

Humanitarian Appeal for Children in Lebanon 2022

Consolidated Emergency Report

Prepared by UNICEF Lebanon

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Six-month-old Layan at Naqaa' Medical Centre on April 12, 2022. UNICEF and the Ministry of Public Health provide all essential routine vaccines in public primary healthcare facilities to reach all children residing in the country. The vaccines are provided free of charge when administered by a registered nurse.

Expression of Thanks

UNICEF aims to defend the rights of every child in the more challenging locations around the world. In more than 190 countries, we do our utmost to make sure children survive, thrive, and fulfil their greatest potential, from early childhood through adolescence.

We intend to intervene on behalf of the children and families from the beginning, throughout and after a humanitarian emergency takes place. We are independent and objective, the aim is to uphold children's rights amidst times when their futures are uncertain.

And we never give up.

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society, and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF, focusing on saving lives, alleviating suffering, and ensuring respect for children's rights.

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Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ACF	Action Against Hunger
CERD	Centre for Educational and Research Development
ERP	Emergency Response Plan
EVAC	End Violence Against Children
EPI	Expanded Programme of Immunisation
GBV	Gender-Based Violence
HAC	Humanitarian Action for Children
HCT	Humanitarian Country Team
IYCF	Infant and Young Child Feeding
IEC	Information and Education Communication
ILO	International Labour Organisation
LCRP	Lebanon Crisis Resilience Plan
MHPSS	Mental Health and Psychosocial Support
MEHE	Ministry of Education and Higher Education
MOPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MYRP	Multi Year Resilience Programme
NDA	National Disability Allowance
NSPS	National Social Protection Strategy
OCV	Oral Cholera Vaccine
PLW	Pregnant and Lactating Women
PHC	Primary Healthcare Center
PSS	Psychosocial Support
RCCE	Risk Communication and Community Engagement
SEA	Sexual Exploitation and Abuse
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics
SBC	Social and Behavioural Change
TREF	Transition and Resilience Education Fund

Executive Summary

Lebanon's economy continued to contract for the fourth year in a row and national spending collapsed to one of the lowest rates globally. Prices of basic goods more than doubled in 2022, with the rise in food prices impacting poor and vulnerable households, especially children. Over 3.5 million Lebanese people are estimated to live in poverty and around three-quarters are now income vulnerable. Women, girls, people living with disability, and LGBTQI people in Lebanon are particularly affected, facing structural and economic marginalization, increased violence, employment discrimination, and underpayment. Critical fuel shortages, which began during the summer of 2021 and continued throughout 2022, have severely affected the country's electricity supply with critical consequences for the health, water, transport, and telecommunication sectors. In October, Lebanon reported its first cholera case in 30 years, with 5,819 suspected and confirmed cases and 23 deaths reported by December 31st. The lack of investment and maintenance in national water and sanitation systems contributed to the crisis and have further aggravated the outbreak.

In response to these compounding crises, **UNICEF appealed for \$92.6 million** under its Lebanon Humanitarian Action for Children (HAC) appeal to respond to the urgent needs of over 1.2 million people, including 374,000 children affected by the deepening economic crises in Lebanon and the secondary impacts of the Beirut Port explosion. This appeal is in addition to and complements the humanitarian response to the Syrian refugee crisis (the Lebanon Crisis Response Plan (LCRP) and Regional Refugee and Response Plan (3RP), which cover the needs of Syrian refugees and affected Lebanese host communities, as well as COVID-19 related needs. Key achievements through this funding included the following:

- UNICEF repaired and provided maintenance for over 500 water systems, which has resulted in at least an additional two hours of water per day on average, reaching approximately 500,000 people monthly.
- 995,743 people were supported with accessing a sufficient quantity of safe water for drinking and domestic needs.
- As a direct response to increased needs during the Cholera outbreak, UNICEF supplied 498,703 liters of fuel to four water establishments to maintain operating hours across water pumping stations and wastewater lifting and treatment stations.
- 58,365 children under the age of five and 9,957 pregnant and lactating women were screened for acute malnutrition.
- To address micronutrient deficiencies and acute malnutrition among children, 19,007 children under the age of five were provided with micronutrient supplements, 292 children with severe acute malnutrition were admitted for treatment, and 492 children with moderate acute malnutrition were admitted for treatment.
- UNICEF continued upskilling and employing young people in the repair and rehabilitation of households damaged by the blast, with 338 residential units receiving minor repairs and 216 units rehabilitated, employing 163 youth.
- Over 272,000 individuals were engaged in Cholera prevention and awareness raising through community engagement and door-to-door activities.

Humanitarian Context

Lebanon's economic, social, and security situation continued to deteriorate in 2022 as the country grappled with the protracted Syrian crisis, the impact of the 2020 Beirut Port explosion, and political deadlock. Since the start of the crisis in October 2019, the Lebanese Pound has lost over 98% of its value, placing Lebanon amongst the top five economic crises globally.¹ Rising unemployment, a hike in food prices, skyrocketing inflation, huge increases in poverty, a decline of household purchasing power, and the removal of subsidies for medicines and fuel have made it harder for people to meet their basic needs. Over 3.5 million Lebanese people are estimated to live in poverty and around three-quarters are now income vulnerable and nearly the entire Syrian refugee population is unable to afford the survival minimal expenditure basket. Critical fuel shortages have severely affected the country's electricity supply with critical consequences for the health, water, transport, and telecommunication sectors.

Lebanon reported its first Cholera case in 30 years, with 5,819 suspected and confirmed cases and 23 deaths reported by December 31st. The lack of investment and maintenance in national water and sanitation systems contributed to the crisis and have further aggravated the outbreak. This has debilitated and burdened the already fragile health sector, which recently saw the mass exodus of approximately 40% of doctors, and up to 30% of nurses - leaving critical gaps in the quality, availability, and accessibility of healthcare for the population.² Primary healthcare centers (PHCs) are severely strained due to the shortage of both healthcare staff and medication. Due to the energy crisis, PHCs are rationing fuel by reducing opening hours, with over 600 private pharmacies temporarily closing.³ The crises are impacting preventive and promotive health services, with routine immunization coverage dropping by more than 30%. A nationwide nutrition survey on children under the age of five and women demonstrates the worsening crisis of malnutrition in the country, marked by major food and nutrition insecurity, poor health and nutrition practices, and a lack of access to quality services.⁴

Lebanon's water and wastewater infrastructure remains on the brink of collapse due to a lack of investment. Critical shortages of funding, fuel, and supplies have affected water pumping, restricting community's access to safe water and placing people at higher risks of having direct contact with wastewater which can increase the likelihood of the spread of water-borne diseases. This poses a particularly significant risk to infants and young children who are more vulnerable to water and sanitation-related diseases. People have had to rely more on costlier and unregulated water alternatives, such as water tankers and bottled water, whose prices have surged. The breakdown in sanitation services risks intensifying the spread of water-borne diseases, adversely impacting an already vulnerable public health situation.

Existing social assistance programs are highly fragmented, slow to scale-up, have minimal coverage, and very narrowly target households in extreme poverty. This leaves large segments of the population who don't qualify as vulnerable to extreme poverty unable to obtain medicines

¹ Source:

<https://www.worldbank.org/en/country/lebanon/overview#:~:text=The%20Spring%202021%20Lebanon%20Economic,US%2423.1%20billion%20in%202021.>

² Source: <https://www.unicef.org/lebanon/media/8491/file>

³ Source: <http://www.emro.who.int/countries/lbn/index.html>

⁴ Source: <https://www.unicef.org/lebanon/media/7926/file/Nutrition%20in%20Times%20of%20Crisis.pdf>

and subject to other deprivations, forcing families to make impossible choices such as sending some or all their children out to work to survive. The government has yet to begin implementation of the National Social Protection Strategy that was adopted in May 2022, which should guarantee the right to social security for everyone.

The combined impact of the ongoing crises has left over 700,000 children out of school and the extensive learning losses will prove irreversible without urgent focus on delivering learning opportunities. Missing school puts children at increased risk of being forced into child labor, early marriage, or other forms of exploitation. Risks are particularly high for children with disabilities, girls, refugees, and other vulnerable groups who are at a greater risk of never returning to learning. The 2022/23 school year started in October for first and second shift schools, with the registration of students extended until December. However, due to the teachers' salaries devaluation due to the currency crisis, strikes began to take place in December, with tensions continuing to rise due to the low value of teacher salaries.

The situation of adolescents (ages 10-19) and youth (ages 15-24) has also deteriorated, deepening levels of vulnerability and increasing the likelihood that they will engage in informal employment and be exploited. Many communities already faced high rates of unemployment prior to the crisis, which only exacerbated existing vulnerabilities. Recent figures indicate 62% of surveyed youth were not in education, employment, or in training, which rose to 72% when looking at the rate amongst just women and girls.⁵ Many of these adolescents and youth are engaged in high risk or hazardous jobs and in the worst forms of child labour. Additionally, mental health issues are on the rise with one in three youth aged 15-24 reporting feeling depressed and over half reporting that their lives have worsened over the past year. Mental health services are often either unavailable or unaffordable.

Increased tensions linked to polarization within and between communities as well as the deteriorating situation across Lebanon has resulted in an increase in violence within homes, schools, and communities. UNICEF's data shows that children are being exposed and subjected to increased violence across all parts of the country, with a particularly negative impact on refugee children and their communities.⁶ Gender-based violence (GBV) remains under-reported, with married girls, adolescents, unaccompanied and separated children, girls and women with disabilities, migrant workers, older women, women heads of households, and socially marginalized groups at higher risk. Refugees remain the main group seeking GBV services, accounting for 75% of all the individuals seeking support.⁷

Humanitarian Results

Health

Indicator	UNICEF 2022 Target	UNICEF Total Results
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⁵ Source: https://www.ilo.org/beirut/publications/WCMS_848353/lang--en/index.htm

⁶ Ibid.

⁷ Source: <https://www.unicef.org/lebanon/media/9056/file/Deprived%20Childhood%20EN.pdf>

# Medical facilities supported to ensure continuity of maternal, newborn, child and adolescent health services	250	0
# sick children and PLW receiving PSS	300	0
# EPI points applying effective vaccine management	300	500
# missed children and adolescents reached with age-appropriate vaccination	100,000	213,687

In 2022, UNICEF remained committed to maintaining essential health services, with a focus on preventive and promotive primary healthcare. In response to the economic and financial situation and to mitigate the risk of increased maternal and neonatal mortality, UNICEF continued its efforts towards strengthening the Lebanese health system while ensuring access to essential maternal, newborn, and child health services. This included conducting a training to build the capacity of 50 midwives on the updated antenatal and postnatal care packages and supporting them to conduct outreach and provide preventive midwifery care for high-risk pregnant women in their community. These midwives reached 5,973 high risk pregnant women through mobile midwifery care. In addition, 500 Expanded Programme of Immunisation (EPI) points applied effective vaccine management and 213,687 missed children and adolescents were reached with age-appropriate vaccinations. To address declining immunization coverage, UNICEF supplied 1.3 million vaccine vials and associated consumables.

UNICEF handed over the rehabilitated and expanded supply warehouse in Karantina to the Ministry of Public Health (MOPH), following the damage incurred during the Beirut port explosion. UNICEF also installed an emergency generator and a solar power system to ensure an uninterrupted power supply. UNICEF rehabilitated the cold chain in the central drug warehouse and handed this over to the MOPH, as well as solarized 14 MOPH district offices, where vaccines are stored at the peripheral level to ensure safe vaccine storage within the on-going fuel crisis.

Nutrition

Indicator	UNICEF 2022 Target	UNICEF Total Results
# children aged 6 to 59 months with SAM admitted for treatment	400	292
# primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	50,000	18,211
# children aged 6 to 59 months receiving multiple micronutrient powders	72,750	19,007
# children aged 6 to 59 months with MAM admitted for treatment	1,965	492
# children aged 6 to 59 months with SAM admitted for treatment	400	292

UNICEF continued its contribution to the nutrition response, reaching over 58,000 children under five years of age and their caregivers with essential nutrition interventions for prevention, early detection, and referrals for malnutrition. This included screening 58,365 children under the age of five and 9,957 pregnant and lactating women (PLW) for acute malnutrition and reaching them with Social and Behavioural Change (SBC) interventions. UNICEF also reached 18,211 caregivers with Infant and Young Child Feeding (IYCF) and healthy nutritional practices messages as well as enhanced support to 8,351 caregivers to access quality nutrition counselling. To address micronutrient deficiencies and acute malnutrition among children, 19,007 children under the age of five were provided with micronutrient supplements, 292 children with severe acute malnutrition were admitted for treatment, and 492 children with moderate acute malnutrition were admitted for treatment (cured rate of 77% and defaulting rate of 23%).

Child Protection

Indicator	UNICEF 2022 Target	UNICEF Total Results
# children and caregivers accessing mental health and psychosocial support	27,900	79
# girls and boys assisted through case management and specialised services	1,100	148
# women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions	6,500	5,388
# people with access to safe channels to report sexual exploitation and abuse by aid workers	15,000	4,642

Lebanon's protracted crisis continued to slide towards a severe protection crisis in 2022, which ultimately impacted the most vulnerable with the most severity. Of these children, UNICEF supported 148 (70 girls) with specialized case management support, targeting child victims of violence, exploitation including child labour, abuse, and neglect. As mental health and psychosocial support (MHPSS) needs continued to rise across the country, UNICEF supported 79 children through focused psychosocial support (PSS) and 699 caregivers through the parenting program. An additional 726 children were supported through community-based PSS. Following the rise in GBV across the country, 5,388 women, girls, and boys accessed GBV risk mitigation, prevention, and/or response interventions. Lastly, 4,642 children and adults had access to a safe and accessible channel to report sexual exploitation and abuse.

Education

Indicator	UNICEF 2022 Target	UNICEF Total Results
# children receiving individual learning materials	100,000	0
# public schools supported with operating costs	750	0
# children in areas affected by Beirut explosion have access to rehabilitated schools	8,500	0

In 2022, UNICEF replaced damaged furniture for 41 schools affected by the Beirut blast,

benefiting around 14,200 students in the morning shift and 6,300 in the afternoon shift. Moreover, UNICEF is supporting the replacement of damaged laboratory equipment for affected public schools. UNICEF signed a contract in October 2022 to restore the Makassed private school, the ninth private school that UNICEF committed to rehabilitate. This school has been closed since the blast which led to the relocation of over 200 students to other learning facilities. The school is classified as a heritage building with historic and cultural value. Works are expected to be completed by July 2023. UNICEF also launched a tender in December 2022 for the provision of laboratory equipment for eight public schools affected by the Beirut blast following a request from the Ministry of Higher Education. (Note: UNICEF’s significant contribution to the Education sector in Lebanon is reported under the Syrian Response HAC, with interventions benefitting the Lebanese public education system).

WASH

Indicator	UNICEF 2022 Target	UNICEF Total Results
# people accessing a sufficient quantity of safe water for drinking and domestic needs	980,000	995,743
# people reached with improved wastewater services	14,000	120,000
# people reached through pre-positioning of WASH contingency stock	20,000	0

Public Water Establishments have suffered serious depletions in supplies, revenues, and financial and human resources, in addition to the upward spiral in costs following the rising inflation in the country. Due to a reduced water supply from Water Establishments, people have had to rely more on other costlier, unregulated and less convenient water alternatives, such as water tankers and bottled water, whose prices have surged. The breakdown in sanitation services risks intensifying the spread of water-borne diseases, adversely impacting an already vulnerable public health situation.

UNICEF is contributing to the major operating expenditures of Water Establishments, including maintenance, supplies, and consumables. Since January 2022, UNICEF has repaired and provided maintenance for more than 500 water systems, including pumping stations and water networks across Lebanon. This support has resulted in at least an additional two hours of water per day on average, reaching around 500,000 people on a monthly basis, depending on the power supply of the national grid. Overall, 995,743 people were supported with accessing a sufficient quantity of safe water for drinking and domestic needs and 120,000 were reached through improved wastewater systems.

As a direct response to the increased need during the Cholera response, UNICEF supplied 498,703 liters of fuel to four Water Establishments in order to maintain operating hours across water pumping stations and wastewater lifting and treatment stations. Over 45 tons of chlorine were also provided to water establishments which were able to distribute treated water in Cholera-affected areas.

Social Policy

Indicator	UNICEF 2022 Target	UNICEF Total Results
# people benefit from emergency and longer-term social and economic assistance	20,000	0

UNICEF and the International Labour Organisation (ILO) finalised a National Social Protection Strategy, which was reviewed by the Inter-Ministerial Committee and approved by the Cabinet in May 2022. In September 2022, UNICEF, ILO, and the Ministry of Social Affairs (MoSA) finalized the design note for the National Disability Allowance (NDA), a new social assistance that aims to support persons with disabilities in facing the extra cost of disability, providing a basic level of income support, and facilitating their access to key services. Given the current funding available, all young individuals aged 18-28 years certified as living with a disability will be prioritized during the first phase of the NDA, which will begin in 2023. UNICEF is ready to launch the National Disability Allowance with the Government of Lebanon to reach at least 20,000 individuals, however important institutional hold-ups have been encountered and the Ministry has not yet launched the programme. This activity will instead begin in the second quarter of 2023, during which recipients will receive a monthly cash grant of \$40 (paid in USD through money transfer agencies) as well as linkages to services available at the national level. Both Lebanese and Syrian refugees will be included within the NDA.

UNICEF began discussions with MoSA on transitioning Haddi– a cash-plus child grant targeting children enrolled in UNICEF’s programs - into a National Child Grant. The NDA together with the National Child Grant are in line with Lebanon’s new National Social Protection Strategy (NSPS). UNICEF and the ILO are providing MoSA with technical support for the launch of the NSPS as well as its costing and implementation.

UNICEF continued its analytical, advocacy, and policy work in relation to the impact of the crisis and the reforms needed.

Adolescents and Youth

Indicator	UNICEF 2022 Target	UNICEF Total Results
# residential units benefitting from minor repair	200	338
# residential units benefitting from rehabilitation	200	216

There is a continued and urgent need to scale up rehabilitation, livelihood support, and protection services to vulnerable groups across the country, including those in Beirut who continue to suffer the protracted impact of the Beirut Port explosion. Employment, cash support, mental health services, and shelter support is needed as the impacts of the blast have been exacerbated by the devastating economic situation in the country and the ongoing impacts of the COVID-19 pandemic. In 2022, under a joint programme with UN Women, UNICEF continued upskilling and employing young people in the repair and rehabilitation of households damaged by the blast. This includes the rehabilitation of 162 houses, vocational skills trainings for 400 youth, and the referral

of the best performing 113 youth from the trainings to employment in the rehabilitation sector. During the reporting period, 38 residential units received minor repairs and 96 units were rehabilitated.

Cross-Sectoral (RCCE, Gender, and AAP)

Indicator	UNICEF 2022 Target	UNICEF Total Results
# people reached through messaging on prevention and access to services	280,000	277,000
# people with access to established accountability mechanisms	100,000	261,804

The economic crisis has exacerbated access barriers to basic services and resources, leading people to resort to negative coping mechanisms and behaviours including diluting baby milk, substituting healthy food with cheap and poorer quality food, and using unsafe water. In response, UNICEF is working to promote healthy preventive measures, behaviors and practices. To support pregnant and lactating women to cope with the lifting of the subsidy on milk formula, UNICEF supported the government to design and implement an IYCF campaign to provide relevant information to women, community members, and local authorities. In this framework, 302 frontline workers were trained on interpersonal communication skills, advocacy, and IYCF messaging including the importance of early/exclusive breast feeding. Non-health partners were engaged and IYCF messages were mainstreamed and reached 3,874 caregivers (2,544 of whom are women) across Lebanon through door-to-door visits and group sessions.

Risk Communication and Community Engagement (RCCE)

Through established community-based feedback mechanisms, 2,367 individuals shared their concerns related to access to services, largely related to the COVID-19 vaccine and 25,971 people had access to established accountability mechanisms.

As the RCCE Lebanon Task Force lead, UNICEF is leading coordination efforts on the Cholera response with other sectors and actors on the ground to ensure an integrated response and intervention through awareness raising and community engagement. UNICEF, in coordination with the MOPH, UNHCR, and WHO, is implementing an RCCE plan on the Oral Cholera Vaccine (OCV) which includes community mobilization as well as the dissemination of Information and Education Communication (IEC) materials by partners across hotspot areas. IEC material produced by UNICEF aims to be accessible and is also produced in sign language to ensure that organizations of person's with disabilities and people with disabilities receive Cholera sensitization trainings and that the sensitization package itself is inclusive.

Through its RCCE partner University of Balamand, UNICEF supported 24 Cholera sensitization sessions with over 5,000 participants. Attendees included UN partner agencies and organizations, teachers from public and private schools, frontline workers, municipality workers, and community volunteers. Over 479,000 individuals were engaged in Cholera prevention and awareness raising through community engagement and door-to-door activities, especially in hotspot areas, through

UNICEF RCCE partners. Consultations and workshops took place across Akkar, North Lebanon, South Lebanon, Mount Lebanon, Bekaa, and Baalbek-Hermel during which information about the outbreak was shared with key local stakeholders, including religious and community leaders. UNICEF added a Cholera page on its website to communicate the latest messages on Cholera which is regularly updated with newly published content. Lastly, to ensure activities were effective, UNICEF conducted a poll amongst youth to assess their knowledge on Cholera.

Gender

UNICEF finalized several gender mainstreaming and targeted priorities for adolescent girls, which included the following:

1. The gender module for teachers was digitized in partnership with the Centre for Educational and Research Development (CERD). It will be rolled out to formal and non-formal schools to provide teachers with the necessary tools to detect gender inequality and foster a gender equal environment.
2. An online module for girls on online safety was finalized and piloted by a youth partner. This module gives girls the knowledge and tools to protect themselves online.
3. Gender capacity building of the Multi Year Resilience Programme (MYRP) partners was strengthened through training sessions tackling gender attitudes and norms and providing practical tools to mainstream gender in projects.

In addition, UNICEF Lebanon's sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC) strategy was drafted, which outlines entry points, gaps, and opportunities to reduce barriers and facilitate access to services provided by UNICEF for LGBTQI individuals. The strategy recommendations will be incorporated into UNICEF Lebanon's 2023 Gender Workplan.

Accountability to Affected Populations (AAP)

Under the AAP scale up strategy for 2022-2023, UNICEF provided regular trainings and technical guidance to over 600 staff and partners, including UNICEF-led sector partners, on core AAP requirements and the application of good practices on collective AAP. With the AAP taskforce members, results and learning trackers have been developed to facilitate the identification of AAP-related challenges, lessons learned, and opportunities for programmatic adaptations based on beneficiaries' feedback and views. An AAP monitoring and reporting checklist was developed to strengthen AAP mainstreaming into monitoring processes and facilitate data collection and reporting on the AAP indicators. A standard operating procedure and Q&As for the UNICEF call centre were also created for ensuring consistency in the quality and integrity of outputs, ensuring quality assurance, and enhancing performance while adhering to data protection principles.

The UNICEF call centre, the formal mechanism for UNICEF to receive complaints and feedback, has been expanded to cover non-cash interventions. Throughout the reporting period, UNICEF received over 300,000 calls. Beneficiaries reached out to UNICEF to inquire about a range of topics, including but not limited to the targeting criteria for being included in UNICEF assistance, complaints about assistance received/not received, cases of fraud and misuse of assistance, appreciation, and sensitive complaints related to Sexual Exploitation and Abuse (SEA). The

majority of feedback and inquiries included requests for information about how to access cash and social assistance programmes as well as update requests from programme recipients, and complaint submissions related to payment redemption or registration.

Humanitarian Leadership, Coordination and Strategy

In response to the deepening economic and financial crisis in Lebanon, the Lebanon Emergency Response Plan (ERP) was launched in August 2021 which was extended to cover through December 2022 to ensure continuity of the response to the emerging needs in Lebanon. UNICEF is supporting the government's continued provision of public services to address the increasing needs of vulnerable children and their families. UNICEF continues to work in coordination with the Lebanon Humanitarian Country Team, leading the WASH, Education, and Nutrition sectors as well as the Child Protection sub-sector under the ERP and across all emergencies to ensure strategies respond to the needs of children. Finally, UNICEF remains an active member of the Health and Sexual and Gender-Based Violence sectors.

Human Interest Story

UNICEF Initiative Tackles Rising Malnutrition in Lebanon

The ever-worsening crisis in Lebanon impacts society's most vulnerable disproportionately – and none more so than its children. Today, infants, adolescents and women are at particular risk of malnutrition. UNICEF is working with the MOPH and partners to ensure every child gets the proper nutrition to enable them to survive and thrive.

Nutrition programming and nutrition surveillance have been scaled up to prevent, detect, and manage malnutrition. UNICEF has mobilized partners with the implementation of an outreach programme focused on detecting early signs of malnourishment amongst those living within vulnerable communities.



As part of a national response, Lebanon's Ministry of Public Health has established malnutrition treatment case management at twenty-five treatment centres within its primary health care centre network across the country. One such venue is the Al Nahda Malnutrition Treatment Centre in Miniyeh, northern Lebanon.

Here nurses monitor a steady flow of concerned parents and caregivers – many referred following

observations made by UNICEF partners during community outreach – and each eager for their children to be examined.

In 2021, UNICEF reached 282,282 children under 5 with needed nutrition services, treatment and supplies. In collaboration with local and international NGO partners, UNICEF backs enhanced nutritional outreach activities implemented by community health workers. Operating in support of health workers at the country's primary health care centres, an active outreach programme enables focused follow-up of vulnerable families and malnourished under-5s.

Three-year-old Sendus lives with her parents on the edge of Ghazze, in Lebanon's Bekaa region. She was recently diagnosed as being at risk of malnutrition.

The last time the family received a visit, health workers from UNICEF implementing partner ACF (Action Against Hunger) provided a supply of BP-5 biscuits to Sendus's parents. One month later, and the signs reveal a significant improvement in the three-year-old's condition. She will continue to receive regular monitoring visits.

The young girl's parents note how much easier it was to feed themselves and their children one year ago. Through the UNICEF-supported programme, the children are being provided with micronutrient sprinkles to supplement their diet.

The youngest member of the family, eight-month-old Aisha, is also being closely monitored. Her weight remains above the threshold for acute malnutrition, but she remains a focus of concern.

The twenty-five primary health care treatment centres deliver a consistent message on IYCF – providing information for parents and caregivers, essential nutrition treatment supplies, and making referrals to state hospitals when required.

Malnutrition exists as a threat due to Lebanon's compound crises. Understanding this, UNICEF has developed a holistic approach to managing the challenges.

Poverty is a key, although not exclusive, cause of the increase in cases of malnutrition. To mitigate this, social assistance through UNICEF's Haddi Child grant programme is provided on a monthly basis to 3,370 children under the age of 5 years from 1,602 households receiving malnutrition services, among other 125,000 children receiving UNICEF high priority services. This assistance was coupled with counselling on proper IYCF practices and provided over a six-month period.

In a further key intervention, UNICEF, with implementing partners, supports the hosting of a series of IYCF workshops. In addition to providing nutrition information from birth, caregivers are given further advice on adequate diet diversity for children aged from 6 months up to 2 years old.

"This session helped me understand how to introduce food in a new, fun way and how to easily prepare at home a balanced, rich meal rather than buying expensive jars from pharmacies," explains Jihan, a mother of two young boys, speaking at a UNICEF-supported (IYCF) awareness session in Deir Aamar, north Lebanon.

Mother of three, Wissam, highlights how the course highlighted that good nutrition is what babies

need the most. “We got valuable insights in how to care for our children from their early days and until they’re five years old,” she said. “We learned how to make quick, healthy meals that will save us money during this crisis. Above all though, we discovered how to make sure our children are receiving good nutrition, so they will have the chance to grow and have a happy, healthy life”.

Results Achieved from Humanitarian Thematic Funding

Humanitarian thematic funds provided critical support to programme delivery and enabled UNICEF to adapt its humanitarian response to address emerging critical needs. The funds supported UNICEF to respond equitably to all children affected by the crises.

Global Education Thematic funding supported UNICEF with implementing under-funded activities to equitably respond to children affected by the crisis. For example, UNICEF launched the Transition and Resilience Education Fund (TREF) to help implement MEHE’s five-year plan. This fund strengthens governance, transparency, efficiency, and learning outcomes for children in formal public education and alternative learning pathways to improve access to inclusive, quality education for children. UNICEF worked with the Government of Lebanon to advance inclusive education policy development and create an institutional framework for the implementation of the Convention on the Rights of Persons with Disabilities and the 2030 Agenda for Sustainable Development, among other international human rights instruments. To ensure the most disadvantaged children have access to quality and inclusive education and services, UNICEF worked with specialized disability partners, reaching 615 children with moderate to severe disabilities in 2022 with education and rehabilitation services in community centers one third of whom also received assistive devices while 20% were referred to mainstream formal and non-formal education (NFE) by partners. All centers received inclusive education kits to support inclusive classroom practices, allowing children to interact and play together to improve their participation in learning.

Child Protection Thematic Funding enabled UNICEF to deliver services quickly and ensure it remained a dependable partner for other organizations. For example, UNICEF supported ministries to advance legal reforms to implement major policies, including the Strategic Plan of the MoSA on the Protection of Women and Children (2020-2026), the SBC Communications Strategy (QUDWA), the National Child Marriage Action Plan, Clinical Management of Rape Strategy with the MoPH, and the workplan with the Ministry of Justice to agree on how to move forward to support children in conflict and in contact with the law. MEHE revised and rolled out its CP Policy to include a gender and GBV lens. In addition, UNICEF continued its gender transformative QUDWA programme, a Social and Behavioral Change and Communication plan, launched by UNICEF and MoSA as part of the Strategic Plan (2020-2027) for the protection of women and children. The name derives from the Arabic word for ‘role model’ as QUDWA aims to address the root causes of harmful practices against girls, boys, and women while encouraging behaviors and norms that promote their wellbeing, dignity, and equality. Over 514 QUDWA initiatives were implemented reaching 16,440 children, caregivers, and community members with initiatives including community engagement, edutainment, and mobilization.

Assessment, Monitoring, and Evaluation

UNICEF contributes to the overall planning and monitoring of humanitarian results through the sectors and the UN Strategic Framework pillars. UNICEF, in partnership with UNHCR, run the online Activity Info platform for emergency reporting. This online platform was established in 2014 to unify the reporting system in Lebanon. For monitoring and evaluating results, UNICEF created the office online platform NeuroDB. This platform allows the collection of information from different sources including Activity Info, Etools, Visio, and online mapping, allowing all staff to easily access this information.

UNICEF contributes to the interagency planning and reporting including the annual Lebanon Crisis Resilience plan (LCRP). Reporting takes into consideration interagency common indicators and activities to ensure effective monitoring and results across the country. Though the LCRP is developed annually, UNICEF does its own internal plan taking into consideration all common inter-agency plans.

UNICEF completed its annual planning phase during the first quarter of the year. The plan is based on the Country Programme Document, developed using the country's Situation Analysis. The plan includes measurable indicators to achieve UNICEF's humanitarian and development goals in the country. Reporting on indicators and activities is recorded at the beginning of each month for the previous month and data for UNICEF and partners is logged through Activity Info. Once reporting is completed, data is mirrored into a user-friendly platform called NeuroDB and reviewed by the relevant sections to validate and ensure the quality of the data.

UNICEF regularly conducts monitoring and field visits to ensure the quality of programming. Beneficiary feedback and other information collected is uploaded into UNICEF's eTools platform.

Third party monitoring is used to quality and monitoring checks on activities. A full report is provided by the third party that includes the project or activity overview and objectives, methodology used, key findings, challenges faced, conclusions, and recommendations.

Lastly, a feedback reporting mechanism is established and in place that receives calls from beneficiaries across all services provided. Beneficiary feedback is recorded and provided to respective sections to review and address pending issues accordingly.

Future Workplan

In Lebanon, UNICEF will address the humanitarian needs of the most vulnerable children and young people and contribute to social cohesion through the sustained provision of integrated programming, linking to longer-term strategy where possible. UNICEF will ensure neutrality of assistance and continue strengthening risk management, balancing delivery of services through public and private institutions, specialized civil society organizations, especially at the decentralized level, in the most equitable, sustainable, and effective way. UNICEF will equip partners and engage communities with information and tools to promote gender-transformative programming, as well as strengthen capacities to address the needs of children with disabilities and ensure child safeguarding and the prevention of sexual exploitation and abuse.

As part of the Humanitarian Country Team (HCT) and the Emergency Operations Cell, UNICEF

will lead the WASH, Education, Child Protection, and Nutrition sectors, as well as play a key role in the GBV sector and Health response.

The Child Protection programme will continue to promote the well-being and protection of women, girls, and boys and their families by preventing and mitigating risks of violence, abuse, and the exploitation of children and women, and provide vital services, including mental health and psychosocial support, for children and caregivers.

Within its Health and Nutrition programming, UNICEF will strengthen primary healthcare to ensure equitable access to basic high quality health services, focusing on preventive and promotive care, encouraging healthy nutrition practices through counselling and awareness, and engaging caregivers on integrated behavior and social change actions.

The Social Policy programme will provide 20,000 youth with disabilities with a disability allowance that would help cover the extra cost of them living with a disability. It will also work towards finalizing the design of a National Child Grant and continue its analytical, advocacy, and policy work in relation to the impact of the crisis and the reforms needed.

UNICEF will continue working with Water Establishments under its WASH programming to ensure they have sufficient fuel, consumables, and are maintained to support the ongoing provision of clean drinking water for nearly 1 million people. UNICEF will also be prepared to respond to a future Cholera outbreak through the provision of chlorine to essential water stations. To improve access to safe sanitation services, UNICEF will repair and rehabilitate nine wastewater treatment plants across Lebanon.

The Adolescent and Youth programme will increase opportunities for meaningful participation, empowerment, and income generation by supporting youth and adolescents to repair residences damaged in the Beirut Port Explosion.

SBC activities will include the use of behavioral and social science evidence to promote healthy and protective behaviours, community engagement, dissemination of accurate and life-saving information, and ensure that the voices and needs of affected populations are heard and inform interventions.

While UNICEF's Palestinian Programme did not receive funding under this HAC in 2022, in 2023, the programme plans to scale up its youth and early childhood education programming to reach Palestinian and Syrian refugees and Lebanese children living in the Palestinian camps. The programme will continue its advocacy efforts related to protection needs amongst Palestinian refugees including the right to work, legal residency, and freedom of movement in Lebanon.

UNICEF is working with partners across sectors on strengthening the emergency preparedness and response systems, building capacity on risk-informed planning and resilience.

Financial Analysis

Sector	Requirements	Humanitarian resources received in 2022	Resources available from 2021 (Carry-over)	Funding Gap (\$)	Funded (%)
Health and Nutrition	\$21,657,754	\$2,984,921.00	\$1,874,093	\$16,798,740.00	22%
Child Protection, GBViE and PSEA	\$8,418,551	\$1,618,170.00	\$387,184	\$6,413,198.00	24%
Education	\$5,832,000	\$869,500.00	\$1,173,696	\$3,788,803.00	35%
WASH	\$24,315,370	\$22,713,096.00	\$1,004,225	\$598,049.00	98%
Social Protection and Cash Transfers	\$26,466,743	\$1,164,765.00	\$7,100,787	\$18,201,190.00	31%
Adolescents & Youth	\$916,790	\$1,679,929.00	\$102,201	\$-865,340.00	194%
Cross-Sectoral (HCT, SBC, RCCE and AAP)	\$233,280	\$28,489.00	\$5,760	\$199,031.00	15%
Emergency Preparedness	\$1,100,000	-	-	\$1,100,000.00	0%
Palestinian Programme	\$2,717,712	-	\$573,389	\$2,144,323.00	21%
Evaluation	\$914,249	-	-	\$914,249.00	0%
Being allocated	-	\$25,437.00	-	\$-25,437.00	0%
Total	\$92,572,449	\$31,084,307	\$12,221,334	\$49,266,807.00	47%