

Multi-Sectoral Needs Assessment Lebanese Households in Lebanon

March, 2024

Lebanon

CONTEXT & RATIONALE

Lebanon grapples with a severe economic crisis, driving over 80% of its population into poverty and disproportionately impacting marginalized communities, including refugees, individuals with disabilities, children, older people, and migrant workers. These challenges have compounded preexisting infrastructure and governance issues, eroding trust in the government and public services. The economic crisis, coupled with frequent health-related crises have further strained the healthcare system. In January 2023, around 3.9 million people required humanitarian assistance in Lebanon, primarily due to their inability to access basic services and meet essential needs, exacerbated by harmful coping strategies

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 (UN OCHA), conducted a Multi-Sector Needs Assessment (MSNA), funded by the European Civil Protection, the 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 the Lebanese, Palestine 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 analysed jointly with other assessments, it provides a comprehensive overview of the humanitarian situation in Lebanon.

METHODOLOGY

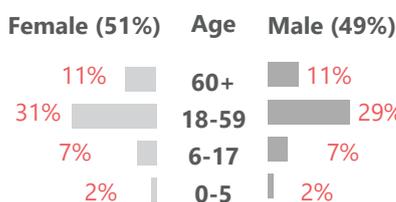
The MSNA assessed the needs of Lebanese, Palestine refugees in Lebanon (PRL), and migrant households (HHs) across the country. The assessment distinguished between live-in and live-out populations, recognizing the distinct challenges faced by these groups. Data collection took place between the 24th of July and the 6th of September 2023.

This fact-sheet presents findings for Lebanese HHs.

Lebanese HHs were selected through a Probability Proportional to Size (PPS) cluster sampling approach, where the primary sampling units consisted of population hexagons, each spanning 1 kilometer on every side. The number of clusters, with a minimum of six in each hexagon, was determined based on population density data adjusted for average household size. This enabled the selection of 3,642 households, which collectively represent the Lebanese HH population at both the district and national levels. The confidence level of this sample stands at 95%, with a margin of error of 10%. For further details on the methodology, please refer to: [TOR](#)

Average HH size: 3.4

Demography of HH members



Sample: 3,642 HHs**



34% of HHs were with at least one child below 18 years



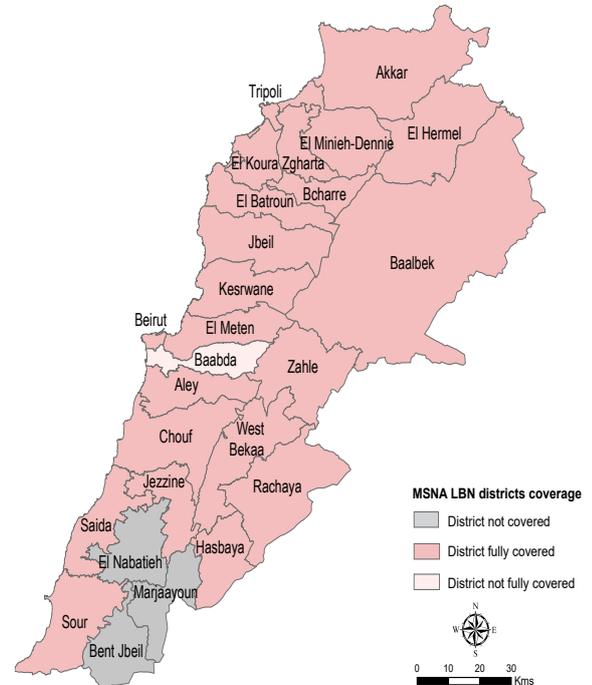
53% of HHs were with at least one person above 60 years



27% of HHs were with at least one person with disability

**For some sections, respondents were asked to answer questions repeatedly about each member of their HH. Including respondents, there were 12,606 Lebanese HH members covered.

COVERAGE



LIMITATIONS

- Individual-level findings should be regarded as indicative only since information was reported by the head of HH during the interviews.
- For some findings, when the subsample is less than 30, findings should be considered indicative only.
- High-income areas had a high non-response rate, potentially leading to an over-representation of low and medium-income HHs.
- Data for Nabatieh, Maarjayoun, and Bent Jbeil districts, as well as Dahye region in Baabda district was not collected due to access constraints.

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Summary of Findings



LIVELIHOODS AND FOOD SECURITY

Employment. Findings from 2023 revealed a high unemployment rate across Lebanon, consistent with findings from 2022. Nearly two-thirds of Lebanese individuals were reportedly unemployed (59%). However, 35% of individuals were reportedly working for someone else for pay in the 7 days prior to data collection, compared to 38% in 2022. Additionally, 10% were reportedly engaging in other income-generating activities such as farming or assisting in family businesses, up from 6% in 2022. Lebanon's employment landscape is further complicated by its gender disparity issues. The World Economic Forum Gender Gap Report 2023 reveals that Lebanon has one of the highest gender gaps in the world, ranking 132 out of 146 countries. The labor force participation rate stands at 21% for females and 79% for males, indicating significant gender imbalances in the workforce¹. The 2023 MSNA findings supported this, revealing that unemployment was more common among women, with only 20% of females reportedly working for someone else for pay, compared to 49% of males. Among the unemployed individuals, 21% reported seeking work in the month prior to data collection, a notable increase from 11% in 2022. The primary barriers to employment were similar to 2022, with increased competition and not enough jobs being the most frequently cited concerns for both genders. These findings are consistent with the observations highlighted in the International Labor Organization (ILO) report on the Impact of the Economic Crisis on the Lebanese Labor Market, indicating a persistent trend in high unemployment rates and challenges in income generation (ILO, 2023)².

Income, debt and coping mechanisms. In the 30 days preceding data collection, a significant proportion of Lebanese households reported relatively low incomes, with an average of 422USD. While there was a slight decrease in the percentage of households earning less than 100USD (16% in 2023, down from 19% in 2022), average debt levels spiked considerably to over 900USD in 2023 compared to around 200USD in the previous year. Despite the increase in debt, the percentage of households reporting debt decreased to 21% in 2023 from 29% in 2022. The primary reasons for taking on debt remained similar, with a significant portion going towards purchasing food (68%) and covering healthcare expenses (38%), highlighting ongoing challenges in meeting essential needs. These economic trends are in line with the observations outlined in the 2023 Lebanon Crisis Response Plan³, underscoring the persistent economic challenges faced by Lebanese households and the urgent need for targeted interventions to address income disparities and debt burdens. Inflation remains one of the key factors threatening livelihoods in the country. The February 2024 World Bank Food Security Update commented that Lebanon recorded the second highest nominal food price inflation rate in the world during the November 2022 – November 2023 period (220% annual change in food CPI), trailing Argentina (251%) and followed by Venezuela (173%) and Türkiye (72%)⁴.

Food Security. Food remained a top priority need for the majority of Lebanese households, with 51% prioritizing it. The 2023 report indicated that 10% of evaluated households fell into either the "borderline" (8%) or "poor" (2%) categories in relation to their food consumption scores. Furthermore, varying degrees of hunger were identified among households, including moderate (6%) and severe (2%) levels, as per the Household Hunger Scale. In 2022, one-fifth of households fell into the "borderline" (10%) or "poor" (5%) categories. According to the 2023 Integrated Phase Classification (IPC) report, 21% of the Lebanese population, corresponding to about 811,000 people, are estimated to be in IPC Phase 3 (Crisis) or above, highlighting the severity of the food security situation⁵. The majority of households (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 (75%), limiting portion sizes (42%), and reducing the number of meals consumed per day (21%).



HEALTH

Health needs. In January 2023, an estimated 3.7 million people needed humanitarian healthcare assistance in Lebanon, including about two million vulnerable Lebanese. Many hospitals in Lebanon struggle to remain open and provide services because of the socioeconomic crisis and lack of foreign currency to buy medication and medical equipment, leading to closures or scaled-down services, particularly in villages⁵. As per the 2023 MSNA findings, 28% of individuals reportedly had a health need requiring care in the 3 months before data collection, of whom more than a fourth (26%) were unable to obtain the care they needed. Primary health care consultation for medication, prevention, periodic check-ups, acute or chronic disease or diagnosis were the most reported health care need. As of 2022, when asked where HH members sought care, most reported to have been examined/ have visited private clinics and other private medical facilities (34%).

Health barriers. The majority of HHs (70%) reported not being covered by any type of health insurance, a notable increase from 59% in 2022. Consequently, the affordability of healthcare and medication was cited as a key barrier to accessing it, reflecting the sustained inaccessibility of healthcare in 2022 and 2023. Moreover, within the 85% of households reporting barriers to accessing medication, 49% identified the cost of medication as a primary challenge, while 40% cited the lack of availability of medication in pharmacies.

These findings are in line with health sector recommendations for 2023 highlighting critical need for interventions to address affordability barriers and improve access to essential healthcare services in Lebanon⁷.

¹ WEF Global Gender Gap Report 2023, [here](#)

² ILO report on [Lebanon labor market 2023](#)

³ [Lebanon Crisis Response Plan, 2023](#)

⁴ WFP RAM Market Monitor. Food security analysis. 2024, [here](#)

⁵ Integrated Phase Classification (IPC) Acute Food Insecurity Analysis October 2023 – September 2024, [here](#)

⁶ Lebanon Emergency Response Plan (ERP), [here](#)

⁷ 2023 2nd quarter Health sector dashboard, [here](#)

Summary of Findings



WATER, SANITATION AND HYGIENE

Main water sources. Main sources of water varied among households, with more than half (54%) relying on bottled water (including water refilling kiosks/shops) as their primary source of drinking water, followed by water piped into their dwellings (28%). This was consistent with findings from MSNA 2022, where 53% of households reported using bottled water, while 23% reported having piped water connections. Additionally, a small percentage (3%) of households relied on unimproved water sources, slightly higher than the previous year's 1%. While noting that the average price of bottled water in Lebanon up to September 2023 had witnessed a remarkable 16 per cent increase in USD value and a 2598 per cent increase in Lebanese pound (LBP) value compared to the prices in January 2021. These steep price increases pose substantial challenges to access clean water in Lebanon. Among the 51% of households lacking water on their premises, 61% reported that men fetched water, while 23% and 16% mentioned any household member and women, respectively, being responsible for water collection. The average time required for fetching water was 10 minutes. Moreover, among the 15% of households that use sources other than bottled water for drinking, a reported 15% engage in water treatment for safety, predominantly utilizing water filters (83%).

Water access and availability. Seventy-three per cent (73%) of Lebanese households reported having enough water for their diverse needs. However, 9% reported a lack of adequate water specifically for drinking, and 18% and 21% experienced shortages for personal hygiene and other domestic purposes, respectively. Notably, there has been an increase from 3% to 9% in the percentage of households reporting insufficient drinking water between 2022 and 2023. Among households with inadequate water, 75% attributed it to non-functional water sources. In response to these challenges, households have resorted to negative coping mechanisms, with 38% reducing water consumption for other purposes and 22% diverting funds from essential needs to cover water expenses. It is worth mentioning that financial constraints impede water access for some households, with Lebanese households spending 5% of their income on water, exceeding the recommended 3%.⁸

Sanitation. Nearly all Lebanese households (99%) reported having access to functioning sanitation facilities. The most common type was flush/pour to a piped sewer system (81%), followed by flush/pour to a pit latrine (10%) and flush/pour to a septic tank (8%). Seventy-nine per cent (79%) of households managed their wastewater safely through connections to communal lined drainage and sewage systems, or through covered and lined septic tanks (13%). Conversely, 6% of households reported using hand-dug holes in the ground for sanitation purposes. These findings mirrored those of 2022, with slight variations in percentages. Among households with pit latrines or septic tanks, almost half (51%) reported having them emptied in the year prior to data collection.

Hygiene. Hygiene practices for hand washing were remained high in 2023 (94%). Additionally, there was a decrease in the percentage of households reporting issues related to accessing hygiene non-food items (NFI), dropping from 42% in 2022 to 26% in 2023. Among households encountering difficulties in accessing hygiene NFIs, 20% reported resorting to less preferred types of NFIs.

Waste management. In the month prior to data collection, 30% of households reported not having their solid waste collected regularly, resulting in waste accumulation at their location, a figure consistent with 2022. These findings may be complemented by the 2023 ARK-UNDP social tensions survey, where 57% of Lebanese HHs rated the quality of waste services as poor or very poor⁹. The majority of households relied on municipalities for solid waste collection (90%).



SHELTER

Shelter types and occupancy arrangements. At the national level, 99% of HHs reported living in residential shelters. Among them, 19% of HHs reported living in rented shelters, compared to 17% in 2022. Among those HHs, 74% were paying their rent in USD and 26% in LBP. Thirty seven per cent (37%) of HHs reported a change in their rent in the year prior to data collection and almost all (99%) of them reported that their rent increased. The average increase of 69 USD was reported.

Housing, land, and property (HLP) issues. Ninety-two per cent (92%) of HHs reported having no problems related to housing, land, and property, a slightly lower percentage in comparison with 2022 (95%). Among the 8% reporting problems related to HLP, 2% reported having inheritance disputes, and another 2% reported facing unlawful/secondary/informal occupation.

Shelter issues. Forty-two per cent of HHs (42%) reported at least one enclosure issue, slightly more than in 2022, with 40% of HHs reporting having issues with their shelter. Among HHs with at least one enclosure issue, the most reported damages were leaking roof (24%) and damaged roof (19%), while in MSNA 2022 the most often damages reported were leaking roof (24%), followed by rotteness in the walls or floors (15%).

Living functionality. Eighty-nine per cent of HHs (89%) were reportedly living in a functional domestic space in terms of cooking, sleeping, storing, and electricity. The highest reported issues among HHs in non-functional domestic spaces were insufficient electricity hours (7%), a lack of essential non-food items (NFI) for cooking (1%), and challenges in safely storing food (3%).



ENERGY AND TELECOMMUNICATION

Energy. The majority of Lebanese 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 households reportedly had access to electricity was nearly 17 hours, representing an increase from 12 hours in 2022.

Communication. Eighty per cent of Lebanese HHs (80%) reported having voice, SMS, and internet coverage, marking an increase from 56% in 2022.

⁸ 2023 3rd quarter WASH sector dashboard, [here](#)

⁹ ARK-UNDP social tensions perception monitoring survey, Wave XVII, 2023 [here](#).

Summary of Findings

PROTECTION

Documentation. Similar to the MSNA findings from 2022, nearly all Lebanese households (98%) reported that all household members possessed ID documentation, indicating a consistent trend in documentation possession. When it comes to the marriage registration, among HHs married in Lebanon, 77% reported having their certificate registered with the Noufous, while 23% reported having a contract from a religious authority. Concerning HHs married outside Lebanon (n=57), 68% had no marriage documents and 21% had a certificate from the country of origin or a family civil extract. Finally, 3% of children were reportedly with no birth certificates.

Safety and security concerns by area. A slightly increasing proportion of HHs reported that women and girls avoided certain areas in their location because they felt unsafe there: from 11% in 2022 to 14% in 2023. Overall, darkened streets, and markets were identified as the main locations of concern. Additionally, 16% of HHs reported that women and girls felt unsafe walking alone in their own areas, while 14% reported the same for men and boys.

Safety and security concerns. The percentage of HHs who reported safety and security concerns for women decreased from 30% in 2022 to 28% in 2023, while it increased for men from 31% to 36% from 2022 to 2023 respectively. Being robbed was the most reported reason behind the safety and security concerns both men (22%) and women (18%). Moreover, 6% of HHs reported the risk of sexual harassment for women

Protection services. Eighty-seven percent (87%) of HHs reported not being aware of specialized support services for women or girls available in their community.

Child protection. The percentage of HHs who reported safety and security concerns for girls was 85%, and that for boys was 84%. Being robbed was the most reported reason behind the safety and security concerns both in 2022 and 2023. Moreover, 12% of HHs reported the risk of sexual harassment for girls. Five percent (5%) of HHs reported the presence of children engaged in child labor outside of the home in the 3 months prior to data collection.

Population movement. Two percent (2%) of HHs relocated inside Lebanon since 2019, as a result of the crisis, with the primary motivations being the search for more affordable accommodation (29%), job opportunities (15%), or a desire to be closer to the community (11%). In comparison to 2022, fewer households in 2023 anticipated moving outside Lebanon within three months after data collection (6% in 2022 compared to 2% in 2023).

A similar decrease was observed in the proportion of households expecting to leave Lebanon within twelve months after data collection, declining from 6% in 2022 to 4% in 2023. HHs expecting to leave Lebanon reported being unable to meet basic needs, unsafe working conditions / unpaid wages, and conditions in Lebanon not as envisioned as the primary reasons for their intention to leave.

EDUCATION

School Enrollment. The education landscape in Lebanon during the 2022-2023 school year exhibited several concerning trends and challenges. According to the data, 4% of Lebanese children aged 6-17 were not enrolled in formal schooling. The highest non-enrollment rate was observed in the Tripoli district (18%). Reasons for non-enrollment included the high cost of education (30%), children being engaged in work (16%), or strikes affecting school attendance (14%). These challenges underscore the urgent need for comprehensive reforms in Lebanon's education sector, as highlighted by the World Bank's Reform road map. The country's lagging human capital development, as evidenced by results from the Human Capital Index and Program for International Student Assessment (PISA), poses risks to future productivity and equitable growth¹⁰.

School Attendance. Of the children enrolled in formal schooling, 51% enrolled in private schools and 44% in public schools. This aligned with trends observed in previous education reports, indicating a significant reliance on private education institutions in Lebanon. Thirteen percent (13%) of HHs reported at least one child switched from a private to a public school. While noting that the move from private to public education can be traced back to the beginning of Lebanon's economic crisis, which began in 2019. Private schools and universities are becoming increasingly in-affordable with fees paid for in dollars, but the expected move will take place as the public education sector itself is near collapse, raising questions over whether public schools will be able to handle the additional strain¹¹.

Learning Conditions. Ninety-four percent (94%) of children were reportedly able to learn in acceptable conditions, indicating that the learning environment met the basic educational needs of learners. The districts with the lowest perceived ability to learn in acceptable conditions were Hermel (81%) and El Meten (79%).

¹⁰ Education in Lebanon in Crisis: The Teacher's Strike and Preventing a Lost Generation, [here](#)

¹¹ Lebanon's private school pupils move to public sector amid economic crisis, 2022 [here](#)



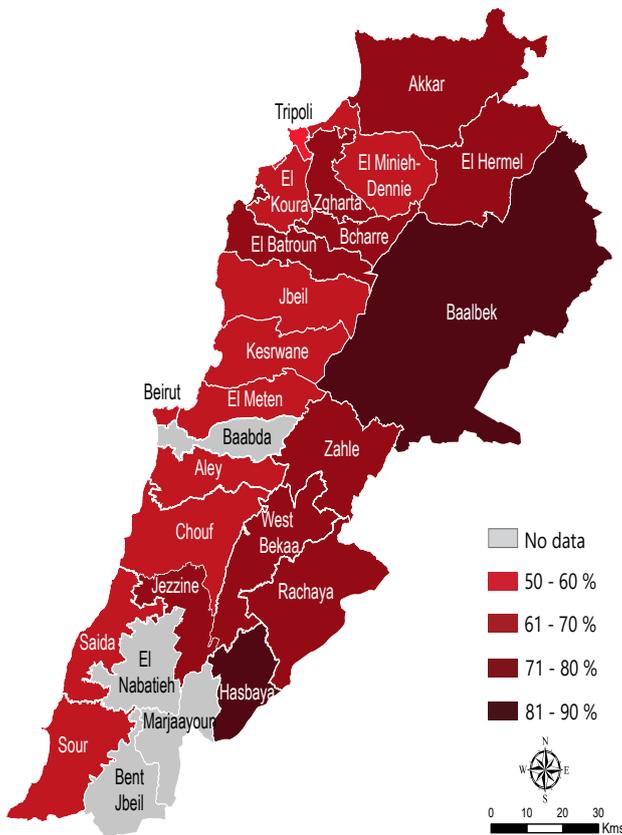
Livelihoods

EMPLOYMENT

35% of working age (15-64 y.o.) HH members were reportedly working for someone else for pay in the week prior to data collection

20% of female working age HH members were reportedly working for someone for pay, compared to 49% of male working age members.

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



In addition to individuals working for someone else:

- 9% 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.**

Out of 61% (n=10,610) of individuals who were reportedly not involved in income-generating activities:

21% were looking for a paid job or tried to start a business in the last month prior to the data collection

The district with the highest percentage of individuals reportedly looking for a job was Zgharta (39%), while Batroun had the lowest percentage at 6%.

Unemployed men were reported to be looking for a job more often (28%) than women (14%).

25% were ready to start working in the next 2 weeks, if a job opportunity became available

More males were reportedly ready to start working (36%), than females (19%).

Top three barriers to employment for men, as reported by HHs*:

| | |
|--|------------|
| Increased competition/ not enough jobs | 45% |
| Jobs too far away/ commute too expensive | 28% |
| Employers preferred someone of other nationality | 26% |

Top three barriers to employment for women, as reported by HHs*:

| | |
|---|------------|
| Increased competition/ not enough jobs | 36% |
| Jobs too far away/ commute too expensive | 30% |
| Lack of livelihood/employment opportunities for women | 19% |

MEETING BASIC NEEDS

92% 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*:

| | |
|-------------|------------|
| Health | 64% |
| Food | 51% |
| Electricity | 32% |
| Education | 18% |
| Water | 11% |

Most frequently reported reasons driving difficulties in meeting essential needs*:

| | |
|-------------------------|------------|
| Salary or wages too low | 59% |
| Lack of work | 44% |
| Fixed salary in LBP | 5% |

*Multiple answers allowed.

HOUSEHOLD'S DEBTS

21% of HHs reported borrowing money or receiving credit in the 3 months prior to data collection

988 USD¹² was the average reported debt value from borrowing money that has not been paid back yet, among 21% of HHs borrowing money.

63% of HHs with debt/credit reported having credit for an amount higher than 100 USD

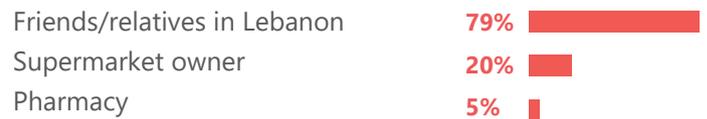
29% of HHs with debt reported having a new (borrowed in the last 30 days) debt value exceeding 100 USD.

Male-headed households (MHH) reported borrowing money or receiving credit more frequently than female-headed households (FHH) in the 3 months prior to data collection.

Among the HHs borrowing money or receiving credit (n=748), the main reported reasons were*:



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



13% of HHs reported facing harassment from debtors as a result of their debts

HOUSEHOLD'S INCOME

| | Average amount (USD) 30 days prior to d.c. ¹³ |
|--|---|
| Total income | 460.5 |
| Salaried work | 216.7 |
| Casual or daily labor | 43.0 |
| HH business or regular trade | 68.5 |
| Money or support from people living abroad | 39.9 |
| Formal Credit/debts | 38.0 |

On average, female-headed HHs reported having a lower total income in the 30 days prior to data collection than male-headed HHs.

16% of HHs reported an average monthly income lower than 100 USD

3% of HHs reported relying exclusively on remittances as their main source of income

97% of HHs reported **not receiving any in-kind payment for their work**

HOUSEHOLD'S EXPENDITURE

| | Average amount (USD) 30 days prior to d.c. ¹³ | Proportion to total spending** |
|------------------------------|---|--------------------------------|
| Total expenditure | 414.7 | 100% |
| Food | 155.1 | 34% |
| Accommodation | 16.8 | 4% |
| Medicine and health products | 59.1 | 15% |
| Water | 19.0 | 5% |
| Bottled water | 10.4 | 2% |
| Water trucking | 5.4 | 1% |
| Hygiene items | 24.6 | 7% |
| Energy for cooking | 12.3 | 5% |
| Communication | 22.6 | 6% |
| Electricity | 62.4 | 17% |
| Fuel | 50.9 | 9% |

| | Average amount 6 months prior to d.c. | |
|-----------------|--|---|
| Health services | 317.3 | - |
| Debt repayment | 38.7 | - |
| Shelter repair | 34.2 | - |
| NFI | 34.6 | - |

| | Average amount 12 months prior to d.c. | |
|-----------|---|---|
| Education | 252.2 | - |

**For each category, proportion was calculated by dividing the average expenditure by total expenditure.

¹² At the time of data collection, enumerators noted the daily exchange rate, on average 89,485 per 1 USD

¹³ Data collection

* Multiple answers allowed



Food Security and Livelihoods (FSL)

FOOD CONSUMPTION SCORE

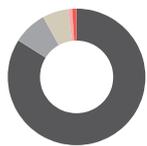
% of HHs by Food Consumption Score (FCS):



Most HHs with poor FCS were found in Zgharta (15%) and Tripoli (10%) districts.

HOUSEHOLD HUNGER SCALE¹⁴

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



No hunger in the HH (84%)
 Little hunger in the HH (8%)
 Moderate hunger in the HH (6%)
 Severe hunger in the HH (1%)
 Very severe hunger in the HH (1%)

AVERAGE NUMBER OF MEALS

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

| Adults | Children under 5 |
|--------|------------------|
| 2.7 | 3.5 |

The district with the highest average number of meals consumed by both adults and children was Akkar.

FOOD STOCKS

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

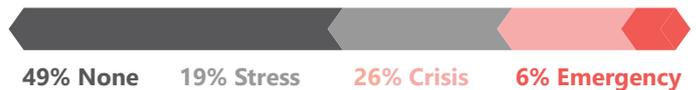


No food stocks (41%)
 Up to 1 month (36%)
 Between 1 month and 2 months (15%)

USE OF COPING MECHANISMS

76% 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 (LCS¹⁵) category in the 30 days prior to data collection¹⁶:



Districts with highest % of HHs found in emergency LCS: Baalbek (19%) and Minnieh Dunnieh (18%).

The most commonly adopted crisis and emergency coping strategies:

| | |
|--|-----|
| Reduced non-food expenditures on health | 26% |
| Sold productive assets and/or means of transport | 10% |
| Sold a house and/or land | 4% |
| Accepted high risk, dangerous or exploitative work | 3% |

62% of HHs utilizing LCS reported doing so for reasons other than a lack of food or money to buy food, with 54% using these strategies to cover healthcare expenses.

% of HHs by average Reduced Coping Strategy Index (rCSI¹⁷):



Fourteen percent (14%) of HHs was highly relying on consumption-based coping strategies. The governorate with the highest percentage of HHs with a high rCSI score was Baalbek (33%).

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

| Strategy adopted (% of HHs) | Average no. of days per week per strategy |
|---|---|
| Relied on less preferred/cheaper food (75%) | 3.9 |
| Limited portion sizes at meal times (42%) | 1.9 |
| Reduced no. of meals eaten in a day (21%) | 0.9 |
| Borrowed food/relied on help (17%) | 0.6 |

¹⁴ Household Hunger Scale (HHS)— the indicator to measure household hunger in food insecure areas. Read more [here](#).

¹⁵ Livelihood Coping Strategies Index (LCS) is an indicator used to understand medium and longer-term coping capacity of households 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 households' experiences with livelihood stress and asset depletion to cope with food shortages. Read more [here](#).

¹⁶ Households could select multiple livelihood coping strategies. The graph shows the most severe LCS selected by the household.

¹⁷ rCSI - The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by households due to shortage of food. The index measures the frequency and severity of the food consumption behaviours the households had to engage in due to food shortage in the 7 days prior to the survey. The rCSI was calculated to better understand the frequency and severity of changes in food consumption behaviours in the household when faced with shortage of food. 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](#).

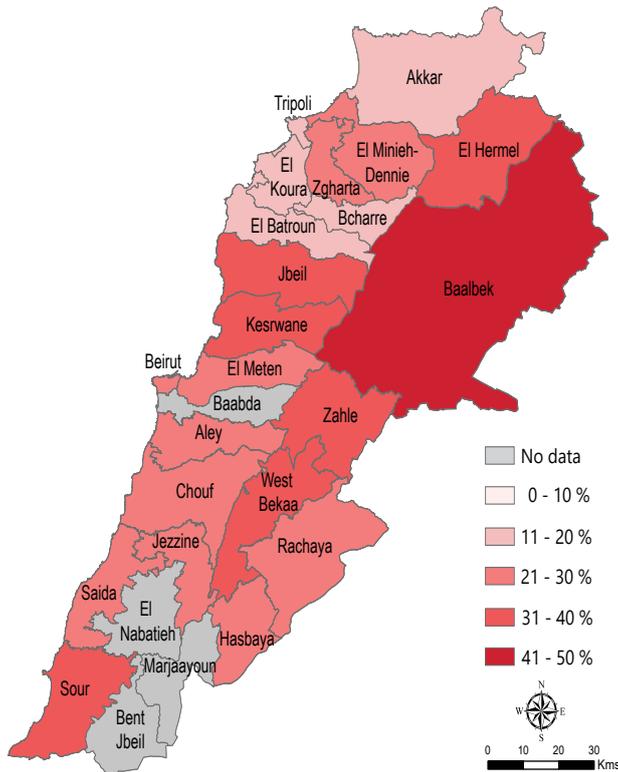
Health

HEALTH CARE NEEDS: ACCESS AND BARRIERS

58% of HHs reported having had at least one member with a health problem and in need to access healthcare in the 3 months prior to data collection

28% of individuals reportedly had a health problem and were in need to access health care in the 3 months prior to data collection

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



Out of the 28% of individuals in need of accessing health care services, **71% reported Primary Health Care (PHC)** as their main need, and **28% reported Secondary Health Care (SHC)** as their main need.¹⁸

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 | 85% |
| Other specialized services or non-hospital care | 8% |
| Dental services | 4% |

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

| | |
|--|------------|
| Hospital-based laboratory/ diagnostic procedures | 51% |
| Other specialized services at hospital | 18% |
| Elective non-life saving surgery | 14% |

Out of 28% of individuals with health care needs, **26% were not able to obtain healthcare** when they felt they needed it (same % among individuals with PHC and SHC needs).

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

| | |
|--|------------|
| Private clinic or other private facility | 34% |
| Private hospital | 21% |
| Did not seek healthcare | 11% |

Top four reported barriers to accessing health care, among individuals with unmet health care need (n=691)*:

| | |
|---|------------|
| Cost of treatment | 79% |
| Cost of consultation | 78% |
| Cost of transportation to health facility | 13% |
| Treatment/device not available | 11% |

% of HHs with at least one member with an unmet health care need, among the 58% HHs with health care needs:



HHs with unmet healthcare needs were most often found in Bekaa (63%) and South (59%) governorates.

% of HHs by self-reported coping mechanisms for barriers to access health care, among HHs that experienced such barriers (n=420)*:

| | |
|---|------------|
| Delayed/cancelled treatment/doctor visit | 46% |
| Went to pharmacy instead of doctor | 38% |
| Delayed/cancelled diagnostic procedures | 24% |
| Switched to a public health care facility | 20% |

All HHs reported needing **less than 60 minutes** to reach the nearest facility. On average, HHs reported spending 12 minutes to reach the nearest facility.

70% of HHs reported not having any type of health insurance¹⁹

- 12% of HHs reported having public, army or security forces insurance
- 10% of HHs reported having private, self pay insurance.

¹⁸ Primary Health Care (PHC): The first level of healthcare received for basic health needs like periodic 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. HHs that selected primary healthcare as their primary need still may have secondary needs, and vice versa.

¹⁹ NSSF coverage at the time of data collection was based on the old LBP - USD exchange rate, thus it was considered as no insurance

* Multiple answers allowed



Health

MEDICATION: ACCESS, BARRIERS & COPING MECHANISM

Out of **58%** (n=2,005) HHs with health care needs:

99% of HHs reported the need to access medication in the 3 months prior to data collection

84% of HHs reported at least one barrier in accessing medication when needed

The districts with the highest % of HHs reporting at least one barrier in accessing medication were El Batroun and Baalbek (91%).

Most often self-reported barriers to accessing medication, among HHs with health care needs (n=2,005)*:

| | | |
|---|------------|---|
| Cost of medication | 59% |  |
| Medication not available in pharmacy | 40% |  |
| Medication not available in health facility | 29% |  |

% of HHs by self-reported coping mechanisms for inaccessibility of medication, among HHs who reported barriers to accessing medication (n=1,675)*:

| | | |
|-------------------------------------|------------|---|
| Switched to substitutes / generics | 68% |  |
| Got medication from outside Lebanon | 30% |  |
| Rationed existing medication | 22% |  |

SEXUAL & REPRODUCTIVE HEALTH

5% of women (15-49 y.o.) were reportedly pregnant or lactating at the time of data collection

4% 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=112), were assisted by skilled birth attendant.

Out of women who gave birth in the 2 years prior to data collection, 72% women who gave birth in the 2 years delivered in a private hospital, and 26% in public hospital.

Out of women who gave birth in the 2 years prior to data collection, 18% had reportedly received antenatal care **less than 4 times** during pregnancy.

10% of non-single women (14-49 y.o.) (n=824) were in need for the family planning/contraceptives in the 3 months prior to data collection²⁰

Out of the 10% of women in need for family planning/contraceptives (n=109), **84%** reported they were able to meet their need for family planning.

Top three places or institutions where women reported being able to obtain family planning or contraceptives:

| | |
|---|------------|
| Pharmacy | 62% |
| Private clinic and other private medical facility | 24% |
| PHC facility including dispensary, NGO clinic | 15% |

ROUTINE VACCINATION

18% of HHs with children (n=1,247) reported experiencing barriers to receiving routine vaccination for their child (other than COVID19) in the 6 months prior to data collection

The district with the highest % of HHs reporting barriers to receiving routine vaccination for their child was Aley (36%) and that with the lowest percentage was Hasbaya (4%).

% of HHs by self-reported barriers to receiving routine vaccination (other than COVID19) for their child, among HHs with children (n=1,247)*:

| | |
|--|-----------|
| Could not afford cost of receiving the vaccine | 7% |
| I was worried about the side effects | 2% |
| Vaccine not available in my community | 2% |

4% of HHs with children reported vaccination hesitancy²¹ as barrier to receiving routine vaccination for their child / children

NUTRITION

There were 205 infants (children under 2 y.o.) in the assessed households, of them 70% (n=145) were ever breastfed and 46% (n=69) were still breastfed at the time of data collection.

Of 44 infants aged 0-5 months, 46% (n=17) were exclusively breastfed.

Out of 161 infants aged 6-24 months, 47% (n=79) were reported to have minimum dietary diversity.

²⁰ Family planning questions were asked by female enumerator, only about non-single women aged 14-49.

²¹ Vaccination hesitancy included answers: "I'm worried about side effects of vaccines", "I do not want to vaccinate children / prefer to delay vaccination or my child", "Fear or distrust of health workers at vaccination site" and "I have concerns about safety or quality of vaccines at vaccination site."

* Multiple answers allowed.

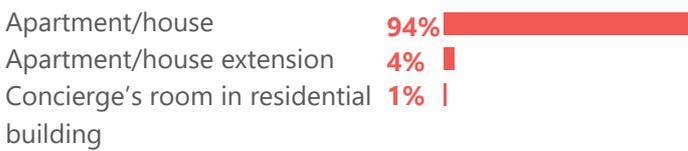


SHELTER

SHELTER TYPES AND OCCUPANCY ARRANGEMENTS

99% of the HHs reported living in residential shelters

% of HHs by shelter sub-type:



% of HHs by type of occupancy agreement:



19% of the HHs reported living in rented shelters²¹

Among HHs renting shelter (n=548), 74% reported renting in USD and 26% in LBP at the time of data collection.

Average renting cost in LBP and USD²²:

916,000 LBP **133** USD

The districts with the highest renting cost:

- **231 USD** Keserwane
- **229 USD** Jbeil
- **172 USD** Bcharre

37% of the Lebanese HHs reported having their rent change in the year prior to data collection²³

Among households that reported a change in rent in the year prior to data collection (n=199), **99% indicated an increase**, with an average rise of **69 USD**.

HOUSING, LAND AND PROPERTY ISSUES

92% of HHs reported not having any problems related to housing, land, and property

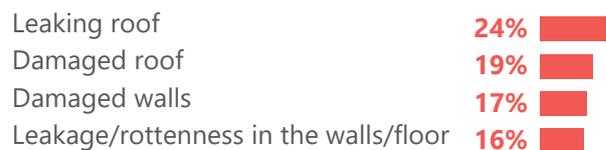
Among HHs who reported having problems related to housing, land, and property (n=269), 2% reported having inheritance dispute and 2% reported having unlawful/secondary/informal occupation.

CROWDEDNESS

Average number of HH members per room²⁴: **1.1**

SHELTER ISSUES

% of HHs by main reported damage, defects, or issues reported by HHs within their shelter, among 42% of HHs that reported at least one enclosure issue (n=1423)²⁵:



% of HHs by perceived shelter conditions*:



LIVING FUNCTIONALITY

89% 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*:

- **1%** insufficient core NFI (utensils, kitchen sets)
- **1%** at least one member of the HH had to sleep outside or on the floor
- **3%** inability to store food safely, especially in Aley and El Hermel (12%)
- **7%** insufficient number of hours of electricity, specifically in Chouf (32%) and El Minnieh-Dennie (28%)

²¹Rented shelters: rental agreement before 22 July 1992 or rental agreement after 1992 or informal lease agreement.

²²Average rent in LBP calculated excluding rental agreements before 1992.

²³Among HHs who rent their shelter.

²⁴Calculated by dividing HH family size by number of rooms reported.

²⁵Shelter 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.

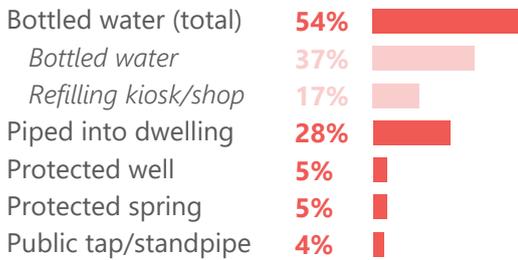
*Multiple answers allowed.



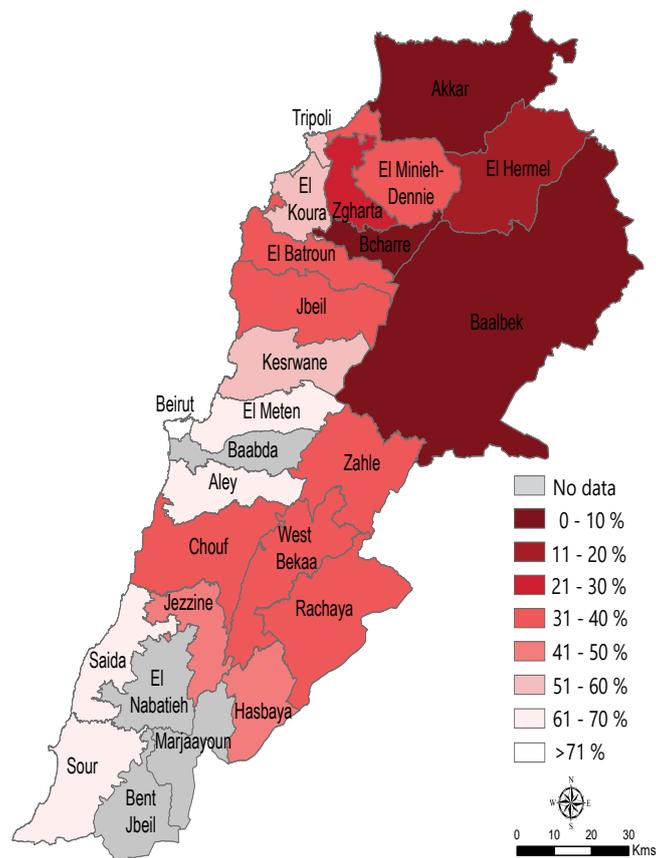
WATER, SANITATION AND HYGIENE (WASH)

MAIN SOURCES OF WATER

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



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



3% of HHs reported relying on unimproved water²⁶ as their main drinking source

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



% of HHs by person who usually fetches water, as reported by the 51% of HHs who did not have water on the premises*:



The average time needed for fetching water (round trip by walking, queuing, and time needed to fetch water) was **10 minutes**.

15% of HHs reported treating water²⁷ to make it safer to drink

Top 3 treating methods, as reported by HHs treating water (n=403):



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



²⁶Unimproved 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

²⁷Among HHs not reporting using bottled water as the primary source of drinking water

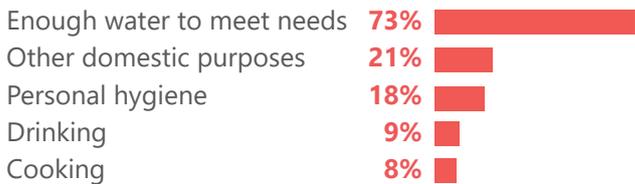
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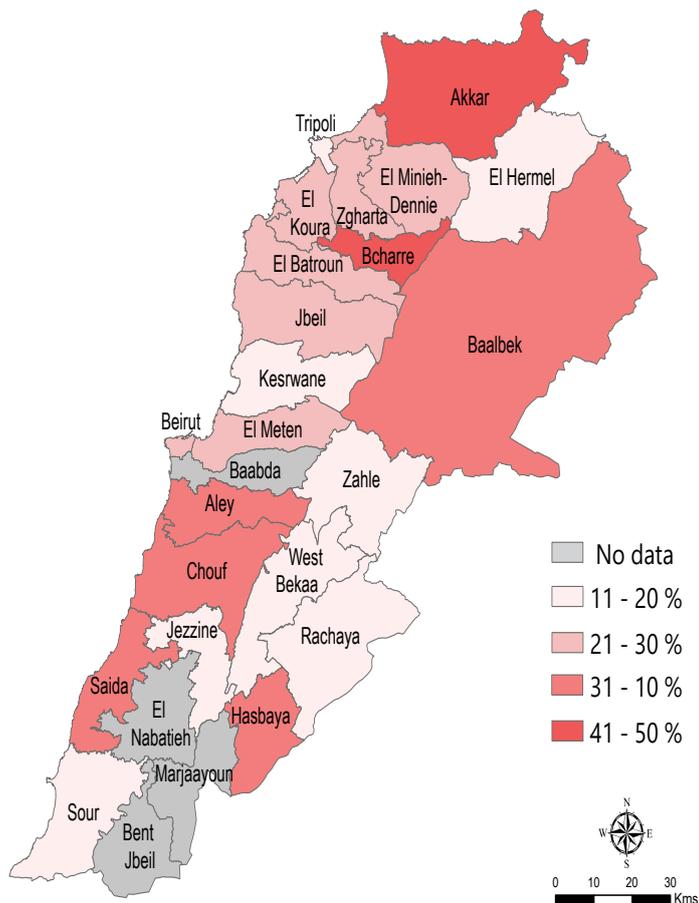
WATER, SANITATION AND HYGIENE (WASH)

WATER ACCESS AND AVAILABILITY

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



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

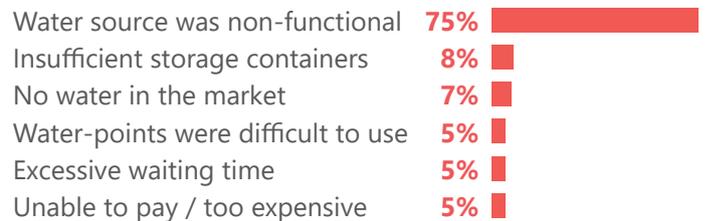


Districts with the highest percentages of HHs reporting not having enough water for drinking were in Akkar (**47%**), Bcharre (**32%**), Baalbek (**21%**).

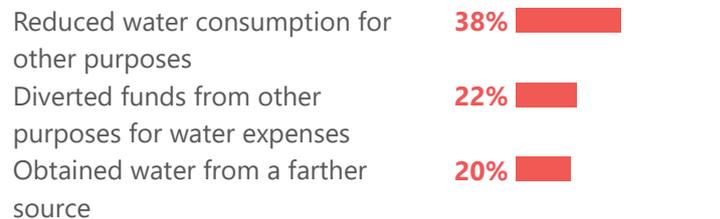
% of HHs reporting the insufficient drinking water in the 4 weeks prior to data collection, by frequency:



% of HHs reporting a lack of sufficient water for at least one need (n=852), by reasons for water insufficiency*:



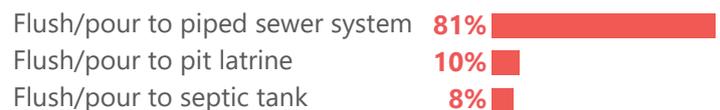
% of HHs reporting a lack of sufficient water for at least one need (n=855), by types of coping strategies*:



SANITATION

99% of HHs reported having access to functioning sanitation facility²⁸

% of HHs by reported sanitation facility used:



Less than 1% of HHs reported sharing sanitation facilities with other HHs.

²⁸ 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

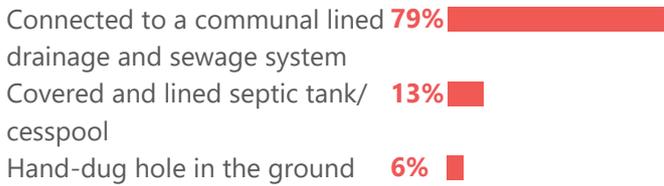
*Multiple answers allowed



WATER, SANITATION AND HYGIENE (WASH)

SANITATION

% of HHs by top 3 types of wastewater management systems:



Hand-dug hole in the ground was most reported in El Hermel district (38%).

% of HHs with pit latrine or septic tank (n=1061), by having their pit latrine or septic tank emptied in the year prior to data collection:



HYGIENE

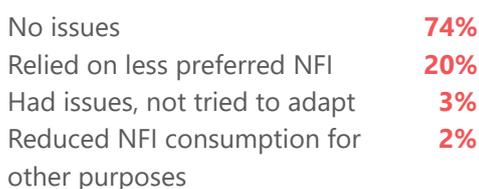
94% of HHs reported good hygiene practices²⁹ to wash their hands

The lowest % of HHs reporting good hygiene practices was found in Beirut and El Meten (83% each).

The remaining 6% of HHs included:

- 2% with no handwashing facility available
- 1% with handwashing facility equipped with water only
- 3% 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:



% of HHs with female HH members of menstruating age (n=1772), by type of problem that female members had related to accessing menstrual material³⁰:



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:



The district with the highest % of HHs reporting waste not being collected regularly was Saida (56%) and those with the lowest % were Hasbaya and El-Nabatieh (11% each).

% of HHs by most common type of waste management method:



% of HHs reporting sorting waste, per waste category*:



The highest % of HHs reporting not sorting any waste was found in Bsharre (95%), while the lowest % was found in Kesrwane (48%).

²⁹ Good hygiene practice is considered when a HH reports having a hand washing facility available with soap and water

³⁰ Among HHs with at least one woman of menstruating age (15-49 y/o) interviewed by a female enumerator (n=1738)

*Multiple answers allowed



PROTECTION

DOCUMENTATION

98% of HHs reported all HH members have ID documentation in their possession

The highest proportion of households reporting that not all members had an ID was observed in the El Minieh-Dennie district (18%)

MARRIAGE REGISTRATION

% of HHs by reported marriage registration, among HHs married in Lebanon (n=328):

Registered with the Noufous **77%**

Contract/ proof from a religious authority/ Sharia court **23%**

% of HHs by reported marriage registration, among HHs married outside Lebanon (n=57):

No documents **68%**

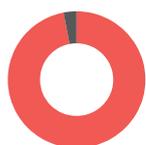
Certificate from country of origin/ family civil extract **21%**

Other **4%**

PNTA **7%**

BIRTH REGISTRATION

% of children with birth certificate:



Yes (97%)

No (3%)

The highest % of children without birth certificates was reported in Jbeil (14%) and Zgharta (12%) districts.

POPULATION MOVEMENT

2% of HHs relocated inside Lebanon since 2019, as a result of the crisis

The main reasons for relocation reported by the 91 HHs that moved within Lebanon were: cheaper accommodation (29%), searching for a job (15%), and a desire to be closer to their community (11%).

2% of HHs reported intending to move outside Lebanon in the next 3 months

4% of HHs reported intending to move outside Lebanon in the next 12 months

The main reported reasons for leaving Lebanon, among HHs intending to leave (n=180):

Unable to meet basic needs **60%**

Unsafe working conditions/ unpaid wages **34%**

Conditions in Lebanon not as envisioned **33%**

Top reported destinations for HHs intending to move, among those planning to leave Lebanon (n=180):

Canada **18%**

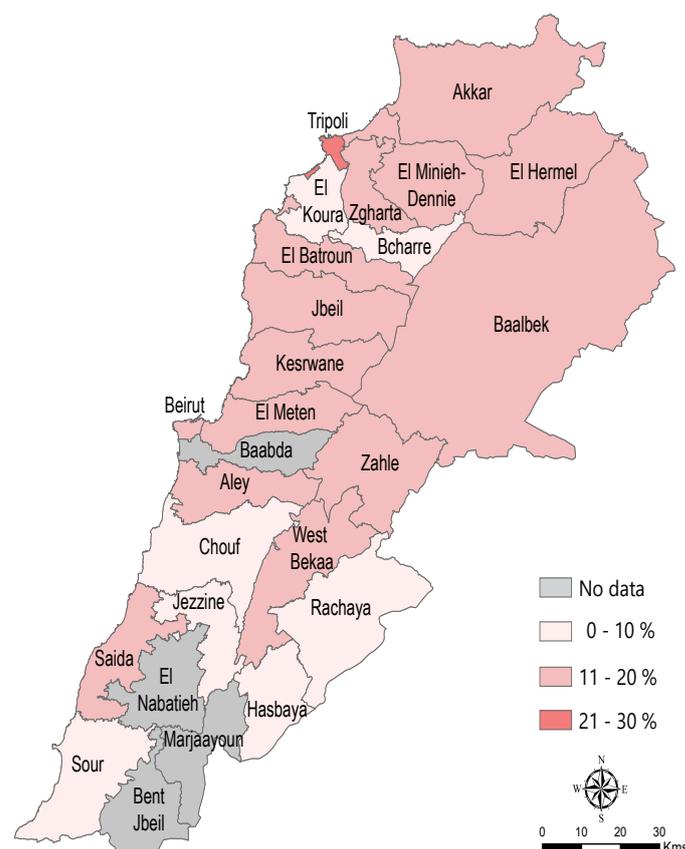
Germany **17%**

UAE **10%**

SAFETY AND SECURITY CONCERNS BY AREA

14% of HHs reported that women and girls avoided certain areas in their location because they felt unsafe there

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



PROTECTION

SAFETY AND SECURITY CONCERNS BY AREA

Top 3 types of locations avoided by women and girls:



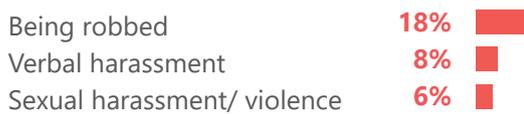
16% of HHs reported that women and girls felt unsafe walking alone in their area

14% of HHs reported that men and boys felt unsafe walking alone in their area

SAFETY AND SECURITY CONCERNS

23% of HHs reported at least one safety and security concerns for women

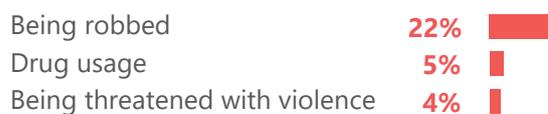
% of HHs by top 3 types of safety and security concerns for women reported:



Safety and security concerns for women were most often reported in Tripoli (67%), Akkar (52%), and Keserwane (40%) districts.

25% of HHs reported at least one safety and security concerns for men

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



Safety and security concerns for men were most often reported in Tripoli (75%), Akkar (49%), and Chouf (46%) districts.

PROTECTION SERVICES

87% 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 (8% nationwide), particularly in Baalbek and El-Hermel districts (27% and 12% respectively).

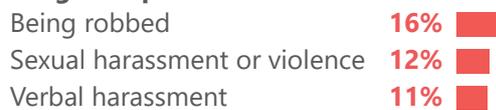
70% of HHs reported being aware of gender-based violence support sources

Lowest reported % of HHs being aware of gender-based violence support services were in Baalbek (22%), Tripoli (55%), and Bcharre (55%) districts.

CHILD PROTECTION

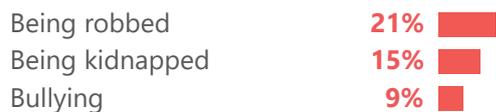
33% of HHs reported at least one safety and security concerns for girls

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



32% of HHs reported at least one safety and security concerns for boys

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



5% of HHs reported the presence of children engaged in child labor outside of the home in the 3 months prior to data collection

% of children reportedly engaged in child labor in the 7 days prior to data collection, by type of child labor:

| | |
|--|----|
| Worked in plot, farm, or looked after animals | 2% |
| Helped in a family or a relative's business | 3% |
| Produced or sell NFIs, food or agricultural products | 1% |
| Engaged in any other activity in return for income | 3% |

Out of 109 children engaged in child labor in the 7 days prior to data collection, 20 were required to carry heavy loads, and 14 were required to work with dangerous tools.

Education

SCHOOL ENROLMENT AND ATTENDANCE

28% of HHs reported to have at least one school-aged child (6-17 y.o.)

1,854 school-aged children were reported in the assessed HH.

96% of school-aged children were reportedly enrolled in a formal school during the 2022-2023 school year.

% of school-aged children enrolled in a formal school for the 2022-2023 school year, by gender:

| | |
|--------------|-------------|
| Girls | Boys |
| 97% | 95% |

Of the 4% children not enrolled in school (n=88), most commonly cited reasons for children not being enrolled:

| | | |
|---------------------------------|------------|---|
| Cost of education | 30% |  |
| Child did not enrol due to work | 16% |  |
| Other, including strikes | 14% |  |

% of school-aged children enrolled in formal school for the 2022-2023 school year (n=1,766), by type of formal schools:

| | | |
|--|------------|---|
| Private school | 51% |  |
| Public school | 44% |  |
| Semi-private school ³¹ | 2% |  |
| Public TVET (15-17 y.o.) ³² | 2% |  |

89% of children were reported to have attended school regularly during the last school year (2022-2023)³³

% of school-aged children attending school regularly in the 2022-2023 school year while schools were open, by gender:

| | |
|--------------|-------------|
| Girls | Boys |
| 91% | 87% |

Main reasons for not attending school (n=221):

| | |
|---|------------|
| Other, including strikes | 74% |
| Cost of educational materials / school fees | 3% |
| Difficulties at school with curriculum | 2% |

13% of HHs reported at least one school-aged child transferred from private to public school in the last two school years

School transfer from private to public schools was more frequently reported in female headed HHs than in male headed HHs.

DROP OUT OF SCHOOL

Seventeen out of the 88 children who were not enrolled in formal school education reportedly dropped out of school in the previous school year.

This means that they were enrolled in a specific grade at a particular school during the 2021-2022 school year but have not been enrolled in the current/2022-2023 school year.

School dropout was reported in **9 out of 23 districts.**

Out of 17 children that dropped out, 10 were boys, 7 were girls, and 4 had a disability.

SAFE TRAVEL AND LEARNING CONDITIONS

98% were reportedly able to safely travel to school and learn under safe conditions³⁴ at the school during the 2022-2023 school year.

Top reported reasons for children unable to safely travel to school and learn in secure conditions (n=36) were **road safety (n=17) and bullying (n=8).**

% of HHs by regular mode of transportation to school:

| | | |
|------------------------|------------|---|
| School bus or van | 46% |  |
| Private car/carpooling | 30% |  |
| Walking | 22% |  |

94% of children (6-17 y.o.) were reportedly able to learn in acceptable conditions³⁵ during the 2022-2023 school year

The main reported reasons for the 6% of children unable to learn in acceptable conditions (n=102) included:

| | |
|--------------------------------------|------------|
| • Lack of qualified teaching staff | 57% |
| • Disruptions due to teachers strike | 30% |
| • Curriculum not adapted | 10% |

³¹ A semi-public school operates with a blend of public funding and private management

³² Technical and Vocational Education and Training: institutions are fully funded and overseen by the government

³³ 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.

³⁴ 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

³⁵ Acceptable condition means the learning environment met the basic educational needs of learners



ENERGY AND TELECOMMUNICATION

ENERGY

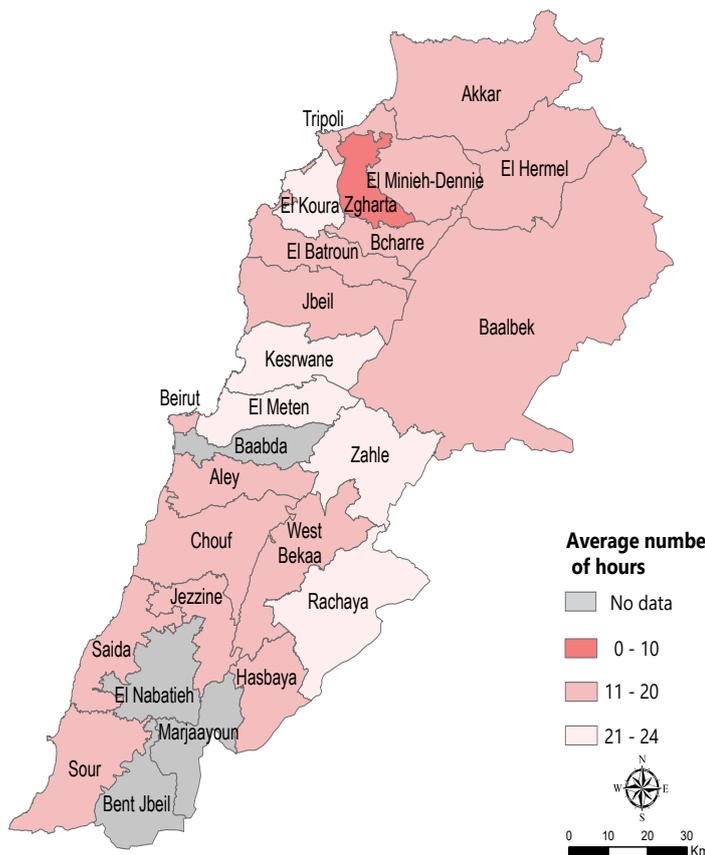
% of HHs by main source of electricity*:



Districts with the highest % of HHs reporting using solar panels as their main source of electricity:

- Rachaya 87%
- El Hermel 72%
- Baalbek 66%

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



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

5%

of HHs reported using coping mechanisms to deal with lack of electricity and related expenses

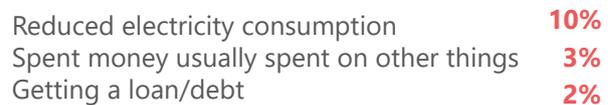
24%

of HHs reported not using any coping mechanisms because they had already exhausted all of them

58%

of HHs reported not using any coping mechanisms because they did not need to

% of HHs, by type of coping mechanisms for electricity shortages reportedly used:



% of HHs by most commonly used sources of energy to prepare meals reported:



COMMUNICATION

% of HHs per network coverage category:



- No coverage at all (4%)
- Only Internet coverage (1%)
- Voice and SMS coverage (15%)
- Voice, SMS and Internet coverage (80%)

No coverage at all was most reported in El-Minnieh Dennie district (16%).

³⁶ Electricite du Liban

* Multiple answers allowed

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