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INCREASING HUMANITARIAN NEEDS IN LEBANON

The Humanitarian Country Team (HCT) tasked the Emergency Operations Cell (EOC) in 2021 to undertake a joint analysis of needs to understand the scope and scale of humanitarian needs in Lebanon and provide a comprehensive evidence-base to inform decision-making related to potential response options.

The analysis in this document focuses on the humanitarian needs of the Lebanese, migrants and Palestine refugees in Lebanon (PRL). It is elaborated by sectors and the Emergency Operations Cell (EOC). It remains complementary to the analysis of the impact of the Syria crisis and needs of affected populations conducted in 2021, which informed the Lebanon Crisis Response Plan (LCRP) for 2022-2023. An annex summarizing needs analysis on refugees from Syria has been included at the end of this document.

**APRIL
2022**

About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners.

PHOTO ON COVER

©UNOCHA/Joseph Matar- Field Visit to Caritas Primary health care center in Sad El Bauchrieh where child medical checkups are provided for families suffering from the ongoing humanitarian crisis - Beirut-Lebanon-2022.

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<https://www.humanitarianresponse.info/en/operations/lebanon>



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

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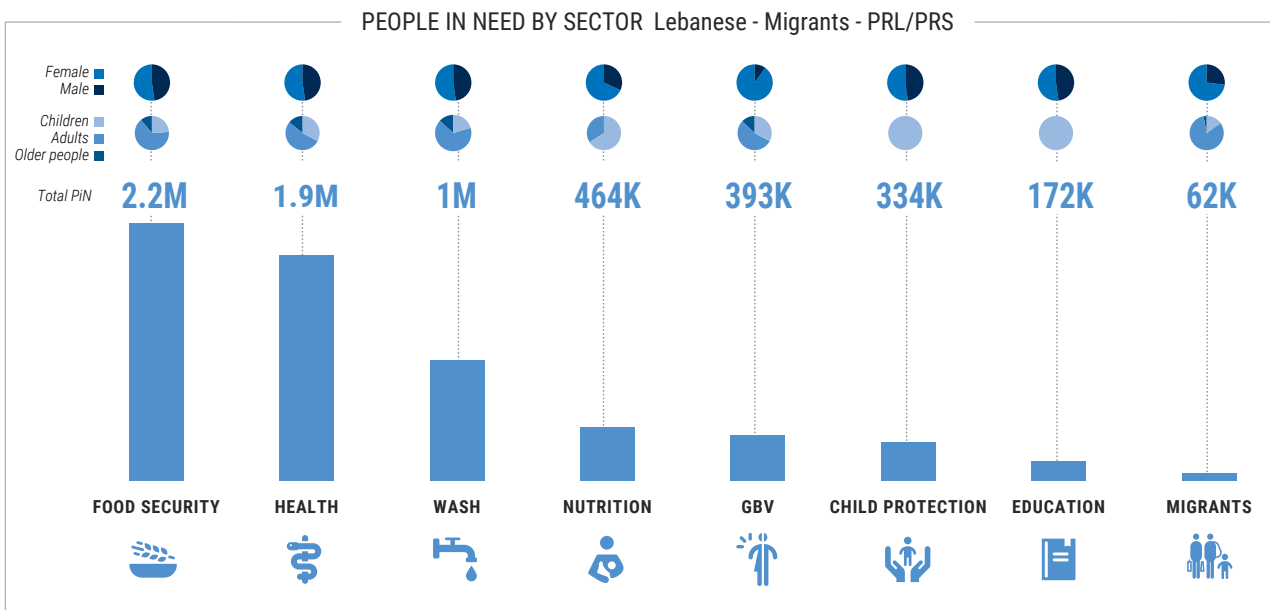
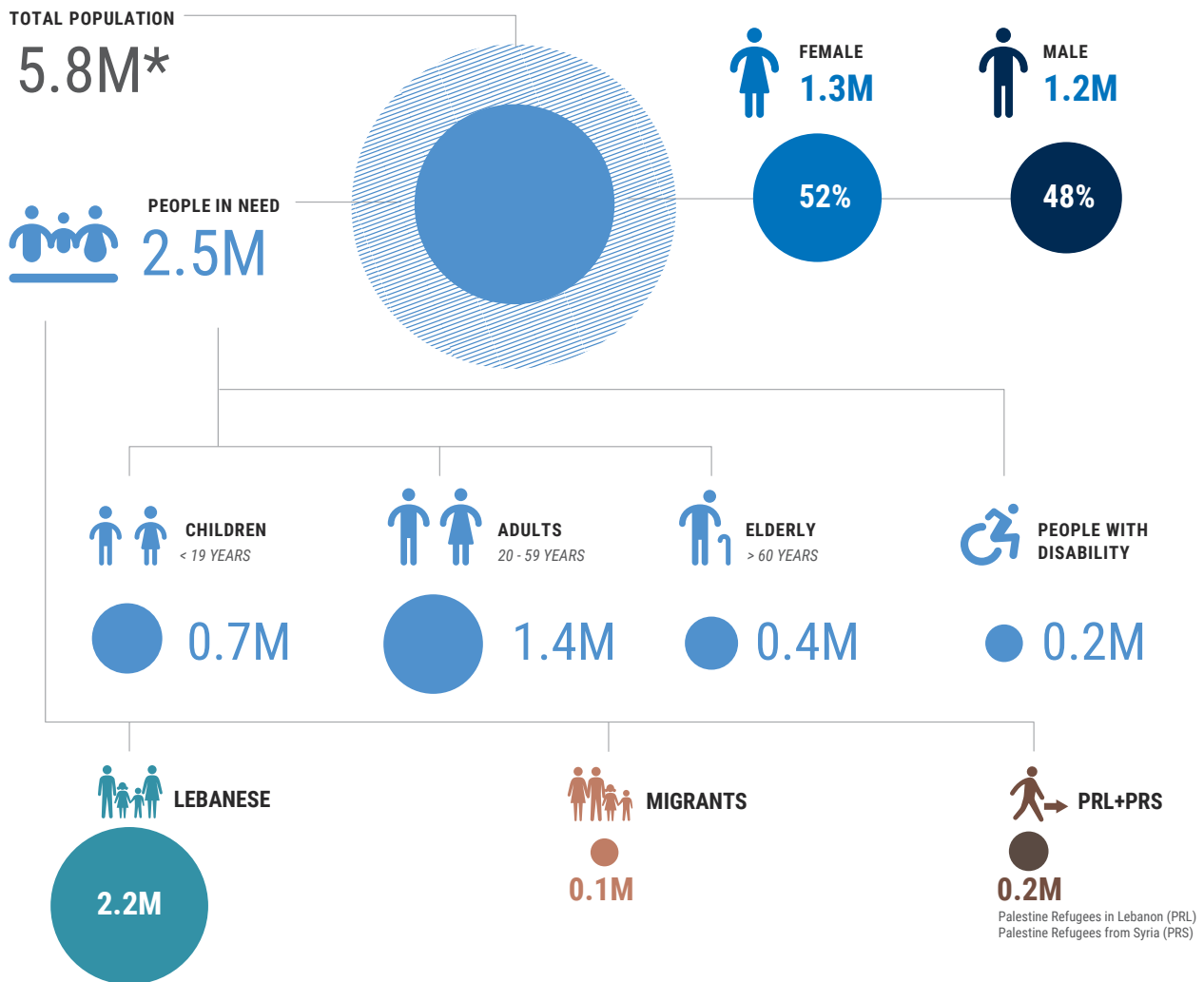
The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

<https://fts.unocha.org/countries/124/summary/2021>

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AT A GLANCE












*The overall population includes an estimated 1.5 million Syrian refugees. Syrian refugees are not included in the 'people in need' figures. This document remains complementary to the analysis of the needs of populations affected by the Syria crisis, as set out in the Lebanon Crisis Response Plan 2022-23.

Sources - **Lebanese:** ILO/CAS Labour Force Household Living Conditions Survey (LFHLCs), **Migrants:** IOM (MPM project), **Syrian refugees:** UNHCR, **Palestine refugees PRL/PRS:** LPDC/UNRWA.

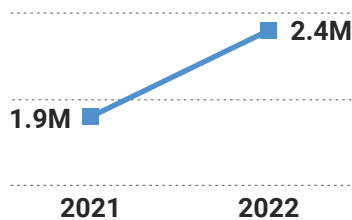
DRIVERS OF THE CRISIS AND AGGRAVATING FACTORS

Financial and economic crisis are major drivers of humanitarian needs, with food and healthcare needs most pronounced and driving the overall severity of need. There are pockets of acute needs across all sectors.

 Financial and economic crisis	 Political uncertainty	 COVID-19 pandemic
 Social tensions	 Inflation, loss of purchasing power and dwindling income	
 Collapsed electricity sector and fuel supply shortages	 A rise of use of coping mechanisms	
 Impact of the Ukraine crisis	 Basic services under strain, unaffordable and inaccessible	




EVOLUTION OF NEEDS

Humanitarian needs increased between 2021 and 2022 as living standards continued to deteriorate and physical and mental wellbeing of people in Lebanon continued to worsen.



■ ERP estimates for Lebanese, migrants, PRL in need of Humanitarian support

Rising food insecurity, collapse of basic services, more people unable to meet basic needs, and further increase in use of harmful coping strategies are expected humanitarian outcomes if the economic landscape worsens, political instability continues or the country experiences diseases outbreaks.

	Worsening economy due to lack of reforms, currency and liquidity challenges, as well as inability to find alternatives to wheat imports from Ukraine and Russia
	Political Instability due to elections, delayed or no reforms
	Disease outbreaks due to decreased vaccination, water-borne illness, brain drain

ACCOUNTABILITY TO AFFECTED PEOPLE

Our accountability to the most vulnerable people in critical need of assistance remains paramount, yet current levels of humanitarian assistance are inadequate. No one should be left behind.

14% Lebanese households	5% Migrant households	34% PRL households	reported receiving assistance from a formal governmental or non-governmental actor three months prior to data collection
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1/3 among all households trying to access assistance face some barrier to accessing aid.

Humanitarians must commit to assessing needs and close the feedback loop by providing the relevant information to affected people, through the right channels, and doing so in a manner that allows for two-way communication.

Assessments conducted by humanitarian actors

MSNA surveyed 5,613 affected households.

SMART assessed 3,558 children under the age of five and 9,214 women of reproductive age.

mVAM rely on a sample size of 7,500 households.

Feedback Mechanisms

10%
Of households assessed have used complaint mechanisms

92%
Of households assessed would use the existing complaint mechanisms to provide feedback on aid/aid workers

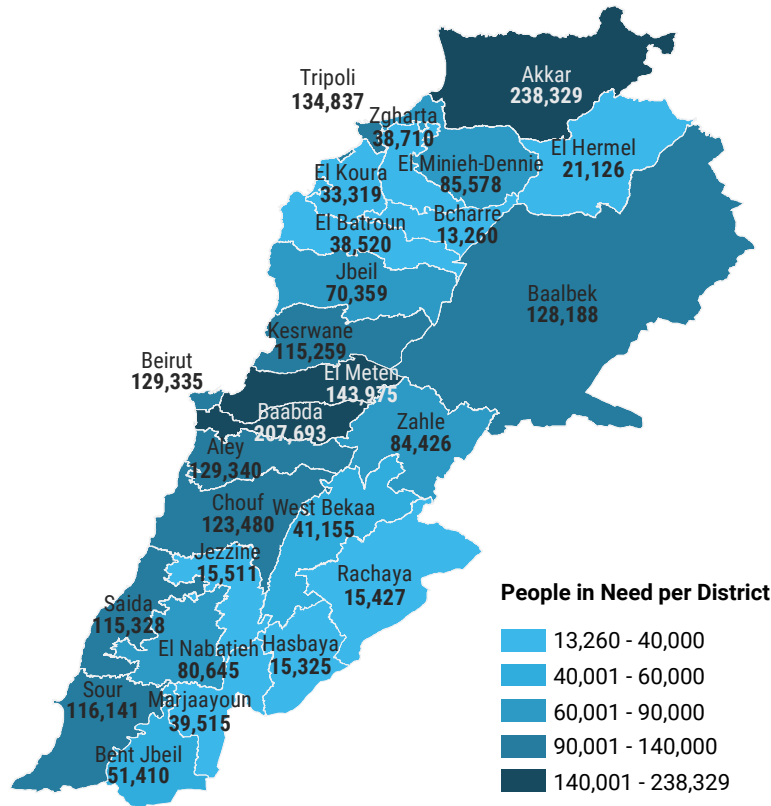
only **28%**
of households assessed are aware on how to access complaint mechanisms

The perception that complaints do not result in a positive change is the top reason why households would not use the existing complaint mechanisms.

POPULATION IN NEED BY AREA

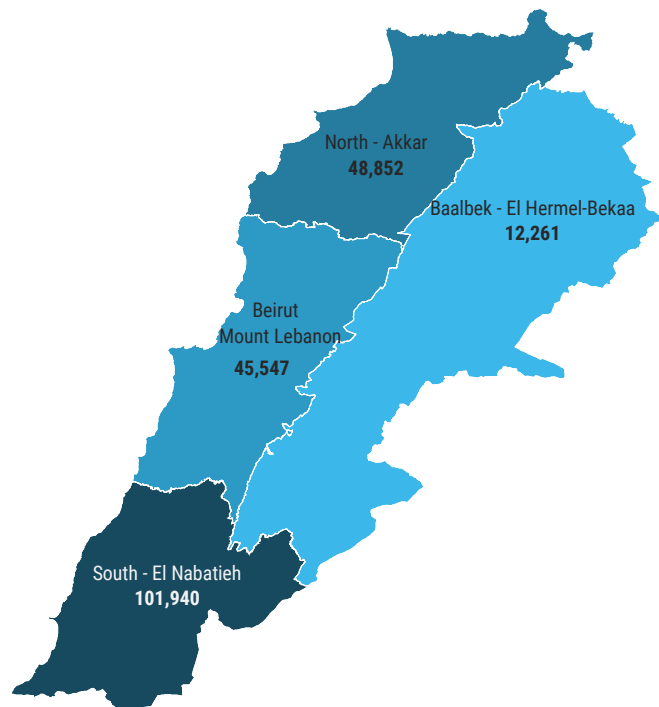
Lebanese

2.2 million Lebanese in need



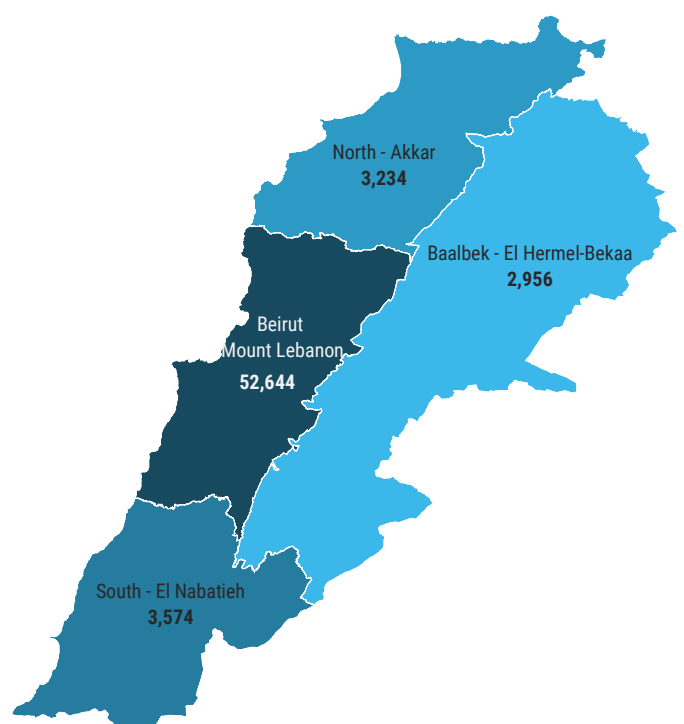
Palestine refugees

207,700 Palestine refugees in need



Migrants

86,200 Migrants in need



N.B: Map on Syrian refugees can be found in the annex.

Part I: Impact of the Crisis and Humanitarian Situation

1. Context Overview

Lebanon is experiencing a multi-layered crisis with acute and increasingly visible humanitarian consequences. Since 2019, the country has been going through a complex economic and financial crisis – deepened by a political deadlock – which has offset some of the development gains of the past years and generated humanitarian needs for the most vulnerable populations in severely deprived areas in the country, which has a resident population of approximately 5.8 million.¹

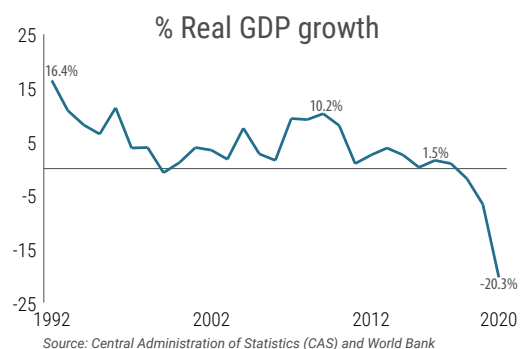
The COVID-19 pandemic and the disastrous impact of the Beirut Port explosions in August 2020 further exacerbated long-term structural vulnerabilities, worsened protection risks – including violence against women and girls - and contributed to soaring humanitarian needs.

Meanwhile, Lebanon continued to manage the spill-over of the Syrian crisis since 2011 and while refugee communities are generally welcomed, antagonistic sentiments and statements regarding refugees have been increasing² – a warning sign of a society struggling with the rapidly evolving context that has seen new humanitarian needs surface among its residents. The capacity of the country to cope with all these overlapping shocks was nearly exhausted in 2021 and is likely to further decrease in 2022 in the absence of comprehensive long-term development plans and structural reforms.

1.1. The financial and economic crisis are major drivers of growing humanitarian needs

The World Bank ranked the economic crisis in Lebanon as one of the top ten most severe episodes globally

since the mid-nineteenth century.³ The crisis has been characterized by a near collapse of the banking sector and a brutal contraction of 58 per cent of the Gross Domestic Product (GDP) from close to US\$52 billion in 2019 to an estimated US\$21.8 billion in 2021; the highest contraction among 193 countries and usually only seen in conflict- or war-torn settings.⁴ Meanwhile, remittances in 2020 contributed to 21 per cent of the country's GDP, a significant increase of the share of GDP compared to pre-crisis levels.⁵



The extreme depreciation of the Lebanese lira (92 per cent of its value) has contributed to a triple digit annual inflation of 214 per cent between February 2021 and February 2022.⁶ The depletion of cash and foreign currency reserve assets of the central bank has affected the prices and availability of critical imports such as food, fuel and medication.⁷ Unemployment has also increased during this time⁸ and the minimum wage is now equivalent to US\$30, resulting in a significant decline in income and purchasing power in the country.

1 The total population is estimated to stand at 5.8 million based on the following figures: 3.86M Lebanese (CAS/ILO - LFHLCs), 1.5M Syrian Refugees (UNHCR), 180K PRL (LPDC-UNRWA), 27.7K PRS (UNRWA 2020), 207.7 K Migrants (IOM, MPM round 1).

2 ARK & UNDP Perceptions Survey: Wave XI, August 2021.

3 World Bank, Lebanon Economic Monitor, "Lebanon Sinking," Spring 2021 and "The Great Denial," Fall 2021 accessible here: <https://documents1.worldbank.org/curated/en/394741622469174252/pdf/Lebanon-Economic-Monitor-Lebanon-Sinking-to-the-Top-3.pdf> and here: <https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor-fall-2021-the-great-denial>.

4 World Bank, Lebanon Economic Monitor, "The Great Denial," Fall 2021.

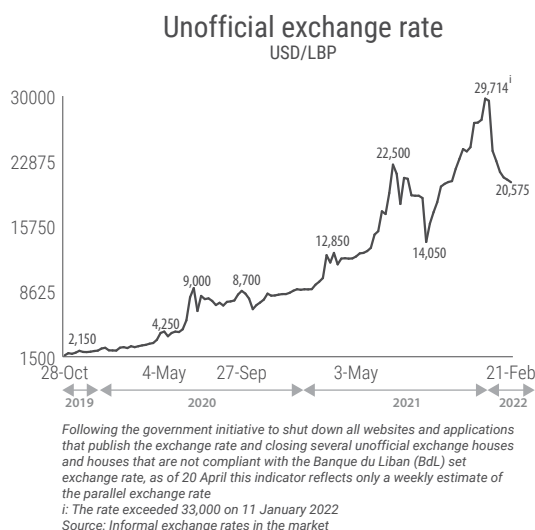
5 World Bank Data, Remittances contributed to 12 per cent of the GDP in 2018 compared to 21 per cent in 2021. Indicator on Personal Remittance, accessed here: <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?end=2020&locations=LB&start=2009&view=chart>

6 Central Administration of Statistics (CAS), Consumer Price Index (CPI), February 2022. Available at: http://www.cas.gov.lb/images/PDFs/CPI/2022/2-CPI_FEBRUARY2022.pdf

7 Acute shortages of fuel also led to tensions and even violence at gas stations and in communities.

8 World Bank Enterprise Surveys, 2020.

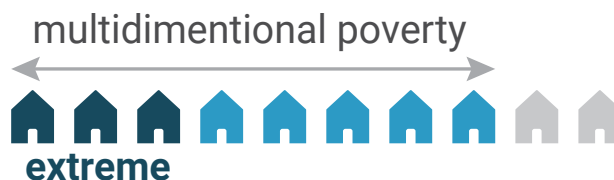
The current economic crisis has had a significant social and humanitarian impact, with the most vulnerable and large part of the middle class falling into poverty and many being unable to access basic services.⁹ The middle class is shrinking as a result of an unprecedented brain drain – with Lebanon ranking 113 out of 144 globally¹⁰ - and massive wealth destruction. Many families have faced difficulties keeping afloat, relying heavily on remittances provided by the Lebanese diaspora for their survival, whenever possible.



On top of that, in Beirut city alone, the port explosions led to US\$3.8-4.6 billion damages and total financial losses of US\$2.9-3.5 billion¹¹, and up to US\$2 billion priority recovery and reconstruction needs. Large amounts account for services, housing and transportation and are not easily absorbed by the current economic context. The blast also destroyed Lebanon’s largest grain silo which was storing much of Lebanon’s grain, and no additional storage capacity was built up since then. Further increase in food insecurity is a serious risk considering that the country is estimated to have wheat supply for about one month and up to six weeks, while building up wheat stocks remains challenging considering the lack of foreign currency reserves, increasing global prices of food commodities and uncertainties over imports from Ukraine and Russia, which are Lebanon’s main suppliers of wheat.

Rapid and severe deterioration of living conditions affecting physical and mental well-being

Multi-dimensional poverty has doubled over the last two years, affecting more than 80 per cent of the households living in Lebanon.¹² Around a third of them have fallen into extreme multidimensional poverty,¹³ with female-headed households¹⁴ reporting particularly high incidence.

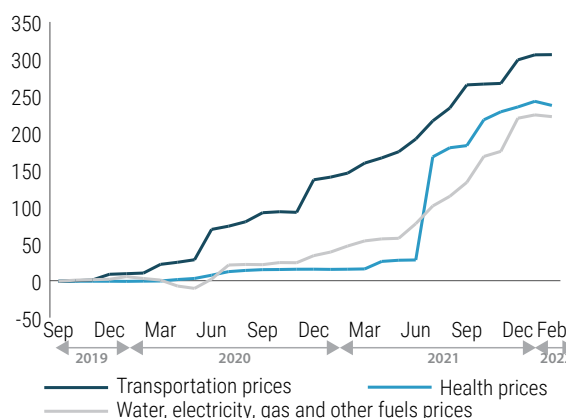


Source: ESCWA, 2021

This rapid and severe deterioration in the living standards has had direct consequences on people’s physical and mental wellbeing and generated acute humanitarian needs. People are unable to meet basic needs due to loss of livelihood and income. Nearly two thirds of all households surveyed reported challenges in affording basic needs due to job losses or reduced employment,¹⁵ with slightly higher rates for households with members with disabilities and male-headed households compared to female-headed households; likely a result of more men in the labour force.¹⁶

The rising cost of food is prohibitive for many vulnerable households who struggle to meet dietary needs despite spending the bulk of their income

Inflation
% change from September 2019



Source: Central Administration of Statistics (CAS) - Consumer Price Index variation

9 World Bank, Lebanon Economic Monitor, “The Great Denial,” Fall 2021.

10 AUB Crisis Observatory, August 2021.

11 World Bank, Beirut Rapid Damage and Needs Assessment (RDNA), August 2020, <https://www.worldbank.org/en/country/lebanon/publication/beirut-rapid-damage-and-needs-assessment-rdna--august-2020>

12 ESCWA, “Multidimensional poverty in Lebanon (2019-2021), Painful reality and uncertain prospects,” Policy Brief, September 2021.

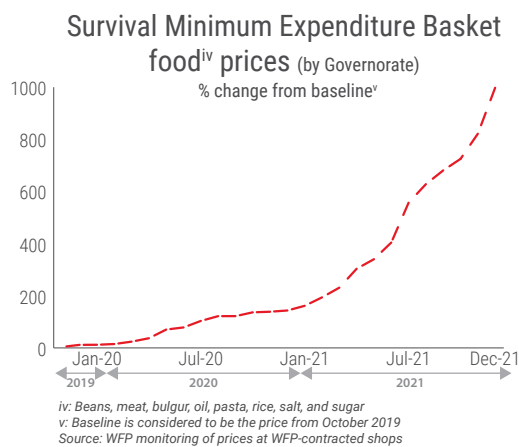
13 Households suffer from extreme multidimensional poverty if they are deprived in two or more dimension in the MPI index considered in the ESCWA calculations.

14 A female-headed household (FHH) is defined as a household in which the adult female is the sole or main decision-maker and economic provider, where a male headed household (MHH) is led by an adult male. The male and female co-headed household is where decision-making is shared. In the MSNA, the head of household is self-identified by the respondent.

15 REACH Initiative, Multi-Sectoral Needs Assessment (MSNA), December 2021.

16 Ibid.

on food. The cost of the food Survival Minimum Expenditure Basket (SMEB) in January 2022 was about 10 times higher than the cost of the basket in October 2019 (an increase of 1,140 per cent).¹⁷

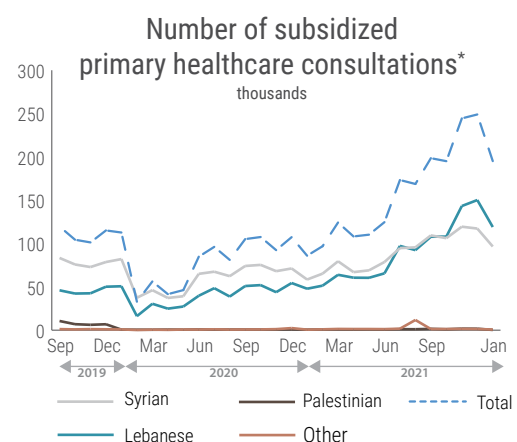
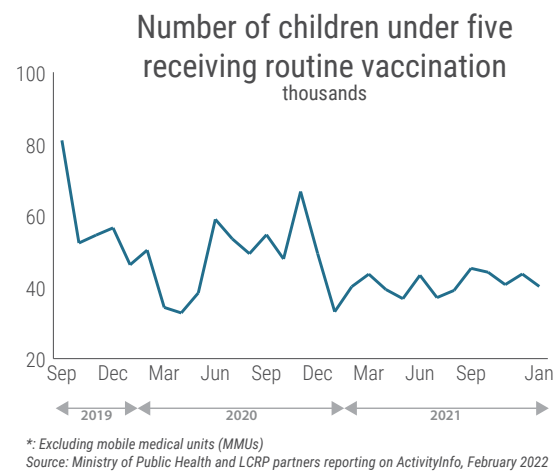


The recent Lebanon Nutrition SMART survey showed that across various population groups, over 40 per cent of children under age five and women of reproductive age suffer from some form of nutrition-related anaemia. An estimated 200,000 children under age 5 suffer from a form of malnutrition and approximately 7 per cent of children are stunted, an indicator of chronic malnutrition¹⁸ a situation likely to worsen if food insecurity increased.¹⁹

Infrastructure and basic services are on the brink of collapse and remain unaffordable to many

Public services which were already struggling prior to the economic meltdown and the COVID-19 pandemic, are now stretched beyond acceptable levels, reaching in some cases worrying emergency thresholds. People in Lebanon had been heavily reliant on the private sector for a wide range of services, including fuel, electricity, clean water and health care. As a fallout from the economic crisis, an increasing number of people, including a large share of the middle class, were no longer able to afford private services and had turned to the public services. The provision of quality and affordable services is an essential function of the government and the private sector; and remains critical for the well-being of citizens. However, due to neglect, mismanagement and years of under-investment, public services are not able to meet the full scale of needs, while private services remain prohibitive for most.

Available health services cannot meet everyone's basic health care needs



The health care system has taken a significant hit. Routine vaccination of children under five decreased by a third over the last two years²⁰ and so did the utilization of immunization services in both public and private health centers, with as much as a 47 per cent decline in using these services in the private sector.²¹ Maternal mortality more than doubled in 2021 with 45 reported cases of maternal death compared to 18 cases in 2020 and 16 cases in 2019.²² Moreover, in 2021 many hospitals reduced their bed capacity by 50 per cent or more due to fuel shortages, migration of human resources and overstretched capacities. Health actors estimate that up to 20 per cent of nurses and 40 per cent doctors have left the country with hospitals across the country experiencing shortage of specialized staff in critical functions.²³

¹⁷ Based on WFP price data.

¹⁸ Lebanon Nutrition SMART Survey 2021-2022

¹⁹ Ibid.

²⁰ The Ministry of Public Health reports that routine vaccination of children under five decreased over the last two years and continued to remain low at around 40,000 children in December 2021 compared to 60,000 children in December 2019 and 50,000 children in December 2020.

²¹ Mansour Z, Arab J, Said R, et al., "Impact of COVID-19 pandemic on the utilization of routine immunization services in Lebanon," 2021. The study found that the utilization of immunization services in Lebanon decreased by 31 per cent at the national level with a utilization decline of 46.9 per cent in the private sector for the same services.

²² MoPH 2022. The numbers for 2021 are not finalized yet. Some delays have been experienced with regard to data due to the prevailing situation and shortage of staff at the MoPH.

²³ WHO, Situation Analysis, Contingency Indicators for Impact of Lebanon Crisis on Health Sector with comparison with Previous Years, 2021.

Children are missing out on education and compromising their future

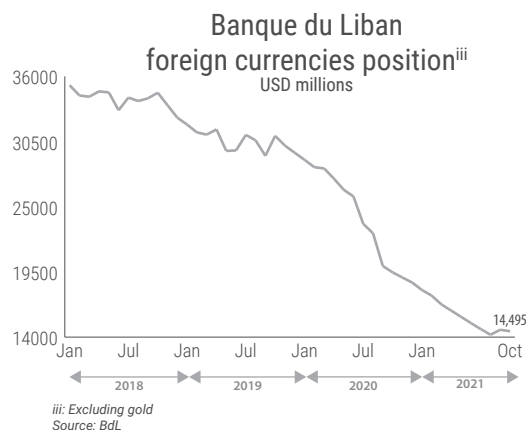
Over 1.3 million children were affected by school closures resulting from the pandemic, with as many as 700,000 children out-of-school in 2021.²⁴ In parallel, the worsening economic situation has pushed many youth to engage in ill-paid, irregular and informal work to contribute to family income. Many did so by deprioritizing learning. According to education partners, three in ten youth stopped education altogether,²⁵ while a third of all young people are not in education, employment, or training.²⁶ Keeping children out of school for long periods has made them increasingly susceptible to child protection risks and exploitative practices including child labour and child marriage, in addition to the risk of previously enrolled students not returning to school.²⁷



Source: UNICEF Press Release, "Lebanese crisis forcing youth out of learning, robbing them of their futures: UNICEF Survey," 28 January 2022; quoting the "Searching for Hope Report"

The fragile electricity sector is unable to sustain the functioning of basic services, while alternatives are unaffordable for vulnerable communities.

The shortage of foreign currency at the Central Bank of Lebanon has significantly threatened the fuel supply in the country, diminishing the daily operation of the Électricité du Liban (EDL) power plants and private diesel generators. Consequently, the country remains at serious risk of frequent and lengthy blackouts affecting entirely the delivery of public and private basic services²⁸, and humanitarian activities, and obliging people to seek expensive alternative solutions that are unaffordable for vulnerable households. Between September 2021 and February 2022, over 600 facilities (268 health facilities and 350 water pumping stations) were exceptionally supported by the UN with emergency fuel provision to maintain services across the country.²⁹ In the absence of a sustainable solution to the country's energy problem, the entire electricity system remains at risk of total collapse, potentially leading to serious consequences for the population.



The water supply system is at a breaking point

Lebanon's water system has reached a breaking point according to WASH partners, due to the heavy dollarized maintenance costs, years of poor maintenance and high-water loss, the parallel collapse of the power grid and rising fuel costs. With the rapidly escalating economic crisis and shortages of funding, fuel and critical supplies, such as chlorine and spare parts, most water pumping stations will gradually cease operations across the country if no sustainable energy solution is in place or humanitarian assistance is unavailable.³⁰ Almost four million people³¹ are at immediate risk of being denied access to safe water in Lebanon.³² In addition, it is estimated that nearly 1.7 million people could have access to only 35 litres a day as a result of power rationing, a decrease of almost 80 per cent against the national average of 165 litres pre-2020.³³

Furthermore, the loss of access to the public water supply system is forcing families to forego their basic needs and resort to harmful coping mechanisms, which particularly affect children and women. If the public water supply system collapses, the cost of water from alternative sources will increase by 200 per cent a month, which is already not affordable for most of extremely vulnerable households as it represents 263 per cent of the monthly average income.³⁴

24 Save the Children. Lebanon's education crisis – an open letter (24 January 2022). Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Lebanon%20education%20open%20letter%2024012022.pdf>

25 UNICEF Press Release, "Lebanese crisis forcing youth out of learning, robbing them of their futures: UNICEF Survey," 28 January 2022; quoting the "Searching for Hope Report"

26 UNICEF Press Release, "Lebanese crisis forcing youth out of learning, robbing them of their futures: UNICEF Survey," 28 January 2022; quoting the UNICEF Youth-Focused Rapid Assessment, conducted in September 2021 among 900 youth (persons aged 15-24).

27 Save the Children, "Lebanon Education in Crisis: Raising the alarm," 2021. Available at: https://resourcecentre.savethechildren.net/pdf/lebanon_education_crisis_spotlight_31.03.2021.pdf/

28 UNICEF, Unbundling Lebanon's electricity sector, research paper by Issam Fares Institution in 2021.

29 Logistics Sector, Fuel Operations: WASH Sector Support, September 2021 – February 2022.

30 UNICEF, "Drying up, Lebanon water supply system: on the verge of collapse", July 2021.

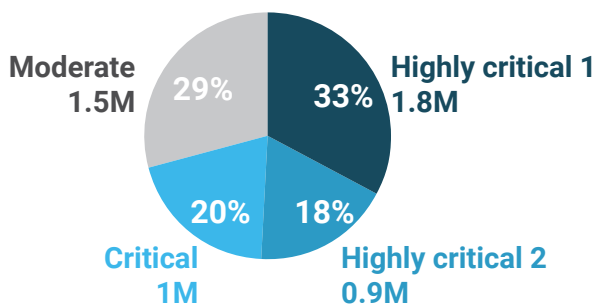
31 WASH vulnerability mapping, Water Sector 2021.

32 UNICEF, "Drying up, Lebanon water supply system: on the verge of collapse," July 2021.

33 Ibid.

34 Ibid.

People at risk of being denied access to safe water



- Highly Critical (Level 1): EDL with and without Genset Calculation at less than 35 L/c/day only on EDL
 - Highly Critical (Level 2): EDL no Genset 35-100L/c/day
 - Critical: 35-100L/c/day EDL and Genset (Calculation of production only on EDL)
 - Moderate: >100 L/c/day EDL and Genset and/or PVs (Calculation of production only on EDL)
 - Low: Gravity fed systems
 Source: UNICEF, July 2021

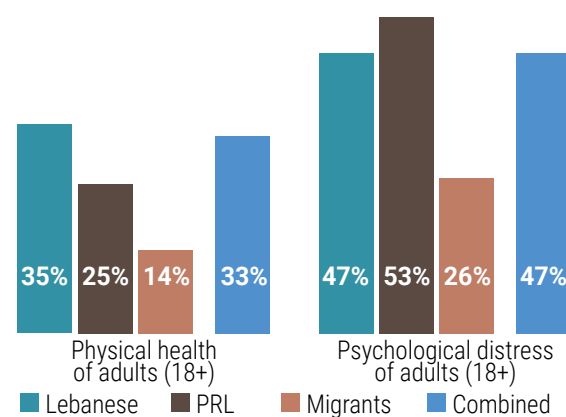
The protection environment is deteriorating; families are forced to rely more and more on harmful coping mechanisms

Overall, as many as 34 per cent of Lebanese households indicated that the physical health of adults had deteriorated as a result of the current crisis and 45 per cent reported psychological distress among adults.³⁵ The massive loss of wealth, together with significantly reduced income and rising prices, has impeded access to critical life-sustaining services such as health and exacerbated psycho-social needs. The inability to meet even the most basic household needs has left many exposed to a wide range of protection risks including increasing tensions resulting from competition over limited resources and opportunities and the risk of Intimate Partner Violence (IPV). Awareness of and access to specialized services remain limited. Girls and women have specific hygiene needs, including menstrual products, but the prices of these items have increased dramatically.

Migrants have always been a vulnerable population group in Lebanon facing multitude barriers to accessing services and assistance, as well as multiple protection concerns such as sexual exploitation, trafficking, statelessness among children, evictions, forced and unpaid labour, and suicide. For live-in migrants, housing conditions depend on the employer; however, when loss of employment occurs, many migrants end up in sub-standard shelters or crowded living conditions and struggle to pay rent. As many as 21 per cent of migrant households reported

psychological distress among adult members of the household, while another 13 per cent reported that the physical health of one or more adult family members was impacted negatively by the events.³⁶ Most migrants live in Beirut and the port explosions have had a significant impact on their living standards and physical and mental wellbeing, leaving many migrant families without a home, a job, or their belongings. Like in many urban centres, Beirut exhibits significant socioeconomic inequality and structural inequalities in the labour market. These realities directly impact migrant communities, with many having humanitarian needs worsened by the multi-layered crises.

% Households negatively affected by the crisis



Source: MSNA, December 2021

Like migrants, Palestine Refugees in Lebanon³⁷ are also vulnerable, repeatedly marginalized and outside of social protection schemes. Even before the crises, PRL had limited access to livelihoods due to restrictions on their right to work in several professions, and frequent discrimination within the workplace; and despite their long-standing presence in Lebanon, they are unable to own or inherit property. Many are dependent on daily/seasonal labour,³⁸ but the significant deterioration in their living conditions is affecting their physical and mental wellbeing, contributing to tensions which have sometimes escalated into violence in camps and increasing the protection risks faced by women, children and older persons. Palestinian refugees in Lebanon without official identity documents and residency in Lebanon ("non-ID Palestinians") are even more restricted in their livelihood options as they are often unable to move around freely and are even more vulnerable to discrimination in the workplace. Palestine refugee camps, which are often over-crowded with

³⁵ Ibid.

³⁶ MSNA, December 2021. This comes on top of an already critical mental health situation for migrants in Lebanon, as humanitarian actors report prevalent and severe mental health needs among migrant communities, including very high rates of suicides, long preceding these latest crises. MSNA data on migrants is indicative.

³⁷ This group is registered with the Department of Political Affairs and Refugees and has permanent residency in Lebanon.

³⁸ Indeed, half of all PRL households assessed through the MSNA reported that the households' primary source of income over the last 30 days was daily or intermittent work.

poor infrastructure are *de facto* under the governance of Palestinian authorities, which can lead to limited access to official justice systems, particularly for vulnerable groups.

Violence against women, girls, and marginalized groups continues to be on rise while specialized support continues to remain limited. Without support their condition will only worsen. While there is no nationally representative prevalence data on gender-based violence in Lebanon, the GBV monitoring system and numerous studies have shown that rates of GBV are increasing across the country.³⁹ Domestic violence and IPV are amongst the most common types of GBV; some estimates suggest rates of domestic violence are as high as one in three married women and an estimated one in every two individuals know someone subjected to domestic violence.⁴⁰ According to the MSNA 2021, among those households who reported that women and girls feel unsafe in their community, approximately 5 per cent indicated that women and girls feel unsafe in their homes.⁴¹

A difficult year ahead amidst political uncertainties and social tensions

Political uncertainties represent an additional aggravating factor. Lebanon is currently at a crossroads as the government faces the daunting tasks of rebuilding the economy, restoring public trust, implementing reforms, and paving the way for free and fair parliamentary elections tentatively scheduled for May 2022. The formation of the new government in September 2021 was an encouraging sign⁴², but there are growing threats to stability. In the last two years, the country has witnessed major changes in political leadership and delays in the formation of a government, which has impeded the state's ability to provide effective and timely services and assistance to its people.

The political paralysis contributed to civil unrest in many parts of the country primarily linked to worsening economic conditions, but also to ongoing investigations related to the Beirut Port explosions.⁴³ Tensions between Lebanese host-communities and Syrian refugees, as well as between different Lebanese political and religious groups have also been reported. Increased inter-communal tensions between Lebanese and Syrians, as well as intra-communal tensions between Lebanese communities have been reported.

Results from WAVE XII of the ARK-UNDP Regular Perception Survey on Social Tensions throughout Lebanon conducted in November and December 2021, document the deteriorating living conditions of Lebanese and Syrian refugees and chart the decline in positive perceptions of community relations.

Some efforts have been made at the global level to mobilize donor funding support for the country, including a high-profile International Conference organized by the UN and France in August 2021 which saw over US\$ 300 million committed through bilateral contributions and pledges, but a lot more support will be required to address the rising humanitarian needs in the country and accelerate its long-term recovery.

Tensions along the border with Israel have occasionally erupted, including skirmishes in May 2021 following air strikes in Gaza. While important political negotiations are ongoing, the risk of new tensions along Lebanon's frontier with Israel remains and needs to be closely monitored by the humanitarian community.

Unrestrained, the reverberation of the crisis in Ukraine could have catastrophic consequences for Lebanon

On top of the other shocks the country is grappling with, the ongoing crisis in Ukraine presents a food security risk for Lebanon, which depends heavily on imported wheat from Ukraine and Russia used in the production of bread and other staple foods. Lebanon is among the top 15 importers of Ukrainian and Russian wheat and imports most of its total needs from these two countries.⁴⁴ Although the government has tried to allay fears of wheat shortages occurring in the short-term, they have indicated that the current wheat reserves were expected to last at least one month and up to six week.⁴⁵ Meanwhile, storage facilities remain insufficient in the country following the destruction of silos in the Beirut Port explosions. Food price increases in Lebanon will be one of the first consequences of the Ukraine crisis. This is likely to exacerbate food insecurity, which in turn will set off increasing nutrition and health needs across Lebanon. Increases in the price of crude oil on the global market in recent months have been mirrored by further spikes in the prices of gasoline, diesel and gas in Lebanon, which had already faced widespread fuel shortages and rampant electricity cuts for the most part of the second half of 2021. At the height of these

39 See more here: <https://arabstates.unwomen.org/en/digital-library/publications/2020/04/gender-alert-on-covid-19-lebanon>

40 Ibid. And more here: <https://arabstates.unwomen.org/en/digital-library/publications/2021/10/the-european-union-sector-specific-gender-analysis-an-in-depth-sectoral-examination>

41 MSNA, December 2021.

42 Women's participation in formal government roles remains highly limited (5 per cent), with one woman currently appointed in a ministerial position, and six women serving in the parliament.

43 International Crisis Group (2021), "Managing Lebanon's Compounding Crises," Middle East Report No. 228. Available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/228-lebanons-compounding-crisesup.pdf>

44 WFP, Food security implications of the Ukraine conflict, March 2022.

45 CARE, "The war in Ukraine is rationing Lebanon", March 2022, Statement available online here: <https://www.care-international.org/news/press-releases/the-war-in-ukraine-is-rationing-lebanon>.

challenges, limited and overwhelmed basic services were struggling, and the Électricité du Liban (EDL), the state power producer, was limiting power supply to two hours a day in parts of the country and less in some areas. Although the government reached an agreement for the supply of gas and electricity from Egypt and Jordan in September 2021, it is yet to materialize and the possibility of a prolonging of acute fuel shortages in the country remains a major concern.

Overall, these are expenses that Lebanon may not be able to absorb due to the severe shortage in foreign currency, which could then further lead to purchasing wheat from more expensive alternative sources, with further delays in imports, additional food scarcity and prices hikes.

1.2. The Lebanese social fabric under pressure: demographic profiles and the negative impact of the crisis on different communities

Lebanon has a relatively small population residing in the country and a sizeable Lebanese diaspora. The country is also hosting a large refugee population, including 1.5 million displaced Syrians, 180,000 Palestine Refugees in Lebanon (PRL) and 28,000 Palestinian Refugees from Syria (PRS), and a sizable migrant community estimated at around 208,000 people. Across the population in Lebanon, factors such as age, gender, religion, disability status, sexual orientation, legal status, socio-economic status, and regional locality impact the experiences of individuals and communities, especially in times of crisis.

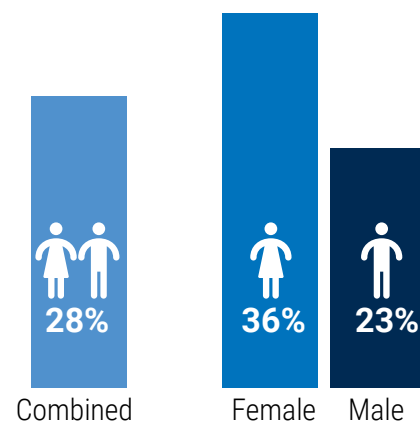
Gender inequalities further exacerbated by the ongoing crises⁴⁶

The humanitarian crisis in Lebanon is occurring within a context of deep rooted, structural gender inequalities and discrimination. Lebanon has one of the highest overall gender gaps in the world, ranking 132 out of 153 countries in the World Economic Forum Gender Gap report 2021.⁴⁷

Economic collapse, high unemployment and increasing poverty is affecting both genders, but it is the women who bear the brunt of the consequences, including of domestic violence and sexual exploitation and abuse; which are on the rise. Women also exit the labour market at higher rates than men, often having to prioritize domestic and care duties in the family. Gender inequity is extremely visible in the economic exclusion of women in Lebanon, which makes them less likely to have savings or income, or access assets that would help them cope with the current crises.⁴⁸

There was a 28% unemployment rate among all individuals surveyed (across all population groups).⁴⁹ However, unemployment among women (36 per cent) was significantly higher compared to men (23 per cent).⁵⁰ Unemployment, particularly for women, was extremely high outside of Beirut and Mount Lebanon. In line with the findings of previous large-scale surveys, men (70 per cent) were twice more likely to participate in the labour force compared to women (35 per cent).

% Individuals unemployed



Source: MSNA, December 2021

Men and women with disabilities are further sidelined from the labour force. Only 17 per cent of women with disabilities and 41 per cent of men with disabilities participate in the labour force. Those without disability were almost twice more likely to participate in labour compared to men and women with disability. Women's limited economic participation across population groups is likely why female-headed households report

⁴⁶ UN Women, Gender and Social Inclusion Analysis based on MSNA December 2021 data. Due to the methodological constraints e.g. MSNA designed as a primarily household assessment, household members' individual needs were only able to be disaggregated by gender for some of the sectors. Only the household level findings for Lebanese households are representative at district level. All other comparative analysis (e.g. comparing female-headed households, male-headed households and co-headed; or households with disability and without disability) or analysis using a subset data or PRL or Migrant data are indicative.

⁴⁷ World Economic Forum, Global Gender Gap Report, 2021, accessible here: http://www3.weforum.org/docs/WEF_GGGR_2021.pdf

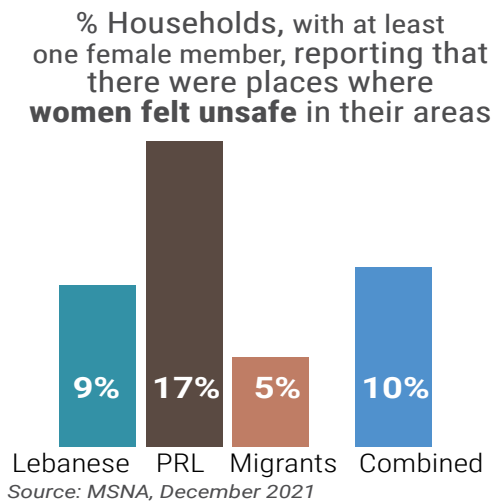
⁴⁸ World Bank and UN Women, "The Status of Women in Lebanon : Assessing Women's Access to Economic Opportunities, Human Capital Accumulation and Agency," 2021, accessible here: <https://openknowledge.worldbank.org/handle/10986/36512>

⁴⁹ UN Women, Gender and Social Inclusion Analysis based on MSNA, December 2021 data. Calculations of working age were done considering all individuals age 15 and above, in order to be consistent with the Labour Force and Household Living Conditions Survey. MSNA unemployment refers to individuals being unemployed but actively looking for a job in the 30 days prior to data collection. Unemployment was calculated as the number of people who were unemployed/total workforce [i.e. those either looking for work or employed] on the individual weighted dataset.

⁵⁰ Ibid.

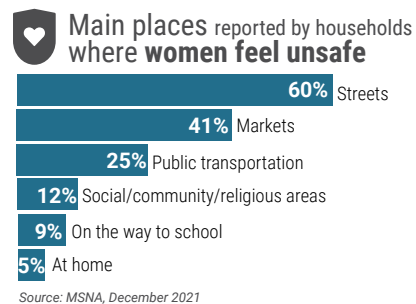
higher reliance on family and community support for their main source of income (31 per cent compared to 12 per cent male-headed households),⁵¹ with older female-headed households even more reliant on this type of support. As conditions in the crisis worsen and the capacity of family and community support wanes, female-headed households may be more likely to be dependent on humanitarian aid, compared to male-headed households; this increase in female-headed households' aid dependency has been observed amongst Syrians in Lebanon over recent years.⁵²

Women and girls across all population groups assessed have specific sanitation, hygiene and protection needs compared to men and boys. As prices of sanitary pads and other products have skyrocketed, access to menstrual products has become challenging in Lebanon, with some assessments pointing to period poverty in the country.⁵³ According to the MSNA, among households with at least one female member, over half of all assessed households in Lebanon (52 per cent)⁵⁴ reported issues in accessing menstrual hygiene products while among these households 44 per cent reported relying on less preferred items as a way of coping.⁵⁵



In terms of protection, on average, 10 per cent of households with at least one female member reported

that there were places where women felt unsafe in their areas, with concerns significantly higher among PRL households at 17 per cent compared with 9 per cent among Lebanese households and 5 per cent among migrants households.⁵⁶ Among these households, respondents reported that women feel unsafe primarily on the street (60 per cent), in the markets (41 per cent), and in public transportation (25 per cent), with an additional 5 per cent among them reporting that women and girls feel unsafe in their homes.⁵⁷ These safety concerns in Lebanon's unfolding crisis corroborate other findings that women and girls in Lebanon have often felt unsafe in public spaces; while also correlating with observed rises in domestic violence rates.



Additionally, around one quarter of Lebanese households reported having safety and security concerns for women in their community, and more than one third of households reported the same for girls in their community (including as being exposed to sexual violence and harassment, kidnapping, and sexual exploitation).⁵⁸ Such safety concerns are exacerbated for women and girls in governorates in more rural areas, with rates increasing to 49 per cent of households reporting this concern in Akkar, 39 per cent in the North and 38 per cent in Baalbek EIHermet.⁵⁹ Safety concerns and risks are also high for trans women in Lebanon. According to the Yalla Care study – the largest needs assessment of LGBTIQ+ people ever conducted in Lebanon - 52 per cent of queer, lesbian or bisexual women, and 67 per cent of trans women in the Greater Beirut area reported feeling unsafe and at risk of physical attacks in their neighborhood.⁶⁰ In other areas, data suggests that female-headed households appear to fare better than male-headed households.

51 Ibid.

52 UNHCR, UNICEF, WFP, VASYSR 2021 - Vulnerability Assessment of Syrian Refugees in Lebanon, accessible here: <https://reliefweb.int/report/lebanon/vasysr-2021-vulnerability-assessment-syrian-refugees-lebanon>

53 See more here: <https://plan-international.org/publications/period-poverty-lebanon>

54 MSNA, December 2021. Access to menstrual hygiene products is particularly poor in certain areas across the country. In the North (71%), Bekaa (60%) and Baalbek (60%), households reported issues accessing menstrual hygiene products.

55 The question was only asked when a female enumerator was present.

56 MSNA, December 2021. Data is indicative for both PRL and migrants.

57 Ibid.

58 Ibid.

59 Ibid.

60 Yalla Care, "Study on the needs of the LGBTIQ+ community in Beirut," December 2021. Accessible here: <https://cdn-5e344ff7f911c80ca0df760f.closte.com/wp-content/uploads/sites/87/2022/02/YALLA-CARE-Report-2021-Edited.pdf>

For example, female-headed households reported more often than male-headed households to have received food assistance,⁶¹ likely an indication of gender-sensitive programming that considered vulnerabilities of female-headed households. However, issues of food security remain gendered - women and girls remain largely responsible for feeding families in Lebanon, yet they are more likely to report eating less than men and boys when food is scarce.⁶² In education, male-headed households (28 per cent) were more than twice as likely to report being unable to meet the educational needs of their family, compared to female-headed households (13 per cent), likely because male-headed households have more children on average; and school-aged girls were slightly more likely to be enrolled in school than boys.⁶³

Emerging needs and concerns for people with diverse sexual orientation, gender identities, expression, and sex characteristics (SOGIESC)

In Lebanon, individuals are subjected to discrimination and violence based on their sexual orientation, gender identities/expressions, and sex characteristics (SOGIESC) in all aspects of their lives. People of diverse SOGIESC are highly marginalized and their existence is criminalized⁶⁴. Due to protection concerns around asking respondents' sexual orientation and/or gender identity in randomly selected households during MSNA 2021 data collection, there was not sufficient data to obtain reliable information on the specific needs of LGBTIQ+ populations. However, complementary assessments indicate stark vulnerabilities and high humanitarian needs for this population. According to an OXFAM and European Union study, in one of the first ever humanitarian assessments in Lebanon that specifically assesses the needs of the LGBTIQ+ groups, 73 per cent of assessed LGBTIQ+ individuals reported that the deteriorating living conditions impacted their psychological wellbeing, nearly half reported that they do not have access to support systems, 41 per cent could no longer afford rent, and 39 per cent reported losing access to safe spaces. A very high proportion (70 per cent) of study respondents had lost their job in the past year.⁶⁵ As the crisis worsens, it is likely that people of diverse SOGIESC will require more humanitarian assistance. The 2021 Yalla Care coalition report estimates that

59 per cent of assessed LGBTIQ+ persons in the greater Beirut area alone rely on at least one form of assistance from NGOs.⁶⁶

Children and older people face specific risks

Shocks and humanitarian needs are experienced differently by people based on their gender and age, as well as pre-existing vulnerabilities and coping capacity. On average, older people are more likely to have health concerns and in some cases mobility issues, and experience vision and hearing impairments. In the absence of enabling and inclusive services they will experience difficulties in accessing life-saving information and assistance, that will have adverse impacts on their life and wellbeing.

People over the age of 60 represent more than 11 per cent of Lebanon's population.⁶⁷ According to the MSNA 2021, more than half (52 per cent) of households had at least one member over the age of 60. Female-headed households (63 per cent) were far more likely than male-headed households (48 per cent) to include older members, which may place additional care-taking burdens on female-headed households. The Lebanese population includes significantly more older people compared to migrants and PRL (22 per cent of Lebanese were over 60 years old, compared to 3 per cent of migrants and 13 per cent of PRL). Older persons can be at risk due to their age intersecting with other factors, such as chronic illness or disabilities. Older persons living alone or without a caretaker are also at increased risk. The Rapid Gender Analysis conducted in the aftermath of the Beirut Port explosions found that 8 per cent of the people affected were older women living alone and struggled to access in-person assistance due to lack of information, COVID-19 precautions, and physical barriers.⁶⁸ Increases in emigration trends in Lebanon may lead to even more older people living alone, as younger populations seek economic security outside of the country.

Likewise, children bear the brunt of crisis, as issues impacting the family will have immediate and long-term consequences on their lives and wellbeing. Children remain at risk of domestic violence and the lack of access to proper education is likely to affect their survival, development, and future access

61 MSNA, December 2021.

62 CARE, "Rapid Gender Analysis COVID-19 and Beyond," May 2020. Accessible here: <https://www.careevaluations.org/evaluation/care-rapid-gender-analysis-lebanon-may-2020/>

63 UN Women, Gender Analysis based on MSNA, December 2021 data.

64 Consensual same-sex acts are penalized under article 534, which criminalizes 'unnatural sex,' and article 521 criminalizes trans individuals under the pretext of 'disguising their gender.'

65 Oxfam, "Queer community in crisis: trauma, inequality and vulnerability," Policy Brief, June 2021. Accessible here: <https://www.oxfam.org/en/research/queer-community-crisis-trauma-inequality-and-vulnerability>

66 Yalla Care, "Study on the needs of the LGBTIQ+ community in Beirut," December 2021. Accessible here: <https://cdn-5e344ff7f911c80ca0df760f.closte.com/wp-content/uploads/sites/87/2022/02/YALLA-CARE-Report-2021-Edited.pdf>

67 MOSA Lebanon, the National Strategy for Older Persons in Lebanon, 2020.

68 Abaad, Care, ESCWA, UNFPA and UN Women, "A Rapid Gender Analysis of the Beirut Port Explosion: An Intersectional Examination," October 2020. <https://arabstates.unwomen.org/en/digital-library/publications/2020/10/rapid-gender-analysis-of-the-beirut-port-explosion>

to equitable livelihood opportunities. In the case of Lebanon, limited and reduced income has translated into food insecurity and in some cases acute malnutrition for children. Recent nutrition survey conducted among Lebanese and Palestine refugees found that 9 out of 10 children do not get the nutrition they need to thrive later in life.⁶⁹ In some cases, limited or no income has also contributed to reduced formal learning and increased protection risks, including grave ones such as child labour and child marriage, while overall distress among parents increases distress among children.⁷⁰ In the Palestine refugee camps, access to safe places for young children to play is a particular concern.

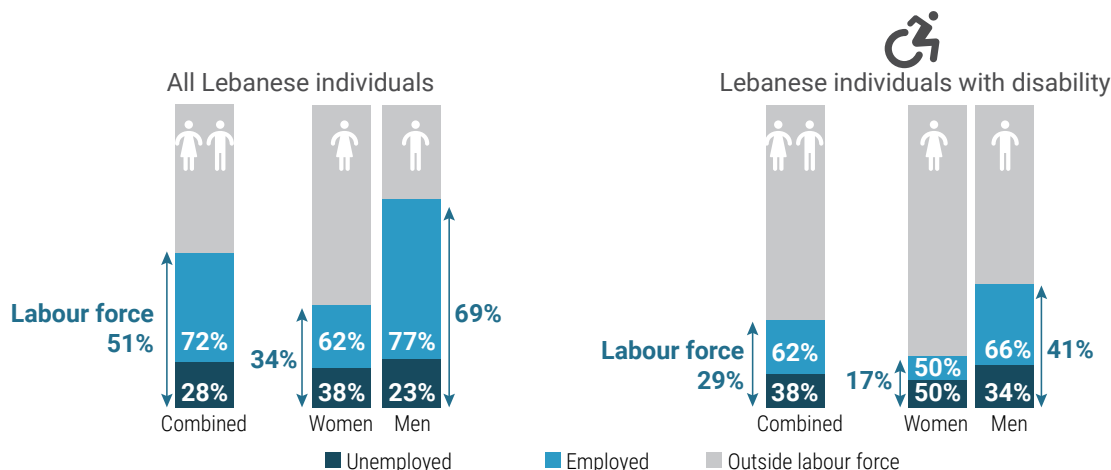
The MSNA estimated that 14 per cent of all households had at least one young child between ages 0 to 4. PRL families on average had more children than migrants and Lebanese, with no significant gender difference. In addition, 0.5 per cent of Lebanese, 1.4 per cent of PRL and 5.8 per cent of migrants had children under 18 living outside the house. In the case of Lebanese and PRL households, this was most often because the child was married while for migrants it was because their children were in their country of origin. However, the sample size was very small, and results are not generalizable.⁷¹

Structural inequalities, discriminations and barriers disproportionately affect people with disability

In Lebanon, people with disabilities face discrimination, exclusion and numerous barriers to equal participation in society. They often face difficulties accessing public spaces, assistance, and services, are often reliant on caregivers, which can make them more vulnerable to exploitation, violence, neglect or abuse. Limits to economic participation is one of the most concerning gendered disability gaps in the country. The unemployment rate (defined as unemployment in the 30 days prior to data collection) for Lebanese women with disabilities (50 per cent) is significantly higher than the average national rate for Lebanese women (38 per cent); also higher when compared to the unemployment rate for people with disabilities across all nationalities (38 per cent).⁷² With Lebanese women with disabilities (50 per cent) are more likely to be unemployed than Lebanese men with disabilities (34 per cent). Lebanese men with disabilities demonstrate far high unemployment rates than men without disabilities (23 per cent). Such barriers to women and men with disabilities accessing the economy has a profound impact, making them more vulnerable to poverty and aid dependency.

As per the MSNA data, around 7 per cent of the population has at least one type of disability,⁷³ with most disabled persons being older people. These figures are close to the most recent figures in the Labour Force and Households Living Conditions Survey

Labour force participation and unemployment for Lebanese individuals



-Unemployed refers to individuals being unemployed but actively looking for a job in the 30 days prior to data collection.
 -Employed refers to individuals having worked outside the house in the 30 days prior to data collection.
 -Labour force consists of people who are either employed or unemployed but looking for work.
 Individuals of age 15 and above were considered of working age.
 Source: MSNA, December 2021

69 SMART Survey, February 2021.

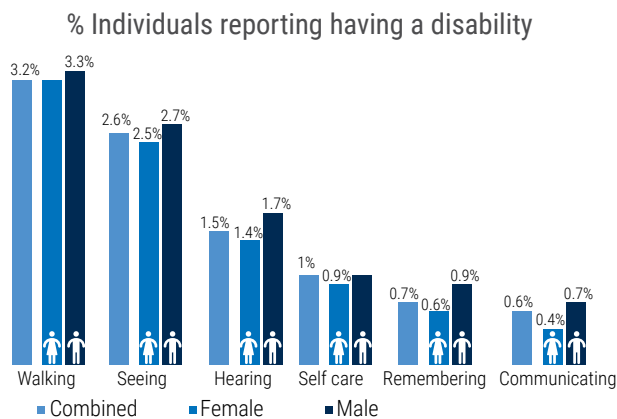
70 MSNA, December 2021.

71 To note that these are indicative figures due to small sample size.

72 UN Women, Gender Analysis based on MSNA, December 2021 data.

73 Findings reported at individual level. For the MSNA 2021 and LFHCLS 2018-2019, people having "a lot of difficulties" or "cannot at all" in the surveyed areas were considered disabled. This definition is based off of the Washington Group Questions: <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

(LFHLCs 2018 – 2019), where an estimated 4 per cent of people in Lebanon were reported to have at least one disability, and approximately half of them were older people. Apart from labour, there was no notable gender difference between people with disabilities. Disabilities among Lebanese were most often reported in Beirut and Nabatieh governorates (10 per cent), followed by the North (9 per cent).



Source: MSNA, December 2021⁷⁴

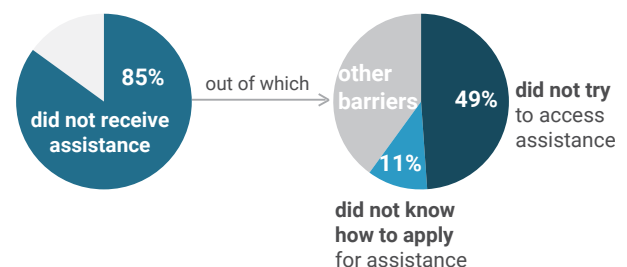
Disability inclusion analysis of the MSNA data showed that households with one family member having a disability often impacts the vulnerability of the entire household.⁷⁵ Households with disabilities reported greater need to access healthcare (59 per cent) compared to households without disabilities (43 per cent) and anticipated more barriers to healthcare (81 per cent compared 66 per cent). In addition, households with persons with disabilities were more likely to become food insecure: almost half (47 per cent) of households with disabled members reported times with no food in the house in the 30 days prior to data collection⁷⁶, compared to 34 per cent among households without disability, while 91 per cent of households with disabled members reported reducing food expenditures to cope with the lack of food, compared to 84 per cent among households without disabilities.⁷⁷ This is likely because attending to the specific needs for people with disabilities often requires more from the household, including more financial resources.

1.3. Humanitarian assistance is necessary for many vulnerable people but still largely insufficient

Around 85 per cent of Lebanese households reported that they did not receive any type of assistance at household level during the three months preceding the MSNA.⁷⁸ Many of those that did not receive assistance have not tried to access it (49 per cent), but 11 per cent reported that they did not know how to apply to receive the aid. Among the 14 per cent Lebanese households that reported receiving assistance, 77 per cent households reported receiving food assistance, 18 per cent multipurpose cash, 8 per cent health services and 2 per cent education assistance. Food, multipurpose cash, and health services are the same goods and services that migrant and PRL households report having received most often.⁷⁹ Lebanese female-headed households, including those with members with disabilities, were slightly more likely to report receiving cash assistance and food assistance compared to male-headed households.

An estimated one per cent of Lebanese households surveyed reported that being sexually exploited in exchange of humanitarian aid, goods, services, money or preferential treatment was a safety and security concern for girls, boys, women and children with disability in their community.⁸⁰

% Lebanese households not having received assistance during the last 3 months and barriers faced



Source: MSNA, December 2021

Among the PRL households, 66 per cent did not receive any type of assistance between August and October 2021. 18 per cent of these households reported not knowing how to apply for assistance as barrier to aid, while one tenth reported their household was deemed ineligible or denied as a result of their nationality. Among 34 per cent of PRL households that received assistance, almost half of all households have

⁷⁴ This refers to individuals having 'a lot' of difficulties or 'cannot do at all' any of the activities.

⁷⁵ UN Women, Gender and Social Inclusion Analysis based on MSNA, December 2021 data.

⁷⁶ MSNA, December 2021, where households reported times with no food in the house in the 30 days prior to data collection.

⁷⁷ UN Women, Gender and Social Inclusion Analysis based on MSNA, December 2021 data.

⁷⁸ Ibid.

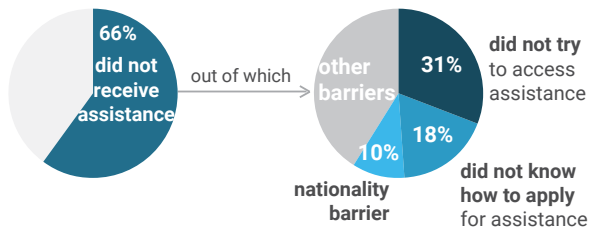
⁷⁹ Ibid.

⁸⁰ Ibid. The concern is critical and worth noting, but the data has significant limitations as the sample size is very small, with this response option selected by a few households only; reflects the threat as perceived by the head of the household.

received multipurpose cash followed by 47 per cent who reported receiving food assistance.

Between 1 and 3 per cent of PRL households reported that being sexually exploited in exchange of humanitarian aid, goods, services, money or preference treatment was a safety and security concern for girls, boys, and children with disability.⁸¹

% PRL households not having received assistance during the last 3 months and barriers faced

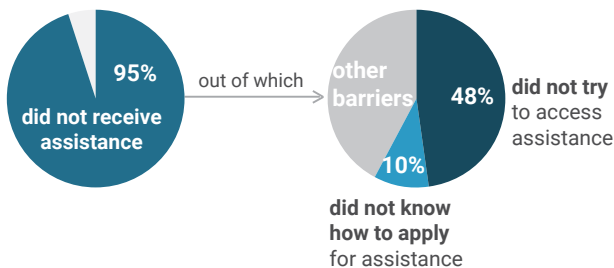


Source: MSNA, December 2021

Similar to the Lebanese population, most migrant households (95 per cent) reported that they did not receive any type of assistance, and around a tenth of migrant households who did not receive assistance reported that they were not aware of how to apply for assistance. Less than 5 per cent migrant households received assistance, primarily food, multipurpose cash or health.

Four per cent of the migrant households reported that being sexually exploited in exchange of humanitarian aid, goods, services, money or preference treatment was a safety and security concern for boys within their community.⁸²

% Migrant households not having received assistance during the last 3 months and barriers faced



Source: MSNA, December 2021

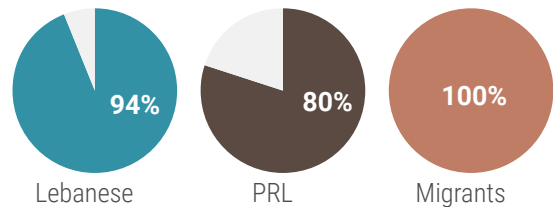
1.4. Weakness of existing feedback and complaints mechanisms across population groups

In the absence of a country-wide collective Complaints and Feedback Mechanism (CFM) across affected populations, the MSNA indicators were framed around the existing individual mechanisms of the humanitarian agencies. On average, 28 per cent of households assessed were aware of CFM.

Among Lebanese households, 94 per cent indicated willingness to use the existing CFM. Meanwhile, among those not willing to use it the perception was that using it will not result in positive change. Meanwhile, none of the Lebanese and PRL households indicated any negative experience using this mechanism neither any concerns related to confidentiality and transparency in treating the complaints. As a result, there is still a need to ensure all people in need have equitable, safe and meaningful access to available services, leverage their participation and promote two ways communication with them using their preferred languages and assistance modalities.

All assessed migrant households reported their willingness to use CFM, but they are least informed of how to access them.⁸³ Some 8 per cent of the migrant households reported that they used CFM during the period August to October 2021 to report on aid provided.

% Households willing to use complaints and feedback mechanisms



Source: MSNA, December 2021

In addition, more than 80 per cent of PRL households reported their willingness to use the existing CFM. During the reporting period, 13 per cent of PRL households have already used it to provide feedback on aid received. Among PRL households who did not use the CFM, around half reported that they did not think the use of CFM will result in positive change.

Regarding information needs, Lebanese households were interested in receiving information about the various available services, in particular more than half of all households were interested in information about healthcare and livelihoods, followed by information

81 Ibid. The concern is critical and worth noting, but the data has significant limitations as the sample size is very small, with this response option selected by a few households only; reflects the threat as perceived by the head of the household.

82 MSNA December 2021. The concern is critical and worth noting, but the data has significant limitations as the sample size is very small, with this response option selected by a few households only; reflects the threat as perceived by the head of the household.

83 Ibid. Only 12 per cent migrant households are aware of how to access complaint mechanisms compared to 29 per cent Lebanese households and 25 per cent PRL households.

about humanitarian assistance (35 per cent).⁸⁴ On average, Lebanese households showed higher interest in comparison with migrant households for information on education, electricity and water services. Similar to the Lebanese households, the PRL and migrant households reported that they are most interested in information about healthcare, livelihoods and humanitarian assistance. Specific to the migrant community, a relatively small share of the migrant population also had information needs related to documentation, legal services and assistance to return to their country of origin.⁸⁵

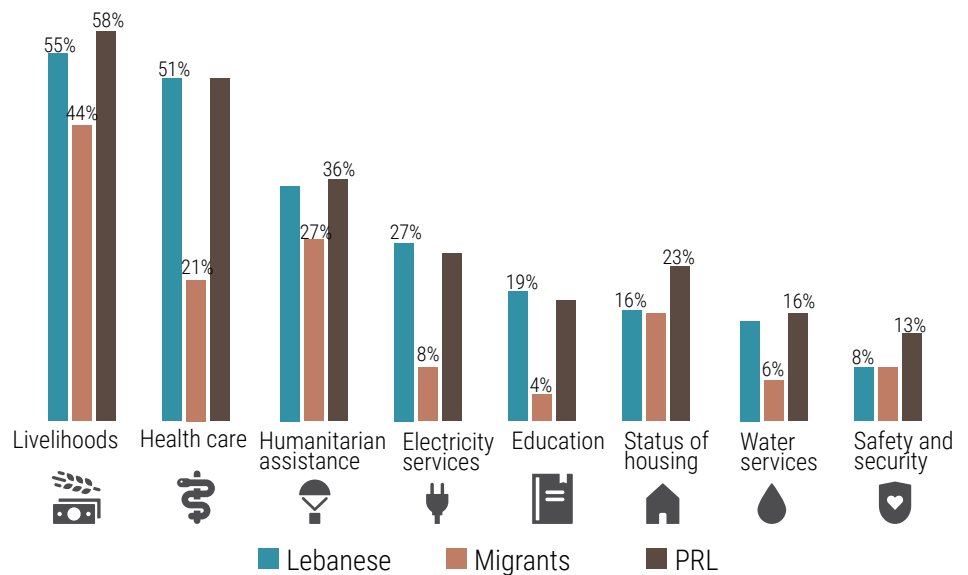
12 per cent of migrant households in Beirut and Mount Lebanon wished to receive information on options to

return to their country of origin, and 9 per cent and 7 per cent of migrant households in Beirut/ Mount Lebanon and South/Nabatieh respectively expressed information needs on the renewal of documentation.⁸⁶ Almost all Lebanese households identified phone calls as the most preferred method to receive information about assistance. It is important to note that most of the alternative channels including social media, religious and community leaders, international and national aid agencies and authorities are among the least preferred channels for Lebanese. Radio station was the most preferred communication channel followed by community leaders and television among both the migrant households and the PRL.



Top information needs reported by households

Source: MSNA, December 2021



©UNOCHA/Joseph Matar- Lebanon Humanitarian Fund monitoring visit to Tabitha center – Beneficiary registering to receive food package during a distribution led by Tabitha - Aley-Lebanon-2022.

84 Ibid.

85 Ibid.

86 MSNA, December 2021.

2. Humanitarian Impact and Resulting Humanitarian Needs

In addition to the 1.5 million displaced Syrians⁸⁷ who continue to remain vulnerable and require support, 2.4 million people need some form of humanitarian assistance. This figure includes extremely vulnerable Lebanese (2.2 million people), migrants living in Lebanon (86,200 people) and the Palestine refugees in Lebanon (180,000 people). While there are some variations among population groups, overall, the severity and magnitude of humanitarian needs is primarily driven by people’s inability to meet food needs and access basic services (health in particular), compounded by harmful coping strategies, which result in heightened protection risks.

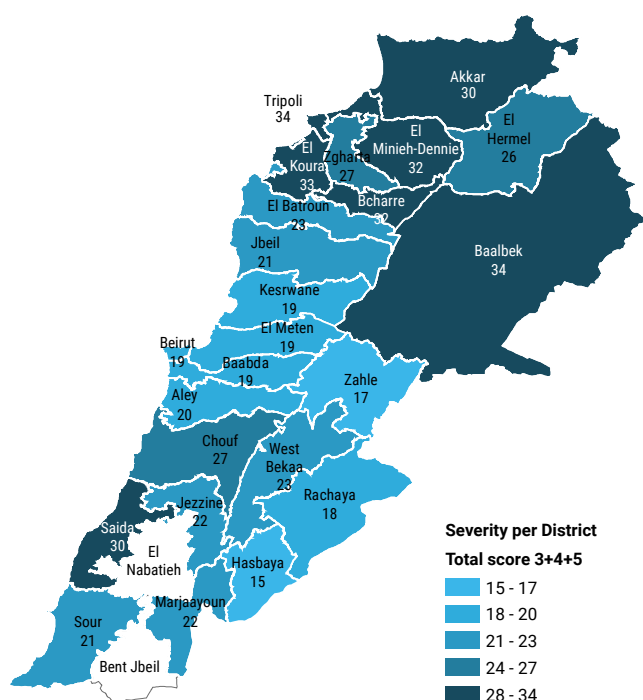
2.1. In focus: Emerging acute needs for Lebanese

Population profile

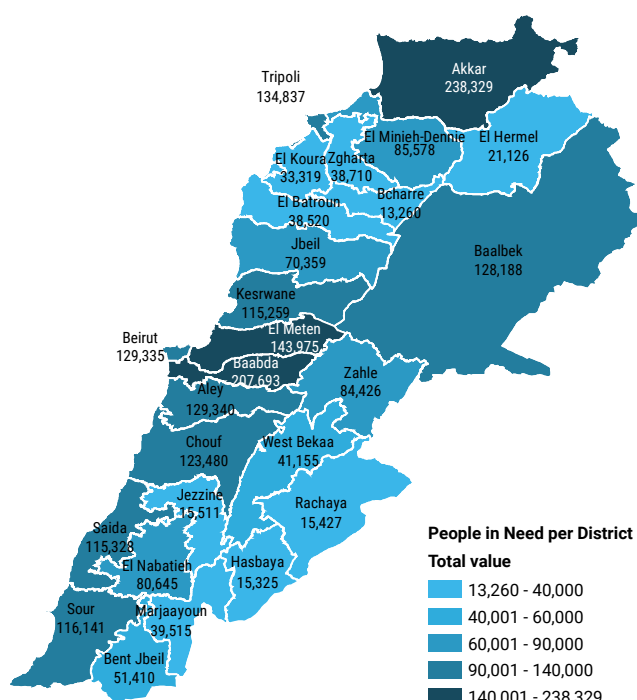
An estimated 3.9 million Lebanese - 2 million females and 1.9 million males - live in Lebanon. Among them, around a third are children⁸⁸ (1.3 million) and 15 per cent are older people above the age of 60 (0.6 million). Baabda and El Meten districts in Mount Lebanon governorate have the highest population, hosting 11 per cent and 10 per cent of all the Lebanese population, followed by Akkar district in Akkar governorate (8 per cent) and Beirut district in Beirut governorate (6 per cent).

According to MSNA data,⁸⁹ the average Lebanese household has four people. Some 27 per cent of Lebanese households are female-headed, 5 per cent are co-headed by male and female members, and 68 per cent are male-headed.⁹⁰ Lebanese households are similar in size to PRL households but larger than migrant households who have two family members on average.⁹¹ Almost one in four Lebanese households

Inter- Sectoral Severity



Inter- Sectoral People in Need (PiN)



87 The estimated 1.5 million displaced Syrians who have fled from and cannot return to Syria, includes the registered Syrian Refugees and other Syrian nationals of concern including those born in Lebanon to displaced Syrian parents.

88 Including age group 15-19 as per Population Data used for analysis, based on the Labour Force and Household Living Conditions Survey (LFH LCS) 2018–2019 (CAS, ILO).

89 Data is representative at district level for the Lebanese population with level of confidence 95 per cent and margin of error of 10 per cent.

90 A female-headed household (FHH) is defined as a household in which the adult female is the sole or main decision-maker and economic provider, where a male headed household (MHH) is led by an adult male. The male and female co-headed household is where decision-making is shared. In the MSNA, the head of household is self-identified by the respondent.

91 MSNA, December 2021.

report having at least one member in the household living with disabilities and two in three households report that at least one member lives with a chronic illness.⁹² Additionally, 5 per cent of Lebanese households reported that at least one member of the household was pregnant or lactating at the time of the data collection.

Staggering humanitarian needs and their contributing factors

A staggering 2.2 million people (or 57 per cent of all Lebanese population) need some form of humanitarian support,⁹³ including 631,000 women and 594,000 men, 339,000 girls and 321,000 boys, and 329,000 older people, including an estimated 150,000 people with disabilities. Akkar district in Akkar governorate and Baabda district in Mount Lebanon governorate host the highest percentage of people in need, 11 per cent and 9 per cent respectively, followed by El Meten and Aley districts in Mount Lebanon with 7 and 6 per cent respectively, and Tripoli district in North governorate with 6 per cent.

With loss of income and dwindling resources, many families struggle to make ends meet. Barriers to accessing either public or private health care remain significant and are primarily related to high costs for consultations, treatment and transportation or availability of services.⁹⁴ Households with disabilities experience barriers to accessing health care more frequently.⁹⁵ Some families are forced to prioritize meeting one need over the other while some are forced to adopt harmful coping strategies such as foregoing critical health care, pulling children out of education so they can contribute to family income or whole-family migration. Water consumption and sanitation patterns have also changed, with as many as 85 per cent of households not able to cover at least one need (drinking, cooking, personal hygiene or cleaning) using some strategy to cope with lack of water, including buying water on credit, reducing drinking water consumption, modifying hygiene practices such as bathing less or using less preferred menstrual hygiene items, and even drinking water usually used for cleaning or other purposes.⁹⁶

The severity of needs is driven by unmet food and health care needs and it is overall higher in Akkar district in Akkar governorate; Baalbek district in Baalbek-El Hermel governorate; Bcharre, El-Koura, El Minnieh-Dinnieh, and Tripoli districts in the North governorate; and Saida district in the South governorate due to intersecting and overlapping severe health and nutrition needs, and food insecurity, followed by water, hygiene and sanitation needs, child protection risks and shelter needs.

Deteriorating food security and nutritional status for Lebanese households

Daily or intermittent work was reported by Lebanese households as the main source of income (41 per cent), followed by contracted employment (28 per cent) and savings (23 per cent), with a third of them reporting monthly earnings between 1 million LBP and 2.4 million LBP (between US\$49 and US\$96 at average exchange rate as of December 2021).⁹⁷ Increased competition for jobs or not enough jobs were viewed as major obstacles preventing family members from finding work. Around 62 per cent of Lebanese households reported challenges in affording basic needs (higher among households with disabilities)⁹⁸ as a result of lost or reduced employment. To cope with the situation, a common practice among households was to take on debt. Districts with the highest proportions of households reporting taking on debt were El Hemel, (76 per cent), followed by Akkar (73 per cent), Baalbek (63 per cent) and Tripoli (62 per cent). A baseline socioeconomic study in Akkar and Baalbek-El Hermel governorates also found that the poorest households were unable to cover the cost of basic needs including education, healthcare and nutritious food, and resorting to taking on debt and reducing food consumption.⁹⁹

Food insecurity for the Lebanese population is driven by limited economic access to food due to the precarious and deteriorating socio-economic conditions. Over three-quarters of the Lebanese population fell below the poverty line including 36 per cent under the extreme poverty line.¹⁰⁰ Across districts covered in the survey, almost half (44 per cent) of Lebanese households were categorized as

92 Ibid. e.g. heart disease, hypertension, blood disease, cancer, lung disease, diabetes, renal diseases.

93 People in Need was estimated based on 22 intersectoral indicators informed primarily by the MSNA conducted in December 2021. Nutrition indicators were informed by SMART survey and two out of four health indicators were informed by MOPH data, with PIN intersectoral estimates cross-checked with sectoral PIN estimates. The Indicator list is available in Annex 5.4.

94 Ibid. 55 per cent of Lebanese-national households could not afford cost of consultation fees, 71 per cent could not afford cost of treatment, while another 19 per cent could not afford transportation to health facility.

95 Ibid. Households with disabled members are struggling even more to access healthcare. In the MSNA, 81% of HH with disabled members expected barriers to accessing healthcare compared to 66% of HH without disabled members.

96 Ibid. Buying water on credit (10 per cent), reduce drinking water consumption (18 per cent), modify hygiene practices such as bath less (12 per cent) and even drinking water usually used for cleaning or other purposes (4 per cent).

97 \$1=LBP25,000.

98 The recall period in the MSNA survey is 3 months.

99 Save the Children and partners, Household Economy Analysis – Outcome Analysis: Akkar and Baalbek (September – October 2021).

100 ERP, August 2021

having a poor or borderline food consumption score, with no significant differences for female and male headed households. Co-headed households reported better score, likely because both households heads generate income. By December 2021, more Lebanese families have been reporting access challenges to food, with 90 percent consuming less expensive food, 60 percent limiting portion size, and 41 percent reducing the number of meals.¹⁰¹ Families with an inadequate diet reached 33 percent by end of 2021, a more than 10 percent increase from the beginning of the year.¹⁰²

By the end of 2021, the governorates with the highest proportion of households with a poor or borderline food consumption scores were Akkar (51 percent), followed by Baalbek El Hermel (44 percent) and the North (40 percent)¹⁰³. Notably, 74 percent of Lebanese households were found to be applying livelihoods crisis coping strategies,¹⁰⁴ while 93 percent were employing food based coping mechanisms.¹⁰⁵

Critical services have become expensive and unaffordable, and in some cases unavailable for many Lebanese

The main barriers to health care reported by Lebanese households with at least one member in need of health care were the costs related to treatment (75 per cent), consultation (56 per cent), and transportation (19 per cent).¹⁰⁶ The main coping strategies included switching to a public health care facility instead of private, delaying or cancelling doctors visit or other treatment, or pharmacy instead of the doctor or clinic.¹⁰⁷

Additionally, among the more than 80 per cent of Lebanese households who reported medication was out of reach across all governorates, around 70 per cent found that medication was too expensive and more than 60 per cent – specifically in Hasbaya district – reported medication was unavailable in the health facility.¹⁰⁸ A study about the impact of the economic crises and COVID-19 pandemic on maternal health services in Lebanon also pointed to the shortage and high cost of vitamins and supplements required by pregnant women.¹⁰⁹

A significant portion (88 per cent) of Lebanese school-aged children were reportedly enrolled during the 2020-2021 school year. However, the families' economic situation and COVID-19 pandemic has pushed some children to be engaged in labour, affecting learning and increasing protection concerns. Some 14 per cent of Lebanese children had reportedly dropped out of school during the 2020-2021 academic year, mainly due COVID-19 related school closure, unaffordable education related costs including transportation, and engagement of children in labour to support the family. Specialized GBV services for women and girls seem to be limited across all governorates,¹¹⁰ with both low awareness of the services and out of reach to some households who cite financial constraints as the main barrier to accessing them. In another study, women reported difficulties in finding obstetric/gynecological services especially in the Bekaa area while in North and South, women had to endure long waiting hours for a specialist consultation.¹¹¹

More than 90 per cent of Lebanese households across country reported having access to enough drinking water and more than 80 per cent reported having access to enough water to cover domestic needs and personal hygiene.¹¹² While this might not be alarming for most of the readers, this is the main positive impact of the exceptional fuel provision to water establishments to maintain public water supply service. The WASH sector considers that access to water is highly critical with needs expected to rise significantly and more than 60 per cent of the total population¹¹³ are at risk of not receiving water. This is exposing the vulnerable households mainly to unsafe alternative drinking and domestic water sources.

Notable protection concerns amongst Lebanese

As a result of the compounded crisis, notable protection concerns exist for Lebanese, and especially for women, girls, and children with disabilities. The main safety and security concerns for women in the community, as reported by Lebanese households assessed, included fear of being robbed (19 per cent), as well as verbal (5 per cent), sexual (4 per cent) and physical harassment or violence (4 per cent), and

101 WFP mVAM survey results, December 2021.

102 Ibid.

103 Ibid.

104 Livelihood crisis coping strategies include: marriage of children under the age of 18, selling productive assets, withdrawing children from school, and reducing expenditure on education and health.

105 WFP mVAM survey results, December 2021 – Food based coping mechanisms include borrowing food, relying on less expensive food, restricting consumption by adults so children can eat, reducing number of meals, and limiting portion sizes.

106 MSNA, December 2021.

107 Ibid.

108 Ibid.

109 BAU-UNFPA study, 2021.

110 Ibid.

111 Ibid.

112 MSNA, December 2021.

113 WASH vulnerability mapping, Water Sector, 2021.

kidnapping risks (4 per cent). Likewise, for girls and boys in the community, the main concerns reported were risk of being robbed (17 per cent for girls and 14 per cent for boys), kidnapped (12 per cent for girls, 11 per cent for boys), as well as verbal, sexual and physical harassment (10 per cent, 9 per cent and 7 per cent respectively for girls and between 5 and 6 per cent for boys). Similar concerns were reported for children with disability, with a notable difference on the risk of bullying, reported by as many as 19 per cent of households surveyed. At the subnational level, Akkar and North governorates were found to have the highest proportion of households reporting safety and security concerns for women and girls. Feeling unsafe in their homes was the highest in Tripoli, Aley and Jezzine.

Across the Lebanese population, child marriage (children between 8 and 19 years old married, divorced or widowed) stands at around 1 per cent, with rates for girls at estimated at 1.5 per cent.¹¹⁴ However, field trends and case management data from child protection actors across Lebanon suggest that this estimate is lower than the actual figures. Given the social stigma, households may be reluctant to report it. In addition, concerns remain that child marriage rates are likely to increase as households are forced to take desperate measures to cope.¹¹⁵

Referral pathways are improving, but access to GBV-related and other specialized services remains limited and uneven across districts. At national level, about 61 per cent of Lebanese households with a female family member reported that women did not have access to specialized services within 30 minutes from their household by usual means of transport. The situation is even more precarious for people with disabilities who face physical and other barriers in accessing these services and are often dependent on their caregivers for daily concerns.

In the absence of proper coping mechanisms, mental and psychosocial needs are also becoming more and more evident in the current context, especially worrisome considering that close to half (45 per cent) of the assessed Lebanese households reported that the crisis had negatively impacted their psychological wellbeing such as being nervous, irritable, worried or sad, and hopelessness.¹¹⁶

2.2. In focus: The continued struggle of migrant communities

Population profile

Even though Lebanon has high emigration rates of its nationals, it hosts a sizable migrant population of over 207,000 people.¹¹⁷ The largest migrant communities are in Beirut and Mount Lebanon governorates (80 per cent), followed by South and El Nabatieh (10 per cent), with the remainder migrant population dispersed across Baalbek-El Hermel, Bekaa, North and Akkar governorates.¹¹⁸ The majority of migrants identified in Lebanon are Ethiopian (31 per cent), Bangladeshi (19 per cent), and Egyptian (9 per cent) nationals.¹¹⁹ According to the estimates from the Ministry of Labour in 2020, women make up 75 per cent of all migrant workers and 99 per cent of migrant domestic workers who come to Lebanon for employment.

According to MSNA results, which are considered indicative for migrants,¹²⁰ the migrant households tend to be overall younger and smaller in size than the Lebanese and PRL households surveyed. The average age of migrant household respondent is 32 years old, compared to 54 and 50 years old for Lebanese and PRL respectively, while the average household size is comprised of two people, compared to four in the case of Lebanese and PRL households.¹²¹ Migrant households also seem to have a more balanced spread of roles, with 43 per cent families reportedly headed by females and 56 per cent headed by males, and the remainder co-led by male and female. Among all population groups, migrant households are significantly less likely to report disability in their families (3 per cent) compared to Lebanese (22 per cent) and PRL (23 per cent) and less likely to report having family members suffering of chronic illness. This could be attributed partially to the fact that migrants are overall a younger and healthier population; many being actively engaged in labour, and overall experiencing less illnesses (including chronic) that could otherwise cause some form of impairment. The migrant working population is overwhelmingly comprised of women, according to the Ministry of Labour work permits data.

114 MSNA, December 2021.

115 See here: <https://www.unicef.org/lebanon/topics/child-marriage>

116 MSNA, December 2021

117 IOM, Migrant Presence Monitoring, Round 1, Baseline Assessment, August 2021. Overall, IOM-MPM has identified 207,696 migrant individuals throughout all of Lebanon. Figures do not include Syrian or Palestinian populations. Report available here: <https://dtm.iom.int/reports/lebanon-baseline-assessment-round-1>

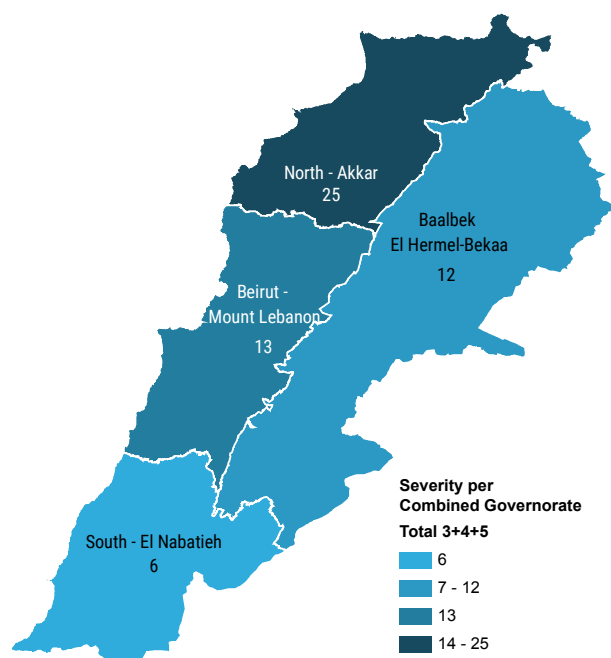
118 Ibid. Beirut district reported the highest number of migrants at 123,621 individuals, followed by El Meten district at 16,474 migrant individuals, and Sour district at 8,189 migrant individuals. The lowest number of migrant individuals was reported in El Hermel district with 100 migrant individuals.

119 Ibid.

120 Migrant data is indicative and is only analyzed at combined governorate level.

121 MSNA, December 2021.

Migrants Inter- Sectoral Severity



Migrants Inter- Sectoral People in Need (PiN)



Humanitarian needs and their contributing factors

As many as 86,200 people (42 per cent of all migrant households) were found to be in urgent need of humanitarian assistance, including an estimated 52,100 women 12,900 children, 2,540 older people, and 2,100 people with disabilities. Most of the migrants in need – 66,000 people – remain in urban centres in Beirut and Mount Lebanon. South and Nabatieh governorates host another 9,500 migrants in need, while the remainder 10,700 migrants in need are dispersed across Baalbek-El Hermel, Bekaa, North and Akkar governorates.

The overall economic stresses and pressures felt by Lebanese households directly impact migrant households. In the absence of alternative income sources and with most migrant workers' legal status linked with their employer, migrants are also more likely to accept unsafe or exploitative working conditions. Migrant women workers often face much harder burdens compared to men migrants as they are exposed to additional sexual or gender-based violence.¹²² Migrants are significantly more likely to face crowded living conditions than PRL or Lebanese, with as many as 36 per cent reporting that they live and sleep in the same shelter with people who are not part of their households, compared to only 4 per cent and 3 per cent of Lebanese and PRL households.¹²³

They are also more likely to report living in inadequate shelters, such as agricultural/engine/pump room, active construction site, garage, shop, tent, etc.

Owing to the limited protection they enjoy and precarious work and living arrangements, migrants are the most likely group to experience missing documentation without which they cannot exercise some of their most basic rights, including to travel or access basic services. Around 6 per cent of the migrant households do not have an ID document compared to 1 per cent and 2 per cent among PRL and Lebanese.¹²⁴

The overall severity of needs is higher in North and Akkar governorates, followed by Baalbek-El Hermel, Bekaa, Beirut and Mount Lebanon governorates. The main factors shaping vulnerabilities and humanitarian needs of migrants in these locations relate to the lack of adequate protection, including missing documentation, inadequate living conditions, increased exposure to violence, abuse, or exploitative practices and discrimination;¹²⁵ followed by inadequate or insufficient food, and associated nutritional and health concerns.

Reduced employment opportunities affect migrants' earning and their capacity to meet their basic needs

More than a third (37 per cent) of assessed migrant households reported challenges in affording basic

122 UN Women, Migrant Workers' Rights and Women's Rights – Women Migrant Domestic Workers in Lebanon: A Gender Perspective, 2021 available online here: <https://arabstates.unwomen.org/en/digital-library/publications/2021/06/women-migrant-domestic-workers-in-lebanon-a-gender-perspective>

123 MSNA, December 2021.

124 Ibid.

125 PRL and Migrants households are more likely to report not receiving assistance due to their nationality, compared to Lebanese households.

needs as a result of loss or reduced employment in the three months prior to data collection, with 25 per cent of households reporting that they took on debt as a coping strategy to meet food needs.¹²⁶ As many as 11 per cent of all migrant households surveyed noted that at least one family members had lost their job last year as a result of the crisis.¹²⁷ The contracted employment was reported by migrant households as their main source of income (61 per cent), followed by daily or intermittent work (35 per cent) and use of savings (7 per cent), mostly earning them between 1 million LBP and less than 2.4 million LBP (between US\$49 and US\$96 at average exchange rate in December 2021 of \$1=LBP25,000). Increased competition for jobs or not enough jobs were viewed as major obstacles preventing unemployed family members from finding work.

Prohibitive costs shape migrants' access to health care, education and water services

Unaffordable costs related to treatment, consultation and transportation were overwhelmingly reported as the main barriers in accessing health care by the 21 per cent of migrant households who reported having household members with a health problem and who needed to access health care; at comparable levels to Lebanese and PRL households. The main coping strategies adopted by households included going to the pharmacy instead of the doctor or clinic, delaying or canceling doctors visit or other treatment, or switching to a public health care facility instead of private sector. Besides South governorate, more than 45 per cent of migrant households in the different regions reported cost as the main barrier preventing them from accessing the needed medication.¹²⁸

Some 57 per cent of migrant school-aged children were reportedly enrolled during the 2020-2021 school year. In comparison with Lebanese and PRL, none of migrant school aged children reported that engagement in labour outside or in the home has consistently disrupted their school attendance during the 2020-2021 academic year. Furthermore, about 2 per cent of migrant children who are enrolled in school dropped out in the academic year 2020-2021, primarily due to the closure of schools related to the COVID-19 pandemic. Six per cent of migrant households with individuals being enrolled reported changing schools on account of affordability (e.g. shifted from private to public) to adapt to new or increased barriers to

accessing education during the 2020-2021 school year. To note that migrant households are generally younger and have less children in the households.¹²⁹ but when they do have children, they often face challenges in accessing services, including education and childcare services, due to discrimination and legal barriers.

Overall, 10 per cent of migrant households¹³⁰ surveyed reported not having enough water to cover personal hygiene. This is comparable to Lebanese and PRL households who were also relying on the public water network mostly supported by the humanitarian community during the time of MSNA survey. Related to drinking water, just like among the other population groups, the trend of changing the source of drinking water due to financial constraints was also observed among migrants.

Migrants at risk in a deteriorating protection environment

Women represent 73 per cent of the migrant population in Lebanon. While many are engaged in domestic work, the deepening of the ongoing crisis has resulted in fewer opportunities for paid work. Migrant women and girls face major safety and security concerns including sexual or physical harassment, violence and trafficking. Access to services remain limited for migrant women and girls, who already face protection risks due to their legal status in the country. Worryingly, two in three (65 per cent) migrant households with a woman in the family reported that women did not have access to specialized services within 30 minutes from their household by usual means of transport, in case such services were needed.

Migrants have limited options for meeting their psychosocial support needs, with one in five (21 per cent) migrant households reporting that they experienced some form of psychological distress as a result of the crisis. Trafficking and/or forced labour remain prevalent in the migrant communities. In 2020 and 2021, among 1,107 migrants who were in vulnerable situations and assisted by partners, nearly half (503 people) were victims of trafficking, with the majority (86 per cent) trafficked for the purpose of forced labour. Four in five people trafficked reported that their wages were withheld, and they were forcefully confined; half reported that physical violence was used as a means of control. Additionally, some 12 per cent were subject to sexual abuse.¹³¹

¹²⁶ MSNA, December 2021.

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ IOM Case Data (2020-2021).

2.3. In focus: Increasing vulnerabilities of the Palestine refugees in Lebanon

Population profile

In addition to hosting a large migrant population, Lebanon is also host to a sizable refugee population, including an estimated 180,000 Palestine Refugees in Lebanon who live in 12 camps and 156 gatherings¹³² and need some form of humanitarian support.¹³³

Unlike the migrant population which is concentrated in Beirut and Mount Lebanon governorates, the PRL households are concentrated in South and Nabatieh governorates (50 per cent), followed by North and Akkar governorates (25 per cent) with the remainder scattered between Beirut, Mount Lebanon and Baalbek-El Hermel and Bekaa governorates.

According to MSNA results, which are considered indicative for PRL, the overall profile of PRL households is in many respects similar to that of the Lebanese households. Some 21 per cent of PRL households are female-headed, 5 per cent are co-headed by male and female members, and 74 per cent are male-headed. The PRL households are as likely as Lebanese households to report disability in their families at 23 per cent compared to 22 per cent among Lebanese, significantly higher than the prevalence in migrant households (3 per cent).¹³⁴ Just like Lebanese households, two in three PRL households report that at least one member lives with a chronic illness. Additionally, the average age of respondents of PRL households (50 years) is comparable to average age of respondents of Lebanese households (54 years).

Humanitarian needs and their contributing factors

UNRWA estimates that all 180,000 PRL require some form of humanitarian support. Just like in the case of migrants and Lebanese, their needs remain often unaddressed.

Overall, PRL households face similar needs as those faced by Lebanese households, including limited or no employment opportunities including for skilled workers which restricts them in their ability to meet necessities and access services. However, the drivers of needs are more diverse for PRL than Lebanese.

In addition to increasing poverty and unemployment, which are a key driver of humanitarian needs for PRL

PRL Inter- Sectoral People in Need (PiN)



just like for vulnerable Lebanese and migrants, there are additional factors shaping PRL's vulnerability. First among them is the lack of an enabling and supportive protection environment. Unlike Lebanese but comparable to migrants, PRL households experience exclusion and discrimination. For example, among all three population groups, PRL households will more often report that one of the obstacles to find work is the fact that employers prefer hiring other nationals.¹³⁵ Shelter is another driver of humanitarian need. An estimated 45 per cent¹³⁶ reside in overcrowded spaces in camps and in shelters that are not suitable for long-term living.¹³⁷ Additionally, the monthly income for a large proportion of PRL households comes from cash assistance, support from community and family, loans, debt, as well as NGO/charity assistance. Without this type of support, the families would experience extreme suffering.

The environment in many camps is characterized by insecurity, with more inter-personal disputes escalating into armed violence in 2021 compared to previous

¹³² LCRP. It should be noted however that there are four main groups of Palestinian refugees in Lebanon and the MSNA only targeted PRL, 1. Palestine Refugees in Lebanon (PRL) who are descended from those who lived in Palestine during the period 1 June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict; 2. Those not registered with UNRWA who were displaced as a result of the 1967 and subsequent hostilities, and who are registered with the Lebanese Government (referred to as "Not-Registered" or NR by UNRWA) (numbers unknown); 3. Palestinian refugees who lack identity documents and are neither registered with UNRWA nor with the Lebanese authorities (referred to as "Non-IDs"), likely to be an estimated 5000; and 4. Palestinian refugees from Syria (PRS), who have arrived in Lebanon since 2013 and who may or may not have regular status in Lebanon.

¹³³ UNRWA, "Palestine Refugees in Lebanon: Struggling to Survive," 2022.

¹³⁴ PRL data is indicative and is only analyzed at combined governorate level.

¹³⁵ MSNA, December 2021.

¹³⁶ LPDC Population census 2017.

¹³⁷ UNRWA, Palestine Refugees in Lebanon: Struggling to Survive, 2022. "The twelve camps in Lebanon suffer from overcrowding, severely dilapidated shelters and poor environmental health conditions."

years and occasional clashes between armed groups. There is limited access to the Lebanese justice system for all camp inhabitants, and while Palestinian women subjected to personal violence can obtain a variety of protective orders issued by the Lebanese courts, in practice the limited control exercised by Lebanese authorities within Palestinian refugee camps makes it impossible to ensure that such orders are upheld for women residing within camps.

Lack of employment and reduced income lead to deteriorating food security and nutritional status of PRL households

Similar to Lebanese households, daily/intermittent work was reported by PRL households as their main source of income (50 per cent), followed by community support (21 per cent) and savings (17 per cent). On average, most reported earning between 1 million LBP and less than 2.4 million LBP (between US\$49 and US\$96 at average exchange rate in December 2021 of \$1=LBP25,000). Contracted employment was an income source for only 13 per cent of the households assessed compared to 28 per cent among Lebanese and 61 per cent among migrant households. Increased competition for jobs or not enough jobs was reported to be the major obstacle preventing unemployed family members from finding work, followed by lack of qualification, distance to jobs and employers' preference for other nationalities. Comparably, 63 per cent of PRL households reported challenges in affording basic needs as a result of loss or reduced employment in the 3 months prior to data collection. To cope, almost half of PRL households reported that they have taken on debt to meet basic needs – among these households 18 per cent reported that food was the primary reason for taking on debt.¹³⁸

Poverty rates among Palestinian refugees from Syria and Palestine refugees in Lebanon are 87 and 65 percent, respectively. Protracted displacement, deteriorating socio-economic conditions aggravated by the COVID-19 pandemic and protection concerns continue to affect Palestinian refugees from Syria and Palestine refugees in Lebanon. According to UNRWA some 28,000 PRS in Lebanon are in need of emergency support. Their needs will be addressed as well as those of an additional 22,602 PRL prioritised for assistance in 2022, through different sector interventions, including cash and in-kind assistance and income-generating activities.¹³⁹

Limited access to basic services

Compared to the Lebanese population, more than half of all PRL households reported that they have at least one member in the household with a health problem who needed to access health care in the three months prior to the assessment.¹⁴⁰ The main barriers reported by PRL households in accessing health were the costs related to treatment, consultation, and transportation, same as for Lebanese and migrants.¹⁴¹ The main coping strategies adopted by households included going to the pharmacy instead of the doctor or clinic, switching to a health care facility closer to home, or delaying or canceling doctors visit or other treatment. More than two-thirds of PRL households (70 per cent) across all regions reported that because medication was too expensive, they did not access the needed medication.¹⁴²

Around 81 per cent of PRL children were reportedly enrolled during the 2020-2021 school year. Among them, 3.8 per cent reported that engagement in labour outside or in the home has consistently disrupted their learning. Additionally, almost 10 per cent of PRL households with individuals being enrolled reported changing schools on account of affordability (e.g. shifted from private to public or UNRWA-schools) to adapt to new or increased barriers to accessing education during the 2020-2021 school year.¹⁴³

Overall, almost 4 per cent of PRL children out of those enrolled dropped out of school during the 2020-2021 school year. The main drivers for school drop-out are very similar to the ones reported by Lebanese parents and include COVID-19-related school closures at 37.7 per cent and inability to afford the education related costs (including tuition fees, learning materials and transportation), lack of interest / priority from parents and child working to support family, all at 25 per cent.¹⁴⁴

Almost 15 per cent of PRL households across the country reported not receiving enough water to cover all personal hygiene needs while 82 per cent of the PRL households assessed who reported changing their source of drinking water indicated this was due to costs.

Protection risks and harmful coping strategies

PRL households face protection risks resulting directly from their refugee status and associated living conditions, with women and girls likely to be more exposed to safety and security incidents. Sexual harassment was reported as a main safety and

¹³⁸ MSNA, December 2021.

¹³⁹ LCRP 2022, Food Security Section.

¹⁴⁰ Ibid.

¹⁴¹ MSNA, December 2021.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

security concern by 8 per cent of the PRL households with the presence of at least one woman, while physical harassment or violence was reported by 5 per cent. This increases to 13 per cent and 8 per cent respectively in PRL households with presence of girls. Physical violence was also highlighted as a key concern for children with disabilities. Similar to Lebanese households, protection concerns were highest in Akkar and North in comparison to other governorates.

Limited access to services for women who experienced gender-based violence is a major challenge, with more than half of PRL households reporting no access to specialized services for women in their community.¹⁴⁵

Additionally, the crisis is taking a huge toll on the mental wellbeing of many and psychosocial needs among households are becoming alarming, with almost two in three (62 per cent) PRL households

reporting that members (including adults and children) had experienced some form of psychological distress as a result of the crisis.¹⁴⁶ Discrimination, particularly related to access to employment, stigma and isolation are exacerbating the severity of needs of this population group.

Child labour is also a phenomenon that is becoming more frequent as households struggle to cope with the worsening economic situation. One in four PRL households reported children to be working or supporting the household, contributing significantly to children dropping out of school and exposing them to grave physical harm as they risk their lives.

In addition, the risk of child marriage is on the rise, namely for girls. According to the MSNA 2021 data, child marriage rates for PRL revolve around 0.72 per cent, and 1 per cent for girls; although these figures are likely underreported.¹⁴⁷



©UNOCHA/Joseph Matar – Lebanon Humanitarian Fund monitoring visit to GVC and its partner Agriculture Cooperative MADA during dry food distribution in Akkar Al Atika - Lebanon- 2022.

¹⁴⁵ Services were not available within 30 minutes from their household by usual means of transport.

¹⁴⁶ Psychological distress of children and adults is measured through proxy indicators related to behavioral changes such as being nervous, irritable, worried or sadness, hopelessness or other signs.

¹⁴⁷ UN Women, Gender and Social Inclusion Analysis based on MSNA, December 2021 data.

Part II: Risk analysis and potential evolution of needs

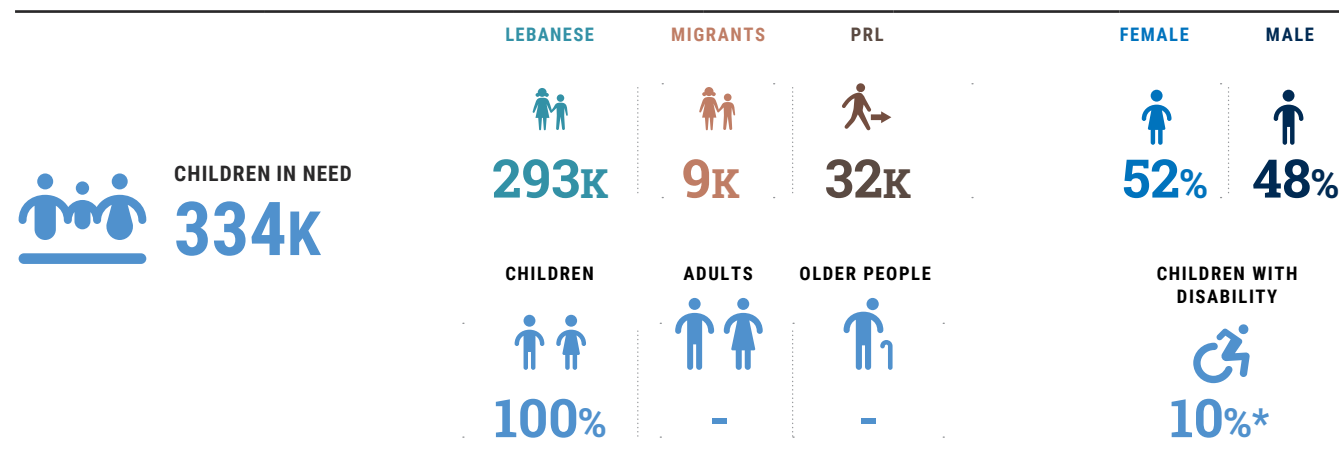
The risk analysis prepared as part of the HCT Contingency Plan in 2021 identified several risks with major humanitarian consequences for the civilian population in Lebanon. In the absence of meaningful reforms, living conditions for civilians in Lebanon are likely to continue to worsen.

Building on this, the priority risks with the potential to affect all population groups in 2022 include the following:

RISK FACTOR	POTENTIAL HUMANITARIAN IMPACT
Worsening economic landscape (lack of reforms, currency and liquidity challenges)	<ul style="list-style-type: none"> • Further loss of purchasing power, particularly for those already most in need • Worsening inflation of prices of goods and services including fuel • Increased households' indebtedness, resulting in increased use of harmful coping strategies among people • Absence or delays in importation of basic goods, specifically the risk of interruption of food imports and importation of agricultural inputs due to Ukraine crisis • Reduced availability and access to services (healthcare, education, WASH, shelter, etc.), particularly in areas where those are already limited and/or under strain • Worsening mental distress and well-being
Political instability and deadlocks (elections, delayed political consensus, limited protection space, security challenges)	<ul style="list-style-type: none"> • Localized hotspots and security incidents in the lead pre/post parliamentary elections • Reduced humanitarian access and increased number of incidents in some areas • Heightened protection risks (stigmatization of specific groups, exploitation, trafficking, child labour, GBV, illegal routes for migration, crackdown on LGBTIQ+ communities) • Worsening mental distress and well-being • Politicization of aid
Disease outbreaks (reduced alert and surveillance capacities, decline in vaccination, increased water contamination and use of unsafe water, continued brain drain)	<ul style="list-style-type: none"> • Localized outbreaks of other communicable diseases • COVID-19 • Overburdened health care system unable to meet basic primary health care needs, including related to access to basic medication, and emergency health care needs • Increased mortality and morbidity • Water contamination from unsafe water and sanitation management may cause water-borne diseases and lead to increased hospitalization and potentially increased mortality, particularly among children and older people

Part III: Sectoral Analysis

3.1. Child Protection



*Child Protection global estimate

OVERVIEW

Approximately 334,000 children across 24 districts need child protection related services (174,000 girls and 160,000 boys), including 33,000 children with disabilities; a slight increase of 3 per cent compared to the needs found in the 2021 ERP. This increase can be explained due to the continued worsening socio-economic situation and lack of basic goods and social services as well as the increased level of the psychological distress of caregivers and children which in turn has led to an increase of the existing child protection risks such as child labour, street connected children¹⁴⁸ and increase of domestic/disciplinary violence against children. As a result of the multifaceted crises, new trends related to child protection risks have also seen many families being put under pressure to adopt least preferred child-care arrangements.¹⁴⁹

AFFECTED POPULATION

Some 293,000 Lebanese children (48 per cent boys and 52 per cent girls) are in need of child protection services. According to the MSNA analysis results, Akkar is the most severe district with the highest number of children in need (38,000 children)

followed by El Meten (29,000 children) and Saida (22,000 children).

The severity of needs of Lebanese children is driven by psychological distress. Overall, more than half of all Lebanese households surveyed reported at least one sign of psychological distress experienced by children and adults within their family.¹⁵⁰ In some districts, notably El Minnieh-Dinnieh, as many as 83 per cent of Lebanese households reported distress of children (<18) such as being nervous, irritable, worried, anxious or sad, hopeless or other signs, which indicates that some areas are more severely affected.

Some 9,000 migrant children (27 per cent boys and 73 per cent girls) need specialized child protection services, most of them (62 per cent) in Beirut district. According to the MSNA results, the severity of needs of migrant children is driven by the increased challenges in accessing prevention and response services and exposure to verbal and physical harassment, particularly in the South and Nabatieh governorates. Finally, 32,000 Palestine children in Lebanon (48 per cent boys and 52 per cent girls) are estimated to be in need of specialized child protection services. Saida and Sour districts reported the highest number of PRL children in need with 10,000 children and 6,000 children

¹⁴⁸ "Any girl or boy for whom the street has become his or her habitual abode and/or source of livelihood, and who is inadequately protected, supervised or directed by responsible adults" (sources: Report of the OHCHR on the protection and promotion of the rights of children working and/or living on the street)

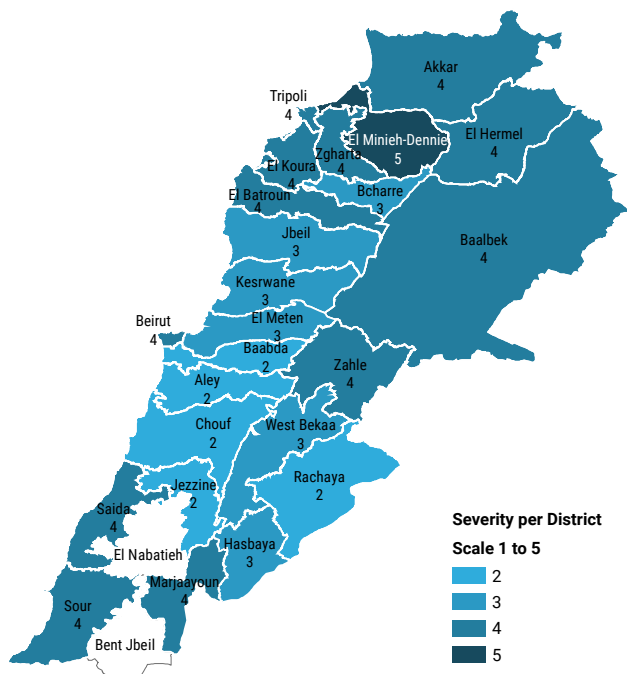
¹⁴⁹ New CP risks are being adapted by families/communities to cope with multifaceted crisis in country such as parents leaving their young children at home to be taken care of by their older siblings for extended periods of time.

¹⁵⁰ MSNA, December 2021.

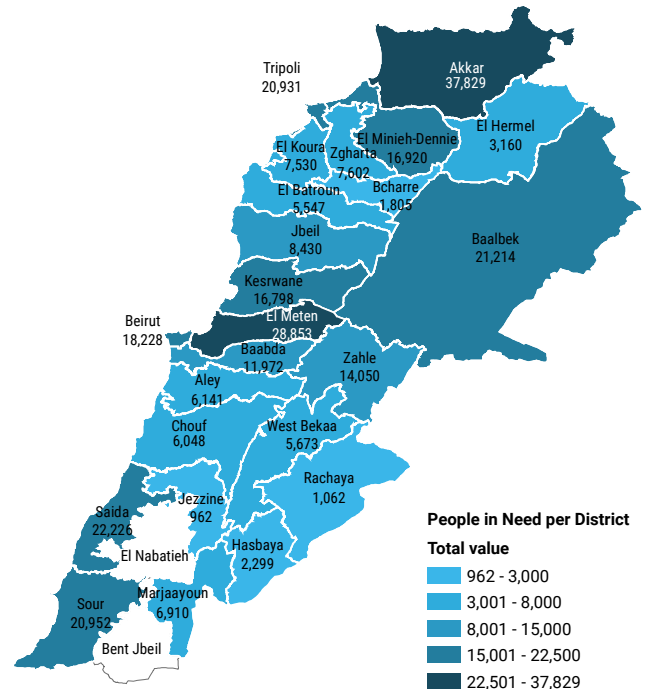
respectively. This is driven by the deteriorating socio-economic situation, violence within the home and on the street, and harmful coping mechanisms such as child labour, child marriage or joining armed groups.

addition, concerns remain that child marriage rates are likely to increase as households are forced to take desperate measures to cope with the situation. Additionally, the level of psychological distress

CP Severity



CP People in Need (PIN)



ANALYSIS OF HUMANITARIAN NEEDS

As the multi-layered crisis continues to deteriorate, the financial situation of individual households and the ability to provide for children is worsening. Children involved in child labour, including worse forms of child labour (WFCL),¹⁵¹ violent discipline as well as street-connected children are reported to be the most prominent child protection trends, according to the Real Time Monitoring report 2021, conducted by the Child Protection sector (CPWG 2021 dashboard).

Child marriage is also reported to be on the rise across population cohorts, as families are adopting negative mechanisms to cope with the financial insecurity and lack/inadequate social services, including education and healthcare services. Across the Lebanese population, child marriage rates¹⁵² revolve around 1 per cent nationally for boys and girls (8 to 17 years of age) with child marriage for girls only slightly higher at an estimated 1.5 per cent. However, field trends and case management data from child protection actors across Lebanon suggest that the issue is underreported, and this estimate is lower than the actual figures. In

continues to deteriorate as more than 53 per cent of the Lebanese households reported at least one sign of psychological distress experienced by either children or adults in the household¹⁵³ with high percentages registered in El Minnieh-Dinnieh (83 per cent of households) and El Batroun (79 percent of households) districts.

The protection environment for children and their caregivers continues to worsen as safety and security concerns deepen and incidents increase, with some directly impacting the younger population. Fear of being robbed, kidnapped and/or suffering from verbal and sexual harassment were the highest safety and security concerns reported by households for the girls living in their community, while fear of being exploited (i.e. being engaged in harmful forms of labour for economic gain of the exploiter) and bullying were additionally reported by households for boys in the community.¹⁵⁴ Discrimination is another concern that was reported by migrant households (around 7 per cent) for children in their community.¹⁵⁵ The governorates with the highest severity of needs for PRL

151 The type of work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children (hazardous work).
 152 MSNA, December 2021. Child marriage determined by asking individual-level questions to household members related to the marriage status (married, divorced or widowed).
 153 Ibid.
 154 Ibid.
 155 Ibid.

were North, Akkar and Baalbek-El Hermel. While for migrant children, the most severe needs were reported in South and Nabatieh governorates. For Lebanese children, Akkar, El Minnieh-Dinnieh and Tripoli in the North as well as Saida, Sour and Marjayoun in the South governorate had the most severe safety and security concerns.

Children with disabilities are considered to be more at risk of such incidents, as more than 42 per cent of the Lebanese households interviewed with at least one child living with a disability reported different safety and security concerns, including being bullied (19 per cent), being robbed, kidnapped and unsafe transportation infrastructure or arrangements. The reported percentage drastically increases for the PRL households surveyed with more than 68 per cent of the households with one child living with disability reporting at least one safety and security concern, including bullying (30 per cent).¹⁵⁶ LGBTIQ+ organizations and child protection actors in Lebanon report that children with diverse sexual orientation, gender identity, expression, and sex characteristics (SOGIESC) face extreme protection risks, including domestic violence – physical, emotional, and

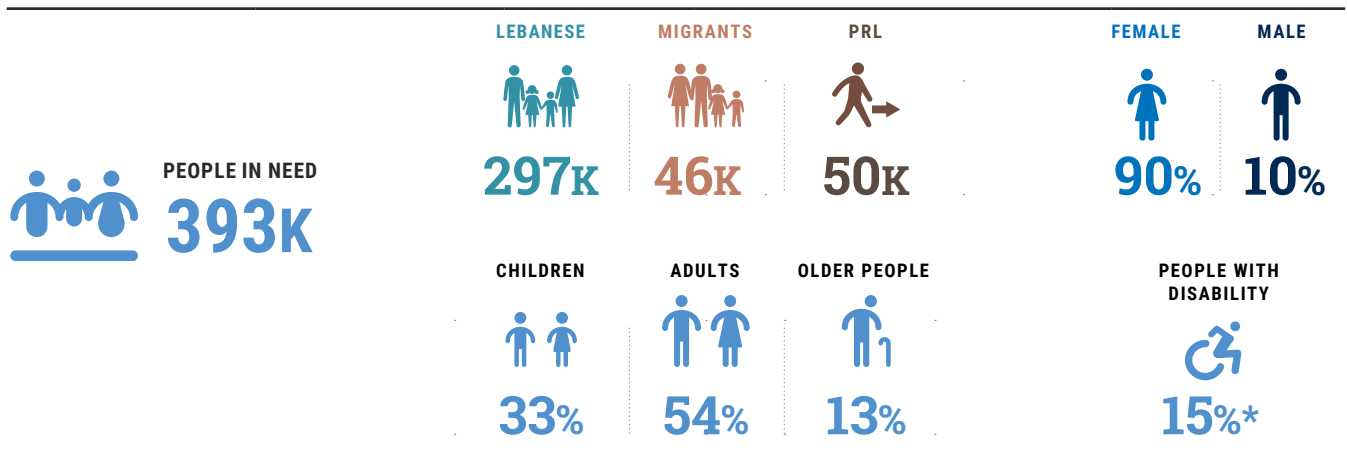
psychological, homelessness, and violent conversion therapy practices.¹⁵⁷

EVOLUTION OF NEEDS

With the deteriorated economic conditions in the country, unemployment and poverty are expected to further impact the child protection needs in the most severe areas¹⁵⁸.

Child protection trends such as child marriage, child labour and street working children – especially those seen as the only viable source of income for families struggling to meet their basic needs will continue to increase, if unaddressed. Children will have higher risks of being exposed to abuse and incidents of violence, sexual harassment and exploitation and heavy psychological burden. This will require immediate assistance such as lifesaving interventions including child protection case management services and focused mental health and psychosocial support services in addition to working at the community level to safely identify and refer cases at high risk of violence, abuse and/or exploitation.

3.2. Gender-based Violence



*Global 15% estimate

OVERVIEW

Approximately 393,000 people¹⁵⁹ across 26 districts are in need of GBV services¹⁶⁰, a significant increase from 67,000 people in need in the 2021 ERP. This is the result of increased level of poverty, political and social instability, further deterioration of the economic situation in the country, collapse of basic services and

family tensions affecting equally Lebanese, migrants and PRL families. Women, girls and marginalized groups in Lebanon bear the brunt of the crises and are at particular risk of exposure to gender-based violence and exploitation.

¹⁵⁶ Ibid. To note that the sample size is limited: Lebanese n= 78; migrant n=1; and PRL n=29

¹⁵⁷ These issues were not included in the MSNA 2021, however have been raised by LGBTIQ+ organizations and child protection service providers.

¹⁵⁸ Akkar, Saida, El Meten, Beirut and Mount Lebanon and in Sour and Nabatieh.

¹⁵⁹ A new methodology based on MSNA data and indicators has been used to calculate the PiN in 2022. For the 2021 ERP the calculation of the PiN was only based on estimation of people accessing specific GBV services.

¹⁶⁰ GBV services here refers to specialized GBV services in a humanitarian setting, such as case management, emergency safe shelters and intervention that mitigate the risk of GBV - it does not refer to all GBV interventions needed in order to end violence against women, girls, and all people.

AFFECTED POPULATION

Some 297,000 Lebanese individuals including 264,000 females (90 per cent) need GBV services. The districts with large number of Lebanese in need are Baabda, Saida, Akkar and El Minieh-Dennieh.

The needs of PRL and migrants are exacerbated by their marginalization, which is often related to their legal status, and the associated challenges in accessing specialized prevention and response services. An estimated 50,000 PRL (of whom 89 per cent are women and girls, with boys also at risk in some areas) are considered in need of GBV services, with large number residing in Akkar and South governorates. An additional 46,000 migrants (80 per cent women, 16 per cent girls, 3 per cent men and 1 per cent boys) are estimated to be in need of GBV services. The region with the highest number of migrants in need is Beirut and Mount Lebanon.

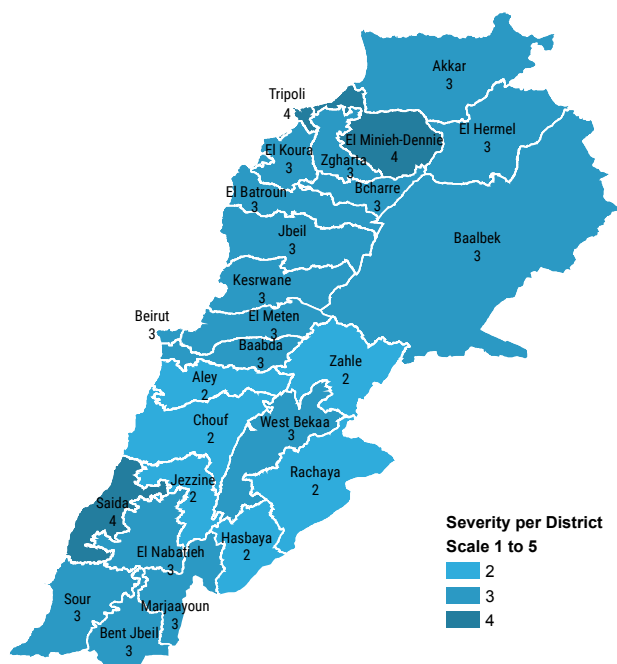
Because of gender inequality and a deficient legal system, women, girls and marginalized groups including gender minorities (such as trans gender women and men, and gender non-binary individuals) are the most in need of GBV services in Lebanon.

ANALYSIS OF HUMANITARIAN NEEDS

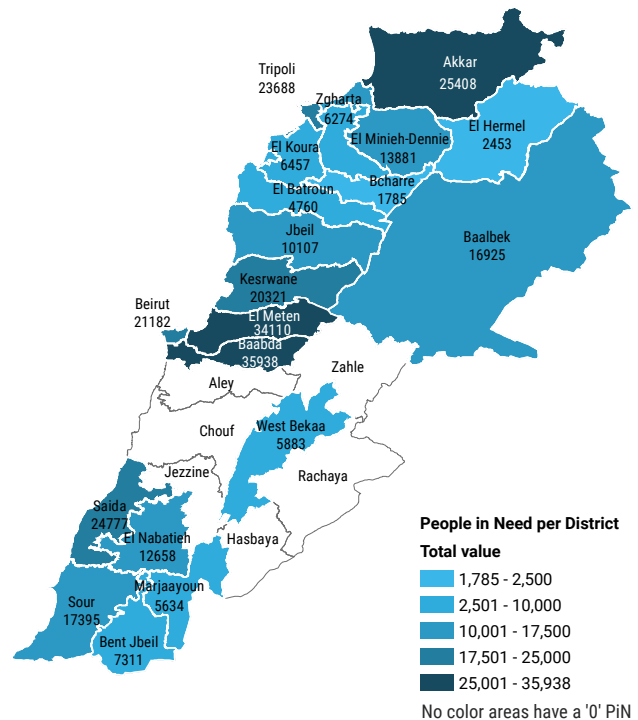
Around a quarter of Lebanese households reported having safety and security concerns for women in their community (including as being exposed to sexual violence and harassment, kidnapping, and sexual exploitation), and the percentage is even higher, if girls are considered (34 per cent).¹⁶¹ Moreover, nearly half (45 per cent) of Lebanese households have reported psychological distress of at least one adult member negatively impacted by the crisis.¹⁶²

The perception of lack of safety and security for PRL women and girls is even greater compared to the Lebanese population.¹⁶³ Half of the Palestine refugee households reported being negatively affected by the current crisis with an increased level of psychological distress of adults¹⁶⁴ and an increase in violence in the household reported since the beginning of the crises.¹⁶⁵ While migrants' perceptions of safety for women seem to be less worrying,¹⁶⁶ the combination of racialized gender inequality and the absence of adequate legal protections exposes migrants, especially migrant domestic workers, to violence, human trafficking and harassment, including GBV.¹⁶⁷

GBV Severity



GBV People in Need (PiN)



161 MSNA, December 2021.

162 Ibid.

163 Ibid. 30% of the PRL households surveyed reported safety and security concerns for women in their community and 34% in case of girls, MSNA, December 2021.

164 Such as being nervous, irritable, worried or sadness, hopelessness or other signs, MSNA 2021.

165 UNRWA protection monitoring.

166 MSNA, December 2021.

167 Women Migrant Domestic Workers in Lebanon: A Gender Perspective, UN Women, ILO, IOM, LAU, The Araba Institute for Women, 2021). Also, barriers to access services are more significant for migrants (95% of the migrants are not aware of services from women and girls that face violence, MSNA 2021).

In 2021, women and girls made up to 91 per cent of the survivors reporting GBV incidents in the GBV Information Management System (GBVIMS), however, the sample has a limited number of Lebanese, and Palestinian populations.¹⁶⁸ In Lebanon – like most of the world – GBV is a gender pattern of men perpetrating violence predominantly to women and girls, however, men, boys, and people with other genders, such as non-binary persons can also be victims or survivors of gender-based violence. Few are able to access specialized services.¹⁶⁹

People with disabilities are often more at risk of being exposed to GBV and face challenges in accessing services and assistance. Only 2 per cent of the reported cases in the GBVIMS¹⁷⁰ in 2022 are from people with disabilities, compared to an estimated global 15 per cent of the total concerned population with a disability.¹⁷¹ Almost 49,000 adult women older than 60 years, across nationalities need GBV services. Older women often face challenges to access services because they are not aware of them, and services are not always inclusive for and accessible to older people.¹⁷²

People with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) in Lebanon suffer extremely high rates of GBV, shelter insecurity, unemployment and lack access to basic services on account of their sexual orientation and/or gender identities.¹⁷³ Over 70 per cent of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) survey respondents included in a recent study conducted by Oxfam Lebanon said that their mental health was negatively impacted to a large extent

due to the multi-layered crisis.¹⁷⁴ In another recent study conducted by the Yalla Care coalition, one in every two respondents (53 per cent) of the LGBTIQ+ populations interviewed stated that they feel at risk of GBV in their neighborhood with even higher rates for women identifying individuals (65 per cent) and trans individuals (77 per cent).¹⁷⁵

In terms of geographical severity of needs, the governorates of Akkar and North are the most affected¹⁷⁶ with the districts of Minnieh and Tripoli with the most severe needs, whereas Saida, Baabda and Beirut are districts with the largest number of people in need.

EVOLUTION OF NEEDS

Disruptions in assistance, particularly in specialized GBV services such as case management, psychological support, legal counseling, safe shelter options, and protection cash assistance can lead to enhanced distress and increased risks of GBV. If unaddressed, these protection and GBV concerns could have irreversible impacts, particularly on women, girls, and marginalized groups. Especially for the areas¹⁷⁷ that face a higher severity of needs and where the population faces additional barriers in accessing services the risk is expected to increase. In the current crisis context, risks of Intimate Partner Violence (IPV), exploitation and increase of transactional sex are considered high due to the challenges faced to meet basic needs, including accessing food and paying for shelter.

168 GBVIMS Annual Report, 2021.

169 MSNA, December 2021. As per the MSNA survey, this refers to services available within 30 minutes from their shelter by their usual mode of transportation. Only 11% of Lebanese, 16% of Palestine and 5% of migrant households reported that women and girls had access to services when they experience violence. Services are often unavailable or difficult to access for women and girls living in remote areas, and even when services are available and accessible, the fear of stigma could still limit the access for individuals living in very traditional settings (MSNA, 2021).

170 GBVIMS Annual Report, 2021 – The data quoted is only from reported cases and does not represent the total incidence or prevalence of Gender-Based violence (GBV) in Lebanon. These statistical trends are generated exclusively by GBV service providers who use the GBV Information Management System (GBVIMS) for data collection in the implementation of GBV response activities across Lebanon and with the informed consent of survivors. Thirteen organizations contributed to the trends.

171 More than 58,000 people with disability are estimated in need of GBV related services. GBV used the global 15 per cent estimates.

172 UN Women, Migrant Workers' Rights and Women's Rights – Women Migrant Domestic Workers in Lebanon: A Gender Perspective, 2021, available online: <https://arabstates.unwomen.org/en/digital-library/publications/2020/10/rapid-gender-analysis-of-the-beirut-port-explosion>

173 These communities are also subjected to other forms of violence, neglected in humanitarian response, such as corrective rape, forced heterosexual marriage, anal exams, genital mutilation amongst intersex people, virginity tests, and conversion therapy

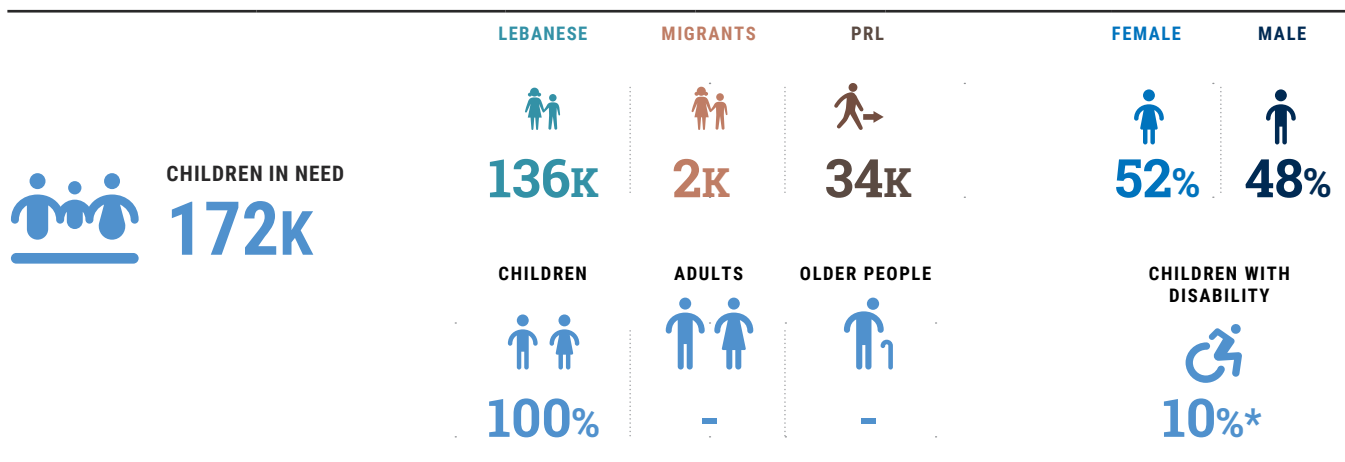
174 <https://www.oxfam.org/en/research/queer-community-crisis-trauma-inequality-and-vulnerability>.

175 Study on the needs of the LGBTIQ+ community in Beirut, YALLA Care Coalition, August 2021.

176 MSNA, December 2021.

177 Tripoli, El Minye-Dennie and Akkar.

3.3. Education



*Education Cluster global estimate

OVERVIEW

Lebanon's deteriorating economy, coupled with the COVID-19 pandemic and many other educational challenges, has increased the vulnerability of households and resulted in an increasing number of school-aged children being out of education. Approximately 172,000 school-aged children are considered critically in need of support to access basic education, of whom around 135,000 are Lebanese (52 per cent girls), around 2,000 migrants (73 per cent girls) and about 34,000 Palestine refugees from Lebanon. Specifically, 12 per cent of Lebanese, 19 per cent of PRL and an even higher proportion (43 per cent) of migrant children were reportedly not enrolled in formal learning during the 2020–2021 school year¹.

AFFECTED POPULATION

An estimated 172,000 Lebanese, PRL and migrant children aged 5 to 17 years face obstacles to accessing education. This includes around 90,000 girls and 82,000 boys and an estimated 17,000 (10 per cent) school-aged children with disabilities (CwDs).

- Among Lebanese children, more than 65,000 boys and 70,000 girls struggle to access education due to mainly economic vulnerability, as well as protection issues, such as child labour, which is affecting attendance (7 per cent of Lebanese students were reported to have their attendance being disrupted because of engagement in labour).
- Among migrant children, 43 per cent are not enrolled in schools, which is a total of around 9,000 children out of the total migrant population

of around 207,000 (21,200 between the ages of 5 and 17). Of these, 50 per cent are girls. Out of the total, 2,000 are particularly in need, mainly due to poverty, lack of documentation and protection risks, such as child labour and child marriage.

- About 81 per cent of PRL children were reportedly enrolled during the 2020-2021 school year.¹⁷⁸

The greatest needs are among those at risk of leaving school or having low attendance, since the economic crisis creates conditions for abuse and exploitation, with students exposed to harmful coping mechanisms (substance use, child labour and early marriage) to help meet their families' basic needs. This is more pronounced among children with disabilities.

ANALYSIS OF HUMANITARIAN NEEDS

Tripoli has the highest number of Lebanese and migrant children in need of emergency education support, followed by Akkar and El Minnieh-Dinnieh. Meanwhile, most of the PRL children in need of critical educational support are concentrated in Saida (31 per cent), North (30 per cent) and Sour (18 per cent)¹⁷⁹. About 12 per cent of Lebanese, 19 per cent of the PRL, and 43 per cent of migrants' children were reported to be out of education. At the same time, among those enrolled, the Lebanese dropout rate was significant at 14 per cent, compared to 4 per cent for PRL and 2 per cent for migrants.

The main driver of education-related vulnerability is poverty induced by the economic crisis. Households reported spending a quarter of their income (25 per cent) on education-related expenditures, with

¹⁷⁸ Among PRL, the number of enrolled children is around 34,000, 18,000 girls and 16,000 boys, all considered particularly vulnerable

¹⁷⁹ UNRWA, Class formation data

little difference between households headed by men or women.¹⁸⁰ On average, about 20 per cent of Lebanese, PRL and migrant households who reported child dropout reported inability to meet essential education needs (such as tuition fees, books and other education materials) and transport costs. COVID-19 related disruptions affected the dropout rates among all population groups. Other key factors for dropout among the Lebanese children were related to electricity and internet connectivity. At the same time, 7 per cent (with 60 per cent boys and 40 per cent girls) of Lebanese children and 4 per cent of PRL children experienced disruptions in their regular attendance as a result of the child working. Overall, male-headed households (28 per cent) reported being far less able to meet the educational needs of their children, compared with female-headed households (13 per cent).

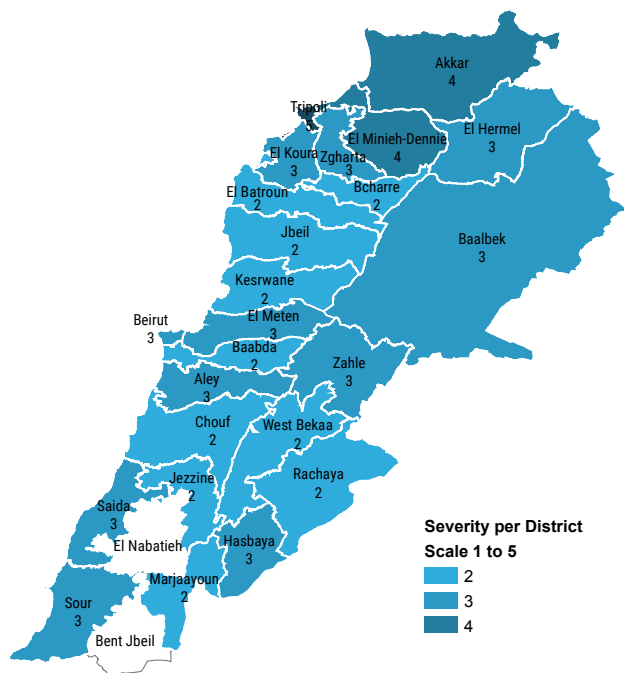
Dropouts for PRL were mostly due to COVID-19-related school closures (38 per cent), lack of prioritization of education by parents (25 per cent), inability to afford education-related costs (25 per cent) and the child working or supporting the household (25 per cent). The dropout rate of the migrants was very low, at 2 per cent, though it should be noted that the number of enrolled migrant children was only 57 per cent of the total school-aged population.

For children with disabilities, school closures compounded their vulnerability and made it increasingly challenging for them to access distance learning appropriate to their needs, especially as 12 per cent of parents reportedly do not have the capacity to support home learning. Moreover, other barriers were related to the unavailability of adapted infrastructure at school (nearly 30 per cent), and teachers lack capacity for tailored teaching to children with disabilities according to 15 per cent of the interviewed households.

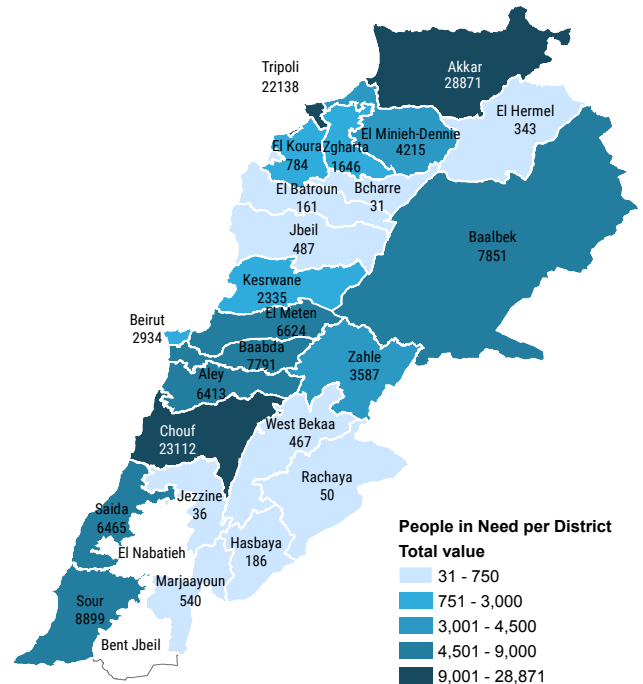
EVOLUTION OF NEEDS

The vulnerability and severity of needs of school-aged children are likely to further increase for the current school year due to the deteriorating socioeconomic context in Lebanon. Barriers to access learning opportunities across population groups exist, including high costs of transportation, and are further heightened by the continuous rise in the cost of living and cost of education as well as the system's limited ability to cope with the crisis. These needs are expected to persist in the next few months and may result in additional risks beyond those already identified among children, namely massive dropouts and learning losses and an increase in harmful coping mechanisms, leading to various protection issues.

Education Severity

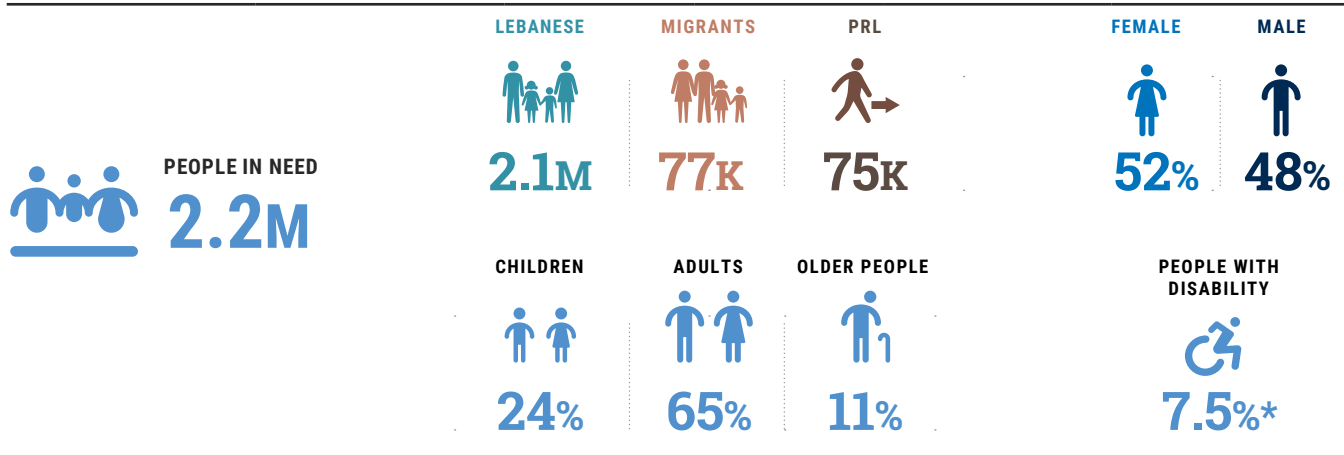


Education People in Need (PiN)



180 MSNA, December 2021.

3.4. Food Security



* WFP estimate

OVERVIEW

The situation in Lebanon has changed dramatically in 2020 when rising prices and the economic crisis, compounded by the effects of the COVID-19 pandemic, affected all population groups in Lebanon, with the most marginalized hit the hardest. The alarming pace of currency devaluation and inflation since October 2019 has impoverished well over half the Lebanese population and almost the entire Syrian refugee population and led around half of the migrant population to be vulnerable to food insecurity. As root causes of the crisis remain unaddressed, the further deterioration of the situation threatens to push many more into poverty and food insecurity.

It is estimated that, in 2022, 2.23 million girls, boys, women, and men throughout the country will require urgent support to improve access to food and other basic needs in 2022. This figure includes over 2 million Lebanese residents, 75,000 Palestinian refugees from Lebanon and 77,000 migrants. It is estimated that 25 percent of those requiring support are children and 51 percent are women. In nearly 25 percent of the families in need of food assistance there was a member with disability. This represents a 46 percent increase with respect to July 2021, when the Food Security and Agriculture Sector estimated in 1.38 million the number of Lebanese residents and in 90,000 the number of migrants requiring assistance.¹⁸¹ The worsening of the socio-economic situation, the removal of subsidies, and the continuous depreciation of the local currency has led to steep price increases of food and nonfood

items and has pushed more and more families into poverty.¹⁸²

AFFECTED POPULATION

As food security is driven by limited economic access to food, a more comprehensive analysis of the overall people in need of assistance has been conducted. This analysis basically includes basic needs that, if not addressed, do hinder the food security status of the household. These basic needs refer to food, health, education, shelter and livelihoods, all at household level. According to this multidimensional analysis, fifty four percent of the Lebanese population was found to be vulnerable, requiring assistance to ensure that their food and other essential needs are covered. Need of direct access to food is reported for more than 90 percent of these vulnerable households. This represents 46 percent of the Lebanese population (equivalent to 2.1 million people), up from the 32 percent registered during the first half of the year.¹⁸³

This comes as the socio-economic crisis continues to deteriorate and an already concerning food security situation further deteriorated in the second half of 2021. Poverty and food insecurity were also found to go hand in hand in Lebanon, with the presence of a chronically ill or disabled member, a temporary or substandard shelter, lack of access to health services or education are highly associated with being vulnerable and food insecure.¹⁸⁴

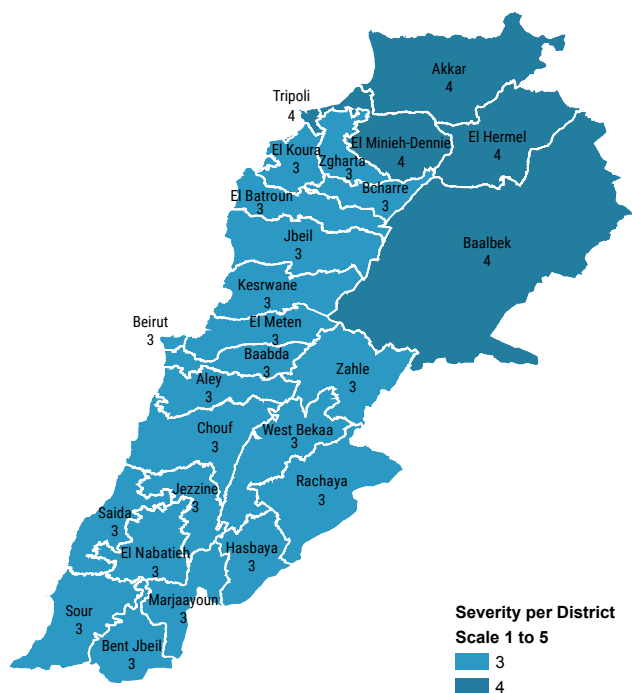
¹⁸¹ Lebanon Emergency Response Plan (ERP), August 2021

¹⁸² See analysis here: <https://www.fao.org/worldfoodsituation/foodpricesindex/en/>

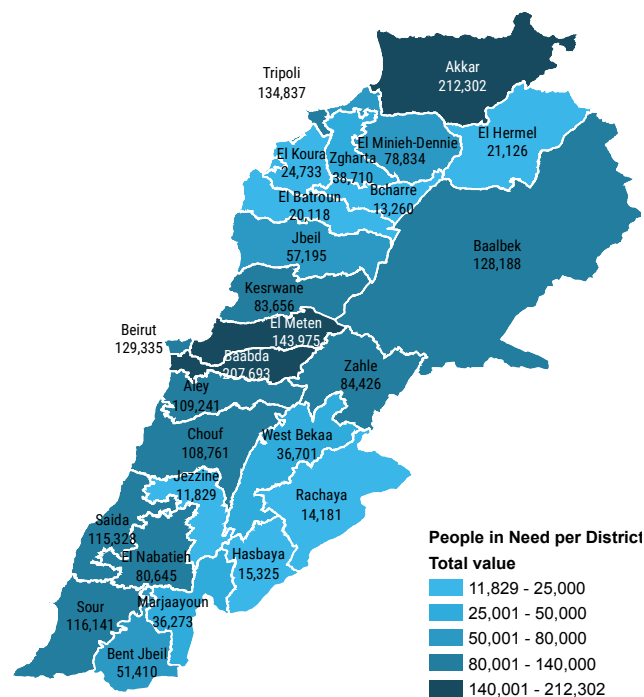
¹⁸³ WFP mVAM survey results, 2021

¹⁸⁴ Ibid.

Food Security Severity



Food Security People in Need (PiN)



ANALYSIS OF HUMANITARIAN NEEDS

In addition, and as of the end of 2021, more and more families across population groups are having to rely on different coping mechanisms to ensure their food needs are met. Among the Lebanese population, 90 percent were consuming less expensive food, 60 percent limiting portion size, and 41 percent reducing number of meals¹⁸⁵. This comes in parallel with the increase in the cost of essential items, with the food SMEB alone registering a price high of nearly LBP 660,000 per person in January 2022, a 1140 percent increase since the start of the crisis¹⁸⁶. The cost of the SMEB decreased by 14 percent in February 2022 to LBP 566,917 (following the drop in the informal exchange rate, albeit at a lesser percentage than the rate decrease).¹⁸⁷ However, with the currently increasing global oil and basic commodities prices, along with the resumed depreciation of the LBP, further increases are already materializing. Based on WFP data, the cost of the food SMEB on a weekly basis has increased from LBP 559,000 per person during the week of February 14 to LBP 639,000 during the week of March 21, a 14 percent increase. The rise in the cost was led by increases in the cost of sunflower oil

(83 percent), white sugar (72 percent), and bread (27 percent), among others.¹⁸⁸

The drastic reduction in income-generating opportunities, coupled with the ongoing inflation, and the removal of subsidies without an alternative support system in place, especially for the most vulnerable, are also major factors for the increased levels of vulnerability and food insecurity, with households from the different targeted population groups unable to rely on themselves to cover their basic needs. Social safety nets already in place are not enough to cushion the full impact of the crisis repercussions. People living in Akkar, Baalbeck-El Hermel and the North governorate registered the highest percentage of vulnerability among all areas.¹⁸⁹ Already by December 2021, more Lebanese families are reporting access challenges to food, with 90 percent consuming less expensive food, 60 percent limiting portion size, and 41 percent reducing number of meals.¹⁹⁰ As the crisis drags on, people are extinguishing their coping strategies. Food insecurity can be worse for specific vulnerable groups.

EVOLUTION OF NEEDS

The risk that the number of vulnerable and food insecure individuals across all population groups may

185 WFP mVAM survey results, December 2021
 186 National FSSWG – Food Security and Market Situation Analysis, WFP, 8 February 2022
 187 National FSSWG – Food Security and Market Situation Analysis, WFP, 8 March 2022
 188 WFP Lebanon Prices Monitoring
 189 WFP mVAM survey results, December 2021
 190 Ibid.

further increase is concrete. With the increasing cost of oil and global food commodities on the international market, peoples access to their basic needs will be affected if no appropriate response mechanism are put in place, highlighting the urgency of the situation.

The increasing oil prices, as well as global commodities key prices, will have further repercussions on the food security situation in Lebanon. FAO global food price index has already reached an all-time high in February 2022, higher than the previous peak registered in February 2011 following the global food and fuel crisis. International oil prices have broken the US\$100 per barrel price barrier for the first time and reached a high of \$129 per barrel on March 7, 2022, the highest levels since 2008. This in turn will lead to increasing import and transportation costs, which in turn will materialize with increasing commodity prices on the end consumer, especially the most vulnerable segments of the population. Gasoline prices in Lebanon alone already increased in USD terms from \$15 to \$21 per 20 L tank in the first week of March alone.¹⁹¹ As Lebanon also imports nearly 95 percent of its wheat from Ukraine and Russia, disruptions in supply lines will require importing from other countries, with a higher cost and longer lead times.

In addition, and since the introduction of circular 161, the informal exchange rate stabilized initially at around USD/LBP 20,500. However, as the Central Bank ability to continue the implementation of the circular remains in doubt, it is expected that the informal exchange rate will resume depreciation, especially as the required reforms by the international community to provide financial assistance to Lebanon have not materialized yet. Any further depreciation in the informal exchange rate will in turn lead to further price increase across the board, including in the cost of the food SMEB. The current state budget being discussed in parliament for 2022 in its turn foresees the increase for custom

taxes to the Sayrafa platform rate, which will lead to further inflation for a number of commodities/services, as Lebanon imports nearly 80 percent of what it consumes (Food commodities are exempted from that increase in the current draft being discussed, however this will only be confirmed once the final version is approved by the full parliament).

The Food Security Sector, its leads and partners will ensure the necessary linkages with the National Poverty Targeting Program (NPTP), the ESSN, and other social assistance programmes, including deduplication of beneficiary households between programmes, convergence (where possible) of outreach/sourcing and eligibility/verification instruments, and coordination of efforts to sustain assistance beyond June 2022.

With the current crisis in Ukraine and as Lebanon is importing 96 percent of its cereals' needs from the Black Sea countries (Russia, Ukraine and Romania), if the situation will continue to worsen, this might have a negative impact on the food security situation of Lebanon being a net importer. To overcome that, the Lebanese government is working towards finding substitutes of importation from other cereals producers' countries such as United States of America, India or Turkey and meanwhile putting in place a strategic plan of rationing period until an alternative of cereals importation is found. In addition, discussions with the World Bank are underway as this institution is suggesting proposals to help the Government in food security related issues.

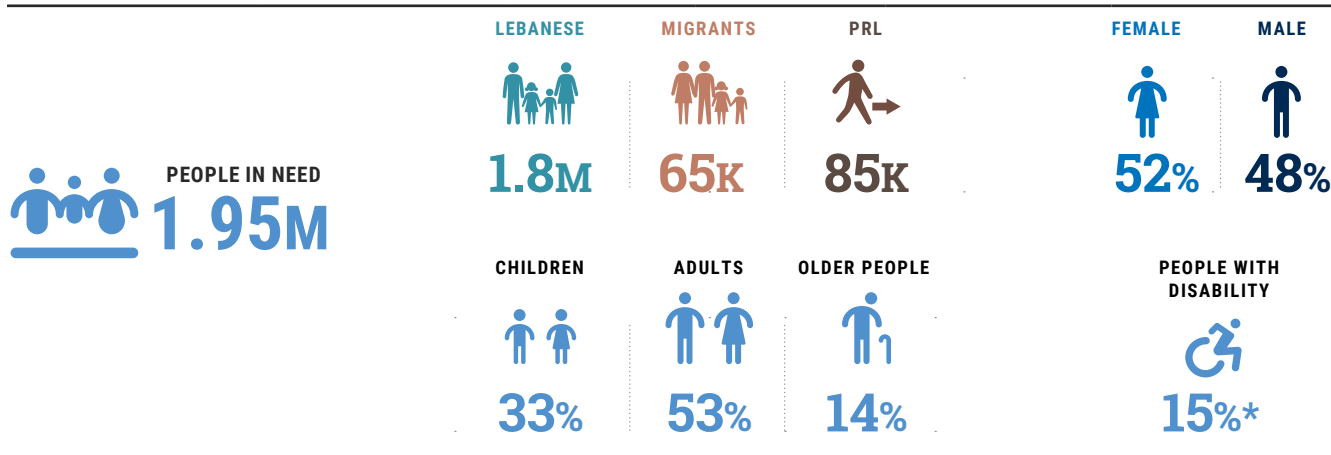
People's ability to continue coping amid such a volatile environment is worrying. Those who are food insecure and in need of other basic needs require immediate support to ensure direct access to food and to address other essential basic needs. The combined use of in-kind and cash transfer assistance should also be combined with support to livelihoods to prevent further deterioration of food insecurity within a fragile socio-economic framework.



©UNOCHA/Joseph Matar- Lebanon Humanitarian Fund monitoring visit to Tabitha center - Woman cooking sandwiches for children studying while their parents, who benefit from Tabitha's aid, are working - Aley-Lebanon-2022

191 National FSSWG – Food Security and Markets Situation Analysis, WFP, 8 March 2022

3.5. Health



* Global 15% estimate

OVERVIEW

Concurrent health sector challenges, including cost of health services,¹⁹² human resources migration and supply chain¹⁹³ volatility, continue to disrupt the health system and result in worsening health outcomes, particularly among the most vulnerable.¹⁹⁴ Approximately 1.95M people across Lebanon are in need of humanitarian health services – an increase of 43 per cent since August 2021. Increased needs are driven by inability to access health services– including medication availability and affordability, insufficient functional hospital beds per population, catastrophic patient costs for hospitalization,¹⁹⁵ overstretched primary healthcare (PHC) facilities per population, and incomplete support for a universal PHC service package,¹⁹⁶ as well as deterioration in determinants of health.¹⁹⁷ Overall, 19 of 26 districts fall under health severity 4 (extreme) while the remaining 7 districts are severity 3 (severe).

AFFECTED POPULATION

Over 156,000 children under 5 years (U5), nearly 379,500 women of reproductive age (WRA) including pregnant and lactating women (PLW), 276,000 older people and about 292,400 persons with disability (PWD) will require inclusive, comprehensive and quality health services. Districts with the largest number of people in need (in absolute terms) are Akkar, El Meten, Baabda and Aley, while Jbeil, Akkar, Marjayoun, and

Jezzine have the highest proportion of the district population in need.

1.8 million Lebanese are in need of humanitarian health services, including 145,100 children under 5, 331,350 Women of Reproductive Age, 263,000 older people, nearly 270,000 People With Disability and 66 per cent of households that include people living with non-communicable diseases (NCD households). Districts with the largest number of Lebanese in need are Akkar (238,329), El Meten (142,960), and Baabda (137,134). Disruption of private and public insurance schemes also particularly affect Lebanese.

Over 65,000 migrants are in need. On average, the migrant population is younger and includes a high percentage of women and girls. Therefore, WRA comprise a higher proportion of the migrants in need at 38,000 individuals (58 per cent) while older people and NCD households are present in lower percentages at 3 per cent and 13 per cent respectively. Districts with the largest number of migrants in need are Beirut (27,342 people), El Meten (5,948 people) and Aley (4,474 people).

The demographics of 56,000 PRL in need mirror that of the Lebanese population (7,300 children U5, 10,200 WRA, 11,100 older people, 12,750 PWD and 65 per cent NCD households) with people in need concentrated in the districts of Akkar (20,903 people), El Minnieh-Dinnieh (10,653 people) and Chouf (7,124 people).

192 Both direct costs such as consultation, treatment – including hospitalization, medication, diagnostics, prostheses, and assistive devices; as well as indirect such as transportation, all of which can result in delays in care-seeking.

193 Including medication, medical supplies and equipment

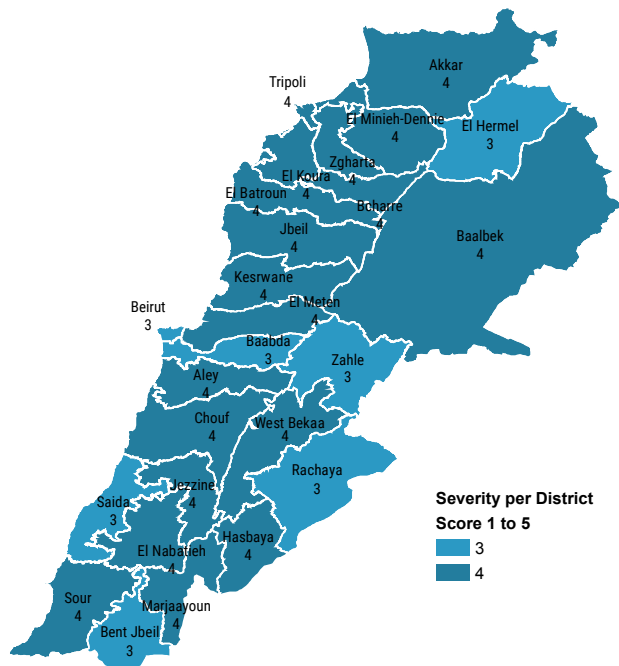
194 Health sector vulnerable groups include children under 5 years, women of reproductive age including pregnant and lactating women, persons with non-communicable diseases and older people, and persons with disability.

195 Largely to do poorly functioning insurance schemes and reimbursement rates at old dollar rates, resulting in the patient share of hospital bills amounting to around 75 per cent and above in many cases as compared to pre-crisis levels around 15 per cent.

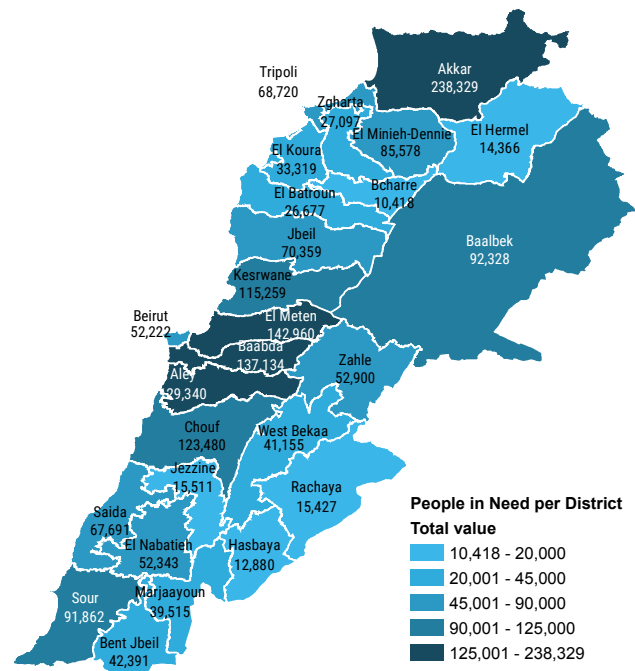
196 Main drivers of PiN by number of districts: health access and barriers – 10, inpatient beds – 8, PHC service package – 6, PHC Level 2 facilities – 2.

197 Poverty, financial problems and social deprivation are major risk factors for mental health as described in Impact of economic crises on mental health, WHO, 2011.

Health People in Need (PiN)



Health People in Need (PiN)



ANALYSIS OF HUMANITARIAN NEEDS

Indicators of health access and service capacity¹⁹⁸ rank severity 4 and above in Akkar, Baalbek, Bcharre, Hasbaya and Marjaayoun districts.¹⁹⁹

Looking at health status, high levels of psychological distress are reported among household members in many districts across Lebanon, with highest levels among adults reported in El Batroun, El Minnieh-Dinnieh, Bcharre, and El Koura.²⁰⁰ All four districts also experience rates of maternal mortality above the national average,²⁰¹ together with Tripoli. Baalbek-El Hermel have elevated rates of cardiovascular disease and hypertension among overall hospital admissions.²⁰² All districts except Beirut rank below 50 per cent for first dose coverage of COVID-19 vaccine²⁰³, with the mohafazas of Baalbek-El Hermel, Akkar and North currently at 30 per cent and below.²⁰⁴

Vulnerable groups are disproportionately impacted by unaffordability of health services and therefore more likely to experience barriers to health access which may also lead to non-health consequences, including protection risks. Financial barriers to transport, treatment, and medication – coupled with coping strategies such as borrowing money or canceling doctors’ visits – are most commonly reported among households with PWD, while those with a child under 5 and/or a pregnant or lactating woman were 1.5 times as likely to report reducing expenses as a main coping strategy and were more likely to report seeking healthcare at NGO clinics.²⁰⁵ Acceptable, accessible, and inclusive services are also critically lacking for transgender and gender non-conforming persons²⁰⁶ and migrant communities.²⁰⁷

The MSNA revealed that, among Lebanese households, 81 per cent in Marjaayoun reported at least one member with chronic illness;²⁰⁸ households in Akkar and

198 Such as functional hospital beds per population and availability of support for universal PHC services packages.
 199 Household access figures are derived from MSNA 2021 while PHC packages and functional hospital beds are provided by MoPH as of 2021. While low coverage of PHC packages was present before the crisis, the increasing reliance on the PHC network means this gap now has a direct effect on population health since private physicians have become unaffordable for the majority of the population.
 200 MSNA, December 2021.
 201 MoPH 2020.
 202 Ibid.
 203 Impact Platform: <https://impact.cib.gov.lb/home?dashboardName=vaccine> accessed, 25 February 2022.
 204 MoPH COVID-19 detailed brief, 9 March 2022.
 205 MSNA, December 2021.
 206 Accessing Legal Rights, Mental Health and Community Support. Quorras and Tajassod Working Group, 2021 and Oxfam, “Queer community in crisis: trauma, inequality and vulnerability,” Policy Brief, June 2021. Accessible here: <https://www.oxfam.org/en/research/queer-community-crisis-trauma-inequality-and-vulnerability> The assessment found that 46 per cent of LGBTIQ+ persons surveyed reported great difficulties accessing general healthcare services since the crisis.
 207 The Other Migrant Crisis - Protecting Migrant Workers against Exploitation in the Middle East and North Africa, IOM 2015. Available at: <https://publications.iom.int/books/other-migrant-crisis-protecting-migrant-workers-against-exploitation-middle-east-and-north>, accessed 11 March 2022.
 208 Including heart disease, hypertension, blood disease, cancer, lung disease, diabetes, renal diseases.

North region most often reported non-availability of routine immunization in their community, and health access barriers related to affordability were most often reported in Akkar. Among PRL households, 69 per cent reported at least one member with a chronic illness in the Baalbek-El Hermel and Bekaa region, and 56 per cent reported at least one member with a health problem needing to access healthcare in Nabatieh and South. Trends regarding medication access were nearly identical between Lebanese and PRL households with cost being the greatest barrier (75 per cent). Meanwhile, PRL households are most likely to report cost of treatment and/or consultation as main barriers to access health and are also most likely to report psychological distress of a household member as a result of the crisis.²⁰⁹ Finally, although migrant households are less likely to report presence of NCD or psychological distress due to the current crisis, they were 1.5 to 2 times more likely than Lebanese households to report a lack of coping mechanisms when confronted with barriers to healthcare access and medication.²¹⁰

Finally, the population as a whole is struggling to access appropriate mental health and psychological services in a safe and timely manner due to a series of barriers, including stigma, limited awareness on where and how to seek care and general perception that distress is not an issue.²¹¹ This is highly concerning given that there has been a nearly 70 per cent increase in demand for mental health hotline support over the past year,²¹² while up to 45 per cent and 50 per cent of Lebanese and PRL households respectively indicated psychological distress for at least one adult member of the household. Lebanese surveyed by Gallup also indicated high levels of stress and worry.²¹³ Mental health needs are high amongst LGBTIQ+ individuals. According to one survey, 100 per cent of the LGBTIQ+

community said that their mental health was impacted due to a large extent due to the three-layered crisis, with 75 per cent reporting being affected to a large extent, and the remaining 25 per cent reported somewhat negatively.²¹⁴ Furthermore, reported increases in sexual and gender-based violence (GBV) across Lebanon over the past 12-24 months²¹⁵ will also require additional MHPSS and specialized support.

EVOLUTION OF NEEDS

With worsening economic conditions in Lebanon, the trend of increased reliance on public sector PHC services is expected to continue while current funding²¹⁶ and operational support, including fuel, are anticipated to decline, thereby creating a triple burden on PHC facilities, particularly in under-served areas.²¹⁷ Barriers to health access will also increase – notably cost of transport²¹⁸ and cost of health services,²¹⁹ with vulnerable groups most affected, as well as those with catastrophic illness and chronic health needs such as hemodialysis. Unless an interim solution to medication subsidies can be found, affordability and accessibility of safe and quality medicines will remain a challenge and therefore reliance on humanitarian supply is predicted to increase, while unmanaged NCDs²²⁰ may produce a surge in hospital cases. Migration of human resources for health will continue unabated without system-wide infusion of resources to support staff retention, with remote and rural areas most affected together with areas without sufficient functional inpatient hospital beds.²²¹ Finally, as the provider of last resort, complex demands on the health system for concerns such as outbreak response,²²² SGBV, malnutrition, MHPSS²²³ and disability are expected to grow as determinants of health worsen with the prolonged crisis.

209 MSNA, December 2021.

210 Ibid. The findings do not provide information on the psychological distress experienced by the various population groups prior to the crisis, i.e. if they were suffering from NCD or psychological distress previously.

211 Ibid.

212 Particularly among urban areas in Beirut and Mt. Lebanon, Embrace and the National Mental Health Programme "The Lifeline 1564" January 2021 and January 2022 monthly reports, available at <https://embracelebanon.org/OurImpact>, accessed 7 March 2022.

213 IN FOCUS: Mental health & psychosocial wellbeing of vulnerable populations. Inter-Agency Coordination Lebanon, February 2022. Available at: <https://reliefweb.int/report/lebanon/lebanon-inter-agency-coordination-focus-mental-health-psycho-social-wellbeing>, accessed 7 March 2022.

214 Oxfam, "Queer community in crisis: trauma, inequality and vulnerability," Policy Brief, June 2021. Accessible here: <https://www.oxfam.org/en/research/queer-community-crisis-trauma-inequality-and-vulnerability>

215 The GBVIMS reports increased intimate partner violence in 2021. See also: UNDP, Incident Monitoring, August 2021.

216 For example, funding for PHC centers in Beirut under the Port explosions response is coming to an end.

217 Districts of El Meten, Keserwane, Jbeil, Zahle, El Batroun, and Aley have fewer than 2 PHC Level 2 facilities per 50,000 population. While the emergency standard is 1 per 50,000, the increased reliance on the public sector, coupled with human resource migration, requires additional health resources to respond to the emergency.

218 Particularly in Akkar where MSNA 2021 showed a larger proportion of Lebanese households reported barriers related to transportation (29 per cent versus 4 per cent at national level).

219 Especially in the private sector which accounts for close to 84 per cent of hospital capacity in the country.

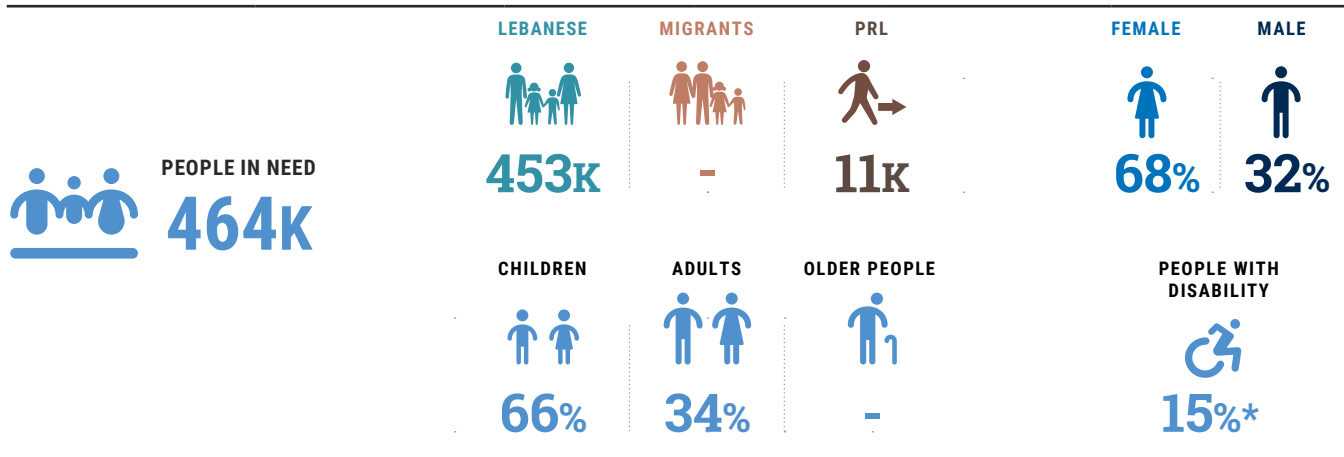
220 Due to access barriers to medication and health services as well as increased stress.

221 Districts of Akkar, Aley, Chouf, Baalbeck, El-Minnieh Dennieh, Sour, Keserwane, West Bekaa and Zahle are estimated to have a gap of more 150 functional inpatient beds based upon the emergency standard of 17 beds per 10,000 population.

222 High levels of routine vaccination default are found in Akkar, Baalbak, Baabda, Zahle, Menyeh-Denniye, Tripoli, Aley, Beirut, and Tyre, UNICEF 2022 as presented in Joint Health Sector meeting 25 February 2022. Further, Hepatitis A outbreaks have already emerged in South and Bekaa, MoPH.

223 Countries facing economic crises often experience 2-3 fold increase in risk of depression, increased alcohol misuse and suicide rates according to Frasilho, D., Matos, M., Salonna, F. et al. Mental health outcomes in times of economic recession: a systematic literature review. BMC Public Health 16, 115 (2015).

3.6. Nutrition



* Global estimate

OVERVIEW

Approximately 464,000 of Lebanese and Palestine refugee women and children are suffering from a form of nutritional deprivations due to inadequate diets, practices and access to facilities such as poor food storing difficulties due to lack of electricity and quality services which have deteriorated due to a devastating economic depression exacerbated by the impact of the COVID-19 pandemic and the aftermath of the massive August 2020 Beirut explosions, a situation which is impacting their health, growth and development.²²⁴

AFFECTED POPULATION

Overall, 464,000 women and children experience inadequate nutrition with direct consequences on their health and wellbeing.²²⁵ Among them, 60 per cent have severely acute needs (278,400) because of high rates of anemia among women and children due to widespread dietary deprivations. The 305,720 children under 5 years (U5) and 158,327 women at reproductive age, specifically the pregnant and lactating women, are the most vulnerable groups. The areas with highest vulnerability or highest number of people in need are Akkar, Tripoli, El Minnieh-Dinnieh, Zgharta, El Koura, Bcharre, El Batroun, Jbeil, Kserwane, El Meten, Baabda, Beirut, Aley and Chouf districts.

Around 453,000 Lebanese are in need of humanitarian nutritional support, including 298,234 of children U5 and 154,572 women at reproductive age.

11,000 Palestine refugees in camps are in need of nutritional support, including 7,486 of children U5 and 3,755 women at reproductive age.

ANALYSIS OF HUMANITARIAN NEEDS

Nutritional analysis revealed that stunting is more likely to occur among the refugee population in Lebanon while anemia is more prevalent among Lebanese women and children, with over 40 per cent Lebanese experiencing anemia compared to 27 per cent Palestinians.²²⁶ Anemia during motherhood and childhood imposes immediate consequences such as poor outcome of the pregnancies and weakened immune system of individuals which can make them more susceptible to infections. Lifelong irreversible impacts on well-being and cognitive capacity of young children can impact their productivity and learning capacities.

The result of the SMART survey also showed that the prevalence of acute malnutrition is higher among Palestinian refugees; 4 per cent of children and 9 per cent of PLWs in Palestinian camps are acutely malnourished compared to 1.8 per cent among Lebanese children and 5 per cent among Lebanese mothers. Stunting, anemia and malnutrition are a result of poor diets, inadequate health and nutrition services at PHC and community level and weak dietary and hygiene practices among children and women. As many as 70 per cent of children have not benefitted from exclusive breastfeeding, which is essential for infant development and survival.²²⁷ 94 per cent of 6–23-month-old children are not getting the necessary

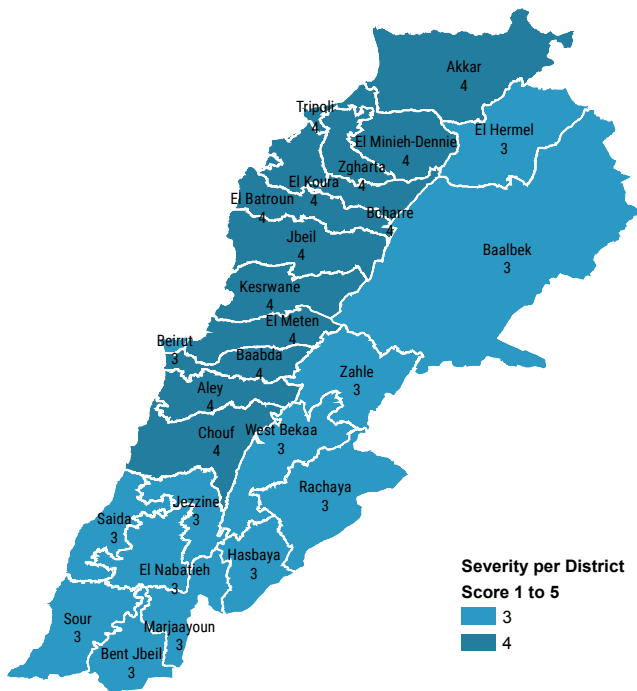
²²⁴ The Nutrition sector has also calculated a PiN for Syrians refugees, based on the results of the SMART Survey and it includes 292,000 women and children, no data on migrants.

²²⁵ Based on the Standardized Monitoring Assessment for Relief and Transition Method (SMART) survey, Aug- Sep 2021.

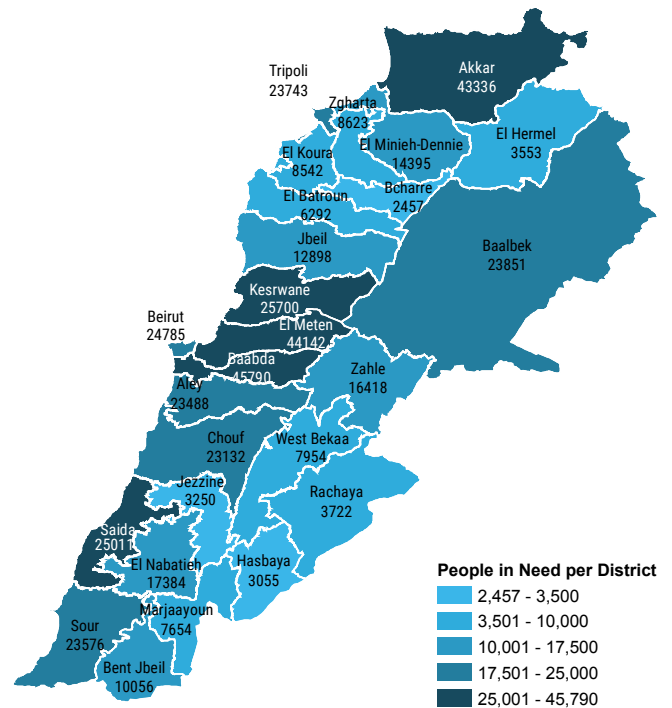
²²⁶ Lebanon Nutrition SMART Survey 2021-2022

²²⁷ In every emergency, there will be infants who are not breastfed or who are partially breastfed. These infants are highly vulnerable and require urgent and targeted protection and support given their increased risk of morbidity and mortality. To prevent the risks of malnutrition for these groups of children, social protection system/ sector needs to be utilized with a potential targeted cash assistance to support the feeding of 0-6 month old children who are medically justified to use BMS but cannot afford the needed supply

Nutrition Severity



Nutrition People in Need (PiN)



diets to grow and thrive healthy. This is attributed to deteriorated food and nutrition security and economic crisis, family level coping mechanisms and prevalent poor care, dietary and hygiene practices and lack of access to quality and adequate services. Women and children from poor economic background are more likely to be malnourished and are the group who find it most difficult to access health and nutrition programs and services.

EVOLUTION OF NEEDS

Given the economic crisis and deteriorating situation, the poor or lack of optimum feeding practices, deficit in diets of children and high rate of anemia among children and women, are expected to lead to a further increase of acute malnutrition rates in the country. While trends over the past 10 years show a slight improvement in the incidence of acute malnutrition among Lebanese and refugee children, a significant reduction in obesity rates can reflect certain forms of copying mechanisms for reduced purchasing power

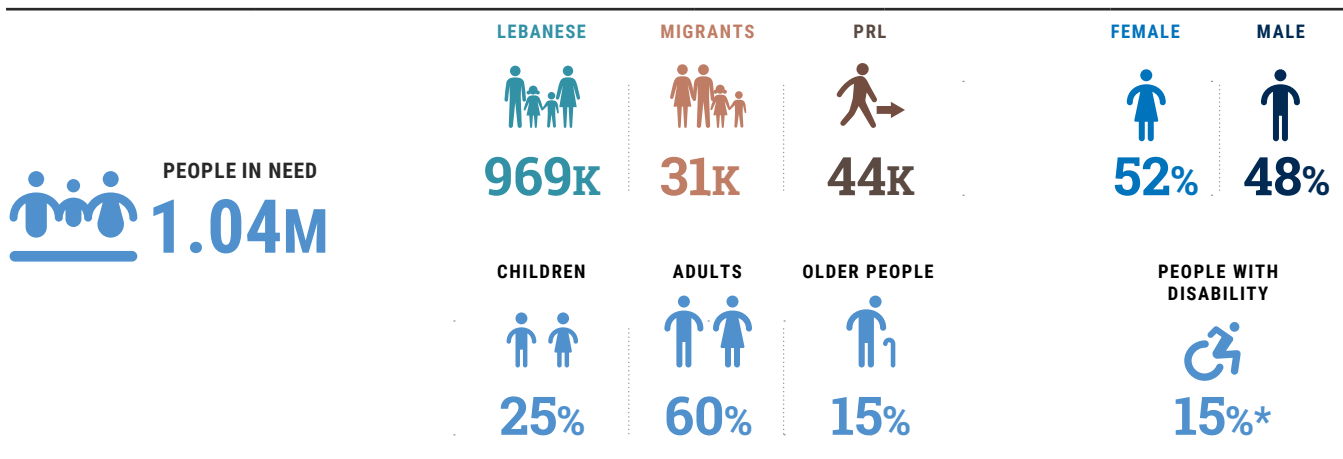
at the family level. Hence there are serious concerns that the rates could rise significantly among the most vulnerable women and children.

Current conflict in Ukraine can also create serious concerns in a way that the rates of staple could rise significantly, and this can deteriorate the nutritional vulnerabilities of women and children, as the country still contends with a devastating economic depression exacerbated by the impact of the COVID-19 pandemic.



©UNOCHA/Joseph Matar- Field Visit to Caritas Primary health care center in Sad El Bauchrieh where child medical checkups are provided for families suffering from the ongoing humanitarian crisis - Beirut-Lebanon-2022.

3.7. Water, Sanitation & Hygiene



* Global 15% estimate

OVERVIEW

The socio-economic crisis further exacerbated the already fragile and heavily in debt WASH public services in Lebanon as structurally set up around cost recovery fees for services which are no longer affordable for people due to the spiking inflation. Almost one million of the most vulnerable Lebanese, Migrant and Palestinian across 26 districts in Lebanon need support to access safe water and sanitation services. The interlinked economic and energy crisis has drastically diminished the delivery capacity of Water Establishments (WEs) and municipalities from 165 L of water per capita/day to 35 L/capita/day in 16 districts; that is insufficient for daily domestic and hygiene practices, specifically during a pandemic. The overall operation of wastewater treatment plants, already suffering from chronic malfunctioning, is particularly exacerbated by the economic crisis: on one hand, public facilities have decreased their capacity to operate wastewater treatment plants, on the other hand, households and communities have less capacity to sustain some critical wastewater operational costs such as maintenance and desludging, especially in areas out of service from the main wastewater facilities.

AFFECTED POPULATION

An estimated 969,400 Lebanese (25 per cent of the total population), have severe WASH needs. The Majority of the Lebanese in need are in the Districts of Akkar, Chouf and Meten (35 per cent of the total number in need). Some 18 per cent of the Lebanese have limited access to sufficient quantity and safe water for drinking, cooking and personal hygiene, 15 per cent have decreased access to hygiene items and

17 per cent do not have an improved sanitation facility or safe desludging services in areas where households are not connected to wastewater public network.

The Situation of the PRL shows a similar picture, with 44,400 (24 per cent of the population) have severe WASH needs. The PRL population not accessing improved sanitation is 22 per cent (35 per cent in North and Akkar), and 17 per cent have limited access to water and hygiene.

30,700 migrants (15 per cent of the total population across country) are in acute need of assistance to cover their basic. Needs are particularly severe in areas with a higher concentration of migrants, such as in the Beirut and Mount Lebanon Governorates, with some districts, such as Chouf, having half of the migrant population (45 per cent) in need of WASH assistance.

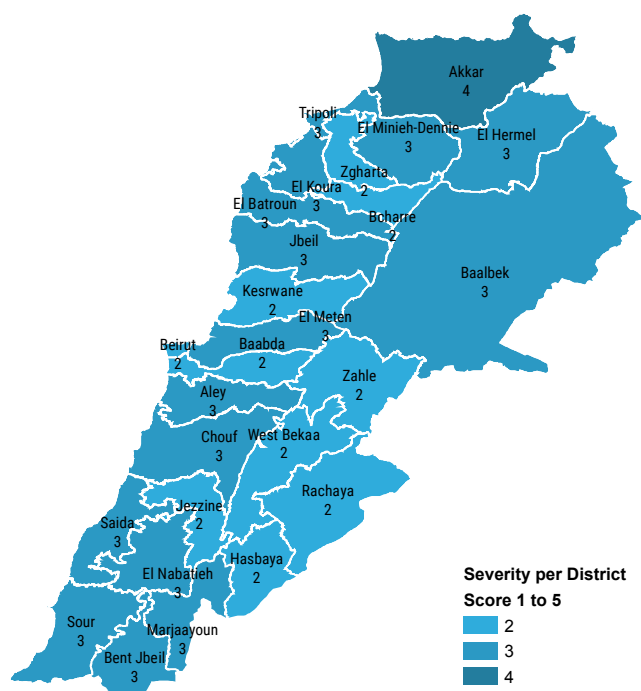
ANALYSIS OF HUMANITARIAN NEEDS

Access to sufficient quantities of safe water, adequate sanitation and hygiene critical items remain one of the key needs of people affected by the economic collapse in Lebanon. In general, the most severe locations are the ones with lesser access to public services and high socio-economic vulnerability (Akkar, Baalbek, El Hermel, Chouf).

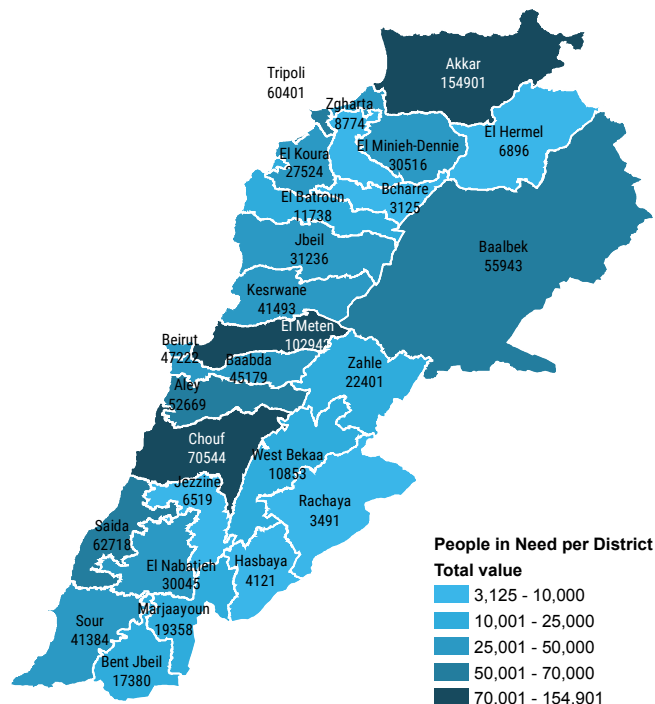
Access to water is of particular concern, with 18 per cent of the population not having access to sufficient water for drinking, cooking and personal hygiene on a national level, reaching 30 per cent in Tripoli District.²²⁸ The case of Tripoli illustrates well the compounded drivers; on one hand, there is a decreased access to public water services, especially in marginalized areas; on the other hand, the increased level of poverty makes private alternatives expensive and unaffordable for the most vulnerable. Water actors estimated that

228 MSNA, December 2021.

WASH Severity



WASH People in Need (PiN)



60 per cent of the population in Lebanon are receiving less than 35 Liter Per capita per Day in their dwelling.²²⁹ The Vulnerability Mapping for the water supply analysis which ran in parallel with MSNA survey showed that the number of people estimated to be in need depends largely on the availability of Electricité Du Liban / Electricité De Zahlé energy supply hours for public water system. Without enough energy supply in the grid, the WASH sector anticipates that the people in need of WASH support is likely to increase up to three folds.²³⁰ Further, the MSNA survey was conducted in parallel with humanitarian response providing fuel to critical water pumping stations to maintain the service, as such overall WASH needs may be different in the absence of assistance.

Lack of access to safe water sources is a leading risk factor for infectious diseases, including diarrhea, dysentery, and hepatitis A. It also exacerbates malnutrition, and in particular, childhood stunting.

The gender and social inclusion analysis of the MSNA data did not capture any notable differences in coping mechanisms or water access between female and male head of households, and households with disabilities. However, water is an extremely gendered issue, as women and girls are more likely to

be responsible for household hygiene, cleaning, and ensuring water supply for household consumption and cooking, as compared to men and boys. As a result, challenges and barriers to accessing water particularly impacts the daily lives of women and girls.

Access to sanitation is also critical, with 17 per cent national average not having access to an improved sanitation facility across populations.²³¹ Particularly critical is the situation in Akkar District, with over 50 per cent of the population not accessing an improved sanitation facility.²³² The migrant population also suffers from limited access to sanitation (14 per cent of the population), with 18 per cent of migrant households with shared sanitation facilities (compared to 4 per cent of PRL and 5 per cent of Lebanese households). The main driver for the sanitation needs is the increased poverty level adding up to a chronic sanitation malfunction in the country, with only 20 per cent having access to sanitation safely managed.²³³ Poor sanitation increases the risk of water-borne diseases, especially for children and affects the health and dignity of the total population.

More than 650,000 people have difficulties in accessing hygiene items.²³⁴ The economic crisis is the main driver for the decrease in access to hygiene

229 Water Sector 2021 Vulnerability Mapping of the Water Supply, Water Sector, 2021

230 Ibid.

231 MSNA, December 2021

232 Ibid.

233 WHO-UNICEF JMP 2021

234 MSNA, December 2021

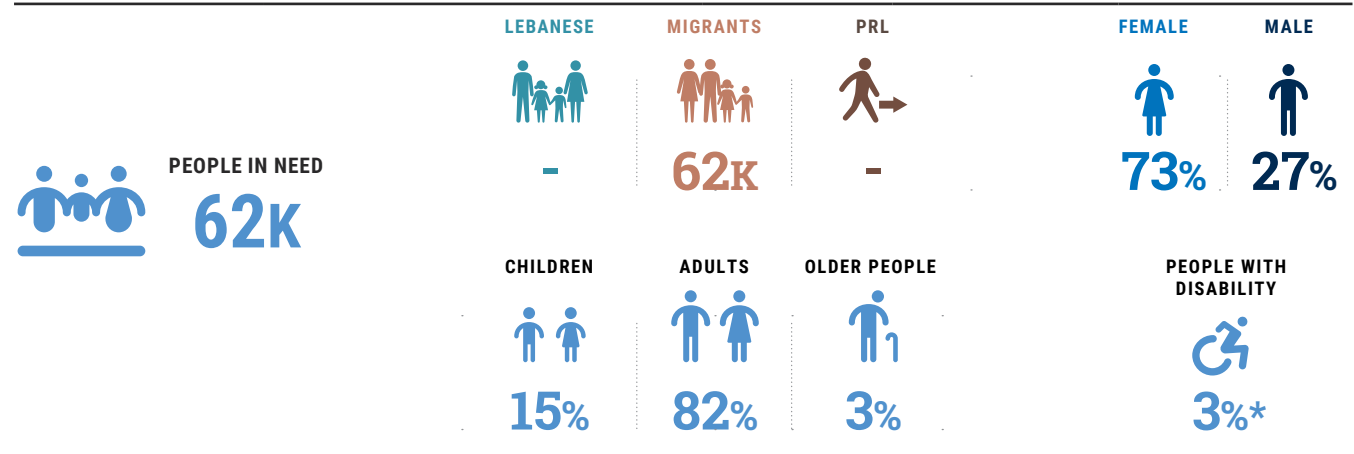
items, with 72 per cent of the households reporting that they had to resort to less preferred hygiene practices, with no gender difference.²³⁵ Particularly critical is the access to menstrual hygiene items for women and adolescent girls, with 52 per cent of households reporting some challenges in accessing menstrual hygiene products, particularly in the North (71 per cent), Bekaa (60 per cent) and Baalbek (60 per cent).²³⁶ Out of these, 44 per cent of assessed Lebanese households reported women and girls relied on less preferred type of menstrual items and 10 per cent of Lebanese households reported women and girls relied on substitutes for hygiene items (sand or other rubbing agents for soap, clothing for diapers, etc.) which are not safe and hygienic. In addition, 1 out of 6 individuals need hygiene items, including specifically menstrual items, dignity kit, elderly and baby kits. Decreased access to menstrual hygiene restricts girls' and women's mobility and personal choices. It affects school attendance and participation in community life, and it compromises their safety. Period poverty can also have a devastating impact on women and girls' health and safety, particularly when they are forced to use less preferred items, such as cardboard, old fabrics, nylon.²³⁷

EVOLUTION OF NEEDS

The evolution of the need for water access largely depends on the availability of public water sources. Some 87 per cent of the population of Lebanon are connected to a water source that depends on Electricité Du Liban as the main power source. The availability of electricity is a primary factor with a bearing on the scale of needs, and largely depends on the strategies of the Ministry of Energy and Water to finalize an emergency plan to increase energy supply in the coming months.

Another important factor is the purchasing power of vulnerable people. The change in prices for bottled water will impact many households, considering that 62 per cent of the population relies on bottled water as their primary drinking water source.²³⁸ The price of bottled water has been steadily increasing during last year, following the depreciation of the Lebanese Lira. A six-fold increase of the average price of bottled water across Lebanon had been witnessed in 2021.²³⁹ A further increase in the prices could drive the most vulnerable households to rely on unsafe water sources.

3.8. Migrant Sector



* MSNA 2021 estimate

OVERVIEW

The compounded crisis has particularly affected migrants in Lebanon. Some 62,000 migrants across eight governorates have seen their living standards deteriorate and risk levels increase requiring protection and shelter support for a safe and dignified living. The increased levels of debt and difficulties in paying rent

or purchasing basic items have exposed vulnerable migrants to violence and abuse, including sexual and labour exploitation and human trafficking. Migrants had to resort to harmful coping strategies to meet their basic needs and require psychosocial support and protection specialized services. Additionally, many migrants with a wish to return to their countries

²³⁵ Ibid.

²³⁶ Ibid.

²³⁷ See more here: <https://plan-uk.org/media-centre/economic-crisis-in-lebanon-making-period-products-unaffordable-for-majority-of-women>

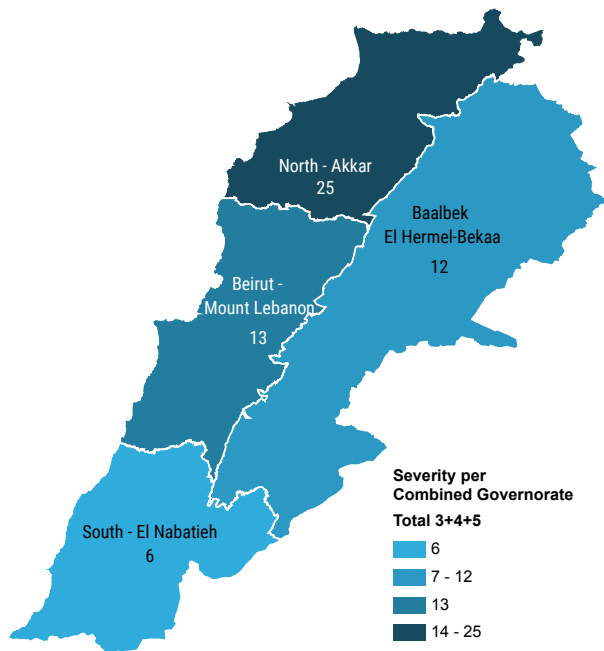
²³⁸ MSNA, December 2021

²³⁹ Water Sector, Water price Monitoring 2021-2022

of origin, are prevented from doing so due to lack of information, documentation, funds or open legal cases, related to unpaid wages or work exploitation, gender-based violence or child custody.

(Kafala), which severely affects their employment and physical mobility, further limiting their rights and

Migrants Inter- Sectoral Severity



Migrants Inter- Sectoral People in Need (PIN)



AFFECTED POPULATION

Based on Multi-Sectoral Needs Assessment (MSNA) 2021 findings, an estimated 62,000 migrants across Lebanon need migrant-specialized assistance, including access to protection services and voluntary humanitarian return.²⁴⁰ Among them, at least 50,000 people residing in Beirut and Mount Lebanon (BML) need some form of shelter support (including repairs and/or rental support) and/or basic household expenditures, to meet their basic needs and minimize debt accrual.

The migrant population in Lebanon is predominantly female,²⁴¹ and includes a large number of nationalities.²⁴² The majority work as domestic workers employed under the sponsorship system

access to humanitarian and protection assistance. Undocumented/irregular migrants, unemployed migrants,²⁴³ children of mixed origin/parentage, single mothers, and victims of trafficking are considered especially vulnerable.

ANALYSIS OF HUMANITARIAN NEEDS

Migrants are particularly impacted by the worsening socio-economic crisis, while also suffering pre-existing vulnerabilities under the Kafala system.²⁴⁴ Migrants are often left with the choice of either staying with an exploitative employer or falling into an irregular status,²⁴⁵ becoming further marginalized from support structures, including exclusion from basic services and protection schemes. Others have lost their jobs without their employer covering the cost of return to

240 Voluntary Humanitarian Return (VHR) is based on the Assisted Voluntary Return and Reintegration (AVRR) approach (e.g. a human rights-based, migrant-friendly, and cost-effective option to migrants who desire or need to return home, but lack the means to do so), but applied in humanitarian settings, often a life-saving measure for migrants who are stranded or in detention. As with AVRR, VHR includes reintegration support in the country of origin.

241 IOM (2021). Migrant Presence Monitoring (MPM) Baseline Assessment Round 1.

242 According to the IOM Migrants Presence Monitoring Round 1 (2021), the most common nationalities are Ethiopian (31%), Bangladeshi (19%), Egyptian (9%), Sri Lankan (8%), and Sudanese (6%).

243 Migrants are especially vulnerable if they lose their employment as their legal status is linked with their employment status.

244 While most foreign workers require a sponsor (either a local citizen or company) to work in Lebanon, the conditions are especially severe for migrant domestic workers who often live with their sponsor/employer.

245 While it is difficult to assess the number of irregular migrants in Lebanon, especially based on self-reported information, the MSNA (December 2021) indicates that at least around a fifth of migrant households surveyed (19 per cent), the primary wage-earner does not have a valid work permit.

countries of origin. Trafficking of migrants remains a prevalent issue in Lebanon.²⁴⁶

The MSNA 2021 demonstrated migrants' continued need for protection assistance, access to documentation, legal aid, and psychosocial support. A fifth of all migrant households (21 per cent) surveyed reported that at least one member in the household saw his/her psychological state worsened as a result of the latest crises.²⁴⁷ Migrant sector partners also report prevalent and severe mental health needs among Lebanon's migrant communities, including very high rates of suicides, long preceding these latest crises. Access to protection assistance remains limited even for victims of violence. For instance, two-thirds (65 per cent) of migrant households reported lack of services for women and girls who experience some form of violence within 30 minutes from the shelter by usual mode of transportation.

Many migrants face precarious living conditions, difficulties in paying rent and/or basic household items. A fifth of surveyed migrant households in Akkar and

the North reported living in tents or garages, and a third of migrant households in Beirut and Mount Lebanon (BML) reported shelter defects.²⁴⁸ More than a third of migrant households surveyed (37 per cent) faced challenges in affording basic needs due to lost or reduced employment.²⁴⁹

EVOLUTION OF NEEDS

Addressing the root causes of migrants' needs requires structural reforms, which is precluded by the current political deadlock. As Lebanon prepares for another year of hardship, migrants will be among the first and most affected as increasing unemployment will push more migrants into an irregular status, losing their access to essential services. Urgent assistance will be required to reduce their exposure to abuse and exploitation and/or resorting to harmful coping mechanisms, and to support voluntary return. As assessments and assistance expand to currently unreachable areas with a high density of migrants, it is expected that additional people in need of urgent assistance will be identified.



©UNOCHA/Joseph Matar- Lebanon Humanitarian Fund monitoring visit to a Migrant family, beneficiary of Tabitha's humanitarian aid and activities and living in Aley- Lebanon-2022. .

246 In 2020 and 2021, IOM assisted 1,107 migrants in vulnerable situations, 45% of whom (503) were victims of trafficking. 86% had been trafficked for the purpose of forced labour. Trafficked victims reported withholding of wages (79%), forced confinement (77%), and physical violence (45%) as means of control, and 12% were subject to sexual abuse. IOM Case Data (2020-2021).

247 MSNA, December 2021. While the only quantitative data available on the mental health status of migrants tracks the deterioration following the most recent crises, migrant sector partners report prevalent and severe mental health needs among Lebanon's migrant communities, including very high rates of suicides, long preceding these latest crises. For more, see Médecins Sans Frontières (MSF) International. "COVID-19 and Economic Downfall Reveal Mental Health Crisis in Lebanon: MSF." 3 December 2020.

248 MSNA, December 2021.

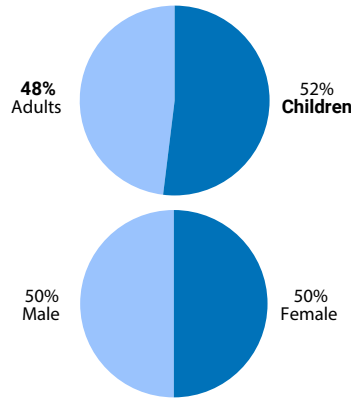
249 Ibid. Challenges to afford basic needs in the 3 months prior to data collection.

Part IV: Additional Analysis: Situation of Syrian Refugees in Lebanon

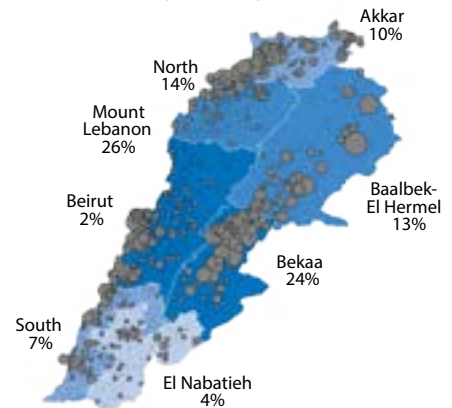
Please see the [Lebanon Crisis Response Plan 2022-2023](#) for a situation analysis of the impact of the Syria crisis on Lebanon and the needs of affected people across refugee populations and the host community.

Eleven years since the beginning of the crisis in Syria, Lebanon remains host to the largest number of refugees per capita in the world, including an estimated 1.5 million Syrian refugees, 15,800 refugees of other nationalities, mainly Iraqis, as well as 257,000 Palestine Refugees, Palestinian refugees from Syria and other UNRWA eligible persons.

Demographics



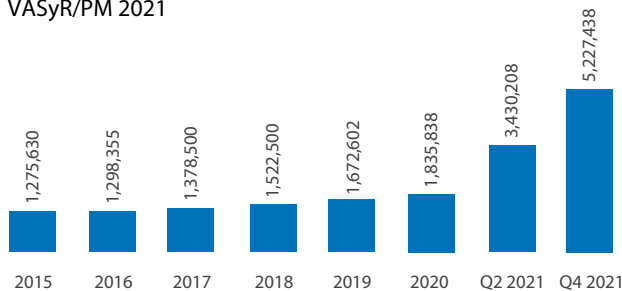
Concentration of refugees
1.5 million Syrian refugees



Following a decision by the government, UNHCR suspended all new registration of Syrians in early 2015.

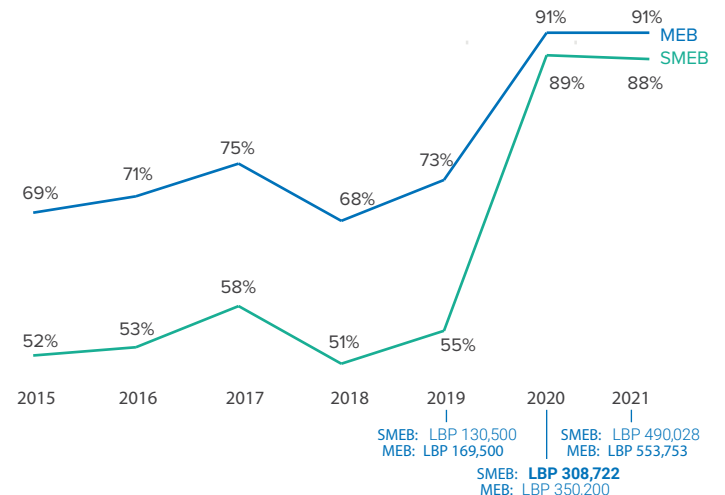
The situation of Syrian refugees continues to worsen as Lebanon faces a compounded socio-economic, political and public health crisis. With the currency depreciation, price spikes, and subsidy removals, nine out of 10 Syrian refugee households were not able to afford essential goods and services that ensure minimum living standards, despite increasing support. Households continued to resort to negative coping strategies to survive, such as begging, borrowing money, not sending their children to school, reducing health expenses, or not paying rent. In 2021, more family members took poorly paid or high-risk jobs, or extra shifts to make the same income that households made in 2020 while remaining heavily dependent on assistance. These coping strategies negatively affect resilience and the capacity to generate income in the future, making refugee families more vulnerable to food insecurity and more dependant on assistance. As the situation has become more protracted and refugees have had limited possibilities to earn a stable income, households have accrued debts and gradually reduced expenditures on rent, food, medical care and other basic needs.

Average Debt (in LBP) - for households with debt | VASyR/PM 2021



As per recent studies, 92% of Syrian refugee households are in **debt** (VASyR 2021), owed to landlords, shop owners and people in the community. Coupled with diminishing income-generating opportunities, the ability of refugees to repay debt has been reduced, exposing refugees to risks such as exploitation from landlords and other creditors. In 2021, even with more Syrian refugees working, the amount of income that the household gains from employment is still only 1/5th of the SMEB. Humanitarian assistance remains the main income source.

Percentage of households under the MEB and SMEB | VASyR 2021



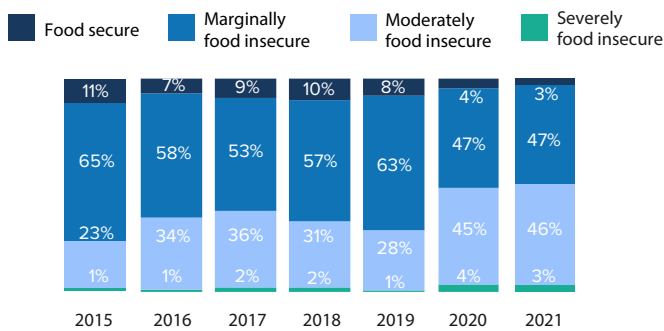
The 2014 (Survival) Minimum Expenditure Baskets (S/MEB) were revised in 2021 to account for the surge in food and non-food prices due to the inflation, and current minimum survival needs of a refugee household.

The average market rate during the time of the VASyR data collection in 2021 registered at 16,078LBP to the USD. source: www.lirarate.org

The cost of SMEB continued to increase in 2021 to reach 1,056,711 LBP per capita by December 2021, more than double the value registered during the data collection of the VASyR in June/July 2021.

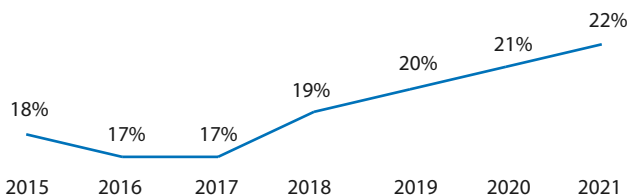
In 2021, half of the Syrian refugee families were food insecure.

Food security trends | VASyR 2021



During 2020, extreme **poverty** among the Syrian refugees rose to 89% below the Survival Minimum Expenditure basket (SMEB), up from 55% in 2019, due to the loss of incomes and inflation, accelerated by the economic crisis and the COVID-19 situation.

% of population in informal settlements | VASyR 2021

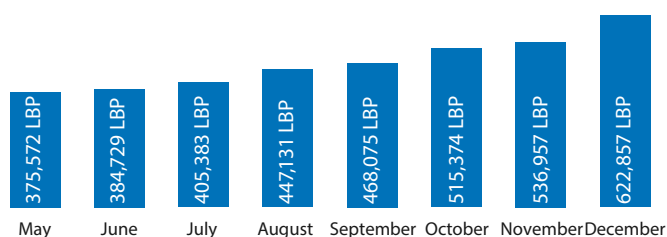


Access to basic services and protection

More Syrian refugee families have moved to **informal settlements** from better-quality accommodation since 2017, to reduce their rental costs and stay closer to relatives. While still offering the lowest-cost accommodation, the monthly rent for a tent in an informal settlement continued to increase.

Overall, 57% of Syrian households in 2021 were living in **shelters** that were either overcrowded, had conditions below humanitarian standards and/or were in danger of collapse.¹ **Evictions threats** have been on the rise, in particular for Syrians living in informal settlements. Through the VASyR, some 5% of Syrian refugee households reported having been living under an eviction notice. Key informants have revealed that landlords are increasing rent due to rumours of refugees receiving high rates of assistance or myths of US dollar disbursements, which further exacerbates the capacity of refugees to afford rent. According to UNHCR protection monitoring, by the end of 2021, 12,231 people were under threat of **collective eviction**.

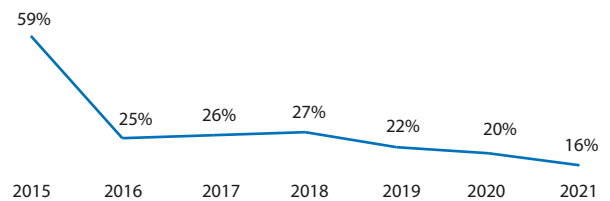
Rent increase in 2021 (UNHCR – protection monitoring)



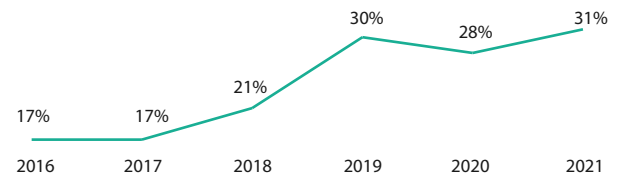
Half (49%) of households in informal settlements got their **drinking water** from tanks or trucks provided by the UN, NGOs or private providers. In August 2021 at the peak of the energy crisis, 23% of respondents to water sector partners rated their access to clean water as 'very poor', up from 5% in April, and 62% rated the quality of water services as 'poor' or worse.

¹The Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) analyses a representative sample of the Syrian refugee population in Lebanon (over 5,000 households in 2021, equivalent to 25,655

% of Syrian refugees above 15 years with legal residency | VASyR 2021

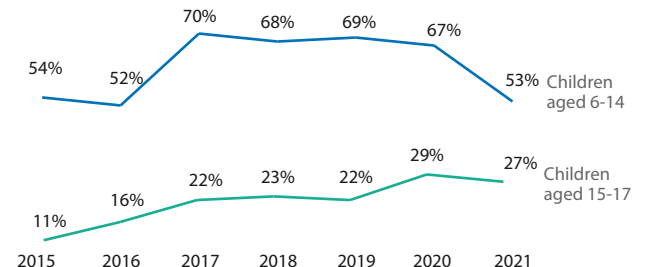


% of Syrian refugee children born in Lebanon with births registered | VASyR 2021



The socioeconomic situation of the refugees has also affected their capacity to prioritize fees for **legal residency and civil documentation**. While some fees have been waived over the years, most of the refugees still need to pay for basic documents. Lack of legal residency restricts refugees' movement, access basic services and jobs. In 2021, just 16% of Syrians over the age of 15 held legal residency, with rates 4% lower for women than for men.

% of refugees enrolled in (2015-2020) and attending (2021) formal education | VASyR 2021

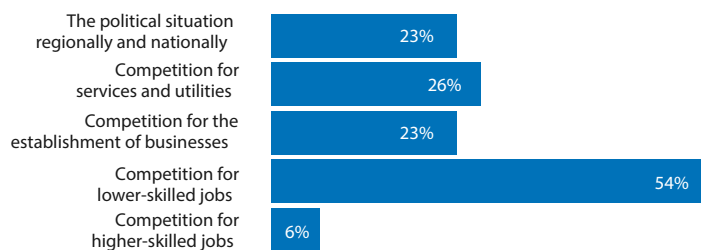


According to 2020/21 enrolment figures by the Ministry of Education and Higher Education, at least 440,000 non-Lebanese boys and girls between 3 and 18 years of age were **out of school**. The 2021 VASyR found that among Syrian refugees, the rates of participation in organized learning for children aged 3-5 years and attendance rates in primary schools for children aged 6-14 years decreased by 5 per cent and 14 per cent respectively, compared to 2020. Aside from the impact of COVID-19, the costs of education material and transportation remained the most prominent reasons as to why refugee children did not attend the school year 2020-2021.

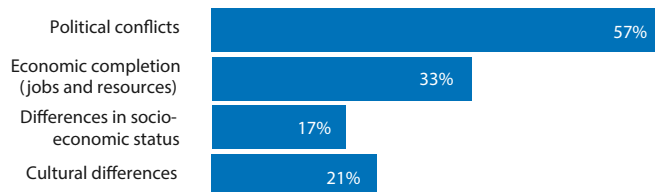
In December 2021, the regular UNDP-ARK perceptions survey found that dissatisfaction with **health services** rose to exceed those observed in any previous wave, including at the height of the COVID-19 outbreak, with 65 per cent of Lebanese and Syrian respondents assessing the current quality of health services as 'poor' or worse. The VASyR found that 59 per cent of Syrian households reported having a member that required medications in the last 3 months, with 57 per cent of these households unable to find all the drugs they needed.

Increasing tensions, incidents and violence

Main drivers of inter-communal tensions



Main drivers of Intra-Lebanese tensions



Inter-communal tensions in Lebanon continued along a negative trajectory during 2021. In December 2021, through the regular UNDP-ARK perception survey, 39 per cent of Lebanese and Syrian respondents reported negative relations, an increase from 24 per cent in January 2021 and the highest proportion since the monitoring began in 2017. The main cause of inter-communal tensions remains economic vulnerability in a context where people’s perception of others receiving more support than them is high, where one-fifth of the population have at least one individual in their household who has lost his or her source of income due to the crisis.²

Intra-communal relations are also at an all-time low, with 51% of Lebanese respondents now describing relations between Lebanese communities as negative (as compared to 3 % in 2018). The main drivers of intra-Lebanese tensions are political differences and socio-economic status. Tensions are increasingly manifesting into various incidents including clashes, violence, theft, and vigilantism.

Monitoring and field reports show growing tensions and hate speech on social media. Anti-refugee sentiments are increasingly manifesting with inflammatory messages being shared on WhatsApp and Facebook.² There is a significant risk that further deterioration of relations between host communities and refugees could result in a shrinking of the protection space for refugees with increased harassment and violence, including against women and girls.

²UNDP-ARK (2021). Perception Survey Wave XII, December 2021.

³Tensions monitoring and LCRP partners’ field reports’



© UNHCR/Diego Ibarra Sánchez, Syrian refugee, Bodour al-Qader, fled Homs in 2012, married a divorced Syrian and is stepmother to his four children in Tripoli, Lebanon. Before the economic crisis worsened, her husband was able to work a couple of days a week, but now they rely on humanitarian aid and haven’t been able to pay the rent in months.

Part V: Technical Annexes

5.1. Data Sources

This section provides an overview of the data sources used for the setup of the humanitarian profile in Lebanon for the three population groups assessed through the multi-sectoral needs assessment (MSNA), and a brief overview of the main data sources used to estimate the number of people in need (PIN) and severity of needs.

Demographic data sources

- Lebanese: 3.86 M (excluding people living in non-residential units, such as army barracks, refugee camps and adjacent gatherings, and informal settlements) Labour Force and Household Living Conditions Survey (LFHLCS), 2018–2019, Central Administration of Statistics (CAS) and International Labour Organization (ILO)
- Palestine Refugees in Lebanon (PRL): 180,000, UNRWA Lebanese Palestinian Dialogue Committee: Population and Housing Census in Palestinian Camps and Gatherings 2017, CAS and Palestinian Bureau of Statistics (PCBS) x 3.1974 (as growth rate from July 2017)
- Palestine Refugees from Syria (PRS): 27,700 UNRWA 2020 estimates based on registration data.
- Migrants: 207,696 IOM, Migrant Presence Monitoring (MPM) Baseline Assessment, Round 1, August 2021 (report here); MoL work permits data (2020); and Multi-Sector Needs Assessment (MSNA), December 2021, age-disaggregated data (weighted, combined governorates)
- 80-84, 85 and above (source: LFHLCS, 2018–2019 (CAS, ILO)).
- PRL: Gender and year interval counts of 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85 and above (source: UNRWA, CAS and PCBS)
- Migrants: Gender and year interval counts of 0-4, 5-14, 15-17, 18-59, 60+ (source: IOM MPM Baseline Assessment Round 1, MoL work permits data (2020), MSNA 2021 age-disaggregated data (weighted, combined governorates))
- National male and female ratio of 48.4 per cent to 51.6 per cent (source: Labour Force and Household Living Conditions Survey (LFHLCS) 2018–2019 (CAS, ILO))
- Disability profile: 2021 MSNA provided a percentage estimate based on considering “difficulty” or “cannot do at all” in at least one domain (seeing, walking, hearing, etc) as cut off point for disability, in line with the Washington Group Analytical Guidance here. When prevalence could not be determined, global average of 15 per cent was considered.

Key needs assessments used to estimate intersectoral PIN and severity:

- Multi-Sector Needs Assessments (MSNA), Round 1: In 2021, following a request from the HCT, OCHA and REACH Initiative coordinated the first MSNA with humanitarian partners in Lebanon. The MSNA was designed to provide evidence on humanitarian needs and inform strategic response planning and support prioritization. The MSNA is funded by the European Civil Protection and Humanitarian Aid Operations (DG-ECHO) and the Lebanese Humanitarian Fund (LHF), in collaboration and coordination with the United-Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA), the International Organization for Migration (IOM), and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). The assessment planning and the MSNA questionnaire was developed jointly with sectors as well as technical and thematic working

Household population size

- Lebanese: Average of 4 members per household (source: LFHLCS, 2018–2019, CAS & ILO, corroborated by MSNA, December 2021)
- PRL: Average of 4 members per household (source: MSNA, December 2021)
- Migrants: Average of 2 members per household (source: MSNA, December 2021)

Sex, Age and Disability profile:

- Lebanese: Gender and age interval counts of 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79,

groups (e.g., MSNA WG). UN Women provided technical assistance throughout the assessment to ensure the meaningful attention to and integration of gender equality and social inclusion issues. The data collection was coordinated by REACH Initiative and took place from mid-October 2021 until early December 2021 with support of twelve local and international NGO partners and UN agencies, including: IMPACT Initiatives, the International Organisation for Migrations (IOM), Mercy Corps, Terre des Hommes Foundation (TdH), Akkar Network Development (AND), the Danish Refugee Council (DRC), International Rescue Committee (IRC), Intersos, Save the Children (SCI), the Norwegian Refugee Council (NRC), Humanité et Inclusion (HI) and Solidarités international (SI). Thirty-five female and twenty-four male REACH enumerators interviewed alongside partners' enumerators, 5,613 affected households in 24 out of a total 26 districts in Lebanon, including 4,232 Lebanese households, 668 PRL households and 713 Migrant households. Most teams were formed of one male and one female enumerator. More info [here](#)

- Standardized Monitoring Assessment for Relief and Transition Method (SMART): The Lebanon Anthropometric Nutrition Survey was conducted by the Ministry of Public Health, with the support of the Nutrition Sector led by UNICEF and Action Against Hunger (AAH) and supported by FAO,

WHO, UNHCR, UNRWA, WFP, IOCC, Mercy USA, and Save the Children. The survey took place between August and September 2021. The survey involved ten sub-national surveys - eight surveys collected data from Lebanese at Governorates level and two surveys collected data from refugee sub-populations (Palestinians in camps and Syrians in refugee settlements). In this survey, a weighted sample of 3,558 children under the age of five and 9,214 women of reproductive age were surveyed from 853 clusters. Of the total 3,558 children and 9,214 women surveyed, 80 per cent were Lebanese and another 20 per cent were Palestinians in camps and Syrians in informal settlements. More info [here](#).

- Lebanon m-VAM Vulnerability and Food Security Assessment: This is a jointly conducted countrywide survey of WFP Lebanon and the World Bank (WB), involving remote data collection through phone surveys to gather specific household-level information on the food security, vulnerability, and livelihood situation of the Lebanese population. It involved three rounds of quarterly data collection between May and December 2021 covering the eight governorates of Lebanon.
- MOPH: MoPH data was processed by the Health Cluster who provided aggregated data and severity scores to OCHA and REACH to enable PIN estimations.

5.2. Methodology

The joint inter-sectoral analysis compiled in this document aims to provide actionable insights for decision-making and prioritized response planning related to emerging humanitarian needs in the country.

A secondary data review conducted in early 2021 pointed to emerging critical humanitarian needs among Lebanese-nationals and migrant communities, population groups traditionally not covered by other response frameworks. In March 2021, the HCT tasked the EOC to undertake a Multi-Sectoral Needs Analysis (MSNA) to determine with more accuracy the increasing needs of vulnerable populations in the country.

The MSNA focused on the humanitarian needs Lebanese, migrants and Palestine refugees in Lebanon (PRL) as their specific needs have not been comprehensively captured through existing

assessments. The analysis is therefore complementary to the analysis of needs of Syrian refugees and host communities conducted in 2021 to inform the Lebanon Crisis Response Plan for 2022-2023.¹

To analyze the scale and severity of the humanitarian needs of these three population groups across the country, the humanitarian community in Lebanon relied on the comprehensive nationwide Multi-Sector Needs Assessment (MSNA) and sectors' specific assessments, such as m-VAM Vulnerability and Food Security Assessment for food needs, SMART surveys for nutrition and MOPH for health needs.

To support humanitarian actors to make sense of information from multiple data sources of different quality and coverage, the Lebanon operation relied on the Joint Intersectoral Analysis Framework,² a globally

¹ Situation Analysis The full 2022 LCRP can be downloaded [here](#).

² More info here: <https://www.jiaf.info/> and here: https://assessments.hpc.tools/knowledge-management/km_hpc_document_repository/3ba02ee2-9e9b-482d-ac69-e842051c21f8?page=0. JIAF Guide is available here: <https://assessments.hpc.tools/km/2022-jiaf-guidance>

agreed approach for structuring analysis and jointly interpreting results.

Intersectoral severity and PiN estimation

To calculate the severity and PiN, the analysis team built the intersectoral model in December 2022 inclusive of twenty-two core needs assessment indicators representing the various sectors. The indicator thresholds per severity phase were determined by the sectors in line with global standards and contextualized to Lebanon. The Scenario B was applied in line with JIAF guidance given that more than two household level data sets were utilized to populate the analytical framework. The resulting model was used to estimate the severity of the 24 districts out of 26 districts for which the data was available. A preliminary intersectoral PiN was calculated based on the severity phase in each geographical area based on the JIAF “25 per cent rule”. Following this, the maximum intersectoral PiN was calculated by summing the percentage of the population falling in the ‘severe’, ‘extreme’ and ‘catastrophic’ (severity 3,4 and 5). The maximum PiN was used as

a benchmark to ensure that sectoral PiNs did not exceed this maximum. In parallel, sectoral PiNs were calculated by each sector using their different sectoral methodologies. In cases (one sector in one district) where sectors exceeded the maximum intersectoral PiN, justification was requested from the sector.

The estimation of the final intersectoral PiN, including adjustments based on maximum sectoral PiN, was discussed by subject-matter experts who compared the maximum intersectoral PiN with maximum sectoral PiN by agreed geographic area (district for Lebanese, combined Governorate level for migrants and PRL).

The severity map was obtained by summing severities across the twenty-two intersectoral indicators, where the severity was 3 or above.

Sectoral severity and PiN estimation

In parallel, following the global clusters' methodology, the sectors calculated the sectoral severity and PiN using multiple sources of data, including MSNA 2021, FSM, MoPH and SMART survey.



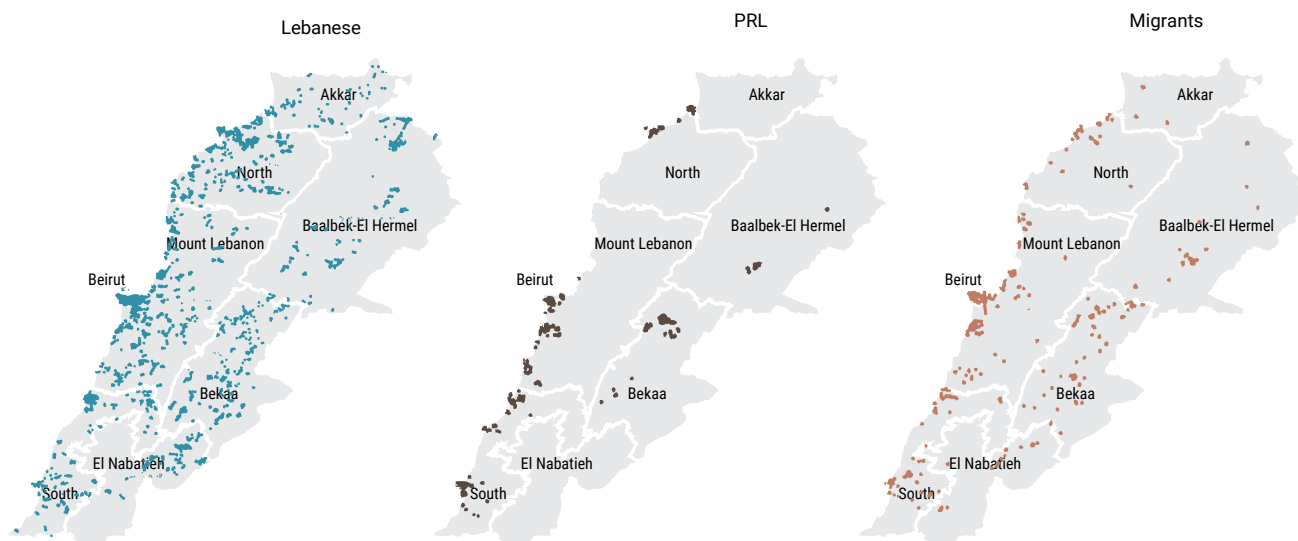
©UNOCHA/Joseph Matar- Visit to ANERA, a Lebanon Humanitarian Fund's partner in collaboration with the schools of association of Islamic Charitable projects, Beirut – March 2022.

5.3. Information Gaps and Limitations

Estimation of PiN and severity must consider the limitations of both the MSNA as the key data source utilized for the joint analysis, as well as the limitations of the SMART, FSM and MOPH data and other sectoral data.

Sampling and Disaggregation

- To maintain a feasible data collection process with statistically representative findings, two sampling strata were considered: population groups of concern (Lebanese, Migrants and PRL) and geography (district for Lebanese and combined governorate level for PRL and migrants).
- For Lebanese households a 2-stage random clustered sampling was applied, and findings are representative at district level, with a level of confidence of 95 per cent and margin of error of 10 per cent. Information can be generalized for the whole population group in the covered districts.
- For migrant households an indicative snowball sampling was utilized, and findings are indicative at combined governorate level. Information cannot be generalized for the whole population group.
- For PRL households, two different sampling strategies were implemented: for PRL living in camps and in adjacent gatherings, a random sampling was applied, with level of confidence 90 per cent and margin of error of 11 per cent. For all accessible camps and adjacent gatherings data is representative governorate level. For PRL living outside of camps, indicative snowball sampling was applied, and data is indicative at governorate level. PRL findings cannot be generalized for the whole population group.
- The MSNA sampling method for two strata, namely the division of population by status and by geography, may result in specific needs of some smaller groups (e.g., subset of Lebanese living with disability, PRL female-headed households living with disability) to be under- or over-represented.
- Results disaggregated by gender or age, and results related to a subset of the overall population (e.g., only those who answered 'yes' or 'no' to a certain question) are to be considered indicative as they are likely to have a lower precision. Data allows for further understanding of how gender identity, gender roles and power dynamics in the households affect households and individuals' situation and can be used to inform on overall trends but should be used cautiously for prevalence and should not be extrapolated to represent the views/needs of the entire population.
- Some of the FSM, MOPH and SMART data on Lebanese was not available at district level. Findings were extrapolated from governorate level to district level for the purpose of assigning severity and estimating PIN. Additionally, FSM, MOPH and SMART do not have disaggregated data for the migrant population group. Migrant trends were extrapolated from the general data set. Specifically, some MoPH data is only available at the governorate ('*mohafaza*') level rather than district. Therefore, severity calculations were conducted at the governorate level and applied across the entirety of the districts within the governorate with some adjustments to the weight of these specific indicators. This approach is



limiting the precision and ability of those indicators to provide distinction.

Potential Biases

- Some migrant respondents, particularly women domestic workers, responded to the survey in the presence of their employers, which could have affected the results.
- The MSNA data on migrants is indicative of certain trends but it is not representative of the entire migrant community residing in Lebanon. Access limitations precluded the surveying of several areas with migrants' presence, while snowball sampling increased the risk of overrepresentation of certain nationalities. Similarly, homeless migrants and live-in migrant domestic workers are more difficult to identify and reach, therefore data is more limited regarding their specific needs.
- MSNA enumerators received a disproportional amount of survey refusals in high-income areas. This might have had an impact on the overall MSNA results, through a potential overrepresentation of low- and medium-income households in the high-income areas.
- Several MSNA indicators received a high number of "do not know" answers, which may indicate a limited understanding of these questions, and decreases the representativeness of the overall findings.
- MSNA findings are based on self-reported information, meaning that information obtained on some sensitive topics (e.g., validity of work permits or other IDs, or psychosocial needs) is likely to be underestimated.
- MSNA has reached a good gender balance both in terms of survey respondents and enumerators. Among MSNA survey respondents, 47 per cent were female and 53 per cent were male, irrespective of whether they identified themselves as the head of the household or not. The exercise included 35 female and 24 male REACH enumerators, with a female enumerator present in eighty-five percent of the surveys.
- MSNA is conducted at household level, including for the individual level dataset. Survey respondents reply on behalf of their family or a specific individual, but they are often the physically and mentally healthy individuals, meaning that there is a risk that the specific experiences of children, older people, sick people or people with disabilities is not fully or accurately captured. Household-level information is also limited in terms of analysis on gender differences.
- The UN Women-led gender analysis was disaggregated at the individual level in the

following areas: demographic data, disability status, nutrition and food consumption, education, and labour force participation and unemployment. All other gender findings were based on the head of households. Gender findings by the head of household are available for the following areas: health, hygiene, safety and security, aid and accountability, food security, debt, shelter and energy. Gender disaggregation by the head of household only allows for a limited understanding gender identity, gender roles and power dynamics in the households affect households and individuals' situations in different sectors.

Timeline

- MSNA, FSM, MOPH and SMART data was collected at different timeframes, different geographical levels and unit of analysis. The findings represent snapshot of the situation at a given time.

Geographic Gaps

- High levels of insecurity and complex logistics hampered primary data collection in Bent Jbeil and El Nabatieh districts (El Nabatieh governorate). For these two districts, the intersectoral analysis relied on available sectoral data.
- The MSNA teams could not access Dahiyeh area in Baabda district (Mount Lebanon governorate) due to security reasons; the sample size target was met for the district, although excluding households from this area. MSNA data in Baabda district is therefore representative of the situation of Lebanese households living outside of Dahiyeh area.

Gaps in population groups or sub-groups

- The MSNA focused on population groups that were not already covered by other assessments and is not assessing the needs of the Syrian refugees. A limited comparative analysis is therefore possible among Lebanese, migrants and PRL but a comparative analysis between these three groups and other population groups will have to be caveated accordingly.
- The MSNA surveyed a near-equal number of male and female respondents however it did not include respondents of diverse genders, including gender non-binary persons and transgender individuals.
- While the MSNA was not able to capture sufficient data on LGBTIQ+ head-households or households with LGBTIQ+ persons to be reliable, and given the protection risks and complexities of conducting assessments with this population, these results

should not be interpreted to suggest they do not exist or that these groups do not have specific and diverse vulnerabilities in Lebanon

Thematic gaps

- Child Protection: lacking comprehensive studies and assessments at the national level to better understand the magnitude and drivers of child protection needs, specifically on emerging new trends such as child labour and child marriage.
- Gender-based Violence: While important assessments have been conducted by several organizations and have been crucial to expanding the knowledge base on the needs of people with diverse SOGIESC, there is a need to better understand the needs of people with diverse SOGIESC, particularly the needs of LGBTIQ+ youth and children and those living outside of the greater Beirut area. Limited up-to-date information is available about GBV specifically towards people with disabilities and older women across nationalities especially in remote areas of the country.
- Education: lacking information on barriers in the supply side of education (e.g. situation of the schools, teachers' supply and well-being, administrative barriers to access education). These barriers are important contributors to limited access of children to education but cannot be captured through household level assessments.
- Health: Many of the health sector indicators reflect global health emergency standards which define the minimum number of health resources required per population. Therefore, the accuracy of population data is critical to produce accurate results. Current population data sets utilized for this exercise are derived from a variety of sources compiled between 2017 and 2021 which are not reflecting recent immigration and emigration trends or recent COVID-19 deaths. Additionally, the COVID-19 pandemic has disrupted routine data collection and surveillance and some of the data may be outdated (e.g. routine vaccination coverage and number of health workers).
- Nutrition: Although the national SMART survey 2021 has provided fresh evidence on anthropometric and Infant and Young Child Feeding (IYCF) indicators in Lebanon, more detailed insight into the micronutrient deficiencies is required given the high prevalence of anemia reported among women and children. To address this data gap, the secured funds for a SMART survey for 2022 will be redirected to partially fund a national micronutrient survey across Lebanon; a first of its kind undertaken. In addition to obtain a deeper understanding of nutritional deprivations and the underlying causes of malnutrition, needed secondary analysis of the SMART survey will be undertaken.
- WASH: MSNA data was collected in November 2021 when WFP was conducting a major fuel support program to the national water establishments. At the same time, the vulnerability mapping exercise conducted by WASH partners has limited data on water supply. As a result, some of the WASH needs may be underestimated.
- Migrants Sector: see above



©UNOCHA/Joseph Matar – Beneficiaries of fresh food distribution of GVC and its partner Agriculture Cooperative MADA in Akkar Al Atika - Lebanon- 2022.

5.4. Intersectoral Analysis Framework

SECTOR			INDICATORS AND SOURCE		SEVERITY SCALE	
No.	Sector	Domain	Indicator	Data source	Minimal (1)	Stress (2)
1	AAP	Access to assistance	per cent of HHs reporting issues when accessing assistance in the past 3 months	MSNA	No issues reported when accessing assistance No assistance received / Have not tried to access	Issues related to lack of information : Did not understand application procedures / Did not know how to apply
2	Education	EDC Dropping out	per cent of HH counting children dropping out of school in the past school year (2020-2021)	MSNA	No HH has reported drop out	Less than 5 per cent of HH reported at least one school-aged child who dropped out
3	Education / Protection	Child Protection	per cent of HHs with children (4-14 years old) who labored outside or inside home during school year, disrupting consistently school attendance	MSNA	None reported	
4	Food security	Food Availability/ Access/ Utilization	per cent of HH with poor, borderline or acceptable food consumption score based on the food groups consumed over a recall period of 7 days	FSM	>42	
5	Food security	Food Access	Average Reduced Coping Strategies Index	FSM	0 to 3	4 to 18
6	Food security	Food Access	Livelihood coping strategy (food) - 30 day recall	FSM	No stress, crisis or emergency coping observed	Stress strategies
7	Health	Access to health	per cent of HH having access to primary health care within sixty minutes (one hour)'s walk from shelter	MSNA	> 95 per cent	>= 90 per cent & 95 per cent
8	Health	Access to health	per cent of individuals reporting they are unable to access health services when required	MSNA	Less than 20 per cent	
9	Health	Co-occurring factors	Maternal mortality ratio per 100,000 live births	MOPH	<15	
10	Health	Co-occurring factors	per cent of hospital admissions due to complications of hypertension and cardiovascular disease among all cause admissions	MOPH	<=1.5	>1.5 & <=2
11	Nutrition	Food consumption	Minimum Acceptable Diet in children 6 to 23 months	SMART	≥70 per cent	>40- <70 per cent
12	Nutrition	Food consumption	Minimum Dietary Diversity in children 6 to 23 months	SMART	≥70 per cent	>40- <70 per cent
13	Nutrition	Micronutrient deficiency	Prevalence of anemia Hb <11g/dl in children 6 - 59 months	SMART	<5 per cent	5-19.9 per cent
14	Protection	Washington group	per cent of the population identified as having disabilities	MSNA	All domain are no difficulties	No domain is a lot of difficulties or cannot do at all 1, 2 or 3 domains are some difficulties
15	Protection	GBV	per cent of households in which women and girls avoid areas because they feel unsafe there	MSNA	Women and girls do not avoid areas	Women and girls avoid one area because they feel unsafe

Severe (3)	Extreme (4)	Catastrophic (5)
Issues related to access : Residing in an inaccessible area (e.g. remote, insecure) / Residing in an area where providers do not operate / Denied as a result of political affiliation / Deemed ineligible or denied as a result of nationality / Lack of documentation		
Between 5 per cent and 15 per cent of HH reported at least one school-aged child who dropped out	More than 15 per cent and less than 25 per cent of HH reported at least one school-aged child who dropped out	25 per cent or more of HH reported at least one school-aged child who dropped out
<15 per cent of HH reported a child engaged in child labour	15-40 per cent of HH reported a child engaged in child labour	More than 40 per cent of HH reported a child engaged in child labour
>28-42	0-28	
≥ 19		
Crisis strategies	Emergency strategies	Near exhaustion of coping capacity
≥ 80 per cent & < 90 per cent	≥ 70 per cent & < 80 per cent	< 70 per cent
Between 20 per cent and less than 35 per cent	35 per cent and more	
≥15 to <30	≥30 to <45	≥45
>2 & ≤2.5	>2.5 & ≤3	>3
>20- ≤40 per cent	>10-≤20 per cent	≤10 per cent
>20- ≤40 per cent	>10-≤20 per cent	≤10 per cent
20-39.9 per cent	≥40 per cent	
No domain is cannot at all ; 1, 2, or 3 domains are a lot of difficulties OR no domain is a lot of difficulties or cannot do at all, at least 4 domains are some difficulties	1, 2, or 3 domains are cannot do at all OR at least 4 domains are a lot of difficulty	At least 4 domains are cannot do all
Women and girls avoid two areas because they feel unsafe	Women and girls avoid three areas because they feel unsafe	Women and girls avoid four or more area because they feel unsafe

SECTOR		INDICATORS AND SOURCE			SEVERITY SCALE	
No.	Sector	Domain	Indicator	Data source	Minimal (1)	Stress (2)
16	Protection	Documentation	per cent HH missing at least one individual document	MSNA	HH missing no individual document	No, at least one person does not have an ID in the household's possession
17	Shelter	SNFI	per cent of HHs whose dwelling enclosure provides adequate safety to the occupants, protection from exposure, and low risk of failure in predictable hazards	MSNA	Apartment House Room Concierge room / Hotel room AND One or two defects OR Apartment House Room Concierge room / Hotel room AND No defect	Apartment House Room Concierge room / Hotel room AND One or two defects OR construction site / Agriculture engine pump / factory / Farm / Garage / School / Shop / Warehouse / Workshop / Tent / Prefab unit AND No defect
18	Shelter / Protection	SNFI (HLP)	per cent of HHs reporting to access their housing / shelter with security tenure	MSNA	HH is owner or HH is renting and has a formal rent agreement AND No risks of eviction	Hosted without rent agreement, by employer or renting with informal verbal lease agreement AND No risk of eviction reported
19	WASH	Access to water	per cent of HHs reporting having access to sufficient quantity of water to cover transversal needs (drinking, cooking, personal hygiene, domestic use)	MSNA	Enough water for drinking, cooking, personal hygiene and other domestic purposes	Enough water for drinking AND cooking AND personal hygiene, BUT NOT for other domestic purposes
20	WASH	Sanitation	per cent of HHs reporting access to an improved sanitation facility	MSNA	Access to an improved and not shared sanitation facility AND safely disposed water in improved network / decentralised treatment / disposal	
21	WASH / Health	Hygiene	per cent of HHs reporting access to soap	MSNA	Yes	
22	WASH / Health	Hygiene	per cent of HHs reporting decreased usage of Hygiene Items in the last 30 days	MSNA	No	

Severe (3)	Extreme (4)	Catastrophic (5)
Yes, at least one person is missing an ID		
<p>Apartment / House /Room / Concierge room / Hotel room AND Three of the following : minor damages (windows / doors are not sealed to natural element) / Sanitation pipes not functional / Water pipes not functional / Latrine / toilet is not useable Bathing/washing facilities are not useable Electricity installation / connection are not adequately installed or not safe / Leakage / rottenness in the walls / floors / Leaking roof / Damaged walls</p> <p>OR construction site / Agriculture engine pump / factory / Farm / Garage / School / Shop / Warehouse / Workshop / Tent / Prefab unit AND one of the quoted problems</p>	<p>Any type of shelter AND Damaged columns Damaged roof Shelter collapsed or partially collapsed</p>	No shelter
<p>Hosted with or without rent agreement, by employer or informal verbal lease agreement AND Risk of eviction reported</p>	No occupancy agreement / squatting / squatting without host' permission / seizure process	
Enough water for drinking AND EITHER cooking OR personal hygiene	Enough water for drinking BUT NOT for cooking AND personal hygiene	Not enough water for drinking
Access to an improved and shared sanitation facility	<p>Access to an unimproved sanitation facility OR not safely disposed water : a hand dug hole in the ground / it drains into an open area outside of the shelter and remains stagnant</p>	Open defecation
No		
Yes		