



INTERNATIONAL RESCUE COMMITTEE

Support for Social Recovery Needs of Vulnerable Groups Phase II Project (P506127)

Socio-Economic Assessment

16 June 2025

ABBREVIATIONS AND ACRONYMS

3RF	Reform, Recovery and Reconstruction Framework
AFD	Agence Française de Développement
CAS	Country Assistance Strategy
CCSAS	Clinical Care of Sexual Assault Survivors
CMR	Clinical Management of Rape
COVID-19	Coronavirus Disease of 2019
CPF	Country Partnership Framework
CPI	Consumer Price Index
CSOs	Civil Society Organizations
ESRS	Environmental and Social Review Summary
ESSN	Lebanon Emergency Crisis and COVID-19 Response Social Safety Nets Project
EU	European Union
FCV	Fragility Conflict and Violence
FHH	Female-Headed Households
FM	Financial Management
FPI	Food Price Index
GBV	Gender-Based Violence
GBVIMS	Gender Based Violence Information Management System
GOL	Government of Lebanon
GM	Grievance Mechanism
GRS	Grievance Redress Services
IIA	Interim Implementation Agency
INGOs	International Non-Governmental Organizations
IOM	International Organization for Migration
IRC	International Rescue Committee
LBP	Lebanese Pound
LCRP	Lebanon Crisis Response Plan
LFF	Lebanon Financing Facility

M&E	Monitoring and Evaluation
MAPS	Methodology for Assessing Procurement Systems
MEAL	Monitoring Evaluation Accountability and Learning
MHPSS	Mental Health and Psycho-Social Support
MMU	Mobile Medical Units
MoPH	Ministry of Public Health
MOSA	Ministry of Social Affairs
MWMP	Medical Waste Management Plan
NCLW	National Commission for Lebanese Women
NGOs	Non-Governmental Organizations
NMHP	National Mental Health Program
PDO	Project Development Objective
PEERS	Partnership Excellence for Equality and Results System
PHC	Primary Healthcare Centers
PMT	Program Management Team
POB	Port of Beirut
POM	Project Operations Manual
RDNA	Rapid Damage and Needs Assessment
SbS	Step-by-step
SEA/SH	Sexual Exploitation and Abuse / Sexual Harassment
SEP	Stakeholder Engagement Plan
SH+	Self Help Plus
SOP	Standard Operating Procedures
SRP	Support for Social Recovery Needs of Vulnerable Groups
TPMA	Third Party Management Agent
UN	United Nations
UNESCWA	United Nations Economic and Social Commission for Western Asia
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees

UNICEF	United Nations Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WBG	World Bank Group
WHO	World Health Organization

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1. Introduction

Since 2019, Lebanon has faced a series of overlapping and deepening crises that have severely undermined the country's socio-economic stability. The financial and economic collapse, the devastating Port of Beirut explosion in August 2020, the prolonged effects of the COVID-19 pandemic, persistent political paralysis, and skyrocketing inflation have collectively pushed large segments of the population into sustained vulnerability. Most recently, the escalation of hostilities in southern Lebanon has led to new displacement, increased insecurity, and further strain on already fragile public institutions and essential services.

Within this context, the most vulnerable segments of the population, including survivors of gender-based violence (GBV), individuals suffering from psychosocial distress, older persons, and persons with disabilities—face mounting challenges in accessing essential support systems. Lebanon's national social protection infrastructure remains severely under-resourced and unable to respond effectively to these needs, increasing reliance on both national and international non-governmental organizations (NGOs) to deliver critical services.

SRP2 of the Support for Social Recovery Needs of Vulnerable Groups project builds upon the foundation laid during SRP1, expanding both the geographic scope and intensity of its support to reflect Lebanon's worsening conditions. The project aims to reduce vulnerabilities among targeted groups by financing experienced NGOs that provide community-based social services in an inclusive and responsive manner across the country.

The International Rescue Committee (IRC) has been selected by the World Bank to serve as the Implementing Agency (IA) for SRP2. The IRC will oversee project implementation, including NGO partner selection, grant disbursement, capacity support, and fiduciary oversight. The agency will also ensure that interventions are context-sensitive, equitable, and aligned with broader recovery and resilience efforts.

This Socio-Economic Assessment (SEA) provides a comprehensive contextual analysis of current socio-economic conditions in Lebanon, identifies key vulnerabilities and risks affecting target populations, and informs the targeting and design of interventions to ensure relevance, effectiveness, and sustainability.

2. Project Background

Lebanon's current crisis landscape is shaped by multiple, overlapping shocks. Since the financial and banking collapse began in 2019, the country has experienced a prolonged contraction in GDP, a severe currency devaluation, and triple-digit inflation. These macroeconomic challenges have been compounded by successive crises, including the COVID-19 pandemic and the August 2020 Port of Beirut explosion, which caused over 200 deaths, injured more than 6,000 people, and displaced approximately 300,000 individuals. The blast also inflicted an estimated US\$3.8–4.6 billion in damage and US\$2.9–3.5 billion in economic losses, according to the Rapid Damage and Needs Assessment (RDNA)¹.

Lebanon experienced a prolonged political vacuum after the 2020 Beirut Port explosion, including a 13-month delay in government formation. While parliamentary elections were held in May 2022, the country faced an extended presidential vacuum following the end of President Michel Aoun's term in October 2022. A new president, General Joseph Aoun, was finally elected in early 2025. Although a government is now in place, deep political divisions and weak state institutions continue to hinder effective governance and public trust remains low.

¹ documents.worldbank.org/en/publication/documents-reports/documentdetail/150951594929778877/lebanon-rapid-damage-and-needs-assessment-rdna

The removal of subsidies on essential goods such as fuel in 2021, coupled with the global repercussions of the war in Ukraine, drove sharp increases in energy and food prices. By April 2023, Lebanon had recorded the highest nominal food price inflation globally at 350 percent (YoY), severely affecting household purchasing power. The Consumer Price Index (CPI) registered a 253.5 percent increase year-on-year in June 2023, with food price inflation reaching 280 percent during the same period².

The compound effect of these crises has been a dramatic rise in poverty. By March 2023, approximately 80 percent of the population was estimated to live below the relative poverty line, with 36 percent below the extreme poverty line³. Vulnerable groups—including female-headed households, persons with disabilities, the elderly, and displaced populations—are disproportionately affected. Syrian refugees⁴, for instance, have experienced a sharp decline in living conditions, with 89 percent of households unable to meet basic needs, and migrants similarly report difficulties accessing food and essential services.

The hostilities along Lebanon's southern border, which escalated in October 2023, has introduced new layers of risk. As of early 2024, more than 90,000 people have been displaced. Agricultural regions near the border—critical to local economies—have suffered significant disruption, with ripple effects expected in trade, remittances, and overall economic activity. The UNDP has projected further contraction in economic output as a result.

In this context of protracted crises and increasing humanitarian needs, non-governmental actors continue to play a crucial role in social service provision. The NGO sector in Lebanon has been instrumental in reaching vulnerable populations, particularly in areas where state services are absent or inaccessible. According to estimates, 53 percent of registered NGOs are involved in supporting the poor and needy, and NGOs operate 68 percent of Lebanon's primary healthcare centers.

Extensive needs assessments conducted by the World Bank and IRC between 2020 and 2024 confirm heightened vulnerabilities among the following three priority groups:

- Survivors of gender-based violence (GBV)
- Individuals with deteriorated psychosocial wellbeing
- Older persons and persons with disabilities

SRP2 is designed to address these needs through strengthened support to NGOs, ensuring delivery of inclusive, quality, and context-sensitive services across Lebanon. The SEA provides the evidence base for this effort, ensuring that interventions are data-driven, equitable, and responsive to evolving realities on the ground.

3. Project Description

3.1 Project Development Objective (PDO)

PDO Statement

The SRP2's Project Development Objective is to expand support for the immediate social recovery needs of vulnerable groups in Lebanon. This will be achieved by supporting non-government stakeholders with a track record in social recovery services, enhancing their capacity to participate in broader social recovery and reconstruction efforts.

² [Credit Libanais - FOOD PRICE INFLATION IN LEBANON IS THE HIGHEST GLOBALLY ACCORDING TO THE WORLD BANK](#)

³ [documents.worldbank.org/en/publication/documents-reports/documentdetail/099723004292317223/idu0dd20d60b04004d0b8e7a00560d28e3f5b](#)

⁴ <https://reporting.unhcr.org/document/UNHCR-Lebanon-Protection-Monitoring-Q1-2023>

While the project's three components aim to address urgent needs in Beirut, Mount Lebanon, and the Bekaa Valley, they also contribute to building the capacity of NGOs to ensure the sustainability and impact of social recovery activities. Despite these efforts, there remains a broader need for public sector reform to address the extensive needs of vulnerable groups, which is beyond the scope of this project.

PDO Level Indicators

The objective will be measured through the following indicators:

- Increased access to social and health services for survivors of GBV (including women, children, and male youth), individuals with mental health challenges, persons with disabilities, and older persons.
- Improved quality of social and health services for the before mentioned vulnerable groups.

3.2 Project Components

The proposed operation is aligned with the World Bank Group's country, regional, and global strategic objectives, as well as the priorities of the PROSPECTS Trust Fund, both globally and in Lebanon. The project recognizes the critical importance of inclusive social protection for vulnerable populations, focusing particularly on forcibly displaced persons (FDPs) and host communities. As outlined in Pillar 3 of the PROSPECTS Global Theory of Change, the project aims to improve access to basic services and create sustainable living conditions, especially for women, men, girls, and boys. This inclusive approach places significant emphasis on community-based and local systems, which are key to achieving lasting social recovery.

The project consists of three main components:

- Component 1: Support for Social Services for Vulnerable Groups
- Component 2: Capacity Building
- Component 3: Project Management

Component 1: Support for Social Services for Vulnerable Groups (US\$ 4.2 million)

This component will finance selected NGOs and CSOs to provide social services to vulnerable groups, including survivors of GBV, individuals with deteriorated psycho-social wellbeing, and persons with disabilities and older persons. Refugees and migrant domestic workers will also be targeted across these groups. Funding will flow through grants and service agreements between IRC and local NGOs/CSOs.

Sub-Component 1.1: Enhanced Support for Survivors and those at Risk of GBV (US\$ 1.6 million)

This sub-component will focus on continuing support for social services to survivors and those at risk of GBV, as well as children under judicial protective measures.

Activities include:

- Operating critical services for survivors of GBV, including case management, psychosocial support, medical and legal assistance, and urgent needs support.
- Holistic recovery services to promote empowerment, such as life skills sessions, psychotherapy, legal counselling, educational opportunities for children, and economic empowerment initiatives for survivors.
- Public sensitization and awareness campaigns to improve visibility of GBV issues.
- Contribution to child protection services, including education and healthcare for

- children under judicial protection.
- Supporting emergency shelters and safe spaces.
- Provision of legal assistance for the reunification of juveniles with families or long-term housing solutions.
- Training and mentoring for service providers in both the public and non-government sectors.
- Support for the use and dissemination of GBV information management systems.
- Community-based awareness and outreach campaigns, including through social media

Sub-Component 1.2: Enhanced Support for Psychosocial Wellbeing (US\$ 1.2 million)

This sub-component invests in improving access to and quality of psychosocial services across Lebanon. Key activities include:

- Sustaining and enhancing the National Mental Health Hotline (“Lifeline”).
- Operating the Step-by-Step digital intervention platform.
- Expanding the Self Help Plus (SH+) stress management course and promoting mental health in the workplace.
- Improving the availability of mental health services within NGO-run Primary Healthcare Centers (PHCCs).
- Training staff and volunteers supporting the national hotline.
- Rollout of mental health services to target groups via online/multimedia delivery and in-person interventions.
- Awareness campaigns to promote access to mental health support among refugees, host communities, and vulnerable populations.

Sub-Component 1.3: Enhance Support for Older Persons and Persons with Disabilities (US\$ 1.4 million)

Support will be provided through specialized NGOs to improve healthcare access for older persons and people with disabilities through outreach, at-home health services, and physiotherapy.

Activities include:

- Advancing Community-Based Inclusive Development (CBID) services.
- Offering specialized health services, including rehabilitation and assistive devices.
- Enhancing sustainability of CBID in Lebanon through updates to the digital CBR portal and improved dissemination in collaboration with MoSA and or MoPH.
- Improving accessibility of homes and public spaces and supporting inclusive education.
- Providing lifesaving items and cash assistance.
- Conducting awareness, recreational, and psychosocial activities.
- Training caregivers and frontline workers in basic care techniques.

Component 2: Sub-grantee Capacity Building for Impact & Sustainability (US\$ 0.5 million)

This component focuses on enhancing the capacity of NGO sub-grantees implementing activities under Component 1.

Capacity building activities include:

- Project management, financial management, and environmental and social safeguards support.
- Introduction of a capacity building "graduation process" for sub-grantees, ensuring

they are equipped to independently manage resources and attract funding post-project.

Component 3: Project Management (US\$ 0.9 million)

This component covers the operating and management costs associated with the project. It includes:

- Project oversight and implementation activities.
- Fiduciary, environmental, and social standards management.
- Monitoring and reporting of project activities to ensure transparency and visibility of results.

4. Purpose of the Socio-Economic Assessment

The purpose of the socio-economic assessment is to provide an analysis of the socio-economic conditions of the individuals and groups affected by the project, and to provide an overview of the demands and needs of the targeted beneficiaries.

5. Methodology

The methodology for this Socio-Economic Assessment (SEA) follows a comprehensive mixed-methods approach, integrating both quantitative and qualitative data sources to capture a holistic view of Lebanon's socio-economic landscape.

Quantitative Data

Quantitative data was collected from national statistics, surveys, and reports produced by key government agencies, NGOs, and international organizations. These sources provide a solid empirical foundation for the assessment, offering insights into the broader socio-economic context, including livelihoods, demographic trends, and key vulnerabilities.

Qualitative Data

Qualitative data was gathered through stakeholder consultations involving 20 national and international organizations and institutions. Participants included government ministries, UN agencies, NGOs, and providers of mental health and protection services. These consultations were critical for:

- Aligning project interventions with evolving sectoral needs;
- Enhancing inter-agency coordination; and
- Validating the project's strategic direction.

Furthermore, these discussions offered a deeper understanding of the lived experiences of vulnerable groups, allowing the incorporation of local knowledge, perceptions, and concerns into the SEA.

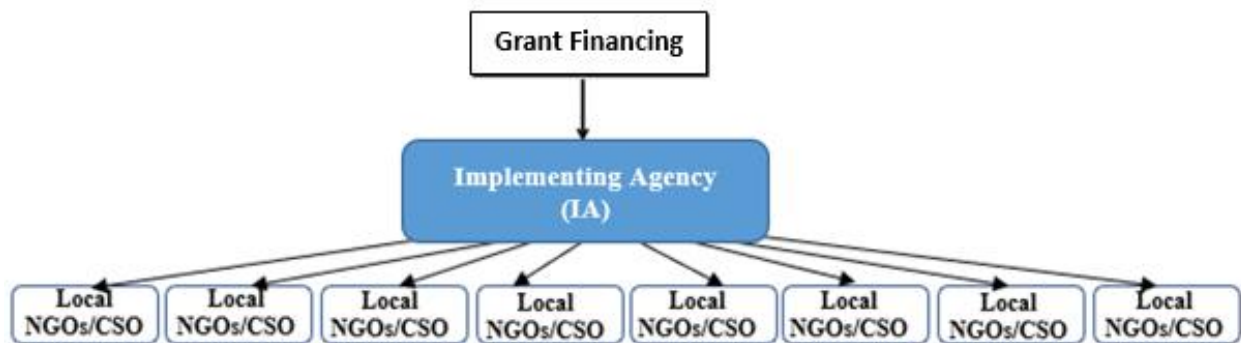
Integration and Analysis

By combining these data sources, the assessment presents a robust and nuanced understanding of Lebanon's socio-economic conditions. This integrated approach informs the development of the SEA's findings and ensures that recommendations are grounded in both empirical evidence and stakeholder perspectives.

6. RESPONSIBLE GOVERNMENT INSTITUTIONS AND INTERNATIONAL AND LOCAL NGOS

Due to the current political context in Lebanon, the central involvement of non-governmental and civil society actors in recovery and small-scale reconstruction efforts is crucial to restore trust in existing institutions. The architecture of the NGO-financing mechanism is designed to ensure that there is transparency, legitimacy, and oversight, particularly in terms of citizens' recognition and acceptance of interventions. These implementation arrangements aim to ensure that reconstruction and reform efforts are underpinned by inclusive and meaningful citizen engagement efforts.

Figure 1: NGO Funding Mechanism



(Figure is for illustrative purposes and not a representation of the number of NGOs/CSOs the project will work with)

Given that few local NGOs in Lebanon currently meet the World Bank's fiduciary standards and requirements, they are generally ineligible to independently receive and manage grants. As such, a lead implementing agency is designated to assume overall responsibility for project implementation. Local NGOs then operate under sub-grant "partnership" agreements with this lead agency—an approach that remains consistent with SRP1.

The International Rescue Committee (IRC) was competitively selected as the implementing agency under the original project, prior to its approval in December 2021. The IRC brings substantial technical expertise in supporting interventions targeting GBV survivors, including women, accompanying children and male youth, as well as individuals with psychosocial needs, persons with disabilities, and the elderly. In Lebanon, the IRC is already active in these sectors and has further expanded its operational reach and partnerships with local stakeholders during SRP2.

Legal and fiduciary due diligence conducted by the World Bank prior to project approval confirmed IRC's eligibility to sign a Grant Agreement (GA). Furthermore, the IRC's institutional commitment and established systems ensure the project adheres to environmental and social standards aligned with the World Bank's policies and requirements.

In light of the IRC's satisfactory performance during SRP1, its continued stewardship of the Project Management Unit (PMU), and its proven capacity for project oversight, monitoring and evaluation, and compliance with environmental and social safeguards, the organization will remain the lead implementing agency for SRP2.

7. Baseline Socio-Economic conditions

7.1 Country context

Lebanon's economic, political, and social contexts have continued to deteriorate under the weight of multiple, overlapping crises since 2019. Already struggling with a deep financial collapse, the Port of Beirut explosion in August 2020 caused considerable loss of life, injury, and infrastructure damage, accelerating economic decline. The COVID-19 pandemic and global shocks such as the war in Ukraine compounded fiscal pressures, leading to hyperinflation, currency depreciation of over 90 percent, and the collapse of both formal and informal employment sectors. A prolonged political crisis followed, culminating in a 14-month presidential vacuum after President Michel Aoun's term ended. The deadlock ended with the election of General Joseph Aoun in January 2025. While this broke the institutional paralysis, governance challenges and public distrust remain deeply entrenched. The intersecting economic and political crises continue to fuel recurrent social tensions and widening gaps between citizens and the state⁵. However, the recent appointment of qualified experts as ministers to lead several key sectors may signal a step toward recovery and a more holistic, whole-of-government approach to governance in Lebanon.

Lebanon's economic depression ranks among the most severe globally since the 19th century⁶. After five consecutive years of contraction, with real GDP shrinking by over 40 percent between 2018 and 2023, the economy briefly showed signs of stabilization in mid-2023. However, renewed regional hostilities beginning in October 2024, particularly the war in Gaza and the escalation of cross-border violence, disrupted recovery prospects. In late 2024 and continuing into early 2025, hostilities affected mainly southern Lebanon and the southern suburbs of Beirut (Dahieh), displacing over 90,000 people, primarily from border villages in the South, and causing significant destruction and civilian casualties. These events have intensified Lebanon's ongoing humanitarian crisis and contributed to widespread psychosocial distress, especially among children, caregivers, and communities hosting the displaced. The economy remains in recession, with no clear path to recovery, amid escalating poverty, youth outmigration, and a public sector with minimal capacity to respond⁷.

The burden of poverty and vulnerability continues to fall unevenly across different population groups. Households that were already vulnerable before the crisis have experienced further impoverishment, facing rising multidimensional⁸ deprivation in healthcare, education, shelter, and livelihoods. By 2023, more than 80 percent of the population was estimated to be multidimensionally poor, with Syrian refugees particularly affected. Gender, disability, and displacement status are key factors shaping access to services. Health insurance coverage is uneven: while two in five households report some form of coverage, this drops significantly among the monetary poor, Syrian households, and female-headed households. Gendered disparities in coping strategies are also pronounced⁹. Poor women-led households are more likely to seek formal or informal loans and rely on social support networks. They are nearly twice as likely as their male counterparts to reduce healthcare spending, underscoring critical gaps in gender-responsive protection systems¹⁰.

Food insecurity remains a persistent risk. As a net food importer—relying on imports for over 80

⁵ [Lebanon : Development news, research, data | World Bank](#)

⁶ World Bank, 2021. <https://www.worldbank.org/en/country/lebanon/publication/lebanon-economic-monitor-spring-2021-lebanon-sinking-to-the-top-3>

⁷ [UN OCHA, 2024](#)
[World Bank, 2024](#)

⁸ [Resources - United Nations Economic and Social Commission for Western Asia](#)

⁹ [United Nations Population Fund](#)

¹⁰ World Bank, 2024. Lebanon Poverty Assessment.

percent of its food needs—Lebanon is highly exposed to fluctuations in global commodity markets. Inflation, combined with disruptions to food supply chains during the COVID-19 pandemic and global conflicts, has significantly increased the cost of living. The Consumer Price Index (CPI) and Food Price Index (FPI) saw record increases since 2019, disproportionately affecting poor and fixed-income households. Rising food prices and declining purchasing power continue to jeopardize the food security of millions, especially in vulnerable urban and rural areas¹¹.

Facilitating the social recovery of vulnerable populations has become an urgent development imperative. Yet Lebanon's public spending on social protection remains extremely limited. Since 2019, only 5.5 percent of GDP has been allocated to public sector pensions and salaries, benefiting about 2 percent of the population. An additional 0.6 percent of GDP supports limited safety net programs reaching just 3 to 4 percent of the population. The remaining 90+ percent, including informal workers, the newly poor middle class, and the chronically vulnerable—receive little to no formal support¹². In this context, national non-governmental organizations (NGOs), international partners, and private actors have played a critical role in service delivery¹³. Over half of registered NGOs in Lebanon are involved in poverty relief, and 68 percent of primary healthcare centers are NGO-run, forming an essential safety net in the absence of comprehensive state support¹⁴.

As of early 2025, Lebanon's economic recession ranks among the deepest globally, with cumulative GDP contraction surpassing 90% since 2019. Public debt now exceeds 200% of GDP—among the highest worldwide—while unemployment has reached between 30–40%. Over 80% of the population is living below the poverty line, and more than 40% in extreme poverty. These compounding crises have led to a collapse in household purchasing power, driven by the Lebanese pound's 95% devaluation and sustained inflation that peaked at 130% in 2023. Lebanon's Human Development Index (HDI)¹⁵ has also dropped sharply, reflecting the erosion of socio-economic progress.

As highlighted in the Lebanon Rapid Damage and Needs Assessment (RDNA)¹⁶ and the 2025 Flash Appeal, any path to recovery will require coordinated international support, inclusive social protection, and structural reforms to restore public trust and rebuild institutions.

7.2 Demographics

Lebanon's population has faced significant shifts due to various crises over the past few years, including the economic depression, political instability, the aftermath of the Beirut Port explosion, and regional hostilities. These crises have compounded existing demographic challenges, including rapid urbanization, youth outmigration, and the large number of refugees and displaced people.

Population Size and Growth¹⁷

As of 2024, Lebanon's population is estimated to be around 6.5 million, including both citizens and foreign nationals. However, the number of refugees, mainly from Syria, has significantly

¹¹ [Multidimensional poverty in Lebanon \(2019-2021\): Painful reality and uncertain prospects - United Nations Economic and Social Commission for Western Asia](#)

¹² Carnegie, *ibid*.

¹³ ODI, 2019. Social Protection in Lebanon: A Review of Social Assistance.

¹⁴ [Lebanon's Fragile Economy Pulled Back into Recession](#)
MOPH

¹⁵ [Human Development Report 2023-24 Breaking the Gridlock: Reimagining Cooperation in a Polarized World](#); United Nations Development Program (UNDP); March 13, 2024

¹⁶ [Lebanon Rapid Damage and Needs Assessment \(RDNA\); World Bank; March 2025](#)

¹⁷ <https://countrymeters.info/en/Lebanon>

altered the demographic landscape. The Syrian refugee population¹⁸, which has been estimated to be around 1.5 million, represents one of the largest refugee populations relative to the size of the host country globally. The presence of refugees has exacerbated the country's strain on public services and infrastructure.

Lebanon's population growth has slowed considerably due to declining fertility rates and increasing outmigration, particularly among the educated youth. Since 2019, the country has faced a significant "brain drain," with many young professionals seeking better opportunities abroad, primarily in Europe, North America, and the Gulf States.

Urbanization

Lebanon has one of the highest urbanization rates in the Arab world. About 90 percent of the population now lives in urban areas¹⁹, with Beirut being the economic, cultural, and political center. Other major urban centers include Tripoli, Saida, and Tyre. This urban concentration has led to significant pressure on infrastructure, housing, and services, particularly in informal settlements and slums where vulnerable populations, including refugees, reside.

Age Demographics

Lebanon's population is relatively young, with 30 percent of the population under the age of 15. However, due to the country's ongoing economic challenges, youth unemployment has reached alarming levels. The youth unemployment rate is estimated to be over 30 percent, contributing to the increasing outmigration of young people seeking better prospects abroad.

The elderly population²⁰ (aged 65 and over) constitutes about 6-7 percent of the total population, a figure that is gradually increasing due to improved healthcare services. However, Lebanon's older population faces challenges due to the limited availability of social services and the economic pressures on families.

Displacement

In addition to the Syrian refugee population, Lebanon has hosted a significant number of Palestinian refugees, with estimates around 450,000 registered with UNRWA (United Nations Relief and Works Agency for Palestine Refugees in the Near East). These groups often live in crowded and underdeveloped refugee camps, with limited access to services and resources. The displacement crisis was further exacerbated by hostilities in southern Lebanon in 2024, which displaced over 90,000 people primarily from the border areas and southern suburbs of Beirut (Dahieh). The displacement of Lebanese citizens alongside refugees has significantly impacted the country's housing and public service systems.

Between December 2024 and early 2025, a new wave of displacement was recorded. According to OCHA, approximately 90,500 individuals entered Lebanon from Syria during this period, including Lebanese returnees and Syrian refugees. Many settled in vulnerable governorates such as Baalbek-Hermel and Akkar, placing severe strain on infrastructure and public services²¹.

¹⁸ <https://www.unhcr.org/lb/about-us/unhcr-lebanon-glance>

¹⁹ <https://www.macrotrends.net/global-metrics/countries/LBN/lebanon/urban-population>

²⁰ [Population ages 65 and above \(% of total population\) - Lebanon | Data](#)

²¹ [Lebanon Flash Update](#), UNOCHA, March 2025

These newly displaced individuals face significant protection risks, including threats of deportation, arbitrary arrests, and a lack of legal residency²². The Lebanese government's restrictive policies and limited capacity to deliver services have further marginalized refugee populations, making them highly dependent on civil society organizations and humanitarian aid.

Ethnic and Religious Diversity

Lebanon's demographic makeup is highly diverse, with various ethnic and religious groups. The major sects include Maronite Christians, Sunni Muslims, Shiite Muslims, and Druze, alongside smaller groups such as Armenians²³. The country's confessional system, which allocates political power based on religious affiliation, has been a source of tension, particularly as sectarian divides have deepened during periods of instability.

The sectarian balance has been further complicated by the influx of refugees, which has altered the demographic distribution in different regions, creating both opportunities and challenges for intercommunal relations and social cohesion.

7.3 Livelihoods and Economic Activity

Lebanon's economic collapse since 2019 has intensified in both scale and severity. By 2025, the national currency had lost over 95% of its value, inflation hovered near 130%, and purchasing power had eroded significantly. These macroeconomic shocks have devastated household incomes, pushing formal employment out of reach for many and forcing large segments of the population into precarious, informal, or survival-based livelihoods. The unemployment rate has risen to between 30 and 40 percent nationally, with youth and women particularly affected.

Lebanon's economy has contracted by more than 40% since 2018, placing it among the worst economic crises globally. Formal employment opportunities have collapsed across sectors, with many workers shifting to informal and precarious jobs. Livelihood opportunities are particularly constrained in rural and marginalized areas, and informal workers—especially women, youth, and refugees—are at heightened risk of exploitation and economic insecurity. The recent hostilities in southern Lebanon has further disrupted local economies, particularly agriculture and trade-dependent livelihoods in border areas²⁴.

This contraction of formal employment opportunities, coupled with the rise of informal work, has created a vicious cycle of economic vulnerability, especially for women, youth, and marginalized populations. The ongoing economic hardship has further entrenched inequalities, leaving many households unable to access basic services, food, and healthcare.

7.4 Education, Health, Services

Access to quality education and healthcare has sharply deteriorated across Lebanon since the onset of the crisis, with public services strained far beyond capacity. Public schools nationwide face overcrowding, underfunding, and teacher strikes, while the growing number of school-aged Syrian refugees has exacerbated pressure—particularly in underserved areas like the Bekaa and parts of Mount Lebanon. Dropout rates are rising, and learning outcomes have declined sharply, especially among vulnerable groups²⁵.

²² [Lebanon: Authorities Must Halt Unlawful Deportations of Syrian Refugees](#); Amnesty International; 24 April 2023

²³ [Religion in Lebanon - Wikipedia](#)

²⁴ <https://www.undp.org/lebanon>

<https://www.ilo.org/beirut>

[Lebanon : Development news, research, data | World Bank](#)

²⁵ <https://www.unicef.org/lebanon/>

While Lebanon has historically maintained relatively strong health²⁶ indicators—such as a life expectancy of 80 years for women and 76 for men—the country's health system has been severely weakened. Shortages of essential medicines²⁷, qualified medical personnel, and operational funding have disrupted care in many public hospitals and clinics. Access to healthcare remains highly uneven, with rural regions and informal settlements especially underserved. Mental health needs have also escalated, particularly among children, youth, and displaced communities, because of prolonged financial instability and the psychological toll of hostilities.

Basic service provision, including electricity and water, is intermittent nationwide. Urban areas like Beirut are increasingly dependent on expensive private solutions such as generators and water trucking, while rural and peripheral areas face even more acute supply gaps. In this context, non-governmental actors have filled critical gaps: by 2023, NGOs²⁸ were operating 68% of primary healthcare centers and playing a major role in sustaining education, water, and protection services in vulnerable communities.

7.5 Gender Dynamics

Lebanon's population maintains a near-balanced gender ratio, though women and girls continue to face systemic disparities across multiple domains. Gender-based inequalities are particularly pronounced in access to employment, healthcare, education, and decision-making roles. The ongoing economic crisis has exacerbated these challenges, especially for women heading households, who experience disproportionately high poverty rates and limited access to formal social protection systems.

Gender-based violence (GBV)²⁹ has increased since the onset of the crisis, with stressors such as economic insecurity, displacement, and social fragmentation intensifying risks. Yet GBV support services remain underfunded and unevenly distributed, with gaps in access to shelters, psychosocial support, and legal aid. Women are more likely to resort to negative coping strategies, such as reducing healthcare and food expenditures or taking on debt—patterns especially prevalent among poor, female-headed households.

Legal and institutional barriers remain entrenched. Lebanon's personal status laws, governed by religious courts, continue to enshrine discriminatory practices against women in matters of marriage, divorce, custody, and inheritance. Women's political representation remains among the lowest in the region, and their participation in public decision-making and economic leadership remains limited.

The country's societal attitudes toward women, coupled with limited access to legal protections, create an environment where many survivors of GBV are reluctant to seek help or report violence. This is further compounded by the absence of a comprehensive and coordinated national response system, leaving women with few options for protection and recovery. The gaps in available services for survivors have left a critical need for international and local organizations to provide support where the state's capacity has been stretched thin.

7.6 Mobility and Access to Services³⁰

Mobility is increasingly limited by both economic and infrastructural barriers. The rising cost of

²⁶ [Lebanon](#)

²⁷ [Lebanon](#)

²⁸ <https://www.moph.gov.lb/>

²⁹ <https://lebanon.unfpa.org/en/publications>

[ABAAD – ABAAD stands for Zero tolerance to Sexual Exploitation & Abuse](#)

[كفى | كفى عنف واستغلال](#)

³⁰ <https://unhabitat.org/lebanon>

<https://lebanon.iom.int/>

fuel, deteriorating road conditions, and limited public transport have all reduced people's ability to access work, school, and healthcare. This particularly affects rural communities, the elderly, and persons with disabilities. Displacement due to hostilities and eviction has further impeded access, particularly in southern Lebanon and informal settlements. Service accessibility is unevenly distributed, with urban centers better served than peripheral and border areas.

7.7 Social Structures, Institutions, and Vulnerabilities

Social cohesion in Lebanon has been severely strained due to the country's ongoing political, economic, and humanitarian crises. The state's limited institutional capacity, compounded by longstanding sectarian divisions, corruption, and a lack of resources, has significantly weakened the social contract. Vulnerabilities are layered and intersectional, affecting both Lebanese citizens and refugees, especially those who were already disadvantaged before the crisis. These include poor Lebanese households, Syrian and Palestinian refugees, persons with disabilities, female-headed households, and the elderly. Access to services and support remains a major challenge for these groups.

The socio-economic well-being of Lebanon's population has considerably worsened, but refugees and other groups with pre-existing vulnerabilities are even more at-risk. According to UNFPA, Lebanon's multidimensional poverty rate effectively doubled between 2019 and 2022, rising from 40 to 80 percent. While these trends are concerning at the national level, vulnerable groups have been disproportionately affected by the deepening poverty crisis in Lebanon. Almost 90 percent of Syrian refugees in Lebanon live in extreme poverty. Other marginalized groups, including persons with disabilities and older persons, face additional barriers to mobility, food security, and access to appropriate specialized care.

Lebanon's ongoing economic collapse, compounded by the 2024–2025 hostilities, has intensified social tensions and exacerbated discrimination against vulnerable groups, including GBV survivors, individuals with disabilities, the elderly, children, and migrants. These challenges are particularly acute in the Bekaa Valley, where SRP2 is expanding its operations

Women and Girls (GBV Survivors)³¹

Women and girls in Lebanon, particularly those who have experienced gender-based violence (GBV), are facing worsening vulnerabilities. The economic crisis and the breakdown of social structures have exacerbated gender disparities, especially for women heading households, who are often forced to adopt negative coping strategies such as taking on debt or reducing healthcare and food expenditures. GBV, including intimate partner violence, has increased since the onset of the crisis, and yet support services remain critically under-resourced. Women's access to decision-making positions and economic opportunities remains limited, and legal barriers to gender equality persist, particularly in personal status laws. Services for GBV survivors are critical, but demand continues to outstrip the available support.

Turning to survivors and those at-risk of GBV, GBV remains a critical issue in Lebanon, as highlighted by the 2024 Gender-Based Violence Information Management System (GBVIMS) report³². Among adult survivors, physical assault accounted for 31% of reported incidents, while psychological and emotional abuse followed closely at 30%. Sexual violence constituted 11% of cases, underscoring its prevalence as a persistent threat. Forced marriage was reported in 18% of incidents, reflecting ongoing challenges in addressing harmful cultural practices. Notably, the majority of survivors, 98%, were women and girls, emphasizing the disproportionate burden of

<https://www.hi.org/en/country/lebanon>

³¹ [UNFPA, 2023, ABAAD, 2023, KAFA, 2023, UNFAP-Lebanon+1Daleel Madani+1](#)

³² [Document - GBVIMS 2024 Annual Report](#)

GBV on females. These statistics highlight the urgent need for targeted interventions and comprehensive support systems for those affected.

The escalation of hostilities has led to increased family separations, resulting in a rise in women-headed households. This shift has exposed women and girls to heightened risks of violence and exploitation. Pregnant women and new mothers have expressed concerns about inadequate hygiene conditions in shelters and the lack of health services in their communities. The destruction of healthcare facilities has further limited access to essential services for GBV survivors.

Globally, such violence is estimated to cost the world around US\$1.5 trillion, equivalent to 2 percent of the global gross domestic product (GDP)³³. Against this backdrop, the NGO and civil society organization (CSO) sectors have been an essential lifeline for vulnerable groups, delivering critical social services and supporting immediate- and longer-range social recovery needs. Specifically, facing weak national systems and services, national non-governmental actors have been one of the only providers of specialized services, such as, but not limited to, operating safe houses and safe spaces for survivors and those at-risk of GBV and children.

Children and Adolescents³⁴

Children, particularly from refugee and vulnerable Lebanese households, are facing unique challenges, including interrupted education, lack of access to basic health services, and increasing levels of psychological distress. The ongoing socio-economic crisis has led to widespread mental health issues among children, with rising rates of depression, anxiety, and trauma. Many children are also exposed to harmful coping mechanisms, such as child labor and early marriage, as families struggle to survive. These challenges are compounded by overcrowding in public schools and a strained healthcare system, leaving children at heightened risk.

Children have been severely affected by the ongoing hostilities, with over 400,000 displaced, disrupting their education and exposing them to psychological trauma and exploitation. The economic downturn has also led to increased child labor as families struggle to meet basic needs, further compromising children's safety and well-being.

Persons with Disabilities³⁵

Persons with disabilities face significant barriers in accessing services, including specialized care, education, and employment opportunities. Stigma, combined with inadequate physical infrastructure and limited healthcare options, leaves them marginalized and excluded from full participation in society. In Lebanon, approximately 10 to 15 percent of the population lives with some form of disability, and the refugee population is particularly affected, with around 32 percent of both Palestinian and Syrian refugees living with disabilities. These individuals face compounded vulnerabilities, including limited mobility, difficulties accessing services, and discrimination. Moreover, the recent 2024 hostilities has likely increased the prevalence of disabilities due to related injuries, psychological trauma, and disrupted access to medical care and rehabilitation. This underscores the need for disability-inclusive service provision and stronger outreach to newly affected individuals.

Elderly³⁶

The elderly population in Lebanon, which represents approximately 10 percent of the total

³³ UN Women Arab States, 2016. <https://arabstates.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

³⁴ UNICEF, 2023, WHO, 2023, MoPH, 2023

³⁵ UNHCR, 2023, WHO, 2023

³⁶ UNESCWA, 2023, UNFPA, 2023, HelpAge International

population, is also facing increasing vulnerability. Traditionally, Lebanon's elderly population has relied on family-based care; however, this system is under severe strain due to worsening economic conditions and youth migration. Many elderly individuals, particularly in poor households, are forced to return to work if they are physically able, or to depend on remittances, social support networks, and public assistance benefits. The lack of a formalized state welfare system means that the elderly frequently lack access to adequate care and essential services, particularly in rural areas.

Displaced individuals with disabilities and older persons face significant challenges in accessing essential services. A Rapid Needs Assessment conducted in Mount Lebanon highlighted that 86% of people aged 60 and over lacked sufficient financial resources, and nearly half of those requiring assistive products did not have access to them. Additionally, 85% of individuals aged 50 and above reported feelings of depression or hopelessness, underscoring the urgent need for mental health and psychosocial support.

Mental Health and Psychosocial Wellbeing³⁷

Mental health issues have significantly increased in Lebanon since the onset of the financial crisis and subsequent political instability. The psychological toll of the ongoing hostilities, economic hardship, and the strain on social structures have contributed to a growing mental health crisis. Lebanon has seen rising rates of depression, anxiety, and suicidal ideation, particularly among displaced populations and vulnerable groups. The lack of comprehensive mental health services and a shortage of trained professionals further exacerbates the crisis. Many vulnerable groups, including women, children, persons with disabilities, and the elderly, face higher levels of psychosocial distress. NGOs have played a critical role in providing mental health and psychosocial support services, yet the demand for these services far exceeds available resources.

Migrant Workers and Refugees³⁸

Migrant workers, particularly women employed under the kafala system, have faced severe exploitation and abuse, including withheld wages, confiscated passports, and sexual violence. The recent hostilities have exacerbated their vulnerability, with many abandoned by employers and left homeless. Reports indicate that migrant workers are often denied access to shelters and essential services, highlighting systemic discrimination.

Syrian refugees continue to face systemic discrimination and exclusion from essential services. A report by the Lebanese American University indicates that 86% of displaced Syrians in Lebanon have experienced GBV, with women and girls accounting for 98% of reported cases. Cultural norms, fear of deportation, and lack of trust in authorities contribute to underreporting and limited access to support services.

Social Tensions and Aid Disparities

The compounded crises have led to increased social tensions, particularly between host communities and refugee populations. Discriminatory practices in aid distribution have been reported, with refugees often receiving less assistance compared to Lebanese nationals. This disparity has fueled perceptions of favoritism and exacerbated inter-communal tensions.

The intensification of vulnerabilities in the wake of hostilities reinforces the need for inclusive, adaptive programming and a conflict-sensitive approach. SRP2 must remain responsive to these evolving vulnerabilities, ensuring inclusive, conflict-sensitive, and equity-driven support for all

³⁷ [UNICEF, 2023](#), [WHO, 2023](#), [UNHCR, 2023](#)

³⁸ [Asfari Institute+2AP News+2Le Monde.fr+2The Guardian](#)

affected populations

7.8 Civil Society's Role in Addressing Vulnerabilities³⁹

In the absence of strong state institutions and social services, national NGOs and civil society organizations (CSOs) have been vital in delivering critical social services to vulnerable groups. NGOs have been at the forefront of providing specialized services, such as operating safe houses for survivors of GBV, offering mental health and psychosocial support, and managing primary healthcare centers. These organizations also engage in data collection, case management, and referral processes to ensure that vulnerable populations receive necessary services.

In recent years, the burden on civil society actors has further intensified due to successive waves of displacement, particularly following 2024 hostilities in southern Lebanon and the additional influx of over 90,000 individuals from Syria between late 2024 and early 2025. These developments have significantly increased the demand for protection, shelter, healthcare, and basic services, especially in underserved governorates such as Baalbek-Hermel and Akkar. As a result, civil society organizations have become the de facto frontline responders, particularly for marginalized populations lacking legal status or access to public services.

However, the ongoing crises in Lebanon, compounded by the increasing numbers of vulnerable people, have stretched the capacity of these organizations. The gap between demand and supply for essential services continues to widen, limiting access to the quality care needed to support Lebanon's most vulnerable.

Despite these constraints, NGOs remain essential to the country's social safety net, often operating in areas where the state is absent or unable to respond.

8. Findings of Stakeholders Consultations

To inform the design of the Social Recovery Program 2 (SRP2), the International Rescue Committee (IRC) conducted three rounds of stakeholder consultations between October 2023 and March 2024. A total of 20 national and international organizations and institutions participated, including government ministries, UN agencies, NGOs, and mental health and protection service providers. These consultations were critical to aligning project interventions with evolving needs across sectors, enhancing coordination, and validating the project's strategic direction.

Participating Stakeholders:

Key actors included: Ministry of Justice, Ministry of Labor, National Mental Health Program (NMHP), UNICEF, UNHCR, Movement Social, KAFA, Caritas Lebanon, LCCE, IDRAAC, Embrace, Tabitha, Mousawat, LUPD, LECORVAW, I'm Possible, SIDC, SKOUN, ShareQ, and Al Majmoua.

Consultation Objectives and Methods:

Discussions focused on the three main components of SRP2—Gender-Based Violence (GBV), Mental Health and Psychosocial Support (MHPSS), and services for older persons and persons with disabilities (PwDs). Stakeholders were asked to share sector priorities, existing initiatives, service delivery gaps, key actors, and budget needs. Feedback from these discussions directly influenced adjustments to project activities and budgets and informed partner selection for sub-grants.

First Round (Oct–Nov 2023): Government and UN Engagement

³⁹ [World Bank, 2023](#), [UNHCR, 2023](#)

Stakeholders including the Ministry of Justice, UNICEF, and UNHCR emphasized that demand for social recovery services has increased due to the worsening national context. Key recommendations included:

- Sustained funding for shelters, especially those serving children.
- Expansion and improvement of nationwide referral pathways.
- Increased inclusion and support for PwDs, who remain among the most marginalized.
- Improved coordination to avoid service duplication and funding overlaps.

Second Round (Jan–Feb 2024): NGO and Technical Actor Feedback

This round included 11 actors such as KAFA, Embrace, Movement Social, NMHP, and IDRAAC. Consultations revealed the following sectoral insights:

GBV:

- Expand geographic reach to underserved areas.
- Strengthening sustainability of quality services in shelters.
- Increase capacity building for women's committees and integrate men into prevention efforts.

Child Protection:

- Improve service quality in shelters, including educational and psychosocial support.
- Strengthen nationwide referral pathways and case management.

MHPSS:

- Link MHPSS programs with economic recovery initiatives.
- Expand support for scalable interventions such as Step-by-Step and Self-Help Plus.
- Ensure services address the needs of both host and refugee/migrant communities.

Third Round (March 2024): Local NGO Feedback

Eight grassroots and specialized actors—including LUPD, LECORVAW, SKOUN, and SIDC—highlighted critical needs related to:

GBV and Livelihoods:

- Increased shelter capacity and inclusive facilities for women with disabilities.
- Psychosocial support as a precondition for successful vocational/livelihood programs.
- Market-relevant skill building, including digital literacy and online work readiness.
- Greater outreach and awareness, particularly in patriarchal or conservative areas.

Child Protection:

- Shortage of child shelters and in-house mental health services.
- Limited funding and gaps in training for social workers.

PwDs and Older Persons:

- Need for tailored assistive devices and associated training for “independent living.”
- Continued stigma and workplace discrimination.
- Importance of integrating MHPSS and protection with economic recovery programs.

Mental Health and Substance Use:

- Rise in adolescent drug use linked to broader mental health needs.
- Lack of affordable psychotherapy and wraparound services (e.g., legal aid, job support).
- Importance of caregiver support and community-based interventions.

Key Lessons and Implications for Project Design:

Building on lessons learned during SRP1 and informed by stakeholder consultations, the following key insights have shaped the design of SRP2:

- **Recovery services must be linked to long-term economic empowerment.**
SRP1 highlighted that GBV survivors and people with disabilities need more than psychosocial support to rebuild their lives. SRP 2 introduces targeted economic empowerment activities, such as vocational training, job placements, and digital skills development, to foster economic autonomy and sustainable recovery.
- **Support to NGOs must be strategic, time-bound, and structured for sustainability.**
The capacity-building model for local NGOs has been revised into a structured "graduate" approach, providing clearer benchmarks and an endpoint to support. This ensures operational efficiency and enhances the sustainability of partnerships.
- **More inclusive, targeted, and disaggregated service provision is essential.**
SRP 2 builds on SRP1 efforts to collect disaggregated data by age, gender, and disability status to better track who is being reached. Tools and services will also be adapted to more effectively respond to the needs of specific groups, including older persons, persons with disabilities, and non-Lebanese (refugees and migrants).
- **Geographic and population coverage must be expanded to meet growing needs.**
Consultations confirmed that vulnerable groups, including a high proportion of refugees and migrants, are underserved outside Beirut-Mount Lebanon. SRP 2 expands coverage to the Bekaa region, scales successful NGO partnerships, and increases outreach to improve access to mental health and GBV services across target populations

9. Assessment of Socio-Economic Conditions, Needs, and Relevance of Project Design

The SEA is based on a comprehensive review of baseline conditions, drawn from various research sources and consultations with key stakeholders. This data highlights the ongoing socio-economic challenges faced by Lebanon's most vulnerable groups, particularly survivors and individuals at risk of GBV, children under judicial protective orders, individuals with deteriorated psychosocial wellbeing, and persons living with disabilities and older persons—those most affected by the ongoing crisis. The socio-economic well-being of Lebanon's population in general has considerably worsened, but refugees and other groups with pre-existing vulnerabilities are even more at-risk. The SEA process identifies and assesses the overlapping vulnerabilities of these groups, noting, for example, that women with disabilities are at heightened risk of GBV and individuals facing trauma or stigma are more likely to experience mental health challenges. The intersectionality of these vulnerabilities is crucial in ensuring that the project's response is tailored to address the complex needs of the population.

The project's interventions are designed based on these findings, aligning with the specific needs identified during the SEA. Key measures include improving accessibility to services such as safe houses for people with disabilities and older people, enhancing the accessibility of hotlines and self-help platforms, and integrating mental health and psychosocial support (MPHSS) across all service delivery points. Through these targeted interventions, SRP 2 aims to directly address the identified needs and gaps, ensuring that the most vulnerable populations can access critical support during this crisis.

Table: Assessment of Conditions, Service Access, Needs, and SRP 2 Response

SRP2 Targeted Population	Assessment of Conditions	Assessment of Access to Services	Assessment of Needs	SRP2 Response
Survivors and those at risk of GBV	Survivors face ongoing trauma, isolation, and stigmatization. Victims are often marginalized and face barriers to justice. Many survivors also lack access to safe and confidential shelters, placing them at risk of further violence.	Access to GBV services is inconsistent, especially in rural or conflict-affected areas. Legal support and psychosocial care are limited, with long waiting times for services. Shelters for survivors are often overburdened, lacking sufficient capacity and resources.	High need for urgent protection, emergency shelter, legal advocacy, and psychological support. Specialized services, including safe and secure shelters, are crucial for recovery.	Sub-component 1.1: Provides critical GBV services, including case management, medical and legal assistance, and psychosocial support for survivors. Emergency shelters are included as part of the services offered, ensuring survivors have a safe space. Public sensitization campaigns aim to reduce stigma and improve visibility of GBV. Empowerment initiatives such as life skills, psychotherapy, and economic support for survivors. Collaborates with child protection services to ensure integrated care for children under judicial protection. This sub-component is aligned with the broader Economic Recovery and Development (ERD) objectives to support sustainable livelihoods and social stability.
Children under judicial protective orders	Vulnerable to family disruption, trauma, and separation. Many children experience emotional distress and instability due to judicial protection measures.	Limited access to education, psychosocial services, and healthcare. Services for children under protective orders are fragmented.	Need for emotional stability, continuous education, healthcare, family reintegration support, and access to secure, safe spaces for children under protection orders.	Sub-component 1.1: Child protection services are strengthened with education and healthcare tailored to children under judicial protection. Provides psychosocial support to help children cope with trauma and promotes reintegration with family and community. Shelters are provided where necessary to ensure their safety and well-being.
Individuals with deteriorated psychosocial wellbeing	High prevalence of mental health issues resulting from socio-economic instability, trauma from hostilities, and personal loss.	Mental health services are underfunded and not widely available. Services within NGOs and PHCCs are often insufficient to meet the demand.	High need for accessible mental health services, trauma counseling, and community-based psychosocial support to cope with stress and trauma.	Sub-component 1.2: Expands the National Mental Health Hotline ("Lifeline") for immediate mental health support. Operates Step-by-Step digital intervention platform and Self Help Plus (SH+) for stress management. Improves mental health services in PHCCs through training and support for local healthcare providers, ensuring more accessible and quality care. While the primary focus is on mental health, facilities that also provide temporary shelter are considered for those in immediate crisis.
Persons with disabilities	Face physical and social barriers to	Accessibility to services like	Need for mobility aids, assistive devices,	Sub-component 1.3: Promotes Community-Based Inclusive Development (CBID) services, ensuring

SRP2 Targeted Population	Assessment of Conditions	Assessment of Access to Services	Assessment of Needs	SRP2 Response
and older persons	mobility, employment, and access to care. Often experience neglect or are excluded from mainstream services.	rehabilitation, physiotherapy, and healthcare is limited. Often face physical barriers to accessing healthcare facilities.	rehabilitation services, social inclusion, and safe housing options for the elderly and those with severe disabilities.	persons with disabilities and older persons can access healthcare and rehabilitation services. Supports assistive devices and physiotherapy for those with physical disabilities. Partners with MoSA and/or MoPH to improve the digital CBR portal and enhance outreach to isolated communities. Safe and accessible temporary housing options for persons with disabilities and older persons are part of the broader social services package.
Refugees and migrant domestic workers	Vulnerability is due to displacement, insecure living conditions, and lack of integration into local systems. High risk of exploitation, abuse, and marginalization.	Limited access to social services, especially legal protection, healthcare, and education. Often face discrimination in public services.	Urgent need for safe housing, legal assistance, healthcare, and psychosocial support. Many face barriers in accessing government services due to status.	Cross-cutting response: Tailored services for refugees and migrant workers under all project components. Access to social services (e.g., healthcare, legal support, and case management) that are inclusive of vulnerable migrants and refugees. The project integrates migrant domestic workers into the GBV and psychosocial support frameworks, offering protection, healthcare, legal aid services, and safe shelter when needed.
Vulnerable communities in Beirut, Mount Lebanon, and Bekaa Valley	High levels of poverty, displacement, and lack of infrastructure. Vulnerability is compounded by systemic issues such as economic instability and political fragmentation.	Services are often inaccessible due to poor infrastructure, high demand, and lack of coordination between local authorities and NGOs.	Need for broader community-based services, access to social and healthcare services, improved infrastructure (e.g., transportation, facilities), and access to safe housing for the displaced and vulnerable.	Component 1: Expands the service footprint into new geographic areas (e.g., Bekaa Valley), ensuring expanded access to social services (e.g., healthcare, mental health services, GBV response). Focuses on improving access to services through community-based outreach, strengthening local infrastructure, and promoting service coordination between NGOs and local government. Shelters for vulnerable individuals, particularly survivors of violence, are integrated into the services offered.

10. Analysis of potential social risk related to the project implementation.

The project's overall objective is to provide comprehensive support to vulnerable populations, particularly survivors of GBV, individuals with psychosocial or mental health issues, youth, people with disabilities, and migrants across Lebanon. Specifically, the project will have positive social impacts such as:

- Provide emergency shelter, case management, psycho-social support, life skills development, and referrals for medical, psychosocial, and legal assistance to GBV survivors.
- Enhance mental health support for vulnerable individuals, including youth and displaced persons who have lost livelihoods.
- Improve access to healthcare for vulnerable groups, including older persons and people with disabilities, through outreach, at-home health care, physiotherapy, and mobile health services.

Despite the overall positive outcomes expected from project interventions, several social risks have been identified. These risks reflect both ongoing concerns from SRP1 and new challenges arising from SRP2 implementation, including expansion to underserved areas and the impacts of recent hostilities and displacement.

Risks identified during SRP1 and still relevant:

- **Coordination Risks Between NGOs**
Given the potentially large number of NGOs and CSOs involved, there is a risk of overlapping initiatives in the same localities, particularly where funding is non-LFF. This may cause confusion among beneficiaries, leading to reduced trust and uptake of services.
- **Perceptions of Exclusion**
Lebanese and non-Lebanese vulnerable groups may perceive exclusion from services due to real or perceived inequities, especially in sensitive areas affected by multiple crises.
- **Delays in Prioritization or Responsiveness**
If community needs are not adequately addressed or prioritized in a timely way, stakeholders may become disengaged or mistrustful.
- **Risks of Sexual Exploitation and Abuse / Sexual Harassment (SEA/SH)**
Women and girls remain at risk of SEA/SH, particularly in service delivery contexts where power imbalances exist, such as for those seeking housing, psychosocial support, or medical services.

Risks identified under SRP2:

- **Increased Social Tensions Over Aid Distribution**
Perceived inequity in aid targeting may cause tensions, particularly in areas recently impacted by hostilities and displacement.
- **Weak Outreach and Communication Strategies**
Vulnerable groups (e.g., children under protective orders, GBV survivors not in shelters) may be underserved—especially in areas like the Bekaa Valley—due to limited outreach and insufficient data disaggregation.
- **Weaknesses in Partners Projects Grievance Mechanism**
While each partner has a grievance mechanism in place, it may struggle to reach marginalized groups or address complaints efficiently, posing reputational risks.
- **Informal job loss or market displacement may occur as an unintended consequence of economic recovery activities, particularly through the exclusion**

or dislocation of actors in the informal economy.

SOCIAL RISKS IDENTIFIED AND MITIGATION MEASURES

Potential social risks related to the project implementation, and their proposed mitigation methods, are listed below:

Table 1: Identified risks and mitigation measures

Social Risk	Mitigation Measures	Implementation timeline
Under SRP1 (still relevant)		
Due to the potentially large number of NGOs and CSOs that will participate in the project, there is the possibility of coordination risks emerging between NGOs working on similar initiatives and in similar localities, particularly if the funding is non-LFF. This might be confusing for beneficiaries and residents alike, leading to low uptake, reduced trust and beneficiaries delaying their access to services, with knock on effects on their levels of vulnerability.	The IRC is an active participant in the coordination of social services where NGOs share their initiatives and minimize risks of overlaps. On an ongoing basis, the IRC will ensure that work is synchronized across the sectors and will communicate regularly with actors working in the sector throughout the program to ensure a coherent, coordinated service for targeted groups to access. Building on its extensive reach in 2024, when it served over 80,000 clients through partnerships with more than 30 local NGOs and Lebanese ministries, the IRC brings valuable experience in delivering inclusive, locally driven solutions and strengthening capacity while advancing localization efforts amid resource constraints.	From the moment local NGO partners are selected to deliver services in the first two months of the project, throughout the project implementation
The risk that Lebanese and non-Lebanese vulnerable groups that were affected by the crises have the perception of being excluded from the social services provided.	A robust and widely disseminated grievance mechanism is in place as a transparent and widespread communication of the criteria for service provision; regular and inclusive stakeholder consultations are conducted as per the Stakeholder Engagement Plan (SEP) to ensure active participation and feedback from all stakeholders that can inform successful implementation of the project and ensure transparency throughout the project life-cycle.	IRC currently operates a robust grievance mechanism in place. This mechanism is active and described in the Stakeholder Engagement Plan (SEP) and will be further adapted to the specificities of this project in collaboration with local NGO implementing partners. This will take place once partners are selected, which will take place in the first two months of project implementation.

Perceptions of inadequate prioritization or delays in addressing stakeholders' needs may lead to alienation on the part of the targeted population.	To mitigate this risk, an accessible and responsive beneficiary feedback/grievance redress mechanism (GRM) will be developed, which will include uptake channels for anonymous complaints. In addition to this mechanism, the IRC continuously seeks feedback from beneficiaries through local partners and stakeholders throughout implementation of activities, and has a process in place to review and adapt interventions (in consultation with the donor) based on emerging learning and needs through regular Project Cycle Meetings and as per the SEP.	As above.
Risk of SEA/SH towards targeted population	The IRC operates a comprehensive reporting, handling, and investigations mechanism to ensure a survivor-centered approach to safeguarding misconduct, including SEA and SH. IRC's Guidelines for a Survivor-Centered Approach to Reporting Safeguarding Misconduct, which is part of IRC's Beneficiary Safeguarding Policy which guides this process. The process is overseen by IRC's Ethics and Compliance Unit (ECU), which counts with one of the largest teams of investigators in the NGO sector. In addition, the IRC will prepare a Gender-based Violence (GBV) Action Plan to assess and manage the risks of GBV and SEA throughout the project.	The IRC's approach to GBV and SEA risks is in place through IRC's existing policies and will remain in place throughout project implementation. The GBV Action Plan will be prepared within 60 days after project effectiveness as per the provisions of the Environmental and Social Commitment Plan (ESCP). Once approved, the GBV Action Plan is implemented throughout Project implementation
Under SRP2		
Increased social tensions over perceived aid bias or inequity in service distribution, especially in areas affected by recent hostilities and displacement	Tensions will be monitored through engagement with community leaders, municipalities, and local actors. The project will apply a conflict-sensitive approach, including inclusive communication strategies, transparent targeting criteria, and regular dialogue sessions with host and displaced communities.	From project start; messaging and engagement ongoing throughout implementation
Marginalization of vulnerable subgroups due to weak outreach and communication strategies. Vulnerable groups (e.g., children under protective orders, GBV survivors not in shelters) may be underserved, especially in areas	Refine targeting strategies based on updated vulnerability assessments and expanded geographic coverage (Beirut, Mount Lebanon, Bekaa) Engage local case workers and social workers in outreach	Initiated within the first 2 months post-partner selection; ongoing adjustments throughout implementation;

like the Bekaa Valley, due to limited outreach and insufficient data disaggregation.	Implement coordinated communication strategies with NGO/CSO partners Use real-time feedback loops and data disaggregation to monitor and adjust outreach	formal updates semi-annually
Weaknesses in Partners Grievance Mechanism. Due to expanded geographic scope, existing mechanisms may not effectively reach marginalized groups or address complaints promptly.	The mechanism will be made more accessible and confidential, especially for women and GBV survivors. Capacity-building for partners will ensure prompt and appropriate complaint handling	Adaptation initiated within the first 2 months of implementation; capacity building and monitoring ongoing throughout project
Economic recovery and development activities may result in the loss of informal jobs or market displacement. Support to certain businesses or sectors could unintentionally displace others, especially those operating in the informal economy.	Conduct proper market and socio-economic impact assessments during project design Ensure inclusion of informal economic actors in recovery strategies Hold targeted consultations with affected groups Establish and operationalize the Grievance Mechanism (GM) to address concerns	During project design and through continuous monitoring throughout project implementation.

11. Recommendations on how the Socio-Economic Assessment findings can inform Project Design and Implementation.

The following recommendations reflect the updated socio-economic assessment findings, incorporating lessons learned from SRP1 while addressing new risks and evolving vulnerabilities in SRP2. These recommendations aim to guide the design, implementation, and adaptation of SRP2:

1. Promote Inclusive, Conflict-Sensitive, and Adaptive Programming

Findings emphasized the importance of a conflict-sensitive approach, particularly amid Lebanon's fragile political climate and the impacts of 2024 hostilities. In SRP2, the project should continue operating in a people-centered and adaptive manner. This includes:

- Continuous community engagement and participatory approaches;
- Monitoring of gender- and disability-disaggregated data;
- Transparent and inclusive communication strategies;
- Avoiding exclusion of marginalized subgroups including refugees and host communities.
- Integrating emergency preparedness and contingency planning into programming to ensure continuity of services and protection of vulnerable groups during crises.

These measures will help ensure responsiveness to shifting dynamics and avoid exacerbating tensions.

2. Strengthen Coordination, Transparency, and Anti-Corruption Measures

To avoid confusion and duplication of services amid a crowded NGO landscape:

- SRP 2 should reinforce coordination between NGOs, CSOs, and local actors through joint planning, regular meetings, and shared frameworks.

- The IRC should continue playing a central coordination role. To maintain legitimacy and trust:
 - The project must maintain clear, transparent communication on partner selection, eligibility, and timelines.
 - Community validation, public reporting, and audits should be used to deter elite capture and corruption.
 - Encouraging beneficiary participation in oversight mechanisms will further promote accountability.

3. Expand and Strengthen Grievance Redress and Feedback Mechanisms

To address ongoing perceptions of exclusion and improve responsiveness:

- The project must implement clear, inclusive targeting criteria and communicate eligibility rules effectively.
- The grievance mechanism should serve not only as a channel for complaints but also as a real-time feedback tool to inform adaptive programming.
- In SRP2, grievance systems must become more accessible and confidential, particularly for women, GBV survivors, remote communities, and individuals with disabilities or minority backgrounds.
- Use of mobile channels, hotlines, and trusted community focal points should be expanded.

4. Scale Support for Vulnerable and Marginalized Groups

In light of compounded vulnerabilities from displacement, hostilities, and economic crisis:

- SRP2 should continue prioritizing tailored support for women, persons with disabilities, older persons, and migrant workers.
- Deploy flexible tools such as mobile outreach, integrated case management, and disability-inclusive practices.
- Prioritize data collection disaggregated by age, gender, disability, and displacement status to ensure effective targeting.
- Focus on remote and underserved areas like the Bekaa Valley using appropriate outreach tools, including local networks and accessible communication formats.

5. Strengthen Psychosocial and Mental Health Services Across Sectors

Mental health needs have intensified following 2024 hostilities. SRP2 should:

- Expand MHPSS services and integrate them across shelter, education, and health programs, ensuring services are context-sensitive and widely accessible.
- Utilize trauma-informed approaches and Psychological First Aid (PFA) to address acute and long-term psychosocial needs, particularly among displaced and conflict-affected populations.
- Train community-level actors and frontline workers to provide MHPSS support, especially in underserved and remote areas.
- Leverage evidence-based tools such as Self-Help Plus (SH+) and Step-by-Step, which are endorsed by Lebanon's National Mental Health Program (NMHP), to offer scalable, low-intensity psychological interventions.
- Promote awareness and access to the national mental health support landline (1564), ensuring it is integrated into outreach and referral pathways for mental health support.

This cross-sectoral integration and alignment with national systems are essential to promoting sustainable, holistic recovery and reducing stigma around mental health.

6. Build Local Capacity and Strengthen System Sustainability

Building capacity among national actors remains essential. SRP2 should:

- Train and coach NGOs, CSOs, and CBOs on GBV, disability inclusion, and mental health;
- Promote peer learning, mentorship, and decentralized technical support to enhance sustainability;
- Strengthen linkages with existing national frameworks and social protection systems to embed project approaches in long-term institutional practices;
- Foster a holistic approach that encourages coordinated collaboration between the public sector, private sector, NGOs, and other stakeholders to ensure integrated and sustainable social recovery outcomes.