

UNICEF LEBANON 2020 SITUATIONAL ANALYSIS ALPHA

The situation of children and young people in the Lebanese crisis

Development Pathways 2021



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ACKNOWLEDGEMENTS

This report is based on comprehensive research in Lebanon, carried out by Development Pathways and independent consultants on behalf of UNICEF in 2020, under the overall direction of representatives Jamil El Khoury and Zarak Jan. The team is grateful for the technical support and guidance from UNICEF staff in the Lebanon Country Office and its cooperating partners. The research would not have been possible without the many stakeholders and key informants who took the time to consult with us during the research.

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The findings, interpretations and conclusions expressed herein are those of the authors and do not necessarily reflect the views of UNICEF.



EXECUTIVE SUMMARY

Introduction

After an ambitious attempt to rebuild itself after the civil war (1975–90), Lebanon is again at a dangerous crossroads, faced with compounding crises: political, financial and economic collapse; suspension of essential services, widespread unemployment and poverty; rising geo-political instability on its borders; and the ongoing COVID-19 pandemic. In early 2020, the UNICEF Lebanon Country Office (LCO) embarked on a situational analysis (SitAn) of the rights and deprivations of children and young people. The exercise has since been faced with a number of challenges, with issues relating to data availability, relevance and accuracy becoming major bottlenecks to understanding the situation of younger populations in a rapidly changing context. Moreover, there is no systematic national-level reporting or analysis of poverty and vulnerability, of rights outcomes for children and young people as per the Convention on the Rights of the Child (CRC) (disaggregated by age, gender, disability or location), or of progress towards achieving the SDG 2030 targets. As a result, the SitAn is unable to capture the latest developments in child rights outcomes. Rather, it provides a comprehensive review of available data and literature up to and including the year 2020.

Demographic profile, disability prevalence and gender profile

Demographic profile

As of 2019, the UNDESA Population Division estimated the population of Lebanon to be 6.8 million¹. Children and all young people together (aged 0–24 years) are estimated to constitute 42 per cent of the total population (or two in five people)². In terms of sex disaggregation, all key data sources estimate almost equal proportions of women and girls and men and boys. In 2018, UNICEF estimated that one in every four people in Lebanon were refugees³. According to the Lebanon Crisis Response Plan (LCRP) 2017–21 (2021 update), Lebanon hosts 1.5 million Syrian refugees (of whom 950,334 – or 63.4 per cent – are registered with UNHCR) and 208,800 Palestine refugees. Palestinian refugees in Lebanon are further distinguished as (a) the pre-existing cohort of approximately 180,000 Palestinian Refugees in Lebanon (PRL) and (b) the more recently recorded cohort of approximately 28,700. While most countries in the MENA region are expected to benefit from the early to mid-dividend phase (high fertility rate and falling death rate) until the year 2040, Lebanon is the only one predicted to experience a steady decline in the total population by 2030 (of approximately 9 per cent), with low fertility rates and an ageing population⁴. As Lebanon moves into the post-demographic dividend phase, the increase in the share of older people will create growing demands for care to be provided by young people and adults, especially women⁵. And, as the fertility rate continues to fall, the working-age population is predicted to shrink, leading to a high dependency ratio of 58.8 by 2050⁶.

Disability prevalence

According to the Labour Force and Household Living Conditions Survey (LFHLCS) 2018/19, 4 per cent of Lebanon's residential population had a disability (2.5 per cent with one disability and 1.5 per cent with more than one disability)⁷. Fifty-two per cent of people with a disability in Lebanon are women and almost half are older people. These findings are in line with global evidence that suggest the prevalence of functional difficulties increases sharply with age, and country-level data showing that women in Lebanon live longer than men⁸. There is very limited data on disability prevalence among children, and any available data on specific population cohorts is not comparable.

Gender profile

Despite having one of the most progressive legal environments for women in the MENA region, gender inequality and women's empowerment remain elusive goals in Lebanon. Lebanon ranks 96th on the United Nations Development Programme (UNDP) Gender Inequality Index (GII) and 132nd on the World Economic Forum (WEF) 2021 Global Gender Gap Index, which covers 156 countries⁹. According to the Global Gender Gap Index, the indicators that present the biggest challenges in Lebanon are political empowerment, economic participation and opportunity. There is also a reported increase in the occurrence of incidents of violence against women and girls in recent years¹⁰. Human rights organisations have concluded even more recently that Lebanon has done very little to end discrimination against women and girls under its international obligations¹¹.

Child poverty and the context of compounding crises

Child poverty and vulnerability

Up-to-date age-disaggregated poverty headcount data for Lebanon is very limited. In 2011, the poverty rate was estimated to be 27.4 per cent of the total population¹². According to the World Bank, total poverty headcount reached 45 per cent of the population in 2019, up from about one third in 2018, while extreme poverty reached 22 per cent in the same year¹³. Poverty in Lebanon is expected to continue to worsen, surpassing half of the population by 2021¹⁴. By 2021, the number of "most vulnerable" children – particularly of the Lebanese population – is likely to have become grossly inflated. According to a Save the Children (SCF) study from August 2020, the collapsing Lebanese economy and subsequent events have pushed approximately 564,000 children in the Beirut area alone into multidimensional poverty, with Lebanese families no longer able to afford the basic food, electricity, cooking fuel, hygiene and water needed to "survive."

Lebanon's compounding crises

Lebanon's compounding crisis factors include its tumultuous history and regional politics, which have led to weakened public institutions; poor investment in and restricted access to public services and infrastructure; and an overall fragile political economy that led to the country's macro-economic collapse. In other words, the very systems in place to protect and uphold the rights of children, young people and their families are disempowering and have minimised the country's opportunities to benefit from its demographic dividend. Today, Lebanon faces a severe long-term economic depression, political deadlock, mass unemployment and widespread poverty. The compounding crisis factors stem from four overarching crisis dimensions in Lebanon that have endured throughout its history (since its formation as an independent state), periodically signalling a potential collapse of the system:

- A fractured national identity (making Lebanon vulnerable to regional conflict and tension)¹⁵
- A weak social contract (undermining public confidence in government)
- Mismanagement of public finances (resulting in inadequate service provision)
- Deep social inequities (perpetuating social instability and civil unrest)

The right to health, nutrition and survival

Limited available data suggests that the risks to child survival from birth – especially the inadequate provision of quality care to new mothers and children, lack of awareness about immunisation programmes, and poor nutrition – are leading to lifelong health risks, such as the early onset of non-communicable diseases (NCDs) and years lived with disability (YLD). For Lebanon, it is not possible to establish the situation of children with disabilities, nor whether undernutrition in the first 1,000 days of life is leading to functional limitations and developmental delays in childhood. In 2017, the CRC highlighted the need for adequate provision of prenatal and postnatal care in all governorates. The health and wellbeing of women during pregnancy and after giving birth impacts the provision of newborn care and adequate nutrition, which has lifelong and intergenerational consequences. In the midst of the crises, there is an urgent need to identify the nature and magnitude of a silent emergency of worsening mental health – among younger populations but also their families (with implications for the protection and wellbeing of children and adolescents). Even in the absence of past data and with the difficulties of gathering data in real time in the Lebanese context, mental health and psychosocial support should now become a priority area for intervention as a pre-emptive response.

Recommendations

Headline objective 1: Promoting quality care and adequate nutrition for new mothers and young children.

Priority actions for UNICEF:

- UNICEF LCO can build on its existing partnership with the Ministry of Public Health (MoPH) to build capacity to adopt WHO guidelines on antenatal, postnatal and neonatal care, to ensure not just access but quality of care to reduce maternal and neonatal morbidity and mortality.
- UNICEF LCO should support the MoPH to develop and implement a comprehensive infant and young child feeding (IYCF) strategy to focus on family-centred behavioural changes: in the care of pregnant women and new mothers (especially young and underage mothers), including sanitation and hygiene practices; and in the nutritional habits of families across population cohorts.
- UNICEF LCO should support the expansion of quality care service points with trained staff to serve as a platform for promoting exclusive breastfeeding and raising awareness of how to meet minimum dietary requirements in families and communities.
- As key informants have recommended, UNICEF should shift focus away from delivery towards reforming and strengthening governance and management structures within the MoPH for the provision of care; water, sanitation and hygiene (WASH); and nutrition services.
- For immunisation, in line with UNICEF's global efforts, health professionals in the MoPH should be trained to not consider disability alone as a contra-indication for immunisation.

Headline objective 2: Ensuring supply of clean water and sanitation facilities to the most vulnerable families, with a focus on adolescent girls.

Priority actions for UNICEF:

- Building on the healthcare recommendations of key informants, UNICEF LCO should engage with the other relevant ministries for WASH, such as the Ministry of Energy and Water (MEW), to address structural deficiencies that are leading to the collapse of energy and water supply chains (which are inextricably linked). This entails restructuring the sector, including financing and governance mechanisms.
- In the face of collapsing systems, UNICEF LCO needs to continue working with the public water supply companies to ensure clean water supply to the most vulnerable families at subsidised costs. Families with children and adolescents with disabilities (especially girls in vulnerable families) need to be prioritised, as they are likely to be at higher risk of violence while collecting water or accessing communal sanitation facilities.
- To ensure the supply of affordable menstrual hygiene facilities in schools and public services, and sanitary items for adolescent girls, UNICEF LCO should engage with the private sector in improving the provision of menstrual hygiene facilities – for example, dispensing machines for sanitary napkins and tampons at least in secondary schools and primary healthcare centres.
- While it has been perceived as the service delivery organisation in sectors such as WASH, UNICEF LCO's longer-term impact will be as a supporting, advocacy and capacity-building organisation for local government and civil society organisations (CSOs), through its highly successful local government strengthening and integrated service delivery programmes at the sub-national level.

Headline objective 3: Responding to the anticipated mental health emergency in Lebanon's compounding crises.

Priority actions for UNICEF:

- The prevalence, scale and impact of worsening mental health in families and among children and young people must be urgently identified.
- UNICEF LCO must support the MoPH in the implementation of the mental health strategy, primarily through communication for development (C4D) activities in the healthcare system, and with parents and communities to change mindsets towards mental health issues. The LCO should also support capacity-building activities to empower healthcare staff, school staff and parents to recognise early signs of young children needing psychosocial support.
- UNICEF LCO must work closely with organisations for persons with disabilities (OPDs) to highlight within communities the mental health needs of children and young people with existing disabilities and difficulties, especially mental and intellectual disabilities – who are least likely to be identified under current medical assessment procedures.

The right to education, learning and development

In Lebanon, access to quality of education and learning outcomes for a child (and thus a young person) comes down to the ability of families to afford private schooling. Despite ambitious strategies, such as Reaching All Children with Education (RACE) II, the structural deficiencies of the public schooling system have to be addressed. The urgency is even greater at this point, as more families experience poverty and are unable to afford private schools and educational institutions. Further, in the aftermath of COVID-19, the lack of access to digital technologies (the digital divide) and internet is expected to further accentuate pre-existing multidimensional deprivation, especially in remote and rural parts of the country. In the midst of the crises, in the coming five-year period the onus will fall on non-state actors (bilateral and humanitarian donors, international NGOs and the private sector) to support the public school system through financing and developing digitalised school infrastructure, rather than further establishing a parallel education system. Further, the major private sector players in the field of internet and telecommunications are now critical stakeholders, whose policies on expanding mobile networks and internet connectivity as well as pricing will either exacerbate or help reduce the digital divide among populations of school and university-going ages.

Recommendations

Headline objective 1: Promoting lifelong learning in a digital era.

Priority actions for UNICEF:

- Domestic private sector engagement will be critical for meaningful restructuring/reforms processes in the education sector, in particular to offset any disincentives in enabling a quality education system that is accessible to and affordable for all children, irrespective of their socio-economic and residence status. UNICEF LCO should build this portfolio, engaging the private sector to play a significant role in addressing the gaps left by the public school system, for example through financing, rather than creating a parallel, exclusionary education system.
- UNICEF LCO should continue to invest in its successful activities; support the uptake of early childhood education (ECE) programmes through C4D activities with families and communities on school readiness; and support the Ministry of Education and Higher Education (MEHE) in the necessary expansion of ECE centres for vulnerable populations.
- UNICEF LCO can build on its efforts to integrate child-centred pedagogy in the public school system: apart from revisions to the curricula, there is a need for capacity building of school administration and staff. This will have far-reaching consequences for the ability of public school teachers to provide a more inclusive learning environment and also better support struggling learners.
- UNICEF LCO should support the MEHE in developing an inclusive education strategy for Lebanon, in coordination with other key UN actors such as UNRWA and UNHCR and with civil society; and in focusing the training and accreditation mechanism for teachers to become qualified to implement inclusive education models in mainstream schools.

- UNICEF LCO must enforce the quality assurance standards in non-formal education institutions and monitor the successful transition from non-formal to formal education.
- UNICEF LCO should support the Ministry of Social Affairs (MoSA) and MEHE to update the technical, vocational and educational training (TVET) curricula to strengthening lifelong learning and life skills training.
- At all levels, UNICEF LCO should work with the MEHE to promote the use of digital platforms as a positive learning tool. There is a need for better monitoring and understanding of online learning processes among students, and of the importance to school performance of access to the internet.

The right to a protective environment

The level of social and economic resilience of a family and surrounding community – as the primary institutions for child protection and wellbeing – vastly determines the exposure of children and young people to the aforementioned risks over their life course. Material deprivation interacts with prevailing social and gender norms to deeply influence and shape the lives of specific groups of children and young people, making them more vulnerable and at risk: this includes girls and young women, children and adolescents with disabilities, refugee working children and unaccompanied children working on the streets. The family environment presents a child's initiation into their social context, and parenting in one's formative years facilitates intergenerational learning and socialisation. According to the WHO (2007), the key dimensions of parenting are connection, behaviour control, respect for a child's individuality, modelling appropriate behaviour, provision and protection. The family and community are therefore the main platforms for child protection response, but also preventative interventions for at-risk groups of children and adolescents. In the midst of a rapidly changing context and compounding crises (with potentially worsening mental health), there is a need to shift to parenting and childcare approaches that are responsive not just to basic material needs but to the myriad of physical, emotional and spiritual needs of growing children and adolescents. Further, socio-economic risks (risks arising out of income/monetary poverty, food insecurity, and lack of /inadequate parenting and care) have only become exacerbated, and thus there is a need for appropriate investment in families and entire communities through inclusive social protection, as also recommended by the CRC in 2017.

Recommendations

Headline objective 1: Making families and communities socio-economically resilient in the aftermath of crisis.

Priority actions for UNICEF:

- UNICEF LCO needs to engage with the MoSA and MEHE to introduce positive parenting programmes, building on best practice from neighbouring country offices in the MENA region. These programmes should include key C4D components, on the gendered needs and risks of children and adolescents, such as child marriage, hazardous child labour, child functioning and disability, the need for a loving environment, and positive fatherhood models.
- Reducing the institutionalisation of children with disabilities and other extremely vulnerable children should be a priority for UNICEF LCO. The development of a comprehensive community-centred alternative care strategy and frameworks is a multi-ministerial initiative that UNICEF LCO can coordinate with the support of existing relationships with various ministries.
- A universal social protection system that is ready to go to scale during recovery would form part of the backbone of a fledgling social protection system in Lebanon and help to strengthen the national social contract upon which further development and prosperity could be based. An emergency Universal Child Benefit (UCB) would be an important component of a broader rescue package that would limit further damage to economic growth and ensure that the vast majority of households across Lebanon can access a minimum level of income support. By investing in its children, Lebanon would be able to build a more productive workforce which would enable the nation to compete with its regional and international competitors.

The right to participation

The future of young people in the country is at risk due to weak public institutions and a complex political environment leading to structural bottlenecks (discussed in Chapter 8). The levels of frustration with the country's situation are running high, as more young people take to the streets to protest the government's failures in the provision of basic services, such as WASH and employment, that are also vital for social stability. Young people's energy for change needs to be positively channelled – in the absence of a well-functioning government, the non-state actors in the country can establish and act through coordination frameworks with civil society and the private sector – to focus interventions on improving youth participation, employability and employment, not just during the crises but in the longer-term context of a changing world of work.

Recommendations

Headline objective 1: Empowering young people for a changing world of work.

Priority actions for UNICEF:

- UNICEF LCO's Youth for Development (Y4D) initiative has proven to be a great success in promoting youth engagement in communities and expanding income generation activities. Young people are also ideal focal points and role models for facilitating UNICEF's C4D activities to promote positive social and behavioural changes, especially in the positive parenting of children and adolescents; ensuring adequate and appropriate care and nutrition of new mothers and young children; and stopping cultural practices of child marriage.
- UNICEF LCO should work with the MoSA, MEHE and Ministry of Labour (MoL) to formulate a strategic response to ensure the school-to-work transition and employability of young people, with specific focus on marginalised groups such as young people with disabilities and refugees. This can further include state-supported job search assistance and the expansion of UNICEF's GIL (Generation of Innovation Leaders) entrepreneurship training.
- Another key focus for engaging with relevant ministries should be on addressing gender disparities in the labour market, manifesting in gender wage gaps and motherhood penalties. These disparities can disincentivise women from participating in the labour market or push them into poorly paid jobs with reduced protection. A key factor for these trends is women's role in shouldering the country's (and global) unpaid workload, particularly care – as has been exemplified during the COVID-19 crisis.
- As part of implementing existing strategies, UNICEF LCO should work with the Ministry of Sports and Youth (MoSY) and other relevant ministries on the implementation of youth forums as a civic engagement platform for the country's recovery process.
- UNICEF LCO, along with partners such as the ILO, social protection think tanks and civil society, should continue to propose feasible options for the MoSA, MoL and the National Social Security Fund (NSSF) to introduce a minimum social protection floor (as outlined in the ILO Convention 102) on which a multi-tiered system, consisting of contributory and non-contributory schemes, can be developed to ensure universal coverage. Expanding affordable voluntary social insurance schemes can be a first step towards formalising informal sectors where young people are employed; ensuring minimum protections for the vast majority of informal economy workers; and introducing life-cycle benefits, such as the UCB, which could support all young families.

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Acronyms

AJEM	Association Justice et Misericorde
ALEF	Lebanese Association for Education and Training
ALP(s)	Accelerated learning programme(s)
AUB	American University of Beirut
BDL	Banque du Liban (central bank of Lebanon)
BLN	Basic literacy and numeracy
C4D	Communication for development
CBT	Competency-based training
CDR	Council of Development and Reconstruction
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CERD	Centre for Education Research and Development
CLMC	Caritas Lebanon Migrant Centre
COVID-19	Coronavirus disease
CRC	Convention on the Rights of the Child
CRM	Child rights monitoring
CSO(s)	Civil society organisation(s)
DGSG	Director General of the Security General
DJP	Department for Juvenile Protection
DOPS	Department of Pedagogical Guidance and Counselling
ECD	Early childhood development
ECE	Early childhood education
ECRD	Education Centre for Research and Development
EDL	Électricité du Liban
EPI	Expanded programme on immunisation
EU	European Union
FGM/C	Female genital mutilation/cutting
FPAO	Fondation Pere Afif Osseiran
FRP	Financial Recovery Plan
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
GBVIMS	Gender-Based Violence Information Management System
GDP	Gross domestic product
GNI	Gross national income
GoL	Government of Lebanon
GSHS	Global Student Health Survey
HBS	Household Budget Survey
HCC	Higher Council for Childhood
HRW	Human Rights Watch
ICF	International Classification of Functioning, Disability and Health

ICF-CY	International Classification of Functioning, Disability and Health: Children and Youth Version
ICMPD	International Centre for Migration Policy Development
IcSP	Instrument for contributing to Stability and Peace
ID	Identification
IDP	Internally displaced person
ILO	International Labour Organization
ILO-IPEC	International Labour Organization – International Programme for the Elimination of Child Labour
INGO(s)	International non-governmental organisation(s)
IOM	International Organization for Migration
ISF	Internal Security Forces
IWSAW	Institute for Women’s Studies in the Arab World
IYCF	Infant and young child feeding
JD	Juvenile Department
KAFA	“Enough” Violence and Exploitation (organisation)
KAFA-CPP	KAFA Child Protection Programme
KAP	Knowledge, Attitudes and Practices (Survey)
KG	Kindergarten
KII	Key-informant interview
LAF	Lebanese Armed Forces
LAU	Lebanese American University
LAWR	Lebanese Association of Women Researchers
LBP	Lebanese pound
LCO	Lebanon Country Office
LCRP	Lebanese Crisis Response Plan
LFHLCS	Labour Force and Household Living Conditions Survey
M&E	Monitoring and evaluation
MDWs	Migrant domestic workers
MEB	Minimum expenditure basket
MEHE	Ministry of Education and Higher Education
MENA	Middle East and North Africa
MHM	Menstrual hygiene management
MICS	Multiple Indicator Cluster Survey
MMR	Maternal mortality ratio
MEW	Ministry of Energy and Water
MODA	Multiple Overlapping Deprivation Analysis
MoI	Ministry of Interior and Municipalities
MoJ	Ministry of Justice
MoL	Ministry of Labour
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs

MoSY	Ministry of Sports and Youth
MOU	Memorandum of Understanding
MP(s)	Member(s) of parliament
MPI	Multidimensional Poverty Index
MS	Mouvement Social
MSF	Médecins Sans Frontières (Doctors Without Borders)
MSMEs	Micro, small and medium-sized enterprises
MSVI	Multi-Sectoral Vulnerability Index
MTSS	Multi-Tiered Systems of Support
NCD	Non-communicable disease
NCDA	National Council for Disability Affairs
NCLW	National Commission for Lebanese Women
NEET	Not in education, employment or training
NEO	National Employment Office
NFE	Non-formal education
NGO(s)	Non-governmental organisation(s)
NLG	No Lost Generation
NPTP	National Poverty Targeting Programme
NSC	National Steering Committee (on Child Labour)
NSDS	National Social Development Strategy
NSSF	National Social Security Fund
OECD	Organisation for Economic Co-operation and Development
OPDs	Organisations for persons with disabilities
OPHI	Oxford Poverty and Human Development Initiative
OPM	Office of the Prime Minister
PHC(s)	Primary health centre(s)
PLO	Palestine Liberation Organization
PPP	Purchasing power parity
PRL	Palestine Refugees in Lebanon
PRS	Palestine Refugees from Syria in Lebanon
PSS	Psychosocial support
PWD(s)	Person(s) with a disability or disabilities
RDFL	Lebanese Democratic Women's Gathering
SBCC	Social behavioural change and communication
SCF	Save the Children (Save the Children Fund)
SDC	Social development centre
SDG(s)	Sustainable Development Goal(s)
SGBV	Sexual and gender-based violence
SGBV TF	Sexual and Gender-Based Violence Task Force
SGM	Sexual and gender minorities
SitAn	Situational analysis
TDH	Terre des Hommes

TIMSS	Trends in International Mathematics and Science Study
TVET	Technical, vocational and educational training
UCB	Universal Child Benefit
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNODC	United Nations Office on Drugs and Crime
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSF	United Nations Strategic Framework
UPEL	Union for the Protection of Juveniles in Lebanon
UPR	Universal Periodic Review
US\$	United States dollar
VAC	Violence against children
VASyR	Vulnerability Assessment of Syrian Refugees
WASH	Water, sanitation and hygiene
WEF	World Economic Forum
WFP	World Food Programme
WGSS	Washington Group Short Set of Questions (on functioning)
WHO	World Health Organization
Y4D	Youth for Development initiative
YLD	Years lived with disability



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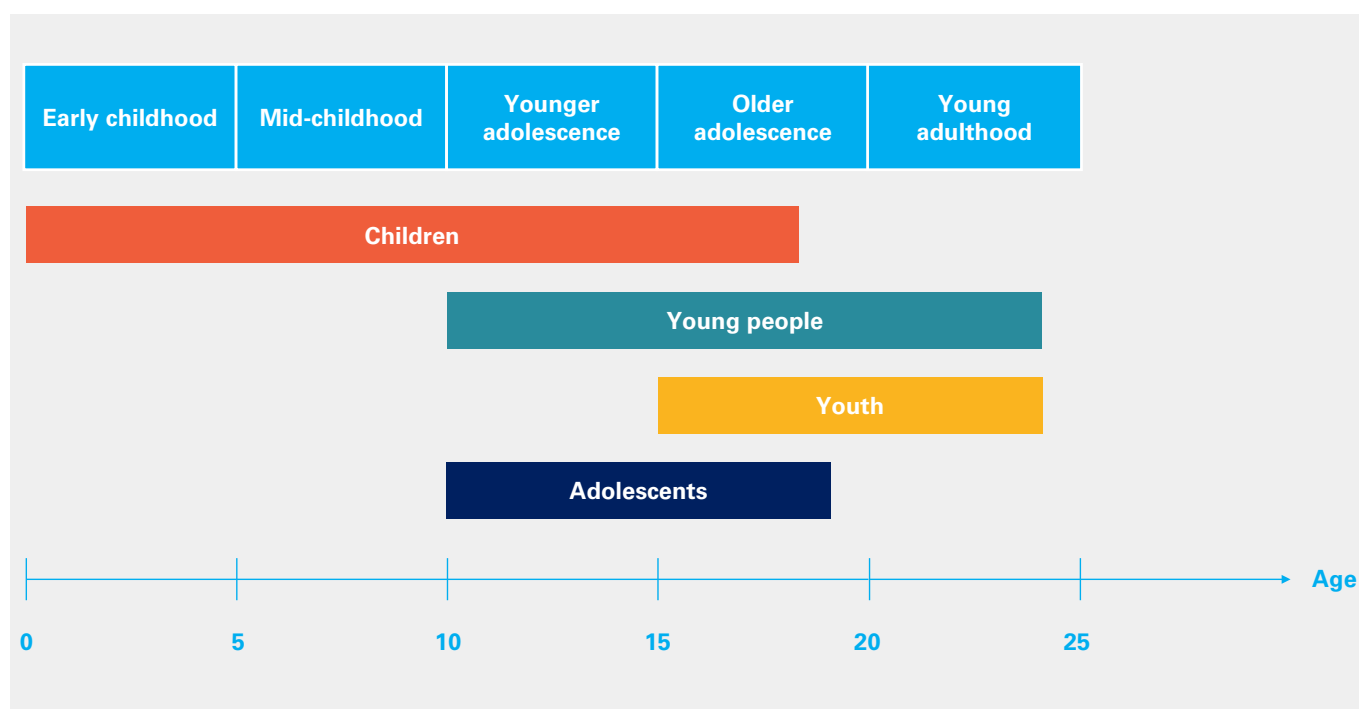
BACKGROUND

1. Introduction

From early childhood to advanced old age, in each phase of the life course, a person has distinct capabilities, needs and risks. Childhood, adolescence and youth are critical formative phases that determine a person's life trajectory¹⁷. Hence, there is a need to integrate a gendered, life-course phased approach to programming for these age cohorts to sustain

positive outcomes in the long term. A life-course approach acknowledges overlapping phases and rapid transition in a person's formative years. For programmatic purposes, UNICEF's scope of influence across the life-course continuum now extends from early childhood to young adulthood (see Figure 1-1).

FIGURE 1-1: UNICEF's life-course approach to programming



In the last 75 years, UNICEF has made major strides in overturning adverse trends in early childhood outcomes globally: arresting under-five malnutrition and mortality; increasing school enrolment and universal primary education; highlighting forms of neglect, abuse and violence against children; and promoting children's voices in decision-making. However, far less is understood about adolescents and young people, including the diverse experiences, risks and vulnerabilities that they face, and the interventions required to fulfil their rights and support them to reach their full potential¹⁸.

As children and young people transition into their most productive years, a great potential unfolds in the form of the "demographic dividend". In other words, demographic changes – such as lower dependency ratios (the proportion of

children and older people, i.e., dependants in comparison to the proportion of working-age people, in the total population) – can lead to economic growth and prosperity.

However, for any demographic change to transform into an opportunity, it is of paramount importance that appropriate policy action is taken to fulfil the rights of children and young people, and to support them in fully participating in society. Now more than ever, there is an urgency to enable younger populations to be heard across a world that is rapidly (and unpredictably) transforming. Children and young people are already beginning to demand agency in creating not just their own futures but a more equitable and sustainable planet¹⁹.

At UNICEF, a situational analysis on children and young people is conducted periodically

to formulate an evidence base that informs country office priorities and planning processes. In preparation for the next five-year country programme strategy (2023–27), in 2020

the UNICEF LCO presents in this report the situational analysis on children and young people in Lebanon²⁰.

BOX 1-1: Challenges to developing the situational analysis in Lebanon in 2020

There are several data and process limitations to the current situational analysis:

- There is a lack of recent and comparable data across the different population cohorts in Lebanon.
- Due to the COVID-19 pandemic and related travel restrictions, planned in-country consultations with children, adolescents, and their families and communities were cancelled. This would have provided a valuable additional layer of data – especially given the limited systematic quantitative data in Lebanon.
- The Multiple Indicator Cluster Survey (MICS) planned for 2020 was also postponed because of the pandemic and the Lebanese crisis, further curtailing the ability to capture the current situation of children and young people.
- Workshops with national stakeholders could not be held due to the pandemic, the acceleration of the Lebanese crisis and the Beirut blast, which led to additional political turmoil and subsequent shifting of priorities. For the situational analysis to be effective and have take-up at the national level, UNICEF has ensured that validation processes are in place for each phase of data compilation, collection and drafting.

The report draws on the extensive and exhaustive desk-based compilation of all available data and literature, and remote key-informant interviews (KIIs). There are two further caveats:

- 1 As much of the analysis was conducted in 2020, the data available and presented in the report is likely to have become outdated in 2021 and to be unable to capture the new emerging trends of inequities and deprivation among children, adolescents and youth.
- 2 Second, remote KIIs were organised in multiple rounds with UNICEF staff and external stakeholders mainly from think tanks and civil society. Government stakeholders were approached but not available to participate in these online interviews, and therefore another critical layer of information is missing from the report.

The report is structured as follows: Section 2 unpacks the multiple and yet limited sources of data on Lebanon's demographic trends, disability prevalence and gender profile at the national level. Section 3 presents an overview of income and multidimensional poverty, and the emergence of new risks that are likely to accentuate deprivation for children and young people. This section also considers Lebanon's political economy, conducting a brief contextual historical analysis to understand the persistent and systemic barriers and bottlenecks that have ultimately led to the compounding crises

in the country, and that have therefore closed domestic avenues for investing in children and young people. Sections 4, 5, 6 and 7 present the enabling environment and life-course analysis of the progress and inequities in outcomes across the four pillars of the CRC – in the areas of health and wellbeing, learning outcomes and successful transition to work, safe and protective environment, and meaningful participation in society and decision-making). Each section on child rights (4–7) concludes with recommended priority actions for UNICEF LCO's forthcoming country strategy.

2. Data limitations

The absence of current data in Lebanon is a key caveat for the 2020 situational analysis. The lack of comprehensive databases on Lebanon's populations is a fundamental challenge to compiling a robust knowledge base on its children and young people and developing a well-rounded analysis of their situation. There is, for example, no systematic national-level reporting on the measurement and analysis of poverty and vulnerability (see Box 2.1), on rights outcomes for children and young people as per

the CRC 1989 (disaggregated by age, gender, disability, location), or on progress towards achieving the SDG 2030 targets. The country is yet to have systematic data collection and periodic reporting mechanisms such as the MICS that covers all children, not by population cohort. Instead, the limited data available is separated by population cohort and is irregularly collected (particularly for the Lebanese), limiting the scope for informed decision-making and establishing accountability mechanisms.

BOX 2-1: Limited data on updated demographic characteristics and monetary poverty in Lebanon

Evidence on poverty in Lebanon is limited due to number of barriers to both data collection and analysis:

- Sensitivities around the fair representation of different nationalities has meant that a census has not taken place in almost a century. Data disaggregated by nationality is done across surveys in Lebanon, and the government does not disaggregate beyond two categories: Lebanese and non-Lebanese. Non-governmental agencies disaggregate by nationality where possible, though intra-population equity is likely limited due to the lack of evidence-based policy and programming.
- Surveys often focus on a particular population cohort, leading to a divergence in the evidence base. UNICEF, among other international organisations, has conducted and published surveys that are inclusive of all population cohorts, such as the MICS 2009,ⁱ the Baseline Survey 2016,ⁱⁱ the Knowledge, Attitudes and Practices (KAP) Survey of The Lebanese, Syrian and Palestine Refugees in Lebanon, 2017ⁱⁱⁱ and the LFHLCS 2018/19. These surveys, however, do not collect monetary indicators relating to income, expenditure or consumption and therefore only allow for non-monetary poverty analysis.
- Poverty data surveys are often sporadic. For example, the last Household Budget Survey (HBS) took place in 2011/12, and the first only in 2004/05. An exception to this is the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR), a multi-sectoral assessment that provides annual data on a number of indicators, including – but not limited to – poverty. However, to date, only one survey assessing poverty among Palestinians and the Lebanese population has been identified (no cohort-specific surveys considering poverty have been identified).^{iv}

These barriers must be addressed to allow for the design of evidence-based policies and programmes that can deliver equity between population cohorts.

Source: ⁱ UNICEF & Central Administration of Statistics (2010); ⁱⁱ UNICEF (2016b); ⁱⁱⁱ UNICEF Lebanon & Malmö University (2018); ^{iv} Chaaban et al. (2016).

Data availability and accessibility at the sub-national level is particularly critical. The UNICEF LCO is actively partnering with civil society to establish accountability mechanisms between service providers (both public and private) and

their beneficiaries, and to integrate service delivery and local governance systems to turn commitments into action. The LCO recognises that systematic child rights monitoring (CRM) remains particularly difficult due to challenges

in capturing data on multidimensional child poverty and vulnerability. The data and knowledge gaps further undermine evidence-based policymaking and the ability of civil society actors and UN agencies to advocate for the same.

2.1 The scope of recommendations

The absence of data and the lack of a strong enabling environment that could enable policymakers, service providers and all relevant stakeholders to accurately gauge and respond to the status of children and young people are the main barriers to fulfilling child rights in Lebanon. Further, the resolution of deep-rooted structural bottlenecks and systemic barriers indicates the need for state building in the medium to long term – beyond the scope of a UNICEF situational analysis.

Post-COVID-19, UNICEF globally faces a slight contraction in its funding along with strict funding allocations and is adopting a strategic move towards a systems-strengthening approach to its strategic priorities. The LCO, even with a concentration of humanitarian funding, needs to go beyond engaging with donor-aided strategies such as the LCRP 2017–21 and the 2020 Reform, Recovery and Reconstruction Framework (3RF) and identify entry points for engaging in longer-term reform processes in the country.

Lebanon's lack of evidence, particularly on the Lebanese population under 18 and under 25, poses a major barrier to UNICEF's ability to create significant changes to the next phase of country programme planning and objective setting.

This entails building on the UNICEF LCO's proven value addition in (a) data collection and compiling to create an evidence base; (b) the national and sub-national governments' capacity-strengthening in key areas identified as having implications for achieving multiple outcomes across the rights pillars; and (c) communication for development (C4D) initiatives to raise awareness and promote social and behavioural changes. In the coming five-year period, UNICEF LCO also needs to adopt new functions within the organisation to systematically support the processes for strengthening policy formulation, uptake and successful implementation at the national government level.

In this report, the recommendations on priorities are drawn from recent studies and key-informant interviews. The recommendations are organised under each rights pillar, in the form of headline objectives and priority actions, indicating where UNICEF can prioritise its efforts in an environment with competing priorities.

3. Conceptual approach

A visual representation of the conceptual framework for the 2020 situational analysis is given in Figure 3 1.

As previously mentioned, the analysis of rights outcomes for children, adolescents and young people is underpinned by a life-course approach, focusing on their changing needs, risks and vulnerabilities as they grow and develop. While the life-course phases are not easily defined, age-specific interventions enable better-defined policy objectives and monitoring of programmes.

There are two core considerations for applying a life-course approach to analysing risk and vulnerability: (1) prevailing cultural concepts and practices associated with childhood, adolescence and young adulthood – as well as associated

needs – are established on the basis of socially constructed roles defined by a person's physical, sexual and cognitive maturity, as opposed to exact age; and (2) over a prolonged period, risks and vulnerabilities become cumulative and compounding, leading to cyclical and cross-cutting experiences of deprivation across generations (from mother to child, from birth to old age and so on). At the community or societal level, these complex vulnerabilities arise due to collective events, such as changes to the country's demographic structure, migration, deteriorating natural resources, calamities or economic collapse. At the individual and family levels, they arise in association with individual identities and experiences, such as gender, disability, socio-economic background, location, religion or ethnicity, etc.

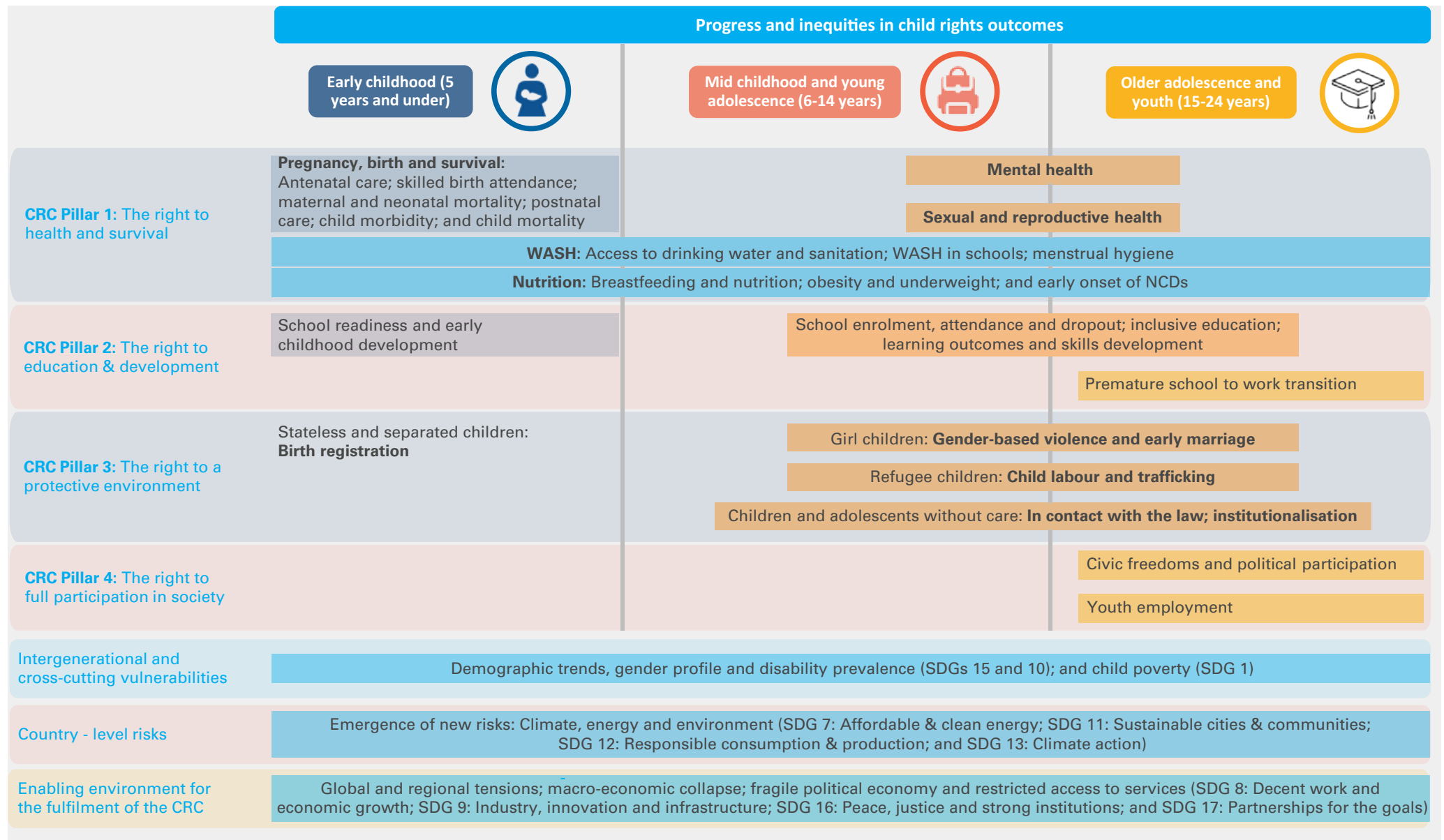
FIGURE 3-1: Conceptual framework for the 2020 situational analysis

Table 3-1 clarifies some of the key interrelated concepts that are used interchangeably throughout the situational analysis.

TABLE 3-1: Key terms and concepts

TERMS AND CONCEPTS	USE IN THE SITUATIONAL ANALYSIS
Populations and cohorts	“Populations” refers to the three main nationalities in Lebanon: Lebanese, Syrian and Palestinian. Other nationalities exist in smaller numbers, such as Iraqi, Sudanese and other refugees. ⁱ Population “cohorts” refer to Lebanese, Syrian, Palestinians from Lebanon (PRL) and Palestinians from Syria (PRS).
State building and peacebuilding ⁱⁱ	In recent UN literature, peacebuilding in Lebanon is discussed as a process distinct from state building and often only at the sub-national level. The situational analysis draws on a body of literature that identifies them as complementary, with common aims. Haider views the primary aim of peacebuilding as being “to transform societal relationships” and of state building to be “to transform states and make them more responsive”. ⁱⁱⁱ
Social cohesion and social stability	UN reports refer to social cohesion in the context of refugee and host communities in Lebanon. A recent inter-peace study distinguishes vertical social cohesion (with the state) from horizontal social cohesion (between communities). ^{iv} The situational analysis focuses on social stability (one of nine LCRP sectors) as a broader systemic concept (similar to the notion of vertical social cohesion) on which social cohesion within communities is contingent and of which it is only a part.
Strategy and policy	In-depth policy analysis and consultations have highlighted that national strategy frameworks and policy are often used interchangeably in the context of Lebanon. This lack of clarity is reflected in the situational analysis.
Children, adolescents and youth	<ul style="list-style-type: none"> • Children: 0–17 years • Adolescents: 10–19 years • Young people: 18–24 years • Children and young people: 0–24 years (includes adolescents and youth)

Source: Authors’ depiction. Note: ⁱ Other surveys, notably the annual Vulnerability Assessment of Refugees of Other Nationalities (VARON), lead on data analysis for indicators concerning demographics, protection, health and education for these populations; ⁱⁱ Mason (2012); ⁱⁱⁱ Haider (2010); ^{iv} Velpillay (2020).



2

DEMOGRAPHIC PROFILE: POPULATION DYNAMICS, DISABILITY AND GENDER

SECTION 2



Children and young people (aged 0-24 years) make up 42 per cent of Lebanon's population.



Lebanon is currently in a late-dividend phase and will be the first country in the MENA region to reach a post-dividend phase by 2031.



Lebanon's fertility rate is currently below the replacement rate of 2.1 children per woman. By 2050, as the fertility rate continues to fall, today's children and adolescents (aged 0-19 years) will face a high dependency ratio of 75.3.



Lebanon is the fifth most urbanised country in the MENA region.



There is no minimum age for marriage in Lebanon.



KNOWLEDGE GAPS:

- Lack of comprehensive data on child disability prevalence among the Lebanese and Syrian population cohorts.
- Limited understanding of gender norms as a driver of child protection risks.

Source: Authors' depiction, based on ALEF (2019a); UNICEF MENARO (2019); UNDESA Population Division (2018, 2019).

4. Demographic profile

Lebanon, an upper-middle-income country, has a demographic profile that is difficult to map due to the sizeable presence of resident populations from other parts of the MENA region and the continuous influx and outflux of refugees. Inconsistencies in age- and sex-disaggregated population estimates serve as a bottleneck for public policy and planning and humanitarian action.

4.1 Population dynamics

Due to the absence of an up-to-date nationwide census, there are number of conflicting estimates of the country's total population (see

This chapter provides a descriptive overview of the demographic profile in Lebanon, including population growth trends, the Lebanese and non-Lebanese populations, age and sex composition, household composition, living conditions, and Lebanon's disability prevalence and gender profile.

Box 4 1). For consistency, analysis of population dynamics in this study relies primarily on UNDESA Population Division 2019 estimates.

4.1.1 Total population

As of 2019, the UNDESA Population Division estimated the population of Lebanon to be 6.8 million.²² The figure infers a difference of approximately 2 million people from the official figures reported by the Central Administration of Statistics (CAS) in the 2018/19 LFHLCS, released in 2020. Figures representing the proportion of children and young adolescents (aged 0–14 years) are more consistent across the two data sources: both the UNDESA 2019 Population Prospects and the 2018/19 LFHLCS estimate that this demographic group constitutes around one quarter of the total population. The UNDESA

Population Division estimates that children and all young people together (aged 0–24 years) constitute 42 per cent of the total population (or two in five people).²³

In terms of sex disaggregation, all key data sources estimate almost equal proportions of women and girls and men and boys. Contrary to other estimates, UNDESA 2019 Population Prospects include a slightly lower proportion of women and girls (49 per cent) in comparison with men and boys (51 per cent).²⁴



BOX 4-1: Conflicting population estimates in Lebanon

Without a recent, country-wide census in Lebanon, there are different estimates of its population size and demographic profile. The inaccuracies in population data are most conspicuous for the Lebanese cohort, which last reported a census almost a century ago in 1932. Currently, the following sources of population data are reported and used for decision-making by different stakeholders in the country:

- The official figures from the CAS are reported by the **2018/19 LFHLCS**. According to the latest LFHLCS, in mid-2018 the total residential population stood at 4.84 million (excluding people living in non-residential units such as army barracks, refugee camps and adjacent gatherings, and informal settlements): 79.8 per cent were estimated to be Lebanese and 20.2 per cent citizens of other countries; 22.8 per cent were children and young adolescents aged 0–14 years, 64.7 per cent were aged 15–64 years and 12.5 per cent were aged 65 years and above. Women and girls comprised 51.6 per cent and men and boys 48.4 per cent.
- UN agencies also refer to the **UNDESA Population Division** for global population estimates. According to UNDESA, in 2019 the total residential population in Lebanon stood at 6.83 million: 25.1 per cent were children and young adolescents aged 0–14 years, 67.4 per cent were aged 15–64 years and 7.5 per cent were aged 65 years and above. Women and girls comprised 49.4 per cent and men and boys 50.6 per cent.
- The coordination strategy established by the Lebanese government and the humanitarian donor community – the **Lebanese Crisis Response Plan 2017–21** – provides another reference point in population estimates. See Table 4 1 for 2021 population projections.

TABLE 4-1: Key terms and concepts

Cohorts	Total	% female	# female	% male	# Male	% children	# children
Lebanese	3,864,296	52%	1,993,032	48%	1,871,264	31%	1,203,728
Syrian refugees	1,500,000	51%	767,059	49%	732,941	53%	795,145
PRS	27,700	52%	14,350	48%	13,350	35%	9,634
PRL	180,000	52%	93,247	49%	86,753	35%	62,601
Total in Lebanon	5,571,996	51%	2,867,687	49%	2,704,309	37%	2,071,107

- The **2016 UNICEF Baseline Survey** (which does not provide an estimate for the total residential population in Lebanon) is the only survey to have compiled comparative data on young populations. In the sample of 2015, 72.8 per cent were Lebanese and 27.2 per cent citizens of other countries; 11.7 per cent were children and young adolescents aged 0–14 years, 78.1 per cent were aged 15–64 years and 10.2 per cent were aged 65 years and above. Women and girls comprised 51.7 per cent and men and boys 48.3 per cent.

Source: Central Administration of Statistics & ILO (2019); Government of Lebanon & United Nations (2021); UNDESA Population Division (2019); UNICEF (2016c). Note: Official government statistics (Central Administration of Statistics) are based on the 2018/19 LFHLCS – the most recent and representative survey of Lebanon’s residential population.

Refugee populations

The varying estimates of Lebanon's total population has led to discrepancies in the estimated size of its various population cohorts, including refugee populations, which has considerable implications for its political economy and for the provision of basic and essential services.

In 2018, UNICEF estimated that one in every four people in Lebanon were refugees, giving it the highest per capita proportion of refugees

in the world.²⁵ According to the LCRP 2017–21 (2021 update), Lebanon hosts 1.5 million Syrian refugees (of which 950,334 – or 63.4 per cent – are registered with UNHCR) and 208,800 Palestinian refugees.²⁶ Palestinian refugees in Lebanon are further distinguished as (a) the pre-existing cohort of approximately 180,000 PRL and (b) the more recently recorded cohort of approximately 28,700 PRS, who have come to Lebanon as a result of the Syrian civil war (see Box 4 2).

BOX 4-2: The status of Palestinian refugees in Lebanon

Since the arrival of 425,000 Palestinians in 1948, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has been the governing body for Palestinians in Lebanon.ⁱ Today, its mandate is the provision of services to the 208,800 Palestinians identified in the 2017 census, who are classified into four groups:

- **Registered Palestinian refugees:** Those who are registered with UNRWA and the Lebanese authorities.

Non-registered Palestinian refugees: Those who are not registered with UNRWA, but are registered with the Lebanese authorities.

“Non-ID” Palestinian refugees: Stateless persons who are registered neither with UNRWA nor with the Lebanese authorities.

Palestinian refugees from Syria: Those who have arrived from Syria since 2011.ⁱⁱ

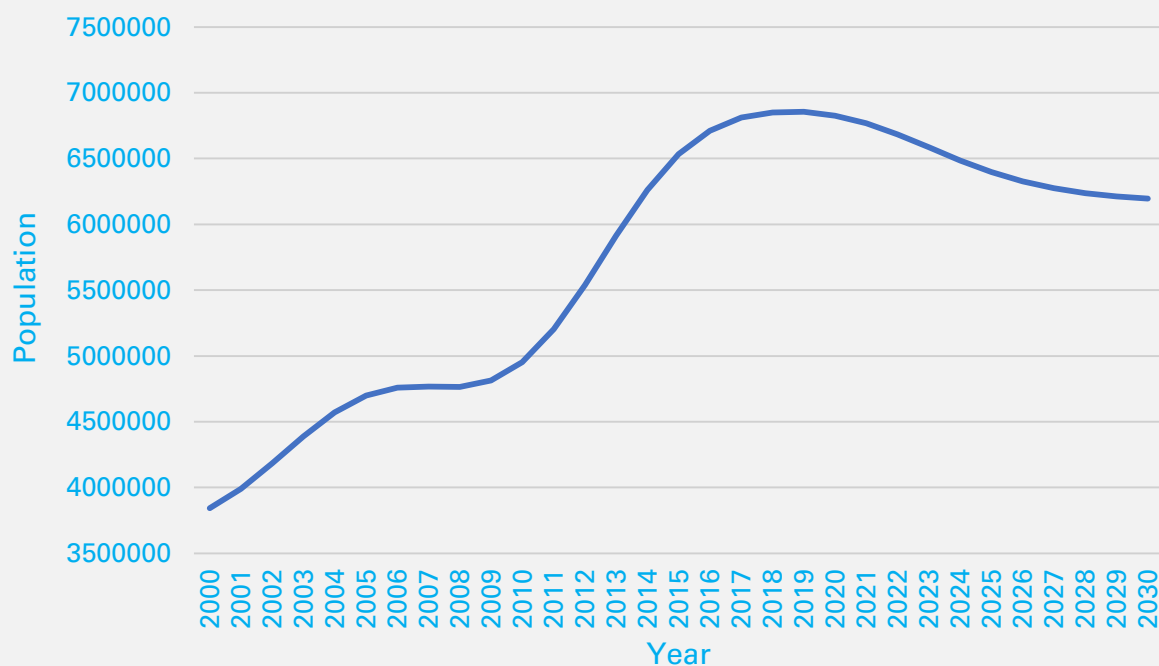
The first three groups listed above comprise the PRL population cohort. However, declared figures do not include the third group of “Non-ID” Palestine refugees, making them an invisible – and therefore vulnerable – group. Due to discrepancies in registration, there are often conflicting sources on the number of Palestinians in Lebanon.ⁱⁱⁱ

Source: ⁱ ANERA (2012); ⁱⁱ UNHCR (2016); ⁱⁱⁱ UNHCR (2016).

4.1.2 Lebanon's demographic dividend phase

According to a recent UNICEF report on the MENA region's demographic trends – which uses UNDESA 2017 population estimates – Lebanon is currently in the late-dividend phase (i.e. the fertility rate is below the population replacement rate and life expectancy and the dependency ratio are increasing), and it is experiencing a demographic transformation whereby – after a decade of steady population growth (see Figure 4 1), largely resulting from an influx of Syrian refugees – it is expected to enter a post-dividend phase just after 2030.²⁷

While most countries in the MENA region are expected to benefit from the early to mid-dividend phase (high fertility rate and falling death rate) until the year 2040, Lebanon is the only one predicted to experience a steady decline in the total population by 2030 (of approximately 9 per cent), with low fertility rates and an ageing population.²⁸

FIGURE 4-1: Total population in Lebanon, over time

Source: Authors' depiction, based on UNDESA Population Division (2019). Note: De facto population as of 1 July of the year indicated; population figures for the years 2021–30 are projections.

Fertility rates and life expectancy

Lebanon is among the few countries in the region to have experienced declining fertility for over half a century, which for the first time fell below replacement level fertility (2.1 children per woman) between 2005 and 2010.²⁹ Between 2015 and 2020 the country's fertility rate stood at 2.09 births per woman, and it is expected to fall to below two children per woman between 2025 and 2030. Meanwhile, the average childbearing age in Lebanon has been steadily increasing since the late 1980s, reaching nearly 30 years between 2015 and 2030.³⁰ It is predicted that it will surpass 30 between 2045 and 2050.

Simultaneously, in keeping with the country's socio-economic trajectory since the 1950s, the average life expectancy at birth in Lebanon has risen sharply, currently standing at 79 years – the highest in the MENA region.³¹ This is expected to continue to increase, reaching 80 by 2030 and 83 by 2050.³² Women have a greater life expectancy (81 years) than men (77 years), akin to global trends. Similarly, life expectancy at retirement (average 22 years) is higher for women (24 years) than for men (20 years).

4.1.3 Population distribution and dependency ratio

While children and young people together (0–24 years) constitute 42 per cent of the total population (see Box 4–1), adults aged 25–64 years account for 50 per cent and people aged 65 years and above just 8 per cent of the total population.³³ By 2030, however, the share of children and young people will decrease to 35 per cent, with adults aged 25–64 making up 53 per cent and older people making up 12 per cent of the total population.

is in the late-dividend phase: today, working-age adults (aged 15–64 years) are the largest demographic group, making up 67 per cent of the total population (see Figure 4 2). It is important to note that the larger share of the working-age population is aged 20–24 years (9 per cent of the total population).³⁴

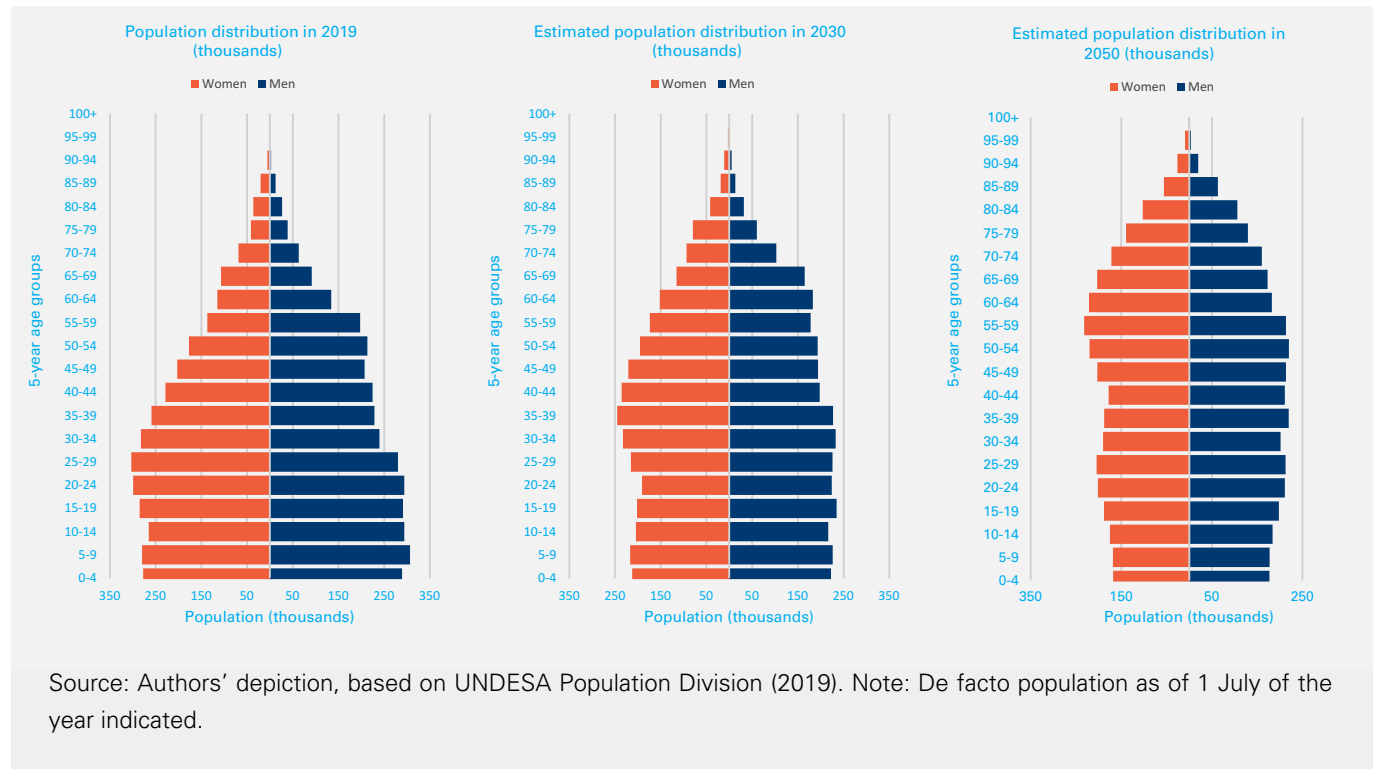
By 2030, the share of the working-age population will in fact marginally increase, while there will be even fewer children. Yet, as Lebanon moves into the post-demographic dividend phase, the

These trends are unsurprising, as the country

increase in the share of older people by 2050 (as discussed, due to an ageing population and increasing life expectancy) will create growing demands for care to be provided by young people and adults, especially women.³⁵ And, as

the fertility rate continues to fall, the working-age population (in other words, today's children and adolescents) will have shrunk by 2050, leading to a high dependency ratio of 58.8.³⁶

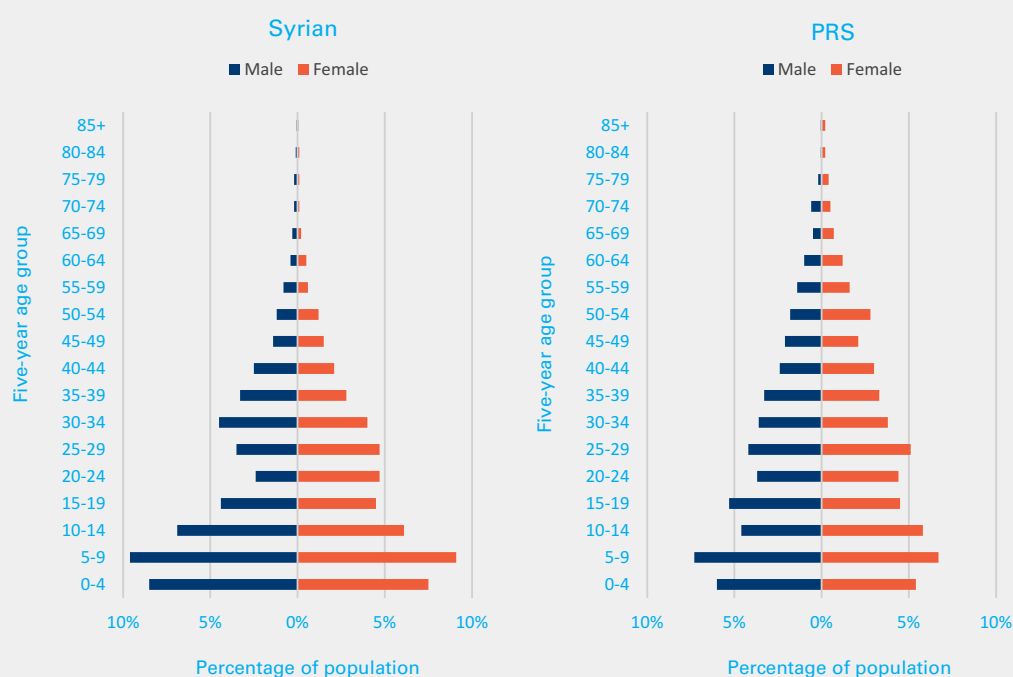
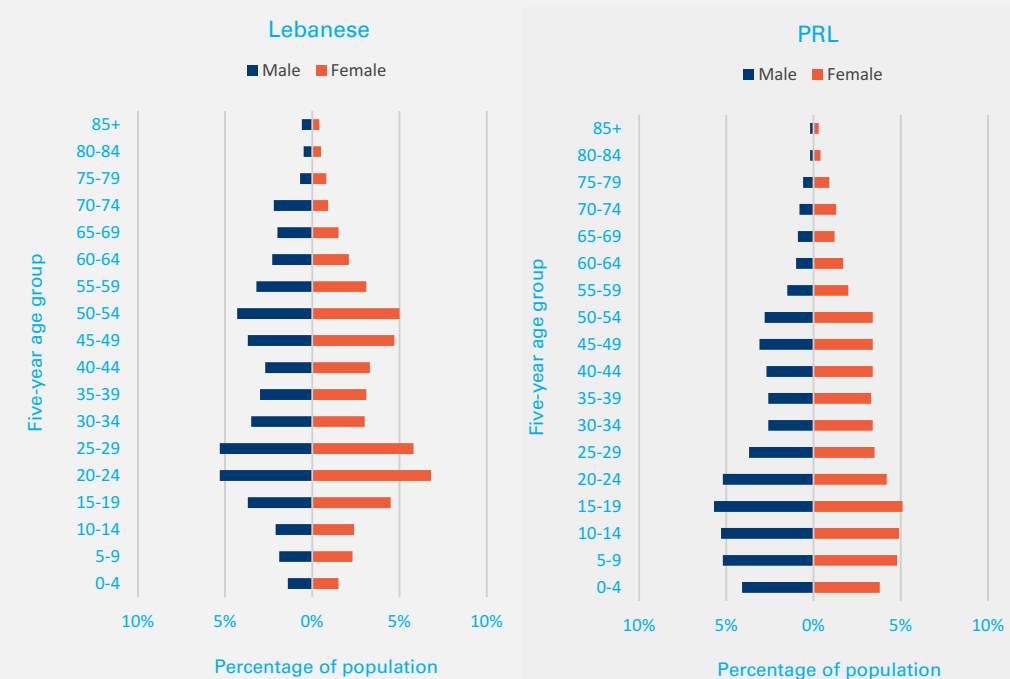
FIGURE 4-2: Population distribution in Lebanon, 2019, 2030 and 2050 (predicted)



BOX 4-3: Comparison of population cohorts

UNICEF's 2016 Baseline Survey is the only survey to provide some level of comparison of the population distribution across Lebanon's four main cohorts: Lebanese, Syrian, PRL and PRS (see Figure 4 3). In 2016, the most populous age group among the Lebanese was 20–24 years, while among the PRL it was 15–19 years. In contrast, the most populous age group among newer Syrian and PRS cohorts was 5–9 years.

Overall, the population pyramids of the Lebanese and PRL cohorts are considerably different from those of the newer arrivals, the Syrian and PRS cohorts – which have much larger proportions of young children and are also more at risk due to their residence status. With more children per family, it is particularly common among Syrian households for young girls to be married off for socio-economic reasons.

FIGURE 4-3: Percentage distribution of residents in Lebanon, by population cohort, five-year age group and sex, 2016

Source: UNICEF (2016c). Note: The clearest comparable disaggregated data for all four cohorts is from 2016.

Population density and place of residence

Population density in Lebanon has nearly doubled since the beginning of the century, reaching 667 people per square kilometre in 2019.³⁷ In parallel, the share of people residing in urban areas has also increased dramatically, amounting to 89 per cent in 2020, making Lebanon the fifth most urbanised country in the MENA region. UNDESA 2018 Urbanization Prospects estimate that the average annual rate of change in the urban population between 2000 and 2020 was just over 3 per cent. Although the rate of change is predicted to slow in the coming years, Lebanon's urban population is expected to reach 91 per cent of its total population in 2030 and 93 per cent in 2050.³⁸ Therefore, issues of urban development and the provision of child-friendly services in urban areas are of paramount importance.

According to the Population and Housing Census in Palestinian Camps and Gatherings in Lebanon (2017), which provides the most up-to-date available data on the Lebanese cohort, the Lebanese population is overwhelmingly concentrated in Mount Lebanon (30.1 per cent). The majority of both PRS and PRL reside in Sidon (31.3 per cent and 35.8 per cent, respectively), though they are spread across the 12 official refugee camps and the 156 gatherings across Lebanon.³⁹ According to the LCRP 2017–20 (2021 update), the Syrian refugee population is concentrated in Akkar, Baalbek-Hermel and Bekaa (44 per cent of all Syrian refugees in Lebanon), followed by Mount Lebanon and Beirut (30 per cent).



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5. Disability prevalence and profile

Disability is under-documented in Lebanon, and there is no comprehensive evidence base on child disability in the country. This renders the population of people with disabilities largely invisible and also underestimates the challenges faced by households in which at least one member has a disability, child or adult.

This chapter provides an overview of available disability prevalence estimates across population cohorts and among younger populations, followed by an overview of challenges to disability inclusion. Disability is a cross-cutting vulnerability and will be further discussed in later chapters on rights outcomes.

5.1 Disability prevalence

The 2018/19 LFHLCS was the first nationally representative survey to use the Washington Group Short Set of Questions (WGSS) to capture disability prevalence in Lebanon, in line with

standards set by the International Classification of Functioning, Disability and Health (ICF) and later the UN Convention of Rights of Persons with Disabilities (see Box 5 1).⁴⁰

BOX 5-1: What is the role and importance of the ICF?

According to the WHO, the ICF is a framework for describing and organising information on functioning and disability. The ICF was first developed prior to the ratification of the CRPD (adopted at the UN in 2006).

The ICF provides a standard language and a conceptual basis for the definition and measurement of health and disability. It was approved for use by the World Health Assembly (the decision-making body of the WHO) in 2001, after extensive testing across the world involving people with disabilities and from a range of relevant disciplines. A companion classification for children and youth (ICF-CY) was published in 2007 and was included in the WGSS in 2016 with the support of UNICEF.

What is the difference between disability, functional difficulty and impairment?

- **Disability** is the result of an interaction between an impairment and the barriers created by society. Therefore, to be precise, in this report the following terms are, at times, used instead of disability:
- **Functional difficulty** (also referred to as functional limitation) is a restriction in the ability to perform an activity or a task in an efficient, typically expected, or competent manner. The WGSS, for example, assesses whether people have difficulties in functioning in six core domains: walking, seeing, hearing, remembering, self-care and communication. This term is often used in the report to describe the results of quantitative analysis, since the analysis can only assess the functional difficulty reported in the dataset and cannot determine the level of disability (which would require an understanding of the barriers faced by individuals).
- **Impairment** is an injury, illness, or congenital condition that causes or is likely to cause a loss or difference of physiological or psychological function.

Source: WHO (2001).

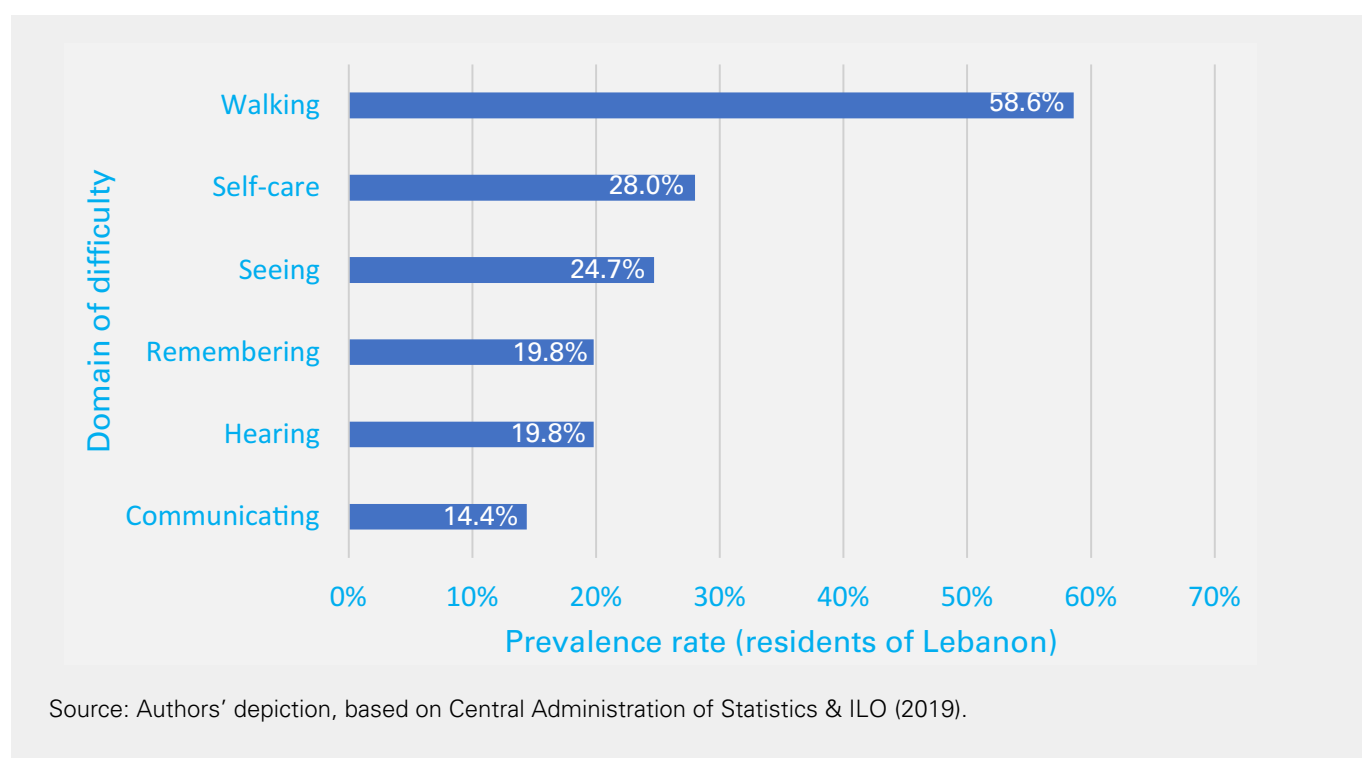
5.1.2 Overview of disability prevalence across population cohorts

According to the 2018/19 LFHLCS, 4 per cent of the total population residing in Lebanon have a disability (2.5 per cent with one disability and 1.5 per cent with more than one disability). The survey identifies women as slightly more likely to have a disability, making 52 per cent of persons with disability in Lebanon; and that almost half of all those with a disability are older people. These findings are in line with global evidence that suggests the prevalence of functional difficulties increases sharply with age, and country-level data showing that women in Lebanon live longer than men (see Figure 4 2).⁴¹

The 2018/19 LFHLCS provides some further information on the most common types of functional difficulty experienced among people with a disability (see Figure 5 1). Almost 60 per cent of those with a disability have difficulty walking. The least common functional difficulty reported was communicating (14 per cent).

Overall, global evidence points toward an exacerbation of mental health problems due to crises, but there remains insufficient data on mental health in Lebanon (including early cognitive and intellectual developmental issues).

FIGURE 5-1: Prevalence of functional difficulty among individuals with a disability in Lebanon, by domain of functional difficulty



Refugee populations fleeing from war, violence and other traumatic experiences are more likely to have some form of disability.⁴² Disability prevalence among the Syrian refugee populations is regularly reported in the annual Vulnerability Assessment of Syrian Refugees (VASyR). According to the 2020 VASyR⁴³ (which also uses the WGSS to capture disability prevalence), 9 per cent of the Syrian population in Lebanon (above two years old) have a disability. At the household level, around one third (30 per cent) of Syrian households have at least one member with a disability, up from 22 per cent

in 2019 and 12 per cent in 2018. Among those aged five and above, 17 per cent and 14 per cent experience anxiety and depression, respectively, on a daily basis.⁴⁴

According to the 2015 survey on the socio-economic status of Palestinian refugees in Lebanon, disability prevalence rates among the PRL and PRS cohorts are also high (8 per cent and 10 per cent, respectively), with higher prevalence among people aged 60 years and above.⁴⁵ Physical and visual disabilities were the most frequently reported among both cohorts.

5.1.3 Disability among younger populations

There is very limited data on disability prevalence among children in Lebanon due to there being no national disability-focused survey, and any available data on population cohorts is not comparable (see Table 5 1). The 2018/19 LFHLCS does not disaggregate data on either disability prevalence or functional difficulties by age group in Lebanon, and therefore no data is available on child disability prevalence in the Lebanese population.⁴⁶ Similarly, the VASyR data sample

does not provide for age and sex-disaggregated disability data. The 2015/16 survey on the socio-economic status of Palestine refugees undertaken by the American University of Beirut (AUB) (henceforth 2015/16 Palestinian Socio-Economic Survey) is the only survey to provide age-disaggregated data but does not follow the WGSS.⁴⁷ As Table 5 1 shows, there is significant disability prevalence in ages 0–24 across both PRS and PRL cohorts.

TABLE 5-1: Disability prevalence among children in Lebanon (available data), by age and population cohort

Age group (years)	Lebanese	Syrian	PRL	PRS
0–4	No data	No data	4.6%	3.0%
5–9	No data	No data	6.6%	5.5%
10–14	No data	No data	5.3%	7.3%
15–24	No data	No data	4.9%	6.2%
Total	4.0%	9.0%	18.1%	10.3%

Source: Authors' depiction, based on Central Administration of Statistics & ILO (2019); Chaaban et al. (2016); UNHCR et al. (2020).

5.2 Challenges to disability inclusion in Lebanon

Globally, people with disabilities are more likely to face barriers to accessing healthcare, education and employment opportunities, and are greatly vulnerable to discrimination, social marginalisation and poverty. They may also face additional costs as a result of their disability – for example, for healthcare and rehabilitation, transportation, and assistive devices.⁴⁸

In Lebanon, the situation of people with disabilities is not well documented, which in itself indicates that they are likely face a number of challenges throughout their life cycle. In part, this is due to an absence of appropriate data on disability inclusion and inadequate planning and investment in services to address the needs and rights of people with disabilities, to enable them to be equal citizens and fully participate in

society. The available data indicates that children with disabilities are marginalised in Lebanon. For example, according to a KAP study from 2017, 30 per cent of Lebanese respondents believe that children with physical disabilities should not be integrated in society.⁴⁹ The percentage is much higher among Syrian respondents (44 per cent of Syrians registered with UNHCR and 62 per cent of those in informal settlements) and Palestinian refugees in camps (54 per cent).

Given the dearth of data on the situation of children with disabilities, and thus their visibility, they are especially vulnerable to inequities and exclusion in accessing services, such as education. The 2017 KAP study found that just 18 per cent of all respondents believe that children with intellectual disabilities should go to regular

pre-schools and schools.⁵⁰ The LCRP 2017–20 also highlights that children with disabilities in Lebanon – along with women and older persons – are particularly vulnerable to discrimination, exploitation and violence.

Until 2016–17 – when the spotlight emerged on this hard-to-reach group⁵¹ – international donors had largely ignored issues related to

disability in Lebanon.⁵² The United Nations Strategic Framework (UNSF) for Lebanon (2017–20) has since identified children and youth with disabilities as high-risk.⁵³ It also identified the absence of targeted interventions aimed at reducing inequities for children with disabilities and the absence of robust data on disability in Lebanon as key challenges.

5.2.1 Disability inclusion by law

Lebanon became a signatory to the CRPD in 2007 but has since failed to ratify it to become a full member. Thus, there is an absence of explicit and effective rights-based legislation to end discrimination against people with disabilities and promote their inclusion and equality. In fact, the present legal frameworks available for the rights of people with disabilities is limited and not well enforced.⁵⁴

Law 220/2000 (adopted in May 2000) serves as the primary legal basis for providing services and benefits to people with disabilities. It adopts a medical approach to defining and assessing disability, which conceptualises disability as a difficulty resulting from impairment. It is therefore in contrast to the social environment approach (which conceptualises disability as a difficulty resulting from a disabling environment) as outlined by the ICF and the CRPD, therefore limiting the scope for fulfilling the rights of all people with disabilities. The medical or impairment-based understanding of disability results in greater exclusion of non-physical or visible disabilities (including mental health) from consideration.⁵⁵ The law makes little provision for the civil and political rights of this population and contains very little mention of their right of access to information.

Law 220/2000 nonetheless recognises the National Council for Disability Affairs (NCDA),

which comprises elected members who are responsible for developing policies and proposing reforms to protect the rights of people with disabilities as detailed under existing laws.⁵⁶ Apart from the necessary recognition of the NCDA, there has been no movement to ratify the CRPD or develop a comprehensive strategy for disability inclusion in Lebanon. Instead, the protection of the rights of people with disabilities remains dependent on the commitment of different line ministries.

There is no state-provided disability allowance in Lebanon. Lebanese citizens who meet the disability criteria under Law 220/2000 can, however, register with the MoSA and apply for a disability card which provides access to some tax-financed healthcare services, assistive devices and limited tax exemptions.⁵⁷ With ongoing crises in Lebanon, the demand for disability services (including rehabilitation and specialised care) has become a rising concern. In light of the global pandemic, a chorus of CSOs advocating for people with disabilities in Lebanon are calling on the government to provide income support to compensate for the significant challenges in earning an independent income due to a combination of functional difficulties, lack of support and existing barriers in the labour market, as well as support to cover the additional costs associated with disability.⁵⁸

6. Gender profile

While some gender-sensitive data on Lebanon's population is available (i.e., sex disaggregation at the very least), there are few sources that provide thorough gendered analysis of differentiated needs, rights and outcomes, or an understanding of how gender norms drive gender inequities and inequalities – particularly among younger populations.⁵⁹

6.1 The status of women and girls

Women and girls in Lebanon have historically enjoyed greater freedoms than their counterparts in neighbouring countries, for example Syria, due to an extremely diverse and multicultural social environment where people follow different faiths and norms. However, despite having one of the most progressive legal environments for women in the MENA region, gender equality and women's empowerment remain elusive goals in Lebanon.

The country has a confessional system of governance, meaning that religious and political institutions are deeply intertwined in the running of everyday public and private affairs. Women's and girls' rights, therefore, are not within the remit of the national government but are relegated to religious authorities and courts. Like neighbouring countries, Lebanon's religious courts have historically ruled on issues of marriage, divorce, inheritance and domestic

violence. It should be noted that in Lebanon there is no uniform minimum legal age for marriage.⁶⁰ Many prevailing religious discourses render women's rights the same as those of minors in decision-making pertaining to their lives.⁶¹

Thus, even though Lebanon became the first Arab nation to provide equal political rights to women in 1953, to date women have had limited rights and face discrimination within the immediate social environment and in the home, especially in civic areas, family matters and relations.⁶² And, while Lebanese women and girls have experienced relatively high levels of health and education attainment, these outcomes have not translated into equality in the private and public spheres, especially in terms of unpaid work, domestic violence, economic empowerment and political participation, and equality in the eyes of the law (see Box 6 1).⁶³

Thus, even though Lebanon became the first Arab nation to provide equal political rights to women in 1953, to date women have had limited rights and face discrimination within the immediate social environment and in the home, especially in civic areas, family matters and relations.⁶² And, while Lebanese women and girls have experienced relatively high levels of health and education attainment, these outcomes have not translated into equality in the private and public spheres, especially in terms of unpaid work, domestic violence, economic empowerment and political participation, and equality in the eyes of the law (see Box 6 1).⁶³

BOX 6-1: The emerging role of women in public dissent and the call for social change

Women are highly politically active in Lebanon. In the 2018 parliamentary election, women comprised 51 per cent of voters, outnumbering male voters in 14 of the 15 electoral districts. Yet women hold less than 5 per cent of the seats in parliament, despite the 2018 elections boasting a record high number of registered female candidates (113).ⁱ There are four female ministers, equal to 10 per cent. In fact, since Lebanese women gained suffrage, only 17 women have served in Lebanon's parliament.

During the 17 October Revolution (2019), women at the vanguard of political protests caught the attention of the media worldwide. Women were on the front lines of marches and discussion groups, sit-ins and roadblocks, signalling the collective frustration of those who had historically been on the fringes of Lebanon's power structures – political and familial. Women, in fact, had an important role in maintaining peace among protesters and the police – at times acting as human shields.ⁱⁱ

Source:ⁱ NDI (2019); ⁱⁱ Hall (2019).

Lebanon ranks 96th on the United Nations Development Programme (UNDP) Gender Inequality Index (GII) and 132nd on the World Economic Forum (WEF) 2021 Global Gender Gap Index, which covers 156 countries⁶⁴. According to the components of this Global Gender Gap Index, the indicators that present

the biggest challenges in Lebanon are political empowerment, economic participation and opportunity. According to UNFPA and UNHCR's 2021 report on gender-based violence (GBV) in Lebanon, there is a reported increase in the occurrence of incidents against women and girls in recent years.⁶⁵

6.1.1 Gender norms and stereotyping: A driver of protection risks

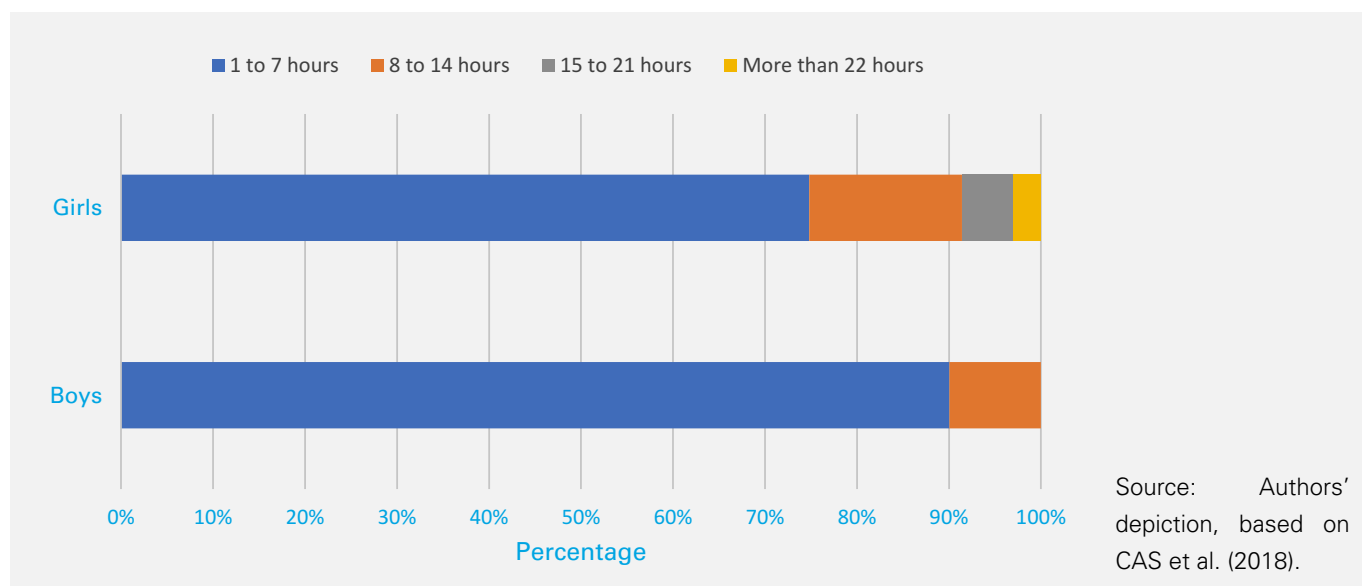
At the root of the legal and institutional constraints undermining the full realisation of gender equality in Lebanon are prevailing gender norms and resultant pervasive gender stereotypes. Rigid gendered hierarchies (including strict gender roles and relations) are ultimately detrimental for all but more directly and adversely impact women, girls and non-binary genders.

The International Men and Gender Equality Survey – Middle East and North Africa (IMAGES MENA), coordinated by UN Women and Promundo, is one of the few initiatives to study masculinities and gender norms in the region. According to the study, gender norms are perpetuated not only by families and communities but also by politics, sectarian dynamics, socio-cultural values (e.g., a rise in social conservatism), ongoing conflict and security threats – all of which continue to prescribe the role of women as caregivers and mark their domain as within the home.⁶⁶ In line with global trends, women in Lebanon undertake more household work than men. However,

Syrian men living in Lebanon have been found to be more involved than Lebanese men in some “traditionally feminine” work, including cleaning the home, which may have to do with changes in household dynamics brought about by displacement and migration, as well as the higher rate of unemployment among Syrian men.⁶⁷ Challenges to women's empowerment are further perpetuated by cultural norms and religious laws that reinforce household decision-making as a male-dominated responsibility, restricting women's agency over their own movements.⁶⁸

Indeed, gender norms, roles and relations are instilled from young childhood through parenting. Such social conditioning is further entrenched during adolescence, as adolescents undergo significant emotional, cognitive and sexual development. According to a 2015 child labour survey, girl children (aged 5–17 years) spend longer than boys completing domestic chores and fulfilling unpaid care responsibilities from a younger age (see Figure 6 1).⁶⁹

FIGURE 6-1: Distribution of children involved in household chores, by number of hours devoted per week, sex, and age (5–17 years)



Gender norms and the resultant stereotyping can lead to grave protection risks. Violence against women and girls is normalised in cultures that uphold patriarchal structures and institutions, including the traditional family unit. Addressing protection risks for children therefore needs to begin with addressing toxic models of masculinity that threaten the potential not only of girls but of boys as well – whereby they are not just perpetrators but are adversely impacted by an oppressive role.

In 2016, a study was conducted on the attitudes of Lebanese men towards gender equality and violence against women. The sample consisted of 273 surveyed individuals and a further 73 in

focus group discussions (FGDs), of which 76 per cent were Muslim and 18 per cent were Christian (6 per cent did not answer). The findings were extremely pertinent: participants expressed masculinity as a “taxing role” in which men found themselves as victims of a traditional culture whereby norms assign greater power and control to men over women.⁷⁰ Regression analysis indicated that years of education, parents’ expectations, school discipline and exposure to community violence all significantly predicted attitudes towards gender (in)equality and women’s roles. Gender roles prevailed in the FGDs, with men stereotyped as “providers” and women as “good housewives and mothers” who are devoted to their family.

6.2 Gender equality by law

Lebanon’s Constitution (1926) enshrined gender justice and equality. Thereafter, the Government of Lebanon has made further commitments through policy and soft law agreements such as the National Strategy for Women in Lebanon (2011–21) and the National Action Plan for Human Rights in Lebanon (2014–19).⁷¹

In 1997, Lebanon ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). However, concluding observations on the combined fourth and fifth periodic reviews of the country’s compliance with the convention raised a number of issues and questions related to Lebanon’s commitment to eliminating gender-based discrimination.⁷² Furthermore, human rights organisations have concluded even more recently that Lebanon has done very little to end discrimination against women and girls under its international obligations.⁷³

It must be noted that Lebanon has a thriving feminist movement that is pushing to change regressive law that undermine women’s and girls’ rights and the country’s commitments to gender equality.⁷⁴ Some of the more notable activist platforms include the National Commission for Lebanese Women (NCLW) – a state body consisting of over 147 individual NGOs which primarily focuses on social welfare. There are also religious and politically affiliated NGOs that may not always support the full progressive agenda (often perceived to be foreign) but nonetheless engage in critical work towards improving the lives of women and girls within traditional spheres. Finally, there are academic activist circles – notably the Lebanese Association of Women Researchers (LAWR or Bahithat), which publishes an annual journal, the Arab Institute for Women at the Lebanese American University (LAU), and the Institute for Women’s Studies in the Arab World (IWSAW), housed at the American University of Beirut (AUB).⁷⁵



3

CHILD POVERTY AND THE CONTEXT OF COMPOUNDING CRISES

SECTION 3



Food insecurity: 50% of Lebanese, 63% of Palestinians and 75% of Syrians fear they will not have enough to eat.



Families with children and elderly dependents most likely to have been food insecure since the beginning of the economic crises, and to have employed more extreme coping strategies.



Social unrest: Risk of adolescent boys and young men being instrumentalised for sectarian violence in the midst of political turmoil, as well as the absence of opportunities for education and employment.



Evictions: Approximately 40% of Syrian households who changed accommodation between October 2019 and February 2020 reported doing so as they could no longer pay the rent.



KNOWLEDGE GAPS:

- Current age-disaggregated poverty headcount rates are unavailable.

Source: Authors' depiction, based on Mroue (2020); Reuters (2020b); Trew (2020); UN Inter-Agency Coordination Lebanon (2020); WFP (2020).

7. Child poverty

A multidimensional approach to child poverty and vulnerability – which aims to measure the actual access of children to goods and services that are fundamental for their full development – is an essential complement to standard monetary measurement (see Box 7 1). Among the existing multidimensional measures used by UNICEF are the Multidimensional Poverty Index (MPI) developed by UNDP and the Oxford Poverty

and Human Development Initiative (OPHI), and the Multiple Overlapping Deprivation Analysis (or MODA) developed at UNICEF Innocenti. In Lebanon, studies have shown that developing multidimensional measures of poverty by deriving deprivation indices on the basis of direct, non-monetary indicators can provide comprehensive information on standards of living.⁷⁶

BOX 7-1: Poverty and income dynamics

Global evidence shows that income poverty is not static and “the poor” are not a fixed group in society. While it is common to refer to “the poor” and “non-poor”, in reality, most people in low- and middle-income countries are living in poverty, with per capita consumption below US\$ 5 or US\$ 10 (in PPP terms). Furthermore, incomes are highly volatile as the result of households experiencing risks and challenges or responding to opportunities. The implications of high levels of poverty and dynamic incomes are twofold: first, the vast majority living in low- and middle-income countries would benefit from access to social protection; second, accurately targeting a fixed group called “the poor” is extremely difficult, since those at the bottom of the wealth distribution constantly change.

Source: Kidd & Athias (2020).

Nonetheless, monetary and multidimensional poverty go hand in hand, creating vicious intergenerational cycles of risk and vulnerability. Income poverty in childhood leads to lifelong adverse outcomes with regard to the right to health and survival, education and development, protection, and participation in society. In the absence of adequate, subsidised services, low-income households and families struggle to meet the healthcare and education needs of children and young people, who are also at heightened risk of insecurity and are likely to be excluded and discriminated against in society

and in the economy during their lifetime – further increasing vulnerabilities and entrenching monetary poverty.

This chapter presents a discussion of monetary and multidimensional poverty in Lebanon, based on the limited data available, which is likely to be further out of date in 2021. Instead, the discussion draws on rapid assessments and news articles to depict the prevailing risks and the likelihood of more children and young people experiencing multidimensional poverty at this point in time.

7.1 Poverty and inequality

Up-to-date age-disaggregated poverty headcount data for Lebanon is very limited. Most recent studies extrapolate monetary poverty estimates (using consumption levels as a measure of welfare, or lack thereof) from the last Household Budget Survey (HBS; 2011 estimates released in 2015).⁷⁷ It must be noted that the most recent national figures – based on the 2011 HBS – were derived using a poverty line of 4,729 Lebanese pounds (LBP) per capita per day (US\$ 3.08 in 2021). According to the HBS, in 2011 the poverty rate was estimated to be 27.4 per cent of the total population.⁷⁸ There is no clear methodology for calculating the lower/extreme poverty line in the 2011 HBS.

In 2021, UNESCWA estimated that the multidimensional poverty rate in Lebanon has doubled from 42 per cent in 2019 to 82 per cent of the total population, with nearly 4 million people (approximately 1 million households) living in multidimensional poverty in 2021.⁷⁹

A variety of sources reporting poverty estimates have provided evidence that Lebanon – an upper-

middle-income country – faces a persistent threat of monetary poverty and inequality. According to a UNDP report from 2008 on poverty and income distribution, nearly 27 per cent of the Lebanese population (approximately 1 million people) were living on less than US\$ 4 per day.⁸⁰ Similar figures were later reported by the World Bank in 2013, highlighting that 8 per cent (300,000 people) were living in extreme poverty (on less than US\$ 2.40 per day).⁸¹ Income inequality is also persistent due to severe concentrations of wealth: according to the 2018 World Inequality Database (WID) report, between 2005 and 2014, on average the richest 10 and 1 per cent of adults accounted for 56 and 23 per cent of total national income, respectively.⁸² Meanwhile, the bottom 50 per cent of Lebanon’s population accounted for approximately half of what accrued to the top 1 per cent. According to Forbes (2019), even as the economic crisis in Lebanon intensified, it continued to have the highest concentration of billionaires in the Middle East.⁸³

Geographical inequalities

There are marked spatial patterns to poverty rates in Lebanon: it is estimated that until the onset of the economic crisis in 2019, geopolitical patterns in monetary poverty among the Lebanese population remained as reported in the 2011 HBS. Poverty rates were lowest in Beirut, Mount Lebanon and Nabatieh, and highest in Bekaa, North Lebanon and South.⁸⁴ Beirut and the North represented the highest and lowest consumption levels, respectively.⁸⁵ Geographical inequalities were acute even prior to the Syrian refugee crisis, as access to basic services was limited in areas where impoverished communities resided. Infrastructural and service inequalities can, in part, explain the monetary

inequality across governorates – indicating systemic and structural bottlenecks (to be discussed further in Chapter 0).

Among the Syrian population, in 2020 the highest poverty rates were in the eastern governorates of Bekaa (96.4 per cent) and Baalbek-El Hermel (93.6 per cent), and in the North governorate (91.51 per cent).⁸⁶ The rate was found to be lowest in Beirut, at 71.1 per cent.⁸⁷ Among the Palestinian cohorts, the highest rates of poverty were also found to be in the Bekaa and North governorates, and the lowest were in Central Lebanon.⁸⁸

7.1.1 Poverty headcount among population cohorts

The most recent poverty estimates for Lebanon's population cohorts were all made prior to the COVID-19 pandemic and the Beirut blast, which are anticipated to have pushed more people – including middle-income families – into monetary poverty.⁸⁹ The poverty rates are not comparable due to the use of different poverty lines for each population cohort (see descriptions

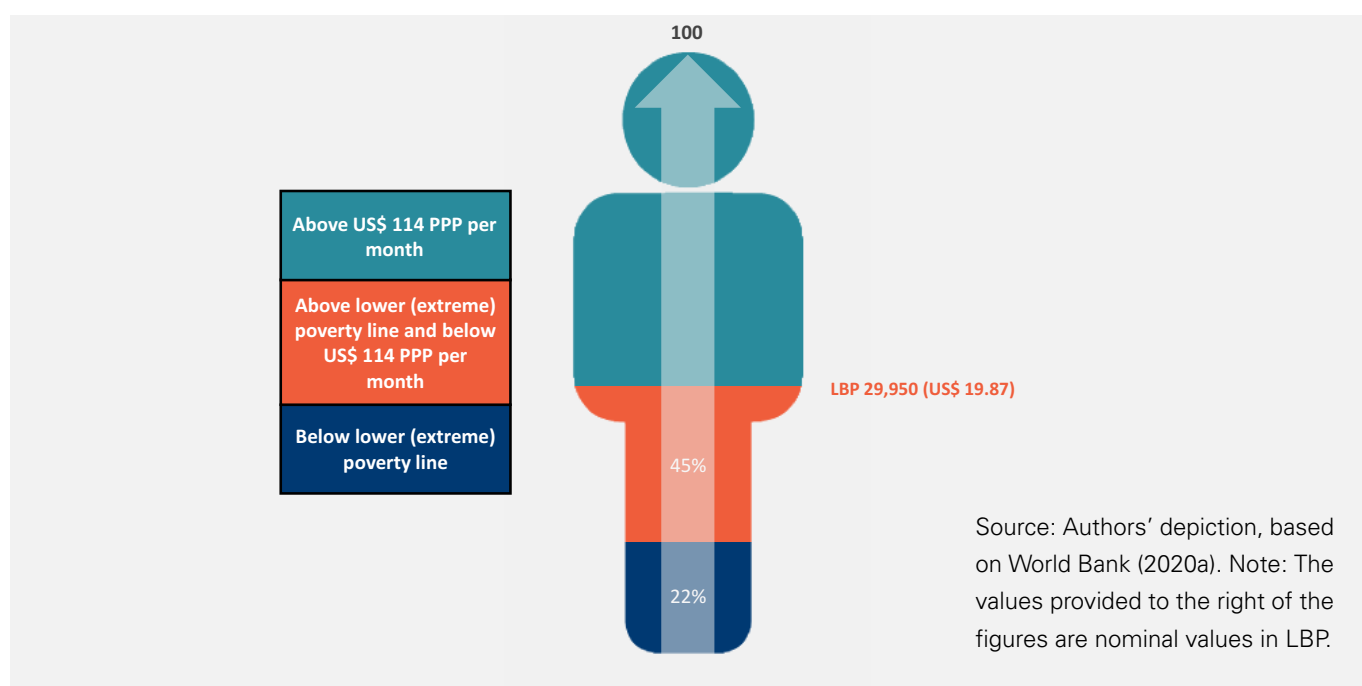
below). However, the figures below offer a visual representation of the relative shares of each population living below, at, or above their respective poverty lines, per person per month: from low- (denoting extreme poverty) and middle-income groups, to those living above the upper poverty lines.

Lebanese cohort

According to the World Bank, in 2019 nearly half (45 per cent) of the Lebanese population were living below the upper poverty line (see Figure 7 1). For the Lebanese population, HBS 2011 extrapolations are used, in the absence of regular assessments. The World Bank uses two poverty lines: a lower (extreme) poverty line and

an upper poverty line (US\$ 114 PPP per person per month). This amounts to approximately US\$ 3.80 PPP per person per day, which sits in between the World Bank's international poverty lines for lower- (US\$ 3.20 per day) and upper-middle-income countries (US\$ 5.50 per day).

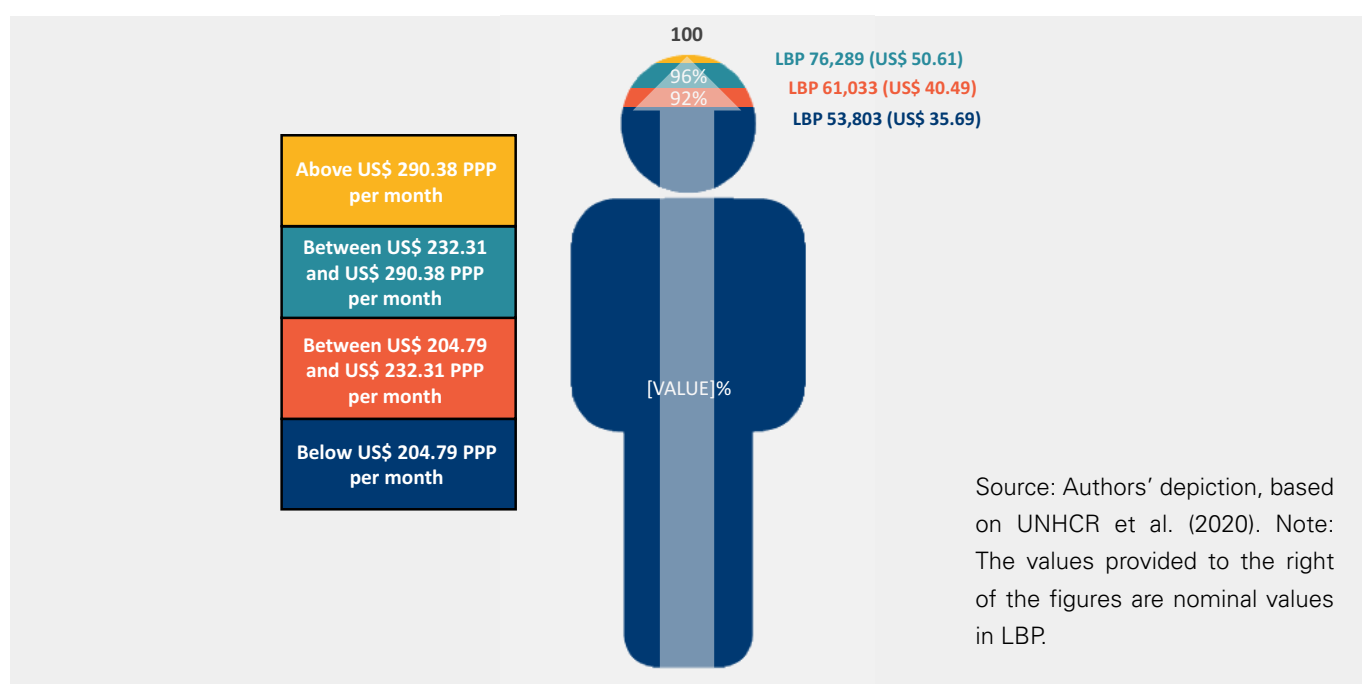


FIGURE 7-1: Latest available poverty estimates for the Lebanese cohort (2019)

Syrian cohort

VASyR 2020 shows that the vast majority (89 per cent) of Syrians in Lebanon are living below the survival minimum expenditure basket (SMEB) level (an increase from 55 per cent the previous year). This is less than half the minimum wage in Lebanon (see (Figure 7 2). VASyR 2020 estimates poverty using a minimum expenditure basket (MEB) and SMEB, which are reference points for humanitarian actors in Lebanon to assess

the components and volume of purchasing.⁹⁰ The four monetary poverty categories include: < SMEB (less than LBP 308,722 per person per month); between SMEB and MEB (LBP 308,722 to LBP 350,200 per person per month); between MEB and MEB × 125 per cent (LBP 350,200 to LBP 437,750 per person per month); and > MEB × 125 per cent (more than LBP 437,750 per person per month).

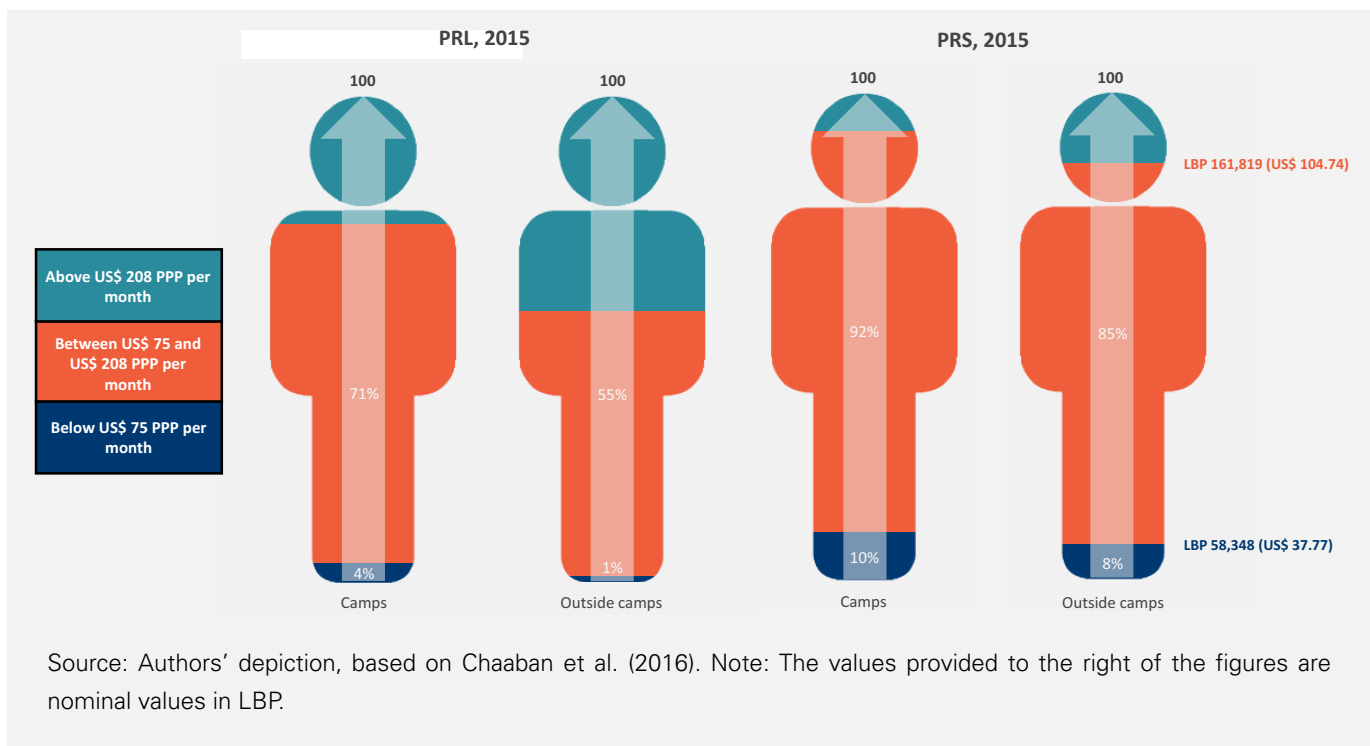
FIGURE 7-2: Latest available poverty estimates for the Syrian cohort (2020)

PRL and PRS cohorts

The 2015 Survey on the Socioeconomic Status of Palestinian Refugees recorded that 71 per cent of PRL and 92 per cent of PRS camp residents are living below the upper poverty line. These figures decrease slightly for those residing outside of camps (55 per cent and 85 per cent for PRL and PRS, respectively). Poverty rates are higher among children and particularly high for adolescents (at 74 per cent), relative

to other age groups. The 2015/16 Palestinian Socio-Economic Survey – the only identified source providing poverty measurements for the Palestinian cohorts – uses an inflation- and purchasing-power-adjusted version of the World Bank’s international extreme poverty and upper poverty lines (below US\$ 75 and 208 PPP per person per month) (see Figure 7-3).

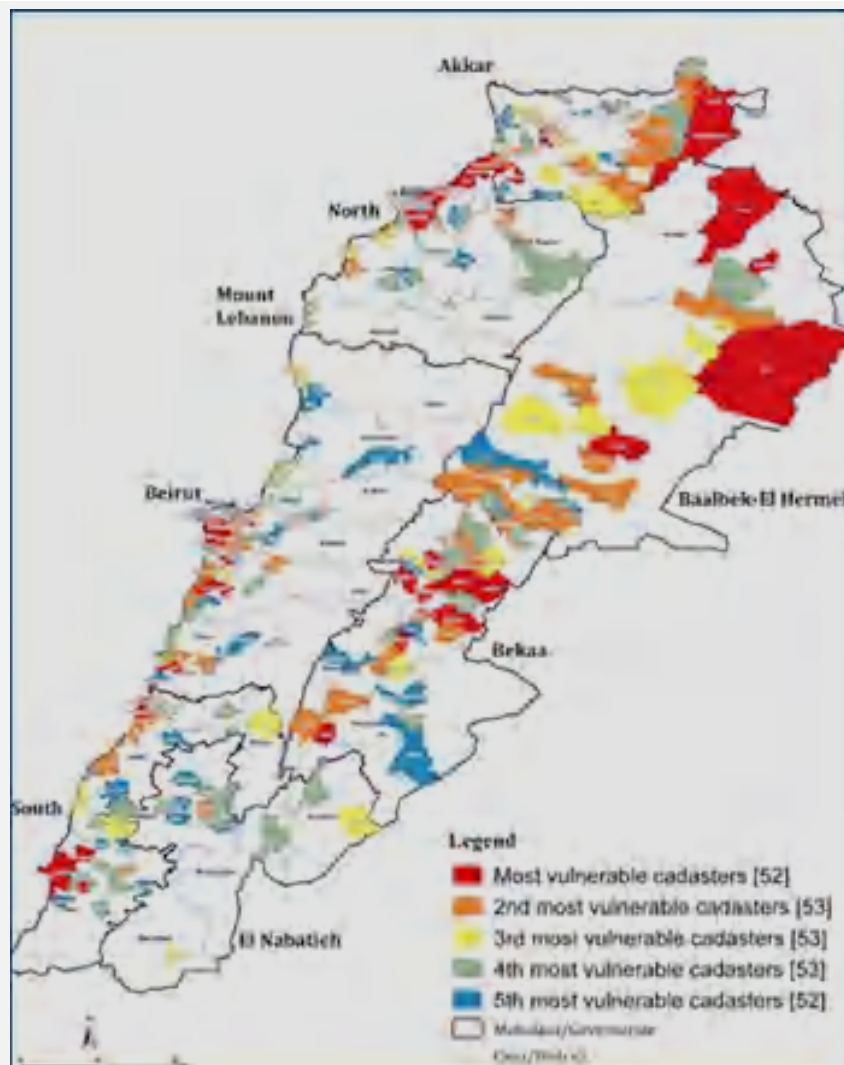
FIGURE 7-3: Latest available poverty estimates for the PRL and PRS cohorts (2015)



7.2 Multidimensional child vulnerability

In 2017, UNICEF refined and updated the 2015 vulnerability mapping completed by Inter-Agency Coordination Lebanon, which identified that more than 80 per cent of disadvantaged families (Lebanese poor and refugees) lived in just 251 of 1,561 localities (or “cadastres”). Using key indicators from the 2016 Baseline Survey, UNICEF LCO developed the Multi-Sectoral Vulnerability Index (MSVI) to specifically assess concentrations or “hotspots” of child poverty

and vulnerability in Lebanon, i.e., making the vulnerability mapping more child-sensitive. The MSVI is a geographical assessment tool that classifies cadastres according to the five levels of composite vulnerability (see Figure 7 44): sector-specific vulnerability (WASH, child protection, health and nutrition, education and social policy) and also comprehensive vulnerability (multi-sectoral).

FIGURE 7-4: UNICEF MSVI map of vulnerable cadastres (levels 1–5, in descending order)

Source: UNICEF Lebanon (2019b). Note: The white areas represent cadastres that are not “most vulnerable”.

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classifies cadastres according to the five levels of composite vulnerability (see Figure 7 44): sector-specific vulnerability (WASH, child protection, health and nutrition, education and social policy) and also comprehensive vulnerability (multi-sectoral).

Of the 251 “most vulnerable” cadastres identified in 2015, the majority were located mainly in the poorer parts of Lebanon that border Syria (North, Akkar, Baalbek-EI Hermel and Bekaa).⁹¹ These geographical trends, similarly to the distribution of monetary poverty across governorates as reported by the 2011.

7.2.1 Multidimensional child vulnerability in the COVID-19 pandemic and compounding crises

By 2021, the number of “most vulnerable” children – particularly of the Lebanese population – is likely to have substantially grown. Hyperinflation and mass unemployment have together led to middle-income Lebanese families falling into poverty and low-income refugee families turning destitute: going hungry, becoming homeless and highly indebted.⁹⁴ According to a Save the Children (SCF) study from August 2020, the collapsing Lebanese economy and subsequent events pushed approximately 564,000 children in the capital alone into multidimensional poverty, with Lebanese families no longer able to afford the basic food, electricity, cooking fuel, hygiene and water needed to survive. Approximately 910,000 people in the Greater Beirut area no longer had sufficient means to purchase basic essentials, including sufficient food.

Since 2020, as the COVID-19 pandemic determined a global health, social and economic crisis, Lebanon has been entrenched in a state of economic collapse and indefinite political deadlock. On 15 March 2020, the Government

of Lebanon imposed restrictions on movement and economic activities under a State of Medical Emergency. Multiple lockdowns have since been enforced to slow the spread of the virus, which have had a significant negative impact on the already struggling economy.⁹⁵ Businesses laid off workers en masse and widespread food insecurity ensued in middle- and low-income groups. Meanwhile, private hospitals were unable to cope with increased demand for healthcare, with shortages of supplies, beds, and even the electricity needed for running life-saving machines. Thus, some refused to receive patients without any form of insurance.⁹⁶

The coinciding of the pandemic with Lebanon’s multiple ongoing crises has been felt most acutely by ordinary citizens. Several media reports and rapid assessments – by both UN agencies and international non-governmental organisations (INGOs) such as SCF – highlighted rights violations faced by families, children and young people in the key areas of nutrition and survival, education, protection, and civic participation (see Box 7 2).

BOX 7-2: Rights violations reported by the media and rapid assessmentsⁱ

Social unrest

Long-term deprivation, the weakened economic state and the halting of socio-economic activities have been the origin of episodes of social unrest and even sectarian violence since June 2020 – often resulting in the violation of lockdown measures – largely fuelled by inability to meet basic needs, such as demand for food.ⁱⁱ The events of 2020 led to heightened perceptions of insecurity across all governorates and population cohorts.ⁱⁱⁱ The fear of COVID-19 spreading was also a cause of rising suspicions and tensions between various communal groups that target adolescent boys and young men to carry out their activities.^{iv} Social unrest and sectarian clashes began in the capital city as far back as June 2020. The Lebanese Armed Forces (LAF) were able to defuse the situation, though dozens of civilians and 25 soldiers were injured in mostly night-time riots.^v

In late August 2020, international news media covered the temporary revival of armed sectarian violence in Beirut and surrounding areas, reminiscent of the civil war. Rocket-propelled grenades and machine gun fire were heard in Khaldeh, south of Beirut, and among a mix of Sunni and Shiite communities. The clashes led to the death of a 14-year-old boy, which was widely documented in media sources.^{vi} In particular, this highlighted the current risk of adolescent boys and young men being instrumentalised for sectarian violence in the midst of political turmoil, as well as the absence of opportunities for education and employment.

Food insecurity and indebtedness

A 2020 WFP assessment of the economic impact of the crises showed that as of June 2020, two thirds of sampled households had faced a loss of income, forcing many to spend less on food, fall into debt or rely on their savings. Families with children and elderly dependants were found to have been most likely to be food insecure since the beginning of the economic crises and forced to employ more extreme coping strategies. The same applied for households that had a member with a disability or a chronic disease.^{vii}

The assessment also found that one in five Lebanese families and 33 per cent of Syrian families skipped meals or went without food for a whole day. Fifty per cent of Lebanese, 63 per cent of Palestinians and 75 per cent of Syrians were worried that they would not have enough to eat. With increasing food prices, anxiety around consumption had increased, particularly among refugee populations. Lebanese families that are larger or have an unemployed household head were more concerned about their ability to feed children.

Informal borrowing, in cash and in kind, has always been common practice in Lebanon, particularly among low-income Lebanese and refugee households.^{viii} However, the share of households in debt due to food needs has increased because of the crises. In 2020, 92 per cent of Syrian households were in debt, with the average debt per household being LBP 1.8 million, up by 10 per cent compared with 2019.^{ix} Households are resorting to coping mechanisms, including cutting out more expensive foods, borrowing foods from other households and reducing portion sizes.^x

In the same period, the media reported that basic items such as butter and vegetable oil were becoming scarce and too costly for middle-income families living in Beirut to afford.^{xi} Many resorted to bartering essential goods and household items (e.g., fridges and microwaves) through online apps. Most low-income families were reportedly unable to afford staple food items such as sugar, rice, lentils, an ounce of meat or even bread, as prices for state-subsidised items continued to rise.^{xii}

Evictions

When the COVID-19 lockdown was first lifted, there were fears of rapid increases in evictions due to the failure to pay rent and, as a result, families going without access to shelter.^{xiii} Refugee families and households are at higher risk, as they are less likely to be able to access the Lebanese judicial system to dispute eviction notices.^{xiv} Approximately 40 per cent of Syrian households that changed accommodation between October 2019 and February 2020 reported doing so because they could no longer pay the rent. A further 25 per cent of Syrian households that changed accommodation within this period reported doing so because they had been evicted. Rental payments are therefore an area of growing social tension between Lebanese landlords and Syrians refugees, as rent is becoming non-negotiable due to the economic strain experienced by both parties.^{xv} Moreover, landlords are increasingly demanding rent payments in US dollars rather than local currency: according to a UNHCR study, in February 2020, 11 per cent of sampled Syrian households had been asked to pay in US dollars.^{xvi}

Source: ⁱ Ferguson-Bouyahi (2020), Molana-Allen (2020), UNICEF Lebanon (2021); ⁱⁱ Downey et al. (2020); ⁱⁱⁱ ARK Group DMCC (2019); ^{iv} Mroue (2020), Reuters (2020b), Trew (2020); ^v Mroue (2020); ^{vi} Reuters (2020b); Trew (2020); ^{vii} WFP (2020); ^{viii} Kukrety & Al-Jamal (2016), UNHCR (2020) (note: households can borrow interest-free from friends, family and members of the community; banks and other formal lending institutions are not preferred due to their high interest rates); ^{ix} UNHCR et al. (2020); ^x UNHCR (2020); ^{xi} Molana-Allen (2020); ^{xii} Azakir (2020); ^{xiii}, ^{xiv}, ^{xv} UN Inter-Agency Coordination Lebanon (2020); ^{xvi} UNHCR (2020).

8. The compounding crises and structural bottlenecks

This chapter presents a contextual analysis of Lebanon's deep-rooted systemic bottlenecks in its ability to uphold and fulfil child and human rights. Barriers and bottlenecks in a country's institutions are further reflected in the weak legislation and policy landscape, disparate quality of services and limited stakeholder capacity, which hamper equitable progress for children and young people. These factors drive persistent income inequality and poverty and shape multidimensional deprivations in access to health, food and nutrition, shelter, education, and protection.

As will be further elaborated in this chapter, Lebanon's compounding crisis factors include its tumultuous history and regional politics, which have led to weakened public institutions; poor investment in and restricted access to public services and infrastructure; and an overall fragile political economy that led to the macro-economic collapse. In other words, the very systems in place to protect and uphold the rights of children, young people and their families are disempowering and have minimised the country's opportunities to benefit from its demographic dividend.

8.1 Dimensions of the compounding crisis

Over the past decade, regional tensions have been exacerbated with the civil war in Syria and sporadic attacks between Israel and Palestine.⁹⁷ In 2020, Lebanon entered a particularly challenging and yet transformational period in its history, whereby younger populations were put at greater risk owing to the collapsing economy, political deadlock and a global pandemic crippling the country's service infrastructure. Together, these complex crisis factors have destabilised Lebanon's political economy, with knock-on effects on its enabling environment for child rights.

Today, Lebanon is in a state of deep compounding crises, facing a severe long-term economic depression, political deadlock, mass unemployment and widespread poverty. The compounding crisis factors stem from four overarching crisis dimensions in Lebanon that have endured throughout its history, periodically

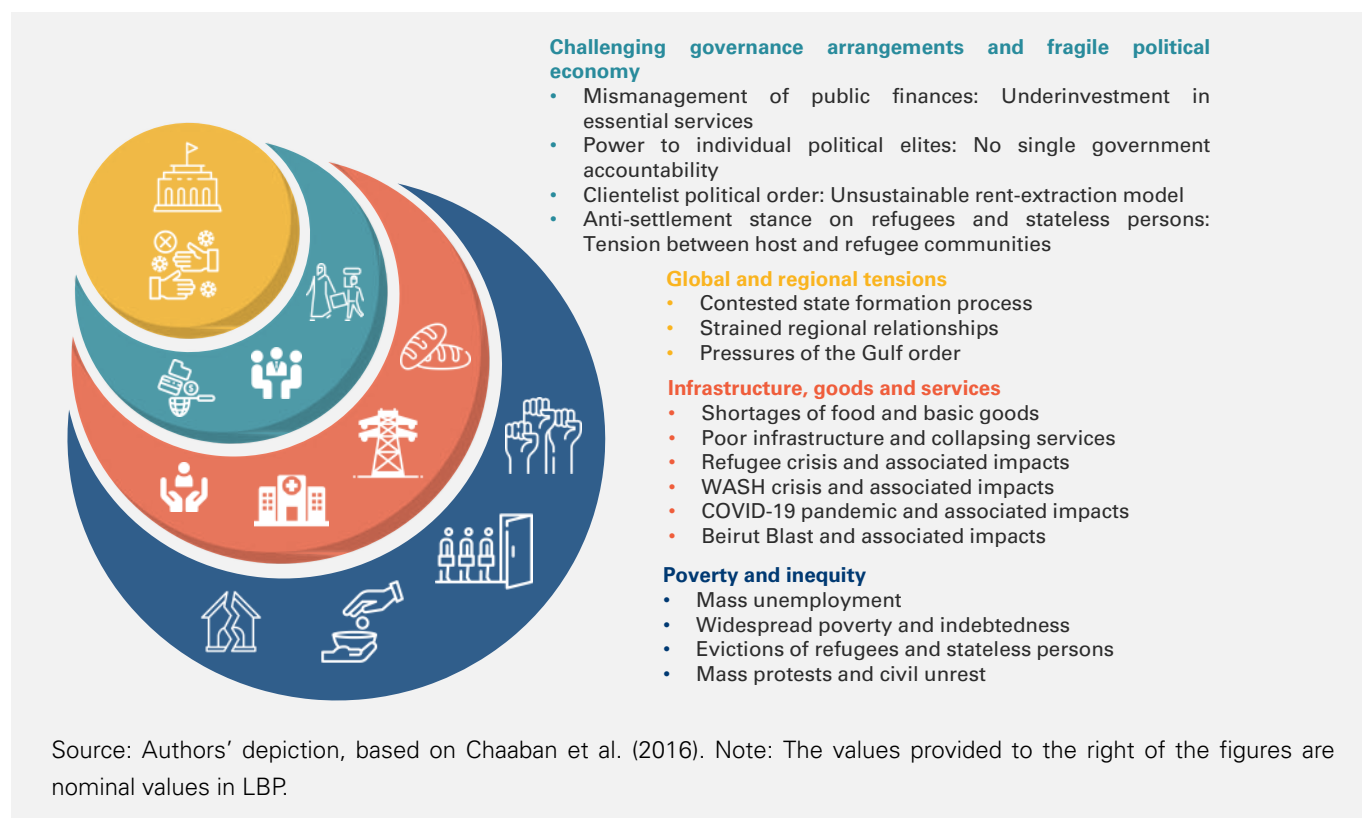
signalling a potential collapse of the system⁹⁸:

- A fractured national identity (making Lebanon vulnerable to regional conflict and tension)⁹⁹
- A weak social contract (undermining public confidence in government)
- Mismanagement of public finances (resulting in inadequate service provision)
- Deep social inequities (perpetuating social instability and civil unrest)

Prior to the current crisis, the last convergence of these factors was in 1975, on the eve of Lebanon's civil war. Figure 8 1 depicts the four overarching dimensions of crisis in Lebanon, and the compounding factors of each. Those impacted by the crisis factors in the outermost level (children and families) are the most disempowered, while those in the innermost level (national figures) are the most empowered.



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FIGURE 8-1: Dimensions of crisis in Lebanon and compounding crisis factors

8.1.1 Regional tensions and the refugee crisis

The history of Lebanon has been shaped by regional instability and conflict, even prior to its highly contested state formation, and the country has inadvertently hosted refugees since independence. Despite this, Lebanon is not a signatory to the 1951 UN Convention Relating to the Status of Refugees or its 1967 Protocol. Rather, the government has taken several

measures to disincentivise the permanent settlement of refugees, in particular those from Syria fleeing the protracted conflict (see Box 8 1). Further, refugees registered by UNHCR are not legally recognised in Lebanon. As a consequence, extensive restrictions are imposed on their right to an identity as well as to housing, employment and access to essential services.¹⁰⁰

BOX 8-1: Lebanon's policy of "dissociation" from the Syrian crisis

As the crisis in Syria came to a head a decade ago, the Government of Lebanon sought to distance itself due to conflicting allegiances among its key political groups. "Disassociation" was viewed as a form of neutrality – essential for avoiding the breakdown of the power-sharing alliance. However, the "policy of no policy" culminated in a series of political deadlocks as political groups defended their positions as a reassertion of their communal identities. Lebanon was anticipated to receive vast numbers of refugees fleeing the war in Syria. The "October Policy" – implemented in 2014 to avoid further cracks in the power-sharing system – marked the government's commitment to reducing these numbers. In practice, the policy shifted the mandate of controlling the border with Syria, as well as managing rising social tensions and responding to increasing demand for services, to municipal governments, reducing local security concerns by empowering the municipal police. Since 2015, regulations have been introduced to enforce curfews, halt the rise of informal settlements and impose salary caps for Syrians – all in breach of international and bilateral agreements between Lebanon and Syria.

Source: Khalil & Bacchin (2015).

During the last decade, the focus of the national government and local governments has been on the Syrian crisis as the primary cause of economic downturn, crippled services and infrastructure, and rising social tensions. While the war did exacerbate security concerns such as cross-border terrorism and trafficking, the systemic crisis that Lebanon rapidly began to experience was only worsened (not created) by a sudden mass influx of refugees.¹⁰¹ With humanitarian aid, Lebanon in fact had increased capital in-flows and the further repatriation of foreign assets.¹⁰² However, the Syrian crisis also brought internal issues to the fore. Long-term deprivation and spatial inequalities in Lebanon were brought into sharp focus in public discourse, pushing the government to adopt short-term poverty reduction measures.¹⁰³

The LCRP (2017–21) was jointly adopted by the Government of Lebanon and national and international partners as a coordinated response to rising economic and social tensions resulting from the mass influx of Syrian refugees in Lebanon, serving as a blueprint for delivering integrated and mutually reinforcing humanitarian and stabilisation interventions.¹⁰⁴ The strategy addressed the need to protect vulnerable and crisis-affected communities, including children, adolescents and young people (who constitute the majority of Syrian refugees in Lebanon) as well as to provide immediate assistance to those communities, support service provision through national systems, and reinforce economic, social and environmental stability.

Sub-national administrations have, however, struggled to cope with the mass migration due to economic stagnation, resulting in exacerbated social tensions between refugee and host communities.¹⁰⁵ Municipalities have relied heavily on civil society and the UN for the provision of essential services including healthcare, education, WASH services and social protection, and to adopt community dialogue measures for easing tensions. Municipal

leadership has also faced the challenge of maintaining patronage among supporters, many of whom argue that Syrians are the priority recipients of key services.¹⁰⁶

Since 2017, UNDP and ARK Group (a development consultancy) have been tracking social tensions between the Lebanese and Syrian populations, based on perceptions of each population cohort.¹⁰⁷ They found there to be a volatile relationship between the two populations, with historical, political and equity dimensions. There were significant concerns among both populations about the coverage and quality of services, particularly healthcare, electricity and access to employment. Yet the Lebanese level of satisfaction with services was not strongly determined by perceptions of competition between host communities and refugees, even as the pressure exerted by increased demand was acknowledged. This is a critical finding that disputes the “scapegoating” narrative applied to refugees and asylum seekers, commonly used to justify political and infrastructural inefficiencies. It also suggests that the Lebanese population recognise that the cause of the bottlenecks in access to services is not the Syrian refugee crisis but rather the long-standing clientelist system.

Despite being recognised as vulnerable communities under the LCRP, Palestinians in Lebanon are impacted less by its strategic interventions. Instead, they come under the jurisdiction of a separate system of governance and service provision (UNRWA), which is vastly underfunded. UNRWA continues to organise communities into camp-style arrangements or informal gatherings characterised by poor living conditions. Many inhabitants continue to face barriers to accessing basic health and social care, education, and employment opportunities.¹⁰⁸ Poor access to essential services and income-generating opportunities is a cause of tension among some PRL communities who consider Palestinian refugees from Syria to be an additional burden on public goods.¹⁰⁹

8.1.2 Fragile political economy

Lebanon's governance system operates on a consociational basis, whereby major internal divisions along religious lines form the basis of a power-sharing arrangement or "alliance". In the face of demographic expansion and mass sectarian mobilisation, disparate national identities have long been used for political leverage by one group over another, often exacerbating rather than arresting the likelihood of internal or civil conflict.¹¹⁰ In the wake of Lebanon's 15-year civil war (1975–89), the historic Taif Agreement (1989) called for devolution and fiscal decentralisation that, in theory, were to empower communities and local governments at the governorate and municipal levels.¹¹¹ In reality, the post-war order gave rise to a far more elitist and extractive power-sharing arrangement, entrenched by a volatile power dynamic between the main confessional groups.¹¹² Only a handful of political elites came to play an integral role in maintaining a stable democracy, by striking a balance between privilege and power-sharing – in other words, incentivising their own confessional group to defend their vision of a national identity, as well as their political significance, through contestation with other groups.

As a result, Lebanon's social contract has come to be based on an asymmetrical relationship involving clientelism rather than on citizens' rights. Citizens can access services and

economic opportunities by virtue of belonging to a particular religious group and supporting its representatives. In return, political actors at all levels cater to their group's needs through sectarian-based welfarism in order to remain in power. Inequities in access to services and human rights are therefore institutionalised, based on one's affiliation to a political-religious identity and geospatial location.¹¹³

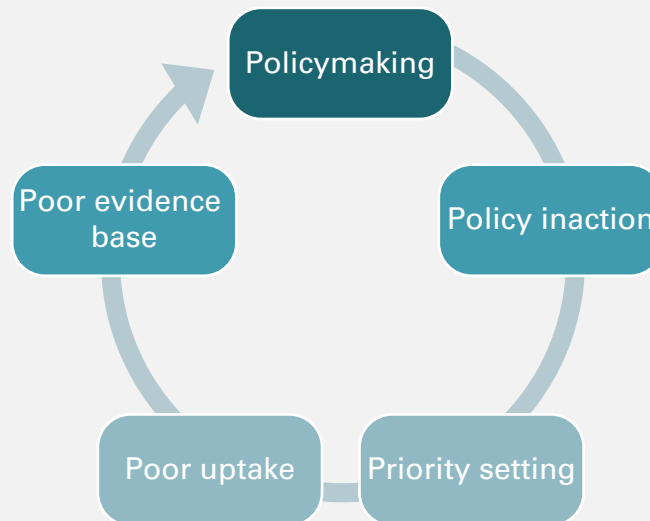
In the post-civil war order, Lebanon has been ruled by a conglomerate of political figures and business elites and organisations, based on horizontal agreements between leaders with individual profit-seeking interests and supported by vertical organisations within each of the 18 confessional groups. Though they are scheduled to occur every four years, elections in Lebanon are not regularly held.¹¹⁴ Instead, the alliance agrees on the transfer of power to a nominated Cabinet. Therefore, while there is high turnover of government, the governance system remains unchanged and in place: it has withstood civil wars and deterred global/Western interests as well as regional power-wielding by neighbouring territories.¹¹⁵ However, as has been experienced since 2020, such a system is prone to frequent political deadlock regarding both Cabinet formation and other key areas of decision-making, including policymaking and the implementation of legislation.¹¹⁶



BOX 8-2: Structural bottlenecks in Lebanon's policy landscape

Structural bottlenecks in Lebanon's policy landscape – shaped by its challenging governance arrangements and fragile political economy – have long undermined the fulfilment of rights. These bottlenecks are commonly referred to as the 5Ps: policymaking, policy inaction, priority setting, poor uptake and poor evidence data (see Figure 8 2).

FIGURE 8-2: The 5Ps cycle of policy bottlenecks



Source: Authors' depiction.

Policymaking and policy inaction

A recent analysis of Lebanon's system for service delivery for children's wellbeing found that there is no common narrative or government-led agenda for integrated services.ⁱ While there is some unanimity across actors and administrative levels regarding the purposes of (better-)integrated services, from the municipal level to the national level there is no single understanding of what integration of service delivery actually means. As a result, the narrative and agenda are mainly led by UN agencies, INGOs and local NGOs.

The policymaking process itself is hindered by the complex power-sharing arrangement and volatile power dynamic. As previously explained, the principles and practices of politicians are shaped by the needs and desires of their confessional group, resulting in deadlock, delays and ultimately policy inaction. High turnover in national leadership is also a hinderance, bringing with it frequent changes in policy direction. These bottlenecks heavily impact the government's ability to fulfil the rights of residents, as well as the work of NGOs and international bodies working to deliver humanitarian and stabilisation interventions, such as UNICEF.

Priority setting

Priority setting is donor driven, as added value is determined by the financial capacity of donors to support the government.ⁱⁱ Joint strategies such as the LCRP 2017–21 were viewed as an important starting point – as best practice in the coordination between the state and non-state duty bearers.ⁱⁱⁱ The joint strategy approach became the precursor to the new 3RF – a comprehensive medium-term-response humanitarian strategy in the aftermath of the Beirut blast in August 2020. It should be noted that while donors actively shape the public policy space, there is minimal investment in policy action or monitoring and accountability mechanisms. In addition, funding is sector-based and as a result, the cross-ministerial and cross-sectoral policy landscape is weak.

While UNICEF LCO has adopted a leading position in the delivery of services, its engagement at the national policy level has been limited.^{iv} It has built strong partnerships at both the national and sub-national levels through which it strives to increase awareness and allocate resources towards realising the rights of children and young people. Priority areas include early child development (ECD), parenting, GBV prevention, Youth for Development (Y4D), TVET, and communication for social and behavioural change (C4D).^v

Poor uptake and evidence base

The continual power-play between political factions and the subsequent weakening of public goods has given way to an overreliance on the private sector, which has ultimately resulted in the poor uptake of national strategies and a lack of standardised services. An absence of data on child and human rights also serves as a key bottleneck in this area. While there is no government-led agenda on the fulfilment of rights in Lebanon, there are emerging experiences from the Syrian crisis that could inform cross-sectoral coordination and improve the uptake of national strategies, such as the LCRP. A starting point would be to standardise monitoring and evaluation (M&E) practices for all service delivery processes. Further, best practices for coordination at the community level – currently spearheaded by municipal councils and mayors – should be identified and strengthened through increased funding and infrastructural support.

Source: ⁱ Cecchetti et al. (2020) ; ⁱⁱ KII; ⁱⁱⁱ Cecchetti et al. (2020); ^{iv} KII; ^v Cecchetti et al. (2020).

8.1.3 Public finance mismanagement and restricted access to services

The allocation of public funds for social services and social protection is the responsibility of six key government ministries, under the umbrella of the Office of the Prime Minister (OPM).¹¹⁷ The Council of Development and Reconstruction (CDR) – also falling under the direct supervision of the OPM – is responsible for government infrastructure projects. Each ministry/body has its own public entities with a variety of mandates and activities.¹¹⁸

In the last three decades, public spending on basic infrastructure and essential services has significantly declined. In 2019 the CDR allocated just 0.9 per cent of total government expenditure to infrastructural investments – down from 4.73 per cent in 2008. Unsurprisingly, the WEF's 2019 Global Competitiveness Report found that Lebanon's quality of infrastructure was one of the poorest in the world (see Table 8-1).¹¹⁹

TABLE 8-1: Infrastructure performance, 2019

Infrastructure component	Ranking (out of 141 countries)
Quality of overall infrastructure	89
Quality of road infrastructure	127
Reliability of water supply	132
Efficiency of seaport services	90
Efficiency of air transport services	91
Efficiency of electricity supply	66

Source: Authors' depiction, based on Schwab (2019).

Similarly, public spending on essential services – including health, education and social protection – is low. In 2006, total public investment in these three areas accounted for just 6.75 per cent of GDP (38 per cent of primary investments and 8 per cent of GDP when including expenditure on pensions and end-of-service indemnities). Social outcomes in these areas also indicate high levels of inefficiency in public investment.¹²⁰

The decline in public spending on basic infrastructure and essential services can be attributed to Lebanon's extractive post-war order and fragmented social contract, whereby a single government is not accountable to all its citizens but individual leaders are patrons to their supporters by virtue of providing limited access to services in exchange for rents. A prerequisite for establishing this system is the proactive

nullification of the concept of “public goods” – for example, water¹²¹ – to entrench the role of rentiers.¹²² As per the post-war order, neoliberal policies were put in place to further weaken service providers (through reduced funding) and thus secure the availability of public goods for distributional contestation among political elites and their circles.

The weakening of public goods has given way to a highly evolved private sector and overreliance on lucrative import contracts for the provision of basic infrastructure and essential services to Lebanon's communities. Ultimately, mass privatisation and elite capture has resulted in poor-quality infrastructure and public services, which has greatly undermined regional development and exacerbated persistent spatial inequalities.

BOX 8-3: Access to energy and electricity

Lebanon's energy sector has long been weak, inefficient and unable to meet (growing) demand.ⁱ In 2018, only 3 per cent of energy consumed was produced domestically, through hydropower and solar water heaters (SWHs).ⁱⁱ The rest is imported as petroleum products or intermittent electricity from Egypt and Syria.

All vital services in Lebanon depend on the provision of electricity, which is plagued by similar issues (and therefore impact the lives of children). State-run electricity producer Électricité du Liban (EDL) – Lebanon's sole public utility – continually suffers from load shedding, technical losses and ageing power plants. It is the most unprofitable utility in the region, with high operational costs and low cost recovery.ⁱⁱⁱ Gaps in EDL supplies have led to the proliferation of privately owned generators – most of which are located within neighbourhoods – to supply residential buildings and small retailers at a monthly fixed subscription fee.^{iv}

In a May 2020, Energy Minister Raymond Ghajar reported that losses from the electricity sector cost about US\$ 1.6 billion in public funds every year, though some reports say they can bleed up to US\$ 2 billion (3 per cent of Lebanon's entire economy and almost half of its public debt).^v One year later, the sector was again bailed out by the government, which reportedly sent for an advance of US\$ 200 million from the central bank.^{vi} In 2021, Lebanon's electricity sector is on the verge of total failure.^{vii}

Source: ⁱ Bouri & Assad (2016) (note: electricity consumption per capita has grown at an average rate of 7 per cent per year); ⁱⁱ UNESCWA (2018); ⁱⁱⁱ Issam Fares Institute for Public Policy and International Affairs (2019); ^{iv} Ministry of Environment et al. (2017); ^v Chehayeb (2021) (note: losses from the electricity sector represent direct costs to users of private generators and indirect losses to the Lebanese economy); ^{vi}, ^{vii} Chehayeb (2021)

What was long perceived as a “necessary evil” for maintaining the peaceful co-existence of diverse groups has now become financially unsustainable. As the alliance grew larger and more complex, rent extraction among those in

power also grew, resulting in a costly trade-off between political security and the economy. However, with the key resources for rent extraction having dried up over the years and the financing of privately owned companies

becoming increasingly difficult, the government has relied heavily on foreign investments and bailouts to fuel the rentier economy.¹²³ By January 2020, Lebanon had become the third most indebted country in the world: debt amounted to 150 per cent of GDP and consumed a third of the public budget, leaving no fiscal space for investment in infrastructure and essential public services.¹²⁴

The crises of service provision

Since 2015, the breakdown of garbage, fuel and electricity, and water supply infrastructure signalled the crisis of the Lebanese “laissez faire” economy (the unregulated rentier economy with the primary purpose of funding the political alliance over all else, including citizens’ rights and welfare).

The year 2015 marked a turning point in Lebanon’s history since the Syrian refugee crisis, when Beirut’s waste management system broke down as an outcome of the corrupt rentier system for allocating service contracts within the alliance. Human Rights Watch (HRW) called the crisis in WASH services a “national health crisis”.¹²⁶ Ever since, the Lebanese population has been deeply polarised, giving rise to new political alliances, contestation by non-sectarian newcomers, and more public strikes and protests.¹²⁷ The “You Stink” campaign was characterised by a popular chant of “all means all” referring to the dismantling of the entire post-war order.

The elections of 2018 officially relayed public

Investment in public goods is a critical aspect of good governance, which guarantees the rights and wellbeing of citizens and residents. Yet in Lebanon, public investment has long been directed towards maintaining patron–client relationships rather than fulfilling those rights. As a result, the continuing mismanagement of public funds has come to serve as a bottleneck to maintaining social stability in Lebanon.¹²⁵

distrust in the political leadership. There was lacklustre participation in the electoral process and infighting had brought the governance machinery to a halt, resulting in negligence towards rising poverty, unemployment and social problems, and failures in public service provision. In 2019, Lebanon witnessed its largest non-sectarian and empowering protests since independence.

Since 2015, rising social unrest has had one consistent message: across the board, all confessional groups and communities have lost faith in the post-war order and the existing political alliance as it has continued to focus on internal disputes over rent extraction, even at the cost of usurping people’s savings and livelihoods.¹²⁸ Attempts were made by members of the alliance (who rejected the call for change) to deem it a “middle-class” protest.¹²⁹ Indeed, the working poor were notably absent, especially those concentrated in agriculture and construction, since the political independence of the main trade union confederation was undercut by political elites in 1997.¹³⁰



BOX 8-4: Structural bottleneck: Piecemeal, reactive service provision by non-state actors

Fulfilling the CRC and achieving equity in outcomes depends greatly on the resources, capacities and enabling environment of relevant stakeholders. In this case, the relevant stakeholders are the rights holders, children and young people, and the duty bearers responsible for fulfilling the rights and needs of children, including families and communities. Duty bearers operating at the national and sub-national levels mostly comprise government actors, donors, the UN, INGOs and civil society (including local NGOs). In recent years, the private sector has also come to be recognised as a key stakeholder.

Duty bearers in Lebanon operate within a challenging policy and programmatic environment. Collectively, these bottlenecks have lowered the impetus for comprehensive child rights and protective legislation in Lebanon, as well as accountability mechanisms for political actors. A legal framework for enabling child rights would recognise – in an official capacity – the roles and responsibilities of the main duty bearers; standardise protocols for addressing child rights violations; and establish better coordination mechanisms for the effective monitoring and redressal of child rights.ⁱ

Currently, the international humanitarian community constitutes one of most influential stakeholders in the country. Lebanon is one of the top ten aid recipients globally (one of three upper-middle-income countries).ⁱⁱ The UN and INGOs offer varying levels of support based on their mandates, largely prioritising the provision of food, shelter, WASH services and, in some cases, methods of livelihood promotion.ⁱⁱⁱ For example, at the national level, UNICEF Lebanon works with MoSA, MEHE and MoPH to strengthen social policy implementation and social protection. In addition, it engages with MoL and Ministry of Justice (MoJ) to expand partnerships for life-course programming. At the sub-national level, UNICEF supports municipalities through social development centres (SDCs), primary health centres (PHCs) and public schools.

At the national level, government ministries and attached public entities receive their budgets from the OPM, reflecting the high-level control of public finances and allocation of funds for social policy.^{iv} Implementation at the national level is, however, hindered by the challenging governance system and the fragile political economy. The overall consequences are high levels of inefficiency in public investment and unbalanced allocation of public resources.^v

At the sub-national level, municipalities bear responsibility for providing essential services to communities.^{vi} However, it should be noted that Lebanon has a highly centralised governance system, with very few decision-making and budgetary powers delegated to those municipalities. Further, high levels of bureaucracy and lengthy decision-making processes at the national level hinder their capacity to provide key services efficiently.^{vii} Municipalities are also plagued by nepotism and are often forced to compete with politically aligned CSOs for funds.^{viii}

CSOs and local NGOs work to fill the gaps in service provision and are at the forefront of the delivery of essential services and in-kind support, for example covering hospital or education-related costs. The web of existing organisations – those with political affiliations – and their exact roles is not well documented. Many are financially supported by MoSA, though funding is typically provided on a sector or project basis rather than covering coordinated multi-sectoral programmes.^{ix} In the absence of a shared vision for filling the gaps left by government, coordination among civil society is mostly reactive.

Sources: ⁱ KII; ⁱⁱ Development Initiatives (2019); ⁱⁱⁱ Kukrety & Al-Jamal (2016); ^{iv}, ^v Salti & Chaaban (2010); ^{vi} KII; ^{vii}, ^{viii} Cecchetti et al. (2020); ^{ix} Cecchetti et al. (2020), Kukrety & Al-Jamal (2016).

8.1.4 Crisis-ridden economy

Lebanon has been an upper-middle-income country since the 1990s, faring better than most bordering countries in terms of gross domestic product (GDP) per capita. Even in early 2020, the country's gross national income (GNI) per capita per year stood at US\$ 13,312.¹³¹ However, these figures have long disguised persistent high levels of income inequality, and ultimately, gross fiscal mismanagement and widespread corruption has led the country into economic collapse.

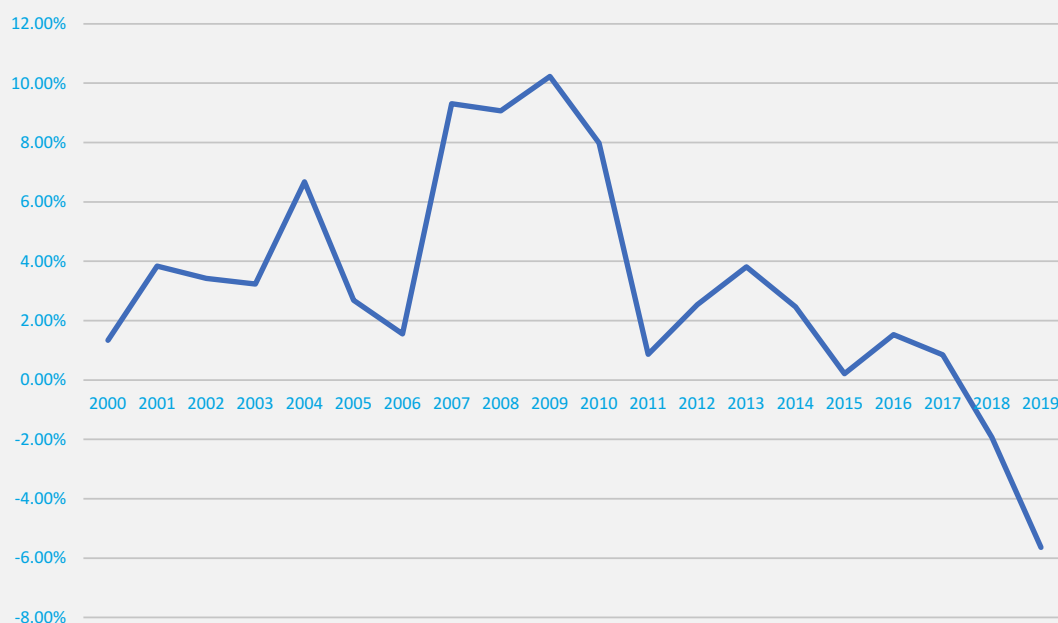
To date, Lebanon has followed a risky *laissez faire* economic model, favouring rentier mechanisms rather than productive economic sectors and subsequently turning to high-risk borrowing and dependence on cash remittances to stay afloat.

In 2008, Lebanon was one of the few countries that seemed untouched by the global economic recession. However, it has become apparent since 2019 that the government and Banque du Liban (BDL, the central bank), were unable to absorb the impact of the crisis – they could only create a debt bubble to delay it. A monetary policy underpinning the Lebanese economy in recent years is BDL's offer of high interest rates to commercial lenders on deposits of US dollars

into Lebanese banks. Their globally competitive rates have resulted in large profits over the years. This move was further buttressed by remittances from a large Lebanese diaspora who emigrated during the civil war in the 1980s but maintain close ties with the country.

Following the 2008 global financial crisis, approximately US\$ 30 billion of capital flowed into the country, mostly because of repatriation by the diaspora. The reduction in global interest rates made Lebanon a competitive destination for the investment of foreign currency. BDL used this inflow to build foreign currency reserves as a means of buffering the economy against potential future financial collapse. "Financial engineering policies" were put in place to simultaneously keep foreign currency reserves high while also bailing out banks. As a result, the immediate aftermath of the 2008 financial crisis saw annual growth of between 8 and 10 per cent in Lebanon between 2007 and 2010 (see Figure 8-3). However, these policies came at a high fiscal cost: high interest rates were applied to attract US dollar investment into the country, but the inflow of funds was not enough to pay this interest and other associated capital costs. Overall, the central bank's net reserves decreased.

FIGURE 8-3: Lebanon's growth rates, 2001–19



Source: Authors' depiction, based on World Bank Open Data Catalog (<https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?end=2019&locations=LB&start=2001>).

Prior to 2010, the economy's impressive growth rate had already become overly dependent on the confidence of investors, who were keen to see quick returns on their deposits into Lebanese banks. With the unfolding political turmoil resulting from the resignation and temporary disappearance of Prime Minister Hariri in Saudi Arabia, and mass protests in 2015, a steady drop in investors' confidence levels disproportionately impacted the economy.¹³⁵ Economic growth rates started to fluctuate, averaging approximately 2.1 per cent between 2012 and 2016.¹³⁶ Without US dollars entering Lebanon through remittances, its ability to subsidise imports and maintain average levels of consumption over time were seriously undermined.¹³⁷

Despite a brief period of economic recovery between 2015 and 2017, economic growth dropped to 0.6 per cent in 2017 and 0.2 per cent in 2018 while inflation averaged 4.7 per cent and 6.1 per cent for the respective years, creating a situation in which average prices increased at a faster rate than average income.¹³⁸ By the end of 2019, Lebanon was in a financially unsustainable position with deep negative growth of -5.6 per cent.¹³⁹

By 2019, BDL's foreign currency reserves were completely depleted, and the rate of inflation continued to rise exponentially, with drastic implications for living costs.¹⁴⁰ In October

2019, banks closed, heavily impacting the functioning of Lebanon's highly cash-based economy.¹⁴¹ Despite being able to delay the financial crisis through efforts to attract newer investments, eventual political turmoil and the Syrian crisis led to a loss of investor confidence. Ultimately, an absence of real value creation and economic growth in the country culminated in an irreversible economic crisis. Frustration at government corruption and negligence has led to significant surge of collective mobilisation nationwide since 2019.¹⁴²

By the last quarter of 2020, it was estimated that GDP had dropped from US\$ 55 billion to US\$ 44 billion, suggesting a 12 per cent contraction in the economy over the past year.¹⁴³ The socio-economic impact of the crisis has been significant, with many businesses being forced to close and many people left unemployed. The rapid devaluation of the Lebanese pound since October 2019 was continuing at the time of writing.¹⁴⁴ The prices for basic items such as food and shelter are reported to have soared by as much as 169 per cent.¹⁴⁵ The high rates of inflation have, in turn, led to an estimated 90 per cent decrease in purchasing power.¹⁴⁶

Recent reports have indicated that the middle class in Lebanon is steadily disappearing, leading to protests, suicides and the bartering of belongings for basic goods.¹⁴⁷

BOX 8-5: Structural bottleneck: No fiscal space to address child poverty

Concluding observations from the most recent periodic review by the Committee on the Rights of the Child (2017) highlighted the urgent need to address the high levels of multidimensional poverty and food insecurity experienced by children in Lebanon.ⁱ It also recommended that the state party strengthen its social protection programmes as a means of improving outcomes for children and poverty reduction strategies.

Despite this, the Government of Lebanon has since undermined its institutional commitments to greater social investment by pledging austerity at a time when the social impacts of the economic crisis were anticipated to be far greater and long-lasting.ⁱⁱ Overall, social sector investment decreased in 2019 to just 8 per cent of total government expenditure.ⁱⁱⁱ Furthermore, the government's Financial Recovery Plan (FRP), released in April 2020, includes only minimal references to welfare and social protection, primarily in the context of implementing safety nets for the "most vulnerable segments of the population".^{iv} As a result, Lebanon's national social protection system remains highly fragmented and heavily donor dependent. Rather than being based on universal entitlement, the system exists largely in the form of poverty-targeted cash transfer schemes, such as the National Poverty Targeting Programme (NPTP).

The key justification for this policy direction is the “lack of fiscal space” to accommodate universal entitlement to social welfare while in the midst of the worsening financial crisis. Currently, the national social protection budget is heavily reliant on regressive universal subsidies for basic goods and services (mostly implicitly through the BDL). However, it was announced in August 2020 that by year’s end, the BDL would stop using its limited foreign currency reserves to subsidise key services and imports (wheat, fuel, medicines and a list of basic foods). In the absence of these subsidies, the prices of goods and services will soar (in line with the international market), ironically adding to the heightened insecurity of the already struggling poor, near poor and middle class – including children.^v

Sources: ⁱ UN Committee on the Rights of the Child (2017); ⁱⁱ Halabi (2020); ⁱⁱⁱ Lebanese Centre for Policy Studies (2020); ^{iv} Government of Lebanon (2020); ^v Mahmalat (2020a).





4

THE RIGHT TO HEALTH, NUTRITION AND SURVIVAL

SECTION 4



There is no active infant and young child feeding (IYCF) policy.

Malnutrition remains a challenge in Lebanon, leading to wasting, stunting, overweight and obesity, non-communicable diseases and, ultimately, increased years lost to disability or child mortality.



Children with disabilities face barriers to accessing healthcare and WASH services, and equal chances to survive and thrive.

With shrinking incomes and job opportunities since 2019, the Lebanese cohort have moved away from using private healthcare providers and towards PHCs – overwhelmingly used by Syrian refugees due to their affordability.



KNOWLEDGE GAPS:

Proportion of women accessing antenatal and postnatal care, and quality of care available.

- Factors for maternal, neo-natal and under-five mortality.
- Under-five stunting, wasting and overweightness.
- Menstrual hygiene, sexual behaviours, and sexual and reproductive healthcare seeking behaviours among adolescents and young people.
- Increase in mental health risks and coping strategies in the midst of compounding crises.

Source: Authors' depiction, based on UNESCO (2013); UNICEF Lebanon (2017a).

9. Enabling environment

This chapter provides a brief overview of the existing policy frameworks relevant for child health, nutrition and survival, and the key actors.

9.1 Policy and legislature: Overview

In 2011, the WHO categorised Lebanon as a country in “early nutrition transition” due to the prevalence of micronutrient deficiencies, moderate levels of undernutrition in some population cohorts and age groups, and growing overweight and obesity in both children and adults.¹⁴⁸ Despite sub-optimal IYCF practices in Lebanon, there is still no comprehensive national policy to guide nutritional behaviours and practices for the first 1,000 days of a child’s life and up to the age of two.¹⁴⁹ A “national programme on promoting and supporting infant and young child feeding”, formulated by the MoPH with support from UNICEF and partners in 2018, has not been executed as planned due to the crises.

In 2016, the MoPH developed the Health Response Strategy (2016–20) with four strategic goals: (1) modernise and strengthen governance; (2) improve public health and promotion; (3) achieve progress towards universal healthcare coverage; and (4) develop and maintain emergency preparedness and health security. The strategy noted several risks to its successful implementation, such as the declining number of staff in the public healthcare system (in 2015, MoPH staff barely exceeded 1,000) and the lack of political commitment witnessed over two decades.¹⁵⁰ It further noted the need for autonomy in the sector, for which a law establishing the autonomy of public hospitals was issued. The strategy also noted

the MoPH's achievements (despite a difficult political environment) in establishing itself as a regulatory body and in making breakthroughs in epidemiological responses, immunisation and improved food safety.

The strategy was subsequently followed by the MoPH's Health Strategy 2025, formulated in 2018. The updated strategy is focused on a patient-centred approach to service delivery, and is based on the five principles of universal coverage, cost minimisation, strategic planning, public-private partnership, and awareness and communication.¹⁵¹ To date, there has been no government reporting on the degree of implementation. For Syrian refugee populations,

the MoPH issued a circular (37/2014) for a health response strategy, coordinated under the LCRP 2017–20 by the MoPH and international humanitarian actors.

In 2015, the MoPH reached a major milestone with the National Mental Health Strategy, which seeks to support evidence-based practice in the healthcare sectors on the provision of appropriate, quality services and overcoming societal biases – also present within the system – towards substance use and abuse.¹⁵² Notably, the strategy put forward a comprehensive plan for integrating mental health and social care services in communities.

9.2 Services: Overview

General family and child health services are provided through the PHCs at nominal fees. These include maternal and paediatric health, dental and oral health, nutrition, immunisation, essential drugs, cardiology, sexual and reproductive health, and treatment of chronic diseases.¹⁵³ Each PHC constitutes at least five clinics and has one qualified doctor, one nurse and one IT specialist. While considered a government service, almost all PHCs are private franchisees contracted by the MoPH and often associated with NGOs, municipalities and even other ministries such as the MoSA.

The PHCs are part of a wider network of 900 private and public health centres under the purview of the MoPH, which has developed strict eligibility criteria for network members and is meant to closely monitor the quality of care and overall service provision. Many of the MoPH's network activities are funded by the European Union (EU) Instrument for contributing to Stability and Peace (IcSP).¹⁵⁴ At a minimum, the MoPH can provide considerable support to the PHCs in the form of free vaccines and essential drugs, and related activities are periodically reported back to the ministry. PHCs in the MoPH network must be committed to school health and health education, environmental issues, and water control (in addition to essential healthcare). The MoPH also offers free capacity-building and educational materials for PHC staff. Each health centre has a defined catchment area

with an average of 20,000 inhabitants, varying from fewer than 10,000 in rural areas to nearly 30,000 in urban areas.¹⁵⁵

Primary family healthcare is also provided by SDCs, which are responsible mainly for the provision of social services to families on low incomes. The type of services offered are not standardised, and each SDC centre offers services, including paediatrics, malnutrition screening, vaccinations, dental care, gynaecology, heart and lung monitoring, etc., based on the available expertise.¹⁵⁶ As of 2017, there were approximately 220 PHCs and 228 SDCs with plans for further expansion.¹⁵⁷

Palestinians rely heavily on the UNRWA facilities, which are overstretched and underfunded, with an average doctor seeing 117 patients per day.¹⁵⁸ Primary healthcare is provided at no cost through UNRWA's 27 primary healthcare facilities, which provide around 930,000 general consultations and 23,000 dental screenings per year. Specialised healthcare is provided at nominal costs, and UNRWA have also expanded access for Palestine refugees through a partnership with the Palestinian Red Crescent Society hospitals. For Lebanese healthcare providers, UNRWA provide a reimbursement scheme for Palestine refugees to access secondary and tertiary healthcare.¹⁵⁹ Palestinian refugees are reported to be most satisfied with UNRWA's services in comparison with other healthcare providers due

to cost factors, although there are claims of lack of clarity on what is covered in the provision of free healthcare by UNRWA.¹⁶⁰

Equitable access to quality healthcare services for all remains an issue in Lebanon that impacts children's health and survival and accentuates intersectional vulnerabilities (see Box 9-1)¹⁶¹. Private healthcare – which provides better-quality services and is well resourced – has high

cost barriers to access for many families living on low incomes. According to a 2017 study, the Syrian and PRS cohorts are less likely to be able to afford private healthcare fees, given higher levels of income poverty. PRSs rely heavily on PHCs for their health needs, and UN agencies and INGOs therefore play a critical role in enabling their access to primary healthcare. Nonetheless, it is widely understood that healthcare is unaffordable for Syrians.

BOX 9-1: Inequitable access to healthcare for children with disabilities

Children with disabilities are particularly disadvantaged in access to essential services, starting with their right to health, survival and wellbeing. Many children with disabilities are likely unidentified in Lebanon, as the country still follows a medical approach to assessing disability based on the severity of physical impairments, as opposed to a needs-based social model that focuses on the barriers faced by people with all forms of disabilities.ⁱ A strictly medical approach lends itself to inherent biases, focusing mainly on physical disabilities and types of impairment. Children with cognitive and intellectual disabilities, and other disabilities that are not easily noticeable to the naked eye, are at risk of being excluded from accessing services and support.

Disability cards have been issued by the MoSA since the 1990s, prior to the adoption of the Lebanese Public Law 220/2000. However, outreach remains extremely low due to chronic underfunding. In theory, the disability card entitles all people with disabilities (including children) to access specialised services including medical care, mobility facilities, disability-friendly housing, inclusive education in both public and private schools, sports activities, employment, vocational training, social services, and legal advice.ⁱⁱ As of 2017, disability cards were issued in just eight out of the 228 SDCs across the country – i.e. one in each governorate. Further, eligibility criteria for accessing the disability card themselves create access barriers. Disability cards must also be periodically renewed, as they are only valid for a period of between two and five years.ⁱⁱⁱ Only Lebanese nationals are entitled to receive the disability card. For refugees with disabilities, UNHCR and UNRWA are the main healthcare providers.

Children with physical disabilities are faced with the poor availability of – and poor access to – rehabilitative services. A committee on health, rehabilitation and support was intended to oversee service provision for children and people with physical disabilities; however, it has never convened. Rehabilitation services such as physical, occupational and other therapies remain scarce, and where available they are associated with high costs due to the minimal coverage offered by the MoPH. The MoPH annually covers the costs of an average of 1,700 people with disabilities, including the provision of equipment cases, technical aids and prosthetic devices such as artificial limbs. However, no information was found on the number of children with disabilities who have access to these benefits. The MoPH and MoSA further provide physiotherapy sessions; however, people are left to bear their own costs for laboratory services and medication.^{iv} Even disability cardholders are denied access to healthcare facilities due to unsettled financial issues between these facilities and the relevant ministries. Therefore, access to healthcare remains restricted to those who have private funds or insurance to cover costs.^v

Sources: ⁱ Combaz (2018); ⁱⁱ UNESCO (2013); ⁱⁱⁱ UNICEF Lebanon & Malmö University (2017); ^{iv} UNICEF Lebanon 2017b;

^v Lebanon DPOs (2020).

The inequities in humanitarian support accentuate inequities in primary healthcare access between refugee and host populations. At the height of the Syrian refugee crisis, host populations developed a strong perception that PHCs are for the poor and refugees, and therefore of poor quality in comparison with private healthcare providers.¹⁶⁴ Yet with shrinking incomes and job opportunities since 2019, Lebanese populations have had to shift towards PHCs due to the affordability of quality services, with an awareness that many doctors work in both sectors.¹⁶⁵ While the PHCs are not supposed to differentiate between different cohorts, they are mostly able to extend subsidies in medical consultations, laboratory tests, immunisations, antenatal care and other reproductive health services and management of chronic diseases only to Syrian refugees, who are covered by UN and other humanitarian agencies.

There is a dearth of secondary and tertiary healthcare such as hospitals in the country. Lebanon's specialised healthcare and pharmaceutical sectors are highly privatised and largely deregulated, with no centralised quality assurance mechanisms in place. Hospitals generally have limited capacity, averaging 54 beds in public hospitals and 84 beds in private hospitals, and are therefore unable to lower the costs of running and managing these institutions (through economies of scale). Most specialised high-tech hospitals are privately owned and

therefore entail exorbitant costs. The availability of basic drugs is also problematic, due to the oligopolistic and unregulated nature of the pharmaceutical market, driven by a politically backed lobby of importers. Pharmaceutical companies are known to rig prices on import invoices and manipulate and restrict the supply of drugs for profiteering. There is no central government laboratory for the testing and approval of such drugs.¹⁶⁶

Secondary and tertiary healthcare costs remain prohibitive for the majority. Over half of the Lebanese population do not have health insurance. There is a lack of uniformity in health insurance coverage, as funding sources are fragmented and eligibility criteria are inconsistent. Child and adult patients suffering from chronic catastrophic illnesses, such as cancer, necessitating chemotherapy and advanced care, and thalassemia, needing transfusion and deferral, are not covered by health insurance companies. In the COVID-19 pandemic, hospitals have been buckling under the burden of high volumes of patients not covered by insurance and able to pay neither the full hospitalisation costs nor subsidised bills. Syrian patients, for example, have to pay only 25 per cent of the full cost of hospital admissions and care, but this still amounts to significant expenses. For Lebanese nationals, the occasional respite is the MoPH subsidy offered for hospital visits on an ad-hoc basis.

10. Outcomes: Progress and inequities

Based on available data and using a life-cycle approach, this chapter discusses the progress and inequities on rights outcomes for children and young people in (1) pregnancy, birth and under-five survival; (2) nutrition; (3) other health risks for adolescents and young people; and (4) access to WASH practices.

Each sub-chapter presents an overview of the status of rights outcomes and the related barriers/bottlenecks and opportunities.

10.1 Pregnancy, birth and child survival

10.1.1 Maternal health, mortality and care

The physical and mental health and wellbeing of new mothers is an important determining factor for child health and survival. In Lebanon, except on skilled birth attendance and maternal mortality rates, there is no recent data available

on most maternal health indicators, including proportion of women accessing antenatal (during pregnancy) and postnatal (within two days of giving birth) care.

In 2017, the maternal mortality ratio (MMR) in Lebanon was at 29 per 100,000 live births, well within SDG targets of 70 per 100,000 live births¹⁶⁷. However, there has been an increase in the MMR for Lebanon since 2011, coinciding with the Syrian refugee crisis.¹⁶⁸ As noted in the previous situational analysis (2017), there are still no exhaustive studies on the causes of maternal mortality. The last nationally representative survey on maternal and reproductive health was conducted in 2004, and there is no systematic administrative data on incidence and causes of maternal mortality in the country.¹⁶⁹ Overall, the country's maternal health services – largely provided by private hospitals – are characterised as having relatively good coverage and equitable access. According to the joint database of the WHO and UNICEF (2016) most births take place in a hospital, with 98 per cent attended by a skilled health worker.¹⁷⁰ Much older studies reported universal antenatal care coverage – for example, 96 per cent of women having had least one antenatal visit by a health worker.¹⁷¹

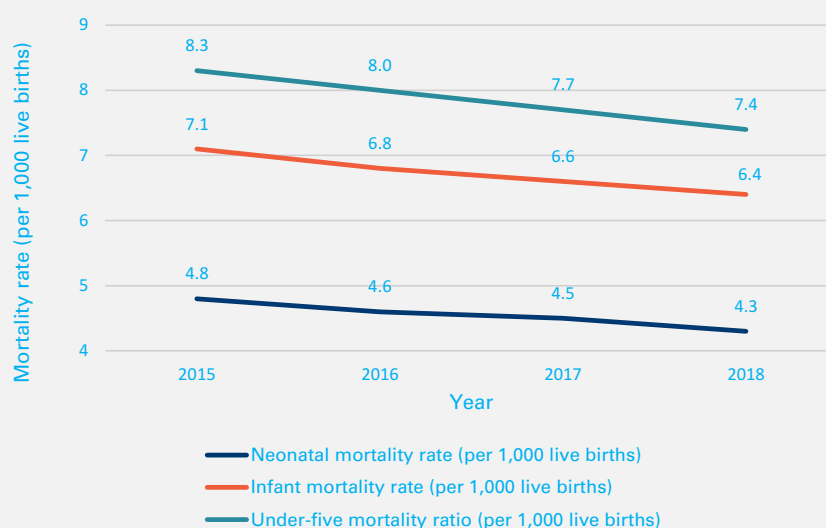
The quality of care is of greater significance than coverage and access to care in arresting maternal and neonatal mortality. While 70 per cent of Lebanese seek five or more antenatal appointments, only half of them seek postnatal care – which impacts chances of survival for newborn babies.¹⁷² As a result of physiological factors during pregnancy and after birth, women can develop mental health issues (pre- and postpartum depression) which can be lessened with adequate care and psychosocial support. However, there is a shortage of psychological first aid and support for pregnant women and new mothers in Lebanon.¹⁷³ The urgent need has only become more evident for those also suffering from post-traumatic stress following the Beirut blast in 2020. Global evidence has shown that depressive symptoms and mental health issues in mothers can lead to premature births and low birthweight.¹⁷⁴ The mental wellbeing and adequate care of mothers is also vital for early childhood health and development.¹⁷⁵

10.1.2 Neonatal, infant and under-five mortality and morbidity

The country is on track to meet SDG targets to reduce neonatal (within first 28 days after birth) and under-five mortality rates to a minimum of 12 and 25 deaths per 1,000 live births, respectively. Lebanon's neonatal, infant and under-five

mortality rates have steadily declined since 2015 (see Figure 10-1). There are no significant gender disparities, and there is no recent disaggregated data available by nationality of cohorts.

FIGURE 10-1: Neonatal, infant and under-five mortality rates in Lebanon



Source: UN Inter-Agency Group for Child Mortality Estimation (IGME) (2019); WHO (2019). Note: The data displayed is the result of a modelled estimate in absence of recent data; see: <https://childmortality.org/data/Lebanon>.

On key morbidity indicators, approximately 74 per cent of children under-five with acute respiratory infection (ARI) symptoms are taken to a health facility for treatment, with higher coverage of girls (76 per cent) than of boys (71 per cent).¹⁷⁷ However, the practice of seeking

treatment for diarrhoea – one of the leading yet easily preventable causes of neonatal mortality globally – is much lower, with only 44 per cent of children under five with diarrhoea receiving oral rehydration salts (ORS). There is no further disaggregated data available.



Immunisation

As with maternal mortality factors, there is no systematic data available on the major causes of neonatal, infant and under-five mortality in Lebanon. An expanded programme on immunisation (EPI) for children is fundamental to addressing many of the underlying factors of under-five mortality and morbidity, some, such as polio, leading to permanent disability. Timely routine immunisation of children is therefore a LCRP priority, in line with recommendations made by the Committee on the Rights of the Child in 2017.

In 2018, the government committed to increasing EPI coverage to 95 per cent and eradicating measles and rubella by the end of that year. Yet coverage rates remained sub-optimal – only 63 per cent of all children had received their second dose of measles vaccine as per the immunisation schedule.¹⁷⁸ In the same year, there was a measles outbreak of over 800 cases: 81 per cent were Lebanese and 19 per cent were displaced Syrians.¹⁷⁹ The MoPH implemented an emergency measles vaccination campaign in 2019, followed by a second phase in October 2020.¹⁸⁰ Since the Syrian refugee crisis began, Lebanon has also had to revive polio vaccinations despite previously being polio-free. The MoPH has garnered international support to establish immunisation posts at the borders with Syria and in UNHCR for screening and immunisation of all arriving children. UNICEF is recognised by the government as a key partner in achieving universal EPI coverage of all children, regardless of nationality.

There are a number of barriers and bottlenecks to universal EPI coverage. Immunisation calendars indicate that children should attend health facilities in order to receive all of the recommended vaccines due before their first birthday.¹⁸¹ Yet, in 2017, a KAP study by UNICEF and Malmö University noted that while the vast majority of carers across all cohorts recognised the importance of immunisation, only 64 per cent of them were aware of the vaccination plan for the first year of a child: 69 per cent among the Lebanese, 55 per cent among Syrians and 42 per cent for the Palestinian cohorts in camps, each with a higher proportion of women caregivers than men caregivers demonstrating the requisite knowledge.¹⁸² Among the Lebanese, the primary reasons for not vaccinating children was the perception of insufficient quality of the vaccines (40 per cent of respondents) and distrust in the clinic's vaccine (20 per cent of respondents). There were logistical barriers as well, with 6 per cent of respondents finding it too expensive to travel to the clinic. Supply-side bottlenecks included insufficient human resources, vaccine shortages at PHCs, and registration and consultation charges applied to immunisation and other routine healthcare services, despite MoPH circulars forbidding this.¹⁸³ Furthermore, there is no specific strategy to address families with children with disabilities, although impairment is considered a contraindication for receiving vaccines at PHCs.

10.2 Nutrition of children and young people

10.2.1 Infant and child nutrition

As of 2018, there is no data on under-five stunting, wasting and overweight prevalence for Lebanon.¹⁸⁴ There is limited nationally representative data on exclusive breastfeeding.¹⁸⁵ Thus, there is very limited data on the nutritional status and micronutrient deficits of Lebanese children.

Low birthweight (i.e. weighing less than 2,500 grams at birth) increases the risks of neonatal mortality, childhood stunting, cognitive developmental delays and subsequent overweight and obesity (both symptoms of

undernutrition) and NCDs in adult life.¹⁸⁶ For Lebanon, the UNICEF-WHO study reported no significant change in the prevalence of low birthweight between 2000 and 2015, at approximately above 9 per cent of all newborn babies.¹⁸⁷

Infant and child (and in fact adult) nutritional status is closely interlinked with nutritional status at birth, which is dependent on the health characteristics and lifestyle habits of the child's parents, particularly of mothers during the gestational period (e.g., maternal malnutrition,

mental health issues, age, etc.). Undernutrition, specifically, puts children at risk of frequent and severe infections and slows recovery, increasing the chances of death.¹⁸⁸ While acute malnutrition has been uncommon, Lebanon's adult population still carry the burden of malnutrition – likely to be exacerbated by growing food insecurity in the country. In 2018, 31.2 per cent of Lebanese

women of reproductive age were anaemic – one of the key indicators of hidden hunger and undernutrition for women and children.¹⁸⁹ In addition, 14.5 per cent of adult men have diabetes, compared with 12 per cent of women. Meanwhile, 37 per cent of women and 27 per cent of men are obese.¹⁹⁰

First six months: breastfeeding

Breast milk is the main critical source of all nutrients, including micronutrients, in the first six months after birth, with no requirement for other foods.¹⁹¹ The UNICEF Baseline Study (2016) and a number of smaller prior studies indicate that exclusive breastfeeding is not preferred by women in Lebanon, across all population cohorts to varying extents.

According to the UNICEF Baseline Study (2016), exclusive breastfeeding among children from birth to five months was most common for children of the Syrian cohort. For the Lebanese and PRL cohorts, male children were more likely to be exclusively breastfed, yet for the Syrian population female children were more likely to be exclusively breastfed. Lebanese children are typically breastfed for nine months (median average), much lower than is typical for Syrian children, for whom the median duration is 16 months. PRL and PRS have similar median durations of breastfeeding of 11 and 13 months, respectively. Solid and semi-solid foods are generally introduced by the age of six to eight months, with 80 per cent of PRL children having been introduced compared with 69 per cent of Lebanese and 54 per cent of Syrian children. The overall low figures and related trends demonstrate an underlying need to promote exclusive breastfeeding as a positive practice.¹⁹²

Breastfeeding practices are closely related to cultural and gender norms. In a 2017 survey, Syrian men and women had the most positive attitudes to breastfeeding, followed by Palestine refugees and lastly the Lebanese cohort.¹⁹³ A 2011 qualitative study found that Lebanese women did not prefer breastfeeding due to fears of weight gain and breast sagging, reduced

employment opportunities, tiredness and lack of sleep, pain, and insufficient quantities of breast milk.¹⁹⁴ An earlier study also quoted concerns among Lebanese mothers about the lack of breast milk, but also misinformed perceptions around the quality of the milk and that it can give children abdominal cramps.¹⁹⁵

For Syrian mothers, those who engage in exclusive breastfeeding cite bonding with their child and economic savings as key determinants of the practice. Many Syrian mothers, however, are unable to engage in exclusive breastfeeding due to poor maternal health, poor baby health, stress or crowding in the home, although they nonetheless acknowledge the benefits.¹⁹⁶ Perceptions, both positive and negative, also play a determining role in engagement in exclusive breastfeeding among Syrian mothers: those engaging in exclusive breastfeeding cite perceptions of increased immunity in the child, leading to diarrhoeal and disease prevention, that result directly from exclusive breastfeeding. Those not engaged in exclusive breastfeeding cite perceptions of transmission of disease from mother to child and a reduction in maternal health. Expectations among both senior and male family members are also determinants of whether women engaging in exclusive breastfeeding.¹⁹⁷ It has also been found that Syrian mothers are increasingly using formula milk due to prescriptions provided following the birth of their children in Lebanese hospitals.¹⁹⁸

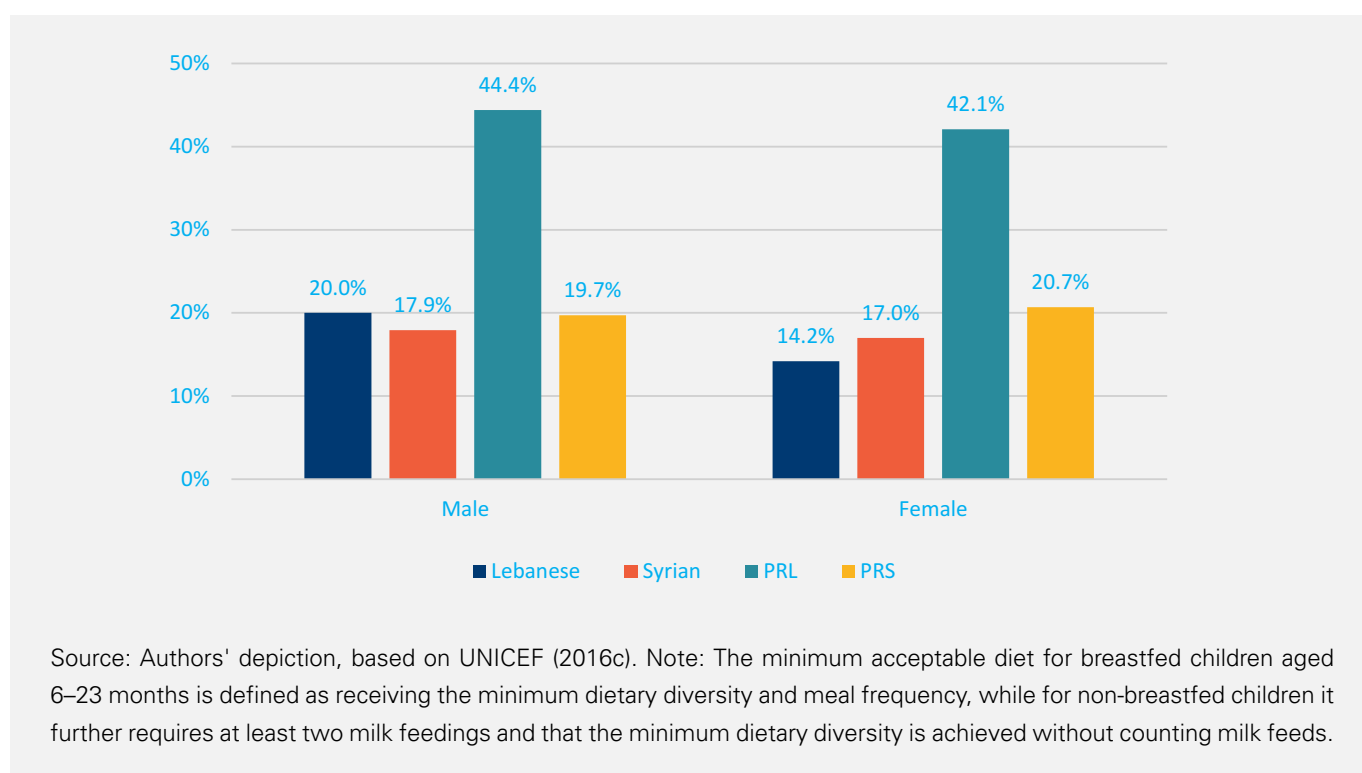
For the Palestinian cohorts, very little evidence exists regarding the knowledge, attitudes and practices that determine the extent of exclusivity and duration of breastfeeding.

Six to twenty-three months: Minimum acceptable diet

The disparities in the proportion of children aged 6–23 months who meet the minimum dietary requirements (for dietary diversity and meal frequency) are stark, with only 20 per cent of Lebanese children and only 3 per cent of Syrian children meeting them (see Figure 10-2).¹⁹⁹ One in five Syrian children under five suffer from anaemia, especially between 6 and 23 months²⁰⁰. Children in the PRL cohort are far more likely to

be receiving the minimum acceptable diet (above 40 per cent), but this is still true of less than half of the sampled population.²⁰¹ For the Lebanese cohort it is also important to note the lower proportion of girl children receiving a minimum acceptable diet relative to boy children. There is no further information on gender differences in IYCF practices in Lebanon.

FIGURE 10-2: Proportion of children aged 6–23 months receiving a minimum acceptable diet, by sex and population cohort



10.2.2 Pre-school and school-going children, and young people: Overweight and obesity

The challenges with feeding practices and a positive health status in young childhood carry over into adolescence and later phases of life. Along with genetic tendencies, lifestyle habits in the family and subsequently among older adolescents and young people determine the prevalence of malnutrition and related NCDs.²⁰²

In 2020, the prevalence of overweight and obese pre-school-age children is expected to have exceeded 25 per cent in the MENA region. In Lebanon, 9 per cent of pre-school-age children are overweight or obese: lower than the regional

average, but a large proportion of the population nonetheless.²⁰³

A 2016 study of traditional dietary patterns and their link with overweight and obesity among pre-school children found that these children were more likely to have a fast food diet instead of a traditional, healthier Lebanese diet if they had better-educated mothers and higher socio-economic status, which further correlated with mothers being overweight.²⁰⁴ On the other hand, the presence of a paid household helper was negatively associated with adherence to a

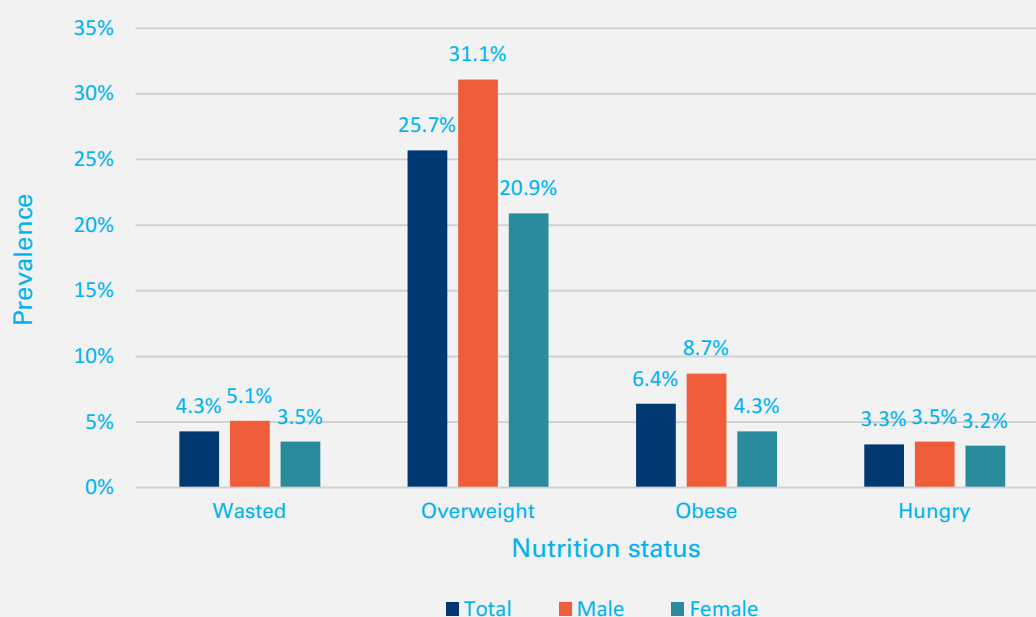
traditional, healthy Lebanese diet for pre-school-age children, but girls were 50 per cent less likely to embrace a fast food diet than boys.²⁰⁵

Lebanese boys and men are more likely to be overweight, with weight trends worsening with age: UNICEF's youth study identified that among those aged 25–34 years, almost 39 per cent of women and 65 per cent of men are classified as at least overweight, with 14 per cent and 22 per cent respectively considered obese. Similar trends were expected in other population cohorts.²⁰⁶ According to the Global Student Health Survey (GSHS) from 2017 (released in 2020), over 30 per cent of surveyed boys aged 12–18 years, mostly Lebanese, were overweight, compared with 20

per cent of girls. It must also be noted that over 4 per cent of students were wasted (too thin for their height), and almost 3.5 per cent were going hungry because there was not enough food at home during the past 30 days (see Figure 10-3).

The consumption of soft drinks is positively correlated with rates of overweight and obesity among older adolescents and young people in Lebanon. Lebanese young people more regularly consume soft drinks than Syrians do (60 per cent versus 31 per cent), while Palestinian young people have even higher rates of obesity, with greater consumption of soft drinks and lower likelihood of eating nutritious food for financial reasons.²⁰⁷

FIGURE 10-3: Students' (ages 12–18) nutrition status, by gender



Source: Authors' depiction, based on WHO (2020). Note: The sample is 92.3 per cent Lebanese, 4.4 per cent Syrian and 1.8 per cent Palestinian. UNRWA schools and second shifts were excluded from the sample, implying that Palestinians and Syrians were not meant to be represented. "Hungry" refers to those who had gone hungry because there was not enough food at home during the past 30 days.

10.3 Other health risks for adolescents and young people

10.3.1 Lifestyle risks and early onset of NCDs

With the exception of UNICEF's 2015 Youth Study and its 2016 Baseline Study, there is insufficient data on the prevalence of NCDs among adolescents and young people, and on lifestyle habits (such as smoking and alcohol consumption) that lead to early-onset NCDs.

For youth in Lebanon, in 2010 age-specific

mortality was at 1.06 per thousand, a 50 per cent reduction over a decade.²⁰⁸ The leading cause of injury and death among young people is road accidents, and rates of traffic fatality are very high by international comparison (15 deaths per 100,000 people).²⁰⁹ However, young people also continue to face a number of 'slow killers' – health risk factors that hold the

potential to become worse with age. The health conditions related to the most YLD for young people are mental and behavioural diseases, musculoskeletal disorders, chronic respiratory disease, injuries, nutritional deficiencies, and other non-communicable diseases.²¹⁰

While Lebanon has a similar prevalence of smokers to the rest of the world, it has one of the highest rates of cigarette consumption, with men smoking on average one and half packs a day (almost 30 cigarettes). Over a quarter (28 per cent) of the younger adult population in Lebanon (ages 25–34) are smokers, and for men alone the rate is 40.5 per cent. Traditional forms of smoking

using a water pipe (hookah, narghile or seisha) are especially prevalent among the Lebanese from a younger age, with almost 4 per cent of 13–15-year-olds having smoked tobacco using these methods.²¹¹ Another study on the MENA region revealed higher-than-average water pipe usage in Lebanon.²¹² Alcohol consumption is also higher among Lebanese 13–15-year-olds relative to other cohorts (28.5 per cent versus 7 per cent of Syrians), owing to less restrictive social and cultural norms. Among adolescents, alcohol use is highest among 16–17-year-olds (21.5 per cent) and much higher among males (23.8 per cent) than females (14.7 per cent).²¹³

10.3.2 Sexual and reproductive health risks

There is insufficient data and understanding of the menstrual hygiene and sexual behaviours of adolescents and young people in Lebanon, across population cohorts.

Adolescent girls are particularly at risk of physical and mental health issues that impact other lifelong outcomes such as learning and participation in society. They are disproportionately vulnerable relative to boys of the same age owing to the prevalence of early marriage, sexual and gender-based violence (SGBV) and abuse, and poor sexual and reproductive health outcomes, including poor menstrual hygiene.²¹⁴

A qualitative study in 2020 on adolescent girls' access to primary healthcare notes the structural barriers that impact their wellbeing: Syrian and Palestinian girls and young women are likely to face discrimination within the healthcare system on the basis on their nationality or legal status.²¹⁵

Further, the overarching restrictive gender norms in these population cohorts limit girls' mobility, decision-making power and autonomy, which become key barriers to accessing appropriate healthcare on time, especially safe and private access to sexual and reproductive health – as issues such as menstruation, sex and pregnancy before marriage, and non-normative sexual preferences carry social stigma.²¹⁶

According to the study, adolescent girls and their carers often have a lack of awareness or knowledge on how to access appropriate healthcare. Menstrual health, for example, which is recognised as a key issue by carers, is not openly discussed by girls themselves. News articles and studies highlight the issue of “period poverty”, as sanitary items for menstrual hygiene are often unaffordable due to lack of disposable income.²¹⁷

10.3.3 Mental health risks

Mental health issues are a concern in Lebanon, and a leading cause of YLDs among Lebanese young people.²¹⁸ There is little up-to-date research on the mental health and coping strategies of families, children and young people currently facing adverse conditions in the country. Outdated research has shown that the mental health treatment gap in Lebanon (the

difference between the number of people who need care and those who receive it) is around 90 per cent.²¹⁹ In light of this, and as signs of depression and anxiety have become more prevalent since 2020, health experts are warning of a national “mental health pandemic” in Lebanon (see Box 10-1).²²⁰

BOX 10-1: The growing risk of mental health issues across the life course

Globally, studies strongly suggest worse mental health and a higher prevalence of mental disorders in populations affected by conflict, crisis, socio-economic inequalities and traumatic events, and also among refugee populations.

Young people are particularly at risk of experiencing mental health problems. Globally, mental health has been listed as one of the top two problems in young adults (along with obesity).ⁱ Evidence has shown that most mental health problems start in childhood or adolescence. A key study in the area found that the average age of onset was much earlier for anxiety disorders (age 11) and impulse-control disorders (age 11) than for substance use disorders (age 20) and mood disorders (age 30).ⁱⁱ However, the Economic and Social Research Council's (ESRC's) 2016 European evidence briefing highlighted that adults and those in mid-life are often ignored and overlooked within mental health policy and research work.ⁱⁱⁱ Studies have since found that mental disorders in mid-life – including depression – are more prevalent than previously reported.^{iv} Nearly one in five older adults also suffer from a mental disorder.^v According to the WHO, the most common mental and neurological disorders among people aged 60 and older are dementia and depression, which affect approximately 5 and 7 per cent of the world's older population, respectively.^{vi} Anxiety disorders affect approximately 3.8 per cent of older people worldwide.^{vii}

Source: ⁱ Jurewicz (2015); ⁱⁱ Kessler et al. (2005); ⁱⁱⁱ ESRC (2016); ^{iv} Johns Hopkins University Bloomberg School of Public Health (2014); ^v, ^{vi}, ^{vii} WHO (2020).

In Lebanon, swathes of the population (including children and young people) are currently facing numerous forms of adversity, which are undoubtedly having a negative impact on mental health. For many adults, the impact of the civil war continues in the form of post-traumatic stress disorder (PTSD), explained by the collective memory and inherited trauma of the violent conflict.²²¹ The 1.5 million refugees living in Lebanon are particularly vulnerable to mental health issues, facing income inequality, discrimination and blame for mass unemployment, among other things.²²² A culmination of catastrophic incidents – including the Beirut blast in 2020 and the fire that erupted close to the site a month later – have also triggered many people's existing trauma. As people face one trauma after another, long-term good mental wellbeing is expected to become harder to attain for many.²²³

According to a study by UNICEF and Magenta Consulting in 2020, in terms of the mental health consequences of the COVID-19 pandemic, refugee caregivers and caregivers of adolescents with disabilities are more concerned about mental health issues, while adolescents themselves

report experiencing a visible impact in terms of a decrease in their psychological wellbeing, owing to isolation, the constant pressure of not putting older relatives at risk of contracting the virus and the long-term impact of COVID-19.²²⁴

The current context of economic collapse and COVID-19 has further unveiled a mental health crisis for migrant workers in Lebanon. The NGO Médecins Sans Frontières (MSF) reported in July 2020 that the majority of migrants who sought mental health support from them were women (94 per cent), and most of them under the age of 30 (61 per cent).²²⁵ More than half (64 per cent) of female patients were of Ethiopian origin, followed by 10 per cent from Sierra Leone.²²⁶ Others came from Kenya (7 per cent), the Philippines (5 per cent), Sri Lanka (5 per cent), Cameroon (3 per cent), Ghana (2 per cent) and Bangladesh (2 per cent).²²⁷ Most lived in private or shared housing (59 per cent), while others (12 per cent) were temporarily hosted by a member of the community and 35 per cent were homeless – particularly the case for migrant workers suffering from severe mental health conditions.²²⁸ It is likely that there is underreporting, as vulnerable migrant workers

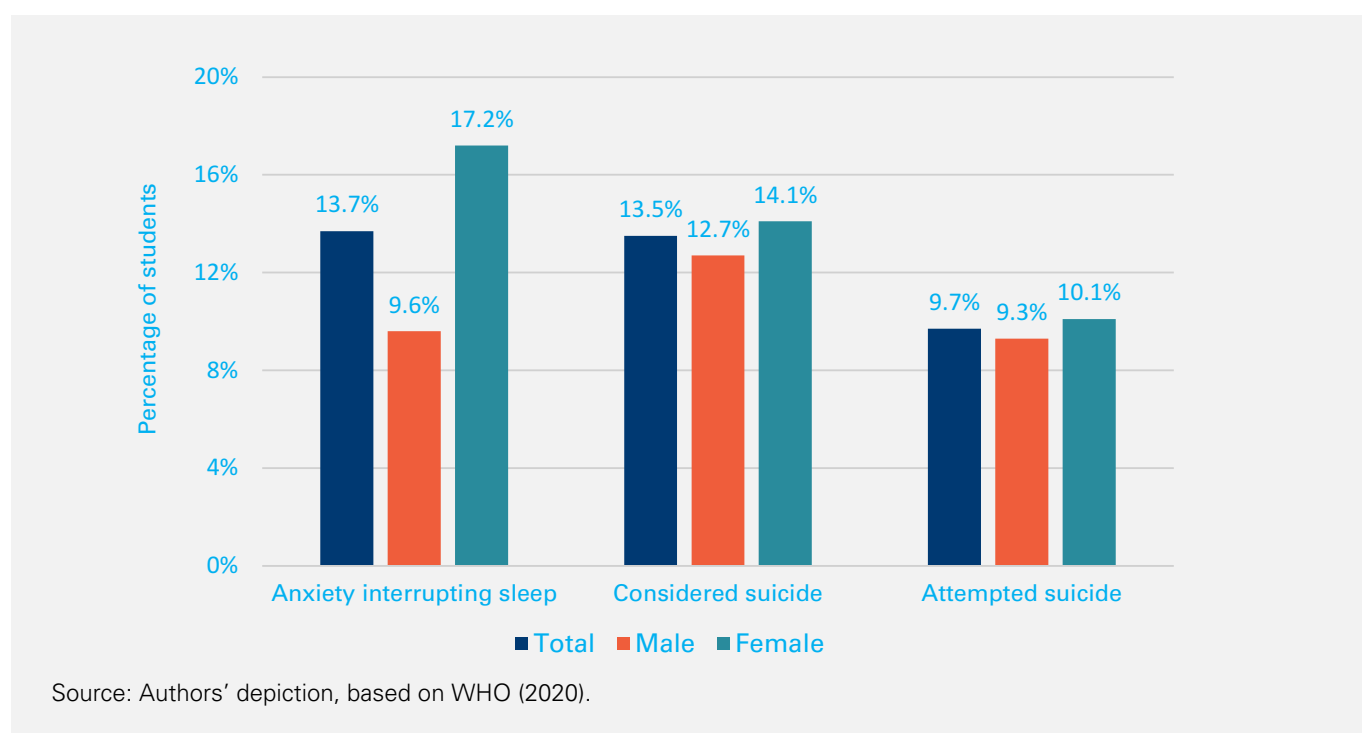
– especially young women working as domestic workers – have extremely harsh living and working conditions, with restricted mobility and privacy.

For adolescents, bullying and harassment are key factors in relation to mental health issues.²²⁹ In the latest GSHS report (2017 figures released in 2020), across all population cohorts, adolescent and young girls are at risk of verbal, physical and sexual harassment. Adolescent girls with disabilities reported facing discrimination and bullying. Verbal forms of harassment are commonly reported by adolescent girls. Sexual

harassment²³⁰ is alluded to, but specific scenarios are not easily discussed due to the sensitivity of the subject in victims' communities.

Mental health issues can also arise as a consequence of being unable to manage physical health and illness. Girls are often unable to attend or continue schooling due to untreated physical illness further exacerbated by its psychosocial impacts. According to the GSHS 2017 survey (Figure 10-4), girls are more likely to suffer from anxiety or to consider or attempt suicide.

FIGURE 10-4: Students' mental health status, by gender (using proxy indicators of anxiety and suicidal thoughts)



Numerous assessments of Lebanon's mental health system have found that while it benefits from several laws and legislations, there are no systems in place to enforce and implement human rights and protective laws for the mentally ill.

Mental health care in Lebanon faces many challenges, including the absence of a mental health act, high levels of stigma surrounding mental health, restricted government funding (which increases the responsibility of the private sector and NGOs in filling the gaps left by the state in providing mental health services),²³¹

a low general health budget, elevated costs of mental health care with inadequate insurance coverage, few inpatient psychiatric units, and a shortage of mental health professionals, including psychiatrists, psychiatry nurses and social care workers.²³²

A supposed critical milestone for Lebanon's mental healthcare sector, the National Mental Health Strategy (published in 2015) sought to address some of these challenges using a cost-effective, evidence-based and multidisciplinary approach, "with an emphasis on community involvement, continuum of care, human rights,

and cultural relevance”.²³³ But there is no national technical committee for mental health providing advice to the government on mental health policy, legislation and service planning. In light of this, there is a need for an accurate

assessment of the current state of Lebanon’s mental health system, with a view to providing a baseline for monitoring change in responses to the adversities that families and children in Lebanon continue to face.²³⁴

10.4 Access to WASH

10.4.1 WASH in communities

According to the 2017 KAP study by UNICEF and Malmö University, family (and thus children’s) hygiene is considered to be the responsibility of women, especially mothers, among all population cohorts. The gendered role of women in maintaining family hygiene is further reflected in the greater importance they place on hygiene practices, such as handwashing, relative to men. Lebanese women are more likely than men to report washing their hands after activities such as diaper changing and before preparing food. Among Syrians, both men and women place similar importance on handwashing practices, although they consider it to be most important after different activities.²³⁵

Access to safe water and sanitation is critical to addressing under-five mortality and morbidity, communicable diseases such as COVID-19, and menstrual hygiene for women and girls. In the absence of improved water sources, vulnerable communities and households have to resort to natural sources which are often contaminated, increasing the risk of waterborne diseases. Seventy per cent of all natural sources in the country are contaminated, with higher levels of contamination in urban, populated areas.²³⁶

In the 2016 UNICEF Baseline Study, the rate of use of improved water sources was relatively high across the sampled population cohorts. Almost all Lebanese and Palestinian households in the sample had access to improved water sources, and 75 per cent of Syrian households had access.²³⁷ The trends in the use of improved and unshared sanitation are similar.²³⁸ Newer migrants are likely to resort to shared sanitation facilities—on average, 7.5 displaced Syrians share one latrine in informal settlements.²³⁹ Results from the first ever nationwide household water quality survey in Lebanon show that the figures on access to safely managed drinking water services are less encouraging.²⁴⁰ Nationally, only 47 per cent of households in Lebanon have

access to low-risk drinking water that is free of faecal contamination.²⁴¹ This proportion is comparable with that observed in permanent-residence households (47 per cent), and higher than the proportion in informal settlements (41 per cent). Water quality is best in households in the Palestinian camps, although still only half (51 per cent) have access to water free from contamination.²⁴²

Geographical disparities in access to improved water sources within cohorts were more apparent: among Syrian households only 3 per cent in Mount Lebanon have access, compared with 41 per cent in Baalbek-El Hermel. For PRS households, in Beirut only 8 per cent use improved shared sanitation, and in Baalbek-El Hermel almost 40 per cent.²⁴³ In a 2012 World Bank study, as many as one in three households in the Northern and Bekaa governorates did not have access to network water.²⁴⁴

Owing to systemic restricted access to services in Lebanon, there are high cost barriers in place to accessing safe drinking water and hygiene products. The vast majority are forced pay very high rents for water supply to their homes. In 2016, the majority of households paid between LBP 10,000 and LBP 50,000 (US\$ 6.50–32.50) per month, but the range of costs varied dramatically, from more than LBP 100,000 to as little as LBP 1,000 per month. A slightly higher proportion of Lebanese households, 89 per cent, were paying to receive water supply compared with refugee populations (79 per cent of Syrians, 77 per cent of PRS and 74 per cent of PRL households).²⁴⁵ Even in Palestinian gatherings, where the vast majority receive water from humanitarian agencies, a UNDP (2018) study noted that 64 per cent of households were purchasing potable water.²⁴⁶ In another study, Syrians also found the cost of hygiene products an important barrier to engaging in appropriate WASH-related practices.²⁴⁷

Access is now even more threatened, with populations facing greater water scarcity and reduced access to quality WASH services due not just to political and infrastructural bottlenecks but also to rising temperatures and environmental hazards (as discussed in Chapter

8). Given that equitable access to WASH has always been a challenge in the most vulnerable communities, those with the fewest resources and the least infrastructure are now likely to also be those most impacted by climate change.²⁴⁸

10.4.2 WASH in healthcare facilities

A 2016 assessment of public health centres in Lebanon found that 61 per cent of facilities had a basic water service, but a quarter of these facilities had faecally contaminated water.²⁴⁹ More than half of the healthcare facilities with unimproved water sources had faecally contaminated water. No water quality data could be collected from the healthcare facilities that had limited services, because they did not have water available at the time of assessment.

The assessment also found that nearly all public health centres (96 per cent) had some kind of sanitation facility; however, only 83 per cent had improved services.²⁵⁰ In all public health centres that had improved sanitation the toilets were usable, and in most cases separate toilets were designated for women and men, and for

staff. But relatively few had menstrual hygiene facilities, and even fewer were accessible to users with limited mobility. Eighty-one per cent of facilities cleaned the toilets at least twice daily and 78 per cent had clean toilets.

In 2016, over one third of healthcare facilities in Lebanon provided basic facilities for menstrual hygiene management (MHM), including water and soap, privacy, and covered bins for disposal; fewer facilities provided additional services such as training on safe disposal of sanitary pads.²⁵¹

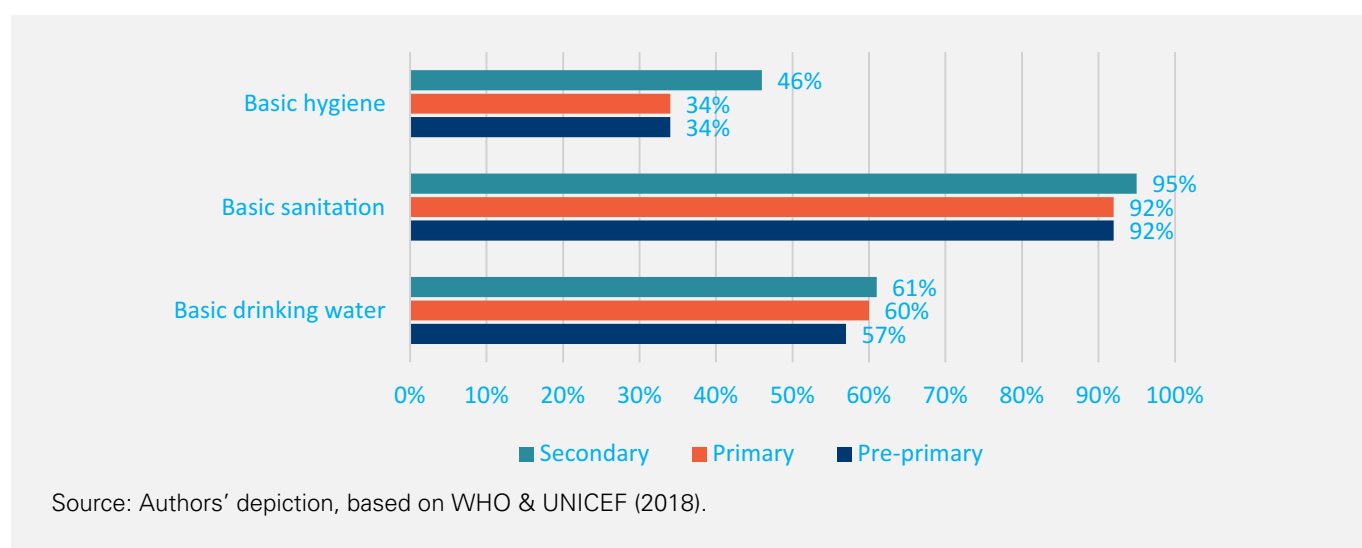
Fewer than one in five facilities had handwashing stations accessible to the youngest children or facilities accessible to those with limited mobility and vision.

10.4.3 WASH in schools

In 2018, the World Development Report highlighted a global learning crisis whereby the focus on education had only on access and not on quality or learning outcomes, which are related to other determinants, such as WASH services, that make schools work for all learners.²⁵² This calls for improved coordination between sectors and relevant stakeholders to improve overall education systems and create a conducive environment for learning, beginning with key facilities such as clean and accessible “washrooms and water” in schools.²⁵³

In Lebanon, schools across all governorates have decent levels of access to basic drinking water (see Figure 10 5), except for Akkar and El-Nabatiyeh (over 50 per cent). In the provision of handwashing facilities, proportions are low; Beirut fares comparatively well with over 50 per cent coverage, while coverage in the South governorate is below 25 per cent. Schools generally have sufficient sanitation facilities and water quality to avoid *E. coli* contamination, enabling a system for detailed assessment of contamination risk.²⁵⁴ This approach will be particularly important in the post-COVID-19 context.

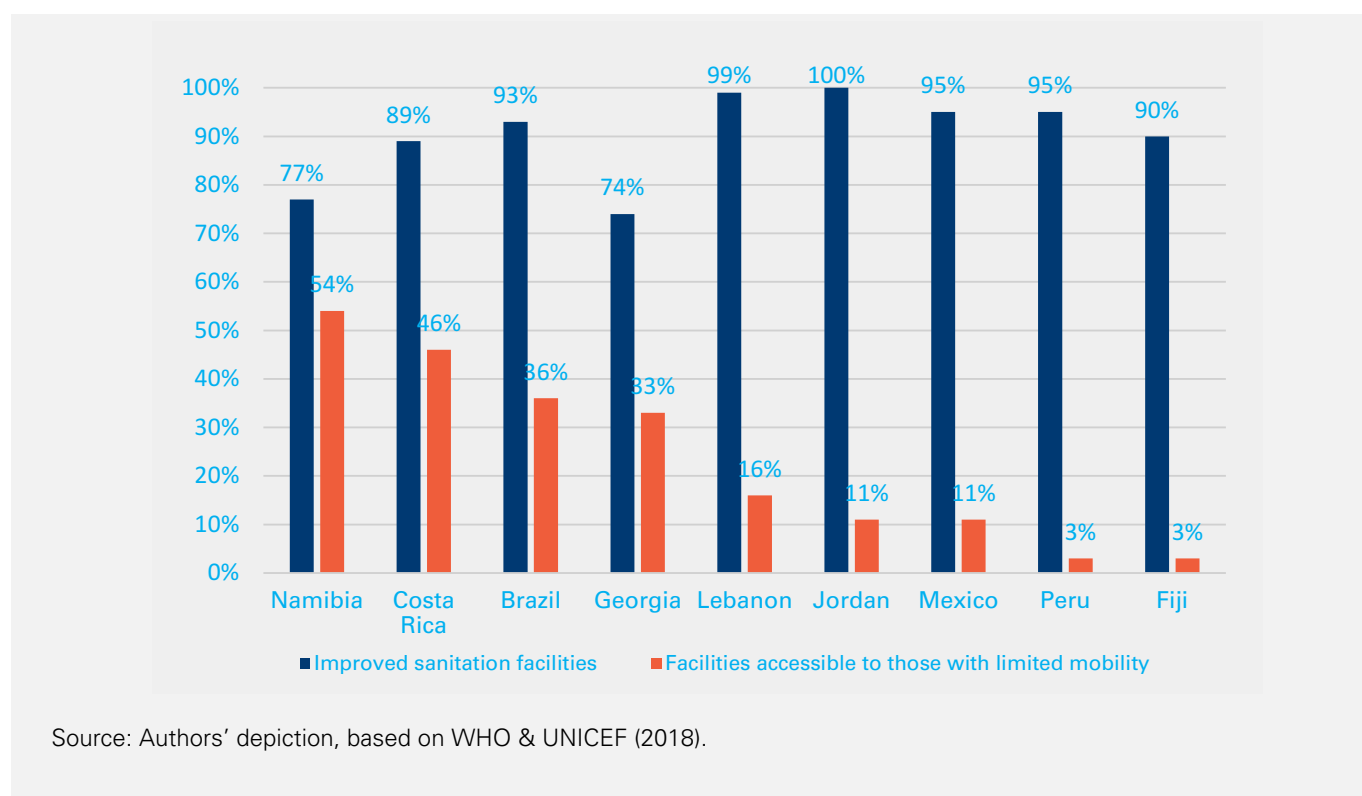
FIGURE 10-5: Percentage of pre-primary, primary and secondary schools in Lebanon with basic drinking water, sanitation and hygiene (2016)



However, Lebanon has a long way to go in improving access to WASH facilities for students with limited mobility (see Figure 10 6). Only 16 per cent of surveyed school WASH facilities

were accessible in Lebanon, a low figure in comparison with other upper-middle-income countries such as Namibia (64 per cent), Costa Rica (36 per cent) and Georgia (33 per cent).

FIGURE 10-6: Percentage of schools with improved sanitation facilities and accessibility of facilities to those with limited mobility (upper-middle-income countries)



11. CONCLUSION AND RECOMMENDATIONS

The limited available data suggests that the risks to child survival after birth – especially the inadequate provision of quality care to the new mother and child, lack of awareness about the immunisation schedule, and poor nutrition – are leading to lifelong health risks, such as the early

onset of NCDs and years lived with disability. For Lebanon, it is not possible to establish the situation of children with disabilities, or whether undernutrition in the first 1,000 days is leading to functional limitations and developmental delays in childhood.

HEADLINE OBJECTIVE 1: Promoting quality care and adequate nutrition for new mothers and young children.

In 2017, the CRC highlighted the need for adequate provision of prenatal and postnatal care in all governorates. The health and wellbeing of women during pregnancy and after giving birth impacts the provision of newborn care and adequate nutrition, which has lifelong and intergenerational consequences.

Priority actions

- UNICEF LCO can build on its existing partnership with the MoPH to build capacity to adopt WHO guidelines on antenatal, postnatal and neonatal care, to ensure not just access but quality of care to reduce maternal and neonatal morbidity and mortality.
- UNICEF should support the MoPH to develop and implement a comprehensive IYCF strategy to focus on family-centred behavioural changes: in the care of pregnant women and new mothers (especially young and underage mothers), including sanitation and hygiene practices; and in the nutritional habits of families across population cohorts.
- UNICEF should support the expansion of quality care service points with trained staff to serve as the platform for promoting exclusive breastfeeding and raising awareness of how to meet minimum dietary requirements in families and communities.
- As key informants have recommended, UNICEF should shift focus away from delivery towards reforming and strengthening governance and management structures within the MoPH for the provision of care, WASH and nutrition services.
- For immunisation, in line with UNICEF's global efforts, health professionals in the MoPH should be trained to not consider disability alone as a contra-indication for immunisation.

HEADLINE OBJECTIVE 2: Ensuring supply of clean water and sanitation facilities to the most vulnerable families, with a focus on adolescent girls.

Water supply and sanitation is one of the most urgent priorities for families and children during a crisis. Studies in Lebanon and globally demonstrate the critical role of WASH, particularly access to water, in achieving a wide range of outcomes linked to improving the wellbeing of children and adolescents but also at the community level.²⁵⁵ Access to WASH has a pronounced gender and intersectionality dimension, particularly in terms of menstrual hygiene needs and having access to safe, private and clean sanitation facilities.

Priority actions

- Building on the healthcare recommendations of key informants, UNICEF LCO should engage with the other relevant ministries for WASH, such as the MEW, to address fundamental structural deficiencies that are leading to the collapse of energy and water supply chains (which are inextricably linked). This entails restructuring the sector, including financing and governance mechanisms.
- In the face of collapsing systems, UNICEF LCO needs to continue working with the public water supply companies to ensure clean water supply to the most vulnerable families at subsidised costs. Families with children and adolescents with disabilities (especially girls in vulnerable families) need to be prioritised, as they are likely to be at higher risk of violence while collecting water or accessing communal sanitation facilities.
- To ensure the supply of affordable menstrual hygiene facilities in schools and public services, and sanitary items for adolescent girls, UNICEF LCO should engage with the private sector in improving the provision of menstrual hygiene facilities – for example, dispensing machines for sanitary napkins and tampons at least in secondary schools and primary healthcare centres.
- While it has been perceived as the service delivery organisation in sectors such as WASH, UNICEF LCO's longer-term impact will be as a supporting, advocacy and capacity-building organisation for local government and CSOs, through its highly successful local government strengthening and integrated service delivery programmes at the sub-national level.

HEADLINE OBJECTIVE 3: Responding to the anticipated mental health emergency in Lebanon's compounding crises.

Priority actions

- The prevalence, scale and impact of worsening mental health in families and among children and young people must be urgently identified.
- UNICEF LCO must support the MoPH in the implementation of the mental health strategy, primarily through C4D activities in the healthcare system, and with parents and communities to change mindsets towards mental health issues. The LCO should also support capacity-building activities to empower healthcare staff, school staff and parents to recognise early signs of young children needing psychosocial support.
- UNICEF LCO must work more closely with OPDs to highlight within communities the mental health needs of children and young people with existing disabilities and difficulties, especially mental and intellectual disabilities – who are least likely to be identified under current medical assessment procedures.



5

THE RIGHT TO EDUCATION, LEARNING AND DEVELOPMENT

SECTION 5



The education system has been under strain for well over a decade, and was already in decline before the Syrian refugee crisis.

Lebanon has the lowest levels of investment in education in the MENA region (just 6 per cent of total public spending); this goes largely on teacher wages.



Lebanon has not yet adopted an inclusive education model.

For refugee children, “hard barriers” to accessing education include poverty and lack of awareness and safety.



Wide disparities between public and private schools in the quality of teaching and learning environments, and thus learning outcomes of students.



KNOWLEDGE GAPS:

- Up-to-date data or literature on the developmental challenges of pre-school children.
- School readiness approaches and activities in Lebanon.
- Access to and quality of community-based early childhood learning (ECE) initiative under the RACE II strategy.
- Enrolment, dropout and attainment rates for children with disabilities at pre-primary, basic, secondary education levels.
- Number of young people not in education, employment or training (NEET).

Source: Authors' depiction, based on Delage (2020).

12. Enabling environment

This chapter provides a brief overview of the existing policy frameworks relevant for child health, nutrition and survival, and of the key actors.

12.1 Policy and legislature: Overview

In 2011, MEHE responded to the emerging Syrian refugee crisis with enormous foresight, establishing Reaching All Children with Education (RACE) as the main public education strategy, with the aim of reaching vulnerable Lebanese populations and Syrian refugees. After two phases of implementation, RACE I (2014–16) and RACE II (2017–21), the strategy is set to be replaced in 2021. The MEHE has

already formulated a draft education sector plan for 2021–25, Building Lebanon's Human Capital through Resilient, High-Quality Public Education, with an accompanying draft strategy and distance learning plan, Lebanon's National Action Plan for Remote Learning System (2021), which would respond to the structural shifts occurring in the system due to the recourse to online learning in the aftermath of COVID-19-related restrictions.

The RACE II strategy was developed as part of a wider stabilisation and coordinated crisis response (the umbrella strategy being the LCRP 2017–21) to the Syrian refugee crisis. The aim of RACE II has been to address the needs of all children and adolescents in the midst of the continued refugee influx since 2011. The strategy aimed to organise adequate resources through external funding and address increasing capacity gaps. Funding support amounted to US\$ 1.75 billion over five years.²⁵⁶ RACE II sought to align with the Sustainable Development Goals Vision 2030, using improved quality and inclusive public education as a pathway to addressing wider child rights and protection issues for vulnerable school-going children and adolescents (3–18 years), irrespective of their nationality. The focus of the strategy has thus been on providing early

childhood education; improving the quality of teaching services for primary, secondary and vocational education; and equipping children and young people with effective life skills. There are, however, no explicit provisions for expanding quality disability-inclusive education.

Together with UNICEF LCO, under the RACE II initiative and in line with Lebanon's Sustainable Development Goals Vision Document 2030, the MEHE also formulated the National Strategy for Alternative Education Pathways (2017–21). The ambitious strategy attempts to establish the scope of efforts towards regularising non-formal education (NFE), increasing student retention within the education system and equitable access to lifelong learning for vulnerable children and young people.²⁵⁷

12.2 Services: Overview

Overall, the education system has been under strain for well over a decade and was already in decline before the Syrian refugee crisis. Lebanon has the lowest levels of investment in education in the MENA region, of just 6 per cent of total public spending; this is largely spent on teacher wages. There was in fact a proposed pre-crisis reform plan aimed at changing the education system, but financial/budgetary and technical weaknesses limited the scope for change.²⁵⁸ The underinvestment for over two decades has led to an overreliance on the private sector, although the recent economic crisis is driving a shift back towards public sector provision.²⁵⁹ The private sector is therefore the largest provider in general education: prior to 2020, it catered to 70 per cent of the demand for primary education, although 2021 estimates suggest that it now caters to around 60 per cent.²⁶⁰

Since then, through the comprehensive five-year RACE II strategy, the MEHE has conducted a number of key activities, opening all 1,300 of its public schools to accommodate thousands of eligible refugee students; structuring and operationalising a network of regulated non-formal programmes; launching a child protection policy in schools; recruiting additional teachers and health and psychosocial support (PSS) staff and training them on protection awareness, skills and positive discipline; and rehabilitating several schools in need. Increasingly operating

in double shifts since 2014, the Lebanese public system now hosts on average around 210,000 refugee students (between the grades of KG and Grade 9).²⁶¹

UNICEF LCO was instrumental in supporting the MEHE to launch an inter-ministerial child protection policy, and in the roll-out of a protection policy for students in educational institutions. In 2020, 600 out of 1,200 public schools have been covered. Over the period 2018–19, UNICEF ensured that schools had dedicated child protection focal points and roving PSS staff and supported the training of wider school staff on issues of child protection and GBV.²⁶² In 2017/18, UNICEF supported the MEHE to enrol 213,358 refugees and 209,409 of the most vulnerable Lebanese children in public schools.²⁶³ For children who did not qualify for places in the public education system, 39,000 of them were supported with alternative non-formal learning opportunities, and relevant learning and recreational materials were provided. UNICEF LCO further invested in updating the national teacher-training frameworks to encourage a more child-centred pedagogy.

As part of the MEHE's alternative pathways to learning, there was an expansion of provision of NFE opportunities for children and young people. For example, to support children to enter formal primary education, community-based

ECE (CB-ECE) centres have been established for children aged 3–5; basic literacy and numeracy (BLN) interventions for children aged 10–17 with no prior learning; and Accelerated Learning Programmes (ALP) for children aged 7–17 and even those with BLN. For access to formal secondary education (grades 10–12), the MEHE has set up ALP Secondary. However, similar learning programmes have not been established by the MEHE for further learning

– except for BLN Youth.²⁶⁴ Between 2013 and 2017, approximately 50,700 children were enrolled in NFE programmes (approximately 10,000 per year), the majority of whom were members of vulnerable or refugee families. The MEHE has also attempted to institutionalise psychosocial support in classrooms through the Better Learning Programme (BLP) as a flagship initiative, and has provided transportation allowances to NFE students.²⁶⁵

12.2.1 The formal education system

Equitable access to quality education for all in Lebanon is not yet a reality due to the make-up of the education sector, which serves a better educational and learning experience to children and young people from better-off families that can afford to pay. There are further imbalances in access to higher education.

Educational institutions under the MEHE can be broadly categorised into public, private and private-subsidised (by government).²⁶⁶ The PRL and PRS cohorts access UNRWA schools, which come within the purview not of the MEHE but of the UN and the international community.²⁶⁷

The education system is dominated at all levels, except secondary schools, by the private sector, and there are significant disparities in teacher/student ratios across the main types of schools, impacting quality of teaching and learning. Prior to 2020 there were approximately 2,903 schools in Lebanon, of which 43 per cent were public schools, 54 per cent were private schools and 2 per cent were UNRWA schools (see Box-12 1 for an overview of the system). In 2020, the private sector schools enrolled 55 per cent of the total number of primary and secondary students (3–18 years), while private-subsidised schools enrolled 14 per cent.²⁶⁸



BOX 12-1: The education system in Lebanonⁱ

The education sector in Lebanon consists of pre-primary education and three cycles of basic education: secondary education, higher education and vocational training.

- **Pre-primary education is provided by kindergartens (KGs) for children aged three to five years. It is not compulsory. There are three levels at this stage: KG1, KG2 and KG3.**
- **Basic education is for students aged 6 to 14 (lasting nine years). It is structured in three cycles: two three-year cycles of primary education (for children aged 6 to 11), and one cycle of lower-secondary education (for children aged 12 to 14). The primary education cycle consists of six years of study, split into two sub-cycles of three years each, and the lower-secondary cycle consists of three years of study. The studies culminate in an examination to receive the basic education graduation certificate (brevet).**
- **Secondary education is for students aged 16 to 18 and comprises three years of study, at the end of which students sit an official examination that leads to the different baccalaureate options, offered in two pathways: general education and technical education. Secondary education is not compulsory. For the first year, all students follow the same curriculum, while the second offers two options (humanities or sciences) and the third provides four pre-specialisation options (arts and humanities, sociology and economics, life sciences, or general sciences). At the end of secondary education, students with a baccalaureate may pursue higher education at university.**
- **Vocational training (or TVET) is organised into three levels, with the vocational diploma (Certificat d'aptitude Professionnelle, CAP) awarded following two years of study, the vocational brevet two years later at the lower-secondary level and the master's diploma in vocational training (renamed the vocational baccalaureate, Baccalauréat Technique or Technicien Supérieur) at the secondary level. There is a single basic vocational training cycle for some entirely manual occupations. Students with a technical baccalaureate may enrol in higher technical institutes.ⁱⁱ**

Source: ⁱ UNICEF Lebanon et al. (n.d.); ⁱⁱ UNICEF Lebanon (n.d.).

There is a significant gap between the quality of education offered by public and private schools, particularly at the basic education level. Yet the public school system is the only option that vulnerable Lebanese families can afford. Prior to 2020, most Syrian children aged 3–18 years were enrolled in public schools (78 per cent), followed by private-subsidised and private schools (22 per cent).²⁶⁹ The public school system is also overburdened. In the early years of the Syrian refugee crisis, the increasing numbers of refugees meant that many schools engaged in an afternoon “second shift” in which a second group of non-Lebanese children would have the opportunity to attend school and participate in a condensed version of the Lebanese curriculum. Whereas 88 public schools offered this option in school year 2013/14, 313 schools were offering it by 2016/17.²⁷⁰

For the public education system, the MEHE and the Education Centre for Research and Development (ECRD), the public institution responsible for all educational and pedagogical matters, have not developed a sustainable mechanism for periodic revision of the school curricula. The current standards, protocols and guidelines for writing, producing and assessing school textbooks are insufficient, and they are unable to support a process of regular curricula revisions and reforms. There is in fact no unified curriculum, and existing ones are now outdated in the face of COVID-19, as there was no prior consideration of how to modernise and enrich pedagogical approaches with the use of information and communications technology (ICT).

The lack of an appropriate teaching and learning environment starts early at many public KGs with poor infrastructure and especially those located in worse-off governorates, therefore creating structural disadvantages for students from vulnerable communities less able to learn and excel. At later stages, public school environments are not able to meet a minimal acceptable standard in terms of safe infrastructure, provision of essential facilities and necessary equipment, and availability of sufficient resources for instruction and study – all of which directly impact both teacher and student performance. There is an insufficient supply of computer facilities and related hardware and software public schools, depriving children and young people of what they need to be equipped to thrive in the digital age. Lastly, while there are also chronic shortages in the teaching of some subject areas on one hand, there is a misallocation and oversupply of teaching and administrative staff in public schools on the other, leading to one of the lowest teacher/student ratios in the region.²⁷¹

12.2.2 Inclusive education

Overall, children with disabilities are denied their right to healthy development and learning in Lebanon. Children and young people with disabilities face social, logistical and economic barriers in enrolling in and attending Lebanese schools and educational institutions. The Lebanese state has failed to implement the provisions of Law 220/2000 regarding the right to education and development for children with a disability, who have very limited access to both private and public schools. This is despite the existence of a committee that is legally established to optimise conditions for children registered as having a disability, in order to facilitate their participation in all classes and tests.²⁷⁶ Children with disabilities are often sent to live in separate institutions that are not subject to the monitoring of the MEHE. According to the LCRP 2021 update, only 70 per cent of respondents perceived that children with physical disabilities should be integrated into society and participate in the life of the community. Furthermore, only 25 per cent of respondents perceived the same of children with intellectual disabilities, pointing to prevailing discriminatory social norms and attitudes against people with mental and intellectual disabilities.

Public perception of public schools is therefore poor. There is a strong preference for private schools, despite the high tuition fees.²⁷² Private schools have better equipment than public schools and are usually controlled by one of various religious denominations. Private schools and tertiary education also offer much higher salaries to teachers than public schools, so the quality of education tends to be far higher.²⁷³ There is, however, no standardisation in the quality of education across the private sector, and the services offered depend on the ability of families to pay high fees.²⁷⁴ In particular, key informants highlighted the risks of deepening existing sectarian-based “partial” or “incomplete” national identities (referred to as *juz’iya/mosaghara*), but also an absence of skill-based learning.²⁷⁵ The MEHE has attempted to act as the regulatory body over these schools but has lacked the ability to do so due to the lack of appropriate monitoring mechanisms in place.

The country does not embrace an inclusive model of education, between an absence of specific policies safeguarding the right to education for children with disabilities, insufficient numbers of specialised teachers and lack of capacity to adapt the curriculum to cater to the needs of those with different disabilities. Both public and private schools often deny admission to children with disabilities. In the few cases where private schools allow the enrolment of children with disabilities, families are usually faced with high, discriminatory school fees. In addition, there is no guarantee of an inclusive education for their child.

UNICEF LCO is pushing forward the agenda of inclusive education by opening pilot schools that mainstream children with disabilities into existing public schools, as a step towards an eventual policy on inclusive education for Lebanon. In recent years the GoL, in collaboration with UNICEF LCO and other NGOs, has begun to take small-scale steps to promote inclusive learning by improving access to public schools for children with disabilities.

In 2018, the MEHE (with the support of UNICEF LCO and the Canadian government) launched a pilot programme in 30 public schools across the country to operationalise a model of inclusive learning. The Multi-Tiered Systems of Support (MTSS) includes (a) high-quality instruction for all children, (b) targeted interventions for at-risk children who are lagging behind and (c) targeted intensive individual interventions for children who require specialised support. The programme supports children with disabilities by supporting special educators and specialists (speech therapists, psychomotor therapists, psychologists) and includes awareness and sensitisation activities for teachers and parents. Based on ministerial reports, 1,001 and 1,033 children with special education needs were covered by the pilot in the 2018/19 and 2019/20 school years, respectively.²⁷⁷

The pilot programme, fully owned by the MEHE under the Department of Pedagogical Guidance and Counselling (DOPS), was considered a milestone on the path towards inclusive education. A special education coordinator was appointed in 2018 by the Ministry, responsible for overall education, followed by the appointment of a second full-time DOPS staff member in the summer of 2019 to support inclusive education in schools. This was accompanied by induction sessions and in-depth training for academic counsellors and DOPS staff to raise awareness about the importance of inclusive education and the implementation of the pilot programme.

In 2019, the Centre for Education Research and Development (CERD) worked closely with UNICEF on a capacity-building framework for teachers in support of inclusive education. Teachers, as well as school directors, were trained on the concept of differentiated learning in order to acquire knowledge about the inclusion of children with disabilities in the Lebanese curriculum framework.²⁷⁸

In the last two years, additional efforts have been made by the MEHE, along with NGOs, to facilitate the access of children with special needs to official exams through longer test times, writing assistants, reading assistants, quiet space, adjusted examination content, braille materials and holding exams in hospitals. In 2018 a total of 1,059 children received this support, and the number increased to 1,226 in 2019.²⁷⁹

The recent interventions represent important steps towards the inclusion of children with disabilities in the Lebanese educational system. However, the severity of the problem persists and there is a need for targeted interventions to reduce inequities for children with disabilities. For non-formal education, the MEHE has partnered in recent years with UNICEF and other NGOs to structure two certified non-formal learning opportunities: (1) community-based ECE and ALP and (2) remedial support. Between 2018 and 2019, the percentage of children with disabilities who were reached by this initiative increased from 2 to 3 per cent.²⁸⁰

13. Outcomes: Progress and inequities

Using a life-cycle approach, this chapter discussed the progress and inequities on rights outcomes for children and young people, on the basis of available data in a) early childhood learning and school readiness b); school enrolment, retention and dropout c) learning outcomes and skills development (including transition from school to work).

Each sub-chapter presents an overview of the status, the related challenges and opportunities, and the implications. In comparison with the health outcomes, there is even less information on the status on right outcomes relating to education and learning, and related barriers/bottlenecks on the demand side. There is no up-to-date disaggregated data available on educational access by children and young people with disabilities.

13.1 Early childhood learning and school readiness

Lebanon has no policy for promoting school readiness or holistic ECD and learning. Except for some data from the now outdated 2009 MICS

and more recently the 2016 UNICEF Baseline Study, there is no up-to-date data or literature on the developmental challenges of pre-school

children or on access to ECD activities and the most recent CB-ECE interventions.²⁸¹

Recent studies have begun to establish that early childhood experiences and environment have a profound lifelong impact on children's cognitive and non-cognitive development. Nutrition, stimulation, love and protection are important factors in the developmental process. School readiness is a powerful framework for improving equity in access to education and ensuring timely developmental and learning outcomes, especially for vulnerable children who have access to a supportive family environment.²⁸² Adults engaging with pre-school children on ECD activities, such as "reading books, looking at photos, telling stories, singing, going out for walks outdoors, or in malls and parks, playing and spending time naming objects around the house, counting and drawing", has long been considered vital for school readiness. Preparing children for learning and socialising and supporting their transition to schools can increase their chances of enrolment into basic and secondary education.²⁸³

Syrian children are much less likely to attend ECD activities or start school at an appropriate age (between three and five), and therefore they are at a distinct disadvantage compared

with their peers; in 2015, only one in five Syrian children had enrolled in formal kindergarten, which is correlated with higher chances of enrolment in Grade 1. As few as one in ten pre-school Syrian children in governorates such as Bekaa were attending kindergarten. Only 46 per cent of Syrian first graders had attended any pre-school the year before. In comparison, the majority of Lebanese and Palestinian children between the ages of three and five attend formal kindergarten for pre-school (almost 80 per cent for both cohorts).²⁸⁴

In 2017, the CRC observed challenges in equitable access to learning, development and leisure for children and young people in Lebanon, and made the following recommendations: implement a policy for holistic early childhood care and education, and allocate sufficient financial resources for its implementation, in particular in areas outside of Beirut and Mount Lebanon; take steps to improve retention and prevent premature dropout in the country; but also ensure children and young people's right to leisure by expanding safe play areas, green spaces and cultural facilities in communities. However, there is no literature to suggest that the recommendations were duly adopted by the government.

13.2 School enrolment, dropout and retention

13.2.1 Total enrolment rate in formal education

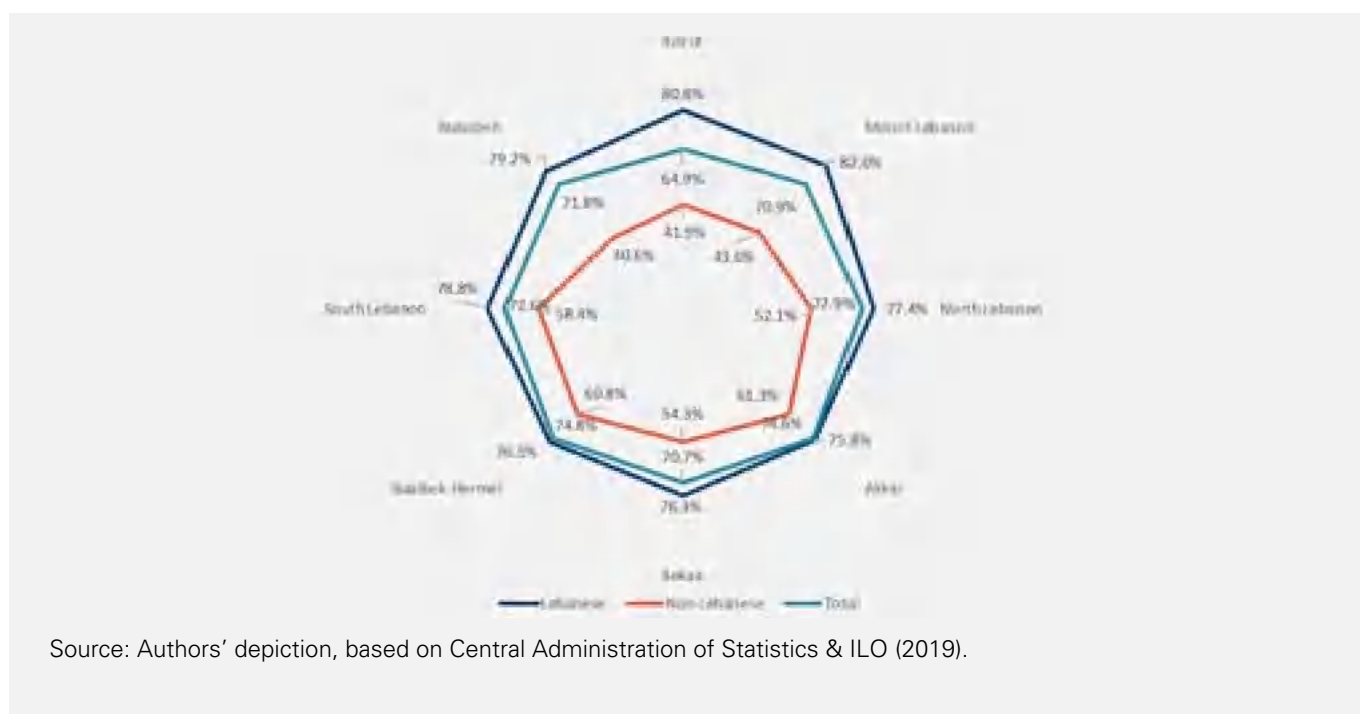
At the start of the LCRP (2017–21), 1.23 million children needed access to education, of whom the GoL, NGOs and UN agencies aimed to enrol almost half into formal education.²⁸⁵

According to the 2018/19 LFHLCs, the total enrolment rate for people aged 3–24 years is at almost 72 per cent on average, but at only 52 per cent for people with a disability.²⁸⁶ Children and young people of other nationalities (aged 3–24 years) were less likely to be enrolled in formal education centres across all governorates, with the lowest enrolment rates in Nabatieh, Beirut and Mount Lebanon (see Figure 13.1). Fifty-five per cent of refugee children aged 3–18 were out

of school and 44 per cent were not enrolled in any form of education.

For children and young people with disabilities, there is no data disaggregated by age, gender, level, location etc., but UNICEF has estimated that 7 per cent of Lebanese children with a disability aged 3–18 have no access to any form of formal education, and almost 50 per cent of children who have a disability ID card are not in formal/accredited learning. It was further estimated that overall, only 1 per cent of school-aged children (6–14 years) with disabilities are in public schools, with 56 per cent of Syrian children with disabilities not enrolled in education.²⁸⁷

FIGURE 13-1: Percentage of schools with improved sanitation facilities and accessibility of facilities to those with limited mobility (upper-middle-income countries)



13.2.2 School attendance and premature dropout

UNICEF's 2015 youth study and the 2016 Baseline Study are the main sources of data for enrolment, attendance and dropout at various levels of the education system.

Basic (or primary) education is compulsory in Lebanon and the official entrance age for a child is six. For primary school (ages 6–14 years) there are again significant differences in attendance rates between the Syrian cohort and other cohorts. In 2015, almost all primary school-age Lebanese children were attending school, as were 9 in every 10 PRL children and 8 out of 10 PRS children. Syrian children have the poorest primary school attendance rate, at only 50 per cent.²⁸⁸

There is a drop in attendance among the non-Lebanese population cohorts at secondary school level (ages 15–18 years): in 2015, only 37 per cent of PRL adolescents, 12 per cent of PRS adolescents and a concerning 3 per cent of Syrian adolescents were attending secondary school.²⁸⁹ Even among Lebanese students, there was a significant dropout rate of 17.3 per cent, with only 62 per cent of students completing lower-secondary education – reflecting a less than optimal primary to secondary school transition

rate that is likely to have worsened since 2020 due to the deteriorating economic situation of families and the move towards online learning (which requires costly access to the internet)²⁹⁰. Premature dropout and lower education attainment levels are both driven by but also causal factors in monetary poverty, and thus the low levels of secondary school attendance and completion rates are key barriers to future employment opportunities and full participation in society.

Administrative education statistics maintained by the MEHE and CERD are not disaggregated by sex.²⁹¹ According to the 2016 UNICEF Baseline Study, while gender parity is achieved at the primary school level, disparities appear in secondary schools (see Figure 13 2). Gender parity decreases in secondary school attendance rates as, particularly for Lebanese and PRL adolescents, there is a considerably higher proportion of girls attending school relative to boys. Among Syrian and PRS adolescents, girls are also more likely to attend secondary school but the gender gap is less significant.²⁹² Girls in Bekaa, however, which has the largest concentration of Syrians, are less likely than boys to attend school or pre-school.²⁹³

FIGURE 13-2: Gender parity in primary and secondary schools

Source: Authors' depiction, based on UNICEF (2016). Note: Net attendance ratio (adjusted) for girls divided by net attendance ratio (adjusted) for boys.

In tertiary education (university and post-graduate for young adults), the gross enrolment ratio is only 46 per cent, with a mere 26 per cent gross graduation rate (number of graduates out

of total population of graduation age at a given educational level) – owing to limited places in public universities and high cost barriers to private universities.²⁹⁴

13.2.3 Factors in non-attendance

While the MEHE's commitment to expanding access to education and learning outcomes through non-formal education programmes has been welcome, there are a number of promises that have not been kept. In 2015, there was a great deal of confusion, more among refugee families than among Lebanese families and caregivers, about how the outcomes of the various aforementioned non-formal education pathways, such as the CB-ECE, BLN and ALP programmes, translate into certification and recognition to allow transition between non-formal and formal education pathways.²⁹⁵ There are also challenges in the transition procedures from non-formal to formal education due to ambiguous accreditation mechanisms.

As in most country contexts, multidimensional poverty correlates with education attainment, creating a cycle of vulnerability. Among Syrian families, the prevalence of child marriage and labour due to economic pressures, including debt, is a barrier to accessing education.²⁹⁶

According to a 2018 study, there were approximately 586,540 displaced Syrian children and 57,506 Palestinian children aged 3–18 years registered in Lebanon at the time, over half of whom were not enrolled in a formal or informal certified education programme.²⁹⁷ According to the 2016 UNICEF Baseline Study, approximately two thirds of Syrian refugee children were out of school, with only one third reporting leaving the house at least once a week, leading to an increased sense of isolation. Syrian girls and young women (15–24 years) had the lowest literacy rates: only 78 per cent were literate, compared with 95 per cent of girls and women of the same age in other cohorts. There were spatial differences as well, with the literacy rates of young Syrian women ranging from as high as 97 per cent in the South to only 62 per cent in Baalbek-EI Hermel.²⁹⁸

In 2018/19, UNICEF LCO, together with UNHCR, conducted a mapping study on the profile of children and young people unlikely to be

enrolled in and attending school at the requisite education level.²⁹⁹ The top three reasons cited were the unaffordability of tuition costs (45 per cent), followed by lack of available opportunities (40 per cent) and transportation costs (over 30 per cent). For refugee children, the pressure to engage in work to generate income for the family, the lack of awareness about how to access public schools, inadequate space in public schools and level of safety were identified as “hard barriers” that stop them from enrolling. On the other hand, language barriers, incidences of bullying and discrimination, and insufficient outreach and information dissemination by public school institutions were some of the “soft barriers” that led to refugee children dropping out. A study by UNICEF in 2015 found that Syrian parents are

more likely than other cohorts to keep older girls at home, for fear of sexual harassment and other safety concerns.³⁰⁰

While there is no data available on the digital divide in Lebanon, children and young people less likely attend school, including those with disabilities, have been further impacted by the ongoing crises, and COVID-19 responses. For example, disability-inclusive educational institutions in Lebanon shifted to remote modalities or blended remote and face-to-face approaches to learning.³⁰¹ This has resulted in considerable barriers for children and young people with different types of disabilities in accessing formal education, and accentuated social isolation.

13.3 Learning outcomes and skills development

13.3.1 Learning outcomes

For Lebanon, there is limited data on students’ learning outcomes in foundational subjects such as mathematics, science, and reading and comprehension skills in English. One of the key sources is the global Trends in International Mathematics and Science Study (TIMSS), an internationally standardised assessment of educational performance. In 2019, the study highlighted that there has been no change in the curricula for science and mathematics since Lebanon first began participating in the assessment in 2003.³⁰² Lebanon’s TIMSS results have been deteriorating, particularly in science, since 2011, after a brief period of steady improvements between 2003 and 2007.³⁰³ In 2011, Lebanon ranked 25th and 39th out of 42 countries for mathematics and the sciences at Grade 8, respectively. In 2019, Lebanon was one of the weakest performers on average in the sciences, ranking 37th out of 38 countries, whereas it ranked 32nd out of 39 countries in mathematics.³⁰⁴

Overall, Lebanese students perform relatively well in terms of international measures of mathematical and scientific competence, in comparison with other MENA countries (such as Jordan, Egypt, Oman and Saudi Arabia), yet they are falling far short of the international median in both categories. This is due to a high degree of educational inequality among students: even with better access to private, formal schools, there are large differences in test performance between regions, income levels, and public and private school students.³⁰⁵ Repetition rates are significantly higher in the public school system compared with the private education system, which also has higher achievement rates.³⁰⁶ Under the MEHE’s alternative education pathways initiative, UNICEF LCO has been investing in revising the national teacher-training framework to capacitate teachers to adopt a child-centred pedagogy, which is anticipated to have far-reaching outcomes towards a more inclusive learning environment and better support for struggling learners.

13.3.2 School-to-work transition and lifelong learning

The share of youth not in education, employment or training (NEET) in Lebanon in 2019 was 23.5 per cent. The figure for Syrian refugee youths in Lebanon was much higher, reaching 67 per cent in 2019, similar to the previous year.³⁰⁷ In Lebanon, reductions in family incomes and rising monetary poverty is leading to school

dropout and increased premature transition into an unregulated informal labour market, including work in dangerous and hazardous conditions with informal businesses employing young people unable adhere to minimum standards of decent work and wages under the current economic situation of the country.

Globally, lifelong learning is now gradually becoming recognised as an integral part of mainstream education – most commonly understood as non-formal education, TVET and adult literacy for young people not in NEET. Lifelong learning platforms, particularly TVET, are critical for school-to-work transition, continued access to skilling and employment, and decent work as underpinned by UNESCO's

TVET Strategy (2016–21), and this is reflected in the country's National Strategic Framework for TVET in Lebanon 2018–2022.³⁰⁸ The approach therefore entails a reforming of the education system in Lebanon to become more accessible and inclusive, while pushing for employment-focused skills development, and a focus on ICT as part and parcel of the national education agenda (see Box 13-1).

BOX 13-1: SDG Goal 4 and lifelong learning

The SDGs 2015–30 created a push for governments and stakeholders to recognise lifelong learning as part and parcel of mainstream quality education (Goal 4), with the overarching objective to “ensure inclusive and equitable, quality education and promote lifelong learning opportunities for all”.

Lifelong learning is not an entirely new concept or agenda. The previous global agendas for education, including Education for All (EFA), the Millennium Development Goals (MDGs) and the Incheon Declaration for Education 2030 Framework for Action (FFA), set the stage for eventually recognising non-traditional forms of education and their importance in addressing intergenerational transmissions of poverty, social exclusion, environmental issues and the changing world of work.ⁱ

A constructive approach to lifelong learning can be to unpack the concept into three closely interrelated dimensions of literacy, namely (1) literacy as a lifelong learning process; (2) literacy as a life-wide process; and (3) literacy as a part of sector-wide reforms to foster lifelong learning systems. Using this approach to analyse progress towards SDG 4 clarifies that an expanded vision of literacy and education is yet to take hold.ⁱⁱ Further, lifelong learning brings into focus four critical pillars of SDG 4:

- **Life-cycle approach:** Learning happens across the life cycle
- **Equity:** There is a need for foundational skills for all
- **Inclusion:** Learning for decent work for all
- **Quality:** Learning for full integration into social and civic life

Source: ⁱ English & Carlsen (2019); ⁱⁱ English & Carlsen (2019).

In 2017, there were 162 public and 398 private TVET centres in the country. Existing TVET programmes are thus proving to be critical for older adolescents' and young people's sustained access to education (leading to the Technical Diploma from the General Directorate of Vocational and Technical Education/GDVTE). In Lebanon, attendance at TVET centres in recent years has become increasingly common and is leading to better completion rates.³⁰⁹ In 2016/17

there were approximately 83,168 students registered, with almost half (49 per cent) completing the Baccalauréat Technique, a three-year programme that requires the successful clearing of ninth-grade generic subjects.³¹⁰

Yet school-to-work transition for vulnerable young people less likely to have been enrolled or to have completed formal education is less assured: the TVET curriculum is outdated and

the equipment does not match the needs of the market, and pedagogical approaches still rely heavily on classroom-based learning rather than on-site, work-based or simulated practical training approaches. Competency-based skilling and life skills – transferable skills – are not included in the current curricula, and the link between training and employment is limited.³¹¹

There is also a need to focus on entrepreneurial skills for young people.³¹² Further, TVET is still perceived, as in many other low- and middle-income countries, as a less valuable educational option than formal education – which is reflected in the shortage of appropriate skill-based employment opportunities for successful graduates of the programme.



14. CONCLUSIONS AND RECOMMENDATIONS

In Lebanon, the quality of education and learning outcomes for a child (and thus a young person) comes down to the ability of families to pay high school fees. Despite ambitious strategies, such as RACE II, the structural deficiencies of the public schooling system are yet to be addressed.

The urgency is even greater at this point, as more and more families experience poverty and are unable to afford private schools and educational institutions. The public education sector in Lebanon will no longer be sustainable without major structural reforms.

HEADLINE OBJECTIVE: Promoting lifelong learning in a digital era.

In the aftermath of COVID-19, access to digital technologies and internet is accentuating existing multidimensional deprivations and any existing digital divide among student populations. The major private sector players in the field of internet and telecommunications are now critical stakeholders, whose policies on expanding mobile networks and internet connectivity as well as pricing will either exacerbate or help to reduce the digital divide among populations of school- and university-going ages.

Priority actions

- Domestic private sector engagement will be critical for meaningful restructuring/reforms processes in the education sector, in particular to offset any disincentives in enabling a quality education system that is equitably accessible to and affordable for all children, irrespective of their socio-economic and residence status. UNICEF LCO should build this portfolio, engaging the private sector to play a significant role in addressing the gaps left by the public school system, for example through financing, rather than creating a parallel, exclusionary education system.
- UNICEF LCO should continue to invest in its successful activities; support the uptake of ECE programmes through C4D activities with families and communities on school readiness; and support the MEHE in the necessary expansion of ECE centres for vulnerable populations.
- UNICEF LCO can build on its efforts to integrate child-centred pedagogy in the public school system: apart from revisions to the curricula, there is a need for capacity building of school administration and staff. This will have far-reaching consequences for the ability of public school teachers to provide a more inclusive learning environment and better support struggling learners.
- UNICEF LCO should support the MEHE in developing an inclusive education strategy for Lebanon, in coordination with other key UN actors such as UNRWA and UNHCR and with civil society; and in focusing the training and accreditation mechanism for teachers to become qualified to implement inclusive education models in mainstream schools.
- UNICEF LCO must enforce the quality assurance standards in non-formal education institutions and monitor the successful transition from non-formal to formal education.
- UNICEF LCO should support the MoSA and MEHE to update the TVET curricula to strengthen lifelong learning and life skills training.
- At all levels, UNICEF LCO should work with the MEHE to promote the use of digital platforms as a positive learning tool. There is a need for better monitoring and understanding of online learning processes among students, and of the importance to school performance of access to the internet.



6

THE RIGHT TO A PROTECTIVE ENVIRONMENT

SECTION 6



Lebanon sets a best practice example in ensuring the registration of all children, even though it does not offer citizenship to all new births within its territory – its commitment and efforts to expanding civil registration must be sustained.



There is no explicit legal prohibition of child and early marriage, creating grey areas for violating the rights of girl children.



A key concern is regarding the rise of child labour in the face of the compounding crisis, particularly with the worsening socioeconomic situation and crisis of governance.

Child labour and exploitation is also expected to increase in the face of climate change and increasing natural disasters.



KNOWLEDGE GAPS:

- Limited literature and data on SGBV.
- Few official reports and studies on the trafficking of minors and young adults in Lebanon, or across borders.
- Limited data and analysis available on children and adolescents in contact with the law.

Source: Authors' depiction, based on KII; Beyond Group (2020); Chaaban & Khoury (2015); Youth Forum for Youth Policy (2012).

On the basis of available data and using a life-cycle approach, this section presents an overview of the enabling environment, progress and inequities in rights outcomes for children and young people in (a) birth registration and the right to identity; (b) child marriage and gender-based violence; (c) child labour and

trafficking; and (d) contact with the law and institutionalisation.

As in previous sections, there is less systematic data on rights outcomes, causes and driving factors of inequities and more information on the enabling environment.

15. Birth registration and the right to identity

15.1 Enabling environment

15.1.1 Policy and legislature: Overview

Registration at birth is the first step towards protecting and fulfilling the rights of the child, as the right to identity supersedes and enables the fulfilment of all other rights. Birth registration provides a person with recognition and visibility in the world.

The failure to document a child's existence has lifelong repercussions in terms of equitable access to services and adequate protections. For many refugees, the denial of recognition in Lebanon severely curtails the ability of families to care for their children using appropriate key services and social protection, despite the latter being available to all residents (in principle).³¹³ Birth registration establishes proof of age, and therefore the mechanism to offer adequate protections against all risks (SGBV, child marriage, child labour, trafficking, prosecution and imprisonment, and recruitment into armed groups). Moreover, unregistered children are at heightened risk of being treated as adults in the eyes of the law.³¹⁴

Overall, Lebanon sets a best practice example in ensuring the registration of all children, even

though it does not offer citizenship to all new births within its territory. A minority of stateless and undocumented (non-ID) children are at risk of being invisible in the eyes of the law, and therefore excluded from access to services over their life course. Undocumented Palestinian children from Syria and children of other nationalities who are born to stateless parents in Lebanon or migrant workers are most at risk.

As per Article 1 of Domestic Law, foreign newborn children are eligible for Lebanese nationality only if the father is Lebanese, with exceptions if the child is born in Lebanese territory without acquiring foreign citizenship or is an orphan. The law thus places restrictions on children born to Lebanese mothers, who are unable to pass on citizenship if the father is not Lebanese. The clause undermines women's and girls' equal standing and dignity in society and contradicts Article 7 of the Constitution. Instead, children born to such parents are issued resident permits by the Ministry of Interior and Municipalities (Mol), which must be renewed every three years (free of charge). However, this rule does not apply if the father is Palestinian.

15.1.2 Services: Overview

The completeness of birth registration in Lebanon is believed to be nearly 100 per cent, but the country does not have a comprehensive birth registration system that covers all children born within its national boundaries. This is contrary to the GoL's international obligation to register every birth, without discrimination. There is not yet a registration system for stateless persons, and thus children born to them cannot be registered.³¹⁵ Moreover, the obligation to register births falls on the parents and not the state. There is no automated system to ensure all births are registered, which puts children (even when born to Lebanese parents) at risk of not being registered.³¹⁶

Over and above the absence of a rights-based, inclusive legal framework, a key bottleneck

to ensuring the equitable right to identity in Lebanon is procedural – the complicated and costly birth registration. As was outlined in the UNICEF situational analysis of 2017 – and still relevant today – it is difficult to ascertain the number of children born to parents of mixed or foreign nationality. A large number of parents are unable to complete the complicated processes of registration due to high costs, restricted movement, inconsistent administrative practices, and even hospitals withholding the birth notification or parents' IDs due to inability to pay hospital fees for the delivery.³¹⁷

Despite a relaxation of rules, legal residency status also continues to have an indirect impact on birth registration rates today.³¹⁸

Despite logistical and procedural barriers in the system for registering children born to foreign parents, Lebanon's commitment to and efforts in expanding civil registration have been considered good practice, and therefore need to be sustained.³¹⁹ For example, since September 2017 the legal residency criteria for foreign parents has been waived, and only one parent must have legal residency in order to proceed with registering their marriage and therefore to be able to register the birth of their newborn children.³²⁰

Moreover, the GoL adopted measures to simplify access to birth registration and other civil documentation for refugees in Lebanon.

In 2018, the Personal Status Department issued a memorandum allowing for the registration of displaced Syrian and Palestine refugee children from Syria above the age of one year and born in Lebanon between 1 January 2011 and 8 February 2018. In September 2019, this waiver was further extended to children born between 9 February 2018 and 9 February 2019. However, children born after 9 February 2019, Palestinian refugee children from Lebanon, Lebanese children and children of other nationalities are still subjected to the complicated and costly birth registration procedures, including a one-year deadline for registration at the *Noufous* level, beyond which a court procedure is required to finalise the registration.

15.2 Outcomes: Progress and inequities

15.2.1 Lebanese population

Among the Lebanese, the absence of data renders certain vulnerable groups invisible, particularly orphans and foster children, as well as children and adolescents in various forms of institutional and alternative care.

Children with disabilities are at risk of being separated and institutionalised.³²¹

In 2018, 2 per cent of children in Lebanon lived in a residential institution – one of the highest rates in the world.³²²

15.2.2 Syrian refugees

Positive outcomes noted in the level of birth registration in 2019 did not continue through 2020, most likely because of the COVID-19-related lockdowns and their impact on awareness-raising and legal counselling activities, as well as on the closure of institutions, and because of the increased inability of the population to cover the costs associated with the procedures. In 2020, 28 per cent of births were registered at the Foreigners' Registry, compared with 30 per cent in 2019.³²³

birth registration with the Foreigners' Registry were among families living in Beirut (49 per cent), while the lowest were among families living in Akkar (8 per cent). No differences were noted in birth registration rates when comparing boys and girls.

Syrian children born in Lebanon are also at risk of statelessness when their parents, having fled Syria, do not possess all of the required documentation to register the birth, or do not hold a legal residence permit in Lebanon.

According to VASyR (2020), the highest rates of

15.2.3 Palestinian refugees

According to UNICEF's Baseline Study (2016), UNRWA's registration of children under five years of age in the PRL cohort was at 99.5 per cent. For PRS, almost 2,900 new births were recorded by UNRWA between 2011 and 2018.³²⁴ By conservative estimation, at least one third of parents were unable to finalise the birth registration process in Lebanon due to its costs or lack of a valid legal status or requisite documentation. In fact, more

than one third of parents had already registered their newborn children in Syria, with some doing so to avoid the burdensome process in Lebanon. UNRWA has been monitoring the implementation of new circulars to minimise barriers to marriage and birth registration of Palestinian families and children in Lebanon, which would further increase the risk of "undocumented" Palestine refugees, who would therefore be barred from accessing

education services, employment opportunities and even relocation.³²⁵

Since 2008, following negotiations with the Palestine Liberation Organization (PLO), identification cards have been issued to undocumented Palestinians in Lebanon, but they can be arbitrarily rescinded.³²⁶

Existing undocumented Palestinian children, adolescents and young people already face severe

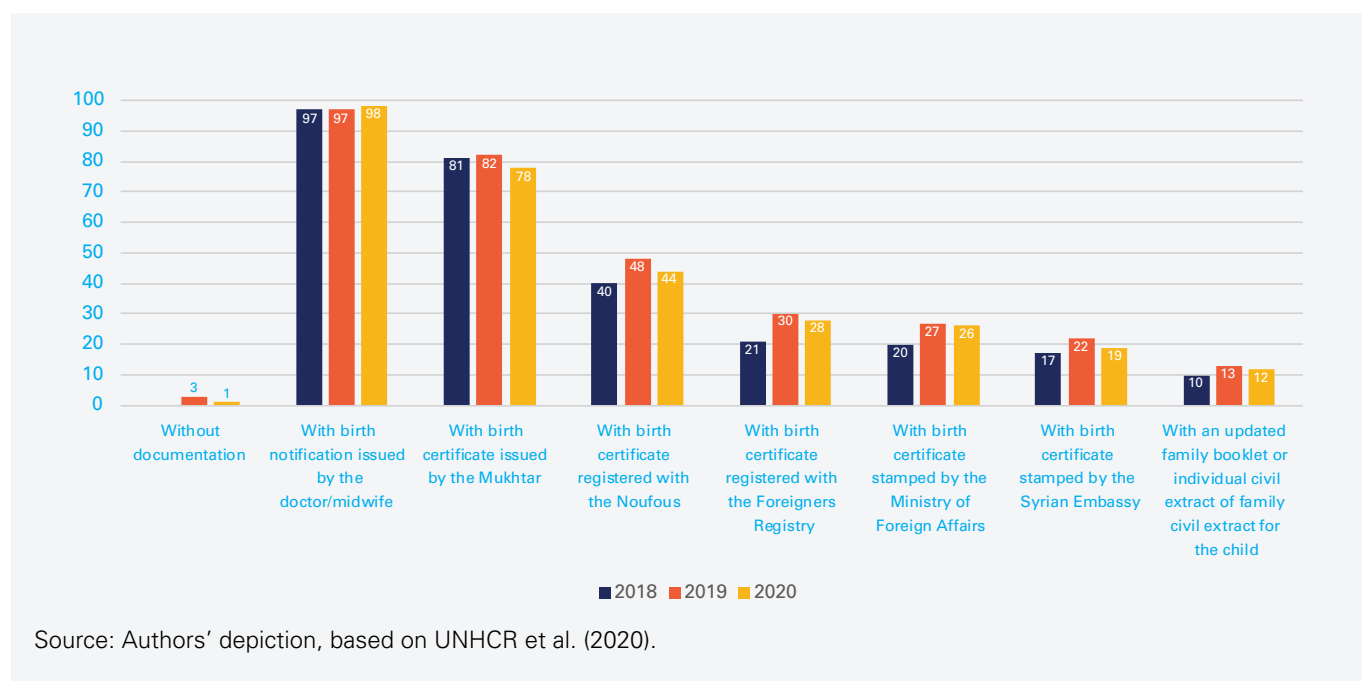
restrictions on their rights to freedom of movement and access to services; are at higher risk of being arrested and detained indefinitely; and are unable to complete civil registration procedures for important events such as birth, marriage, divorce and death. The only provider of essential services for this population is UNRWA, and access to specialised services, for example in healthcare or public examinations, are key challenges.³²⁷

15.2.4 Refugee and stateless children of other nationalities

In a survey of non-Syrian refugees (2017), 73 per cent of children under the age of five were born in Lebanon and almost all (97 per cent) had a birth notification from the midwife or doctor. However, only 83 per cent had a birth certificate from the

Mukhtar, where they are required to register within a year, a rate that drops further for Noufous registration and at the Foreigners' Registry. Approximately 3 per cent of new births did not have any documentation (see Figure 15-1).³²⁸

FIGURE 15-1: Level of birth registration among refugees and stateless children of other nationalities, 2018, 2019 and 2020



The birth registration of the children of migrant workers is not guaranteed in Lebanon if their parents are in irregular circumstances – for example, if they do not have requisite identification papers, because they are unrecognised refugees and asylum seekers, or because they have overstayed their residence permit. They are unable to register (even in their respective embassies) and are effectively stateless.³²⁹

There are also reported cases of children being stateless when born to parents who hold status of Qaid addars (Under Study), as they have records with the General Security. In many instances, parents do not renew their Under Study residency permit annually (as required) due to the high costs involved, and therefore cannot register their newborn children.³³⁰

16. CHILD MARRIAGE AND GENDER-BASED VIOLENCE

16.1 Enabling environment

16.1.1 Policy and legislature: Overview

As discussed in Section 2 (Chapter 6: Gender profile), there are structural and legal factors impeding gender equality in Lebanon despite constitutional commitments. Apart from the absence of a minimum age for marriage, there are no national policies or comprehensive legal frameworks in place yet for gender equality.³³¹

In 2014, the Lebanese parliament adopted a national law on domestic violence (Law no. 293 Protecting Women and Other Family Members from Domestic Violence) that provides some degree of protection for victims of domestic violence, including imposing restraining orders against the assailant; emergency accommodation for victims; and policing and judicial reforms. Despite these landmark changes, the law does not go as far as criminalising marital rape, a contentious issue among religious institutions that view sex within marriage as an obligation.³³² Another important change is that the law now applies to all family members (not just women); however, the contents are still applicable to women and there is no specific reference to men or sexual and gender minorities (SGM).

Many of Lebanon's existing laws are in contradiction with CRC principles and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). There is no explicit legal prohibition of child and

early marriage, creating grey areas in relation to the violation of the rights of girl children. In the submission of the third Periodic Report to CEDAW, Lebanon considered Article 16 relating to "Marriage and Family Life" to be in contradiction with Article 9 of the Lebanese Constitution, which gives full authority to religious institutions to organise the personal status laws.³³³ The minimum age of marriage in Lebanon varies among religious denominations, and although most have set the minimum age as 18 years for boys, all religious groups allow girls under the age of 18 to be married.³³⁴ For girls in Sunni and Shiite communities, marriage is permissible as early as nine years of age, though it is no longer the custom.³³⁴ In other confessions, including the Greek Orthodox, Druze and the Assyrian Church of the East, a marriage can be licensed from the age of 15 years, and as young as 14 among Catholic, Armenian Orthodox, Syrian Orthodox and Evangelical communities.³³⁶

Further, women and underage girls who have been married off do not enjoy equal rights in marriage and divorce under the religious courts, as in some instances Lebanon's discriminatory personal status laws allow men more grounds for divorce or annulment. Finally, there is no legal prohibition of female genital mutilation/cutting (FGM/C) and therefore there are no reports.

Activism and interventions

Since 2015, there has been a consensus that a national policy framework is required to address child marriage under the leadership of the Higher Council for Childhood (part of MoSA).³³⁷ In 2017, another draft law on raising the minimum marriageable age to 18 years was proposed, this time by MP Elie Keyrouz, which was submitted to the Administration and Justice Committee for discussion.³³⁸ In May 2018, the State Minister for Human Rights, Ayman Choucair, submitted yet another draft law that set the minimum age at 18 years, but with the exception of 16–17-year-olds who have the approval of a civil court judge. This law would move to penalise religious court

judges who license marriages of minors without the permission of a civil court judge. However, the law is still awaiting debate in parliament.³³⁹ If accepted, it would finally ensure Lebanon's compliance with its international obligations, notably the CRC (1989) and CEDAW (2006).

A number of organisations have submitted draft laws to the government as an attempt to increase momentum. However, the lack of consensus across different parties has been a stumbling block, with a failure to propose a unified draft law and a lobbying front.³⁴⁰ A recent example was the draft law submitted by MP Ghassan

Mokhaiber and the NCLW in 2014. This entailed the approval of a juvenile court judge to marry minors under the age of 18 and to ensure that minors were not being coerced into marriage. It further proposed that clergy and parents who facilitate such marriages be penalised if a minor is found to be under duress. There were other proposals submitted by organisations such as KAFA (“Enough” Violence and Exploitation) and the Lebanese Democratic Women’s Gathering (RDFL), which disagreed with certain clauses of MP Mokhaiber’s proposal.³⁴¹

Indeed, greater coordination between women’s organisations and the Higher Council for Childhood in recent years has been a step in the right direction. In 2016, for example, the Higher Council along with NCLW, an ABAAD-led organisation, the Arab Institute for Human Rights (Lebanon Office) and UNICEF hosted the first set of consultations on ending child marriage in Lebanon. Together with experts on the issue, they reviewed existing legislation and regulations to determine next steps and recommendations for modifying legal provision and increasing healthcare outreach and the capacity of communities to advocate and lobby to end child marriage.³⁴²

In 2017, the Committee on the Rights of the Child also made recommendations to address issues of violence against children (VAC) and SGBV, including adopting a national

strategy to end child marriage and to intensify dialogue with Lebanon’s diverse religious institutions and leaders to amend Decree no. 15 on Lebanese Nationality (1925) to grant equal rights to Lebanese women and girls. The CRC provided further recommendations to actively implement the 2014 domestic violence prevention law and the National Plan of Action to combat sexual exploitation and abuse on the ground, for example by investing in mechanisms, procedures and guidelines for mandatory reporting and investigation of child sexual abuse and exploitation; providing comprehensive awareness-raising programmes for communities (particularly parents, teachers and religious leaders) on sexual abuse and exploitation and the negative consequences of child marriage for children; and ensuring the prosecution of perpetrators of so-called honour killings.

In the same year, MPs voted to repeal Article 522 of the Lebanese Penal Code, which addresses matters of rape, assault, kidnapping and forced marriage. Article 522 previously contained a clause that enabled perpetrators of rape to avoid prosecution by marrying their victims, even if underage. The abolition of this detrimental clause (which put the lives of girl children at lifelong risk) was the fruition of a lengthy campaign by activists supported by the Office of the Minister of State for Women Affairs (MOSWA).³⁴³

16.1.2 Services: Overview

In June 2020, MoSA (in partnership with UNICEF) launched its 2020–27 Strategic Plan for the Protection of Women and Children, which adopts a social behavioural change and communication (SBCC) plan called “Qudwa” to end child marriage, child labour and violence against all children in Lebanon. C4D initiatives facilitate changes to attitudes and behaviour. Notably, the Qudwa initiative is designed to inculcate behaviours that promote wellbeing, dignity and gender equality.³⁴⁴ The programme is strengthening the capacity of key ministries and CSOs to address child protection risks and SGBV through trainings and long-term institutional strengthening, developing child-friendly practices in institutions, and supporting the standardisation of practices for

case management. At the community level, the programme engages parents, caregivers, and community and municipality leaders to encourage cultural practices and values that have a positive impact on children and families.

There are some key organisations that have been working towards ending SGBV in Lebanon: MoSA’s Sexual and Gen–der-Based Violence National Task Force (SGBV TF) coordinates prevention and response in the country. The task force engages with community leaders to raise awareness on SGBV issues but focuses primarily on providing safe access to essential services for vulnerable individuals and survivors.³⁴⁵

UNICEF’s Child Protection Programme provides

a range of gender-based violence in emergencies (GBViE) services for vulnerable refugee women and girls in Lebanon.³⁴⁶ A core pillar of their “No Lost Generation” (NLG) initiative specifically aims to reduce child marriage and other harmful traditional practices through the promotion of community awareness and empowerment activities.³⁴⁷ As part of this initiative, communities are sensitised about the negative impacts of early marriage. Safe spaces and case management services for women and girls are provided and health and education workers are trained.

Other non-state actors include the consortium of ABAAD, KAFA and Save the Children. ABAAD operates throughout the MENA region and has been co-chair of the aforementioned national SGBV TF.³⁴⁸ Its programme and advocacy

work focuses broadly on gender equality, but it also produces educational and awareness-raising games on the topics of SGBV and early marriage.³⁴⁹ KAFA, on the other hand, is a feminist NGO which also has a Child Protection Programme (KAFA-CPP) that aims to protect and empower refugee children through capacity-building, awareness-raising activities and legislative advocacy on issues such as child marriage, sexual assault against minors and reproductive health.³⁵⁰ Save the Children works mainly with Syrian refugees as part of its regional response to the Syrian crisis. Its work focuses primarily on issues including early and forced marriage and referrals to specialised agencies for SGBV cases – although reported success has been limited due to systemic and infrastructural deficiencies.³⁵¹

16.2 Outcomes: Progress and inequities

16.2.1 Sexual and gender-based violence

While there is limited literature and data on the gender context, existing studies highlight that girl children in Lebanon face systemic discrimination and are at higher risk of violence and abuse. There is, however, more information on the situation of Syrian refugee women and girls than on that of Lebanese and Palestinian women and girls. There is no credible data source on SGBV against young men and boys.

The experience of violence as a child has been shown to be an explanatory factor in conducting violence against a spouse. Through spending time with their mothers, children have an increased likelihood of witnessing violence against their mothers. Women and girls are disproportionately affected by GBV; however, the 2017 UNICEF and Malmö University KAP study found that only 17 per cent of respondents would report a case of GBV to the authorities.³⁵²

Lebanon has a Gender-Based Violence Information Management System (GBVIMS) which provides case management services to victims of SGBV, with contributors largely international and local NGOs. Almost all cases stored in this system refer to a perpetrator who was an intimate partner, former partner or caregiver, and 21 per cent of the victims are girls under the age of 18. In the first half of 2020,

it was noted that 8 per cent of SGBV cases, including rape, sexual assault, and other forms of physical and emotional abuse and denial of resources, occurred with minors, with 91 per cent being girls.³⁵³

Girls with a disability are at a much greater risk of violence, neglect and exclusion compared with other children. However, the substantial data gaps in child disability have made it challenging to design effective, evidence-based policies to protect children with a disability. Young people from SGM are also extremely vulnerable to sexual exploitation, but there is little information to establish prevalence. In 2017, an international organisation reported on young Syrian men being forced into sex by their employers through means of threatening to withhold their pay or terminate their employment.³⁵⁴

SGBV – particularly domestic violence – has historically been perceived as a familial issue and therefore within the purview of the religious courts. As such, it has been challenging for state institutions and NGOs to play a significant role in addressing specific cases of violence and establishing referral and access to justice systems. The dominance of religious (and social) laws in these matters has made it extremely difficult for NGOs to reach girls who are at risk

or already married. Two factors are particularly common: the restricted mobility of girls; and familial scepticism of such NGOs and services, particularly among refugee communities.³⁵⁵ Additionally, NGOs tend to make attempts to engage entire families and communities through their outreach. However, such interventions can be expensive, thereby limiting their scale.

Security and threat are understood by men and women based on their age, disability status, cultural norms and social class. Everyone seeks

to protect the attributes that are ascribed the highest social and familial value. For women, the concept of *Al Sutra* is particularly critical – a gender norm dominant across most of the Middle East and even South Asia. Family honour is closely associated with ensuring that unmarried female members (adolescent girls and young women) remain virgins (culturally synonymous with purity) until marriage. For men, family honour is closely associated with the expectation of being the primary breadwinner and provider.



16.2.2 Prevalence and drivers of child marriage

The most prevalent risk facing girl children in Lebanon that urgently needs to be addressed is child marriage. Child marriage and teenage pregnancy are closely associated with insecure environments and state fragility, making them a subject of increasing interest in humanitarian environments such as Lebanon. It is important to recognise that early marriage is often the result of a number of intersecting social and economic factors.³⁵⁶

Child marriage has consequences regarding the child's right to health, survival, education and development. The harmful impacts are greater and more damaging for girls: teenage pregnancies are far more likely to lead to complications than those of women over the age of 20, affecting both the mother and the child. Further, child marriage often ends a girl's education, including the pursuit of vocational opportunities.³⁵⁷ Syrian refugee women, many of whom may have experienced the impacts of

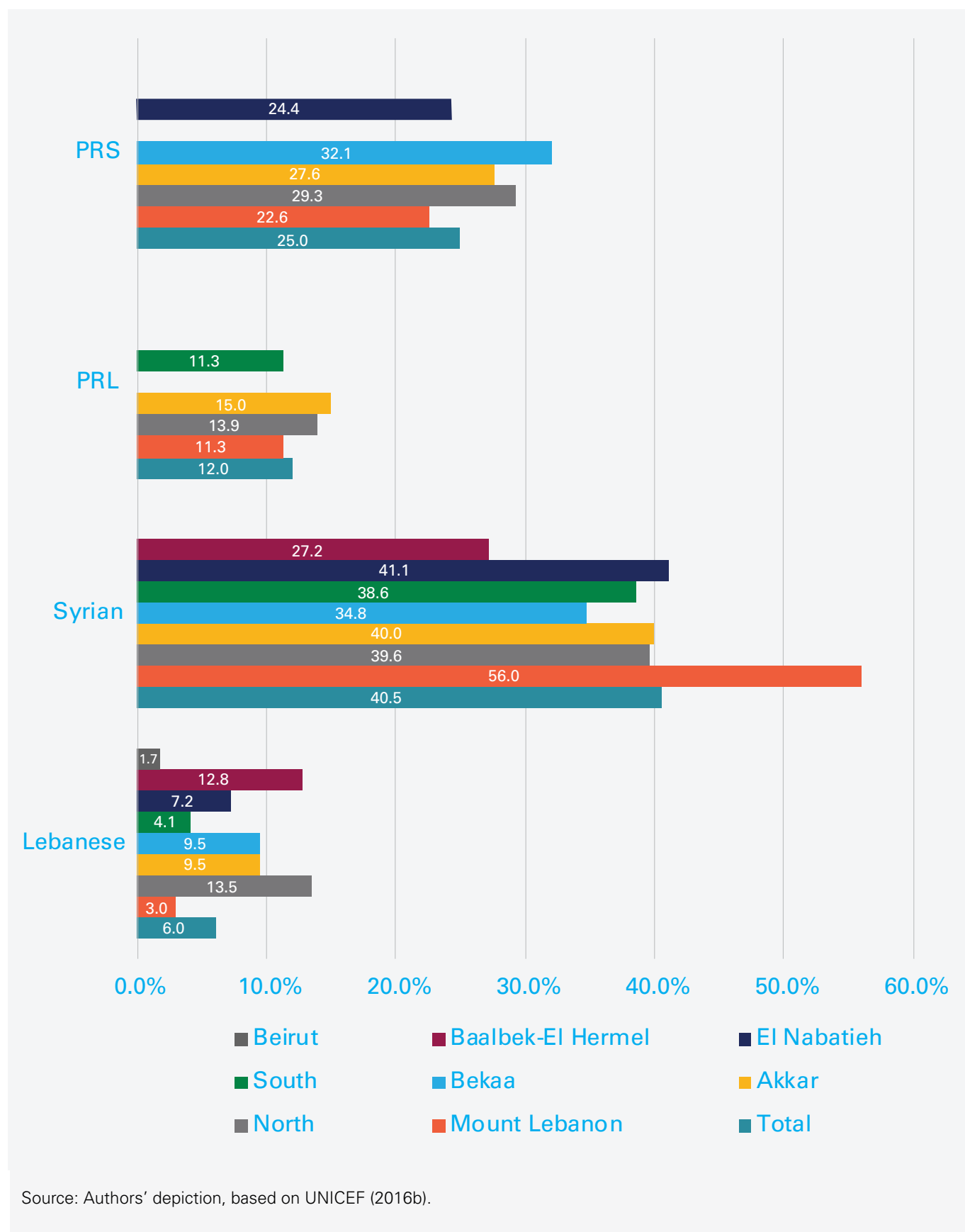
early marriage first hand, openly acknowledge the risks of early pregnancy and poor health.³⁵⁸

Educational attainment is also relevant to the prevalence of child marriage: across all populations, women who have completed secondary or higher education are far less likely to be married than those with only intermediate, primary or no education.³⁵⁹ Further, education informs and shapes attitudes towards child marriage and its relevance and impacts. A study by the Saint Joseph's University of Lebanon highlighted that only 37.2 per cent of girls with no education opposed child marriage, compared with 62.3 per cent of girls who attended school.³⁶⁰

The prevalence of early marriage among girls depends primarily on their nationality and confessional group of belonging, but is further driven by the socio-economic situation of their families (see Figure 16-1).



FIGURE 16-1: Percentage of women aged 20–24 first married or in union before 18 years of age, by population cohort and governorate



Early marriage of Syrian girls

Early marriage was already a common occurrence in Syria before the country entered its current period of state fragility.³⁶¹ Marriage is institutionalised through religious courts, with the legal minimum age for marriage as young as 13 years.³⁶²

Marrying off girls at a young age is an important coping strategy for Syrian families in Lebanon, driven by economic deprivation, particularly income, food and job insecurity, but also by protection risks and human insecurity associated with life as a refugee.³⁶³ UNICEF's 2016 real-time evaluation of GBV in emergencies found that "the legal ban on refugees working seriously limits attempts to address the economic hardship faced by many families, which is a key contributing factor to child marriage and increased household stress, which contributes to gender-based violence".³⁶⁴ Therefore, macro-economic policies, systemic discrimination against refugees in the labour market, low wages and high rents are key considerations for families deciding to marry off their girls.³⁶⁵

In the midst of uncertainty, families often instead marry them off to provide a sense of security, but also to maintain family honour.³⁶⁶ Refugees typically have a higher sense of insecurity in the places where refugees reside – mostly in congested urban slum neighbourhoods with poor infrastructure and services which lack communal networks and social cohesion due to the transitory nature of the resident population. Moreover, there is limited cooperation from local law-and-order authorities, which are often

viewed by refugees as more of a threat than an ally. In this environment, the potential for sexual harassment and rape is perceived to be high; and it carries the risk of defaming the girl child instead of the perpetrators due to the norm of Al Sutra. This norm is therefore one of the primary reasons that refugee parents marry off their pubescent daughters.³⁶⁷

Further, studies indicate that Syrians perceive Lebanese social norms to be liberal, and consequently concerns are raised about the exposure of their daughters to new cultures.³⁶⁸ Many refugee girls and women also have increased access to digital technology in Lebanon, which gives them an opportunity to gain alternative views on the concept of marriage. However, the majority live in tented settlements and are still largely influenced by their parents, as is the tradition in Syria.³⁶⁹

In a 2018 survey on the attitude of Lebanese society towards child marriage, 85 per cent of Lebanese respondents believed that a girl is not ready for marriage before adulthood. However, only 64 per cent supported criminalising child marriage by passing a law to set the minimum marriageable age at 18 years. While the majority were in favour of eliminating the practice, respondents did not perceive a legal minimum age as being effective due to the dominant patriarchal social laws in place and the general lack of trust in the country's institutions. Cited reasons for having this point of view included "male-dominated society" (68 per cent), religious interference (24 per cent) and a lack of will from political leaders (8 per cent).³⁷⁰

17. CHILD LABOUR AND HUMAN TRAFFICKING

17.1 Enabling environment

Lebanon's limited capacity to eradicate child labour and ensure the safety of working children is due to deficiencies in existing civil and penal codes on labour practices, but also to the weak enforcement of laws that are currently in force: a structural bottleneck in Lebanon. Law no. 164 of 2011, for example, prohibits all forms of human trafficking. However, the law does not specify the mechanisms for prevention and protection.

Existing legal frameworks are often contradictory: Law 422/2002 on the Protection of Juveniles in Conflict with the Law and At-Risk, Law 293/2014 on the Protection of Women and Family Members from Domestic Violence, the Penal Code, the national strategy on child labour and human trafficking, and personal status laws are not well aligned to allow adequate prevention of child labour and trafficking.

Further, migrant domestic workers (MDWs) are excluded from the protections of the Labour Code (1946) and at risk of trafficking, slavery and exploitation. While Lebanon signed the Optional Protocol of the CRC on the involvement of children in armed conflict in 2002, it has not been fully ratified; this would oblige the country to provide stronger protection for children and young people facing brutal violations of their rights.³⁷¹

In 2017, the CRC recommended ending all forms of abuse, exploitation, trafficking and torture of children; including domestic workers, agricultural workers, family businesses (sectors in which working children and young migrants are overrepresented and without protection) in the Labour Code; and adopting policies to ensure compliance with Article 32 of the CRC (1989), which stipulates that state parties must adopt a minimum age for employment and regulate the hours and conditions of employment.³⁷²

Lebanon's commitment to preventing child labour and trafficking

The Lebanese Code of Labour criminalises child labour (for those under the age of 14 years) and is therefore in adherence with Article 32 of the CRC (1989).³⁷³ In 2000, the GoL officially declared its commitment to end child labour, with the signing of a Memorandum of Understanding (MOU) between the MoL and the International Labour Organization – International Programme for the Elimination of Child Labour (ILO-IPEC). The GoL ratified ILO Convention 182 (on Worst Forms of Child Labour) in 2001 and Convention 138 (on Minimum Age for Employment) in 2003, and in the latter year approved several interventions in an attempt to curb the practice.³⁷⁴

Since then, a number of measures have been taken to this end. In collaboration with IPEC, the Unit for Combating Child Labour was established under the MoL as an official reference point in Lebanon for relevant UN agencies. It was given the responsibility of ensuring the implementation of ILO conventions on child labour; coordinating with various government entities to ensure harmonious and orchestrated work; enhancing collaboration between different ministries; and raising public awareness.³⁷⁵ In 2005, a National Strategy Against Child Labour was developed and endorsed by the Council of Ministers. This was followed by the National Action Plan for the Elimination of the Worst Forms of Labour in 2013, developed by the MoL and ILO. This identified 11 priorities and a road map to ending the worst forms of labour by 2016 (in concordance with the Global Hague Conference on Child Labour), including the establishment of the National Steering Committee Against Child Labour (NSC). It was subsequently revised and extended in 2019.³⁷⁶

On 29 December 2012, the GoL (based on a study carried out by the MoL and the AUB Public Health Department) issued Decree no. 8987, explicitly prohibiting the employment of children in hazardous work, specifically in situations where their physical and psychological wellbeing are at risk.³⁷⁷ It further added that with some adaptations to the place of work, full protection could be provided to children – the age limit was decreased from 18 to 16 years.³⁷⁸

Regarding child labour in agriculture, Decree no. 8987 has stipulated that minors should not be employed in agricultural activities that require operating farming machines, handling pesticides or fertilisers, handling poisonous plants, climbing on high trees or ladders, using sharp tools, or working for more than four hours per day.³⁷⁹ However, family farming is still allowed and is the most prevalent form of child labour, often beginning before the age of 10.³⁸⁰ In early 2017, an agreement was signed between the DGSG, MoL and the Farmers' Union in a bid to address the widespread exploitation of Syrian children (under 16 years) in agriculture through training and sensitisation of officers and farmers in Bekaa Valley. However, its impact cannot be ascertained at the time of writing.³⁸¹

Similarly, while the GoL does not yet fully meet the minimum international standards for ending trafficking, it has shown considerable commitment to doing so.³⁸² In 2005, the GoL ratified the Protocol to Prevent, Suppress and Punish Trafficking Persons, Especially Women and Children. In 2011, further amendments were made to the Penal Code and the Criminal Procedure Law, known as Law no.

164, Punishment for the Crime of Trafficking of Persons, in line with the United Nations Convention against Transnational Organised Crime – the Palermo Protocol.³⁸³ According

to the law, the MoJ was made the responsible ministry for collaborating with specialised entities and associations for the protection of victims.³⁸⁴

17.1.1 Services: Overview

Although the GoL supports the Universal Periodic Review (UPR) recommendations to combat trafficking, official approaches and laws are not yet rights-based or protection-centred. Existing anti-trafficking laws have not been able to stop the imprisonment and deportation of victims of trafficking and do not provide adequate protection.³⁸⁵

The main bottleneck to an adequate response to protect victims of trafficking (whether a child, adolescent or young person) is the absence of a comprehensive protection framework. The absence of such a system leads to a failure in ensuring their safety following identification of their cases and subsequent safe rehabilitation into society.³⁸⁶ The GoL has not adopted any of the draft proposals on procedures for referral of victims to NGO services, and therefore, in practice, officials refer cases to NGOs on an ad-hoc basis.³⁸⁷

While there have been strides made in identifying cases of the trafficking of children and adolescents, there is a dearth of qualified professionals and support services for the rehabilitation and protection of the traumatised minor.³⁸⁸ There are cases where the Internal Security Forces have been reluctant to arrest parents who traffic their child into forced begging due to financial needs, as there are no social services or alternative care options for accommodating the children.³⁸⁹ In 2011, the ISF, in cooperation with MoSA, intervened to dismantle networks that facilitated the trafficking of street-based children. It was reported that one major network for beggars was disbanded.

However, children affected by this network did not receive appropriate care and rehabilitation services due to limited availability of safe houses and institutional care facilities in Lebanon (to be discussed). Residential institutions for children are also not equipped or trained to handle child victims of trafficking.³⁹⁰

Lebanon does well in adopting appropriate strategies and plans on paper, but often falls short of implementation owing to political challenges to establishing truly independent bodies. Even when specific bodies and committees are created, their longevity is not always guaranteed owing to funding inadequacies, corruption and internal politics. As of 2006, four institutional forums were formed to combat trafficking, yet there is no further information on their present-day functioning: (1) the National Steering Committee (NSC), led by the MoJ; (2) the National Inter-ministerial Steering Committee, led by the MoL; (3) the Parliamentary Committee for Human Rights; and (4) the Committee for Drafting the General Strategy for the Implementation of Law 164 on the Punishment for the Crime of Trafficking in Persons.³⁹¹ According to news reports, a special unit was established by the ISF between 2002 and 2005 solely to address the issue, which eventually closed due to lack of funding.³⁹² In August 2018, the head of the ISF Anti-Trafficking Unit was allegedly under investigation for running a prostitution network involving bribery and extortion, although these claims could not be substantiated and were denied by the ISF.³⁹³ There has been public criticism of suppression of cases involving civil servants and officials.³⁹⁴

Interventions to identify trafficking cases

In 2019, the MoJ, together with a local NGO, launched a public call for action aimed at policymakers and the public, to raise awareness of the issue and to advocate amendments to anti-trafficking law.³⁹⁵ In 2020, the DGSG, ISF, UN International Organization for Migration (IOM) and Lebanon (with funding from the

Netherlands Embassy) launched an initiative to strengthen the capacity of the Human Trafficking Repression and Moral Bureau. The aim is not only to focus on enhancing identification and the investigation of trafficking cases but to improve victim protection.³⁹⁶

There have been concerted efforts to strengthen capacity – the ISF, army and new DGSG personnel who are in close contact with victims of trafficking are regularly trained by NGOs on human rights and anti-trafficking.³⁹⁷ There have been reports of judges lacking understanding and knowledge of anti-trafficking law and best practice for handling such cases; however, both the responsible authorities and NGOs have noted gradual improvements in their application of the law.

The MoSA collaborates with NGOs and international organisations on the majority of the programmes that they conduct, including those that focus on human trafficking (see

Box 17 1). The Higher Council for Childhood (HCC) within MoSA has also been active in addressing children's rights issues, including child trafficking.

The main institution responsible for removing children from the street is the ISF. It is also responsible for dealing with trafficking cases through its Human Trafficking Repression and Morals Protection Bureau.³⁹⁸ It has reported identifying cases of underage sex workers, including children and adolescents forced into the trade. It has further identified young women exploited when working under an artist visa, who are referred to the General Security Forces after initial investigation.³⁹⁹

BOX 17 1: EXISTING DUTY BEARERS

Government actors

- Internal Security Forces (ISF)
- Director General of the Security General (DGSG)
- Office of the Public Prosecutor (OPP)
- Ministry of Social Affairs (MoSA)
- Ministry of Labour (MoL)
- Ministry of Justice (MoJ)

International organisations and NGOs working on trafficking

- The Lebanese Association for Education and Training (ALEF)
- Caritas Lebanon Migrant Center (CLMC)
- Heartland Alliance for Human Needs and Human Rights
- Human Rights Watch (HRW)
- KAFA (enough) Violence and Exploitation
- World Vision – Lebanon
- The Union for the Protection of Juveniles in Lebanon (UPEL)
- Terre des Hommes (TDH)
- International Labour Organization (ILO)
- The United Nations Office on Drugs and Crime (UNODC)
- The International Centre for Migration Policy Development (ICMPD)

Source: International Centre for Migration Policy Development (2013).

The DGSG is also responsible for tracking potential trafficking rings. The DGSG conducts extensive background checks on adoption centres which have been reported for handing

over infants to foreign parents in exchange for a price, effectively a sale. Further, the DGSG tracks cases involving migrant domestic workers, as well as artist women arriving in the country

on an artist visa. They are also responsible for investigating cases of the mistreatment and abuse of migrant domestic workers, and monitoring their work and the work of women on an artist visa. Cases are referred to the ISF when there are specific criminal elements involved.

The Office of the Public Prosecutor (OPP) is another of the main competent authorities that participates in identifying victims of trafficking and is one of the first points of notification apart

from the ISF and the DGSG. Indeed, it is the OPP that appoints social workers for cases involving children and adolescents below 18 years of age.⁴⁰⁰

In 2018, Tripoli Municipality together with an NGO opened a hotline to encourage residents to reports cases of exploitative child street begging.⁴⁰¹ The DGSG and MoL operate hotlines to receive reports on abuse and migrant worker complaints, and suspected trafficking cases.⁴⁰²

17.2 Outcomes: Progress and inequities

17.2.1 Prevalence and drivers of child labour

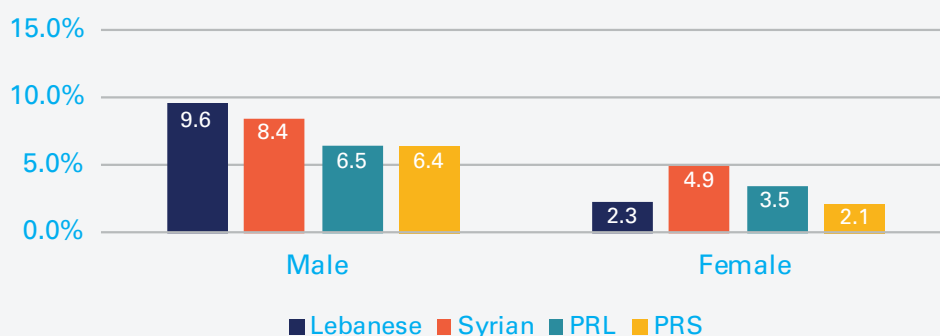
The distinction made between “child labour” and “children in employment” (often referred to as child workers) is that the former implies children are out of school, but the latter does not.⁴⁰³ Boys are especially at risk of being engaged in child labour. All forms of hazardous work are extremely detrimental for children and adolescents, arresting their physical, mental, emotional and social development and wellbeing, and limiting their educational opportunities and outcomes.⁴⁰⁴

According to the UNICEF Baseline Survey (2016), almost 7 per cent of Syrian children are engaged in some form of labour. The situation is dire in Akkar (at 14 per cent) and worse in El Nabatieh (at 18 per cent). The trend has even increased among Lebanese children, with the proportion of working children tripling between 2009 and 2016, from 1.9 to 6 per cent (almost 10 per cent of boys compared with 2 per cent of girls). Almost 16 per cent of Lebanese children in Akkar are engaged

in hazardous work compared with less than 2 per cent in Beirut.⁴⁰⁵ On the other hand, child labour appears to be declining for Palestinian children in Lebanon. However, there are stark geographical differences: in Mount Lebanon they are five times more likely to be engaged in child labour than those living in Akkar or Baalbek-El Hermel.

Across all population cohorts, boys (aged 5–17 years) are more likely than girls to be engaged in both work under hazardous conditions and child labour (Figure 17-1). Among girls, engagement in hazardous work and child labour is highest in the Syrian cohort. In the Bekaa Valley, which hosts the largest number of Syrian refugees in Lebanon, a study highlighted that girls are particularly burdened by labour-intensive activities, and yet they earn less money than boys even after adjusting for age, sector, location and time spent in the location.⁴⁰⁶

FIGURE 17-1: Proportion of children aged 5–17 years engaged in child labour, by gender and population cohort



Source: Authors' depiction, based on UNICEF (2016).

According to the previous UNICEF situational analysis (2017), child labour was not as widespread in Lebanon prior to the Syrian refugee crisis.⁴⁰⁷ Syrian families send their boy children (aged 5–17 years) for strenuous, hazardous work, to toil long hours for very low wages – putting them at risk of violence, abuse and exploitation.⁴⁰⁸ Child labour prevalence among Syrians is strongly associated with child marriage and violence but is also likely to undermine their future livelihood as well as their ability to engage in the state rebuilding of Syria in the future.⁴⁰⁹

Income poverty is a key driver of working children: in rural areas, children are involved in physically demanding work in the agricultural sector.⁴¹⁰ It is estimated that the agricultural sector accounts for approximately 60 per cent of child workers in Lebanon.⁴¹¹ An independent study in 2019 noted that 75 per cent of children engaged in labour in Bekaa Valley worked in agriculture.⁴¹² Agriculture has a

number of occupational risks and hazards, making it one of the top three most dangerous sectors to work in, alongside construction and mining.⁴¹³ The hazards of such work mainly include long working hours in the sun, and coming into contact with chemicals such as pesticides and fertilisers.⁴¹⁴

In the Akkar and Beqaa regions, respectively 31 per cent and 82 per cent of child workers on medium-sized farms were out of school. A 2017 study by the AUB on working children in Bekaa and Baalbeck-Hermal estimated that 72 per cent of surveyed children were engaged in agriculture, with the majority (63 per cent) aged 13–18 years and more than half being adolescent girls.⁴¹⁵ Of those working, only 18 per cent were enrolled in some form of learning. UNICEF estimated, using child labour prevalence data and available out-of-school data, that the actual number of working children with no opportunity for learning in Lebanon could range between 100,000 to 150,000 children.⁴¹⁶

Anticipated risks of increased child labour

A key concern is the possible rise of other, worse forms of labour in the face of the compounding crisis, particularly with the worsening socio-economic situation and crisis of governance. Recent studies and articles have reported the trafficking of children, adolescents and youth into bonded labour, criminal gangs, for sex work and even for organ trading, but widespread prevalence is difficult to establish in the absence of official statistics.⁴¹⁷

Child labour and exploitation is also expected to increase in the face of climate change and increasing natural disasters. Floods, droughts, heavy rains and heatwaves are considered indirect “push factors”: in such cases, poor families can be forced out of their homes or communities in search of alternative income opportunities.⁴¹⁸ Other factors act to “pull” children into labour, such as the lure of

construction jobs or environmentally hazardous but easy-to-access jobs like scavenging at dumpsites.

Children and families dependent on poorly paid agricultural labour are susceptible to the uncertainties caused by decreasing precipitation and increasing temperatures, which create water stress for agriculture and trigger longer droughts, forest fires and new crop pestilence. Besides agriculture, children across Lebanon are working in factories, auto shops, domestic settings or street vending – all with specific risks such as physical injuries or exposure to toxic substances, waste, particulates, smoke and traffic pollutants, all of which can lead to respiratory problems or long-term damage to the central nervous system.⁴¹⁹ There is no data available on injuries and other work-related hazards.

17.2.2 Trafficked children, adolescents and youth

Overall, there are hardly any official reports or studies on the trafficking of minors and young adults in Lebanon, or across borders. Some activities have nonetheless been reported by some studies, news articles and civil society, including bonded labour in agriculture, sexual

exploitation, forced begging, involvement in criminal activities, organ trafficking and even the sale of infants.⁴²⁰ Another reported driver of trafficking has been for armed groups in Syria, but also within Lebanon.⁴²¹

Bonded labour in agriculture

Refugees are particularly at risk of being targeted and trafficked as labourers. There are reports of traffickers in Syria selling Syrian men, women, children and adolescents into bonded labour in exchange for accommodation, food and transportation into Lebanon. They also organise groups of labourers to work in the agricultural sectors in Bekaa Valley.⁴²²

In 2015, an international organisation reported that adolescents were working as bonded labourers in exchange for their families being allowed to live in the informal settlements.⁴²³

Street-based children and adolescents

Street-based children experience a variety of living conditions. Some work on the streets but live at home with their family, while others live and work on the streets with no adult family members. A large number of children in urban centres of Lebanon are there as a result of being forced to work by adults, for long hours and at risk of violence. Many of them are in fact trafficked, shipped from location to location to work and engage in petty crime in order to earn cash for their controllers.⁴²⁴

In urban areas, the number of street-based children and adolescents is increasing, and

they are known to be engaging in some of the worst forms of child labour in Lebanon.⁴²⁵ These include bonded or compulsory labour, begging, and informal vending of food and drinks, among other jobs.⁴²⁶ When they work as beggars or vendors (considered street offences) they are at risk of being in contact with law authorities. Some reports suggest that on the streets they are at risk of physical violence and sexual abuse, including dangerous forms of work that involve sexual exploitation and even illegal organ trade (see Box 17-2).⁴²⁷

BOX 17-2: Sporadic reports of trafficking of Syrian women and girls over the years

In 2011, in the early days of the Syrian crisis, the United States Department of State report on trafficking of persons in Lebanon noted that the ISF was reporting increased trafficking of Syrian refugee women and girls, mostly through early marriage and sex work.ⁱ In 2016, Lebanese authorities identified an extensive sex trafficking ring targeted at Syrian women and girls who were first recruited in Syria under false promises of decent work. Such sexual exploitation further included mental, physical and sexual abuse, and forced abortions. Family members and powerful local families in Syria were reported to be involved.ⁱⁱ

In 2020, a news report by an international media outlet released more information on a potential sex trafficking ring that was well networked in Lebanon and targeted both young Syrian women and underage girls.ⁱⁱⁱ Between 2012 and 2017, the local firm Legal Agenda investigated 34 cases of trafficking that had made it to court. Led by Ghida Frangieh, a lawyer, the probe concluded that the presiding judges of lower courts were untrained in handling trafficking victims with appropriate care and sensitivity, especially young women and girls trafficked into sex work. While cases of forced begging were quickly addressed, judges showed signs of reluctance to rule on cases of trafficking for sex work, such as unwillingness to probe into means of exploitation that can be humiliating for victims or to ask for proof that the young woman was forced into sex work. In some cases, the judge ruled that the woman could not be a victim of trafficking as she had to some degree consented to the act of sex.^{iv}

Source: International Centre for Migration Policy Development (2013).

In 2016, approximately 1,500 children and adolescents were found to be working on the streets in 18 “hotspots” across Lebanon, the majority as beggars (at 43 per cent) or street vendors (at 37 per cent).⁴²⁸ While numbers of Lebanese and Palestinian street-based children and adolescents were on the decline, number of Syrian street-based children and adolescents were steadily increasing, making up 73 per cent of the total number of surveyed street-based children.⁴²⁹ There are spatial concentrations: neighbourhoods in Greater Beirut have a larger number of beggars, many of them minors. There are more boys aged 10–14 years than girls on the streets. However, both often begin working as young as six or seven years of age.⁴³⁰ Syrian children and adolescents continue to be forced into the worst forms of labour and are highly vulnerable to being trafficked into the agricultural regions, but also to the urban areas of Beirut and Tripoli.⁴³¹

In 2019, the ISF investigated 32 cases of trafficking for sex work and of children – including at least 12 victims. The DGSG investigated 159 suspected cases of trafficking of migrant domestic workers and young women holding artist visas. The number of cases marked a decrease from the 212 cases registered in 2018. The MoJ acknowledged limitations in nationwide reporting, and that a total of 46 alleged traffickers were prosecuted, including 11 cases involving young sex workers and ten cases of child begging. Ultimately, 22 traffickers were convicted, with seven involved in child trafficking and the remainder in the trafficking of young women. The punishments ranged from 3 to 15 years’ imprisonment. Therefore, a rise in the number of convictions was noted in 2019, from just four in 2018.⁴³²



18. CONTACT WITH THE LAW AND INSTITUTIONALISATION

18.1 Enabling environment

18.1.1 Policy and legislature: Overview

In 2002, Law no. 422 on the Protection of Juveniles in Conflict with the Law or at Risk was adopted to respond to the imminent need for reform in the juvenile judicial system, shifting the focus to education, rehabilitation and protection rather than punishment and imprisonment – which is intended for exceptional circumstances. Under this law, the government is bound to provide protection services to all children in Lebanon, regardless of nationality, through the MoJ's Juvenile Department (JD), which was established by the Council of Ministers Decree no. 151/1983. A database was established within the JD to be used to follow up on the judicial cases of minors.

The MoJ is one of the most essential stakeholders for children in conflict with the law, as municipal police services and prison administration fall under the jurisdiction of its ISF, which plays a key role in curbing terrorism and youth radicalisation.⁴³³ The protocols for the arrest and questioning of detained juveniles and the movement of juveniles under ISF custody to new premises have been aligned with accepted international standards. The other relevant ministries are MoSA and MEHE, which collaborate on educational programmes for juvenile offenders and support programmes for minors at risk and in need of protection.

Once vulnerable children are placed in institutions – not only those in conflict with the law but also

orphans and children with disabilities – are placed in institutions, there are no mechanisms in place for adequate reporting, monitoring and redressal of maltreatment by staff. The CRC recommended establishing child-friendly support services that provide accessible, confidential channels for children to safely and privately report violations; establishing shelters for survivors of sexual abuse and violence and comprehensive referral services; training all professionals working with and for children, including social workers, judges and other law enforcement officials, on how to receive, monitor, investigate and prosecute complaints in a child- and gender-sensitive manner; and finally, establishing policies and interventions for the prevention of violence, but also effective, safe rehabilitation and reintegration of minor survivors.⁴³⁴

Children with disabilities in Lebanon are at risk of being placed in institutions even when they have living parents and family members. The CRC observations noted these concerns, recommending that the government reduce institutionalisation, especially of children with disabilities, periodically review their placements, and instead support their caregivers to provide adequate care through social protection and disability-inclusive services.⁴³⁵

18.1.2 Services: Overview

The juvenile justice system in Lebanon is underfunded and not yet well developed. The absence of a rights-based, child-friendly system to implement the law and to safely handle children being prosecuted and other minors in contact with the law is a protection risk with potential lifelong consequences.⁴³⁶ Secondly, the absence of preventative and rehabilitative approaches such as education and reintegration programmes that aim to reduce juvenile delinquency and recidivism is a major challenge for the GoL.⁴³⁷

The MoJ currently outsources state juvenile justice services and contracts the UPEL to act as the primary body responsible for providing child protection services. The UPEL, however, is understaffed and its social workers have very high caseloads, which compromises the quality of the support and the spectrum of services offered. For example, while juvenile focal points are supposed to be posted at all police stations, this is not always applied due to lack of resources. UPEL social workers also face challenges in providing protection services to

Palestinian refugee children residing in camps, due to the lack of support from Lebanese police forces, who typically do not intervene in the 12 Palestinian camps in the country.

In recent years, it has been reported that the biggest risk for children in conflict with law is lengthy criminal prosecutions, during which they remain in detention. At present, there are no procedural options to allow juvenile offenders to be diverted from formal legal proceedings in the early stages of prosecution, which would reduce the need for lengthy and costly trial proceedings.⁴³⁸ This increases the likelihood that they will fall into rather than escape the cycle of violence and exploitation.⁴³⁹ Even shelters and safe houses for non-Lebanese adolescent girls and young women turn into forms of detention, as their location remains unknown to family and friends and they are not allowed to leave unless

their applications are processed by the DGSJ.⁴⁴⁰

There is a dearth of specialised juvenile justice professionals and social workers, and limited knowledge of protocols and international standards among law-and-order authorities, starting from arrest procedures for minors and subsequent steps taken by the justice system. Juvenile courts have limited coverage, with only six juvenile judges, who are not always specifically trained on child rights, assigned to six courts for the country's eight governorates. Article 34 of Law 422 stipulates that a social worker be contacted within the first six hours after arrest. However, the 2015 periodic review found that 40 per cent of juvenile questioning occurred without the presence of a social worker, and a third of children in police custody reported abuse.⁴⁴¹

BOX 18-1: Addressing overcrowding during the pandemic

In May 2016, in response to the COVID-19 crisis, the GoL worked towards reducing overcrowding in prisons and in other detention centres, in an attempt to limit the spread of the virus.

Juveniles held in detention for minor offences were considered for early release. At the time, UNICEF worked closely with the MoJ and national NGOs to identify the detained children and adolescents and to facilitate their release and the provision of services necessary for their rehabilitation. Forty-two children detained in police stations were identified and provided with relevant services based on each case file.

Source: Balsom (2020).

The reliance of the justice system as a whole on imprisonment as the main form of detention, for both juveniles and adults, has led to overcrowded prisons with facilities that are in inappropriate and poor condition. The Roumieh Juvenile Centre is the only dedicated criminal juvenile detention centre operating in the country. Juveniles are not divided by their age, criminal charge or type of offence, and there is no true segregation from adult prisoners who live on the same prison premises. There are reported risks of exposure to extremist and radical views, and possible recruitment by criminal groups.

In the early 2000s, it was reported that minors in conflict with the law would be referred to the juvenile misdemeanours court, with convictions of three to six months' detention. Generally,

boys were imprisoned in separate juvenile facilities within adult prison premises while girls were kept in women-only prisons.⁴⁴² The only form of rehabilitation available for boys was vocational training at the juvenile facility, while no programmes were available for girls except for occasional activities.⁴⁴³

Civil society has played an important role in pushing for reform and modernising the juvenile justice system. Apart from UPEL, the Fondation Pere Afif Osseiran (FPAO), Mouvement Social (MS) and the Association Justice et Misericorde (AJEM) have been accredited by the MoJ and MoSA to provide holistic support to juveniles incarcerated at Roumieh's juvenile centre, through vocational, educational and social training. They also provide support for the community-based rehabilitation and reintegration of children after

the completion of their detention period, as an alternative to imprisonment. However, there is no regulatory body or monitoring framework for ensuring the standardisation and quality of services provided by accredited NGOs.

The Department for Juvenile Protection (DJP) under MoSA has also worked to strengthen

the capacity of social workers for vulnerable juveniles to protect them from falling back into delinquency, radicalisation and recidivism. In 2016, to this end, it was reported that a total of 26 social workers had been recruited and assigned to 26 SDCs across Lebanon.⁴⁴⁴ There are no further updates available on this initiative.

18.2 Outcomes: Progress and inequities

Overall, there is limited data and analysis available on children and adolescents in contact with the law. This broadly includes children above and below the minimum age of criminal responsibility, and the number of underage survivors and witnesses of crime. It further includes children in need of protection, including aforementioned groups such as child labourers and those trafficked.⁴⁴⁵ Presently, Lebanon sets the minimum age of criminal responsibility at seven years old, despite advocacy efforts seeking to raise it to 12 in adherence with globally recognised juvenile justice standards.⁴⁴⁶

From 2011 (the start of the Syrian refugee crisis) to 2018, the demographic characteristics of juvenile offenders remained relatively stable (see Table 18-1). The majority were boys (92 per cent between the ages of 15 and 18). The majority in 2011 were Lebanese; however, this had changed by 2018 to a Syrian majority. The absolute number of Lebanese juveniles remained relatively stable (1,273 in 2011 and 1,078 in 2018) but the number of Syrian juveniles increased from 463 to 2,164, mainly due to the proportionate increase in the Syrian population.⁴⁴⁷



TABLE 18-1: Characteristics of juvenile offenders

Year	2011	2018
Total number of juvenile offenders	1,986	3,534
Age at the time of committing the crime		
Seven or younger	2 per cent	4 per cent
Between 8 and 11	3 per cent	4 per cent
Between 12 and 14	6 per cent	5 per cent
Between 15 and 18	89 per cent	87 per cent
	100 per cent	100 per cent
Education level		
Educated	65 per cent	56 per cent
Illiterate	9 per cent	10 per cent
Not specified	26 per cent	34 per cent
	100 per cent	100 per cent
Gender		
Male	92 per cent	89 per cent
Female	8 per cent	11 per cent
	100 per cent	100 per cent
Nationality		
Lebanese	64 per cent	31 per cent
Syrian	23 per cent	61 per cent
Palestinian	6 per cent	5 per cent
Other	4 per cent	1 per cent
Not registered	3 per cent	2 per cent
	100 per cent	100 per cent
Type of case		
Felony	11 per cent	12 per cent
Misdemeanour	81 per cent	76 per cent
Petty offence	7 per cent	12 per cent
	100 per cent	100 per cent
Total number of cases	2,189	3,851

Source: Authors' depiction, based on Government of Lebanon (n.d.).

19. CONCLUSION AND RECOMMENDATIONS

From the preventative standpoint, the level of social and economic resilience that the family has, as the primary institution, can vastly determine the exposure of children and young people to risks over their life course. From a recovery response standpoint, these risks have only become exacerbated in the context of compounding crisis, and there is a need for appropriate investment in social protection for families.

The family environment presents a child's initiation into their social context, and parenting plays the key role in facilitating intergenerational learning and socialisation. According to the

WHO (2007), parenting consists of the following key dimensions: connection, behaviour control, respect for a child's individuality, modelling appropriate behaviour, provision and protection.⁴⁴⁸ In the midst of a changing context, parenting needs to change as well. Thus, there is a need for shifting parenting norms that are responsive not just to basic material needs but to the myriad of physical, emotional and spiritual needs of growing children and adolescents. In the digital age, parenting has to involve engagement, compassion, empathy, understanding and openness in order to ensure that children are able to freely discuss their new experiences, discomforts and problems.

HEADLINE OBJECTIVE: Making families and communities socio-economically resilient in the aftermath of crisis.

Priority actions

- UNICEF LCO needs to engage with the MoSA and MEHE to introduce positive parenting programmes, building on best practice from neighbouring country offices in the MENA region. These programmes should include key C4D components, on the gendered needs and risks of children and adolescents, such as child marriage, hazardous child labour, child functioning and disability, the need for a loving environment, and positive fatherhood models.
- Reducing the institutionalisation of children with disabilities and other extremely vulnerable children should be a priority for UNICEF LCO. The development of a comprehensive community-centred alternative care strategy and frameworks is a multi-ministerial initiative that UNICEF LCO can coordinate with the support of existing relationships with various ministries.
- A universal social protection system that is ready to go to scale during recovery would form part of the backbone of a fledgling social protection system in Lebanon and help to strengthen the national social contract upon which further development and prosperity could be based.⁴⁴⁹ An emergency UCB would be an important component of a broader rescue package that would limit further damage to economic growth and ensure that the vast majority of households across Lebanon can access a minimum level of income support (see Annex 3).⁴⁵⁰ By investing in its children, Lebanon would be able to build a more productive workforce which would enable the nation to compete with its regional and international competitors (see Annex 2).



7

THE RIGHT TO FULL PARTICIPATION IN SOCIETY

SECTION 7



In 2012, the national youth policy was endorsed by the then Council of Ministers, which defined the “youth” age bracket to be 15–29 years. Implementation through “youth forums” remains weak.



The minimum age for voting is at 21 years.



Young people are more inclined to participate in the independent political movements that have been on the rise since the October Revolution. However, they are also at risk of getting embroiled in sectarian violence, in the absence of guidance and inspired leadership.



Lebanon’s labour market is underdeveloped. The country has no concise policy aimed at maximising full and productive employment.

64% of the workforce are in informal employment compared to 36% in formal employment, with 76% of them working over 40 hours per week.

Both skilled and unskilled young people struggle to find employment, taking on average 10–16 months to find their first job. Syrian refugees are only legally allowed to work in construction, agriculture and environment (e.g. waste management).



Overall participation rates for young people (aged 15–24 years) are not optimal: less than 30% are engaged in or are actively seeking paid work (42% men and only 17% women).

For both men and women, there is a steady decline in participation rates after the median age of about 29 years, which is considerably early for a working-age person.

Source: Authors’ depiction, based on KII; Beyond Group (2020); Chaaban & Khoury (2015); Youth Forum for Youth Policy (2012).

On the basis of available data and using a life-cycle approach, this section presents an overview of the enabling environment, progress and inequities on rights outcomes for older adolescents and young people in civic participation and youth employment.

20. ENABLING ENVIRONMENT

20.1.1 Policy and legislature: Overview

The space for the civic participation of older adolescents and young people in Lebanon is limited: existing youth policies are poorly implemented, and the minimum age for voting is 21, as opposed to 18. The mainstreaming of youth issues officially falls within the purview of the MoSY in Lebanon. In 2012, the ministry's national youth policy was endorsed by the then Council of Ministers, which defined the "youth" age bracket to be 15–29 years.⁴⁵¹ One of the key proposed interventions was the youth forum, a space for Lebanese youth to create a base for support to amend legislations that discriminate against young people; network across NGOs and political parties; and create spaces for dialogue and identify young people's common needs and ambitions. Since then, there has been little movement on implementing this policy, or on the youth forums. On paper, young people are covered by other policies such as the cross-sectoral National Social Development Strategy, which is currently not implemented by the MEHE; the recent Strategic Plan of the MoSA on the Protection of Women and Children 2020–27, for which successful implementation is to be monitored; and the LCRP 2017–21.

Young people in Lebanon also face the prospect of unemployment of long duration and high levels of job insecurity due to a weak labour policy environment: active labour market policies, which are supply-side policies to

support the labour market, are limited in Lebanon and are highly fragmented between the different ministries. The National Employment Office (NEO) – the public institution responsible for the labour market – is relatively inactive throughout the country. In 2015, a study highlighted its inadequate resources, with a stagnant budget of LBP 1.3 billion (US\$ 862,355 in 2020) and only three offices in Beirut, Tripoli and Sidon, which were understaffed.⁴⁵² At present, the NEO's rate of finding employment for young job seekers is at a mere 1 per cent, and their last labour market study was conducted in 1996.⁴⁵³

At the heart of labour market challenges are the fundamental inefficiencies of the political economy that have led to a poorly developed labour market. The country has no concise policy aimed at maximising full and productive employment.⁴⁵⁴ The *laissez-faire* economic model has further led to underinvestment in key sectors, including agriculture and manufacturing, where real value creation takes place and more jobs are generated. Instead, there is an overreliance on service-based businesses in the private sector. There are also limited opportunities for self-employment, such as independent micro, small and medium-sized enterprises (MSMEs), due to a lack of adequate financial capital. A weakened judicial system disincentivises such investments unless politically motivated, as the protection of property rights is limited.⁴⁵⁵

20.1.2 Labour market: Overview

According to the 2018/19 LFHLCs, the majority of the employed population have poor working conditions. Sixty-four per cent of the workforce are in informal employment, compared with 36 per cent in formal employment, with 76 per cent of them working over 40 hours per week.⁴⁵⁶ Low-skilled workers are mainly in the informal economy as family workers or subsistence farmers, relying on low and precarious incomes. In 2012 approximately 30 per cent of workers were self-employed, and the 2018/19 LFHLCs found that 33.3 per cent of households derived income from self-employment or running a business. The majority are in low-skilled jobs,

but low- and highly skilled workers alike do not typically have access to public social insurance schemes (mainly administered through the National Social Security Fund or NSSF) and therefore have no access to pensions in old age or in the event of a disability.⁴⁵⁷ Young people with disabilities are at risk of exclusion from the labour market due to systemic disadvantages and inequitable access to services over the life course that impact their employability. For people with physical disabilities, most workplaces in Lebanon do not incorporate disability-inclusive infrastructure such as wheelchair ramps.



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BOX 21-1: Employment trends

Unemployment has risen in the last decade and a half, from about 7.9 per cent in 2004 to 9.0 per cent in 2007, then 9.3 per cent in 2011/12, and then rising again to reach the highest level of 11.4 per cent in 2018, while the labour force participation rate increased from 44 per cent in 2007 to 49 per cent in 2011/12 and stayed at the same level in 2018/19.

In 2018/19, about 75.9 per cent of jobs in Lebanon were found in services, 20.5 per cent in industry and 3.6 per cent in agriculture. The largest branch (19.9 per cent) of employment was in wholesale and retail trade (including repair of motor vehicles), followed by manufacturing (10.9 per cent), and public administration and defence (9.9 per cent).

The shares of women and men (per cent by branch) were different in different broad branches of economic activity in Lebanon. For example, 90.1 per cent of industry workers were men while only 9.9 per cent were women. The situation was different in services, where the share of women was 36.9 per cent. Looking at it from another perspective (percentage by sex), 91.8 per cent of working women were employed in services, 6.7 per cent in industry and less than 2 per cent in agriculture. Similarly, most men (68.9 per cent) were found in services, while 26.6 per cent worked in industry and 4.4 per cent in agriculture.

Source: Central Administration of Statistics & ILO (2019).

Due to a lack of a Labour Management Information (LMI) system, there is no detailed information on whether employed Lebanese people are working in decent conditions and earning an adequate income that allows them to secure a dignified standard of living for themselves and their dependants. More than 80 per cent of Lebanon's population of retirement age have no pension coverage, most of these individuals previously employed in the private and informal sectors.⁴⁵⁸

For women, the Labour Code offers key protections: Article 26 prohibits wage discrimination based on gender, and Articles 29 and 52 prohibit the dismissal of women due to pregnancy. However, this is yet to translate into practice, as the labour market is characterised by some of the key global trends: gender segregation of occupations; gender wage disparities and marginal presence in management positions; and women's disproportionate representation in the informal economy and engagement in unpaid and underpaid work.⁴⁵⁹ The participation of educated young women in the formal economy is further restricted by the absence of family-friendly policies in the workplace; limiting legal and regulatory frameworks for private sector

companies; and business compliance with these frameworks. Lebanese labour law entitles women to just ten weeks of paid maternity leave, as opposed to the 14 weeks recommended by the ILO, and men to just three days of paternity cover. Businesses have shown little commitment to extending these timeframes.⁴⁶⁰ The NSSF provides additional paid maternity and paternity benefits, but only to the minority of workers in the formal economy.⁴⁶¹

Refugees face challenges accessing decent work due to legal barriers: Syrian refugees are only legally allowed to work in construction, agriculture and environment roles (such as waste management). They are not covered by the country's Code of Labour (1946) and therefore have no protection or guarantees regarding their right to decent work.⁴⁶² The amendment to the Labour Code provided some legal respite for the Palestinian population but did not address their exclusion from 36 syndicated professions (including medicine, farming and fishery, and public transportation). There are also specific memorandums to ensure that certain professions, such as administrative, educational and banking jobs, are available exclusively to Lebanese citizens.⁴⁶³

20.1.3 UNICEF's Youth for Development Initiative

UNICEF has made strides in making youth issues and rights, particularly youth civic participation and employability, priority agendas in Lebanon, with the Youth for Development (Y4D) initiative targeting refugee and host communities (aged 15–24 years) through a consortium of partners, including the key UN agencies, government bodies, international and local NGOs, and private sector entities.⁴⁶⁴

Overall, the Y4D programme is building momentum on fulfilling the developmental rights of adolescents and young people, while establishing best practice for the integration of services and addressing some of the financing and operational constraints. The programme encompasses a wide range of activities for Lebanese and other nationalities, with three envisaged outcomes:⁴⁶⁵

- Strengthening government capacity to implement and monitor inclusive youth policies

- Increasing access to technical and vocational training and innovative skills-building programmes for improved professional readiness and employability

- Increasing opportunities for the participation and empowerment of young people, enabling healthy lifestyles and active engagement in their communities.

Y4D has made key contributions to the development of a youth policy in Lebanon, including enhancing the technical and managerial competencies of relevant authorities and improving coordination among the relevant state and non-state duty bearers.⁴⁶⁶ The programme has been found to be successful in reaching its target groups of vulnerable adolescents and youth groups across Lebanon, with higher coverage of girls and women and refugee populations. However, reaching young people with intersectional vulnerabilities, in particular

those with disabilities, has been challenging in the absence of appropriate disability-friendly infrastructure and transportation facilities, which creates structural barriers to accessing such opportunities.

The programme is targeted at older adolescents and young people in IDP (internally displaced person) camps and host communities, to provide training for adolescents and young people to engage in the delivery of WASH services, including solar energy, soap production, latrine construction and waste management, and equips them with marketable skills. It has further created a space for Lebanese and Syrian young people to interact, contribute to social outcomes and have an income-generating avenue. In Lebanon, the project has reached over 30,000 young people.⁴⁶⁷

The programme focuses on the employability of young people, despite a job market characterised by low salaries and poor working conditions. A key achievement has been to enable many vulnerable adolescents and young people to re-enter formal education, and to access further NFE or a range of other training opportunities.

The range of formal- and non-formal-market competency-based training (CBT) courses has upgraded skills important for employment and in general for the twenty-first century, such as computer skills, and continues to boost youth entrepreneurship.

Young people are particularly encouraged to enrol in the CBT and attend classes given by dedicated trainers. However, TVET is still perceived, as in many other low- and middle-income countries, as a less valuable educational option than formal education – which is reflected in the shortage of appropriate skill-based employment opportunities for successful graduates of the programme. The range of education, skills-building, innovation-focused and life skills services offered additionally empowers trainees in terms of their interpersonal skills, management of emotions and communication skills. The life skills training modules encourage civic participation among young people in order to create value for the community and themselves. Lastly, the initiative has played an important role in improving their awareness of and respect for their rights, and the importance of challenging gender roles and stereotypes.

20.2 Outcomes: Progress and inequities

20.2.1 Civic participation

According to the 2017 Arab Youth Survey across the MENA region, 55 per cent of young people felt that their quality of life has deteriorated, but nonetheless remained hopeful about engaging with their circumstances to bring about positive change in their reality.⁴⁶⁸

The situation of compounding crisis in Lebanon has had a detrimental impact on the aspirations of young people. For refugee populations, the lack of hope or certainty add to existing trauma from past experiences.⁴⁶⁹ Prior to the 2019 October Revolution, civic participation among Lebanese youth was low, stemming from a deep sense of disempowerment resulting from the country's political and governance system and the weak implementation of the youth policies.

According to the 2015 UNICEF youth study, there has long been a deep sense of frustration with and mistrust in the existing political situation, which is widely perceived as corrupt, including

the judiciary.⁴⁷⁰ While duty bearers have mainly focused on expanding their socio-economic rights, there is a need to create a constructive environment for young people to exercise their civic and political rights. At present, young people are more inclined to participate in the independent political movements that have been on the rise since the October Revolution. However, they are also at risk of getting embroiled in sectarian violence, in the absence of guidance and inspired leadership.⁴⁷¹

Volunteering in communities, one of the main forms of civic participation, is quite low, at 11.9 per cent, as a majority feel that they cannot make a difference in addressing the key challenges at the national, sub-national or community level. However, there is a lot of trust in civil society organisations and movements, even though there is a lack of knowledge.

Young people rely heavily on their families

and consider it their strongest unit of support in terms of major life decisions such as those around career and marriage, which are still matters of familial consensus. In fact, 95 per cent of surveyed young people expressed trust in their immediate relatives.⁴⁷² The vast majority of respondents reported their lives as being meaningful (90 per cent). They are also more likely to be progressive than older generations: respondents were supportive of seeing social justice and equality, including gender equality, in Lebanon – reportedly at a rate above average for lower- and middle-income countries. While young Lebanese adults showed biases towards

their own sects – with equal prevalence across all confessions, genders or regions – 67 per cent expressed acceptance of other sects.

However, there was a sub-set of young people who harboured conservative biases, particularly towards SGM, and did not want the following as their neighbours: religious minorities (40.5 per cent), racial minorities (29 per cent), immigrants (35 per cent) and homosexuals (77 per cent).⁴⁷³ In fact, over 90 per cent of Lebanese citizens perceived the Syrian refugee population as a symbolic and economic threat, with two thirds considering them an existential threat.

20.2.2 Youth employment

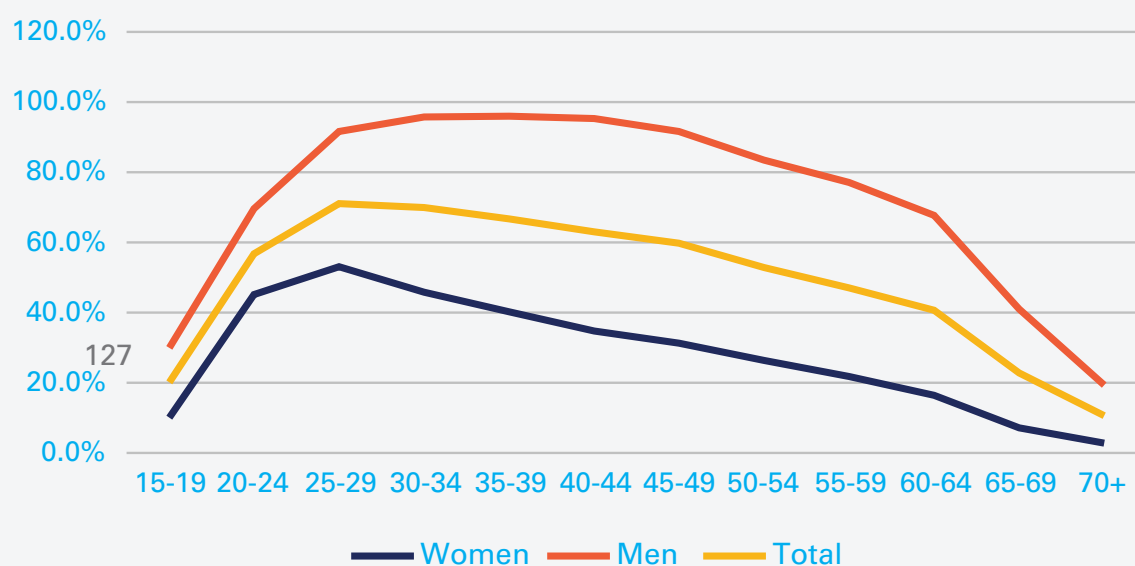
There are structural barriers to socio-economic participation in society, with inefficiencies in the current education system; limited opportunities for skill-based learning (TVET); and an underdeveloped, overcrowded labour market. A World Bank study in 2013 noted that Lebanon's labour market was insufficiently developed to absorb new participants, even without the Syrian refugee crisis.⁴⁷⁴ Young people are more likely to experience income poverty; however, this is not necessarily visible due to the cultural norm of children staying at home until they are ready and financially able to start their own families.⁴⁷⁵ Gainful employment is typically in informal sectors, with poor incomes and working conditions.⁴⁷⁶

Youth unemployment in Lebanon is therefore driven by underutilisation of the available workforce, with the labour market unable to absorb high school leavers and university graduates.⁴⁷⁷ Young people are falling behind in terms of employability due to lack of CBT.⁴⁷⁸ Both skilled and unskilled young people struggle to find employment, taking on average 10–16 months to find their first job.⁴⁷⁹ Given the high literacy rates typical of an upper-middle-income country, but a dearth of appropriate jobs, many Lebanese first-time job seekers emigrate to other countries in the region, or even further afield. In the wake of the economic crisis, youth migration has further increased, representing a significant brain drain and inhibiting domestic entrepreneurship, innovation and value creation,

which are strong markers of a stable economy.⁴⁸⁰

According to the 2018/19 LFHLCS, overall participation rates for young people (aged 15–24 years) are not optimal: less than 30 per cent are engaged in or actively seeking paid work (42 per cent of men and only 17 per cent of women).⁴⁸¹ Almost 32 per cent of informal workers are university graduates, and a significant proportion of young people, particularly women, are unemployed. In 2019, the rate of youth unemployment in Lebanon was 24.5 per cent for men and just over 21 per cent for women.⁴⁸² In another study in 2018, youth unemployment among refugees was estimated at over 50 per cent, differing very little between the Syrian and Palestinian populations.⁴⁸³

The overall labour force participation rate in Lebanon is just 48.8 per cent and displays a wide gender disparity. According to the LFHLCS 2018/19, for men the labour force participation rate is 70.4 per cent, compared with just 29.3 per cent for women.⁴⁸⁴ By governorate, the labour force participation rate is lowest in Akkar, at just 38.4 per cent. For both men and women, there is a steady decline in participation rates after the median age of about 29 years (see Figure 21-1), which is considerably early for a working-age person. For women the decrease is sharper, attributable to their gender role within the home after marriage, as the primary caregiver to children and other relatives.⁴⁸⁵

FIGURE 21-1: Labour force participation rate, by age and sex

Source: Central Administration of Statistics & ILO (2019).

The LFHLCs 2018/19 finds that the total unemployment rate in Lebanon stands at 11.4 per cent (10.0 per cent for men and 14.3 per cent for women). Unemployment is slightly higher in the North, South and Bekaa governorates and lower in Akkar, Baalbek-Hermal, Nabatieh and Mount Lebanon (7 per cent).⁴⁸⁶ Since late 2019, the impact of the financial crisis, a lack of liquidity of foreign currencies and steady devaluation of the LBP has hit businesses, and therefore the labour markets, hard – with the effect worsening when the government imposed the lockdown in 2020.⁴⁸⁷ Since the start of the pandemic in April 2020, almost 90 per cent of Syrians, 80 per cent of Palestinians and 70 per cent of Lebanese have either had their salaries reduced or lost their income-generating possibilities, meaning that unemployment is likely much higher by 2021.⁴⁸⁸

Refugees have always been discriminated against and extremely vulnerable in the labour market, irrespective of their educational background, work experience or competence. The majority of Syrian refugees are employed in the agricultural sector (32 per cent of those employed) given their concentration in North Lebanon.⁴⁸⁹ While

their mass influx suppressed already low wages, it is important to note that in 2019 almost half of the Syrian refugee households (41 per cent) had no members engaged in continuous work. In 2020, the context of the economic crisis and the COVID-19 lockdown led to 70 per cent of Syrian households being without continuous work.⁴⁹⁰

According to the 2015/16 Palestinian Socio-Economic Survey, approximately 65 per cent of men and 15 per cent of women among the PRL and PRS refugee populations were participating in the labour market. In a study from 2012, over 90 per cent of male PRSs were unemployed.⁴⁹¹ In a separate study from the same year, it was found that most Palestinian refugees in Lebanon who do find work are forced to work in low-skilled, low-paying jobs in construction, electricals, sanitation, agricultural and textiles.⁴⁹² According to the ILO, very few Palestinians carry a legal permit, indicating that the majority work as informal workers, on minimal wages and with no protection.⁴⁹³ They only have partial access to the NSSF, and obtaining a legal work permit is a lengthy administrative process, albeit free of cost.⁴⁹⁴

21. CONCLUSION AND RECOMMENDATIONS

The future of young people in the country is at risk due to weak public institutions and a complex political environment leading to structural bottlenecks (discussed in Chapter 8). Levels of frustration with the country's situation are running high, as more young people take to the streets to protest the government's failures in the provision of basic services such as WASH and employment, which are also vital for social stability.

HEADLINE OBJECTIVE: Empowering young people for a changing world of work.

Empowering young people in Lebanon in a changing context refers to ensuring the full and equal participation of young men and women, and marginalised groups such as young people with disabilities or those from refugee families. This calls for, at the very least, a focus on the enabling environment, particularly in addressing legislative and policy gaps and changing social norms in a way that would break the cycles of deprivation, inadequate care and nutrition, and gender inequality.

Priority actions

- UNICEF LCO's Y4D initiative has proven to be a great success in promoting youth engagement in communities and expanding income generation activities. Young people are also ideal focal points and role models for facilitating UNICEF's C4D activities to promote positive social and behavioural changes, especially in the positive parenting of children and adolescents; ensuring adequate and appropriate care and nutrition of new mothers and young children; and stopping cultural practices of child marriage.
- UNICEF LCO should work with the MoSA, MEHE and MoL to formulate a strategic response to ensure the school-to-work transition and employability of young people, with specific focus on marginalised groups such as young people with disabilities and refugees. This can further include state-supported job search assistance and the expansion of UNICEF's GIL entrepreneurship training.⁴⁹⁵
- Another key focus for engaging with relevant ministries should be on addressing gender disparities in the labour market, typically manifesting in gender wage gaps and motherhood penalties. These disparities can disincentivise women from participating in the labour market or push them into poorly paid jobs with reduced protection. A key factor for these trends is women's role in shouldering the country's (and global) unpaid workload, particularly care – as has been exemplified during the COVID-19 crisis.
- As part of implementing existing strategies, UNICEF LCO should work with the MoSY and other relevant ministries on the implementation of youth forums as a civic engagement platform for the country's recovery process.
- UNICEF LCO, along with partners such as the ILO, social protection think tanks and civil society, should continue to propose feasible options for the MoSA, MoL and the NSSF to introduce a minimum social protection floor (as outlined in the ILO Convention 102) on which a multi-tiered system, consisting of contributory and non-contributory schemes, can be developed to ensure universal coverage. Expanding affordable voluntary social insurance schemes can be a first step towards formalising informal sectors where young people are employed; ensuring minimum protections for the vast majority of informal economy workers; and introducing life-cycle benefits, such as the UCB, which could support all young families.⁴⁹⁶

END NOTES

1. UNDESA Population Division (2019). At the beginning of the century, the population estimate was approximately 4 million.
2. UNDESA Population Division (2019). All figures in main body of the text are rounded to the nearest decimal point.
3. UNICEF Lebanon (2019a); UNHCR (n.d.).
4. UNDESA Population Division (2019); UNICEF MENARO (2019).
5. Central Administration of Statistics & ILO (2019); UN Women (2017).
6. UNDESA Population Division (2019).
7. Central Administration of Statistics & ILO (2019).
8. Central Administration of Statistics & ILO (2019).
9. World Economic Forum (2021).
10. UNFPA & UNHCR (2021).
11. Human Rights Watch (2020).
12. Central Administration of Statistics & World Bank (2015).
13. World Bank (2020a).
14. UNESCWA (2020).
15. Baban (2018); Dani (2019); Ellis (2019); Geisler (2005); Lynch (2015); Roniger (2011); Singer (2007).
16. Ecorys (2020).
17. UNICEF Programming Division (2018).
18. UNICEF Programming Division (2018).
19. UNICEF MENARO (2019).
20. The situational analysis has been developed using data available in 2020, with some updates using publications released in the first quarter of 2021.
21. UNICEF Lebanon (2017a); KIIs with UNICEF.
22. UNDESA Population Division (2019). At the beginning of the century, the population estimate was approximately 4 million.
23. UNDESA Population Division (2019). All figures in the main body of the text are rounded to the nearest decimal point.
24. UNDESA Population Division (2019).
25. UNICEF Lebanon (2019a); UNHCR (n.d.). Note: according to UNHCR, Lebanon hosts the highest per capita proportion of refugees in the world.
26. The figure for Palestine refugees is based on the Population and Housing Census in Palestinian Camps and Gatherings in Lebanon 2017; see LPDC & CAS (2018).
27. UNICEF MENARO (2019).
28. UNDESA Population Division (2019); UNICEF MENARO (2019).
29. UNDESA Population Division (2019).
30. UNDESA Population Division (2019). Note: the average childbearing age was 29.78 years between 2015 and 2020.
31. UNDESA Population Division (2019).
32. UNDESA Population Division (2019).
33. UNDESA Population Division (2019).
34. UNDESA Population Division (2019).
35. Central Administration of Statistics & ILO (2019); UN Women (2017).
36. UNDESA Population Division (2019).
37. UNDESA Population Division (2019).
38. UNDESA Population Division (2018).
39. Chaaban et al. (2016). Note: "gatherings" refers to a community of at least 1,000 people.
40. The 2018/19 LFHCLS defines disability based on the WGSS on functioning and considers those with severe functional limitations (those who reported having "a lot of difficulties" or "cannot do at all" in one or more functional domain) as disabled. Children below one year of age were not included in the classification system.
41. Central Administration of Statistics & ILO (2019).
42. Handicap International (2015); UNHCR (2019).
43. UNHCR et al. (2017, 2018, 2019, 2020).
44. UNHCR et al. (2020).
45. Chaaban et al. (2016)
46. For younger populations (3–24 years), only aggregate enrolment rates by disability and sex are available.
47. Chaaban et al. (2016).
48. Kidd et al. (2019); WHO & World Bank (2011).
49. UNICEF & Malmö University (2018).
50. UNICEF & Malmö University (2018).
51. Government of Lebanon & United Nations (2021).
52. Combaz (2018).
53. United Nations System in Lebanon (2016).

54. Combaz (2018).
55. Combaz (2018).
56. Combaz (2018).
57. Law 220/2000 defines a person with disability as: “a person whose capacity to perform one or more vital functions, independently secure his personal existential needs, participate in social activities on an equal basis with others, and live a personal and social life that is normal by existing social standards, is reduced or non-existent because of a partial or complete, permanent or temporary, bodily, sensory or intellectual functional loss or incapacity, that is the outcome of a congenital or acquired illness or from a pathological condition that has been prolonged beyond normal medical expectations”.
58. ILO & UNICEF (2021); Lebanon DPOs (2020).
59. See American University of Beirut (2020); Chaaban & Khoury (2015); UNHCR et al. (2020); UNICEF & Malmö University (2018).
60. ALEF (2019a).
61. Salameh (2014).
62. William Robert (2017).
63. DeJong & Meyeron-Knox (2011).
64. World Economic Forum (2021).
65. UNFPA & UNHCR (2021).
66. UN Women & Promundo-US (2017).
67. UN Women & Promundo-US (2017).
68. UN Women & Promundo-US (2017; William Robert (2017).
69. CAS et al. (2018).
70. Usta et al. (2016).
71. Parliamentary Human Rights Committee et al. (2013).
72. UN Committee on the Elimination of Discrimination Against Women (CEDAW) (2015a; 2015b).
73. Human Rights Watch (2020). For a brief on which of Lebanon’s nationality, criminal, personal status and labour laws comply with international human rights standards, the recommendations of the CEDAW, and recommendations of the country’s Universal Periodic Review, see UNDP et al. (2019).
74. Moughalian & Ammar (2019).
75. DeJong & Meyeron-Knox (2011).
76. Ashaal & Bakri (2019).
77. Central Administration of Statistics & World Bank (2015).
78. Central Administration of Statistics & World Bank (2015).
79. UNESCWA (2021).
80. UNDP (2008).
81. World Bank (2013).
82. Assouad (2018).
83. Srour (2019); UNESCWA (2020).
84. Central Administration of Statistics & World Bank (2015).
85. UNDP & IPC (2008).
86. UNHCR et al. (2020).
87. UNHCR et al. (2020).
88. Chaaban et al. (2016).
89. UNESCWA (2020).
90. Use of the MEB and SMEB brings the poverty lines (and therefore poverty rates) much higher, making poverty estimates for the Syrian cohort incomparable with those for the Lebanese and Palestinian cohorts.
91. UNICEF Lebanon (2017b).
92. UNICEF Lebanon (2017b).
93. UNICEF Lebanon (2017b).
94. Government of Lebanon & United Nations (2021).
95. Delage (2020).
96. Haaretz (2020).
97. AbiNader (2021); Fox (2021); Karam (2021); and Young et al. (2014).
98. Use of the term “potential” is key, as a collapse can be prevented by harnessing opportunities to ensure the rights of children and their families.
99. Baban (2018); Daniş (2019); Ellis (2019); Geisler (2005); Lynch (2015); Roniger (2011); Singer (2007).
100. Kukrety & Al-Jamal (2016).
101. Diwan & Chaitani (2015).
102. Hassan (2019).
103. Kabalan (2016); Kukrety & Al-Jamal (2016); UNOCHA & REACH (2014).
104. Government of Lebanon & United Nations (2021).
105. Haddad & Jamali (2003).
106. Khalil & Bacchin (2015).
107. ARK Group DMCC (2019).
108. O’Leary et al. (2015).
109. Kukrety & Al-Jamal (2016).
110. Selway & Templeman (2012).
111. Government of Lebanon (1989).

112. Mahmalat (2020b).
113. Baumann (2019).
114. Abouaoun (2021). Note: the Future Movement is a political party affiliated with the Sunni sect. The Amal Movement and Hezbollah are affiliated with the Shi'ite sect.
115. Diwan & Chaitani (2015).
116. Reuters Staff (2021).
117. These ministries are the Ministry of Health (MoH), Ministry of Education and Higher Education (MEHE), Ministry of Social Affairs (MoSA), Ministry of Labour (MoL), Ministry of Interior and Municipalities (Mol) and Ministry of the Displaced (MoD).
118. Salti & Chaaban (2010).
119. Mahmalat (2020b).
120. Salti & Chaaban (2010).
121. Delage (2020).
122. Baumann (2019); Diwan & Chaitani (2015); Mahmalat (2020b).
123. Mahmalat (2020b).
124. Mahmalat (2020b).
125. Yee & Saad (2019).
126. Baumann (2019); Human Rights Watch (2019); Smith Galer (2018); Yee & Saad (2019).
127. Baumann (2019).
128. International Crisis Group (2020).
129. International Crisis Group (2020).
130. Baumann (2019).
131. World Bank (2020b)
132. Antelava (2008).
133. Hassan (2019).
134. Hassan (2019).
135. Hassan (2019).
136. Authors' own calculations using World Bank Open Data (see: <https://data.worldbank.org/country/lebanon>), based on World Bank national accounts data, and OECD National Accounts data files.
137. Cornish (2020a, 2020b); Noueihed & Khraiche (2020).
138. World Bank Open Data (see: <https://data.worldbank.org/country/lebanon>).
139. World Bank Open Data (see: <https://data.worldbank.org/country/lebanon>).
140. Cornish (2020a, 2020b).
141. Hassan (2019).
142. Baumann (2019); Smith Galer (2018); Yee & Saad (2019). Note: according to the 2017 Corruption Perceptions Index published by Transparency International, Lebanon ranked 143rd out of 175 countries.
143. Delage (2020).
144. TRTWorld (2020).
145. Save the Children (2020).
146. Kranz (2020).
147. Cornish (2020b); Delage (2020); InfoPro Research (2019); UNESCWA (2020).
148. WHO (2011).
149. KIs; UNICEF LCO (2016).
150. Ministry of Public Health (2016b).
151. Ministry of Public Health (2018).
152. Ministry of Public Health (2015).
153. UNICEF Lebanon & Malmö University (2017).
154. See the EU External Action Service (EEAS) homepage: https://eeas.europa.eu/topics/instrument-contributing-stability-and-peace-icsp_en
155. Ministry of Public Health (2016b).
156. UNICEF Lebanon & Malmö University (2017).
157. Ministry of Public Health (2016b).
158. Chaaban & Khoury (2015).
159. UNICEF Lebanon & Malmö University (2017).
160. UNICEF Lebanon & Malmö University (2017).
161. Ministry of Public Health (2016b).
162. UNICEF Lebanon & Malmö University (2017).
163. Chaaban & Khoury (2015).
164. UNICEF Lebanon & Malmö University (2017).
165. Lebanon DPOs (2020).
166. El-Jardali et al. (2017).
167. WHO (2019).
168. UNICEF (n.d.).
169. UNICEF Lebanon (2017b).
170. See UNICEF (n.d.-c).
171. Tetulian et al. (2007).
172. UNICEF Lebanon (2017b).
173. UNFPA (2020).
174. UNICEF Lebanon (2017b).

175. UNICEF Lebanon (2017b).
176. WHO (2019).
177. See the UNICEF (n.d.-a).
178. El Zarif et al. (2020).
179. Government of Lebanon & United Nations (2021).
180. Government of Lebanon & United Nations (2021).
181. UNICEF Lebanon & Malmö University (2018).
182. UNICEF Lebanon & Malmö University (2018). Note: these figures were not approved by the MoPH.
183. UNICEF Lebanon (2018a).
184. Development Initiatives Poverty Research Ltd (2018).
185. UNICEF (2016c); UNICEF Lebanon (2018b). UNICEF (2016c) provides some key estimates on breastfeeding practices across cohorts and the 2017 KAP study (UNICEF Lebanon & Malmö University 2017) provides some information on attitudes towards breastfeeding.
186. UNICEF & WHO (2019a).
187. UNICEF & WHO (2019a).
188. UNICEF & WHO (2019a).
189. Development Initiatives Poverty Research Ltd (2018).
190. Development Initiatives Poverty Research Ltd (2018).
191. UNICEF Lebanon & Malmö University (2017).
192. UNICEF Lebanon & Malmö University (2017).
193. UNICEF Lebanon & Malmö University (2017).
194. Nabulsi (2011).
195. Osman et al. (2009).
196. Perera & Masterson (2016).
197. Perera & Masterson (2016).
198. UNICEF Lebanon & Malmö University (2017).
199. UNICEF Lebanon (2017a).
200. UNICEF Lebanon (2017b).
201. There is no other data available to support or contradict these trends in the PRL cohort.
202. Akseer et al. (2020).
203. Nasreddine et al. (2019).
204. Nasreddine et al. (2019).
205. Nasreddine et al. (2019).
206. Chaaban & Khoury (2015).
207. Chaaban & Khoury (2015).
208. Chaaban & Khoury (2015).
209. Chaaban & Khoury (2015).
210. Chaaban & Khoury (2015).
211. Chaaban & Khoury (2015).
212. Chaaban & Khoury (2015); Jawad et al. (2016).
213. WHO & CDC (2017).
214. American University of Beirut (2020).
215. American University of Beirut (2020).
216. American University of Beirut (2020).
217. Charles & Denman (2013); American University of Beirut (2020); MEMO (2020).
218. Chaaban & Khoury (2015).
219. Karam et al. (2006).
220. Rose (2020).
221. Farhood et al. (1993).
222. Kattaa et al. (2020).
223. BBC (2020); Tannouri (2020).
224. UNICEF Lebanon (2020a)
225. MSF (2020).
226. MSF (2020).
227. MSF (2020).
228. MSF (2020).
229. WHO (2020).
230. WHO (2020).
231. Lee (2011).
232. Arafat et al. (2020).
233. Ministry of Public Health (2015).
234. UNSG & UNSDG (2020).
235. UNICEF Lebanon & Malmö University (2017).
236. Government of Lebanon & United Nations (2021).
237. UNICEF (2016c). "Improved" water sources included piped water, a public tap/standpipe, a tube well, borehole, protected well, protected spring rainwater collection and bottled water. "Unimproved" water sources include an unprotected well, unprotected spring, tanker-truck, surface water and survey responses categorised as "other" or "missing".
238. UNICEF (2016c). "Improved" sanitation facilities include a flush to a piped sewer system, flush to septic tank,

- flush to pit latrine, a flush to an unknown location, a Ventilated Improved Pit latrine (VIP) and a pit latrine with slab. "Unimproved" sanitation facilities include a flush to somewhere else, a bucket and survey responses categorised as "other" or "missing".
239. Government of Lebanon & United Nations (2021).
240. The following criteria are used to assess safely managed drinking water services (SDG 6.1) as accessed by a household (with data sources) in Lebanon: 1. Improved sources; 2. Accessible on premises; 3. Available when needed; and 4. Free from contamination.
241. UNICEF & WHO (2016).
242. UNICEF & WHO (2016).
243. UNICEF (2016c).
244. World Bank (2012).
245. UNICEF (2016c).
246. UNDP (2018).
247. UNICEF Lebanon & Malmö University (2017).
248. Please refer to Annex 4 for a detailed section on projected climate change impacts in Lebanon and recommendations emerging from a UNICEF study conducted in 2020.
249. Sustainable Alternatives: WASH in Public Health Centres in Lebanon, report submitted to UNICEF in November 2017, cited in WHO & UNICEF (2019a).
250. Sustainable Alternatives, cited in WHO & UNICEF (2019a).
251. Sustainable Alternatives, cited in WHO & UNICEF (2019a).
252. World Bank (2018).
253. WHO & UNICEF (2018).
254. WHO & UNICEF (2018).
255. Velpillay (2020); Mason (2012); UNICEF (2009); Baird (2010).
256. Jalbout (2015).
257. Ministry of Education and Higher Education (n.d.).
258. UNICEF Lebanon (n.d.-a).
259. UNICEF Lebanon et al. (n.d.).
260. Abdul-Hamid et al. (2017); UNICEF Lebanon et al. (n.d.); World Bank (2021).
261. UNICEF Lebanon (n.d.-a).
262. UNICEF Lebanon (n.d.-a).
263. UNICEF Lebanon (n.d.-a).
264. UNICEF Lebanon & Malmö University (2017).
265. REACH & UNHCR (2014).
266. UNICEF Lebanon (n.d.-c).
267. UNICEF Lebanon & Malmö University (2017).
268. Delage (2020).
269. MEHE administrative data (Programme Management Unit, 2017–18 scholastic year); UNICEF (2019b).
270. UNICEF Lebanon & Malmö University (2017).
271. Abdul-Reda Abourjeili & Seham (2020).
272. UNICEF Lebanon & Malmö University (2017).
273. Delage (2020).
274. KIs.
275. KIs.
276. UNICEF Lebanon (n.d.-b).
277. UNICEF Lebanon (n.d.-b).
278. UNICEF Lebanon (n.d.-b).
279. UNICEF Lebanon (n.d.-b).
280. UNICEF Lebanon (n.d.-b).
281. UNICEF (2016c); UNICEF & Central Administration of Statistics (2010).
282. UNICEF & Central Administration of Statistics (2012).
283. Duncan et al. (2007).
284. UNICEF (2016c).
285. Government of Lebanon & United Nations (2019).
286. Central Administration of Statistics & ILO (2019).
287. UNICEF Lebanon (n.d.-b).
288. UNICEF (2016c).
289. Chaaban & Khoury (2015).
290. Chaaban & Khoury (2015); UNICEF (2016c).
291. PMSPL II (2017).
292. UNICEF (2016c).
293. UNICEF (2016c).
294. Chaaban & Khoury (2015). The UN Educational, Scientific and Cultural Organisation (UNESCO) defines "gross enrolment ratio" as the "number of students enrolled in a given level of education, regardless of age, expressed as a percentage of the official school-age population corresponding to the same level of education. For the tertiary level, the population used is the 5-year age group starting from the official secondary school graduation age."
295. UNICEF et al. (2015)
296. Government of Lebanon & United Nations (2019); de Hoop et al. (2018); Cherri et al. (2016).

297. De Hoop et al. (2018).
298. UNICEF (2016c).
299. REACH & UNHCR (2014).
300. Spencer et al. (2015); UNICEF et al. (2015).
301. Government of Lebanon and United Nations (2021).
302. TIMSS (2019b).
303. TIMSS (2015).
304. TIMSS (2019a).
305. Chaaban & Khoury (2015).
306. Chaaban & Khoury (2015).
307. UNHCR et al. (2020).
308. UNESCO (2016).
309. Chaaban & Khoury (2015).
310. MEHE et al. (2018).
311. MEHE et al. (2018).
312. UNESCO (2018).
313. UNICEF Lebanon (2017b); UNICEF (2018).
314. UNICEF Lebanon (2017b).
315. The Arab NGO Network for Development (2015).
316. The Arab NGO Network for Development (2015).
317. Frontiers-Ruwad Association (2014); Government of Lebanon & United Nations (2020); NRC Lebanon (2015); UNICEF Lebanon (2017b).
318. Government of Lebanon and United Nations (2020).
319. Government of Lebanon and United Nations (2020).
320. UNHCR et al. (2019).
321. European Union (2016).
322. WRC & UNICEF (2018).
323. UNHCR et al. (2020).
324. UNRWA (2018).
325. UNRWA (2018).
326. The Arab NGO Network for Development (2015).
327. UNICEF (2018).
328. UNHCR (2018).
329. The Arab NGO Network for Development (2015).
330. The Arab NGO Network for Development (2015).
331. KII.
332. Khattab & Myrntinen (2014). Note: Articles 503 and 504 of the Penal Code of 1943 further exclude recognition of forced sex in marriage. Rape outside of marriage is a criminal offence under the Penal Code with a minimum punishment of imprisonment for five years.
333. Delage (2020).
334. CEDAW (2006).
335. CEDAW (2006).
336. CEDAW (2006).
337. UNICEF & IRCW (2017).
338. Girls Not Brides (n.d.); Human Rights Watch (2017); RDFL (2017).
339. Majzoub (2018).
340. UNICEF & IRCW (2017).
341. UNICEF & IRCW (2017).
342. The Lebanese Republic et al. (2016).
343. Delage (2020).
344. UNICEF (2020b).
345. Government of Lebanon and United Nations (2020).
346. UNICEF (2016d).
347. UNICEF (2016d).
348. ABAAD (n.d.-b).
349. ABAAD (n.d.-a).
350. KAFA (n.d.).
351. Save the Children (2014).
352. UNICEF Lebanon & Malmö University (2017).
353. American University of Beirut (2020).
354. Bartels et al. (2018).
355. KII; UNICEF & IRCW (2017).
356. Mourtada et al. (2017).
357. Mourtada et al. (2017).
358. Mourtada et al. (2017).
359. UNICEF & IRCW (2017).
360. Alsharabati & Lahoud (2016).
361. Mourtada et al. (2017).
362. Mourtada et al. (2017).

363. Mourtada et al. (2017).
364. UNICEF (2016d).
365. Mourtada et al. (2017).
366. Mourtada et al. (2017).
367. Mourtada et al. (2017).
368. Mourtada et al. (2017).
369. Mourtada et al. (2017).
370. ALEF (2019a).
371. UN Committee on the Rights of the Child (2017).
372. UN Committee on the Rights of the Child (2017).
373. United Nations (2020).
374. International Centre for Migration Policy Development (2013).
375. International Centre for Migration Policy Development (2013).
376. United Nations (2020).
377. United Nations (2020).
378. International Centre for Migration Policy Development (2013); United Nations (2020).
379. United Nations (2020).
380. ALEF (2019b); Meyer (2017). Note: Decree no. 8987 stipulates certain conditions, such as: the child's physical, mental and moral health needs to be protected; education or appropriate vocational training through this work must be provided; the child's work shall also not exceed four hours per day with appropriate amounts of breaks for rest.
381. United States Department of State (2018).
382. United States Department of State (2020).
383. International Centre for Migration Policy Development (2013); Translation, US Department of State Office of Language Services Translating Division, LS no. 09-2011-0047, Law Number 164 Punishment for the Crime of Trafficking in Persons.
384. International Centre for Migration Policy Development (2013).
385. ALEF (2019b).
386. ALEF (2019b).
387. ALEF (2019b); United States Department of State (2018).
388. ALEF (2019b).
389. United States Department of State (2018).
390. International Centre for Migration Policy Development (2013).
391. International Centre for Migration Policy Development (2013).
392. Brophy (2013).
393. ALEF (2019b); Raseef22 (2018).
394. ALEF (2019b); United States Department of State (2018).
395. United States Department of State (2020).
396. United States Department of State (2020).
397. United States Department of State (2020).
398. International Centre for Migration Policy Development (2013); United Nations (2020).
399. International Centre for Migration Policy Development (2013).
400. International Centre for Migration Policy Development (2013).
401. United States Department of State (2018).
402. United States Department of State (2020).
403. FAO & UNICEF (2019).
404. UNICEF (2018). Hazardous child labour is the largest category of the worst forms of child labour in dangerous conditions and in sectors such as agriculture, mining, construction, manufacturing, service industries, hotels, bars, restaurants, fast food establishments and domestic service. It is work in dangerous or unhealthy conditions that could result in a child being killed, injured or made ill as a consequence of poor safety and health standards and working arrangements. Hazardous child labour is defined by Article 3 (d) of ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, 1999 (No. 182) as: "work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children".
405. UNICEF (2016b).
406. Habib et al. (2019).
407. UNICEF Lebanon (2017b).
408. Kanso (2018).
409. FAO & UNICEF (2019).
410. FAO & UNICEF (2019).
411. FAO & UNICEF (2019).
412. Habib (2019).
413. FAO & UNICEF (2019).
414. FAO & UNICEF (2019).
415. UNICEF (2018).
416. UNICEF (2018).
417. United Nations (2020); United States Department of State (2020).
418. Myers (2017).
419. US Bureau of International Labor Affairs (2018).

420. UNICEF (2017); International Centre for Migration Policy Development (2013); Lewis (2011).
421. UNGA (2018).
422. United States Department of State (2018).
423. United States Department of State (2018).
424. International Centre for Migration Policy Development (2013).
425. A priority is to eliminate the worst forms of child labour as defined by Article 3 of ILO Convention no. 182: “(a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; (b) the use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; (c) the use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties; (d) that harm the health, safety or morals of children”.
426. Habib et al. (2019).
427. UNICEF (2017).
428. Consultation and Research Institute (2015).
429. Consultation and Research Institute (2015). Note: this finding may not be accurate in 2020 and beyond. Further studies are needed to ascertain numbers of street-based children across all population cohorts.
430. UNICEF (2017).
431. UNICEF (2017).
432. United States Department of State (2020).
433. European Union (2016).
434. UN Committee on the Rights of the Child (2017).
435. UN Committee on the Rights of the Child (2017).
436. The Arab NGO Network for Development (2015).
437. The Arab NGO Network for Development (2015).
438. UNICEF (2017).
439. United States Department of State (2018).
440. ALEF (2019b); Hindi (2013).
441. The Arab NGO Network for Development (2015).
442. Petit (2002).
443. Petit (2002).
444. European Union (2016).
445. In the absence of data and information, references prior to 2005 have been used.
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ANNEX 1 Data gap matrix (19 SDG child indicators)

Goals	Targets		Indicators		Exact indicator (and supplementary notes)	Population(s)	Age disaggregation	Sex disaggregation	Other disaggregation	Year	Database/Survey/Source	Publication (if any)				
1 No Poverty	1.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$ 1.25 a day	1.1.1	Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	Population below the international poverty line. (Estimated from unit-record consumption data. PPP is regression based.) (%)	All	No	No	None	2011	World Development Indicators, World Bank, https://data.worldbank.org/indicator?tab=featured ILOSTAT, International Labour Organization (ILO), https://ilostat.ilo.org/data/					
					Employed population below the international poverty line. (%)	All	Yes (15–24, 15+ and 25+)	Yes (total, M, F)	None	2012						
						Lebanese										
						Palestinian (PRL & PRS)										
	1.2	By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	1.2.1	Proportion of population living below the national poverty line, by sex and age	Population below the national poverty line. (The welfare measure used is consumption per capita. Poverty line is absolute. Government estimate. It covers the whole population except Palestinian refugees living in refugee camps.) (%)	All (excluding Palestinians in refugee camps)	No	No	None	2012	World Development Indicators, World Bank, https://data.worldbank.org/indicator?tab=featured	Central Administration of Statistics and World Bank (2015)				
						Lebanese										
					Population below \$ 208 a month per capita and \$ 75 a month per capita. (The welfare measure used is consumption per capita. Poverty line is absolute.) (%)	PRL, PRS	yes (0–5,6–14,15–19,20 onward in 5-year intervals)	Yes (total, M, F)	By 5 UNRWA regions	2015		Chaaban et al. (2016)	Chaaban et al. (2016)			
					Percentage of households living below/above poverty line of US\$ 3.84 per capita per day (%)	Syrian	No	Yes (total, M HHH, F HHH)	By governorate, district, income category, food security classification, gender of head of household and shelter category By governorate, district, income category, food security classification, gender of head of household and shelter category	2015–19		UNHCR et al. (2015, 2016, 2017, 2018, 2019)	UNHCR et al. (2019)			
					Percentage of households living under minimum expenditure basket (MEB) and survival minimum expenditure basket (SMEB) categories (%)	Syrian	No	Yes (total, M HHH, F HHH)		2015–19		UNHCR et al. (2015, 2016, 2017, 2018, 2019)	UNHCR et al. (2018, 2019)			
						All										
						Lebanese										
					1.2.2	Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	MPI is made up of 3 components: (i) education (enrolment and attainment), (ii) health (food security index) and (iii) living standards (access to improved drinking water, access to improved sanitation, heating, walls, assets for information, assets for mobility or livelihoods).	PRL, PRS	No	No		By 5 UNRWA regions	2015	Chaaban et al. (2016)	Chaaban et al. (2016)	
								Syrian								
								All								
								Lebanese								
					1.3	Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	1.3.1	Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable	Proportion of poor population receiving social assistance cash benefit. ILO estimates based on country data compiled through the ILO Social Security Inquiry (SSI).	All		No	No	None	2018	Social Security Inquiry (SSI), ILO, www.social-protection.org/gimi/ShowTheme.action?id=10
	Proportion of vulnerable population receiving social assistance cash benefit. ILO estimates based on country data compiled through the ILO Social Security Inquiry (SSI).	All	No	No					None	2018	Social Security Inquiry (SSI), ILO, www.social-protection.org/gimi/ShowTheme.action?id=10					
	Proportion of employed population covered in the event of work injury. ILO estimates based on country data compiled through the ILO Social Security Inquiry (SSI).	All	No	No					None	2019	Social Security Inquiry (SSI), ILO, www.social-protection.org/gimi/ShowTheme.action?id=10					
	Proportion of population covered by at least one social protection benefit. ILO estimates based on country data compiled through the ILO Social Security Inquiry (SSI).	All	No	No					None	n.d.	Social Security Inquiry (SSI), ILO, www.social-protection.org/gimi/ShowTheme.action?id=10					
	Proportion of population with severe disabilities receiving disability cash benefit. ILO estimates based on country data compiled through the ILO Social Security Inquiry (SSI).	All	No	No					None	2018	Social Security Inquiry (SSI), ILO, www.social-protection.org/gimi/ShowTheme.action?id=10					
	Proportion of population above statutory pensionable age receiving a pension. ILO estimates based on country data compiled through the ILO Social Security Inquiry (SSI).	All	No	No					None	2000	Social Security Inquiry (SSI), ILO, www.social-protection.org/gimi/ShowTheme.action?id=10					
	Proportion of population covered by social assistance programs. Value provided for total and Quantile 1 (poorest).	All	No	No					None	2004	MoSA et al. (2004)	MoSA et al. (2004)				
	Proportion of population covered by social insurance programs. Value provided for total and Quantile 1 (poorest).	All	No	No					None	2004	MoSA et al. (2004)	MoSA et al. (2004)				
	Residents benefitting or not from social protection.	All	No	No					None	2018/19	Central Administration of Statistics & ILO (2019)	Central Administration of Statistics & ILO (2019)				
		Lebanese														
		Palestinian (PRL & PRS)														
	Percentage children & youth aged 5–24 currently attending school who received any kind of school-related support during the 2018/19 academic year	Syrian	No	No					None	2019	UNHCR et al. (2019)	UNHCR et al. (2019)				
	Percentage of children and adolescents under 18 living in households who received any kind of social transfers in the last 3 months	Syrian	No	No					None	2019	UNHCR et al. (2019)	UNHCR et al. (2019)				
	Percentage of children with disabilities in households that received any type of social transfer	Syrian	No	No					None	2019	UNHCR et al. (2019)	UNHCR et al. (2019)				
	Percentage of household members who received any type of social transfers in the last 3 months	Syrian	No	No					None	2019	UNHCR et al. (2019)	UNHCR et al. (2019)				
	Percentage of households in the two lowest wealth quintiles (under MEB) that received any kind of social transfers in the last 3 months	Syrian	No	No					None	2019	UNHCR et al. (2019)	UNHCR et al. (2019)				
	Percentage of youth aged 18–24 living in households that received any type of social transfers in the last 3 months	Syrian	No	No					None	2019	UNHCR et al. (2019)	UNHCR et al. (2019)				
	1.4	By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	1.4.1	Proportion of population living in households with access to basic services					Proportion of population using basic drinking water services, by location (urban/rural) (%)	All	No	No	None	2000 & 2017	UNICEF & WHO (2019b)	UNICEF & WHO (2019b)
									Proportion of population using basic sanitation services, by location (urban/rural) (%)	All	No	No	None	2000 & 2017	UNICEF & WHO (2019b)	UNICEF & WHO (2019b)
										Lebanese						
						Palestinian (PRL & PRS)										
					Proportion of individuals who use a basic drinking water service (available within 30min round trip collection time) (%)	Syrian	No	No	None	2017–19	UNHCR et al. (2017, 2018, 2019)	UNHCR et al. (2018, 2019)				
					Proportion of individuals who use a basic sanitation service, by governorate and shelter category and disability (%)	Syrian	No	No	None	2018/19	UNHCR et al. (2018, 2019)	UNHCR et al. (2018, 2019)				
					Proportion of children moderately or severely stunted (%)	All	No	No	None	2004	Tetulia et al. (2007)	Tetulia et al. (2007)				
					Children moderately or severely stunted (thousands)	All	No	No	None	2004	Tetulia et al. (2007)	Tetulia et al. (2007)				

2 Zero Hunger	2.2	By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	2.2.1	Prevalence of stunting (height for age < 2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age		Lebanese							
					Percentage of children moderately or severely stunted (%)	PRL, all	No	Yes (total, M, F)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)	
					Percentage of children severely stunted (%)	PRL, all	No	Yes (total, M, F)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)	
						Syrian							
					Proportion of children moderately or severely wasted (%)	All	No	No	None	2004	Tetulia et al. (2007)	Tetulia et al. (2007)	
					Children moderately or severely wasted (thousands)	All	No	No	None	2004	Tetulia et al. (2007)	Tetulia et al. (2007)	
					Proportion of children moderately or severely overweight (%)	All	No	No	None	2004	Tetulia et al. (2007)	Tetulia et al. (2007)	
					Children moderately or severely overweight (thousands)	All	No	No	None	2004	Tetulia et al. (2007)	Tetulia et al. (2007)	
						Lebanese							
					Percentage of children moderately or severely underweight (%)	PRL, all	No	Yes (total, M, F)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)		
			Percentage of children severely underweight (%)	PRL, all	No	Yes (total, M, F)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)				
			Proportion of children moderately or severely wasted (%)	PRL, all	No	Yes (total, M, F)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)				
			Proportion of children severely wasted (%)	PRL, all	No	Yes (total, M, F)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)				
				Syrian									
			3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1	Maternal mortality ratio	Maternal mortality ratio (deaths per 100,000 live births)	All	No	No	None	2000–17	WHO (2019)
	Lebanese												
	Palestinian (PRL & PRS)												
	Syrian												
3.1.2	Proportion of births attended by skilled health personnel	Proportion of births attended by skilled health personnel (%)			All	No	No	None	2004	Tetulia et al. (2007)			
		Proportion of births attended by skilled health personnel (%)			All	No	No	None	1996	MoPH et al. (2001)	MoPH et al. (2001)		
		Proportion of mothers in the household who delivered their last child in the hospital			All, Lebanese, Syrians registered with UNHCR, Syrians living in informal settlements, Palestinian refugees living in camps	No	No (not applicable)	None	2017	UNICEF & Malmö University (2018)	UNICEF & Malmö University (2018)		
		Proportion of births attended by skilled health personnel (%).			PRL, all	Yes (<20, 20–24, 35–49)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)		
					PRS								
		Percentage of newborns delivered at home/in a healthcare facility/a hospital			Syrian	Yes (1–5 years, 1 year, 2 years, 3 years, 4 years, 5 years)	No	By age OR by governorate, district, gender of HHH, expenditure basket clarification, shelter type.	2019	UNHCR et al. (2019)	UNHCR et al. (2019)		
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1			Under-5 mortality rate	Infant deaths (number)	All	No	Yes (total, M, F)	None	2000–18	United Nations Inter-agency Group for Child Mortality Estimation (2019)	
						Infant mortality rate (deaths per 1,000 live births)	All	No	Yes (total, M, F)	None	2000–18	United Nations Inter-agency Group for Child Mortality Estimation (2019)	
						Infant mortality rate (deaths per 1,000 live births)	All	No	Yes (total, M, F)	None	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
						Under-five deaths (number)	All	No	Yes (total, M, F)	None	2000–18	United Nations Inter-agency Group for Child Mortality Estimation (2019)	
						Under-five mortality rate (deaths per 1,000 live births)	All	No	Yes (total, M, F)	None	2000–18	United Nations Inter-agency Group for Child Mortality Estimation (2019)	
			Under-five mortality rate (deaths per 1,000 live births)	All		No	Yes (total, M, F)	None	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)		
		3.2.2	Neonatal mortality rate	Infant mortality rate (deaths per 1,000 live births)	PRL, all	No	Yes (total, M, F)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)			
				Under-five mortality rate (deaths per 1,000 live births)	PRL, all	No	Yes (total, M, F)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)			
					PRS								
					Syrian								
				Neonatal deaths (number)	All	No	No	None	2000–18	United Nations Inter-agency Group for Child Mortality Estimation (2019)			
				Neonatal mortality rate (deaths per 1,000 live births)	All	No	No	None	2000–18	United Nations Inter-agency Group for Child Mortality Estimation (2019)			
					Lebanese								
					Palestinian (PRL & PRS)								
					Syrian								
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Number of new HIV infections per 1,000 uninfected population, by sex and age (per 1,000 uninfected population)	All	Yes (all ages, 15–24, 15–49)	Yes (total, M, F)	None	2000–18	UNAIDS, www.unaids.org/en			
					Lebanese								
					Palestinian (PRL & PRS)								
3.7	By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	Percentage of women aged 15–49 years currently married who are using (or whose partner is using) a contraceptive method	All	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)		
					Lebanese								
				Percentage of women aged 15–49 years currently married who are using (or whose partner is using) a contraceptive method	PRL, all	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)		
			PRS										
			Syrian										
		3.7.2	Adolescent birth rate (ages 15–19) per 1,000 women in that age group	Adolescent birth rate (per 1,000 women aged 15–19 years)	All	Yes (only 15–19 wanted but 5-year age groups available up to 45–49 years)	No (only applicable to females)	None	2001–03	UNDESA Population Division (2019)			
					Lebanese								
				Adolescent birth rate (per 1,000 women aged 15–19 years)	PRL, all	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	None	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)		
			PRS										
	Syrian												

3
Good Health and Well-being

3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	Universal health coverage (UHC) service coverage index	All	No	No	None	2000, 2005, 2010, 2015, 2017	Global Health Observatory (GHO), WHO, www.who.int/data/gho	Central Administration of Statistics & ILO (2019)
				Proportion of population with an unmet need for medical services, by inability to pay and by shortage of medical services required (%)	All	No	No	None	2018/19	Central Administration of Statistics & ILO (2019)	
					Lebanese						
					Palestinian (PRL & PRS)						
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1	Mortality rate attributed to household and ambient air pollution		Syrian						
				Age-standardized mortality rate attributed to ambient air pollution (deaths per 100,000 population)	All	No	No	None	2016	Global Health Observatory (GHO), WHO, www.who.int/data/gho	
				Crude death rate attributed to household and ambient air pollution (deaths per 100,000 population)	All	No	No	None	2016	Global Health Observatory (GHO), WHO, www.who.int/data/gho	
				Age-standardized mortality rate attributed to household and ambient air pollution (deaths per 100,000 population)	All	No	No	None	2016	Global Health Observatory (GHO), WHO, www.who.int/data/gho	
				Crude death rate attributed to ambient air pollution (deaths per 100,000 population)	All	No	No	None	2016	Global Health Observatory (GHO), WHO, www.who.int/data/gho	
					Lebanese						
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older, by sex (%)		Palestinian (PRL & PRS)						Palestinian Central Bureau of Statistics & UNICEF (2011)
					Syrian						
				Age-standardized prevalence of current tobacco use among persons aged 15 years and older, by sex (%)	All	No (only 15+ years)	Yes (total, M, F)	None	2000, 2005, 2010, 2015–18	Noncommunicable diseases, WHO, www.euro.who.int/en/health-topics/noncommunicable-diseases	
				Prevalence of tobacco use among women aged 15–49	PRL, all	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	
3.b	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1	Proportion of the target population covered by all vaccines included in their national programme		PRS						WHO (2003)
					Lebanese						
				Proportion of the target population with access to 3 doses of diphtheria-tetanus-pertussis (DTP3) (%)	All	No	No	None	2000–18	WHO & UNICEF (2019b)	
				Proportion of the target population with access to measles-containing vaccine 2nd dose (MCV2) (%)	All	No	No	None	2000–18	WHO & UNICEF (2019b)	
				Proportion of the target population with access to pneumococcal conjugate 3rd dose (PCV3) (%)	All	No	No	None	2017–18	WHO & UNICEF (2019b)	
				Proportion of children aged 12–59 months vaccinated against polio (%)	Lebanese, Syrian	Yes (12–23 months, 24–35 months, 36–47 months, 48–59 months)	Yes (total, M, F)	By mother's educational status	2016	WHO & Ministry of Public Health (2016)	
				Proportion of children aged 12–59 months with the first dose of the Hep B vaccination (%)	Lebanese, Syrian	Yes (12–23 months, 24–35 months, 36–47 months, 48–59 months)	Yes (total, M, F)	By mother's educational status	2016	WHO & Ministry of Public Health (2016)	
				Proportion of children aged 12–59 months with completion of the Hep B vaccinations (%)	Lebanese, Syrian	Yes (12–23 months, 24–35 months, 36–47 months, 48–59 months)	Yes (total, M, F)	By mother's educational status	2016	WHO & Ministry of Public Health (2016)	
				Proportion of children aged 12–59 months vaccinated against DTP (%)	Lebanese, Syrian	Yes (12–23 months, 24–35 months, 36–47 months, 48–59 months)	Yes (total, M, F)	By mother's educational status	2016	WHO & Ministry of Public Health (2016)	
				Proportion of children age 12–59 months vaccinated against Hib (%)	Lebanese, Syrian	Yes (12–23 months, 24–35 months, 36–47 months, 48–59 months)	Yes (total, M, F)	By mother's educational status	2016	WHO & Ministry of Public Health (2016)	
				Proportion of children age 12–59 months vaccinated against measles (%)	Lebanese, Syrian	Yes (12–23 months, 24–35 months, 36–47 months, 48–59 months)	Yes (total, M, F)	By mother's educational status	2016	WHO & Ministry of Public Health (2016)	
				Proportion of children age 12–59 months vaccinated against mumps and rubella (%)	Lebanese, Syrian	Yes (12–23 months, 24–35 months, 36–47 months, 48–59 months)	Yes (total, M, F)	By mother's educational status	2016	WHO & Ministry of Public Health (2016)	
				Percentage of children aged 12–23 months immunized against childhood diseases at any time before the survey and before the first birthday (polio, hepatitis B, DTP, hib, measles, mumps and rubella)	All	No (12–23 months)	Yes (total, M, F)	None	2009	UNICEF & Central Administration of Statistics (2010)	
				Percentage of children aged 12–23 months immunized against childhood diseases at any time before the survey and before the first birthday (tuberculosis, polio, hepatitis B, DTP, hib, measles, mumps and rubella)	PRL	No (12–23 months)	Yes (total, M, F)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	
4.1	By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	4.1.1	Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex		PRS						Palestinian Central Bureau of Statistics & UNICEF (2011)
				Proportion of children and young people achieving a minimum proficiency level in reading and mathematics (%)	All	No	Yes (total, M, F)	None	2003, 2007, 2011, 2015	TIMSS encyclopedia (2003, 2007, 2015), https://timssandpirls.bc.edu/timss-landing.html	
				Proportion of children and young people achieving a minimum proficiency level in reading and mathematics (%)	All	No	Yes (total, M, F)	None	2015, 2018	Programme for International Student Assessment (PISA), OECD (2015, 2018), www.oecd-ilibrary.org/education/pisa-2018-results-volume-i_5f07c754-en?sessionId=EpAZKvOmuMqOOV3oV1UwHOIOip-10-240-5-138	
					Lebanese						
					Palestinian (PRL & PRS)						
					Syrian						
					All						
					Lebanese						
					Palestinian (PRL & PRS)						
					Syrian						
					All						
					Lebanese						
					Palestinian (PRL & PRS)						
					Syrian						
4.2	By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	4.2.1	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex		All						
					Lebanese						
					Palestinian (PRL & PRS)						
					Syrian						
					All						
					Lebanese						
		4.2.2	Participation rate in organized learning (one year before the official primary entry age), by sex		Palestinian (PRL & PRS)						
					Syrian						
					All						
					Lebanese						
					Palestinian (PRL & PRS)						
					Syrian						
					All						
					Lebanese						
				Percentage of women (15–24) who have ever used a computer	PRL, all	Yes (15–19, 20–24)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	
				Percentage of women (15–24) who have used a computer in the past 12 months	PRL, all	Yes (15–19, 20–24)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	

4	Quality Education	4.4	By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship	4.4.1	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill	Percentage of women (15–24) who have used a computer at least once per week in the past month	PRL, all	Yes (15–19, 20–24)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
						Percentage of women (15–24) who have ever used the internet	PRL, all	Yes (15–19, 20–24)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
						Percentage of women (15–24) who have used the internet in the past 12 months	PRL, all	Yes (15–19, 20–24)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
						Percentage of women (15–24) who have used the internet at least once per week in the past month	PRL, all	Yes (15–19, 20–24)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
							PRS						
	4.5		By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	4.5.1	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected as data become available) for all education indicators on this list that can be disaggregated	Gender parity index for minimum achievement (at least level 2) (ratio), by reading and maths	All	No (all 15-year-old students)	No (not applicable)	None	2018	OECD (2019)	OECD (2019)
						Low to high socio-economic parity status index for minimum achievement (at least level 2) (ratio), by reading and maths	All	No (all 15-year-old students)	No (not applicable)	None	2018	OECD (2019)	OECD (2019)
						Ratio of girls to boys attending primary/secondary education	All	No	No	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
						Gender parity index for primary and secondary school	Lebanese, Syrian, PRL, PRS	Yes (total, primary, secondary)	No (not applicable)	By governorate, vulnerable localities, mother's education and population (ratio)	2016	UNICEF (2016c)	UNICEF (2016c)
						Ratio of girls to boys attending primary and secondary education	PRL, all	No	No	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
						Gender parity index for primary, lower secondary and upper secondary school	Syrian	Yes (total, primary, lower secondary, upper secondary)	No (not applicable)	None	2019	UNHCR et al. (2017, 2018, 2019)	UNHCR et al. (2018, 2019)
	4.a		Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.a.1	Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the Water, Sanitation and Hygiene for All (WASH) indicator definitions)	Schools with access to computers for pedagogical purposes, by education level (%)	All	Yes (primary, lower secondary, upper secondary)	No	None	2018	UNESCO Institute for Statistics (UIS), http://data.uis.unesco.org/	
						Schools with basic handwashing facilities, by education level (%)	All	Yes (primary, lower secondary, upper secondary)	No	None	2016–18	UNESCO Institute for Statistics (UIS), http://data.uis.unesco.org/	
						Schools with access to basic drinking water, by education level (%)	All	No (only primary)	No	None	2016	UNESCO Institute for Statistics (UIS), http://data.uis.unesco.org/	
						Schools with access to electricity, by education level (%)	All	Yes (primary, lower secondary, upper secondary)	No	None	2016–18	UNESCO Institute for Statistics (UIS), http://data.uis.unesco.org/	
						Schools with access to the internet for pedagogical purposes, by education level (%)	All	Yes (primary, lower secondary, upper secondary)	No	None	2018	UNESCO Institute for Statistics (UIS), http://data.uis.unesco.org/	
						Schools with access to access to single-sex basic sanitation, by education level (%)	All	No (only primary)	No	None	2016	UNESCO Institute for Statistics (UIS), http://data.uis.unesco.org/	
							Lebanese						
							Palestinian (PRL & PRS)						
							Syrian						
							Lebanese						
							Palestinian (PRL & PRS)						
							Syrian						
							All						
							Lebanese						
							Palestinian (PRL & PRS)						
5	Gender Equality	5.2	Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age	Percentage of women aged 15–49 years who believe a husband is justified in beating his wife in various circumstances, Lebanon	All	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (only women)	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
							Lebanese						
							Palestinian (PRL & PRS)						
				5.2.2	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the previous 12 months, by age and place of occurrence		Syrian						
							All						
		5.3	Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1	Proportion of women aged 20–24 years who were married or in a union before age 18	Proportion of women aged 20–24 years who were married or in a union before age 18 (%)	All	No (only 20–24 years)	No (only women)	None	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
						Proportion of women aged 20–24 years who were married or in a union before age 15 (%)	All	No (only 20–24 years)	No (only women)	None	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
						Percentage of women aged 15–49 years in marriage before their 15th birthday	All	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
						Percentage of women aged 20–49 years in marriage before their 18th birthday	All	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
						Percentage of women aged 15–19 years currently married	All	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
						Proportion of women aged 15–49 who were first married or in union before age 15 by governorate, vulnerable localities, age, education, population (%)	Lebanese, Syrian, PRL, PRS	Yes (total, 15–19 years, 20–24 year, 25–29 years, 30–34 years, 35–39 years, 40–44 years, 45–49 years)	No (women only)	None	2016	UNICEF (2016c)	UNICEF (2016c)
						Proportion of women aged 20–49 years who were first married or in union before age 18 (%)	Lebanese, Syrian, PRL, PRS	Yes (total, 15–19 years, 20–24 year, 25–29 years, 30–34 years, 35–39 years, 40–44 years, 45–49 years)	No (women only)	None	2016	UNICEF (2016c)	UNICEF (2016c)
						Percentage of women aged 15–49 years in marriage before their 15th birthday	PRL, all	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
						Percentage of women aged 20–49 years in marriage before their 18th birthday	PRL, all	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
						Percentage of women aged 15–19 years currently married	PRL, all	Yes (15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49)	No (F only)	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
	5.b		Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women	5.b.1	Proportion of individuals who own a mobile telephone, by sex	Proportion of children who are currently married (%)	Syrian	Yes (13–14 years, 15 years, 16 years, 17 years)	Yes (M, F)	None	2019	UNHCR et al. (2017, 2018, 2019)	UNHCR et al. (2018, 2019)
							All						
							Lebanese						
							Palestinian (PRL & PRS)						
							Syrian						
						Proportion of population using safely managed drinking water services (%)	All	No	No	By urban/rural	2000–17	UNICEF & WHO (2019b)	UNICEF & WHO (2019b)
						Proportion of households by main source of drinking water (%)	All	No	No	None	2018/19	Central Administration of Statistics & ILO (2019)	Central Administration of Statistics & ILO (2019)
						Percentage of individuals who use improved drinking water sources (%)	All	No	No	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	Central Administration of Statistics (2010)

6 Clean Water and Sanitation	6.1	By 2030, achieve universal and equitable access to safe and affordable drinking water for all	6.1.1	Proportion of population using safely managed drinking water services	Percentage of household members using improved sources of drinking water (%)	Lebanese, Syrian, PRL, PRS	No	No	By governorate, vulnerable localities, education of HHH, population, HH type, HH ownership type	2016	UNICEF (2016c)	UNICEF (2016c)
					Proportion of population by main source of drinking water (%)	Lebanese, Syrians registered with UNHCR, Syrians living in informal settlements, Palestinian refugees living in camps, total	No	No	None	2017	UNICEF & Malmö University (2018)	UNICEF & Malmö University (2018)
					Percentage of individuals who use improved drinking water sources (%)	PRL, all	No	No	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
					Percentage of individuals who use improved drinking water sources, by governorate and type of shelter (%)	Syrian	No	No	None	2019	UNHCR et al. (2019)	UNHCR et al. (2019)
	6.2	By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.2.1	Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	Proportion of population using safely managed sanitation services (%)	All	No	No	By urban/rural	2000–17	UNICEF & WHO (2019b)	UNICEF & WHO (2019b)
					Proportion of population practicing open defecation (%)	All	No	No	By urban/rural	2000–17	UNICEF & WHO (2019b)	UNICEF & WHO (2019b)
					Percentage of household population according to access and quality of public network	All	No	No	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
					Percentage of household population according to private system and hygiene of water storage	All	No	No	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
					Percentage of household population according to means for domestic water drainage	All	No	No	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
					Percentage of household members using improved sanitation facilities which are not shared (%)	Lebanese, Syrian, PRL, PRS	No	No	By governorate, vulnerable localities, education of HHH, population, HH type, HH ownership type	2016	UNICEF (2016c)	UNICEF (2016c)
					Proportion of households who share their toilet or latrine with other households or individuals (%)	Lebanese, Syrians registered with UNHCR, Syrians living in informal settlements, Palestinian refugees living in camps, total	No	No	None	2017	UNICEF Lebanon & Malmö University (2017)	UNICEF Lebanon & Malmö University (2017)
					Percentage of household members using improved sanitation facilities which are not shared (%)	PRL, all	No	No	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
					Percentage of households with basic handwashing facilities at home (water and soap) (%)	PRL, all	No	No	By 5 UNRWA regions	2011	Palestinian Central Bureau of Statistics & UNICEF (2011)	Palestinian Central Bureau of Statistics & UNICEF (2011)
					Percentage of individuals who use improved sanitation facilities, by governorate and type of shelter (%)	Syrian	No	No	None	2017–19	UNHCR et al. (2017, 2018, 2019)	UNHCR et al. (2018, 2019)
					Proportion of population with access to electricity (%)	All	No (not applicable)	No (not applicable)	By urban/rural	2004–18	World Development Indicators, World Bank, https://data.worldbank.org/indicator?tab=featured	
						Lebanese						
						Palestinian (PRL & PRS)						
						Syrian						
7 Affordable and Clean Energy	7.1	By 2030, ensure universal access to affordable, reliable and modern energy services	7.1.1	Proportion of population with access to electricity		All						
						Lebanese						
						Palestinian (PRL & PRS)						
						Syrian						
8 Decent Work and Economic Growth	8.7	Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	8.7.1	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age	Proportion of population with primary reliance on clean fuels and technology	All						
						Lebanese						
						Palestinian (PRL & PRS)						
						All						
						Lebanese						
						Palestinian (PRL & PRS)						
						Syrian						
						All (with exception of Palestinian refugee camps)	Yes (5–11, 12–14, 15–17)	Yes (total, M, F)	None	2015	CAS, FUNDAMENTALS, & ILO (2018)	CAS, FUNDAMENTALS, & ILO (2018)
					Proportion of children aged 5–14 years who are involved in child labour activities by type of work (%)	All	Yes (5–11, 12–14)	Yes (total, M, F)	By governorate	2009	UNICEF & Central Administration of Statistics (2010)	UNICEF & Central Administration of Statistics (2010)
					Percentage of children aged 5–17 years who are involved in child labour (%)	Lebanese, Syrian, PRL, PRS	Yes (total, 5–11 years, 12–14 years, 15–17 years)	Yes (total, M, F)	By sex, governorate, vulnerable localities, age, school attendance, mother's education, population	2016	UNICEF (2016c)	UNICEF (2016c)
10 Reduced Inequalities	10.3	Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard	10.3.1	Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	Percentage of children aged 5–17 years who are involved in child labour activities by type of work (%)	PRL, PRS	Yes (5–11, 12–14)	Yes (total, M, F)	By 5 UNRWA regions	2015	Chaaban et al. (2016)	Chaaban et al. (2016)
					Proportion of children aged 5–17 years engaged in child labour (%)	Syrian	No	Yes (total, M, F)	By governorate and district	2018–19	UNHCR et al. (2018, 2019)	UNHCR et al. (2018, 2019)
					Proportion of Syrian working children in agriculture aged 6–18 years in the Bekaa Valley work who are enrolled in school. (%) (Denominator here is the number of children working full time in agriculture in the respective regions. To fit the SDG indicator, the denominator should be all children, irrespective of work status.)	Syrian children working in agriculture in the Bekaa Valley	Yes (6–18, 6–15, 16–18)	Yes (total, M, F)	None	2017	Habib (2019)	Habib (2019)
					Proportion of working (full time) children in agriculture aged 5–17 years working full time who are not enrolled in school. (%) (Denominator here is the number of children working full time in agriculture in the respective regions. To fit the SDG indicator, the denominator should be all children, irrespective of work status.)	Children working in agriculture in Beqaa, Akkar and MLS (Mount Lebanon and South) (not disaggregated by population)	No	No	By farm/greenhouse type worked and by region	2017	FAO & UNICEF (2019)	FAO & UNICEF (2019)
						All						
						Lebanese						
						Palestinian (PRL & PRS)						
13 Climate Action	13.1	Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	13.1.1 (and 11.5.1)	Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population		Syrian						
					Number of people affected by disaster (number)	All	No	No	None	2005–09, 2012–14, 2016–18	Sendai Framework Monitoring System, UNDRR, https://sendaimonitor.undrr.org/Desinventar-disaster-loss-databases , UNDRR, www.desinventar.net	
					Number of deaths due to disaster (number)	All	No	No	None	2005, 2006, 2008, 2012, 2013, 2015, 2016, 2018	Sendai Framework Monitoring System, UNDRR, https://sendaimonitor.undrr.org/Desinventar-disaster-loss-databases , UNDRR, www.desinventar.net	
					Number of deaths and missing persons attributed to disasters per 100,000 population (number)	All	No	No	None	2005–06, 2008, 2012–13, 2015–16, 2018	Sendai Framework Monitoring System, UNDRR, https://sendaimonitor.undrr.org/Desinventar-disaster-loss-databases , UNDRR, www.desinventar.net	
					Number of deaths and missing persons attributed to disasters (number)	All	No	No	None	2005–09, 2012–19	Sendai Framework Monitoring System, UNDRR, https://sendaimonitor.undrr.org/Desinventar-disaster-loss-databases , UNDRR, www.desinventar.net	
					Number of injured or ill people attributed to disasters (number)	All	No	No	None	2006–09, 2012–14, 2016–18	Sendai Framework Monitoring System, UNDRR, https://sendaimonitor.undrr.org/Desinventar-disaster-loss-databases , UNDRR, www.desinventar.net	
					Number of people whose destroyed dwellings were attributed to disasters (number)	All	No	No	None	2005–07, 2012–13, 2016–18	Sendai Framework Monitoring System, UNDRR, https://sendaimonitor.undrr.org/Desinventar-disaster-loss-databases , UNDRR, www.desinventar.net	
13 Climate Action	13.1	Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	13.1.1 (and 11.5.1)	Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	Number of people whose livelihoods were disrupted or destroyed, attributed to disasters (number)	All	No	No	None	2016–17	Sendai Framework Monitoring System, UNDRR, https://sendaimonitor.undrr.org/Desinventar-disaster-loss-databases , UNDRR, www.desinventar.net	

16 Peace, Justice and Strong Institutions	16.1	Significantly reduce all forms of violence and related death rates everywhere	16.1.1	Number of victims of intentional homicide per 100,000 population, by sex and age			Lebanese																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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ANNEX 2 Policy mapping matrix: Overview

TABLE A2-1: Summary of policy mapping matrix for SDGs 1-5

SDG 1-5	Relevant policies	Stakeholders	CRC recommendations from Lebanon (2017)	Recommendations by UNICEF Chief of Sectors
1 No Poverty	NPTP	MoSA, World Bank	<ul style="list-style-type: none"> Do not remove any child from parental care Increase financial support to families in situations of poverty Reduce the institutionalisation of children Increase social benefits and other services Deinstitutionalise children with disabilities Ensure the right to compulsory and free education for all Access to services for children of migrant workers regardless of the status of their parents Upgrade and expand the primary health-care system, to receive all children without discrimination, with highest attainable standard of health Expand the national network of primary health centres to cover all primary health centres Provide employment opportunities for Palestinian and Syrian refugees Address the high level of child poverty and food insecurity among all children Strengthen all social protection programmes Establish a coherent framework against the exclusion of children, in particular those from disadvantaged communities 	<ul style="list-style-type: none"> Strategic plans and actions to provide water and sanitation services among disadvantaged populations Access to adequate and affordable public WASH services Jobs for the most vulnerable <p>Before mid-term review (MTR):</p> <ul style="list-style-type: none"> Multidimensional child poverty analysis Study on child protection, ECD, budgeting expenditure and services Inclusion of marginalised children Capacity building for programme partners on C4D and campaigns <p>After MTR:</p> <ul style="list-style-type: none"> Better governance/management and capacity for inclusive WASH, health and nutrition Inclusive, quality and equitable WASH, health and nutrition system
	NSDS	All relevant actors		
	LCRP	MOA, FAO, WFP, UNHCR, WVI, MOEW, MOET, UNDP, UNICEF, UNHCR		
2 Zero Hunger	NPTP	MoSA, World Bank	<ul style="list-style-type: none"> Provide employment opportunities for Palestinian and Syrian refugees Implement nationally appropriate social protection systems and measures for all Address the high level of child poverty and food insecurity Strengthen all social protection programme Establish a coherent and inclusive framework, against the exclusion of children, in particular those from disadvantaged communities 	<ul style="list-style-type: none"> Joint cash programme (UNICEF, UNHCR, LCC and WFP) to assist disadvantaged children and their families (before MTR). Maximise organisational and programmatic synergies for most disadvantaged children (after MTR) Evidence-based advocacy Inclusive national system Engagement of communities
	IYCF	MoPH and UNICEF with partners and stakeholders		
	MoAS	MOA, LARI, ICARDA		
	LCRP	MOA, FAO, WFP, UNHCR, WVI, MOEW, MOET, UNDP, UNICEF, UNHCR	<ul style="list-style-type: none"> Amend the Labour Code to include domestic workers, workers in the agricultural sector and family businesses and adopt policies to address child labour in the formal and informal sectors, ensuring compliance with article 32 of the Convention and relevant ILO standards 	

3 Good Health and Wellbeing	NSDS	All relevant actors	<ul style="list-style-type: none"> • Ensure that all children enjoy equal rights, in law and practice, without discrimination • Review relevant laws, including the 1951 Registration of Personal Status Law • Conduct awareness-raising campaigns at the community level and in schools • Provide adequate health-care services, in particular in public hospitals, and adequate and sufficient rehabilitation services 	
	Health Response Strategy 2016 (for Syrians)	MoPH and LCRP actors	<ul style="list-style-type: none"> • Ensure access to quality health care, affordable costs for families in situations of poverty • Expand the national network of primary health centres • Protect the rights of children with disabilities and integrate them in the health system 	
	IYCF	MoPH and UNICEF with partners and stakeholders	<ul style="list-style-type: none"> • Adopt a human rights-based approach to disability by putting in place the national action plan on the rights of the child with disabilities • Support caregivers of children with disabilities, by increasing social benefits and other services, with a view to deinstitutionalising such children • Ensure periodic review of the placement of children with disabilities 	
	Mental Health and Substance Use Strategy	MoPH	<ul style="list-style-type: none"> • Report, monitor and remedy maltreatment • Ratify the Convention on the Rights of Persons with Disabilities • Ensure adequate provision of prenatal and postnatal care in all governorates • Promote exclusive breastfeeding for the first six months, through legislation, awareness-raising training to relevant officials, and parents 	
	LCRP	MoPH, WHO, UNHCR	<ul style="list-style-type: none"> • Implement and expand the child-friendly hospital project • Strengthen the national immunisation programme to address emerging needs • Improve access to clean water and sanitation for disadvantaged communities, and address risks of communicable diseases and other health concerns 	
	MoPH circular 47/2014	MoPH	<ul style="list-style-type: none"> • Strengthen the quality and availability of mental health services and programmes, for psychosocial care and rehabilitation in all governorates • Assess the nature and extent of adolescent health problems (including tobacco use, alcohol and substance abuse, sexual and reproductive health, and suicide) • Strengthen the regulation of pharmaceutical sector and all health-care service providers in terms of quality and pricing • Conduct research to identify the issues that are 	

			<ul style="list-style-type: none"> most important to children Ensure that this right is integrated appropriately and interpreted and applied consistently in all legislative, administrative and judicial proceedings and decisions, and in all relevant policies, programmes and projects that have an impact on children Develop procedures and criteria and provide guidance and training to all relevant actors 	
4 Quality Education	NSDS	MEHE	<ul style="list-style-type: none"> Ensure the right to compulsory and free education for all Improve access to education Address barriers to access to education, including inadequate facilities and funding Ensure access to education and other services to children of migrant workers regardless of the status of their parents Raise the age of compulsory education to 15 years, expand early childhood education within the public-school system Implement policy on early childhood care and education and allocate sufficient financial resources for its implementation, in particular in areas outside of Beirut and Mount Lebanon Improve the retention and reduce the premature dropout rate 	<p>Before MTR:</p> <ul style="list-style-type: none"> More risk-informed, resilient education system in Lebanon Specific technical expertise for a sound upstream engagement Partnerships with actors at local level., also for outreach and advocacy Child integrated response and programming Multi-year development donors Programme focusing on disparities and vulnerabilities Clear decentralised approach to programming UNICEF as a knowledge-leader for children's issues Upstream work, policy engagement, quality into services for children <p>After MTR:</p> <ul style="list-style-type: none"> Vulnerable children and families have positive behaviour Enabling environment and learning opportunities Adaptive, child-centred teaching methodologies and practices Functional learning/protection packages to working, married or stateless children Uphold child rights-based governance, policies and evidence-based advocacy Community engagement More inclusive and equitable educational system Quality of service delivery Non-formal literacy programmes, complemented by a package of health, protection, and nutrition support services <p>National policies and budgeting on gender-based violence, inclusive education, and child protection</p>
	UNDP: National Action Plan for Human Rights in Lebanon	MEHE	<p>Develop and promote quality vocational training</p> <ul style="list-style-type: none"> Ensure access to safe play areas, green spaces and cultural facilities for all children, in particular those from marginalised backgrounds Take measures to increase the overall quality of education, in particular with respect to the public schools Increase the number of qualified teachers, including teachers working with children with disabilities Enforce quality standards for non-formal programmes Update the school curricula, relevant and inclusive Develop rights-based learning and assessment and ensures children's participation 	
	Youth Policy	Youth Forum and MoSY		

	LCRP	MEHE and UNICEF		<ul style="list-style-type: none"> • Provision of learning opportunities for out-of-school and working youth aged 15 and above • Bridge the nexus from emergency response to development programming under the RACE II MTR • Fund and capacitate dedicated PSS counsellors in schools as well as a Central Cerebral Palsy (CP) unit • Train NFE providers • Safe protective learning spaces for children • Public school infrastructure and equipment in line with effective school practices (ESP) standards • Accessibility for children with disabilities, including WASH facilities • Reduce MEHE dependence on rented facilities • Support the partial or full subsidisation of tuition, school-related costs, and school-materials • Appropriate non-formal package for out-of-school children • Subsidise out-of-pocket expenses (supplies, transport, etc.) for poorer families • Adaptive, child-centred teaching practices and functional learning/protection packages to working, married or stateless children • Modules on gender and gender-based violence • Digitization of national 'Teacher Training Management System'
5 Gender Equality	NSDS	MEHE	<ul style="list-style-type: none"> • Ensure that all children enjoy equal rights under the Convention, in law and practice, without discrimination • End abuse, exploitation, trafficking and all forms of violence and torture of children • Implement Law No. 293 of 2014 on Protecting Women and Family Members from Domestic Violence 	<ul style="list-style-type: none"> • Monitoring and reporting on multidimensional child poverty and the rights of children and women • Monitoring and, tracking trends and inequities on children and women rights at national and sub-national level • M&E systems, surveys and assessments, to identify and track children and women rights • Standardise child- and gender-sensitive indicators for a multi-dimensional poverty analysis • National and local dialogue on child and gender sensitive planning
	Youth Policy	Youth Forum and MoSY	<ul style="list-style-type: none"> • Implement the National Plan of Action to combat sexual exploitation and abuse • Establish mechanisms, procedures and guidelines to ensure mandatory reporting of child sexual abuse and exploitation • Investigate sexual abuse and exploitation 	

			effectively and ensure the perpetrators are brought to justice	<p>Before MTR:</p> <ul style="list-style-type: none"> Integrated and inclusive programmes: WASH and protection Community-based, social and behaviour change strategies and interventions to provide services in a non-discriminatory manner Child protection programmes in partnership with UNRWA and Palestinian and international NGOs Equitable prevention and response system for survivors of violence exploitation and abuse and access to services in most disadvantaged localities Data and knowledge to inform programming and advocacy initiatives for prevention and protection Evidence-based programming, including advocacy initiatives Analysis and policy briefs for primary sectoral issues affecting/impacting marginalised children Integrated approach to mitigate negative coping mechanisms that affect child development <p>After MTR:</p> <ul style="list-style-type: none"> Opportunities for participation and empowerment of marginalised Lebanese and non-Lebanese youth Youth competences, while ensuring health and education services Partnerships and community engagement to advocate for behavioural social change, and increase demand on essential services among the most disadvantaged <p>Improve government staff capacity for evidence-based planning, budgeting, supervision and monitoring of priority interventions for children and women</p> <ul style="list-style-type: none"> Integration of community-based systems Coordination among sectors and efforts to formalise contingency planning and emergency response capacity
Strategic Plan of the Ministry of Social Affairs on the Protection of Women and Children: 2020-2027	MoSA		<ul style="list-style-type: none"> conduct awareness-raising and education programmes, to combat sexual exploitation and abuse Ensure accessible, confidential, child-friendly and effective reporting channels for violations Train all professionals working with and for children, including social workers, judges and other law enforcement officials, on how to receive, monitor, investigate and prosecute complaints in a child- and gender-sensitive manner 	
UNDP: National Action Plan for Human Rights in Lebanon	MOSA		<ul style="list-style-type: none"> Establish shelters for victims of sexual abuse and provide comprehensive services effectively Ensure the development of programmes and policies for the prevention, recovery and social reintegration of child victims Adopt a national strategy on child marriages Provide comprehensive awareness-raising programmes on the negative consequences of child marriage for children, in particular refugee girls, targeting parents, teachers and religious leaders 	
LCRP	MEHE and UNICEF		<ul style="list-style-type: none"> Ensure the prosecution of perpetrators of so-called honour killings Conduct campaigns aimed at combatting violence against women and girls Intensify discussions with the relevant religious authorities and other relevant stakeholders with a view to amending Decree No. 15 on Lebanese Nationality of 1925 to grant Lebanese women equal rights with Lebanese men Ensure that all births of children in the state party are registered Ensure that residency permits are made available to foreign spouses and children of Lebanese women, in law and in practice 	

TABLE A2-2: Bottlenecks and gaps**Goal 1: No poverty**

- In Lebanon, more than 90 per cent of children placed in residential care institutions are not orphans but come from poor families that cannot support them, especially when it comes to providing them with education
- Unemployment is especially high among the youth, reaching 13.7 per cent, and tends to be characterised by lengthy durations
- Palestinians continue to be deprived of many rights under the principle of reciprocity
- No infrastructure for physical access of disabled people to the workplace
- Lebanon's limited capacity to eradicate child labour and ensure the safety of working children is not only related to deficiencies in the civil and penal codes but also to the weak enforcement of laws that are currently in force
- Gender equality in the labour market is not achieved: number of issues exist, including occupational segregation, gender wage gaps, women's disproportionate representation in informal employment and unpaid work, and their weak presence in decision-making positions
- More than half of the Lebanese labour force and their dependents are left without pension or family allowances
- Because of the lack of a labour information database (an LMI system), there is no detailed information on whether the Lebanese 'employed' are working in decent conditions and earning an adequate income that allows them to secure a dignified standard of living for themselves and their dependants
- A lack of systemised and sustainable support from government increases the presence and impact of existing water-contaminating sources and depleted groundwater reserves through poor planning and compliance, thus reducing access to supply and services for the most disadvantaged
- With an estimated 27 per cent of the Lebanese population living on less than US\$ 4 per day, the cost of accessing safe water is unaffordable for this underprivileged cohort
- Up to 90 per cent of natural sources are affected by bacterial contamination in populated/urban areas, with 70 per cent nationally contaminated
- Lebanon is witnessing a recrudescence of waterborne diseases, including dysentery, hepatitis A, leishmaniosis and typhoid
- The MoPH budget is not sufficient to provide the required and necessary human resources, as well medical and vaccination supplies for populations in excess of the Lebanese cohort (UNICEF Lebanon 2018a)
- The targeted disabled by MoSA are identified as per WHO; only four disabilities out of seven are accepted

Goal 2: Zero hunger

- MoSA has requested additional funding from the government budget of US\$ 40 million to finance the expansion of social assistance to a larger number of poor Lebanese households under the Emergency NPTP
- There is very limited data on the nutritional status and micronutrient deficits of Lebanese children
- There is insufficient data on exclusive breastfeeding among infants
- One in five Syrian children under the age of five suffer from anaemia; those aged between 6 and 23 months were the most afflicted
- Food security among Syrians is deteriorating; only 11 per cent of Syrians were deemed to be food secure in 2015, compared with 32 per cent in 2013; 38 per cent of Palestine refugee households experience moderate food insecurity and 24 per cent are severely food insecure
- Lebanese households tend to be more food secure, but insecurity is growing in certain geographical areas, such as the Bekaa and the South; 31 per cent have begun to opt for less nutritious foods due to lack of resources
 - Lebanon's under-five wasting prevalence of 6.6 per cent is also less than the developing country average of 8.9 per cent
 - Lebanon's 2015 low birthweight prevalence of 9.2 per cent has decreased slightly from 9.8 per cent in 2000; Lebanon's adult population also face a malnutrition burden: 31.2 per cent of women of reproductive age have anaemia, and 14.5 per cent of adult men have diabetes, compared with 12.2 per cent of women; meanwhile, 37 per cent of women and 27.4 per cent of men are obese
- These extreme poor are more vulnerable to homelessness, illness, malnutrition and negative coping strategies such as early marriage and child labour
- IYCF practices in Lebanon are not yet adequate and optimal: challenges exist with implementation, monitoring and enforcement of law 47/2008, implementation and sustainability of the Baby-Friendly Hospital Initiative (BFHI) and application of maternity leave; there has been inadequate preparedness for appropriate feeding in emergency situations; the IYCF national programme has not been sustained and none of the previous policies address the issue of IYCF in its totality
- The link between training and work remains limited; ensuring the curriculum is suited to market needs and identifying niche opportunities in the market
- There is a need for further collaboration between food security and livelihood sectors to support agricultural livelihoods, and a policy review to support informal businesses to adhere to the standards and registration process
- Agriculture has fallen from as high as 23 per cent of economic output at the end of the last civil war to only 4 per cent of GDP today and there is less employment in this sector
- Around 37 per cent of land in Lebanon can be cultivated while current agricultural area is estimated to be just 231,000 hectares, with only half irrigated; seed diversity is greatly limited while farm holdings remain relatively small and fragmented
- Large irrigation projects have floundered and are beset with technical issues while the ability of the government to respond is again limited by financial constraints
- The Ministry of Agriculture's budget totals around 0.5 per cent of its overall allocations; the ministry has not been able to offer appropriate extension services to small farm holders
- Small farm holders do not greatly benefit from information on good agricultural practices, access to research and finance, or a well-organised cooperatives sector
- Lebanon has great potential to increase seed production and reduce input prices; apart from seeds for wheat, Lebanon imports the majority of its seeds

- Regulations for seed and seedling imports are in need of improvement in recent years to be deemed sufficient to guarantee plant material authenticity, traceability and property rights
- Supplying seeds to farmers is generally conducted by private firms or developmental organisations with minimal state intervention or regulation
- Lebanon does not possess a seed law to govern internal production or seed imports
- Policies and regulations are consequently not unified and are implemented on an ad-hoc basis; a draft seed law was prepared in 1970 but was never passed nor implemented

Goal 3: Good health and wellbeing

- The hospitals sector, which was already overburdened with Syrian patients, who are unable to pay the reduced fees required from them (25 per cent of their hospital bill), as well as patients whose hospitalisation is not subsidised at all, is now overstretched by the patients of Covid-19 epidemic
- Quality of healthcare remains an issue in Lebanon
- Hospitals in Lebanon are generally small (averaging 54 beds in public and 84 in private), which hinders proper quality management and prevents benefiting from economies of scale
- Occupancy is relatively low (around 60 per cent)
- High-tech services are available in private sector, i.e. smaller market with high cost
- The affected populations in Lebanon have experienced a gradual shrinking of space for livelihoods and income generation, translating into the inability of poor and displaced families to secure their basic needs and access social services
- Respect for the rights of disabled people, as per the Law 220/ 2000, is tributary to the commitment of different line ministries
- Despite ministerial circulars forbidding the perception of any fee for vaccination, PHCs still charge registration and consultation fees for vaccination and various other routine health services
- The highly oligopolistic nature of the drug market makes regulation politically difficult because of the lobbying pressure exercised by the biggest importers. Problems with drug companies include price rigging in import invoices, manipulation of the supply of drugs, trafficking and the government's inability to verify the quality of all drugs in light of the absence of a central laboratory
- Difficult living conditions, poor hygiene practices, particularly in relation to handling food and water, aggravate the risk of disease, as evidenced in food and waterborne diseases accounting for up to 60 per cent of notifiable communicable diseases
- While Lebanon remains polio-free, overall vaccination coverage rates remain sub-optimal. Lebanon has experienced outbreaks of vaccine-preventable diseases (measles and mumps) and waterborne diarrhoea, which could significantly affect mortality and morbidity levels among both the host and displaced populations
- In 2018, 867 cases were classified as measles, requiring an emergency response; 81 per cent of these cases were Lebanese and 19 per cent were displaced Syrians, the high-risk age group being children under five years (Government of Lebanon & United Nations, 2021, pp. 15–16)
- Some of the Lebanese consider the quality of PHCs to be not good enough and do not trust PHC vaccines
- Vaccinators/vaccines are not always available at PHCs
- Lack of transportation is a reason for not visiting the PHC for vaccination
- Health insurance funds are fragmented, coverage is not uniform and eligibility criteria are

inconsistent

- The current social protection system suffers from a variety of ailments, including limited coverage and meagre benefits
- Despite the issuance of the PWD card, many problems continue to restrict the access of PWD to the basic services they need; these problems relate to either coverage or management
- PHC centres are requested not to differentiate between Lebanese and non-Lebanese patients regarding the provision of services and the collection of nominal fees; however, equity concerns remain where certain partners, mainly UNHCR, subsidise PHC for Syrians but not for Lebanese
- It is important to note that patients suffering from chronic catastrophic illnesses (such as cancer necessitating chemotherapy and advanced care, and renal failure needing dialysis and thalassemia needing transfusion and deferral) are not included
- Although severe acute malnutrition remains uncommon and unprobeable in this Mediterranean country, Lebanon has been categorised by the WHO as a country in early nutrition transition with widespread micronutrient deficiencies, and sub-optimal infant and young child feeding practices

Goal 4: Quality education

- The system is dominated at all levels, except secondary, by the private sub-sector; and there are significant discrepancies in teacher–student ratios among the three sub-sectors (private, public, private subsidised)
- There is a pronounced gap between private and public school internal efficiencies and quality: while secondary school enrolment rates are 14 points above the regional average, there are problems at the basic education level, particularly in its upper grades
- Analysis of achievement levels revealed that performance of students in private schools is on average superior to public schools
- Enrolment rates in public schools are decreasing due to the widening of the achievement gap between public and private schools
- Repetition rates are significantly higher in the public system
- There are chronic shortages in some subject areas; further, the misallocation and oversupply of teaching and administrative staff is acute and especially so in the public sector; teacher/student ratios are among the lowest in the region
- The MEHE and the ECRD have not developed a sustainable mechanism for periodic revision of the curricula
- Insufficient standards, protocols and guidelines for writing, producing and assessing school textbooks to better support a process for curricular revision and/or renewal
- Absence of a unified curriculum which provides the potential for improvement and enrichment through the use of ICT as an educational tool for teaching and learning
- The absence of sufficient and suitable ministry-owned and -operated learning and teaching environments, with the provision of facilities that meet a minimum acceptable standard for infrastructure and with essential and necessary equipment and resources for instruction and study, is a significant factor in levels of school, teacher and student performance
- Many public kindergartens, especially those located in more disadvantaged areas, lack a suitable learning and teaching environment in terms of infrastructure and equipment
- The supply of computer facilities, hardware and applications is low in Lebanese public schools, so children and youth of Lebanon are not well equipped with appropriate skills to

increase their chances of success in their future lives

- The implementation of free and compulsory education is challenged, mainly due to unequal opportunities across different geographical areas, the different levels of student achievement at private and public schools, and the imbalance of higher education fields that students choose to study

Goal 5: Gender equality

- Structural constraints that carry the seeds of discrimination and women's vulnerability are rooted in laws and regulations, sectarian dynamics, socio-cultural values, decision-making structures, public policies and development strategies, ongoing conflict and security problems, and a rise in social conservatism
- Women are particularly underrepresented politically and face numerous cultural and social barriers to participating in economic life – women's unemployment is twice that of men
- There are no national policies or legal framework to protect women and girls from the different forms of gender-based violence and there is no country-level strategy paving the way for gender equality
- Laws fall short of providing children with full protection of their rights and can sometimes be in conflict: e.g. Law 422/2002 on the Protection of Juveniles in Conflict with the Law and at Risk, Law 293/2014 on the Protection of Women and Family Members from Domestic Violence, the Penal Code, national legislation on child labour and human trafficking and personal status laws
- Laws are not fully consistent with the principles of the CRC and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)
- No ratification has yet occurred of the Optional Protocol to the CRC on the involvement of children in armed conflict, signed by Lebanon in 2002, which would provide for stronger protection of children surviving this violation
- Law no. 164 of 2011 prohibits all forms of human trafficking; however, the law does not address prevention and protection measures
- There are no solid integrated interventions, equitable and well coordinated
- The main structural barrier to the protection of children and women is the lack of a unified personal status law: men have guardianship over children and women do not have guardianship rights, with the exception of Armenian Orthodox couples; the Lebanese state denies women the same rights as men in instances of marriage, divorce and family matters, and upheld the ban on Lebanese women passing their nationality to their husbands and children
- Under the rules of inheritance that apply to Muslims, women have a right to inheritance, but in many cases receive less than men; for example, daughters receive half the share that sons receive; male and female Christians have equal inheritance rights under the Inheritance Law for Non-Muslims
- Women do not enjoy equal rights in marriage and divorce under the personal status laws; grounds for divorce or annulment under the various sectarian personal status laws discriminate against women
- There is no law prohibiting early marriage: the minimum age of marriage varies among religious denominations and disadvantages girls; although most religious groups set the minimum age at 18 for boys, all religious groups allow girls under the age of 18 to marry
- Marital rape is not criminalised: the definition of rape in Articles 503 and 504 of the Penal Code of 1943 excludes forced sex in marriage

- There is no legal prohibition of female genital mutilation/cutting and there are therefore no reported cases
- Under the Labour Code, women are entitled to 10 weeks of maternity leave paid by the employer, but this is less than the ILO standard of 14 weeks
- Domestic workers are excluded from the protections of the Labour Code
- Lack of effective gender-sensitive career guidance framework within the education system, despite the existence of several specialised institutions
- Standard Operating Procedures (SOP) for the protection of women and girls specifically are non-existent

TABLE A2-3: Achievements**Goal 1: No poverty**

- Targeting the most vulnerable: food support to poor Lebanese households in areas of high Syrian refugee influx, which has contributed to reducing social tensions between poor Lebanese communities and Syrian refugee populations
- The NPTP programme has established itself as Lebanon's main social safety net programme, playing a central role for donors, UN agencies and other ministries in reaching poor and vulnerable host populations affected by the Syrian conflict
- The impact of the e-card food voucher on the poor is very positive, and beneficiary satisfaction with the programme is high
- Results from the project's monitoring system indicate that: (i) beneficiary households were consuming 30 per cent more food after six months of receiving the e-card; (ii) they were benefiting from a more diversified diet; and (iii) they are adopting significantly less negative coping strategies
- More than 80 Social Development Centres of MoSA will be engaged to carry out the assessments and visits to eligible households for e-card
- Since 1995, MoSA has issued cards for PWD enabling disabled people to access services such as provision of mobile chairs, walking canes and medical shoes; disabled people may benefit from learning and rehabilitation services provided by 72 specialised institutions contracted by MoSA nationwide; other services provided include capacity building, issuing exemption statements to disabled people, exempting disabled people from municipal taxes and vehicle custom fees, and the diagnosis of learning difficulties

Goal 2: Zero hunger

- The MoA provides quality certificates for a limited number of nurseries producing seedlings for some fruit varieties such as citrus fruits, pears, apples, apricots, sweet cherries, nectarines, peaches and plums; at the same time, the MoA conducts regular sanitary inspections as part of a specific seedling production programme through the Lebanese Agricultural Research Institute (LARI)
- The impact of the e-card food voucher (NPTP) on the poor is very positive, and beneficiary satisfaction with the programme is high; results from the project's monitoring system indicate that: (i) beneficiary households were consuming 30 per cent more food after six months of receiving the e-card; (ii) they were benefiting from a more diversified diet; and (iii) they are adopting significantly less negative coping strategies

- Government, donors and the diaspora aim to alleviate hunger by providing transfers and subsidies
- LARI, in collaboration with the International Centre for Agricultural Research in the Dry Areas (ICARDA), is responsible for development and production of specific varieties of cereals and legumes; in cooperation with the Directorate General of Cereals and Beetroot (DGCB), three classes of wheat seeds are produced and disseminated to farmers
- The Council for Development and Reconstruction (CDR) regularly awards infrastructure projects targeting the agricultural sector; the Investment Development Authority of Lebanon (IDAL) manages the Agri-Plus programme, which benefits local producers through export subsidies and other incentives

Goal 3: Good health and wellbeing

- The MoPH has elaborated an evidence-based epidemic preparedness and response plan in Lebanon, particularly in the informal settlements
- The MoSA provides a wide range of support to people with disability; since 1995, it has issued 70,423 cards for people with disability
- A GIS health map of the distribution of health facilities and equipment was created
- A surveillance and response system of 43 selected diseases and hazards has been put in place
- Lebanon counts more than 900 health centres run by MoPH, MoSA, municipalities and NGOs; the MoPH has developed strict standards for eligibility for these centres to become part of the MoPH Network; today this national network counts 220 PHCs, each health centre with a defined catchment area with an average of 20,000 inhabitants, varying between less than 10,000 in rural areas with sparse population to nearly 30,000 in urban high-density population areas (Ministry of Public Health 2016a, p. 15)
- The MoPH planned to add 30 centres to cover more areas in 2016
- PHCs have received the most attention from international donors and have been able to cope with the crisis considerably well as a result
- All PHC centres within the MoPH network are committed to providing a comprehensive package of services including immunisation, essential drugs, cardiology, paediatrics, reproductive health and oral health, and to playing an important role in school health, health education, nutrition, environmental health and water control; the MoPH closely monitors service delivery patterns and quality of care within the network
- Immunisation activities, provision of essential drugs and other services are reported regularly to the MoPH for analysis, evaluation and feedback
- The MoPH provides considerable support to its PHC network in the form of free vaccines and drugs to satisfy the needs of all patients visiting the PHCs, as well as free capacity building for staff and in-kind support in the form of educational materials and guidelines
- The MoPH also episodically provides medical supplies and equipment
- Services subsidised for the displaced include medical consultations, laboratory tests, immunisations, antenatal care and other reproductive health services, and management of chronic diseases
- To prevent any contamination of vaccine-preventable diseases, such as polio, from Syria, the MoPH called on international support to establish outreach immunisation posts at the borders and in the UNHCR reception centres to screen and vaccinate all incoming children
- The EU Instrument for Stability project equipped the MoPH network with additional vaccine and drug stocks, medical equipment, and lab equipment for water analysis in eight hospitals and other purposes; it also allowed intensive training and capacity building for healthcare workers managing PHC childhood illnesses, rational use of medications, NCD care and mental healthcare

Goal 4: Quality education

- The MEHE has responded to the Syrian crisis with enormous foresight – both to continue supporting the vulnerable Lebanese children who are traditionally registered in its schools, and also to support eligible refugee children
- Through its comprehensive five-year response strategy (RACE II), the MEHE opened all 1,300 of its public schools to accommodate thousands of eligible refugee students, structured and operationalised a network of regulated non-formal programmes, launched a child protection policy in schools, recruited and trained additional teachers and health/PSS staff, and has rehabilitated several schools in need; increasingly operating in double-shifts since 2014, the Lebanese public system now hosts on average around 210,000 refugee students (between the grades of KG and Grade 9)
- UNICEF Lebanon has been partnering with MEHE to deliver its commitments on the RACE Plans; for the 2017/18 school year alone, UNICEF supported the MEHE to enrol 213,358 refugee and 209,409 Lebanese children in public schools
- For those children who did not qualify for places in the public system, 39,000 were supported with alternative non-formal learning opportunities; relevant learning and recreational materials were provided to a vast majority of these children
- UNICEF has also invested in revising the national teacher-training framework to capacitate teachers towards more child-centred pedagogy; this will have far-reaching consequences for the ability of public school teachers to provide a more inclusive learning environment and also to better support struggling learners
- UNICEF was also instrumental in supporting the MEHE to launch an inter-ministerial child protection policy, as well as its iterative roll-out in all public schools
- UNICEF is pushing forward the agenda of inclusive education, by opening pilot schools that mainstream children with disabilities into existing public schools; this is a step towards an eventual policy on inclusive education for Lebanon
- The quality of education outcomes in Lebanon is improving, although still below TIMSS international benchmarks
- Quality of performance also improved as more students in 2007 reached the advanced benchmarks; analysis of the results revealed that the performance of students in private schools was on average superior to that of students in public schools
- Lebanon has made strides to boost achievements in sciences and mathematics; the last Trends in International Mathematics and Science Study (2011) ranked Lebanon 25th and 39th out of 42 countries for mathematics and the sciences at Grade 8, respectively

Goal 5: Gender equality

- Local and international NGOs conduct regular training on parenting, gender-based violence, sexual and reproductive health, child rights, protection, and alternatives to corporal punishment; these programmes target mainly women and adolescent girls and are an opportunity to disseminate relevant information and raise awareness
- Women and girls are protected by the Law on Protection of Women and other Family Members from Domestic Violence, Law no. 293 of 2014
- A bill that proposes amendments to improve the law has been drafted but is yet to be considered by parliament
- Rape outside of marriage is a criminal offence under the Penal Code with a minimum punishment of imprisonment for five years

- Multiple laws apply to children, most importantly Law 422/2002 on the Protection of Juveniles in Conflict with the Law and at Risk, Law 293/2014 on the Protection of Women and Family Members from Domestic Violence, the Penal Code, national legislation on child labour and human trafficking, and personal status laws
- On 29 September 2014, Lebanese MP Ghassan Moukheiber proposed a law to regulate underage marriage in Lebanon; the suggested law stipulates that a Juvenile Court judge would have to approve such marriages; the draft law says that “the state firmly reserves the right to legislate on the protection of the Lebanese family; the Lebanese state has an obligation of guardianship, which requires it to protect its citizens in all social aspects”.
- Employers are prohibited from dismissing women because of pregnancy by Articles 29 and 52 of the Labour Code
- Article 26 of the Labour Code of 1946 (as amended) prohibits discrimination against women in the payment of wages



ANNEX 3 Social protection: Costed policy options

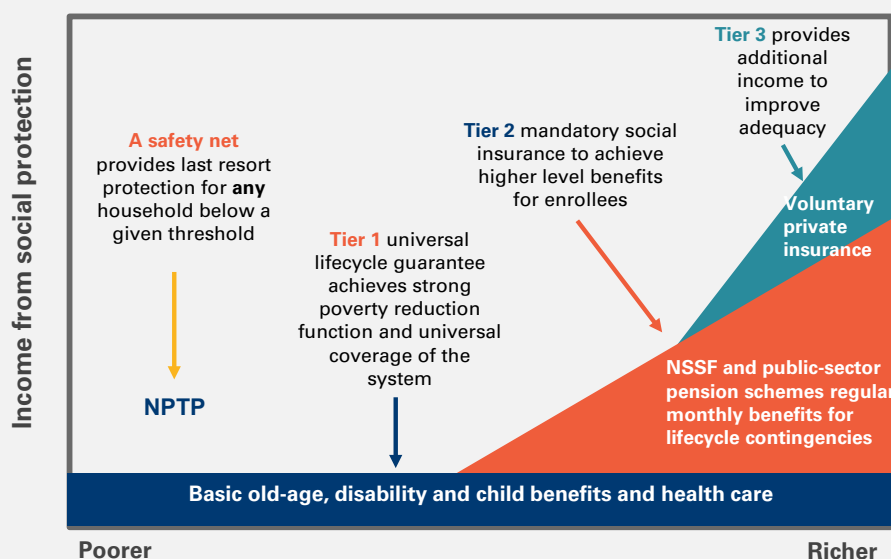
There is a strong rationale for a UCB in Lebanon. Children and families across the country are facing unprecedented challenges while living with insecure incomes. UNICEF estimates that over 1.5 million children are living in multidimensional poverty, which is anticipated to have increased during 2020.⁴⁹⁷ The impacts of poverty on children are devastating, and yet they are twice as likely as adults to live in poverty.⁴⁹⁸ The multiple

deprivations that children face as a result of living in poverty blight their future and undermine productivity, economic growth and social cohesion.⁴⁹⁹ As such, if Lebanon does not invest in its children, the country's future wellbeing and prosperity are put at risk. Moreover, the anticipated removal of price subsidies in the short term makes it even more urgent to address these vulnerabilities.

BOX A3-1: A multi-tiered approach to securing social protection floor guarantees in Lebanon

A future inclusive and rights-based multi-tiered system in Lebanon could combine tax-financed guarantees with mandatory insurance to ensure both horizontal and vertical coverage extension. A set of core life-cycle benefits becomes the foundation of the system. These could also be pension- or benefit-tested. Mandatory social insurance from the NSSF (or mandatory public sector schemes) would provide consumption smoothing and regular, predictable income security for key life-cycle contingencies. These could include old age, disability and survivors' pensions; unemployment insurance; health insurance; employment injury benefits; and family allowances. However, it could also – in future – include maternity and paternity benefits. Meanwhile, those on higher incomes who can afford to make additional contributions would have access to additional income through voluntary or private schemes. Safety nets would also have a role, but if life-cycle guarantees are functioning as they are intended (that is, they are adequate and achieve broad coverage of the population), the role of a safety net would be limited. In Lebanon, this would mean that for those few households who either do not have members who qualify for individual core life-cycle guarantees or for whom those guarantees are insufficient, a last resort safety net such as the NPSP would exist for those that fall below a minimally defined threshold.

FIGURE A3-1: A potential inclusive system in Lebanon



Source: Authors' depiction.

A UCB could help to address many of the challenges faced by Lebanon's children. Social transfers given to children are one of the best-evidenced and most immediately effective responses to alleviate various forms of child poverty and deprivation.⁵⁰⁰ By increasing household incomes, social transfers have been shown to have a positive impact across a wide range of child development outcomes, including nutrition, health, education and child protection – even reducing harmful practices such as child labour, child marriage and violence in the home.⁵⁰¹

The most significant oppositional argument in fragile states such as Lebanon is that there is no fiscal space to accommodate a UCB. However, the UCB can be introduced at a relatively low level of investment initially, by limiting the age of eligibility and transfer values, and can grow slowly over time, also known as the multi-tiered benefit system (see Box A3-1).⁵⁰² Moreover, even a low-level investment in a UCB would serve as an immediate compensation measure for impending phasing out of universal price subsidies. Table A3-1 outlines the costs of four basic combinations of parameters for a potential tax-financed UCB in Lebanon.

TABLE A3-1: Policy options for a tax-financed UCB in Lebanon

Option	Sub-option	Eligibility age	Transfer value (LBP)	High-level design (selection criteria)	
				Annual cost (LBP bn)	Annual cost (per cent GDP)
Option 1: Wider age eligibility criteria	Option 1a: Modest	0–17	20 per cent of the SMIC national minimum wage benchmark per child per month; plus an additional 20 per cent of the SMIC for children with disabilities	1,623.75	1.73
	Option 1b: Generous	0–17	40 per cent of the SMIC per child per month; plus an additional 40 per cent of the SMIC for children with disabilities	3,247.50	3.47
Option 2: Narrower age eligibility	Option 2a: Modest	0–7; 0–17 if disabled	20 per cent of the SMIC per child per month; plus an additional 20 per cent of the SMIC for children with disabilities	477.14	0.51
	Option 2b: Generous	0–7; 0–17 if disabled	40 per cent of the SMIC per child per month; plus an additional 40 per cent of the SMIC for children with disabilities	954.29	1.02

Source: Development Pathways. Note: using 2020 prices.

A UCB covering all children aged 0–17, with relatively generous transfer values (Option 1b) would represent a substantial commitment to investing in a universal social protection floor, requiring an investment of 3.47 per cent of GDP. At the other end of the scale, the least ambitious package is a modest, benefit-tested transfer covering only children aged seven and under (Option 2a), which would require an investment of around 0.51 per cent of GDP. In the middle, policymakers are presented with a wide range of choices. It would be difficult to consider either of the modest child benefit options as a high cost for an upper-middle-income country such as Lebanon.

The scheme could also be designed to encourage more families to enter the taxation system: access to the UCB could be restricted to those who declare their incomes, and families could only remain on the scheme if they continued to provide annual income declarations.⁵⁰³ Therefore, it would be a key tool for generating higher government revenues – giving an important boost to the economy. In other words, the UCB will partly pay for itself.



ANNEX 4 Projected climate change impacts in Lebanon and recommended strategies

Global climate modelling combined with future emissions trajectories shows significant increasing trends in warming throughout this century. There will be a projected increase in mean annual temperatures of 1.2–1.7°C by mid-century and up to 3.2°C by 2100. Projections through to the end of the century show an increased frequency of heat waves and decreased number of frost days, with up to 43 additional days per year with a temperature higher than the current maximum daily temperature of 35°C.⁵⁰⁴ At the same time, projections show a decrease in precipitation of 10–20 per cent by 2040 and of 45 per cent by the end of the century. There will also be an

increase in the number of consecutive dry days, when precipitation is less than 1.0mm, by the end of the century,⁵⁰⁵ causing more frequent occurrence of drought conditions. These dramatically changed conditions will result in a hotter and drier climate.

Snow cover will also be affected by climate change, with projected reductions of 40–70 per cent. There will be a shift in the elevation of snow residence from 1,500m to 1,900m and a decrease in snow residence time from 110 days to 45 days.⁵⁰⁶ These changes will dramatically alter groundwater recharge and will influence spring discharge and river flow.

TABLE A4-1: Summary of climate change impacts in Lebanon

Areas of impact	Projected climate changes
Less snow	<ul style="list-style-type: none"> A reduction of between 40 per cent of snow cover with an increase of 2°C in temperature and 70 per cent of snow cover with a temperature increase of 4°C will impact the ski season. Less precipitation will fall as snow, with snow that currently falls at 1,500m shifting to 1,700m by 2050 and to 1,900m by 2090. Snow residence time will decrease from 110 days to 45 days.
Less water availability	<ul style="list-style-type: none"> Snow will melt earlier in the year, affecting the recharge of most springs, reducing the supply of water available for irrigation during the summer and increasing winter floods by up to 30 per cent. The declines in precipitation will also exacerbate existing challenges to water availability for agricultural, commercial and residential uses. There will be adverse impacts on rivers and groundwater recharge, affecting water availability during the summer season and drought periods.
Increased drought periods	<ul style="list-style-type: none"> Dry seasons will occur 15 days to 1 month earlier; drought periods will extend to nine days longer by 2040 and 18 days longer by 2090. Currently dry regions, such as the Bekaa, Hermel and the South, will experience the sharpest effects. Irrigation costs will rise as more pumping hours will be required, therefore consuming more energy.
Loss of agricultural productivity	<ul style="list-style-type: none"> Soil moisture will decline in response to higher temperatures, reduced precipitation and higher evapotranspiration. Changes in temperature and rainfall will decrease the productivity of most crops and fruit trees, especially wheat, cherries, tomatoes, apples and olives, and may affect the quality of grapes, despite some transient benefits from expansion of coastal plantations such as banana and tomatoes. Most crops also will face increased infestation of fungi and bacterial diseases.
Higher energy demand	<ul style="list-style-type: none"> Higher temperatures in summer will increase demand for cooling, with related consumption of electricity increasing by 1.8 per cent for a 1°C increase in temperature, and by 5.8 per cent for a 3°C increase in temperature.

Weakened tourism	<ul style="list-style-type: none"> Winter outdoor tourism will diminish as warmer temperatures and reduced precipitation shorten the skiing season. Other impacts on tourism will occur in response to changes in ecosystems, loss of natural attractions, such as sandy beaches, and structural damage to the nation's archaeological heritage.
Sea level rise	<ul style="list-style-type: none"> Sea levels will rise 30–60cm in 30 years, if the recent rate of rise of 20mm/year continues. The higher sea levels will lead to seawater intrusion into aquifers, increase the risk of coastal flooding and inundation, increase coastal erosion, cover sand beaches, and alter coastal ecosystems in natural reserves and elsewhere.
Forests at risk	<ul style="list-style-type: none"> Forests will be adversely affected by climate change, especially since they already suffer from fragmentation, pest outbreaks, forest fires and unsuitable practices that reduce their capacity to survive and develop.
Increased morbidity and mortality	<ul style="list-style-type: none"> Lebanon is expected to experience increases in the incidence of infectious diseases, morbidity and mortality as a result of higher temperatures, more frequent extreme weather events, increased malnutrition from droughts and floods that affect agriculture, and reduced availability of clean water. Increases in temperatures will cause 2,483 to 5,254 additional deaths per year between 2010 and 2030. The possible effects of climate change on public health include the outbreak of infectious diseases from changing temperatures, increased morbidity and mortality from heat and other extreme weather events, malnutrition from droughts and floods, and other waterborne, rodent-borne diseases and vector-borne diseases.
Damaged infrastructure	<ul style="list-style-type: none"> Buildings, public infrastructure and ports will suffer damage from changing patterns in precipitation, sea level rise, and increased frequency and intensity of

Source: Authors' depiction, based on UNDP & Republic of Lebanon Ministry of Environment (2016).

Annex 4.1 Recommended strategies

UNICEF's global climate and environmental sustainability strategy rests on four pillars as the basis for advocacy, programmatic interventions and internal greening efforts. The CLAC report recommendations for Lebanon align with this structure.⁵⁰⁷

- Make children a focus of environmental strategies
- Empower children as agents of change
- Protect children from impacts
- Reduce emissions and pollution

Annex 4.1.1 Make children a focus of environmental strategies

- Make children visible in new climate and environment policies and strategies
- Ensure that new child-relevant sector strategies and plans account for climate impacts and contribute to national mitigation, adaptation and environmental protection goals

UNICEF should consider contributing to the new Fourth National Communication (4NC) expected to end by 2023. The 4NC preparation is led by the MoE and UNDP and falls under UN Strategic Plan Outcome 3.3: Lebanon has adopted measures to improve environmental governance. The 4NC describes national programmes, policies and plans for addressing climate change and facilitating adaptation at national or sectoral level.

UNICEF should consider contributing to UNFCCC's National Adaptation Plan (NAP) process. In addition to national mitigation plans, the NAP process seeks to reduce vulnerability and build adaptive capacity and resilience, and to mainstream adaptation to climate change into all relevant sector-specific and development planning. Lebanon launched this participatory process in 2017 and the development of a national implementation strategy is ongoing. It is intended to be a gender-sensitive and transparent process taking into consideration vulnerable groups, communities and ecosystems.

WASH is collaborating with UNDP in support of the Ministry of Energy and Water (MOEW) for the new National Water Sector Strategy (NWSS), and with MoE for the updated State of the Environment and Future Outlook report (Section 6.3 above). With some urgency, UNICEF should take advantage of these two ongoing collaborations to ensure that the documents respond to the situation and needs of children, youth and women. This would help to correct the lack of such considerations and analysis in earlier versions.

In the education sector, RACE II will be replaced in 2021, and the process for developing the new education strategy has already been

initiated through extensive consultations. UNICEF should use its seat at the table to ensure that climate and environment impacts on the sector are adequately reflected and that schools are equipped to teach climate science and problem-solving skills, and to increase understanding and awareness about environmental sustainability. This would also entail an update of the education curriculum.

The National Youth Policy of 2012 is to be updated. The UNICEF Youth and Adolescents programme should ensure that climate change and environmental degradation are included in that context, and that youth empowerment and participation in the climate action movement are fully supported. The Youth and Adolescents programme can utilise and engage with UNICEF's own platforms:

Voices of Youth: www.voicesofyouth.org/climate-action

World's Largest Lesson: <https://worldslargestlesson.globalgoals.org>

Similarly, UNICEF could contribute to the update of the NSDS of 2011 on protection of children and women to ensure that climate change and environmental degradation, as well as the participation of children and women in addressing their effects, are appropriately reflected.

To facilitate implementation of the recommendations above, UNICEF should prepare a briefing note on community engagement and exchange (CEE) and children to guide decision-makers' understanding of children's special vulnerabilities in the face of climate change and environmental degradation.

Annex 4.1.2 Empower children as agents of change

- Foster youth participation and engagement for a safe and protective environment, strengthen their channels for influencing CEE policymaking and boost their employability

UNICEF should support youth-oriented organisations involved in climate and environment action and facilitate the elevation of their voices in national discourse. Many of these organisations centre their actions on specific problems, such as waste disposal,

marine protection or reforestation. All UNICEF programmes would have a stake in concerted efforts to engage with national and regional NGOs, many of them with a youth focus, that are active on the climate agenda. UNICEF should develop a strategy for engagement that would

prioritise building consortia around common themes that would lead to at-scale results while avoiding fragmented micro-interventions.

UNICEF should support children and youth learning about CEE that would lead to behaviour change and critical thinking about the choices for climate mitigation and adaptation. This would include engaging with the MEHE to integrate updated subject matter into the curriculum and teacher training and support to accompany this.

UNICEF should build on its successes with the TVET vehicle for greater youth involvement in the field of environmental protection. This would involve education and training coupled with cash-for-work on green initiatives of environmental protection, renewable energy and energy efficiency, sustainable construction, forest management, water conservation, water

reuse in agriculture, air quality monitoring, marine protection, and land reclamation. This action would be based on strong alliances with the business community and a good understanding of the demand and supply requirements of the workplace.

UNICEF should support youth in Lebanon to advocate for their government to sign up to the Intergovernmental Declaration on Children, Youth and Climate Action.⁵⁰⁹ The declaration is based directly on inputs from young people from around the world, and it commits signatory governments to accelerating child-responsive climate policies. So far, a total of 13 countries have signed the declaration to accelerate inclusive child- and youth-friendly climate policies and action at national and global levels, including the need to enhance their participation in decision-making.

Annex 4.1.3 Protect children from impacts

- Anticipate climate and environmental degradation impacts on children and identify ways that UNICEF can support effective adaptation strategies

UNICEF programmes should re-evaluate how they can more aggressively reduce child vulnerability to climate change impacts in their sectors and identify ways to get started. Such a paradigm shift is best illustrated by the WASH support for updating Lebanon's hydrogeological database, which moves well beyond a concern only for today's water services to providing government with valuable data and modelling tools for the sustainable management of scarce freshwater resources into the future.

WASH should pursue this new direction by adopting more measures for water and wastewater adaptation through watershed protection, employing the water retention-recharge-reuse approach, associating tree planting with all projects, organising water conservation campaigns and creating a Green WASH identity.

UNICEF should develop a plan for addressing CEE issues in natural disasters and humanitarian situations. UNICEF can play an instrumental role, building upon LCRP efforts to mainstream environmental safeguards in emergency relief (Objective 4: Mitigate environmental impact of the Syrian crisis, to avoid further degradation of the natural ecosystem and ensure its long-term sustainability). A robust readiness plan for the new country programme should identify programmatic interventions that will transcend the humanitarian–development divide by ensuring humanitarian needs are met and effects of hazards are absorbed and reduced, while protecting and accelerating progress towards the SDGs.

Annex 4.1.4 Reduce emissions and pollution

- Initiate multi-stakeholder engagement for clean air for healthy children

UNICEF should engage with municipalities, civil society, international organisations and local politicians around the theme of “clean air for

healthy children”. The aim would be to build awareness and capacity to address air pollution related to maternal and child health risks, and to

catalyse local governments' and environmental authorities' action on clean air solutions. The initiative would build civic action to complement

and support Lebanon's National Strategy for Air Quality Management and galvanise youth involvement to reach its goals.

- Support air quality monitoring and evidence generation in environments where children are most exposed

As Lebanon is a highly congested, urbanised upper-middle-income country with inadequate pollution controls and fuel-efficient transport, air pollution is taking a toll on children's health and development. The often-referenced 2008–20 joint study on air pollution in Beirut by AUB, the University of Saint Joseph (USJ) and the National Center for Scientific Research (CNRS) is dated and limited. More measurements are needed – near burning dumpsites, in high-traffic neighbourhoods and at hazardous workplaces where children work. Air quality is becoming a global UNICEF priority for research and action.⁵¹⁰ In addition, UNICEF country offices are supporting advocacy, awareness-raising and multi-sectoral action to address air pollution, as well as youth engagement in air quality monitoring and interventions to reduce air pollution.⁵¹¹

Ambient air quality monitoring could be correlated with the analysis of health evidence on the impact of poor air quality on children through MoPH hospital records on respiratory illnesses. Healthcare providers could be trained

about existing and emerging evidence on the ways in which air pollution may affect children's health, and how to identify air-pollution-related risk factors by asking pertinent questions about the child's or pregnant mother's environment. Healthcare providers can also play an important role in educating colleagues in their workplace, as well as advocating for air-pollution-reducing solutions with other sectors and policy- and decision-makers.

UNICEF should facilitate the availability of local air quality monitoring data for action by local communities. There are large gaps in the monitoring of air quality in places where children live, learn and play. Use of low-cost, real-time air quality monitoring devices, initially installed at child-centric facilities, is a useful strategy to engage citizens in local environmental awareness and action. By teaching young people how to measure pollution using air quality sensors and interpret the data they collect, they can be educated about the issues of air pollution and climate change and be empowered to **take action to advocate for their rights**.

- Incorporate renewable energy and energy efficiency into all UNICEF programmes

Health and Education should explore a partnership with UNDP on its Solar 4 Health and Energy 4 Education proposals (see Section 6.3). The Education programme is already supporting the MEHE on green schools. WASH has many options for supporting wind energy

solutions (WES) to transition to solar energy and reduce electricity costs. A study on the water–energy nexus of water services in Lebanon, commissioned by Oxfam for 2020, as well as the results of an ongoing sustainability check of past WASH investments, will be valuable guides.

- Help partners green their programmes and reduce their carbon footprints

UNICEF could draw on the corporate eco-efficiency practices it has been implementing in offices worldwide and support similar greening efforts by its partners. The “greening” of NGO office operations or events, such as through the reduction of plastics, could become a condition for financing and partnerships. Ideas for how to evaluate UNICEF and NGO partner carbon footprints or develop environmentally responsible strategies can be drawn from the guidebook How

to Create Value from *Climate Change*,⁵¹² which was developed for the private sector in Lebanon. Beyond the office environment, some UNICEF partners like Action Contre la Faim (ACF, Action Against Hunger) are already involved in dumpsite sorting and composting activities. Generally, there seems to be a hunger among NGOs, many of them youth-oriented, for tackling the overwhelming presence of solid waste and poor disposal practices that pollute their communities.



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