MULTI-SECTOR NEEDS OF MIGRANTS IN LEBANON

FINDINGS FROM THE MSNA 2021

May 2022

IOM UN MIGRATION | LEBANON

DTM

LHF Lebanon Humanitarian Fund

This publication was made possible through support provided by the Lebanon Humanitarian Fund.

Publisher: International Organization for Migration
Nicolas Ibrahim Sursock Street
Ramlet El Bayda
Beirut
Lebanon
T. +961 1 841 701
F. +961 1 841 705
Email: iombeirut@iom.int
Website: www.iom.int/countries/lebanon

This publication was issued without formal editing by IOM.
This publication was issued without IOM Publications Unit (PUB) approval.

Cover photo: "Yes, I signed the contract. Then when I came here, I said no this is not what I signed. I said I don't know how to do the job. What I signed up for is not what for is not what I experienced so I ran away from these employers." © IOM 2020/Muse MOHAMMED

Required citation: International Organization for Migration (IOM), 2022. *Multi-sector Needs of Migrants in Lebanon: Findings from the MSNA 2021*. IOM, Geneva

---

TABLE OF CONTENTS

LIST OF FIGURES

INTRODUCTION

Socioeconomic conditions in Lebanon have deteriorated dramatically, creating severe economic hardship across the country. State bankruptcy since 2019 has led to crippling inflation, widespread unemployment, and currency collapse, which together have triggered a sharp rise in the cost of living, and left thousands of households unable to meet their basic needs. The country's economic collapse was exacerbated by COVID-19 and the suspension of work that followed, disrupting thousands of livelihoods, particularly for those earning daily wages. In Beirut, the devastating Port Explosions in August 2020 were another severe blow to peoples' welfare, destroying houses, healthcare facilities, and businesses.

In 2021, the government terminated a range of important subsidies, which led to shortages and then soaring prices on essential goods, particularly medicine and fuel. Medical and transport costs have risen exorbitantly, worsening mobility problems and health risks for the elderly and those with chronic illnesses. Within these deteriorating conditions, the welfare of vulnerable groups, such as migrants, is most harshly affected.

STRENGHTENING DATA ON MIGRANTS NEEDS IN LEBANON

Since August 2020 and following the Beirut Port Explosions, IOM has conducted substantial data collection through its Displacement Tracking Matrix (DTM) team, supported by in-country experts as well as IOM's regional and global information management and assessment teams. DTM assessed the humanitarian needs caused by the blast by deploying a team of 32 enumerators to contribute to the Multi-sector Needs Assessment (MSNA) led by the Lebanese Red Cross (LRC). Through the MSNA 2020, IOM collected data among migrant households across 13 neighborhoods in Beirut under OCHA's coordination.

In October 2020, IOM implemented its Migrant Presence Monitoring (MPM) program to tackle the absence of available data on migrants in the country. This assessment identified and located an estimated 207,696 migrants from 49 different nationalities across Lebanon, following the methodology of IOM's global DTM Mobility Tracking component[1], in collaboration with the Lebanese Ministry of Interior and Municipalities, governors, municipality officials and mayors of the assessed areas.

IOM staff carry out a distribution of pre-loaded ATM cards to a group of migrant workers from Sierra Leone. © IOM 2020/Muse MOHAMMED

The MPM forms the basis for the sampling conducted for surveys with migrant households in the 2021 REACH-led MSNA, which constitutes one of the first surveys that begins understanding the humanitarian needs of migrant populations on a national level in Lebanon.

This MSNA 2021 exercise collected data on access to services, needs and vulnerabilities among Lebanese nationals, Palestine Refugees in Lebanon (PRL) and migrants. This report aims to complement findings from the 2020 MSNA in Beirut by providing an insight into how country-wide, migrants' needs and vulnerabilities have evolved amid continuing economic decline. It presents data specifically related to migrants, including demographic profiles and in-depth multi-sector analysis of the challenges migrants face in accessing healthcare, livelihood opportunities and protection services. Findings also provide data on additional needs and vulnerabilities related to shelter, food security, and WASH. Overall, the report aims to reinforce baseline knowledge regarding migrant needs in Lebanon.

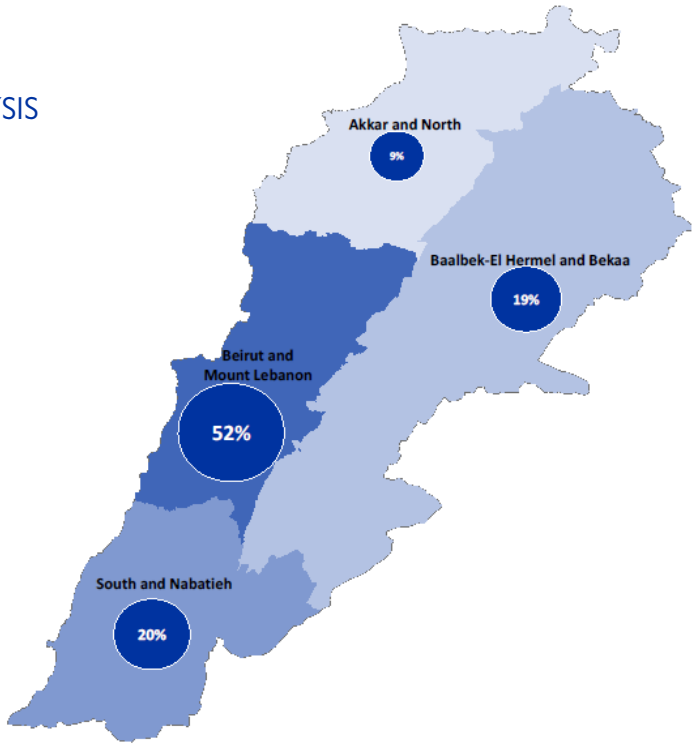
In order to allow for analysis despite a relatively low numbers of surveys with migrant households in certain governorates, findings are presented for the following areas, each combining two governorates: Beirut with Mount Lebanon, Bekaa with Baalbek-Hermel, South with Nabatieh and North with Akkar.[2] Findings are based on **713 household interviews conducted between 19 October and 3 December 2021** and provide an evidence-base to better plan and target for migrants in future humanitarian responses. They constitute an essential basis for the calculation of the number of People in Need (PiN) in the country, bridging the knowledge gap on the needs experienced by migrant populations amidst the unfolding effects of Lebanon's overlapping crises.

[1] For more details see the DTM Methodology here.
[2] The data is indicative using snowball sampling, and a methodology and limitations to the results are detailed in the annex.

MSNA 2021: MIGRANT RESPONDENTS

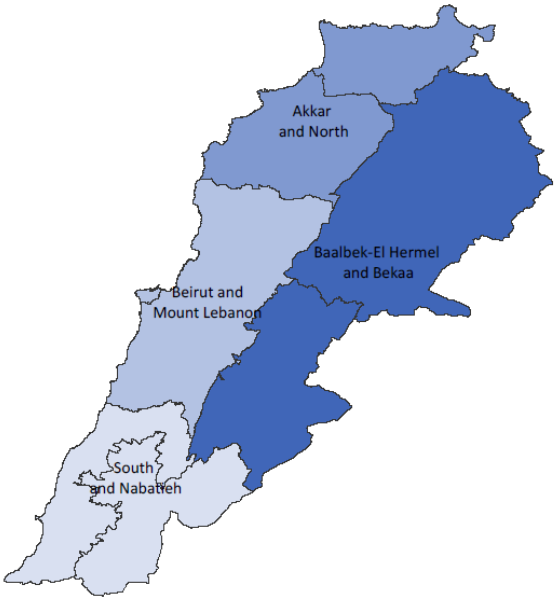
713
migrant household interviews

DISTRIBUTION OF MIGRANT RESPONDENT HOUSEHOLDS



GOVERNORATE COVERAGE PER AREA OF ANALYSIS

(100% coverage for all governorates)

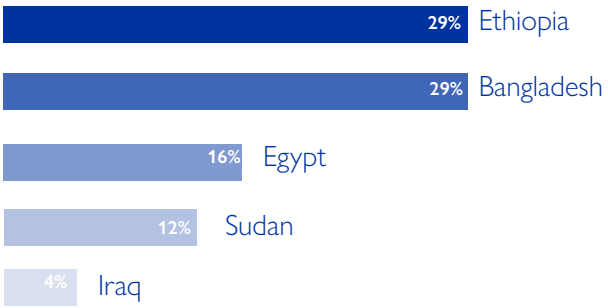


Migrants were interviewed in:

8 GOVERNORATES
(out of 8)

24 DISTRICTS
(out of 26)

TOP 5 NATIONALITIES OF MIGRANTS



KEY FINDINGS

Healthcare Access

- The mean number of people in migrant households is 1.75. On average **almost one person per household (0.86) was unable to access healthcare when they needed it** in the 3 months prior to data collection.
- Treatment costs (68%) and consultation costs (50%) were the most commonly reported barriers to accessing healthcare in the three months prior to data collection. 41% of migrants could not afford to buy medication.
- Sixty per cent of migrant households facing challenges in accessing healthcare **did not seek healthcare because they could not overcome the barriers they faced.**
- Migrant households (21%) included an adult member negatively affected by the current crisis and suffering from psychological distress, 91% of whom did not seek support with **23% not knowing where to seek support.**

Livelihoods

- Almost a quarter of migrant household members (23%) were **unemployed and seeking work** in the 30 days prior to data collection. 15% of migrant households mention increased **competition for jobs** (i.e. not enough jobs) being the main obstacle for finding work.
- Over a quarter of migrant households (26%) have **debts** (in different currencies). For half of them (50%), the debt was incurred to purchase basic household items.

Education

- 43% of migrant children **were not enrolled in a formal school** during the 2020-2021 school year.
- Of those enrolled in school (n=99), 61% of migrants attended a public school.

Food Security and Nutrition

- At least one member in 60% of migrant households had **reduced their food expenditure** in the 30 days prior to data collection.
- Twelve per cent of migrant households reported moderate (10.2%) or severe (1.5%) hunger.

Food Assistance

- Over one third of migrant households reported one member of the household spent some or all household savings to buy food. Food, followed by cash, were the main forms of assistance received by migrant households in the 3 months prior to data collection.
- North and Akkar was the governorate where the least migrant households reported receiving aid (n=60).

WASH

- Migrant households in North and Akkar (27%) and in Beirut and Mount Lebanon (21%) reported not having sufficient water for personal hygiene, 20% of migrant households relied on less preferred types of menstrual items.

Shelter

- Compared to other population groups, **migrant households are less likely to live in an apartment, house or room** (89%, Lebanese and PRL, both 98%). 4% live in a concierge room and, notably, 4% in a garage or a tent. In North and Akkar, 10% of migrants are living in tents, and 10% are living in a garage.

Protection

- Ninety-five per cent of migrant households (66% of PRL and 86% of Lebanese) had **not received any assistance** from governmental or non-governmental actors in the three months prior to the survey. 59% out of those who did receive assistance, received food assistance, and 37% cash assistance.
- In 67% of migrant households it was perceived that women **did not have access to psychosocial support services** within 30 minutes of their home. **Kidnapping (14%) and verbal harassment (12%)** were the main security risks for girls.

DEMOGRAPHIC PROFILE

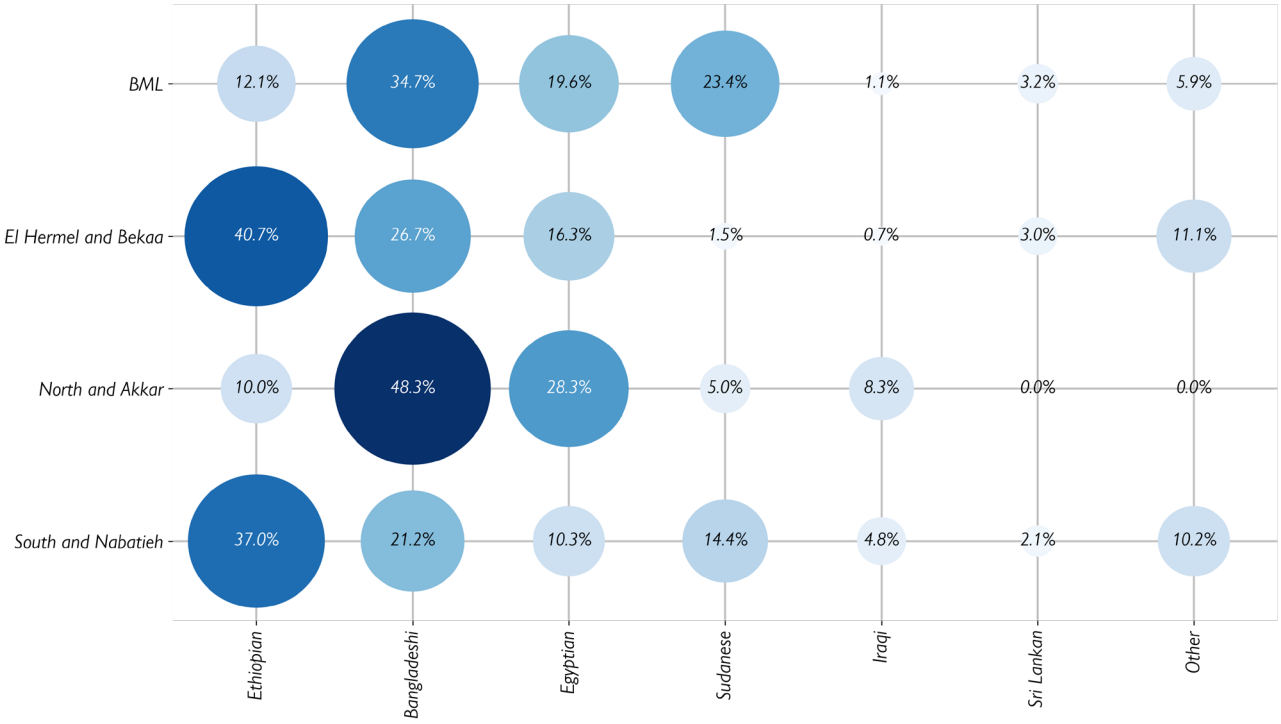
A Bangladeshi migrant worker stranded in Lebanon for over a year due to the COVID-19 Pandemic. He was left unemployed and sought assistance to return home © IOM 2020/Muse MOHAMMED

DEMOGRAPHIC PROFILE

Among the 713 households surveyed in the 2021 MSNA, the average household size was 1.75 people. Over two thirds (67%) of migrant households had one member, and 15 per cent had two members. In terms of nationality, migrant respondent households were predominantly Ethiopian (29%), Bangladeshi (29%), Egyptian (16%) and Sudanese (12%). Other nationalities included Iraqi nationals (4%) as well as Filipino, Ghanaian, Kenyan, Nigerian and Sri Lankan nationals (between <1% and 2%).[1]

While 75 per cent of migrants are between the ages of 21 and 40, nationality plays an important role in the age distribution. Ethiopian nationals compose the majority of migrants between the ages of 18 to 20, and Iraqi nationals represent the largest group of 71 to 80 year olds. The percentages of female-headed versus male-headed households were closer among migrant households (56% male-headed, 43% female-headed, 1% co-headed), compared to the 40-50 percentage point gaps between female and male-headed Lebanese national or PRL households.

Figure 1: Migrant distribution by nationality per area of analysis

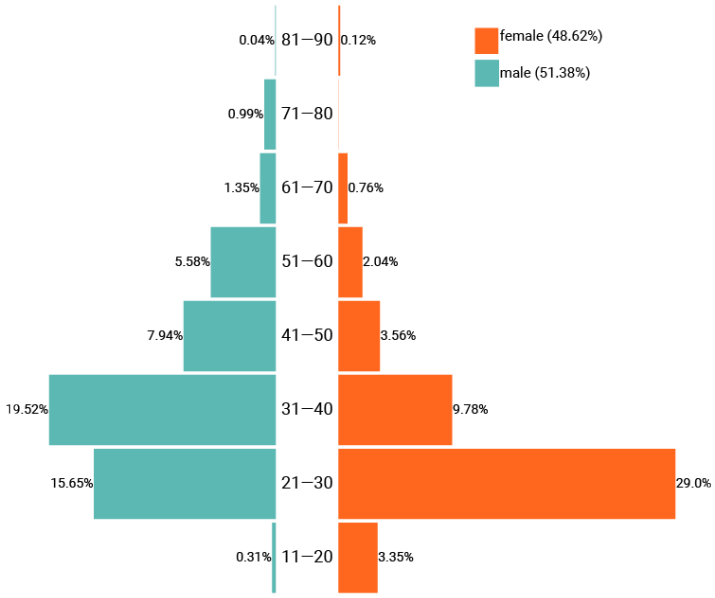


[1] Due to the snowball sampling approach, the accuracy of this data is limited and should not be extrapolated onto the whole migrant population in Lebanon.

SEX AND AGE DISAGGREGATED DATA

Among households surveyed, Lebanese nationals and PRL follow a more even age distribution compared to migrants with less than 20 per cent of the population between the ages of 21 and 40. Across the migrant population the gender split is fairly balanced (49% female and 51% male). Data on gender distribution (as for other MSNA data collected) among migrant households is not representative given the snowball sampling approach which can under-represent harder-to-reach groups such as female domestic workers. However, it is notable that migrants overwhelmingly tend to be younger and female between the ages of 21 and 30. This is in line with the fact that domestic workers (even though they are not the target of this MSNA) are predominantly female and in the 21-30 age group. In Beirut and Mount Lebanon over 90 per cent of migrants stated employment as their main migration reason and in North and Akkar around 85 per cent stated the same. Bangladeshi nationals made up the majority of respondent households in North and Akkar (48%) and Beirut and Mount Lebanon (35%).

Figure 2: Age distribution of respondent migrants by sex



Although men represent 51 per cent of migrants respondents in the MSNA, the distribution differs across governorates. Migrants in Beirut and Mount Lebanon and North and Akkar were predominantly males in the 31-40 age group. In contrast, the migrant population in Baalbek-El Hermel and Bekaa was predominantly female (59%), as well as South and Nabatieh, where 58 per cent were female.

Figure 3: Age distribution of respondent PRL by sex

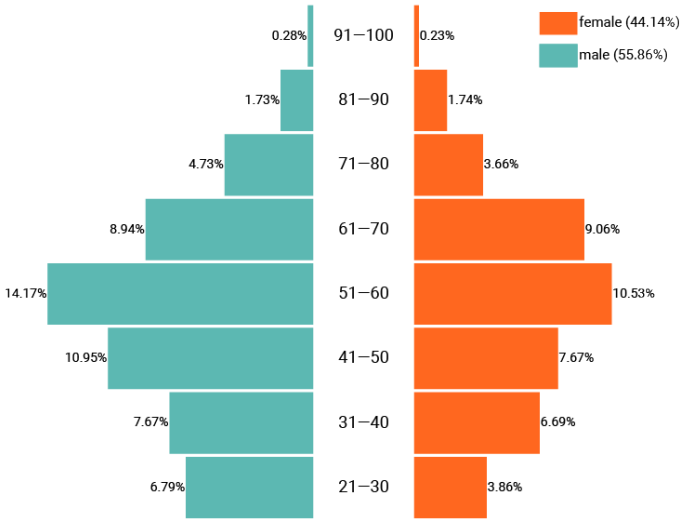


Figure 4: Age distribution of respondent Lebanese nationals by sex

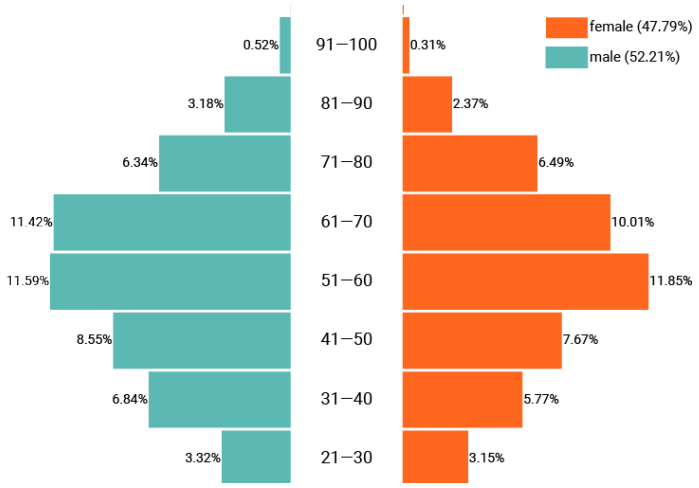
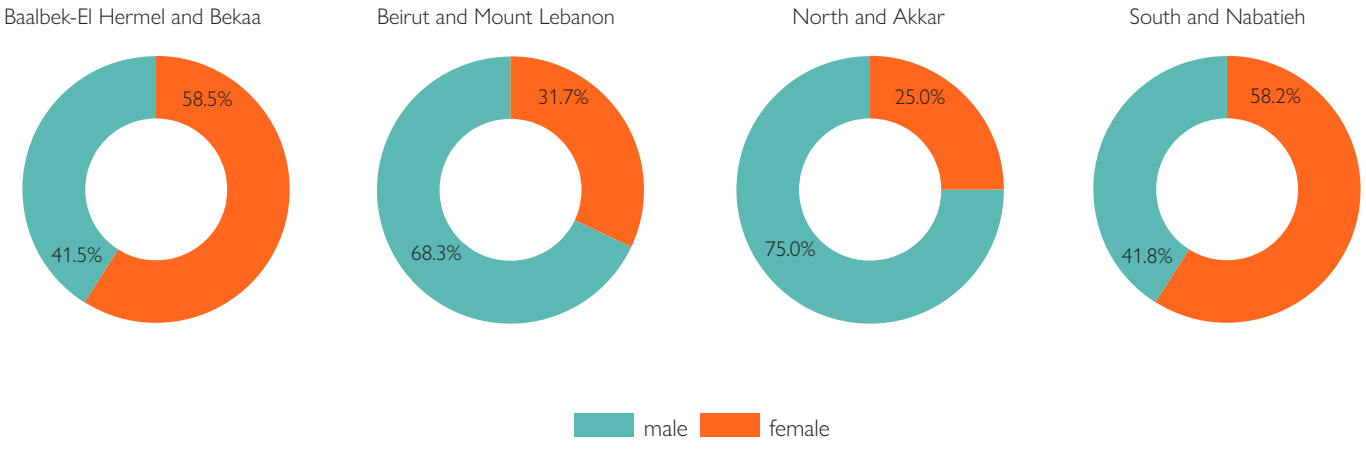
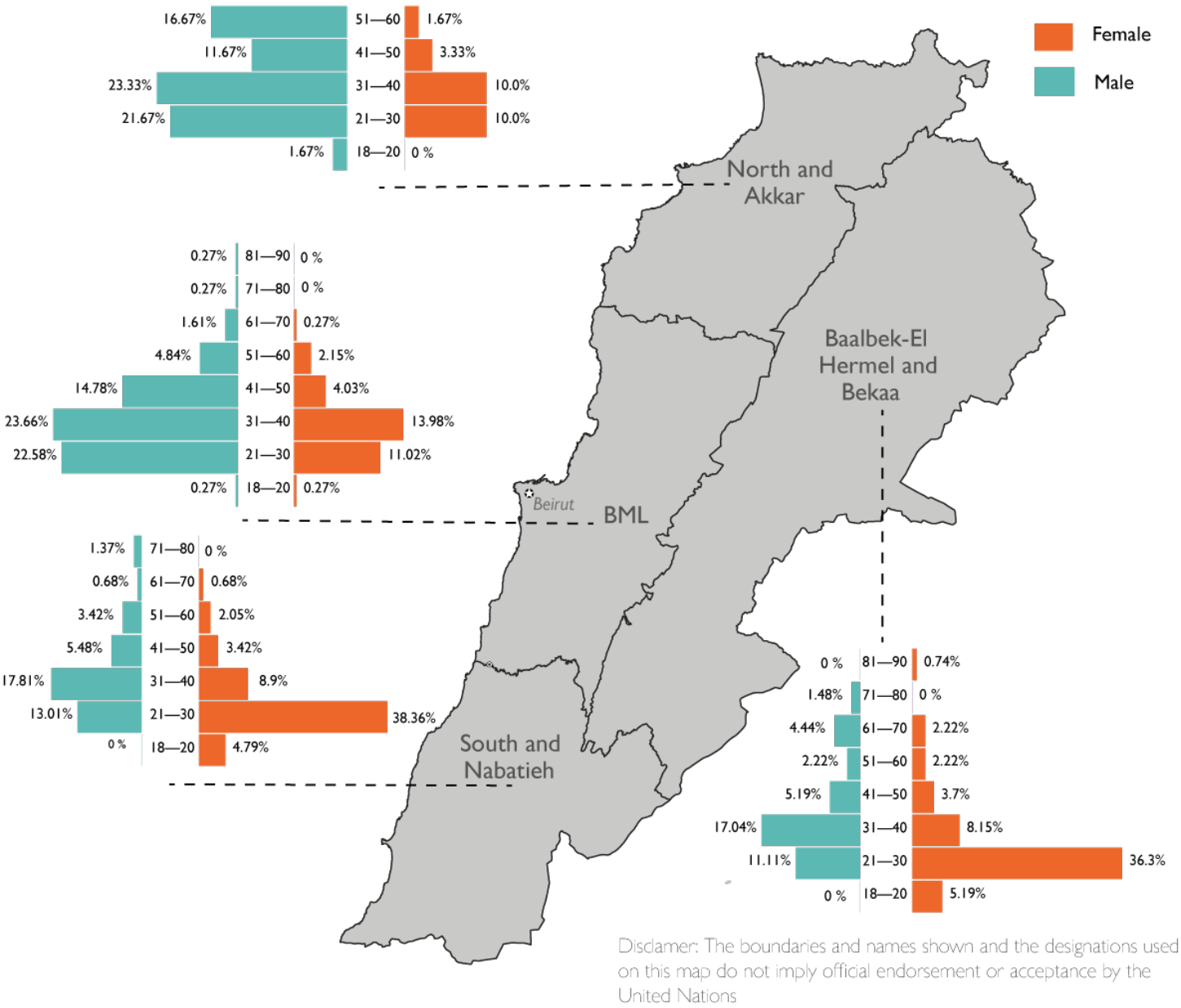


Figure 5: Respondent migrant population distributed by sex per area of analysis



Map 1: Composition of households for all household members (migrant, Lebanese and PRL) by region disaggregated by sex and age



This map represents the composition of households disaggregated by sex and age for all migrant, Lebanese national and PRL households. Out of the 713 household suurveys conducted with migrant households, Beirut and Mount Lebanon was the reporting area with the highest percentage of migrant household interviews (52%). South and Nabatieh was second highest with 20 per cent of all interviews, followed by Baalbek-El Hermel and Bekaa (19) and North and Akkar (9%).

SECTORAL ANALYSIS

IOM health workers visit patients in their homes to deliver medicine and treatment. Due to COVID-related lockdowns and the blast, many people suffering from diseases like tuberculosis and HIV have struggled to access the healthcare they need. © IOM 2020/Muse MOHAMMED

HEALTH

The impact of severe and ongoing economic decline on Lebanon's healthcare system has been substantial. Even prior to Lebanon's current difficulties, the country's health sector was facing major financial difficulties due to the government's inability to support healthcare institutions. These difficulties persist and have multiplied due to state insolvency and the emergency pressures of COVID-19. Healthcare is also suffering from medical shortages due to the currency's depreciated value that restricts the import of supplies. This economic decline has also triggered a damaging brain drain among the educated labor force, that is primarily harming human resources in the health sector.

Like other economic sectors, healthcare has not been immune to the dramatic inflation across the Lebanese economy. Affordable healthcare has become unattainable for many, given the impact of the surging annual inflation rate (133% in November 2020, and 138% in August 2021), which has created barriers to health services for Lebanese nationals, but also migrants and PRL.[1]

Lebanese healthcare is characterised by intense stratification of privatised and privileged access that typically excludes migrants and refugees. For migrant domestic workers, access to healthcare is further complicated by the need for identification documents that employers may withhold, or in other cases, government and non-government frameworks that do not cater to migrant needs.[2]

While there has been a focus on rehabilitating a system of affordable healthcare that extends to all vulnerable groups, many health programs are still excluding migrants, especially undocumented migrants. While some services are in principle inclusive of all residents in Lebanon regardless of their nationality, their modes of operation and requirements, such as documentation requirements and communication channels, tend to result in the exclusion of migrants. Other trends, such as discrimination from entry-level staff and the consequent lack of trust and knowledge about support services, play a role in limiting migrants' access to health care and services in Lebanon.

IOM health workers visit TB patients in their homes to deliver medicine and treatment. © IOM 2020/Muse MOHAMMED

The multifold breakdown of public services, including an under-resourced health system, has led to decreasing access to medicine and medical professionals for all population groups. More than two in five migrant households reported having at least one member with a health problem in need of healthcare in the three months prior to data collection.

Over half (60%) of migrant households (vs. 40% of Lebanese households) reported that they did not seek healthcare because they could not overcome the barriers they faced.

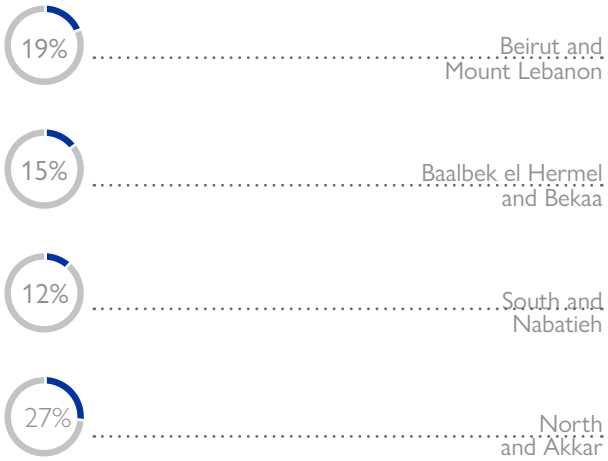


Figure 6: Percentage of migrants who needed healthcare in the three months prior to the survey by area of analysis

[1] Central Administration for Statistics and Bloomberg, 2021

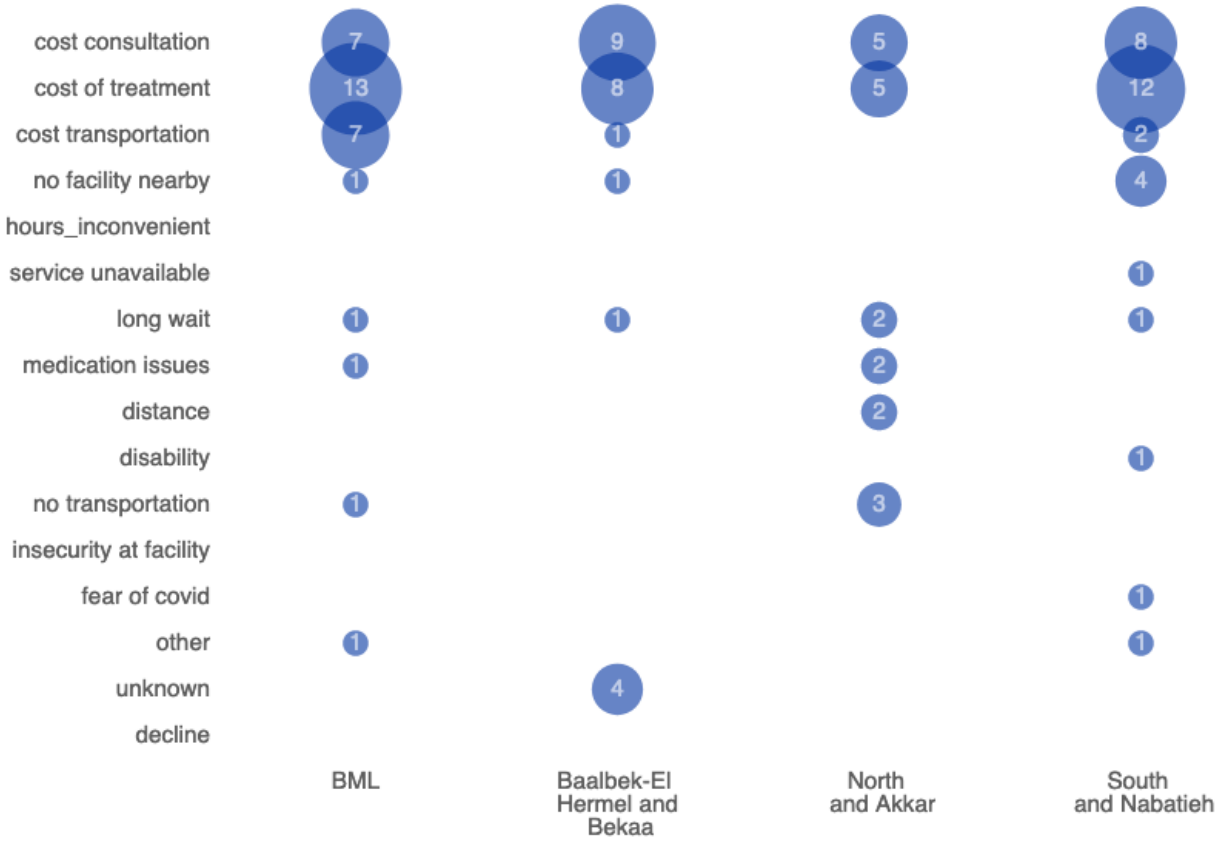
[2] 'Activists call new draft contract for domestic workers 'an absolute scandal', *L'Orient Today* 2022.

HEALTH

On a national level, the cost of consultation (50%), treatment (68%), and transport (16%) were cited as the most prominent barriers that prevented migrants from accessing healthcare. The same reasons were cited when migrants were asked what barriers they **encountered** in accessing healthcare, but that **did not ultimately prevent them from receiving healthcare**. Nineteen per cent reported treatment costs, 9 per cent consultation costs and 7 per cent reported transportation costs as the main barrier encountered

Most migrants in Beirut and Mount Lebanon reported that the nearest healthcare facility was within 15 minutes from their place of residence. On average, 14 minutes was the time reported to arrive to the nearest functional healthcare facility; 3 per cent of migrants households reported that it took them half an hour to arrive to the nearest healthcare facility by transport. Below, the number of households reporting the prominence of each barrier to accessing healthcare is represented.

Figure 7: Top four barriers preventing access for migrant households to healthcare in the three months prior to the survey



HEALTH

Access to medicine also posed a challenge for migrants. Two thirds of migrants in Beirut and Mount Lebanon, 55 per cent in North and Akkar, 45 per cent in Baalbek-El Hermel and Bekaa, and 28 per cent in South and Nabatieh reported that medicine was too expensive. Other prominent barriers included medicine not being available in both the public and private spheres (in North and Akkar, 42 per cent reported that medication was unavailable in private pharmacies), and the visit to obtain the medicine was too costly. On the other hand, a significant proportion of migrants in certain areas (61% South and Nabatieh, 50% Ballbek-El Hermel and Bekaa, 38% in North and Akkar and 28% in BM) cited no barriers to accessing medicine.

Figure 8: Main locations where migrant households in need of accessing healthcare reported seeking health care[1]

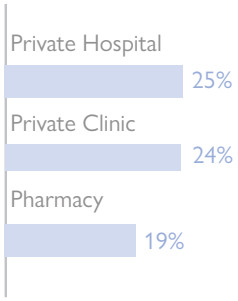
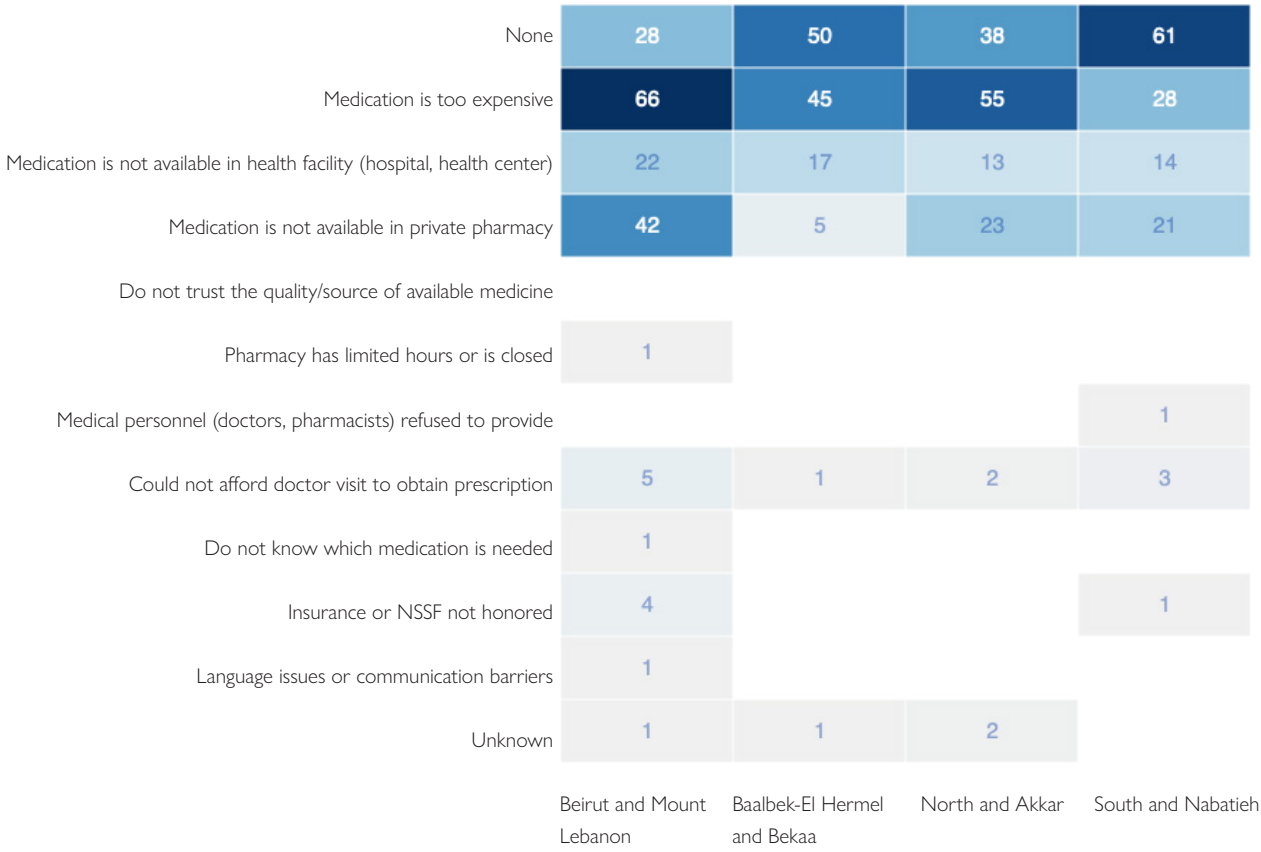


Figure 9: Barriers to accessing medicine for migrants in per cent



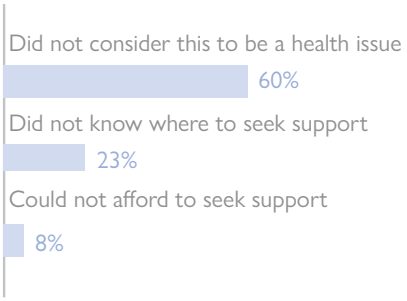
Switching to substitutes and generic medicines (35%), as well as rationing existing medication (18%) and obtaining medicine from outside Lebanon (10%), were the main reported coping mechanisms to overcome the exhorbitant costs and access issues. In South and Nabatieh, 2 per cent of households reported selling items or property to secure medical supplies, and in North and Akkar, 3 per cent of respondents indicated that they used informal networks and exchanges in order to bridge the gap in acquiring medication.

[1] 'Clinic' refers to healthcare centers that are smaller than hospitals but offer a broader range of services than a doctor's office. They exclude the possibility of an overnight stay.

HEALTH

Chronic illness rates were also surveyed among migrant households. Overall, 13 per cent of migrant households reported that at least one household member had a chronic disease. The relatively low number of migrant households with chronic diseases is likely due to the fact that the migrant population in Lebanon is young and not as prone yet to developing chronic diseases. Of migrant households reporting at least one member with a chronic disease, Baalbek-Hermel and Bekaa had the highest percentage (19%), followed by North and Akkar (18%).

Figure 10: Reasons reported by migrant households when asked why a member of the household did not seek healthcare



Over one in five migrant households reported members of the household being negatively affected by the current crisis. Psychological distress of adults and the physical health of adults were the most commonly reported health concern. This denotes the worsening of a situation which was already dire, particularly for young females whose exposure to a range of violations such as forced labour, harassment and sexual abuse had consequences for their mental health.[1] The pressures exerted by the economic and other crises have amplified the already harsh living conditions migrants are facing, making efforts to adddress psychological health concerns urgent.

Given the strain on medical supplies, costs of treatment and medicine rose significantly. However, **cost was not always the most significant factor influencing migrants' decisions to seek healthcare.** According to findings, the fact that a concern was not considered a health issue, or not deemed worth of medical attention resulted in household members not seeking support. This pertains to psychological distress as it relates to the prior question which asks if children and adults in the household had experienced worsening status of physical and mental health. In Baalbek El-Hermel and Bekaa region, **72 per cent of migrant households reported that they did not seek support because they did not consider their concern a health issue.**

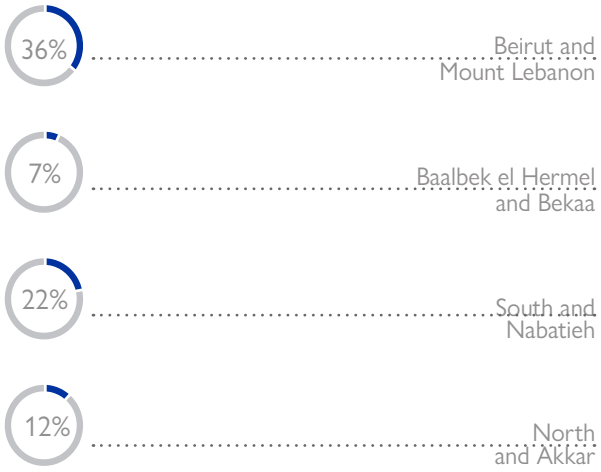


Figure 11: Concern over psychological distress for migrant households reported as negatively affected by the current crisis

[1] *COVID-19 and Economic Downfall Unveil Migrant Workers' Mental Health Crisis in Lebanon*, MSF 2020.

LIVELIHOOD

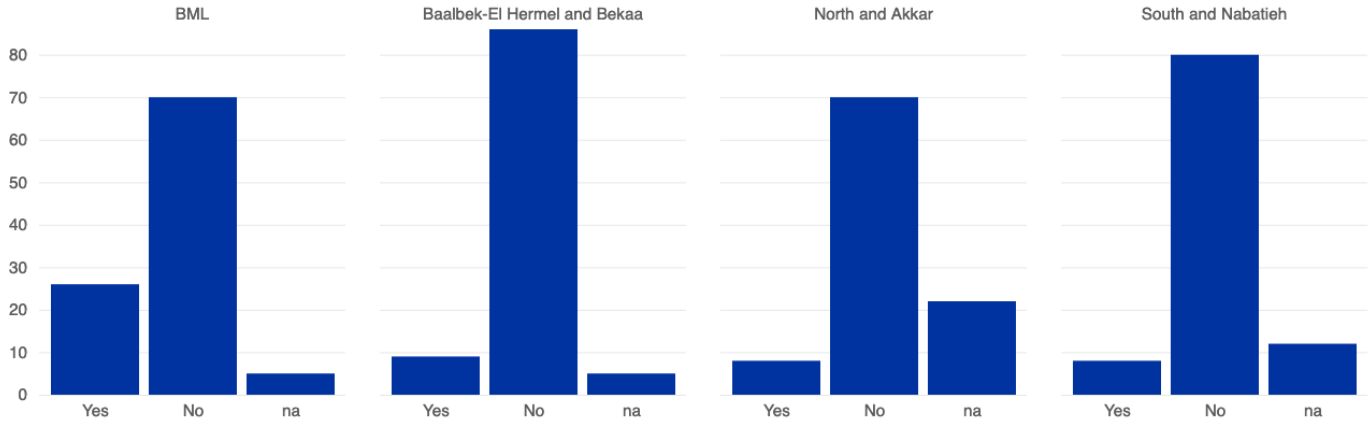
Unemployment and the inability to secure income remains the primary challenge facing individuals and households in Lebanon. Unlike Arab-speaking communities, migrants' linguistic and cultural differences, and the fact that they are frequently separated from their families means they do not have a social and support network to fall back on. Furthermore, most cash-based assistance designed to provide income to struggling households is largely directed towards Syrian refugees and Lebanese nationals.

Furthermore, COVID-19 and the Beirut Port Explosion led many businesses that employed migrants to close down permanently. For migrants, loss of employment not only signifies a loss of income, but in many cases a loss of legal status in the country. Unpaid or withheld wages are increasingly common due to employer insolvency or unwillingness to deplete their limited finances, particularly if paying in USD. Migrant workers have low bargaining power to demand better working conditions, as they risk losing their jobs and legal status, becoming homeless, and being reported to immigration authorities and placed in detention.

Finally, misinformation on COVID-19 transmission has amplified and can lead to xenophobic attitudes and discrimination against migrants. The rollout of a coordinated humanitarian response that addresses the needs and vulnerabilities experienced by diverse migrant and refugee groups has met opposition by some Lebanese nationals. Perceptions of unequal treatment and prioritization of some migrant and refugee groups over others have fuelled intercommunal tensions, with the potential to escalate into violence.

Around 75 per cent of migrants in Lebanon reported that a member of their household lost their jobs permanently or temporarily in the year before the survey was conducted. This figure can be disaggregated by region. Migrants in Beirut and Mount Lebanon and North and Akkar were most likely to have lost their jobs (job retention rate of 70%) while migrants in Baalbek-El Hermel and Bekaa were least likely (job retention rate at 85%). **Increased competition for jobs was cited by migrant households as the main obstacle for finding work.**

Figure 12: Proportion of migrants who reported that someone in their household lost their job in the last year, by governorate

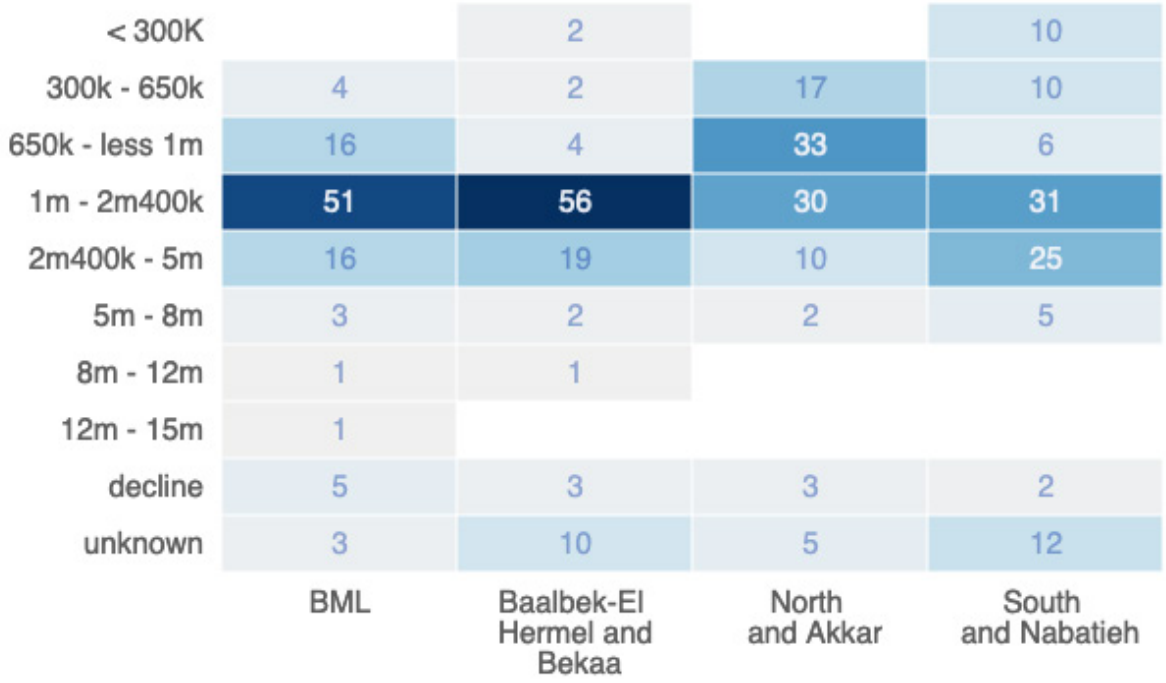


LIVELIHOOD

In the 30 days before the survey took place, migrants in Lebanon earned most of their income from employment contracts and daily work (in that order). Lebanese nationals, however, relied primarily on daily work, with a smaller proportion of nationals relying on contract employment and savings. This diversity in sources of income could explain why Lebanese nationals, on average, earned more income in the 30 days before the survey was conducted than migrants.

In both Beirut and Mount Lebanon and Baalbek-El Hermel and Bekaa, for example, slightly more than half (51% and 56% respectively) of migrants earned between 1 million and 2.4 million Lebanese Pounds in the last 30 days. In the same districts, only 25 and 28 per cent of Lebanese nationals earned the same, with the rest earning more. It is also worth noting that migrants reported that spending savings was not applicable as a coping strategy (42% in Baalbel-El Hermel and Bekaa and 34% in South and Nabatieh). By contrast, PRL and Lebanese nationals reported overall higher rates of spending savings as a coping strategy (between 40 and 60%). Lebanese nationals across all governorates infrequently stated that spending savings was not applicable as a coping strategy.

Figure 13: Migrant income over the past month by percentage



EDUCATION[1]

Of those who were enrolled in school (n=99), 61 per cent of migrants attended a public school. Private school was the second highest option for migrants (25%), compared to 40 per cent of Lebanese nationals and 19 per cent of PRL. Just over half of migrants (57%) reported members of their household enrolled in formal schools (2020-2021), a nearly 30 percentage point decrease compared to compared to their Lebanese national (88%) or PRL (82%) counterparts. In other words, **43 per cent of migrant children were reportedly not enrolled** in a formal school during the 2020-2021 school year.

Migrants

Figure 14: Households with members enrolled in formal schools (2020-2021)

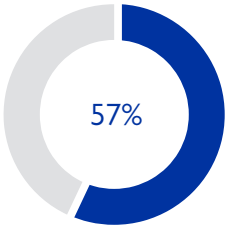


Figure 15: Individuals having dropped out of school

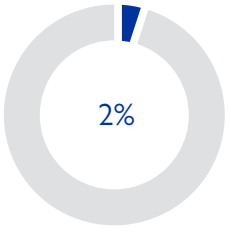


Figure 16: Households knowing their total expenditure on education-related spending (i.e. school materials, transport costs)

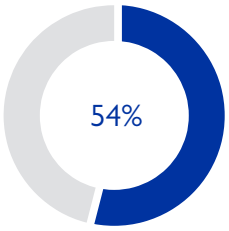
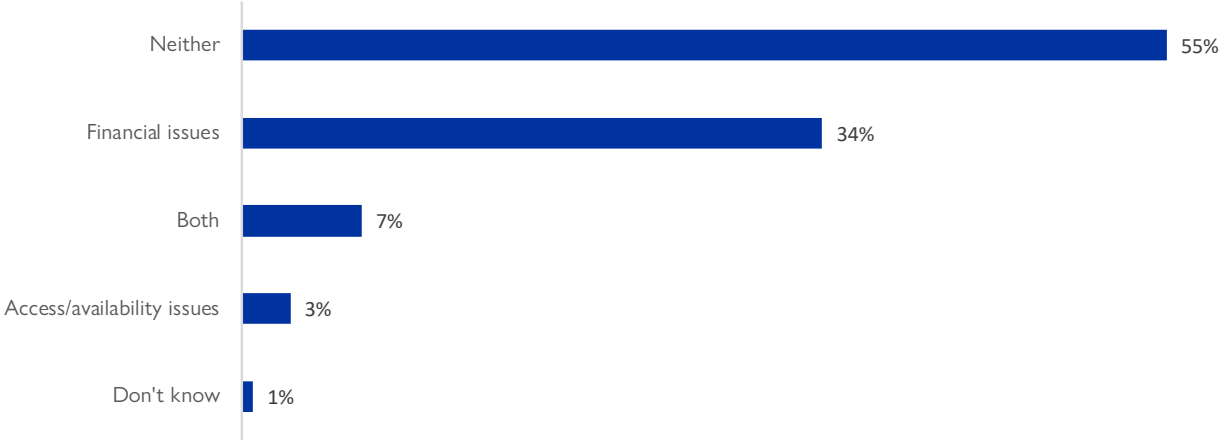


Figure 17: Barriers for migrants face in accessing essential educational needs



[1] It is important to signal that the indicators presented in this section focus on formal education and therefore are not indicative on trends concerning non-formal education. Non-formal education programs can however be an important tool for the integration and inclusion of children who are unable to access mainstream education systems. (*UNICEF's non-formal education programme: equipping children in Lebanon with the skills to succeed*, UNICEF 2021) (*Integrating Migration into Education Interventions*, International Organization for Migration (IOM), United Nations Educational, Scientific and Cultural Organization (UNESCO), and United Nations Children's Fund (UNICEF), 2021)

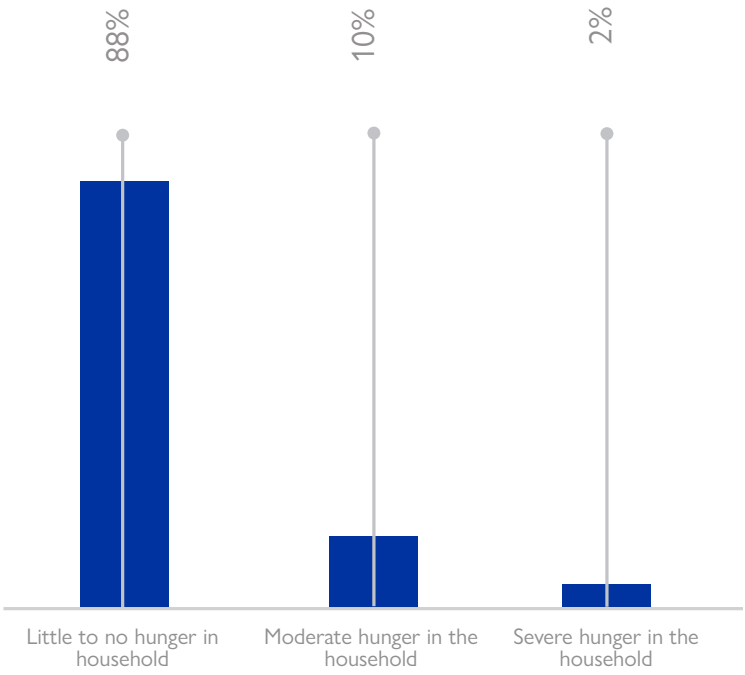
FOOD SECURITY & NUTRITION

Over a third of migrants in Beirut and Mount Lebanon (vs. 22% for Lebanese nationals), 22 per cent in North and Akkar (vs. 52% for Lebanese nationals), 20 per cent in South and Nabatieh and 10 per cent in Baalbek-El Hermel and Bekaa, reported **not having food to eat in their homes because of lack of resources** in the 30 days before the survey.[1] A lower proportion of both populations reported going an entire day without food in the 30 days before the survey than those reporting not having food due to financial constraints.

In total, 52 per cent of Lebanese nationals in North and Akkar, 38 per cent in South and Nabatieh, 23 per cent in Baalbel-El Hermel and Bekaa and 22 per cent in Beirut and Mount Lebanon reported **not having food to eat in their homes because of a lack of resources** in the 30 days before the survey. PRL respondents reported higher rates of food scarcity in the house than Lebanese nationals in all governorates except for North and Akkar, where 50 per cent reported not having food due to a lack of resources.

This MSNA presented an opportunity to obtain indicative results on levels of food deprivation among migrant households, presented through the Household Hunger Scale (HHS).[2] The HHS showed that most households from all population groups were not facing severe hunger (HHS score 4-6) in the 30 days prior to data collection.[3] However, 10 per cent of respondent households reported facing moderate hunger in the household. This response was most prevalent in the Beirut and Mount Lebanon area.

Figure 18: Migrant household respondents rating according to HHS



[1] Data on food security are not indicative for all all population groups (Lebanese nationals, PRL and migrants) because questions around food consumption proved sensitive. Respondents tended to be uncomfortable answering questions on food intake, with migrant respondents especially not being at ease disclosing this information.

[2] Similarly, the World Food Programme (WFP) identified over 1.3 million food insecure Lebanese citizens, among whom 190,000 severely food insecure, by the end of September 2021, based on the Consolidated Approach for Reporting Indicators of Food Security (CARI) methodology. *Food and nutrition Technical assistance (FANTA) III, Household Hunger Scale: Indicator Definition and Measurement Guide*, WFP 2011.

[3] *2021 Multi-Sector Needs Assessment*, REACH 2022.

FOOD ASSISTANCE

A larger proportion of Lebanese nationals reported receiving aid in the 30 days before the survey than migrants, **but access was minimal among both groups**. Lower proportions of migrants and Lebanese nationals in North and Akkar received aid than their counterparts in other provinces. Seven per cent of migrants in the province reported receiving aid while 21 per cent of Lebanese nationals reported the same. For both migrants and Lebanese nationals, the most common type of aid received was food assistance.

Along with food assistance, a small amount of migrant households reported receiving cash assistance, mainly in South and Nabatieh. Households utilized food-related coping mechanisms to deal with the financial constraints resulting from the pandemic and the ongoing financial crisis. **Reduced food expenditure was reported as a coping mechanism in the 30 days before the survey was conducted.** The majority (90%) of migrants in North and Akkar, 81 per cent in Beirut and Mount Lebanon, 64 per cent in Baalbek-El Hermel and Bekaa, and 40 per cent in South and Nabatieh indicated reducing food expenditure.

Figure 19: Aid received by migrant households by type (number of household responses)

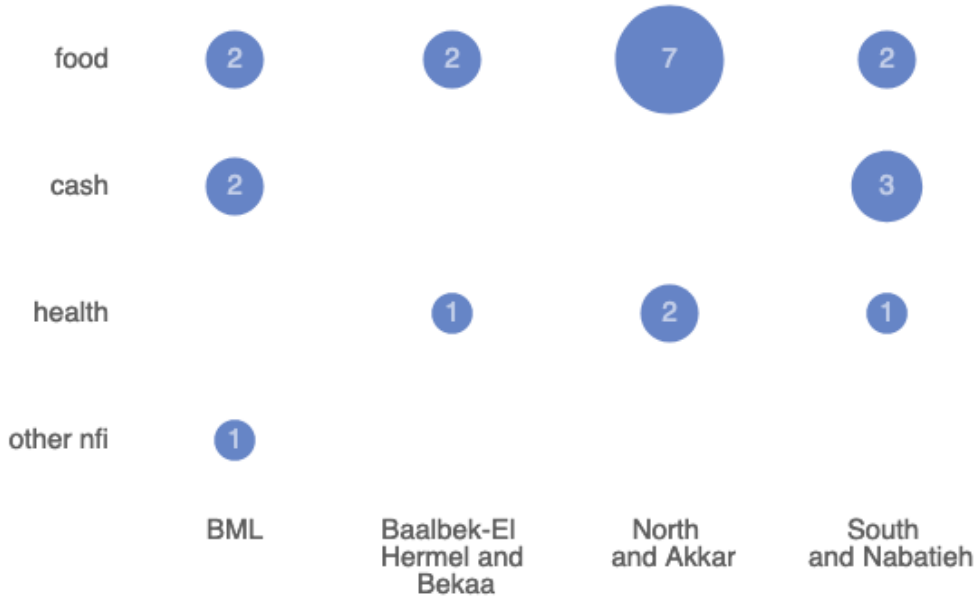
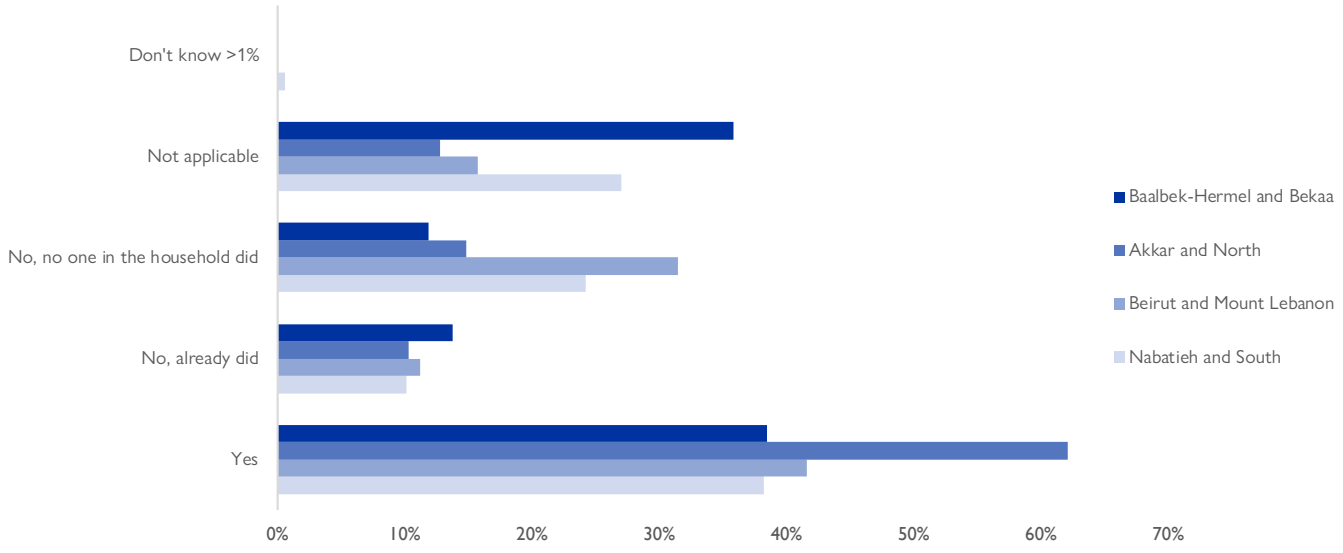


Figure 20: Migrant households reporting at least one member of the household spent some or all of the household savings to buy food (30 days)



WASH

Despite service delivery challenges resulting from the ongoing crisis, access to sufficient drinking water was relatively high for migrants. Around 90 per cent of respondents indicated that they had sufficient drinking water in the 30 days before the survey. A lower proportion of migrants indicated that they had sufficient access to water for personal hygiene than for drinking. Yet **27 per cent of migrant households in North and Akkar as well as 21 per cent of migrant households in Beirut and Mount Lebanon reported not having sufficient water for personal hygiene.**

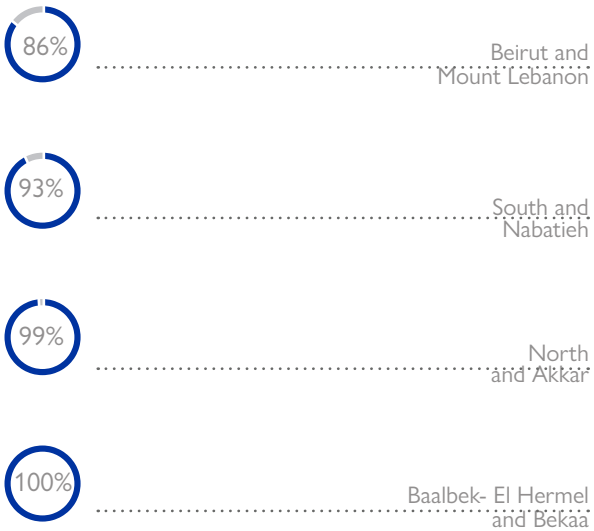


Figure 21: Migrant Households reporting sufficient access to drinking water by governorate

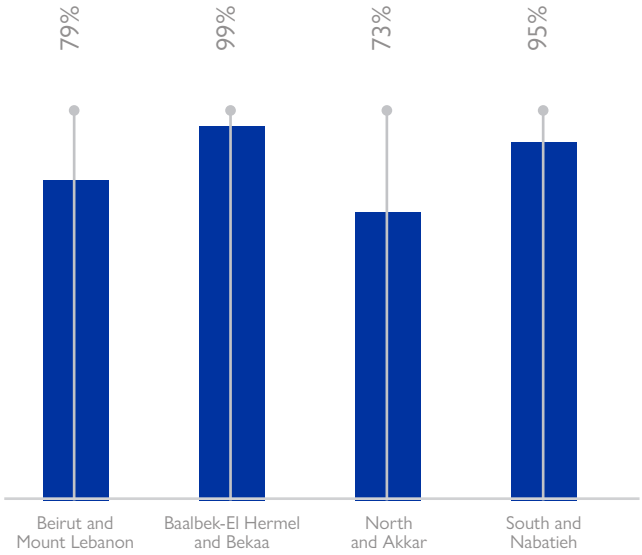


Figure 22: Migrant Households reporting sufficient water for personal hygiene

Access to sanitation facilities was deemed adequate by a large majority of migrants, Lebanese nationals and PRL, with more than 90 per cent of respondents in all groups indicating that they had access to a flush or pour/flush toilet. Migrants used shared toilets at a higher rate than their Lebanese counterparts in all areas of analysis as displayed in figure 23.

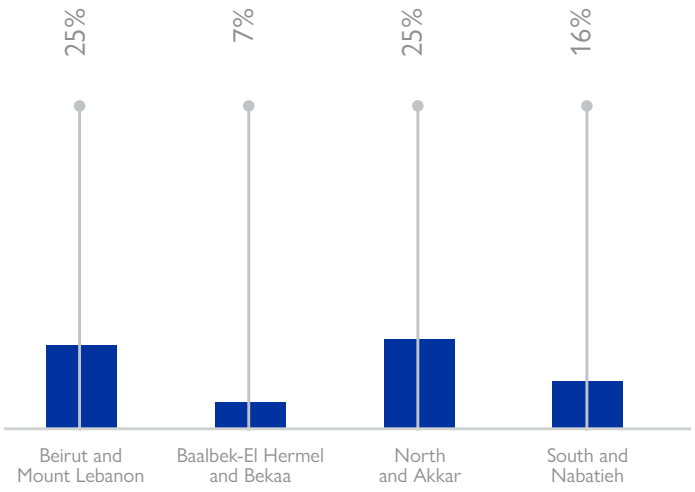


Figure 23: Proportion of respondents who indicated that they used a shared sanitation facility

WASH

In most communities, households were able to access a sanitation facility in a safe manner, and solid waste disposal was handled by the municipality waste system.

WASH coping strategies for all individuals relied primarily on using less preferred types of hygiene items (i.e. waste disposal methods), specifically for 61 per cent of Lebanese nationals, 62 per cent of PRL and for 43 per cent of migrant households.

Sanitation facility has a safe and well-lit route in your community? (Migrants, n=123)

Figure 24: Top 3 Migrant WASH Coping strategies

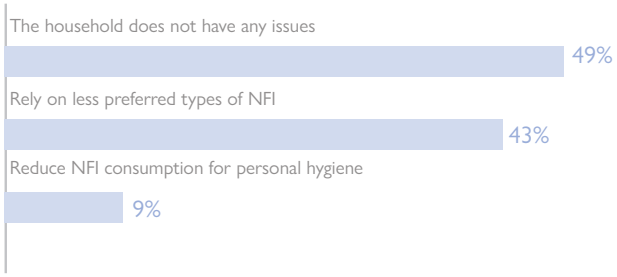
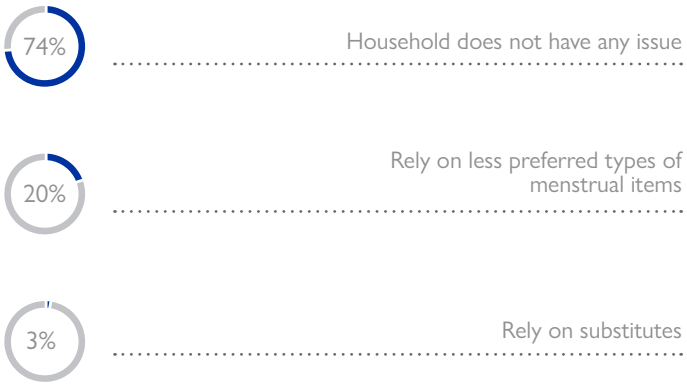


Figure 25: Migrant households with sanitation facilities that lock from the inside (n=123)

The shares of individuals using particular types of menstrual products was similar across Lebanese, PRL and migrant households, with the majority using disposable pads (93%), followed by reusable pads (2-4%). Coping strategies related to access to preferred menstrual material varied across the three household groups. Migrant households were least likely to use coping strategies for menstrual material (74%), compared to Lebanese nationals (47%) or PRL (43%). Of the migrant households who responded using coping strategies, **20 per cent reported relying on less preferred types of menstrual items**, and 3 per cent relied on substitutes (clothing for menstrual pads).

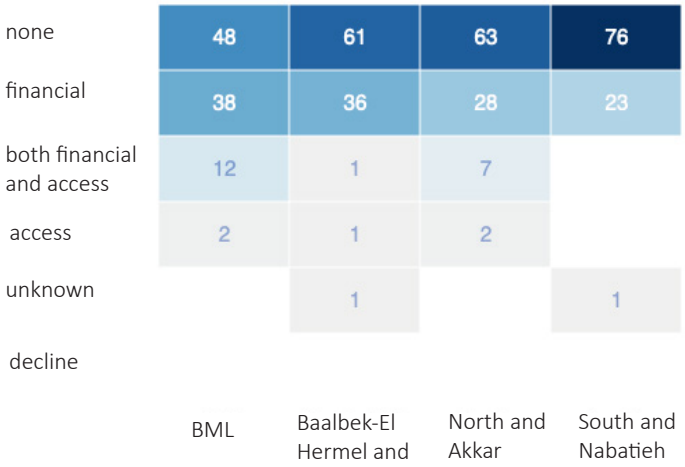
Figure 26: Migrant households menstrual material coping strategies



SHELTER

Findings suggest that a large portion of migrants live in insecure shelter conditions. Trouble meeting basic shelter needs (such as rent, furniture and construction costs) was reported by 38 per cent of migrants in Beirut and Mount Lebanon, 36 per cent in Baalbek-El Hermel and Bekaa, 28 per cent in North and Akkar, and 23 per cent in South and Nabatieh. A similar proportion of Lebanese nationals indicated the same, except in South and Nabatieh, where 45 per cent of nationals were unable to meet shelter needs due to financial constraints. **Thirty-six per cent of migrants also reported sharing shelter with people who are not part of their household**, particularly in Nabatieh and South (44%) and North and Akkar (40%).

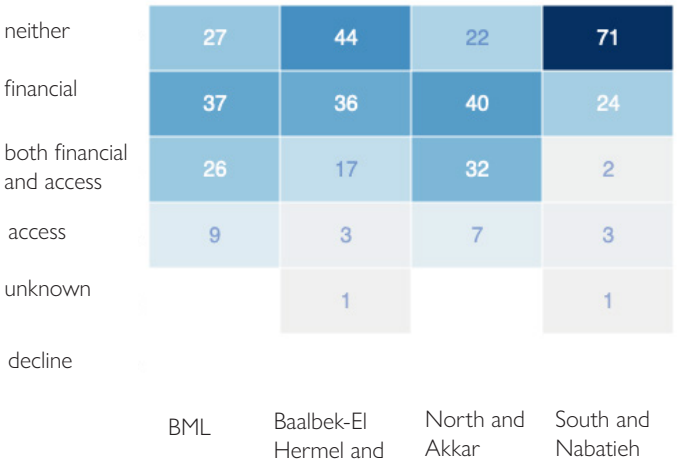
Figure 27: Constraints to meeting shelter needs of migrants (percentage)

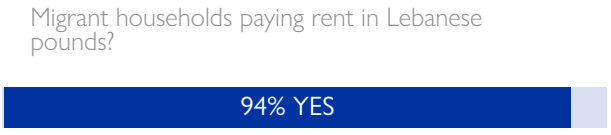


While most migrant respondents (88%) live in an apartment, house or room, they were less likely to do so than their Lebanese national or PRL counterparts, out of whom respectively 98 per cent reported to be living in an aparment, house or room. A few migrant respondents (4%) live in a concierge room and, notably, four per cent in a garage or a tent. In North and Akkar, 10 per cent of migrants are living in tents, and 10 per cent are living in a garage. Shelter defects were reported among 22 per cent of migrant households, with the most common issues being damaged or leaking roofs and walls. The percentage of shelter defects (leaking roofs and rotting in walls and floors) was highest for Beirut and Mount Lebanon (32%), followed by North and Akkar (30%). Around half of PRL (52%) and Lebanese national (46%) respondent households reported defects with their shelter.

Migrants, on average, experienced fewer barriers to meeting electricity needs than their Lebanese counterparts, although both groups experienced financial and access constraints. The indicator does however not provide information on the comparative worsening of the situation that might have led to a different perception of barriers for some populations, with others possibly having already experienced a similar level of access and financial constraints in the past. Seventy-one per cent of migrants in South and Nabatieh, 44 per cent in Baalbek-El Hermel and Bekaa, 27 per cent of migrants in Beirut and Mount Lebanon and 22 per cent in North and Akkar indicated that they did not experience financial or access constraints to meeting their electricity needs. **For both nationals and migrants, financial constraints were the dominant reason for being unable to access electricity, except in South and Nabatieh, where most indicated neither type of constraint.**

Figure 28: Constraints to meeting electricity needs of migrants (by percentage)





PROTECTION

BACKGROUND

Migrants will remain among the most vulnerable population groups affected by Lebanon's economic deterioration, due to their pre-existing marginalization that hinders their access to public services and protection support. This is heightened by migrants' vulnerabilities linked to the *kafala* system, including abuse and exploitation, and the lack of protection mechanisms for migrants that are in place for the Lebanese labor force. Migrant domestic workers are excluded from labour laws, and commonly face mobility restrictions imposed by their employers.[1]

The lack of redress mechanisms to address discrimination or appeal unfair employment arrangements, such as passport confiscation, the withholding of wages, contract breaches (often by paying wages in declining Lebanese Pounds instead of USD, unpaid residency fees), sudden dismissal, threats of being reported to authorities or in even worse scenarios, sexually exploited as sex workers, are among the most pressing concerns. Furthermore, there is an underlying lack of awareness regarding rights among migrants, which complicates victim identification and the delivery of support services.[2]

The loss of employment faced by many migrants increases the likelihood of them resorting to negative coping mechanisms that push them into exploitative situations or degrading or illegal work to meet basic food needs. 2021 IOM findings indicate that migrants who have lost their livelihoods are struggling to eat, pay rent and access healthcare.[3] Migrants are increasingly destitute and seeking support from reception centers and NGO shelters, which, in turn, have limited capacity and resources.

Furthermore, migrants who leave exploitative work conditions can face homelessness and personal distress. This has resulted in chronic physical and mental health problems, which can persist indefinitely due to difficulty in accessing suitable housing and basic social services. Additionally, financial barriers, a lack of valid documentation and travel restrictions linked to COVID-19 can render migrants stranded in Lebanon. As these barriers to travel remain and economic conditions continue to worsen, it is likely that the number of stranded migrants will increase, resulting in protection support to migrants being side-lined. Specialized services such as shelter or case management, support for victims of abuse, violence, exploitation including human trafficking, unaccompanied or separated migrant children and other migrants in vulnerable situations face operational challenges. Limited funding has led to under-staffing and cramped shelter facilities. In addition, limited court action has been taken due to the lengthy duration of legal proceedings.

NGOs which focused primarily on legal aid and advocacy to address protection concerns and their root causes are now having to shift resources and time to provide emergency assistance such as food and rental subsidies for migrants. This could have an impact in the long term, tying up resources and capacity as opposed to strengthening specialized protection services and referral systems.

Furthermore, these existing referral pathways for migrants in need face disruptions, leading to delays in case identification, referral and protection processes, resulting in protection gaps in the immediate term, which become a serious concern facing stranded migrants. Therefore, efforts to ensure life-saving care including access to food and shelter to stranded migrants and comprehensive in-country assistance for vulnerable migrants as well as return and reintegration remain critical.

[1] *Policy Paper on Reforming the "Sponsorship System" for Migrant Domestic Workers*, KAFA (enough) Violence & Exploitation 2012.

[2] *The Other Migrant Crisis: Protecting Migrant Workers against Exploitation in the Middle East and North Africa*, IOM 2015.

[3] *Needs and Vulnerability Assessment of Migrants in Lebanon*, IOM Lebanon 2021.

PROTECTION

The MSNA examined women's safety in particular. When asked if there are place in their area that women and girls avoid because they feel unsafe, most respondents (both migrants and Lebanese nationals) said no. A significant portion of migrant respondents opted not to respond to the question which could, in part, be due to discomfort surrounding the topic of violence against women and girls. Women and girls tended not to answer this question in Beirut and Mount Lebanon and North and Akkar.

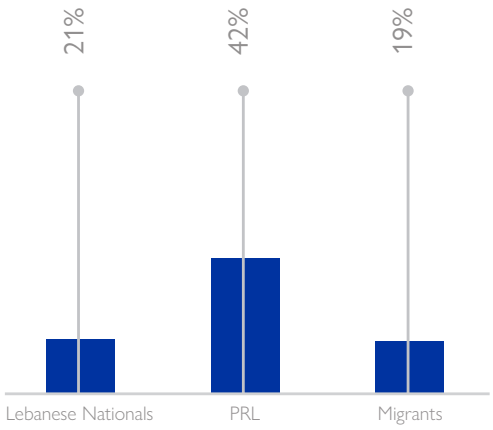
Migrant women and girls reporting services offered after experiencing some form of violence

65% YES

Figure 29: Top 3 locations avoided by migrant women and girls due to feeling unsure and unsafe

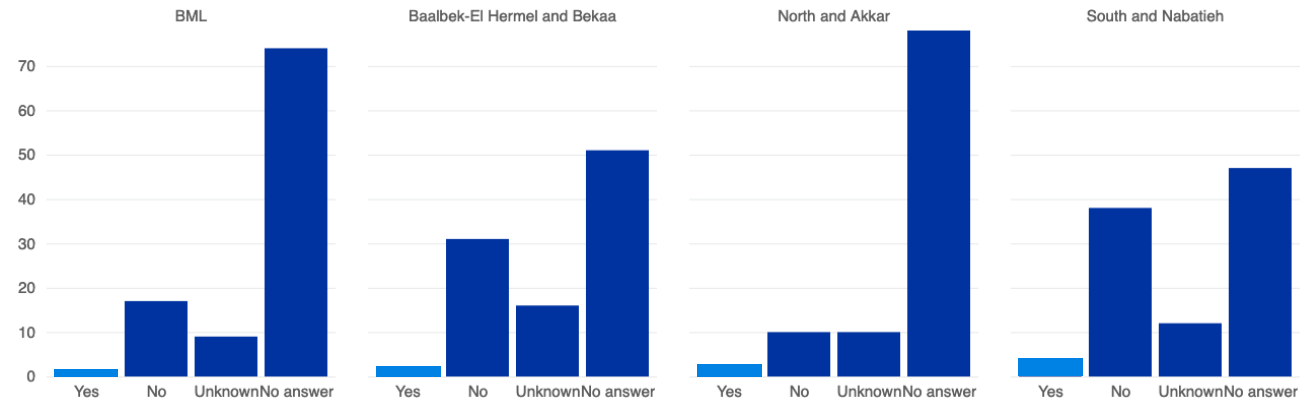
When excluding households where all members have a valid ID, the **primary wage-earner of 19 per cent of migrant households does not hold a valid work permit**. This applies to 42 per cent of PRL and 21 per cent of Lebanese national households. Two per cent of Lebanese households and 1 per cent of assessed PRL households reported that not every person in the household had an ID document, such as national ID and/or valid passport, and stored in a secure place, whereas the number was higher for assessed migrant households (4%). The highest proportion of assessed migrant households reporting not all household members having an ID was in the Akkar and North area of analysis (7%). The higher number among migrant households could be due to the fact that loss of income for migrants signifies loss of their legal status in many cases. This could indicate a risk of accepting degrading labor conditions to survive when livelihoods are precarious and access to specialized support is marginal.

Figure 30: Percentage of households per population reporting lacking work permit for principal wage earner



Migrants reported limited access to psychosocial support in the 30 days before the survey was administered. In all governorates of Lebanon, less than 3 per cent of migrants reported receiving psychosocial support. Lebanese nationals reported slightly better access to psychosocial support with 7 per cent and 5 per cent of Lebanese nationals in Baalbek-El Hermel and Bekaa and South and Nabatieh respectively reporting receiving psychosocial support within the last 30 days. It is important to note, however, that the majority of both populations opted not to respond when asked about psychosocial support. This could be due to stigma surrounding mental health support in the region. Here, it is also important to account for the potential for language barriers during survey and cultural contexts to limit a person's willingness to admit they are suffering from mental illness.

Figure 31: Percent of migrants with access to psychosocial support



PROTECTION

Given the fact that migrants are not eligible for state-provided social security, a host of IOs, NGOs and other state-affiliated organizations have historically provided safety nets to ensure migrants welfare and ability to meet basic needs. Most are now having to shift resources to providing emergency food assistance, rolling back the capacity to provide protection services that addresses migrants' needs. The main barriers reported in trying to access protection services were the cost of services, a lack of means and high costs of transport. Not knowing how to apply and being deemed ineligible or denied as a result of nationality were the next most common causes. Eighty-eight per cent of migrant households reported that barriers to protection services did not apply, or that there were none. In other regions, either no barriers were reported, or they were deemed inapplicable. For this reason, results on barriers are only reported for Beirut and Mount Lebanon.

In the three months prior to data collection, only 5 per cent of migrant households reported receiving assistance. By comparison, 14 per cent Lebanese national households and 24 per cent of PRL houesholds reported the same. The shares of migrants receiving assistance in the last three months before data collection were similar across all areas, although North and Akkar reported lower shares (93%).

Has your household received assistance in the three months prior to data collection?

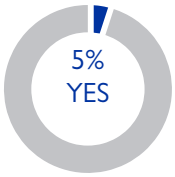
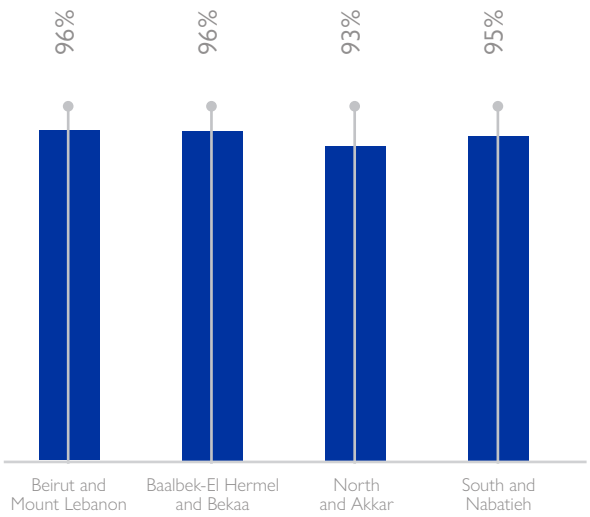
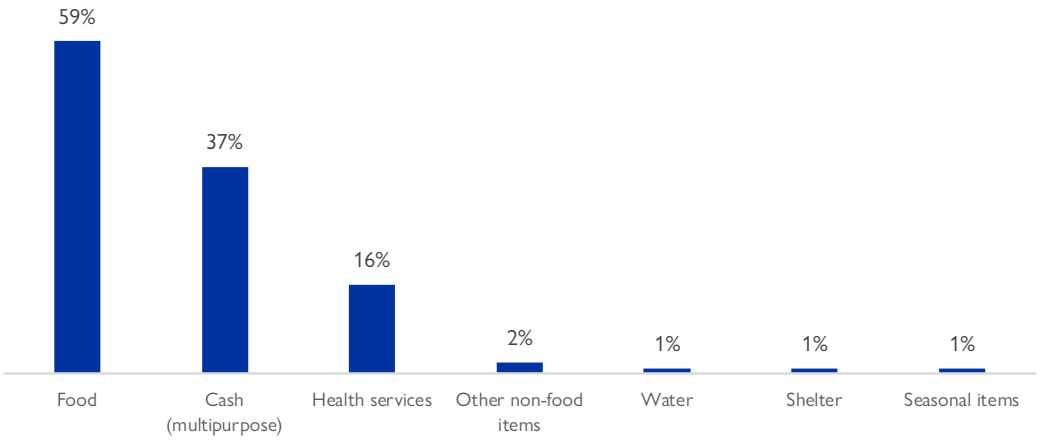


Figure 32: Migrant households reporting having received some form of assistance in the three months prior to data collection



Of the households reporting having received some form of assistance in the three months prior to data collection, **food was the most commonly provided type of assistance, followed by cash**. Health services were provided on a lesser scale (20% on average), while protection services covering water, fuel, shelter, education and legal services were seldomly reported to have been provided to migrant households.

Figure 33: Percentage of migrant households reporting to have received services in the three months prior to data collection by type



CONCLUSION

The 'triple threat' of economic/financial collapse, the COVID-19 pandemic and the Beirut Port Explosion of 4 August 2020 all combined to severely impact the living standards of Lebanon's migrant population. In addition to a lack of political will to make reforms, the country's employment situation has progressively worsened, while official Government services have simultaneously been rolled back. The MSNA 2021 findings highlight the additional strains that migrants in Lebanon face, aggravating pre-existing vulnerabilities such as those linked to their legal status under the *kafala* system. Migrants are encountering multiple barriers in accessing services and humanitarian assistance, leading to proliferating unmet needs, especially in healthcare, livelihoods, food security and protection services, among others.

Lebanon's under-resourced **health system**, beset by rising medical supply costs and reductions in available healthcare professionals, have driven up the cost of care. For many migrants, this prevents access to health care consultations and treatments, while cost of transportation further hinders access. Similar findings apply to the barriers migrants face to secure medication. Even where cost was not the most limiting factor in seeking healthcare, findings demonstrated that migrants did not seek support because they did not consider their concern a health issue, under-reporting both psychological and physical impact of the crises. In Baalbek El-Hermel and Bekaa, this was the case for nearly three quarters of respondent households.

Employment contracts and daily work are the principal form of income for migrant households. Loss of **income** is often linked to a loss of their legal status. Findings demonstrate that migrant populations tend to be more likely to have at least one household member not in possession of their ID compared to Lebanese or PRL. This lack of documentation can increase the risk of individuals accepting poor labour conditions, given the low access to support that characterizes migrants' socioeconomic situation. Increased competition for jobs was cited by migrant households as the main obstacle for finding work, creating a more precarious employment landscape and worse labour conditions facing migrants in Lebanon. Savings were not always sufficient as a coping strategy, with financial strain being reported as the main reason for low enrolment rates of migrant school children.

The outlook on **food security and nutrition** for migrants in Lebanon varied significantly in the different areas of analysis. Overall, all population groups reported low rates of severe hunger in a household according to the Household Hunger Scale (HHS). However, a considerable number (10%) of migrant households reported facing moderate hunger. A cause for concern impacting the food security and nutrition of all, including migrant households, is the protracted disruptions in food security caused by ongoing conflict between Ukraine and Russia. Lebanon relies on Ukraine for most of its grain imports making households heavily reliant on cereals especially vulnerable.

Given these challenges, the main barriers to **protection services** were the cost of services, a lack of means and high costs of transport to access them. Long waiting times prevented migrants from benefitting from protection services in the Beirut and Mount Lebanon region. Deteriorating psychological health of migrants may be attributed to the ongoing crises, with two thirds of migrant households reporting a lack of psycho-social support, along with support services for women and girls who experienced some form of violence. Migrants remain especially vulnerable to abuse and exploitation, including human trafficking. Policy and legislative reforms are required to address the root causes of migrants' needs, reduce the risk of their exploitation and strengthen worker protection. Migrants who are survivors of violence and exploitation should have access to case management services and counselling, legal assistance, safe accommodation, medical and psychosocial assistance, assisted voluntary return assistance and reintegration support and other forms of support to facilitate their rehabilitation and recovery.

Building a stronger knowledge base on migrants' needs and vulnerabilities, and how they have transformed given the overlapping crises, is critical to inform humanitarian response and evidence-based programming and policy. This requires revising the methodology to address limitations faced during the MSNA 2021 (see annex) by adapting the assessment and sampling approach to the migrant population, and continuing in-depth work on the challenges migrants face in securing access to services related to protection, healthcare and livelihoods amidst the multiple crises taking shape in Lebanon.

Future assessments should therefore give additional thought to the inclusion of domestic migrant workers as direct respondents to the survey while being mindful of questions and interview settings that could lead to migrants being more hesitant to provide accurate information (for instance when being surveyed in their employer's home).

ANNEX

METHODOLOGICAL OVERVIEW

While empirically based assessments conducted in Lebanon exist, there is a striking information gap regarding three specific population groups: Lebanese nationals, PRL and migrants. The need for evidence-based planning by humanitarian actors remains critical as the populations continue to face acute vulnerabilities and needs. There have not been sufficient data to provide a comprehensive understanding of the growing humanitarian needs and the current crisis drivers. To begin filling this gap, the Lebanon Humanitarian Country Team (HCT) endorsed a country-wide multi-sector needs assessment (MSNA 2021).

The MSNA 2021 was designed to inform humanitarian response operations for 2022, and through the production of the Joint Advocacy Document,[1] ensures that strategic response planning and prioritization decisions are evidence-based and target affected populations with the most acute needs and vulnerabilities in Lebanon. The MSNA 2021 was funded by the European Civil Protection and Humanitarian Aid Operations (DG-ECHO) and the Lebanese Humanitarian Fund (LHF). The efforts were led by the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA) and REACH Initiatives, in coordination and collaboration with the International Organization for Migration (IOM) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and the participation of numerous other NGOs in the data collection effort.

The MSNA 2021 is a household-level assessment conducted across the entirety of Lebanon. The country was divided into 26 districts which are the official administrative level 2. Cadasters, administrative level 3, served as the primary sampling unit for this MSNA.

Between 19 October and 3 December 2021, over 5,600 surveys were conducted during the MSNA among Lebanese, PRL and migrant households across all governorates in Lebanon. In total, 5,306 out of 5,613 surveys were conducted in-person through face-to-face interviews, out of which 713 were with migrant households. For this MSNA exercise, IOM trained four team leaders and over 40 enumerators. During a six-week period of data collection, IOM enumerators conducted 1,840 surveys (prior data cleaning) and visited a total of approximately 2,220 households, in every region of Lebanon, to conduct interviews with all targeted populations: migrants, Lebanese nationals, and PRL in all governorates of Lebanon and 24 out of 26 districts (including areas where there has been violence).

A randomized approach was used for Lebanese households and for PRL households residing inside of camps. For migrants and PRL residing outside of camps, a probabilistic approach through snowball sampling incorporating relevant considerations regarding specific vulnerabilities was developed. This second methodology was used because of the difficulty of finding these two populations on a random approach, countrywide, in both urban and rural areas. In addition, IOM has ensured the inclusion and adaptation in the MSNA of indicators relevant to live-in migrants in order to also capture their needs and vulnerabilities. When selecting for snowball sampling for example, men, women and gender non-conforming individuals were included, as well as different household types (single-, dual- and larger headed) and employment status. A full overview of the REACH-led 2021 MSNA Terms of Reference are available here.

GEOGRAPHIC COVERAGE

In coordination with the Ministry of Interior and Municipalities (MoIM) and with the collaboration of governors, municipality officials and mayors of different localities, the MSNA was conducted on a national level with respondents from both urban and rural areas. Due to access issues there were low levels of respondents in Nabatiyeh and Bent Jbeil, making information less reliable to report. In order to allow for analysis despite a relatively low numbers of surveys with migrant households in certain governorates, findings are presented for the following areas, each combining two governorates: Beirut with Mount Lebanon, Bekaa with Baalbek-Hermel, South with Nabatieh and North with Akkar.

DEFINITIONS

Governorates: categorized under admin 1 level – total of 8 governorates in Lebanon

District: categorized under admin 2 level – total of 26 districts in Lebanon

Cadaster: categorized under admin 3 level – total of 1,610 cadasters in Lebanon

Household: a household is a small group of persons who share the same living accommodation: who pool some, or all, of their income and wealth and who consume certain types of goods and services collectively, mainly housing and food.[2]

[1] *Increasing Humanitarian Needs in Lebanon*, UN OCHA 2022.

[2] UNdata, 1993

CHALLENGES AND LIMITATIONS

The results from this MSNA must be considered as indicative, due to access constraints and non-probabilistic samplings for PRL and migrants. Additional limitations include the disproportionate number of refusals to participate in wealthier areas, and that MSNA results might be distorted in terms of sex and age disaggregated data (SADD) when considering the gender of the survey respondent. The main challenges and limitations to data collection are grouped as follows:

Representativeness: Data presented for migrants is indicative because purposive sampling was used through snowball sampling, allowing for the inclusion of harder-to-access populations. The baseline assessment conducted by IOM ensured the number of surveys conducted was proportional to the migrants' presence in the locations.[1]

Field access: In some areas, access to the field was denied by non-official groups. For security matters, no team member was sent to these areas for interviews. Additionally, access to certain areas was denied due to the lack of support from the humanitarian community. Officials stated that many assessments have been conducted in the past, but no assistance has followed. Therefore, they refused access to their administrative areas. Due to IOM's solid network of key informants, some have permitted IOM to proceed with the assessments in their areas, but others remained inaccessible. Bent Jbeil and Nabatieh districts were not accessible during the data collection due to security constraints.

Key Informants: Where key informants were used to amplify the representativeness of data, it could have been the case that key informants may have tended to direct enumerators to more vulnerable households. This impacts the randomness of the selection of migrant households.

Presence: Some targeted populations are hard to find in remote or rural areas as they mostly reside in urban zones to ease their access to work. Seasonal migration to meet employment demands is also a prevalent trend in Lebanon, which impacted how residents were counted in each area. Due to the fact that the assessment was conducted during the low season, migrants were likely to have left a specific area, making it more difficult for enumerators to reach them. For instance, in Ehden, North Lebanon, the number of interviews conducted was much lower than expected due to the seasonal presence of both locals and migrants.

Participation: Refusal to participate was encountered by enumerators when seeking out respondents from all population categories. This could be explained by assessment fatigue or at times, by the fear of sharing sensitive and personal information. It is worth noting that some questions might have been misinterpreted or misunderstood which resulted in a high percentage of respondents stating 'unknown', 'don't know', or declining their answer. This has been prevalent for health-related questions.

Sensitive questions: Certain questions such as those covering menstrual hygiene can be particularly sensitive. In those cases, an additional indicator looking at 'female enumerator present' was available to allow for those questions to only appear if a female respondent was interviewed with a female enumerator present. In other cases, such as for questions on monthly expenditure and income, answer options were given in ranges. While questions on type of debt were included, a question on the amount of debt was removed following analysis of surveys conducted during the pilot. In addition, some questions that were still included might have been specifically sensitive for the migrant populations and should be reviewed for future MSNA assessments; for instance, on mental health, work permit holding and documentation/irregular status.

Live-in migrants: IOM was aware of the difficulty involved in including live-in migrants due to the eventual barriers that could be posed by a sponsors' presence. Even though the live-in migrant could be interviewed directly, this did not guarantee the sponsors would allow the interview to take place or would not intervene during the interview. The fact that this assessment was conducted on a household level meant that homelessness was another factor limiting the inclusion of migrants who were more difficult to reach.

[1] *Migrant Presence Monitoring - Baseline Assessment Round 1*, IOM Lebanon 2021.


IOM
UN MIGRATION
LEBANON