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 **Norway**

Learning Brief

Exploring Opportunities for and Barriers to Making Social Protection and Cash and Voucher Assistance more Accessible to Older Persons in Lebanon

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A. Acronyms

CAMEALEON	Cash Monitoring, Evaluation, Accountability and Learning Organizational Network
CVA	Cash and Voucher Assistance
ESSN	Emergency Social Safety Net
MoSA	Ministry of Social Affairs
NSPS	National Social Protection Strategy
PMT	Proxy Means Testing
SP	Social Protection

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C. Summary

Lebanon's compounding economic and conflict-related crises have disproportionately impacted older persons, increasing their vulnerability. With nearly 80% of the population lacking formal pension coverage¹, current cash assistance and social protection (SP) systems remain fragmented, digitally exclusionary, and misaligned with critical health needs. While national programs like AMAN have expanded, coverage remains low, with recent assessments indicating that only 17% of older people receive humanitarian cash assistance and just 8% benefit from state social protection². Urgent action is needed from policymakers and donors to transition away from short-term, donor-dependent aid toward an accessible, rights-based, and universal social protection system that safeguards dignity.

KEY MESSAGES

- **Digital exclusion:** Heavy reliance on digitized registration (such as the DAEM platform) and informal social media channels can marginalize older persons facing digital illiteracy and lack of connectivity.
- **Physical exclusion:** Mobility issues and isolation need to be a key part of assessment and inclusion when considering design of SP programs, as they often block older persons from accessing support.
- **Targeting mechanism face limitations:** Proxy Means Testing (PMT) and rigid vulnerability criteria frequently exclude newly impoverished older adults, particularly those with hidden vulnerabilities such as homeownership without income, or those whose functional limitations do not meet strict medical definitions of disability.
- **Assistance values are often inadequate:** High healthcare and medication costs are the primary drivers of vulnerability. Current cash assistance amounts are often insufficient, forcing older persons into negative coping strategies.
- **Intersectionality deepens marginalization:** Older women face a triple burden of caregiving, household management, and financial strain, compounded by patriarchal norms that limit their direct access to aid and decision-making.

D. Policy Advancements, Accessibility, and Digitization

The Ministry of Social Affairs (MoSA) has recently implemented significant policy advancements to reform Lebanon's social safety nets³. Key milestones include the 2024 Pension Law and the National Strategy for Older Persons, which aim to transition the country toward a rights-based, universal system. Additionally, a new National Social Protection Strategy (NSPS) has been adopted to create a more coordinated and shock-responsive framework, and its operationalization is currently underway. MoSA has also played a major role in emergency response, leading the provision of shelter and cash assistance during the 2024 hostilities.

Despite these positive strategic efforts and the expansion of programs like the Emergency Social Safety Net (ESSN/AMAN), older persons remain fundamentally disconnected from formal social protection (SP) frameworks in practice. Nearly 80% of the population lack formal pension coverage⁴. Recent assessments

¹ International Labour Organization, (n.d.). older people in Lebanon face desperate circumstances due to lack of basic SP. Available at: <https://www.ilo.org/resource/news/older-people-lebanon-face-desperate-circumstances-due-lack-basic-social>

² HelpAge International, (2025). Needs assessment of older people in Lebanon after the Israel-Lebanon escalation of September-November 2024. February 2025. Available at: <https://www.helpage.org/wp-content/uploads/2025/06/Needs-assessment-of-older-people-in-Lebanon-after-the-Israel-Lebanon-escalation-February-2024.pdf>

³ Ministry of Social Affairs (Lebanon), (2025). From Social Affairs to Social Development – Ministry of Social Affairs Strategy. Available at: https://www.socialaffairs.gov.lb/media/140nkrho/mosa_strategy_eng.pdf

⁴ International Labour Organization, (n.d.). older people in Lebanon face desperate circumstances due to lack of basic SP. Available at: <https://www.ilo.org/resource/news/older-people-lebanon-face-desperate-circumstances-due-lack-basic-social>

indicate that only 17% of older people receive humanitarian cash assistance and just 8% benefit from state social protection⁵.

A primary barrier is the digitalization of registration and information sharing (e.g., through the DAEM platform). The introduction of online platforms was intended to streamline access, but it has shifted access constraints from physical to digital forms. Older adults consistently exhibit lower digital literacy and lack access to appropriate devices or reliable internet connectivity.

Consequently, outreach efforts may become fragmented. Information is often disseminated through channels such as WhatsApp or community word-of-mouth. This reliance on informal networks creates misinformation, confusion and misunderstandings, with many older persons believing that access to aid is influenced by *wasta* (favoritism) rather than legitimate need. Furthermore, physical isolation, deteriorating public infrastructure, and high transportation costs can prevent home-bound or rural older persons from participating in necessary assessments or accessing payment withdrawal locations.

E. Targeting and Assessment

Even when older persons successfully navigate the awareness and registration phases, procedural complexity and rigid targeting frameworks act as secondary barriers. Lebanon's reliance on Proxy Means Testing (PMT) for poverty targeting favors household profiles more common among larger or younger families, inadvertently rendering older persons living alone or in smaller households invisible.

Furthermore, asset-based indicators within these models disadvantage those who possess fixed assets (such as a family home) but lack liquid income due to the collapse of the banking sector and the devaluation of their lifelong savings.

Vulnerability definitions are also often rigid. For example, many assistance programs rely on MoSA's Personal Disability Card as a proxy for vulnerability. However, this card utilizes a strict medical definition of disability. Older persons with severe, age-related functional limitations who do not meet these medical criteria may consequently be denied vital support.

F. Societal and Intersectional Vulnerabilities

Vulnerability in older age is heavily compounded by intersecting identities, particularly concerning gender and disability. Deeply rooted social norms and ageism result in older persons frequently being viewed as unproductive or undeserving of prioritized support. This is exacerbated by the perception of aid as "charity" rather than a fundamental right, deterring many impoverished older adults, especially those from formerly middle-class background, from seeking assistance due to shame and loss of dignity.

Older women bear the heaviest burden. They often face a triple burden of continuing domestic labor, caregiving for ill spouses or grandchildren, and attempting to secure economic survival. Despite frequently acting as the primary caregivers and holding the most accurate knowledge of family nutritional and medical needs, older women are routinely bypassed by administrative systems that default to listing men as the official head of household. In some instances, social patriarchal attitudes within families actively restrict women's mobility and financial autonomy, limiting their ability to register for aid or control the funds once disbursed.

G. Effectiveness of Current Programs

The prolonged economic crisis has dismantled financial stability, wiping out savings, end-of-service indemnities, and pensions. Against this backdrop, poor health is the undisputed primary driver of acute vulnerability. The

⁵ HelpAge International, (2025). Needs assessment of older people in Lebanon after the Israel-Lebanon escalation of September-November 2024. February 2025. Available at: <https://www.helpage.org/wp-content/uploads/2025/06/Needs-assessment-of-older-people-in-Lebanon-after-the-Israel-Lebanon-escalation-February-2024.pdf>

cost of medication for chronic diseases and hospitalization represents a crushing financial burden that current assistance programs often cannot alleviate in full. Beneficiaries report that the cash assistance provided is often inadequate to meet their needs. Older persons are routinely forced to make impossible choices between purchasing life-saving medication, paying exorbitant rent, or buying food.

Additionally, humanitarian Cash and Voucher Assistance (CVA) remains inherently project-based, fragmented, and vulnerable to sudden funding cuts. This short-term "painkiller" approach makes it challenging to address the long-term, life-cycle vulnerabilities associated with aging. Furthermore, programs often focus on material survival, systematically overlooking the severe psychosocial needs, loneliness, and social isolation devastating older populations.

H. Policy Recommendations

1. STRENGTHEN GOVERNMENT LEADERSHIP IN SP

MoSA must formally designate older persons as a priority group within the NSPS and assign a lead unit to coordinate age-inclusive efforts across departments. To ensure sustainability, international donors should transition away from parallel delivery models, aligning funding and technical assistance directly with MoSA's leadership and reporting structures. MoSA should also plan for a phased, non-contributory social pension scheme to progressively expand coverage to vulnerable older persons.

2. INTEGRATE MEDICAL COSTS AND MOBILITY INTO SP DESIGN

Current SP designs must evolve to address specific age-related vulnerabilities. MoSA and partners should prioritize older persons with chronic illnesses in beneficiary systems and formalize referral pathways between SP programs and public health services. Additionally, emergency CVA must be mobility-sensitive; intake tools should include indicators for limited mobility to ensure older people are not excluded during evacuations or shocks.

3. TRANSITION TO SYSTEMS STRENGTHENING AND BETTER DATA

Donors and implementers must shift their focus from direct service delivery to supporting government systems. This includes investing in the generation of disaggregated data on aging and institutionalizing participatory research to inform national planning. Targeting approaches should be reviewed to better reflect household realities, such as recognizing older women as heads of households.

4. REVITALIZE COMMUNITY SUPPORT AND INCLUSIVE OUTREACH

To combat social isolation, non-governmental organizations, and municipalities should rebuild intergenerational and community-based support networks. Outreach strategies must be multi-pronged and last-mile focused. Rather than relying solely on digital tools, actors should utilize diverse channels (e.g. home visits, audio messaging) to ensure access for older persons with low literacy or digital barriers.

CAMEALEON is an NGO-led research and learning network established in 2017 to support the effectiveness and accountability of social assistance for refugees and host communities in Lebanon. It is co-managed by the Norwegian Refugee Council (NRC), Oxfam Italy, and Solidarités International (SI).

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