

MOUNT LEBANON GOVERNORATE, CHOUF DISTRICT
August 2013

INTEGRATED RAPID ASSESSMENT REPORT





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CARE International in Lebanon

In partnership with



CARE is a leading humanitarian organization fighting global poverty. Established in 1946, it is now a network composed of 14 members and operational in 84 countries. CARE works on both long term programs to fight poverty and humanitarian emergency responses.

CARE has developed a regional response to the Syrian Crisis in Jordan, Lebanon, Egypt and now Yemen to meet the immediate and most urgent needs of the men, women, boys and girls who have fled Syria. CARE is very well established in the region and first set up an office in Jordan as early as 1948.

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Executive Summary

The present rapid integrated assessment was led by CARE International in Lebanon in partnership with two Lebanese NGOs: the Awareness & Consolation Association (ACA) and the Development for People & Nature Association (DPNA). It took place between the 13th and the 31st of August 2013 in six municipalities of the Chouf district in the Mount Lebanon Governorate (Barja, Chhime, Dalhoun, Katermaya, Mazboud and Mghairiye). The main purpose of this assessment was to get a better understanding of the level of vulnerability of Syrian refugees and related immediate needs across the six municipalities in terms of WASH and Shelter/NFIs and to a lesser extent in term of protection and food security/livelihood. CARE has decided to focus on this region following several field visits and meetings with relevant actors. While 22.6% of the Syrian refugees in Lebanon live in Mount Lebanon, only a few INGOs work in this area and the coverage of refugee needs remains very low. This report also aims to contribute to filling the information gap that currently exists on the Mount Lebanon area.

This assessment uses a combination of primary and secondary data collection methods. In total 240 households and 6 key informants at the municipality level were interviewed; 22 male and female focus group discussions were held. In the area assessed 19,555 Syrians (both registered and non-registered with UNHCR) are living in a host community of approximately 106,000 people.

A family profile emerged from the assessment: refugee families in the area are on average composed of 5 members; they mostly came directly from Syria (at 91%) and 81% said they have never been back. On average, refugee households are composed of two families living together. It appears that an important number of refugees is not registered with UNHCR as municipalities in the area have registered close to twice the number of refugees registered by UNHCR. Almost all the households interviewed received aid at some point, which was mostly composed of food items or food vouchers. However, close to 60% of interviewed households define cash as one of their most immediate and urgent needs. This is followed by food and milk for babies, NFIs and WASH.

In terms of WASH it appears that the vast majority of the people assessed (more than 70%) did not receive either any personal hygiene kit or cleaning kit. Waterborne diseases are quite widespread with 40% and 24% of the assessed households having at least one member who suffered from diarrhea or skin disease respectively in the last month. All municipalities identified water as one of their urgent needs. Indeed, due to limited municipality capacity, very few measures were taken to deal with the substantial population increase and thus pressure on water supply and usage. Consequently close to one third of the refugee population is buying water adding an important burden on families with very limited cash resources. Although on average each shelter has one latrine, sanitation also remains an issue as 21% of the households have to pay to empty their pit latrine which costs either 20 or 80 USD depending on the availability of vacuum trucks at the municipality level. The capacities of the municipalities to deal with the important increase in the quantity of solid waste are also at their breaking point.

In terms of shelter, 69% of the households in the assessed area are living in a rented apartment which confirms that this is how the majority of refugees are living in the Mount Lebanon area. However it was clear from the assessment that municipalities have already exhausted most of their shelter capacities as no housing is said to be available anymore. Shelter is a pressing issue as 46% of the interviewed households are not living in suitable places. Moreover, 71% of the households assessed are currently paying their rent from their own seasonal labor earnings (in agriculture or construction). Their capacity to pay rent will be challenged in the coming months as work opportunities are expected to shrink in the winter. Finally close to 40% of the interviewed households lack essential NFIs; winterization kits were identified as an immediate need by 83% of the households.

When asked about the impact of the crisis, all focus groups agreed on one word: destruction. Their lives and their homes were destroyed, they have lost loved ones and the community they were part of has been torn apart. 76% of the interviewed expressed a feeling of distress. In one way or another most refugees who participated in the focus group discussions expressed the feeling that they have not only lost their past life but also their future. This feeling is aggravated by the lack of prospects for their children: 66% of them are not attending school and having “illiterate” children is a profound fear among parents.

Background and Context

GENERAL HUMANITARIAN OVERVIEW

The Syrian crisis has forced millions of families to flee their homes to find a safer place. About 4.25 million people are currently displaced inside the Syrian territory whereas at least 2 million have crossed borders¹. Lebanon currently has highest numbers of refugees from Syria and was one of the first to start receiving them. As of August 27th 2013, UNHCR had identified **711,920 Syrian refugees** -600,910 of whom are registered, whereas **92,000 Palestinian Refugees from Syria** have approached UNRWA. The arrival of refugees has increased very rapidly since January 2013. A year ago, on the 28th of August 2012 only 41,090 refugees were registered. To this date there is no national estimation of the number of unregistered refugees. However our assessment shows that municipalities have registered close to twice the number of refugees registered by UNHCR. The Lebanese Government estimated back in March 2013 that the country already hosted 1 million Syrians. However that figure included the number of Syrian workers living in Lebanon before the crisis, estimated to be at least 300,000².



UNHCR - Syrian refugees Registered in Lebanon at the district level – 31 July 2013

Lebanon is a small country of 10 400 km² with in 2012³ a population of 4,424,888. Since the Lebanese authorities have so far not permitted the establishment of a transit or fully fledged refugee camps, refugees are today scattered across the whole country living in very different types of shelter. Refugees have been mainly settling in the Bekaa (Baalbeck and Zahle districts) and the Northern governorates (Akkar and Tripoli districts). The Mount Lebanon Governorate has been perceived for several months by humanitarian actors as facing less urgent needs. However the six districts that compose the **Mount Lebanon Governorate** (Jbeil, Keserwane, El Meten, Baabda, Aley and Chouf) as well as Beirut have witnessed an increase of their refugee population. As of the 27th of August 2013, UNHCR has identified **161,178 Syrian refugees** in this governorate, representing **22.6% of the total registered and awaiting registration refugee population**.

Refugees' needs are widespread in Lebanon but shelter and WASH seem to be at a critical point as absorption capacities in both sectors are increasingly limited; especially considering that the Lebanese infrastructures were already facing some challenges before the Syrian crisis. Shelter conditions are worsening, and not providing either sufficient dignity or protection. Over 450 informal tented settlements have been identified to date. Moreover, as the majority of Syrian refugees are paying rent⁴, they struggle financially to pay the increasing rents. The actual type of accommodation, and related needs, vary from one governorate to another. Mount Lebanon, which includes more urban areas, has 83.67% of its registered refugee population in apartments or houses following UNHCR Shelter Poll⁵. WASH needs also tend to vary from one geographical area to another and from one type of shelter to another. As expressed in the RRP5,

¹ OCHA ; UNHCR – 27th of August 2013

² ACAPS/SNAP – Regional Analysis Syria - 31 July 2013

³ World Bank

⁴ The UNHCR Shelter Poll of April 2013, which deals only with registered refugees, has shown that 81.25% of the Syrian refugees are paying rent. Syrians are mainly living in apartments or houses (62.72%), but 11.42% are living in tents whereas 9.91% are living in unfinished buildings and 7.54% in garages/warehouses etc.

⁵ UNHCR, Shelter Poll Survey on Syrian Refugees in Lebanon – April 2013

assessments conducted have shown that “it is expected that 27% of refugees and affected populations will be in need of water support and 29% will need support in terms of sanitation”⁶. The main priorities identified by humanitarian actors in the RRP5 include expanding hygiene promotion, ensuring adequate supply and storage of safe water and ensuring access to safe and appropriate sanitation facilities.

Humanitarian actors have underlined the great impact of the massive arrival of refugees on Lebanon especially since most refugees have settled in poor areas. Support to host communities has been integrated in the Regional Response Plan (RRP5). At a macro level, and putting aside the political and security implications of the Syrian crisis on Lebanon, the impact is mainly economic. Lebanon has been cut off from its traditional exports routes, mainly to the Gulf countries for its agricultural products. The country has furthermore witnessed an important loss of revenue from tourism. The construction sector, which is very important in the Lebanese economy and fed by financial sources abroad, has experienced a decline as well. The decline of these three sectors has had a direct impact on both the Lebanese population and also the Syrian population since most of the 300.000 to 600.000 Syrian migrant workers were employed in these three sectors before the crisis⁷. Most newcomers have also looked to engage in these three labor markets in order to strengthen their livelihoods. As demonstrated by the Lebanon Emergency Market Mapping and Analysis of April 2013, the arrival of a large pool of cheap labor is negatively affecting the vulnerable Lebanese population who tend to work in these labor markets. As a consequence of the combination of factors, the absorption and expansion capacities are very limited in these sectors. With the result and as expressed by the report “refugees will continue to require humanitarian assistance to meet their household needs for food, income and other services. Additionally, as the labor markets continue to weaken, it is very likely that vulnerable host community families will increasingly require assistance from humanitarian organizations to meet their needs.”⁸

CARE'S RAPID INTEGRATED ASSESSMENT

CARE is an International Non-Governmental Organization working in 84 countries on both long term programs to fight poverty and humanitarian emergency responses. CARE International in Lebanon resumed its activities in April 2013. It was first established during the 2006 war but it suspended its operations at the end of that emergency. Our work in Lebanon is part of a Regional response by CARE to the Syrian crisis.

After several field visits as well as interviews of relevant actors, and in order to cover both sectorial and geographical gaps, CARE International in Lebanon decided to work primarily on WASH, Shelter and Protection in the Mount Lebanon Governorate and in the city of Beirut. Field visits in May and July 2013 have confirmed that very few humanitarian actors are actually working in this governorate and that the needs in these three sectors of intervention are not yet properly covered. In order to better plan its operations in that area for 2013-2014, CARE took the decision to further assess the situation in what appeared to be the most vulnerable and the higher refugee receiving municipalities in Chouf district.

The CARE Rapid Integrated Assessment was conducted in partnership with two Lebanese NGOs: the **Awareness & Consolation Association (ACA)** based in Katermaya in the Chouf district and the **Development for People and Nature Association (DPNA)** based in Saida. ACA was founded in 1994 and has offered since then social, health and educational services to local communities. DPNA was established in 2003 and works through a wide range of civil society organizations to meet the needs of local communities in various sectors on the basis of sustainable development. Both NGOs took part to the emergency response during the 2006 war and the subsequent internal displacements. Today they are working to support Syrian refugees as well as affected host communities.

⁶ INTER-AGENCY, Lebanon: Regional Response Plan (RRP5) – Fact Sheet

⁷ Estimations given in the ACAPS/SNAP – Regional Analysis Syria – 31 July 2013

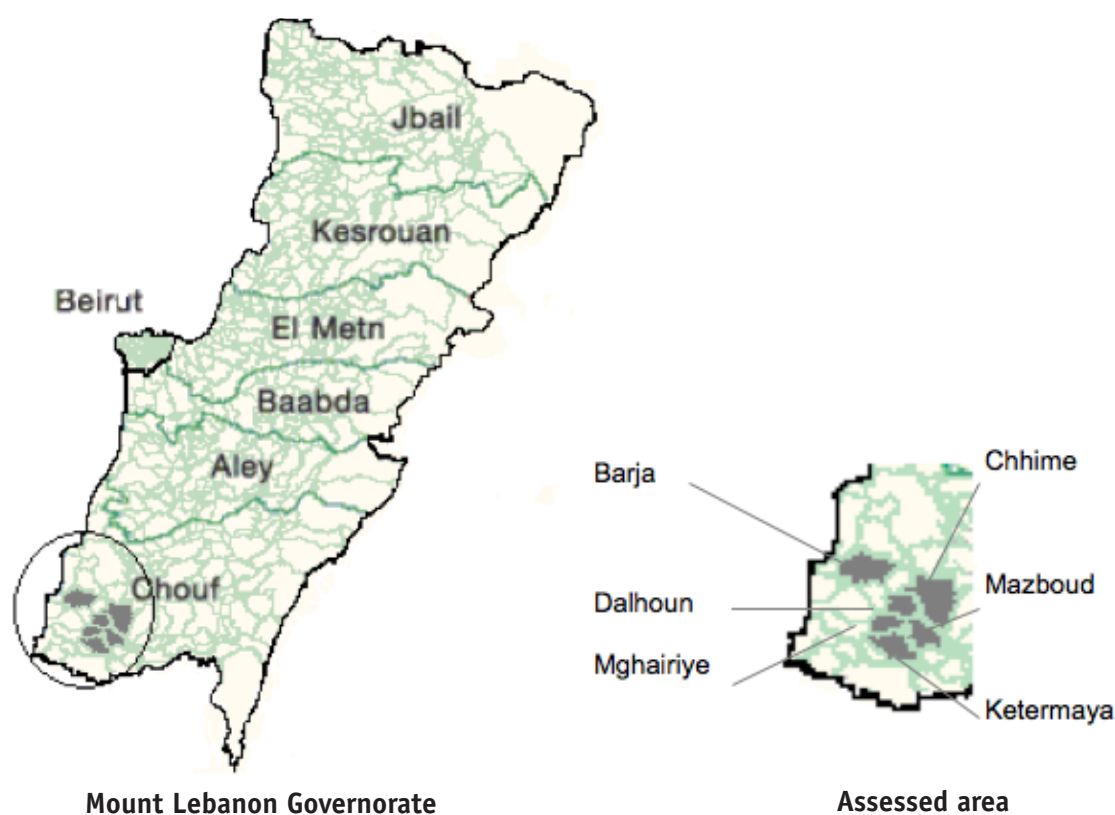
⁸ IRC, SCI, DRC, Oxfam & DFID, Lebanon Emergency Market Mapping and Analysis (EMMA) – April 2013

The **main purpose** of this assessment is to get a better understanding of the level of vulnerability of Syrian refugees and related immediate needs across six municipalities of Chouf district in the Mount Lebanon Governorate.

Specific objectives include:

- To identify other actors in the area via a mapping exercise.
- To assess community/refugees priorities and identify humanitarian gaps in regard to the implementation of adequate WASH, Shelter/NFI activities taking into considering protection needs and the existing livelihoods.
- To liaise with Local NGOs, INGO, relevant UN sector leads, relevant Lebanese Government bodies/ municipalities and donors.
- To make appropriate recommendations for actions to be taken.

The expected output from this assessment is the formulation of an Emergency Plan (2013-14) that will propose targeted WASH, Shelter/NFI activities taking into consideration protection needs as well.



The targeted area for this assessment includes a total of six municipalities in **Chouf District**, namely **Barja, Chhime, Dalhoun, Ketermaya, Mazboud and Mghairiye**. Those six municipalities were chosen considering feedback from sector coordination meetings and following exploratory field visits as well as primary interviews with municipalities, a small sample of refugees and local actors working in that area. Selection criteria were also based on the vulnerability mapping conducted by UNHCR, UNICEF and the Republic of Lebanon/Presidency of the Council of Ministers published in July 2013. Indeed in this Map of Vulnerable Population Group three of the targeted municipalities are classified in the Level -1/Worst (Ketermaya, Chhime and Barja) and three are in the Level -2/High (Dalhoun, Mazboud and Mghairiye).⁹

⁹ Map published on the UNHCR Portal for the Syrian Crisis with the following reference "UNHCR_LBN_SCL_MAP_2013-07-09_01_A1_Vulnerable Population Groups"

Methodology

CARE's Integrated Rapid Assessment took place in six (6) municipalities where an estimated number of **19,555 Syrian refugees** both UNHCR registered and non-registered have settled¹⁰. The assessment lasted from the 13th to the 31st of August 2013.

A combination of primary and secondary sources and methods were used. Secondary sources included feedback from sectors coordination meetings, reports published by a range of humanitarian actors, meetings with relevant UN bodies, local and international NGOs. Primary sources and methods included key informant interviews (mainly with the municipalities), focus group discussions with both males and females (FGD), household interviews as well as site visits and observation.

STUDY TEAM

Twelve enumerators, six females and six males, organized in six teams carried out field data collection. They conducted both household interviews and focus group discussions. Each team was in charge of collecting information for one of the six assessed municipalities. Household interviews were held in the refugee homes. Focus group discussions were also led in refugee home but in separate locations or at least in separate rooms for males and females to ensure a maximum degree of impartiality.

A field coordinator ensured leadership and coordination of the enumerator teams. An assessment team leader supervised the entire process from the development of the terms of reference to the writing of the report. He was supported for secondary data collection, key informant interviews, data entry and report writing by the CARE International in Lebanon team based in Beirut.

SAMPLING APPROACH

The statistical unit for this survey is the **household**, assuming that the situation, needs and gaps are homogenous inside a household. A household is defined in this assessment as a physical entity in which people are sharing income, shelter and meals. To put it simply it has been assumed that one household equals one kitchen, meaning that a household can be composed of several families, not necessary blood related, who are sharing the one and only kitchen. This definition of a household seems to be a more adequate unit in the present context. In addition a family rarely seems to be living on its own and for an assessment like this it enables the team to gather more information.

Proportionate cluster random sampling was applied for the data collection. As explained earlier, primary field visits enabled for a first estimation of the number of refugee families at 3,911 families/19,555 individuals. Consequently, the sample size is found to be of 197 families. An additional 13 families were added for safety reasons (in case some questionnaires would not be usable). 30 questionnaires were added for the two bigger municipalities which also received the higher number of refugees. This makes a total of 240 interviews to be undertaken with 240 families. But as explained above, it was the household that was the unit that interested us, so it was decided to visit 240 households. In this way we would at least interview 240 families but could interview many more. At the end of the assessment it was found that the 240 households were actually comprised of at least 368 families. The sample was thus largely exceeded.

The number of clusters was selected on the basis of the number of municipalities and not on the basis of households and population, this is due to the absence of any solid data on the existing number of households/population per municipality. The cluster in our case is a municipality, in total we have six and as the clusters have to be equal in terms of size ($197/6=33$) 33 interviews needed to be conducted per cluster. As explained above 13 were added for safety reasons and for Barja and Chhime 15 interviews

¹⁰ Those figures were gathered during exploratory field visits as well as meeting with local NGOs and municipalities

were added for each in order to account for the population difference with the smaller municipalities. In addition, 22 focus group discussions (11 men and 11 women) were conducted with a total number of 150 participants (65 men and 84 women). Finally, six interviews were organized with the targeted municipalities.

Random sampling is applied for the selection of household. To ensure homogeneity, the surveyors were instructed to cover the entire area.

Governorate/ District	Municipality	Estimated Families (registered & unregistered)	No of Interviews as per standards	No. of Interviews conducted	No. of FGD	Municipalities/ Interviews
Mount Lebanon/ Chouf	Barja	1,400	33	50	4	1
	Chhime	1,400	33	50	4	1
	Ketermaya	500	33	35	4	1
	Dalhoun	141	33	35	2	1
	Mghairiye	250	33	35	4	1
	Mazboud	220	33	35	4	1
TOTAL	6	3,911	198	240	22	6

METHODS AND TOOLS

Data was collected using questionnaires (HH, FGD and municipalities), and analyzed using Excel. A combination of primary and secondary information sources and methods were used as explained above.

The following sector-based specific tools were used for the primary data collection across the six selected municipalities:

- Community level FGD male questionnaires,
- Community level FGD female questionnaires,
- Household questionnaires including WASH, shelter/NFI questions and to a lesser extent food security & livelihood and protection questions.

All teams were also responsible for transit walks and observations of the visited area and to come up with a report of the overall situation in that area.

Constraints

Although security incidents have been increasing in Lebanon in the last few months, the assessed area is stable. No security constraints were thus experienced by the field teams. Furthermore, the local authorities, namely municipalities, have been very welcoming, facilitating access to the assessed areas.

The major constraint or challenge is that refugees are not only scattered in the Chouf District but also inside the municipalities' themselves. As a consequence they are both hard to identify and to access. Accessing and assessing refugee needs in this setting are both time-consuming and costly. The fact that the refugees are living scattered among the local Lebanese communities made it difficult to apply random sampling for the selection of households. To avoid this and ensure homogeneity, the surveyors were instructed to cover the entire area as much as they could.

This **geographical constraint** was partially overcome in the present assessment thanks to the full cooperation of municipalities, which have registered higher numbers of refugees than UNHCR, and the partnerships with ACA and DNPA who have good knowledge of the field.

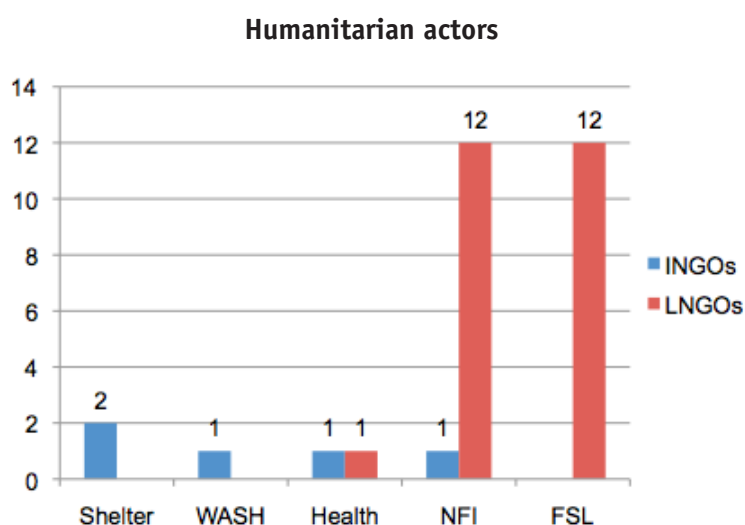
Dealing with a scattered refugee populations is a challenge faced by the entire humanitarian community in Lebanon. It means that information on potential services is difficult for the refugees to get themselves. They are often forced to spend their time and pay transportation costs in order to collect relevant information on their situation or to obtain the support they need.

The geographical, time and cost constraints mean that assessments focus only on a limited area of Lebanon. This is creating some important information gaps.

Two and a half years of violence, internal displacement and exile have obviously led to an important **state of fatigue and weariness among the refugee communities**. During this assessment ACA, DPNA and CARE's teams have felt refugee frustration and their disappointment at the very little aid they have received. Focus group discussions have confirmed that feeling. Some refugee expressed their opinion that they spend more time discussing their problems or waiting for promised aid than actually getting any. NGOs should thus pay special attention to avoid increasing refugee frustration. Coordination on this matter is crucial to avoid the duplication of assessments. Considering the continuous worsening of the situation in Syria, refugees have very little chance to return home any time soon and they are likely to be more and more reliant on humanitarian assistance as work opportunities will continue shrinking. On the other hand refugees were apparently not used to this type of exercise, namely answering detailed questionnaires on their needs or taking part in focus group discussions, even after two years and a half of crisis. Thus assistance may not be focused enough on the actual needs.

General Findings

ACTOR MAPPING



The above chart shows the number of national and international humanitarian organizations present in Chouf district. It is clear that the majority of the humanitarian organizations working in the area are local NGOs, funded mainly by Gulf donors and working on the distribution of food items, vouchers, household and personal hygiene items as well as in the provision of health services. Their work mainly depends on erratic donor funding and hence there is no continuity or regularity in the support provided.

Only two INGOs had a presence in the area and both have a low coverage in terms of both geographic area and the provision of aid. CHF is working mainly in the shelter sector distributing kits. PU-AMI is working in the health, food security, shelter and WASH sectors with mainly distribution of shelter kits, repair and rehabilitation of collective shelters with a WASH component. PU-AMI has also been distributing some hygiene kits and food vouchers. In addition we need to mention the support offered by the UN agencies once refugees are registered, with mainly a monthly food voucher distributed by WFP.

The 5W matrix put in place by UNHCR does not comprehensively cover all humanitarian actors currently in the district. A detailed mapping to verify the information is required in the near future and needs to be complemented by local NGO mapping considering their importance in the area.

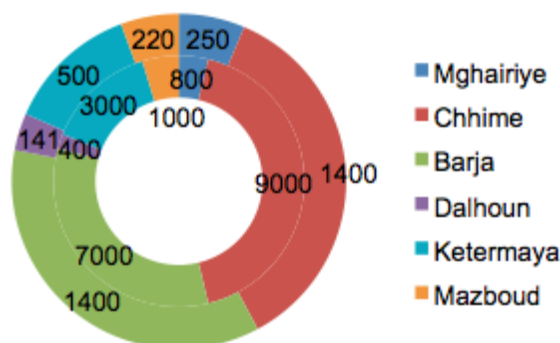
POPULATION DATA

The findings under this section are drawn from three sets of data: 1) UNHCR data, 2) municipality questionnaires and, 3) household questionnaires.

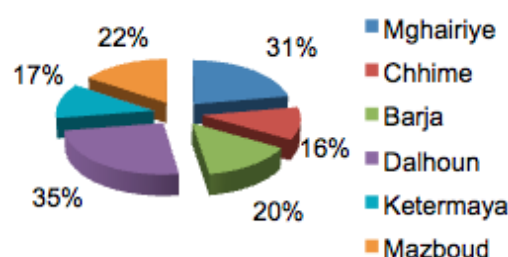
The numbers for both host and refugee populations based on the information provided by the municipalities as well as the number of UNHCR¹¹ registered refugees are as follows:

- The total number of the host population for the six municipalities is 21,220 families/106,000 individuals.
- The estimated total number of Syrian refugees in the six municipalities is 3,911 families/19,555 individuals.
- The percentage of Syrian refugees to host population is 18%.
- The total number of Syrian refugees registered by UNHCR is 1,886 families¹².
- The total number of Syrian refugees registered by the municipalities is around 3,461 families.
- The municipalities have registered close to twice the number of refugees registered by UNHCR (1.84).
- When asked why they were not registered with UNHCR, the reasons given by families included: a lack of information (40%), security concerns (24%), and no money to pay for the transport to actually register (17%).

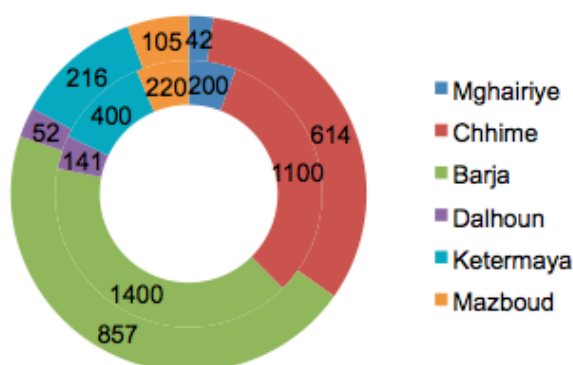
Population figures refugees & host community (families)



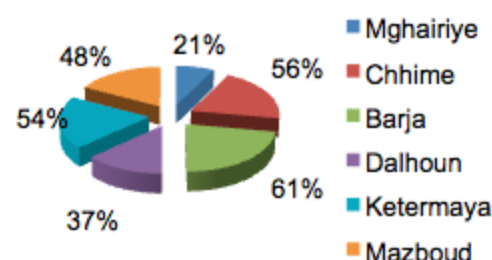
% Refugees to host community in targeted municipalities



Registered refugees UNHCR & municipalities



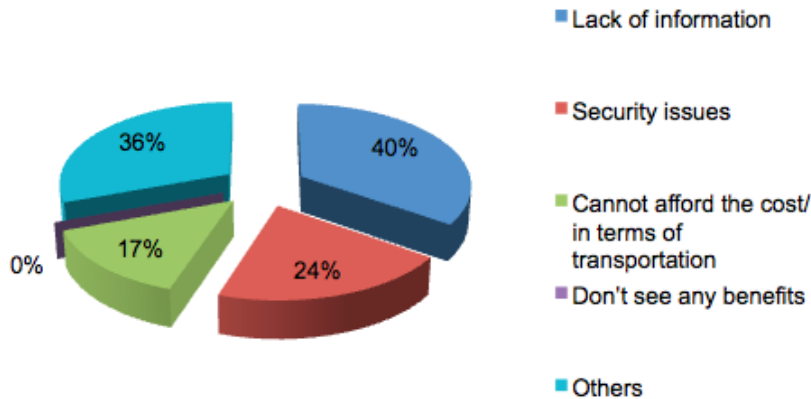
Ratio of refugees registered with UNHCR per municipalities



¹¹ As of 18th of July 2013

¹² As of 18th of July 2013

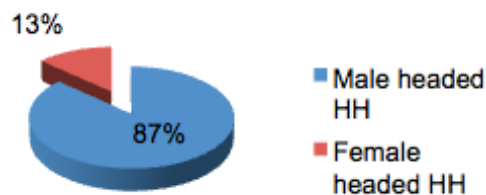
Why families are not registered



Thanks to the household questionnaires, the following family profiles are evident:

- On average each household is composed of two families, so two families are sharing a kitchen which is mostly equal to one shelter (but not necessarily for collective centers).
- The average Syrian family size is 4.93 so for simplicity family size can be rounded up to an average of 5 members.
- Family disaggregated data is on average 1.14 adult males; 1.28 adult females; 1.33 boys and 1.17 girls.
- Out of 316 families who responded to the questionnaire 32 families were headed by females.

Head of families

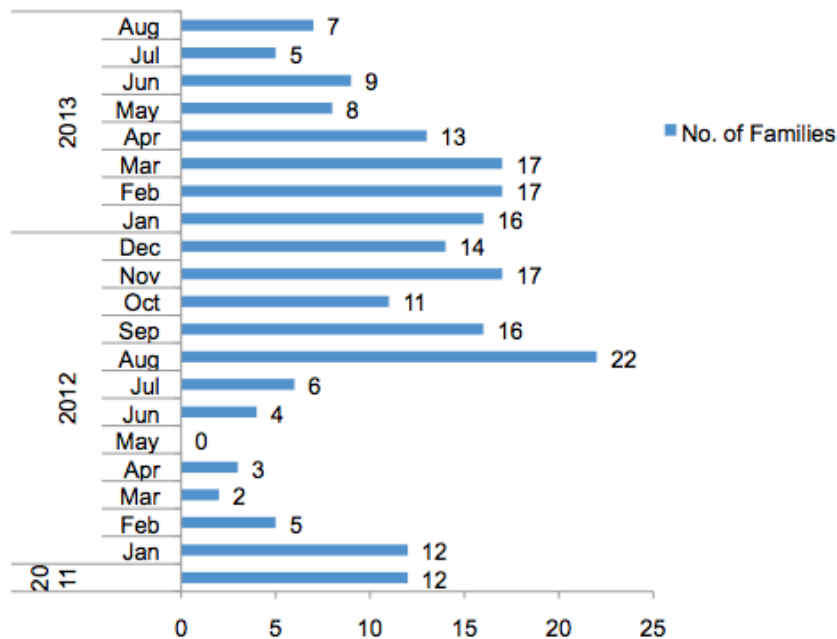


MOVEMENT PATTERN

The findings under this section are drawn from the HH questionnaires and they focus on the movement patterns of the interviewed refugees. It looks first at their date of arrival, then at whether refugees have come directly from Syria to the assessed area or if they settled in the area after already moving within Lebanon. It finally looks at their cross border movements from Lebanon to Syria and vice versa. Those questions were included in the assessment to have a better understanding of refugee movements and to better predict the implications for aid distribution. Indeed concerns on secondary displacements inside Lebanon, and subsequent complications to identify and support families, have been expressed in the humanitarian community. Anecdotal evidence has also highlighted the fact that refugees might be going back and forth to Syria. However the findings show that neither phenomenon is happening on a large scale in the assessed area.

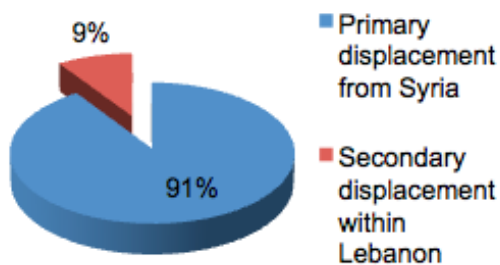
The graph below shows that dates of arrival vary considerably. Indeed among the families who answered this question, 12 came as early as 2011 whereas the latest new comers arrived the month of the assessment, in August 2013. The majority of the people assessed came between August 2012 and April 2013.

Entry dates

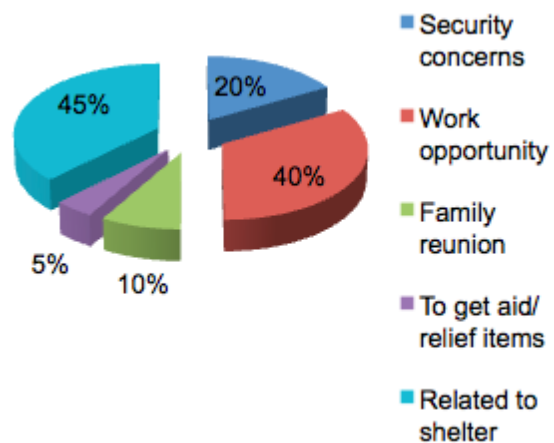


Furthermore, out of 230 families who answered this question, 210 families came directly from Syria while the other 20 families came to the assessed area after an internal displacement within Lebanon. The first reason for the internal movement is the need for a shelter or the opportunity to get a better shelter; work opportunities come second.

Displacement pattern

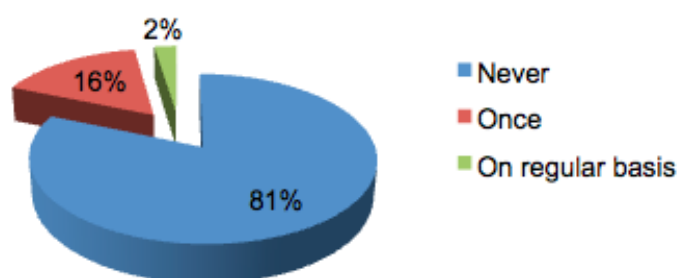


Reasons for secondary displacement within Lebanon



Out of the 204 families who answered this question, 166 families never went back to visit or for a short time to Syria. 33 families have at least one member who went back once while only 5 families have at least one member who is moving between Syria and Lebanon on a regular basis.

% of families who went back to Syria



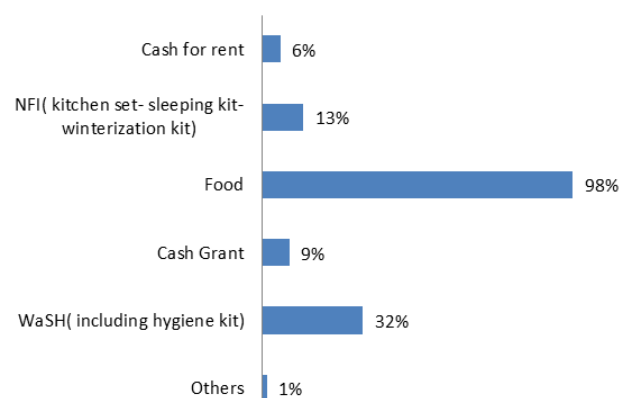
HUMANITARIAN SUPPORT

This part covers the nature of humanitarian support and highlights the priorities as expressed by the interviewed refugees. The findings are drawn from four sets of data: 1) FGDs, 2) municipalities questionnaires, 3) household questionnaires and 4) interviews with local NGOs.

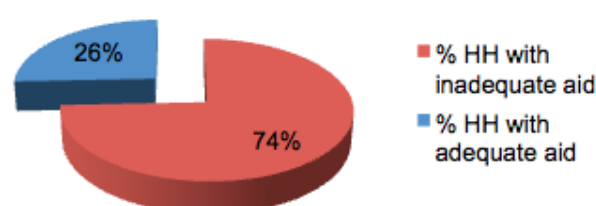
The main following findings emerged:

- 98% of the interviewed families received support at least once
- The majority received food or food vouchers
- The majority of refugees have defined cash as their priority need

**% of HH who have received aid
by type of support**



Adequacy of aid



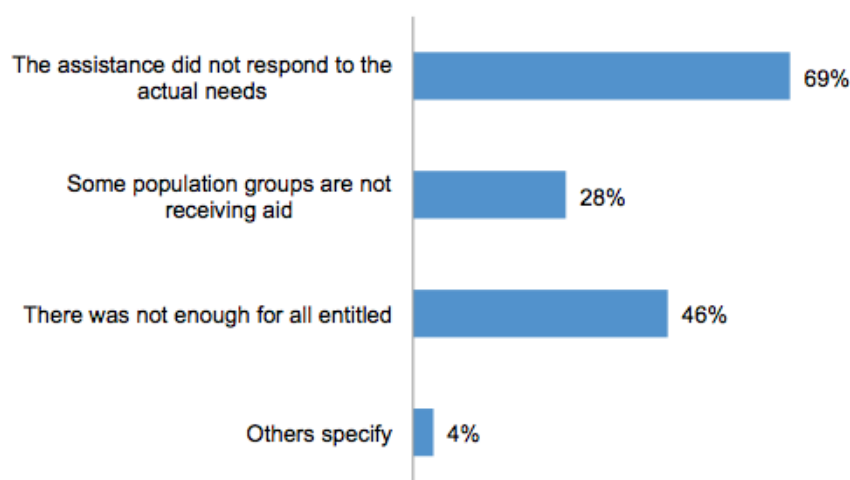
Qualitative data collected has confirmed that most refugees have been receiving food aid either through in kind items or WFP food vouchers when registered with UNHCR. Food aid from sources other than UN agencies was mostly distributed by local NGOs, charitable structures or by individuals in a very erratic way (could be every three months). In Mghairiye for example many refugees stated that they have received food aid through the village Imam.

Nevertheless, most refugees (74%) considered that aid in general was not adequate because of a lack of information on distributions, because there was no equal access to aid or because humanitarian organizations were not involving enough communities.

When asked to pick from a list of problems that may have emerged in the delivery of humanitarian assistance 69% stated that assistance did not respond to their actual needs. The second issue identified by nearly half of the households interviewed was that they did not receive the aid they were entitled to. This was confirmed during focus group discussions as several refugees stated that they had been informed that they were entitled to benefit from a distribution but when going to collect their items they were told that

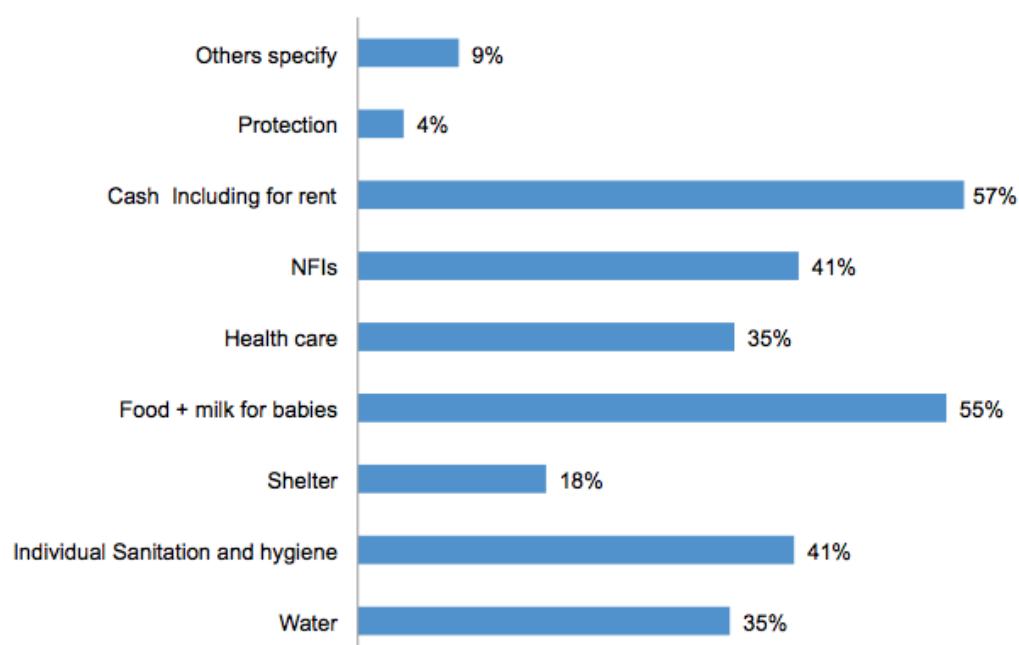
they could not get any. Sometimes this was explained (no more items; they were not newcomers anymore etc.) but often there was no explanation, or no convincing explanation given.

Problems in the delivery of humanitarian assistance



The need for cash was clear in the HH questionnaires as 57% of refugees picked it as one of their priorities. Cash and work opportunities were confirmed as the priority for most of the 150 refugees who took part in Focus Group discussions. Indeed, 19 out of 22 groups have defined work and cash as one of their three priorities. This question was open and the group was not given a list of priorities to rank. Among the females, 9 out of 11 groups put work and cash as their first priority. This was also the case in 7 male focus group discussions. Finally 2 male focus groups ranked work and cash as their second priority.

Priorities - immediate needs

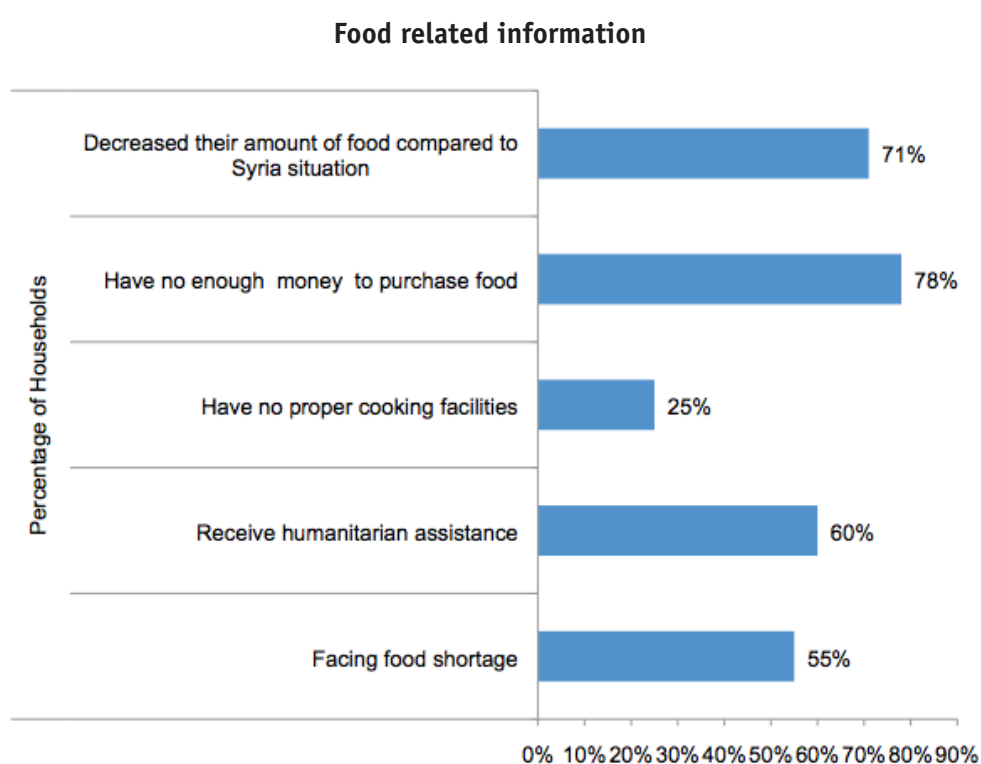


General Findings - Food Security & Livelihoods (FSL)

The food security and livelihoods findings are drawn from 3 sets of data: 1) male focus group discussions, 2) female focus group discussions and 3) household questionnaires. This part intends to give a brief idea of the FSL situation as a complement to the general findings of the interviewed households and covers mainly food, source of income and expenditure.

FOOD RELATED INFORMATION

- 55% of the HH interviewed are facing food shortage, while 45% have enough food.
- 83 % of the HH interviewed mention local market and humanitarian assistance as their main sources for food. Only 60% receive humanitarian assistance.
- When asked about the main concerns in relation to food, 78% of the households refer to a lack of cash and 25% to the absence of proper cooking facilities.
- For 72% of the interviewed HH, food consumption has decreased in comparison to the consumption level when living in Syria, while it has remained the same for 11%.



CASH AND SOURCES OF INCOME

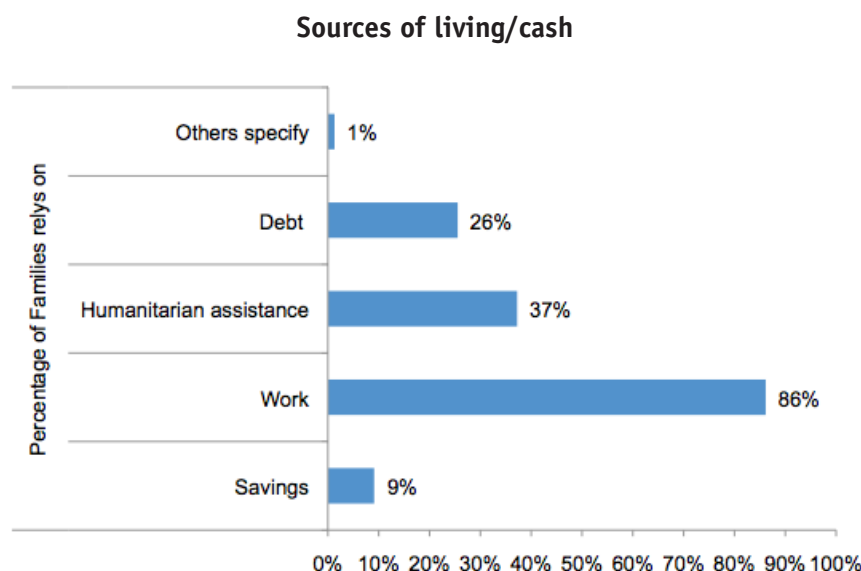
In the assessed areas, there are more work opportunities for Syrian men compared to Syrian women. In general work opportunities for Syrian families in the assessed areas can be considered better than other areas in Lebanon. This might be explained by the presence of Syrian laborers in the area before the crisis.

Main findings concerning livelihood are:

- Very few families have women earning an income. Women who do earn an income are mainly working in agriculture and house cleaning. Most females who took part to the focus group discussions confirmed that they aren't working today but they were generally not working in Syria either.
- The majority of men are working in the construction, agriculture or service sectors. Some were already working in the construction and agricultural sectors in Lebanon before the crisis but they used to go back and forth to Syria or at least stay there for the winter and their families always lived in Syria.
- 99% of the interviewed households have at least one working member and only 4% have a child working.

Some of them work once or twice a week, others work over a period of 5 to 10 days and then do not find any job for one month or more. As underlined by refugees in the FGDs working opportunities still exist during summer while they become very rare in winter season, due to the seasonal nature of both the construction and agricultural sectors.

- 37% of the interviewed families mainly rely on humanitarian assistance while 26% use borrowing and 9% use savings.



HOUSEHOLD EXPENDITURE

In the assessed areas, the majority of the interviewed families spend their income first on food, then on rent, health, water and sanitation. Food expenditure and rent for shelter alone constitute close to 74% of the households expenditures.

Water, Sanitation & Hygiene (WASH) Findings

The compiled results in this section present a variety of information on the existing WASH situation. The following analysis is presented in three sections: water related information, sanitation related information, hygiene and health related issues. The core data comes from the 240 HH questionnaires and the municipality interviews. When possible the analysis has been divided into two sub-sections to distinguish the needs at the HH and municipality levels.

WATER RELATED INFORMATION

Water sources

Currently the assessed communities in the six municipalities are relying entirely on the public water system (Barouk spring) and local boreholes at approximately 300 meters depth. As in the majority of the districts of Lebanon, the quality of water service provision is poor. There is not a single village/town in the assessed areas that receives an uninterrupted residential supply of water, especially in summer where water from Barouk spring is mainly used for irrigation of apple trees. In addition regular public electricity shortages and the limited resources/capacities of the municipalities make it very difficult to meet the water demand for both refugees and host communities.

Water distribution is ensured through a piped network connected to houses. At the house level, water is commonly stored in roof tanks (one tank of 1000-2000 liters in each house) and then distributed inside the house by gravity.

At municipality level

- 100% of the interviewed municipalities rely on the public water supply system.
- Each municipality has at least one functional borehole used to cover the water shortages from the public water system.
- In general the six interviewed municipalities identify water and electricity as their urgent needs.
- 80% of the interviewed municipalities have generators but they lack the capacity to ensure continuous fuel supply.
- The six municipalities need new boreholes, to equip and connect the existing non-functional boreholes to the water network, to upgrade the existing network, to have generators and support for fuel provision.
- When asked about the measures taken to cope with the rapid increase in the population numbers, most of the interviewed municipalities answered that they were not able to take substantial measures due to their limited capacities, mainly financial.

At household level

- 37% of the interviewed households have to buy water from trucks or purchase bottled water, mainly because they do not receive enough water through the public water systems (local boreholes and Barouk spring sources).

Water quantity

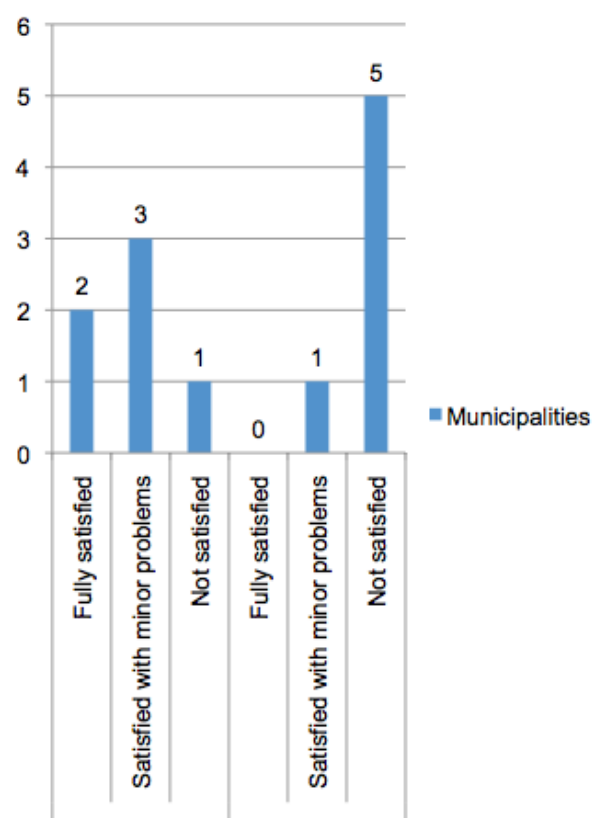
At Municipality level

- Most municipalities receive public water on an average of 2 – 3 days per week, 6 hours per day in the summer while this is better during winter.
- The host communities were not fully satisfied with the quantity and quality of water available before the crisis. Now they are facing major problems regarding quantities available despite the few measures taken by the municipalities.
- According to the municipalities, with the presence of Syrian refugees (18% average population increase in the assessed areas) five communities are not fully satisfied with the quantity of water received.

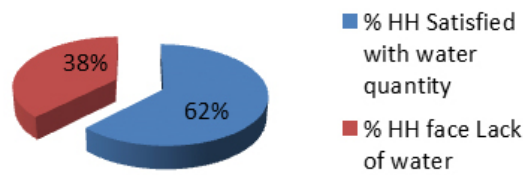
At household level

- Among the households interviewed 62% are satisfied with the quantity of water received from the existing systems and/or purchased from private providers (an average of 37% of the interviewed households buys water).
- 38% of the interviewed households are not satisfied with the quantity of water received. It may be because they cannot afford to buy the quantity of water needed and thus rely totally on the quantity received through the public system which is not enough to cover their needs.

**Water quantity
municipalities**



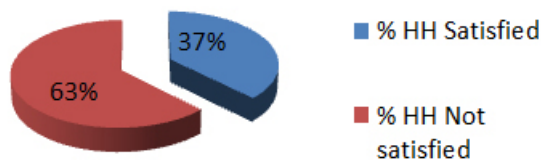
Water quantity household



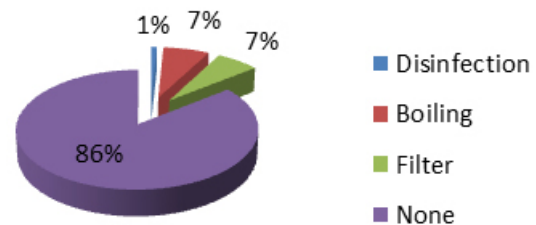
Water quality

Only 53% of the households connected to the public water system drink it in Lebanon. The most frequently cited reasons for not drinking public water are: the poor taste and the perception that it is unsafe for health or hygiene¹³. Only 37% of the interviewed households are satisfied with the quality of water received and around 15% of the interviewed households are using at least one method for treating their water.

Water quality



Water treatment methods



Water fees

Poor water quality and irregular supply impose high costs on households to cope with these deficiencies. Buying water from trucks and the purchase of bottled water are common. Water is also often stored in roof tanks, which imposes both an additional cost and jeopardizes water quality. Many households also use pumps to make sure that water reaches the upper floors of the house, which imposes more costs on households.

At household level

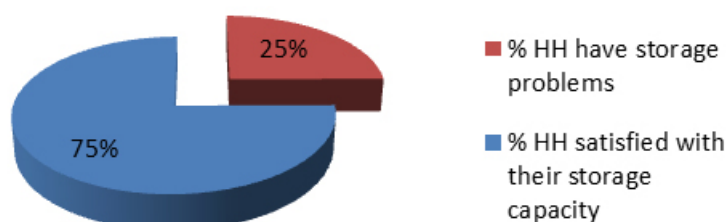
- 37% of the interviewed households are buying water from trucks spending an average of LBP 60,000 per month.
- Families staying in rented houses have to pay a yearly fee of LBP 235,000 to be connected to the public water network. Around 69% of the interviewed families live in a rented house in the assessed areas.
- In general each family living in a rented house pays around LBP 90,000 per month while those who are living in unfinished buildings, collective centers, etc pay minimum LBP 60,000 per month to purchase water as quantity received through the public water network are not enough.

Water storage

- Families staying in rented houses can be considered to have a sufficient storage capacity (they use mainly 1000 – 2000 liters PVC tanks).
- Families living in the collective centers and/ or informal settlements face a storage problem.
- 25% of the households interviewed have storage problems.

¹³ Lebanon Social Impact Analysis- Electricity and Water, June 18, 2009

Water storage

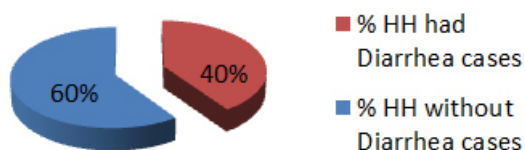


HYGIENE INFORMATION AND HEALTH RELATED ISSUES

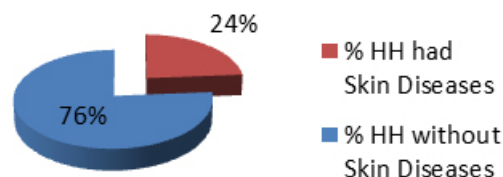
Water related diseases

- The household survey data showed that 40% of the respondent families had suffered from one or more diarrhea case(s) in the month preceding the interview, an average of 149 cases are registered in the whole surveyed area for the month of July 2013.
- 24% of the households interviewed have had some skin diseases cases in their family in the month previous to the interview.
- Diarrheas and skin diseases are likely to be the result of: a lack of access to hygiene items, a lack of water, the absence of proper sanitation facilities and the poor quality of the water used for drinking.

Diarrhea cases



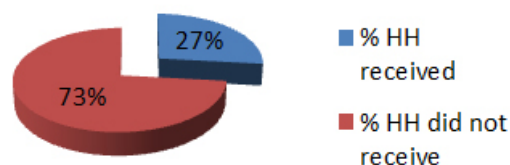
Skin diseases



Personal and household hygiene information

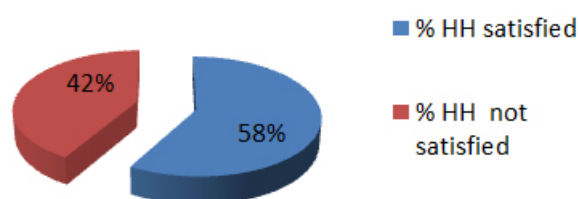
In general, knowledge related to hygiene seems satisfactory in most of the households assessed, with variations depending on the type of living space and access to personal and household hygiene products.

Personal hygiene items in the last month

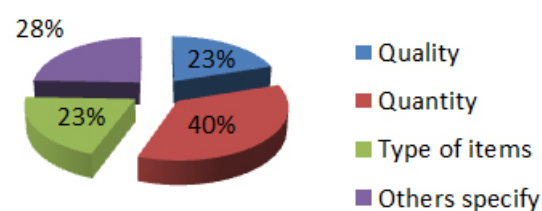


The majority of the interviewed households reported that they do not have enough hygiene products, and only 58% of those who have received hygiene items show satisfaction of the quantities and quality of the items received.

Quantity and quality of the hygiene kits



Reasons for being not satisfied



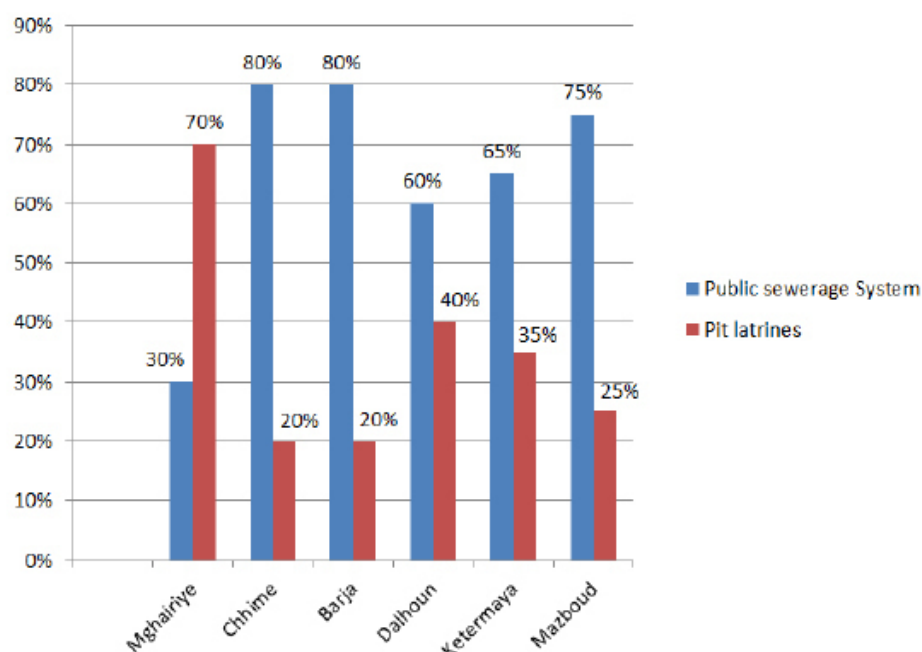
SANITATION RELATED INFORMATION

Wastewater

At municipality level

Figures from the six municipalities surveyed vary. In general the assessed municipalities rely mainly on a public sewerage system while in some areas latrines are still connected to a simple single pit. Based on the data collected through the municipality questionnaires an average of 65% of the houses are connected to the public sewerage system while the remaining 35% are still only connected to a small single pit.

Waste water management

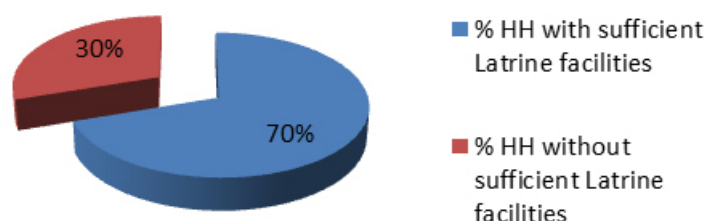


Latrines connected to small pits need to be emptied on a regular basis. The cost of emptying a pit for the households is 80 USD. Two of the assessed municipalities own a special tanker; this decreases the cost of emptying one pit to 20 USD.

At household level

At least 30% of the interviewed households are not satisfied with the latrine facilities they have, mostly because the number of latrines is not enough compared to the number of people living in the household. For an average of 2 families found to be living in one apartment, there is one latrine.

Latrine facilities



Solid waste management

- All the municipalities face an increase of 30 to 40 % in their waste due to the presence of the refugees, this increase imposes a heavy burden on their budget.
- A solid waste management system is in place at the level of municipalities, the system is managed by SUKLEEN, a private company contracted by the Government/municipalities to collect waste; and paid from the municipalities' budget based on the quantity collected (100USD per ton).
- Each of the assessed municipalities has its own team which is responsible for gathering the garbage from the narrow roads or nearby the houses and for transporting it to the collection point.
- At household level, 22% of the interviewed HHs are responsible for gathering/transporting their garbage to the collection point. This might be due to the lack of staffing or equipment capacity at the municipality level.

Shelter & NFIs Findings

The shelter and NFI findings are drawn from 3 sets of data: 1) household questionnaire and 2) municipality questionnaire and 3) observation. This section provides detailed information on the shelter/NFI situation of the interviewed households and covers mainly: type and conditions of shelters/living space and NFI needs; and main priorities of the interviewed households in relation to this sector.

BASIC USEFUL INFORMATION

As mentioned above, the average number of families living in a household is found to be two (around 10 individuals). The average number of rooms is found to be 2 with a medium size (3x3m) with on average 1 latrine in each of the houses surveyed.

Average No of families in the HH	Average No. of individuals in the HH	Average No. of rooms in the house	Average size of the rooms	No. of people / room	No. of latrines in the house
2	10	2	medium	5	1

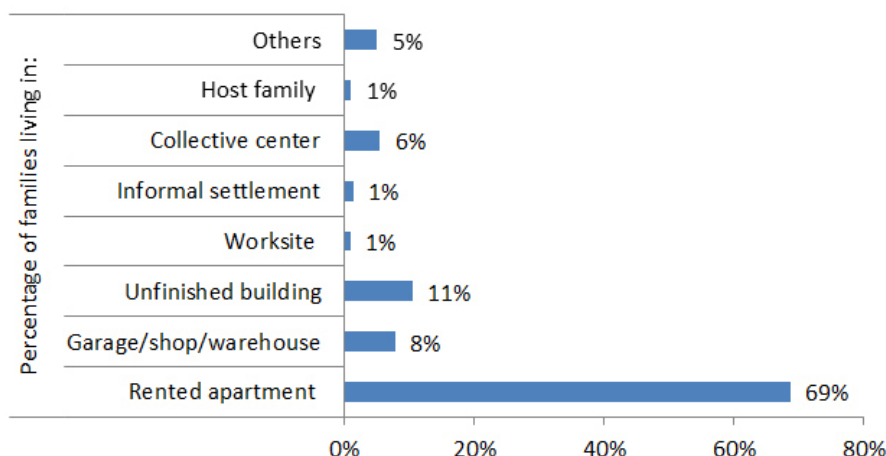
LIVING SPACE CATEGORIES

The housing conditions of the Syrian families in the assessed areas vary according to type of shelter and to a certain extent to the area itself. 8 categories of shelters/ dwellings were identified during the assessment:

- Rented houses mainly apartments with adequate housing conditions (very expensive, the average rent cost varies from 150 to 200 USD per month).
- Rented housed mainly apartments with inadequate housing conditions (less expensive, the average rent varies from 100 to 150 USD per month).
- Collective centers repaired by INGOs (the refugees here live for free for one year based on a contract signed by the INGO and the landlord – in Mghairiye Municipality).

- Public collective centers mainly in Mosques (the refugees live for free – Chhime and Ketermaya Municipalities).
- Informal settlements, mainly in small camps established and managed by locals (Mghairiye and Ketermaya).
- Unfinished buildings with very bad living conditions (usually no rent is paid; this type of shelter often leave families unprotected from cold and humidity).
- Informal dwellings usually garage, shops and warehouse (families have to pay an average of 100 USD or less per month).
- Workplace: free of charge.

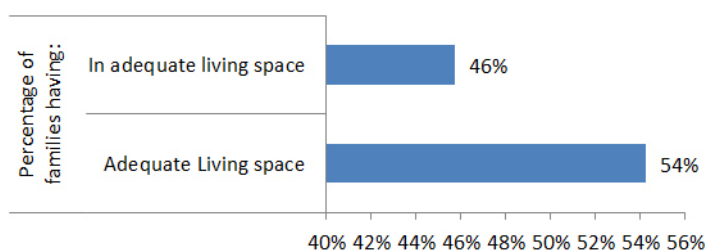
Living space



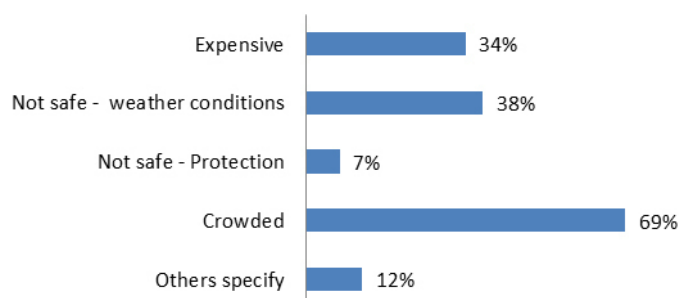
LIVING SPACE CONDITIONS

As mentioned above, the majority of the interviewed families are living in rented apartments. When questioned about the satisfaction of the families with their housing conditions, around 54% were found to be satisfied, 45% were not satisfied mainly because the place is overcrowded.

Living space conditions

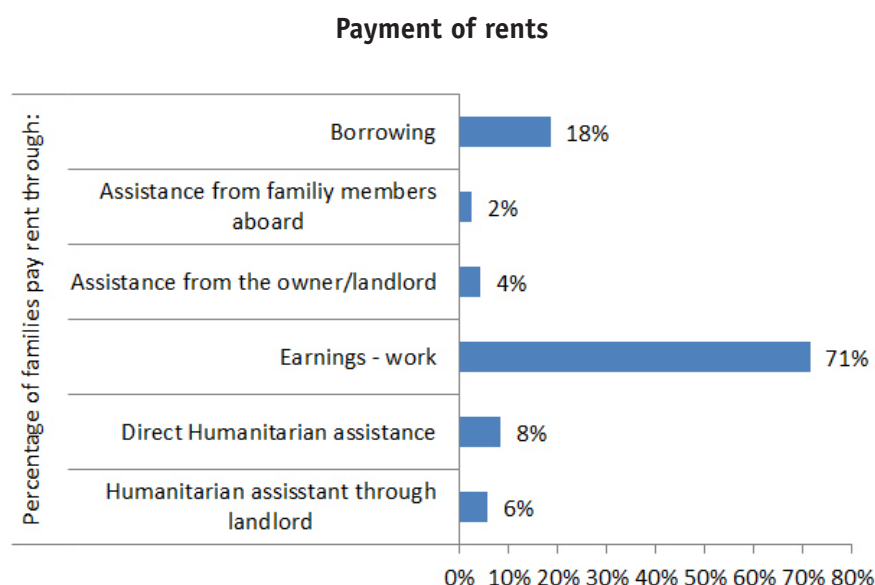


Reasons of unsatisfaction



RENT PAYMENT

The majority of the families who rent houses pay their rent thanks to their earnings from work while a minority depends on their relatives living abroad. Families are using 71% of their earnings to pay rent, but most incomes will shrink during winter because of the seasonal nature of the labor markets Syrians are engaged in. This will lead to a major cash shortage for rent. When questioned about the way families manage to pay the high cost of renting an apartment, they answered as follow:



FINDINGS AT THE MUNICIPALITY LEVEL

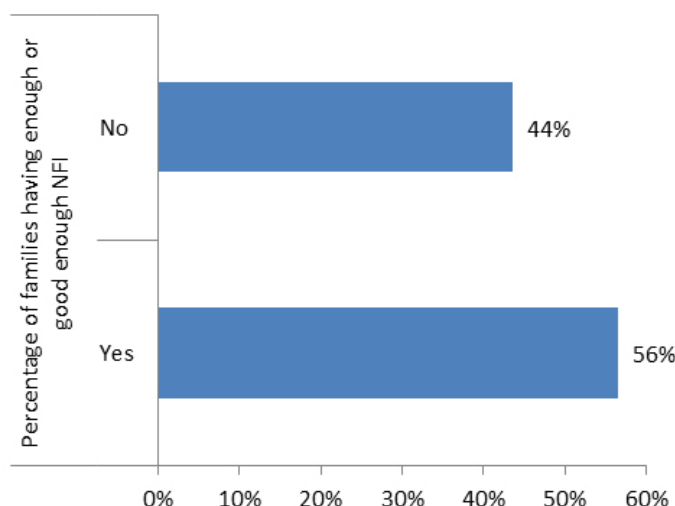
The majority of the interviewed Mayors point out the difficulties in finding new houses or buildings for rent due to the large number of refugees they host already.

The Mayors are quite cool on the idea of the construction of a new tented settlement (informal or formal) funded by INGOs inside the municipality boundaries. This can be explained by the limited resources, the pressure they are already facing to provide adequate water and sanitation, the fear of social problems that could emerge and of course security concerns. Regarding the plans of the Government to move forward with the Formal Tented Settlements (FTS) as a temporary solution their answer was clear: if the Government can handle their security concerns, if someone provides the land and if an INGO provides funding, they might accept this option. Municipalities would participate in responding to the refugee needs in the tented settlements mainly in terms of water and sanitation.

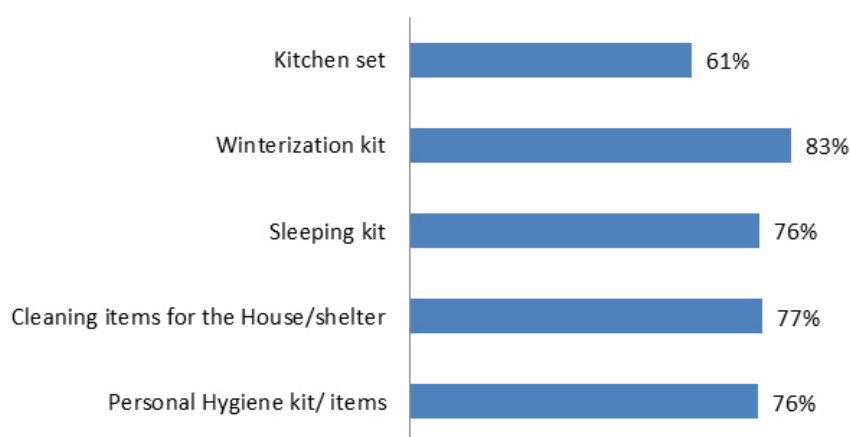
NFI RELATED INFORMATION

- Around 40% of the interviewed households do not have enough hygiene items, sleeping items, winterization items and kitchen sets.
- Only 32% of the interviewed households received hygiene/cleaning kits for the house/shelter.
- 13% of the interviewed households received sleeping items, winterization and kitchen items.

Possession of NFIs



Immediate needs- NFI



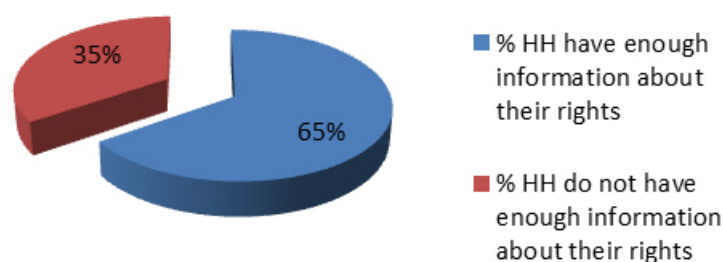
Findings Related to Protection and Gender

The findings below come from the household questionnaires and the focus group discussions for both females and males. All included some questions related to protection issues to get a better understanding of the challenges and the dangers to which refugees may be exposed. This section includes some findings concerning safety and the different impacts of the crisis on women, men, boys and girls.

But first, the following findings emerged on two main protection issues, namely Legal Status and Human rights:

- Legal Status. The qualitative data revealed that whereas women did not mention once this issue, men are quite worried about their legal status and its renewal. This seems to be a concern for males as they are largely the ones working and they may feel that they are exposed to identity check as they are moving in order to work. Furthermore most males were in Lebanon before the females and they may thus face legal status issues before them (as after 12 months a Syrian adult needs to pay 200USD to get their residency permit renewed).
- Human and refugees' Rights. It appears that 35% of the interviewed do not consider that they have or get enough information on their human and refugee rights.

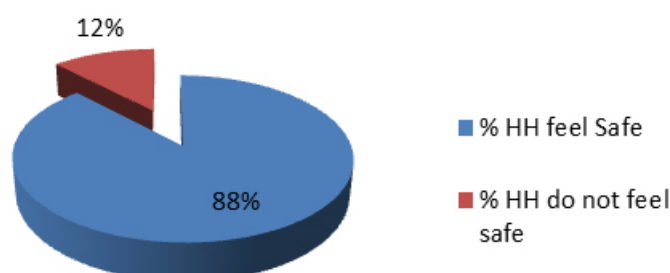
Human and refugee's rights



SAFETY AND EXPOSURE TO HARASSMENT OR VIOLENCE

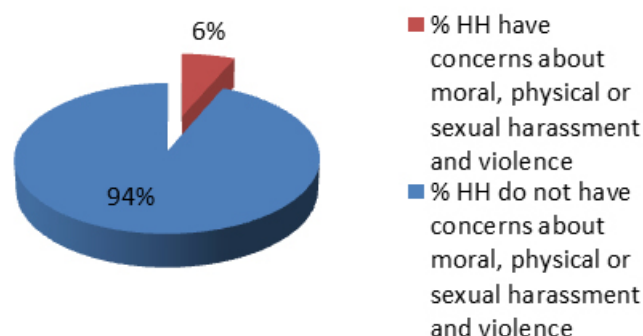
It appears from the qualitative data that refugees tend to feel safe in the areas assessed (88% of the households interviewed). But during the FGDs the reality seemed much more contrasted. Only 6 female groups and 5 male groups out of 22 said to feel protected. FGDs showed variation from one municipality to another as it seems that both females and males tend to feel less safe in bigger municipalities, namely Chhime, Barja and Katermaya. The absence of a sense of safety was often linked in the FGDs to the fact that Syrians are being stigmatized.

Feeling of safety



Furthermore, 6% of the assessed HHs had concerns about moral, physical or sexual harassment or violence. This figure was only partially reflected in the FGDs. When female groups mentioned problems of moral harassment/insults it seems to be more related to the fact that they are Syrians than to the fact that they are women. However, both female and male groups that did not feel safe tended to express concerns for children that apparently are the ones who face erratic violence from members of the host communities.

Harassment and violence/GBV concerns



Although GBV issues cannot be easily and quickly identified, no safety issue specific to women was highlighted. This may be partially explained by the fact that women still benefit to a certain extent from a 'protected' environment at least from external exposure to harassment or violence. Indeed the majority of women living in the HH assessed live with their immediate relatives, namely their parents, step-parents, husband and children. Furthermore the assessment revealed that on average two families live together and that each shelter has one latrine. Families living together are often blood related; as a consequence

neither shelters nor latrines are usually shared with strangers. In that context women may tend to be less exposed than in other humanitarian settings (i.e. large camps, cohabitation with strangers or non-safe latrines etc.).

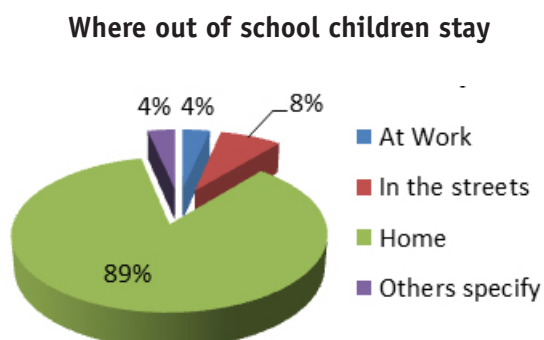
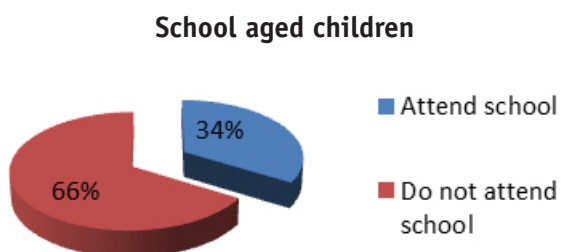
THE IMPACT OF THE CRISIS ON WOMEN, MEN, BOYS AND GIRLS

Two years and a half of violence, internal displacement and exile have had wide spread consequences on the lives of the women, men, boys and girls that our teams have met during this assessment. When asked about the impact of the crisis, all focus groups agreed on one word: destruction. Their lives and their homes were destroyed, they have lost beloved ones and the community they were part of has exploded. 76% of the interviewed express a feeling of distress. In a way or in another most refugees who participated in the FGDs expressed the feeling that they have not only lost their past life but also their future.



The following specific impacts have emerged from both the HH questionnaires and the FGDs:

- Men have expressed in the FGDs the impact the crisis has on their livelihood since work opportunities are less regular and salaries are tending to decrease. Many are simply unemployed now. Men mentioned the pressure that they are under as head of households especially considering the very high prices in Lebanon. The crisis has had a psychological impact on them.
- Women have stated in 8 FGDs out of 11 the psychological damage that violence and displacement have provoked. Most of them have expressed their deep concerns for their children and especially their education. Women underlined the fact that they have to deal with increased pressure and stress because their children are out of school or because they are unable to meet their children's needs.
- Children have been negatively impacted by the crisis. Both males and females have expressed their concern on the psychological impact of the crisis on their children but most of all on the impact on their education, since 66% of school aged children do not attend school. As explained before, the FGDs revealed that children are the ones exposed to possible violent acts from members of the host communities.
- People with specific needs (disabled/elderly) 27% of the assessed HH said to face difficulties in caring for a member with specific needs.



Remaining Qualitative Findings on Education and Health

Although this assessment was not focusing on **education**, the few figures gathered on that matter do confirm the concerns of humanitarian actors working in the child protection and education fields. Indeed, a large majority of children in the HH assessed are not attending school (66%). As mentioned during several FGDs, most of them have already skipped on average one year of school in Syria –before coming to Lebanon- as it was too dangerous to send them on a regular basis or because schools had closed.

In most focus group discussions, education was ranked as one of three main priorities by Syrian refugees (no list was suggested). In female FGDs it took mostly the second rated priority and in male FGDs it was rated third. Several difficulties have been already underlined by actors working in that field such as the important differences between the Syrian and Lebanese education program –as the latter include very largely the use of English and French- and the limited absorption capacities of the Lebanese education system. From their side, refugees have underlined first of all the high cost of sending their children to school. Lebanese schools tend to be expensive compared to public schools in Syria and families would have also to pay for transportation costs and class materiel. Having “ignorant” and “illiterate” kids with “no manners” seem to be a very profound fear among parents who can see no future for their kids.

Finally 13 out of 22 focus groups stated that they have no access to adequate **health services** while health was also very often identified as one of their three main priorities. The first reason invoked was the very high costs of those services. Refugees also talked about the distance that has to be crossed to get to those services and the transportation cost it implies. Many groups did not seem to know the cost sharing they could benefit from once registered with UNHCR. On the other hand some stated that although registered they were not helped like they were supposed to by UNHCR. Some also underlined that the 25% to 30% remaining costs at their expense was already a lot. As denounced by humanitarian actors working in the health sector the situation of pregnant women is of concern. Females stated that giving birth in Lebanon imply very high costs –especially if complications happen to the mother or the child. Consequently they are forced to borrow money or even in some cases to go back to Syria to give birth in public hospitals. Women also underlined that getting health care implies moving from the place they live. But movement for them seems to be difficult because of transportation costs, the lack of knowledge of the area and their inability to leave their children. Finally needs of people with chronic diseases or disabilities are also worrying as refugees expressed their concern for the very high medication costs, especially since those health conditions imply monthly expenditures for the households.

Conclusion and Recommendations

Due to the limited time, the data collected and the analysis are intended to give an overview of the general situation in the assessed areas for WASH, shelter and NFI emergency programming. It should therefore not be taken as an exhaustive assessment, but rather as a starting point for WASH, shelter and NFI programs during the emergency phase.

From the analysis of results across the six municipalities, it is clearly noted that there are outstanding needs and gaps. The presence of humanitarian actors is limited (two to three INGOs plus other local NGOs/CBOs) and therefore there are gaps in the coverage of humanitarian needs, given the size of the areas, the number of refugees and the feedback from the communities. The table below summarizes the priority recommendations and proposed response based on the assessment findings.

Proposed intervention/Activities	Outcomes
Water, sanitation and hygiene (WASH)	
Water supply – Electricity / Generators / Fuel for Generators (Municipality level)	The WASH capacities of the municipalities are improved to guarantee quality access to the services for the refugee population
Water supply - Drilling BH - Equip existing BH with pumps and connection to the water network (Municipality Level)	
Water – supply – Upgrade the existing water network (Municipality Level)	
Water supply - Monitoring of water quality (Municipality level)	
Sanitation (Waste water) - Upgrade the public sewerage systems (municipality level)	
Sanitation (Waste water) – Repair of the vacuum tankers (municipality level)	
Sanitation (Waste water) distribution of sewerage roads (Municipality level)	
Solid waste - distribution of cleaning kits (municipality level)	
Distribution of spraying materials and tools (municipality level)	
Water supply - Vouchers for water (HH level and camps)	Refugees increase their access to proper water and sanitation facilities at HH and camps level
Water supply – Increase storage capacity at HH and camps	
Water supply - Improve water quality at HH and camps with water purification systems and tablets	
Sanitation - Emptying pit latrines at HH and camps	
Minor repair of plumbing systems inside HH	
Improve sanitation conditions (latrines and showers, etc) at camps, collective shelters	
Health and Hygiene - distribution of Hygiene kits	Refugees are less exposed to diseases thanks to safe hygienic practices
Health and Hygiene - distribution of cleaning kits for shelter	
Hygiene and health education	

Shelter and NFI	
Cash for rent	Refugees have access to decent shelter options, protecting from the weather.
Minor repair – unfinished buildings plus inadequate accommodation	
Heaters plus fuel or gas for heating and cooking / winter	
Winterization kits (blankets, mattresses, warm clothes, etc.) / winter	
Cooking sets	
At municipalities level: Participate in setting up / manage a small camps	
Cross cutting issues (for the assessment)	
Advocacy to ease legal status renewal (UNHCR and MoSA)	Refugees from Syria have access to Lebanon and their rights are respected
Ensure better information sharing on registration and human/refugee rights	
Provision of community based psychological support and child protection related activities	The protective environment for girls and boys affected by the Syrian crisis is improved
Provision of community based psychological support for women and GBV related activities	Risk of GBV is reduced and the protection environment is improved
Support Education for Syrian children	Refugee Children have proper access to Education
Support Reproductive Health	Syrian pregnant women have access to safe reproductive health
Supplementary food and powdered milk for children (where needed, and only if safe water is accessible)	Emergency food security and livelihoods support is granted to the most vulnerable Syrian refugees
Food basket- food vouchers	

Annexes

The key findings from the primary data collection can be summarized as follow:

A. General	
A.1 Population Figures	Host community : 106,000 Individuals Syrian Refugees: 19,555 Individuals Percentage of refugees: 18%
	Average refugee family size: 4.9 Individuals Adults Male: 23% Adults Female: 26% Boys: 27% Girls: 24%
	Female headed refugee families: 13%
A.2 Registration	No. of Syrian families registered by UNHCR: 1886 No. of Syrian families registered by Municipalities: 3461 Percentage: 54%
	Not registered with UNHCR due to lack of information: 40% Not registered with UNHCR due to transportation issues: 17% Not registered with UNHCR due to security related issues: 24%
A.3 Support (Aid received at least once)	32% of refugee households received WASH(Hygiene kit) support 13% received NFI (Kitchen, sleeping and winterization) Only 6% received cash for rent The majority received Food
	74% of the interviewed consider the aid received inadequate
	69% of the interviewed households consider the assistance provided less than the actual needs 28% think that some population groups did not receive aid
A.4 Priorities – Immediate Needs	Cash: 57% Food plus milk for babies: 55% Individual sanitation and hygiene: 41% Drinking water: 35% Health care: 35% NFI: 41%
A.2 Coordination	Weak coordination mechanism: absence of any coordination forum which bring together UN bodies, INGOs, Local NGOs and local authorities mainly Municipalities

B. Food Security and Livelihood (FSL)	
B.1 Food related information	Households facing food shortage: 55% Households decreasing their food consumption compared to Syria: 71% Households receiving on humanitarian assistance: 60% Household having no proper cooking facilities: 25%
B.2 Sources of Cash	Using their savings: 9% Relying on humanitarian assistance: 37% Relying on Debt: 26% Relying on earning – work: 86%
B.3 Households Expenditure	Food and Rent: 74% of the total income
C. Water, Sanitation and Hygiene (WASH)	
C.1 Water problems in the assessed areas	<u>Household Level</u> Households do not have enough water: 38% Households do not have enough water that is safe for drinking and cooking: 63% Households buy water: 37% Households do not have enough storage capacity: 25% Households do not use any water treatment method at the house: 86% <u>Municipality Level</u> The six interviewed municipalities identified water and electricity as their urgent needs The six municipalities face major problems in providing both refugees and their host communities with adequate water quantities No solid data on the quality of water provided
C.2 Sanitation problems in the assessed areas	<u>Household Level</u> Households not having enough latrines: 30% Households using pit latrines : 21% Households paying for emptying the pit: 21% Households supporting the municipalities in gathering their garbage: 22% <u>Municipality Level</u> Only 65% of the houses are connected to the public sewerage system No emptying tank truck is available in the majority of the municipalities (for the 2 municipalities having a tank truck, emptying a pit costs around 20 USD while for the others it costs around 80 USD) The six municipalities face an increase of 40% in their waste management budget, this consumes their financial resources

D. Shelter & NFI	
D.1 Living Space	Families living in rented apartments: 69% Families living in unfinished buildings: 11% Families living in collective centers: 6% Families living in informal settlements: 1% Average renting fee: 150 -200 USD per month
D.2 Living space conditions	Families living in an inadequate space: 46%, out of them: 69% live in a crowded space 34% live in an expensive space 38% feel the space does not protect from the weather
D.3 Rent paying	Paying from earnings – work: 71% Borrowing: 18% Direct and Indirect humanitarian support: 14%
D.4 Shelter at Municipalities level	There is no more available houses in the assessed areas The municipalities might accept the establishment of small camps if they have a clear instruction for the Government, land, and INGO to cover the cost. They can participate in the management and/or water and sanitation needs
D.5 NFI Related Information	Do not have hygiene items, sleeping, kitchen and winterization items: 40% 75% of the interviewed households rank their urgent needs as: 1. Winterization kit 2. Personal hygiene kits 3. Cleaning kits for shelter 4. Sleeping kit and 5. Kitchen set
E. Protection and Gender	
E.1 Legal status and Human Rights	Male FGDs expressed concern over renewal of legal status 35% of the interviewed HH consider that they have not enough information on their human and refugee rights
E.2 Safety and Exposure to Harassment or violence	12% of the HH do not feel safe 11 FGDs out of 22 express that they did not feel safe Feeling of safety varies between municipalities, F and M tend to feel less safe in bigger municipalities (Chhime, Barja and Katermaya) 6% of the HH interviewed have concern about moral, physical or sexual harassment or violence No Female FGDs said to be exposed as women; moral harassment or insults are rather linked to their status of Syrian/refugee Children seem to be more exposed to risk of violence
E.3 The Impact of the crisis on women, men, boys and girls	General feeling of destruction (material, social, psychological) <u>Men</u> : impact on the livelihood, increased pressure on them as head of the households <u>Women</u> : stressed the psychological impacts <u>Children</u> : said to be affected psychologically 66% of the school age children are not attending school More exposed to violence <u>Disabled and elderly</u> : 27% of the HH face difficulties caring for a member with specific needs

F. Qualitative Findings : Health and Education	
F.1 Education	<p>Ranked as 1 of the 3 main priorities by both females and males focus groups.</p> <p>High cost of Education seen as the first obstacle</p> <p>Deep concerns of the parents for their children's future</p>
F.2 Health	<p>Ranked as 1 of the 3 main priorities by both females and males focus groups</p> <p>High cost of Health services seen as the first obstacle</p> <p>Geographic access as the second obstacle</p> <p>Situation of pregnant women and people with chronic diseases is of concern</p>



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