Multiple, protracted crises have meant 2021 worsened the many challenges already faced by children and their families in Lebanon. Now lasting more than a decade, the Syrian refugee crisis means Lebanon continues to host the highest number of displaced per capita in the world. The financial and economic crisis is one of the top three most severe economic collapses globally since the mid-nineteenth century (World Bank, 2021). Exacerbated by the impacts of COVID-19 and the Beirut Port explosion in August 2020, these crises are devastating the livelihoods and wellbeing of the most vulnerable.

The situation of the approximately 1.5 million Syrian refugees and 207,000 Palestine refugees in Lebanon remains precarious, with over 3.5 Lebanese estimated to live in poverty and around three-quarters of the Lebanese population now income vulnerable (UNESCWA, September 2021). The situation is even worse for Syrian refugees, with 88 per cent of households below the survival minimum expenditure basket (VASyR 2021).

The deep social and economic crisis that emerged in 2019 has worsened. Lebanon's Pound has been in freefall as the country's financial and economic collapse accelerated, heralding more misery for the millions who have seen the value of their wages and savings wiped out. Inflation and the removal of subsidies on fuel, bread and other basic goods have left families struggling to survive. Families are taking desperate measures often putting children at risk, including sending children to work, marrying off young girls, skipping meals and incurring debt. A UNICEF rapid assessment in October 2021 found 12 per cent of families have sent a child to work. Children as young as six work on the streets, in agricultural fields and garages or on construction sites, where they are exposed to risks of exploitation, violence and abuse.

While the economic situation and COVID-19 affects everyone; unemployment, inflation and illness are worsening the precarious situation of Syrian and Palestinian refugees. Crowded living and poor hygiene situations create high-risk conditions for the virus to intensify. Over 723,000 cases of COVID-19 were reported by the end of 2021, with 9,102 deaths (WHO, 2022).

The impact of the economic crisis on children is felt through decreased access to basic social services, an increase in child poverty and a decline in child wellbeing. Women and children continue to carry the heaviest burden of these crises.The economic deterioration increases pressure on the already underfinanced and overstretched public system due to lack of resources.

The country is experiencing a breakdown in the delivery of basic services, such as water, power and fuel. More than four million people, including one million refugees, are at risk of losing access to safe water (UNICEF, August 2021), as the Water Establishments that pump water have run out of fuel and are not being maintained. Prolonged electricity outages are commonplace across the country. Budgetary constraints are impacting capacity of the welfare, law enforcement and justice system, leaving the vulnerable women and children more exposed and less protected.

Women and girls have experienced more difficulties in reporting GBV incidents or accessing GBV services. Many were unable to leave their home due to movement restrictions, have limited access to communication devices to report violence, or live with the perpetrators in case of domestic violence. A significant increase of Lebanese women and girls seeking GBV services is noted, and protection needs of both boys and girls doubled in 2021 (Violent Beginnings, December 2021). Women and girls continue to be disproportionately affected by all types of incidents of GBV and the economic crisis has
further impacted gender inequality while exposing women and girls to additional GBV risks.

Lebanon’s healthcare system is going through a severe crisis, affecting access to proper health care, immunisation services and essential nutrition for many families and children. Utilisation of immunisation services declined 31 per cent at the national level (Community Medicine, 2021) and 94 per cent of children lack minimum adequate diets (SMART survey, 2021). Following the closure of many private sector vaccination sites, primary healthcare centres (PHCs) have become the main service provider for immunisation, nutrition care and other basic services for children. PHCs are under severe strain due to staff, medication, funding, and fuel shortages.

Hospitals face closures if diesel stocks are not replenished, with some already beginning to close. Basic medicines, including antibiotics and painkillers, are in short supply, while life-saving medications are completely out of stock. Patients are not going to health facilities because they cannot afford care, nor the transportation.

COVID-19 restrictions saw over 1.2 million school-aged children affected by school closure. The economic crisis is also prompting moves from the (semi)private to the already-challenged public system, which could affect spaces for Syrian refugee children. Unless children have the opportunity to go back to school in 2022, thousands could be without an education and may never return to learning. Over 750,000 children are out of school, with a lack of services available to reach these most vulnerable children (UNICEF, June 2021).

Already facing high rates of unemployment and dissatisfaction, the situation of youth and adolescents has deteriorated, deepening levels of vulnerability and informal employment among these already distressed communities. According to the ILO, 62 per cent of youths are not in education, employment or training, with a higher rate (72 per cent) among young women.

Lebanon’s fragile social peace faces ongoing threats, with protests in cities throughout the country disrupting movement and livelihoods, and resulting in six deaths in October. After more than one year of political deadlock, a Government was formed in September 2021. However, little progress has been made and the Cabinet has not met since mid-October.

The Office faced an increasingly difficult operating environment, with COVID-19 lockdowns impeding field access, and electricity and fuel shortages creating substantial implementation challenges.

The economic crisis will negatively impact progress towards achieving SDGs. The 2018 Lebanon Voluntary National Review of the SDGs indicated that most national strategies and plans need adapting, and progress on goals that are crucial for children’s wellbeing and development has been slow and impeded by the economic and political context.

Major contributions and drivers of results

Goal Area 1: Every Child survives and thrives
Using an integrated approach, UNICEF focussed on Maternal, Newborn, Child and Adolescent Health Nutrition (MNCAHN) and mental health, targeting children, adolescents, women, and caregivers through 140 primary healthcare centres (PHCs). This package is implemented in coordination with child protection, WASH, and adolescent and youth programmes. The package is embedded in the national Primary Health Care Programme, through the Ministry of Public Health (MoPH) and Health Core Group Partners including WHO, UNHCR, UNFPA, and NGOs.
To minimize neonatal mortality, UNICEF supported rehabilitation of the main maternal and newborn referral hospital damaged in the Beirut Port explosions (now 72 per cent complete). The new building includes paediatrics, obstetrics and maternity, paediatric surgery and neonatal intensive care, and a PHC.

UNICEF procured urgent medical supplies including maternal and newborn medical kits and provided essential maternal, newborn and paediatric health services, supporting more than 10,000 women and children in three PHCs. UNICEF built capacity of 389 health providers on essential MNCAHN practices, trained 20 midwives to provide community-based antenatal care and 59 private midwives to facilitate access to quality sexual and reproductive health services.

Additionally, 11,271 children and pregnant or lactating women accessed preventive health care interventions, including antenatal and postnatal care, routine immunization, breastfeeding support, growth monitoring and developmental screening through UNICEF’s Palestinian programme.

UNICEF contributed to the capacity building of 2,492 frontline community workers on health, nutrition and UNICEF integrated messages, 236 health workers on the Mobile EPI Registry, 1,067 vaccinators on Effective Vaccine Management (EVM) and reached 434,568 caregivers with integrated MNCAHN messages.

COVID-19 response was supported through procurement of more than 1.9 million vaccine doses, contributing to fully vaccinating 1.8 million individuals. UNICEF reached 99,902 caregivers with preventive COVID-19 packages, and provided 196 PHCs with PPE for safe continuation of MNCAHN services by 6,283 healthcare workers.

To address the compromised nutritional situation of children and women, UNICEF raised the profile of nutrition in the national humanitarian response. UNICEF screened 131,833 children under the age of five for malnutrition, supporting treatment of 1,620 children with moderate acute malnutrition and 720 children with severe acute malnutrition. UNICEF procured all nutrition supplies and facilitated consultations and transportation fees for the most vulnerable.

To address deteriorating dietary diversity, UNICEF supported 30,009 children under 5 years of age with micronutrient supplements. UNICEF also enhanced the knowledge of over 650,000 caregivers on optimum infant and young child feeding through systematic messaging and nutrition counselling. UNICEF provided essential commodities to improve the nutritional status of over 32,250 children. As a result, the prevalence of child wasting remained below 2 per cent and exclusive breastfeeding doubled from 15 per cent in 2009 to 32 per cent in 2021.

Public sector vaccination nearly halved in 2021 compared with 2019. Therefore, UNICEF focused on sustaining coverage and strengthening the routine immunization system for reaching children missing their vaccines. UNICEF procured 1.3 million vaccine vials and consumables for the entire immunization program. Key messages on routine immunization reached 393,133 caregivers, leading to vaccination of 403,088 children under five.

To strengthen cold chain network, UNICEF conducted the EVM assessment. Findings were used to develop a comprehensive improvement plan, including initiating solarization for 14 district vaccine store facilities. UNICEF is also rehabilitating the cold chain in the central drug warehouse and supplying and installing solar power.

**Goal Area 2: Every Child learns**

UNICEF advocated for and implemented education of marginalized Lebanese and non-Lebanese children via the RACE-II plan, maintaining its strategic partnership with the Ministry of Education and Higher Eduaction (MEHE) to ensure the delivery of formal and non-formal education (NFE), improve quality, and strengthen capacity of partners, including the MEHE.

UNICEF subsidised school fees of 191,398 refugee children (47 per cent of the age cohort) and 272,515 Lebanese children (18 per cent higher than the previous year) aged 3 to 14 years into public schools. Children at risk of dropping out of formal school were enrolled in retention support, reaching 8,595 students. Additional targeted interventions to increase access, attendance and retention in formal education included the provision of learning supplies, fuel for school winterization and cash assistance for transportation.

UNICEF supported a further 19,706 out-of-school children (3 to 14 years; 49 per cent girls) in NFE programmes, including Community Based Early Childhood Education (CBECE), Basic Literacy and
UNICEF supported inclusion of 1,298 children with disabilities in NFE programmes through capacity-building of partners and delivering specialized services and assistive devices.

UNICEF continued the Integrated Child Wellbeing Package of holistic support to the most marginalized children excluded from education to allow children to receive integrated social assistance through enrolment in BLN, access to child protection services and cash assistance through a monthly grant. To address the vulnerabilities of refugee households, children enrolled in the CBECE programme also benefitted from social assistance through the Haddi programme.

To further UNICEF’s vision towards quality and inclusive education for all children, UNICEF rolled out the MEHE’s Child Protection Policy to an additional 50 schools, reaching 485 public schools in total. UNICEF supported the MEHE’s Inclusive Schools project, assisting 1,547 children (41 per cent girls) with special educational needs in 30 public schools.

UNICEF completed rehabilitation of four public schools and eight private schools damaged in the Beirut port explosions, and procured furniture for 41 affected schools.

COVID-19 caused significant learning loss for formal and NFE students. UNICEF advocated for and supported the development of a National Learning Recovery (LR) plan which commenced in the summer of 2021 and has continued in the current scholastic year. Teacher training modules on LR were rolled out to over 6,000 public sector teachers.

In line with MEHE’s priority to improve learning outcomes for the most vulnerable children and eradicate the digital divide, UNICEF developed a plan to establish connectivity hubs across 580 public schools. This project will equip schools with connectivity infrastructure and ICT equipment to support children accessing online educational resources and develop their digital skills, while enabling teachers to deliver hybrid and distance learning.

UNICEF supported access to preschool interventions for 5,488 children, including 200 children with disabilities, in Palestinian camps. Quality improvements were made in 32 kindergartens through improved physical environment and infrastructure, building staff capacity and mainstreaming psychosocial wellbeing. Further, 18,023 children in Palestinian camps received community and school-based remedial education, to improve performance and address learning gaps.

**Goal Area 3: Every Child is protected from violence and exploitation**

UNICEF advanced several initiatives to strengthen political commitment and national capacity, contributing creating an enabling environment for the protection of women and children. Through the provision of technical advice and support to the Ministry of Social Affairs (MoSA) and other line ministries, including Education, Public Health, Justice and Interior and Municipalities, progress was made on national policies and strategies, including the MoSA Strategic Plan and the Child Marriage Strategy and Clinical Management of Rape Strategy.

To better respond to the socio-economic crisis and in line with UNICEF Lebanon’s shift towards more integrated programming to address the increasing multiple vulnerabilities of children, UNICEF planned and partnered with other programmes and service providers to address the drivers of child protection and GBV manifestations more holistically. As a result, 4,854 children were reached with case management and specialised services, 20,222 children were reached with psychosocial support (PSS) activities and 21,388 children and 9,688 caregivers were reached with community-based PSS. An integrated approach was used, with programmes providing complementary methods, to address the holistic and multidimensional wellbeing of children, adolescents and youth. Importantly, the programme targeted street-involved children and children of migrant workers in addition to married adolescent girls, and children with mild disabilities.

In the context of COVID-19, UNICEF through its response plan, tools and guidance notes, adjusted implementation modalities (including provision of PSS, case management and virtual safe spaces for women and girls) to ensure the continuation of services, while respecting the need for safety and comfort for beneficiaries and implementing partners. Through the Child Protection Working Group and the Psychosocial Support committee, both led by UNICEF, and participation in the case management taskforce and the SGBV taskforce, partners quickly adapted implementation modality to respond to child protection and GBV needs.

Regarding social behavioral change, UNICEF engaged with children, caregivers and community
members, especially influencers, including religious leaders and women groups, (in line with the Qudwa Plan) with community-based activities. These activities provide information and knowledge on child protection risks and available support services, and also stimulate collective reflection and community-led action which can begin behavior change. They also provide caregivers with the necessary support to ensure children’s wellbeing and prevention of harmful practices.

In coordination between child protection, health and youth, the Office developed integrated approaches to address mental health for young people, including a joint programme with UNHCR, adaptation of a digital curriculum, and launching of the second national campaign *Youth Unmuted*.

Community-based PSS activities were provided for 24,000 Palestinian out-of-school and vulnerable children, including 278 children with disabilities. Focused and specialized MHPSS services were provided to 1,834 children experiencing developmental delays, disorders and disabilities. A further 304 Palestinian children at high risk or survivors of child maltreatment and GBV received case management and other multidisciplinary MHPSS services.

**Goal Area 4: Every Child lives in a clean and safe environment**

With the deterioration of public electricity throughout Lebanon, water supply and wastewater treatment plants faced reduced function or complete shutdown. Even when the power grid is operational, all Water Establishments (WEs) face substantial funding shortfalls, unable to purchase chlorine and chemical reagents or to undertake urgent repairs. In this context, UNICEF provided emergency support for WEs to operationalize contingency plans and to connect water stations to generators where possible. This included providing diesel, maintenance, repairs and procuring chlorine and consumables. This secured water services for more than three million refugees and host community members per month.

Throughout 2021, UNICEF ensured the continuity of water and wastewater services to more than 150,000 Syrian refugees, including 75,000 children, living in informal settlements all over Lebanon. Simultaneously, UNICEF actively engaged in implementing alternative and innovative solutions to optimize the use of water trucking and desludging. Fourteen public water points have been installed near informal settlements in five municipalities hosting a high number of informal settlements, to enable access to other sources of domestic water.

UNICEF is also piloting shifting from using unregulated sources to public sources to improve water trucking services by improving the water quality, reducing the distance travelled by trucks and generating revenue for the utility companies.

Forty-nine innovative, on-site wastewater treatment systems have been installed and are being tested before potential scaling up. These systems will enable discharging treated wastewater to the environment, enabling reduction of up to 90 per cent of the quantity desludged and reducing environmental degradation.

UNICEF has been a key partner of the Ministry of Energy and Water in mitigating climate change impact. Mapping of snowmelt and groundwater flows has been finalized and will allow for better decision-making related to management of water resources. A national hydrogeological mapping update has also been completed to ensure better groundwater resource management and reduce overexploitation of aquifers exacerbated by climate change effects.

UNICEF has also implemented several joint programmes with the youth section on climate change and environment. UNICEF’s systematic checks for opportunities to use renewable energy when implementing pumping stations led to the instalment of a solar panel park, serving more than 16,000 Lebanese and 20,000 Syrian refugees.

UNICEF co-led pillar 6 of the COVID-19 response with WHO and distributed infection, prevention and control (IPC) kits and disinfection kits to over 700,000 people either infected with or in contact with COVID-19. This provided key barriers to transmission at the community level and allowed for positive cases to safely home isolate when needed.

Community mobilization around WASH practices reached 44,585 people in Palestinian camps. As a result of training on combating misinformation and fears about vaccination, 104,662 Palestinian refugees were vaccinated against COVID-19.

**Goal Area 5: Every Child has an equitable chance to life**

Within support for social protection, UNICEF completed the National Social Protection Strategy
following consultations with ministries and non-government stakeholders – including CSOs, World Bank, the EU, and UN agencies. The strategy was extensively informed by a gender and disability angle.

Partnerships with key civil society and think-tank actors were established, including with the Lebanon Centre for Policy Studies, the Institute of Finance, and Beyond Group. Such partnerships have opened policy dialogue space, including a collaboration establishing a platform for organizations representing people with disabilities.

UNICEF and ILO led advocacy on the need to develop the social assistance system, and introduce social grants to address lifecycle vulnerabilities, namely a Child Grant, a Disability Allowance and a Social Pension, producing a policy paper on options, costs and recommendations for core life-cycle social grants.

To support this advocacy through practical implementation, UNICEF’s social assistance substantially increased with the *Haddi* child grant – a large-scale cash plus programme. Implemented in collaboration with MOSA, *Haddi* reaches over 95,000 vulnerable children supported through UNICEF’s service provision and partners. The grants are provided in cash in alignment with the Grand Bargain agreement for humanitarian action, underlining the efficiency and effectiveness of cash. The programme is also integrated or ‘cash-plus’ linking children to other key basic services as well as behaviour change information.

Design of the new National Disability Allowance was initiated in partnership with the ILO and in collaboration with the Government, with commencement planned for early 2022. UNICEF jointly authored a paper on the need to develop the national social assistance system with the ILO and published a brief on the importance of introducing social grants that address life-cycle vulnerabilities to fill the gap alongside the existing anti-poverty program. Following the *Haddi* scale up in October, a brief was published showcasing the positive outcomes of the program and its potential to transition from a UNICEF initiative towards a nationally owned Child Grant that will endeavor to expand and sit within the national system. This evidence successfully fed into national policy-making and a national consensus was reached in 2021 to establish Social Grants.

In partnership with the Lebanon Center for Policy Studies (LCPS), UNICEF built on 2020 discussions on reforms to price subsidies, following up with in-depth interviews to publish research on the impact of subsidy removal. A UNICEF-LCPS analysis on the pervasive state of poverty and vulnerability in Lebanon and the socio-economic implications of the country’s rapid deterioration was published in November. A national qualitative study on child poverty was undertaken to better understand the nature and experience of poverty and deprivation for children in Lebanon today, which will feed into a national child poverty advocacy strategy in 2022.

Regarding support to youth and adolescents, the Office developed a Code of Conduct for employers and implemented a Youth Protection Policy with ILO to ensure protection of youth, gender sensitivity, inclusion and prevention from exploitation and abuse. Work-based learning guidance was developed with ILO for the livelihoods sector partners to standardize approaches and improve quality of internships, on-the-job training and cash for work interventions.

### UN Collaboration and Other Partnerships

Inter-agency humanitarian response is coordinated through two mechanisms. The Lebanon Crisis Response Plan (LCRP, 2017-2023), led by the government, UNHCR and UNDP, was established to respond to the Syrian refugee crisis, including host communities. The new emerging crisis are partly addressed through Emergency Operation Cell under the HCT and its Emergency Response Plan for Lebanon 2021-22 (ERP), led by OCHA, which addresses the economic and financial meltdown, COVID-19 and the ongoing impacts of the Beirut Port explosions. The ERP predominantly focuses on Lebanese and migrant populations.

Within the LCRP, UNICEF continues to lead the WASH, education, child protection, and plays a key
role in the GBV, basic assistance and health sectors, and mainstreamed nutrition response. To address the rapidly deteriorating economic situation and increasing vulnerability of all populations, including Lebanese, inter-agency ERP was launched, with UNICEF leading nutrition, WASH, education and CP/GBV sectors.

The planning process is complete for the 15 months Recovery, Reform and Reconstruction Framework (3RF), led by EU, World Bank and UN, with sector groups in place and implementing for each area. The 3RF is a reform framework for Lebanon as a whole, and is being positioned as the central coordination platform for international support.

For COVID-19 response, UNICEF continues to lead the Risk Communication and Community Engagement pillar, Logistics taskforce, and co-led the IPC pillar.

Organisations of people with disabilities have been regularly engaged in consultations on the Social Protection Strategy, and actively involved in discussions in the design of the new Disability Allowance. The Government, including MOSA and the Prime Minister’s office continue to be crucial partners. UNICEF continues to lead the UN joint SDG program on Social Protection. UNICEF commenced co-leadership of a new national Social Protection Coordination Forum alongside the World Bank and EU.

The No Lost Generation initiative played a major role in galvanizing international concern around the plight of girls and boys affected by the Syria crisis. The initiative has provided a framework for critical interventions in support of child rights.

Building on the already strong coordination with UNHCR, the collaboration was deepened during the year through the global Blueprint for Refugees partnership, with planning and coordination of activity implementation in WASH, education and child protection.

UNICEF’s youth section expanded partnerships including a new joint programme with the World Bank and the IFC to address youth unemployment in Lebanon and with ILO to standardize market-based training, employment services, and curriculum development.

### Lessons Learned and Innovations

#### Innovations

Given the continued devaluation of the Lebanese Pound (LBP), the macroeconomic context, and challenges related to distributing cash assistance in LBP including crowding at ATMs, UNICEF provided *Haddi* cash transfer in US dollars, using a direct payment mechanism via money transfer agencies, making it the first programme to pilot dollarization in Lebanon. Based on the positive results of regular post-distribution monitoring and rapid surveys, the Integrated Child Wellbeing Programme caseload was migrated into *Haddi* for assistance in US dollars.

UNICEF has reached more than 100,000 individuals in Lebanon through *Qudwa* initiatives sensitising and empowering caregivers, children, youth, religious leaders, barbers, bartenders, pharmacists, beauticians and other community leaders to stand up for children’s rights through more than 440 initiatives. *Qudwa* activities support a normative shift in practices that are considered harmful for children and women, while encouraging behaviours and norms that promote their wellbeing, dignity, and equality.

UNICEF updated its child level monitoring capability for NFE, maintaining a wealth of monitoring data on actual profiles and immediate outcomes for children in NFE programmes, including evidence of lessons learned, transparency and value for money. The customized approach has led to improved
academic and social performance within NFE programmes and improved coordination, notably for cash assistance.

Mobile phone applications have been developed to extend UNICEF’s reach to vulnerable groups. This includes a wellbeing application for 6- to 11-year-olds to support them to identify child protection and GBV risks, and to provide tools to improve their mental health and psychosocial wellbeing. The Qudwa mobile application helps caregivers to track children’s developmental milestones, access information on child development and ways to support children, including non-violent discipline. Two applications have been developed to support routine immunization, one for caregivers to record children’s vaccines electronically and to receive reminds, and one for physicians to easily report EPI data.

A clinical management of rape (CMR) application has been developed and is available to public health staff. It provides offline, user-friendly content, summarizing the steps of CMR treatment in an age and gender sensitive manner, as well as guidance on soft skills to deal with survivors of GBV in a survivor-centred manner.

The development of the Nahnoo.lb platform has enabled youth to register and be matched to relevant volunteer opportunities near them. This provides opportunities for UN agencies, Government, private sector and CSOs to engage the most vulnerable young people in systematic and meaningful engagement and volunteer opportunities.

Lessons learned
The successful adaptation and delivery of programmes during the COVID-19 pandemic and in response to the impacts of the social and economic crisis on the delivery of government services has highlighted how crises can also present opportunities. For instance, the onset of the multiple crises focused the attention of civil society and Government on the social protection sector, providing momentum, despite the financial and political challenges.

The changing context due to the multiple crisis, including the COVID-19 outbreak, has shown the need to revise implementation modalities. Whereas child protection activities were largely conducted on a face-to-face basis, COVID-19 restrictions, including national and local lockdowns, in addition to the multiple demonstrations and protests that affected the country, have meant that physical access to activities was not always possible. Child protection, in close coordination with sector partners, revised the modality of implementing key child protection and GBV services, including focused PSS, safe spaces, caregivers’ programme and community-based PSS to be implemented on a remote basis to ensure continued access to services. Other activities such as case management continued to be conducted on a face-to-face basis in the most urgent cases, taking all precautions into consideration. Due to the financial crisis, private health sector demand and supply has reduced, and inability to pay for healthcare services has led to a decline in preventive and promotive services. This has reinforced the need to invest in and maintain a robust public health system. In particular, this has highlighted how immunisation services must be preserved to prevent outbreaks which would further complicate service provision. UNICEF is supporting MoPH to overcome current challenges and is supporting innovative solutions to minimize impacts. This includes a shift to solar power for vaccine storage, involving the private sector in free vaccine delivery, improving technology for data management and reaching the unreached through community-based organizations.

Due to limited data on MNCAH in Lebanon, especially on neonatal mortality and practices, UNICEF recognized the importance of supporting national evidence-building, including existing surveillance systems for maternal and neonatal mortality. UNICEF is partnering with academia to assess these systems and ensure availability of data to guide interventions.

Reflecting on the scale of neonatologists leaving Lebanon, UNICEF observed the need for development of a unified protocol and capacity building exercise to support healthcare providers. UNICEF is teaming up with the Lebanese Paediatric Society to revise IMNCI practices.

At the level of umbrella partners, international NGOs who have been investing in building the capacity of local CSOs have reported that partners are still in need of support at level of organizational capacities, affecting the implementation of the activities. This is especially the case with the need to
adapt activities to the changing context due to COVID-19. Partners are continuously updating their organizational capacity building plan including direct and individual coaching. The upcoming period will focus on supporting partners to implement the activities through close follow-up and coaching. Following the adaptive and responsive approach taken in 2021, UNICEF is well positioned to address the increased vulnerabilities of refugee, migrant and Lebanese children and their families in 2022. UNICEF will continue to the progress of Qudwa initiatives, working to address child protection and GBV in more than 240 locations across Lebanon, through Qudwa hubs. The programme will focus on areas with high levels of children involved in hazardous child labour or living on the streets. Building on the success of the Haddi child grant, UNICEF has initiated design of a National Disability Allowance for launch in early 2022.