COVID-19
MULTI-SECTORAL NEEDS ASSESSMENT

Plan International Lebanon, April 2020

Content

Acronyms

AND	Akkar Network for Development
CP	Child Protection
CVA	Cash and voucher assistance
CWD	Children with disabilities
FSL	Food Security and Livelihoods
GBV	Gender-based violence
IPV	Intimate partner violence
ITS	Informal Tented Settlement
KII	Key informant interview
LOST	Lebanese Organisation for Studies and Training
MEHE	Ministry of Education and Higher Education
NFE	Non-Formal Education
NPTP	The National Poverty Targeting Programme
PIL	Plan International Lebanon
PSS	Psychosocial Support
RMF	Rene Moawad Foundation
SRHR	Sexual and Reproductive Health and Rights
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

Executive Summary

This multi-sectoral needs assessment was conducted by Plan International Lebanon in April 2020 to determine priority needs and risks emerging from the COVID-19 outbreak and affecting the most vulnerable children and communities, particularly adolescent girls and boys and their families. Data was collected from April 13 to 17 through remote surveys with a total of 620 caregivers and 498 adolescent girls and boys in several governorates including Baalbek-Hermel, North Lebanon, South Lebanon, Akkar and Nabatieh. The surveyed population is equally divided between female and male respondents and between Syrian and Lebanese populations in each of the governorates in order to gain evidence on the unique risks to each group. Key informant interviews were also conducted with 10 heads of municipalities and Shaweeshs from the different areas to obtain qualitative information related to the scope and sectors of the assessment.

The report presents insightful findings on the effects of the COVID-19 outbreak, highlighting data collected on COVID-19 knowledge, health, WASH, protection, education, food security and livelihoods, shelter, movement and digital access. It shows how the pandemic has severely impacted both vulnerable Lebanese and Syrian refugees at a time when the country is experiencing its worst economic crisis in years. The outbreak is also compounding gender inequalities, with alarming effects on adolescent girls who are often struggling with “invisible” consequences on their lives. Finally, the report provides recommendations for various actors to take into account when planning or implementing a response to ensure that the needs of the most affected groups, including adolescent girls, are met. The main findings are summarized below.

COVID-19 Knowledge

Both Lebanese and Syrian adolescents and caregivers lack knowledge about COVID-19 symptoms and prevention measures. There is a critical need to boost information sharing and awareness raising on the correct methods of prevention of COVID-19 as well as how to identify symptoms amongst all populations and age groups.

Health

Access to health facilities has also been limited due to fears of virus transmission as reported by 75% of the overall caregiver respondents. Women and girls are affected to a greater extent as they experience limited access to sexual and reproductive health services, particularly for pregnant women. They also struggle to secure menstrual pads due to challenges in physical access or to financial constraints.

WASH

Lebanese and Syrian households lack essential hygiene and disinfection materials and supplies, which not only puts them at risk of contamination, but also significantly affects their access to services. About 50% of adolescents and 75% of caregivers do not have facial masks, while 44% of adolescents and 65% of caregivers do not have hand sanitizers.

Protection and Psychosocial Needs

There are significant protection and psychosocial needs at the household level, amongst both populations. The primary source of stress reported by caregivers is the lack of food. Domestic violence, harassment and discrimination, physical abuse, sexual exploitation and abuse were the main risks reported by adolescents and caregivers who were aware of protection risks in their community. That said, the report shows a low level of awareness among girls and women of available mechanisms in place to report violence or abuse. The role of adolescents at home has changed during the lockdown, with girls doing more household chores than boys since the start of the outbreak.

Education

The report reveals a clear drop in attendance in education among adolescents. Although schools and most NFE centres have been closed since 29 February, more than half of surveyed adolescents report not attending any distance learning classes. with a significant difference between Lebanese and Syrian adolescents. Almost half of the surveyed adolescent girls and boys do not have any learning materials at home. Older adolescents express a clear interest in distance vocational training.

Food Security and Livelihoods

Despite good physical access to functioning markets, a total of 63% of caregivers indicated not having enough food to last for the next 2 weeks. Weaker household economics combined with lower own production makes Syrian households more reliant on food aid and negative coping mechanisms notably using credit, borrowing and reducing food consumption. However, just over half of the Syrian households report receiving food aid through WFP. Both Syrian and Lebanese households have experienced severe loss in household income since the lockdown. This makes vulnerable and at-risk households even more reliant on assistance to deal with the new context.

Shelter

For shelter, Syrian households are in a more vulnerable situation compared to the Lebanese households. This is the result of a combination of factors: Syrian households are mostly living in rented accommodation, have debt, no savings, and as indicated by themselves, will be at risk of eviction if the situation continues. If these households are not able to pay their rent, and have no social security networks for financial support, a very likely scenario will be eviction.

Movement and Digital Access

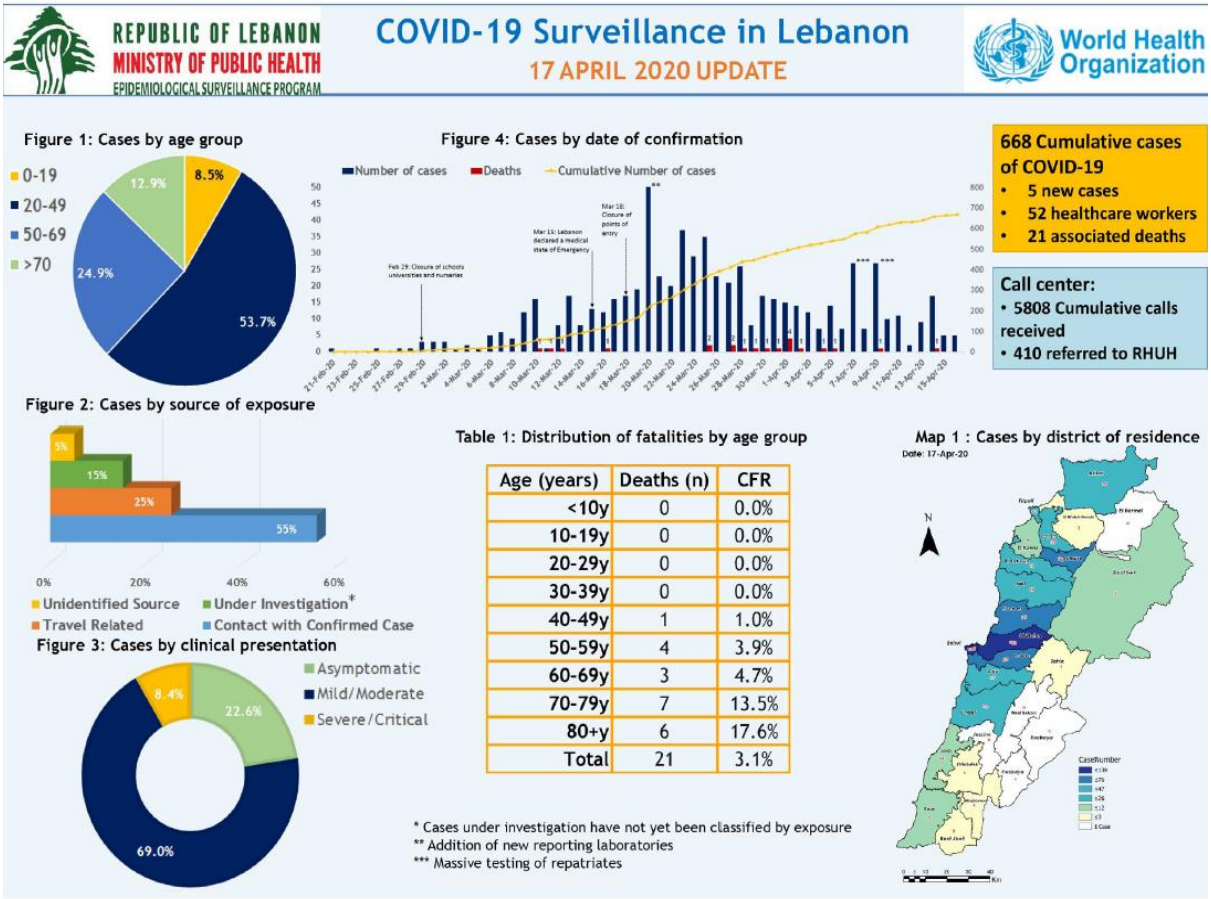
There is a lack of consistency in the understanding of and application of the lockdown and movement restrictions among Syrians living in ITSs. As for digital access, 95% of adolescents have access to a mobile phone, the majority through their caregiver with phone calls and WhatsApp being the most preferred channels for communication. 85% of caregivers said their daughters have equal digital access to their sons.

Background

Situation Overview

The first case of COVID-19 was declared in Lebanon on 21 February 2020. As of 17 April, the number of people infected with the virus declared by the Ministry of Public Health (MoPH) has reached a total of 668 confirmed cumulative cases, including 21 associated deaths. While schools and universities had been closed since 29 February, the government announced a state of medical emergency on 15 March, and Lebanon went under full lockdown on 18 March, shutting down its land borders, airport and seaports to stop the further spread of the coronavirus. Strict measures were then announced, instructing enforcement by security forces, and implementing a daily country-wide curfew.

Distribution of COVID-19 cases as reported by the Epidemiological Surveillance Unit at the MOPH dashboard at 4pm



Age (years)	Deaths (n)	CFR
<10y	0	0.0%
10-19y	0	0.0%
20-29y	0	0.0%
30-39y	0	0.0%
40-49y	1	1.0%
50-59y	4	3.9%
60-69y	3	4.7%
70-79y	7	13.5%
80+y	6	17.6%
Total	21	3.1%

The outbreak significantly impacts Lebanon at a time when the country is already facing a severe economic and socio-political crisis, with country-wide mass protests starting in October 2019. The economic crisis has limited the access to livelihoods opportunities and basic services for both Lebanese and refugee populations, exacerbated pre-existing vulnerabilities, and increased tensions amongst communities[1].

Lebanon hosts the largest number of refugees per capita in the world. This includes close to one million Syrian refugees registered with the UNHCR, of which 55% are children, in addition to an estimated 34,000 Palestinian refugees from Syria who join a pre-existing population of more than 180,000 Palestinian refugees[2].

Based on reports and assessments by Plan International and other actors in 2018 and 2019, the subsequent crises in Lebanon have undermined vulnerable families' ability to care for and protect their children, leading some to resort to negative coping strategies. This includes restricting children's access to education, pushing primarily girls into child marriage, and resorting to child labour and begging. Additionally, children, in particular girls, continue to experience violence, abuse and exploitation including Gender-Based Violence (GBV) and other forms of Child Protection (CP) concerns. Boys and girls in their adolescence form a particularly vulnerable group, as they often fall between cracks of humanitarian services. Adolescent girls face a double vulnerability due to the gendered discrimination and inequalities. Refugees have also been identified as particularly at risk due to their legal and social status, as well as persons with disabilities and other marginalized groups.

Plan International Lebanon's Response

In the immediate onset of the crisis, PIL adapted its programmes to ensure the continuation of critical services for children and their families despite severe limitations in access. Local and national partners were supported to introduce remote implementation modalities, including for CP case management, awareness raising sessions, psychosocial support for adolescents and positive parenting activities for caregivers. Additional life-saving activities have also been introduced to strengthen the capacity of households affected by the COVID-19 outbreak to cope with the crisis, including the distribution of food parcels and hygiene kits.

[1] Lebanon Crisis Response Plan, Situation Update, February 2020

[2] Lebanon Crisis Response Plan 2019

Methodology

Scope of the Needs Assessment

Plan International's multi-sectoral needs assessment is designed to determine priority needs and risks as a result of the Covid-19 outbreak in Lebanon, and to guide current and future programming that serve the most vulnerable children and communities in Lebanon affected by the outbreak, particularly adolescent girls and boys and their families. Specifically, the assessment looks at the impact of the coronavirus across sectors, and covers the following governorates where Plan International currently implements programmes: Akkar, North Lebanon, Nabatieh, South Lebanon, and Baalbek-Hermel.

The objectives of the needs assessment are:

- To assess the impact of the COVID-19 outbreak on the most vulnerable communities in Lebanon, especially on adolescent girls and boys and their families, identifying the main risks and related needs.
- To inform the priorities for the response to COVID-19, both on a geographical and programmatic level.
- To create an evidence-base for advocacy with service providers, coordination networks, donors and other stakeholders.

Data Collection Methods

Primary Data Collection allows an understanding of the most pressing issues, concerns, and needs, as well as integrating the perception of affected communities in the prioritization of humanitarian interventions. Given the time, access, and logistical constraints as a result of the outbreak, the primary data was collected remotely, through phone calls, from 13 April 2020 until 17 April 2020. To extract relevant findings from the assessment, the methodology relied on both quantitative and qualitative data obtained through two different methods, allowing to assess the needs and priorities as perceived by different groups of the affected populations, including disaggregation of sex, age, and nationality.

Surveys with Adolescents and Caregivers

A total of 620 female and male caregivers and 498 adolescent girls and boys, equally divided between Syrian and Lebanese populations, were surveyed. Survey beneficiaries were identified by PIL's local partners RMF, LOST, AND, Himaya and Amel Association. Facilitators from partner organisations were trained by PIL and assigned to conduct the data collection.

To administer the surveys efficiently, a mobile data collection app (KoBoToolbox) was used through which the answers of the survey participants were tapped into a mobile phone by the enumerator and uploaded to a server on a daily basis. This allowed PIL to track progress and check the quality of surveys as they are submitted in real-time. The digital survey form was administered both online and offline and was available in two languages: English and Arabic.

Key Informant Interviews (KIIs) with Key Community Members

The Needs Assessment was informed by 10 key informant interviews (KIIs) which mainly consisted of open-ended questions that provide in-depth information about the scope of the assessment. KIIs were conducted by PIL staff with selected informed individuals, including 5 Lebanese municipality heads and representatives and 5 Syrian Shaweeshs[3].

KIIs were conducted via phone in a confidential manner and were tape-recorded with prior consent from the respondents. In situations where the respondents did not wish to be recorded, the interviewers ensured that detailed notes of the responses were taken.

Sampling Method

For the purpose of assessing the current needs, four independent sets of samples were prepared. The sampling size was determined by the geographical reach of each partner organisation, considering the desired precision of 5% with an error risk parameter of 1.96, that is 95% confidence level. Accordingly, the sample size was set at 385. However, considering the limited number of enumerators available and the time constraints, the sample size was set at 248 surveyed participants per partner, including 124 adolescents and 124 caregivers. That said, in one of the targeted areas in Baalbek-Hermel governorate, challenges were faced in identifying a sufficient number of respondent adolescents and enumerators for the adolescents' sample to be significant. It was therefore decided to only survey caregivers in that area. Caregivers and adolescents were sampled from different households to allow for a wider coverage of households in the assessment.

In order to gather meaningful evidence on how the outbreak affects each population, the sample was not representative of the demographics in targeted governorates and was rather equally divided between Lebanese (50%) and Syrian refugee (50%) participants. To ensure gender parity and analyse the gendered impact of the outbreak, the sample under each nationality was also equally divided between male (50%) and female (50%) respondents. This division aimed at obtaining results that allow the project to assess the impact of the outbreak on different populations based on their sex, age and nationality.

Simple random sampling was adopted, and respondents were selected from complete and up-to-date lists of beneficiaries and residents in each geographical area using the number generator function of a computer. In order to ensure the sex, age groups and nationalities representativeness, each partner compiled different lists of Syrian and Lebanese adolescent girls and boys and caregivers.

[3] A Shaweesh is often a member of the Syrian refugee population who is well-connected to the community and acts as a mediator with landowners, local authorities or service providers.

Ethical Considerations

All enumerators are either PIL staff or staff members of organisations that have a partnership with PIL and have signed Plan International's Safeguarding Children and Young People, and Gender Equality and Inclusion global policies, in addition to the relevant Code of Conduct. Prior to collecting data, all enumerators were trained remotely by Plan International Lebanon's M&E, CP and GBV focal points on remote data collection, ethical considerations, child safeguarding, gender, and CP and GBV safe identification and referrals.

Verbal Informed Consent

Prior to obtaining their consent, surveyed individuals were informed by enumerators of the confidential and voluntary aspect of their participation, briefed on the objective of the assessment and the use of information collected, and given the opportunity to ask questions or share their thoughts on issues that were not discussed during the interview.

Respondents were only interviewed after they verbally provided their voluntary and informed consent to participate in the assessment. In the case of surveys conducted with adolescents, a passive verbal informed consent from their caregivers was also required. The tools were adapted to be age- and gender- appropriate; different questionnaires were developed for adolescents and caregivers, and several questions captured the differential impacts of the COVID-19 outbreak on girls, women, boys and men and examined the gendered experiences of this crisis.

Confidentiality and Anonymity

PIL is committed to ensuring the confidentiality and anonymity of participants at all times. Participant names were not included in the surveys nor the final report. There was no coding on the surveys so that identification is not possible by individuals from Plan International or partners.

Findings

Demographics and Household characteristics

Out of 1,118 surveys, 498 targeted Syrian and Lebanese adolescent girls and boys (10-17 years); 56% of respondents were aged between 10 and 13 years old and 44% aged between 14 and 17. The surveys also targeted 620 Syrian and Lebanese female and male caregivers; sex and nationality were equally divided for both target groups. The respondents reside in vulnerable communities located in different governorates in Lebanon which are Akkar, Baalbek-Hermel, Nabatieh, the North and the South, represented in the following tables:

Adolescents

Governorate	District	Lebanese			Syrian			Grand Total/Governorate
		Male	Female	Total	Male	Female	Total	
Akkar	Akkar	27	31	58	35	30	65	**123**
Baalbek-Hermel	Baalbek	23	31	54	21	31	52	**124**
	Hermel	8	0	8	9	1	10	
Nabatieh	Hasbaya	15	7	22	8	1	9	**55**
	Marjaayoun	2	10	12	6	6	12	
South Lebanon	Tyr	13	15	28	19	24	43	**71**
North Lebanon	Minieh - Dannieyh	6	8	14	22	15	37	**125**
	Tripoli	27	20	47	8	19	27	
Grand Total		**121**	**122**	**243**	**128**	**127**	**255**	**498**

Caregivers

Governorate	District	Lebanese			Syrian			Grand Total/Governorate
		Male	Female	Total	Male	Female	Total	
Akkar	Akkar	31	31	62	31	31	62	**124**
Baalbek-Hermel	Baalbek	26	25	51	29	31	60	**246**
	Hermel	36	32	68	33	34	67	
Nabatieh	Hasbaya	10	10	20	3	1	4	**35**
	Marjaayoun	1	4	5	3	3	6	
South Lebanon	Tyr	19	20	39	26	25	51	**90**
North Lebanon	Minieh - Dannieyh	32	13	45	23	23	46	**125**
	Tripoli	0	20	20	8	6	14	
Grand Total		**155**	**155**	**310**	**156**	**154**	**310**	**620**

It was found that the total sample of 620 caregivers live in households that consist of a total of 3,349 members, with an average household size of 5.4 members. 96% of adolescents of both nationalities live with their parents, while 4% live with their grand-parents, siblings or other family members.

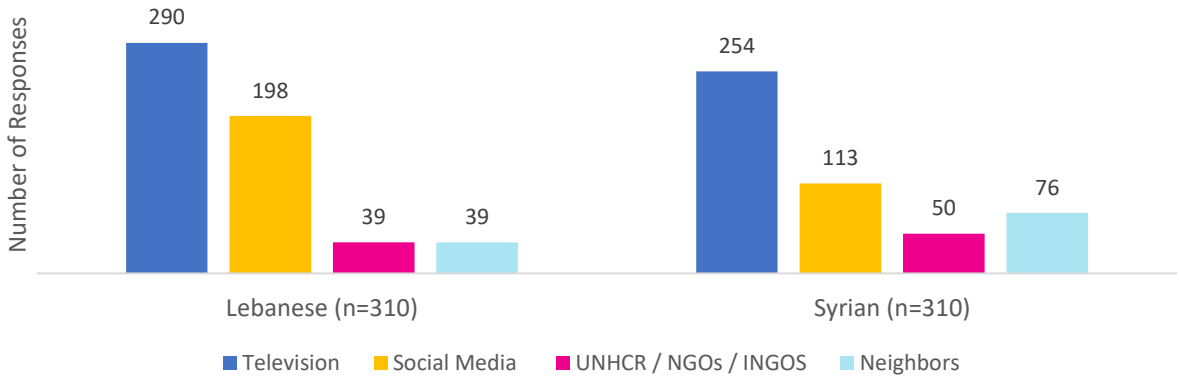
Overall, 10% of respondents reported having a disability, with the rate being much higher among male adolescents than female adolescents. Among caregivers, 2% more men than women reported having a disability, with no marked differences between Lebanese and Syrian

populations. Seven (7) out of 10 community leaders responding to the KIIs were able to identify some people with disability within their communities, how they're impacted by COVID-19 and what some of their urgent needs are. Almost all of the 7 KII respondents highlighted that food, medical and health services are the most critical needs for people living with disability, and half acknowledged that there was already vulnerability and reduced access before COVID-19, which has now been compounded. One respondent says "I believe that they [people with disability] are impacted by the financial situation since most of them are not working already and the people that usually support them financially are probably going through rough financial times".

COVID-19 Knowledge

Both Lebanese and Syrian adolescents and caregivers lack knowledge about COVID-19 symptoms and prevention measures. There is a critical need to boost information sharing and awareness raising on the correct methods of prevention of COVID-19 as well as how to identify symptoms amongst all populations and age groups. Syrians are most in need of information. Caregivers and adolescents respondents across both nationalities receive their COVID-19 information mainly through television (88% and 79% respectively) then through social media such as WhatsApp, Facebook, and Skype (50% caregivers and 34% adolescents); 14% and 8% of caregivers and adolescents respectively get their information through NGO, INGOs and UN agencies and 2% of caregivers and 13% of the adolescents reported others (municipalities for caregivers and family, relatives and schools for adolescents). Knowing the intensification of efforts national and international organisations and UN agencies on awareness raising on COVID-19, Lebanese and Syrians in Lebanon have received COVID-19-related information through digital sharing on social media more than in printed information, hence, these digital means are mentioned as their source of information.

Figure 1: COVID-19 Sources of Information



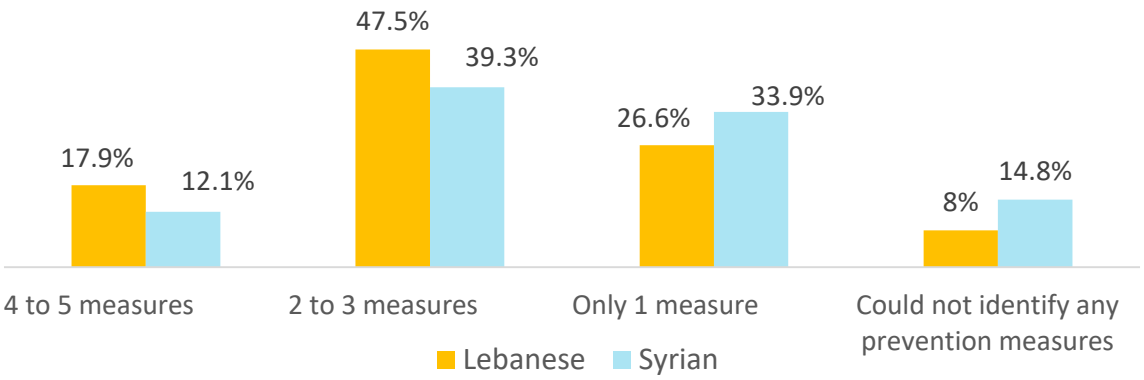
96% of the caregivers and 93% of adolescents know what is Coronavirus, where 51% of them are Lebanese and 49% Syrians in both target groups.

In regards to the symptoms associated with COVID-19, most adolescents can identify 2-3 symptoms of the virus. 17% of Syrian adolescents could not identify any symptoms and 22% of them didn't know how the virus can be transmitted. There is no significant difference between boys' and girls' knowledge of COVID-19 transmission. Only 6% of caregiver

respondents don't know how COVID-19 can be spread. Of the remainder, responses were evenly split across those who know that COVID-19 spreads by breathing in droplets and the other by touching.

52% of Lebanese adolescents and 47% of Syrians can identify 2-3 prevention measures against COVID-19, however an alarming 30% of Lebanese and 40% of Syrian adolescents could only identify 1 prevention measure, most commonly washing hands with water and soap or maintaining a distance from people. With some exceptions across governorates, boys seem to be able to identify more prevention measures than girls. Among caregivers, in order of most popular responses, frequently washing hands (79%), maintaining distance (68%) and covering your cough (37%) were well understood as COVID-19 prevention measures. With significantly less responses were to ensure you and others around you respect good hygiene (32%) and avoid touching eyes, nose, and mouth (27%). 3% of female caregivers were not able to select any prevention measures compared to 8% of males.

Figure 2: Number of prevention measures against COVID-19 identified by adolescents*



Percentages indicated are out of total **responses per nationality and not total respondents.*

Health Needs

The predominant needs in health in the assessment are for menstrual pads and access to health and SRH services for vulnerable households. 35% of adolescent girls (69% Syrian, 31% Lebanese) report not having physical access to local shops within walking distance to buy menstrual pads, particularly in Akkar, and 66% (55% Syrian, 45% Lebanese) do not have the financial means of securing these items, recording its highest levels in Akkar as well. In both cases, Syrian girls have less access and means than Lebanese girls. 74% of female caregivers do have access to a physical shop to buy pads, but only 47% (36% Syrian, 64% Lebanese) can afford to do so. There is a notable impact here on women and girls who are of menstrual age.

Figure 3: Physical Access of women and Girls to get menstrual pads

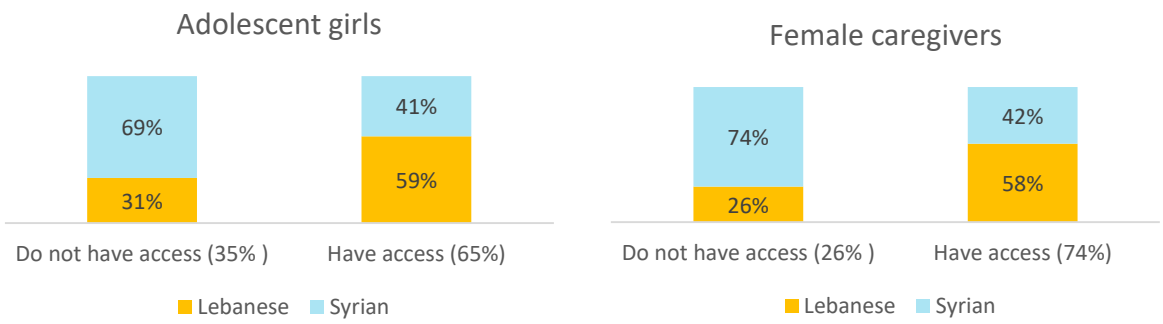
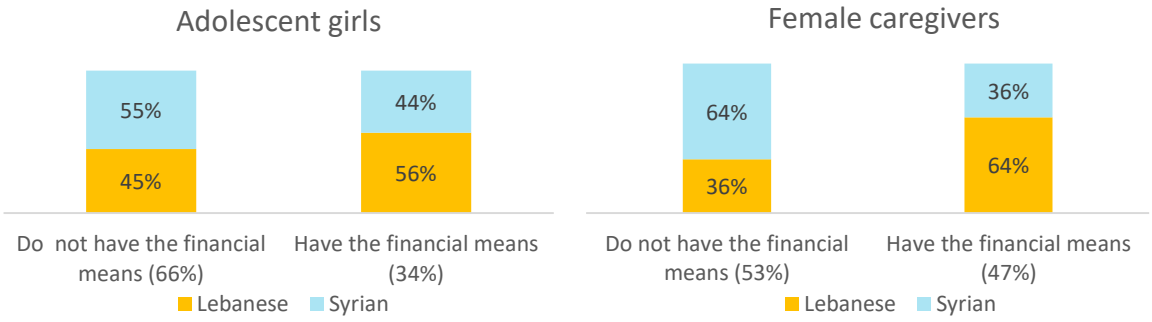


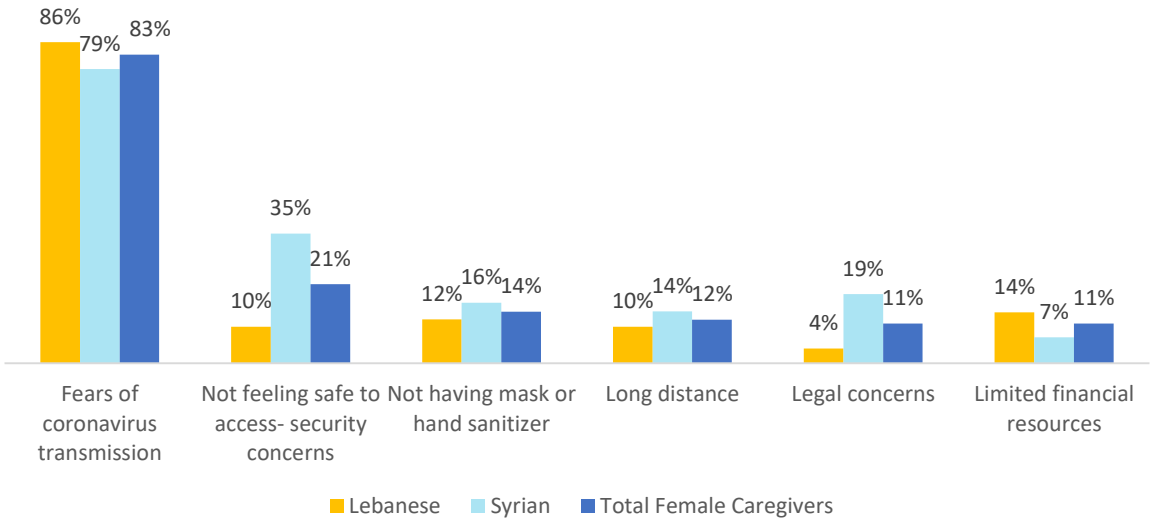
Figure 4: Financial ability of women and Girls to get menstrual pads



Nearly 60% of caregivers (48% Syrian, 52% Lebanese) do not feel comfortable going to a health facility during the time of COVID-19. For men and women, the biggest barrier to accessing health services is fear of transmission of Coronavirus at 75%, with the highest percentage in Akkar, followed by not feeling safe to access due to security concerns at 16%. Also reported but with significantly less responses not having a mask or hand sanitiser available at 12%, the long distance (12%) and limited financial resources (11%).

61% of female caregivers (189 women, 45% Syrian, 55% Lebanese) reported being able to access sexual and reproductive health facilities if needed, with the highest access in South Lebanon and Nabatieh and the lowest in Baalbek-Hermel. However, half of them (94 women, 46% Syrian, 54% Lebanese) don't feel comfortable visiting those facilities. 83% of those women report that fear of COVID-19 transmission is a barrier to them accessing SRH services, particularly in Akkar, followed by 21% who don't feel safe to access them because of security concerns, with the highest percentage in Baalbek-Hermel and Akkar equally and 14% who don't have a mask or hand sanitiser as their main barrier. That's a high percentage of women who fear accessing SRH services and have increased vulnerabilities around SRHR and protection, an experience shared by both Syrian and Lebanese females. In particular, Syrian women reported the highest number of barriers to accessing SRH services.

Figure 5: Barriers of female caregivers to access SRH services



35% of female caregivers (49% Syrian, 51% Lebanese) reported that pregnant women have no access to antenatal care, and 56% (69% Syrian, 31% Lebanese) reported that pregnant women have no access to vitamins, with Syrian women having slightly less access, in particular in Baalbek-Hermel. Such a gap may have serious effects on pregnant women, leading to an increased risk of pregnancy complications.

WASH Needs

As in any public health crisis, WASH is one of the main pillars of response. Despite the intensification of efforts from WASH actors over the past month, particularly in terms of hygiene promotion and infection prevention and control, the need for WASH materials among both Syrian and Lebanese households remains very high. 90% of respondents did not receive any WASH or hygiene aid in the last month in relation to COVID-19, equally split among governorates. 2 KII respondents in ITS noted wash needs a priority, focusing on access to water and fixing sewers, with one respondent saying "I urge you to do something about the water situation if you are able to". However, this was not the priority for the majority of KII respondents. Lack of access to hygiene materials and proper information about COVID-19 symptoms and prevention measures is compounding the access to SRH and other health services during the time of COVID-19, with women and girls being particularly at risk.

In households, the highest need is for hygiene and disinfection supplies. 52% of adolescents don’t have masks, particularly in Akkar, with more boys than girls having masks. 44% of adolescents report not having hand sanitiser. 75% of caregivers don’t have masks, with the highest rate in Akkar again and 65% don’t have hand sanitisers. This could be due to caregivers prioritising their children's’ health over theirs, and could also indicate a higher probability that adolescents might be leaving their homes more than older people which justifies their need for more masks. These all contribute to continued fear of contracting COVID-19, and the majority of KIIs show that at the start of the outbreak, the priority for distributions were masks and sanitisers. 46% of households (71% Syrian, 29% Lebanese)

don’t have hygiene and disinfection supplies in the household - although 94% of the total households do have access to domestic water; this needs assessment, however, does not capture the source and the quality of water. 81% of households have soap for handwashing and laundry (this is almost even across both Lebanese and Syrian households), and 81% of those who don’t have soap are Syrian.

Figure 6: Possession of Facial Masks

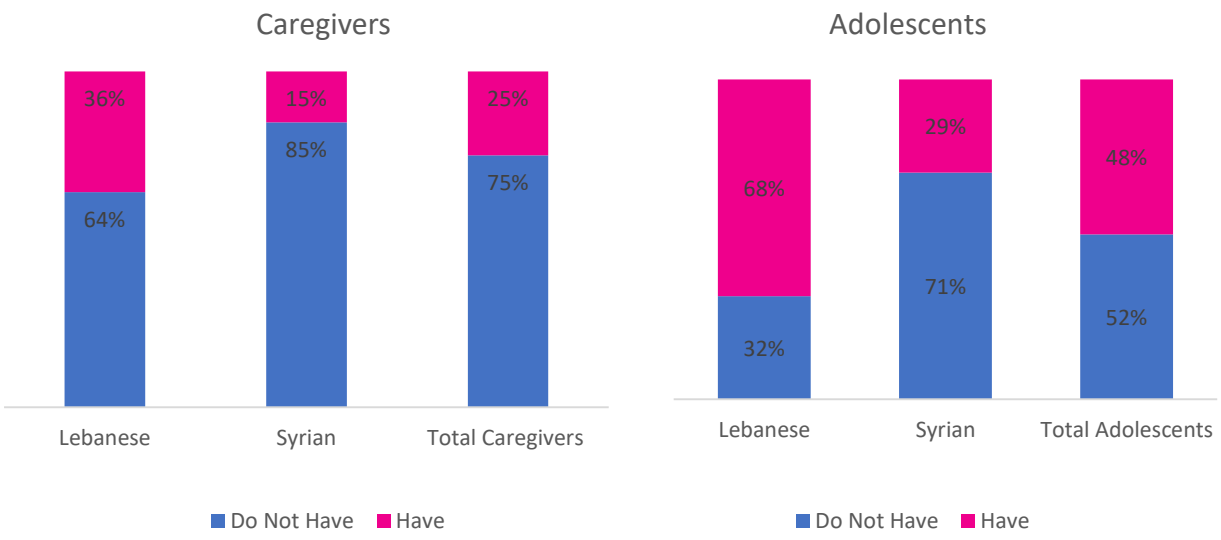
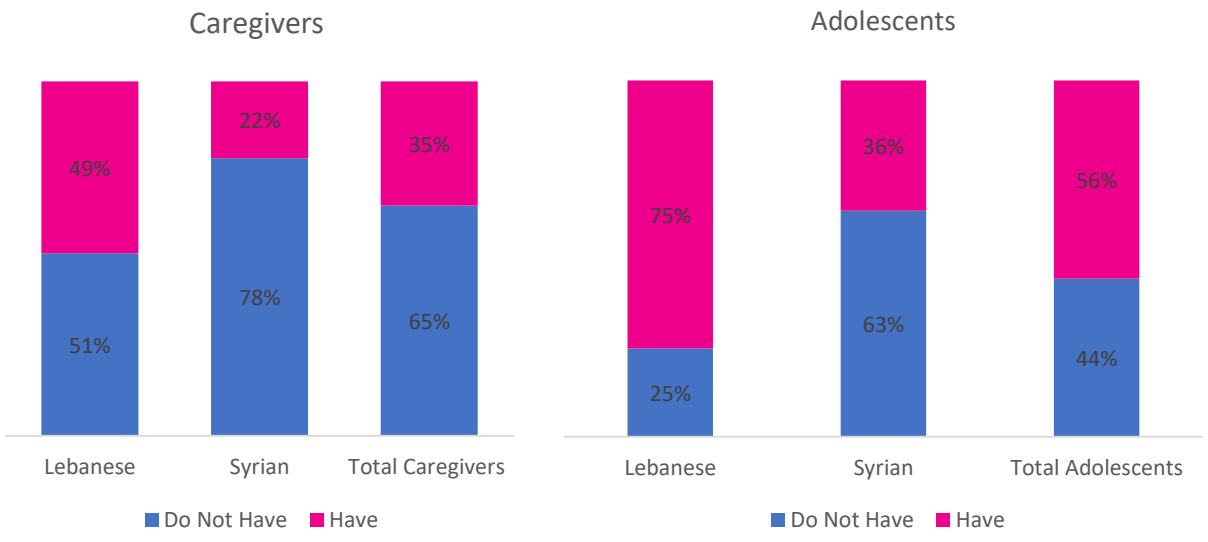


Figure 7: Possession of Hand Sanitizers



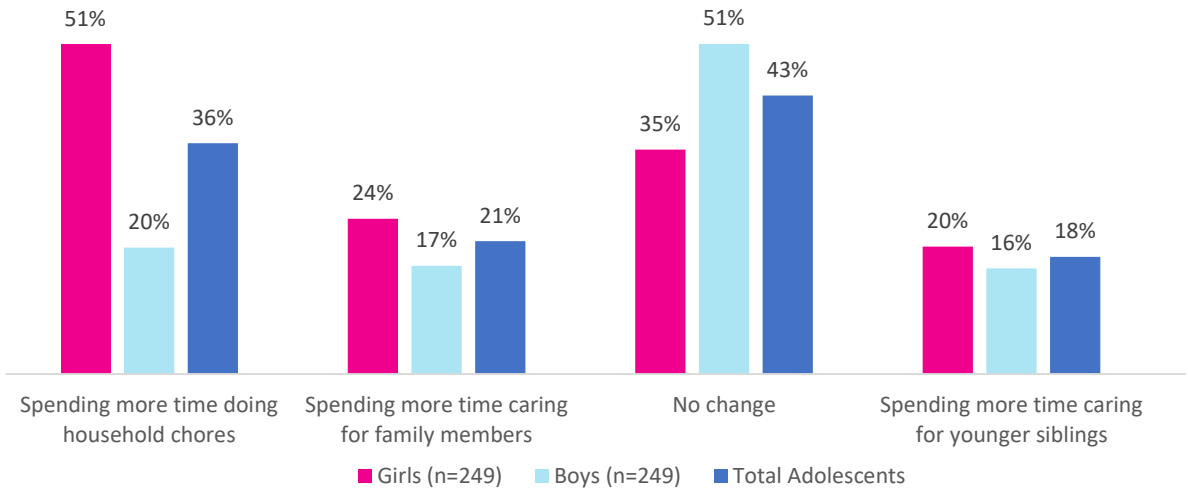
Protection and Psychosocial Needs

There are significant and clear protection and psychosocial support gaps in the household during this time of COVID-19 amongst both Lebanese and Syrian populations - for both caregivers and adolescents alike, but with a focus on adolescent PSS and protection needs of women and girls. There is a huge need to raise awareness of the particular protection risks that women and girls face, and how lockdown and COVID-19 will further exacerbate those risks.

Approximately 60% of caregivers report that their boys' and girls' roles in the household have changed – they spend more time doing household chores and more time caring for family members (including younger siblings). There is no significant difference between Lebanese and Syrians.

51% of caregivers (39% females, 61% males) report no change in their children's role while 43% of adolescents (41% girls, 59% boys) have reported no change in their role in the household since COVID-19. Caregivers may presume that the increased responsibilities in the home do not represent a change in their child's role, especially girls, whereas adolescents may perceive it differently. Both Syrian and Lebanese girls (51%) are doing more household chores than boys (20%) since the outbreak.

Figure 8: Changes in the roles of boys and girls in the households reported by the adolescents



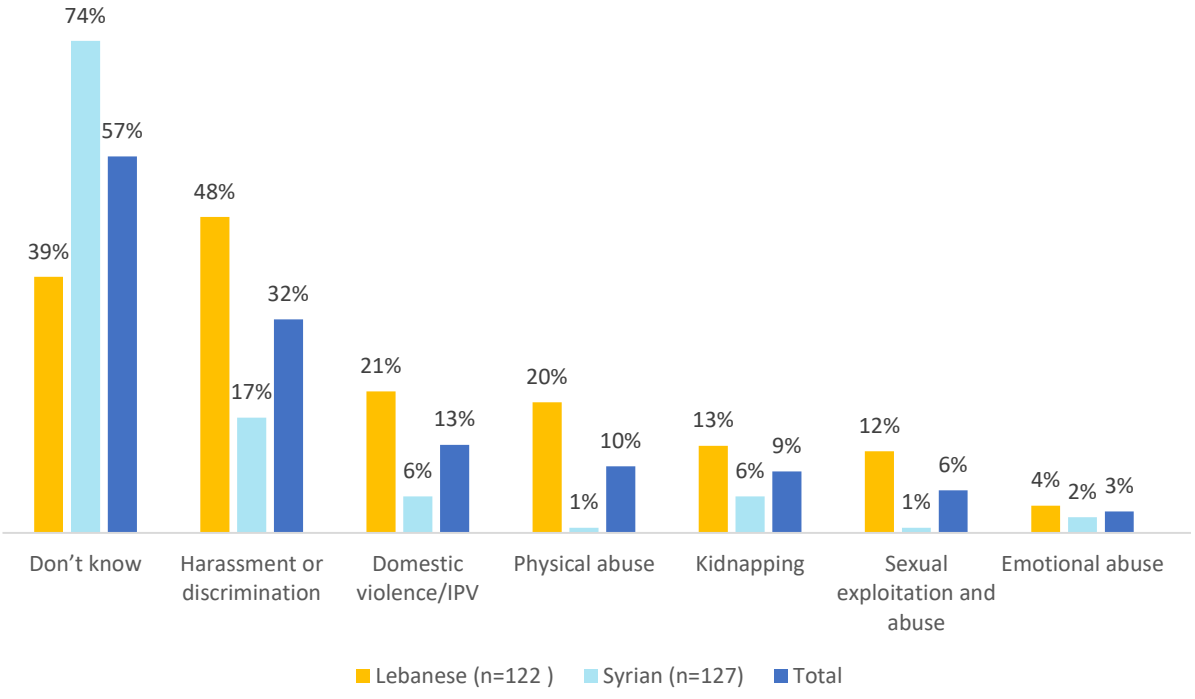
57% of caregivers (split evenly across male and female) and 65% of adolescents (53% girls, 47% boys) did not know about any protection issues that had increased or occurred in their community in the last month. This high proportion of responses can be explained in various ways - lack of awareness of what constitutes a protection risk or issue, respondents didn't feel comfortable reporting or sharing their views, and/or the question was not well presented or was unclear. 14% of caregiver respondents to this question reported 'other' protection issues not listed, with the majority of respondents being male; 24% of those respondents reported robbery being one of the issues that increased in the last month.

Of adolescents that were aware of protection issues (with Lebanese being more aware than Syrian), the highest concerns with a combined 78% of responses were kidnapping, harassment, and domestic violence/IPV.

Among female and male caregivers that were aware of protection issues, the most reported protection risks (in order of most response and highest prevalence) are domestic violence and IPV (32%, with the majority of respondents being female), physical abuse (16%), kidnapping (14%), emotional abuse (14%), harassment or discrimination (12%) and sexual exploitation and abuse (5%).

57% of adolescent girls (67% Syrian, 33% Lebanese) could not list any particular protection risks that women and girls face. 32% report harassment and discrimination, 13% domestic violence and IPV as particular risks, 10% physical abuse, 9% kidnapping and 6% sexual exploitation and abuse. And 34% of female caregivers, equally split among Syrians and Lebanese, could not list any particular protection risk that women and girls face. 37% report domestic violence and IPV as particular risks, 20% report harassment and discrimination, 19% physical abuse and 11% sexual exploitation and abuse. There is a huge need for raising awareness about protection, the impact on women and girls, and how lockdown will exacerbate these protection risks further.

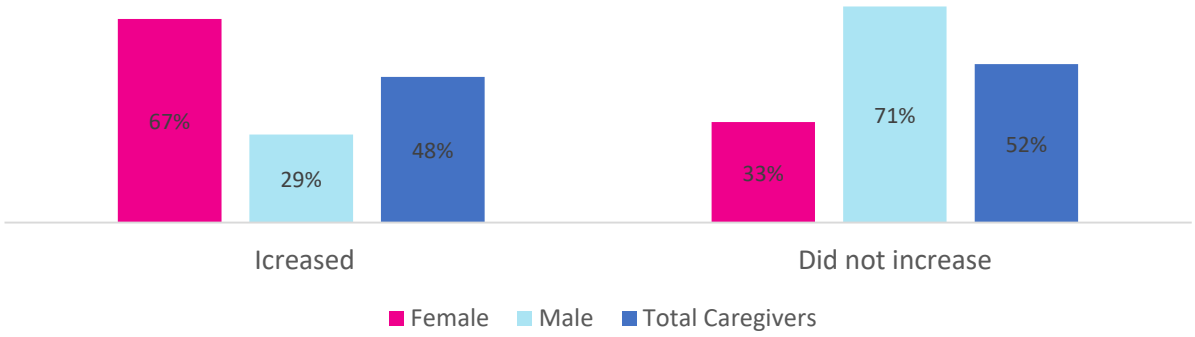
Figure 9: Protection risks faced by women and girls reported by adolescent girls



48% of caregiver respondents said the level of violence against boys and girls has increased since lockdown, of which, females had twice the number of responses as males. Of those who reported no increase in the level of violence, men had the highest number of responses. 66% of female caregivers, evenly split between Syrians and Lebanese, acknowledged that the level

of violence against girls and women increased since the lockdown. There is a need, in particular among the male Lebanese and Syrian populations, to explain what constitutes child protection.

Figure 10: Perception of violence against boys and girls during lockdown reported by caregivers



Only 52% of caregiver respondents (49% Syrian, 51% Lebanese) were aware of mechanisms in place to report violence or abuse, with no notable gendered difference while it is only 44% for adolescents (53% girls, 47% boys). There is a high need to increase information about what to report and how, and should target the whole population - Lebanese, Syrian, male, and female of all ages.

Aggressive behavior is the negative behavior in children most noted by caregivers since lockdown, very closely followed by an increase in excessive crying and/or screaming. Sadness is the third highest reported negative behavior but to a lesser rate. Only 32% of caregivers responded there has been no change to the negative behavior of their children.

Households report the same issues that cause the most stress, across both caregivers and adolescents. Adolescents report the highest stress-causing factors are not being able to go back to school at 34%, not being able to attend activities and be homebound at 29%, and a lack of food at 29% with an even split across boys and girls. 18% of adolescents (75% girls compared to only 25% boys) are stressed due to the home duties, including collecting water, cooking, and cleaning.

In order of most responses, caregivers are most stressed about lack of food (58%), their loss of livelihood (36%), and not being able to pay bills (rent, food, electricity) (34%) and debts (28%).

Figure 11: Main Sources of Stress for Caregivers

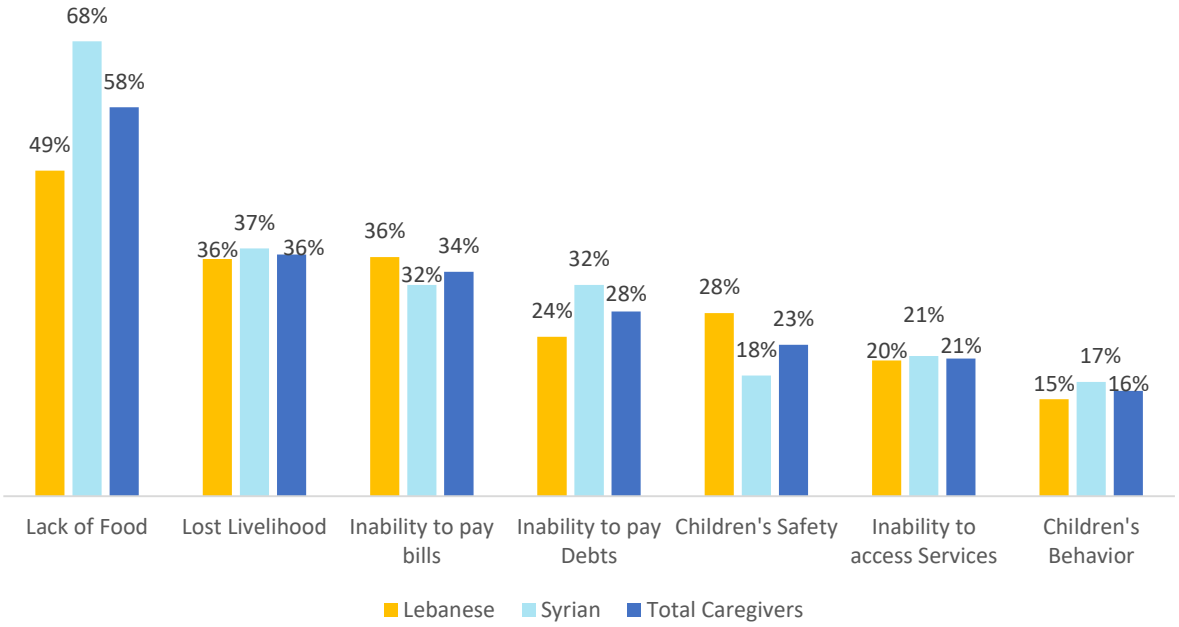
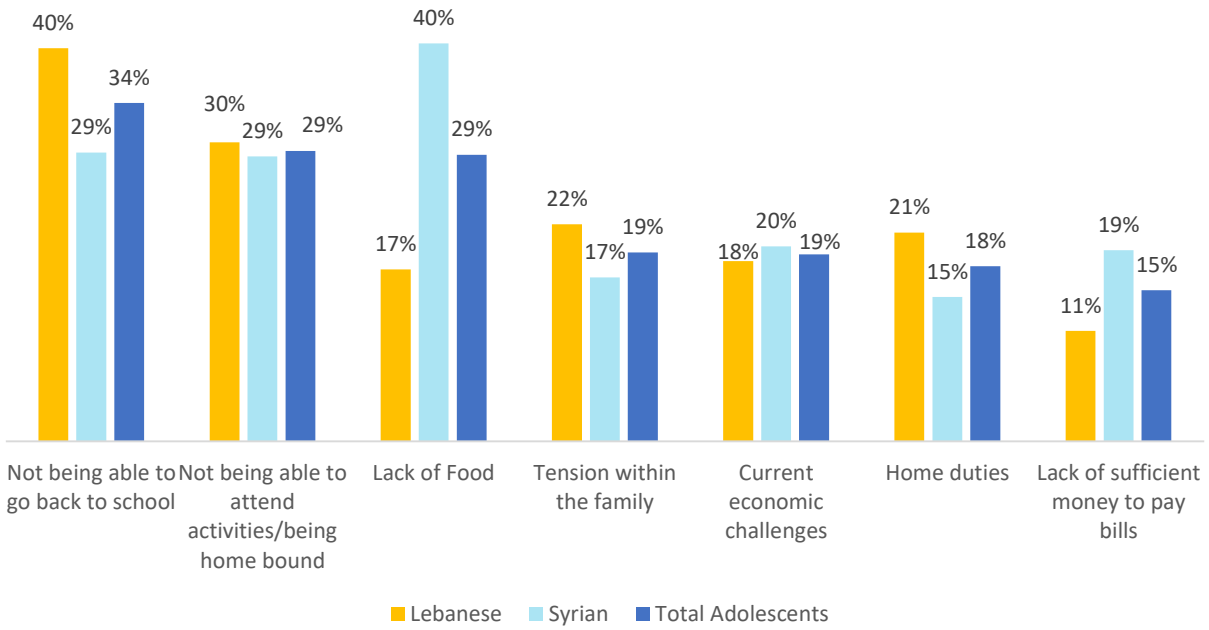


Figure 11: Main Sources of Stress for Adolescents



No groups are successfully participating in specific PSS or stress reducing activities. 92% of caregivers are not participating in any remote activity to support them to cope with stress (both men and women equally and both nationalities). 95% of caregivers report that their children are not participating in any activities to cope with stress. An alarming 85% of all surveyed adolescents are not participating in any PSS activities. However, almost all adolescents report that they cope with the stress of the COVID-19 lockdown by watching television and/or surfing the internet, followed by spending time with their families (36%). It could be that respondents

understand stress in different ways - it could be that households are not seeking out specific services or activities associated with stress reduction, but doing things like spending time with family and watching TV instead. Boys responded by spending time speaking to friends as a coping mechanism more than girls and girls are cooking more than boys.

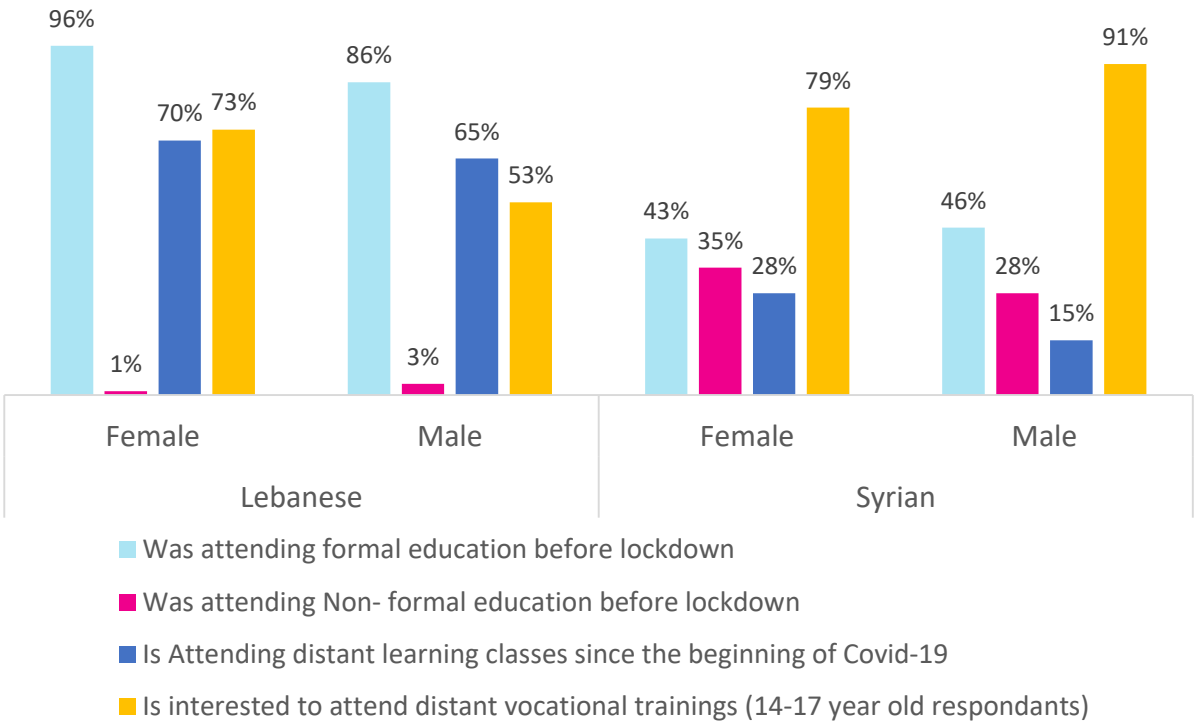
67% of adolescents (64% Syrian, 36% Lebanese), equal between boys and girls, don't have any materials or games to play at home.

Education Needs

There is a reportedly very high drop in attendance in education and a huge need across adolescents.

96% and 86% of Lebanese girls and boys respectively were attending formal education before the lockdown, however only 70% and 65% respectively were attending distant learning after the lock down. And 78% and 75% of Syrian girls and boys who participated in the surveys respectively were attending formal and non-formal education before the lockdown, however only 28% and 15% respectively were attending distant learning after the lock down. And 71% of adolescents aged 14 to 17 years old are interested in attending remote vocational training, with the majority being girls (73% of Lebanese, 79% of Syrian); therefore, any remote education intervention with this age group should prioritise a component of vocational training.

Figure 13: Access to Education



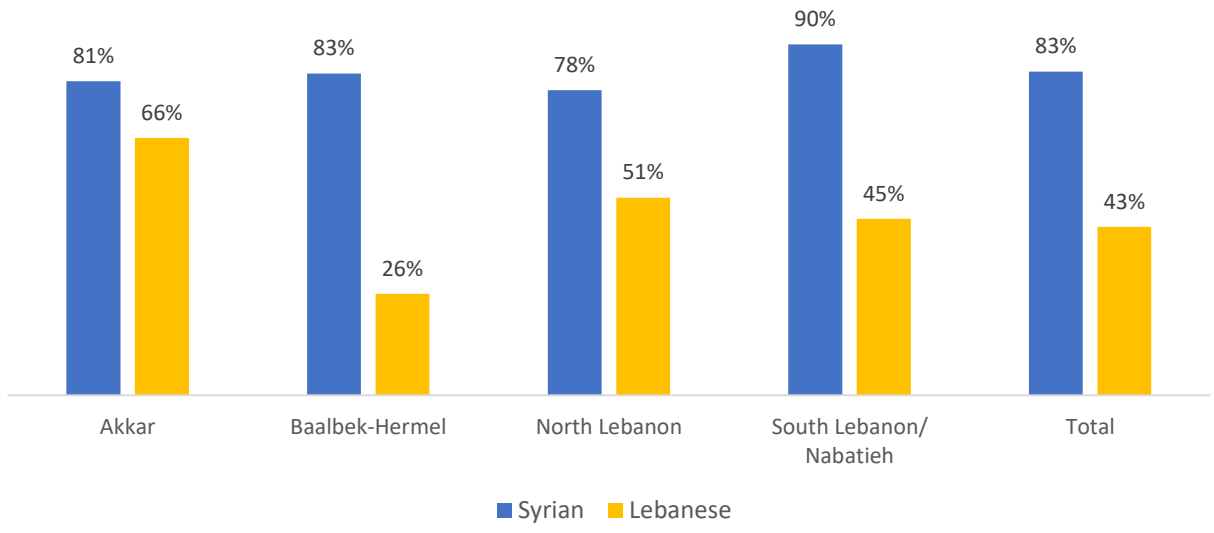
Both schools and most NFE centres have been closed since 29 February, following a circular issued by the Lebanese Ministry of Higher Education and Education (MEHE). Since the beginning of COVID-19, in total only 46% of adolescents (58% girls and 42% boys) report having attended distant learning classes, with girls attending more and this could be the result of them being more at home than boys and more committed to home-based activities during the lockdown. There is a significant difference in attendance between Lebanese and Syrian adolescents (76% compared to 24%). These numbers might correspond to those who are attending remote informal and non-formal education opportunities with NGOs and other actors in their areas or those who are tuning in to the televised formal education classes for grades 9 and 12 (who will sit for the Lebanese official exams) that started airing on Tele Liban (TL - Lebanese national television) since mid-March of 2020.

Only 53% of adolescent girls and boys have access to learning materials at home, out of which 71% mention stationary (copy books, pens, papers etc.), 58% books, 58% smartphones or tablets and 18% PC or Laptops (95% Lebanese, 5% Syrian), with Syrians reporting less accessibility than Lebanese. Any intervention should prioritise distribution of such learning materials. Noting that girls have more access to learning materials than boys.

Food Security & Livelihoods Needs

Overall, 63% of caregiver respondents (66% Syrian, 34% Lebanese) indicated **not** having enough food to last for the next 2 weeks and this is mainly in South Lebanon (mostly Syrian), Akkar and Baalbek-Hermel. However, this percentage is much higher amongst Syrians (83%) compared to Lebanese (43%). Of the Lebanese respondents only 5% indicated that they have received food aid through the National Poverty Targeting Programme (NPTP), while 56% of Syrians receive food aid through WFP.

Figure 14: Percentages of caregivers that reported not having enough food to last for the next two weeks per governorate



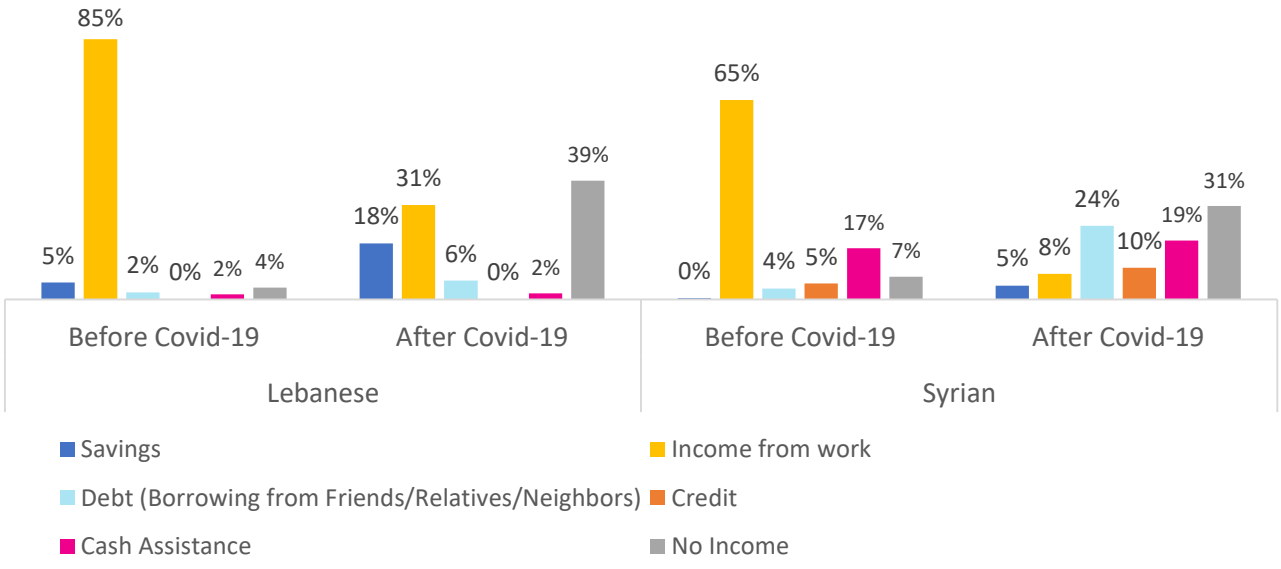
However, for both Syrians and Lebanese, food aid is **not** their main source of food (7% and 1% respectively). For both Syrians and Lebanese, the main source of food is through purchasing from the market which is 51% (54% Lebanese, 46% Syrian), the second most important source is own stock which is 23% (69% Lebanese, 31% Syrian) and then credit (7%), borrowing from relatives, neighbours or friends (6%) and own production (4%).

Fortunately, both groups have still good physical access to functioning markets (overall 85%) and thus physical access for their main source of food is not severely impeded by the lockdown.

However, worryingly, over half (52%) of the caregiver respondents indicated that their household food consumption has decreased since the lock down, of which 65% represent Syrian households. 22% indicated that there is no change in their household food consumption, of which 32% is represented by Syrian and 68% by Lebanese respondents. Interestingly, 26% indicated an increase in their household food consumption, of which 35% is represented by Syrian and 65% by Lebanese respondents and this can be related to the lockdown and the long hours spent at home.

In regards to livelihoods, overall household incomes have severely been impacted since the lockdown. Before the COVID-19 restrictions were imposed, the main source of household income for both Syrians and Lebanese was from work. However, since the lockdown, both Syrians and Lebanese households have experienced a significant drop as work being the main source of household income.

Figure 15: Impact of COVID-19 on sources of income



Shelter Needs

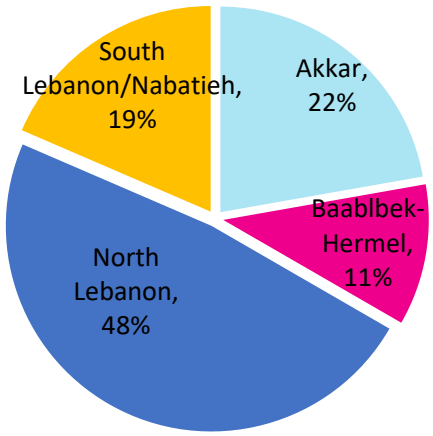
Overall, the sampled population is almost equally split in regards to housing arrangements: rent (53%) and owned (47%). However, segregating the data between nationalities, there are significant differences between the Syrians and Lebanese. The far majority of Syrians rent

(94%), while only 12% of the Lebanese respondents rent their houses. The average rent for both nationalities is 135,000 LBP per month, higher for Lebanese compared to Syrian refugees who pay 229,000 LBP and 119,000 LBP respectively. 99% of Lebanese caregivers surveyed live in regular houses compared to only 37% of Syrian caregivers. 59% of surveyed Syrian caregivers reported that they live in Informal Tented Settlements (ITSs). When looking at housing debt, 59% of the respondents indicated not having housing debts, versus 41% which have, with an average of housing debts accumulation of 12 months for Syrian compared to 6 months for Lebanese.

Furthermore, 75% of the sampled population indicated not being at risk of eviction, while 25% is if the situation continues, with the highest risk being for Syrians in Baalbek-Hermel. For the Lebanese respondents this is much lower which matches with the percentage of those who rent their houses.

To date, only 4%, equally split between Lebanese and Syrians, have received shelter aid due to COVID-19. 48% of those who received aid are in North Lebanon.

Figure 16: Shelter aid received per region



Movement and Digital Access

Among Syrian caregivers, 31% report that movement within camps is strict and people are abiding by the lockdown rules. Another 29% report that movement is restricted but people are moving between tents and 40% report limited restrictions and people are leaving the camp for basic needs. This may show that there is a lack of consistency in the understanding and application of lockdown measures, and reflects an increased need for information sharing and awareness (see COVID-19 knowledge findings for more).

Almost all respondents have access to a mobile phone with 93% for caregivers and 95% for adolescents, the majority through their caregiver. The 7% of caregivers that don't have access to a mobile phone are female (33% Lebanese, 67% Syrian).

82% of adolescents (48% Syrian, 52% Lebanese) have access to the internet through Wi-Fi or 3G, with more female respondents having access than males. This could be explained as girls are more likely to stay home, where they have greater access to Wi-Fi that is fixed at

home, and may be around caregivers and their 3G mobile phones more frequently. 83% of adolescents are allowed to use their caregivers' phone, although only 73% of caregivers reported their child was allowed to use their phone for internet or phone calls. It could be that children would be allowed to use the phone for education, learning, and/or information sharing purposes in addition to browsing the internet and making phone calls.

85% of caregivers, equally split between Lebanese and Syrian, said their daughters have equal digital access to their sons. Among adolescents, 54% think that the reason why girls do not have equal access to phones as boys is being of social and cultural norms.

Figure 17: Perception of caregivers on equal access to mobile phones and internet between boys and girls

22% of Syrian adolescents (61% girls, 39% boys) report not being allowed to use their caregivers' phone. This is significant when 89% of Syrian adolescents report only having access to a phone through a caregiver. Any intervention that is planned will need to take into account that Syrians within that age range have less access to digital technology.

91% of households report having a TV, therefore the way information received (specifically about COVID-19 and the lockdowns) is largely through television. This is true for both Lebanese and Syrian households, and will be a critical modality choice for any planned intervention.

Only 18% report having a computer (both adolescents and caregivers).

Although there are very high rates of internet access at home (82%) and phone access among adolescents, only 57% (equally split between boys and girls) of Lebanese adolescents have access to social media; and only 45% of Syrians (56% girls, 44% boys). There doesn't appear to be any significant gender differences; in some governorates girls have more access, and in others' boys. Those who do have access to social media report preferring WhatsApp (82%), especially amongst Syrians where 88% prefer it over Facebook or Skype. In order of popularity, WhatsApp then Facebook is the preferred modality.

Finally, phone calls (62%) and WhatsApp (44%) are the preferred communication channels for adolescents.

Conclusion and Recommendations

The report presents insightful findings on the effects of COVID-19 and reveals how the pandemic has severely impacted the most vulnerable Lebanese and Syrian communities when the country is experiencing its worst economic crisis in years. Across health, WASH, protection, psychosocial well-being, education, food security and livelihoods, and shelter, a number of needs have emerged while others exacerbated. Limited support has so far been received by households as they struggle to cope with the new pandemic. The outbreak is also compounding gender inequalities, with alarming effects on adolescent girls who are often struggling with “invisible” consequences on their lives.

While assessments have rarely focused on vulnerable Lebanese communities, this report highlights a number of exacerbated risks that this population is facing, across sectors. These also need to be considered in the context of a severe economic crisis that is affecting families’ livelihoods and access to services, and leading them to negative coping strategies. That said, Syrians can be characterized as having higher needs due to pre-existing vulnerabilities that have been further amplified in the new COVID-19 context. They have less access to health services, less knowledge about the virus, and are more vulnerable to eviction and loss of livelihood.

The impact of the COVID-19 outbreak on vulnerable Lebanese and Syrian communities is complex and severe, with long term effects in sight. It is therefore crucial for humanitarian and development organisations, donors, UN agencies, as well as government authorities to consider an urgent multi-sectoral, targeted and integrated response. It is also key to look at the specific needs of each population, and design targeted interventions that are age and gender responsive, taking into consideration the needs of adolescents, particularly adolescent girls.

Health

- Support access of adolescent girls and women to menstrual pads through safe and appropriate distributions.
- Prioritise access of pregnant women to vitamins and antenatal care, particularly for Syrian women.
- Facilitate access to quality SRH services for adolescent girls and women, including during pregnancies.
- Consider alternative service delivery mechanisms to ensure those who cannot access health facilities can still receive critical services.
- Provide support to health and SRH facilities to offer safe services to people in need while implementing effective Infection Prevention and Control measures.
- Prioritise SRHR programming and funding, recognising its life-saving aspect, along with essential health services for children’s survival and growth.

WASH and COVID-19 Awareness

- Provide bars of soap included in hygiene kits to allow for more regular handwashing, including the promotion of handwashing and other COVID-19 adapted hygiene messages through leaflets and IEC materials.
- Provide hygiene and disinfection supplies kits, along with guidance and IEC materials about handwashing.
- Provide facial masks and hand sanitizer with increased focus on Syrian refugees living in ITSs.
- Provide messages, information sharing, and awareness raising of the symptoms and prevention measures of COVID-19. Messaging should focus on hygiene promotion primarily, targeting both Syrian and Lebanese households, and can be channelled via WhatsApp, Facebook and TV.

Protection and Psychosocial Support

- Provide awareness raising sessions for adolescents and their caregivers on the CP and GBV risks faced by girls, boys and women during and beyond the COVID-19 outbreak; how to protect themselves; different reporting mechanisms they can refer to and available services. Information and messages should be presented in adolescent-friendly and gender-sensitive formats, in particular around the risks posed to women and girls.
- Provide targeted psychosocial activities for girls and boys to enhance their wellbeing and support their ability to cope with stress during the lockdown.
- Provide caregivers with parenting support with focus on self-care and positive parenting styles specific to younger and older adolescents, to prevent the increase of violence against children, including girls.
- Provide comprehensive CP and GBV case management services and referrals for survivors and at-risk girls, boys and women.
- Ensure access to safe remote protection services, particularly for survivors and at-risk girls and women. Consider limitations around their access to phones and ICT in a safe environment.

Food Security and Livelihoods

- Increase the distribution of in-kind food assistance for vulnerable Lebanese and Syrians, especially for families who lost their source of income due to the economic situation and/or to COVID-19.
- Conduct further assessment to ascertain whether cash/voucher distribution is feasible to meet the needs.
- Provide targeted cash support to families and caregivers whose income generating opportunities were affected by the COVID-19 outbreak.
- Increase funding allocated to food security and livelihoods programming.

- Create linkages between livelihoods and protection programming, considering the protection risks that are exacerbated as a result of economic vulnerability.

Education

- Design and put in place measures to support educational continuity in the event of school closures, based on the Interagency Network for Education in Emergencies (INEE) Minimum Standards.
- Prioritise learning continuity in the period of school closures and ensure that adolescent girls' needs and lived realities are considered. This includes accessible and inclusive distance learning.
- Consult with adolescents to identify their preference for distance learning media. Distance learning should not be reliant only on access to laptops or PCs; it can be also through TVs, mobiles or the internet. Where the internet is needed, ensuring students have consistent access is key, particularly for connectivity and parental approval.
- Distribute education stationery and materials, with age-appropriate preposition sheets and activities that can be conducted with basic household items and can also include smartphone, tablet or laptop.

Shelter

- Provide shelter assistance for Syrian and Lebanese households with high housing debt, and at-risk of eviction.
- Monitor the situation of households at risk of eviction on a regular basis.

Digital Access

- Provide free or low-cost mobile internet access to beneficiaries to ensure their participation in remote programming and digital information sharing.
- Ensure that adolescents, particularly girls, are trained with the necessary digital skills, including ways to stay safe online.
- Consider the gender digital divide and address gender disparities in access when planning for digital learning and remote activities.

Acknowledgments

This needs assessment was produced by Plan International Lebanon. It was designed and led by Elissa Al-Hassrouny (Child Protection Specialist) with support from Marie-Belle Karam (MERL Coordinator) and Anne-Marie Kattar (Programme Support Officer), and oversight from Marianne Samaha (Programme Director). Feedback on the tools and research findings was provided by Lama Naja (GBV and SRHR Manager), Rami Chamseddine (Education Manager) and Riwa Maktabi (CP Manager). The team would like to thank Ahmed Farahat (Regional MERL Specialist) for supporting the data generation and interpretation, in addition to Kristina Wintermeier and Kitty Paulus from Plan International UK for drafting the report and analysing the findings.

The authors also gratefully acknowledge the following partners who collected the data: Akkar Network for Development, Amel Association, himaya, Lebanese Organisation for Studies and Training, and Rene Moawad Foundation.

The authors would like to thank the adolescents, caregivers and community members who participated in this research.

Cover photo: An adolescent refugee girl with her mother photographed in the Akkar region, northern Lebanon. © Plan International / Sima Diab

No photographs were taken during the course of this research. Girls featured in images in the report are not the same as those that participated in the research.

Plan International

plan-international.org

plan-international.org/lebanon

facebook.com/planinternational

twitter.com/planglobal

instagram.com/planinternational

linkedin.com/company/plan-international

youtube.com/user/planinternationaltv

About Plan International

Plan International strives to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected.

As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children.

We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 75 years we have been building powerful partnerships for children, and we are active in over 70 countries.

Since 2017, Plan International has been working in partnership with local, national and international organisations to strengthen capacities and address the needs of Lebanese and refugee children in Lebanon. With a focus on adolescent girls and young women, Plan International Lebanon implements projects in the sectors of Child Protection, Gender-Based Violence, Sexual and Reproductive Health and Rights, Education, Youth Economic Empowerment and Participation.