



Photo: Sam Tarling/NRC

**Viewpoints on Lebanon in the
struggle to survive amidst economic
devastation and the pandemic.**

March 2021



JOINT CIVIL SOCIETY REPORT AHEAD OF BRUSSELS V CONFERENCE ON THE FUTURE OF SYRIA AND THE REGION

Photo: Medical Teams International

Outlined below are the common analysis, situation reports, and recommendations to key stakeholders from members of the Lebanon Humanitarian INGO Forum (LHIF), Lebanon Humanitarian & Development NGOs Forum (LHDF), Lebanon Policy and Research Network on Displacement (LPRND), and Persons Affected by the Syrian Crisis (PASC) networks active on the Syria crisis response in Lebanon. The joint Civil Society Organisations' (CSO) report explores:

Overarching CSO recommendations

Preserving asylum space in Lebanon

- Social stability
- Protection

Ensuring access to services

- Health
- WASH
- Education

INTRODUCTION

Compound crises and trauma have led to a dramatic rise in tensions across Lebanon, whether between communities, inside institutions, or at home. Refugees in addition to vulnerable Lebanese, have fallen victim to economic collapse. There is a sharp rise in unemployment and resulting food insecurity as well as eviction risks due to an inability to pay rent.⁽¹⁾ By June 2020, it was estimated that unemployment among Lebanese was over 30% and this trend continues to grow.⁽²⁾ The World Bank has stated that 50% of Lebanese are now living below the poverty line.⁽³⁾

Such statistics have always been worse among refugee communities, whether Palestinian or Syrian. Most refugees were already living hand-to-mouth prior to the latest severe COVID-19 lockdowns, now UNHCR reports that 89% of Syrian refugees are living in extreme poverty, a stark contrast to last year's estimate of 55%.⁽⁴⁾ As such, refugees have been surviving on what they can earn through informal ad-hoc jobs and humanitarian assistance. However, work has dwindled due to the economic crisis and various lockdowns.⁽⁵⁾ Increasingly children are being sent to work so that their families have enough to eat as food prices rise rapidly.

Further, COVID-19 lockdowns have also made the delivery of aid and services more difficult and dangerous. Refugees fear being stopped at checkpoints and harassed due to their legal status or nationality, including those engaged within aid programmes. The common experience over the past year has been that refugees in general are more likely to be stopped and fined heavily than their Lebanese counterparts for violating curfews and social distancing protocols.⁽⁶⁾ If fines are not paid within 6 months, they can be converted into criminal charges, putting refugees at greater risk.⁽⁷⁾ For refugees, meeting basic needs has always proven challenging in Lebanon. Amidst deteriorating service provision and an economy in collapse, finding means of survival and basic dignity is becoming an impossible task.

[1] UNHCR, July 2020, <https://data2.unhcr.org/en/documents/details/77872>; Lebanon Protection Consortium (LPC) and International Rescue Committee (IRC), July 2020, In Constant Fear of Eviction; An Analysis of Shelter Insecurity for Vulnerable Refugee Households in Lebanon During COVID-19: <https://www.nrc.no/resources/reports/in-constant-fear-of-eviction/>

[2] Consultancy Me, 30 June 2020, <https://bit.ly/3k1tHzf>.

[3] Nine out of ten Syrian refugee families in Lebanon are now living in extreme poverty, UN study says, 18 December 2020, <https://bit.ly/3uc3Nxu>.

[4] Ibid.

[5] Assessment of the Impact of Syrian Refugees in Lebanon and their Employment Profile, International Labor Organization, <https://bit.ly/3av2fXu>.

[6] Bilateral discussions between ALEF, SAWA and URDA, 4 February 2021; Security harassment and pursuit ... Lebanon's pressure on refugee aid organization, Daraj Media, 28 September 2020, <https://daraj.com/55951/>;

[7] 70 offense reports against Syrians, Legal Agenda, 14 January 2021, <https://bit.ly/2NIJFCA>.



OVERARCHING CSO RECOMMENDATIONS

Photo: Maria Bou Chaya/World Vision

ON BRUSSELS V CONFERENCE OUTCOMES:

- Adequate multi-year funding through dedicated mechanisms that allow for more impactful programming and which correspond to the protracted nature of the crisis.
- Ensure political dialogue on the Brussels Monitoring Framework to measure implementation progress, or lack of, under existing commitments.
- Reinforce the engagement of host governments with the European Union (EU), in consultation with Civil Society Organisations (CSOs), to take stock of past pledges and commitments made and ensure accountability.
- Donor states should set targets for a substantial increase in resettlement pledges and access to complementary pathways.
- All governments hosting refugees and asylum seekers should uphold non-refoulement and commit to a moratorium on summary deportations of Syrian refugees and explicitly halt any coercive measures pressuring return decisions.
- Greater accountability to reform, specifically in the health and social services sectors, which are intended to be strengthened to serve all populations.
- Greater commitment to and action on localization, including tangible steps taken to increase direct funding and response leadership opportunities.

ON FUTURE PROGRAMMING AND FUNDING OF THE RESPONSE TO THE SYRIA CRISIS:

- Increased attention to social stability programming through engaging local leadership in communities of concern, and listening to their concerns over aid mechanisms and distribution.
- Donors should advocate for the inclusion of refugees within national strategies and policy frameworks. All host governments must uphold the basic rights of refugees and asylum seekers, including the right to healthcare and education.
- Decreasing aid-dependency through increased investments in livelihoods generation and the inclusion of refugees in the workforce in refugee-hosting countries. *For Lebanon specifically* - donors to advocate with the Government of Lebanon (GoL) to implement the International Labour Organization (ILO) recommendations on flexible work permits.
- Prioritizing basic income security as one of the most economically and socially sound investments that Lebanon can make to support the development and economic stability of the country.
- Prioritizing programmes that improve the quality of life of the most vulnerable refugees and host communities, such as livelihoods, food security, healthcare, and education.
- Donors should accelerate aid localization efforts and commitments, including adequate support for safety, health insurance, and other risk management priorities.
- Donors to consider aid scale up to support increasingly vulnerable Lebanese, Palestine refugees, and migrant workers based on up-to-date needs assessments.
- Donors to support mainstreaming Mental Health and Psychosocial Support (MHPSS) and protection (including child protection) across sectors.

ON FACILITATING THE WORK OF NGOS:

- The Government of Lebanon (GoL) to systematically exempt NGOs delivering essential life-saving humanitarian activities from lockdown measures related to COVID-19. Further, NGOs should be seen as part of the national response to COVID-19.
- Government to reduce repeated bureaucratic impediments and constraints to aid delivery to ensure humanitarian access is preserved at all times and protection concerns are mitigated.
- Government, in collaboration with UN agencies and NGOs, to develop a clear framework for humanitarian organizations to access vulnerable populations and a clear process to tackle access challenges at the national and regional level.
- Government to recognise the obligation to abide by humanitarian principles, including the right to protect and preserve beneficiary data.



PRESERVING ASYLUM SPACE IN LEBANON

Photo: Sam Tarling/DRC

SOCIAL STABILITY

Rising social tensions

The economic crisis has led to a rise in social tensions between communities and within communities in Lebanon. Refugees have often been used as scapegoats, facing blame or retaliation for an economic deterioration that is out of their control. Prominent politicians have made several public comments disparaging refugees and promoting the belief that Syrian workers are taking jobs from the Lebanese. They have also pointed to refugees as the primary cause of strain on Lebanon's scarce resources.⁽⁸⁾ While many Lebanese people are sympathetic, such sentiments by political leaders fuels intolerance.

Amidst high unemployment, mental and emotional stresses related to COVID-19 lockdowns, and a country in turmoil, tensions between refugee and host communities have been rising. As a result, refugees are increasingly vulnerable to harassment or abuse. During the fall of 2020, two major incidences illustrated the current tensions.

In November, the alleged murder of a Lebanese man by a Syrian refugee in the town of B'charre led to retaliation by several Lebanese locals against the town's Syrian residents.⁽⁹⁾ Syrian homes were vandalized and residents threatened, with some suffering physical abuse. Rather than renouncing the violence and calling for the attackers to be held accountable, authorities urged all undocumented Syrian residents to leave B'charre and for their homes to be arbitrarily searched for weapons.

[8] Lebanon's Foreign Minister Blames Downtrodden Economy on Syrian Refugees, The New Arab, 10 July 2018, <https://bit.ly/3kwDIKF>;
Anti-Syrian refugee sentiment ramps up in increasingly hostile Lebanon, Middle East Eye, 14 June 2019, <https://bit.ly/3qAuV6Z>
[9] Syrian Refugees in Lebanon: Winter Needs, Lack of Access to COVID-19 Assistance and Pressure to Return, Refugee Protection Watch, 8 February 2021, <https://bit.ly/37u2KPU>.

Security forces searched homes despite lacking judicial warrants, in violation of residents' rights to due process. The state also failed to prosecute the attackers, violating the rights of the victims to equal protection under the law.⁽¹⁰⁾

A similar incident took place in December 2020, in Minieh in north Lebanon, where an entire settlement was burnt down by Lebanese civilians after a dispute over wages between workers from the camp and their Lebanese employers.⁽¹¹⁾ While this act of collective punishment was denounced by local and national authorities, it resulted in the arrest of 2 Lebanese and 6 Syrian youths. It is yet unclear what charges have been pursued. The above incidents received widespread media attention and condemnation due to their scale and severity, however, crimes against refugees are increasing and often go unreported and unnoticed.

Lebanese authorities and religious leaders continue to call for refugee return despite numerous studies highlighting the economic and security barriers to return.⁽¹²⁾

A Refugee Return Plan announced by the government in July 2020 is concerning as it lacks clarity in key areas and therefore offers no guarantees that it would take into account conditions for safe, voluntary, and dignified return to Syria. While it is unclear if the plan will be implemented, the presence of Lebanese caretaker ministers during the Russian-led conference on the topic in Damascus last November is seen as a further confirmation that refugee returns are high on the agenda.⁽¹³⁾

[10] Ibid.

[11] Ibid.; Bilateral discussion between Alef and Urda, 10 February 2021.

[12] "The Importance of Marginalized Communities in Lebanon", CSIS brief, December 2020: <https://www.csis.org/analysis/importance-marginalized-communities-lebanon>

[13] Lebanese Republic Ministry of Social Affairs, Policy Paper for the Return of Displaced Persons, 3rd version, July 2020.



PROTECTION

Rule of law

Refugees still suffer from a lack of clear procedures and efficient mechanisms for obtaining civil documentation. According to the latest VASyR data, an estimated 80% of Syrian refugees over 15 do not have legal residency and the number of Syrian refugees with valid residency in Lebanon has been decreasing consistently for the last several years.^[14] Lebanese officials often attempt to delineate between refugees present in Lebanon legally versus illegally (those who entered irregularly, hold expired visas and permits, or lack civil documentation). This ignores the significant structural and institutional obstacles to legal status.^[15] These obstacles include the risks associated with applying for renewed documents, drawing the undue attention of authorities, costs, the lack of clear procedures and rules around eligibility^[16], inconsistency in the application of the 2017 fee waiver, and the limited scope of the current fee waiver.

The widespread lack of legal residency continues to put refugees and other undocumented persons in worrisome positions with an increased risk of arbitrary arrest and limitation of freedom of movement. They can also be easily exploited in employment, rental contracts, or other unequal power relationships. Refugees fear that reporting crimes committed against them will result in their deportation or retribution against them.

[14] Key Findings of the 2020 Vulnerability Assessment of Syrian Refugees in Lebanon, VASyR 2020, <https://www.unicef.org/lebanon/media/5696/file> .

[15] Lebanon: Residency Rules Put Syrians at Risk, Human Rights Watch, 12 January 2016, <https://www.hrw.org/news/2016/01/12/lebanon-residency-rules-put-syrians-risk>.

[16] The Consequences of Limited Legal Status for Syrian Refugees in Lebanon, Norwegian Refugee Council, ICLA Lebanon, April 2014, <file:///C:/Users/User/Downloads/1397142181.pdf>; Documentation and access to healthcare for refugees in Lebanon, Norwegian Refugee Council, Briefing Note May 2020, <https://bit.ly/3qBtiWI>.



Photo: Terre Des Hommes

SGBV AND CHILD PROTECTION

Women and girls

Economic deterioration and COVID-19 lockdowns have exacerbated societal and familial tensions, leading to a rise in sexual and gender-based violence.⁽¹⁷⁾ NGOs that offer protection to women and girls reported that cases of domestic violence have increased rapidly. One NGO reported that calls to their national helpline for survivors of SGBV increased threefold.⁽¹⁸⁾ Surveys also found that nearly 40% of women and girls felt less secure since the start of COVID-19 lockdowns, which corresponds to a decrease in access to lifesaving case management services as a result of movement restrictions.⁽¹⁹⁾

Child protection

Prior to the COVID-19 lockdown in Lebanon, humanitarian and human rights NGOs were already reporting an increase in violations of children's rights, including child labour, child marriage, physical and sexual violence.⁽²⁰⁾ Refugee children were more likely to confront these violations of their rights than their Lebanese counterparts.⁽²¹⁾ Despite the rise in child abuse, the number of cases reported remained low during lockdowns. This lack of visibility was the result of community-based, on-site activities being put on hold and schools being closed. This meant that survivors of abuse often remained behind closed doors.

[17] Impact of COVID-19 on the SGBV Situation in Lebanon, Inter-Agency SGBV Task Force Lebanon - May 2020 Relief Web, <https://bit.ly/37qqR1D>.

[18] From 1193 calls in all of 2019, to 4126 calls from April to August of 2020 alone. Predominantly domestic perpetrators were noted.

[19] Comments from ABAAD, 26 February 2021. Our Response to GBV During the COVID-19 Pandemic, May 2020

<https://www.abaadmena.org/documents/ebook.1590737262.pdf>; ABAAD's Response to GBV During the Crises in Lebanon, June-August 2020,

<https://www.abaadmena.org/documents/ebook.1601377248.pdf>

[20] PASC WG General Meeting, 10 November 2020.

[21] Mapping responses to Child Marriage in Lebanon: Reflections from practitioners and policy makers, 9 October 2020,

<https://bit.ly/2Zsz9BR>; Pandemic Will Force Thousands of Refugee Girls to Become Brides Instead of Students, Al-Fanar Media, 28 October 2020, <https://bit.ly/2M0tRKG>.

In addition, protection actors have documented alarming new trends involving serious and violent crimes against children, including murder and domestic abuse so severe that children required hospitalization.(22)

Over the last year, there were a few reported cases of physical and sexual abuse against refugee children by Lebanese nationals. Yet, at least two of these cases were dropped by the victim due to fears that their legal status in Lebanon would be questioned and that they themselves would become the subject of investigation.(23)

LGBTQ+ protection

The refugee and LGBTQ+ community (and those who identify as both) also noted a rise in **discriminatory treatment**, particularly in employment. Article 534 of the Lebanese Penal Code prohibits sexual relations that are "contradicting the laws of nature", placing members of the LGBTQ+ community in an even more precarious protection situation. Refugees who are also LGBTQ+ are especially vulnerable to abuse and mistreatment and are even less likely to find and maintain employment.(24) There has been a noted rise in LGBTQ+ refugees resorting to drug dealing and survival sex to earn a living as a result.(25)

An organisation that provides health support and advocacy to Lebanese and refugees who identify as LGBTQ+, has noted that engaging in these **dangerous survival-activities** adds significantly to the health and legal risks members of this community are already facing. Abuses against this community are a daily occurrence. Resettlement programmes are meant to prioritize the cases of LGBTQ+ refugees, in practice, very few are chosen for resettlement. Leaving them in a perpetually dangerous situation in Lebanon.(26)

[22] Alef bilateral discussion with Himaya, 17 February 2021.

[23] Urda Position Paper on Assaults Against Children, circulated November 2020.

[24] LGBTQ+ People In Beirut Are Suffering As Lebanon Continues to Bleed, Advocate, 18 August 2020
<https://bit.ly/3dqfgni>.

[25] Ibid.

[26] Bilateral discussion between ALEF and Helem, 16 February 2021.



RECOMMENDATIONS

Photo: War Child

The Government of Lebanon (GoL) to:

- Recommit to the principle of non-refoulement and ensure that summary deportations without due process are halted indefinitely and not resumed after COVID-19 lockdowns come to an end. Deportation orders should only be issued by Lebanese courts, thus providing required judicial safeguards.
- Lower prohibitive fees to renew work permits for foreign workers and for migrants applying for legal status.
- In collaboration with UNHCR, ensure that all returns are voluntary, dignified, and safe, with UNHCR protection thresholds for return upheld, and operationalized in a transparent and accountable way.
- Considering the depreciation of the Lebanese Pound in the parallel market, the Government of Lebanon should ensure that NGOs providing cash-support and other life-saving aid are able to access the full value of their grants in order to transmit full value to beneficiaries.
- Increase access to information on child labour laws and the enforcement of child labour laws in collaboration with municipalities. This should involve a modification of Article 22 on child labour to raise the minimum age for work to meet international standards.
- Reinforce systems and policies related to the rights and protections of those vulnerable to violations of GBV more broadly, including affording protections to LGBTQ+ victims of GBV.

The Ministry of Interior and Municipalities (MoIM) and General Security (GS) to:

- Increase the capacity to process residency applications and renewals for Syrian refugees and Palestinian refugees from Syria (PRS).
- Ensure consistent application of the 2017 fee waiver and expand it to cover all registered refugees, including PRS registered with UNRWA, regardless of their legal residency renewal status.
- Ensure that Syrian refugees (including PRS) have access to free and fast-track birth registration procedures for extraordinary/special certificates.
- Evaluate best practices and mechanisms from GS centres and apply lessons learned to strengthen centres across Lebanon.
- Closely coordinate with Municipalities to protect both the Lebanese host and refugees communities from tensions and conflicts, and to ensure that Municipalities are not implementing any discriminatory measures against refugees during or beyond lockdown periods.
- Increase their capacity and allocate funds and resources to train officers to identify and manage referral cases while ensuring safety and the dignity of the victims and survivors of sexual exploitation, abuses and human trafficking.

Donor governments to:

- Increase the number of resettlement places for Syrian refugees, commit to improved responsibility-sharing between member states, uphold the right to asylum and continue to provide pathways for resettlement.
- Donors should meet their funding obligations and honour past pledges and the Global Compact on Refugees.
- Immediately put an end to violations of the principle of non-refoulement, including on the Lebanon-Cyprus sea route, and hold accountable state agents who violate or attempt to violate this principle.
- Ensure that further support to the GS to increase its capacity to process residency renewals from registered Syrian refugees and Palestinian refugees from Syria (PRS) is conditional on demonstrated positive impact (this should also apply to support to the Personal Status Department).
- Ensure flexible funding for NGOs in the context of the COVID-19 and economic crisis in Lebanon. This will allow staff to adjust to the current circumstances, adapt programming, acquire new skills, invest in tools and procedures for safety and risk management.

GBV actors to:

- Reinforce preventive activities with potential aggressors or perpetrators and strengthen the dissemination of GBV information at the community level.



Photo: Humedica

ENSURING EQUITABLE ACCESS TO SERVICES

HEALTH

The NGO community continued to work to ensure access to healthcare for refugees and host communities. Given the rapid deterioration in economic conditions and the impacts of COVID-19 in the country, this service provision has been vastly outstripped by the healthcare needs of all vulnerable groups. Effective social, health and protection systems to address the gaps in coverage and financial barriers have not been achieved. As mentioned in VASyR 2020, the cost of treatment remains a barrier when it comes to universal access to healthcare in the country. Consequently, the proportion of Syrian refugees not accessing health services increased during the past year. Movement restrictions and protection threats particularly affected the capacity of refugees to access health services, including lifesaving services such as Mental Health (MH) and maternal and child health.

Continuity of care at risk

Shortages of drugs and supplies: In Lebanon, more than 90% of the required drugs and 100% of the required medical equipment and supplies such as vaccines and cold chain requirements are imported.⁽²⁷⁾ For instance, several NGOs working to support subsidized health care in Primary Health Care Centres (PHCCs) are reporting alarming shortages of acute and chronic medications, including in private pharmacies. While a major health donor increased its contribution to cover governmental gaps in medications in the mid-term, shortages of medication persist. This is primarily due to a lack of coordination and inadequate supply chain management. The situation will be exacerbated as government subsidies for many medications, are expected to end this year.

[27] According to the joint inventory made by MoPH-WHO while relocating the medications from Karantina warehouse

As a result, the most vulnerable patient groups who suffer from chronic diseases and mental health disorders, risk developing severe complications that will require hospitalization at a time when hospitals are overstretched, including with the COVID-19 response.

Pressure on the primary and secondary healthcare system: Throughout 2020 and following the onset of the global COVID-19 pandemic to Lebanon, access to primary healthcare services have been disrupted. Organisations witnessed a close to 15% drop in patients in the third quarter of 2020 when compared to the same period in 2019.⁽²⁸⁾ The destruction of Primary Health Care (PHC) facilities as a result of the Beirut Blast in August further aggravated accessibility challenges. With reduced healthcare access, NGOs have significant concerns over the continuity of basic care in Lebanon, as COVID-19 related limitations are not expected to end soon.

Moreover, there are specific concerns around the immunization of children, essential treatment for Non-Communicable Disease (NCD) patients, mental health patients, and pregnant women who, in many instances, have been unable to receive ante-natal and post-natal care, or access to family planning commodities. An additional challenge is an increase in the number of patients in need of hospitalization who are seeking care at PHCCs. This has come as a result of hospitals in Lebanon limiting the admission of cold cases, including psychiatric patients, due to their limited capacity. PHCCs throughout Lebanon continue to be restricted in their ability to refer patients to hospitals when they are in need of tertiary care.

In recent years, many NGOs have already developed, supported and implemented models, such as the Flat Fee Model (FFM), and the Immediate Response Model (IRM) of the Ministry of Public Health (MoPH), which have tangibly reduced barriers to accessing healthcare.⁽²⁹⁾ Over the longer term, scaling up such models, building upon the efforts of MoPH on the Long-term Protocol for the Subsidization of Primary care (LPSP), requires not only donor support but an adequate commitment of state resources. Having a harmonized approach will not only contribute to maintaining the progress achieved in strengthening the resilience of the health system but will also result in a conflict-sensitive approach towards the equitable provision of health services for all.

Increasing mental health needs

Unemployment and the constrained access to education have led to a deterioration in youths' mental health, as reported by NGOs. This is also reflected for the whole population through the increase in **emotional distress** and suicidal ideation. Those points confirm the need to improve referrals between health and protection activities and build capacities and standardized pathways at the PHCCs level to refer protection cases to specialized services.

[28] Interagency HEALTH Q3 2020 Dashboard

[29] Healthcare on hold, LHIF/LHDF informal briefing paper, December 2020

Addressing increased mental health needs across all vulnerable populations should be an essential component of future reform and response, as needs have been on a steady rise. A focus should be placed on establishing community mental health services and integrating mental health and psychosocial support (MHPSS) services at the PHC level, in addition to ensuring access to specialized services, through ensuring donors' support to the National Mental Health Programme (NMHP) initiative to include MH services in the harmonized LPSP package.

Increasing malnutrition risks

Malnutrition rates have increased from 2019 to 2020 as per MoPH PHC data, with increasing concerns regarding the lack of access to nutritious food, but also exacerbated with the compromised access to health and WASH services. The vast majority of Syrian refugees are relying on less expensive, less preferred food, with many adopting concerning coping strategies.

Poor or borderline food consumption has doubled since 2019. Only 11.6% of Syrian children under the age of 2 reported minimum acceptable diet diversity, with a sharp decrease in meal frequency to 51.2%, with poor breastfeeding practices, decreasing to 44% among Syrians. This comes with alarmingly increased incidents of unsolicited, untargeted donations of breastmilk substitutes that further compromise breastfeeding rates.

Through the national Infant and Young Child Feeding (IYCF) hotline that was activated after the Beirut Blast, calls are exponentially increasing from caregivers of young children, surging during lockdown periods, requesting urgent, and in some cases desperate, food and cash support, including support for infant formula.

Implementation of a transparent and inclusive COVID 19 response & vaccination campaign

With a high level of community transmission confirmed in Lebanon, reinforcing the COVID-19 response should be considered an immediate priority. Key challenges to the response include hospital capacity, isolation centre management, and referral, increased morbidity, high numbers of transmission to healthcare workers, and ongoing capacity constraints. Despite the dire situation, response planning has been sluggish in adapting to the shift to high levels of community transmission. A **National Vaccination Plan** has been launched by the GoL, and its first phase, which includes healthcare workers, is currently being rolled out. However, the transparency and the equity of the prioritization process are being questioned.

WATER AND SANITATION

Wide segments of the population continue to be excluded and underserved, due to poor water governance and limited capacity to mobilize public financing. Both rural and urban informal refugee settlements, newly established and long-standing, in addition to adjacent Lebanese host communities, have very limited or no access to essential WASH services. Unserved or under-served localities continue to be marginalised with regards to public investment, in addition to limited donor funding. Allocation of water resources generally favours the core (Beirut and Mount Lebanon) over peripheries (the North, South, and Beqaa) and urban over rural localities. This leads to inequality in access to safe, adequate, and affordable water. The increased water supply which was set up to curb the spread of COVID-19 in refugee communities was short-lived and critically underfunded despite its continued importance in the pandemic response. As a result, refugees and marginalised host communities rely heavily on purchasing expensive bottled water or on water trucking and desludging when they live in informal settlements. The latter is a costly emergency intervention at a time when national water establishments struggle to reach financial autonomy.

Nationally there is a notable **decrease in the reliance on the public water network**. According to VASyR 2020, only 21% of Syrian households rely on the public water network to meet their basic needs due to poor water quality. They rely mainly on bottled (36%) and trucked water (16%) as main sources of drinking water. The cost of water (public networks, water trucking, bottled water, etc.) to cover all needs has been higher than the World Bank recommended 3-5% share of income spent on water. This proves especially challenging for the poorest, whose incomes have been slashed over the past year.

An incoherence between donors and state policy has resulted in fragmented development assistance and **unsustainable emergency response modalities**. With most of the water being secured through groundwater resources, the country's exploited aquifers cannot meet the growing demand due to the unavailability of water. The capacity of the wastewater infrastructure has already been exceeded in many areas, resulting in overflows and blockages requiring major repair and maintenance work, especially in zones where informal urban settlements host a high proportion of refugees. Further, this winter's precipitation levels are suggestive of possible drought in 2021. Coupled with the medical, financial, and economic crises, this can result in greater stress, inequity in accessibility and availability and risk of conflict. Constrained access to water and sanitation also has particularly adverse effects on women and girls.



Photo: NCA

RECOMMENDATIONS

The Government of Lebanon, with the support of the donors and the humanitarian community, to:

- Continue the progress towards Universal Health Coverage (UHC), as part of a comprehensive national policy, to address the gaps in coverage and financial barriers to accessing healthcare for all populations.
- Ensure the implementation of the Long-term Protocol for the Subsidization of Primary care (LPSP) at the national level and engage new partners in scale-up.
- Consider the development of a subsidized healthcare model for secondary and tertiary care to reduce access barriers facing vulnerable communities.
- Adopting harmonized insurance schemes with affordable out-of-pocket expenses for hospital care.
- Propose a framework for NGO contracts with hospitals and PHCCs to harmonize packages and improve the monitoring of service quality based on MoPH guidance.
- Build a strong national Health Information System (HIS) that links primary healthcare to secondary healthcare in terms of continuity of care, where admitted patients have referral follow up at PHCs after hospitalization (through an agreement with UNHCR and MoPH - for refugees).
- Improve monitoring of contracted hospitals to ensure the quality of care and to avoid nonrequired medical interventions which increase costs.
- Ensure vaccination plan is rolled out in an inclusive, fair, and accessible way for all populations and residents of Lebanon.

Donor governments and the humanitarian/development community to:

- Support the implementation of the Long-term Protocol for the Subsidization of Primary care (LPSP) through increasing the number of supported clinics, as part of the national PHC network, to deliver the basic benefit healthcare package, through a combination of donor and state resourcing.
- Support, with measurable suggestions, the integration of additional services into the basic benefit healthcare package including the inclusion of Persons with Disabilities (PWD), the management of SGBV cases, and mental health and psychosocial support (MHPSS) services. In addition, develop a standardized pathway to specialized services and public secondary, and tertiary care as well as advanced diagnostics.
- Increase support to include family planning and reproductive health commodities in all health response programmes.
- Ensure sustainable support for medications and medical supplies, while contributing to improving the coordination and management of the supply chain.
- Increase immediate support for the provision of Personal Protective Equipment (PPE), in particular for all PHCCs and dispensaries in the country, in addition to training on COVID-19 precaution measures and awareness-raising.
- Support preventive health services including awareness-raising and community-based healthcare.
- Develop referral pathways to link health actors, PHCCs, and hospitals to social safety net programmes, allowing vulnerable communities to receive support on cash, food, WASH services, basic assistance, and protection.
- Planning prompt emergency nutrition interventions to provide support to pregnant women and caregivers, especially on nutrition and IYCF for breast-fed and non-breastfed children, highlighting the need for skilled close support and counselling to caregivers. In parallel, amplifying malnutrition surveillance, screening, and treatment, empowering PHCCs to screen, treat, and follow-up malnutrition cases, but also develop and link community activities to those services.
- Address water and sanitation needs in vulnerable communities through an integrated and environmentally friendly 'whole of Lebanon' approach that ensures equitable access to safe, sufficient, and affordable water and wastewater solutions across population groups.



Photo: Himaya

EDUCATION

The multi-layered crisis Lebanon is facing revealed the deeply rooted inequality in the provision of basic education in the country, especially concerning Syrian refugee children. While there were existing barriers to access to basic education before the pandemic, the lockdown and total closure of formal schools and non-formal learning centres were the tipping points of the education crisis in Lebanon. Learning disruptions are predicted to last well into the 2021-2022 school year, which means that children in Lebanon will have had three years of incomplete or lost education. There are at least 488,000 school-aged Syrian refugee children in Lebanon⁽³⁰⁾ (aged 3-18), around 45% of whom had been enrolled in public schools and are now experiencing a long period of learning disruptions due to political and economic unrest and more prominently due to the pandemic.⁽³¹⁾ More than half of the Syrian school-aged children, among them children with disabilities, are still out of school to date, with 10% accessing Non-formal Education (NFE). Transition pathways to formal learning remain inconsistent and impractical, with 45% of children left without access to any form of learning.⁽³²⁾ This is despite the fact Lebanon has previously made a commitment to ensuring inclusive access to learning for school-aged Syrian refugee children.

When the COVID-19 pandemic started, Lebanon, similarly to many countries around the world turned to technology as a possible solution to support teachers and pupils attending school from home. Whilst, the Ministry of Education and Higher Education (MEHE) data revealed that about 50% of children were engaged in some form of distance learning, NGOs note that non-Lebanese learners attending second shifts (who are mostly Syrian learners) face additional and acute barriers to learning.

[30] <https://www.unhcr.org/lb/education>, 19 February 2021

[31] Ibid.

[32] Education Sector Draft Situation Analysis, 18 February 2021

As the **distance learning** strategy disseminated by MEHE is technology-based (mainly using online learning), some of the most prominent issues for children's non-participation are the inability of families to afford the required equipment such as laptops or tablets, the non-existent or limited network coverage in their area, and in some cases, the impossibility to pay for an internet connection, electricity or generator services.

Moreover, this further highlights the pre-existing inclusion and equity issues where **children with disabilities (CWD)** are excluded from the over-all design and roll-out of this distance learning modality. NGOs also note very limited access to smart devices and internet coverage for vulnerable Syrian families' (parents/caregivers), inhibiting their ability to support quality distance learning. Further, several of these children require the assistance of an aid worker to support them during schooling hours, which is almost impossible to ensure due to the various lockdowns and social distancing measures (excluding more and more CWD).

Although **learning outcomes** of Syrian refugee learners in Lebanon are not reported systematically, this remains a huge concern considering that Lebanon remains one of the lowest-scoring countries in the region in international assessments such as PISA and TIMMS.⁽³³⁾ This situation is expected to be exacerbated by the absence of a timely and responsive learning continuity strategy in the midst of widespread school and learning centre closures in Lebanon at present. While MEHE has committed to finalizing the distance learning strategy before the start of the 2020-2021 academic year, as of mid-February 2021, this strategy has not yet been finalized. Teachers' training on distance learning, which is a crucial component of quality learning, has also not been fully rolled out and a huge number of teachers still need retooling to be able to adapt to the "new normal" of education and deliver quality inclusive learning. More importantly, the curriculum and learning content proposed by MEHE is not well adapted to distance/online learning as these are not supplemented with the necessary tools and resources to be accessible to all and effectively administered outside classrooms.

Although MEHE has been supported by technical experts in the field of education technology and remote learning, the delays in arriving at a unified vision and strategy for education along with challenges on a political and governance level have impacted the decision making and planning process. This crisis is reaching all children: Lebanese, Syrian, and Palestinian alike.

Finally, a lot of work on **protection issues surrounding Syrian refugee children** still needs to be accomplished. Increased economic pressures among Syrian refugee families in Lebanon is expected to result in higher rates of child labour, especially among adolescent boys. The inclusive psychosocial and emotional well-being of Syrian children and their caregivers also needs more attention. Syrian children's safety in schools and bullying, not only result in a number of dropouts, but also in poor learning outcomes even if they remain enrolled in schools. Children with disabilities are furthermore affected as they are left behind with very limited access to learning and PSS activities.

[33] <http://pubdocs.worldbank.org/en/435071580399593024/LEBANON-PISA-Brief-2018.pdf>



RECOMMENDATIONS

Photo: World Vision

The Government of Lebanon to:

- Develop a national education strategy that covers both formal and non-formal education and caters to **all children** in Lebanon. This strategy should take into consideration the multiple layers of crises that the Lebanon system is facing and should be transformative, inclusive, and sustainable. The strategy shall ensure Universal Design for Learning (UDL) is applied to all educational services to guarantee all children/youth access on an equal basis.
- Adopt a collaborative participatory approach and consult with the various education stakeholders including UN agencies, civil society organisations, the private sector, representatives from the regional districts, municipalities, and parents in developing the national education strategy.
- Urgently conduct a learning assessment for Syrian refugees in order to identify the main children's learning gaps that resulted from school disruption, and to urgently address them in a clear national education strategy prioritizing refugees who are out of school, in cooperation with local and international NGOs who would support in the implementation of the strategy, especially with retention plans.
- Ensure the deployment of necessary infrastructure needed to enhance access and quality of distance and blended learning, not only the digital infrastructure but also the basic learning infrastructure such as books, curriculum adapted to distance and blended learning, teachers' trained in distance/blended learning, teaching aids and resources, assessment methodologies, etc. that will cater to **all children** especially children with disabilities (CWD).
- Immediately develop and issue a national education policy for children with disabilities (CWD).
- Integrate Child Protection in the development of policies and deployment of distance learning strategies, including monitoring and reporting.

- Re-assess the closure of schools and non-formal education centres by looking at their actual impact on academic, psychosocial, child protection and health dimensions.
- Develop and mainstream a unified data system for all children enrolled in formal and non-formal education, reporting results regularly at the sector level. This should be coupled with an improved coordination mechanism for the education sector to foster joint analysis and action.
- Develop a contingency plan for education in Lebanon taking into account an evidence-based risk analysis (various political, economic, health, and man-made crises that might face the country, the existing vulnerability of the education system, and existing in-country capacity). The plan will be designed to ensure minimum disruptions to the learning process both for formal and non-formal offerings while ensuring the quality of inclusive learning. The formulation of the plan is to be participatory and in consultation with the sector and other relevant education stakeholders clearly defining roles, responsibilities, and accountabilities of MEHE and partners.

Donor governments to:

- Provide non-governmental organisations responding to refugee needs with longer, flexible, and more sustainable funding based on a cross-sectoral approach, creating livelihood opportunities based on needs on one hand, and longer-term education programmes.
- Advocate for the establishment of a fit-for-purpose coordination platform that either unifies or bridges the Syrian refugee crisis with the other layers of crises that the education system in Lebanon is facing.
- Support the development of a comprehensive and actionable distance learning plan to complement the MEHE distance learning strategy that uses low-tech and no-tech solutions to ensure **all children** particularly refugee children, and Children with Disabilities can continue learning **now**.
- Advocate for a phased Safe Schools Reopening, considering the great toll that prolonged school closures are taking on children and eventual normalization of education being a lesser priority for families.
- Advocate for policy reforms relating to equal access of all children to education-multiple and flexible transition pathways and NFE certification, options to access technical/vocational education and policy for Children with Disabilities.

CONCLUSION

Ten years into the Syria crisis, Lebanon is on the brink of social and economic collapse. This has devastated what little asylum space remained for Syrian refugees and all vulnerable groups. This has also fundamentally changed the landscape of needs. What is required is a response that moving forward meets the needs of all vulnerable people in Lebanon. Further, humanitarian needs amongst the refugee community have already increased exponentially, requiring a critical reflection on the prioritization of activities in the current instability. NGOs have adjusted to the new realities but a substantial shift in response modalities to meet increased Lebanese, Palestinian and Syrian refugees, or migrant worker needs are limited. Whilst progress on structural challenges and reform efforts is important, humanitarian assistance must urgently be scaled up in order to ensure asylum space remains for refugees in Lebanon.

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