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A GENDERED LENS OF FOOD SECURITY IN LEBANON

A QUALITATIVE STUDY

JULY 2025

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EXECUTIVE SUMMARY

INTRODUCTION

This report presents findings from a 2025 qualitative study conducted by Oxfam in Lebanon (OiL) to deepen the gender and vulnerability analysis of food insecurity in Lebanon. It builds on a 2024 quantitative pilot study that introduced a gender-sensitive lens to the Integrated Food Security Phase Classification (IPC) process through a household survey with 830 respondents across Baabda, Metn, Zahle, Baalbek, and Akkar.

Key quantitative findings included:

- Female members of women-headed households (WHHs) were more likely to fall below the Minimum Dietary Diversity for Women (MDD-W) threshold than men-headed households (MHHs), with the widest gap observed in rural areas.
- MHHs with an unemployed head resorted more often to crisis and emergency level coping strategies, such as high-risk employment or illegal activities than WHHs .
- Syrian refugee households consistently reported lower dietary diversity and higher coping strategy severity than Lebanese households.
- Women in rural Bekaa and Akkar had the lowest MDD-W and related micronutrient adequacy, despite living in Lebanon's main agricultural regions.
- Overall: Location, nationality, employment status, and gendered coping strategies shape complex food security vulnerabilities. Women's dietary diversity, in particular, demands targeted responses.

While the quantitative pilot generated important insights, it revealed significant gaps—namely, the absence of disaggregated accounts of how food insecurity is experienced across gender, displacement, caregiving responsibilities, and social status.

This qualitative follow-up study responds to that gap. Through 20 focus group discussions across five districts, specialized key informant interviews, and two validation workshops with food security and gender stakeholders in Lebanon, it applies an intersectional feminist methodology to explore how food insecurity is shaped and compounded by Lebanon's overlapping crises: prolonged economic collapse, institutional erosion, displacement, housing insecurity, and Israel's ongoing war on Lebanon. It centers the experiences of groups routinely marginalized in food security discourse, including WHHs, MHHs with an unemployed head, Syrian refugees, older women, adolescent girls, and persons with disabilities (PWDs).

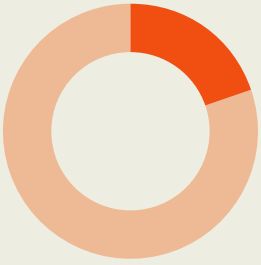
FINDING 1: GENDERED DYNAMICS OF INTRA-HOUSEHOLD FOOD INSECURITY

Within households, food insecurity is deeply gendered and unevenly distributed. Women, particularly mothers and mothers of young children, are consistently the first to reduce portions, skip meals, or pretend they have eaten, framing these acts as moral or maternal duties. These sacrifices are embedded in a broader gendered moral economy where nutritional priority is implicitly structured: children and the ill are fed first, followed by working men, with women – especially adult daughters and caregivers – fed last despite being primary coordinators of food logistics.

This pattern holds across both Lebanese and Syrian households, though the scale of vulnerability varies. Syrian WHHs, for example, face sharper constraints on income and resources than Lebanese WHHs, which magnifies the need for rationing and self-denial. Quantitative data collected under this project in 2024 reflects these disparities: Syrian WHHs were over three times more likely than Lebanese WHHs to have poor food consumption (13.4% vs. 3.4%).

Shared meals, while culturally presented as communal and egalitarian, often obscure these inequities. Women adjust their intake silently, sustaining the appearance of togetherness at the cost of personal nourishment. Gendered consumption norms are internalized early: girls are socialized into restraint, learning to defer to brothers, save food, and manage scarcity from a young age. This intergenerational transmission of sacrifice is normalized and concealed. Quantitative findings mirror this gendered imbalance: only 19.6% of women aged 18–49 met the MDD-W standard, and their diversity scores were more sensitive to household size and unemployment than men's, indicating that these patterns have measurable long-term nutritional consequences.

While women direct household food decisions, they often do so without control over the financial resources that shape those decisionsm resulting in responsibility without authority. Men, too, make compromises in response to scarcity, sometimes skipping meals so that children or breastfeeding wives can eat first, or liquidating personal and family assets to preserve household dignity. For many, food insecurity triggers a crisis of masculinity tied to provision and protection; selling a wife's jewelry or being unable to provide certain foods is felt as symbolic defeat. Although some men are taking on caregiving roles in response to crisis such as walking children to school and helping with food preparation, these shifts remain fragile and often emerge under acute pressure rather than as sustained change.



19.6%

of women (aged 18–49) meet MDD-W

FINDING 2: GENDERED COPING STRATEGIES

Across Lebanese and Syrian households, women are at the forefront of adapting to food insecurity through often invisible acts of austerity. They substitute nutrient-rich foods with starches, stretch meals creatively, and reduce their own intake to shield their families from hunger. These strategies are not occasional crisis responses but part of daily survival: the 2024 rCSI data showed households resorting to less preferred foods an average of 3.2 times per week, reducing meal size 2.29 times, and cutting the number of meals 1.96 times. While overall rCSI scores showed no statistically significant gender difference, qualitative findings reveal that women disproportionately implement these adjustments and bear their emotional weight through rationing portions, managing children's expectations, and shielding others from hunger.

Rising gas and electricity costs, coupled with unreliable refrigeration, disrupt domestic routines; perishables spoil quickly, and women are left to ensure food safety under deteriorating conditions. Debt is another gendered pressure point: in many WHHs, borrowing occurs through socially proximate relationships with grocers, neighbors, or relatives. Although borrowing food was only slightly more common among WHHs than MHHs, women's borrowing is often tied to daily consumption needs and carries the added emotional toll of public shame. Men, by contrast, tend to oversee formal loans, with their own sense of responsibility tied to provision and financial stability.

Housing insecurity compounds these challenges, especially among displaced Lebanese and Syrian families, where rent often takes precedence over food. Coping with health challenges is also gendered: men often speak of stoic endurance, while women recount miscarriages, halted breastfeeding, and chronic undernutrition as outcomes of maternal sacrifice.

A sharp drop in dietary diversity, particularly protein intake, is among the most visible changes. Quantitative results confirm what women describe in FGDs: meat, chicken, and fish have become luxury items, replaced with carbohydrate-heavy staples like lentils, bulgur, rice, and potatoes.

> *Women substitute nutrient-rich foods with starches, stretch meals creatively, and reduce their own intake to shield their families from hunger.*

The choice to compromise on quality before quantity, reflected in "less preferred foods" ranking as the most frequent coping strategy, shows a deliberate prioritization of keeping meals on the table, even if nutritional value declines.

Menstrual poverty adds another layer of burden. Many adolescent girls miss school or use improvised materials due to lack of sanitary products. Education-related coping is also gendered: Syrian girls are often withdrawn from school due to caregiving duties, lack of legal documentation, or transport costs, while in Lebanese households, teenage girls face pressure to retreat from public life as deprivation becomes more visible.

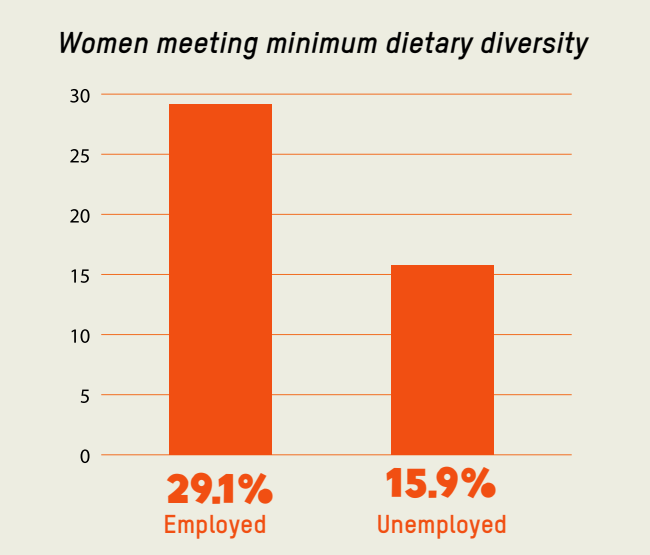
Despite these stressors, many women turn to small but vital coping practices such as small-scale gardening, shared coffee with neighbors, walks, and simple family meals. These practices contribute to a sense of dignity and agency. Men, too, develop quiet adaptive practices, from seeking cheaper food sources in distant markets, spending more time outside of the house, and in some cases even taking on domestic roles during crisis periods. Such shifts, however, are often framed in terms of endurance rather than a redefinition of shared responsibility.

FINDING 3: CHANGING GENDER AND SOCIAL DYNAMICS

In the absence of affordable childcare, maintenance, or social support, women have become teachers, repair workers, and informal social workers, with some Lebanese women interviewed taking on carpentry and plumbing out of necessity. This unpaid labor remains largely invisible, reinforcing the re-domestication of women's time, energy, and agency.

While many women still aspire to dignified, caregiving-compatible work that offers flexibility and safety, opportunities remain constrained by legal restrictions, childcare costs, and rigid social norms. Geography and displacement shape these realities: in rural areas, Syrian women often perform physically demanding, low-paid agricultural labor; in urban areas, women turn to unstable, underpaid home-based work. Younger Syrian women in the fields report exhaustion, while older women withdraw due to health concerns.

Quantitative results show a clear association between women's employment and improved dietary diversity: working women were almost twice as likely as non-working women to meet the MDD-W threshold (29.1% vs. 15.9%), while women in households with a working head also fared better (25.8% vs. 8.4%). This suggests that both women's own earnings and broader household income streams contribute to more diverse diets, likely through greater purchasing power. However, the fact that over 70% of working women and more than 80% of non-working women still fell below the threshold underscores the limits of employment as a protective factor in the current economic climate.



Economic insecurity is also reshaping adolescent girls' roles in low-income and WHHs, with increased domestic responsibilities leading to school dropout and early adultification. Mothers report that daughters assist with all household tasks, especially when the mother works outside.

Loss of cultural and social rituals compounds these pressures. Families are avoiding weddings, holidays, and gatherings due to the inability to host or afford essentials like clothing or gifts. Teenage girls, in particular, face heightened scrutiny and quiet humiliation from lack of grooming or dental care. Key informants note that social media distorts perceptions of care and sacrifice, with adolescents measuring themselves and their parents against curated online lifestyles – often interpreting poverty as personal failure. Mothers' acts of rationing or skipping meals to protect children's portions go unnoticed, deepening intergenerational disconnection.

FINDING 4: WAR, URBAN AND RURAL DYNAMICS IN COPING

In rural Lebanon, women are turning to small-scale cultivation on balconies, rooftops, and backyards to cope with rising food prices, supplement nutrition, and regain a measure of control. For Syrian refugees in rural areas, proximity to farmland offers little relief: despite living among crops, they remain food insecure and trapped in exploitative labor systems mediated by camp intermediaries.

Quantitative results confirm that Bekaa and Akkar, Lebanon's main agricultural regions, have the lowest overall dietary diversity and micronutrient intake among women, despite their proximity to farmland. This underscores that physical access to agriculture does not translate into dietary adequacy under conditions of economic collapse, conflict, and structural inequities.

Israel's war on Lebanon has intensified these dynamics. In Baalbeck, aerial strikes damaged orchards, irrigation channels, storage facilities, and solar-powered water systems. Families reported being unable to plant or harvest for the first time in years, with both land and labor systems destabilized. "This year was frozen," one participant said; another explained, "There was no planting, so we relied on what we had left." In Zahle, while spared direct bombardment, agricultural trade routes were blocked, fuel depots bombed, and seasonal labor stalled, creating cascading effects on rural livelihoods. Farmers struggled to transport produce, access markets, or secure basic inputs, and WHHs in Zahle faced slightly higher food insecurity compared to other regions.

In Akkar, systemic collapse (power cuts, diesel inflation, and water scarcity) has forced land abandonment, eroding agricultural identity. Meanwhile, urban areas such as Baabda and Metn face intensified food insecurity in the absence of fallback systems like land ownership or community exchange. Syrian families in these areas report being monitored and harassed by landlords, adding to urban precarity.

Cultural and social dimensions also shape coping strategies. In Baalbeck, some internally displaced families declined distributed hot meals, stating the food was "not our mjadra." This refusal reflects the symbolic weight of traditional dishes tied to identity, memory, pride, and dignity. In displacement contexts, accepting unfamiliar food can feel like erasure of belonging. Such acts of quiet rebellion highlight the need for food assistance approaches that respect cultural specificity such as supporting kitchen gardens or community kitchens, which can provide more dignified, contextually grounded forms of aid.

> *Bekaa and Akkar, Lebanon's main agricultural regions, have the lowest overall dietary diversity and micronutrient intake among women, despite their proximity to farmland.*

FINDING 5: MENTAL HEALTH IMPACTS AND EMOTIONAL LABOR

Mental fatigue, emotional withdrawal, and psychosocial stress emerged across all groups, especially among mothers, caregivers, and the elderly. These were described as collective symptoms of systemic collapse rather than personal failings.

Mental health was not framed as taboo; participants spoke openly about its toll and its intergenerational effects, including physical health deterioration. Lebanese participants linked distress to cumulative economic neglect, hunger, and state failure. Syrian participants reported that the current war reactivated past traumas, deepening anxiety and despair.

Coping strategies often involved silent endurance – private tears, prayer, or moments of solitude – but these provided only short-term relief. Beyond physical deprivation, food insecurity erodes dignity, shared rituals, and identity. For many women, the inability to serve guests, share meals, or uphold hospitality customs was described as a cultural injury, reframing hunger as both social and symbolic rupture.

FINDING 6: ASPIRATIONS AND LIVELIHOOD FUTURES

Despite these challenges, participants expressed pragmatic aspirations. Most sought not charity, but stable income, secure housing, and restored autonomy. Women emphasized the need for home-based or flexible work compatible with caregiving, such as digital services, tailoring, food processing, or home-based sales. Managing household budgets, not just earning income, was seen as key to meeting needs.

> *Without income, participants reported struggling not only to plan but to think clearly.*

Both men and women linked employment to psychological relief. Without income, participants reported struggling not only to plan but to think clearly. Youth and caregivers repeatedly highlighted mental health and rest as prerequisites for any sustainable livelihood pathway.

CONCLUSIONS

Food insecurity in Lebanon is not only material but gendered, relational, and embedded in systems of inequality.

Participants across regions reported high emotional strain linked to financial anxiety, displacement, and caregiving overload, intensified by Israel's war on Lebanon. Rural agriculture has been damaged by bombardments and infrastructural collapse, while Syrian refugees face exclusion from land and fair labor.

Aid systems often overlook WHHs, caregivers, and people with disabilities, and rarely address intra-household dynamics or care needs. Across contexts, families called not for charity but for dignified work, stable income, and autonomy, underscoring that effective food security strategies must be intersectional, locally grounded, and attentive to both who is hungry and how hunger is managed.

RECOMMENDATIONS

These recommendations are based on study findings, validation workshops, and training sessions. They are grouped by audience and intervention-point for clarity.

RESEARCH & ANALYSIS

Audience: IPC Technical Working Groups, food security analysts, government statistical bodies, research institutions.

- **Mandate mixed-methods** in IPC/national assessments: pair household tools (FCS, rCSI) with individual measures (MDD-W and IDDS) and qualitative methods (FGDs, interviews, participatory mapping).

- **Require full disaggregation** (gender, age, nationality, displacement status, household role) for food consumption, dietary diversity, mobility, decision-making, income control, coping strategies, and aid access.
- **Institutionalize WRO/CSO engagement** in tool design, data collection, and analysis to ensure cultural fit and uncover hidden vulnerabilities.
- **Map layered vulnerabilities** by rural/urban setting, host/displaced status, gender, and conflict impact zones.
- **Embed iterative validation** through thematic workshops with local actors before and after data collection.

PROGRAMMATIC & INSTITUTIONAL

Audience: INGOs, national NGOs, UN agencies

- **Integrate gender analysis** into all stages of the program cycle (needs assessment, design, delivery, monitoring, evaluation).
- **Adapt tools** (PDMs, household surveys) to capture intra-household food sharing, informal food economies, and market access.
- **Provide continuous gender/intersectionality training** for staff, linked to indicator design and participatory ethics.
- **Designate gender/research focal points** to ensure coherence, link field learning to strategy, and localize frameworks.
- **Align with national frameworks** (e.g., WPS, GBV prevention, social protection) to connect food security with broader equality agendas.

IMPLEMENTATION LEVEL

Audience: Field teams, local partners, CBOs

- **Prioritize women's dietary diversity** in aid content and pair with nutrition awareness sessions.
- **Ensure aid continuity** in conflict/displacement areas via mobile units, local hubs, and regularly updated targeting lists.
- **Expand flexible cash support** for WHHs and caregivers; remove male gatekeeping and simplify delivery processes.
- **Offer choice of aid modality** (cash, food, e-cards) with digital/financial literacy support.
- **Co-design low-barrier grievance/referral systems** with WROs to ensure safe, accessible complaint channels.
- **Pair distributions with psychosocial support**, such as counseling, women's circles, and peer support groups.
- **Include vulnerable urban women** in targeting, coordinating with municipalities and local networks.
- **Fund women-led food system recovery**, including cooperatives, backyard/rooftop farming, and smallholder grants.

1. INTRODUCTION

1.1 BACKGROUND AND RATIONALE

In 2024, Oxfam in Lebanon (OiL) implemented a gender-sensitive pilot study as part of a multi-country initiative aimed at enhancing gender-sensitive and local NGO engagement in IPC processes and food security analyses. Drawing on a quantitative survey of 830 households across five Lebanese districts – Baabda, Metn, Zahle, Baalbek, and Akkar – the study assessed food insecurity at both household and individual levels, identifying gender disparities shaped by broader socioeconomic and political stressors.

While the pilot generated essential baseline data, as will be shown in Figure 1, it also revealed critical gaps that quantitative tools alone could not address, namely, the lived experiences, coping mechanisms, and intersecting barriers that shape how food insecurity is experienced across gender and identity lines.

This follow-up study was conducted in the spring and summer of 2025, and it sought to validate and contextualize the quantitative findings through in-depth inquiry while deepening the analysis of structural inequalities and gendered resilience strategies. In a context marked by overlapping crises which include an economic collapse, regional conflict, and the effects of an ongoing Israeli war on Lebanon, this study is especially timely. It explored how food insecurity intersects with displacement, gender roles, psychosocial stress, and regional disparities, with a particular focus on vulnerable groups such as Syrian refugee women, women headed households, displaced Lebanese, and marginalized Lebanese women.

1.2 OBJECTIVES AND RESEARCH QUESTIONS

The study's overall objective is to deepen the understanding of the gendered dimensions of food insecurity in Lebanon by exploring how different groups experience, navigate, and cope with food insecurity, and how these experiences intersect with other structural vulnerabilities.

Zooming in, the specific objectives are:

- To validate and contextualize the findings from the 2024 quantitative pilot study through qualitative inquiry.
- To investigate gendered coping strategies for food insecurity across household types, regions, and identity groups.
- To examine how gender intersects with other forms of marginalization – such as displacement, disability, employment status, caregiving responsibilities, and legal precarity – in shaping food insecurity.
- To explore the impact of regional disparities and geopolitical developments, including the ongoing war, on the lived experiences of food insecurity.
- To document the psychosocial and emotional impacts of food insecurity, including mental health, caregiving burdens, and shifting gender roles.

These objectives and thematic priorities were sharpened and refined through the March 2025 Gender and IPC Validation Workshop, where national

experts and IPC/humanitarian actors highlighted key areas requiring deeper qualitative insight including women's autonomy and household decision-making, intersectionality, regional disparities, and the psychosocial burdens of food insecurity. Building up, the specific research questions have been honed to the five main ones below:

1. How do women and men experience and cope with food insecurity across different household types, regions, and identity groups?
2. What gendered strategies emerge in response to food shortages, price hikes, and aid mechanisms and how do they vary across gender, geography, and nationality?
3. How do intersecting factors – such as displacement, informal labor, disability, and caregiving – shape food insecurity differently for women and men?
4. What are the psychosocial and emotional impacts of food insecurity, particularly on women and primary caregivers?
5. How have recent conflicts and geopolitical shifts, especially Israel's war on Lebanon, affected gendered access to food, aid, and social support?

2. LITERATURE REVIEW

Poverty and food insecurity are deeply gendered, shaped by unequal power relations, limited access to resources, and entrenched social norms. Globally, women and girls account for 60% of the 349 million people facing severe food insecurity (WFP, 2023). This disparity stems from lifelong structural inequalities: restricted education, limited decision-making power, informal or unpaid labor, and weak public services. The concept of the "feminisation of poverty," first introduced in the 1980s, remains critical to understanding how poverty disproportionately affects women, particularly in crisis-affected settings (UN Women, 2002; UN ECLAC, 2004).

In the Arab region, women consistently report higher levels of food insecurity than men. Gallup World Poll data (2014–2017) shows that 45% of women in 18 Arab countries experienced food insecurity, compared to 41% of men, with disparities especially pronounced among older women and those lacking social support (Diab-El-Harake et al., 2022). Severe food insecurity also correlates with reduced wellbeing: women reported lower wellbeing scores and a 60% drop in their likelihood of "thriving" compared to food-secure men.

Lebanon's intersecting crises – economic collapse, the COVID-19 pandemic, the 2020 Beirut port explosion, and regional conflict – have intensified gender-based vulnerabilities.

Chronic failures in infrastructure, including water, electricity, waste management, and transport, have left communities dependent on self-organization (HRW, 2023). Recent Israeli military offensives between 2023 until today have exacerbated this, causing devastating injuries, displacement, and long-term damage to vital services (HRW, 2025).

Lebanon also hosts nearly 1 million Syrian refugees, one of the world's highest per-capita refugee populations (UNHCR, UNICEP & WFP, 2025). While the fall of the Assad regime has initiated a fragile transition in Syria, the outlook for return remains uncertain (SNHR, 2025). Refugees continue to face legal precarity and economic marginalization, often settling in areas with limited services and heightened vulnerability.

Within Lebanon's broader population, gendered poverty is particularly acute in certain household types. Data from the World Bank (2024) shows that women-headed households with children under 14 face poverty rates nearing 80%, often tied to low education, labor market exclusion, and reliance on informal support. Lebanese mothers in food-insecure households were more likely to have poor dietary diversity and lower nutrition, even when controlling for income (Jomaa et al., 2020). Many reported skipping meals to prioritize their children's needs, absorbing both nutritional deprivation and psychosocial stress.

Labor market exclusion further undermines women's coping capacity. Women's labor force participation in Lebanon remains below 25%, with youth NEET rates for women reaching 32% in 2022. Structural barriers including childcare, mobility, norms, and legal discrimination limit women's access to decent work (CAS & ILO, 2022; World Bank & UN Women, 2021), directly impacting their food security.

Women's health suffers disproportionately. Among pregnant and lactating women, acute malnutrition stands at 5% and anemia exceeds 40% (FAO, 2022). These outcomes stem not from poor awareness but from unaffordable food and healthcare, exacerbated in emergencies where women's health needs are deprioritized (Mohindra et al., 2011). Older women, excluded from contributory pension systems and often reliant on others, face growing hardship. The erosion of the Lebanese lira has rendered pensions insufficient, especially for widows or divorced women (Mehio Sibai, 2020; ILO & HelpAge, 2022). Persons with disabilities (PwDs), especially women and girls, are also disproportionately affected. Households with PwDs face higher costs for basic needs while earning less (ILO, 2023). Caregivers, primarily women, report high emotional stress and financial burden in the absence of adequate support (Taha & Kazan, 2015; UN Women & WFP, 2025).

Significant gaps remain, however. Most food security data in Lebanon is at the household level, obscuring intra-household disparities.

National IPC frameworks lack sex- or age-disaggregated data, and there is little research on how caregiving and emotional labor shape food access and decision-making, or how gender roles shift in times of crisis.

This study addresses these gaps by applying an intersectional lens to examine how gender, age, displacement, and disability shape lived experiences of food insecurity. It explores how power operates within households to determine who eats, who decides, and who sacrifices, highlighting invisible labor and resilience. In doing so, it aims to inform more gender-sensitive programming and contribute to more inclusive IPC frameworks.

> ***Women-headed households with children under 14 face poverty rates nearing 80%, often tied to low education, labor market exclusion, and reliance on informal support.***

3. METHODOLOGY

This qualitative study was designed to capture the lived experiences of food insecurity among vulnerable populations in Lebanon, with a particular focus on how individuals, especially women, navigate, cope with, and make sense of change in their lives. While quantitative surveys can measure prevalence and correlations, this approach aimed to illuminate the processes, meanings, and relational dynamics underpinning coping strategies, gendered roles, and household decision-making.

3.1 DATA COLLECTION TOOLS AND METHODS

This study employed a multi-method qualitative approach, with a primary emphasis on extensive focus group discussions (FGDs),complemented by targeted key informant interviews (KIIs), and triangulation activities to enhance validity and stakeholder engagement.

Focus group discussions (FGDs) and supplemental in-depth interviews (IDIs):

Twenty FGDs were conducted across five districts – Baabda, Metn, Zahle, Baalbek, and Akkar – between June and July 2025. Groups were segmented by gender, nationality (Lebanese/Syrian), and, where feasible, by vulnerability profile (e.g., women-headed households, persons with disabilities, caregivers, older women). Participants were recruited with the support of Oxfam and its local partners, using existing databases of vulnerable households and former beneficiaries. Ethical outreach was prioritized, leveraging trusted networks to build rapport and ensure safe, informed participation.

Participant numbers varied by region depending on availability and willingness to participate. Baabda posed the greatest recruitment challenge due to participant fatigue and return migration to Syria. To address gaps, supplemental phone-based in-depth interviews (IDIs) were conducted with Syrian and Lebanese men and women. Data saturation was reached when no new themes emerged in subsequent discussions, confirming adequacy of coverage across participant profiles and regions.

Table 1: FGD disaggregation

Region	FGD No.	Nationality & Gender of Participants	Number of participants
BAABDA	1	Lebanese women	10
	2	Syrian women	2
	3	Lebanese men	2
	4	Syrian men	2
METN	5	Lebanese women	17
	6	Syrian women	10
	7	Lebanese men	11
	8	Syrian men	10
ZAHLE	9	Lebanese women	11
	10	Syrian women	7
	11	Lebanese men	8
	12	Syrian men	9

Region	FGD No.	Nationality & Gender of Participants	Number of participants
BAALBEK	13	Lebanese women	11
	14	Syrian women	10
	15	Lebanese men	14
	16	Syrian men	8
AKKAR	17	Lebanese women	11
	18	Syrian women	12
	19	Lebanese men	9
	20	Syrian men	9

Key Informant Interviews (KIIs):

Informant interviews with three thematic experts provided contextual depth and helped identify institutional blind spots. These included:

- *Rima Mokdad* (UN Women) on gender in humanitarian programming
- *Yusra Bitar* (environmental and gender consultant) on structural vulnerabilities
- *Dr. Nawal Muradwij* (mental health specialist) on psychosocial and emotional impacts of crisis-related food insecurity

Triangulation and Validation Activities:

To enhance the credibility, contextual relevance, and participatory depth of the study, three key interventions were integrated at strategic stages of the research process:

1. **Pre-fieldwork validation workshop (March 2025):** This workshop brought together representatives from UN agencies (UN Women, FAO, WFP), local NGOs, gender experts, and academic researchers to review and strengthen the qualitative tools, thematic focus areas, and regional selection. Feedback from this session directly informed the refinement of FGD guides and the inclusion of underexplored dimensions such as psychosocial stress, intra-household dynamics, and caregiving.
2. **Post-fieldwork validation workshop (July 2025):** Following data collection, a second validation workshop was held with a similar cohort of actors. This session served as a forum to present findings, pressure-test interpretations, and co-generate recommendations grounded in field realities. Discussions helped sharpen the gender analysis and ensured alignment with operational priorities.
3. **Training and reflection session with women-led and community-based organizations:** Held after initial analysis, this session acted as both a dissemination space and a participatory verification tool. It enabled grassroots actors to engage with emerging findings, share critical feedback, and validate or challenge interpretations. This step not only deepened the analysis but also fostered local ownership and relevance.

Summaries and key takeaways from these sessions are included in the **Annex**.

3.2 ETHICAL CONSIDERATIONS AND LIMITATIONS

This study was guided by core ethical principles of respect, transparency, and care, particularly given Lebanon's protracted crisis and the heightened vulnerability of targeted communities. Participants were recruited through Oxfam's local implementing partners, who maintained trusted relationships with community members and helped ensure a safe and supportive environment for participation.

All participants received clear, accessible information outlining the purpose of the study, the nature of their involvement, and how findings would be used. It was emphasized that the study was qualitative and would not result in direct assistance or services, in order to manage expectations. Verbal informed consent was obtained before each focus group or interview, including consent for audio recording and the anonymized use of quotes.

Recognizing widespread research fatigue, particularly among women and refugee groups, facilitators highlighted the importance of participants' insights in shaping future gender-sensitive food security strategies and IPC processes.

In line with Oxfam's commitment to accountability, all FGD participants were provided with Oxfam's accountability materials. Data collection was conducted in locations chosen for comfort, safety, and confidentiality. All facilitators and enumerators were trained in gender sensitivity, trauma-informed practice, and safe handling of distress or disclosure. Where necessary, referrals to local service providers were offered.

Despite these safeguards, the study faced several limitations:

- **Security and time constraints:** The Individual Mapping Tool, originally planned as a core participatory exercise to explore changes over time in roles, resources, and wellbeing, could not be implemented due to the security environment and time limitations in several field locations. While other participatory elements were integrated into FGDs, the absence of this tool limited opportunities for detailed visual mapping of change.
- **Methodological scope:** While qualitative methods provide rich, in-depth insights into lived experiences and context-specific dynamics, they cannot establish statistical representativeness. A separate quantitative assessment had been conducted earlier in the project cycle, and its findings revealed critical gaps – particularly in understanding gendered dimensions of food insecurity – that warranted further qualitative inquiry. The qualitative study was therefore designed after the quantitative survey and followed a different sampling frame, timeline, and set of research objectives. This means that the two datasets, while complementary, cannot be directly merged or compared in a single seamless analysis. Nevertheless, the sequential design allowed the research team to:
    - Address blind spots in the quantitative data by focusing on underrepresented experiences (e.g., decision-making, intra-household dynamics, psychosocial impacts).
    - Deepen understanding of the drivers and coping mechanisms behind patterns observed in the quantitative survey.
    - Generate actionable, context-specific recommendations grounded in participant narratives, which can inform future survey tool design for better gender and vulnerability integration.
- **Contextual barriers:** In Baabda, political sensitivities and fears of surveillance exacerbated by Israel's war on Lebanon created barriers to outreach and inhibited participant openness.
- **Group size variability:** In areas such as Metn and Akkar, word of mouth led to the spontaneous arrival of additional participants, sometimes as many as 17, altering group dynamics and potentially limiting space for more sensitive or personal disclosures.

Data saturation was nevertheless reached across key thematic areas, with recurring patterns observed in how gender, displacement, caregiving burdens, and economic hardship shape experiences of food insecurity.

4.
FINDINGS AND ANALYSIS: GENDERED DIMENSIONS OF FOOD INSECURITY IN LEBANON

Findings draw on testimonies across Lebanese and Syrian households in Lebanon to explore how food insecurity is experienced relationally and unequally. They are organized into seven interlinked themes that respond directly to the study's research questions. The 2024 IPC gender-sensitive pilot offers a quantitative snapshot that, while designed independently from this qualitative study, serves as a reminder of the value of integrating approaches. Statistical findings are used as points of comparison to contextualize and highlight the scale of the vulnerabilities described in participants' accounts. However, as noted in the limitation section, because the two studies were developed separately, some themes cannot be explicitly linked to specific indicators. Figure 1 summarizes the main quantitative findings to keep in mind while reading the thematic analysis.

These themes examine how gender, identity, and structural inequalities shape food insecurity in Lebanon. Themes 1 through 3 focus on intra-household dynamics, coping strategies, and shifting gender roles, speaking to how women and men experience and navigate food insecurity across household types, regions, and nationalities. Themes 4 and 5 address chronic precarity and intersecting vulnerabilities – such as displacement, rural collapse, disability, and caregiving burdens – while Theme 6 captures the psychosocial and emotional toll of prolonged insecurity. Finally, Theme 7 centers future aspirations for autonomy, linking them to broader barriers, including those rooted in conflict and geopolitical shifts, that affect gendered access to food, aid, and dignity.

FIGURE 1:
QUANTITATIVE SUMMARY OF 2024 GENDER-SENSITIVE PILOT STUDY

As noted in introduction, the quantitative survey assessed food security in five Lebanese districts (Baabda, Metn, Zahle, Baalbek, Akkar) using a sample of 830 households. It calculated the most prominent food security indicators used in IPC analysis, namely Food Consumption Score (FCS), Reduced Coping Strategies Index (rCSI), Livelihood Coping Strategies – Food Security (LCS-FS), and Food Expenditure Share (FES), in addition to individual-level indicators aimed at identifying gender differences within households (Individual Dietary Diversity Score – IDDS, and Minimum Dietary Diversity for Women – MDD-W).

HOUSEHOLD-LEVEL FINDINGS

- No major gender-based differences overall in food consumption, coping strategies, or food expenditure.
- Syrian women-headed households (WHHs) had significantly higher food insecurity (13.4% poor FCS) than Lebanese WHHs (3.4%).
- Non-working men-headed households (MHHs) faced slightly greater challenges than WHHs and more often used emergency coping strategies, including illegal activities.

Key indicators: FCS poor/borderline – 26.1%; rCSI >19 – 37%; LCS-FS emergency strategies – 15%; FES average – 37.8%.

INDIVIDUAL-LEVEL FINDINGS

- Women's dietary diversity is a critical vulnerability: only 19.6% of women aged 18–49 met minimum diversity standards.
- Lower diversity was linked to being Syrian, living in larger households, or having unemployed household heads.
- Women's dietary diversity proved more sensitive to socio-economic pressures than men's.

REGIONAL DISPARITIES

- Akkar: Poorest region, 38.1% poor/borderline FCS, 60% severe coping strategies.
- Zahle: High food insecurity due to war disruptions in Bekaa affecting agriculture, livelihoods, and market access.

The qualitative themes thus include the below:

1. **Intra-household inequities and emotional labor** – How food is rationed within households along gendered, generational, and moral lines, and how decision-making and masculinities shift in times of scarcity.
2. **Coping strategies** – The compromises, borrowing, and informal arrangements households adopt to manage prolonged crisis, including impacts on health, housing, hygiene, and education.
3. **Shifting gender roles and masculinities** – How economic collapse and displacement disrupt traditional roles, expand women's labor, and reshape—sometimes fracture—masculine identities.
4. **Debt, dispossession, and the breakdown of rural resilience** – How coping becomes chronic, with land, assets, and dignity liquidated, and rural labor markets collapsing, especially for Syrian communities.

5. **Intersecting vulnerabilities: health, disability, and social isolation** – How food insecurity magnifies risk for those with chronic illness, disability, or caregiving responsibilities.
6. **Psychosocial exhaustion and mental health collapse** – The cumulative toll of prolonged insecurity on caregivers, parents, and youth, often internalized as shame or distress.
7. **Future imaginaries: aspirations and agency** – How individuals and families envision pathways out of aid dependence through work, autonomy, and emotional relief rather than charity.

4.1 GENDERED ROLES IN FOOD RATIONING, PROVISION, AND EMOTIONAL LABOR

FIGURE 2:
KEY FINDINGS FROM CHAPTER 4.1

- **Intra-household food insecurity is not shared equally:** Women, particularly mothers, and particularly mothers of young children, are consistently the first to reduce portions, skip meals, or pretend they've eaten. These acts are often framed by them as moral and maternal duties.
- **Food hierarchies reflect gendered moral economies:** Nutritional priority follows a predictable order – children, elderly/ill, working men – leaving women, especially adult daughters and caregivers, last in line despite managing the household's food logistics.
- **Communal eating masks inequity:** Although often cited as a cultured and egalitarian practice, shared meal practices obscure gendered sacrifice. Women adjust their portions silently to maintain familial cohesion.
- **Girls are socialized early into restraint:** Young girls demonstrate adaptive scarcity behaviors such as saving food, eating less, deferring to brothers. This suggests that gendered consumption norms are ingrained before adulthood.
- **Women manage food decisions without resource control:** While women direct food purchases and preparation, they often do so without financial autonomy, creating a paradox of responsibility without authority.
- **Masculine provision is emotionally loaded:** Men experience food insecurity through the lens of failed provision and dignity loss. Selling a wife's jewelry or skipping meals is often viewed as symbolic defeat, not just economic adjustment.
- **Crisis reshapes, but doesn't erase, gender roles:** Some men are renegotiating their roles through caregiving, but this shift remains fragile and often framed within traditional masculinities such as sacrifice as endurance rather than shared responsibility.

Intra-household inequities

Food insecurity in Lebanon is a relational and gendered phenomenon, marked by inequities in how food is accessed, rationed, and consumed within households. While quantitative data may not always show women as more food insecure, qualitative evidence highlights gendered norms, caregiving hierarchies, and moral expectations of sacrifice that leave women with poorer nutritional status. This uneven utilization of food exposes them to negative health consequences over the long run.

Meals have become precarious acts of negotiation and improvisation. All FGD participants reiterated the insufficiency of food, the reduced quality of food that they have access to, the various negative coping strategies that they have to employ in order to take care of their families, and the sacrifices that many are making to be able to survive. In Baabda, Lebanese women described stretching 200g of meat across three meals. "Since the war [with Israel], we are deceiving ourselves to think we are getting meat," one woman said, noting that bouillon cubes had replaced meat entirely. Across the country, families reported shifting from three meals a day to two, or even one. "Even yogurt with burghol is now unaffordable," explained a Syrian woman in Metn. These and other coping strategies will be discussed at length in section 4.2.

The quantitative results provide a parallel picture of these lived realities, showing that households' vulnerabilities were most evident in their reliance on coping strategies such as skipping meals, reducing portions, and prioritizing children.

Children consistently emerged as the moral priority when food was scarce. "Even if it's just one egg, we split it for the kids and pretend we're not hungry," said a Syrian woman in Akkar. Women described their own sacrifices as extensions of maternal duty. "The mother can bear, but the child cannot," said a Lebanese woman in Baalbeck. "I wake early to feed my mother, then my father, then prepare food for the children... I only eat if I remember," added another in Baabda. A young Syrian woman shared how her mother routinely claimed to have eaten, just to ease others' guilt. Indeed, a key finding from qualitative data collection shows that while food insecurity touches all household members, its burdens fall unequally, most heavily on women. Across all communities, women, particularly mothers, are the first to reduce portions, skip meals, or pretend they've already eaten to ensure others are fed. This qualitative pattern is consistent with the quantitative finding that "removing children from school" was the least resorted to coping strategy for families, and no families reported marrying children under the age of 18. This perhaps points to the notion that protecting children's wellbeing remains a priority even under severe scarcity.

Men typically follow children in household food hierarchies. "I reduce my portion and save more for my husband because he works hard and comes home hungry," said a Syrian woman in Metn. "If he doesn't eat first, he'll get upset," another added. These statements reflect the enduring belief that men's external labor warrants nutritional priority. "When the food is not enough, I just eat less and smile. If I say something, it will cause problems," explained a Lebanese woman in Baalbeck.

FIGURE 3:
HOUSEHOLD LEVEL FOOD SECURITY INDICATORS

MEASURE	WHH	MHH	TOTAL
FCS poor / borderline	24.5%	27.2%	26.1%
rCSI more than 19	33.2%	39.2%	37%
LCS-FS emergency coping strategies	13.4%	17.2%	15%
FES average	37.6%	38.1%	37.8%

These findings come to confirm results from the quantitative study which showed that less women compared to men achieved adequate dietary diversity, and women's dietary diversity is influenced by more factors than men's, making it more susceptible to decline, especially in larger households and households crippled by unemployment. Quantitative results reinforce this gender gap: fewer women than men achieved adequate dietary diversity, and women's dietary diversed was influenced by more factors – including household size and unemployment – which makes it more vulnerable to decline.

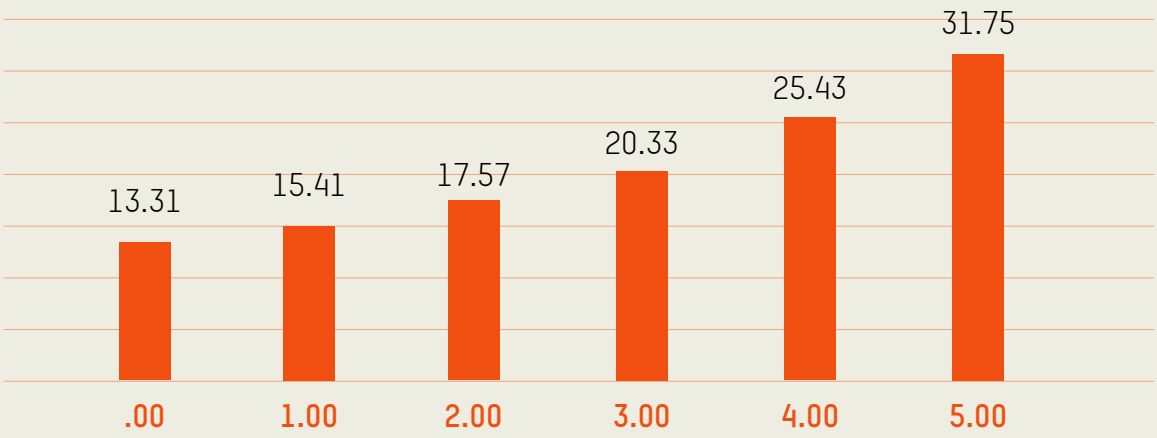
Elderly and ill household members are often prioritized above adult women. "My father is diabetic. He can't eat whatever we're having, so I try to make something small for him, even if I don't eat," said a Lebanese woman in Baabda living with her elder parents. Another woman in Baabda, whose husband has kidney chronic disease said that "He needs a special diet, so we follow his dietary needs as best we can because we cannot cook two types of food. Since we cannot afford to cook for our children separate food, we all followed his diet with no fat, and many other constraints." **Quantitatively, a positive correlation was found between the number of disabilities in a household and the number of coping strategies used; higher disability counts were associated with higher rCSI scores. Resorting to less preferred food, reducing meal sizes, and cutting the number of meals are among the most common strategies for both WHHs and MHHs.**

In some instances, illness has the potential to temporarily override established food hierarchies. In these moments, caregiving logic intensifies, and resource allocation pivots sharply toward the person in need, regardless of age or status. "When my son got sick, we prioritized him immediately. My husband and I didn't even think about it," recalled a Syrian mother in Akkar. In such instances, food becomes a form of emergency medicine, and sacrifice becomes instinctive rather than negotiated. A mother in Baabda shared "My youngest son has anemia and a weakened immune system. I try to secure special items like fruits or vitamins just for him, even if it means excluding his siblings." These disruptions reveal how caregiving priorities can supersede routine roles and reorder household dynamics in urgent ways, a dynamic further explored in Section 4.6 on disability.

Communal eating practices, often framed as egalitarian during FGDs and especially by men participants, can obscure these inequities. "We all eat from the same plate," many said, but a woman in Baalbeck clarified: "The food does not get distributed, it's shared. And we [the mothers] know how to make our portions smaller without anyone noticing." A food security expert interviewed for this research echoed this: communal eating often conceals gendered sacrifice, nearly always borne by women.

These food-related hierarchies are socialized early. Girls are described as more attuned to scarcity – for instance, eating less, hiding food, or absorbing pressure, while boys are permitted to demand more.

FIGURE 4:
AVERAGE RCSI SCORE FOR NUMBER OF DISABILITIES

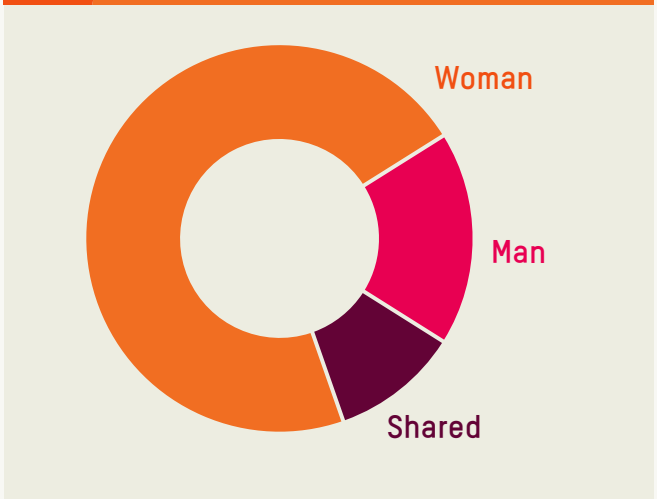


"The boy's meal is different – he eats more," said one Lebanese woman in Baalbeck, normalizing male hunger and girls' restraint. "Girls are softer... they hide food for their brothers," noted a Syrian woman in Zahle. Another Syrian man in Zahle said, "Boys usually don't wait for you to serve them; they just eat." **Such narratives align with quantitative patterns showing gendered differences in dietary diversity scores, suggesting these norms take root early and shape long-term nutritional outcomes.**

Decision-making and the emotional labor of managing food insecurity

Decisions over what is bought, cooked, and rationed are primarily managed by women. While this role long predates the current crisis, its emotional and logistical burden has intensified, with women now shouldering both the logistical and emotional weight of scarcity. Across regions, women described themselves as the "managers" of household food economies – stretching limited budgets, prioritizing children's needs, and maintaining a sense of cohesion. As one Lebanese woman in Metn put it: "The home economics is with the wife or the women of the house." A Syrian woman in Baalbeck reiterated: "The woman decides on all food-related decisions as she is the manager of the house."

FIGURE 5:
WHO MAKES FOOD RELATED DECISIONS IN THE HOUSEHOLD?



Crucially, authority over food does not imply control over resources. Even in men-headed households, men often defer to women's knowledge of household stocks and daily needs. "The woman knows more about what is in the house and what is needed," said a Syrian man in Akkar. This reveals a core paradox: women are operational decision-makers but remain dependent on income flows they cannot directly control. Quantitative data further contextualizes this dynamic – for example, households where women make food-related decisions but lack direct access to income still register high food insecurity levels, indicating that decision-making authority without control over resources offers limited protection against food insecurity.

This vulnerability is magnified by the unstable nature of income among the surveyed population: the majority of participants from the qualitative study were daily-waged workers, meaning food choices fluctuate directly with day-to-day earnings. "Usually, I ask my husband if he worked that day, how much he made, and whether I can go buy something," said a woman in Baalbeck.

Negotiation does exist but within constraints. Joint food decisions are more common in households with shared roles or where children's needs shape choices. "We ask each other, 'What should we cook?'" said a Lebanese woman in Zahle. "But now we don't even ask. We cook whatever's there." "We all agree on a main meal, and we all eat it," said a Syrian man in Akkar. Still, these negotiations take place within tight limits.

Frictions emerge in everyday practice. In practice, women often do the shopping themselves, opting for wilted or cheaper items – choices some men may resist. "If my husband goes, it will cost us more," explained a Syrian woman in Metn. "The husband thinks he's doing well, but he overspends," added a Lebanese woman from the same area. Men's involvement in food-related decisions often increases when they are unemployed, but this can introduce tensions linked to role reversal and perceived inefficiency. "They do nothing and do not work, so we let them go get the vegetables" mentioned a Syrian woman in Zahle.

Where women earn, the burden only multiplies. In households where men are absent or unemployed, women often assume full responsibility for both income generation and food provision. "Now my husband gets the food because I'm working; yet I still prepare it," said a Syrian woman in Akkar. Quantitative results indicate that WHHs with a non-working head show significantly poorer FCS than MHHs in the same situation, suggesting that income instability and gendered market barriers combine

to deepen women's food insecurity even when they assume the headship role. This aligns with other findings that WHHs often face compounded economic stress due to limited access to stable employment and social protection.

Children, too, shape decisions. Food choices are further shaped by children's preferences and emotional responses to scarcity. "Sometimes we make food, but the children don't like it. They want to eat from the mini market," said a Syrian father. A Lebanese mother from Zahle mentioned "if we prepare two or three trays of pizza, the kids might eat them all. You can't afford to take chances—they'll eat everything, and you're left with nothing." Another mother added, "My son doesn't like zucchini, so we used to prepare special dishes for him, even if it meant using more expensive ingredients like meat. We could afford to do that before, but not anymore. Now, we only cook one dish for everyone—no substitutions". This loss of flexibility in household food culture is reinforced by quantitative evidence on increased reliance on less preferred and less diverse foods.

Ultimately, these accounts reveal a broader structural absence that constrains even the most routine decisions. As another woman in Zahle concluded: "There's no real decision-making – it's just about what's available." This statement captures a key insight from the quantitative data: despite variations in who makes food-related decisions, the overriding determinant of diet quality remains resource availability, not decision-maker identity.

Masculinities, provision, and gendered costs for men

While women's responses tend to revolve around caregiving and rationing, men articulated the crisis in terms of lost capacity to provide and protect.

Men themselves described the symbolic erosion of their role. In Baabda, a Lebanese father explained: "We now make hamburgers at home instead of going to restaurants. Just once a month, we try to do something different for the kids" – this is a gesture framed not as nutritional but emotional provision, an attempt to preserve normalcy amid scarcity. Another Lebanese man explained "Yes, there are compromises. As a man, I can't impose too much on my wife—I compromise on myself but not on her or the kids' essential needs. I am obliged to get the children something new during holidays like Eid. He added, "society expects a man to provide for his wife and children; it's not a choice, it's an expectation."

At the same time, men face growing emotional strain as expectations of provision collide with their constrained capacities. In Zahle, a Syrian father described the potential shame he would feel if his children confronted him about not being able to feed them. **The remark led to a discussion in the FGD about how food provision remains deeply tied to paternal legitimacy and masculine self-worth. Quantitative analysis aligns with this sentiment – Syrian MHHs were more likely to report the use of crisis or emergency livelihood coping strategies (over 58%) compared to Lebanese men-headed households (around 37%)**, illustrating how limited income-earning options amplify the psychological burden of provision.

Others pointed to the psychological cost of liquidating family assets. "We had to sell my wife's wedding ring so the family could eat," said a father in Baalbeck. Another, juggling multiple jobs including food delivery, sold his wife's gold to avoid debt. These were not viewed as pragmatic acts of economic management but as painful failures to protect symbols of family dignity and memory. Survey data shows that among MHHs reporting asset sales as a coping mechanism, over two-thirds also exhibited borderline or poor FCS, indicating that asset liquidation is a symptom of severe and sustained food insecurity, not a temporary buffer.

This is compounded by social obligations. "My kids can't be the only ones not dressed up," said a Syrian father in Baalbeck, explaining why he borrowed money for Eid clothes. In tight-knit communities, the inability to meet social expectations around holidays or weddings leads to reputational shame. These pressures were further intensified by systematic exclusion from aid. "If you don't know someone in a political party, you get nothing," said a Lebanese participant, highlighting the politicization of social networks and assistance.

In Akkar, a Lebanese woman reflected on shifting household dynamics: "We used to pamper our men, but now we don't." **Though said with a hint of nostalgia, her comment was not bitter. It reflected a positive cultural norm, where caring for men was seen as an important part of maintaining family harmony.**

This distress was compounded during the war. In Baabda, Syrian refugee families experienced war not only as a security threat but as a multiplier of economic hardship. One Syrian delivery worker explained how income plummeted: "Last year, work was much better. We used to purchase many items including meat." Since the escalation of conflict, his work has slowed considerably due to security instability and reduced demand. The impact on food security was sharp. "There were times in the war when we simply did not have food," one Syrian man in Zahle shared.

Post-war and amid a fragile ceasefire, families reported a sharp decline in their ability to cover basic expenses. "After the war, our ability to pay expenses decreased," a Syrian man explained. Monthly utility bills have surged to $150 due to generator reliance, with government electricity available only three hours per day. "Most of our salaries go to rent and electricity," he added. This reallocation of income has left little room for nutrition, education, or medical care.

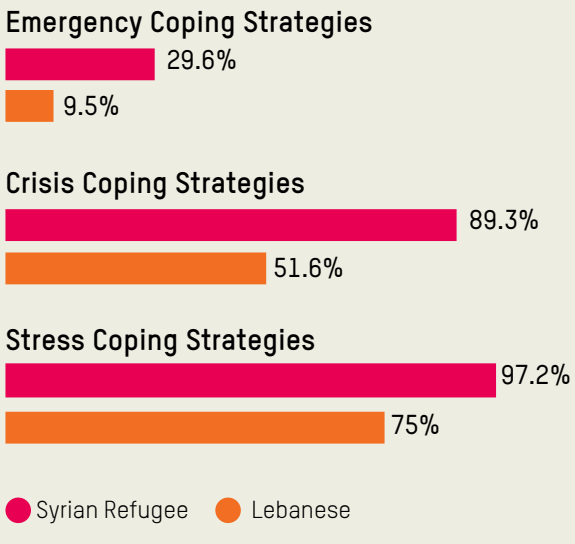
Yet, some men are renegotiating their roles through shared caregiving. In Baabda, two Lebanese fathers described how they collaborate with their wives. "We negotiate, we collaborate," said one, noting that he helps clean the house and fetches supplies on his motorcycle. Both reported walking their children to school to avoid high transport costs and ensure their safety.

"Both father and mother compromise and eat last when things are difficult," explained a Syrian father in Baalbeck. "First, the children eat – equally, and in portions that suit their needs. Sometimes, we don't eat at all if the food isn't enough." **While women are often portrayed as the primary sacrificers, this account reveals that men, too, defer consumption**, particularly when their wives are breastfeeding. A Syrian father in Baalbeck said, "The husband usually compromises and lets the wife eat before him... especially if she's nursing. A man can fast on water for three days and survive. It is important to prioritise pregnant women." Here, as validated by a key informant interview, masculine endurance is framed not as detachment but as a form of care expressed through withdrawal. Survey data indicates that in food-insecure households, 41% of men reported regularly skipping meals so that children and women could eat first, a pattern that challenges that paternal sacrifice is rare.

Among Syrian men, the weight of provision is further intensified by legal and economic precarity. Without work permits or residency, many are pushed into informal labor arrangements with no protection or recourse. "Sometimes we don't get paid. Employers threaten us, and we can't do anything," said one man. The emotional toll is deepened by insecurity and discrimination. "My neighbor was stabbed," said a Syrian man in Baalbeck. "There's discrimination, and no one protects us." For displaced men, threats to physical safety coexist with economic precarity, revealing how food insecurity intersects with broader regimes of legal and social exclusion. As noted, quantitative results show that Syrian households resort to more coping strategies in general, of which crisis and emergency strategies have a higher share, reflecting higher levels of vulnerability.

The desire to shield children remains a consistent theme. "You can't let your child go without. Even if I'm hungry, I don't let them know," said a Lebanese father in Metn. While women often bear the visible emotional labor of managing scarcity, men carry a quieter form of distress that is rooted in shame and constrained options. **A gender-sensitive approach to food insecurity must recognize how masculinities are disrupted and reshaped by economic collapse and must respond to these shifts without reinscribing patriarchal norms.**

FIGURE 6:
LCS – FS RESULTS BY NATIONALITY OF HEAD OF HOUSEHOLD



4.2 GENDERED COPING STRATEGIES

FIGURE 7:
KEY FINDINGS FROM CHAPTER 4.2

- **Women adapt meal planning through invisible austerity:** Across Lebanese and Syrian households, women disproportionately bear the burden of meal reduction through substituting nutrient-dense foods with starches, stretching portions, and absorbing hunger quietly.
- **Urban-rural gaps in resilience are gendered and classed:** Urban Lebanese and Syrian families lack access to survival gardening due to space constraints, unlike Lebanese rural women who have initiated modest home cultivation.
- **Gas and electricity costs reshape domestic labor:** High fuel costs have transformed cooking practices. Refrigeration collapse due to electricity cuts has eliminated storage for perishables, and women remain responsible for food safety under deteriorating conditions.
- **Debt is gendered, visible, and emotionally extractive:** Women-headed households navigate credit in socially proximate settings through local grocers, neighbors, etc., where repayment delays come with shame and exposure. Syrian women in Zahle and Akkar reported humiliation at point-of-sale; "even 1kg of rice" can trigger verbal rebuke.
- **Women internalize responsibility for household debt:** In Syrian and Lebanese households alike, women described chronic worry over debt as a constant, embodied stressor and linked it to caregiving expectations.
- **Men retain formal control over large borrowing decisions, but women manage survival credit:** While Lebanese men typically oversee formal loans, women negotiate daily credit for food and essentials, often facing blame when tensions escalate. In women-headed households, women must manage both repayment and family needs with little structural support.
- **Housing insecurity intersects with gendered caregiving:** For displaced Lebanese and Syrian refugees, rent often outranks food as the primary expense. Women in crowded homes, especially caregivers of the elderly or disabled, report intensified labor and stress, with no formal protection from eviction or exploitation.
- **Health coping is informal, improvised, and feminized:** Across sites, women report rationing medication, delaying care, and using substandard food or water to stretch resources. Men often frame health coping through stoic endurance, while women recount miscarriages, halted breastfeeding, and chronic undernutrition as maternal consequences.
- **Menstrual poverty disrupts education and mobility:** Adolescent girls in Zahle and Baabda rely on cloth or miss school entirely. These hygiene-related coping strategies are uniquely gendered and carry profound implications for women's dignity and access.
- **Education access is shaped by gender, legal status, and household priorities:** Syrian girls are pulled from school due to transport costs or caregiving duties; many cannot sit for exams due to lack of legal documentation and overcrowded schools. In Lebanese households, teen girls face increased pressure to retreat from public life due to visible deprivation.
- **Despite these pressures, many women described turning to various quiet but vital sources of coping strategies** such as small-scale gardening, neighborly friendships, shared coffee, long walks, and time in nature or with family around simple meals.

Food-based coping strategies

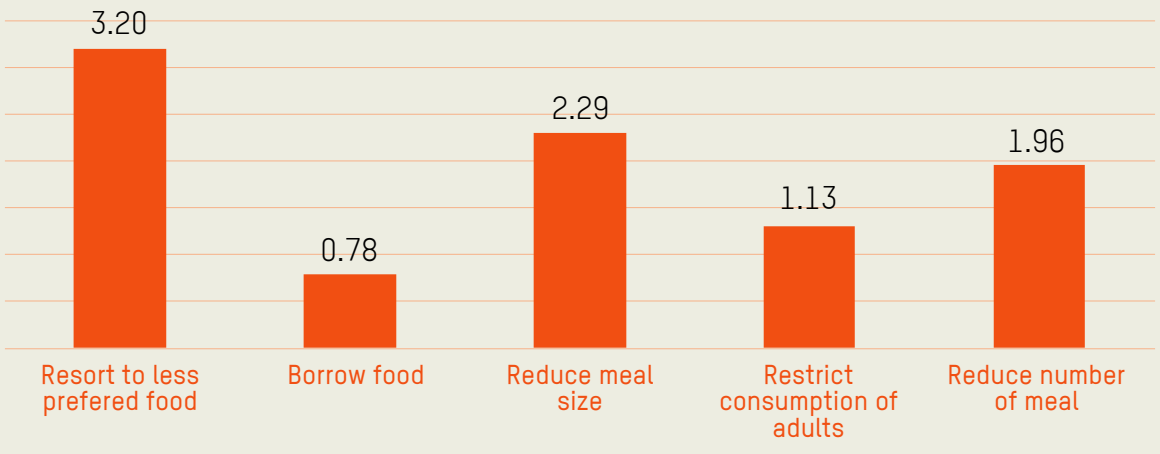
Food-based coping strategies in Lebanon included a set of practical adjustments households make to food purchasing, preparation, and consumption under conditions of prolonged crisis. The earlier quantitative study highlighted through the rCSI that households most frequently resorted to eating less preferred foods (3.2 times per week on average), reducing meal size (2.29 times), and reducing the number of meals (1.96 times). These frequencies signal that dietary compromise is not an occasional fallback but a near-daily reality, with quality sacrifices (e.g., shifting to cheaper, less nutritious foods) appearing even more common than outright meal skipping. These results were indeed echoed in the qualitative study. Although the quantitative analysis did not find statistically significant differences between MHHs and WHHs in overall rCSI scores, qualitative findings reveal a gendered burden: women often implement and absorb the emotional consequences of these strategies, from rationing portions to managing children's expectations, amplifying their caregiving load.

The word cloud below, generated from FGD discussions on coping mechanisms, provides insight into the primary themes and concerns voiced by participants. Firstly, words such as money, afford, buy, reduced, borrowing, debts, credit, borrow, cheaper, sell, and sell all indicate a strong concern with economic constraints, affecting people's ability to buy essential items or maintain their standard of living, which is the root cause of their food insecurity situation. Secondly, words such as eat, meals, vegetables, chicken, rice, foods, breakfast, dinner, lunch, bread, fish, fruits all reflect the dietary changes and increased difficulties to access certain types of food, in addition to altering eating habits such as meal skipping and reducing meal size. Additionally, terms such as children, families, family, school indicate that the impact of food insecurity is particularly concerning for children, indicating consequences on child nutrition, school performance, or general well-being. This is particularly significant given that, in the quantitative data, households with higher dependency ratios (more children per adult) reported above-average frequencies for meal reduction and adult meal restriction, suggesting that parents are actively shielding children by reducing their own intake.

Words like reduced, quality, quantity, and cheaper suggest compromises being made—buying lower quality food, or less of it. Lastly, words like selling, borrowing, credit, and work imply coping strategies in response to economic challenges, such as selling assets, taking loans, or working more. **This echoes the overlap in the broader coping strategy index, where economic coping mechanisms (borrowing food/money) occur less frequently than food-based strategies, but nonetheless remain critical when food-based coping alone is insufficient especially in WHHs, where borrowing food was slightly more common than in MHHs, even if not statistically significant.**

FIGURE 8:
AVERAGE NUMBER OF TIMES PER WEEK RESPONDENTS RESORTED TO COPING STRATEGIES

Source: OXFAM, 2024, IPC Gender Analysis Report



The remainder of the section details participants' coping strategies and their impact on their overall wellbeing.

FIGURE 9:
FGD-GENERATED WORD CLOUD

One of the first and most visible changes has been a reduction in dietary diversity, especially protein intake. All households interviewed mentioned that they have significantly reduced their purchases of animal protein, vegetables, fruits, and dairy. Quantitative data confirms that reducing meal size (2.29 times/week) and resorting to less preferred foods (3.20 times/week) are the two most common coping strategies, which in practice often translates into eliminating higher-cost protein sources and replacing them with cheaper, carbohydrate-based staples.

For the majority of families, meat, chicken, and fish have become luxury items. They now rely mainly on pantry staples like lentils, bulgur, rice, and zaatar, as well as on potatoes. To stretch food, meat is purchased in symbolic quantities: "Instead of buying 1.5 kg of meat, we now buy 300 grams and stretch it with potatoes." Others noted they buy only a third of what they used to. Traditional dishes like knefeh or cheese-based breakfasts have been abandoned. A Syrian grandmother from Metn said, "fruits are not seen at home anymore." She mentioned how she is not able to satisfy her granddaughter's needs that wants fruits and milk. Another Lebanese woman from Akkar mentioned, "It has been years since we had fish in the house." This shift has nutritional implications while such staples meet caloric needs, they cannot provide adequate protein or micronutrients, heightening risks of malnutrition over time, particularly for children and pregnant or lactating women. Moreover, this widespread exclusion of fresh and perishable foods from diets mirrors the high average frequency of meal reduction (1.96 times/week) and meal size reduction, both of which are coping strategies with immediate effects on dietary diversity.

Deterioration in food quality and resorting to less preferred foods is another way families are trying to cope with food insecurity. Again, this aligns with the highest rCSI frequency recorded (resorting to less preferred foods an average of 3.20 times/week) indicating that this is not only a qualitative trend but a statistically dominant coping mechanism across surveyed households.

Many families are opting for lower quality food because they are the only ones they can afford. One woman from Baabda mentioned "the labneh and dairy we buy are of poor quality and often spoiled or smell bad". A man from Baabda who had recently lost his job explained "we walk distances to get the cheaper vegetables. I go to Burj el Barajaneh to be able to afford his meals and save as much as possible". A woman from Akkar mentioned "We do not buy fresh meat from the butcher. We get frozen meat to cook.". **The prevalence of this strategy in both rural and urban FGDs suggests a structural market constraint: as prices rise, the only affordable options are lower quality imports, expired goods, or discounted perishables. The quantitative ranking of this coping strategy above meal skipping or borrowing food also implies that households will compromise on quality before quantity, i.e. accepting poorer nutritional value to avoid outright hunger, at least in the short term.** Some also mentioned in FGDs that traders are using this situation to sell their low-quality stock of products, or even products that have passed their expiry dates.

Another strategy the majority of families resorted to is reducing the number of daily meals. Participants in all FGDs reported skipping meals, either breakfast or dinner, and relying mostly on one main meal per day. In Zahle, Lebanese men described how their families compressed two meals into one: "We used to eat at 2 and then dinner; now we only eat at 5 pm.". Students reported walking long distances for cheaper mana'eesh or sipping one cup of coffee across an entire day. A Lebanese man in Metn mentioned that in his household, they eat smaller portions as well.

Preparation methods have shifted in response to rising gas costs. In Akkar, Syrian men noted they simply stopped cooking many meals: "The gas price went up, so we just stopped cooking many things." In Metn, families described cooking outdoors or

on rooftops to avoid indoor fire risks. In Metn, a Lebanese man described it simply: "We cook in small quantities, just enough for today."

The breakdown of refrigeration systems has further shaped food-based coping and food inventory management. Electricity cuts and the high cost of generator subscriptions have rendered refrigerators unusable for many. "We used to freeze lemons and meat. Now we can't," said a woman in Metn. Without reliable cold storage, perishable foods have become risky and inaccessible. A man in Akkar mentioned, "there is no electricity so no one can store any food at home. The fridges are empty all the time. We get things daily."

Syrian women in Akkar particularly described the daily hunger that defines their lives: "The quality of food is almost zero. We only rely on rice, potato, pasta, and sometimes vegetables and yoghurt with the mjaddara but vegetables are a minimum; fruits are forgotten." Bread remains the only staple that cannot be sacrificed. "Bread remains the only thing that we cannot cancel," one Syrian woman said. But even that is rationed: "We cannot get more food from the store that we borrowed money from." Cultural staples have become inaccessible such as fish, even burghol with yogurt. "We don't know what fish tastes like anymore," said one Syrian father in Akkar.

In several regions, **Lebanese women have begun cultivating small home gardens** – such as growing herbs, vegetables, and legumes in pots or small plots. While modest, these efforts play a crucial role in supporting household nutrition and reducing dependence on costly market goods. They also offer women a sense of contribution and control in an otherwise constrained environment.

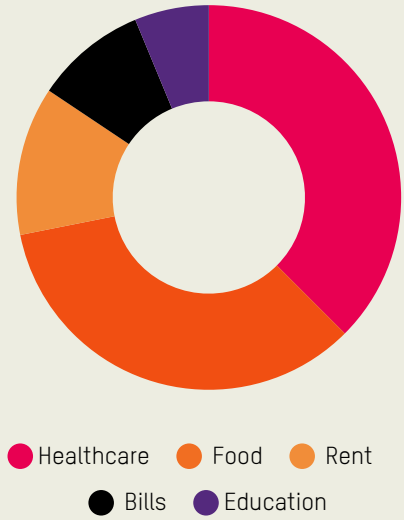
Small-scale farming for household consumption is no longer an option for some Syrian refugees residing in ITSs. Some Syrian refugees in Baalbeck mentioned that they hardly have access to vegetables any longer because the landowners do not allow farming on their land anymore, even if its small scale or in pots. Thus, these families are not allowed to grow food near their tents.

Urban households, especially in densely built areas like Dahiyeh [Baabda], face an added layer of constraint: they cannot grow their own food. "City dwellers can't plant anything; they rely entirely on the market," one participant explained. In contrast, some rural families have returned to survival gardening as a coping strategy. "I planted 30 pots this year," one man said. A Lebanese woman added, "This house grows some vegetables. It's not much, but it helps." Additionally, many households in rural areas like Akkar have been resorting to foraging. "We live in a village, so sometimes we can go foraging, unlike the city," mentioned a man in Akkar.

Debt and dispossession

As inflation, currency devaluation, and rising living costs erode household income, families across Lebanon have transitioned from short-term borrowing to a state of structural indebtedness. What began as occasional borrowing to cover food or rent has, for many, become a permanent survival strategy. "We borrow every month to close the previous month's debts," said a Syrian father in Zahle, illustrating the cyclical nature of household debt. Another participant in Baalbeck explained: "Since before the dollar reached 1,500, we've been borrowing, but it used to be manageable, whereas now it's overwhelming." Military stipends and humanitarian transfers are immediately absorbed by outstanding balances.

FIGURE 10:
REASONS FOR TAKING OUT DEBT



The majority of borrowing is for covering basic needs of food and medicine. "We're borrowing money just to feed our kids" was mentioned by a Syrian woman in Metn, but it is a statement that

was repeated by many more mothers in all the target regions. "We're in debt for baby formula and diapers — we borrow just to cover the basics" said another Lebanese mother in Akkar.

Indeed, in places like Akkar, where the Lebanese army has historically been a major employer and source of household income, this shift is especially acute. What was once a stable, respected form of public-sector employment has lost much of its value. Families that had long depended on army wages noted during FGDs that they now find themselves forced into severe debt. In Zahle, a Lebanese man described watching the value of past savings evaporate: "We had 100,000,000 LBP in the bank. Now it buys only a few vegetables and meat." These transactions are not merely economic, but they represent the collapse of prior stability and the foreclosure of future possibilities.

As household-level borrowing intensifies, so too does the liquidation of personal and productive assets. In Akkar, a Lebanese man estimated that "10% to 15% of people in the village sold land or cars or other things to be able to live." A Lebanese woman added: "There is no work, and there is accumulated debt." Across regions, families reported selling gold, wedding rings, and symbolic household items. "We had to sell our motorcycle to cover the debt. I had to sell the furniture in my living room," shared a Syrian woman in Akkar. **Such dispossession reflects not only financial strain but a slow dismantling of social and intergenerational safety nets, particularly land and tools critical to agrarian livelihoods**. As one Lebanese woman in Baalbeck put it: "I had to borrow money just to retrieve my husband's detained tractor."

The psychological effects of sustained debt were widely reported. "We sometimes break down and lose our minds," admitted a Lebanese man in Zahle. In Metn, a Lebanese woman described how everyday negotiations – between landlords, pharmacists, school officials – had become routine and draining: "We prioritize medicine or food. If we're lucky, we pay the rest next month." This trade-off was echoed in Akkar, where a Lebanese woman said: "We are in daily debt at the local shops, especially for vegetables though we avoid borrowing for meat or chicken, which are considered luxuries." A Syrian woman added: "We borrow on open tabs for bread, lentils, sugar. Sugar helps because it gives us energy to get by." **While such informal credit systems offer flexibility, they also extract emotional costs.** "The supermarket where we borrow sometimes humiliates us. Even if I bring one kilo of rice, they shame me," she said.

In smaller towns and villages, social proximity exacerbates these burdens. "There's a lot of credit here in the village because people know each other. But it's not easy on the psychology of a person. We have pride and everyone knows everyone here," said a Lebanese man in Akkar. **A key informant noted that visibility within the community makes every transaction a negotiation of dignity.** "Just seeing your debts written on paper brings tension, anxiety. You can't focus. You sacrifice your own needs, delay buying anything, just to pay it back," said a Syrian woman in Akkar. Tensions within households also grow under these pressures. "If my wife asks for something, we fight," admitted a Syrian man in Zahle. "We have to repay debts before thinking about food."

While informal community credit often offers the most immediate access, it is also the most emotionally complex. "The vendors know we'll pay back. That makes it easier, but also harder because they know you. And you feel ashamed," explained a Lebanese man in Akkar. For larger or health-related expenses, some families have resorted to institutional lenders. "I would rather not eat than take on debt," said a Lebanese man in Baabda. "But eventually, I had to and I took a loan from Al-Qard el-Hassan." Notably, few referenced assistance from political parties or affiliated networks. The role of party-based or sectarian patronage appears diminished, a reflection of the broader fiscal insolvency of the Lebanese state and the weakening capacity of its clientelist structures.

Interestingly, however, a Lebanese woman in Zahle, bluntly observed, "This is why people wait for elections to gain 100, 200 dollars for the vote — not for love of the person, but because we really need the money." Her comment captures the transactional desperation that now defines much of political engagement, where ballots are bartered not for allegiance but survival.

Debt management itself is shaped by gender and household structure. **In men-headed households, borrowing decisions are often made by men.** "Usually, in men-headed households, debt decisions are taken by men. But in women-headed households, especially when the husband has passed away, the woman takes all the debt-related decisions," explained a Lebanese woman in Akkar. The type of debt also plays a role in how men and

women within the household take debt related decisions. For example, women who go more frequently to shop take the decisions on buying food on credit. "Women are usually the ones who decide what to buy on credit — sometimes the husband has no money at all, so the woman goes to the shop and borrows, even just to get bread." Explained a Syrian woman from Zahle. However, taking out loans or larger sums of money for larger expenses like rent often a decision the man takes alone or jointly with his wife. "The men decide on what and on when to pay rent." Asserted a Syrian man from Akkar.

In Syrian households, more flexible arrangements were described. "Sometimes the woman borrows, sometimes the man. But the man usually works to repay the debt," said one participant. When women are primary earners, they may manage debts autonomously. In other households, they must negotiate needs and justify expenditures, often absorbing blame when debt triggers household tension. "We never really get to rest," said a Syrian woman in Baalbeck. "We are always thinking about how to save money and manage debts." Another in Akkar added: "It becomes a constant worry, you carry the weight of debt, and only God can bring relief."

Intersection Deprivations: Health, Housing, and Education

Health coping strategies

In many households, parents reallocate food and resources to protect the health of children, a coping strategy that, paradoxically, deepens health risks over time. To manage illness, families rely on a sequence of informal strategies: delaying care, borrowing money, rationing medication, and relying on pharmacies that extend credit. In Akkar, a Syrian woman faced a $1,500 hospital bill for her husband, only partially subsidized. "Six hundred dollars is still unaffordable," she said, prompting a reshuffling of food spending. Another woman in Metn reported: "One doctor visit costs 3 million LBP." The quantitative results echo these findings as reducing health expenditure was the most resorted to crisis level coping strategy among households, with 56% of households reporting that they had done so over the past year (2024).

Participants across Zahle, Akkar, and Metn observed growing signs of childhood malnutrition and anemia.

"My 13-year-old girl looks like she is 8," said a Syrian mother in Metn, citing stunting and anemia. This visible undernutrition reflects not only dietary collapse but also the deliberate restriction of food by caregivers attempting to stretch limited meals. "This generation is all very thin," one mother noted. Families reported being unable to meet even minimal nutritional needs for sick children. At the same time, the quality of affordable food has declined: hormone-injected poultry, cheese filled with starch, and expired aid items were frequently cited. "Even the food aid had mites," said a woman in Metn.

Preventive care is rare. Pharmacies have become frontline providers, where families negotiate partial purchases of medicine or pay in installments. In Akkar, a Syrian woman shared: "We repeat X-rays even when they're low quality, because we can't afford better ones." Chronic illness care, especially for the elderly, has deteriorated. "Since the war started, my mother hasn't been able to access her full course of medication," said a Lebanese woman in Metn.

Home-based remedies and medical improvisation are common. A Syrian father in Akkar could not afford a $20 X-ray for his son's injured foot: "I washed it with soap. That's all we could do." Another explained: "If I pay 600,000 for the visit, we lose 30 days of money." A third, facing a $200 hospital admission fee, said: "We are being slaughtered alive."

Public health infrastructure is largely absent. "Health is the biggest priority," said a participant, "but people only go to the hospital with NGO help." Health emergencies compound the burden. "My cousin's daughter was burned by oil. The UN didn't help—nothing, not even 1%," said a Syrian worker. "I had to take on debt. No one is helping me repay it," added another. This help is inconsistent, often limited to those with connections or legal status. Ultimately medical debt reshapes food access; undernutrition weakens immunity; and delayed treatment becomes a gamble.

Housing

Housing is a central axis of survival, with many families placing shelter among their top priorities — sometimes even above food, depending on the circumstances. Baabda, a Lebanese woman explained: "Now because my home got shelled [in the war], I have to pay $400 for rent. Food is second priority."

Shelter-related costs including rent, utilities, garbage collection, and informal service payments sometimes overtake food, healthcare, and education as the dominant household expense. "We'll eat whatever; my main concern is covering the rent," said a Syrian man in Baalbeck. Some families have moved in with their extended families to be able to afford food. A Lebanese woman in Akkar mentioned, "my brother and his family moved in with us to save on rent so they can afford basic things."

For many Syrian families living in informal tented settlements (ITSs), housing insecurity is compounded by fluctuating rent prices, inconsistent service fees, and coercive dynamics with the shaweesh (camp supervisors). Participants in Akkar, Baalbeck, and Zahle described how the shaweesh often sets arbitrary rent rates, collects payments for services that are unreliable or nonexistent, and controls access to basic infrastructure such as water, electricity, and space.

Privatization and informal governance have made basic shelter increasingly unaffordable. In Metn, a Lebanese woman reported paying 400,000 LBP per month for garbage collection alone. In some ITSs, solar panels and water tanks, often provided through NGO support, have been confiscated by the Lebanese army, forcing families to purchase unsafe alternatives at inflated prices. These added costs directly eat into food budgets.

For Lebanese families, the situation varies. Those who own homes or pay pre-crisis rent are somewhat shielded, but this security is uneven. Many displaced by Israel's war on Lebanon in Baalbeck, Beirut, and the South have been forced to relocate to overcrowded shared housing or to live with extended family. In Baabda, Metn, and Zahle, displaced Lebanese participants described doubling or tripling household size to accommodate relatives, leading to crowding, tension, and increased household expenses.

FIGURE 11:
REFLECTIONS ON DISABILITY AND FOOD INSECURITY

DISABILITY AND FOOD INSECURITY

In households affected by disability, chronic illness, or war-related injury, food insecurity intersects with intensive, unpaid caregiving responsibilities. These households face overlapping vulnerabilities including nutritional risk, inflation, care burdens, and systemic neglect.

In Baabda, a Lebanese mother of a disabled child explained how mealtimes are staggered: "He can't feed himself, so he eats first. The rest manage later." Another woman, caring for two elderly parents, described caregiving as a full-time routine: feeding, bathing, and preparing multiple meals, and said she often forgets to eat herself.

In Zahle, a Syrian woman caring for her husband with a post-war intestinal condition noted, "He needs four or five meals a day. We can't always manage that with prices." Another participant explained how food quality and interrupted medication cycles worsened her daughter's autoimmune condition, requiring a restricted diet that could not be maintained.

According to ILO estimates, 4.4% of Lebanese report a severe disability, while 12.7% report a mild disability (ILO, 2023). Despite these figures, access to formal state support remains limited. As of early 2023, only around 120,000 persons with disabilities held a National Disability Card, highlighting significant coverage gaps in the system. While the card is intended to facilitate access to healthcare, medication, and assistive services, most caregivers reported receiving minimal or no tangible benefit. Many applicants noted that they had received no follow-up after applying or found the process to be administratively burdensome and opaque. Even when issued, the card often failed to guarantee access to subsidized medication, specialized care, or rehabilitation services, rendering it largely ineffective in practice (ILO, 2023).

Gendered health and hygiene

Hygiene emerged as a frequent and painful area of compromise, especially for women and adolescent girls. "We are not buying new clothes or shoes," said a young woman in Baabda. While seemingly minor, such deprivations carry cumulative consequences, especially for teenage girls navigating school, public life, and peer scrutiny. The inability to afford menstrual supplies disrupts education, limits mobility, and deepens stigma. "We can't afford to buy sanitary pads, so we just wash cloths," said a woman in Zahle, underscoring both the material and emotional toll of these shortages.

Women disproportionately forgo healthcare, hygiene, and nutrition to preserve access for others in the household. A Syrian woman in Baabda said, "I had a miscarriage due to lack of vitamins." Another stopped breastfeeding because of hunger: "I wasn't eating enough." A third added simply, "We are not even able to get apples and bananas." Another Syrian husband in Metn said "pregnant women's needs cannot be satisfied. My wife wanted one kg of Janerek, but we cannot get it. We only get the cheapest things." These testimonies expose how reproductive and maternal health are quietly compromised in service of family survival—sacrifices made invisible by their regularity. A Syrian woman in Baalbeck mentioned that three used to be assistance special cards for pregnant and breastfeeding women which were specific dairy cards for dairy products and cheeses which helped families get labneh, eggs, and packaged cheese; however, they are not available anymore. The reduction in this type of targeted assistance has had a detrimental effect on vulnerable women.

Men, too, report bodily sacrifice, particularly in managing chronic illness. Some have stopped taking essential medications for diabetes or heart conditions, attempting to cope through diet restriction or physical endurance. These strategies often reflect a masculinized model of resilience – i.e., stoic, silent, and ultimately harmful. As one Syrian man explained, "Men don't scream. They keep quiet and get sick."

Generally, these findings echo and validate the quantitative results from the previous study where 56% of the surveyed households reported that they have had to reduce healthcare expenditures to be able to afford other basic needs.

Education

Food insecurity, rising costs – especially transportation costs -, and legal barriers have deeply disrupted education. In Baalbeck, children attend school without breakfast, impeding concentration. In Zahle, students skip meals entirely. "A coffee has to last the whole day," one university student explained. These findings echo the quantitative findings where 30.5% of the households surveyed reported a reduction on education spending as a way to cope with food insecurity.

Education, once viewed as a pathway out of poverty, is now a site of disillusionment. In Akkar, a Syrian father said: "I have six children and none of them are currently enrolled." Girls, both Syrians and Lebanese, attend school and university via phone due to lack of transport. Legal barriers prevent Syrian children from sitting for official exams. "Our kids studied but couldn't sit for the tests because of the registration-related issues" said one mother. Without valid residency, formal registration, or the required identification documents, as well as the finances needed to attend school, Syrian parents often are compelled to pull their children out of school. Even those attending school report negligible learning. "They ask our kids, 'When are you returning back to your country?'" said a Syrian mother. In Baabda, Lebanese mothers had not yet withdrawn children but acknowledged worsening conditions. "We haven't reached the point of removing them, but the situation is very difficult," one said. A Syrian father lamented: "My son is in fifth grade and still can't write. There's no real learning anymore."

4.3 CHANGING GENDER AND SOCIAL DYNAMICS UNDER ECONOMIC INSECURITY

FIGURE 12:
KEY FINDINGS FROM CHAPTER 4.3

- **Women absorb economic crisis and weak public services through unpaid labor.** In the absence of affordable services, women are stepping in as household repairers, educators, and social workers filling roles previously outsourced. Lebanese women in Zahle reported becoming "carpenters and plumbers" out of necessity, signaling the re-domestication of crisis labor.
- **Desire for dignified work persists, but options remain limited.** Across all regions, women expressed interest in "appropriate" jobs typically low-risk, flexible, and caregiving-compatible roles. but childcare shortages, legal restrictions, and social expectations continue to limit access to stable employment.
- **Geography and displacement shape labor options.** In rural areas, Syrian women have long been pushed into low-paying agricultural work; in urban settings, limited markets for home-based income force women into underpaid informal sectors. Young Syrian women in agriculture report long hours and physical exhaustion, while older women often withdraw from work entirely due to health concerns.
- **Economic insecurity drives intergenerational gendered burdens.** In women-headed and low-income households, adolescent girls take on childcare and domestic responsibilities, increasing risk of school dropout and early adultification. Mothers reported that girls "support with everything," especially when women work outside the home.
- **Men are renegotiating masculinities through care, but unevenly:** Some men have embraced new caregiving roles out of crisis-driven necessity, forming stronger bonds with children and partners. Others expressed shame, reluctance, or resistance, reinforcing that caregiving remains culturally feminized and conditional.
- **Crisis reveals flexibility in household norms, but not structural change:** While some fathers now cook or clean, and younger men support siblings and elders, these shifts are fragile and often illness-driven. Role redistribution rarely challenges deep-rooted gender hierarchies.
- **Loss of social rituals deepens gendered isolation:** Lebanese men and women especially described withdrawing from weddings, holidays, and public gatherings due to inability to host or gift, lack of clothing, hygiene items, and others. This retreat is less a choice than a strategy to avoid social judgment and contributes to emotional exhaustion and invisibility.
- **Teenage girls face heightened scrutiny and stigma.** Mothers in Baalbeck and Zahle reported that daughters are acutely aware of social comparison and judged more harshly for appearance. Lack of access to dental care, hygiene products, or grooming support leads to quiet shame and social retreat.
- **Social media accelerates discontent and intergenerational strain.** Platforms like TikTok and Instagram have magnified the visibility of inequality. Adolescents, particularly girls, compare their lives to curated content online fueling resentment, confusion, and self-blame. Parents feel judged by children who perceive them as "failing," while children internalize poverty as personal defect.
- **Food insecurity is no longer just material, it is social and symbolic:** The erosion of communal meals, the shame of unequal access, and the loss of cultural rituals have reframed hunger not only as deprivation, but as loss of belonging, identity, and control.

Long-standing gender norms appear to have been redrawn under conditions of scarcity, displacement, and daily negotiation. But it is one of overextension for women, crisis-driven role shifts for men, and a pervasive absence of structural support for any meaningful redistribution of labor.

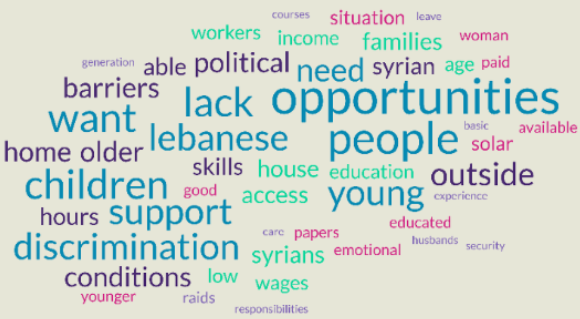
Women's double burden: caregiving, livelihoods work, and the search for meaningful employment

The initial look at the results through a word cloud generated from FGD discussions reveals that women face significant barriers to employment and social integration, driven by a lack of opportunities, legal discrimination, and inadequate support systems. Dominant words like opportunities, lack, need, access indicated systemic barriers to work, education, or social services, and reflected aspirations unmet due to structural challenges. Key terms such as income, wages, low, hours, paid, skills, experience, suggested that main obstacles include precarious or underpaid labor, and long working hours or exploitation. Additionally, prominent: words including discrimination, Lebanese, Syrians, political, papers, raids, highlighted the legal barriers and fear of enforcement, as well as political tensions between refugee and host communities. Words like: children, young, younger, older, woman, families, home, all signaled a generational impact—both youth and older individuals face challenges, and gender-specific issues (e.g., women's roles at home or exclusion from workforce). Finally, Words such as support, conditions, emotional, security, care, responsibilities, indicated both material (housing, work) and emotional/social (support, care) needs and reflected pressure on mental and physical well-being. The remainder of the section delves deeper into these emerging themes.

Economic collapse has shifted how essential household needs are met and tasks once outsourced are now reabsorbed into women's unpaid household work. When something breaks in the house or a service fails, it is women who step in to fill the gap. In Zahle, one Lebanese woman recounted, "We're doing all types of cleaning, cooking, securing food, fixing the house, and helping children study." Another added, "We became carpenters and plumbers out of necessity; it costs $30 for fixing a drawer, you have to manage it yourself or it won't get fixed because you can't pay."

The quantitative data confirm a clear association between women's employment and improved dietary diversity. **Working women were almost twice as likely as non-working women to meet the MDD-W threshold (29.1% vs. 15.9%)**, while women in households with a working head also fared better (25.8% vs. 8.4%). This suggests that both women's own earnings and broader household income streams contribute to more diverse diets, likely through greater purchasing power and more stable access to food. At the same time, the fact that **over 70% of working women and more than 80% of non-working women still fell below the threshold underscores the limits of employment as a protective factor in the current economic climate.**

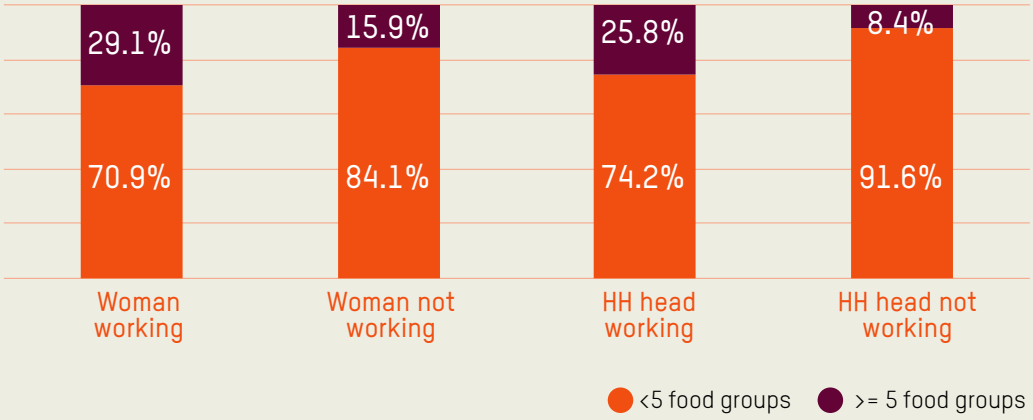
FIGURE 13:
FGD-GENERATED WORD CLOUD



At the same time, economic precarity is prompting a growing interest in income-generating work. Across areas, most women were not working, but expressed a desire to work in what they called "appropriate jobs" – a term shaped by cultural norms, safety concerns, caregiving obligations, and broader social expectations. These typically included:

- Office-based administrative roles (e.g., secretarial work, data entry, customer service)
- Positions with NGOs or community organizations (e.g., health outreach, education support)
- Home-based activities (e.g., sewing, catering, childcare, private tutoring)
- Mobile/flexible roles (e.g., makeup services, selling goods door-to-door)
- All-female environments (e.g., women-run shops, beauty salons)

FIGURE 14:
MDDW RESULTS BY WORKING STATUS OF WOMEN AND HOUSEHOLD HEAD



- Remote digital work (e.g., translation, social media sales)
- Agricultural labor under safe, familiar conditions (e.g., on family plots, with other women)
- Small business ownership (e.g., home-run shops, food production)

Despite this willingness to work, women are routinely denied access to dignified, stable livelihoods. Barriers include the absence of childcare, unreliable transport, legal and residency restrictions, and the exploitative nature of informal labor markets. These constraints are compounded by the undervaluation of unpaid care work, which is overwhelmingly shouldered by women and limits their ability to engage in income-generating activities.

Barriers include the absence of childcare, unreliable transport, legal and residency restrictions, and the exploitative nature of informal labor markets. These constraints are further reinforced by patriarchal expectations that women prioritize caregiving and domestic respectability above all else.

Even those who once worked outside the home have often been pushed back into full-time domesticity. "I used to work," said a Lebanese mother in Baabda, "but I also had to teach the children and take care of the house." As one participant from Baalbeck put it: "Even if families don't oppose the idea of work itself, they may still impose limits on where or with whom a woman can work."

For Syrian women, these dynamics are further complicated by displacement, legal precarity, and visible identity markers such as the hijab.

"Due to the hijab, we cannot get jobs," explained one Syrian woman in Metn. This was concurred by two other Syrian women in Zahle. Many turn to home-based activities like mouneh preparation, sewing, or child-minding not by choice, but due to exclusion from formal and public workspaces. However, the viability of such work varies greatly by geography. In urban or peri-urban areas, women may find limited markets for home production. In rural regions, where such networks are sparse, income is minimal or symbolic, pushing women into precarious agricultural work.

Young Syrian women, in particular, often accept informal agricultural labor despite long hours, physical strain, and limited flexibility. This work, usually done outdoors with little protection, offers scant time for caregiving. As a result, childcare responsibilities are often delegated to adolescent daughters, deepening gendered cycles of unpaid labor and increasing the risk of school dropout and early adultification of girls. Indeed, like other forms of informal labor, this work offers little protection, irregular pay, and limited space for caregiving.

Older Syrian women face a different equation. Many with past experience in farming, care work, or teaching have retreated from the labor market altogether not out of tradition, but out of exhaustion and fear. Without access to healthcare, and facing physically demanding conditions in

informal work, the decision not to work becomes a rational strategy for managing health risks.

Economic insecurity has forced many women into new forms of work, both paid and unpaid, while reinforcing long-standing structural barriers. These shifts reflect a redistribution of crisis management onto women's shoulders, often without the tools or infrastructure to sustain it.

Men's shifting participation

In several communities, men are increasingly stepping into care work and domestic roles – sometimes with pride, sometimes with hesitation. A Lebanese grandfather in Metn spoke warmly about the new relationship he had forged with his grandchildren: "I now take care of my grandkids, supporting my daughter who works with the army. I run away from my wife and help my grandkids and daughter." His experience reflects a broader willingness among some men to embrace care not merely as duty, but as a source of connection and purpose.

Others describe their transition into housework as reluctant but inevitable. "We are now forced to do things and housework we never did before," said a Lebanese father in Baalbeck. "First you scream and shout, then you get used to it." This trajectory from resistance to reluctant acceptance was echoed across focus groups.

Some men are finding new forms of partnership within the household. In Akkar, a Syrian man shared that care work and decision-making are now more collaborative: "The husband does the tea or coffee and takes care of kids when home. We negotiate with the wife on what is needed and try to provide what's possible." While modest, such gestures point to small but significant breaks from rigid role divisions.

Still, these shifts are highly uneven. Some men remain firmly attached to traditional gender norms. "All the care work is the work of the other gender, for women, not for men," stated a Lebanese man in Akkar. Among many Syrian men, care work was acknowledged as the mother's domain, with one participant saying, "We don't have time to see the children sometimes."

Where care work is shared more equally, it is often driven by illness or crisis.

One young Lebanese man in Baalbeck explained, "Since my mother has serious back pain, I do mostly everything at home. I wash the dishes, cook, etc." Another added, "I sweep and support with the laundry." In other families, care work becomes a collective responsibility: "I also take care of my brother that has a special condition. All of the family takes care of him."

Changes are also visible in subtler domains like the etiquette of meals. Traditional hierarchies in which men or boys eat first are beginning to fade. As one father explained, "There were some cultural norms that indicated men or boys should eat first, but now this is not the case."

These quiet adjustments – in who prepares tea, who does the dishes, who eats first – may not yet signal a wholesale transformation of gender roles. But they do suggest the emergence of new forms of relational masculinity forged through hardship.

Eroded roles and social dynamics

Foundational rituals such as communal meals, holiday celebrations, and neighborhood visits have become reminders of exclusion and scarcity. "Our social ties have weakened. We used to invite our siblings and in-laws for lunch regularly, but now we can't afford to," said a Lebanese man in Zahle. The loss of these small but meaningful gatherings such as Sunday outings, visits over coffee, spontaneous meals of shawarma signals a deeper erosion of social rhythms and belonging.

Across Lebanon, eating together remains one of the last intact rituals of normal life even as food has become scarce and routines disrupted. "Every Friday we sit together, even if it's just zaatar and tea," said a mother in Metn. But mealtimes have fractured in many households. "My husband eats alone now because of long working hours and family stress," said a woman in Baabda. "We don't talk much anymore. Before, dinner was when we spoke."

For many women, the erasure of social life comes with intensified pressure to maintain appearances and uphold gendered expectations, even in the face of extreme deprivation. "We don't buy anything for holidays anymore," one woman explained. A Lebanese woman in Baabda shared, "We don't go to weddings anymore because we have nothing decent to wear."

Lebanese participants especially spoke of this loss not just as inconvenience, but as a form of grief.

"This is a type of depression... a social crushing situation," said a man in Baalbeck. "Instead of going out or doing something for myself, I stay home and cook," added a woman in Akkar. The retreat into domestic space is not always a choice, but a shield against public judgment.

Lebanese social life has long revolved around external expressions of connection – shared meals, frequent visits, and celebratory gatherings. The inability to uphold these rituals amounts to more than missed events; it reconfigures how people relate to one another, and to themselves.

As these outward-facing habits disappear, they are not easily replaced by private or virtual alternatives. Instead, many described a growing sense of isolation, self-consciousness, and internalized shame. Women, in particular, spoke of "staying in to avoid being seen," not just by strangers, but by extended family or neighbors.

Teenage girls were seen as especially vulnerable to social scrutiny, even as families could no longer afford the grooming and attire deemed necessary to "fit in." Mothers described painful trade-offs around hygiene and clothing. **In Baalbeck, one man observed that women in his household felt intense pressure to avoid unfavorable comparisons with other women relatives.** Several mothers described this as a quiet source of distress for their daughters especially in relation to perceived social value. "We cannot afford dental treatment even for pain," said a Lebanese woman in Zahle. **Braces, skincare, and gynecological visits were described as luxuries firmly out of reach.**

Social media: intergenerational tensions and values

Parents across regions expressed concern that digital platforms, particularly TikTok and Snapchat and Instagram, are reshaping the aspirations, expectations, and behaviors of their children in ways they can neither afford nor understand. Mothers noted that adolescents now compare their meals, clothes, and lifestyles with those seen online, leading to increased dissatisfaction.

Social media creates a painful contrast. Seeing others appear to live happily raises the question, "Why did I end up poor?" this is deeply impacting our children. There is a deep disconnect between how things look and how they are. Some feel bullied by that gap, struggling silently while appearances deceive. Social media is creating a lot of mental issues because children do not understand that images are deceiving. One Lebanese woman in Metn complained that "The child or teenager would like to eat outside, and they can't. The food cooked at home is always the same, and children watching TikTok and social media want to eat outside not at home."

This has created new intergenerational tensions. Parents feel undermined or judged by their children, while children internalize a sense of exclusion and shame. Food insecurity, in this context, becomes entangled with humiliation, loss of identity, and eroded control.

Interestingly, key informants at the validation workshop emphasized that child protection efforts must go beyond material deprivation to consider how children are internalizing both food insecurity and shifting societal standards. They noted that social media distorts perceptions of care and sacrifice, with adolescents increasingly measuring their worth and their parents' against curated online lifestyles. As a result, mothers' quiet acts of rationing or skipping meals often go unrecognized, while children experience both hunger and shame. Informants stressed that future interventions must address these layered psychosocial pressures, which are compounding distress and deepening intergenerational disconnection.

4.4 URBAN AND RURAL DYNAMICS IN COPING AND DEPRIVATION

FIGURE 15:
KEY FINDINGS FROM CHAPTER 4.4

- **Lebanese women across rural households are turning to small-scale cultivation in pots, balconies, and backyards to offset rising food prices and preserve autonomy.** These micro-gardens provide nutritional supplements and a sense of control, though limited in scale.
- **Class and legal status mediate rural survival.** For Syrian refugees, rurality offers no buffer, only deeper entrapment. Despite living on farmland, they face food insecurity, exploitative labor systems governed by camp intermediaries (shawish), and violent discrimination. "We're surrounded by vegetables we can't afford," said one woman. Their exclusion is both economic and institutional.
- **Agriculture, however, remains symbolic and structural refuge.** Despite collapse, agriculture remains a psychological and social anchor. Syrian women in Zahle highlighted how farm work though informal and underpaid allows some form of income generation while fulfilling caregiving duties. "We work in pairs, and someone always watches the kids."
- **Urban areas face total market dependence.** In Baabda and Metn, households lack fallback systems like land or community exchange. War-related displacement, infrastructure damage, and livelihood loss (e.g., in delivery work) left families without income, refrigeration, or access to basic services. "We rely entirely on the market," said a Lebanese man.
- **Urban isolation, surveillance, and tension.** For Syrian families in cities, overcrowded housing and rising intercommunal hostility escalate risk. Women reported being monitored for using water or electricity and harassed by landlords or neighbors.
- **Cultural and regional sensitivity in food aid is essential.** In Baalbeck, some displaced families rejected certain hot meals for not being 'their local food', which reflects how pride, identity, and war-related trauma shape responses to assistance.

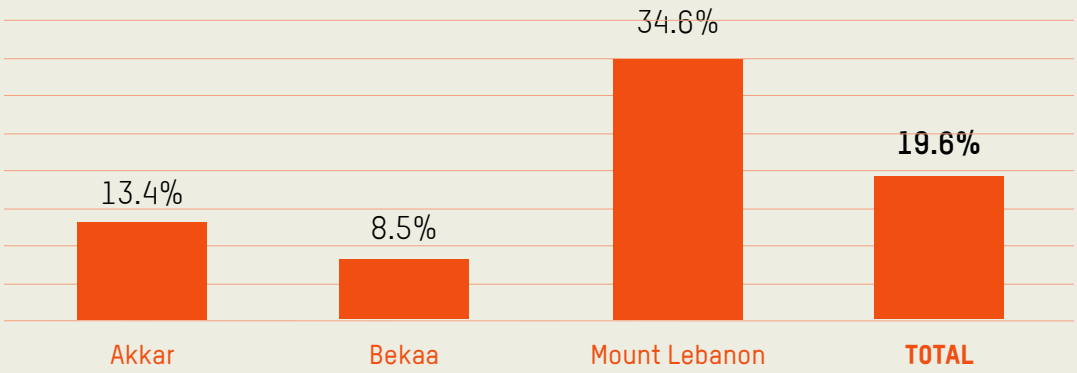
This section explores how spatial context shapes access to resources, exposure to conflict, forms of labor, and the viability of subsistence coping. Rural and urban households may share certain deprivations, but their conditions of survival are affected by place.

Rural households

Geographic differences

Across Lebanon's rural regions – in Akkar, Baalbeck, and certain areas in Zahle – the rhythms of daily life have long been shaped by agriculture, subsistence production, and tightly woven community networks. Especially for Lebanese families, these rural lifeways once offered a buffer against hardship: homegrown vegetables, mouneh (preserved staples), informal labor exchange, and occasional foraging. "When we don't have the ability to buy food, we cook with things that are available at home like potatoes, pasta, rice, and we also forage, which is very healthy as well" mentioned a woman from Akkar. The MDDW results from the quantitative study show that Bekaa and Akkar had lower overall dietary diversity and micronutrient intake compared to Mount Lebanon, confirming the observation that women in rural areas are facing increasing difficulty in meeting food diversity requirements despite living in the main agricultural areas in Lebanon. The insights from the FGD participants offer some explanations as to why that is the case.

FIGURE 16:
SHARE OF WOMEN WITH ACCEPTABLE MDDW SCORES BY REGION



In Baalbeck, rural livelihoods – already fragile under Lebanon's prolonged economic crisis – were devastated by Israel's ongoing war on Lebanon. According to key informants and community members, aerial strikes in outlying villages damaged essential agricultural infrastructure, including orchards, irrigation channels, storage facilities, and solar-powered water systems that households had come to rely on during electricity shortages. Many families reported that, for the first time in years, they were unable to plant or harvest at all, as both the land and labor systems had been destabilized. Several participants described how farming equipment was left unused, or how extended family members who normally returned to assist with seasonal work were unable to travel due to insecurity.

One Syrian participant explained that families took temporary refuge in shared spaces, often multiple households consolidating into single shelters for safety and cost. Participants spoke of it in terms of suspension or standstill. "This year was frozen," one man remarked in summary. Another woman noted that food-related decisions shifted entirely to preservation and rationing: "There was no planting, so we relied on what we had left."

In Zahle, while the area was not at the epicenter of direct bombardment, the war disrupted agricultural trade routes, bombed fuel depots, and stalled the flow of seasonal labor, creating cascading effects across rural livelihoods. Farmers reported difficulties in transporting produce, accessing markets, or securing basic agricultural inputs. This could possibly explain the quantitative results that highlighted a slightly higher level of food insecurity for WHHs in Zahle compared to other regions.

The war also triggered short-term displacements from Baalbeck to Zahle, as families fled shelling and sought temporary refuge with relatives or in rented rooms. Several households reported taking in kin from nearby villages, which added pressure to already stretched food and housing resources.

In response to these overlapping pressures, many households particularly among Lebanese families turned inward, relying on small-scale, home-based cultivation to offset rising food costs and uncertainty. "I planted 30 pots this year," said one man. "Every year, this house grows some vegetables. It's not much, but it helps." **These micro-gardens, often managed by women, were squeezed into backyards, balconies, or even windowsills, producing parsley, mint, tomatoes, and leafy greens.** While modest, they offered a stable supplement to increasingly unaffordable market goods and allowed for some autonomy in food planning.

Notably, a key informant working with an agricultural NGO in Zahle described how a small number of households have begun practicing low-input, climate-adaptive agroforestry on inherited plots outside the village. These practices combine perennial fruit trees like figs and olives with herbs, legumes, and rain-fed vegetables, arranged intentionally to maximize shade, preserve soil moisture, and reduce dependence on irrigation or chemical inputs.

"They're returning to what their grandparents did," the informant explained, "but with an ecological consciousness shaped by current scarcity."

In Akkar, the situation is less explosive than in Baalbeck but equally corrosive: structural neglect, rather than sudden destruction, defines daily life. Farmers described how rising diesel prices, ongoing electricity cuts, and chronic water scarcity have made even basic agricultural activities untenable. Without reliable access to power, many were unable to operate water pumps or irrigation systems, while the cost of fuel for generators far outstripped potential returns from cultivation. "There's no water and no electricity. You can't grow anything like this," said one Lebanese farmer. Another added, "Even the people who used to help us now need help."

Participants emphasized that rainfall patterns had become increasingly erratic, and that public water provision is near absent in certain villages. Families reported buying water by the tank, but even that option was often unaffordable. "If you can't irrigate, you give up," explained a woman in Akkar, noting how multiple neighbors had left fields fallow for the past two seasons. What was once an identity has become a source of stress and loss for many in Akkar.

Syrian households and structural precarity

For Syrian refugees, rural life does not offer relief but rather it offers a different form of entrapment. Their strategies are shaped not by tradition, but by displacement, legal exclusion, and the slow withdrawal of aid. "We did not cope," said a woman in Akkar. "We were forced to deal with these harsh realities." Despite living on agricultural land, many Syrian families rely almost entirely on rice, potatoes, and pasta. "The quality of food is almost zero," said one woman. "We are surrounded by farmland and still can't afford vegetables."

Multiple Syrian women in Baalbeck, Zahle, and Akkar described work structures controlled by shawish (camp intermediaries), which regulate who gets access to jobs, mostly seasonal agricultural or construction work. "We're afraid to leave," one woman said. "The shawish controls everything. Even if you are strong and can work, it doesn't mean you'll be chosen." Others spoke of harassment, favoritism, or being excluded entirely from seasonal labor due to gender, age, or informal hierarchies.

Data collection shows that the hostility is both institutional and informal, embedded in governmental, security, and social systems. "They damage our tents, break the solar panels, take our belongings," said a Syrian woman in Baalbeck. Another Syrian woman in Akkar said: "We used to be teachers in Syria. Here, we are treated like nothing." Her husband earns $50 for work that pays a Lebanese man $350. The disparities are stark, but not invisible. "There's no difference between Syrians and Lebanese when it comes to hunger," another Syrian woman in Akkar reflected. "We all suffer now."

Land as livelihood

While rural livelihoods are under immense strain, nature itself continues to offer small forms of solace. Across Akkar, Zahle, and Baalbeck, several women described how tending to plants, feeding chickens, or simply sitting outside in the sun with neighbors created pockets of reprieve. "The land gives peace, even if it doesn't give food," said a Lebanese mother in Zahle.

For many Syrian households, agriculture remains one of the few viable forms of work, precisely because it is informal, unregulated, and less dependent on legal status. One Syrian man in Zahle noted, "No one asks for papers when you're planting potatoes." This legal invisibility makes it possible to work but also leaves workers deeply exposed to exploitation. Jobs are often seasonal, underpaid, and rationed through gatekeepers, including shawish-style intermediaries.

Despite these constraints, agriculture offers a kind of structural flexibility not found in other sectors. This was validated by a key informant who also added that women, in particular, described how farm work though grueling allowed them to earn income close to home, while still fulfilling caregiving responsibilities. "We work in pairs, and someone always watches the kids," said a Syrian woman in Zahle.

A key informant noted that when yields are low or harvests collapse, agriculture remains a deeply symbolic anchor in Lebanon. It is a domain where effort still feels meaningful and where dignity can be preserved through contribution. That affective link to land and labor, even under collapse, highlights why agriculture continues to function as a social, psychological, and economic lifeline.

Urban households: market dependence without fallback

In urban and peri-urban areas like Baabda, Metn, and Zahle, Lebanese and Syrian families face the crisis without even the minimal fallback of land. "City dwellers can't plant anything; they rely entirely on the market," said one Lebanese man.

In Baabda, the Israeli war severely deepened existing vulnerabilities and disrupted every layer of daily life. Households reported that the continuous bombardment of Baabda and surrounding areas created a climate of sustained fear and instability. "Even if the bombs weren't hitting our house, they were hitting close," said a Lebanese woman. The physical effects of nearby blasts included shattered windows, damaged infrastructure, and power outages and were accompanied by a total paralysis of routine. Schools and shops closed, public transport halted, and families were forced into displacement. Others described how repeated shelling led to water cuts and power surges, which in turn spoiled stored food and damaged appliances. This meant not only loss of nutrition, but loss of already-fragile assets.

The war also disrupted the already-precarious livelihoods of informal workers, especially those in delivery, cleaning, and construction. "People were afraid to open their doors. So I stopped working," said a Syrian man working in delivery.

Without legal status, Syrians in urban areas often rent in overcrowded, underserved neighborhoods where tensions with Lebanese neighbors run high, especially as aid shrinks and prices soar. "We're always watched," said a Syrian woman in Metn. "Even if we're cooking or getting water, people say we're taking what's not ours." Several families described being harassed or reported to landlords for perceived overuse of shared amenities like electricity, tanks, or stairwells.

Participants also highlighted the invisibility and anxiety of urban life. "In the village, people know each other, even if they don't help. Here, you suffer alone," said a Lebanese woman in Baabda.

Regional and cultural dynamics in aid provision

Key informants from the validation workshop highlighted additional rural–urban inequities, particularly around the cultural sensitivity of food aid. In Baalbeck, some internally displaced families reportedly declined distributed hot meals, expressing that the food being served was "not our mjadra."

This response speaks to more than a culinary mismatch; it reflects the emotional and cultural stakes of food in times of crisis. As key informants noted, especially traditional dishes, carries symbolic weight, tied to identity, memory, pride, and dignity. In displacement contexts shaped by war, accepting unfamiliar food can feel like a loss of self or an erasure of belonging.

The refusal becomes an act of quiet resistance and cultural preservation, which highlights the need for aid approaches that recognize food as more than sustenance. These insights reinforce the importance of designing food assistance with cultural specificity in mind and align with initiatives such as involving women with kitchen gardens or community kitchens, which enables more dignified, contextually grounded forms of support.

4.5 MENTAL HEALTH AND EMOTIONAL WELL-BEING

Across all focus group discussions, participants described a mounting mental toll, conveyed not only through emotional language but also through physiological symptoms, strained relationships, and altered routines. One Lebanese man in Akkar explained, "I get away from the people around me so I don't also stress them. Before the crisis, we used to be able to go out to rural mountain areas, or to other towns, to change air, but now we cannot. We just go to work and back." This quote reflects a wider pattern: the very mechanisms people once relied on to cope such as mobility, social release, temporary escape have been eroded by the crisis itself. The sections below explore thematic dimensions of mental health and emotional well-being based on field testimonies and key informant interviews.

Despite varying degrees of openness around mental health, most participants viewed their emotional struggles not as private failures but as structural outcomes. Whether linked to war, gendered roles, displacement, or economic collapse, participants emphasized the need for community-based solutions. Some cited anonymous online therapy groups, peer circles, or NGO-led support sessions as helpful models.

Ultimately, what emerged was not only a story of distress but also of recognition: mental health in Lebanon is no longer a taboo but a shared national language of endurance. Participants called not only for access to services but also for relief from the conditions that make psychological well-being unattainable. As one woman put it, "I'm not crazy. I'm just tired of surviving."

War and displacement

The Israeli war on Lebanon compounded existing vulnerabilities and catalyzed a wave of emotional disintegration across Lebanon. The consequences of displacement, bombardment, and institutional abandonment were acute and manifested in trauma, shame, identity rupture, and emotional exhaustion.

In Baalbeck, Baabda, and Zahle, participants described the war as inescapable. A Syrian woman in Zahle reported, "There's nowhere to go, no one coming to help," highlighting the psychological distress of feeling trapped in a warzone without recourse to flight or protection. A Lebanese woman from Baalbeck added "On the last day of the bombing, the stress was unbearable. We feared our lives and our children. We couldn't even think of food." Parents described children waking up screaming, clinging to caregivers, and refusing food.

FIGURE 17:
COMMUNITY-BASED PSYCHOSOCIAL SUPPORT IN METN

COMMUNITY-BASED PSYCHOSOCIAL SUPORT IN METN

In Metn, many residents described ongoing access to psychosocial support as a crucial lifeline during the escalation of the Israeli war. A local NGO offered safe spaces for people to process fear, grief, and uncertainty. One woman explained, "We all ended up in ongoing psychosocial support sessions," while another noted that "we turned to mental health support more during the war, people were in a very difficult place, especially when even coffee became too expensive."

Participants described the relief of realizing they were not alone in their distress. Hearing others speak openly about similar struggles created a sense of shared burden and mutual understanding. As one woman shared, "You feel lighter when you realize it's not just you and everyone is going through the same thing."

The community-based format helped rebuild a sense of solidarity at a time when many felt isolated or emotionally overwhelmed. For women, in particular, the act of speaking, listening, and being heard offered a rare moment of validation.

Although some limitations remained, particularly for adolescents and marginalized groups, who lacked consistent access to age-appropriate services, most families emphasized that NGO-provided support filled a critical gap. As one participant put it, "It was like the NGO took us all in."

The closure of schools, suspension of jobs, and the breakdown of routines further destabilized the emotional environment of families already under strain.

Displacement due to the war stripped community members of their traditional roles as providers and protectors. One Lebanese man in Baalbeck stated, "We left our homes for 66 days with no income, with nothing." Displacement to areas such as Majdel Anjar and Deir El Ahmar led to deep emotional disorientation. As another Lebanese man in Baalbeck recounted, sitting in a garage and receiving aid did not translate to emotional relief: "We didn't feel like eating," he said. Shame and cultural expectations further complicated these experiences. "It doesn't suit the Lebanese to be in such a dire situation," one man in Baabda reflected. The discomfort of being hosted also produced emotional strain, as individuals feared becoming a burden.

A Lebanese family in Metn also shared that they had hosted three displaced families from the south during the war, which added both logistical pressure and emotional weight. Others described how community tensions around aid further complicated recovery, as "people feel watched, judged, and manipulated," particularly when assistance arrived in inconsistent waves or was perceived as unfairly distributed.

Interestingly, some participants described how volunteering with humanitarian actors during the war helped restore a sense of agency: engaging in service mitigated helplessness and allowed them to feel morally purposeful.

For Syrian refugees, particularly women, the Israeli war on Lebanon reactivated past trauma. A Syrian woman in Baalbeck described how the sensory experience of war – overhead drones, sonic booms, sudden blasts – triggered memories of fleeing Syria. The fear was especially intense among caregivers and persons with disabilities, for whom mobility is limited.

Similarly, the war also re-opened emotional wounds and compounded previous losses for Lebanese women in Baabda. One woman described experiencing a nervous breakdown after fleeing with her daughter and brother-in-law while uncertain of her son's whereabouts during a nearby strike: "I had a nervous breakdown. I was terrified for my children... I couldn't walk."

Her emotional exhaustion had been years in the making as she had already lost both a sister and a son. "I had no nerves left. Mentally, I was broken," she said.

Parental responsibilities and emotional strain

Parents consistently emphasized that their greatest psychological strain came not from their own hunger, but from watching their children endure deprivation. This was especially painful during culturally significant moments, such as birthdays and Ramadan, when expectations of celebration collide with harsh realities. A Lebanese woman in Metn noted, "Children feel the difference and compare themselves to others. When they were younger, we used to always celebrate and suddenly we stopped. Children feel deprived. Ninety-nine percent of the time, we cannot celebrate birthdays." Similarly, a Lebanese man in Baalbeck added, "Even small requests such as apples, or a school notebook make me feel like I'm not a good father." A Lebanese mother in Zahle described the shame of not affording appropriate clothes for her adolescent daughter.

For mothers – particularly those with young children – the emotional strain was compounded by the lack of childcare, the rising cost of transport, and the impossible economics of low-wage work. "We've been constantly worrying from last year until today. Even if I make basic meals like loubieh or mjadara, my son complains, he says he's fed up. My children were used to one thing, and suddenly their life changed. It breaks my heart" explained a Lebanese mother in Metn. In Akkar, a Syrian man said "We used to take our children to the amusement park. Now we can't even do that." Families can no longer afford or manage basic celebrations. We used to do barbeques often, now we do it once every five months if any.

Among caregivers of children with disabilities or chronic illnesses, the emotional and physical demands were even more intense. A Lebanese caregiver in Baalbeck described the constant alertness required, and the toll it took on her well-being: "You're always alert, always worried. You don't even realize how tired you are until you collapse." In Metn, a Syrian mother described being overwhelmed with worry whenever her sons left the house, fearing they may face harassment.

In Baabda, women managing households alone, often due to displacement or conflict, described a sense of helplessness and emotional fatigue:

Many mothers reported withholding their distress not because it was insignificant, but because they feared burdening their children. On the flipside, some women noted that their own children also withhold their worries in an effort to protect them, mirroring the very silencing they practice themselves. A key informant noted that emotional burdens are not just absorbed by caregivers but circulate quietly within families, as each member tries to protect the others from distress.

Indeed, a young Lebanese woman in Metn explained, "I don't talk to my father about my issues because he will be very much affected." She added that she does speak to her mother occasionally, "but not about stress and our financial situation, just personal things." Fathers may be protected from hearing about financial hardship, perhaps because their traditional role as providers would make such disclosures unbearable or shame-inducing. Mothers, meanwhile, are seen as emotionally available but already overburdened, only "lighter" topics are brought to them.

Food as an emotional terrain

Across all regions, participants described how food insecurity undermines not just survival, but the very rituals and relationships that sustain emotional well-being. In Akkar, Syrian women offered a visceral articulation of how food deprivation erodes their mental health. One woman shared: "When I can't cook a proper meal, I feel really upset." Deprivation of food during religious and festive periods was especially painful. As one woman explained: "When you smell meat cooking but can't afford to buy any, it hurts, especially during Ramadan."

In these accounts, the absence of meat, milk, or even diapers was not framed as an economic inconvenience but an injury to one's emotional and mental well-being. In Akkar, meals consisting only of zaatar and oil – served for breakfast, lunch, and dinner – were described as both a nutritional deficit and an emotional trigger.

Importantly one practice emerged consistently across all areas as a source of emotional continuity: eating together as a family. Despite the monotony or scarcity of meals, participants emphasized the importance of sitting together at the table as a way to preserve dignity, connection, and a sense of normalcy. "We all eat together—even if it's just lentils or rice," said a Lebanese father in Baalbeck. A Syrian father added, "No matter how little there is, we gather and eat together. That's our habit." The act of gathering itself became an anchor in otherwise disoriented days, a moment of togetherness that resisted isolation, even if only briefly.

Somatic symptoms and physiological toll

Participants across all demographics described the physical toll of chronic stress, with symptoms ranging from headaches, dizziness, and rapid heartbeat to hormonal disruption, fatigue, and even long-term conditions such as diabetes and high blood pressure. These are not isolated medical events but embodied reactions to sustained uncertainty, deprivation, and caregiving pressure. "My mental health has changed a lot—I developed diabetes and high blood pressure from the shock and stress," said a Lebanese woman in Zahle.

In many testimonies, women directly linked specific traumatic episodes to physiological breakdown. A mother from Metn described how her thyroid condition worsened and her blood pressure spiked after a terrifying incident involving her child. Another woman in the same area reported: "My period came twice in one month. I think it's the stress. It's not normal." A key informant noted that chronic distress alters hormonal regulation, menstrual cycles, and immune responses.

Somatic distress also manifests through shutdown responses, particularly in situations of emotional overwhelm and social isolation. A Syrian woman in Metn described a collapse of basic communicative function: "Sometimes, I get so upset I stop speaking to anyone. I can't even bring myself to talk. If I do speak, to a neighbor or a friend, the words just won't come. Everything feels too heavy."

Children, too, exhibited somatic expressions of household stress. In one case from Zahle, a Lebanese woman described her daughter's response after being denied a simple food item due to financial hardship: "She fasted on food and did not eat for a while."

These somatic responses were often normalized within focus groups, discussed with resignation rather than alarm.

Interpersonal dynamics

The psychological toll of protracted crisis in Lebanon is relational and unfolds within strained interpersonal dynamics between spouses, family members, and neighbors. Emotional distress is not experienced in isolation but circulates within households, often amplifying existing tensions.

Women, in particular, reported shouldering the emotional distress of their partners and children. The toll of GBV does become more acute during times of crisis, as studies have continuously shown (Fox, 2022). Within the constraints of limited autonomy and entrenched gender norms, women often internalized both emotional strain and forms of violence that remain unspoken. "My husband is angry all the time. He doesn't talk, but he's not okay. Then I have to absorb it too," said a Lebanese woman in the Bekaa.

Young and unmarried women also described anticipatory emotional burdens, shaped by their roles within the family.

FIGURE 18:
PRIVACY AND AUTONOMY IN DISPLACEMENT

PRIVACY AND AUTONOMY DURING DISPLACEMENT

Discussions during the validation workshop revealed deepening mental distress linked to overcrowded shelters and shared housing arrangements, often involving multiple families due to displacement and war.

Key informants highlighted how these conditions compromise privacy and autonomy, particularly for women who are unable to remove their veils in the presence of unrelated men. These dynamics were also said to heighten family tensions, reduce sleep quality, and increase exposure to conflict or surveillance within the household.

There was broad consensus on the need to frame GBV risks within a mental health and psychosocial framework, especially in displacement contexts. Encouragingly, several informants noted a gradual reduction in mental health stigma since the escalation of Israel's war on Lebanon

One young woman in Akkar explained that she could not relax unless those around her were emotionally stable, while another young woman in Baalbeck expressed fear of marriage, for the expected increase in responsibility and reduction in autonomy.

Household proximity under economic collapse often exacerbates tensions, especially in the absence of employment and private space. A Lebanese man in Metn described how being home all day created friction with his wife, as small tasks and routines became sources of conflict. In an outburst he noted, "Depression and tension are causing problems in the household. There is a lot of nagging as we are not working. If the guy or the husband sits in front of the wife the whole day, problems and fighting increase exponentially—'Do not step on the floor, it is wet'; 'Go help me do the dishes as I am doing the floor'; 'Go help me in laundry'; 'Core the koussa, peel the potatoes.' Since the husband is not working, he is now supporting at home, but this leads to fights between husband and wife."

Together, these accounts reveal how chronic stress reshapes daily relationships. The home becomes a site of emotional compression, where intimacy gives way to friction and care is unequally distributed.

Financial anxiety

Across all focus groups, participants consistently drew a direct link between financial hardship and psychological distress. Accounts of anxiety, insomnia, irritability, and emotional exhaustion were often rooted not in singular traumatic events, but in the persistent, grinding stress of not having enough money to cover basic needs—rent, food, medication, school fees. Whether Lebanese or Syrian, men or women, participants described a shared emotional landscape shaped by daily economic insecurity.

This link was especially pronounced in Akkar, where both Lebanese and Syrian individuals described a sharp deterioration in mental well-being due to relentless financial pressures. For Syrian men in Akkar, even small debts triggered disproportionate stress. "We have to let go of food to pay rent," one said, highlighting how survival choices have become zero-sum.

Housing instability further compounded this strain. Syrian tenants in Akkar reported being evicted from

homes they had occupied for years, as landlords prioritized Southern Lebanese families in Akkar displaced by the war and able to pay higher rents. "Stress is mostly related to paying rent... rent can't be postponed forever," explained one participant, noting that monthly housing costs had surged from $60 to $200.Meanwhile, attempts at emotional support such as meeting friends, socializing in cafés, or simply sharing a cigarette have declined, not only due to rising costs but also the lack of accessible public spaces. With many unable to afford rent, let alone a meal out, the social rituals that once offered relief are no longer feasible. One Lebanese woman in Metn jokingly remarked that even their mental health had worsened because "coffee is too expensive," capturing the quiet erosion of small daily comforts that once helped manage stress.

Participants also noted that the high cost of mental health care made professional support out of reach. Even when distress reached clinical levels, manifesting as panic attacks, insomnia, or depressive episodes, many said they had "no option but to bear it," as public services were overstretched and private therapists unaffordable. Still, several participants emphasized that antidepressants and anxiety medication such as Cipralex or Xanax were seen as essential.

FIGURE 19:
GAPS IN AID AND HUMANITARIAN PROVISION

GAPS IN AID AND HUMANITARIAN PROVISION

Lebanese and Syrian participants across all regions expressed dissatisfaction with the delivery, targeting, and fairness of aid programs. Concerns included politicization, favoritism, lack of transparency, and gender-blind assessments, all of which directly affected food security and well-being.

Many WHHs reported that gaps in food or cash assistance led to immediate food insecurity, skipped meals, reliance on bread and zaatar, or sending children to relatives. When food parcels did arrive, they often contained expired or insufficient items, or food that was not culturally appropriate, adding both logistical and emotional burdens.

Lebanese participants also voiced resentment over what they perceived as the over-prioritization of refugee populations. While acknowledging Lebanon's long history of hosting refugees, many believed current aid frameworks neglected the layered vulnerabilities of poor Lebanese households. This was especially acute for Lebanese women supporting dependents or caring for disabled family members. Criticism was directed at the Ministry of Social Affairs for outdated registries and weak outreach. In Akkar, even those who applied for disability cards reported no follow-up.

Gendered differences in aid collection also emerged. During validation workshops, key informants noted that men preferred collecting cash through ATMs due to speed and privacy, while women more often received food parcels, partly due to ATM inaccessibility, limited technological familiarity, and social perceptions that men should not collect food aid.

Urban-rural disparities were noted. In Metn and Baabda, low-income women felt neglected by programs perceived to prioritize rural hardship. This contributed to a sense of exclusion, particularly from empowerment and food-related support.

Despite frustrations with material aid, many women valued non-material programs, especially those offering psychosocial support, basic skills training, and women's groups. In Zahle and Metn, these were described as rare spaces for relief, routine, and connection. "It wasn't just about getting something," said one Lebanese woman. "It was a reason to leave the house, meet others, and feel seen." Such programs helped foster informal networks, reduce isolation, and build emotional resilience. Participants described learning to manage stress, communicate better, and explore income-generating opportunities, capacities rarely captured in formal aid assessments.

Despite limited income, some prioritized purchasing these medications over other needs, showing just how critical relief had become in the absence of broader mental health infrastructure.

Everyday relief and informal practices for well-being

Faith emerged as a central pillar of emotional survival, offering structure, surrender, and meaning. Across many focus groups, prayer and belief in God were not only sources of comfort but essential psychological anchors. "We have no one but God," repeated many women. In moments of acute fear, such as during bombing or eviction, many turned inward to spiritual practices.

Daily rituals such as morning coffee, stillness, or housework provided moments of grounding. "My coffee is very important" said a Lebanese woman in Metn. Other women spoke of sitting in silence before their children awoke, using that time to pray, reflect, or simply breathe.

Nature-based routines and creative practices helped women access moments of calm. Gardening, embroidery, and walking outdoors were commonly cited as sources of psychological relief. "In the morning, I spend time with my flowers," one Lebanese woman in Metn shared.

Social connection, while strained, remained vital but limited. Some participants turned to friends or neighbors for brief emotional release. Others noted that even these exchanges had become draining, given the shared weight of hardship: "We go to our neighbors and friends, and they tell you the same drill... our stress increases." Another Lebanese man in Metn said, "We pay benzene to visit our friends for nothing, because we're all in the same boat."

In extreme situations, all rituals collapsed into bare survival. "On the last day of the bombing [during the Israel war], the stress was unbearable. We couldn't even think of food," said a woman in Zahle.

4.6. ASPIRATIONS AND LIVELIHOOD FUTURES

Despite prolonged deprivation and psychosocial fatigue, participants did not often frame their futures in abstract or idealistic terms. Their aspirations were materially grounded and directly shaped by the structural constraints they face: limited access to work, rising food prices, lack of mobility, and inadequate services. What they consistently called for was not charitable aid, but concrete mechanisms to exit dependency: access to local employment, reliable income, nutritional stability, and greater household autonomy.

A central theme was the need for employment that is meaningful and accessible. Across regions, participants emphasized that current job opportunities often require costly and time-consuming travel, eroding already limited incomes. As one Lebanese man in Akkar explained, wages earned in Beirut are largely spent on transportation.

Among Syrian participants, work was often discussed in direct relation to restoring basic consumption. Livelihoods were not viewed solely as economic opportunities but as necessary to reintroduce meat, dairy, and fresh produce into diets. In multiple interviews, participants invoked the need for capacity-based interventions through small grants, tools, or training, in tandem with unconditional cash assistance to meet their ever-changing and urgent needs.

Employment was also framed as a means to reestablish psychosocial stability. Participants frequently linked financial strain to mental fatigue, anxiety, and diminished family cohesion. Food insecurity, in particular, was described as a cognitive burden: reducing appetite, disrupting sleep, and impairing decision-making. The inability to provide or plan created constant background stress. Some explicitly stated that mental relief could not be separated from economic stability.

Women, especially Lebanese and Syrian caregivers, articulated specific visions for economic participation within the home. These included home-based food production, online sales, small-scale tailoring, or digital services. Critically, many stressed the importance not only of generating income, but of managing it. Women described themselves as "household managers" and emphasized that when they controlled household budgets, spending was prioritized toward food, medicine, and children's needs. Men in several FGDs acknowledged and supported this role division.

Finally, some participants identified access to psychological support, especially for adolescents and caregivers. These were framed not as secondary, but as part of what it means to achieve stability. Aspirations for rest, mental clarity, or relief from constant stress were not seen as luxuries but as necessary conditions for managing day-to-day life.

5. CONCLUSIONS

This qualitative study reveals that food insecurity in Lebanon is deeply gendered, relational, and embedded in systems of inequality and neglect. It is not simply about hunger or household economics, but about power, identity, and care.

Women – particularly mothers, caregivers, and widows – absorb a huge share of the burden. They consistently eat last, reduce portions, or skip meals entirely to prioritize others, often under the banner of maternal duty. Girls are socialized into restraint early, while men and boys retain nutritional priority. These practices are maintained through communal eating norms that obscure gendered sacrifice. Women manage household food logistics but rarely control income, which reveals a core contradiction of responsibility without authority.

Crisis adaptation, especially within the house, falls heavily on women. Women living in urban settings, particularly Syrian refugees, lack access to gardening or informal community economies. Women living in rural settings grow herbs and vegetables in small plots, but these efforts, though vital, remain limited in scale and recognition. Daily compromises such as rationing medication, using cloth for menstruation, skipping meals to preserve children's dignity are experienced as both logistical burdens and emotional injuries.

For many men, food insecurity is experienced through the lens of failed provision and loss of dignity. Selling family assets or skipping meals is framed as defeat. Some men are embracing caregiving, walking children to school, or managing meals but these shifts often stem from crisis rather than ideology, and remain fragile. Gender norms around masculine pride, sacrifice, and financial provision continue to constrain emotional expression and care work redistribution.

Participants across regions reported high levels of emotional exhaustion, somatic symptoms, and psychosocial strain. Stress is not individual, it is collective and structural, rooted in financial anxiety, displacement, prolonged uncertainty, and caregiving overload. Women report hormonal disruptions, insomnia, and emotional numbness. Children display anxiety and food refusal. Men retreat into silence and shame. The war intensified these burdens, reactivating trauma for Syrian refugees and triggering fresh displacement for Lebanese families. NGO-led psychosocial support, when accessible, offered rare moments of mutual recognition, helping participants feel "lighter" and less alone.

Rural households, especially Lebanese, draw on subsistence agriculture and tight community networks to offset food insecurity. However, aerial bombardments in Baalbeck and infrastructural collapse in Akkar have devastated local agriculture. Syrian refugees in rural areas, though surrounded by farmland, remain excluded from both land and fair labor.

They face exploitation by intermediaries, and discrimination compounds their exclusion.

Despite a decade of humanitarian aid in Lebanon, many women-headed households, caregivers, and PwD families feel excluded. Aid selection is described by them as often opaque. Syrian households describe intermediaries hoarding aid; Lebanese women note outdated registries and lack of MOSA outreach. When aid does arrive, it often ignores intra-household dynamics or fails to address menstruation, childcare, or caregiving needs. Psychosocial and skills-based programs, especially those grounded in women's collective experiences, were described as more impactful than material aid alone.

Across regions, participants called not for charity, but for access to dignified work, stable income, and autonomy. Women emphasized home-based or flexible income generation such as sewing, cooking, online sales as realistic pathways forward. Men expressed a desire for secure jobs that restore their sense of worth. Families consistently linked mental health to economic stability and routine.

In that sense Lebanon's food crisis is sustained by unpaid labor, concealed through emotional restraint, and exacerbated by the invisibility of care work. Food insecurity in Lebanon is not just material; it is emotional, symbolic, and moral.

It erodes identity, narrows imagination, and reframes everyday life as a negotiation of sacrifice. To be effective, food security strategies must be intersectional, relational, and locally anchored. They must prioritize not just who is hungry, but how hunger is managed, by whom, and at what cost.

> ***Participants across regions reported high levels of emotional exhaustion, somatic symptoms, and psychosocial strain. They called not for charity, but for access to dignified work, stable income, and autonomy.***

6. RECOMMENDATIONS

These recommendations draw on study findings, validation workshops, and training with national/local actors. They target analysis, programming, and field delivery to embed gender sensitivity in Lebanon's food security work.

6.1. RESEARCH AND ANALYSIS LEVEL RECOMMENDATIONS

Audience: IPC Technical Working Groups, food security analysts, government and ministry bodies (such as MoSA), research institutions.

1. Mandate mixed-methods in IPC and national assessments

- Combine household-level tools (FCS, rCSI) with individual-level measures (MDD-W for women of reproductive age, dietary diversity scores for adolescents, anthropometrics where feasible, as well as IDDS which allows for comparibility across men and women)
- Pair with qualitative tools (FGDs, semi-structured interviews, participatory mapping) designed to surface intra-household allocation, gendered access, and informal food economies.
- Ensure sampling captures diversity across rural/urban, displacement status, and socio-economic groups.

2. Require comprehensive disaggregation in IPC datasets

- Record data by gender, age, nationality, displacement status, and household role.
- Indicators to include: food consumption/dietary diversity; mobility and market access constraints; decision-making over food purchase/preparation/distribution; control over income/resources; coping strategies (with specific tracking for harmful/gendered ones); and access to aid/services with identified barriers.
- Store disaggregation in IPC-compatible formats to allow cross-tabulation during analysis.

3. Institutionalize local and WRO participation in the IPC process

- Formalize women rights and local organization's seats in Technical Working Groups.
- Involve them in adapting tools for local context, collecting qualitative data, and validating findings.
- Use participatory analysis sessions to interpret results and co-formulate recommendations.

4. Integrate multi-layered vulnerability mapping into IPC outputs

- Disaggregate by rural/urban, host/displaced, gender vulnerability profiles, and overlay conflict impact data (e.g., Akkar, Zahle, Baalbeck).
- Use GIS tools whenever possible to visualise overlap between food insecurity and conflict/displacement hotspots.

5. Embed iterative validation within the IPC cycle

- Schedule thematic validation workshops with local actors pre-data collection (tool review) and post-data collection (finding validation).
- Use structured validation checklists to ensure feedback is documented and acted upon.

6.2. PROGRAMMATIC AND INSTITUTIONAL

Audience: INGOs, national NGOs, UN agencies implementing food security or gender programmes.

6. Embed gender analysis in the full program cycle

- Require gender-sensitive needs assessments in proposal templates.
- Integrate gender indicators into logframes/M&E plans.
- Apply findings from gender analyses to targeting, delivery, and exit strategies.

7. Adapt assessment and monitoring tools to local realities

- Modify Post Distribution Monitoring and HH surveys to capture intra-household food sharing, informal economies, and market access constraints (including safe transport for women).
- Ensure enumerators are trained to probe sensitively on household roles and food control.

8. Institutionalize sustained gender and intersectionality training

- Shift from one-off sessions to ongoing learning (e.g., quarterly refreshers, mentoring, scenario-based exercises).
- Cover: indicator design, ethical data collection, participatory analysis, conflict sensitivity, disability inclusion.

9. Create dedicated gender and research focal points

- Assign responsibility for mainstreaming gender across programmes and ensuring local contextualisation of global frameworks.
- Link field learning with organisational strategy and donor reporting.

10. Align food security interventions with broader equality agendas

- Map linkages to Lebanon's Women Peace Security (WPS) National Action Plan (NAP), GBV prevention frameworks, and social protection strategies.
- Coordinate with gender and protection clusters to ensure coherence.

6.3. IMPLEMENTATION-LEVEL ACTIONS

Audience: Field teams, local partners, CBOs.

11. Prioritise women's dietary diversity in aid packages

- Include nutrient-rich, culturally familiar foods.
- Focus on prociding the most expensive and least accessible food groups (proteins, dairy, fresh produce) rather than replicating cheaper staples.
- Pair with brief, accessible nutrition awareness sessions linked to local women-led initiatives.

12. Maintain aid continuity in displacement/conflict zones

- Use mobile units, pop-up hubs, and regularly updated targeting lists.
- Build contingency stockpiles in strategic locations.

13. Expand unconditional, flexible cash for women-headed HHs and caregivers

- Remove male gatekeeping from registration.
- Offer multiple delivery methods (mobile money, in-person, home delivery).

14. Offer choice of aid modality

- Cash, food, or e-cards based on recipient preference.
- Provide financial/digital literacy support to reduce exclusion.

15. Embed low-barrier grievance and referral systems

- Co-design with WROs.
- Ensure channels are accessible (hotline, in-person, digital), confidential, and trusted.

16. Pair aid delivery with psychosocial support

- Offer group counselling, women's circles, and peer-support models at or near distribution points.

17. Reduce gatekeeping and corruption risks

- Publicly post beneficiary lists (with consent).
- Involve women in monitoring teams.
- Engage independent oversight where feasible.

18. Include vulnerable urban women in targeting frameworks

- Expand outreach to informal neighbourhoods.
- Work with municipalities, neighbourhood committees, and women's networks.

19. Support women-led recovery in local food systems

Fund cooperatives, backyard/rooftop/container farming.

- Provide direct-access smallholder grants for women.

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8. BRIEFS FROM VALIDATION WORKSHOPS

8.1. VALIDATION WORKSHOP 1

Date	18 March 2025
Location	Citea Hotel, Beirut
Organized by	Oxfam in Lebanon (OiL)
Participants	Oxfam, Oxfam consultants, FAO, WFP, Nusaned, Arab Institute for Women (AIW - LAU), Abaad, UN Women, AICA

Background and objectives

On 18 March 2025, Oxfam in Lebanon convened a validation roundtable for its gender-sensitive IPC pilot study conducted across five districts (Baabda, Metn, Zahle, Baalbek, Akkar). The initiative is part of the multi-country project *Improving Gender-Sensitive and Local NGO Engagement in IPC Processes and Food Security Analyses.*

The session aimed to validate quantitative findings from the pilot; reflect on structural and contextual challenges affecting women's food security; generate specific, action-oriented recommendations to enhance gender integration in future IPC processes; and, importantly, strengthen collaboration between IPC stakeholders and local actors.

Key Discussion Points

Following the presentation of quantitative findings, the consultants opened the room for discussion. While many findings were unsurprising to the group, they nonetheless led to dynamic exchanges that brought nuance and contextual insight. Key themes are outlined below:

Gender Roles, Power, and Reporting

One major point of reflection was the apparent lack of significant gender-based difference in levels of food insecurity. Participants were not surprised by this, many noted that while male- or female-headed households might experience similar levels of deprivation, the internal dynamics of coping and decision-making differ sharply. Regardless of household headship, women are often the ones managing food, caregiving, and budgeting decisions. As one participant noted, "Even when the man is 'the head,' the woman is managing everything at home."

However, this strong role in household-level decisions does not extend to higher-level or community decisions. Participants highlighted how patriarchal norms, legal frameworks (such as personal status laws), and structural exclusion continue to restrict women's agency outside the home. Widows, displaced women, or those who had not worked before were seen as particularly vulnerable.

FAO captured this dilemma succinctly:

"To cope, you need resources. We're digging into the same infrastructure, the same inherited coping strategies. Women are less risk-averse—but there are no alternatives in place, especially in rural areas."

The conversation also touched on emotional and mental health burdens. Oxfam highlighted the different ways women report stress:

"A woman participant might not name her depression or fear, and she might not think of them in relation to coping strategies. We need safe spaces and well-trained facilitators so women can share these realities, not just tick boxes for a survey. Gender is complex and requires deep analysis."

Nusaned added that women often share unsolicited concerns with hotline workers—an indicator of the high levels of unaddressed need and emotional strain.

Moreover, participants reflected on how crisis situations are filtered through gendered expectations. Oxfam noted:

"Masculinity during wartime creates a culture where women feel they shouldn't ask for help. And men, pressured by militarized ideas of masculinity, resist showing vulnerability."

These interlinked dynamics (structural, emotional, and cultural) deeply influence not only how needs are reported, but also how assistance is perceived, accessed, or sometimes rejected.

Geographic Differences

Participants emphasized that Akkar, Lebanon's poorest governorate, faces chronic underdevelopment. In such contexts, families are often unable to reduce core expenses like health and education, there's simply no more room to cut. Meanwhile, in Central and Northern Bekaa, including Zahle and Baalbeck, the situation is further complicated by the war and the presence of large Syrian refugee populations.

Participants pointed to a very time-specific in Zahle, where insecurity and displacement during the recent escalation intensified existing tensions. Movements of people, for instance from Baalbeck to Zahle because of the airstrikes in Baalbeck, which may have skewed findings from Zahle. Baalbeck being classified in IPC Phase 4 for the first time reflects this sharp deterioration, with the war cited as the main driver. Participants stressed the need for a new round of validation and updated data, given how fast the situation is evolving.

The centralized nature of the Lebanese state was also seen as a driver of uneven service provision and entrenched cultural and geographic differences—especially between remote areas like Akkar or Baalbeck and urban centers. Participants described a sharp decline in public services, particularly in education, with school dropouts rising in places like Zahle, though not all linked directly to the conflict (some were due to long-standing economic and infrastructure gaps).

Gendered patterns were evident in how people responded to these stressors. Women were described as more likely to name emotional and logistical stress points during aid distribution, often articulating detailed accounts of their household struggles. Men, on the other hand, tended to express challenges differently, sometimes indirectly or in more generalized terms. These differences point to the importance of gender-sensitive tools and facilitators in data collection and aid programming, especially in highly stressed and conflict-affected areas.

Coping Strategies and Intersectionality

Intersectionality emerged as a central lens for understanding vulnerability. Coping strategies varied by gender, nationality, household type, disability, legal status, and urban/rural context. Girls, especially Syrian, were more likely to drop out of school due to early marriage, household burdens, or documentation issues.

Participants noted that:

- HHs during wartime were more likely to pool households (16–20 people under one roof), a war-time survival strategy.
- Larger households, especially Syrian ones, and those with persons with disabilities faced additional barriers to dietary diversity and assistance access.
- Participants also noted that speaking with women who had recently lost a male relative—such as a husband or son—due to the war could offer valuable insights into how grief, sudden responsibility, and isolation shape food security challenges. These women often navigate entirely new roles under pressure, lacking prior experience or community support.

As LAU observed:

"Even when a woman is the head of household, there are multiple vulnerabilities at play. who else lives there, are they documented, can they work?"

Risks of Cash Assistance and Gender Dynamics

Discussions revealed a need for nuanced programming that avoids harm:

- Cash-for-protection initiatives, if implemented without engaging men, may increase the risk of GBV.
- Abaad noted: *"Organizations have worked with women for years and ignored men, we've created a harmful discrepancy. Now, including men isn't easy, but it's essential."*
- Men's preferences for cash assistance (often used for discretionary spending) differ from women's preferences (food parcels, warm meals). Programs must navigate these dynamics without reinforcing stereotypes or undermining agency.

Methodological Reflections: Rethinking "Who Speaks" and How

Participants urged a shift from traditional, rigid methodologies to intentional, responsive approaches:

- Avoid online data collection due to privacy and access constraints. This was noted by FAO and agreed upon by other participants.
- Use trained facilitators and volunteers, particularly women and community insiders.
- Engage municipalities, PHCs, local NGOs, and even informal groups as essential gatekeepers.
- Ensure tools align with IPC frameworks but adapt to reflect lived realities without falling into recency bias.

Oxfam remarked:

"Our methodologies can't just extract data, they must prompt reflection. If women aren't asked the right questions in the right way, we won't hear what matters."

Qualitative Research – Priorities and Rationale

The second phase of the IPC and gender analysis was discussed, i.e. the qualitative research. Consultants discussed the need for qualitative research–Quantitative data tells what is happening—but qualitative research explains why and how. It fills in analytical gaps. Moreover, qualitative tools can probe missing gaps including household power dynamics and impacts of disability, displacement, and employment status

Key Thematic Areas for Qualitative Inquiry

Stakeholders recommended the following focus areas for upcoming qualitative data collection:

- Individual-level decision-making and autonomy, particularly how women's dietary diversity is shaped by working status, household size, and household headship.
- Regional disparities between rural and urban poor, including differences in coping strategies and dietary intake (e.g., higher fruit/veg in rural areas but lower protein).
- Impacts of war, displacement, and insecurity—particularly on households that have merged under one roof or have suffered from access blockages (e.g., in Baalbek and Zahle).
- Girls' school dropouts, child labor, and early marriage, especially among Syrian refugees facing legal and economic barriers.
- Returnee households and those excluded from formal assistance due to documentation issues.
- Urban vs. rural functioning and coping systems, with attention to how town boundaries and service access shape food security.
- Men's perspectives, which were noted as missing in earlier rounds—future FGDs should engage men to explore how they perceive and respond to food insecurity and shifting household dynamics.
- Potential effects of funding cuts on food security strategies and reliance on informal or harmful coping mechanisms.

Recommendations

Data Collection and Analysis

- Strengthen disaggregation: Disaggregate by gender, age, nationality, disability, working status, and household structure. Be intentional about analysis; what methodology is used? It is not enough to disaggregate, rather consultants/researchers must be very specific about specific tools, such as power analysis, and be clear on what to do with the disaggregated data.
- Balance depth with feasibility: Avoid overloading tools with excessive indicators. Again, it is key to be precise about what data is needed and why.
- Design for linkage: Clearly link data indicators to analytical tools. Clarify how results will be used in programming and advocacy.
- Avoid online-only modalities: Use in-person, community-based collection methods that prioritize safety, trust, and inclusion.
- Train facilitators carefully to ensure methodological integrity and mitigate recency or social desirability bias.
- Incorporate qualitative data into project activities, not as add-ons. Design data tools as part of interventions.
- Explore approaches suggested by Abaad, where data collection is embedded within ongoing psychosocial or protection programming. This creates safer, more natural entry points for women to speak openly about their experiences, while maintaining methodological integrity.

Programmatic and Policy Shifts

- Address nutritional disparities, particularly among women with low dietary diversity or "animal diet" limitations.
- Embed intersectional vulnerability analysis into program planning.
- Develop GBV risk assessments for all cash-based interventions.
- Focus on psychosocial support alongside material aid to recognize invisible burdens.

Local Stakeholder Engagement

- Identify and engage key informants: PHCs, academic centers, local NGOs, informal groups, and municipal actors.
- Collaborate with the Red Cross and auxiliary networks on gender-related data collection and outreach.
- Engage as many actors as possible to ensure participation and representation, especially from marginalized regions like Akkar and Baalbek.
- Recognize that beneficiaries themselves can be complicated stakeholders—create mechanisms to reach the least visible.

Way Forward: Next IPC Steps

The roundtable concluded with an urgent call to institutionalize gender in the IPC process and build on this pilot's momentum. As many said, 'It is not enough to speak to ourselves, or preach to the choir. Findings need to be institutionalized as a form of advocacy.' The following next steps were recommended:

- Ensure full gender integration across all IPC phases: analysis design, data collection, validation, and reporting.
- Expand partnerships with gender-focused organizations, academic institutions, and local NGOs to enrich IPC inputs.
- Train IPC analysts in gender-sensitive methods and intersectionality.
- Establish dedicated gender focal points within IPC technical working groups to oversee integration.
- Promote active participation of national and local actors in shaping IPC outcomes—not only validating them.

As Oxfam summarized:

"Traditional IPC methodologies are just entry points. If we stop there, we fail to reflect reality. Gender isn't a layer—it's a structure shaping everything."

8.2. VALIDATION WORKSHOP 2

Focus	Presentation of Qualitative Findings on Gendered Dimensions of Food Insecurity in Lebanon
Date	July 8, 2025
Location	Citea Hotel, Beirut
Organized by	Oxfam in Lebanon (OiL)
Participants	14 individuals from 9 local and international organizations, in addition to 5 Oxfam staff and 2 consultants

Workshop Agenda Summary

10:00 – 10:30 AM	Welcome & opening remarks, recap of March workshop, and contextual update on IPC, food insecurity, and gender in Lebanon
10:30 – 12:00 PM	Presentation of methodology and findings: invisible hunger, debt, shifting masculinities, displacement, rural/urban disparities, disability, and mental health – followed by Q&
12:00 – 12:15 PM	Coffee break & informal exchange
12:15 – 01:00 PM	Co-developing recommendations and advocacy priorities
1:00 PM	Lunch

Workshop Objectives

This second validation workshop aimed to:

- Present and contextualize key qualitative findings from Oxfam's gender-sensitive food security study in Lebanon;
- Gather participant feedback on observed coping strategies, emerging risks, and social dynamics;
- Co-develop research and advocacy recommendations to improve gender-sensitive IPC engagement;
- Strengthen cross-sectoral collaboration between local NGOs, UN agencies, and national stakeholders.

Key Discussion Themes & Insights

Inside the households - Participants emphasized the need to distinguish between responsibility and control: women often manage food distribution but lack financial decision-making power. Men's loss of provider roles was linked to increased emotional stress, aggression, and identity disruption. The symbolic nature of paternal sacrifice, especially during crises, was highlighted by several field anecdotes for instance WFP noted how in FGDs they'd conducted it was very clear that men were giving up food as well for their children.

Coping strategies and intersectionality - Survival tactics such as turning cars into mobile homes or becoming informal taxi drivers were raised as key coping strategies by Lebanese and Syrians. Key informants agreed that food-related decisions are deeply gendered: women reduce portions or skip meals entirely to prioritize children. A **child protection lens** was recommended to explore how coping varies by age and parental roles.

Participants also noted different social norms between Lebanese and Syrian women around financial mobility, e.g., access to ATMs or service points. Syrian families often face exploitative labor systems, particularly in agriculture, where shawish (intermediaries) determine access.

Rural–urban inequities & cultural sensitivity – Regional variations were clear: in Baalbeck, some IDPs refused hot meals due to cultural mismatch, (not our 'mjadra') while Akkar families accepted aid despite misgivings. This emphasized the need for cultural sensitivity in food assistance. Participants called for deeper attention to peri-urban dynamics and noted MoA's initiative allowing women with kitchen gardens to register, potentially expanding access to agricultural support.

Changing social norms and fragile masculinities – Economic strain is reshaping social expectations. One participant shared how a mother kept her daughter from a wedding to avoid shame over not affording a dress. While some men are taking on caregiving roles, these shifts remain ad hoc and unsupported.

Mental health - Overcrowded shelters and shared housing arrangements, often involving multiple families, have led to increased psychological distress. Women noted the strain of lack of privacy, including inability to remove veils due to the presence of unrelated men. Children's exposure to adult stress and insecurity was also flagged as a risk.

Participants highlighted the need to explore GBV within a health and psychosocial frame, especially in the context of displacement and conflict. Encouragingly, the stigma around mental health appears to have softened, particularly since the escalation of the Israeli war.

Recommendations

- **Research & Policy**
- **Advocate for individua**l-level IPC data collection and analysis disaggregated by sex, age, and disability.
- **Develop a policy paper** from this study to advance national dialogue with WFP, FAO, and MoA.
- **Secure funding** to repeat and expand the gendered IPC study on an annual basis.Showcase intersectionality through both statistical data and community-grounded qualitative methods.
- **Operational Coordination**
- **Map organizational strengths** to distribute data collection and advocacy responsibilities across the sector.
- **Involve women-led organizations in IPC workshops**, including UN Women as an international agency.
- Push for **internal IPC discussions** focused on gender integration and methods reform.
- **Capacity Building & Institutional Memory** - Address fragmentation across the food security and gender sectors by investing in institutional knowledge systems, cross-training, and documentation.
- Use findings to **design gender and intersectionality training** for both civil society and UN agencies.

Next steps

Oxfam will:

- Finalize the qualitative report incorporating validation feedback
- Begin drafting a policy brief for advocacy audiences
- Engage MoA regarding the polytunnels grant to support structured women-led cultivation
- Explore partnerships and funding for future gendered IPC research
- Convene follow-up meetings to align IPC sector actors around individual-level, gender-informed food security analysis

8.3. TRAINING RECAP

This brief provides a summary of the two-day training workshop on the Integrated Food Security Phase Classification (IPC) and Gender Analysis, held at Al Bustan in July 15 & 16 2025. The training brought together approximately 36 participants representing local NGOs, women-led organizations, and international agencies working across Lebanon.

Organized by Oxfam in partnership with technical consultants, the workshop aimed to strengthen the capacity of humanitarian actors to understand, apply, and advocate for gender-sensitive approaches within food security assessments particularly within the IPC framework.

Across two days, participants engaged deeply with the concepts, tools, and practical applications of gender analysis in food security. Sessions combined technical input with participatory exercises, which led to rich discussions around rural-urban disparities, intra-household food dynamics, data collection challenges, and the role of researcher's positionality and gendered cultural norms. The workshop culminated in a collaborative reflection session, during which participating organizations articulated practical ways forward, grounded in their mandates and operational realities.

This recap outlines the core content of each training day and highlights the organizational recommendations shared in the final session.

Day One: Foundations of IPC and Gender Analysis

Objectives

- Oxfam introduced the IPC framework and its four pillars: availability, access, utilization, and stability.
- The Gender Consultant explored how food insecurity is experienced and reported differently across gender and identity lines.
- Training included discussions on gendered, structural, and cultural barriers shaping these experiences.

Key Topics Covered

1. **IPC Framework 101**
   - Presentation on the IPC methodology, indicators, and relevance to Lebanon.
   - Emphasis on household-level vs. individual-level data and its gendered implications.
2. **Why Gender Matters in Food Security**
   - Presentation and discussion on gendered norms around food access, caregiving, and decision-making.
   - Participants shared case studies from rural and urban Lebanon.
3. **Intersectionality and Food Security**
   - Facilitators introduced intersectionality frameworks.
   - Exercises guided participants to analyze data through an intersectional lens.

Practical Exercise

- Participants were divided into mixed working groups.
- Using a fictional family case study, each group mapped food security vulnerabilities along gender, age, displacement status, and geographic lines.

Participation and Engagement

- High engagement with the introductory frameworks.
- The fictional case study exercise generated lively and in-depth discussions; many participants noted how their programs often ignore intra-household dynamics.
- A lively Q&A session focused on linking the IPC framework to real-life programmatic decisions.

Day Two: Tools, Application, and Proposal Integration

Objectives

- Build technical capacity to design and apply gender-sensitive tools in food security assessments.
- Strengthen participants' ability to advocate for gender inclusion within IPC processes.
- Apply learning to participants' own organizational contexts.

Key Topics Covered

- Gender-Sensitive Indicators in Food Security:
- Overview of key quantitative indicators through an online presentation by consultant – specifically FCS, rCSI, FES, MDDW, IDDW.
- Presentation of examples and application of skills built from Oxfam's 2024 quantitative assessments and how indicators are adapted per context.

Qualitative Data Collection

- In-depth presentation on designing and conducting ethnographic case studies and generating narrative-based impact
- Reflection on barriers to participation (mobility, privacy, power dynamics).
- Practical exercises on deep-listening and narrative generation by mixed groups
- Emphasis was placed on improving questions around decision-making, dietary sacrifice, and emotional coping.

Challenges in Fieldwork

- Discussion of issues like respondent fatigue, cultural taboos, and data reliability.
- Sharing of mitigation strategies, especially around sensitive topics like GBV or hunger.

Participation and Engagement

- Strong ownership of the ethnographic case studies and tool development exercise: most groups tailored questions and narratives that could be immediately piloted.
- Participants provided peer feedback and suggested how questions could be rephrased for clarity or ethical sensitivity.

Final Session: Organizational Reflections and Ways Forward

On the final session of day two, participants shared their tailored recommendations in breakout groups. The outputs were synthesized into organizational commitments and technical strategies:

Summary of Organizational Recommendations

- Mainstream Gender: Across sectors (SHIFT), including MEAL systems (Amel, AICA).
- Enhance Data Collection: Improve disaggregation, revise indicators (Initiate, Dorcas).
- Build Internal Capacity: Recruit gender experts (Beit el Baraka), conduct refresher trainings (MERATH).
- Advocate for System Change: Push for individual-level IPC data, engage MoA and NCLW, expand audience and platforms (NCLW, Aman).
- Strengthen Local Systems: Embrace food sovereignty, support women in agriculture (SEAC, Key of Life).
- Institutional Memory & Collaboration: Create knowledge hubs, cross-organizational learning (Akkarouna).
- Policy and Proposal Shifts: Integrate gender-food security nexus into advocacy and proposal work (Caritas, Women Now, Nusaned).

These recommendations not only reflected a deepened understanding of the IPC framework and gender dynamics, but also demonstrated practical ownership by the participating organizations.

9. TOOLKITS

9.1. QUALITATIVE TOOLKIT AND FACILITATION GUIDE

This qualitative toolkit has been developed to guide researchers, humanitarian practitioners, and gender specialists working on the intersections of food insecurity, gender, caregiving, displacement, and crisis response in Lebanon.

The tools included are grounded in feminist and participatory research principles, recognizing that who speaks, how they are heard, and what is valued as knowledge are all critical. Importantly, the timeframes used in the questions were adapted following internal Oxfam methodological discussions to balance accuracy and relevance. Shorter references such as "past month" capture fresh, concrete examples in a rapidly changing context, while "past year" prompts detect gradual shifts in gender roles, coping strategies, and household patterns. This combination responds to the high volatility of Lebanon's economic and humanitarian situation and ensures the toolkit generates both short-term operational insights and medium-term trend analysis.

Each method in this toolkit was selected or adapted based on field feedback and validation workshops with local and international partners. They aim to:

- Reveal intra-household dynamics, not just household-level outcomes.
- Surface care-related labor and emotional tolls often missed in food security data.
- Capture intersectional vulnerabilities across gender, nationality, legal status, and geography.
- Inform responsive, just, and locally grounded programming.

In addition to the core tools (FGDs, Key Informant Interviews, and the Individual Story Tool), this toolkit recommends complementary participatory methods (see Annex) for those seeking deeper or more community-driven insight.

FGD guide

Duration	~90 minutes
Participants	Segmented by gender, nationality, and location

OPENING AND CONSENT

Hello, and thank you all for being here today. My name is [facilitator's name], and I'm working with Oxfam and its partners on a study about daily life, food, and how families are managing during this difficult time in Lebanon. This conversation is part of a research project happening in different areas across the country. We're here to understand your experiences especially how changes in food prices, income, or support have affected you and the people around you. We know these challenges often show up differently depending on your role in the household, whether you are caring for others, managing meals, or finding ways to cope with rising costs.
We are not here to judge or evaluate; we just want to understand what life really looks like right now. Everything you share will stay private and will not be linked to your name. You're welcome to speak freely, and you don't have to answer any question you are not comfortable with. This conversation is completely voluntary, and you can stop at any time.
We would like to record the discussion so we don't miss anything important, but the recording will only be used by our research team for analysis. Is that okay with everyone?

INTRODUCTION

Can each of you share your name (first name only), age, household role, and whether you care for any dependents?

EXPERIENCES WITH FOOD INSECURITY

Thinking about the past year, how would you describe your household's food situation?
Has it changed recently? If so, how?
Who usually decides what food is bought, who prepares it, and when or how meals are eaten?
Can you walk us through how food is usually consumed in your household?
For example: over the past month, once food is prepared, how is it divided or shared? Do family members eat together or at different times? Is food served communally or separately?
Who eats first? Are there unspoken rules about who gets more or less?
Have you currently received any kind of assistance like food, cash, or vouchers over the past month?
If yes: Who usually receives it in your household, how is it delivered (e.g., pickup point, ATM), and how is it used or shared? You can tell us what works well and what feels difficult such as who keeps the card or makes spending decisions, how easy it is to reach the pickup location, or whether the process feels respectful.

COPING STRATEGIES

Over the past few months, when things have been hard, whether because of food shortages, high prices, or lack of work, how has your household usually coped? (For example, reducing meals, borrowing from others, relying on neighbors, or other adaptations.)
What kinds of compromises do you personally make when there isn't enough?
This might include skipping meals, changing what you eat, taking on extra work, hiding stress, or caring for others before yourself.
Do men, women, girls, or boys in your household cope differently?
Why do you think that is? Are there expectations about who should sacrifice or stay strong?
Have the ways you cope changed compared to a year ago?
What caused the change – crisis, support, displacement, loss, or something else?
Are there things you wish you could do but can't because of your situation as a woman, man, youth, caregiver, or displaced person?
For example, working, studying, resting, or accessing a service.

If you're comfortable sharing, has your household incurred debt in the past year? What about in the past month?
What was it for? Who decides when and how to take on debt or repay it? Do you personally feel impacted by this debt? How?

MENTAL AND EMOTIONAL HEALTH

Over the past year, how have the current conditions (whether financial, food-related, or social) affected your emotional wellbeing or peace of mind?
Can you tell us about a recent time in the past month when you felt particularly stressed, overwhelmed, or emotionally worn down?
Was it connected in any way to food responsibilities, caregiving, work, or decision-making?
When you feel this way, what helps you cope, if anything?
Do you find moments to rest or reset? Do you turn to someone for emotional support, or do you usually carry it alone?
In your household, who tends to carry the emotional weight when things go wrong?
Is this shared, or does it fall more heavily on certain people like mothers, fathers, daughters, or sons?
In the past month, has there been any space, physical or emotional, where you feel safe to release tension or speak openly?
If not, what kind of support would help you feel less alone?

REGIONAL DIFFERENCES

Can you tell us a bit about where you live now?
Is it a village, city, settlement, or town? How would you describe daily life here, especially in the past year, when it comes to food, transport, or public services?
Are there nearby markets, shops, or places to get food? What do people rely on most (family networks, aid, neighbors, farming)?
Do you think your experience of food insecurity or crisis would be different if you lived somewhere else in Lebanon?
In this area, what have been the most common ways people cope with food shortages or economic stress over the past year?
Has this area changed over the past year? (Probe on displacement, crisis, war, rural-urban migration)
Do women, men, or youth face different challenges depending on where they live?
Shifting Gender Roles and Social Dynamics
Over the past year, have gender roles in your household or community changed?
For example, who earns income, who makes household decisions, who shops or decides what to cook, who serves or eats first.
Have you personally taken on new roles or responsibilities in the past year that weren't expected of you before?
Like earning money, managing aid, or caregiving. How did that affect you, did it bring stress, pride, conflict?
Are men doing things now that used to be seen as "women's roles" or vice versa?
How do others respond to women taking charge, or men helping at home?
Do you think these changes are temporary or part of a longer-term shift?
What would help make these changes more fair, less burdensome, or more supported?

LOOKING AHEAD

If there was one change that would make it easier for you to live with dignity and security, what would it be?
Is there anything else you'd like to share that we haven't asked about?

CLOSING

Thank the participants sincerely.
Remind them that their input is valuable and will inform future programming.
Ask if they would like to be contacted for a follow-up interview (if applicable).

KII guide

Duration	~60 minutes
Participants	NGO workers, frontline staff, gender focal points, IPC actors, food security analysts, health professionals, social workers.
	This guide aims to generate rich, context-specific insights on the intersection of gender, food insecurity, crisis, and care in Lebanon. It is designed to move beyond surface-level analysis and elicit thoughtful reflections on power, exclusion, and possibilities for more responsive programming.

INTRODUCTION

Can you briefly describe your role and how your work intersects with food security and/or gender programming?
Have you been involved in food security assessments (like IPC) or in designing assistance targeting? If yes, in what ways?

GENDERED VULNERABILITIES AND EXCLUSION

In your opinion, who do you think is most affected by food insecurity in your community, and what makes things harder for them?
Follow up on gender, age, disability, if needed.
When there isn't enough food or resources, how do people in your household usually manage? Are there differences in how different people respond or are affected?
What have you observed in the experiences of women-headed households, older women, or caregivers of persons with disabilities?
Are there vulnerable groups that assessments or programs consistently miss or mischaracterize?

CHANGING GENDER NORMS AND HOUSEHOLD DYNAMICS

Over the past year, have you seen any shifts in household gender roles in response to Lebanon's economic crisis, the war and ensuing displacement, or specific regional dynamics we should be aware of?
In the past month or year, have you noticed any new responsibilities or tasks that women in your household or community have taken on? Can you give examples, whether in the home, with children, managing money, or outside work, especially those that might seem invisible or aren't recognized by others?
Are there examples of women gaining or losing decision-making power or visibility in this crisis, war, or shifting geopolitical realities?
How are men's roles or identities shifting if at all? Give us examples, if possible.

GAPS IN CURRENT ASSESSMENTS AND FRAMEWORKS

If relevant to your role, how well do current food security assessments (including IPC) reflect gendered realities?
Do you think gender analyses used in the food security sector in Lebanon go deep enough? Why or why not? What's often missing? For example:
Do assessments capture intra-household dynamics and power over food and income?
Do we understand who gets to decide what to eat or buy when money is short?
Importantly, what do we do with this knowledge? How could qualitative or narrative data strengthen these tools and findings?

HUMANITARIAN RESPONSE AND TENSION POINTS

In the past year, how have different types of assistance (cash, food, vouchers) interacted with gender norms or roles?
Are there known tensions within households and communities around how assistance is used or distributed?
What risks exist when programming targets women without shifting surrounding gender dynamics?
How do food security and livelihoods programs currently address, or fail to address, mental health, care burden, or social isolation?

CONFLICT, DISPLACEMENT, AND LIVELIHOODS

Since the escalation of conflict and fragile ceasefire, how has Lebanon's food security and vulnerabilities, particularly for women—, een affected?
Are there emerging displacement trends over the past year that affect women differently than men?
Are women agricultural workers, especially displaced Syrian women, facing new pressures or changes over the past year due to the shifting dynamics, security, or economic situation?

RECOMMENDATIONS AND FORWARD-LOOKING REFLECTIONS

What three changes would you recommend to improve gender responsiveness in food security work in Lebanon?
How can IPC or other food security tools be made more reflective of individual realities within households?
What would a more meaningful gender analysis in food security look like to you?
Do you have any recent studies, stories, or examples (from the past year, if possible) that might be useful for this research?

Individual mapping tool

Duration	~45–60 minutes
Participants	Selected individuals from FGDs or communities with powerful change experiences

FRAMING AND CONSENT

Explain: "We are interested in hearing a personal story about a significant change in your life related to food, health, or caregiving in the past few years."
Emphasize this is about their story and why the change was important to them.
Obtain verbal consent to record and use their story anonymously.

OPENING PROMPT

Can you tell me a story about the most significant change you've experienced in the past year related to how you or your household access food, manage caregiving, or deal with crisis?
Take your time. We'd like to understand what changed, how it affected you, and why this change matters to you.

FOLLOW-UP AND PROBING QUESTIONS

1. **What happened?** Can you walk me through the situation or turning point? When did this take place?
2. **Who else was involved?** Who supported you or made decisions with you? Were you responsible for others at the time – children, elderly, a spouse?
3. **Why do you consider this a significant change?** What made it feel important in your life?
4. **How did it affect your daily routine or your responsibilities?** Did your role in the household change? Were your caregiving duties impacted?

5. **How did it affect your emotions, mental health, or physical wellbeing?** Did you feel more in control, more stressed, more isolated?
6. **How did it affect others in your household or community?** Did others notice or rely on you differently?
7. **Was this change positive, negative, or a mix of both?** Why? Did anything good come out of it, even if it was hard?
8. **What caused this change?** Was it linked to conflict, inflation, food assistance, losing work, displacement, family dynamics? Was gender (being a woman/man/being a mother, being a caregiver) part of why it affected you the way it did?
9. **How did this experience change the way you think about food, caregiving, or your role in the family or community?** Did it change how decisions are made in your household? Did it change your ability to rest, work, or make choices for yourself?
10. **What has stayed with you from this experience?** Are there moments or feelings you still carry?
11. **Would you have done anything differently?** What would have helped you at that time?
12. **Looking forward, what kind of support would help you—or people like you—feel more secure and respected?** What would make food access, care, or decision-making more fair or less stressful?

Summary of Alternative/Suggested Tools

Case Study Narrative Approach

WHAT IT IS:

This tool encourages local staff or trusted community volunteers to document detailed, real-life stories of individuals or households that reflect a broader pattern or challenge especially around gender, food insecurity, coping, and caregiving. These stories are collected through informal visits, deep listening, and follow-up conversations, with participant consent and anonymity protected.
Instead of formal observation, staff are trained to write up rich narrative accounts of:

- how a woman navigates food scarcity;
- how a family adapts when the main breadwinner is lost;
- how caregiving roles change when a household merges due to war or displacement.

HOW TO DO IT LOCALLY:

Local NGOs, community health workers, and protection staff already embedded in households or safe spaces are ideal facilitators. Many of them witness powerful, painful, or illuminating stories in their daily work; this approach offers them a structure to ethically and systematically capture those narratives.
They can use a flexible story collection form with the following sections:

- Household background (age, gender roles, displacement, household size)
- What happened and how the person responded
- Key turning points, coping decisions, or forms of resilience
- Quotes or emotional reflections (with permission)
- Observations on power, care, and gender dynamics
- Reflection: What does this story tell us about broader issues?

FACILITATOR TIPS:

- Pair this with individual visits, social worker follow-ups, or psychosocial sessions.
- Always **obtain verbal consent** and explain that stories will be used for advocacy or programming, not aid decisions.
- Emphasize **respect, non-extraction, and dignity** in how the story is told.
- Allow stories to remain open-ended. Not every experience has a resolution.
- Encourage staff to **reflect**, not just report-e.g., "What struck you about this household?" or "What patterns does this reflect?"

WHY IT MATTERS:

Case study narratives offer a bridge between data and real life. They can illustrate intersectionality (e.g., how being a widow, undocumented, and displaced compounds vulnerability) and reveal subtleties that surveys miss like emotional exhaustion, gendered blame, or shifts in dignity. When compiled ethically, they can shape donor narratives, media stories, or advocacy campaigns with human-centered insight.

BONUS USE:

These narratives can also be used to train other field staff, helping them recognize invisible labor, listen better, and build empathy-based approaches.

Gendered Time-Use Diaries (Short-form)

WHAT IT IS:

A participatory tool that asks women, girls, or caregivers to record a simple 24-hour breakdown of their day including food-related tasks, caregiving, rest, paid work, and "invisible" duties like emotional labor or supervising others.
How to do it locally:
Local organizations – especially those already engaged in psychosocial or livelihoods support – can integrate this exercise into existing women's groups, literacy classes, or community sessions. Participants can use visual icons, color-coded stickers, or pre-printed time blocks to make the diary accessible for all literacy levels.

FACILITATOR TIPS:

- Provide examples from local routines (e.g., waking to prepare breakfast at 5:30am, queuing for gas cylinders, managing food distribution visits).
- Encourage reflection on what parts of the day feel most exhausting, meaningful, or invisible.
- Syrian and Palestinian refugees may have distinct routines shaped by settlement structures, curfews, or informal work; consider co-facilitation by someone from that community.

WHY IT MATTERS:

These diaries make the **"second shift"** visible: the unpaid labor and care work mostly shouldered by women and girls. Time poverty is a powerful, often overlooked form of gender inequality and visualizing it can inform more realistic livelihoods or assistance programming.

Photo Voice / Drawing Exercise

WHAT IT IS:

Participants are asked to take photographs or draw scenes that reflect how they experience food, care, and survival during crisis. Prompts can include:

- "What does food mean to me?"
- "A moment when I felt strong or worried."
- "How my life changed after displacement or inflation."

HOW TO DO IT LOCALLY:

Organizations with youth clubs, safe spaces for women, or protection/psychosocial programs can embed this as a creative session. Disposable cameras or smartphones can be used in photography; for drawing, paper and colored pencils suffice. For trauma-sensitive contexts, drawing is often safer than photography.

FACILITATOR TIPS FOR LEBANON:

- Give participants control over what they share—no image or drawing should be collected without full consent.
- Include Syrian, Palestinian, and host community facilitators to ease trust.
- Frame it as "art as testimony", not just data collection.
- Offer space for group reflection on what the images or drawings mean, possibly even a community exhibit or gallery wall.

WHY IT MATTERS:

This method surfaces emotional and symbolic meanings especially important in trauma-affected settings. It can amplify voices of children, elderly, and women with limited mobility, and helps humanize statistics for donors and decision-makers.

9.2. QUALITATIVE TOOLKIT AND FACILITATION GUIDE

CONTENTS

1. Introduction to the toolkit

Food security and the Integrated Food Security Phase Classification (IPC) are critical tools for understanding and addressing hunger, malnutrition, and vulnerability. However, food security is not experienced equally—gender plays a significant role in shaping access to food, control over resources, and the ability to respond to crises. This technical toolkit is designed to help local organizations measure food security through a gender lens, ensuring that the specific needs, experiences, and contributions of women and men are captured and addressed.

The toolkit will cover technical issues pertaining to survey modules to be used, fieldwork issues related to training and data collection, and analysis methods that capture food security from a gender lens and contribute to a more gender sensitive IPC. .

2. Field Preparation and Data Collection

2.1 Selection of Survey Team

Here are some things to consider when selecting the team who will be conducting the survey:

Gender balance: Aim to have a majority of women data collectors because women interviewers are more likely to be able to talk to both men and women in the household, and generally women in the household feel more comfortable talking to women data collectors compared to men, especially on sensitive topics such as food security.

Representation: Aim for the survey team to be from or acquainted with the area of research to be able to have a more adequate approach to contacting and interacting with the respondents. This is particularly important in gendered research because local data collectors are familiar with local gender norms and power dynamics that may affect data collection.

Experience: Prioritize surveyors who have previous experience with gender-sensitive data collection and assess the understanding of gender concepts in the context of food security of the survey team members.

2.2 Training

Here are some things to consider when conducting training sessions for surveys on food security from a gender perspective:

Duration: A full day of training is recommended to be able to cover all methodological, technical and logistical topics.

Gender Sensitization: Include a gender sensitization session to explain why gender matters in food security (e.g., differences in food access, control over resources, or coping strategies), and introduce concepts like intersectionality, and intra-household dynamics.

Interview Techniques: Train on Gender-Sensitive Interview Techniques including ways to build rapport with respondents in the household, how to ask the questions without leading on bias, and how to handle resistance or discomfort when asking gender-related questions.

Safeguarding: Address safeguarding protocols in case respondents disclose distress or sensitive issues like domestic violence or food deprivation. Make sure to provide surveyors with a list of organizations that they can refer respondents to in their area.

Informed Consent: Reinforce the importance of the three pillars of ethical data collection: (1) voluntary participation, (2) privacy, and (2) confidentiality. This is especially important in gender-sensitive contexts when topics such as hunger, decision-making, or gender-based violence are likely to come up.

Role-Plays and Field Simulations: Design role-plays that mimic real-life challenges, such as interviewing a woman with limited autonomy or a household where power dynamics are uneven. Provide feedback on tone, body language, question phrasing, and neutrality.

Training Material: Adapt materials for literacy and language. In this case, all training materials should be prepared and presented in Arabic, using clear and simple language. Include visuals and storytelling to explain complex gender concepts.

Assessing Readiness: Monitor and evaluate surveyor readiness through gender-focused assessments or quizzes at the end of training to ensure surveyors understand both technical and gender concepts. Identify those who may need further coaching or support in the field.

2.3 Field work

Here are some things to consider when designing the data collection fieldwork for surveys on food security from a gender perspective:

Timing and Location of interviews: It is always preferable to have face-to-face interviews compared to phone-based surveys when collecting data on food security and gender. Schedule interviews at times that accommodate gender-specific responsibilities such as childcare, food preparation, agricultural labor. Select safe and private location in the house or outside, especially when interviewing women or discussing sensitive topics. This is not always possible, as some respondents may be in tents or rooms that do not have a private space.

Monitoring and Quality Assurance: Monitor data collection in real-time for:

- Sex-disaggregated data completeness
- Enumerator adherence to gender protocols
- Consistency and neutrality in gender-related responses
- Include gender indicators in field supervision checklists.

Post-Fieldwork Debrief and Learning: Conduct team debriefs with a focus on gender-related challenges or observations, and lessons learned to improve future gender-sensitive fieldwork. Collect feedback from surveyors on what worked and what didn't

Digital and Paper-based Data Collection Tools: Tablets or smartphones with reliable data collection apps such as KoboToolbox, ODK, or SurveyCTO are the primary choice for data collection. However, surveyors should carry a paper-based version of the survey in case some respondents are not comfortable with having the tablet being used to collect data due to its ability to pin geo-locations or record interviews without consent.

3. Sampling

The following are key considerations when sampling for surveys that measure food security and gender:

Sex-Disaggregated Sampling: Ensure the sample includes both men and women respondents, ideally within the same household where feasible.

If only one respondent per household is selected, consider who is best placed to answer specific modules (e.g., the person responsible for food preparation or income generation).

Sample Size and Power for Gender Analysis: Ensure the sample is large enough to allow for meaningful sex-disaggregated analysis. Oversampling some groups such as female-headed households, household with elderly women, pregnant and lactating women is sometimes needed in order to be able to later disaggregate the data for these specific groups. The availability of information on these groups will determine the degree to which they can be adequately sampled.

Stratification by Gender-Relevant Variables: Stratify the sample by variables such as:

- Sex of household head
- Marital status of women
- Household composition (e.g., presence of children under 5, single-parent households)
- Access to land, income, or other resources by gender

This allows for gender-disaggregated comparisons between groups.

4. Analysis of Data from a Gender Lens

There are several ways in which data collected can be analyzed from a gender lens.

Disaggregate all relevant indicators by:

- Sex of individual respondents (e.g., female vs. male perceptions of food insecurity)
- Sex of household head (e.g., female-headed vs. male-headed households)
- Age and gender (e.g., adolescent girls vs. boys, elderly women vs. men)

Use Intra-Household Analysis: Examine how food access, consumption, and decision-making vary within households. This is possible only in cases when individual level data is collected and not only household level data. Such analysis allows to unmask internal household inequalities that would not be apparent at household level.

Compare Food Security Outcomes by Gender: Apply gender analysis to standard food security indicators.

Indicator	Gender Lens Question
Food Consumption Score (FCS)	*Are scores lower for women-headed households?*
Reduced Coping Strategies Index (rCSI) **Livelihood Coping Strategies Index (LCS)**	*Do men headed households and women headed households use different coping strategies?*

Intersectional Analysis: Explore how gender intersects with other factors such as:

- Age (e.g., adolescent girls vs. elderly women's access to food)
- Disability (e.g., food access for women with disabilities)
- Displacement, nationality,
- household size
- socio-economic status
- Area of residence

Triangulate with Qualitative data: Use focus group discussions, key informant interviews, and life histories to deepen the quantitative findings and explore topics such as:

- How do women and men describe food insecurity?
- What strategies do they use to cope? Are these strategies different for women and men?
- What barriers do women face in accessing food, land, or markets?
- Who controls income or food purchases?
- Who eats first or gets the largest portions?

Understand IPC Framework Limits and Opportunities: The following are a few considerations when considering gendered analysis within an IPC framework.

Analysis of household groups determined by sex of head of household is in line with IPC protocols, but individual level data is not. Therefore, any data on women or men as individuals must be integrated into standard area-based or household group IPC analyses alongside other area or household data.

Whereas analysis of WHH households provides information on this type of household, the findings cannot be extrapolated to women as a population group.

Another limitation is the fact that WHHs households form a minority of all women in each population.

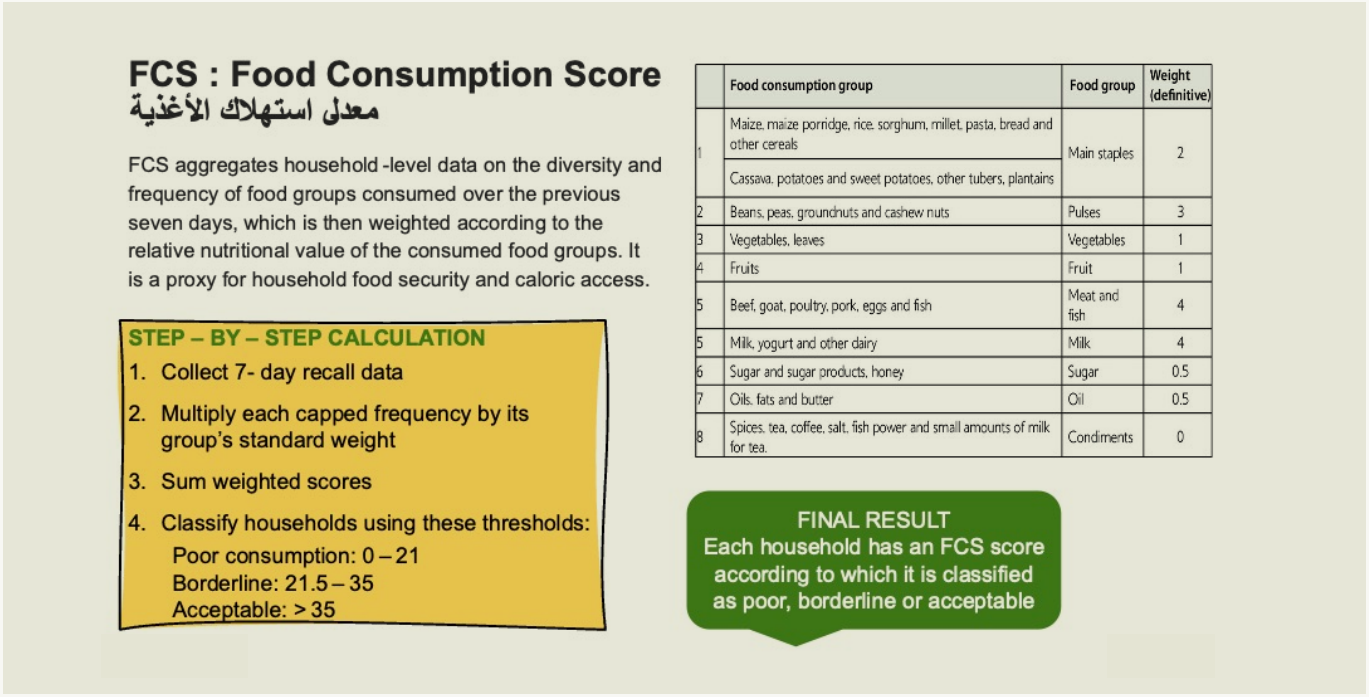
To include individual-level data, analysts need gender-specific information and strong skills to integrate gender analysis findings into the overall narrative

Individual level data can used for IPC analysis and reporting purposes as indirect evidence.

5. TOOLS

5.1 Household Level modules

5.1.1 Food Consumption Score (FCS)

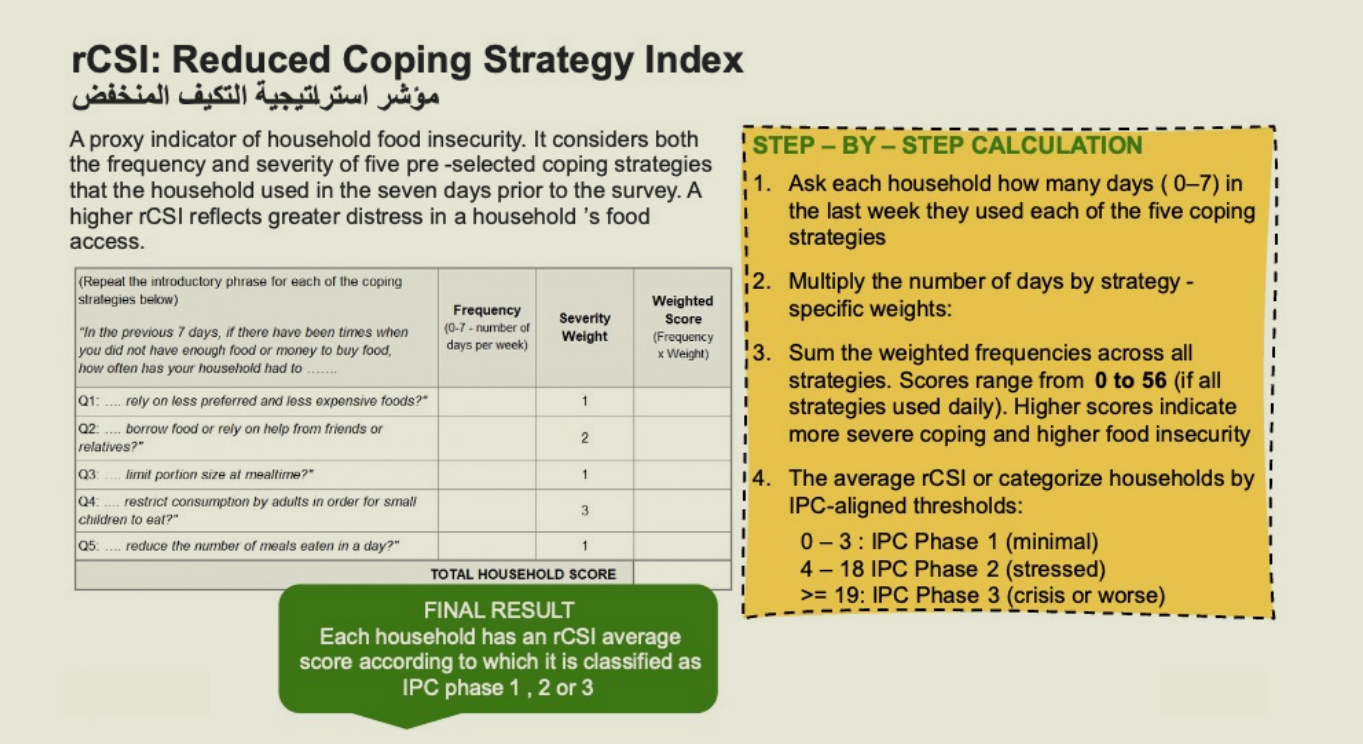


	Food consumption group	Food group	Weight (definitive)
1	Maize, maize porridge, rice, sorghum, millet, pasta, bread and other cereals	Main staples	2
	Cassava, potatoes and sweet potatoes, other tubers, plantains		
2	Beans, peas, groundnuts and cashew nuts	Pulses	3
3	Vegetables, leaves	Vegetables	1
4	Fruits	Fruit	1
5	Beef, goat, poultry, pork, eggs and fish	Meat and fish	4
5	Milk, yogurt and other dairy	Milk	4
6	Sugar and sugar products, honey	Sugar	0.5
7	Oils, fats and butter	Oil	0.5
8	Spices, tea, coffee, salt, fish power and small amounts of milk for tea.	Condiments	0

For more information : https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-consumption-score

MODULE: FOOD CONSUMPTION SCORE (FCS)	
How many days over the last 7 days, did most members of your household (%50 +) eat the following food items, inside or outside the home?	*Number of days eaten in the past 7 days*
Cereals, grains, roots and tubers, such as: rice, pasta, bread, potato, wheat, bulgur	
Pulses/legumes, nuts and seeds, such as: beans, green peas, lentils, soy, peanuts, and/or other nuts	
Dairy, such as: milk, labneh, yogurt, cheese, other dairy products	
Meat, fish and eggs, such as: goat, beef, chicken, pork, fish and other seafood (including canned tuna), eggs *[include only meat, fish and eggs consumed in large quantities and not as a condiment].*	
Flesh meat,such as: beef, pork, lamb, goat, rabbit, chicken, duck, and other birds.	
Organ meat,such as: liver, kidney, heart and/or other organ meats.	
Fish/shellfish, such as: fish and other seafood, including canned tuna *(fish in large quantities and not as a condiment).*	
Vegetables and leaves, such as: spinach, onion, tomatoes, carrots, peppers, green beans, lettuce, etc..	
Orange vegetables (vegetables rich in Vitamin A), such as: carrot, red pepper, pumpkin, orange sweet potatoes, etc..	
Green leafy vegetable, such as: spinach, broccoli, and / or other dark green leaves	
Fruits, such as: banana, apple, lemon, apricot, peach, etc..	
Orange fruits (Fruits rich in Vitamin A), such as: apricot, peach. [Excluding oranges]	
Oils, fats, and butter, such as: olive oil, other vegetable oil, butter, other fats/ oil.	
Sugar and sweets, such as: sugar, honey, jam, candy, biscuits/cookies, pastries, cakes and other sweets, including sugary drinks.	
Condiments and spices, such as: tea, coffee, salt, garlic, spices, tomato paste; small quantities of other foods, especially meat or fish and small amounts of milk in tea or coffee.	

5.1.2 Reduced Coping Strategy Index (rCSI)



For more information: https://resources.vam.wfp.org/data-analysis/quantitative/food-security/reduced-coping-strategies-index

MODULE :REDUCED COPING STRATEGIES INDEX	
I will ask you about the number of days, in the last 7 days, that your household may have done some of the following actions to cope with lack of food or money to buy food.	*Frequency* *(Number of days from 0 to 7)*
During the last 7 days, were there any days when your household had to rely on less preferred and less expensive food to cope with a lack of food or money to buy it?	
During the last 7 days, were there any days when your household had to borrow food or rely on help from relatives or friends to cope with a lack of food or money to buy it?	
During the last 7 days, were there any days when your household had to limit portion sizes at mealtimes to cope with a lack of food or money to buy it?	
During the last 7 days, were there any days when your household had to restrict consumption by adults so that small children could eat?	
During the last 7 days, were there any days when your household had to reduce the number of meals eaten in a day to cope with a lack of food or money to buy it?	

REDUCED COPING STRATEGIES (RCSI - GENDERED STRATEGIES)	
During the last 7 days, who in your household mainly limited their portion size due to lack of food or money to buy food?	☐ Mainly adult male (18 and above) ☐ Mainly adult female (18 and above) ☐ Mainly children and youth male (under 18) ☐ Mainly children and youth female (under 18) ☐ All adults equally ☐ All family members equally
During the last 7 days, mainly which adult in your household restricted their consumption so that children could eat?	☐ Mainly adult male ☐ Mainly adult female ☐ All adults equally
During the last 7 days, who in your household mainly reduced the number of meals eaten in a day due to lack of food or money to buy food?	☐ Mainly adult male (18 and above) ☐ Mainly adult female (18 and above) ☐ Mainly children and youth male (under 18) ☐ Mainly children and youth female (under 18) ☐ All adults equally ☐ All family members equally

5.1.3 Livelihood Coping Strategies – Food Security (LCS-FS)

LCS-FS: Livelihood Coping Strategies – Food Security

استراتيجيات التأقلم المعيشي - الاحتياجات الأساسية

Used to understand the medium and longer -term coping capacity of households and their ability to overcome challenges in meeting their essential needs in the future.

STEP – BY – STEP CALCULATION

1. Select 10 coping strategies and assign severity weights
2. Collect 30-day usage data (Yes / No / Exhausted / Not applicable)
3. Sum the weighted frequencies across all strategies. **LCS-EN score = sum of weights of all strategies used**.
4. Categorize Households. Based on highest severity strategy used: Stress, Crisis, Emergency, None

Strategies	Categories
Reducing expenditure on non-essential items (drink, ceremonies, clothes, meat, sugar, more expensive staple foods, etc.)	Stress
Sales of animals (at levels that maintain the sustainability of the herd)	Stress
Borrowing food or money	Stress
Sale of non-productive goods (jewellery, clothes, etc.)	Stress
Consumption or sale of seeds	Crisis
Reduced expenditure on production inputs (fertiliser, veterinary care, etc.)	Crisis
Reduced spending on health, education	Crisis
Excessive sale of livestock (breeding stock)	Urgency
Sale or mortgage of productive assets (land, tools, etc.)	Urgency
Recourse to illegal activities (prostitution, theft, etc.)	Urgency

FINAL RESULT
Each household has an LCS-FS score.
Report the share of households within each coping strategies group

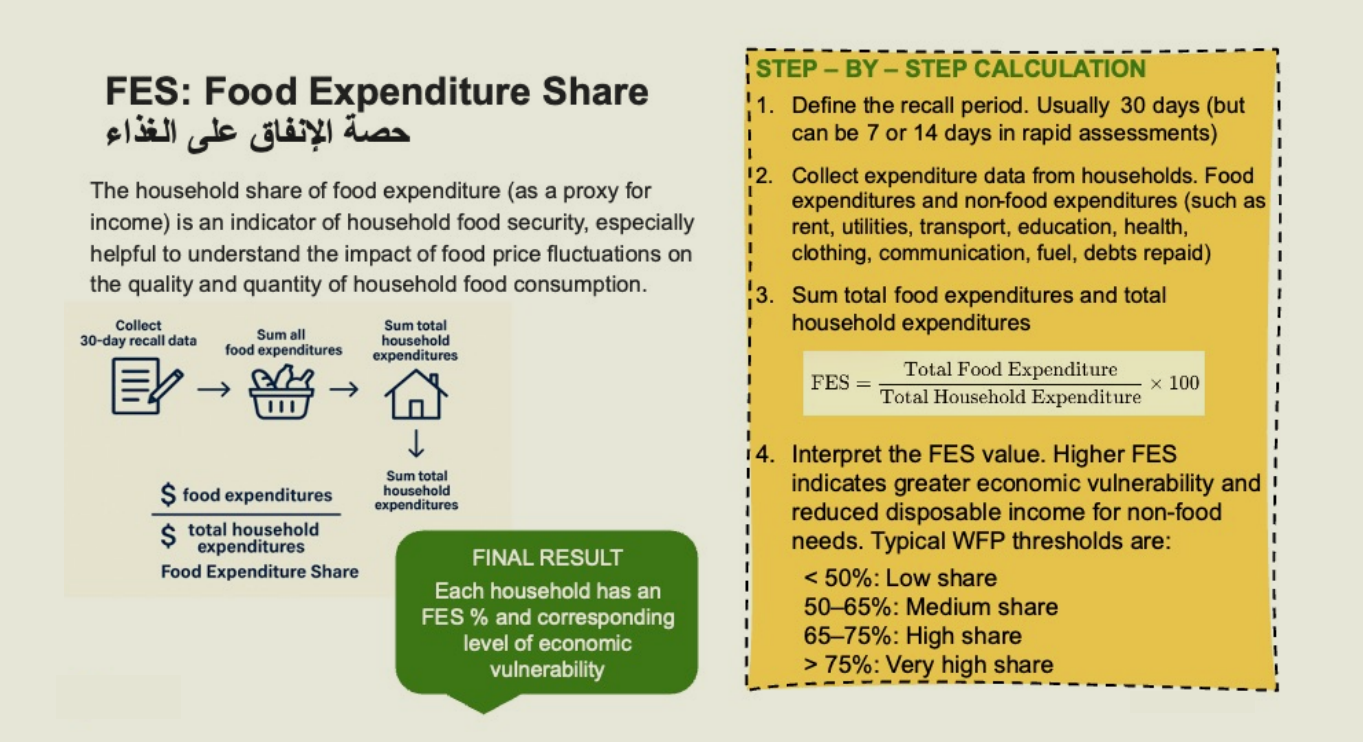
For more information: https://resources.vam.wfp.org/data-analysis/quantitative/food-security/livelihood-coping-strategies-food-security

MODULE: LIVELIHOOD COPING STRATEGIES – FOOD SECURITY (LCS-FS)	
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Sold household goods (radio, furniture, television, jewellery etc)	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Sold productive assets and/or means of transport (sewing machine, wheelbarrow, bicycle, car, livestock etc)	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Reduce food expenditure	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Reduce non-food expenses on health (including drugs)	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Reduce non-food expenses on education	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Spent some or all of the household savings	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Bought food on credit and/or borrowed money to purchase food	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)

MODULE: LIVELIHOOD COPING STRATEGIES – FOOD SECURITY (LCS-FS)	
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Sold house and/ or land	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Moved to a cheaper rental place/live on the street	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Withdrew children from school	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Have school children (17- 6 years old) involved in income generation	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Asked for money from strangers (begged)	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: household members 18 years and over accepting high risk, dangerous, or exploitative work	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: household members under the age of 18 accepting high risk, dangerous, or exploitative work	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)

MODULE: LIVELIHOOD COPING STRATEGIES – FOOD SECURITY (LCS-FS)	
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Sent an adult household member to work elsewhere (not related to usual seasonal migration)	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Sent a child household member to work elsewhere (not related to usual seasonal migration)	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)
During the last 30 days, Strategy to cope with a lack of food or money to buy it: Marriage of children under 18	☐ No, because we did not need to ☐ No, because we already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it ☐ Yes ☐ Not applicable (don't have access to this strategy)

5.1.4 Food Expenditure Share (FES)



For more information: https://resources.vam.wfp.org/data-analysis/quantitative/food-security/food-expenditure-share

MODULE: FOOD EXPENDITURE SHARE (FES)

I would like to ask you (again) some questions regarding the expenditure of food in your household in the last 30 days.

A. FOOD EXPENDITURES (PAST 30 DAYS)

CATEGORY	QUESTION	AMOUNT(USD)
Cereals and Tubers (bread, bulgur, rice, pasta, wheat, potatoes, sweet potatoes)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on cereals and tubers?*	
Pulses, Nuts, and Legumes (beans, peas, lentils, chickpeas, peanuts, other nuts)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on pulses, nuts, and legumes?*	
Vegetables (carrots, peppers, spinach, broccoli, onions, tomatoes, zucchini, etc.)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on vegetables?*	
Fruits (apples, bananas, oranges, apricots, watermelon, dates, etc.)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on fruits?*	
Animal Protein (meat, chicken, fish, eggs)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on meat, fish, and eggs?*	
Milk and Dairy Products (milk, yogurt, cheese, labneh, butter)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on milk and dairy products?*	
Oil, Fat, and Butter (vegetable oil, ghee, butter)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on oils and fats?*	
Sugar and Sweets (sugar, honey, chocolate, candies)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on sugar and sweets?*	
Condiments (salt, spices, tea, coffee, yeast, tomato paste)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on condiments?*	
Beverages (non-alcoholic, excluding water)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on beverages?*	
Snacks and Meals Outside Home (ready-made food, restaurant meals)	*In the past 30 days, how much money (cash, credit, in-kind, or own production) has your household spent on snacks or meals outside the home?*	

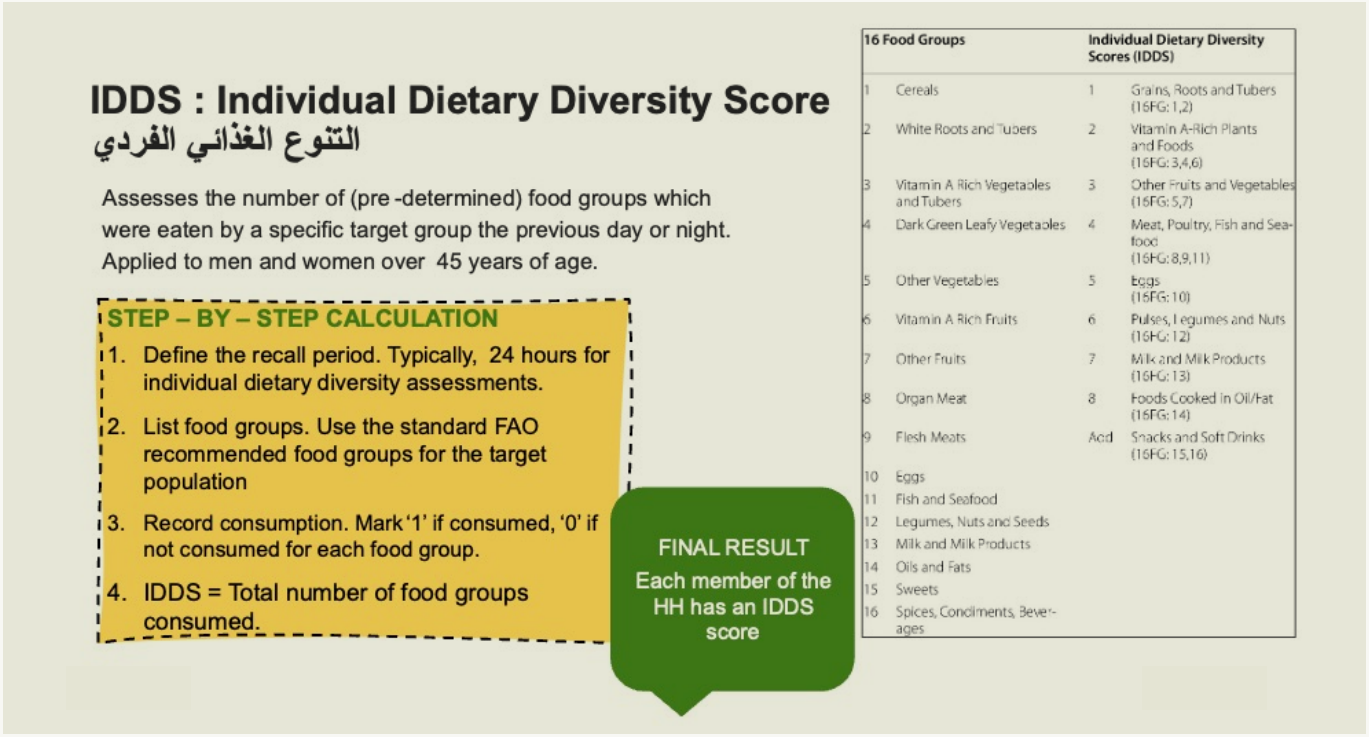
B. NON-FOOD EXPENDITURES (PAST 30 DAYS)

CATEGORY	QUESTION	AMOUNT(USD)
Hygiene Items	*In the past 30 days, how much money (cash or credit) has your household spent on hygiene items?*	
Transport (excluding school transport)	*In the past 30 days, how much money (cash or credit) has your household spent on transport?*	
Cooking Gas (excluding gas for heating)	*In the past 30 days, how much money (cash or credit) has your household spent on cooking gas?*	

Medicine and Health Products	*In the past 30 days, how much money (cash or credit) has your household spent on medicines and health products?*	
Rent (excluding utilities)	*How much money (cash or credit) does your household pay monthly for accommodation?*	
Electricity and Lighting (EDL or Zahle electricity, Private Generators, other source: battery, lighting, solar power, etc)	*In the past 30 days, how much money (cash or credit) has your household spent on electricity and lighting?*	
Drinking Water	*In the past 30 days, how much money (cash or credit) has your household spent on drinking water?*	
Water for Household Use	*In the past 30 days, how much money (cash or credit) has your household spent on water for domestic use?*	
Communication (mobile, internet, satellite)	*In the past 30 days, how much money (cash or credit) has your household spent on communication services?*	
Tobacco and Alcohol	*In the past 30 days, how much money (cash or credit) has your household spent on tobacco and alcohol?*	
C. NON-FOOD EXPENDITURES (PAST 6 MONTHS)		
CATEGORY	**QUESTION**	**AMOUNT(USD)**
Health Services (excluding medicines)	*In the past 6 months, how much money (cash or credit) has your household spent on health services?*	
Clothing and Footwear	*In the past 6 months, how much money (cash or credit) has your household spent on clothing and footwear?*	
Household Assets and Maintenance	*In the past 6 months, how much money (cash or credit) has your household spent on household assets, maintenance, or repairs?*	
Education (school fees, uniforms, materials, transport to school)	*In the past 6 months, how much money (cash or credit) has your household spent on education?*	
Recreation and Social Events (celebrations, culture, sport)	*In the past 6 months, how much money (cash or credit) has your household spent on recreation, sport, or cultural events?*	
D. NON-FOOD EXPENDITURES (PAST 12 MONTHS)		
CATEGORY	**QUESTION**	**AMOUNT(USD)**
Legal and Registration Fees (residence, birth, marriage, or other legal fees)	*In the past 12 months, how much money (cash or credit) has your household spent on legal or registration fees?*	
Public Water Network (water authority)	*In the past 12 months, how much money (cash or credit) has your household spent on the public water network?*	
Shelter Services (repairs, renovation, excluding electricity and gas)	*In the past 12 months, how much money (cash or credit) has your household spent on shelter-related services?*	

5.2 Individual level modules

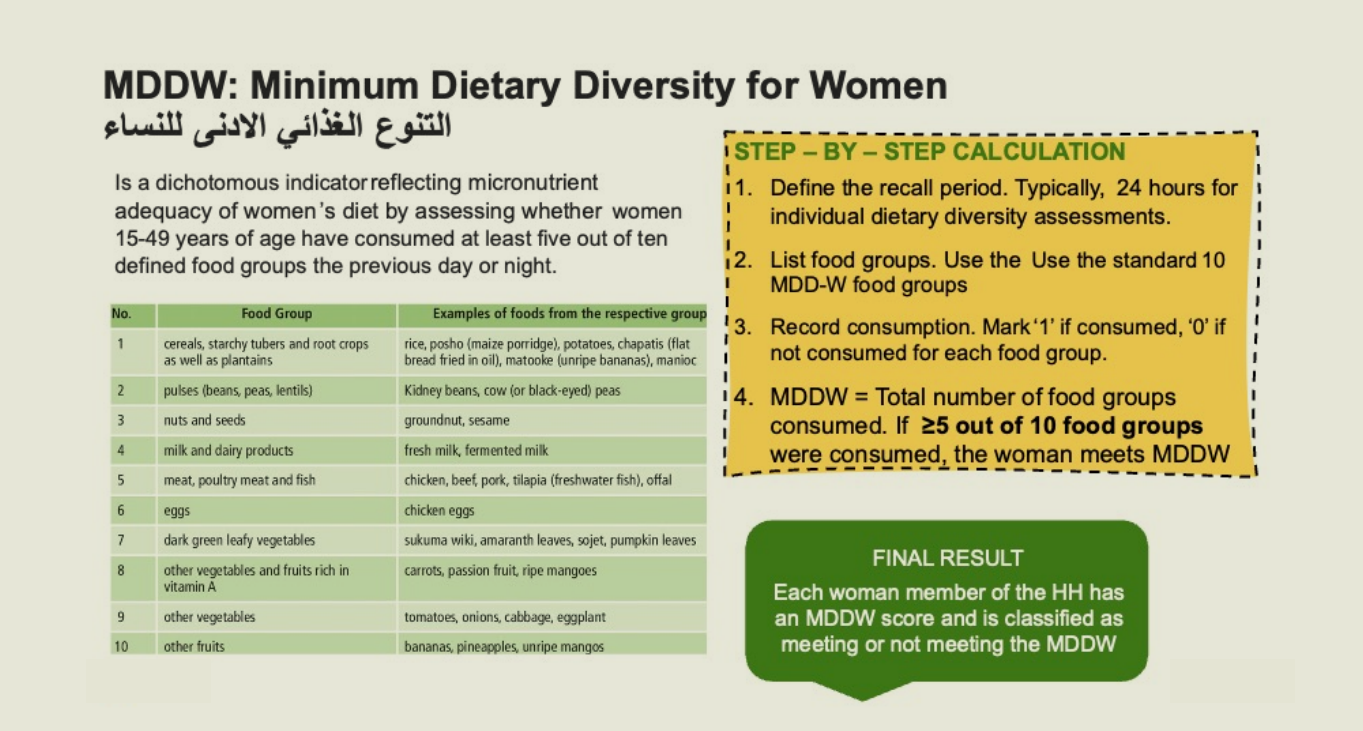
5.2.1 IDDS



For more information: https://irw.indikit.net/indicator/3991-individual-dietary-diversity-score-idds

MODULE: IDDS	
Now I would like to ask you about the types of foods that you ate yesterday during the day and at night.	
Cereals, grains such as: rice, pasta, bread, wheat, bulgur, other cereals	☐ Yes ☐ No
Roots and tubers such as: potato	☐ Yes ☐ No
Pulses/legumes, nuts and seeds such as beans, peanuts, lentils, nut, soy, chick peas, green peas, and / or other nuts	☐ Yes ☐ No
Dairy such as: milk, labneh, yogurt, cheese, other dairy products.	☐ Yes ☐ No
Flesh meat such as: beef, pork, lamb, goat, rabbit, chicken, duck, other birds.	☐ Yes ☐ No
Organ meat such as: liver, kidney, heart and/or other organ meats.	☐ Yes ☐ No
Fish/shellfish such as: fish and other seafood, including canned tuna.	☐ Yes ☐ No
Eggs	☐ Yes ☐ No
Vegetables and leaves such as: spinach, onion, tomatoes, carrots, peppers, green beans, lettuce, etc..	☐ Yes ☐ No
Fruits such as: banana, apple, lemon, apricot, peach, etc..	☐ Yes ☐ No
Oils, fats, and butter such as: olive oil, other vegetable oil, butter, other fats/oil.	☐ Yes ☐ No
Sugar and sweets such as: sugar, honey, jam, candy, biscuits/cookies, pastries, cakes and other sweets, including sugary drinks	☐ Yes ☐ No
Condiments and spices such as: tea, coffee, garlic, salt, garlic, spices, tomato paste, Maggy.	☐ Yes ☐ No

5.2.2 MDDW



For more information: https://resources.vam.wfp.org/data-analysis/quantitative/nutrition/minimum-dietary-diversity-for-women-mdd-w

MODULE: MDDW	
Now we would like to ask women aged 15–49 about what food they ate. How many women aged 15–49 are available to answer this section?	
Foods made from grains such as: bread, rice, pasta/noodles, wheat, bulgur, other cereals	☐ Yes ☐ No
Tubers or potatoes	☐ Yes ☐ No
Pulses (beans, peas and lentils) such as: beans or peas (fresh or dried seed), lentils or bean/pea products, including hummus	☐ Yes ☐ No
Nuts and seeds such as: groundnut/peanut, cashew, walnut, certain seeds, or nut/seed pastes	☐ Yes ☐ No
Milk	☐ Yes ☐ No
Milk products such as: cheese, yoghurt or other milk products but NOT including butter, ice cream, cream or sour cream	☐ Yes ☐ No
Organ meats such as: liver, kidney, heart, or other organ meats	☐ Yes ☐ No
Red flesh meat from mammals such as: beef, pork, lamb, goat, rabbit	☐ Yes ☐ No
Processed meat such as: salami, bacon, hot dogs	☐ Yes ☐ No
Poultry and other white meats such as: chicken, duck	☐ Yes ☐ No
Fish and seafood such as: fresh, frozen or dried fish, including canned tuna (fish in large quantities and not as a condiment)	☐ Yes ☐ No

5.3 Other variables and modules to include

When conducting a food security and gender survey, collecting detailed demographic, socio-economic and other profile data is essential for enabling robust, disaggregated analysis and understanding how gender intersects with other identity factors to shape food security outcomes.

Here are some **variables at the individual level** to be considered:

VARIABLE	WHY IT'S IMPORTANT
Sex / Gender Identity	Enables sex-disaggregated and gender-sensitive analysis
Age	Important for age- and life stage-specific vulnerabilities (e.g., children, elderly, adolescents, reproductive-age women)
Relationship to Household Head	Helps analyze intra-household power and food access dynamics
Marital Status	Linked to household structure, decision-making roles, and resource access
Pregnancy/Lactation Status (for women)	Critical for understanding nutritional needs and food security risks
Disability Status	Helps identify intersecting vulnerabilities and access barriers
Education Level	Affects access to food, income, and decision-making power
Occupation / Economic Activity	Helps assess livelihood vulnerability and division of labor
Ethnicity / Caste / Minority Group (context-dependent)	May intersect with gender to influence food access and social marginalization
Primary Language	Useful for tailoring communication and identifying exclusion risks

Here are some **variables at the household level** to be considered:

VARIABLE	WHY IT'S IMPORTANT
Sex of Household Head	Often used in gender analysis; female-headed households may face specific food security challenges
Household Size and Composition	Helps understand dependency ratios, caregiving burdens, and resource allocation
Number of Children (<18> ,5)	Child presence influences food needs, care burdens, and nutritional priorities
Number of Elderly Persons (+60)	Elderly may face specific vulnerabilities, especially elderly women
Displacement or Migration Status	Important for assessing food access risks and livelihood disruption
Type of Housing / Shelter	Proxy for poverty and social vulnerability
Access to Land, Livestock, or Productive Assets	Critical for analyzing control and food production roles by gender
Main Source of Income	Helps assess economic resilience and coping capacity
Access to Social Protection / Assistance	Reveals who receives aid and whether it is equitably distributed

The Policy Brief is found here

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