Multi-sector needs assessment (MSNA) Lebanese Households

KEY FINDINGS
HEALTH

April 2022

CONTEXT

Lebanon is currently facing a multi-layered crisis[1] characterised by an acute economic contraction, a political crisis, the onset of the COVID-19 pandemic[2] and the continuation of the Syria crisis[3].

These factors contributed to civil unrest, high poverty rates, limited functionality of public services, and drive household vulnerability more generally.

Even though some assessments have been conducted to understand the outliers of the current crisis on affected populations information gaps remain regarding the needs of Lebanese host communities, migrants, and refugees from the occupied Palestinian Territory (Palestine refugees in Lebanon, or PRL).

To support an evidence-based humanitarian response, the United Nations (UN) Officer for the Coordination of Humanitarian Affairs (OCHA) , with support from REACH Initiative (REACH) and the Emergency Operation Cell (EOC), conducted a country-wide Multi-Sector Needs Assessment (MSNA), which was funded by the European Civil Protection and Humanitarian Aid Operations unit (DG-ECHO) and the Lebanese Humanitarian Fund (LHF)[4].

METHODOLOGY

Primary data collection took place between October 19th and December 4th 2021. This assessment was a household-level survey, and covered almost the entirety of Lebanon, inclusive of 24/26 districts[5], which are the official administrative level 2 boundary for Lebanon. Cadasters (administrative level 3) served as the primary sampling unit (PSU). Geo-points were randomly generated within the settled areas of each PSU, corresponding to the prescriped number of households for each cluster.

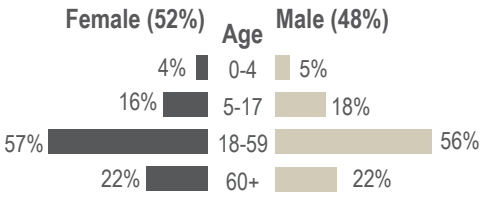
In total, 5,613 face-to-face surveys were conducted among the three population groups previously mentioned: Lebanese, Migrants and PRL (see breakdown in the Assessment sample section). For more details on the methodology, please refer to the Terms of Reference.

The results presented in this factsheet are **generalisable of the situation of Lebanese households (HHs) at district level,** with a level of confidence of 95% and a margin of error of 10%.

Assessment sample

Households:	5,613
- Lebanese[6]:	4,232
- Migrants:	713
- PRL:	668
Districts:	24 (out of 26)

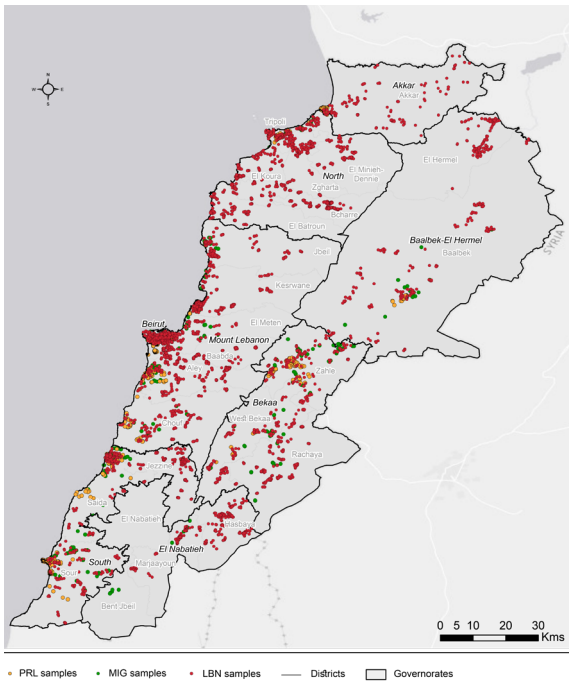
Lebanese sample demographics



Female-headed households: **27%**

Average household size: **3.86**

GEOGRAPHIC COVERAGE



LIMITATIONS

- The following results concern Lebanese households only. El-Nabatiyeh and Bint Jbeil and the Southern Suburbs of Beirut were not covered in the MSNA, hence perspectives and experiences from HHs in these regions are not included in the findings.
- During data collection, we received a disproportional amount of survey non- response in high-income areas. This might have an impact on the MSNA results, through a potential over-representation of low and medium-income HHs in certain areas.
- The MSNA is a HHs level assessment, it does not capture the trends directly in health services, nor the geographical uses of health services.
- Data on the individual level was reported by proxy by one respondent per HH, rather than by the particular individual HH members themselves, and therefore might not accurately reflect lived experience of individual HH members, who also might be more vulnerable.

Co-funded by the European Union

LHF Lebanon Humanitarian Fund

REACH Informing more effective humanitarian action

HHs with Specific Vulnerabilities

66% of Lebanese HHs reported having at least one member of the HH with a chronic illness (e.g. heart disease, hypertension, blood disease, cancer, lung disease, diabetes, renal diseases)

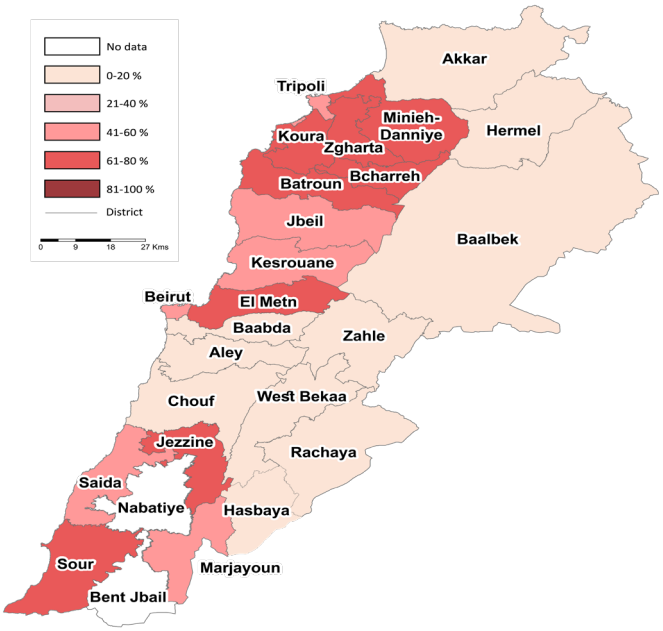
The highest percentages by districts were recorded respectively in Marjaayoun (81%), Bcharre (76%) and El-Koura (78%) districts .

7% of Lebanese HHs reported having at least one member with a medical condition whose management requires regular supply of electricity[7]

The highest recorded percentages at district level were found in Sour (15%), Saida (13%) and Tripoli (12%) districts.

Access to Health: Barriers and Coping Mechanisms

% of Lebanese HHs reporting having had at least one member with a health problem and in need to access health care in the 3 months prior to data collection, by district



% of Lebanese 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

Yes	42%
No	58%

The highest percentages were recorded in El Hermel (76%), Baalbeck (64%) and Hasbaya (55%) districts.

% of Lebanese HHs with at least one member in need to access healthcare who effectively accessed it in the 3 months prior to data collection (n=1,881), by reported locations where they sought healthcare[8]

Private hospital	38%
Governmental hospital	25%
Private Clinic	17%

Baalbeck was the only district where more Lebanese HHs reported seeking healthcare in a governmental hospital than in a private one.

The time spent on average by the HH to reach the nearest functional health facility by the usual mode of transportation was reported to be 16 minutes for the PRL HHs assessed across all covered areas. However, 36% of assessed PRL HHs reported needing more than 30 minutes to reach there.

% of Lebanese HHs with at least one member in need to access healthcare who effectively accessed it in the 3 months prior to data collection (n=1,612), by most frequently reported issues met when accessing healthcare[8]

High cost of treatment	59%
High cost of consultation	42%
Long waiting time for the service	9%

Specific vulnerabilities seemed to exist for Lebanese HHs with at least one member effectively accessing healthcare in Jezzine (n=57), Marjayoun (n=50) and Hasbaya (n=90) as respectively 69%, 48% and 39% reported having **no functional health facility nearby**.

A large proportion of Lebanese HHs with at least one member effectively accessing healthcare in Akkar reported difficulties related to transportation (29% against only 4% at national level).

% of Lebanese HHs with at least one member in need to access heathcare who was not able to effectively access it in the 3 months prior to data collection (n=269), by most frequently reported barriers[8]

Could not afford cost of treatment	54%
Could not afford cost of consultation	36%
Long waiting time for the service	6%

100% of Lebanese HHs with at least one member not being able to access healtchare in Akkar (n=4) reported the inability to afford the cost of consultation and the cost of treatment as barriers[11].

54% of Lebanese HHs reporting no member needed to access healthcare (n=2,350), also reported to expect the inability to afford cost of treatment as a main barrier

Jezzine was the only district where Lebanese HHs (n=85) reported lack of female staff at health facility as an expected barrier to prevent from healthcare access.

% of Lebanese HHs who reported at least one member not being able to access healthcare when needed in the 3 months prior to data collection (n=1833), by coping mechanisms used, if any[12]

Went to pharmacy instead of the doctor or clinic	18%
Delayed or canceled doctors visit or medical consultation	17%
Switched to a health care facility closer to home	13%

Among HHs reporting relying on coping mechanisms in **Baalbeck** (n=88) and **El Hermel** (n=81) districts**, 51% and 58%** of Lebanese HHs respectively reported going to a pharmacy rather than to the doctor.

Access to Medication: Barriers and Coping Mechanisms

75% of Lebanese HHs reported the cost of medication as the main barrier preventing them from accessing medications

The district with the highest percentage of Lebanese HHs reporting the cost of medication was El Hermel (90%).

% of Lebanese HHs reporting main barriers (if any) that prevented them from accessing needed medications[8]

Medication too expensive	75%
Medication not available in private pharmacy	57%
Medication not available in the health facility	36%
None	13%

Jezzine was the only district where less than 60% of Lebanese HHs reported price of medication as a main barrier.

In 20 out of 24 districts, more than 50% of Lebanese HHs reported medication was not available in private pharmacy during data collection.

% of Lebanese HHs who reported having experienced barriers when accessing medication in the 3 months prior to data collection (n=3,679) by reported mechanisms used to cope with barriers[8]

Bought substitues / generics	55%
Rationed available medication	28%
Acquired medication from outside Lebanon	27%

13%, 9% and 8% of Lebanese HHs reporting using coping mechanisms in Baalbeck (n=134), El Hermel (n=107) and West Bekaa (n=149) respectively reported to have sold HH items or property in order to afford medications.

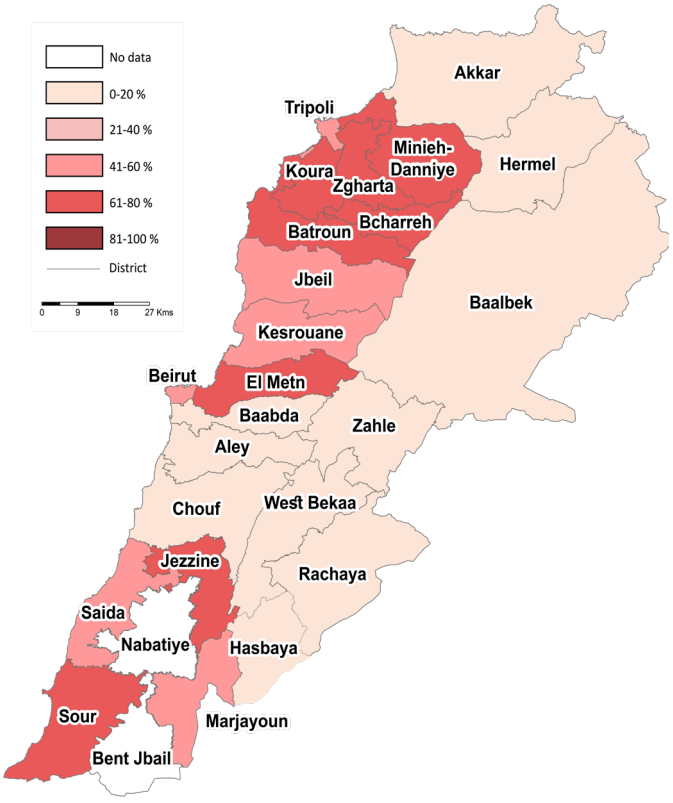
HHs Negatively Affected by the Crisis

45% of Lebanese HHs reported having at least one adult member affected by psychological or physical distress of adults as a negative effect of the crisis[10]

57% of Lebanese HHs reported psychological distress of adults in Nabatieh and South region as a negative effect of the crisis.

HHs Negatively Affected by the Crisis

% of Lebanese HHs reporting at least one member whose mental health was negatively affected by the crisis, by district



Among HHs reporting to have at least one HH member suffering of physical and psychological distress (n=2,129), % of Lebanese HHs reporting the affected HH member sought services or support from a health care provider for this issue

Yes	13%
No	87%

Among HHs reporting to have at least one HH member suffering of physical and psychological distress and not seeking care (n=1,836), % of Lebanese HHs reporting main reasons why concerned members did not seek support for this issue[8]

Did not consider this to be a health issue	63%
Did not know where to seek support	17%
Could not afford to seek support	8%

Among Lebanese HHs not seeking care in El Hermel (n=34) and Akkar (n=37) districts, respectively 34% and 33% reported they did not know where to seek support.

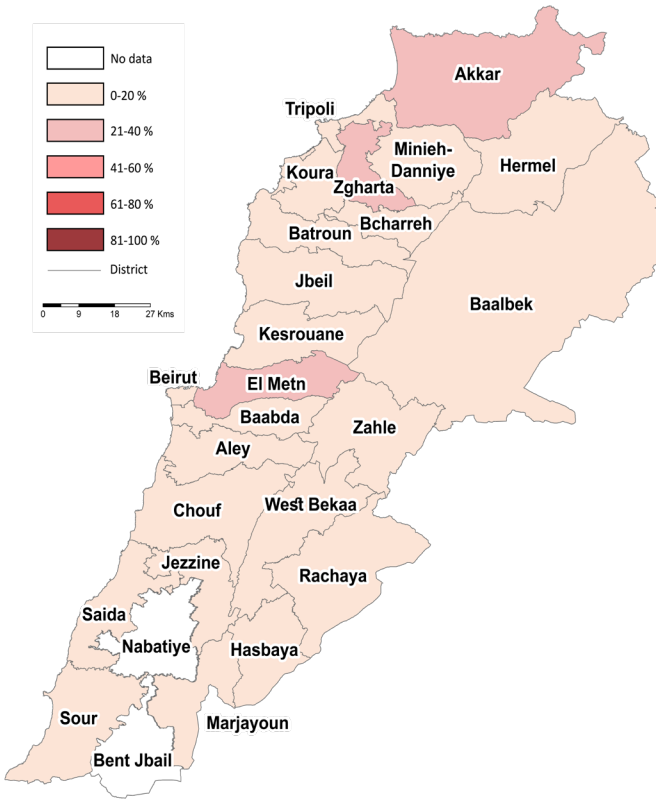
Children's Access to Vaccination

14% of Lebanese HHs with children (n=594) reported vaccine was not available in the community in the year prior to data collection

The highest percentages were found in each of Zgharta (27%), Akkar (25%) and El- Meten (23%) districts.

In addition, 21% of Lebanese HHs in Zgharta district and 19% of Lebanese HHs in both Beirut and Jbeil districts reported they cannot afford cost of receiving vaccine as a main barrier preventing children's access to vaccination.

% of assessed Lebanese HHs reporting no vaccine available in their community in the year prior to data collection (n=76), by district



NOTES

1. ACT Alliance Alert: Lebanon Crisis, 16 March 2021
2. OCHA, Lebanese Emergency Response Plan, August 2021
3. UNHCR, WFP, UNICEF, Vulnerability Assessment of Syrian Refugees in Lebanon, September 2021
4. The data has been collected with the support of the International Organisation for Migrations (IOM), Mercy Corps,Akkar For Development (AFD), Terre des Hommes Foundation (TdH), the Danish Refugee Council (DRC), International Rescue Committee (IRC), Intersos, Save the Children, the Norwegian Refugee Council (NRC), Humanity and Inclusion (HI), Solidarités international (SI) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).
5. 2/26 districts (Nabatiyeh and Bent Jbeil) were inaccessible during the data collection.
6. Number of Lebanese HH surveys per region: Akkar 152, Aley 178, Baabda 276, Baalbek 140, Bcharre 208, Beirut 320, Chouf 151, El Batroun 149, El Hermel 111, El Koura 157, El Meten 153, El Minieh-Dennieh 193, Hasbaya 186, Jbeil 164, Jezzine 158, Kesrwane 158, Marjaayoun 103, Rashaya 151, Saida 243, Sour 159, Tripoli 221, West Bekaa 161, Zahle 143 and Zgharta 191.
7. During data collection time, two of the country's power plants shut down when they ran out of diesel fuel. These used to provide 40% of Lebanon's electricity, so the power grid was shut down nationwide.
8. Multiple-choice question, the total of percentages can exceed 100%.
9. This data is based upon self-report from HH surveys and should be compared to existing data for vaccination coverage and vaccination provision at health facilities to ensure a complete picture of access to routine immunization services.
10. Lebanon has been facing an ongoing economic crisis since 2019 coupled with the Syrian crisis and the onset of Covid-19.
11. The sample size for the subgroup for this indicator amounts to less than 30 HHs, therefore the results might not be reliable.
12. Subset also excludes HHs who reported "don't know" and "decline to answer" to healthcare barriers question.

About REACH

REACH 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). For more information please visit our website. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

Multi-sector needs assessment (MSNA) Migrant Households

KEY FINDINGS

HEALTH

April 2022

CONTEXT

Lebanon is currently facing a multi-layered crisis[1] characterised by an acute economic contraction, a political crisis, the onset of the COVID-19 pandemic[2] and the continuation of the Syria crisis[3].

These factors contributed to civil unrest, high poverty rates, limited functionality of public services, and drive household vulnerability more generally.

Even though some assessments have been conducted to understand the outliers of the current crisis on affected populations information gaps remain regarding the needs of Lebanese host communities, migrants, and refugees from the occupied Palestinian territory (Palestine refugees in Lebanon, or PRL).

To support an evidence-based humanitarian response, the United Nations (UN) Officer for the Coordination of Humanitarian Affairs (OCHA) , with support from REACH Initiative (REACH) and the Emergency Operation Cell (EOC), conducted a country-wide Multi-Sector Needs Assessment (MSNA), which was funded by the European Civil Protection and Humanitarian Aid Operations unit (DG-ECHO) and the Lebanese Humanitarian Fund (LHF)[4].

METHODOLOGY

Primary data collection took place between October 19th and December 4th 2021. This assessment was a household-level survey, and covered almost the entirety of Lebanon, inclusive of 24/26 districts[5], which are the official administrative level 2 boundary for Lebanon. Cadasters (administrative level 3) served as the primary sampling unit (PSU). Geo-points were randomly generated within the settled areas of each PSU, corresponding to the prescriped number of households for each cluster.

In total, 5,613 face-to-face interviews were conducted among the three population groups previously mentioned: Lebanese, Migrants and PRL (see breakdown in the Assessment sample section). For more details on the methodology, please refer to the Terms of Reference.

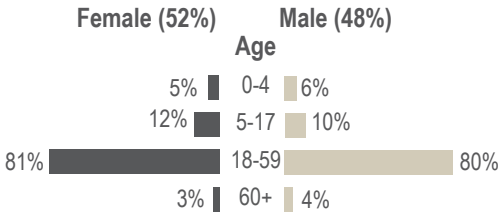
The results presented in this factsheet are indicative of the situation of **assessed migrant households (HHs) at regional level.**

They cannot be generalised for the whole population group, as snowball sampling was used.

Assessment sample

Households:	5,613
- Lebanese:	4,232
- Migrants[6]:	713
- PRL:	668
Districts:	24 (out of 26)

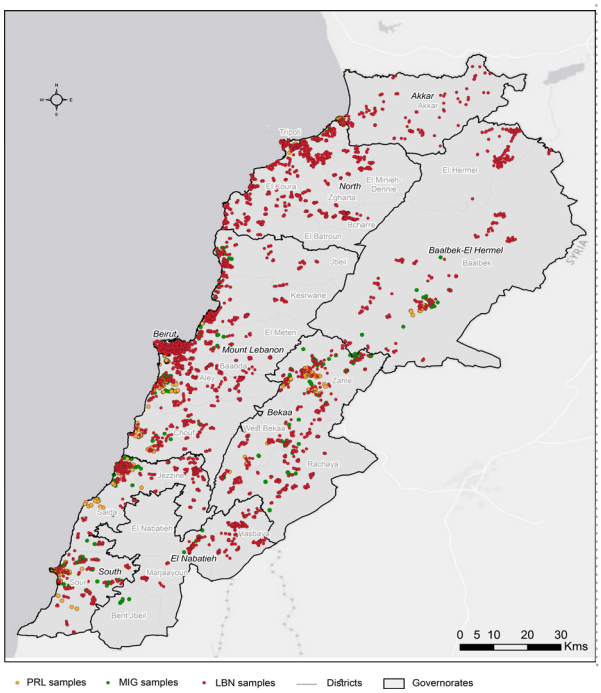
Migrant sample demographics



Female-headed households
43%

Average household size
1.75

GEOGRAPHIC COVERAGE



LIMITATIONS

- The following results concern assessed migrant households only. El-Nabatiyeh and Bint Jbeil and the Southern Suburbs of Baabda were not covered in the MSNA, hence perspectives and experiences from HHs in these regions are not included in the findings.
- During data collection, we received a disproportional amount of survey non-response in high-income areas. This might have an impact on the MSNA results, through a potential over-representation of low and medium-income HHs in certain areas.
- The MSNA is a HHs level assessment, it does not capture the trends directly in health services, nor the geoghrapical uses of health services.
- Data on the individual level was reported by proxy by one respondent per HH, rather than by the particular individual HH members themselves, and therefore might not accurately reflect lived experience of individual HH members, who also might be more vulnerable.

Co-funded by the European Union

LHF Lebanon Humanitarian Fund

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HHs with Specific Vulnerabilities

13% of assessed migrant HHs reported having at least one member with a chronic illness (e.g. heart disease, hypertension, blood disease, cancer, lung disease, diabetes, renal diseases).

The highest percentage by region was recorded in Baalbeck-Hermel and Bekaa region (19%).

2% of assessed migrant HHs reported having at least one member with a medical condition whose management requires regular supply of electricity[7]

The highest percentage by region was recorded in Akkar and North region (5%).

Access to Health: Barriers and Coping Mechanisms

% of assessed migrant 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

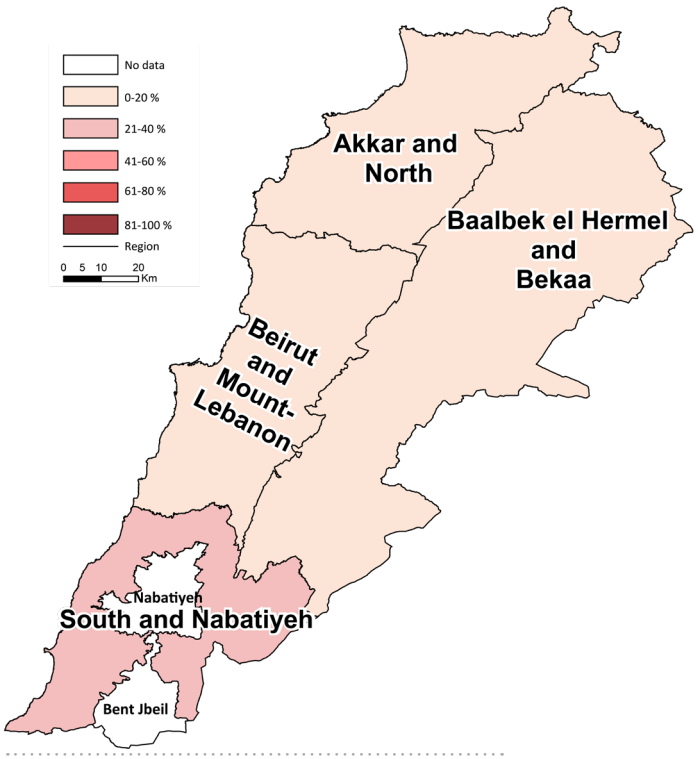
Yes	21%
No	79%

% of assessed migrant HHs with at least one member in need to access healthcare who effectively accessed it in the 3 months prior to data collection (n=135) by reported locations where they sought healthcare[8]

Private hospital	25%
Private clinic	24%
Pharmacy	19%
NGO clinic	4%

The time spent on average by the HH to reach the nearest functional health facility by the usual mode of transportation was reported to be 14 minutes for the migrant HHs assessed across all covered areas. However, 11% of assessed migrant HHs reported needing more than 30 minutes to reach there.

% of assessed migrant 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, by region



% of assessed migrant HHs with at least one member in need to access healthcare who effectively accessed it in the 3 months prior to data collection (n=26), by most frequently reported issues met when accessing healthcare[8]

High cost of treatment	68%
High cost of consultation	50%
High cost of transportation to health facility	16%

% of assessed migrant HHs with at least one member in need to access healthcare who was not able to effectively access it in the 3 months prior to data collection (n=109), by most frequently reported barriers[8]

Could not afford cost of treatment	19%
Could not afford cost of consultation	9%
Could not afford transportation to health facility	7%

Among assessed migrant HHs in South and Nabatieh region reporting not being able to access health care when needed in the 3 months prior to data collection (n=25), 24% reported the inability to afford transportation to health facility.

% of assessed migrant HHs who reported at least one member not being able to access healthcare when needed in the 3 months prior to data collection (n=312), by coping mechanisms used, if any[12]

Went to pharmacy instead of the doctor or clinic	10%
Switched to a health care facility closer to home	8%
Delayed or canceled doctors visit or medical consultation	4%

In Nabatieh and South region, among assessed migrant HHs reporting at least one member in need and unable to access healthcare in the 3 months prior to data collection (n=39)[12], **10%** of HHs reported switching to a health facility closer to home.

34% of assessed migrant HHs reporting no member needed to access healthcare (n=342), also reported to expect the inability to afford cost of treatment as a main barrier

Access to Medication: Barriers and Coping Mechanisms

41% of assessed migrant HHs reported the cost of medication as the main barrier preventing them from accessing medications

The region with the highest percentage of assessed migrant HHs reporting cost of medication as a barrier was **Beirut and Mount Lebanon with 66%** of assessed migrant HHs reporting this reason as preventing them from accessing medication.

Three main barriers reported by assessed migrant HHs that prevented them from accessing needed medications

Medication too expensive	41%
Medication not available in the health facility	22%
Medication not available in private pharmacy	16%

In 3 out of 4 regions, 45% or more of assessed migrant HHs reported medication being too expensive at the time of data collection.

In Akkar and North region, 42% of assessed migrant HHs reported medication not being available in private pharmacy.

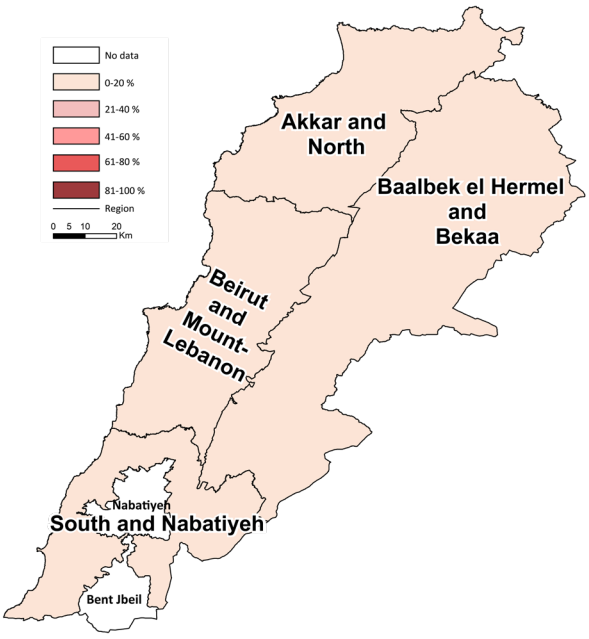
% of assessed migrant HHs who reported having experienced barriers when accessing medication in the 3 months prior to data collection (n=425) by reported mechanisms used to cope with barriers [9]

Bought substitutes / generics	35%
Rationed available medication	18%
Acquired medication from outside Lebanon	10%

In Beirut and Mount Lebanon region, among assessed migrant HHs reporting barriers to access medication (n=266), **9%** of HHs reported using herbal or traditional medicines or treatments as replacement.

Children's Access to Vaccination

% of assessed migrant HHs with children (n=57) reporting no vaccine available in their community in the year prior to data collection, by region[13]



9% of assessed migrant HHs with children (n=57) reported vaccine was not available in the community in the year prior to data collection

Across all covered areas, the most frequently reported barriers to vaccination were the fear of exposure to COVID-19 at vaccination sites and not knowing where to get vaccines.

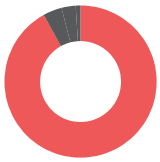
HHs Negatively Affected by the Crisis

21% of assessed migrant HHs reported that the crisis negatively affected the psychological health of at least one adult member [10]

13% of assessed migrant HHs reported that the crisis negatively affected the physical health of at least one adult member [10]

36% of assessed migrant HHs in Beirut and Mount Lebanon region reported psychological distress of adults as a negative effect of the crisis.

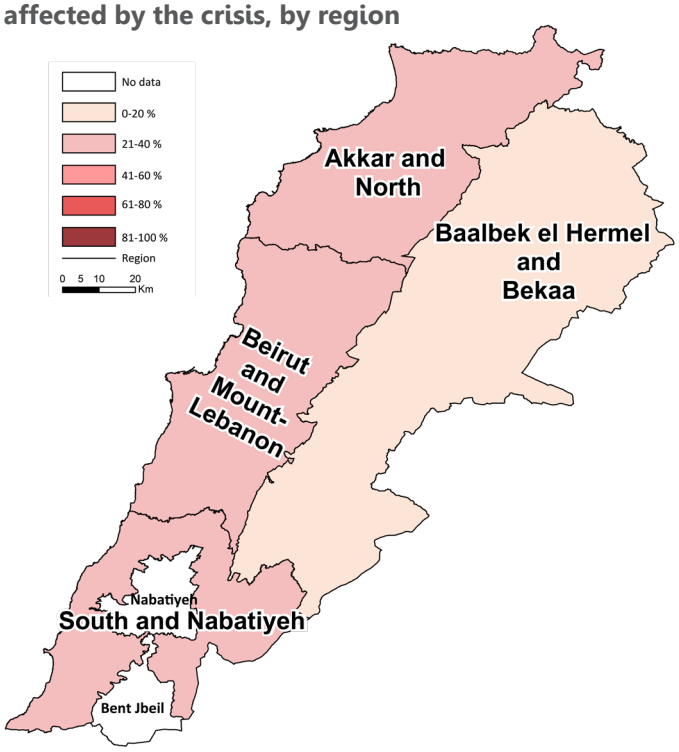
Among HHs reporting to have at least one HH member suffering of physical and psychological distress (n=217), % of assessed migrant HHs reporting the affected HH member sought services or support from a healthcare provider for this issue



Yes	8%
No	92%

72% of assessed migrant HHs in Baalbek El-Hermel and Bekaa region reporting having an affected HH member not seeking support reported not considering this a health issue.

% of assessed migrant HHs reporting having at least one member whose mental health was negatively affected by the crisis, by region



Main reasons why the concerned members did not seek support for this issue by % of assessed migrant HHs reporting to have at least one HH member suffering of psychological distress (n=198) [12]

Did not consider this to be a health issue	60%
Did not know where to seek support	23%
Could not afford to seek support	8%

NOTES

1. ACT Alliance Alert: Lebanon Crisis, 16 March 2021
2. OCHA, Lebanese Emergency Response Plan, August 2021
3. UNHCR, WFP, UNICEF, Vulnerability Assessment of Syrian Refugees in Lebanon, September 2021
4. The data has been collected with the support of the International Organisation for Migrations (IOM), Mercy Corps,Akkar For Development (AFD), Terre des Hommes Foundation (TdH), the Danish Refugee Council (DRC), International Rescue Committee (IRC), Intersos, Save the Children, the Norwegian Refugee Council (NRC), Humanity and Inclusion (HI), Solidarités international (SI) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).
5. 2/26 districts (Nabatiyeh and Bent Jbeil) were inaccessible during the data collection.
6. Number of migrant HH surveys per region : 135 in Baalbek-El Hermel, 372 in Beirut and Mount Lebanon, 60 in North and Akkar, 146 in South and Nabatiyeh.
7. During data collection time, two of the country's power plants shut down when they ran out of diesel fuel. These used to provide 40% of Lebanon's electricity, so the power grid was shut down nationwide.
8. Multiple-choice question, the total of percentages can exceed 100%.
9. This data is based upon self-report from HH surveys and should be compared to existing data for vaccination coverage and vaccination provision at health facilities to ensure a complete picture of access to routine immunization services.
10. Lebanon has been facing an ongoing economic crisis since 2019 coupled with the Syrian crisis and the onset of Covid-19.
11. The sample size for the subgroup for this indicator amounts to less than 30 HHs, therefore the results might not be reliable.
12. Subset also excludes HHs who reported "don't know" and "decline to answer" to healthcare barriers question.

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LHF Lebanon Humanitarian Fund
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Multi-sector needs assessment (MSNA)

Palestine Refugee in Lebanon (PRL) Households

KEY FINDINGS

HEALTH

April 2022

CONTEXT

Lebanon is currently facing a multi-layered crisis[1] characterised by an acute economic contraction, a political crisis, the onset of the COVID-19 pandemic[2] and the continuation of the Syria crisis[3].

These factors contributed to civil unrest, high poverty rates, limited functionality of public services, and drive household vulnerability more generally.

Even though some assessments have been conducted to understand the outliers of the current crisis on affected populations information gaps remain regarding the needs of Lebanese host communities, migrants, and refugees from the occupied Palestinian territory (Palestine refugees in Lebanon, or PRL).

To support an evidence-based humanitarian response, the United Nations (UN) Officer for the Coordination of Humanitarian Affairs (OCHA) , with support from REACH Initiative (REACH) and the Emergency Operation Cell (EOC), conducted a country-wide Multi-Sector Needs Assessment (MSNA), which was funded by the European Civil Protection and Humanitarian Aid Operations unit (DG-ECHO) and the Lebanese Humanitarian Fund (LHF)[4].

METHODOLOGY

Primary data collection took place between October 19th and December 4th 2021. This assessment comprised a household-level survey, and covered almost the entirety of Lebanon, inclusive of 24/26 districts[5], which are the official administrative level 2 boundary for Lebanon. Cadasters (administrative level 3) served as the primary sampling unit (PSU). Geo-points were randomly generated within the settled areas of each PSU, corresponding to the prescribed number of households for each cluster.

In total, 5,613 face-to-face interviews were conducted among the three population groups previously mentioned: Lebanese, Migrants and PRL (see breakdown in the Assessment sample section). For more details on the methodology, please refer to the Terms of Reference.

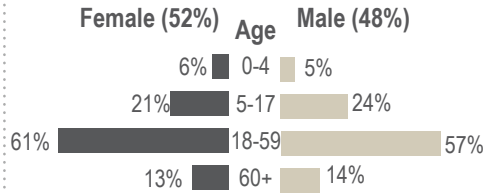
The results presented in this factsheet are indicative of the situation of **assessed PRL households (HHs) at regional level.**

They cannot be generalised for the whole population group, as combined random sampling and snowball sampling was used.

Assessment sample

Households:	5,613
- Lebanese:	4,232
- Migrants:	713
- PRL[6]:	668
Districts:	24 (out of 26)

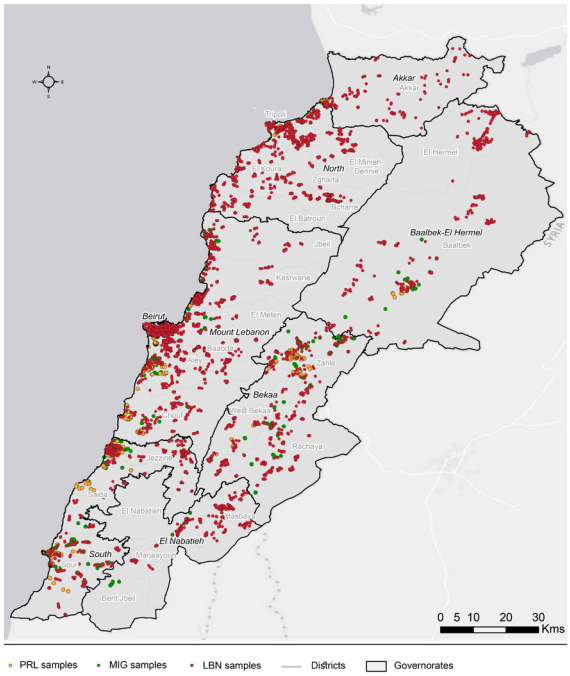
PRL sample demographics



Female-headed households: 21%

Average household size: 4.18

GEOGRAPHIC COVERAGE



LIMITATIONS

- The following results concern assessed PRL households only. El-Nabatiyeh and Bint Jbeil and the Southern Suburbs of Baabda were not covered in the MSNA, hence perspectives and experiences from HHs in these regions are not included in the findings.
- During data collection, we received a disproportional amount of surveys refusal in high-income areas. This might have an impact on the MSNA results, through a potential over-representation of low and medium-income HHs in certain areas.
- The MSNA is a HHs level assessment, it does not capture the trends directly in health services, nor the geoghrapical uses of health services.
- Data on the individual level was reported by proxy by one respondent per HH, rather than by the particular individual HH members themselves, and therefore might not accurately reflect lived experience of individual HH members, who also might be more vulnerable.

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HHs with Specific Vulnerabilities

65% of assessed PRL HHs reported having at least one member with a chronic illness (e.g. heart disease, hypertension, blood disease, cancer, lung disease, diabetes, renal diseases)

The highest percentage by region was recorded in Baalbeck-Hermel and Bekaa region (69%).

9% of assessed PRL HHs reported having at least one member with a medical condition whose management requires regular supply of electricity[7]

The highest percentage by region was recorded in Baalbeck-Hermel and Bekaa region (12%).

% of assessed PRL 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

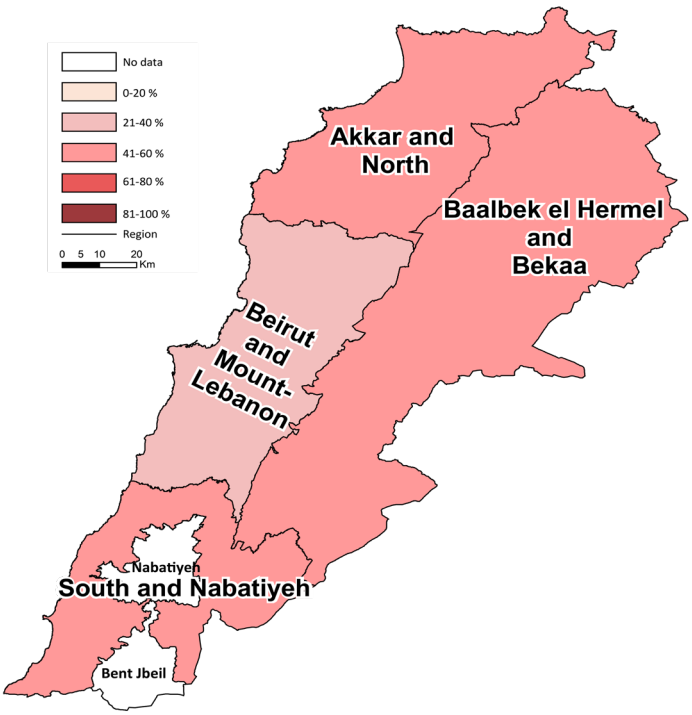
Yes	51%
No	49%

% of assessed PRL HHs with at least one member in need to access heathcare who effectively accessed it in the 3 months prior to data collection (n=294), by most frequently reported issues met when accessing healthcare[8]

High cost of treatment	74%
High cost of consultation	63%
No functional health facility nearby	11%

Access to Health: Barriers and Coping Mechanisms

% of assessed PRL HHs reporting having had at least one member with a health problem and in need to access health care in the 3 months prior to data collection, by region



75% of assessed PRL HHs with at least one member effectively accessing healthcare in Beirut and Mount Lebanon region (n=62) reported the difficulty to afford the cost of treatment.

In South and Nabatiyeh region, the lack of transportation means to access healthcare was also mentioned among the main barriers.

% of assessed PRL HHs with at least one member in need to access healthcare who effectively accessed it in the 3 months prior to data collection (n=294), by reported locations where they sought healthcare[8]

Private hospital	32%
Private clinic	15%
Governmental hospital	14%
Pharmacy	7%
Traditional healer	2%

The time spent on average by the HH to reach the nearest functional health facility by the usual mode of transportation was reported to be 13 minutes for the PRL HHs assessed across all covered areas. However, 11% (n=81) of assessed PRL HHs reported needing more than 30 minutes to reach it.

% of assessed PRL HHs with at least one member in need to access healthcare who was not able to effectively access it in the 3 months prior to data collection (n=32), by most frequently reported barriers[8]

Could not afford cost of treatment	72%
Could not afford cost of consultation	53%
Could not afford transportation to health facility	13%

56% of assessed PRL HHs reporting no member needed to access healthcare (n=342), also reported to expect the inability to afford cost of treatment as a main barrier

10% of assessed PRL HHs with no member who needed to accesss health care in Baalbeck-Hermel and Bekaa region (n=52), reported long time waiting for the service as expected barrier.

% of assessed PRL HHs who reported at least one member not being able to access healthcare when needed in the 3 months prior to data collection (n=312), by coping mechanisms used, if any[12]

Went to pharmacy instead of the doctor or clinic	25%
Switched to a health care facility closer to home	16%
Delayed or canceled doctors visit or medical consultation	15%

41% of assessed PRL HHs reporting relying on coping mechanisms in Baalbeck-Hermel and Bekaa region (n=42) reported going to a pharmacy rather than to the doctor.

16% of assessed PRL HHs reporting relying on coping mechanisms in Beirut and Mount Lebanon region (n=26) reported going to a public facility rather than a private one[11].

Access to Medication: Barriers and Coping Mechanisms

75% of assessed PRL HHs reported the cost of medication as the main barrier preventing them from accessing medications

The region with the highest percentage of assessed PRL HHs reporting the cost of medication as a main barrier was Akkar and North (85%) .

% of assessed PRL HHs reporting main barriers that prevented them from accessing needed medications[8]

Medication too expensive	75%
Medication not available in the pharmacy	56%
Medication not available in the health facility	36%

4% of assessed PRL HHs reporting facing barriers in Baalbeck-Hermel and Bekaa region (n=93), reported the lack of trust in the quality/source of available medicine as a barrier preventing them from accessing medications.

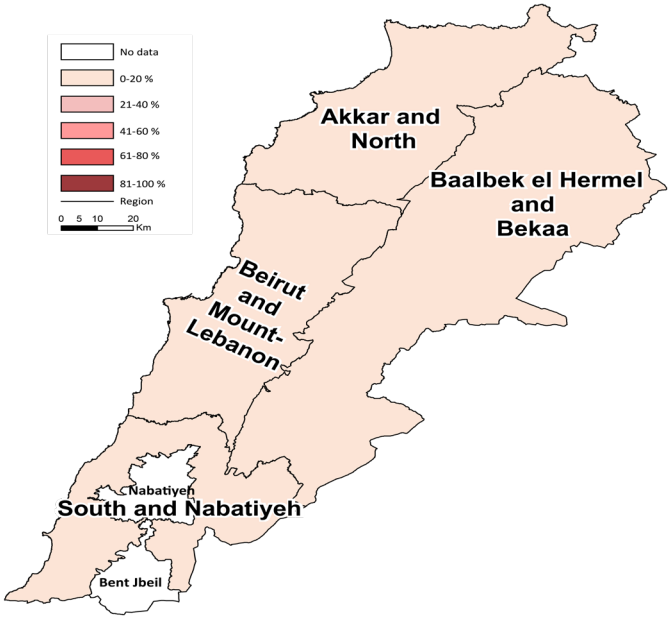
% of assessed PRL HHs who reported having experienced barriers when accessing medication in the 3 months prior to data collection (n=572) by reported mechanisms used to cope with barriers[8]

Bought substitutes / generics	53%
Rationed available medication	26%
Acquired medication from outside Lebanon	20%

Children's Access to Vaccination

89% of assessed PRL HHs with children (n=128) reported experiencing no barrieres in receiving vaccination for children in the year prior to data collection

% of assessed PRL HHs with at least one child member (n=128), reporting no vaccine available in their community in the year prior to data collection, by region



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2% of assessed PRL HHs with children (n=128) reported vaccine was not available in the community in the year prior to data collection

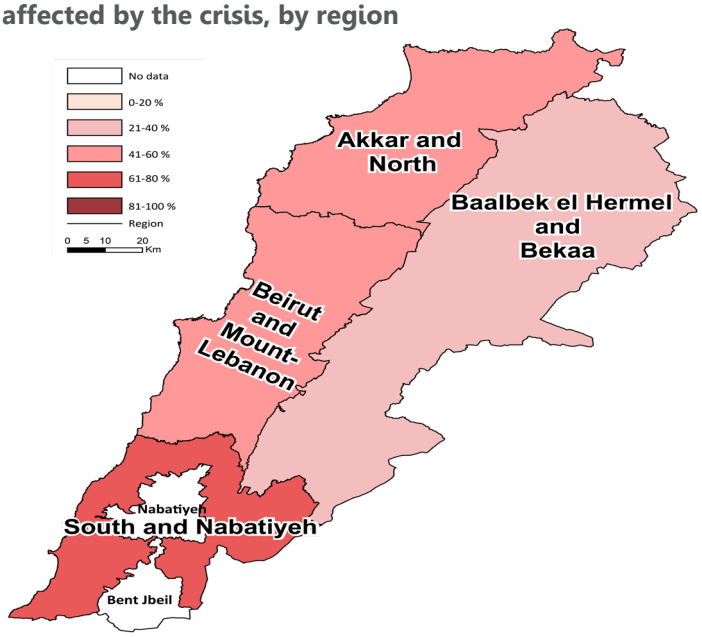
Fourteen percent (14%) of assessed PRL HHs with children in Beirut and Mount Lebanon region (n=7), reported they could not afford the cost of vaccine[11]. This was the only region where HHs mentioned this barrier.

Across all covered areas, one more frequently reported barrier to vaccination was the fear of exposure to COVID-19 at vaccination sites.

HHs Negatively Affected by the Crisis

50% of assessed PRL HHs reported having at least one adult member affected by psychological or physical distress of adults as a negative effect of the crisis[10]

% of assessed PRL HHs reporting having at least one member whose mental health was negatively affected by the crisis, by region



Among HHs reporting to have at least one HH member suffering of physical and psychological distress (n=346), % of assessed PRL HHs reporting the affected HH member sought services or support from a health care provider for this issue

Yes	19%
No	81%

Among HHs reporting to have at least one HH member suffering of physical and psychological distress and not seeking care (n=276), % of assessed PRL HHs reporting main reasons why concerned members did not seek support for this issue[8]

Did not consider this to be a health issue	59%
Did not know where to seek support	18%
Could not afford to seek support	8%

NOTES

1. ACT Alliance Alert: Lebanon Crisis, 16 March 2021
2. OCHA, Lebanese Emergency Response Plan, August 2021
3. UNHCR, WFP, UNICEF, Vulnerability Assessment of Syrian Refugees in Lebanon, September 2021
4. The data has been collected with the support of the International Organisation for Migrations (IOM), Mercy Corps,Akkar For Development (AFD), Terre des Hommes Foundation (TdH), the Danish Refugee Council (DRC), International Rescue Committee (IRC), Intersos, Save the Children, the Norwegian Refugee Council (NRC), Humanity and Inclusion (HI), Solidarités international (SI) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).
5. 2/26 districts (Nabatiyeh and Bent Jbeil) were inaccessible during the data collection.
6. Number of PRL HH surveys per region : 109 in Baalbek-El Hermel, 178 in Beirut and Mount Lebanon, 203 in North and Akkar, 178 in South and Nabatiyeh.
7. During data collection time, two of the country's power plants shut down when they ran out of diesel fuel. These used to provide 40% of Lebanon's electricity, so the power grid was shut down nationwide.
8. Multiple-choice question, the total of percentages can exceed 100%.
9. This data is based upon self-report from HH surveys and should be compared to existing data for vaccination coverage and vaccination provision at health facilities to ensure a complete picture of access to routine immunization services.
10. Lebanon has been facing an ongoing economic crisis since 2019 coupled with the Syrian crisis and the onset of Covid-19.
11. The sample size for the subgroup for this indicator amounts to less than 30 HHs, therefore the results might not be reliable.
12. Subset also excludes HHs who reported "don't know" and "decline to answer" to healthcare barriers question.

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