



ROOTING RESILIENCE: Integrated Package of Essential Accelerating Services to Transform Child Well-being Amid Crises

Summary

Children in Lebanon stand at the crossroads of multiple crises— the economic collapse, exacerbated by hyperinflation, the refugee crisis, and the lingering effects of the COVID-19 pandemic, and the escalation of conflict in September 2024. The compounded crises have deteriorated the situation of children, with alarming increases in poverty, malnutrition, school dropouts, and mental health challenges.

On the other side, Lebanon's existing policies and programmes show positive results. The policies and programmes include the National Nutrition Strategy, General Education Plan, and Social Protection Strategy, cash transfers through the Emergency Social Safety Net (ESSN) and National Poverty Targeting Programme (NPTP). Social Development Centres (SDCs) has a critical roles in providing services.

This Policy Brief proposes three integrated accelerators, services that wield multiple

outcomes: cash transfers, social behaviour change and parenting sessions, and school meals. These services aim to reduce hunger and livelihood shocks, improve school retention and outcomes, mitigate violence, and enhance mental health for children and caregivers. The Government of Lebanon, must expand the role of SDCs as hubs for integrated service delivery, linking cash assistance, parenting programmes with school meal, alternative learning, nutrition, public health and protection services.

Weathering the Mountainous Crises

Children in Lebanon are navigating an increasingly precarious landscape shaped by compounded crises, including the economic downturn, COVID-19 pandemic, and a prolonged refugee crisis. The economic downturn has had the most profound negative impact, with the nominal Gross Domestic Product (GDP) and GDP per capita in 2023 plummeting to just one-third of their 2019 levels, reverting to figures last seen

before 2001.¹ Further, poverty had already reached critical levels, with one in three Lebanese living in poverty.² In response to the economic downturn, households coped by cutting back on education and healthcare spending, withdrawn their children from school, up from 15 per cent earlier in the year.^{3 4 5 6}

During the pandemic, the children and families in Lebanon, both Lebanese and non-Lebanese, endured intermittent lockdowns, disruptions to healthcare systems as measures to mitigate the impact of the virus were implemented, food and nutrition deprivation, school closures, psychosocial pressure, and increased risks to their protection.^{7 8}

Over the past year, conflicts and insecurity have further destabilised an already challenging situation. Since the start of the conflict in September 2024, it claimed more than 4,000 lives, including 290 children and 790 women, and left 16,638 injured.^{9 10} By November 2024, the number of IDPs peaked at 899,712, with one-third of the

IDP population were under 18.^{11 12} The sudden regime change in Syria on 8 December 2024 led to even more fluid population shifts and new security dynamics.¹³ The internal displacements stretched the capacity of the population, with refugees accounting for one in every four residents, including 1.5 million Syrian.^{14 15 16}

The economic challenges and the lack of basic services have created alarming conditions for children's well-being, with one in every 14 children under five is stunted and one in ten school-age Lebanese children was without access to education.^{17 18 19 20} The crises have also further heightened protection concerns and mental health risks for children: For example, the proportion of children aged 5–17 who were sent to work more than doubled to 12 per cent in 2021.^{21 22 23} Online sexual harassment and blackmail increased by 184 per cent during the lockdown in ²⁴ and one and a half per cent of girls aged 15–19 years were married.²⁵

¹ Analysis of GDP and GDP per capita data. See <https://data.worldbank.org/country/lebanon> (Retrieved on 7 August 2024).

² World Bank. (2024). *Lebanon Poverty and Equity Assessment: Weathering a Protracted Crisis*. Washington DC: World Bank

³ UNICEF. (2023). *The unrelenting toll of Lebanon's crisis on children*. UNICEF Lebanon

⁴ UNICEF. (2022). *Deprived Childhood: Child poverty in crisis-wracked Lebanon*. UNICEF Lebanon.

⁵ UNICEF. (2022).

⁶ UNICEF. (2023).

⁷ World Vision International. (2022). *Lebanon case study: Impact of the COVID-19 pandemic on vulnerable children and families*.

⁸ UNICEF. (2021). *Lebanon: Children's Future on the Line*. UNICEF Lebanon.

⁹ Number of casualties between 8 October 2023 and 4 December 2024 as reported by the Ministry of Public Health (MPH), Lebanon. See United Nations Office for the Coordination of Humanitarian Affairs. (2024, December 12). *Lebanon: Flash Update #50 - Escalation of hostilities in Lebanon*. Retrieved from <https://www.unocha.org/publications/report/lebanon/lebanon-flash-update-50-escalation-hostilities-lebanon-12-december-2024>

¹⁰ UN OCHA. (2024). *Flash Appeal Lebanon: October - December 2024*. Retrieved from <https://www.unocha.org/publications/report/lebanon/flash-appeal-lebanon-october-december-2024-october-2024-enar>

¹¹ International Organization for Migration (IOM), Sep 30 2024. DTM Lebanon - Mobility Snapshot - Round 49 - 30-09-2024. IOM, Lebanon. Retrieved from <https://dtm.iom.int/reports/lebanon-mobility-snapshot-round-49-30-09-2024?close=true>

¹² 899,712 (51 per cent female and 49 per cent male; 34 per cent under 18). International Organization for Migration (IOM), Nov 25 2024. DTM Mobility Snapshot - Round 65 - 25-11-2024. IOM, Lebanon. Retrieved from <https://dtm.iom.int/reports/mobility-snapshot-round-65-25-11-2024>

¹³ United Nations Office for the Coordination of Humanitarian Affairs. (2024, December 10). *Whole of Syria Flash Update No. 4: Recent developments in Syria*. Retrieved from <https://www.unocha.org/publications/report/syrian-arab-republic/whole-syria-flash-update-no-4-recent-developments-syria-10-december-2024>

¹⁴ UNHCR. (2024, January). Lebanon: Needs at a Glance.

¹⁵ 1.5 million as per the estimate by the Government of Lebanon. As of June 2024, UNHCR registered 774,697 Syrian refugees. See UNHCR. (2024). *Fact Sheet: Lebanon, July 2024*. Retrieved from <https://www.unhcr.org/lb/wp-content/uploads/sites/16/2024/08/UNHCR-Lebanon-FactSheet-Q2-2024.pdf>

¹⁶ UNHCR. (2024). *What do recent events in Syria mean for Syrian refugees?* Retrieved from <https://www.unhcr.org/news/stories/what-do-recent-events-syria-mean-syrian-refugees>

¹⁷ UNICEF. (2021). *Nutrition Smart Survey 2021 in Lebanon*. UNICEF Lebanon

¹⁸ UNICEF. (2023B) *Child Food Poverty: A Nutrition Crisis in Early Childhood in Lebanon*. UNICEF Lebanon

¹⁹ Ministry of Education and Higher Education. (2021). *Five-Year General Education Plan 2021–2025*. Beirut: Ministry of Education and Higher Education.

²⁰ Ministry of Education and Higher Education. (2021).

²¹ As reported by the Embrace hotline.

²² WV Lebanon. (April 2021). *Research Report: Caregiver Perceptions and their Influence on Child Education and Labour across Different Areas in Lebanon*.

²³ WV Lebanon. (April 2021).

²⁴ GIZ and the National Commission for Lebanese Women. (2022). *Lebanon Gender and Equity Barometer: Cyber Extortion and Cyber Harassment*.

²⁵ Gender Working Group. (2022). *Gender Statistical Profile: Lebanon 2022*. Retrieved from https://lebanon.unwomen.org/sites/default/files/2022-06/GFS_UNWLCO_V2.pdf

Box 1: Refugee Children: Facing the Deepest Crisis

Refugee children, who make up around half of the 1.5 million refugees in Lebanon, are hit harder on all grounds:

- 25.8 per cent of Syrian refugee children in tented settlements are stunted (2020), an increase from 17 per cent in 2013. The situation is also challenging for Palestinians, with 10.1 % stunted (2020).
- About half of the Syrian children have never attended school since arriving in Lebanon.
- Ninety-eight per cent of Syrian households, 87.2 per cent of migrants, 74 per cent of Lebanese and 62.2 per cent of Palestinian refugees reported using at least one harmful coping strategy to access food in 2022.
- There has been an increase in violent child discipline, with more than half of Syrian children between the ages of 1 and 14 years having experienced at least one form of violent discipline (58 per cent of children, compared to 56 per cent in 2021). Further, almost half of the parents resorted to either physical or psychological aggression, while severe violence was reported at 6.7 per cent, compared to 4 per cent in 2021.
- Child marriage increased among displaced Syrian girls in 2022. Twenty-two per cent of girls and young women aged 15-19 were married as compared to 20 percent in 2021.
- 24,140 Syrian children (6.8 per cent boys, 1.9 per cent girls) engaged in child labour in 2022, and higher numbers of street-connected children have been observed.

References:

UNICEF. (2021). *Nutrition Smart Survey 2021 in Lebanon*. UNICEF Lebanon

UNHCR, UNICEF, & WFP. (2021). *Lebanon - Preliminary Results of the Vulnerability Assessment of Syrian Refugees (VASyR) 2021*. United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), and World Food Programme (WFP).

UNHCR, UNICEF, & WFP. (2022). *The Vulnerability Assessment for Syrian Refugees in Lebanon (VASyR 2022): Multi-Sector Need Assessment 2022*. United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), and World Food Programme (WFP).

Despite the daunting challenges, the lifeline of international support that has sustained Lebanon's essential services is dwindling at an alarming rate. The International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA) have drastically reduced their commitment for 2024 to a mere USD 24 million from USD 5000 million in 2023.²⁶ Moreover, Official Development Assistance (ODA) in 2023 plummeted to an unprecedented low – the USD 168 million in ODA is a mere third of what was provided a decade ago.²⁷ The most recent Lebanon Flash Appeal 2024, covering October to December 2024, secured only USD 277.4 million—34.8 per cent short of the total requirement.²⁸

To surmount those multifaceted challenges, the Government of Lebanon must embrace integrated multi-sectoral accelerating services. Combined accelerators, interventions that yield multiple outcomes, can create more impactful and efficient support for children's well-being.

Strength in the Valleys: Building on Lebanon's Policies and Programmes

The Government of Lebanon can leverage existing strategies to improve children's well-being, such as the National Nutrition Strategy and Action Plan (2021-2026), the Five-Year General Education Plan (2021-2025), the National Mental Health Strategy (2023-2030), and the National Social Protection Strategy. These strategies are interconnected and address nutrition, education, mental health, and social protection.

The Social Welfare Pillar of the Social Protection Strategy aims to gradually consolidate social welfare service provision, improving the quality and access to services for the most vulnerable, and complement this with partnerships between service providers from the private and civil society sectors to ensure coherence.²⁹ One of the key initiatives is to restructure social development centres (SDCs) to become community centres, act

²⁶ See <https://www.worldbank.org/en/country/lebanon/overview#1> (Retrieved on 30 July 2024)

²⁷ See <https://tradingeconomics.com/lebanon/20-paris-club-claims-oda-wb-data.html> (Retrieved 30 July 2024)

²⁸ Financial Tracking Service, Lebanon Flash Appeal 2024. Retrieved on 16 December 2024 from <https://fts.unocha.org/plans/1210/summary>

²⁹ The Government of Lebanon. *The National Social Protection Strategy for Lebanon: Towards A Rights-Based, Shock-Responsive and Sustainable System*.



as the primary point of contact for beneficiaries, and enhance the provision and referral to services. While the most recent data is not available, 323 SDCs were listed, and 82 SDCs were affiliated with the Ministry of Social Affairs (MOSA).^{30 31}

The Social Assistance Pillar of the Social Protection Strategy aims to improve the targeting and delivery of social assistance transfers.

World Bank-supported Emergency Social Safety Net (ESSN) will scale up and enhance Lebanon's National Poverty Targeting Program (NPTP) and support increased access to quality social services provided by the SDCs of MOSA for 400,000 individuals from poor and vulnerable households.³²

³³ In addition to NPTP and ESSN, with support from UNICEF and donors, MOSA piloted unconditional child grant "Haddi" as additional

support to the most vulnerable households, with women and children receiving other services provided by UNICEF and its partners.³⁴

Failing the Peaks, Nurturing the Roots: The Cost of Inaction and the Case for Investment

The immediate and long-term impact of the setback on the well-being of children on the economy of Lebanon cannot be understated. Global evidence illustrates the immense economic burden caused by setbacks in child well-being. Stunting, for example, results in an annual global economic loss of USD 548 billion³⁵ and the fiscal costs (governments) born by the government will amount to USD 1.1 trillion for early dropouts and

³⁰ List of social development centres (based on data in 2017).

See <https://data.humdata.org/dataset/lebanon-social-development-centers-sdcs> (Retrieved on 30 July 2024)

³¹ List of social development centres affiliated with MOSA (2016) See <https://daleel-madani.org/civil-society-directory/ministry-social-affairs/resources/list-social-development-centers-affiliated-mosa> (Retrieved on 30 July 2024)

³² World Bank. (2021). *Emergency Social Safety Net Project (ESSN) Fact Sheet: Lebanon*. Retrieved from <https://thedocs.worldbank.org/en/doc/517791610478201970-0280022021/original/MENALebanonESSNFactSheetEnglish.pdf>

³³ The target of ESSN was expanded in 2023. World Bank. (2023, May 25). *US\$300 million to scale up support to poor and vulnerable Lebanese households and strengthen social safety net delivery*. Retrieved from <https://www.worldbank.org/en/news/press-release/2023/05/25/us-300-million-to-scale-up-support-to-poor-and-vulnerable-lebanese-households-and-strengthen-social-safety-net-delivery>

³⁴ UNICEF Innocenti – Global Office of Research and Foresight, & UNICEF Lebanon. (2024). *Impact evaluation of the 'Haddi' programme: An integrated child grant in Lebanon – Endline report*. Retrieved from <https://www.unicef.org/lebanon/reports/impact-evaluation-haddi-programme>

³⁵ Jain, S., Ahsan, S., Robb, Z., Crowley, B., & Walters, D. (2024). The cost of inaction: A global tool to inform nutrition policy and investment decisions on global nutrition targets. *Health Policy and Planning*, 39(8), 819–830. <https://doi.org/10.1093/heapol/czae056>

USD 3.3 trillion from children lacking basic skills.³⁶ Mental health problems among adolescents contribute to an estimated economic burden between 4 to 8 per cent of GDPs.³⁷

In contrast, addressing undernutrition, increasing immunisation, and reducing school dropouts can yield substantial economic gains. For example, investing in early childhood nutrition yields a significant economic return of USD 16 for every USD 1 spent.³⁸ Additionally, reducing the proportion of early school leavers or children without basic skills by just 10 per cent could boost annual GDP growth by 1 to 2 percentage points.³⁹

Addressing the significant economic costs associated with setbacks in child well-being is crucial for Lebanon. At the same time, investing in children offers immense returns, including improved productivity, enhanced economic growth, and reduced public expenditures. To maximise these gains, adopting efficient, integrated approaches that catalyse multiple development and child well-being outcomes is imperative.

Pathways to Resilience Through Integrated Accelerators for Child Well-being

Growing evidence from research by the Accelerate Hub, a research consortium based at the University of Oxford, has confirmed about accelerators or provisions that lead to progress across multiple Sustainable Development Goals.⁴⁰ Cash transfer serves as a key accelerator that is relevant across various life cycles. Other accelerators include food security, school meals, parenting, and safe schools.^{41 42 43} Cash transfers were associated with school progression, no emotional or physical abuse, as well as HIV care retention. School meals could improve health and diet quality, increase attendance and reduce

dropouts, reduce anaemia among girls, reduce gender gaps in education, and help people cope with poverty and vulnerability. Parenting support was associated with good mental health, no high-risk sex, no violence perpetration, no community violence, and no emotional or physical abuse. Safe schools were associated with good mental health, school progression, no violence perpetration, no community violence, and no emotional or physical abuse. Living in a safe community is positively associated with all mental health outcomes.



³⁶ UNESCO. (2024). *The Cost of Losing Education: Global Economic Impact and Societal Consequences*. Paris: United Nations Educational, Scientific and Cultural Organization.

³⁷ Arias D, Saxena S, Verguet S. (2022). Quantifying the global burden of mental disorders and their economic value. *EClinicalMedicine*. 28;54:101675

³⁸ UNICEF. (2015). *The Nutrition Advantage: Harnessing the Return on Investment in Nutrition*. Scaling Up Nutrition (SUN) Movement

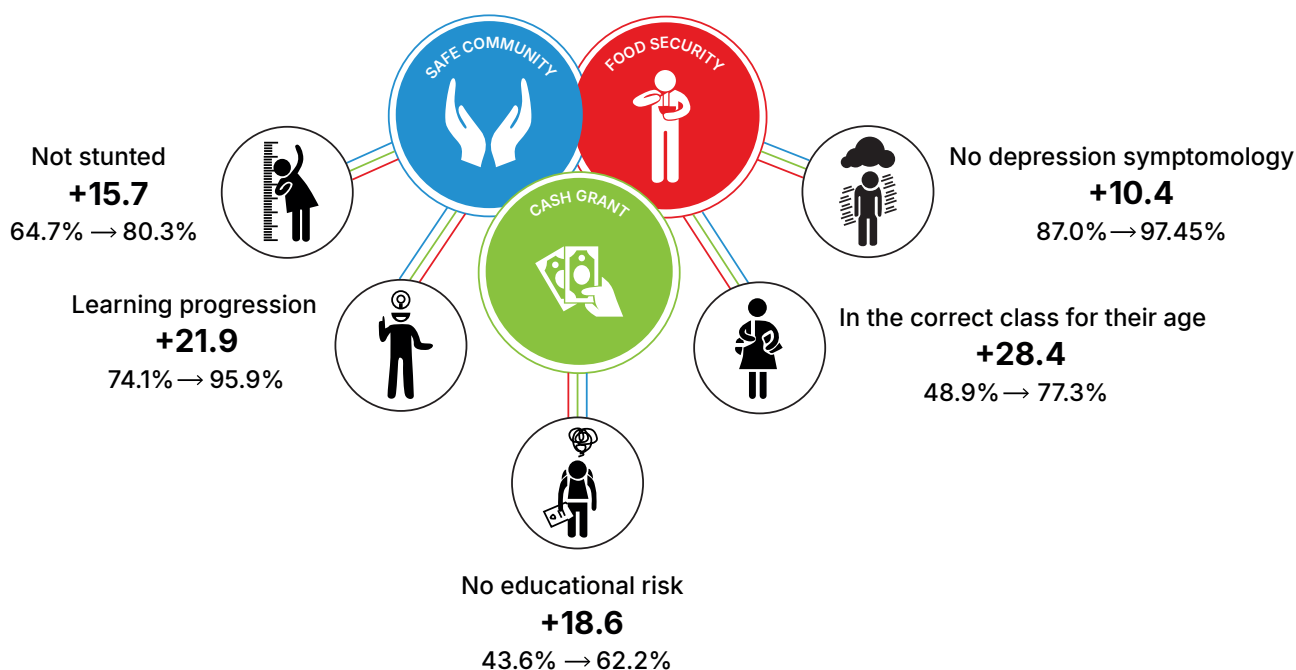
³⁹ UNESCO. (2024).

⁴⁰ Information about Accelerate Hub can be accessed here <https://www.acceleratehub.org/about-the-accelerate-hub/>

⁴¹ Cluver, L. D., Orkin, F. M., Campeau, L., Toska, E., Webb, D., Carlqvist, A., & Sherr, L. (2019). Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: A prospective cohort study. *The Lancet Child & Adolescent Health*, 3(4), 245–254.

⁴² Mebrahtu, H., Skeen, S., Rudgard, W. E., Du Toit, S., Haag, K., Roberts, K. J., Gordon, S. L., Orkin, M., Cluver, L., Tomlinson, M., & Sherr, L. (2022). Can a combination of interventions accelerate outcomes to deliver on the Sustainable Development Goals for young children? Evidence from a longitudinal study in South Africa and Malawi. *Child: care, health and development*, 48(3), 474–485.

⁴³ School Meals Coalition. (2024). *The School Meals Impact Accelerator: A partnership to tackle hunger, climate change, and the learning crisis*. <https://schoolmealscoalition.org/sites/default/files/2024-10/The%20School%20Meals%20Impact%20Accelerator.pdf>



Graphic 1: Mebrahtu, H., Skeen, S., Rudgard, W. E., Du Toit, S., Haag, K., Roberts, K. J., Gordon, S. L., Orkin, M., Cluver, L., Tomlinson, M., & Sherr, L. (2022).

Further, a combination of robust interventions can accelerate gains across multiple Sustainable Development Goals (SDGs) for children and adolescents.⁴⁴ Receipt of combined cash and good parenting, when compared to cash grant receipt alone, has positive effects on nutrition-related child outcomes (child-reported non-hunger, child non-stunting and parental report of sufficient food).⁴⁵ While individual interventions (cash grants, food security, and living in a safe community) yield positive results, experiencing a combination of two interventions or all three accelerators was associated with a higher probability of positive child outcomes with substantial improvements noted in child education outcomes (See graphic 1).⁴⁶

Evidence further suggests that integrating interventions can enhance efficiency and reduce costs. By financing integrated approaches, Lebanon can accelerate progress on child well-being outcomes aligned with the Sustainable Development Goals (SDGs), ensuring that resources are used effectively.⁴⁷

Drawing on proven evidence of accelerators, with support from humanitarian and development partners, the Government of Lebanon should aim to address hunger, reduce school dropouts and poverty, reduce violence, enhance mental health and well-being for children, adolescents, and caregivers, and strengthen community security. Building on existing programmes, priorities, and commitments, the proposed integrated accelerating services are:

1. Cash transfers (cash social assistance).

Cash transfers to vulnerable households in extreme poverty, with additional top-ups for school-age children (13–18 years), should go beyond the current objectives under NPTP/ESSN.

2. Social behaviour change and parenting sessions

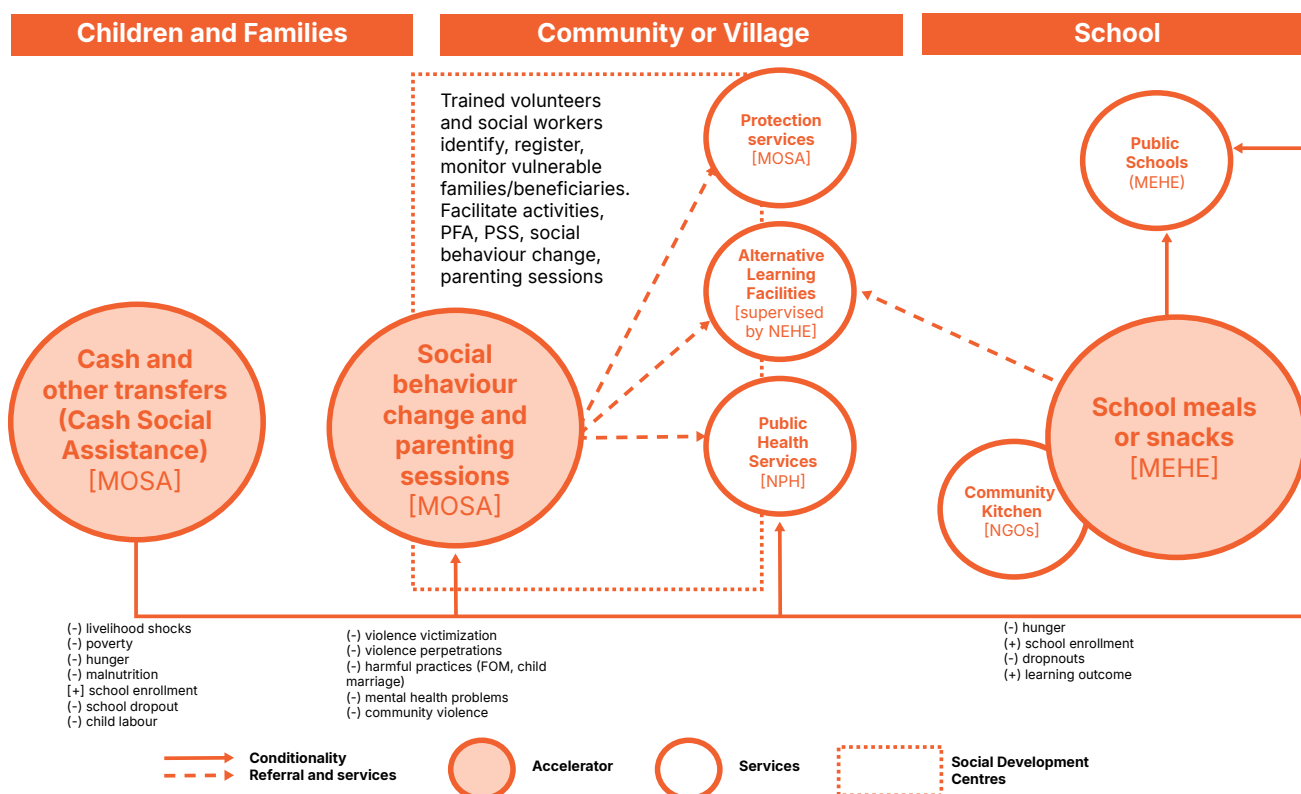
These programmes should be integral to cash transfers, delivered through Social Development Centres (SDCs) and made conditional for beneficiaries.

⁴⁴ Cluver, et al. (2019).

⁴⁵ Sherr, L., Roberts, K. J., Mebrahtu, H., Tomlinson, M., Skeen, S., & Cluver, L. D. (2020). The food of life: an evaluation of the impact of cash grant receipt and good parenting on child nutrition outcomes in South Africa and Malawi. *Global health promotion*, 27(4), 131–140.

⁴⁶ Mebrahtu, et al. (2022).

⁴⁷ Desmond, C., Watt, K., Rudgard, W. E., Sherr, L., & Cluver, L. (2024). Whole of government approaches to accelerate adolescent success: Efficiency and financing considerations. *Health Policy and Planning*, 39(2), 168–177



Graphic 2: Proposition for the Integrated Essential Package of Accelerating Services for Children and Adolescents in Lebanon

3. School meals and snacks

Providing nutritious school meals or snacks to children in public schools and alternative learning facilities aims to alleviate hunger and reduce dropouts, improve learning outcomes, and reduce child labour. In areas with community kitchens, school meals should be managed locally, involving community members and women-led small businesses.

To maximise the impact of these accelerators, the functions of SDCs should be expanded to serve as hubs for integrated services, linking various sectors for 1) identification, registration, and referral to health, education, and protection services; 2) provision of basic mental health and protection services; informal education services; and 3) maternal, neonatal, child health (MNCH) outreach services. By aligning these accelerators and expanding SDC functions, MOSA, MEHE, MPH, and non-governmental organisations can address setbacks in child well-being.

Uniting Paths for Enduring Recovery

The Government of Lebanon, donors, development partners, and humanitarian agencies must consolidate financial and technical resources to tackle these challenges effectively.

Recommendations to the Government of Lebanon

- 1. Expand cash social assistance** with immediate Action (3–6 months), such as expanding emergency Social Safety Net (ESSN) eligibility to include returnees, and long-term planning to improve registration processes and validate targeting for social assistance programmes.
- 2. Strengthen social worker capacity**
- 3. Rebuild and expand the Social Development Centres (SDCs).** The short-term (3–6 months) period includes prioritising and establishing SDCs in conflict-affected area. The government of Lebanon may want to deploy mobile outreach facilities. For the long term, the government should expand SDC functions to include coordination and referral of children to alternative learning programmes (managed by the Ministry of Education and Higher Education - MEHE) and community outreach services for maternal, newborn, and child health provided by the Ministry of Public Health (MPH)
- 4. Ensure inclusive services**
- 5. Improve monitoring and evaluation**

- 6. Strengthen coordination mechanism**
- 7. Innovate and embrace digital systems, including** integrating digital tools into social protection systems to improve identification, registration, data clearing, monitoring and evaluation and to strengthen the capacity of frontline service workers (counsellors, social workers, community facilitators)

Recommendations to Donors, Development Partners, and Humanitarian Agencies

- 1. Provide sufficient and continuous financial contributions** and consider the development of and provision of multi-year recovery plan funding to ensure the sustainability of services.
- 2. Prioritise funding for integrated accelerating services**, including cash transfers, parenting programmes, school meals, and the re-establishment and strengthening of SDCs.
- 3. Advocate for inclusive services.**
- 4. Facilitate the reestablishment of SDCs, support the capacity building of social workers and community volunteers, and coordinate service delivery through SDCs**
- 5. Promote meaningful community participation**, including the participation of children, women, persons with disabilities, and displaced populations.
- 6. Strengthen monitoring, evaluation and documentation of lessons learned** to improve future service delivery and outcomes.

