



Older people in crisis in Lebanon: an urgent need for action



Key messages

- Lebanon is facing its worst crisis in the 21st century.
- Our research shows that older people in Lebanon have experienced a drastic change in their living standards.
- The crisis has negatively impacted older people's food security, as well as access to healthcare and transport.
- The crisis has undermined older people's dignity and resulted in a sense of isolation, loneliness and helplessness.
- The government and international actors need to take urgent action to address the immediate impacts of the crisis on older people.
- The government must develop long term policy and institutional change, including strengthening social protection and establishing universal health care.

Lebanon is facing its worst crisis in the 21st century Globally, the COVID-19 pandemic has had a devastating impact on people across the world, including older people. The well-intentioned isolation of older adults to protect them from potential infection has had negative mental, emotional, social and financial consequences.¹ Since the beginning of the war in Ukraine, the economic situation in Lebanon has further deteriorated, as the country used to import most of its wheat from Ukraine and Russia. In addition to the pre-existing crisis, the devaluation of the Lebanese pound by 95 per cent against the US dollar, coupled with a sharp increase in fuel prices and market monopolism, have led to an increase in the prices of everyday commodities. Food prices rose by 1,000 per cent from October 2019 to Jan 2022, resulting in the inability of many people to meet their basic needs and often leading to migration pressures.² In January 2023, month to month food inflation continued to skyrocket and reached 142.9 per cent.³ The sharp increase in prices of everyday commodities put them out of the reach for much of the population.⁴

Based on Lebanon's most recent household data sources, the multidimensional poverty rate, which takes into account different aspects of deprivation such as education, health, housing and income, stands at 82 per cent of the population. Additionally, 40 per cent of the population can be categorised as being extremely multidimensionally poor.⁵ The governorates of Akkar, Bekaa, Baalbek-Hermel, and Nabatiye have the highest rates of poverty, where the rate was most influenced by poor health, difficulties in accessing public utilities, and lack of employment and income.⁵ In 2022, the World Bank re-classified Lebanon as a lower-middle income country, having previously been categorised as middle-income.⁶

The food, fuel and finance crisis in Lebanon focused the attention of many researchers. A fact-based evaluation of the impact of the crisis on individuals working in different sectors (as well as their households) highlighted the huge energy costs that households had been bearing in the face of strict power restrictions. Across the seven sectors assessed in this evaluation (agriculture, construction, education, food and beverage, health, manufacturing, and retail), more than two-thirds of households spend more than half their income on energy.⁷ It was also shown that, looking across these seven sectors, the majority of households have decreased their consumption of essential food, including milk, fruits, vegetables, and bread in favour of less expensive alternatives. With the exception of those in the manufacturing and food and beverage industries, 30 per cent or more of participants across all sectors had to skip a meal during the week, and 33 per cent of households across all sectors could not afford a meal containing chicken, fish, or meat once a week or more.⁷

Existing studies also show that, 94 per cent of Syrian refugee households in Lebanon have faced challenges when accessing food and had to employ coping strategies to manage their food shortages.⁸ These figures are even higher for older adults. While Lebanon has the oldest population per capita in the Middle East, there is limited social protection for older people and a state pension only exists for civil servants and the country's security forces (10 per cent of the labour force).⁹

This policy brief summarises the findings of a HelpAge International study examining the impact of the food, fuel and finance crisis on older people in Lebanon. The study set out to inform policymaking by identifying older people's experiences and concerns. It provides a number of concrete policy recommendations to improve the lives and livelihoods of older people affected by the crisis.

Impact of the food, fuel and finance crisis on older people

The HelpAge International study was conducted by Amel Association in August and September 2022 in the governorates of Mount Lebanon, Bekaa, and South Lebanon. The research design was qualitative. Participants were selected based on their demographic characteristics and from both main nationalities living in the country: Lebanese and Syrian. They were all aged 60 and above. Study participants were recruited through convenience sampling, a non-probability sampling technique based on easy access, previous links to that group, and location.

Research methods included interviews with 34 older people and three focus group discussions (FGDs) comprised of 12 participants in each group. The data was electronically organised and processed using the qualitative data analysis application Nvivo 12.

Food security

The results of the research showed that most of the older people were not able to meet their basic food needs and other necessities. Most FGD participants reported a decrease in their purchasing power. They attributed this to currency fluctuations, which led to a sharp increase in prices of basic items. As their main coping strategy, participants reported resorting to buying lower quality products. Several FGD participants said that their priority was to ensure there was some food to eat; its quality was no longer a priority. One respondent stated: *"I don't care about the quality anymore, I just want to put food on my table"* (25 August, Mashghara, FGD2 participant 9).

Some participants reported reducing the number of meals and buying cheaper food items. One FGD participant mentioned: *"When I was young, Lebanon experienced a similar economic crisis, the difference today is that I am unable to face these conditions. We eat two meals a day, we eat lunch late in the afternoon so that we don't feel hungry in the evening, meat and fish are no longer on our menu"* (22 August, Ain El Remmaneh, FGD1 participant 5).

An FGD participant from Khiam described her situation: *"Food is expensive and we no longer enjoy the same quality as before. I used to buy 100 kilograms of flour for monthly use, but today, I only buy basic food supplies on a daily basis, and try to rely on alternative medicines since the genuine ones are very expensive or not available most of the time"* (25 August, Khiam, FGD2 participant 7).

The majority of older people are relying on support they receive from their families or non-governmental organisations (NGOs).

Access to healthcare and medicines

Regarding access to healthcare, there was agreement among the FGD participants that the rising price of medicines has been their main challenge. Primary healthcare centers are the main healthcare providers in Lebanon. In the past using private clinics was an option, but now the study participants said they cannot afford it. Without the financial means, many participants made the deliberate decision to limit or stop taking their prescribed medications (see Rene's story Box 1). These findings are indicative of the growing pressures on the

public healthcare system in Lebanon that was previously hailed as exemplary in the Middle East.

This is how one FGD participant described her situation: *"My life is closer to a nightmare, where all my basic needs have been affected severely by the crisis. We are no longer able to purchase medications or access health care without the support provided by Amel Association in the form of providing some of my medicines and certain food parcels. We changed our diet, our lifestyle, gave up visiting our friends due to the high cost of fuel, gave up a lot of food, and tried to find alternative heating or cooling methods"* (22 August, Ain El Remmaneh, FGD1 participant 4).

Most participants agreed that their mental health was affected due to being isolated, first because of COVID-19 and later because of the financial crisis.

Box 1: Rene's struggle for survival

Rene, 86 years old, is a widow who lives alone in a popular neighbourhood of Ain El-Remmaneh. Rene said that she does not have access to several medicines she needs such as insulin, as it is either out of stock or expensive. Also, she can no longer buy cleaning products and sterilisers. She explained how some of her grandchildren have dropped out of school because of the high cost of school and transport.

Describing her situation, Rene says "During the past three years, life has changed for the worse, especially in terms of expenses. The only support I have is from Amel [Association] who provide me with a daily meal and the necessary medicines and medical care. On weekends, my neighbour sends me a hot meal. The amount of food I eat daily is not enough and I do not feel full."

Access to fuel and transport

The escalating prices of fuel had serious consequences for older people, particularly by driving up transport costs. Three-quarters of the study participants reported they had to delay access to healthcare, and half of the participants skipped going out for leisure. Over a third suggested they often used alternative ways of travel such as walking and carpooling. People generally used public transport only when it was necessary. One study participant noted: *"If I go to the supermarket to get some items and when I get home I discover that I forgot something, I will not go back because of the cost of transportation"* (25 August, Mashghara, FGD2 participant 9).

Alarmingly, over half the study participants reported that the increase in transport costs has disconnected families, as they were unable to visit each other. An FGD participant from Khiam said: *"The worst thing is that my grandchildren cannot visit me weekly due to the high cost of transportation, which caused me to feel empty and lonely, this is a great injustice"* (25 August, Khiam, FGD2 participant 7).

The participants were concerned that the rise in fuel price was likely to constrain their ability to heat their home. One study participant recalled: *"I used to secure the price of the heating bill before the crisis, but now it is impossible to buy one liter of gas, I don't know how we're going to get through winter this year"* (25 August, Khiam, FGD3 participant 12). Another participant from Kiam Sami recalled: *"We try to reduce the use of the heater in cold*

weather to get warmth as long as possible. This is due to the small amount of fuel received as help from our neighbour. This year I collected some firewood as an alternative to fuel for heating” (25 August, Khiam, FGD2 participant 10).

Emotional wellbeing and psychosocial attitudes

The majority of older people surveyed reported feelings of embarrassment and shame about the current situation. Their inability to earn income and reliance on others deeply affected their dignity and sense of self-worth. An FGD participant from Kiam Sami recalled: *“I had a taxi, that I sold eight years ago as I needed heart and lung surgery. Nowadays I am jobless, and feel sad and ashamed of my neighbor’s help in providing for my basic needs. I feel stripped of my dignity” (25 August, Khiam, FGD2 participant 10).*

Some study participants expressed dissatisfaction and even anger towards the situation, wanting things to change through government action. As one participant said: *“What upsets me the most is the fact that the Ministry of Health and the Ministry of Social Affairs don’t have any consideration for people my age” (25 August, Khiam, FGD3 participant 12).* Another said: *“What causes me the most resentment is the absence of a state and there is no social security or services for us as older people. An older people person has to work twice as hard to live with dignity because there is no old age system, this is humiliating” (22 August, Ain El Remmaneh, FGD1 participant 5).*

People expressed their helplessness in the face of the current crisis. All the participants believed that their families have been doing their best to support them but due to the current situation, were limited in what they could provide. Since Lebanon’s social protection system for older people is heavily fragmented, most people employed by small enterprises or working in the informal sector are not covered by pension legislation.¹⁰ The World Bank-financed Emergency Social Safety Net (ESSN) project, which focuses on poorest households, is only a temporary cash assistance programme and does not provide an adequate and sustainable solution to poverty in old age.

Our research findings show that nearly all the study participants would like to immigrate if given the chance. The percentage who have initiated the immigration process, however, is smaller. This could be as a result of communication barriers, lack of skills, or strong family ties that prevent them from moving.

Recommendations

The food, fuel and finance crisis in Lebanon has been driven by multiple factors and has affected many economic sectors. It has had severe consequences for people’s wellbeing. Beyond the poverty, suffering, and desperate (and frequently fatal) migration attempts, the human cost of the crisis is profound. As our findings show, older people, although often forgotten in the mainstream discourse, have been particularly affected by the crisis. The research highlights the extent to which the crisis has negatively impacted older people’s food security, access to healthcare, medicines, and transport; it has undermined people’s dignity and resulted in a sense of isolation and helplessness. To improve the dire situation of older people in Lebanon, we recommend the following:

1. There is a pressing need to broaden and expand the cash-based assistance strategy, which currently consists of two programmes: the National Poverty Targeting Program (NPTP) and the World Bank-funded ESSN project. Together, these initiatives serve about 225,000 households. The Public Sector Cash Scheme (PSCS) and Broad Coverage Cash Transfer programme (BCCT) are two other schemes that have been created but lack funding.
2. The government should give priority to expanding the social assistance registry hosted by the e-governance platform IMPACT-based to attract greater donor investment. The registry contains data on about 500,000 households, and it should be expanded to 800,000 households.¹¹
3. In parallel with providing emergency assistance, the government needs to prioritise funding for a universal old-age social pension. Initial feasibility studies have already been conducted and further analysis can be undertaken to inform the decision-making process.
4. A universal health care system is paramount in the long-term, to ensure people have access to good quality health services. In the meantime, the Ministry of Public Health and NGOs that provide healthcare programmes and healthcare coverage should increase support for medical services, by establishing regular mobile medical outreach teams and homecare operated by NGOs such as Amel Association, Médecins Sans Frontières, and the International Medical Corps.
5. The Ministry of Public Health must regularly (every six months) review the list of essential medicines provided at primary healthcare centres (PHCCs), taking into account chronic diseases and other health conditions. This could improve the welfare, extend the life span and reduce the suffering of older people.
6. The National Social Security Fund (NSSF) and Ministry of Public Health's health scheme rates should be updated regularly (every six months) toward primary care and hospital treatment, due to the inconsistent US dollar rates. This will help ensure coverage of the NSSF insured and uninsured people, especially older people at risk.
7. Actors delivering livelihood support, such as food, medicine and clothing, should also focus on the psychological effects of the crisis by offering inclusive counseling and therapy for older people. It is also important to establish local intergenerational support networks that engage the youth and help reduce older peoples' loneliness.
8. The Ministry of Labor in cooperation with the Ministry of Social Affairs should increase the support for older people at risk including those with special needs, disabilities, and those living alone or not receiving pensions. To create jobs and provide income for those groups, they should be offered vocational training and skills development.
9. For all households to have access to food at the lowest price feasible, the government must eliminate customs duties on food products. Thus, the Ministry of

Trade and Economy should consult the Supermarkets Association to identify the most commonly purchased food items to determine which have customs duty and which have value added tax. For those which are not tax-free, the government should remove the value-added tax. Removing customs duties on basic food products can ensure access to food at the cheapest prices possible.

10. The Ministry of Agriculture should encourage older people in South Lebanon and West Bekaa to start or expand agriculture production for household consumption through the 'Farmers Support Program' that was launched in 2021 with the cooperation of the UN's Food and Agriculture Organization (FAO). By linking them to local NGOs or municipalities who distribute seeds for low prices and promote home gardening, older people's food production can be increased and benefit their and their family's health and nutrition.
11. Humanitarian assistance and government programmes need to be complementary in how they tackle crises such as the current one. This could be achieved by establishing a common or shared risk and vulnerability context analysis to inform policy priorities and by setting shared policy objectives and outcome targets.
12. The Ministry of Social Affairs through municipalities should empower older people to voice their needs and become part of the decision-making process by having a representative in all municipal meetings. This could be ensured by regular FGDs with older people, which would also give them greater social support.
13. For future research on the impact of the crisis on older people, a larger representative sample size should be involved in FGDs. This should enable the research to highlight more clearly the different needs of Syrian and Lebanese older people and different needs based on gender.
14. Further quantitative research should consider factors related to age and frailty in national surveys, such as Vulnerability Assessment of Syrian Refugees (VASyR) and Multi-Sector Needs Assessment (MSNA), to better understand the status of different age groups, enable statistical analysis, and quantify the consideration of age, disability and morbidity.

Endnotes

¹ W. A. O. C. Cocuzzo B, 'Effects of COVID-19 on Older Adults: Physical, Mental, Emotional, Social, and Financial Problems Seen and Unseen', *Cureus*, vol. 14, p. 9, 2022

² Ghreichi, M. (March 18, 2022). The Tahrir Institute for Middle East Policy. Available at: <https://timep.org/commentary/analysis/the-imf-no-silver-bullet-for-lebanon/>

³ Trading Economics (2023). Lebanon Food Inflation. [online]. Available at: <https://tradingeconomics.com/lebanon/food-inflation>

⁴ ReliefWeb. (2022). Available at: <https://reliefweb.int/report/lebanon/russia-s-invasion-ukraine-exacerbates-hunger-middle-east-north-africa-enar>

⁵ United Nations Economic and Social Commission for Western Asia, *Multidimensional poverty in Lebanon (2019-2021): Painful Reality and Uncertain Prospects*, 2021.

⁶ ReliefWeb. (2023). Lebanon 2023 IFRC network country plan (MGRLB001). Available at: <https://reliefweb.int/report/lebanon/lebanon-2023-ifrc-network-country-plan-mgrlb001>

⁷ Dagher, L., et al. (2022). *Advancing Evidence-Based Policy in Crisis Management: The Case of Lebanon*. Available at:

<https://scholarworks.aub.edu.lb/bitstream/handle/10938/23478/Sectoral%20Report.pdf?sequence=1&isAllowed=y>

⁸ UNHCR, UNICEF and WFP, ReliefWeb, 28 January 2022. [Online]. Available: VASyR 2021: Vulnerability Assessment of Syrian Refugees in Lebanon. Available at : <https://reliefweb.int/report/lebanon/vasyr-2021-vulnerability-assessment-syrian-refugees-lebanon-0>.

⁹ ReliefWeb, " 7 April 2022. [online]. Available: <https://reliefweb.int/report/lebanon/lebanon-2021-multi-sector-needs-assessment-april-2022>.

¹⁰ Bonet, E. (2021). *Growing old without social protection or a pension in Lebanon*. Equal Times. Available at: <https://www.equaltimes.org/growing-old-without-social?lang=en#.ZBF13HZBw7d>

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

Amel Association International is a non-governmental organisation, recognised as a public utility by presidential decree 5832 in 1994. Amel is a non-profit, non-sectarian organisation that supports the most underprivileged populations in Lebanon.

Written by Kassem Shoujaa, Sahar Hijazi and Mohammad El Zayed based on research conducted by Amel Association.

Published by HelpAge International and Amel Association International

HelpAge International
PO Box 78840, London SE1 7RL, UK
Tel +44 20 7278 7778

info@hepage.org
www.helpage.org

Registered charity no. 288180

Amel Association International
PO Box: 14/5561 Mazraa, Beirut, Lebanon
Tel +961 1 317 293/4

info@amel.org
www.amel.org

Registered charity no: 109/A.D

Front page photo by Amel Association International



@HelpAge



HelpAge International



Amel Association

Copyright © HelpAge International 2023

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License, <https://creativecommons.org/licenses/by-nc/4.0>

Any parts of this publication may be reproduced without permission for non-profit and educational purposes. Please clearly credit HelpAge International and send us a copy or link.