CARE’s ONE NEIGHBOURHOOD APPROACH

July 2018

Experiences from CARE in Lebanon

With the local NGO Akkarouna, CARE in Lebanon has provided shelter and access to services for some of the most vulnerable communities hosting Syrian refugees in Lebanon.

Salma and her two siblings were living in dire conditions in one of the most highly vulnerable and marginalised areas in north Lebanon. The family also has mental and physical disabilities, and no source of income. Salma’s shelter is a one-room structure with no window and no lockable door, nor a toilet or kitchen. CARE in Lebanon has helped the family by upgrading their shelter so that they can live in safety and dignity, while providing them with information on the availability of service providers to meet their specific needs, and referring their case onwards for additional support.

In Tripoli, many Lebanese residents – landlords included – are often living in standards as poor as those of the refugees. The influx resulting from the ongoing Syrian crisis has exacerbated underlying and often extreme poverty issues, sowing the seeds of resentment and causing tension. CARE’s “One Neighbourhood Approach” is not (necessarily) a single project. Rather it is a programme approach that bridges several areas of expertise – shelter, housing and settlements, infrastructure, livelihoods, markets and economics, community-based protection mechanisms and community regeneration, and through which inclusive governance is mainstreamed. CARE recognised the importance of working with the whole community, so individuals are targeted according to need, while the wider neighbourhood is improved through communal spaces and shared infrastructure. The needs, concerns and rights of both landlords and tenants are addressed through tripartite rental agreements generating greater tenure security over a longer period alongside physical improvements to the building and living space and shelter conditions.

The “One Neighbourhood Approach” in Lebanon has been funded by BPRM since 2015 over a three-phase project in Tripoli and Beirut, with US $7 million cumulatively reaching over 5,000 people directly through household-level shelter interventions and 20,000 people through community infrastructure, both refugees themselves or hosts. Phase 4 of this intervention is due to start in 2018.

The problem

Recent assessments show that many low-income houses remain inadequate, dangerous and lack basic services. CARE’s on-going work in upgrading housing units continues to uncover deprived households living in buildings lacking windows, sanitation equipment and access to running water. In addition, structural shelter conditions in buildings (i.e. damp in building structures caused by broken water pipes)
and communal spaces (i.e. unsafe stairwells, unprotected electrical wiring) pose protection threats and health hazards.

**Examples of sub-standard shelter conditions before interventions.**

These include a lack of windows and locks, including locks that prevent theft and reduce security risks, overcrowded living environments with little or no privacy, poor internal conditions (such as damp or lack of ventilation) that can lead to ill health, and poor hygienic conditions (such as proximity of sanitation facilities to cooking, eating and sleeping areas).

**What did CARE accomplish?**

- **Community committees have been created and empowered**, representing the diversity of backgrounds and interests of the local neighbourhood, self-identifying priority needs and capitalising on existing capacities and skills. “Unity Committees” were thus established and up to mid-2018 have a total of 213 active members (194 female, 19 male) who have received training to strengthen their capacities in community-based protection and shelter-related concerns. Topics include early marriage, domestic violence, conflict resolution, communication skills, and Participatory Approaches to Safe Shelter Awareness (PASSA).

- **People live in improved-quality housing** —moving from substandard shelter to a home, and in so doing have access to an environment that is safe and healthy, protects privacy and dignity, and leads to comfort and wellbeing in displacement. 1,416 shelters have been improved; 91% of beneficiaries reported satisfaction with the quality of work done.

- **Families gain improved security of tenure** — and reduce the risk of eviction, particularly for the most vulnerable, while landlords benefit from upgrades to their properties. 94% of survey respondents were still residing in the same dwelling three months post-intervention. Those who left were all Syrians and all confirmed moving to bigger apartments. In June 2018 (two years after the first interventions), 84% of beneficiaries were still residing in the same dwelling. The eviction rate was found to be 2%, which demonstrates that landlords largely followed the terms of the tenancy agreement signed before the shelter rehabilitation. 14% of families confirmed that they left the house but they were not evicted.
• **Landlords benefit from improvements to their properties** in the long term, while contributing to meeting the immediate needs of refugees in their neighbourhood, with high satisfaction rates of the rehabilitation reported by landlords.

• **Collective engagement in community projects (at the building- or the neighbourhood-level)** stimulates shared interests, a sense of ownership and belonging, a safer environment and improved relationships. A group of people that are part of the community such as the committee members and others formed with a mix of people from different backgrounds, ages, genders, education, income levels, occupations, owners and renters, etc. that widely represents the community were involved in selection of common area upgrades to be implemented by CARE and advocated with municipalities/ local authorities for other projects.

• **Generated greater understanding of and sensitivity to the challenges affecting people with different needs and abilities**, particularly with a focus on protecting women and children within the neighbourhood.

• **Leading a successful pilot approach that is being adopted by UNHCR and other agencies**, and replicated in other countries in the Middle East (such as Turkey). The *One-Neighbourhood Approach* proved to be successful throughout CARE’s implementation, and adopted as UNHCR’s “area-based approach” and in Solidarité’s “Al-Hay”.

**How did CARE get there?**

• **Active engagement of the community** on challenges they encounter on a day-to-day basis to identify key areas for physical improvements in access, drainage and lighting.

• **Deep understanding of neighbourhood dynamics**, generated through multiple layers of engagement and mapping.

• **Broad sweep of household assessments** (over 3,000 in total) validated the findings at neighbourhood and city level, and helped identify those most in need.

• **Profound community buy-in** through a lengthy preparatory process of participatory engagement to ensure the most vulnerable families were identified and prioritised for assistance by the communities themselves.

• **Peer-to-peer training** and strengthening of capacity in social protection issues was provided within the communities.

• **Integrated activities** ensured complex needs for shelter, water, sanitation, protection and communal spaces were addressed in a holistic manner, multiplying the impact of each intervention.

**Innovations to the One Neighbourhood Approach in 2018**

CARE aims to extend the impact on this intervention approach from 2018 onwards, through additional activities that address some of the underlying challenges faced by refugees and host residents alike in certain parts of Tripoli, Lebanon. This includes ensuring community ownership and buy-in by exploring the possibility of **municipalities taking direct responsibility for community upgrades** (such as dedicated spaces for rubbish bins) as well as the possibility of **business owners taking direct responsibility for common areas in buildings** (such as painting and lighting installation). Initial conversations with both municipalities and business owners seem promising. Furthermore, CARE will try introducing innovative
capacity building to municipal members on best practices to collaborate with grassroots civil society, especially on planning and providing citizen-driven enhancements, transparency standards, and citizens’ rights to municipal data such as budget expenditures.

**In more detail: The One Neighbourhood Methodology**

- Physical mapping of communities, triangulation with beneficiary databases and area strategies developed with other agencies, and prioritisation of areas for assessments.
- Discussions with land and building owners to negotiate upgrading and rehabilitation agreements alongside tenure security for tenants.
- Signing of tripartite agreements between Tenant, Landlord and CARE.

At the household level:

- Housing units identified for upgrades to improve safety, health and living conditions, via referral by the municipality and other NGOs using the approved checklist coordinated across all shelter actors in Lebanon. The checklist emphasises the building envelope and WASH-related elements (parts of the home which are important to health and safety such as the kitchen and bathroom). The checklist also has a gender perspective as WASH-related upgrades will reduce the burden of women and girls’ housework. For disabled people, upgrades like a Western toilet can make a significant difference in their quality of life. When the checklist reveals hazardous conditions (such as poor ventilation or a leaky building envelope) or poor sanitation conditions (such as clogged drains, toilets that do not flush properly, or clogged kitchen sinks), those housing units will be prioritised for improvements.
- Selection of beneficiary households.
- Design and supervision of upgrades implemented by local contractors who employ a mix of Syrian and Lebanese manual labourers from the neighbourhoods of operation in order to stimulate the micro-economy. The focus of improvements is on the dwelling envelope (windows, doors, partitions, and structural enhancements to walls and roofs to reduce heat loss and prevent rain from entering) as well as plumbing, water supplies, electrical systems, and masonry. These improvements address safety, heat, humidity, and sanitation concerns. To address protection concerns, doors, locks, as well as lighting, are upgraded.
- Awareness-raising and training is provided to each family on various topics, with tips and knowledge (especially regarding ventilation) to improve household health and safety conditions. Monitoring and follow-up is conducted to reinforce the messaging and ensure that healthier homes result.

At the communal space level:

- Using the PASSA methodology¹ to create community-based action plans (which includes committees, municipal officials, and other stakeholders) including considerations for women and

---

¹ **FACILITATING COMMUNITY PARTICIPATION:** CARE trains all committees in PASSA (“Participatory Approach for Safe Shelter Awareness”) to build capacities and reduce shelter and any other related risk by raising awareness and developing skills in joint analysis, learning and decision-making at the community level. Essentially PASSA is the training that leads to participatory community action planning. Each of the committees then guides residents and stakeholders in its geographic catchment area to jointly develop ideas and propose solutions for community-wide problems. It is an intensive process, closely facilitated, which promotes teamwork, consensus-building, and joint planning. From CARE’s previous experiences, nearly all groups prioritized increasing street lighting, installing extra garbage bins, etc.
children’s well-being. This focuses on alleyways, sidewalks, and other shared and public gathering spaces, such as atria and stairwells.

- In the case of children and people with reduced sight or mobility, it is important that safe conditions are ensured, such as addressing, or removal of, sharp objects, barriers, refuse, old materials, tripping and falling hazards etc. The safety of women and girls is provided through sufficient lighting, building entrance doors, locks, partitioning etc.
- Cost-sharing agreements developed with the municipality (e.g. cleaning the sewers or rehabilitation of external streets) or building owners (for internal areas, such as stairwells).

**Cross-cutting: protection**

Protection risks ranging from tenancy concerns/risk of eviction to SGBV, exploitation and abuse, and early/forced marriage are both serious and common in urban Tripoli. Despite various forms of assistance, families still struggle to meet basic needs and are still turning to negative coping mechanisms. Violence in the family is pervasive: as men experience stress, they often engage violence against their wives and children. Alongside the shelter and communal space interventions, CARE has been addressing these protection concerns since the early phases of the project. In 2018, lessons learned will make building awareness in the communities and committees work more efficient and effective, while professionalizing their members’ skills.

**Self-initiative grants:** CARE will provide some support to the action plans with self-initiative grants for each committee (neighbourhood). These grants, in addition to the selection of communal space upgrades, will be identified and agreed upon during the PASSA process and provide resources to carry out small community projects. Illustrative projects would include painting park benches, renovating parks or small squares, improving street lighting, or creating dedicated spaces for trash bins.

**Community Engagement:** CARE will continue to share protection messages with the communities in which it works. Committees will organize these events but avoid mere lecturing. Illustrative methods of engagement will be **hiwar** (free flowing conversation sessions in which participants can ask questions and propose ideas), interactive theatre sessions in which residents themselves will play roles, and puppet shows for children. The sessions will be facilitated so that facilitators can see the learning and behaviour change. There are many methods for interactive theatre, but CARE will implement several sessions using the method Boal’s Theatre for the Oppressed. This method, developed in Brazil, begins with a script but then allows the audience to complete the story.

The three phases of CARE’s project have generated learning on best practices in this context, including a set of standard operating procedures (SOPs) for neighbourhood approaches, as well as management and implementation tools for technical dwelling assessments. There is currently a greater focus on neighbourhood committees as a vehicle for community participation and efficient linkages to social services based on beneficiary requests for a more active community role. CARE has gathered data on many aspects of its intervention, ranging from shelter upgrades and functionality of installed items, to tenant-landlord and community relationships, and security of tenure.

Following CARE’s interventions in urban Tripoli, residents were asked about community relations. 72% reported that there were no tensions between community groups whatsoever, while 26% agreed that the tensions have greatly diminished in their neighbourhood since the start of CARE’s work there. Only 2% stated that the tensions were still the same or had increased. This was attributed to the fact that the people benefiting most from the intervention are the Lebanese landlords. Some attributed the increase in
tension to the disparity between beneficiaries and non-beneficiaries. This highlights the importance of equity and equality in programming.

**Further reading**


*Tripoli City Profile (UN-Habitat, Nov 2016):* [https://unhabitat.org/tripoli-city-profile-2016/](https://unhabitat.org/tripoli-city-profile-2016/)