UNICEF Lebanon’s immunization response is in three tranches, in partnership with the Ministry of Public Health (MOPH):

- Nationwide campaigns for children up to the age of 18 for measles and vitamin A supplementation, as well as continuation of the accelerated polio campaign for children under five years of age.
- Women of reproductive age vaccinated against tetanus toxoid.
- Children under the age of 2 complete their routine vaccinations against preventable diseases.

**Measles, vitamin A and polio**

Two immunization campaigns were run in 2014, covering all of Lebanon. Children were vaccinated in schools, through mobile medical clinics in informal tented settlements and collective shelters, at UNHCR registration centres and in Palestinian camps. Vaccinations are continuing for new arrivals at UNHCR registration centres and for any children found to be unvaccinated by the mobile medical teams.

<table>
<thead>
<tr>
<th></th>
<th>2014 Target</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6 months to 15 months vaccinated against measles</td>
<td>840,000</td>
<td>1,166,364</td>
</tr>
<tr>
<td>Children under 5 provided with micronutrient supplements</td>
<td>365,282</td>
<td>26,282</td>
</tr>
<tr>
<td>Children under 5 receiving polio immunization</td>
<td>600,000</td>
<td>550,219</td>
</tr>
</tbody>
</table>

**Accelerated polio campaign and measles and rubella immunization**

In October 2013 wild poliovirus was detected in Syria. In response, neighbouring countries in the region agreed to conduct simultaneous national polio campaigns to interrupt transmission of the virus to protect children from paralytic polio. In Lebanon:

- Mandatory polio vaccinations are provided to all children under 5 entering Lebanon from Syria at official border crossings.
- A national polio campaign commenced in November 2013, coordinated by MOPH, UNICEF and WHO, reaching more than 580,000 children, resulting in a 98.4 per cent coverage rate nationwide. A second campaign in December reached 589,054 children, for 99.8 per cent coverage.
- In March, 492,706 children were vaccinated against polio. As part of the fourth national integrated immunization campaign, 1,165,871 children were vaccinated against measles and rubella and 549,768 children were immunized against polio. Vitamin A supplementation was also provided to 1,056,830 children. These results have been provided by the Ministry of Public Health.

UNICEF Lebanon’s role in the campaign includes:

- Directly vaccinating all Palestinian and Syrian under-five children door-to-door, including children in tented settlements with partner Beyond. Lebanese children were reached via Lebanese health structures, directly managed by the MOPH.
UNICEF Lebanon: Immunization

- The design and launch a national Information Education Communication campaign on the initiative, targeting families, communities and practitioners.

UNICEF provided MOPH with the 1.5 million doses of the polio vaccine necessary for the first two campaigns, as well as 500 vaccine carriers. UNICEF has provided 2 million doses of vaccines for the March and April campaigns.

As a complement to the nationwide polio immunization campaigns, UNICEF is targeting the vaccination of 840,000 children under the age of 18 years against measles and rubella. These campaigns target all children, regardless of nationality.

Women of reproductive age

UNICEF has undertaken to vaccinate 400,000 women of reproductive age against tetanus toxoid in 2014. This will be delivered through primary healthcare centres and by mobile medical clinics. UNICEF also has contingency immunization supplies as part of its response for a rapid influx of up to 50,000 people. For planning purposes, UNICEF is assuming that all pregnant and lactating women arriving from Syria have not received their prenatal vaccinations.

Routine vaccination schedule for children under age two

In 2014 UNICEF aims to vaccinate 80,000 children under age two against preventable diseases to complete their routine vaccination schedule, including the pentavalent and oral polio vaccines. For planning purposes, UNICEF is assuming that all children in this age group arriving from Syria have not been vaccinated. Contingency stocks are also held for routine vaccinations at the border in the event of a rapid influx of up to 50,000 refugees from Syria.

The ten preventable diseases covered under this campaign are; hepatitis B, BCG, tetanus, influenza B, diphtheria, pertussis, polio, measles, mumps and rubella.
Humanitarian Response and Resilience Plan (HRRP)

The overall guiding framework for humanitarian performance monitoring in Lebanon is the Humanitarian Response and Resilience Plan (HRRP). This is a one stop shop for all data related to the response, including outputs for the Regional Response Plan (RRP), the Stabilization Roadmap, the No Lost Generation, the Education Proposal, and UNICEF’s Core Commitments for Children, activities, budget, supplies, and the funding pipeline. This has also been used to plan for our contingency needs.

Monitoring and Evaluation tools

UNICEF is employing several innovative tools for the monitoring and evaluation of the humanitarian response in Lebanon, these include:

1) **Equitrack: An online partner tracking and monitoring tool** which is based on open-source software and can be replicated in other country offices who may wish to use it. This tool enables UNICEF to have all partnership-related information in one repository, to map partnerships, and to aggregate planned results, progress and budgets.

   **Status:** The tool has been rolled out and is constantly being refined based on user feedback, with a functional version always available online and operational.

2) **Data collection using tablets and smart phones to enhance rapid data entry and analysis for quick action.** This is being used for field monitoring, data collection, and Third Party Monitoring. The tablets use Open Data Kit (ODK), which is an open source data collection tool used on Form Hub.

   **Status:** The Country Office has allocated tablets for all field teams and third party monitors. These are in use for mapping informal tented settlements and other gateways, in addition to routine field monitoring and specific project monitoring purposes.

3) **Activity Info for partner reporting.** In order to lessen the reporting burden on partners, and harmonise reporting mechanisms between UNICEF, UNHCR and the wider humanitarian actors for high frequency indicators disaggregated by location, sex and population group, Activity Info was adopted as a unified reporting platform for the entire humanitarian response starting January 2014 (it is also used by UNICEF in Mali and DRC). This tool enables partners to report directly into the online database on their monthly high frequency indicators rather than manual reporting through excel and sending emails. This tool provides instant mapping of results by partner and will be connected up with Equitrack so that planned activities and results are viewable on one platform. It was agreed by the Information Management Working group for the RRP that it will be the tool going forward for reporting against the RRP6.

   **Status:** Over 100 partners to the RRP6 have been trained and 80 partners have reported their results in Activity Info for the first quarter on 309 indicators. This is the first time that site-level data against key
indicators disaggregated by sex and population group is available in Lebanon. It is also possible that Activity Info be used to report on implementation of stabilization and development results in the future.

4) **Third Party Monitoring (TPM).** UNICEF has engaged a Lebanese organisation, InfoPro, to provide routine monitoring reports of the implementation of UNICEF-supported humanitarian assistance, verification of partners on the ground, end user supply monitoring, and feedback from beneficiaries on programme effectiveness and relevance. The monitors use a checklist to verify partners’ work on the ground (45 visits per month), in addition to the paper based checklists tablets (with Form Hub ODK software) are utilized for rapid feedback from the field. The use of ODK facilitates rapid analysis of data collected for any corrective action that may be required. UNICEF field teams also conduct partner verification using the same form on smart phones and tablets to maximise reach of partner monitoring.

   **Status:** TPM produces monthly reports on the 45 site visits – hard copies and through form hub, these are then disseminated to the field and programme teams for action and follow up.

5) **UNICEF Lebanon has developed an information management innovation for mapping the most vulnerable locations** in the country to enable prioritisation to reach the most vulnerable (including Lebanese and Syrian refugees).

   **Status:** This approach is being adopted by the humanitarian and development communities in Lebanon, including UNHCR and the World Bank and forms the basis of UNICEF’s programme approach for equity.

6) **A Rapid SMS platform (using U-report) for real time monitoring.** UNICEF Lebanon is exploring the adaptation of U-report for real time monitoring purposes starting with health and education, including a bilingual system to be able to work with SMS in Arabic and analysis in English.

   **Status:** SMS were sent to all registered refugees in Lebanon during the March and April polio campaigns utilizing UNHCR’s database and mechanisms.

7) **Inter-Agency Mapping Partners (IAMP).** UNICEF working in partnership with UNHCR has designed and implemented a procedure and supporting system to **continually map and update the growing number of informal settlements in Lebanon.** Implementing partners in the field have been trained and equipped with android tablets to update key details of an informal settlement during their routine visits (using the Arc Collector tool). Each partner involved in the initiative has been assigned an area of the country to cover with their field teams. In this manner we are able to sweep and update information on all informal settlements on a monthly basis to a **central inter-agency repository.** This data source is now the authoritative source on the number and details of all informal settlements in Lebanon.
It is estimated that there are around 137,000 refugees residing in at least 989 informal tented settlements (ITS) across Lebanon, though the number of settlements are increasing every day. Additionally, many of the refugees in these settlements are not registered with UNHCR further exacerbating their situation. UNICEF’s response specifically targets the particularly vulnerable population of refugees in these tented settlements through provision of a package of services for children including: education, child protection, gender-based violence (GBV), water, sanitation and hygiene (WASH), primary health care, flood mitigation and provision of winter clothing and vouchers.

**Winterisation**

Many families arrived during the warmer summer months, with only what they could carry. As a result, they are ill-prepared for Lebanon’s harsh winter. To complement the winterisation activities of other UN agencies, UNICEF provided winter clothing to all children aged 14 years and under in tented settlements across Lebanon. This winter more than 130,000 winter clothing kits containing a winter jacket, pants, waterproof boots, socks, gloves, scarf, woolen hat and warm underclothes have been distributed. A further 45,000 children, including those living in collective shelters and centres, and vulnerable Lebanese children, were provided a USD 40 voucher that can be exchanged at nearby shops for winter clothing of their choice. UNICEF also funded UNRWA to provide winter clothing vouchers to 20,000 Palestinian children.

Much of the Bekaa Valley where refugees have settled lies in flood prone areas. UNICEF staff have surveyed tented settlements to identify the high, medium and low risk sites. Where appropriate, UNICEF elevated sections of the settlements to create safe areas, or installed sandbags. In other settlements, where floodwaters are likely to be lower, preventative drainage has been used. In the municipalities of Ghazzeh, Bar Elias and Qob Elias, UNICEF partners are assisting with drainage clearing works through the municipalities. Work was completed in 18 settlements, with existing drainage channels cleared of accumulated solid waste, ensuring water flows through the drainage ditches and around settlements.

**Mobile medical clinics**

Many refugees arriving in Lebanon have gone for several months without access to healthcare in Syria, missing vaccinations, pregnant women going without antenatal care and people with chronic diseases struggling without medication and treatment. Funding shortfalls also mean that refugees must pay $2 per visit to access publically provided primary healthcare in Lebanon. This cost, as well as the cost of travel to access health facilities, puts healthcare out of reach for the majority of those residing in tented settlements.

In response, UNICEF is supporting 19 mobile medical teams to provide free, direct healthcare interventions in tented settlements across Lebanon. Each mobile team can potentially reach 80 people per day. Overall, mobile medical teams provide primary health care services in informal settlements (free medical examinations, acute medication, vaccination against measles and polio, and antenatal services with micronutrient provision) with a target population of 157,500.
The teams consist of a doctor, two nurses, a midwife and a vaccinator. They operate 25 days per month in tented settlements, treating an average of 1,375 children under the age of 15 each month, 600 of whom are under five. It costs UNICEF an average of USD 8 per patient to run the mobile clinics, excluding the costs of medicines. This covers the transport costs and expenses of staff, and the cost of shifting and setting up the clinic. The medical staff are provided by the Ministry of Public Health.

UNICEF provides basic emergency health kits, consumables and medicines for the mobile clinics. Due to the number of young children being treated, additional drugs are purchased that are more suitable for administering to small children, such as antibiotics in syrup form and children’s treatment for respiratory infections. One in five of those treated in mobile clinics to date have presented with lice, and one in ten with scabies. Thus, UNICEF has purchased additional supplies of benzyl benzoate and permethrin shampoo, and these are being provided to the mobile medical units.

As the protracted nature of the crisis means that children are now being born to refugee parents in Lebanon, the mobile clinics are also providing the full schedule of routine vaccinations for children. UNICEF is providing the vaccines (for ten preventable diseases), syringes, antidotes and vitamin A supplements. To ensure children get the best possible start in life, the mobile medical teams are providing expectant mothers in tented settlements with reproductive health services, antenatal care and micronutrient supplementation.

**Temporary learning spaces**

Recognising the difficulties faced in accessing formal schooling for many children living in tented settlements, UNICEF is providing children with basic literacy and numeracy learning programmes through temporary learning spaces to ensure their right to basic education is met. Temporary learning spaces are designed for non-formal learning support and involve a mobile education team travelling to target communities providing identified school-aged children with structured, non-formal learning support. Support to children in these programmes is provided with a view to their eventual reintegration into formal school settings where possible.

UNICEF Lebanon’s non-formal education programme provides various learning opportunities tailored to the needs of out-of-school children affected by the Syrian crisis. In 2014, UNICEF aims to support 175,000 children and adolescents through non-formal education programmes in schools, tented settlements, and other gatherings. In 2014, UNICEF has assisted 36,168 children in informal settlements with non-formal education.

In coordination with education interventions in tented settlements, UNICEF’s implementing partners are providing psychosocial support to children. The activities, such as drawing, storytelling and traditional and modern games encourage active participation, building children’s self-esteem, self-respect and respect for others. Social workers and animators in the temporary learning spaces are able to identify children with more serious psychosocial support needs, for referral to professional support services. UNICEF assisted 15,577 children in informal settlements with psychosocial support as a part of education programmes in 2014, after reaching 58,190 children in 2013. Additionally, 144,759 children and adolescents received psychosocial support services in non-education settings.
Water, Sanitation and Hygiene (WASH)

Most refugees in informal tented settlements have access to bottled water, water trucking, city networks or independent boreholes. Unfortunately, these sources can be expensive, or of poor quality. The informal nature of the settlements makes sanitation particularly challenging, with an accumulation of solid waste and a lack of access to sewerage networks leading to open defecation in many settlements. Poor water quality, combined with overcrowding and unsanitary conditions significantly increases the risk of disease outbreaks in tented settlements.

UNICEF’s approach to the delivery of WASH interventions in informal tented settlements is the provision of a comprehensive package of interventions to each household. In 2014, UNICEF aims to reach 170,826 people with access to adequate, appropriate and acceptable toilet facilities. To date, 13,654 beneficiaries have attained access to adequate toilet facilities. A target of 214,900 for 2014 has been set for the number of people affected by the Syrian emergency to be provided with safe water. In 2014 to date, 119,214 beneficiaries have been provided with access to water for drinking and domestic purposes, hygiene items were supplied to 28,534 people, hygiene promotion sessions were held with 21,717 people, and 10,229 people were provided means to dispose of solid waste safely.

UNICEF’s WASH programme is essential for the success of health initiatives. Access to safe water is a key objective in mitigating disease outbreaks, reducing the demand on health services, decreasing risk of diarrheal diseases and reducing the risk of malnutrition resulting from disease. Water is essential for refugees to maintain adequate hygiene, reducing the prevalence of ailments such as scabies. Further, treatment for many conditions, including lice and scabies requires water for application of the treatment and to ensure hygiene activities can be maintained after treatment to prevent reinfection.

UNICEF’s comprehensive WASH package includes:

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Cost per beneficiary (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communal water storage for water trucking</td>
<td>17.40</td>
</tr>
<tr>
<td>Water filters for each family</td>
<td></td>
</tr>
<tr>
<td>Provision of toilets (one for every three families)</td>
<td>42.10</td>
</tr>
<tr>
<td>Provision of materials to construct bathing facilities</td>
<td></td>
</tr>
<tr>
<td>Communal infrastructure for drainage etc</td>
<td></td>
</tr>
<tr>
<td>Bins for solid waste collection</td>
<td>17.00</td>
</tr>
<tr>
<td>One large collection area per settlement</td>
<td></td>
</tr>
<tr>
<td>Semi-private solid waste removal services</td>
<td></td>
</tr>
<tr>
<td>Provision of family and baby hygiene kits</td>
<td>18.00</td>
</tr>
<tr>
<td>Hygiene promotion sessions</td>
<td>94.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
</tbody>
</table>
The Equity Approach

As of 26 May 2014, over 1,075,000 Syrian refugees had fled the escalating violence at home for the relative stability of Lebanon. However, these refugees are only a portion of the overall population affected by the crisis in the country. It is estimated there will be 1.65 million refugees in need of assistance by the end of 2014, a number that includes refugees unable to register, Syrian migrant workers already in Lebanon, Palestinian refugees from Syria and Lebanese returnees. It is estimated a further 1.5 million Lebanese in hosting communities will be severely impacted by the refugee influx.

UNICEF is committed to responding to the needs of all affected children, their families and communities. UNICEF’s approach is to support both refugees from Syria – including Palestinian and Lebanese – as well as the most marginalized Lebanese host communities. From the onset of the crisis, UNICEF has been responding to the crisis inclusively, aligned with the organization’s global equity agenda and the Government of Lebanon’s approach.

The equity approach focuses on the needs of all children, rather than simply those with refugee status. An imbalanced approach, narrowly targeting only refugee populations, with any perceived favouritism on the basis of religious or political ideology, could easily contribute to sparking conflict in host or adjacent communities. Equally important is the growing frustration of historically marginalized Lebanese communities who have witnessed almost two years of assistance being offered to registered Syrian refugees, while they themselves were essentially ignored. After a protracted period of hospitality they could ill afford from the outset, and which have now largely eroded any modest economic buffer they may have previously enjoyed, a more inclusive and equitable response modality is critical.

Vulnerability Mapping

After three years of crisis, there remained an absence of comparable nationwide data mapping vulnerabilities of affected populations in Lebanon, irrespective of status. Over 60 assessments have been conducted by a range of humanitarian actors, often sectoral in nature, and usually within narrow geographical limits. Moreover, the majority do not examine the needs of the full refugee caseload, spread over nearly 1,600 locations, focusing instead on only the registered refugee caseload.

Within the context of a substantial gap of meaningful, holistic vulnerability data lies the other reality that not all vulnerable families will be able to be reached – the numbers are simply too large, the resources too scarce, and the geography of intervention too dispersed. In the immediate future, some challenging decisions around which communities to prioritize assistance for will have to be reached.
In order to identify and prioritise the most vulnerable populations, UNICEF, in collaboration with the Information Management Unit of the Prime Minister’s Office has developed a vulnerability map. A composite index of concentration of vulnerable population and registered refugees was used to define 5 quintiles of vulnerability. The map is based on the Lebanese vulnerable population (living on less than USD 4/day) and the registered refugee caseload\(^1\) and shows the localities with the largest numbers of vulnerable people.

Using this data, based on a total of 1,561 localities, the most vulnerable quintile amounts to 225 localities. These 225 localities contain 86 per cent of the registered refugee population and more than 66 per cent of the vulnerable Lebanese. Therefore, a relatively small geographic focus for programming allows for significant coverage of the most vulnerable populations in the country.

The mapping can also be used to conduct a ranking of the most vulnerable locations within the 225 localities to drill down for further focus. For example, it is striking that within the 90 most vulnerable localities out of the 225 localities, reside two-thirds of the refugees and half of the Lebanese poor.

While this prioritisation exercise will inform UNICEF’s work throughout 2014, it does not preclude national or nationwide action, nor action with a specific sectoral or geographical focus. Rather, it provides a series of defined geographical vulnerability focal areas around which to coordinate collective action. Given the high political and religious sensitivities interwoven through the crisis, there must be consideration for a balanced approach that response to needs representing the full range of affected communities.

**Gateways**

Informed by the vulnerability analysis above, UNICEF is using a range of delivery mechanisms to reach Syrian refugees and vulnerable Lebanese communities. These mechanisms include public schools, informal tented settlements, the Ministry of Social Affairs’ (MOSA) Social Development Centres, community centres, primary healthcare centres, Palestinian refugee camps and UNHCR registration centres.

- **Public schools**: UNICEF is providing assistance in over 600 schools through provision of learning and recreational equipment, enrolment support, remedial classes, accelerated learning programmes to facilitate integration into the Lebanese curriculum, psychosocial support and minor repairs and rehabilitation of facilities to ensure the schools are able to cope with increased student numbers and to alleviate the impact on host communities.

- **Informal Tented Settlements**: the increasing trend has been for Syrian refugees to settle in informal tented settings. Recognising the limited capacity of many refugees to travel, UNICEF is providing interventions directly in these settlements. This includes support for mobile medical clinics that provide free, direct primary healthcare interventions in settlements as well as water and sanitation activities such as access to water for consumption and hygiene, water storage and construction of sanitation facilities. Informal education and psychosocial support are also being provided in the settlements.

- **Social Development Centres (SDCs)**: UNICEF is coordinating with MOSA to enhance and extend services through 53 of their existing network of SDCs, including psychosocial support services, referral and treatment for survivors of abuse and gender-based violence, daycare services, as well as community mobilization around health issues, child protection, and hygiene promotion, to name a few.

- **Community centres**: UNICEF is working through community centres to provide services to children and their families, including psychosocial support, non-formal education, recreational activities and psychological first aid), identification and referral of child protection cases, awareness and prevention of gender-based violence/child protection issues, and hygiene promotion.

\(^1\) Lebanese data from the 2004 Poverty study and CDR population estimate at locality level; refugee data from UNHCR, August 31 update

26 May 2014
• **Primary healthcare centres:** UNICEF is supporting the Ministry of Public Health (MOPH) through the provision of medical equipment, essential medicines and cold chain equipment. Following on from nationwide vaccination campaigns against measles and polio with the MOPH, UNICEF is focusing on routine immunisation of children, as well as monitoring, surveillance and referral for treatment of malnutrition in children and pregnant and lactating women.

• **Palestinian refugee camps:** Continuing efforts from UNICEF Lebanon’s country programme, UNICEF is providing emergency assistance in Palestinian refugee camps, especially in response to the influx of Palestinian refugees from Syria. Support includes provision of essential medicines, hygiene and clothing kits and education supplies and activities.

• **UNHCR registration points:** UNICEF provides vaccinations to children arriving from Syria when registering as refugees. UNICEF also supports partners to identify and refer vulnerable children to PSS and specialized services and provides a range of information on services and life-saving practices.
Winter is a particularly tough season in tented settlements with many situated on marginal land that is prone to flooding during the winter rain. Inundation of tents and latrines increases the risk of water borne diseases. This risk remains once floodwaters recede, as contamination from inundated latrines is spread across settlements, and is subsequently transferred into tents when people walk across contaminated ground. The cold makes attending to personal hygiene unpleasant and without a means for drying, many refugees are unable to wash clothing and bedding.

Winterisation was a multi-agency response in Lebanon. UNICEF’s response complemented the provision of heaters and fuel, bedding, blankets, and tarpaulins provided by other agencies. Further, UNICEF’s year-round WASH and health interventions contribute to reduced the vulnerability of refugees to winter.

**Winter clothing kits**

Many refugees arrived to Lebanon in the summer months with few belongings. Thus, they were ill-prepared to cope with Lebanon’s winter. In order to combat the weather conditions experienced during winter in Lebanon, UNICEF distributed more than 130,000 winter clothing kits to children, 14 years and under, living in informal tented settlements across the country. Each kit included a jacket, pants, waterproof boots, socks, gloves, scarf, wool hat and warm underclothes.

**Clothing vouchers**

UNICEF provided clothing vouchers to approximately 45,000 children living in vulnerable communities and urban collective centres and shelters. Each child was provided with a USD 40 voucher able to be exchanged for winter clothes at nearby shops. UNICEF also provided funding to UNRWA for USD 40 clothing vouchers for 20,000 children.

**Fuel for schools**

To ensure that children had a safe and warm environment to learn in, and to decrease the risk of children dropping out of classes during the winter months, UNICEF provided fuel for heating classrooms with a focus on areas with colder climates. Across the country, 190 schools received an average of 2,000 litres of fuel each to provide heating for classrooms. This was enough fuel for the schools to heat ten classrooms for three months, providing a safe and warm environment conducive to children’s learning and reducing the risk of children not attending school due to the cold.

UNICEF also provided 80,000 litres of fuel to five UNRWA schools in the Bekaa Valley, most of which were working overtime to provide services to Palestinian children from Syria in addition to their usual students.

**Total beneficiaries – delivered 2013/2014 winter**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Winter clothing kits</td>
<td>130,000</td>
</tr>
<tr>
<td>Winter clothing vouchers</td>
<td>65,000</td>
</tr>
<tr>
<td>Fuel for schools</td>
<td>88,750</td>
</tr>
</tbody>
</table>
UNICEF Lebanon: Winterisation

Flood mitigation

Much of the Bekaa Valley where refugees have settled lies in flood prone areas. UNICEF have surveyed tented settlements to identify the high, medium and low risk sites. Where appropriate, UNICEF has elevated sections of the settlements to create safe areas, or has installed sandbags. In other settlements, where floodwaters are likely to be lower, preventative drainage is being used. In the municipalities of Ghazzeh, Bar Elias and Qob Elias, UNICEF partners assisted with drainage clearing works through the municipalities. Existing drainage channels surrounding 18 tented settlements have been cleared of accumulated solid waste, to ensure water flows through the drainage ditches and around the settlements.