FACTSHEET

Multi-Sectoral Needs Assessment PRL Households in Lebanon

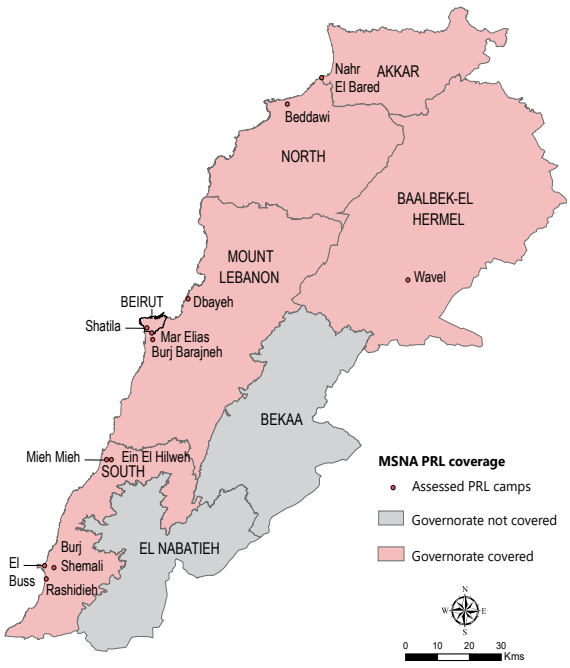
March, 2023
Lebanon

CONTEXT & RATIONALE

Lebanon grapples with a severe economic crisis, plunging over 80% of its population into poverty. This situation has not only profoundly impacted the local population, but has also significantly affected other vulnerable groups. **In-camp Palestinian refugees in Lebanon (PRLs) face significant challenges in accessing basic services and meeting essential needs.** They face legal restrictions, and economic hardships worsened by the country's economic crisis, and rely on humanitarian assistance for their basic needs.

Recognizing the need for up-to-date and evidence-based information to guide assistance, REACH, in collaboration with the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA), conducted a Multi-Sector Needs Assessment (MSNA), funded by the European Civil Protection and Humanitarian Aid Operations unit (DG-ECHO), the Lebanese Humanitarian Fund (LHF) and the Global Bureau for Humanitarian Assistance (BHA). By offering unique insights on the needs of three population groups, the MSNA supplements data provided by other assessments such as Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR), focusing on Syrians, the ARK-UNDP Regular Perception Surveys on Social Tensions, and the Lebanon Vulnerability Assessment Panel (LVAP), which concentrates on poverty and food security. When analyzed jointly with other assessments, it provides a comprehensive overview of the humanitarian situation in Lebanon.

COVERAGE



METHODOLOGY

The MSNA data collection occurred between **July 24th and September 6th 2023**, targeting three population groups: Lebanese, Palestinian refugees in Lebanon (PRL), and migrant households (HHs) across the country. The assessment differentiated between live-in (those residing with their employer) and live-out (those with separate housing arrangements) migrant populations, acknowledging the unique challenges each group faces.
This factsheet presents findings for in-camp PRL HHs.

PRL HHs were selected through a two-stage, stratified sampling method using 2017 population data from the Palestinian Camps and Gatherings Census. The goal was to obtain statistically representative findings at both camp and governorate levels, ensuring a 95% confidence level with a 10% margin of error at the camp level and a 95% confidence level with a 9% margin of error at the governorate level. **A total of 1,157 surveys were conducted** in the 12 PRL camps in Lebanon, located across 6 governorates.

LIMITATIONS

- Individual-level findings should be regarded as indicative only since information was reported by the head of household during the interviews.
- For some findings, when the subsample is less than 30, findings are to be considered indicative.
- Incidents during data collection in Mieh Mieh camp, including clashes and UNRWA school closures, may introduce bias in the Food Consumption Score (FCS) due to hot meal distributions and in school attendance records, respectively.
- Due to clashes, 12 interviews in Mieh Mieh camp were conducted remotely but following the same methodology.

Demography of HH members*

Female (51%)	Age	Male (49%)
7%	60+	7%
34%	18-59	30%
8%	6-17	9%
2%	0-5	3%

*For some sections, respondents were asked to answer questions repeatedly about each member of their household. Including respondents, there were 3,579 PRL HHs members covered by the assessment.

Average HH size: 3.4

41% of HHs were with at least one child below 18 years

34% of HHs were with at least one person above 60 years

21% of HHs were with at least one person with disability

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For further details on the methodology, please refer to the ToR

REACH Informing more effective humanitarian action

Summary of key findings

LIVELIHOODS AND FOOD SECURITY

Employment. According to The United Nations Relief and Works Agency for Palestine Refugees (UNRWA)[1], as of March 2023, 80% of Palestinian refugees in Lebanon were living below the national poverty line, this situation is attributed to longstanding challenges, including structural barriers to employment and property ownership. The recent economic crisis in Lebanon has exacerbated their situation, making it difficult for them to accumulate wealth or access middle-class job opportunities, aside from the limited employment options provided by UNRWA. Indeed, findings from the MSNA indicate a persistently high unemployment rate among the PRL population in Lebanon. As per the MSNA findings, 72% of individuals aged 15 years or older reported being unemployed, indicating that they did not engage in any income-generating activities in the seven days preceding the data collection. Twenty-four percent (24%) were reported to be working for someone else for pay during the same period, compared to 21% in 2022. Additionally, 4% were involved in other income-generating activities such as farming or assisting in family businesses, a decrease from 6% in 2022. Among the unemployed individuals, 17% reported actively seeking work in the month preceding the data collection, a notable increase from 9% in 2022. Moreover, unemployment was found to be more prevalent among women, with only 13% of PRL females reportedly working for someone else for pay, compared to 43% of males. This is in line with the World Economic Forum Gender Gap Report, positioning Lebanon as the country with one of the highest gender gaps in the world. The labor force participation rate was reported to be at 21% for females and 79% for males, indicating significant gender imbalances in the workforce[2]. The primary barriers to employment were similar to 2022, with increased competition and not enough jobs being the most frequently cited concerns for both genders.

Income, debt and coping mechanisms. A significant proportion of PRL HHs reported very low incomes in the 30 days preceding data collection, with an average total income of 313 USD. Although there was a slight increase in salaries, with 13% of HHs reporting monthly incomes of less than 100 USD, down from 30% in 2022, average debt levels increased considerably in 2023 to over 411 USD, compared to around 120 USD in the previous year. Despite the increase in the amount of debt, fewer HHs reported being in debt in 2023 (10%) compared to 2022 (46%). The primary reasons for taking on debt remained similar, with a significant portion going towards purchasing food (66%) and covering healthcare expenses (31%), highlighting ongoing challenges in meeting essential needs. It's important to note that the Food Minimum Basket Expenditure (MEB) in Lebanese Pound (LBP) increased significantly, by 47 percent between January and February 2023, indicating a notable rise in the cost of food items within a short period[3]. This increase in the MEB reflects the broader trend of escalating prices for essential goods, which could further contribute to the financial pressure experienced by households and potentially lead to higher levels of debt.

Food Security. Food security remained a top priority for most PRL HHs, with 64% identifying it as their primary need. One in ten assessed HHs were categorized as either "borderline" (20%) or "poor" (9%) in terms of Food Consumption Scores. Furthermore, varying degrees of hunger were identified among households, including 8% reporting moderate hunger based on the Household Hunger Scale. In 2022, half of HHs fell into the "borderline" (29%) or "poor" (27%) categories. According to the 2023 Integrated Phase Classification (IPC) report, an estimated 30% of the PRL population, equivalent to about 54,000 people, are in IPC Phase 3 (Crisis) or above, underscoring the severity of the food security situation[3]. The majority of HHs (62%) reported utilizing at least one negative food coping strategy to manage food shortages or financial constraints. These strategies included relying on less preferred or less expensive food (67%), limiting portion sizes (42%), and reducing the number of meals consumed per day (94%).

SHELTER

Shelter types and occupancy arrangements. Ninety-eight percent (98%) of PRL HHs reported living in residential shelters. Among them, 19% reported living in rented shelters, consistent with the figures from 2022. Of these HHs, 97% paid their rent in USD, while the remaining 3% paid in LBP. Thirty-eight percent (38%) of HHs reported experiencing a change in their rent in the year leading up to the data collection, with all of them reporting an increase. The average increase reported was $41.

Housing, land, and property (HLP) issues. Seventy-nine percent (79%) of HHs reported no issues related to housing, land, and property, slightly lower than the percentage reported in 2022 (81%). Among the 21% who reported problems related to HLP, 4% experienced a regular increase in rent, while another 3% faced issues with unlawful/secondary/informal occupation.

Shelter issues. Forty-two percent (42%) of HHs reported encountering at least one enclosure issue, a slight decrease from 2022 when 50% reported issues with their shelter. Among HHs experiencing at least one enclosure issue, the most commonly reported damages were a damaged roof (21%) and damaged walls (16%). In the MSNA 2022, the most frequently reported damages were a leaking roof (31%), followed by a lack of insulation from the cold (22%).

Living functionality. Eighty percent of HHs (80%) were found to be residing in functional domestic environments, equipped for essential activities such as cooking, sleeping, storage, and access to electricity. Among the 20% of HHs residing in non-functional domestic spaces, key challenges were identified. These included inadequate electricity supply, reported by 15% of HHs, a lack of essential non-food items (NFI) for cooking, cited by 8% of HHs, and difficulties in safely storing food, reported by 6% of households.

[1] UNRWA Lebanon portal, accessible here

[2] WEF Global Gender Gap Report 2023, accessible here

[3] Integrated Phase Classification (IPC) Acute Food Insecurity Analysis October 2023 – September 2024 accessible here

Summary of key findings

WATER, SANITATION AND HYGIENE

Main water sources. Main sources of water varied among HHs, with close to half (48%) relying on water piped into their dwellings as their primary source of drinking water, followed by bottled water (45%, including water refilling kiosks/shops). This represents a shift from the findings of MSNA 2022, where only 25% reported piped water connections as their main source of drinking water. Additionally, as in 2022, less than 1% of HHs relied on unimproved water sources. The dependence on bottled water poses a significant financial burden for HHs, especially considering the notable price increases observed in Lebanon. From January 2021 to September 2023, the average price of bottled water experienced a substantial 16% increase in USD value and a staggering 2598% increase in Lebanese pound (LBP) value.[4]
Twenty seven percent (27%) of PRL HHs reported the need to collect water for drinking, requiring an average of 9 minutes to fetch it. Among HHs not using bottled water as their primary drinking source, 23% reported treating water to ensure its safety for consumption, with the most common methods being filtration (51%), boiling (35%), or using bleach or chlorine (31%).

Water access and availability. Fifty percent (50%) of PRL HHs reported having access to a sufficient quantity of water to meet their various needs, including drinking, cooking, bathing, washing, and domestic use. However, 26% reported a lack of adequate water for personal hygiene, and 22% experienced shortages for drinking and cooking. Notably, there has been an increase from 9% to 22% in the percentage of HHs reporting insufficient drinking water between 2022 and 2023. Among HHs with an inadequate amount of water, 59% attributed it to non-functional water sources. In response to these challenges, HHs have resorted to negative coping mechanisms, with 35% relying on less preferred water sources for drinking and 20% reducing water consumption for other purposes.

Sanitation. Nearly all PRL HHs (99%) reported having access to functioning sanitation facilities. The most common type was flush/pour to a piped sewer system (85%), followed by flush/pour to a pit latrine (7%) and flush/pour to a septic tank (5%). Four per cent (4%) of HHs shared their sanitation facilities with others.
Seventy-six percent (76%) of HHs managed their wastewater safely, either through connections to communal lined drainage and sewage systems or through covered and lined septic tanks. In contrast, 3% of HHs reported using hand-dug holes in the ground for sanitation purposes.
Notably, among HHs with pit latrines or septic tanks, almost half (80%) reported having them emptied in the year prior to data collection.

Waste management. Seventy-one percent (71%) of HHs reported solid waste was collected on a regular basis in the area in the month prior to the data collection.

Hygiene. Ninety-five percent (95%) of PRL HHs reported good hygiene practices for hand washing, indicating the availability of hand-washing facilities with water and soap. Additionally, 19% of HHs reported difficulties in accessing non-food hygiene items (NFIs), representing an improvement from 33% reported in 2022. To address these challenges, HHs most commonly reported resorting to less preferred types of NFIs (11%).
Regarding access to menstrual materials, 12% of households with women of menstrual age (n=690) reported insufficient access due to high prices.

HEALTH

Health needs. According to UNRWA Protection Monitoring[5], despite UNRWA covering most secondary hospitalization costs, families found it increasingly challenging to afford their share due to the devaluation of the Lebanese lira. Hospitals also started imposing additional fees, exacerbating the strain on access to care. Consequently, there was a sharp rise in demand for UNRWA health facilities. The high cost of medications not covered by UNRWA, particularly for cancer treatment, added to the burden. Frustration over limited access to care sometimes led to the occupation or closure of healthcare centers and UNRWA offices. Twenty-seven percent (27%) of PRL individuals reported needing to access healthcare services in the 3 months prior to data collection. Among them, 12% were unable to obtain the care they needed. Primary health care (PHC) consultations were the most frequently reported PHC need, while hospital-based laboratory or diagnostic procedures and specialized services were the most frequently reported secondary health care (SHC) needs. Individuals most commonly sought help at UNRWA facilities.

Health barriers. The majority of households (95%) reported lacking any form of health insurance, a trend consistent with 2022. Consequently, the affordability of healthcare and medication remained a significant barrier to access, reflecting persistent challenges in 2022 and 2023. Moreover, 78% of households faced obstacles in accessing medication, primarily due to the cost (39%) and the unavailability of medication at pharmacies (34%).

ENERGY AND TELECOMMUNICATION

Energy. The majority of PRL HHs (79%) reported relying on the neighborhood generator as their primary source of electricity. The average number of hours per day during which HHs reportedly had access to electricity was nearly 17 hours, representing an increase from 14 hours in 2022.

Communication. Fifty-three percent of PRL HHs (53%) reported having voice, SMS, and Internet coverage, representing an increase from 45% in 2022.

[4] WASH Sector Dashboard Q3 2023
[5] UNRWA protection monitoring, 2022, here

Summary of key findings

PROTECTION

Documentation. Almost all PRL HHs (98%) reported that all HH members had ID documentation. When it comes to the marriage registration, among HHs married in Lebanon, 50% reported having their certificate registered with the Department for Political Affairs and Refugees (DPAR), while 40% reported having a contract from a religious authority. Concerning HHs married outside Lebanon (n=46), 29% had no marriage documents and 51% had a certificate from the country of origin or a family civil extract. Ninety-seven percent of PRL children were reported to have a birth certificate, with the majority (78%) registered with DPAR. However, for 20%, only a birth notification by a doctor or midwife was reported.

Safety and security concerns by area. Thirty-six percent (36%) of HHs reported that there were areas in their neighborhood where women and girls avoided due to feeling unsafe there, compared to 25% in 2022. Overall, darkened streets and markets were identified as the main locations of concern. Additionally, 18% of HHs reported that women and girls felt unsafe walking alone in their neighborhood, while 15% reported the same for men and boys.

Safety and security concerns. Fifty-seven percent (57%) of HHs reported at least one safety or security concern for women (compared to 52% in MSNA 2022), while 51% reported at least one safety or security concern for men (compared to 43% in 2022). Being robbed was the most reported risk for both men (37%) and women (36%). Additionally, 12% of HHs reported the risk of sexual harassment for women. According to the UNRWA Protection Brief[7] reports of violent incidents, including shootings and thefts, remained consistent, with notable incidents reported in Ein el Hilweh and Baalbek. Theft incidents, ranging from stolen solar panels to muggings, have contributed to a heightened sense of insecurity in various refugee camps. Palestinian Refugee women, particularly, express greater fear of being robbed compared to other groups, indicating pervasive safety concerns. These challenges stem from governance gaps, lack of judicial systems, and high levels of gender-based violence, exacerbating vulnerability within refugee communities.

Protection services. Forty-six percent (46%) of PRL HHs reported the availability of psychosocial support services, and 25% reported the availability of reproductive health services for women and girls in their areas. However, 42% of HHs reported a lack of awareness or availability of any support services for women and girls.

Child protection. Fifty-five percent (55%) of HHs reported safety and security concerns for girls, while 57% reported concerns for boys. Bullying was the most often reported concern, followed by being robbed. Alarmingly, 9% of HHs reported the risk of sexual harassment or violence for girls. Regarding child labor, 6% of HHs reported the presence of children engaged in child labor outside of the home in the 3 months prior to data collection, compared to 1% in 2022. Notably, among HHs with at least one member with disability, 14% reported at least one child engaged in child labour in the last 3 months.

Population movement. Three percent (3%) of HHs relocated inside Lebanon since 2019, as a result of the crisis. Two percent (2%) of PRL HHs intended to leave Lebanon within the 3 months of data collection, and another 2% planned to leave within the 12 months of data collection. The main reason for intending to leave was the inability to meet basic needs, unsafe working conditions / unpaid wages, and conditions in Lebanon not as envisioned.

EDUCATION

School Enrollment and Attendance. Eleven percent (11%) of PRL children aged 6-17 were not enrolled in formal schooling. Reasons for non-enrollment included difficulties with the curriculum (9%), children being engaged in work (12%), or strikes affecting school attendance (25%). These challenges underscore the urgent need for comprehensive reforms in Lebanon's education sector, as highlighted by the World Bank's Reform road map. Of the children enrolled in formal schooling, 88% were enrolled in UNRWA schools. According to UNRWA report, UNRWA schools, due to insufficient financing and limited resources, do not always provide curriculums that always meet the needs of Palestine refugee students, particularly in terms of cultural relevance and preparation for higher education or employment[7].

Learning Conditions. Ninety-three percent (93%) of children were reportedly able to learn in acceptable conditions, indicating that the learning environment met their basic educational needs. Moreover, 96% of children were able to travel safely to school, meaning they traveled without facing physical or mental risks on their way to school.

[6] UNRWA protection brief 3rd quarter, 2022. here

[7] UNRWA report on the quality of education in UNRWA schools, here.

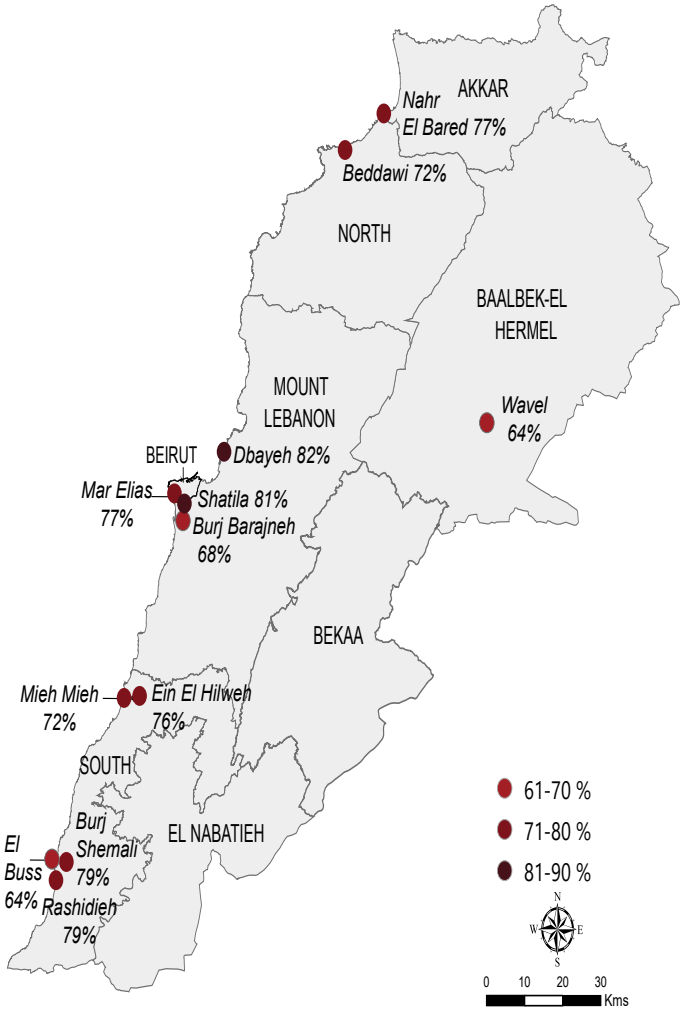
Livelihoods

EMPLOYMENT

24% **of working age (15-64 y.o.) HH members** were reportedly working for someone else for pay in the week prior to data collection

13% of female working age HH members were reportedly working for someone for pay, compared to 43% of male working age members.

% of individuals not working for someone else for pay in the 7 days prior to data collection, by camp:



In addition to individuals working for someone else:

- 4% of individuals were reportedly **running some kind of business, farming, or other activity** to generate income;
- 1% of individuals were **helping in family business or farm**.

Out of 29% (n=3,219) of individuals who were reportedly not involved in income-generating activities:

17% were looking for a paid job or tried to start a business in the last month prior to the data collection

The camps with the highest percentage of individuals reportedly looking for a job were Beddawi and Burj Shemali camps (23% each).

Unemployed men were reported to be looking for a job more often (25%) than women (9%).

16% of individuals were ready to start working in the next 2 weeks, if a job opportunity became available

A higher percentage of males (24%) were reportedly ready to start working compared to females (11%).

Top three barriers to employment for men, as reported by HHs*:

Increased competition/ not enough jobs	51%
Only low-skilled or dangerous jobs available	39%
Less preferred job types only available	32%

Top three barriers to employment for women, as reported by HHs*:

Increased competition/ not enough jobs	54%
Only low-skilled or dangerous jobs available	21%
Employers prefer people of other nationalities	19%

MEETING BASIC NEEDS

92% **of HHs reported being unable to meet all their essential needs** in the 30 days prior to data collection

Top 5 reported essential needs HHs had trouble meeting in the 30 days prior to data collection*:

Food	64%
Health	50%
Electricity	33%
Communication[8]	23%
Education[9]	16%

Most frequently reported reasons driving difficulties in meeting essential needs*:

Salary or wages too low	62%
Lack of work	46%
Fixed salary in LBP	8%

[8] Phone credit, provider costs, etc.
[9] Tuition fees, books, etc.
*Multiple answers allowed.

HOUSEHOLD'S DEBTS

10% **of HHs reported borrowing money or receiving credit in the 3 months prior to data collection**

411 USD[10] was the average reported debt value from borrowing money that has not been paid back yet.

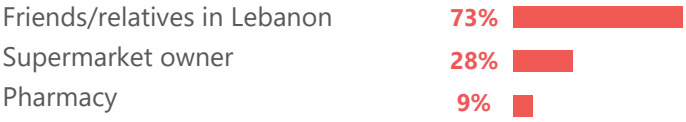
36% **of HHs with debt/credit reported having credit for an amount higher than 100 USD**

58% of HHs with debt reported having a new (borrowed in the last 30 days) debt value exceeding 100 USD.

The camp with the highest percentage of HHs who reported borrowing money was Mar Elias camp (50%).

Among the HHs borrowing money or receiving credit (n=131), the main reported reasons were*:

Among the HHs borrowing money or receiving credit, the top 3 sources of credit were*:



28% **of HHs reported facing harassment from debtors as a result of their debts**

HOUSEHOLD'S INCOME

	Average amount (USD) 30 days prior to d.c.[11]
Total income	313.0
Salaried work	216.7
Casual or daily labor	43.0
HH business or regular trade	68.5
Money or support from people living abroad	39.9
Formal credit/debts	38.0

Female-headed HHs reported having a lower total income (270 USD) in the 30 days prior to data collection than male-headed HHs (315 USD).

13% of HHs reported an average monthly income lower than 100 USD

4% of HHs reported relying exclusively on remittances as their main source of income

1% of HHs reported relying exclusively on aid from NGOs or other charitable organizations as their main source of income

85% of HHs reported **not receiving any in-kind payment for their work**

HOUSEHOLD'S EXPENDITURE

	Average amount (USD) 30 days prior to d.c.[11]	Proportion to total spending**
Total expenditure	303.9	100%
Food	113.8	37%
Accommodation	19.7	6%
Medicine and health products	34.4	11%
Water	12.3	4%
Bottled water	7.6	2%
Water trucking	1.8	1%
Hygiene items	17.7	6%
Energy for cooking	13.9	5%
Communication	15.7	5%
Electricity	58.6	18%
Fuel	16.2	4%
	Average amount 6 months prior to d.c	-
Health services	122	
Debt repayment	44.8	
Shelter repair	41.5	
NFI	59.7	
	Average amount 12 months prior to d.c.	
Education	77.9	

**For each category, proportion was calculated by dividing the average expenditure by total expenditure

[10] At the time of data collection, enumerators noted the daily exchange rate, on average 89,485 per 1 USD
[11] Data collection
* Multiple answers allowed

Food Security and Livelihoods (FSL)

FOOD CONSUMPTION SCORE

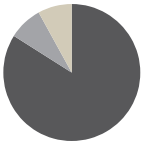
% of HHs by Food Consumption Score (FCS):

72% Acceptable **20% Borderline** **9% Poor**

The highest % HHs with poor FCS was found in Mar Elias (26%) and Shatila (15%) camps.

HOUSEHOLD HUNGER SCALE[12]

% of HHs reporting no, little, moderate, or severe hunger in the household:



No hunger in the HH (83%)

Little hunger in the HH (8%)

Moderate hunger in the HH (8%)

AVERAGE NUMBER OF MEALS

Average number of meals consumed per day by most members in the HH:

Adults	Children under 5
2.8	3.5

The camp with the highest average number of meals consumed by both adults and children was Ein el Helwe camp (average of 3.9 meals for adults and 4.1 meals for children)

FOOD STOCKS

% of HHs by reported number of months food stocks are expected to last

No food stocks (50%)

Up to 1 month (41%)

Between 1 month and 2 months (7%)

USE OF COPING MECHANISMS

62% of HHs reported resorting to at least one negative livelihood coping strategy in the 7 days prior to data collection

% of HHs by Livelihood Coping Strategy Index (LCSi[13]) category in the 30 days prior to data collection:

65% None **17% Stress** **11% Crisis** **8% Emergency**

The camp with highest % of HHs with emergency LCSI: Nahr El Bared camp (39%).

The most commonly adopted crisis and emergency coping strategies:

Reduced non-food expenditures on health	12%
Sold productive assets and/or means of transport	5%
Moved to a less expensive accommodation	5%
Accepted high risk, dangerous or exploitative work	5%

76% of HHs utilizing LCS reported doing so **for reasons other than a lack of food or money to buy food,** with **47%** using these strategies **to cover healthcare expenses**

% of HHs by average reduced Coping Strategy Index (rCSI[14]):

35% Low **51% Medium** **14% High**

Fourteen percent (14%) of HHs were highly reliant on consumption-based coping strategies. Rashidieh camp had the highest percentage of HHs with a high rCSI score, at 25%.

The most commonly adopted coping strategies in the 7 days prior to data collection:

Strategy adopted (% of HHs)	Average no. of days per week
Relied on less preferred/cheaper food **(67%)**	2.0
Limited portion sizes at meal times **(42%)**	1.9
Reduced no. of meals eaten in a day **(94%)**	0.9
Borrowed food/relied on help **(27%)**	0.6

[12] Household Hunger Scale (HHS) - the indicator to measure household hunger in food insecure areas. Read more here.

[13] Livelihood Coping Strategies Index (LCS) is an indicator used to understand medium and longer-term coping capacity of households in response to lack of food or lack of money to buy food and their ability to overcome challenges in the future. The indicator is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages. Read more here.

[14] rCSI - The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by households due to shortage of food. The index measures the frequency and severity of the food consumption behaviours the households had to engage in due to food shortage in the 7 days prior to the survey. The rCSI was calculated to better understand the frequency and severity of changes in food consumption behaviours in the household when faced with shortage of food. The rCSI scale was adjusted for Lebanon, with low index attributed to rCSI <=3, medium: rCSI between 4 and 18, and high rCSI higher than 18, with the average rCSI being 9.7. Read more here.

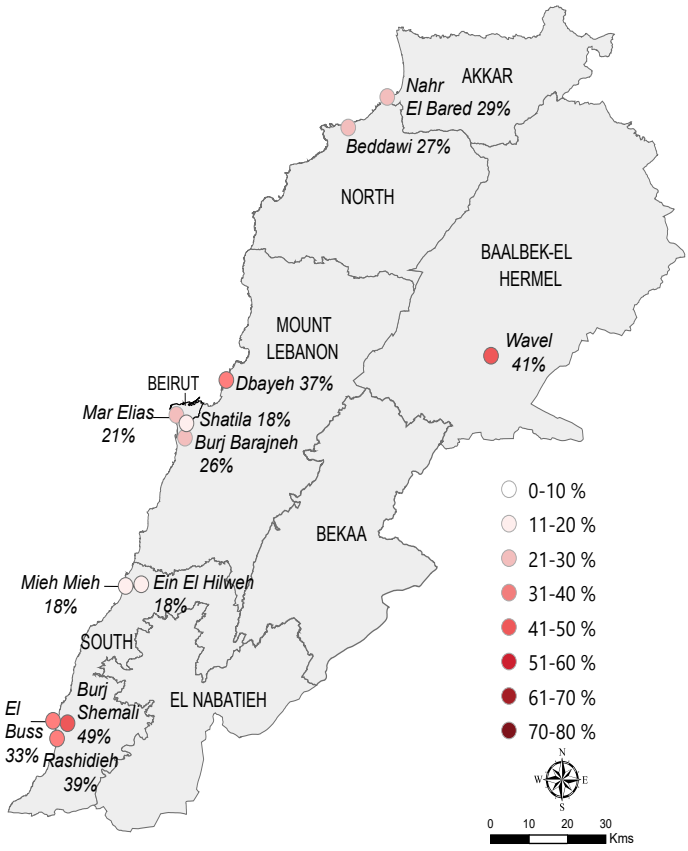
Health

HEALTH CARE NEEDS: ACCESS AND BARRIERS

54% of HHs **reported having had at least one member with a health problem and in need to access healthcare** in the 3 months prior to data collection

27% of individuals reportedly **had a health problem and were in need to access health care** in the 3 months prior to data collection

% of individuals in need to access health care in the 3 months prior to data collection, by camp:



Out of the 27% of individuals in need of accessing health care services, **69% reported Primary Health Care (PHC)** as their main need, and **31% reported Secondary Health Care (SHC)** as their main need.[15]

Top three PHC services needed, among individuals reportedly in need of accessing PHC services:

PHC consultations	87%
Other specialized services or non-hospital care	4%
Family planning	3%

Top three SHC services needed, among individuals reportedly in need of accessing SHC services:

Hospital-based laboratory/ diagnostic procedures	39%
Other specialized services at hospital	30%
Elective non-life saving surgery	9%

Out of 27% of individuals with health care needs, **12% were not able to obtain healthcare** when they felt they needed it (11% among individuals with PHC and 22% among individuals with SHC needs).

Most frequently reported facilities where individuals sought PHC and SHC services, among individuals with health care needs:

Private hospital	13%
Private clinic or other private facility	6%
Government hospital	3%

Top three reported barriers to accessing health care, among individuals with unmet health care need (n=169)*:

Cost of treatment	62%
Cost of consultation	49%
Specialized treatment not available	20%

% of HHs by self-reported coping mechanisms for barriers to access health care, among HHs that experienced such barriers (n=420)*:

Switched to a public health care facility	35%
Delayed/cancelled treatment/doctor visit	34%
Delayed/cancelled diagnostic procedures	20%
Went to pharmacy instead of doctor	17%

All HHs reported needing **less than 60 minutes** to reach the nearest facility. On average, HHs reported spending 11 minutes to reach the nearest facility.

95% **of HHs reported not having any type of health insurance**[16]

[15] Primary Health Care (PHC): The first level of healthcare received for basic health needs like check-ups, vaccinations, common illnesses, health promotion, prevention, etc. Secondary Health Care (SHC): Specialized healthcare received when advanced medical services is needed like tests, surgeries, treatment for complex conditions and multi functional care

[16] The National Social Security Fund (NSSF) coverage is calculated using an outdated exchange rate between the Lebanese Pound (LBP) and the US Dollar (USD). Consequently, this outdated rate results in inadequate coverage, leading many to perceive it as lacking proper insurance.

* Multiple answers allowed

Health

MEDICATION: ACCESS, BARRIERS & COPING MECHANISM

Out of 54% (n=623) HHs with health care needs:

99% of HHs reported the need to access medication in the 3 months prior to data collection

76% of HHs reported at least one barrier in accessing medication when needed

Most often self-reported barriers to accessing medication, among HHs with health care needs (n=623)*:

Cost of medication	39%
Medication not available in health facility	34%
Medication not available in pharmacy	24%

% of HHs by self-reported coping mechanisms for inaccessibility of medication, among HHs who reported barriers to accessing medication*:

Switched to substitutes / generics	72%
Rationed existing medication	20%
Got medication from outside Lebanon	20%

SEXUAL & REPRODUCTIVE HEALTH

10% **of women (15-49 y.o.) were reportedly pregnant or lactating at the time of data collection**

4% **of women (15-49 y.o.) were reported to have given birth in the 2 years prior to data collection**

In the assessed HHs, all the women who had reportedly given birth in the 2 years prior to data collection (n=43), were assisted by skilled birth attendant.

Out of 43 women who gave birth, 18-women who gave birth in the 2 years, delivered in UNRWA hospital/clinic, and 14- in public hospital.

Out of 43 women who have given birth in the 2 years prior to data collection, 3 had reportedly received antenatal care less than 4 times during pregnancy.

19% of non-single women (14-49 y.o.) (n=436) **were in need for the family planning services/ contraceptives** in the 3 months prior to data collection[17]

Out of the 19% of women in need of family planning services/contraceptives (n=98), **93% reported they were able to obtain them.**

Top places or institutions where women reported obtaining family planning services or contraceptives*:

UNRWA clinic	82%
Pharmacy	38%

ROUTINE VACCINATION

12% of HHs with children (n=493) reported experiencing barriers to receiving routine vaccination for their child (other than COVID19) in the 6 months prior to data collection

% of HHs by self-reported barriers to receiving routine vaccination (other than COVID19) for their child, among HHs with children (n=493)*:

I was worried about the side effects	3%
Do not want/ prefer to delay vaccine	2%
Vaccine not available in my community	1%

5% **of HHs with children reported vaccination hesitancy[18] as barrier to receiving routine vaccination for their child / children**

NUTRITION

There were 97 infants (children under 2 years old) in the assessed HHs. Among them, 95% (n=90) were ever breastfed, and 55% (n=48) were still breastfed at the time of data collection.

Of the 19 infants aged 0-5 months, 6 were exclusively breastfed.

Out of 78 infants aged 6-23 months, 40% (n=31) were reported to have minimum dietary diversity.

[17] Family planning questions were asked by female enumerator, only about non-single women aged 14-49.
[18] Vaccination hesitancy included answers: "I'm worried about side effects of vaccines", "I do not want to vaccine children / prefer to delay vaccination or my child", "Fear or distrust of health workers at vaccination site" and "I have concerns about safety or quality of vaccines at vaccination site.
* Multiple answers allowed.

SHELTER

SHELTER TYPES AND OCCUPANCY ARRANGEMENTS

98% of the HHs reported living in residential shelters

% of HHs by shelter sub-type:

Apartment/house	95%
Apartment/house extension	3%
Concierge's room in residential building	1%

% of HHs by type of occupancy agreement:

Informal ownership	46%
Ownership	31%
Informal lease agreement	10%
Rental agreement after 1992	8%
Rental agreement before 1992	1%

19% of the HHs reported living in rented shelters[19]

Among HHs renting shelter (n=173), 97% reported renting in USD and 3% in LBP at the time of data collection.

Average renting cost in LBP and USD[20]:

3,959,782 LBP **78** USD

38% of PRL HHs reported having their rent change in the year prior to data collection[21]

Among HHs reporting a change in rent in the year prior to data collection (n=59), **all of the households indicated an increase,** with an average rise of **41 USD.**

Average number of HH members per room[22]: **1.2**

HOUSING, LAND AND PROPERTY ISSUES

79% of HHs reported not having any problems related to housing, land, and property

Among HHs who reported having problems related to housing, land, and property (n=242), 4% reported regular rent increase and **3%** reported having unlawful/ secondary/informal occupation.

SHELTER ISSUES

56% of HHs reported damage defects, or issues* within their shelter

% of HHs by main reported damage, defects, or issues reported within the shelter[23]:

Damaged roof	21%
Damaged walls	16%
Leaking roof	15%
Leakage/rottenness in the walls/floor	11%

% of HHs by perceived shelter conditions*:

58% Safe/ adequate | 14% Mildly inadequate/ substandard | **28% Dangerous**

LIVING FUNCTIONALITY

80% of HHs reported living in a functional domestic space in all aspects (cooking, sleeping, storing, and electricity)

Most frequently reported issues, as reported by HHs not living in functional domestic space*:

- **4%** at least one member of the HH had to sleep outside or on the floor
- **4%** inability to store food safely
- **8%** insufficient core NFI (utensils, kitchen sets), especially in Wavel camp (20%)
- **13%** insufficient number of hours of electricity, specifically in Nahr El-Bared camp (55%)

[19] Rented shelters: rental agreement before 22 July 1992 or rental agreement after 1992 or informal lease agreement.
[20] Average rent is calculated excluding rental agreements before 1992.
[21] Among HHs who rent their shelter.
[22] Calculated by dividing HH family size by number of rooms reported.
[23] Shelter conditions indicators were calculated based on thresholds provided by shelter experts, based on a combination of shelter type and shelter issues including damage to the shelter. These indicators cover the physical conditions of the shelter and not the rental costs or protection-related concerns/risks linked with the shelter.
*Multiple answers allowed.

WATER, SANITATION AND HYGIENE (WASH)

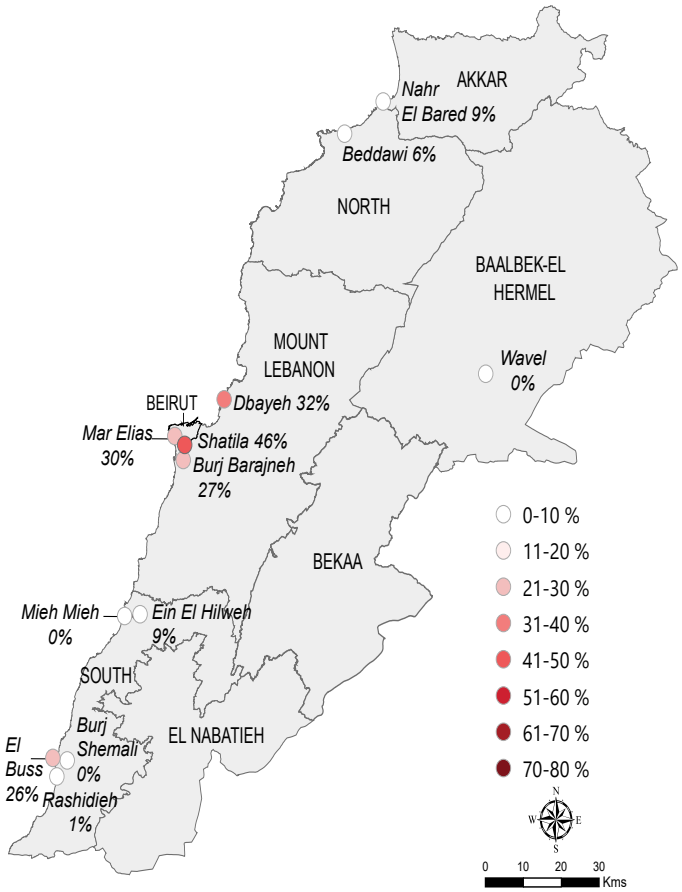
MAIN SOURCES OF WATER

% of HHs by type of primary source of drinking water:

Piped into dwelling	48%
Bottled water (total)	45%
Refilling kiosk/shop	28%
Bottled water	16%
Protected well	2%
Public tap/standpipe	2%

Less than 1% of HHs reported relying on unimproved water[24] as their primary source.

% of HHs who use bottled water as a type of primary source drinking water, by camp:



% of HHs by type of secondary sources of drinking water*:

No other sources	76%
Bottled water	12%
Refilling kiosk/shop	5%

% of HHs by person who usually fetches water, as reported by the 51% of HHs who did not have water on the premises*:

Any member	53%
Men	26%
Women	5%
Boys	3%
Girls	1%

The average time needed for fetching water (round trip by walking, queuing, and time needed to fetch water) was **9 minutes.**

23% of HHs reported treating water[25] to make it safer to drink

Top 3 treating methods, as reported by HHs treating water (n=176):

Water filter	51%
Boil	35%
Add bleach/chlorine	31%

% of HHs by type of water sources used for purposes other than drinking:

Piped into dwelling	76%
Water tank/trucked water (non-UN/NGO private provider)	9%
Borehole or tubewell	4%
Refilling kiosk/shop	3%
Public tap/standpipe	2%

[24] Unimproved water source include: unprotected well, unprotected spring, water tank/ trucked water (non-UN/NGO, private provider), surface water (river, dam, lake, pond, stream, canal, irrigation channel), and cart with small tank/drum

[25] Among HHs not reporting using bottled water as the primary source of drinking water

*Multiple answers allowed

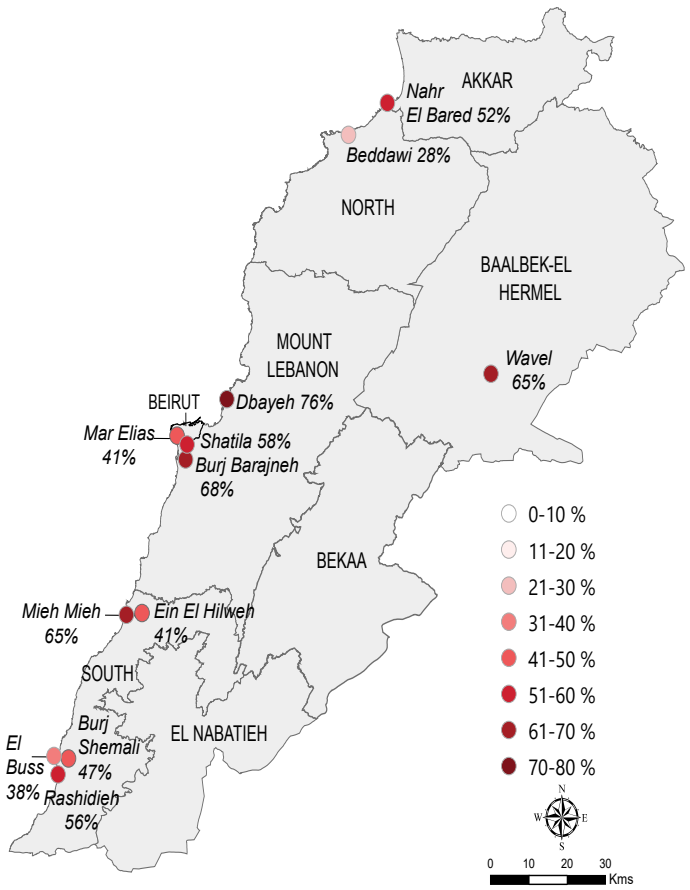
WATER, SANITATION AND HYGIENE (WASH)

WATER ACCESS AND AVAILABILITY

% of HHs reporting not having enough water to meet the following needs in the 30 days prior to data collection*:

Enough water to meet all needs	50%
Personal hygiene	26%
Drinking	22%
Cooking	22%
Other domestic purposes	13%

% of HHs reporting not having enough water for at least one need (drinking, cooking, bathing, washing, domestic use) by camp:



Camps with the highest percentages of HHs reporting not having enough water for drinking were in Mieh Mieh **(56%),** Dbayeh **(46%)**, Burj El-Barajneh **(39%).**

% of HHs reporting the insufficient drinking water in the 4 weeks prior to data collection, by frequency:

Never (0 times)	21%
Rarely (1-2 times)	53%
Sometimes (3-10 times)	24%
Often (11-20 times)	1%
Always (more than 20 times)	1%
Don't know	1%

% of HHs reporting a lack of sufficient water for at least one need (n=462), by reasons for water insufficiency*:

Water source was non-functional	59%
Insufficient storage containers	19%
No water in the market	9%
Unable to pay / too expensive	9%
Excessive waiting time	7%
Water-points were difficult to use	6%

% of HHs reporting a lack of sufficient water for at least one need (n=425), by types of coping strategies*:

Relied on less preferred water sources for drinking	35%
Reduced usage for other purposes	20%
Relied on less preferred water sources for other purposes	15%

SANITATION

99% of HHs reported having access to functioning sanitation facility[26]

% of HHs by reported sanitation facility used:

Flush/pour to piped sewer system	85%
Flush/pour to pit latrine	7%
Flush/pour to septic tank	5%

4% of HHs reported sharing sanitation facilities with other HHs (n=57)

[26] Functioning sanitation facility includes: flush/pour to piped sewer system, flush/pour to septic tank, flush/pour to pit latrine, flush/pour to don't know where, pit latrine with a slab, ventilated improved pit latrine with a slab, or composting toilet

*Multiple answers allowed

WATER, SANITATION AND HYGIENE (WASH)

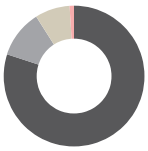
SANITATION

% of HHs by top 3 types of wastewater management systems:

Communal lined drainage and sewage system	76%
Covered septic tank/cesspool	17%
Hand-dug hole in the ground	3%
Don't know	4%

Hand-dug hole in the ground was most reported in Beddawi camps (6%).

% of HHs with pit latrine or septic tank (n=1061), by having their pit latrine or septic tank emptied in the year prior to data collection:



Yes emptied (80%)

Not emptied (11%)

Don't know (8%)

Not emptied, but covered and left undisturbed when full (1%)

HYGIENE

95% of HHs reported good hygiene practices[27] to wash their hands

The lowest % of HHs reporting good hygiene practices was found in Burj El-Barajneh camp (90%).

The remaining 5% of HHs included:

- 3% with hand-washing facility with water only
- 1% with no hand-washing facility available
- 1% of HHs that did not show the presence of soap

% of HHs engaging in coping mechanisms due to hygiene Non-Food Item (NFI) access issues, by type of coping mechanism:

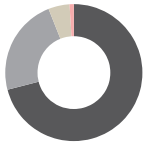
No issues	79%
Relied on less preferred NFI	11%
Had issues, not tried to adapt	6%
Reduced NFI usage for other purposes	1%
Borrowed NFI	1%

% of HHs with female HH members of menstruating age (n=690), by type of problem that female members had related to accessing menstrual material[28]:

No issues	88%
Materials are too expensive	11%
Materials are not available	1%

WASTE MANAGEMENT

% of HHs that reported solid waste being collected on a regular basis in the area, in the 30 days prior to data collection:



Yes (71%)

Not (23%)

Don't know (5%)

Prefer not to answer (1%)

The camp with the highest % of HHs reporting waste not being collected regularly was Shatila (50%) and those with the lowest % were Buss and Dbayeh (8% each).

% of HHs by most common type of waste management method:

Collected by UNRWA	61%
Collected by municipality	21%
Collected by NGO	13%

% of HHs reporting sorting waste, per waste category:

Not sorting any waste	92%
Recyclable waste	5%
Organic waste	3%
Other types	1%

The highest % of HHs reporting not sorting any waste was found in Buss and Mieh Mieh camps (100% each), while the lowest % was found in Rashidieh camp(77%).

[27] Good hygiene practice is considered when a HH reports having a hand washing facility available with soap and water
[28] Among HHs with at least one woman of menstruating age (15-49 y/o) interviewed by a female enumerator (n=436)

PROTECTION

DOCUMENTATION

98% of HHs reported all HH members have ID documentation in their possession

The highest proportion of HHs reporting that not all members had an ID was observed in Wavel camp (88%).

MARRIAGE REGISTRATION

% of HHs by reported marriage registration, among HHs married in Lebanon (n=1028):

Registered with the DPAR*	50%
Proof from a religious authority/ Shariaa court	40%

Among HHs married outside Lebanon (n=46), 7 reported having no documents to prove marriage registration and 23 reported having a certificate from country of origin or a family civil extract

BIRTH REGISTRATION

% of children with birth certificate:

Yes (93%)

No (7%)

The highest % of children without birth certificates was reported in Beddawi (13%) and Shatila (12%) camps.

POPULATION MOVEMENT

3% of HHs relocated inside Lebanon since 2019, as a result of the crisis

The main reasons for relocation reported by the 32 HHs that moved within Lebanon were: cheaper accommodation (n=12), searching for a job (n=4), and a desire to be closer to their community (n=2).

2% of HHs reported intending to move outside Lebanon in the next 3 months

2% of HHs reported intending to move outside Lebanon in the next 12 months

The main reported reasons for leaving Lebanon, among HHs intending to leave (n=180):

Unable to meet basic needs	62%
Unsafe working conditions/ unpaid wages	45%
Lack of social security/network	30%

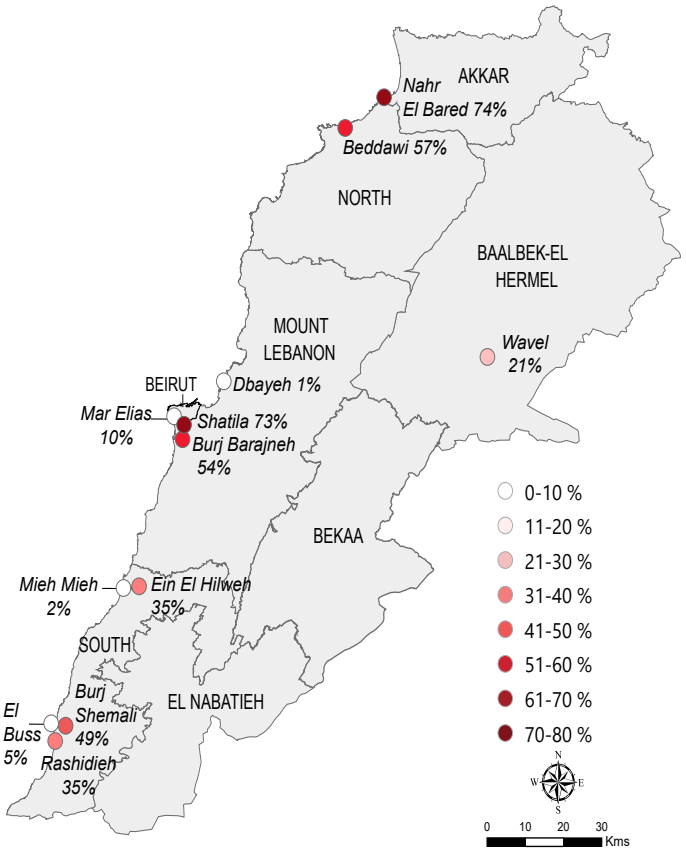
Top reported destinations for HHs intending to move, among those planning to leave Lebanon (n=180):

Germany	41%
United Arab Emirates	11%
Turkey	9%

SAFETY AND SECURITY CONCERNS BY AREA

36% of HHs reported that women and girls avoided certain areas in their location because they felt unsafe there

% of HHs reporting areas in their location that women and girls avoided because they felt unsafe, by camp:



*DPAR - Department for Political Affairs and Refugees

PROTECTION

SAFETY AND SECURITY CONCERNS BY AREA

Top 3 types of locations avoided by women and girls, as reported by the 36% of HHs who reported women and girls avoid certain areas because they feel unsafe there :

On the streets after dark	54%
Markets	39%
On the streets/neighborhood	32%
Public transportation	20%

18% of HHs reported that women and girls felt unsafe walking alone in their area

15% of HHs reported that men and boys felt unsafe walking alone in their area

SAFETY AND SECURITY CONCERNS

57% of HHs reported at least one safety and security concerns for women

% of HHs by top 3 types of safety and security concerns for women reported:

Being robbed	36%
Verbal harassment	22%
Physical harassment	20%
Being kidnapped	20%

Safety and security concerns for women were most often reported in Burj El-Shimali (89%), Shatila (83%), and Beddawi (80%) camps.

51% of HHs reported at least one safety and security concerns for men

% of HHs by top 3 types of safety and security concerns for men reported:

Being robbed	37%
Being threatened with violence	19%
Being kidnapped	17%

Safety and security concerns for men were most often reported in Burj El-Shimali (88%) and Beddawi (80%) camps.

PROTECTION SERVICES

53% of HHs were aware of specialized support services for women or girls available in their community

Psychological support for women and girls were most often reported (46% nationwide), particularly in Buss and Burj El-Shimali camps (80% and 78% respectively).

64% of HHs reported that they would be able to inform survivors of gender-based violence where to find support services.

Lowest confidence in guiding survivors to access support services was reported in Burj Barajneh (66%), Mar Elias (53%), and Nahr El-Bared (46%) camps.

CHILD PROTECTION

55% of HHs reported at least one safety and security concerns for girls

% of HHs by top 3 types of safety and security concerns for girls reported:

Bullying	26%
Being robbed	24%
Being kidnapped	23%

57% of HHs reported at least one safety and security concerns for boys

% of HHs by top 3 types of safety and security concerns for boys reported:

Bullying	33%
Being robbed	30%
Being kidnapped	26%

6% of HHs reported the presence of children engaged in child labor outside of the home in the 3 months prior to data collection

% of children reportedly engaged in child labor in the 7 days prior to data collection, by type of child labor:

Worked in plot, farm, or looked after animals	2%
Helped in a family or a relative's business	2%
Produced or sell NFIs, food or agricultural products	1%
Engaged in other activity in return for income	2%

Out of 24 children engaged in child labor in the 7 days prior to data collection, 9 were required to carry heavy loads, and 6 were required to work with dangerous tools.

Education

SCHOOL ENROLMENT & ATTENDANCE[29]

32% of HHs reported having at least one school-aged child (6-17 y.o.)

701 school-aged children were reported in the assessed HHs.

89% of school-aged children were reportedly enrolled in a formal school during the 2022-2023 school year.

% of school-aged children enrolled in a formal school for the 2022-2023 school year, by gender:

Girls	Boys
90%	87%

Of the 11% children not enrolled in school (n=88), the three most commonly cited reasons for children not being enrolled:

Other, including strikes	25%
Child did not enrol due to work	12%
Difficulties with curriculum	9%

4% of HHs reported at least one school-aged child transferred from private to public school in the last two school years

% of school-aged children enrolled in formal school for the 2022-2023 school year (n=628), by type of formal school:

UNRWA schools	88%
Private school	5%
Public school	3%
UNRWA TVET[30]	1%

87% of children were reported to have attended school regularly during the last school year (2022-2023)[31]

% of school-aged children attending school regularly in the 2022-2023 school year while schools were open, by gender:

Girls	Boys
88%	86%

DROP OUT OF SCHOOL

- **10 out of the 88 children who were not enrolled in formal school education reportedly dropped out of school in the previous school year**, (were enrolled in the 2021-2022 school year but have not been enrolled in the current/2022-2023 school year).
- School drop out was reported in **5 out of 12 camps**.

- **Out of 10 children that dropped out, 8 were boys and 2 were girls.**

Safe Travel and Learning Conditions

96% of children (6-17 y.o.) were reportedly able to safely travel to school and learn in safe conditions[32] at the school during the 2022-2023 school year

Top reported reasons for children (n=38) unable to safely travel to school and learn in secure conditions were road safety (n=16) and bullying (n=13).

% of HHs by regular mode of transportation to school:

Walking	79%
School bus or van	12%
Private car	6%

93% of children (6-17 y.o.) were reportedly able to learn in acceptable conditions[33] during the 2022-2023 school year

Top reported reasons for children unable to learn in acceptable conditions (n=48) were over-crowdedness in schools (n=38) and the curriculum not being adapted to meet students' needs (n=12).

[29] Indicators presented in this fact-sheet focus on formal education and therefore are not indicative on trends concerning non-formal education. Non-formal education programs can however be an important tool for the integration and inclusion of children who are unable to access mainstream education systems.
[30] Technical and Vocational Education and Training programs provided by the United Nations Relief and Works Agency for Palestine Refugees, aimed at equipping Palestinian refugees with practical skills for employment and livelihood opportunities.
[31] Regular attendance is defined as attending at least 4 days for schools that open 5 days a week or 3 days for schools that open 4 days a week.
[32] Travel safely to schools: without physical or mental threat on the way to school; "Safe conditions at the school": safe learning environment
[33] Acceptable condition means the learning environment met the basic educational needs of learners

ENERGY AND TELECOMMUNICATION

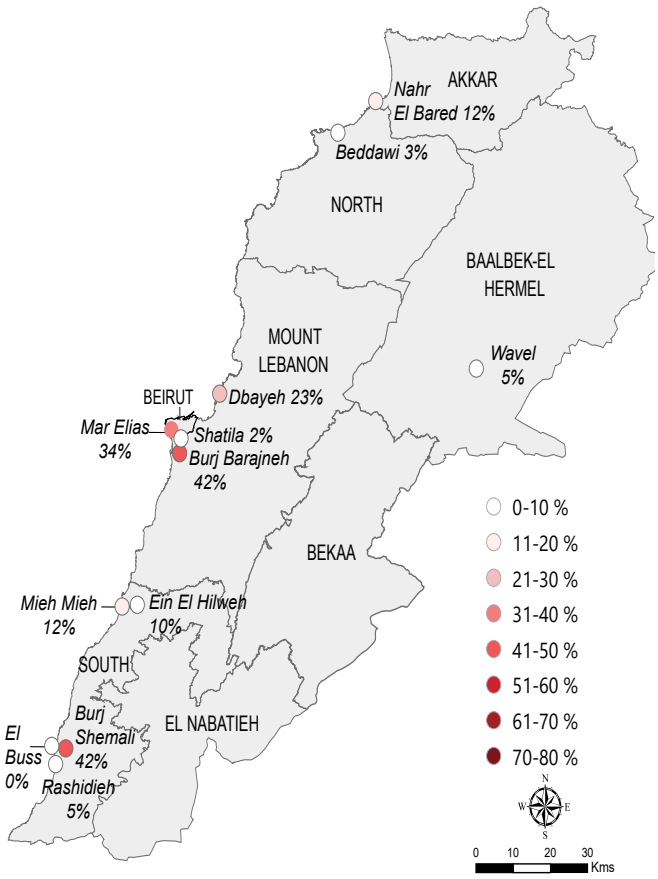
ENERGY

% of HHs by main source of electricity*:

Neighborhood generator	79%
Main network: EDL[34]	67%
Private generator	8%

Rashidieh camp had the highest % of HHs reporting using private generators as a main source of electricity (23%).

% of HHs by average number of hours of access to electricity (range between 1-4 hours), by camp:



16.8 was the average number of hours per day during which HHs reportedly had access to electricity

27% of HHs reported using coping mechanisms to deal with lack of electricity and related expenses

21% of HHs reported not using any coping mechanisms because they had already exhausted all of them

52% of HHs reported not using any coping mechanisms because they did not need to

% of HHs, by type of coping mechanisms for electricity shortages reportedly used:

Reduced electricity consumption	17%
Spent money usually spent on other things	3%
Getting a loan/debt	2%

% of HHs by most commonly used sources of energy to prepare meals reported:

Gas	78%
Electricity (generator, electric powered cooker/heater)	26%
Diesel	1%

COMMUNICATION

% of HHs per network coverage category:

No coverage at all (18%)
Voice and SMS coverage (17%)
Only Internet coverage (12%)
Voice, SMS and Internet coverage (53%)

No coverage at all was most reported in Wavel (43%) and Rashidieh (35%) camps.

[34] Electricite du Liban
* Multiple answers allowed

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