Fleeing the violence in Syria

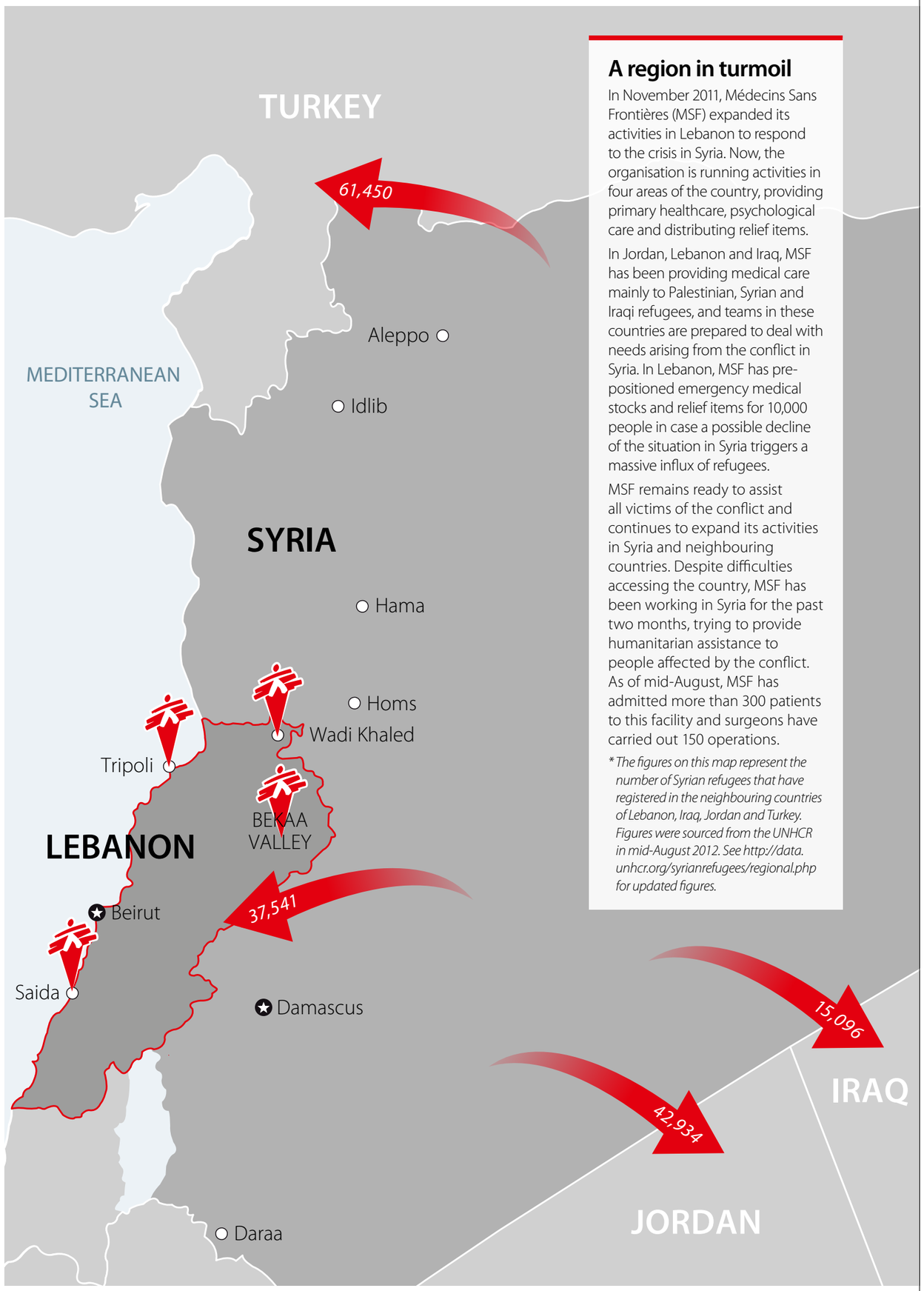
Syrian refugees in Lebanon

MEDECINS SANS FRONTIERES

أطبّاء بلا حدود

List of acronyms

ICRC	International Committee of the Red Cross
IDMC	Internal Displacement Monitoring Center
HRC	Higher Relief Council
MSF	Médecins Sans Frontières
NFI	Non Food Items
NGO	Non-Government Organisation
PRCS	Palestine Red Crescent Society
UN	United Nations
UNHCR	Office of the United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East



A region in turmoil

In November 2011, Médecins Sans Frontières (MSF) expanded its activities in Lebanon to respond to the crisis in Syria. Now, the organisation is running activities in four areas of the country, providing primary healthcare, psychological care and distributing relief items.

In Jordan, Lebanon and Iraq, MSF has been providing medical care mainly to Palestinian, Syrian and Iraqi refugees, and teams in these countries are prepared to deal with needs arising from the conflict in Syria. In Lebanon, MSF has pre-positioned emergency medical stocks and relief items for 10,000 people in case a possible decline of the situation in Syria triggers a massive influx of refugees.

MSF remains ready to assist all victims of the conflict and continues to expand its activities in Syria and neighbouring countries. Despite difficulties accessing the country, MSF has been working in Syria for the past two months, trying to provide humanitarian assistance to people affected by the conflict. As of mid-August, MSF has admitted more than 300 patients to this facility and surgeons have carried out 150 operations.

** The figures on this map represent the number of Syrian refugees that have registered in the neighbouring countries of Lebanon, Iraq, Jordan and Turkey. Figures were sourced from the UNHCR in mid-August 2012. See http://data.unhcr.org/syrianrefugees/regional.php for updated figures.*

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"We used to have a nice life. I can't understand how, in few months, the situation has changed. Everybody is becoming able to kill. It all happened too fast to be understood."

FEMALE PATIENT, 28

"They tortured me to the extent that when they asked me if I preferred or wished that my mother or father could take my place and suffer from the pain, I replied "yes.""

YOUNG MAN, 27

Right: A Syrian family gathers in the home of Lebanese hosts in the Wadi Khaled area, northern Lebanon, after fleeing the Syrian town of Tall Kalakh, near the Lebanese-Syrian border. © REUTERS/Omar Ibrahim, courtesy the Thomson Reuters Foundation – Alertnet

Executive Summary

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As the crisis in Syria intensifies daily, with thousands continuing to flee to neighbouring countries to search for safety, humanitarian needs inside and outside the country are escalating rapidly. The situation is desperate, thousands have been killed and wounded, and medical assistance in Syria is not only limited but has itself become a target of the regime. Since the crisis began in March 2011, the ability for international organisations, including Médecins Sans Frontières (MSF), to provide aid inside Syria has been severely restricted. MSF has therefore strengthened its response to the refugees who are flowing across the Syrian borders into countries such as Lebanon, Jordan and Iraq.

In November 2011, MSF expanded its response in Lebanon to provide urgent assistance to the influx of thousands of Syrian refugees. The organisation has opened new medical projects in the north of Lebanon in the Wadi Khaled area, in Tripoli, and also in various locations in the Bekaa Valley. In order to develop a comprehensive understanding of the refugees' health conditions and living situations, and to adapt its programs accordingly, MSF carried out a study at the end of May 2012. In these three locations, representatives of 889 families were interviewed.

In the face of a rapidly declining humanitarian context, the study strongly recommends a sustained and viable assistance to be provided by the Lebanese government and other national and international organisations. Although assistance was quickly deployed in the early days of the crisis, and numerous organisations are still supporting the aid response, clear gaps are arising and the response must be maintained and reinforced. Of most concern is the recent announcement by the Lebanese government that medical assistance to refugees has been cut due to funding issues. This funding must be urgently reinstated in order to respond to the medical needs of refugees which will only grow as more people stream across the border and the conflict intensifies in Syria.

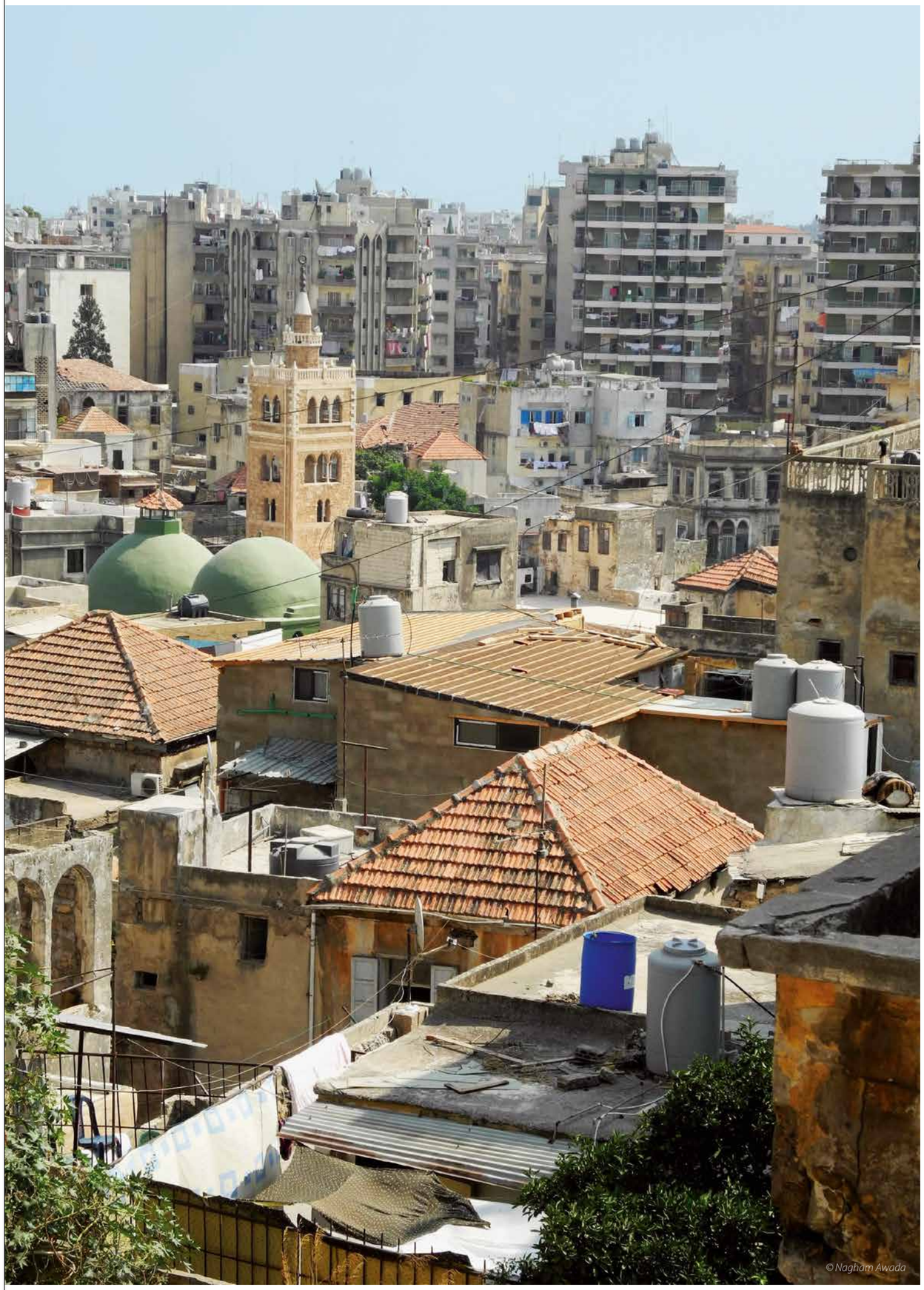
Treatment for chronic diseases such as asthma, diabetes, hypertension and cardiovascular disease is a major concern, with the cost of drugs required on a long-term basis out of reach for many. Almost half of interviewees were found to be in need of medication and treatment for chronic diseases, however 18.7 percent are not receiving it. There are also significant gaps in hospital-level care, with four out of ten interviewees saying they were not able to access a hospital due to reasons such as cost and insecurity.

For many refugees, living conditions are extremely precarious. According to MSF internal estimates, over a thousand people are accommodated in different villages of Wadi Khaled and the Bekaa Valley in overcrowded shelters. Living close to the border, they continue to fear for their safety. In Tripoli, rental costs are high and many families have to share apartments.

Syrian refugees in Lebanon are largely reliant on humanitarian assistance. Individuals within the Lebanese community itself have made a tremendous effort to integrate and help the refugees but their own financial constraints mean they are reaching their limits in terms of their own capacity to cope.

> The number of refugees living without help is increasing, and accommodation is scarce. In addition, tensions in Tripoli have already started between communities.

Humanitarian relief and official support to Syrian refugees in Lebanon and that of their host communities has been an important factor in avoiding a major health crisis thus far, however the prospect of any reduced assistance will place them in danger and could expose them to the consequences of the Syrian crisis once more. For this reason, ongoing support to the Syrian refugees and their host communities must be provided.



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Background

Following anti-regime demonstrations that began in March 2011 in Deraa, Syria, which then spread throughout the country, many of the population started to flee the turmoil and seek refuge in neighbouring countries. Over the last 16 months, several thousand dead have been reported,[1] and the amount of wounded is still unknown.

MSF remains ready to assist all victims of the conflict and continues to expand its activities in Syria and neighbouring countries. Despite difficulties accessing the country, MSF has been working in Syria for the past two months, trying to provide humanitarian assistance to people affected by the conflict. As of mid-August, MSF has admitted more than 300 patients to this facility and surgeons have carried out 150 operations. MSF is supporting networks of Syrian doctors in Homs, Derah, Hama, Damascus and Idlib. In March 2012, an MSF team was able to reach Idlib for a short period of time and witnessed the terrorisation of medical workers, as well as direct targeting of hospitals and medical facilities by armed forces. As detailed in an MSF statement[2] issued eleven months after the crisis began:

"In Syria today, wounded patients and doctors are pursued and risk torture and arrest at the hands of the security services. Medicine is being used as a weapon of persecution. Most of the wounded do not go to public hospitals, for fear of being tortured or arrested." Faced with this ongoing situation, thousands of Syrians are escaping to find safe refuge elsewhere and to be able to access healthcare services.

According to the UN Syrian Refugees Web portal,[3] around 157,000 people have been registered as refugees in neighbouring countries. Mass displacement within Syria itself has also occurred, and overall, at least 156,000 people were internally displaced during 2011.

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Recently, there has been a dramatic increase in this number, with the Syrian Arab Red Crescent and the UNHCR placing the current figure at 1.5 million.[4]

Inside Syria, humanitarian assistance is still very limited, with the Syrian Arab Red Crescent the main provider of assistance to the population. In May 2012, eight international NGOs[5] were permitted to extend their activities for Iraqi refugees to the rest of the civilian population inside Syria's borders. Medical assistance is however still very scarce.

Lebanon's medical support to Syrian refugees halted

In early July 2012, after MSF conducted this study, the Higher Relief Council (HRC), the humanitarian branch of the Prime Minister's office, announced that due to a lack of funding, it would have to shut down most of its Syrian refugee-related operations. The HRC stopped covering the cost of secondary healthcare and limited other types of aid distribution such as food items. As Agence France-Presse (AFP) reported at the time: "Assistance through the Higher Relief Council has been temporarily suspended," an official in Prime Minister Najib Mikati's office said, adding that "the reason behind the suspension is technical, not political." The official went on to say that "many Syrians are coming to Lebanon for treatment and claiming to be displaced persons, but it is not true. This is causing chaos, and the HRC needs time to reorganise its assistance."[6]

Syria's crisis impacts Lebanon

Like Syria's other neighbours – Turkey, Iraq and Jordan – Lebanon has absorbed thousands of refugees fleeing from the conflict now raging on the other side of the border. But unlike the other countries, Lebanon risks being plunged into sectarian strife, possibly even civil war, by the strains inflicted on its own delicate internal situation by the Syrian crisis.[7] Heavy sectarian clashes broke out in May and June 2012 in Tripoli, the biggest city in the north of Lebanon, mostly between Sunnis of Bab Tabbaneh and Alawis of Jabal Mohsen.

The influx of Syrians to Lebanon has increased as the conflict has intensified in recent months: almost 60 percent of the refugees MSF surveyed arrived between January and June 2012. According to the UNHCR office of registration, there are currently approximately 37,000 Syrian refugees in Lebanon, although some are not yet registered, and some are choosing not to register at all. Statistics are also quite difficult to rely upon: the most recent update from the UNHCR says the agency is providing aid such as food and medical supplies to "some 30,000" Syrian refugees, a constant figure since the beginning of May. A study conducted by the Gulf-funded Islamic charity Al-Taqwa reports that there are around 58,000 refugees in the country, while a separate estimate from the Bashaer charity, a Lebanese organisation, places the number at 52,000 people."[8] People have directly reported to MSF staff that they are often afraid and would therefore not apply for official registration. They feared being targeted by security services or were anxious of the potential repercussions for their own families in Syria.

The economic and political situation in Lebanon continues to be severely affected by the crisis in Syria. Over the last months, Lebanon has experienced an economic decline, with its service-oriented economy highly sensitive to political events in the region. The Economist Intelligence Unit predicts that as the Syrian unrest continues, economic growth could stall even further, and any flare-up in inter-communal violence could also drag down Lebanon's economy.[9] These economic and political frailties mean that the Lebanon's capacity to cope with such an influx of refugees in the long term could be constrained. While over the last year the solidarity displayed by the Lebanese community has been impressive, it is feared that resources will soon dry up, and that the situation for the host community as well as the refugees will only worsen.

"Here in Lebanon, we are in a big jail: we are not allowed to cross any checkpoint, we are afraid to go out because anybody might catch us."

YOUNG MAN, 21

Objectives of the Study

MSF's objective in carrying out this study was to better understand the conditions facing Syrian refugees living in Lebanon. With the aim of adapting the organisation's response to the evolving situation, teams collected information and testimonies specifically focused on the health situation of refugees and influencing factors such as shelter, sanitation and their journey from Syria.

Already present in Lebanon providing mental health projects for Palestinian refugees as well as vulnerable Lebanese in Bourj-el-Barajneh and Ein-el-Hilweh camps, MSF has been providing humanitarian assistance to Syrian refugees in Lebanon since November 2011. In response to the crisis in Syria and the influx of refugees into Lebanon, MSF further expanded its activities to the areas of Tripoli, Wadi Khaled and different locations in the Bekaa Valley.

The study was conducted in June 2012 in Saadniyel, Jdeide and Aarsal (Bekaa Valley), Tripoli as well as in several villages in Wadi Khaled, including the so-called 'collective shelters.' A significant number of Syrian families continue to live in these shelters – normally old schools, mosques or abandoned buildings – due to an increasing shortage of proper accommodation.

1 5,000 according to IDMC; 17,000 according to the Human Rights Syrian Observatory

2 MSF Press release, 8 February 2012.

3 data.unhcr.org/syrianrefugees

4 *Syria. A full-scale displacement and humanitarian crisis with no solutions in sight.* IDMC. 31 July 2012.

5 International Medical Corps (IMC) and the Danish Refugee Council (DRC), in collaboration with the Syrian Arab Red Crescent (SARC), have begun distributing hygiene supplies, medical assistance and other essential items. The IMC is supporting SARC to operate two health clinics in Damascus (Sayyeda Zainab and Mazkeh Barzah), two Mobile Medical Units in Rural Damascus and four SARC health posts. The DRC has completed a field mission to Dar'a and aims to distribute 10,000 hygiene kits (supporting 50,000 people) in the governorate, with the first tranche (3,000 kits) to be provided in early July", in http://reliefweb.int/sites/reliefweb.int/files/resources/Full%20Report_822.pdf

6 *Lebanon suspends aid to Syrian refugees: PM office* / AFP / 11.07.12

7 *Syria crisis: Lebanon sucked into Syria crisis* / BBC / 29.07.12 http://www.bbc.co.uk/news/world-middle-east-18655845

8 *Number of Syrians aided by UNHCR stagnates, inaccurate* / Daily Star /09.06.12/ http://www.dailystar.com.lb/News/Local-News/2012/Jun-09/176244-number-of-syrians-aided-by-unhcr-stagnates-inaccurate.ashx#axzz230zkoJ9K

9 Economist Intelligence Unit. Country Report, Lebanon, July 2012.

Findings of the study

The major issues currently facing the refugee population in Lebanon are housing, food, water and sanitation, health and security. As the refugees are settling in primarily lower socio-economic regions of Lebanon, additional burden is being placed on already overstretched resources. Gaps are appearing in refugees' access to medical care, particularly in their access to hospital-level care and treatment for chronic diseases.

I. From Syria to Lebanon

a) Conflict and lack of medical care: two reasons to flee

Just over three quarters of the respondents, 75.6 percent, reported insecurity as the main reason for leaving Syria. The remaining 24.4 percent reported that they left due to a combination of insecurity and a lack of access to medical care.

Nearly half of the respondents, 43.5 percent, reported that one of their family members had died in the past six months, with 92.9 percent stating this loss was due to the violence in Syria. Particularly affected were refugees from the Homs governorate close to the Lebanese border, from where most of the respondents originate.

II. Lebanon: a struggle to survive

a) Assistance at breaking point

Since the very beginning of the crisis in Syria, Lebanese government bodies such as the HRC, and other national organisations, have been involved in providing assistance to refugees. They have provided food and non-food items, shelter, primary and tertiary medical care, education assistance and psychosocial support.[10] However in early July 2012, the government announced that a lack of funding was forcing it to stop providing medical care to refugees.

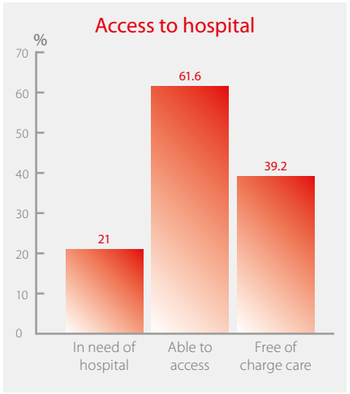
In response to the crisis, some international organisations such as MSF and the ICRC[11] have expanded their existing activities in Lebanon to provide direct support to the refugees. Additionally, and despite having limited resources themselves, individuals within the Lebanese community have been very much involved in providing assistance.

Among the respondents, 86.1 percent received assistance in Lebanon from different NGOs[12] such as relief items, food, healthcare, money and fuel. Of those not receiving assistance, they mentioned that they were reliant on relatives living in Lebanon, on 'good people', on God, on their husband's income (for female respondents) and their savings from Syria *(see table 5)*.

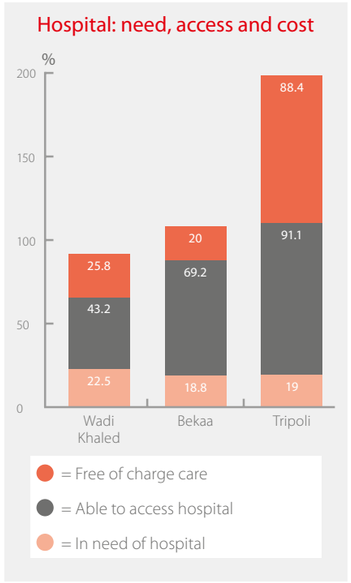
b) Major gaps in healthcare provision

More hospital care needed

There is a significant lack of access to hospital care for the refugee population. Among the interviewees, 21 percent reported that they needed hospital-level care. Of these, 61.6 percent were able to go and 39.2 percent of them were able to receive treatment free of charge. However, 38.4 percent of those who said they needed treatment were not able to access a hospital.



With a higher number of hospitals in Tripoli, refugees living there have a better chance of accessing the care they need. In Tripoli, 88.4 percent of respondents reported receiving free hospital treatment, as opposed to only 20–25 percent in the Bekaa Valley and in Wadi Khaled. Of those who were not able to visit a hospital, 65 percent said they were unable to pay for the care.



Gaps in treatment for chronic diseases

Among the respondents, 47.4 percent were taking medicines in Syria for chronic diseases such as high blood pressure and diabetes, asthma, anaemia and rheumatoid arthritis. Of these, 81.3 percent are still receiving their treatment in Lebanon. This implies however that 18.7 percent are not receiving the treatment they started in Syria.

Additionally, 51.6 percent are now paying for drugs. Only 18.9 percent are obtaining drugs free of charge, and 7.9 percent said it was dependent upon drug availability at health centres. Overall, almost 68 percent stated that they are 'doing well,' although 10.3 percent reported they are in need of free medicines which are not available at the primary healthcare clinic. Refugees also said that drugs were much more expensive in Lebanon.

There were 22 percent who reported the need for specialists such as gynaecologists, dentists, and urologists, as well as for financial coverage for surgeries. In Wadi Khaled, the respondents asked for mobile clinics to be provided due to the remote location of the areas in which they are sometimes forced to stay for lack of better and more viable alternatives.

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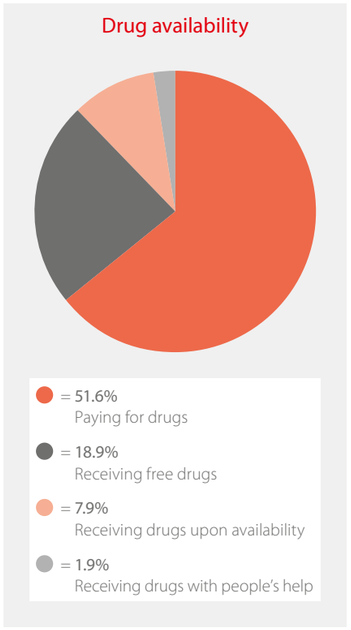
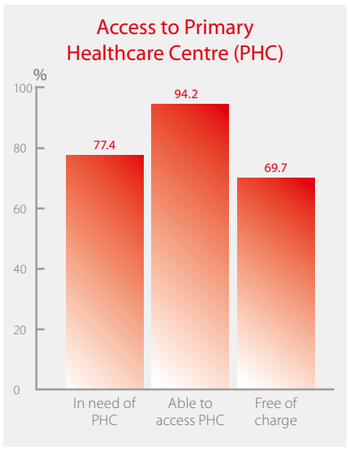
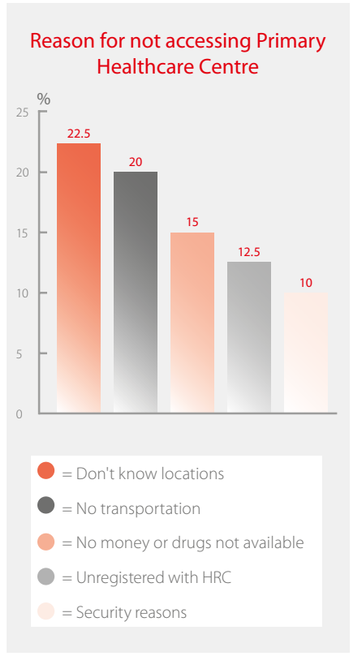


Access to primary healthcare centres

The vast majority of refugees, 94 percent, said that money is an obstacle to access healthcare services,[13] and that this was the main reason for not seeking medical care. As shown in the graph below, 77.4 percent of refugees said they needed access to basic healthcare. Of these, 94.2 percent were able to access it, and 69 percent received care free of charge. These figures demonstrate that there is currently no significant treatment gap at the primary healthcare level.



For the refugees who were unable to access a primary healthcare centre when they needed it (5.8 percent), they mainly cited transportation problems and lack of money. They also mentioned that drugs were not available at the clinics. Some said they preferred not to go due to security restrictions, while others said the fact that they were not registered as a refugee meant that they could not access health services for free.



Limited pregnancy care

Pregnancy care is not being widely accessed: 12.3 percent of respondents said there was a pregnant woman in the family but only 49 percent of them are enrolled in antenatal care *(see table 4)*.[14] Among the women who had already given birth when the survey was carried out, 15.7 percent delivered in Lebanon: 72.3 percent experienced a normal delivery and 27.7 percent underwent caesarean section. Sixteen women surveyed delivered at home. Of the women who delivered, 58 percent are breastfeeding and only 8.3 percent are enrolled in postnatal care.

Vaccination

Only 60 percent of children are reported to be vaccinated, but just 27 percent of the respondents were able to show their vaccination card. The best vaccination rates were in Tripoli, where 40 percent were able to present their card.

Reported medical conditions

The main medical conditions reported from MSF projects providing medical care to Syrian refugees, in the Bekaa Valley, in Tripoli at dar Al-Zahra Hospital, and in Wadi Khaled, are listed below.

- Out of a total of 1,896 new cases in June in all of the Bekaa Valley locations, 25 percent were chronic diseases (diabetes, hypertension, asthma, other cardio-vascular diseases), followed by upper respiratory tract infections, gynaecological-obstetric cases, musculoskeletal problems, skin diseases and eye infections. The latter are reported to be linked to poor living conditions. There were also 83 patients who consulted with our mental health team.
- In Tripoli, in the dar Al-Zahra Hospital, from March until the end of June, 1,140 consultations were carried out by MSF. The majority of the consultations were for respiratory tract and ear, nose and throat infections, musculoskeletal problems, diarrhoea, and chronic diseases (diabetes, hypertension, asthma). Some scabies cases were detected and treated. MSF teams also carried out antenatal and postnatal consultations, and vaccinations. Among the mental health consultations, depression represented 50 percent of cases and anxiety accounted for 25 percent. Some patients reported having been tortured and raped.[15]

Among the interviewees, 35.7 percent reported their general health as 'very good', and almost the same percentage as 'good.' There were 63.7 percent who reported that at least one of their family

members has a medical condition. For women, reported conditions were slipped disc, blood pressure issues, joint pain, diabetes, gynaecological problems, migraine and anaemia. Many reported suffering from more than one medical condition.

Among men, reported medical conditions included slipped disc, blood pressure issues, rheumatism or joint pain, stomach pain and ulcers, bullet wounds (one in Wadi Khaled and four in Tripoli). Many men also reported suffering more than one medical condition.

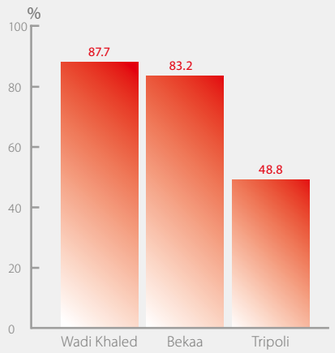
The highest reported diseases among children were respiratory problems, followed by diarrhoea and mental distress, vision problems and skin allergies. Additionally, some tuberculosis cases were reported. Psychological issues for men, women and children were also reported, with cases being more prevalent in Wadi Khaled than in other areas.

c) Registration posing problems

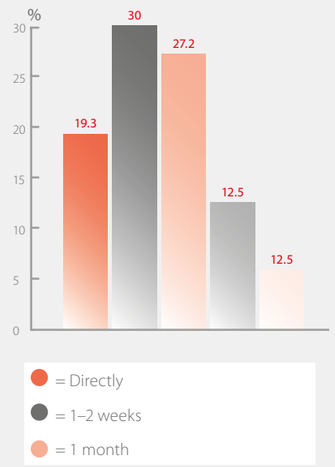
Seventy-five percent of respondents were registered with the UNHCR and/or partner organisations to the UNHCR.[16] There are fewer registered Syrians in Tripoli than in Wadi Khaled and in the Bekaa Valley, as registration has not yet been properly implemented in Tripoli due to security issues within the city. Thirty percent of respondents were registered one to two weeks after their arrival, 27.2 percent after one month, and for 19.3 percent, the process took between two to three months.

For those registered, the process meant they were provided with healthcare, relief items, money, rent, medications and food. However, 28.2 percent reported they were not provided with anything, and 22.7 percent reported only receiving food. Some refugees were not registered: they cited reasons including that they did not know where to go (mainly those in Wadi Khaled), that they did not see the benefit of being registered, that they were not informed about the possibility of being registered, or that they just feared registration would have consequences on their families back in Syria.

Registration according to region



Length of registration

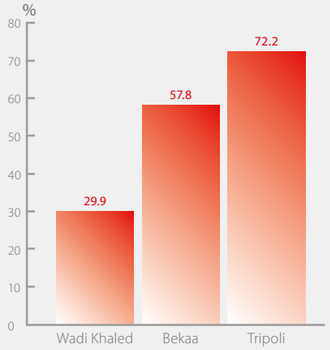


The highest rate of overcrowding is in Wadi Khaled, as people are living in collective shelters. Only 29 percent of respondents in Wadi Khaled mentioned that they live alone in their space, compared to 70 percent in Tripoli.

The remaining refugees are living within host Lebanese families in the Wadi Khaled and Akkar areas, while in Tripoli, refugees are mainly renting houses, flats or rooms. Syrian refugees are mainly residing with host families who are not necessarily their own relatives. These families also face difficult circumstances, living in some of the poorest areas in the country.

The figure below shows that in Tripoli, more refugees are renting their own places, while in Wadi Khaled and Bekaa Valley, they are sharing houses or living with host families.

Percentage of refugees living alone



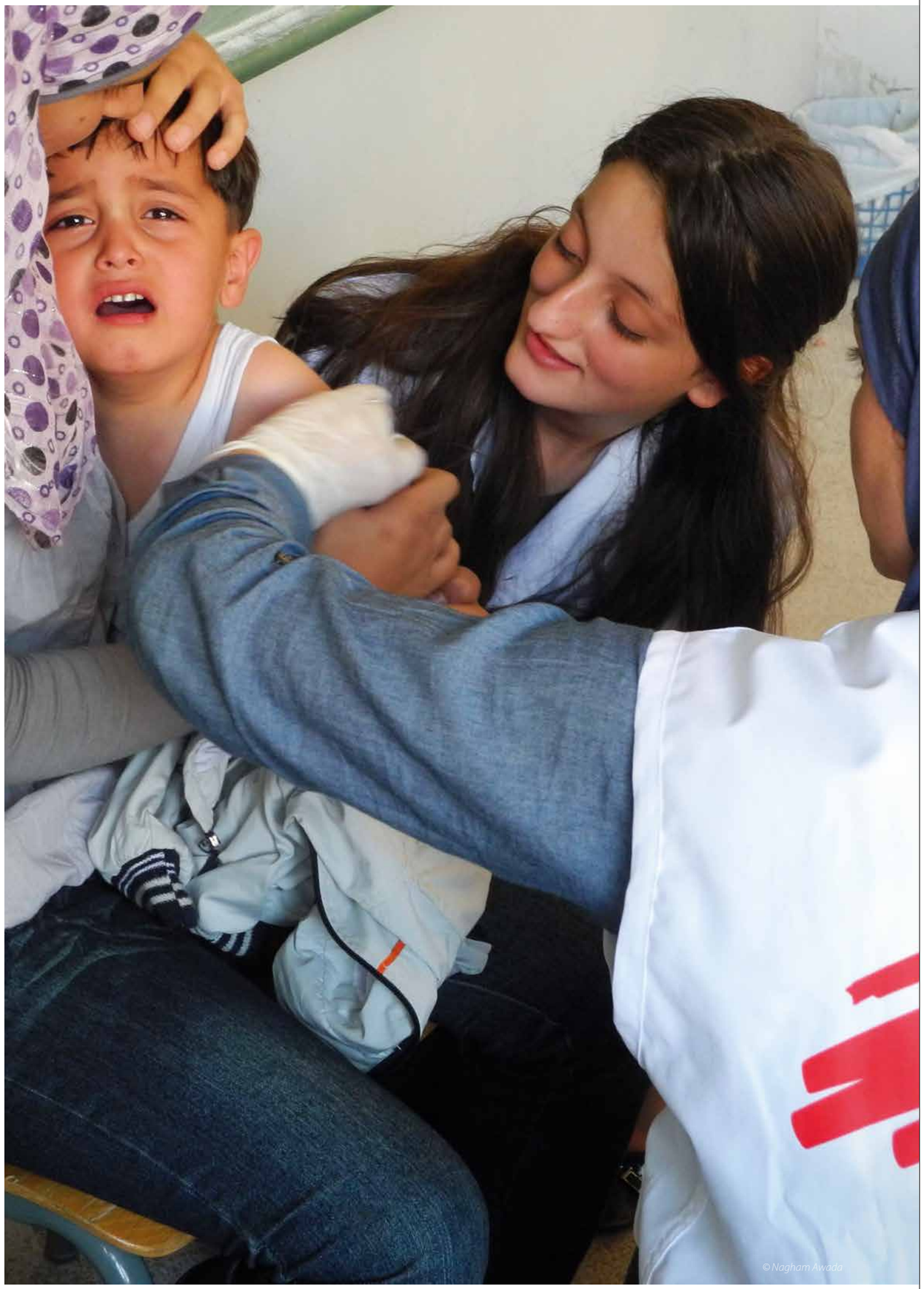
d) Living conditions: a dire lack of shelter and proper housing

Around 90 families are currently living in collective shelters located in different villages of Wadi Khaled, and 112 families in the Bekaa Valley are living mainly in mosques where they are receiving aid from different organisations.[17]

Nearly 50 percent of respondents are sharing their living space with other families. There is an average of 3.32 families per room per house,[18] meaning around seventeen people are living in each house in very crowded conditions.

e) Shelter and water

Based on interviewers' observations, 64.3 percent of houses are generally in good condition in terms of hygiene, and 20.2 percent of houses are rehabilitated. Housing conditions are the worst in Tripoli, with only 27 percent saying they have access to drinking water *(see table 5)*. Those living in the Bekaa Valley appear to have twice as much access to drinking water, meaning it is likely they purchase it, adding burden to already limited finances. It is important to note that the majority of people in Lebanon buy water as the tap water is not drinkable.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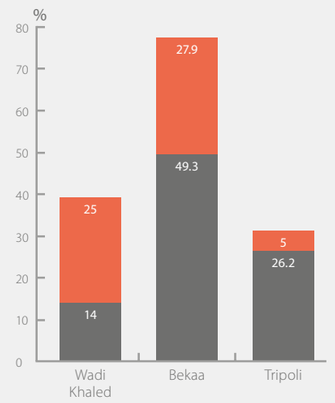
Living conditions



f) Financial and housing constraints

The five main problems reported by refugees are rental costs, housing quality, lack of employment opportunities leading to dependency on external assistance, poor quality water, and lack of money. The high cost of living in Lebanon, compared to Syria was a concern, as was the low availability of drugs, and psychological stress. Lack of electricity was also mentioned as an additional burden.

g) An uncertain future

The future seems very grey for the vast majority of the refugees. Only 16.6 percent are expecting a 'good' future and 11.9 percent think it's totally 'out of their hands,' aggravating a feeling of hopelessness. There were 16.2 percent who believe that a future does not exist for them in Lebanon, and 13.5 percent said the same about Syria. Thirty-two percent predict a 'vague and insecure' future.

III. Conclusions

Three quarters of refugees fled Syria due to the high degree of violence, and around 40 percent have suffered losses within their families linked to this violence. For most of the interviewees Lebanon is not a safe haven. The country's own instability as a result of the crisis in Syria, as well as its proximity to the border with frequent shelling, bombing and incursions, does not provide a reassuring place of refuge.

The vast majority of refugees – 90 percent – see their future as highly precarious and they do not know when or if they will be able to return to Syria. Feelings of hopelessness and alienation are widespread and pervasive. Added to this, living conditions, due to the constant flow of refugees into Lebanon, are also deteriorating. There are overcrowding problems in Wadi Khaled, high rental costs in Tripoli, and significant security issues in the Bekka Valley and in Wadi Khaled.

"When I felt that the soldiers might attack us on our way out of Syria, I got prepared to kill myself. It's much easier to die than to be attacked and taken by the Shabiha."

YOUNG MAN, 22

Basic medical assistance is generally available and accessible. However, large gaps exist regarding treatment for chronic diseases, with the high cost of drugs leaving them out of reach for many refugees. MSF is currently the only provider of chronic disease medications for Syrian refugees in Lebanon. Hospital level care is also a major concern, particularly with the recent announcement that funding for this by the Lebanese government has been halted.

With several men, women and children experiencing psychological distress, mental healthcare is a continuing need. Availability of adequate psychological and psychosocial services is hence seen as paramount within all areas where refugees are living. Feelings of alienation, hopelessness and discrimination, difficulties in adapting to a new environment, as well as security related fears are widespread among the refugees.

As refugees continue to flow into Lebanon, the capacity of the local population to cope is at breaking point. Most of the areas where the refugees are currently living are among the poorest in Lebanon. While the Lebanese community's solidarity with Syrian refugees is clear, resources have reached their limits. It is crucial that support is provided to the host communities in order to reduce this burden, and that proper housing is allocated to the refugees to alleviate poor living conditions for Syrian refugees and their Lebanese hosts.

10 UN Revised Syria Regional Response Plan. June 2012.

11 Since September 2011, the ICRC has been heavily involved in providing support to the Lebanese Red Cross emergency medical services to evacuate more than 500 casualties http://www.icrc.org/eng/resources/documents/update/2012/lebanon-syria-update-2012-04-26.htm

12 For an overview of the aid available in Lebanon from international actors, refer to http://data.unhcr.org/syrianrefugees/country.php?id=122

13 In Lebanon, all the health care services are based on a cost recovery scheme.

14 The majority are enrolled in the UNHCR Makassed centre, Hisheh in Wadi Khaled; in the MSF-supported Amel and al Farouk dispensaries in the Bekaa Valley; and in Shifaa Hospital, Hanan Hospital, the MSF-supported Dar Al-Zahra Hospital and Bashaeer Hospital in Tripoli.

15 This does not however represent a significant amount of patients.

16 The HRC is for example registering people.

17 There are three collective shelters in Wadi Khaled: old schools or buildings, and some more in the Bekaa Valley.

18 An average family comprises five individuals.

Annexes

Study Methodology

Design, participants and sample size

A cross-sectional survey was conducted in three regions of Lebanon where the majority of Syrian refugees are living: the Wadi Khaled area and Tripoli in northern Lebanon, and the Bekaa Valley region in the east of the country. The study, which looked at physical health, demographic, socioeconomic and coping mechanism variables, was measured using a structured questionnaire, carried out by trained interviewers.

According to the UNHCR database, at the time of the assessment, the total number of Syrian refugees in Lebanon was approximately 26,000. Based on UNHCR and other agencies' figures, we estimated that at the time of the study there were 1,622 families in the northern, central and western areas of the Bekaa Valley; 2000 families in Wadi Khaled; and 700 families in the two major areas in Tripoli.

In the three selected locations (Bekaa Valley, Wadi Khaled and Tripoli), we interviewed 20 to 35 percent of refugee households leaving a total sample size of 889 households *(Table 1)*. All household members aged 18 or older were eligible to participate in the study. Some open-ended questions were also included, addressing the problems the refugees were facing, or their expectations for the future.

Out of 889 households selected, 98.4 percent completed the interviews. Out of these, 44.6 percent were male and 55.4 percent female.

The analysis in this report is based on the result of this quantitative study, and also on medical and mental health archives from MSF clinics located in Wadi Khaled, Tripoli and the Bekaa Valley. Study data was entered using SPSS v.19 and analyzed with SPSS v.19 as well.

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Ethics

Inclusion in the survey was voluntary, and required verbal informed consent. All participants and non-participants were offered information and encouraged to visit MSF clinics which are providing free mental health and medical support to Syrian refugees in Wadi Khaled, Tripoli and in the Bekaa Valley. Where requested, social service home-visits and referrals to MSF or other organisations were also provided.

Staff training

The staff who carried out the study received theoretical and practical training on conducting the survey, and on appropriate handling of human subjects' research data. Study questions were piloted before the actual collection. A team of two data collectors were responsible for a specific site in the selected three areas, with a total of nine different teams.

"There were quite a few women who came across the border pregnant. I spoke to one woman who told me about how she'd been in hiding in Homs, where it was difficult to access hospitals. She'd watched a lady give birth while in hiding, and the baby died. I imagined what it must be like to sit there, being pregnant yourself, watching this happen and knowing that your baby might not make it. They fled when they could."

DR PHILIPPA BOULLE, MSF EMERGENCY MEDICAL COORDINATOR, FEBRUARY TO MAY 2012

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Tables

Table 1:
Distribution of region per total sample size

Region	# of questionnaires	Frequencies
Wadi Khaled	400	45%
Bekaa	229	25.8%
Tripoli	260	29.2%
Total	889	100%

Table 2:
Participant characteristics *(n = 889)*

Age	n	%
17–33	377	42.6%
34–50	369	41.6%
Above 50	140	15.8%
Mean age	Mean: 38.22 + 12.77	Minimum: 17 Maximum: 99

Table 3: Distribution of socio-economic characteristics of displaced families *(n = 889)*

Characteristic	n	%
Gender		
Female	488	55.4
Male	393	44.6
Marital status		
Married	764	86.7
Widowed	72	8.2
Never married	45	5.1
Travelling from governorate		
Homs	750	85.2
Hama	85	9.7
Other (Edleb, Damascus, Dar'aa)	36	4.1
Aleppo	9	1
Education		
Primary	568	65.1
Illiterate	177	20.3
Secondary	105	12
University	23	2.6

**Data are number, %, or mean (range), as specified*

Table 3 *continued*:
Distribution of socio-economic characteristics of displaced families *(n = 889)*

Characteristic	n	%
Employment in Syria		
Doesn't work	118	13.5
Work	635	85
Employment in Lebanon		
Doesn't work	514	59.7
Work	297	86.2
Reached Lebanon with whole family		
Yes	697	80.6
No	168	19.4
Living alone with family		
No	436	50.4
Yes	429	49.6
Average number of family members per room		
Mean: 5.25 + 2.44		
Minimum: 1 Maximum:21		

Characteristic	n	%
Average number of sharing families per house		
Mean: 3.32 + 3.57		
Minimum: 1 Maximum:21		
Reason for leaving Syria		
Insecurity	662	75.6
Insecurity and no medical care	214	24.4
Loss of family member in past 6 months		
No	488	56.5
Yes	375	43.5
Children registered at school		
No	674	79.6
Yes	125	14.8
Other (remedial classes, sheikhs)	48	5.7

Table 4:
Health status characteristics of displaced families *(n = 889)*

Characteristic	n	%
General health(self-rated)		
Very Good	317	35.7
Good	311	35.1
Average	184	20.7
Excellent	75	8.5
Family member with medical condition		
Yes	560	63.7
No	293	33.3
Don't know	26	3
Need to access PHC		
Yes	679	77.4
No	198	22.6
Able to access PHC if needed		
Yes	638	94.2
No	39	5.8
If able to access PHC, free care is receive		
Yes	449	69.7
Other (only consultation is free)	105	16.3
No	90	14
Taking medicine in Syria or Lebanon		
No	438	52.6
Yes	395	47.4
Payment a barrier to health		
Yes	800	94
No	51	6

Characteristic	n	%
Pregnant women		
No	707	87.7
Yes	99	12.3
Vaccinated children		
Yes	541	60.9
Don't know	266	29.9
No	82	9.2
If vaccinated, have vaccination card		
No	378	42.5
Don't know	270	30.4
Yes	241	27.1
Health needs in general		
Nothing, we're in good health	601	67.6
Others	196	22.1
Need of medicines	92	10.3
Need to access hospital		
No	662	74.5
Yes	176	21
Able to access hospital if needed		
Yes	106	61.6
No	66	37.5
If able to access hospital, free care is received		
Yes	69	39.2
No	31	17.6
Other (only consultation is free)	76	43.2

**Data are number and %.*

Table 5:
Shelter characteristics for displaced families *(n = 889)*

Characteristic	n	%
Housing situation		
Good	558	64.3
Bad	189	21.8
Very good	72	8.3
Very bad	49	5.6
Shelter rehabilitated		
No	670	76.5
Yes	177	20.2
Don't know	29	3.3
Comfortable with overcrowded situation		
A little bit	353	40.5
Not at all	291	33.4
Average	166	19.1
Completely	61	7
Access to drinking water		
No	406	46.3
Don't know	234	26.7
Yes	237	27

Characteristic	n	%
Getting assistance from NGO		
Yes	748	86.1
No	121	13.6
Type of assistance		
NFI and food	330	44.1
NFI and healthcare and food	57	7.6
Food	272	36.4
NFI and money and fuel and food	71	9.5
If no NGO assistance, method of survival		
God's help	40	33.1
Relatives and good people	59	48.8
Savings from Syria	7	5.8
Husband's income	15	12.4
Registered with UNHCR		
Yes	657	75
No	219	25
Reason for coming to Lebanon		
Proximity	485	55.5
Others (husband's work etc)	404	45.5

**Data are number and %.*

"A 25 year old woman was with her three children and cousin riding a motorcycle when they were deliberately attacked by a military car. Her cousin was injured in the feet, the eldest child was disfigured, and the second child was wounded in the leg. The third child received small injuries. This terrible accident led their mother to become tetraplegic. For the last eleven months, she has had to remain in bed and have ongoing surgery. She's presenting symptoms of post traumatic stress disorder as well as a major depressive disorder; she has intrusive memories of the terrible accident, irritability, outbursts of anger, sleep disturbance, depressive thoughts, feelings of guilt, decreased appetite, and suicidal thoughts.

She admitted that she refuses to eat sometimes for suicidal reasons. She expressed her anger about her situation and displayed a lot of worry about her children who were separated from her temporarily. It's hard for her to accept her severe medical situation, and she has a pessimistic view of the future and especially her role among her family and children."

MSF PSYCHOLOGIST

Right: An image drawn by a Syrian child of primary school age, depicting his memory of the violence encountered in Syria.
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Assistance to Syrian refugees across borders

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The widespread unrest in Syria, which began in March 2011, made it very difficult for MSF to continue its work inside the country, and the organisation was forced to suspend its activities. MSF remains ready to assist all victims of the conflict and continues to expand its activities in Syria and neighbouring countries. However, despite difficulties accessing the country, MSF has been able to work in Syria for the past two months, trying to provide humanitarian assistance to people affected by the conflict. As of mid-August, MSF has admitted more than 300 patients to this facility and surgeons have carried out 150 operations.

From neighbouring countries, MSF continues to support Syrian doctors' work by providing them with medical supplies and essential drugs. In Amman, Jordan, where MSF has a reconstructive surgery program, surgeons have operated on 160 wounded Syrians since the beginning of 2012.

MSF has been providing humanitarian assistance to Syrian refugees in Lebanon since November 2011. In response to the current crisis, the organisation has further expanded its activities.

In total, MSF medical teams have carried out over 5,000 primary healthcare consultations and, over 1,000 individual psychological and psychiatric consultations, all of them free of charge.

Between January and May 2012, MSF provided about 2,150 people in the mountainous Aarsal region with relief items, including fuel and wood for heating. In March, the organisation helped refurbish five public buildings to house Syrian families in the border town of Aarsal. MSF has also donated emergency supplies to health centres near the border with Syria.

"I feel every day that I need to hurt myself until the blood goes out."

YOUNG MAN, 26

Other MSF activities in Lebanon
Since 2009, MSF has been providing free mental healthcare to socially vulnerable Lebanese and Palestinian refugees. Mental health services have been established within the United Nations Relief and Works Agency (UNRWA) clinic, in the hospital run by the Palestine Red Crescent Society (PRCS) and within the primary health care centre of the municipality of Bourj-el-Barajneh. In total, more than 16,000 psychological and psychiatric consultations have taken place.

In April 2011, MSF extended its community-based mental health services to Ein-el-Hilweh refugee camp, in Saida, in south Lebanon. Seventy-five thousand Palestinians and other vulnerable residents are crammed into one square kilometre. Ein-el-Hilweh is the most crowded and unstable refugee camp in Lebanon, a place that is regularly shaken by security incidents and clashes between political factions. MSF has established free mental health services in the two UNRWA clinics and at the Human Call hospital inside the camp, and also in the PRCS and government hospitals outside the camp. Between when the project began and July 2012, some 953 new patients, mainly aged between 18 and 40, have received care from MSF psychologists and psychiatrists in Ein-el-Hilweh refugee camp.

"We saw lots of respiratory infections, particularly in winter, and skin infections, because people weren't able to look after themselves in the way they might normally."

DR PHILIPPA BOULLE, MSF EMERGENCY MEDICAL COORDINATOR, FEBRUARY TO MAY 2012


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MEDECINS SANS FRONTIERES

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Report issued August 2012.

Front cover: Syrian women and children arrive to northern Lebanon, near the Lebanese-Syrian border. According to the UNHCR, there are currently around 37,000 Syrian refugees in Lebanon. © REUTERS/ Omar Ibrahim, courtesy the Thomson Reuters Foundation – Alertnet