ASSESSMENT on Persons with SPECIFIC NEEDS and Their Households

Beirut & Mt. Lebanon and South Lebanon

December 2013

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Movimiento por la Paz

Prologue

Movement for Peace – MPDL- is a Spanish NGO present in Lebanon since 1997 and operating both in the development and in the humanitarian field. Since that time MPDL has mainstreamed persons with specific needs in its activities.

As the displaced populations from Syria started moving to Lebanon, the humanitarian community has focused largely on provision of basic needs and essential services to the displaced/affected communities. The published reports, the figures presented and the activities implemented have raised some questions with regard to the inclusion of persons with specific needs in the humanitarian response. Hence, MPDL started an assessment to identify needs of persons with specific needs, meaning persons with disabilities, persons with chronic diseases and older persons in Beirut, Mt Lebanon and South Governorates of Lebanon.

As last, it is important to underline that the study has focused on each individual's ability to continue their basic daily activities without the support of others, rather than on the medical conditions.

Special acknowledgments to
- Each person that collaborated
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Acronyms

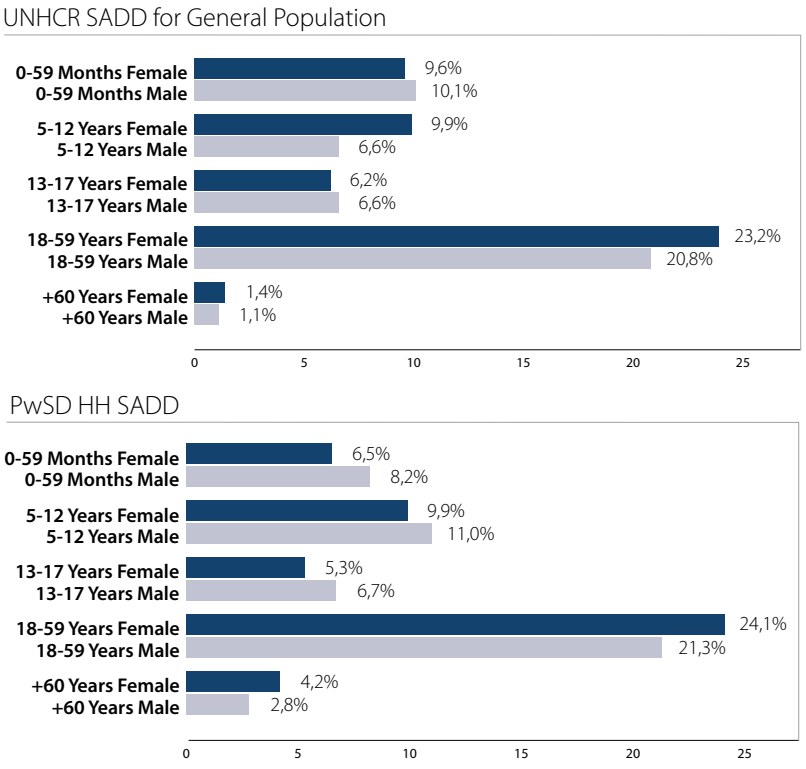
CS	Collective Shelter
CwD	Children with Disabilities
FGD	Focus Group Discussion
ITS	Informal Tent Settlements
IERP	Integrated Emergency Response Program for Yemen
MPDL	Movement for Peace
NFI	Nonfood Item
PRS	Palestinian Refugee from Syria
PRC	Palestinian Refugee Camp
PwSN	Persons with Specific Needs
PwD	Persons with Disabilities
PwPD	Persons with Physical Disabilities
PwCD	Persons with Chronic Diseases
OP	Older Persons
SADD	Sex and Age Disaggregated Data

Introduction

1. Background

Since the beginning of the armed conflict in Syria more than 830,000 refugees have fled to the neighbouring Lebanon[1]. With the unregistered refugee population it is likely that this number would be more or less 1,000,000. Within this population, three categories of persons with specific needs are considered as most vulnerable by MPDL. These are Persons with Chronic Diseases (PwCD), Person with Disabilities (PwD) and Older Persons (OP). In order to identify the needs of these groups MPDL launched an assessment on October 1, 2013.

During the assessment 465 households consisting of 3059 household members have been reached. Of this at least 24.9%, (763) were persons with specific needs.



1) Go to: http://data.unhcr.org/syrianrefugees/country.php?id=122 for latest updates on UNHCR figures on refugees.

The above bar charts visualises a comparison of SADD for general refugee population (data retrieved from UNHCR figures dated 02 January) and SADD for households with one or more PwSN members. Clearly, figures for older persons in PwSN HH SADD are a lot higher than the general refugee population SADD. However, given this studies focus on Older Persons a slight increase on those is expected. Having said this, it should also be highlighted that the SADD of PwSN HH is much closer to the SADD of pre-war Syria (older persons were apprx. 6% of the population)[2].

Household composition of the target population is as follows:

- Among the households with one or more members with specific needs the average household size is 6.5. This could suggest that extended families have higher tendency to stay together compared to others and/or that households that have members with specific needs tend to stay together compared to others (could be a result of higher expenses).
- Among the assessed population every 1.6 member of households is a person with specific need, which suggest that households with a member with specific needs are more likely to have another member with a specific need.
- 50.9% of the households with a PwSN are headed by a PwSN, while 17.4% are headed by older persons (none were headed by minors) and at least 6.4% are headed by females.

Among the assessed households 60.9% are of Syrian, 33.8% are Palestinian (Palestinian Refugees from Syria) and 5.1% are from Syrian-Palestinian[3] origin. However, these figures are not generalisable to the remaining refugee population.

The following are the breakdown of specific need cases:

- At least 62.7% of households visited report at least 1 chronic disease. On average, for every household with chronic disease 1.3 persons with chronic diseases were identified.
- At least 47% of persons with specific needs are persons with disabilities.
- 27% of PwSN are OPs. Remembering that number of older persons in the pre-war Syria was ranging between 6-7%, this suggests that older persons have higher chance of having a condition resulting in specific needs.
- The above percentages reflect high chance of multiple cases for a person with specific needs.

Persons with disabilities are also likely to have a second disability:

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2) Due to the assessment focus on PwSN and their households the generalisability of the SADD on the rest of the refugee population might not have high reliability.

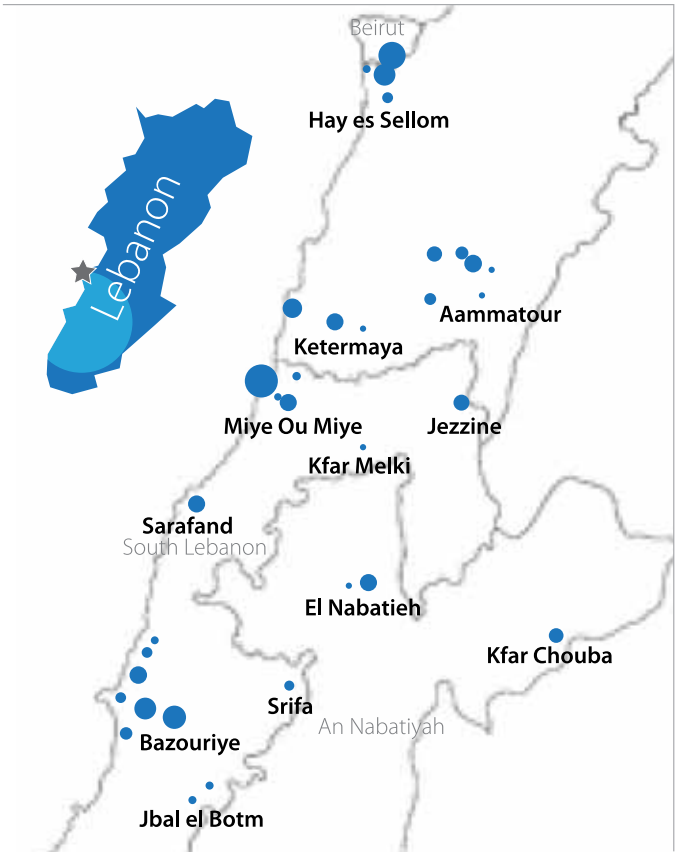
3) Mixed households; mostly parents are from different origins

- 54.2% of persons with disabilities have a mobility/physical impairment/disability
- 52% have sensory impairment/disability (19% hearing, 38% visual impairments in PwSN population)
- 13.7% have psychological impairment/disability
- 11% have intellectual impairment/disability

Most Vulnerable Groups

- 22.4% of PwSN are dependent on others for their daily basic activities/needs. Considering that most of these persons are in need of a caretaker during the day, apart from costs of their specific needs, their condition might have indirect impact on the household. In 30.1% of the households someone who is able to work, is forced to stay home and take care of the PwSN.
- 50.9% of the households are headed by a PwSN. Considering possible obstacles in front of a PwSNs employment chances, these households are of particular concern. In 20% of the households headed by a PwSN someone is forced work[4].
- 49% of OPs are living in those households headed by older persons (17.4%). Considering the lower income opportunities for older persons, this group is another highly vulnerable group.

Household Visits per Location



- 2.3% of the households are compromising only of older persons and minors. Although they are very few in numbers, these households are still highly vulnerable.

4) In some instances, the persons who are forced to work could also be female adults at working age which are also indicating issues concerning culture.

Beirut, Mt. Lebanon and South generally offer easier access compared to Bekaa and North. Having said that, there are still some limitations:

- Access to some neighbourhoods of Beirut (mainly Southern Beirut) is limited. Activities in this area can be enabled if the local security is informed. However, humanitarian actors should bear in mind that incidents with high casualties took place in Southern Beirut (officially the area is falling under Mt. Lebanon administration) several times since the beginning of the crisis.
- Agencies planning to work in the South are advised to get necessary permissions from local authorities and also inform them about their activities
- Administrative boundaries between Beirut and Mt. Lebanon are increasingly vague as Beirut urban area has expanded towards Aley, Baabda and Al Metn without any break/gap. This might cause some minor issues when it comes to coordination with the concerned local authorities.
- Some municipalities, especially within Beirut City have limited information on refugees which is common for large urban areas.
- Security situation in some Palestinian Camps are not stable (for instance, Ain el-Hilwa) which can interrupt humanitarian action.
- Severe weather (rain and snow) can block the roads. This is especially a concern for mountain areas in South.
- "Assessment fatigue" is becoming common in most areas as many INGOs are implementing similar studies and overlapping in many areas.

Humanitarian Response

There are several local and international agencies targeting PwSN. There are also many NGOs who support the households with PwSN as they are considered among most vulnerable populations but in many areas there is no specific support for PwSN.

Coordination

There is existing coordination mechanism among I/NGOs and UN agencies. Within the existing coordination mechanism there are sectoral meetings per region, which enables I/NGOs to focus only in the areas they are working.

- Considering PwSN, Protection and, Disability and Older Age working Groups could be the most relevant (depending the agencies sector of work).
- In some areas union of municipalities have their own coordination mechanisms (for instance, Saida Coordination). Although these meetings are not specifically focusing on persons with specific needs, valuable information could be exchanged.

- Municipalities are usually keen to welcome I/NGOs as long as they are informed about the activities. They can also refer I/NGOs to others working in the same area.

2. Assessment

Movement for Peace is a humanitarian organisation present in Lebanon since 1997. Since that time MPDL has mainstreamed persons with specific needs in its activities.

As the displaced populations from Syria started moving to Lebanon the humanitarian community have focused largely on provision of basic needs and essential services to the displaced/affected communities. The published reports, the figures presented and the activities implemented have risen some questions with regard to the inclusion of persons with specific needs in the humanitarian response.

While in a population of now more than 830,000 (according to UNHCR figures) it is expected that there would be significant number of persons with specific needs, MPDL also acknowledges the fact that armed conflict and forced displacement are contributing factors to increasing levels of disabilities, chronic diseases and their effects. Hence, with the presumption that persons with specific needs were limitedly included in the humanitarian response and that this population would have increasing levels of vulnerability, MPDL started an assessment to identify the gaps in humanitarian response in covering the needs of persons with specific needs.

Scope and focus

The assessment targets persons with disabilities, persons with chronic diseases and older persons.

Persons with disabilities[5]***:*** Upon coordination with other organisations working for persons with disabilities MPDL identified persons with disabilities as persons who have 1) mobility problems, 2) hearing and visual impairments, 3) intellectual impairments and 4) mental/psychological impairments.

Persons with chronic diseases: Those who need regular medication or treatment at a healthcare centre in order to continue a standard level of health.

Older Persons: Upon coordination with other humanitarian organisations on the ground and considering the pre-crisis sex and age disaggregated data

5) MPDL approached persons with disabilities with the “social model” not particularly from a medical point of view.

(SADD) of Syrian population persons older than 60 years of age were taken as "older persons".

MPDL acknowledges the fact that some persons are likely to have a limited knowledge on their or fellow household members› condition and that they might be considering their condition as a disability even though it is not (it could also be the exact opposite). The main aim in this study was not to identify the condition of the person or to medically examine the concerned persons. Rather, the study has focused on each individual's ability to continue their basic daily activities without the support of others. Therefore, any person who has difficulties in implementing his/her basic daily activities is considered as a target group while being categorised under 3 groups mentioned above.

The assessment covers Beirut, Mt Lebanon and South Governorates of Lebanon. Due the vague administrative borders between Beirut and Mt. Lebanon, the two are examined under the same geographical category.

While covering all sectors, due to inclusion/integrity issues of persons with specific needs, the assessment has a particular focus on protection issues.

Methodology

For triangulation reasons the assessment was designed to follow 3 methods; 1) household interviews, 2) focus group discussions, 3) key informant interviews. For all 3 methods different tools were developed.

The questionnaire developed for the household interviews is mainly consisting of multiple choice, closed questions. The participants of the focus group discussions were given a flexibility to speak out their concerns within pre-defined themes. The key informant interviews were designed to follow a questionnaire consisting of closed questions. Soon after, open discussions replaced this.

As an organisation present in Lebanon since 1997, MPDL had existing local contacts in many areas. With the collaboration of local NGOs, municipalities, some INGOs and the support of refugees MPDL identified households with one or more members with specific needs and these were targeted for the interviews.

Between October 28 and 25 November 3 teams, each consisting of a female and a male member conducted 465 household interviews in 8 districts. Map on the left shows the areas household visits were conducted. The size of the circle reflects the amount of visits on that spot. Throughout the assessment MPDL only interviewed those households who have one or more members with specific needs.

Between 28 November and 7 December 45 Focus group discussions were held with 6 different categories:

1. females with disabilities
2. males with disabilities
3. females older than 60 years
4. males older than 60 years

5. persons with chronic diseases
6. parents of children with disabilities

Between 28 October and 6 December more than 20 meetings were held with key informants. Initially, 2 key informant interviews were planned in each location and the target was not met due to limitations.

In 3 governorates, MPDL focused on different categories of settlements. These are mainly existing Palestinian Refugee Camps, urban and sub-urban areas and rural areas. Interviews took place in 8 districts and 40 locations in total. In site selection, the opinions of local contacts were also taken to consideration.

For sampling snowball effect was followed. In each area MPDL used an NGO, municipality or refugee contact as an entry point. Till the time the similarity of the interviews increased the teams continued conducting interviews.

Limitations

Household interviews had to slow down due to national, religious holidays (mainly as a result of parades). Interviews in Bir Hassan area (Beirut) and Ain el-Hilwe Camp (Saida) were cancelled due to security concerns.

Key informant interviews were not as fruitful as presumed due to low level of inclusion of persons with specific needs in NGO and municipality response. Due to this, the designed questionnaire for key informant interviews was not used in most of the meetings and the method was replaced with open discussions.

Focus group discussions slowed down to the heavy rains and unavailability of venues. Although all staffs responsible of focus groups were female, female attendance was limited in some locations due to cultural barriers. Attendance of persons with disabilities and chronic diseases in severe conditions was limited in some conditions if the venue was distant.

Report Structure

For the reporting structure IERP Joint Rapid Assessment Report on Yemen's structure (September 2011, led by ACAPS, conducted for CARE International) was followed and adapted to the requirements of the MPDL Persons with Specific Need Assessment.

The analysis is presented per sector. For each sector an analysis per target group and geographical area is provided. Under target groups it is possible to see an analysis of sectoral needs of person with specific needs and an analysis of households with one or more members with specific needs. Geographical areas are analysed per urban and rural settings. The analysis continues with sector recommendations. Further analysis by visuals, limited analysis per origin of households, details of the methodology and tools used during the assessment are provided in the annexes.

Analysis

1.Livelihoods

Target Group Priorities

General

Job opportunities and livelihoods were not mentioned as one of the top concerns. However, for gaps in all sectors lack of financial resources seen as an important negative factor. Due to this, it can be said that improvement of livelihoods is top priority for all households with a member with specific needs.

Having said that, obstacles in front of improvement of financial status of households with specific needs should be listed as well:

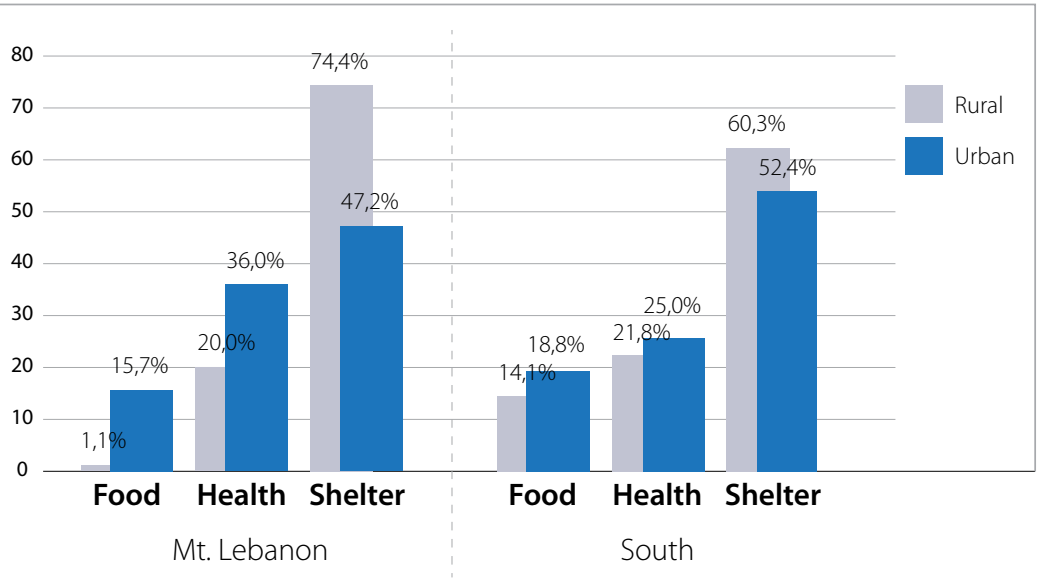
- there are few job opportunities
- available jobs might not be appropriate for PwSN
- from those unemployed PwSN population 56.1% are totally unable to work due to their condition
- many household members who are able to work have to stay home and take care of the PwSN
- there is increased economic pressure on the local community

Transportation costs have also been brought up as a major concern by refugees which is hindering their access to mainly health, protection and education services.

Most of the time residency and sometimes registration issues are linked with financial issues. Financial problems are also forcing households to adopt negative coping mechanisms (ranging between prostitution, begging, sale of assets, etc.) to solve their issues.

Many older persons and some PwSN feel humiliated and stigmatised as they are not able to work and depend on other household members.

Top Expense



Most Vulnerable Groups

Most vulnerable groups are;

- those households headed by a PwSN (mainly because that the head of household is the main bread winner),
- households which have more than 1 PwSN member,
- households which are spending more than 75% of their income on rent

Geographical Area Priorities

Beirut&Mt. Lebanon

Urban

- 49.4% of the households are headed by a PwSN while 11.2% are headed by an older person.
- In the urban are only 6.7% of PwSN are working while 69.8% of the unemployed population is totally unable to work due to their condition. Contrary to the rural areas, here 12% of the unemployed population say they are employed due to discrimination.
- In 34.8% of households someone is forced to work. Of those forced to work, 25.8% are minors, 29.5% are PwSN. This suggests that protection concerns related to employment and exploitation of children need certain attention in urban areas.

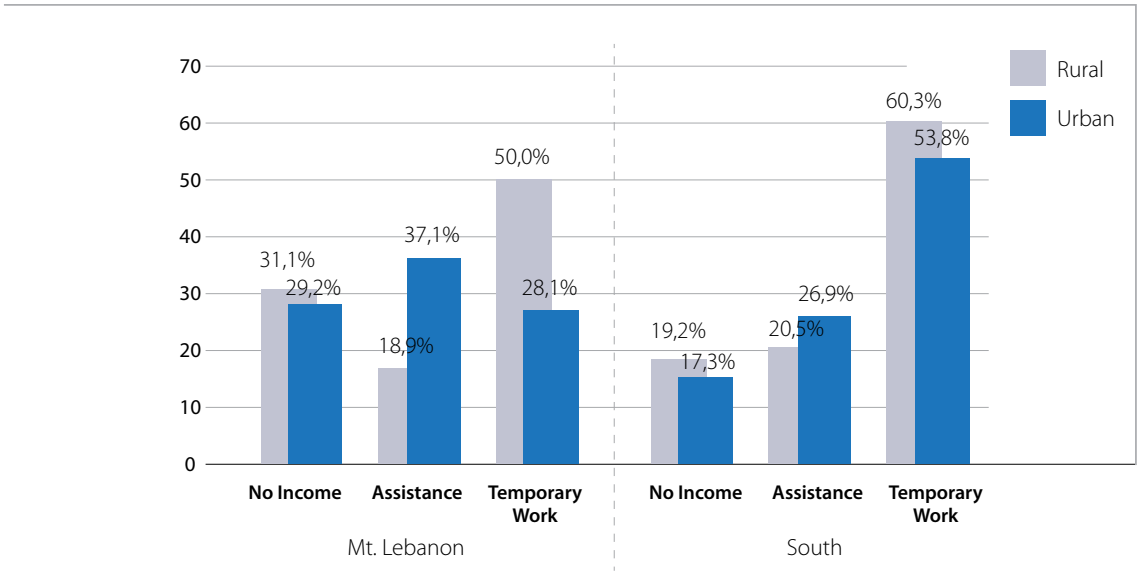
- 20% of households say they need to stay home to take care of the PwSN. In 44.9% of households no one is working. Within this group the percentage of persons who need to stay home to take care of PwSN appears as 17.5%.
- 39.3% of households rely on temporary work, 37% on assistance while 29.2% have no income at all. When compared with the rural area this suggests that refugees are having more difficulties in finding jobs in urban areas. However, it has to be underlined that many of those working in the rural areas are told to be Syrian worker immigrants who were already in Lebanon before the crisis.
- 47.1% spend most of their income on shelter, while 35.9% spend on health and 15.7% spend on food.
- 53.3% of households are headed by a PwSN, while 24.4% are headed by older persons.
- In only 10% of the households all PwSN are able to work while within the 90% unemployed group 66.6% are totally unable to work due to their condition (does not include children). This reflects that PwSN households have very limited chances of making income themselves.
- In 12% of the households a member is forced to work while in 43.3% someone has to stay home and support the PwSN for his/her daily activities. In 38.8% of households no one is working while within this group 68.5% are staying home to take care of the PwSN. As a result it can be said that unless care taking services are made available most households with PwSN members would not be able to benefit from cash for work, food for work or related programs.
- 31.1% of households do not have any income. For 50% temporary work and for 18.8% assistance are making the most of their budget.
- 74.4% of the households spend most of their budget on shelter while 20% spend on health. The dramatic different between expenses in urban and rural areas could be resulting from 1) higher food item support in rural areas, 2) higher financial support in urban areas which allows households to diversify their expenses.

South

Urban

- 50.9% of households are headed by a PwSN and 18.2% are headed by an older person. High percentage of households headed by PwSN reflects high vulnerability for these households.
- Only 4.3% of all PwSN in households are working. Of those who are not working, 53.8% are totally unable to work while 7.5% say there are no jobs appropriate (or adapted according to the needs of PwSN) for them.
- Only 1% of the refugees appear to be forced to work while 30.7% are forced to stay home to take care of the PwSN.

Main Income



- In 42.7% households no one is working, while in 43.8% of this group someone is staying back home to take care of the PwSN.
- The income contributors in urban South areas are similar to those of rural Mt. Lebanon; 53.8% rely on temporary work, 26.9% on assistance while 17.3% have no income at all. This suggests refugees in the South have higher job opportunities compared to the ones in urban Beirut & Mt. Lebanon.
- - 52.4% of households say their top expense is shelter while 25% say health and 18.7% say food which is similar to urban Beirut & Mt. Lebanon. This suggests either a healthier diversity of expenses or high costs forcing households to choose between needs and give up on some others.

Rural

- 50% of households are headed by PwSN while 14% are headed by older persons.
- In 7.6% of households all PwSN are working which is at a similar level with the other areas.
- 43% of households PwSN are not working due to their condition while 19.4% say there are no appropriate jobs (jobs adapted according to the needs of PwSN).
- Similar to urban South, 0% of households say that there is someone who is forced to work within the household. Although this could be true in general, it is important to underline that during the focus group discussions in the South forced prostitution was mentioned as a concern.
- In 39% of the households no one is working. Within this group 38.7% are staying home to take care of the PwSN. In general in 24.3% of households a member is staying home to take care of the PwSN.

- 60.2% of households rely on temporary work, 20.5% on assistance while 19.2% have no income at all. This suggests that in rural South there are more job opportunities compared to any other area.
- 60.2% of the households say highest share of their income is spent on shelter, 21.7% say on health and 14.1% say on food which is showing similarities with urban areas of South and Beirut & Mt. Lebanon. The similarities between these 3 areas and the difference in rural Mt. Lebanon might be caused by more organised food distributions in the latter area but more detailed research is necessary on this issue.

Recommendations for Priority Interventions

- Cash support should be prioritised for those households with high numbers of PwSN, households whose working age members are forced to stay home to take care of the PwSN, PwSN living alone and to those households in which members who should not be working are forced to work. Urban and rural Beirut & Mt.Lebanon could be prioritised for these interventions.
- Any cash for work program should consider the limitations on households with PwSN members.

2. Food

Target Group Priorities

General

Job opportunities and livelihoods were not mentioned as one of the top concerns. However, for gaps in all Even though food is mentioned as a lower priority the fact that 12.7% of households have had 1 or less meal the day before the interviews is worrying information.

- Reduced meals (especially older persons were told to skip meals), consumption of less preferred food items, consumption of low nutrition food, borrowing money to cover food costs were mentioned as coping mechanisms.
- Some refugees are told to be collecting food from garbage.
- Barter for food items is not uncommon.

It is very important to underline that even if the households are getting food support some are selling these items to be able to cover their shelter and health needs. Hence high costs of shelter and health needs are having direct impact on food security of the households.

In more than several cases registered Syrian refugees informed that they are not getting food support anymore.

In some locations both Syrian refugees and PRS informed that distributed food items were expired. PRS are getting less frequent support for food compared to Syrians which is resulting in poorer food security conditions for them.

- The following are the possible obstacles in front of food security interventions:
- Transportation concerns (distance to market/distribution point) mainly related to the condition of PwSN and finances.
- Necessity of special diets for some (although very few) PwSN.
- High cost of shelter and health services having direct impact on food budget.
- Particularly for PwSN, food for work programs might not be fully efficient as there are many who are totally unable to work.

Most Vulnerable Groups

Different categories of specific need do not have reflections on food needs. On the other hand, 66% of the households who had 1 or less meal the day before the assessment are headed by a PwSN which makes them a highly vulnerable group amongst the others.

Households hosting a PwSN who is totally unable to work should also be considered amongst the most vulnerable (77.9% of households who said they had 1 or less meal the day before have a PwSN who is totally unable to work).

In addition to the above, older persons and persons with chronic diseases (as they need nutritious food or strong diet) were mentioned as most vulnerable persons. Especially for these two groups lack of food or lack of nutritious food is told to cause deterioration in the health condition.

Geographical Area Priorities

Beirut&Mt. Lebanon

Urban

- 38% of households in the urban area said they had 1 or less meal the day before the interview. All respondents informed that the underlying reason was lack of finances.
- 10% of households in Beirut & Mt. Lebanon consider food as their top concern while 42.6% consider it as 2nd priority concern. The low consideration of food as a priority concern despite low food consumption suggests that people are reducing on food to cover other needs such as high rent costs and healthcare expenses.
- When it comes to concerns regarding food security 91% point lack of finances and 6.7% point low nutrition as top concern.
- 95% of refugees access the market/distribution centre on foot from which 17.9% say it takes more than 30+ minutes to access the market. Considering the mobility impairment of the target group this becomes an important concern.

Rural

- 11% of households in the rural area said they had 1 or less meal the day before interview, while all of this mention low food consumption as a consequence of lack of finances.
- 21% of the households consider food as second priority need while no one considers it as first priority. These two figures (first bullet-point and this) suggest that in the rural areas of Mt. Lebanon food supply is not as problematic as it is in the urban areas.
- Regarding food all interviewees mentioned lack of finances as the only concern.
- All refugees informed that they are reaching the market/distribution point on foot while for 28% of this group it takes more than 30 minutes to reach the market.

South

Urban

- 2.8% of respondents informed that they had 1 or less meal the day before the interview.
- 6.7% of respondents consider food as top priority while 31.7% as second. This suggests that the quantity of food is not an important issue in the urban areas of South.
- At the same time 97% of respondents highlight lacking finances as their top priority with regard to food (bar chart on the right column visualises food security concerns of households in all areas).
- 98% of refugees access the market/distribution centre on foot. 2.9% of them reach in more than 30 minutes. Again in these areas physical access to market and distribution areas seem to be a minor issue.

Rural

- 11% of households say they had 1 or less meal the day before. All of those having 1 or less meal say they were lacking the finances to eat more.
- 94.8% of respondents suggest lack of money as their top concern with regard to food security.
- 25.6% say they see food as their top concern. Food still seems less of a problem for South Lebanon but within South refugees in the rural areas are more concerned with food security.
- 97% say they reach the distribution site/market on foot while all say it takes less then 30 minutes.

Recommendations for Priority Interventions

- The food support to Syrian refugees and PRS should be standardised.
- Humanitarian agencies should take complaints on expired food items serious and take action
- Urban Beirut & Mt. Lebanon should be prioritised for food support.
- No matter the family size, PwSN who are unable to work and who need care takers should be adequately supported with food items.
- Distributed food items should contain high nutrition food and have variety.
- Food items should be delivered to those households who are not able to travel (households consisting of minors and PwSN, consisting only of PwSN, households where other members cannot leave the PwSN alone and such).
- Further research on food security is necessary to determine nutrition levels and diet requirements of persons who need special diets.

3. Shelter

Target Group Priorities

General

At this season of the year, winterisation has become a high priority no matter what the condition of the PwSN is (data collection was finalised before the first waves of cold weather hit Lebanon). Poorly winterised shelters are having direct effects on health conditions of not only PwSN but also the remaining household members.

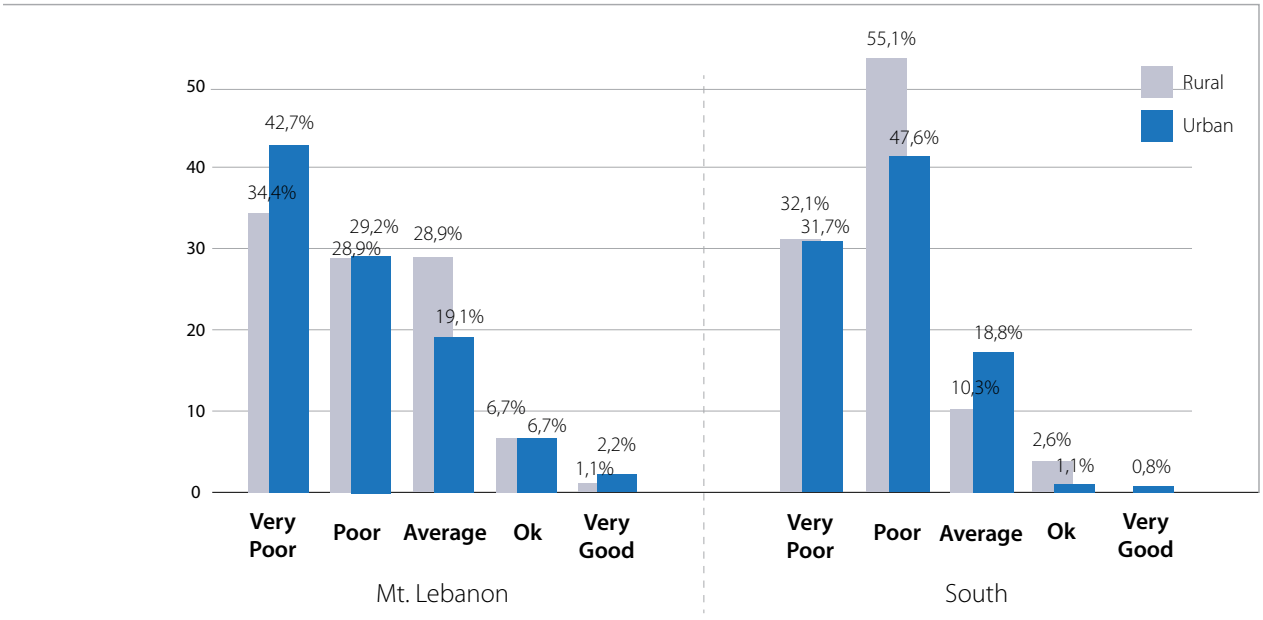
Shelter is the highest expense for most refugee households and therefore any rent support for refugees would be highly valuable. Many refugees underline that they are facing evacuation threat at any time even though they have rented the shelters.

For PwSN adaptation of shelters is important (37.4% say shelter is not appropriate for the use of PwSN). However, at this stage of the emergency, urgency of this issue is open to debate.

There are few obstacles in front of shelter and NFI interventions:

- rent prices are extremely high considering the incomes of the refugees and due to large influx of refugees it is difficult to find accommodation
- local authorities are not favouring tented settlements
- centralised distributions are affected by transportation issues for PwSN but also for those living in rural and mountain areas
- shelter adaptation is not feasible for all types of shelter

Winterazion



Most Vulnerable Groups

Shelter adaptation is a concern for especially those with disabilities (particularly physical disabilities) and others with mobility problems.

Those who are spending more than 75% of their income on shelter should also be considered amongst the most vulnerable.

Older persons say they are highly affected by the cold.

In terms of winterisation those living in high altitudes, unfinished/abandoned constructions and ITS should be considered as most vulnerable.

Geographical Area Priorities

Beirut&Mt. Lebanon

Urban

- For 47.1% of households shelter is top expense while it is the second highest expense for 34.8% of households.
- 94.3% of households live in apartments/houses. 3.3% do not have electricity in the shelter.
- 93.2% of the shelters are rented. It is interesting to see that none of the respondents in any area said the shelter was squatted.
- 57.8% of those living on rent pay more than 75% of their income for rent. 28.9% pay 50-75% for rent.
- According to team observations 42.6% of the households were very poorly, 29.2% poorly, 19.1% were averagely, 6.7% on adequate way winterised.
- 49.4% of the respondents think their shelter is not appropriate for the use of PwSN (the bar chart below visualises appropriateness of shelter for PwSN in all areas).

Rural

- 74.4% of households spend highest share of their income on shelter. For 21.1% shelter is the second highest expense.
- 12.2% are living in ITS, 11% unfinished/abandoned buildings, 5.5% in barn/garage or similar, 71.1% in apartment/house. This shows that in rural areas shelter conditions are immediately deteriorating although electricity is available in all shelters.
- 67.7% of the shelters are rented and 31.1% are provided by assistance. Of those rented, 45.9% are costing more than 75% of the households income while again for 45.9% of households rent costs 50-75% of the income.

- In terms of winterisation 34% are very poor, 28.8% are poor, 28.8% are average, 6.6% are OK. This suggests that winterisation of the shelters is similar in both rural and urban areas. Having said that, it should be reminded that most rural areas are high altitude hence suffering from colder temperatures.
- 30% of the respondents say their shelter is not appropriate for the use of PwSN.

South

Urban

- For 52.4% shelter is the highest expense of the household while it is the second for 17.7%.
- 25.9% of households live in abandoned/unfinished constructions, 9.1% in barn/garage or similar, 7.2% in ITS and 57.6% in apartment/houses. This shows the variety of shelter types in the South. Contrary to Beirut area there are several collective shelters and several ITS in the South.
- Only 1% of the shelters do not have electricity.
- 36.5% of the shelters are provided as assistance while 61% are rented. Of those rented, 34.6% cost more than 75% of the households income, while 57.4% cost 50-75% of the income.
- n terms of winterisation 31.7% are very poor, 47.5% poor and 18.7% average.
- 36.5% of households think the shelter is not appropriate for the use of PwSN.

Rural

- 60.2% of households spend highest share of their income on shelter and NFI while for 10.2% shelter is the second highest cost.
- 23% of shelters are abandoned/unfinished constructions while 70.5% are apartment/house.
- 5.1% of the shelters do not have electricity which is a significant difference compared to the other areas.
- 46.1% of the shelters are provided as assistance while 52.5% respondents are living on rent. The figure suggests that in rural areas of South shelter assistance is covering a higher percentage of population compared to the other areas.
- 43.9% of those on rent spend more than 75% of their income on rent while 48.7% spend 50-75% on rent. Looking at the figures in other areas it could be suggested that shelter is more expensive in Beirut & Mt. Lebanon urban area compared to the others while it is cheapest in rural South amongst these 4 areas.

- In terms of winterisation 32% are very poor, 55.1% poor and 10.2% are average. These figures again suggest that in terms of shelter winterisation there is not much difference per area (below visual shows winterisation per area). However, rough winter conditions in the rural and mountain areas require the prioritisation of these areas.
- 34.6% of the households say the shelter is not appropriate for the use of PwSN. This suggests that shelter adaptation issue is at similar level in all areas.

Recommendations for Priority Interventions

- Winterisation is already a priority for humanitarian organisations and it should remain a priority especially for ITS, abandoned/unfinished constructions in higher altitudes.
- Rent support is essential especially for those spending more than 50% of their income on shelter, reducing other essential needs (food, health) to be able to cover shelter needs. For rent support, refugees in urban Beirut & Mt. Lebanon should be prioritised.
- At government level negotiations with landlords should be held in order to keep rent fees at an affordable level and to ensure tenant rights.
- NFI distribution plans should consider transportation issues for PwSN and those living in remote areas.

4. WASH

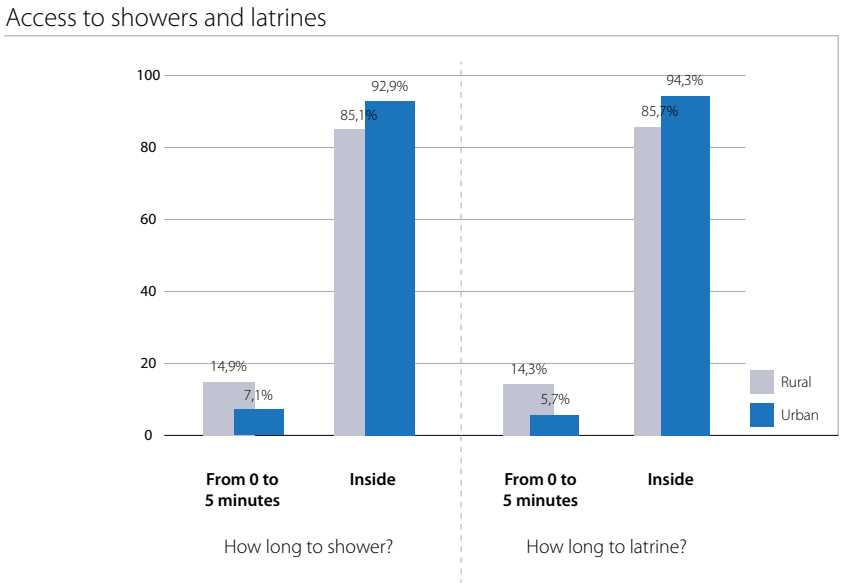
Target Group Priorities

General

Water, sanitation, hygiene issues were not mentioned a lot neither during the households visits nor during the FGDs which might suggest that it is undermined by the refugee community as a coping mechanism. In any case, when asked in detail, most said they had concerns with regard to appropriateness of latrines for PwSN (the bar chart on the right visualises appropriateness of latrines for PwSN in all areas) and appropriateness of showers/baths for PwSN. Lack of specific hygiene materials for PwSN and aids for toilet and shower usage were mentioned as concerns.

Obstacles:

- access (transportation) to market/distribution points is again a concern
- when cash for NFI programs are implemented, availability of specific hygiene materials (such as adult diapers) in the market becomes a problem



Most Vulnerable Groups

Among most vulnerable are those who cannot use latrines by themselves (14.6%) and those who cannot use showers by themselves (23%).

PwSN who do not have a toilet/shower inside should be regarded as a priority group. Outside sanitation facilities are also raising protection concerns for those living in ITS.

Geographical Area Priorities

Beirut&Mt. Lebanon

Urban

- 25.8% of the respondents say the PwSN cannot use the available latrine without the support of another person. Of these, 26% need assistive devices, 26% say the path to latrine is not appropriate while 43.3% are totally unable to use the latrine without support.
- 48.3% of PwSN are not able to use the shower by themselves. Of these, 11.6% need assistive devices, 30.2% say the construction of the shower is not appropriate, 48.8% say the path to the shower is not appropriate and 6.9% say they are totally unable to use shower/bath themselves.
- 11.2% say they require specific hygiene materials (mostly adult diapers and cleaning wipes) for the PwSN.
- 68.5% of the respondents say they cannot afford their hygiene needs.

Rural

- Respondents say 33.3% of PwSN are not able to use the available latrine without the support of another person. Of these 33.3% have latrines outside the shelter. From those who are not able use the latrines without support, 46.6% ask for assistive device while 50% say they are totally unable to use the latrine by themselves.
- In general 12.2% of the latrines are outside.
- 60% of the showers are not appropriate for the use of PwSN by themselves. Of this, 22.2% are outside. From those who need support for showering, 7.4% need assistive device, 29.6% say the construction of the shower is not appropriate, 24% say the path to the shower is problematic and 38% say they are totally unable to use the shower themselves.
- In general 13.3% of showers are outside.
- 17.7% of the respondents say they require specific hygiene items for the PwSN.
- 56.6% say they cannot afford the hygiene needs.

South

Urban

- In 24% of the households PwSN are not able to use the latrine without the support of someone else. Of these, 12% are outside latrines. From those PwSN who are not able to use the existing latrine themselves 28% need assistive device, 4% say the construction of the latrine is not appropriate while 58% are totally unable to use the latrines by themselves.

- In general 8.1% of the latrines are outside while 10% of the showers are outside. The heat map below visualises access to sanitation facilities per urban/rural areas.
- In 32.2% of the households PwSN cannot use the shower without the support of another person. Of these, 28.3% have showers are outside. 5.9% say they require assistive device, 34.3% adaptation of the shower, 7.4% adaptation of the path to the shower in order to be able to have shower without support. 52.2% are totally unable to use shower themselves.
- In 10.5% of the households PwSN need specific hygiene materials.
- 37.9% households say they cannot afford the hygiene costs.

Rural

- In 21.4% of households PwSN are not able to use the latrine without support of others. Of these latrines 13% are outside. From those who cannot use latrines without support of others 34.7% need assistive device while 52.1% are totally unable to use the latrine themselves.
- 16.6% of the latrines and showers are outside.
- In 50% of the households PwSN cannot use the shower without the support of someone else. While 61.5% are totally unable to do so, 28.2% say the construction of the shower is causing problems and 7.6% say the path to the shower is not appropriate.
- 15.3% of PwSN require specific hygiene materials.
- 50% of the households are not able to afford hygiene costs.

Recommendations for Priority Interventions

- Access to outdoor sanitation facilities and their constructions should be improved/adapted to the needs of PwSN. For this rural areas should be targeted primarily.
- Latrine/shower numbers in collective shelters should be increased.
- Assistive devices for shower and latrines should be distributed to improve the hygiene conditions of the PwSN.
- Hygiene items, especially those specific for PwSN should be made available in distribution or cash/voucher for hygiene programs.

5. Health

Target Group Priorities

General

Health remains a major concern especially for those who need regular medication and treatment. After shelter, health comes up as the highest expense. There are concerns with regard to the quality of medicines (expired or older generation) and treatment (non-specialists) and also availability of medicines and treatment.

- In several cases refugees were heard to travel back and forth between Lebanon and Syria to receive required treatment. Also, it is known that medicines are brought in from Syria. These are causing protection concerns.
- Refugees are reducing amount of medication taken, skipping treatment and medication, using alternative medicines or reducing only to painkillers as they cannot afford the costs.
- Some hospitals, healthcare centres are not admitting refugees or asking for payment ahead while they are told to especially rejecting PwCD and PwD who need regular support.
- Transportation to healthcare centres remains an important issue. In one of the PRC in Beirut PRS informed that ambulances were not allowed inside. It is not clear whether this was just one incident or it is something regularly witnessed.

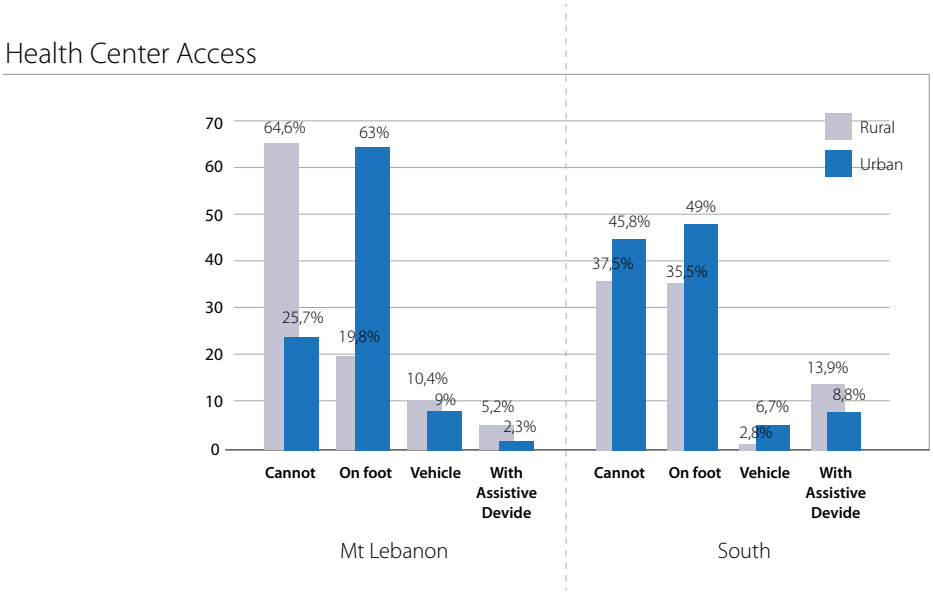
Considering that health services should be covered to a certain point for registered refugees, we can assume that:

1. the payment coverage is not enough,
2. refugees do not have adequate information on the services provided for them
3. coordination between service providers and donors/contractors is limited
4. capacities of healthcare centres, clinics are not able to meet the demand

Most Vulnerable Groups

Persons who need regular medication and regular treatment at healthcare centres are among the most vulnerable. Within these, especially those dependent on others for their daily basic activities should be considered as a target group. The facts that most PwSN are not able to work, high numbers of PwSN are depending on others for their basic daily activities and their health conditions are in risk of deterioration make this group particularly vulnerable.

Geographical Area Priorities



Beirut&Mt. Lebanon

Urban

- For 35.9% of the households health is top expense while it is the second top expense for 23.3% of households.
- 47.7% of PwSN who require regular treatment at a healthcare centre say they never receive the required treatment. When we look at those who sometimes and who never receive required treatment 84.6% say they cannot afford.
- Of those who need regular medicines 34.8% say they never received it. As underlying reason, 96.3% of those who get required medicine sometimes or never say they cannot afford it.
- 87.7% of the concerned household say they either go on foot or with assistive device to the nearest healthcare centre while 27.3% of this group needs more than 30 minutes to reach it. The heat map below visualises access to healthcare centres per urban/rural areas.
- 42% of refugees say they cover costs of treatment at healthcare centres themselves while 36% say it is covered by UN institutions or partners.
- Medicine cost coverage is similar to those of treatment; 47.8% own, 31.8% UN. This suggest that the financial assistance for healthcare provided by UN institutions is not adequate to cover the needs of those who need regular healthcare attention.
- 34% of households say they do not have any medical documentation with regard to the condition of PwSN which could be problematic when it comes to targeted assistance for PwSN.

Rural

- 20% of households spend most of their income on healthcare costs while for 47.7% health is second highest expense.
- 61.5% of those who need regular medical care at a healthcare centre never receive the required treatment while 59.5% never receive the regularly required medicine. 92% of those who never or sometimes receive medical care at healthcare centres are saying it is a result of lack of finances while the figure for those who cannot afford medicines is 90%.
- 21% of concerned households access the healthcare centre on foot or with assistive device while 57.8% of this group say they spend more than 30 minutes to reach the healthcare centre. This could clearly be a reflection of the geography of the area where settlements are spread around the mountains. Also it is a clear reflection of transportation issues for PwSN and refugees in general.
- 77.4% of those living in rural Mt. Lebanon say they cover healthcare centre costs by themselves while 80.6% say they cover medicine costs themselves. This figure suggests that the healthcare support in this area is dramatically limited compared to the urban Beirut and Mt. Lebanon.
- Identical to the urban area, 34.4% of the households say they do not have any medical documentation with regard to the condition of PwSN.

South

Urban

- For 25% of households health takes the highest share of their income while it is the second highest for 49% of households.
- 46.3% of those who need regular treatment at a healthcare centre can never get this. The figure for those who can never get the regularly required medicine is 38.5%.
- 94.6% of those who never get and who sometimes get the regularly required medical treatment at a healthcare centre say they cannot afford it. For those who never and sometimes get the required medicine the figure is 92.9%. The heat map below visualises the correlation between access to regular medicine and access to regular healthcare centre support in all areas. It clearly reflects that when a person does not have access to regular medication that persons access to regular healthcare centre is also hindered.
- 89.5% of households with PwSN members say they access the healthcare centre on foot or with assistive device. Of this population 6.6% say they spend more than 30 minutes to reach the centre.
- 43.1% of respondents say they cover their healthcare centre costs themselves. While the figure for healthcare centre cost coverage is as this, the 73.6% of respondents say they are covering the medicine costs themselves.

These figures suggest that in both urban areas healthcare centre demand is responded more adequately which could also be said for the medicine demand in urban Beirut & Mt. Lebanon. However, the figures also reflect a clear problem in responding to the medicine demand in urban South.

- 10% of respondents say they do not have any medical documentation with regard to the condition of the PwSN member of the household.

Medicine - Healthcare Centre Correlation

	Receiving required treatment at Healthcare Centre			
Receiving required medication	Not Needed	Mostly	Some-times	Never
Not Needed	5,2%	-	0,2%	0,2%
Mostly	5,6%	26,2%	1,1%	1,7%
Sometimes	3,4%	1,9%	11,2%	3,4%
Never	1,3%	0,4%	1,7%	36,3%

Rural

- For 21.7% of households health is highest expense while for 51% it is the second highest expense.
- 44.7% of the households say the PwSN never gets the required treatment at a healthcare centre. 40.2% say the PwSN never gets the regularly required medicine.
- For 84.7% those who never get and who sometimes get the required medical treatment at a healthcare centre the underlying reason is the lack of finances. The same figure for medicines is 90.9%. These figures, showing similarity to the conditions in rural Mt. Lebanon, suggest that healthcare support is weak in rural areas in general. All figures on this category suggest a clear problem with regard to financing healthcare costs. Especially considering that the population of concern is in need of regular treatment this clearly indicates a potentially life threatening risk for many refugees with chronic diseases.
- 96% of those in the rural South are accessing healthcare centres on foot or by assistive devices. For 8.3% it takes more than 30 minutes to reach the centre.
- 71.4% of refugees cover the healthcare centre costs themselves while 73.6% cover the medicine costs themselves. The figures regarding healthcare centre and medicine costs in rural areas again, suggest that health response in these areas are falling far behind the demand.
- 20.5% of households say that they do not have any medical documentation with regard to the condition of PwSN. Only in urban South documentation seemed to be less of a problem. In other areas the low level of documentation might signal problems with regard to targeted assistance for PwSN.

Recommendations for Priority Interventions

- Refugees suggest establishment of a “healthcare card system” for PwSN who need regular healthcare assistance.
- Mountain villages and other remote areas should be supported with mobile clinics.
- Transportation assistance should be given to those who need assistance in a healthcare centre.
- The concerns related to ambulance entrance to PRC should be investigating and if true, the problem should be solved through coordination with local security.
- Quantity and quality of the services and medicines provided by the clinics should be increased.
- For healthcare service coverage rural areas should be prioritised.

6. Protection

Target Group Priorities

General

Limited inclusion of PwSN in humanitarian response, deteriorating living conditions of their families, increased reports of domestic violence added by the increasing costs caused by their conditions, are raising concerns about the well-being of PwSN even higher. Protection is a particular worry for those totally dependent on others (appx. 25%) for their basic daily activities.

The focus group discussions revealed that many refugees had protection concerns and most did not have access/contacts to/for any services to ask for assistance in case. Especially those who do not have permits to stay in Lebanon are avoiding any business with official authorities while they also prefer to stay inside and prevent socialising with others.

Registration seems to be another important concern for PwSN as their condition might not allow them to travel long distances, wait long hours, etc.

Although during the household visits only 1 household told they were applying some negative copping mechanism to make income, it became clear in the FGDs that many were hiding these. Several time during the FGDs forced marriages (especially of young women) (in several locations of Beirut, Mt. Lebanon and South), forced prostitution of females[1], use of minors in drug dealing[2] (in Borj el Brajne PRC) were mentioned. Domestic violence cases were mentioned several times during FGDs while the underlying reason was told to be the deteriorating psychology of men (change of social status, financial problems, etc).

Families also told they were unable to cope with the increased problems of children with mental/intellectual disabilities and that they were resorting to violence against them most often. Many parents told lack of child friendly zones and education programs was a contributing factor to increased domestic violence.

Many refugee households are considering going back to Syria due to verbal abuse, threats and discrimination.

In several cases households mentioned that they were not able to communicate with their relatives, loved ones in Syria due to high cost of communication in Lebanon and communication problems caused by the conflict in Syria.

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1) It is not known whether the females forced to prostitutions are adults or minors.

2) It is not known whether the minors forced to prostitution are males or females.

Geographical Area Priorities

Beirut&Mt. Lebanon

Urban

- 23.5% of households say the PwSN member is not registered. 52.3% of this population say they do not have enough information, 42.8% say they are not registering for privacy/confidentiality reasons and 4.7% say it is a problem caused by distance to the registration centre.
- 16% of refugees do not have permit to stay in Lebanon. Those who do not have and those who are not willing to renew their permit say it is because of high payments (57.1%), privacy/confidentiality reasons (35%) and access to the offices (7.1%). The visual below shows visa/residency of refugees per type of area (rural/urban) and governorate.
- 30.3% of PwSN never feel safe while 15.7% say they feel safe only sometimes.
- Vast majority of the refugees feel they do not have adequate information on their legal rights (78.6%).
- 65.1% of respondents say they do not have information on assistance targeting PwSN. 84.2% of refugees do not have contact numbers for any services in case they need. The fact that there is lack of information on the issue could be a reason for the limited assistance the PwSN are receiving.

Rural

- 25.5% say PwSN in their household are not registered. 60% say they are lacking information on registration, 21.6% say access to registration centre is problematic, 17.3% say it is a matter of privacy/confidentiality.
- 16.6% of the refugees do not have permit to stay in Lebanon. All of those who are not willing to renew their permit and those who currently do not have permit say the only reason is the high payment asked.
- Contrary to the urban area, 86.6% of the PwSN say they feel safe most of the time.
- 91.1% of respondents say they do not have adequate information on their legal rights while again 91.1% do not have any contact number to call in case they need any humanitarian assistance.
- 83.3% say they do not have information on assistance targeting PwSN.

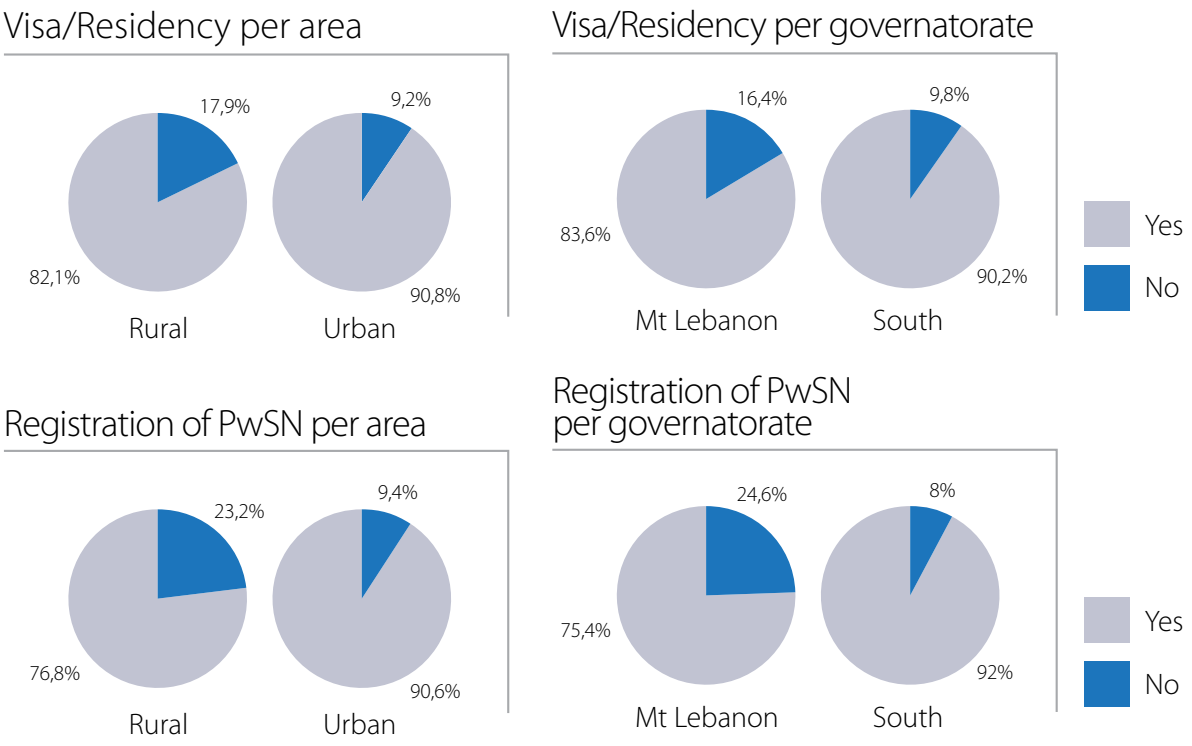
South

Urban

- Contrary to the other areas vast majority of the refugees are registered (96.7%). This could be a reflection of easier access to registration centres in the South. Those who are not registered say they do not want to register

due to privacy/confidentiality issues. The visual below shows registration of PwSN per type of area and governorate.

- Again, most refugees in the urban South have permits to stay in Lebanon (93.4%). Both figures suggest in terms of registration by UN or local authorities there is not high concerns in the urban South.
- However when it comes to knowledge on legal rights 92.7% of the refugees say they do not have adequate knowledge. This indicates a problem with regard to legal counselling and dissemination of information on refugee rights.
- 59.7% of respondents say they have knowledge on the assistance targeting PwSN which indicates that in the urban South inclusion of PwSN in humanitarian action is more comprehensive.
- Similar to other areas 94.7% of refugees say they do not have a contact number while they would call in case of need.



Rural

- Interestingly enough 20.5% of the respondents in the rural South, much higher than it is in urban South, say the PwSN are not registered. 56.2% say they lack information, 25% say it is due to privacy confidentiality issues and 18.7% say it is a result of distance to the registration centres. In the visits to mountain areas of South, it also became clear that transportation was an important issue for many refugees but especially for those households which have PwSN members.

- 19.2% of the refugees say they do not have permits to stay in Lebanon while from those who are not willing to renew their permit and who currently do not have permits 60% suggested payments were high, 20% said they lack the information, 12.2% told it was a matter of access.
- Similar to rural Mt. Lebanon and urban South 92.3% of PwSN feel safe most of the time. This indicates that safety is an important concern especially in Greater Beirut. However, it should also be kept in mind that in ITS, CS and those PRCs where there are frequent security incidents refugees do not feel safe.
- 96.1% respondents say they lack information on legal rights which indicates that there is a general feeling of insecurity with regard to "legal status" in Lebanon among the refuge population. This also came to surface during focus group discussions as many participants informed that they were not approaching the security services in case of violation of their rights.
- 67% of respondents in this area suggested they lack information on assistance provided to PwSN. Lack of information on this issue seems to be a clearer problem in rural Mt. Lebanon which suggests that inclusion in this area could be more problematic compared to others. However, this remains an important problem for the other 3 areas covered which indicates that support for PwSN is limited in all areas.

Recommendations for Priority Interventions

- Local authorities should ensure the safety and security of those living collective shelters and ITS.
- The Lebanese authorities should take reduction in visa fees into consideration for refugees coming from Syria (not only limited to Syrians but also with consideration of PRS).
- Hotlines should be made available all across Lebanon for refugees who have protection concerns. While doing this, communication costs should be taken into account.
- Peace-building activities and awareness raising on refugee rights, PwSN should be given priority.
- Refugees who are threatened by evictions from their shelters and deportation from Lebanon should be given legal consultation.
- Agencies responsible of the registration in other areas could be advised to get in touch with those responsible of registration in the urban South for good practices.
- Numbers of child friendly zones should be increased and children with disabilities should be included in these.
- Psychosocial support services should be made available and accessible for all refugees in all areas.

7. Education

Target Group Priorities

Children with disabilities

Children with disabilities in general are not included in education system in Lebanon. However, when saying this, one should also consider the limited inclusion of Lebanese children with disabilities in the education system.

From the 71.4% of those CwD in Syria, 75.5% are not able continue education here. The main reason behind is lack of finances (70.5%).

Many parents complained that some factors in the areas they are settled in are highly affecting the social life of the children:

- insecurity (clashes between different groups) at the location
- discrimination and abuse against refugees in the areas they are living

As a result of the above and also due to forced displacement and poor living conditions households say children have been psychologically affected. Especially children with mental impairments are told to be severely affected.

There are some obstacles in front of education interventions:

- Lebanese children with disabilities are very limitedly included in education programs which should be taken to consideration in education interventions.
- The existing education facilities and education staff might be lacking the capacity/expertise to provide services for CwD.

Households with one or more members with specific needs

The fact that many PwD are staying at home affects the households as most (44%) need to stay home to take care of the children. As a result, exclusion of PwD is having direct impact on the household economy which is already affected by the displacement and the specific needs arising from the condition of PwSN.

Households also say it is getting more difficult to take care of CwD at home as they are becoming more aggressive. This is told to cause domestic violence.

Geographical Area Priorities[1]

Beirut&Mt. Lebanon

Urban

- 22.4% of households have a PwSN at school age.
- 75% of the PwSN now at school age were schooled back in Syria. Within this population 80% are not attending school now.

Rural

- 17.7% of households have a PwSN at school age.
- 75% of PwSN now at school age were schooled back in Syria. Within this population 91.6% are not enrolled in any education program in Lebanon. All figures reflect that inclusion of CwSN in education system is highly limited.

South

Urban

- 8.6% of households have a PwSN now at school age.
- 50% of the PwSN now at school age were enrolled in school in Syria.

Rural

- 11.5% of households have a PwSN now at school age.

Recommendations for Priority Interventions

- Informal education and/or recreational activities, safe environments should be provided to children in general. These should be inclusive for children with disabilities (both Lebanese and refugee children).
- Especially inclusion of children who need to be taken care all day would allow the adult members of their households to look for jobs.

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1) Data collected on education was not adequate to generalise all issues to the rest of the geographical area regions they were collected in. It also limited chances of breaking down data per sex. This is merely resulting from low numbers of persons of concerns

Key Findings

Persons With Specific Needs

Livelihoods

In only 6.4% of families all PwSN are working. From those unemployed 23.6% are minors, 56.1% are totally unable due to their condition, 7.5% believe there are no jobs appropriate to their condition, 3.4% say they are discriminated and 2.7% say there are no jobs. These figures suggest; 1) nearly all PwSN are not able to support the economy of their households, 2) even if there are jobs available in the market it would be a struggle for a PwSN to get employed.

Food

10.7% inform that they have to spend more than 30+ minutes to access the market/distribution point. 97.6% of this group access the market/distribution point on foot. Given the conditions of the target population physical access to food becomes an issue.

Lack of nutritious food and for some cases the lack of special diets are resulting in deteriorated health conditions (for instance, in several occasions new anemia cases were mentioned).

Shelter

37.4% of households say their shelter is not appropriate for the use of the PwSN. Of this, 63% have a member with disability, while 44% have a person with physical disability.

Shelters located in remote areas are limiting the mobility of persons with disabilities and older persons.

Wash

In 27% of households PwSN cannot use the latrine without the support of someone even though 91% have latrines inside. The main reasons for this are; in 55% of the cases the conditions of PwSN does not allow,

35% assistive devices needed, 9.1% construction of the latrine is not appropriate for the use of PwSN.

In 43.6% of the households the PwSN cannot use the shower/bathing facility by themselves. 40.8% say their condition is not allowing, 31% construction/system of shower is not appropriate, 20.6% path to the shower is not appropriate and 6.8% say assistive devices are needed.

12% of households say they are in need of specific hygiene materials for the PwSN. It is also underlined that these items are especially expensive.

Especially for those living in ITS outside toilet/shower facilities are an important concern. Some are told to be taking shower every 20 days or so as they are dependent on others' support.

Health

Most common chronic diseases among PwCD are blood pressure (29.1%), Diabetes (21.1%), cardiovascular diseases (16.4%), asthma (12.5%) and kidney diseases (4.8%).

In 84.5% households there is someone in need of regular treatment at a healthcare centre. 73.5% were already receiving such treatment in Syria.

In 53.4% of households the PwSN are never getting medical treatment which they require. 16.7% receive treatment sometimes. 90.7% of these say they cannot afford healthcare centre costs.

In 85.1% there was a member receiving regular medication in Syria. Now, in 42.1% of those households the PwSN are never getting medication. In 21.1% they are getting sometimes. 92.8% of these say they cannot afford.

Many are skipping medication, using alternative drugs or depending on painkillers due to high costs of medicines and medical care. All of these are deteriorating the health conditions of PwSN.

In 20% of the households the PwSN do not have documentation with regard to their medical condition which could be important for the support they are entitled to.

Refugees are having difficulties in travelling to healthcare centres. This is a result of them being PwSN and also the costs of transportation.

In some focus group discussions, PRS informed that ambulances were not allowed to enter the Palestinian Refugee Camps. It is not known whether this is regularly faced or was just one incident.

Refugees say there are no physiotherapy/rehabilitation centres for persons who require such services.

Some who require regular healthcare visits are travelling back and forth to Syria periodically to visit the healthcare centres there.

In several occasions refugees mentioned that they were rejected by the hospitals they were visiting. The rejecting hospitals suggested 1) the support they are asking was not covered, 2) they did not have the technology, 3) they needed upfront payment.

Mainly in urban areas refugees suggested clinics providing them medicines were only providing older generation medicines and painkillers instead of what was needed. Lack of medicines, low quality of medicines were mentioned as a problem nearly in all FGDs. Distribution of expired medicine in urban Beirut&Mt. Lebanon to Syrian refugees was also mentioned.

PwSN suggest that their psychology are increasingly affected by the conditions. Many males suggested that they became more aggressive (due to limited access to services for PwSN and their increased dependency on others) and this was resulting in domestic violence in their households. Children with mental and intellectual impairments are also told to be shooing signs of increased aggressiveness.

Protection

In 14.4% of the households the PwSN are not registered1. Of this, 53.7% say do not have adequate information on registration, 31.3% say they do not register because of privacy/confidentiality reasons and 14.9% say they are not registered due to transportation issues (appropriateness off transportation mechanisms and transportation costs).

90.3% of the households say they do not have information on their legal rights in Lebanon. 66.4% do not have information on the assistance PwSN are entitled to receive.

Refugees in general but especially older persons complain about treatment of registration centre workers. Long waiting hours is a concern for PwSN.

Most PwD and others who face mobility problems are staying inside and not socialising at all.

Education

In 13.5% of households there are children with specific needs at school age. Of these, 71.4% were attending school in Syria. From those, currently 53.9% are NOT attending any education programme in Lebanon.

70% say they cannot afford school. For 82.2% expenses is top concern while 17.7% have concerns related to the condition of PwSN and the appropriateness of the education facilities for this person.

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1) Households were also asked about the registration of the other members of the households. However, in many cases they did not want to provide an answer due to safety concerns. Hence, it was not able to see the correlation between household registration and the registration of household member with specific needs.

Households with One or More Persons with Specific Needs

Livelihoods

50.9% of households are headed by a PwSN. In 20% of these someone is forced to work.

In 30.1% of households someone is not working in order to take care of the PwSN during the day.

Top expense for 56.9% of households is shelter&NFI, 25.9% health, 13.9% food and 1.9% is the needs of PwSN.

Second highest expense for households is for 44.5% health, 29.2% food , 20.4% shelter and 2.6% transportation.

Refugees say females have higher chances of employment. Mostly, they are told to be employed as house-servants. These cause some protection concerns and also cultural issues among the population.

Food

12.7% of the households informed that they had 1 or less meal the day before the interview. 100% of these said they cannot afford. Of this 12.6%, in 90% the PwSN is totally unable to work.

56.3% households inform that they get food support.

One particular concern of the refugees stressed in the FGDs was low nutrition as diets are told be based carbohydrates mostly.

Both Syrian refugees and PRS complain that some food items distributed are expired.

Families are considering going back to Syria due to problems with regard to food security.

Shelter

66% live in rented buildings while 30% have shelters provided by assistance.

For those living on rent, 44.2% of households spend more than 75% of their income on rent while 46.4% spend 50-75% on rent. This clearly reflects that if households are living on rent they have cut their expenses on other needs such as health and food.

34% of the shelters have very poor, 41% have poor winterisation according to observations[2].

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2) Teams were asked to observe the windows and doors, heating, walls and roofs of the buildings. The categorisation is based on team judgement on winterisation.

42.1% live in unfinished/abandoned buildings, 39.2% in apartment/ house, 8.5% in tents and again 8.5% in garage/barn/similar[3].

Borrowing, loan/credit taking, reducing expenses on other essential needs, selling food vouchers/coupons are coping mechanism used at household level. In addition to this, many refugees told they are considering going back to Syria.

While sharing shelter is also a coping mechanism it is at the same time causing some security concerns and privacy issues.

Many households mentioned need winterisation items varying from stoves, heating fuel to plastic sheets (tarpaulins).

Many households feel threatened by the risk of evacuation out of their shelters by their landlords.

Wash

49.4% say they are not able to cover hygiene and water related costs and 99% say this is due to financial issues.

Refugees also raised concerns over hygiene conditions of their shelters.

Health

On household level, health is mainly affecting the economy of the household (25.9% top expense, 44.5% second highest expense).

Households are selling assets, food vouchers/coupons, taking loans to be able to cover healthcare costs.

Refugees are bringing in medicines from Syria due to high costs and lack of availability in Lebanon.

Limited healthcare for PwSN increase their dependency on other HH members which is having impact on living expenses.

Lack of nutritious food, lack of food, poor winterisation and limited access to healthcare centres are told to cause new health issues like anemia and respiratory diseases.

An increase in diarrhoea cases were reported in the Ouadi Ez Zeyni during an FGD.

Protection

In 2.3% of households, minors are forced to work.

12.2% do not have residency/visa permit to stay in Lebanon. 77.1% say they will not apply for permit due to high costs (including those who have permit and those who do not have permits at the moment). Some refugees who applied for residency were deported (reason not

3) These figures should not be generalised to the remaining refugee population without further assessments.

know) and the others are afraid of being deported. It should be noted that illegal stay in Lebanon is resulting in other protection concerns mainly due to limited access to services.

92% of households say they do not have contacts for humanitarian services if they need.

Refugees say they are having difficulties in integration.

In several occasions refugees in CS and ITS in South Lebanon informed that they were threatened by “armed strangers”.

In some areas municipalities are applying curfew at night only for refugees.

Refugees say that young females are forced to prostitution and marriage (in several locations of Beirut, Mt. Lebanon and South) while children in Borj al Brajneh PRC are forced to deal drugs.

During FGDs a few participants suggested that they were considering selling some organs to make cash. The reliability of these comments is not known but considering that such rumours/allegations were heard previously detailed study on the subject becomes necessary.

Abuse and threats by landlords are witnessed. Domestic violence against women, persons with disabilities, children and older persons are common. Security services and hospitals are not accessible to refugees in cases of domestic violence as they fear of abuse, discrimination and further violence. When refugees are illegal such services are totally inaccessible.

In only 1 or 2 occasions protection services provided by NGOs were mentioned. Most do not know an I/NGOs providing such services.

Contrary to household interviews nearly in all focus groups refugees said they are harassed and abused in the communities they are living. Females and PwSN are limiting their movement to avoid such cases. It is also worrying that female refugees say that they can only keep quiet in face of violations in order to prevent any fights between the men of their household and host community.

Back and forth travelling between Syria and Lebanon for healthcare should be regarded as a serious protection concern.

Refugees say they are considering going back to Syria due to protection concerns.

In general Syrian refugees think registration is important but some who have been excluded do not see a benefit of staying registered. Transportation cost and distance, long waiting hours for PwSN, bad treatment at registration centres, questions on religion and politics asked during registration, unclarity of information and privacy of information shared with UN institutions are main concerns of Syrian refugees with regard to registration. In some instances refugees say they are regis-

tering because they do not have any other choice. Loaning money to access the registration centres is common.

PRS are familiar with UNRWA but they prevent registration if they are illegal in Lebanon. They also shared concerns on treatment during UNRWA registration.

Syrians are overly confused and unhappy with targeted assistance. Since they are excluded, many believe their registrations are "cancelled". There are many households who claim they were excluded because they have small household size[4].

Households fear that their families are tearing apart due to increased levels of fights among members, separation caused by displacement and lack of communication (especially with those back in Syria). Divorce cases are said to be high. Male members point out changes in household structures due to shifts in family economics (females making income).

Education

Education is a concern for the general refugee population. Most families say they cannot afford sending their children to school.

In several occasion households informed that if they are not sending the CwD to school, it causes problems with the other children in the house.

If the children are not participating an education programme adults have to stay back and take care of them.

Families are also concerned of lack of activity possibilities for children as they stay at home, get psychologically affected, sometimes become aggressive resulting in problems with their neighbours. Some households are threatened with evacuation because their kids are "making noise".

4) It should be kept in mind that all households visited have members with PwSN.

Top Concerns of Refugees

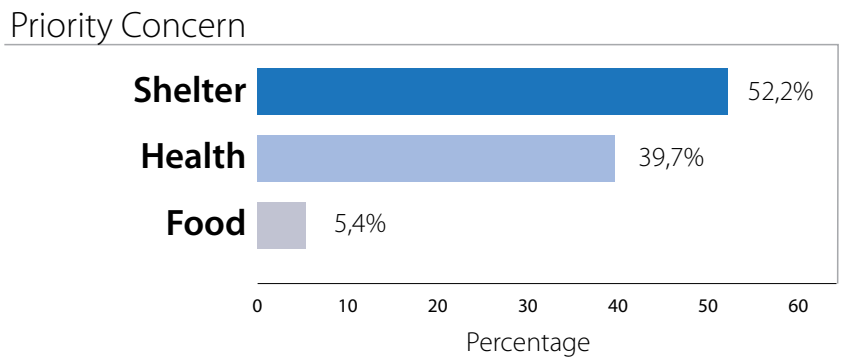
52.2% say their priority concern is Shelter and NFI. The concern does not change per type of settlement or per nationality/origin. When asked about second concern Shelter&NFI dropped to 22.3%. High rent costs and poor winterisation make shelter the highest concern.

39.7% of households name health and health related needs of PwSN as top and 41.2% name as second concern.

While food is top priority concern for only 5.4% of households, it rises to 30.7% as second concern.

When asked about the reasons behind their concerns in most cases households underlined poor financial status (for instance, 90.7% who do not get medical care say they cannot afford it). This is clearly a refection of livelihoods problems. Having said this, it should be considered that 50.9% of households are headed by a PwSN and that 56.1% of PwSN are totally unable to work.

The low level of mentioning of food and WASH issues as priority concern could be the reflection of coping mechanisms for refugees to cover their shelter and health needs.



Recommendations

Persons With Specific Needs

Livelihoods

Cash assistance per PwSN for those households whose highest share of income are spent to cover the needs of PwSN. Priority could be given to urban Beirut and Mt. Lebanon due to high living costs and low job opportunities in this area.

Food

More detailed assessment is necessary for those PwSN who need special diet.

Delivery of food items directly to the houses of those who are not able to travel should be considered especially in rural Mt. Lebanon.

Shelter

Minimal level of shelter adaptation should be considered for PwSN.

NFI distributions should be adjusted for PwSN in severe conditions as they might need additional items (extra covers, blankets, clothing, etc.) due to their condition.

During centralised distributions transportation issues of PwSN should be considered.

Wash

Agencies providing hygiene items should include specific hygiene materials in their kits (mainly adult diapers and wipes to clean).

Agencies providing cash for hygiene items are advised to make sure specific hygiene items for PwSN are available in the contracted shops.

Showers and latrines should be adapted for the use of PwSN. Where adaptation is costly, provision of aids should be considered. For these priority should be given to those places with outside latrine/showers.

Health

Mobile clinics and establishment of referral mechanisms for PwSN who are not able travel should be in the agenda of humanitarian actors.

Agencies working through local clinics are advised to monitor the availability and quaity of the medicines and the services provided.

Agencies working through hospitals are advised to monitor the services provided by contracted hospitals to make sure refugees are getting the necessary support in line with the agreed financial terms.

Medical care for those who are suffering from temporary conditions should be provided in order to ensure that their conditions do not get worse and that they do not stay dependent on other household members.

Psychosocial support to PwSN in all areas should be in the agenda.

Protection

Awareness raising on children's rights and persons with disabilities should target house holds who have children with disabilities.

Mobile registration should become more widespread for PwSN who are not able to travel. For those who are not aware of such services referral mechanisms should be strengthened.

Education

Established education programs should adapt transportation and latrines according to the needs of PwSN.

Education programs should be supported by inclusion specialists.

Extra hygiene materials (diapers, cleaning materials, clothing) should be made available in those programs with PwSN.

Households with One or More Persons with Specific Needs

It is of crucial importance to underline that the lack of standardisation in support provided to refugees from different origins is a concern. Humanitarian agencies supporting refugees in from Syria should respect the principles of impartiality and push for standardisation of support provided to refugees from different origins.

Livelihoods

Cash support is essential for households that are headed by PwSN, households compromising of older persons and minors, households that have more than 1 person with specific need. For cash support urban Beirut and Mt. Lebanon could be prioritised.

Food

Variety of food items in the food kits should be increased and nutritious food should be included in the kits.

Food distributions should continue while households headed by PwSN and households that have one or more members with PwSN should be prioritised.

Shelter

Winterisation activities should continue with prioritisation of collective shelters and tents.

Rent support should prioritise those households who spent more than 50% of their income on rent and yet which are headed by PwSN or which have more than 1 PwSN.

At government level negotiations with landlords should be considered to keep rent fees at an affordable level and to ensure tenant rights.

Wash

WASH conditions of households should be assessed in depth as related issues might be neglected as a coping mechanism to cover shelter and health costs.

Latrine/shower numbers should be increased in collective shelters.

Health

Training of households on care taking and community based rehabilitation should be considered.

Referral mechanisms should be established in order to increase access to health services.

Local branches of Ministry of Social Affairs and local clinics should be supported to ensure they provide adequate quantities and quality services to refugee and host population.

Protection

Awareness raising on human trafficking, organ trafficking, women and children's rights and refugee rights should be mainstreamed urgently.

Allegations of human trafficking, forced prostitution and organ trafficking should be investigated with pace.

Peace-building activities between the host community and the refugee community should be considered urgently.

Hotlines and referral mechanisms for protection issues should be established.

Protection measures should be taken for informal tent camps and collective shelters.

Training of caretakers should be considered.

Mobile registration is essential for those who are not able to travel with ease. Numbers of registration centres should be increased.

All registration centre workers should be briefed on communications skills and issues concerning PwSN.

Recreational activities for children, safe environments for older persons and females should be provided.

Psychosocial support is essential to target domestic violence and SGBV.

Fort those who are not able to communicate with their relatives, loved ones in Syria communication opportunities should be provided.

Education

Any education inclusion program should also consider the education of Lebanese children with specific needs.

Recreational activities for children will have indirect impact on domestic violence.

Table of Figures

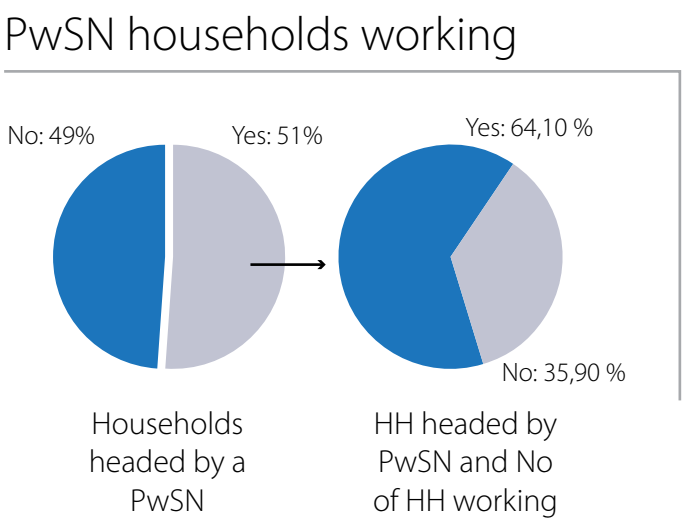


TABLE 1 THE GRAPH ON THE LEFT SHOW HOUSEHOLDS HEADED BY A PWSN. THE GRAPH ON THE RIGHT SHOW THE CORRELATION BETWEEN "HOUSEHOLDS WITH NO MEMBERS WORKING" AND HOUSEHOLDS HEADED BY PWSN.

The pie chart on the left suggests approximately 50% of the households have high vulnerability as the head of household has a specific need which is expected to limit this persons contribution to the household income.

The pie chart on the right suggests that 64.1% of the households headed by PwSN have no members working which supports the claim that households headed by PwSN have high vulnerability compared to others.

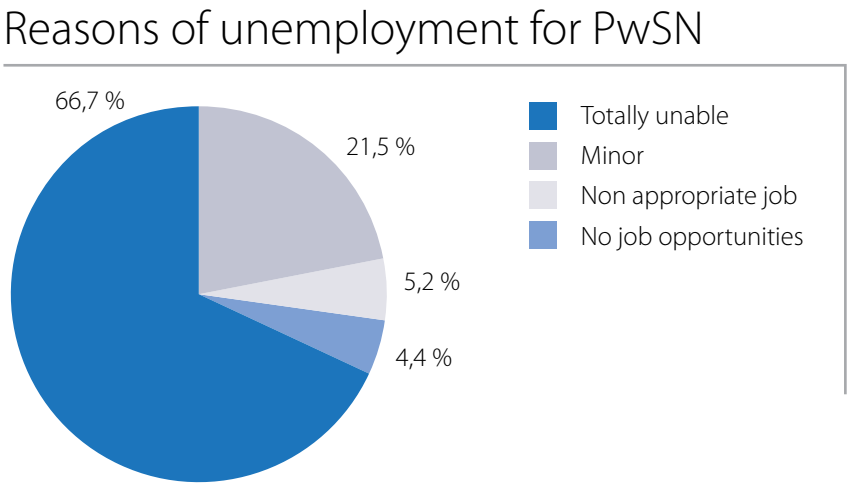


TABLE 2 The chart clearly reveals that most PwSN are not able to contribute to the household economy. This increases the pressure on their households thus resulting in increased vulnerability.

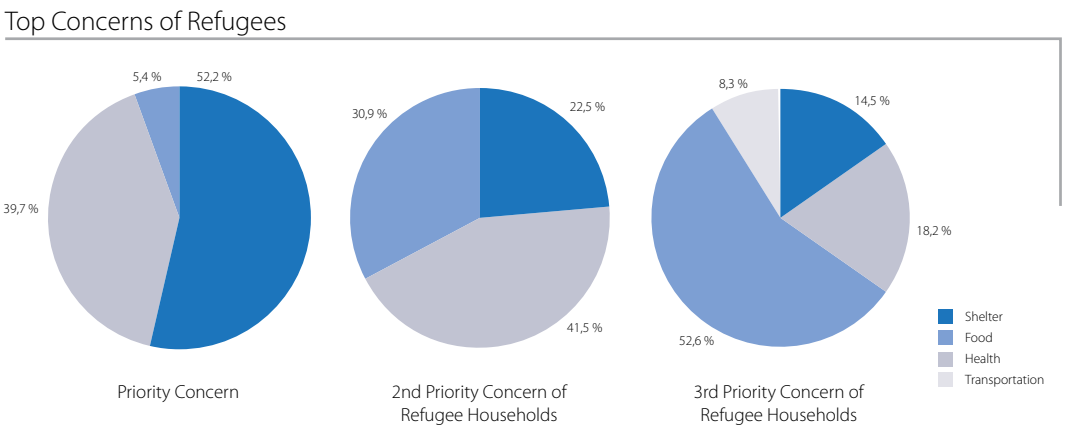


TABLE 3 THE TABLE SHOW TOP 3 PRIORITY CONCERNS OF REFUGEES.

The figures are clear reflection of shelter&NFI and health concerns for households with members who have specific needs. It also suggests that WASH and protection concerns are neglected in the face of struggles with especially shelter&NFI and health needs.

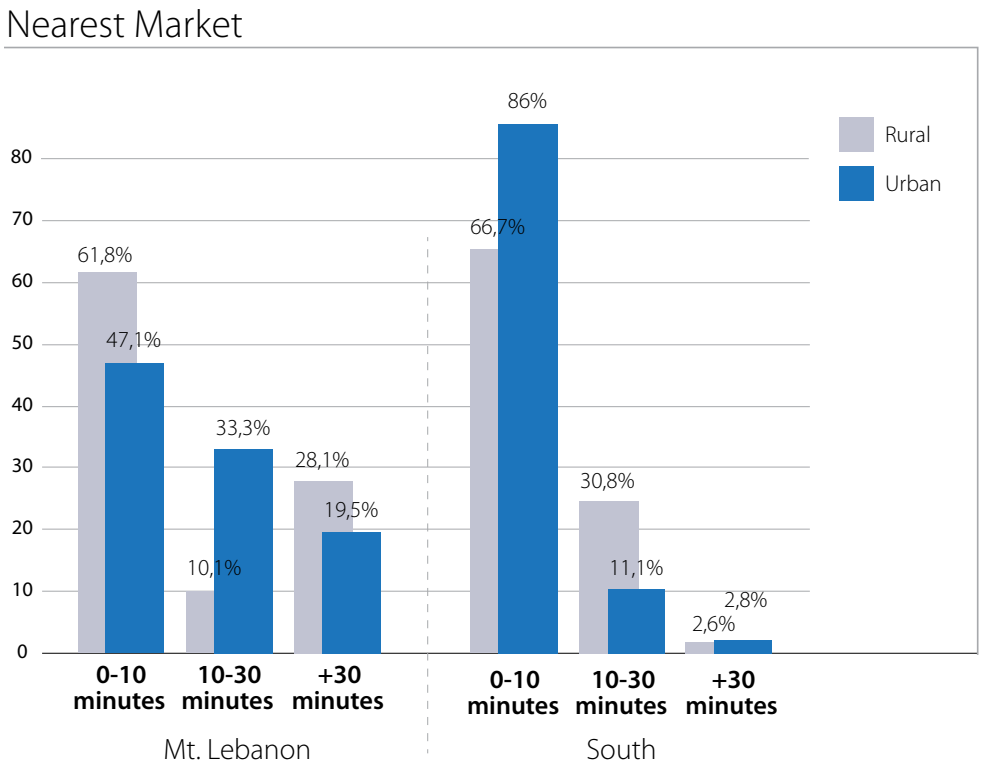


TABLE 4 DISTANCE TO NEAREST FOOD DISTRIBUTION CENTRE/MARKET PLACE PER AREA.

When compared with the South, access to these centres seem more complicated in Mt. Lebanon. The figures suggest access to market/distribution centres could be limited especially in rural Mt. Lebanon. This could simply be a reason caused by the geography of the area. No matter the reason, the figures suggest that access to food market/distribution centres in rural Mt. Lebanon and urban Beirut & Mt. Lebanon is a problem for households which have PwSN members.

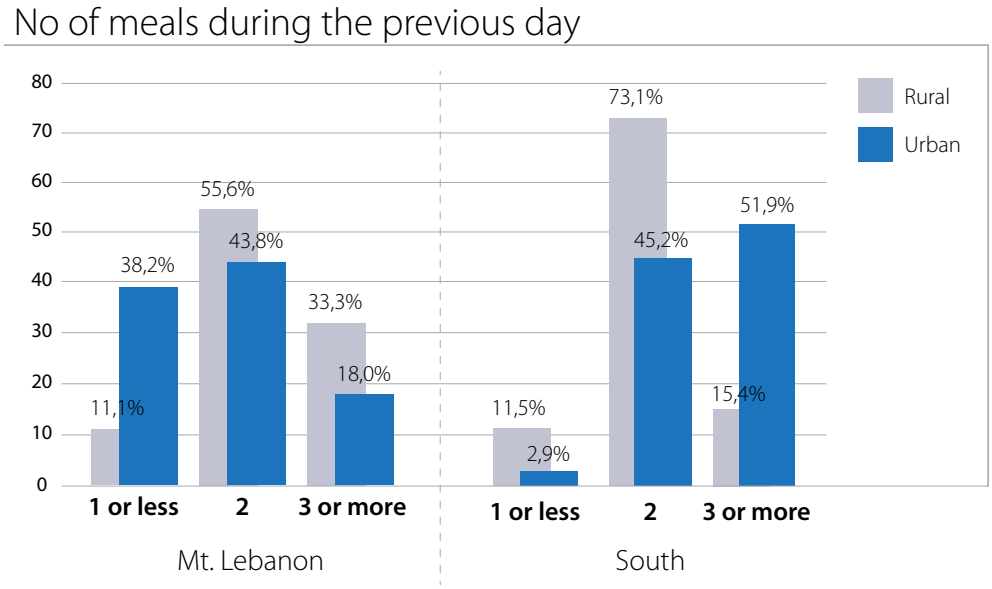


TABLE 5 FOOD CONSUMPTION PER AREA.

Households were asked to tell how many meals they had the previous day. The visuals clearly reveals that food consumption is a serious issue in urban Beirut & Mt. Lebanon. On the other hand food consumption is much less of an issue in urban South.

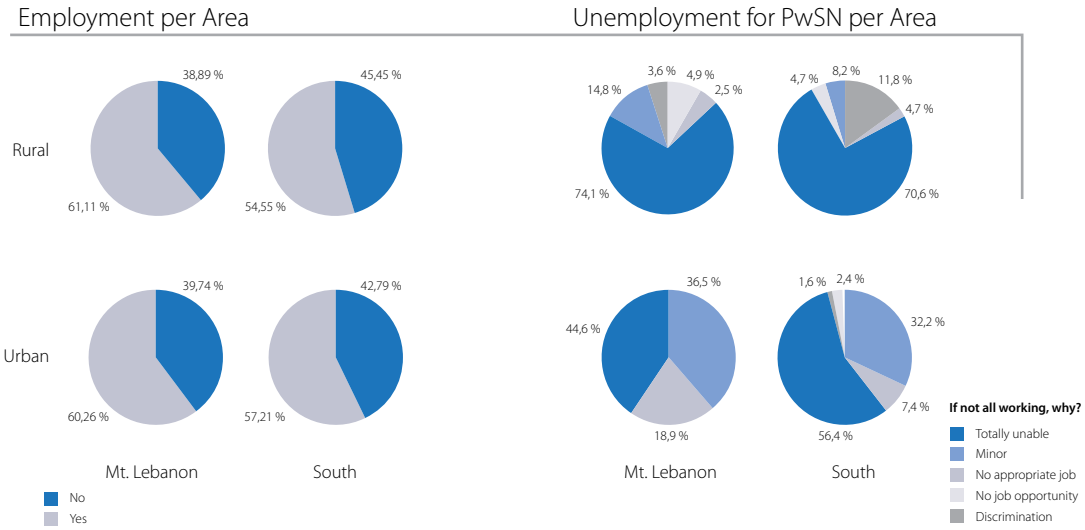


TABLE 6 EMPLOYMENT PER AREA ON THE LEFT AND REASONS FOR UNEMPLOYMENT ON THE RIGHT SIDE.

The figures (bubbles on the left) suggest unemployment is a slightly higher problem in rural areas. When the reasons of unemployment (bubbles on the right) are checked, it could be suggested that in urban Beirut & Mt. Lebanon there are worries of discrimination against PwSN and refugees in general.

TABLE 7 EXPENSES OF REFUGEES PER AREA AND THEIR MAIN INCOMES PER AREA.

In rural areas more income is spent on shelter (bar charts on the left). Interestingly in rural Mt. Lebanon food only comes up as top expense for 1.1%. this suggests food support in this area is more organised. In urban Beirut & Mt. Lebanon food starts becoming a priority issues.

Income opportunities seem higher in South Lebanon compared to Beirut & Mt. Lebanon (bar chart on the right). Assistance seems to be key in urban Beirut & Mt. Lebanon. The figures suggest in terms of income support Beirut and Mt. Lebanon could be prioritised.

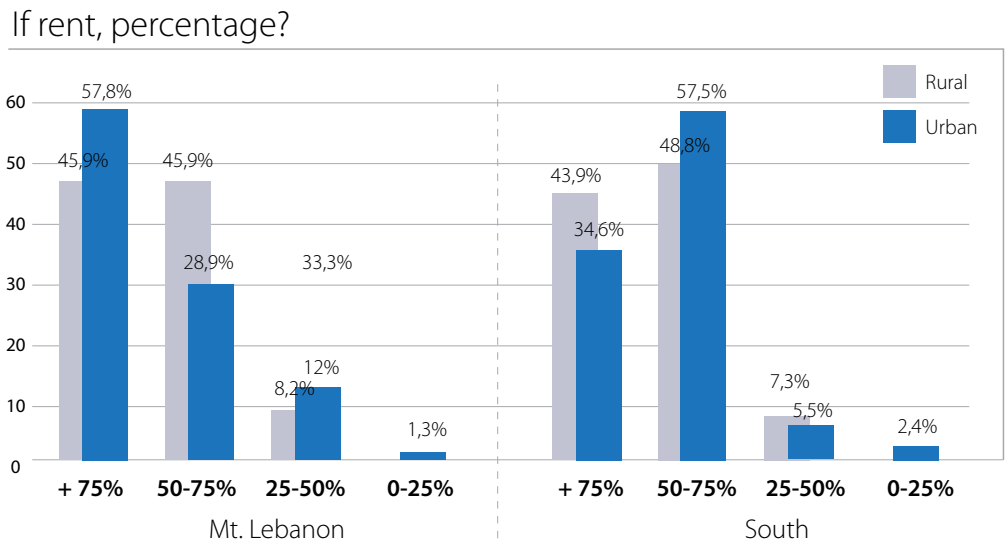


TABLE 8 RENT SHARE OF HOUSEHOLD EXPENSES ARE REVEALED IN THIS VISUAL.

Households in urban Beirut & Mt. Lebanon spend higher share of their income on rent. However, in general rent support should be provided to all areas as in all areas nearly 90% of those living on rent spend more than 50% of their budget on rent.

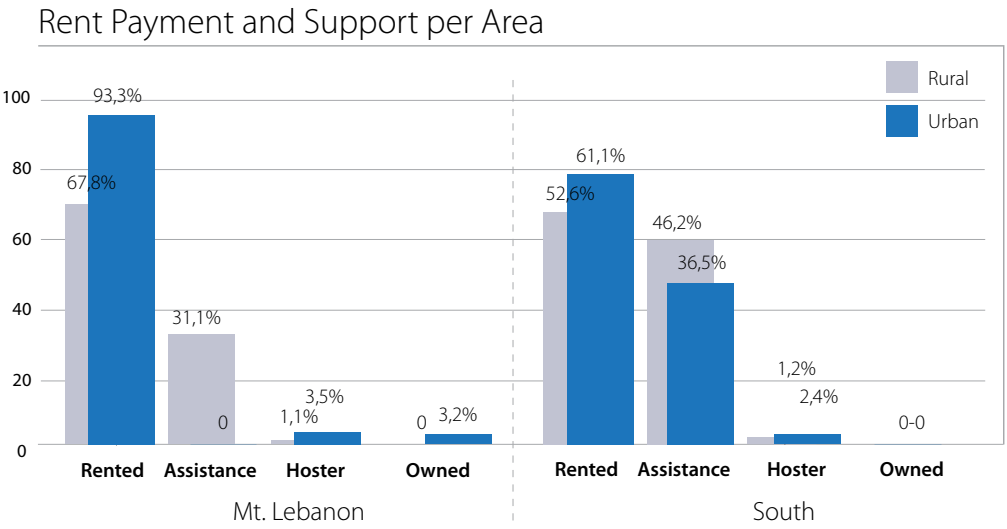
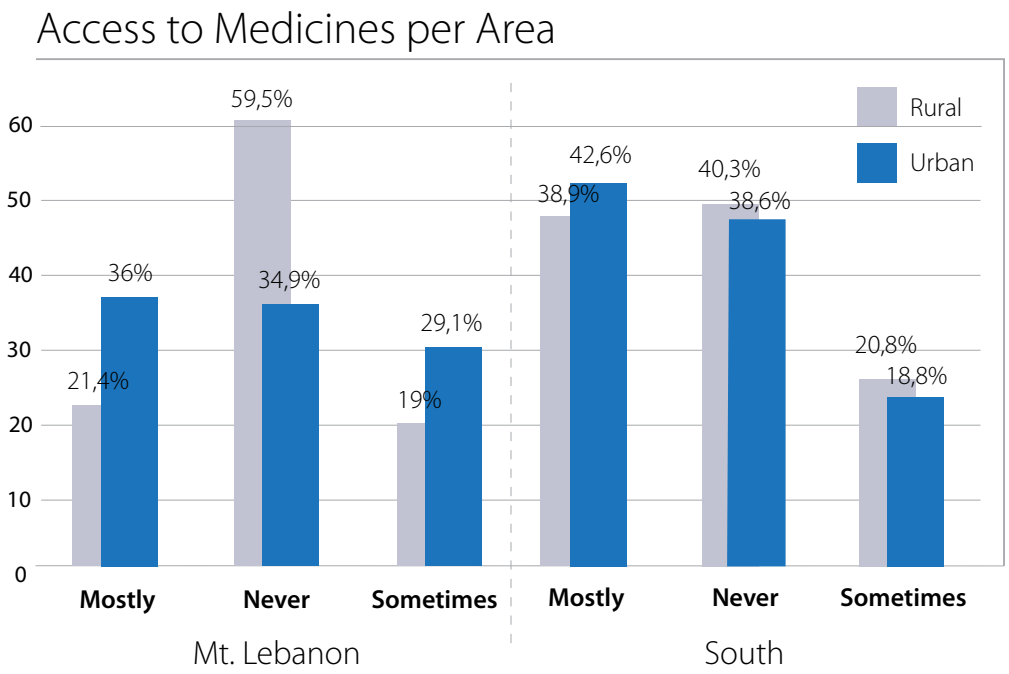


TABLE 9 VISUAL SHOWS SHELTER COST COVERAGE PER AREA.

In urban Beirut & Mt. Lebanon nearly all shelters are rented. Keeping in mind the high rent payment, Beirut & Mt. Lebanon could be prioritised for rent support.



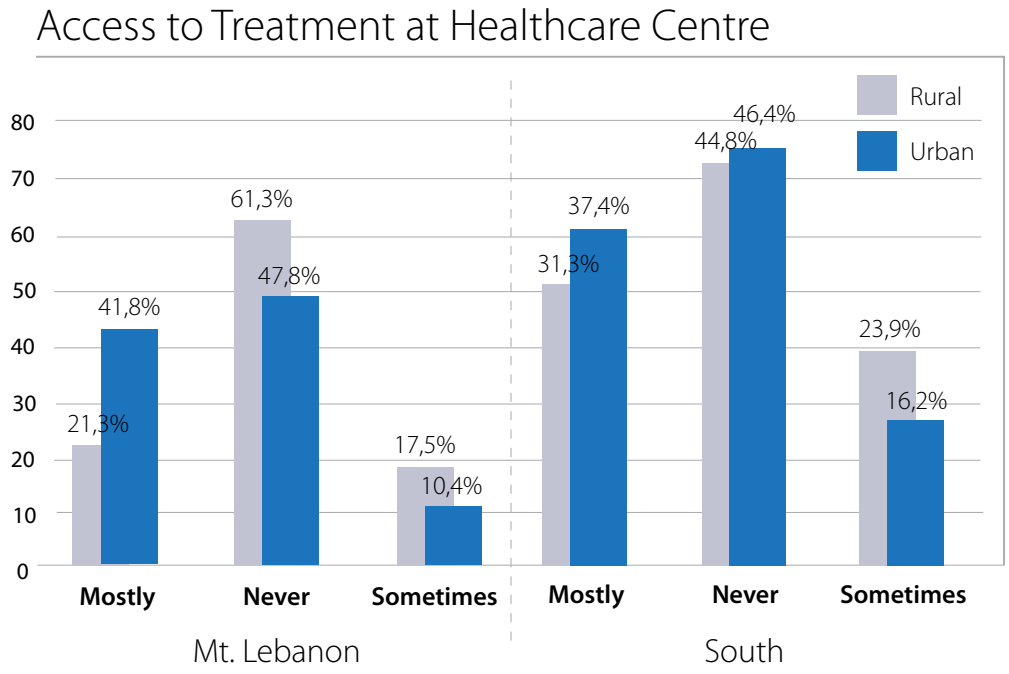


TABLE 10 ACCESS TO MEDICINES PER AREA AND ACCESS TO HEALTHCARE CENTRES.

Clearly access to healthcare services is problematic in rural areas, especially in rural Mt. Lebanon. Considering that these figures are showing the access for those who need regular health support it becomes clear that urgent health support is necessary in all areas.

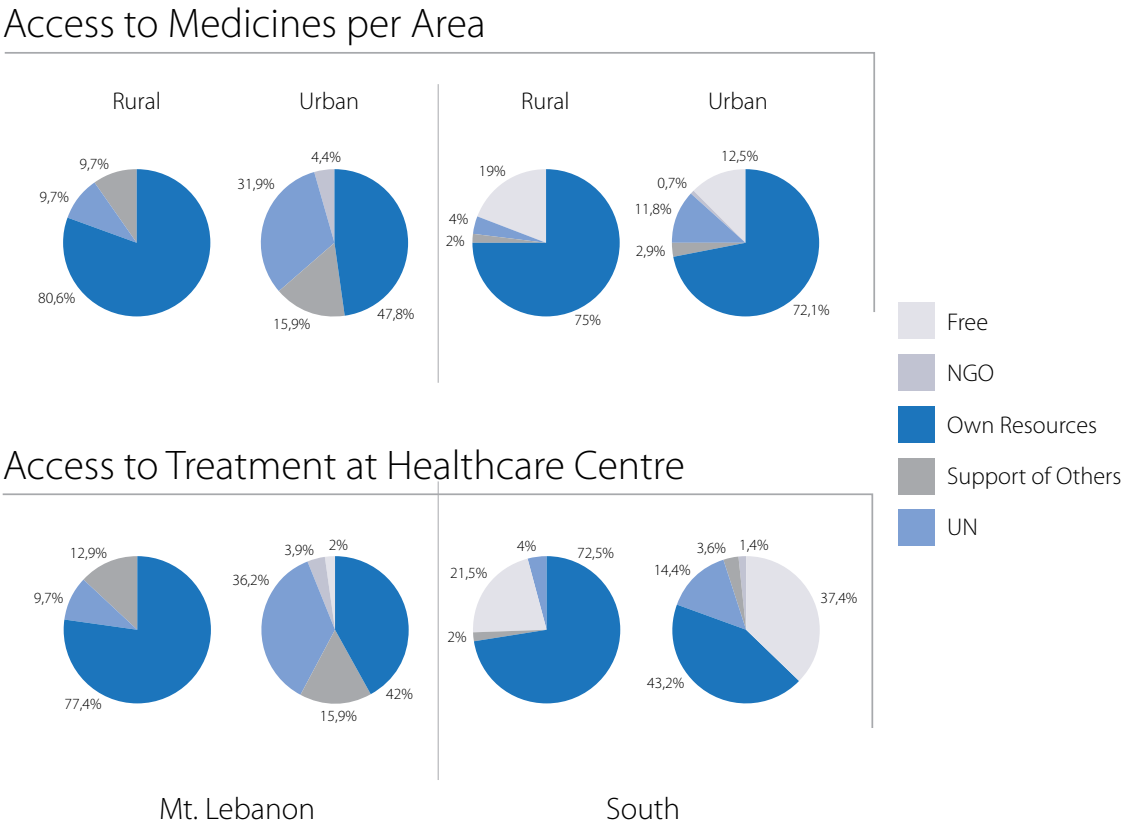
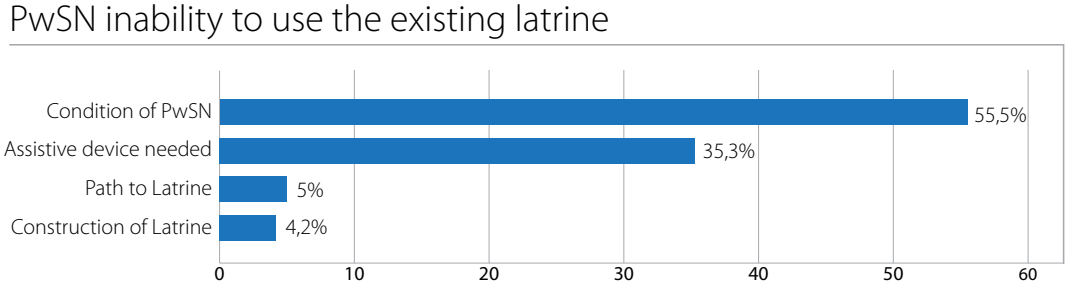


TABLE 11 MEDICINE COST COVERAGE PER AREA AND HEALTHCARE CENTRE COST COVERAGE.

In all areas except urban Beirut & Mt. Lebanon medicine support appears to be an important issue.

Healthcare centre support is more improved in the urban areas while it is still largely covered by refugees in rural areas. Considering that these figures reflect the needs of persons who regularly need healthcare support, NGO support should be improved greatly to cover especially the rural areas.



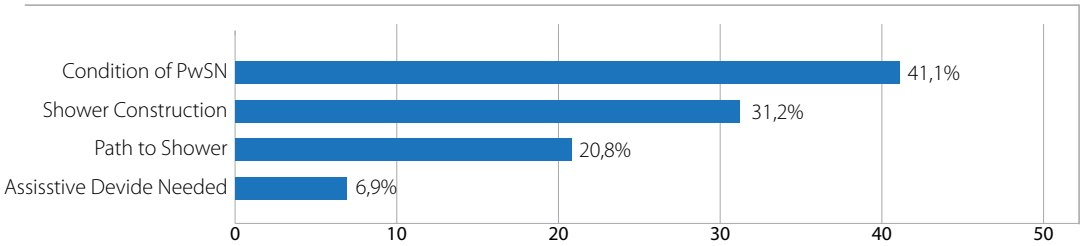


TABLE 12 SHOWS REASONS BEHIND PWSN INABILITY TO USE THE EXISTING LATRINE.

It becomes clear that assistive device provision would ease latrine use for an important portion of this group (35%).

TABLE 13 VISUAL SHOWS CAUSES OF PWSN INABILITY TO USE SHOWER BY THEMSELVES.

Contrary to the latrines the problem with shower seems to be adaptation.

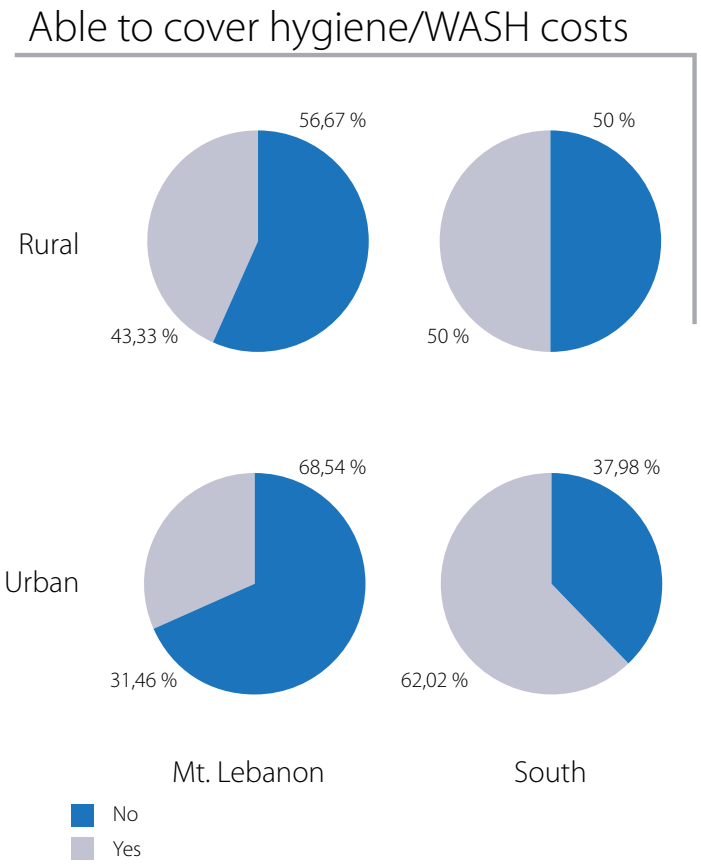


TABLE 14 WASH COSTS COVERAGE PER AREA.

High numbers of households suggested they were not able to cover their WASH costs by themselves. This was particularly a problem in urban Beirut & Mt. Lebanon while the condition was better in urban South. We can suggest that due to high costs of other needs in urban Beirut & Mt. Lebanon refugees might be facing higher difficulty with covering their wash costs here.

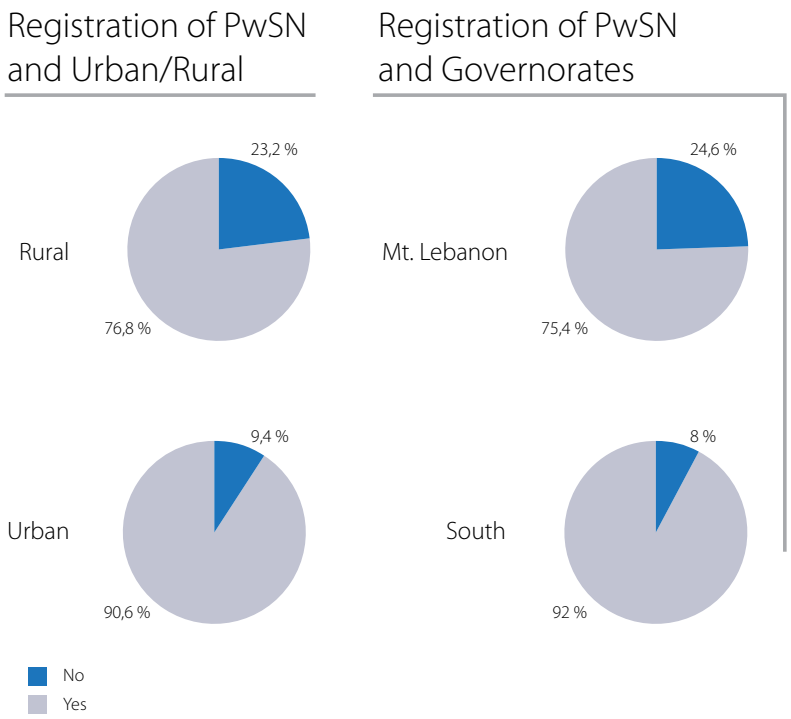


TABLE 15 REGISTRATION OF PWSN PER URBAN/RURAL AREA AND PER GOVERNORATE.

Figures suggest a higher problem with regard to registration in Beirut & Mt. Lebanon and rural areas. For registration these areas should be targeted.

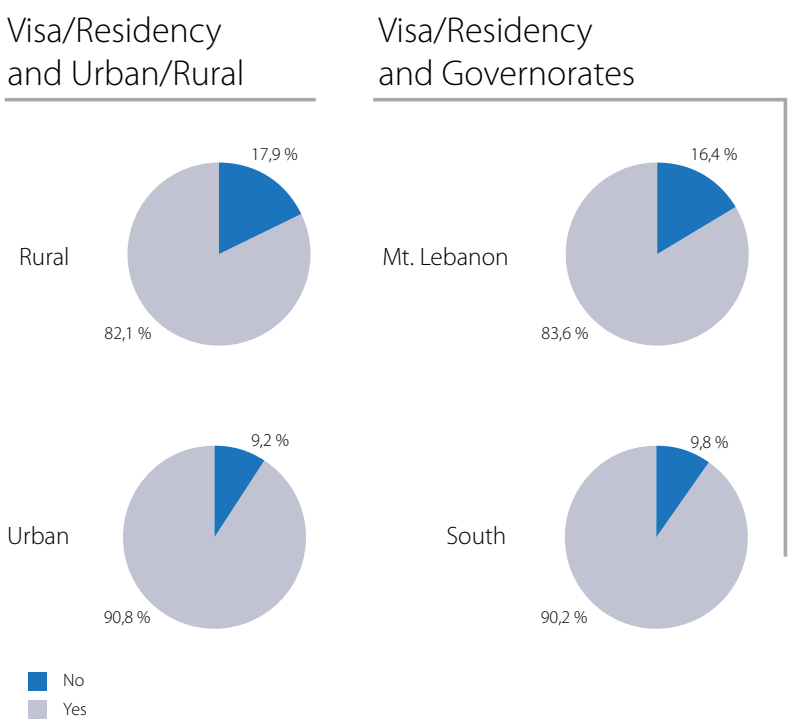


TABLE 16 VISA/RESIDENCY STATUS OF REFUGEES.

For permits to stay in Lebanon the $200 fee per person was highly problematic. It seems that especially in Beirut & Mt. Lebanon and rural areas higher number of refugees do not have permits or do not wish to renew their visa.

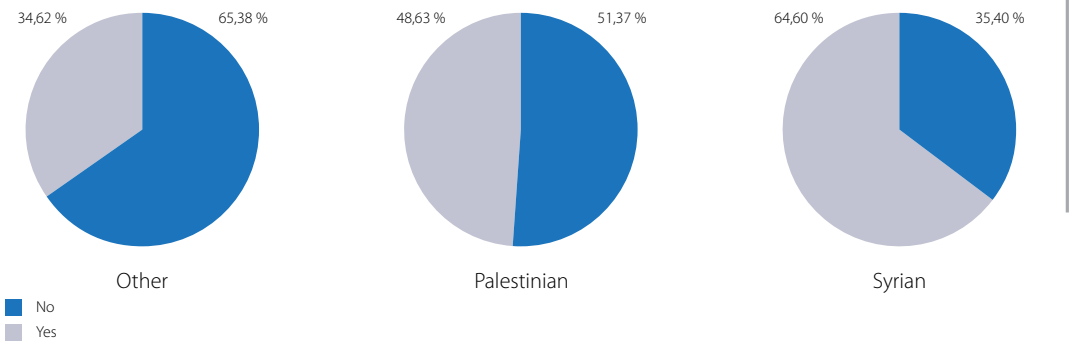
Findings per Origin

Data collected on education was not enough to make analysis per origin.

Livelihoods

Unemployment appears as a common problem for all. The table below shows un/employment percentages per origin. It clearly reveals that unemployment is a higher concern for the Palestinian-Syrian mixed households while it is also a problem for refugees of Palestinian origin.

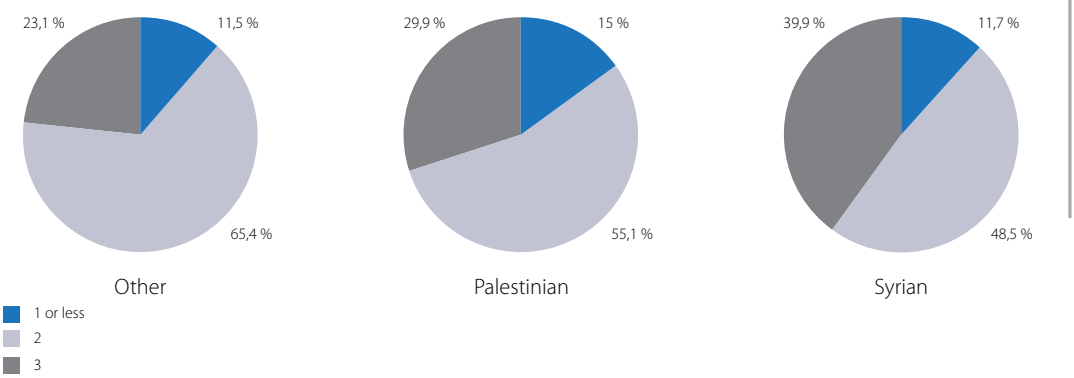
Un/employment and Origin



Food Security

The following visual illustrates food consumption per origin. Similar to the unemployment issue, refugees of Syrian origin appear to be having better levels of food consumption.On the other hand there is a high percentage of PRS who had 1 or less meal the day before the interview. Considering more frequent food/cash support provided to refugees of Syrian origin than refugees of Palestinian origin, these figures become justifiable.

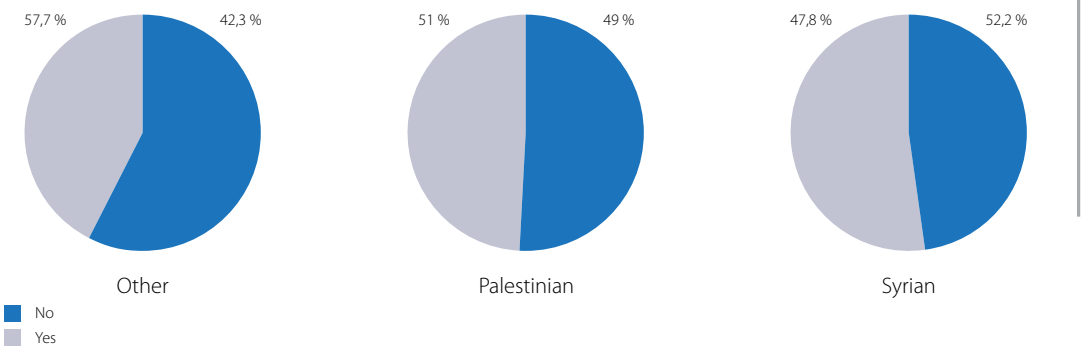
Meals yesterday



WASH

The table below shows financial ability of the refugee households to cover WASH needs. The figures are similar to each other but again PRS and mixed households have higher difficulty than others.

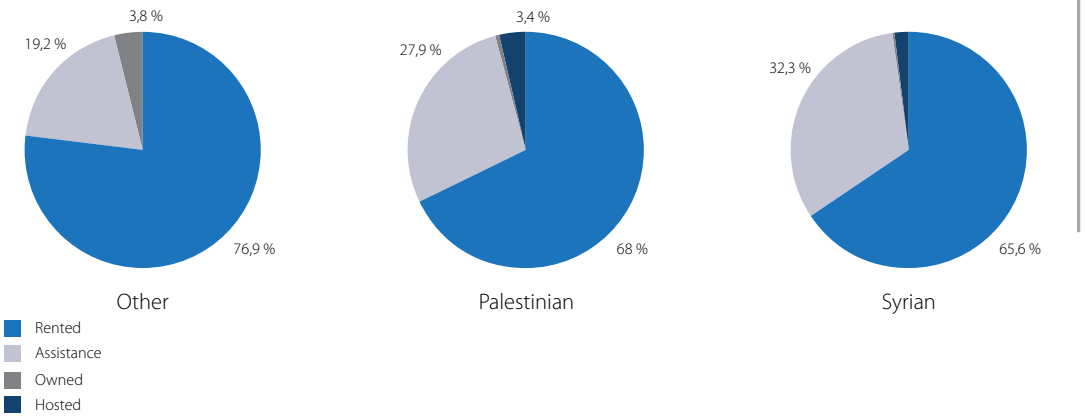
Wash expenses and Origin



Shelter&NFI

The following table shows rent/shelter support per origin of refugee household. Once again it appears that mixed households get less support than the others.

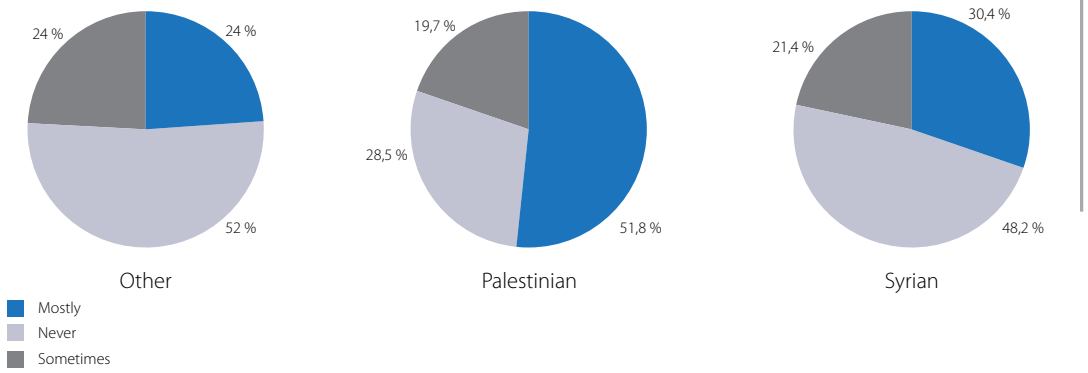
Shelter Expense Coverage and Origin



Health

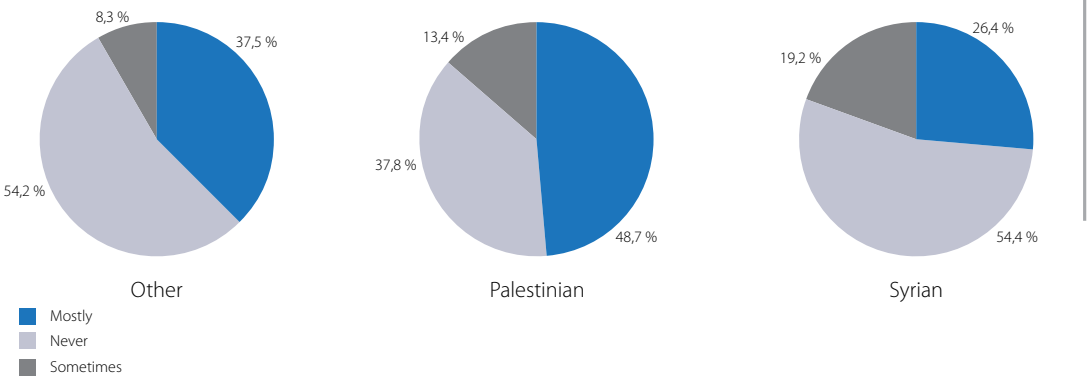
The following table visualises coverage of required regular medication per origin of PwSN. The figures suggest PRS have better access to medicines than the rest.

Receiving required medical treatments



The table below visualises coverage of required regular healthcare centre visits per origin of PwSN. The figure suggests similar results with access to medication per origin confirming that health

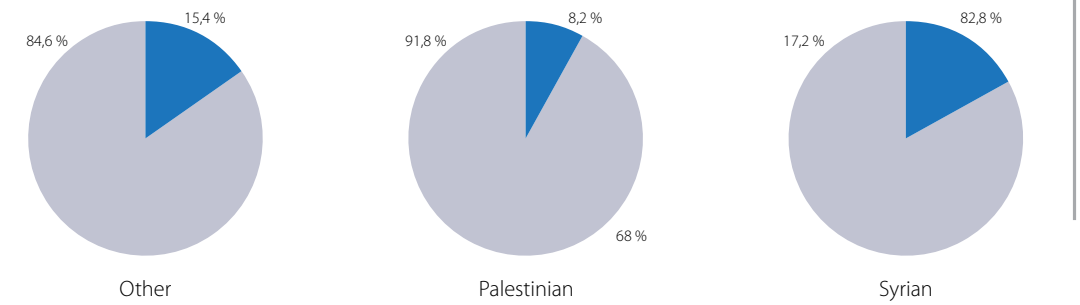
Receiving required treatments



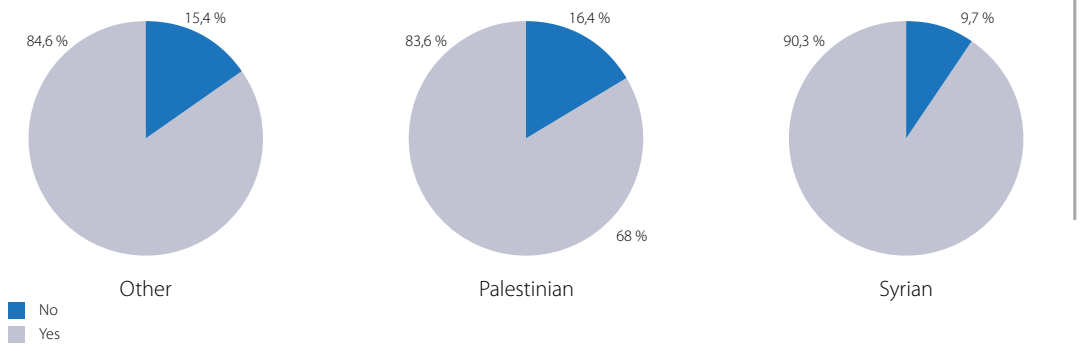
Protection

The following tables show registration of PwSN and Lebanon visas per origin. While PRS are seen to have registered PwSN members higher than the rest, refugees of Syrian origin seem to be having easier time with getting visas.

Registration and Origin



Visa/Residency and Origin



Methodology in Detail

Background

The assessment is a work of MPDL. During the assessment MPDL received the support of some former partner organisations, other local and international NGOs, municipalities and other local authorities if accessing refugee communities.

MPDL also coordinated with some organisations implementing similar assessments. During the same period Handicap International and Help Age international conducted an assessment on Persons with Specific Needs. From the beginning MPDL and HAI/HI were in coordination with each other in order to prevent any duplication.

HAI/HA assessment followed a quantitative method while MPDL implemented a mixture of qualitative and quantitative methods. One other difference was in terms of covered areas and targeted groups where HAI/HI covered North and Bekaa and also included the general refugee population in the assessment, while MPDL covered South and only focused on PwSN.

Purpose

The assessment on persons with specific needs aims on the following:

- identify protection concerns (including access, inclusion concerns) of persons with disabilities, persons with chronic diseases and older persons
- identify impact of displacement on the households who have one or more members with specific needs
- provide recommendations to humanitarian actors in addressing the concerns of PwSN and households who have one or more members with specific needs

Scope and Focus

Guided by its mainstreamed program on persons with specific needs MPDL conducted a study on the 3 of the most vulnerable groups among the refugee population. The assessment targets persons with disabilities, persons with chronic diseases and older persons.

These groups were identified amongst the most vulnerable for several reasons:

- forced displacement increases the negative effects resulting from their health and age conditions
- armed conflicts and forced displacement are likely to cause new disabilities
- the previous reports and on ground information provided by humanitarian actors were showing worrying levels inclusion of persons with specific needs in the humanitarian response
- forced displacement and humanitarian crisis in general do not only affect individuals who belong to one of these groups but have also direct impacts on the families they are members of

All the above showed a high risk imposed on the lives of persons with disabilities, persons with chronic diseases, older persons and their families. In the light of this, MPDL conducted an assessment focusing on these three groups and their families.

Process and methods

For triangulation reasons the assessment was designed to follow 3 methods; 1) household interviews, 2) focus group discussions, 3) key informant interviews. For all 3 methods different tools were developed.

The questionnaire developed for the household interviews is mainly consisting of multiple choice, closed questions. The participants of the focus group discussions were given a flexibility to speak out their concerns within pre-defined themes. The key informant interviews were designed to follow a questionnaire consisting of close-ended questions. Soon after, open discussions replaced this.

As an organisation present in Lebanon since 1997, MPDL had existing local contacts in many areas. With the collaboration of local NGOs, municipalities, some INGOs and the support of refugees MPDL identified households with one or more members with specific needs and these were targeted for the interviews.

Between October 28 and 25 November 3 teams, each consisting of a female and a male member conducted 465 household interviews in 7 districts. Throughout the assessment MPDL only interviewed those households who have one or more members with specific needs.

Between 28 November and 7 December 45 Focus group discussions were held with 6 different categories:

1. females with disabilities

2. males with disabilities
3. females older than 60 years
4. males older than 60 years
5. persons with chronic diseases
6. parents of children with disabilities

Between 28 October and 6 December more than 20 meetings were held with key informants. Initially, 2 key informant interviews were planned in each location and the target was not met due to limitations.

In 3 governorates, MPDL focused on different categories of settlements. These are mainly; existing Palestinian Refugee Camps, urban and sub-urban areas and rural areas. Interviews took place in 8 districts and 40 locations in total. In site selection, the opinions of local contacts were also taken to consideration.

Limitations

Given the nature of the assessment and due to the specific conditions of the target population it is recognised that in some cases it was not possible to reflect the concerns of those persons in most severe conditions (for instance, persons with severe mental or intellectual disabilities).

It is not possible to generalise the statistics regarding PwSN and their breakdown per older persons, persons with disabilities and persons with chronic diseases on the general refugee population. This is resulting from the focus merely on PwSN.

It is also acknowledged that the contacts of refugees provided by others might have been biased resulting in increased numbers of contacts of a specific group within those 3. However, this problem was largely balanced through consultations with supporting organisations and with the support of refugees.

Sampling

For sampling, “snowball effect” was used. This meant that for each category targeted the interviews would continue till the point that the findings start showing increased similarity. Once it is understood that additional interviews would not be providing different data, the interviews at this level were stopped and the teams moved to another location. For this kind of sampling the following were taken into consideration:

- types of settlements (suburban areas, rural areas, Palestinian refugee camps, collective shelters, etc)

- Palestinian Refugees from Syria and refugees with other nationalities from Syria
- registered/unregistered persons
- equal focus on persons with disabilities, persons with chronic diseases and older persons

During the interviews, continuous meetings were held with assessment teams and the data entry officer (as data was simultaneously entered) to make decisions on whether to continue with the same group or to move on to different area.

Target Group Description

Persons with disabilities: Upon coordination with other organisations working for persons with disabilities with a "social model" MPDL identified persons with disabilities as persons who have 1) mobility problems, 2) hearing and visual impairments, 3) intellectual impairments and 4) mental/ psychological impairments.

Persons with chronic diseases: Those who need regular medication or treatment in order to continue a standard level of health.

Older Persons: Upon coordination with other humanitarian organisations on the ground and considering the pre-crisis sex and age disaggregated data of Syrian population persons older than 60 years of age were taken as "older persons".

Sample Area

The assessment covers Beirut, Mt Lebanon and South Governorates of Lebanon. Due the vague division between Beirut and Mt. Lebanon, the two are examined under the same geographical category.

Sample Size

In each area MPDL used an NGO, municipality or refugee contact as an entry point. Till the time the similarity of the interviews increased the teams continued conducting interviews. The initial target for the assessment was to visit 400 households with one or more members with specific needs. In the end this was exceeded by 65 interviews.

Methods of Interviewing

Household visits

465 household visit were made to those households which have one or members with specific needs. In each household visits a questionnaire,

Table 1 - Interview methods applied per area

Target Areas			Household Interviews	Focus Group Discussions	Key Informant Interviews	Total Number of Interviews
Governorate	District	Assessed Types of Settlement				
Beirut&Mt Lebanon	Aley	Suburban	6	3 (Aley, Beirut, Baabda mixed)	2 (for, Mt. Lebanon and Beirut in general)	11
	Baabda	Suburban, PRC	83	7	0	90
	Chouf	Suburban, PRC, Rural, CS	90	14	6	110
South	El Nabatieh	Suburban, Rural	23	6	2	31
	Hasbaya	Rural, CS	13	3	3	19
	Jezzine	Urban	14	0	0	14
	Saida	Suburban, CS, ITS, Rural, PRC	110	6	4	120
	Tyre	PRC, CS, ITS, Suburban, Rural	126	6	3	135

mainly consisting of closed-questions was used. Average duration of a household visits was 20-25 minutes.

The households were identified with the support of local and international humanitarian organisations, municipalities and refugees.

The first section of the questionnaire was consisting of questions which were designed to determine whether there was any persons with specific need in the household. In case there were none, the interview was stopped and the collected data was not entered into the database.

The interviews were made in the presence of other household members if there were any. The questions can be categorised in two as (1) questions with regard to the problems/needs/condition of person with specific need and (2) questions with regard to the problems/needs/condition of the household.

The household questionnaire covers food, livelihoods, shelter, health, wash, education and protection sectors. In each sector, questions largely focused on accessibility and appropriateness (appropriateness of services for persons with specific needs) issues. Considering the presence of other household members during the interviews protection concerns were not covered in depth during the household visits.

Focus Group Discussions

Focus group discussions were used for several reasons:

- to give space and time to refugees to speak out their concerns without any limitations
- to cover protection concerns in depth
- to have an open discussion on the problems, causes of the problems, the coping mechanisms and suggestions to solve the problems.
- to uncover some issues which were identified during the household visits
- and last but not the least, for triangulation reasons.

In total 45 focus group discussions were held between 27 November and 7 December. In each focus group a facilitator and a notetaker were present. In several occasions the venues were offered by some other humanitarian NGOs. Humanitarian organisations were invited to send one observer to some focus group discussions. The observers took their own notes while they were given the chance to share their ideas at the end of focus group discussions with the participants. In one instance the attendance of an observer from a humanitarian organisation caused interruption in the discussions.

Participants of the focus group discussions were identified and invited by the support of humanitarian organisations working in the target areas and refugees previously identified by MPDL. Focus group discussions were held separately for participants from different types of settlements which mainly are collective shelters, tent areas, villages, suburban areas and Palestinian refugee camps.

6 themes were covered in the focus group discussions. For the male and mixed groups protection theme was only covered by the discretion of the facilitator. Education was only covered with the parents of children with disabilities. The themes are as follows:

- Basic needs, essential services
- Major problems and coping mechanism
- Education
- Family and community structures
- Life, physical security, integrity and liberty
- Registration
- Domestic violence and SGBV

A checklist and a note-taking tool consisting of questions for each theme were provided to the focus group teams. The checklist is based on Global Protection Clusters Sample Questions for Rapid Needs Assessment (IRPAT).

Focus group discussions were held under 6 different categories. The following table shows the distribution of focus group discussions per category of participants.

Table 2 - Focus Group Discussions per Category of Participants

Category	Amount
Females with Disabilities	5
Males with Disabilities	6
Females older than 60 years	8
Males older than 60 years	8
Mixed group of persons with chronic diseases	9
Parents of children with disabilities	9

Key Informant Interviews

20 Key informant interviews were held with local authorities, local and international humanitarian organisations and UN agencies. In the design phase an interview tool was prepared for the key informant interviews which was used only in 3 interviews due to the low level of inclusion of persons with specific needs in the assistance provided. The remaining interviews were conducted as open discussions.

During the key informant interviews estimations for persons with specific needs, priority concerns of persons with specific needs and inclusion of them in the concerned agencies program were explored.

Assessment

Teams

3 teams conducted the household interviews. Each team consisted of one female and one male members (two in total). The team members were selected from the regions they were familiar with. All team members are either Palestinian refugees from Lebanon or Lebanese.

2 teams facilitated the focus group discussions. Each team consisted of 2 female members. While one member was responsible of facilitating the other member was responsible of note taking. The facilitators were chosen amongst persons who had experience on group discussions, participatory

methods and persons with specific needs. The note takers were chosen from the household interview enumerators.

A data entry officer who also supported with providing contacts/directions of target areas was contracted.

During the focus group discussions one of the previous enumerators group supported with organisation of venues, participants and meetings with humanitarian stakeholders.

Security and access

Access to some Palestinian camp for Lebanese nationals and access to some southern areas for Palestinians were limited due to permission requirements. The security concerns in Southern Beirut (Mt. Lebanon), especially the bombing in Bir Hassan limited activities in this area. Random clashes between different groups in Ain -al Hilwe Camp, Saida limited activities in this camp.

Training

The enumerators for household interviews were trained for 2 days. The training covered the tools to be used, the assessments purpose, interview techniques and persons with specific needs. The assessment coordinator trained the teams on interview techniques and tools. One MPDL staff with expertise on disabilities, trained the teams on persons with specific needs.

The focus group teams were trained on the focus group tools. As the facilitators were experienced, they were mainly briefed about the scope and purpose of the assessment and the themes to be covered in the focus group discussions.

Ethical considerations

- All to be interviewed persons should agree to participate
- A persons refusal to participate in any of the interviews and to answer any question must be accepted in all interviews/meetings/discussions
- The teams must brief all participants about the scope and purpose of the mission transparently.
- The participants must be transparently informed that MPDL is not providing any assistance to them at this stage and participation has no impact on their inclusion in possible future programs.
- The teams must respect the participants and behave in appropriate manners at all times.

Data Entry

A data entry clerk was trained on data entry by the assessment coordinator. The data was simultaneously entered in during household interviews and focus group discussions. Data cleansing was done by the data entry clerk and the assessment coordinator.

Personal data protection

The collected private data is only stored in MPDLs databases and is not shared with any third party without the consent of the participants.

Data ownership

The collected data is solely owned by Movement for Peace. Any third party requesting the use of the collected data is required to get in touch with MPDL office in Beirut, Lebanon.

Analysis

The data analysis was lead by the assessment coordinator. The analysis was a continuous progress throughout the assessment.

Regular meetings were held with the assessment teams and they were given open ground to share their experiences and opinions on the causes and effects of problems. A final meeting was organised with all team members at the end of household interviews and at the end of focus group discussions with the same purpose.

In the next phase the assessment coordinator shared the initial findings with other staff members of MPDL. In the light of their comments, the findings were reviewed and the analysis was finalised.

Questionnaires

Focus Group Questionnaire/Checklist

FGD Questionnaire Checklist

1st Part: Basic needs and essential services

- □ What obstacles do members of the group face in accessing basic needs and essential services? (these include, food, livelihoods, shelter, water, sanitation, hygiene, health, education, protection needs and services)
- □ Is everyone equally affected by these obstacles? If not, which groups are more severely affected (remind about persons with specific needs)? Why?
- □ Which group do you think is confronting the highest limitations? Why?
- □ What are the impacts of these obstacles in the delivery of basic needs and essential services?
- □ How do you cope with these obstacles?
- □ Do these obstacles cause any protection, safety concerns?
- □ How do you cope with these protection, safety concerns?
- □ How should these obstacles be removed? What are your suggestions?

2nd Part: Major problems and coping mechanisms

- □ What are the biggest needs of this category of persons in this category?
- □ Is everyone equally affected by this problem or is it specific or more severe for people in this condition?
- □ What causes the problem?
- □ How do you cope with these problems?
- □ What do you suggest for solving these issues?

Education Part for Parents of Children with Disabilities:

- □ What has changed for children with disabilities since their arrival to Lebanon?
- □ What hardships do they face?

- How did your family adapt to these conditions?
- Do children coming from Syria face problems in participating education programs?
- Are these problems affecting all children equally? Are children with disabilities affected at the same level?
- What are the obstacles in accessing education programs?
- What are your concerns with regard to education?
- How is your family being affected by this problem?
- How are you coping with this?
- Do you have any suggestions to tackle this problem?

3rd Part: Family and community structures

- What has changed for this group of PwSN since their arrival to Lebanon?
- What hardships do you face?
- How did you or your family adapt to this problem?
- Has there been changes in your family structure/functionality due to the displacement?
- How do these affect your life? How do you cope with these?
- Were there existing community structures/mechanisms supporting PwSN back in Syria?
- How are they affected by the displacement? Are they still in place?
- Is there any community strategy to cope with these?

4th Part: Life, physical security, integrity and liberty

- Do you feel safe in general? Do you feel threatened at any time?
- Which instances or locations make you feel unsafe/threatened?
- What are the underlying reasons of this threat, unsafe feeling?
- Is everyone affected by this threat? Do you think it is a specific concern for persons with specific needs (depending on the group you can say persons with chronic diseases, children with disabilities, etc)? Which groups are affected more compared to others?
- How does this affect the community?
- How do you cope with this problem?
- Are there any protective mechanisms to cope with this problem?
- Is there any institution targeting these threats? If so, what actions do they take?

5th Part: Registration

- □ Do you know of the outcomes of registration with UN institutions? What happens when you register with them?
- □ Do you think it is important to get registered? Why?
- □ Do/did you have any concerns with regard to registration?
- □ What are the main causes of these concerns?
- □ How do you cope with these concerns?
- □ What are the main obstacles in front of registration?
- □ What causes these obstacles?
- □ How do you cope with them?
- □ What are your suggestions to solve these problems?

6th Part: Domestic Violence and SGBV (ONLY for Female and Male groups. Male groups depend on decision of facilitator)

- □ Do this category of PwSN have access to security services?
- □ What obstacles do you face when trying to access security services?
- □ Are there obstacles hindering the access of survivors of domestic, sexual and gender based violence to the health services? What are these obstacles?
- □ What happens when a person reports these issues? How does the community respond to this person?
- □ How do you cope with these problems?
- □ Do you have any suggestions?

Household Questionnaire

Interviewer:		Governorate:	
Date:	…. /…….. /……	District:	
Assessment Code:		Village/Neighbourhood:	
Post Code:		Urban/Rural	☐ urban ☐ rural

MPDL is a Spanish humanitarian organization working in Lebanon since 1997. As part of its mandate MPDL has a particular focus on people with disabilities, people with chronic diseases and elders. This study is an assessment of the living conditions of those households which have one or more members with chronic diseases. In order to assess the living conditions MPDL is conducting house visits. The information acquired during the interview will be kept confidentially and private information will not be shared with third parties without the consent of the interviewee. Do you approve the interview?

☐ Yes ☐ No

1. Number of elders aged 60 and above			☐ Yes ☐ NO			F:	M:	
2. Chronic Diseases (how many)								
Cancer	F:	M:	Blood Pressure	F:	M:	Asthma	F:	M:
Cardiovascular	F:	M:	Diabetes	F:	M:	Kidney	F:	M:
Other 1							F:	M:
3. In total, how many persons have chronic diseases?							F:	M:

4. Regular medical/physical treatment			
in Syria		in Lebanon	
☐ yes	☐ no	☐ yes	☐ no
5. Regular medical			
in Syria		in Lebanon	
☐ yes	☐ no	☐ yes	☐ no

Disability (Whenever it is F or M write how many)					
6. Physical (Mobility)			☐ no ☐ yes	F: M:	
7. Sensory			☐ no	☐ yes	
Hearing	F:	M:	Visual	F:	M:
8. Intellectual (Learning, Understanding, sense making)					
☐ no	☐ yes		F:	M:	
9. Psychological (mental) problems with perceiving reality, behavioral issues (violence etc)					
☐ no	☐ yes		F:	M:	
10. Any other person who needs support for basic daily activities					
☐ yes			☐ no		
10.a If yes, because?			☐ Temporary injury ☐ Serious illness ☐ Other	F: M:	

11. If any disability exists do they know what it is (ask for terminology and/or cause)?					
12. In total, how many persons have disabilities?	F:	M:	**13. In total, how many persons have sensory disabilities?**	F:	M:
14. In total, how many persons are TOTALLY dependent on others for their daily basic activities?	F:	M:	**15. In total how many persons with specific needs are in the household?**	F:	M:

****DO NOT CONTINUE TO THE NEXT SECTION IF THERE IS NO HH MEMBER WITH SPECIFIC NEEDS****

16. ID Number (UNHCR,UNRWA) (if not registered, write NO):						
17. Contact Phone:						
18. Size of Household:						
19. Origin						
20. Time in Lebanon						
21. Age of Head of Household	☐ -18 ☐ 18-59 ☐ +60		☐ Syrian ☐ Palestinian ☐ Iraqi ☐ Lebanese ☐ Returnees ☐Other		☐ 0-6 months ☐ 6 months-1 year ☐ +1 year	
22. HH ComposiHon	0-23 months	24-59 months	5-12 years	13-17 years	18-59 years	+60 years
Female						
Male						

Food			
23. Are you able to provide special diet to the PwSN?	☐ Never ☐ Sometimes ☐ Mostly ☐ Not needed (if sometimes or never go to 18.a)	**23.a. Why?**	☐ Not available ☐ Cannot afford ☐ Market is distant ☐ Other
24. How many meals did you have yesterday? **If 1 or less go to 19.a**	☐ 1 or less ☐ 2 ☐ 3 or more	**24.a. What is the main reason?**	☐ Cannot afford ☐ Cannot afford transportation ☐ Market/distribution point is far ☐ Cannot afford cooking fuel ☐ Cannot eat/cook without support ☐ Transportation is not appropriate for PwSN
25. How long does it take to go to the nearest food market/distribution site?	☐ 0-10 minutes ☐ 10-30 minutes ☐ +30 minutes ☐ No access		

26. How do you access there?	☐ Delivered ☐ On foot ☐ Vehicle ☐ No access ☐ With assistive device	**26.a If with vehicle, is it suitable for PwSN?**	☐ Yes ☐ No ☐ Don't know

27. What is your top priority concern with regard to food (all household)

☐ Lack of money for food (including cooking fuel)
☐ Transportation
☐ Low nutrition value
☐ Lack of special diet for PwSN

Livelihoods

28. Are all PwSN working?	☐ yes ☐ no
28.a. If any PwSN is not working indicate why?	☐ Totally unable to work ☐ Discriminated/Not accepted due to condition ☐ No appropriate job ☐ No job opportunities ☐ Minor

29. Is there anyone who is forced to work due to the condition of PwSN?

☐ No ☐ Under 17 ☐ 18-59 ☐ Elder (+60)

29.a. If yes, is this a PwSN? ☐ yes ☐ no

30. Is the head of HH a PwSN?

☐ yes ☐ no

31. Is there any adult in the family who is not working because he/she is taking care of PwSN?

☐ yes ☐ no

32. How many persons in the HH are working?		**33. What is the main source of income?**	☐ No income ☐ Assistance (financial) ☐ Begging and other negative ☐ Temporary work ☐ Seasonal work ☐ Long term work
34. Can you rank your top 3 expenses from the following list (1 highest)	___ Food ___ Shelter ___ Health ___ Transportation ___ Water, sanitation, hygiene ___ Education ___ Person with specific Need ___ Other 1 (specify) ___ Other 2 (specify)		

Shelter	
35. Type of shelter (observe)	☐ Tent/Makeshift ☐ Abandoned/Unfinished Construction ☐ Apartment/House ☐ Barn/Garage/or similar ☐ Caravan
36. How many persons are sharing the same living space?	
37. How many rooms does the household have ONLY for themselves (except toilet and kitchen)?	
38. Is there electricity available in the shelter?	☐ yes ☐ no
39. Payment	☐ Owned ☐ Assistance ☐ Rented ☐ Hosted ☐ Squatting
39.a If rented, what % of income is spent on rent?	☐ 0-25% ☐ 25-50% ☐ 50-75% ☐ +75%
40. Rate the winterization of the shelter (observe) (windows, roof, surface, heater, walls, etc)	☐ Very poor ☐ Poor ☐ Average ☐ OK ☐ Very Good
41. Is the shelter appropriate for the movement of PwSN (considering that necessary assistive devices are available)	☐ yes ☐ no

WASH			
42. Is the PwSN able to use the available toilet without the support of others?	☐ yes ☐ no	42.a. If no, why?	☐ Path to the latrine is not appropriate ☐ Construction of the latrine is not appropriate ☐ Assistive device needed ☐ Specific condition not allowing
43. If the latrine is outside, how long does it take for the PwSN to reach it?	☐ Inside ☐ 0-5 minutes ☐ +5 min		
47. Does the PwSN require another persons assistance to use latrines/showers/taps?	☐ yes ☐ no		
48. Does the PwSN require specific hygiene materials?	☐ yes ☐ no		
43.a. If yes, what?			
49. Are you able to cover your water and hygiene needs?	☐ yes ☐ no	49.a. If no, why?	☐ Cannot afford ☐ Cannot afford transportation ☐ Market/distribution point is far ☐ Transportation is not appropriate for PwSN

50. Does the shelter have tap water?	☐ yes ☐ no	50.a. If not, how long does it take to collect it?	☐ 0-10 minutes ☐ 10-20 minutes ☐ +20 minutes

Health			
51. Does the PwSN get required medical treatment?	☐ Never ☐ Sometimes ☐ Mostly ☐ Not Needed	51.a. If never or sometimes why?	☐ Cannot afford ☐ Doesn't know where ☐ Cannot afford transportation ☐ Transportation not appropriate for PwSN ☐ No capacity at HC
52. Does the PwSN get required medication?	☐ Never ☐ Sometimes ☐ Mostly ☐ Not Needed	52.a. If never or sometimes, why?	☐ Cannot afford ☐ Doesn't know where ☐ Cannot afford transportation ☐ Transportation not appropriate for PwSN ☐ Not available
53. If the PwSN is visiting a healthcare center, how long does it take to get there?		☐ 0-10 Min ☐ 10-30 min ☐ +30 min ☐ Do not know ☐ Does not need ☐ CANNOT	
54. How do you access the healthcare center?	☐ On foot ☐ With assistive device ☐ Vehicle ☐ CANNOT	54.a. If with vehicle, is it suitable for PwSN?	☐ yes ☐ no ☐ Don't know
55. Healthcare centre costs	☐ Free ☐ Own resources ☐ Support of others ☐ NGO ☐ UN ☐ Don't know/need	**56. Medication costs**	☐ Free ☐ Own resources ☐ Support of others ☐ NGO ☐ UN ☐ Don't know/need
57. Do you have medical documentation regarding PwSN's condition?		☐ yes	☐ no

Protection			
59. Do you have residency in Lebanon or have you applied for one?	☐ yes ☐ no	59.a. If no and if not going to renew, why?	☐ Payment is high ☐ Don't know how ☐ Access/ transportation ☐ Privacy/ Confidentiality

60. Were there any cases that the PwSN were treated badly by community members?	☐ Never ☐ Very Few ☐ Sometimes ☐ Frequently		
61. Does the PwSN feel safe?	☐ Never ☐ Most the time ☐ Only sometimes		
62. Do you know your legal rights in Lebanon?	☐ yes ☐ no	**63. Do you know what kind of assistance PwSN are entitled to?**	☐ yes ☐ no
64. Do you know who to contact for any service/ support you require?	☐ yes ☐ no		
65. Are you getting support/services from humanitarian organizations on any of the following to cover the needs of PwSN (write the name of organization)?	Sector	Provider	
	Health		
	Food&Livelihoods		
	Protection		
	WASH		
	Education		
	Shelter		
65.a. If you're not getting support for the PwSN from any humanitarian organization on any of the above sectors, what is the main reason?	☐ Lack of information ☐ Excluded ☐ Not needed ☐ Service does not exist		
66. Is there an expert caretaker for the PwSN?	☐ Not needed ☐ No ☐ Yes		
67. Is the person taking care of the PwSN well informed about the needs, the way to take care of the PwSN?	☐ Not needed ☐ No ☐ Yes		
68. Did he/she ever take training on care taking for PwSN?	☐ Not needed ☐ No ☐ Yes		

Education (only to be completely filled if 69 is YES)			
69. Is there any PwSN who is at schooling age (including higher education)?	☐ yes ☐ no Answer the remaining education questions ONLY if the answer is YES	**70. Was the PwSN participating in an education program in Syria?**	☐ yes ☐ no
71. How many PwSN in the household are at schooling age?	F: M:	**72. Are all PwSN attending/ participating any formal/informal education program?**	☐ yes ☐ no
73. How many PwSN are participating an education program NOW?	F: M:	73.a. If any not attending, why?	☐ School is distant ☐ Cannot afford transportation ☐ Cannot afford school ☐ School construction is not suitable ☐ No expertise on PwSN ☐ Does not exist ☐ Need home schooling ☐ Persons condition does not allow ☐ No specific item/material provided to PwSN ☐ Personal decision

74. If there is an education facility, what are your top 3 concerns from the following? (rank 1-3)	☐ Appropriateness of transportation for PwSN ☐ Appropriateness of the education program for PwSN ☐ Capacity of lecturers to teach PwSN ☐ Discrimination against PwSN ☐ Appropriateness of school latrines for PwSN ☐ Lack of items and materials to support PwSN (such as hygiene materials) ☐ Expenses

Final	
75. Is there anything you would like to add concerning the situation related to PwSN?	
76. What are your top 3 concerns with regard to the needs of PwSN (please list)	1. 2. 3.
77. Observations of the Interviewer: