



**ACTED** **ACT FOR CHANGE**  
**INVEST IN POTENTIAL**

URBAN TRIPOLI  
NEIGHBOURHOOD AND  
INSTITUTIONAL NEEDS  
ASSESSMENT  
- MARCH 2016

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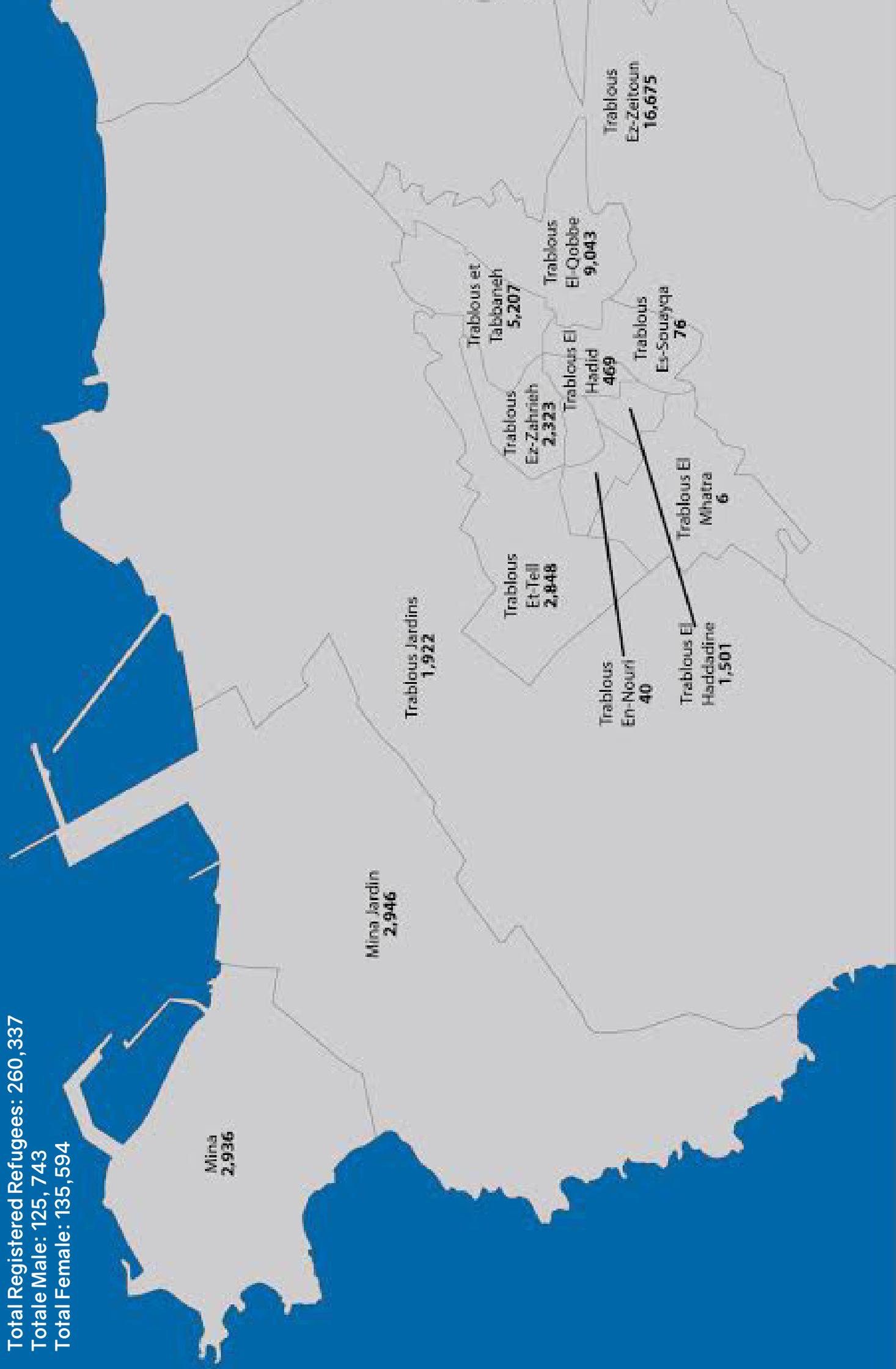
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Registered Syrian Refugees in the North  
UNHCR, 31 January 2016

Total Registered Refugees: 260,337  
Total Male: 125,743  
Total Female: 135,594

Figure 1: Total Registered Refugee Population in Tripoli



## Executive Summary

As the Syrian crisis enters its 6th year, there is a dramatic deterioration of living conditions and increasing vulnerability of both host and refugee populations. The humanitarian situation in Lebanon is also constrained by spatial dimensions that affect the needs of vulnerable populations. An estimated 87.7% of Lebanon's population is urban, with the growth in cities paralleling a global trend of mass urbanization. This has been further exacerbated by the influx of the Syrian refugees, which has increased population density in Lebanon from 400 to 520 persons/ Sq. km, especially in urban areas, leading to congestion, increasing pressures on existing resources and tensions between host populations and refugees.

Tripoli District in North Lebanon is especially vulnerable, with high levels of poverty even before the Syrian crisis (with the percentage of poor families in Tripoli based on national criteria reaching 51 percent in 2011 according to the national poverty income index ), low capacity of institutions for service delivery, poor infrastructure and high refugee concentration. According to Tripoli Governorate Profile published by OCHA, there were 65,471 registered Syrian refugees in Tripoli city, constituting 25% of the total population. The influx of refugees and the spill over of conflict from Syria has exacerbated pre-existing constraints, leading to increasing vulnerabilities for both Syrian and Lebanese populations. Indeed, the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) 2015 found that 100% of assessed Syrians in Tripoli + T5 had resorted to negative coping mechanisms in light of increasing vulnerability (experiencing lack of food or lack of money to buy food) and more than half the Syrian Households (55%) indicated and increased dependency on food vouchers as compared to the previous years. Moreover as stated in the Food Security and Livelihood Assessment of Lebanese Host Communities (FSLA) report, Tripoli is characterised by high rental costs (The rents received by host populations from Syrian refugees living on their property was found to average at 285 USD per month, second highest after BML compared to the national average of 229 USD), low levels of investment in infrastructure, lack of employment opportunities, leading to negative coping mechanisms. Indeed, 5% of FSLA respondents in Tripoli stated that they had eaten only one meal the day prior to the survey.

In light of the high levels of vulnerability in the region, and the gaps in service delivery, ACTED designed this rapid needs assessment, with a specific focus on WASH/Shelter and Protection needs in some of the most vulnerable neighbourhoods of Tripoli. The results of the assessment highlight the high levels of needs in the region and clear gaps in terms of service delivery. Key recommendations from the analysis of the data collected are:

- Household level needs were high, with the majority of surveyed households living below minimum standards. 47% of interviewed families lived in small overcrowded homes and 12% in unfinished shelters. Additionally, the average estimated size of the shelters was 47 m<sup>2</sup>. Most of the shelters did not meet minimum standards, and lacked basic infrastructure. The majority of shelters were not sealed off from the elements: 51% of households had damaged external door, 40% had a damaged window, 58% had a leaking roof and 17.6% did not have a toilet door separating the latrine from other living areas. This underscores the need for urgent household level emergency interventions to improve the living conditions of the most vulnerable including WASH and Shelter rehabilitations.
- The sanitation conditions in the households were also found to be poor. Of the assessed households, 31% had a non-operational sink, 37% were not connected to any sewage lines, and 37% had a non-operational shower. All households that were assessed had

access to one functional toilet. The average number of Lebanese family members sharing a toilet was found to be 3.5 and the average number of Syrian family members per toilet was found to be 7. In some Lebanese households, Syrian families were hosted under the same house. For these households, an average of 11 household members were found to be sharing a toilet.

- The assessed neighbourhoods did not have access to sufficient quantity of water: 69% of the households indicated that they did not have access to sufficient water to satisfy their basic needs. Only 35.3% subscribed to the North Lebanon Water Establishment's (NLWE) water services. The rest of the households received their water from wells, boreholes or purchased their water. There were also serious constraints with water quality, as reported by the interviewees: contaminated water (33%), metallic taste (21%), muddy water (15%) saline water (9%) and wormy water (5%).
- Although the interviewees indicated availability of solid waste management services, they reported issues with the quality and frequency of the service. 60.3% of interviewees stated that the municipality collected the solid wastes in the neighbourhood from public bins and 19% indicated that the waste was collected by private entities. However, 66% of interviewees indicates that there was visible solid waste in their neighbourhoods and only 31% of interviewees stated that public bins were present in their neighbourhoods. This indicates a clear gap in capacity of local service providers which can be addressed through small-scale SWM projects or capacity building.
- The issues with water quality, sanitation infrastructure and solid waste management in the neighbourhoods were directly reflected in poor health conditions leading to several WASH related diseases as reported by the beneficiaries. The respondents indicated that they suffered from: diarrhoea (26%), lice (5%) and scabies (5%). This highlights the urgent need for infrastructure projects that improve water supply and quality in the target neighbourhoods, as well as household level treatment options and awareness raising in the short term. Despite the high level of occurrence of such diseases, only 3% of interviewed households sought assistance. Indeed, the FGDs indicated that this was due to absence of PHCs in several areas, or the high cost of transportation to access hospitals/PHCs located far away.
- Within the thematic scope of the assessment, which focused on socio-economic and living conditions as well as institutional support in target areas, specific protection issues such as issues related to security of tenure have been highlighted by beneficiaries. Moreover, the FGDs clearly highlighted a lack of trust in local authorities and institutions. There is therefore a need to build capacity of community based protection services and of local governmental institutions and link these to vulnerable neighbourhoods for sustainable protection services.
- Overall capacity to effectively respond to child protection issues was low, which can mainly be credited to a low coverage and awareness of services in the area. While no household mentioned receiving any type of child protection services, Only 4% indicated that they had heard of some such services provided in their neighborhoods. Moreover, when asked how they responded in case of abuse in their households, 39% of the respondents indicated that they do nothing, 38% indicated that they refer the case to a religious figure, 17% contacted a relative, 4.4% referred the case to an external NGO or CSO, and only 1.5% states that they approach local authorities. ACTED is launching a secondary survey to further understand child protection and GBV related issues that were raised during this preliminary assessment during the second half of 2016.

## 1. Background

Although the protracted nature of the Syrian crisis is causing rising vulnerabilities and increasing needs, ACTED has found in line with a-priori assumptions that the humanitarian situation in Lebanon is constrained by spatial dimensions that affect the needs of vulnerable populations. There are significant variations in needs between urban, peri-urban and rural areas, as well as between the different areas of Lebanon, requiring dynamic and adapted modalities of interventions for different geographic areas. To be able to provide such tailored assistance, ACTED has conducted area specific needs assessments and studies. This study was conducted by ACTED's Assessment, Monitoring and Evaluation (AMEU), an independent unit, dedicated to improving the relevance, quality and accountability of ACTED's programmes by conducting research and assessments to inform and influence policy and practice, with support from Utopia, a local NGO based in Tripoli.

This report includes findings from such a needs assessment conducted in 10 urban neighbourhoods of Tripoli during the months of December 2015 and January 2016. More specifically, this assessment looked at WASH and Shelter needs of vulnerable communities, specific protection concerns and mapped access to services, different stakeholders currently active in the region and tensions vis-à-vis particular services.

## 2. Objectives:

The main objectives of the assessment included the following:

- Overview of socio-economic situation and living conditions of households residing in vulnerable urban neighbour-

hoods

- Protection concerns and need for support, particularly in awareness raising and community based protection mechanisms
- Capacity and needs of local institutions
- Understanding of social dynamics and potential causes of tension, as well as perceptions of local authorities and community stakeholders

## 3. Methodology:

In order to better understand the needs of the most vulnerable neighbourhoods in urban areas of Tripoli, ACTED conducted this assessment which included a comprehensive literature survey, structured household interviews, Key Informant Interview (KIIs) with local NGOs/CSO and local authorities, semi-structured interviews of representatives from key institutions including schools, PHCs and SDCs, and focus group discussions with focal points from target neighbourhoods.

### 3.1 Neighbourhood Selection

As a first step, ACTED conducted a comprehensive literature review to map out the context and needs in Lebanon more generally, and in Tripoli more specifically. This included a review of the Vulnerability Assessment of Syrian Refugees (VASyR) (2015), The Food Security and Livelihoods Assessment of Lebanese Host Populations (FSLA) (2015), and the Shelter Needs and the Most Vulnerable in Tripoli, Lebanon: Rapid Urban Assessment (2015). Based on this, a list of neighbourhoods was developed. ACTED then held consultations with local authorities, including the Governor and Mukthars, as well as local NGOs/CBOs working in urban areas of Tripoli. A total of

13 KIIs were conducted. Based on suggestions from these Key Informant Interviews, the list of neighbourhoods was prioritized into 9 neighbourhoods for data collection.

### 3.2 Sampling:

To avoid duplication of efforts, ACTED's data collection was tailored to be complementary to a rapid assessment conducted by CARE, the results of which were published in the report titled Shelter Needs and the Most Vulnerable in Tripoli, Lebanon: Rapid Urban Assessment. In total, 68 households (90/10 confidence) were interviewed across 4 neighbourhoods, of which 45% were Syrian and the rest were Lebanese. Purposeful sampling was used- to identify beneficiaries from specific nationalities. The breakdown of Syrian and Lebanese households for sampling was calculated to be representative of the estimated total Syrian and Lebanese populations in each neighbourhood.

CSO Name	Areas Covered in Tripoli
Akkarouna	Tripoli and Akkar
Utopia	Tebbane, El Qobbe, Jabal Mohsen, Mankoubin, Malloule, Zahriye, and Mina
Lebanese Relief Council (LRC)	El Qobbe
Azm Youth Group Organization	Tripoli
Souks and Zahriyeh Youth Council	Souks, Bab el Raml, Zahriye
Youth Academy of El Qobbe	El Qobbe, Jabal Mohsen, Tebbane
We Love Tripoli	Tripoli
Shabab Al Ghad Organization	Jabal Mohsen

**Table 1: Area of coverage of interviewed CSOs**

Neighbourhood	Number of Households
Beib El-Tebbane	22
Haddadine	14
Malloule	16
El Qobbe	16
Total	68

**Table 2: Sample Population**

Of the heads of households interviewed, 14.7 % were female. The average family size of a Lebanese family was found to be 3.5 while that of the Syrian family was found to be 7. In addition, this data has been compared with the data from the aforementioned CARE report for the neighbourhoods of Al Ghuraba, Mina, Jabal Mohsen, Abu Samra, Mankubin. This report therefore presents findings from a total of 9 urban neighbourhoods from Tripoli.

This assessment also included some semi-structured Focus Group Discussions of focal points from the target neighbourhoods.

Additionally, the following public institutions were assessed, to understand availability of services in the specific target neighbourhoods. These institutions were identified from the KIIs conducted above, and the targeted neighbourhoods fall within their catchment areas.

Public Institution	Location
Ibn Sina Public Official School for Boys	El Qobbe
Rawdat Dahr el Maghr Public School for Boys	El Qobbe
Fayhaa' Official Public School for Boys	Haddadine - Rfaieh
Al Mina Public School for Boys	Al Mina
Tebbane SDC	Beib al Tebbane

El Qobbe SDC	El Qobbe
Mina SDC	Al Mina

**Table 3: Institutions Interviewed**

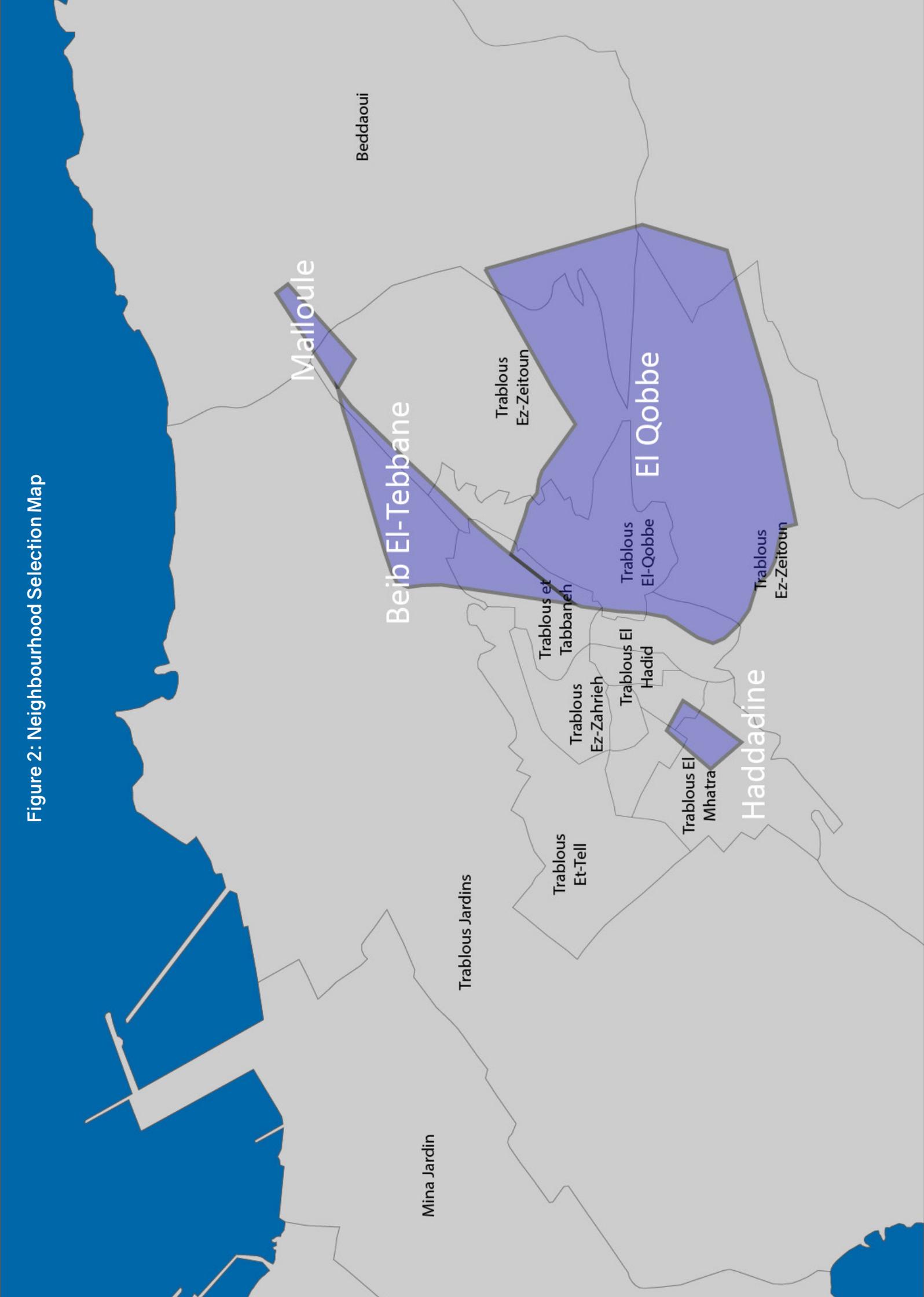
### 3.3 Data collection

The data collection was conducted by ACTED's team, with support from Utopia, a local NGO based in Tripoli during the months of December 2015 and January 2016. Household survey and KIIs were conducted using ODK collect, and the data was analysed by ACTED's teams. All enumerators were first trained, and the questionnaire was tested on tablets/phones, to ensure ease of data collection. Moreover, the presence of Utopia staff during initial data collection facilitated a better understanding of the local context, allowing the questionnaires to be modified where needed.

### 3.4 Constraints:

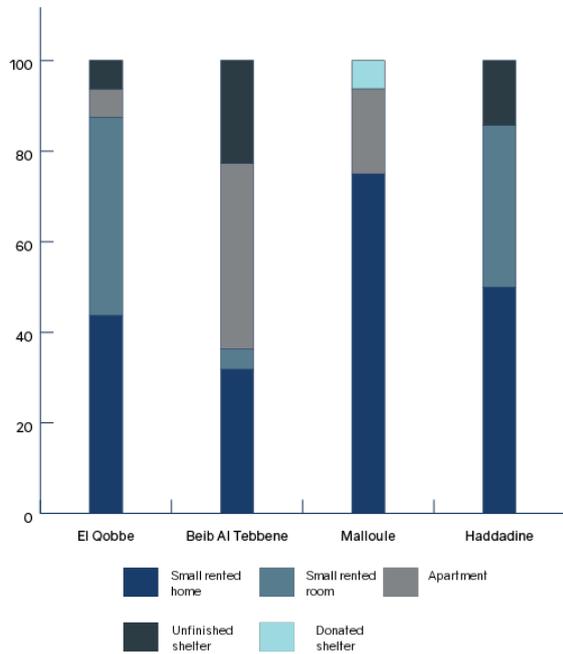
There were several constraints to data collection, particularly for female participation in the focus group discussions. Although one FGD included women (in El Qobbe), all other FGDs only included male participants due to lack of space within the neighbourhoods for conducting the Focus Group Discussions (FGDs) and the mobility issues faced by women in these neighbourhoods. This potentially explains the lack of qualitative findings about key protection issues such as SGBV and child protection issues.

Figure 2: Neighbourhood Selection Map



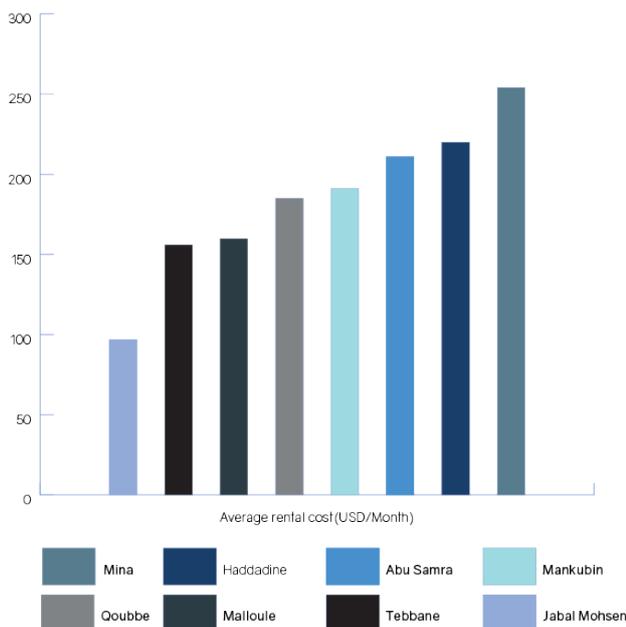
## 4. Findings:

### 4.1 Shelter Conditions, Needs and Gaps



**Figure 3: Types of Shelters**

The household survey revealed the high level of need in terms of shelter rehabilitations. 82% of interviewed beneficiaries lived in rented shelters, and 13% were owned. An additional 4% of the households indicated that they were hosted free of charges, all of them being Syrian refugees. This finding for



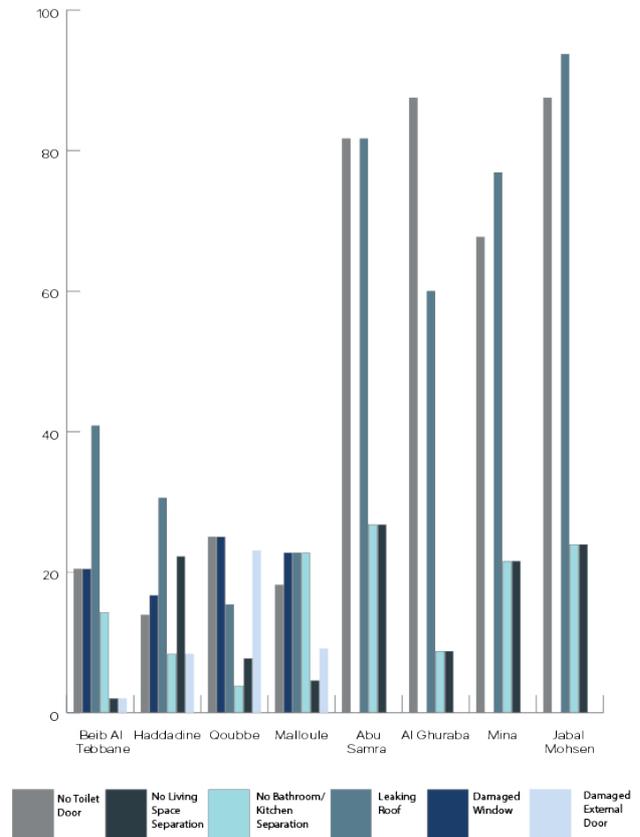
**Figure 4: Average Rent Per Neighbourhood**

target neighbourhoods is much lower than the survey conducted by the shelter sector in 2015 which found that 14% of shelters were provided free in all of T5 governorate, which indicates a higher level of competition within the urban housing market.

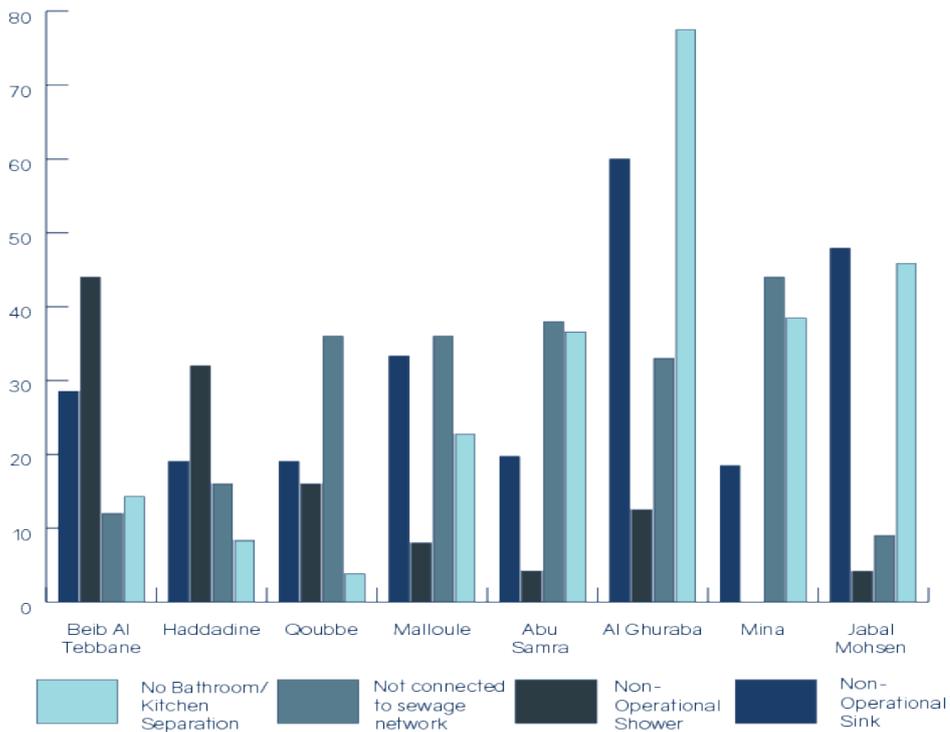
The average rental cost per month was found to be 296,000 L.L USD197; lower than the FSLA findings: USD285 for T5. This might be explained by the fact that while the the average size of the shelters in the FSLA was 173 m<sup>2</sup>, this assessment found that the average size of the shelters was only 47 m<sup>2</sup>.

In terms of shelter conditions, 47% of interviewed families lived in small homes and 12% in unfinished shelters that lacked doors, windows, walls, roofs and privacy partitions. Additionally, the average estimated size of the shelters was 47 m<sup>2</sup>, with the maximum shelter size being 100 m<sup>2</sup>.

In terms of physical condition of the house-



**Figure 5: Major Shelter Problems**



**Figure 6: Major Household level WASH Problems**

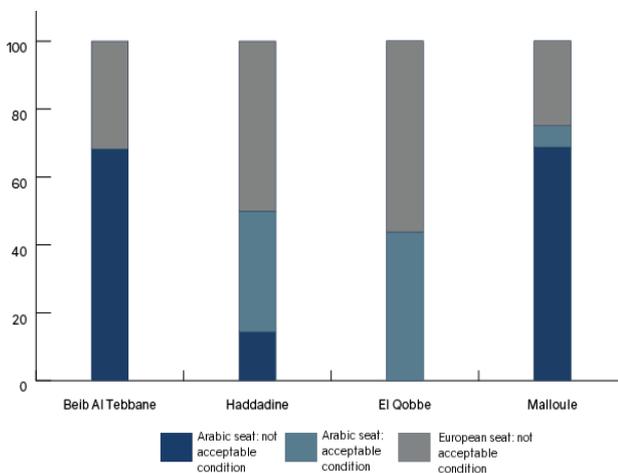
holds, the assessment found that 51% of households had damaged external door, 40% had a damaged window, 58% had a leaking roof and 17.6% did not have a toilet door. This is in line with the findings from the VASyR which found that in Tripoli + T5, 60% of the households lacked privacy.

**4.2 WASH Conditions**

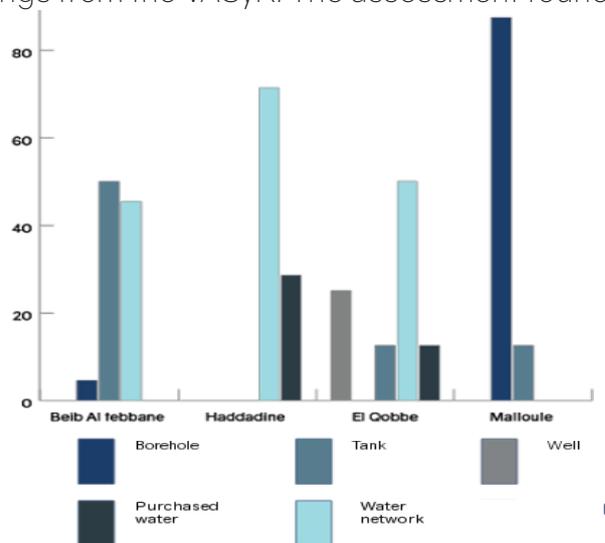
The assessment revealed poor WASH conditions in households – 31% had a non-operational sink, 37% were not connected to any sewage lines, and 37% had a non-operational shower. All households that were

assessed had access to one functional toilet where the average number of Lebanese family members was found to be 3.5 per toilet and 7 family members per toilet for Syrian families. In some Lebanese households, Syrian families were hosted under the same house. For these households, an average of 11 Household members were found to be sharing a toilet.

In terms of types of latrines, only 39% of the surveyed households were found to have flush latrines which is aligned with the findings from the VASyR. The assessment found

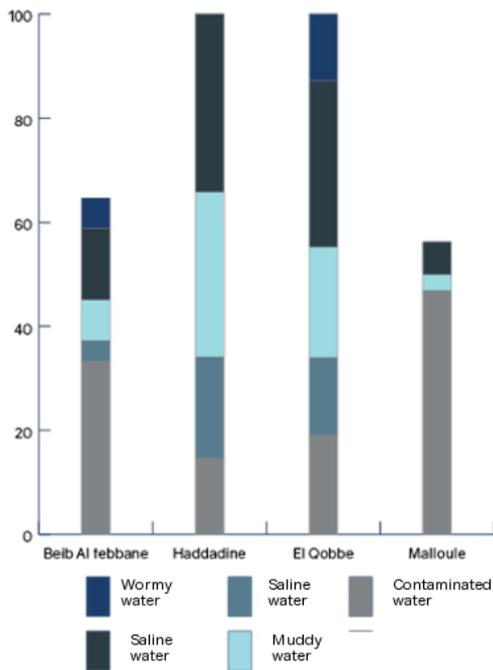


**Figure 7: Types of Latrines**



**Figure 8: Major Sources of Water**

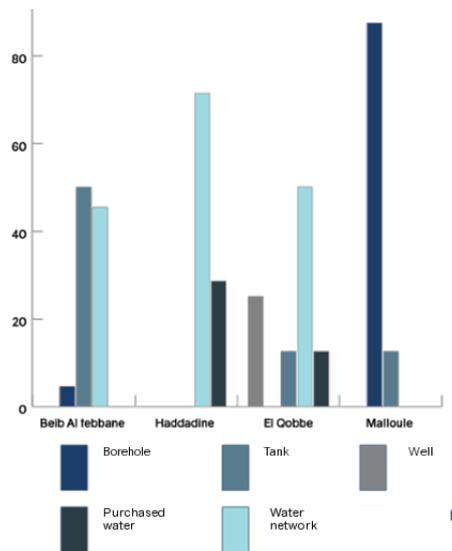
wide variations in the types of latrines used across different urban neighbourhoods, as given below .



**Figure 9: Quality of Available Water**

However, it should be noted that these figures indicate a disproportionately high rate of traditional pit latrines, as the urban context and unfinished nature of many of the surveyed buildings presented challenges in defining the latrine type as per the standards applied in traditional settings.

The target neighbourhoods all reported lack of access to sufficient quality of water. 69%

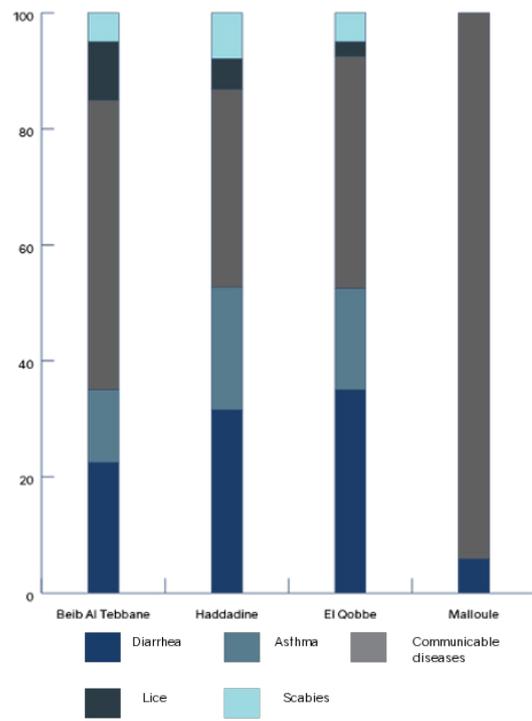


**Figure 10: Main Sources of Drinking Water**

of the assessed households indicated that they did not have access to sufficient water to satisfy their basic needs. This is much higher than the FSLA, in which 49% of the respondents were found not to have enough access to water, which can be explained by the fact that the FSLA only included Lebanese respondents. Only 35.3% of the respondents reported having subscribed to the North Lebanon Water Establishment's (NLWE) water services, all of which were located in Beib el Tebbane (91.67%) and Malloule (8.33%). The other households reported that they received their water primarily from wells, boreholes or purchased their water.

Moreover, there were also issues with the storage of water. Only 30.8% of the surveyed households reported having a tank for water storage. 80% of interviewees who use water tanks as containers did so while sharing it with other families. The average number of persons sharing a water tank was found to be 14.

In addition to lack of access to sufficient quantity of water, the households faced



**Figure 11: Self-reported WASH Related Diseases**

severe problems with respect to the quality of water. The most common water problem recorded included: contaminated water (33%), metallic taste (21%), muddy water (15%) saline water (9%) and wormy water (5%). The breakdown of main water problems across different neighbourhoods are as given below.

Such issues in water quality may have forced households to adopt alternative sources of water for drinking purposes. Of the households that subscribe to NLWE, 25% treated their water mainly using filters (66%) and boiling the water (33%). 56% of households assessed reported that they depended on costly sealed bottled water for drinking, while % rely on potentially unsafe sources such as: unprotected boreholes, networked drinking water (Household water tap) or unsealed bottled water. The breakdown of drinking water sources as reported by the households is given below:

### 4.3 WASH Related Health Issues

Such issues with water quality are directly reflected in poor health conditions, leading to several WASH related diseases in the region. Half of the interviewed households stated that they suffer from communica-

ble diseases (defined as common cases of flu or viral infections; did not include other types of communicable diseases), diarrhoea (26%), lice (5%) and scabies (5%). The breakdown of WASH related diseases per neighbourhood is given above.

To understand the interviewee's perceptions of health and hygiene, they were asked to identify the most pressing reasons behind the health issues mentioned above. 61% of the interviewees indicated that quality of water was the main reason for their health conditions, while 41% indicated the solid waste conditions. The other causes of health issues as reported by the beneficiaries is given below.

Despite the high level of occurrence of such diseases, only 3% of interviewed households reported/referred the Health cases to the relevant entities. Indeed, the FGDs indicated that this was due to absence of PHCs in several areas, or the high cost of transportation to access hospitals/PHCs located far away. Participants also highlight that they were accessing health services from 2 dispensaries in El Qobbe and Dahr I Maghr. However, these had been closed without proper communication to the residents.

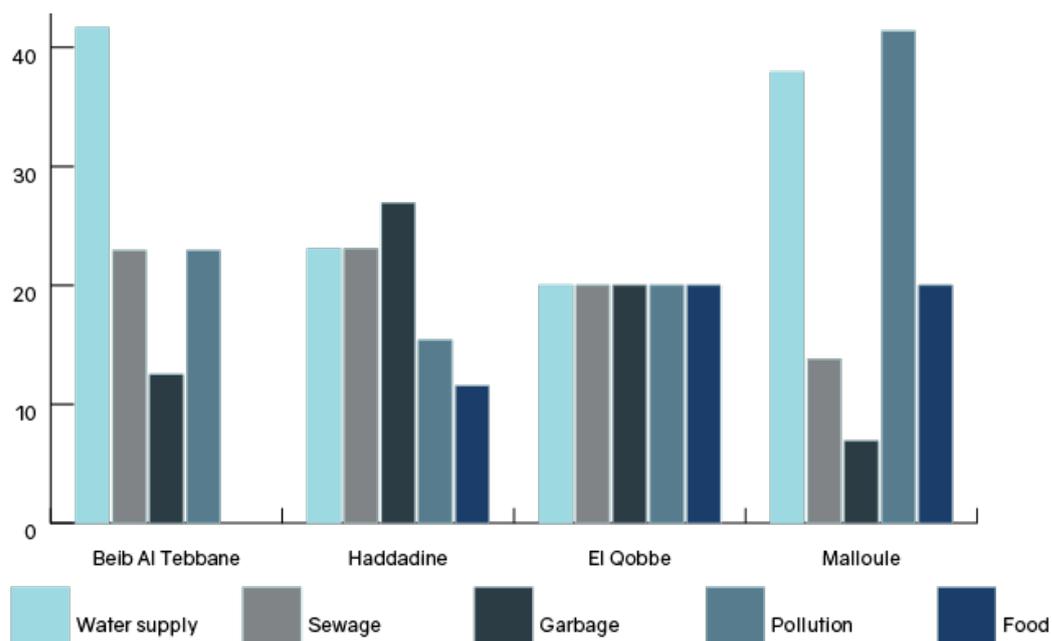


Figure 12: Self-Reported Causes of WASH Diseases

Moreover, beneficiaries reported a lack of hygiene items in their households including: lack shampoo 3%, Household cleaning products (38.24%), toothpaste (54.41%), diapers (89%), Soap (26.47%), washing powder (78%), and towels (76.47%).

#### 4.4 Vulnerability and Protection Concerns

Of the Syrian refugees assessed, 77% were found to be registered. Although this number is relatively high, lack of registration is of particular concern as it leads to several protection concerns including: increased risk of arrest, short and long-term detention, increased exposure to harassment, exploitation and abuse, the inability to seek legal redress without risking arrest, significant restrictions on freedom of movement (especially with regard to checkpoints) which disproportionately affects refugee men of the working age population that hinder refugees' ability to renew their UNHCR registration, in turn putting them at risk of irrevocable inactivation of their UNHCR file. constraints on access to livelihoods, education, healthcare and humanitarian assistance, and increased difficulties in obtaining birth registration and other civil documentation, affecting children's rights to a legal identity and to be able to claim their Syrian

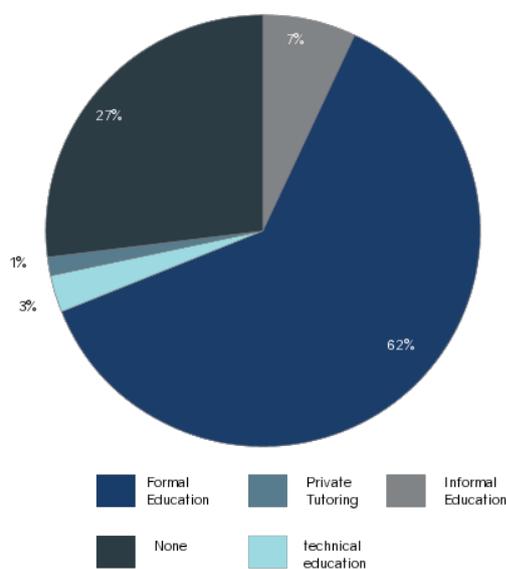


Figure 13: Access to Education

nationality (and thus facilitate eventual return to Syria when conditions permit) among others<sup>1</sup>.

As indicated in the sections below, there is a lack of awareness among vulnerable populations on available services, particularly linked to these protection concerns. There is therefore a need for better service mapping, awareness on available services and strengthening of community based protection mechanisms/referral systems to ensure targeted service provision to the most vulnerable populations.

Data also indicated that 15% of assessed households were female-headed. In cases of female-headed households, protection issues often arise, especially when taking into consideration that, as mentioned above, 51% of households had damaged external door, 40% had a damaged window. Indeed, this is in line with the findings from the VASyR which found that in Tripoli + T5, 60% of the households lacked privacy.

Moreover, with 15% of interviewed households containing more than a single family, the fact that 17.6% did not have a toilet door

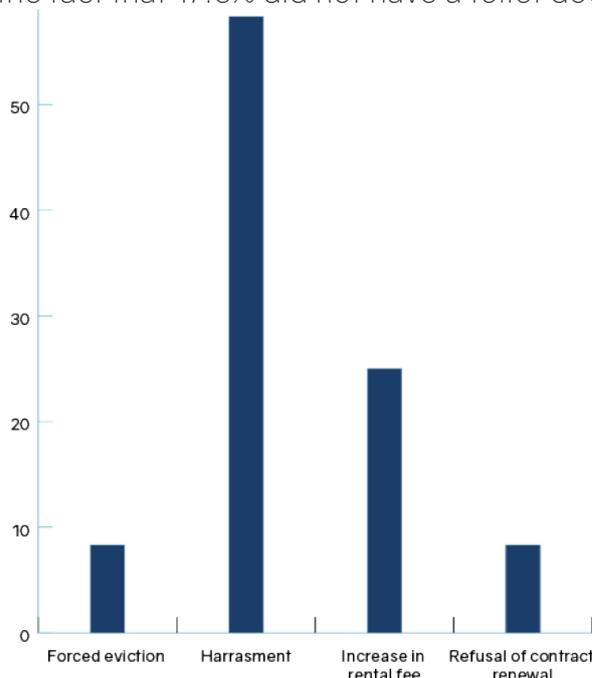


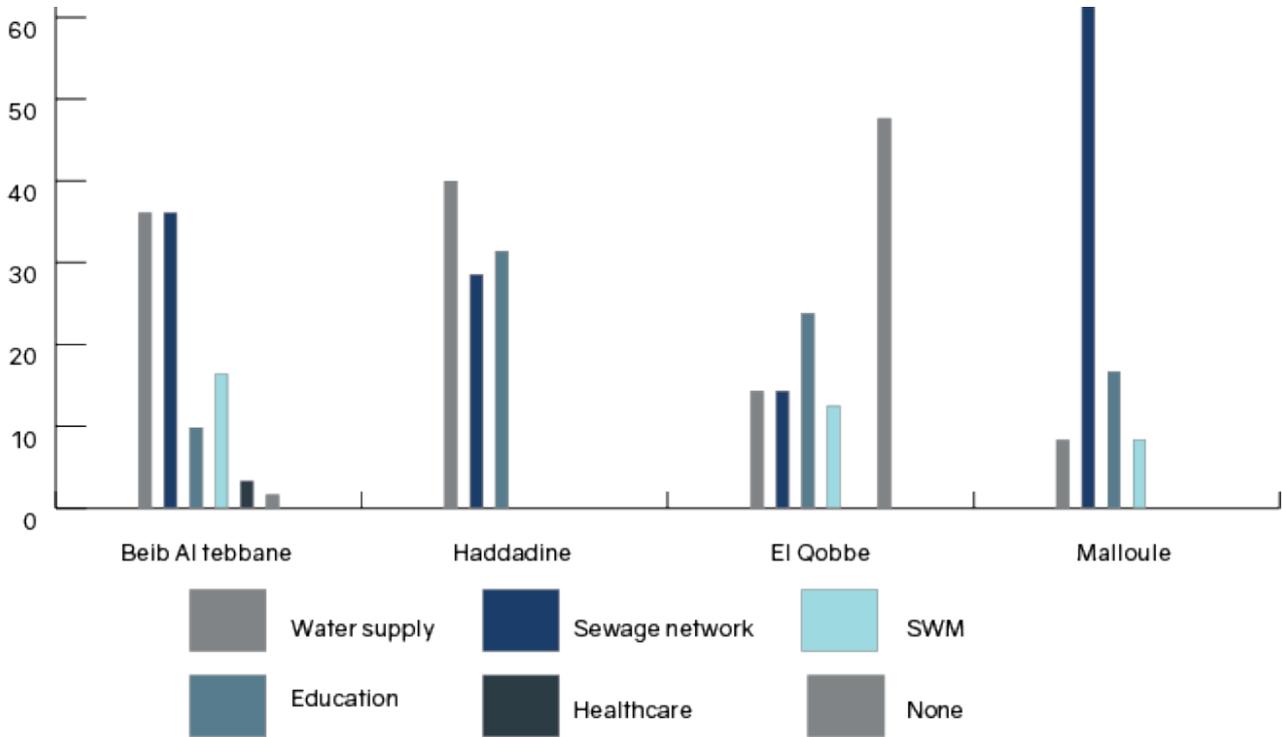
Figure 14: Major Threats Related to HLP

<sup>1</sup> Lebanon Humanitarian INGO Forum, *Lebanon Considerations for the "Supporting Syria and the Region: Conference - London 2016*. February 2016

might suggest an increased potential for protection concerns due to lack of privacy. On the other hand, 70% of those households that are composed of multiple families do enjoy a separation of living spaces, without which there may be an increased risk of rape and sexual abuse of women and children.

#### 4.5 Access to Education and Income

The education attainment of the heads of Household was found to be extremely low: 73% of all assessed beneficiary heads of Household only had primary education, while around 9% had secondary education.



**Figure 15: Access to Services**

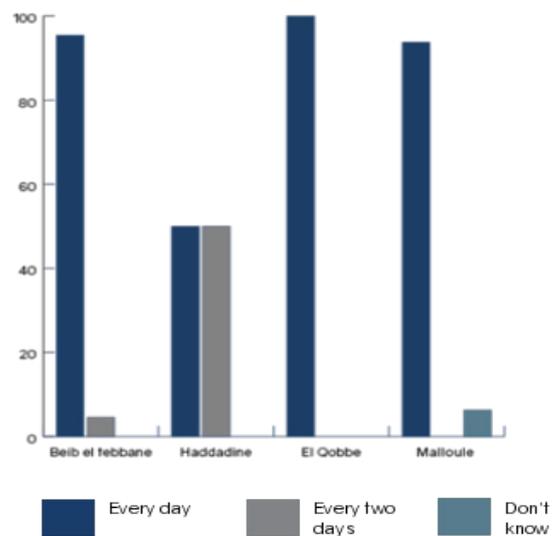
The remaining 18% reported that they had no education.

In terms of children, 84% of community members reported having family members who were children under 18 years old, with an average of 3 children per family for both Syrian and Lebanese Families. Of this, 62% indicated that their children were enrolled in formal schools, 7% in informal schools and 27% indicated that they did not have access to any type of education. The biggest barriers to education were reported as high fees (66%), and distance from schools (11%).

#### 4.6 Security of Tenure

Interviewees were asked about their housing agreement conditions and challenges with the landlords. Although 85% of the interviewees living in rented places had an agreement with the landlord on the housing

duration and the rental rates, 84% of these agreements were oral and only 16% of them were written. Out of the 15% of residents who did not have a housing agreement with



**Figure 16: Frequency of Solid Waste Collection as Reported by Respondents**

the landlord, 77% stated that they faced threats that affect the security of their tenure.

On the other hand, among beneficiaries who had rental agreements, 17.8% faced forced evictions, of which only 30% received a written notice. Moreover, only 6% of all interviewees stated that local Authorities intervened to protect against threats such as eviction, sudden increase in rent, refusal to renew lease agreement, etc. All of this 6% were from Malloule and of Lebanese nationality.

#### 4.7 Access to Services and Tensions

The Assessment also looked at perceptions of service delivery and tensions surrounding these. With increasing demographic pressures, and limited funding available for service delivery, there have been increasing tensions between host and refugee populations with regards to access and quality of services. In order to inform program design, this assessment measured interviewee's awareness of services offered in their neighbourhoods (municipal services as well as services provided by CSO/NGOs etc).

In the case of municipal services, 57% of households reported having access to water supply (although, as mentioned previously, 69% indicated there was not sufficient water supply), 73.53% to sewage network, 41.18% to education services (public education), 17.65% to solid waste management services and 4.41% to healthcare.

As the solid waste crisis in Lebanon has been a major constraint in the recent times, this assessment particularly looked at the management of solid waste in target neighbourhoods. 60.3% of interviewees stated that the municipality collected the solid waste in the neighbourhood and 19% indicated that the waste was collected by Private entities (all of which were located in Beib El Tebbane and Malloule). Although, 66% of interviewees did indicate that there was visible solid waste in their neighbourhoods and only 31% of interviewees stated that public bins were present in their neighbourhoods; and all of these were located in Malloule (87.5%), Beib el Tebbane (27.3%), and El Qobbe (6.25%). This indicates that although municipal/private service providers are currently providing SWM services, there are potential gaps in capacity that could be addressed for im-

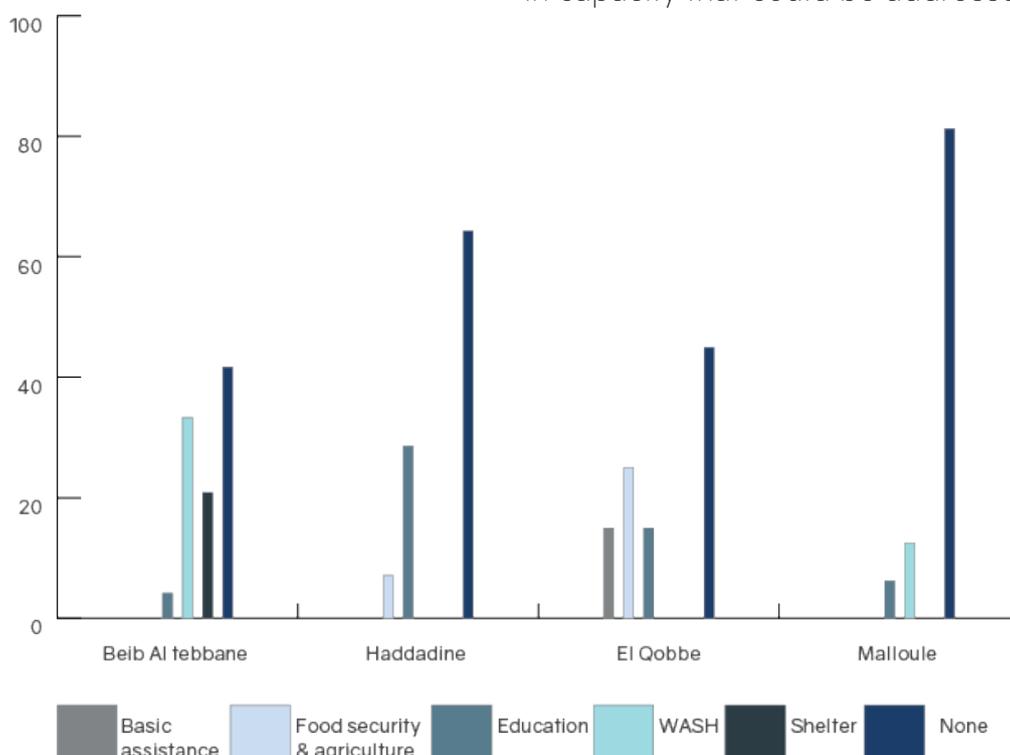


Figure 17: Access to Humanitarian Services

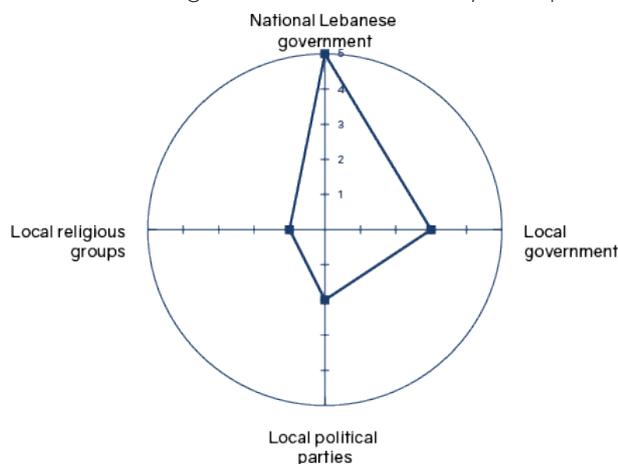
	Water	Sewage network	Solid Waste Management	Medical Services	Education	Social Assistance
<b>El Qob-be</b>	Water scarcity in summer	NA	Collected but NO bins in the streets	Dispensaries closed and no transportation to go to doctors	Private teachers are hired to pass classes	Limited to Awareness sessions
<b>Souks</b>	No network in 50% of the area. Polluted water by sewage. No water storage	Problems during floods	NA	No Services Available	Public Schools need Rehab and awareness to parents	Limited to few youth counsels
<b>Mal-loule</b>	NA	NA	NA	No Services Available	2 schools not equipped for winter	No Services Available
<b>Jabal Mohsen</b>	Not all connected to NLWE	NA	NA	NA	6 schools not equipped for winter	No Services Available
<b>Dahr El Maghr</b>	NA	Not connected to all areas	NA	No Services Available	4 schools not equipped for winter	No Services Available
<b>Teb-bane</b>	NA	Not connected to all areas	NA	No Services Available	5 schools need rehab	No Services Available

**Table 4: Services Needed in Assessed Neighbourhoods as Reported by Respondents**

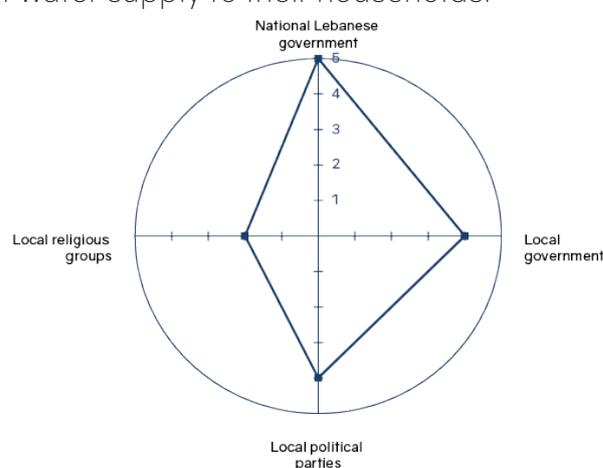
proving quality of service.

These results were further confirmed by the findings from focus group discussions. Community members were asked to list the basic services available to them and their answers are represented in the table below. Most participants indicated that SWM was not as big a concern, contrary to a priori

assumptions, mostly due to uninterrupted services from a private contractor (LAVA-JET). However, despite access to basic services, participants highlighted the gaps in current services and the issues with quality of services. For example, many participants highlighted the lack of bins in the streets for solid waste collection, and the bad quality of water supply to their households.



**Figure 18: Host Community Perception of Local Institutions**



**Figure 19: Refugees' Perception of Local Institutions**

Figure 20: Map of Available Services

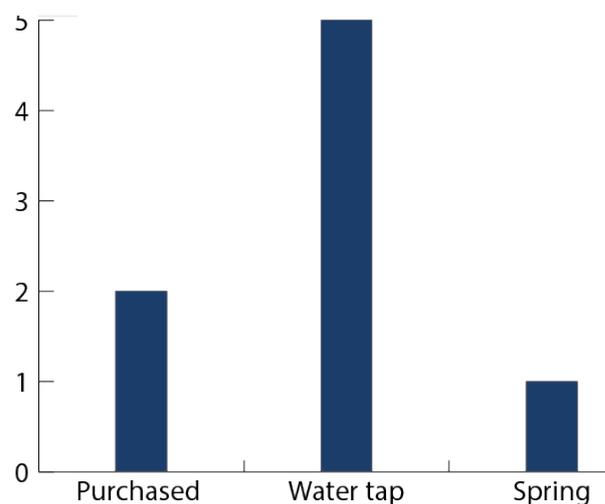


Interestingly, both Syrians and Host populations agreed that accessibility to basic services is equal for both populations, but they cited similar problems in quality of services.

In the case of services offered by NGOs/CSOs, only 17.6% of the interviewees indicated they knew of specific CSOs active in their neighbourhoods. Moreover, over 60% of interviewed households, of which nearly 50% are Syrian refugees, stated that they had not heard of any humanitarian services in their neighbourhoods. It is worthwhile to mention here that answers to similar questions have often been skewed by the belief that showing satisfaction in services might result in a redirection of additional aid in a given sector to other areas.

Overall capacity to effectively respond to child protection issues was low, which can mainly be credited to a low coverage and awareness of child protection services in the area. While not a single household mentioned receiving any type of child protection services, respondents were asked if they were aware of any child protection services provided by the NGOs and CSOs present in their neighbourhoods. Only 4% indicated that they had heard of some such services, and all of them were located in Beib El Tebbane and Malloule. Additionally, only 2 Household of all those that were assessed stated that they personally knew of someone providing such services, although they both stated that NGOs were generally non-responsive. Moreover, when asked how they responded in case of abuse in their households, 39% of the respondents indicated that they do nothing, 38% indicated that they refer the case to a religious figure, 17% contacted a relative, 4.4% referred the case to an external NGO or CSO, and only 1.5% states that they approach local authorities.

The assistance provided by various organizations since beginning of the Syrian Crisis has been mostly humanitarian and focused on the needs of displaced Syrians. Recent



**Figure 21: Sources of Drinking Water in Public Institutions**

assessments all underlined tensions related to the perception that humanitarian aid disproportionately benefits Syrian refugees. The host and refugee communities were asked about their satisfaction towards the assistance provided by local and international organizations. Both expressed dissatisfaction in some neighbourhoods such as Souks, Malloule, and Dahr el Maghr. The following were the main reasons cited by both the refugees as well as host populations as being the main reasons for dissatisfaction with aid delivery:

- Assistance delivered does not meet priority needs
- Aid delivery is slow and delayed
- Prioritization of certain geographic areas

As per reports on activityinfo, there were no NGOs active the assessed neighbourhoods for providing shelter interventions. However, participants of FGDs in El Qobbe and Jabal Mohsen were aware of NGOs and CSOs that are active including Utopia, Oxfam, Abaad, Sanabel Al-nour, Shabab el Ghad. In addition, many participants believed that the activities implemented were limited to external rehabilitations of households, and a more holistic package of assistance was needed. ACTED's assessments have shown that while some actors are providing shelter interventions intended to raise the shelters

to minimum standards, several stakeholders are indeed providing interventions limited to aesthetic, external rehabilitations. This underscores the need for a strong approach that includes beneficiaries in the design and implementation of the activities, in order that they better understand the mandate and context for the interventions provided.

Moreover, while in Sanabel Al-Nour and Shabab el Ghad the relationship between refugees and host populations improved due to aid, in the other communities, participants stated high levels of tensions following aid inflow that was deemed as not meeting actual needs within the community.

In addition to perceptions about aid, this assessment also measured trust in local authorities. A community relationship with the public institutions such as municipalities and other local institutions is a key for improving social stability. The Lebanese community members were asked about their trust in each of the following institutions: the national Lebanese government, the local government (municipality/mukhtar), the local political parties, and the local religious groups/authorities and the answers were as indicated in the chart below. Both the Lebanese host populations and the Syrian refugees indicated that they placed the highest levels of trust on local religious authorities. The lowest level of trust for both populations was in the national Lebanese government. In addition, both communities expressed that they were not satisfied at the ability of local institutions to respond effectively to meet their needs. The main reasons cited for such a low level of trust included: lack of public institutions in their neighbourhoods, sectarian nature of service delivery in institutions, lack of capacity to include all vulnerable beneficiaries (specifically for SDCs) and bad conditions of infrastructure in institutions.

Additionally, both populations stated that they have a good relationship with the municipality. However, they stressed that the municipalities do not consult with them on a

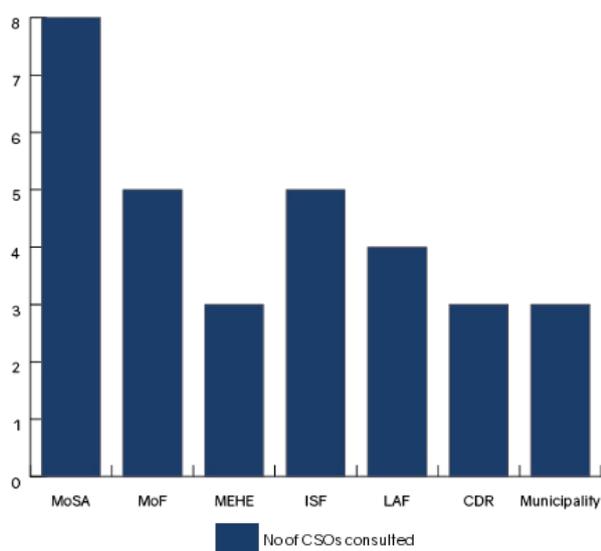
regular basis when planning projects in the area. The only exception was found to be Jabal Mohsen, where beneficiaries stated that the municipalities do consult with community members on a regular basis during planning of projects such as repairs of sewage networks.

#### 4.8 Capacity Assessment of Institutions

In addition to assessing beneficiary perception of services and their levels of access, ACTED also conducted Semi-structured interviews with 7 public institutions (Schools, SDCs) to assess the conditions of infrastructure and major constraints to service delivery. All institutions offer services to both the Lebanese and Syrian Refugees populations, and were upgraded in the past 3 years (except for Al Min public school and Tebbane SDC). However the upgrades are restricted to internal renovations and external structural repair, some repairs for El Qobbe Public School and Tebbane SDC were infrastructural (sewage and electricity). The following table lists the main institutions that were assessed, and the areas covered by their services.

All institutions were connected and had subscribed to the NLWE water services and their drinking water is received through the sources shown in the graph below. The average cost of water supply was found to be 270,000 L.L. per year (However, El Qobbe, Haddadine, and Al Mina Public Schools could not give the exact cost of water supply). All schools had the same water tank capacity of 1000m<sup>3</sup>, which they indicated was sufficient to provide for the current students. All interviewed public schools used water filters, except for the one in Haddadine.

The SDCs had a water storage capacity of 200L, 1000L, and 250L for Tebbane, El Qobbe, and Mina SDCs respectively. The SDC in Tebbane stated that the center frequently ran out of water. Both the SDC in Tebbane, and the one in Mina stated that they faced issues with contaminated water.



**Figure 22: Government Actors Consulting Local CSOs**

The SDC in Tebbane used chlorine capsules while the one in Al Mina SDC paid for water for drinking purposes.

All of the public institutions were connected to the sewage network except for Dahr El Maghr Public School, which was in need of major rehabilitation works. In addition, regarding Hygiene issues, none of the public schools recorded any major occurrence of WASH related diseases.

With respect to Solid waste management, the institutions did not indicate major issues and were satisfied with the services being received (from private service providers). However, only Al Mina public school had local bins provided by the municipality while the rest purchased their own bins with, an average of 4 bins per school. In addition, Haddadine Public School was the only one that sorted waste in their facility (paper and organic wastes). All interviewed schools indicated that the waste was collected every day by Lavajet, and once per week from SDCs. Moreover, solid waste was collected from institutions and disposed of as indicated in the table below:

None of the public schools were aware of child protection services offered by exter-

nal agencies. Al Mina Public school was the only exception, and had been visited by one local NGO that provided 15 of its staff members training on child protection.

#### 4.9 Local Authorities and CSOs

In addition to municipal services, this assessment also mapped the services being offered by local CSOs in the target neighbourhoods. The most common types of services included: Education, Advocacy, Solid Waste Management, WASH and Shelter, Basic assistance (including cash), Social Stability, SGBV, Child Protection, Health-care and Youth empowerment. Most CSOs indicated that they were often consulted by the municipality on development projects, and they, in turn, conducted public consultations with community members. The most common governmental actors that cooperated with CSOs are as given below:

This positive cooperation that is shown in the relationship between CSOs and local authorities forms a solid basis for future interventions, and should be expanded to include additional representation from local population to increase confidence in these local service providers and trust amongst local communities and their local governments.

## 5. Recommendations

The results of the assessment therefore highlight the high levels of needs in the region and the clear gaps in terms of service delivery. Key recommendations from the analysis of the data collected are:

- Household level needs in the target areas were critical as most of the shelters did not meet minimum standards, and lacked basic infrastructure. 51% of Households had a damaged external door, 40% had a damaged window, 58% had a leaking roof and 17.6% did not have a toilet door. This underscores the need for urgent Household level emergency interventions including WASH and Shelter rehabilitations.
- The WASH conditions of the neighbourhoods were found to be below minimum standards, leading to propagation of water borne disease. 69% of the assessed Households indicated that they did not have access to sufficient water to satisfy their basic needs. Only 35.3% of the Households subscribed to the North Lebanon Water Establishment's (NLWE) water services, all of which were located in Beib el Tebbane (91.67%) and Malloule (8.33%). There were serious constraints with water quality leading to: contaminated water (33%), metallic taste (21%), muddy water (15%) saline water (9%) and wormy water (5%). This lead to several WASH related health issues: communicable diseases (defined as common cases of flu or viral infections; did not include other types of communicable diseases), diarrhoea (26%), lice (5%) and scabies (5%). This highlights the urgent need for infrastructure projects that improve water supply and quality in the target neighbourhoods.
- Although beneficiaries indicated access to some level of service for solid waste management, there were still significant issues with the level and quality of service. 60.3% of interviewees stated that the municipality collected the solid wastes in the neighbourhood and 19% indicated that the waste was collected by Private entities (all of which were located in Beib El Tebbane and Malloule). However, the assessment did highlight issues with quality of this service: 66% of interviewees did indicate that there were visible solid wastes in their neighbourhoods and only 31% of interviewees stated that public bins were present in their neighbourhoods; and all of these were located in Malloule (87.5%), Beib el Tebbane (27.3%), and El Qobbe (6.25%). This indicates a clear gap in capacity of local service providers which can be addressed through small-scale SWM projects.
- Given the low rate of registration and awareness of protection services, protection issues have been highlighted as an unaddressed gap which would require a complementary assessment to look into the particular issues experienced by women and children in this context. However, specific protection issues such as issues related to security of tenure have been highlighted by beneficiaries and should be addressed through tailored awareness raising on landlord and tenant rights and encouragement of formalizing housing arrangements to prevent unlawful eviction.
- Moreover, the FGDs clearly highlighted a lack of trust in local authorities and institutions. There is therefore an urgent need to build capacity of community based protection services and of local institutions and link these to vulnerable neighbourhoods for sustainable protection services, building on the linkages already existing between CSOs in the areas and municipal governments.