The multidimensional and fluid nature of the ongoing crisis in Lebanon has led to increasing and varied need amongst populations with vulnerabilities across the country. Given the evolving context, a comprehensive and updated multi-sectoral assessment is necessary. To support an evidence-based humanitarian response, the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) and REACH Initiative (REACH), with support from the Emergency Operation Cell (EOC), conducted a country-wide Multi-Sector Needs Assessment (MSNA), funded by the European Civil Protection and Humanitarian Aid Operations unit (DG-ECHO), Bureau of Humanitarian Affairs (BHA) and the Lebanese Humanitarian Fund (LHF). Data collection took place between 27 July and 26 November 2022, with 5,659 households surveyed across 25 districts. Sampling methodology was representative for Lebanese at a district level and for Palestine refugees in Lebanon (PRL) and migrants at a governorate level with a 95% level of confidence and a 10% margin of error.

91%

Of HHs across all population groups in Lebanon were found to have unmet needs, with 20% of HHs found to have extreme or very extreme needs. When analyzing need without considering livelihoods, only 50% of households nationally are considered in need.

Livelihood was found to be the top driver of need across all population groups, as livelihoods is the most commonly reported need (95% of HHs across all population groups had unmet livelihoods need) followed by shelter (33%) and food security (15%), though the third driver changes according to the population group.

Though Livelihood was found to be the top driver of needs, WASH, Food Security and Shelter were driving HHs into extreme and extreme+ level of needs.

The percentage of HHs in need decreased in all sectors except for Livelihoods (increased from 83% in 2021 to 95% in 2022).

The highest percentage of people in extreme or extreme+ need were found in North governorate (36%). The drivers to those extreme or extreme+ needs were found to be food security (12%).

38% of HHs in North governorate were found to have borderline or poor food consumption score. North was found to be the governorate with the highest percentage of HHs with moderate, severe or very severe hunger in the HH.
For nearly three years, Lebanon has been assailed by a multi-pronged crisis. GDP per capita dropped by 36.5% between 2019 and 2021, and Lebanon was reclassified by the World Bank as a lower-middle income country, down from upper middle-income status in July 2020. In 2022, there has been a further deterioration in the socio-economic situation in Lebanon, coupled with continued inflation and increased devaluation of the Lebanese pound (LBP), with the informal exchange rate at some point reaching over LBP 40,000 per USD, double the peak in 2021. The country depends heavily on imports, paid for in USD, which is creating inflationary pressures.

Lebanon’s hyperinflation is among the highest globally, averaging 134% for all goods and services and 300% for food and non-alcoholic beverages (January September 2021). Taking all the aspects jointly, the political situation, economic downturn, steep inflation, 2020 Beirut blast, and COVID-19 have pushed vulnerable communities in Lebanon to an even more precarious standard of living. The rate of multidimensional need in the country has now reached an estimated 82% of the population. Moreover, extreme multidimensional need which refers to deprivation in two or more dimensions of basic needs, affects 34% of the population today, exceeding half in some areas of the country.

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

This brief report presents the key findings of the three population groups, providing an overview of the humanitarian needs identified across sectors and the severity of these needs of households in Lebanon. All other publications related to the 2022 MSNA can be found here.
The MSNI is a composite indicator, designed to measure the overall severity of humanitarian needs of a household. It is based on the highest sectoral severity identified in each household and expressed through a scale of 1 to 4+. Sectoral severity is determined through the calculation of sector-specific composite indicators. The full methodology behind the calculation of the MSNI and individual sectoral composites, in accordance with the REACH MSNA Analytical Framework Guidance, can be found here.

When disaggregated by population group, the level of need varies by the household profile. Palestine Refugees in Lebanon had the highest proportion of households with multi-sectoral needs (MSNI score 3+) and very extreme needs (MSNI score 4+) (27%). This was followed by households with members aged over 60 years (22%), and female-headed households (16%).

Even when analyzing need without considering livelihoods, Akkar will still have the highest percentage of households with needs and North will still have the highest percentage of people with extreme or very extreme needs.
HUMANITARIAN NEEDS AND DRIVERS

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

44% of assessed households across Lebanon were found to have needs in a single sector.

26% of assessed households across Lebanon were found to have needs in more than one sector. The livelihood sector accounts for the high proportion of households in need. Indeed, 95% of the households assessed had unmet needs in livelihoods, 35% in shelter and 15% in food security.

Although livelihoods and shelter were the top sectors driving households needs across all population groups, the third driver of need amongst Lebanese HHs was health and for migrant and PRL HHs, it was food security.

Level 1 below shows the most commonly occurring type of needs amongst households surveyed.

- **Livelihood needs** were primarily problems of access to households primary needs as a result of lost or reduced employment, financial or access or availability issues, as 88% of households reported having a problem meeting at least one of their needs.
- **Shelter needs** were primarily tied to the condition of their shelter, as 23% reported having issues or damages in their shelters, while 2% reported living in a temporary and non-residential shelter.
- **Food security needs** were primarily linked to hunger and food consumption as 26% of HHs were found to have borderline or poor Food Consumption Score and 2% of HHs were found to be in severe hunger as per the Household Hunger Scale (HHS).

Unmet needs in livelihoods and shelter were the most prevalent. The most common combination of need in Lebanon was Livelihoods and Shelter (10% of HHs).

The second most common combination of need amongst households (4%) was health and livelihoods. Though this combination of needs was not the same across different population groups. See Level 2 below for more details.

Despite the fact that the livelihoods sector had the highest percentage of households in need, it is the sectors of WASH (Water, Sanitation, and Hygiene), shelter, and food security that are driving extreme and very extreme needs. WASH stands out as the sector with the most critical situation, with 3% of households experiencing very extreme needs. Additionally, shelter (11%), WASH (6%), and food security (3%) are the sectors where extreme needs are prevalent.

Livelihoods is the primary driver of need in Lebanon. When analyzing need without considering livelihoods, only 50% of households nationally are considered in need. This includes 67% of PRL HHs, 49% of Lebanese HHs and 45% of migrant HHs.

Moreover, the top three sectors with the most percentage of HHs at a national level will be: Shelter, Food Security and Health.

The Most common needs combination will also change as follows:

At a national level,
- Profile 1: Health and Food Security (8%)
- Profile 2: Health and Shelter (7%)

### Level 1: Percentage of households in need by sector:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livelihoods</td>
<td>95%</td>
</tr>
<tr>
<td>Shelter</td>
<td>35%</td>
</tr>
<tr>
<td>Food Security</td>
<td>15%</td>
</tr>
<tr>
<td>Health</td>
<td>14%</td>
</tr>
<tr>
<td>WASH</td>
<td>11%</td>
</tr>
<tr>
<td>Protection</td>
<td>5%</td>
</tr>
<tr>
<td>Education</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Level 2: Most common needs combinations, overall and by population group:

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Education</th>
<th>Food Security</th>
<th>Health</th>
<th>Livelihoods</th>
<th>Protection</th>
<th>Shelter</th>
<th>WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall (10%), profile 1</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall (4%), profile 2</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lebanese (11%)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRL (7%)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migrant (5%)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member over 60 years (5%)</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member with disability (4%)</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above shows the most common “combinations” of one or more LSGs among those in need to identify the most common needs profile (that can consist of one or several LSGs). Profile 1 is the most common profile, “Profile 2” is the second most common profile.
HUMANITARIAN NEEDS AND DRIVERS - GEOGRAPHIC AREA

Level 3: Percentage of households in need by sector and governorate

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Education</th>
<th>Food</th>
<th>Security</th>
<th>Health</th>
<th>Livelihoods</th>
<th>Protection</th>
<th>Shelter</th>
<th>WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akkar</td>
<td>4%</td>
<td>37%</td>
<td>20%</td>
<td>100%</td>
<td>3%</td>
<td>45%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Baalbek Hermel</td>
<td>2%</td>
<td>12%</td>
<td>13%</td>
<td>100%</td>
<td>5%</td>
<td>47%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Beirut</td>
<td>2%</td>
<td>19%</td>
<td>7%</td>
<td>91%</td>
<td>14%</td>
<td>33%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Bekaa</td>
<td>3%</td>
<td>10%</td>
<td>14%</td>
<td>95%</td>
<td>6%</td>
<td>40%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Mount Lebanon</td>
<td>2%</td>
<td>11%</td>
<td>18%</td>
<td>93%</td>
<td>7%</td>
<td>28%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Nabatieh</td>
<td>1%</td>
<td>9%</td>
<td>4%</td>
<td>99%</td>
<td>2%</td>
<td>45%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>North</td>
<td>4%</td>
<td>26%</td>
<td>13%</td>
<td>97%</td>
<td>4%</td>
<td>49%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>4%</td>
<td>13%</td>
<td>9%</td>
<td>96%</td>
<td>2%</td>
<td>35%</td>
<td>11%</td>
<td></td>
</tr>
</tbody>
</table>

Needs by sector differed by governorate. Table 3 shows needs by sector per each governorate.

As seen in the table, Livelihoods followed by Shelter were driving needs in each governorate. The third sector differed respectively.

Protection needs seem to be proportionally higher in Beirut. Those protection issues were tied up to ID documentation, as 13% of HHs in Beirut reported at least one member not having an ID in his possession.

HUMANITARIAN NEEDS AND DRIVERS - GEOGRAPHIC AREA AND POPULATION GROUP

% of Lebanese HHs in need (MSNI SCORE 3+) per governorate

% of PRL HHs in need (MSNI SCORE 3+) per governorate

% of migrant HHs in need (MSNI SCORE 3+) per district

The percentage of HHs in need also differed by population group and the geographic area.

For Migrants, the governorate with the highest percentage of people in need (MSNI score 3+) was Beirut (90%) followed by Mount Lebanon (83%), while the one with the lowest percentage of people in need was Baalbek Hermel (17%).

In all governorates except the South, unmet needs were observed in all (100%) PRL HHs. A slightly lower percentage (93%) of PRL households in the South region were found to have unmet needs.

For Lebanese, all households (100%) in Baalbek, Hermel and Hasbaya districts were in need. Those districts showed the highest percentage of HHs in need.
HUMANITARIAN ASSISTANCE: POPULATION PERCEPTIONS

Top 4 self-reported priority needs:

<table>
<thead>
<tr>
<th>Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>66%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>65%</td>
</tr>
<tr>
<td>Electricity</td>
<td>15%</td>
</tr>
<tr>
<td>Livelihoods support/employment</td>
<td>5%</td>
</tr>
</tbody>
</table>

Food and Healthcare were respectively reported as the two priority needs across the three population groups. However, the third need differed accordingly.

24% of households who reported receiving aid, also reported at least one barrier to receive assistance in the 30 days prior to data collection.

Main barriers experienced when receiving aid:
- Did not understand application procedures: 11%
- Did not know how to apply: 7%
- Lack of resources by providers: 5%

Preferred communication means with aid providers (top 3):
- Phone call / Hotline: 52%
- SMS: 25%
- Social media: 11%

Types of self-reported desired information (top 3)
- Food security / Child nutrition / Livelihoods: 52%
- Healthcare: 48%
- Electricity services: 38%

Preferred assistance modalities for future aid distribution:
- Cash: 66%
- In-kind (food): 25%
- Services: 11%

19% of households reported having received humanitarian assistance in the 12 months preceding the assessment.

46% of households reported they tried to access humanitarian assistance in the three months prior to data collection.

Satisfaction with aid received:
- Of the 19% of households who reported having received aid in the 12 months days prior to the assessment, 86% reported having been satisfied.
- Among those unsatisfied, 51% do not know how to use a complaint mechanism to report feedback.

27% of households were dissatisfied with the behavior of aid workers in their area.

The top three reasons for dissatisfaction with the behavior of aid workers reported by households included:
- Aid workers do not listen to anyone in the community: 29%
- Aid workers do not speak to anyone in the community: 25%

For more details, key results on accountability to affected populations (AAP) are available here.
Methodology. A face-to-face household survey was conducted from 27 July to 26 November 2022 targeting three population groups: Lebanese, PRL, and Migrants with 5689 households surveyed across the country. Results were representative at district level for Lebanese, and at governorate level for both migrants and PRL with a 95% confidence level and a +/- 10% margin of error. For further information, refer to the Terms of references.
ENDNOTES

1 Lebanon - country overview. Source: World Bank website
2 Lebanon Economic Monitor. Source: World Bank website
3 The different levels of severity can be defined as follows:
   • Very extreme (4+) : Indication of a total collapse of the living standards, with potentially life-
     threatening consequences
     (increased risk of mortality and/or irreversible damage to physical or mental well-being).
   • Extreme (4) : Collapse of the living standards. (Risk of) significant damage to physical or mental
     well-being.
   • Severe (3) : Deterioration in living standards (relative to usual/typical levels). Reduced access/
     availability of basic goods and services. (Risk of) deterioration of physical or mental well-being.
   • Stress (2) : Living standards are under stress. Minimal impact (risk of impact) on physical or
     mental well-being/concerned
     state of overall physical or mental well-being.
   • Minimal (1) : Living standards are acceptable, showing at most some signs of deterioration and/
     or inadequate basic services. No or minimal impact (risk of impact) on physical or mental well-
     being.