



Multi-Sectoral Rapid Needs Assessment

DECEMBER 2020



CONTENT

Executive Summary	05
Context	06
Methodology	08
Key Findings	08
Demographics	10
Water, Sanitation and Hygiene (WASH)	12
Health	15
Livelihoods.....	18
Food Security.....	22
Safety Concerns	24
Humanitarian Assistance	25
Conclusion	26



EXECUTIVE SUMMARY

The Multisectoral Rapid Needs Assessment (RMSNA) analyzed a sample of Lebanese and Syrian families residing in Lebanon to provide a multi-sectoral update of this population situation. The content of this report demonstrates some deterioration in specific indicators, and the high levels of vulnerabilities that both Lebanese and Syrian refugees in Lebanon are presenting. About half of the households have an unstable employment status. Additionally, despite the various assistance programs to families, many of them continue to have medium or high food coping strategy index, and increased debt mainly in food and rent in all areas across the country. Besides, in light of the current dollar inflation crisis and the deteriorating socio-economic status, most families are getting paid below the minimum wage.

CONTEXT

Lebanon is currently amid its most severe economic and financial crisis on record. Since 2019, the country has been facing growing hyperinflation, shrinking foreign currency reserves, and an insolvent banking sector imposing unofficial capital controls on its depositors' accounts. Decades of failed governance after its long civil war have culminated in the current debt crisis, which has been compounded by the COVID-19 pandemic and finally the Beirut port blast on the 4th of August. These combined crises have made of Lebanon a fertile ground for an impending humanitarian crisis.

Background to the Economic and Financial Crisis

The current debt crisis, together with the COVID-19 pandemic and finally the Beirut port blast on the 4th of August, have rendered Lebanon a fertile ground for an impending humanitarian crisis.

Since the Taif Agreement, which ended its 15-year civil war, Lebanon's elites and the current political class have controlled numerous successive governments that have been ineffective in creating a sustainable economic model. Despite its small population, Lebanon is deeply divided on sectarian and tribal lines, which, coupled with very high levels of institutionalized corruption, have created an economic model based on sectarian patronage and clientelism. In the above-mentioned context, the rentier economy established after 2005, excessively dependent on imports on an artificially sustained currency peg, was bound to collapse. This has resulted in a failed economy plagued with extreme inequality. Reform in this context is highly unlikely. Sectarian representation and a delicate balance of players in the governments after the civil war have resulted in a "lame duck" system forced to accommodate every single player involved in taking and in making any governance decisions.

To fund this unsustainable system, Lebanon's Central, and commercial banks have engaged in fiscal policies resembling a state-sanctioned Ponzi scheme. Exuberant interest rates, upwards of 18%, were offered to depositors to attract large inflows of cash into the banking sector. Lebanon's Central Bank would go on to be the primary recipient of these deposits from commercial banks, offering extremely high returns and using the money to maintain the Lebanese Pound peg to the US Dollar and fund the import of goods. Years of deficit funded by depositors' money have resulted in one of the highest debt-to-GDP ratios in the world, reaching 170%. It is now estimated that the Central Bank owes commercial Lebanese banks around \$100B due to these tactics.

Waning foreign currency reserves and insolvency in banks have resulted in the imposition of unofficial capital controls on depositors of USD in Lebanon. Though the Lebanese pound used to trade at a fixed rate of approximately 1507 LBP to the Dollar as the official bank rate, lack of access to USD from accounts has resulted in a black market, in which the pound currently stands at over 8000 LBP to the Dollar, and placing Lebanon well into hyperinflation. Banks have now allowed holders of current USD accounts to withdraw their money at a third rate of 3900LBP to the Dollar. Being heavily reliant on imports, this has crushed the purchasing power of most Lebanese people, leading to bankruptcy and high unemployment.

COVID Pandemic

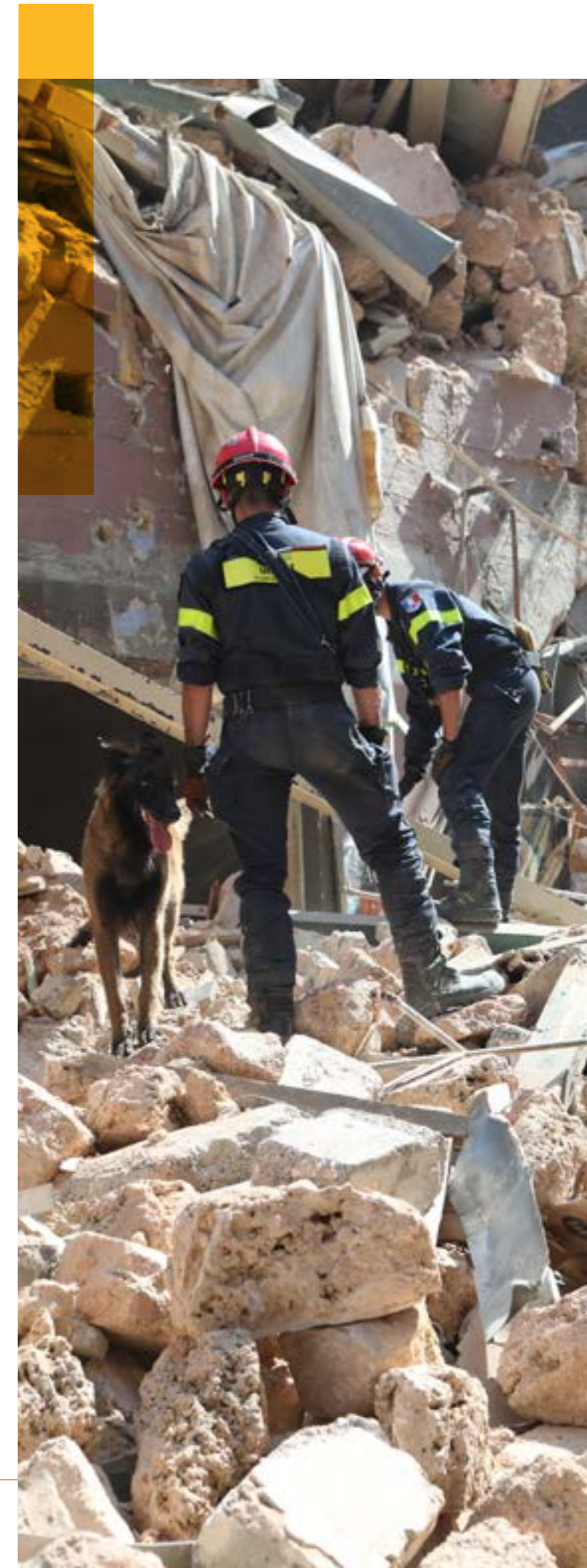
Adding to the difficulties of the fiscal crisis, the Lebanese have suffered greatly due to intermittent lockdowns (of varying severity) to curb the spread of COVID-19. Businesses have closed and incomes have greatly shrunk because of these measures. As much as two-thirds of the Lebanese households have had their incomes reduced during this time. This health crisis has also pressured an already ailing healthcare system. The Lebanese people are even reporting a deterioration in their healthcare system, while a record number of infections arise daily. ICU beds allocated for COVID patients have been occupied at a rate of around 72%.

Beirut Blast

On the 4th of August 2020, an explosion on the Beirut port took the lives of almost 200 people, and displaced close to 300,000 individuals. It has also caused an estimated \$15B in damages to the city. In what seems to have been a result of years of neglect, the explosion has been the culmination of the ingrained ineffectiveness and corruption that have been plaguing Lebanon for decades. Its effects have further served to make the humanitarian crisis in Lebanon even more pressing.

The above-mentioned crises have clustered to create a humanitarian challenge touching the Lebanese in multiple aspects. Hyperinflation, loss of purchasing power, food insecurity, and unemployment affect most Lebanese today and are bound to lead to a crisis in shelter, WASH, education, livelihoods, and healthcare. Knowing this, it is necessary to conduct a more quantitative analysis of the effects that the Lebanese are suffering in all these aspects. The growing needs of the Lebanese require a deeper assessment for effective intervention, and so the below survey has been conducted to address these concerns.

Source: CARE International. (2020). Context Analysis.



METHODOLOGY

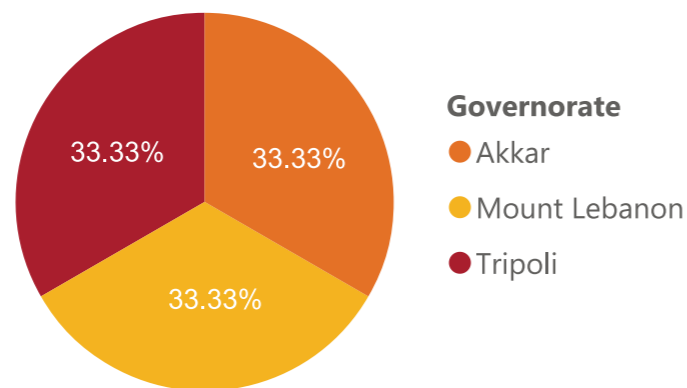
Between the 3rd and the 9th of September 2020, CARE's outreach volunteers interviewed 283 conveniently selected Lebanese and Syrian households, covering three main districts across Lebanon: Mount Lebanon, Tripoli, and Akkar. The assessment methodology aimed at sampling an equal number of participants from the different geographical areas; the sample included an equal percentage of each (33.33%) (Figure 1).

The survey comprises ten different sections starting with demographics and general information as section one. Then various questions tackling the household

economic situation and needs were categorized under several sectors: livelihoods, income and expenses, WASH, health, food, education, safety, and humanitarian initiatives. Informed consent and a clear disclaimer that the data collected is purely for research purposes always preceded any interview. KoBotoolbox was used for survey digitization and field data collection.

Twenty-seven data collectors were trained on conducting the survey on the 19th, 20th, and 21st of August 2020 in Akkar, Tripoli, and Mount Lebanon respectively.

Fig 1. Sample Distribution by Area



KEY FINDINGS

Employment Status

While few heads of households reported having a full time (18%) or part time employment status (10%), a significant percentage reported having an unstable employment status (49%) or were completely unemployed (23%). When examining jobs that were mostly vulnerable among the Lebanese and the Syrians, daily laborers including taxi drivers, carpenters, farmers, blacksmiths, painters, restaurant workers, and concrete workers came up most frequently.

Access to Healthcare

Overall access to primary and hospital care was at an acceptable level (72%). Besides, the majority of households reported having an easy and safe access to health facilities; however, the most commonly reported barriers among those who had a hard access to healthcare were: doctors' fees, medication, transportation cost, and physical limitations. For

instance, 42% of the families cited cost as a barrier to health care, indicating that economic vulnerability continues to be the most notable cause of poor access to care. Findings also indicated that the area of residency and gender of the head of household play an important role in defining access to healthcare.

Household food security

Food coping strategies, and the share of expenditure on food has increased in 2020. For instance, 19% of households had a medium food coping strategy index and 40% had high food coping strategy index. Due to the socioeconomic instability, food security for Lebanese and Syrians has been witnessing major changes since previous years, with the smallest proportion of households being marginally food secure (41%). Women-headed households are more food insecure than men-headed households (65% vs 53% respectively). Food

insecurity is the highest in Mount Lebanon (70%), followed by Akkar (59%), and Tripoli (53%).

Economic Vulnerability

Following the inflation of the Lebanese pound, that has reached an all-time high of 533% in November 2020, the proportion of Lebanese and Syrian households earning below the minimum wage has dramatically increased from 44% (exchange rate of 1500 LBP per US\$) to 94% (exchange rate of 8000 LBP per US\$). 29% of households are earning less than 450000 LBP per month, which is currently equivalent to US\$ 1.80 a day. The data also displayed that the average monthly expenditure was around 173\$ per month, or 5.7\$ a day, following an exchange rate of 8000 LBP per US\$. The proportion of households having debt was 68% showing that most of the families lack enough resources to cater for their essential needs.

Main reasons for borrowing food (79%), rent (53%), and health care payment (33%).

More women-headed households are borrowing to buy food (40% vs 37% for women) and pay rent (27% vs 24% for women) while more men-headed households are borrowing in order to pay for education (8% vs 1% for men) and household items (13% vs 10% for men).

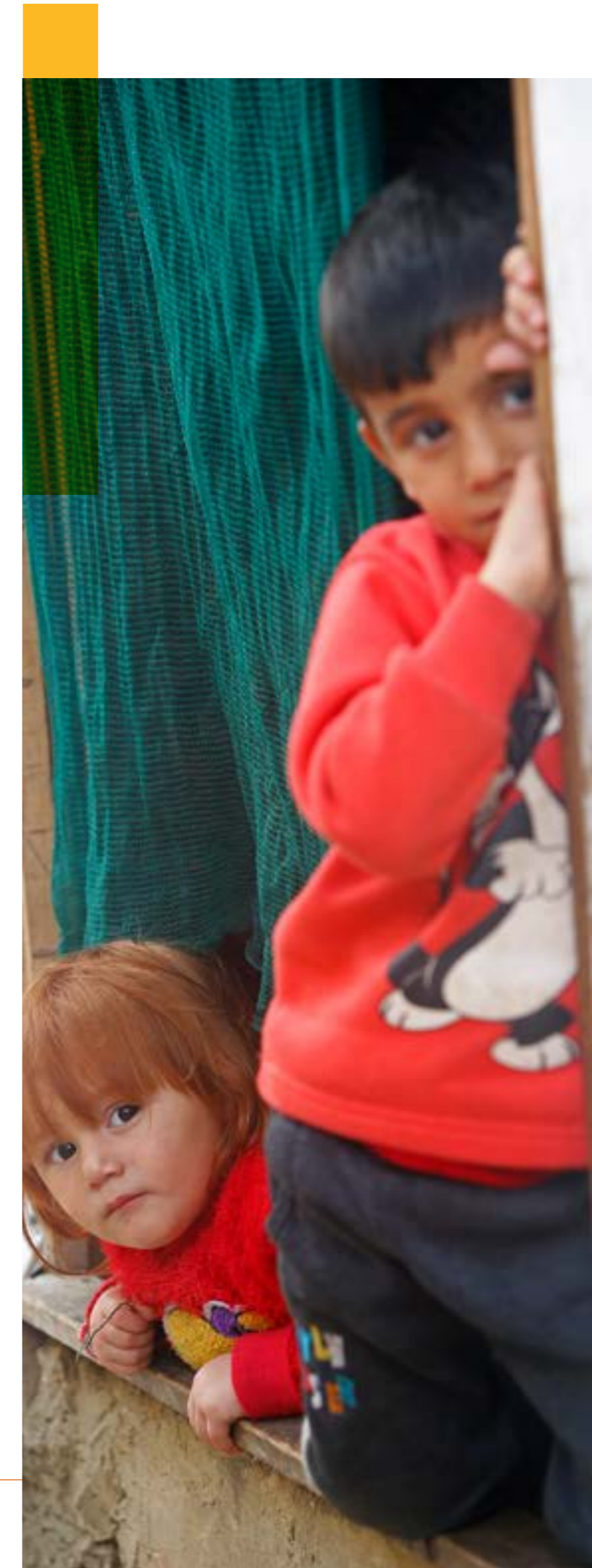
Access to Water, Sanitation, and Hygiene

In terms of access to drinking water, 89% of households have access to improved drinking water source. As for access to basic hygiene items, 6 out of 10 households reported having at least one missing item. Disinfectants, cleaning products, hand sanitizers, and shampoo were the most commonly reported as missing.

School enrollment

The share of households with children aged between 5 and 18 years of age was 55%. Out of these households, only 18% remain capable of affording schooling. The remaining 82% are no longer able to afford schooling, the majority of whom have children in private schools. Nonetheless, 37% of households who have children in a public school are also not able to afford schooling anymore.

The majority of the latter households are in Akkar (45%), followed by Tripoli (31%), then Beirut and Mount Lebanon (24%).





DEMOGRAPHICS

KEY FINDINGS

Household size was on average four individuals in a typical Lebanese household, and five individuals in a typical Syrian refugee household in Lebanon.

17% of the households are headed by a woman, and 10% by individuals above the age of 59. The share of households with at least one member with a specific need (disability, chronic disease, serious medical condition, temporary illness or unable to carry out daily activities without support) was 48%.

Population Profile

There was a larger share of interviewed women as compared to men. Sixty-two percent of interviewed individuals were women.

Overall, 62% of interviewees were married, and thirty-eight percent were single, divorced, widowed, or separated.

The average household size was 5 individuals per household. On average, households are composed of 1 elderly aged 59 years and above, 2 adults aged between 18 to 59 years old, 1.4 children aged 6 to 17 years old, and 1 baby aged 5 years or younger.

The percentage of households with a woman head was 17% (Figure 2). The highest percentage of households headed by a woman was in the Akkar (18%) and the lowest was in Beirut/Mount Lebanon (13%). The share of households headed by an elderly was 10%.

Fig 1. Distribution of Population above and below 18 years old

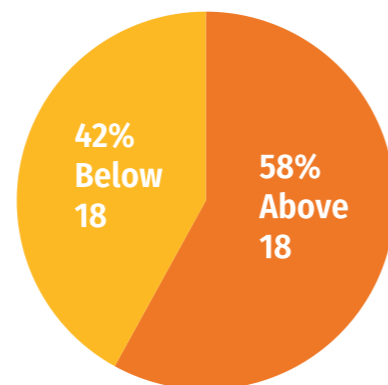
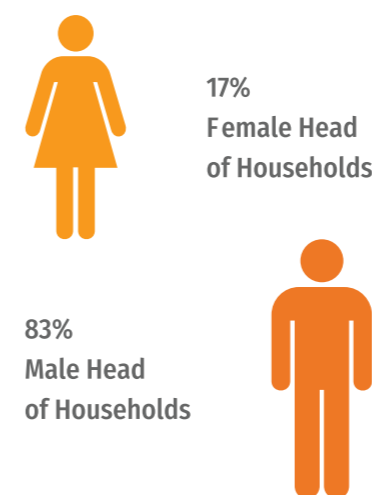
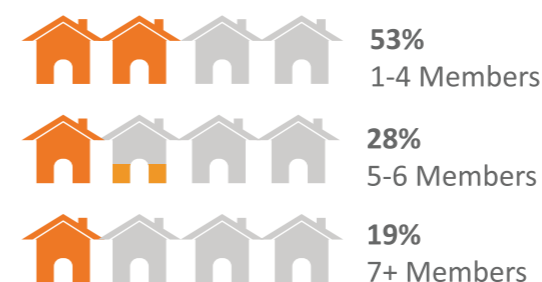


Fig 2. Percentage of Female Headed Households in the Interviewed Population



The greatest share of households (53%) has up to 4 household members, 28% have 5 to 6 members and 19% have 7 household members or more (Figure 3). 42% of households have at least one member under the age of 18, and 11% have at least one child aged 5 years or below. 8% of households have an elderly member aged 59 or above.

Fig 3. Percentage of Households by Number of Members per Household



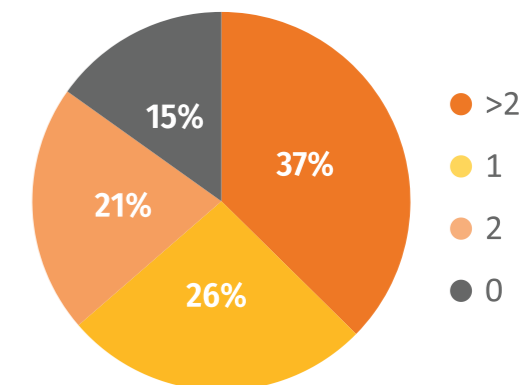
DEPENDENCY

Dependent individuals include those aged 17 or younger, 59 or older, and other individuals aged 18 to 59 years and are not able to carry daily activities due to a specific needs like disability, chronic or acute disease.

Dependency Ratio: Number of dependents divided by the number of non-dependents in a household.

The average dependency ratio is 1, indicating that almost each non-dependent member is responsible for another dependent member in the household. More than half of the interviewed households had at least 2 dependents (Figure 5).

Fig 4. Share of Dependents among Interviewed Households



SPECIFIC NEEDS

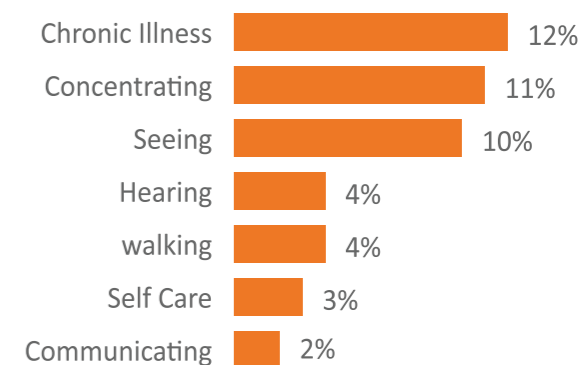
Specific needs include household members with physical or mental disability, chronic or acute disease, or those who need support in carrying daily activities.

The percentage of households with at least one member with specific need was 48%.

Thirty-three percent of the interviewed population had difficulty (seeing, hearing, walking, self-caring, concentrating, and/or communicating).

Twelve percent of the interviewed population had chronic illness such as chronic lung disease, moderate to severe asthma, history of heavy smoking, cancer, diabetes, obesity, and/or immune deficiencies (Figure 5).

Fig 5. Percentage of Individuals with at Least One Specific Need





WATER SANITATION AND HYGIENE (WASH)

KEY FINDINGS

89% of interviewed households reported having access to enough water to meet their daily household needs.

However, there was a great variation in access to water across the three covered areas. For instance, 72% of the households in Akkar reported having access to enough water, while only 55% of households in Tripoli and 64% of the households in Mount Lebanon reported having enough access to water (Figure 1).

On average, interviewed households pay 25,000 LBP per month for access to water.

The amount paid for water services vary across areas, ranging from around 18,000 LBP per month in Akkar and Tripoli, to 33,000 LBP in Beirut and Mount Lebanon.

HYGIENE

Sixty-one percent of interviewed households had at least one basic hygiene item missing (Figure 2); the majority reported having disinfectant/cleaning items missing (83%), followed by hand sanitizers (76%), and shampoo (38%) (Figure 3).

On average, interviewed households pay around 100,000 LBP per month on basic hygiene items.

Fig 1. Percentage of Households with Enough Access to Water per Area

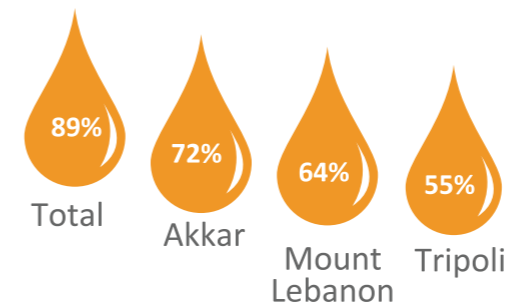


Fig 2. Share of Households with Missing Hygiene Items

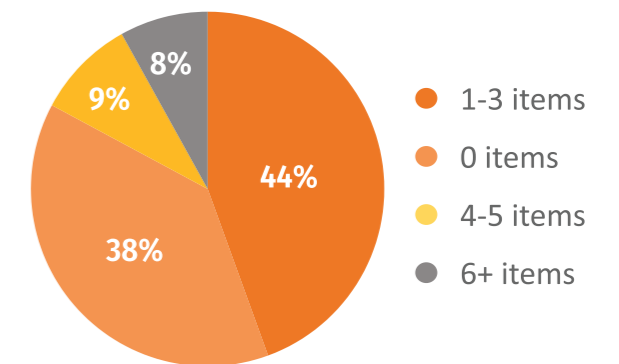


Table 1. Type of Missing Hygiene Items in households

HYGIENE ITEMS	PERCENTAGE - %
Disinfectant/cleaning products	83
Hand sanitizers	76
Menstrual hygiene items	38
Shampoo	27
Soap	26
Toilet paper	22
Water	3

FEMININE HYGIENE

72% of the households that reported not having at least one feminine hygiene item were Syrians, while only 28% were Lebanese.

On average, interviewed households pay around 30,000 LBP on Feminine Hygiene items, per month.

As a mitigation measure, among those who reported not having disposable pads, 81% are using reusable pads and/or reusable underwear.

The share of households having at least one female member aged between 5 and 59 years old was 93%. Thirty-five percent of these households had between one to two missing feminine hygiene item, while 4% had 3 or more feminine hygiene items missing (Figure 1).

Among the items that were not provided, there was at least one feminine hygiene item (39%): 78% were unable to access disposable pads, and 53% didn't even have reusable underwear (Figure 2).

Feminine hygiene items include disposable pads, reusable underwear, reusable pads, and reusable clothes.

Fig 1. Share of Households with Missing Feminine Hygiene items

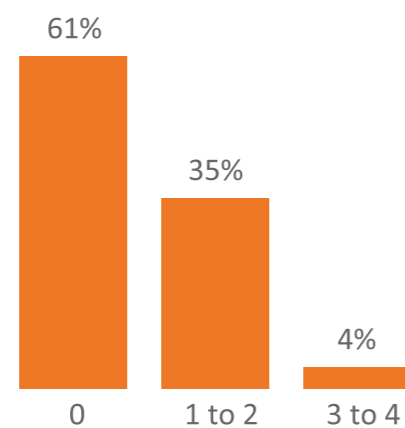


Table 2. Type of Missing Hygiene Feminine Hygiene Items in Households

HYGIENE ITEMS	PERCENTAGE - %
Disposable pad	78
Reusable underwear	53
Reusable pad	20
Reusable cloth	15



ACCESS TO HEALTHCARE

Most households received care through hospitals (55%), 19% through a primary health care outlet (including primary health-care centers within the Ministry of Public Health network, Social Development Centers and Dispensaries), 8% through a private family doctor, 3% through mobile clinics or other, and 11% sought care at a pharmacy (Figure 1).

The ability to access Healthcare was acceptable with 72% of households reporting that they were able to easily access safe care when needed.

A wide discrepancy in access to safe care was identified; households living in Beirut and Mount Lebanon reported the lowest access to safe care (63%), while households living in Akkar (77%), and Tripoli (80%) reported the highest access to safe care (Figure 2).

Physical distance or ability to reach health facilities came up as is the main barrier to accessing care, as it was cited by 69% of families.

Besides physical barriers, cost remains the second largest barrier to receiving the needed health care (42%). Cost includes doctors' fees, test costs, medicines, and transportation cost (Figure 3).

Fig 1. Means of Accessing Healthcare per Area

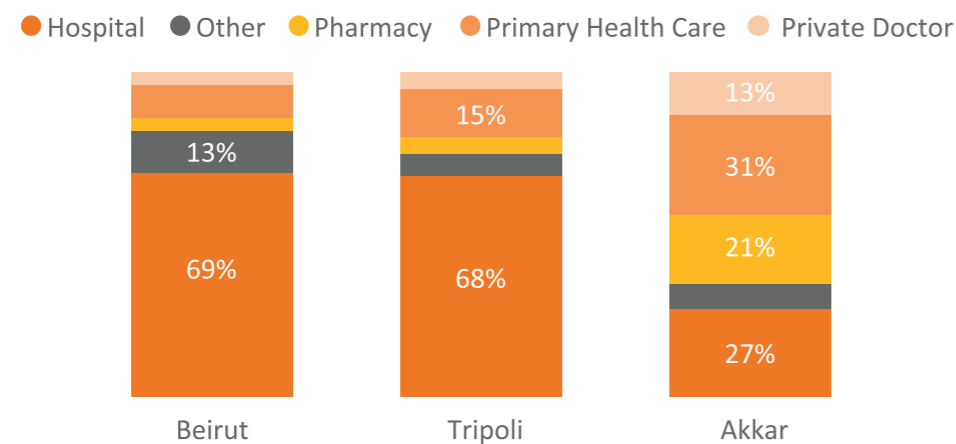
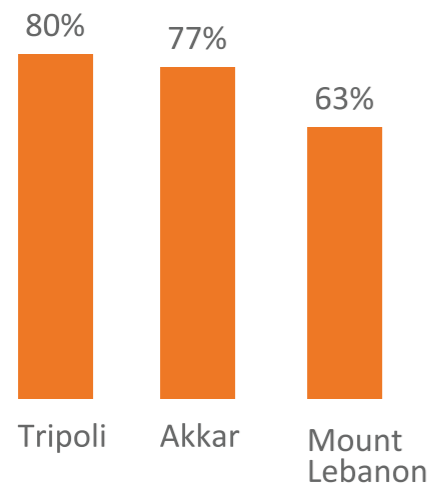
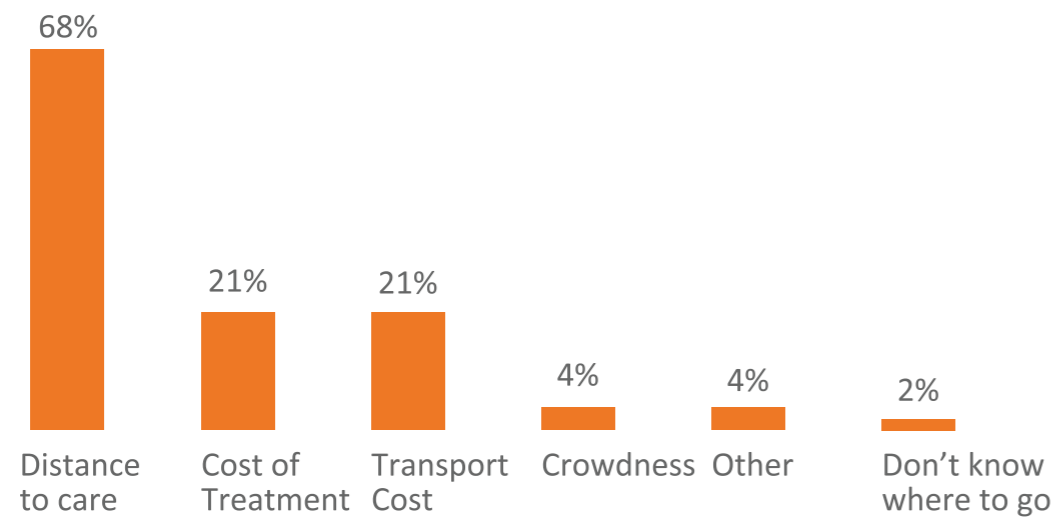


Fig 2. Percentage of Households Reporting Safe and Easy Access to Care per Area



There was a larger share of women headed households that reported not accessing the needed healthcare as compared to their male counterparts (34% compared to 25%). On average families visit the doctor for consultation five times per year, and pay an average of 59,000 LBP per consultation and 96,000 LBP on medication, per month.

Fig 3. Reasons for not accessing the needed Healthcare



ACCESS TO PSYCHOSOCIAL CARE

20% of interviewed households reported accessing psychosocial support services (Figure 1).

Most households received psychosocial services through community centers (48%), 32% through a health center, and 20% sought psychosocial support from a friend or relative.

The largest share of individuals accessing psychosocial support services were females when compared to their male counterparts (70% compared to 30%). Among those who reported not accessing psychosocial support services, 60% reported being not aware of where to find and access such services (Figure 2).

Fig 1. Percentage of Households Reporting Access to Psychosocial Care

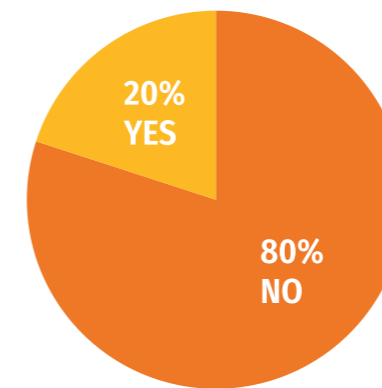


Fig 2. Percentage of Households Reporting Knowing where to Access Psychosocial Care

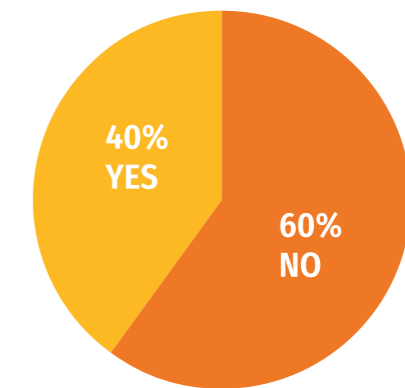
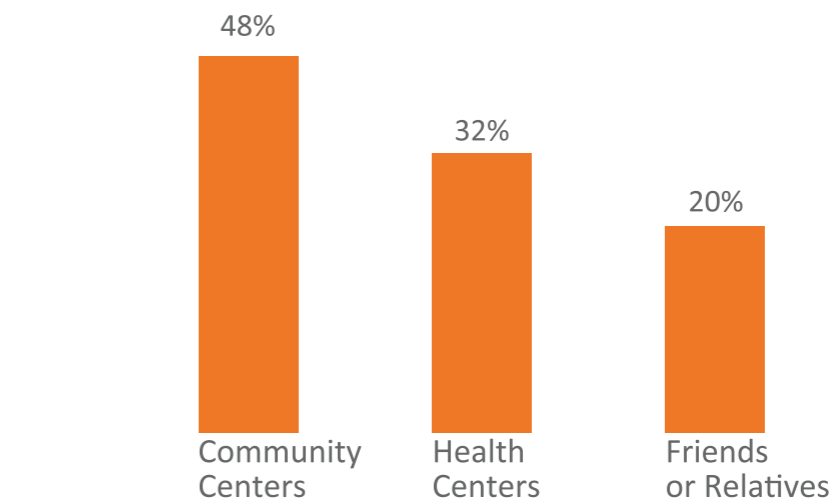


Fig 3. Percentage of Households Reporting Access to Psychosocial Care





LIVELIHOODS

HOUSEHOLD INCOME KEY FINDINGS

Around half of the sampled population had an unstable employment status, unemployed (23%), daily labor (18%), and seasonal (16%) (Figure 1). The majority of the sampled population's household income for the months of July/August 2020 was 1,150,000 LBP or below. Around 16% of the sample can be considered without an income. The 6% of the sample whose income is above 3,000,000 LBP is considered on the upper parameter of our sample and outliers to the collected data (Figure 2). Following the LBP official rate, half of the sample households' income is below the minimum wage. However, with the increased inflation in the LBP rate, when the income is calculated on the Bank's rate [1\$=3,900 LBP] and Black Market's [1\$= 8,000 LBP], the proportion of population getting paid below the minimum wage increases drastically to 81.37% and 94.68% respectively (Figure 3).

Fig 1. Employment Status

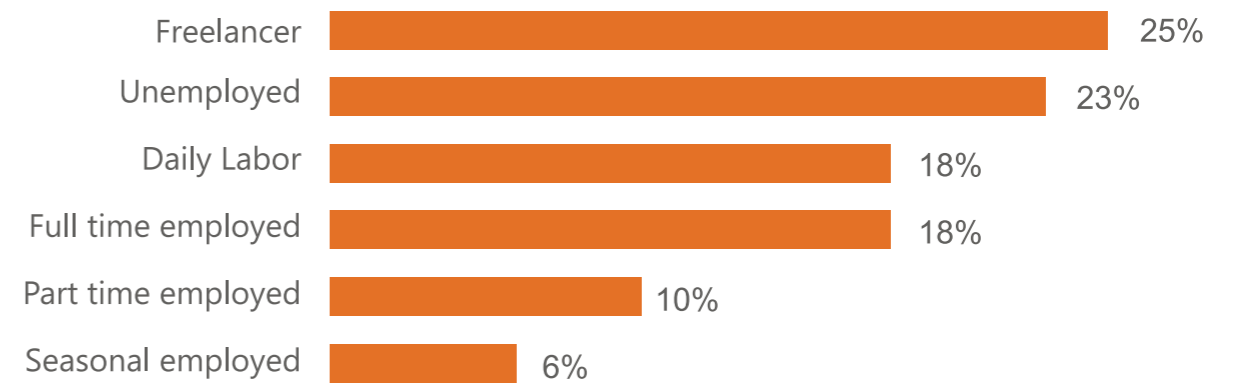


Fig 2. Proportion of Household Income Range

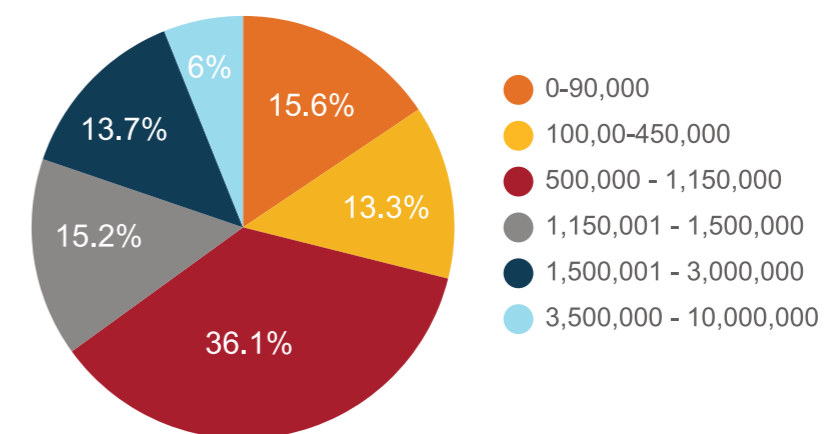
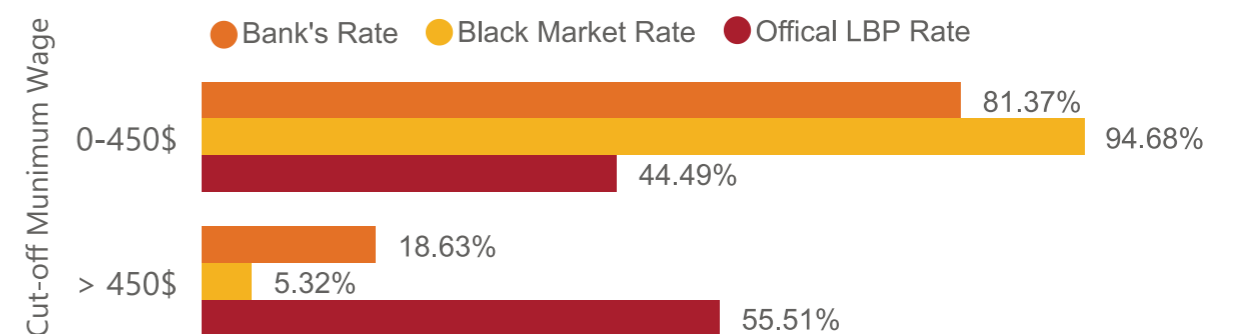


Fig 3. Income Classification Shift as a Function of Currency Rate Fluctuation



HOUSEHOLD DEBT KEY FINDINGS

Only 13% of the sampled individuals' livelihood was not affected by the unfortunate events Lebanon has been experiencing since 2019. Around 30% of the households lost half of their income, another 30% lost a job, and 20% lost 50% of their income or less (Figure 1). A large proportion, 75%, 61%, and 52% of the sampled population of Akkar, Tripoli, and Mount Lebanon respectively, reported having debts. The majority of the debt was reportedly spent on food, followed by rent and household utilities, as well as healthcare (Figure 2).

Fig 1. Effect of Inflation and/or COVID-19 on Household's Livelihood

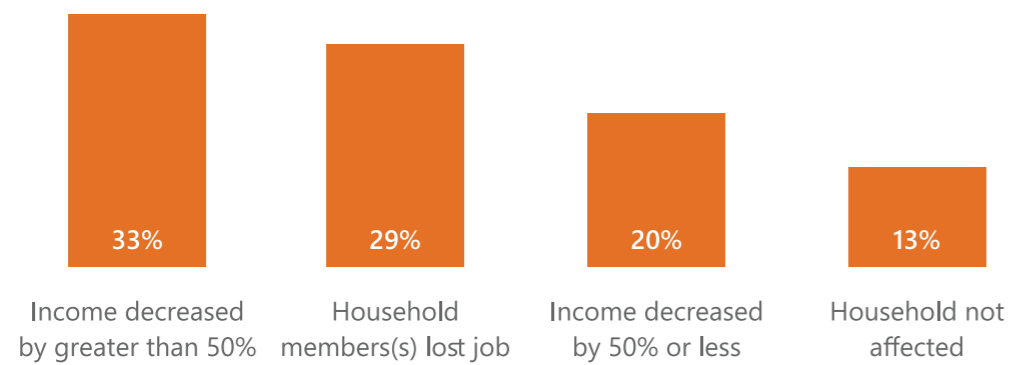
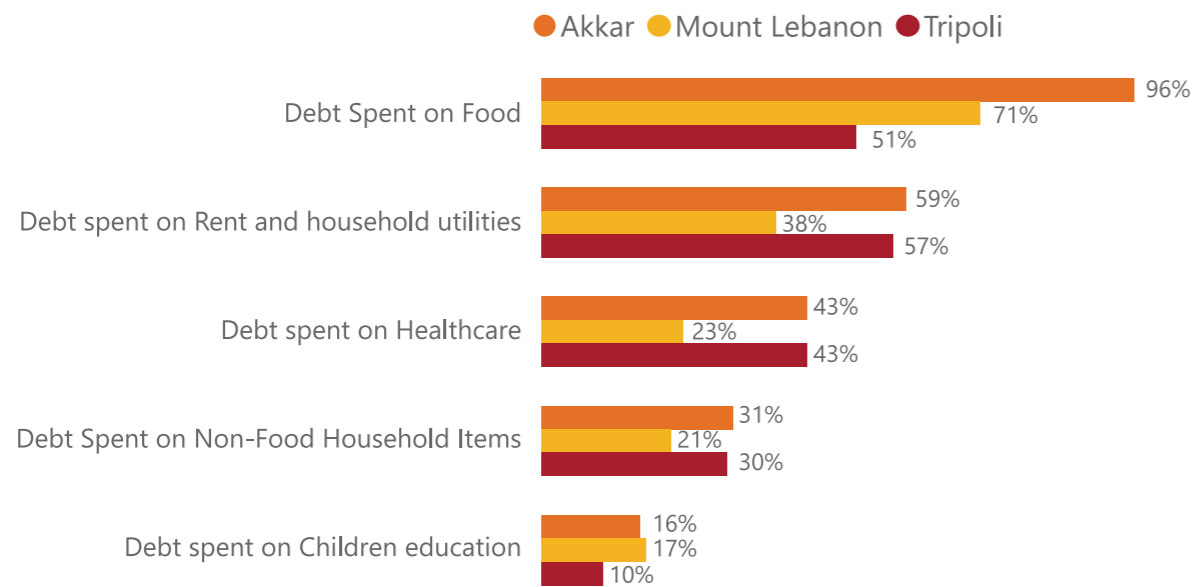


Fig 2. Household's Debt Expenditure by Area



HOUSEHOLD EXPENDITURE KEY FINDINGS

For those who have children at school, schooling is the highest proportion of their expenditure. For those who pay rent, rent fee is the third highest proportion of their expenditure. Still, food is the second highest proportion of expenditure (Figure 1). As for those who do not have no rent or schooling to pay, food is the main expenditure of the household. The most used financial coping strategies include reducing consumption and expenses followed by relying on charity, the income source that could cover all expenses for around 4% of the sampled population only (Figure 2).

Fig 1. Division of Household Percentage Expenditure

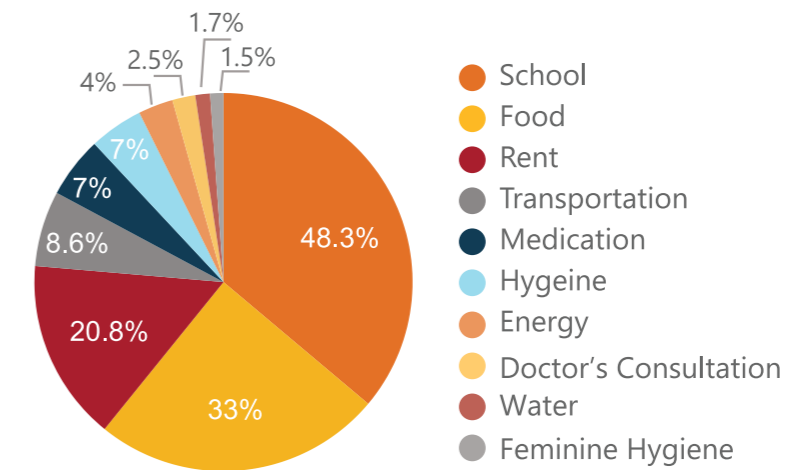
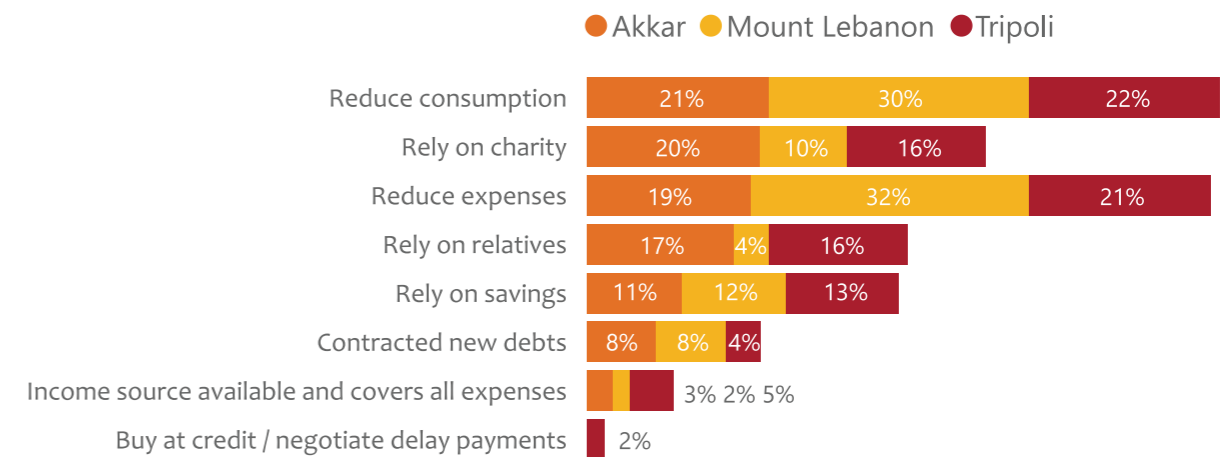


Fig 2. Financial Coping Strategies





FOOD SECURITY

While 3.3% reported that they are unable to buy food at all, 93% of the interviewed households were affected by the increase of food prices in a way or another. 33% can only afford half the items, another 33% report not being able to afford but the essential items, and 26% report not being able to afford expensive items. On the other hand, only 3.6% of the households are not affected by the increase in food prices (Figure 1). Some of the main food items that are now considered luxurious and cannot be afforded anymore are animal products and dairy products (Figure 2).

Fig 1. Increase in Food Prices Affecting Purchasing Power

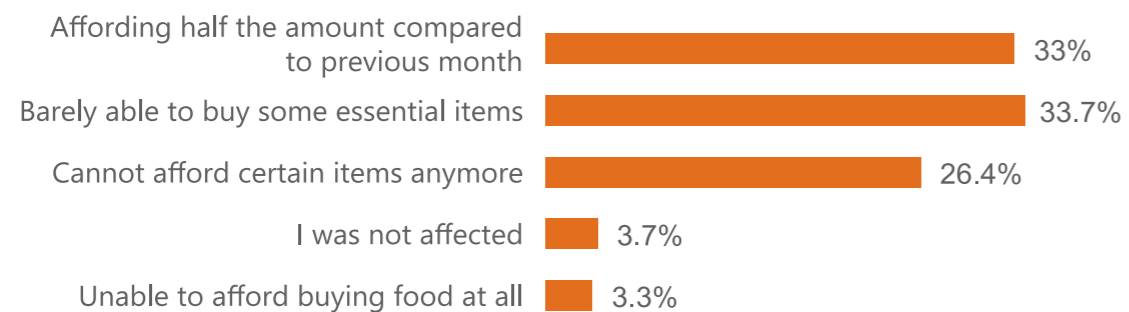
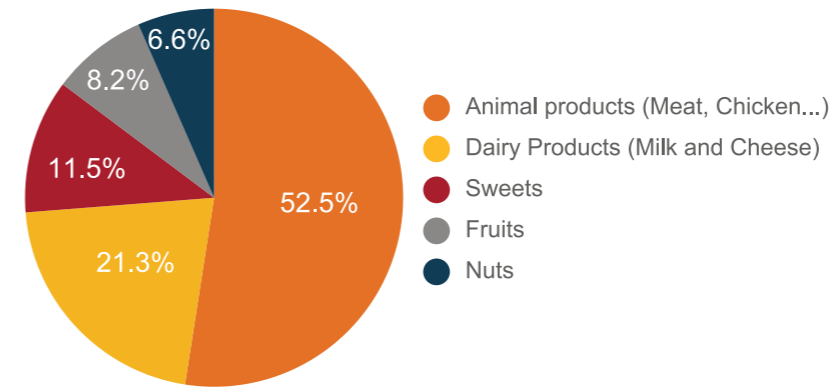


Fig 2. Un-affordable Food Items



THE COPING STRATEGY INDEX

CSI is an indicator of a household's food security assessing the extent to which households use harmful coping strategies when they do not have enough food or enough money to buy food.

Food coping strategy index (CSI) was calculated using five-item food related coping strategies applied during the past seven days. Those strategies include relying on less desirable food, borrowing food, limiting portion sizes, restricting consumption by adults, and reducing the number of meals per day. Following WFP standard, the CSI can range from 0 to 56; 3 and below is considered low, 4 to 9 medium, and 10 and/or above is considered high. The majority, 59% of the sampled households had a medium or high food coping strategy index one week prior to the assessment (Figure 1). A high food coping strategy reflects the unavailability and limited access to nutritional resources and healthy eating habits. A higher proportion of women reported high CSI compared to men, 67.83% and 32.17% respectively (Figure 2).

Fig 1. Food Coping Strategy Index

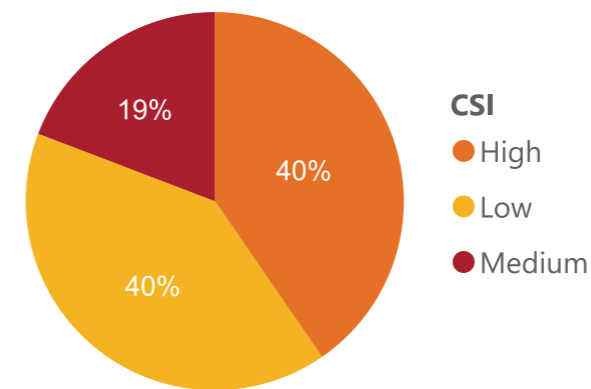


Fig 2. Food Coping Strategy Index by Gender

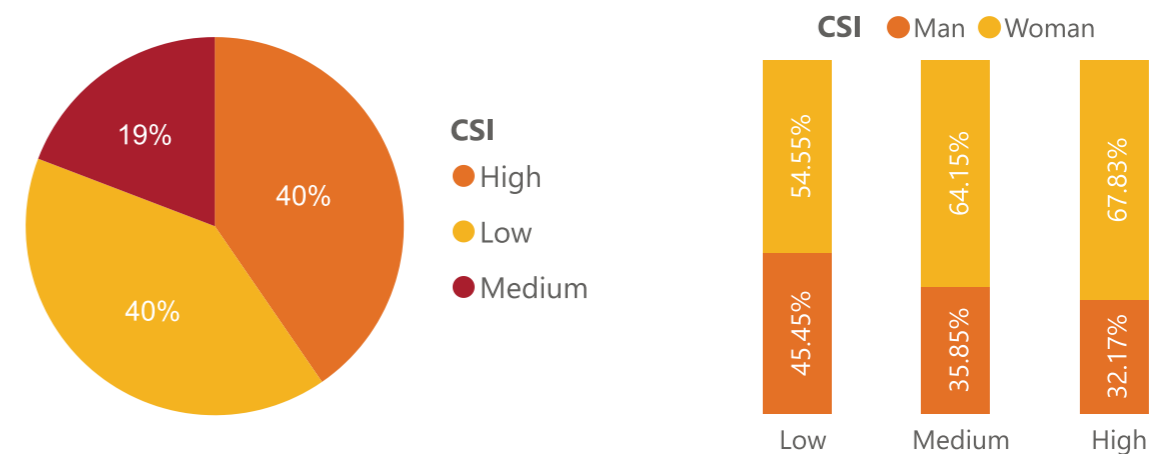
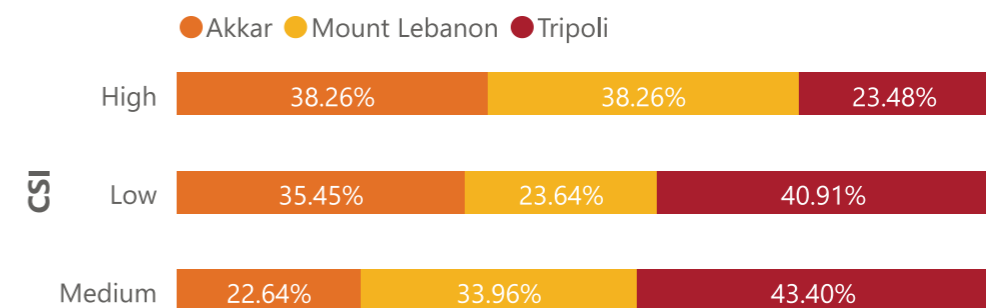


Fig 3. Food Coping Strategy Index by Area





As the assessment result shows below, a quarter of surveyed participants expressed feeling unsafe in their neighborhood (Figure 1), as well as more than a quarter of them stated that their neighborhood was known to have had violent incidents in the past (these violent incidents were described to the participants as events that included the usage of guns, fights that ended with hospitalization, etc...) (Figure 2).

In case of a safety concern, the majority of both women and men would seek help from friends and family, followed by the police, then NGOs/CBOs. It is important to note that 13% of men and 5% of women would not seek help in case of a safety concern. Moreover, 7% of women reported that they do not know where to seek help in case of need (Figure 3).

Of the assessed households, only 18% of the interviewed households were reported to have been reached/contacted by initiatives and/or NGOs in response to the socioeconomic situation (Figure 1), almost one third of them (29%) reported relying solely on humanitarian aid (Figure 2). Of the 18% who reported being contacted, the reach/contact was mainly for awareness (25.29%), food distribution (26.44%), and assessment(s) (28.74%) (Figure 3).

Fig 1. Households Feeling Safe in their Neighborhood

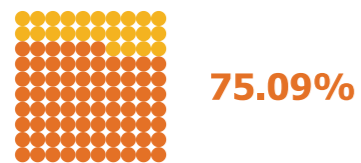


Fig 2. Households Reporting Neighborhood Known to had Violent Incidents in the Past

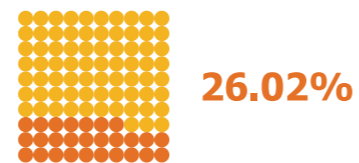


Fig 1. Households Contacted by NGOs/Initiatives



Fig 2. Households Relying Solely on NGOs/Initiatives



Fig 3. Preferred Safety Channels in Case of Safety Concerns According to Both Men and Women

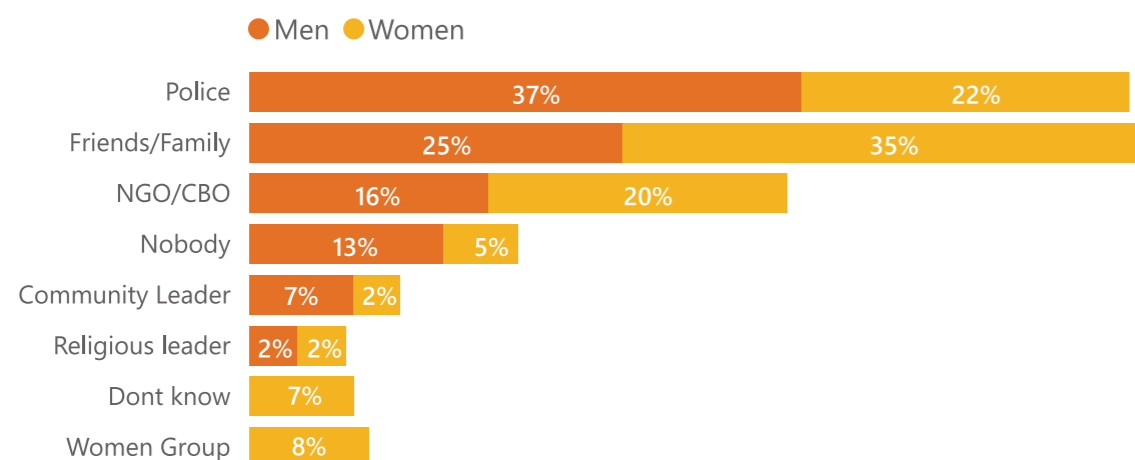
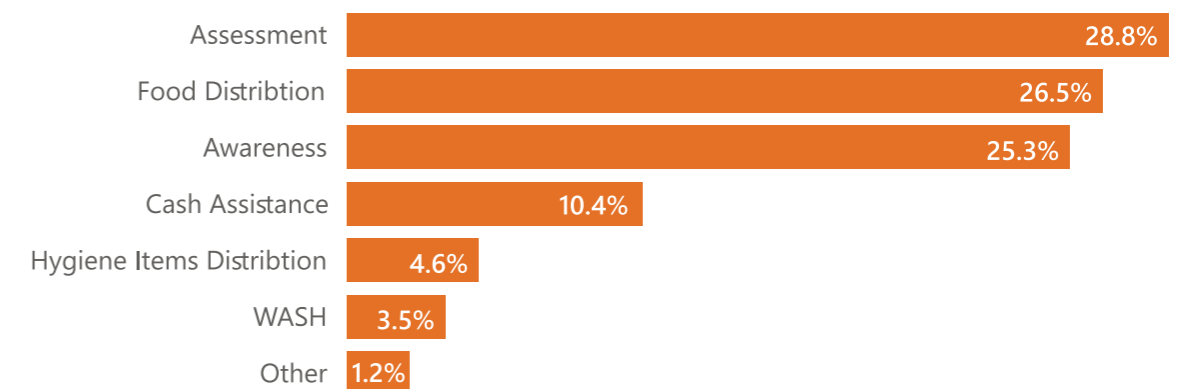


Fig 3. Reasons for NGO/Initiative Approach





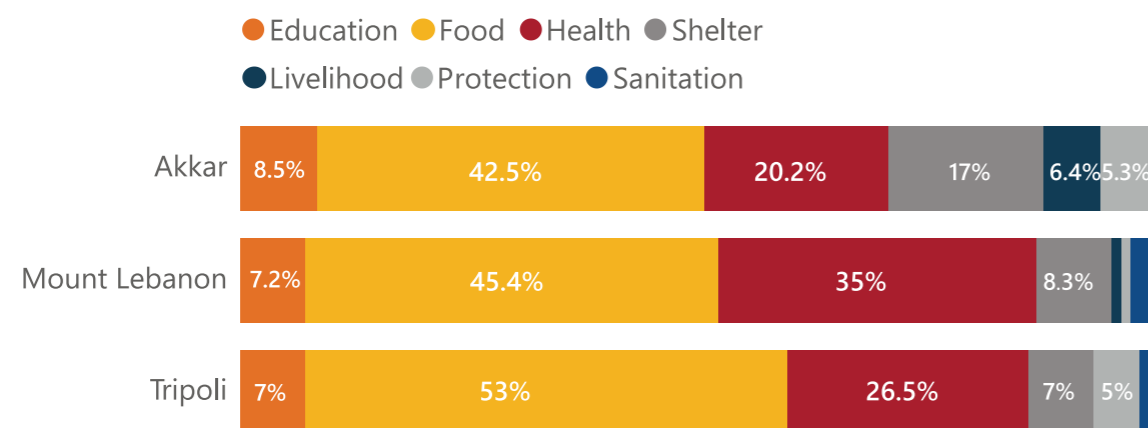
CONCLUSION

According to the reported households' needs and their prioritization, the findings revealed that families, regardless of their location in Lebanon, prioritized their needs as following, Food, 40%-55%, Health, 20%-35%, and Shelter, 7%-17%.

Multiple factors have affected the livelihood and economic capacity of the surveyed individuals. The hyperinflation that the country is facing has affected the purchasing power of the Lebanese Pound rendering basic needs as a privilege. 87% of the sampled participants reported either income cuts (53%) or a complete loss of income source (30%) mainly due to the Lebanese financial and economic deterioration, leaving the population with increased debt. Across the sampled population, only a minority (mainly between 3% - 10%), reported not being affected by the crisis in the various sectors. This reflects the adverse influence of the collective crises on the entire society regardless of the pre-existing class categories, leaving the vulnerable even more at risk.

In conclusion, the findings shed light on the much-needed philanthropic involvement from the different sectors to assist the surging vulnerable population in Lebanon. The economic stability in the country is expected to depreciate more in the coming year, causing further negative effects on the residents and shifting their socio-economic scale further down below the poverty line. Lastly, women-headed households have reported facing different challenges than men-headed households, which pushes the humanitarian interventions to have a different approach, one that focuses on the gender approach.

Fig 1. Priority Distribution by Area





CARE
International
in Lebanon

Badaro,
Sami El Soleh Ave,
Beirut, Lebanon
+ 961 1 381 775

DECEMBER 2020