to 43% in Baabda.

Figure 10.3. Percentage of households reliant on each livelihood source as one of their three main sources of income

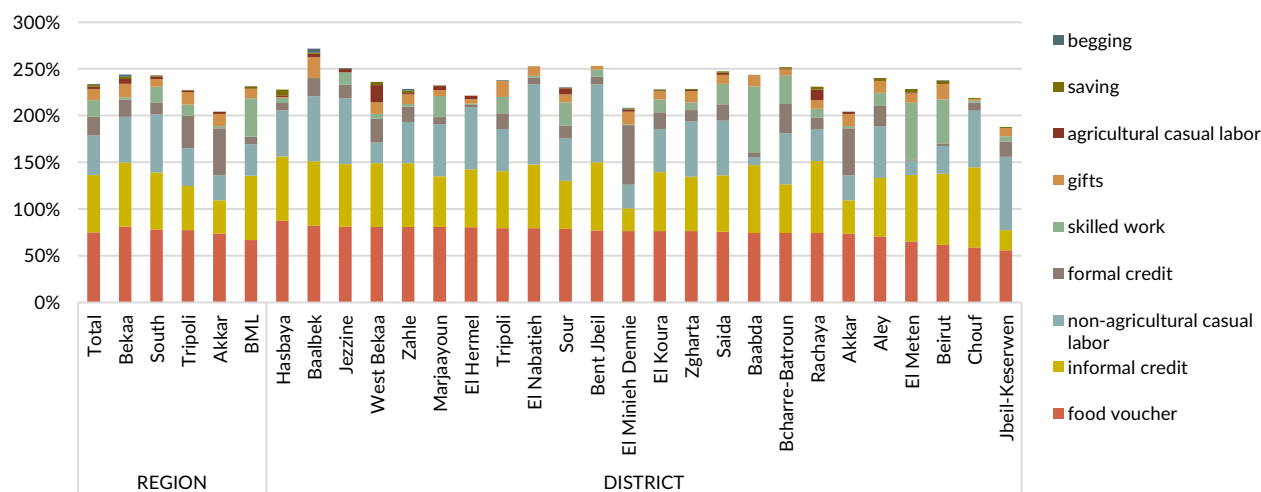


Figure 10.4. Main livelihood source (% of households)

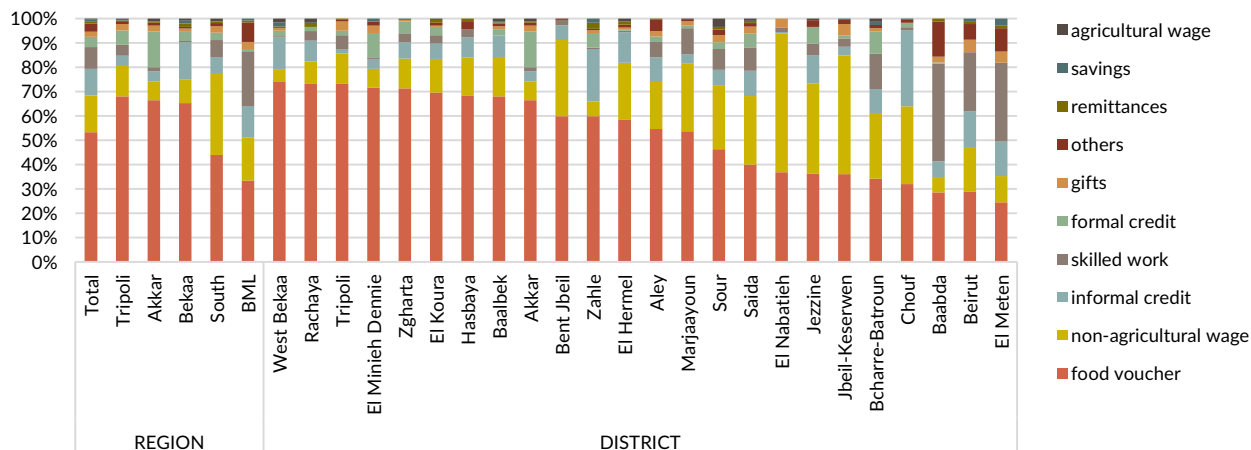


Figure 10.5. Snapshot of livelihoods at regional and caza level

Highest unemployment rates	Regions	Akkar and Tripoli
	CAZAS	El Minieh Dennie, Akkar and West Bekaa
Highest reliance on food vouchers as main livelihood source	REGIONS	Bekaa, Tripoli, Akkar
	CAZAS	West Bekaa, Rachaya, Tripoli, El Minieh Dennie, Zgharta, Koura, Hasbaya, Baalbek and Akkar
Lowest average household monthly income	REGIONS	Bekaa, Tripoli, Akkar
	CAZAS	El Minieh Dennie, Akkar, West Bekaa, Zahle, Rachaya, Zgharta, Hermel

Expenditures

Monthly household and per capita expenditure

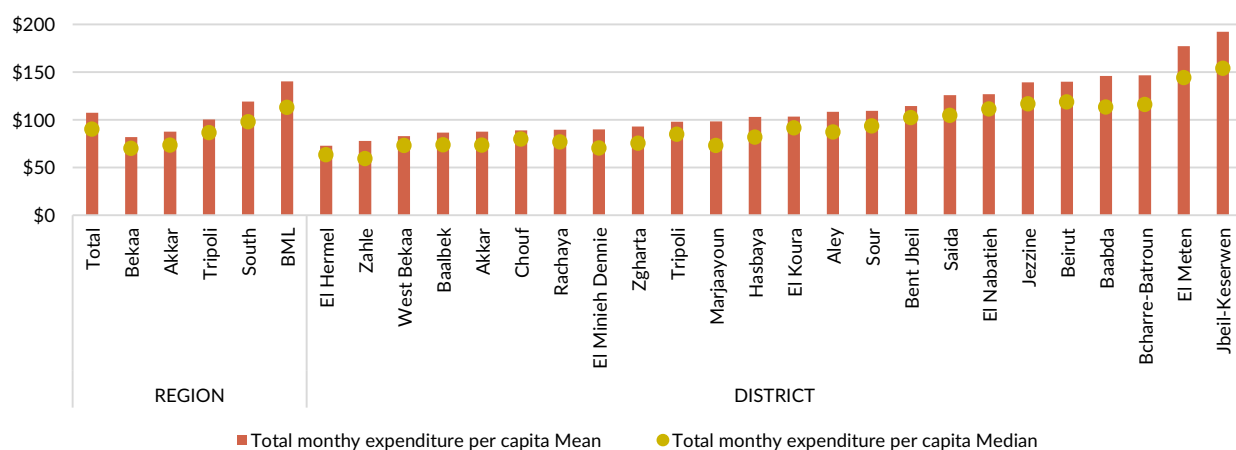
On average, each household spent \$493 a month, a drop of 35% since 2014 (\$269) which may partly be explained by the fact that household sizes have fallen, as seen above. Some 74% of monthly expenses covered food (\$196), rent (\$111) and health (\$58) needs, similar to last year. While expenditure on food and rent has fallen by 40% since 2014 health spending has fallen by 17%.

Per capita expenditure was \$107 per month, 22% less than in 2014 (\$138). Expenditure per capita on food (\$41) and rent (\$25) fell by around 28% since VASyR 2014, while expenditure per capita on health remained the same (\$14). It should be noted that the reduction in spending since 2014 would be even higher if the new categories included in the 2015 expenditure module (e.g., shelter materials, entertainment and legal expenditures) were excluded from the analysis.

Expenditures continued to differ significantly from region to region and caza to caza. Similar to last year, regional household expenditure was higher in BML, followed by the South and Tripoli 5. In Bekaa and Akkar household expenditure fell by 47% and 42% respectively; in Tripoli 5 it fell by 38% and in BML and South by around 27%. Per capita reductions since last year have been more uniform- between 21% and 27% in all regions except South Lebanon (13%).

At caza level average expenditure per capita was lowest in Hermel (\$73) and Zahle (\$78), and highest in Jbeil-Keserwen (\$192) and El Metn (\$177). Figure 34 shows the mean and median total expenditure per capita at caza, regional and country level.

Figure 11.1 Mean and median total expenditure per capita by caza, region and at national level



Food expenditure share

Food accounted for the lion's share of total monthly household expenditure (45%); 19% was spent on rent, 10% on health and the remaining 26% on other expenses such as toilets/sanitation and telecommunications (4%), followed by gas, electricity, tobacco and transport (3% each) (Figure 35). Households were spending 5% less on rent than in 2014, whereas for other expenditure categories the changes were not more than 1%.

Food expenditure share was highest in Hermel, Hasbaya, Marjaayoun, Baalbek and Akkar cazas, and lowest in

Aley, Baabda, El Metn, and Jbeil-Keserwen. Expenditure on rent was highest in Chouf, Jbeil-Keserwen, El Metn, Rachaya, Aley, Sour, Tripoli and West Bekaa and lowest in Hermel and Hasbaya.

Akkar, Nabatieh and Zgharta households spent proportionally more on health and West Bekaa, Marjaayoun, Rachaya and Hasbaya households the least. Water spend was highest in Bbd, Beirut and Beint-Jbeil followed by Chouf, Sour and Zahle, and lowest in Hasbaya, West Bekaa, Marjaayoun and Hermel.

Figure 11.2 Average monthly household expenditure by category

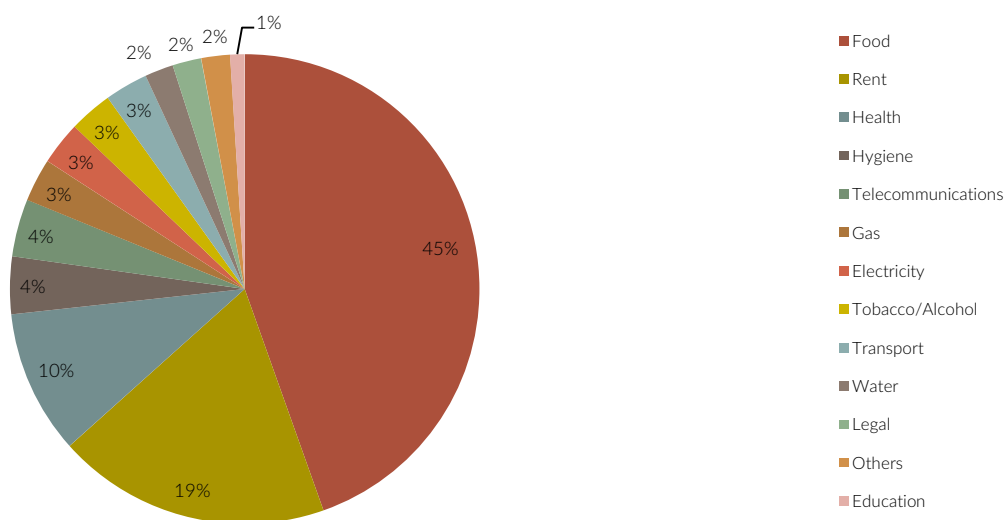
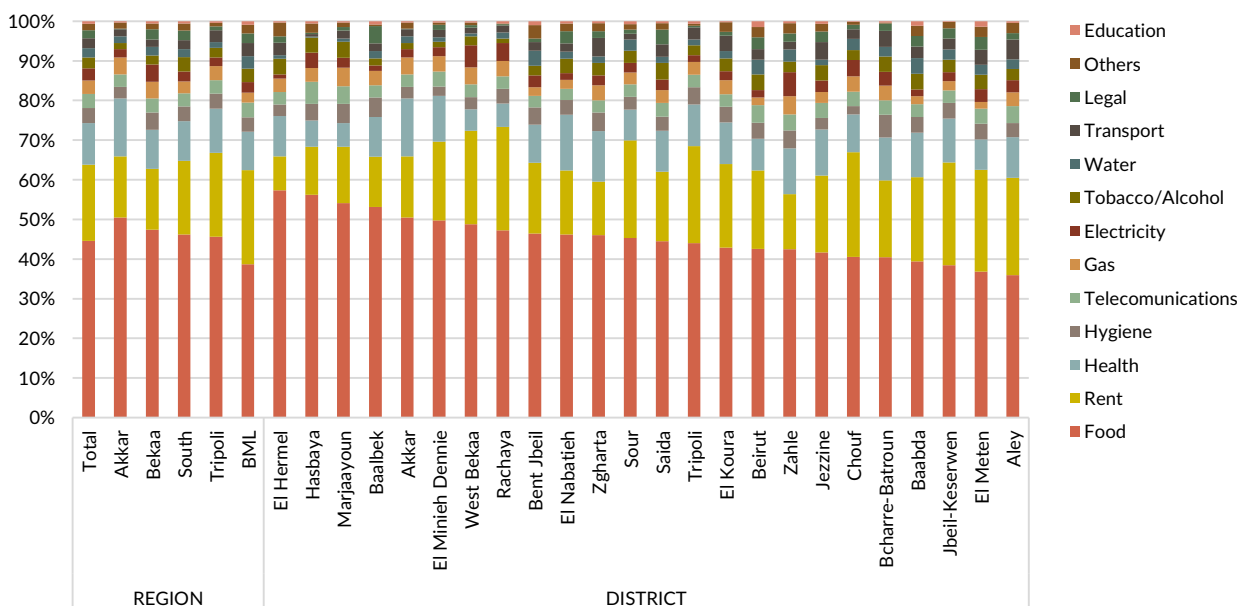


Figure 11.3 Average monthly household expenditure share by category at caza, regional and national level



Food expenditure share is widely used as an indicator of food security. If a household spends a high (>65%) or very high (>75%) proportion of its total expenditures on food it is considered to be food insecure¹. This is because if food prices rise or a household has to meet an unexpected expense or the main earner cannot find work, for instance, it has no choice but to employ coping strategies that negatively impact its food security, such as skipping meals, eating smaller portions or less nutritious food². And, it is assumed, the higher a household's share of expenditure on food, the lower its budget for other non-food essentials such as health, sanitation, education and shelter.

1 Food expenditure share is classified into four categories using the thresholds of <50%, 50%-65%, 66% -75% and >75%. Figure 37 shows the proportion of households in each of these four categories at caza, region and national level.

2 Smith, L. and Subandoro, A. 2007: "Measuring Food Security. Using Household Expenditure Surveys" Food Security in Practice technical guide series. Washington, D.C.:IFPRI. See page 82: The poorest households in the world spend more than 75 percent of their income on food. Households in the richest countries, such as the United States and Canada, spend less than 15 percent of their expenditures on food (COCA 2006; U.S. Department of Labor 2006).

At country level, 17% of households had high or very high expenditure on food (≥65%) and were therefore considered food insecure. This represents a 6% national increase over last year but the food insecurity prevalence by this indicator was almost double that of 2014 in BML, South and Tripoli 5.

Akkar and Bekaa continued to be the regions with the highest proportion of households with high and very high food expenditure share - more than a quarter and a fifth of the population, respectively - while BML had the lowest (less than 10%). At caza level, Hermel, Hasbaya, Marjaayoun and Baalbek had proportionally more households with high and very high expenditure share, while Bcharre-Batroun, Jezzine, Baabda and Jbeil-Keserwen had less than 10% of households with high or very high expenditure share on food. It is worth noting that some cazas such as Beirut, Nabatieh, Sour or Chouf, which were generally better off by other indicators than cazas such as Tripoli, tended to be worse off by this indicator.

Figure 11.4 Percentage of households with very high, high, medium and low food expenditures shares on food by caza, region and country level

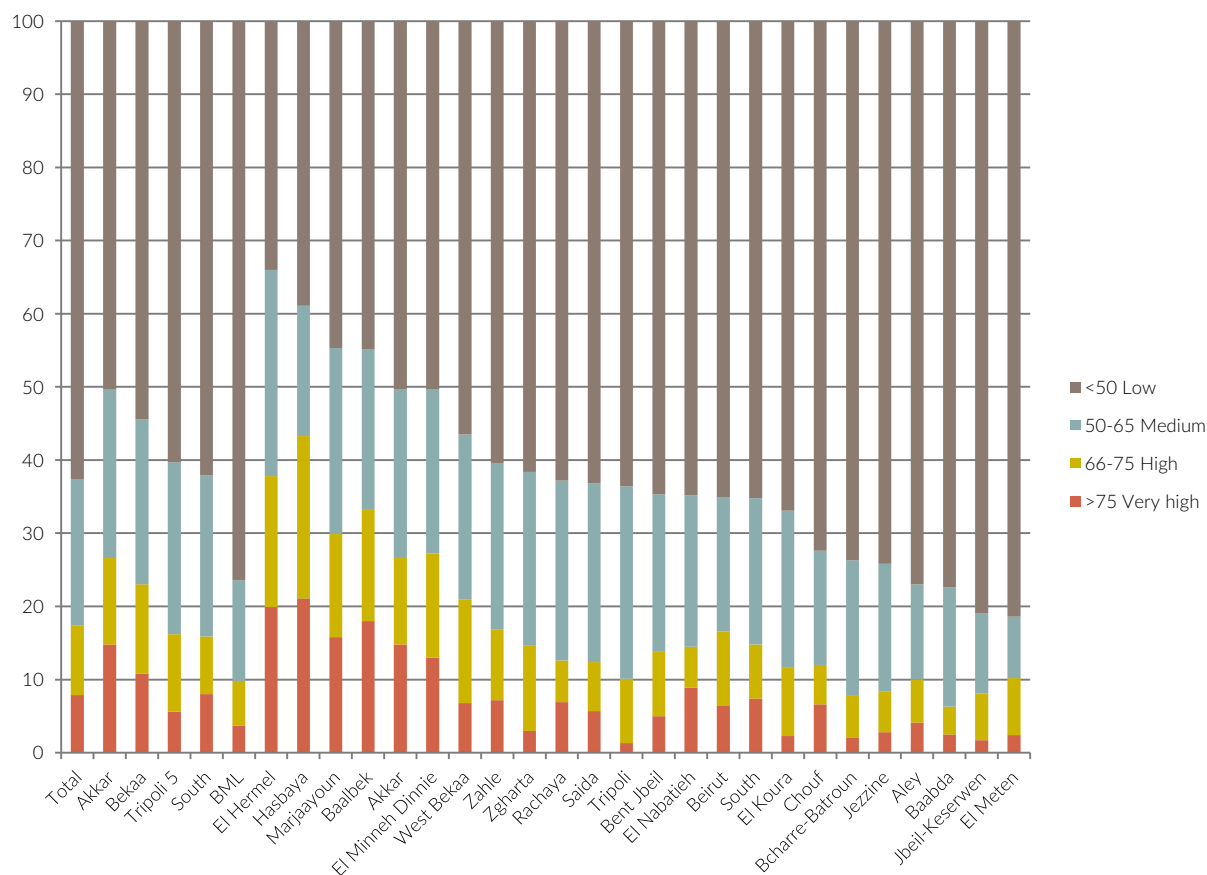
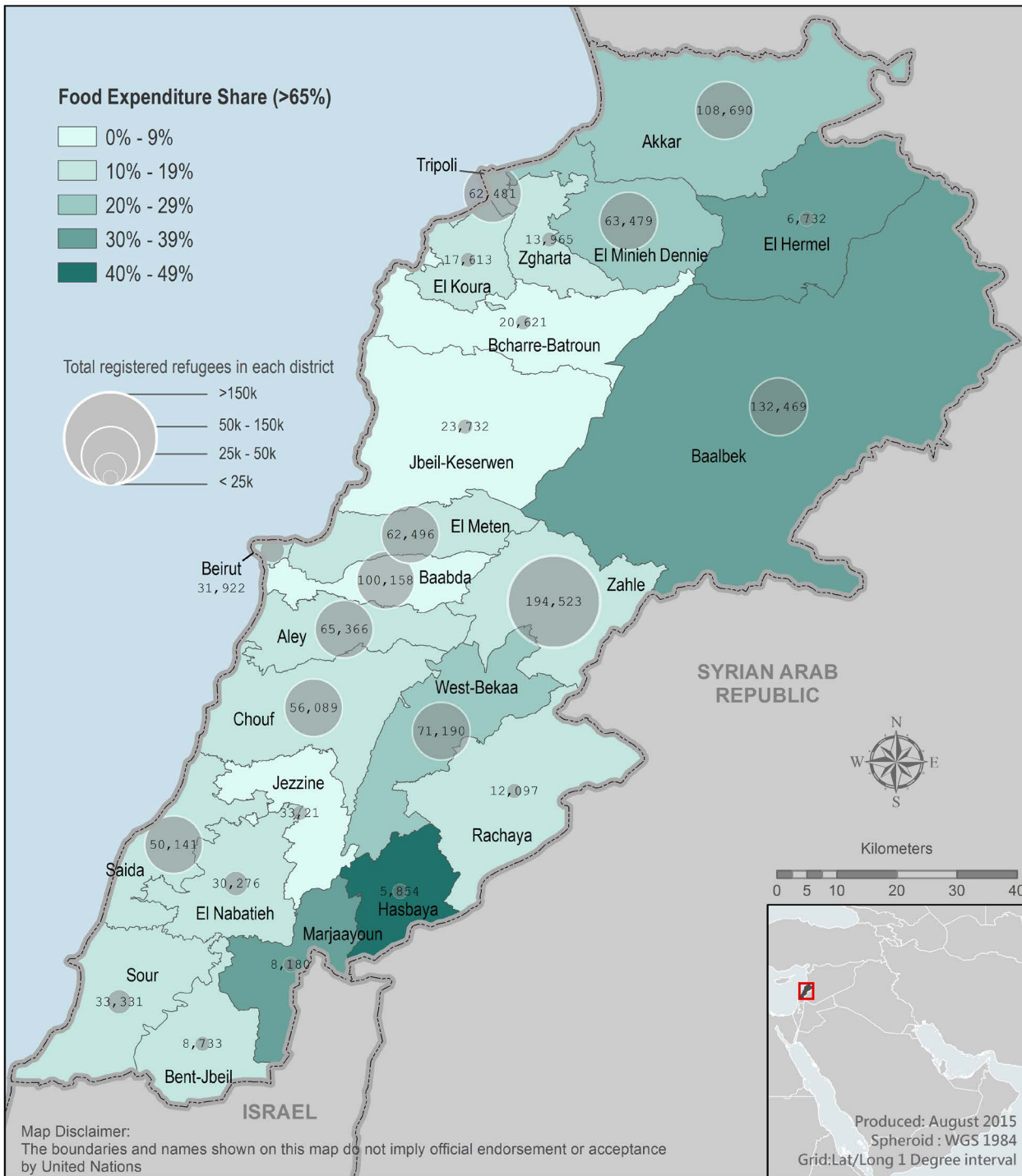


Figure 11.5 Percentage of Syrian refugee households spending over 65% of their outgoings on food by caza



Survival minimum expenditure and minimum expenditure

Households have been classified into four categories according to what proportion of the Minimum and Survival Minimum Expenditure Basket (MEB and SMEB) their total per capita expenditure represents¹.

< Survival Minimum Expenditure Basket (SMEB)	< \$87
SMEB- Minimum Expenditure Basket (MEB)	\$87 - \$113
MEB - 125% of MEB	\$114 - \$142
>125% MEB	>\$143

Annex 1 describes the composition of the MEB as well as the methodology used to determine it.

At country level, more than half of households (52%) were below the SMEB, which was more than double the 2014 prevalence of 26%, and 69% were below the MEB²

¹ The comparison has been done using the expenditure per capita to control for household size

² Whereas preliminary 2014 results indicated 29%, the final results of VASyR 2014, released in May 2015, indicated that 26% were unable to cover the minimum survival expenditure basket

(compared with 43% in 2014). By the same token the percentage of households with a total expenditure above 125% of the MEB fell from a third in 2014 to a fifth.

Geographical differences were significant, and the proportion of households falling below the SEB ranged from 14% in Jbeil-Keserwen to some 73% in Zahle. There were also significant differences within the same region that should be considered, especially in BML (e.g. between Chouf and Jbeil-Keserwen), Tripoli 5 (e.g. between Bcharre-Batroun and El Minnie Dennie) and South (e.g. between Marjaayoun and Jezzine).

Households have also been classified according to the poverty line proposed by the World Bank in 2013³, established at \$3.84 per person per day. Households below the poverty line increased to 70% from 49% in 2014, which is consistent with the MEB results.

³ United Nations Development Programme and the Council for Development and Reconstruction (2014). Lebanon Millennium Development Goals Report 2013-2014.

Figure 11.6 Percentage of households by MEB categories and Lebanon extreme poverty line at caza, regional and national level

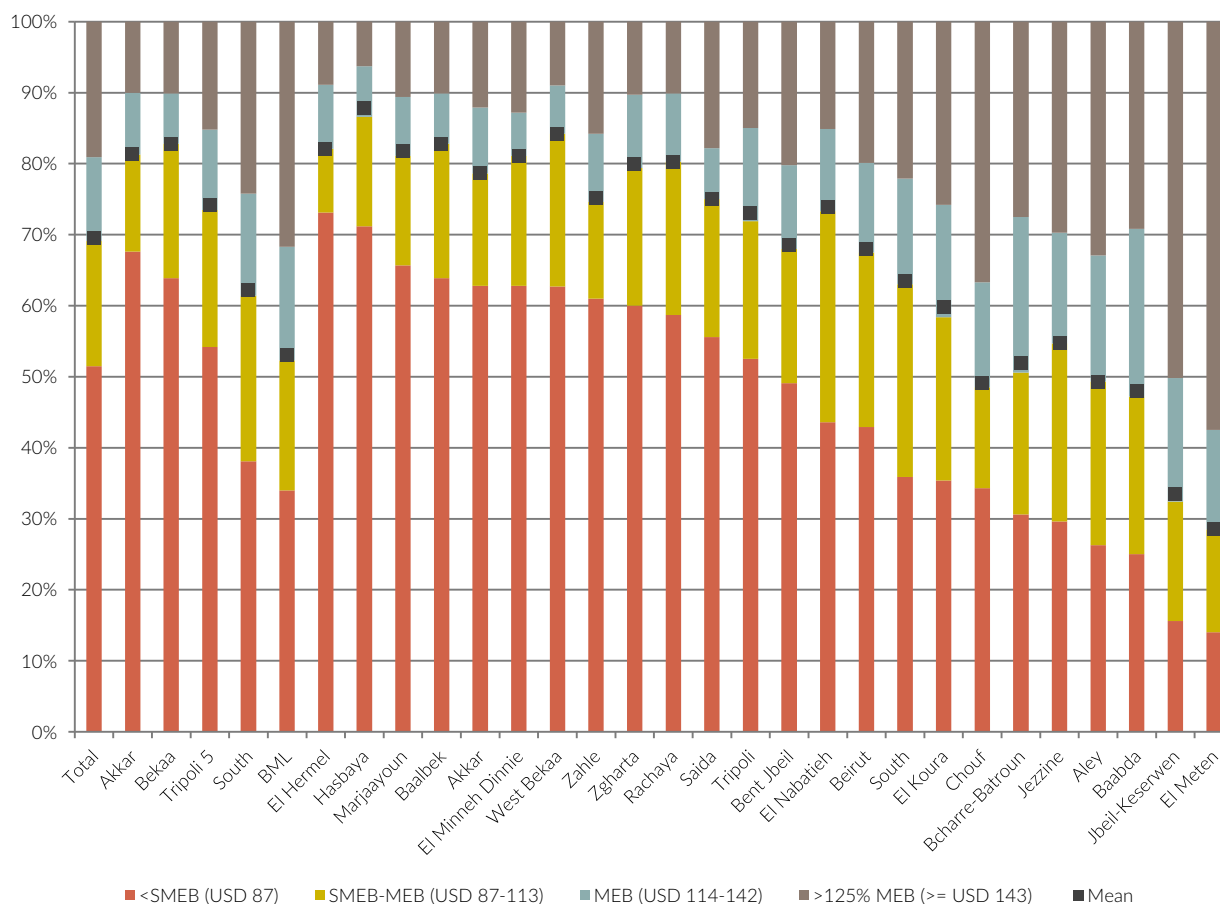
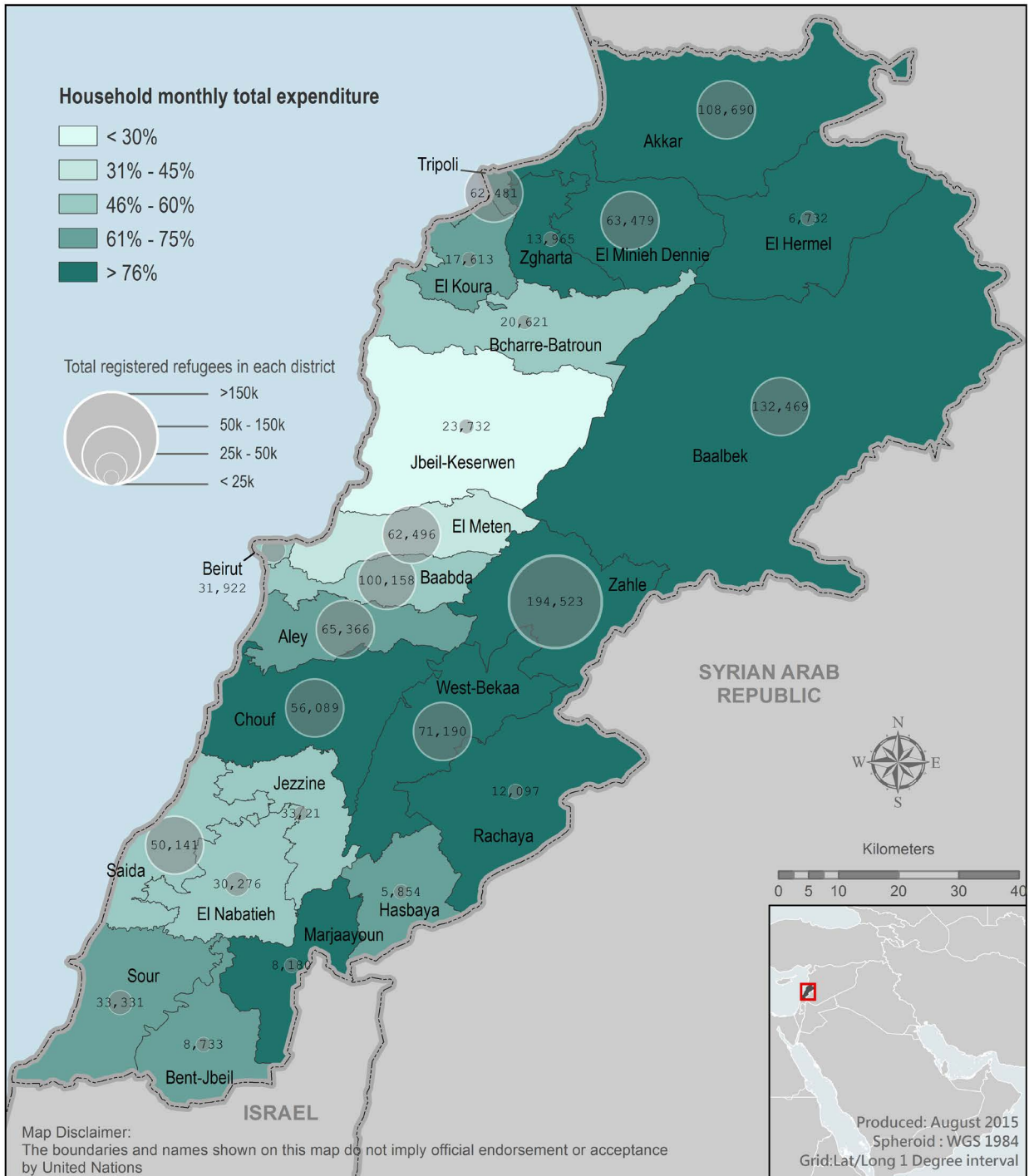


Figure 11.7 Percentage of Syrian refugee households spending less than the survival expenditure basket



Food spending

On average, households spent 64% of their total monthly food budget on bread (22%), vegetables, cereals, fats and dairy products (10-11%), while expenses on meat, fish and eggs, tubers, sugar and pulses were just 7%. This marks a slight fall (1-2%) in spending on vegetables, dairy, meat, fish and eggs since 2104 and an increase on pulses, cereals, fats and sugar. These changes in food budget distribution tally with changes in food consumption patterns between 2014 and 2015.

Expenses by food group differed significantly by region and caza. Figure 39 shows food expenditure share by food group at caza, regional and country level. Locations have been sorted according to their expenditure on bread, which ranged from 14% in Zahle to 29% in El Minnie Dennie, Akkar and Marjaayoun. The proportion of the food budget spent on vegetables and fruit ranged from 5% in Akkar to 19% in Nabatieh; that on cereals, from 6% in El Meten and Baabda to 15% in Akkar; on fats from 7% in El Meten, Beirut, Marjaayoun and Jbeil-Keserwen to 14% in Hermel and Zahle; on dairy products from 7% in West Bekaa, El Minnie Dennie, Akkar and Zgharta to 14% in El Meten and Beirut; on meat, fish and eggs from

4% in West Bekaa, Zgharta and Chouf to 13% in Nabatieh and on sugar from 4% in El Meten, Jbeil-Keserwen, Beirut, Baabda and El Nabatieh to 11% of total food budget in Hermel. There is much less geographical variation regarding spend on tubers, pulses, canned food and other types of food. Across all cazas households rarely purchase cooked food, the highest expenses being found in Baabda, Koura, Beirut and Tripoli (2%).

Estimated value of food consumed but not purchased (e.g. obtained through donations, food aid, on credit, gathered, hunted or own produced) is also shown in annex 1. According to information provided by refugees, the estimated value of food consumed in the last 30 days was \$49 per capita, of which \$14 was the estimated value of non-purchased food. In figure 40 cazas and regions were scored according to the estimated value of non-purchased food, showing that it is not directly associated with lower expenses on food. By region Bekaa and Akkar (\$19 and \$16 respectively) had the highest estimated value of non-purchased food. At caza level it was Hermel (\$23), Baalbek (\$20) and Hasbaya (\$19).

Figure 11.8 Expenditure share by food groups at caza, regional and national level

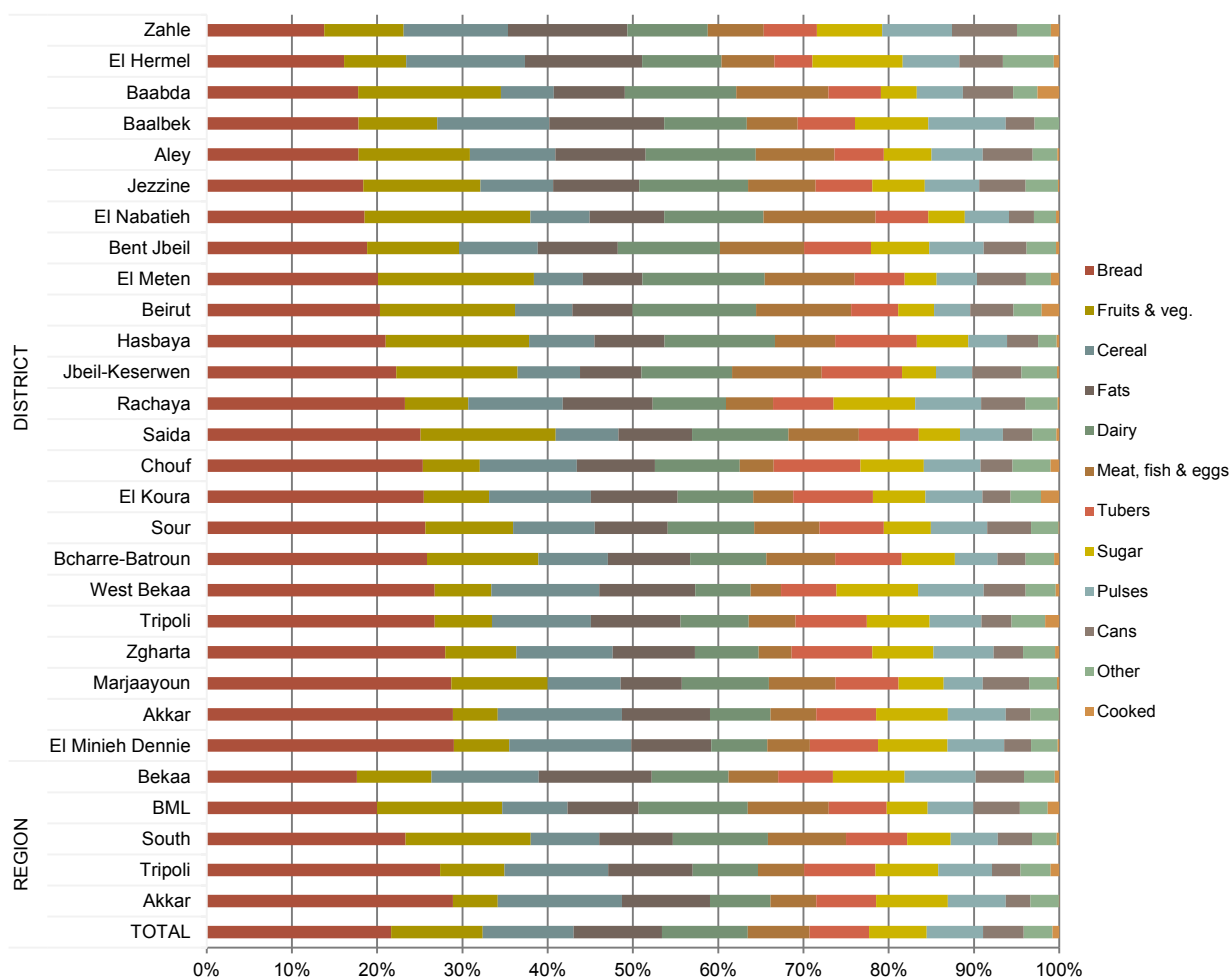
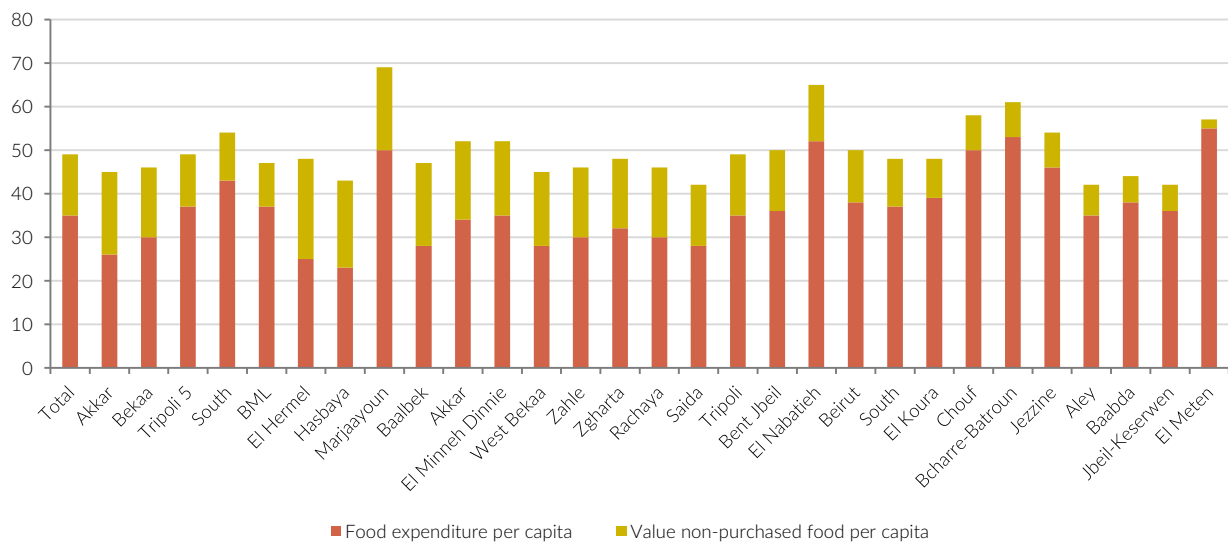


Figure 11.9 Estimated per capita value of purchased and non purchased food consumed in the last 30 days at caza, regional and national level



The gap between monthly income and expenditure

The difference between household monthly income and expenditure as reported by refugees has been calculated and classified into four categories:

1. Households with no expenditure/income gap (income \geq spend)
2. Households whose monthly expenditures are \$200 or less above income
3. Households whose monthly expenditures are \$200-\$400 above income
4. Households whose monthly expenditures are more than \$400 above income.

Results, sorted by the proportion of caza level households with the widest gaps (i.e., more than \$400) are shown in figure 41 together with the median expenditure monthly gap per capita and the median debt per capita.

Households with wider expenditure gaps tended to be in cazas with higher expenditures, which may also have higher incomes. At regional level, Tripoli had the highest expenditure gap, followed by BML, which also had the highest percentage of households with no expenditure gap (10%). There was no correlation between monthly expenditure gap and debt (see Jbeil-Keserwen, Bcharre-Batroun, Chouf and Hasbaya etc).

Figure 11.10 Percentage of households in expenditure/income gap categories, by region, caza and national. Also shows monthly median expenditure gap and debt percentage.

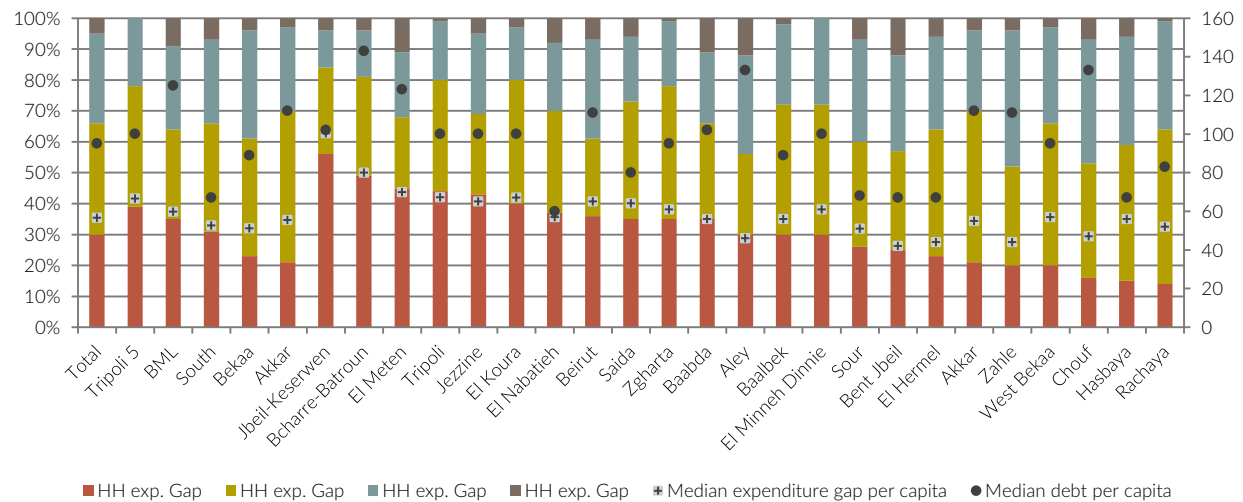


Figure 11.11 Snapshot of expenditure module at regional and caza level

Lowest monthly expenditure per capita	REGIONS	Bekaa, Akkar and Tripoli
	CAZAS	Hermel, Zahle
Highest share of expenditure on food	REGIONS	Bekaa and Akkar
	CAZAS	Hermel, Hasbaya, Marjaayoun, Baalbek and Akkar
Highest proportion of households falling below the MSEB	REGIONS	Bekaa, Akkar
	CAZAS	Hermel, Zahle
Highest proportion of households falling below the poverty line	REGIONS	Bekaa, Akkar and Tripoli
	CAZAS	El Minieh Dennie, Akkar, West Bekaa, Zahle, Rachaya, Zgharta, Hermel, Racharya, Chouf
Highest proportion of households spending more than \$400 more than their monthly income	REGIONS	Tripoli and BML
	CAZAS	Jbeil-Keserwen and Bcharre-Batroun

Food Consumption

Number of meals eaten a day

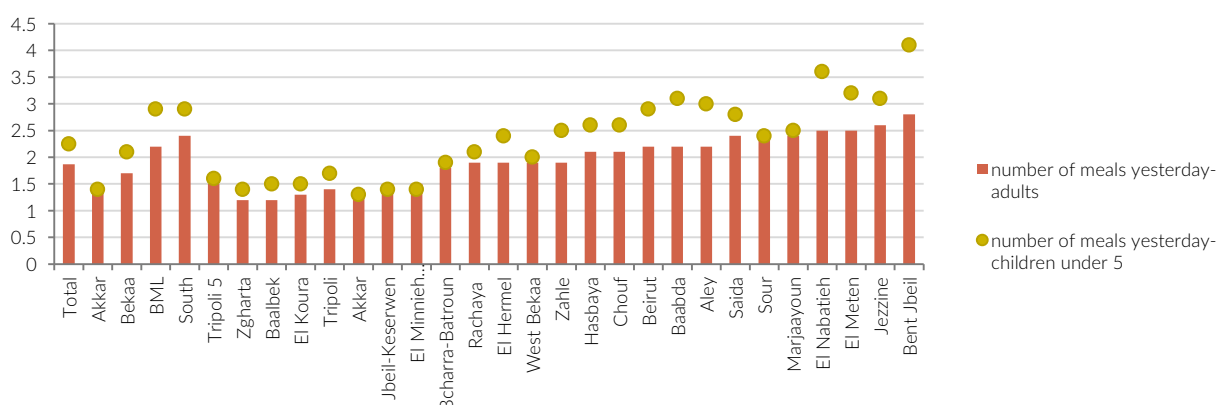
The number of meals eaten each day by children and adults has fallen since 2014. In three in four households, adults consumed fewer than three warm or cooked meals in the previous day, and in one in three households (vs. one in four in 2014) they consumed just one or no cooked meals. Children under five consumed fewer than three cooked meals in the previous day in 65% of households versus 41% in 2014.

This reduction in number of meals varied by region. For adults, the highest reduction was observed in Bekaa where the average number of meals per day decreased

from 2.5 to 1.7, followed by Tripoli 5, from 1.7 to 1.5 meals consumed the previous day. For children, the highest decrease was also in Bekaa as well as in the South.

Zgharta, Baalbek, El Koura, Tripoli and Akkar were the cazas with the lowest average number of cooked meals consumed by adults (≤ 1.5) whereas Beint-Jbeil, Jezzine, El Meten and Nabatieh had the highest average (≥ 2.5). For children, the cazas with the lowest mean were Akkar, Zgharta, El Minieh-Dennie and Jbeil-Keserwen (≤ 1.5) and those with highest Beint-Jbeil, Nabatieh, El Meten, Jezzine and Baabda (figure 42).

Figure 12.1 Average number of cooked meals consumed by adults and children the previous day at caza, regional and national level



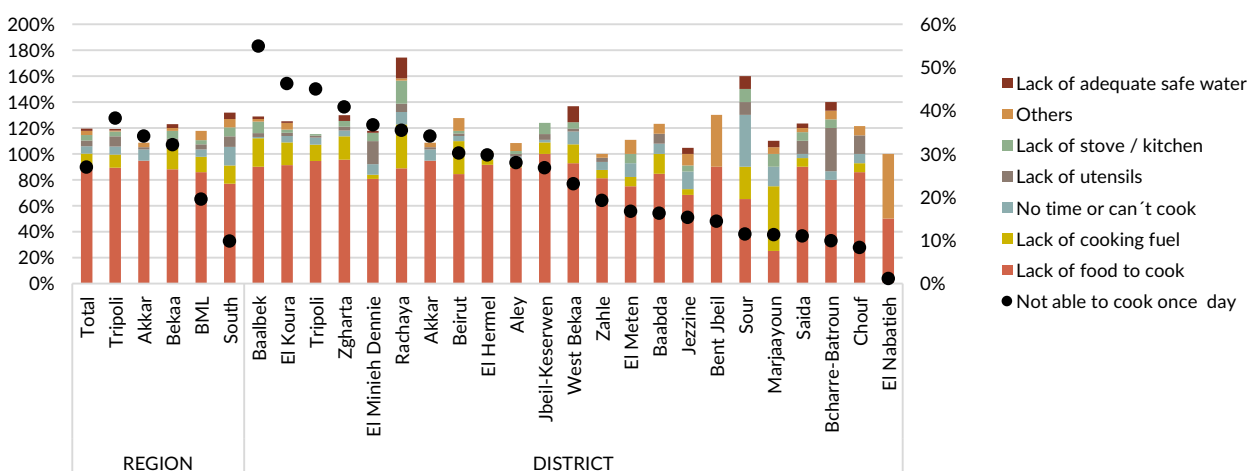
Most households (74%) reported that all household members enjoyed equal access to food while 25% reported that children were given priority access compared with 36% in 2014. Children were more often prioritized in Hermel, Chouf, Bcharre-Batroun and Jezzine, and less in Beint-Jbeil, Zahle, Hasbaya, Marjaayoun and Sour, which shows no clear association pattern with general food consumption.

More than a quarter of households (27%) were not able to cook food at least once a day on average, 7% more than

in 2014, mainly due to lack of food to cook (88%) or lack of fuel (12%).

The percentage of households not able to cook at least once a day was highest in Tripoli 5, Akkar and Bekaa (>30%) and lowest in the South (10%). At caza level, the inability to cook at least once a day varied from 0% in Hasbaya to 55% in Baalbek. Lack of food was cited as the main reason in all cazas except Marjaayoun, where it was lack of fuel, and Nabatieh, where 'other' reasons were cited.

Figure 12.2 Main reasons for households' inability to cook at least one meal a day



The Food Consumption Score (FCS)

The Food Consumption Score (FCS) is a composite indicator that considers diet diversity, frequency of consumption and nutrient value of the food groups consumed over a recall period of seven days. According to this score, households are classified into three categories: poor, borderline and acceptable FCS¹.

In 2015, the proportion of households with unacceptable FCS increased from 12% to 17%. This deterioration is not

reflected in the poorest category, which showed a slight decrease, from 3% to 2%, but in a higher proportion of households with borderline food consumption (up from 9% to 14%). This implies that the worsening situation was mainly affecting the less severely food insecure.

El Koura, Zgharta, Chouf, Zahle and Tripoli were the cazas with highest proportion of households with unacceptable FCS (more than 25%) while Hasbaya, Jezzine, Marjaayoun, Baabda and Beint-Jbeil had the lowest (less than 5%).

¹ A detailed explanation on FCS calculation and classification can be found in annex 3.

Figure 12.3 FCS categories at caza, regional and national level

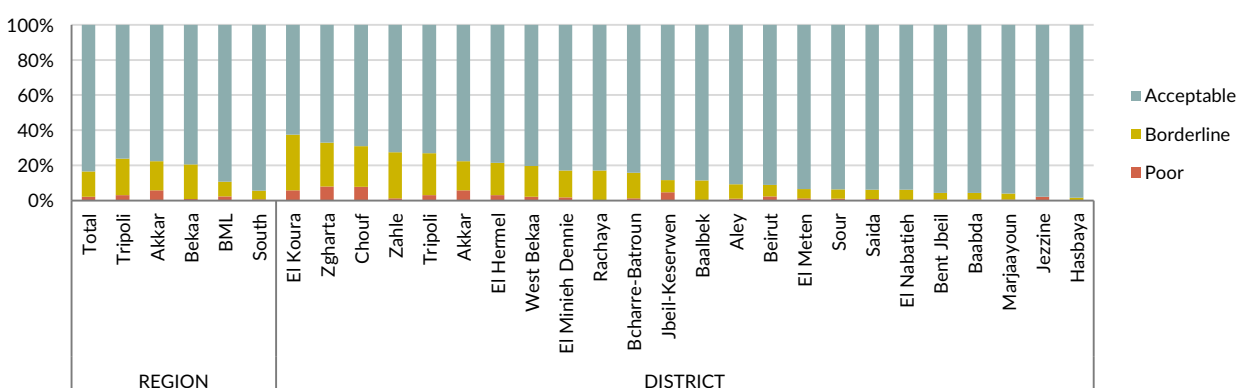
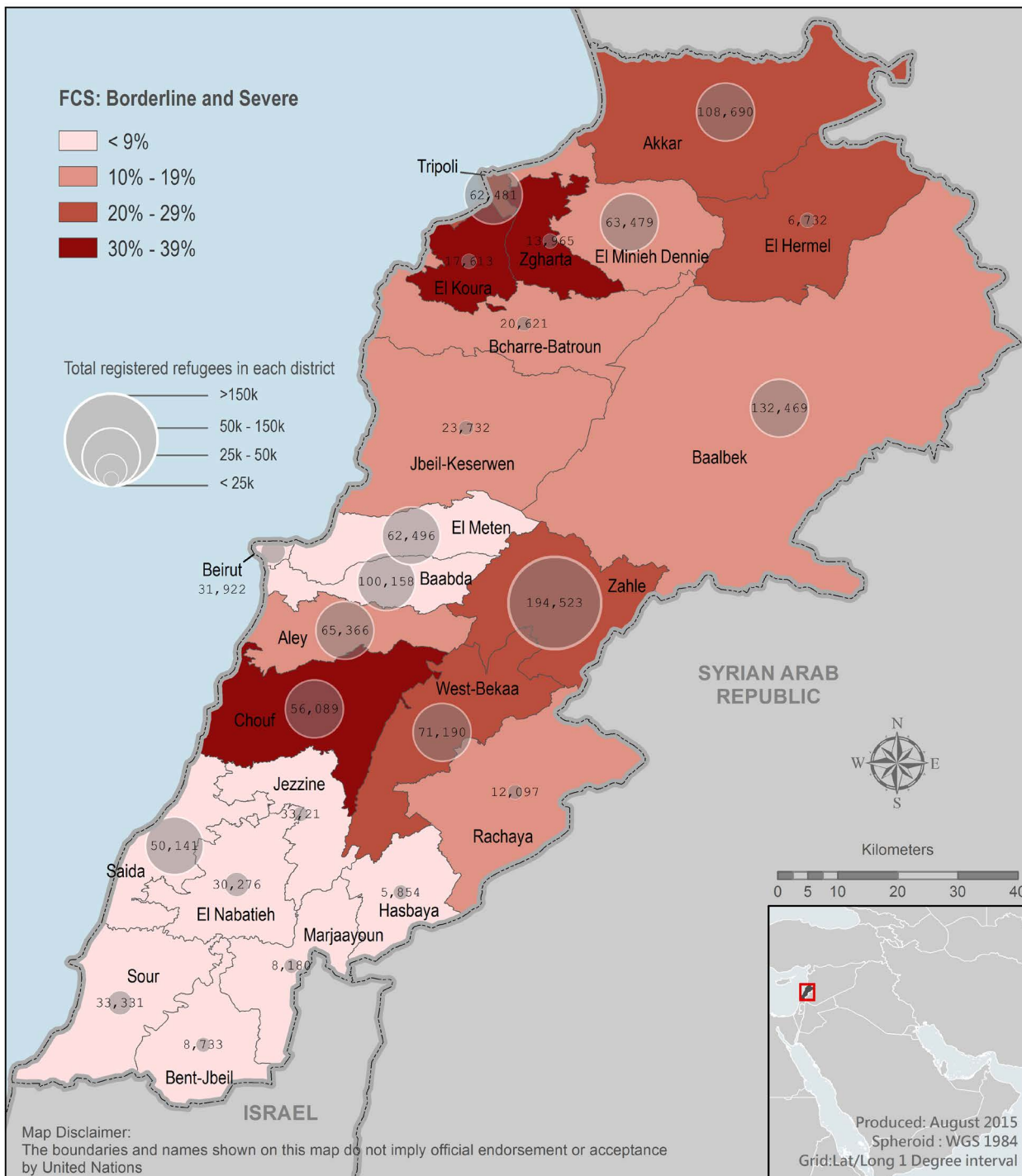


Figure 12.4 Percentage of Syrian refugee households with borderline and severe Food Consumption Scores (FCS)



Dietary Diversity

Households consumed on average nine different food groups¹ a week (Household Weekly Diet Diversity (HWDD)) and six food groups on a daily basis (Household Daily Average Diet Diversity (HDADD)). Although HWDD remained similar to that of 2014, nationally HDADD decreased from 6.8 to 6.4 food groups in the last year with the highest reduction in Bekaa, Tripoli 5 and Akkar.

1 Out of the 12 standard food groups considered in the Household Dietary Diversity Score (FAO 2010).

Zgharta, El Koura, El Minieh-Dennie and Chouf were the cazas with the lowest HDADD (less than 6.0), and El Meten, Baabda, Beirut, Nabatieh and Beint-Jbeil had the highest (more than 7.0).

The estimated HWDD was also lower in the North Lebanon cazas of El Minieh-Dennie, El Koura and Zgharta as well as Bcharre-Batroun, Akkar and Tripoli.

Figure 12.5. Average HDADD and HWDD at caza, regional and national level

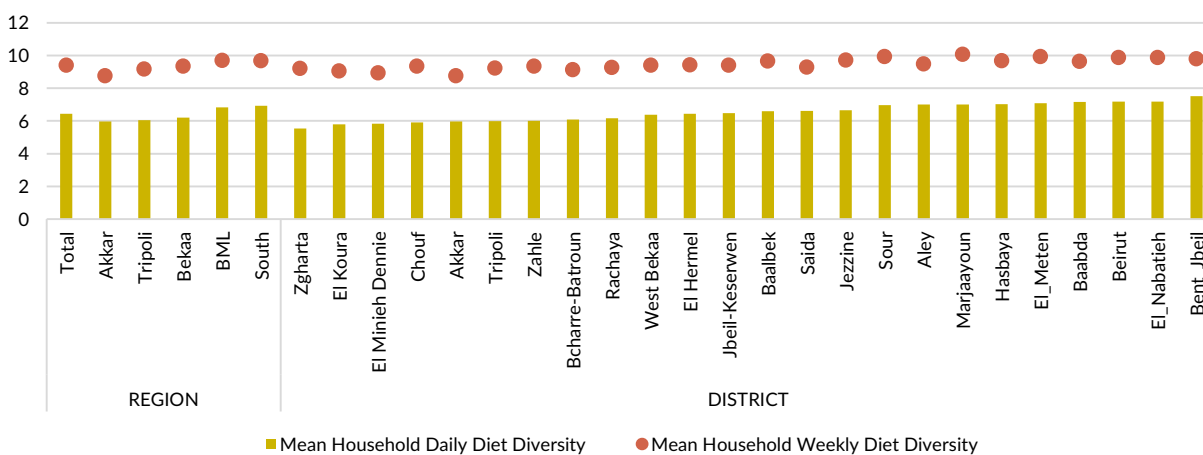
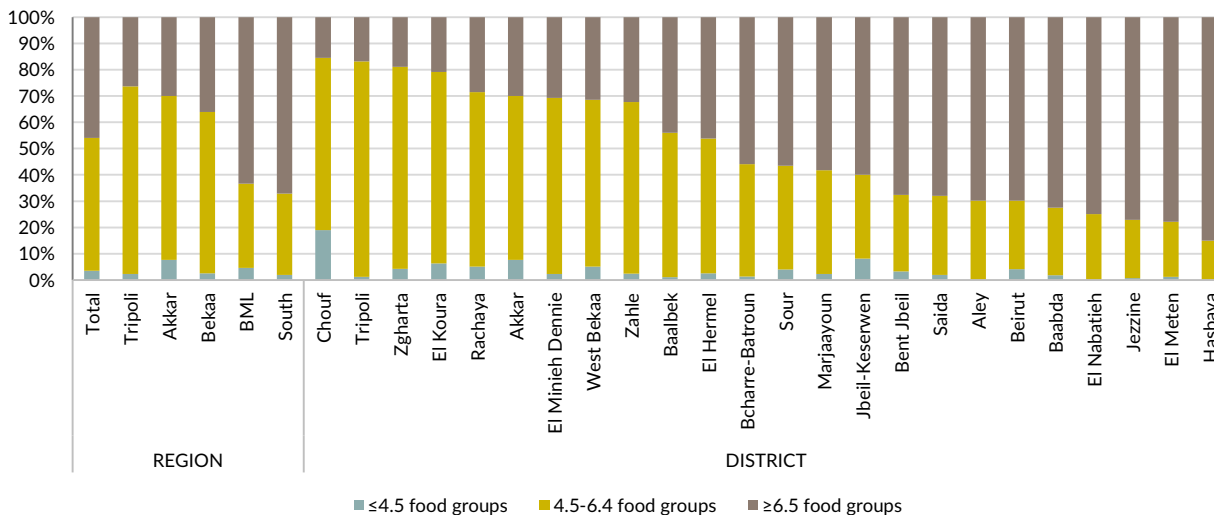


Figure 12.6 shows the proportion of households by HDADD category (<4.5 food groups, 4.5-6.4 food groups and ≥ 6.5 food groups). Households consuming fewer than 4.5 food groups are considered to have low dietary diversity. Low DD was of particular concern in Chouf even though HWDD was average in this caza. It is worth noting

that some cazas had a higher prevalence of households with low dietary diversity than others even though their HDADD was above average. This was the case for Jbeil-Keserwen and Beirut while the converse was true for Tripoli which had a lower average HDADD but smaller percentage of households with low dietary diversity.

Figure 12.6. Percentage of household by HDADD category at caza, regional and national level



Food consumption pattern

The general food consumption pattern was similar to that of previous years with less nutritious food groups being the most consumed (bread, sugar, condiments and fats) and micronutrient rich food groups i.e., organ meat, fish and vitamin A-rich fruit and vegetables the least consumed (figure 47).

As figures 12.7 and 12.8 show there has been a decrease in the frequency of consumption of most food groups, especially in vegetables, dairy products and eggs. Consumption frequency increased only for sugar, fats and pulses. The percentage of households not able to consume vegetables or fruit on a daily basis doubled from 30% last

year to 60% (figure 12.8). There has also been an increase in the proportion of households that do not manage to consume vitamin A rich food groups on a daily basis ¹, from 21% to 33%. More than half of households (51%) did not manage to consume iron rich food groups (fish and meat) at all in the last seven days compared with 43% in 2014. These changes indicate a further deterioration in consumption patterns towards less nutritious food groups, increasing the risk of micronutrient deficiencies.

¹ Vitamin A rich food groups: dairy products, eggs, green leafy vegetables, orange or dark yellow vegetables and fruits.

Figure 12.7 Proportion of households by food consumption frequency categories per food group at national level

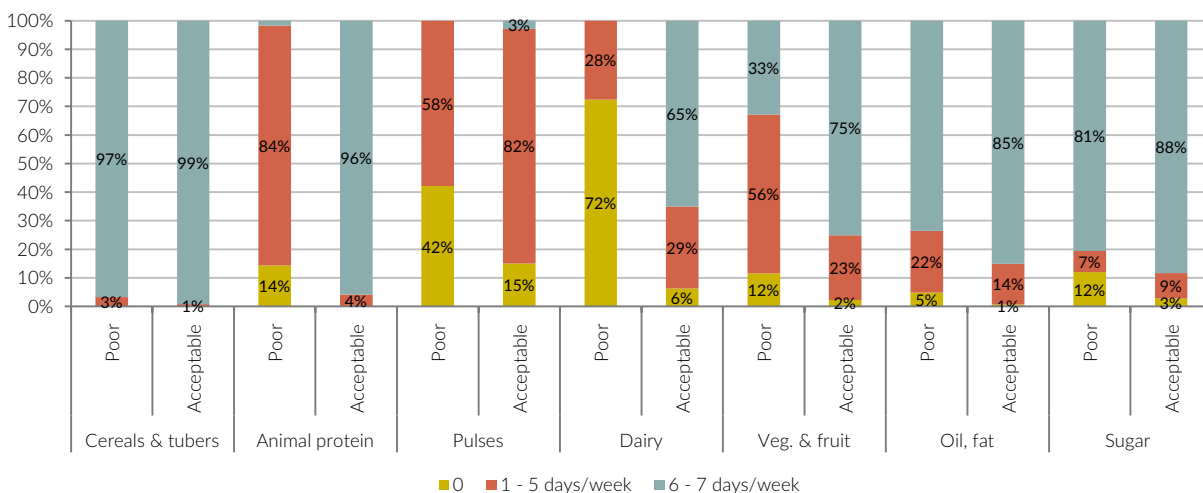


Figure 12.8. Proportion of households by food consumption frequency categories of main food groups at national level, 2014 vs. 2015

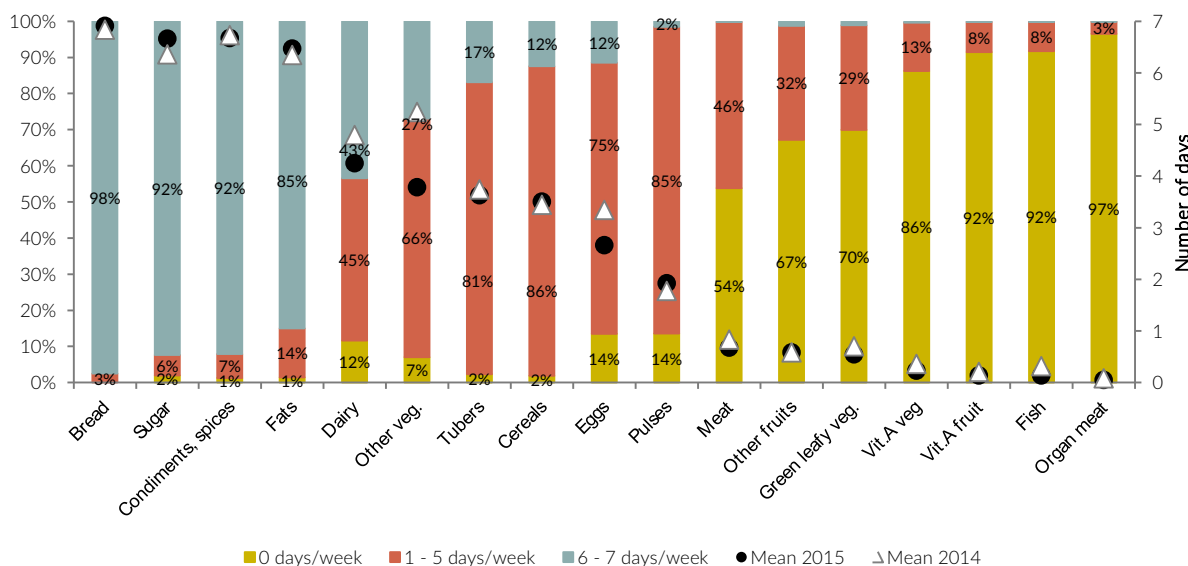


Figure 12.9 Regional and caza level snapshot

On average adults consume ≤ 1.5 meals a day	REGION	Akkar
	CAZAS	Zgharta, Baalbek, Koura, Tripoli, Akkar
>20% of HHs have unacceptable FC	REGIONS	Tripoli
	CAZAS	El Koura, Zgharta, Chouf, Zahle, Tripoli, Akkar, Hermel
Average daily dietary diversity <6	REGIONS	-
	CAZAS	Zgharta, El Koura, El Minieh-Dennie, Chouf, Akkar
Highest proportion of households consuming <4.5 food groups	REGIONS	Akkar
	CAZAS	Chouf, Jbeil Keserwen, Akkar

Infant and young child feeding practices

Information on feeding practices was collected for 381 children under six months of age and 883 children between six and seventeen months. Less than half of babies were exclusively breastfed.

Less than half (45%) of babies under six months of age were exclusively breastfed as recommended by WHO (2008). One fifth were not breastfeeding at all while 44% of the breastfed babies consumed some solid or semisolid food the previous day, particularly infant formula (22%) and milk.

Barely any 6-17 month olds have an adequate diet by WHO thresholds

Only 3% of the 6-17 month old infants included in the survey had the 'minimum acceptable diet', a composite indicator that combines dietary diversity and feeding frequency by breastfeeding status according to WHO IYCF indicators (WHO 2008). The main limiting factors are insufficient number of meals and poor diet diversity: just 17% of 6-17 month olds had minimum acceptable frequency and 10% minimum diet diversity. (See figure 13.1 for breastfeeding, complementary feeding, meal frequency, diet diversity and minimum acceptable diet by age group and figure 13.2 for child consumption of each food group.) The highest percentage of children with minimum acceptable diet is found in Jbeil-Keserwen and Jezzine (11%) while in Tripoli,

Zgharta, Koura, West Bekaa, Nabatieh, Bent Jbeil, Aley and Rachaya no child has a minimum acceptable diet according to the survey findings.

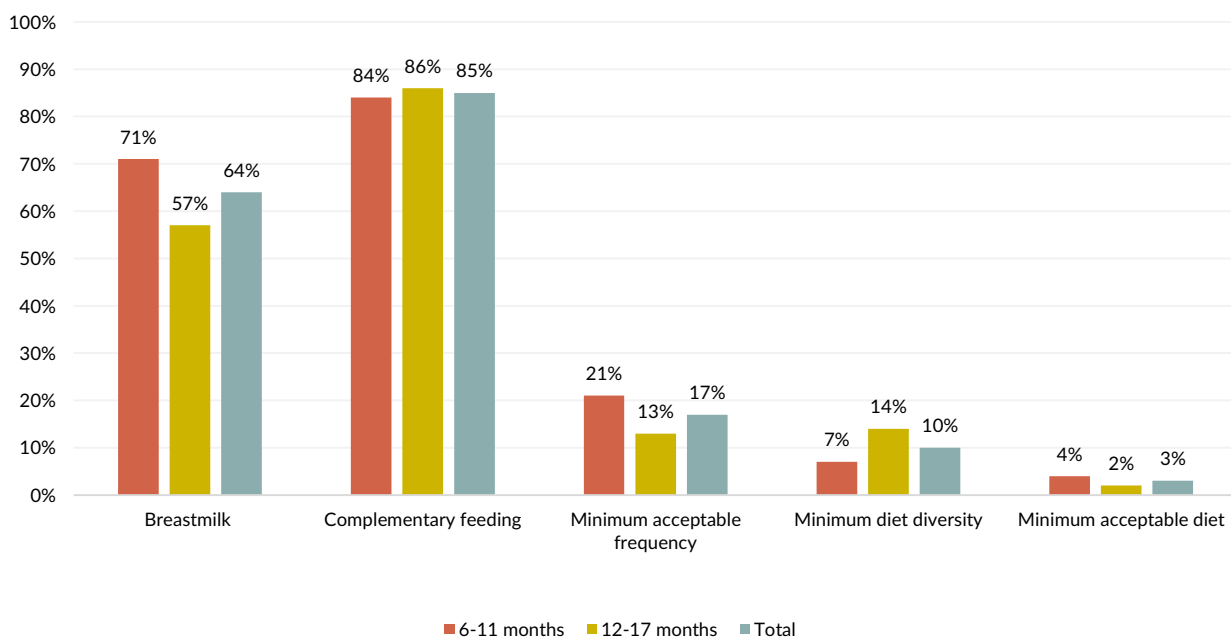
About two thirds of children between six and 18 months of age were breastfeeding. The percentage was slightly higher for those who had not yet reached their first birthday (71%) though this was 9% less than in 2014. The percentage of breastfeeding children between 1 and 1.5 years old rose from 45% in 2014 to 57%. Breastfeeding is more common in Baalbek, where more than 80% are breastfed, while in Beirut and Hermel, less than half are breastfed. Regionally, differences range from 59% in BML to 77% in Akkar.

Complementary feeding of 6-17 month olds has improved

Most children between 6 and 18 months of age (85%) receive solid food, with no differences between age groups of 6-11 months and 12-17 months. Complementary feeding has increased since 2014, when 45% of 6-11 month olds and 69% of 12-17 month olds were receiving complementary feeding.

Geographical variations oscillate between 64% of children receiving complementary feeding in Jbeil-Keserwen to 100% of children in Rachaya. Regional differences are within 5%.

Figure 13.1 IYCF practices by age group and total



Most 6-17 month olds do not enjoy minimum meal frequency

Most children between 6-17 months (83%) do not benefit from the minimum acceptable meal frequency which, according to WHO guidelines, should be two meals a day for breastfed 6-8 month olds, three for breastfed children between nine and 23 months and four for non-breastfed children. The percentage of younger children (6-11 months) with acceptable meal frequency (21%) tends to be higher than those of 12-17 months of age (13%). Geographically, while 43% of children in Aley have minimum acceptable meal frequency, the prevalence dips to just 2% in Nabatieh. Regionally, children in Tripoli 5 are more likely to have the minimum acceptable number of meals (28%) vs just 11% of children in Bekaa.

Only one in 10 refugee children reach minimum diet diversity levels

According to WHO (2008) guidelines, children between 6 and 17 months should consume a minimum of four food groups out of seven¹ to meet the minimum diet diversity target, independent of age and breastfeeding status. Only 10% of Syrian refugee children reach this level. This percentage is significantly lower for children under a year old (7%) than 1-1.5 year olds (14%). Geographical variability ranges from no child in the district of Tripoli and Zgharta following the diet diversity recommendations to more than 20% of children in Jezzine and Hasbaya.

¹ The seven standard food groups are: 1. Grains and tubers; 2. Pulses; 3. Dairy products; 4. meat and fish; 5. eggs; 6: vitamin A rich fruits and vegetables and 7: other fruits and vegetables.

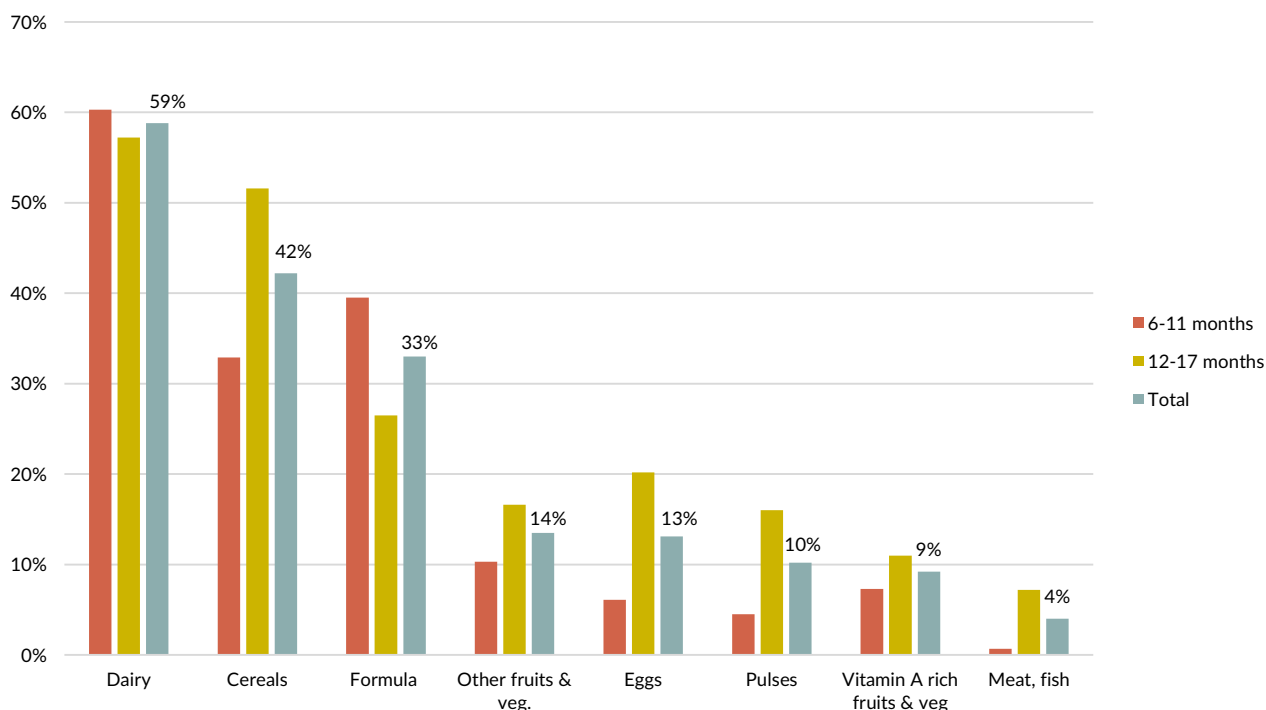
Children aged 12-17 months have less diverse diets than a year ago

The food groups most consumed by this age group are dairy products (59%) and grains, roots and tubers (42%), followed by non-rich in Vitamin A fruits and vegetables (14%) and eggs (13%). Just one in 10 children between 6 and 17 months of age consumed pulses and a similar percentage vitamin A rich fruit and vegetables the day before the interview was conducted. Only 4% consumed meat or fish. One third took infant formula. Consumption of the different food groups increases significantly with child age except for dairy products, vitamin A rich fruit and vegetables and infant formula.

Children between 6 and 11 months are more likely to consume dairy products in 2015 than in 2014 (up from 34% to 60%) and infant formula (up by 8%) while their consumption of other food groups has remained almost the same. On the other hand, 12 -17 month olds tend to have less diverse diets than in 2014 with the percentage consuming cereals, eggs and vegetables and fruit down by 11 -14% although infant formula was consumed by 9% more children in this age range.

When IYCF practices are compared among strata considering the limited sample size per region, children in the South tend to have better feeding practices. A significantly higher proportion of children in the South receives complementary feeding, has adequate meal frequency, consume grains and tubers and non-rich vitamin A vegetables and fruits, and meat, in definitive, the minimum acceptable diet. Children in the North are significantly less likely to meet the minimum acceptable diet.

Figure 13.2 Proportion of children that consumed each food group the previous day by age group.



Coping Strategies

Food-related coping strategies

Most of the households visited (89%) reported having experienced lack of food or money to buy food in the 30 days before the survey, 22% more than in 2014. Significant differences were found among cazas ranging from 57% in Hasbaya to 100% in Tripoli 5.

Out of those that faced lack of food or money to buy it, 99% applied food consumption related coping strategies, oscillating between 86% in Beint-Jbeil and 100% in some 11 cazas. The most common coping strategy (CS) related to food consumption was relying on less expensive food (98% ¹), followed by reducing the number of meals per day (60%), borrowing food from friends or relatives (54%) and reducing portion sizes at meal times (52%). In 29% of households adults restricted their consumption to allow children to eat.

¹ These percentages are calculated out of those households that experienced lack of food or money to buy it in order to compare the severity of the strategies applied with VASyR 13 and 14.

The figure below shows that borrowing food or getting help from friends or relatives and eating less preferred food have become more prevalent as coping strategies while the other food related mechanisms have become less so.

There were geographical variations regarding some coping strategies. For example, 12%² of households in Jbeil-Keserwen spent days without eating versus less than 1% in Hasbaya, Tripoli and Chouf. Restricting adults' consumption was more frequent in Chouf, Bachrre-Batroun and Hermel (56%-67%) and barely applied in Tripoli (6%), Zahle, Sour and Marjaayoun (9%). Reducing the number of meals oscillated between 20% of households in El Metn and 82% in West Bekaa, Baalbek and Rachaya. Reducing portion size was more common in Baalbek (82%) and less in Zahle (19%). Borrowing food from relatives varied from 13% in Bachrre-Batroun to 78% in El Minnieh. Figure 50 shows the accumulative percentage of households that experienced lack of food in the last 30 days and applied each coping strategy at caza and regional level.

² These percentages are calculated out of the total population but considering the strategies applied by those households that experienced lack of food or money to buy it in order to reflect the geographical differences in these parameters.

Figure 14.1 Percentage of households that employed food related coping strategies when faced with lack of food or money to buy it, 2013, 2014 and 2015

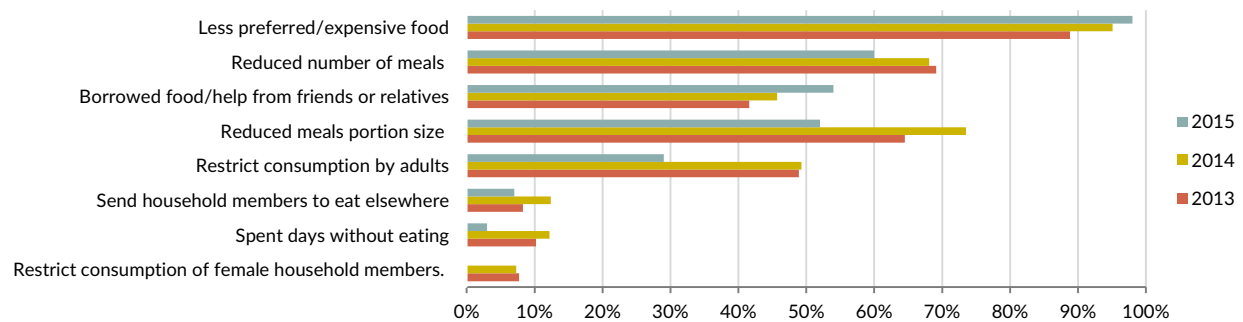
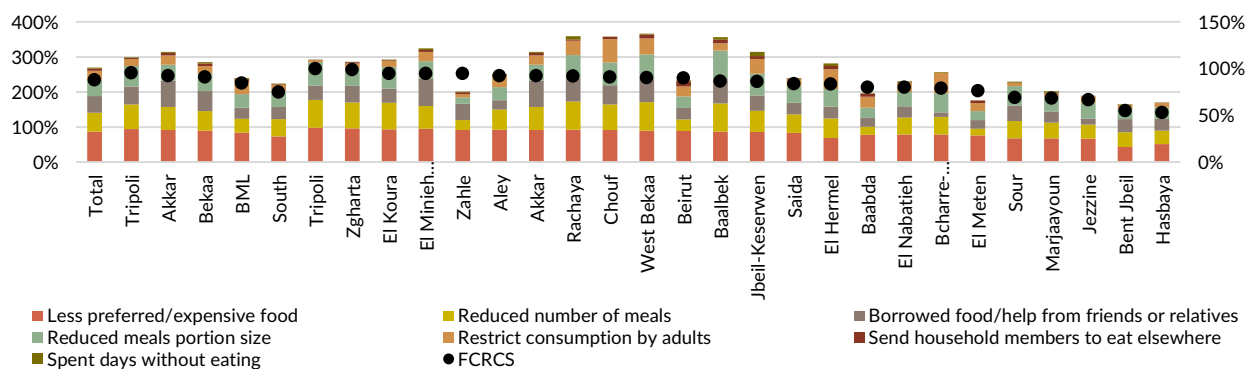


Figure 14.2 Percentage of households that applied each food related coping strategy at caza, regional and national level

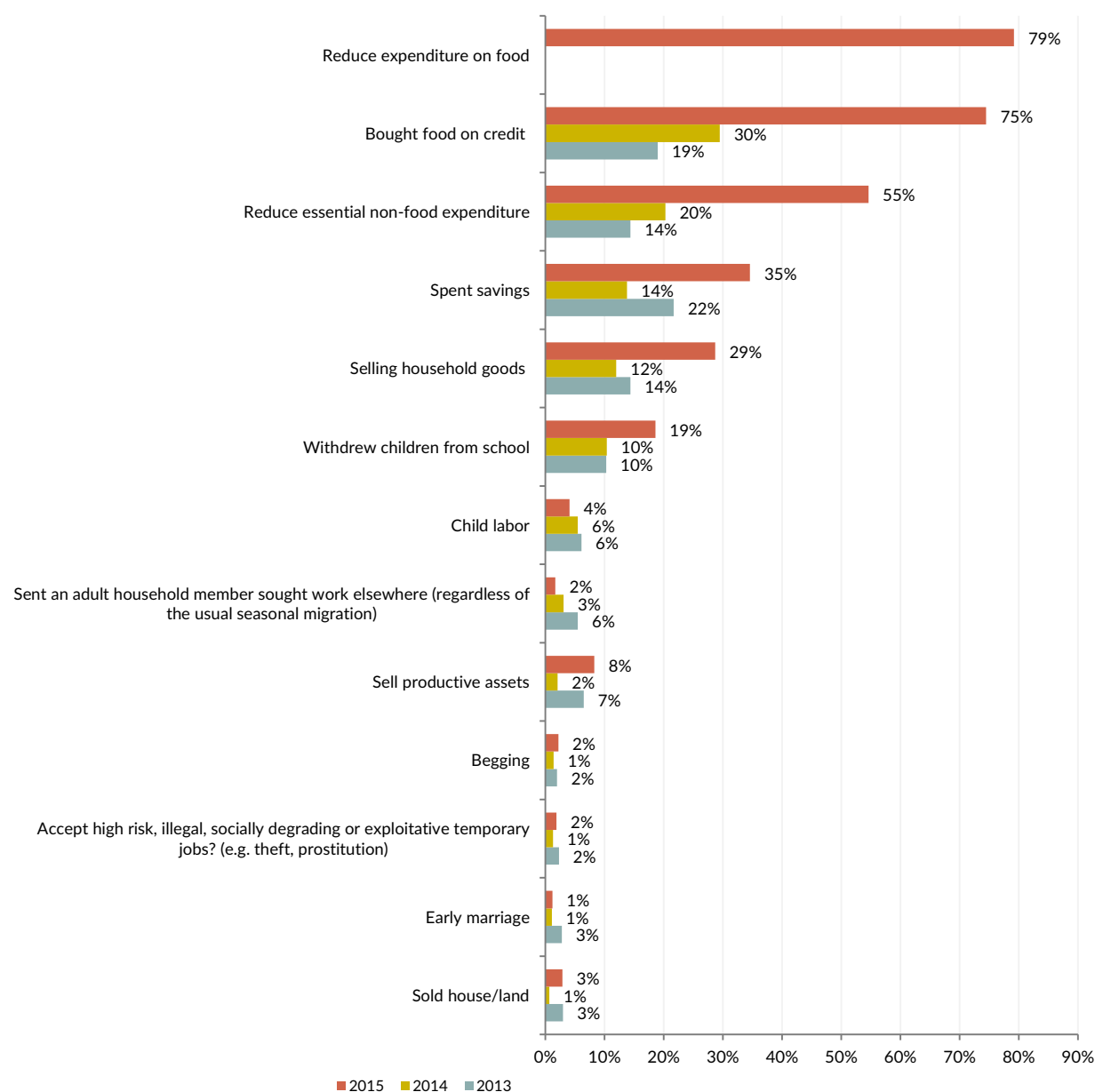


Asset depletion coping strategies

The non-food consumption related coping strategies are known as “asset depletion coping strategies” (ADCS). These strategies undermine a household’s ability to access food because they erode their already depleted resource base, further pushing them into poverty and affecting their future food security. For comparison purposes, figure 52 shows the proportion of households that experienced lack of food or money to buy it and applied each ADCS in the last month or had already applied a specific strategy and were unable to continue to do so. At national level, the strategies most applied were reducing expenditure on

food (79%), buying food on credit or borrowing money to buy it (75%), reducing essential non-food expenditures such as health or education (55%), spending savings (35%), selling household goods (29%) or withdrawing children from school (19%). The percentage of households buying food on credit and reducing essential non-food expenses such as health or education was more than double the figures obtained in 2014 and treble those for 2013. Spending savings, selling goods and assets and withdrawing children from school were also more common in 2015 than in 2014, and 2013. (See figure 51)

Figure 14.3 Asset depletion coping strategies at national level, 2015, 2014 and 2013



Strategies were not equally applied across the country. Figure 14.4 shows the cumulative percentage of households that experienced lack of food and applied each coping strategy. Looking at these results, Aley and Chouf were the cazas with the highest accumulative percentage (>400%) while Hasbaya and Jezzine showed the lowest (<200%).

More than 90% of households in Zahle, Aley and Zgharta reduced food expenditure compared with just 23% in Hasbaya. In Zgharta, Chouf and Tripoli at least 85% borrowed food or money to buy food versus 24% in

Hasbaya. Most households in Aley and Chouf ($\geq 76\%$) cut non-food essentials versus $\leq 25\%$ in Hasbaya and Nabatieh. Spending savings was most common in Aley (71%) and least in Jezzine (7%). Households in Beirut and Chouf were the most likely to sell household goods (44%) and those in Nabatieh and Beint Jbeil least likely (10%). Withdrawing children from school was commonplace in Chouf and Aley ($> 35\%$) but not in El Metn and Hasbaya ($< 7\%$). Selling productive assets was most common in Baalbek (17%) while 10% of households in Hermel sent their children out to work.

Figure 14.4 Accumulative percentages of households that used asset depletion coping strategies at caza, regional and national level

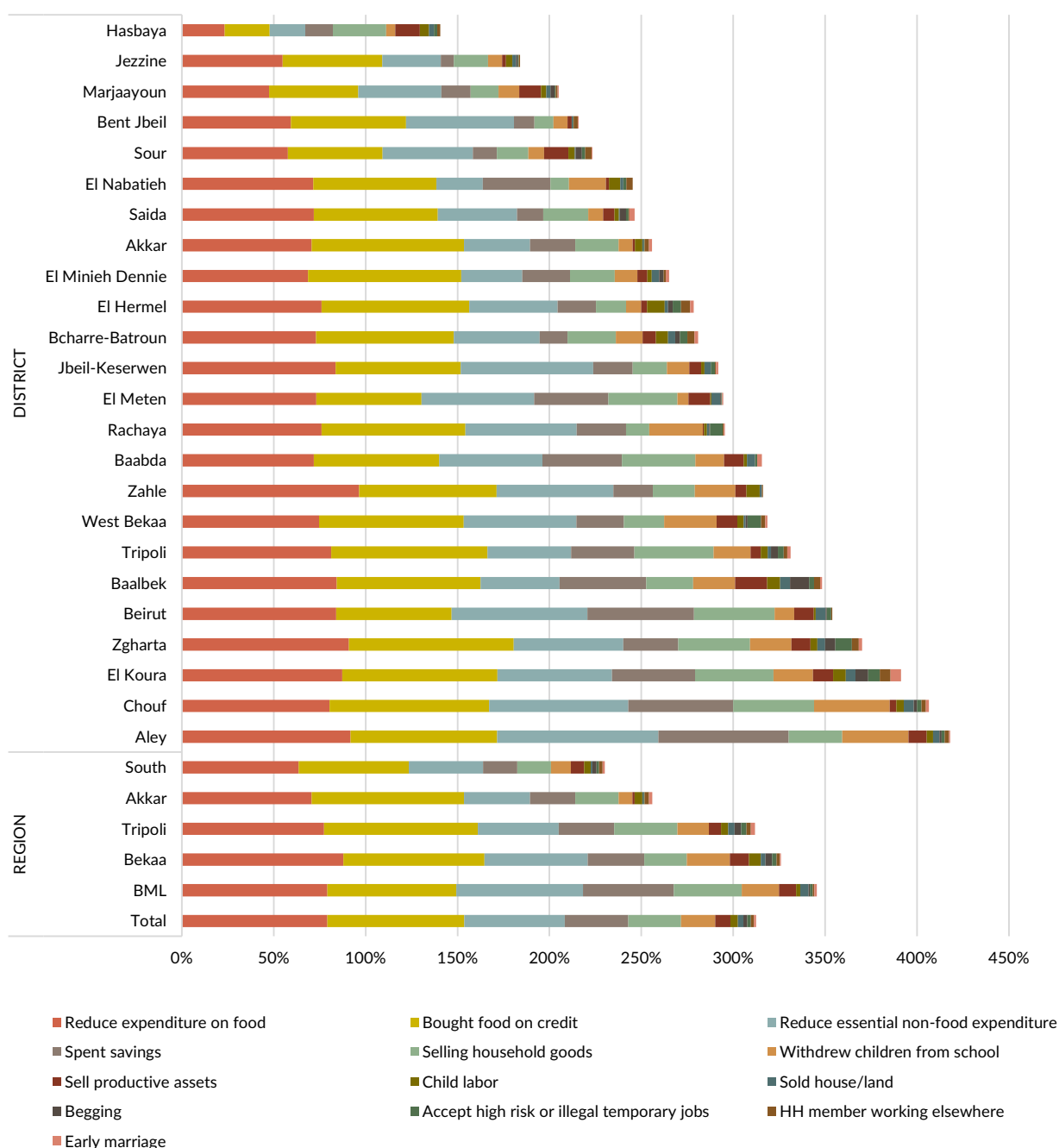
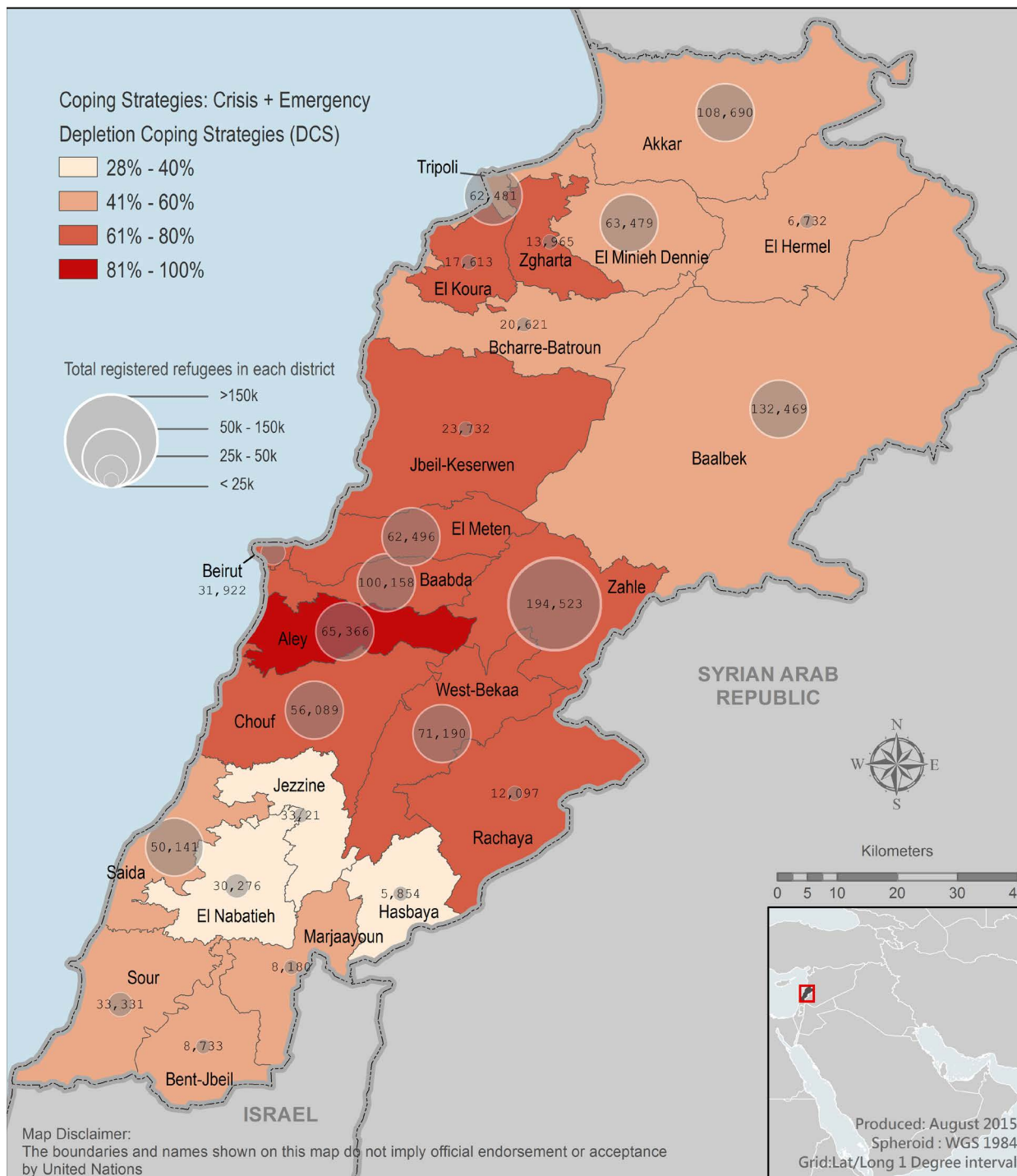


Figure 14.5 Percentage of Syrian households that applied crisis and emergency coping strategies



Crisis ADCSs

The ADCSs are classified according to their severity or irreversibility into three categories – stress (least severe), crisis and emergency (most severe). Annex 4 describes which strategies are included in each category and the methodology for classification. Given that some strategies could be applied for reasons not necessarily related to lack of food or money to buy it, coping strategies applied by households that did not report lack of food or money to buy it have not been considered. This condition also allows for comparison with previous VASyR surveys.

Results show that more than half of households (52%) applied a “crisis” strategy¹, 32% more than in 2014 while the proportion of households employing a less severe “stress” strategy, more than halved in the last year, from

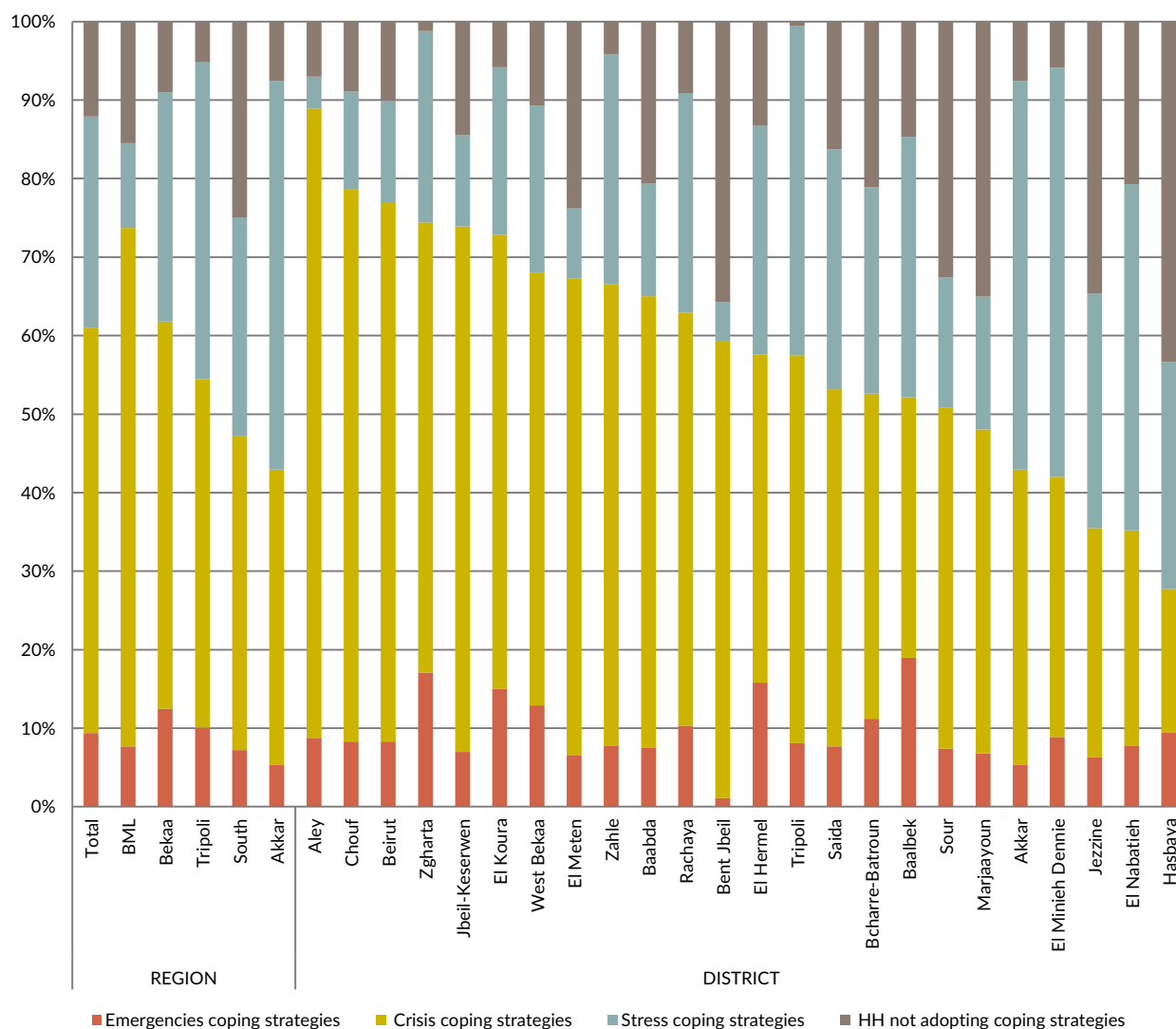
¹ 56% applied some crisis coping strategy but no any emergency one.

59% to 27%. Households applying emergency coping strategies (9%) and those not applying any coping strategy are similar to those of 2014.

Interestingly, the region with the highest percentage of households applying crisis coping strategies was BML while a higher percentage of Bekaa households employed emergency coping strategies. The South had the highest proportion of households not applying any coping strategy.

At caza level, Aley had the highest percentage of households employing crisis coping strategies followed by Chouf and Beirut ($\geq 75\%$). Emergency coping strategies were more common in Baalbek, followed by Zgharta, Hermel and Koura ($\geq 15\%$).

Figure 14.6 Percentage of households in each ADCS classification at caza, regional and national level



Debt

Reasons for and sources of loans

About 85% of households borrowed money or received credit in the last three months, with relatively little variation between cazas (from 79% in El Minnie Dennie, Akkar and Hermel to 92% in Koura and Chouf).

As in previous years, the main reasons for borrowing money or getting credit were to buy food (74%), to cover rent (51%) and to pay health expenses (38%). However, the reasons for incurring debts varied significantly by caza. For instance more than 90% of households in Beint Jbeil, Rachaya and Marjaayoun borrowed money to buy food versus less than 60% in Koura and Tripoli (<60%). Rent was more reported in Jbeil-Keserwen and Rachaya (≥70%) and less in Baalbek, Marjaayoun and Hermel (<25%). In Hasbaya and Hermel about half of households had to borrow money to cover health needs compared with less than 20% in West Bekaa, Marjaayoun and Rachaya.

There were also significant geographical differences in the sources of money borrowed. Friends or relatives living in Lebanon were the main sources of loans or credits (92%), ranging from 83% in Beint Jbeil to 99% in Zgharta. Borrowing money from friends or relatives living outside Lebanon was more common in West Bekaa, Rachaya and Bent-Jbeil (≥16%) but virtually unknown in Jezzine, Marjaayoun and Nabatieh. Money lenders were more

frequently used in Sour, Rachaya Marjaayoun and Akkar (7-13%).

Around 89% of households had some debts¹, rising to practically 100% if only households that borrowed money in the last three months were considered, which constitutes an increase of 18% over 2014. Out of all Syrian refugee households, 79% had debts of \$200 or more and 40% \$600 or more. Half of the population had debts of more than \$460, up from \$400 last year. On average, households with debts owed \$842, which is \$180 more than in 2014.

Bcharre-Batroun, El Metn, Chouf and Aley had the highest debts (>\$700) while Hasbaya, Bent-Jbeil, Hermel, El Nabatieh, Marjaayoun, Rachaya, Sour and West Bekaa the lowest (≤\$400).

As shown in figure 15.1, El Metn and Beirut had the lowest proportion of households with debt, but the highest amount owing on average. Meanwhile, Hermel had the highest percentage of households with debt but the average amount owing was among the lowest.

¹ The total amount of debt was asked to all households, independently if they borrowed money or not in the last 3 months. Results of VASyR 2014 only refer to households that borrowed money in the last 3 months. When only households that borrowed money in the last 3 month are considered in VASyR 2015, 99.6% of households have debts.

Figure 15.1. Main reasons for borrowing money at caza, regional and national level

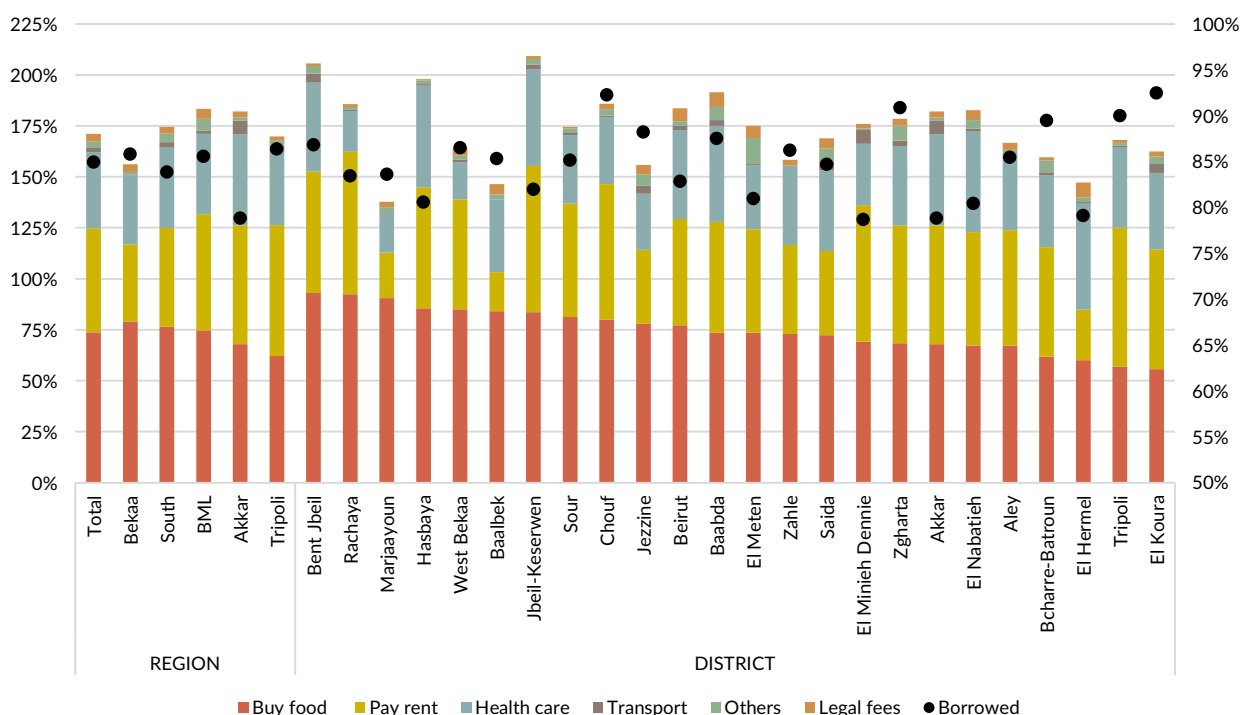


Figure 15.2. Household level average debts and amounts owing at caza, regional and national level

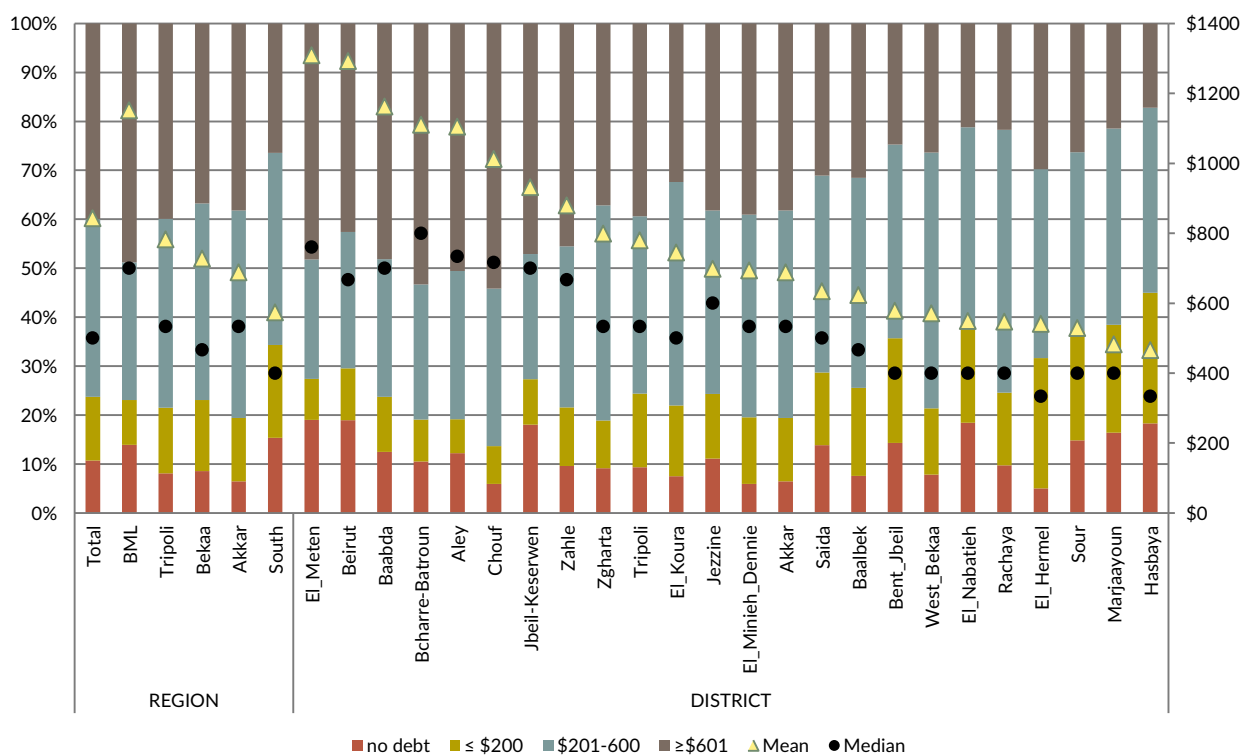


Figure 15.3. Regional and caza level debt snapshot

Mean household debt > \$1000	REGIONS	BML
	CAZAS	El Meten, Beirut, Baabda, Bcharre Batroun, Aley, Chouf
Highest proportion of households with >\$600 debt	REGIONS	BML
	CAZAS	Bcharre Batroun, Aley, Chouf

Food Security

Classification of households according to their food security situation is based on a composite indicator that considers food consumption, food expenditure share and coping strategies (table 1). The criteria provide a score between 1 and 4 that aims to reflect the two key dimensions of food security status: 1) the current (short term) situation of households, measured by the Food Consumption Score (FCS) and food consumption related

coping strategies, and 2) the estimated future food security status, determined through the food expenditure share and food and non-food related coping strategies..

Based on this methodology, households are classified into four food security categories: food secure, mildly food insecure, moderately food insecure and severely food insecure (table 35).

Figure 16.1. Thresholds and point scale for food security classification

	1 Food Security	2 Mild Food Insecurity	3 Moderate Food Insecurity	4 Severe Food Insecurity
Food consumption	Acceptable	Acceptable with food related coping strategies	Borderline	Poor
Food expenditure share	<50%	50-65%	65-75%	>75%
Coping strategies	HH not adopting coping strategies	Stress coping strategies	Crisis coping strategies	Emergencies coping strategies

Figure 16.2. Food security categories description

Food Security Group	Household Group Condition*
1 Food security	Able to meet essential food and non-food needs without engaging in atypical coping strategies
2 Mild food insecurity	Has minimal adequate food consumption without engaging in irreversible coping strategies; unable to afford some essential non-food expenditures
3 Moderate food insecurity	Has significant food consumption gaps, OR, marginally able to meet minimum food needs only with irreversible coping strategies
4 Severe Food Insecurity	Has extreme food consumption gaps, OR, has extreme loss of livelihood assets that will lead to food consumption gaps OR worse.

Household level food insecurity

Results of the analysis show that 89% of the population was food insecure to some degree, most of them mildly food insecure (65%) and 23% moderately food insecure. For Syrian refugees in Lebanon the asset depletion coping strategies was the most striking indicator of food security: some 61% of households applied crisis or emergency coping strategies. Using the Food Consumption Score as a proxy of current food security status, 17% of households had poor or borderline food consumption, but this prevalence was likely to increase because households were exhausting their capacity to cope with shocks and were likely to have to resort to strategies that erode their food security.

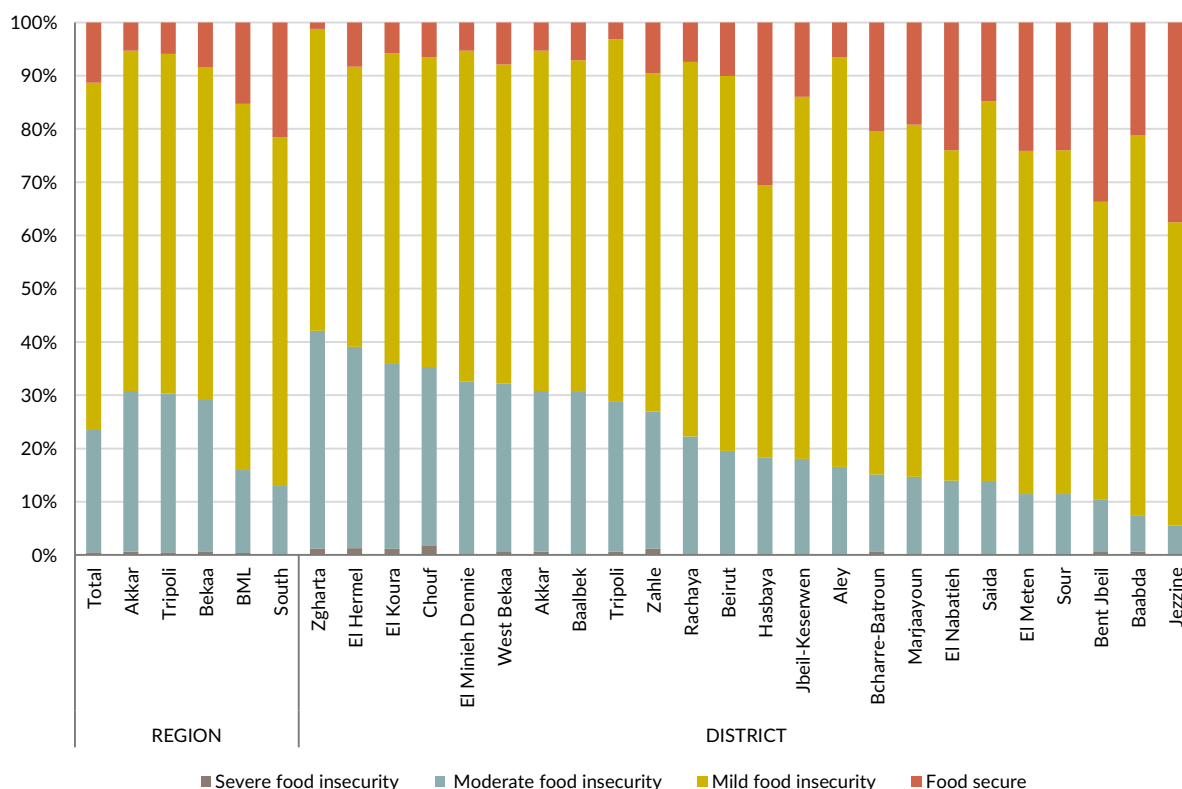
Moderate food insecurity (23%) was almost double the figure obtained in 2014 (12%) while severe food insecurity remained at around 0.5%. By the same token, the percentage of food secure households fell from 25% in 2014 to 11%, treble the 2013 prevalence. The percentage of mildly food insecure households was slightly higher than last year. As mentioned above, this deteriorating food security situation was mainly, but not only, caused by an increase in the coping strategies applied by households as well as in the severity of those strategies. There was also deterioration in food consumption and food expenditure share.

Figure 16.3. Percentage of households by food security indicators, 2013, 2014 and 2015

		1 Food Security	2 Mild Food Insecurity	3 Moderate Food Insecurity	4 Severe Food Insecurity
Food security	2013	32%	56%	12%	.9%
	2014	25%	62%	12%	.4%
	2015	11%	65%	23%	.5%
Food consumption	2013	55%	38%	5%	2%
	2014	35%	52%	10%	3%
	2015	23%	60%	14%	2%
Food expenditure share	2013	54%	26%	9%	10%
	2014	68%	21%	6%	5%
	2015	63%	20%	9%	8%
Coping strategies	2013	18%	60%	14%	8%
	2014	13%	59%	20%	8%
	2015	12%	27%	52%	9%

Moderate food insecurity in Akkar, Bekaa and Tripoli 5 ($\approx 30\%$) was almost double that of BML and South ($\approx 15\%$). Food security was more common in the South (22%) than in BML (15%). Cazas with the highest moderate or severe food insecurity were Zgharta, Hermel and Koura ($\geq 35\%$) whereas cazas with the lowest food insecurity were Baabda and Jezzine ($\leq 7\%$).

Figure 16.4. Percentage of households by food security category at caza, regional and national level



Looking at the numbers of refugees, as of the 10th of June 2015, out of the 1,174,690 Syrian refugees registered in Lebanon, about 763,549 were estimated to be mildly food insecure, 272,528 moderately food insecure and 5,873 severely food insecure. Just 129,216 were considered food secure. These figures indicate that the number of moderately or severely food insecure Syrian refugees in

Lebanon has burgeoned in the last year from 699,513 mildly food insecure and 131,817 moderately food insecure.

Looking at the numbers of moderately and severely food insecure in the country half of all food insecure households in the country were found in Zahle, Baalbek, Akkar and West Bekaa.

Figure 16.5. Percentage of households in moderate and severe food insecurity, 2013, 2014 and 2015

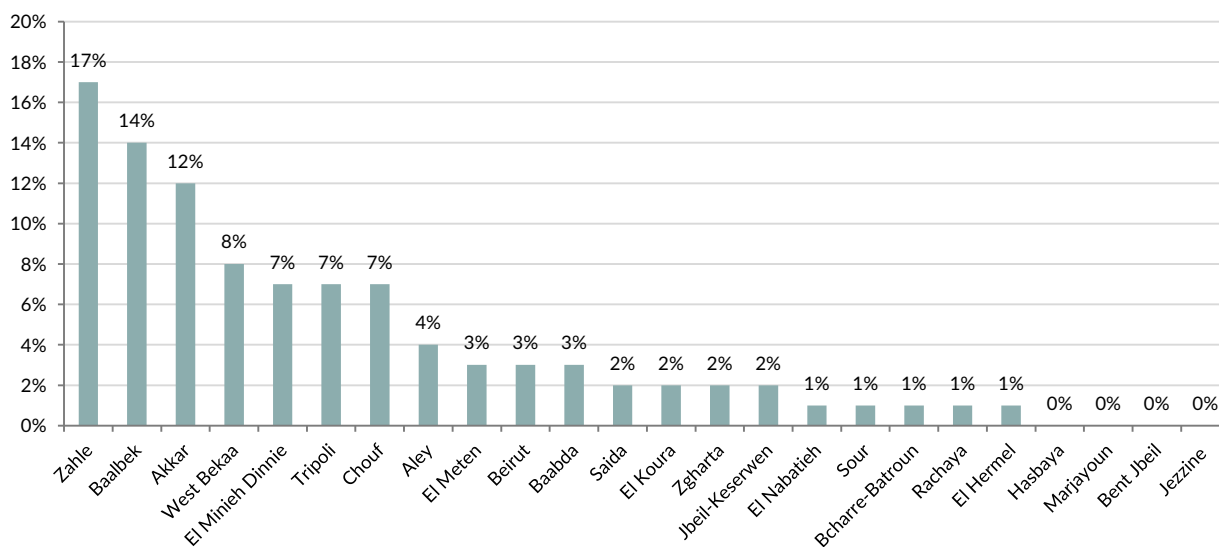
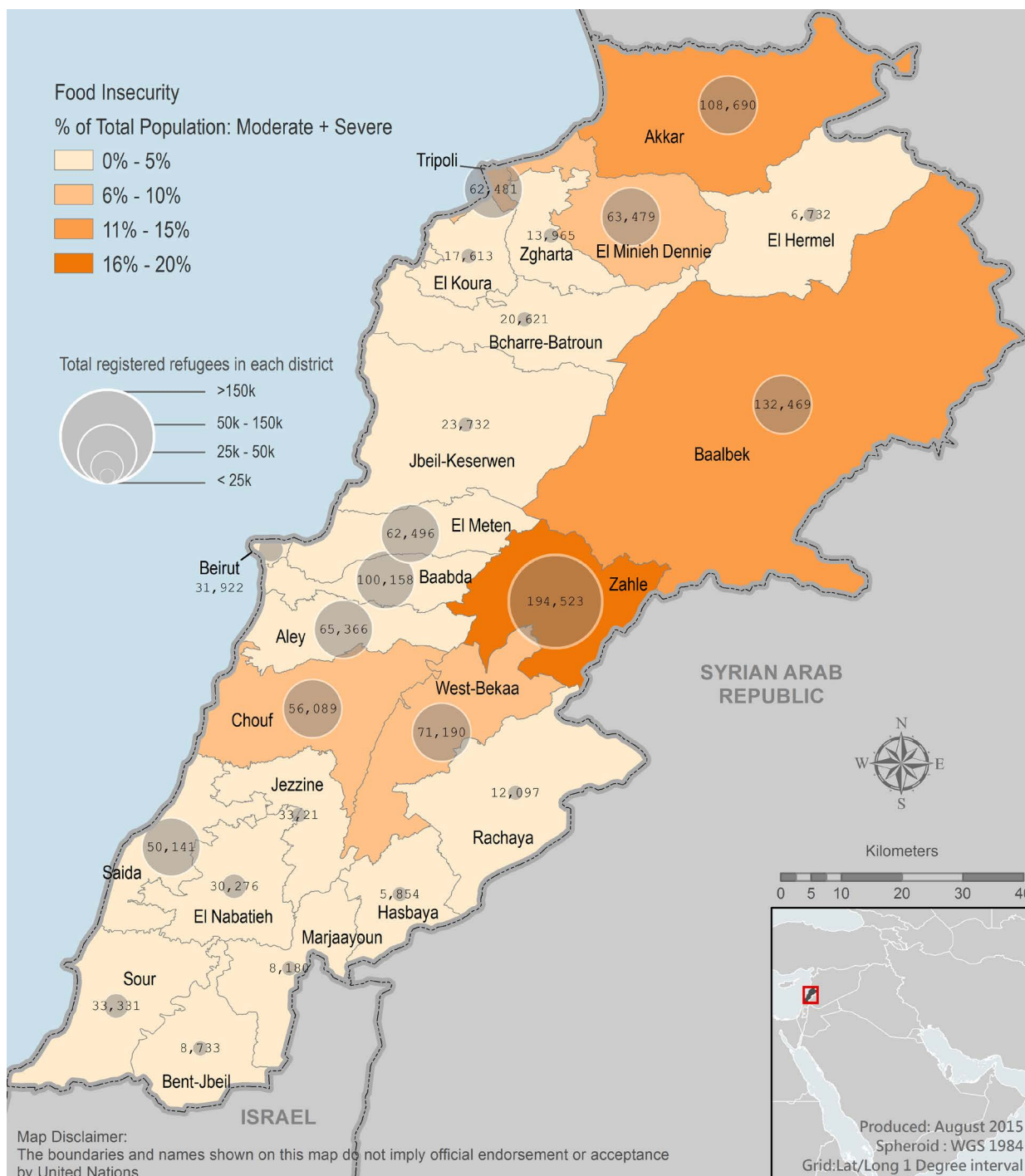


Figure 16.6. Regional and caza food security snapshot

Most food insecure regions	Akkar, Bekaa and Tripoli 5
Most food insecure cazas	Zgharta, Hermel and Koura have highest HH prevalence. In terms of actual numbers half of all food insecure households are in Zahle, Baalbek, Akkar and West Bekaa.

Figure 16.7 Percentage of households by food security indicators, 2013, 2014 and 2015



Assistance

Results show that food vouchers were the most prevalent type of assistance (67%) in the three months prior to the survey, with the lowest rate being in Akkar (52%), followed by Tripoli (61%). Bekaa (71%), Beirut and Mount Lebanon (70%) and South (72%) had higher and similar coverage rates. Only 7% of HHs received cash assistance during that three month period with the lowest rate in Tripoli (3%) and the highest in the Bekaa (9%). Health

care assistance was most prevalent in Akkar (19%) while other regions had more or less similar levels of health care assistance.

The regularity of assistance varied according to the type of assistance. Food vouchers were received consistently in almost all cases, while hygiene kits and food in-kind were received regularly in 4% and 23% of cases respectively.

Figure 17.1. Assistance level by region and total

Assistance	REGION					
	Akkar	Bekaa	BML	South	Tripoli	Total
Food vouchers	52%	71%	70%	72%	61%	67%
Health Care	19%	12%	10%	11%	11%	12%
Cash Assistance	5%	9%	8%	5%	3%	7%
Food inkind	11%	7%	5%	10%	3%	7%
Hygiene kits	4%	8%	1%	8%	2%	4%
Other NFI	4%	5%	1%	2%	1%	3%
Fuel subsidy	4%	3%	2%	6%	1%	3%
Rent Subsidy	2%	3%	1%	2%	1%	2%
Other assistance	0%	1%	1%	0%	0%	0%
Psychosocial	0%	0%	0%	0%	0%	0%

Around 47% of HHs reported having received cash assistance for a limited duration but were not receiving it anymore. The Bekaa witnessed the highest drop in cash assistance: some 67% of Bekaa HHs reported that cash assistance was once regular, but had stopped, followed by Beirut and Mount Lebanon (43%). Health assistance tended to be more regular in the Bekaa (62% of HH reporting that they were still receiving health assistance) and least regular in Tripoli, where only 28% reported receiving health assistance at the time of the interview.

Respondents stated that hygiene kits were received only once (85%).

Beirut and Mount Lebanon reported received the least amount of assistance of all types during the past year. Households in the Bekaa, followed by Akkar, received the most assistance, particularly in terms of furniture and food assistance. Education assistance was most common in Akkar (16%) followed by the South (10%).

Figure 17.2. Assistance at household level

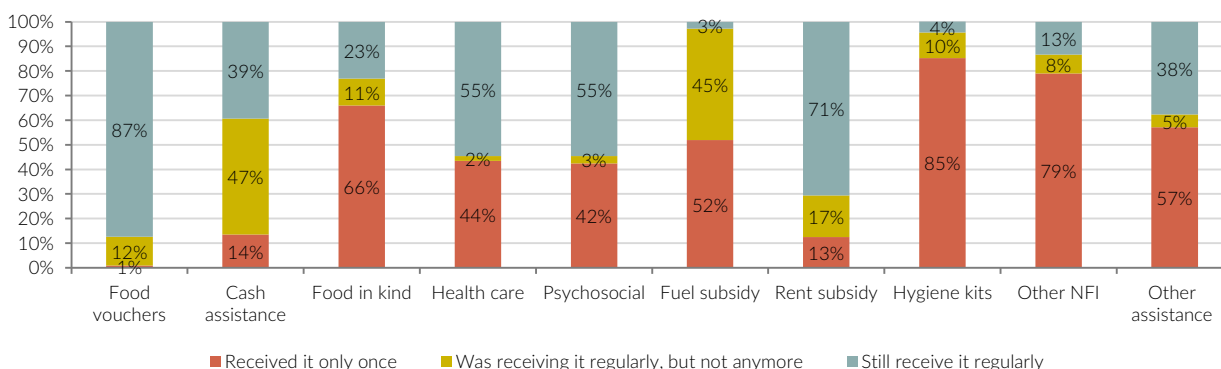
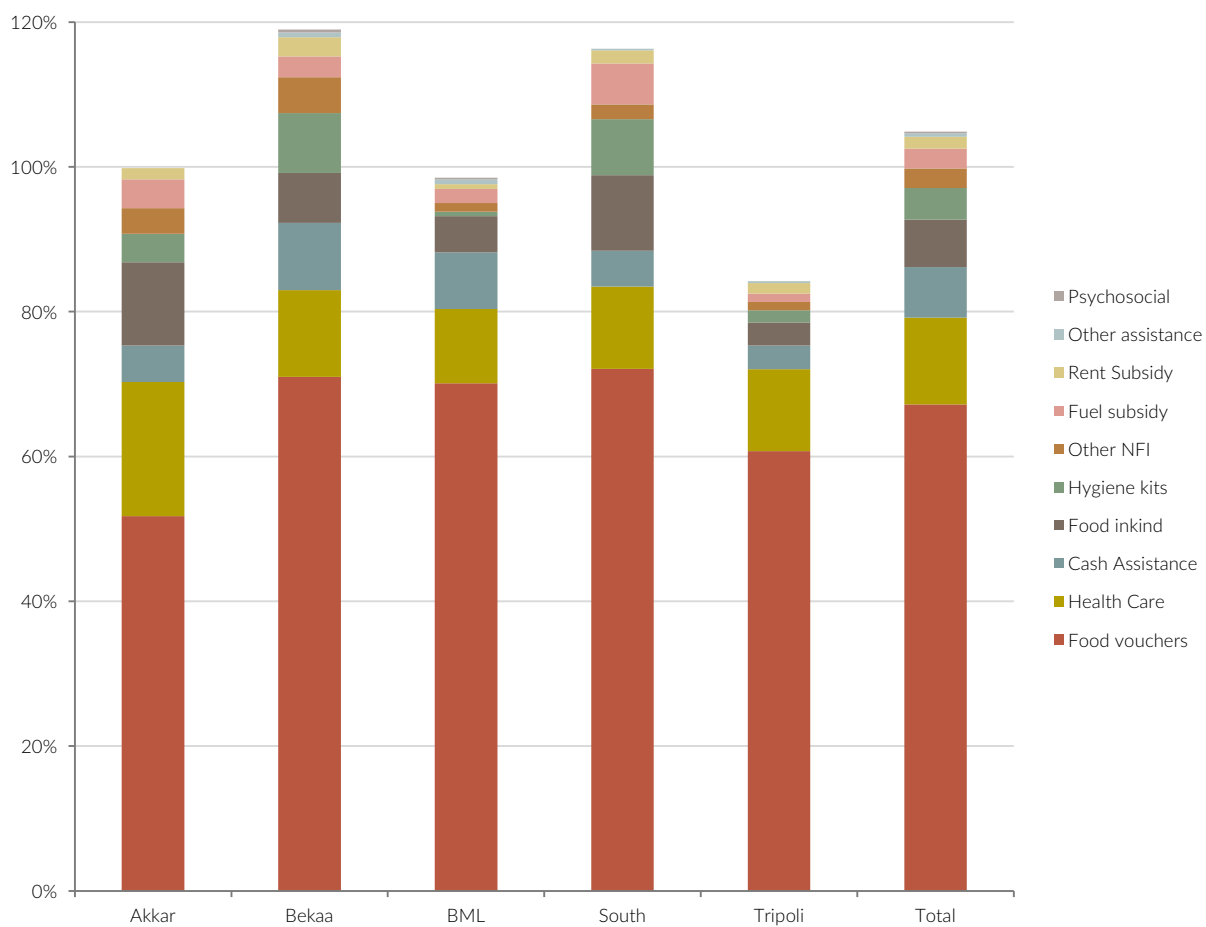


Figure 17.3. Assistance provided over the past year



Focus Group Discussions

The VASyR focus group discussions (FGDs) were conducted to better understand the conditions, specific social networks, shocks and the priorities of Syrian refugees in Lebanon. They offer a qualitative insight into the experience and living conditions of the Syrian refugee households and complement the quantitative data collected through the VASyR household surveys. The FGDs were conducted in May 2015, after the e-card value was reduced to USD19 per person per month.

In total 144 FGDs were conducted throughout Lebanon at the caza level (Annex 1). Following the VASyR 2015 sampling, three clusters were selected per caza, where two FGDs were conducted per cluster with separate sessions for men and women. Participants numbered 1264 refugees (658 women and 606 men), with an average of nine participants per discussion.

The questionnaire used to direct the focus group discussions can be found in Annex 2.

Quality of life

The main problems highlighted include the significant reduction in assistance, especially the WFP voucher value and the lack of employment opportunities, due to the Lebanese government's policy of prohibiting refugees registered with UNHCR from working. Other problems include the significant exclusion of needy families from assistance; high rents and cases of exploitation and abuse by landowners; local law enforcement and disrespectful treatment by humanitarian aid workers.

Most participants stressed that the quality of life has deteriorated since last year. Some claimed that the Syrian community will become hostile if no assistance is provided, stating that they somehow have to stand up for their own needs. Women in particular stressed the need for mattresses, blankets, electricity and water.

Main consequences of this poorer situation (not listed in order of importance):

- Taking loans and/or accessing interest free credit mainly from relatives, friends, markets, landlords and butchers. Most of the men said they would be unable to pay back their debts because of unemployment. Some of the shops are charging debtors interest.
- Psychological and emotional pressure (some women and men have suicidal thoughts)
- Health deterioration (spread of diseases)
- Domestic violence

Key points made by participants

Dissatisfaction with the decrease in food assistance

Inability to generate additional income because government policy prohibits refugees from working

Children sent to work to earn additional income to cover food and shelter costs

Support from humanitarian organisations is lacking and often perceived to be biased

Unclear – and often unfair – criteria are used by humanitarian organisations when determining who is eligible for assistance

Reductions in assistance directly lead to a deterioration in quality of life

If further reductions are inevitable, participants would prefer to return to Syria 'to die with dignity'

Host communities are becoming increasingly aggressive towards refugees.

- Not enrolling/withdrawing children from schools
- Decrease in food intake
- Begging and taking on illegal jobs to generate income
- Host community discrimination (one declared that there is a "phobia of Syrians")
- Accusations of wrong doings by local authorities (municipalities)

Lack of resources is preventing renewal of legal residency and registration papers, further limiting access to services such as health care.

The participants claimed that 90% of the refugee population are affected by the aforementioned challenges with children most affected, due to lack of access to proper education and poor eating habits. Household heads are also highly affected because of restrictions on movement and expired legal permits.

Existing social support

The majority claimed that there were no support mechanisms in their neighborhood. Some stated that they receive support from UNHCR (cash assistance); others from religious groups, local NGOs and Gulf aid committees (cash for rent). Others said that they did not receive any support at all. It was repeatedly stressed that the support provided overall is nowhere near enough. WFP beneficiaries stated that they are unable to cover their basic food needs because of the e-card reduction from \$30 to \$19 per person per month.

In terms of efficiency, participants would prefer it if municipalities were not involved in distribution of assistance as most refugees are not registered with the municipality. More cooperation between NGOs to widen the geographical coverage of assistance (food, health, rent, education, water and cash) was suggested.

Selection process

Some have no idea about the selection criteria, while others noted that households are selected based on specific, mainly demographic, criteria such as number of dependents, widows, elderly, pregnant/lactating women, orphans (people with specific needs). A common perception is that some households are selected randomly.

Some believe that NGOs discriminate against beneficiaries, and that they – in some cases – are paid by refugees to get assistance. NGO favoritism for female headed households was stressed.

Issues and priorities

Overall the priorities remain the same as last year (not in order of importance):

- Up the WFP e-card value to its former value (\$30) in households that are decreasing their food intake in order to meet other necessary costs such as rent
- Improve healthcare services
- Ensure education for children
- Renew residency permits
- Provide better WASH assistance (especially within the Informal Tented Settlement).

The UN and NGOs were called on to help meet these priorities. They are calling for better communication between refugees and INGOs/NGOs (including the UN) in order to provide more and better assistance. Participants are also calling for the e-card value to be reverted to \$30 a month in addition to the cash aid they are receiving.

Participants' suggestions for improved selection process

Aid organisations to visit every single household and conduct better case analysis

Exclusion done in the field directly after the visit

Prioritize families with no income earners

Target the most vulnerable people

Refugees want external actors to lobby landowners to decrease rents and have the UN cover the expenses of residency renewal. Many participants stated their need to access job opportunities which would solve a big part of their financial stress.

Very pessimistic outlook

The FGD participants expected a further deterioration in the situation in the short, medium and long term. Restrictions will increase with time, assistance will drop and host communities will become more hostile. A gradual forced return to Syria and expulsion from Lebanon is expected in the medium and long-term. Overall the future outlook is very pessimistic: things will not improve and there is no chance of a longer term, stable life in Lebanon.

Most participants expressed concern about the near future, expressing frustration about financial, social and security challenges. Their only vision is to return to Syria when the crisis ends. Some do not want to think about the future, living their lives day by day. Others said that they do not envisage themselves remaining in the same area. Their only solution is to continue to wait and hope.

They are asking for legal control in all regions where refugees live in order to avoid conflict between Syrians and the host community.

Conclusions

The food security situation of Syrian refugees in Lebanon has significantly worsened since last year. Moderate food insecurity almost doubled (from 12% to 23%) affecting nearly a quarter of households while the percentage of food secure households fell from 25% to 11%. Most of the population (65%) was classified as mildly food insecure. Out of the 1,174,690 Syrian refugees registered with UNHCR in Lebanon in June 2015, about 763,549 were estimated to be mildly food insecure, 272,528 moderately food insecure and 5,873 severely food insecure. Just 129,216 were considered food secure.

Regionally, Akkar, Tripoli 5 and Bekaa had the highest proportion of food insecure households while the South was the most food secure. However, food insecurity varies significantly by caza within the same region. At caza level the highest proportion of food insecure Syrian refugee households (reaching one third) was found in Zgharta, Hermel, Koura, Chouf and Baalbek and the lowest in Jezzine, Baabda and Beint-Jbeil. Nabatieh had the highest percentage of food secure households.

The analysis shows that food insecurity was significantly associated with:

CHARACTERISTICS OF FOOD INSECURE HOUSEHOLDS	
Demography	More household members and high dependency ratio
Gender	Female headed households and higher number of women household members
Special needs	Household members with specific needs such as disability, chronic illness or temporal function limitations.
Livelihoods	Households with no income source. Households reliant on food vouchers, informal credits or agricultural casual labour as their main livelihood source rather than skilled work, non-agricultural casual labour, savings and remittances.
Poverty	Expenditures that fall below the Lebanese extreme poverty line and Survival Expenditure Basket. Less likely to have any assets.
Diet	Households that have lower dietary diversity and those where adults and children have fewer daily meals.
Education	Lower education level of household head
Housing and sanitation	Households in informal or semi-formal settlements, living in substandard, small, crowded shelters or one room structures. They are less likely to pay rent and more likely to live in shelters provided by their employer or through some type of assistance or charity. They are more likely to share latrines with other families and these tend to be traditional pit latrines instead of flushing toilets. They are more likely to obtain water from wells, protected springs or have water provided by NGOs.

The main cause of food insecurity among Syrian refugees in Lebanon is lack of earning power. The restrictions on their access to the labour market, which the Lebanese government approved at the end of 2014, has reduced their livelihood opportunities and made it even harder for them to cover their basic needs autonomously. The proportion of households with no income has increased since last year. Dependency on food vouchers and loans as the primary livelihood source has also grown. The gap between monthly expenditures and income was estimated at \$300 which households have to cover mainly by taking on debt.

Coping strategies, already limited for refugee households because of the limited number of assets they can bring to

their host country, have progressively become more severe and irreversible as the remaining assets and savings were exhausted. In 2015, households engaging in emergency or crisis coping strategies (61%) was more than double the 2014 percentage (28%). Employing severe coping strategies augments the risk of future food insecurity as households have less margin to cope with possible shocks. Borrowing money was one of the most common coping strategies; around 85% of households borrowed money in the last three months and half of them had debts of \$460, which was some \$60 more than the previous year.

Half of Syrian refugee households were not able to cover the survival minimum expenditure basket and 70% fell below the minimum expenditure basket, which represents

an increase of 20% over 2014. Household size reduced by more than one member, so we should expect higher expenditure per capita, but in fact expenditures reduced at household and per capita level.

About 80% of households reported having experienced lack of food or money to buy food in the month before the interview and the need for food was the main reason why people borrowed money. Consumption of nutritious and healthy foods such as vitamin A rich fruit and vegetables fell and was replaced by higher consumption of fats and sugar. Infant and young child feeding practices continued to be inadequate for almost all children between 6 and 17 months old.

Significant changes have been observed since VASyR 2014, which highlights the dynamism of refugee households' characteristics and living conditions in

Lebanon pointing out the need for a comprehensive approach to the targeting.

With the Syrian conflict now in its fifth year, the refugees face severe restrictions on accessing the Lebanese labour market, their assets and savings are increasingly exhausted, their debts are mounting and they must fulfil specific requirements to legalize their stay in Lebanon. Each day represents a monumental struggle to meet the most basic needs. While the security situation means returning to their homes in Syria is out of the question, their dependency on assistance is growing in parallel with the reduction of available funds. Given the limited possibilities to move to other countries, refugees continue living in a stressful context with no way out. Lebanon and the refugees it is hosting are in a very delicate state: the situation requires special and immediate measures.

Recommendations

The ongoing conflict in Syria has caused the refugee situation in Lebanon to shift from initial emergency to protracted crisis. This has grave implications on available funding, programmes and operations. While living conditions deteriorate, direct assistance becomes increasingly unsustainable, forcing agencies to tackle the root causes of vulnerability and to reduce, as far as possible, refugee households' dependency on external aid. Policies, measures and programmes oriented towards allowing refugees to generate income while protecting the Lebanese labour market and mitigating potential tensions with the host community are recommended.

Reducing the number of households targeted for assistance is likely to lead to a further deterioration of the food security situation: dependency on external assistance must be tackled at the same time.

Acknowledging the increase of households living below the minimum expenditure basket, it is recommended to upscale programmes interventions to increase the coverage of basic needs (including food) for large proportion of population, particularly through seasonal interventions to address those needs during the seasonal hazards, like the winter period.

The extended and continued inadequacy of infant and young child feeding practices requires a causal analysis to better understand the factors leading to it. Programmes must be directed at tackling the identified causes. Although sensitization on adequate feeding practices is recommended, other potential causes should be considered to ensure effective behavioural change.

The intraregional variability regarding food security should be taken into consideration to inform potential geographical targeting. Given the significant differences between cazas in the same region any geographical targeting should be applied at a lower geographical level. Cazas with relatively high levels of food insecurity vulnerability have been observed in regions generally characterized by better living conditions such as Chouf caza in BML. By the same token, cazas with a higher percentage of households with relatively stable food security are not necessarily those with a lower proportion of households with poor food security. For example, although households in Jbeil-Keserwen are more likely to have acceptable food consumption than those in Zahle or Hermel, they are also more likely to have poor food consumption. Systems to identify and recognize these pockets will ensure an appropriate and fair level of assistance to vulnerable households regardless of their location.

Annex I : Minimum Expenditure Basket Methodology

Methodology

The Minimum Expenditure Basket (MEB) is based on secondary data on expenditures collected by 17 agencies. The data was consolidated and analysed by Handicap International during the second quarter of 2014. MEB composition was discussed and endorsed by the Cash Working Group after consultation and inputs received from sector working groups.

The expenditures included in the MEB are:

- Minimum food expenditure basket (MFEB): MFEB is based on WFP quantities which contents 2,100 kcal per day plus all nutrients needed. In order to calculate it, prices collected by WFP in January 2014 over Lebanon were analysed.
- Non Food Item (NFI): the NFI package was decided by the NFI Working Group, monthly prices monitoring done by a few organizations were used to determine the average price for each item. Even though, only a few organizations are involved in the NFI price monitoring, prices were collected in all regions except Beirut.
- Clothes: no minimum requirement for clothes has been agreed by the sector lead, therefore this calculation is based on monthly expenditures collected through PDM.
- Communication: the price taken is based on the minimum requirement per month to keep the phone line active.
- Rent: the calculation is based on average rent regardless of the types of shelter that refugees are living in considering the percentage of the refugees actually paying rent. Agreement received from the Shelter Sector Working Group.
- Water: the calculation is based on the Sphere standard where one individual will require 35 litres of water per day, then multiplied by the cost of water truck service. Agreement received from the WASH Sector Group.
- Transportation: no minimum requirement for transportation was agreed, thus the calculation is based on monthly expenditures collected through PDM.
- Health: the calculation is based on the agreement by Health Sector Working Group. Adults will make 2 medical visits per year in addition to drugs and diagnostic test which costs US\$16 per year per person. Children under the age of 5 will make 4 medical visits per year which costs US\$33 per year per person. It was assumed that a household was composed with 2 adults, 1 child above 5 years and 2 children under 5 years.
- Education: no feedback received from education sector, therefore the calculation is based on expenditures collected through PDM.

Extra expenditures:

There were extra expenditures that required special attention to the humanitarian agencies who are providing assistance to Syrian refugees, such as legalisation of stay in Lebanon. All Syrian refugees arrived in Lebanon in 2013 had to renew their visa for 6 months (free for the next 6 months), in order to do so every individual over 15 years old had to pay US\$200. It has been known that an average of 2 people per household had to legalise their visa in 2014, thus every household required an additional US\$400 assistance.

Regarding winterisation, it was agreed that only petrol will be an additional cost for the household as distribution of stoves and high thermal blanket has occurred and newcomers will receive this assistance.

Limitations

- Data analysed were collected and based upon different timeframes, therefore the MEB is not perfectly accurate.
- Some expenditure could not be disintegrated which makes it difficult to understand what they are incorporating.
- There was no harmonisation of the expenditure collection.

Survival Expenditure Basket

Based on the MEB, a survival expenditure basket was calculated which includes all the survival basic items needed by the households, which are:

- Food: based on the 2100KCAL per day, same as the MEB, excluding the cost of the 100% of the nutrients needed.
- NFI: the package remains the same as the previous one included in the MEB.
- Clothes: same package as MEB.
- Communication: same package as MEB.
- Rent: Average rent for refugees staying in ITS.
- Water: calculated based on 15L per day per person.
- Transportation: same package as MEB.
- Loan refund: based on average collected through field visit.

	Products	Quantities per capita	per HH	Amount in LBP	Amount in US\$	Comments
Food Basket	Ration per month in G					
	Lemon	900		982,1	1	Minimum Food Expenditure Basket per HH with WFP ration to meet nutrient needs + 2100KCAL/month
	Lettuce	1950		4 608,0	3	
	Egg	600		2 331,4	2	
	Bread	2100		3 590,1	2	
	Milk powder	600		8 533	6	
	Egyptian Rice	3000		5 530,8	4	
	Spaghetitis	1500		3 664,0	2	
	Bulgur Wheat	3900		6 705,3	4	
	Canned meat	1140		10 274,8	7	
	Vegetable oil	990		2 622,9	2	
	Sugar	1500		1 993,4	1	
	Lentils	1800		4 208,0	3	
Salt iodized	150		76,0	0		
Total Food expenditures per person				55,119.80	37	
Total Food expenditures per HH				275,599.00	184	
Non Food items (CWG)	Prices collected by CWG actors					
	Toilet Paper		4 rolls/packet	1 233,3	1	Quantities harmonized by the NFI WG. Minimum NFI required.
	Toothpaste		2 tubes/75ml	4 132,4	3	
	Laundry soap/detergent		Bubbles 900gr	4 073,2	3	
	Liquid Dishes detergent		750ml	2 478,8	2	
	Sanitary napkins		3 packets of 20 pads per packet	8 051,7	5	
	Individual soap		5 pieces of 125g	2 461,8	2	
	Hypoallergic Soap		125g per bar	1 298,2	1	
	Disinfectant fluid		500ml	3 891,5	3	
	Shampoo		500ml	4 022,5	3	
Diapers		90 per packet	14 599,3	10		
Cooking gas	1kg		2 733,3	2		
Total NFI expenditures				48 976,0	33	
Other NFI	Based on HH surveys					
	Clothes		per month	37 050,0	25	Based on average expenditures collected through PDM
	Commination cost		per month	34095	23	Minimum needed per month to keep the phone active
	Shelter – Rent		per month	290 075,0	193	Average rent regardless the type of shelter. Weighted according to % of population residing in shelter.
	Wash –Water supply		per month	71250	48	Monthly cost of water per HH in normal situation, 35 L/person/day according to normal standard.
	Services – Transportation		per month	40 375,00	27	Based on average expenditures collected through PDM
	Services – Health		per month	14 250,00	10	According to health sector, adults will do 2 medical visits per year+ drugs and diagnostic test which costs 16\$ per year/adult. Children <5 will do 4 medical visits per year which costs 33\$ per year/child. We took the assumption that a HH was composed with 2 adults, 1 child>5 years and 2 children<5 years. Calculation: (16X3+33X2)/12
Services – Education		per month	45 487,50	30	Based on average expenditures collected through PDM	
TOTAL MEB				857,157.50	571	

Annex II : Coping Strategies Categories

The coping strategy indicator is classified into four categories: households that are not adopting coping strategies, stress, crisis and emergency coping strategies. Individual coping strategy falls under relate to categories (see Table 1).

Figure II.I Coping strategies by category.

Stress	Crisis	Emergency
Spent savings	Sold productive assets	School aged children involved in income
Sold goods	Withdrew children from school	Begged
Bought food on credit	Reduced non-food expenses	Accepted high risk jobs
Have debts	Marriage of children under 18	Sold house or land

Annex III : Food Consumption Score Calculation

The FCS is based on dietary diversity (number of food groups consumed by households during the seven days prior to the survey), food frequency (number of days on which each food group is consumed during the seven days prior to the survey) and the relative nutritional importance of each food group. A weight was attributed to each food group according to its nutrient density. The food consumption score is calculated by multiplying the frequency of consumption of each food group (maximum of seven if a food group was consumed every day) by each food group weight and then averaging these scores. The

FCS can have a maximum value of 112, implying that each food was consumed every day for the last seven days. Households are then classified on the basis of their FCS and standard thresholds into three categories: poor, border line and acceptable. In this case, cut off points have been set at 28 and 42 as recommended by the WFP Emergency Food Security Assessment Handbook. This is to allow for the fact that oil and sugar are consumed extremely frequently amongst all households surveyed and the cut off points have been heightened to avoid distorting the FCSs of those surveyed.

Figure III.I

Food groups	Weight	Justification
Main staples	2	Energy dense/usually eaten in large quantities, protein content lower and poorer quality (PER less) than legumes, micro-nutrients (bounded by phytates)
Pulses	3	Energy dense, high amounts of protein but of lower quality (PER less) than meats, micro-nutrients (inhibited by phytates), low fat
Vegetables	1	Low energy, low protein, no fat, micro-nutrients
Fruits	1	Low energy, low protein, no fat, micro-nutrients
Meat and fish	4	Highest quality protein, easily absorbable micro-nutrients (no phytates), energy dense, fat. Even when consumed in small quantities, improvement to the quality of diet are large
Milk	4	Highest quality protein, micro-nutrients, vitamin A, energy. However, milk could be consumed only in very small amount and should then be treated as condiment and therefore re-classification in such cases is needed
Sugar	0.5	Empty calories. Usually consumed in small quantities
Oil	0.5	Energy dense but usually no other micro-nutrients. Usually consumed in small quantities
Condiments	0	These foods are by definition eaten in very small quantities and not considered to have an important impact on overall diet.

Annex IV : Household questionnaire

COMPLETE BEFORE THE INTERVIEW		املأ قبل الاستبيان	
1	Date : التاريخ	Date / التاريخ / السنة اليوم الشهر Day Month	
2	Interviewer ID: بطاقة الباحث	_____	
3	Interviewer Name : اسم الباحث	_____	
4	Supervisor ID: بطاقة المشرف	_____	
5	Organization ID#	_____	
6	Consent	<input type="checkbox"/>	1. YES/نعم 2. NO/لا 3. I don't know/لا أعرف
7	Location ID : تعريف المكان	Governorate/محافظة : _____ District/دي : _____ City/مدينة : _____ Village/قرية : _____ Household/المنزل : _____	

Consent: We are conducting a survey with the aim of having a better understanding of the living conditions of Syrian refugees in Jordan. I would like to ask you some questions about your family. The survey usually takes about ten hours to complete. Any information that you provide will be kept strictly confidential and anonymous and will not be shared to other people. This is voluntary and you can choose not to answer any or all of the questions if you wish. However we hope that you will participate since your views are important. Do you have any questions? May I begin now?

YES _____ NO _____

أمر ثقة المسئلة:

نحن بصدد إجراء مسح للإطلاع على الأحوال المعيشية للاجئين السوريين في الأردن
 هذه المسئلة تستغرق عادة حوالي ساعة واحدة لإكمالها. سيتم الاحتفاظ بالمعلومات التي ستقدمها بسرية تامة ولن نطلع الآخرين. هذا العمل طوعي وبمكثك اختيار عدم الإجابة على بعض أو حتى جميع الأسئلة إذا كنت لا تريد، ولكن نحن نأمل بمشاركتك حيث أن وجهة نظرك الخاصة هامة.
 هل لديك أي أسئلة؟ هل يمكنك البدء الآن؟
 نعم _____ لا _____

SECTION 1- DEMOGRAPHICS AND BIO-DATA

القسم 1 - المعلومات الشخصية

A household is defined as a group of people who routinely eat out of same pot, live in the same compound (or physical location), share the same budget that is managed by the head of the household. It is possible that they may live in different structures

يتم تعريف الأسرة بأنها مجموعة من الناس تشكل روئيتي التي تُتَكل من نفس الوعاء وتعيش في نفس المجمع. وقد يعيشون في أكثر من غرفة واحدة.

Identify the RA of the registration number referred to, if not present, an adult included in the same registration case that is considered capable and reliable for the interview.

تحديد المتقدم الرئيسي/صاحب رقم التسجيل المشار إليه، إن لم يكن موجوداً، اختيار أحد البالغين من نفس رقم التسجيل الذي يعتبر قادر على إجراء المقابلة ويمكن الاعتماد عليه.

4. Ask who is the head of household

اسأل من هو رب الأسرة

1.1	What is the gender of the household head? CIRCLE	Male = 1 ذكور	Female = 2 نساء	1.1 ما هو جنس رب الأسرة؟ ضع دائرة
1.2	What is the age of the household head? (in years)	_____ years/أعواد		1.2 ما هو عمر رب الأسرة؟ (بالمئات) ؟

A. Ask if it is possible to interview the Household head

اسأل إذا كان من الممكن إجراء مقابلة مع رب الأسرة

1.3	What is the sex of the interviewee? CIRCLE	Male = 1 ذكور	Female = 2 أنثى	1.3 ما هو جنس المجيب؟ ضع دائرة
1.4	What is the age of the interviewee? (in years)	_____ years/أعواد		1.4 ما هو عمر المجيب؟

1.5	What is the relationship of the interviewee with the head of the HH?	Head of HH	1	رب الأسرة	1.5 ما هي العلاقة للمجيب مع رب الأسرة
		Wife / Husband	2	زوجة / زوج	
		Daughter / Son	3	بنة / ابن	
		Mother / Father	4	والدة / والدة	
		Mother / Father in law	5	أحد الحواوين	
		Other _____	6	غيرها (حدد)	

1.6	What is the nationality of the household head?	Syrian	1	سوري	1.6 ما هي جنسية رب الأسرة؟
		Lebanese	2	لبناني	
		Palestinian	3	القطيني	
		Iraqi	4	عراقي	
		Other (specify) _____	5	غيرها (حدد)	

B. Consider registration case definition:
Registration case is defined as a group of people who normally reside together and have been registered as a unit sharing a common registration number.

تعريف حالة تسجيل: يتم تعريف حالة تسجيل كمجموعة من الناس الذين يقيمون عادة معاً، وقد تم تسجيلهم ضمن مجموعة تتقاسم رقم التسجيل نفسه.

1.7	Total number of household members	_____	1.7 الحد الإجمالي لأفراد الأسرة
1.8	Are all these members are registered with UNHCR?	Yes/نعم 1	1.8 هل جميع أفراد هذه الأسرة مسجلون لدى المفوضية؟
1.9	How many registration cases are found in this household?	_____	1.9 كم حالة مسجلة تم العثور عليها في هذه الأسرة

Section 2 – registration case questionnaire

10 or older to each REGISTRATION CASE

A ID	2.1. Registration number [رقم التسجيل في الوثيقة التي تعطيناها]	2.2. How many household members are registered under this case number? ما هو عدد أفراد الأسرة المسجلين تحت رقم الحالة هذا؟			2.3. Are there other persons registered in the same case number that are not part of this household? هل هناك أشخاص آخرون مسجلين في رقم الحالة هذا ولا يتبعون هذا من هذا الأسرة؟	2.4. Do you receive any cash and/or voucher assistance? هل تحصل حالياً على مساعدة نقدية/القسائم؟	2.5. When CSC card		
		a. Total إجمالي الأرواح	b. members aged 18 years and over عدد أفراد الأسرة الذين تتعدى أعمارهم 18 عاماً	c. members aged under 18 years عدد أفراد الأسرة الذين لا يتعدون 18 عاماً			2.5a. Do you currently have a CSC card? هل تحصل حالياً على بطاقة (CSC) البطاقة البيضاء؟ If no, go to question 20	b. If yes, what was the amount received the last 30 days? (amount received in LBP) إذا نعم، المبلغ المستلم بالعملة اللبنانية في الأيام العشرة الأخيرة (المبلغ المستلم في LBP)	c. Card number رقم البطاقة
1	_____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	<input type="checkbox"/>	_____
2	_____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	<input type="checkbox"/>	_____
3	_____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	<input type="checkbox"/>	_____
4	_____ / _____ / _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	<input type="checkbox"/>	_____

TO BE ASKED TO EACH REGISTRATION CASE

(same as A)	2.6. WFP blue card – Food voucher	2.7. Fuel card/voucher, such as the MEDCO card?	2.8. Cash for rent	2.9. Other assistance
(same as A)	2.6. WFP blue card – Food voucher a. Do you currently have a WFP blue card? If no, go to question 30 هل تحصل حالياً على بطاقة (WFP) البطاقة الزرقاء؟ إذا لا، اذهب إلى السؤال 30	2.7. Fuel card/voucher, such as the MEDCO card? a. Do you currently have a fuel card/voucher such as MEDCO card? If no, go to question 30 هل تحصل حالياً على بطاقة (MEDCO) البطاقة البنزينية؟ إذا لا، اذهب إلى السؤال 30	2.8. Cash for rent a. Do you currently receive cash for rent assistance? If no, go to question 30 هل تحصل حالياً على مساعدة نقدية للإيجار؟	2.9. Other assistance c. Do you currently receive other type of cash for rent assistance? If no, go to question 30 هل تحصل حالياً على مساعدة نقدية للإيجار من نوع آخر؟ إذا لا، اذهب إلى السؤال 30
1	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2
2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2
3	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2
4	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2	Yes /نعم 1 No/لا 2

Section 2 – Interview questionnaire

نموذج استبيان مقابلة

A ID	3.1. First name الاسم الشخصي	3.2. Family name الاسم العائلي	3.3. Gender 1 = Male 2 = Female	3.4. Date of birth تاريخ الميلاد	3.5. Does this HH member fall into any of the following specific needs categories? (1 = Yes, 0 = No) هل يخرج هذا الشخص في أي من هذه الفئات الخاصة بالاحتياجات؟ (1 = نعم، 0 = لا)							3.6. In the last 30 days, did this person work? or no, go to question 7) في الأيام الثلاثين الماضية، هل عمل هذا الشخص؟ أم لا، انتقل إلى السؤال 7)	3.6.a. How many days did they work? كم عدد الأيام التي عملها/عملتها؟
			a. PL W هل لديه إعاقة جسدية		b. Disab le هل لديه إعاقة عقلية/جسدية/بصرية/سمعية/عصبية/طفولية	c. Chron ic illness المرض المزمن	d. Tempor ary illness and/or injury المرض المؤقت والإصابة	e. Serious medical condition المرض الخطير	f. Does this HH member need assistance from another person to use the toilet? هل يحتاج هذا الشخص إلى مساعدة شخص آخر لاستخدام المرحاض؟	g. Is there a caregiver available? هل يوجد مقدم رعاية متاح؟			
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Day/month/year يوم/شهر/سنة									
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Day/month/year يوم/شهر/سنة									
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Day/month/year يوم/شهر/سنة									
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Day/month/year يوم/شهر/سنة									

TO BE ASKED TO EACH NONREGISTERED HOUSEHOLD MEMBER

3.7 Nationality جنسية 1=Other 2=Palestinian 3=Israeli 4=Iraqi	3.8. If Palestinian: Is the HH member registered with UNRWA? نائب التسجيل: هل الفرد المسجل مع مجلس مع 1=Yes 2=No	3.9. Gender 1 = Male 2 = Female جنس مفرد 1 = ذكر 2 = أنثى	3.10. Date of birth تاريخ الميلاد	3.11. Does this HH member fall into any of the following specific needs categories? (1= Yes, 0= No) (1 = نعم، 0 = لا) هل يهون هذا الشخص في أي من هذه الفئات الخاصة بضرورة								3.12. In the last 30 days, did this person work? If no, go to question 7 في الأيام الماضيات 30 التي تلتها، هل عمل؟ إذا لم يكن يعمل، فإلى سؤال 7	3.12.a. How many days did they work? ما عدد الأيام التي عملوا/عملت؟
				a. PLW المخاض	b. Disability إعاقة	c. Chronic illness المرض مزمن	d. Temporary illness and/or injury المرض أو الاصابات المؤقتة	e. Serious medical condition حالات صحية خطيرة	f. (Does this HH member need assistance هل يحتاج هذا العضو في الأسرة إلى مساعدات إضافية)	g. Is there a caregiver available? هل يوجد مقدم رعاية متاح؟ 1=Caregiver is available sometimes 2=No caregiver is available هل يوجد مقدم رعاية متوفر؟ 1- مقدم الرعاية متوفر - بعض المرات 2- مقدم الرعاية متوفر - أحياناً 3- مقدم الرعاية غير - متوفر			
1			____/____/____ ____/____ Day/ month/year										
2			____/____/____ ____/____ Day/ month/year										
3			____/____/____ ____/____ Day/ month/year										
4			____/____/____ ____/____ Day/ month/year										
			____/____/____ ____/____ Day/ month/year										

TO BE ASKED ONLY TO CHILDREN UNDER 5 YEARS OLD

12.00 ID	13.03 Date of birth <i>If supported by a document – If no document or not known, skip to 13.04</i> تاريخ الميلاد إذا كان مدعوماً من وثيقة - إذا لم يكن هناك وثيقة أو غير معروفة، انتقل إلى 13.04	13.04 Child age (months) To estimate with caretaker if date of birth is uncertain or unknown (use calendar) (عمر الطفل (شهر) تقدير مع المربي إذا كان تاريخ الميلاد غير مؤكد أو غير معروف (استخدم التقويم)	13.05 Sex of child جنس الطفل 1 = ذكر 2 = أنثى 1 = Male 2 = Female	Was the child sick in last 2 weeks? هل كان الطفل مريضاً في الأسبوعين الأخيرين؟	13.06 In the previous 2 weeks did child have: (1 = Yes, 0 = No) (في الأسبوعين السابقين هل عانى الطفل ما يلي: (1 = نعم، 0 = لا					
	a. diarrhea إسهال	b. cough سعال	c. fever حمى		d. other (specify) غيرها حدد					
1	____/____/____ ____/____/____ Day/month/year شهر/يوم/سنة	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	____/____/____ ____/____/____ Day/month/year شهر/يوم/سنة	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	____/____/____ ____/____/____ Day/month/year شهر/يوم/سنة	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	____/____/____ ____/____/____ Day/month/year شهر/يوم/سنة	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	____/____/____ ____/____/____ Day/month/year شهر/يوم/سنة	____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VACCINATION- TO BE ASKED ONLY TO CHILDREN UNDER 5 YEARS OLD										
(some sequence as in 12.01!)	14. Do you have a card where names of vaccinations are written down? If yes: May I see it please? هل عن بطاقة التطعيم الخاص، إن وجدت، إذا كانت البطاقة متوفرة، هل تفضل أن أرى (البطاقة الخاصة)؟ 1 = Yes, seen بطاقة التطعيم 2 = Yes, not seen بطاقة التطعيم لم يري 3 = No card عدم وجود بطاقة التطعيم	15. How many times has (name) received a pentavalent vaccination – that is, an injection in the thigh to prevent him/her from getting tetanus, whooping cough, or diphtheria? (From 0 to 3) كم مرة (الاسم) تلقى التطعيم الخماسي للتيفوس، أي العطش، والسعال الديكي، والتهاب السحايا؟ 0 = لم يلق التطعيم 1 = مرة واحدة 2 = مرتين 3 = ثلاث مرات	16. Has (name) ever received a Measles injection, that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles? (1 = yes 0 = No) هل (الاسم) تلقى حقنة الحصبة في وقت مبكر، أي (عندما) في الرابع من سن 9 أشهر أو أكثر - لتوقظه من الإصابة بالحصبة؟ (1 = نعم 0 = لا)	17. Has (name) ever received a MMR injection, that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles? (1 = yes 0 = No) هل (الاسم) تلقى حقنة الحصبة والكزاز، الحصبة الألمانية في أي وقت مضى، أي (عندما) في الرابع من سن 9 أشهر أو أكثر - لتوقظه من الإصابة بالحصبة والكزاز، الحصبة الألمانية؟ (1 = نعم 0 = لا)	18. (If the vaccination card is available and seen, please introduce the date of vaccines (أيها، يرجى إدخال تاريخ اللقاحات) 1 = Vaccine not recorded in card اللقاحات غير مسجلة في البطاقة 2 = Vaccine recorded in card without date اللقاحات مسجلة في البطاقة دون تاريخ 3 = Vaccine recorded in card with date – specify date (month/year) اللقاحات مسجلة في البطاقة مع التاريخ - حدد (التاريخ (الشهر / السنة)					
	PEN 1 A 1 الطعنين 1	PENTA 2 الطعنين 2	PENTA 3 الطعنين 3	MEASLES الحصبة	MMR					
1										
2										
3										
4										
5										

<p>YESTERDAY, during the day or night..... ONLY FOR CHILDREN UNDER 2 YEARS-24 MONTHS. ...فمن خلال اليوم أو الليل ... فقط الأمس 24-6 شهور</p>										
<p>13.13. Did the child eat or drink any of the following food items? 0 = No = Yes ...هل تناول الطفل أو شرب أي من المواد الغذائية التالية = Yes 0 = No ...هل وضع الطفل يوم أمس؟</p>										
<p>List has to be carefully reviewed and locally consumed food items falling into various categories should be added, those not consumed at all could be removed.</p>										
13.10 Did the child receive breastmilk? هل وضع الطفل يوم أمس؟ 0 = No 1 = Yes	13.11 How many times did the child eat solid, semi-solid food or other liquids? (Exclude breastmilk) كم مرة تناول الطفل الطعام الصلب والسائل أو سوائل أخرى? If zero, go to question 14.	13.12 How many times did the child drink milk yesterday? (Exclude breastmilk) كم مرة شرب الطفل الحليب بالأمس؟ (غير حليب الثدي)	Infant formula iron rich مستحضرات الرضع المدعمة بالحديد (bleeding, cerelac, nido fortified babylac...)	Food group 1: Grains, roots, tubers الحبوب والخبز والبطاطا	Food group 2: Legumes and nuts مجموعة البقوليات: الفول والعدس والحمص	Food group 3: Dairy products مجموعة الحليب: لبن، زبادي، جبنة	Food group 4: Meat and fish (مجموعة اللحم والأسماك)	Food group 5: Eggs مجموعة البيض	Food group 6: Vitamin A rich vegetables and fruits مجموعة الخضراوات والفواكه الغنية بفيتامين أ	Food group 7: Other vegetables and fruits المجموعة الأخرى من الخضراوات والفواكه
				Porridge, bread, rice, noodles, or other food made from grains الحبوب المطبوخة، الخبز، الأرز، المعكرونة، أو غيرها من المواد الغذائية المصنوعة من الحبوب	Any food made from beans, peas, lentils, nuts, or seeds أي طعام مصنوع من البقوليات، الفول، العدس، الحمص، أو البندق	Fresh milk, tinned milk, milk powder, formula milk, yoghurt, cheese الحليب الطازج، الحليب المعلب، مسحوق الحليب، لبن، زبادي، جبنة	Meat (lamb, goat, beef, inner organs) Poultry (chicken, duck) Fish (fresh or dried fish, shell fish or sea food) لحم (خروف، ماعز، بقرة، دجاج، دواجن) (دجاج، دواجن) (أسماك طازجة أو مجففة أو (المأكولات البحرية)	Eggs بيض	Dark yellow or orange-fleshed tubers, roots, or vegetables: Pumpkin, carrots, sweet red pepper, squash or sweet potatoes that are yellow inside Dark green leafy vegetables: spinach, kale..... المغسل الورقية الخضراء، الباذلج، واللفت القمح: قزح، الجزر، الفلفل الأحمر الحلو والكرفس أو البقدونس الخضراء من الداخل	Tomato, onion, cucumber, banana, apple, orange... الطماطم والبصل والخيار والبصل والكرفس والبطاطا والبرونج...
1										
2										
3										
4										
5										
<p>هل تود إضافة أي ملاحظات/تعليقات؟</p>										
Would you like to add any comments/observations at this stage?				Yes /نعم 1						
				No/لا 2						
If yes, please enter your comments				الرجاء كتابة الملاحظات/التعليقات هنا						

SECTION 4—HOUSEHOLD SHELTER AND SERVICES

القسم - الإيواء والخدمات المنزلية

4.1	Type of housing circle only one option	Independent House/ Apartment(Shared)	1	إقامة منزل مشترك (بدا / مشترك)	ما هو نوع السكن الذي أنتجتم فيه حالياً ؟ ضع دائرة لعدد واحد فقط	4.1
		Independent House Apartment(Not Shared)	2	إقامة منزل مستقل (بدا / غير مشترك)		
		One room structure/	3	غرفة واحدة		
		Substandard shelter (Factory/Warehouse/ Garage/Magazine/Shop/Worksite)	4	مبنى أو سوانج مخارج أو مشرف / موقع عمل		
		Unfinished building	5	مبنى غير كامل		
		Collective shelter (5 families or more - unmanaged) /	6	مبنى جماعي (5 عائلات أو أكثر - غير منظم)		
		Collective center (5 families or more - managed)	7	مبنى جماعي (5 عائلات أو أكثر - منظم)		
		Tent/structure/prefab in informal settlements	8	خيمة في حثيم غير رسمي		
		Tent/structure/prefab in formal settlements /	9	خيمة في حثيم رسمي		
		Tent/structure/prefab in semi-formal settlements /	10	خيمة في حثيم شبه رسمي		
		Homeless/No shelter	11	اشرفين / بدون مأوى		
		Others (specify)	12	أخرى (حدد)		
4.2	Type of occupancy CIRCLE ONLY ONE OPTION	Owned apartment/house	1	ملك	نوع الإيجار ضع دائرة لعدد خيار واحد	4.2
		Unfurnished rental	2	إيجار غير مفروش		
		Furnished rental	3	إيجار مفروش		
		Provided by Employer/ Working for rent If yes, go to question 3.2.a	4	تعمل مقابل الإيجار / يوفرها صاحب العمل		
		Rent/Work combination (how many hours) If yes, go to question 3.2.a	5	مزيج من الإيجار والعمل مقابل الإيجار		
		Hosted (for free)	6	استضافة (بغير مقابل)		
		Squatting (occupancy without permission from owner)	7	ظلم من إيجار المالك		
		Assistance/Charity	8	مساعدة		
		Others (specify)	9	أخرى (حدد)		
		4.2.a	If working for rent, how many hours per week?	_____		
4.3	If renting, how much do you pay for your accommodation per month?	_____ LBP	قيمة بدل الإيجار الشهري	4.3		
4.4	Living space in m ² Occupied by your HH	_____	مساحة المسكن في م ² التي تشغلها شركتكم	4.4		
4.5	Number of rooms (Excluding bathrooms and toilets) Occupied by your HH	_____	عدد الغرف التي تشغلها شركتكم	4.5		
4.6	Number of people sharing the rooms	_____	عدد الأشخاص الذين يتقاسمون الغرف	4.6		
4.7	Number of bathrooms Able to use by your HH	_____	عدد الحمامات التي يمكن إستخدامها من قبل شركتكم	4.7		
4.8	Number of people sharing the bathrooms	_____	عدد الأشخاص الذين يتقاسمون الحمامات	4.8		
4.9	Number of latrines Able to use by your HH. If zero, got to question 3.13	_____	عدد المراحيض التي يمكن إستخدامها من قبل شركتكم	4.9		
4.10	Do you share this/these toilets/latrines with another HH?	_____	هل تتقاسمون هذه الحمامات أو المراحيض مع أسرة أخرى؟	4.10		
4.11	If using latrines, how many people use these latrine/s?	_____	ما هو عدد الأشخاص الذين يستخدمونه	4.11		

4.12	What kind of latrine /toilet facility does your household use? CIRCLE ONLY ONE OPTION	traditional pit (latrine/ without slab) open pit (inside/outside dwelling)	1	امر حاضن بشقي/ بدون بلاطة / حفرة مفتوحة	ما هو نوع المراحيض التي تستخدمه في منزلك؟ ضع دائرة حول خيار واحد فقط	4.12	
		improved latrine pour flush with cement slab	2	امر حاضن محسنة مع بلاطة من الإسفلت			
		flush toilet	3	امر حاضن بمجرر مياه			
		bucket	4	أخر			
		open air (bath, stream)/ corner place in the compound → 4.12a to section 4	5	خلاء (بغداد/ بحرين) زرع في المنزل بالقرب من السؤال 3			
Choose only one option from the below and insert in the box إختار واحد من الخيارات التالية واملأه في المربع							
4.13	What is the main source of drinking water?	1-3	4.1 3	ما هو المصدر الرئيسي للمياه الشرب في المنزلك؟			
4.14	What is the main source of cooking and washing water?	1-4	4.1 4	ما هو المصدر الرئيسي لمياه الطبخ والغسل؟			
	household water tap/water network (>2hrs per day)	01	حديقة المياه / شبكة المياه المنزلية (>2 ساعة في اليوم)				
	household water tap/water network (<2hrs per day)	02	إمداد المياه / شبكة المياه المنزلية (< 2 ساعة في اليوم)				
	public standpipe	03	مأمورة عامة				
	protected dug well	04	بئر محمي (مغطى/مكتوف)				
	unprotected dug well	05	بئر غير محمي				
	bottled mineral water	06	مياه معدنية				
	Borehole	07	حفرة البئر				
	protected spring	08	ينوع محمي (مغطى/مكتوف)				
	unprotected spring	09	ينوع غير محمي				
	lorry/truck tanker/truck water	10	تأمين مياه/ شاحنات مياه تابعة لمنظمة محلية				
	water trucking non-local provider	11	شاحنات غير تابعة للمنظمة المحلية				
	Public reservoir	12	خزان عام				
	Others (specify)	13	غيره (محدد)				
4.15	Does your household have access to sufficient water for drinking, cooking washing and toilet purposes?	Yes – both Only drinking water Only domestic use water No – neither	1 2 3 4	تعد لإثنين فقط لمياه الشرب فقط للإستعمال المنزلي لا لإثنين	هل يتوفر لمائلتك الحصول على كمية كافية من المياه وإستعمالها للشرب ، للطبخ ، للتنظيف ، وللمرحاض والإستعمال المنزلي؟	4.15	
4.16	Does the HH have enough access to the following	Personal hygiene items (soap, toothbrush/paste, other personal hygiene items)	Yes = 1	No = 0=لا	مستلزمات النظافة الشخصية (صابون، فرشاة الأسنان، معجون الأسنان، مستلزمات نظافة أخرى)	هل تتوفر لأسرتك المواد التالية :	4.16
		Cleaning/hygiene items (laundry detergent, cleaning products etc)	Yes = 1	No = 0=لا	مواد تنظيف (مسحوق غسيل، مستلزمات تنظيف، الخ)		
		Female hygiene/dignity items	Yes = 1	No = 0=لا	مستلزمات النظافة للإناث		
		Baby care items (diapers etc)	Yes = 1	No = 0=لا	مستلزمات العناية بالأطفال (حفاضات، الخ)		

4.17	Does your household have access to sufficient cooking fuel to cover your cooking needs?	Yes = 1 = نعم	No = 0 = لا	هل يتوفر لدى أسرته الوقود الكافي لتغطية احتياجات الطبخ وتأمينه	4.17
4.18	Main type of waste disposal CIRCLE ONLY ONE OPTION	Rubbish pit	1	حفرة النفايات	الطريقة المستعملة للتخلص من النفايات
		Burning	2	إحراق	
		Dumpster/barrels collected by municipality	3	يجمعها المجلس البلدي أو المدني	
		Dumpster/barrels not collected by municipality	4	مزيلة لا يجمعها المجلس البلدي أو المدني	
		Throw it to open field	5	رميها في الحلاء	
		Others (specify)	6	غيرها (حدد)	
4.19	Is the HH shelter/property:	In substandard/dangerous condition <i>if yes, go to question 3.14</i>	1	في حالة تدهور المبنى / الخطورة إذا كان الجواب نعم، انتقل إلى السؤال 3.14	هل سكن/إيواء الأسرة :
		In need of urgent repairs/lacking basic facilities. <i>if yes, go to question 3.15</i>	2	في حاجة إلى إصلاحات عاجلة / تفتقر إلى المرافق الأساسية. إذا كان الجواب نعم، انتقل إلى السؤال 3.15	
		In an area/settlement with physical dangers and/or crowded/inappropriate living conditions. <i>if yes, go to question 3.16</i>	3	في منطقة مع الأخطار الفيزيائية / أو ظروف المسكن المزدحمة/ غير لائقة. إذا كان الجواب نعم، انتقل إلى السؤال 3.16	
		In an area/settlement that is isolated and/or far from essential basic services (such as hospitals or other medical facilities, schools, police/fire stations etc)	4	في منطقة تكون معزولة و/ أو بعيدة عن الخدمات الأساسية الضرورية (مثل المستشفيات أو غيرها من المرافق الطبية والمرافق والشرطة / مراكز الإسعاف وغيرها)	
		None of the above – no referrals necessary	5	لا شيء مما سبق - لا إحالات ضرورية	
4.20	If 1, are any of the following observable inside/outside the HH shelter/property?	Windows/doors that cannot be sealed to the elements	1	الابواب والنوافذ ليست محكمة	الابواب والنوافذ ليست محكمة
		Unsealed/leaking/damaged roof	2	أسقف تتسرب مياه/ غير محكم	
		Damaged water piping/plumbing	3	تلفب المياه / تسرب	
		Other (please specify)	4	(غيره، حدد)	
4.21	If 2, please specify	shelter structure	1	بنية السكن	إذا كان هناك
		Plumbing	2	تلفب المياه	
		electricity	3	كهرباء	
		Other (please specify) _____	4	(غيره، حدد)	
4.22	If 3, are any of the following conditions observable in the immediate area/settlement around the HH shelter/property?	Lack of lighting	1	عدم وجود إنارة	"ن"، هل يمكن ملاحظة أي من الأمور التالية في المنطقة المجاورة للمنزل/الملاحة؟
		Overcrowding of settlement area	2	زدحام الموقع السكني	
		Physical dangers in settlement – such as fallen debris, rubbish piles, collapsed buildings etc	3	أخطار مادية في المنطقة/المسكن – مثلًا: حطام، كوامر، نفايات، مباني منهارة	
		Settlement proximity to natural/man-made hazards – such as flood plain, landslide, mine, chemical plant, landfill etc	4	القرب من المخاطر الطبيعية أو من صنع الإنسان – مثلًا: فيضانات، انزلاق التربة، منجم، مصنع مواد كيميائية، مكب نفايات، الخ	
		Lack of private spaces/facilities for men/women/boys/girls	5	عدم وجود مساحات خاصة/منشآت للرجال/النساء	
		Lack of accessibility for disabled HH/community members	6	عدم إمكانية وصول الأشخاص ذوي الإحتياجات الخاصة	
		Open sewerage/waste water trenches/pits	7	مياه المجاري مفتوحة / خنادق مياه مفتوحة	
		Other (please specify)	8	غيره (حدد)	

SECTION 5 – HOUSEHOLD ASSETS

اقسم 4 - ممتلكات الأسرة

Does your household currently have access to enough amounts of the following items to cover household needs? (in usable condition)

ما هي الممتلكات التي تمتلكها/تتوفر على استخدامها الأسرة حالياً وبكم تتدفد؟
(في حالة صلاحية للاستعمال)

Read out each of the items below Write "0" if not owned		حدد أي من العناصر التالية موجودة / متوفرة Indicate if the household have access to the following items Yes No	أكتب (0) في حال عدم الملكية لأي بند
5.1	Mattresses	_____	6.1 فراش
5.2	Bed	_____	6.2 أسرة
5.3	Dishsets	_____	6.3 بعلجات
5.4	Winter clothes (long pants, jacket, closed shoes)	_____	6.4 ملابس شتوية
5.5	Table and chairs	_____	6.5 طاولة وكراسي
5.6	Soft set	_____	6.6 حشم كنبات
5.7	Small gas stove for cooking	_____	6.7 فرن غاز صغير
5.8	Refrigerator	_____	6.8 برد
5.9	Water heater	_____	6.9 سخان المياه
5.10	Washing machine	_____	6.10 غسالة
5.11	Electric/gas oven	_____	6.11 فرن كهربائي
5.12	Microwave / vacuum cleaner	_____	6.12 ميكرويف / مكنسة كهربائية / مكنسة كهربائية
5.13	Dish washer / prior machine / separate freezer /	_____	6.13 جالينغ / مشالة / فريزر منفصلة
5.14	Heater/heating stove (electric, diesel, wood etc)	_____	6.14 سخونة مركزية
5.15	Air conditioning	_____	6.15 مكيف الهواء
5.16	sewing machine / iron	_____	6.16 آلة الخياطة / مكواة
5.17	TV	_____	6.17 تلفاز
5.18	DVD Player	_____	6.18 مشغل اسطوانات
5.19	Computer	_____	6.19 كمبيوتر
5.20	Satellite dish	_____	6.20 طبق
5.21	Motorcycle	_____	6.21 دراجة نارية
5.22	Car/van/truck	_____	6.22 سيارة / شاحنة
5.23	Pots/pans	_____	6.23 قدر و مقالي
5.24	Kitchen utensils	_____	6.24 أدوات مطبخ
5.25	Cutlery sets	_____	6.25 سكاكين / أدوات قطع البسكويت
5.26	Water containers	_____	6.26 أوعية تلمية
5.27	Other (fill specify) _____	_____	6.27 غيرها (حدد)

SECTION 6—HEALTH ASSISTANCE

القسم - 6: التعليم والمساعدة الصحية

6.1	Do you benefit from primary health assistance? If so, which type? <i>CIRCLE THE OPTION (If several, consider both time used)</i>	_____	هل تستفيد من الخدمات الصحية الأولية؟ إذا نعم، أي نوع؟ ضع دائرة حول الخيار (إذا أكثر من واحدة ، إحدئ لتي استعملت في المرة الأخيرة	6.1	
6.2	Do you benefit from secondary/specialized or hospitalization health assistance? If so, which type? <i>CIRCLE THE OPTION (If several, consider both time used)</i>	_____	هل تستفيد من المساعدة الصحية المتخصصة أو في المستشفى؟ إذا كان الأمر كذلك، أي نوع؟	6.2	
TOTAL TIME HEALTH CARE		1	رعاية صحية متفحة		
COXI SHELING, PARTIAL BENEFITS		2	تأجير كوكلة، فداد جردية		
No, we pay all health related costs (consultation, drugs, etc...)		3	تدفع الأمدء جاعم تكاليف الركلات الصحية المتفحة لها (معالجة ، أدوية		
Insurance (employment, private, other insurance)		4	التأمين (العملة، لتفطاع العلكس، لتفطعات التأمين الأخرى)		
HH received financial contribution for consultation with Physician/ diagnosis /medicines		5	طلى الأسرة مساعمة مةلة لتفطع / مةلةلة الطبيب / التفتيس / الأوبة		
Health care never required since arrived		6	لم يحتفبوا إلى رعاية صحية مةلة وصولهم		
Don't know		7	لا أظم		
Others (specify)		8	أخرى (معد)		
6.3	Did any of your household members require primary health assistance in the last 6 months? If not, go to question 6.12	Yes = 1 No = 0=V	هل امتاع أي من أعضاء أسرةك إلى مساعمة صحية في ال 6 أشهر العلكية، وإذ بضان من العمول علفها؟	6.3	
6.4	Did you get the required primary health assistance? If yes, go to question 6.14	Yes = 1 No = 0=V	هل حصلت على المساعدة الصحية الأولية المطلوبة؟	6.4	
6.5	Why were household members unable to access primary health assistance?	Distance of health center/transportation cost	1	بعد المركر الصحي ، مةلة كلفه التنقل	6.5 لماذا لم يتفطع أفراد الأسرة للمسول على المساعدة الصحية المطلوبة؟
		Physical limitations to access the health center	2	فتور جسديك بحول دون التمكن من الوصول إلى المركر الصحي	
		Inadequate welcoming/treatment by health center staff	3	معاملة غير ملائمة من قبل موظفي المركر الصحي	
		Cost of doctor visit	4	كلفه المعاينة الطبية (الطبيب)	
		Cost of drugs/treatment	5	كلفه الأدوية / العلك	
		Rejected / not accepted	6	رفض استقباله في المركر الصحي	
		DO NOT know where to go	7	لم يعرف أين يتفطع	
		Pending appointment	8	ينتظر الموعد	
Other (specify)	9	مختلف			
6.6	Did any of your household members require specialized/hospitalization health assistance in the last 6 months? If not, go to question 6.12	Yes = 1 No = 0=V	هل امتاع أي من أعضاء أسرةك إلى مساعمة صحية في ال 6 أشهر العلكية، وإذ بضان من العمول علفها؟	6.6	
6.7	Did you get the required specialized/hospitalization health assistance? If yes, go to question 6.14	Yes = 1 No = 0=V	هل حصلت على المساعدة الصحية المتخصصة أو في المستشفى المطلوبة؟	6.7	

8	Why were household members unable to access specialized/hospitalization health assistance?	Distance of health center/transportation cost	1	بعد المركز الصحي ، غلاء كلفة النقل	لماذا لم يستطع أفراد الأسرة الحصول على المساعدة الصحية؟	6.8
		Physical limitations to access the health center	2	قصور جسدي يحول دون التمكن من الوصول إلى المركز الصحي		
		Inadequate welcoming/treatment by health center staff	3	معاملة غير ملائمة من قبل موظفي المركز الصحي		
		Cost of doctor visit	4	كلفة المعاينة الطبية (الطبيب)		
		Cost of drugs/treatment	5	كلفة الأدوية / العلاج		
		Rejected / not accepted	6	رفض استقباله في المركز الصحي		
		Don't know where to go	7	لم يعرف أين يذهب		
		Pending appointment	8	ينتظر الموعد		
		Other (specify)	9	مختلف		
6.9	If anyone in the HH needs life-saving and/or urgent medical attention, do you know how to access medical services/assistance? Enumerator to provide Primary Health Care leaflet at this stage regardless of whether the HH knows what to do or not	Yes / نعم 1 No / لا 2	في حال احتاج احد افراد الاسرة الي رعاية طبيه طارئة، هل تعلم كيف تصل الي الخدمات الصحية؟	6.9		
SECTION 7 – SAFETY AND SECURITY						القسم 6 – أو الأمان
7.1	Has any of your household members experienced any kind of issues related with their safety during last 3 months in Lebanon? If no, skip to next section	0 = No/لا 1 = Yes/نعم	هل تعرض أحد من أفراد أسرتك لأي نوع من الظروف تتعلق بسلامتك(الأمان) خلال الأشهر الثلاثة الماضية في لبنان ؟	6.1		
7.2	If yes, what kind of insecurity?	الشر	إذا كانت الإجابة بنعم، أي نوع من عدم السلامة/ الأمان؟	7.2		
	Harassment/violence/physical assault	___	سوء المعاملة/ عنف			
	Kidnapping	___	التخطف			
	Extortion/bribe	___	الابتزاز / الرشوة			
	Theft/ robbery	___	سرقة / سطو			
	Community violence/dispute	___	نزاعات / عنف اجتماعي			
	Displacement/eviction	___	التهجير / الإخلاء			
	Others (specify)	___	غيرها (حدد)			
7.3	If yes, who or what is the cause of unsafety?	الشر	إذا كان الجواب نعم، من أو ما هي أسباب انعدام الأمان؟	7.3		
	Hosts / Landlord	___	المضيفين / المالك			
	Neighbors / Host community	___	الجيران			
	Local organizations/ charity based	___	المنظمات المحلية/ جمعية خيرية			
	Shop owners/managers	___	أصحاب المحلات			
	Refugee Leaders/ refugee community	___	قادة اللاجئين / مجتمع اللاجئين			
	Clashes	___	اشتباكات			
	Others (specify)	___	غيرها (حدد)			
7.4	Does unsafety reduce the free movement of any household member? 0 = No 1 = Yes	Males / ذكور ___ Females / نساء ___	هل انعدام الأمان يقلل من تنقلات أي فرد من أفراد الأسرة؟	7.4		

SECTION 8 – INCOME AND LIVELIHOOD SOURCES

لتسج مصادر الدخل والتميشة

8.1	What is the highest level of education completed أعلى مستوى التعليم المكتمل	Head of the household رأس الأسرة	Main income earner of the HH أعلى مصدر الدخل للأسرة	ما هو مستوى التعليم المكتمل؟ ضع دائرة حول خيار واحد	8.1
	None	1	1	لا شيء	
	Knows how to read and write	2	2	يستطيع القراءة والكتابة	
	Primary school	3	3	المرحلة الابتدائية	
	Intermediate/complementary school	4	4	المرحلة المتوسطة	
	Secondary school	5	5	المرحلة الثانوية	
	Technical course	6	6	دروس مهنية	
	University	7	7	جامعة	
8.2	In the past 30 days, what was the total income of all the HH members? (LBP)	[]		في الأيام الثلاثين الماضية، ما كان الدخل الإجمالي لجميع أفراد الأسرة؟ (ل.ب.)	8.2
8.3	How many of the employments (income sources) of the last 30 days are permanent, seasonal or temporary?	Permanent	[]	دائمة	كم مصادر الدخل، موسمية أو مؤقتة؟
		Seasonal	[]	موسمية	
		Temporary	[]	مؤقتة	
8.4	In the last 30 days, what were the three main sources of cash/income to sustain your household? (Use the codes below - if other specify)	First main source	[]	المصدر الأول	ما هي أهم ثلاث مصادر ربحية لك ولأسرتك لاجتياز الحياة؟ (استخدم الرموز أدناه - إذا أخرى حدد)
		Second source	[]	المصدر الثاني	
		Third source	[]	المصدر الثالث	
Sale of crops	1	بيع المحاصيل			
Sale of livestock and animal produce	2	بيع الماشية والحيوانات المنتجة			
Agricultural wages/work	3	العمل الزراعي للمحور			
Non-agricultural casual labor (casual labor, provision of services)	4	تأجير/تقديم خدمات غير الزراعة (مساعد يومي، عمل تقني، عمل محوري، توفير الخدمات)			
Skilled work	5	العمل المهني			
Formal commerce	6	التجارة الرسمية			
Informal commerce	7	التجارة غير الرسمية			
Sale of assets (car, bicycle, refrigerator, TV, jewelry)	8	بيع الموجودات (سيارة، دراجة، ثلاجة، تلفزيون)			
Remittances	9	التحويلات			
Savings	10	المخزونات			
Formal credit/debts (e.g. banks)	11	الائتمان الرسمي / الدين			
Informal credit/debts (shops, friends hosts)	12	الائتمان غير الرسمي / الدين (محلات والإصدقاء المضيفين)			

Gifts from family/relatives	13	هدايا من الأسرة / الأقارب
Sale of food aid (food vouchers or parcels)	14	بيع المساعدات الغذائية (وردت من المنظمات غير الحكومية وبرنامج الإغذية العالمي، والتجته النوليه للتصليب الأحمر)
Sale of non-food assistance	15	بيع المساعدات الغير الغذائية
Cash from humanitarian organizations	16	التق التج من المنظمات الإنسانية
Cash from charitable organizations	16	التق التج من المنظمات خيرية
Food voucher/ e-card	17	القسلم الغذائية
Begging	18	شول
Other (specify) _____	19	خرما (حدد)

SECTION 9 – EXPENDITURES			القسم – النفقات		
9.1	How much money did you spend money (including voucher) on the following foods during <u>last 30 days</u> for your family consumption? هل انققت المال (بما في ذلك القسائم) على الاطعمة التالية خلال الأيام الثلاثين الماضية للاستهلاك العائلي؟ If not bought: write 0 0 إذا لم تصرف : أكتب 0 0	What is the value of the food that was consumed in the household during the last 30 days and was not purchased (donation, food aid, credit, exchange, own production, gathering/hunting) ما هي قيمة الطعام الذي كُتبت استهلاكه العائلة، دون أن يتم شراؤه (الإنتاج، وجمع / عبيد، البرع، مساعدة غذائية، الاضمان، وبيادل	9.2		
<p>مطابقة الأرقام (دون فواصل) Round up the figures (no comma)</p> <p>ليرة لبنانية أنققت الأسبوع الماضي Lebanese POUNDS spent last week</p>					
a	Bread, pasta	_____	_____	A	أ. الخبز والمعكرونة
b	Cereals (sorghum, millet, maize, wheat)	_____	_____	B	ب. الحبوب (الأرز، الذرة، القمح، البرغل، والحبوب الأخرى)
c	Tubers (potatoes)	_____	_____	C	ج. الدرنيات (البطاطس)
d	Groundnuts/beans/pulses	_____	_____	D	د. الفول السوداني/ الحبوب/ البقوليات / الحمص / العس / الفاصوليا
e	Milk/yoghurt/cheese	_____	_____	E	هـ. الحليب / اللبن / الجبن
f	Oil, fat, gee	_____	_____	F	و. زيت / زبدة / سمنة
g	Sugar, sweets	_____	_____	G	ز. السكر والحلويات
h	Canned food (tomato paste, tuna, meat)	_____	_____	H	ح. المواد الغذائية المعلبة (مجموع الطعام، التونة، اللحم)
i	Fresh Meat/Chicken/eggs/fish	_____	_____	I	ط. اللحم/ الدجاج/ البيض/ السمك الطازج
j	Fresh Fruits and vegetables	_____	_____	J	ي. الفاكهة والخضار الطازجة
k	Other foods (condiments, spices, salt, etc.)	_____	_____	K	ك. الأغذية الأخرى (التوابل والبهارات والملح)
l	Cooked/processed food eaten at home or outside by the family	_____	_____	L	ل. الطعام المطبوخ/ الجاهز الذي تم تناوله من قبل الأسرة في المنزل أو خارجه
9.3	What is the estimated amount spent by the household during <u>LAST MONTH</u> for the following items:	ما هو المبلغ التقديري الذي أنفقته الأسرة خلال الشهر الماضي على البنود التالية		9.3	

Write 0 if there is no expenditure		شحة صفة النفقات خلال الشهر الماضي Lebanese POUNDS spent LAST MONTH	الكتب 0 - إذا لا توجد نفقات
A	TOTAL expenditure by the household in the last month	<input type="text"/>	مجموع النفقات من قبل الأسرة في الشهر الماضي
B	Food expenditure	<input type="text"/>	نفقات الغذاء
C	Health expenditures	<input type="text"/>	نفقات الصحة
D	Education expenditures	<input type="text"/>	نفقات التعليم
E	House rent	<input type="text"/>	إيجار المنزل
F	Water	<input type="text"/>	مياه الشرب
G	Soap and other household hygiene items (including diapers/nappies)	<input type="text"/>	الصابون وغيره من المواد المنزلية
H	Fuel (petrol, etc.)	<input type="text"/>	الوقود (البنزين، الخ...)
I	Gas	<input type="text"/>	غاز
J	Transport	<input type="text"/>	النواقل
K	Electricity	<input type="text"/>	الكهرباء
L	Clothing	<input type="text"/>	ملابس
M	Telecommunication (mobile, satellite, etc.)	<input type="text"/>	الاتصالات (الهاتف، الساتل)
N	Household utilities or assets (such as cooking pots/utensils, furniture, etc.)	<input type="text"/>	أدوات و ممتلكات منزلية (أواني المطبخ، الأثاث، الخ...)
O	Alcohol, wine, tobacco	<input type="text"/>	الكحول، النبيذ، التبغ
P	Shelter materials	<input type="text"/>	مواد للإيوام
Q	Cost of registration/legalizing stay in Lebanon	<input type="text"/>	تكاليف إقامة الترخيص في لبنان
R	All the rest of expenditures (milling, labor, ceremonies, firewood, waste collection, desludging (emptying) of toilets / septic tanks, agricultural and livestock inputs, purchase of income generating equipment, savings, gave money to other family or relatives, shelter materials, debt repayment, etc.)	<input type="text"/>	كل ما تبقى من النفقات (التحن، والعمل، والأحقات، والسلب، وجميع التكاليف، وإزالة السمات (الخارج) من المراحيض، الخزانات الصرف الصحي، والمساكن الزراعية والقرود لحيوية، وشراب، معدات توليد الدخل، والأعمال وأنشطة العمل، الآلات، أو الألب الصن، وبيع الإقراض، والسحب، وما إلى ذلك.
9.4	Would you like to add any comments/observations at this stage?	1 Yes /نعم 2 No/لا	هل تود إضافة أي ملاحظات/ملاحظات؟
9.5	If yes, please enter your comments		الرجاء كتابة الملاحظات/الملاحظات هنا

SECTION 10 – FOOD SOURCES AND CONSUMPTION

القسم - مصادر الطعام واستهلاكه

10.1	How many meals (warm and cooked) did the adults of this household eat yesterday?	_____	كم وجبة طعام ممتلئة وسليمة تناول البالغون من أفراد الأسرة الكلية مطبوخة ساخنة بالأمس؟	10.1
10.2	How many meals (warm and cooked) did the children under 3 of this household eat yesterday? IF NO CHILDREN IN THE HH, WRITE 99 for N/A.	_____	كم وجبة طعام ممتلئة وسليمة تناول أطفال الأسرة الذين هم من النساء والأطفال مطبوخة ساخنة بالأمس؟ إذا لم يكن هناك أطفال في الأسرة اكتب 99	10.2
10.3	Is your household able to cook its food at least once a day, on average. CIRCLE ONLY ONE OPTION	Yes (نعم) 1 No (لا) 2	هل أسرة قارة قادرة على طهي الطعام على الأقل مرة واحدة يوميا في المنزل. ضع دائرة حول خيار واحد	10.3

10.4	If not, what is the main reason?	Lack of stove or access to kitchen	1	عدم وجود فرن أو توافق مطبخ	إذا لا ما هو السبب الرئيسي؟	10.4
		Lack of cooking fuel (gas, wood, ...)	2	عدم توفر الوقود للطهي (الغاز، الخشب، والكهرباء)		
		Lack of utensils	3	الافتقار إلى الأدوات		
		Lack of adequate safe water	4	غياب مياه الشرب غير كافية		
		No time or can't cook	5	لا وقت أو غير قادر على الطبخ		
		Lack of food to cook	7	الافتقار إلى طعام لطهي الطعام		
		Other (_____)	8	غيره (حدد)		

10.5	Among the members of the household who is prioritized to access to food?	All have equal access	0	جميع على قدم المساواة	من له الأولوية بين أفراد الأسرة في الحصول على الطعام؟	10.5
		Children	1	الأطفال		
		Elders	2	كبار السن		
		Adult male	3	لذكور البالغين		
		Adult female	4	الإناث		

How many days in the last 7 days has any member of your household eaten the following food items, and what was the main source of each food item consumed
 كم يوم في الأسبوع الماضي تناولت فيه عائلتك الأطعمة التالية وما هي المصدر الأساسي للحصول على كل صنف منها؟

ASK LINE BY LINE FOR EACH ITEM BOTH QUESTIONS
 أسأل السؤالين لكل بند على حدة
 Write a for foods not eaten over the last 7 days
 اكتب 0 في مربع المقابل للطعام الذي لم يتم أكله خلال الـ 7 أيام الماضية
 Use codes below for the food sources - if there are several sources for a same food, indicate the main source
 استخدم الرموز أدناه لمصادر الطعام . إذا كان المصدر متعددة لنفس الطعام أذكر المصدر الرئيسي

ASK LINE BY LINE FOR EACH ITEM BOTH QUESTIONS
 أسأل السؤالين لكل بند على حدة
 Write 0 for foods not eaten over the last 7 days
 اكتب 0 في مربع المقابل للطعام الذي لم يتم أكله خلال الـ 7 أيام الماضية
 Use codes below for the food sources - if there are several sources for a same food, indicate the main source
 استخدم الرموز أدناه لمصادر الطعام . إذا كان المصدر متعددة لنفس الطعام أذكر المصدر الرئيسي

Food item	المصدر الأساسي للطعام ادخل رمزاً للطعام من القائمة أدناه b) Main food source (Where do you get it from?) Insert code from below	عدد الأيام التي أكل فيها نوع الطعام الأسبوع الماضي (0-7) e) Number of days when the food was eaten last week (0 to 7)	نوع الطعام
A Cereals, Grains and Cereal Products (Rice, maize, wheat, bulgur, millet, other cereal)	_____	_____	A النشويات، والحبوب ومنتجات الحبوب (الأرز، الذرة، القمح، البرغل، والحبوب الأخرى)
B Bread and Pasta	_____	_____	B الخبز والمعروفة

Q	Spices/Condiments (Tea; Coffee, Nescafe/Cocoa; Salt; Spices; Yeast/Baking Powder; ketchup/Hot Sauce; Maggi cubes; Powder; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)	_____	_____	q بهارات / توابل (شاي، قهوة، نسكافيه / كاكاي، ملح، توابل، خبيزة / بالكلج بودر، كتشب/ صلصة حارة، مكعبات ماجي، بهارات أخرى - بما في ذلك كميات صغيرة (من الحليب لصنع الشاي / القهوة)
<p style="text-align: right;"><u>رئيس مصدر الطعام:</u></p> <p>1 قسائم الغذائية</p> <p>1 = Food vouchers/food e-card</p> <p>2 = شراء من السوق، متجر الخ.</p> <p>3 = مساعدات مالية</p> <p>4 = Received in-kind against labour or against other items</p> <p>5 = الاتمان / استلف</p> <p>6 = هدية طعام من الأسرة / الأقرب</p> <p>7 = الإنتاج الخاصة (المحاصيل والحيوانات)</p> <p>8 = المساعدات الغذائية الأخرى (المنظمات غير الحكومية وبرنامج الألفية العالمي)</p> <p>9 = الصيد أو صيد الأسماك، وجمع</p> <p>10 = التسول</p> <p>11 = مختلف</p>				
10.8	Would you like to add any comments/observations at this stage?	Yes /نعم 1	هل تود إضافة أي ملاحظات/ملاحظات؟	10.8
		No/لا 2		
10.8.a	if yes, please enter your comments		الرجاء كتابة الملاحظات/التعليقات هنا	10.8.a

11.1	During the last 30 days, did you experience lack of food or money to buy enough food to meet the needs of all your household members?	نعم = YES	NO	هل واجهت الأسرة نقص في الطعام خلال الشهر الماضي	11.1
11.2	During the last 7 days, how many times (in days) did your household need to employ one of the following strategies to cope with a lack of food or money to buy it?	عدد الأيام	0-7	خلال الأيام السبع الماضية، كم مرة (عدد الأيام) اضطررت أسرته أن تتبنى إحدى الاستراتيجيات التالية للتعامل مع نقص الغذاء أو نقص المال لشراؤه؟	11.2
1	R relied on less preferred, less expensive food	أ		1- تعتمد على الأطعمة الغير مفضلة، والأرخص ثماً	
2	Borrowed food or relied on help from friends or relatives	أ		2- اقتراض الغذاء، أو الاعتماد على المساعدة من الأصدقاء أو الأقارب	
3	Reduced the number of meals eaten per day	أ		3- تقفص عدد الوجبات المتناول يوميا	
4	Spent days without eating	أ		4- يقضي أيام كاملة من دون أكل	
5	Restrict consumption by adults in order to young-small children to eat?	أ		5- تقفل لتناولك البالغين بينما للأطفال الصغار تناول الطعام؟	
6	Send household members to eat elsewhere	أ		6- إرسال أفراد الأسرة لتناول الطعام في مكان آخر	
7	Reduced portion size of meals	أ		7- تقليل حجم وجبات الطعام	
8	Restrict consumption of female household members.	أ		8- تقليل تناولك أفراد الأسرة من الإناث.	
11.3	During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?	Insert the code below	1-4	خلال الـ 30 يوما الماضية، هل كان على أحد من أفراد أسرته القيام بالأفعال التالية بسبب عدم توفر الغذاء أو المال لشراؤه؟	11.3
1	Selling household goods (radio, furniture, television, jewelry etc.)	أ		1. بيع السلع المنزلية (الراديو ، والأثاث، والتلفزيون، والمجوهرات الخ	
2	Sell productive assets or means of transport (sawing machine, wheelbarrow, bicycle, etc. (motorcycle...)	أ		2. بيع الموجودات منتجة أو وسائل النقل (آلة الخراطة، عجلة، دراجة سوار، الخ	
3	Reduce essential non-food expenditures such as education, health, etc.	أ		3. تخفيض نفقات الأساسية الغير غذائية مثل التعليم والصحة، الخ	
4	Spent some or all of the HH savings	أ		4. إنفاق المدخرات صرفه بعض أو كل المدخرات العائلية	
5	Bought food on credit or borrowed money to purchase food.	أ		5. القراض المال / الغذاء من المقرض رسمي / البنك	
6	Sold house or land	أ		6. بيع المنزل أو الأرض	
7	Withdrawn children from school	أ		7. سحب الأطفال من المدرسة	
8	Have school children (6-17 years old) involved in income generation	أ		8. هل لدى أطفال المدارس (6-17 سنة) تحت عمر 15 سنة للمشاركة في زيادة الدخل؟	
9	Marriage of children under 18	أ		9. زواج الإناث دون الـ 18	
10	Regged / asked for money from strangers	أ		10. (سؤال طلب المال من الغرباء / السواك	
11	Sent an adult household member sought work elsewhere (regardless of the usual seasonal migration)	أ		إرسال أحد أفراد الأسرة البالغين للعمل في مكان آخر (بغض النظر عن الهجرة الموسمية المعتادة)	
12	Sent a child HH member to work elsewhere (not related to usual seasonal migration)	أ		إرسال أحد الأطفال في العائلة لتقريب بأعمال في منطقة ثانية (ليست مرتبطة (بالمهجرة الموسمية	
13	HH members 18 years and over accept high risk, illegal, socially degrading or exploitative temporary jobs/activities? (e.g. theft, survival sex, exchange of favors, services)	أ		13. قبول المناسك المادية والوظيف الموقرة الغير القانونية أو الممن المستنطة اجتماعيا؟ (مثل السرقة و الجنس من أجل البقاء)	
14	HH members under the age of 18 accepting high risk, dangerous, or exploitative work	أ		14. قبول أحد أفراد العائلة البالغ أقل من 18 سنة لقيام بأعمال خطيرة و ذات مخاطر عالية أو ممن مستنطة اجتماعياً	

SECTION 12 : DEBTS					
12.1	During the past three months (90 days), did any member of your household borrow money or receive credit?	Yes = نعم	No = لا	12.1	خلال الأشهر الثلاثة الماضية، هل قام أي عضو من أسرته بمقتراض المال أو الحصول على قرض متقدراً؟
12.2	What was the primary reason for borrowing? <i>Circle more than one if necessary</i>	To buy food	1	لشراء مواد غذائية	ما هو السبب الرئيسي للاقتراض؟ ضع أكثر من خيار واحد إذا لزم الأمر
		To buy / rent house	2	لشراء / استئجار منزل	
		To pay health care	3	لدفع خدمات الرعاية الصحية	
		To pay education	4	لدفع التعليم	
		To purchase water	5	لشراء المياه	
		For transport	6	للتنقل	
		For documentation/legal state fees Documentation (i.e. passports/marriage certificates) legal stay fees (regularisation/renewal)	7	لحصول على الوثائق / رسوم الوثائق الوثائق القانونية (أي تصاريح جوازات السفر / الزواج / رسوم الإقامة القانونية) (تجديد/تجديد)	
		Others (specify)	8	لأسباب أخرى (حدد)	
12.5	From whom did you get the credit or borrow the money? <i>Circle more than one if necessary</i>	Friends/relatives in Lebanon	1	الأصدقاء / الأقارب في لبنان	من أين حصلت على القرض أو اقتترضت المال؟ ضع أكثر من خيار واحد إذا لزم الأمر
		Friends/relatives out of Lebanon	2	الأصدقاء / الأقارب من خارج لبنان	
		Money lender	3	مقرض المال	
		Local associations/ Charity	4	الجمعيات المحلية / الخيرية	
		Others (specify) _____	5	أخرى (حدد)	
12.4	Current Total amount of debt up to now from either borrowing money and/or receiving credit that has not yet been paid back?	USD _____		12.4	مجموع مبلغ الدين حتى الآن
12.5	Would you like to add any comments/observations at this stage?	Yes / نعم	1	هل تريد إضافة أي ملاحظات/ملاحظات؟	12.5
		No / لا	2		
12.5.8	If yes, please enter your comments	الرجاء كتابة الملاحظات/الملاحظات هنا			12.5.8

13	(a) Have you received any kind of assistance over the last 3 months? هل تلقيت أي نوع من المساعدة خلال الـ 3 أشهر الماضية? 0 = No / 1 = Yes		(b) Do you receive this assistance regularly? هل تتلقى هذه المساعدة بانتظاماً؟ 0 = No, it was just once / مرة واحدة 1 = It was regular, but don't receive it any more لمنظمة منتظمة ولكن لم يعد تلقيها 2 = Yes, I still receive it regularly نعم، لا تزال ألقاها بانتظاماً	(c) total amount charged last 10 days
13.1	Food assistance (bread/food bank) المساعدات الغذائية (خبز)	<input type="checkbox"/>	<input type="checkbox"/> Last time card charged (آخر مرة التقينا بطاقة الدفع) Month <input type="checkbox"/> Day <input type="checkbox"/>	<input type="checkbox"/> \$ LBP
13.2	Food assistance (oil) (زيت)	<input type="checkbox"/>	<input type="checkbox"/>	
13.3	Health care (تكاليف الرعاية الصحية)	<input type="checkbox"/>	<input type="checkbox"/>	
13.4	Financial support (تقديم الدعم المالي)	<input type="checkbox"/>	<input type="checkbox"/>	
13.5	Fuel subsidy (دعم أسعار الوقود)	<input type="checkbox"/>	<input type="checkbox"/>	
13.6	Rent subsidy (دعم إيجار المساكن)	<input type="checkbox"/>	<input type="checkbox"/>	
13.7	Health insurance (تأمين الرعاية الصحية)	<input type="checkbox"/>	<input type="checkbox"/>	
13.8	Other non-food items (أخرى غير غذائية)	<input type="checkbox"/>	<input type="checkbox"/>	
13.9	Unconditional Cash (مساعدات نقدية)	<input type="checkbox"/>	<input type="checkbox"/> Last time card charged (آخر مرة التقينا بطاقة الدفع) Month <input type="checkbox"/> Day <input type="checkbox"/>	<input type="checkbox"/> \$ LBP
13.10	Others (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	
13.11	(a) Have you received any kind of assistance over the last year? هل تلقيت أي نوع من المساعدة خلال الـ 12 أشهر الماضية? 0 = No / 1 = Yes			
Education (التعليم)	<input type="checkbox"/>			
Shelter materials (مواد المأوى)	<input type="checkbox"/>			
Furniture (أثاث / أثاث)	<input type="checkbox"/>			
Water storage items (bottles, containers, buckets) (معدات تخزين المياه)	<input type="checkbox"/>			
Water service connection (Local Water)	<input type="checkbox"/>			
Latrine (مخاض)	<input type="checkbox"/>			
Cooking gas (غاز الطبخ)	<input type="checkbox"/>			
Legal (تكاليف)	<input type="checkbox"/>			
Others (specify) _____	<input type="checkbox"/>			

<p>14.5.a. What prevented them from getting the residential permit?</p> <p>To be asked to each member with no residential permit.</p>	i. I cannot afford the cost of renewal	1	لا يستطيعون تحمل تكاليف التجديد	<p>0: كل ما هو موجود في القائمة يتوخا لكل فرد في المجموعة السكنية</p>
	ii. GSO asked me to present a Lebanese sponsor	2	طلبوا مني أن أقدم بغيري كفيل لبناني	
	iii. I couldn't obtain the housing commitment		لا يمكن الحصول على التزام السكن	
	iv. I don't want to sign the pledge not to work		لا أريد التوقيع على شيء بعدم العمل	
	v. I entered through an unofficial border crossing		دخلت من طريق غير رسمي	
	vi. GSO informed me that men in my age group cannot renew		أخبرني أنهم لم يمكنوا من التجديد لأنهم في فئة عمرية معينة	
	vii. Not able to prove financial means		غير قادر على إثبات القدرة المالية	
	viii. Limited/restricted freedom of movement		لا حرية في التنقل	
	ix. Reluctance of HH member for personal reasons	3	موانع شخصية	
	x. Other	4	غير - (مفسر)	

14.6	2. What type of agreement does the HH have with the property landlord?	Formal agreement (written or verbal)	1	14.6	<p>ما هو نوع الاتفاق مع المالك؟</p>	14.6
		Informal agreement	2	الاتفاق غير رسمي		
		No agreement	3	لا اتفاق		
14.7	Was the HH received an eviction notice and/or any other threat of removal? (If no, go to question 11.)	Yes / نعم 1 No / لا 2		14.7	هل قُبلت الإزالة أو التهديد بالإزالة من نوع آخر؟	14.7
14.8	If yes: When is the HH expected/demanded to leave the property (date)?	أنا أنا أنا أنا / أنا أنا أنا أنا year / month / day شهر / سنة / يوم		14.8	متى يتوقع المالك إخلاء الممتلكات؟	14.8
14.9	Is any member of the HH in need of referral to family tracing/reunification services?	Yes / نعم 1 No / لا 2		14.9	هل يحتاج أحد أفراد الأسرة إلى خدمات التتبع العائلي أو التوحيد العائلي؟	14.9
14.10	If yes: Take note on relationship and flag			14.10	سجل العلاقة و ضع علامة	14.10

COMMUNICATION		التحويلات الموصى بها				
14.11	How do you receive information related to services to refugees?	SMS	1	رسالة نصية	كيف تطلب المعلومات المتعلقة بخدمات اللاجئين؟	14.11
		Hoarding	2	الخط الساخن		
		Shops	3	المحلات التجارية		
		Registration centers	4	مراكز التسجيل		
		Distribution sites	5	مواقع التوزيع		
		Municipality/health centers	6	البلدية /المراكز الصحية		
		Mouth to mouth (neighbors, relatives)	7	التداول في الأحاديث (الجيران، الأقارب)		
		Household visits	8	الزيارات المنزلية		
		No information received	9	لم يتلقى أية معلومات		
		Other	10	غيره (حدد)		
14.12	How often do you read a newspaper or magazine?	[]	كم مرة تقرأ جريدة أو مجلة؟	14.12		
14.13	How often do you listen to the radio?	[]	كم مرة تستمع إلى الراديو؟	14.13		
14.14	How often do you watch TV?	[]	كم مرة تشاهد التلفاز؟	14.14		
14.15	How often do you use internet?	[]	كم مرة تستخدم الإنترنت؟	14.15		
1= Almost every day 2= At least once a week 3= Less than once a week 4= Not at all				1= كل يوم تقريباً 2= مرة واحدة في الأسبوع على الأقل 3= أقل من مرة في الأسبوع 4= أبداً		
14.16	Are you active on any social media platform on internet?	No	1	لا	هل أنت نشط حتى أي من وسائل التواصل الاجتماعي حتى الإنترنت؟	14.16
		Facebook	2	فيسبوك		
		Twitter	3	تويتر		
		Instagram	4	إنستغرام		
		Other (specify) _____	5	وسيلة أخرى (الرجى التحديد)		
14.17	Recommended referrals:	التحويلات الموصى بها			14.17	
a	Health	<input type="checkbox"/>	الصحة			
b	Education	<input type="checkbox"/>	التعليم			
c	Protection	<input type="checkbox"/>	الحماية			
d	Registration	<input type="checkbox"/>	التسجيل			
e	Shelter	<input type="checkbox"/>	المأوى			

14.18. Based on your observations, please indicate:	Severely vulnerable: The rtm does not appear able to cover their basic needs, has insufficient food, inadequate shelter, unsafe and/or insufficient water for drinking/hygiene use, and does not appear to have safe and/or sustainable income to survive in dignified conditions	1	هذه الحالة لا يبدو رتب الأسرة قادرة على تلبية الاحتياجات السريعة الأساسية، وليس لديهم ما يكفي من الطعام والملابس هي مناسبة. كما أن المياه غير صالحة والى هي كافية للشرب أو لتلبية النظافة، ولا يبدو أن رتب الأسرة يمتلك دخل كافٍ والى مصادر الدخل البديلة.	المنطقة التي منسطة بروحى محيا
	High vulnerability: The rtm appears to be able to cover only their basic needs, living conditions are only borderline adequate, and the rtm relies heavily on support from others and/or passive coping strategies for survival	2	هذه الحالة منسطة يبدو رتب الأسرة قادرة على تلبية الاحتياجات الأساسية فقط، وظروف المعيشة بشكل عام ليست جيدة، والى يعتمدون على دعم الآخرين والى استراتيجيات التكيف سلبية.	
	borderline vulnerability: the rtm appears to be able to cover their basic needs, their living conditions appear adequate, and do not have a small but unstable income	3	هذه الحالة منسطة يبدو رتب الأسرة قادرة على تلبية الاحتياجات الأساسية فقط، وظروف المعيشة بشكل عام جيدة، والى ليس لديهم دخل صغير ولكن غير مستقر.	
	solid/low vulnerability: the rtm is able to cover more than their most basic needs, lives in very adequate/good conditions, and appears to have a stable/safe/sustainable source of income	4	هذه الحالة جيدة أو أفضل منسطة رتب الأسرة تلبية ما يزيد عن احتياجاتهم الأساسية ويعيش في ظروف مناسبة جداً، ويبدو أن لها مصدر دخل جيداً مستداماً.	

14.19. Please provide some brief comments on the above (if any) in Arabic

rtm Address and Contact information		الرقم المنسق ومعلومات الاتصال	
14.10	Are updates to rtm contact details (address required)? Confirm all current details if no updates are required, and the interview.	Yes/نعم No/لا	14.10 هل هناك تحديثات للتفاصيل الاتصال (عنوان إلخ) من رتب العميل (الذاتي)؟
14.11	What is your contact/phone number?		14.11 أى هاتف رقم هاتف العميل؟
14.12	Are there any other phone numbers you can be contacted on? (Go go to question 14)	Yes/نعم No/لا	14.12 هل هنالك أى أرقام برتة أخرى يمكنك الاتصال بها العميل؟
14.13	List number and name/details of contact person	Name: [_____] _____ Phone number: [_____] _____	14.13 اسم وتاريخ وسماء شخص الاتصال به العميل
14.14	Update/additional address information: Current address: (if wrong, go to question 11)	Is Name Is Changed	14.14 تحديث المعلومات (معلومات إضافية) هل يتغير العنوان
14.15	Place your new address:		14.15 يرجى وضع العنوان الجديد
14.16	Description of location (landmarks, main/area roads, common physical features etc)		14.16 وصف الموقع (العلامات والمناطق الرئيسية إلخ، معالم عامة إلخ)
14.17	Closest municipality		14.17 أقرب مدينة

Annex V : Focus Group Discussions

Theme	Key questions	Potential sources
Main problems and consequences	<ol style="list-style-type: none"> 1. What are the main problems faced by the inhabitants at the moment? 2. Are these problems different this year compared with usually? If yes, describe in what way they have changed and estimate their severity. 3. Who is most affected and why? What proportion of the population does this represent? 4. What are the main consequences for families of the current problems? 	
Social networks/ assistance	<ol style="list-style-type: none"> 1. Are there support structures/ networks/ organisations which provide support or services for people of this neighbourhood? 2. Which sector of the population has access to these groups? What kind of support do they provide? How efficient are these structures/ networks/ organisations to help people solve their problems? 3. If they are NOT considered efficient, what are their major limitations to be better able to help people solve their problems? 4. Are you aware of how the HHs are selected for assistance? 5. Do you think that the selection method could be improved? If yes how? 6. How do you view the current level of assistance compared with last year? If it has changed then how? 7. What is the impact of these changes on your HH/community? 8. Is it possible to access credit? If yes how and what type of credit is available? What are the interest rates? 	
Issues and priorities	<ol style="list-style-type: none"> 1. What are the priorities of the population? Have they changed in the last year? If so, how have they changed? 2. What means are available to help the population meet their priorities? 3. What else would be needed to help people solve their difficulties? (3 priority interventions) 4. What is the general feeling/atmosphere/security in the area? Has it changed compared with last year? How and why? 5. What is your vision for the short/mid/long term for the people of this area? 6. What needs to be done to improve the actual situation? 	

FGDs caza
Hermel
Keserwan_Jounieh
Hasbayah
Bint Jbeil
Nabatieh
Baalbeck
Rachaya
West Bekaa
Chouf
Aley
Baabda
Beirut
Metn
Zahle
Koura
Tripoli
Zgharta
Batroun_Bcharre
El Minieh Dounieh
Akkar
Saida
Sour
Jezzine
Marjaayoun

