

**Access to Health 2017  
Trip Report  
Lebanon, March 18-25**



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## Summary

In 2016, Heartland Alliance International (HAI) contacted the Director of the Access to Health Project (ATH) to discuss the health-related needs of the Syrian refugee population in Lebanon. At the time, HAI was focused on access to health among the LGBT population and addressing sex- and gender-based violence (SGBV) in the Syrian displaced population, but was discussing turning to more mental health focused projects. With its own roots in the issue of access to health by refugee populations and a growing recognition of the importance of mental health in the global discussion, ATH accepted HAI's invitation to collaborate in Lebanon.

In fall 2016, HAI went through a number of changes on the ground in Lebanon, and due to donor and research driven demands, has realigned programs to focus on youth -- primarily child laborers and adolescent 'combatants' among the Syrian displaced. As a result, the Health and Human Rights course eventually took on three areas of study that most directly

responded to partner interest and ATH mission: the use of women and girl "safe spaces" to enhance mental and physical health options, the physical health and responses of child laborers in the Beqaa Valley, and mental health for former adolescent combatants and those at risk of being recruited.

On March 18, 2017, a nine-person team consisting of four J.D. students, one J.D./M.B.A, and one M.B.A. student, as well as the ATH Director, the Schuette fellow in health and human rights, and a clinical faculty member all traveled to Lebanon. The primary goals were to conduct qualitative interviews and assessments related to the core areas discussed above, to become better informed about the reality on the ground, and, finally, to determine an appropriate response and partner for an ATH intervention. Each team incorporated the information from the trip and used the fieldwork component to refine final recommendations for different strategies.

The following report will be broken into five parts: the first section will look at the general situation on ground and the themes of the trip. The second section will look at mental health and conflict, while the third will look at education and employment. The final two sections will discuss general health themes found on ground and possibilities for what comes next.



## **I. Trends and Themes of the Trip**

There are hundreds of non-governmental organizations (NGOs) and intergovernmental organizations (IGOs) working in Lebanon to address the growing number of displaced Syrians residing in this small country. Already a middle-income country relying on aid in the face of years of internal conflict and regional wars, Lebanon is now faced with meeting the needs of an additional 1.1 - 1.6 million Syrian displaced, as well as the large international community currently residing in the country. This task is further compounded by many competing factors: the history of conflict between Syria and Lebanon; the 450,000 Palestinian refugees that have been living in segregated and impoverished camps since 1968; and the fact that the influx of displaced Syrians now makes up between a quarter to a third of the population of the entire country.

As a result of resource depletion and a history of animosity between citizens of both countries, tension continues to build between the Lebanese host community and the Syrian displaced population. Many Lebanese communities feel neglected by international aid organizations, as the relief efforts of these organizations, especially in rural areas, addressed the needs of those directly impacted by the Syrian crisis, to the exclusion of the host population. In response, several NGOs have implemented strategies to include Lebanese in all programmatic activities. However, despite these recent efforts to include more inclusive aid for Lebanese, tensions continue as evidenced by widespread popular support for President Michel Aoun's proposal to send Syrians to "safe zones" in Syria. A few NGOs have begun to consider programmatic efforts geared toward helping Syrians return and rebuild after the war.

Aid organizations have attempted to address these issues with varying degrees of efficacy; as many of the interviewees pointed out, this crisis is different from the majority of refugee and displacement crises in other parts of the world. Syria was a middle-income country with high levels of education and health

access; it had a strong GDP and income index. Thus, many of Syrian displaced are from highly developed areas, may have had white-collar jobs and securely middle-class, and had regular access to secondary and tertiary health care. This in turn means that a number the displaced have knowledge of their long-term non-communicable diseases - but now have no means to address their illness. Many of them come with higher expectations based on their lived experiences, and this disconnect with the reality on the ground may contribute to mental illness and even physical illness. Further, there appears to be a real dichotomy



between the needs of middle-/high-income and low-income displaced Syrians. Most programming currently addresses the needs of the most vulnerable, which is appropriate since they have the most basic needs: livelihood, medicine, housing, and safety. However, it fails to incorporate the formerly middle income who are becoming increasingly vulnerable as the time - and therefore lack of viable income - goes by.

During the trip we interviewed 10 international and domestic organizations (see Appendix for

detailed information from each interview); we also spoke with two different departments in three of the organizations. Though a few organizations included foreigners in administrative positions, the vast majority of individuals working for the organizations we interviewed were Lebanese. Of the professors at the AUB with whom we met, two of the three were Syrian. Of note, several organizations informed us that Syrian teachers worked with them, however, work restrictions in Lebanon prevented the organizations from employing them. Instead, Syrian teachers “volunteered” at the organizations and were provided a small stipend.

In addition to learning about the composition and structure of the organizations, we focused on learning about the strategy and goals of each organization. There was expected variability among organizations. For instance, professors at the AUB who had studied the Syrian population in Lebanon concluded that the population was comprised of more middle-class individuals than accounted for by international organizations. As a result, according to professors at the AUB, organizations seeking to provide medical access would do best focusing on chronic health conditions of Syrian displaced. However, a number of the organizations reported difficulty and lack of access to primary care. In addition, a number of organizations mentioned that preparation for return to Syria remains a popular dialectic among government, Lebanese, and Syrians; however, the proper approach and strategy among aid organizations remains varied and confused.

We met with Syrians, both in focus groups and during our meeting with a Syrian family in a tent settlement. Syrians consistently expressed a desire to achieve some measure of economic independence and the ability to earn a livelihood. Additionally, the need for cash and medicine were ever-present in conversations about challenges faced by Syrians in Lebanon. Women, in particular, want better, more reliable ways to earn a living and to expand opportunities for themselves and their families. The legal hurdles facing such endeavors are severe and complex, and greatly contribute to the stress of seeking a livelihood, but they are not the only challenges. Women also face exploitative rent situations, rising registration fees, and receding international aid, as well as difficulties accessing opportunities that are available due to the logistics, costs of transportation, and language barriers. Challenges in rural areas, such as Akkar and the Beqaa, to be greater than in urban environments because the geographic isolation leads to a



reduced sense of community and fewer available resources. The more effective organizations generally provided transportation for Syrian displaced to access their services, connected to a network of other NGOs and CBOs (to whom they could refer clients if they could not address a certain aspect of an individual's problems), and provided some form of income-generation focused workshop. Additionally, the most effective implementation strategies were extremely community-specific and locally-tailored to individual areas—what may work best in the Beqaa Valley might not work best in Tripoli.

The interviewees from UNHCR felt that adolescents are one of the most underserved populations amongst Syrian displaced. This sense was supported by the NGOs interviewed, most of whom had no services targeted to adolescents regardless of gender. It was also supported by the number of interviewees who stated that initiatives are mainly focused on women and expressed a desire for more programs for boys. In general, youth are expected to utilize the same services and psychosocial programs as their younger counterparts or as the adult population. The two organizations interviewed that engage with adolescents directly found that their psychosocial programs needed to have multiple levels that engage the adolescent as an adolescent as well as individually and as a part of the community.[2] Further, a repeated theme was that male youth need programs - both to address their own needs but also to educate them better on gender-based violence.

In addition to interviewing the organizations, we conducted four focus groups at two different safe spaces, met with a Lebanese landowner and met a Syrian displaced family in a tent settlement in the Beqaa Valley. These meetings gave us more direct insight into the need to have more dialogue and more direct feedback from the program beneficiaries/partners. These interviews also highlighted the importance of technology to this diaspora. Some programs are using new and innovative approaches - for instance, most use WhatsApp to communicate. NEF conducted a full vulnerability assessment for a Syrian man and his

family entirely by smart phone. Such technology has great potential in being able to conduct basic information gathering and importantly, in collecting information for evidence-based advocacy, for simultaneous upload and use by NGOs, CBOs, and IGOs.

*A. Despite many efforts by the international NGOs, coordination remains insufficient across organizations and programmatic approaches.*

All of the organizations interviewed, except for AUB, were linked in some way to UNHCR. Most referenced working groups, which were used to set up referral systems to address needs outside the purview of the NGO. Mercy Corp and HAI both acknowledged the severe shortcomings of this system where the ratio of Syrian displaced to services leaves NGOs severely outnumbered. Further, as one of the Syrian displaced explained, referrals are not always to accessible areas or organizations, and the expense and time needed to make use of the referral may discourage them from doing anything. In addition, we

noted a lack of system-based identification of partnerships between NGOs and CBOs; international NGOs (“INGOs”) especially did not appear to share information with each other about their partners on the ground. Even those NGOs specializing in similar programming exchanged little to no information with one another. This is likely because of the competition over resources.



In general, best practices do not appear to be shared across organizations, and they remain competitive over resources to the point of barring collaboration between

INGOs. There are many variations of a common theme - income-generating training for example - which have similar flaws, and unique best practices. The lack of communication and coordination lead to disparate outcomes and very different satisfaction rates among Syrian beneficiaries.

*B. Many organizations are attempting different income generating models, but many lack a more general strategic or long-term plan of engagement.*

The Syrian crisis response has, for many, been a Band-Aid approach. With no legal status and significant opposition to their presence, Syrians in Lebanon are in a tenuous and difficult situation. The fact that Lebanon continues to host so many displaced, despite anti-Syrian sentiment, is important, and no one wants to rock the boat in the direction of expulsion. As a result, it appeared as though the INGOs focused on short-term approaches, with an unclear vision of what comes next.

*C. There is a need for better and stronger Monitoring & Evaluation Programs.*

Donor driven approaches often limit the level of long-term engagement by requiring larger pools of beneficiaries with limits on how often and how many trainings they can participate in. This in turn

undermines lasting engagements, trust building, and long-term connections between beneficiaries and NGOs. It is hard for NGOs to build sustainable strategies with these kinds of restrictions on their activities and outreach.

While all the organizations reported having monitoring & evaluation (M&E) departments, some also reported onerous and ill-suited donor imposed M&E structures and difficulty collecting specific data sets

where the topics are sensitive. On the other hand, some appeared to collect data geared to create a positive feedback loop; for instance, collecting data on whether or not people have learned a new subject immediately after they have taken that class. Others focused on data collection that was centered in feedback and perception by participants, which gauged beneficiary engagement, but not changes in behavior or outcomes. UNHCR discussed the introduction of a hotline to help refugees and displaced to understand their rights and get connected to help. However, they



do not seem to have any evaluation scheme in place, and we heard from the focus groups that this hotline can take hours of sitting on the phone: programs like this are prime examples of the need to evaluate and revise programs based on feedback. The AUB professors also pointed out that these kind of information lacunas mean we do not really know what is working.

## **II. Mental Health and Conflict**

Both mental health and the topic of adolescent combatants are stigmatized in Lebanon and Syria. Because of these stigmas, it is most effective to address the issues indirectly, through psychosocial interventions addressed to all at-risk/stressed youth. Effectively addressing needs requires knowing the individual and tailoring interventions to that person. Adolescents join armed groups for a variety of reasons, and knowing whether they are economically vulnerable, craving a sense of belonging, or are simply bored can inform what type of intervention may be most effective at preventing them from joining an armed group.

### *A. Mental Health*

Many organizations agreed that mental health was an important issue, and a number had developed psychosocial programs to address mental health, however they also had difficulty convincing their target audiences that this was important. Both the youth protection and child protection units of Mercy Corps discussed having to cloak the way the services were themed: educational rather than mental health

focused. The AUB professors further asserted the belief that many of the mental health issues being seen could be adequately addressed through better employment and educational opportunities. Mercy Corps very much disagreed with this assertion.

Basmeh & Zeitooneh has alternative approaches to mental health that try to create a more engaged mental health environment. They believe that helping adolescents understand their own emotions, communicate with others, and understand/create a role within the community can transform adolescents from aggressive and vulnerable to stable and responsible. Theater, specifically playback-theater, can be an effective way to allow adolescents to express emotions, as well as engage the community on sensitive topics.

### *B. Adolescent Combatants*

Few organizations consider the issue of adolescent combatants. The term “combatants,” like the term “counseling” or “mental health”, is highly stigmatized, and in general avoided whenever possible. For those organizations that consider the problem, there are many structural hurdles. First, there is a dearth of data related to the issue of adolescent combatants. No data exists about the number of armed adolescents, the number of adolescents who have joined armed groups, or even the number who have returned from combat. Second, very little information exists about why adolescents in Lebanon join armed groups. Adolescents join armed groups for a variety of reasons, and knowing whether they are economically vulnerable, craving a sense of belonging, or are simply bored can inform what type of intervention may be most effective at preventing them from joining an armed group. At the same time, some interventions can address all of these issues and the underlying needs associated with them.

Under the Basmeh & Zeitooneh model, giving adolescents a sense of purpose and belonging is crucial to alleviating aggression and promoting pro-social behaviors. One way of doing this is by teaching youth to promote peace within their community. In this way, young people create groups whose mission is to spread peace. This effectively giving youth a sense of purpose and social cohesion, thereby reducing the likelihood that they will join armed groups.

## **III. Education and Employment**

Economic vulnerability underlies many of the problems that Syrian displaced experience, and puts parents at a special disadvantage as they balance access to basic needs: food, clothing, housing, and education. Most cannot get a reliable job, and those that do are only allowed to work a limited range of jobs – often with very low pay and few protections. Adolescents are no different: they stop going to school or cannot afford to go to school because of money. Often, to help their family, they take on low paying labor or even join armed groups to make money. The issues surrounding education are exacerbated where Syrian children throughout Lebanon are essentially unable, by law, to integrate with Lebanese children in public schools. With no political support for access to equal education or adequate employment opportunities the status quo creates a scenario of failure for many of the Syrian displaced in Lebanon.

### A. Youth Education

Syrian youth can access education in a variety of ways: public school, private school, informal schooling, and religious schooling. Public school has first shift and second shift: first shift follows regular Lebanese



school hours, and Lebanese school children are prioritized for this shift. Syrians can take up the remaining spots up to ½ of the total enrolled, though it is not clear that all school principles allow this. In fact, one interviewee at the LECORVAW focus group session said that her daughter had been rejected from a school solely based on her status as a Syrian child. Further, some of the other interviewees reported bullying by teachers and students against Syrian children in the classes. The second shift is for Syrian children only, and takes place early afternoon to early evening. This shift is on an accelerated path so that more education can be fit into fewer hours.<sup>1</sup> Mercy Corps reported that many youth have trouble accessing this shift

because of the dangers involved with returning home after dark when the school finishes. The costs of getting to and from school were seen as prohibitive as well. Where affordable, people seemed to prefer placing children in private school so they could get the regular school day, however private school fees are often far out of reach. Finally, a number of people reported that their children went to informal schooling in the tent cities. Cheap, local, and taught by Syrians, these classes are the easiest to obtain, but have no quality controls. It is not clear what they teach or how well they teach it.

In general, the organizations interviewed reported that Syrian displaced were finding it challenging to access school, the second shift schools were not sufficient to meet demand, and the entire Lebanese school system is overwhelmed. They also said that donor funding for education programs is decreasing and that there has been a corresponding reduction in expenditure on education initiatives. The other major hindrance to Syrian children's access to school was the high costs associated with attending school, such as transportation costs and material costs. Syrian families living in cities seemed to have greater ease in enrolling their children in school than families in more rural regions, where lack of capacity and the pressure to have the child working are both hurdles to having them enrolled in school.

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<sup>1</sup> There was some confusion regarding the operation of shift schools for Syrian refugees. Some NGOs suggested that the government of Lebanon had scaled these back, choosing instead to prioritize attendance during regular school hours for all children, but other NGOs said that they had not heard of any reduction in the operation of shift schools. The *Shahwish* and refugee family whom we interviewed said that the children in their tented settlement in the Beqaa were able to go to the nearby public school for the second shift in the afternoon. It is possible that the operation of shift schools varied by region.



### *B. Employment Education*

Many NGOs focused on assisting Syrian displaced offer trainings for income generating activities and social development. These trainings tend to cover similarly gendered vocational skills, and follow limited duration formats. Syrians registered with UNHCR are unable to legally work, and Syrians who have been sponsored for entry are only legally permitted to work in three sectors – environmental, agricultural, and construction. As a result, the opportunities stemming from training are themselves

also limited. Participant feedback and recorded outcomes indicate that some of these program approaches are having a more positive response than others. Basmeh & Zeitoneh offers a slightly larger range of vocational courses than the other organizations with whom we spoke. Programs offered at Basmeh & Zeitoneh include computers and cell phone programming, as well as the more traditional sewing, cooking, and hair styling trainings. They also focus on providing long-term work for their program graduates. This difference was particularly apparent in the approach to language learning: Basmeh & Zeitoneh offer an 8 week class, unlike the 12 weeks offered by AND and LECORVAW; however students at Basmeh & Zeitoneh can immediately retake the course with assistance if they fail or immediately move to the next level. Conversely, AND and LECORVAW do not offer higher-level classes and do not allow a person to retake the class for 6 months. It is likely that the AND and LECORVAW approach is mandated by donors, as Basmeh & Zeitoneh reported struggling against this demand in their own programmatic planning.

### *C. Employment*

There were a variety of trainings on basic income generating activities, but not all of the organizations paired these classes with opportunities or even research about general need for these activities. For instance, AND teaches women activities such as chocolate making and arts and crafts that they acknowledge would not be useful for income-creation.<sup>2</sup> Conversely, NEF allows women to identify needs in their communities that they already have a skill-set to address, and then helps them to build a business plan and provides a grant for them to start the business that they identified. Mercy Corps has trained a team of adolescents to begin a Syrian-driven survey of work opportunities that requires skill sets that will be used to generate the next round of trainings. Basmeh & Zeitoneh contracts with companies to deliver different sewn products, and then employs women who they have trained to do this work in their sewing and embroidery classes. A large part of their income generating activity portfolio is generating work for the people they serve. It appears that the broad scope failure of NGOs to share these best practices and

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<sup>2</sup> This is not to say all activities must be income generating, but during the interviews it was not clear that the attendees understood at the start that these classes were just for fun. Further, these classes did not use opportunities for other forms of skill building - peer teaching, trauma processing, etc.

strategies leaves many organizations with weaker programs, and also makes it more difficult to negotiate viable and strategic programs with donors.

Many NGOs stressed the multifaceted and complex nature of the issue of child labor exploitation in Lebanon. Several stakeholders and actors are involved in addressing this issue, but little progress has been made in reducing the number of children currently working or in improving the harmful impact that their work has on them. Given Lebanon's restrictive employment laws, Syrian youth over the age of 11 were predominantly engaged in some form of employment in the informal economy.<sup>3</sup> These youth often join their families working in agricultural fields,



though it appears that some work in garages and as beggars in nearby towns. Some of the NGOs interviewed reported that children suffer harmful effects of working, such as heat stroke, back pains and malnourishment, however the landlord, Shahwish, and Syrian displaced family we interviewed did not report anything of this nature.

Mercy Corps discussed the need to increase employer buy-in for safer working conditions. The landlord seemed to feel that the working conditions were generally safe, and were in keeping with what other employers are doing. Absent some approach to make it more financially viable or to create strategies that do not infringe on work productivity, it is unlikely that either the employer or the child will be willing to alter the work conditions in any meaningful way.

#### **IV. Health Care Issues**

Access to quality health care, including preventive care, emergency visits, mental health care, and information about the Lebanese medical system, remains a difficult problem for Syrian displaced. Several factors appear to limit Syrians' access to health in Lebanon. The journey to health care is often full of hidden fees, discrimination, and refusals. At the most basic level, transportation is one of many challenges Syrians face when seeking to access healthcare, as registered Syrians may live far from the nearest hospital. UNHCR has partnered with hospitals to guarantee that Syrian displaced who have registered and who require primary health care pay only a minimum amount in order to access care.<sup>4</sup> However, even when registered Syrians reach UNHCR-hospitals, they are often still charged exorbitant entry fees despite MOUs with UNHCR to waive these fees<sup>5</sup>. In some instances, they have been denied any access to care.

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<sup>3</sup> The Shahwish stated that children under the age of 11 tend to go to school. We were not able to confirm this elsewhere.

<sup>4</sup> Note: UNHCR is no longer able to register displaced Syrians as refugees in Lebanon, but many of the displaced continue to give their information to UNHCR and in return are able to access immunization programs.

<sup>5</sup> Although UNHCR does have a sanction system in place for these 'rogue' hospitals, the reporting of violations is limited, as vulnerable Syrians in need of healthcare will, instead of reporting to UNHCR and delay their treatment, simply pay the hospital demands.

However, even with the UNCHR agreements, if a Syrian displaced gets access to hospital care, they still have to pay anywhere from 10-25%, the percentage not covered by UNHCR. This fee structure may require Syrians to pay thousands of dollars, depending on the treatment. Moreover, hospitals in Lebanon may require a substantial down-payment before admitting a patient for emergency care. For instance, we learned of a Syrian child who died after falling out of a second story window because the family could not come up with the admission fee in time.

Long-term care and maintenance of a disease are other big issues. Many Syrian displaced were already aware of and treating chronic conditions such as heart disease and diabetes; as a result they already know of the medications and care regime needed for their disease. However, accessing the medication is a constant barrier. Additionally, generic drugs are not widely used. Patients lack information about the efficacy and quality of generic drugs. Thus, while UNHCR provides free generic drugs in some instances, many people do not trust that these drugs will be what they claim or that they will work as well. This lack of information results in patients' spending money they often don't have to get a name brand drug they often don't need. These diseases require the occasional visit to the doctor – in many instances this is not seen as an option by the Syrian displaced, and thus their diseases are left unmonitored.

Finally, both Arcenciel and UNHCR mentioned an abnormally high number of children born with birth defects. There is little help for these children, and parents are struggling to find ways to address the specific needs of children living with mental or/and physical disabilities. In addition, mental health was not being catered to as a form of primary health care, and psychosocial support for disorders, anxiety and distress was limited.

## **V. Possibilities**

Upon completion of the trip, different interventions were discussed. All agreed that the most effective capacity-building programs and interventions succeeded best when implemented at a community-based level by community-based organizations. By virtue of their integration and how embedded they were in the local community, these community based organizations were best able to gauge the needs of the beneficiaries and then build programs around these needs. After sharing this report, ATH will collaborate with local partner communities to develop the appropriate intervention.

