



SYRIAN REFUGEES IN AKKAR

ASSESSMENT REPORT

An overview of the situation of the Syrian Refugees in Northern Lebanon
Akkar District, May-August 2012



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1. MISSION REVIEW

1.1 Introduction

Akkar is one of the seven districts of North-Lebanon Governorate, stretching from Al Bared River in the South, to the great river along the border with Syria in the North, with an area of more than 776 square kilometres. Akkar consists of 216 settlements inhabited by about 500 000 people. The district is one the most under-developed in Lebanon: whether in terms of livelihoods, water, sanitation, education or overall access to public services. Due to its predominantly rural nature, its remoteness from the decision making elite in a very centralized Lebanon and its specific ties with Syria (from both economical and social perspectives)... Akkar district has always been on the fringe of socio-economic development in Lebanon.

Since March 2011 and the continuously escalating crisis in Syria, Akkar has been a primary refuge area for Syrian families fleeing the instability and violence in their country. The majority of refugees currently living in Akkar come from Homs, rural Homs, Tal Kalakh and neighbouring areas. The main reasons behind the choice of Akkar as a refuge area by Syrian families are the following:

- Proximity of Akkar to Syria especially to areas like Homs and Tal Kalakh and the somehow “porous” nature of the border in these zones
- Existence of many family ties between populations from both sides of the border
- Strong tradition of labour migration for unskilled Syrian manpower (construction and agriculture workers) to the area
- Dynamism of the economic exchanges (both legal and illegal) between Akkar and the neighbouring Syrian areas
- Possibility (risky and costly) of illegal crossing facilitated by a long lasting tradition of cross-border smuggling and illegal trafficking in the area

As of beginning of August 2012, the total reported figures (source UNHCR) for Syrian refugees (registered and pending registration) in Lebanon are of more than 37 000 individuals. Among which 60% are in the Northern Governorate i.e. mainly in Tripoli and Akkar. Those figures are questioned by a certain number of actors on the field that are relaying much more significant figures (The coordination of Syrian refugees in Lebanon¹ is reporting up to 90 000 individuals).

Specifically for Akkar, it's worthwhile to note that there's a strong concentration of actors in Wadi Khaled area (logically as this area is the one of high concentration of refugees) to the detriment of other areas in the district. To be noted also, that internal movement of refugees is an increasing trend and spill-over is being witnessed to secondary displacement locations within the original districts or beyond.

Première Urgence – Aide Médicale Internationale (PU-AMI) mission in Lebanon was continuously following the humanitarian situation in the area and was interacting with the main humanitarian and authorities' stakeholders since 2011. Most of the secondary

¹ A pro-opposition Syrian group of activists present mainly in the North of the country

information collected reported a somewhat good overall coverage of the existing needs by both aid community (international and national) and authorities.

In the spring of 2012 and following several reports of significant gaps in assistance provided in the area, the mission launched a needs' assessment and data collection process that started in May 2012 and continued until the authorship time of this report. The purpose of this process was to maintain a presence in Akkar enabling PU-AMI to identify the most significant gaps in assistance and to have a grassroots grasp on the dynamics of the humanitarian situation through a large network of key interlocutors present on the field.

1.2 Location and methodology

The assessment conducted covered more than 30 villages and almost all villages in Akkar where more than 30 Syrian families were reported to have settled. See below a table summarizing the areas assessed and the refugees' data collected from external sources (municipalities and local NGOs mainly).

Location	Syrian Refugees Figures	
	Families	Individuals
Mashha	119	654
Akkar Al Ateeka	67	278
Tekreet	51	212
Al Beereh	70	310
Borgavel	90	403
Mafraa Borgavel	99	545
Tel Abbas	90	443
Mafraa' Kousha	82	361
Mashta Hasan	70	340
Mashta Hamoud	165	908
Kherbet Al Hayah	34	187
Al Fard	25	113
Al Heeshi	156	780
Al Rama	350	1575
Al Mugaybli	150	720
Bani Saker	30	144
Al Amaver	170	1020
Wadi Khaled area ²	1310	7205
Akroum	65	358
TOTAL	3193	16556

The data collected covered a wide scope of needs but maintained a specific focus on PU-AMI direct areas of expertise in Lebanon i.e. Shelter, WASH and livelihoods.

The assessment and data collection process were based on 3 main Modus Operandi:³

² Including the villages of Wadi Khaled, Al Knaisa, Al Omariyeh, Al Majdel, Al Sae'd, Al Wahlat, Rajm Khalaf, Rajm Hussein, Kelkha and Jandoula

³ Given the fact that no statistical sampling methodology was applied, the percentages presented in this report are estimates based on the 3 modes of data collection used. Nevertheless, the overall accuracy of the results was tested during additional visits following the assessment's initial phases.

- Data collection (both quantitative and qualitative) from external stakeholders (UN agencies, INGOs, NNGOs, local and national authorities...)
- Focus Group Discussions with Syrian refugees' families
- Direct Observation (around 250 families visited) and technical assessment

2. ASSESSMENT RESULTS

2.1 Shelter and Non Food Items (NFI)

2.1.1 Shelter

Most of the refugee families in the assessed areas are living in individual dwellings (less than 10% were reported living in collective shelters (mainly schools or social centres)) with an average of 2 Syrian families per shelter. The nature of the dwelling and the subsequent needs vary significantly between tents, parking garages, unfinished houses or finished houses. According to the data collected the housing profile of the refugees is the following:

Type of housing	% population	Rent Payment modalities
House with host family or for free ⁴	45% ⁵	No payment but reported participation to host family common costs
Rented apartment	30%	Monthly rental between 100 and 300 USD
Under construction apartment	10%	Monthly Rental between 50 and 200 USD
Parking Garages	1%	Monthly Rental between 50 and 150 USD
Tents	5%	Land rental (around 30 USD monthly rental) or for free on public land
Collective Centres	14%	No rental or rental covered by local NGO / Islamic charity

After the first wave of visits and data collection, PU-AMI team concentrated the assessment on the families living in the most rudimentary shelters i.e. unfinished houses, parking garages and tents:

- **Tents:** Around 200 families belonging mainly to the Dom ethnic group are the ones living in tents in several villages around Akkar district. The totality of these families was not registered by the UNHCR late July 2012. These families had left their nomadic way of life many years ago and have settled for the great majority in houses in Homs area. Almost all of the families visited held Syrian identification documents

⁴ As several aid actors started paying rent in some areas of Akkar, many refugees' families that were hosted for free were requested to pay rent: this trend is apparently increasing with the protraction of the refuge situation.

⁵ This figure goes up to 80% in Wadi khaled and goes down to less than 10% outside Wadi Khaled

and inquiries showed that most of them have left Syria only a few months back. The tents are made from basic material (wood, plastic sheeting, cardboard...).

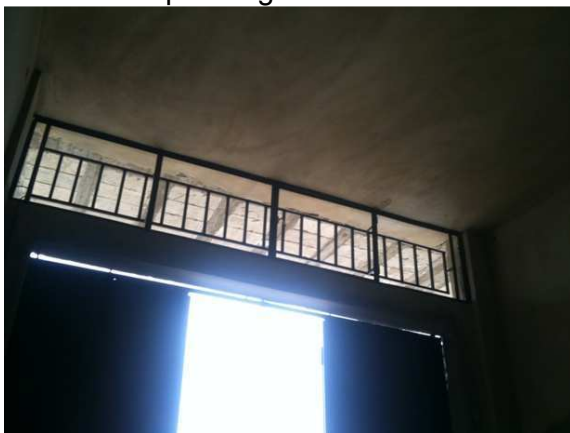


A child next to his family's tent in Mafraa Borqayel



Tents set up inside an unfinished house in Mashta Hammoud

- **Parking garages:** Around 50 families are living in rented parking garages in several villages in Akkar District (mainly Tel Abbas, Mafraa Kousha and Al Beereh). Apart from the significant promiscuity, most of the garages visited were lacking proper wind and weatherproofing with broken doors and windows, holes in the walls, etc.



"Open" windows in a parking garage in Mafraa Kousha

- **Unfinished houses:** More than 300 families in the areas assessed are living in unfinished houses. The status of the houses ranges from needing final adjustments like doors, windows... to houses with incomplete walls, floors or roofs.



A “window” in an unfinished house in Wadi Khaled

Most of the dwellings corresponding to these 3 categories lack basic weatherproofing and will represent major health risks during the upcoming winter season (when temperatures can go easily below 0 in several areas of Akkar and when heavy rains are extremely regular).

2.1.2 NFI

Around 90% of the visited families reported receiving NFI items from aid actors. These items range from accommodation linked ones (blankets, mattresses, mats...) to hygiene related ones (diapers, soap, toothpaste...). Around 10% of the visited families had not received any NFI support the time of the assessment.

Despite this level of coverage, NFI needs were put emphasis on by the majority of the visited families and this is linked to 2 main elements:

- The first one is in relation to the fact that all consumable items lasted for a few weeks following the distributions that were reported to be “one shots”
- The second one is that many of the pre-packaged kits distributed were lacking some major items (like baby diapers, women hygiene products, cooking sets...) or were presenting items in inadequate quantities (mattresses, blankets, mats...)

In addition, more than 50% of visited families did not have adequate cooking equipment to prepare food (whether in quantity or size).

Given the extremely low purchase capacity of the Syrian refugees visited during the assessment, additional NFI distributions and continuous ones for consumables are necessary especially with the prolonged refuge situation and the upcoming winter season.

2.2 WASH

2.2.1. Water

Access to water from a quantitative perspective was deemed adequate for more than 80% of the visited families. Indeed, some of the assessed populations reported accessing water in sufficient quantities and this from different sources:

- Village network (40%)
- Private Wells (offered by neighbours for instance) (40%)
- Springs (10%)
- Rivers (5%)
- Purchase (water trucking) with prices ranging between 7 and 15 USD for 4 cubic meters of water.

The majority of the families that reported issues with water quantities linked them to the lack of storage facilities (tanks mainly). Indeed, given the erratic supply of water (linked to the erratic supply of electricity in the majority of the cases), the absence of a buffer storage capacity significantly limits access to sufficient quantities.

Average consumption rates are between 15 and 25 litres⁶ per person per day in most of the assessed areas but around 10% of the families declared using lesser quantities (around 5 litres per person per day).

Regarding existing storage facilities, in the areas visited, the roof tanks used to store water represented high contamination risks as more than 50% of the assessed tanks were extremely dirty, some of them were rusted and showed little to absolutely no maintenance for several years. For household level storage, almost all the visited families had jerry cans for water storage. For more than 50% of the visited families, the storage containers were dirty and presented risks of contamination. (In some cases, jerry cans used by the family were ones recuperated from communal waste disposal sites).

Data collected from other agencies in several villages, reported significant faecal coli form contamination at household level in the majority of the villages of the district. 90% of the visited households did not conduct any water treatment for drinking water before consumption.

These findings are to be put in relation with alarming rates of Water Born Diseases reported by the visited families during the assessment. Indeed, more than 80% of the families reported at least 2 diarrhoea cases (mainly children) in the 2 weeks prior to the visit. Visits to several village clinics confirmed the trend as staffing of these clinics reported that diarrhoea cases diagnosis was quite significant and increasing. (Unfortunately, no figures could be derived as all the visited clinics did not maintain data about treated cases). In addition, during the visits, 12 cases of scabies (especially among children) were reported.

Finally, PU-AMI team checked the state of the water networks in several villages visited and in the majority of the sites, large parts of the network were not properly maintained or protected, suggesting strong risks of contamination (especially with the poor sewage systems used in these areas).

⁶ Although these figures are around the minimum Sphere standard, it's to be noted that these population are used to consume much higher quantities before displacement.

2.2.2. Sanitation and waste disposal

Around 80% of the assessed families living in tents did not have access to any sanitation facility and relied mainly on open defecation. The great majority of the refugees living in rented houses have access to toilets (mainly Arabic seats). Nevertheless, in many cases, the toilets lack the basic hygiene requirement and are often disease transmission vectors. This is due to the following main issues observed:

- No doors / separation between the toilets and living / cooking space
- No tiling of the toilets floor making cleaning of the facility almost impossible
- No water access in the toilets
- No proper maintenance / cleaning of the toilets due to lack of cleaning products
- No window or no adequate window installation in the toilets
- Broken flushing or drainage system
- No gender separation / privacy for women



An unfinished latrine in Wadi Khalid-Rajm Hussein (no roof, no door, no water access...)

More than 60% of the assessed toilets presented major defects (from the list above) and around 20% were deemed presenting extremely high levels of contamination and health risks.

In several collective shelters visited, the families did not have access to a sufficient number of sanitation facilities, as in some of them, up to seven families (more than 35 persons) had to share one toilet. In around 60% of unfinished houses, no sanitation facilities were present at all, families were using neighbours' toilets or open defecation.

Finally, given the fact that in the great majority of the dwellings visited, the toilets were connected to septic tanks, the crowdedness of the dwellings will necessitate a quicker need for emptying the tanks by professionals (tankers with pumps) which is quite costly (up to 125 USD in some areas) and will constitute an extremely significant strain on household (both host and refugees) economy.

The extreme majority of the visited families declared throwing their garbage in public spaces (same areas used by the host communities). The disposal systems vary between villages and in many areas visited, risk of contamination for the water table was significant.

In a few cases, refugees' families were living in the direct vicinity of garbage dump sites with the relevant health and contamination risks.

2.2.3. Hygiene

More than 80% of the visited families had the relevant knowledge in terms of basic hygiene practices (hand washing, use of soap, contamination vectors...). More than 60% of the families declared not having enough purchase capacity or assistance to cover their needs in terms of personal hygiene products (soap, washing powder, toothpaste...) or for premises' cleaning products.

In addition, it's worth putting emphasis on the fact that many of these dwellings have no cooking facilities so families are preparing food in a very unhygienic environment (some of them have only one tap inside the toilets so they are using the toilets as washing basin for cooking utensils).



Cookware in a W.C. in Tel Abbas



"Kitchen corners" in unfinished houses in Wadi Khaled area

For almost all population living in unfinished houses, tents or collective centres, no appropriate bathing facilities were present. The facilities were either integrated to the

toilets or made of summary separation not allowing appropriate privacy and lacking the basic hygiene requirements.

2.3 Food Security and Livelihoods

Around 90% of the families visited reported having received food commodities from aid actors (Lebanese HRC, Islamic charities, national and international NGOs...) but the majority of these families declared that the food received was either insufficient in terms of quantity or inadequate in terms of diversity / quality: The reported received food commodities comprised oil, sugar, salt and canned food items. Although this was not directly observed, only a few cases of severe malnutrition were reported by health providers.

The additional need for food access was covered by donation from neighbours / host communities, purchase and selling of some of the food commodities received (indeed, many overlap in terms of food distribution boxes from several actors were reported).

More than 80% of the visited families declared that they have introduced significant changes in terms of food diet with their displacement, reducing consumption mainly of fresh foods and overall quantities. A recurrent request from visited families was the one regarding baby milk that if distributed was of insufficient quantity.

In terms of livelihoods profiling, the results of the assessment are summarized in the following tables:

Activities prior to displacement	Percentage (HH)
Unskilled Worker	65%
Skilled worker	15%
Shopkeeper / trader	10%
High skilled jobs (teacher, engineer...)	10%

Current Activities	Percentage (HH)
Jobless	68%
Working part-time (2 to 3 days per week)	15%
Working on daily basis	17%

Main expenditures
House rent (when renting)
Fresh food
Transportation
Gas for cooking
NFI

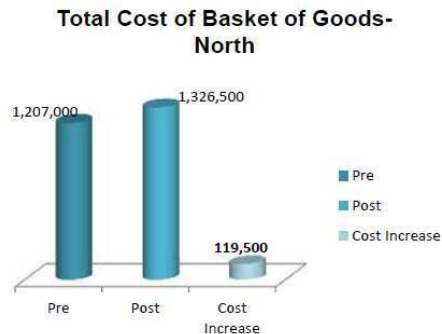
As mentioned in many reports, the main issue facing the refugees is access to sustainable livelihoods. Indeed, with the dynamism of the Lebanese market, all goods are available in theory and the limitation factor is the purchase power of the refugees.

Most of the Syrian refugees used to work in construction and agriculture activities and the area of displacement has a long lasting tradition of use of Syrian manpower. Nevertheless,

Akkar district is not able to absorb the additional manpower especially with a context of economic recession linked to the Syrian situation.

Indeed, many areas in Akkar were purchasing their goods in Syria with much lower prices than in Lebanon and a part of their economy was based on trans-border exchanges (both legal and illegal). Given the current situation in Syria, the host families in Akkar were already facing a significant strain on their livelihoods and have less capacity to absorb Syrian manpower.

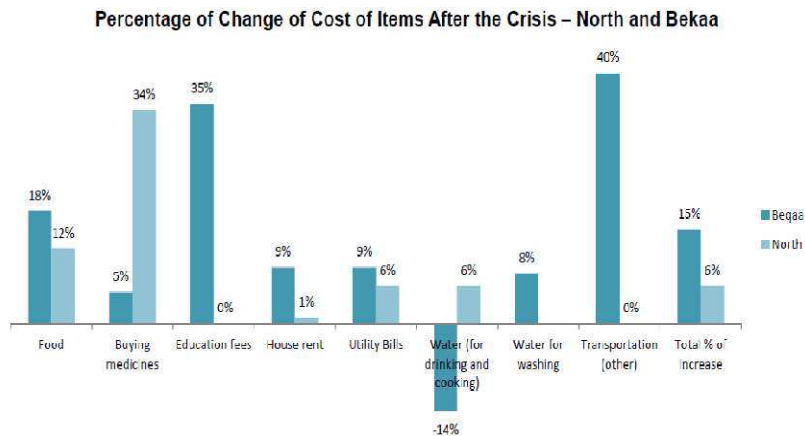
In addition to the slowing of the economy, the prices in the North have increased of around 10% in a comparison of a sample food basket price between March 2011 and now as shown in the graph below (**Source UNDP**):



The two factors presented above explain the particularly low capacity of the area of refuge's economy to absorb significant numbers of additional workers.

When asked about leaving the area to find work in other parts of Lebanon, most of the Syrian refugees responded that they were fearing harassment or deportation as around 68% of them declared being currently illegal (residency legal period expired) or having crossed the border illegally.

Along with the difficult access to jobs, the prices in Lebanon that are already much higher than those in Syria, have increased in general since the starting of the crisis and the reported trend is to more increase. The graph below (**Source UNDP**) shows the percentage of price increase (before/after the crisis) in both the North and Bekaa for different types of expenditures. These elements are affecting the refugees dually; first by reducing the absorption (economically and charity wise) capacity of the host families and secondly by impact the already extremely weak purchase power of the refugees themselves.



2.4 Health

In general, health services are available in Akkar as for all Lebanon and are provided by hospitals (private and public), health centres (private and public) and private clinics. In Akkar, hospitals mainly exist in Halba and Qobayyat areas while health centres exist almost in every village. In theory, Syrian refugees have free access to primary health care in all health centres including both consultations and medicine. Regarding secondary health care, cases are referred to Tripoli with several hospitals (Tripoli governmental, Al Shifaa) providing free access for Syrian refugees (funded by aid actors following the withdrawal from HRC early July 2012).

Beside the high rates and alarming trends for Water-Borne diseases, and despite the fact that access to primary health is supposed to be free for Syrian refugees in the great majority of the clinics, many visited families reported having to pay for both consultations and medicines. According to discussion with health stakeholders active in the area, this phenomenon is more linked to the lack of information received by the refugees and the predatory approach of some of the local health providers in addition to the shortage of some drugs reported by several village clinics visited during the assessment.

The 3 main issues facing access to health for Syrian refugees in Akkar:

- ❖ Lack of information regarding their rights for free access
- ❖ Shortage of some drugs in village health centres
- ❖ No coverage of chronic disease drugs (diabetes, asthma...)

In terms of disease prevalence among children, the 3 most recurrent cited diseases were diarrhoea / gastric infection (more than 80% of the visited families), various skin diseases and respiratory-tract infections.

3. RECOMMENDATIONS FOR AN INTERVENTION

3.1 Stakeholder analysis

Although there are quite significant numbers of actors involved in the response to the Syrian refugees' crisis in Lebanon, the assessment showed many gaps of assistance in almost all sectors. The intensity of gaps vary from sector, area and type of population considered.

The following are tables summarizing some of the interventions in Akkar directly identified during the assessment. It's to be noted that the great majority of the assisted families had significant difficulties to identify the agency / actor supporting them. Most of the international actors were not known or identified by the beneficiaries. More than 90% of

the families declaring having received aid listed the “coalition of NGOs” or Islamic charities as aid provider first. (***These tables are not exhaustive***)

Aid Actor	Field(s) of intervention
Islamic Charities (both national and Gulf based)	NFI, Food Items, house rent, primary health care
DRC / WFP / UNHCR	NFI, Food Items, collective shelter rehabilitation
NRC	Legal advice, shelter rehabilitation
Save the Children	Remedial education, NFI
IMC	Primary and secondary health
Islamic Relief	NFI, Food commodities
Layan	House rent, cash
SDC	Cash injection (host families)

Of course, in addition to the above mentioned actors, UNHCR is coordinating (meeting, information sharing, fundraising, registration...) the response and providing funding for several implementing partners.

Other stakeholders have a direct involvement in the refuge situation as:

Stakeholder	Field(s) of intervention
HRC	Coordination / Registration
Mayors / Mukhtars	Registration, conflict resolution / mediation
Coordination of Syrian Refugees	Advocacy, conflict resolution / mediation
Private citizens	Hosting, cash or in-kind support
Lebanese Armed Forces	Security checks, securing international border...

The main gap profiles (type of population, sector or areas) observed were the following:

- ❶ Population that has never been registered or has been denied registration (segregation is strongly practiced against Syrian population belonging to the Dom ethnic group)
- ❷ Population that has moved out of the original area of refuge and registration and has not been considered for further support
- ❸ Significant gaps in shelter rehabilitation from a winterization perspective (wind proofing, weather proofing...) in specific areas despite involvement from aid actors like NRC or DRC (for collective shelters)
- ❹ No WASH intervention per say in the assessed area (apart from sanitation facilities rehabilitation with extremely partial coverage of needs)
- ❺ Significant gaps in shelter rehabilitation from a kitchen installation perspective
- ❻ Significant gaps in NFI distribution especially for winter related items and consumable items

3.2 Needs identification and priorities

As mentioned earlier, the main vulnerability factor of the Syrian refugees to all different kinds of threats is linked to their livelihood schemes and their purchase power, as all basic

services are present either in the area of refuge or in other areas easily reachable (as long as safe movement for refugees is granted by security stakeholders) in Lebanon. Notwithstanding the above, PU-AMI team derived a list of identified needs with their degree of risk and/or gap in coverage and urgency of intervention:

Need	Risk (1 to 5) ⁷	Urgency (1 to 5) ⁸
Protection / Registration	5	5
Water Supply	5	4
Winter protection	5	5
Hygiene awareness	4	3
NFI (Hygiene consumables and winterization)	4	5
Sanitation	5	4
Food	2	5
Job opportunities	5	2

Please refer to **Annex II: Problem tree**, depicting the main humanitarian issues identified during the assessment.

3.3 List of appropriate activities to be implemented by PU-AMI

Given PU-AMI expertise and discussions with other stakeholders involved (or planning to be involved) directly in the response, a list of essential activities to implement with two level of priorities time wise were derived:

3.3.1. Short term

Type of Activities	Population Targeted
Winterization of Shelter	Population living in tents Population with no income living in unfinished houses Population with no income living in collective centres
Water treatment (household level)	Population with no access to safe water
Latrine upgrading / rehabilitation / construction / maintenance	Population defecating in open spaces Population with overcrowded, no gender separation, unsafe latrines (no doors, no roof...)
Hygiene NFI (consumables)	Population with no or erratic income
Securing of food preparation installations	Population living in tents Population with no income living in unfinished houses

⁷ 5 being the most significant risk

⁸ 5 being the most urgent need

	Population living in collective centres
Cash transfer (Cash for work)	Population with no or erratic income

A cross-cutting but essential activities' set would be the referral to unregistered refugees to the relevant stakeholders and communicating all information to the coordination system in order to make sure of the inclusion of the population targeted by PU-AMI in other stakeholders programming.

3.3.2. Longer term

Type of Activities
Rehabilitation of Water supply schemes (networks, wells...)
Vocational training
Agriculture support projects
Full shelter rehabilitation
Conflict prevention
Capacity Building for local authorities and social development centres

In case of escalation of the security situation, the fact that PU-AMI is relying mainly on local staff will enable a continued access to the areas of intervention. The strong links that PU-AMI has already established with a large number of stakeholders (mayors, Mukhtars, local NGOs...) would enable a strong overall mitigation of the potential security risks.

4. ANNEXES

ANNEXE I: MAP



ANNEXE II: PROBLEM TREE

