



Needs Assessment on Older Syrian Refugees in Lebanon

**Dorcas Relief and Development
Regional Office in Lebanon**

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Contents

Executive Summary	3
Introduction	5
Background	6
Methodology	9
Findings.....	11
1. Social status and Living Conditions	11
2. Health Status	16
3. Disabilities and/or Mobility Concerns	21
4. Medical Care	22
5. Nutrition.....	24
6. Care-Taking	29
7. Mental Health.....	31
Recommendations	34
Annexes.....	35

Executive Summary

Dorcas Relief and Development (www.dorcas.nl) is pleased to publish the findings of its needs assessment on older Syrian refugees living in Lebanon. This needs assessment has been used as an opportunity to better understand the specific needs and vulnerabilities of older Syrians and draw recommendations in terms of programming. In line with its global commitment to older persons, this needs assessment is another opportunity for Dorcas to draw attention to the plight of these refugees who often over-looked, under-served, and forgotten.

Despite older persons constituting an increasingly larger portion of the global population, they tend to be over-looked in humanitarian interventions. Older persons are equally affected by both natural and man-made disasters. But they are at a stage in life where they present mobility constraints, specific needs and vulnerabilities. Most of the time, the humanitarian response to natural and man-made disaster includes provision of assistance and general services for the entire population, without consideration of older persons' needs. However, as the literature and this needs assessment shows, it is essential to design and implement age-appropriate and age-specific responses for older persons in refugee crisis settings.

Building on its expertise and those of its partners, Dorcas prepared this needs assessment to better understand the specific conditions and needs of older Syrian refugees in Lebanon. With its partner Triumphant Mercy, Dorcas selected a sample of 307 older Syrian refugees in the Metn region and Bekaa Valley from which to gather insights during focus group discussions.

The results of this needs assessment confirm an over-whelming need to design an age-specific intervention to support older Syrians living in Lebanon. Some of the key findings include:

- 59% of interviewed older Syrians declared they consider their health as bad or very bad. Nearly all older Syrians mentioned having at least one chronic illness, and most respondents had multiple chronic diseases. The most common included: high blood pressure (37%), diabetes (23%), heart disease (23%) amongst other medical conditions.
- 60% of older Syrians said they have at least one disability and/or mobility concerns. 42% declared having walking difficulties, 28% are unable to leave home, 17% have vision loss and 10% have hearing loss. Between 10 to 14% older Syrians said they require assistance to perform every day movements such as going to the toilet, bathing, dressing or transferring in/out of bed.
- 58% of interviewed Syrians said their health status has declined since arriving in Lebanon and 39% declared it has remained the same. A significant number of older Syrians have been diagnosed very new medical conditions, while some other display new symptoms.
- 89% of older Syrians declared they haven't been able to obtain access to a medical professional in Lebanon due to lack of financial resources and 85% declared they can't pay for medicines. Consequently, they either use older medical prescriptions (produced in Syria) without medical monitoring or stop taking their treatment all together.
- Older refugees tend to eat less quantity or less nutritious food in order to provide better meals to younger family members. A significant number of older Syrian mentioned they

reduce meal size or skip meals, and reduce intake of meat, dairy products and fruits and vegetables.

- 40% older Syrians judged their mental health to be bad or very bad. 48% Syrian refugees said their mental health has worsened since coming to Lebanon. 60% of older Syrians said they feel depressed and 11% anxious during the last week. 15% declared they feel lonely and 13% felt unsafe during the last week.

This needs assessment confirms the need to design interventions targeting the specific needs and vulnerabilities of older Syrian refugees in Lebanon. Building on its expertise and knowledge from its *'Adopt a Granny'* program, Dorcas recommends that a specific intervention should establish:

- affordable and appropriate access to medical professionals
- affordable and sustainable access to medicines and supplies
- home based nursing care and care-giver training
- prevention and awareness sessions on hygiene and nutrition
- psychological support and social activities
- community and civil society mobilization
- best practices and knowledge on older persons

Despite the worrying findings of this needs assessment, Dorcas and its partners found that older Syrians do their best to cope and support their families and community resilience to the dramatic situation. Older persons have assets to offer to their families. They inspire trust and respect in their families and communities. They also have a key role to play with young children, providing assistance with child care and a sense of normalcy to the family. Older persons guard Syrian traditions, culture and language which is essential for young children. They tend to have a positive impact on other family members' health status and well-being. Future interventions should also consider these aspects when designing community and social activities.

Introduction

Dorcas Relief and Development (Dorcas) has been assisting Syrian refugees in Lebanon in 2013. Through activities focused on health and psycho-social needs, Dorcas staff have discovered that older persons are often not served in age-appropriate ways or not served at all. While delivering services to Syrian refugee families, Dorcas and partners encounter many older people who choose to remain home and suffer in silence, so as not to divert the family's meager resources for their own needs.

Within its social care program, Dorcas has developed the '*Adopt a Granny*' initiative¹ to support elderly people in poor and transitioning countries. A recent evaluation conducted by Dorcas demonstrated that the *Adopt a Granny* program contributed to improve the physical health (through training and awareness sessions), mental health and psycho-social well-being (through home visits by social workers and social activities), material well-being (provision of food and non-food items), but also increased community inclusion and support (through social events and a Mobile Granny Club).

Through this program and its evaluation, Dorcas has built organizational expertise and supported local partners to serve the needs of the most vulnerable amongst older and chronically ill people. This needs assessment builds on the knowledge gained and lessons learnt by Dorcas while working with older refugees in similar humanitarian environments.

Dorcas and partners reckon that the most basic needs of older Syrians are under-met and services should be designed to specifically target their needs and vulnerabilities. As a humanitarian organization implementing a right-based strategy to assist the most vulnerable, Dorcas decided in January 2016 to take the lead on the issue of older refugees in Lebanon and carried out a formal needs assessment to document the needs and vulnerabilities of older refugees.

Dorcas designed this needs assessment to collect data and gather qualitative insights on older Syrian refugees residing in Lebanon. It also intends to uncover the specific needs and vulnerabilities of older Syrian refugees in Lebanon and inform future programming. To this end, Dorcas obtained the support and collaboration of implementing partners to conduct this assessment and necessary field work. This document contains the findings and recommendations after data collection conducted by Dorcas and partner staff in Lebanon in early 2016.

¹ <http://dorcas.nl/geef-ook/financiele-adoptie/adopt-a-granny/>

Background

In most emergencies, humanitarian actors concentrate focus and interventions on babies and children as they are perceived as the most vulnerable cases in conflicts, natural disasters and massive population displacements. Little research and limited number of assessments have been conducted to understand older persons' needs and vulnerabilities in emergency situation. Consequently, older persons are less represented and less visible amongst vulnerable people affected by conflicts and disasters. The most basic needs of older persons are therefore under assessed, under-met and also under-monitored.

In its 2008 report on Humanitarian Action and Older Persons², the **Inter-Agency Standing Committee** (IASC) estimates that the number of older people (over 60) will triple before 2050. Older people will be disproportionately impacted by emergency situations, be it natural disasters or conflicts. Despite their essential role within their family and community, elder people are often overlooked in emergencies due to lack of data on the age distribution of the population and insufficient consultation of the community. With reduced mobility and diminished physical strengths, older people are also more likely to be affected by chronic diseases, mental distress, marginalization and poverty.

At the same time, older people have reduced access to services and assistance because of reduced mobility, limited financial resources, insufficient information, diminished physical conditions to visit service providers and care givers. In addition, they are more vulnerable to protection issues linked with their specific vulnerabilities and fragile physical conditions. Despite their specific needs, older community members are frequently over-looked during needs assessments and humanitarian response preparation. Too often, humanitarian actors lack reliable statistics on population breakdown and health status to design services and assistance to meet the specific needs of older people. Consequently, the IASC called on humanitarian actors to increase attention on older people by supporting awareness initiatives, emphasizing on older people's issues during training and emergency preparedness, encouraging more effective and consistent data collection and designing inclusive programs to cover the specific needs of older people in emergency contexts.

Older Refugees in Lebanon

In a deployment report³ published in June 2013, **HelpAge International** (HAI) and **Handicap International** in Lebanon documented that older refugees in Lebanon face a number of issues including: lack of financial resources to pay for treatment and medicines, lack of information on where to find medical services and absence of transportation means to visit medical services providers, lack of equipment (such as cane, walker and wheelchair, diapers, glasses or hearing aids and other specific equipment). Most of questioned older refugees also mentioned water and

² <https://interagencystandingcommittee.org/other/documents-public/iasc-advocacy-paper-humanitarian-action-and-older-persons-essential-brief-3>

³ <http://www.csa.org.lb/cms/assets/2013/port%20-%20helpage-handicap%20international%20-%20gaps%20in%20the%20humanitarian%20response%20to%20the%20syrian%20crisis.pdf>

sanitation as a priority action, as poor hygiene conditions combined with under-ventilated and overcrowded sub-standard housing arrangements are a major threat to their fragile health.

The report shows that most common chronic health conditions include: high blood pressure (27%), diabetes (21%), heart diseases (13%), high cholesterol (12%), musculoskeletal conditions (11%), eyes diseases (8%) and lung diseases (8%). Physical weakness, poor nutrition, insufficient hygiene and mental distress are also likely to increase older people's vulnerability to communicable and non-communicable diseases.

Healthcare in Lebanon is almost exclusively available from the private sector, charging prices that refugees can't afford to pay as most Syrian refugee households can barely pay for food and most have contracted debts. Medical services and financial assistance provided by UNHCR and partners are insufficient to cover the growing needs of vulnerable older refugees. The difficulties of older people with specific needs in addressing the most basic needs and accessing adequate level of required assistance have most severe consequences on their health and living conditions than the general refugee population.

Additionally, in June 2014, HelpAge International published a research study⁴ (*'Hidden Victims of the Syrian Crisis: disabled, injured and elderly people'*) which showed that 77% surveyed older refugees had specific needs, and 54% have a chronic disease. In the study, 66% older people had an impairment, resulting in 60% of older Syrians to face difficulties in their daily activities. 65% showed forms of psychological distress. Lack of income, absence of opportunities and separation from other family members were cited as causes of additional strain on older refugees. As most Syrian refugee households struggle to meet their most basic needs (food, shelter, healthcare, and essential non-food items), many older people confessed they feel like a burden to their care-givers and families.

In July 2013, **Caritas Lebanon Migrant Center (CLMC)**, in collaboration with **John Hopkins University**, conducted a research study on older refugees living in Lebanon (*'Forgotten Voices'*⁵) and some key data include:

- 74% of respondents noted that they were dependent on humanitarian assistance to meet their basic needs.
- 66% of respondents described their overall health status as bad or very bad. Nearly all respondents listed at least one chronic illness, with 60% having hypertension, 47% having diabetes, and 30% having some form of heart disease. Most respondents had multiple chronic illnesses.
- Most respondents had a number of disabilities, including 47% reported difficulty in walking and 24% reporting vision loss. Approximately 10% of older refugees were physically unable to leave their homes and 4% were bedridden. Large numbers of older persons require mobility aids such as walking canes and eye glasses.

⁴ <http://www.helpage.org/newsroom/latest-news/hidden-victims-new-research-on-older-disabled-and-injured-syrian-refugees/>

⁵ <http://english.caritasmigrant.org.lb/2013/11/forgotten-voices/>

- 87% of respondents were unable to regularly afford medication they require.
- Reducing meal sizes, skipping meals, and skipping fruits, vegetables, and meats were common among older persons. In fact, there was a tendency for older persons to eat less quantity or less quality food in order to provide better meals to younger members of the family.
- High numbers of older persons reported mental health concerns. Nearly 61% of respondents reported feeling anxious, while significant proportions of older persons reported feelings of depression, loneliness, and feeling as a burden to their families.

Older people are also more likely to adopt negative coping mechanisms as they are not the primary breadwinner and feel that they don't contribute to support the household as much as they would like. Reducing meal sizes, skipping meals, and reducing fruits and vegetables intake were common among older persons. The study demonstrated a tendency for older persons to eat less quantity or less quality food in order to provide better meals to younger members of the family. In addition, the study showed that high numbers of older persons reported mental health concerns. Nearly 61% of older people reported feeling anxious, while significant proportions of older persons reported feelings of depression, loneliness, and feeling as a burden to their families.

In February 2015, HelpAge International issued a needs assessment⁶ on the health issues faced by vulnerable older Lebanese populations and older Syrian refugees in Lebanon. The report confirmed a deterioration of the health status for both vulnerable groups. The report noted that older people over age 60 show a high prevalence of chronic diseases or non-communicable diseases (about 55% of 60+ Syrians and 80% of 60+ Lebanese), and that their prevalence of chronic diseases is highest amongst men over 60+.

Amongst people suffering from chronic diseases, 9 out of 10 have at least two diseases. 1 out of 3 older Syrians suffering from a chronic disease does not take regular medication, and 90% of older people not taking medication say that it is because they cannot afford to pay for it. 33% of interviewed older Syrians declared they have difficulties accessing medication, when only 16% of Lebanese do. Out of the 289 households interviewed for the assessment, 92% of older people in Mount Lebanon has at least one chronic disease, 60% in the Bekaa and 52% in South Lebanon. Similarly, the proportion of households entering at least 2 to 3 vulnerability criteria is higher in Mount Lebanon (78% and 38% of the sample) than in the Bekaa or South Lebanon. In Mount Lebanon, the proportion of older people

⁶ <http://fr.slideshare.net/BorisAristin/20150212hai-health-needs-assessment-lebanonfinal-report-48042694>

Methodology

Dorcas and partners have been providing emergency assistance and psycho-social activities to vulnerable Syrian refugees living in Lebanon since 2013. As the conflict in Syria shows no signs of improvements or demonstrates any signs of normalization, and given the scale of the Syrian crisis, Dorcas and partners have been obliged to place their focus on the most vulnerable groups within the Syrian refugees. Based on their experience, Dorcas and partners reckon that children, women, elderly, people with mental or physically injuries or disabilities are the most vulnerable and affected by conflicts and poverty as they have limited access to services and income prospects. While donors and service providers place emphasize on serving vulnerable children, women and people living with disabilities, very little is done specifically for older people and this group remains systematically under-served in emergencies and conflict situations. Indeed, older people receive limited attention in the context of the Syrian crisis and very limited data is available about this group of refugees.

Objectives of the needs assessment

Dorcas and partners in Lebanon have acknowledged the need to gather accurate and precise data and qualitative information about older Syrians living in Lebanon. To document their specific needs and vulnerabilities, Dorcas and partner staff have carried out a needs assessment in Mount Lebanon and in the Bekaa Valley for older persons using a mixed methodology and a convenience sample of 307 older Syrian refugees. Dorcas and partners will use the findings of this needs assessment to design programs aiming at answering the needs of these older refugees and prepare advocacy activities to raise donors' attention on the specific vulnerabilities of this refugees group.

Sample selection

According to IASC data, people over 60 represent around 11% to 13% of the global population. According to the last World Health Organization statistics (2013), people aged over 60 represented 6% of the Syrian population. The proportion of older Syrian refugees assisted by service providers in Lebanon is estimated to be about 2 to 3% of the global number of beneficiaries. Several reasons can explain this discrepancy. Firstly, a proportion of older Syrian have stayed behind in Syria because of their fragile health conditions, reduced mobility, or various disabilities or impairments. Secondly, some decided to stay in the family house and with other family members in Syria. Consequently, older Syrians in Lebanon are under-represented among refugees registered with UNHCR. 60+ men represent 1.1% of registered Syrian refugees and 60+ women account for 1.5%. Indeed, very few have registered with UNHCR because humanitarian assistance provided is very limited, and older people are less likely to require UNHCR protection assistance for residency and work permits. Most older Syrians don't work and stay in housing arrangements, looking after young children and helping with house chores when they can.

Due to time and budget constraints, Dorcas decided to use a convenience sample of 307 cases identified amongst Syrian refugee households already served by Dorcas and partners in Lebanon. This convenience sample was also the best adapted to meet the objectives of this needs assessment.

Older persons have been identified from the partner's (Triumphant Mercy) social files. 307 persons aged 50+ have been selected and identified randomly from the partner's database, and invited to participate in the needs assessment. In total there were 97 cases in the Bekaa Valley and 210 cases in the Metn region.

Rapid Health and Psychosocial Assessment

Dorcas and partner staff have conducted more than 300 home visits to the households of 307 older Syrian refugees. During these home visits, older refugees were requested to answer a questionnaire with the older person living in the household. Home visits and interviews were conducted by trained and briefed social workers, experienced with working with Syrian refugees. Each home visit took approximately 45-60 minutes.

Focus Group Discussions

Dorcas and partner staff have held 5 focus group discussions with 5-6 persons in each. Small groups were chosen to ensure that each participant had adequate time and attention to speak. A total of 40 older Syrian refugees attended these focus groups discussions in January 2016 in several locations. Facilitators used a focus group discussion guide designed by the research team, but participants were also encouraged and given the space to speak and elaborate freely.

Areas of Investigation

The objective of this assessment was to gather insights on the living and health conditions as well as the psycho-social status of older refugees in Lebanon. Therefore, the questionnaire was multi-disciplinary and covered several sectors of interest on the specific needs and vulnerabilities of older Syrians. The assessment has been based on a survey created by health experts, and cover the following topics:

- Social status and living conditions
- Health status
- Disabilities and/or Mobility Concerns
- Medical Care
- Nutrition
- Care-Taking
- Mental Health

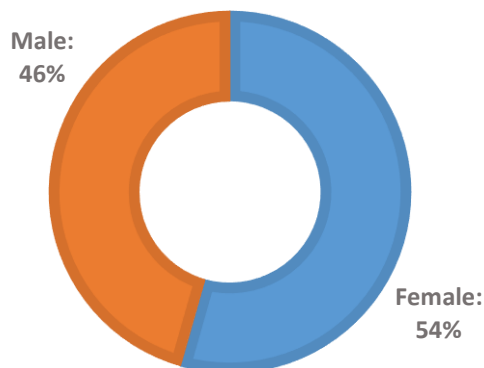
Findings

The following section presents the findings of the survey questionnaire administered by social workers during home visits in the Metn region and the Bekaa Valley. This sections also describes the insights gathered during focus group discussions with older Syrian refugees.

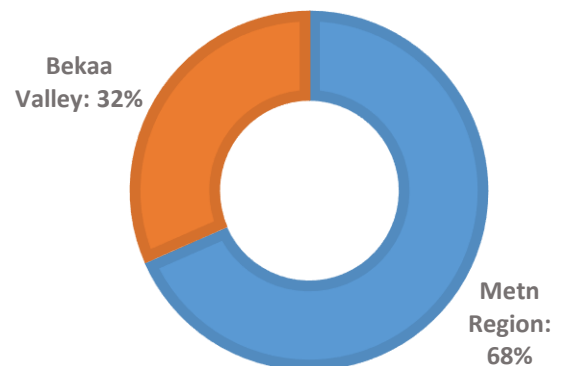
1. Social status and Living Conditions

307 Syrian refugees, aged 50 years and over, participated in this needs assessment. The group of respondents included 140 males and 167 females. This sample population is consistent with UNHCR data. The overall population of Syrian refugees in Lebanon counts 51.8% female and 48.2% male⁷. 97 older Syrian refugees were interviewed in the Bekaa valley while 210 older refugees were interviewed in several locations in the Metn region.

Question 1.1: What is your sex?



Location of the interviewed older Syrian refugees in Lebanon

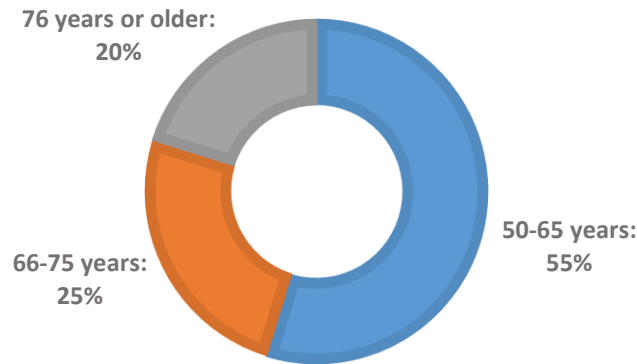


Among interviewed older refugees, 55% were between 50 and 65 years, 25% were between 66 and 75 years, and 20% were between 76 and older. In Syria, the latest WHO statistics (2013) showed that life expectancy at birth for male is 73 and 78 for females⁸. It has been regularly declining since the beginning of the conflict, accurate and actualized data is very likely to display a fall of several years in life expectancy for both men and women. More prone to chronic diseases, impairments and mobility issues, many older Syrians are likely to have decided to stay in Syria around remaining family possessions.

⁷ <http://data.unhcr.org/syrianrefugees/country.php?id=122>

⁸ <http://www.who.int/countries/syr/en> and <http://www.who.int/gho/countries/syr.pdf?ua=1>

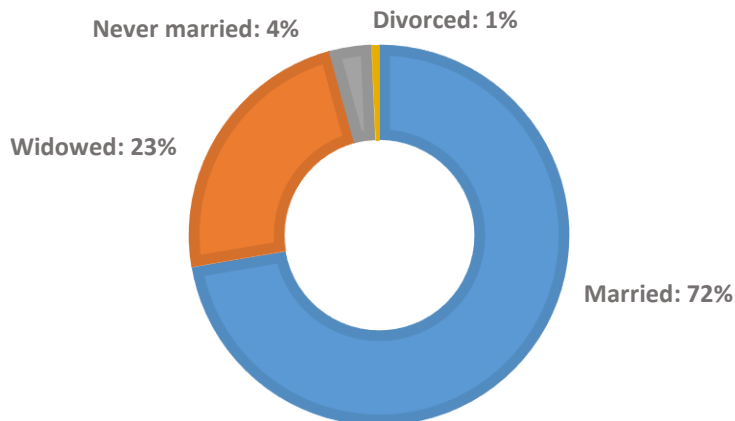
Question 1.2: What is your age?



72% of interviewed Syrian refugees say they are married, only 1% divorced or separated, and 23% widowed. It should be noted here that about 80% of the older Syrians who described themselves as widowed are females.

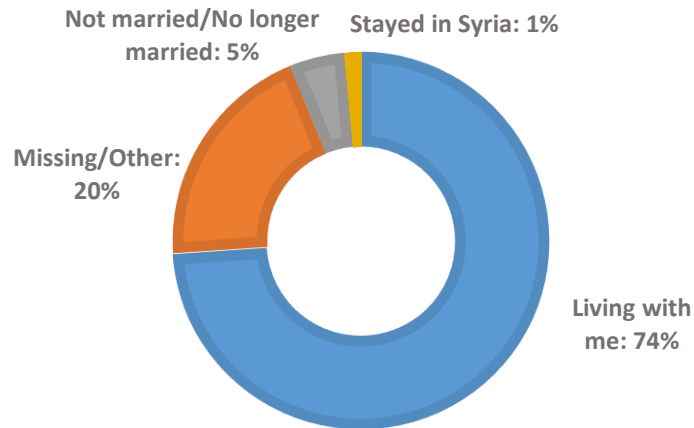
Several Syrian refugees shared stories and cases of missing family members during the focus group discussions. It should be mentioned here that a significant number of Syrian families have been displaced several times within Syria before fleeing to Lebanon. This may have caused families to be separated, couples to split and family ties to loosen.

Question 1.8: What is your marital/family status?



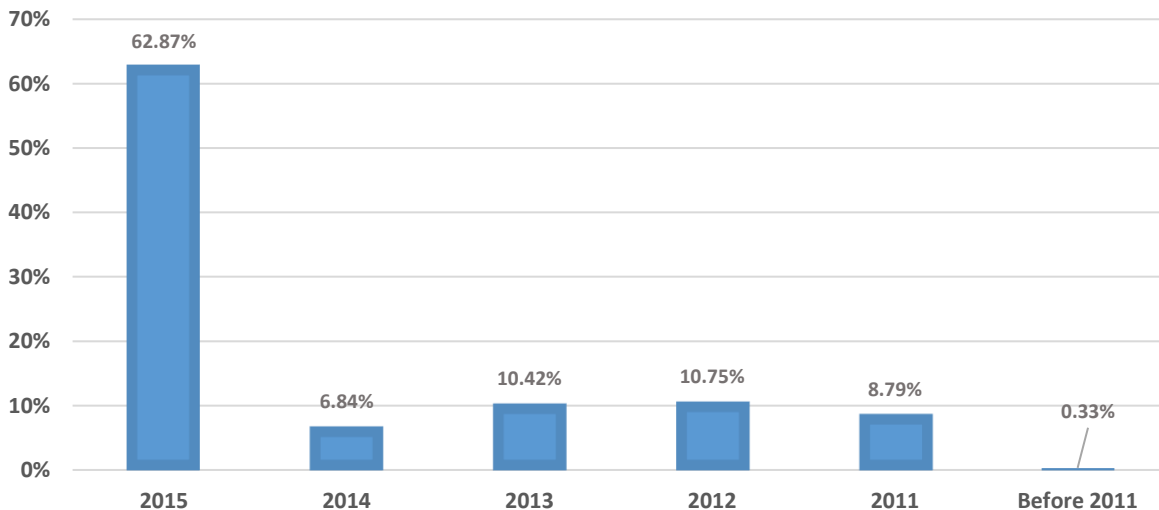
When asked about their spouse, 74% of interviewed Syrian refugees say they live together with their spouse/husband, 1% answered their spouse/husband stayed back in Syria while 20% of the others declared that spouse/husband is missing or they are apart for another reason. Participants in focus group discussions extensively shared their own experience of leaving family members and possessions in Syria, being separated from other family members, being without news of other family members in Syria and the severe stress caused by this human tragedy on families.

Question 1.9: Where is your spouse/husband?



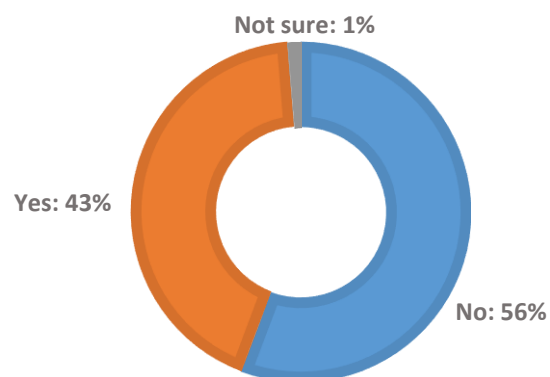
When asked about their date of arrival to Lebanon, the majority of interviewed Syrian refugees arrived in 2015. This is primarily due to the fact that Triumphant Mercy serves mostly new arrivals. In January 2015, Lebanon changed its immigration laws and applied new rules regarding compulsory residence and work permits for Syrian refugees living in Lebanon. Since 2015, the Lebanese borders with Syria are in effect closed and only Syrians with proper documentation (including proof of financial resources to cover the costs while in Lebanon) and a valid visa can enter Lebanon for a restricted period of time.

Question 1.3: When did you arrive in Lebanon?



The majority of older Syrian refugees (56%) declared they are not registered with UNHCR while 43% declared they are registered. 1% said they didn't know whether they are registered with UNHCR. This may be the result from the delays in the registration process and the subsequent interviews with UNHCR officers to assess the criteria of each case.

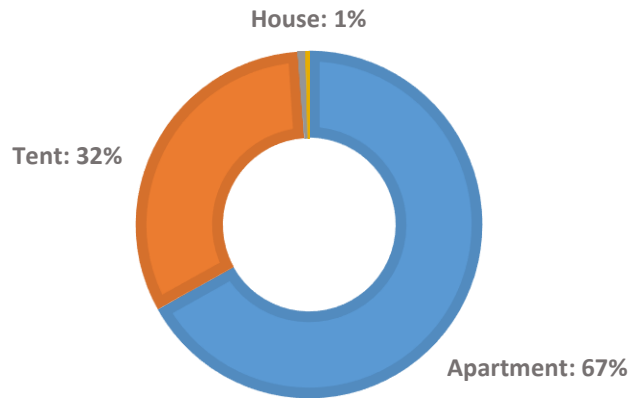
Question 1.4: Are you registered with UNHCR?



Syrian refugees register with UNHCR mainly for three reasons: for humanitarian assistance (granted based on vulnerability criteria), resettlement and protection purposes. Older Syrians are less likely to be head of households, but rather counted as dependents. Large families with several young children, lactating mothers or with disabled family members have been considered as the priority target group for emergency assistance and support provided by UNHCR and its partners. Consequently, older Syrians are less visible and their needs are under-assessed.

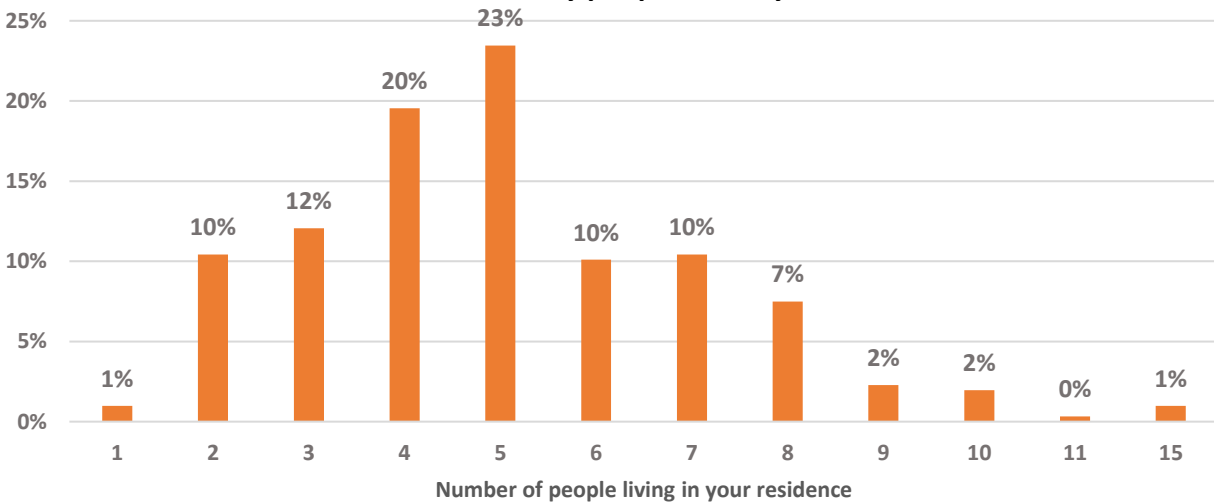
When asked about their residence, 67% of interviewed Syrian refugees declared they live in a rented apartment and some 32% have found accommodation in a tent. In the Metn region, 93% of interviewed Syrians live in an apartment and few cases rent rooms or live on the roof of a building. In the Bekaa Valley, 96% of interviewed Syrians live in tents established on agricultural plots of land in the Bekaa. Several research studies have documented the living conditions of Syrian refugees in these sub-standard housing arrangements, and the risks and vulnerabilities caused by these deteriorated living conditions on refugees' health status, security and over all well-being.

Question 1.5: What type of residence do you live in in Lebanon?



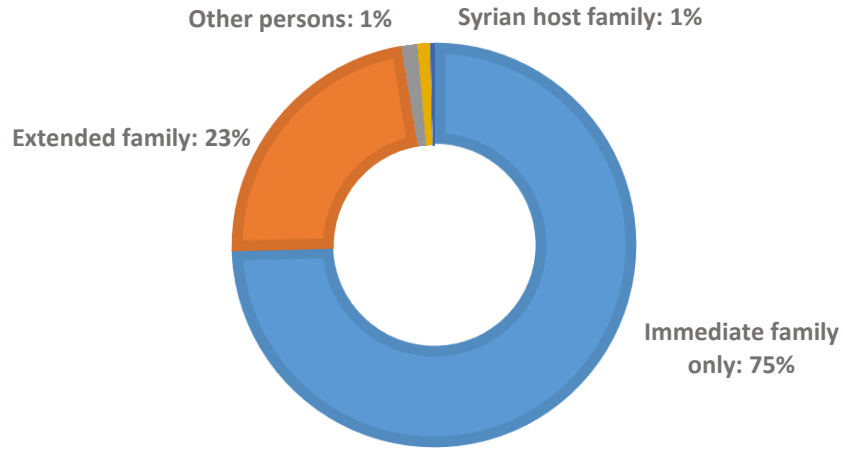
When asked about the number of people living in the residence, interviewed Syrian refugees said that the average size of a household is about 5 members. The residence is generally shared with 3 to 6 other family members, but some Syrian families are also obliged to share housing arrangements with other members of the extended family or another family to be able to pay for the rent.

Question 1.6: How many people live in your residence?



75% of interviewed refugees declare they share the residence with immediate family members, and 23% live with extended family members. Only 2% of interviewed Syrians live with other people, including 1% with a Syrian host family and 1% with other people (for example the owner of the place). None of the interviewed Syrian refugees mentioned living with a Lebanese host family.

Question 1.7: Who lives in your household?

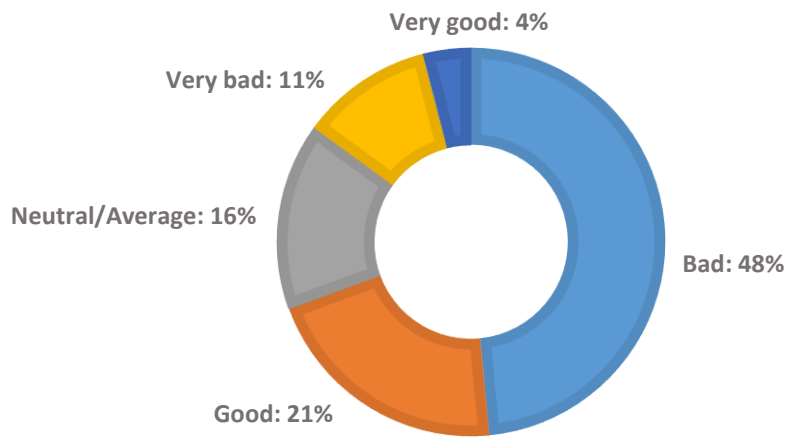


Lack of intimacy, privacy, poor hygiene conditions and deteriorated housing equipment (especially kitchen, bathroom and toilets) all have a negative impact on the physical and psychological status of Syrian refugees. This impacts older persons even more negatively who have a physical impairment, disabilities, or chronic diseases, as they have limited opportunities to go outside of the home.

2. Health Status

When asked about their perception of their health status, 48% of interviewed older Syrians declared they consider their health as bad, and 11% as very bad. 21% of them consider their health as good and only 4% as very good. 16% of the interviewed older Syrians describe their health as neutral or average. These findings are consistent with those of the CLMC study *'Forgotten Voices'* published in 2013, demonstrating that their prolonged stay in Lebanon hasn't changed their perception of their physical health status.

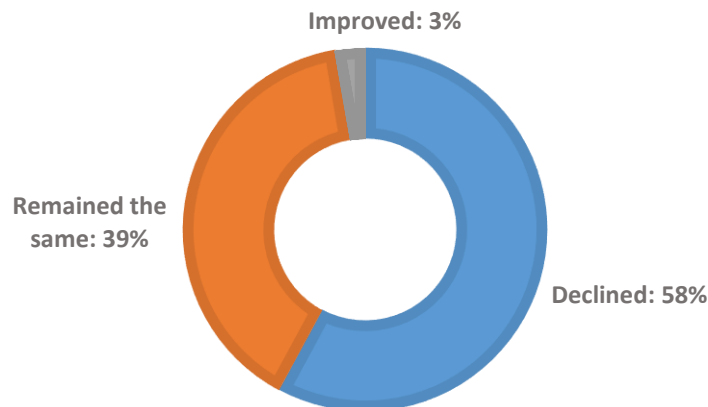
Question 2.1: How would you describe your overall health status?



In the Metn region, 49% of interviewed older Syrians consider their health to be bad and very bad, while 77% of older Syrians living in the Bekaa say so. Because most Syrian refugees in the Bekaa Valley are living in tented settlements, they are more exposed to extreme climatic conditions (cold and humidity in winter, and drought and dust in summer) and likely have less access to sanitation and clean water.

Unsurprisingly, most of interviewed older Syrians declared their health status has been negatively impacted by their stay in Lebanon. In fact, 58% of interviewed Syrians said their health status has declined since arriving in Lebanon, 39% declare it has remained the same and only 3% reported that it had improved.

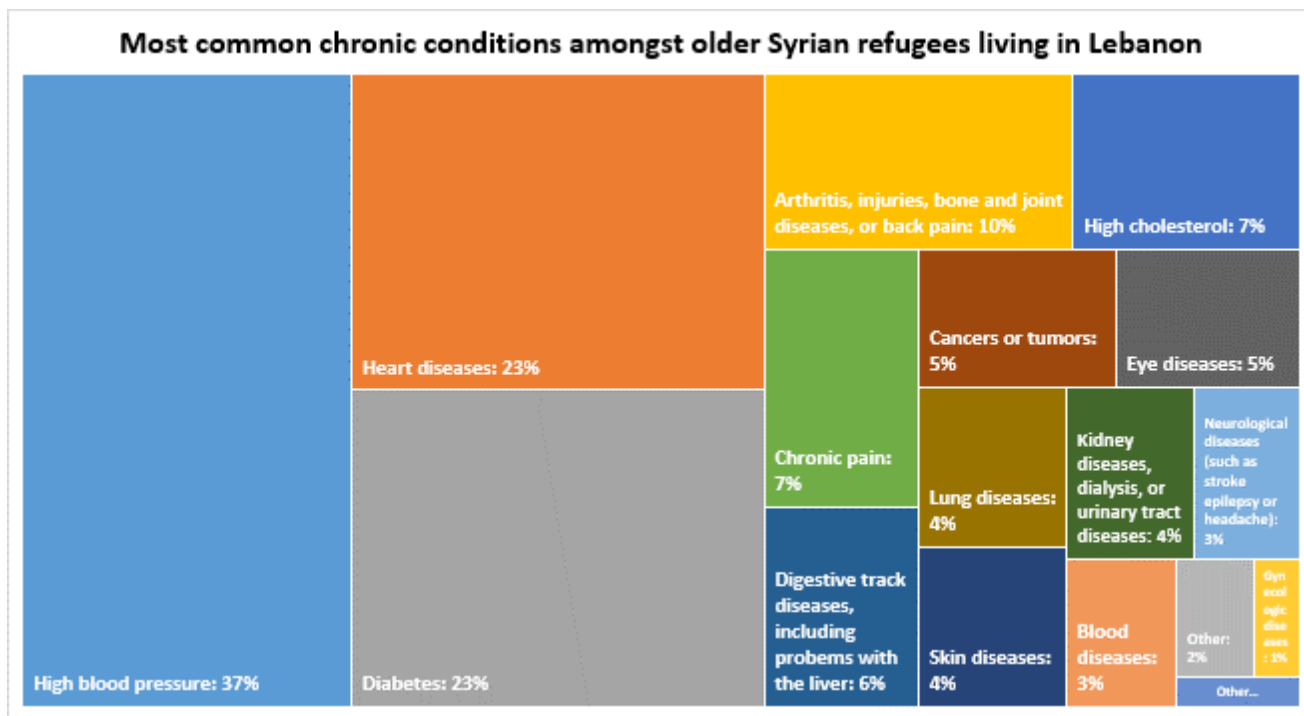
Question 2.2: Since leaving Syria, has your health...



Similarly, 30% of interviewed Syrian refugees in the Metn region say their health condition has deteriorated since leaving Syria, while 71% in the Bekaa Valley said the same. This may be explained by the trauma and stress caused by leaving Syria, but this is mainly due to the sub-standard living conditions in tented settlements in the Bekaa combined with poor nutrition, reduced access to water and sanitation facilities and health services.

When asked about their medical conditions, most older Syrians reported one or several chronic diseases. In 2013, the CLMC research study confirmed that older Palestinian and Syrian refugees had between 2.5 and 4 chronic diseases on average. During focus group discussions, older refugees report a high burden of chronic diseases and disabilities. The most common chronic diseases amongst interviewed Syrians are: high blood pressure (37%), diabetes (23%), heart disease (23%), and also to a lesser extent arthritis, injuries, bone and joint diseases, or back pain (10%) and high cholesterol (7%). Other diseases affecting eyes, lung or skin, also affect a smaller number of older Syrian refugees.

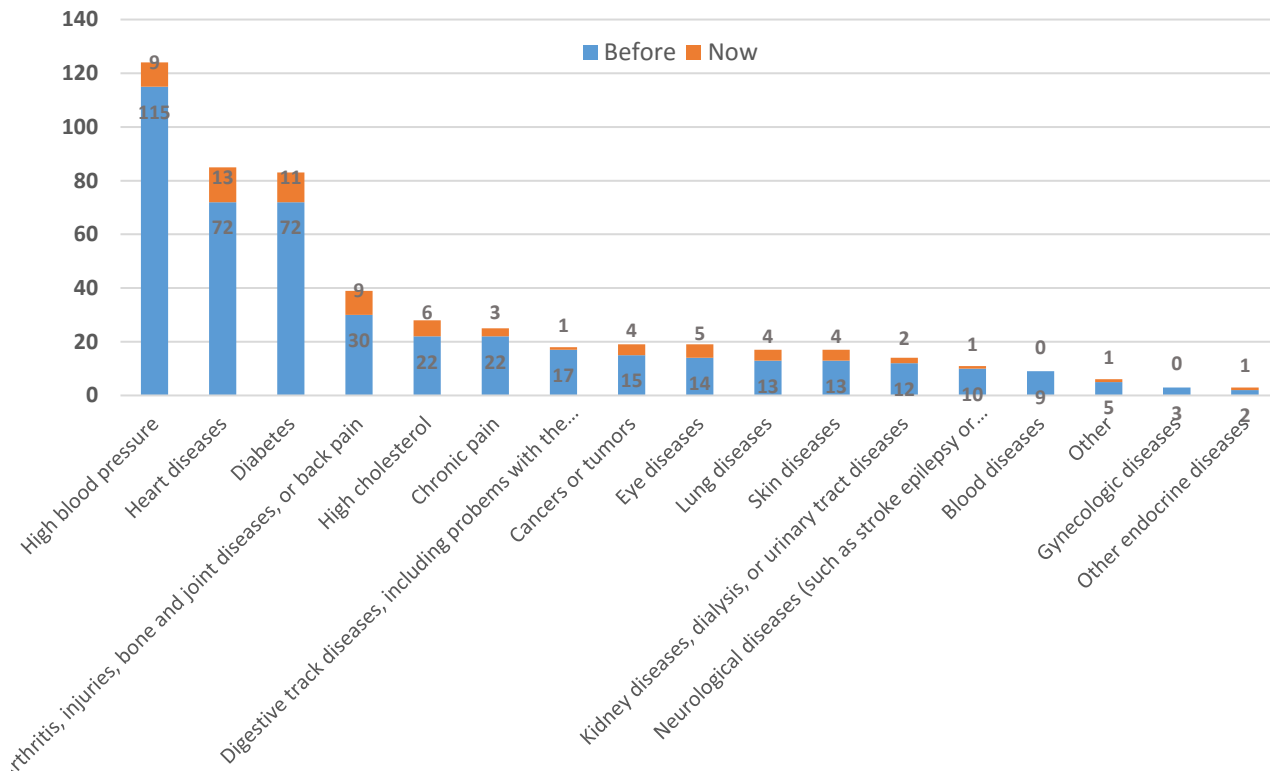
During the focus group discussions, older Syrians have extensively shared their health concerns and issues. Most feel they cannot support their family or have a contribution to their family's income because of their poor health condition. They also shared the feeling that their health condition is a concern and burden for their family as healthcare services and medicines are very expensive in Lebanon. Most of interviewed older Syrians expect their health to further deteriorate while in Lebanon.



As a consequence of trauma (fleeing to Lebanon, witnessing combat and travelling through insecure or combat areas), sub-standard housing arrangements and hygienic conditions, stress and

social marginalization, poor nutrition or insufficient food intake, reduced access to healthcare services and medicines, a significant number of older Syrians have developed new medical conditions and problems since arriving in Lebanon. The medical conditions developed since arriving in Lebanon include: 13 new cases have been diagnosed with heart diseases, 11 new cases with diabetes, and 9 new people have been suffering from high blood pressure.

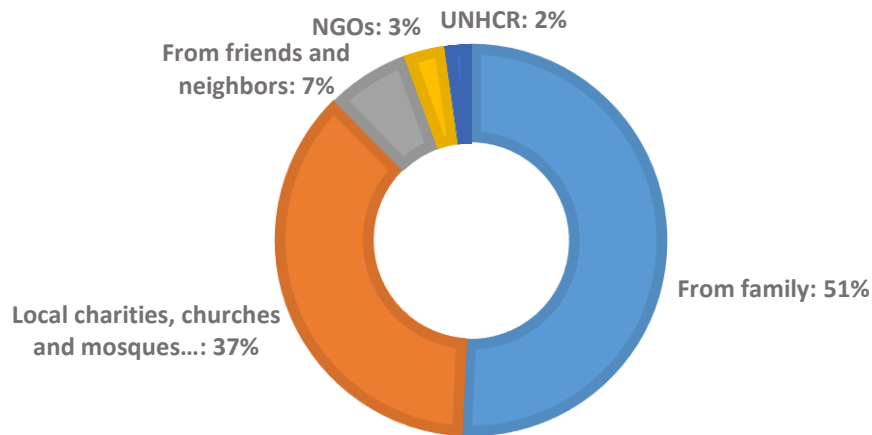
Question 2.3: To your knowledge, which are the following medical conditions you have?



When asked about physical injuries, only 6% older Syrians declare suffering from an injury in Syria as a consequence of the conflict and only 8% reported that it continues to pose them health problems and/or reduces their mobility.

Most older Syrian refugees receive medical assistance through their own support network. In fact, 51% older Syrians reported receiving assistance from family members, 37% from local charities, churches and mosques, and 7% from friends or neighbors. Only a minority of older Syrian refugees declared receiving medical assistance from NGOs (3%) or UNHCR (2%), which points to a large gap in coverage and services.

Question 2.6: From where do you receive medical assistance?



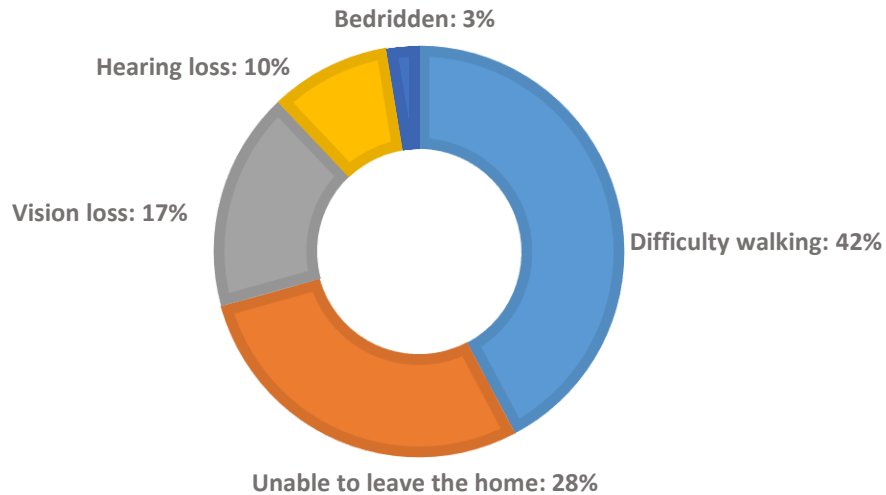
92% of interviewed older Syrians in the Bekaa say they have received medical assistance from UNHCR, NGOs or local charities/churches/mosques while only 11% of older Syrians living in the Metn region say so. This might be explained by the fact that the size of Syrian households in the Bekaa is larger and considered as more vulnerable compared to Syrian households living in the Metn region.

It should be noted here that injured older Syrians who did not manage to receive or qualify for humanitarian assistance consequently faced higher rates of physical and chronic pains, but also higher rates of mental distress and despair. In most cases, the absence of medical treatment also directly caused social marginalization and isolation.

3. Disabilities and/or Mobility Concerns

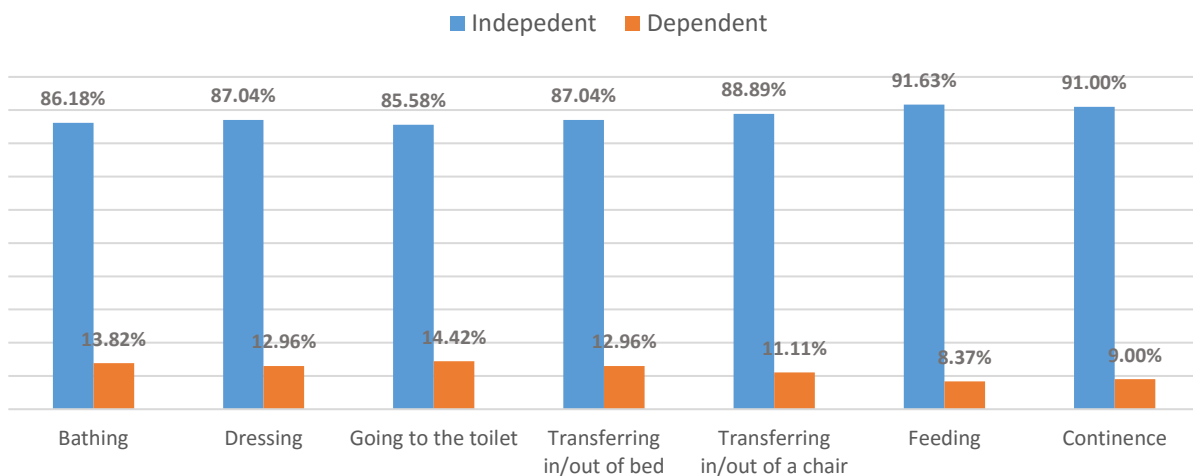
When asked about the disabilities from which they suffer, at least 60% of interviewed older Syrians declared having one of the following impairments: walking difficulty (42%), being unable to leave home (28%), vision loss (17%), hearing loss (10%), or being bedridden (3%).

Question 3.1: Which of the following disabilities do you have?



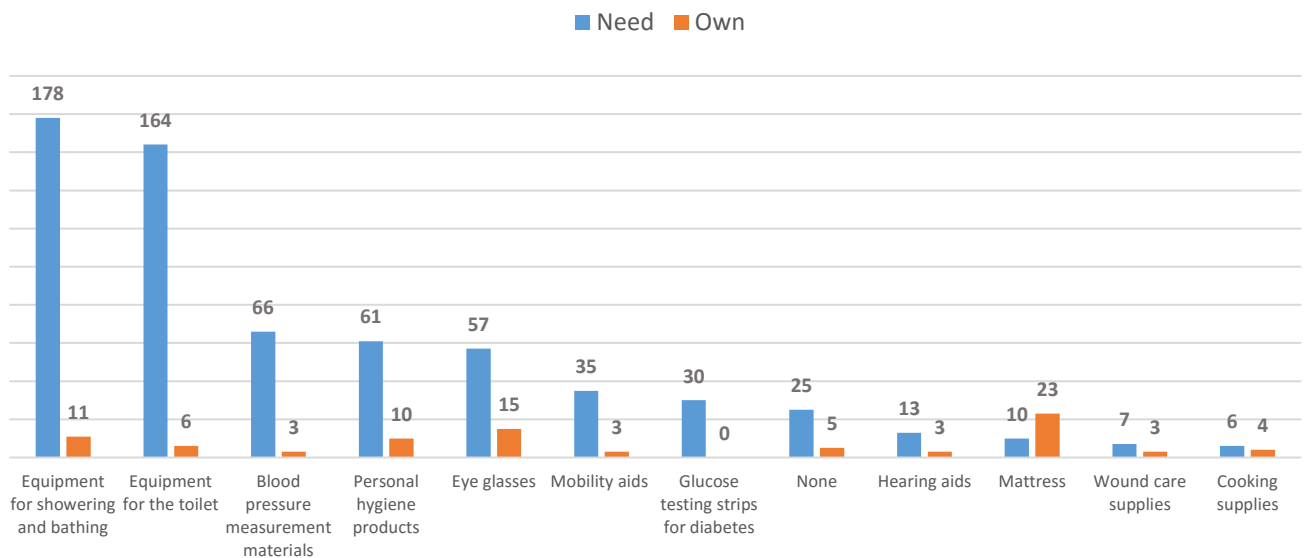
Disabilities and injuries cause older people to have mobility concerns when it comes to performing usual and essential activities including: bathing, dressing, eating, and moving around in the house. Between 10 to 14% of interviewed older Syrians reported they have mobility concerns and need assistance from family members or friends to perform every day movements.

Question 3.2: Which of the following activities can you do...



In addition to injuries and disabilities, older Syrian refugees also lack access to essential supplies or assistive devices which their medical condition require, such as equipment for showering and bathing (57% of interviewed Syrians), equipment for the toilet (53%) or personal hygiene products (20%), but also specific equipment and material required by their medical condition such as a blood pressure cuff (21%), glasses (18%), or mobility aids (11%).

Question 3.3: Which of the following supplies do you regularly need?



The needs for supplies are more acute in the Bekaa Valley than in the Metn region. Indeed, when 7% of interviewed older Syrian in Metn said they need personal hygiene products, 48% of interviewed Syrians in the Bekaa said so. Similarly, when 3% of interviewed Syrians in Metn said they regularly need equipment for the toilet/showering/bathing, 82% of interviewed Syrians in the Bekaa declared they needed these supplies.

4. Medical Care

The Lebanese healthcare system is mostly privatized, with private hospitals and clinics offering primary healthcare services. This is in contrast to Syria, where the medical system is owned by the State and applies heavily regulated and subsidized prices for services and medicines. During focus group discussions, older Syrians shared their various and difficult experiences dealing with Lebanese healthcare service providers. Their main concern is access and affordability, as most of them cannot pay for medical treatment and medicines in Lebanon.

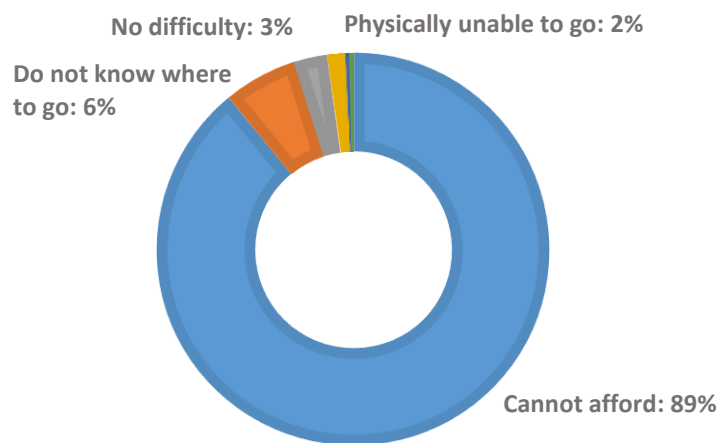
When the border between Syria and Lebanon was more easily passable, a large number of Syrian refugees took the risk to travel to war-ridden locations in Syria to obtain medical treatment and buy medicines. Since January 2015 and the new immigration regulations in Lebanon, it has become impossible for Syrian refugees to go back and get treated in Syria. They must find

alternatives in Lebanon. In some locations, Syrian refugees have no other options but to turn to Syrian doctors offering parallel healthcare services, which are unregulated and possibly risky.

Unsurprisingly, a majority of interviewed older Syrians declared they haven't been able to obtain access to a medical professional in Lebanon when they needed it. The reasons mentioned include: lack of financial resources (89%), lack of information (where to go and how to get medical services: 6%), lack of transportation means or physical inability to go (2%). The impossibility to pay for medical treatment is more accurate amongst older Syrian living in the Bekaa compared to those living in Metn. During focus group discussions, several older refugees mention that they cannot afford to pay for transportation and therefore they have stopped seeing doctors or health professionals in Lebanon. They say they have to rely on medical prescriptions issued in Syria and have had no medical monitoring or re-evaluation of their medical status for a long time.

A minority of interviewed older Syrians also mention communication difficulties, and to a limited extent, a lack of trust or discomfort with Lebanese health workers. Only a very small minority (less than 3%) of older Syrians said they have had no difficulties in getting access to a medical professional when need it.

Question 4.1: Are you able to see a medical professional when you need it? If no, why not?

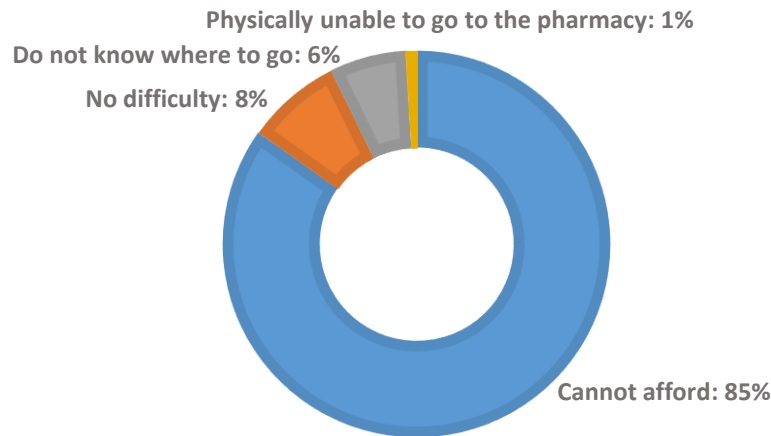


Similarly, the vast majority of older Syrians declared facing difficulties to obtain medicines in Lebanon. The reasons included: lack of financial resources (85%), lack of information (where to go and how to get medical services: 6%), lack of transportation means or physical inability to go. A minority of interviewed older Syrians (only 8%) said they have had no difficulties in obtaining the medicines they need in Lebanon.

It should be mentioned here that an astonishing 99% of interviewed older Syrians in the Bekaa declare they can't afford to pay for medicines whereas 87% say so in the Metn region. Also, a

larger proportion of older Syrians in Metn declared they don't know where to go to obtain the medicines they need, in addition to not being able to afford the cost of medicines.

Question 4.2: Do you have difficulty in obtaining medicines? If yes, why?



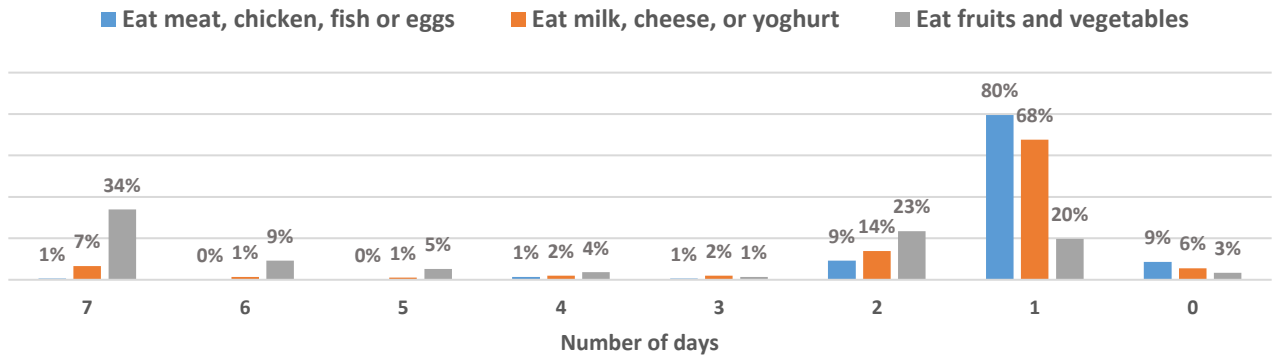
It should be noted here that some Syrian refugees mentioned during focus group discussions that their medical prescriptions are not recognized by Lebanese pharmacists and some medicines (even essential ones) are not available in Lebanon. This has caused them to stop their treatment or change for other medicines. Also, many Syrians mentioned the high prices applied to medicines sold in Lebanon, while medicines' prices in Syria are controlled by the State healthcare system and therefore more affordable (when available).

5. Nutrition

When asked about their nutrition intake and variety of the food eaten during the past week, older refugees provided essential insights regarding their diet during this needs assessment. Only 20% of interviewed older Syrians declared they had meat, chicken, fish or eggs more than one time in the past week. Similarly, only 32% of interviewed older Syrians ate milk, cheese or yoghurt more than one time in the past week. The intake of fruits and vegetables was reported to be more frequent, with 34% of interviewed Syrians reporting they ate fruits and vegetables every day in the past week.

Syrian refugees who participated in the focus group discussions confirmed they mostly rely on grains (rice, lentils and peas) to feed themselves because they cannot afford other expensive products such as meat, chicken, fish or eggs, or even milk, cheese and yoghurt. With an insufficient intake of proteins, fibers, and vitamins, the nutrition of older Syrians appears to be poor and lacks sufficient diversity. As a consequence, this puts them more at risk of developing a new medical condition or a deterioration in their physical and mental health status.

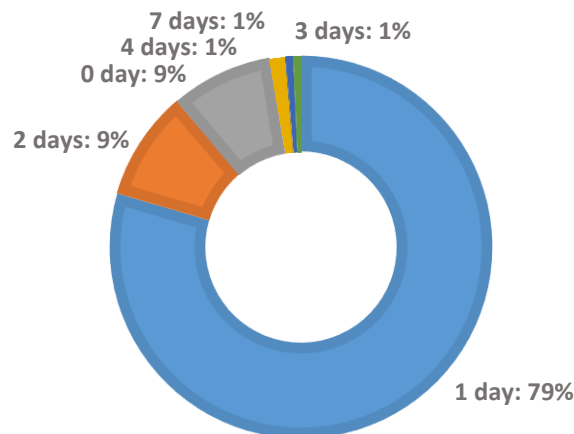
Questions 5.1, 5.2, 5.3: In the past week, how many days did you...



This is consistent with the findings of the CLMC research study. In 2013, older refugees declared consuming meat about 1.4 days per week, dairy products 2 to 3 days per week, and fruits and vegetables 2 to 3 days per week. The CLMC study also showed that a significant number of older refugees ate only bread and nothing else between 3 and 5 days per week.

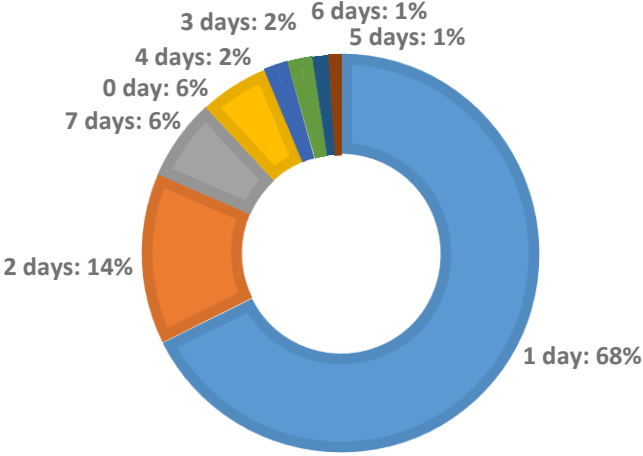
The consumption of proteins from animal sources (meat, chicken, fish or eggs) is severely reduced amongst interviewed older Syrians. Most of them (79%) ate meat, chicken, fish or eggs only one time in the past week and less than 12% of interviewed older Syrians ate proteins from an animal source more than one time in the past week. 9% of interviewed Syrians had no animal proteins intake at all in the past week. Proteins are body-building elements in the human body and provide the required energy for the body to function properly. Protein deficiency in the diet has side effects and can lead to medical conditions such as weak and sore muscles, lethargy, weight loss, but also skin ulcers, water retention, anxiety, insomnia or depression. Protein deficiency can also accelerate health deterioration.

Question 5.1: In the past week, how many days did you eat eat, chicken, fish or eggs?



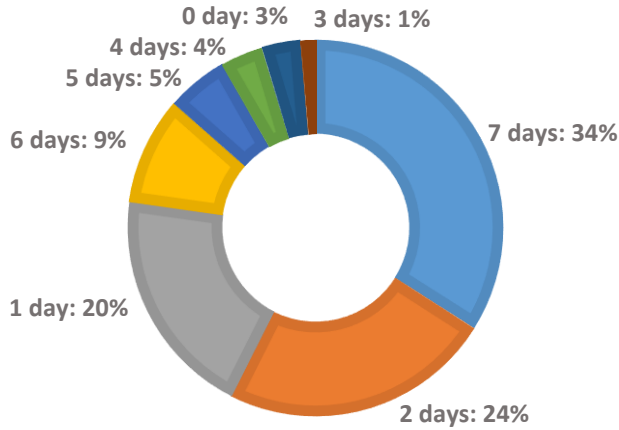
Dairy products are more affordable for older Syrians in Lebanon. In fact, 20% of interviewed older Syrians reported eating milk, cheese or yoghurt every day in the past seven days and 26% of older Syrians ate milk, cheese or yoghurt more than one time in the past week. However, 6% of interviewed Syrians had no dairy products in the past week. In addition to being a source of needed body-building proteins, dairy products are also a source of calcium and essential nutrients.

Question 5.2: In the past week, how many days did you eat milk, cheese or yoghurt?



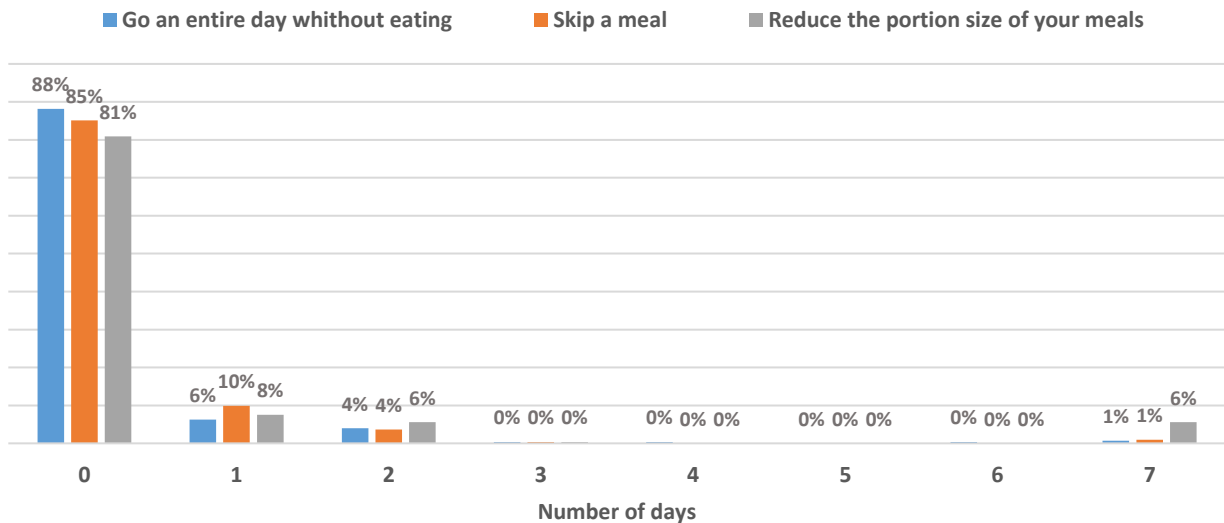
The consumption of fruits and vegetables was reported as more frequent and consistent amongst interviewed older Syrian refugees. More than a third of those interviewed reported eating fruits or vegetables every day in the past week and 76% of them ate fruits and vegetables more than one time in the last seven days. Only 3% of interviewed older Syrians had no fruits or vegetables at all in the past week.

Question 5.3: In the past week, how many days did you eat fruits or vegetables?



Several interviewed older Syrians mentioned during home visits that they feel they are a burden to their family as they cannot work and financially support the family. They are also more likely to spend time alone while other family members work. As a consequence of all these factors, older Syrians have a tendency to reduce the number of meals or size of the meals they eat. 88% of interviewed older Syrians reported eating every day in the past week, but a significant number spent at least one day without eating at all in the past week.

Questions 5.4, 5.5, 5.6: In the past week, how many days did you...

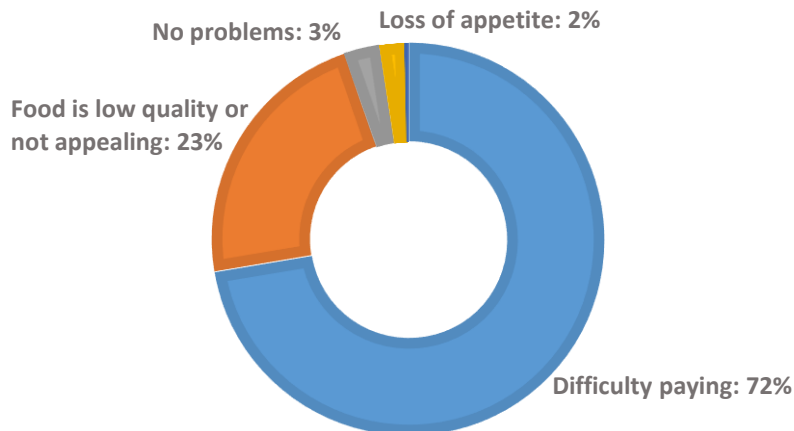


About 12% of interviewed Syrians declared they pass at least one entire day without eating. More than 4% of interviewed older Syrians declared they have spent 2 or 3 days without food in the past week due to lack of food. Similarly, a significant proportion of older Syrian refugees also admitted

skipping meals due to lack of food. About 10% of interviewed Syrians declared they skipped a meal during once in the past week due to lack of due, while about 14% say they skipped meals 2 or 3 times in the past week. A large number of older Syrians also admitted to reducing the portion size of the meal due to lack of food. As mentioned in the group discussions, children and breadwinners in the household usually get priority when it comes to food. Women and older persons are more likely to see their food portion reduced or voluntarily reduce their portion size as they don't want to be a burden to the household. About 19% of interviewed older Syrians declared they reduced their meal portion during one day in the last seven days, while 6% say it was 2 to 3 times during the last week.

There is a general agreement amongst older Syrians that the main issue with food is lack of financial resources (72% said they have difficult paying), as well as food being judged low quality or not appealing (23%), fewer evoke loss appetite (2%) or inability to feed themselves. Only 3% of interviewed older Syrians said they have no problem related to food. In the Bekaa Valley, 95% of interviewed Syrians mentioned the price of food as being the biggest problem. A number of older Syrians mentioned the difficulty in cooking in tented settlements as an issue. Food preparation and conservation in these conditions is an everyday challenge especially for families who do not have access to electricity. For older Syrians living in Metn, 84% mentioned the price of food as the biggest problem, and a handful also mentioned that food is low quality or not appealing.

Question 5.7: What is your biggest problem related to food?



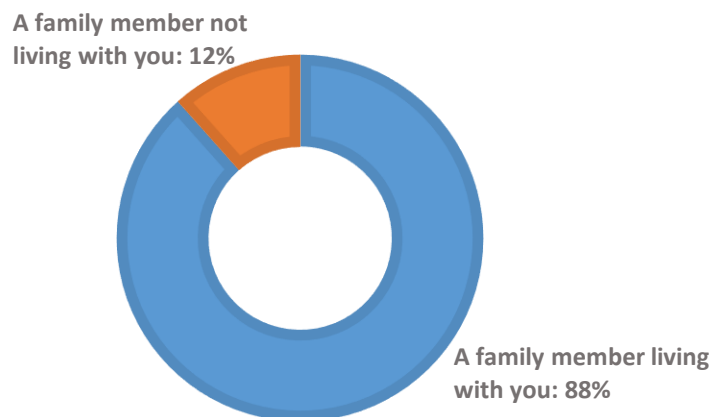
It is well-known that food in Lebanon is very expensive and represents the main part of expenditures for Syrian refugees in Lebanon, along with rent and other essential expenses. It should be mentioned here that it is difficult or impossible for Syrian refugees to grow their own food or find alternatives sources to store-bought foods.

6. Care-Taking

When they occasionally feel sick or need assistance, 88% of older Syrians said they are cared for by a family member living with them and 12% received care from a family member not sharing the same residence. In the Bekaa Valley, 64% of interviewed Syrians received care from a family member living with them, while 97% of older Syrians obtained care from a family member when they are sick. Very few older Syrians are cared for by a friend or neighbor. During focus group discussions, older Syrians explained that in their culture it is expected that younger family members provide for older family members. But in some cases, Syrian families have been separated and have found refuge in different locations. Consequently, some older Syrians have been isolated and have fewer options for care-givers.

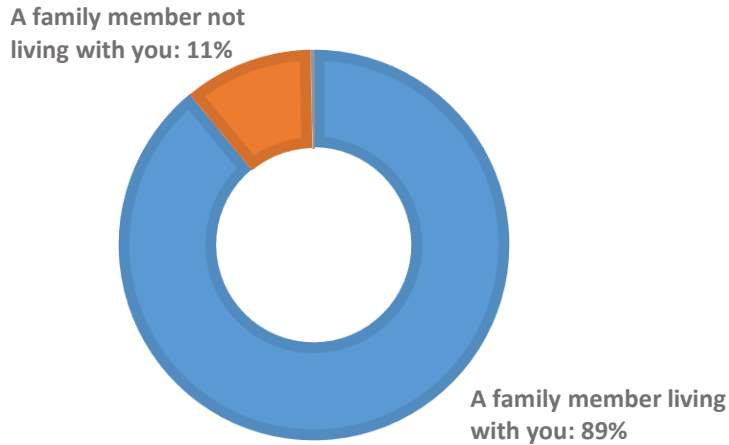
Connections with other Syrian refugees appeared to help in creating a network of support and a sense of normalcy. It should be noted here that Syrian refugees with severe impairments or mobility issues will have reduced opportunities to meet others and make connections. They are therefore more dependent on family members and more isolated.

Question 6.1: Do you have anyone who cares for you when you are sick?



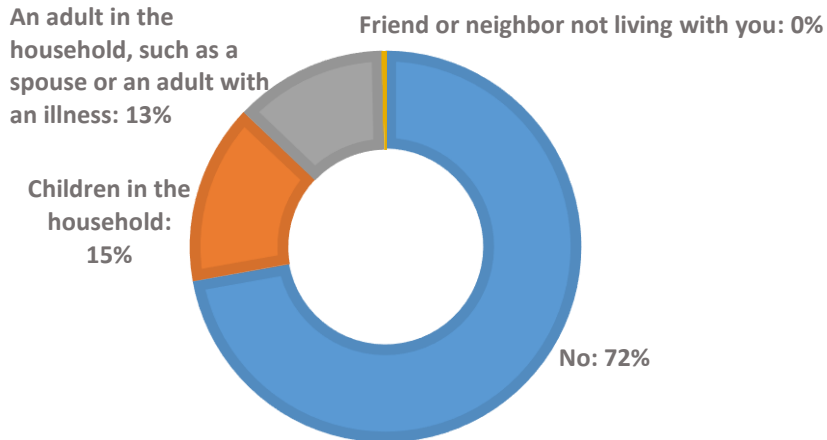
When they regularly or constantly need care, older refugees turned to family members living with them (89%) or a family member not living in the same house (11%). The CLMC research study confirmed that the daughter-in-law was the most common caretaker of older family members. Less commonly, an older family member was reported to take care of another older family member in need. This is likely the result of working-age family members and children being likely to be out during the day, either working or attending school. 96% of older Syrians in the Metn region receive care from a family member living with them, whereas only 68% in the Bekaa do.

Question 6.2: Do you have anyone who cares for you regularly?



In most cases (72%), older Syrian refugees did not provide care to anyone because their physical condition doesn't allow it, they do not live with family members, or family members living with them do not require care. In the Bekaa Valley, 67% of older Syrians do not provide care to anyone while 72% older Syrians in Metn do not provide care to anyone else.

Question 6.3: Do you provide care to anyone?



In some cases, older Syrian refugees are heads of the household or caregivers themselves. In most of those cases, they reported caring for children living in the household (15%). In Metn, 10% of interviewed Syrians provided care to children while 25% reporting doing so in the Bekaa Valley. A minority of interviewed Syrians provided care to another family member with specific needs or illness (13%) or to a friend or neighbor not living in the house.

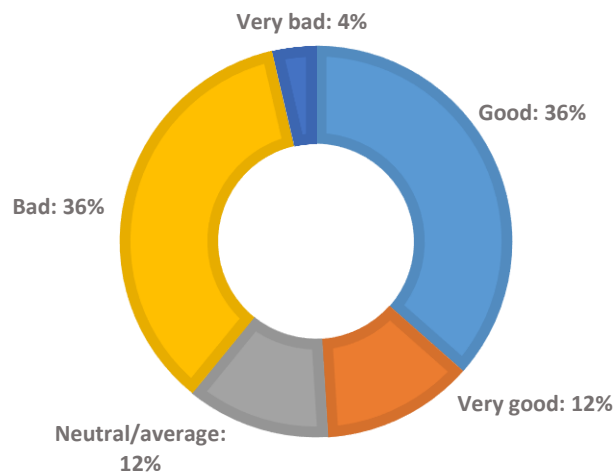
7. Mental Health

When asked about their mental health status, 36% older Syrian refugees judged it bad and 4% very bad. On the opposite hand, 36% of them considered their mental health status to be good. Surprisingly, a significant 12% of interviewed older Syrians describe their mental health to be very good.

In Metn, 51% older Syrians describe their mental health to be good compared to only 5% of the older Syrians interviewed in the Bekaa. The harsh living conditions in the tented settlements in the Bekaa may explain the deterioration of mental health status amongst older Syrians there. Older Syrians living in the Metn region may also have more opportunities to meet and socialize than their counterparts in tented settlements. Very simply, those living in Metn are likely to be wealthier (even if slightly so) and this may explain the difference in mental health as well.

Many refugees have been living in Lebanon for a long time and have adjusted to the Lebanese environment and living conditions. Little by little, they said they have built up resilience and now feel stronger to cope with difficulties and deteriorating living conditions.

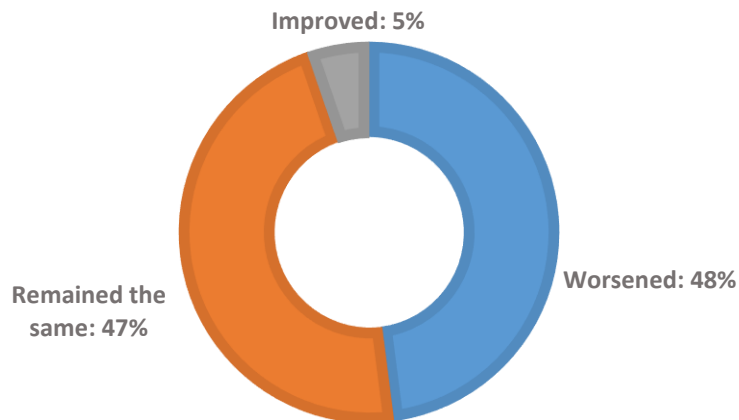
Question 7.1: How would you describe our mental health condition?



Since coming to Lebanon, 48% older Syrians said their mental health has worsened and 47% declare their psychological remained the same. Only 5% reported that their mental health has improved since coming to Lebanon. In the Bekaa, a majority (86%) of interviewed Syrians declared their mental health has deteriorated and 4% that their mental condition has remained the same. In Metn, only 26% of interviewed Syrians say their mental health has worsened and the majority (70%) described their mental condition as the same.

During focus group discussions, older Syrians mentioned they are worried about the future especially because they have observed new medical symptoms and they cannot afford to pay for medical consultations. They also said they feel bad and guilty because they cannot financially support their family, nor assist in child care and household chores. Most of older Syrians with chronic diseases and disabilities tend to feel they are a burden to their family.

Question 7.2: Has your mental health changed since coming to Lebanon?

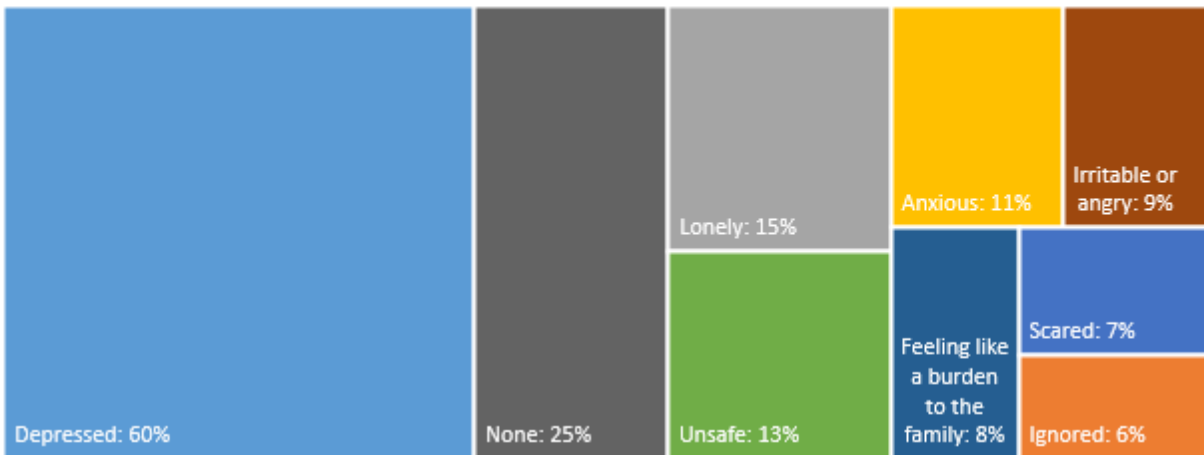


For most older Syrians, eager to go back to Syria, life in Lebanon is very difficult and causing stress. As the Syrian conflict shows no signs of ending, Syrian refugees are likely to stay for a long period of time before being able to return. News and images coming from Syria leave them little hope to recover their possessions and houses. Most feel a sense of despair. On the other hand, for those who have survived combat, disappearances and bombings, Lebanon is a relatively safe place to live. In Lebanon, some reported having recovered from trauma, made connections and integrated into communities of fellow Syrian refugees and Lebanese hosts. Despite many difficulties in Lebanon, older Syrians reported in the focus group discussions having formed a sense of solidarity and support in Lebanon with their neighbors and friends.

When asked about negative feelings and stress, a majority of interviewed Syrian refugees reported they had experienced negative feelings in the last week. More precisely, 60% of them said they felt depressed during the last week and 11% reported feeling anxious. 15% declared they felt lonely and 6% felt ignored in the past week. 13% of interviewed Syrians said they felt unsafe and 7% of them felt scared. In 2013, the CLMC report stated that 40% of older refugees from Syria felt depressed in the past week, 33% felt scared and 30% felt anxious and lonely. In the Bekaa, the incidence of negative feelings were higher. 85% of interviewed Syrians said they felt depressed and 7% of them say they felt anxious in the past week. More than 10% of older Syrians said they felt either unsafe or scared in the past week. In Metn, 48% of interviewed Syrian refugees said they felt depressed and 12% felt anxious in the past week. Also, 18% of older Syrians in Metn said they felt either unsafe or scared in the past seven days.

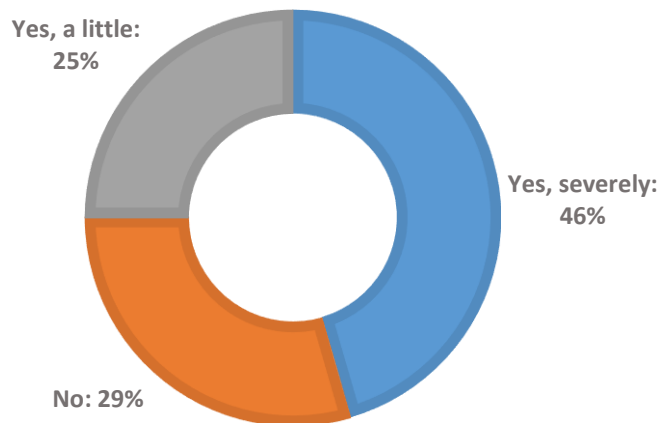
Only 25% of interviewed refugees said they had none of these negative feelings during the last week. 35% of interviewed Syrians in the Metn region say they felt none of these negative feelings in the past seven days, while only 2% of interviewed Syrians in the Bekaa say they had no negative feelings in the past week.

Question 7.3: Which of the following feelings have you experienced in the last week?



46% of interviewed Syrian refugees admitted these negative feelings severely affect their daily life and 25% say these feelings impact their daily life to a limited extent. Only 29% of older Syrian refugees reported these feelings have no impact on their daily life.

Question 7.4: According to you, do these feelings affect your daily life?



In the Bekaa Valley, 70% of interviewed Syrian say these feeling seriously affect their daily life while about one-third reported so in Metn. About 41% of Syrians interviewed in Metn say these feelings have no impact on their daily life.

Recommendations

As shown in the findings, the needs of older Syrian refugees are serious and pervasive, and therefore should be considered for immediate intervention. Given the critical needs and gaps in programming identified in this needs assessment, Dorcas should support older persons in this crisis with age-appropriate and specific attention while encouraging other actors to do so as well.

Specific recommendations for future programming include:

- Prioritize unaccompanied older persons or older persons without care-takers in programming and target population groups
- Train and sensitize local partners on the specific needs and vulnerabilities of older persons
- Train and sensitize local partners to provide counseling to older persons based on their specific needs related to both physical and mental health conditions
- Encourage local partners and families to include older persons into community and social activities
- Develop programming for older persons, using the expertise from the ‘*Adopt a Granny*’ program and other experiences in serving older vulnerable persons (displaced people or refugees) and elsewhere. Specifically, this might include:
 - Train care-givers in families or communities, using existing manuals and curricula to monitor and control chronic conditions and give basic nursing
 - Develop psychological support and social activities for older persons, to restore support network and build connections with younger people
 - Consider nutrition programs to cover geriatric nutrition needs and avoid skipping or deferring meals for the benefit of younger family members. This might include collective soup kitchen to offer psychosocial activities and an opportunity to socialize
 - Consider approaches for community-based projects to build solidarity with older persons and develop a caring mentality among the community members to care for older persons
- Develop a pilot project for home-based nursing care and healthcare for chronic illnesses. The pilot project should document new approaches and interventions which can respond to needs in a low-cost, low-resource intensive manner
- Design scale-up interventions building on the findings from pilot activities
- Continue to advocate for and raise the issue of older persons’ plight among the refugee population and their age-specific needs
- Offer training to other health care providers on geriatric medicine
- Sensitize other NGOs and service providers on issues related to care of older persons

Annexes

Annex A: Survey for Older Persons

Please thank the person for their time and sharing some information about their life with you. Explain that the interview will last about 45-60 minutes and the questionnaire is designed to help Dorcas understand the situation of older Syrian refugees and provide better services for them in the future. The person does not have to participate, may refuse to answer any question, or may stop the interview at any time. Their participation or non-participation will not affect in any ways the services they receive from Dorcas or any other service provider. The questionnaire is completely anonymous.

1. Social Status and Support	
1.1 What is your sex?	A. Male B. Female
1.2 What is your age?	A. 60-65 years (born between 1950 and 1955) B. 66-75 years (born between 1940 and 1949) C. 76 years or higher (born in 1939 or before)
1.3 When did you arrive in Lebanon?	A. 2015 B. 2014 C. 2013 D. 2012 E. 2011 F. Before 2011
1.4 Are you registered with UNHCR?	A. Yes B. No C. Not sure
1.5 What type of residence do you live in in Lebanon?	A. House B. Apartment C. Tent D. Public or communal building E. Unfinished construction site or commercial space F. Other
1.6 How many people live in your residence?	
1.7 Who lives in your household?	A. Immediate family only B. Extended family C. Lebanese Host Family D. Syrian Host Family E. Other persons
1.8 What is your marital/family status?	A. Married B. Divorced C. Separated D. Widowed E. Spouse/husband missing

	F. Engaged G. Never Married
1.9 Where is your spouse/husband?	A. Not Married/No longer married B. Living with me C. Stayed in Syria D. Missing/Other

2. Health Status

2.1 How would you describe your overall health status?	A. Very Good B. Good C. Neutral D. Bad E. Very Bad
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2.2 Since leaving Syria, has your health.....	A. Declined B. Improved C. Remained about the same
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2.3 To your knowledge, which are the medical conditions you have?	Conditions	Arrived in Lebanon with this condition?	New condition developed since arriving in Lebanon?
	A. Heart disease		
	B. High blood pressure		
	C. Lung diseases		
	D. High cholesterol		
	E. Digestive track diseases, including problems with the liver		
	F. Diabetes		
	G. Arthritis, injury, bone disease, joint disease, or back pain		
	H. Skin diseases		
	I. Neurological disease (such as stroke epilepsy, or headache)		
	J. Chronic pain		
	K. Kidney disease, dialysis, or urinary tract disease		
	L. Cancer or tumors		
	M. Blood disease		
N. Other endocrine diseases			
O. Eye diseases			
P. Gynecologic disease			
Q. Other disease			

2.4 Did you suffer any injury in Syria as a result of the conflict?	A. Yes B. No
2.5 If yes, does it continue to pose problems to your health and/or mobility?	A. Yes B. No
2.6 From where do you receive medical assistance?	A. UNHCR B. NGOs C. Local charities, churches, mosques, etc. D. From Family E. From Friends and Neighbors

3. Disabilities and/or Mobility Concerns

3.1 Which of the following disabilities or concerns do you have?	A. Vision loss B. Hearing loss C. Difficulty walking D. Bedridden E. Unable to leave the home F. Limb amputated		
3.2 Which of the following activities can you do..... A. Bathing B. Dressing C. Going to the toilet D. Transferring in/out of bed E. Transferring in/out of a chair F. Feeding G. Continenec	a. Independent; b. dependent a. Independent; b. dependent a. Independent; b. dependent a. Independent; b. dependent a. Independent; b. dependent a. Independent; b. dependent a. Independent; b. dependent		
3.3 Which of the following supplies do you regularly need?	Supplies/Items	Need for the Item?	Own the Item?
	A. Eye glasses		
	B. Hearing aids		
	C. Personal hygiene products		
	D. Mobility aids		
	E. Mattress		
	F. Wound care supplies		
	G. Equipment for the toilet		
	H. Equipment for showering and bathing		
I. Cooking supplies			

	J. Glucose testing strips for diabetes		
	K. Blood pressure measurement materials		
	L. None		

4. Medical Care	
4.1 Are you able to see a medical professional when you need? If no, why not?	<ul style="list-style-type: none"> A. No difficulty B. Cannot afford C. Do not know where to go D. Physically unable to go E. Difficulty communicating with the health workers F. Lack of trust with health workers G. Feel uncomfortable H. Other
4.2 Do you have difficulty in obtaining medicines? If yes, why?	<ul style="list-style-type: none"> A. No difficulty B. Cannot afford C. Do not know where to go D. Physically unable to go to the pharmacy E. Do not have someone who can go to the pharmacy for me F. Difficulty communicating with the staff G. Lack of trust of the staff H. Feel uncomfortable I. Other

5. Nutrition	
5.1 In the past week, how many days did you eat meat, chicken, fish or eggs?	0 -7 days:
5.2 In the past week, how many days did you eat milk, cheese, or yoghurt?	0-7 days:
5.3 In the past week, how many days did you eat fruits or vegetables?	0-7 days:
5.4 In the past week, how many days did you go an entire day without eating due to lack of food?	0-7 days:
5.5 In the past week, how many days did you skip a meal due to lack of food?	0-7 days:
5.6 In the past week, how many days did you reduce the portion size of your meals due to lack of food?	0-7 days:
5.7 What is your biggest problem related to food?	<ul style="list-style-type: none"> A. No problems B. Difficulty paying C. Difficulty cooking D. Loss of appetite E. Food is low quality or not appealing F. Difficulty feeding myself

	G. Other
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6. Care-Taking	
6.1 Do you have anyone who cares for you <u>when you are sick</u> ?	A. A family member living with you B. A family member not living with you C. A friend or neighbor living with you D. A friend or neighbor not living with you
6.2 Do you have anyone who cares for you <u>regularly</u> ?	A. A family member living with you B. A family member not living with you C. A friend or neighbor living with you D. A friend or neighbor not living with you
6.3 Do you provide care to anyone?	A. No B. Children in the household C. An adult in the household, such as a spouse or an adult with an illness D. Friend or neighbor not living with you E. Other

7. Mental Health	
7.1 How would you describe your mental health condition?	A. Very good B. Good C. Neutral D. Bad E. Very bad
7.2 How has your mental health changed since coming to Lebanon?	A. Improved B. Worsened C. Remained the same
7.3 In the last week, which of the following feelings have you experienced?	A. Depressed B. Ignored C. Lonely D. Anxious E. Scared F. Unsafe G. Feeling like a burden to the family H. Irritable or angry I. None
7.4 Do these feelings affect your daily life?	A. Yes, severely B. Yes, a little C. No

END OF QUESTIONNAIRE. Thank the person for their time.

Annex B: Focus Group Discussion Guiding Questions

Each focus group should be between 5-6 persons.

Thank the participants for coming to the focus group and tell them the purpose of the discussion is to help Dorcas understand their needs better in order to develop better services in the future. Their comments will be totally anonymous.

Medical Care:

- Do they have access to a doctor or medical professional when they need it? If no, why not?
- Do they feel that the medical professional takes the time to listen to them and provide a solution to their needs?
- How do they feel about the quality of medical care they receive?

Mobility:

- Do they have trouble with mobility in their home? In the neighborhood?
- Do they need any mobility aids to help them in the home? In the neighborhood?

Medicine:

- Do they have regular access to the medicines they need?
- Do they skip taking their medicines? If yes, why? If yes, did they have any health crisis as a result?
- From where do they get the money to pay for medicines?

Nutrition:

- Do they skip meals or downgrade the type of food they eat?
- Do they skip meals in order to offer more food to other family members?

Mental Health:

- What is their mental health status?
- Do they feel that they are a burden on their family?
- Do they interact with their family members well?
- Are they an active participant in family activities in the home?

Care-Taking:

- Do they have someone who takes care of them? Is that person knowledgeable about how to take care of them properly?
- Do they help with taking care of children in the household?