EMERGENCY RESPONSE

AMEL Association

Syrian Refugees in Lebanon

Achievements and steps forward

April-August 2012
The continuing unrest in Syria is resulting in a growing influx of Syrian refugees to Lebanon. The United Nations High Commissioner for Refugees has registered over 57,000 Syrian refugees in Lebanon (September 7, 2012) while many refugees are awaiting registration. Many Syrian refugees in Lebanon have found shelter with family members or through migration networks. Both Syrian refugees and Lebanese communities face increasing needs in childcare and education, medical and psychological care and daily basic commodities.

In response to the developing humanitarian crisis, Amel Association International launched a humanitarian appeal in March 2012 for funding of an emergency program. With the support of local and international organizations, and in coordination with UNHCR, the Lebanese Ministries of Health and Social Affairs, Amel is currently providing medical support (such as free primary health consultations and medicines), child protection (such as remedial classes) and emergency supplies (such as food and hygiene kits) to more than 3000 beneficiaries.

All services are provided through Amel community centers in the Bekaa, namely in El Ain, Ersal, Kamed el Loz and Mashgharah. With 30 years of expertise, Amel’s strength relies in its non-sectarian background and humanitarian motives of action. Moreover, Amel is capable of mobilizing a network of experience and dedicated local staff and has the facilities in place to respond to emergency situations. Since the end of July, Amel has started preparations for an expansion of the Emergency Program, following the sharp increase of Syrian refugees in Lebanon. Amel aims to increase the scope of assistance by enlarging the covered areas to all of Lebanon, through its 23 centers in South Beirut, South Lebanon and the Bekaa, and scale up the number of beneficiaries to 10,000 Syrian refugees. As many Syrian refugees live in remote areas, Amel will not only provide services from its community centers but also through mobile clinics and active outreach by social workers.

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STRONG INCREASE OF SYRIAN REFUGEES

The humanitarian crisis of Syrian refugees in Lebanon has entered a new phase. With the security situation in Syria deteriorating, thousands of Syrians flee their country on a daily basis. During the month of August alone, 100,000 Syrian refugees fled to neighboring countries, which is the highest number since the beginning of the crisis. The traditional close political, economic and ethnic ties between Syria and Lebanon, make Lebanon a unique host country of Syrian refugees. During the 2006 Hezbollah-Israel War, more than 260,000 Lebanese found shelter in Syria. Currently, many Syrians have found shelter in Lebanon with relatives through family, intermarriage or economic networks. Since July, the numbers of Syrian refugees arriving in Lebanon is rapidly increasing, posing a heavy weight on Lebanon’s state and civil capacities, which have already been overloaded by a year presence of Syrians arriving in Lebanon since 2011.

CHALLENGES IN ADAPTING TO GROWING NUMBERS

The United Nations High Commissioner for Refugees (UNHCR) coordinates relief programs according to inter-agency estimates, but it remains challenging to adapt to the growing numbers in the field. Assessments of Amel staff in the field and inquiries with local municipalities reveal that many Syrian refugees remain unregistered. This is partly due to the fact that Syrian refugees fear security concerns in case of return to Syria and the scarcity of registration offices in Lebanon. In the South of Lebanon, for instance, UNHCR hasn’t started registration of Syrian refugees yet and Syrian refugees who wish to register have to travel to Beirut. At least 5000 Syrian refugees in the south of Lebanon are registered with local municipalities. Similarly, the actual number of refugees in the area is much higher according to many local sources.

GEOGRAPHICAL DIVERSITY

Syrian refugees move to areas in Lebanon where they feel safe. The strong relation between the background of certain refugee communities and their geographical host area in Lebanon, affects the implementation of humanitarian assistance. For example, it is complicated to move children for trips from one area to another or to conduct outreach activities in
some areas. Moreover, the needs of Syrian refugees and the opportunities for assistance differ from place to place. Furthermore, the economic background of Syrian refugees is related to their host area; well-off Syrians rent or buy apartments in Beirut, where poor Syrians have to stay in the countryside as they cannot afford to leave the capital. Many Syrians who have previously been working in Lebanon as laborers in construction or agriculture are bringing their families to safety to their previous or current working locations. It has been noted that many Palestinian refugees from Syria are moving to Palestinian refugee camps in Lebanon, especially in Baalbek and in South Lebanon.

**POOR LIVING CONDITIONS**

During the initial months of the unrest in 2011, Lebanon witnessed a first influx of Syrian refugees in North Lebanon. A second wave of refugees, since the start of 2012, moved increasingly to the Bekaa Valley. The security deterioration in Syria since July resulted in a new mass movement of Syrians from the Damascus governorate to the Bekaa Valley and to all over Lebanon. Many Syrian workers in Lebanon are bringing their families to safety to their working country.

Syrian refugee families follow the following accommodation trends. If they are financially capable, they rent or buy apartments. If they have family or intermarriage relations, they stay with (extended) family members. In case Syrian refugees lack both financial means and social relations, they occupy public places, such as schools or mosques, or are allowed to stay in empty buildings or garages (in some cases in return for working on the land of the house owner). Many Syrian refugees suffer from poor living conditions, including overcrowded rooms (an average of 10 persons in one room, allowing for stress and domestic violence), risk of eviction (in case of public places or inability to pay the rent) and poor hygiene (one toilet for a high number of people, no clean drinking water). Reports of early and
arranged marriages of Syrian women to Lebanese men are believed to be related to these poor living conditions. Moreover, a high pregnancy rate with maternal complications is noted among Syrian families. Meanwhile, many Lebanese communities have been generously hosting Syrian refugees, but are in the end of their financial capacities, with insecurity along the Syrian-Lebanese borders also affecting their means of livelihood.

AMEL EMERGENCY RESPONSE
Amel is constantly following the situation of Syrian refugees in Beirut, the Bekaa and South Lebanon. Health, distribution, education and psycho social support programs have been established since April 2011 through a network of multiple donors. Amel takes part in national interagency meetings in Beirut and local interagency meetings in the Bekaa, under coordination of UNHCR. Separately, AMEL’s President Dr. Kamel Mohanna is heading as well the Lebanese network of NGOs, facilitating coordination between local NGOs at different levels. With its extended network of staff, volunteers and partners, AMEL is able to assess the needs of Syrian refugees and host communities and to plan support programs and emergency relief accordingly. AMEL can rely on a perfect reputation as the largest non-political and non-sectarian actor in Lebanese society, built during more than 30 years of presence in South Lebanon, Beirut and the Bekaa Valley. The 23 AMEL Health and Community centers in Lebanon, located in areas with different confessional and political compositions, have the experience, equipment and local capacity to serve as education, health, distribution and information centers for Syrian refugees and Lebanese host communities. With this potential and the Syrian refugee crisis in Lebanon unlikely to end soon, AMEL continues to develop its Syrian Emergency Response Program to address the needs of Syrian refugees and their host communities to all over Lebanon.
Sectors of intervention of AMEL Emergency Program
(based on budget)

- HEALTH
- CHILD PROTECTION
- DISTRIBUTION

AMEL centers in Lebanon
Amel has obtained extensive experience with providing health services during previous emergency situations in Lebanon. The many Amel community health centers are equipped with basic supplies to develop into field clinics where doctors can conduct consultations and respond to specific medical needs of patients.

SITUATION
The Syrian refugees in Lebanon are in need for continuing medical support. Their living conditions in Lebanon negatively affect their health conditions, because of the bad hygiene (infections, polluted water), stress among family members (traumatisms, stress related to their current insecurity) and many people living in small spaces (transmittable diseases). In addition, many Syrian refugees suffer from chronic diseases such as heart problems, diabetes and blood pressure. Furthermore, the number of pregnant women among Syrian refugees, mainly originating from Syrian rural areas, is very high.

AMEL RESPONSE
Amel has expanded its services at the health centers in two centers of Northern Bekaa (El Ain and Ersal) and one center of Western Bekaa (Kamed el Loz) to the increasing demands of Syrian refugees in the areas. Moreover, a mobile clinic in the northern Bekaa and a physiotherapy center in Central Bekaa (Mashgarah) are launched as part of the Syrian Emergency Response Program. Particular WASH needs at collective shelters of Syrian refugees (working toilets, clean water, showers) which have been included in AMEL response. As shown in the table above, generalist and specialist doctors provided a total of 5,895 free consultations and free medicines for Syrian refugees since April 2012. Most cases concern respiratory tract infection,
musculoskeletal problems and skin allergies. Mental health consultations are on the rise in the centers, among adults (sadness, fear, depression) as well as children (nightmares, afraid for sounds), related to the negative experiences upon leaving Syria and their insecure living conditions in Lebanon. Psychologists in Kamed el Loz and El Ain are providing psycho social support to children, who are enrolled in the educational programs. In Ersal, several vaccination sessions have been conducted at local schools in cooperation with MSF.

CHALLENGES

One of the main challenges in implementing health services to Syrian refugees is access and transportation. Many Syrian refugees live at remote locations. Furthermore, doctors at the Amel Health Centers report that Syrian refugees return often for new consultations and new medicines, because they assume that the free service is temporary. There is a constant need for awareness on family planning, maternal health and prevention of transmittable diseases. In addition, needs for treatments of chronic diseases are currently not sufficiently addressed.

AMEL PLANNING

Amel is expanding and continuing services in Northern Bekaa, through the local Health Centers and a mobile clinic in order to cover a larger geographical area and to respond flexible to refugee movements. In West Bekaa, AMEL is looking forward to continue its medical support to Syrian refugees through the Health Center in Kamed el Loz, the Mashagarah Center as a Medical Referral Center and Mobile Clinic and Taxi-Ambulance. With the increasing case load of Syrian refugees at AMEL centers in South Lebanon, AMEL is planning to extend medical Syrian refugee services in the area’s of Tyre, Bazourieh and Khiam.

Our partners:
SITUATION

Most recent registration figures of UNHCR show almost 10,000 Syrian refugee minors under 18 in the Bekaa alone. Many Syrian children have suffered from violent and fearful situations in Syria and insecure living conditions in Lebanon. Most of the Syrian refugee children have not been attending schools in Lebanon during the 2011-2012 school year.

AMEL RESPONSE

Since May 2012, AMEL has started implementation of remedial classes at its centers in El Ain and Ersal. In addition, recreational activities are organized by animators to facilitate stress relief and address their desire to play and enjoy. Since July, similar child protection projects have been implemented in Kamed el Loz in Western Bekaa. Numbers of children attending classes have quickly risen to 100 (Ersal), 100 (Kamed el Loz) and 150 (El Ain), with the support of Save the Children and UNICEF. A Child Friendly Spaces program has facilitated play rooms in all the three centers, where refugee children can freely entertain and develop themselves in safe environments. During the summer of 2012, an Accelerated Learning Program addressed the differences between Syrian and Lebanese school curricula (English and French languages) in order to facilitate enrollment of Syrian children at Lebanese schools. These remedial classes will develop into after school support programs, once the Syrian children are enrolled in regular Lebanese schools. The educational programs at AMEL centers have received great appreciation among Syrian refugee communities. Trips organized for all the children to natural sites (pick nick) and entertainment centres were greatly welcomed by the parents, who mentioned that their children returned home excited and relieved. In all centers, a team of animators organizes daily recreational activities for the children to express their feelings and enjoy playing together.

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<thead>
<tr>
<th></th>
<th>Remedial classes</th>
<th>Child Friendly Spaces</th>
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<tbody>
<tr>
<td>Ersal</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>El Ain</td>
<td>150</td>
<td>50</td>
</tr>
<tr>
<td>Kamed el Loz</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>TOTAL Bekaa</td>
<td>350</td>
<td>150</td>
</tr>
</tbody>
</table>

Syrian Children at Amel Centers, May-August 212
Recently, psychologists are involved to identify specific cases of concern for child protection.

**CHALLENGES**
The differences between Syrian and Lebanese school curricula (many Syrian children don’t master English or French sufficiently) are an obstacle to integration of Syrian refugee children to Lebanese schools. Furthermore, the remote locations of some refugee communities require transportation which some families are lacking. It proves important to conduct awareness among parents on the importance of education. School enrollment and extracurricular activities are not only Syrian refugee children, but also for the feeling of leaving their home for a while and participate in a learning environment. The poor living conditions of Syrian refugee children, as outlined earlier, don’t encourage a healthy education at home. Family members watch the news of war all the day and discuss missing or injured relatives in an environment where there is no place to play or learn for a child.

**AMEL PLANNING**
AMEL is planning to expand child protection programs to other areas of Lebanon. In Beirut, AMEL expects to enroll 300 children in educational programs and similar numbers in the South of Lebanon, where the number of Syrian children is currently underestimated. For the Syrian children who are able to enter Lebanese schools, focus needs to be put at after school support and remedial classes for Syrian children not enrolled at official Lebanese schools. In addition, psycho social support will be developed at all learning and recreation centers of Amel and at Lebanese schools where Syrian children are enrolled.

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<thead>
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<th>Our partners:</th>
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<tbody>
<tr>
<td>Save the Children</td>
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<td>UNICEF</td>
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<tr>
<td>UNHCR</td>
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</table>
SITUATION

The living costs in Lebanon are relatively expensive compared to Syria, which creates a heavy burden on Syrian refugees in the country. The increase of Syrian refugees arriving in Lebanon is affecting the labor market and many Syrian families are unable to support themselves independently. The work Syrians find is mostly in the construction and agriculture sector, which is low paid and seasonal. Syrian families can to a lesser extent rely on host communities and charity associations, although their resources are limited. Distribution of food and non-food items is considered primary emergency relief and a welcome ‘quick impact’ support for refugee families. New Syrian refugees arrive in Lebanon with only a few personal belongings and are in need for support of basic items, like kitchen sets, mattresses, gas and cooking oil.

AMEL RESPONSE

AMEL provided kits to 203 Syrian families (representing a total of 1116 refugees) including:

- Food kits
- Baby kits (diapers, food)
- Hygiene Kits (soap, towels, cleaning products)
- Kitchen Set (plates, cooking utensiles)
- Shelter support items (1116 mattresses, blankets, pillows distributed)
- Clothes

Most of the kits were distributed through AMEL’s local network at the community centers. In other cases, AMEL visited collective shelters of Syrian refugees in order to deliver the support items. The distribution of clothes was implemented through a voucher system, where each beneficiary could decide what kind of clothes to receive.

Food distribution to Syrian refugees at Amel Centers, April-August 2012

<table>
<thead>
<tr>
<th>No of kits</th>
<th>No of beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ersal</td>
<td>155</td>
</tr>
<tr>
<td>El Ain</td>
<td>40</td>
</tr>
<tr>
<td>Kamed el Loz</td>
<td>40</td>
</tr>
<tr>
<td>Other</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTAL Bekaa</strong></td>
<td><strong>190</strong></td>
</tr>
</tbody>
</table>

CHALLENGES

Distribution of food to communities in need is always challenging. First of all, this intervention is costly
as it requires many logistics, in comparison to the number of beneficiaries. Secondly, although distribution is greatly appreciated by the beneficiaries it remains a short term support and needs to be renewed after a period of time. Finally, with the rapid and continuous flow of refugees, the needs are difficult to meet.

In collective shelters, AMEL staff noticed a high need for hygienic maintenance, in order to prevent communicable diseases, such as scabies and lice. But it is also important to ensure that the infrastructure is suitable to host families. Many families gather in collective shelters such as unfinished constructions, abandoned buildings or holiday chalets, which are not equipped for hosting many people for a longer period. These locations often lack showers, a garbage disposal, kitchen facilities or a sewage system. Moreover, these temporary locations create tensions with the local community, as schools and public buildings are need to be used.

AMEL PLANNING

AMEL is planning to continue distribution activities and develop a more regular program, which can flexibly and directly respond to needs of Syrian refugees in all parts of Lebanon. For instance, if Syrian refugees lack blankets during a cold winters or nutrition items are in sudden need, AMEL can directly intervene. Also, AMEL is conducting contingency planning, in case of a sudden massive influx of refugees following a catastrophic event in Syria. Therefore, AMEL is planning to purchase stocks of medical, food non-food items at the AMEL centers in the field for emergency distribution.

Our partners:

[Logos of partners]
AMEL international is foreseeing long-term humanitarian assistance programs for Syrian refugees in Lebanon. The implementation of the AMEL Emergency Program following humanitarian appeals in March and July covered Health, Distribution and Child Protection sectors in the Bekaa. With the rapid increase of Syrian refugees since July 2012 (and following UNHCR planning of 120,000 Syrian refugees by the end of 2012) AMEL plans to scale up assistance to Syrian refugees to 10,000 at 16 centers all over Lebanon. Amel relies on external funding to continue and expand its activities.

<table>
<thead>
<tr>
<th>Regions</th>
<th>AMEL Centers</th>
<th>Planned action</th>
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<tbody>
<tr>
<td>Bekaa</td>
<td>Kamed el Loz</td>
<td>Health/Distribution/WASH/Child protection</td>
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<tr>
<td></td>
<td>El Ain</td>
<td>Health/Distribution/WASH/Child protection</td>
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<tr>
<td></td>
<td>Shmostar</td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td>Ersal</td>
<td>Health/Distribution/WASH/Child protection</td>
</tr>
<tr>
<td></td>
<td>Mashgharah</td>
<td>Health referral center</td>
</tr>
<tr>
<td>South</td>
<td>Khiam</td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td>Halta</td>
<td>Health/Distribution/WASH Child protection</td>
</tr>
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<td></td>
<td>El Fardis</td>
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<tr>
<td></td>
<td>Sour</td>
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<td></td>
<td>Bazourieh</td>
<td></td>
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<tr>
<td>Beirut and suburbs</td>
<td>Burj El Barajneh</td>
<td>Health Distribution</td>
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<td></td>
<td>Hay El Sellom</td>
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<td></td>
<td>Musharrafieh</td>
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<td></td>
<td>Chiah</td>
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<td></td>
<td>HaratHreik</td>
<td>Family planning</td>
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<td></td>
<td>Ain El Remmaneh</td>
<td>Distribution</td>
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</tbody>
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The continuous support from various donors and the reliable coordination with the Lebanese authorities, specifically the Ministries of Health and Social Affairs, is ground for the great achievements the Syrian Emergency Program has booked so far.
AMEL THANKS ITS PARTNERS FOR SUPPORTING THE SYRIAN EMERGENCY PROGRAM

FOR MORE INFORMATION ON THE AMEL SYRIAN EMERGENCY PROGRAM, PLEASE CONTACT

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