



Child Protection

and COVID-19

Lebanon Case Study

The impact of COVID-19 on children¹

Lebanon's complex humanitarian crisis meant that children faced multiple risk factors prior to the onset of the COVID-19 pandemic. **Approximately 1.5 million refugees**, the majority of whom lack legal status and live under the poverty line, already experienced difficulties accessing basic services, such as health and education. Compounding this, the country is experiencing a financial collapse that the World Bank has ranked among the worst since the mid-1800's. **The Lebanese pound has lost 90 percent of its value and consumer prices have quadrupled.**² The dire economic conditions have impacted families' access to food and basic services.

In Beirut, months after the pandemic began, a huge explosion at the Port of Beirut left more than 300,000 people homeless, with 80,000 children displaced to relatives' homes where overcrowding increased the risk of COVID-19 infection.³ The combination of COVID-19 and explosion cases overwhelmed the healthcare system. Both crises have also affected the psychosocial well-being of children.

The compounding crises affect just about every aspect of children's lives, including education, nutrition, and mental health. Eighty percent of children in Lebanon are worse off than they were at the beginning of 2020, according to the Child-Focused Rapid Assessment (CFRA) conducted by UNICEF in April 2021.⁴

Food prices are so high now that I can't keep us adequately fed. My children will eat first, and if there's anything left, I'll eat that.

23-year-old Syrian refugee with three children⁵



1. This case study was developed by Malia Robinson, International Consultant, Mike Kirakossian, specialist for Child Protection, World Vision Lebanon, and Zoubeida Abouasaly, CP&A Technical Coordinator, World Vision Lebanon. It was reviewed by Teresa M. Wallace, Technical Director for Quality and Innovation, Global Child Protection and Participation, World Vision International.
2. World Bank (2021) Lebanon sinking into one of the most severe global crises episodes, amidst deliberate inaction. Available at: <https://www.worldbank.org/en/news/press-release/2021/05/01/lebanon-sinking-into-one-of-the-most-severe-global-crises-episodes>. World Bank. Retrieved 10.13.2021.
3. World Vision (2020) Beirut children more vulnerable to COVID-19 in explosion aftermath. World Vision. Available at: <https://www.worldvision.org/about-us/media-center/beirut-children-more-vulnerable-to-COVID-19-in-explosion-aftermath> Retrieved 9.15.2021.
4. UNICEF (2021) Lebanon: Children's future on the line. UNICEF Lebanon Office, p. 2.
5. Ibid.

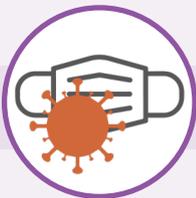
School closures at the beginning of the pandemic, in early 2020, followed closures in October – November 2019 due to widespread political protests linked to deteriorating economic conditions.

Children who had access to remote learning, mostly over phones, reported finding the learning conditions difficult.⁶ Reduced access to education and poor-quality schooling where opportunities exist, along with economic pressures on families, have contributed to an increase in negative coping mechanisms; these include child labour, which was already a significant child protection issue in Lebanon prior to the pandemic.

The cumulative nature of the crises has also had a significant impact on household nutrition. A 2021 Save the Children report cites staggering numbers of food insecure households, with **99% of Syrian household reporting that they did not have enough food to eat or enough money to buy food.** The report suggests that food insecurity leads to rises in school drop-out, child labour and child marriage.⁷



World Vision Lebanon's COVID-19 Response objectives are:



PREVENT

Scale up preventative measures to limit the spread of COVID-19 disease



STRENGTHEN

Strengthen health systems and workers to support and manage COVID-19 and continue key child health and nutrition services⁸



SUPPORT

Support for children impacted by COVID-19 through education, child protection, and food security and livelihoods programming



COLLABORATE

Collaborate and advocate to ensure children are protected.

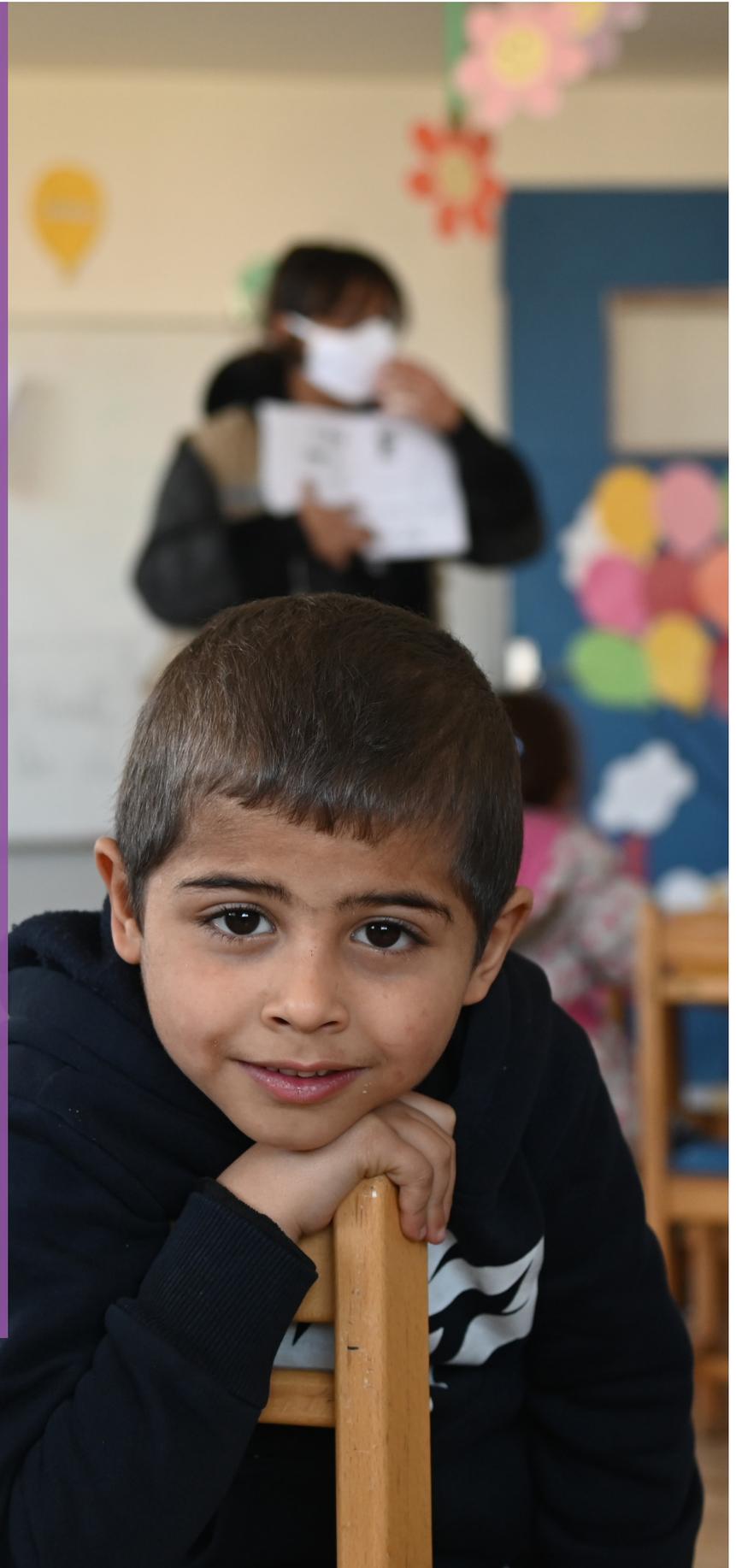
6. Save the Children. (2020) Lebanon: Students miss half the school year due to double impact of economic and coronavirus crises. Save the Children. Available at: <https://reliefweb.int/report/lebanon/lebanon-students-miss-half-school-year-due-double-impact-economic-and-coronavirus>. Retrieved 9.13.2021.
7. Save the Children (2021) Economic crisis combined with COVID-19 is pushing Lebanon towards a hunger crisis. Save the Children. Available at: <https://www.savethechildren.org/us/charity-stories/lebanon-economic-hunger-crisis>. Retrieved 9.13.2021.
8. This was not a primary objective for World Vision Lebanon, as the health sector does not fall under its strategy, though a few initiatives were implemented.

World Vision Lebanon's adaptation and strengthening of child protection programming

When the lockdowns were anticipated, there was a conscious effort to ensure that child protection preparedness and prevention activities remained a priority and were not overlooked during the COVID-19 Response. World Vision Lebanon engaged in rapid adaptation and adjustment of programme materials, especially psychosocial support (PSS) tools, for both community-based and case-specific use, and child labour programme tools. In order to increase the impact of our activities, we included COVID-19 prevention messaging in these revisions. Programmes and materials were also converted so that they could be effectively used via remote modalities, such as phone applications.

The capacity-building needs of our staff and partners were also assessed to identify any potential risks or challenges anticipated in relation to the pandemic response. This led to us strengthening the capacity of our team and our partners to develop appropriate prevention and response initiatives, and to adjust existing programming for use via remote modalities. Our priority was to continue the ongoing activities that had been provided for children, their families and communities prior to the pandemic.

Our child protection technical team also worked with other World Vision Lebanon sectors to further mainstream child protection, as the adjustment in programming opened a window of opportunity to strengthen inter-sectoral integration and collaboration, whenever possible.



A particular challenge during the pandemic that required an innovative solution was the difficulties of reaching children most at risk of psychosocial distress or other child protection concerns (such as the worst forms of child labour) through remote programming. Previously, these initiatives used focused psychosocial support interventions with closed groups that were held in safe places, required many weekly visits to the field and relied heavily on face-to-face contact.

To meet this challenge, we signed a partnership agreement with an organization that had experience developing digital platforms for educational institutions but did not have prior experience in digitalizing child protection or PSS material.

By combining the partner's experience and our expertise in child protection, we were able to work together successfully to digitalize PSS programme materials for the two age groups covered by our PSS programmes: six to 11 years and 12 to 17 years. The sessions were digitalized into an interactive format and put on a website that the children could access directly.

A first pilot was completed with 45 children with varying levels of literacy across different settings and areas in Lebanon (Bekaa, South and North (T5)), and the results were good, indicating 91% of the children had an improvement psychosocial wellbeing by at least 30% in their pre and post-test results, 7% had improvement by less than 30%.

The programme was subsequently scaled up and implemented over 2 cycles in Beirut and Mount Lebanon through a partner and the results indicated 80.7% of improved results for 212 children (113 females; 99 males) at the end of the 1st cycle and 70.4% improved results for 191 children (97 females; 94 males) at the end of the 2nd cycle.

The programme combines online and facilitator-led sessions. In order to ensure children understand how to use the PSS site, they first have a remote group meeting with a facilitator who explains how to access the site. Children then have access to 16 sessions, each five to 10 minutes in length, that present a story with voice over, some games and playful activities, and key messages around specific topics covered by the PSS programme (e.g., managing emotions, such as sadness or anger; planning for the future). After the children have completed all the sessions, groups have a remote meeting with the facilitator to assess what they have learned and ensure the key messages have reached the children.

The final meeting also offers the facilitator a chance to get updates on the participants' well-being and household needs. Children who participated in the remote FPSS programme accessed the website using their caregivers' mobile phones. Airtime recharge cards were provided to support children to access the programme.





Another successful adaptation developed in response to the pandemic was turning our basic early childhood education, literacy, numeracy and PSS communication curricula into learning sheets. These were distributed to households for caregivers to implement with their children, along with basic education and PSS kits and remote PSS and PFA for caregivers.

According to a post-implementation monitoring report, of those caregivers who implemented the remote education activities, “around 95% thought that the activities were suitable for their children’s needs, and 96% reported that they were suitable for their children’s level.” Furthermore, 81.6% of caregivers reporting satisfaction from CP and education services provided where 71% of participants were either satisfied or very satisfied with the CP services provided.⁹

Overall, there was high satisfaction with the remote learning materials and accompanying support. For example, we made follow up calls to give caregivers support in implementing the materials. Of those who were called, around 98% were either satisfied or very satisfied with the calls.¹⁰

World Vision Lebanon also provided psychosocial (PSS) materials for caregivers to use with their children, as well as remote PSS and psychological first aid (PFA) for caregivers using WhatsApp, Zoom and other platforms. We provided airtime recharge cards and took care of the

logistics for the calls. A monitoring report of the activities noted, “Of those who implemented the remote PSS activities with their children, around 97% thought that the activities were suitable for their children’s needs, and around 91% reported that the activities were suitable to their children’s level.”¹¹ Of the caregivers who received remote PSS and PFA, 100% reported being satisfied, or very satisfied.

Adapting child protection programming to online modalities initially presented substantive challenges that required close coordination between our child protection and information technology (IT) teams. It was important to constantly monitor the effectiveness and efficiency of the adaptations and be very flexible in making changes in real time.

On the part of caregivers and children, there was some initial hesitancy to participate in remote activities given that many of the online platforms were new and unfamiliar. We therefore spent a lot of time teaching participants, particularly the adults, how to use the technology. This support, coupled with seeing positive outcomes over time, helped reduce participants’ hesitancy.

Initially the online Celebrating Families program meant for caregivers had little facilitation, which did not lead to very positive outcomes. A lesson learned was that intensive follow-up by facilitators is needed, even day-to-day; this requires a lot of planning and flexibility.

9. World Vision Lebanon. (2020) COVID-19 Emergency response post implementation monitoring report. World Vision, pp. 27 -28

10. Ibid. p. 29

11. Ibid. p. 30

World Vision Lebanon's partners', including community groups, adaptation and strengthening of their programme approaches



One of World Vision Lebanon's strengths that contributed to the success of the COVID-19 Response was our **long-standing presence and partnerships in communities**. These had been established through long-term development work that has given our organization a solid reputation. When the pandemic began, we were able to utilize and build on our existing partnerships and work, ensuring a smooth transition in the implementation of the country office's COVID-19 Response.

Community groups partnered with World Vision Lebanon to carry out a number of activities, including awareness-raising around child protection, COVID-19 prevention measures, distribution of personal protective equipment (PPE) and, when cases were low, substantive child engagement, including theatre activities. In order to ensure partners had accurate understanding of the issues relating to COVID-19, we offered in-depth trainings and adapted materials to support their activities.

“... without the community groups and the community volunteers, I think we wouldn't be able to do anything.”

World Vision Lebanon
Child Protection Specialist

Examples of how World Vision Lebanon's child protection programming adapted or changed its relationship with formal child protection systems



Much of World Vision Lebanon's work with the formal child protection system, which had been de-stabilized by the crises, has been in terms of advocacy, with a focus on preventing child rights violations. We linked our local networks, that had been set up before the pandemic, with municipalities and local authorities. The aim was to advocate for protecting the most vulnerable children and reporting violations. Trainings were also held with municipal teams on child friendly engagement and safe identification of vulnerable children. We installed child protection hotlines in six municipalities where we had programming. These could be used by people in the areas to report child protection cases. In all, these efforts strengthened formal systems at the local level.

Our work aligns with the national Referral Information Management System (RIMS), which was launched by DRC in 2018 and adopted by UNICEF and partners during 2019. We entered into a partnership to use RIMS as part of inter-agency efforts to enhance service provision, linkages and accountability to the affected population.

Overview of the ways World Vision Lebanon has engaged faith leaders and faith communities in ensuring children are protected in the midst of COVID-19

World Vision Lebanon places a strong focus on faith-based programming and partnerships with faith leaders and organizations. We have been able to leverage these partnerships to great effect in the COVID-19 Response and child protection.

Two project models that have been successfully implemented with faith communities in Lebanon are Celebrating Families and Channels of Hope, the latter of which engages both Muslim and Christian faith communities. During the pandemic, we have also been implementing Channels of Hope Vaccine, which trains

faith leaders to disseminate key messages based on religious texts and scientific information to address vaccine hesitancy in their faith communities. Given their authority and influential power, we are optimistic that faith leaders can change attitudes that drive vaccine hesitancy.

We have also worked with Scouts, including faith-based Scouts, who have engaged in awareness-raising around COVID-19 prevention, distributed prevention materials and disseminated key messages about child protection.

Impacts of COVID-19 on child marriage

Lebanon has seen a decrease in child marriage during the pandemic, although it is believed that the latest figures reflect an underreporting of the issue.

Our programming does not specifically focus on child marriage, although it's recognized as an important topic and we do implement prevention work on the topic, as well as mainstreaming it into other child protection programming.

We deliver messaging on the prevention of child marriage through two programmes: the first on communication for development and the second on social behaviour change communication. The latter has an outcome on violence against children that includes child marriage.

We used our flagship **Celebrating Families model** in the social behaviour change project. As part of the project activities, faith leaders disseminated specific messages related to the prevention of child marriage.





Effective Coordination and networking during the COVID-19 Response

World Vision Lebanon has been an active member in the national and sub-national child protection coordination mechanisms prior to and during the pandemic, particularly the PSS Committee which is a technical committee under the Child Protection Working Group (CPWG). We have also been active in the CPWGs at the Governate levels in our operational areas.

As a member of the PSS Committee core team, we participated in reviewing common materials to be used by members. This involved engaging with ministries, such as the Ministry of Public Health (MoPH), and the National Mental Health Programme (NMHP). We shared our own remote psychological first aid (PFA) training materials with the PSS Committee co-lead so these could provide a starting point for the MoPH and the NMHP to develop their own. We then supported with the rolling out of the remote PFA trainings after a World Vision Lebanon staff member attended a training of trainers course on the material.

During the COVID-19 Response, World Vision Lebanon was also a member of the Child Well-being Task Team, which was a collaboration between the PSS Committee and the Education sector. The Task Team comprised of UNICEF, international and local non-governmental organizations (NGOs). The Task Team launched weekly “challenges” for organizations working on Education, child protection or PSS in which organizations were asked to

submit short activities that could be shared with children and caregivers via WhatsApp. These were activities that could be done at home, based on designated themes each week. The Task Team reviewed the submitted activities and chose suitable activities to be shared back with participating organizations. The aim was to outline simple, age-appropriate activities for children, adolescents and caregivers which could be successfully delivered by phone.

Challenges in Coordination

One of the main challenges relating to coordination during the COVID-19 pandemic was funding for child protection. When work in the sector had just begun to stabilize, funding was cut off, making it very hard for organizations in the sector to sustain their work addressing the pandemic. There needs to be more consistency in funding as the context is always changing, and usually for the worse.

One of the coordination gaps relates to cross sector work. The CPWG members working on child labour programming developed an action plan to tackle four pillars relating to child labour¹². However, since the context has been quickly evolving, there has been no funding for this initiative, with focus turning to the next crisis rather than a roll out of the plan. The same applies to preparedness and prevention work, which has been usurped by the ongoing emergence of new crises, leading to a constant focus on response.

12. These pillars are advocacy and systems, prevention and response, cross-sectoral collaboration, and capacity building and data.