

Multi-sector needs assessment (MSNA) Lebanese Households

KEY FINDINGS

Food Security

April 2022

CONTEXT

Lebanon is currently facing a multi-layered crisis¹ characterised by an acute economic contraction, a political crisis, the onset of the COVID-19 pandemic² and the continuation of the Syria crisis³.

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) Office 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 districts⁵, 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.

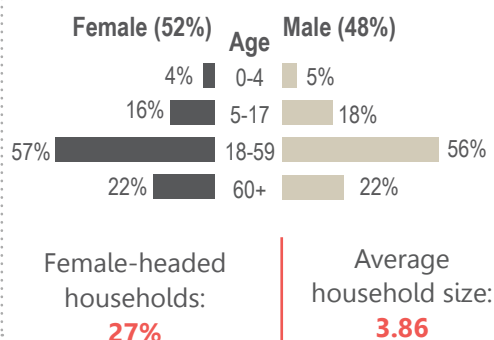
In total, 5,613 surveys were conducted, among the three population groups previously mentioned: Lebanese, Migrants and PRL (see breakdown in the Assessment sample section). For more details on the methodology, please refer to the [Terms of Reference](#).

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%.

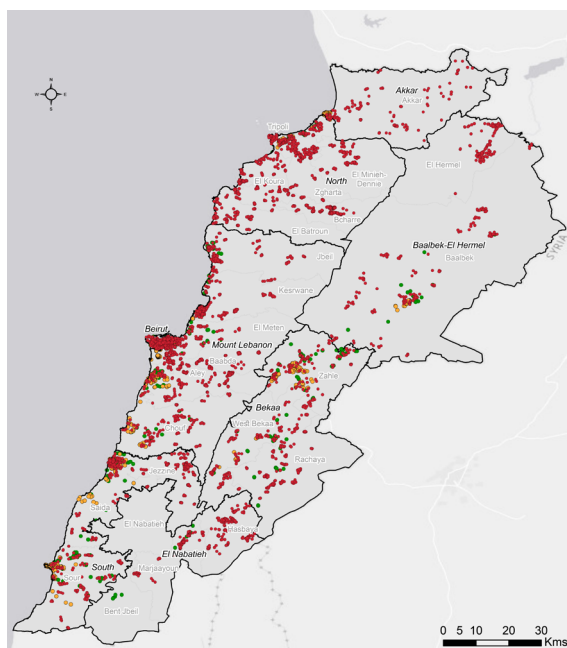
Assessment sample

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

Lebanese sample demographics



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, high-income areas had a disproportionately high non-response rate. This might have an impact on the MSNA results, through a potential over-representation of low and medium-income HHs in certain areas.
- Several indicators, especially those related to expenses and food consumption questions were reported by MSNA enumerators as creating a lot of discomfort within the three population groups. This should be kept into consideration when reading these results, as a potential bias linked to social taboos and concerns may have impacted the results.

Food Availability and Hunger

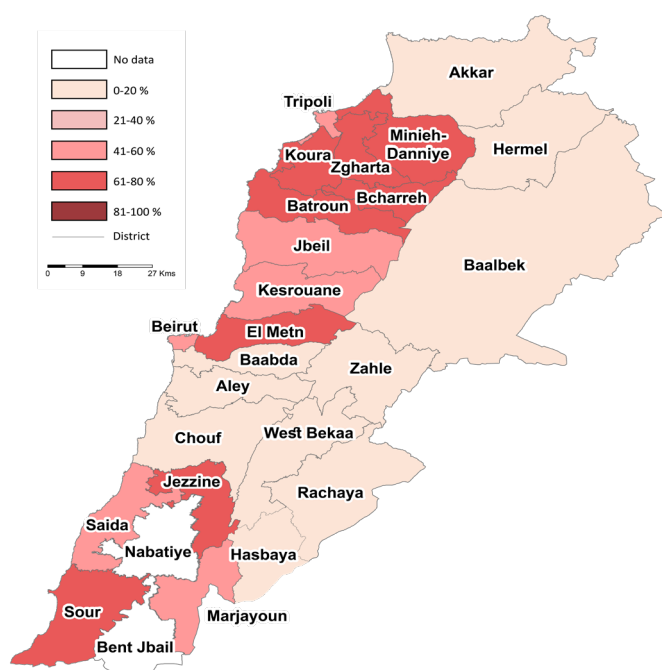
2% of Lebanese HHs were found to be in **severe hunger (4-6)⁷**

13% of Lebanese HHs were found to be in **moderate hunger (2-3)⁷**

32% of Lebanese HHs reported having experienced lack of food (of any kind) at home, or resources to access food, at least once in the 30 days prior to data collection

The district with the highest percentage of Lebanese HHs reporting having experienced such a lack of food was Bsharre (60%).

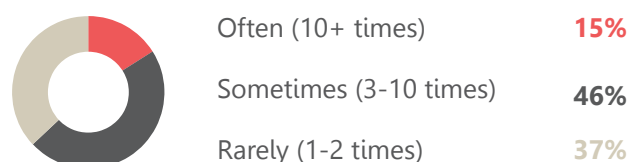
% of Lebanese HHs reporting having experienced lack of food (of any kind) at home, or resources to access food, at least once in the 30 days prior to data collection, by district



11% of Lebanese HHs reported having had at least one member going to sleep at night hungry because there was not enough food at home in the 30 days prior to data collection

20% of HHs in Tripoli reported having had at least one member going to sleep at night hungry in the 30 days prior to data collection because there was not enough food at home.

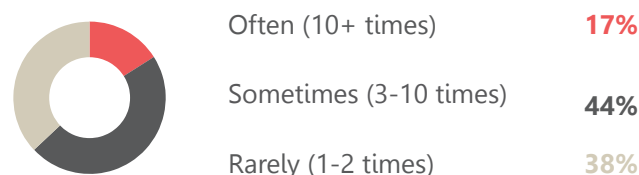
% of Lebanese HHs among those reporting having had at least one member going to sleep at night hungry in the 30 days prior to data collection (n=403), by reported frequency of occurrence



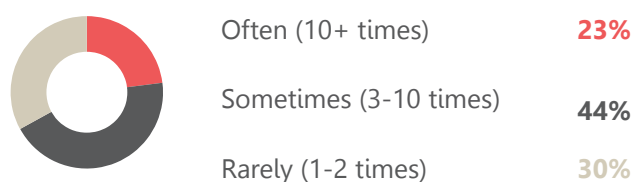
5% of Lebanese HHs reported having had at least one member going a whole day and night without eating anything because there was not enough food at home in the 30 days prior to data collection

16% of HHs in West Bekaa district reported having had at least one member going a whole day and night without eating anything because there was not enough food at home in the 30 days prior to data collection.

% of Lebanese HHs among those having had at least one member going a whole day and night without eating anything because there was not enough food (n=194), by reported frequency of occurrence



% of Lebanese HHs among those reporting having ever experienced lack of food at home, in the 30 days prior to data collection (n=1,363), by reported frequency of occurrence



39%, 25% and 24% of Lebanese HHs in Akkar, Keserwan and Beirut districts respectively reported having often (10+ times) experienced the lack of food of any kind at home in the 30 days prior to data collection.

Coping Mechanisms

% of Lebanese HHs by reported coping mechanism used by anyone in the HH to cope with lack of food and resources to buy it in the 30 days prior to data collection⁹

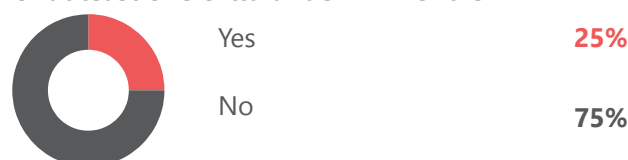
	Yes or already did before	No	N.A.
Reduced food expenditures	87%	8%	3%
Spent some or all of the HHs savings	52%	20%	23%
Bought food on credit/ and or borrowed money	42%	40%	17%
Sold productive assets and/or means of transport	33%	40%	27%

The district with the highest percentage of Lebanese HHs reporting having reduced food expenditures was Saida (95%), and the one with the highest percentage of Lebanese HHs reporting having sold productive assets and/or means of transport was Baalbek (35%).

56% of Lebanese HHs in Akkar reported having had at least one member of the HH buying food on credit and/or borrowing money to purchase food in the 30 days prior to data collection

Infant Feeding

% of Lebanese HHs with at least one child aged 0-24 months (n=74) reporting using infant formula for at least one child under 24 months



25% of HHs reported feeding their children with infant formula although this kind of milk became expensive and scarce after the start of the crisis⁸.

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, Kesrwan 158, Marjaayoun 103, Rashaya 151, Saida 243, Sour 159, Tripoli 221, West Bekaa 161, Zahle 143 and Zgharta 191.
7. For this computation, the [Household Hunger Scale \(HHS\)](#) was used. The HHS is an indicator measuring household hunger in food insecure areas and consisting of nine occurrence questions and nine frequency-of-occurrence questions. The HHS occurrence questions ask whether or not a specific condition associated with the experience of food insecurity ever occurred during the 30 days prior to data collection.
8. Lebanon has been facing an ongoing economic crisis since 2019 coupled with the Syrian crisis and the onset of Covid-19.
9. Households were asked separately about each of these four coping mechanisms.

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

Food Security

April 2022

CONTEXT

Lebanon is currently facing a multi-layered crisis¹ characterised by an acute economic contraction, a political crisis, the onset of the COVID-19 pandemic² and the continuation of the Syria crisis³.

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 districts⁵, 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 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](#).

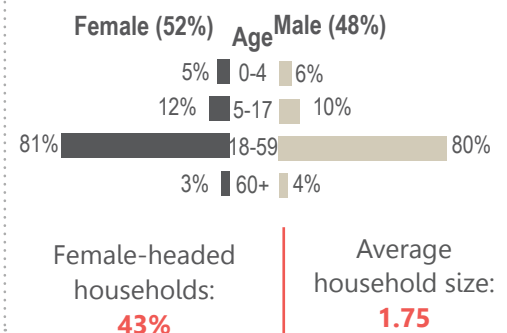
The results presented in this factsheet are **indicative of the situation of migrant assessed households (HHs) at regional level**. They cannot be generalized for the whole population group.

Assessment sample

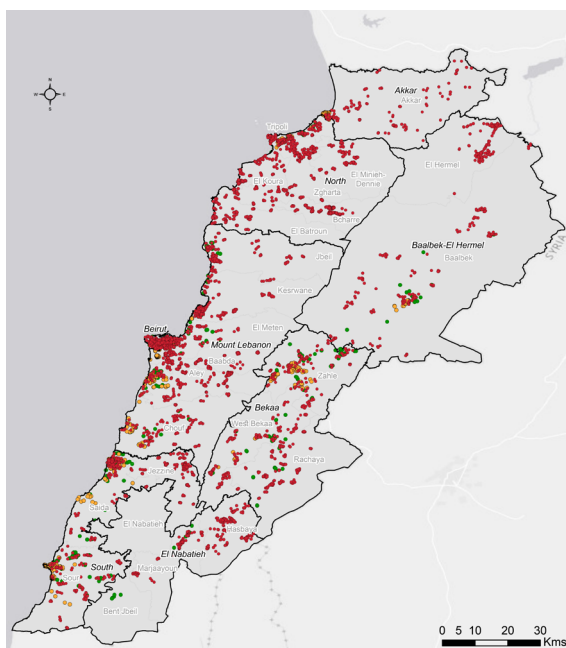
Households:	5,613
- Lebanese:	4,232
- Migrants ⁶ :	713
- PRL:	668

Districts: 24 (out of 26)

Migrant sample demographics



GEOGRAPHIC COVERAGE



LIMITATIONS

- The following results concern assessed migrant 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, high-income areas had a disproportionately high non-response rate. This might have an impact on the MSNA results, through a potential over-representation of low and medium-income HHs in certain areas.
- Several indicators, especially those related to expenses and food consumption questions were reported by MSNA enumerators as creating a lot of discomfort within the three population groups. This should be kept into consideration when reading these results, as a potential bias linked to social taboos and concerns may have impacted the results.

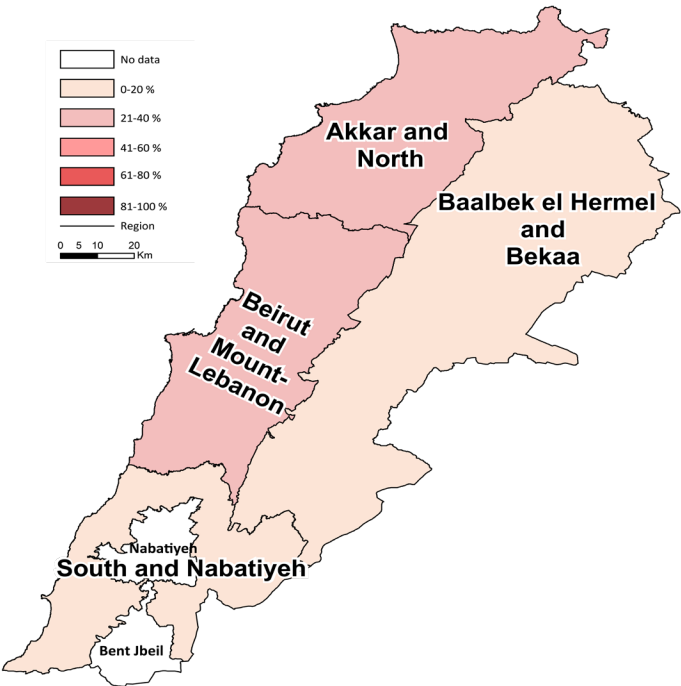
Food Availability and Hunger

2% of assessed migrant HHs were found to be in **severe hunger (4-6)⁷**
10% of assessed migrant HHs were found to be in **moderate hunger (2-3)⁷**

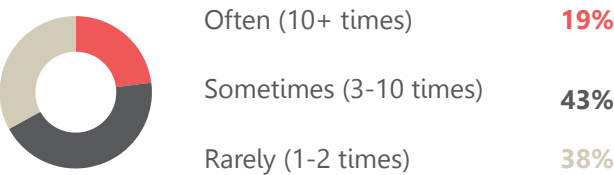
22% of assessed migrant HHs reported having experienced lack of food (of any kind) at home, or resources to access food, at least once in the 30 days prior to data collection

The region with the highest percentage of assessed migrant HHs reporting having experienced such a lack of food was Beirut and Mount Lebanon (39%).

% of assessed migrant HHs reporting having experienced lack of food (of any kind) at home, or resources to access food, at least once in the 30 days prior to data collection, by region



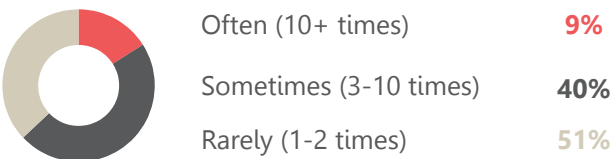
% of assessed migrant HHs among those reporting having ever experienced lack of food at home in the 30 days prior to data collection (n=202) by reported frequency of occurrence



31% of assessed migrant HHs in Akkar and North region reported having often (10+ times) experienced the lack of food of any kind at home in the 30 days prior to data collection.

10% of assessed migrant HHs reported having had at least one member going to sleep at night hungry because there was not enough food at home in the 30 days prior to data collection

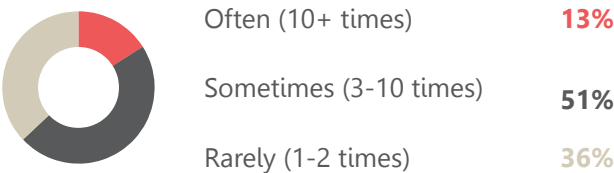
% of assessed migrant HHs among those reporting having had at least one member going to sleep at night hungry in the 30 days prior to data collection (n=111), by reported frequency of occurrence



5% of assessed migrant HHs reported having had at least one member going a whole day and night without eating anything because there was not enough food at home in the 30 days prior to data collection

10% of assessed migrant HHs in Beirut and Mount Lebanon region reported having had at least one member going a whole day and night without eating anything because there was not enough food at home in the 30 days prior to data collection.

% of assessed migrant HHs among those having had at least one member going a whole day and night without eating anything because there was not enough food (n=52), by reported frequency of occurrence



Coping Mechanisms

% of assessed migrant HHs by reported coping mechanism used by anyone in the HH to cope with lack of food and resources to buy it in the 30 days prior to data collection⁸

	Yes or already did before	No	N.A.
Bought food on credit/ and or borrowed money	69%	6%	24%
Reduced food expenditures	64%	19%	17%
Spent some or all of the HHs savings	28%	31%	27%
Sold productive assets and/or means of transport	16%	49%	35%

The region with the highest percentage of assessed migrant HHs reporting having reduced food expenditures was Akkar and the North (90%), and the one with the highest percentage of assessed migrant HHs reporting having sold productive assets and/ or means of transport was also Akkar and North (15%).

52% of assessed migrant HHs in Akkar reported already having had at least one member buying food on credit and/or borrowing money to purchase food in the 30 days prior to data collection

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 HHs 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. For this computation, the [Household Hunger Scale \(HHS\)](#) was used. The HHS is an indicator measuring household hunger in food insecure areas and consisting of nine occurrence questions and nine frequency-of-occurrence questions. The HHS occurrence questions ask whether or not a specific condition associated with the experience of food insecurity ever occurred during the 30 days prior to data collection.
8. Households were asked separately about each of these four coping mechanisms.

About REACH

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Multi-sector needs assessment (MSNA)

Palestine Refugee in Lebanon (PRL) Households

KEY FINDINGS

Food Security

April 2022

CONTEXT

Lebanon is currently facing a multi-layered crisis¹ characterised by an acute economic contraction, a political crisis, the onset of the COVID-19 pandemic² and the continuation of the Syria crisis³.

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 districts⁵, 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 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](#).

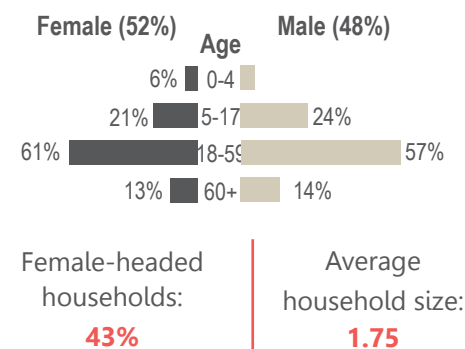
The results presented in this factsheet are **indicative of the situation of PRL assessed households (HHs) at regional level**. They cannot be generalized for the whole population group.

Assessment sample

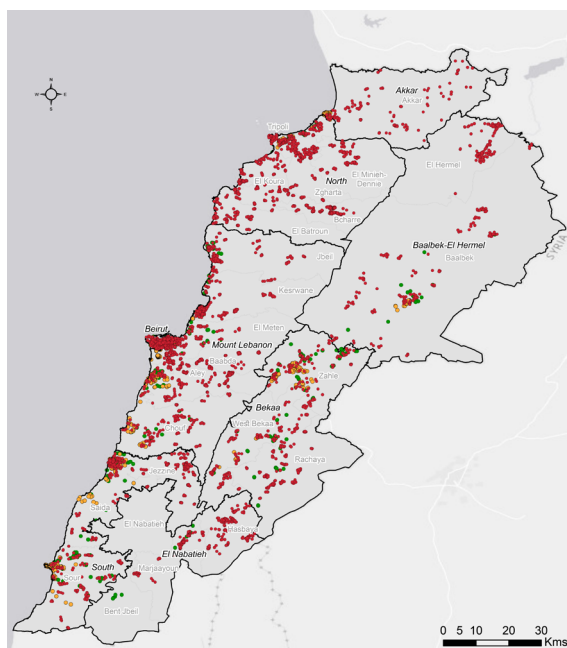
Households:	5,613
- Lebanese:	4,232
- Migrants:	713
- PRL ⁶ :	668

Districts: 24 (out of 26)

PRL sample demographics



GEOGRAPHIC COVERAGE



LIMITATIONS

- The following results concern assessed PRL 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, high-income areas had a disproportionately high non-response rate. This might have an impact on the MSNA results, through a potential over-representation of low and medium-income HHs in certain areas.
- Several indicators, especially those related to expenses and food consumption questions were reported by MSNA enumerators as creating a lot of discomfort within the three population groups. This should be kept into consideration when reading these results, as a potential bias linked to social taboos and concerns may have impacted the results.

Food Availability and Hunger

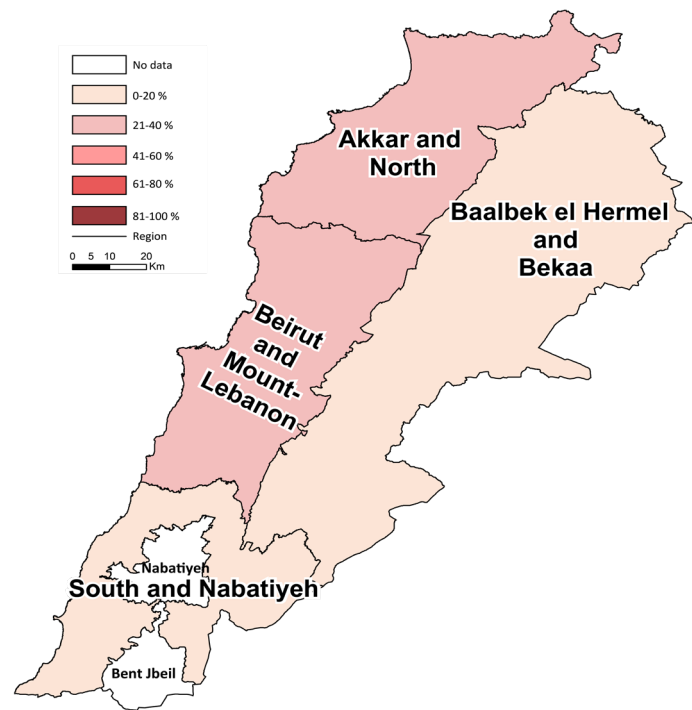
2% of assessed PRL HHs were found to be in **severe hunger (4-6)**⁷

18% of assessed PRL HHs were found to be in **moderate hunger (2-3)**⁷

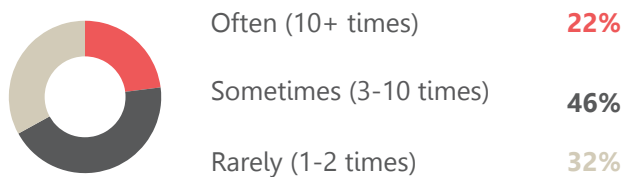
46% of assessed PRL HHs reported having experienced lack of food (of any kind) at home, or resources to access food, at least once in the 30 days prior to data collection

The region with the highest percentage of assessed PRL HHs reporting having experienced such a lack of food was Nabatieh and South (51%).

% of assessed PRL HHs reporting having experienced lack of food (of any kind) at home, or resources to access food, at least once in the 30 days prior to data collection, by region



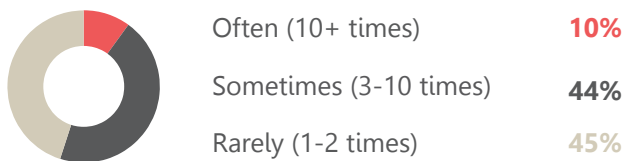
% of assessed PRL HHs among those reporting having ever experienced lack of food at home, in the 30 days prior to data collection (n=288), by reported frequency of occurrence



46% of assessed PRL HHs in Baalbek-Hermel and Bekaa region reported having often (10+ times) experienced the lack of food of any kind at home in the 30 days prior to data collection.

14% of assessed PRL HHs reported having had at least one member going to sleep at night hungry because there was not enough food at home in the 30 days prior to data collection

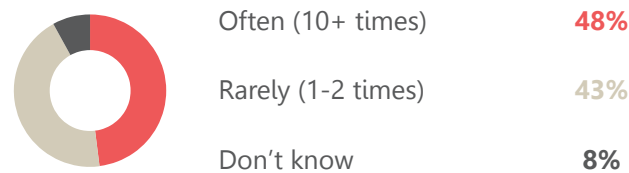
% of assessed PRL HHs among those reporting having had at least one member going to sleep at night hungry in the 30 days prior to data collection (n=102), by reported frequency of occurrence



8% of assessed PRL HHs reported having had at least one member going a whole day and night without eating anything because there was not enough food at home in the 30 days prior to data collection

12% of assessed PRL HHs in Akkar and North Lebanon region reported having had at least one member going a whole day and night without eating anything because there was not enough food at home in the 30 days prior to data collection.

% of assessed PRL HHs among those having had at least one member going a whole day and night without eating anything because there was not enough food (n=57), by reported frequency of occurrence



Coping Mechanisms

% of assessed PRL HHs by reported coping mechanism used by anyone in the HH to cope with lack of food and resources to buy it in the 30 days prior to data collection⁸

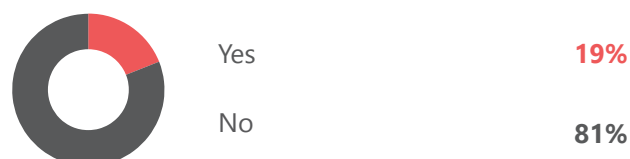
	Yes or already did before	No	N.A.
Reduced food expenditures	89%	8%	2%
Bought food on credit/ and or borrowed money	80%	6%	14%
Spent some or all of the HHs savings	50%	20%	18%
Sold productive assets and/or means of transport	31%	42%	27%

The region with the highest percentage of assessed PRL HHs reporting having reduced food expenditures was Akkar and the North (95%), and the one with the highest percentage of assessed PRL HHs reporting having sold productive assets and/or means of transport was also Akkar and North (37%).

86% of assessed PRL HHs in Akkar reported having had at least one member buying food on credit and/or borrowing money to purchase food in the 30 days prior to data collection

Infant Feeding

% of assessed PRL HHs with at least one child aged 0-24 months (n=21)⁹ reporting using infant formula for at least one child under 24 months



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. For this computation, the [Household Hunger Scale \(HHS\)](#) was used. The HHS is an indicator measuring household hunger in food insecure areas and consisting of nine occurrence questions and nine frequency-of-occurrence questions. The HHS occurrence questions ask whether or not a specific condition associated with the experience of food insecurity ever occurred during the 30 days prior to data collection.
8. Households were asked separately about each of these four coping mechanisms.
9. The sample size for the subgroup for this indicator amounts to less than 30 HHs, therefore the results might not be reliable.

About REACH

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