Multi-Sectoral Needs Assessment
Live-out migrant HHs in Lebanon
March, 2024
Lebanon

CONTEXT & RATIONALE

The ongoing economic crisis in Lebanon has not only profoundly impacted the host population but has also significantly affected other vulnerable groups, including migrants.¹ The worsening economic and social conditions, coupled with heightened vulnerabilities associated with migrants’ legal status and working conditions, has adversely affected the well-being and health of migrant workers. Consequently, there has been a significant rise in the demand for assistance, with around 81,500 migrant individuals (60%) across 8 governorates, now are in need of this support.²

Recognising the need for up-to-date and evidence-based information to guide assistance, REACH, in collaboration with the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA), conducted a Multi-Sector Needs Assessment (MSNA), funded by the European Civil Protection and Humanitarian Aid Operations unit (DG-ECHO), the Lebanese Humanitarian Fund (LHF) and the Global Bureau for Humanitarian Assistance (BHA). By offering unique insights on the needs of Lebanese, Palestinian refugees in Lebanon (PRL), and migrants, the MSNA supplements data provided by other assessments such as Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR), focusing on Syrians, the ARK-UNDP Regular Perception Surveys on Social Tensions, and the Lebanon Vulnerability Assessment Panel (LVAP), which concentrates on poverty and food security. When analyzed jointly with other assessments, it provides a comprehensive overview of the humanitarian situation in Lebanon.

METHODOLOGY

The MSNA assessed the needs of Lebanese, PRL, and migrant HHs (HHs) across the country. The assessment distinguished between live-in (living with employer) and live-out (having different housing arrangements) populations, recognizing the distinct challenges faced by these groups. Data collection extended from July 24th till September 6th 2023. Two different sampling strategies were utilized based on the housing arrangement of the migrant (live-in vs live-out HHs). This fact-sheet presents findings for live-out migrant HHs.

For live-out migrant HHs, REACH coordinated closely with IOM to obtain statistically representative results at a 95% confidence level and a +/-10% margin of error across the 8 strata, using a 2-stage cluster sampling methodology. Selection of HHs was done using the walking technique. Data collection was closely monitored to control the random selection of the HHs. The sampling frame was generated using data from the most recent Migrants Presence Monitoring (MPM) conducted by IOM in May 2023.

LIMITATIONS

- Individual-level findings should be regarded as indicative since information was reported by the head of HH during the interviews.
- For some findings, when the subsample is less than 30, findings are to be considered indicative.
- Due to access constraints, data collection in Mount Lebanon-South was completed remotely using snowball sampling. Therefore, findings from this region should be considered as indicative and were not included in the national-level findings.

Demography of HH members

- Average HH size: 1.7
- Demography of HH members:
  - Female (43%)
  - Male (57%)

<table>
<thead>
<tr>
<th>Age</th>
<th>HH Members</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>60+</td>
<td>3%</td>
</tr>
<tr>
<td>18-59</td>
<td>43%</td>
</tr>
<tr>
<td>0-5</td>
<td>3%</td>
</tr>
<tr>
<td>6-17</td>
<td>6%</td>
</tr>
</tbody>
</table>

14% of HHs were with at least one child below 18 years
5% of HHs were with at least one person above 60 years
5% of HHs were with at least one person with disability

For further details on the methodology, please refer to the ToR.

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¹ Migrants: any person who changes their country of usual residence, temporarily or permanently, for a variety of reasons such as seeking employment.
³ IOM, Migrants Presence Monitoring, 2023 here.
⁴ While the MSNA samples on a HH level, many migrants have moved to Lebanon without family members and are thus one member HHs.
⁵ For some sections, respondents were asked to answer questions repeatedly about each member of their HH. Including respondents, there were 1,094 live-out migrant HH members covered by the assessment.
⁶ For further details on the methodology, please refer to the ToR.
**Summary of key findings**

**LIVELIHOODS AND FOOD SECURITY**

**Employment.** Findings from 2023 revealed a high unemployment rate among live-out migrant HHs, consistent with findings from 2022. Fifty-four percent (54%) of live-out migrants reportedly worked for someone else in exchange for pay in the 7 days prior to data collection, compared to 57% in 2022. Among the 45% unemployed individuals, 37% reported seeking work in the month prior to data collection, a notable increase from 21% in 2022. The primary barriers to employment were similar to 2022, with increased competition, not enough jobs, and the availability of only low-skilled or dangerous jobs being the most frequently cited concerns for both genders. These findings are in line with those of the Lebanon Crisis Plan 2023 stating that amidst the economic collapse and escalating humanitarian crisis in Lebanon, migrants face significant challenges in securing employment opportunities. High rates of unemployment, coupled with exploitative working conditions and limited access to essential services, exacerbate their vulnerability.7

**Income, debt and coping mechanisms.** A significant proportion of live-out migrant HHs reported relatively low incomes in the 30 days preceding data collection, with an average total income of 300 USD. There was a slight increase in salaries; the proportion of HHs reporting incomes of less than 100 USD decreased from 38% in 2022 to 8% in 2023. Forty percent (44%) of HHs reported being in debt in 2023. However, average debt levels spiked considerably in 2023, reaching over 272 USD, compared to around 110 USD in the previous year. The primary reasons for taking on debt remained similar to the previous year, with a significant portion reporting purchasing food (75%), paying rent (35%), and sending remittances abroad (20%), highlighting ongoing challenges in meeting essential needs.

Such challenges are even more alarming considering the increasing cost of living. Among other factors, the Food Minimum Expenditure Basket (MEB) in Lebanese Pound (LBP) increased significantly by 47 percent between January and February 2023, indicating a notable rise in the cost of food items within a short period.8 This increase in the MEB reflects the broader trend of escalating prices for essential goods, which could further contribute to the financial pressure experienced by live-out migrant households and potentially lead to higher levels of debt.

**Food Security.** Food remained a top priority need, with 76% of live-out migrant HHs identifying it as a primary need. Slightly more than one third of assessed HHs were categorized as “borderline” (21%) or “poor” (14%) by the Food Consumption Scores. Furthermore, varying degrees of hunger were identified among HHs, including “moderate” (14%) or “severe” (1%) hunger based on the HH Hunger Scale. In 2022, one-fifth of HHs fell into the “borderline” (34%) or “poor” (15%) categories. The majority of HHs (76%) reported using at least one negative food coping strategy to manage food shortages or financial constraints, such as relying on less preferred or less expensive food (86%), limiting portion sizes (60%), and reducing the number of meals consumed per day (44%).

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7 Lebanon Crisis Response Plan, 2023, available here.
8 WFP RAM Market Monitor. Food security analysis. 2024, here.
9 Médecins Sans Frontières (MSF), “Lebanon: Migrant workers are abused and ignored under Kafala system, available here.
Summary of key findings

WATER, SANITATION AND HYGIENE

Main water sources. The main sources of water varied among households, with over half (71%) relying on bottled water (including water refilling kiosks/shops) as their primary drinking water source, followed by water piped into their dwellings (23%). In comparison, findings from M SNA 2022 showed that 63% of households used bottled water, while 8% used piped water connections for drinking. Among the 29% of HHs that reported using sources other than bottled water for drinking, 8% reported treating water, predominantly utilizing water filters (85%). The dependence on bottled water poses a significant financial burden for HHs, especially considering the notable price increases observed in Lebanon. From January 2021 to September 2023, the average price of bottled water experienced a substantial 16% increase in USD value and a staggering 2598% increase in Lebanese pound (LBP) value. Among the 53% of HHs lacking water on their premises, 65% reported that men fetched water, while 25% and 8% mentioned women and any HH member, respectively, being responsible for water collection. The average time required for fetching water was 6 minutes.

Water access and availability. Seventy-seven per cent (77%) of live-out migrant HHs reported having access to a sufficient quantity of water to meet their various needs, including drinking, cooking, bathing, washing, and domestic uses. However, 4% reported a lack of adequate water specifically for drinking, and 19% and 17% experienced shortages for personal hygiene and other domestic purposes, respectively. Among HHs with an inadequate amount of water, 75% attributed it to non-functional water sources. In response to these challenges, HHs had resorted to negative coping mechanisms, with 33% reducing water consumption for other purposes and 32% relying on less preferred water sources.

Sanitation. Nearly all HHs (99%) reported having access to functioning sanitation facilities. The most common type was flush/pour to a piped sewer system (94%). Thirty-three percent (33%) of HHs reported sharing sanitation facilities with other HHs. Eighty-seven percent (87%) of HHs managed their wastewater safely through connections to communal lined drainage and sewage systems, and 11% - through covered and lined septic tanks. These findings varied from those of 2022 with 50% of HHs reporting managing their wastewater through connections to communal lined drainage and sewage systems, and 41% through covered and lined septic tanks. Among HHs with an inadequate amount of water, 75% attributed it to non-functional water sources. In response to these challenges, HHs had resorted to negative coping mechanisms, with 33% reducing water consumption for other purposes and 32% relying on less preferred water sources.

Hygiene. Ninety-one percent (91%) of HHs reported good hygiene practices for hand washing, indicating the availability of hand-washing facilities with water and soap. Additionally, 57% of HHs reported difficulties in accessing non-food hygiene items (NFIs), comparable percentage from 2022. Among HHs encountering difficulties in accessing hygiene NFIs, 44% reported resorting to less preferred types of NFIs.

Moreover, 25% of HHs with women aged 14-49 reported challenges in accessing menstrual materials due to their high cost, compared to 56% in 2022.

Waste management. In the month prior to data collection, 16% of HHs reported not having their solid waste collected regularly, resulting in waste accumulation at their location, compared to 30% in 2022. Almost all HHs reported relying on municipalities for solid waste collection (98%).

SHELTER

Shelter types and occupancy arrangements. Ninety-four percent (94%) of HHs reported living in residential shelters. Among them, 65% of HHs reported living in rented shelters, compared to 44% in 2022. Of those HHs, 98% were paying their rent in USD and 2% in LBP. Half (50%) of HHs reported a change in their rent in the year prior to data collection and almost all (99%) if them reported that their rent increased. The average increase of 37 USD was reported.

Housing, land, and property (HLP) issues. Ninety per cent (90%) of HHs reported having no problems related to housing, land, and property (HLP), a lower percentage in comparison with 2022 (97%). Among the 10% reporting problems related to HLP, 6% reported a regular increase in rent, and another 3% reported living under an eviction notice.

Shelter issues. Forty-two per cent (42%) reported living in rented shelters, compared to 44% in 2022. Of those HHs, 98% were paying their rent in USD and 2% in LBP. Half (50%) of HHs reported a change in their rent in the year prior to data collection and almost all (99%) if them reported that their rent increased. The average increase of 37 USD was reported.

Living functionality. Sixty-five percent of HHs (65%) were reportedly living in a functional domestic space in terms of cooking, sleeping, storing, and electricity. Among the 65% of HHs residing in non-functional domestic spaces, key challenges included insufficient electricity hours (14%) and challenges in safely storing food (10%).

ENERGY AND TELECOMMUNICATION

Energy. The majority of live-out migrant HHs (90%) reported having the main network/Electrecité du Liban as their primary source of electricity. The average number of hours per day during which HHs reportedly had access to electricity was nearly 16.5 hours, representing an increase from 11 hours in 2022.

Communication. Seventy-seven percent of HHs (77%) reported having voice, SMS, and Internet coverage, marking a slight increase from 75% in 2022.

10 2023 3rd quarter WASH sector dashboard, here.
EDUCATION

School Enrollment and Attendance. Twenty-six percent (26%, n=11) of live-out migrant children aged 6-17 were not enrolled in formal schooling. The highest non-enrollment rate was observed in Mount Lebanon North region (36%). Reasons for non-enrollment included the high cost of education (50%), school denying the registration (38%), or the inability to afford transportation to the school (5%). Of the children enrolled in formal schooling, 55% were enrolled in private schools and 40% in public schools. While noting that none of the HHs reported transferring a child from a private to a public school in the two years prior to data collection.

Learning Conditions. Ninety-six percent (96%) of children were reportedly able to learn in acceptable conditions, indicating that the learning environment met the basic educational needs of learners. Moreover, 90% of children were reportedly able to travel safely to the school and learn in safe conditions, meaning traveling to school without any physical or mental harm on their way.

Population movement. Eighteen (18%) of HHs relocated inside Lebanon since 2019, as a result of the crisis, with the primary motivations being higher job opportunities (54%), the search for more affordable accommodation (33%), or a lack of basic amenities (5%). Forty-four percent (44%) of HHs reported wanting but not being able to leave Lebanon mainly because they were not able to afford the cost (84%). In comparison to 2022, a slightly higher percentage of HHs in 2023 anticipated moving outside Lebanon within three months after data collection (6% in 2022 compared to 7% in 2023). A slight decrease was observed in the proportion of HHs expecting to leave Lebanon within twelve months after data collection, declining from 15% in 2022 to 13% in 2023. HHs expecting to leave Lebanon reported being unable to meet basic needs, unable to send remittances, and family ties as the top three reasons for their intention to leave.

Safeguarding

Safety and security concerns. Thirty-six percent (36%) of HHs reported at least one safety or security concern for women, while 26% reported at least one safety or security concern for men. Being robbed was the most reported reason behind the safety and security concerns both women (25%) and men (23%). Additionally, 3% of HHs reported the risk of sexual harassment for women.

Child protection. Forty-one percent (41%) of HHs reported safety and security concerns for girls, while 23% reported concerns for boys. Being robbed was the most reported reason behind the safety and security concerns both in 2022 and 2023. Alarming, 9% of HHs reported the risk of sexual harassment for girls. Regarding child labor, 4% of HHs reported the presence of children engaged in child labor outside of the home in the 3 months prior to data collection.

Residency. Half (50%) of live-out migrant HHs reported that not all HH members had regularized legal residency in Lebanon. Sponsorship and work were the most reported types of residency (46%). The most reported reasons for not having regularized legal residency were the inability to afford the fees and sponsorship problems. As per Human Rights Watch reports, due to the sponsorship system, many migrants find themselves having to choose between accepting exploitative conditions, or losing their sponsorship and their regularized residency. The legal situation of migrants is notably challenging due to the Kafala system, which ties them to their employers, affecting their residency, employment, and mobility. This system often leads to difficulties in regularizing residency due to high fees and lack of awareness. Lacking residency status limits the migrants’ access to vital services.12

12 Lebanon’s Abusive Kafala (Sponsorship) System, available here.
**Livelihoods**

**EMPLOYMENT**

54% of working age (15-64 y.o.) HH members were reportedly working for someone else in exchange for pay in the week prior to data collection. South region had the lowest % of working age HH members reportedly working for someone else (44%).

52% of male working age HH members were reportedly working for someone for pay, compared to 64% of male working age members.

% of individuals not working for someone else for pay in the 7 days prior to data collection, by region:

- **Mount Lebanon South** had the highest percentage of individuals reportedly looking for a job (45%). Unemployed women were reported to be looking for a job more often (48%) than men (30%).

- A higher % of females were reportedly ready to start working (49%) compared to males (42%).

- Out of 45% (n=1,108) of individuals reportedly not involved in income-generating activities:
  - 37% of individuals were looking for a paid job or tried to start a business in the last month prior to the data collection.
  - Mount Lebanon South had the highest percentage of individuals reportedly looking for a job (45%).
  - Unemployed women were reported to be looking for a job more often (48%) than men (30%).

**Top three barriers to employment for men, as reported by HHs***:
- Increased competition/ not enough jobs: 61%
- Only low-skilled or dangerous jobs available: 26%
- Employers preference to hire other nationalities: 26%

**Top three barriers to employment for women, as reported by HHs***:
- Increased competition/ not enough jobs: 60%
- Only low-skilled or dangerous jobs available: 30%
- Employers preference to hire other nationalities: 15%

In addition to individuals working for someone else:

- 1% of individuals were reportedly running some kind of business, farming, or other activity to generate income;
- <1% of individuals were helping in family business or farm.

**MEETING BASIC NEEDS**

88% of HHs reported being unable to meet all their essential needs in the 30 days prior to data collection.

Top 5 reported essential needs HHs had trouble meeting in the 30 days prior to data collection:
- Food: 76%
- Shelter\(^{13}\): 39%
- Health: 34%
- Communication\(^{14}\): 33%
- Electricity: 25%

**Most frequently reported reasons driving difficulties in meeting essential needs**:
- Salary or wages too low: 74%
- Lack of work: 41%
- Remittances sent to dependents: 18%

\(^{13}\) Rent, furniture, construction costs, etc.

\(^{14}\) Phone credit, provider costs, etc.

*Multiple answers allowed.
**HH’s Debts**

44% of HHs reported borrowing money or receiving credit in the 3 months prior to data collection.

272 USD was the average reported debt value from borrowing money that has not been paid back yet.

55% of HHs with debt/credit reported having credit for an amount higher than 100 USD.

63% of HHs with debt reported having a new (borrowed in the last 30 days) debt value exceeding 100 USD. Mount Lebanon North was the region with the highest percentage of HHs with debt (54%).

**HH’s Income**

<table>
<thead>
<tr>
<th>Average amount (USD)</th>
<th>30 days prior to d.c.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total income</td>
<td>300.4</td>
</tr>
<tr>
<td>Salaried work</td>
<td>195.2</td>
</tr>
<tr>
<td>Casual or daily labor</td>
<td>50.6</td>
</tr>
<tr>
<td>Informal Credit/debts</td>
<td>26.6</td>
</tr>
<tr>
<td>Money or support from people living abroad</td>
<td>11.7</td>
</tr>
</tbody>
</table>

Female-headed HHs reported having a slightly higher total income (299 USD) in the 30 days prior to data collection than male-headed HHs (273 USD).

8% of HHs reported an average monthly income lower than 100 USD.

2% of HHs reported relying exclusively on remittances as their main source of income.

79% of HHs reported not receiving any in-kind payment for their work.

19% of HHs reported receiving in-kind payments in addition to their monetary salary.

**HH’s Expenditure**

<table>
<thead>
<tr>
<th>Average amount (USD)</th>
<th>Proportion to total spending**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total expenditure</td>
<td>299.6</td>
</tr>
<tr>
<td>Dependents living abroad</td>
<td>110.0</td>
</tr>
<tr>
<td>Food</td>
<td>91.0</td>
</tr>
<tr>
<td>Accommodation</td>
<td>49.2</td>
</tr>
<tr>
<td>Electricity</td>
<td>21.5</td>
</tr>
<tr>
<td>Communication</td>
<td>11.9</td>
</tr>
<tr>
<td>Hygiene items</td>
<td>10.4</td>
</tr>
<tr>
<td>Medicine and health products</td>
<td>10.3</td>
</tr>
<tr>
<td>Water</td>
<td>9.9</td>
</tr>
<tr>
<td>Energy for cooking</td>
<td>8.3</td>
</tr>
<tr>
<td>Bottled water</td>
<td>7.7</td>
</tr>
<tr>
<td>Fuel</td>
<td>2.9</td>
</tr>
<tr>
<td>Water trucking</td>
<td>1.0</td>
</tr>
</tbody>
</table>

**Average amount**

- 6 months prior to d.c.
  - Health services: 55.8
  - Debt repayment: 51.3
  - NFI: 16.2
  - Shelter repair: 4.9

- 12 months prior to d.c.
  - Education: 54.3

**Notes:**

- At the time of data collection, enumerators noted the daily exchange rate, on average 89.485 per 1 USD.
- Data collection
- Multiple answers allowed.

**HH’s Debt Repayment Needs**

Among the HHs borrowing money or receiving credit (n=237), the main reported reasons were:

- To buy food: 75%
- To pay rent: 35%
- To send remittances: 20%

Among the HHs borrowing money or receiving credit, the top 3 sources of credit were:

- Friends/relatives in Lebanon: 79%
- Supermarket owner: 23%
- Friends/relatives outside Lebanon: 6%

14% of HHs reported facing harassment from debtors as a result of their debts.
FOOD SECURITY AND LIVELIHOODS (FSL)

**FOOD CONSUMPTION SCORE**

% of HHs by Food Consumption Score (FCS):

- 65% Acceptable
- 21% Borderline
- 14% Poor

The highest % of HHs with poor FCS was found in Mount Lebanon North (24%) and North (11%) regions.

**HH HUNGER SCALE**

% of HHs reporting no, little, moderate, or severe hunger in the HH:

- No hunger in the HH (72%)
- Little hunger in the HH (12%)
- Moderate hunger in the HH (14%)
- Severe hunger in the HH (1%)

**AVERAGE NUMBER OF MEALS**

Average number of meals consumed per day by most members in the HH:

Adults: 2.5  
Children under 5*: 3.0

The region with the highest average number of meals consumed by adults was Akkar/ Baalbek EL-Hermel/Bekaa (2.9 meals).

**FOOD STOCKS**

% of HHs by reported number of months food stocks are expected to last:

- No food stocks (80%)
- Up to 1 month (18%)
- Between 1 month and 2 months (2%)

Mount Lebanon-North region had the highest % of HHs reporting no food stocks (90%).

**USE OF COPING MECHANISMS**

87% of HHs reported resorting to at least one negative livelihood coping strategy in the 7 days prior to data collection.

% of HHs by Livelihood Coping Strategy Index (LCSI18) category in the 30 days prior to data collection:

- 36% None
- 26% Stress
- 26% Crisis
- 11% Emergency

Regions with highest % of HHs with emergency LCSI: Beirut South (20%) and Mount Lebanon North (12%).

The most commonly adopted crisis and emergency coping strategies:

- Reduced non-food expenditures on health (30%)
- Accepted high risk, dangerous or exploitative work (8%)
- Moved to a less expensive accommodation (3%)

45% of HHs utilizing LCS reported doing so for reasons other than a lack of food or money to buy food, with 28% using these strategies to cover healthcare expenses.

% of HHs by average Reduced Coping Strategy Index (rCSI19):

- 25% Low
- 51% Medium
- 24% High

Twenty four percent (24%) of HHs was highly relying on consumption-based coping strategies.

Beirut-South region had highest % of HHs with a high rCSI score (42%).

The most commonly adopted coping strategies in the 7 days prior to data collection:

<table>
<thead>
<tr>
<th>Strategy adopted (% of HHs)</th>
<th>Average no. of days per week per strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relied on less preferred/cheaper food (86%)</td>
<td>4.4</td>
</tr>
<tr>
<td>Limited portion sizes at meal times (60%)</td>
<td>2.5</td>
</tr>
<tr>
<td>Reduced no. of meals eaten in a day (44%)</td>
<td>2.0</td>
</tr>
<tr>
<td>Borrowed food/relied on help (35%)</td>
<td>0.9</td>
</tr>
</tbody>
</table>

**MULTI-SECTOR NEEDS ASSESSMENT, LIVE-OUT MIGRANT HHs | LEBANON**

17 HH Hunger Scale (HHS)— the indicator to measure HH hunger in food insecure areas. Read more [here](#).

* As reported by HHs with children under 5 years old (n=55)

18 Livelihood Coping Strategies Index (LCSI) is an indicator used to understand medium and longer-term coping capacity of HHs in response to lack of food or lack of money to buy food and their ability to overcome challenges in the future. The indicator is derived from a series of questions regarding the HHs’ experiences with livelihood stress and asset depletion to cope with food shortages. Read more [here](#).

19 rCSI - The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by HHs due to shortage of food. The index measures the frequency and severity of the food consumption behaviours the HHs had to engage in due to food shortage in the 7 days prior to the survey. The rCSI scale was adjusted for Lebanon, with low index attributed to rCSI <=3, medium: rCSI between 4 and 18, and high rCSI higher than 18, with the average rCSI being 9.7. Read more [here](#).
HEALTH CARE NEEDS: ACCESS AND BARRIERS

29% of HHs reported having had at least one member with a health problem and in need to access healthcare in the three months prior to data collection.

20% of individuals reportedly needed access to healthcare due to a health problem in the three months prior to data collection.

% of individuals in need to access health care in the 3 months prior to data collection, by region:

Out of the 20% of individuals in need of accessing health care services, 81% reported Primary Health Care (PHC) as their main need, and 19% reported Secondary Health Care (SHC) as their main need.20

Type of PHC services needed, among individuals reportedly in need of accessing PHC services:

- Consultation for medication, prevention, check-up, acute or chronic disease or diagnosis: 82%
- Dental Services: 7%
- Other specialized services or non-hospital care: 6%

Type of SHC services needed, among individuals reportedly in need of accessing SHC services:

- Hospital-based laboratory/ diagnostic procedures: 36%
- Elective non-life saving surgery: 32%
- Emergency life saving surgery including trauma care: 16%

Out of 20% of individuals with health care needs, 28% were not able to obtain healthcare when they felt they needed it.

Most frequently reported facilities where individuals sought health care services, among individuals with health care needs:

- Private clinic or other private facility: 43%
- Pharmacy: 17%
- NGO hospital (PHC): 13%

Top three reported barriers to accessing health care, among individuals with unmet health care need (n=76)*:

- Cost of consultation: 82%
- Cost of treatment: 74%
- Cost of transportation to the facility: 6%

% of HHs by self-reported coping mechanisms for barriers to access health care, among HHs that experienced such barriers (n=58)*:

- Delayed/cancelled visit/treatment: 48%
- Switched to a public health care facility: 28%
- Delayed/ cancelled diagnostic procedure: 26%
- Went to the pharmacy instead of doctor: 24%

Almost all HHs (99%) reported needing less than 60 minutes to reach the nearest facility. On average, HHs reported spending 14 minutes to reach the nearest facility.

63% of HHs reported not having any type of health insurance21

- 29% of HHs reported having private insurance, through employer or professional syndicate/order
- 9% of HHs reported having private, self paid insurance

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20 Primary Health Care (PHC): The first level of healthcare received for basic health needs like check-ups, vaccinations, common illnesses, health promotion, prevention, etc. Secondary Health Care (SHC): Specialized healthcare received when advanced medical services is needed like tests, surgeries, treatment for complex conditions and multi functional care

21 NSSF coverage is based on the old LBP - USD exchange rate, thus it was considered as no insurance

* Multiple answers allowed
MEDICATION: ACCESS, BARRIERS & COPING MECHANISM

Out of 22% HHs with health care needs:

- 98% of HHs reported the need to access medication in the 3 months prior to data collection
- 66% of HHs reported at least one barrier in accessing medication when needed

El-Nabatieh region had the highest % of HHs reporting at least one barrier to access medication (50%).

Most often self-reported barriers to accessing medication, among HHs with health care needs*:

- Cost of medication: 61%
- Couldn’t afford visit to obtain prescription: 23%
- Medication not available in health facility: 5%

% of HHs by self-reported coping mechanisms for inaccessibility of medication, among HHs who reported barriers to accessing medication (n=132)*:

- Borrowed money to afford medication: 39%
- Switched to substitutes / generics: 33%
- Reduced non-medical HH expenses: 16%

SEXUAL & REPRODUCTIVE HEALTH

- 4% of women (15-49 y.o.) were reportedly pregnant or lactating at the time of data collection
- 6% of women (15-49 y.o.) were reported to have given birth in the 2 years prior to data collection

In the assessed HHs, all the women who had reportedly given birth in the 2 years prior to data collection (n=20), were assisted by skilled birth attendant.

Out of the 20 women who gave birth in the 2 years prior to data collection, 18 delivered in a private hospital/clinic, and 14 in public hospital.

Out of 20 women who have given birth in the 2 years prior to data collection, five had reportedly received antenatal care less than 4 times during pregnancy.

2% of non-single women (14-49 y.o.) (n=125) were in need for the family planning/contraceptives in the 3 months prior to data collection.

Women in need for family planning/contraceptives was reported in Beirut-South, El-Nabatieh and South regions only.

Out of the 2% of women in need for family planning/contraceptives (n=6), all reported being able to meet their need for family planning.

ROUTINE VACCINATION

80% of HHs with children (n=97) reported experiencing barriers to receiving routine vaccination for their child (other than COVID19) in the 6 months prior to data collection.

North region had the highest % of HHs reporting experiencing barriers to receiving routine vaccination for their child/ren.

% of HHs by self-reported barriers to receiving routine vaccination (other than COVID19) for their child, among HHs with children (n=97)*:

- Could not afford cost of receiving the vaccine: 11%
- Child did not need vaccine: 5%
- Long waiting time for the service: 1%

NUTRITION

There were 26 infants (children under 2 y.o.) in the assessed HHs, of them, 22 were ever breastfed and 10 were still breastfed at the time of data collection.

Of 5 infants aged 0-5 months, 1 infant was exclusively breastfed.

Out of 21 infants aged 6-24 months, 8 were reported to have minimum dietary diversity.

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22 Family planning questions were asked by female enumerator, only about non-single women aged 14-49

* Multiple answers allowed
SHELTER TYPES AND OCCUPANCY ARRANGEMENTS

94% of the HHs reported living in residential shelters

% of HHs by shelter sub-type:

- Apartment/house: 49%
- Apartment/house extension: 27%
- Concierge’s room in residential building: 18%

65% of the HHs reported living in rented shelters

Among HHs renting shelter (n=374), 98% reported renting in USD and 2% in LBP at the time of data collection.

Average renting cost in LBP and USD:

1,982,861 LBP 82 USD

Housing, Land and Property Issues

90% of HHs reported not having any problems related to housing, land, and property

Top reported housing, land and property issues reported by HHs were regular increase in rent (n=41), living under eviction notice (n=11) and dollarization of rent (n=8).

Crowdedness

Average number of HH members per room: 1.2

Shelter Issues

% of HHs by main reported damages, defects, or issues within their shelter:

- Leakage/rottenness in the walls/floor: 26%
- Leaking roof: 18%
- Damaged roof: 14%
- Damaged walls: 10%

% of HHs by perceived shelter conditions:

- 57% Safe/adequate
- 21% Mildly inadequate/substandard
- 22% Dangerous

Living Functionality

63% of HHs reported living in a functional domestic space in all aspects (cooking, sleeping, storing, and electricity)

Most frequently reported issues, as reported by HHs not living in functional domestic space:

- 15% inability to store food safely, most reported in Mount Lebanon - North (17%)
- 15% insufficient number of hours of electricity, most reported in North (22%)
- 9% insufficient core NFI (utensils, kitchen sets)
- 5% Insufficient core NFI (bedding, mattresses/mats)

**Notes:**

23 Rented shelters: rental agreement before 22 July 1992 or rental agreement after 1992 or informal lease agreement or informal verbal lease agreement.

24 Average rent in LBP calculated excluding rental agreements before 1992.

25 Among HHs who rent their shelter

26 Calculated by dividing HH family size by number of rooms reported.

27 Shelter conditions indicators were calculated based on thresholds provided by shelter experts, based on a combination of shelter type and shelter issues including damage to the shelter. These indicators cover the physical conditions of the shelter and not the rental costs or protection-related concerns/risks linked with the shelter.

*Multiple answers allowed*
WATER, SANITATION AND HYGIENE (WASH)

MAIN SOURCES OF WATER

% of HHs by type of primary source of drinking water:

- Bottled water (total): 71%
- Bottled water: 56%
- Refilling kiosk/shop: 15%
- Piped into dwelling: 23%
- Public tap/standpipe: 4%
- Borehole or tube-well: 1%

No HHs reported relying on unimproved water sources as their main source of drinking water.

% of HHs who use bottled water as a type of primary source of drinking water:

- No other sources: 82%
- Bottled water: 8%
- Piped into dwelling: 5%
- Public tap/standpipe: 4%

% of HHs by type of secondary sources of drinking water:

- No other sources: 82%
- Bottled water: 8%
- Piped into dwelling: 5%
- Public tap/standpipe: 4%

% of HHs by person who usually fetches water, as reported by the 53% of HHs who did not have water on the premises:

- Men: 65%
- Women: 25%
- Any member: 8%

The average time needed for fetching water (round trip by walking, queuing, and time needed to fetch water) was 6 minutes.

8% of HHs reported treating water to make it safer to drink.

Top 3 treating methods, as reported by HHs treating water (n=32) were water filter (n=30), bleach/chlorine (n=1) and letting water stand and settle (n=1).

% of HHs by type of water sources used for purposes other than drinking:

- Piped into dwelling: 84%
- Public tap/standpipe: 6%
- Borehole or tube-well: 4%
- Protected well: 2%
- Water tank/trucked water (non-UN/NGO private provider): 1%

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28 Unimproved water source include: unprotected well, unprotected spring, water tank/trucked water (non-UN/NGO, private provider), surface water (river, dam, lake, pond, stream, canal, irrigation channel), and cart with small tank/drum.

29 Among HHs not reporting using bottled water as the primary source of drinking water.

*Multiple answers allowed.
WATER, SANITATION AND HYGIENE (WASH)

WATER ACCESS AND AVAILABILITY

% of HHs reporting not having enough water to meet the following needs in the 30 days prior to data collection:

- Enough water to meet needs: 77%
- Personal hygiene: 19%
- Other domestic purposes: 17%
- Cooking: 8%
- Drinking: 4%

% of HHs reporting not having enough water for at least one need (drinking, cooking, bathing, washing, domestic use), by region:

Regions with the highest percentages of HHs reporting not having enough water for drinking were in South (7%), Beirut - South and North (5% each).

% of HHs reporting the insufficient drinking water in the 4 weeks prior to data collection, by frequency:

- Never (0 times): 19%
- Rarely (1-2 times): 18%
- Sometimes (3-10 times): 51%
- Often (11-20 times): 6%
- Always (more than 20 times): 5%

% of HHs reporting a lack of sufficient water for at least one need (n=158), by reasons for water insufficiency:

- Water source was non-functional: 75%
- Unable to pay / too expensive: 15%
- Insufficient storage containers: 12%
- Water-points were difficult to use: 4%
- Excessive waiting time: 4%
- No water in the market: 2%

% of HHs reporting a lack of sufficient water for at least one need (n=158), by types of coping strategies:

- Reduced water consumption for other purposes: 33%
- Rely on less preferred water sources: 32%
- Obtained water from a farther source: 14%

SANITATION

99% of HHs reported having access to functioning sanitation facility.

% of HHs by reported sanitation facility used:

- Flush/pour to piped sewer system: 94%
- Flush/pour to septic tank: 3%
- Flush/pour to pit latrine: 1%

33% of HHs reported sharing sanitation facilities with other HHs (n=186)

10% of the HHs sharing sanitation facility reported unsafe sanitation facility.

Functioning sanitation facility includes: flush/pour to piped sewer system, flush/pour to septic tank, flush/pour to pit latrine, flush/pour to don’t know where, pit latrine with a slab, ventilated improved pit latrine with a slab, or composting toilet.

Unsafe sanitation facility: report as unsafe if HH selected “non of the above or at least one of the below responses were NOT selected: segregated by gender, has adequate lighting, can be locked from the inside, has a safe and well-lit route to it.

*Multiple answers allowed.
SANITATION

% of HHs by top 3 types of wastewater management systems:
- Connected to a communal lined drainage and sewage system: 87%
- Covered and lined septic tank: 11%
- Don’t know: 2%

% of HHs with pit latrine or septic tank (n=100), by having their pit latrine or septic tank emptied in the year prior to data collection:
- Yes emptied (50%)
- Not emptied (18%)
- Don’t know (32%)

HYGIENE

91% of HHs reported good hygiene practices²² to wash their hands

The lowest % of HHs reporting good hygiene practices was found in Beirut - South region (86%).

The remaining 9% of HHs included:
- 4% with no hand washing facility available
- 5% of HHs that did not show the presence of soap

% of HHs engaging in coping mechanisms due to hygiene Non-Food Item (NFI) access issues, by type of coping mechanism*:
- No issues: 43%
- Relied on less preferred NFI: 44%
- Had issues, not tried to adapt: 8%
- Reduced NFI usage for personal hygiene: 5%
- Reduced NFI usage for other purposes: 2%
- Bought NFI at a further place: 2%

WASTE MANAGEMENT

% of HHs that reported solid waste being collected on a regular basis in the area, in the 30 days prior to data collection:
- No (16%)
- Yes (81%)
- Don’t know (3%)

The regions with the highest % of HHs reporting waste not being collected regularly was South (40%) and those with the lowest % was Akkar - Baalbek El-Hermel Bekaa (10%).

% of HHs by most common type of waste management method:
- Collected by municipality: 98%
- Not collected: 1%

% of HHs reporting sorting waste, per waste category:
- Not sorting any waste: 93%
- Recyclable waste: 2%
- Organic waste: 1%
- Other types: 4%

The highest % of HHs reporting not sorting waste was found in El Nabatieh (99%), while the lowest % was found in North region (84%).

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²² Good hygiene practice is considered when a HH reports having a hand washing facility available with soap and water.

²³ Among HHs with at least one woman of menstruating age (15-49 y/o) interviewed by a female enumerator (n=264).

* Multiple answers allowed
**PROTECTION**

### DOCUMENTATION

26% of HHs reported not all HH members have ID documentation in their possession.

The highest proportion of HHs reporting that not all members had an ID was observed in Mount Lebanon - North region (39%).

### MARRIAGE REGISTRATION

- **% of HHs by reported marriage registration, among HHs married in Lebanon (n=120):**
  - Contract/ proof from a religious authority/ Sharia court: 30%
  - Contract from uncertified Sheikh: 29%
  - Certificate stamped by Embassy: 13%
  - No documents: 10%

- **% of HHs by reported marriage registration, among HHs married outside Lebanon (n=252):**
  - Certificate from country of origin/ family civil extract: 88%
  - No documents: 9%

### BIRTH REGISTRATION

- **% of children with birth certificate (n=142):**
  - Yes (94%)
  - No (6%)

The highest % of children without birth certificates was reported in Akkar - Baalbek El-Hermel Bekaa (14%) and South (9%) regions.

### POPULATION MOVEMENT

- **% of HHs, by main reasons for migrating to Lebanon*:**
  - Work: 90%
  - Provide to family: 28%
  - Fleeing conflict / insecurity: 12%

- **% of migrant HHs not being able to leave Lebanon by main reason (n=49):**
  - Cost: 84%
  - Lack of documentation: 16%
  - Debt: 10%

*Multiple answers allowed.
PROTECTION

LEGAL RESIDENCY

50% of HHs reported that not all HH members have regularized legal residency in Lebanon

43% of HHs reported that no members above 15 years old have legal residency

46% of individuals reported having a legal residency in Lebanon at the time of data collection

33% of female HH members reportedly had legal residency at the time of data collection, compared to 56% of male members.

Mount Lebanon-North had the lowest % of individuals with legal residency (26%).

Among individuals without regularized legal residency (n=334), 11% had legal residency at some point in 2022.

% of individuals by type of residency reported:

- Sponsorship: 46%
- Work: 42%
- Courtesy: 7%

% of individuals by residency documents reported:

- National passport: 72%
- National ID card: 21%
- None: 16%

% of HHs by main reason for not having legal residency, among HHs (n=253) with no legal residency:

- High cost and fees: 41%
- Sponsorship issues: 24%
- Unofficial entry: 13%
- Non-renewable residency: 11%
- Lack ID documents: 9%

SAFETY AND SECURITY CONCERNS BY AREA

% of HHs reporting areas in their location that women and girls avoided because they felt unsafe, by region:

- Indicative findings
- 0 - 10%
- 11 - 20%
- 21 - 30%
- 31 - 40%

15% of HHs reported that women and girls avoided certain areas in their location because they felt unsafe there.

Top 3 types of locations avoided by women and girls:

- On the streets after dark: 71%
- Markets: 32%
- On the streets/ in the neighborhood: 28%

22% of HHs reported that women and girls felt unsafe walking alone in their area.

Beirut-South region had the highest % of women and girls feeling unsafe walking alone in their area.

10% of HHs reported that men and boys felt unsafe walking alone in their area.

Multisector Needs Assessment, Live-out Migrant HHs | Lebanon
SAFETY AND SECURITY CONCERNS

36% of HHs reported at least one safety and security concern for women

% of HHs by top 3 types of safety and security concerns for women reported:

- Being robbed: 25%
- Bullying: 13%
- Verbal harassment: 8%

Safety and security concerns for women were most often reported in Akkar/Baalbek El-Hermel/Bekaa and North regions (77% each).

26% of HHs reported at least one safety and security concern for men

% of HHs by top 3 types of safety and security concerns for men reported:

- Being robbed: 23%
- Bullying: 6%
- Being threatened with violence: 4%

Safety and security concerns for men were most often reported in Beirut - South (45%) and Mount Lebanon - North (42%) regions.

PROTECTION SERVICES

97% of HHs were not aware of specialized support services for women or girls available in their community

Psychological support for women and girls were most often reported (2% nationwide), particularly in Beirut - North region (8%).

45% of HHs reported being aware of gender-based violence support sources

Lowest reported % of HHs being aware of gender-based violence support services were in South (33%), El Nabatieh (41%), and Mount Lebanon - North (43%) regions.

CHILD PROTECTION

41% of HHs reported at least one safety and security concern for girls

% of HHs by top 3 types of safety and security concerns for girls reported:

- Being robbed: 24%
- Sexual harassment or violence: 18%
- Verbal harassment: 17%

23% of HHs reported at least one safety and security concern for boys

% of HHs by top 3 types of safety and security concerns for boys reported:

- Being robbed: 12%
- Being kidnapped: 8%
- Bullying: 7%

4% of HHs reported the presence of children engaged in child labor outside of the home in the 3 months prior to data collection (n=3)
**Education**

**SCHOOL ENROLMENT & ATTENDANCE**

- **7%** of HHs reported to have at least one school-aged child (6-17 y.o.)
- 68 school-aged children were reported in the assessed HHs.

- **74%** of school-aged children were reportedly enrolled in a formal school during the 2022-2023 school year.

The same percentage of enrolment (74%) was found among both boys and girls.

The highest non-enrollment rate was observed in Mount Lebanon North region (36%) and was found among female headed HHs (50%) more often than among male headed ones (13%).

**Of the 26% children not enrolled in school (n=11), most commonly cited reasons for children not being enrolled:**

- Cost of educational materials/fees: 50% (n=5)
- School denying registration: 38% (n=2)
- Cost of transportation to school: 5% (n=2)

Cost of transportation to school was mentioned as a barrier for lack of enrolment in Akkar, Baalbek Hermel and Bekaa region only.

**DROP OUT OF SCHOOL**

- One out of the 11 children who were not enrolled in formal school education reportedly dropped out of school in the previous school year (were enrolled in the 2021-2022 school year but have not been enrolled in the current/2022-2023 school year).
- The case of school drop out was reported in Akkar, Baalbek Hermel and Bekaa regions.

**Safe Travel and Learning Conditions**

- **90%** of children (6-17 y.o.) were reportedly able to safely travel to school and learn in safe conditions at the school during the 2022-2023 school year.

The reported reasons for children unable to safely travel to school and learn in secure conditions (n=9) were road safety (n=5) and bullying (n=4)

**% of HHs by regular mode of transportation to school:**

- School bus or van: 65%
- Walking: 22%
- Scooter/tuk tuk/ motorcycle: 12%

- Of children (6-17 y.o.) were reportedly able to learn in acceptable conditions during the 2022-2023 school year.

The main reported reason for children unable to learn in acceptable conditions was disruptions due to teachers strikes.

**% of school-aged children enrolled in formal school for the 2022-2023 school year (n=628), by type of formal schools:**

- Public school: 55%
- Private school: 40%
- Semi private school: 2%
- Public TVET (15-17 y.o.): 1%

100% of children enrolled in school were reported to have attended school regularly during the last school year (2022-2023).

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34 Indicators presented in this fact-sheet focus on formal education and therefore are not indicative on trends concerning non-formal education. Non-formal education programs can however be an important tool for the integration and inclusion of children who are unable to access mainstream education systems.

35 Regular attendance is defined as attending at least 4 days for schools that open 5 days a week or 3 days for schools that open 4 days a week.

36 Travel safely to schools*: Without facing physical or mental threat on the way to school "Safe conditions at the school": The learning environment is safe for children.

37 Acceptable condition means the learning environment met the basic educational needs of learners.
ENERGY

% of HHs by main source of electricity:

- Main network: EDL\(^{38}\) 90%
- Neighborhood generator 53%
- Private generator 28%

Regions with the highest % of HHs reporting using solar panels as their main source of electricity:
- Mount Lebanon - North 36%
- Beirut - South 27%
- Beirut - North 21%

% of HHs by average number of hours of access to electricity, by region:

16.5 was the average number of hours per day during which HHs reportedly had access to electricity

COMMUNICATION

% of HHs per network coverage category:

- No coverage at all (4%)
- Voice and SMS Coverage (7%)
- Only internet coverage (12%)
- Voice, SMS and Internet coverage (77%)

No coverage at all was most reported in Mount Lebanon - North region (6%).

\(^{38}\) Electricité du Liban
* Multiple answers allowed
REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Program (UNITAR-UNOSAT).