

# Vulnerability Assessment of Syrian Refugees (VASyR) in Lebanon

Executive summary



Photo by Jessica El Kfoury

# 2015





Photo by Joelle El

## Acknowledgements

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

The VASyR team in Lebanon would like to thank the international non-governmental organisations (NGOs) responsible for the field data collection: Action contre la Faim, ACTED, Caritas, InterSOS, Mercy Corps, Danish Refugee Council, Première Urgence - Aide Médicale Internationale, SHEILD, Save the Children and World Vision International.

The team is also grateful to all actors who contributed to the questionnaire design, methodology and analysis plan. Special thanks to the 4105 refugee households as well as the focus group discussion participants who welcomed the survey team, answered questions and provided valuable information for this assessment.



## Background and objectives

Lebanon now hosts around 1.2 million Syrian refugees, representing 25% of the Lebanese population in the country. This is the world's highest number of refugees per inhabitant. In the fifth year since the Syrian conflict began humanitarian operations in Lebanon are transitioning from 'emergency' to 'protracted crisis' interventions. Adjustments include reducing the beneficiaries, with improved systems to identify the most vulnerable households (HHs), individuals or areas, conducting a more in-depth investigation into needs and redesigning programmes to optimize cost-effectiveness.

Lebanon and the refugees it is hosting are in a very delicate state: the situation requires special and immediate measures. Well-informed decision-making is key to ensure optimal usage 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 level. The results have been widely used by the humanitarian community for planning purposes and programme design.

This executive summary will show that significant changes have been noted since VASyR 2014, which highlights the dynamic nature of refugee HHs' characteristics and living conditions in Lebanon. For instance 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 and costly requirements to renew their legal stay in Lebanon. Each

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day represents a monumental struggle to meet the most basic needs and families are increasingly faced with using negative coping mechanisms to do so. Their need for assistance is growing in parallel with the reduction of available funds. They are living in a stressful context with no way out.

This updated multi-sectorial overview will allow the humanitarian community to confirm or adjust 2014 plans and programme design. Data is especially valuable for targeting purposes; it contributes to revising the expected caseload in need of assistance, to analysing the performance of eligibility criteria for different sectors as well as estimating the degree and types of vulnerability at national and district level.

## Methodology

The assessment surveyed 4105 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 get representative information 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 to obtain the information needed to apply the targeting criteria. Qualitative information was gathered from six refugees' discussion groups in each district to help understand aspects not captured with quantitative questions.

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).

## 1 Demography

For the second year running household size decreased, down from 6.6 members in 2014 to 5.3. By the same token it was less usual to have crowded HHs: 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% though it 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.

## 2 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<sup>1</sup> and 9.7% in informal settlements. Refugees were more likely to rent unfurnished homes than in the previous two years (74% vs. 67% in 2014).

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

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 but in more than half of households (55%) 3-5 people occupied a single room (up from 49% in 2014).

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 a problem reported in Bekaa and BML.

## 3 Water and sanitation

Overall 39% of the 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%).

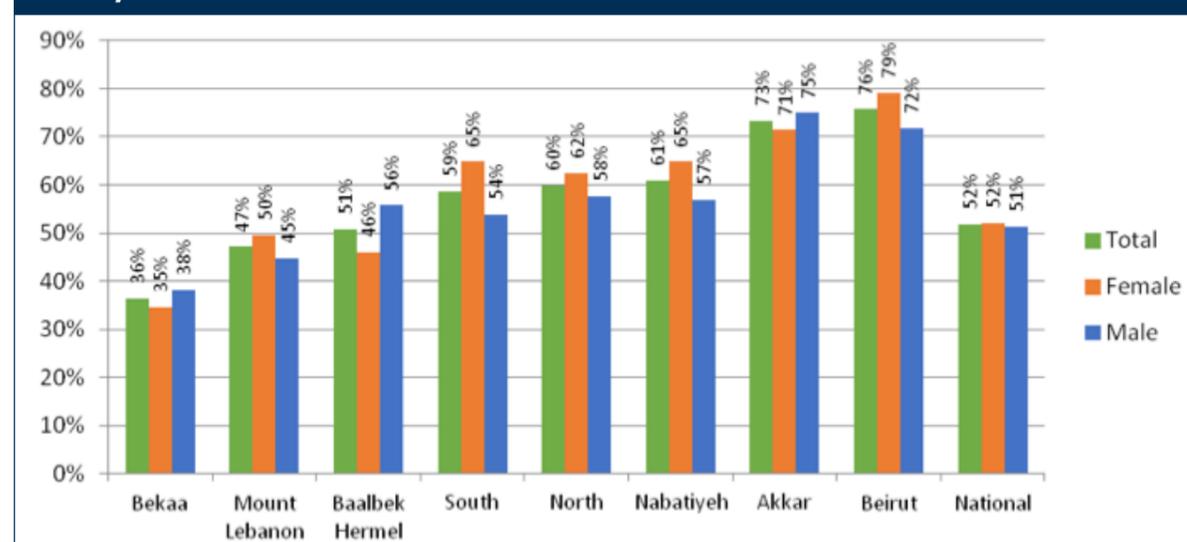
One in 10 HHs had no access to bathroom facilities, peaking at 29% in Bekaa. Sanitation has improved. At the national level, 80% of HHs had access to flush toilets or improved pit latrines versus 70% last year and less than 1% now had no access to any type of toilet facility compared with 2% last year and 7% in 2013. The proportion of HHs sharing a latrine with 15 people or more was 4%, down from 9% in 2014 and 13% in 2014.

## 4 Assets

Compared with previous years Syrian refugee HHs were more likely to possess assets such as gas stoves, blankets, mattresses and winter clothing. Country wide the majority of HHs had basic kitchen utensils and water containers and, as in previous years, TVs 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, blanket, winter clothes and gas stove) were Akkar and the Bekaa, while Beirut and Mount Lebanon residents had significantly more assets.

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

## Primary school net attendance ratio



## 5 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 1 reached grade 6.

Nationally 5% of 15-17 year olds attended secondary school or higher, with Akkar reporting the lowest and Beirut and the North the highest rates. Most HHs (over 71%), whose children were out-of-school had a monthly household income of less than US\$300.

For around half of the 6-17 year old children not attending school the main reasons were the cost of education or children had to work (48% of 6-14 year olds and 56% of 15-17 year olds). The highest rates of illiterate household heads were in Akkar (28%) and Bekaa (25%).

*Fewer than half of children who entered primary grade 1 reached grade 6.*

## 6 Health

In total 15% of households reported having at least one HH member who required primary health assistance<sup>2</sup> (PHC) and could not get it. The main reasons cited for not being able to access PHC were cost (46%), distance (13%) and rejected by 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 and 8% could not get it, (compared with 11% in 2014), chiefly because of the high cost (78%).

Free primary health care was available for 12% of HHs, peaking at 29% in Akkar followed by Tripoli (19%) then Bekaa (13%) and lowest in BML (3.5%).

Cost sharing was the most prevalent type of primary (68%) and secondary (55%) health assistance, with cost sharing being the highest in BML (76.3% for PHC and 65.4% for SHC) then in the South (69% for PHC vs 74% for SHC).

Free secondary health care was available only for 6% of HHs. Around 31% of those receiving secondary health

<sup>2</sup> The reference is made at the time of survey (May 2015).

care did not receive any support from humanitarian partners.

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

Of the 4323 surveyed children under five years old some 37% were ill in the fortnight before the survey, rising to 42% in Mount Lebanon. Coughing was the number one reported ailment followed by diarrhea and fever.

Only about half of the surveyed children (0-59 months) 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.

## 7 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). Of those 75% of female-headed households reported harassment and 32% reported community harassment, either verbal or physical, against 68% and 15% for male-headed households respectively.

The cited causes of insecurity were similar for male and female-headed HHs with neighbours mentioned as the main source of problems (58%). Concerns about safety issues were found to reduce freedom of movement in almost 78% of cases.

Just 28% of sampled HHs reported having residency permits for all household members versus 58% in 2014. 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. At the individual level, the percentage of Syrian refugees without legal residency permits was around 41%. In line with last year's figure 18% of HHs had no members with residential permits.

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

## 8 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 spend respectively) fell by 40%. 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 had high or very high expenditure on food ( $\geq 65\%$ ), a 6% national increase over last year.

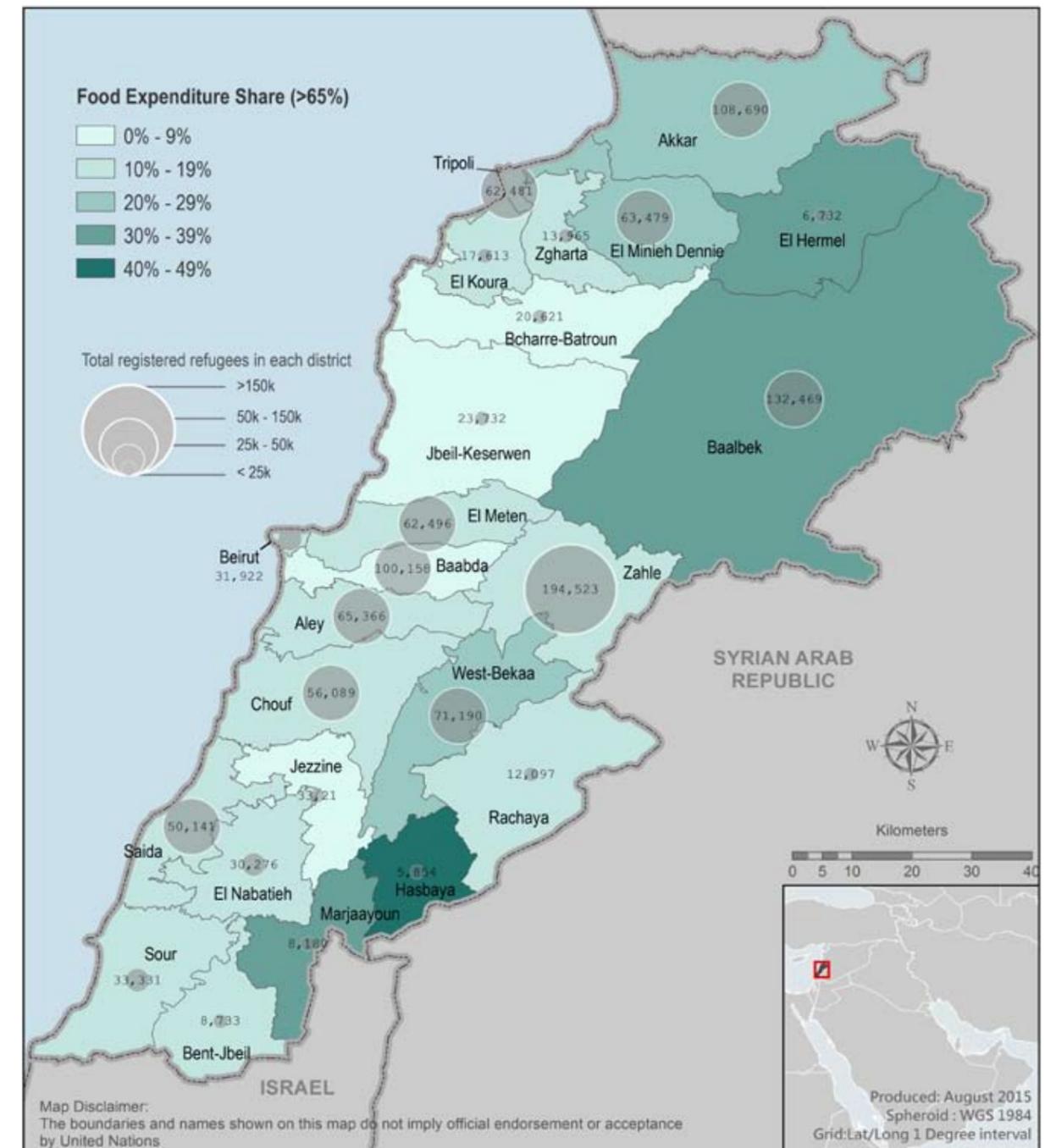
More than half of HHs (52%) were below the Survival Minimum Expenditure Basket ( $< \$87$  per capita a month) compared with 25% in 2014 though it was as high as 73% in Zahle district. Nationally 69% (versus 43% in 2014) were below the Minimum Expenditure Basket ( $< \$114$  per capita a month), in line with the 70% (versus 49% in 2014) below the Lebanese extreme poverty line (proposed by the World Bank in 2013<sup>3</sup> and established at \$3.84 per person per day). Almost one in three HHs spent more than \$400 beyond their monthly income.

## 9 Livelihoods

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

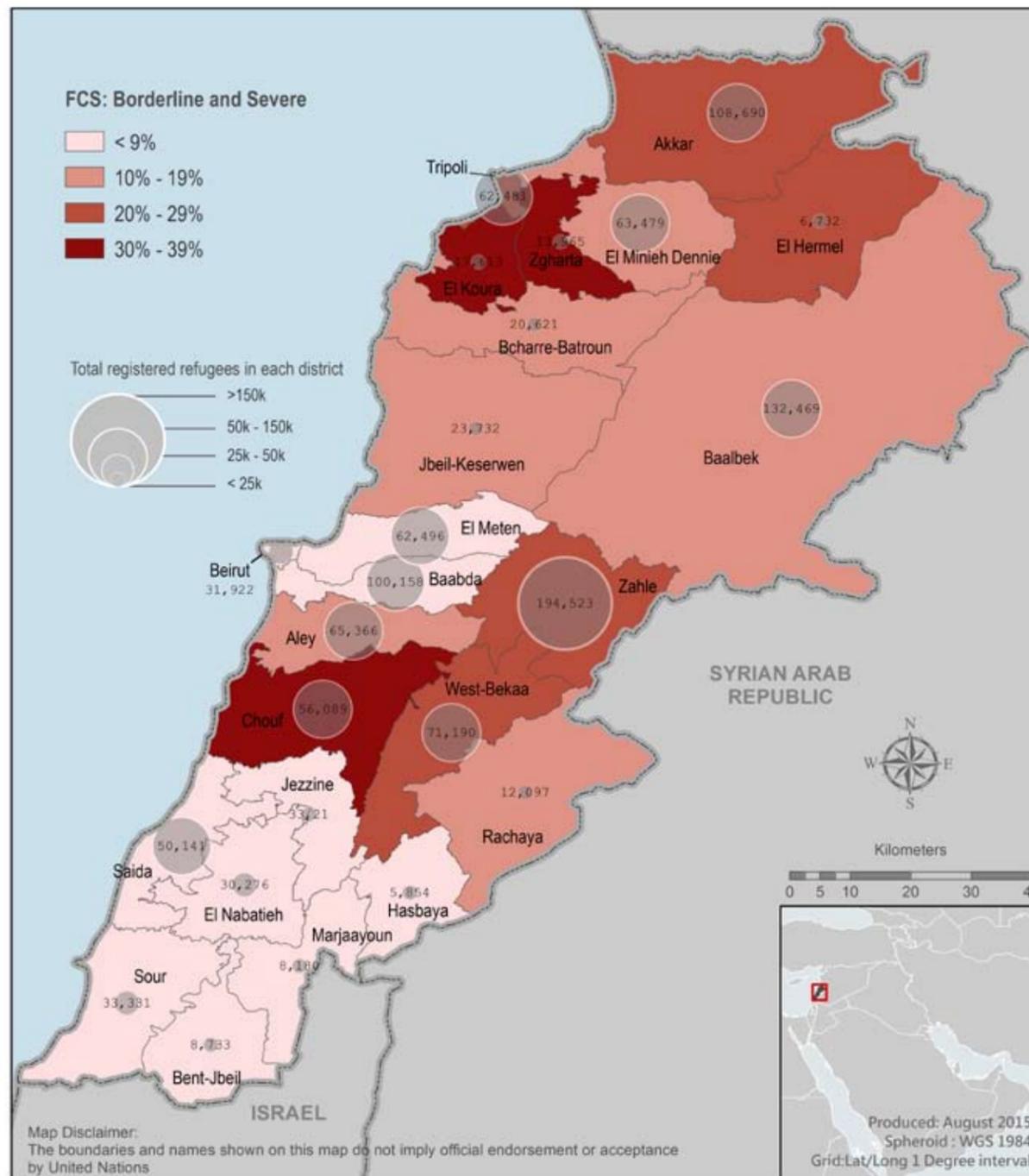
<sup>3</sup> United Nations Development Programme and the Council for Development and Reconstruction (2014). Lebanon Millennium Development Goals Report 2013-2014.

LEBANON Percentage of Syrian refugee households spending over 65% on food





**LEBANON** Percentage of Syrian refugee households with borderline and severe Food Consumption Scores (FCS)



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

The proportion of HHs with borderline FCS increased from 10% to 14%.

There has been a further deterioration in consumption patterns towards 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<sup>4</sup> 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.

### 11 Child nutrition<sup>5</sup>

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'<sup>6</sup> in 2015 than 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<sup>7</sup> 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%).

<sup>4</sup> Vitamin A rich food groups: dairy products, eggs, green leafy vegetables, orange or dark yellow vegetables and fruits.  
<sup>5</sup> Information on feeding practices was collected for 381 children under six months of age and 883 children between six and 17 months.  
<sup>6</sup> A composite indicator that combines dietary diversity and feeding frequency by breastfeeding status according to WHO IYCF indicators  
<sup>7</sup> The seven standard food groups are: grains and tubers; pulses; dairy products; meat and fish; eggs; vitamin A rich fruits and vegetables and other fruits and vegetables.

### 12 Coping and debt

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.

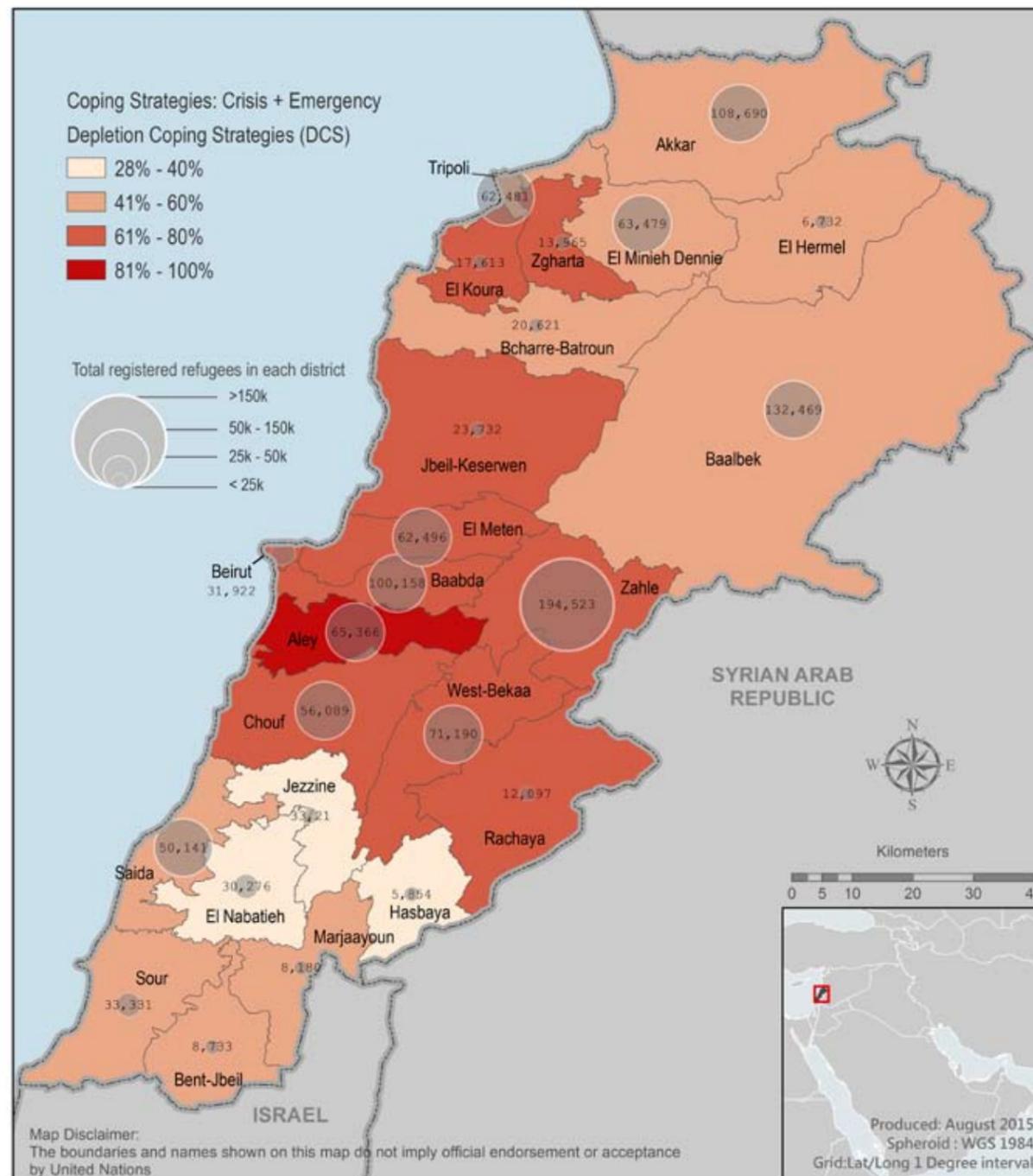
Out of those that faced lack of food or money to buy it, almost 100% applied food consumption related coping strategies, chiefly relying on less preferred or expensive food, reducing the number of meals per day, borrowing food from friends or relatives and reducing portion sizes at meal times. In 29% of HHs adults restricted their consumption to allow children to eat.

HHs were more likely to use coping strategies that deplete their asset base (ADCS) 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 non-food expenses such as health or education was more than double that of 2014 and treble 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. And the amount of money owing 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 \$1151. At district level HHs in El Meten, Beirut, Baabda, Bcharre-Batroun, Aley and Chouf owed more than \$1000 on average.

*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.*

**LEBANON** Percentage of Syrian refugee households that applied crisis and emergency coping strategies



**13 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 from their own funds than they were a year ago.

At regional level household dependency on food vouchers particularly increased in Tripoli (55%). Using credit and borrowing increased most in Akkar (24%) and Bekaa (25%).

**14 Food insecurity<sup>8</sup>**

The food security situation of Syrian refugees in Lebanon significantly worsened since last year. 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 1.2 million Syrian HHs registered in Lebanon 837,285 were mildly food insecure (699,513 in 2014), 281,552 moderately food insecure (131,817 in 2014) and 5,819 severely food insecure (5,240 in 2014). Just 129,610 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.

<sup>8</sup> Classification of HHs according to their food security situation is based on a composite indicator that considers food consumption, food expenditure share and coping strategies. HHs are classified into four food security categories: food secure, mildly food insecure, moderately food insecure and severely food insecure.



Photo by Jessica El Koury

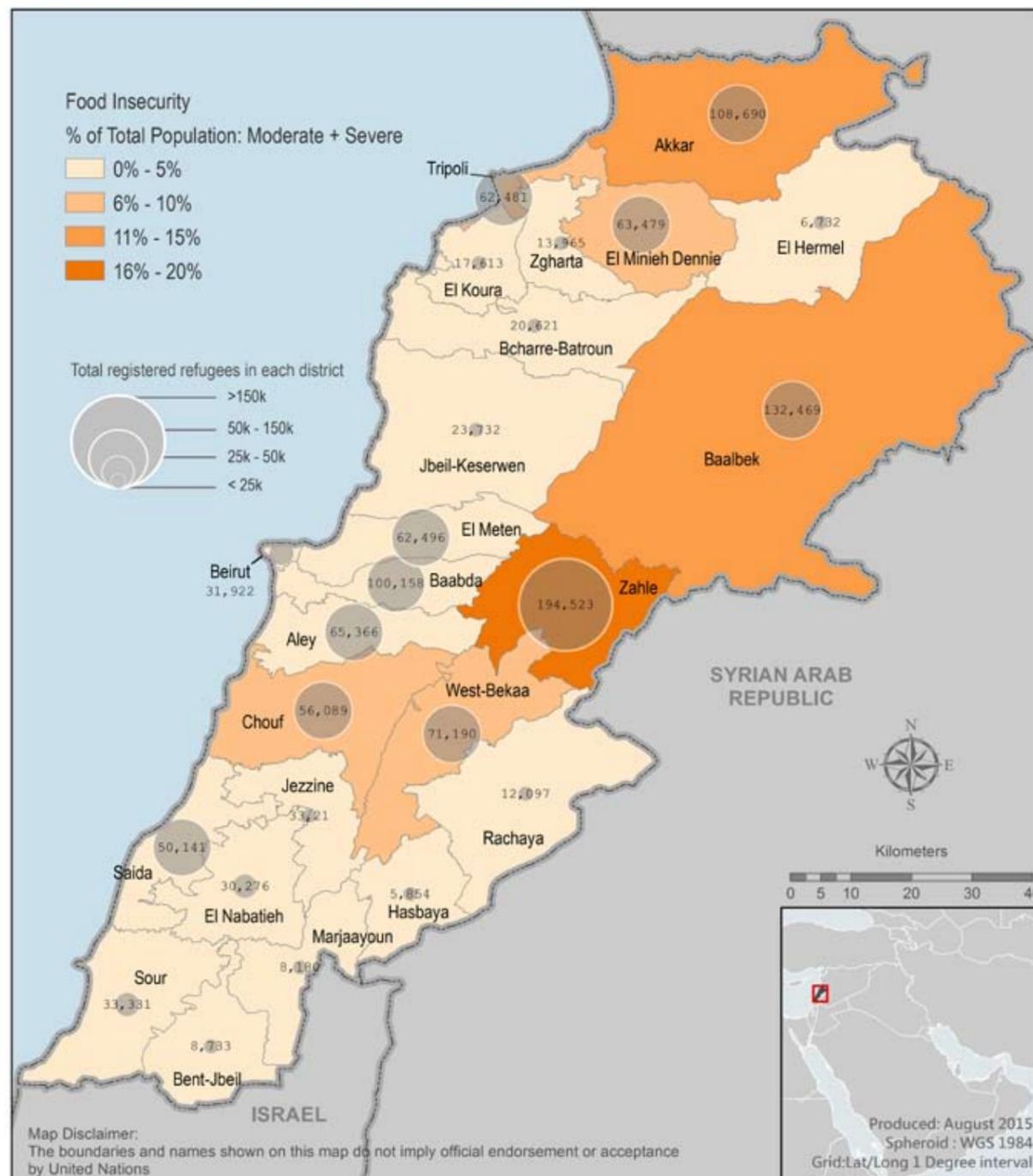
**15 Assistance**

Food vouchers were the main type of assistance (67% versus 69% last year) in the three months prior to the survey, with the lowest rate being 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 to receive assistance than elsewhere 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%).

*The number of food insecure Syrian refugees in Lebanon has burgeoned since 2014. Out of the 1.2 million registered HHs less than 130,000 were considered food secure*

**LEBANON** Percentage of moderate and severe food insecure Syrian refugees out of the total food insecure population



## 16 Focus group discussions

Main points raised	Main consequences (in no order)	Suggestions
<p>Decrease in food assistance especially the WFP e-card reduction from \$30 to \$19 per person per month.</p> <p><b>Inability to generate additional income because government policy prohibits refugees from working.</b></p> <p>Children sent to work to earn additional income to cover food and shelter costs.</p> <p><b>Support from humanitarian organisations is lacking/non existent and often perceived to be biased.</b></p> <p>Host communities are becoming increasingly aggressive towards refugees.</p> <p><b>High rents and exploitation by landowners; accusations of wrong doings by local authorities and disrespectful treatment by aid workers.</b></p>	<p><b>Taking loans and/or accessing interest free credit mainly from relatives, friends, markets, landlords. Most of the men said they would be unable to pay back their debts because of unemployment.</b></p> <p>Psychological and emotional pressure (some have suicidal thoughts) and health deterioration (spread of diseases).</p> <p><b>Domestic violence.</b></p> <p>Not enrolling/withdrawing children from schools.</p> <p><b>Decrease in food intake.</b></p> <p>Begging and taking on illegal jobs to generate income.</p>	<p>More cooperation between NGOs to widen the geographical coverage of assistance (food, health, rent, education, water and cash).</p> <p><b>Better communication between refugees and INGOs/NGOs (including the UN) to provide more and better assistance.</b></p> <p>Aid organisations should prioritize families with no income earners.</p> <p><b>Up the WFP e-card value to its former value (\$30) in HHs that are lowering their food intake so they can pay other necessary costs such as rent.</b></p> <p>Improve healthcare services.</p> <p><b>Ensure education for children.</b></p> <p>Renew residency permits.</p> <p><b>Provide better WASH assistance.</b></p> <p>External actors to lobby landowners to decrease rents.</p>

## 17 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 sensitization 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.