

Multi-Sector Needs Assessment 2023

Gender Snapshot
Households of Palestinian Refugees in Lebanon

ACKNOWLEDGEMENT

The Multi-Sectoral Needs Assessment 2023: Gender Snapshot of Households of Palestinian Refugees in Lebanon was completed in July 2024 by **UN Women Lebanon Country Office** in collaboration with **REACH**. For any inquiries including institutional contributions please contact: genderdata.lebanon@unwomen.org

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ABOUT UN Women

UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide.

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TABLE OF CONTENTS

CONTEXT	4
GEOGRAPHIC COVERAGE	5
SURVEY DEMOGRAPHICS	5
SPECIFIC VULNERABILITIES	6
BASIC NEEDS	6
FOOD SECURITY	7
SHELTER	7
LIVELIHOOD	8
HEALTH	9
HYGIENE	11
EDUCATION	11
PROTECTION	11
ANNEX 1: MULTI-SECTORAL NEEDS ASSESSMENT	14
ANNEX 2: DEFINITION OF TERMS	15

CONTEXT

Since 1948, Palestinian refugees have become a permanent fixture in Lebanon's demographic landscape. The total number of registered Palestine Refugees with the United Nations Relief and Works Agency for Palestine Refugee in the Near East (UNRWA) in Lebanon is 489,292 persons, with approximately 45 per cent estimated to live in the country's 12 refugee camps. The Agency's current estimation is that no more than 250,000 Palestine Refugees currently reside in the country.¹ Mostly without legal protections, facing high rates of poverty, and barred from working in many fields, Palestinian refugees and their households have been rendered further vulnerable by Lebanon's multi-layered and unprecedented political and socio-economic crisis. Since 2020, this crisis has been deepening gender inequalities. Among Palestinian refugees living in camps, women and men with disabilities and older persons are more likely to have specific vulnerabilities and needs such as health concerns and mobility issues, which are particularly challenging to manage in camp settings. This gender snapshot focuses on the households of the Palestinian refugees situated in the 12 camps in Lebanon.

The commitment to leave no one behind including those in humanitarian need of assistance requires action informed by robust **gender statistics**. To this end, UN Women has partnered with **REACH Initiative** (REACH) and the United Nations Office for the Coordination of Humanitarian Affairs (**OCHA**) to produce a gender snapshot of the households of Palestinian refugees in Lebanon based on Multi-Sector Needs Assessment (MSNA) data.⁴ The purpose of this snapshot is to provide humanitarian practitioners and stakeholders with access to gender statistics disaggregated by sex of the head of the household and where relevant and possible age, and disability status to inform humanitarian interventions in Lebanon's Palestinian refugee camps.

This gender snapshot is based on the MSNA 2023, in which findings obtained from data collected with 1,157 households (HHs) of Palestinian Refugees in Lebanon living in camps between 24th of July and 14th of October 2023 are analysed at the household and where possible individual level. In addition to the sex disaggregation of the Head of Household (HoH), i.e., female headed households (FHHs) and male headed households (MHHs), the MSNA 2023 included an additional category of co-headed households (CHHs), defined as households in which decision-making is shared as self-reported by individuals interviewed. Categorization of findings by head of household shares two assumptions backed by gender research: **(1)** women relative to men are disadvantaged in accessing society's economic resources and opportunities; and **(2)** the gender of the head of household affects both the way household resources are utilized and disbursed within the household, and the manner in which households network for exchange of resources with other households. By offering gender statistics in different sectors, the snapshot presents a multidimensional perspective of vulnerability of different types of households. This allows for more varied conclusions with implications for future programming all the same cautioning that means available to improve the status of households and their members are not gender neutral and that conclusions may not be drawn for individual members of such structures by simply observing the households.

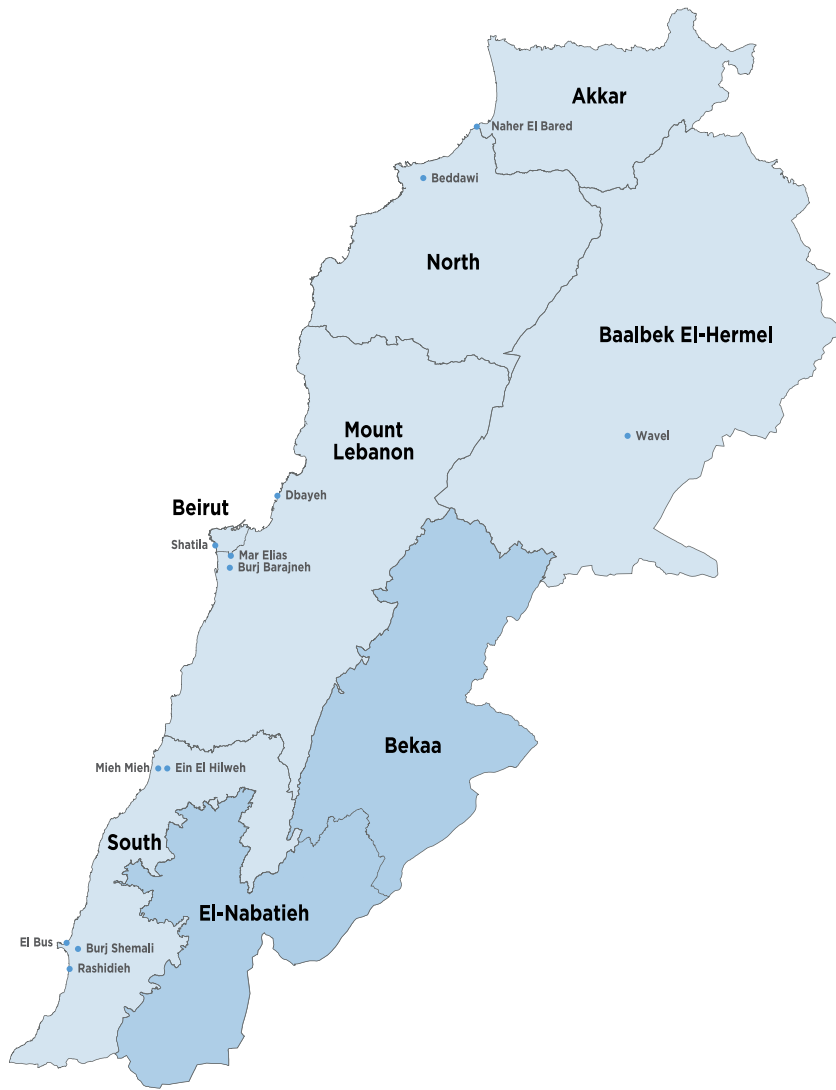
¹See UNRWA. Where we work? These figures are as of March 2023 (<https://www.unrwa.org/where-we-work/lebanon#>.)

²The year 2019 represents a turning point for Lebanon society. The crisis that started in October 2019 was further exacerbated by the dual impact of the COVID-19 outbreak, and the massive Port of Beirut explosion in August 2020, all of which affected people's multi-dimensional well-being and widened gender inequalities.

³For a trend of worsened gender gap in Lebanon see Annual Global Gender Gap Reports of the World Economic Forum. The 2023 report coinciding with the MSNA data collection ranked Lebanon 132 out of 146 countries, representing a drop in ranking by 13 places compared to 2022. In 2024, Lebanon slipped in ranking from 132 to 133. The Global Gender Gap Index annually benchmarks the current state and evolution of gender parity across four key dimensions (Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment). It is the longest-standing index tracking the progress of numerous countries' efforts towards closing these gaps over time, since its inception in 2006.

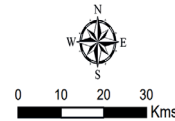
⁴Started in 2021, the Multi-Sectoral Needs Assessment (MSNA) in Lebanon is an annual multi-sectorial in-person household survey conducted by one of the **IMPACT initiatives**, **REACH initiative**. It assesses the needs of a representative sample of Lebanese, Palestinian refugees in Lebanon and migrant households. For more information please consult REACH **MSNA** for Lebanon. The MSNA was funded by the European Civil Protection and Humanitarian Aid Operations Unit (DG-ECHO) and the Lebanese Humanitarian Fund.

GEOGRAPHIC COVERAGE



MSNA Palestinian Refugees in Lebanon coverage

- Assessed Palestinian Refugees in Lebanon camps
- Governorate not covered
- Governorate covered



SURVEY DEMOGRAPHICS

Gender of survey respondents ⁵

SAMPLE
1,157 Households



3,996
HH members covered by the assessment

Gender of survey respondents

Female 51% (2,047)
Male 49% (1,949)

Gender of the head of household



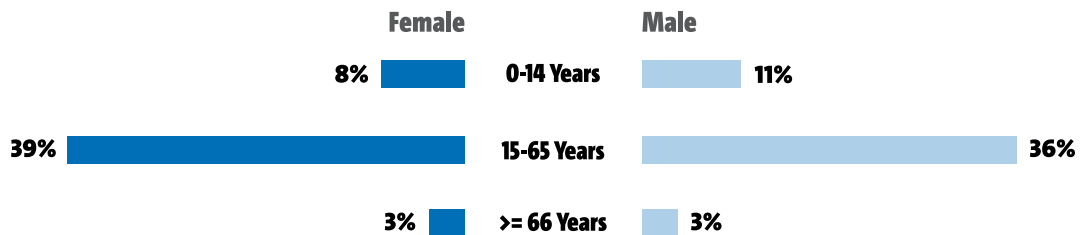
Female 20%



Male 68%



Co-headed 12%



On average the household size was 3.37, with CHHs having a slightly higher size, 3.74 compared to MHHs, 3.6. FHHs were on average significantly smaller at 2.42. 109 households had dependents abroad. Most of these were

⁵Please note, one respondent in the age group of 25-59 years reported "other" as their gender identity.

FHHs (19%) compared to MHHs (7%) and CHHs (3%). Both CHHs and FHHs had higher dependency ratio (about 36%) compared to MHHs (32%).

SPECIFIC VULNERABILITIES

Older People

13% of HHs were headed by an individual 65 years or older, with more FHHs reporting this.



34% of HHs had at least one member above 60.



Persons with Disabilities

Overall, 8% of individuals reported having at least one disability as defined by the [Washington Group on Disability Statistics](#). These were found more in FHHs (14%) compared to CHHs (7%) and MHHs (7%).

21% of HHs included at least one member with a disability level 3 or 4 per WGS guidance.



13% of HHs were headed by a person with a disability.



Young children

41% of HHs had at least one child below 18 years of age. These were almost equally found more in approximately **46%** of the CHHs and MHHs, compared to FHHs (20%).

BASIC NEEDS

6% of HHs of Palestinian refugees in Lebanon met their **basic needs**.

Basic needs met	Total	CHHs	FHHs	MHHs
None (0%)	4%	12%	5%	2%
A few (25-1%)	30%	25%	28%	31%
Some (50-26%)	35%	32%	36%	35%
Many (75-51%)	14%	20%	14%	13%
Almost all (99 -%76%)	6%	6%	1%	8%
All(100%)	6%	5%	9%	5%

Most of the households struggled to meet needs on food and health. While FHHs and MHHs struggled equally where food needs were concerned, significantly more FHHs were challenged in meeting health needs.

<i>Basic needs unmet</i>	<i>Total</i>	<i>CHHs</i>	<i>FHHs</i>	<i>MHHs</i>
<i>Food needs</i>	64%	51%	66%	66%
<i>Health need (medicines, treatments)</i>	50%	40%	62%	49%
<i>Electricity</i>	33%	49%	43%	26%
<i>Communication needs (phone credit, provider costs)</i>	23%	24%	25%	22%

FOOD SECURITY

Among 1,124 HHs responding more than **70% had acceptable food consumption score.**

<i>Score</i>	<i>Total</i>	<i>CHHs</i>	<i>FHHs</i>	<i>MHHs</i>
<i>Acceptable</i>	72%	76%	67%	72%
<i>Borderline</i>	20%	14%	24%	20%
<i>Poor</i>	9%	10%	9%	8%

62% of HHs resorted to at least one negative food coping strategy. More FHHs (68%) reported this compared to MHHs (62%) and CHHs (51%). More households with at least one member with a disability (74%) resorted to this strategy compared to households that did not have a member with disability (59%).

67% of HHs reported relying on less preferred and less expensive food at least one day per week; more FHHs (71%) and HHs with at least one member with disability (81%) reported this compared to MHHs (68%) and CHHs (58%).

49% of HHs reported limiting the portion size of meals at mealtime at least one day per week. More FHHs and MHHs (51% each) reported this compared to CHHs (38%). Alarming, 70% of households with at least one member with disability used this coping strategy compared to 44% of households with members with no disabilities.

27% of HHs relied on help from a relative or friend at least one day per week. More HHs with at least one member with disability (42%) and FHHs (37%) resorted to this compared to MHHs (26%) and CHHs (20%).

Asked on how many months households expected their dry food stocks to last, 50% had no such stock with FHHs (55%) faring worse than MHHs (51%) and CHHs (39%).

SHELTER

95% of HHs lived in an apartment or a house.

<i>Sheltering</i>	<i>Total</i>	<i>CHHs</i>	<i>FHHs</i>	<i>MHHs</i>
<i>% of HHs living in safe/adequate and dignified dwellings ⁶</i>	58%	76%	55%	54%
<i>% of HHs living in dangerous inadequate/substandard shelter standards conditions</i>	28%	14%	30%	31%

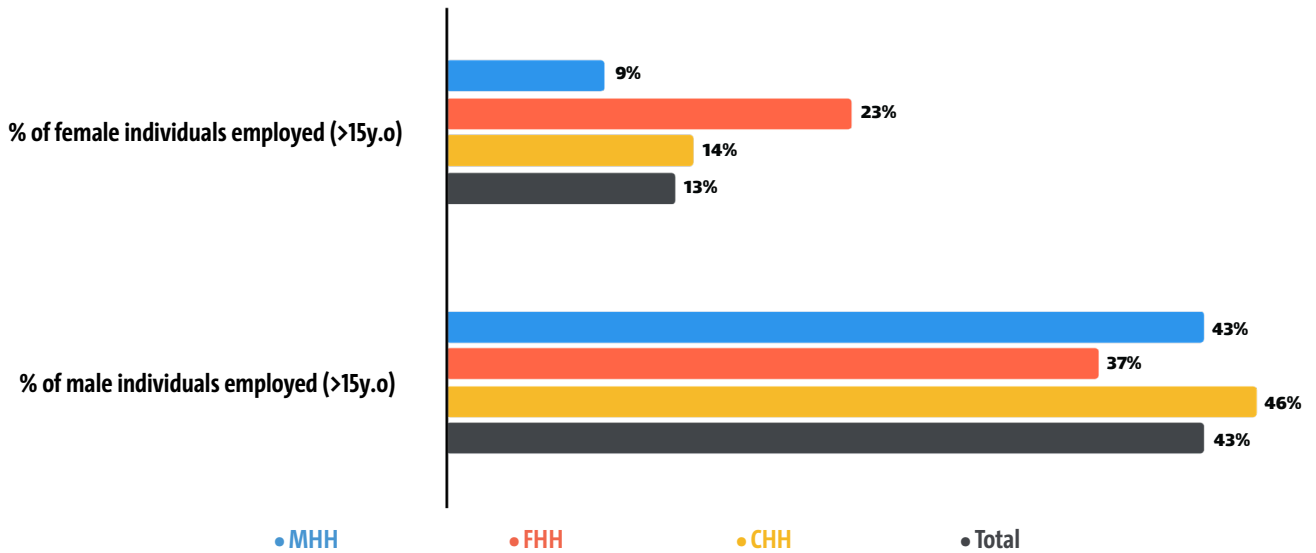
⁶This includes a structure that protects households against external threats, health problems, weather, and natural hazards.

79% of HHs reported functionality in all aspects (cooking, sleeping, storing water, electricity). 79% did not have issues related to housing, land, or property.

LIVELIHOOD

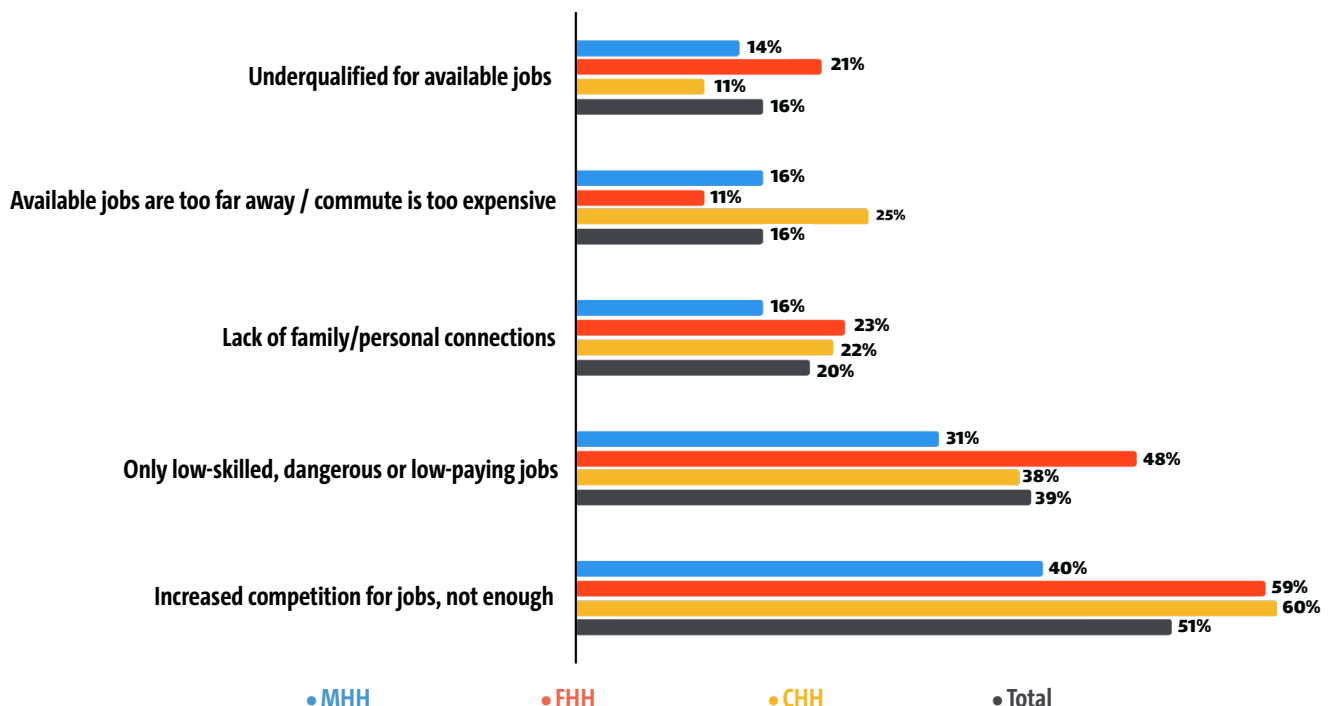
Employment

On average 27% of individuals (>15 years old) were employed at the time of the survey. Significantly more males (43%) than females (13%) were employed. More of the employed males were found in CHHs and MHHs and more of the employed females were found in FHHs.



52% of HHs reported at least one working member in the week prior to data collection. Significantly fewer FHHs (43%) had at least one working member compared to CHHs (79%) and MHHs (70%).

51% of HHs cited increased competition for jobs or not enough jobs as the top barrier for women. But two of the other key barriers with programmatic implications for FHHs which support women's increased labour participation include that members of such households were underqualified for available jobs and that only low-skilled, dangerous or low-paying jobs were available for these members.



Income

As of 2023, the average income for households of Palestinian refugees in Lebanon was USD 200.

Sources of income	Total	CHHs	FHHs	MHHs
Salaried work (fixed-term or permanent contract)	63%	59%	43%	70%
Casual or daily labour	20%	29%	8%	21%
Money or support from people living aboard	19%	21%	33%	15%
Money or support from other households in the country	14%	14%	19%	13%
Pension or other government support	6%	5%	12%	4%

Debt

Households of Palestinian refugees in Lebanon had relatively high debt compared to the average monthly income from their main source of income, i.e., salaried work. On average, debt from all sources amounted to USD 411.

Type of Household	Monthly income from all sources	Current debt	New debt in the last 30 days
Total households	USD 199	USD 411	USD 211
CHHs	USD 190	USD 992	USD 128
FHHs	USD 136	USD 121	USD 34
MHHs	USD 219	USD 428	USD 136

10% of HHs borrowed money or received credit in the three months prior to data collection. More FHHs (14%) than MHHs (9%) and CHHs (8%) had borrowed money or received credit.

Over 65% of HHs borrowed money for food. More FHHs borrowed money to pay for medicine and electricity.

Borrowing	Total	CHHs	FHHs	MHHs
To buy food	66%	85%	66%	63%
To purchase medicine	31%	19%	42%	28%
To pay for health care	20%	35%	20%	18%
To buy essential non-food items (toilet paper, shampoo, toothpaste, hygiene items, diapers)	18%	6%	13%	23%
To pay for electricity/generator	17%	0%	34%	12%

HEALTH

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

CHHs 47%



FHHs 62%



MHHs 53%



15% of HHs reported having had at least one member of their household with disability and need to access healthcare in the three months prior to data collection.

CHHs 15%



FHHs 24%



MHHs 12%



27% of individuals reported the need to access healthcare services in the three months prior to data collection.

CHHs 21%



FHHs 37%



MHHs 26%



12% of individuals had an unmet health care need.

CHHs 15%



FHHs 9%



MHHs 12%



15% of HHs had at least one member with an unmet health care need.

CHHs 14%



FHHs 12%



MHHs 16%



Of the **70%** reporting cost-related barriers to access, almost 50% identified non-affordability of the treatment and 62% consultation as key barriers to accessing health care service.

	Total	CHHs	FHHs	MHHs
<i>Could not afford cost of consultation</i>	49%	16%	26%	60%
<i>Could not afford cost of treatment</i>	62%	65%	32%	68%

To cope with barriers to healthcare, households employed several coping mechanisms.

	Total	CHHs	FHHs	MHHs
<i>Switched to a public health care facility instead of a private</i>	35%	20%	55%	32%
<i>Delayed or cancelled doctors' visits or other treatment</i>	34%	22%	62%	29%
<i>Delayed or cancelled diagnostic procedure or other analysis</i>	20%	38%	6%	21%
<i>Went to the pharmacy instead of the doctor or clinic</i>	17%	24%	1%	20%
<i>Managed health problems with home remedy</i>	13%	47%	10%	6%
<i>Reduced non-medical household expenses</i>	10%	3%	17%	9%

Overwhelmingly (approximately 95%) households did not have private or public insurance. There were no significant differences among different types of households.

Maternal Health

13% of HHs had at least one pregnant or lactating woman at the time of the survey.

10% of HHs had pregnant or lactating women at the time of data collection.

5% of HHs had at least one woman that had given birth in the two years prior to data collection, all with skilled-birth attendant.

Overall, **82%** of women having given birth in the two years prior to data collection received antenatal care more than four times during pregnancy.

Family Planning

19% of women were in need for the family planning/contraceptives in the three months prior to data collection; these were found more in MHHs (28%) compared to CHHs (11%) and FHHs (2%).

98% of women reported unmet need for family planning, with all of these found in CHHs (100%) compared to MHHs(99%) and FHHs (44%).

Of the 93 HHs reporting that they were able to access family planning services, UNRWA (82%) and the pharmacy (38%) were used most often.

HYGIENE

11% of HHs with at least one member of the household in the menstruating age shared that menstrual materials were too expensive.

EDUCATION

32% of HHs had at least one school aged child (6-17 years old). More CHHs (40%) reported this followed by MHHs (34%) and FHHs (20%).

89% of school-aged children (6-17 years old) enrolled in formal school for the 2022-2023 school year. This was the case in 90% of CHHs and MHHs; FHHs had a poorer record (79%).

14% of HHs had at least one school-aged child (6-17 years old) not enrolled in school for the 2022-2023 school year. More FHHs (27%) reported this compared to MHHs (13%) and CHHs (10%).

PROTECTION

Caregiving

6% were single parents or single caregivers.



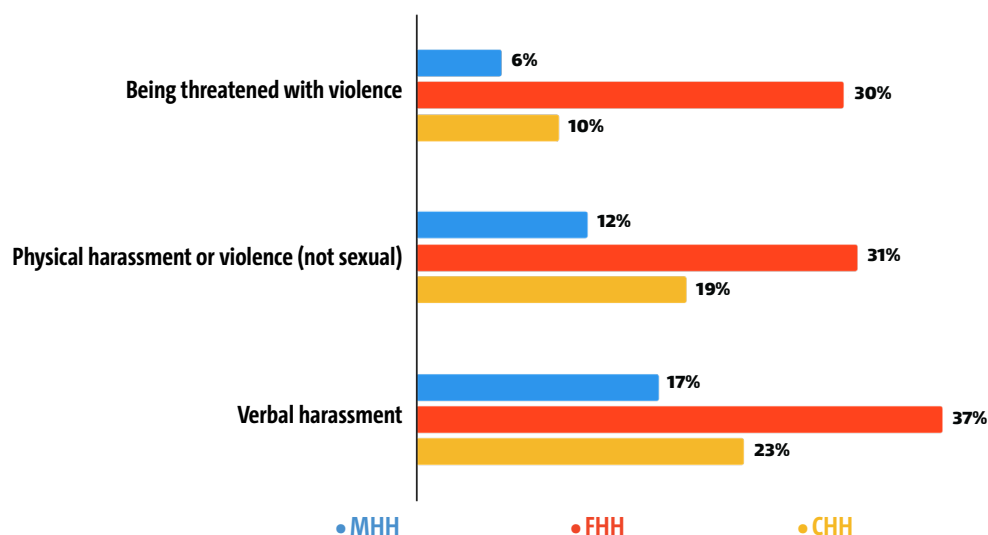
40% of older persons were unable to care for self and had no caregiver.



Safety and Security

59% of HHs reported at least one safety and security concerns for girls or women in their communities. The camps where such concerns were reported more often were Burj El-shimali camp (89%), Beddawi and Shatila camps, each at 82%.

For girls under 18 years of age bullying was reported as the first among the different concerns. More FHHs identified verbal harassment, physical harassment and being threatened with violence than CHHs and MHHs.



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

54% of HHs reported women and girls avoided streets after dark; however significantly more FHHs (66%) reported this compared to CHHs (52%) and MHHs (50%).

While services addressing violence may be available in the community where respondents live, 19% were not aware of any such services. Fewer FHHs and MHHs were aware of such services.

Services	Total	CHHs	FHHs	MHHs
<i>Psychosocial support for women and girls (how to seek help when under distress)</i>	46%	55%	45%	44%
<i>Recreational activities organized for women and girls</i>	28%	39%	27%	26%
<i>Reproductive health services for women and girls</i>	25%	38%	25%	22%
<i>Services offer for women and girls if they experience some form of violence</i>	14%	25%	19%	11%
<i>None of the above</i>	19%	24%	20%	17%

Respondents in 64% of households reported that they would be able to inform a member of their community if these were subjected to gender-based violence and approached them for help where to find support/ help to access legal, psychosocial, health or safety/ security services. These respondents were found more in CHHs (70%) compared to FHHs (65%) and MHHs (63%).

Child Labour



- **6%** of HHs reported the presence of children engaged in child labour outside of the home in the past 3 months prior to the survey.
- More FHHs had such children (13%) compared to CHHs (6%) and MHHs (5%).

Harmful Practices



Only one MHHs had a girl under 18 who was married at the time of data collection.

ANNEX 1: MULTI-SECTORAL NEEDS ASSESSMENT

Introduction

Started in 2021, the Multi-Sectoral Needs Assessment (MSNA) in Lebanon is an annual multi-sectorial in-person survey conducted by one of the **IMPACT initiatives**, **REACH initiative**. It assesses the needs of a representative sample of Lebanese, Palestinian refugees in Lebanon and migrant households within the year in which the survey is conducted. Beyond Demographics and Disability, the survey tool includes questions in the following areas: Health, Education, Nutrition, Food Security, Livelihoods, Shelter, WASH, Energy and Communication, Protection (covering general concerns as well as child protection and gender-based violence), population movement and Accountability to Affected Populations. A cross-sectoral module addresses basic needs.

Sampling

Households of Palestinian Refugees in Lebanon were selected through a two-stage, stratified sampling method using 2017 population data from the Palestinian Camps and Gatherings Census. The 12 official camps in Lebanon in six governorates were the primary sampling units whose boundaries (comprehensive of the population living in the camps' immediate surroundings) were detected by means of remote sensing techniques. This allowed a total sample of 1,157 HHs representative of the in-camp households population at a governorate level and at a national level with a 95% level of confidence and a 10% margin of error. For further details on the methodology, please refer to **Terms of Reference**.

Data Collection and Analysis

Quantitative data were collected through a household-level survey assessing 1157 Households (HH) of Palestinian Refugees living in the 12 refugee camps in Lebanon. Data collection took place between 24th of July and 14th of October 2023. The MSNA was designed so that some survey questions were posed at the household level (i.e., the head of household or any adult household member were asked questions regarding the entire household) while others were posed at the individual level per each household member, meaning individual level findings should be considered indicative. This means full sex disaggregation by male and female was available for some findings while disaggregation only by the sex of the head of household was available for others. Other categories of analysis included older individuals and individuals with disabilities as well as households with older members and households that included at least one person with a disability.

Following data collection, REACH Initiative makes available tables with findings in each of the areas where it collects data. As well, it prepares the general factsheet highlighting key findings. The MSNA 2023 for households of Palestinian refugees in Lebanon may be accessed [here](#). As well, data and other knowledge products based on the MSNA 2023 data may be accessed [here](#).

Limitations

This Gender Snapshot is restricted to a representative sample of Palestinian Refugees in Lebanon living in the 12 refugee camps. Any conclusion on the entire population of Palestinian refugees in Lebanon or Palestinian refugees from Syria who arrived in Lebanon following the Syria conflict may not be warranted.

This gender snapshot organizes the findings primarily through household structure as reported by individuals interviewed for the purposes of this assessment, i.e., households were co-headed, female headed, or male headed. This leaves room for different interpretations from respondents. No other questions regarding the definition of households were asked. Findings thus categorized should be interpreted with caution.

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 followed the same methodology.

ANNEX 2: DEFINITION OF TERMS

Age dependency ratio relates to the number of individuals who are likely to be “dependent” on the support of others for their daily living to the number of those individuals who are capable of providing such support. A low dependency ratio is a good dependency ratio. For the purposes of this snapshot age dependency ratio is calculated as the number of dependents (ages 0-14 years old and >64 years old) divided by the working-age population (ages 15-64 years old), multiplied by 100.

Basic Needs refers to the essential goods, utilities, services or resources required on a regular, seasonal, or exceptional basis by households for ensuring survival and minimum living standards, without resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets. For more see here: <https://www.unocha.org/publications/report/world/basic-needs-assessment-guidance-and-toolbox>.

Food Consumption Score (FCS) is the most commonly used food security indicator by the World Food Programme and partners. This indicator is a composite score based on households’ dietary diversity, food consumption frequency, and relative nutritional value of different food groups. The FCS is calculated by asking how often households consume food items from the 8 different food groups (plus condiments) during a 7-day reference period. For more see here:

<https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-consumption-score>.

Gender statistics. Data that adequately reflect differences and inequalities in the situation of women and men in all areas of life. This definition of gender statistics closely follows the Beijing Platform for Action, which was adopted at the Fourth World Conference on Women, held in Beijing in 1995, and in paragraph 206 (a) of which it was recommended that national, regional and international statistical services should ensure that statistics related to individuals are collected, compiled, analysed and presented by sex and age and reflect problems, issues and questions related to women and men in society (United Nations, 1996). For a detailed look into integrating a gender perspective in statistics, see for example, United Nations (2016) at <https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Handbooks/gender/Integrating-a-Gender-Perspective-into-Statistics-E.pdf>.

Labour Force Participation is calculated by looking at all individuals who reportedly had any type of job at the time of data collection (either working for someone else for pay, running their own business, supporting a family business, etc.) or who were looking for a job and available to start working in 7 days divided by the total number of working-aged individuals (15+ years) in the population.

Persons with disabilities are persons who responded to any of the Washington Group Questions (WGQ) (seeing, hearing, walking, self-care, remembering and communicating) with ‘a lot of difficulty’ or ‘cannot do at all’. Please note, information on disabilities for children 0-5 years of age are obtained through administering the Child Functioning Module.

Regular attendance at school was 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.

Unemployment is calculated by dividing the number of individuals who were reportedly looking for work at the time of data collection by the number of individuals who either had a job (any type) or were looking for a job at the time of data collection.



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