

Lebanon: Rapid Needs Assessment of Displaced People

Mount Lebanon – 16 October 2024

Context

In September 2024, following years of socioeconomic and political challenges, Lebanon faced a sharp escalation in hostilities with Israel, which has resulted in 2,083 deaths, 9,869 injuries, and the displacement of over 1 million people by mid of October 2024.

Among those affected are older adults (65 years and above), who represent 11 per cent of Lebanon's 5.49 million population, and includes approximately 1.8 million refugees from neighbouring countries. This makes Lebanon the country with the oldest population in the Middle East.

Since the escalation in hostilities, around 403,057 individuals – 70 per cent Syrian and 30 per cent Lebanese - have fled to Syria to escape the escalating violence.

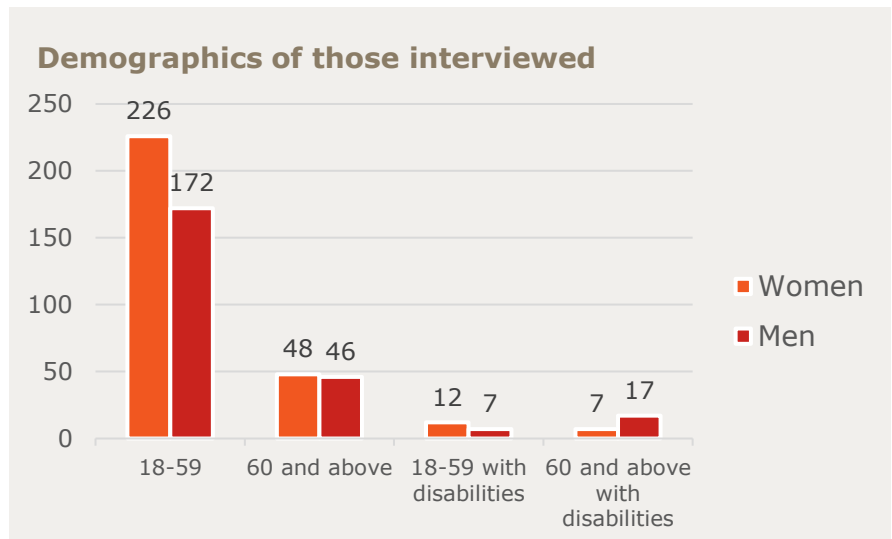
By mid-October, 179,500 displaced individuals are sheltered in 973 collective centres, many of which are at full capacity, forcing some to take shelter in cars or on the streets. The majority of shelters are schools that are not designed to accommodate people and are inadequate to meet the needs of older people and people with disabilities.



Older displaced person in Dekweneh, Mount Lebanon being interviewed for this Rapid Needs Assessment. Photo taken by IDRAAC.

Methodology

To provide a snapshot of current needs, data collection for this Rapid Needs Assessment (RNA) was carried out by the Institute for Development, Research, Advocacy and Applied Care (IDRAAC) between October 3 and 8, 2024. The data gathering focused on shelters and households hosting internally displaced persons (IDPs) in Beirut and Mount Lebanon, specifically in areas such as Abbey, Bikfaya, Dhour Choueir, Ain Aar, Dekweneh, Sin El Fil, Choueir, Bsalim, Fanar, Jal El Dib, Rabweh, Kornet Chehwen, and surrounding locations.



In total, 492 people were interviewed, with disaggregated details in the chart above. It should be noted that prevalence of disability was calculated using the Washington Group Questions.

In Mount Lebanon, the sample selection was primarily based on lists compiled by the Mekhitarist Congregation in coordination with the municipalities of Dhour Choueir and Bikfaya. These municipalities liaised with shelters and hosting households to obtain prior approval for the RNA team's visits. IDRAAC aimed to include all IDPs listed and completed assessments for those willing to participate. In other areas, the team coordinated with organisations and individuals managing shelters to obtain consent for conducting the RNA. IDRAAC ensured inclusivity by conducting RNAs for all IDPs who agreed to participate, regardless of age, gender, or disability, covering a wide range of needs. The majority of the assessments were conducted in person, however some individuals who had relocated were contacted by phone to complete the RNA remotely.

In summary, the assessment used purposive sampling to target IDPs in shelters and host households in specific areas of Beirut and Mount Lebanon. The selection process relied on pre-existing lists, and assessments were conducted with those who provided consent, ensuring diverse demographic representation. It is acknowledged that this approach may have missed some at-risk individuals and was dependent on the lists available; however, it still offers valuable insights into the needs of IDPs at the time of the interviews.

Key Findings

The top three most urgent needs:

In an open-ended question, when asked to rank their top three most urgent needs, respondents' answers were as follows:

1. Clothing is the top priority for most people, according to 62 per cent of respondents. This is likely due to the coming onset of winter in Lebanon and the need for warm clothes for displaced people, many of whom will have fled with few belongings.
2. Cash assistance is a top priority for 56 per cent of respondents.
3. Medication is also one of the top three most urgent needs, according to 37 per cent of respondents. This need was particularly pronounced among older people (60 years and above), with 51 per cent identifying it as a priority.

Priority	All cohorts	Older people 60+	Older women 60+
1.	Clothes (62%)	Cash (59%)	Medication (60%)
2.	Cash (56%)	Clothes (56%)	Cash (56%)
3.	Medication (37%)	Medication (51%)	Clothes (52%)

Other priorities that were also mentioned - though less often - include food which was identified among the top three priorities by 31 per cent of respondents, and hygiene kits which were requested by 11 per cent.

Type of support needed

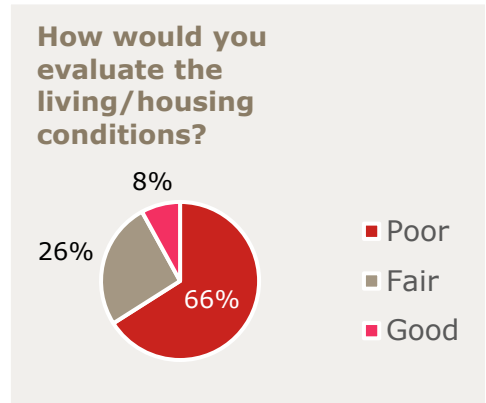
To further validate the findings, respondents were offered a defined list of support and services to choose from. When asked to identify all the assistance they require, respondents' answers were as follows:

- Ninety-one per cent of respondents highlighted cash assistance.
- Eighty per cent of respondents mentioned clothes.
- Seventy per cent of respondents said they need food parcels and 31 per cent said they need hot meals.
- Fifty-seven per cent of respondents said they need hygiene kits.

- Twenty-eight per cent said they need non-food items (such as blankets, mattresses, pillows) and seven per cent mentioned shelter.

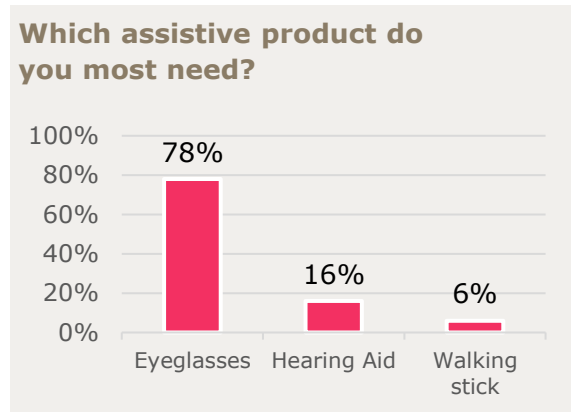
Living Conditions

- Observations by interviewers revealed that the living conditions of 66 per cent of surveyed people were poor, 26 per cent were considered fair and only 8 per cent were deemed good



Disability - Assistive Products

- Fifteen per cent of respondents from all age groups need assistive products to help with mobility and daily activities. This percentage increases to 26 per cent for people over 60 years old.
- Of those who needed an assistive product 47 per cent reported that they did not have one.
- The assistive products identified as most needed were eyeglasses (78 per cent), followed by hearing aids (16 per cent) with a small number of people indicating a need for walking sticks.
- Over 69 per cent of people using assistive products reported that they would go to health services for advice or prescriptions on the product needed, whereas others would choose for themselves.



Recommendation

- Identify at household level which type of assistive product would support the IDP in their setting to rebuild their independence and be able to engage in daily life.
- Identify local ophthalmology, hearing aid and mobility aids suppliers and service providers in the community and include these items and services as an essential non-food item (NFI).
- Identify health services and local NGOs and others who can assess people of all ages in their local area for eyeglasses, hearing aids and mobility aids.



Mental health and psychosocial support (MHPSS)

- Seventy-three per cent of respondents across all age groups reported feeling depressed or hopelessness most days over the past week. Additionally, 74 per cent reported they felt nervous or anxious most days. This increase was more significant for those over 60.
- Eighty-one per cent of respondents stated they could not stop worrying in the past



week. Notably, this constant worrying was more pronounced among those with a disability (94 per cent).

- Thirty-nine per cent of all respondents indicated a need for referral to mental health and psychosocial support (MHPSS). This was reported by 42 per cent of respondents aged 18–59 while 23 per cent of those aged 60 years and over identified this need.
- Sixty-one per cent of respondents needing MHPSS expressed a preference for mental health awareness, while 19 per cent identified community-based psychosocial support (PSS) and psychotherapy as their preferred support.
- For respondents aged 60 years and older needing MHPSS, 68 per cent prioritised mental health awareness, while 27 per cent selected community-based PSS as preferred support.

Recommendations

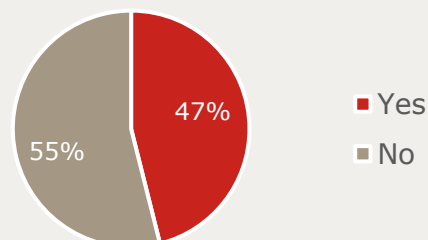
- Set up mental health awareness activities and share clear key messages that explain common stress reactions, promote resilience, give tips on positive ways of coping and provide information on where and how to access further MHPSS, considering the specific needs of different age groups.
- Strengthen community based psychosocial support activities to offer accessible resources and support networks for people, including older people, requesting help.
- Create targeted MHPSS initiatives for different age demographics, including a focus on the unique needs of those aged 60 years and older.
- Ensure that MHPSS activities are inclusive and address the needs of older people with and without disabilities.
- Look at ways to build or strengthen intergenerational links, so that younger and older people can learn from and support each other.
- Encourage community initiatives and foster mutual support through community centres, support groups, and social activities.



Health

- Over 74 percent of those aged over 60 reported having two or more chronic conditions, highlighting their increased risk of acute events related to chronic diseases.
- There was a significant number of respondents taking two or more medications among those over the age of 60.
- An extremely high number of respondents across all age groups (80 per cent) reported having no access to private healthcare coverage.

Do you have 2 or more chronic diseases?



Recommendations

- When collecting data about people's health, ensure the collection, analysis, use and reporting of sex, age and disability disaggregated data, and include specific conditions for analysis of the higher prevalence of diseases, (both communicable and non-communicable diseases and crises related injuries and disabilities).

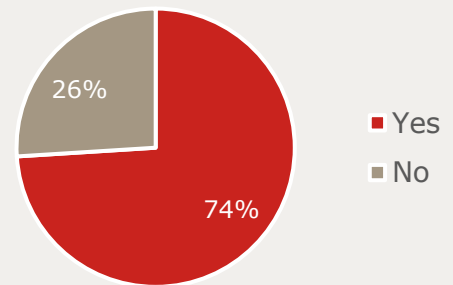


- Guarantee access to healthcare services for all age groups, with a particular focus on older people.
- Home based care approaches should be developed and implemented to address the healthcare needs of older people, particularly where caregivers face constraints in providing the support needed.
- Provide the full continuum of care services for older adults in the emergency phase and management of complications.
- Emergency responses should include targeted interventions to reduce acute complications from non-communicable diseases and comorbidities.
- Ensure proper medication monitoring is in place to reduce the associated risks of polypharmacy on older adults. The high usage of at least two medications by older adults daily could hide a potential problem of polypharmacy in the older

Income Security

- Eighty-three per cent of families surveyed considered their financial situation to be poor, 14 per cent fair, and only three per cent were considered good. The percentage of those in a poor financial situation rose to 86 per cent for people with disabilities and to 87 per cent for older people above 60 years old as these groups usually have little to no income.
- Only two people out of those surveyed had received any cash assistance since their displacement.
- The households of 74 per cent of respondents had lost their sources of income, with this figure being higher for men (77 per cent) than for women (71 per cent).

Did you or your family lose your source of income due to displacement?



Recommendations

- Humanitarian organisations with cash-based programming should urgently seek to incorporate older people into their response and should identify the barriers they face to accessing cash and adapting to their needs.
- Explore a variety of ways that cash can be distributed, so that older people and people with disabilities are not required to travel to Financial Service Providers to collect assistance.
- Organisations providing cash should consider implementing “top-ups” for older people receiving Multi-Purpose Cash Assistance and other modalities of cash. This would reflect additional costs that particularly affect older people, such as needing to buy medication, as well as medical costs and transportation.
- Humanitarian actors should include older people in livelihood and income generating programming, drawing on their experiences, skills and talents.
- Explore intergenerational livelihood programming, empowering older people with specific skills to pass on knowledge and experience to younger members of their communities.

