



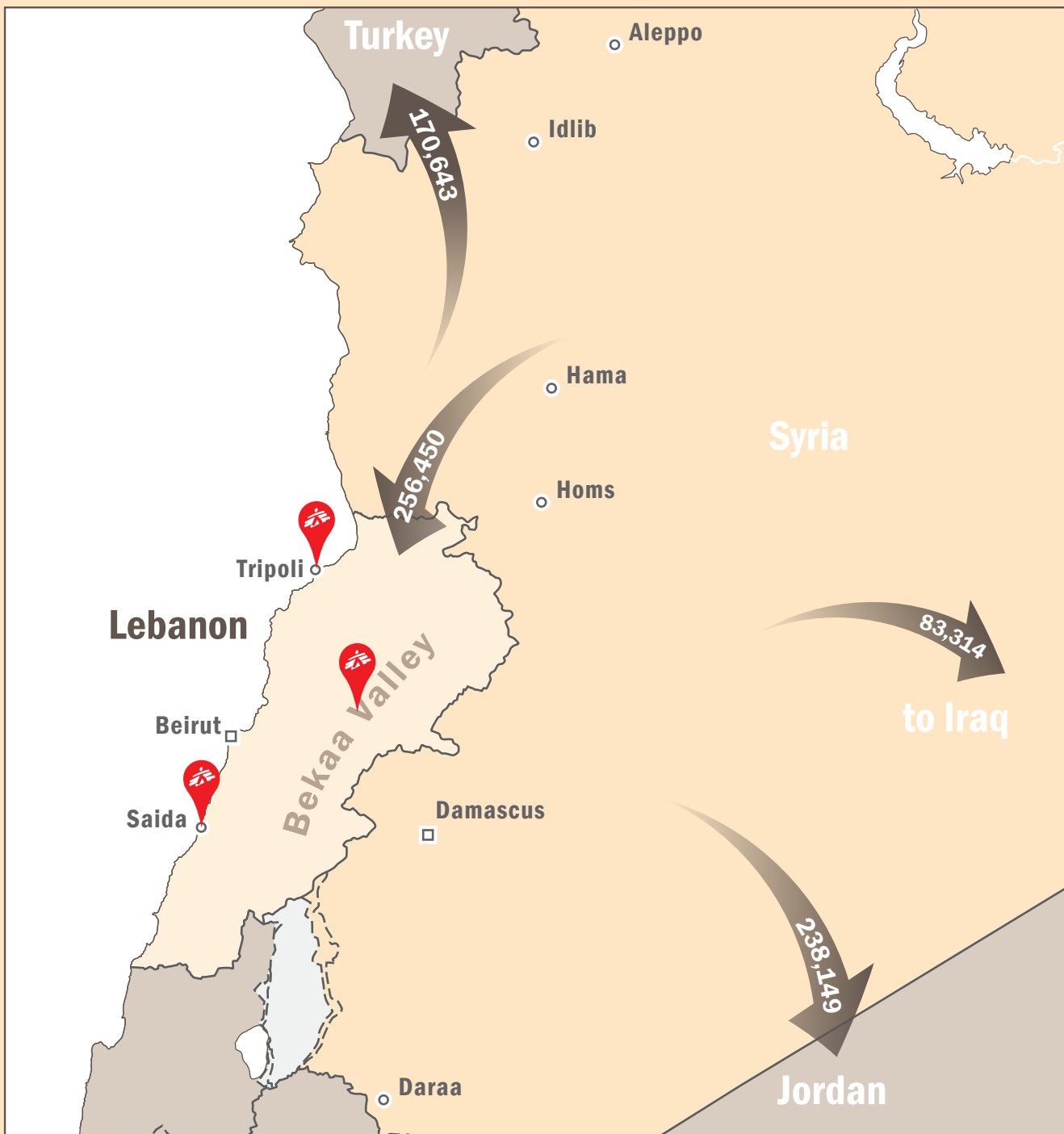
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# Misery beyond the war zone: Life for Syrian refugees and displaced populations in Lebanon

**MSF's second survey of Syrian refugees in the past eight months shows severe deterioration of living conditions and health status.**



أطباء بلا حدود



The figures on this map represent the total number of Syrian refugees registered or awaiting registration in the neighbouring countries: Lebanon, Iraq, Jordan and Turkey. Figures were sourced from the UNHCR in February 2013.

See <http://data.unhcr.org/syrianrefugees/regional.php> for updated figures

Since November 2011 Medecins Sans Frontieres (MSF)/Doctors Without Borders has been continuously expanding its humanitarian and medical response to provide urgent assistance to the Syrian refugees in Lebanon. The organisation is presently offering medical services in Tripoli and in various locations of the Bekaa Valley, namely Baalbek, Aarsal, Hermel and Majdel Anjar. In light of the exacerbation of the gaps in service, MSF is further widening its programmes, expanding activities to Central Bekaa where needs are high.

MSF provides free of charge health care, including medications for acute and chronic conditions, vaccinations and antenatal care to all those in need irrespective of nationality and registration status.

MSF programmes in Lebanon are presently implemented through the work of 112 staff (half of those are medical), both national and international.

MSF's budget for its humanitarian intervention in Lebanon is 4 millions Euros to date and is being expanded to meet the needs of this emergency situation.

## Executive summary

**“ We fled bombings in the Damascus countryside. Our house was damaged. We took nothing with us except some clothes. ”**

*Father of refugee family*

The ongoing crisis in Syria is forcing ever more Syrians to flee their homeland in search of safety. The United Nations High Commission for Refugees (UNHCR) reported in late January that more than 165,000 refugees had officially been registered in Lebanon alone, and that almost 77,000 more were in the process of being registered<sup>1</sup>. An estimated 50,000 additional refugees are believed to be in the country but have not attempted to register formally as refugees. And nearly 500,000 have sought sanctuary in Turkey, Jordan, Egypt and Iraq.

The humanitarian needs of this growing population are immense and growing. Doctors Without Borders/Médecins Sans Frontières (MSF) has been working to provide aid inside Syria since March 2011, though those efforts have been limited by security concerns and access issues. At the same time, however, MSF has expanded its work with Syrian refugees in Lebanon, Jordan, and Iraq.

This report specifically focuses on MSF's work with Syrian refugees and other displaced populations in Lebanon, where MSF teams are providing urgent assistance and free-of-charge medical care among people now sheltering in Tripoli and in various locations of the Bekaa Valley.

In June 2012, MSF conducted a survey among Syrian refugees and Lebanese people who'd been living in Syria but were likewise driven out by the war. The results highlighted a number of worrisome conditions. Assistance had been quickly deployed in the early days of the crisis, and numerous organizations were still supporting the aid response, but clear gaps were already evident, particularly when it came to access to medical care. Treatment for chronic diseases such as asthma, diabetes, hypertension and cardiovascular disease was already a major concern, in large part because the cost of the necessary drugs was out of reach for many. There were also significant gaps in hospital-level care, with four out of ten interviewees saying they could not access a hospital due to cost, insecurity or other reasons.

Citing the survey results, MSF called for the response to be maintained and reinforced, and in December 2012, MSF launched another survey of the displaced populations from Syria now in Lebanon in order to gauge living conditions and check whether any progress had been made since results of the first survey were released.



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<sup>1</sup> UNHCR. Syria Regional Refugee Response, Information Sharing Portal. Consulted: January 26th. Available online at: <http://data.unhcr.org/syrianrefugees/country.php?id=122>



The results of this most recent survey are detailed below. They show that the gaps in service that existed last spring have not been sufficiently addressed but have in fact widened as more people have streamed across the border. Living conditions among the majority of refugees and Lebanese returnees remain extremely precarious, particularly with winter arriving. More than 50% of those interviewed, whether they were officially registered or not, are housed in substandard structures — inadequate collective shelters, farms, garages, unfinished buildings and old schools — that provide paltry, if any, protection against the elements. The rest are renting houses, but many of those people, now separated from their lives and livelihoods, are struggling to pay the rent.

The medical picture has deteriorated as well. More than half of all interviewees (52%) cannot afford treatment for chronic disease care, and nearly one-third of them have had to suspend treatment already underway because it was too expensive to continue. For those who are and are not registered alike, the costs attached to essential primary health care, ante-natal care and institutional deliveries are prohibitive. Among non-registered returnees and internally displaced Lebanese, 63% received no assistance whatsoever from any NGO.

The survey showed that the registration process itself is problematic in ways that limit the coverage aid organizations can achieve. In fact, 41% of the interviewees said they were not registered mainly because they lacked information on how and where to register or the registration points were too far away. Others worried that they did not have proper legal papers and would be therefore sent back to Syria. Even among those who had registered, MSF's survey found complaints. Roughly one in four said they had not received any assistance, while 65% said they had received only partial assistance that did not cover the families' needs.

The specific findings are laid out below, but the message they convey is quite clear: Syrian refugees and other displaced people now living in Lebanon have profound humanitarian needs that are not being met. A similar situation is playing out in other countries hosting Syrian refugees as well. If these people are going to find real relief from the conflict plaguing Syria, and if their needs — particularly their medical needs — are going to be met, there must be a more expansive, concerted, and effective humanitarian response.

## Recommendations

In light of these widening gaps, MSF calls for national and international humanitarian aid actors to shift policies towards a fully fledged emergency response to meet the needs of the rising refugee population. More specifically:

- Considering 63% of the unregistered refugees do not receive any assistance, MSF calls for a scaling up of the humanitarian response to ensure immediate delivery of food and non-food assistance to all refugees upon their arrival in the country without conditioning the aid to the completion of their registration process.
- MSF calls on authorities to accelerate the establishment of reception centres and the immediate availability of collective shelters adapted to winter conditions to cope with the increasing influxes of new refugees.
- With 50% of the refugee population not receiving the required medical treatment because it is not affordable, MSF urges national and international actors to guarantee accessible health care, specifically through the provision of free of charge services to the most vulnerable groups. Money cannot be opposed as an obstacle to health for a population fleeing violence in a war zone.
- MSF urges authorities and the UNHCR to ensure that all refugees suffering from acute medical conditions gain full and fast access to hospital care.
- As more than 30% of those in need of treatment for non-communicable diseases (NCDs) are no longer able to ensure the continuity of their treatment, MSF calls for the systematic integration of affordable NCD treatment in the health care system.
- Despite the ongoing efforts to accelerate the registration process, more than 40% still remain unregistered today. MSF calls upon Government of Lebanon, international donors, local authorities and the UNHCR to ensure incoming refugees are registered within days of their arrival, by significantly expanding the number of registration points and mobilizing extra dedicated human resources.

## Methodology

This document provides essential information on the socio-demographic characteristics of those refugees and displaced in Lebanon, their current living conditions and their overall health. It also highlights different factors that are limiting access to the services and aid they require. It is based on the analysis of 2,124 weighted randomized households from four locations in Bekaa Valley (which together comprise 68.2% of the final sample), Tripoli (24.3%) and Saida (7.2%). Specific vulnerabilities are highlighted, risk scenarios are presented, and targeted calls for action are made based on worrisome trends witnessed on the ground by MSF's teams.

## Findings

The findings of MSF's December 2012 survey can be broken down into three main categories: registration issues, issues pertaining to access to medical care, and issues pertaining to access to housing. In many ways, the three are connected, forming an overlapping set of challenges that are negatively affecting the general health status of the refugee and displaced populations in Lebanon.

In this section, we will look at and analyze the data gathered. MSF's specific recommendations for addressing each aspect detailed herein are presented in later sections of this report.

### Origin of refugees

Syrian nationals fleeing the war in their homeland make up far and away the largest proportion of people surveyed (93.7%). However, a rising but underappreciated trend has emerged in the recent months: new populations are vulnerable as well. This includes Lebanese returnees from Syria as well as Lebanese displaced within their country, scattered around the Bekaa valley, mostly in Hermel. This also includes Palestinian refugees fleeing Syria and seeking refuge in the pre-existing Palestinian camps in Lebanon, notably the Saida and Baalbek camps. Together, these population groups made up 6.3% of the sample surveyed by MSF in December 2012.

Overall, most of those displaced from Syria and interviewed by MSF in Lebanon come from the urban area of Homs and its surrounding villages (37.7%). The next largest groupings come from Damascus, Dar'aa and Idlib (36.5%), Aleppo (14.6%) and Hama (7.4%). This represents a significant change from MSF's previous survey in June 2012, which found that 90% of those displaced came from Homs governorate, and it correlates with the internal geographic spread of the Syrian conflict. Nearly seven out of every ten people interviewed referred to the current insecurity and violence in Syria as their main reason for being displaced. Almost one-third reported having lost a family member during the last 12 months and 90% of those said that the loss was due to the conflict.

### Registration issues

MSF's December 2012 survey found that an estimated 41% of the total sample of people interviewed were not officially registered as refugees or displaced. In theory, registering makes it easier to receive assistance, although as noted below, that's not always the case (and, in fact, it should not be the case that aid would be linked to registration). Nonetheless, it's clear that in this instance, people who have not registered face constraints with regard to accessing aid, compared to those who have registered, and that these constraints have consequences when it comes to living conditions and general health status.

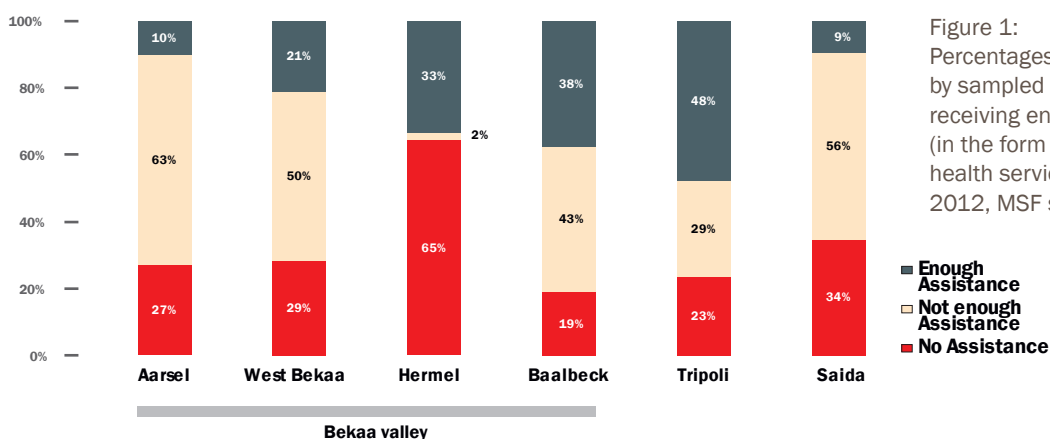


Figure 1: Percentages of unregistered refugees, by sampled location, who say they are receiving enough, not enough, or no aid (in the form of non-food items, food and health services). Lebanon December 2012, MSF survey.

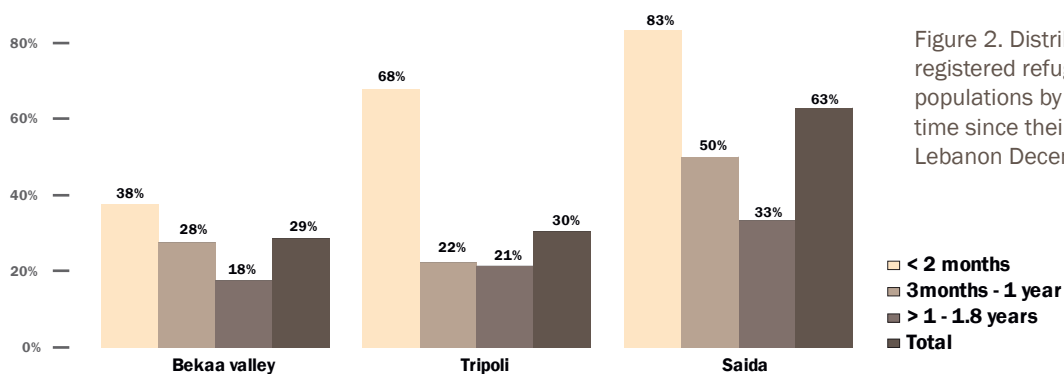


Figure 2. Distribution (%) of un-registered refugees and displaced populations by sampled location and time since their initial displacement. Lebanon December 2012, MSF survey.

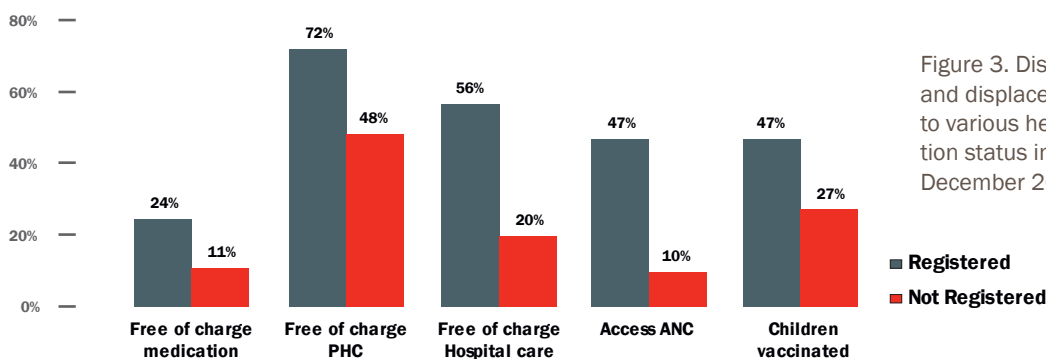


Figure 3. Distribution (%) of refugees and displaced populations with access to various health services by registration status in Bekaa valley. Lebanon December 2012, MSF survey.

### Reasons for not registering

To start, it's important to note the reasons why high percentages of refugees are not registering in Lebanon. Administrative hurdles are part of the problem. Some Syrian nationals are simply unaware of the scarce, understaffed, and geographically far away from centralized registration points. Some are also fearful of potential consequences they worry might result from being registered — that it might somehow lead to them getting sent back to Syria. It also takes time and fare for passage to reach registration offices. Some families don't have much with them in the way of documentation, either, due to the conditions under which they left.

Data from MSF's latest survey quantifies the percentage of those not-registered by location, and even though refugees and displaced population groups seem to access registration over time, 18%, 21% and 33% of people interviewed in Bekaa Valley, Tripoli and Saida respectively, were first displaced more than one year ago remain unregistered. (See Figure 2 above).

Some clear differences emerged regarding how much assistance is reaching those who are registered and those who are not. In Bekaa valley, for example, MSF's survey found significant disparities in how often medical care was accessed by registered and non-registered population groups (See Figure 3 above).

### Particular concerns for pregnant women

Pregnant women who've been unable to register have their own particular concerns, especially as it pertains to health care. Primary among them are the fees they must pay to deliver their children in medical institutions. MSF's survey showed that even one of every seven registered refugees finds hospital fees unaffordable.

Women who are not registered might hope for some special dispensation given their condition, but at present, registration can be fast-tracked only in situations deemed emergencies and previously assessed and ascertained by UNHCR or UNHCR-validated INGOs.

## Issues pertaining to access to health care

In June 2012, MSF's initial survey found that although assistance was quickly deployed in the early days of the crisis, and numerous organizations were still supporting the aid response, there were already some clear gaps in the services being provided. While almost half of interviewees, for instance, were found to be in need of medication and treatment for chronic diseases, 18.7 percent of them were not receiving it. There were also significant gaps in hospital-level care; four out of ten interviewees said they could not access a hospital due to reasons such as cost and insecurity<sup>2</sup>.

MSF's December 2012 survey showed that the situation has deteriorated still further.

It remains too expensive and too difficult for many among these populations in distress to access essential medications, children's vaccinations, pre-natal and obstetric care, or medical management of chronic conditions. The build-up of out-of-pocket health expenditures can reach catastrophic dimensions, and cost-recovery practices continue to hamper access to most essential health services and care.

Figure 4 below shows that many essential medical treatments have proven impossible to afford for large numbers of Syrian refugees in Lebanon (the greater disparities for Hermel and west Bekaa are due to the limited number of health care providers in those locations).

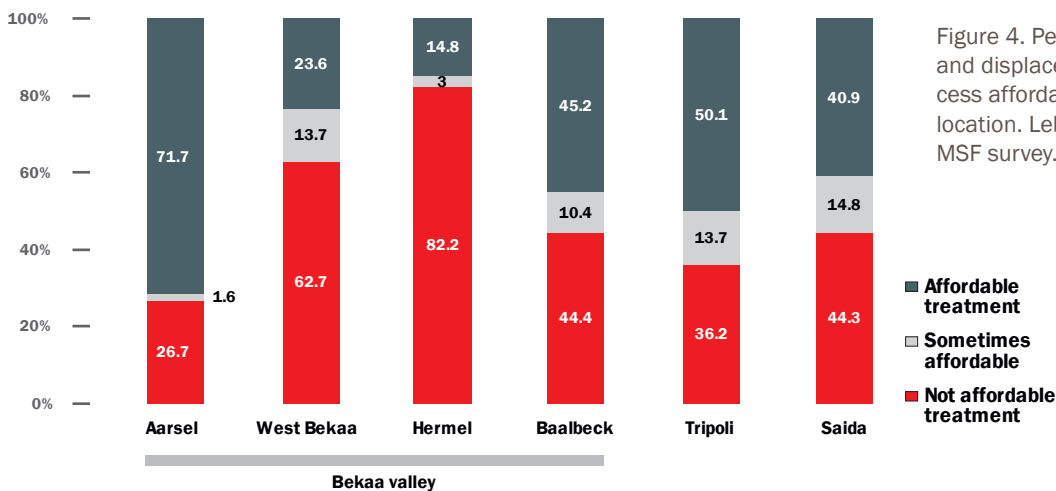


Figure 4. Percentages (%) of refugees and displaced populations that can access affordable treatment, by sampled location. Lebanon December 2012, MSF survey.

### Access to care and drugs

**“ We went to the UNHCR registration center in Zahle to get registered, but they told us we couldn't be registered and had to go to another center. We went there and they told us we couldn't receive any aid until we are registered. ”**

*Father of refugee family*

It should be noted that from the outset of the crisis, the Lebanese authorities made significant efforts to ensure access to secondary and tertiary levels of care for refugees and displaced populations. But since June 2012, authorities have said they lacked the funding to continue these initiatives, a move that has severely hampered the ability of vulnerable populations to access emergency care. Given the fact that more refugees continue to arrive in Lebanon, this shortfall will affect greater numbers of people in the days to come.

In MSF's 2012 survey, nine of ten interviewees said that the price of prescription drugs was the main barrier to access. More than half said they could not afford to buy their medication in Lebanon, a number that seems likely to rise given the steady stream of new arrivals and the fact that there is little to no employment — and thus very few opportunities to earn an income — for them or for the refugees already in Lebanon.

Across all locations, the vast majority of the population MSF surveyed this was between 18 and 50 years old, which are usually an individual's prime earning years. But whereas in Syria, unemployment rates were reported around 15% among males and 25% among women, rates rose to 50% among male refugees in Lebanon and close to 60% among female refugees. In such conditions, it will only get harder for these population groups to cover health and drug costs in the mid- and long-term.

<sup>2</sup> MSF. September 2012. Fleeing the violence in Syria. Syrian refugees in Lebanon. Available upon request.



#### **Interruption of treatment for chronic conditions**

The epidemiological profile of populations does not change when they cross borders; those who needed medications for chronic conditions in Syria still need them in Lebanon. That includes 38.6% of those interviewed in Bekaa, 37.1% in Tripoli, and 42.3% in Saida. Among those groups, only 18.7%, 28.9% and 8.3% can access them free-of-charge in Bekaa, Tripoli and Saida, respectively.

For the the rest, essential medical treatments are just not affordable in Lebanon, as shown above. This is crucial because people with chronic conditions need regular access to primary health care and regular check-ups and monitoring.

#### **Lack of certain specific kinds of care**

There are sizable gaps in specific forms of medical care as well. Antenatal care for pregnant women (8.1% of the total sample) is one grave example. Two of three of these women do not access the services they need. And that number drops to zero in Hermel, where medical services are even scarcer.

Furthermore, only 32.6% of children are reported to have received vaccinations, and just 19.2% of the respondents were able to show their vaccination card. More than 60% do not know if they have a vaccination card or not. The highest vaccination rates were in Baalbek, with around 50%, while the lowest were reported in Hermel, 7.1%.

#### **Access to sufficient amounts of food**

**“ Half of our house in Idlib was destroyed in a bombing. It is much worse here. Our children were healthy in Syria. If they hear a door close they think it’s a bombing. ”**

Access to adequate food rations is another concern; only 54.2% of the respondents in Tripoli and 61% in Bekaa and Saida said that they had enough food to meet their family’s needs. It goes without saying that insufficient amounts of food can have profound health implications.

*Mother of baby and young girl being examined at MSF clinic in Majdal Anjar*





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## Issues pertaining to adequate and affordable housing

**“ The situation is extremely bad. We have no sewage system and had to dig holes in the ground. When it rains the water flows into the tents so the kids get sick. It’s also very cold and most families don’t have heaters, so we have to burn all sorts of materials. The kids are sick. Our most important concern here right now is medical care. We need doctors. ”**

*Refugee from Deir Zenoun camp*

In the survey MSF conducted in June 2012, some 50% of individuals interviewed said they were being hosted by Lebanese families. In the latest survey, this percentage is close to zero, which indicates that there are far fewer living spaces available in the communities in which people are settling. Many of these refugees cannot afford to pay rent, either, and the community shelters that do exist are not always winterized. As a consequence, higher percentages of refugees and displaced people are being forced to endure inadequate living conditions.

Some of these inadequate living conditions were detailed in MSF’s June 2012 report<sup>3</sup>. The shelters and other living areas set aside for refugees, the report stated, had some clear and evident shortcomings that would only become more pronounced once winter arrived. Those shortcomings were not sufficiently addressed, however, and MSF’s more recent survey found that the earlier concerns about winter and its likely impact on the health of refugees and refugee families have indeed come to pass.

More than 60% of the refugee and displaced population said they had to pay for housing or shelter; only 37.6% said they were able to afford the rent they were asked to pay.

The living conditions varied widely between sampled sites. Nearly 53% of the refugees and displaced population in Tripoli and surrounding areas were living in shelters, while almost 90% of those in Saida reported sharing rooms or houses and paying rent.

Interviewees rated the overall conditions differently a well. In Tripoli, 45.5% rated them as bad or very bad; 32.2% did so in Saida; 24.7% did so in Bekaa. The survey found that only 13.6% of the shelters or houses in Tripoli, 16.4% in Saida, and 24.7% in Bekaa had been rehabilitated or adapted to the point where they could protect against the winter conditions.

<sup>3</sup> MSF. September 2012. Fleeing the violence in Syria. Syrian refugees in Lebanon. Available upon request.

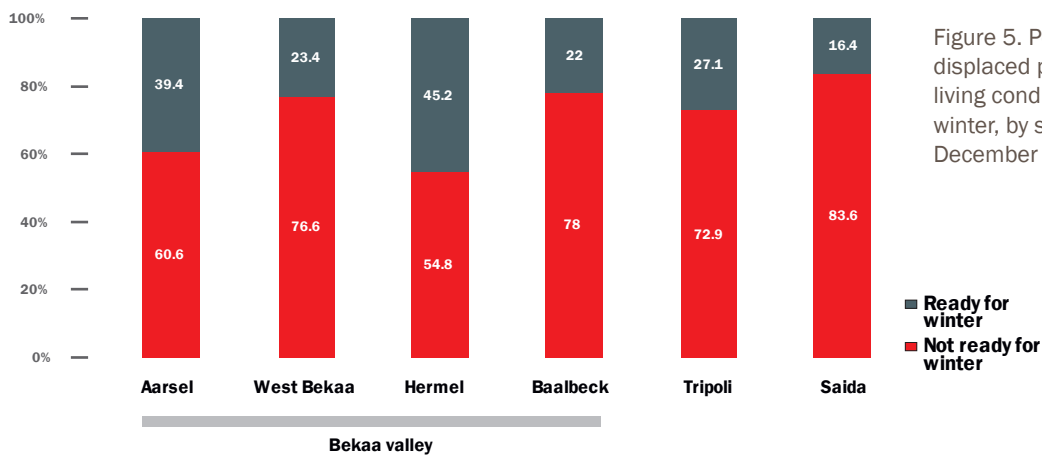


Figure 5. Percentages of refugees and displaced populations reporting their living conditions ready or not ready for winter, by sampled location. Lebanon December 2012, MSF survey.

Notably, 12% of respondents in Bekaa reported living in tents, schools, or mosques – places that were not adapted or suitable for winter nights. Overall, in fact, only one quarter of those surveyed felt they were ready for the winter, as shown in Figure 5 above.

The shelters and houses that are available are often shared by numerous families, adding yet more strain to the conditions. In some instances, more than 12 people share a single common room. They appeared to have access to latrines and sanitation services, but access to drinking water remains problematic, particularly in Tripoli, where fewer than one in two respondents reported having the financial capacity to afford it.

Generally speaking, living conditions in Tripoli impose particular challenges on refugees, displaced populations, and vulnerable host groups, yet the area has received little attention from national and international aid agencies. Just 59.3% of those interviewed in Tripoli reported having received any type of assistance from non-governmental organizations (NGOs).

## Recommendations

**“ I have been here six months and UNHCR has not called us back. I went three times to try to register but I have not been able to. My children and my wife have skin conditions and I’m relying on the charity of villagers. Anywhere in Syria would be better than here. ”**

*Father of four, living in single room with six other people. Fled Homs, where house was destroyed.*

The needs facing refugee and displaced populations are significant and worsening, as detailed above. But they can be addressed. They can be improved. In order to do so, and to provide real and sufficient relief to people already reeling from the impact of the war in Syria, MSF calls for national and international humanitarian aid actors to bolster their responses on behalf of the affected populations. More specifically:

- Considering 63% of the unregistered refugees do not receive any assistance, MSF calls for a scaling up of the humanitarian response to ensure immediate delivery of food and non-food assistance to all refugees upon their arrival in the country without conditioning the aid to the completion of their registration process.
- MSF calls on authorities to accelerate the establishment of reception centres and the immediate availability of collective shelters adapted to winter conditions to cope with the increasing influxes of new refugees.
- With 50% of the refugee population not receiving the required medical treatment because it is not affordable, MSF urges national and international actors to guarantee accessible health care, specifically through the provision of free of charge services to the most vulnerable groups. Money cannot be opposed as an obstacle to health for a population fleeing violence in a war zone.
- MSF urges authorities and the UNHCR to ensure that all refugees suffering from acute medical conditions gain full and fast access to hospital care.
- As more than 30% of those in need of NCD treatment are no longer able to ensure the continuity of their treatment, MSF calls for the systematic integration of affordable NCD treatment in the health care system.
- Despite the ongoing efforts to accelerate the registration process, more than 40% still remain unregistered today. MSF calls upon Government of Lebanon, international donors, local authorities and the UNHCR to ensure incoming refugees are registered within days of their arrival, by significantly expanding the number of registration points and mobilizing extra dedicated human resources.

## Conclusion

Most refugees and displaced people are already vulnerable. Those who are fleeing Syria now and those who have already fled are also dealing with the knowledge that their homeland is gripped by a brutal war with no end in sight. Yet given current conditions in Lebanon, these populations are being forced to pay an extra price in order to access health care and find sufficient shelter.

The Lebanese people and authorities have made an enormous effort to assist refugees, keeping the border open and providing the services and assistance they are able to provide. The limits have made themselves evident, however, as have the costs. It is time for donors to truly commit themselves to doing what is necessary to address the growing needs of this population, and for national and international aid actors to evaluate the methods and the amount of the aid they are providing, because as we can see on the ground, and as these refugees and displaced people know better than anyone else, the present response still falls far short of meeting the needs of those most at risk.

## MSF activities in Lebanon

MSF has been providing primary health care and mental health services since November 2011 in northern Lebanon and the Bekaa region to all those in need regardless of nationality. This includes Syrian refugees, Lebanese returnees, internally displaced Lebanese, and Palestinian refugees displaced from Syrian and Lebanese hosting communities.

In 2012, MSF carried out 16,923 consultations in Bekaa valley. A total of 525 patients were registered in the chronic diseases program in 2012 as well. Between March and December of last year, another 650 individual cases were admitted for psychological consultations in the mental health program.

MSF teams carried out 5,134 consultations in Tripoli in 2012; roughly 73% of them were considered acute cases. A total of 606 patients were enrolled in the chronic disease program, and some 988 patients were admitted into the mental health program.

In both areas of intervention, teams saw a high proportion of acute conditions such as urinary tract infections and lower respiratory tract infections, conditions that are associated with poor living conditions.

Diabetes and hypertension are the prevailing chronic conditions. MSF provides patients with chronic conditions free-of-charge care and follow-up consultations. Mental health services are also available and MSF teams provide preventive care and targeted interventions such as children's vaccinations and ante-natal care to pregnant women.

Since November 2012, MSF distributed 25,580 basic relief items to Syrian refugees scattered throughout the Bekaa Valley. In mid-January 2013, MSF began distributing fuel vouchers to refugees, with 300 families now able to have heat for two months. As of today, MSF has doubled its staff from 50 to 112 and its operational response is scaling up.



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Published by Médecins Sans Frontières - February 2012