

# ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

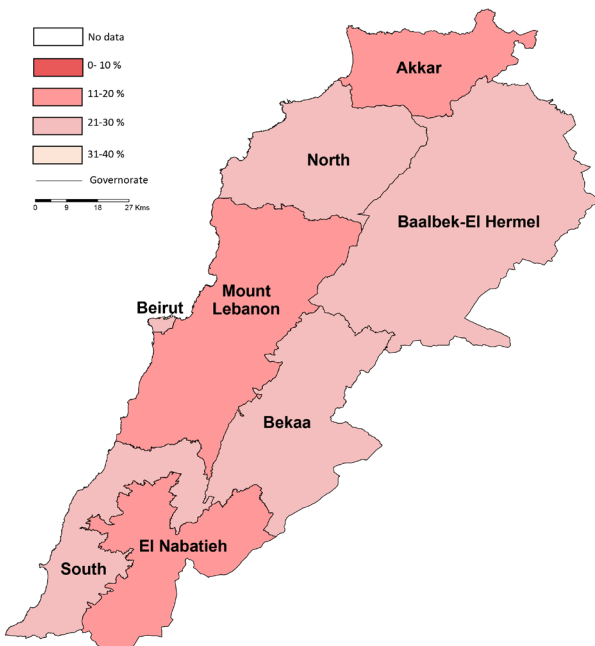
MSNA

November 2022  
Lebanon

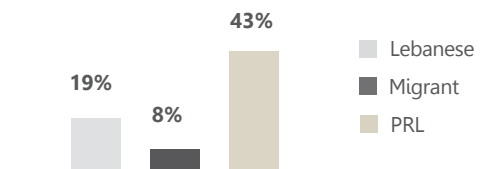
Lebanon is facing a multi-layered crisis resulting from years of economic mismanagement, structural vulnerabilities including poor infrastructure, a weak public sector and deteriorating social services, as well as the effects of the COVID-19 pandemic and the 2020 Beirut blast<sup>1</sup>. These factors have contributed to civil unrest, high poverty rates and limited functionality of public services, and have driven household (HH) vulnerability more generally<sup>2</sup>. The ongoing crisis has multiple consequences that affect the population groups present in Lebanon with different levels of severity. In this context, an increase in the need for humanitarian assistance has been identified across the various population groups residing in Lebanon. However, there is limited information on community perceptions of humanitarian assistance in Lebanon, which could limit the provision of relevant and inclusive aid to affected communities in the region. Aiming to fill the identified information gap around perceptions on the humanitarian response, REACH included an Accountability to Affected Populations (AAP) component to the 2022 Multi-Sector Needs Assessment (MSNA). This factsheet intends to provide an overview of the key findings around AAP. A face-to-face household survey was conducted from 27 July to 26 November 2022 targeting three population groups: Lebanese, Palestine refugees residing in Lebanon (PRL), and Migrants with 5689 households surveyed across the country. Results were representative at district level for Lebanese households, and at governorate level for both migrants and PRL households with a 95% confidence level and a +/- 10% margin of error. For further information, refer to the [Terms of Reference](#).

## RECEPTION OF ASSISTANCE

% of households having received assistance in the last 12 months, per governorate



% of households having received assistance in the last 12 months, per population group:



During the 12 months prior to data collection, less than one quarter of HHs received humanitarian assistance. PRL HHs most often reported having received assistance (43%). Notably, this was also the population group that had most commonly tried accessing humanitarian assistance (64%), whilst reporting less barriers when trying to do so. Lebanese (19%) and migrant (8%) HHs received assistance considerably less often. Among the Lebanese (45%) and migrant (47%) HHs who had tried to access assistance, the most reported barriers were not knowing how to apply or not understanding the application procedure. This could be explained by the relatively new humanitarian needs among these population groups, and thus being less familiar with the humanitarian services available. Regional differences were found across all population groups. Interestingly, areas where assistance was most commonly received did not always overlap with the areas that showed the highest needs based on the 2022 MSNA findings. Additional research could be done to better understand whether these discrepancies are related to accessibility, availability or other reasons.

**19%**

of households received humanitarian assistance in the past 12 months.

### Question:

When was **the last time** your household receive some aid?  
[Of those who received humanitarian assistance in the past 12 months]



In the past 30 days	24%
In the past 3 months	36%
In the past 6 months	26%
More than 6 months ago	15%

**47%**

of households tried to access humanitarian assistance in the past 12 months.

While 44% of households reportedly did not encounter any barriers when trying to access humanitarian assistance in the past 12 months, the remaining households, that did try to access this assistance, reported **the following top three barriers\***:

1. Did not know how to apply (26%)
2. Not understanding application procedures (16%)
3. Lack of resources by providers (11%).

## SATISFACTION UPON RECEPTION

**86%**

[Of those who received assistance]

were **satisfied** with the humanitarian assistance received

Top three most commonly reported reasons for **dissatisfaction** with the humanitarian assistance received\*:

[Among the 14% of households who received aid and were dissatisfied with assistance received]

- 1. The assistance delivered was not adequate to the needs of the household (42%)**
- 2. Quantity was not good enough (41%)**
- 3. Quality was not good enough (36%).**

## NEEDS AND MODALITIES

**Most commonly reported modalities of assistance** that households would prefer to receive in the future:

<b>Physical cash</b>	<b>75%</b>
<b>In-Kind</b>	<b>24%</b>
<b>Services</b>	<b>14%</b>
Vouchers	6%
Cash via bank transfer agencies	2%
Cash via prepaid cards	1%
Cash via bank transfer	1%

**Top three priority needs** (by % of households per type of most commonly reported priority need)\*:



**Food (66%)**



**Healthcare (65%)**



**Electricity (30%)**

Overall, the top reported priority needs were similar across the different population groups, with livelihoods support / employment reported as the fourth most common priority need (26%). Notably, Lebanese households often also reported education for children under 18 as a priority need (16%) while migrant (16%) and PRL HHs (21%) often reported shelter / housing as a priority need. For migrant households, a difference in priority needs was identified when comparing live-in with live-out households<sup>3</sup>. In addition to food (75%), healthcare (58%), livelihoods support (33%) and shelter (26%), many live-out migrant HHs also reported the need to repay a debt (16%) and drinking water (14%) as their priority needs. Two-third of live-in HHs (66%) on the other hand, reported having no priority needs. Households across the three population groups agreed that the most preferred modalities of assistance were physical cash (75%), in-kind (24%) and through services (healthcare, education, etc.) (14%).

## DELIVERY OF ASSISTANCE

**52%**

of households were **satisfied** with humanitarian assistance workers' behaviour in the area<sup>4</sup>.

Top three most reported reasons for **dissatisfaction** with the behaviour of aid workers in the area\*:

[Among the 23% who were dissatisfied with aid workers' behaviour]

- 1. They do not listen to anyone in the community (29%)**
- 2. They do not speak to anyone in the community (25%)**
- 3. When we give them feedback or make complaints, nothing changes (24%)**

## ENDNOTES

<sup>1</sup> Lebanon - country overview. Source: [World Bank website](#).

<sup>2</sup> Lebanon Economic Monitor. Source: [World Bank website](#).

<sup>3</sup> Live-in migrant HHs (n=775) refer to migrant HHs, and predominantly female domestic workers, who live in the same residence as their employer. Live-out migrant HHs (n=322) might have their residence paid for or provided by their employer, or rent it themselves, but it is separate from their employer's residence.

<sup>4</sup> Services included healthcare, education, etc.

<sup>5</sup> The remaining households either reported being dissatisfied with the way aid workers behaved (23%), reported not to know (25%) and preferred not to answer (1%).

\*Multiple answers allowed.