Multi-Sector Needs Assessment 2023

Gender Snapshot

Lebanese Households in Lebanon

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.

DISCLAIMER

TABLE OF CONTENTS

CONTEXT

Lebanon's multi-layered and unprecedented political and socio-economic crisis, coupled with discriminatory legal frameworks is deepening gender inequalities. Indeed, Lebanon ranks 133 out of 146 countries in the World Economic Forum Gender Gap Report 2024.[1] Economic collapse, high unemployment, increasing poverty have affected people in all their diversity, but it is women who are bearing the brunt of the social and economic consequences. This includes being economically sidelined, taking on more unpaid labour in the home, experiencing higher levels of food insecurity and poverty, and being subjected to domestic violence. In addition, women and men with disabilities and older people are more likely to have specific vulnerabilities and needs, such as health concerns and mobility issues. They may also face heightened difficulties accessing life-saving information and assistance.

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 the United Nations Office for the Coordination of Humanitarian Affairs **(OCHA)** and **REACH Initiative** (REACH) to produce a gender snapshot on the country-wide Multi-Sector Needs Assessment (MSNA) data.[2] The purpose of this snapshot is to provide humanitarian practitioners and stakeholders with full and transparent access to gender statistics disaggregated by sex of the head of households and where relevant by age and disability status to inform their humanitarian interventions targeting Lebanese households in need in all governates.
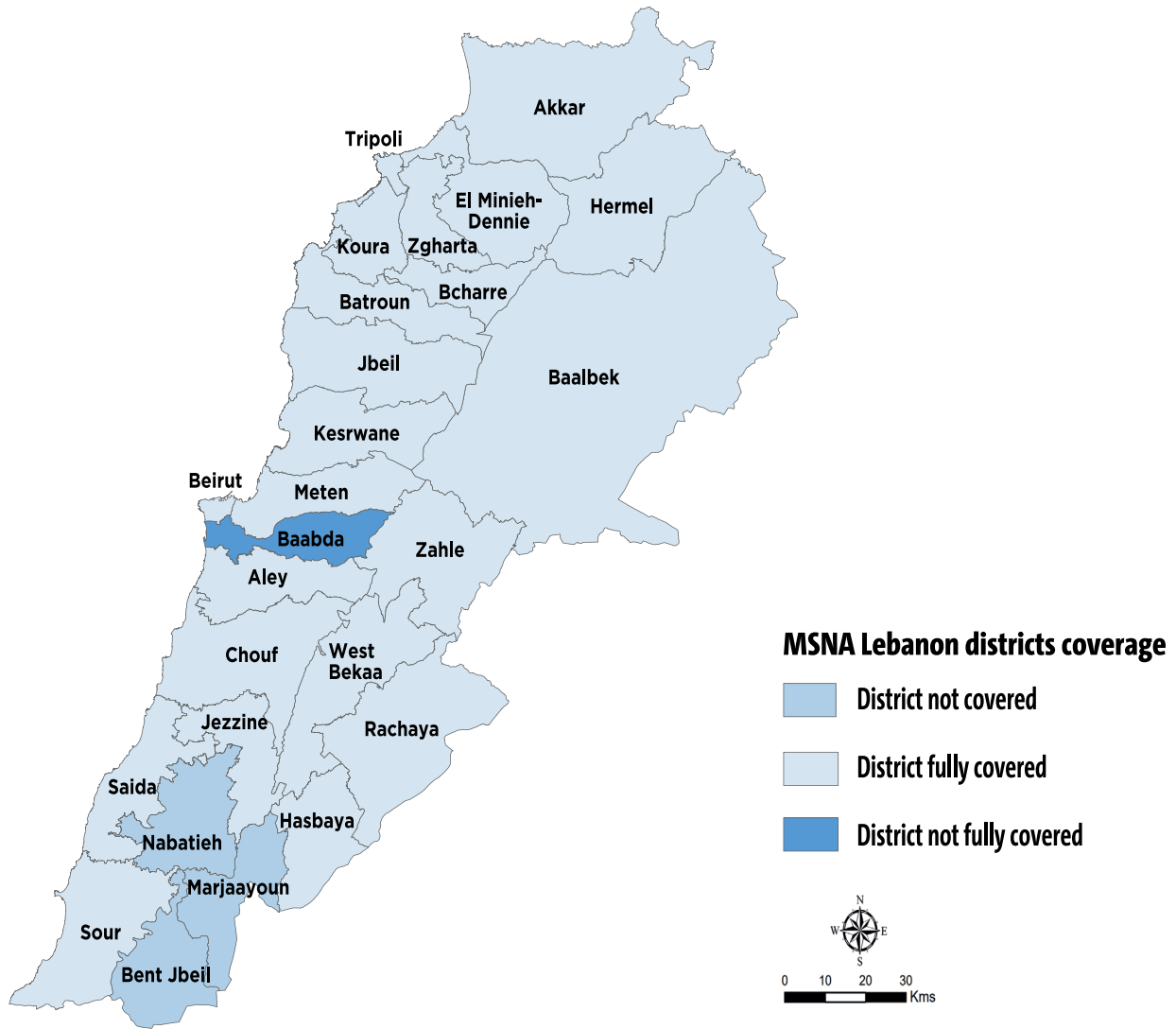
This gender snapshot is based on the MSNA 2023, in which findings obtained from data collected with 3,642 households (HHs) in Lebanon between 24th of July and 14th of October 2023 are analysed at the household and where possible individual level. For the purposes of this snapshot, a household is defined as a person or group of persons that share the same shelter and pool some, or all, of their income. It includes all people who live together, whether they are related or not. 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 between two household members 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 manner in which 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.

---

[1] This ranking represents a drop by one place compared to the World Economic Forum Global Gender Gap Report 2023, then 132. However, Lebanon had a significant drop in ranking in 2023 by 13 places compared to World Economic Forum Global Gender Gap Report 2022, then 119. 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.

[2] Started 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 Lebanon districts coverage
- District not covered
- District fully covered
- District not fully covered

HOUSEHOLD DEMOGRAPHICS

SAMPLE
3,642 Households

12,606 HH members covered by the assessment

Gender of survey respondents
Female 51%
Male 49%

Gender of the head of household
Female 21%   **Male 60%**   **Co-headed 19%**

Demography of individual HH members

	Female			Male
	7%	0-14 Years	7%	
	37%	15-65 Years	35%	
	7%	>= 66 Years	6%	
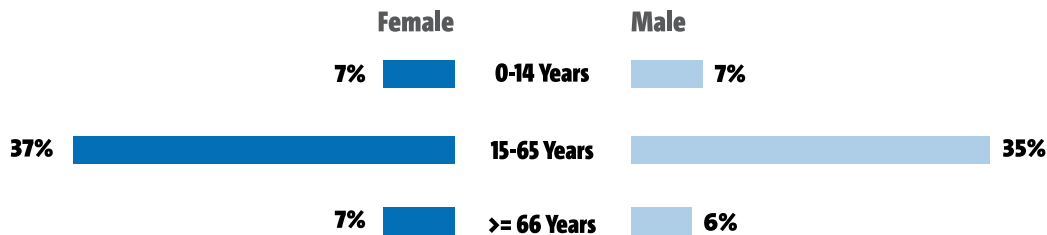
On average, Lebanese households had 3.4 members. CHHs and MHHs were larger, with 3.8 and 3.7 members respectively. FHHs were smaller, with 2.1 members. However, these had higher **age dependency ratio** around 55% compared to CHHs at 40% and MHHs at 35%.

10% of FHHs had single parents or single caregivers compared to 3% of MHHs and 1% of CHHs.

SPECIFIC VULNERABILITIES

Older People

25% of HHs headed by a person 65 or older.

More FHHs were headed by an older person compared to CHHs and MHHs.

CHHs

10%
90%

FHHs

44%
56%

MHHs

23%
77%

- 65+ years   - Under 65 years
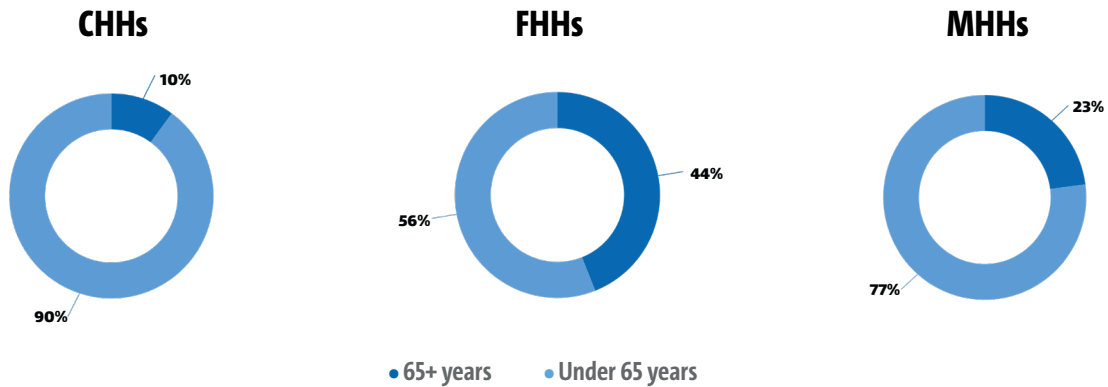
53% of HHs had at least one individual aged above 60 years old.

CHHs 49%   **FHHs 73%**   **MHHs 48%**

Persons with Disabilities

Overall, **9%** of individuals reported having **one or more disabilities** as defined by the **Washington Group on Disability Statistics (WGS).**

Female		Male
18%	65+ Years	12%
3%	18-64 Years	3%
1%	6-17 Years	2%
3%	5 Years & under	2%

Disability by gender and age
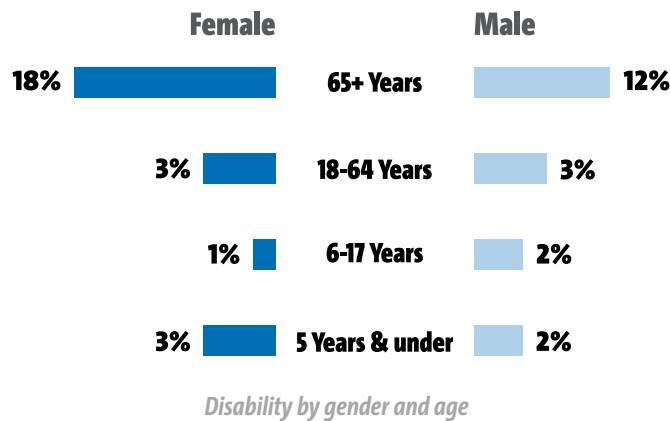
27% of HHs had at least one member with disability level 3 or 4 per WGS guidance, mostly found in FHHs.

CHHs 29%   **FHHs 35%**   **MHHs 23%**

30% of 65+ individuals had one or more disabilities:

18%

12%

Walking disability was reported more often, with females mentioning this more.

Type of disability	Female	Male
Walking	14%	7%
Hearing	6%	4%
Seeing	5%	5%
Self-care	4%	2%
Remembering	3%	1%
Communicating	1%	0%

16% of HHs were headed by a person with a disability; these were mostly found in FHHs and CHHs.

CHHs

24%

76%

FHHs

25%

75%

MHHs

11%

89%

● HoH with a disability ● HoH without a disability

Young Children

34% of HHs had at least one child below 18 years of age. These were found more in CHHs (45%) followed by MHHs (37%) and FHHs (12%).

4% of women had given birth in the last two years, mostly found in CHHs (7%) with fewer in MHHs (3%) and FHHs (2%).

5% of HHs had a young child 0-5 years of age.

BASIC NEEDS

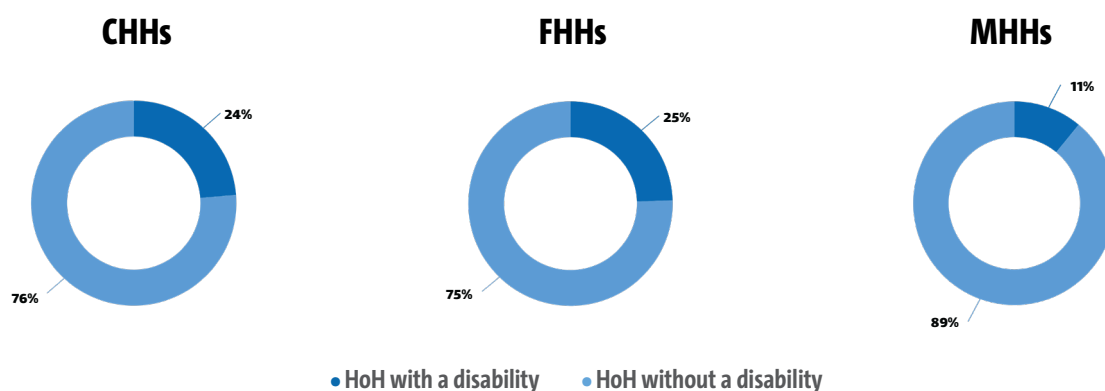The multi-layered crisis has introduced precarity and vulnerability in many Lebanese households. As of 2023, meeting **basic needs** remained a challenge for many households.

Basic needs met	Total	CHHs	FHHs	MHHs
None (0%)	2%	1%	2%	2%
A few (25-1%)	25%	20%	30%	25%
Some (50-26%)	37%	35%	37%	37%
Many (75-51%)	21%	17%	16%	23%
Almost all (99 -%76%)	8%	12%	8%	6%
All(100%)	7%	14%	6%	6%

Health and food needs remained the most areas of concern. More FHHs struggled to meet health and food needs in the 30 days prior to data collection.

	TOTAL	CHH	FHH	MHH
Health needs	64%	62%	73%	62%
Food needs	51%	49%	57%	49%

● Health needs (medicines, treatments) ● Food needs
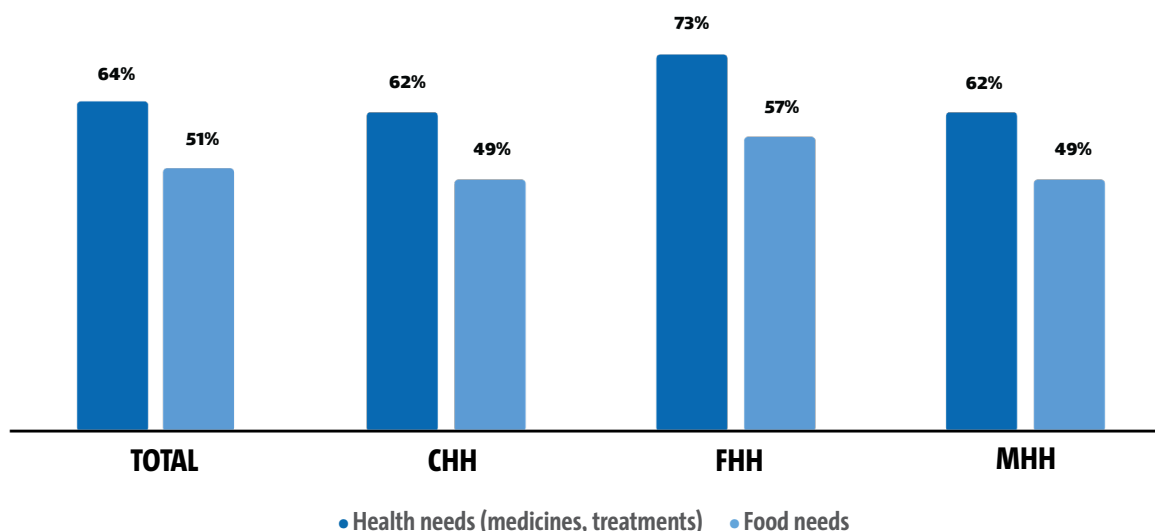
Two top reasons why Lebanese households had trouble meeting their essential needs were low salaries/wages (59%) and lack of work (44%). More CHHs and MHHs than FHHs reported these reasons.

🛡 FOOD SECURITY

90% of HHs had acceptable **food consumption score**. However, more FHHs had "poor" food consumption score.

Score	Total	CHHs	FHHs	MHHs
Acceptable	90%	89%	84%	92%
Borderline	8%	10%	10%	6%
Poor	2%	2%	6%	2%

Although 1% of HHs were on the severe hunger scale, more FHHs (3%) reported this compared to MHHs (1%). No CHHs were on the severe hunger scale.

76% of HHs used at least one negative food coping strategy. More FHHs (80%) reported this compared to MHHs (74%) and CHHs (76%).

75% of HHs relied on less preferred and less expensive food at least one day per week; more FHHs (78%) reported this compared to MHHs (75%) and CHHs (74%).

42% of HHs reported limiting the portion size of meals at mealtime at least one day per week. This was almost equally the case for CHHs (45%) and FHHs (44%) compared to MHHs (39%).

17% of HHs relied on help from a relative or friend at least one day per week. More FHHs (20%) resorted to this compared to MHHs (15%) and CHHs (17%).

Asked on how many months households expected their dry food stocks to last, **41% had no such stock** with more CHHs (45%) faring marginally worse than FHHs (43%) and MHHs (39%).

🏠 SHELTER

Overall, most Lebanese households were found in an apartment or a house, with more than half living in safe/adequate and dignified dwellings.[3] However, fewer FHHs did so, and more of these lived in dangerous inadequate/substandard shelter standards conditions.[4]

---

[3]This includes a structure that protects households against external threats, health problems, weather, and natural hazards.
[4]This refers to a shelter that includes at least one of the preidentified serious shelter conditions.

Sheltering	Total	CHHs	FHHs	MHHs
% of HHs living in safe/adequate and dignified dwellings	57%	57%	50%	60%
% of HHs living in dangerous inadequate/substandard shelter standards conditions	25%	18%	30%	26%

57% of households did not report any damage or any noticeable issue in the dwelling. However, fewer FHHs (49%) reported this compared to MHHs (60%) and CHHs (57%).
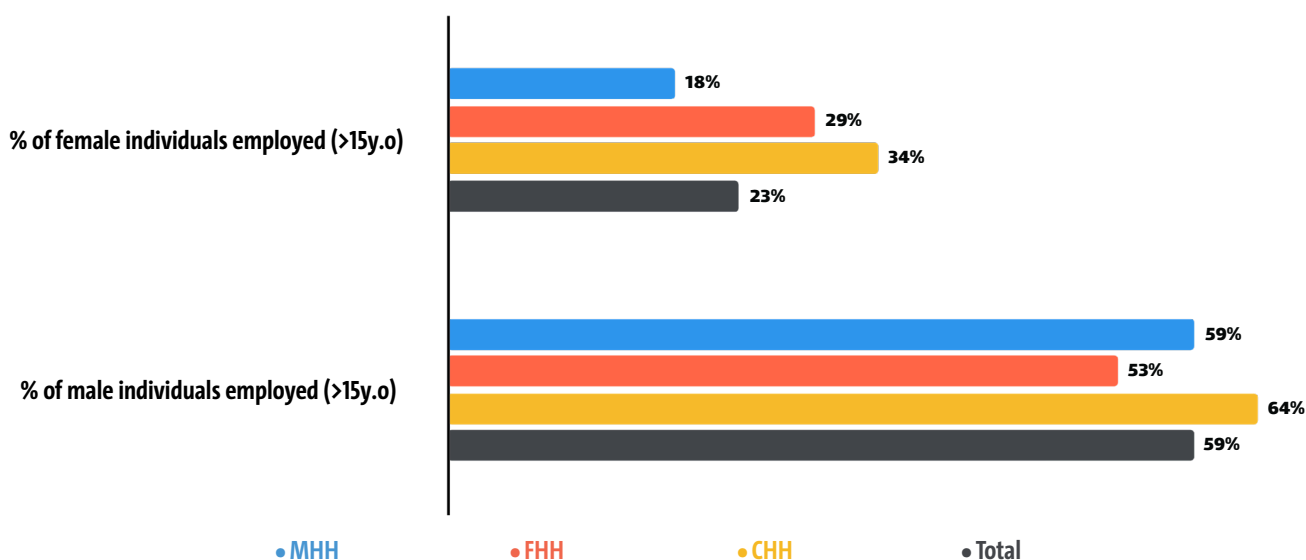
Damages	Total	CHHs	FHHs	MHHs
Damaged roof	19%	10%	23%	20%
Damaged columns	6%	1%	7%	7%
Damaged walls	17%	12%	22%	16%
Damaged floors	4%	2%	7%	3%
Leaking roof	24%	26%	31%	21%

Over 85% of households reported functionality in all aspects (cooking, sleeping, storing water, electricity). More than 90% did not have issues related to housing, land or property. Fewer FHHs (60%) compared to CHHs and MHHs (each 78%) had the rent set in USD which introduces yet another vulnerability for FHHs in a context where LBP fluctuates and calls for the full dollarization of the Lebanese economy are becoming stronger.

💵 LIVELIHOOD

Employment

Less than half of the Lebanese households had members (>15 years old) who were employed. Significantly more males (59%) than females (23%) were employed. Most of the employed males were found in CHHs and MHHs and more of the employed females were found in CHHs and FHHs reflecting likely a pattern that women in MHHs are less likely to be employed.

% of female individuals employed (>15y.o)
- MHH: 18%
- FHH: 29%
- CHH: 34%
- Total: 23%

% of male individuals employed (>15y.o)
- MHH: 59%
- FHH: 53%
- CHH: 64%
- Total: 59%

● MHH   ● FHH   ● CHH   ● Total

66% 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%).

36% of HHs cited increased competition for jobs or not enough jobs as the top barrier for women.
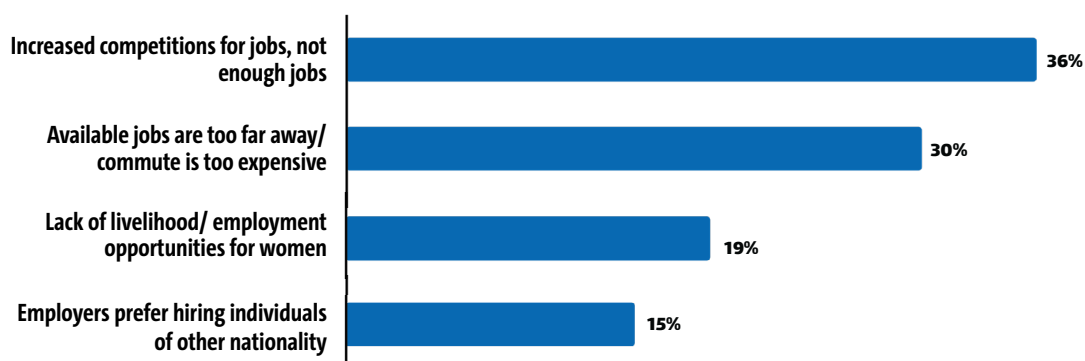
Top barriers for women to finding a job

More FHHs (35%) cited available jobs were too far away/commute was too expensive as a barrier compared to other types of households.

Income

Salaried work (permanent or fixed term contract) was the main source of income for Lebanese households. On average monthly income from such work was USD 217. CHHs reported receiving more income (USD 370) compared to MHHs (USD 213) and FHHs (USD 88).

Top five income sources	Total	CHHs	FHHs	MHHs
Salarid work (fixed-term or permanent contract)	39%	52%	27%	40%
Casual or daily labour	14%	11%	9%	9%
Money or support from people living aboard	10%	6%	17%	8%
Income from a household businees or regular trade	9%	7%	4%	11%
Money or support from other households in the country	8%	6%	21%	5%

Food, electricity, and medicine/health products were the three top areas where Lebanese households reported expenditures. More FHHs spent on electricity and medicine compared to other types of households.

Expenditures	Total	CHHs	FHHs	MHHs
Food items	34%	36%	32%	34%
Electricity (including private generator)	17%	17%	19%	16%
Medicine and health products	15%	13%	20%	14%

Debt

Lebanese households 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 988. MHHs reported having the highest debt (USD 1,102) followed closely by CHHs (USD 1,065) and FHHs (USD 485). For both FHHs and CHHs the new debt was half of the monthly household income.

Type of Household	Monthly income from all sources	New debt in the last 30 days
Total households	USD 498	USD 211
CHHs	USD 664	USD 334
FHHs	USD 279	USD 151
MHHs	USD 520	USD 183

21% of HHs reported borrowing money or receiving credit in the three months prior to data collection. More CHHs (24%) than MHHs (21%) and FHHs (17%) had borrowed money or received credit.

7% of HHs reported credit/debts (informal - shops, friends, hosts) as a form of income.

Informal credit/debt	Total	CHHs	FHHs	MHHs
Friends/relatives in Lebanon	79%	71%	80%	82%
Supermarket owner	20%	24%	25%	17%
Pharmacy	5%	8%	3%	5%

68% of HHs borrowed money for food.

Significantly, **more FHHs borrowed money to pay for health care.**

Borrowing money	Total	CHHs	FHHs	MHHs
To buy food	68%	63%	68%	70%
To pay for health care	38%	27%	50%	39%
To purchase medicine	31%	18%	36%	34%

➕ HEALTH

58% of HHs had at least one member with a health problem and in need to access healthcare in the three months prior to data collection. Slightly more CHHs (63%) reported this compared to FHHs (61%) and MHs (56%).

22% of HHs had at least one member of their household with disability and in need to access healthcare in the three months prior to data collection.

CHHs 24%   **FHHs 30%**   **MHHs 18%**

28% of individuals needed to access healthcare services in the three months prior to data collection.

CHHs 27%   **FHHs 40%**   **MHHs 25%**

Close to 80% of those reporting barriers to accessing healthcare services identified non-affordability of the treatment or the consultation as key barriers.

Barriers	Total	CHHs	FHHs	MHHs
Could not afford cost of treatment	79%	73%	77%	34%
Could not afford cost of consultation	78%	62%	81%	81%
Could not afford transportation to health facility	13%	9%	16%	14%

17% of HHs managed their health problem(s) with home remedies.

CHHs 9%   **FHHs**   **MHHs 16%**

22% of HHs rationed medication as a coping mechanism.

CHHs 19%   **FHHs 25%**   **MHHs 21%**

Overwhelmingly (approximately 70%) households did not have insurance, with slightly more FHHs (72%) reporting this compared to MHHs (70%) and CHHs (69%); approximately 58% of HHs did not have private or public insurance.[5] More FHHs (64%), followed by MHHs (58%) and CHHs (51%) reported this.

Family Planning [6]

10% of women reported being in need for the family planning/contraceptives in the last three months prior to the survey.

84% of women reported unmet need for family planning.

Of the 94 households reporting that they were able to access family planning services, the pharmacy and private clinic and other private medical facility were the most often used places. All FHHs used pharmacy for such services.

Facility	Total	CHHs	FHHs	MHHs
Pharmacy	62%	74%	100%	46%
Private clinic and other private medical facility	24%	17%	0%	34%
PHC facility including dispensary, NGO clinic	15%	18%	0%	11%

🛡 HYGIENE

In 239 out of 1738 households, interviewees reported that their **female members of menstruating age had problems related to accessing menstrual material.** In 11% of such households, the most often reported challenge was that themenstrual materials were too expensive. More FHHs reported this (14%) compared to MHHs (11%) and CHHs (7%). [7]

---

[5] For MSNA 2023, public insurance also known as National Social Security Fund was treated as an absence of insurance due to the very low coverage percentages, as recommended by the health sector.

[6] Family planning questions were asked by female enumerators, only to non-single women aged 14-49 years old.

[7] In the survey, the following options were provided in addition to the cost of the menstrual materials: (1) No women available in the household to answer and I am not aware; (2) No, menstrual materials are not available at the market; (3) No, the market is too far away; (3) No, going to the market is dangerous; (4) No, the market is difficult to reach (especially for people with disabilities); (5) No, some groups do not have access to the market; (6) No, don't like quality of available menstrual materials; (7) Other (specify).

📖 EDUCATION

28% of HHs had at least one school-aged child. These were found in more CHHs (37%) compared to MHHs (32%) and FHHs (10%).

Regular attendance at school was observed for more than 90% of the children in the different HHs. 11% of school-aged children (between 6 and 17 years of age) did not attend any type of school regularly during the 2022-2023 school year while schools were open, with most children out of school in Balbek El-Hermel (20%) and El Nabatieh (17%). More boys (13%) than girls (9%) were not attending school regularly in the 2022-2023 school year while schools were open. Out of school children were found more in FHHs (17%) compared to MHHs (7%) and CHHs(3%).
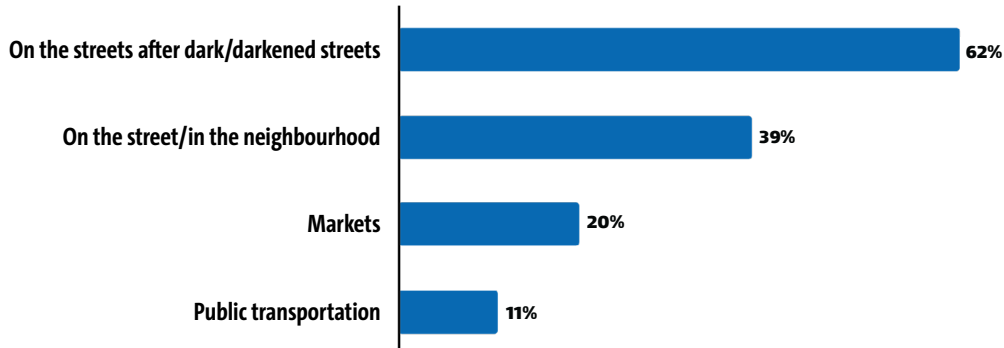
More girls had dropped out of school at the time of data collection. Of the 23% children between 6 – 17 years old who dropped out of school, more were girls (31%) than boys (19%). More of the children that dropped out of school were found in MHHs (28%) compared to CHHs (12%) and FHHs (8%).

🛡 PROTECTION

Safety and Security

23% of HHs reported at least one safety and security concerns for women 18 years old or more in their communities. Number one concern was being robbed (18%) followed by verbal harassment (8%) and sexual harassment or violence (6%).

14% of HHs reported that women and girls avoided certain areas in their location because they felt unsafe there. On the streets after dark/darkened streets was the place avoided most.

Place	Percentage
On the streets after dark/darkened streets	62%
On the street/in the neighbourhood	39%
Markets	20%
Public transportation	11%

35% of HHs reported that they did not know of services associated with protecting women and girls against violence, indicating a low level of awareness especially among FHHs.

51% confirmed that services associated with protecting women and girls against violence did not exist.

Consistently more CHHs knew of different services in their community.

Services	Total	CHHs	FHHs	MHHs
Psychosocial support for women and girls (how to seek help when under distress)	8%	12%	7%	6%
Recreational activities organized for women and girls	8%	14%	18%	6%
Reproductive health services for women and girls	3%	6%	3%	2%
Services offer for women and girls if they experiece some form of violence	5%	6%	3%	5%
Don't know	35%	34%	40%	33%
None of the above	51%	47%	47%	54%

Respondents in 70% of HHs 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 (73%) compared to MHHs (72%) and FHHs (63%).

Child Labour

- **5%** of HHs reported the presence of children at the age of 5-17 years old engaged in child labour outside of the home in the past three months prior to the survey.
- More FHHs had such children (14%) compared to CHHs (6%) and MHHs (4%).

Child Marriage

- **10 of 907** HHs reported they **had a boy/girl (15 to 19 years old) in early marriage** at the time of data collection five of these were found in MHHs, four in the CHHs and one in FHHs.
- **8 of 1402** HHs reported they **had a boy/girl (9 to 17 years old) in early marriage** at the time of data collection; six of these were found in MHHs, one in CHHs and one in FHHs.

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

Lebanese HHs were selected through a Probability Proportional to Size (PPS) cluster sampling approach, where the primary sampling units consisted of population hexagons, each spanning 1 kilometer on every side. The number of clusters, with a minimum of six in each hexagon, was determined based on population density data adjusted for average household size. This enabled the selection of 3,642 households, which collectively represent the Lebanese household population at both the district and national levels. The confidence level of this sample stands at 95%, with a margin of error of 10%. 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 administered between 24th of July and 14th of October 2023. The survey assessed 3,642 Households (HH). For some sections, respondents were asked to answer questions repeatedly about each member of their HH. Including respondents, there were 12,606 Lebanese HH members covered.

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 presentation and dashboard highlighting key findings, along with other sectoral specific presentations and population specific factsheets. The MSNA 2023 for Lebanese households may be accessed **here.** As well, data and other knowledge products based on the MSNA 2023 data may be accessed **here**. This Gender Snapshot harvests data from these sources.

Limitations

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 a respondent (who could be a head of household or a knowledgeable member) during the interviews. For some findings, when the subsample is less than 30, findings are considered indicative.Due to limited access, data for several areas were not collected. These included Nabatieh, Maarjayoun, and Bent Jbeil districts, as well as Dahye region in Baabda district.

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 include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on equal basis with others (per the Convention on the Rights of Persons with Disabilities). In the MSNA surveyed 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' were classified as having one or more disabilities. Please note, that WGQ is a tool for identifying potential disabilities through functional difficulties and are not intended to diagnose specific conditions. Information on disabilities for children 0-5 years of age is 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.