MULTI-SECTORAL NEEDS ASSESSMENT (MSNA) LEBANON 2021 DISAGGREGATED DATA REPORT: GENDER, AGE, DISABILITY

Gender and Social Inclusion Data from Lebanon's MSNA 2021
April 2022

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ACRONYMS

FHH   Female-headed Household
HoH   Head of Household
LFP   Labor Force Participation
MHH   Male-headed Household
MSNA   Multi-Sectoral Needs Assessment
PRL   Palestine Refugees in Lebanon
WASH   Water, Sanitation and Hygiene

INTRODUCTION

The following gender and social inclusion findings are based on the 2021 Lebanon Multi-Sectoral Needs Assessment (MSNA) data available at the REACH Resource Center. **The purpose of this report is to provide humanitarian practitioners and stakeholders with <u>full and transparent access to the sectoral findings from the MSNA 2021 disaggregated by gender, age, disability, and governorate to inform their humanitarian interventions. It is intended for those looking for more detailed findings on gender and social inclusion.</u>** This report complements the 2021 Lebanon MSNA, released on April 7 2022.[1]

The findings are divided by sector. Within each sector, some findings are reported at the individual level while others are reported at the household level. Gender findings disaggregated at the individual level are available for the following areas: demographic data, disability status, nutrition and food consumption, education, and labor force participation and unemployment. Individual-level findings are disaggregated by the gender, age and disability status of the individual. Additional disaggregation for nationality and governorate is included as relevant. Household-level findings are disaggregated by the gender of the head of household and for households that have at least one person with disabilities present. Gender findings by the head of household are available for the following areas: health, hygiene, safety and security, aid and accountability, food security, debt, and shelter disaggregation allows for further analysis of how gender identity, gender roles and power dynamics in the households affect households and individuals' situations in different sectors (Ie, food access, perceptions of safety, etc). Analyses are available for the following 5 population groups:[2]

Gender
1) Male-headed Households: 69% (n= 3878)
2) Female-headed Households: 26% (n= 1428)
3) Male and female co-headed Households: 5% (n = 282).

Specific needs
4) Households with at least one member with a disability (n= 1,215)
5) Households with older (65+) heads of households (n=1,737)

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[1] https://reliefweb.int/report/lebanon/lebanon-2021-multi-sector-needs-assessment-april-2022

[2] The 25 remaining Households were male co-headed or female co-headed Households. Some of these may be households indicating same-sex relations, otherwise households within the LGBTIQ+ community. However, the sample was too small to ensure reliability of the results, and therefore IMPACT Initiatives did not run specific analysis for these subgroups. In addition, no head of households identified as gender non-conforming (people who do not identify with male or female, nor conform with the gender norms that are expected of them), part of the LGBTIQ+ community. While the MSNA was not able to capture reliable data on LGBTIQ+ head-households or households with LGBTIQ+ persons, 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 do not have specific and diverse vulnerabilities in Lebanon.

ON THE RELIABILITY OF THE DISAGGREGATED FINDINGS IN THIS REPORT:

Only the household level findings for Lebanese are representative at district level, with a level of confidence of 95% and a margin of error of 10%. However, indicators for which only a sub-group of Lebanese Households (Lebanese female-headed households, for example) were assessed should always be considered as indicative.

All other findings are indicative. This includes findings for:
- FHH, MHH, Co-HH across all population groups.
- Individual findings across all population groups, genders, age and disability status.
- Households with at least one person with disabilities.
- Migrants (households and individual).[3]
- Palestinian refugees in Lebanon (PRL) (households and individual).

KEY TERMS AND DEFINITIONS

FEMALE-HEADED HOUSEHOLD
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 it shared. In the MSNA, the head of household is self-identified by the respondent.

DISABILITY
The categorization of disability is based on the standard Washington Group Questions. In the MSNA, a "person who has a disability" refers to a respondent who indicated "a lot" or "cannot do at all" for one or more of the tasks discussed in the Washington Group Questions.[4] Those who responded they had "some difficulty" doing a certain task was not counted as a disability for these calculations.

LABOR FORCE PARTICIPATON RATE
The labor force participation rate is an estimate of an economy's active workforce. In the MSNA it was calculated as the number of people age 15 and older who were employed or actively seeking employment at the time of the survey, divided by the total civilian working-age population (all people 15+).

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[3] Overall, the migrant populations have smaller sample sizes and used a snow-ball sampling methodology.

[4] These include: (1) Do you have difficulty seeing, even if wearing glasses? (2)Do you have difficulty hearing, even if using a hearing aid? (3)Do you have difficulty walking or climbing steps? (4) Do you have difficulty remembering or concentrating? (5) Do you have difficulty with self-care such as washing all over or dressing? (6) Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?

UNEMPLOYMENT RATE
The unemployment rate is the number of unemployed persons (people 15+ actively searching for work) divided by the number of persons in the total labor force (15+), employed or unemployed.

CHILD MARRIAGE
Child marriage is defined as children between the ages 8 and 19 who are married, divorced or widowed.

Demographics

Respondent demographics
- 47% of MSNA respondents were women and 53% were men.
- 84% of interviews overall were with the HoH or co-head.
- 97% of interviews with FHH occurred with the head of the household while 79% of interviews with MHH occurred with the head of household.

Gender parity and household size
- There is gender parity in the assessed Lebanese population as well as among assessed migrants and PRLs individuals.
- Assessed Lebanese households included more older people compared to migrants and PRL.
  - 22% of assessed Lebanese individuals were over 60, compared to 3% of migrants (n=29/864) and 13% of PRL (n=33/249). No gender difference.
- Assessed PRL Households composition included more children than migrants and Lebanese. 27% of PRL individuals were under 18 (n=27/249) compared to 22% of Lebanese and 11% of migrants (n=68/894). No gender difference.

Marital status
- Men (45%) were more likely to be single than women (38%).
- Women (11%) were more likely to be widowed than men (2%).
- Migrant women were more likely to be single than PRL and Lebanese women. On average, across the three populations groups, 39% of women and 45% of men were single with migrant women at 44% (n=218/491).
- Lebanese women (11%) were more likely to be widowed than Lebanese men (7%). Lebanese women were also more likely to be widowed than migrant women (3%; n=16/491) and PRL women (7%; n=9/135).
- The highest proportion of widows among the female population was found in Beirut governorate, where 16% of assessed women were widowed.

Child marriage

Gender	Lebanese	PRL	Migrants
Boys	0.41%	0.41%	0%
Girl	1.5%	1.15%	6% (n= 7/118)
Total	**1%**	**1%**	**4%**

- 1% of all household members 8 to 19 years old reported by the head of household to be married, divorced or widowed.
- Of the 1% of the assessed population that were married under age 19, 6 girls and 2 boys were married under the age of 18. All were Lebanese.[5]

Disability

- Nationally, 7% of assessed individuals aged 5 or more reported having at least one type of disability with little difference between men and women.

Types of disability

- There were few differences between men and women in terms of disability types. Similar proportions of assessed men and women had each type of disability.
- Overall, the most common type of disability reported was walking. 3% of the overall population had this disability, with no difference between men and women.

Table 1 disability type by gender

Type of disability	Female	Male	Total
Seeing	2.5%	2.7%	2.6%
Hearing	1.4%	1.7%	1.5%
Walking	3.2%	3.3%	3.2%
Remembering	0.6%	0.9%	0.7%
Self-care	0.9%	1.0%	1.0%
Communicating	0.4%	0.7%	0.6%

Disability by age

- The majority of assessed people with disabilities were elderly. There were no notable gender differences among people with disabilities, except that women over 60 (10%) were slightly more likely to have walking disabilities than men over 60 (6%).

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[5]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. Concerns remain that child marriage rates may increase as households are forced to take more desperate measures to cope, observed in other crises contexts.

Table 2 Disability type by age and gender

Disability	Gender	Age					Total
		0-4	5-14	15-17	18-59	60+	
Seeing	Female	0.0%	1.3%	0.5%	1.6%	6.7%	**2.5%**
	Male	0.0%	1.0%	1.6%	1.5%	8.0%	**2.7%**
Hearing	Female	0.0%	0.2%	0.0%	0.5%	5.0%	**1.4%**
	Male	0.0%	0.2%	0.0%	0.6%	6.3%	**1.7%**
Walking	Female	0.0%	0.6%	1.4%	1.5%	10.4%	**3.2%**
	Male	0.0%	1.0%	0.7%	2.3%	8.9%	**3.3%**
Remembering	Female	0.0%	0.2%	0.0%	0.3%	1.7%	**0.6%**
	Male	0.0%	0.6%	0.0%	0.4%	2.7%	**0.9%**
Self-care	Female	0.0%	0.2%	0.0%	0.5%	2.9%	**0.9%**
	Male	0.0%	0.3%	0.9%	0.7%	2.6%	**1.0%**
Communicating	Female	0.0%	0.2%	0.0%	0.5%	0.5%	**0.4%**
	Male	0.0%	0.8%	0.9%	0.6%	1.0%	**0.7%**

Disability by governorate
- The highest proportion of assessed men and women with disabilities was found in Nabatieh, Beirut and the North governorates. In the former, 10% of individuals were living with at least one type of disability.
- In Baalbek there were slightly more assessed men (9%) than women (5%) who had disabilities. Otherwise there was little difference between men and women reported overall in disability by governorate.

Female and Male-Headed Households
- 26% of assessed households were female-headed households (FHH), 68% were male-headed households (MHH) and 5% were female and male co-headed (MHH/FHH). A small number (0.2%; 21 households) were co-headed by 2 women or 2 men.

Table 3 Gender of assessed heads of household by nationality

HoH gender		Nationality			Total
		Lebanese	Migrants	PRL	
FHH	Number	1208	89	177	1474
	%	27%	43%	21%	26%
MHH/FHH	Number	241	3	43	287
	%	5%	1%	5%	5%

MHH	Number	3083	114	634	3831
	%	68%	55%	74%	68%
Co-headed by 2 females	Number	7	0	3	10
	%	0.2%	0.0%	0.4%	0.2%
Co-headed by 2 males	Number	11	0	0	11
	%	0.2%	0.0%	0.0%	0.2%

- FHH were most common in Nabatieh (34%), Beirut (31%), and Mount Lebanon (30%).
- Respondents who represented FHH were far more likely to be 60+ than those who represented MHH across all population groups.[6]

Table 4 Older Female and Male headed-households where HoH is 60 years old +

Gender & Age	Lebanese	Migrant	PRL	Total
FHH 60+	56%	1% (3/252)	51% (70/137)	46%
MHH 60+	42%	4% (19/428)	30% (107/362)	35%

Household composition
- 14% of assessed households had at least one young child 0-4. MHH (17%) were more likely than FHH (6%) to report having have young children.
- 52% of households reported had at least one-member aged 60+ living in the household. Assessed FHH (63%) were far more likely than MHH (48%) to have included older members.
- The vast majority of surveyed migrant FHH (67%) were Ethiopian (total migrant FHH: 252) while most surveyed migrant MHH were (total migrant MHH: 428) Bangladeshi (43%) Egyptian (26%) and Sudanese (22%).

Households with specific needs
- Overall, 5% of assessed households included at least one member who was pregnant or lactating during the data collection (264 households).
  - More MHH (6%) and co-headed (7%) than FHH (2%) reported having at least one pregnant/lactating women.
- 64% of assessed households reported having at least one member with chronic illnesses, with no difference between MHH and FHH.
  - 82% of households with an older head of household (HoH) reported having members with chronic illnesses, with no difference between MHH and FHH.
- 7% of households reported having medical conditions dependent on power supplies, with no difference between MHH and FHH.

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[6] This analysis is based on 4,644 cases where the age of the HoH is known because the interview took place with the HoH. For the remaining cases where the interview took place with an individual who was not the HoH, the age of the HoH was not collected. Migrants and PRL counts are low and should only be considered indicative.

- 22% of assessed households had at least one member with a disability, with no difference between FHH and MHH.
  - Only 3% of assessed migrant households included at least one member with a disability compared to 22% of Lebanese households and 23% of PRL.

Education[7]

Note: the following figures are based on the 2021 MSNA survey, however, enrollment figures come from MoE/Government and should be cross-checked.

- 88% of assessed school-aged girls compared with 85% of assessed school-aged boys were enrolled in school in 2021.
- School enrollment among assessed migrant families with school-aged children, particularly girls, was far lower compared to Lebanese and PRL school-aged children. Only around half (54%; n=49/91) of migrant girls were enrolled compared with 63% of migrant boys (n=41/65).
- Assessed PRL (31/39) and Lebanese girls were slightly more likely to be enrolled than PRL (30/40) and Lebanese boys.
- School enrollment for Lebanese school-aged boys and girls 0-4 and 5-14 were the same, but Lebanese boys 15-17 (83%) were less likely to be enrolled than girls in the same age range (93%).

Table 5 School enrollment by gender and nationality

Gender	Lebanese	Migrants	PRL	Total
Girls	90%	54% (49/91)	79% (31/39)	88%
Boys	86%	63% (41/65)	75% (30/40)	85%
Total	88%	58% (90/156)	77% (61/79)	87%

- 66 school-aged children had dropped out of school, with little gender difference.[8]
  - 12 dropped out due to the cost
  - 26 dropped out because of COVID closures
  - 15 dropped out because they lacked remote equipment
  - 26 dropped out due to lack of internet
  - 23 dropped out for lack of electricity

- 90% of school-aged children were able to access distance learning.[9]
- School enrollment rates were lowest in Akkar (84%) and highest in Mount Lebanon (94%).

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[7] This section focuses on the school year 2020-2021.

[8] This number is insufficient to report percentages of drop-out reasons.

[9] There were not enough counts for PRL and migrants to determine whether there were differences among nationalities.

New barriers to education during the 2020-2021 school year
- One quarter (25%) of assessed households reported adapting to new or increased barriers to education in the 2020-2021 school year.
  - Lebanese households most commonly reported barriers (28%) followed by migrants (21%; n=5/24) and PRLs (14%; n=59/417). There was little difference between FHH, MHH and MHH/FHH in this regard.
- The governorate where the highest proportion of assessed households reported new barriers to education was Baalbek/El-Hermel. 44% of households reported barriers there.
- The most common new barrier reported overall was changing schools because the respondent's household could no longer afford the former school, with little difference between MHH and FHH.
- The second most common new barrier reported was changing transportation arrangements, with little difference between MHH and FHH.

Meeting educational needs
- 28% of MHH that included members 4-18 reported they could not meet education needs compared with 13% of FHH that included members 4-18.

Health

Healthcare needs
- 43% of assessed households reported having at least one member who needed to access healthcare in the 3 months prior to data collection, with no difference among FHH, MHH and FHH/MHH.
  - Households with at least one disabled member (59%) were more likely to have needed to access healthcare compared to the general population.
  - Migrants were less likely to have reported they needed healthcare (21%; n=43/206) than Lebanese (42%) and PRL (51%; n=436/857).

Healthcare accessed
- There were no major differences among MHH, FHH and MHH/FHH in the types of healthcare facilities accessed.
  - 5% of households reported not seeking healthcare with no HoH gender difference.
  - Another 5% reported seeking healthcare but were unable to access it, no HoH gender difference.
  - The most common type of health facility respondents reported accessing was a private hospital. 37% of respondents overall reported going to these, with more assessed Lebanese (38%) reporting they accessed these facilities than assessed migrant households (25%; n=11/44) or assessed

PRL households (32%; n=140/437). There was little HoH gender difference for those who accessed this type of facility.

- The second most common facility respondents reported they accessed was government hospitals (23% overall). Assessed Lebanese households accessed these most often (25%) compared to only 17% of migrant assessed Households (n=7/42) and 14% of PRL assessed Households (n=62/436). There was little HoH gender difference for those who accessed this type of facility.
- Other commonly reported facilities accessed were private clinics (17%), government PHCs (13%), and pharmacies (8%).

Barriers faced to healthcare

- Households were asked whether anyone in the household had experienced unmet health needs. There were no major differences among FHH, MHH and FHH/MHH that included members who had had unmet health needs. Nor were there differences for older HoH or households that included at least one disabled member.
  - For assessed households with members who had experienced unmet health needs, 72% of were unable to afford the cost of treatment. Lebanese FHH (75%) reported inability to pay for treatment more than Lebanese MHH (70%).
  - For assessed households with members who had experienced unmet health needs, 57% were unable to afford the cost of consultations. PRL (63%; n=236/374) struggled with this more than Lebanese (56%) and migrants (50%; n=16/32). There were no major differences among FHH, MHH and FHH/MHH in this regard.

Health barriers anticipated

- There were no major differences between MHH, FHH and MHH/FHH in health barriers expected more generally.
  - However, 81% of households that included at least one person with a disability expected barriers to accessing healthcare compared to 66% of households that did not include any members with disabilities.
  - 11% of assessed households overall reported generally long waits for healthcare.
  - For those who had family members who had been unable to access healthcare, 60% of assessed Households said in general, they were unable to afford the cost of treatment.
  - Slightly more Lebanese FHH who had family members unable to access healthcare (62%) reported not being able to afford treatment than Lebanese MHH who had family members unable to access healthcare (55%).

- There were no major differences between MHH, FHH and MHH/FHH who reported at least one member had been unable to access healthcare in the types of health barriers anticipated.
  - 70% of assessed Lebanese and PRL and 40% of migrant households reported at least one health barrier anticipated. Migrant MHH (56%; n=49/87) reported anticipated health barriers more than FHH (19%; n=14/58) whereas PRL FHH (79%; n=65/82) more often anticipated barriers than MHH (33%; n=106/325).
  - 53% of assessed households who had at least one household member unable to access healthcare overall reported not being able to pay for the cost of treatments. Lebanese assessed households (54%) and PRL assessed (54%) reported being less able to pay than migrants assessed Households (34%). Migrant MHH (49%; n=43/87) were less able to afford treatment than migrant FHH (13%; n=9/72). PRL FHH (63%; n=52/83) were less able to afford treatment than PRL MHH (54%; n=174/325). No major difference for Lebanese.
  - 45% of households that included at least one member who was unable to access healthcare overall reported being unable to pay for the cost of consultations, with assessed Lebanese households (45%) and PRL households (50%) less able to pay than migrants assessed Households (33%). Migrant MHH (48%; n=42/87) were less able to pay than FHH (12%; n=9/73). PRL FHH (55%; n=46/83) were less able to afford consultations than MHH (48%; n=157/325).

Coping strategies for lack of access to healthcare
- There were no major differences between assessed MHH, FHH and MHH/FHH who had at least one member who was unable to access healthcare in coping strategies for adjusting to healthcare barriers.
  - Households that included at least one member with a disability (64%) were slightly more likely to be adopting health-related coping strategies compared to HH without disabled members (59%).
  - 19% of assessed households that had at least one member who was unable to access healthcare reported going to pharmacies instead to cope with healthcare barriers. PRL assessed households (25%) were particularly using this strategy. There were no major gender differences.
  - 17% of assessed households that included at least one member who was unable to access healthcare were delaying or cancelling visits as a coping strategy, with no major variations by gender or nationality.
  - 13% of assessed households who reported having at least one member unable to access healthcare switched to a facility closer to home, with no major variations by gender or nationality.
  - FHH (61%) were slightly more likely than MHH (56%) to report being unable to afford health treatment in general. 14% of MHH compared to 5% of FHH

said they experienced long waits for healthcare. Otherwise, there were no major differences between FHH and MHH in this regard.

Barriers to accessing medicine

- 85% of assessed households overall reported facing at least one barrier to accessing medicine. Fewer migrants reported barriers (50%; n=103/206) than Lebanese (13%) and PRL (14% n=121/856). There were no major differences between MHH, FHH and MHH/FHH in the types of barriers to accessing medicine.
    - More assessed households that included at least one disabled member (94%) reported at least one member who experienced barriers to obtaining medicine.
    - 70% of assessed migrant FHH (n=62/89) compared to 35% of migrant MHH (n=40/114) reported at least one member who experienced barriers to accessing medicine.

    - Of households that included at least one member who experienced who reported having barriers accessing medicine, 74% reported medicine was too expensive. Only 42% of migrants (n=86/207) reported this compared to 75% of Lebanese and PRL (n=641/858). Migrant MHH (57%; n=65/115) were more likely to report medicine was too expensive than migrant FHH (21%; n=19/89).
    - 55% of households with at least one member who experienced barriers to accessing medicine reported the medicine they needed was not available. Assessed migrant households reported this less often than assessed Lebanese and PRL households, especially migrant FHH (14%).

Coping strategies for lack of access to medicine

- There were no major differences among MHH, FHH and MHH/FHH in coping strategies used due to lack of access to medicine.
    - 54% of households reported they switched to substitutes to cope with lack of access to medicine. Only 35% of assessed migrant houesholds reported doing this, with no difference between migrant FHH and MHH.
    - 28% of households reported rationing medications, no major gender or nationality differences.
    - 26% of households reported acquiring medication outside Lebanon. Mostly Lebanese assessed Households were doing this (27%) compared to 20% PRL and 9% of migrant households.

Concerns for physical and mental health

- 33% of respondents reported they had concerns for the physical health of adults over 18. Lebanese households (35%) more often reported this than PRL households (25%) and migrants (14%). Assessed PRL FHH (32%) more often reported this concern than PRL assessed MHH (22%). No gender differences for Lebanese and PRL FHH/MHH

- Households with an older HoH (39%) were slightly more likely to report concerns about the physical health of adults over 18.
- 7% of respondents reported they were worried about the physical health of children under 18.
- 47% of assessed households overall reported they were worried about adults' psychological wellbeing, with no difference between FHH and MHH.
  - Assessed PRL households (53%) more often reported this than Lebanese Households (47%) and migrant households (26%).
  - Assessed migrant MHH (33%) reported this more often than FHH (18%).
- MHH (13%) were more likely than FHH (5%) to report being concerned about children under 18 being nervous, irritable, anxious.
- Only 14% of assessed households overall reporting seeking services/assistance for a psychological issue.
  - Only 4% of migrant households reported seeking support compared to 19% of PRL households and 13% of Lebanese households.

Reasons for not seeking psychological support
- The main reason assessed households did not seek psychological support was because they did not consider it a health issue. MHH (63%) were slightly more likely than FHH (58%) to not seek psychological treatment because they don't consider it a health issue. Otherwise there were no major differences between MHH and FHH in reasons for not accessing psychological treatment.
  - Assessed migrant FHH (79%) reported not seeking treatment for this reason at high rates compared to migrant MHH (51%). However, PRL MHH (66%) did not seek treatment for this reason at higher rates than PRL FHH (45%).
  - 17% of assessed households did not seek treatment because they did not know where to seek it. This was true for migrant households in particular (24%). Migrant MHH (29%) reported this more than migrant FHH (14%).
- There were no major differences between MHH and FHH in concerns around physical or psychological health otherwise.

WASH

Water sources
- 62% of households reported they relied on drinking water as their primary source, followed by protected wells and piped water, with no difference between FHH and MHH.
  - Assessed migrant households (79%) and PRL households (63%) were more dependent on bottled water than Lebanese Households (59%).
- 12% of assessed households had changed their source of drinking water in the past 6 months, mostly due to cost, with no difference between FHH and MHH.
- 91% of assessed households reported having sufficient drinking water, with no difference between FHH and MHH.

- 89% of assessed households reported having sufficient water for cooking, with no difference between FHH and MHH.
- 84% of assessed households reported having sufficient water for hygiene, with no difference between FHH and MHH.
- 83% of assessed households reported having sufficient water for domestic use, with no difference between FHH and MHH.
- 96% of assessed households reported having soap, with no difference between FHH and MHH.

Solid waste and sewage
- 63% of assessed households reported disposing of solid waste through the municipality, but PRL assessed households reported this slightly less often (56%). There was no difference between FHH and MHH.
- 94% of assessed households reported having flush toilets, with no difference between FHH and MHH.
- 68% of assessed households reported using sewage systems to drain wastewater, with no difference between FHH and MHH.
  - Assessed PRL households (81%) and migrant households (75%) reported this more than Lebanese households (65%).

Shared sanitation facilities
- 5% of assessed households (296 households total) reported sharing sanitation facilities with people outside the household.
  - Most assessed households with shared sanitation facilities were migrant households. 18% of assessed migrant households reported having shared sanitation facilities compared to 4% of PRL households and 5% of Lebanese households.
  - Of the 296 households with shared sanitation facilities, 222 (75%) were not gender segregated.
- Of households with shared sanitation facilities, only 21% were reported as gender segregated.
- Of the 295 assessed households with shared sanitation facilities, 82% reported having adequate lighting, with no difference between MHH and FHH. A larger proportion of assessed migrant households (94%) reported having adequate lighting compared to Lebanese households (82%) and PRL households (73%).
- 79% of assessed households reported shared sanitation facilities locked from the inside. Slightly fewer FHH (75%) reported having shared facilities that locked from inside than MHH (81%).
- 82% of assessed households reported sanitation facilities with safe routes to the facilities, with no gender difference.

Hygiene
- 72% of assessed households reported they had had to adapt to issues related to hygiene items in some way, with no difference between MHH and FHH.

- o 81% of households with disabled members had to adapt to hygiene issues in some way.
- 61% of assessed households reported relying on less preferred hygienic items, with no difference between MHH and FHH
  - o 43% of assessed migrant households reported relying on less preferred items with MHH (55%) reporting this more than FHH (30%).

Menstrual hygiene
- 52% of households reported some kind of issue in accessing menstrual hygiene products.
  - o Respondents reported that access to menstrual hygiene items was particularly limited in the North (71%), Bekaa (60%) and Baalbek (60%).
- 44% of assessed households reported they relied on less preferred items due to not having menstrual hygiene products, particularly PRL households (53%).
- 86% of assessed households reported women used disposable pads, 4% use reusable pads, 3% reusable cloth, and no one reported using tampons.

Shelter
Shelter type
- Almost all respondents (97%) reported living in apartments/houses/rooms with no difference.
  - o Slightly fewer (88%) of migrant assessed Households reported apartments than the national average. A few migrant MHH were living in concierge rooms (7%), garages (4%) and tents (3%). Migrant FHH were in apartments.
- 46% of assessed households had at least one type of shelter defect. Assessed migrant households (22%) reported fewer defects than Lebanese households (46%) and PRL households (52%).

Shelter defects
- The main shelter defects respondents reported were leaking roofs (24%), damaged roofs (20%), leakage and rot (16%), and damaged walls (15%). There were no major differences among FHH, MHH/FHH and MHH on types of shelter defects.
  - o Assessed PRL households (30%) were more likely to have damaged roofs than Lebanese households (19%) and migrant households (8%). Assessed PRL households were also more likely to have reported damaged walls (22%) than Lebanese households (14%) or migrant households (4%), with no difference between MHH and FHH.

Occupancy arrangements
- Overall, 68% of respondents reported owning their homes and 24% were renting. Fewer FHH were owners (61%) than MHH 70%. Only 7% of migrant assessed households reported owning their homes.

- o Older HoH were more likely to report owning their homes (75%). Older MHH in particular (77%) reported owning homes compared to older FHH (72%)
- o Most assessed migrant FHH (60%) reported living in employer provided homes, 16% were renting, 16% were hosted with no rent, and 8% owned.
- o Most migrant MHH (48%) lived in employer-provided homes. Another 38% rented, 6% owned and 6% were hosted with no rent.

Tenure arrangement
- Of the total population who did not own their homes, one third reported having rent agreements before 1992[10] (33%), 20% having rent agreements after 1992, 20% having informal/verbal rent agreements, and 13% being hosted for free. FHH were slightly more likely to have rent agreements from after 1992 (26%).
  - o More assessed Lebanese MHH had rent agreements from before 1992 (37%) than Lebanese FHH (31%).

Rent currency
- 95% of renting households are paying in LBP, no gender or nationality difference

Rental period
- 76% of assessed households reporting being renters were renting for month long periods, with MHH (81%) more often on monthly rental periods than FHH (65%). Migrant assessed households (95%) and PRL assessed households (89%) in particular reported month to month rental agreements compared to 72% of Lebanese assessed households.
  - o An additional 17% of assessed households reporting being renters overall were renting on 12-month periods, with FHH (25%) more often renting for 12 months than MHH (13%). This applied mostly to Lebanese assessed Households.

Housing Land and Property rights
- 9% of assessed households overall reported an HLP issue, with no difference between MHH and FHH

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Food security
Note: the food security sector of the Emergency Response Plan 2021 has not used the MSNA 2021 data due to some data limitations that will be addressed in the MSNA 2022. The findings from the food sector of the MSNA provide the most up to date and largest data samples available in Lebanon, and are provided below for additional actors.

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[10] Agreements prior to 1992 were based on the rate of the lira before it underwent significant devaluation in the early 1990s. Therefore rental agreements prior to 1992 are far less expensive than those that came into effect after.

Food consumption
- Food consumption scores were better for male and female co-headed households compared with the other HH groups. 75% of co-headed households were acceptable compared with approximately 50% for MHH and FHH.
- 1.5% of assessed households (79 individual households) reported infants who needed formula. These were mostly Lebanese MHH; only 6 FHH reported having infants in need of formula.

Household hunger
- 34% of assessed households reported there were times when there was no food in the house in the 30 days prior to data collection, with no difference between MHH and FHH.

  - A higher proportion (47%) of assessed households that included at least one member with a disability reported times with no food in the house in the 30 days prior to data collection.
  - Assessed PRL households in particular reported going through times when there no food in the house, at 46% compared to 32% of Lebanese households and 22% of migrant households. There were few differences between PRL FHH and MHH reporting this
- 11% of assessed households reported there were times when household members went to sleep hungry, with no difference between MHH and FHH
- 6% of assessed households reported household members went whole days without food, with no difference between MHH and FHH

Coping strategies
- 84% of assessed households reported they were reducing food expenditures to cope with a lack of food with little difference between MHH and FHH
  - This figure was as high as 91% for households with disabled members
- 54% of assessed households were spending their savings or had already spent it to purchase food, with no difference between MHH and FHH.
- Nationally, 35% of assessed households were purchasing food on credit, with no difference between MHH and FHH.
  - Assessed PRL households were more likely to be purchasing food on credit (43%) than Lebanese households (34%). PRL FHH (51%) in particular were using this strategy, with PRL MHH at (41%).
- 32% of assessed households overall were selling their productive items such as transport, or had already sold it, to cope with no food. Lebanese MHH (35%) were more often doing this than Lebanese FHH (29%).

Livelihoods

Assessed individuals who had worked in the 30 days prior to data collection[11]

- 51% of men compared with 21% of women had worked in the 30 days prior to data collection.

Table 6 Assessed individuals who had worked in 30 days prior to data collection by gender and nationality

Gender	Lebanese	Migrant	PRL	Total
Men	50%	78% (297/382)	40% (46/115)	51%
Women	20%	46% (202/442)	11% (13/117)	21%
Total	34%	61% (499/823)	25% (59/232)	36%

- Only 8% of assessed women with disabilities and 27% of men with disabilities had worked in the 30 days prior to data collection, far lower than the national averages for men and women overall.
- For assessed Lebanese, the proportion of women who had worked in the 30 days prior to data collection was lowest in Akkar (10%), the North (12%) and Bekaa (15%). It was highest in Mount Lebanon (24%), Beirut (23%) and Baalbek (21%).

Table 7 % of assessed men and women who had worked in the 30 days prior to data collection by governorate

Gender	Akkar	Baalbek-El Hermel	Beirut	Bekaa	Mount Lebanon	Nabatieh	North	South	Total
Women	10%	21%	23%	15%	24%	18%	12%	17%	20%
Men	39%	44%	47%	47%	54%	48%	47%	51%	50%

Labor force participation (LFP)[12]

Overall LFP

- Around half (52%) of the assessed working age population was participating in the paid labor force, with men (70%) twice more likely to participate than women (35%).

Table 8 LFP for Lebanese men and women and for total assessed men and women

Gender	LEBANESE	TOTAL
Female	34%	35%
Male	69%	70%
Total	51%	52%

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[11] This figure is different from labor force participation. This figure reflects the proportion of respondents who indicated they had worked in the past 30 days whereas labor force participation is the proportion of people working or looking for work relative to the overall working-age population.

[12] The labor force participation rate was only calculated for the Lebanese population because the population of PRL and migrants was too small to accurately report.

LFP for Lebanese men and women with disabilities

- The labor force participation rate for assessed Lebanese women with disabilities was as low as 17%. LFP for assessed Lebanese men with disabilities (41%) was also far lower than for men without disabilities (69%).

Table 9 LFP for assessed Lebanese men and women with and without disabilities

Gender	Without disability	With disability	Total
Female	35%	17%	34%
Male	72%	41%	69%
Total	**53%**	**29%**	**51%**

LFP for Lebanese men and women by governorate

- Lebanese women's labor force participation was highest in Akkar.[13] Otherwise it was around 33% for the other governorates.

Table 10 LFP for assessed Lebanese men and women by governorate

LFP by governorate	Akkar	Baalbek-El Hermel	Beirut	Bekaa	Mount Lebanon	Nabatieh	North	South	Total
Women	38%	35%	33%	34%	35%	30%	27%	33%	34%
Men	73%	62%	63%	71%	69%	71%	75%	70%	69%
Total	55%	48%	47%	51%	51%	50%	50%	50%	51%

Unemployment rate [14]

Overall unemployment

- The overall unemployment rate among the assessed population was 28%. Unemployment was the same for assessed Lebanese.
- Findings suggest that on average, for all population groups, the unemployment rate was far higher for assessed women (36%) than men (23%).

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[13] It should be noted how this contradicts the findings of the Labor Force, Household and Living Conditions Survey conducted by the International Labor Organization and the Lebanese Central Administration for Statistics in 2019, which found highest women's LFP in Mount Lebanon (35%) and very low LFP in Akkar (15%). It is also worth noting that unemployment for women in Akkar was extremely high. This could suggest that more women have joined the labor force in response to the ongoing crisis.

[14] The unemployment rate was only calculated for the Lebanese population because the populations of assessed PRL and migrants was too small to accurately report.

- Unemployment among assessed Lebanese women (39%) was far higher than for assessed Lebanese men (23%).

Unemployment for Lebanese men and women with disabilities
- The unemployment rate for assessed Lebanese people with disabilities (38%; n=141/367) was higher than the national rate (28%). For women with disabilities unemployment is highest of all, at 50%; (n=50/101).

Table 11 Unemployment rate of assessed Lebanese men and women by disability status

Gender	Without disability	With disability	Total
Women	37%	50%	38%
Men	23%	34%	23%
Total	28%	38%	28%

Unemployment for Lebanese men and women by governorate
- The unemployment rate for Lebanese women is exceptionally high in Akkar (71%), the North (53%) and the Bekaa (52%).

Table 12 Unemployment rate for assessed Lebanese men and women by governorate

Gender	Akkar	Baalbek-El Hermel	Beirut	Bekaa	Mount Lebanon	Nabatieh	North	South	Total
Women	71%	39%	25%	52%	28%	37%	53%	44%	38%
Men	41%	24%	22%	28%	18%	28%	33%	22%	23%
Total	51%	30%	23%	36%	22%	31%	38%	29%	28%

Obstacles to employment
- The main obstacle to employment was competition and scarcity. 33% of assessed households overall reported this as an obstacle, with MHH (34%) reporting this more often than FHH (29%).
- 13% of assessed households said jobs were too far away, no difference between MHH and FHH
- 12% of assessed households overall reported they were underqualified for work as an obstacle, no gender difference
- 45% of FHH said employment obstacles were "not applicable" compared to 39% of MHH

Work permit
  - 83% of assessed migrant FHH compared with 66% of assessed migrant MHH had work permits

Loss of work

- 61% of assessed households overall reported challenges in affording basic needs as a result of lost or reduced employment in the 3 months prior to data collection. 63% of MHH compared with 56% of FHH reported they had faced challenges affording basic needs as a result of lost/reduced employment

    o The proportion of households reporting challenges affording basic needs due to lost work was as high as 67% for households with disabled members
    o Only 37% of assessed migrant households said this had been a problem. Migrant MHH (54%) reported this more than migrant FHH (15%).
- 29% of MHH, 32% of MHH/FHH and 21% of FHH had lost work in the past year *(likely because more men work)*

Challenges meeting essential needs

- 28% of MHH reported they could not meet education needs compared with 13% of FHH
- Otherwise, in general, there were no major differences between MHH and FHH in challenges meeting different needs
- 62% of assessed households had trouble meeting communication needs due to financial issues, access issues, or both in the 3 months prior to data collection, with no gender difference.
    o Difficulties meeting communication needs was slightly more common (68%) among households with disabled members
- 85% of assessed households reported having difficulties meeting their health needs with no gender difference
    o Difficulties meeting health needs was slightly more common (93%) among households with disabled members
- 44% of assessed households reported having trouble meeting shelter needs in the past 3 months. Lebanese FHH (49%) in particular had this issue compared to 41% of Lebanese MHH.
    o 51% of PRL MHH had issues meeting shelter needs compared to 39% of PRL FHH
    o There were no notable variations in this issue households with an older HoH
- 81% of assessed households overall reported having trouble meeting transport needs. MHH (83%) reported this issue more often than FHH (76%).
    o PRL FHH (87%) reported this issue more than PRL MHH (81%).
- 60% of assessed households reported having issues meeting water utility needs, with little HoH nationality or gender variation
- 87% of assessed households reported having challenges meeting electricity needs, with no HoH nationality or gender variation

Expenditure
- On average, assessed households reported spending 51% of their income on food, 17% on health and only 5% of their income on rent, with little gender difference or variation across nationality groups.
- Assessed households reported spending 25% of their income on education-related expenditures, with little difference between MHH and FHH.
- 35% of assessed households reported spending between 2.4-5 million LBP per month, 29% spending between 1-2.4 million LBP and 15% spending between 5-8 million. Migrant assessed households (50%) more often spent between 1-2.4 million than PRL assessed households (30%) and Lebanese households (28%). Little difference between MHH and FHH in average expenditure ranges.
- There was little difference between MHH and FHH in average monthly income between FHH, MHH, and Co-households[15].

Income sources
- Overall, 43% of assessed households reported relying on daily work as their main source of income. 47% of MHH, 48% of MHH/FHH and 30% of FHH report depending on income from daily work as their main source of income
  - Only 29% of assessed households with older HoH relied on daily work for their income. Older FHH (21%) relied on this less than older MHH (34%).
  - Assessed migrant households, particularly migrant FHH, were less likely to report this as their main source of income. 35% of migrant assessed households overall said daily work was their main income source, with MHH (47%) reporting this more than FHH (17%).
  - Migrant FHH (80%) on the other hand had contract work more often than MHH (48%)
  - PRL MHH (47%) had daily work more often than FHH (32%).
- FHH (31%) reported they relied more on family and community support for their main source of income compared to 12% of MHH.
  - 44% of older FHH relied on family and friends compared to 22% of older MHH
  - 42% of PRL FHH relied on friends and family compared to 12% of PRL MHH
  - 27% of households that included at least one person with a disability relied on family and community support compared with 15% of households without

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[15] *No gender wage gaps were calculated as income was measured at the household level, not individual level.*

Table 13 Income sources for assessed Lebanese, PRL and migrant MHH and FHH

Income source	Lebanese		Migrants			PRL		Total	
	MHH n=3,083	FHH n= 1,208	MHH n=114	FHH n=89		MHH n=634	FHH n=177	MHH n=3,831	FHH n=1,474
Daily work	46%	30%	47%	17%		53%	32%	47%	30%
Contract	28%	26%	48%	80%		14%	7%	26%	27%
Savings	22%	25%	10%	3%		18%	14%	21%	23%
Friends and family	12%	31%	2%	2%		16%	42%	12%	30%

Debt

- MHH more often owed debt (46%) than FHH (37%)
- Most debt was owed in LBP. 40% of households had debt in LBP and 7% in USD.
- Assessed households were reporting taking on debt to cover basic needs. The main reason reported for taking on debt was to cover household expenses (49%) followed by healthcare (14%) and food (12%).
  - PRL FHH in particular were taking on debt to cover household expenses (64%) compared to PRL MHH (48%).
  - Slightly more Lebanese FHH (19%) were taking on debt than Lebanese MHH (13%) to cover health expenses

Protection

Concerns for women

- 27% of assessed households overall reported safety and security concerns for women in their area. Little nationality difference. Women respondents (29%) were slightly more likely to state they had security concerns than men (25%).
- Akkar was the governorate where assessed households reported the most security and safety concerns for women from their community. 49% of assessed households in Akkar governorate reported concerns about safety and security for women from their community. This was followed by the North (39%), Baalbek/Hermel (38%), and Beirut (32%).
- 19% of assessed households reported concerned about women being robbed. Little nationality or gender difference.
- 6% of assessed households reported concerns about verbal harassment
- 5% of assessed households reported concerns about sexual harassment
- 5% of assessed households reported concerns about abduction
- Main safety and security concerns for all households across the board were being robbed and kidnapped
- There was little difference between male and female respondents for any of these concerns

Concerns for girls
- 35% of assessed households reported safety and security concerns for girls from their community, with little HoH gender or nationality difference.
- Women respondents (16%) were more concerned than men respondents (11%) about girls being abducted. Otherwise, there was also little difference between women and men respondents
- Akkar (51%) had the most assessed households with security concerns for girls followed by the North (49%) and Baalbek/Hermel (43%).
- Top security concerns were reported as follows:
  - 11% of assessed households overall had concerns about girls being verbally harassed, PRL assessed households (17%) in particular
  - 10% reported concerns that girls would be sexually harassed

Table 14 Most common safety concerns for girls

Safety concern	Lebanese	PRL	Migrants	Total
Being robbed	17.3%	11.7%	8.1%	16%
Being threatened with violence	4.6%	6.3%	2.8%	4.8%
Being kidnapped	12.2%	16.3%	12.4%	13%
Suffering from physical harassment or violence (not sexual)	7.4%	8.4%	8.1%	7.5%
Suffering from verbal harassment	10.1%	17.0%	14.1%	11%

Concerns for boys
- Overall 32% of assessed households had safety and security concerns for boys from their community, with MHH (32%) slightly more likely than FHH (26%) to have this concern.
- Female respondents (36%) were more likely to report having security concerns for boys than male respondents (29%).
- Female respondents (16%) were more concerned about boys being kidnapped than men respondents (9%). Women (9%) were also slightly more concerned about boys being sexually harassed than men (4%).
- 15% of assessed households reported concerns that boys might be robbed, 12% they might be kidnapped and 10% about bullying. Other lesser concerns were verbal harassment (8%), sexual harassment (6%), physical harassment or violence (6%). Few differences between nationalities and MHH and FHH with these concerns.

Unsafe areas
- Overall, 10% of assessed households reported there were places where women felt unsafe in their areas. Female respondents (12%) were slightly more likely to

report there were places where women felt unsafe compared to male respondents (8%).

- o 17% of assessed PRL households compared with 9% of Lebanese households and 5% of migrant assessed households reported women feel unsafe in certain areas.

- Overall, 61% of assessed households felt streets were unsafe, 41% felt markets were unsafe, 25% felt public transportation was unsafe, with little variation between MHH and FHH

Specialized services
- Among assessed households with female members, 11% of reported being aware of psychosocial support for women and girls within 30 minutes of home by respondents' usual form of transportation.

  - o 20% of assessed PRL households reported being aware compared to 5% of migrant households and 10% of Lebanese households
- Among assessed households with female members,12% of reported being aware of recreational activities organized for women and girls within 30 minutes of home by respondents' usual form of transportation.
  - o 20% of assessed PRL households reported knowing this compared to 9% of migrants and 11% of Lebanese
- Among assessed households with female members, 20% of households reported being aware of reproductive health services for women and girls within 30 minutes of home by respondents' usual form of transportation.
  - o 21% of Lebanese, 19% of PRL and 8% of migrants knew about reproductive health services in their area
- Among assessed households with female members, 12% of households reported being aware of services offered for women and girls if they experience some form of violence within 30 minutes of home by respondents' usual form of transportation.
  - o 17% of PRL knew about this compared to 5% of migrants and 11% of Lebanese
- For those who knew of any of the above specialized services, most (75%) experienced no barriers to accessing them.

Children outside the home
- 0.5% of assessed Lebanese households, 1.4% of assessed PRL households and 5.8% of assessed migrant households reported having children under 18 living outside the house.

Aid and accountability
- Overall, 17% of assessed households reported having received aid, with little gender difference.

- o 34% of PRL assessed households had received aid compared to 14% of Lebanese and 5% of migrants
- o Assessed PRL FHH (43%) had received assistance compared to 33% of PRL MHH
- MHH (32%) were slightly more likely than FHH (28%) to have received cash assistance
  - o PRL MHH (62%) more often received cash than PRL FHH (44%).
  - o
- Overall 67% of households had received food assistance, with FHH (75%) far more likely than MHH to have received food assistance (63%)
- There were no other notable differences between MHH and FHH in assistance accessed

Barriers to accessing aid
- 73% of assessed households reported at least some barrier in accessing aid.
- Overall 44% of assessed households reported having not tried to access assistance. 45% of MHH compared to 40% of FHH had not tried to access assistance
- 32% of assessed FHH compared to 26% of MHH said they had no barriers to accessing assistance
- 11% of assessed households overall reported not understanding how to apply for assistance with no gender difference

Desired information type
- 55% of assessed households overall reported wanting information on livelihoods, with little difference between MHH and FHH
- 50% of assessed households reported wanting information on healthcare with little difference in HoH nationality or difference between MHH and FHH
- 35% of assessed households reported wanting information on humanitarian aid with little difference between MHH and FHH
- 26% reported wanting information on electricity, with little difference between MHH and FHH
- 19% reported wanting information on education. MHH (22%) wanted this more than FHH (11%).
- 15% reported wanting information on water, with little difference between MHH and FHH

Information channels
- 23% of assessed households reported wanting information via SMS. MHH (23%) desired this more than FHH (17%).
- 24% of assessed households reported wanting information through WhatsApp, with little difference between MHH and FHH