



FINAL REPORT NATIONWIDE VULNERABILITY ASSESSMENT

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OXFAM

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Executive Summary

This Nationwide Vulnerability Assessment provides a comprehensive, multi-sectoral and intersectional analysis of vulnerability across Lebanon. Conducted using a mixed-methods design, the assessment combines a nationally representative household survey (n=1,549) with in-depth qualitative evidence from Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) across regions, different population groups, genders, ages, and disability profiles. The analysis is further contextualized through a structured desk review of national and sectoral assessments. Together, these evidence streams generate a robust understanding of how multi-dimensional and intersecting drivers of vulnerability shape vulnerability in Lebanon today.

Overall Vulnerability Context

Lebanon's vulnerability landscape is characterized by the convergence of prolonged economic collapse, declining public services, shrinking humanitarian assistance, legal insecurity, and deepening social exclusion. Households across all population groups, Lebanese, Syrian, Palestinian, and other nationalities report deteriorating living conditions, rising costs of basic goods, and reduced capacity to cope with shocks. Vulnerability is not episodic but structural, shaped by sustained income erosion, debt accumulation, unreliable access to water and electricity, and limited trust in institutions and assistance systems.

While vulnerability affects a broad cross-section of the population, it is experienced unevenly. Legal status, gender, disability, age, nationality, and geographic location interact to produce layered and compounding risks. The assessment confirms that poverty, food insecurity, protection concerns, and service access barriers are no longer confined to traditionally vulnerable groups, but increasingly affect host communities as well, though refugees, and marginalized groups continue to face the most severe and persistent forms of deprivation.

Economic Vulnerability, Livelihoods, and Food Security

Economic and food-related vulnerability emerges as the most acute and pervasive dimension across all sectors. Livelihoods are dominated by informal, unstable, and low-paid work, with over half of households relying on daily labor and a significant share reporting no income at all. Household earnings remain far below the cost of meeting basic needs, forcing families to rely on debt and negative coping strategies to survive.

Food insecurity is widespread and severe. A majority of households report food shortages, reduced meal frequency, and declining dietary quality. Consumption-based coping strategies, such as skipping meals, reducing portions, and prioritizing children over adults, are normalized, particularly among women, elderly individuals, persons with disabilities, and refugees. Debt plays a central role in sustaining short-term food access but simultaneously entrenches households in cycles of dependency and vulnerability. The strong association

between debt and food shortages confirms that borrowing is no longer a resilience mechanism, but a structural driver of food insecurity.

Agriculture as a High-Risk Livelihood

Agriculture, once a critical livelihood and coping strategy, now functions as a fragile and high-risk income source for a shrinking proportion of households. Engagement in farming is limited and geographically concentrated in poorer and rural governorates, where alternative livelihood options are scarce. Farmers face rising input costs, water scarcity, climate stress, land access constraints, insecurity in conflict-affected areas, and weak market access.

For households still engaged in agriculture, productivity and income stability are undermined by limited access to water, seeds, fertilizers, fuel, and fair markets. Women, persons with disabilities, elderly individuals, and refugees face additional barriers to agricultural participation, relegating them to informal, low-paid, or seasonal labor. Rather than serving as a buffer, agriculture increasingly reflects and reinforces existing inequalities.

WASH Vulnerability and the Financialization of Basic Services

Access to water and sanitation remains deeply unequal, unreliable, and increasingly market based. While many households report nominal connection to public water networks or sanitation systems, service reliability, quality, and sufficiency are widely compromised. Households rely heavily on bottled and trucked water, turning access to a basic right into a recurring financial burden.

Water insufficiency affects the majority of households across governorates and nationalities. Purchasing water is the dominant coping strategy, disproportionately impacting low-income households and those with unstable livelihoods. For persons with disabilities, elderly individuals, and women, water scarcity translates into heightened physical strain, reduced hygiene, and increased protection risks. Menstrual hygiene management gaps remain widespread, driven by affordability constraints, water scarcity, and inadequate facilities, with significant implications for dignity, health, and participation.

Environment, Energy, and Climate as Vulnerability Multipliers

Environmental degradation and energy insecurity operate as cross-cutting vulnerability multipliers. Although most households are connected to the national electricity grid, supply is highly unreliable, forcing dependence on generators and, to a lesser extent, solar energy, options that are costly, unevenly accessible, and insecure in conflict-affected areas. Communities report widespread exposure to water and air pollution, unmanaged waste, sewage overflow, and deteriorating infrastructure. Climate stressors, particularly rising temperatures, heatwaves, drought, and changing rainfall patterns, further undermine livelihoods, health, and water availability. These impacts are felt most acutely by households with limited adaptive capacity, including refugees, female-headed households, older adults, and persons with disabilities.

Gender Inequality and SRHR Access

Gender inequality emerges as a cross-cutting driver of vulnerability, shaping access to livelihoods, services, mobility, and decision-making across all sectors. Women and girls face disproportionate caregiving burdens, restricted economic participation, and heightened exposure to poverty and food insecurity. Gender-diverse individuals and LGBTQIA+ populations experience compounded exclusion due to stigma, discrimination, and unsafe environments.

Access to sexual and reproductive health and rights (SRHR) services remains constrained by cost, stigma, legal status, and limited-service availability. Refugee women, migrant women, and women with disabilities face the greatest barriers to SRHR information and services, reinforcing health risks and limiting autonomy. Gender norms and power imbalances continue to restrict women's participation in public life and influence their exposure to violence, exploitation, and economic dependency.

Protection Risks and Safety Concerns

Protection risks are widespread and intersect strongly with legal status, gender, age, disability, and geography. Women, girls, LGBTQIA+ individuals, persons with disabilities, migrants, and undocumented refugees face heightened risks related to unsafe mobility, harassment, exploitation, and violence. Safety concerns intensify at night and in urban and peri-urban areas, particularly in contexts of weak law enforcement and social tensions.

Fear of arrest, detention, discrimination, or retaliation discourages reporting and help-seeking, especially among undocumented refugees, migrants, and LGBTQIA+ individuals. Limited trust in institutions and unclear referral pathways further constrain access to protection services, reinforcing underreporting and invisibility of risks.

Accountability to Affected Populations (AAP)

Accountability to Affected Populations (AAP) mechanisms exist but remain underutilized. While WhatsApp is identified as the preferred communication channel, awareness of complaint and feedback mechanisms does not translate into trust or actual usage. Many respondents perceive assistance as unpredictable, opaque, or influenced by social connections (wasta), undermining confidence in humanitarian actors and institutions.

Barriers to effective AAP include limited accessibility for people with disabilities, language and literacy constraints, fear of retaliation, and weak feedback loops demonstrating how complaints lead to change. These gaps reduce the effectiveness of assistance and weaken community engagement and trust.

Groups Facing the Highest Intersectional Risk

Across all sectors and analytical lenses, the assessment consistently identifies the following groups as facing the most severe and intersecting vulnerabilities:

- Undocumented Syrian refugees
- Palestinian refugees
- Women-headed households
- Persons with disabilities
- Elderly individuals
- Migrant workers
- LGBTQIA+ individuals
- Households with high debt or recent job loss

These groups experience disproportionate exposure to economic hardship, food insecurity, service access barriers, protection risks, and social exclusion.

Implications for Oxfam Programming and Advocacy

The findings highlight clear strategic entry points for Oxfam's programming and influencing work in Lebanon. Priority actions include strengthening cash-based and economic support to reduce harmful coping strategies; expanding inclusive, accessible, and trusted AAP systems; integrating protection-sensitive and gender-responsive approaches across sectors; and reinforcing partnerships with local actors to improve outreach, referrals, and social cohesion.

At the policy and advocacy level, the evidence supports sustained engagement on legal residency barriers, access to basic services, safe mobility, disability inclusion, and the protection of marginalized populations. Addressing vulnerability in Lebanon requires not only sectoral interventions, but integrated, rights-based responses that recognize how economic collapse, social exclusion, and institutional fragility interact to shape people's daily lives.

1. INTRODUCTION, BACKGROUND, AND SCOPE

Lebanon continues to face overlapping crises that have significantly deepened the vulnerability of its population. More than a decade into the Syrian displacement crisis and amid persistent political and economic instability, households across the country are increasingly unable to meet their basic needs. The economic collapse that began in 2019 has destabilized livelihoods, weakened public services, and reduced access to essential goods such as food, healthcare, and water. Compounded by the recent Israeli war, depreciation of the Lebanese pound, rising inflation, and the dismantling of social protection mechanisms, communities now rely heavily on humanitarian assistance and informal coping strategies.

The Vulnerability Assessment of Syrian Refugees (VASyR 2023) and the Vulnerability Assessment of Refugees of Other Nationalities (VARON 2020) have documented widespread exposure to poverty, food insecurity, protection risks, and barriers to legal residency. These vulnerabilities extend beyond refugee populations, increasingly affecting Lebanese host communities, migrant workers, and other marginalized groups. The Lebanon Crisis Response Plan (LCRP 2025) confirms that protection risks, socio-economic exclusion, and service access disparities remain severe, especially in Bekaa, Akkar, and Baalbek-Hermel.

Against this backdrop, Oxfam in Lebanon undertook the Vulnerability Assessment to generate a rigorous, intersectional, and evidence-based understanding of multi-sectoral vulnerabilities across the country. The assessment sought to systematically identify, analyze, and prioritize the risks, vulnerabilities, and coping mechanisms of individuals and households at heightened risk in Lebanon.

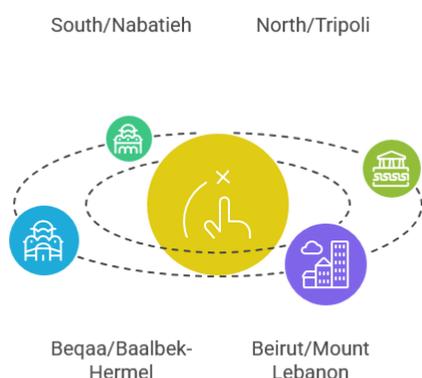


Figure 1. Targeted Areas for the Vulnerability Assessment

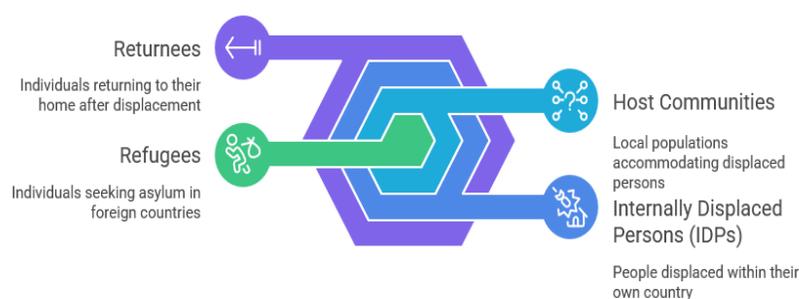


Figure 2. Target Population

The assessment adopts a multi-sectoral approach, focusing on the following sectors:

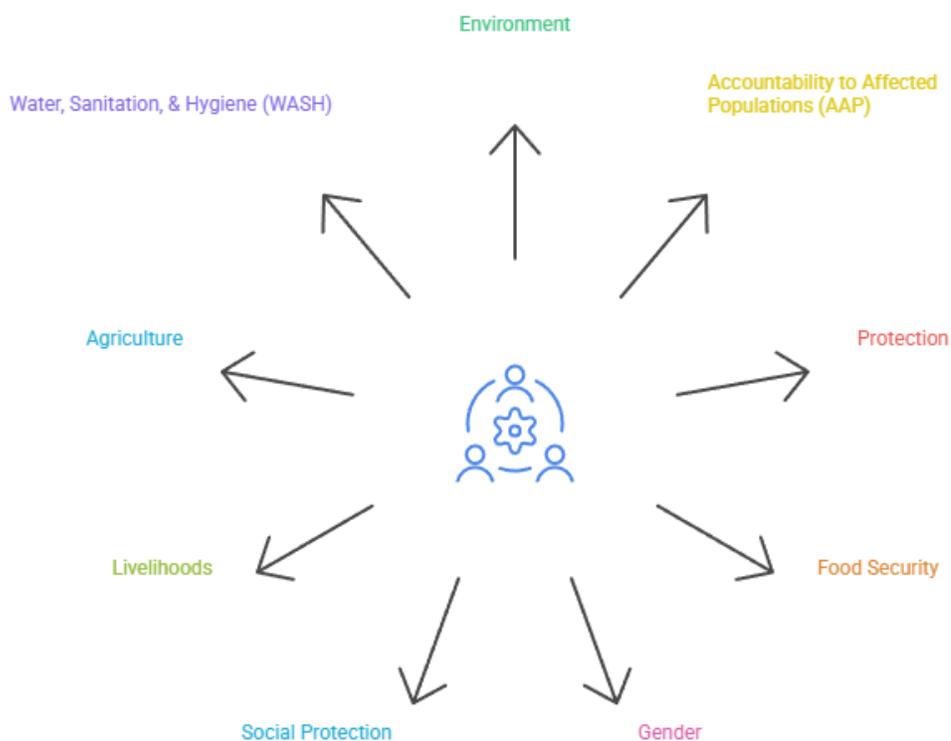


Figure 3. Sectors Assessed

Findings from the assessment will inform program design, targeting, and advocacy across Oxfam’s Lebanon portfolio, supporting evidence-based planning, equitable resource allocation, and strategic influencing efforts.

2. METHODOLOGY AND DATA PLAN

The assessment applied a mixed-methods approach integrating quantitative and qualitative data collection to capture the multi-dimensional nature of vulnerability in Lebanon. The methodology was designed to ensure statistical reliability, inclusivity, and ethical rigor, in line with Oxfam’s feminist and intersectional MEAL principles.

2.1. Overall Approach

The assessment combined quantitative household surveys with qualitative participatory methods, enabling triangulation of numerical data with lived experiences. This approach allowed for a nuanced understanding of structural and intersectional vulnerabilities across different population groups and geographic areas.

Data collection was carried out between August and September 2025, led by Oxfam’s MEAL team in collaboration with trained enumerators and regional field staff. All tools were pre-tested and refined before full deployment to ensure contextual relevance, clarity, and accessibility for diverse respondents.

2.2. Quantitative Component

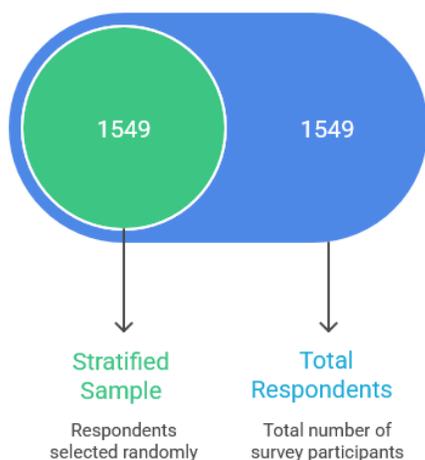


Figure 4. Total Number of Household Surveys

The quantitative component employed a stratified random sampling design, as defined in the ToR, to ensure representativeness across regions, population groups, and programme exposure. The original planned sample comprised 1,539 individuals across four regions and four population groups. In practice, the assessment reached 1,549 respondents, slightly exceeding the target due to field-level replacement of incomplete interviews, while maintaining the intended stratification and analytical robustness. For a detailed description of the sampling design and methodology, please refer to the ToR attached as an annex.

A total of 32 strata were constructed based on combinations of four regional groupings—South/Nabatieh, North/Tripoli, Bekaa/Baalbeck-Hermel, and Beirut and Mount Lebanon—crossed with four population groups (refugees, host communities, internally displaced persons, and returnees).

- Enumerators collected data digitally using SurveyCTO which enabled automated skip logic, outlier checks, and real-time supervisor verification.
- The survey instrument integrated sectoral modules covering Protection, WASH, Food Security, Livelihoods, Agriculture, Social Protection, Gender, Accountability to Affected Populations, and Environment.

2.3. Qualitative Component

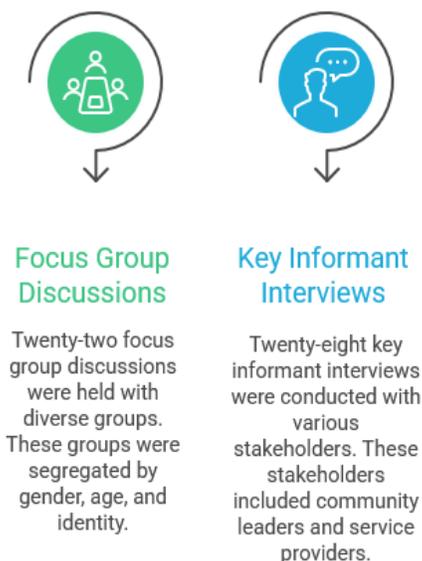


Figure 5. Total Number of Qualitative Insights

The qualitative component followed a purposive sampling approach, as outlined in the ToR, to capture diverse perspectives across population groups, regions, and inclusion profiles. The original plan included 30 Key Informant Interviews (KIIs) and 32 Focus Group Discussions (FGDs). In implementation, the assessment conducted 28 KIIs and 22 FGDs, with adjustments reflecting access constraints and respondent availability, while preserving the intended diversity of perspectives. For a detailed description of the qualitative methodology, please refer to the ToR attached as an annex.

FGDs and KIIs explored perceptions of safety, access to services, economic pressures, and community resilience. Qualitative data were transcribed and analyzed thematically using inductive coding to identify patterns and narratives that will enrich the statistical findings.

2.4. Inclusion and Ethics

The assessment prioritized inclusivity, gender sensitivity, and participant protection throughout its design and implementation. Priority groups included post-December 2024 new arrivals from Syria, persons with disabilities, LGBTQIA+, and women head of households. Enumerators received training on ethical engagement, informed consent, confidentiality, and safeguarding procedures by Oxfam MEAL team. Accessibility measures were adopted for participants with disabilities, and all discussions were conducted in safe, gender-appropriate environments.

2.5. Data Quality Assurance

Data collection was planned, coordinated, and implemented by Oxfam Lebanon staff, with technical oversight from the MEAL team, in line with the methodology outlined in the ToR. Quantitative data were collected nationwide through remote phone-based surveys using SurveyCTO, enabling standardized administration, real-time validation, and secure data capture across all targeted regions. Qualitative data were collected through face-to-face Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), conducted in age- and gender-segregated groups and facilitated by trained Oxfam staff and moderators to ensure safe, inclusive, and context-sensitive engagement.

Throughout the data collection phase, strict ethical protocols were applied, including informed consent procedures, safeguarding measures, and accessibility considerations for persons with disabilities and other at-risk groups. Oxfam field teams played an active role in managing access, coordinating participants, and adapting field plans in response to contextual and operational constraints, while ensuring alignment with the original sampling framework.

Real-Time Quality Control

Quality assurance was embedded throughout the data collection process and led by Oxfam Lebanon's MEAL team. This included daily verification of incoming quantitative data to check consistency, skip logic, and outliers, as well as continuous supervision of enumerators and facilitators. Routine debriefings were held with Programmes and MEAL teams collecting data to address challenges and ensure consistent application of protocols across locations. All data were stored on Oxfam Box which is a secure, encrypted system with restricted access, and only validated and cleaned datasets were consolidated for analysis.

3. ANALYTICAL FRAMEWORK

The analytical framework of the assessment outlines the planned approach for synthesizing the quantitative and qualitative datasets collected across all regions.

It was designed to ensure that the analysis process generates robust, intersectional, and actionable insights on vulnerability patterns affecting different population groups in Lebanon. The framework combines statistical analysis, thematic coding, and triangulation, all guided by Oxfam's feminist and rights-based MEAL principles.

3.1. Quantitative Analysis

To analyze the quantitative data, a structured analytical framework was applied that combines descriptive and inferential statistics, systematic disaggregation, and clear visualization. This approach was designed to summarize key patterns, examine statistically significant relationships, and capture intersectional differences across population groups and regions. Together, these analytical steps support robust interpretation of vulnerability trends and enable evidence-based decision-making and programmatic prioritization. Datasets extracted were cleaned and analyzed using Excel and STATA, following several key steps:

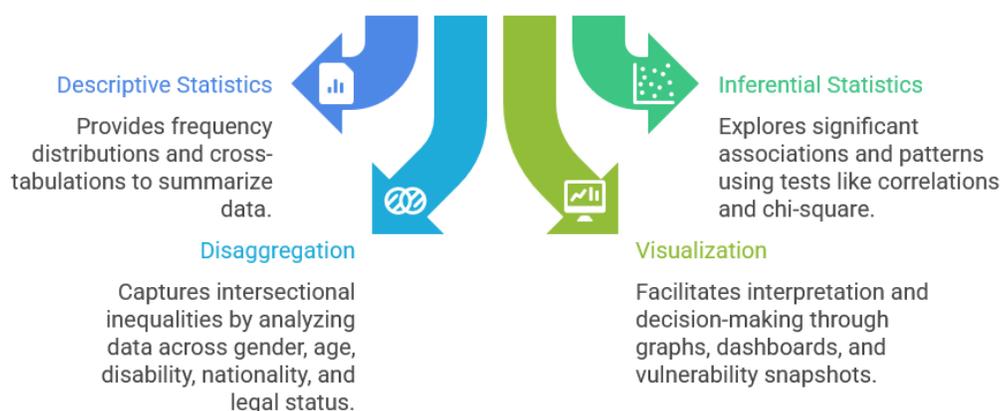


Figure 6. Quantitative Analysis Steps

3.2. Qualitative Analysis

Qualitative data were analyzed through a systematic thematic analysis process designed to ensure rigor, consistency, and alignment with the assessment framework. Interview and focus group transcripts were reviewed in full to identify recurring themes and patterns, which were then coded thematically across sectors and cross-cutting domains. Codes were subsequently aligned with the vulnerability framework to enable structured comparison with

quantitative findings, and selected narratives and quotations were integrated to contextualize results and reflect lived experiences across population groups.

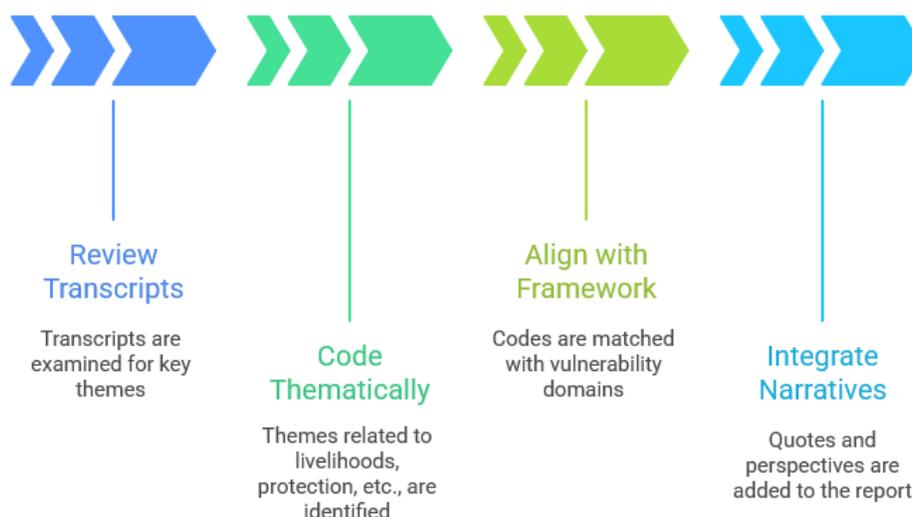


Figure 7. Qualitative Analysis Steps

3.3. Sectoral and Intersectional Composites

To ensure cross-sectoral comparability and depth, the analysis applied a set of predefined intersectional composites developed in line with the ToR. These composites measured how vulnerabilities intersected across sectors and identity factors such as gender, disability, and legal status.

Several intersectional composites were selected per each sector outlined below:

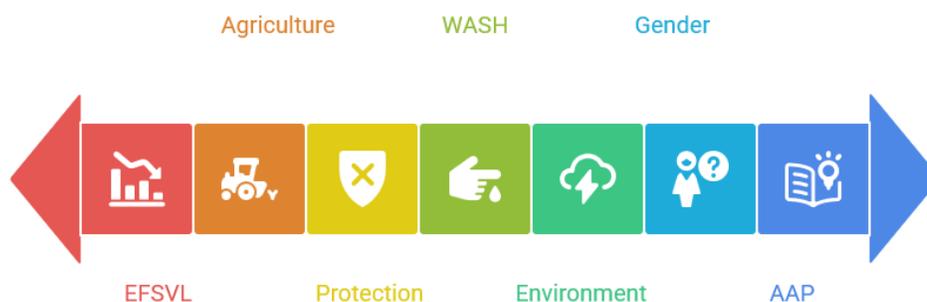


Figure 8. Sectors Included for the Intersectional Composites Analysis

3.4. Triangulation

To ensure analytical rigor and internal coherence, the assessment applied a structured triangulation framework integrating quantitative survey data, qualitative findings (FGDs and KIIs), and a separate desk review submitted as an independent deliverable.

Data Sources and Analytical Focus

- Quantitative data were collected through structured household surveys administered via SurveyCTO, capturing key vulnerability variables including food security, income and livelihoods, debt, WASH access, shelter conditions, health access, protection risks, and coping strategies. Analysis focused on prevalence, severity, and distribution of vulnerabilities, disaggregated by gender, age, nationality, disability status, household composition, and geographic location.
- Qualitative data, derived from 22 Focus Group Discussions and 28 Key Informant Interviews, were used to interpret patterns by examining drivers, causal mechanisms, service access barriers, affordability constraints, and lived experiences across different population groups and locations.
- A separate desk review, presented in a standalone report, provided synthesized secondary evidence used to contextualize primary findings within broader national and sectoral trends, and to support interpretation of structural and systemic factors influencing vulnerability.

Triangulation Process

Triangulation was operationalized through four complementary steps:

1. Cross-validation of findings, whereby quantitative trends were systematically examined alongside qualitative narratives to explain underlying causes and household-level dynamics.
2. Contextual comparison, assessing alignment between primary data and synthesized secondary evidence from the desk review to distinguish between localized and systemic vulnerabilities.
3. Identification of convergence and divergence, strengthening confidence where findings aligned across methods and analytically exploring variation where differences emerged.
4. Intersectional interpretation, applying combined evidence to assess how vulnerabilities affect different groups—women, persons with disabilities, LGBTQIA+ individuals, refugees, migrants, and older persons—across geographic and socioeconomic contexts.

Through this integrative approach, quantitative data established scale and distribution, qualitative data illuminated mechanisms and lived experience, and the desk review anchored findings within the wider national context. Together, this ensured a

multidimensional, people-centered analysis capable of informing evidence-based program design and policy engagement.

4. DEMOGRAPHICS

The sample is composed primarily of Lebanese participants (71.5%), followed by Syrians (23.7%), with Palestinians (0.3%) and other nationalities (4.5%) forming smaller portions of the population. The gender distribution shows 51% women, 44% men, and 5% identified as other. Regarding disability status, 36% of individuals reported no disability, while 32% reported one disability and another 32% reported two or more disabilities (noting that the Washington Group Questionnaire was used to capture disability status). A little over half of the surveyed households (53.58%) are headed by women, compared to 46.42% headed by men.

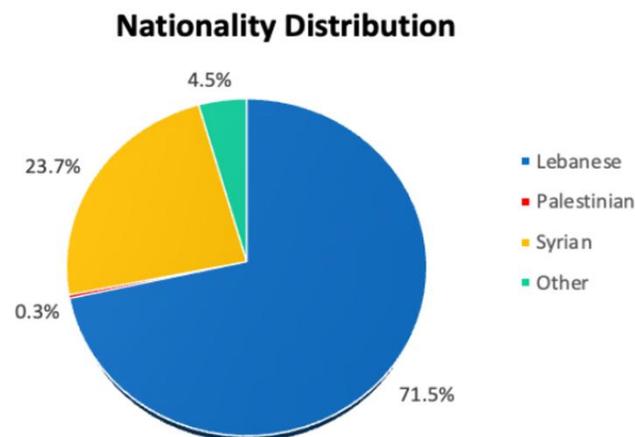


Figure 9. Distribution by Nationality

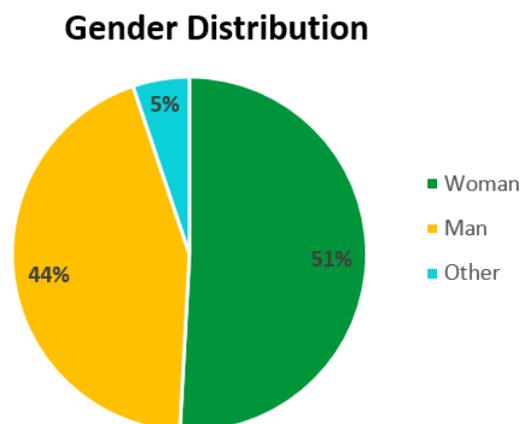


Figure 10. Distribution by Gender

Gender: Categorization of Other Respondents

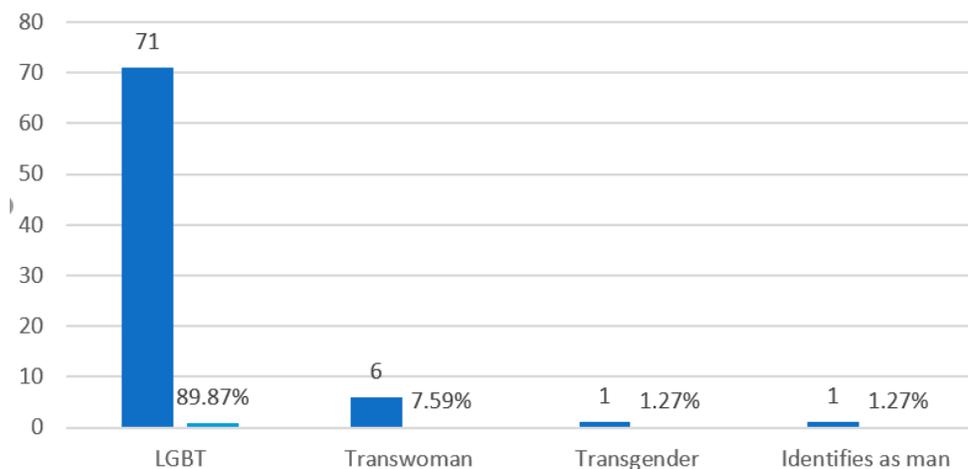


Figure 11. Distribution of the Gender Categories

Disabilities Distribution

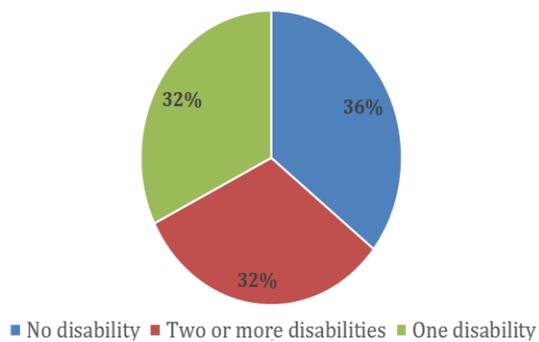


Figure 12. Distribution of Disabilities

Head of Household

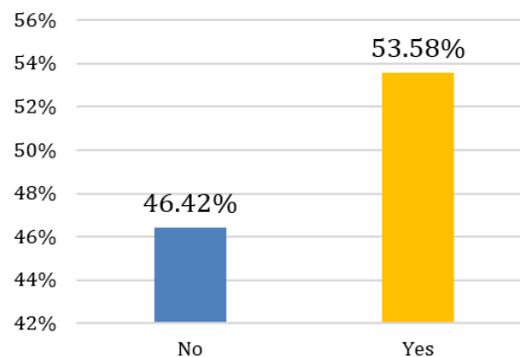


Figure 13. Respondents as Head of Household

5. SECTORAL ANALYSIS

5.1. Economic / Livelihoods / Food Security (EFSVL)

Food security and livelihoods emerge as one of the most acute and widespread dimensions of vulnerability across Lebanon. Quantitative findings show high levels of food deprivation, income instability, and debt, while qualitative evidence explains how these outcomes are produced through precarious labor markets, legal insecurity, discrimination, shrinking assistance, and rising living costs. Secondary sources strongly corroborate these patterns, confirming that food insecurity in Lebanon is structural rather than episodic, and disproportionately concentrated among specific population groups and regions.

Livelihood Instability & Income Insecurity

Survey findings show that livelihoods are dominated by unstable and low-paid work. Over half of households (51.26%) rely on daily labor as their main income source, followed by salaried employment (27.89%). Very small shares report income from small businesses (2.71%) or agriculture (2.52%), while 9.68% report having no income at all. Income levels remain critically low: 36.54% of households earn less than 200 USD per month, and a further 40.99% fall within the 200–400 USD range. Only 2.19% report earning 700 USD or more. These figures indicate that the majority of households operate far below the level required to meet basic needs in the current cost-of-living context.

Qualitative findings make the mechanisms behind these patterns explicit. Participants across Lebanese host communities, Syrian and Palestinian refugees, migrants, persons with disabilities, elderly individuals, and LGBTQIA+ people describe livelihoods as unstable, informal, and poorly paid, with rising costs quickly absorbing daily earnings. Lebanese participants emphasize the collapse of wage value and the disappearance of opportunities, while many households rely on a single breadwinner, often a man in daily labor or services, creating high sensitivity to even short interruptions in work. Women repeatedly explain that gender norms and caregiving responsibilities restrict their participation in paid work, particularly where childcare is unavailable or unaffordable. Persons with disabilities describe additional barriers, including non-adapted workplaces and unaffordable transport, while elderly people, who previously relied on pensions, remittances, or family support, report losing these buffers and being unable to compete in the labor market.

For refugees and migrants, livelihood insecurity is strongly shaped by legal status. Syrian participants consistently explain that lack of valid residency prevents them from accessing stable employment, negotiating wages, or reporting abuse. Undocumented men describe avoiding jobs that require mobility or formal registration due to fear of checkpoints and enforcement, pushing them into the most informal and low-visibility work. Women, particularly women-headed households, report being confined to a narrow set of informal options such as cleaning, agricultural labor, or home-based activities like sewing. Refugees

without adult male family members face additional threats from landlords or neighbors, further limiting women's ability to leave home for work and sharply reducing income potential.

Palestinian participants highlight long-standing exclusion from regulated employment, now compounded by increased competition and declining UNRWA support. LGBTQIA+ individuals, especially trans women and queer refugees, describe routine discrimination in hiring, harassment at workplaces, and pressure to hide their identity to keep a job. As one Syrian refugee participant explained:

"They don't pay much salary to Syrians, a maximum of \$300 USD, and when someone is queer, this causes them to control and exploit us", Syrian refugee

"There are no job opportunities for queer people", Lebanese participant

These qualitative accounts give meaning to the quantitative finding that 21.56% of households report losing a job or income in the past six months, with job loss significantly associated with nationality ($p = 0.005$). Job loss is highest among respondents of other nationalities (34.8%) and Syrians (25.3%), and geographically concentrated in Beirut (38.1%), reflecting localized labor market strain in the capital.

Secondary evidence reinforces these intersecting inequalities. VASyR 2023 notes low female labor participation among Syrian refugees (19% compared to 75% for men) and emphasizes the persistence of gender disparities in access to income. Wider sources similarly describe employment across Lebanon as concentrated in informal sectors (agriculture, construction, services), with income remaining insufficient and livelihoods heavily dependent on aid and borrowing, confirming that the instability described qualitatively is structural rather than localized.

Food Consumption, Food Shortage, & Coping

Food insecurity is widespread and severe. Quantitative data show that 60.49% of households report experiencing food shortages. Meal frequency reflects constrained consumption: 51% of respondents report eating two meals per day, 10.33% report only one meal, and just 37.7% report three meals. Food access is overwhelmingly market-based: 95.80% report purchasing food as their main source, while 20.08% rely on assistance and 12.65% use credit, indicating that food security is tightly linked to household purchasing power and the availability of cash or credit.

Coping strategies are common and increasingly harmful, reinforcing this picture. More than half of households' report consuming less preferred food (54.81%), reducing portion sizes (46.48%), or skipping meals (37.12%). One or two coping mechanisms are used by the majority of households, particularly among low-income groups. Income is significantly associated with the number of coping strategies used, with households earning less than 400 USD far more likely to rely on multiple food-related coping mechanisms, while higher-

income households largely report none, reflecting widespread “managed deprivation” rather than isolated episodes of hunger.

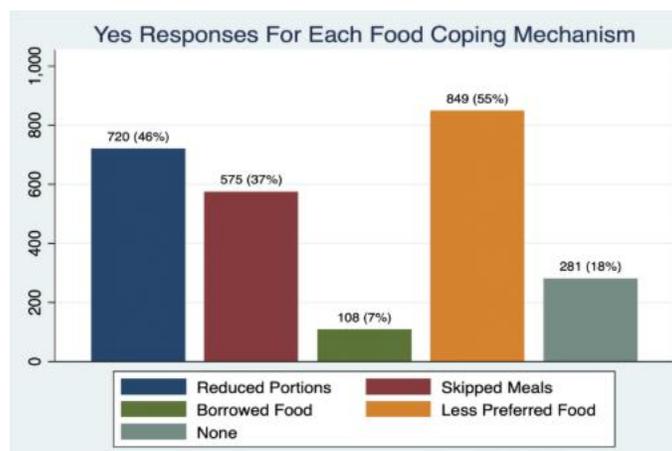


Figure 14. Food Coping Mechanisms

Qualitative findings strongly explain how these strategies are enacted. Across Lebanese, Syrian, and Palestinian households, women consistently report eating last or skipping meals entirely to ensure children are fed. Refugee women describe routinely foregoing breakfast or dinner, stating that “*mothers cannot eat if the children are hungry.*” Elderly participants describe surviving for days on bread, tea, or canned food. Persons with disabilities explain that poor diets worsen chronic conditions they cannot afford to treat, yet food remains the first expense reduced when money runs out. These narratives align with the quantitative finding that coping strategies are primarily consumption-based (portion reduction and meal skipping), suggesting limited access to less harmful coping options.

Differences across locations reflect livelihood structures. In Akkar, the North, Bekaa, and Baalbek-Hermel, households rely heavily on agriculture and seasonal labor, using harvest periods to accumulate limited cash before months of unemployment. In Beirut, Mount Lebanon, and parts of the South, participants describe work in gold factories, workshops, or small services. Despite these differences, the underlying pattern is consistent: precarious, low-wage work combined with rising food and transport costs quickly consumes daily earnings and leaves no space for savings or resilience.

Secondary sources broadly reinforce the prevalence of these patterns. WFP’s Food Security and Vulnerability Analysis (2022) documents insufficient food consumption and reduced dietary diversity among Lebanese households, with higher prevalence in Akkar and Baalbek-Hermel. VASyR 2023 identifies food insecurity among Syrian refugees as still widespread despite partial improvement compared to 2022 and highlights continuing reliance on assistance and debt to secure food. IPC 2025 similarly describes a fragile situation, with large populations experiencing crisis or emergency levels of acute food insecurity, shaped by inflation, economic stagnation, conflict impacts, and funding shortfalls. Taken together,

secondary evidence supports the interpretation that the survey’s high food shortage rate reflects a broader macroeconomic and aid context rather than short-term fluctuations.

In practice, the number of meals consumed per day functions as a proxy for the severity of food insecurity. Households reporting one or two meals per day are not simply adjusting eating habits; they are engaging in consumption-based coping strategies that reflect insufficient access to food in both quantity and quality. Reduced meal frequency is associated with depleted purchasing power, reliance on debt, and the prioritization of children or dependents over adults—particularly women, elderly persons, and persons with disabilities. Over time, sustained meal reduction increases risks of malnutrition, worsens chronic health conditions, reduces physical and cognitive capacity, and erodes households’ ability to recover from shocks, reinforcing longer-term vulnerability rather than short-term adaptation.

Debt as a Structural Driver of Food Insecurity

Debt is a defining feature of household coping. Over three-quarters of households (75.66%) report having debt, with a strong and statistically significant association between income level and indebtedness ($p = 0.001$). Debt is highest among households earning less than 200 USD (84.63%) and 200–400 USD (77.17%), declining only among higher-income households (50% among those earning 700 USD+). This gradient confirms that debt is not simply a financial management choice, it is a survival mechanism for low-income households facing structural gaps between income and basic expenditures.

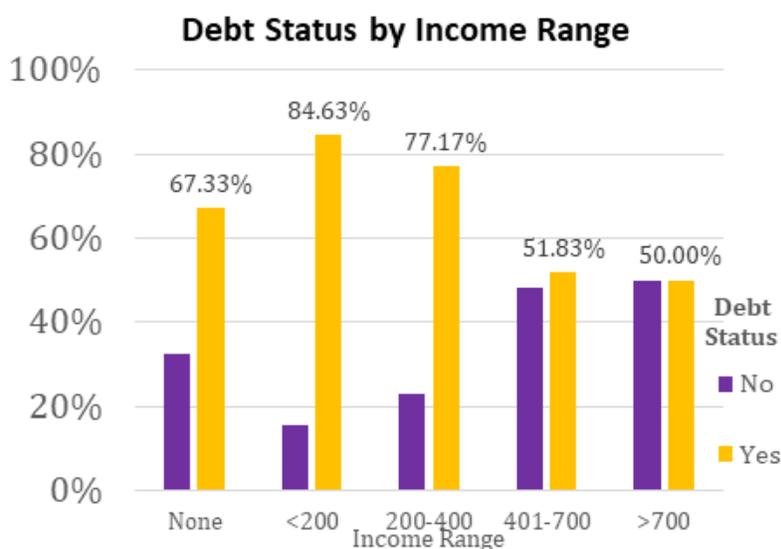


Figure 15. Debt Status by Income Range

Gendered patterns of debt are also evident. A statistically significant association exists between respondent gender and debt ($p = 0.002$), with the highest levels among non-binary respondents (81.25%), followed by men (79.30%) and women (71.95%). Within the “other gender” category, most respondents identify as LGBTQIA+ (89.87%), highlighting the

compounded impact of discrimination and exclusion from stable employment. While the survey does not establish causality, qualitative findings provide a coherent explanation: discrimination, stigma, and exclusion from safe and stable employment reduce income security and increase reliance on borrowing, particularly for LGBTQIA+ individuals and refugees who face compounded legal and social barriers.

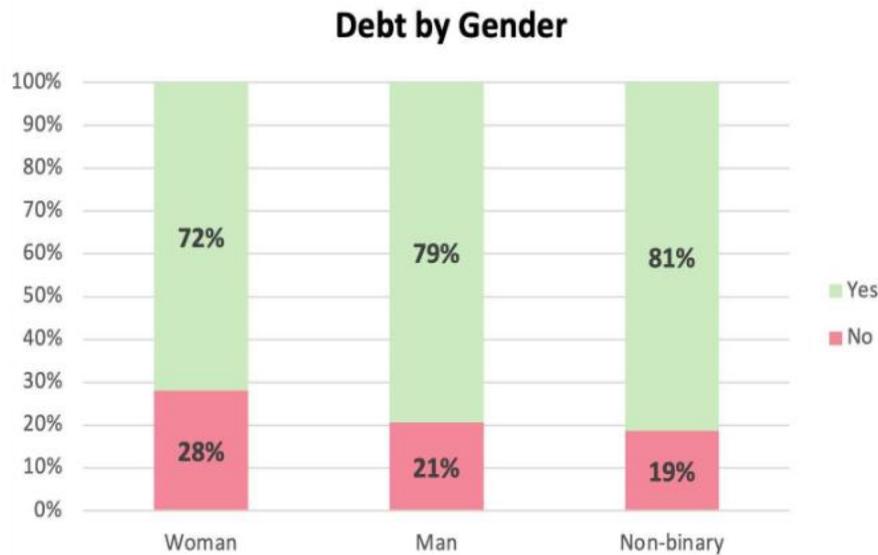


Figure 16. Debt Status by Gender

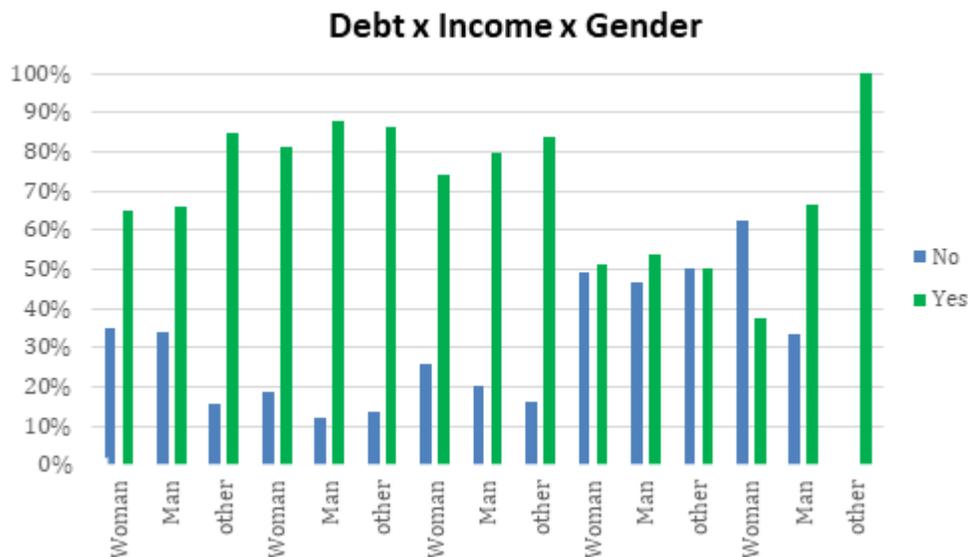


Figure 17. Debt Status by Income & Gender

When debt is examined at the household structure level, however, the pattern becomes less pronounced. The association between gender of head of household and having debt was not

statistically significant ($p = 0.073$). Descriptively, the lowest proportion of debt was reported among women-headed households (67.59%), compared with men-headed households (76.21%) and non-binary-headed households (75.00%). This suggests that while individual gender identity strongly shapes debt vulnerability, household-level debt is influenced by a broader combination of factors, including household size, dependency ratios, income sources, and access to assistance, rather than headship alone.

Qualitative evidence helps explain why debt cuts across household types. Participants consistently describe borrowing from shops, neighbors, or relatives as the primary way to secure food, medicine, and rent when income falls short. Many emphasize that debt is no longer manageable, as incomes stagnate while food and service costs continue to rise. This aligns with secondary evidence showing that both Lebanese and displaced households increasingly rely on credit and informal borrowing, reinforcing cycles of dependency and food insecurity rather than enabling recovery.

The link between debt and food insecurity is direct and statistically supported. Among households experiencing food shortages, 86.13% report having debt, compared with 59.64% among those without food shortages; conversely, 68.86% of indebted households report food shortages. Qualitative findings explain how this cycle operates in practice. Participants consistently describe borrowing from local shops, neighbors, or relatives as the primary way to secure food, medicine, and rent when income falls short. Many emphasize that debt has become increasingly unmanageable as incomes stagnate while food and service costs continue to rise. Households describe buying food on credit, selling household items, and reaching the limits of repayment capacity, after which debt repayment pressures force further reductions in food quantity and quality. This pattern aligns closely with secondary evidence showing that both Lebanese and displaced households increasingly rely on informal credit, reinforcing cycles of dependency and food insecurity rather than enabling recovery.

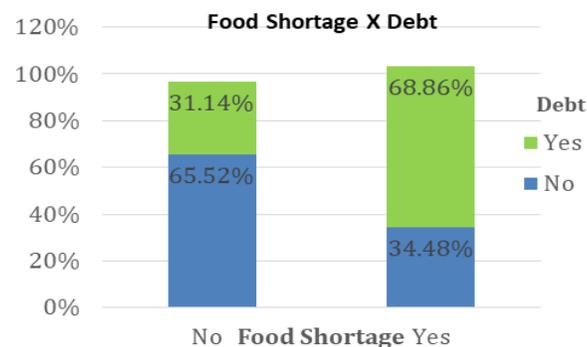


Figure 18. Food Shortage & Debt

Debt-related coping strategies further illustrate the severity of constraints. Among households with debt, the most common actions are reducing food (42.15%), borrowing

more (42.06%), and taking on additional work (34.30%), while child labor (3.84%) is less frequently reported but represents a high-risk coping mechanism. These findings align with qualitative accounts of people taking on unstable work, cycling between short-term income and mounting liabilities, and sacrificing diet quality and quantity as the primary adjustable expense.

Differential Vulnerability & Groups Most Affected

Food insecurity and livelihood stress are not evenly distributed. Quantitative data show significant differences by gender, disability, nationality, and recent shocks. Non-binary respondents show more severe meal deprivation patterns, with 36.25% reporting only one meal per day and 45.00% reporting two meals per day. Food shortages are significantly higher among households with two or more persons with disabilities (68.15%) compared with households with one disability (56.49%) or none (57.25%). The results show that economic and food-related hardship was more concentrated among low-income households, those with debt, and households including individuals with multiple disabilities. Vulnerabilities were also more marked among respondents identifying under non-binary gender category and among Syrian and other non-Lebanese nationalities (migrants). In addition, job loss was most commonly reported in Beirut, indicating a localized employment strain within the capital.

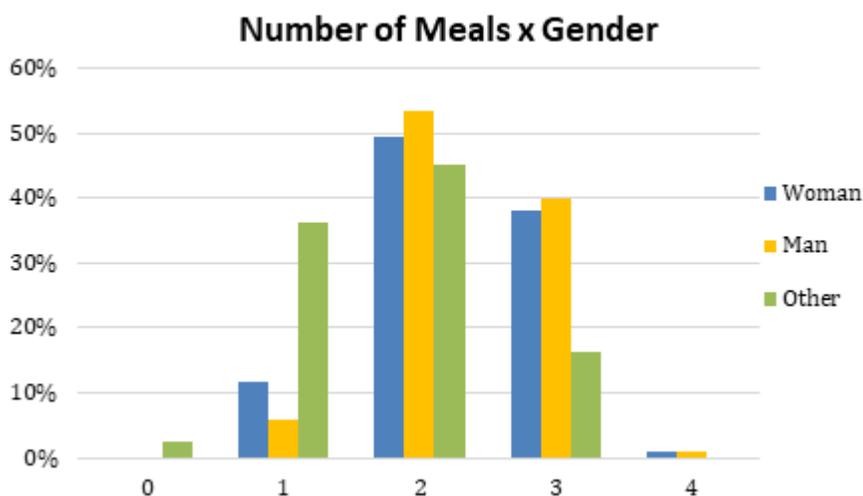


Figure 19. Number of Daily Meals Consumed by Gender

Qualitative evidence explains these disparities. Persons with disabilities face higher health and living costs, limited employment opportunities, and inadequate assistance, leading households to cut food first. Elderly individuals struggle to maintain adequate diets amid inflated food and electricity costs. Refugees face mobility restrictions, discrimination, and shrinking assistance, which limit both income generation and access to affordable food markets. LGBTQIA+ individuals face exclusion from safe employment, compounding income instability and food deprivation.

Reduced humanitarian assistance has intensified food insecurity, particularly for refugees. Participants describe losing cash transfers, food vouchers, and health subsidies that previously stabilized food access. Without transport assistance or safe mobility, many are forced to buy food locally at higher prices. As participants state:

"We are in need of food assistance", Palestinian refugees
"We have not received any kind of assistance", Syrian refugees

Cash assistance repeatedly emerges as a critical buffer. Participants emphasize that when cash support is available, through Oxfam, other NGOs, or national programs such as *Aman*, they can purchase food, pay rent, and cover medication costs. When assistance stops, food consumption drops immediately and reliance on debt increases. As one woman with a disability explains:

"I used to get food vouchers but now the quality dropped after stopping the assistance",
Lebanese women with disability

"Most of PWD men are searching for organizations for assistance", Syrian Refugee with disability

Intersectional Drivers of Food Insecurity & Livelihood Deprivation

Across all three evidence streams, a consistent narrative emerges: food insecurity in Lebanon is driven by unstable livelihoods, eroded purchasing power, widespread debt, and shrinking assistance, compounded by legal insecurity, discrimination, and weak social protection. Households survive through negative coping strategies that undermine nutrition, health, and long-term resilience.

Vulnerability is concentrated among female-headed households, persons with disabilities, elderly individuals, refugees and migrants, and gender-diverse people, who face the greatest barriers to stable income and the highest exposure to food deprivation and debt cycles. Addressing food insecurity therefore requires integrated responses that protect purchasing power through cash assistance, expand inclusive and safe livelihood opportunities, reduce exploitation and discrimination, and strengthen social protection mechanisms capable of interrupting the debt–food insecurity loop

5.2. Agriculture

Agriculture, once a central livelihood and safety net for many households in Lebanon, now plays a limited and increasingly fragile role in household economies. Survey findings show that the vast majority of respondents (91.22%) are not engaged in farming activities, with only 8.78% reporting any form of agricultural engagement. This low participation reflects a structural shift away from agriculture rather than a lack of relevance, as qualitative and secondary evidence indicate that rising costs, land inaccessibility, insecurity, and climate stress have pushed many households out of the sector.

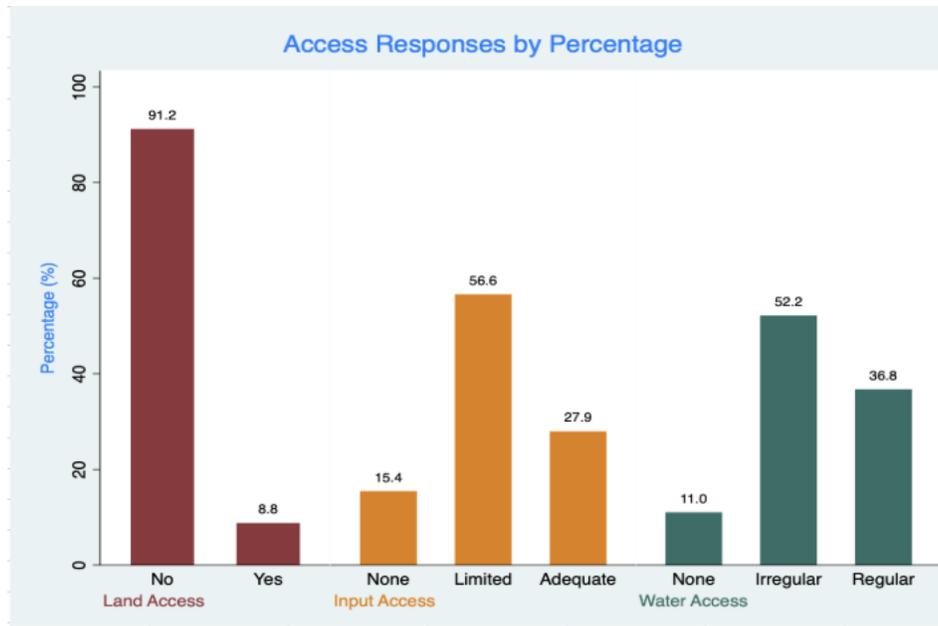


Figure 20. Access to Agriculture Activities

Where farming does occur, it remains narrowly concentrated and geographically patterned. Engagement in farming is significantly associated with location ($p = 0.001$), with the highest proportions of farming households found in the North (17.70%), Akkar (14.68%), and Baalbek-Hermel (11.68%). These governorates are among the poorest and most climate- and shock-exposed, indicating that agriculture persists primarily where livelihood alternatives are limited. By contrast, farming engagement is considerably lower in El Nabatieh (5.96%) and the South (5.98%) and becomes almost negligible in Mount Lebanon (1.61%), Beirut (0.60%), and Bekaa (0.00%), reflecting urban expansion, land concentration, and a shift toward non-agricultural economic activities.

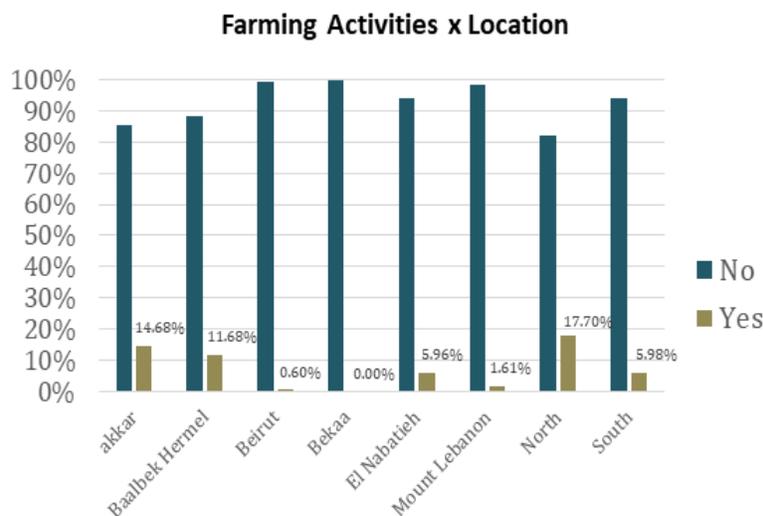


Figure 21. Farming Activities by Location

Among households engaged in agriculture, activities remain narrowly concentrated. Most farmers are involved in crop production (80.15%), with far fewer participating in livestock (12.50%) or mixed farming (5.15%), indicating limited diversification and resilience. Qualitative findings help explain this pattern, highlighting how constrained access to land, capital, and inputs limits farmers' ability to diversify production or invest in higher-value activities.

Qualitative findings explain why agriculture has become inaccessible for many households. Participants consistently describe limited access to land, with ownership concentrated among wealthier Lebanese families or inherited property holders, while poorer households, refugees, and displaced populations are largely excluded from ownership or long-term tenancy. In urbanizing areas such as Tripoli, agricultural land has been reduced by construction and unregulated urban expansion, making farming both physically and economically unviable. As one participant explained:

"In Tripoli, access to agricultural land is very limited because most of the land is owned by families of old Tripoli residents", Director in Akkar

In conflict-affected areas, particularly the South and El Nabatieh, insecurity further undermines agricultural engagement. Even where land exists, repeated bombing and access restrictions make farming unsafe or impossible, directly disrupting livelihoods:

"There are accessible lands for agriculture, mainly private lands, but many are not currently reachable due to the impact of war", Lebanese participant in El Nabatieh

Among households that remain engaged in farming, vulnerability is pronounced. More than half of farmers (55.88%) report experiencing disruptions to agricultural activities, with particularly high proportions in the North (60.00%), Baalbek-Hermel (56.41%), and conflict-affected southern governorates. This pattern is strongly reinforced by secondary evidence: the FAO–Ministry of Agriculture needs assessment indicates that more than half of agricultural households reported damage to land, farms, or assets, with Bent Jbeil (97%) and El Nabatieh among the most severely affected areas.

While the relatively small number of farming households limits the statistical significance of geographic comparisons, qualitative and secondary sources clearly explain the nature of these disruptions. Farmers consistently describe a combination of insecurity, climate variability, land inaccessibility, and rising production costs as key drivers undermining agricultural continuity and income stability.

Access to productive inputs further constrains agricultural viability and varies significantly by location. Survey findings indicate a statistically significant association between governorate and level of access to agricultural inputs ($p = 0.048$). Over half of farming households (56.62%) report limited access to inputs, while 15.44% report no access at all. Limited or no access is most pronounced in Baalbek-Hermel (71.79%), Akkar (59.38%), and

El Nabatieh, where nearly one-third of farming households report having no access to inputs. Qualitative findings explain these patterns, as participants consistently emphasize the prohibitive cost of seeds, fertilizers, fuel, and irrigation as decisive barriers. In the absence of subsidies or institutional support, agriculture can no longer function as a buffer against economic shocks, forcing many households to abandon farming altogether or rely on unstable daily labor and increased market dependence.

Water access represents another critical constraint. More than half of farmers (52.21%) report irregular access to water, and 11.03% report no access, with the situation particularly severe in Baalbek-Hermel (79.49% irregular access) and El Nabatieh, where a significant share report no access at all. Qualitative accounts link these figures to declining rainfall, drought, water contamination, and damaged infrastructure, forcing farmers to depend on energy-intensive irrigation or reduce cultivation altogether. These experiences align closely with secondary evidence documenting declining rainfall, increased drought frequency, and reduced snowpack, particularly affecting smallholder farmers and seasonal agricultural workers.

Market access remains a major barrier to income stability. While 42.05% of farmers report being able to sell products at fair prices, the majority (57.95%) cannot. Although statistical associations between access to inputs or water and fair selling are weak, the distribution of responses suggests a clear pattern: farmers with adequate inputs (53.85%) or regular water access (54.84%) are more likely to sell at fair prices, while those with limited or irregular access overwhelmingly report unfair pricing. Qualitative findings explain this gap by highlighting exploitation by intermediaries, lack of storage and processing facilities, weak market linkages, and export restrictions, particularly to Gulf markets.

Gender and social inequalities further shape agricultural vulnerability. While survey data do not show a significant association between access to land and gender of household head, gendered patterns emerge more clearly when looking at forms of agricultural labor. Survey findings indicate a significant association between gender and daily worker status, with men showing the highest involvement (57.12%), followed by women (47.08%), and respondents identifying as other gender categories reporting the lowest participation (42.50%). This suggests that while women may not be systematically excluded from agriculture at household level, they are more likely to be concentrated in precarious, low-paid, and informal agricultural work.

This pattern aligns with secondary evidence, which shows that women's participation in agriculture remains substantial, but is predominantly characterized by low pay, informality, and insecure working conditions, particularly for female-headed households. Qualitative findings explain the mechanisms behind this disparity. Women describe agricultural work as physically demanding, seasonal, and poorly remunerated, compounded by caregiving responsibilities, discriminatory social norms, and exposure to sexual harassment and gender-based violence, all of which limit their ability to benefit from agriculture as a sustainable livelihood:

“Many women working in agriculture suffer from sexual harassment and gender-based violence”, Lawyer in Saida

These constraints limit women’s ability to rely on agriculture as a stable livelihood, particularly outside peak seasons. Even where women participate, work remains informal and insecure, reinforcing income instability.

Persons with disabilities are largely excluded from agricultural livelihoods. While survey data show similarly low farming participation across disability groups, qualitative evidence explains that agricultural labor is predominantly manual, with few adapted roles available. As a result, persons with disabilities are unable to access one of the few livelihood sectors open to low-income households, increasing dependence on family members and humanitarian assistance and heightening vulnerability to poverty and food insecurity.

Secondary sources strongly reinforce these patterns. National and inter-agency assessments describe agriculture as both a lifeline and a vulnerability trap, particularly for Syrian refugees who rely on the sector as a coping mechanism rather than a sustainable livelihood. FAO and Ministry of Agriculture assessments document widespread damage to agricultural assets, severe access restrictions due to conflict, and expected production losses, particularly in the South and El Nabatieh. VASyR 2023 further confirms agriculture’s central role for refugees in rural areas such as Akkar and Baalbek-Hermel, while emphasizing its informality, low wages, and insufficiency as a sole income source. At the same time, VARON and LCRP findings highlight that even when households are engaged in agriculture, most remain unable to meet basic needs without humanitarian support.

Taken together, quantitative trends, qualitative accounts, and secondary evidence converge on a consistent narrative: agriculture in Lebanon has shifted from a viable livelihood into a high-risk, low-return coping strategy, shaped by climate stress, conflict, high input costs, land concentration, and weak market systems. These pressures disproportionately affect female-headed households, refugees, elderly people, and persons with disabilities, who face the greatest barriers to participation and the least capacity to absorb shocks. Rather than buffering households against vulnerability, agriculture increasingly reflects and reinforces existing inequalities, particularly in rural and conflict-affected areas.

5.3. WASH

Water, sanitation, and hygiene conditions in Lebanon remain structurally fragile and highly unequal. While the public water network is still the most common source, widespread reliance on bottled, trucked, and well water reflects declining system reliability and growing dependence on market-based solutions. Water insufficiency affects most households, with purchasing water becoming a routine coping strategy rather than an emergency measure. Sanitation and hygiene access similarly mask functional gaps, as infrastructure presence does not guarantee safe, reliable use. Across all WASH dimensions, vulnerabilities are shaped by intersecting factors of nationality, location, gender, disability, and economic

precarity, positioning WASH as a cross-cutting driver of vulnerability rather than an isolated sectoral issue.

Water Access, Source Reliance, & System Reliability

The primary source of drinking water among respondents was the public water network (35.70%), followed by bottled water (24.73%) and trucked deliveries (20.14%). Smaller proportions relied on wells (13.49%) or other sources (5.94%). While the public water network remains the most commonly reported source, the relatively low proportion relying on it, combined with high dependence on bottled and trucked water, indicates a fragmented water supply system and widespread reliance on alternative, largely market-based sources. This pattern reflects structural deficiencies in public water provision rather than isolated household-level choices.

FGDs and KIs consistently confirm that public water supply is unreliable and insufficient, forcing households to rely on purchased water as a routine coping strategy rather than an emergency measure. Participants described frequent disruptions and irregular schedules, while KIs emphasized infrastructure deterioration, power shortages, and limited municipal resources as root causes.

“State water is not enough”, Lebanese woman with disability

UNICEF WASH Assessment Reports (2020–2021) and the UNICEF WASH Assessment Platform Simplified Report (2023) similarly highlight that WASH conditions across Lebanon remain fragile, with households, particularly in informal settlements and underserved areas, continuing to depend on trucking/private supply due to unreliable network connections. LCRP 2025 reinforces that water infrastructure deterioration and electricity shortages undermine regular water provision, aligning with both the high reliance on purchased water in the quantitative data and the recurring disruption narratives captured in FGDs/KIs.

A- Main Source of Drinking Water x Location x Nationality

There was a statistically significant association between nationality and drinking water source ($p = 0.001$). For Lebanese and respondents of other nationalities, the most common drinking water source was the public water network (Lebanese: 39.98%; Other nationalities: 39.13%), followed by bottled water (Lebanese: 23.01%; Other nationalities: 33.33%). Palestinians showed a different pattern, with both the public network (40.00%) and well water (40.00%) being the two most commonly used sources. Syrians demonstrated a distinct profile, relying primarily on trucked water (31.88%), followed by bottled water (28.34%). These patterns indicate differentiated exposure to water insecurity by nationality, with Syrian households more dependent on costly and less reliable sources, reflecting settlement conditions, legal status, and uneven access to public infrastructure. FGDs and KIs consistently support this finding, particularly for Syrian households living in informal settlements or overcrowded housing, where connection to public water networks is limited or absent. Participants described reliance on trucked water as a routine necessity rather

than a temporary solution, often without adequate means to ensure water quality or safe storage.

Additionally, a significant association was observed between governorate and drinking water source ($p = 0.001$). Most governorates relied chiefly on the public network, including El Nabatieh (62.84%), South (47.01%), Mount Lebanon (41.53%), Bekaa (30.00%), and the North (30.09%). Beirut was the only area where bottled water was the primary source (41.67%), Baalbek-Hermel relied mainly on trucked water (61.38%), and Akkar stood out with wells as the most common source (36.70%). Geographic disparities in water sourcing reflect regional inequities in infrastructure coverage and service reliability, with peripheral governorates relying more heavily on informal or non-networked water sources. Klls explain these regional patterns through structural failures, including aging or incomplete water networks, electricity shortages affecting pumping stations, fuel scarcity, and limited municipal capacity for maintenance. In Baalbek-Hermel and Akkar, participants reported dependence on trucked water or wells due to the absence or malfunctioning of public systems, often compounded by concerns over water quality and contamination.

Water Safety Perceptions & Quality Concerns

Regarding perceptions of water safety, 60.75% considered their drinking water safe, while 28.34% viewed it as unsafe and 10.91% were unsure. The substantial share of households perceiving water as unsafe or being uncertain about its safety suggests limited trust in water quality, even among those with nominal access to improved sources, highlighting a gap between physical access and perceived safety.

Qualitative accounts strongly explain this perception gap. Participants expressed distrust in both public network and trucked water due to taste, smell, visible contamination, and concerns over tank hygiene and disinfection practices.

“Tastes like Odex (detergent item)”, Lebanese woman with disability

“We are buying water (water trucking) yet it needs disinfection and the tanks need maintenance”, Lebanese and Syrian LGBTQIA+ participants

Desk review findings mirror these concerns, noting that reliance on privately supplied or trucked water increases exposure to contamination risks and creates a persistent safety-trust gap. LCRP 2025 also highlights that degraded systems and limited maintenance contribute to unsafe water risks, supporting the qualitative concerns regarding disinfection, tank hygiene, and water quality uncertainty.

Water Sufficiency & Coping Strategies

Water sufficiency presented a concern, with 57.65% indicating that their household did not have enough water, compared with 42.35% who felt their supply was sufficient. This finding demonstrates that access to a water source does not translate into adequate or reliable water availability, underscoring water insufficiency as a widespread and cross-cutting vulnerability affecting the majority of households. Across FGDs, participants consistently described daily struggles to meet basic household water needs. Even households connected to the public network reported insufficient volumes, compelling them to ration water or prioritize essential uses only. UNICEF WASH Assessment Platform findings (2020–2021) similarly identify high levels of water vulnerability among refugee households, with only marginal improvement over time and continued dependence on trucking/NGO-supported supply in highly affected governorates. This reinforces the quantitative finding that insufficiency remains widespread and the qualitative accounts of chronic scarcity and rationing.

Among those with insufficient water, the most common coping action was purchasing water (81.86%), followed by reducing household consumption (20.60%) and using stored water (10.41%). The dominance of water purchasing as a coping strategy points to the financialization of basic water needs, increasing household expenditure burdens and disproportionately affecting poorer households who must divert limited resources to secure minimum water quantities. FGDs reveal that purchasing water is often constrained by affordability, leading households to buy small quantities or delay purchases. Secondary sources (UNICEF WASH Assessments 2020–2023; LCRP 2025) describe the same coping patterns—water rationing, reliance on private vendors, and sharing facilities—particularly under inflation and declining purchasing power. This supports the interpretation that purchasing water represents an ongoing economic burden rather than a temporary coping mechanism.

Overall, the distribution of coping behaviors showed that the largest proportion relied on a single coping strategy (45.51%), followed by those who did not adopt any coping mechanism (42.35%), while a smaller share used two strategies (8.59%). The high proportion of households reporting no coping mechanisms may reflect constrained adaptive capacity rather than water sufficiency, suggesting that many households lack viable options to respond to water shortages.

LCRP 2025 emphasizes that constrained household resources and reduced humanitarian funding are increasing vulnerability and limiting coping capacity, which aligns with the interpretation that “no coping” can reflect inability to respond rather than absence of need.

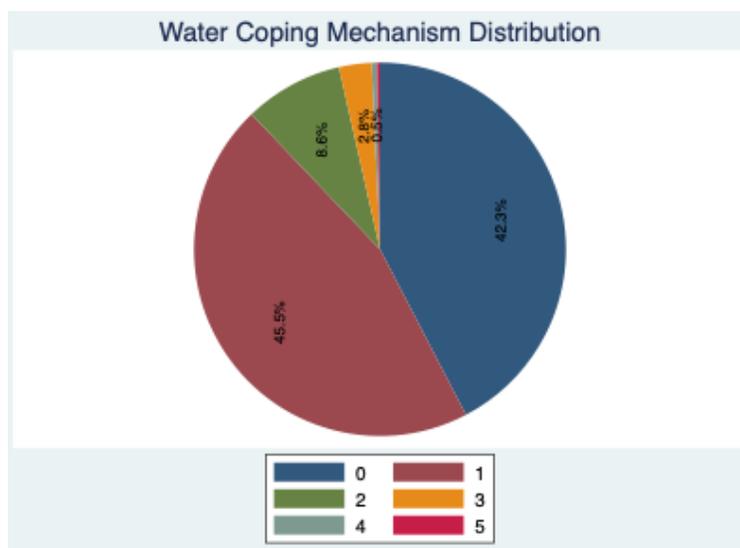


Figure 22. Distribution of Number of Water Coping Mechanisms

B- Water Sufficiency x Location x Water Coping Mechanisms x Nationality

When considering both nationality and geographic location, patterns indicate that water insufficiency is unevenly distributed. Although nationality differences did not reach statistical significance ($p = 0.057$), insufficient water was most common among those categorized as “other nationality” (71.01%), followed by Lebanese (58.03%) and Syrians (54.22%), with Palestinians showing the lowest level (40.00%). Despite the lack of statistical significance, the magnitude of differences suggests meaningful vulnerability gradients, particularly affecting smaller or less visible nationality groups. Qualitative findings support this gradient, particularly for migrant and “other nationality” households, who described constrained access to water due to employer-controlled living arrangements, limited financial autonomy, and restricted access to public services. FGDs further indicate that these households often have fewer options to respond to water shortages, amplifying the impact of insufficiency.

However, at the geographic level, the disparities were statistically significant ($p = 0.001$). The highest proportions reporting insufficient water were found in Mount Lebanon (69.35%), El Nabatieh (67.89%), Bekaa (65.00%), Beirut (63.10%), South (62.39%), and Baalbek-Hermel (62.28%). Lower levels were observed in Akkar (47.25%), while the North recorded the lowest proportion (30.97%). These findings highlight water insufficiency as a widespread issue extending beyond traditionally marginalized regions and affecting both urban and peri-urban governorates. Klls explain these spatial patterns by pointing to chronic service disruptions, aging infrastructure, and electricity shortages affecting pumping systems, particularly in densely populated urban and peri-urban areas.

Among respondents who indicated that household water was insufficient, the most common coping strategy was buying water (81.86%). The second most frequent response was reducing household water consumption (20.60%), followed by using stored water (10.41%).

The dominance of water purchasing as a coping strategy reflects the financialization of water access and places sustained economic pressure on households, particularly those with limited or unstable incomes. FGDs strongly validate this pattern. Participants reported buying water only when financially possible and reducing hygiene-related water use during shortages. Women must adjust household routines and often take on the emotional burden of finding alternative water sources. These challenges are especially pronounced for Syrian refugee women and women living in overcrowded or shared accommodations.

*“Women are responsible for managing water, while men are responsible for providing it”,
 Lebanese Woman*

A statistically significant association was also identified between nationality and the number of coping mechanisms used in response to water needs ($p = 0.001$). The most common pattern within each nationality differed as follows:

- I. Lebanese households most frequently relied on one coping mechanism (47.74%), slightly higher than those who used none (41.97%).
- II. Syrian households had the highest share using no coping mechanisms (45.78%), followed by those using one mechanism (38.96%).
- III. Palestinian households showed the greatest concentration in the no-coping category (60.00%).
- IV. Individuals from other nationalities most often used one coping mechanism (47.83%), with a lower proportion reporting no coping (28.99%).

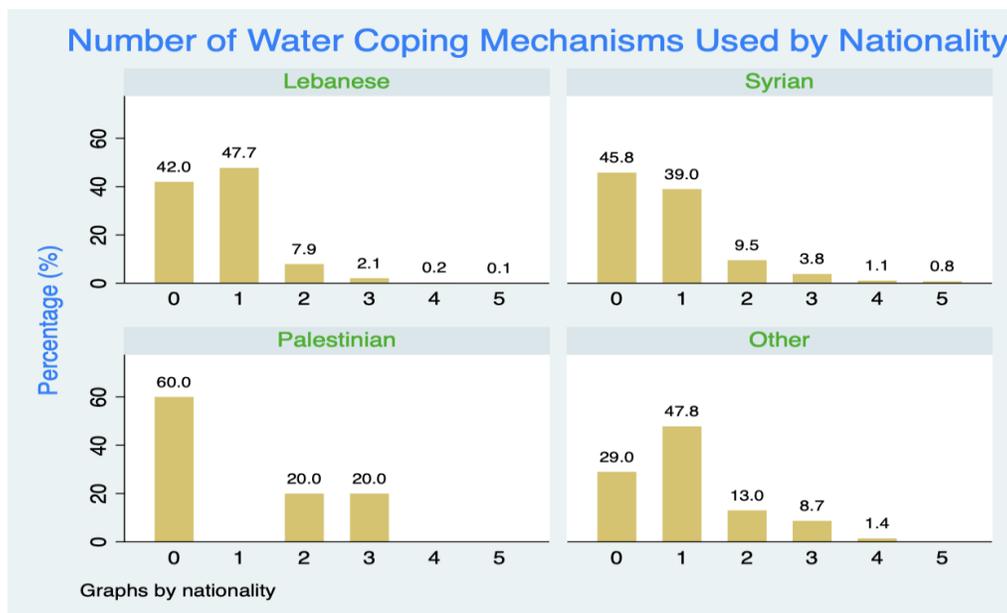


Figure 23. Distribution of Number of Water Coping Mechanisms by Nationality

Differences in coping patterns reflect unequal adaptive capacity across nationality groups, with higher shares of “no coping” indicating constrained options rather than water sufficiency.

A statistically significant correlation was found between geographic location and the number of water coping mechanisms ($p = 0.001$). Regionally, the highest proportion of respondents in North (69.03%) and Akkar (52.75%) indicated no coping mechanism. In contrast, households in Baalbek-Hermel (54.49%), Bekaa (50.00%), Mount Lebanon (53.63%), South (51.28%), and El Nabatieh (49.08%) most commonly relied on one coping mechanism. Beirut displayed a more balanced distribution, though its largest share also fell under no coping mechanism (36.90%). Regional differences in coping strategies indicate localized constraints in water availability, affordability, and infrastructure reliability, shaping households’ ability to respond to shortages. KIIs reported that limited municipal maintenance capacity, power outages, and fuel shortages restrict households’ ability to adopt multiple coping strategies.

Water or sanitation-related barriers for persons with disabilities or older people were identified by 13.23% of respondents, while 86.77% reported no such barriers. While secondary sources emphasize equity and inclusion gaps in WASH programming, qualitative evidence from this assessment suggests that disability-related barriers may be underreported in surveys where accessibility limitations are normalized, supporting cautious interpretation of this indicator.

Sanitation & Hygiene

The majority of respondents used a sewer-connected toilet (81.15%), making it the most common sanitation facility by a wide margin. The second most common type was a septic toilet (11.75%), followed by a much smaller share using a pour-flush facility (4.07%). All remaining sanitation options were used by less than 2% of participants. While the high prevalence of sewer-connected toilets suggests broad sanitation infrastructure coverage, this indicator reflects presence rather than functionality, maintenance, or safety, and therefore may overstate effective sanitation access. Qualitative findings strongly support this interpretation. FGDs and KIIs consistently describe poorly maintained or non-functional sanitation systems, particularly in low-income, overcrowded, and informal areas. Participants reported shared toilets that are difficult to keep clean due to insufficient water, malfunctioning infrastructure, and overuse. KIIs further highlighted systemic sewage failures, open drainage, and contamination of water sources, indicating that sanitation-related health risks persist despite nominal infrastructure coverage.

“There are no sewage systems in most areas; residents rely on dug wells and open drainage methods, which pose health risks”, DRR data base management Personnel in Nabatieh

“The systems of sewage are very bad and needs rehabilitation and caused pollution to safe water sources”, Municipality Member in Baalbek

UNICEF WASH Assessment Platform findings (2020–2021) similarly document significant sanitation vulnerability in informal settlements, with shared facilities, inconsistent desludging, and inadequate wastewater management leading to contamination and health risks—reinforcing the qualitative evidence that sanitation system “type” does not guarantee safe functionality. LCRP 2025 also highlights persistent wastewater and solid waste challenges that compound environmental and public health risks, aligning with key informant accounts of open drainage and contamination.

Handwashing facilities were available for 91.41% of participants, while 8.59% did not have access. Although reported access to handwashing facilities is high, the absence of facilities among nearly one in ten households represents a significant public health concern, particularly when compounded by water scarcity. FGDs clarify that even when handwashing facilities exist, limited and irregular water supply often prevents consistent use. LCRP 2025 similarly identifies persistent gaps in hygiene infrastructure and consistent access to soap and water in vulnerable communities, noting that behavioral and socio-cultural barriers alongside resource constraints limit safe hygiene practices. This supports the qualitative finding that “facility presence” may not translate into effective handwashing when water availability is unreliable.

C- Sanitation Facility Type x Location

A statistically significant association was observed between sanitation facility type and governorate ($p = 0.001$). In most areas, the two most common sanitation types were sewer-connected toilets and septic toilets with varying percentages. This pattern was seen in Akkar (73.85% and 12.84%), Bekaa (75.00% and 10.00%), North (85.84% and 7.08%), and South (81.20% and 11.11%). A similar distribution was also present in Baalbek-Hermel, where sewer-connected toilets (67.07%) and septic toilets (30.84%) were the most prevalent. In contrast, Beirut showed a different ordering, where sewer-connected toilets (79.76%) and pour-flush toilets (11.31%) ranked highest. El Nabatieh and Mount Lebanon demonstrated a stronger dominance of sewer-connected toilets, reaching 96.33% and 90.32%, followed by septic toilets (2.75% and 2.42%). While sewer-connected toilets are the dominant sanitation facility type across most governorates, the observed geographic variation indicates uneven sanitation infrastructure coverage and differing reliance on septic or alternative systems, particularly in peripheral regions.

Qualitative findings explain that reported sanitation facility type does not reflect functionality, maintenance, or environmental safety. FGDs and KIs consistently highlighted poorly maintained sewage systems, inadequate wastewater drainage, and reliance on septic tanks or informal disposal methods, especially in areas with weaker municipal capacity. Key informants described sewage leakage, open drainage, and contamination of surrounding

environments, increasing health risks even in areas where sewer-connected toilets are reported.

“There are also serious sanitation problems, especially in informal settlements, and waste management is almost absent”, LUPD Member in Baalbek

“The North Lebanon Water Establishment (NLWE) provides water but does not manage sewage properly, leaving the burden on the municipalities”, Municipality Member in North

D- Handwashing Facility x Nationality x Location

A significant chi-square test indicated an association between nationality and access to a handwashing facility ($p = 0.001$). The proportion of individuals without access was highest among those classified as “other” nationality (30.43%), followed by Syrian participants (19.89%), Lebanese (3.52%), and was lowest among Palestinians (0.00%). These differences indicate unequal access to basic hygiene infrastructure across nationality groups, with non-Lebanese populations experiencing higher levels of exclusion from handwashing facilities. Qualitative findings support this pattern by highlighting that migrant and Syrian households often live in housing where hygiene facilities are inadequate, shared, or poorly maintained. FGDs described situations where access to handwashing is constrained by water scarcity, overcrowding, and dependence on landlords or employers for facility provision, limiting household control over hygiene conditions.

Additionally, a significant analysis showed an association between governorate and access to a handwashing facility ($p = 0.001$). The proportion of individuals without a handwashing facility was highest in Baalbek-Hermel (17.96%), followed by Beirut (13.10%), Bekaa (10.00%), Mount Lebanon (8.06%), Akkar (6.88%), North (4.42%), South (1.71%), and was lowest in El Nabatieh (0.92%). Geographic disparities in access to handwashing facilities reflect uneven WASH service provision and infrastructure quality across governorates, particularly affecting peripheral and densely populated areas.

When examining nationalities within governorates in relation to the absence of a handwashing facility, the highest highlighted proportions were observed among Syrian individuals in Akkar, Baalbek-Hermel, and Bekaa (13.33%, 44.19%, and 33.33%, respectively). Meanwhile, the highest highlighted shares among those categorized as “other” nationality were recorded in Beirut, Mount Lebanon, and the South (32.35%, 29.03%, and 50.00%, respectively). These intersectional patterns demonstrate compounded vulnerability where nationality and location intersect, intensifying barriers to basic hygiene access for specific groups. Qualitative data clarifies that these compounded vulnerabilities are driven by a combination of insecure housing, shared sanitation arrangements, water insufficiency, and limited autonomy over living conditions. Migrant women, in particular, described employer-controlled access to hygiene facilities, while Syrian households in peripheral governorates faced infrastructural and service constraints that limit consistent handwashing practices.

Menstrual Hygiene Management (MHM)

Access to menstrual hygiene management was reported by 64.08% of participants, whereas 35.92% lacked access. The lack of menstrual hygiene management access for over one-third of respondents highlights a critical gender-specific WASH vulnerability, with implications for dignity, health, and participation. LCRP 2025 reinforces that menstrual hygiene management remains a major challenge due to inflation, poverty, and reduced humanitarian funding, limiting women’s and girls’ ability to obtain appropriate materials and privacy. This aligns with both the quantitative prevalence of MHM deprivation and the qualitative reports of unaffordability and unsafe coping practices.

E- Menstrual Hygiene Management x Nationality x Location

The association between menstrual hygiene management and nationality was not statistically significant ($p = 0.171$). However, the proportion of individuals lacking menstrual hygiene management was uneven across groups, being highest among those categorized as “other” (47.06%), followed by Palestinian (40.00%), Syrian (37.70%), and Lebanese participants (34.63%). Although nationality differences were not statistically significant, the uneven distribution indicates intersecting vulnerabilities related to socio-economic status, gender, and legal or living conditions, which may not be fully captured through statistical significance alone.

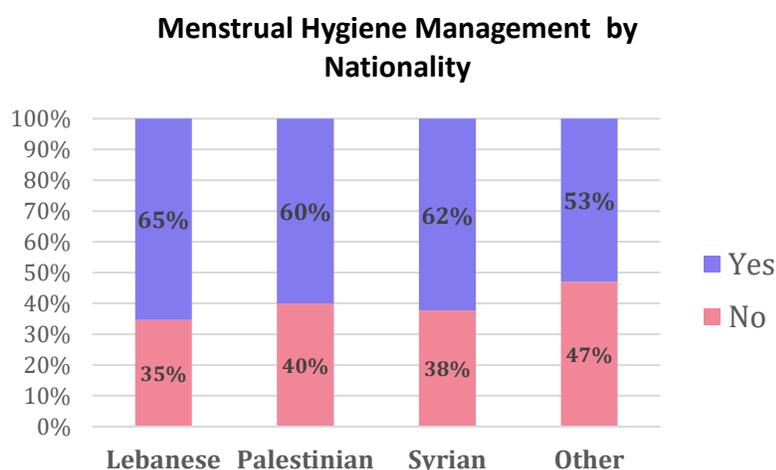


Figure 24. MHM by Nationality

Qualitative findings strongly explain these disparities. Across FGDs, women from Lebanese, Syrian, Palestinian, and migrant backgrounds reported increasing difficulty accessing menstrual hygiene products due to rising costs. Participants described coping by reducing pad use, switching to cheaper or unsafe alternatives, or extending the use of single pads beyond recommended durations.

“I replace the pads with cloth pieces that I wash”, Lebanese woman

“Some can’t afford pads and use tissues instead and some use menstrual cups”, Migrant woman

“Affordable menstrual pads are hard to find”, Syrian Refugee in Akkar

Across governorates, a statistically significant association was found ($p = 0.001$). The proportion of individuals without menstrual hygiene management was highest in Akkar (50.00%), followed by Beirut (41.92%), El Nabatieh (39.45%), North (35.40%), and Mount Lebanon (34.55%). Lower levels were observed in Baalbek-Hermel (30.54%), Bekaa (20.00%), and were lowest in the South (16.38%).

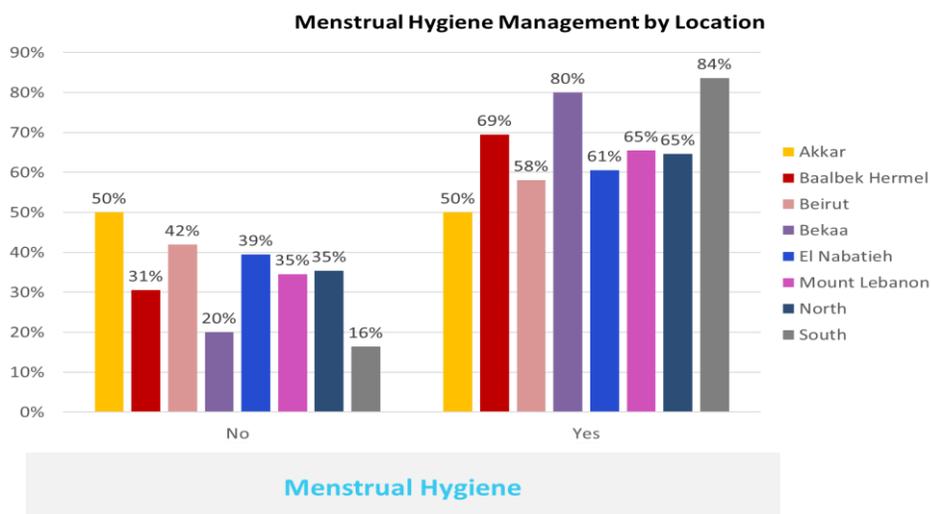


Figure 25. MHM by Location

The comparatively lower proportions of individuals lacking menstrual hygiene management in Baalbek-Hermel, Bekaa, and the South may be partly explained by sustained humanitarian assistance and more systematic distribution of hygiene and dignity kits in these areas, particularly in refugee-hosting regions. Qualitative findings indicate that reported access does not necessarily translate into adequate, safe, or dignified menstrual hygiene management, as affordability constraints, water scarcity, and accessibility barriers persist.

When examining nationality patterns within locations, notable concentrations of respondents lacking menstrual hygiene management were observed among specific groups. In Akkar, the highest levels were found among Syrian (68.89%) and “other” nationalities (100.00%). In Beirut, elevated proportions were seen among Palestinian (100.00%) and “other” groups (52.94%). In the North, the “other” nationality reached 100.00%. In the South, both Syrian (25.00%) and “other” respondents (50.00%) showed higher levels compared with Lebanese and Palestinian nationalities. These intersectional patterns indicate compounded vulnerability where nationality and location intersect, intensifying barriers to menstrual hygiene management for specific groups. Qualitative data clarifies that these compounded

vulnerabilities are driven by affordability constraints, insecure housing conditions, and limited access to water and sanitation facilities. Women with disabilities reported additional barriers related to non-accessible toilets and restricted mobility, further complicating menstrual hygiene management

Cross-Cutting Intersectional Vulnerability Patterns

Across the intersectional analyses, individuals categorized as “other nationality” consistently showed the greatest disadvantages, including the highest levels of insufficient water (71.01%), lack of menstrual hygiene management (47.06%), and absence of handwashing facilities (30.43%). Syrian households also demonstrated elevated vulnerability, relying primarily on trucked water (31.88%), showing high levels of no coping mechanisms (45.78%), and having notable gaps in handwashing access in several governorates. These patterns indicate compounding vulnerability driven by nationality-related exclusion, economic precarity, and limited access to public services, rather than isolated WASH service gaps.

Geographically, the governorates most affected across WASH indicators were Mount Lebanon, El Nabatieh, Bekaa, and Beirut, which reported the highest levels of insufficient water (69.35%, 67.89%, 65.00%, and 63.10%, respectively). Baalbek-Hermel and Akkar showed a high reliance on trucked water (61.38%) and wells (36.70%), respectively, while Baalbek-Hermel also recorded the highest lack of handwashing facilities (17.96%). The South and the North demonstrated comparatively lower WASH vulnerability overall. Geographic disparities reflect uneven infrastructure quality, service reliability, and municipal capacity, with both urban and peripheral regions experiencing distinct but significant forms of WASH vulnerability.

Overall, secondary evidence (UNICEF WASH Assessments 2020–2023; LCRP 2025) aligns with the primary findings that WASH vulnerabilities are protracted and concentrated among vulnerable populations and underserved areas, driven by deteriorating infrastructure, electricity shortages, limited maintenance capacity, and economic constraints. Desk review further emphasizes that WASH challenges intersect with protection, food security, gender, and livelihoods vulnerabilities, reinforcing the need to interpret water purchasing, hygiene gaps, and sanitation risks as part of wider multidimensional vulnerability rather than isolated sectoral deficits.

5.4. Environment and Energy

Environmental degradation and energy insecurity emerge as structural, cross-cutting drivers of vulnerability across Lebanon, shaping households’ health, livelihoods, and ability to cope with shocks. While survey findings show high levels of nominal electricity connection and widespread exposure to climate impacts, qualitative evidence and secondary sources clarify that the core problem is not access on paper, but the quality,

reliability, affordability, and safety of services and the environments in which people live. Across the three evidence streams, environmental stress repeatedly operates as a multiplier of existing inequalities, disproportionately affecting poorer households, refugees and migrants, female-headed households, older adults, persons with disabilities, and marginalized gender groups.

Energy Access & Energy Insecurity

Quantitative findings indicate that almost all households (89.99%) report relying on the national electricity grid as a source of energy, yet this access rarely functions as a stable service. In practice, households are compelled to supplement limited grid supply with private generators (42.80%) and, to a lesser extent, solar power (21.95%), while 1.48% report having no energy source at all. These figures reflect an energy system that is widespread but unreliable, where “connection” does not equate to consistent electricity, and where coping depends heavily on households’ ability to pay.

Qualitative accounts explain the lived reality behind this pattern. Across regions, participants describe electricity as fragmented and insufficient, with generators becoming unavoidable but financially draining. This is not only an economic stressor: it becomes a health and protection risk for households caring for older adults, persons with chronic illness, and people with disabilities who depend on cooling during heatwaves, refrigeration for medications, or electrically powered devices. As qualitative findings underscore, people with limited mobility, particularly women with disabilities who spend long hours indoors, are more exposed to heat, fumes, and poor ventilation in overcrowded or poorly serviced housing, making the consequences of electricity cuts more severe.

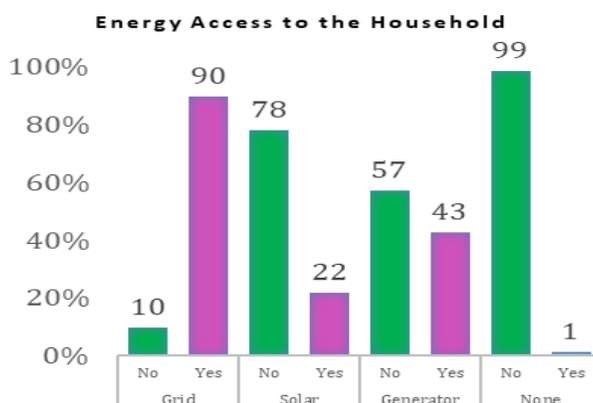


Figure 26. Energy Access to the Household

This helps interpret the survey finding that 98–99% of households across all disability groups report being connected to the grid (no significant association, $p = 0.544$). Rather than indicating that persons with disabilities face no energy vulnerability, this suggests that the survey measure captures nominal connection, while qualitative evidence highlights vulnerability through intermittency, dependence on generators, indoor exposure, and

housing conditions. In other words, the vulnerability pathway for persons with disabilities is less about “whether connected” and more about how unstable energy interacts with reduced mobility and heightened exposure.

Energy insecurity is also shaped by nationality and geography. Statistically significant differences appear across nationalities: Syrians report the lowest grid reliance (82.56%) and the highest rate of having no energy source (3.81%), while Palestinian households report near-total dependence on generators (100%), increasing both cost burden and exposure to generator-related pollution. Geographic disparities reinforce these patterns: grid reliance drops well below the national average in Baalbek-Hermel (73.05%) and Bekaa (85.00%), while generator reliance peaks in Mount Lebanon (74.60%). Solar use varies sharply, reaching 60.78% in Baalbek-Hermel but remaining minimal in Beirut (2.98%), suggesting uneven feasibility and uptake depending on infrastructure, geography, and resources. In governorates such as Baalbek-Hermel and Bekaa, weaker grid coverage intersects with agricultural livelihoods and climate stress, intensifying vulnerability.

While solar energy offers a potential alternative, it remains inaccessible or unattractive for many households. High upfront costs, battery expenses, and maintenance needs limit uptake, while insecurity further discourages investment in conflict-affected areas. In the South and Nabatieh, fears that solar panels could be damaged during episodes of violence undermine confidence in these systems, reinforcing continued dependence on generators. As one key informant explained:

“Very few households that use solar energy mainly because they are concerned about the potential conflicts in the area that could damage the solar panels and equipment”, Project Manager in Saida

This suggests that households are effectively locked into unstable energy arrangements, where coping options depend on income and security conditions, reinforcing inequality.

Environmental Degradation & Exposure to Hazards

Environmental pressures are widespread but unevenly experienced across governorates. Survey findings identify water pollution/scarcity (41.96%), air pollution (34.22%), and waste mismanagement (23.69%) as the most commonly reported environmental issues, with particularly high concentrations in Bekaa, Baalbek-Hermel, Beirut, Mount Lebanon, and the South, while 28.47% report no listed issues, an indicator that environmental stress is localized and not uniformly perceived.

Importantly, more than half of respondents (54.36%) could not identify the causes of environmental problems, and among those who could, explanations were split between pollution and environmental factors (17.69%), government/municipal negligence (13.75%), and human behavior/low awareness (12.52%). This knowledge gap is not simply an

information deficit; it signals to low environmental awareness and weak accountability mechanisms.

Qualitative findings give depth to these trends. Residents describe garbage accumulation near homes, smoke from burning waste, foul odors, poor drainage, sewage overflow, and stray animals as daily stressors that shape mobility, health, and dignity. For example, participants in urban areas reference dirty streets and pollution that “make us dirty when walking,” while Klls highlight broader structural contributors such as unregulated industrial emissions, deforestation, and poor waste disposal, including dumping or burning waste near rivers and open spaces. This aligns closely with desk review findings that link environmental deterioration to governance and fiscal constraints, where limited municipal capacity and weak regulation deepen exposure and reinforce feelings of powerlessness.

These hazards are not experienced equally. Qualitative findings emphasize that environmental burdens fall heaviest on people who cannot easily avoid unsafe conditions, older adults, persons with disabilities, and households living in informal or employer-controlled housing. Refugee and migrant women living in informal settlements or substandard rental units face heightened risks from unsafe wiring, proximity to generators, open sewage, and weak structural conditions. Desk review evidence reinforces this inequality lens, repeatedly identifying female-headed households, older adults, persons with disabilities, and refugee households as having lower adaptive capacity and higher sensitivity to environmental shocks, particularly when water and sanitation services contract or when informal settlements are located near pollution or hazard hotspots.

Natural Resources, Climate Stress, & Livelihood Vulnerability

Natural resources are unevenly distributed, with rural governorates bearing both livelihood opportunities and heightened exposure to environmental shocks. Agricultural land is the most commonly reported resource (51.97%), followed by olive groves (29.83%), water springs (26.86%), and fruit orchards (19.24%). Location-based analysis confirms significant geographic variation ($p = 0.001$): agricultural land is highest in Baalbek-Hermel (84.73%) and El Nabatieh (82.57%), while water springs are highest in Bekaa (45.00%) and Akkar (44.04%). This concentration means rural livelihoods are more dependent on environmental stability, making these governorates particularly exposed to water scarcity, land degradation, and climate variability.

Climate stress emerges as a central driver of livelihood vulnerability when quantitative trends, lived experiences, and secondary evidence are read together. Survey data show that 63.46% of households experience rising temperatures and 51.45% report more frequent heatwaves, alongside drought (20.40%) and shifting rainfall patterns (17.43%). These figures help explain why the most frequently reported vulnerability linked to climate impacts is lack of water (49.64%), followed by disease risks (27.89%), loss of income (20.21%), and increased poverty (18.85%). Qualitative accounts provide the mechanism: in agricultural areas, water scarcity and climate variability reduce productivity and increase dependency

on costly inputs and generator-powered irrigation; in urban and peri-urban contexts, pollution and weak infrastructure undermine health, productivity, and school attendance, especially for children, older adults, and those with chronic conditions.

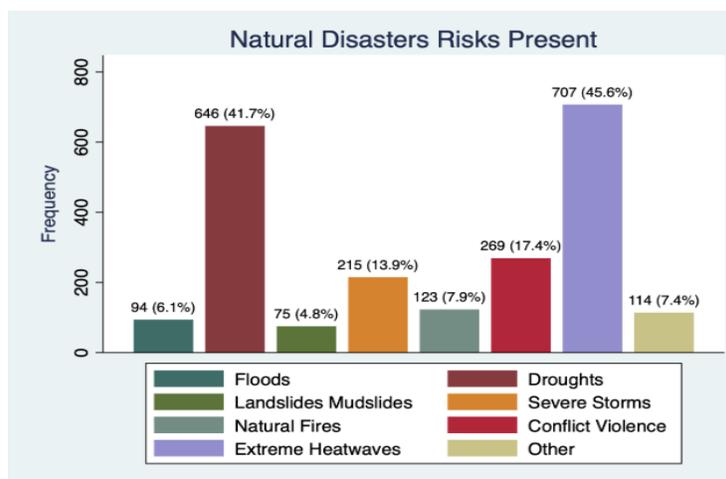


Figure 27. Natural Disasters Reported

Secondary sources strongly reinforce this relationship, documenting declining rainfall, increased drought frequency, and reduced snowpack across Lebanon, with particularly severe impacts on smallholder farmers and seasonal agricultural workers. Desk review evidence further contextualizes the quantitative findings by showing that reduced yields and rising input costs are not short-term shocks but part of a longer-term structural trend affecting rural livelihoods. Taken together, the three data sources converge on a common pathway: climate stress reduces agricultural productivity, raises production costs, and undermines income stability, which in turn exacerbates water scarcity, health risks, and poverty at household level.

The interaction between environmental stress and livelihoods reinforces broader social vulnerability. Reduced production and rising costs push households toward negative coping strategies, including debt accumulation and reduced food consumption, a dynamic well documented in national assessments and echoed in qualitative accounts.

Disaster Risks, Preparedness, & Compounded Vulnerability

Environmental stress is compounded by exposure to natural hazards. Households report exposure to multiple hazard risks, with extreme heatwaves (45.64%) and drought (41.70%) as the most commonly cited natural disaster risks, followed by conflict/violence (17.37%) and severe storms (13.88%). Location-based patterns show layered risk: drought is heavily concentrated in the agricultural belt, especially Baalbek-Hermel (88.92%) and Bekaa (65.00%), while extreme heatwaves affect nearly all governorates, reaching 66.67% in the

South, 55.00% in Bekaa, and over 50% in Beirut and Baalbek-Hermel. Conflict and violence risks are most pronounced in Mount Lebanon (37.50%) and El Nabatieh (23.85%), illustrating how environmental stress can overlap with insecurity to compound vulnerability.

Despite these risks, preparedness remains low. Most respondents report no disaster-response systems (59.85%) and no sustainability initiatives (51.07%). Community engagement is similarly limited, with 35.05% reporting low involvement in environmental activities and 32.80% reporting none.

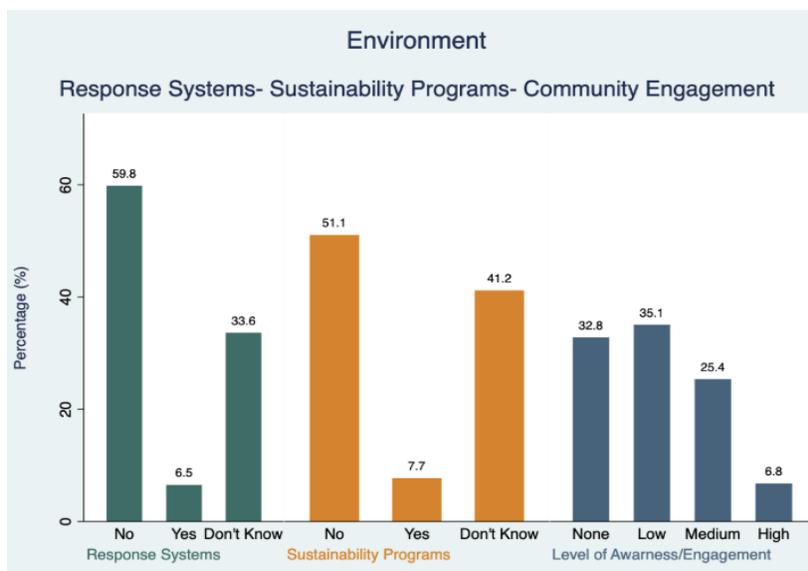


Figure 28. Disaster Response Systems

This lack of local systems and collective action reduces coping capacity, particularly for groups already identified as having lower adaptive capacity, including female-headed households, refugees, older adults, and persons with disabilities.

Integrated Vulnerability Implications

Across quantitative patterns, qualitative experiences, and secondary evidence, a consistent narrative emerges: environmental degradation and energy insecurity are not isolated sectoral issues but vulnerability multipliers that deepen inequities. High nominal electricity connection masks unstable supply and costly coping, while pollution and weak waste management create chronic exposure that undermines health and mobility. Climate stress, experienced widely through heatwaves and rising temperatures, translates into water scarcity, disease risks, income loss, and rising poverty, with rural regions bearing disproportionate livelihood impacts.

These dynamics are shaped by geography, nationality, and social identity: Syrians face higher risks of energy deprivation, Palestinians face concentrated generator dependence, and marginalized groups, including women (especially female-headed households), persons

with disabilities, older adults, refugees, migrants, and gender-diverse individuals, experience greater exposure and fewer options to adapt.

Taken together, the evidence supports the desk review conclusion that environmental stress operates as a structural driver of negative coping and interlinked vulnerabilities across food security, WASH, livelihoods, and protection, underscoring the need for integrated, gender- and inclusion-sensitive programming that addresses both service gaps and the governance constraints that sustain them.

5.5. Gender

Gender shapes vulnerability through unequal participation, constrained agency, and uneven access to services. While survey findings suggest relatively high female participation in household decision-making and near-equal community participation for some, a large share reporting “varies” indicates that women’s influence is often conditional and context-dependent.

Participation, Agency & Decision-Making

Equal participation between women and men in community activities was stated by 49.52%, while 17.11% said it does not occur and 33.38% indicated that it varies. The near-even split between equal participation and variable participation suggests that gender equality in community engagement is inconsistent and context-dependent, with a substantial proportion of women experiencing conditional or uneven inclusion rather than systematic equality.

Regarding household decision-making, 68.62% expressed that women participate, compared with 6.13% who said they do not, and 25.24% who noted that this varies. While reported participation in household decision-making appears high, the sizeable proportion indicating variability points to situational or negotiated decision-making power, suggesting that women’s influence may be limited to specific domains or circumstances rather than reflecting full autonomy.

FGDs reveal that reported participation often masks restricted autonomy. Women across regions described limited freedom of movement, particularly at night or in public spaces perceived as unsafe. In Bourj Hammoud, women explained that they require male accompaniment after dark, while Syrian refugee women in Akkar and the North reported that expired residency documents make even routine movement dependent on husbands or relatives who can safely navigate checkpoints. Migrant women described an added layer of control, as employers determine when they can leave the household, access services, or obtain menstrual hygiene products. Economic dependency reinforces these dynamics, with women reporting limited control over household budgets and prioritizing children’s needs while postponing their own health or hygiene needs. Elderly Lebanese women described remaining in abusive marriages due to lack of financial alternatives or institutional support.

Women with disabilities reported even more constrained decision-making due to inaccessible infrastructure and reliance on family members for mobility.

“Bourj Hammoud is no longer safe, especially at night. A woman needs a man to accompany her if she goes out after dark”, Lebanese Armenian Women in BML

Desk review evidence confirms that the conditional and negotiated participation identified in the quantitative and qualitative findings reflects broader structural gender inequality in Lebanon. According to the Global Gender Gap Index 2023, Lebanon ranks 119 out of 146 countries, indicating persistent disparities in economic participation, political empowerment, education, and health. National-level data further shows that women’s labour-force participation remains low at 22%, and women hold less than 10% of public decision-making positions according to UN Women. These systemic constraints reinforce the qualitative evidence that women’s reported participation in household and community decision-making often does not translate into genuine autonomy or authority.

A- Participation in Decision Making x Nationality x Location

A statistically significant association was found between nationality and women’s participation in household decision-making ($p = 0.001$). Among Lebanese respondents, the highest categories were 'yes' (69.22%) and 'varies' (24.73%). For Palestinians, the leading responses were 'yes' (60.00%) and 'no' (40.00%). Among Syrians, the two most common categories were 'yes' (62.94%) and 'varies' (30.79%). For respondents of other nationalities, 'yes' was overwhelmingly highest (89.86%), followed by 'varies' (5.80%). While participation is reported across all nationality groups, the variation in “varies” and “no” responses suggests unequal depth and consistency of women’s decision-making power, with Palestinian households showing comparatively lower reported participation.

Qualitative findings clarify that reported participation often reflects negotiated or constrained decision-making rather than full autonomy. Across FGDs, women described having limited control over mobility, finances, and personal health decisions, particularly when legal insecurity or economic dependency is present.

A statistically significant association was observed between location and women’s participation in household decision-making ($p = 0.001$). High levels of participation were reported across several areas, most notably Mount Lebanon (92.74%), followed by Beirut (76.79%), Akkar (73.85%), El Nabatieh (72.02%), Bekaa (70.00%), South (70.09%), and North (69.47%). In contrast, Baalbek-Hermel stood out with the majority selecting “varies” (55.69%). The North also recorded the highest proportion stating no participation (9.29%), though this remained low compared with other categories. Geographic variation suggests that social norms, economic conditions, and household structures shape women’s decision-making roles, with Baalbek-Hermel reflecting more conditional or negotiated participation rather than consistent involvement.

FGDs provide insight into these geographic differences. Women in areas such as Baalbek-Hermel described strong patriarchal norms and economic hardship that limit women's authority over household decisions, resulting in participation that depends on context, topic, or male approval. In contrast, women in Mount Lebanon and Beirut more frequently described involvement in household decisions, though still constrained by safety concerns and financial dependency. Across locations, women emphasized that insecurity, poverty, and fear of violence or social backlash continue to shape when and how they can participate in decision-making, explaining why high reported participation often coexists with conditional or variable influence.

Women's Political Participation

Women's political participation opportunities were reported as unavailable by 36.22% of respondents, representing the largest share compared with those who said such opportunities exist (28.73%) or were unsure (35.05%). The high levels of reported unavailability and uncertainty indicate structural and informational barriers to women's political participation, reflecting limited visibility, access, or encouragement of women's engagement in political processes.

Qualitative findings explain this limited participation through structural exclusion and patriarchal governance norms. Key informants described a lack of meaningful female representation in formal decision-making structures, with men dominating leadership roles at local and community levels. Women reported that social norms, safety concerns, and lack of institutional encouragement discourage political engagement.

"There is a systemic lack of meaningful female participation in formal, high-level local governance and decision-making structures", Unidentified Key Informant in Bekaa

"The community is still largely patriarchal, with men dominating decision-making positions. As a result, women have very limited participation in these processes. Social norms and power dynamics reinforce male control over leadership roles and community decisions", Medical Doctor in Akkar

Secondary findings strongly confirm the low and uneven levels of women's political participation observed across locations and nationalities. Women currently hold only 6.25% of parliamentary seats following the 2022 elections, reflecting entrenched exclusion from formal political power. This aligns with qualitative findings describing male-dominated governance structures and limited pathways for women's meaningful engagement, particularly beyond informal or community-level participation.

B- Women's Political Participation x Location

A statistically significant association was found between location and women's political participation ($p = 0.001$). The highest levels of reported political participation were observed

in Bekaa (60.00%), followed by South (41.03%), Akkar (33.49%), Baalbek-Hermel (34.13%), North (29.20%), El Nabatieh (20.18%), Beirut (19.05%), and Mount Lebanon (22.58%), with percentages varying notably across governorates. Overall low and uneven participation across locations indicates systemic barriers to women’s political engagement, with Bekaa emerging as a relative outlier rather than the norm.

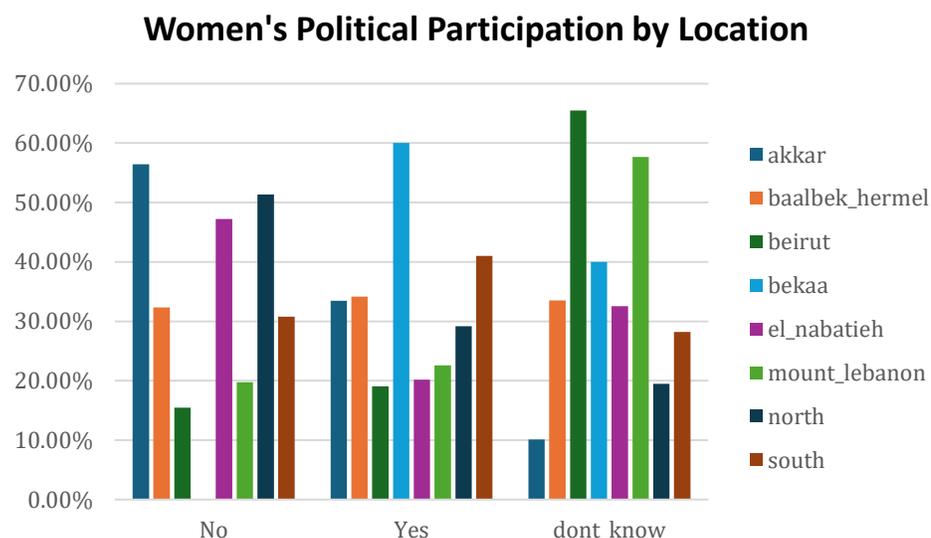


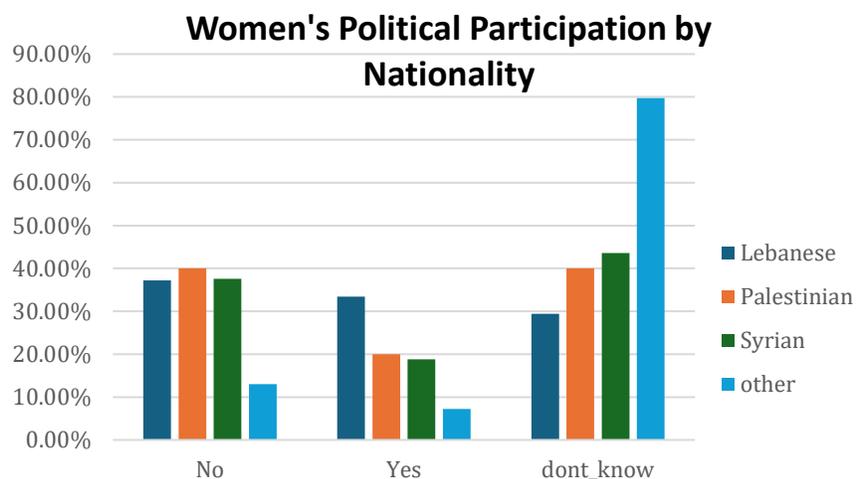
Figure 29. Women’s Political Participation by Location

Qualitative findings explain these geographic differences through structural exclusion, patriarchal norms, and safety constraints. Across FGDs and KIs, participants consistently described women’s limited presence in formal political and governance spaces, with decision-making roles dominated by men. Key informants emphasized that women’s political participation is often symbolic rather than meaningful, with few opportunities to influence formal decision-making processes. In Bekaa—where quantitative participation appears higher—participants noted greater engagement of women in community-level or informal structures rather than sustained involvement in formal political institutions, helping explain why Bekaa stands out as an outlier without indicating broader systemic inclusion.

The relatively higher participation observed in Bekaa is consistent with desk review evidence indicating that women’s engagement often occurs through local, informal, or community-based structures, rather than through sustained inclusion in formal political institutions. This supports the previously mentioned interpretation that Bekaa represents a relative outlier rather than evidence of systemic political inclusion.

C- Women’s Political Participation x Nationality

Women’s political participation varied significantly by nationality ($p = 0.001$). Across all groups, participation levels were low, with most women responding “No” or expressing uncertainty. Lebanese, Palestinian, and Syrian women showed similar patterns of limited



engagement, while women from “other” nationalities reported extremely high levels of “don’t know” (79.71%), suggesting substantial gaps in political awareness, access, or inclusion. Overall, the results highlight a clear association between nationality and women’s political participation.

Figure 30. Women’s Political Participation by Nationality

Qualitative findings help explain both the uniformly low participation across nationalities and the particularly high levels of uncertainty among women of other nationalities. FGDs and KIIs consistently described formal political and governance spaces as male-dominated, with limited pathways for women, especially non-citizens, to engage meaningfully. Women reported that political processes are often perceived as inaccessible or irrelevant, particularly for those with uncertain legal status.

SRHR Access & Barriers

Access to SRHR services was most commonly reported as unavailable (38.99%), followed by respondents who indicated these services were not needed (33.25%), while only 27.76%

stated that they had access. This distribution suggests both service access gaps and potential unmet needs masked by perceptions of non-necessity, which may reflect limited awareness, social norms, stigma, or barriers to service utilization rather than genuine absence of need.

FGDs reveal that SRHR remains highly sensitive and stigmatized, limiting awareness and help-seeking. Financial barriers were the most frequently cited constraint, with women reporting that consultations, medications, and follow-up care have become increasingly unaffordable. Legal insecurity further restricts access for Syrian refugee women, who avoid traveling to health centers due to fear of arrest. Migrant women described complete dependence on employers to permit medical visits, resulting in delayed or foregone care. Women with disabilities reported additional barriers, including inaccessible infrastructure, lack of transportation, and absence of tailored SRHR information, with some stating they were unaware such services existed.

“Those who cannot afford the fees often need connections or ‘wasta’ to receive care”,
President of an NGO in Tripoli

“ These services are not widely available”, Syrian woman with disability

Desk review evidence confirms that deteriorating access to sexual and reproductive health services is a national trend, exacerbated by Lebanon’s economic collapse, rising healthcare costs, and reduced public and humanitarian funding. Women’s access to reproductive health services has significantly declined, particularly among refugees, migrants, and women with disabilities. These structural pressures reinforce the quantitative finding that SRHR access is widely reported as unavailable or “not needed,” and the qualitative evidence showing that financial barriers, stigma, and legal insecurity suppress service utilization. The desk review further emphasizes that women’s health access is deeply linked to legal status, income insecurity, and mobility constraints, which directly explains the compounded vulnerabilities identified among Palestinian, Syrian, and other nationality groups.

D- Sexual and Reproductive Health and Rights (SRHR) access x Gender x Nationality

A chi-square test showed no statistically significant association, though the result was borderline ($p = 0.054$). Descriptively, the largest share of women reported no access to SRHR services (40.74%). Among men, no access was also the most common response (37.59%). For individuals identifying as non-binary, the highest proportion indicated that SRHR services were not needed (40.00%), while 33.75% reported lack of access. The descriptive patterns indicate that lack of SRHR access affects all genders, with women experiencing the highest reported unmet access, suggesting gendered exposure to structural, cultural, or service-related barriers.

SRHR Access by Gender

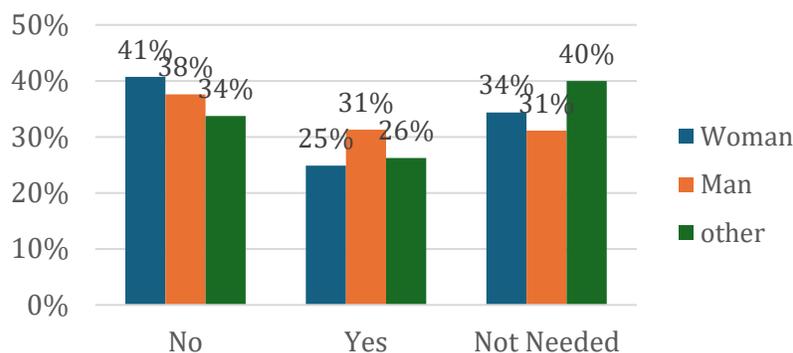


Figure 31. SRHR Access by Gender

Qualitative findings strongly support and contextualize these patterns. Across FGDs, SRHR was consistently described as a highly sensitive and stigmatized topic, limiting open discussion, awareness, and help-seeking across genders.

A statistically significant chi-square test ($p = 0.001$) showed substantial variation in SRHR access across nationalities. Among Lebanese respondents, the two highest and equal shares were those with no access and those reporting SRHR services as not needed (36.73%). For Palestinians, the largest proportion indicated no access (60.00%). Among Syrians, the highest share also fell under no access (43.32%), while respondents classified as “other” nationality most frequently reported no access (50.72%). These differences indicate that nationality is a key determinant of SRHR access, with non-Lebanese groups facing systematically higher levels of unmet need, likely reflecting legal, economic, and service-access constraints.

SRHR Access by Nationality

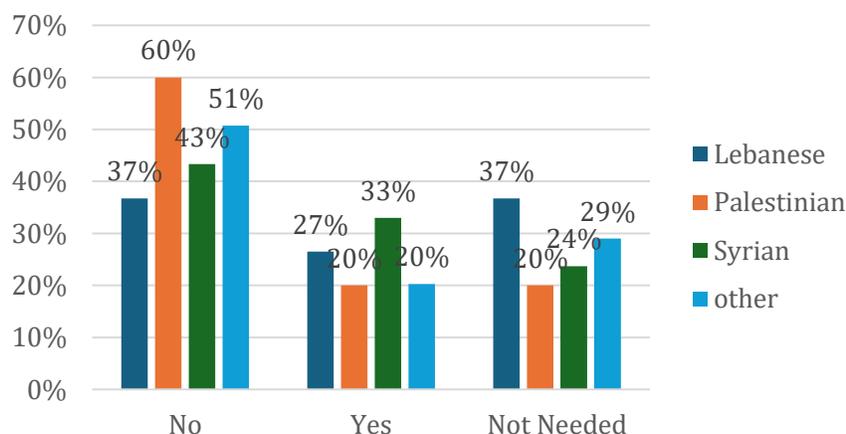


Figure 32. SRHR Access by Nationality

FGDs and KIs provide clear explanations for these nationality-based disparities. Syrian refugee women described avoiding health facilities due to fear of arrest or movement restrictions linked to expired residency, while others explained that without cash assistance or external support, they are unable to afford SRHR services. Palestinian and migrant participants similarly highlighted financial barriers, limited-service availability, and reliance on informal networks or “wasta” to access care. Migrant women, particularly live-in domestic workers, reported having little or no autonomy to seek SRHR services, as access depends entirely on employer permission. These narratives explain the significantly higher levels of unmet SRHR access observed among non-Lebanese groups.

Upon disaggregating SRHR access by both gender and nationality, notable patterns emerged. Palestinian women recorded the highest level of unmet SRHR access (100%), followed by Syrian women (51.21%) and women of other nationalities (46.34%). Among men, individuals from other nationalities had the highest level without access (62.50%). Within the non-binary category, respondents from other nationalities also showed the highest unmet access, exceeding half of the group (55%). These intersectional results reveal compounded vulnerability where gender and nationality intersect, placing non-Lebanese women, particularly Palestinian and Syrian women, at the highest risk of SRHR exclusion.

E- SRHR Access x People with Disabilities

A significant association was found between SRHR access and disability status ($p = 0.001$). Individuals with no disability and those with two or more disabilities showed a similar pattern, where the largest proportion lacked access to SRHR services (41.49% and 42.74% respectively), followed by respondents who indicated the services were not needed (28.62% and 34.68%). Among those with one disability, the highest proportion fell under the “not needed” category (36.93%), while a smaller but notable group reported lacking access (32.53%). These findings suggest that disability status influences both access to and perceptions of SRHR services, with potential barriers related to physical accessibility, service appropriateness, or awareness contributing to unmet needs.

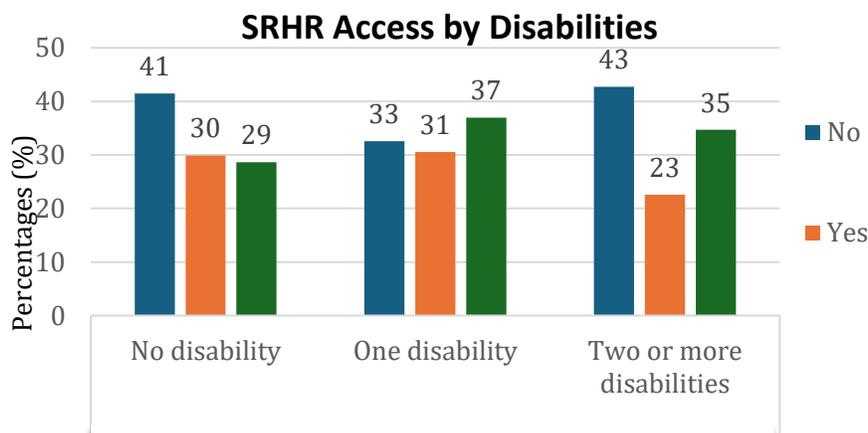


Figure 33. SRHR Access by Disability

Qualitative findings strongly support and nuance these results. Women with disabilities described multiple, compounding barriers to accessing SRHR services, including inaccessible health facilities, lack of adapted transportation, and absence of tailored SRHR information. Several participants reported that they had never received information specific to their reproductive health needs or were unaware that SRHR services were available to them at all, helping explain the relatively high proportion reporting services as “not needed.”

“These services are not widely available”, Syrian woman with disabilities

Menstrual Hygiene Management

Access to Menstrual Hygiene Management (MHM) products was reported by 68.04%, while 31.96% indicated that they did not have access. The lack of access to menstrual hygiene management products for nearly one-third of respondents highlights a persistent gender-specific vulnerability with implications for health, dignity, and participation, particularly under conditions of economic strain. Qualitative findings reveal that MHM challenges extend beyond access to products and include affordability, quality, autonomy, and privacy. Women described rationing pads, switching to lower-quality or unsafe alternatives, or relying on irregular donations. Migrant women reported total dependence on employers for menstrual products, while women with disabilities described compounded difficulties due to physical limitations, high costs, and lack of tailored support. In low-income households, women reported prioritizing children’s needs over their own hygiene, reflecting gendered spending norms under economic stress.

Secondary sources confirm menstrual hygiene management as a persistent gendered vulnerability in Lebanon, driven by inflation, poverty, and declining purchasing power. Rising costs of hygiene products disproportionately affect women and girls, particularly in low-income, refugee, and female-headed households. This supports qualitative findings of rationing, reliance on donations, and prioritization of children’s needs over women’s own

hygiene, as well as quantitative evidence showing that nearly one-third of respondents lack access to MHM products.

Gendered Safety Risks, Violence, & Legal Insecurity

While quantitative data does not directly measure gender-based violence or safety, qualitative findings reveal that gendered risks are pervasive across all nationalities. Women reported restrictions on movement, fear of harassment, and exposure to domestic violence. Elderly Lebanese women described remaining in abusive marriages “for the sake of the children,” while refugee women emphasized that legal insecurity makes seeking protection unsafe or impossible.

“Constant anxiety and fear of arrest”, Syrian woman

Women with disabilities and LGBTQIA+ individuals described heightened exposure to violence and exclusion due to mobility constraints, stigma, and lack of legal protection.

UNFPA Situation Analysis Report (2021) indicates heightened exposure among refugee women, migrant women, women with disabilities, and gender-diverse individuals. Compounded crises since 2019—including economic collapse, political instability, and conflict—have intensified risks of domestic violence, exploitation, and abuse, while simultaneously weakening protection and support systems. This aligns closely with qualitative accounts of women remaining in violent households, avoiding authorities due to legal insecurity, and experiencing restricted mobility and fear in public spaces. Women and girls with disabilities face additional exclusion due to inaccessible services and lack of tailored GBV and psychosocial support, reinforcing the “hidden vulnerability” identified in both the quantitative and qualitative findings.

LGBTQIA+ Individuals & Gendered Vulnerabilities

LGBTQIA+ individuals face some of the most severe gendered and identity-based risks. LGBTQIA+ participants, especially trans women, describe constant verbal harassment, threats in public spaces, and fear of using transportation or entering certain neighborhoods. One trans woman explains that the combination of being a refugee, having no residency, and lacking a sponsor (kafil) places her at risk of deportation and severely limits her ability to access education or secure work. She reports that even routine activities like walking at night or seeking services can expose her to physical danger.

LGBTQIA+ participants also highlight fear of government actors. Because their documents do not reflect their gender identity or because they lack legal papers, they avoid reporting abuse or discrimination.

Economic exclusion adds another layer of vulnerability. LGBTQIA+ individuals explain that discrimination and stigma prevent them from securing stable employment. While survival sex

is mentioned in the FGDs, it is not directly linked to LGBTQIA+ identity. However, the combination of livelihood exclusion, unsafe public spaces, and legal insecurity suggests that LGBTQIA+ individuals may be at heightened risk of resorting to harmful coping mechanisms.

“I can’t report it because my papers don’t allow me to”, Syrian LGBTQIA+ participant

LCRP 2023 confirms that LGBTQIA+ individuals in Lebanon face pervasive stigma, discrimination, and violence, particularly during periods of crisis. Their limited visibility in national data systems and weak inclusion in protection mechanisms contribute to underreporting of abuse and exclusion from services. These structural gaps directly support qualitative findings describing fear of reporting violence, legal insecurity, and livelihood exclusion among LGBTQIA+ participants.

Triangulating quantitative findings, qualitative evidence, and desk review shows that gender is a key and cross-cutting driver of vulnerability in Lebanon. While women report relatively high participation in household decision-making, quantitative and qualitative findings indicate that this participation is often conditional and does not translate into consistent political engagement or full autonomy. Access to SRHR and menstrual hygiene remains limited, particularly for Palestinian, Syrian, migrant, and other nationality groups, as well as for women with disabilities, with qualitative data revealing how stigma, legal insecurity, affordability, and accessibility barriers mask unmet needs. Desk review evidence situates these patterns within broader structural inequality in Lebanon, where women remain underrepresented in decision-making and political leadership, reinforcing that reported “participation” frequently does not translate into sustained power, protection, or access.

5.6. Accountability to Affected Populations

Findings indicate significant accountability gaps across assistance delivery, characterized by limited access to information, low trust in feedback mechanisms, and weak participation in decision-making.

Access to Information

Access to information appears limited, as 66.75% of respondents reported not receiving timely and clear information about available services. This indicates a major communication coverage and/or clarity gap, suggesting that information dissemination is not consistently reaching affected populations or is not delivered in a usable format (timeliness, language, or relevance), which can directly undermine service uptake and equitable access.

A- Access to Information x Nationality x Gender

A chi-square test showed a statistically significant association between nationality and access to timely information about available services. The “Other” nationality group had by far the highest proportion reporting no access (88.41%), compared with Lebanese,

Palestinians, and Syrians who all ranged between 60% and 66% reporting no access. This suggests systematic exclusion or weaker outreach coverage for “other” nationalities—potentially linked to documentation status, language barriers, social isolation, employer-controlled mobility (for some migrant groups), or weaker connections to humanitarian networks. A similar pattern appears across gender, where women and men reported nearly identical levels of limited information access (66–65%), while those identifying as “other” gender expressed the highest access barrier (82.50%). The elevated barrier among other gender respondents may reflect stigma, safety concerns, limited trust in institutions, and reduced access to mainstream community networks.

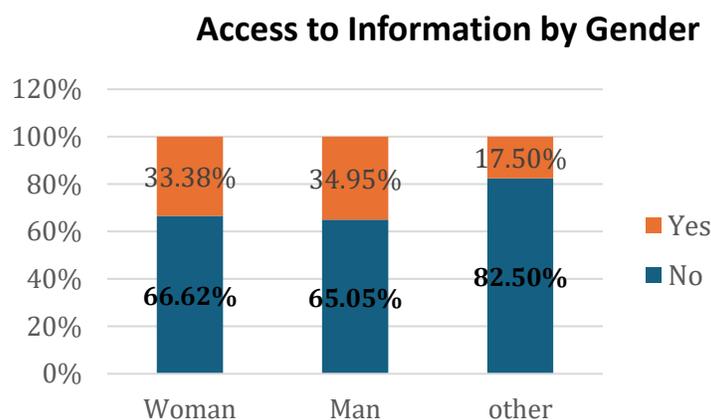


Figure 34. Access to Information by Gender

The intersection of gender and nationality shows notably higher barriers to accessing information among specific sub-groups. The analysis shows three prominent patterns. Among Lebanese respondents, non-binary individuals had the highest proportion pointing out no access to information (80.85%). A similar pattern appeared among Syrians, where non-binary participants also expressed a high lack of access (84.62%). In addition, among individuals categorized as 'other nationalities', women indicated the highest level of no access to information (90.24%).

FGDs and KIs strongly confirm and explain this information gap. Across regions and nationalities, participants consistently report that they do not know which organizations operate in their area, what assistance they are eligible for, or how to access services or submit complaints. These information gaps are not occasional but systemic, creating confusion, frustration, and, in some cases, unsafe situations—particularly for women, older persons, migrants, and refugees with restricted mobility. KIs further note that even municipalities often lack updated or accurate information, limiting their ability to guide communities.

B- Access to Information x People with Disabilities

There is a statistically significant association between disability status and access to information ($p=0.005$). Individuals with two or more disabilities were least likely to have

access to information (72.38%). This was followed by people with one disability (64.67%) and those with no disability (63.59%). The gradient suggests that information barriers increase with severity/complexity of disability, potentially reflecting accessibility gaps (format, language, hearing/vision support), reduced mobility, and dependence on caregivers.

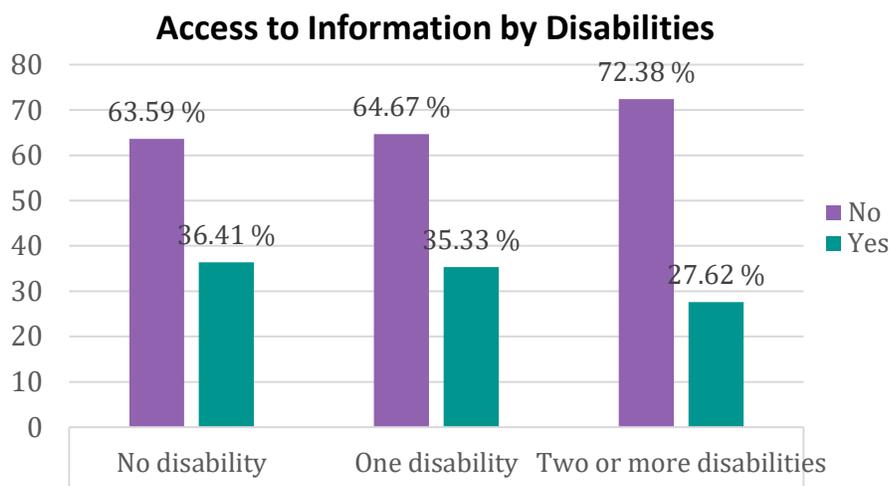


Figure 35. Access to information by Disability

Preferred Accountability Channels

Despite information gap, when asked about preferred communication channels, WhatsApp overwhelmingly dominated (73.27%), far surpassing hotlines (23.37%) and all other channels (<2%).

C- Preferred Accountability Channels x Gender x Nationality

Across gender groups, WhatsApp was overwhelmingly the preferred information channel, ranging from 69.9% to 76.1%, making it the dominant method for communication. Hotlines ranked second, selected by 20–26% across gender. Across nationalities, WhatsApp remained the leading information channel, with the highest share stated among the ‘other’ nationality group (88.41%). Hotline services consistently ranked second, used by roughly 20–26% across groups. The uniformity of WhatsApp preference across demographic groups suggests it is a high-potential channel for AAP two-way communication, including feedback intake, FAQs, and referrals.

The strong preference for WhatsApp identified in the quantitative data is directly explained by qualitative findings. Participants describe WhatsApp as the most accessible, discreet, and familiar channel, especially for those who cannot attend information sessions, approach offices, or use formal systems. In contrast, hotlines and in-person channels are perceived as intimidating, unreliable, or inaccessible due to cost, language barriers, mobility constraints, or fear of exposure—particularly among undocumented refugees and marginalized groups.

Preferred Channel to Receive Information

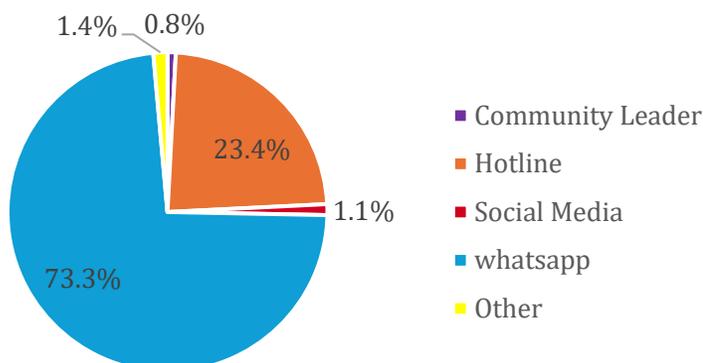


Figure 36. Preferred Communication Channel

Awareness & Trust

Awareness of community feedback and complaint mechanisms (CFM) is moderate (45.7% yes), yet actual use is very low (4.26%), and 9.62% reported not being aware of CFM at all. Among those who used the system, only 31.86% were satisfied. The large gap between awareness and use suggests that barriers are not only informational, but also practical and trust-related—e.g., people may fear negative consequences, doubt confidentiality, perceive the process as difficult, or believe complaints do not lead to action. Low satisfaction among the small group of users further suggests perceived low responsiveness, limited feedback loops, or unresolved complaints, which can discourage future use and weaken accountability.

Qualitative findings provide a clear explanation for this gap between awareness and use. Participants across regions express deep mistrust in aid providers, complaint mechanisms, and institutional actors, repeatedly stating that they do not believe complaints lead to action. Many report submitting complaints without receiving any response, reinforcing perceptions that feedback mechanisms are symbolic rather than functional. Aid is often perceived as unclear, politicized, wasta-based, or unfairly distributed, further discouraging engagement. KIs confirm that communities frequently feel “abandoned” or “not listened to”, and that feedback systems are often viewed as inaccessible, overly formal, or disconnected from real decision-making. This directly explains both the low usage rates and the low satisfaction levels captured in the quantitative data.

Highly Vulnerable Groups are Systematically Excluded from Communication Channels

FGDs clearly show that the groups facing the strongest barriers to accessing information and complaint mechanisms include:

Women with disabilities: They report difficulty accessing information sessions or complaint offices due to mobility, stigma, or lack of tailored communication formats.

Migrant Women: Particularly live-in workers who have restricted movement and rely entirely on employers for information about services.

Undocumented Syrian refugees: They avoid approaching organizations or municipalities for fear of being reported or facing legal consequences.

Elderly women: They lack digital literacy and often depend on neighbors or relatives for updates on aid, leading to inconsistent access to information.

LGBTQIA+ individuals: They avoid public spaces and institutional actors due to fear of harassment and discrimination.

Several KIIs acknowledge that current communication channels do not reach these groups effectively, and that feedback pathways are often too formal, inaccessible, or unfamiliar to those who need them most.

“These people lack trust in the system and find it difficult for them to obtain information or legal support”, Operations Manager in Saida

Preferred Assistance

In terms of preferences for assistance, cash was by far the most preferred modality (97.03%). In-kind assistance (1.03%) and vouchers (1.94%) were rarely chosen. The near-universal preference for cash likely reflects multi-dimensional needs and constrained purchasing power, where flexibility is critical. It may also signal dissatisfaction with the relevance/quality of in-kind items or the limited usability of vouchers, particularly under inflation and market volatility.

D- Preferred Assistance Modality x Location x Nationality

Preferred assistance modality showed a statistically significant difference across nationalities ($p= 0.047$), but cash assistance was overwhelmingly preferred by all groups, ranging from 80% to 100%. The slightly lower cash preference among Palestinians (80%) is not meaningful as this group had only five respondents. However, preferred assistance modality did not differ meaningfully by governorate ($p= 0.373$), as cash remained overwhelmingly dominant everywhere, with rates generally between 94% and 100%. The consistency across governorates indicates that cash preference is a system-wide trend rather than context-specific, suggesting programming should treat cash as the default modality unless protection/market constraints require alternatives. The “statistical significance” by nationality is likely driven by small subgroup variation rather than a programmatically meaningful difference.

In every region represented in the FGDs, participants express a clear and consistent preference for cash over in-kind assistance. They say cash is:

- more dignified
- allows households to prioritize their own needs
- avoids accumulation of irrelevant or low-quality in-kind items
- and reduces transportation barriers associated with collecting distributions

Participants also mention that in-kind assistance sometimes does not match household needs, arrives late, or is of inconsistent quality. Cash assistance is seen as flexible, efficient, and better aligned with immediate survival needs such as rent, food, water, medication, and hygiene supplies. Importantly, participants say that cash assistance increases their sense of control, which directly links to AAP principles of choice, participation, and dignity.

“For me, cash assistance is better. I have the cash and get what my family is in need the most”, Lebanese woman

Desk review evidence strongly corroborates the quantitative and qualitative findings, situating observed AAP gaps within broader global and national accountability frameworks. AAP, as defined by IASC and the Core Humanitarian Standard (CHS), emphasizes transparent information-sharing, meaningful participation, accessible feedback mechanisms, and program adaptation based on community input. In Lebanon, these commitments are formally embedded in the Lebanon Emergency Response Plan (LERP 2023) and operationalized through coordination structures under the Humanitarian Country Team and sector working groups. However, the assessment findings indicate a persistent implementation gap. While national mechanisms such as the Inter-Agency Feedback and Complaints Mechanism (IAFCM), agency hotlines, and cash-programme call centers exist, quantitative data shows low awareness, minimal use, and limited satisfaction with feedback mechanisms, while qualitative findings reveal deep mistrust, fear of reprisal, and perceptions that complaints do not lead to action. Desk review evidence confirms that such trust deficits are common in protracted crisis settings where repeated shocks, funding constraints, and fragmented service delivery undermine accountability. The overwhelming preference for cash assistance and WhatsApp-based communication aligns with AAP principles of dignity, choice, and accessibility, as well as with agency-level practices in Lebanon (e.g., WFP MPC, UNICEF AAP strategies). Taken together, the triangulated evidence demonstrates that AAP challenges in Lebanon are not driven by absence of systems, but by limited accessibility, weak feedback loops, and insufficient adaptation based on community input—particularly for marginalized groups such as non-binary individuals, persons with disabilities, migrants, and undocumented refugees.

Overall, the triangulated findings point to persistent barriers in accessing information and engaging with accountability systems, especially among non-binary individuals, people with

disabilities, and those classified under “other” nationalities. Communication preferences remain consistent across all groups, with WhatsApp being the clearly dominant channel. Combined with low awareness, minimal use, and limited satisfaction with feedback mechanisms, these patterns point to broader challenges in outreach and accountability, suggesting that current systems are not sufficiently accessible or responsive to community needs. Taken together, the results imply an AAP gap that is both “front-end” (information not received) and “back-end” (feedback mechanisms not trusted/used and not perceived as effective). Strengthening AAP therefore requires moving beyond formal mechanisms toward trusted, inclusive, and responsive engagement that visibly integrates community feedback into decision-making and service delivery.

5.7. Protection

Safety, Mobility & Exposure to Threats

Quantitative findings indicate that 10.65% of respondents do not feel safe moving around their neighborhood during the day, a figure that rises sharply to 28.92% at night, highlighting a significant deterioration in perceived safety after dark. Gender differences are pronounced. During the day, non-binary respondents report the highest levels of not feeling safe (31.25%), compared to women (11.04%) and men (7.78%). At night, this gap widens further, with 57.50% of non-binary individuals reporting feeling unsafe, compared to 32.87% of women and 21.00% of men.

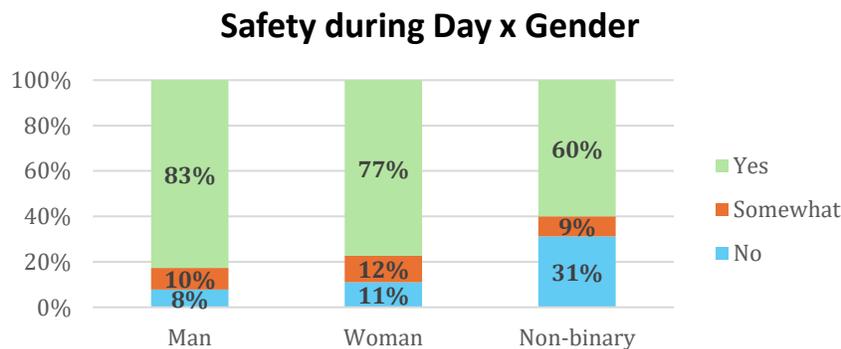


Figure 37. Safety during Day by Gender

Safety during Night x Gender

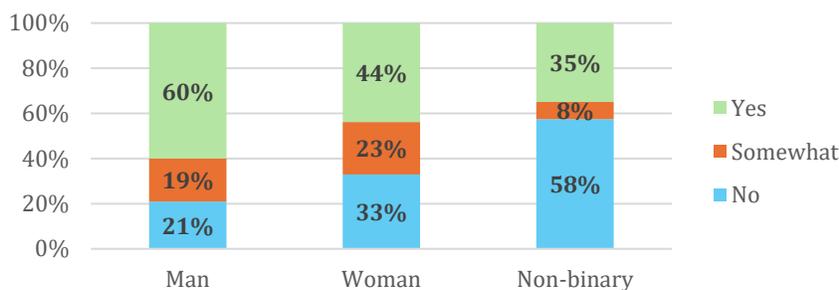


Figure 38. Safety during Night by Gender

These patterns suggest that safety concerns are not evenly distributed but are shaped by gender identity and visibility in public spaces. Qualitative findings strongly explain this gradient. LGBTQIA+ individuals, particularly trans women and gender-diverse refugees, describe persistent verbal harassment, threats, and fear of physical assault, especially after dark. Many reported avoiding public transport and limiting movement altogether due to fear of being targeted by both community members and security actors.

“It’s also not safe to transport as a trans and afraid of checkpoints and I hear bad comments on the streets”, Lebanese LGBTQIA+ participant

“Jnoud Lrab and others are attacking us, and we face widespread hostility”, Syrian LGBTQIA+ participant

Geographic patterns further reinforce these vulnerabilities. Governorates above the average for not feeling safe, both during the day and at night, include El Nabatieh (28.44%), Beirut (14.29%) and Mount Lebanon (11.69%) during the day, and Beirut (47.02%), Mount Lebanon (43.15%), and El Nabatieh (42.66%) during the night, areas characterized by high population density, economic stress, and, in some cases, recent insecurity. Desk review findings (VASyR 2023; LCRP 2025) confirm that urban and peri-urban areas experience heightened protection risks linked to overcrowding, poverty, and strained public services, aligning closely with the spatial patterns observed in the survey.

Threats, Harassment, & Violence

Overall, 8.13% of households report experiencing threats, harassment, or violence in the past 30 days, but these average masks severe disparities. Exposure is dramatically higher among non-binary respondents (28.75%) and among respondents of other nationalities (28.57%), Palestinians (20.00%), and Syrians (14.99%), while Lebanese respondents report much lower exposure (4.52%).

Qualitative evidence clarifies why nationality and gender intersect so strongly with threat exposure. Refugees without legal residency described being routinely harassed by neighbors, landlords, employers, or security actors, knowing they cannot safely report

incidents. LGBTQIA+ refugees face compounded risk, as discrimination related to gender identity combines with legal insecurity, making them highly visible yet unprotected.

“Lacking residency and being visibly trans means, I cannot report violence or seek help”,
Trans refugee woman

Desk review evidence corroborates these findings. VASyR 2023 and VARON 2020 document higher exposure to violence, exploitation, and harassment among refugees and non-nationals, particularly those without documentation, while LCRP 2025 confirms that protection risks remain acute and underreported due to fear of authorities and limited legal aid access.

Reporting Pathways & Access to Protection Services

A critical gap emerges around reporting and access to support. 38.41% of respondents report not knowing where or how to report a protection incident or access legal or psychosocial support. This lack of awareness is particularly high among Palestinians (80.00%), other nationalities (72.86%), Syrians (41.14%), and among women (41.37%) and non-binary respondents (50.00%). This is most commonly observed in Beirut (62.50%), followed by the North (47.79%), Mount Lebanon (39.11%), and Akkar (38.53%).

Qualitative findings explain this gap not as a lack of information alone, but as a reflection of fear, distrust, and exclusion. Refugees consistently describe avoiding police stations, municipalities, and even NGO offices due to fear of exposure, detention, or rejection. Women heads of households and persons with disabilities emphasized that even when services exist, physical access, transportation costs, and fear of harassment prevent them from reaching support.

“I cannot obtain protection because I do not have a residence permit”, Syrian refugee

Desk review findings align closely with this interpretation. LCRP 2025 highlights persistent gaps in legal aid coverage and protection referral pathways, particularly for refugees, persons with disabilities, and non-Syrian nationalities, reinforcing that underreporting is itself a marker of vulnerability.

Child Protection Risks

Nearly one quarter of respondents (24.22%) report safety risks to children in their area. These risks are most frequently reported in Akkar (49.54%), the North (39.38%), and Baalbek-Hermel (26.13%), and are higher among Syrian (41.37%) and Palestinian (40.00%) households.



Figure 39. Safety Risks to Children by Location

Qualitative data explains these patterns through economic stress, legal insecurity, and weak protective environments. Refugee parents described children working informally, being exposed to unsafe streets, or withdrawing from school due to costs and fear of checkpoints. Women heads of households emphasized heightened concern for girls' safety, while desk review findings confirm elevated child labor and early marriage risks, particularly in female-headed households and impoverished rural areas.

VASyR 2023 documents higher child labor rates among children in female-headed households (11%), reinforcing the link between household vulnerability, gender, and child protection risks observed in the survey.

Coping Strategies as Protection Risk Multipliers

Quantitative analysis demonstrates that coping strategies adopted in response to WASH, food insecurity, and financial stress are themselves strongly associated with heightened protection concerns, particularly fear and perceived insecurity.

Households using WASH-related coping strategies show substantially higher levels of not feeling safe. Among households that reduce water consumption, 33.70% report not feeling safe during the day, compared with 9.73% among those who do not, rising dramatically to 70.65% at night. Similarly, households fetching water from public sources report higher insecurity (18.42% during the day and 56.58% at night). Qualitative findings explain that these strategies often require movement through unsafe areas, increased exposure to harassment, and reliance on poorly lit or informal spaces, risks that disproportionately affect women, refugees, persons with disabilities, and older adults.

Safety during Night x Water Coping by Reducing HH Consumption

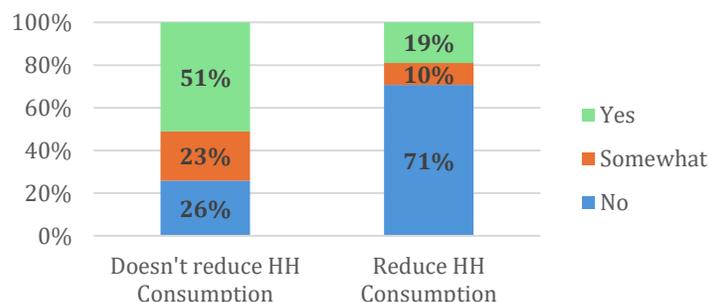


Figure 40. Safety during Night and Reducing Water Consumption

Financial coping strategies show a similar pattern. Among households with debt, not feeling safe rises to 12.46% during the day and 32.17% at night, compared with much lower levels among households without debt. Borrowing specifically is associated with higher insecurity both day (19.07%) and night (40.97%). While child labor does not significantly change fear levels at night, households with debt that use child labor face markedly higher exposure to threats and violence (28.89%) compared with those that do not (8.34%). Qualitative evidence links these findings to exploitative labor arrangements, unsafe work environments, and increased interaction with authorities or hostile actors.

Food-related coping strategies also intersect directly with protection risks. Households that skip meals report higher levels of not feeling safe during the day (17.74%) and at night (39.48%) compared with those that do not. Exposure to threats and harassment is also higher among households that skip meals or reduce portions. Qualitative accounts explain that food insecurity forces households to engage in risky behaviors, including borrowing from shop owners, traveling at unsafe hours to secure cheaper food, or remaining in exploitative living arrangements due to lack of alternatives.

Gender-specific WASH coping further reinforces protection concerns. In areas where menstrual hygiene supplies are not available, not feeling safe is substantially higher during both day (18.02% vs 6.46%) and night (39.28% vs 23.03%). While reported violence levels remain similar, qualitative findings highlight that fear, stigma, and loss of dignity shape women's perception of safety, particularly in public spaces and shared facilities.

Together, these findings demonstrate that deprivation-driven coping strategies are not neutral responses but act as protection risk multipliers, linking basic needs shortfalls directly to insecurity and exposure to harm.

Economic Stress as a Protection Risk Multiplier- Intersectional Analysis

Intersectional quantitative analysis demonstrates that protection risks intensify sharply when combined with economic stress. Households that experienced job loss in the past six months report significantly higher levels of not feeling safe during the day (15.57%) and night (38.32%), as well as higher exposure to threats (14.37%) compared to households without job loss.

Similarly, households with debt consistently report higher protection concerns. Among indebted households, 12.46% do not feel safe during the day and 32.17% at night, compared with much lower levels among households without debt. Exposure to threats is also higher among indebted households (9.13% vs. 5.04%).

Qualitative findings explain these links clearly. Economic hardship forces households into unsafe coping strategies: informal work at night, borrowing from exploitative lenders, child labor, or unsafe mobility to seek work or water. Refugee men described gravitating toward low-visibility informal jobs to avoid checkpoints, while women, especially women-headed households, are confined to limited, low-paid options such as cleaning, agriculture, or sewing, often within unsafe environments.

“Men take any hidden work to avoid arrest, and women are left with only cleaning or sewing”, FGD participant

Desk review sources confirm that poverty, debt, and informal labor significantly increase exposure to exploitation, GBV, and child protection risks, reinforcing protection vulnerability as a consequence of economic collapse rather than isolated security incidents.

Disability, Assistance & Unequal Exposure

Threat exposure increases significantly with disability status. Households with two or more persons with disabilities report the highest exposure to threats (14.11%), compared to 8.38% among households with one disability and 4.53% among households with none ($p = 0.001$). While receipt of social assistance is slightly higher among households with disabilities, coverage remains insufficient.

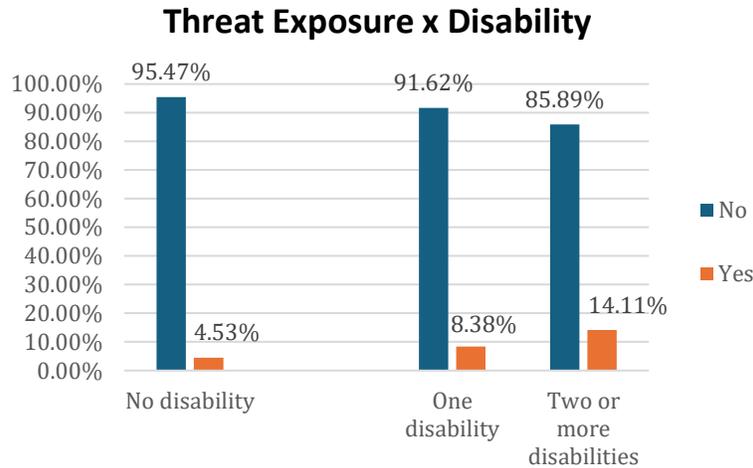


Figure 41. Threat Exposure & Disability

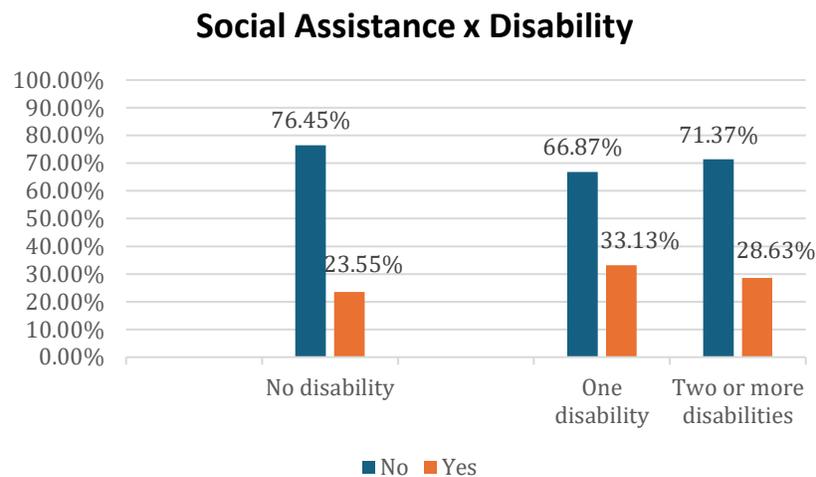


Figure 42. Social Assistance & Disability

Qualitative findings explain why disability-related protection risks are underestimated in surveys. Persons with disabilities, especially women, describe dependence on others for movement, inability to flee unsafe situations, and lack of accessible reporting mechanisms. Many normalize these risks, leading to underreporting.

“Accessibility and movement are difficult because I’m in a wheelchair”, Syrian refugee with disability

Desk review findings reinforce this invisibility, noting that persons with disabilities face compounded exclusion from protection and social protection systems and remain underrepresented in assistance data.

Social Protection Access & Exclusion

Quantitative findings show that not receiving social assistance in the past three months is associated with higher protection concerns, including higher levels of not feeling safe during the day (12.78% vs. 5.25%) and night (30.96% vs. 23.74%).

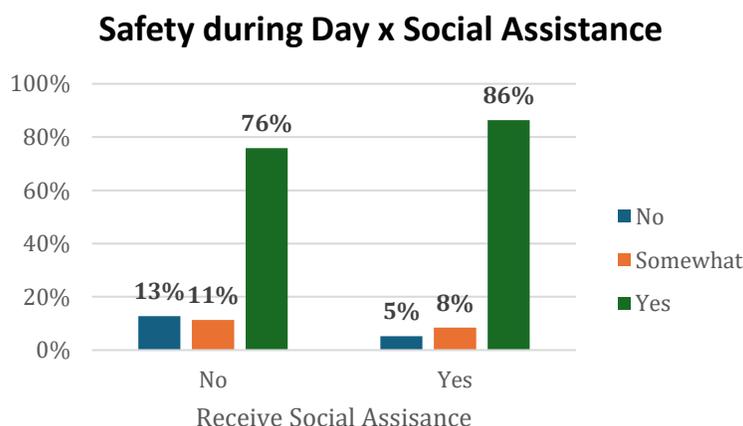


Figure 43. Safety during Day by Social Assistance

Qualitative evidence explains this relationship. Assistance, particularly cash, acts as a protective factor by reducing exposure to unsafe labor, limiting risky mobility, and enabling households to meet basic needs. Cuts in assistance have immediate protection consequences. Refugees described losing health subsidies and cash support, forcing them to borrow, skip services, or remain in unsafe housing.

"We have not received any kind of assistance", Syrian refugee

Desk review evidence confirms that Lebanon's social protection system remains fragmented and exclusionary. National mechanisms such as NTP and AMAN reach only a fraction of those in need, while refugees, informal workers, persons with disabilities, elderly people, and LGBTQIA+ individuals remain largely excluded, turning lack of coverage into a structural risk amplifier rather than a neutral gap.

Integrated Protection Implications

Across quantitative trends, qualitative accounts, and secondary evidence, protection and social protection vulnerabilities emerge as structural, cumulative, and deeply intersectional. Legal insecurity, economic collapse, weak social protection coverage, and discrimination interact to produce layered risks that disproportionately affect refugees, women-headed households, persons with disabilities, elderly individuals, migrants, and LGBTQIA+ populations.

Rather than isolated incidents, protection risks in Lebanon reflect a broader erosion of safety, dignity, and access to support systems. Addressing these risks requires integrated

responses that combine legal aid, inclusive social protection, economic support, GBV and child protection services, and community-based mechanisms that restore trust and reduce exclusion across all population groups.

6. CROSS CUTTING THEMES

1- Economic Precocity as the Foundation of All Vulnerabilities

Economic fragility is evident across the dataset: 60% of households report food shortages, more than 75% carry debt, and daily labor is the primary income source for half of respondents. Community narratives help illuminate how these pressures accumulate—collapsed labor markets, rising prices, shrinking assistance, and limited livelihood options leave households without any financial buffer. Women, particularly women-headed households, often describe reducing their own food intake so children can eat. Refugees—Syrian, Palestinian, and “other” nationalities—face even sharper constraints, as legal restrictions and widespread discrimination limit access to stable and better-paid work. Households with members with disabilities show higher food shortages and heavier reliance on debt, highlighting how disability, income, and social exclusion reinforce each other.

These economic pressures do not exist in isolation; they are further shaped by structural barriers linked to legal status.

2- Legal Status as a Determinant of Access Across All Sectors

Legal insecurity consistently emerges as a central factor limiting access to services and opportunities. Syrians and individuals of “other” nationalities report higher rates of job loss, heavier reliance on trucked water, and more frequent gaps in WASH and SRHR access. Field discussions help clarify this pattern: without valid residency, refugees avoid checkpoints, markets, clinics, and workplaces, restricting income generation and access to essential services. This immobility also affects water access, sanitation improvements, and engagement with accountability mechanisms. Migrant domestic workers experience parallel restrictions driven by employer control over movement and resources.

These legal and mobility constraints layer directly onto gendered inequalities that further shape access, safety, and decision-making.

3- Gender as a Cross-Sector Driver of Risk, Exclusion, and Reduced Agency

Gender norms and discrimination intersect with legal and economic pressures to create distinctive patterns of vulnerability. Non-binary respondents show the highest levels of debt and are more likely to consume only one meal per day, indicating acute hardship. Women consistently describe eating last or skipping meals to prioritize children—reflecting social expectations and caregiving roles that limit their agency. Access to SRHR services is limited across all groups, with Palestinian, Syrian, and “other” nationality women and non-binary individuals reporting the highest unmet needs. Women—particularly women headed

households, elderly women, migrant women, LGBTQIA+ persons, and those with disabilities—face strong mobility constraints, harassment risks, and limited decision-making power. In WASH, women carry the burden of managing insufficient water, maintaining hygiene, and securing menstrual products.

How these gendered vulnerabilities manifest varies significantly across Lebanon's geographic landscape.

4- Geographic Inequalities Producing Uneven Access to Basic Services

Regional disparities strongly shape household vulnerability. Water insufficiency is highest in Mount Lebanon, Nabatieh, Bekaa, Beirut, and the South; reliance on trucked water is highest in Baalbek-Hermel; and wells dominate in Akkar. Access to handwashing facilities and MHM varies sharply by location, with Baalbek-Hermel, Akkar, Bekaa, and Beirut showing pronounced gaps. Farming activity—and its related vulnerabilities—is concentrated in the North, Akkar, and Baalbek-Hermel, where disruptions, limited inputs, and irregular water access are common. Environmental and climate-related pressures, such as water pollution, drought, heatwaves, and air pollution, are particularly acute in Bekaa, Baalbek-Hermel, Beirut, and Mount Lebanon. Job loss is highest in Beirut, pointing to localized economic strain.

Community accounts reinforce how distance, insecurity, poor infrastructure, and weak municipal capacity compound these barriers, leaving many households dependent on purchased water, seasonal labor, and debt.

These spatial inequalities are deepened by institutional weaknesses and low trust in formal systems.

5- Institutional Fragility and Low Trust Undermining Access Across Sectors

Two-thirds of households report not receiving clear or timely information about available services, and fewer than 5% have used complaint mechanisms. Satisfaction among those who did engage is low. Participants frequently describe aid distribution as opaque, inconsistent, or influenced by *wasta*; municipalities lack updated programme information; and security bodies are viewed as unapproachable or unsafe. These perceptions shape behavior: survivors hesitate to report domestic violence, households avoid SRHR services, and refugees delay updating files. Non-binary individuals, people with disabilities, and those of “other” nationalities face the highest barriers to information and feedback.

Weak institutions also struggle to address environment and energy-related stressors that intersect with daily vulnerabilities.

6- Environmental and Energy Stressors Intensifying Household Vulnerability

Environmental degradation, climate impacts, and unstable energy access exacerbate vulnerabilities across sectors. While most households are connected to the national grid,

outages and high generator costs create chronic instability. Solar use remains limited and unequal. Syrians are more likely to lack any energy source, and Palestinians rely almost entirely on generators. Water pollution, waste mismanagement, and air pollution are widespread, particularly in Bekaa, Baalbek-Hermel, Beirut, Mount Lebanon, and the South. Heatwaves and droughts intensify water insufficiency and illness risks, especially for elderly persons and people with disabilities who cannot regulate temperature or refrigerate medication during outages.

These environmental pressures contribute to growing social tensions and influence how communities perceive fairness and access.

7- Social Tensions and Perceived Inequity Affecting Cohesion and Access

Social tensions are increasingly shaping access to services and mobility. Lebanese participants often feel that refugees receive disproportionate support; refugees, in turn, describe major reductions in assistance and unmet needs. These conflicting perceptions create resentment that spills into neighborhood relations, discrimination at work, harassment in public spaces, and reduced mobility for Syrian women and LGBTQIA+ individuals. Minority groups in some areas report avoiding movement after dark. Such tensions reflect deeper institutional, economic, and governance failures and contribute to an environment where protection risks, and barriers across sectors, intensify.

Amid these intersecting pressures, one form of assistance consistently reduces vulnerability across multiple dimensions: cash.

8- Cash Assistance as a Cross-Cutting Enabler of Survival, Flexibility, and Dignity

Cash assistance is overwhelmingly preferred (97%) and emerges as one of the few mechanisms capable of easing constraints across sectors. Households must purchase water, food, transportation, electricity from generators, medications, and SRHR services—making flexibility essential. Participants repeatedly describe cash transfers as what allowed them to manage rent, buy food, cover medical needs, pay generator bills, and avoid taking on additional debt. This is especially true for people with limited mobility—women, persons with disabilities, LGBTQIA+ individuals, and refugees facing legal restrictions—who cannot reliably access fixed distributions. Where cash assistance has stopped, families immediately reduce food intake, accumulate debt, or rely on neighbors.

Cash thus plays a stabilizing role in a context characterized by economic collapse, legal barriers, rising tensions, environmental risks, and institutional fragility.

7. LIMITATIONS

Data Collection & Enumerator Performance

- Despite training, variable comprehension of questionnaire items among data collectors risks inconsistent interpretation of questions, particularly complex multi-select indicators and coping strategies.
- Inconsistent recording of "Other" responses, including unclear handwriting and mixed languages, reduced the clarity and usability of qualitative values embedded in quantitative tools.
- Absence or limited implementation of a pilot test, where feasible, may have prevented early identification of confusing questions or technical issues.

Sampling & Representativeness Constraints

- Although designed to be nationwide, some hard-to-reach or insecure areas may have lower representation, potentially underestimating vulnerabilities in those locations.
- Non-probability sampling for specific population groups (e.g., LGBTQIA+ individuals, undocumented migrants) means findings for these groups are indicative but not statistically representative.
- In densely populated refugee-hosting areas, cluster saturation may skew results, creating overrepresentation of specific neighborhoods or settlement types.

Data Limitations

- All household data reported by respondents, may introduce recall bias—particularly for expenditures, income fluctuations, debt accumulation, and recent threats/harassment.
- Under-reporting of sensitive issues is expected, particularly legal status, domestic violence, protection incidents, and employment in informal sectors.
- Some respondents may inflate vulnerability in expectation of receiving aid, a known phenomenon in humanitarian assessments.

Tool & Indicator Limitations

- Some indicators—such as “feeling of safety,” “access to SRHR,” and “social cohesion”—are inherently subjective, leading to location-dependent interpretation.
- The standardized questionnaire may not fully capture nuanced vulnerabilities among smaller population groups (e.g., elderly living alone, people with disabilities, migrant domestic workers).

- In some sectors (e.g., protection), proxy indicators were used instead of direct measurement, limiting precision.

Data Quality & Consistency Risks

- Missing supervisor spot checks or irregular quality control may allow low-quality entries to go unnoticed. (Recommendation: supervisors should check time spent per survey and random samples—indicating this was a gap).
- Incomplete or unclear free-text fields reduced analytical value for qualitative trend extraction.

High Percentage of Respondents Who Identified as Having a Disability

- The proportion of participants reporting a disability was notably high due to how disability was defined and captured in the tool.
- Respondents could select one or more functional difficulties, including mild, intermittent, or moderate challenges—not only medically recognized disabilities.
- This approach broadens the disability category, resulting in a larger group than what formal disability frameworks typically classify.
- While inclusive and useful for identifying barriers to access, it may overestimate prevalence when compared to population-level statistics.
- The disability group therefore represents a spectrum of functional vulnerabilities, from mild limitations to severe impairments.
- Findings should be interpreted with the understanding that experiences and needs differ significantly within this group, and they do not constitute a uniform category.

Very Low Representation of Palestinian Participants

- Only five Palestinian respondents were included in the quantitative sample, representing a very small proportion of the total study population.
- This limited sample size restricts the ability to conduct robust comparisons or draw generalizable conclusions about the Palestinian community.
- Findings related to Palestinians should therefore be interpreted as indicative rather than representative and not extrapolated to the wider population.
- Sector-specific trends for this group may appear inflated or skewed due to the extremely small base number.

Limited Representation of LGBTQIA+ Individuals

- LGBTQIA+ participants represented only 80 out of 1,549 respondents, making up a small fraction of the overall quantitative sample.

- This reduced visibility limits the ability to analyze detailed intersectional patterns or compare outcomes across genders, nationalities, or locations.
- As with Palestinians, findings for LGBTQIA+ persons should be considered illustrative rather than statistically representative.
- The low sample size may reflect barriers to disclosure, fear of stigma, or lack of safe spaces to self-identify during data collection.

Limitations Linked to Rapidly Evolving Context

- Lebanon's economic decline, currency fluctuations, and changes in aid programming mean that conditions change faster than assessments can be conducted.
- Findings may require frequent updating to remain operationally relevant for programming decisions.

8. PROGRAMMATIC RECOMMENDATIONS

Based on the results highlighted in both the quantitative and qualitative sections, several recommendations are suggested that can inform program design, targeting, and advocacy across Oxfam's Lebanon portfolio, supporting evidence-based planning, equitable resource allocation, and strategic influencing efforts.

8.1. Economic / Livelihoods / Food Security (EFSVL)

A- Expand Cash Assistance & Reduce Harmful Coping

- Scale up multipurpose cash or cash-for-food for households with severe food shortage, high debt, and very low income (<200 USD), especially PWD, elderly living alone, WHH, and refugees.
- Introduce small, time-limited cash top-ups for households using severe coping (meal skipping, one meal/day).
- Pilot micro-grants (200–400 USD) for households drowning in debt to stabilize basic needs and prevent negative coping (borrowing, selling items).
- Strengthen debt monitoring within MEAL tools to identify households at risk of extreme food insecurity.

B- Strengthen Livelihood Access through NGO-Level Safe Opportunities

- Increase cash-for-work activities adapted for women, refugees, PWD, and LGBTQIA+ individuals (home-based tasks, community projects).
- Develop market-linked short trainings (tailoring, food production, mobile repair, digital skills) tied to real local demand in BML, South, Bekaa, Akkar.
- Provide startup kits and follow-up coaching to help participants earn from micro-activities (tailoring kits, food processing tools, mini toolboxes).

- Expand Oxfam-supported home-based income activities for individuals who cannot safely work outside (LGBTQIA+, WHH, PWD).

C- Targeted Food Security Support for At-Risk Groups

- Introduce nutrition-sensitive cash or vouchers for elderly, PWD, and people with chronic illnesses who cannot follow required diets due to cost.
- Expand food voucher assistance in areas with high food shortage and reliance on debt for food (debt–food shortage correlation).
- Partner with local shops to create “affordable food baskets” negotiated at a lower price for Oxfam beneficiaries.

D- Direct Support for Women, PWD, LGBTQIA+, & Other Highly Excluded Groups

Women & WHH

- Provide flexible childcare support during trainings and livelihood activities.
- Create women-only safe training spaces and coaching groups to increase participation.

Persons with Disabilities

- Adapt livelihood activities: accessible venues, transport support, tailored tools, and individualized coaching.
- Prioritize PWD households for cash and food support, given high food shortage rates.

LGBTQIA+ Individuals

- Create confidential referral pathways to safe employers and income activities.
- Offer private livelihood coaching sessions and online earning options.

Elderly & Chronically Ill

- Introduce small monthly nutrition top-ups to help them maintain adequate diets.
- Ensure door-to-door follow-up for elderly living alone who cannot reach markets.

8.2. Agriculture

A- Support Farmers with Direct Access to Essential Inputs

- Provide input vouchers (seeds, fertilizers, tools, irrigation accessories) targeting farmers in areas with the highest reported shortages: Baabek-Hermel, Akkar, North, and Nabatieh.
- Offer small input grants to low-income Lebanese farmers and refugee agricultural laborers to reduce the cost barrier of cultivation.
- Partner with local suppliers to negotiate reduced input prices for Oxfam-supported households.

- B- Improve Water Access through Practical Low-Cost Interventions
- Support installation of small-scale drip irrigation kits, especially in Baalbek-Hermel and Nabatieh where irregular water access is highest.
 - Provide training on water-efficient farming practices (mulching, greywater reuse, drought-tolerant crops).
- C- Enhance Climate-Resilient & Low-Cost Agricultural Practices
- Train farmers in climate-smart agriculture tailored for small and low-income farmers:
 - drought-resistant varieties
 - low-cost soil improvement
 - water-saving techniques
 - Offer season planning sessions to help farmers adjust production to climate shifts and market changes.
 - Provide safety training for agricultural laborers—especially refugees who work in unsafe conditions.
- D- Promote Household-Level and Community Food Production
- Introduce kitchen gardens for Lebanese low-income households and refugees with any available space (balconies, rooftops, small plots).
 - Provide kits with containers, soil, basic tools, and seedlings for home vegetable production.
- E- Support Women-Led and Smallholder Cooperatives
- Strengthen or help establish small cooperatives focused on processing, packaging, and selling agricultural products.
 - Link cooperatives to local markets and community fairs to increase product reach.

8.3. WASH

- A- Reduce Financial Burden of Water Purchasing
- Offer water subsidy vouchers for the poorest Lebanese, Syrian, Palestinian, and migrant women.
 - Implement seasonal water support in summer months for locations with highest insufficiency (Mount Lebanon, Bekaa, Beirut).
- B- Support Safe Water Storage and Household Water Management
- Provide households with chlorine, water filters, and container-cleaning kits.
 - Train women—the main household water managers—on:
 - safe storage
 - disinfection methods
 - avoiding contamination in shared tanks
- C- Improve Menstrual Hygiene Management (MHM) Access for All Women & Girls

- Distribute dignity kits with quality pads, reusable pads, underwear, soap, and disposal bags, prioritizing:
 - Akkar, Beirut, Nabatieh, and the North (highest lack of MHM)
 - Syrian, Palestinian, and “other nationality” women
- Introduce cash top-ups for MHM costs, acknowledging rising pad prices.
- Provide training on safe use and cleaning of and production of reusable pads, where culturally acceptable.

D- Strengthen Water, Hygiene, and MHM Accessibility for Women with Disabilities

- Provide personalized hygiene kits for wheelchair users (wet wipes, no-rinse cleansers, disposable gloves).

E- Community WASH Awareness, Clean-Ups & Drainage Actions

- Conduct awareness campaigns on safe water use, hygiene, and MHM through women and youth groups.
- Organize regular community clean-ups in shared buildings and informal settlements with provided cleaning kits.
- Establish community WASH focal points to report water shortages, contamination, and sanitation issues via simple tools (WhatsApp, checklists).
- Deploy cash-for-work teams for minor drainage repairs—clearing blocked drains, fixing manholes, and improving greywater flow.
- Provide municipalities and local groups with basic tools and training to maintain drainage and sanitation in high-risk areas.

8.4. Environment and Energy

A- Environment & Energy: Community-Level Actions & Risk Reduction

- Provide energy support (small cash top-ups or safety kits) for households struggling with generator costs, unsafe wiring, or energy-dependent medical needs.
- Distribute basic solar alternatives (solar lamps, fans, chargers) for families unable to afford full systems or living in conflict-affected areas where panels may be unsafe.
- Run awareness campaigns on safe generator use, heatwave protection, household energy-saving tips, and pollution risks, targeting elderly caregivers, PWD households, and refugee women.
- Organize community waste clean-ups in polluted neighborhoods and informal settlements, providing sorting supplies and tools to reduce trash burning and sewage overflow.
- Establish environmental focal points to monitor and report local hazards (blocked drains, burning trash, sewage leaks, open dumpsites) for rapid NGO follow-up.
- Deploy cash-for-work teams to clear drainage channels, remove debris, and conduct minor repairs that reduce localized flooding and environmental health risks.

- Create cooling support measures such as fans, hydration kits, and temporary cooling points during extreme heatwaves in high-risk areas (Bekaa, Baalbek-Hermel, Beirut, South, Mount Lebanon).
- Promote low-cost climate adaptation practices for households facing high heat and drought.
- Support small community initiatives like tree planting, erosion control, and basic land rehabilitation in areas reporting deforestation, overgrazing, or soil degradation.

8.5. Gender

A- Gender Equality & Decision-Making

- Promote gender-transformative community sessions that address shared household decision-making, mobility rights, and positive masculinity.
- Provide leadership and civic engagement training for women and girls, especially in areas with low political participation (Beirut, Mount Lebanon, Nabatieh).

B- Protection, Mobility & Safety

- Establish or strengthen women friendly spaces offering psychosocial support, protection referrals, safe reporting mechanisms, and information on rights.
- Implement community safety mapping to identify unsafe zones, improve lighting around public facilities, and reduce risks in markets, streets, and communal points.

C- SRHR Access & Health Services

- Provide SRHR transportation stipends, appointment accompaniment, and fee subsidies for women unable to reach clinics due to legal, financial, or mobility barriers.
- Partner with PHCCs to deliver inclusive, stigma-free SRHR services, ensuring privacy for Syrian, Palestinian, and LGBTQIA+ individuals.
- Conduct SRHR education sessions focused on contraception, menstrual health, pregnancy care, and navigating the system without wasta.

D- LGBTQIA+ Inclusion & Protection

- Create confidential support channels for LGBTQIA+ refugees and residents to access mental health care, legal aid, and safe referrals.
 - Train staff and partners on LGBTQIA+-inclusive case management, documentation barriers, and non-discriminatory service provision.
- Expand livelihood and SRHR access pathways specifically adapted for trans women and LGBTQIA+ individuals facing identity-based violence and exclusion.

E- Women with Disabilities

- Provide accessibility support, such as transport stipends, adapted hygiene kits, and small accessibility improvements (ramps, handrails).
- Deliver tailored SRHR information for women with disabilities who lack awareness of available services.

- Train caregivers and service providers on disability-inclusive protection and health support.

8.6. Accountability to Affected Populations

A- Access to Information

- Develop simple, multilingual WhatsApp information hubs that share real-time updates on services, eligibility, locations, and deadlines.
- Send broadcast WhatsApp messages (not groups) to protect privacy for women, LGBTQIA+ individuals, and other high-risk groups.
- Create local information boards in community centers, PHCCs, women's spaces, markets, and shelters for people with limited digital literacy (elderly women, PWD, migrant women).
- Conduct targeted and accessible outreach approaches, in coordination with specialized local actors and service providers, to improve information access among groups reporting higher information gaps, including persons with disabilities, older persons, women-headed households, migrant workers, and LGBTQIA+ individuals.

B- Communication Channels & Inclusion

- Offer gender- and disability-adapted communication, including voice calls for visually impaired persons and translated messages for migrant groups.
- Ensure private, low-visibility channels for LGBTQIA+ individuals and undocumented Syrians who avoid in-person or public mechanisms.
- Partner with trusted community focal points (women with disabilities, youth, migrant women, Syrian women) to spread verified information safely.

C- Feedback & Complaint Mechanisms

- Create simple WhatsApp complaint forms that take less than one minute to complete—maximizing use and reducing fear or confusion.
- Introduce assisted feedback options through women's centers, PHCCs, or safe spaces for people unable to submit complaints independently.
- Provide anonymous channels for sensitive issues (harassment, discrimination, LGBTQIA+ protection risks), including digital drop-boxes.
- Ensure timely follow-up with clear confirmation messages so communities see that complaints lead to action, helping rebuild trust.
- Train staff and volunteers in dignified, non-judgmental handling of complaints from refugees, LGBTQIA+ persons, and migrant women.

D- Community Engagement & Trust-Building

- Hold regular community meetings (segregated by gender and nationality when needed) to explain eligibility criteria, project limitations, and decision-making processes.

- Share feedback results and program changes openly with communities (“you said, we did”).
 - Use community committees—including women, Syrian refugees, PWD, migrant women, and LGBTQIA+ representatives—to co-design outreach plans and CFM improvements.
 - Actively address rumors, misinformation, and fears (e.g., fear of reporting, fear of approaching municipalities) through myth-busting communication on WhatsApp and in-person sessions.
- E- Support for Highly Excluded Groups
- Conduct targeted outreach for groups with the highest barriers, using tailored, partner-led outreach mechanisms:
 - women with disabilities
 - undocumented Syrians
 - migrant domestic workers
 - elderly women
 - LGBTQIA+ individuals
 - Link excluded groups to specialized legal and protection services to reduce fear of retaliation when seeking information or submitting complaints.
- F- Assistance Preferences & Modality Communication
- Maintain and expand cash assistance, the preferred modality for respondents, emphasizing dignity, flexibility, and choice.
 - Clearly explain cash eligibility criteria, timelines, and complaint options to reduce frustration and perceptions of bias.
 - Provide transparent updates when cash programs change or pause to avoid rumors and mistrust.

8.7. Protection

A- Safety, Mobility & Legal Status

- Prioritize legal aid and information sessions for Syrian, Palestinian, and other non-Lebanese groups on residency, documentation, and basic rights, with mobile/legal clinics in areas with high fear of checkpoints (Akkar, South, BML).
- Integrate protection risk screening (legal status, job loss, debt, disability, skipped meals) into all program registrations to identify households with elevated safety and threat risks.

B- Case Management, Services & Reporting

- Expand protection case management for high-risk groups (undocumented Syrians, WHH, PWD, elderly, LGBTQIA+ people, migrant women), including home visits where safe.
- Strengthen confidential, multi-channel reporting options (WhatsApp, hotlines, safe focal points) so people know where and how to seek legal/psychosocial support,

- focusing on groups with the highest “don’t know where to report” levels (Palestinians, “other” nationalities, women, non-binary individuals).
- Build referral pathways with local NGOs, legal actors, and MHPSS providers, and make them visible through clear, simple info tools (in centers and via WhatsApp).
- C- Disability-Inclusive & LGBTQIA+ Inclusive Safety
- Provide targeted protection packages (case management, home visits, assistive devices, legal information) for households with two or more disabilities, given their significantly higher exposure to threats and harassment.
 - Train staff and partners on LGBTQIA+-inclusive and disability-inclusive protection, ensuring safe, non-judgmental services and confidential information handling.
 - Set up discreet access points and safe referral networks for LGBTQIA+ individuals and women with disabilities who avoid public institutions or formal mechanisms due to stigma and fear.
- D- Social Cohesion & Tension Reduction
- Facilitate dialogue and joint activities between Lebanese host communities and refugees (Syrian, Palestinian, other nationalities) in high-tension areas to address narratives of blame and competition over aid and jobs.
 - Share transparent information on targeting criteria and program limits to reduce perceptions that “only refugees” or “only Lebanese” are being supported.
 - Support mixed community committees (Lebanese, Syrian, Palestinian, migrants) to co-identify local problems (security, services, social protection gaps) and propose solutions.

8.8. Social Protection

A- Inclusion, Access, & Fairness

- Strengthen community-based vulnerability screening within Oxfam’s assistance programs to identify overlooked groups (elderly, undocumented, PWD, LGBTQIA+, migrant women).
- Expand partnerships with local disability, elderly, and migrant organizations to identify households at highest risk.
- Map and regularly update existing state, UN, and NGO social protection services and create simple referral sheets.
- Train protection and cash teams to offer active referrals to MEHE/MOSA services, UNHCR, UNRWA, disability services, elderly programs, shelter actors, etc.
- Communicate clearly, through WhatsApp groups, flyers, and community focal points, about program changes, cut-offs, and limitations.
- Use feedback from AAP mechanisms to adjust outreach and reduce tension between Lebanese and refugee households.

B- Cash Assistance & Modality

- Maintain cash as the primary assistance modality, allowing households to prioritize rent, food, health, school fees, and debt in line with overwhelming preference and AAP findings.
- Provide top-up or temporary emergency cash to households with job loss, high debt, or severe coping (skipping meals, high insecurity), given their higher exposure to threats and lack of safety.

C- Communication, Trust & Accountability

- Integrate social protection messaging into AAP systems: who gets what, why, how to complain if something is unfair.
- Share regular updates (WhatsApp, community meetings, info boards) on program changes, reductions, or closures to reduce rumors and feelings of “doors quietly closing.”
- Use community feedback and perception surveys to track perceived fairness by group (Lebanese, Syrian, Palestinian, PWD, elderly, LGBTQIA+), and adjust programming accordingly.

9. CONCLUSION

The Vulnerability Assessment provides a comprehensive and intersectional picture of the evolving vulnerability landscape across Lebanon. Designed to inform Oxfam’s strategic programming and influencing efforts, the assessment integrates quantitative and qualitative evidence to capture the complex ways in which economic collapse, legal insecurity, declining public services, and social exclusion shape daily life for Lebanese, refugees, migrants, and marginalized identity groups.

Across all sectors, the overarching picture that emerges is one of deepening insecurity, where households are increasingly unable to meet essential needs and rely heavily on harmful coping mechanisms such as debt, meal reduction, informal labor, and constrained mobility. Structural barriers, including limited access to income, food, energy, SRHR services, and safe WASH conditions, are compounded by rising protection risks, restricted legal residency for refugees, and widespread distrust in institutions and aid systems.

The assessment identifies several high-risk groups whose vulnerabilities intersect and intensify: undocumented Syrian refugees; Palestinian households; women headed households; people with disabilities; elderly persons; migrant women with restricted movement; LGBTQIA+ individuals facing discrimination; and households burdened by high debt or job loss. These groups consistently appear across sectors as the least able to access services, information, and assistance, and the most exposed to economic, legal, and protection-related risks.

Findings across EFSVL, WASH, Environment & Energy, Gender, AAP, Protection, and Social Protection converge to highlight three central drivers of vulnerability:

1. Economic strain and income insecurity, resulting in severe food shortages, increasing debt, and dependence on unstable day labor.
2. Restricted access to services and information, influenced by legal status, mobility constraints, gender norms, disability, and discrimination.
3. Weak accountability and low trust, where communities feel unheard, uninformed, or excluded from decision-making around aid.

These insights directly translate into actionable priorities for Oxfam. Strengthening cash-based responses, improving tailored outreach through WhatsApp and trusted community intermediaries, embedding AAP principles into all program cycles, and partnering with local actors to reach under-served groups emerge as immediate and feasible steps. Additionally, integrating referral pathways and designing interventions that specifically address the lived realities of high-risk groups will enhance both equity and impact.

Overall, the assessment positions Oxfam to refine its programming with precision: deepening its focus on inclusion, reinforcing protection-sensitive approaches, investing in community engagement, and expanding interventions that reduce economic stress while promoting dignity and choice. These findings also offer a strong evidence base for advocacy, particularly around legal residency barriers, livelihood restrictions, and gendered protection risks, supporting Oxfam's role as a key actor shaping humanitarian and social policy discourse in Lebanon.

10. ANNEXES

Annex 1. Quantitative Data



Data Analysis-
Vulnerability Assessm

Annex 2. Qualitative Data



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Annex 3. ToR



Vulnerability
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