Vulnerability Assessment of Syrian Refugees (VASyR) in Lebanon

Executive summary

Photo by Jessica El Khoury

2015

UNHCR The UN Refugee Agency

unicef

WFP wfp.org

Acknowledgements

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

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

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

Background and objectives

Lebanon now hosts more than one million Syrian refugees, representing 25% of the population. This is the world's highest number of refugees per inhabitant. The Syrian conflict is now entering its fifth year and humanitarian operations in Lebanon are transitioning from 'emergency' to 'protracted crisis' interventions. Adjustments include using improved systems to identify the most vulnerable households (HHs), individuals or areas; reducing the number of beneficiaries; conducting a more in-depth investigation into needs; and redesigning programmes to make them more cost-effective. Lebanon and the refugees it is hosting are in a very delicate state. Well-informed decision-making is key to ensure the best use of limited resources.

The Vulnerability Assessment of Syrian Refugees (VASyR) conducted in Lebanon in 2013 and 2014 provided valuable insight into many aspects of the living conditions and vulnerability of Syrian refugees at regional and country levels. The results have been widely used by the humanitarian community for planning purposes and programme design.

Significant changes have been noted since VASyR 2014. Overall, the results indicate that refugees have become more vulnerable since 2014. However, there are a few positive indications that some Syrian refugee families are adjusting to life in Lebanon. For instance, household size has continued to shrink, likely indicating that extended families are now living in more nuclear family units. Households are increasingly renting unfurnished apartments and have acquired a few more essential items, such as gas stoves. Nevertheless, refugees cannot legally access the Lebanese labour market and the results indicate that refugees' savings are increasingly exhausted, debts are mounting, and fewer are fulfilling the costly requirements to renew their legal stay in Lebanon. Families are increasingly forced to rely on negative coping mechanisms to support themselves and their families. Refugees are living in a stressful context with no way out.

This updated multi-sectorial overview will allow the humanitarian community to confirm or adjust 2016 plans and programme design. This data is especially valuable for targeting purposes; it contributes to revising the expected number in need of assistance, to analysing eligibility criteria for assistance, and to estimating the degree and types of vulnerability at national and district levels.

Methodology

The assessment surveyed 4,105 HHs of Syrian refugees in Lebanon registered with UNHCR. Data collection took place between the 27th May and 9th June 2015. The population was stratified by districts in order to ensure data was representative at this geographical level.

The household questionnaire design was based on the 2014 VASyR questionnaire to ensure comparability, and the 2015 food and cash targeting questionnaire was used to obtain the information needed to apply the targeting criteria. Qualitative information was gathered from six refugee discussion groups in each district to help understand aspects not captured with quantitative questions.

The analysis for this report was carried out by three United Nations sister agencies: WFP contributed the demography, livelihoods, expenditure, food consumption, coping and debt, food sources, food security, IYCF (Infant and Young Child Feeding) and focus group discussion sections; UNHCR the specific needs, surveyed refugees, protection, shelter, assets, health and assistance sections and UNICEF the WASH, education and child health sections. While WFP and UNHCR analysed the data by regional and district level, UNICEF looked at governorate level (LCRP 2016 is planned to target at governorate level).

1 Demography

For the second year running, average household size decreased, down from 6.6 members in 2014 to 5.3. Large households were significantly less common; only 25% had seven members or more, compared with 40% in 2014.

Households were less likely to have one or more children under the age of two (36% vs 44% in 2014). Almost one in five (19%) Syrian refugee HHs were headed by women, 3% more than in 2014. The proportion of single headed HHs with dependents was up by 5% to 12%, and was as high as 23% in the district of Zahle.

Almost 27% of HHs reported having at least one member with special needs, a significant decrease from 2014 (49%). Around 7% of HHs had at least one working age member with a disability.

Around 42,000 HHs had at least one pregnant or lactating woman and 5% of the 1,327 sampled girls between 12 years and less than 18 years were either pregnant or lactating.

2 Shelter

While a high proportion of HHs reported living in independent houses/apartments (58%), around 16% of HHs had difficulty paying rent and were forced to share their apartments with other families. Almost a quarter (24%) lived in buildings considered substandard and 18% lived in informal settlements. Refugees were more likely to rent unfurnished homes than in the previous two years (74% vs. 67% in 2014).

The average monthly rent has continued to fall from $246 in 2013 to $205 in 2014 to $164 in 2015. Rents were highest in Beirut and Mount Lebanon ($237).

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

Looking at crowding, on average four people occupied one room.

According to the enumerator's observations, around 16% of sampled HHs were deemed to be in substandard and/or dangerous conditions. Unsealed windows, damaged roofs and lack of lighting were among the most prevalent problems, while lack of privacy was commonly reported in Bekaa and BML.

3 Water and sanitation

Overall 39% of surveyed Syrian refugee HHs did not benefit from 'improved' drinking water sources. The main unimproved water sources were bottled water not from an improved source (14%) and water piped into homes for less than two hours a day (12%). In Baalbek-Hermel 40% of HHs had water piped into their homes for less than two hours a day. The rest (61%) enjoyed 'improved' drinking water supplies, mainly piped into their homes for more than two hours a day (22%), bottled mineral water (21%) or by drawing it from a protected well (9%).

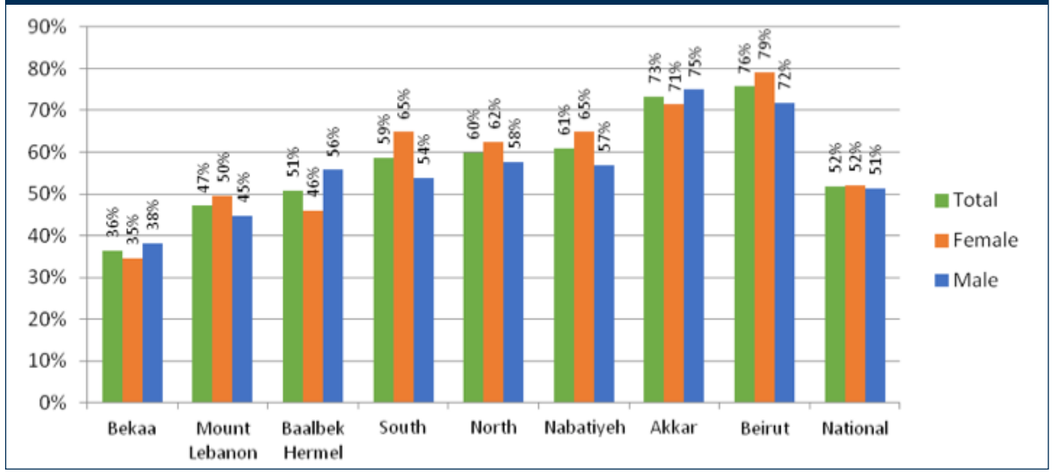
Sanitation has improved. Although one in 10 HHs did not have access to any bathroom facilities, 80% of HHs had access to flush toilets or improved pit latrines versus 70% last year. Similarly, while in 2013 7% of households were forced to resort to open air defecation, this figure has steadily declined, falling to 4% in 2014, and to only 1% this year. In 2015, the proportion of HHs sharing a latrine with 15 people or more was only 4%, down from 9% in 2014 and 13% in 2014.

4 Assets

Compared with previous years, Syrian refugee HHs were more likely to possess basic assets such as gas stoves, blankets, mattresses and winter clothing. Countrywide the majority of HHs had basic kitchen utensils and water containers and, as in previous years, televisions and satellite dishes. However, only one in 10 reported having enough beds and 15% had tables/chairs compared with 24% for both last year. The regions with the lowest number of basic assets (mattress, blankets, winter clothes and gas stoves) were Akkar and the Bekaa, while HHs in Beirut and Mount Lebanon were better equipped in comparison.

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

Primary school net attendance ratio



5 Education

Just over half (52%) of 6-14 year olds attended school, with little difference between boys and girls. Bekaa had the lowest attendance at 36% and a higher enrolment rate for boys than for girls. Primary drop-out rates were high, especially in Bekaa: nationally fewer than half (46%) who entered primary grade one reached grade six. Nationally only 5% of 15-17 year olds attended secondary school or higher, with Akkar reporting the lowest and Beirut and the North reporting the highest rates. Most HHs (over 71%) whose children were out-of-school, had a monthly household income of less than $300.

For around half of 6-17 year old children not attending school, the main reasons children could not attend were the cost of education or because the children had to work (48% of 6-14 year olds and 56% of 15-17 year olds).

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

6 Health

Free primary health care (PHC) was available for 12% of HHs. Free primary health care was most accessible in Akkar (29%), Tripoli (19%), and Bekaa (13%), and lowest in BML (4%). Cost sharing was the most prevalent type of primary (68%) and secondary (55%) health assistance, with cost sharing being the highest in BML (76% for PHC and 65% for SHC) and in the South (69% for PHC vs. 74% for SHC). Free secondary health care was available for 6% of HHs. Around 31% of those receiving secondary health care did not receive any support from humanitarian partners.

In total 15% of households reported having at least one HH member who required primary health assistance and could not get it. The main reasons cited for not being able to access PHC were cost (46%), distance (13%) and rejection by the health facility (13%). Proportions did not differ significantly between male and female-headed households. Around 31% reported that at least one HH member required secondary health assistance, while 28% required it and could not get it (compared with 11% in 2014), chiefly because of the high cost (78%).

2 The reference is made at the time of survey (May 2015).

Of the 4,323 surveyed children under five years old, over 37% were ill in the two weeks prior to the survey, with the highest rates of illness in Mount Lebanon (42%). Coughing was the number one reported ailment, followed by diarrhea and fever.

Only about half of the surveyed children (0-59 months) had received the required three doses of the Pentavalent vaccine (diphtheria, tetanus, whooping cough, hepatitis B, haemophilus influenza type B), with the lowest immunisation rates reported in Akkar (34%) and Baalbek-Hermel (39%). MMR and measles vaccinations were also reported for about half (53% and 55%) of surveyed children (0-59 months) nationally, with the lowest rates in Mount Lebanon, the North, South and Bekaa.

7 Protection

Only 6% of households who were interviewed reported experiencing any kind of security issue in the previous three months (7% in male and 3% in female-headed HH). Among those reporting any type of incident, verbal or physical harassment (69%) and community harassment (17%) were the most commonly reported.

The cited causes of insecurity were similar for male and female-headed households. Neighbours were most frequently mentioned as a source of problems (58%). Almost 78% of refugees reported that concerns about safety reduced their freedom of movement.

Just 28% of sampled HHs reported having residency permits for all household members. This is a significant drop from 2014, when 58% of households reportedly had residency permits for all members. Among all individuals included in the survey, 41% did not have residency permits. Furthermore, 20% of households did not have residency permits for any members, consistent with last year's findings (19%).

8 Expenditure

On average, each household spent $493 a month, a 35% drop from $762 in 2014. Expenditure on food and rent (which accounted for 45% and 19% of monthly spending respectively) fell by 40%. Per capita expenditure was $107 per month, 22% less than in 2014 ($138), dipping as low as $73 in Hermel and $78 in Zahle.

At the country level, 17% of HHs had high or very high expenditure on food (≥65%), a 6% increase over last year.

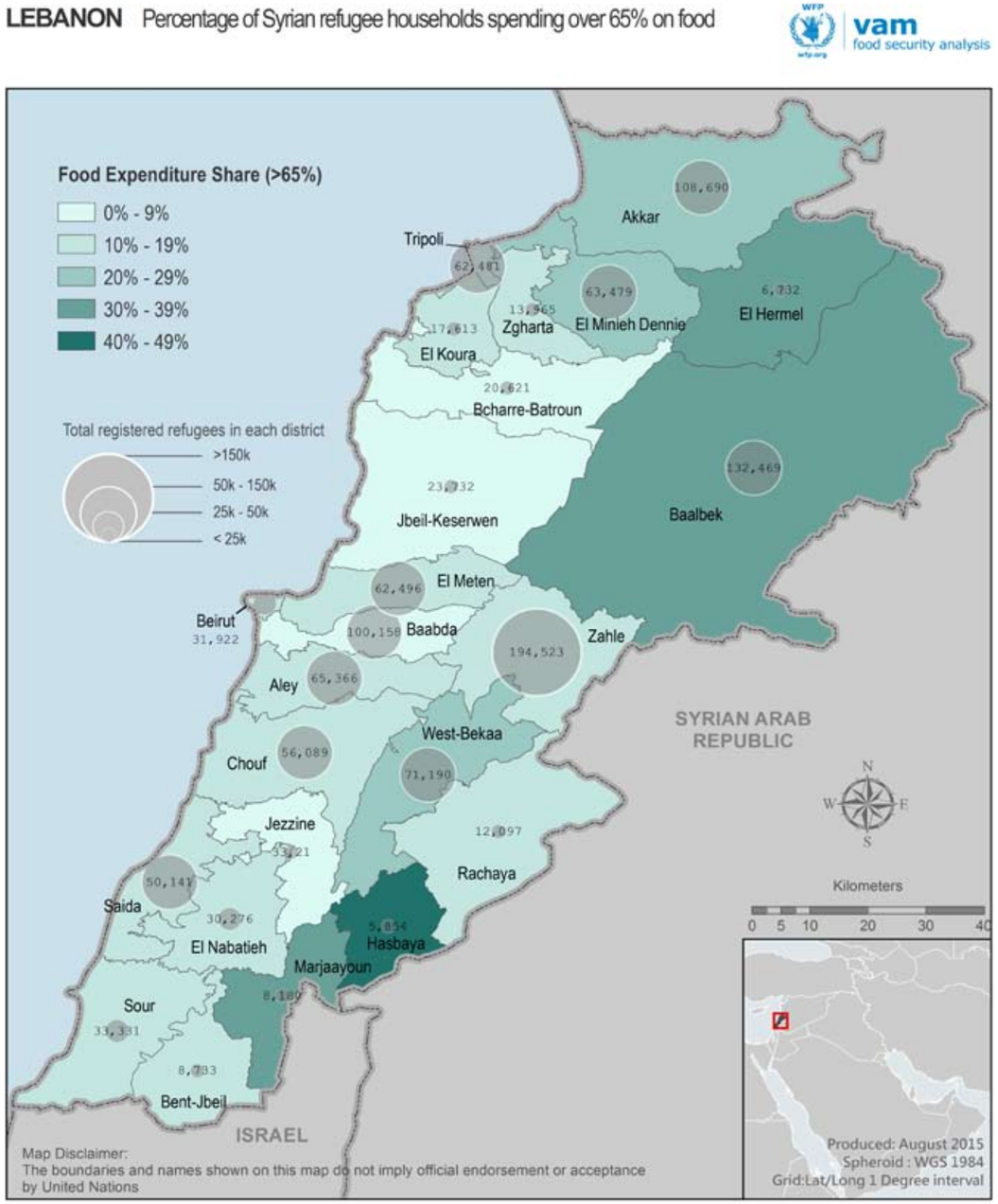
More than half of HHs (52%) spent less than expected to cover the most basic survival needs (<$87 per capital, also known as the survival minimum expenditure basket (SMEB)). This is double the rate found in 2014. In Zahle, nearly three out of four HH spent less than the SMEB. Nationally 69% (versus 43% in 2014) were below the minimum expenditure basket, spending less than $114 per capita a month, in line with the 70% (versus 49% in 2014) below the Lebanese extreme poverty line (proposed by the World Bank in 2013 and established at $3.84 per person per day). Almost one in three HHs spent more than $400 beyond their monthly income.

9 Livelihoods

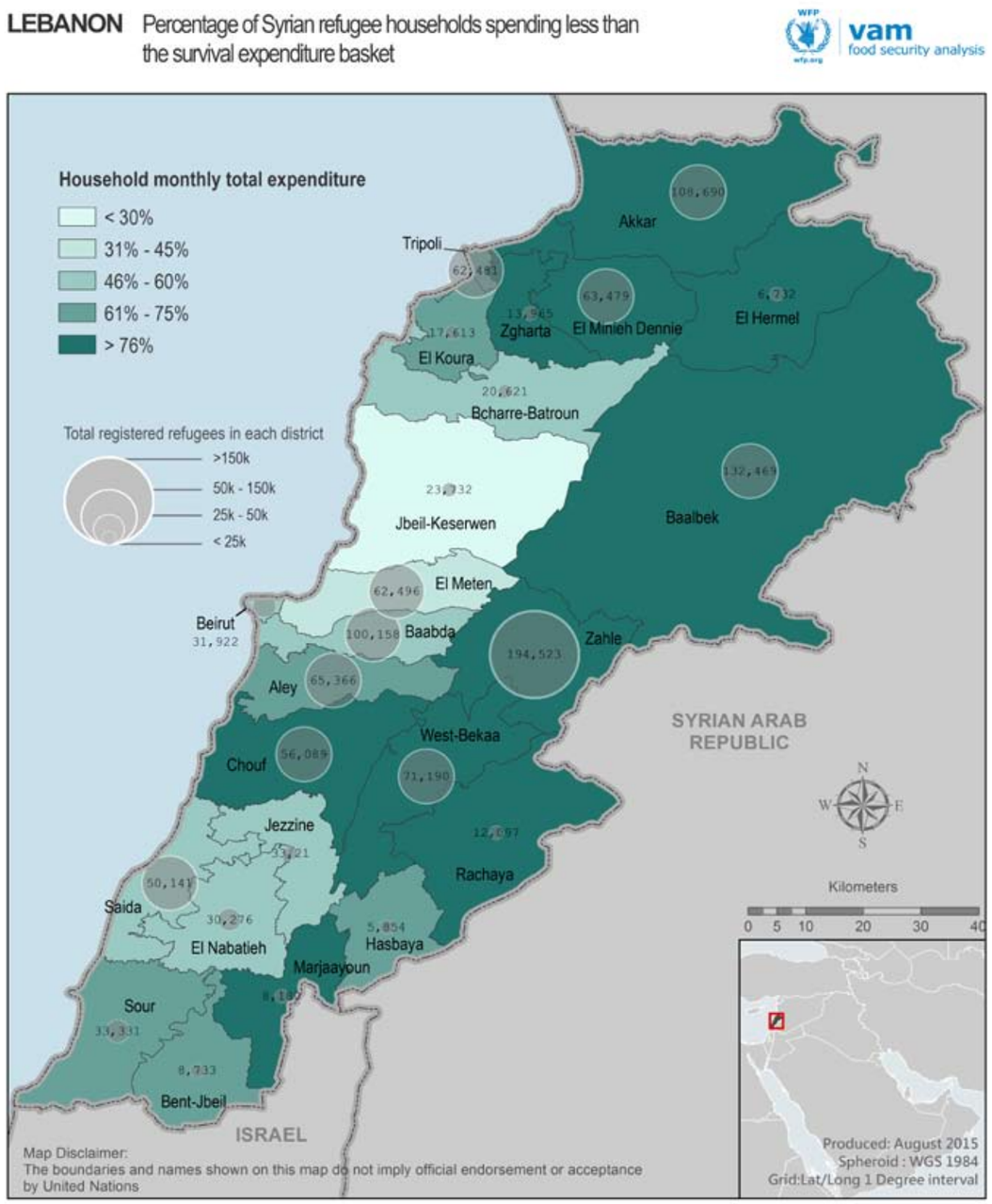
The restrictions on Syrian refugees' access to the Lebanese labour market, which the Lebanese government approved at the end of 2014, reduced Syrian livelihood opportunities and made it even harder for refugees to cover their basic needs autonomously.

Nationally, unemployment rates among Syrians increased by 7%, but by even more in Tripoli 5, Akkar and Bekaa. Overall a third of HHs had no members working during the 30 days before the survey, compared with 26% last year. Looking at districts, more than half of working age Syrians were unemployed in El Minieh Dennie, followed by Akkar and West Bekaa.

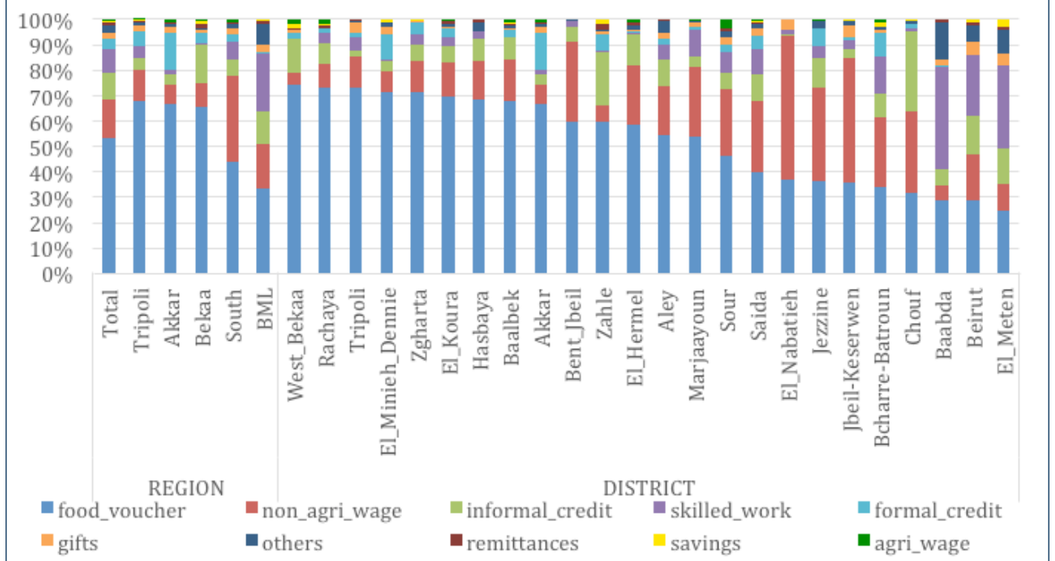
3 United Nations Development Programme and the Council for Development and Reconstruction (2014). Lebanon Millennium Development Goals Report 2013-2014.



LEBANON Percentage of Syrian refugee households spending less than the survival expenditure basket



Main livelihood source, by region and district



Based on the 3,592 respondents that reported having received income in the last 30 days, the average per capita monthly income was $203, (dipping to $97 in Hermel). When nonworking members were also accounted for, the mean monthly household income was just $165.

On average working members were employed for 15 out of the last 30 days. The average daily wage was $15, and was as low as $10 in West Bekaa, Hermel and Zahle.

Syrian refugee HHs were more reliant on loans, credit and food vouchers than they were in 2014. Nationally household dependency on food vouchers as the primary livelihood source increased by 14% to 54% of HHs, peaking at 74% in West Bekaa district. The percentage of HHs relying on informal and formal loans as their first livelihood source was three times higher in 2015 (15%) than the previous year, reaching 33% in Chouf.

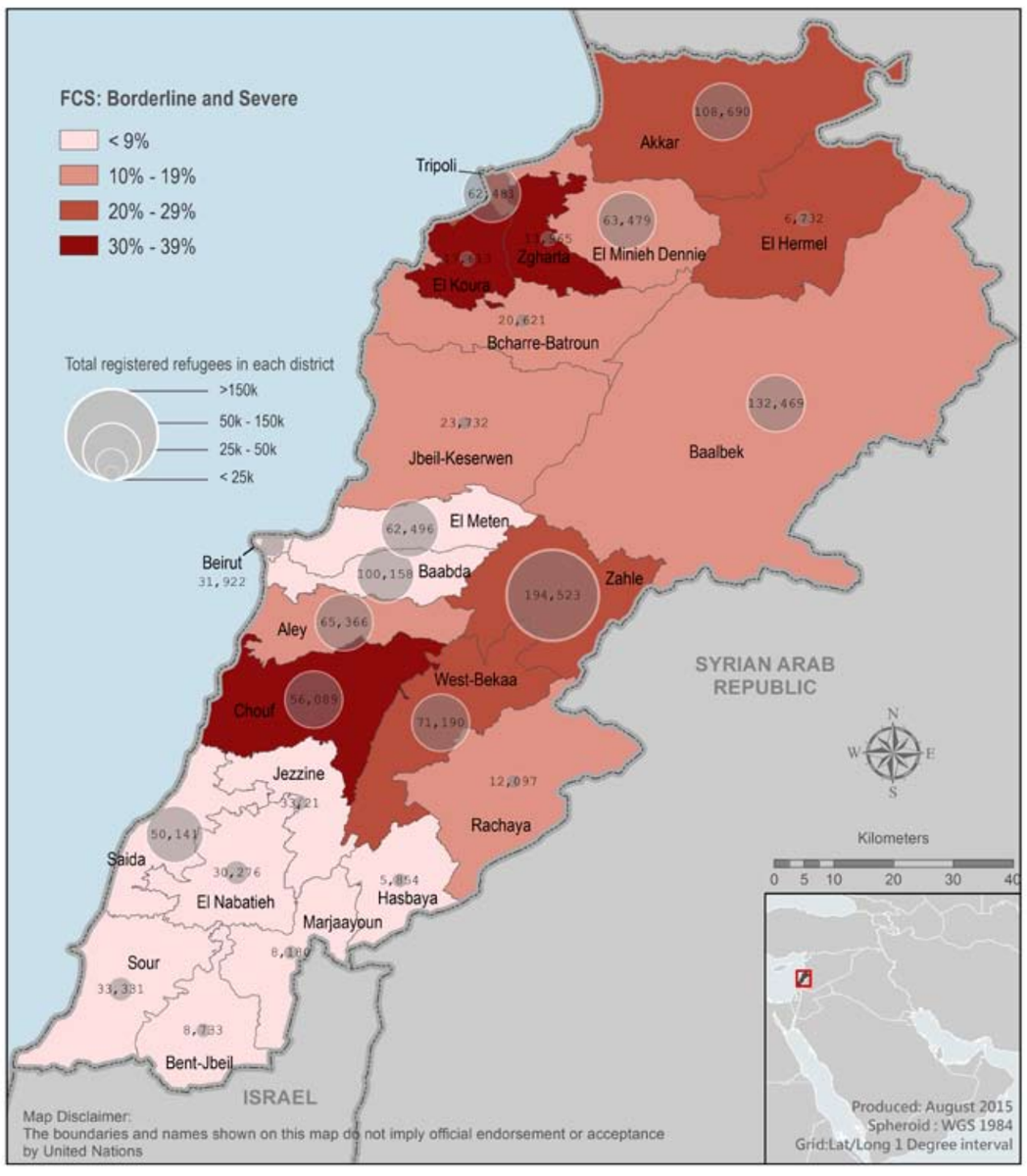
Reliance on non-agricultural casual labour as the primary livelihood source (15%) was half that of 2014, while reliance on skilled work fell from 14% in 2014 to 9% in 2015.

10 Food consumption

The number of meals eaten each day by children and adults fell compared to 2014. In one in three HHs (vs one in four in 2014) members consumed just one or no cooked meals the previous day. Children under five consumed fewer than three cooked meals the previous day in 65% of HHs versus 41% in 2014. More than a quarter of HHs (27%) were unable to cook at least once a day on average (7% more than in 2014), mainly due to lack of food to cook (88%) or lack of fuel (12%).

The proportion of HHs with borderline food consumption scores (FCS) increased from 10% to 14%.

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



There has been a further deterioration in consumption patterns, with households consuming less nutritious food groups, increasing the risk of micronutrient deficiencies. The percentage of HHs not able to consume vegetables or fruit on a daily basis doubled to 60%. The percentage that did not manage to consume vitamin A rich food groups on a daily basis jumped from 21% to 33%. More than half of HHs (51%) did not consume iron rich food groups (fish and meat) at all in the last seven days compared with 43% in 2014. The only food group that Syrian refugee HHs were eating slightly more regularly were sugary products, which were eaten almost daily across both years (up from 6.4 days to 6.7). HHs ate dairy food and eggs less regularly than in 2014.

11 Child nutrition[5]

Less than half (45%) of babies under six months of age were exclusively breastfed as recommended by WHO (2008). One fifth were not breastfeeding at all.

An even lower percentage of 6-17 month old infants had the 'minimum acceptable diet' in 2015 in comparison to 2014 (3% versus 4%). The main limiting factors were insufficient number of meals (83% did not have the minimum acceptable meal frequency) and poor diet diversity. Only 10% versus 18% in 2014 consumed the WHO recommended minimum four food groups out of seven, sinking to 0% in the districts of Tripoli and Zgharta.

Children between 6 and 11 months were more likely to consume dairy products in 2015 than in 2014 (up from 34% to 60%) and infant formula (up by 8%).

4 Vitamin A rich food groups: dairy products, eggs, green leafy vegetables, orange or dark yellow vegetables and fruits.

5 Information on feeding practices was collected for 381 children under six months of age and 883 children between six and 17 months.

6 A composite indicator that combines dietary diversity and feeding frequency by breastfeeding status according to WHO IYCF indicators

7 The seven standard food groups are: grains and tubers; pulses; dairy products; meat and fish; eggs; vitamin A rich fruits and vegetables and other fruits and vegetables.

12 Coping and debt

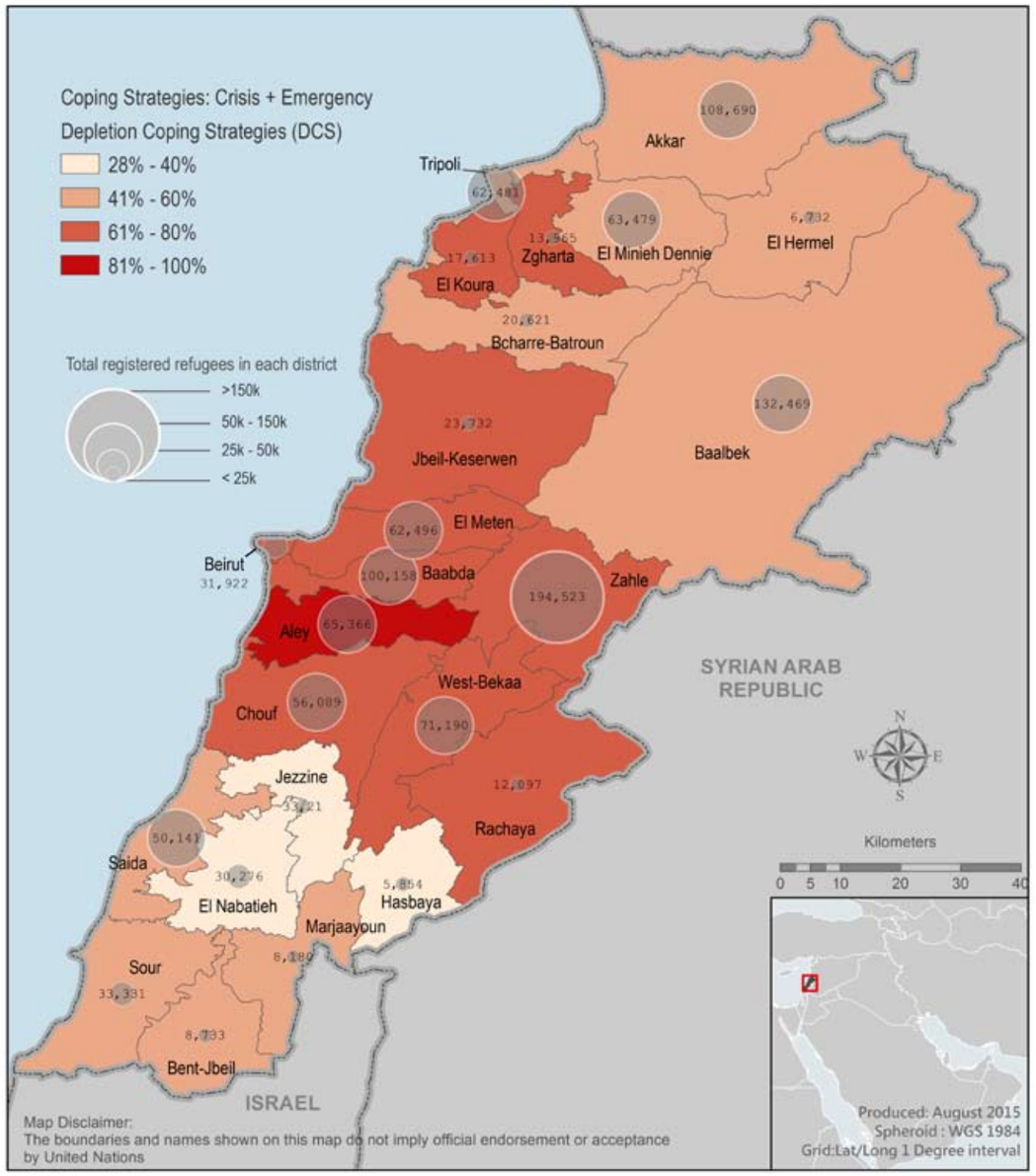
Most HHs (89%) reported having experienced lack of food or money to buy food in the 30 days before the survey, 22% more than in 2014. Significant differences were found by district, peaking at 100% in Tripoli 5

Out of those that did not have enough food or money to buy food, almost 100% applied food consumption related coping strategies, chiefly relying on less preferred or less expensive food, reducing the number of meals per day, borrowing food from friends or relatives and reducing portion sizes at meal times. In 29% of HHs adults restricted their consumption to allow children to eat.

HHs were more likely to use coping strategies that depleted their asset base (asset-depleting coping strategies (ADCSs)) than in the previous two years. More than half of HHs (52%) applied a 'crisis' ADCS, 32% more than in 2014. The percentage of HHs buying food on credit and reducing essential nonfood expenses such as health or education was more than double that of 2014 and triple 2013. Spending savings, selling goods and assets, and withdrawing children from school were also more common.

The gap between monthly expenditures and income was estimated at $300. The percentage of HHs with debts was up from 81% in 2014 to 89% in 2015 with HHs mainly borrowing money to buy food followed by paying rent and covering health expenses. The amount of money owed rocketed too: on average, HHs with debts owed $842 compared with $674 in 2014. This national average figure has been skewed by that of HHs in BML region, where the mean debt average was $1,151. At district level HHs in El Meten, Beirut, Baabda, Bcharre-Batroun, Aley and Chouf owed more than $1,000 on average.

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



13 Food sources

Syrian refugees mainly bought their food using food vouchers (48%), their own funds (30%) or credit/ borrowing (18%). Nationally Syrian refugees were 15% less likely to buy food with their own funds than they were a year ago.

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

14 Food insecurity[8]

The food security situation of Syrian refugees in Lebanon significantly worsened since 2014. Moderate food insecurity doubled to affect a quarter of HHs, while the percentage of food secure HHs fell from 25% to 11%. Most of the population (65%) was classified as mildly food insecure.

The number of moderately or severely food insecure Syrian refugees in Lebanon has burgeoned since 2014. Out of the 1,174,690 Syrian refugees registered with UNHCR by June 2015, about 763,549 were estimated to be mildly food insecure, 272,528 moderately food insecure and 5,873 severely food insecure. Just 129,216 were considered food secure

Regionally, Akkar, Tripoli 5 and Bekaa had the highest proportion of food insecure HHs and the South the lowest. However, food insecurity varied significantly by district within the same region. At district level, the highest proportion of food insecure Syrian refugee HHs (reaching one third) was found in Zgharta, Hermel, Koura, Chouf and Baalbek. Half of all moderately and severely food insecure HHs were in Zahle, Baalbek, Akkar and West Bekaa.

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

Photo by Jessica El Khoury

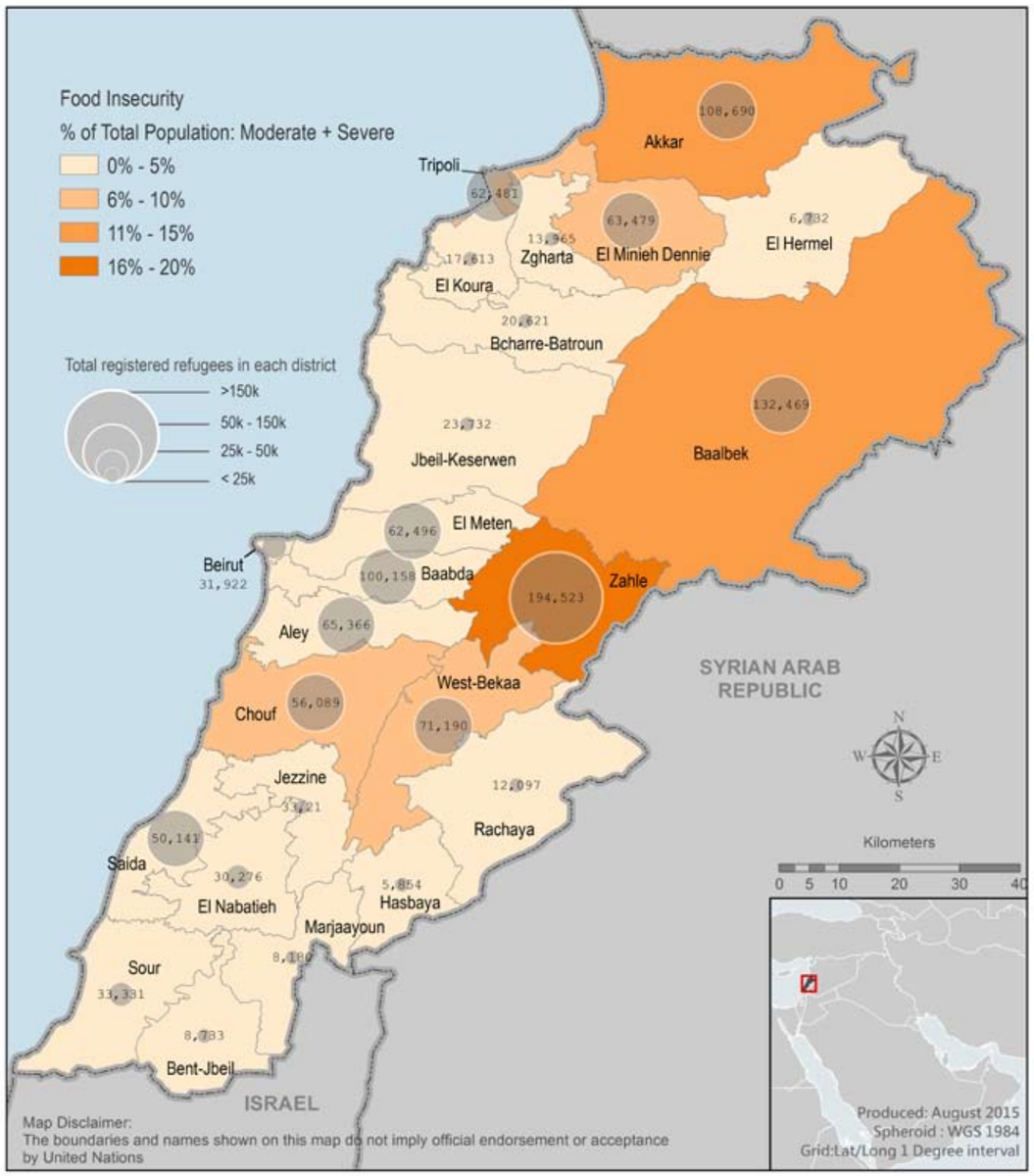
15 Assistance

Food vouchers were the main type of assistance received (67% versus 69% last year) in the three months prior to the survey, with the lowest rate in Akkar (52%), followed by Tripoli (61%). Bekaa, BML and South had 70%+ coverage rates. Around 12% of HHs received healthcare assistance, 7% food-in-kind and 4% hygiene kits.

Only 7% of HHs received cash assistance in the three months before the survey, with the lowest rate in Tripoli (3%) and the highest in the Bekaa (9%). Over the course of the previous year, 7% of HHs benefitted from education assistance compared with 17% in the 2014 survey and 16% received furniture. HHs in BML were less likely than elsewhere to receive assistance, while those in the Bekaa followed by Akkar received the most assistance, particularly in terms of furniture and food assistance. Education assistance was most common in Akkar (16%) followed by the South (10%).

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

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



16 Focus group discussions

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

17 Recommendations

Policies, measures and programmes oriented towards allowing refugees to generate income while protecting the Lebanese labour market and mitigating potential tensions with the host community are recommended. Reducing the number of HHs targeted for assistance is likely to lead to a further deterioration of the food security situation: dependency on external assistance must be tackled at the same time. The extended and continued inadequacy of infant and young child feeding practices requires a causal analysis to better understand the factors leading to it. Programmes must be directed at tackling the identified causes and ensuring effective behavioural change. Although sensitisation on adequate feeding practices is recommended, other potential causes should be considered to ensure effective behavioural change.

Overall, an upscale of programmatic interventions to cover the growing needs of the refugees is recommended. Given the significant differences between districts in the same region, any geographical targeting should be applied at a lower geographical level. Systems to identify and recognize these pockets will ensure an appropriate and fair level of assistance to vulnerable HHs, regardless of their location.