The Multi-Sector Needs Assessment (MSNA) in Lebanon was conducted in response to the country’s complex socio-economic challenges and political instability. Aimed at understanding the diverse needs of vulnerable populations, key partners such as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), REACH Initiative, the Emergency Operation Cell (EOC), and the Bureau of Humanitarian Affairs (BHA) collaborated to conduct household surveys across various districts. The assessment sought to provide a comprehensive overview of humanitarian needs of Lebanese, Palestine Refugees in Lebanon (PRL) and migrant HHs, guiding targeted interventions and resource allocation to address critical challenges faced by these communities.

**KEY MESSAGES**

In Lebanon, more than half (59%) of households (HHs) were found to be in need, with 37% experiencing extreme (4) or very extreme (4+) needs.

- These needs were predominantly driven by challenges in livelihoods and health sectors.
- Live-out migrants had the highest percentage of HHs in need. However, PRL HHs had the highest % of HHs with very extreme needs (3%).
- The areas with the highest % of needs were: Baalbek district for Lebanese (58%), Nahr el Bared camp for PRL (88%) and Mount Lebanon North for live-out migrant HHs (82%).

All households with at least one member with a disability were found to be in need, mostly driven by Health.

- All HHs with at least one member with a disability were found to be in need, with a majority (90%) facing extreme or extreme plus needs. In contrast, 49% of HHs with no member with a disability were found to be in need.
- Health was the primary driver of needs for HHs with at least one member with a disability. This means that in all those households, the member with a disability had a healthcare need in the three months before data collection.

**DRIVERS OF NEEDS**

Livelihoods sector emerged as the primary driver of need across all population groups, with 44% of HHs reporting unmet livelihood needs, followed by health (24%) and protection (9%). While livelihoods and health were consistently identified as the top sectors driving HHs needs among all population groups, the third driver varied: WASH was the third driver of need among Lebanese HHs, protection among Migrant HHs, and food security among PRL HHs.

Although livelihoods was identified as the primary driver of needs, WASH, food security, and shelter were the factors driving HHs into extreme plus levels of needs (2%).
MULTI-SECTOR NEEDS ASSESSMENT OVERVIEW

CONTEXT. Lebanon finds itself entrenched in the fourth year of a devastating economic crisis, which has plunged over 80% of its population into poverty. Marginalized groups, including refugees, people with disabilities, and elderly people, bear the brunt of this crisis, facing disproportionate impacts. The erosion of public services, notably in healthcare, education, and security, increased social inequalities and vulnerabilities. Persistent macroeconomic imbalances, including a significant current account deficit amounting to 12.8% of GDP, further exacerbate challenges. Moreover, the country faces soaring food prices, registering a staggering 350% year-on-year increase in April 2023, intensifying hardship for the most vulnerable populations. With sovereign debt reaching 179.2% of GDP in 2022, compounded by currency depreciation and economic contraction, Lebanon’s debt remains unsustainable without comprehensive restructuring efforts.

The country’s fragile growth model, outlined in the World Bank Lebanon Economic Monitor, faces additional strain from ongoing conflicts along Lebanon’s southern borders, exacerbating existing issues and increasing the number of affected populations across different regions of Lebanon. These conflicts typically involve tensions and occasional military engagements, which strain resources, services, and infrastructure, affecting safety and security nationwide. The absence of broader economic stabilization measures is forecasted to push the economy back into recession in 2023.

46% of Lebanese, 34% of PRL and 56% of live-out migrant HHs were found to have extreme or very extreme unmet needs (MSNI score 4 or 4+).

Recognizing the need for up-to-date and evidence-based information to guide assistance, REACH, in collaboration with the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), 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). This brief report presents the key findings of the three population groups, providing an overview of the humanitarian needs identified across sectors and the severity of these needs of HHs in Lebanon. All other publications related to the 2023 MSNA can be found here.

ASSESSMENT SCOPE AND GEOGRAPHIC COVERAGE

Dates of data collection:
July 24 - September 6, 2023

Coverage map by population group:

Lebanese HHs
PRL HHs
Live-out Migrants HHs*

*Please refer to the methodology note for further information on why the brief excludes live-in situations and the rationale behind this regional division.
MULTI-SECTOR NEEDS INDEX (MSNI): CRISIS-LEVEL SEVERITY

Percentage of HHs per severity phase:

<table>
<thead>
<tr>
<th>In need</th>
<th>1 (None/minimal)</th>
<th>2 (Stress)</th>
<th>3 (Severe)</th>
<th>4 (Extreme)</th>
<th>4+ (Extreme+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In need</td>
<td>5%</td>
<td>37%</td>
<td>22%</td>
<td>35%</td>
<td>2%</td>
</tr>
</tbody>
</table>

The MSNI is a composite indicator, designed by REACH to measure the overall severity of humanitarian needs experienced by HHs. It is based on the highest sectoral severity identified in each HH and expressed through a scale of 1 to 4+. Sectoral severity is determined through the calculation of sector-specific composite indicators. The MSNI considers every HH in need in at least one sector (severity score of 3 or more). The full methodology behind the calculation of the MSNI and sectoral severities (living standard gaps, or LSG), in accordance with the REACH MSNA Analytical Framework Guidance, can be found here.

MSNI SEVERITY PHASE BY POPULATION GROUP

Percentage of HHs per group and severity phase:

<table>
<thead>
<tr>
<th>Population Group</th>
<th>1 (None/minimal)</th>
<th>2 (Stress)</th>
<th>3 (Severe)</th>
<th>4 (Extreme)</th>
<th>4+ (Extreme+)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanese HHs</td>
<td>2%</td>
<td>28%</td>
<td>25%</td>
<td>44%</td>
<td>1%</td>
</tr>
<tr>
<td>PRL</td>
<td>6%</td>
<td>36%</td>
<td>23%</td>
<td>31%</td>
<td>3%</td>
</tr>
<tr>
<td>Live-out migrant</td>
<td>2%</td>
<td>27%</td>
<td>15%</td>
<td>55%</td>
<td>1%</td>
</tr>
<tr>
<td>Female-headed HHs</td>
<td>7%</td>
<td>44%</td>
<td>17%</td>
<td>31%</td>
<td>1%</td>
</tr>
<tr>
<td>Head of HH (HoH) over 60 years</td>
<td>2%</td>
<td>24%</td>
<td>25%</td>
<td>47%</td>
<td>2%</td>
</tr>
<tr>
<td>Member with disability</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
<td>88%</td>
<td>2%</td>
</tr>
</tbody>
</table>

The percentage of HHs in need varied across different population groups. Migrants had the highest proportion of HHs with multi-sectoral needs (71% of HHs with MSNI score 3 and above), while PRL had the highest proportion of HHs with very extreme needs (3% of HHs with MSNI score 4+). This marks a shift from 2022, whereby PRL HHs represented the highest proportion with multi-sectoral needs, for both extreme (27%) and very extreme needs (6%).

When disaggregated by selected demographic characteristics, a higher proportion of assessed households including a member(s) with a disability were found to have an extreme or extreme+ level of needs (90%). This was followed by HHs with members aged over 60 years (49%) and female-headed HHs (32%), compared to 22% and 16% respectively in 2022.

MSNI SEVERITY PHASE BY POPULATION GROUPS AND GEOGRAPHIC AREAS

Lebanese HHs

Seventy percent (70%) of Lebanese HHs were found in need nationally.

Fifty-eight percent (58%) of HHs were found to be in need within the livelihood sector and 33% within the health sector.

Baalbek district had the highest percentage of HHs in need (90%), with health being the primary driver of these needs, compared to livelihoods nationally. In Baalbek, 68% of HHs were found to be in need within the health sector and 63% within the livelihood sector.

Chouf district had the second-highest percentage of HHs in need (89% with an MSNI score of 3 and above). Livelihoods were the primary driver of need, with 65% of HHs reporting the use of at least one crisis or emergency food-reducing coping strategy in the 7 days prior to data collection, indicating that HHs in Chouf were facing severe food shortages or economic pressures, forcing them to reduce meal portions, skip meals, or consume less nutritious food.

Beirut district had the highest percentage of HHs in very extreme need (4%). These needs were primarily driven by the shelter (2%) and WASH (1%) sectors.
PRL HHs

Fifty-eight percent (58%) of PRL HHs were found to be in need nationally.

Fifty-two percent (52%) of HHs with HoH aged between 18 and 60 years were found to be in need compared to 71% of HHs with HoH aged more than 60 years.

Nahr El Bared camp in Akkar had the highest percentage of HHs in need, with 88% scoring 3 and above on the MSNI scale. Rashidieh camp had the second-highest percentage of HHs in need, with 77% scoring 3 and above on the MSNI scale.

In both Nahr El Bared and Rashidieh camps, the primary driver of need was livelihoods sector.

While Nahr El Bared and Rashidieh camps had the highest overall percentage of HHs in need (MSNI score of 3 and above), Burj El Barajneh camp had the highest percentage of HHs in very extreme need, with 21% scoring 4+ on the MSNI scale. This high percentage of HHs in very extreme need was attributed to the shelter sector, where 21% of HHs reported total collapse or damaged and unsafe shelters at the time of data collection.

Live-out Migrant HHs

Seventy-one percent (71%) of live-out migrant HHs were found to be in need nationally.

The Mount Lebanon-North region had the highest percentage of HHs in need, with 82% scoring 3 or higher on the MSNI scale, followed by the Beirut-South region with 77%.

Unlike other population groups, the primary driver of needs overall was protection. Specifically, 63% of migrants residing in Mount Lebanon-North and 43% of those in Beirut-South reported not having legal residency in Lebanon.

Although Mount Lebanon-North and Beirut-South regions had the highest percentage of HHs in need (MSNI score of 3 and above), the Beirut-North region had the highest percentage of HHs in very extreme need, with 4% scoring 4+ on the MSNI scale.

Seventeen percent (17%) of live-out migrant HHs were found to be in need in the food security sector, with the highest percentage found in Mount Lebanon North region (22%).
HUMANITARIAN NEEDS AND DRIVERS

Who and where are the most in need? What are the drivers of those needs?

26% of assessed HHs across Lebanon were found to have needs in at least two sectors.

9% of assessed HHs across Lebanon were found to have needs in at least three sectors.

The needs across various population groups were primarily driven by livelihoods, with 44% of assessed HHs experiencing unmet needs in this sector. In comparison, 24% reported unmet needs in health, and 9% in protection.

Although livelihoods and health were the primary drivers of needs across all population groups, the third driver varied: for Lebanese HHs, it was WASH; for PRL HHs, it was shelter; and for live-out migrants HHs, it was protection.

Table 1 below illustrates the most commonly occurring types of needs among surveyed HHs:

- **Livelihood needs** were triggered by having to resort to livelihood coping strategies or having unstable or no sources of income. Forty-one percent (41%) of HHs reported not having a stable source of income or any income overall, while 23% of HHs reported resorting to at least one crisis or emergency coping strategy.

- **Health needs** were driven by unmet healthcare needs, with 33% of HHs reporting at least one member with an unmet healthcare need or at least one member with a disability in need of healthcare.

- **Protection needs** were most prevalent among live-out migrant HHs, with 53% of these HHs having protection LSG. This was mainly driven by the lack of legal residencies, reported by 50% of the HHs. In comparison, only 4% of Lebanese HHs and PRL HHs had unmet protection needs.

- **Shelter needs** were driven by the lack of functionality of domestic space and reported damages and issues with shelter. Shelter LSGs were most prevalent among PRL HHs (9%), compared to 4% among live-out migrant HHs and 1% among Lebanese HHs.

The most common combination of needs was livelihoods and health, affecting 16% of HHs.

The second most common combination of needs among HHs was Livelihoods and Food Security (5%). This combination was consistent across all population groups.

Refer to Table 2 below for multi-sectoral needs profiles (3n) that varied per population group.

While the livelihoods sector stands out as the main driver of unmet needs, it’s noteworthy that extreme and very extreme needs are predominantly propelled by other sectors. Specifically, the sectors of shelter (2%), WASH (<1%), and food security (<1%) are the primary drivers of extreme and very extreme needs.

---

Table 1: Percentage of HHs in need, by sector:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livelihood</td>
<td>44%</td>
</tr>
<tr>
<td>Health</td>
<td>24%</td>
</tr>
<tr>
<td>Protection</td>
<td>9%</td>
</tr>
<tr>
<td>Food Security</td>
<td>6%</td>
</tr>
<tr>
<td>WASH</td>
<td>6%</td>
</tr>
<tr>
<td>Education</td>
<td>5%</td>
</tr>
<tr>
<td>Shelter</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 2: Most common multi-sectoral needs profiles, overall and by population group:

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Education</th>
<th>Food Security</th>
<th>Health</th>
<th>Livelihoods</th>
<th>Protection</th>
<th>Shelter</th>
<th>WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanese (4%)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRL (3%)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live-out migrant (13%)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HoH over 60 years (27%)</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HH with disability (67%)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

The table above shows the most common "combinations" of one or more Living Standard Gap (LSGs) among those in need to identify the most common needs profile (that can consist of one or several LSGs).
HUMANITARIAN ASSISTANCE & ACCOUNTABILITY

% of HHs reporting being unable to meet all their essential needs in the 30 days prior to data collection, by population group:

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Percentage Unable to Meet Essential Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanese</td>
<td>92%</td>
</tr>
<tr>
<td>PRL</td>
<td>92%</td>
</tr>
<tr>
<td>Live-out migrant</td>
<td>88%</td>
</tr>
</tbody>
</table>

20% of HHs reported having received humanitarian assistance in the 12 months preceding the assessment.

85% of HHs reported being unable to meet all their essential needs in the 30 days prior to data collection.

Top 4 self-reported priority needs*:

1. Healthcare
2. Food
3. Livelihoods support/employment
4. Shelter/housing

Food and healthcare were reported as the top two priority needs across the three population groups. However, the third need varied accordingly. For Lebanese and live-out migrant HHs, the third priority need reported was support with employment/livelihoods, while for PRL HHs, it was shelter.

% of HHs who reported having received humanitarian assistance in the 12 months preceding the assessment, by population group:

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Percentage Receiving Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanese</td>
<td>19%</td>
</tr>
<tr>
<td>PRL</td>
<td>42%</td>
</tr>
<tr>
<td>Live-out migrant</td>
<td>8%</td>
</tr>
</tbody>
</table>

Satisfaction with aid received:

86% of the 20% HHs (n=2,636) who reported receiving aid in the 12 months preceding the assessment, expressed satisfaction with the assistance.

The top reported reasons for dissatisfaction with the assistance provided in the 12 months prior to data collection were the poor quality and insufficient quantity of the assistance received.

% of HHs who received aid and were dissatisfied with the behavior of aid workers in their area, by population group:

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Percentage Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanese</td>
<td>16%</td>
</tr>
<tr>
<td>PRL</td>
<td>15%</td>
</tr>
<tr>
<td>Live-out migrant</td>
<td>13%</td>
</tr>
</tbody>
</table>

The top reasons for dissatisfaction with the behavior of aid workers reported by households included*:

- Workers didn’t listen to anyone in the community: 34%
- Workers didn’t speak to anyone in the community: 28%
- Workers didn’t change a thing when given complaint: 22%

*Multiple answers allowed
ACKNOWLEDGEMENTS

THE MSNA WAS CONDUCTED IN THE FRAMEWORK OF:

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FUNDED BY:

LHF
Lebanon Humanitarian Fund

USAID
From the American People

Co-funded by the European Union

WITH THE SUPPORT OF:

ACTED
UN Migration

About REACH: 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 Programme (UNITAR-UNOSAT).
ENDNOTES

¹ Human rights watch. Source: Lebanon events 2022

² ibid

³ Lebanon Economic Monitor. Source: World Bank website

⁴ ibid

⁵ The different levels of severity can be defined as follows:
   • Very extreme (4+) : Indication of a total collapse of the living standards, with potentially life-threatening consequences
   • Extreme (4) : Collapse of the living standards. (Risk of) significant damage to physical or mental well-being.
   • Severe (3) : Deterioration in living standards (relative to usual/typical levels). Reduced access/availability of basic goods and services. (Risk of) deterioration of physical or mental well-being.
   • Stress (2) : Living standards are under stress. Minimal impact (risk of impact) on physical or mental well-being/concerned state of overall physical or mental well-being.
   • Minimal (1) : Living standards are acceptable, showing at most some signs of deterioration and/or inadequate basic services.

⁶ Living Standard Gaps (LSGs) are composite indicators designed to measure the sector-specific severity and magnitude of needs for each humanitarian sector included in the MSNA. LSGs are the analytical building blocks for producing the overall MSNI.