

Multi-sector needs assessment (MSNA) Lebanese Households

KEY FINDINGS

WASH

March 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](#).

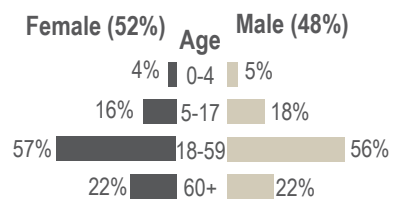
The results presented in this factsheet are **generalisable of the situation of Lebanese households (HHs) at district level**, with a level of confidence of 95% and a margin of error of 10%.

Assessment sample

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

Districts: 24 (out of 26)

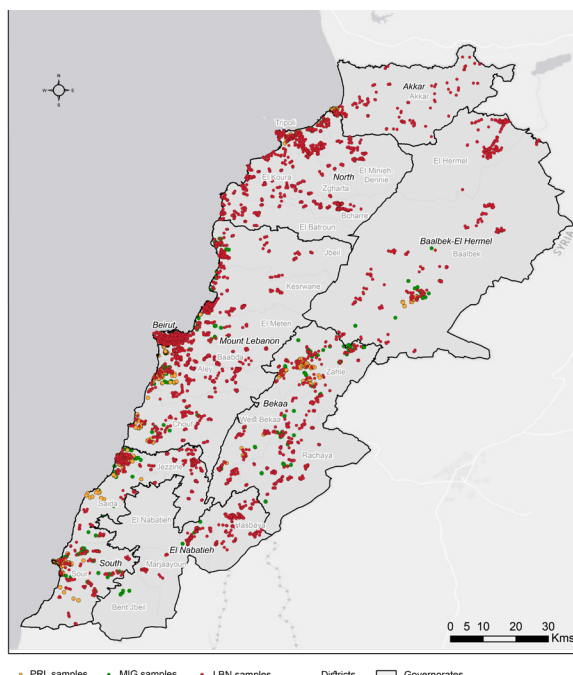
Lebanese sample demographics



Female-headed households: 27%

Average household size: 3.84

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.
- When interpreting findings, readers are informed that the data collection took place during an ongoing fuel distribution by WASH non-governmental organisations as a part of humanitarian aid.



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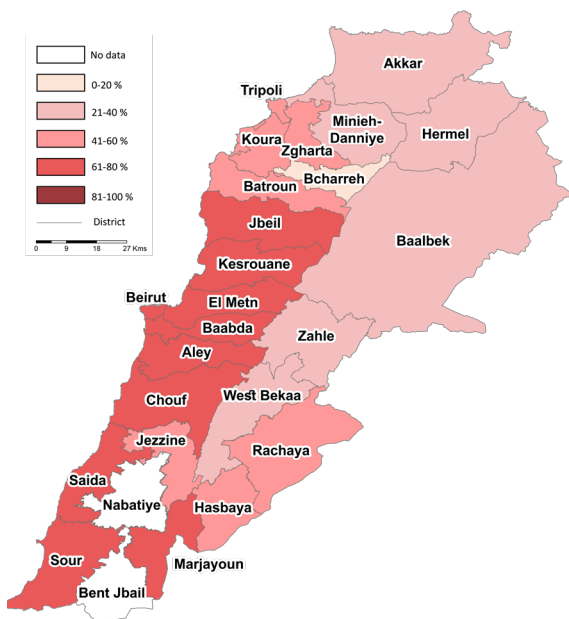
Water

7% of Lebanese HHs reported unimproved water source as their primary source of drinking water⁷

Among the Lebanese HHs in **Jezzine and Hasbaya** districts, respectively 13% and 11% HHs reported **unimproved water source** as primary source of drinking water⁷.

59% of Lebanese HHs reported bottled water as their primary source of drinking water

% of Lebanese HHs reporting bottled water as primary source of drinking water, by district



20% of Lebanese HHs reported not having sufficient quantity of water to cover at least one basic need (drinking, cooking, personal hygiene, other domestic purposes)

% of Lebanese HHs by basic needs for which they reported not having sufficient quantity of water

Personal hygiene	17%
Other domestic purposes	17%
Cooking	11%
Drinking	9%

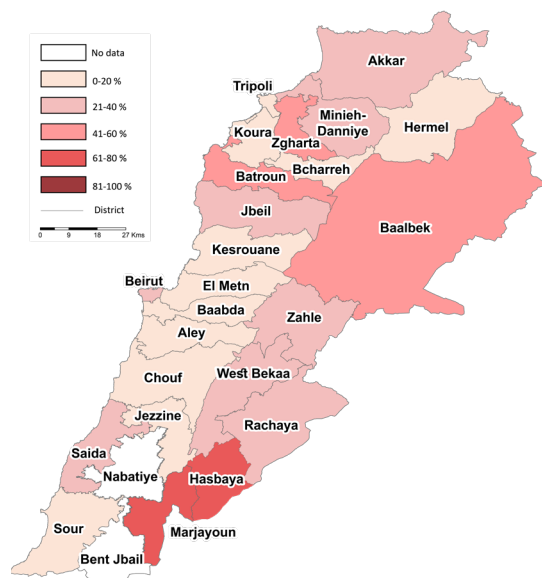
The highest proportions of Lebanese HHs reporting not having access to sufficient water to cover drinking needs were found in **Baalbek (13%), Akkar (12%) and El Meten (11%)**.

75% (n=745), reported having relied on coping strategies to cope with lack of access

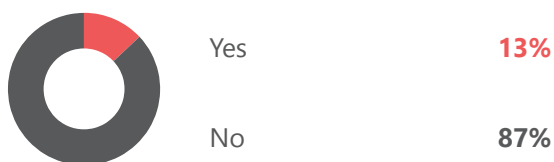
% of Lebanese HHs by most commonly reported coping strategy used among HHs having relied on coping strategies to cope with lack of access to sufficient water (n=605)⁸:

Spent money usually spent on other things	35%
Relied on different sources of water	25%
Reduced drinking water consumption	18%

% of Lebanese HHs reporting reducing drinking water consumption as a main coping strategy when lacking water, by district



% of HHs reporting a change of primary source of drinking water in the six months prior to data collection



Among the Lebanese HHs in **Jezzine and Zgharta** districts, respectively 20% and 19% of HHs reported a change of primary source of drinking water.

Among the HHs who reported a change in their primary source of drinking water in the six months prior to data collection (n=524), 73% reported as the main reason for changing that they **could not afford the cost of the previous source any longer**.

Sanitation

% of Lebanese HHs by the three main solid waste disposal methods they reported using⁸

Collected by municipality waste system	64%
Dumping solid waste in official dumping location	20%
Collected by private waste management company	12%

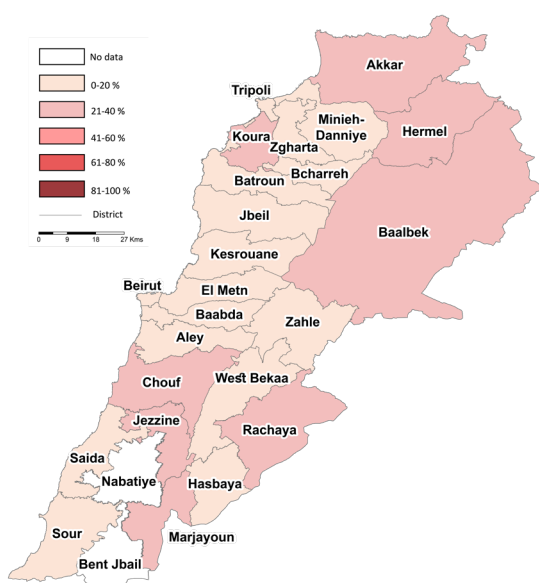
In **Akkar and Tripoli districts**, specific vulnerabilities seemed to exist as 9% of HHs in Akkar reported **burning their solid waste on their premises**, while in Tripoli, 6% of HHs reported to **openly dump them on their premises**. These practices contribute to climate change through methane generation and may create serious health consequences.

% of Lebanese HHs by the three main draining systems for waste water they reported using⁸

Connected to a communal lined drainage and to the sewage system	65%
Covered and lined septic tank/cesspool	22%
A hand-dug hole in the ground	12%

In **Akkar and El Hermel districts**, 31% of Lebanese HHs reported that the waste water from their toilets / latrines were **drained in a hand-dug hole in the ground**.

% of Lebanese HHs reporting using unsafe draining system⁹ for toilet/latrine waste water, by district

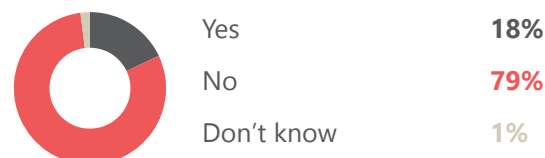


% of Lebanese HHs by the three main sanitation facilities they reported using⁸

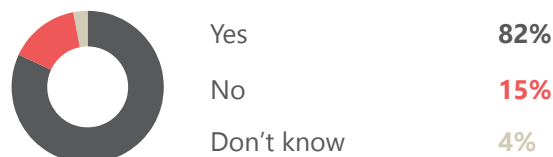
Flush or pour flush toilet	93%
Pit latrine with a slab and a platform	6%
Ventilated improved pit (VIP) toilet	1%

95% of Lebanese HHs reported they were not sharing their sanitation facility with people that are not HH members

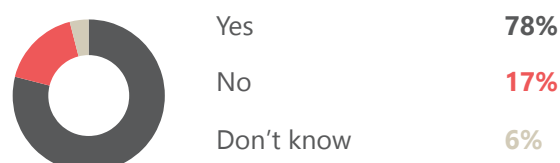
Among HHs reporting sharing their sanitation facility (n=194), % of HHs reporting sanitation facility is segregated by gender



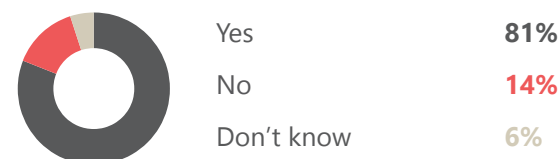
Among HHs reporting sharing their sanitation facility (n=194), % of HHs reporting sanitation facility has adequate lighting



Among HHs reporting sharing their sanitation facility (n=194), % of HHs reporting sanitation facility can be locked from the inside



Among HHs reporting sharing their sanitation facility (n=194), % of HHs reporting sanitation facility has a safe and well-lit route to it



Hygiene

95% of Lebanese HHs reported having access to soap in their household

The district with the highest proportion of Lebanese HHs reporting being unable to access soap was Hermel (17%).

% of Lebanese HHs by most commonly reported coping strategies used to adapt to issues related to hygiene items in the 30 days prior to data collection⁸

Relied on less preferred types of NFI	61%
Reduced NFI consumption for other purposes	12%
Reduced NFI consumption for personal hygiene	11%

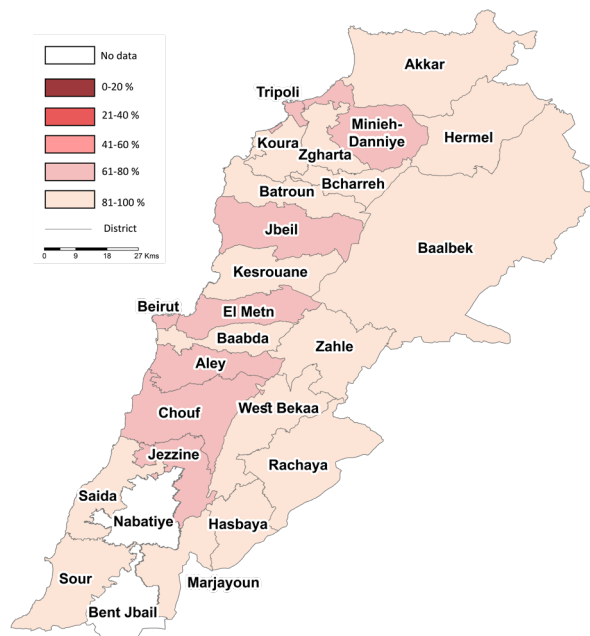
% of female respondents (n=1,093) by main types of menstrual hygiene items reported as used by them or other female HH members during their last period⁸

Disposable pads	84%	<div style="width: 84%;"></div>
Reusable pads	4%	<div style="width: 4%;"></div>
Reusable cloths	3%	<div style="width: 3%;"></div>

% of female respondents (n=1,093) by main coping strategies reported as used by them or other female HH members to adapt to issues related to menstrual items in the 30 days prior to data collection⁸

Relied on less preferred types of menstrual items	44%
Relied on substitutes	4%
Reduced consumption of menstrual items	4%

% of Lebanese HHs reporting having sufficient quantity of water to cover personal hygiene (washing or bathing) needs, by district



The situation seemed particularly precarious in **Chouf** district, as 32% of Lebanese HHs reported not having enough water to cover personal hygiene needs, while national average resulted to be equal to 17%.

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 Migration (IOM), Mercy Corps, 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 Bint Jbeil) were inaccessible during the data collection.
6. Number of Lebanese HH surveys per region: Akkar 152, Aley 178, Baabda 276, Baalbek 140, Bcharre 208, Beirut 320, Chouf 151, El Batroun 149, El Hermel 111, El Koura 157, El Meten 153, El Minieh-Dennieh 193, Hasbaya 186, Jbeil 164, Jezzine 158, Kesrwane 158, Marjaayoun 103, Rashaya 151, Saida 243, Sour 159, Tripoli 221, West Bekaa 161, Zahle 143 and Zgharta 191.
7. Unimproved water sources in Lebanon include: surface water without pre-treatment, unprotected rainwater tank, unprotected well/spring, water trucking.
8. Multiple- choices question, the total of percentages can exceed 100%.
9. Unsafe draining systems in Lebanon include: a hand-dug hole in the ground, open area outside the shelter where water remains stagnant.

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.



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Multi-sector needs assessment (MSNA) Migrant Households

KEY FINDINGS

WASH

March 2022

CONTEXT

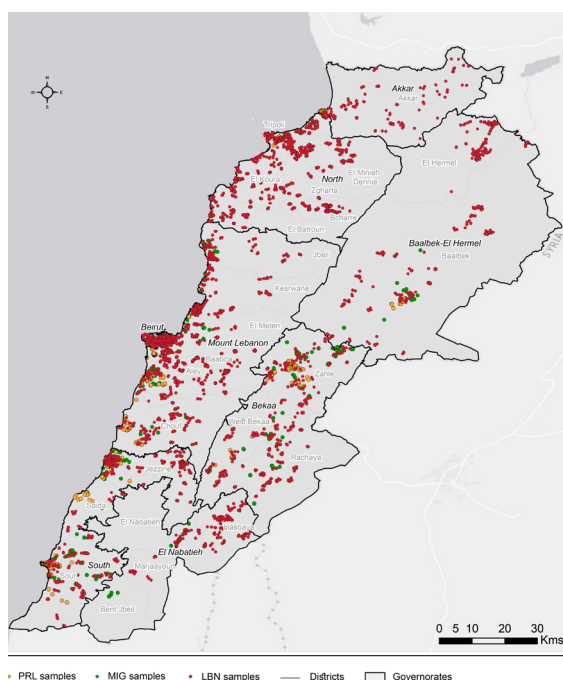
Lebanon is currently facing a multi-layered crisis¹ characterised by an acute economic contraction, a political crisis, the onset of the COVID-19 pandemic² and the continuation of the Syria crisis³.

These factors contributed to increasing poverty rates, limited functionality of public services, civil unrest, driving household vulnerability more generally.

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

In this context, the need for evidence-based planning by humanitarian actors continues to grow. In this light, 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.

GEOGRAPHIC COVERAGE



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](#).

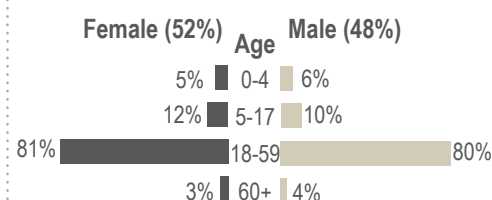
The results presented in this factsheet are **indicative of the situation of migrant assessed households (HHs) at regional level**. They cannot be generalized for the whole population group.

Assessment sample

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

Districts: 24 (out of 26)

Migrant sample demographics



Female-headed households: 43%

Average household size: 1.75

LIMITATIONS

- The following results concern assessed migrant households only. El-Nabatieh 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.
- When interpreting findings, readers are informed that the data collection took place during an ongoing fuel distribution by WASH non-governmental organisations as a part of humanitarian aid.



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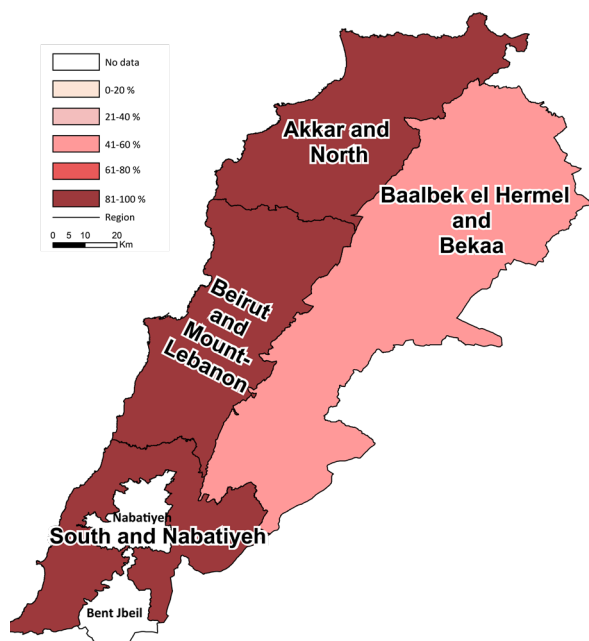
Water

79% of assessed migrant HHs reported bottled water as their primary source of drinking water

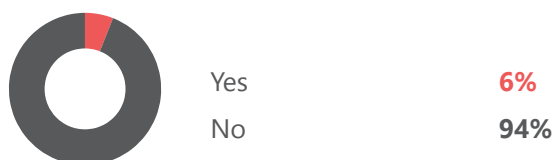
7% of assessed migrant HHs reported unimproved water source as their primary source of drinking water⁷.

29% of migrant assessed HHs in Baalbek-el Hermel and Bekaa region reported **unimproved water source** as primary source of drinking water⁷.

% of assessed migrant HHs reporting bottled water as primary source of drinking water, by region



% of assessed migrant HHs reporting a change of primary source of drinking water in the six months prior to data collection



In **Beirut and Mount Lebanon** region, 15% of assessed migrant HHs reported a change of primary source of drinking water (n=34).

Among the assessed migrant HHs who reported a change in their primary source of drinking water in the six months prior to data collection, 75% reported as the main reason for changing that they **could not afford the cost of the previous source any longer**.

12%

of assessed migrant HHs reported not having sufficient quantity of water to cover at least one basic need (drinking, cooking, personal hygiene, other domestic purposes)

% of assessed migrant HHs by basic needs of which they reported not having sufficient quantity of water

Other domestic purposes	10%
Personal hygiene	10%
Cooking	7%
Drinking needs	4%

The highest proportion of migrant HHs reporting not having access to sufficient water to cover drinking needs was found in **Beirut and Mount Lebanon** region (14%).

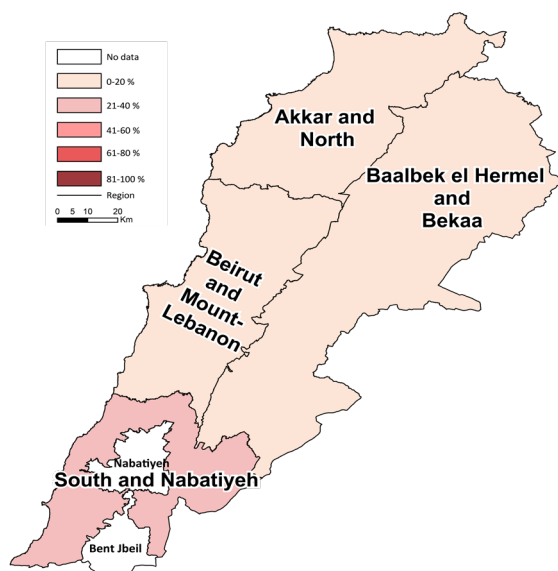
60%

Among the HHs reporting not having access to sufficient water to meet at least one need (n=125), reported having relied on coping strategies to cope with lack of access

% of assessed migrant HHs by most commonly reported coping strategy used among HHs reporting not having access to sufficient water to meet at least one need (n =91)⁸

Spent money usually spent on other things	36%
Relied on different sources of water	11%
Reduced drinking consumption	8%

% of assessed migrant HHs reporting reducing drinking water consumption as a main coping strategy when lacking water, by region



Sanitation

% of assessed migrant HHs by the three main solid waste disposal methods they reported using⁸

Collected by municipality waste system	60%
Dumping solid waste in official dumping location	25%
Collected by private waste management company	11%

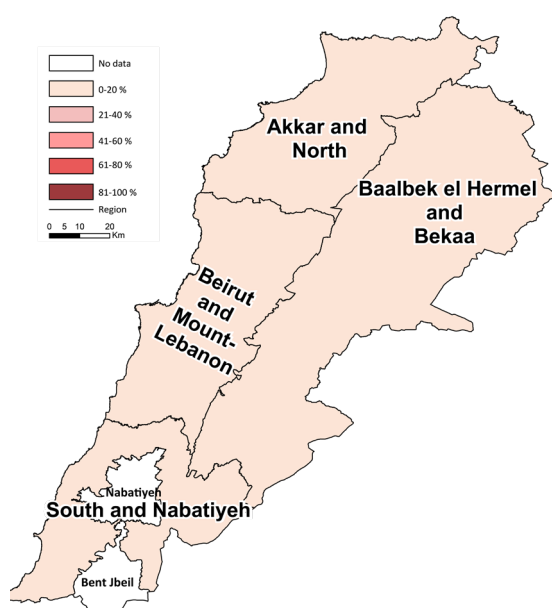
3% of assessed migrant HHs in Akkar and North region reported to **burn solid waste on their premises**. This practice contributes to climate change through methane generation and may create serious health consequences.

% of assessed migrant HHs by the three main draining systems for waste water they reported using⁸

Connected to a communal lined drainage and to the sewage system	75%
Covered and lined septic tank/cesspool	16%
A hand-dug hole in the ground	5%

In **Beirut and Mount Lebanon region**, 15% of migrant assessed HHs reported the waste water from their toilets / latrines were **drained unsafely**.

% of assessed migrant HHs reporting unsafe draining system⁹ for toilet/latrine waste water, by region

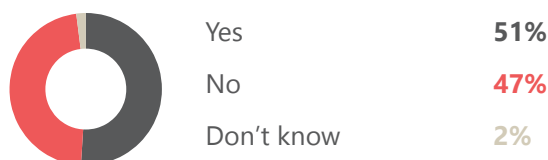


% of assessed migrant HHs by the three main sanitation facilities they reported using⁸

Flush or pour flush toilet	92%
Pit latrine with a slab and a platform	3%
Ventilated improved pit (VIP) toilet	2%

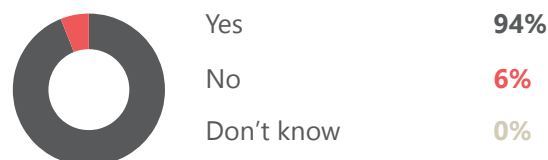
81% of assessed migrant HHs reported they were not sharing their sanitation facility with people that are not HH members

Among HHs reporting sharing their sanitation facility (n=143), % of assessed migrant HHs reporting sanitation facility is segregated by gender

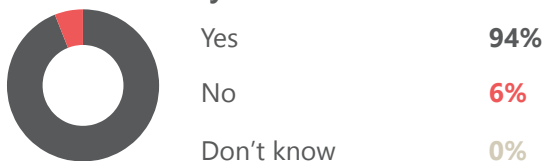


60% of assessed migrant HHs in **Baalbek-Hermel and Bekaa region** reported not having segregated facility by gender.

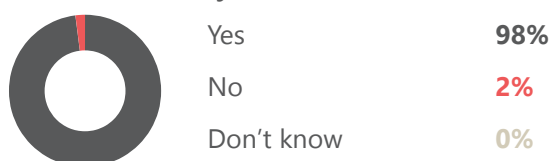
Among HHs reporting sharing their sanitation facility (n=143), % of assessed migrant HHs reporting sanitation facility has adequate lighting



Among HHs reporting sharing their sanitation facility (n=143), % of assessed migrant HHs reporting sanitation facility can be locked from the inside



Among HHs reporting sharing their sanitation facility (n=143), % of assessed migrant HHs reporting sanitation facility has a safe and well-lit route to it



Hygiene

95% of assessed migrant HHs reported having access to soap in their household

The district with the highest proportion of migrant HHs reporting being unable to access soap was Beirut and Mount Lebanon (12%).

% of assessed migrant HHs by most commonly reported coping strategies used to adapt to issues related to hygiene items in the 30 days prior to data collection⁸

Relied on less preferred types of NFI	43%
Reduced NFI consumption for personal hygiene	9%
Reduced NFI consumption for other purposes	8%

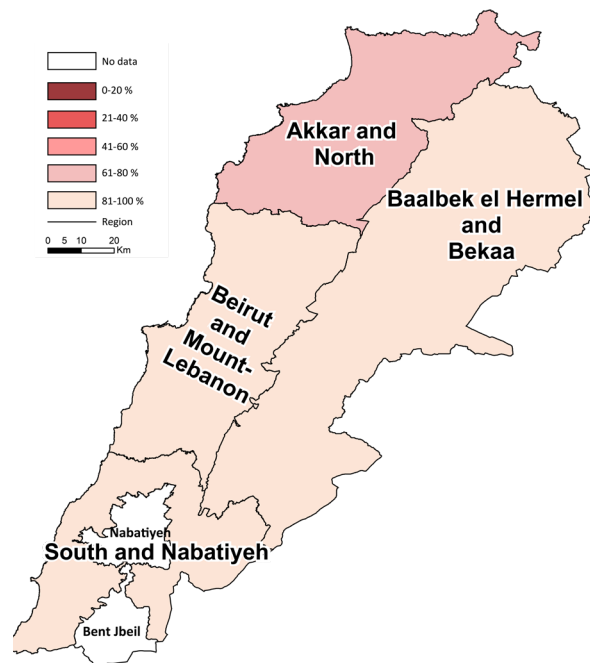
% of female respondents (n=237) by main types of menstrual hygiene items reported as used by them or other female HH members during their last period⁸

Disposable pads	92%	████████████████████
Reusable pads	2%	
Nothing/Bleeding into clothes	2%	

% of female respondents (n=237) by main coping strategies reported as used by them or other female HH members to adapt to issues related to menstrual items in the 30 days prior to data collection⁸

Relied on less preferred types of menstrual items	20%
Relied on substitutes	3%
Reduced menstrual items consumption	2%

% of assessed migrant HHs reporting having sufficient quantity of water to cover personal hygiene (washing or bathing) needs, by region



Thirty percent (30%) of assessed migrant HHs in Akkar and North region reported not having enough water to cover personal hygiene needs, while the average for the entire sample of assessed migrant HHs resulted equal to 10%.

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
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5. 2/26 districts (Nabatiyeh and Bint 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. Unimproved water sources in Lebanon include: surface water without pre-treatment, unprotected rainwater tank, unprotected well/spring, water trucking.
8. Multiple- choices question, the total of percentages can exceed 100%.
9. Unsafe draining systems in Lebanon include: A hand-dug hole in the ground and an open area outside the shelter where water remains stagnant

About REACH

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Multi-sector needs assessment (MSNA)

Palestine Refugee in Lebanon (PRL) Households

KEY FINDINGS

WASH

March 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](#).

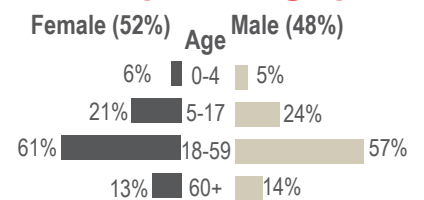
The results presented in this factsheet are **indicative of the situation of assessed PRL households (HHs) at regional level**. They cannot be generalized for the whole population group.

Assessment sample

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

Districts: 24 (out of 26)

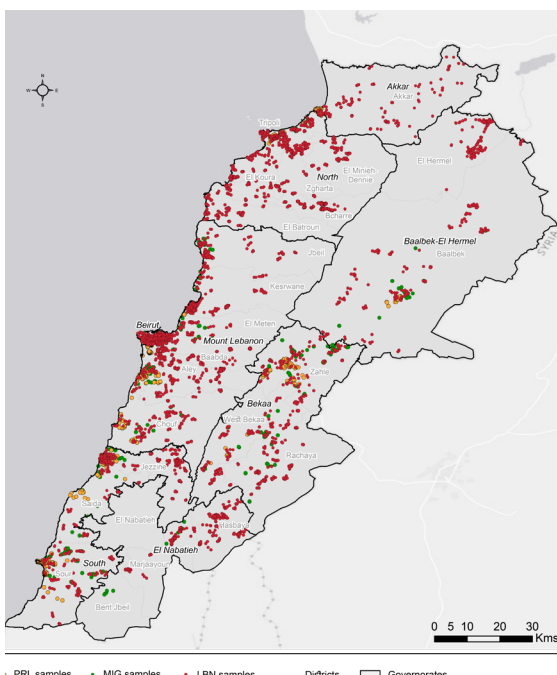
PRL sample demographics



Female-headed households: 21%

Average household size: 4.18

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.
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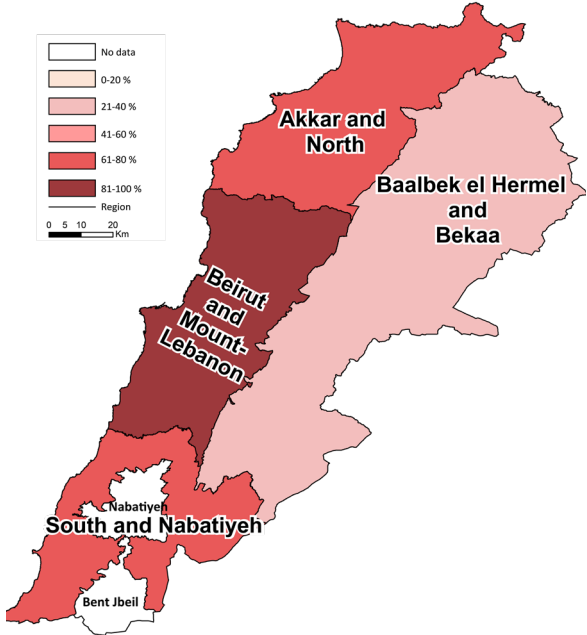
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Water

5% of assessed PRL HHs reported unimproved water source as their primary source of drinking water⁷

Among the assessed PRL HHs in Baalbek-El Hermel and Bekaa region (n=109), 29% reported **unimproved water source** as primary source of drinking water⁷.

% of assessed PRL HHs reporting bottled water as primary source of drinking water, by region



19% of assessed PRL HHs reported not having sufficient quantity of water to cover at least one basic need (drinking, cooking, personal hygiene, other domestic purposes)

% of assessed PRL HHs by basic needs for which they reported not having sufficient quantity of water

Other domestic purposes	17%	■
Personal hygiene	16%	■
Cooking	10%	■
Drinking	6%	■

The highest proportion of assessed PRL HHs reporting not having access to sufficient water **to cover drinking needs** was found in **Baalbek-El Hermel and Bekaa region (17%)**.

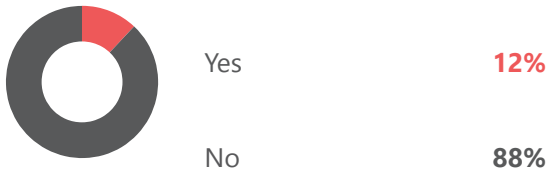
70% Among the HHs reporting not having access to sufficient water to meet at least one need (n=146), reported having relied on coping strategies to cope with lack of access.

% of assessed PRL HHs by most commonly reported coping strategy used among HHs having relied on coping strategies to cope with lack of access to sufficient water (n=107)⁸:

Spent money usually spent on other things	20%
Relied on different sources of water	17%
Modified hygiene practices	20%

In **Baalbek Hermel and Bekaa** region, among HHs reporting not having access to sufficient water to meet at least one need (n=22)¹⁰, 64% reported relying on a different source as a coping strategy.

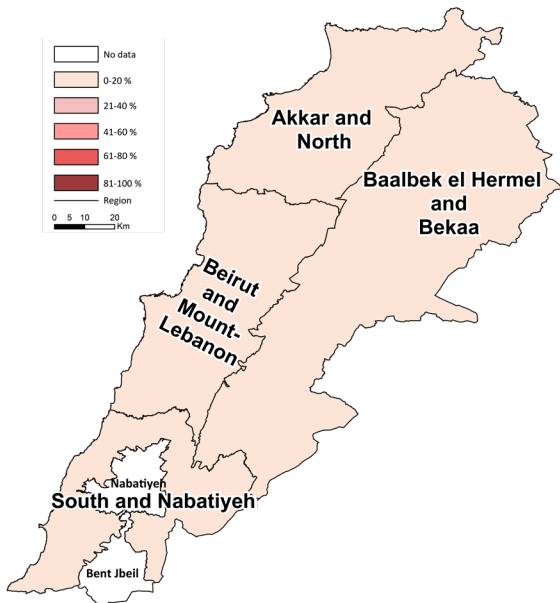
% of assessed PRL HHs reporting a change of primary source of drinking water in the six months prior to data collection



Among the assessed PRL HHs in **Beirut and Mount Lebanon region** (n=178), 20% of assessed PRL HHs reported a change of primary source of drinking water.

Among the assessed PRL HHs who reported a change in their primary source of drinking water in the six months prior to data collection (n=84), 89 % reported as the main reason for changing that they **could not afford the cost of the previous source any longer**.

% of assessed PRL HHs reporting reducing water consumption as main coping strategy when lacking water, by region



Sanitation

% of assessed PRL HHs by the three main solid waste disposal methods they reported using⁸

Collected by municipality waste system	56%
Dumping solid waste in official dumping location	19%
Collected by private waste management company	17%

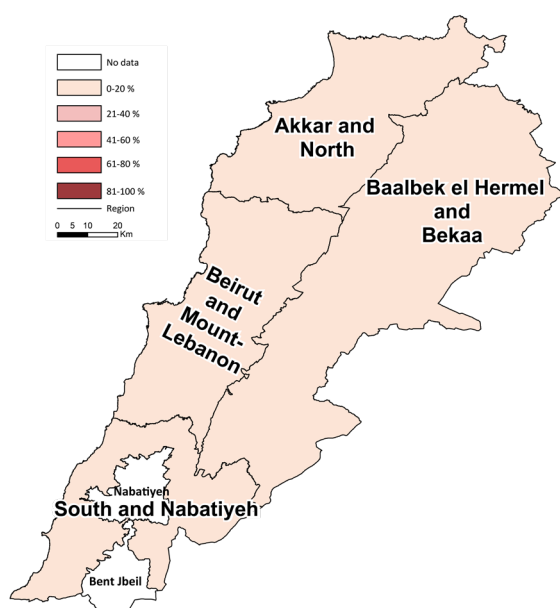
In **Beirut and Mount Lebanon region**, specific vulnerabilities seemed to exist as 9% of assessed PRL HHs reported to **dump waste on their premises**. This practice contributes to climate change through methane generation and may create serious health consequences.

% of assessed PRL HHs by the three main draining systems for waste water they reported using⁸

Connected to a communal lined drainage and to the sewage system	81%
Covered and lined septic tank/cesspool	13%
A hand-dug hole in the ground	4%

In **Baalbek-Hermel and Bekaa region**, 10% of assessed PRL HHs reported that the waste water from their toilets / latrines were **drained in a hand-dug hole in the ground**.

% of assessed PRL HHs reporting using unsafe draining system⁹ for toilet/latrine waste water system, by region

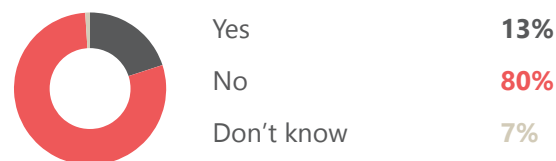


% of assessed PRL HHs by the three main sanitation facilities they reported using⁸

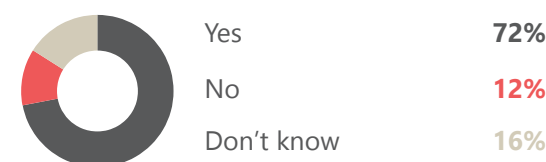
Flush or pour flush toilet	96%
Pit latrine with a slab and a platform	1%
Ventilated improved pit (VIP) toilet	2%

96% of assessed PRL HHs reported they were not sharing their sanitation facility with people that are not HH members

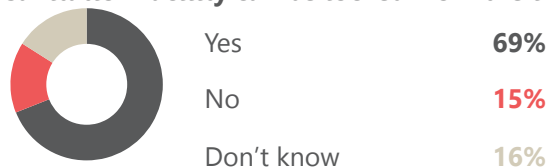
Among HHs reporting sharing their sanitation facility (n=29), % of assessed PRL HHs reporting their sanitation facility is segregated by gender¹⁰



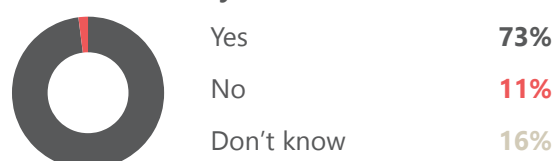
Among HHs reporting sharing their sanitation facility (n=29), % of assessed PRL HHs reporting their sanitation facility has adequate lighting¹⁰



Among HHs reporting sharing their sanitation facility (n=29), % of assessed PRL HHs reporting their sanitation facility can be locked from the inside¹⁰



Among HHs reporting sharing their sanitation facility (n=29), % of assessed PRL HHs reporting their sanitation facility has a safe and well-lit route to it¹⁰



Hygiene

97% of assessed PRL HHs reported having access to soap in their household

The region with the highest proportion of assessed PRL HHs reporting being unable to access soap was Baalbek- Hermel and Bekaa (5%).

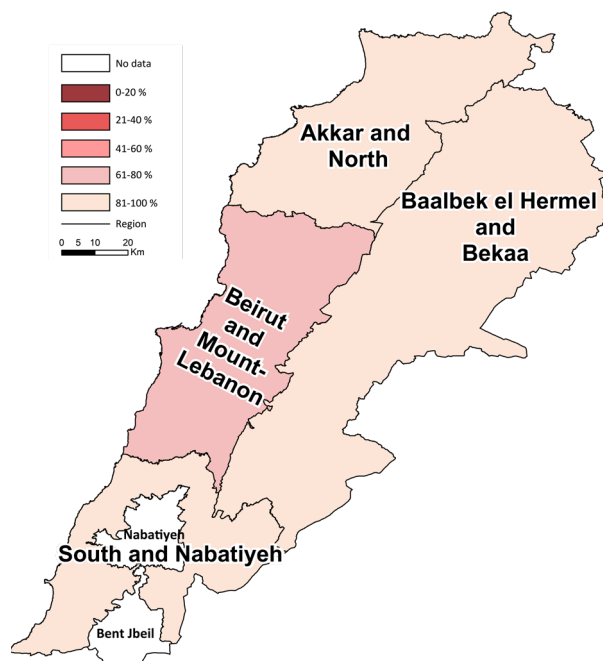
% of assessed PRL HHs by most commonly reported coping strategies used to adapt to issues related to hygiene items in the 30 days prior to data collection⁸

Relied on less preferred types of NFI	62%
Reduced NFI consumption for personal hygiene	16%
Reduced NFI consumption for other purposes	11%

% of female respondents (n=183) by main types of menstrual hygiene items reported as used by them or other female HH members during their last period⁸

Disposable pads	94%	████████████████████
Reusable pads	4%	█
Cotton	1%	█

% of assessed PRL HHs reporting having sufficient quantity of water to cover personal hygiene (washing or bathing) needs, by region



The situation seemed particularly precarious in **Akkar and North** region, as 31% of assessed PRL HHs reported not having enough water to cover personal hygiene needs while the average for the entire sample of assessed PRL HHs resulted equal to 16%.

% of female respondents (n=183) by main coping strategies reported as used by them or other female HH members to adapt to issues related to menstrual items in the 30 days prior to data collection⁸

Relied on less preferred types of menstrual items	53%
Relied on substitutes	4%
Reduced consumption of menstrual items	2%

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 Migration (IOM), Akkar Development Network (ADN), Mercy Corps, 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 Bint 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. Unimproved water sources in Lebanon include: surface water without pre-treatment, unprotected rainwater tank, unprotected well/spring, water trucking.
8. Multiple- choices question, the total of percentages can exceed 100%.
9. Unsafe draining systems in Lebanon include: a hand-dug hole in the ground, open area outside the shelter where water remains stagnant.
10. The size of the subgroup for this indicator amounts to less than 30 HHs, therefore the related results might not be reliable.

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.