ANERA

Improving Lives in the Middle East

Since 1968

Palestinian Refugees from Syria in Lebanon

A Needs Assessment

March 2013

All photos taken in Nahr El Bared camp, north Lebanon, and Palestinian refugee camps in south Lebanon.

Courtesy of Najd Abdel Aal and Farah Barbir

ACKNOWLEDGMENTS

Adhering to its mission and drawing on the resources of those who share its vision, ANERA has designed and conducted this needs assessment as an initial step in responding to the needs of Palestinian refugees from Syria, a seriously vulnerable sub-population of the Syrian refugee crisis.

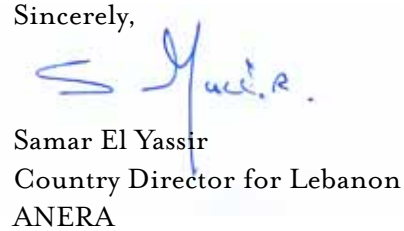
ANERA has conducted the survey for several reasons:

- Palestinian refugees from Syria are generally under-served by the international response to the refugee crisis.
- Palestinian refugees from Syria deserve accurate baseline information so that responses to their particular needs can benefit from increased accuracy, quality, and attention.
- The assessment will provide ANERA as well as other NGOs with accurate, useful baseline data on which to base their responses.
- In all cases, this needs assessment was carried out with a view towards action-oriented responses.

This assessment could not have been accomplished without the many hours contributed by ANERA staff in Lebanon, especially ANERA's health and in-kind program manager, Mrs. Dima Zayat. Particular thanks also go to social workers of the National Institute of Social Care and Vocational Training (NISCVT) who gave their time and attention to help us carry out the data collection.

Special thanks also are due to Dr. Sibaii and SFV Consulting Group (www.sfv-consulting.com) for volunteering their time and assisting ANERA in data analysis and editing

Sincerely,



Samar El Yassir
Country Director for Lebanon
ANERA

LIST OF ABBREVIATIONS

ANERA	American Near East Refugee Aid
CLA	Central Lebanon area
NGO	Non-governmental organization
NISCVT	National Institute for Social Care and Vocational Training
PRCS	Palestinian Red Crescent Society
PRS	Palestinian Refugees from Syria
UNHCR	Office of the United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East

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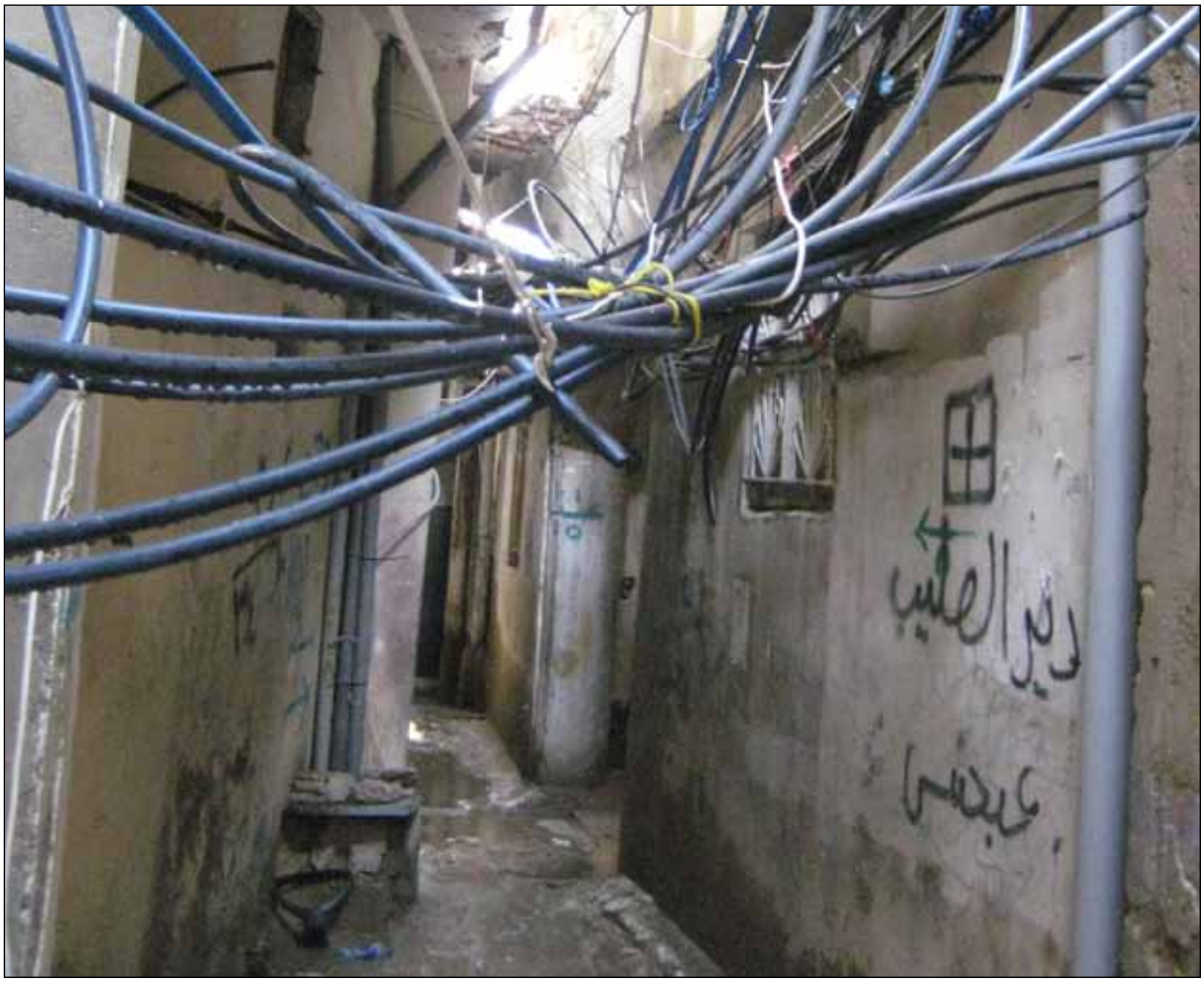

EXECUTIVE SUMMARY

Palestinian refugees in Syria have attempted to remain neutral in the civil conflict, which began in March 2011, but they have increasingly been pulled into and affected by the conflict. Palestinian refugees entering Lebanon from Syria have particular needs and vulnerabilities vis-à-vis the general Syrian refugee population. Drawing on its mission of 45 years to serve Palestinian refugees in the Middle East, ANERA (American Near East Refugee Aid) has been monitoring and responding to the needs of Palestinian refugees from Syria. The refugee numbers now surpass 30,000. ANERA conducted the assessment to identify the specific needs of this sub-population and to compile accurate baseline data on which to base our response in coordination with other organizations.

In January 2013, ANERA partnered with the National Institute of Social Care and Vocational Training (NISCVT) to conduct a comprehensive needs assessment of Palestinian refugees in Lebanon. The assessment focused on a sampling of 669 households of Palestinian refugees from Syria (PRS) within and outside nine Palestinian refugee camps across Lebanon. For each household, a questionnaire was completed based on interviews with heads of households.

In order to gain a wider understanding of PRS needs, this assessment aimed at a broad range of issues:

- Demographic and displacement history
- Shelter
- Water, sanitation and hygiene
- Food and nutrition
- Education
- Health
- Livelihood

The results of the survey show unmet needs across all the sectors covered in the assessment, as well as protection gaps and the critical psychosocial condition of refugees. Palestinian refugees from Syria are perhaps the most vulnerable sub-population affected by the crisis. They have fewer legal protections than other communities, no legal employment possibilities, and are mostly lodged with the poorest host communities in Lebanon. Furthermore, the international response to their particular needs has been markedly less than for the general Syrian refugee population.

Within this context, economic survival is perhaps at the forefront of their needs. The majority of PRS families cite food and rental costs as the most challenging financial burdens. The inability of PRS families to purchase adequate quantities of food often forces them to skip meals and/or reduce food portions.

The survey shows that most PRS houses are overcrowded and do not ensure individual privacy, with some one-third of refugee families living in substandard houses. The survey highlights the acute need for winter items, including heating, blankets and winter clothing. Although the majority of the houses have interior toilets and are connected to public water sources, more than half lack running water and an ability to procure potable water due to its high cost. Items related to water, sanitation and hygiene were found to be in urgent need by the vast majority.

Palestinian refugees are able to access United Nations Relief and Works Agency (UNRWA) facilities for health and education. However, major gaps were identified in the provision of service for acute, chronic illnesses and mother-child care. Many children also have not yet enrolled in UNRWA schools since more than one third of the PRS have only arrived in Lebanon in the first couple months of 2013.

The assessment also identifies some security concerns. Female-headed households, especially those responsible for big families (eight or more members), are considered more at risk than male-headed households in terms of psychological and sexual violence. The violence experienced in Syria by the vast majority of families, together with the traumas of displacement and difficult living conditions, call for an urgent provision of appropriate protection measures and psychological intervention.

The survey results reflect the situation of PRS at the time of the assessment and contribute to an improved understanding of the overall needs and conditions of the Palestinian refugees, which will help ANERA and other humanitarian operations design and plan appropriate interventions.

BACKGROUND

More than one million Syrians have been internally displaced since the beginning of the conflict in Syria in March 2011. More than 700,000 have fled to neighboring countries. These figures do not include those not registered with the Office of the United Nations High Commissioner for Refugees (UNHCR), which suggests the number of refugees and internally displaced is much higher. The UNHCR and NGOs are struggling to respond to their growing needs.

Minority groups are so far under-served by the international response to the crisis. Palestinian refugees from Syria (PRS), refugees twice over, are special cases because they are to be served by UNRWA rather than UNHCR, according to UN mandates. UNRWA is chronically under-funded and ill-equipped to manage such a large and rapid influx of Palestinian refugees. The existing UNRWA structures in Lebanon — schools, health clinics, and social services — were already overcrowded and poorly equipped to meet the needs of the ever-growing inflow of additional Palestinian refugees from Syria. Local community-based organizations that are active across the 12 camps in Lebanon are trying to fill the gap but they face a major lack of resources.

As of January 2013, more than 30,000 Palestinians displaced from Syria have registered with UNRWA in Lebanon. Many more are yet to be registered. UNRWA's reports note that approximately 30% have settled in and around Sidon and the Ein El Helweh camp, 15% in Tyre (south), 22% in the Beka'a (east), 17% in central Lebanon, and 15% in the northern camps. The flow of Palestinian refugees from Syria into Lebanon increased greatly between December 2012 and January 2013 after the conflict intensified in and around Al Yarmouk camp, the most populated Palestinian refugee camp in the Damascus suburbs.

ANERA began its emergency response to PRS in October 2012 by providing in-kind non-food items for the most vulnerable households. The dramatic increase of the PRS population in Lebanon in December 2012 prompted ANERA to launch a comprehensive multi-sector assessment to help guide its intervention in a constantly-changing humanitarian situation.

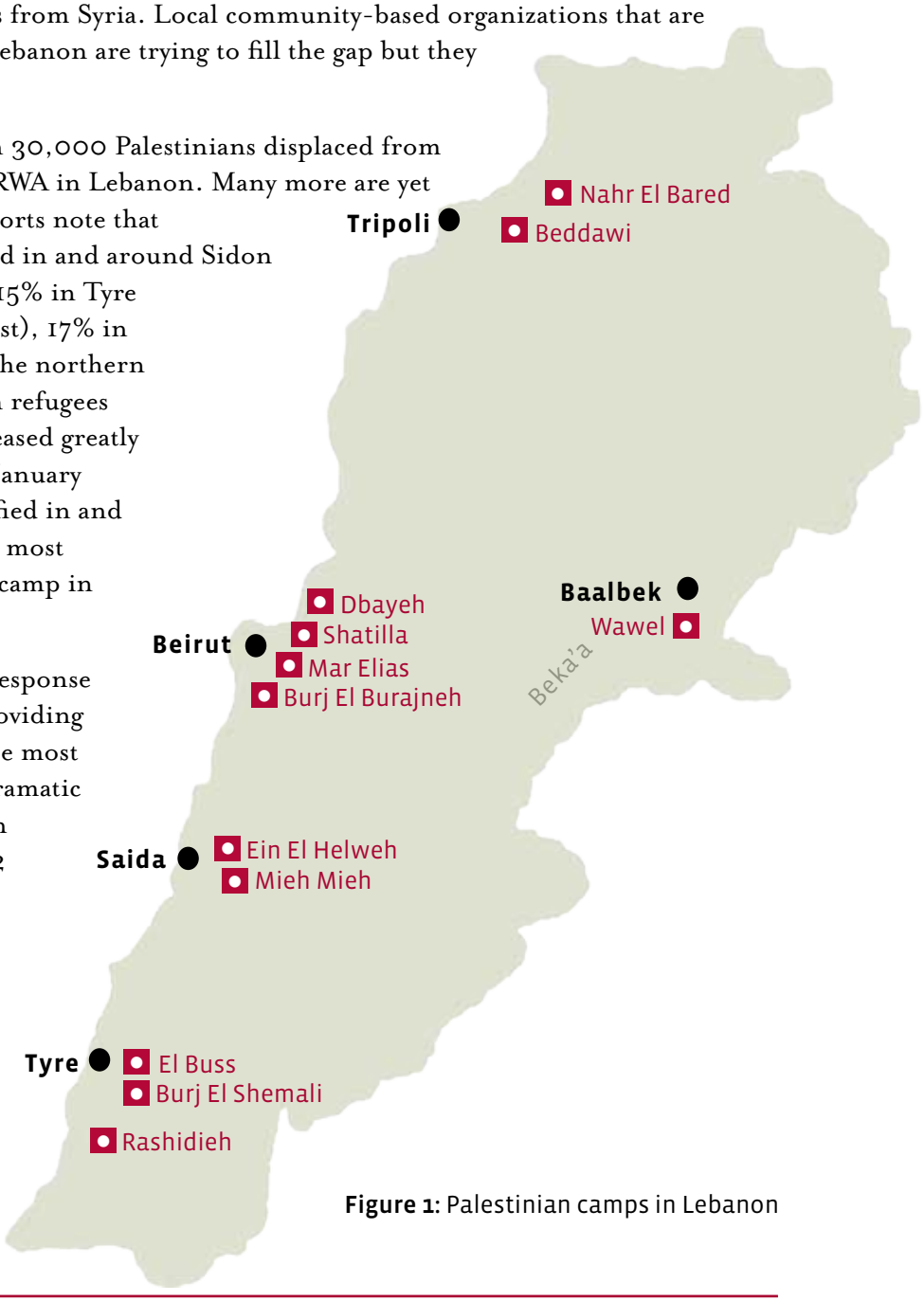

Figure 1: Palestinian camps in Lebanon

PURPOSE OF THE ASSESSMENT

The overall objective of the assessment is to improve knowledge of the humanitarian situation of PRS in Lebanon to guide relief activities during the coming months. This information should provide an accurate baseline for the work of ANERA and other NGOs, as well as members of UNHCR and UNRWA working groups. The data should also help draw international attention to the plight of this vulnerable sub-population, which is seriously affected by the Syrian crisis.

Specific objectives included:

- Assessing current and future PRS needs in Lebanon;
- Providing technical and operational recommendations to respond to those needs;
- Providing recommendations for ANERA's capacity to cover basic needs and appropriately respond to the humanitarian crisis.

METHODOLOGY

The needs assessment utilized a formal survey methodology. ANERA staff created a survey based on existing household survey instruments. The final survey was adapted to meet the objectives of the study and to answer specific requests for information that will eventually inform the humanitarian aid response. In all cases, ANERA conducted the needs assessment through the perspective of action-oriented research that would be translated into tangible services to Palestinian refugees.

Study sample

The target population for the needs assessment was 2,400 PRS families who took refuge within or around Palestinian refugee camps in Lebanon. Following discussions with stakeholders, nine camps and areas were selected as sites for the study: the Ein El Helweh and Burj El Shemali camps and the Sidon area in southern Lebanon; Jalil camp and Beka'a in eastern Lebanon; Nahr El Bared and Beddawi camps in northern Lebanon; Burj El Burajneh and Shatilla camps in central Lebanon. These were considered representative of the diversity of PRS locations in Lebanon. Allowing for non-response and related losses, the required sample size was 669 households. The sample size was considered large enough to adequately estimate the main characteristics of the targeted population.

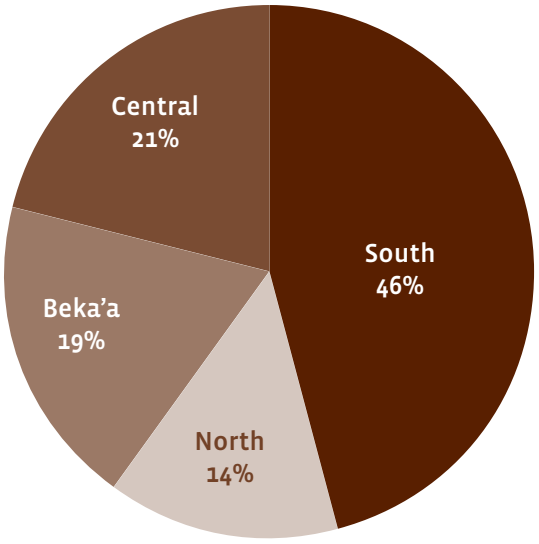

Figure 2: UNRWA PRS Distribution December 2012

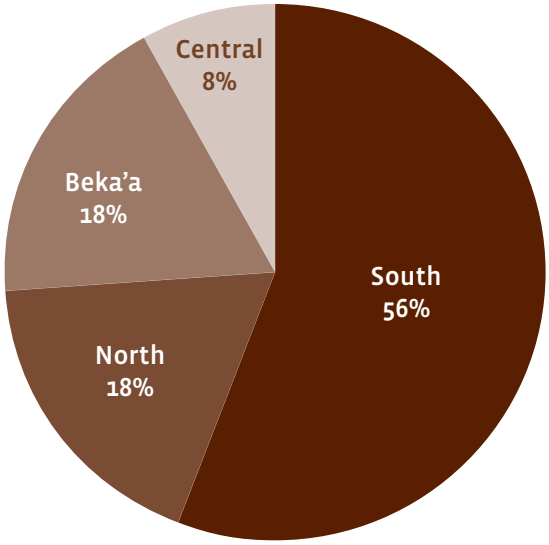

Figure 3: ANERA PRS Sample Distribution

The sample was chosen using a probability model proportional to a displacement size sampling design with the following distribution: Ein El Helweh camp – 17.2%, the Sidon area – 36.6%, Burj El Shemali camp – 2.7%, Jalil camp – 11.5%, the Beka'a area – 6.1%, Nahr El Bared camp – 6.6%, Beddawi camp – 11.4%, Burj El Burajneh camp – 6.6%, Shatilla camp – 1.3%.

The survey was conducted in January 2013. During that time, security problems combined with the constant relocation and influx of PRS families created a challenge for basing the sampling process on readily available registration lists. In order to improve representation, interviewers were assigned different sections in each camp/geographical area and visits were held at different times of the day, on both weekends and weekdays. All interviewees were adult men and women who are either the head of household or another adult in the family. Of the respondents, 69% were female and 31% male, with an overall literacy rate of 94%.

Instrument

An assessment household questionnaire was specifically devised and tested for the purpose of the study. The questionnaire was drafted in Arabic and adapted after field testing. The final draft consisted of seven sections:

1. **Demographic and displacement history**: 15 questions covering age, gender, head of household status, displacement course, and traumatic experiences;
2. **Shelter**: 12 questions pertaining to household conditions, crowding and household assets;
3. **Water, sanitation and hygiene (WASH)**: seven questions covering data on service and potable water, toilets, hygiene, and WASH-related items;
4. **Food and nutrition**: six questions covering the quantity and quality of food consumed by PRS families;
5 **Education**: 10 questions covering school enrollment, school gender issues, schools attended, reasons for dropout/non-enrollment, and lacking school items;
6 **Health**: 21 questions on chronic and acute conditions, access to healthcare services and medicines, under-five illnesses, and maternal-and-child health and nutrition;
7 **Livelihood**: seven questions covering employment status, job range, income and living costs.

Initially an eighth section on sexual and gender-based violence was designed but later omitted after field testing indicated the high sensitivity of collecting such information at this time.

Field work

ANERA partnered with the National Institute of Social Care and Vocational Training (NISCVT) for the field work. A team of 19 social workers and a team leader were recruited and trained on the survey instrument and its implementation. A training workshop prior to the field work focused on sampling procedures, interviewing skills, editing and administrative issues. The assessment was conducted over a two-week period in January 2013. Several quality control measures were implemented to ensure the collection of high-quality data, including periodic spot checks by the ANERA team.

Ethical considerations

Prior to each interview, the research team introduced themselves and ANERA, explained the objectives of the study, and obtained the respondent's consent for the interview.

Data processing and analysis

A team of research assistants was in charge of editing the questionnaire and data entry. The research assistants entered the survey information into SPSS (IBM software) for data cleaning, editing and analysis. Data analysis was conducted by a research assistant under the supervision of Dr. Abla Sbaii, epidemiology and biostatistics specialist.

Limitations

- The survey was limited to some extent by the overcrowded nature of the displacement, which deterred participants from responding to sensitive questions, such as those related to sexual and gender-based violence.
- There was also some difficulty in selecting a random sample. Most of the time, no beneficiary list exists and conflict-affected populations keep changing location. As a result, the real margin of error is higher than the calculated one.

ASSESSMENT FINDINGS

Demographics

Average family size

- A total of 669 households were interviewed, representing a total of 4,299 individuals. Accordingly, the average family size of the sample group is 6.4 persons.
- 24% of families can be considered "large families," having eight or more members.
- The definition of a family in emergency situations such as this differs from the traditional definition of the nuclear family in normal situations. The difference is that extended family members and relatives are living together rather than the stereotypical mother-father-children household.

Women and children are 74% of the PRS population and the average family size is 6.4 members

Age and gender distribution of household members (total of 4,299 people)

- Children, aged 0-17 years, represent approximately one third of the PRS population.
- Women make up more than half of the population

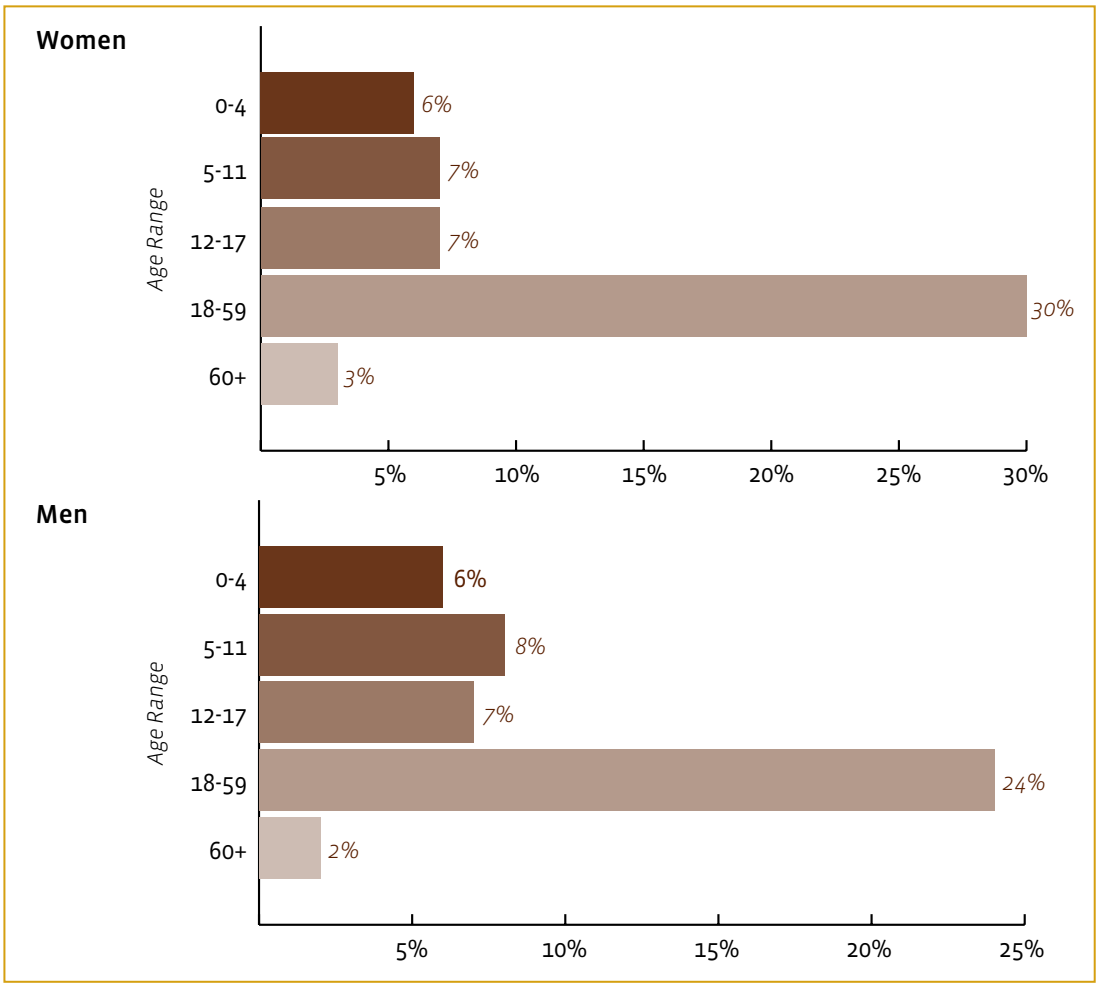

Figure 4: Age and Gender Distribution of PRS

Head of household

- Heads of households are mostly adult men (76%). 24% of households are headed by adult women. The highest concentrations of female-headed households were found in Sidon, Ein El Helweh, and Beddawi.
- 20% of women heading households are responsible for large families (eight or more members). These families are at particularly high financial and social risks, considering the limited employment opportunities available for all PRS, which is even more pronounced for women.

Displacement information

- 37% of Palestinian refugees from Syria had been in Lebanon for less than one month at the time of the survey, another 54% for less than six months.
- Of our sampling, 95% came from Damascus and environs.
- Another important finding is that 53% of families' homes were completely destroyed, which is likely to impact their length of stay in Lebanon.

Psychosocial

- The survey showed the vast majority of families (96.5%) witnessed armed conflict while in Syria, and 94% lived through some type of personal traumatic experiences, such as death in the family, physical trauma, kidnapping, and home destruction. This suggests the urgent need for appropriate psychological evaluation and intervention.
- Special attention should be given to those who witnessed the death of a close relative or a friend (21%), those who experienced traumatic injuries during the armed clashes and bombings (14%), and those who experienced a kidnapping (14%).

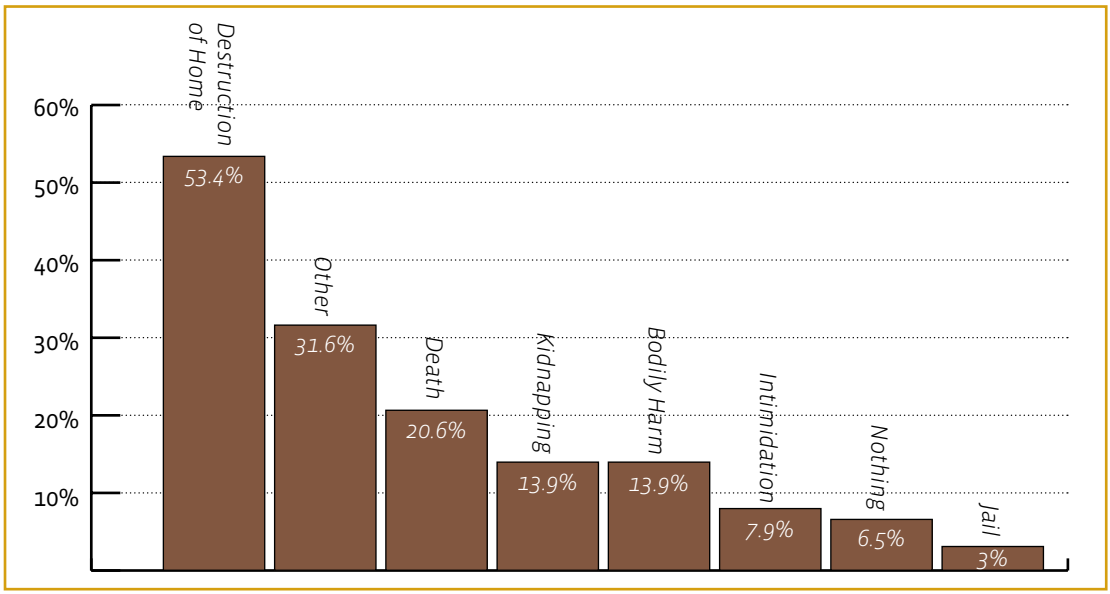

Figure 5: Traumatic Experiences in Syria

Shelter

Palestine refugees in the camps of Lebanon deal with poor living conditions and overcrowding. With the advent of over 20,000 new entrants in the camps from Syria, the situation has become critical.

This needs assessment has put a special focus on shelter and non-food items as "shelter is necessary to provide security, personal safety and protection from the climate and to promote resistance to ill health and disease. It is also important for human dignity, to sustain family and community life and to enable affected populations to recover from the impact of disaster."

Whether renting or hosted by families, most PRS shelter conditions are characterized by being overcrowded with serious water and electricity shortages. Approximately one third of the PRS families live in substandard houses either in shelters with open vents or doors, or living in public buildings such as schools, shacks/kiosks, rooftop chambers, shops, and places of worship. Moreover, Two thirds of PRS families share bathrooms with other families and lack access to proper kitchen utensils.

PRS families express fear that they will lose their shelters due to their inability to keep paying rent or the inability of host families to sustain their hosting status.

Hosting families are taking the burden for 45% of PRS families and have welcomed them into their already overcrowded homes. The ability of host families to sustain their hospitality needs further assessment, especially in light of extended periods of displacement.

Approximately half of the PRS families find rental fees in Lebanon as very expensive due to the increasings of rental fees prompted by high demand (the average monthly cost of one room in the refugee camps ranges from $150 to $300). Most PRS families lack an income in Lebanon and are rely on their meager savings.

Type of shelter

- The survey identified that 92% of households live in apartments/houses, and the rest are taking shelter in shacks/kiosks (1%), rooftop chambers (<1%), shops (2%), places of worship (<1%). and schools and public buildings (5%).
- The majority of PRS are either hosted by other families (45%) or are paying rental fees for shelter (52%). The remaining are squatting (2.5%) or taking other forms of residence (0.5%), such as purchasing a house in Lebanon.

- The needs assessment identified 28% of PRS households living in substandard housing conditions. Substandard housing is defined as structures that are not originally designed for residence or as apartments that have uncovered windows and doors. Assuming this data represents the wider PRS population, estimated at more than 30,000 persons at the time of writing, the number of persons living in substandard housing conditions would be estimated at more than 8,400 persons.
- Two-thirds of the substandard houses identified in this survey are located inside refugee camps, with the highest prevalence rate in Burj El Shemali camp (56%), Beddawi (35%), Shatilla (33%), and Ein El Helweh (32%).

Number of persons per household

- 46% of the households surveyed are inhabited by more than 10 persons at a time and 27% are inhabited by 15 or more persons.
- The highly congested households with 15 or more persons are located mainly in Sidon (47%) and Ein El Helweh (26%). These areas can be considered extremely crowded and at high risk for communicable diseases and stress.
- 57% of pregnant women were found to be living with at least 10 other people in the same household. This could be viewed as a source of social capital and support for expectant women. However, since almost 60% of the households are actually a single-room dwellings, the benefits of social capital are compromised by the lack of privacy, independence and well-being of expectant mothers.

Rental fees

- 47% of the families surveyed rated rental fees as second only to food in terms of living expenses. The average monthly cost of one room in refugee camps ranges from $150 to $300. PRS express fear that they will lose their shelters due to their inability to keep paying rent or the inability of host families to sustain their hosting status.
- The location with the highest percentage of rentals to PRS is Shatila (77%), followed by Nahr El Bared (71%), Beddawi (66%), and Sidon (60%).
- The location with the highest percentage of hosted PRS is Jalil (78%), followed by Burj El Burajneh (64%), and Beka'a (55%).

Persons per room

- 59% of families (395) use one room as a shelter.
- 22% of "large families with 8+ members" are living in a single room.
- These indicators show that most PRS houses are crowded and do not ensure individual privacy.

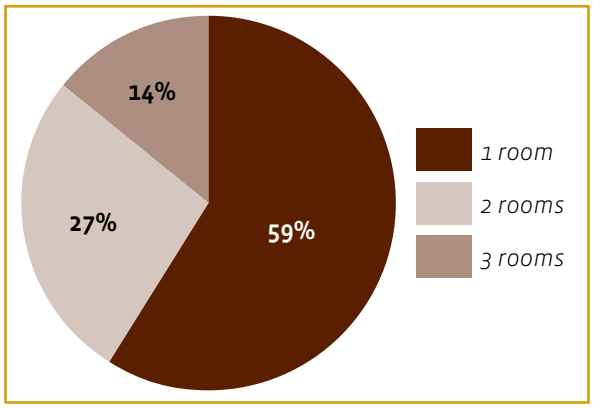

Figure 6: Number of Rooms Used by PRS Families

Facilities

- 22% of the shelters in all areas have open vents or doors; these are mainly in Burj El Shemali (56%), Beddawi (35%),

Shatilla (33%), Ein El Helweh (32%), Sidon (20%), Burj El Burajneh (16%). These shelters present safety and protection challenges – intruders can easily enter.

- More than 70% have no access to proper kitchen utensils. A lack of refrigerators was evident among 51% of the sample, suggesting that more than half of PRS families cannot store fresh food products, such as meat, poultry, fruits, and vegetables.
- 90% have access to a proper bathroom (not taking into consideration water heating system); however, 77% share their bathroom facilities with other families.
- Battery-powered lighting was identified by more than 80% of the PRS community as an essential need, since electricity shortages and blackouts are frequent in refugee camps and other areas outside Beirut.

Sleeping and bedding arrangements

- The survey shows there are sufficient sleeping arrangements (floor mattresses, beds or couches) provided for almost all PRS families, with only 1% using carpets, mats or the bare floor to sleep on (in Shatilla, Beddawi and Sidon).
- More than 80% of the families reported not having enough proper bedding items, such as pillows and blankets, indicating a dire need across all locations.

Winter preparedness

The survey indicated an acute need for winter-related items, including heating, blankets, and winter clothing.

- 51% of families do not have a heater in their shelters. The majority of those who do have gas heaters (49%) are unable to operate them because they lack access to fuel (76%).
- 73% of the families reported not having enough blankets for the whole family and 13.2% reported having no winter blankets whatsoever. The highest needs were reported in Beddawi (35%), followed by Ein El Helweh (21%), Burj El Burajneh (11.4%), Jalil (9%), Sidon (9%), and Beka'a (7.5%).
- 95% of the families reported having none or not enough winter clothing.
- The survey found that, regardless of whether families are newcomers (<1month in Lebanon) or have been in Lebanon for some time, the need for non-food items is still significant among all households. Even though families who have been in Lebanon for a long time have received more aid than recent arrivals, their needs are actually similar to the newcomers. Figure 7 uses the need for blankets as an example.

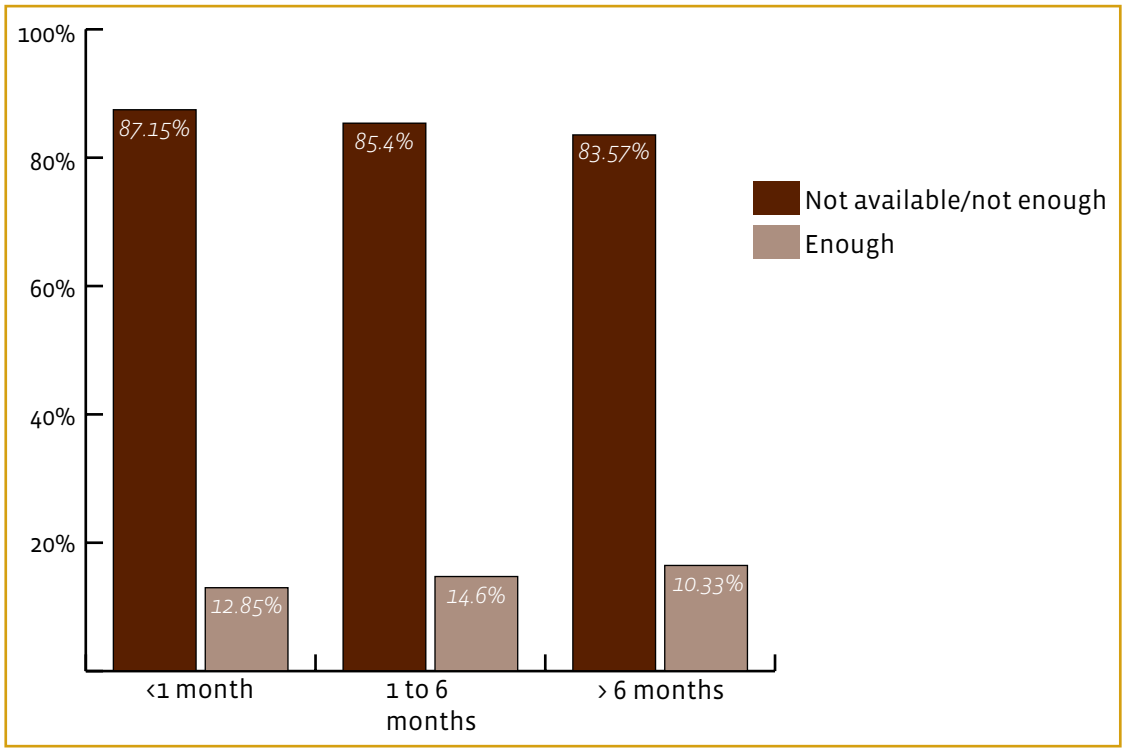

Figure 7: Availability of Blankets Among PRS Families

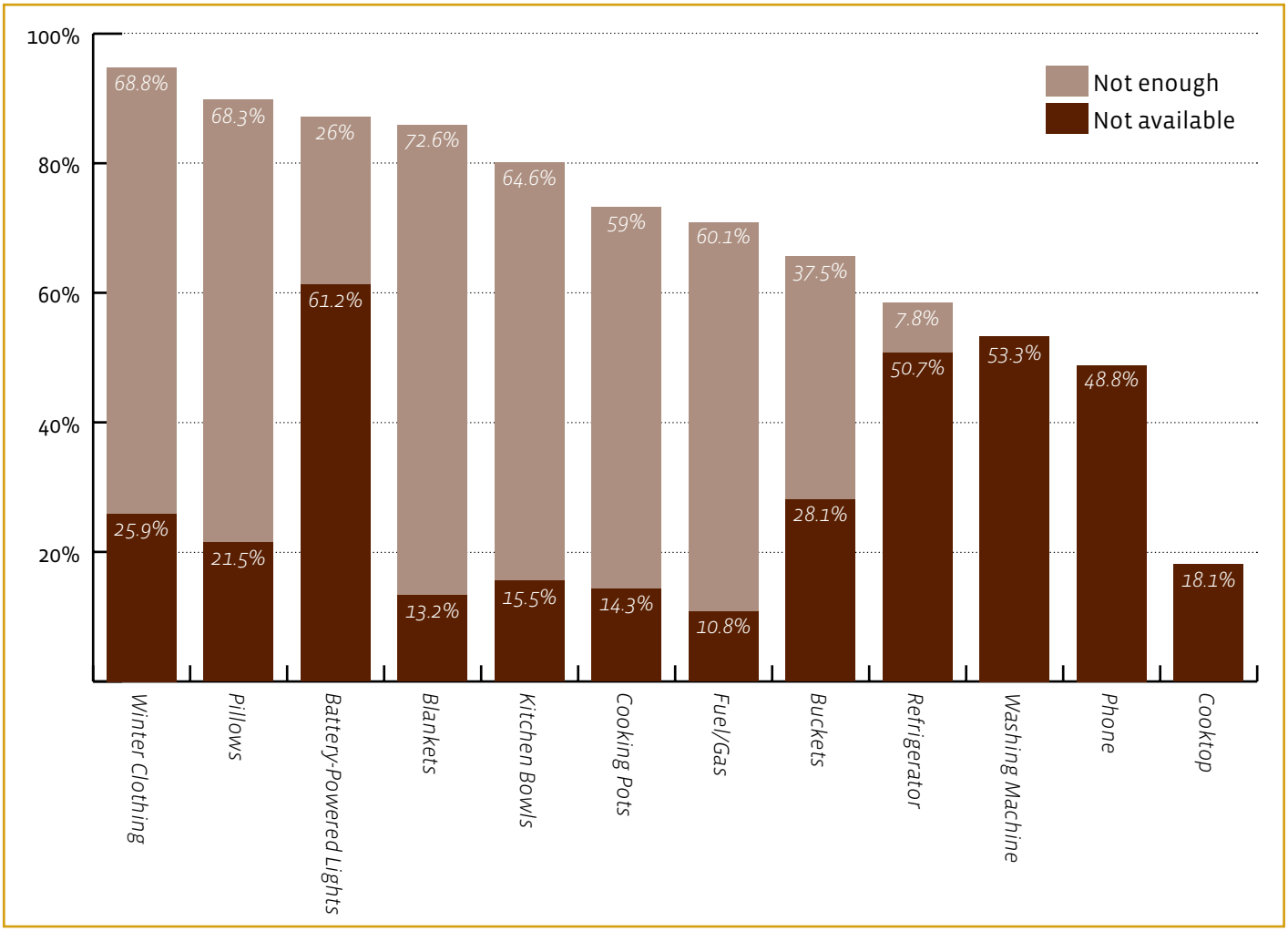

Figure 8: Needed Non-Food Items Either Not Available or Inadequately Available

Water, Sanitation and Hygiene

It is essential for refugees to receive adequate water and sanitation services because of its direct impact on their health. According to Sphere, "people affected by disasters are generally much more susceptible to illness and death from disease, which to a large extent are related to inadequate sanitation, inadequate water supplies and inability to maintain good hygiene. The most significant of these diseases are diarrhea and infectious diseases transmitted by the faeco-oral route. Other water and sanitation related diseases include those carried by vectors associated with solid waste and water."

The needs assessment has found acute shortage in both potable and service water among almost half of the PRS population, which suggests high health related risks and calls for further investigation. Toilets that are shared by large numbers of people are a trend that was commonly noted by the needs assessment. An overall estimated 2,700 PRS have to leave their shelters to use an external toilet, raising the chance of health problems, especially for young children and women. There also is an acute shortage of hygiene items, which further exacerbates the problem.

Access to toilets

- The majority of households (90%) have interior toilets, with only four households without a toilet (Jalil and Sidon).
- 9% of all shelters have external lavatories, indicating risks related to protection of women and children.

Access to water for cleaning and hygiene

The majority of the houses (96%) are connected to public water sources; however 54% lack running water due to common supply shortages. Accordingly, these families resort to purchasing water, limiting water use or borrowing water from others. This has implications for sanitation, personal hygiene and transmission of germs.

Access to drinking water

41% use public running water sources for potable water (mainly Ein El Helweh, Beddawi and Sidon). This suggests a health hazard since the quality of public water sources, especially in the camps, needs further investigation and testing to determine its safety.

Cost of water

54% of interviewed households reported having to purchase potable water, adding to their financial burdens. The cost of potable water depends on source and location but a fair estimate is $1 per 20 liters.

Access to sanitation and hygiene items

Access to basic sanitation and hygiene items is essential for the personal hygiene, health, dignity and well-being of the displaced population. There is an acute need for all such items. Most respondents reported they did not have these items at all or they did not have enough for all members of the family.

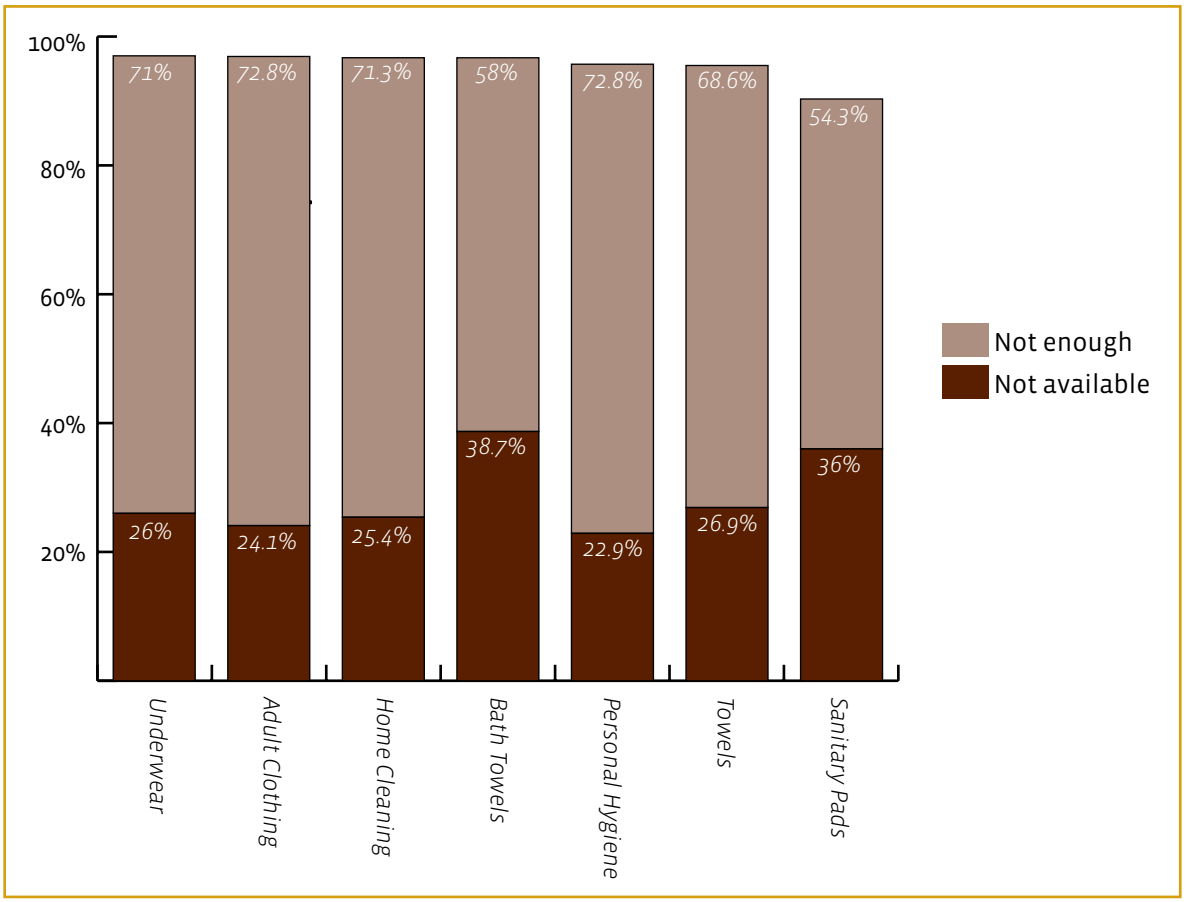

Figure 9: Water, Sanitation and Hygiene Items Currently Not Available or Lacking for PRS Families

Food

International agencies and governments identify access to food as a basic human right. However, in emergency situations, access to food becomes a more critical determinant of people's mere survival. This needs assessment highlights serious issues related to access and quantity of food available for PRS families.

In fact, food was reported as the most financially burdensome expense reported by the majority of families. Most PRS families cannot afford to buy adequate quantities of food and thus resort to skipping meals or reducing food portions. This is likely to have adverse long-term implications on the health of young children and women of child-bearing age.

Food sources

- 82% of families reported receiving food aid from various sources; however, only 3% reported totally relying on aid as their primary source of food. This can be attributed to the fact that food aid is not provided on a regular basis to PRS families
- The majority of PRS families (77%) depend on their own resources to buy food for their families; 18% depend on host families; 3% rely on aid; and 2% on loans.

Cost of food

The assessment indicates that food is the most burdensome expense for PRS families. This need is demonstrated by the inability of PRS families to purchase adequate quantities of food, forcing many to skip meals and/or reduce food portions.

86% of the families interviewed cited food as their greatest expense:

- Food ranked as the number one expenditure in all locations in the above metric, ranging between 100% in Burj El Shemali to 71% in Nahr El Bared.
- Food ranked as the highest expense regardless of family sizes.
- 98% of families indicated that food prices are much higher in Lebanon than in Syria.

"For $10 in Syria, I could feed my family of eight for the whole day, while in Lebanon it is barely enough to provide one meal."

Food consumption

- When asked about their food intake the day before the interview took place, nearly 70% of the families reported not being able to provide three meals a day; 58% could only provide two meals and 10% were only able to provide one meal for the family.
- 73% of those interviewed reported not having enough food to feed the whole family.
- 82% of families reported receiving food aid from various sources. Only 3% said their primary source of food comes from aid. This can be attributed to the fact that food aid is not provided on a regular basis to PRS families.

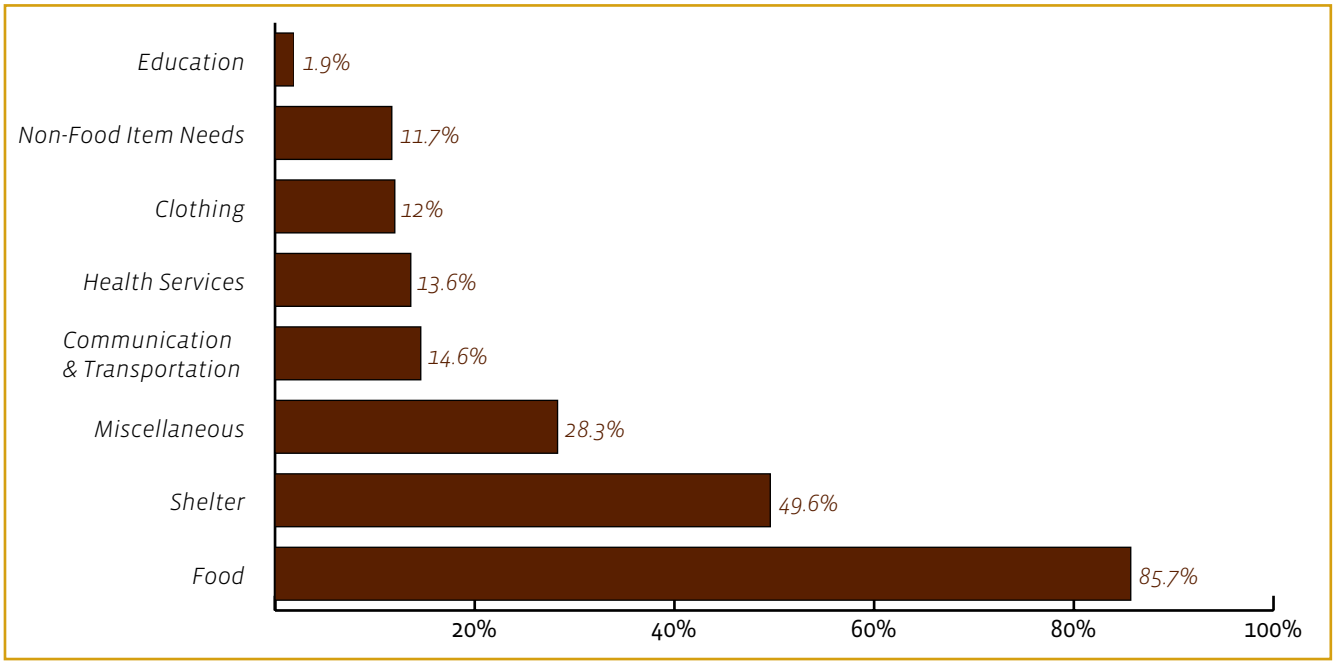

Figure 10: Expenses Reported by PRS Families

Livelihood

Livelihoods for PRS differ greatly from the general Syrian refugee population. Most importantly, Palestinian refugees from Syria do not have the automatic right to employment in Lebanon while Syrian citizens do. Furthermore, Palestinian refugees from Syria do not have the decades-old experience of being migrant laborers in Lebanon while Syrian citizens do. As a result, they lack both the legal framework and informal social networks related to employment, which can provide a vital economic lifeline in this crisis.

In general, Palestinian refugees had less money saved when they entered Lebanon. Since the conflict in Syria erupted in March 2011, most employment opportunities for Palestinian refugees had dwindled and many new arrivals said they had not worked for some time. In addition, the exchange rate for the Syrian pound has plummeted against the dollar. Since the Lebanese pound is tied to the US dollar, Palestinian refugees who converted their savings to Lebanese pounds lost much of their purchasing power.

Unemployment is widespread among PRS families regardless of age, gender, educational level, or previous employment status. More than 90% of the refugee families lack an income, implying that the PRS community in Lebanon is a financially disempowered population.

Although child labor was not widely reported by PRS families, the few reported cases indicate the need for child protection measures and increased support for families with young children. In light of prolonged displacement and exhaustion of their financial sources, families may resort to child labor to survive.

Employment in Lebanon

- Only 10% of working age PRS persons are employed in Lebanon. They earn very low wages, mostly ranging between $100-$299/month.
- 77% of the working group work as laborers, 10% in sales, 3% in professional jobs, and 2% in administrative work and 5% in other jobs.
- Women constitute only 10% of those employed.
- The table below indicates that the longer the refugees stay in Lebanon, the more likely they are to find jobs. But even after six or more months, 53% of the households report that no one in the family is currently employed.

Length of stay in Lebanon	At least one family member working	No family member working	Sample size (n)
Less than 1 month	9%	91%	249
1 to 6 months	22%	78%	363
More than 6 months	47%	53%	49

- Due to the small percentage of employed members of PRS families, the assessment did not reveal any significant variations across geographical locations.

Previous Employment Status in Syria

More than one-third of the working-age members of the PRS population were unemployed in Syria and another 42% were either skilled or unskilled laborers. The previous employment status highlights the PRS's economic vulnerability and their inability to financially sustain themselves in Lebanon, especially with prolonged displacement.

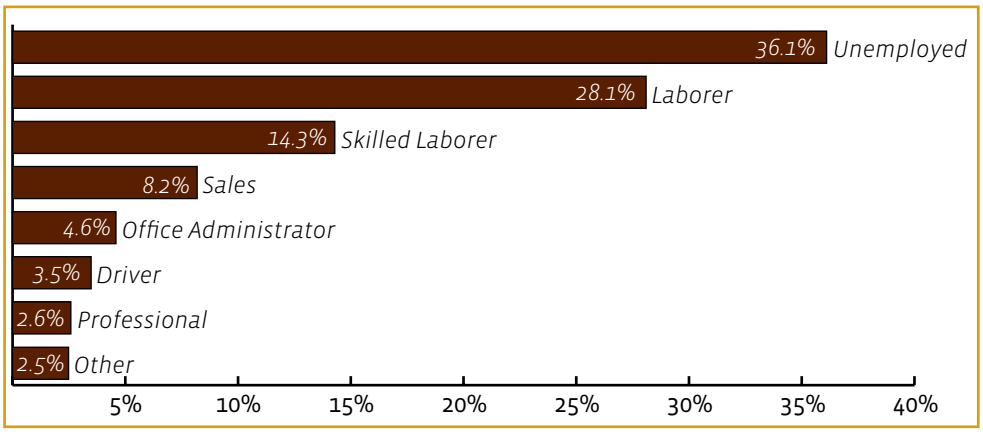

Figure 11: Types of Employment Among Adult Palestinian Males in Syria

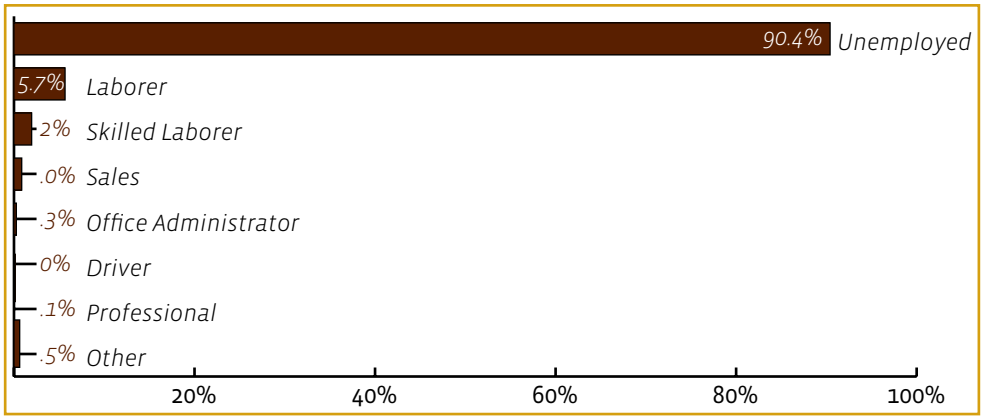

Figure 12: Types of Employment Among Adult Palestinian Males in Lebanon

Figures 11 and 12 compare the employment status of the PRS adult males while in Syria and after their displacement to Lebanon.

Child Labor

Six male children (5-17 years old) were reported to be working as laborers or street vendors to help their families earn some income. Their average income is $150/month.

Health

In Lebanon, UNRWA is the primary provider of health care services for Palestinian refugees. It has also recently extended its services to PRS families, covering medical consultations and medications. With the support of donor agencies, UNRWA is also providing coverage for emergency hospitalization services, life-saving procedures, and deliveries through its network of contracted hospitals.

The needs assessment revealed that UNRWA is still the main healthcare provider for PRS families in Lebanon. In addition, the Palestinian Red Crescent Society (PRCS), local NGOs and private clinics are also extending their offerings to PRS families. However, these health care providers are overwhelmed by the dramatic increase in the number of patients without a proportionate increase in their organizational and financial capacities. This means that PRS families either have to pay out of their own pockets (when they can afford it) or, in some cases, refrain altogether from seeking care for their acute and chronic conditions.

On a wider ecological level, the impact of deteriorated social, economic and environmental conditions creates more health hazards, especially those related to nutrition, mother and child health, mental health, communicable diseases, and chronic illnesses. Contingency health planning is becoming increasingly urgent in order to prevent a public health crisis that could affect both PRS families and their host communities.

Access to basic health services

Since the beginning of the Syrian crisis and with the influx of PRS into Lebanon, UNRWA has made its health services available for all PRS families. The UN agency is providing them with needed medicines and medical services in its country-wide centers. It is also providing coverage for hospitalization within its network of contracted hospitals in the case of emergencies and births.

- More than 55% of the families surveyed reported using UNRWA health services. Health-related expenses were only mentioned by 14% of families as highest cost expenditures.

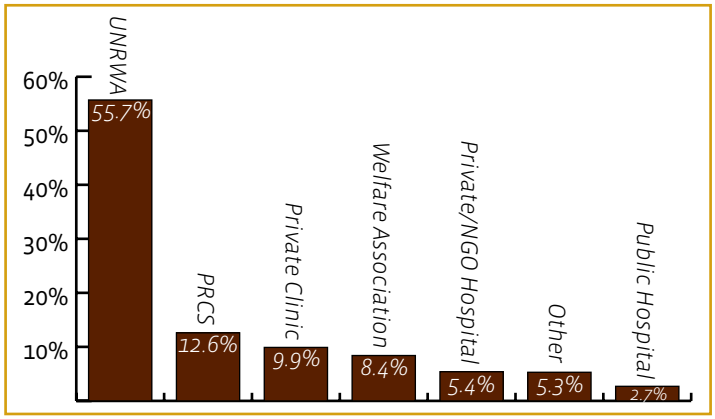

Figure 13: Health Service Providers

Acute illnesses

- 58% of the families reported experiencing some form of acute illnesses during their stay in Lebanon. Most sought medical assistance, but 16% of the families said they did not seek medical attention for their illnesses. The two main reasons for not seeking treatment were related to "high costs" (61%) and "not knowing where to go" (15%). This suggests that needed treatments either are not provided by UNRWA and welfare organizations or the families are not aware of the availability of such services and have resorted to private health care providers, which are much more expensive.
- 38% of the families purchased needed medicines for acute illnesses; 30% got medicines from UNRWA; and 11% did not get the medicines they were prescribed.

Chronic illnesses

- 53% of the families have at least one member living with a chronic illness. The three most common chronic illnesses are hypertension (24%), diabetes (17%), and heart disease (14%).

- The highest number of diabetics were found in Burj El Shemali, where 44% of the families reported having at least one family member living with the disease.
- 21% of families with a chronically ill member are not getting the appropriate medicines.
- 28% of the families with chronically ill members are buying medicines, 22% get them from UNRWA, and 15% still get them from relatives who bring them from Syria.
- The survey identified nine cases (1.4% of families) who have members in need of kidney dialysis patients – one case in Ein El Helweh, one in Jalil, six in Beddawi, and one in Sidon. There is only one dialysis center in Hamshari Hospital (Sidon), indicating an urgent need to facilitate access for kidney dialysis patients to available services.

Figure 14: Prevalence of Chronic Illnesses Among PRS Families

Hypertension	24%
Diabetes	16.5%
Cardiac	13.5%
Respiratory	10.4%
Other	9%
Rheumatological	8.6%
Neurological	3.7%
Kidney	1.4%
Psychiatric	1.3%
Hematological	1.1%
Oncological	0.9%

Mother and child health

- A total of 63 families (9%) reported having pregnant women among their members.
- 19 families (3%) reported a birth during their stay in Lebanon: 13 babies (62%) were normal births, six (38%) were by cesarean section.
- Three babies were born prematurely, another two were born with a congenital deformity (unspecified), and three babies required resuscitation at birth.
- 15% of the families have breastfeeding mothers (a total of around 100 women); and nine women weaned their babies before they reached six months of age due to a perceived "low milk supply" (4 women), mother's own choice (3), or mother's illness (2).
- 47% of the families have children under five years of age; 83% of the children experienced an acute illness during their stay in Lebanon, as per the following charts.

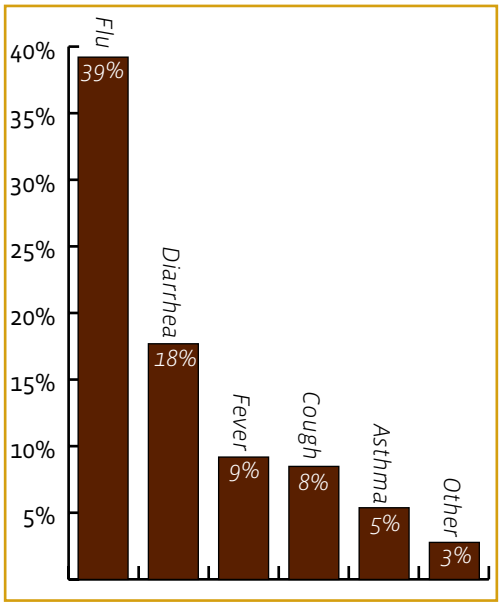

Figure 15: Illnesses Affecting Children Under 5 While in Lebanon

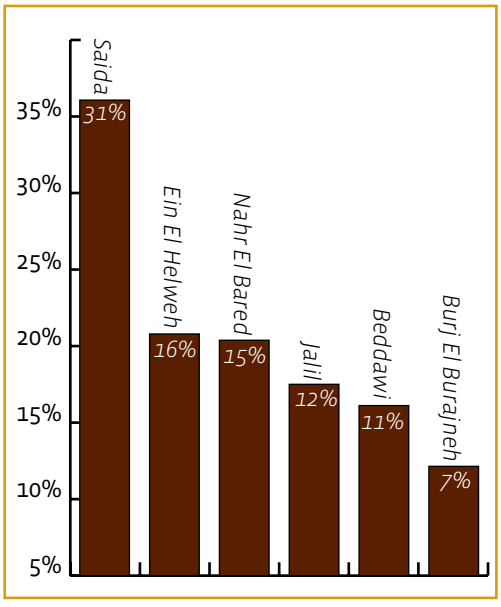

Figure 16: Incidence of Diarrhea Affecting Children Under 5

Since the assessment was conducted during flu season, a high percentage of flu cases was expected. However, the number of cases of diarrhea, specifically in Sidon where more than 30% of under-five-year-olds were affected, implies the need to investigate food and water safety standards. It is noteworthy that no positive correlation could be made between water source (being procured or from public sources) and increased incidences of diarrhea.

Education

In the aftermath of war, often nothing can make a child feel more secure than having a school to go to. Many PRS children have witnessed horrible violence. For these children, going back to school means a return to normalcy.

Similar to health services, UNRWA is the main provider of education services for Palestine refugees in Lebanon. In spite of UNRWA efforts to respond to the education, recreation and psychosocial needs of school-age PRS children with special classes as well as enrolling them where available in regular classes, this needs assessment has identified a gap in enrollment rates for those children.

Curriculum difference and limited school capacity were reported as the main reasons for non-enrollment. Integration into the Lebanese curriculum is difficult for most PRS children, as mathematics and all scientific courses that are taught in Arabic in Syria are taught in English or French in all UNRWA and public schools in Lebanon. Moreover, UNRWA schools were already over-crowded and the arrival of PRS has exacerbated the situation.

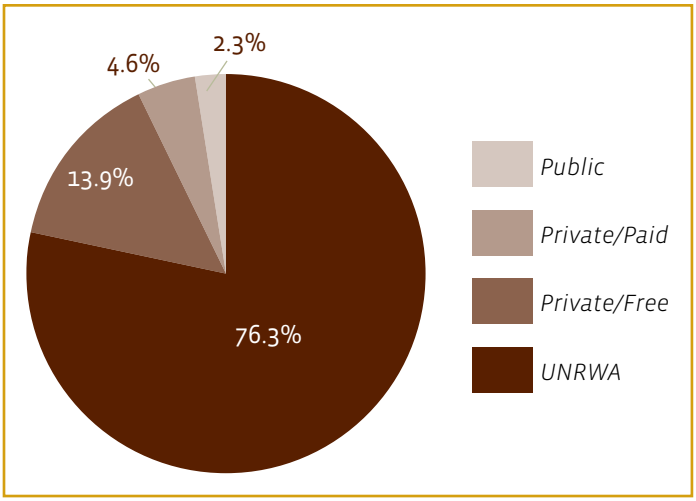

Figure 17: Types of Schools PRS Students Attend

Enrollment rate

- 436 families (65% of the sample) have school-age children.
- 74% of these families (322) reported having at least one child who is not attending school.
- The assessment shows the school enrollment rate is closely related to length of stay in Lebanon. Those who have been in the country for more than six months have the highest enrollment rate (55%), followed by those who have been in Lebanon for one to six months (29%), and finally those who have been in the country for less than one month (16%).
- The survey shows no significant difference between the enrollment rate of female and male students.

Reasons for non-enrollment

The survey indicates that curriculum difference is the number one reason for non-enrollment (38%), followed by a limited school capacity (21%) that does not allow accommodation of additional students (see figure below for more details).

- Despite the fact that curriculum difference was cited as the chief reason in most locations, limited school capacity was frequently reported in Shatilla (50%), Burj El Burajneh (38%), and Sidon (39%). Another noteworthy reason reported by PRS families was the unwillingness of some to register with UNRWA, particularly in Jalil camp (27%) and Beka'a (25%).
- No gender differences were noted for non-enrollment of both male and female students.

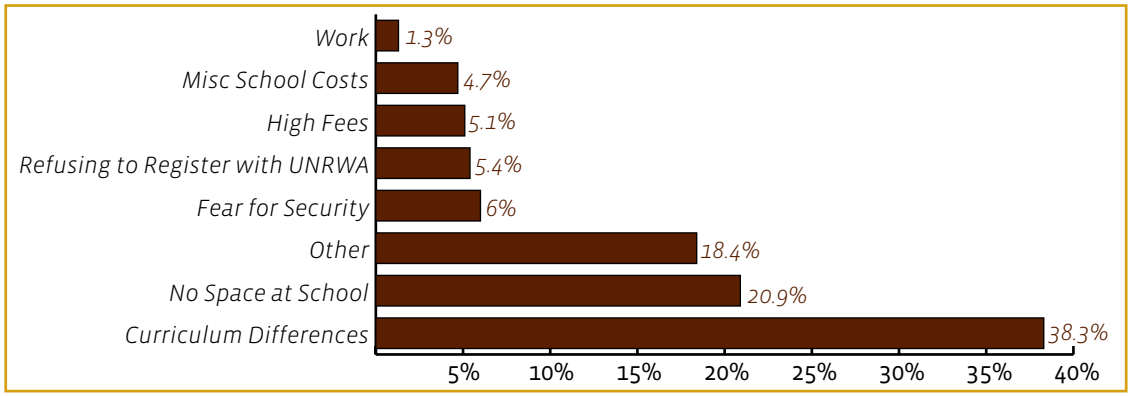

Figure 18: Reasons for Not Enrolling in School

School supplies

- 70% of enrolled school children were reported to have insufficient school supplies. The missing school items most cited were stationary, notebooks, school bags, pens and pencils, crayons and books. Figure 18 documents the shortage levels by item.
- The school items available were mainly free from the school (35%), or donated by or borrowed from neighbors.

Stationary	35.5%
Notebook	27.1%
School Bag	26.1%
Pen or Pencil	17.6%
Crayon	12%
Books	7.8%

Figure 18: Most Cited Missing School Items

RECOMMENDATIONS

Host-family support

Efforts should be made to improve the availability and sustainability of host family accommodation and support for refugees, considering that a large proportion of PRS have taken shelter with Palestinian refugee families in and around camps, and that there appears to be a degree of mobility within the displaced population. Host-family shelter options could be considered through a number of incentives, ranging from general maintenance to improving suitability of existing accommodations or small-scale renovations. Other initiatives would include host families in the distribution of food and non-food items. Such interventions would actively promote arrangements that prolong the hosting status for the mid-term.

Cash-for-rent support

Considering the relatively high cost of rent and inability of most PRS families to sustain costs for medium and long term, it is highly recommended that assistance be geared toward cash-for-rent support.

Basic needs

UNRWA, local and international organizations are advised to continue efforts to supply the PRS with basic food and non-food items with priority for newcomers.

Income generation

It is recommended that humanitarian interventions emphasize improving the livelihood and security of the displaced, especially for households without host-family support. Cash-for-work initiatives could provide much-needed income for especially vulnerable houses and could be linked to other assistance activities, such as construction works associated with host family shelter renovations. Where communities are struggling to cope with the burden of a large refugee population, income-generating opportunities could consider including vulnerable participants from the host population or identifying an initiative that enhances the community's ability to sustain its support for the displaced.

Remedial/informal education

Survey findings clearly highlight the need for targeted education support for PRS children who have fallen behind in their studies. It is recommended that class-based tutoring opportunities be provided, especially in those communities hosting large concentrations of school-age refugee children. Additionally, it is recommended that remedial education services be made available to support children having problems coping with the curriculum difference between Syria and Lebanon. By providing targeted education support at an earlier time in displacement, it is possible to reduce a child's vulnerability to exploitation in the labor market.

Health

As the number of PRS families in Lebanon increases, it is imperative to support UNRWA as the main health provider for Palestinian refugees so it can expand its capacity and coverage. It is equally important to support local health providers in refugee camps who provide complementary health services with a special focus on maternal and child health and nutrition,

as well as mental health and chronic illnesses. These services can include access to low-cost or free-of-charge medicines, particularly important to persons suffering chronic conditions. Finally, an active program of community health promotion should be initiated in consultation with health care providers and community representatives. The program would provide information on major health problems, health risks, the availability and location of health services and behaviors that protect and promote good health as well as address and discourage harmful practices.

Protection

Awareness campaigns must be organized around sexual and gender-based violence issues in order to enhance local efforts to fight harassment. Families and children who have undergone severe stress should be provided with community-based psychosocial interventions and, where appropriate, specialized professional support. Vulnerable families (female-headed households, single women, and young children who do not go to schools) should be identified and a program designed integrating a package of services that strengthens protection and care for children. Civil society organizations and commun ity-based social and cultural programs in the camps should coordinate and organize psychosocial activities with special emphasis on youth and children.

“My children have lost the most precious thing they had: their father. When one loses a home, a provider, and a husband, what is left? We had a decent life, now all is gone!”

A Palestinian mother of four from Daraa, Syria
Displaced to Nahr El Bared camp, north Lebanon
Name withheld

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MISSION STATEMENT: American Near East Refugee Aid (ANERA) advances the well-being of people in the West Bank, Gaza, Lebanon and Jordan. Through partnerships and close consultation with local groups and communities, ANERA responds to economic, health and educational needs with sustainable solutions and also delivers humanitarian aid during emergencies.

Incorporated in 1968 to help ease the suffering of Palestinian refugees after the Arab-Israeli War of 1967, ANERA is non-political and non-religious and is one of the largest American non-profits working solely in the Middle East for 45 years.

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