

Older Syrian refugees in Lebanon and food insecurity

Findings on food insecurity, drawn from a wider study which tracked adherence to COVID-19 preventive/control measures among older refugees in response to underlying and emergent barriers, enablers, and vulnerabilities.

Despite food assistance, food insecurity is high. Measures taken to cope are alarming.

Over the course of the COVID-19 pandemic, food insecurity has been consistently pervasive amongst Syrian refugees. This study, carried out in Lebanon during the COVID-19 pandemic, found that high proportions of older refugees are vulnerable to food insecurity. Refugees are resorting to more drastic coping strategies, despite receiving assistance from humanitarian aid agencies.

Results will inform future humanitarian actions to reduce the impact of long-term pandemic on older refugees by addressing: 1) food insecurity 2) coping strategies and 3) reliance on humanitarian assistance.



COVID-19 exacerbated the needs of older Syrian refugees in Lebanon. Photo: Charbel Kosseifi/NRC

Background

Lebanon has one the largest concentrations of refugees in the world living in extreme humanitarian conditions. The country is also at the intersection of political, economic, and social crises, compounded by the pandemic. Food insecurity, along with a significant rise in poverty, comes at a very critical time in an already challenging complex humanitarian context, which changed in response to COVID-19. This study focused on a particularly vulnerable sub-population of Syrian refugees; older adults – who are at increased risk of developing severe illness if infected.

How the research was conducted

A panel survey with five waves of data collection was conducted, with 3838 older Syrian refugees (aged 50 years and above), between September 2020 and March 2022. Food insecurity was measured using the Food Insecurity Experience Scale (FIES) an eight-item scale which has been validated in Lebanon.

Key findings

- Food insecurity is a constant vulnerability across the five waves. An average of 55% of the respondents had mild to moderate food insecurity, followed by at least 38% who reported severe food insecurity. Those who were food secure were a minority.
- Changes in strategies to cope with food insecurity are notable across waves. Crisis coping (withdrew children from school, reduced education and health expenditure, marriage of children under 18) was consistently the most common coping strategy and increased over time.
- Stress coping (spent savings, borrowed money on credit or sold household goods) was consistently second-most common but decreased in the last wave, while emergency coping (high risk job, school children involved in income generation) was consistently least common but increased in the last wave. Across all waves, very few respondents did not have to employ coping strategies.
- Over 50% of participants received multi-purpose cash assistance and over 75% received assistance for food, however, an overwhelming majority are food insecure and increasingly resorted to crisis coping strategies between January and March 2022.

Implications for humanitarian practitioners and policymakers

The majority of refugees in Lebanon are fully or partially dependent on aid. Because of the restrictive policy frameworks and refugees' fragile legal status in country, their access to work opportunities is extremely limited. As a result, their dependency on aid continues to grow in crisis-hit Lebanon. Older adult refugees face additional challenges including health conditions and mobility restrictions. They often depend on other breadwinners in the family for survival.

Humanitarian actors in Lebanon need to consider coherent inclusive strategies with focus on the key control challenges for elderlies ensuring that this vulnerable group is not kept behind.

Given that older Syrian refugees are food insecure despite receiving humanitarian assistance, aid agencies in Lebanon should consider further support for food assistance for this sub-group.

Recommendations for future research

More evidence is needed to determine the driving forces behind changes in coping strategies despite the relative invariance of food insecurity.

The apparent shortcomings of food assistance and multi-purpose cash assistance in mitigating food insecurity must be investigated further.

This research will be extended to include multivariable analyses to get a better understanding of who is most likely to face food insecurity and under what circumstances. Longitudinal analysis will also be conducted to identify risks for worsening food insecurity over time.

About the study team

This work was the result of a multi-disciplinary partnership between *The American University of Beirut, Faculty of Health Sciences, Center for Research on Population and Health (CRPH)* and The Norwegian Refugees Council (NRC). Team members who contributed to the successful completion of this project are:

AUB Team

Dr Sawsan Abdulrahim , Primary Investigator (PI), Dr Hala Ghattas (Co-PI), Dr Stephen McCall (Co-PI), Dr Monique Chaaya, Dr Nisreen Salti, Dr Abla Sibai, Tanya El Khoury, Berthe Abi Zeid, Noura Salibi, Maria El Haddad, Lara Abou Ammar, Nadine Rashidi

NRC Team

Zeinab Ramadan, Zeina El Khoury, Stephanie Bassil, Marwan Alawieh, Sirine Anouti

Keywords

Older Syrian refugees, Lebanon, COVID-19 pandemic, Food insecurity; older persons; refugees; COVID-19; humanitarian response; health

Articles and further reading

<u>Changing vulnerabilities and COVID-19</u> <u>adherence: Older refugees in Lebanon - Elrha</u>

Adapting to the changing dynamics of COVID-19 in a protracted refugee context - Elrha

Predictors and barriers for the management of non-communicable diseases among older Syrian refugees amidst the COVID-19 pandemic in Lebanon: A cross-sectional analysis of a multiwave survey



This research was funded by Elrha's Research for Health in Humanitarian Crises Programme (R2HC), which aims to improve health outcomes for people affected by crises by strengthening the evidence base for public health interventions. The programme is funded by the UK Foreign, Commonwealth and Development Office (FCDO), Wellcome, and the UK National Institute for Health Research (NIHR). Elrha has developed this Research Snapshot in consultation and partnership with University of Victoria's Research Partnerships and Knowledge Mobilization unit, on behalf of Research Impact Canada – Réseau Impact Recherche Canada network.