

On 8 June, IOM conducted site visits to five locations in the Saida and Sarafand region of Southern Lebanon. During the visit, teams completed rapid assessments covering: shelter, site management, non-food items, access to primary health care, psycho-social support, access to schooling, and levels of registration.

IOM visited the sites with representatives of the local municipalities and members of NGOs and Faith Based Organizations responsible for the management of the sites.

Key findings include: urgent need for shelter (allocation, rehabilitation, and rental assistance), transport assistance to reach registration centers, support to access primary health care, hygiene awareness, non-food item distribution, and assistance to establish livelihood projects.



Above: 155 families are living within a building under construction in Saidon, the site is called Emam Ouzai and is under rehabilitation by Premier Urgence and the Government of Kuwait. There are two toilet blocks for the entire community. Refugees are living in cramped quarters. The building was provided to the refugees for a period of two years. Refugees complain that they are in need of food and access to primary health care. The structure is incomplete and poses significant health and safety hazards to the refugees living there. © IOM 2013

"I am disheartened to see so many Syrian refugees living in deplorable conditions. From a rapid assessment there is evidence that humanitarian partners need to work together to address the urgent needs of these refugees. IOM will expand its programming in the South to shelter rehabilitation and rental assistance/ support, and emergency health care while continuing to deliver non-food items to communities in need. We must recognize that the ability of local communities to continue to support the refugees is strained by the sheer volume of refugees seeking assistance and safety within Lebanon."

Mohammed Abdiker (Director)
Department of Operations and Emergencies

GENERAL OBSERVATIONS ON SHELTER:

- * Shelters were assessed in Saidon and Zahrani (in Sarafand)
- * Shelters included semi-permanent structures, rooms within basements and garages, and rooms allocated within abandoned schools
- * Shelter space was allocated on municipal or private owned properties/areas or within areas run by NGOs or those donated by members of the host community
- * Rental costs ranged from 100 - 200 USD per month. In some cases, WASH facilities were provided but in 2 locations refugees had to construct the latrines themselves. A single pit latrine served 60 - 200 people and was not segregated by sex
- * In the rental properties in Zahrani area, insulation was non-existent, some walls were load bearing walls and cracks were evident due to rapid construction/expansion of the rental properties by the owners
- * One community, sharing 10 – 12 rooms, reported that each household had 3 weeks to come up with the rent (84 USD) or face eviction by the landlord
- * High demand for shelter has resulted in rapid, unreasonable increases in rental costs
- * The building materials provided by Humanitarian organizations to some families were insufficient to build roofs or to board off walls to prevent the entry of snakes.

PRIORITY AREAS TO ADDRESS SHELTER NEEDS

- ⇒ Conduct an in-depth assessment to prioritize assistance to the most vulnerable communities/settlements
- ⇒ Rental assistance to meet rental costs while alternative accommodation is identified
- ⇒ Shelter materials to waterproof and seal shelters
- ⇒ Child friendly spaces / secure environments for children
- ⇒ Work with the local municipality to identify facilities for rehabilitation

GENERAL OBSERVATIONS ON HEALTH IN INFORMAL SETTLEMENTS:

Significant gaps were identified regarding access to primary health care and specialized care for chronic cases. Some women reported that they had to pay 5,000-7,000 Lebanese Pounds (LBP) to have their newborns vaccinated. Health partners visiting Eman Ouzai (155 families) focus on providing mother and child healthcare.

While there is evidence that health partners are visiting some of the sites, the community representatives report that the full range of healthcare needs of the community are not addressed.

IOM teams noted with concern that poor hygiene, inadequate nutrition, and cramped living quarters would contribute to the rapid spread of TB should there be active cases within the settlements.



In coordination with the Ministry of Health (MoH), IOM is currently assessing 8 TB centers across Lebanon, including 2 in the South to identify staffing, equipment, and training needs. IOM has secured some funding to provide resources to equip, rehabilitate and assist with staff training for the most in-need centers.

Since the start of the crisis, 68 active TB cases have been identified amongst Syrian refugees. IOM will provide TB awareness-raising to refugees living in informal settlements in the South and work with Health, Food, and WASH partners to address the gaps as the spread of TB is closely linked to poor nutrition and the state of the individual's immune system. IOM will work with MoH to monitor levels of infection in highly populated settlements.

IOM will work with the Local Municipalities to identify doctors and surgeons willing to provide free health care to chronic cases. During the assessment, IOM noted some untreated cases of severe burns and shrapnel injuries. IOM teams will prioritize these cases for urgent assistance.

In the case of chronic illness and disease, some refugees report that they were receiving treatment for cancer and severe diabetes before leaving Syria but that they are unable to pay for treatment in Lebanon. One father expressed concern that his child's cancer was progressing and they required surgery to ensure that the cancer did not spread to the rest of his body.

IOM and partners need to improve access to primary health care for refugees living at these settlements, improve knowledge of basic hygiene, how to prevent the transmission of TB, and where to access specialized health care.



Above: within 15m of the entry to a shelter which hosts 60 Syrian families, there is a stream which often overflows when the drains become clogged by rubbish. Raw, untreated sewerage is dumped/fed directly into the water source. **Left:** Mohammed Abdiker (far left), staff, and members of the municipality discuss the health and safety issues of the proximity of the shelters to a rubbish dump. **Top right:** the local municipality encouraged IOM to raise awareness on personal hygiene and hygienic preparation and storage of food as many of the children were falling ill. © IOM 2013

PRIORITY AREAS FOR HEALTH INTERVENTION

- ⇒ Collect medical histories for the most urgent cases identified during the rapid assessment
- ⇒ Share information from the assessment with Health partners in the Health Cluster
- ⇒ Work with local government to identify hospitals and clinics in the area that are willing to provide pro-bono surgeries and treatment for chronic cases
- ⇒ Develop beneficiary communication tools to inform refugees about access to health care centers/providers in the area
- ⇒ Implement hygiene awareness activities to cover personal hygiene and hygienic preparation and storage of food
- ⇒ Implement TB testing particularly to identify active cases in highly congested settlements
- ⇒ Address PHC concerns, particularly Maternal Child health through an in-depth assessment and fundraising

GENERAL OBSERVATIONS ON NON-FOOD ITEM (NFI) NEEDS

At Emam Ouzai in Saidon, refugees were requesting cleaning products to clean the toilet blocks (two blocks for over 800 people), and cleaning materials to clean their rooms and communal areas. Women reported that they were using plastic and nylon bags as diapers since the diapers ran out from the last distribution. In Zahrani (near Sarafand), the resident ten families had received no NFIs despite registering and were in need of basic household items including water storage items.

In most of the sites, there were inadequate or no showering/washing facilities and families are in need of buckets for personal hygiene and to wash clothing.

In some cases, IOM was informed that initial NFI kits had been distributed but that these kits were not adequate for the family size and consumables such as soap and cleaning detergents were not replenished regularly.

Many of the refugees consulted during the assessments were unaware of how and where to access assistance. IOM was concerned at reports that in some instances Syrian families have swapped food vouchers to purchase essential items such as nappies and female hygiene items.



Above: 162 families living at this site in Zahrani and another settlement in Babliya received NFIs from IOM (1,500 summer blankets and 200 tarpaulins) in last May but since the initial distribution more families have settled here and are in need of essential household items. © IOM 2013

PRIORITY AREAS FOR NFI INTERVENTION

- ⇒ Procure and distribute hygiene, baby, dignity and general NFI kits
- ⇒ Distribute shelter materials (including roofing materials and plastic sheeting to seal off informal shelters)
- ⇒ Inform partners of the needs and gaps
- ⇒ Conduct a rapid needs assessment with partners to determine which areas require full kit distribution and which require single item distribution.

GENERAL OBSERVATIONS ON LIVELIHOODS (OPPORTUNITIES AND CHALLENGES)

Across all sites, refugees requested assistance to find work as most had depleted their savings. At Emam Ouzai site, the community was primarily subsistence farmers and worked within Lebanon as seasonal workers however they report that because of the large influx of Syrian refugees, Lebanese employers are paying substantially less than before. A community representative at Emam Ouzai, reported that some of the children were working in the local market and as coal carriers.

Refugees were requesting land to cultivate to supplement their food rations and to enable them to generate a small income through selling the surplus vegetables. At Abra Center, refugees were employed on an ad-hoc basis to complete the building in which they are living. Residents from the center expressed frustration at being unable to find work despite being highly skilled doctors and pharmacists.

Community representatives expressed the urgent need for employment for able-bodied members from each family. There is concern that the food and shelter assistance is insufficient to meet the day-to-day needs of families that have been displaced.

PRIORITY AREAS FOR LIVELIHOODS INTERVENTION

- ⇒ Complete a rapid skills assessment followed by a market assessment in order to determine niche areas
- ⇒ Assist communities to identify income-generating projects
- ⇒ Identify areas for skills training and development
- ⇒ Provide livelihood support to collective projects

Top left: At the Abra Center, a bakery was constructed in April 2013. Residents work shifts at the bakery to bake bread for the residents and to sell to the host community which generates a small income. **Bottom left:** Families work in turns to cook the food for the residents of the center. The kitchen can provide catering for needy families outside of the center if donations of food are received. © IOM 2013



GENERAL OBSERVATIONS ON WATER AND SANITATION:

In three of the five locations, WASH facilities were inadequate for the number of residents of the settlement. Between 70 and 400 people were using a single latrine/toilet block. Latrines in two locations were dug by the residents and were structurally unsound. Residents in two locations were afraid of using the latrines after dark due to inadequate lighting, protection concerns, and the presence of snakes. Washing facilities were non-existent in four locations where residents were washing in their rooms for privacy. Few families had buckets/containers for water storage. Refugees urgently need soap and cleaning products. In one location, each room had a built-in latrine however it was located in close proximity to the washing sinks and cooking facilities. Poor personal hygiene has resulted in scabies outbreaks in two locations. Residents of all sites require improved access to water.



PRIORITY ACTIONS AND AREAS FOR WASH INTERVENTION

- ⇒ Construction/rehabilitation of toilet blocks in shelters/areas identified for rehabilitation
- ⇒ Communicate needs and gaps identified during the assessment to WASH partners
- ⇒ Prioritize hygiene awareness-raising

Top left - ten families (70 individual) are renting 4m x 6m plots in Zahrani at 100 USD per month. Shelters were constructed from scrap material and residents dug a single pit latrine within ten meters of the informal settlement. Women complained that they were scared of using the latrine at night because of snakes. Residents expressed concern that once the latrine was full then there was no allocated area to dig a second pit. **Top right** - families rent a 3m x 4m room in a renovated factory shed for 90 USD per month. The owner has built latrines, sinks, and cooking stoves in a small, confined area in each unit. The risk of food contamination is high. © IOM 2013

GENERAL OBSERVATIONS ON REGISTRATION

Depending on the location of the site that was assessed, registration centers ranged between 30 and 60km away. At Abra Center, a community representative reported that many families had not registered as they were unable to pay the taxi fare to the registration center (35 USD one way). New arrivals expressed reservation at making the trip as it was costly and assistance was not perceived to be guaranteed.

PRIORITY AREAS FOR TRANSPORT FOR REGISTRATION ASSISTANCE

- ⇒ Work with the local community, local government, and partners to encourage new arrivals to register with UNHCR
- ⇒ Organize transport assistance for refugees to reception/registration centers

IOM works with partners to respond to the needs of Syrian refugees in Lebanon.

IOM activities cover:

- **Non-Food Item Distribution**
- **Shelter Support and Rehabilitation**
- **Emergency Primary Health Care**

IOM has secured funding to expand operations to:

- **Psychosocial Support**
- **Transportation**
- **Livelihood Support**

IOM works with the Ministries of MFA, Social Affairs, Interior, Health, and Labour; the High Relief Commission; and local municipalities.

During the assessment, representatives of Al - Zahrani Local Council recommended that IOM establish an office in Sarafand which is centrally located in the southern region. IOM is looking to open field offices in strategic locations to support expanded operations in North and South Lebanon.

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