Contents

01 MSNA objectives & methodology
02 Health Findings
Coordination Framework

Decision-making through the MSNA WG and with Sectors in all stages:

- Design of methodology;
- Design of indicators and tools;
- Identification of core indicators;
- Criteria for severity scale thresholds

Coordination with relevant stakeholders:

- VASyr
- IOM
- Naba’a
- Humanitarian Country Team (HCT)
- Emergency Operations Cell (EOC)
Objectives and Methodology
Objectives

01 General objectives

• Provide a comprehensive overview of the multisectoral needs and humanitarian conditions in Lebanon.

• Deepen the understanding of the crisis by assessing its magnitude and severity among the targeted population.

• Enhance current humanitarian response plans and provide input for future collective planning.

02 Additional objectives

• Inform the 2024 humanitarian response planning and sectoral and overall PiN and severity calculations.

• Conduct a thorough inter-sectoral analysis to assess the magnitude and severity of humanitarian needs; and identify differences in needs among geographical areas, population groups, and vulnerability profiles.

• Examine the variations in the scope & severity of multi-sectoral humanitarian needs over time by comparing the findings of the MSNA 2023 with the results of the MSNAs in 2021 & 2022.
Multi-Sectoral Needs Assessment - MSNA

Overview

- PRL data representative for 12 camps
- Migrant populations differentiated based on residential status
- Representativeness at national, regional, district, camp level dependent on population groups/population densities

Data

- 3 pop groups
- 11 sectors
- 310 indicators
- 169 VASyR aligned

Sampling

- LBN
  - 3,642 HH (12,606 individuals)
  - [2-stage cluster sampling with statistical precision]
- PRL
  - 1,157 HH (3,997 individuals)
  - [2-stage stratified sampling with statistical precision]
- MIG(LO)
  - 781 HH (1,246 individuals)
  - [2-stage stratified cluster sampling with statistical precision]
- MIG(LI)
  - 884 HH (892 individuals)
  - [Non-probability. Indicative findings. No statistical precision]

hexagons overlayed with population density data in North LBN HH sampling
Assessment Coverage

Sampling units
23 Districts
Total # of HHs
3642 HHs

Sampling units
12 PRL camps
Total # of HHs
1157 HHs

Sampling units
8 Regions
Total # of Live-out HHs
781
Total # of Live-in HHs
884
Household characteristics

Average household size

<table>
<thead>
<tr>
<th></th>
<th>Lebanese</th>
<th>PRL</th>
<th>Live-out migrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average household size</td>
<td>3.4</td>
<td>3.4</td>
<td>1.7</td>
</tr>
</tbody>
</table>

% of assessed HHs reporting having at least one member with a disability (level 3 or 4)

<table>
<thead>
<tr>
<th></th>
<th>Lebanese HHs</th>
<th>PRL HHs</th>
<th>Live-out Migrant HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>27%</td>
<td>21%</td>
<td>5%</td>
</tr>
</tbody>
</table>

% of assessed HHs by gender of head of household

<table>
<thead>
<tr>
<th>Gender of Head of Household</th>
<th>Lebanese HHs</th>
<th>PRL HHs</th>
<th>Live-out Migrant HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male-headed HHs</td>
<td>60%</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td>Female-headed HHs</td>
<td>18%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>Co-headed HHs</td>
<td>67%</td>
<td>67%</td>
<td>67%</td>
</tr>
</tbody>
</table>
Health Findings
% of HHs reporting having had at least one member with a health problem and in need to access healthcare in the 3 months prior to data collection:
Health Needs

Areas with the highest % of HHs with at least one member in need to access (primary or secondary) health care:

- **Lebanese**: Akkar district (93%) for PHC & Koura district (92%) for SHC*
- **PRL**: Mar Elias camp (87%) for PHC and Buss camp (100%) for SHC
- **Live-out migrants**: Beirut-North (96%) for PHC & South (31%) for SHC

Live-in migrants:
- Primary Health Care (92%)
- Secondary Health Care (8%)

% of HHs reporting at least one member in need of accessing healthcare by type of need:

- **Lebanese HHs**: 65% PHC, 47% SHC*
- **PRL HHs**: 72% PHC, 36% SHC*
- **Live-out migrant HHs**: 84% PHC, 21% SHC*

Primary healthcare needs were more often reported in Female head of households (FHH) in PRL and live-out migrant HHs than in Male head of households (MHH).

*PHC Primary Health Care
** SHC Secondary Health Care
% of individuals with an unmet health care need:

- Lebanese HHs
- PRL HHs
- Live-out Migrants HHs
Unmet Health Needs

Areas with the highest % of HHs with at least one member reporting unmet healthcare needs:

- **Lebanese**: Baalbek-El Hermel Governorate for PHC (52%) and SHC (63%).
- **PRL**: Nahr El Bared camp for PHC (69%) and SHC (66%).
- **Live-out migrants**: Beirut-South region (41%) for PHC and SHC (56%).

Live-in Migrants:

- 6% of live-in migrants reported unmet healthcare needs, with all of them reporting Primary Health Care needs.

% of HHs having at least one member with unmet health need by type of need, among HHs reporting need to access healthcare:

<table>
<thead>
<tr>
<th></th>
<th>PHC</th>
<th>SHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live-out migrant HHs</td>
<td></td>
<td>28%</td>
</tr>
<tr>
<td>PRL HHs</td>
<td>11%</td>
<td>22%</td>
</tr>
<tr>
<td>Lebanese HHs</td>
<td></td>
<td>26%</td>
</tr>
</tbody>
</table>

Unmet SHC needs were more often reported among Female headed HHs of Lebanese and live-out migrant population groups compared to Male headed HHs of the same population groups.
Healthcare needs that were more frequently reported among FHH compared to MHH:

- Primary healthcare consultation for Lebanese and live-out Migrant HHs.
- Elective non-life-saving surgery (SHC) for live-out Migrant HHs.
- Hospital-based laboratory or diagnostic procedures (SHC) for PRL and Live-out HHs.

Live-in Migrants:

- **Top PHC needs:** Consultation for medication/acute or chronic concerns or laboratory/diagnostics (78%) & dental services (15%)
- **Top SHC needs:** Hospital-based laboratory or diagnostic procedures (55%) & malnutrition treatment – inpatient (18%)

### Top 3 Primary health care needs reported:

<table>
<thead>
<tr>
<th>Service</th>
<th>Lebanese HHs</th>
<th>PRL HHs</th>
<th>Live-out migrant HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based laboratory or diagnostic procedures</td>
<td>85%</td>
<td>87%</td>
<td>82%</td>
</tr>
<tr>
<td>Consultation for medication/check-up acute or chronic concerns or laboratory/diagnostics</td>
<td>8%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Specialized services at PHC/non-hospital</td>
<td></td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Dental services</td>
<td>4%</td>
<td>1%</td>
<td>7%</td>
</tr>
</tbody>
</table>

### Top 3 Secondary health care needs reported:

<table>
<thead>
<tr>
<th>Service</th>
<th>Lebanese HHs</th>
<th>PRL HHs</th>
<th>Live-out migrant HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based laboratory or diagnostic procedures</td>
<td>51%</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>Elective non-life-saving surgery</td>
<td>14%</td>
<td>9%</td>
<td>32%</td>
</tr>
<tr>
<td>Emergency life-saving surgery</td>
<td>9%</td>
<td>8%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Health Needs

Areas with the highest % of HHs reportedly seeking healthcare in public or private hospitals:

• Lebanese: El Nabatieh (36%) for public and South (26%) for private hospitals.
• PRL: Mar Elias (6%) for public and Buss (48%) for private hospitals.
• Live-out Migrants: North (18%) for public and South (15%) for private hospitals.

Live-in Migrants
Live-in migrants sought healthcare mostly in:

• Private clinic / private medical facility (PHC) (61%)
• Pharmacy (13%)
• Dispensary (9%)
• NGO hospital (PHC) (7%)

% of individuals in need of healthcare, by where they sought healthcare

- Private clinic/medical facility (PHC)
  - Lebanese HHs: 34%
  - PRL HHs: 6%
  - Live-out migrant HHs: 43%

- Private hospital (SHC)
  - Lebanese HHs: 21%
  - PRL HHs: 13%
  - Live-out migrant HHs: 8%

- Government hospital (SHC)
  - Lebanese HHs: 10%
  - PRL HHs: 3%
  - Live-out migrant HHs: 4%

- UNRWA hospital/ clinic/ polyclinic (PHC)
  - Lebanese HHs: 0%
  - PRL HHs: 0%
  - Live-out migrant HHs: 60%
Health Needs

Areas with the highest % of HHs reporting not being able to afford the cost of treatment as a barrier to access healthcare:

- **Lebanese:** Hermel (94%) and West Bekaa (90%) districts
- **PRL:** Buss (95%) and Naher el Bared (83%) camps
- **Live-out Migrants:** Akkar, Baalbek Hermel and Bekaa region (100%)

### Top 3 self-reported barriers to accessing healthcare:

<table>
<thead>
<tr>
<th></th>
<th>Lebanese HHs</th>
<th>PRL HHs</th>
<th>Live-out Migrants HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Couldn't afford cost of treatment</td>
<td>79%</td>
<td>62%</td>
<td>74%</td>
</tr>
<tr>
<td>Couldn't afford cost of consultation</td>
<td>78%</td>
<td>49%</td>
<td>82%</td>
</tr>
<tr>
<td>Couldn't afford transportation to health facility</td>
<td>13%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>No barrier</td>
<td>2%</td>
<td>14%</td>
<td>4%</td>
</tr>
</tbody>
</table>

### Top 3 self-reported coping mechanisms for barriers to access healthcare:

<table>
<thead>
<tr>
<th></th>
<th>Lebanese HHs</th>
<th>PRL HHs</th>
<th>Live-out Migrants HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed or canceled doctors' visit</td>
<td>46%</td>
<td>34%</td>
<td>48%</td>
</tr>
<tr>
<td>Went to the pharmacy instead of the doctor</td>
<td>38%</td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>Switched to a public health care facility</td>
<td>20%</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>Delayed or canceled diagnostic procedure</td>
<td>24%</td>
<td>20%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Access to Medication

Areas with the highest % of HHs reporting an inability to afford medication costs

- **Lebanese:** El Hermet (74%) and Baalbek (71%) districts
- **PRL:** Rashidieh (67%) and Nahr El Bared (60%) camps
- **Live-out Migrants:** Beirut – South (71%) and Mount Lebanon – North (65%) regions.

**Live-in Migrants**

Top self-reported barriers to accessing medications:
- Couldn’t afford cost of medication (14%)
- Couldn’t afford doctor’s visit to obtain a prescription (5%)

Lack of barriers was reported by 77% of HHs.
Access to Vaccination

Areas with highest % of HHs reportedly unable to afford the cost of vaccination service include:

- **Lebanese**: Mount Lebanon (11%) and Beirut (9%) governorates.
- **Live-out Migrants**: Beirut – South (28%) and North (27%) regions.

### Top 3 self-reported barriers to accessing vaccination:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Lebanese HHs</th>
<th>PRL HHs</th>
<th>Live-out migrant HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No barriers experienced</td>
<td>82%</td>
<td>88%</td>
<td>80%</td>
</tr>
<tr>
<td>Can't afford cost of receiving the vaccine (transportation, consultation)</td>
<td>7%</td>
<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>Worried about side effects of vaccines</td>
<td>2%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Vaccine is not available in my community</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Reproductive Health

Areas with the highest % of women who have given birth in the last 2 years and received antenatal care fewer than 4 times during pregnancy.

- Lebanese (18%): Beirut (67%) and Jezzine (33%) districts.
- PRL (4%): Wavel and Burj Shemali (50%) camps.
- Live-out migrants (14%): North (100%) and Beirut North/South (33%) regions.

Live-in Migrants:
Less than 1% of live-in migrant women reported being pregnant and given birth in at least 2 years.
Reproductive Health

Areas with highest % of women in need of family planning advice/contraceptives** in the last 3 months:

- Lebanese (10%): Baalbek El Hermel (13%) governorate.
- PRL (4%): Shatila (47%) and Burj l Shemali (43%) camps.
- Live-out migrants (14%): Beirut South (13%) and South (12%) regions.

% of women with unmet need for family planning advice/contraceptives*, among women in need of family planning advice/contraceptives

![Chart showing percentages for Lebanese and PRL](image)

Top places/institutions providing family planning advice/contraceptives, as reported by pregnant women reported requiring family planning in the last 3 month*

<table>
<thead>
<tr>
<th></th>
<th>Lebanese</th>
<th>PRL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private clinic and other private medical facility</td>
<td>24%</td>
<td>1%</td>
</tr>
<tr>
<td>PHC facility including dispensary, NGO clinic</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>UNRWA</td>
<td>1%</td>
<td>82%</td>
</tr>
</tbody>
</table>

*Question asked by female enumerators to non-single female respondents aged 13-50
**Family planning involves the decision-making process regarding the number and spacing of children, while contraceptives are specific methods used to prevent pregnancy.
Small subset for live-out migrant HHs
Insurance

Live-in migrants:
Among live-in migrant HHs, 86% reported having private insurance through their employer, while 11% reported not having any type of insurance.

% of HHs, by insurance type:

<table>
<thead>
<tr>
<th></th>
<th>Lebanese HHs</th>
<th>PRL HHs</th>
<th>Live-out migrant HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No insurance</td>
<td>58%</td>
<td>95%</td>
<td>62%</td>
</tr>
<tr>
<td>Private insurance – self pay</td>
<td>10%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>Private insurance – through employer</td>
<td>5%</td>
<td>0%</td>
<td>29%</td>
</tr>
<tr>
<td>Public – army or security forces</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Public – other public sector staff/civil servants</td>
<td>4%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>National Social Security Funds (NSSF)</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Thank you for your attention

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REACH Informing more effective humanitarian action