A photograph of a makeshift settlement. In the foreground, a woman in a white headscarf and a young girl stand on a dirt path. To the left, a wooden ladder leans against a structure. In the background, a white banner with the Arabic number '٤١' is visible. To the right, a larger structure is covered with white plastic and has a banner that reads 'IDEAN ALITY' and features the EU logo. The sky is clear and blue.

**CROSS SECTORAL
FORMATIVE RESEARCH
KNOWLEDGE, ATTITUDE
AND PRACTICE STUDY**

2017 November



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LIST OF ABBREVIATIONS

ACSII	American Standard Code for Information Interchange, a character encoding standard
ALP	Accelerated Learning Programme
ANC	Antenatal care
BLN	Basic Literacy and Numeracy
BML	Beirut and Mount Lebanon
BP	Brevet professionnel (Professional Brevet)
BT	Baccalaureat technique (Technical baccalaureate)
C4D	Communication for Development; that is, various types of strategic communication that enable positive social change
CB-ECE	Community-based early childhood education
CP	Child protection
CPD	Country Programme Document
CRC	Child Rights Convention
DK	Do not know
ECE	Early childhood education
FGD	Focus group discussion, a social scientific research method
GBV	Gender-based violence
HCC	Higher Council for Childhood
IS	Informal settlement
KAP	Knowledge, Attitude and Practice
KII	Key informant interview
LCRP	Lebanon Crisis Response Plan
LT	Licence Technique (technical license)

MEHE	Ministry of Education and Higher Education
MENA	Middle East and North Africa
MEW	Ministry of Energy and Water
MOSA	Ministry of Social Affairs
MOPH	Ministry of Public Health
NFE	Non-formal education
NGO	Non-governmental organisation
NPTP	National poverty-targeting plan
NVivo	Qualitative data analysis software
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
Orecomm	International centre at Malmö University, Sweden, for research in the field of C4D
PHC	Public health centre
PSS	Psycho-social support
PSU	Primary sampling unit
PRL	Palestine refugees from Lebanon
PRS	Palestine refugees from Syria
PWD	Person with disability
RACE	Reaching All Children with Education programme
RACE II	Second phase of Lebanon's Reaching All Children with Education programme
REACH	Joint initiative of two NGOs, IMPACT and ACTED, and the United Nations Operational Satellite Applications Programme (UNOSAT)
SDC	Social Development Centre
SMO	Statistics and Monitoring Officer
SOP	Standard Operation Procedures
SPSS	Statistical Package for the Social Sciences, a software package for statistical analysis
TS	Technicien Supérieur (senior technician)
TVET	Technical and Vocational Education and Training
UN	United Nations
UNFPA	United National Population Fund

UNHCR	United Nations Refugee Agency
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	Water, sanitation and hygiene
WE network	Water establishment network
WHO	World Health Organization
WFP	World Food Programme

EXECUTIVE SUMMARY

This is the report for the *Cross-sectoral formative research – Knowledge, attitude and practice study*, hereafter **KAP Study**, which was conducted by researchers from Malmö University, Sweden, on behalf of the country office of UNICEF Lebanon.

The **purpose** of the KAP Study is,

- To establish a baseline for UNICEF Lebanon’s Country Programme Document for the period 2017 to 2020
- To recommend C4D interventions that are successful in removing barriers to the adoption of positive practices with regard to education, child survival, child protection, child rights and social inclusion

The **background** for the KAP Study is the impact of the Syrian crisis. Lebanon has received more international refugees per capita than any other country in the world. This has created an immense stress on Lebanon’s institutional capacities. Over one million children in Lebanon are directly affected by the crisis. They are in need of basic services like education, health care, clean water, as well as of protection and inclusion.

The empirical **scope** of the KAP Study has been

- To include Lebanese residents, Syrian refugees registered with UNHCR, Syrian refugees living in informal settlements and Palestine refugees living in Lebanon’s designated camps
- To cover each *mohafaza* (governorate) in Lebanon
- To include female and male respondents of all age groups
- To provide results on indicators for each of UNICEF Lebanon’s programme areas

The **data** for the KAP Study were collected using three methods, one quantitative and two qualitative:

- Questionnaire-based interviews with 7,000 households
- 48 focus group discussions
- 42 key informant interviews

From the collected data on the various indicators could be drawn conclusions about knowledge **gaps and barriers** to positive attitudes and practice, both among external stakeholders (caregivers and children) and internal stakeholders (providers of public services, including UNICEF and partners):

External stakeholders

- Attitudinal challenges and knowledge gaps with regard to gender differences
- Knowledge gaps on vaccinations, breastfeeding and menstruation
- Attitudinal challenges because of intensifying and spreading conservative norms, for example with regard to child marriage, family planning and forced pregnancies
- Gap between favourable attitudes towards positive discipline and persisting practice of negative discipline

- Lack of knowledge: children and caregivers do not know that child rights, in addition to a right to basic services, also include the right of expression, participation in decision-making and social inclusion
- Alarming knowledge gap with regard to disabilities

Internal stakeholders

- Capacity gaps in the field of medical ethics
- Capacity gaps in the delivery of clean water and the treatment of wastewater
- Insufficient capacities in the field of education
- Inadequate practices in the field of child protection, especially insufficient protection against violence
- Insufficient capacities to build trust, so that women are ready to report incidents of GBV and CP violations to formal authorities
- Insufficient capacity to professionally identify disabilities
- Insufficient integration of disability perspectives with other programmes
- Need for more participatory C4D initiatives

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1. INTRODUCTION

This is the report for the *Cross-sectoral formative research – Knowledge, attitude and practice study*, hereafter **KAP Study**. The KAP Study was conducted in 2017 by researchers at Malmö University, Sweden, on behalf of the country office of UNICEF Lebanon.

1.1. Background of the study

Lebanon has received more international refugees per capita than any other country in the world. Most of the refugees fled the Syrian crisis that began in 2011. Lebanon's pre-crisis population has been estimated at 4.2 million. The number of registered Syrian refugees is in excess of 1 million. In addition, Lebanon hosts hundreds of thousands of non-registered refugees from Syria, of whom many stay in informal settlements (ISs). Furthermore, close to half a million Palestine refugees reside in Lebanon, some 50% of whom still live in Lebanon's 12 designated Palestine refugee camps.

According to UNICEF Lebanon's estimations, approximately 630,000 Syrian refugee children, 470,000 Lebanese children, and 120,000 Palestine refugee children are affected by the Syrian crisis. They are in need of basic services like education, health care, water and sanitation, protection and inclusion. An immense burden has been placed upon the delivery of these services, in particular because poor host communities and refugees often rely on the same access points and resources for basic services.



In total, 1,220,000 children are in need of basic services in Lebanon. The crisis has increased the risk of violence, exclusion and exploitation for children. Without protection and basic services, an entire generation of children could be lost. UNICEF Lebanon addresses these issues by working in five priority areas for which there are four programmes: education, child survival, which consists of health and WASH (water, sanitation and hygiene), child protection, and youth.

In addition, UNICEF has a dedicated section for Palestine refugees in Lebanon who live in and outside twelve designated camps.

Another programme is social inclusion, which cuts across the five other programmes. In this programme, there is a strong C4D (Communication for Development) component with the

The objective is to ensure that the supply in these areas meets the factual demand and that the demand corresponds to actual needs.

mission to develop and conduct interventions for behaviour and social change. Knowledge and attitudes shape practice, which is why interventions for behaviour and social change target areas like awareness, motivation, norms etc. In the case of Lebanon, particular attention is paid to barriers to the kind of behaviour that would ensure children's right to education, health, WASH, protection and inclusion.

1.2. Purpose and scope of the study

The purpose of the KAP Study is twofold:

- (1) To establish a baseline for UNICEF Lebanon's Country Programme Document for the period 2017 to 2020
- (2) To recommend C4D interventions that are successful in removing barriers to the adoption of positive practices with regard to education, child survival, child protection, child rights and social inclusion

The main purpose of the KAP Study has been to obtain current estimates of key indicators measuring knowledge, attitudes and practices for each of UNICEF Lebanon's priority areas, except for youth, as UNICEF will undertake a separate study dedicated to youth.

The KAP Study encompasses four of Lebanon's population groups or domains:

- Lebanese citizens
- Syrian refugees registered with UNCHR and included in its database¹
- Syrian refugees living in ISs
- Palestine refugees living in camps

Data were collected in each of Lebanon's (at the time of the study) eight *mohafazat* (governorates; singular form: *mohafaza*).

The volume of data collection was as follows:

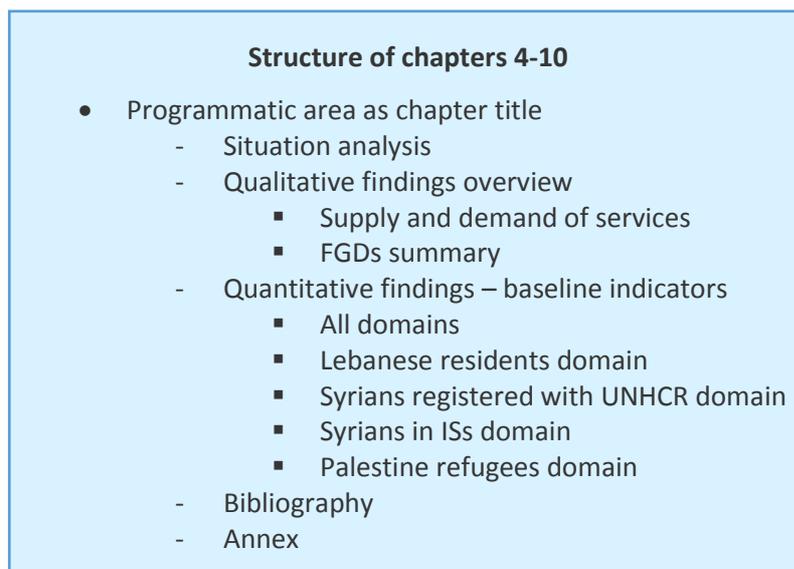
- 7,000 household interviews using questionnaires
- 48 focus group discussions
- 42 key informant interviews

The KAP Study ran from 2 January 2017 to 12 October 2017.

¹ In order to design the sample for registered Syrian refugees and to reach them for the KAP Study survey, a data sharing agreement was developed between UNHCR, UNICEF and Malmö University, which states the lawful and confidential sharing of names and phone numbers of registered Syrian refugees in Lebanon. UNHCR conducts the registration of refugees and asylum-seekers in the country, subject to the availability of resources and to the Office's operational needs. UNHCR's Syrian refugee's database is essential for preparing population samples and for contacting the selected individuals for undertaking assessments.

1.4. Report structure

This report is subdivided into eleven chapters. The first three chapters introduce the report, present the method of sampling and methodology used in the KAP Study, as well as the characteristics of the surveyed households. Each of the following seven chapters is devoted to one of UNICEF Lebanon's programme areas and contains data and findings for predefined indicators. The programmatic chapters begin with a situation analysis that outlines the knowledge on key indicators prior to the KAP Study. Thereafter follows a summary of the supply-and-demand aspect of services and a precis of the qualitative data. The rest of the chapters is devoted to a presentation of quantitative data and their analysis. At the end of each chapter is an annex and, in some cases, a bibliography.



The last chapter contains an overarching analysis and a list of barriers. It is concluded with recommendations for further action. A number of appendices are attached to the report (see the Table of Contents).

2. SAMPLE AND METHODOLOGY

The methodology for the KAP Study was designed to provide estimates for a number of key indicators on duty bearers' and children's knowledge, practices and attitudes with regard to the situation of children and women in Lebanon. The indicators address issues like health, WASH, education, child protection, GBV, disabilities and child rights. Three methods were employed for data collection: a national survey consisting of questionnaire interviews with 7,000 households; 48 focus group discussions or FGDs; 42 key informant interviews or KIIs. This mixed-method approach, in which the quantitative method of questionnaire interviews is mixed with the qualitative methods of FGDs and KIIs, allowed for reciprocal contextualization: quantitative data provided context for qualitative data and vice versa. More specifically, in analysis, qualitative data regularly provided substantive context for quantitative data, while quantitative data at times limited the validity of qualitative results.

2.1. Management of the study

The administrative framework for the research part of the KAP Study was Orecomm, an international centre for research in the field of C4D at Malmö University, Sweden. Malmö University already held a long-term arrangement for services with UNICEF. All funds made available to Orecomm for the KAP Study were managed by Malmö University.

Orecomm assembled the following team to conduct the KAP Study:

- Ronald Stade, team leader, Professor of Peace and Conflict Studies with specialization in Anthropology at Malmö University
- Lana Khattab, principal researcher and project coordinator, MSc in Middle East Politics from SOAS, University of London
- Erik van Ommering, principal researcher, PhD candidate in Anthropology at Vrije Universiteit Amsterdam and Caritas Austria's education advisor in Lebanon
- Rabih Haber, principal researcher, DEA in Political Science, MSc in Statistics and Applied Mathematics, and general manager of Statistics Lebanon Ltd.
- Samah Ahmed, project manager, adjunct lecturer at Malmö University; Bsc in Biomedical Sciences, Kingston University, UK
- Oscar Hemer, project assistant (advisor), Professor of Journalistic and Literary Creation at Malmö University, co-director of Orecomm

On a short-term basis, a number of field researchers and analysts were also included to conduct household interviews and to tabulate results. Technical, methodological and ethical training took place from 27 to 28 April for field researchers who were to conduct household interviews and on 3 May for facilitators of FGDs. All field staff had previous experience from conducting household interviews with questionnaires and/or FGDs.

All research instruments were pre-tested in the mohafazat of Beirut and Mount Lebanon and evaluated and validated by the research team.

2.2. Ethical considerations

This section contains a discussion of the ethical standards and procedures for the KAP Study.

2.2.1. Ethical principles in research involving human beings

The KAP Study was conducted in accordance with ethical standards and procedures as defined in *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis* (CF/PD/DRP/2015-001), which went into effect on 1 April 2015. Like most fundamental legal and steering documents on research ethics, this UNICEF document invokes two ethical principles: on one hand, deontology and, on the other, consequentialism. In the KAP Study, the inconsistency between the two types of ethics is dissolved by declaring deontology to be the first principle and consequentialism to be subordinate to this first principle. That is, the protection of personal security and integrity, human rights, child rights and human dignity has been considered paramount. It took precedence over any general benefit of research more generally and of the KAP Study more specifically.

2.2.2. Ethical risks

The country office of UNICEF in Lebanon has identified two gaps in the available evidence on child rights, child survival, child protection and social inclusion in Lebanon: (1) a lack of current baseline data and (2) a lack of an updated C4D strategy developed from the new baseline. To fill these gaps, the KAP Study collected primary, sensitive personal data, which will be used as a baseline for UNICEF Lebanon's Country Programme Document for 2017-2020, hereafter CPD 2017-2020. The discussion of ethical risks in the current document is therefore limited to potential risks issuing from data collection and analysis and the communication of results.

In accordance with the definitions provided in the *UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis*, the following discussion focuses on the four ethical risk topics:

- Assent and informed consent
- Privacy and confidentiality
- Harms and benefits
- Risk management

2.2.3. Assent and informed consent

The participation of all research subjects in the KAP Study was voluntary. No exercise of undue inducement or any other form of constraint or coercion to participate in the study was permitted or accepted. Research subjects could withdraw from the study at any point without being asked for or having to provide an explanation and without any disadvantage following from their withdrawal. Easy to understand information was provided on who and on whose behalf the study was conducted, the purpose of the study, that participation in the study is voluntary, that it would be possible to withdraw at any point without any negative consequences, and whom to contact after data collection for questions, comments and the withdrawal of consent. (For further details and information and consent forms that were used, see Appendix A.)

Participants who were children, that is, minors below the age of 18 years, received age-appropriate information and were asked for consent. Children aged 15 years and older were, for the sake of obtaining informed consent, treated like adults. For children younger than 15 years, their assent or informed consent was necessary for their inclusion in the study. Had a child dissented or declined to

participate in the study, but the parent or caregiver consented to the child's participation, it would have been the child's dissent or declination that would have determined whether to include the child in the study. In other words, the child's decision to **not** participate would have invalidated the parent's or caregiver's decision for it to participate. If, on the other hand, the child assented to participate in the study, the parent's or caregiver's consent was still needed. (For information and consent forms, see Appendix A.)

2.2.4. Privacy, confidentiality and data security

A common mistake among researchers is to guarantee research subjects absolute confidentiality. Such promises are misleading because even the most stringent measures to ensure confidentiality will not guard against violations of laws and rules and the unforeseen. This caveat notwithstanding, appropriate measures were taken to protect confidential information and sensitive data. Data collectors were trained in the basics of research ethics. All data were collected and stored with encryption. All quantitative data were analysed and communicated as aggregates. Neither survey interviews nor FGDs nor KIIs were recorded with audio or video devices. Qualitative data could therefore be anonymized already during data collection. An Agreement on the Sharing of Personal Data of Refugees, Asylum-seekers and other persons registered with UNHCR was signed between Malmö University and the Office of the United Nations International Children Emergency Fund (UNICEF).

The degree of privacy during data collection depended on the method used. Survey interviews were often conducted in the household of the participant; this guaranteed a rather high level of privacy. There was obviously less privacy during FGDs. Participants in the FGDs were, however, reminded to keep the information exchanged during the FGDs confidential (see FGD guidance form in Appendix C). Taking into consideration hierarchies and relationships of dependency, KIIs were conducted individually and behind closed doors.

2.2.5. Harms and benefits

At the individual level, potential harms to research subjects resulting from their participation in a study vary with their ability to preserve their integrity and dignity and defend their rights. The less they possess this ability, the higher the risk for potential harms. Since this study targeted vulnerable groups – for example, refugees and children – close attention had to be paid to minimizing the risk for harms. One measure to accomplish this was the basic training in research ethics that was part of the training of data collectors. Another measure was to maximize levels of privacy and confidentiality (see previous heading).

At the communal level, potential harms are likely to be of a structural nature. Preventing structural harms, for instance in the shape of structural violence, is primarily a policy issue, but it also informs the communication of results and the recommendations included in this report.

Harm prevention also included making sure that field research was conducted in accordance with the ethical standards that Orecomm commits to in this document and that data collectors were qualified and competent to ensure a high level of research quality. Both requisites were met by (a) the systematic training of all data collectors and (b) the supervision and back-checking of all data collection activities by Orecomm's principal researchers and UNICEF's zonal office SMOs (Statistics and Monitoring Officers).

2.2.6. Risk management

Team leader Ronald Stade and principal researcher Rabih Haber share the responsibility for risk management. Under the preceding headings, we discussed the work we did to ensure ethical conduct and risk management during data collection. Here, we add information on risk management during data analysis and with regard to data storage more generally.

All project data were, are and continue to be protected from physical damage, as well as from tampering, loss or theft, by limiting access to data. Only immediately involved and responsible project members were and continue to be authorized to access and manage stored data. Any data obtained from external sources such as UNHCR are encompassed by the same strict and specific measures for protecting personal data.

2.2.7. Child rights

While child rights are human rights, the UN Convention on the Rights of the Child grants special protection to children and young people under the age of 18. Both the purpose and the methodology of the KAP Study were formulated from a child rights perspective. The purpose of the study was to create a baseline for CPD 2017-2020, which will inform UNICEF Lebanon's actions to overcome barriers to child survival, child protection and the social inclusion of children and their families. The methodology used in the study was inclusive of children and their families, with a representative distribution in terms of gender (boys and girls) and age. In particular, the FGDs with children served to give voice to children in accordance with Articles 12, 13 and 14 of the Convention on the Rights of the Child. A priority area of the study was the right to inclusion of children with physical and/or mental disability.

2.2.8. Gender perspectives

Gender perspectives can be applied to the two groups involved in this study: researchers and research subjects. The research team was gender balanced, with the division of responsibilities as equally divided as possible. Gender balance among research subjects was accomplished through adopting strategic criteria for inclusion. That is, gender balance was an explicit goal of sampling.

Furthermore, we ensured that locations for FGDs were easily accessible for women and that the date and time for FGDs was set so as to not interfere with women's routines. The KAP Study itself contributes to gender perspectives in that it collects and analyses data on issues like GBV and child protection. Anonymized data are disaggregated according to gender, which provides a baseline for gender policies and actions.

2.3. Definition of sampling levels

2.3.1. Domains

In the absence of an official census, the population size of Lebanon can only be estimated but not stated with precision. The size of certain population groups in Lebanon, however, is easier to determine than others. This is particularly true of those groups who live in Lebanon and are registered with the Lebanese government and/or with UN agencies who are responsible of registration activities such as UNHCR and UNRWA. Registered Syrian refugees in the UNHCR database are 1,001,051 as of June 2017.

Palestine refugees are supported by UNRWA. If UNRWA's numbers and estimates for each of the 12 designated camps are added together one can conclude that approximately 190,000 Palestine refugees live in camps in Lebanon. The number of Lebanese citizens living in Lebanon is difficult to assess, but according to Statistics Lebanon Ltd. a reasonable estimate, based on previous surveys, is 4,877,000. The just mentioned four population groups – Lebanese citizens, registered Syrian refugees, Syrian refugees living in ISs and Palestine refugees living in camps – were selected as domains for the KAP Study.

The names of the four domains are derived from the databases used to sample them and the inclusion criteria applied for sampling.

- **Lebanese domain:** An estimate by Statistics Lebanon Ltd. was used to arrive at a total of Lebanese residents.
- **Registered Syrian refugee domain:** UNHCR provided lists from which were excluded Syrian refugees living in ISs. Therefore, the relevant criterion for inclusion in the domain is registration with UNHCR.
- **Syrian refugees living in ISs:** The statistical framework for this domain is the Inter-Agency Mapping Platform (more specifically, IAMP February 2017). Hence, the defining attribute for inclusion was not registration with UNHCR, but IS clusters and their location.
- **Palestine refugee domain:** The inclusion criterion was registration with UNRWA and residence in one of Lebanon's twelve designated Palestine refugee camps. No differentiation was made between PRL (Palestine refugees in Lebanon) and PRS (Palestine refugees in Lebanon from Syria).

2.3.2. Mohafaza

As of August 2017, Lebanon was divided into eight governorates or *mohafaza*. The eight mohafazat differ on a number of accounts: population size and density, topography, infrastructure, security, and so on. Sparsely populated tracts in the northern and north-eastern parts of Akkar and Baalbek-Hermel contrast with the densely populated urban sprawl that stretches along Lebanon's Mediterranean coast. Access to services varies accordingly. While, in urban areas, services usually are not far away, demand is likely to be higher, which can result in supply bottlenecks. In sparsely populated areas, transportation to and from services might be a more prominent problem.

Centre and periphery

In terms of demography, infrastructure and public services, Lebanon is divided into a more populous centre and a less populous periphery. KAP Study data show that the mohafaza of Akkar and Baalbek-Hermel exhibit periphery characteristics such as a low degree of state penetration and a higher degree of self-reliance for services and conflict resolution.



2.3.3. Households

A household is a unit in which one or more persons share a domestic space and meals from the same income. In Lebanon, just like in the rest of the world, the size and composition of households varies. A noteworthy observation resulting from the KAP Study is that the large-scale movement of Syrian refugees to Lebanon has had remarkably little overall effect on the composition of households in Lebanon.

2.4. Sample design

2.4.1. Sample size

The quantitative part of data collection consisted of n=7,000 household interviews, which targeted

- n=5,100 Lebanese residents
- n=1,211 Syrian refugees registered with UNHCR
- n=281 Syrian refugees living in informal settlements, defined as consisting of 4 or more tents
- n=408 Palestine refugees living in camps.

These numbers represent a Probability Proportionate to Estimated Size (PPES) sample that is based on demographic estimates for each of the four domains:

- Lebanese residents: 4,035,042 or 4,877,000²
- Syrian refugees registered with UNHCR: 1,001,051
- Syrian refugees living in informal settlements: 220,000³
- Palestine refugees living in camps: 190,000⁴

For the qualitative part of the study, the issue of sample size was less relevant. Nevertheless, a relatively large sample size of FGDs was chosen to guarantee a representative distribution of groups. KIIs were selected across various levels of decision-making and implementation, and across all eight mohafazat. The sample size for the KIIs proved to be sufficient insofar as the results exhibit a high degree of detailed information, converging attitudes, as well as perspectival variation on all indicators.

Inclusion criteria

- Respondents of both genders were interviewed
- Respondents had to be at least 18 years of age
- Respondents had to live in households with children
- Respondents were either self-identified heads of household or primary caregivers or both
- Respondents belonged to one of the domains of Lebanese residents, Syrian refugees registered with UNHCR, Syrian refugees living in informal settlements and Palestine refugees living in camps.

All three methods employed in this study include self-reported data, which is a potential source of bias and mismeasurement. Apart from common psychological biases in self-reporting, the KAP Study is limited by the participants' measure of trust in the confidentiality with which their information will be processed. This and related issues were addressed in the training of data collectors who were to work in the field. Sampling errors are included as Annex A.

2.4.2. Quantitative sample⁵

Mohafaza	Lebanese residents	Syrian refugees registered with UNHCR	Syrian refugees living in ISs	Palestine refugees living in camps
Akkar	6.32%	9.74%	12.63%	

² The first figure is from the Lebanon Crisis Response Plan 2017-2020. The second figure is an estimate by Statistics Lebanon Ltd.

³ Syrian refugees residing in informal settlements may very well be registered with UNHCR, but to disaggregate the numbers, the statistical framework for Syrian refugees residing in informal settlements is the Inter-Agency Mapping Platform (more specifically, IAMP February 2017). Thus, the defining attribute for inclusion was not registration with UNHCR, but IS clusters and their location.

⁴ Aggregate of UNRWA's numbers for the 12 designated Palestine refugee camps in Lebanon.

⁵ For a detailed account of quantitative sample and error analyses, see Annex A at the end of this chapter.

North	13.84%	14.96%	3.78%	23.28%
Bekaa	6.88%	23.33%	44.52%	
Baalbek-Hermel	6.59%	12.13%	35.64%	1.23%
Beirut	10.07%	2.41%	0.02%	
Mount Lebanon	37.64%	25.86%	0.68%	25.25%
South	11.79%	7.15%	0.97%	50.25%
Nabatieh	6.88%	4.42%	1.76%	

Table 2.1: Quantitative distribution of domains by mohafaza in Lebanon

2.4.2.1. Residents of Lebanon – sample

The sample for Lebanese citizens was selected in two stages. The first stage involved utilising the available layer of mohafaza, which has counts of dwellings⁶ and clusters.⁷ This was the first stage sample frame. Thereupon followed a Probability Proportionate to Estimated Size (PPES) sample of mohafaza, where the measure of size is the number of citizens by mohafaza. In the second stage sample frame, a systematic choosing sample was drawn based on cluster distribution.

2.4.2.2. Registered Syrian refugees – sample

The sample for Syrian refugees registered with UNHCR was selected in three stages. The first stage involved performing a systematic choosing technique on a database of telephone numbers of registered Syrian refugees supplied by UNHCR, filtered by residence type, which excluded Syrian refugees living in ISs, and divided by area of residence. Based on the numbers obtained through the filtering activity, a sample of respondents for each of the eight mohafazat was drawn based on the domain's representation in each mohafaza out of the total sample. The second stage sample frame applied a PPES technique, in which a correct representation of refugees in each mohafaza was accomplished.

The third stage ensured that the number of households (HH) needed from each selected cluster was proportional to the total number of HH contained in each selected cluster. Upon the selection of the sample, a team of telephone interviewers used a filtering questionnaire to ensure that the selected respondents met the inclusion criteria, after which a date and time for the interview was agreed upon. For each cluster, enumerators were given additional mobile phone numbers to achieve the required sample size because some phone numbers were unreachable, some HH did not meet the inclusion criteria or had changed residence to another mohafaza.

2.4.2.3. Syrian refugees living in ISs – sample

The sample for Syrian refugees residing in ISs was also selected in two stages and based on random sampling. The first involved utilising a cluster distribution based on criteria of an IS consisting of ten or more tents. The second stage involved a systematic choosing technique with a skip pattern, which guaranteed obtaining unbiased estimators for the parameters of interest. Inside the clusters, tents were chosen using the same logic of skipping and choosing clusters.

2.4.2.4. Palestine refugees living in camps – sample

The sample for Palestine refugees residing in designated camps was selected in three sample stages.

⁶ Based on CAS data 2004

⁷ Based on Statistics Lebanon's distribution

In the first stage, each camp was divided into virtual clusters that were drawn based on geographical layers provided by UNICEF/UNRWA, where each cluster was numbered and a skip pattern drawn from each of the camps based on the total number of clusters and the required number of clusters during the activity. In the second stage, up to ten HH were targeted in each cluster. Where the sample was less than ten persons inside a camp, it was included to form one cluster only.

In the second stage, the number of HH per selected virtual cluster was estimated, based on the estimated number of buildings, number of floors per building and number of homes per floor. The third and final stage utilised systematic sampling to select HH that met the inclusion criteria.

2.4.3. Qualitative sample

2.4.3.1. Focus group discussions

A total of 48 FGDs were held in different locations and with members of the four domains across Lebanon on the indicators for UNICEF's programmatic areas. The distribution of FGDs was organized according to indicator and target group. The aim was to acquire comparative data. Where possible, the sampling of FGDs has been based on the statistically representative clusters for each domain. For a full matrix of the distribution of FGDs, please see Appendix D.

FGDs	Parents	Caregivers	Children	Total
Lebanese residents total	11	1	9	21
Lebanese residents male	5	0	4	9
Lebanese residents female	6	1	5	12
Registered Syrians with UNHCR total	7	1	7	15
Registered Syrians with UNHCR male	3	0	4	7
Registered Syrians with UNHCR female	4	1	3	7
Syrians living in ISs total	4	0	1	5
Syrians living in ISs male	2	0	0	0
Syrians living in ISs female	2	0	1	0
Palestine refugees total	6	1	0	7
Palestine refugees male	2	0	0	3
Palestine refugees female	4	1	0	5
Total	28	3	17	48

Table 2.2.: Distribution of FGDs based on the characteristics of participants and domain

The inclusion criteria were as follows:

- **Parents:** biological father and mother of children
- **Caregivers:** biological father and mother of children as well as caretakers of non-biological children (e.g. niece, nephew, grandchild)
- **Children:** between ages 9 to 17 years. Groups were divided between 9 to 12 and 13 to 17 years.

2.4.3.2. Key informant interviews

The target groups for KIIs were divided by programme area and along national, regional and local levels. They included decision- and policy makers as well as practitioners working hands-on with the

issues relevant to this study. The methodology for the KIIs took into consideration the chain of decision-making and implementation in each programme area. This allowed for an in-depth look into how decisions at the policy level translate into programmatic actions that are executed by different actors down the chain, highlighting challenges to implementation and adaptations to local contexts faced in the field.

2.4.4. Research instruments and data collection

2.4.4.1. Survey

The instrument used to elicit quantitative data was a questionnaire (drafted in English and translated into and used in Arabic) jointly developed by the research team, UNICEF Lebanon's programme sections (WASH, child protection, education, health, disabilities, social inclusion, Palestinian programme and C4D) and representatives of the Ministry of Social Affairs (MOSA), the Ministry of Public Health (MOPH) and Ministry of Education and Higher Education (MEHE). The entire questionnaires in both English and Arabic can be found in Appendix E. The questionnaire interview was designed to take no longer than 60 minutes to complete, in order to not take up too much of the respondents' time.

Quantitative data collection took place between 28 May and 30 July 2017, by 33 enumerators and 5 supervisors. Each supervisor was on average responsible for a team of 6 enumerators. Data collection was centrally monitored by the research team to ensure that all clusters were visited. Moreover, UNICEF SMOs visited field locations with data collectors in July 2017.

2.4.4.2. Focus group discussions

Detailed FGD guides and a detailed questionnaire were developed, both of which included the key lines of inquiry of the KAP Study. The questionnaire was developed in close collaboration with UNICEF KAP focal points and tailored to the specific information requested by UNICEF programmes. The guide for FGDs with children was adapted from that for adults by using a photo elicitation method instead of just verbal cues. Photo elicitation is based on the rather elementary idea that images evoke deeper elements of human consciousness than words and that they can serve both as common focal points and as triggers for communicative action. The photo elicitation method has proven especially fruitful with children as images facilitate interaction and probing. The pictures were carefully prepared and only pictures with a non-commercial license were chosen by the researchers, printed out on A3 foamboards and used in all FGDs with children.

There were between 6 and 15 participants in each FGD. Each FGD lasted between 60 and 120 minutes. The locations for the FGDs were adapted to the context. They included the office of Statistics Lebanon in Beirut, NGO spaces, private homes and tents in ISs. Qualitative data collection using FGDs took place between 6 May and 16 June 2017 and was conducted by, in all, six researchers. Each FGD was led by one facilitator and one note-taker. UNICEF zonal offices and partners assisted in the organization of a number of FGDs inside ISs and NGO centres in the mohafazat of Akkar, Bekaa and Baalbek-Hermel.

2.4.4.3. Key informant interviews

A KII guide was developed based on broader lines of inquiry for each topic. The semi-structure of the KIIs allowed for relative flexibility in gathering data based on the most pressing issues and needs of respondents. However, all KIIs provided information about the specific issue at hand, a contextual overview, challenges faced and how they might be overcome. The settings for KIIs were diverse and depended on the key informant. They included key informants' offices, such as at ministries, NGO offices, PHCs, MOSA/SDCs and UNICEF zonal offices. Qualitative data collection with KIIs began 23

March 2017 and was concluded on 25 August 2017. The original plan was to conduct 24 KIIs in all; however, the research team decided to extend data collection in order to follow the vertical chain from decision-making to implementation and conducted 42 KIIs.

2.4.5. Training

Training on the quantitative survey questionnaire took place on 27 and 28 April 2017 at Padova Hotel in Sin el Fil, Beirut. The training focused on the objectives and contents of the survey, included child protection and gender-based violence (GBV) sessions and provided an overview on the referral mechanism to be used during the study.

The training on the qualitative FGDs questionnaires took place on 3 May 2017 in Statistics Lebanon's office in Dekwaneh, Beirut. The training focused on the objectives of the study, the photo elicitation method, the qualitative research tools, included child protection and GBV sessions and gave an overview on the referral mechanism to be used during the study.

2.4.6. Data processing and analysis

Quantitative data were collected using tablets and computer-assisted personal interviewing (CAPI). Internal consistency checks were performed for quality assurance purposes. Data processing began simultaneously with data collection in May 2017 and was completed in August 2017. The data were processed and analysed using the Statistical Package for Social Sciences (SPSS) software version 22. The most relevant nodes were UNICEF's indicators, the domains, gender, age, and mohafaza or geographical location. Results from the analysis of the data were presented in the form of frequency tables, cross-tabulations and graphs.

Qualitative data were collected using note taking in real time. The notes were uploaded to, and encoded with, the NVivo software version 11.4.1. Encoding was done using nodes, node matrices and case classifications. The most relevant nodes were UNICEF's indicators, the domains, gender, age and mohafaza.

ANNEX A. Sampling error and design effect

The sampling error in any survey using probability sampling is given using:

$$E=1.96*\sqrt{P*(1-P)/n}* \sqrt{(\text{deff})}$$

Where, P= the percentage of a parameter of interest and (n)= sample size.

Deff= design effect due to clustering, that is using cluster sampling instead of simple random sampling.

Assuming the target population is most heterogeneous concerning a certain parameter let P=0.5, then for:

- Lebanese:
n=4,370 and design effect of 1.5, the desired margin of error will be E=+/- 1.48%.
- Syrian refugees registered with UNHCR:
n=1,211 and design effect of 1.5, the desired margin of error will be E=+/- 2.81%.
- Syrian refugees in informal settlements:
n=281 and design effect of 1.5, the desired margin of error will be E=+/- 5.84%.
- Palestine refugees:
n=408 and design effect of 1.5, the desired margin of error will be E=+/- 4.83 %.

Error ratios increase results are cross-tabulated.

3. HOUSEHOLD CHARACTERISTICS

This chapter describes the demographic and socio-economic characteristics of the four domains in the sampled households. A household, hereafter abbreviated as HH, is a unit in which one or more persons share a domestic space and shares meals from same income. The following sections examine characteristics related to the gender, age and marital status, disability, occupation and education levels of interviewees and HH-members. Data about the economic situation of the HH were collected through questions about housing facilities, including co-habitation with different families, and the number of rooms in each residence.

This information on the characteristics of the surveyed population is vital for interpreting the survey findings. This chapter provides first an overview of the total sample, after which each domain will be examined separately. As outlined in Chapter 2, the sample size for the KAP Study survey was 7,000 HHs divided by four domains proportional to population size: 5,100 Lebanese residents' HHs, 1,211 Syrian refugees registered with UNHCR HHs, 281 Syrian refugee HHs living in ISs (of 10 or more tents) and 408 Palestine refugee HHs living in designated Palestine refugee camps. Out of all respondents interviewed, 78% were Lebanese, 16% were Syrian refugees and 6% were Palestine refugees.

3.1. Characteristics of HHs: Overview

Respondents profile and HH composition

Information about the survey respondents by gender and domain is presented in table 3.1. In total, 93% of respondents are female and 7% are male. The vast majority of total survey respondents are female, with the lowest rate being for Palestine refugee respondents at 88% and the highest rate being for Syrians in ISs at 98%. Out of the total number of respondents, 51% are aged 36-55 years, while 42% are 18-35 years and 7% are 56 years and older.

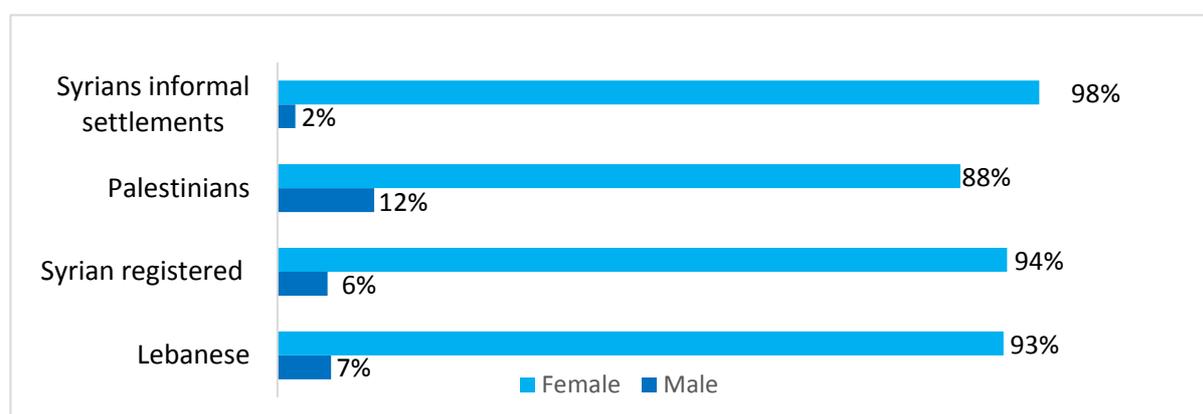


Table 3.1: Gender of total respondents by domain and by gender

Information about the composition of HH by the gender of the HH-head is presented in table 3.2. The KAP Study data show that the majority of HHs are headed by men, with the highest proportion for Lebanese at 90% and the lowest for registered Syrians at 85%. In total, 89% of HHs are headed by men compared to 11% headed by women. Out of all 7,000 HHs, 63% of HH-heads are 36-55 years of age, 27% are 18-35 years and 11% are 56 years and older.

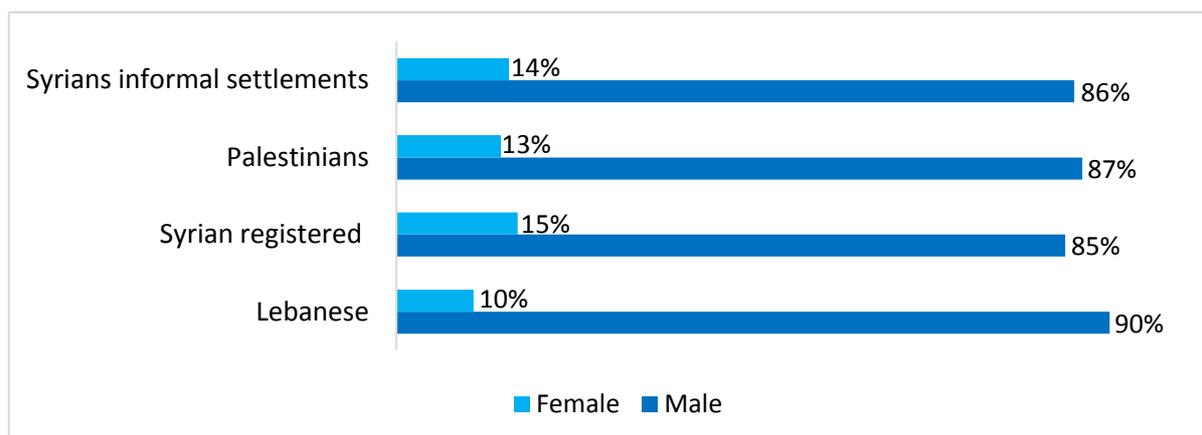


Table 3.2: Gender of HH-heads by domain and by gender

Most HHs continue to consist of a single family at almost 95%. While 86% of HHs have 3-6 members, around 12% consist of 7 members and over and around 2% consist of just 2 members.

HH population by gender, age and marital status

The total of 7,000 HHs successfully interviewed for the KAP Study are composed of 34,711 persons; 17,703 are female, representing 51% of the sample, while 17,008 are male, representing 49%. The age structure for all domains indicates that a larger proportion of the population falls into the younger age groups. Syrians in ISs have the highest number of children between 0-13 years of age at 51%, followed by registered Syrians at 47%. At 16%, Palestine refugees have the highest percentage of adults aged 26-35 years, followed by registered Syrian respondents at 15%.

At 26%, Lebanese have the highest percentage of adults aged 36-55 followed by Palestine refugees at 22%. Moreover, most children live in the same HH as their biological parents. Children who were looked after by caregivers, because their biological parents were not living in the same HH, are mostly Syrian. 8% of children in Syrian HHs did not live together with their biological father.

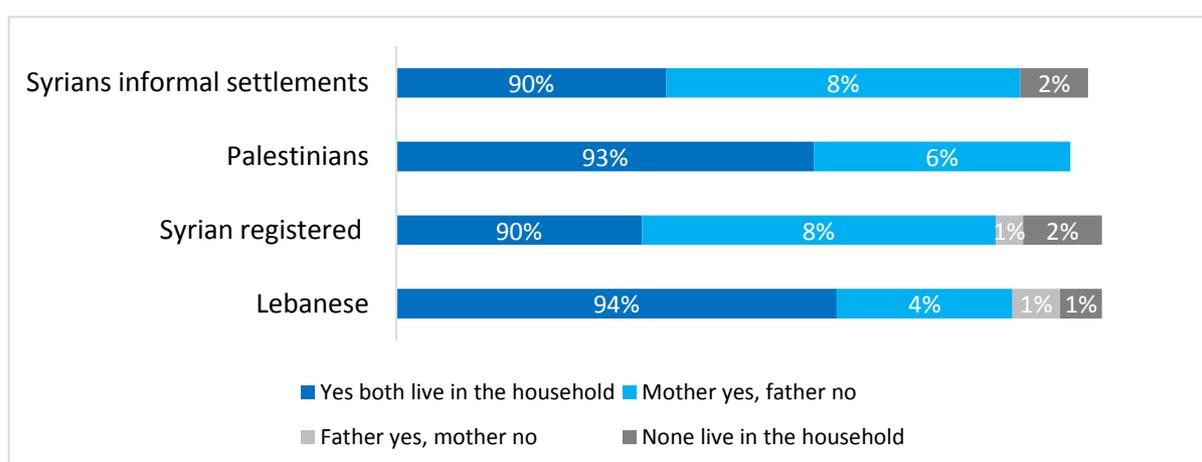


Table 3.3: Biological mother/father of children 0-17 years living in the HH by domain

As shown in table 3.3, out of the total of 34,711 HH-members, 57% are not married, 39% are married and around 4% are either widowed, divorced or engaged. Syrians are the only domains in which family members in the age bracket 14-17 years are reported married. They consist of 3% for registered Syrians and 2% for Syrians in ISs. In the age bracket of 18-25 years, the highest proportion of marriages can be

noted for Syrians; in ISs at 64% and for registered Syrians at 49%, while the lowest can be noted for Lebanese at 19% and for Palestine refugees at 18%. A more detailed breakdown of marital status is found in the sections below by domain.

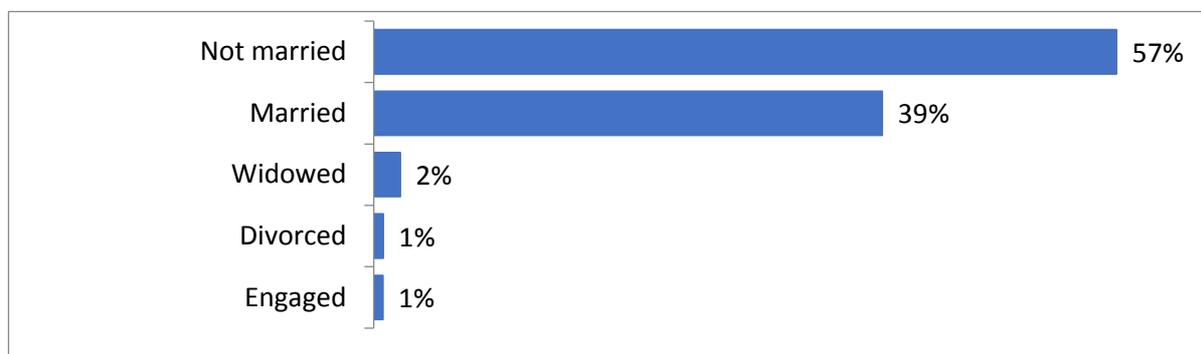


Table 3.4: Marital status of HH-members for all domains

Educational level of HH population

Education can be an indicator of certain aspects of an individual's life, including demographic and health behaviour, and can help shed light on explaining certain knowledge gaps, attitudes and practices of individuals. Around half or 53% of the total number of respondents cited primary and complementary schooling as the highest completed educational levels. Clear differences can be noted in the educational attainment of respondents across different domains and gender. The starkest gender differences can be noted among Palestine refugees. While 46% of female respondents cite primary education as the highest completed educational level, only 27% of male respondents do so. Palestine refugees also have the highest gender difference of respondents having completed university as highest educational attainment, with 16% of men completing it compared to only 10% of women.

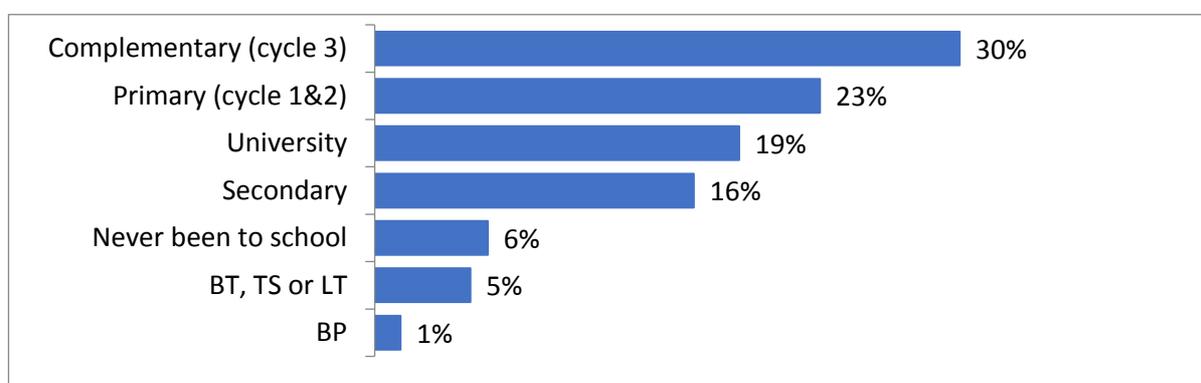


Table 3.5: Highest educational levels completed by total respondents

Among Syrian domains, more female (18%), than male respondents (12%), have never been to school. More men (47%) than women (37%) have cited primary education as the highest completed educational level. The most gender equal results among male and female respondents can be found among Lebanese, where differences are at most 2% between each level of educational attainment. The lowest educational attainment rates can be found among Syrians in ISs, where 30% of male respondents and 34% of female respondents have never been to school. The highest educational attainment rates are to be found in the Lebanese domain, where 19% of respondents have completed secondary school and 24% have completed university education. For Lebanese and registered Syrians, educational attainment is higher in more urban mohafaza than in rural ones.

Housing characteristics

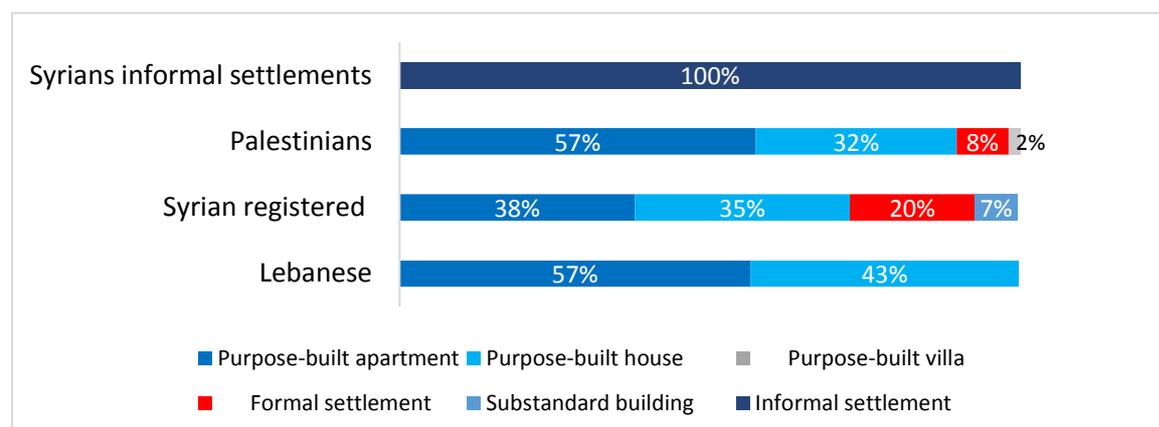


Table 3.6: Housing arrangements by domain

Data on HHS' housing characteristics indicate socio-economic status and vulnerability of individuals and families in question. Aside from Syrians living in ISs, where all interviewed HHs live in tents, 100% of Lebanese, 89% of Palestine refugee and 73% of registered Syrian HHs live in either purpose-built apartments or houses. While 8% of interviewed Palestine refugee HHs live in formal settlements, 20% of registered Syrian respondents' HHs constitute formal settlements and 7% constitute substandard buildings, indicating an increased level of vulnerability and precariousness.

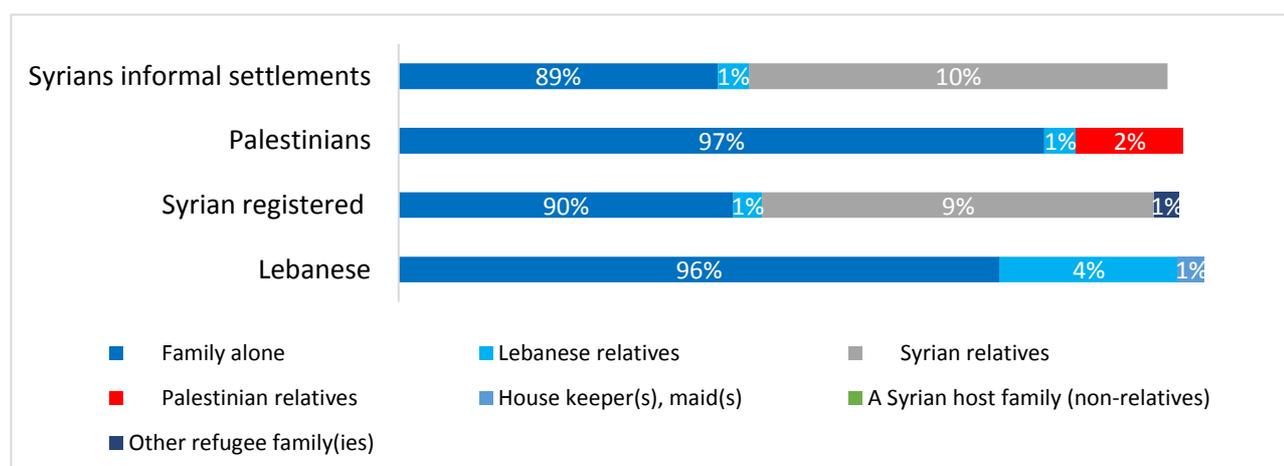


Table 3.7: HHs sharing their housing by domain

95% of HHs interviewed for the KAP Study were single-family HHs. Around 10% of Syrian respondents registered with UNHCR and Syrian respondents in ISs share their home with one or more families, who are predominantly Syrian relatives. The highest proportion of shared housing facilities among registered Syrian HHs were found in Beirut and Mount Lebanon at 17% for both. A similar trend, but with fewer numbers at 2% in Beirut and 6% in Mount Lebanon, was found for Lebanese HHs, indicating a centre-periphery difference that, because of a lack of available living space, higher prices or perceived protection risks, drive families to share housing.

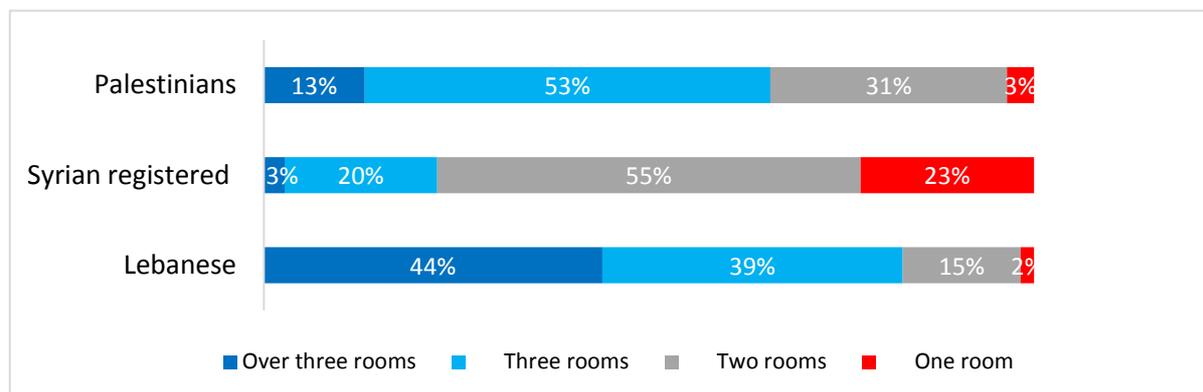


Table 3.8: Rooms in the HH by domain excluding bathroom and kitchen

Information on the number of rooms for each HH by domain indicates certain trends in HHs' economic situation. Lebanese HHs had the best economic profile in comparison to other domains, with 83% of HHs having three or more rooms. In comparison, 66% of Palestine refugee HHs have three or more rooms. Of respondents living in structures that have rooms, registered Syrian respondents represent the most economically vulnerable population group, with only 23% of HHs having three or more rooms, compared to 55% of HHs having two rooms and 23% only one room. The most vulnerable domain in terms of living space is of course that of Syrians living in ISs.

HH population's engagement in paid activity

Respondents were interviewed about all HH-members' engagement in paid activity to gauge the socio-economic situation of the population groups in question. Overall, most family members are not engaged in paid activities. Critically, over three times more, or 39% of, male HH-members than female HH-members (12%) are engaged in paid activity. Of the total of HH-members who are working, the highest percentage or 32% report to be self-employed, indicating that they are potentially not financially stable. Around 20% are service and sale workers in shops and around 10% are handcrafters and just as many are state employees.

Disabilities

Only 1% of the total HH-members are reported to have a disability. The low number indicates that there might be a confusion of categories and uncertainty as to what constitutes a disability among respondents, a finding that has been validated by the qualitative research. The lowest reported number of HH-members with disability were among Lebanese; the highest were among Syrians registered with UNHCR.

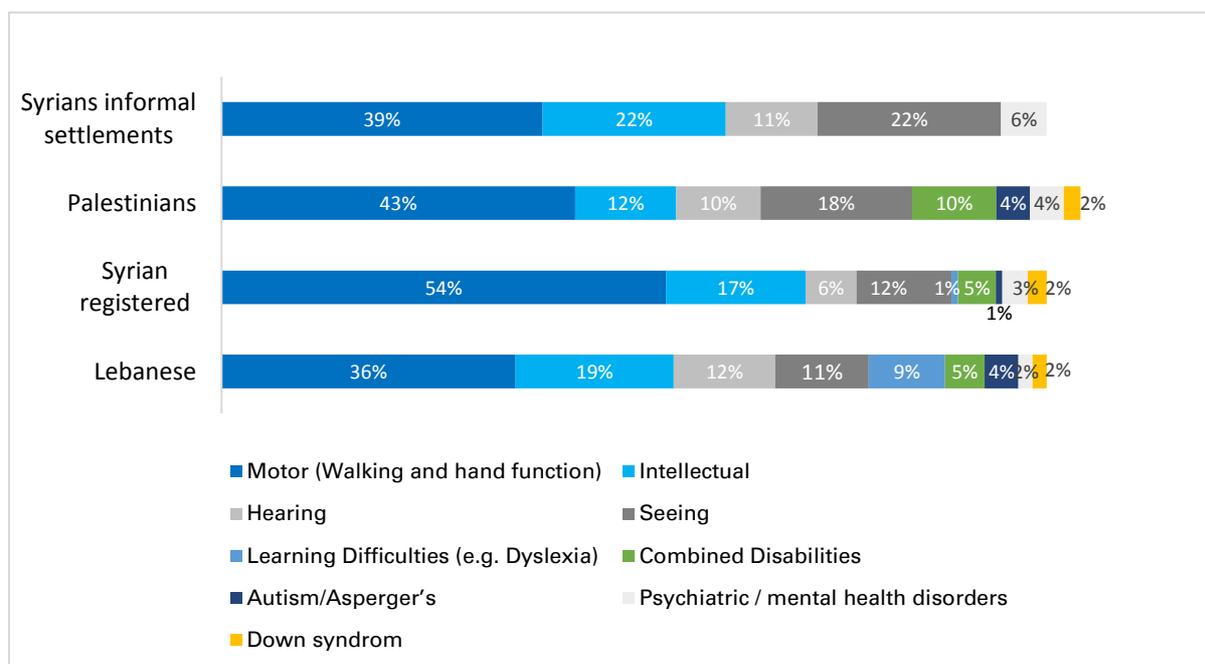


Table 3.9: Type of disability of HH-members by domain

For the five lower age groups (0-13 years, 14-17 years, 18-25 years; 26-35 years and 36-55 years), percentages of reported HH-members with disability fluctuated between 1 and 3%. The age group with the highest proportion of disabilities is the eldest one with 55 years and over, where the percentage fluctuates between 2% for Palestine refugees and 7% for registered Syrians. Moreover, Syrians have the fewest available caregivers to support HH-members with disabilities, while Palestine refugees have the most. Nonetheless, the proportions are very low for all domains, indicating a high vulnerability for individuals with disability.

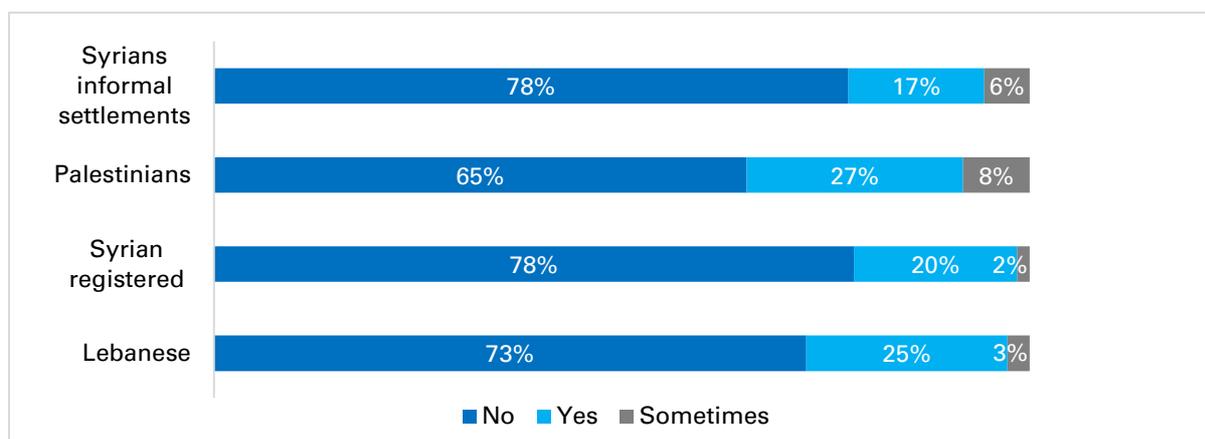


Table 3.10: Availability of caregiver for HH-members with reported disability by domain

3.2. Characteristics of HHs: Lebanese domain

Respondents profile and HH composition

While survey respondents are overwhelmingly female at 93% compared to 7% male respondents, the heads of HH are mostly male at 90% compared to 10% female. Of those 90% male HH-heads, almost 70% are 36-55 years old; and of the 10% of female HH-heads almost 60% are 36-55 years old.

Moreover, of the 93% of female respondents, around half are 36-55 years and around a third are 26-35 years old. Of the 7% male respondents, over half are between 18-25 years old.

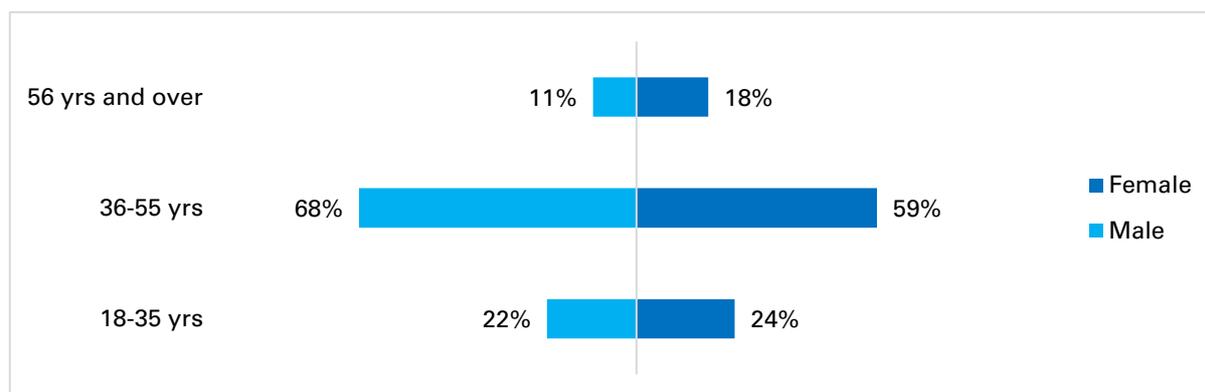


Table 3.11: Lebanese HH-heads by gender

On a mohafaza level, the highest percentage of female interview respondents, at 97%, were in Bekaa, closely followed by the North at 96%. In contrast, the two highest percentages of male interview respondents are in Nabatieh at 11% and in Mount Lebanon at 10% respectively. Regarding the gender of HH-heads, the highest percentage of male-headed HHs at 92.8% was found in Bekaa, followed by the North with 91%. Beirut has the highest percentage of female-headed HHs at 14.5% followed by South at 11.5%.

HH population by gender, age and marital status

The total of 5,100 Lebanese HHs successfully interviewed for the KAP Study are composed of 28,890 persons; 14,734 are female, representing 51% of the domain, while 14,156 are male, representing 49%. Most Lebanese HHs have 4-5 HH-members. The highest proportion of smaller HHs composed of 2-3 members is found in Beirut at 28%, while the highest proportion of HHs composed of 4-5 members is found in Bekaa and Mount Lebanon. Almost half of Lebanese HHs in Akkar are composed of 6 and more persons, representing the highest proportion among all mohafazat.

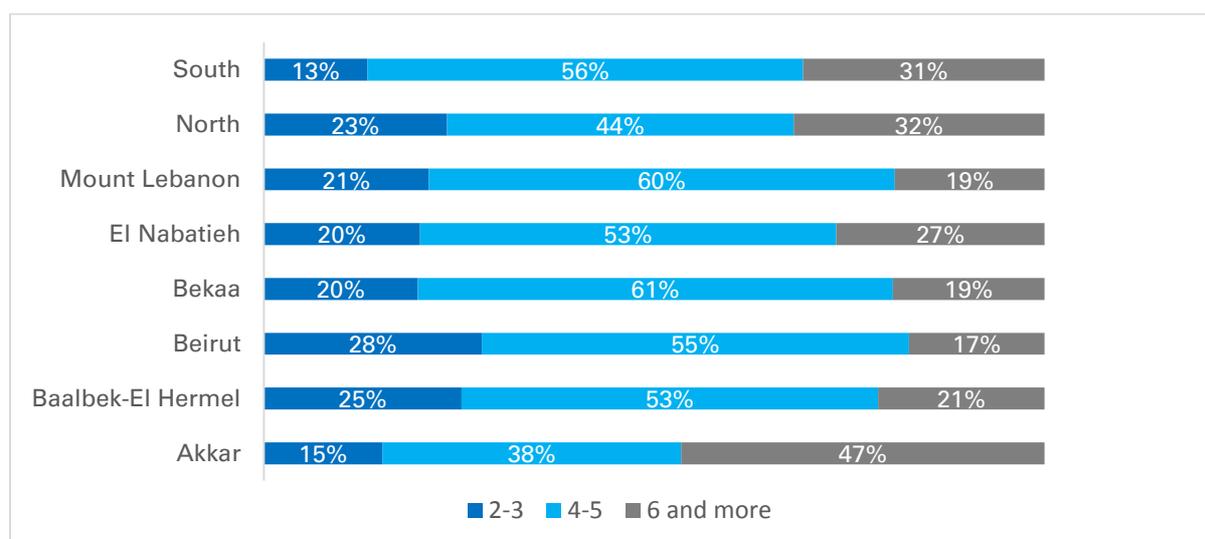


Table 3.12: Total number of Lebanese HH-members by mohafaza

The age structure for the Lebanese domain is relatively evenly distributed. Children between 0 and 17 years constitute 43% of the total number of family members. There is an equal number of HH-members

18-35 years and 35-55 years with 26% each. With only 5% of HH-members at the age of 55 years or older, the Lebanese population is comparatively young.

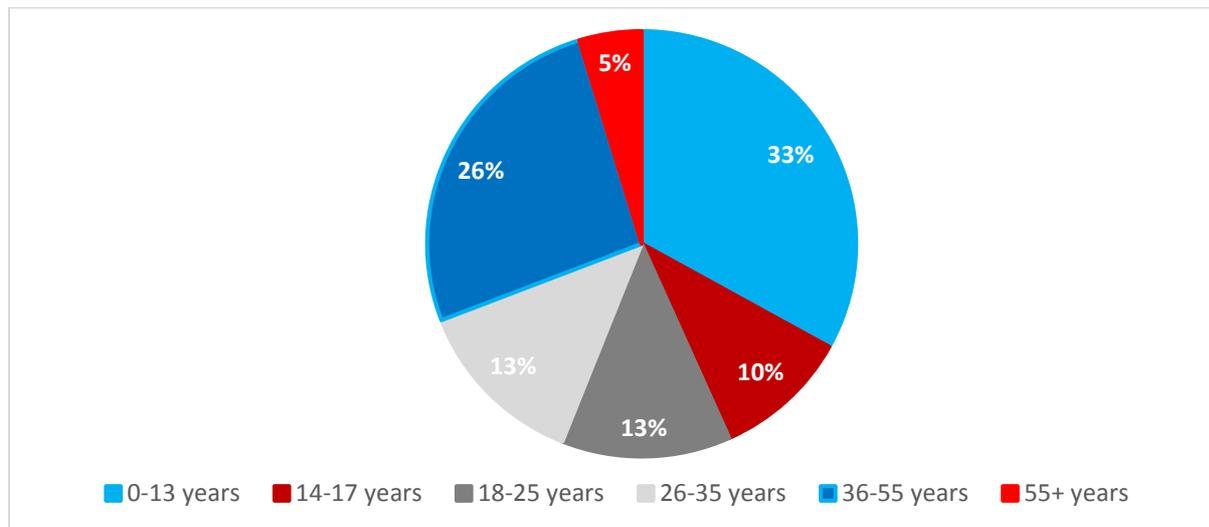


Table 3.13: Age of all HH-members for the Lebanese domain

Moreover, 94% Lebanese children under 18 years live in the same HH as their biological parents, while 4% live only with the mother. A small fraction of Lebanese children, at 1%, does not live with their biological parents but instead lives with other caregivers. While around 20% of Lebanese aged 18-25 years are married, almost 90% of 26-35 year olds are married. This trend stays consistent as respondents get older, with 95% of 36-55-year-old Lebanese being married.

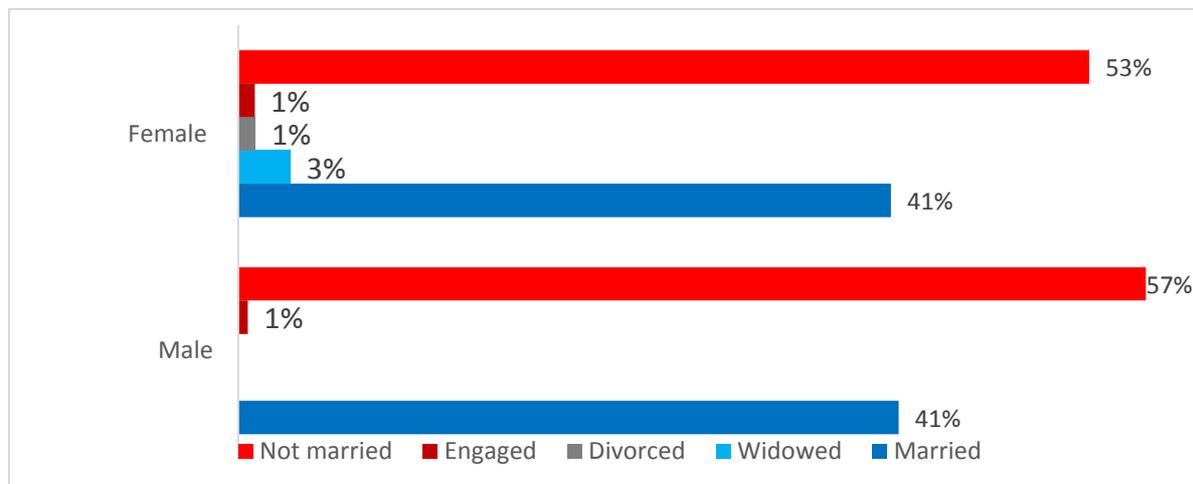


Table 3.14: Marital status of HH-members in the Lebanese domain

Educational level of respondents

Lebanese respondents have the highest and most gender-equal educational attainment results among all domains. While 2-3% have never been to school, the highest educational completion for 16-18% of Lebanese respondents is primary education (cycles 1 and 2), for 30% it is complementary education (cycle 3). Around 20% have completed secondary education and 7% have completed Brevet Professionel (BP), Baccalaureat Technique (BT), Technicien Supérieur (TS) or Licence Technique (LT). 24% of both female and male respondents have completed a university education.

The highest level of educational attainment, if the percentages for a completed secondary and university education are added, is found in Mount Lebanon (50%), followed by Bekaa (43%). The highest proportion of respondents who have never attended school is in Akkar at 10%, followed by Nabatieh. Overall, Akkar has the lowest educational attainment numbers, followed by the mohafazat of North and Baalbek-Hermel.

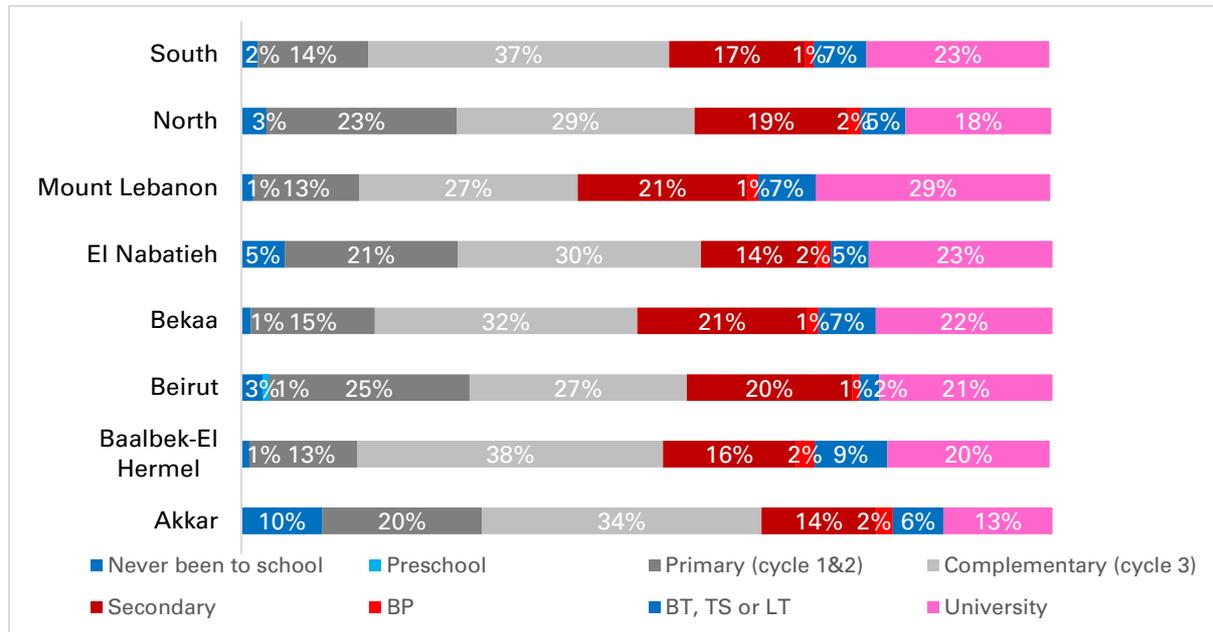


Table 3.15: Highest level of educational attainment of Lebanese respondents by mohafaza

Housing characteristics

Lebanese HHs surveyed for the KAP Study reside in two types of housing: 57% live in purpose-built apartments and 43% live in purpose-built houses. The majority of Lebanese HHs, 96%, live with their families alone and 4% live with Lebanese relatives. From the total HHs interviewed, 83% have three rooms or more, while 15% have two rooms and 2% have only one room. Those with the lowest number of rooms, in all 17%, may be considered the most socio-economically vulnerable.

HH population's engagement in paid activity

The highest proportion of Lebanese HH-members who are engaged in paid activity is in the age groups 26-35 years (57%) and 36-55 years (62%). Of the total Lebanese HH-members engaged in paid activity, 31% are freelance, which indicates a certain level of financial precariousness, an interpretation that is validated by FGD data. 22% are employed in the service sector and in sales, 11% are state employees and 9% have specialised jobs like lawyer, judge and engineer.

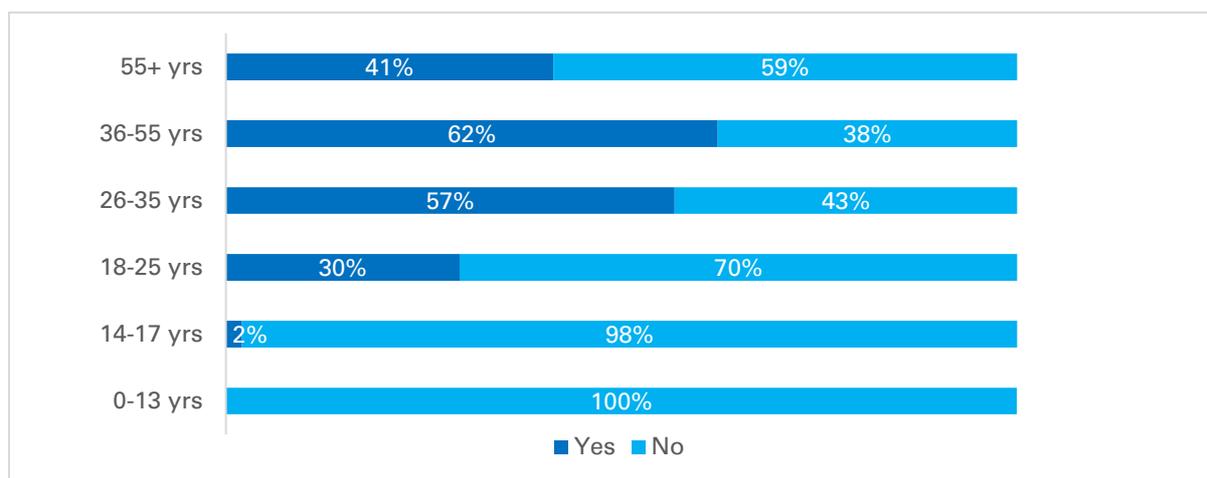


Table 3.16: Lebanese HH-members engaged in paid activity by age

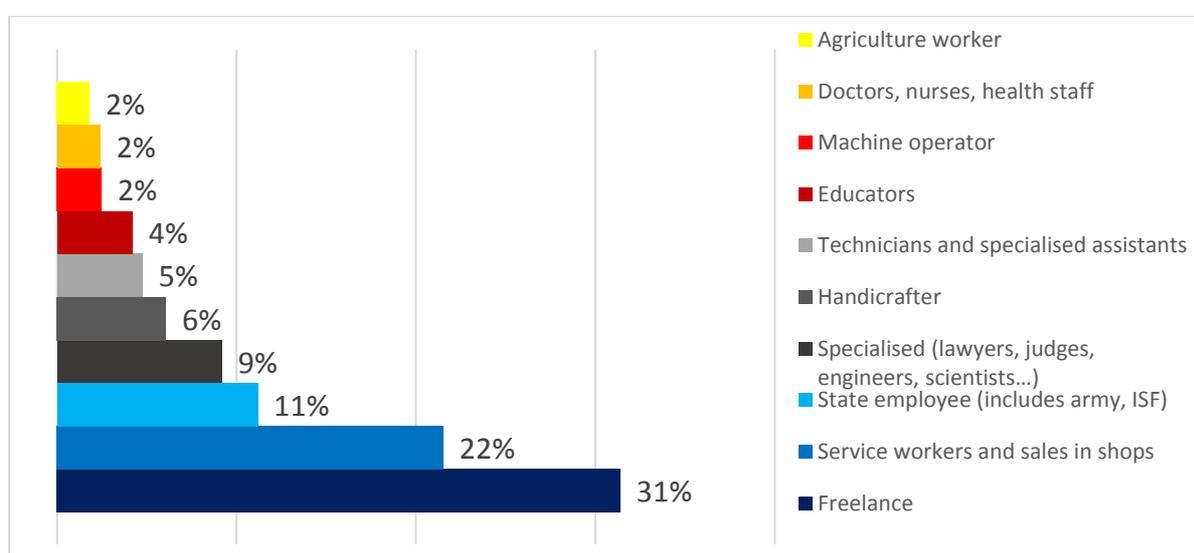


Table 3.17: Types of paid activity Lebanese HH-members are engaged in

Disabilities

The proportion of HH-members in the Lebanese domain who reportedly have a disability is relatively small. The highest proportion of disabilities, 4%, was reported for the eldest age group of 55 years and older. Of HH-members reported have a disability, around 60% have physical disabilities (motor, hearing and seeing) and around 20% have intellectual disabilities. Learning difficulties constitute around 10% of the total and combined disabilities 5%. Only 25% of individuals with disabilities were reported to have a caregiver to support them; 73% do not.

When asked whether Lebanese HH-members with disabilities had received a disability card by MOSA, the Bekaa and South mohafazat score the best: 100% and 67% respectively responded affirmatively to the question. Akkar and Nabatieh score the lowest with only 35% having received a disability card by MOSA. In Beirut, Mount Lebanon, the North and Baalbek-Hermel, around half of Lebanese HH-members with disabilities had received a MOSA disability card.

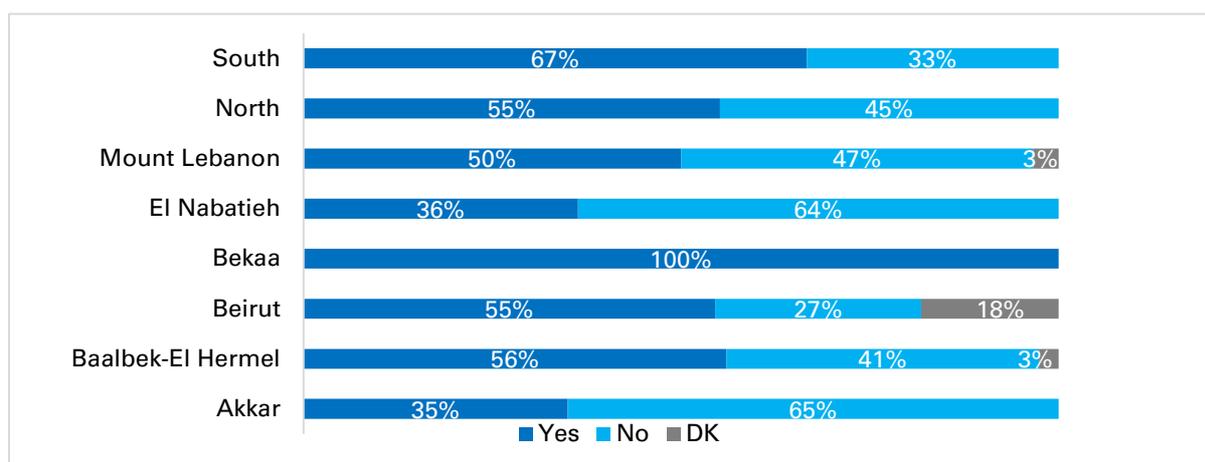


Table 3.18: Lebanese HH-members with disabilities who have received a disability card from the Ministry of Social Affairs

3.3. Characteristics of HHs: Syrians registered with UNHCR domain

Respondents profile and HH composition

Of Syrian respondents registered with UNHCR, 94% are female and 6% male. Of all domains, the registered Syrian domain has the highest rate of female-headed HHs at 15%, compared to 85% male-headed HHs. Of the 94% female respondents, 65% are 18-35 years, whereas, of the 6% of male respondents, 80% belong to the same age bracket. Of the 85% male-headed HHs, the heads of HHs are relatively young, with 43% being 18-35 years and 51% aged 36-55 years. A similar trend can be noted for female heads of HHs, with 40% of them between 18 and 35 years and almost 50% of them being 36-55 years.

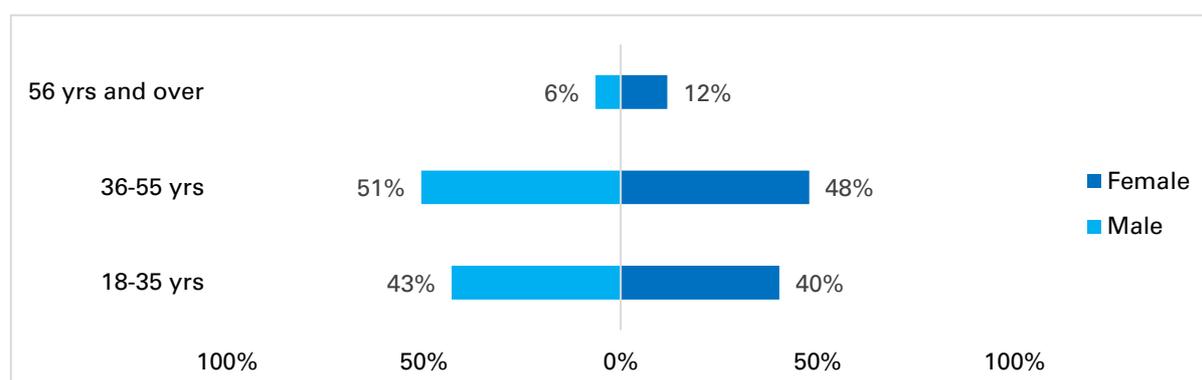


Table 3.19: Subset percentage of Syrian HH-heads registered with UNHCR by gender

On a mohafaza level, the highest percentage of female interview respondents in the registered Syrians domain, 100%, was in Beirut, closely followed by the South at 96% and Bekaa. In contrast, the two highest percentages of male interview respondents are in North at 11% and in Mount Lebanon at 6%. On the gender of HH-heads, the highest percentage of male-headed HHs or 93% was found in Beirut, followed by Mount Lebanon and the South at 87%. Bekaa (including Baalbek-Hermel) and North (including Akkar) have the highest percentage of female-headed HHs at 17%.

HH population by gender, age and marital status

The total of 1,211 Syrian HHs registered with UNHCR successfully interviewed for the KAP Study were composed of 7,096 persons; 3,619 are female, representing 51% of the domain, while 3,477 are male, representing 49%. For several mohafazat, around half of the HHs in the registered Syrians domain consist of 6 persons or more. The highest proportion of HHs with 6 persons or more was found in Nabatieh (64%), followed by Bekaa (56%) and Baalbek-Hermel (52%). Registered Syrian HHs in Beirut are comparatively the smallest, with almost 60% of them comprising no more than 4-5 members per HH.

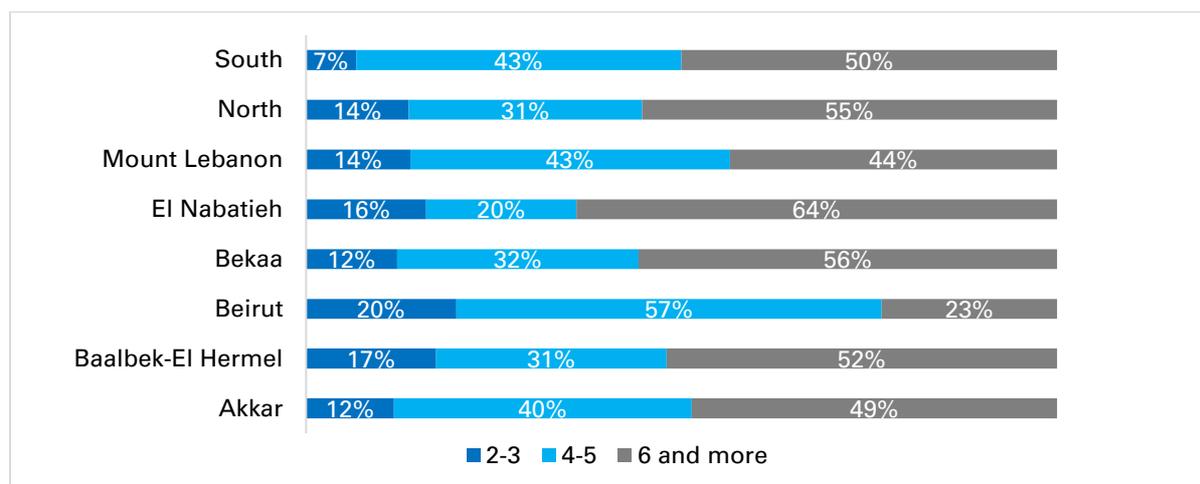


Table 3.20: Number of Syrian HH-members registered with UNHCR by mohafaza

The age structure for the registered Syrian domain indicates a young population and a high fertility rate. Children between 0 and 17 years constitute 55% of the total number of family members. Around 30% of registered Syrian HH-members are 18-35 years old and 15% are 36-55.

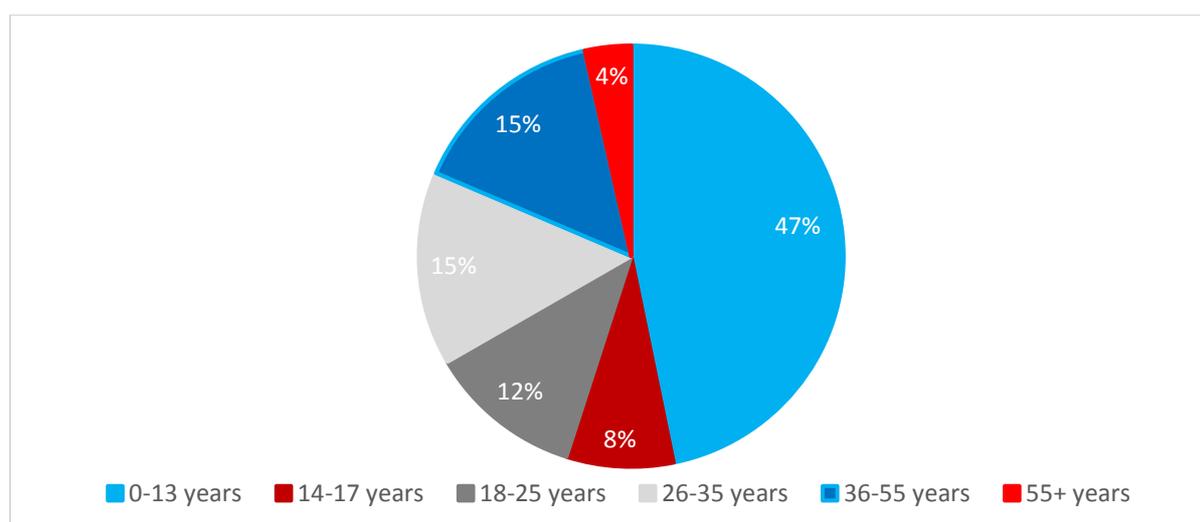


Table 3.21: Age of all HH-members for the domain of Syrians registered with UNHCR

Furthermore, 90% of registered Syrians children under 18 years live in the same HH as their biological parents, while 8% live in the same HH as the mother and without the father. A small fraction of registered Syrian children, 2%, does not live with their biological parents but instead lives with other caregivers. Around 50% of 18-25-year-old registered Syrian HH-members are married; while 90% of

the higher age groups of 26-35 and 36-55 years are married. One can note that a relatively high rate, almost 40%, of registered Syrian HH-members of 55 years and older are widowed.

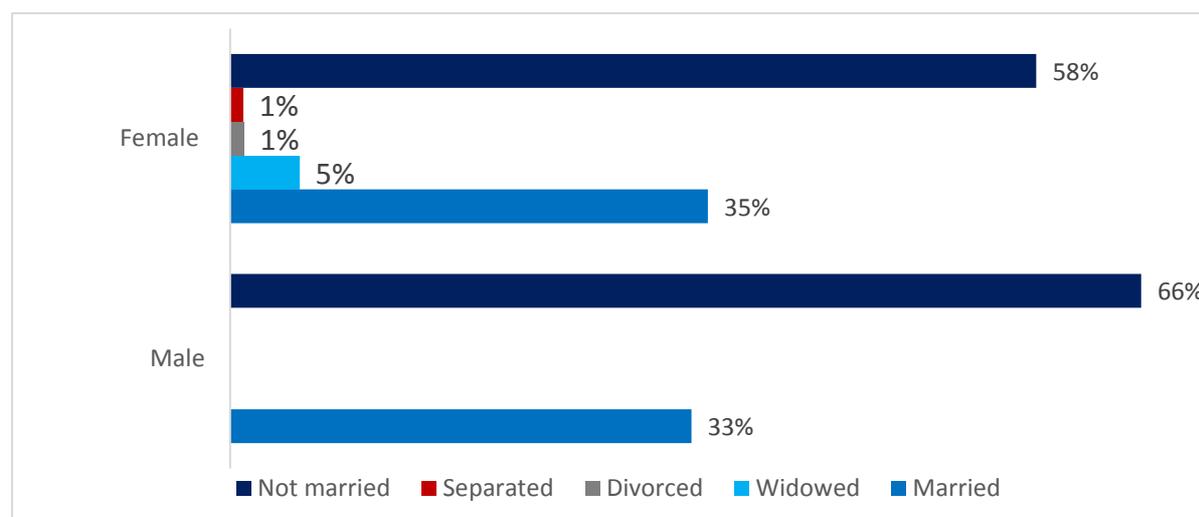


Table 3.22: Marital status of HH-members in the domain of Syrians registered with UNHCR

Educational level of respondents

Educational attainment results among the registered Syrian domain contain some gender differences. For instance, while 12% of all male respondents have never been to school, the number for female respondents is 18%. While 47% of male respondents' highest completed educational level is primary education, for female respondents it is 37%. For both male and female respondents, the percentage of those who have completed university as highest educational level is only 4%.

The highest level of educational attainment in the registered Syrians domain was found in Nabatieh, where 26% of survey respondents completed secondary and university education, followed by the North and Beirut at 17%. The highest proportion of registered Syrian respondents who have never attended school is in Baalbek-Hermel at 41%, followed by Bekaa at 19%. Overall, Baalbek-Hermel has the lowest educational attainment numbers, followed by the Bekaa and South.

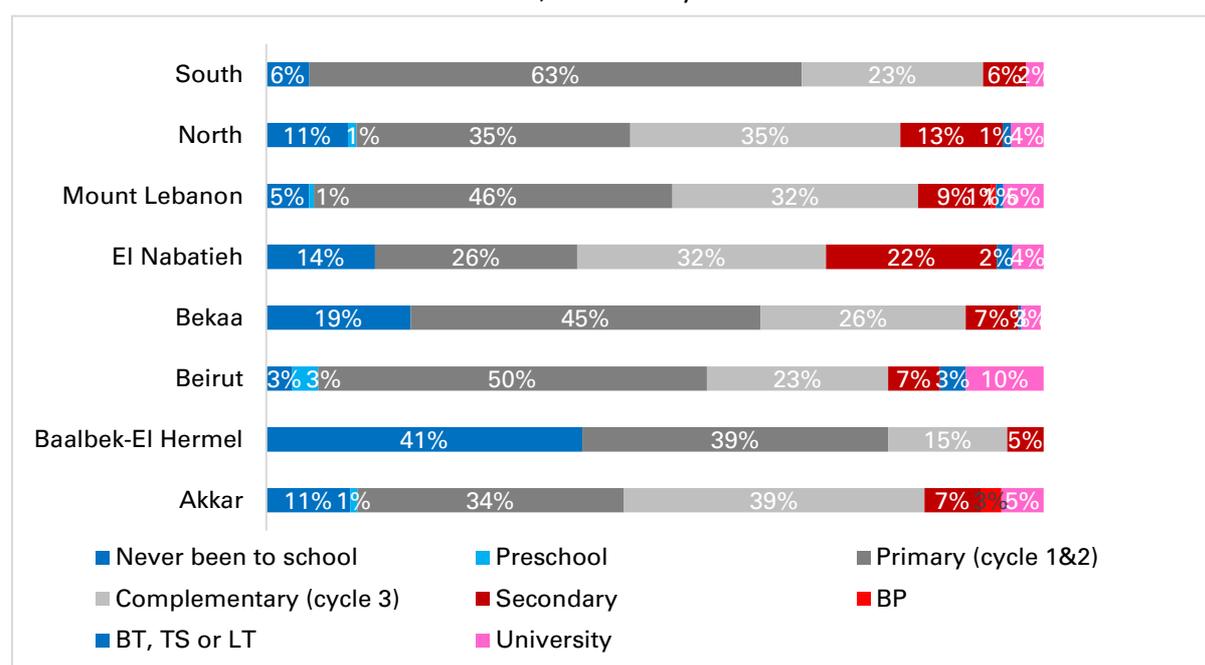


Table 3.23: Highest level of educational attainment of Syrian respondents registered with UNHCR by mohafaza

Housing characteristics

Registered Syrian HHs interviewed for the KAP Study survey reside in four types of housing: 38% live in purpose-built apartments, 35% live in purpose-built houses, 20% live in formal settlements and 7% live in substandard buildings. Most registered Syrian HHs, 90%, live with their families alone and 9% live with Syrian relatives. From the total HHs interviewed, 55% have two rooms and 23% have three or more rooms and the same number has one room.

HH population's engagement in paid activity

Of the total number of Syrian HH-members, 36% of age category 26-35 years and 35% of age category 36-55 years are engaged in paid activity. Of those HH-members who do work, 45% are freelance, which indicates a high degree of financial precariousness. Among the four domains, registered Syrians have the highest proportion of HH-members working as freelancers. Qualitative data also indicate that Syrian men often are day labourers, with everything that this entails of insecurity and precariousness.

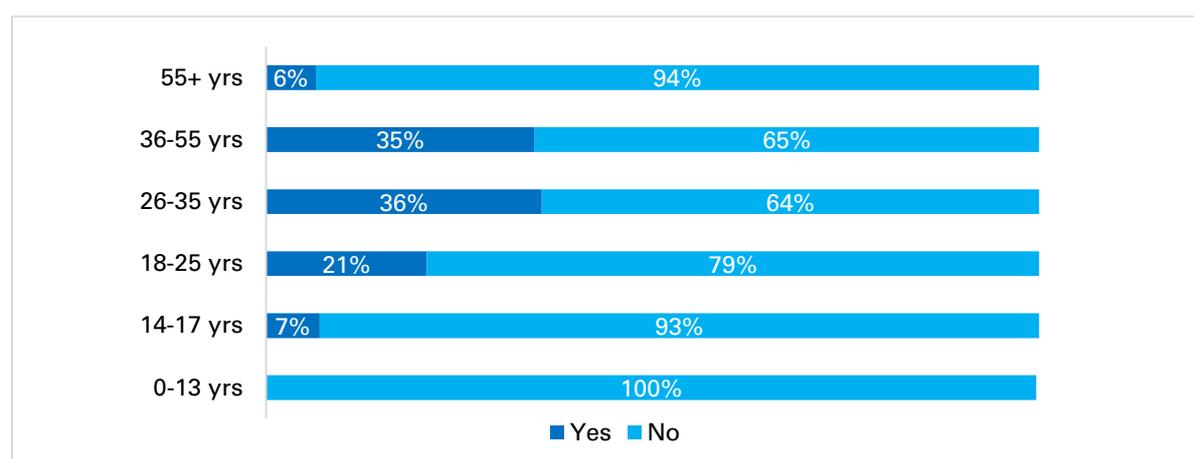


Table 3.24: Syrian HH-members registered with UNHCR engaged in paid activity by age

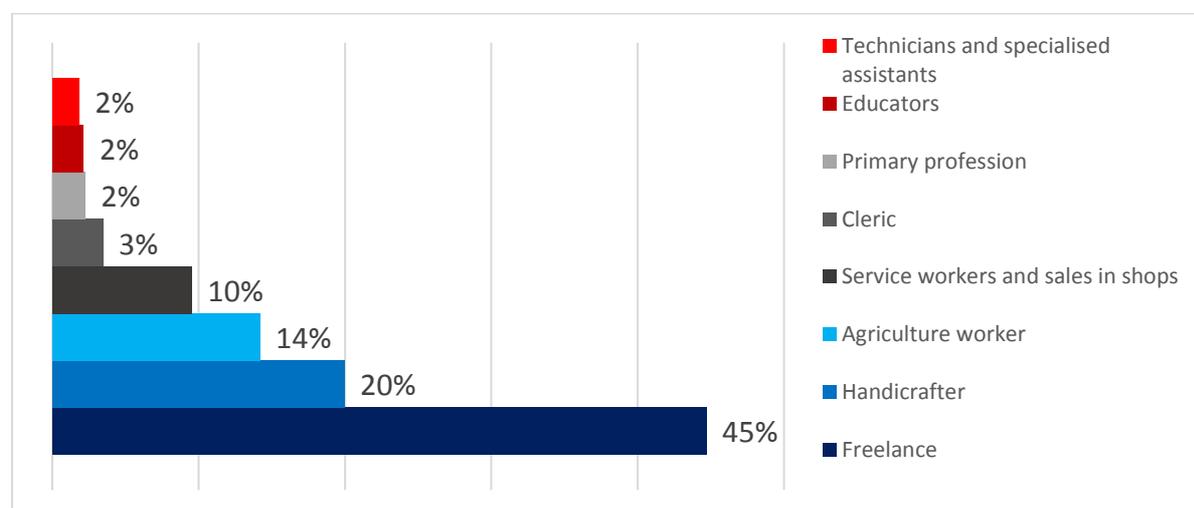


Table 3.25: Types of paid activity Syrian refugee HH-members registered with UNHCR are engaged in

Disabilities

The proportion of HH-members for registered Syrians who are reported to have a disability is relatively small. This might indicate a confusion of categories and uncertainty as to what constitutes a disability among registered Syrian respondents. The highest proportion of disabilities, 7%, is reported for the eldest age group of 55 years and over. Of those HH-members reported to have a disability, around 72% are identified as physical disabilities (motor, hearing and seeing) and around 20% as intellectual disabilities. Learning difficulties constitute around 1% and combined disabilities 5%. Only 20% of registered Syrians with disabilities are reported to have a caregiver to support them, almost 80% do not.

3.4. Characteristics of HHs: Syrians in ISs domain

Respondents profile and HH composition

Respondents in the Syrian in ISs domain are to 98% female and only 2% male, constituting the highest female response rate per domain. Syrians in ISs had the second highest rate of female-headed HHs at 14%, compared to 86% male-headed HHs. All male respondents are in the 18-25 years age bracket. Female respondents are evenly distributed among all age groups with slightly more 26-35 years olds. Syrians in ISs have the highest proportion of male and female heads of HHs in the youngest age bracket of 18-25 years. Male heads of HHs, who constitute the majority, are relatively young. While 44% are 18-25 years, around 50% are 36-55 years old.

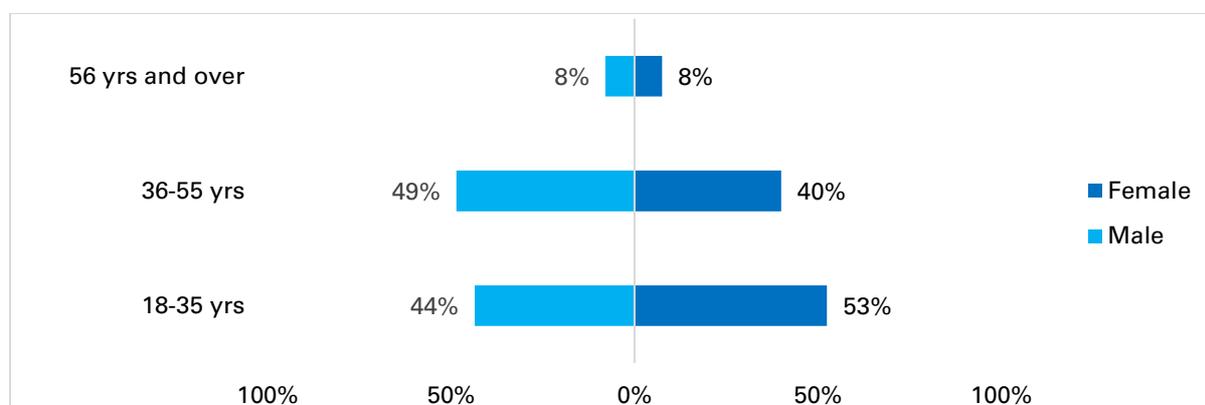


Table 3.26: Subset percentage of Syrian in ISs HH-heads by gender

HH population by gender, age and marital status

The total of 281 Syrian HHs in ISs successfully interviewed for the KAP Study is composed of 1,583 persons; 823 are female, representing 52% of the domain, while 760 are male, representing 48%. The Syrians in ISs domain has proportionally the youngest population: 61% of HH-members are 0-17 years, 23% are 18-35 years and just 16% are older than 36 years.

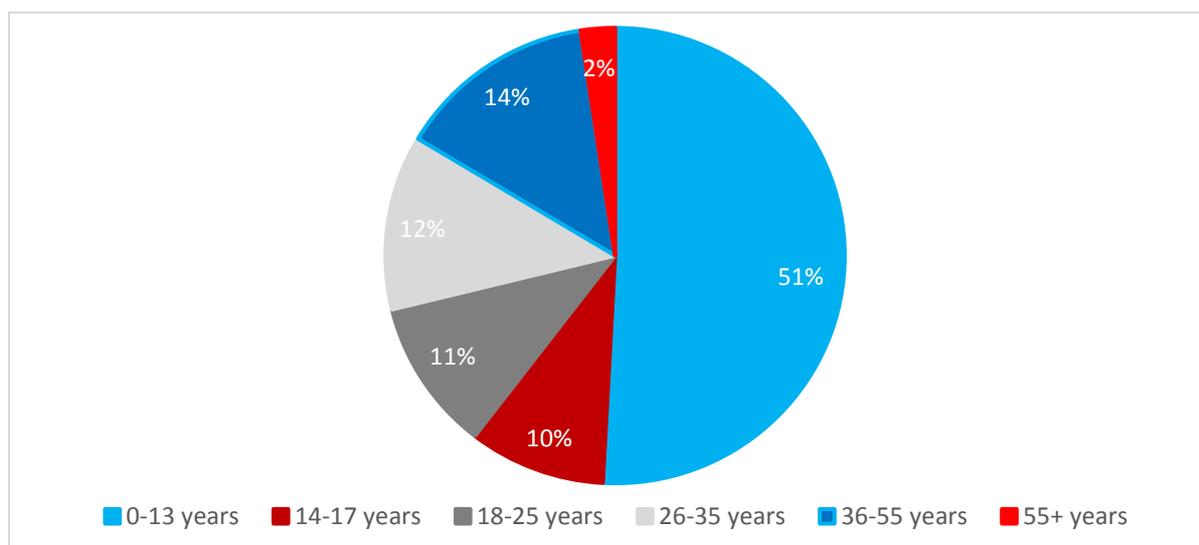


Table 3.27: Age of all HH-members for the Syrians in ISs domain

Given the young population, over half of the Syrian HH-members in ISs are not married. Slightly more male (67%) than female (64%) HH-members are not married. 33% of both male and female HH-members are married and 3% of female HH-members are divorced. As many as 64% of HH-members in the Syrian in ISs domain that belong to the age group 18-25 years are married.

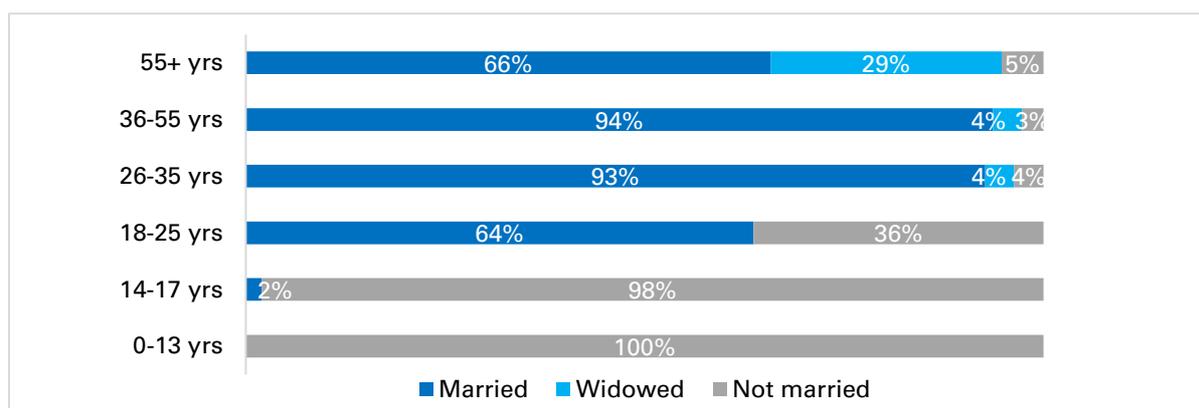


Table 3.28: Marital status of HH-members in the Syrians in ISs domain by age

Similar to data from the registered Syrian domain, there is an indication of child marriage as 2% of children between 14-17 years are married. Moreover, Syrians in ISs have a comparatively higher rate of widowed HH-members than other domains. The biological parents are living in the same HH as 90% of all HH-members under 18 years, while 8% of children live only with their biological mother and 2% do not live with their biological parents, meaning that they are looked after by other caregivers.

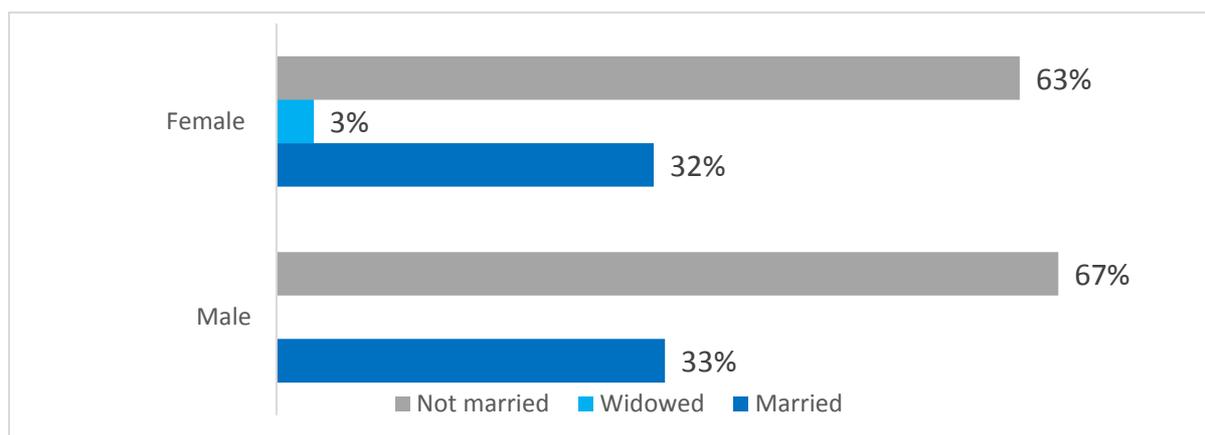


Table 3.29: Marital status of HH-members in the Syrians in ISs domain by gender

Educational level of respondents

In comparison to the other domains, Syrians in ISs have the highest proportion of respondents who have never attended school. The proportion is slightly higher for female than male, at 34% compared to 30%. Similarly, more men than women have completed primary education: 43% for male and 34% for female respondents. Overall, the level of education is low as most have dropped out of school before reaching secondary education.

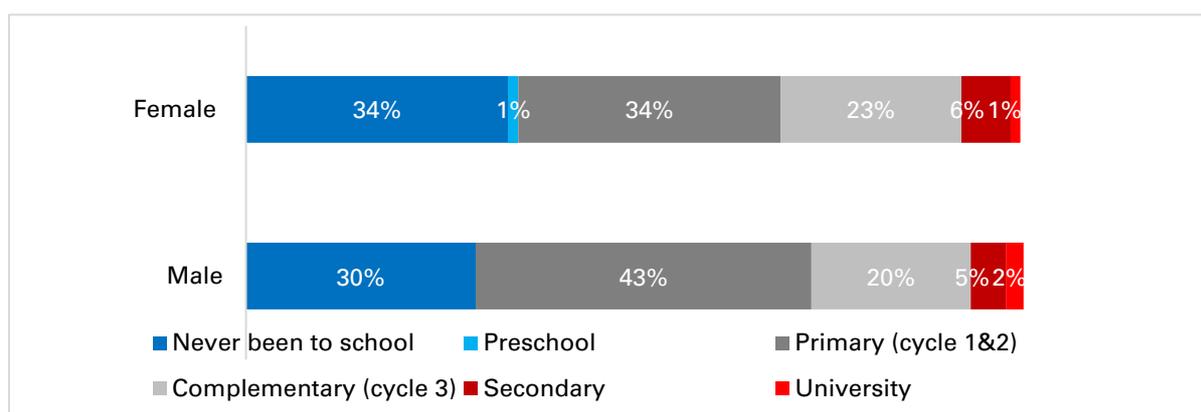


Table 3.30: Highest educational level completed by Syrian respondents in ISs by gender

Housing characteristics

Syrian HHs in ISs surveyed for the KAP Study all reside in informal settlements. Most HHs, 89%, live with their families alone, 10% of HHs live with Syrian relatives and 1% with Lebanese relatives. The make-up of ISs and the available facilities vary from one IS to the other. Generally, the same family tends to share one tent, which is why no differentiations are made regarding the number of rooms.

HH population's engagement in paid activity

36% of HH-members belonging to the 18-25 age group are engaged in paid activity, compared to 43% of the 26-35 age group and 38% of the 35-55 age group. Of all domains, Syrians in ISs have the highest proportion of children of the ages 14-17 years who are engaged in paid activity. Regarding types of paid activities, 36% are freelancers, 28% work in agriculture and 18% are handcrafters.

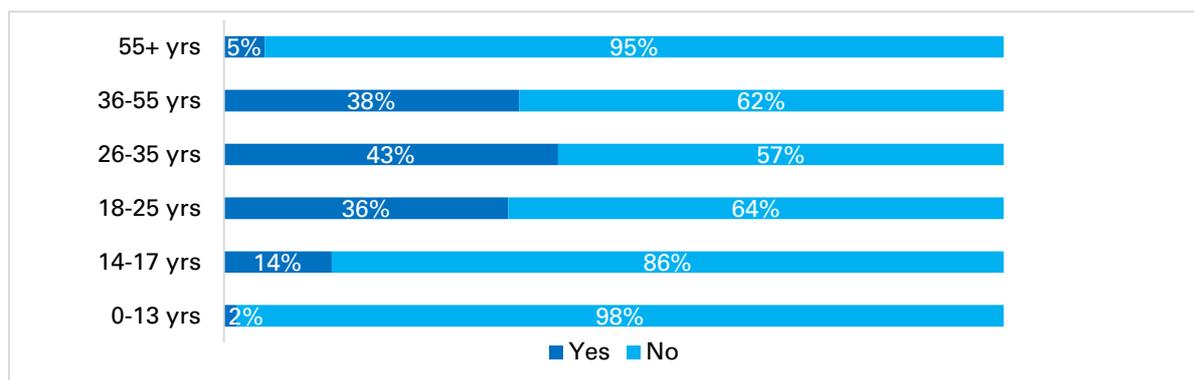


Table 3.31: Syrians in ISs HH-members engaged in paid activity by age

Disabilities

The proportion of HH-members in the Syrians in ISs domain who are reported to have a disability is relatively small. This might indicate a confusion of categories and uncertainty as to what constitutes a disability among Syrian respondents in ISs. The highest proportion of disabilities, 5%, was reported for the eldest age group of 55 years and over. Of those HH-members who were reported to have a disability, around 70% are identified as physical disabilities (motor, hearing and seeing) and around 22% as intellectual disabilities. Syrians in ISs have the highest proportion of HH-members with disabilities. Only 17% of Syrians in ISs with disabilities are reported to have a caregiver to support them.

3.5. Characteristics of HHs: Palestine refugees' domain

Respondents profile and HH composition

Palestine refugee survey respondents are to 88% female and 12% male, constituting the highest male-response rate of any domain. Male-headed HHs constitute 87% of all Palestine refugee HHs, while female-headed HHs constitute 13%. Of the 12% male respondents, over half are 18-25 years old, while a third are 26-35 years old. Around half of female Palestine refugee respondents are 36-55 years, around a third are aged 26-35. The most common age-bracket for both male and female heads of HHs is 36-55 years. While around 30% of male Palestine refugee HH-heads are 18-35 years old, 20% of female HH-heads are in that age bracket.

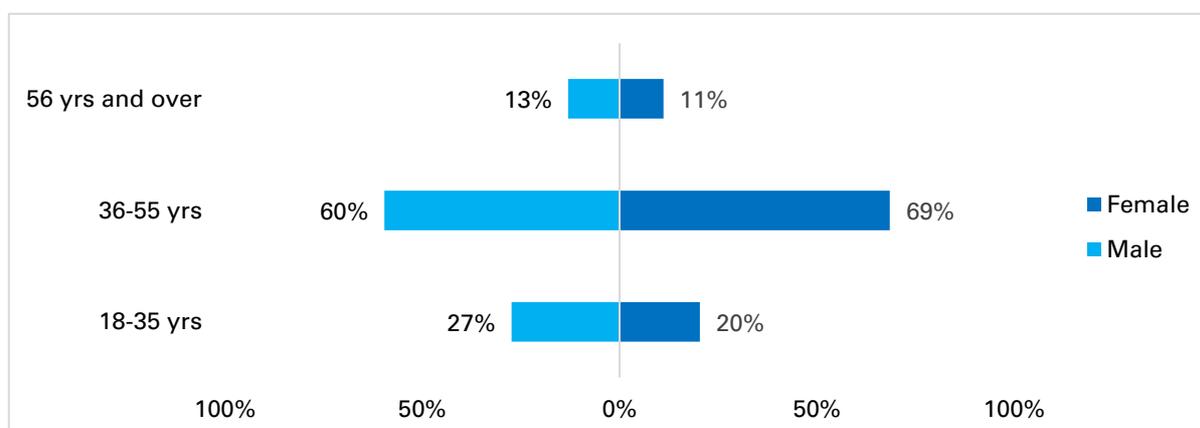


Table 3.32: Subset percentage of Palestine refugee HH-heads by gender

HH population by gender, age and marital status

The total of 408 Palestine refugee HHs successfully interviewed for the KAP Study is composed of 2,142 persons, of whom half, or 1,071 individuals, are female and half are male. In terms of age structure, Palestine refugee HHs resemble Lebanese HHs: 43% of HH-members are 0-17 years old, around 30% are 18-35 and 26% are over 36 years old.

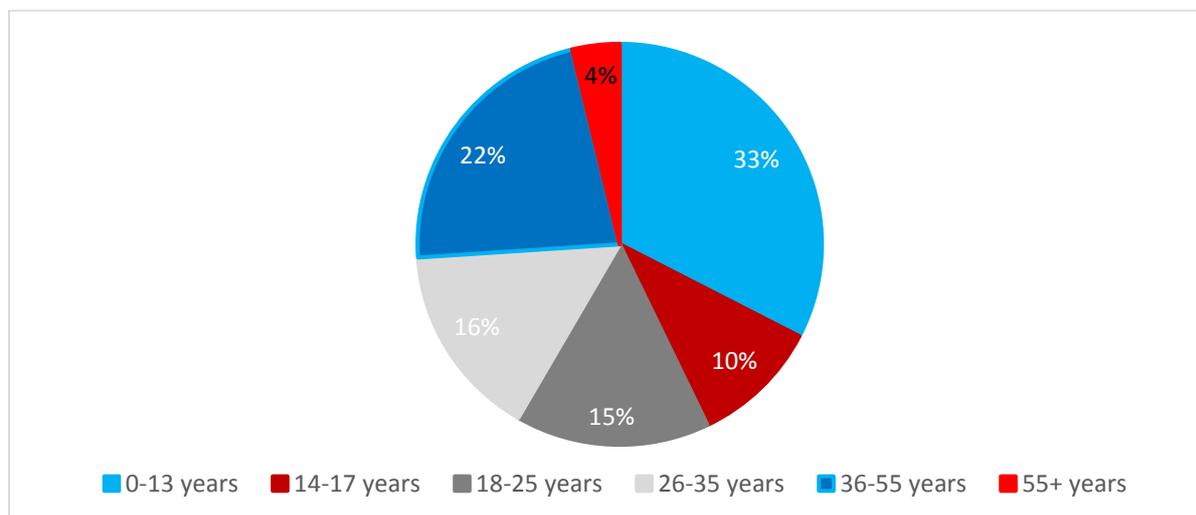


Table 3.33: Age of all HH-members for the Palestine refugee domain

Around 60% of male and female HH-members are not married, compared to around 40% of HH-members who are married. The majority of HH-members aged 26 years and older are married. Around 20% of HH-members aged 18-25 years are married. Out of all children under 18 years age, 6% live in the same HH as their biological mother without their biological father, while 93% live in the same HH as both biological parents.

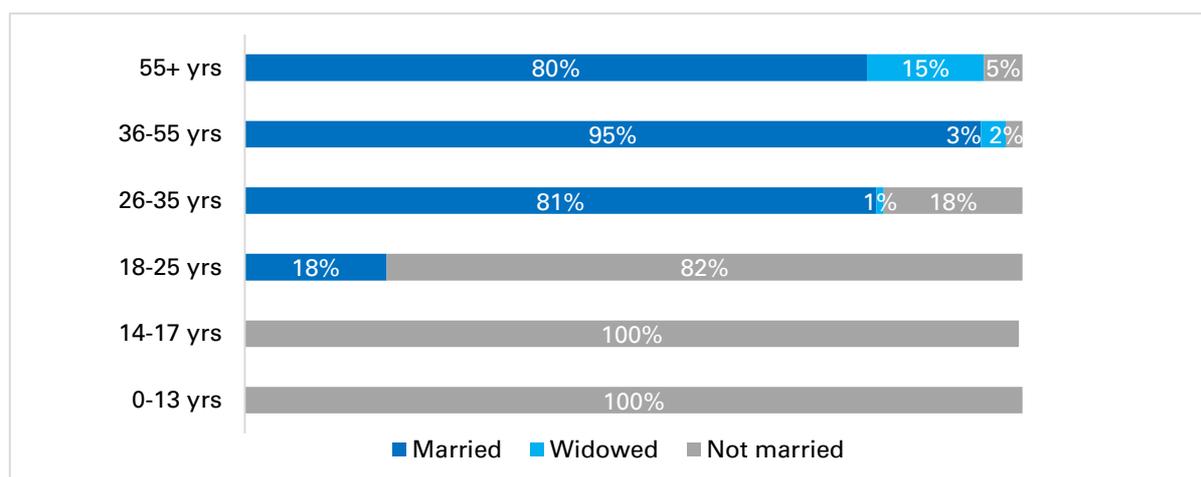


Table 3.34: Marital status of HH-members in the Palestine refugees' domain by age

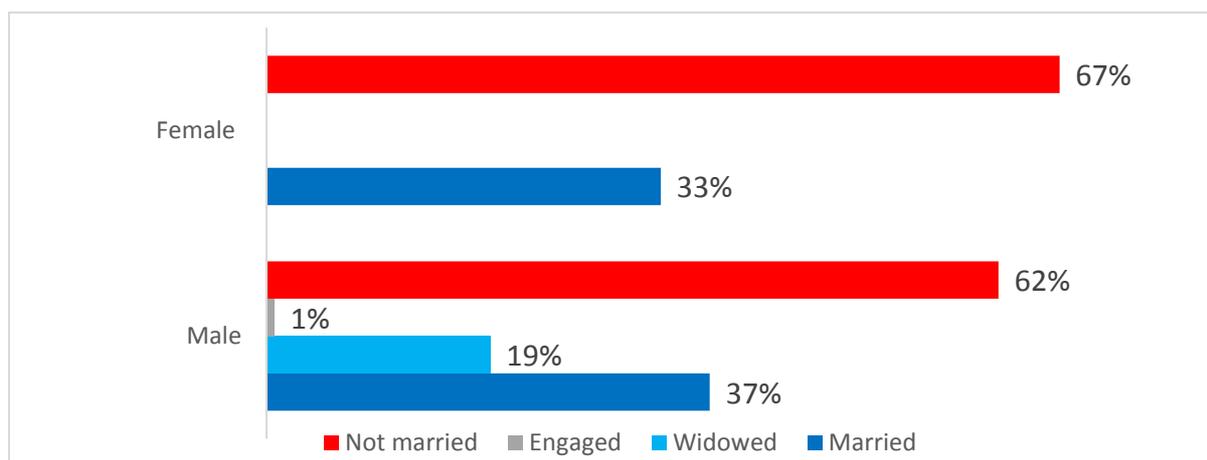


Table 3.35: Marital status of HH-members for Palestine refugees' domain by gender

Educational level of respondents

The levels of completed education among Palestine refugee respondents point towards gender differences: while female respondents perform better in primary and complementary education, male respondents perform slightly better from secondary education onwards. Interestingly, only 3% of female respondents have never been to school.

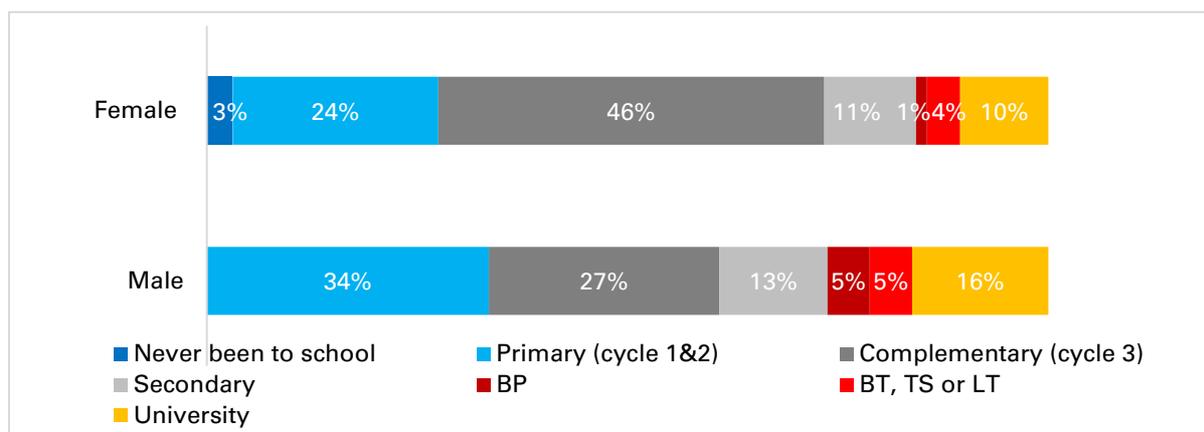


Table 3.36: Highest educational level completed by Palestine refugee respondents by gender

Housing characteristics

Palestine refugee HHs surveyed for the KAP Study reside in four different types of housing arrangements: almost 60% live in purpose-built apartments, 30% in purpose-built houses and the other 10% live in formal settlements and purpose-built villas. Almost all interviewed Palestine refugee HHs live with their families alone, only 3% of HHs live with Palestine refugee and Lebanese relatives. Around 66% of Palestine refugee HHs have three rooms or more in their home; 31% have two rooms and 3% have only one room.

HH population's engagement in paid activity

In comparison to other domains, Palestine refugee HH-members have the highest proportion (49%) of HH-members belonging to the 55 and older age group engaged in paid activity. 24% of HH-members aged 18-25 years are engaged in paid activity, compared to 43% of those belonging to the 26-35 age

group and 49% in the 36-55 age bracket. In terms of types of paid activities, 33% of working Palestine refugee HH-members are engaged in handicraft, 23% as service workers and in sales jobs and 16% as freelancers.

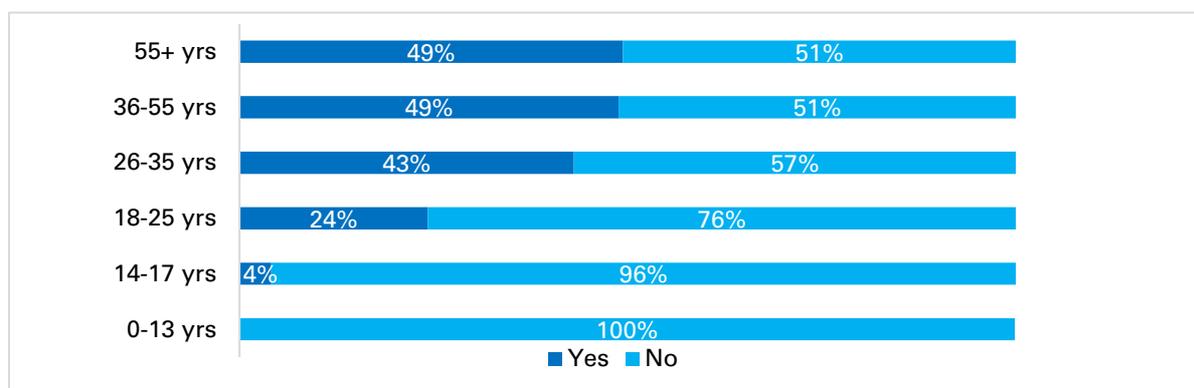


Table 3.37: Palestine refugee HH-members engaged in paid activity by age

Disabilities

The proportion of HH-members for Palestine refugees who are reported to have a disability is relatively small. This might indicate a confusion of categories and uncertainty as to what constitutes a disability among Palestine refugee respondents. The highest proportion of disabilities, 4%, was reported for the age group of 36-55 years, followed by the age group of 14-17 years at 3%. Of those HH-members who reportedly have a disability, around 71% are identified as physical disabilities (motor, hearing and seeing) and around 14% as intellectual disabilities. Palestine refugees have the highest proportion of HH-members with combined disabilities at 10%. Furthermore, around 30% of Palestine refugees with disabilities are reported to have a caregiver to support them, with 65% having no one to rely on for support.

4. HEALTH

Improving the health of children is among UNICEF's core objectives worldwide. "Healthy children become healthy adults: people who create better lives for themselves, their communities and their countries."⁸ UNICEF collaborates with governments and non-governmental organisations at national, regional and community levels, with a focus on supporting the health of both children and women. Child survival is a predominant objective. Exclusive breastfeeding, proper nutrition and vaccination are important means to achieving this.

4.1. Situation analysis

4.1.1. Health – sector response

The overall health response in Lebanon focuses on improving

- Access to primary healthcare services
- Secondary and tertiary care
- Access to hospitalisation
- Outbreak control
- Healthcare for children, adolescents and youth

More than 2.4 million persons are in need of health support, of whom more than 1.5 million are targeted.⁹ The child health response concentrates on three key issues: addressing malnutrition, promoting exclusive breastfeeding, and optimizing vaccination coverage.¹⁰ This KAP Study focuses on the latter two subjects and assesses caregivers' attitudes towards exclusive breastfeeding alongside their knowledge of their children's vaccination calendar.

4.1.2. Baseline indicators

Caregivers' attitudes towards exclusive breastfeeding

In order to gain better insight into caregivers' disposition towards breastfeeding, the first indicator assessed under the situation analysis for health is the percentage of caretakers with positive attitudes towards exclusive breastfeeding.

*Optimal breastfeeding of infants under two years of age has the greatest potential impact on child survival of all preventive interventions*¹¹

⁸ UNICEFb 2017.

⁹ Government of Lebanon, and United Nations 2017.

¹⁰ Ibid: 90.

¹¹ UNICEFb 2017.

Breastfeeding “has profound impact on a child’s survival, health, nutrition and development. Breast milk provides all of the nutrients, vitamins and minerals an infant needs for growth for the first six months, and no other liquids or food are needed. In addition, breast milk carries antibodies from the mother that help combat disease. The act of breastfeeding itself stimulates proper growth of the mouth and jaw, and secretion of hormones for digestion and satiety. Breastfeeding creates a special bond between mother and baby and the interaction between the mother and child during breastfeeding has positive repercussions for life, in terms of stimulation, behaviour, speech, sense of wellbeing and security and how the child relates to other people. Breastfeeding also lowers the risk of chronic conditions later in life, such as obesity, high cholesterol, high blood pressure, diabetes, childhood asthma and childhood leukaemia. Studies have shown that breastfed infants do better on intelligence and behaviour tests into adulthood than formula-fed babies”.¹²

For these reasons, UNICEF and partners promote exclusive breastfeeding during the first six months of life. ‘Exclusive’ is to be understood as not consuming water or other fluids or food to supplement breastmilk, with the exception of oral rehydration solution, vitamins, mineral supplements, and medication. UNICEF’s 2016 household baseline survey in Lebanon shows that the rate of exclusive breastfeeding during the first six months is highest among Syrian mothers at 33.5% followed by Lebanese at 24.8% and Palestine refugees (26.2% for PRL and 21.2% for PRS) women.

A 2016 country-wide vulnerability assessment of Syrian refugees (VaSyr) found large regional discrepancies in breastfeeding practices for children under 6 months with Zgharta having the highest percentage of breastfed Syrian refugee children at 70% and Hermel the lowest at 30%.¹³ The UNICEF 2016 baseline survey underlines the need to promote exclusive breastfeeding across population domains. In order to do so in an effective manner, an understanding of prevailing attitudes towards breastfeeding is essential. The current KAP Study therefore gives insight into prevailing attitudes towards breastfeeding and appropriate infant and young child feeding or IYCF practices among caregivers across domains.

A number of earlier studies already gave partial insight into attitudes among certain population groups.

- For the **Lebanese** domain, reasons listed for the discontinuation of breastfeeding include insufficient milk, fear of weight gain or breast sagging, pain, sleep deprivation, exhaustion, or maternal employment.¹⁴ Cultural beliefs can also inform caregivers’ decision to opt for bottle feeding, for instance the belief in an inherited inability to produce milk, in having ‘bad milk’, or in the transmission of abdominal cramps to infants through breast milk.¹⁵
- For the **Syrian** domain, IMC identified key determinants of breastfeeding behaviour based on research among 45 breastfeeding (‘doers’) and 45 non-breastfeeding (‘non-

¹² UNICEFa 2017; see also WHOa 2017.

¹³ UNHCR, UNICEF, and WFP 2016.

¹⁴ Nabulsi 2011.

¹⁵ Osman, El Zein and Wick 2009.

doers') mothers in Lebanon. The report lists four determinants that were most prominently observed among Syrian refugee women in Lebanon:

- First, women's perceived self-efficacy determines whether women find it easy or difficult to exclusively breastfeed. Drivers of exclusive breastfeeding among doers include bonding or positive feelings as well as economic savings. Non-doers acknowledge the benefits for maternal health and their baby's nutritional status, yet they are unable to exclusively breastfeed due to a sick or hospitalised baby, poor maternal health and nutritional status, or stress and crowding.
 - The second and third determinants relate to perceived positive and negative consequences of exclusive breastfeeding. Doers identify diarrhoea prevention, increased immunity, and disease prevention as drivers of breastfeeding, while non-doers – especially those in informal settlements – mention saving money as an advantage of exclusive breastfeeding. Doers did not relate any potential disadvantages, while non-doers – particularly women residing in informal settlements - perceive transmission of diseases from mother to child, as well as depletion of maternal nutrients and health, as disadvantages of exclusive breastfeeding.
 - The fourth and last determinant relates to perceived social norms. Doers identify the approval of their father-in-law, father, and mother-in-law as drivers of exclusive breastfeeding, while non-doers attribute barriers to exclusive breastfeeding predominantly to their husbands.¹⁶
- Data on attitudes towards breastfeeding among **Palestine refugee** caregivers residing in camps in Lebanon could not be located for the situation analysis.

Caregivers' knowledge on vaccination under 1 year of age

To obtain thorough understanding of caregivers' knowledge of vaccination calendars for their children, the situation analysis of another health indicator is the percentage of caretakers of children aged 0-1 year who know that children need to be brought to the health facility six times to complete all the recommended vaccinations before their first birthday.

*Immunization is one of the most successful and cost-effective public health investments we can make for future generations*¹⁷

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with

¹⁶ Perera and Reese Masterson 2016.

¹⁷ UNICEF 2017c.

*proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change.*¹⁸

Overall, vaccination coverage in Lebanon is high, but variances are observed across *cazas* (administrative districts).¹⁹ WHO and UNICEF estimates and Government of Lebanon figures for vaccination coverage in 2016 are as follows:²⁰

Vaccine	WHO/UNICEF estimate	Govt. of Lebanon figure
DTP1	84%	92%
DTP3	81%	90%
Pol3	75%	90%
IPV1	84%	90%
MCV1	79%	90%
MCV2	75%	71%
RCV1	75%	NA
HepB	94%	100%
HepB3	81%	90%
Hib3	81%	90%

Table 4.1: WHO and UNICEF, Estimates of Immunization Coverage in Lebanon (2016)

Considering the adverse living conditions in informal shelters and camps, there are heightened risks of outbreaks of vaccine-preventable diseases and the spread of such diseases to host communities. The highest outbreak rates of vaccine-preventable diseases have been observed in the mohafazat of Mount Lebanon, Bekaa and South. It is likely that not all outbreaks have been reported.²¹

Lebanon's Ministry of Public Health reports high numbers of children benefitting from free routine vaccinations through its Primary Healthcare Centres, hereafter PHCs.²²

- **Syrian** refugee households were found to face several barriers in accessing free vaccinations, including a lack of awareness of whether a child had received vaccinations or not at 10.2%, distance to vaccination location at 7.8%, or claiming that vaccinations were not available at 4.9%. 59.1% of Syrian refugee households reported no difficulties in accessing immunization services.²³ UNHCR lists the following barriers that prevent Syrian caregivers from accessing a vaccine for their children:

¹⁸ WHO 2017.

¹⁹ Government of Lebanon, and United Nations 2017: 90.

²⁰ WHO and UNICEF 2016. Please note that these data are not disaggregated by population domain.

²¹ Government of Lebanon, and United Nations 2017: 90.

²² Ibid.

²³ Lyles and Doocy 2015: 58-59. Note that respondents to this study were selected on the basis of having children between 12 and 23 months, which does not correspond to the 0-12 month age bracket used and referred to in this study.

- Long wait (33.3%)
 - Not knowing where to go (25.9%)
 - Unable to afford the fees (11.1%)
 - Distance (7.4%)
 - Unable to afford transportation (7.4)²⁴
- **Lebanese and Syrian** caregivers commonly take their children to PHCs for vaccinations, 15% and 21% respectively. Reliance on vaccination campaigns varies as well, with 16% of **Syrian** refugee families relying on campaigns and only 4% of **Lebanese** families.²⁵ A report by UNICEF, OCHA and REACH (2015) attributes this difference to lower knowledge of immunization services among refugee populations.²⁶ 39.1% of Syrian caregivers reported lack of knowledge as reason for not vaccinating their children.²⁷ UNHCR found that 71% of Syrian refugees know that children can access free vaccinations at PHCs.²⁸
 - No information was found on **Palestine refugee** caregivers' knowledge or practices in relation to accessing immunization programmes.

4.2. Qualitative findings overview

4.2.1. Supply and demand of services

The focus of the health indicators used for this study is child survival. A crucial factor is to what extent the supply of services that increase the chance of child survival matches the demand for those services. To optimize the correspondence of supply and demand, both supply and demand need to be monitored and managed.

PHCs

Important suppliers of health services are the country's, at the time of writing, 204 PHCs. They offer essential services in fields like paediatrics, including vaccination and nutrition services, reproductive health and chronic disease. All PHCs are similar in structure and have at least five clinics, at least one nurse, one IT specialist and one or more doctors. PHCs are contracted by MOPH, but just five are currently the property of MOPH. The rest is privately owned. PHCs are usually affiliated with NGOs (67% of PHCs), municipalities (26%) or public organizations like MOSA (13%). MOPH has an accreditation programme for PHCs, part of which is an evaluation of PHCs' outreach capacity. Outreach involves forming a community committee, chaired by influential people from the community (mayors, municipal directors, priests, sheikhs and so on), which serves as a consultation mechanism for the PHC. At the time of writing, 75 PHCs are accredited.

In addition, MOPH has six field coordinators who make announced and unannounced visits to PHCs on a monthly schedule, filling in checklists on their tablets. A major challenge for PHCs is a lack of trust in

²⁴ UNHCR 2016.

²⁵ UNICEF, OCHA, and REACH 2015.

²⁶ Ibid.

²⁷ UNICEF. 2017: 12.

²⁸ UNHCR 2016.

their capacity. Over the years, and in particular since the beginning of the Syria crisis, a common perception was that PHCs are for poor people and that the quality of their service is inferior to private health care providers. KAP Study qualitative data indicate, however, that this is too simple a picture as the capacity of PHCs and the quality of their service varies.

MOSA/SDCs

Another supplier of health services is Lebanon's Social Development Centres or SDCs, of which there currently are 228. They sort under MOSA. SDCs provide health services such as paediatrics, gynaecology, heart and lung monitoring, vaccination, dental care, and screening for malnutrition. The range of health services offered varies among SDCs. Because SDCs' principal responsibility is to provide social services, their clients tend to have low incomes.

UNRWA

Access to primary health care for Palestine refugees is provided free of charge by UNRWA operating 27 primary healthcare facilities, providing around 930,000 general consultations and over 23,000 dental screening consultations per year. In Lebanon, UNRWA has formed an arrangement with Palestine Red Crescent Society hospitals to guarantee equity for Palestine refugees in access to secondary health care. In all other fields, a reimbursement scheme is in place for secondary and tertiary care provided by Lebanese healthcare centres and hospitals, to which Palestine refugees can get referred to.

4.2.2. FGDs summary

Beirut	Mount Lebanon	Akkar	North	Bekaa	Baalbek-Hermel	South	Nabatieh
Syrian mothers	Syrian fathers	Lebanese mothers	Palestine refugee mothers	Lebanese mothers	Syrian mothers	Palestine refugee fathers	Lebanese fathers

Table 4.2: Health FGDs matrix

Data from the FGDs show that there is a clear gender division when it comes to children's health. Female caregivers are responsible for, and often the primary decision-makers on, breastfeeding and vaccination of children. In some cases, female caregivers depend on their husbands for accompaniment to the health centres, especially in the Syrian domains. Overall, men and women believe breastfeeding and vaccinations to be important and necessary. No strong attitudes against either could be noted among any population group, although the responsibility for both was clearly placed on the mother. Women had generally more knowledge than men on the usefulness of both breastfeeding and vaccinations.

Female caregivers in the FGDs showed more knowledge on the topic of vaccination than men, including on vaccination frequency and on its health benefits. While all population groups had a positive attitude towards vaccination, it is worth noting that male caretakers had little or no information about their children's vaccination history. In practice, for Syrians and PRS financial barriers exist to getting children vaccinated as respondents mentioned needing to pay a fee at health centres. Moreover, reported protection challenges among female Syrian respondents indicate that women sometimes rely on their husbands to leave their homes, who work long hours and therefore not prioritise taking the child for vaccination.

*“My daughter is still too young for vaccines. She needs to be at least one year old”
– Syrian man, FGD in Mount Lebanon, May 2017*

Across all domains, attitudes towards breastfeeding are positive. The most positive attitudes in the qualitative findings can be noted among male and female Syrian respondents, followed by Palestine refugees and Lebanese respondents. While breastfeeding was stated to provide children with the needed nutrition and for being beneficial for the child’s health, this opinion seems to be mostly based on relatives’ advice and common practice, rather than evidence-based knowledge on the topic. Exclusive breastfeeding is not common practice in any domain; supplementary feeding of water mixed with sugar and traditional remedies are practiced across the board. Syrians seem to be increasingly drawn towards formula milk as a result of prescriptions after delivery in Lebanese hospitals.

*“I cannot afford to pay \$100 for one vaccination when I have 3 children. The PHC is more cost-effective and the same doctor from the private clinic works there.”
Lebanese mother, FGD in Bekaa, June 2017*

Overall, the main barrier to accessing healthcare services is financial. While most respondents mentioned accessing PHCs, dispensaries or UNRWA clinics (for Palestine refugees), these services are not completely free of charge. In this respect, displaced Syrians and PRS seem to present the most vulnerable group. Syrians often find it difficult to pay consultation fees and are aware that they do not always need to do so, for instance for vaccinating a child. On the other hand, Lebanese respondents seem to have more healthcare options to choose from and seem to be more able to pay a fee for PHC uptake. Lebanese respondents in FGDs were aware of the cost-breakdown of the PHC fees. Many mentioned finding PHCs increasingly appealing because of the cheaper cost, good quality of vaccines and basic services as well as the availability of doctors who when not working at the PHC work at private clinics. Lebanese respondents perceived that while PHCs offer cheap yet good quality vaccine, the private clinic provides a more thorough examination of the child.

“UNRWA follows up on vaccination and that is very important” – Palestine refugee woman, FGD in North, May 2017

Palestine refugee respondents were the most satisfied with UNRWA’s basic healthcare services, especially when it comes to vaccination, all of which is free of charge. While UNRWA’s services are completely free of charge, secondary and tertiary healthcare is often only partially covered by UNRWA. Palestine refugee respondents mentioned facing financial challenges when needing specialised medical services (such as for chronic diseases). Some knowledge gap exists in relation to what costs UNRWA can cover, for instance in relation to hospital services. While Lebanese and Palestine refugee respondents seem to have a one-stop healthcare solution, namely private clinics, PHCs and UNRWA clinics, many Syrians describe passing multiple stops until they receive the service they need. Some male PRS respondents who have arrived recently to Lebanon were not sure whether UNRWA provided healthcare services to those living outside the designated camps.

“I took my son for vaccination thinking they are for free and already had a check-up a day before in the MSF clinic, but [the nurse] refused and obliged me to see a doctor, charged LL 20,000 to enter and refused to give my son the vaccination. I then went to MSF for a paper to send to the clinic but they said that they are not allowed to give a report” – Syrian woman, FGD in Baalbek-Hermel, June 2017

In terms of medical staff, all nationality groups trust doctors the most and prefer to receive healthcare services by them. Palestine refugee respondents also highly trust nurses in UNRWA clinics, as they believe they have received good training and take more time to check patients, unlike doctors who seem to pay less attention to individual patients. Lebanese respondents across the country do not fully

trust nurses and mentioned that doctors spend less time with individual patients in PHCs than in private clinics. While Syrian respondents generally also prefer to be treated by doctors, they mention not having much choice in deciding which medical professional treats them. While Syrian respondents often avoid regular check-ups due to financial difficulties, Palestine refugee respondents avoid seeking specialised medical treatment for financial reasons.

4.3. Baseline indicators: Health

4.3.1. All domains

Knowledge on vaccination under 1 year of age

An overwhelming majority of caretakers (97-100%) in all domains know that children aged 0-1 year need to be vaccinated. **64% of caretakers know that children need to be brought to the health facility at least 6 times to complete all the recommended vaccines by the child's first birthday.** Most respondents either over- or underestimate the number of required vaccination sessions.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees living in camps	Total
% of respondents who know that children need to be brought to the health facility at least 6 times to complete the recommended vaccines by the child's first birthday	Male	61%	52%	57%	49%	
	Female	73%	59%	55%	38%	
	Total	69%	55%	55%	42%	64%

Table 4.3: Overview of health indicator on vaccination by domain, gender and in total

Practice of antenatal care and child delivery

	Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees living in camps	Total
% of female respondents with at least one child who visited antenatal care for the last child delivered	94%	87%	91%	87%	92%
% of female respondents with at least one child who visited antenatal care for the last child delivered four times and more	90%	64%	63%	74%	84%
% of mothers in the households who	96%	88%	79%	97%	94%

delivered their last child in the hospital					
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Table 4.4: Overview of health indicators on antenatal care and child delivery

When respondents were asked who paid for the mother's delivery for the last child, around 50% of total respondents stated to have paid for the delivery themselves. Critically, some respondents chose several options as they combined different payment methods. A more detail breakdown of the different domains is presented in the sections below.

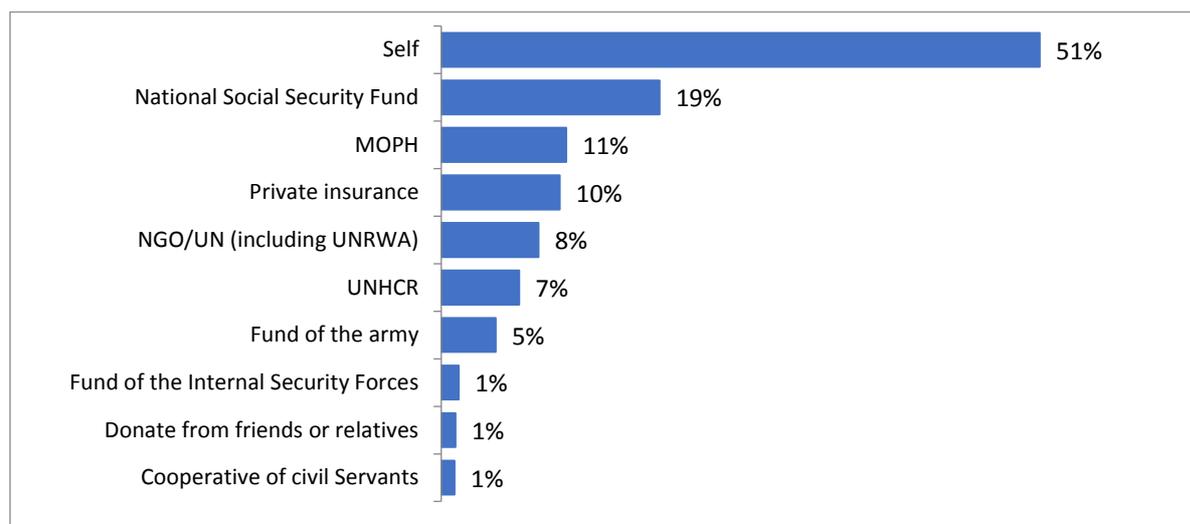


Table 4.5: Results of total respondents when asked who paid for the mother's delivery of the last child in the household

Attitude on exclusive breastfeeding

96% of caretakers have a positive attitude towards exclusive breastfeeding. In this study, exclusive breastfeeding is defined as giving the child only breastmilk without addition of anything (not water, tea or other fluids and no solids) and is recommended until the child has reached 6 months of age. 95% of respondents state that exclusive breastfeeding provides good health for the child. Around 30% state that they have seen good results from others and 18% state that it was recommended by relatives, while 15% state that it was recommended by a doctor or nurse.

When asked about breastfeeding in general, **50% of respondents believe it is important to breastfeed until 24 months**, while 34% believe until 12 months. When asked why mothers do not breastfeed or stop breastfeeding, and given the option to provide multiple responses, 61% state it is due to a lack of milk, 24% that the baby is hungry and needs more food and 34% that it is time to stop breastfeeding.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees living in camps	Total
% of respondents who believe in exclusive breastfeeding	Male	95%	94%	95%	95%	
	Female	96%	97%	99%	99%	

	Total	95%	96%	99%	97%	96%
% of respondents who believe it is important to breastfeed until 24 months	Male	41%	63%	79%	59%	
	Female	46%	65%	86%	48%	
	Total	44%	64%	85%	53%	50%

Table 4.6: Overview of health indicators on breastfeeding by domain, gender and in total

4.3.2. Lebanese domain

Knowledge on vaccination under 1 year of age

69% of Lebanese caretakers know that children need to be brought to the health facility at least 6 times to complete all the recommended vaccines by the child's first birthday. 16% in the Lebanese domain think that less than six vaccination sessions are needed.

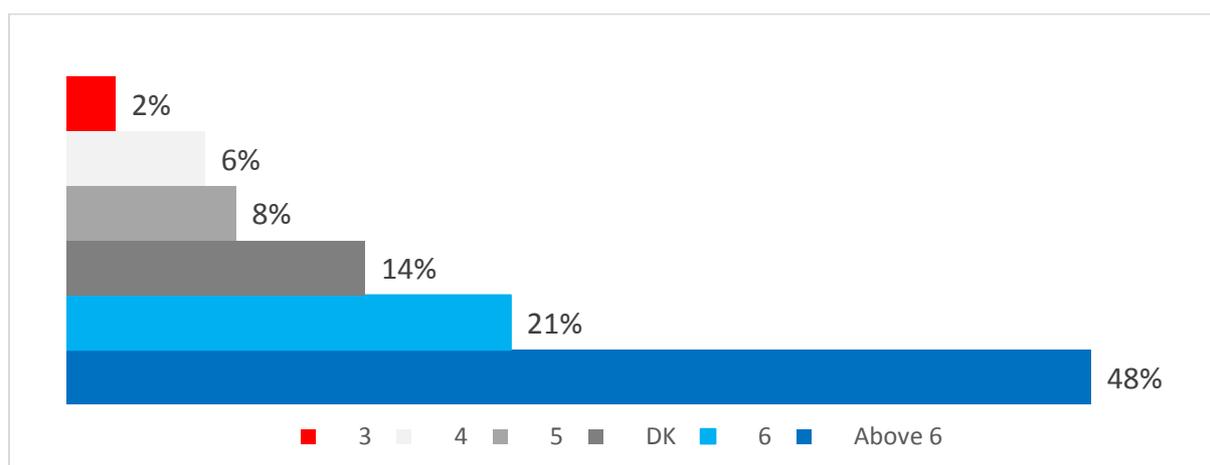


Table 4.7: Results of Lebanese caretakers being asked how many vaccination sessions children of the age of one year need to have completed

Data on vaccination practice were cross-tabulated with gender to investigate whether female and male respondents differ in their awareness of where to go for vaccinations. Other than that, the data on where Lebanese turn for vaccinations is an indication of the demand for this particular service, although demand is also shaped by the availability and supply of services.

As can be gleaned from the table below, PHCs, dispensaries and private clinics are by far the most common suppliers of vaccinations in the Lebanese domain. Male Lebanese respondents appear to overestimate or exaggerate the role of private clinics and private hospitals as dispensaries of vaccinations, which indicates a lack of knowledge on the practice as qualitative data show that it is mostly women who see to it that children are vaccinated.

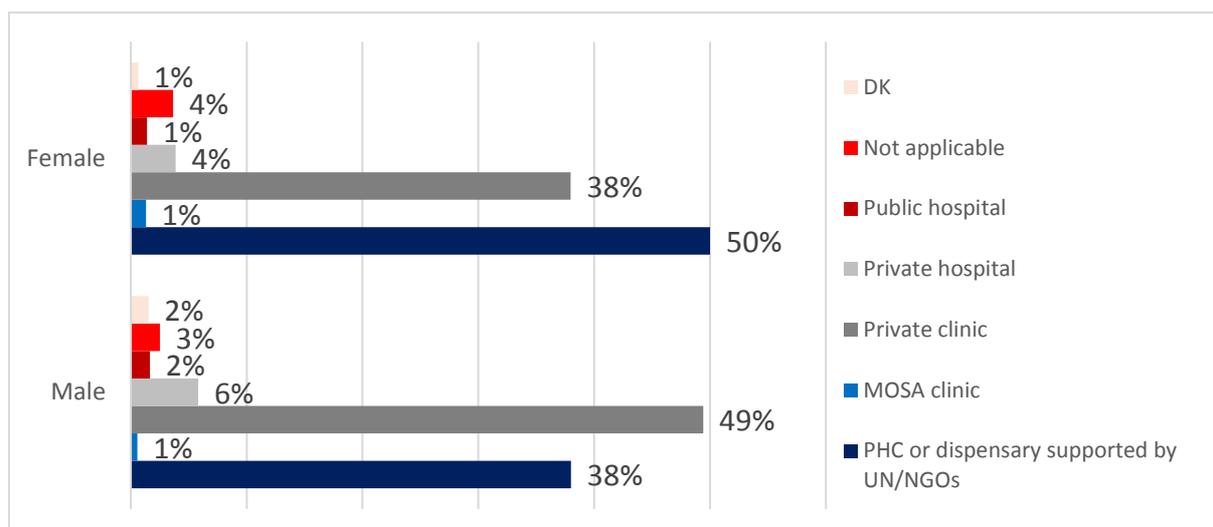


Table 4.8: Results by gender of Lebanese respondents being asked where they usually go to receive a vaccination for their child

"I find it more reassuring for the doctor to vaccinate." Lebanese father, Nabatieh, June 2017

When asked for the primary reason for not going to a PHC for vaccination, almost half of respondents in the Lebanese domain or 42% said that they consider the quality of PHCs to be not good enough. Also, around a quarter of respondents do not trust PHC vaccines and are discouraged by family members and friends to visit PHCs for vaccination. However, qualitative data nuances this finding as Lebanese respondents are increasingly aware of PHC services, including vaccination, available there. Lebanese respondents from FGDs in Bekaa, Akkar and Nabatieh stated to increasingly make use of the PHCs and to trust the vaccination service there.

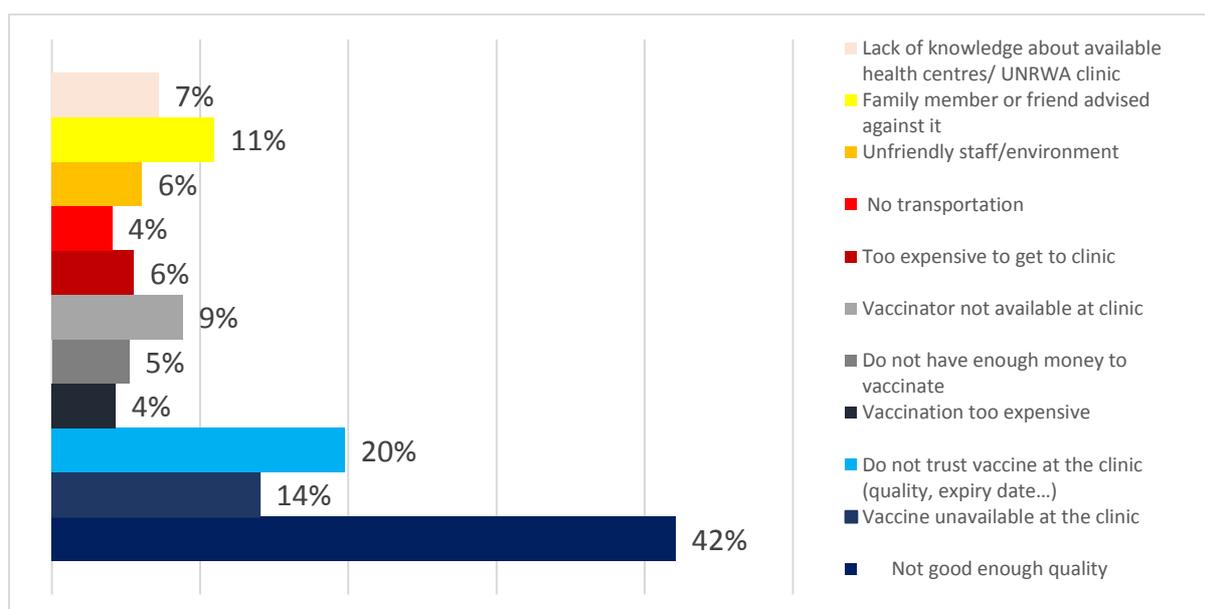


Table 4.9: Primary reason cited by Lebanese respondents when asked why they did not go to a PHC, dispensary or MOSA/SDC clinic to vaccinate their child

“The PHCs have ‘fresh’ vaccines, due to high levels of turnover of vaccines and are also much cheaper than the private clinic. In contrast, the private clinic will take more time to examine the child and is generally cleaner.” Lebanese mother, Bekaa, June 2017

The time needed to reach the nearest PHC or dispensary varies across mohafazat. Only rarely, however, does it take longer than an hour to reach the nearest one. Respondents in Nabatieh reported needing the longest time to reach the nearest health centre, followed by the North. Most of respondents who did not know the time to reach the nearest health clinic were in Beirut at 25%, followed by Bekaa and Nabatieh at 23% and 22% respectively.

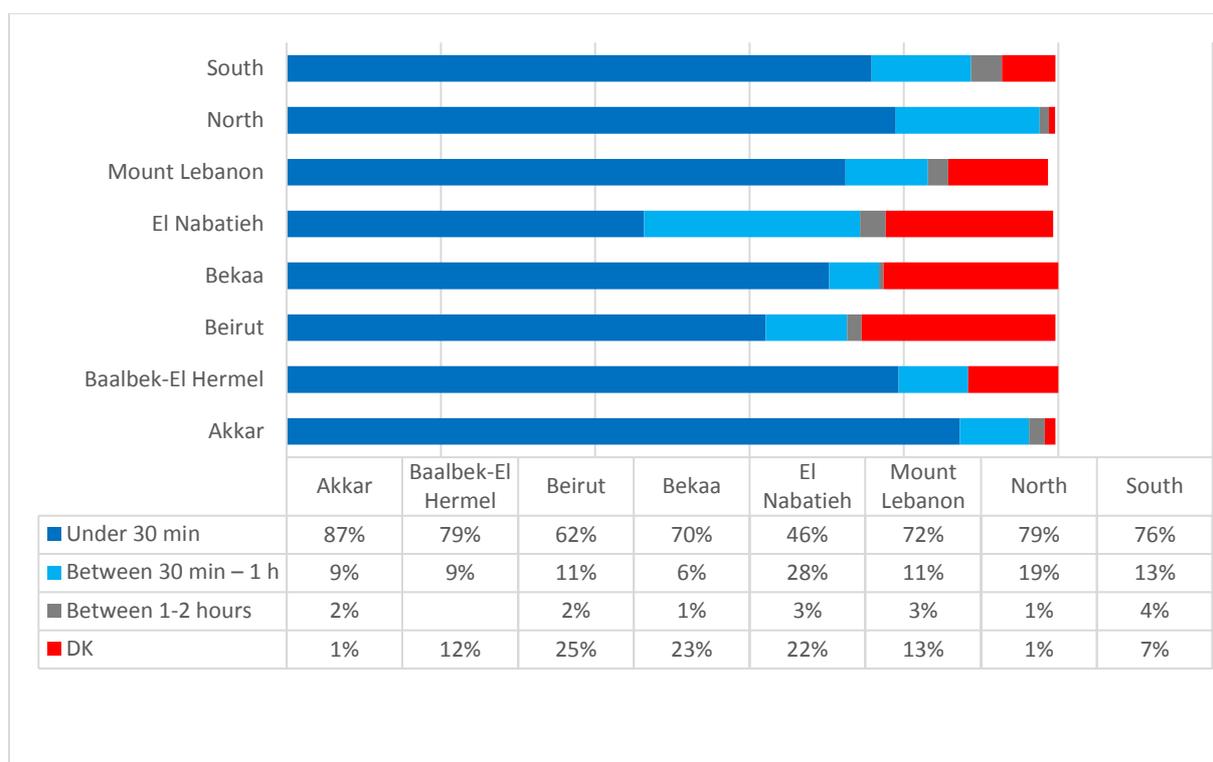


Table 4.10: Lebanese respondents' time needed to reach the nearest health clinic by mohafaza

Practice of antenatal care and child delivery

Women in the Lebanese domain made extensive use of antenatal care (ANC). **94% of Lebanese mothers made use of antenatal care services during their last pregnancy.** Of those, **90% of Lebanese mothers visited ANC four times or more during pregnancy.**

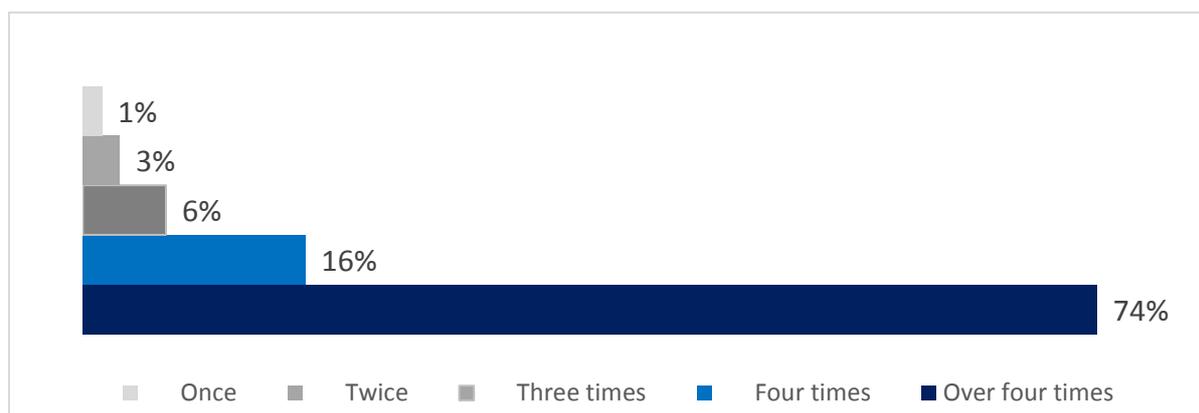


Table 4.11: Lebanese mothers' responses on frequency of ANC visits during their most recent completed pregnancy

Which supplier of ANC they went to varies by mohafaza. 83% of Lebanese respondents in Bekaa, for example, used private clinics and hospitals for ANC, whereas just 24% of Lebanese respondents in Nabatieh did so. While 63% of Lebanese women accessed private hospitals for the ANC visits in the South, only 14 percent did so in Baalbek-Hermel.

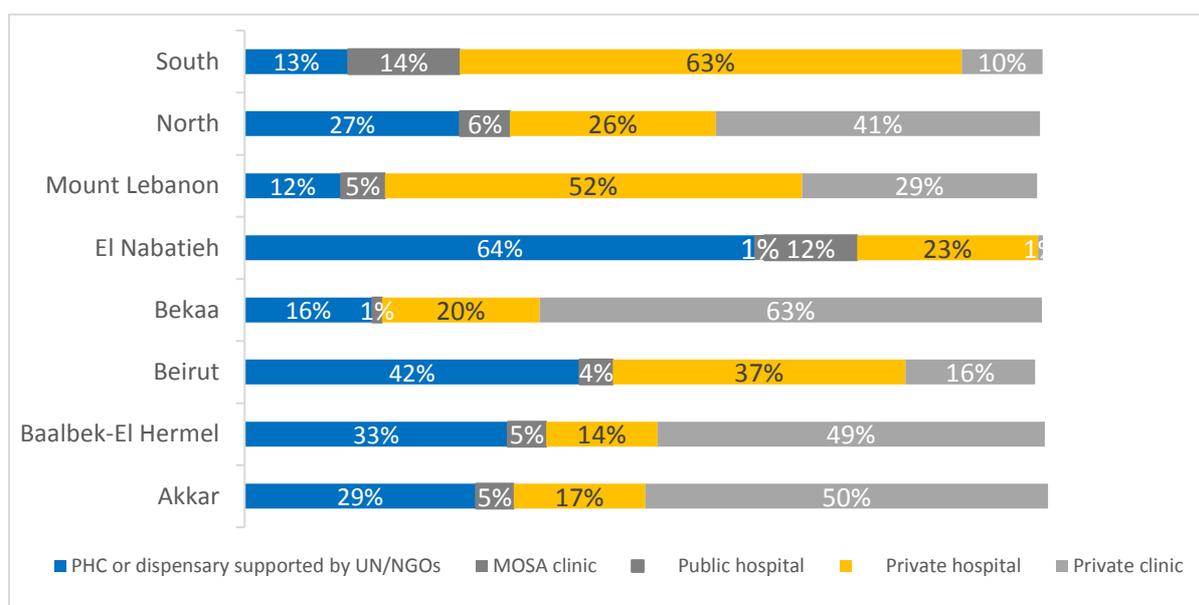


Table 4.12: By mohafaza: type of medical institution accessed by Lebanese female respondents with at least one child who visited antenatal care for the last child delivered

For the 6% of Lebanese mothers who did not visit ANC during pregnancy, 34% replied that they did not visit an ANC because there were no complications with the pregnancy, 21% mentioned because it was not their first child and 19% in the Lebanese domain said that their financial status did not allow them to make use of ANC, highlighting vulnerability as a result of lack of financial means.

“The doctor examines the women during pregnancy but does not necessarily offer advice. It is the same in dispensaries, there is no advice centre or person in charge there to help expecting mothers.” Lebanese mother, Bekaa, June 2017

Almost all women at 96% in the Lebanese domain delivered their child in a hospital. Just 2% did so in a private clinic and 1% at home. Almost half of Lebanese respondents say that they paid for the delivery themselves. The costs for a quarter of deliveries was covered by the Nation Social Security Fund. MOPH and the Army Fund paid for 19% of deliveries. Because respondents were able to name several options, payments for delivery might come from more than one source.

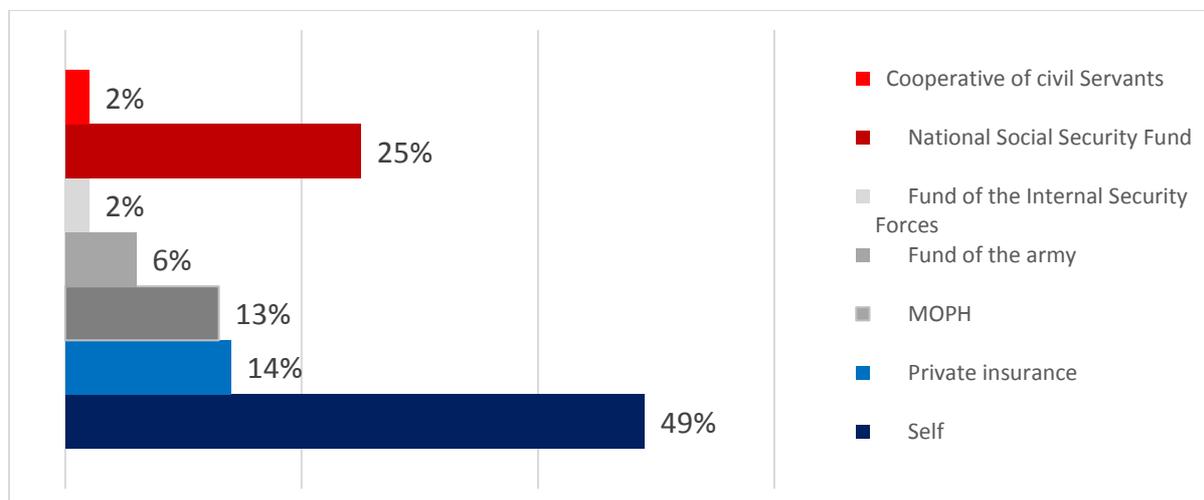


Table 4.13: Options cited by Lebanese respondents regarding who paid for the mother's most recent delivery

Attitude on exclusive breastfeeding

The overwhelming majority of Lebanese respondents at 95% believe in exclusive breastfeeding. Of those, 95% state that exclusive breastfeeding provides good health for the child, around 30% state that they have seen good results from others and 18% state that it has been recommended to them by relatives. However, 9% of male and 15% of female respondents in the Lebanese domain also consider exclusive breastfeeding a good way to decrease family expenses. As shown in the graphic below, there is no significant gender difference between answers to this question.

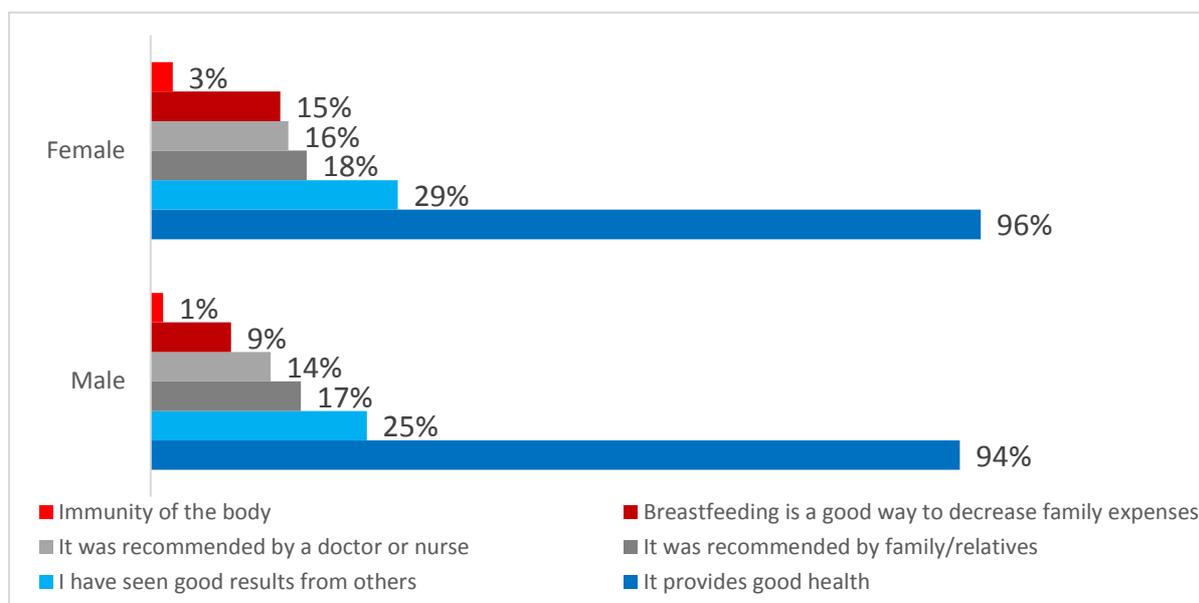


Table 4.14: Reasons cited by Lebanese respondents for believing in exclusive breastfeeding

Another question about attitudes to breastfeeding asked until when respondents thought it was important to breastfeed. The majority of Lebanese respondents said that breastfeeding is important until the age of one year or two years. **44% of Lebanese respondents stated that breastfeeding until 24 months is important**, while around a third stated until 12 months.

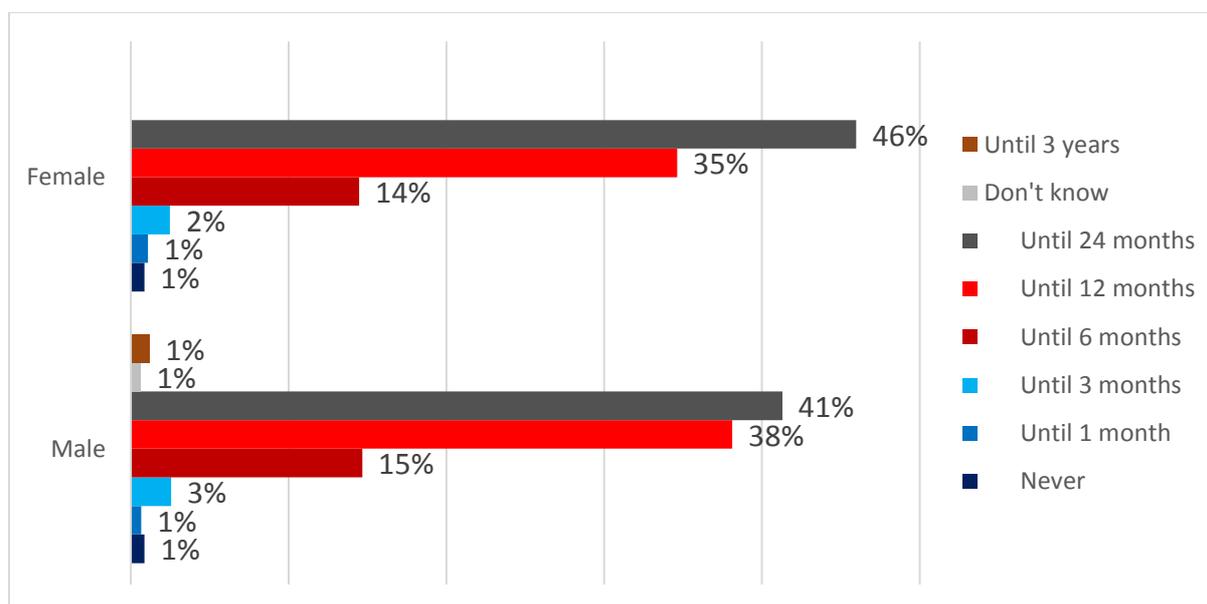


Table 4.15: Lebanese respondents who state their attitudes towards the duration of breastfeeding

If asked why mothers do not breastfeed or stop breastfeeding, with the option to provide multiple responses, 60% of respondents in the Lebanese domain reply that the mother does not have enough milk and 20% say that the baby is still hungry after breastfeeding and needs more food. The perception that the baby is still hungry might be related to inappropriate breastfeeding practices, such as scheduled breastfeeding for fixed amounts of time, which might be advised by relatives or medical

professionals. Moreover, mothers whose babies have been bottle-fed already will find it more difficult to initiate breastfeeding.

“Along with breastfeeding I gave water with sugar and chamomile tea. And after 6 months, the baby will no longer be satisfied just with breastfeeding.” Lebanese mother, FGD in Akkar, May 2017

Close to a third of respondent’s state that ‘it is time to stop breastfeeding’. Almost a quarter of respondent’s state that the mother is sick and that this prevents her from breastfeeding, while 14% say that the mother has to work and that she therefore cannot breastfeed. A few percent mention reasons like maintaining the mother’s body and that medical staff advised against breastfeeding. Crucially, while it seems that initiation of breastfeeding is high, breastfeeding declines because of inadequate practice.

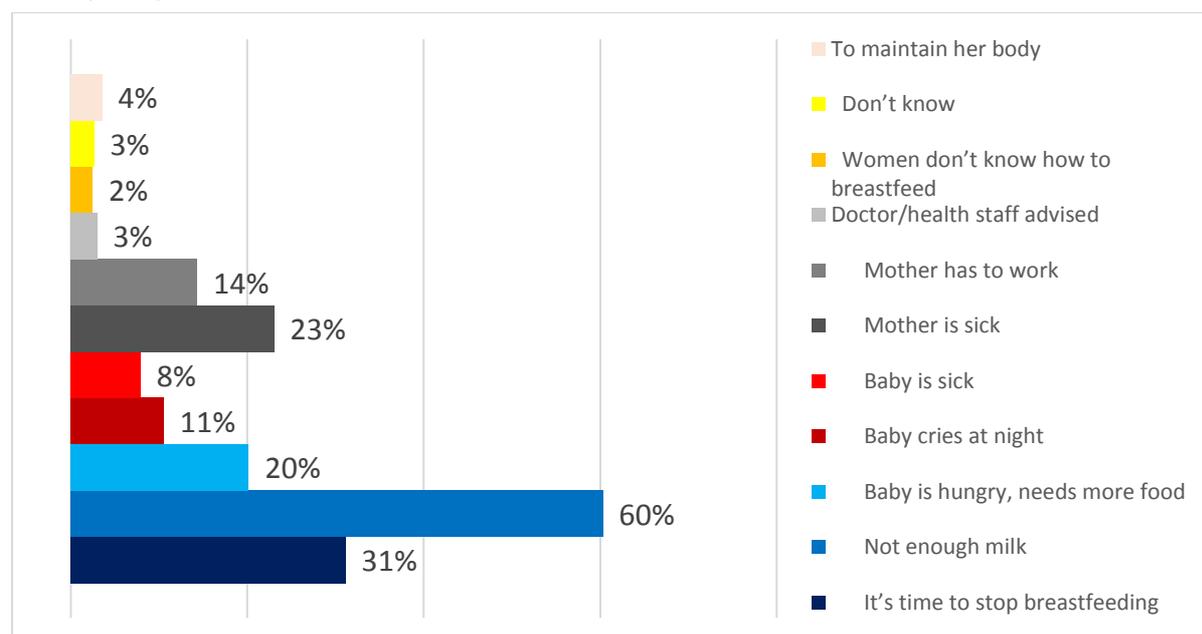


Table 4.16: Reasons cited by Lebanese for why mothers do not breastfeed or stop breastfeeding

4.3.3. Syrians registered with UNHCR domain

Knowledge on vaccination under 1 year of age

In the registered Syrian domain, 55% of respondents know that at least six vaccination sessions are needed before the first birthday for the child to have received all recommended vaccines. While 17% answer that they do not know the required number of vaccination sessions, 27% underestimate the number.

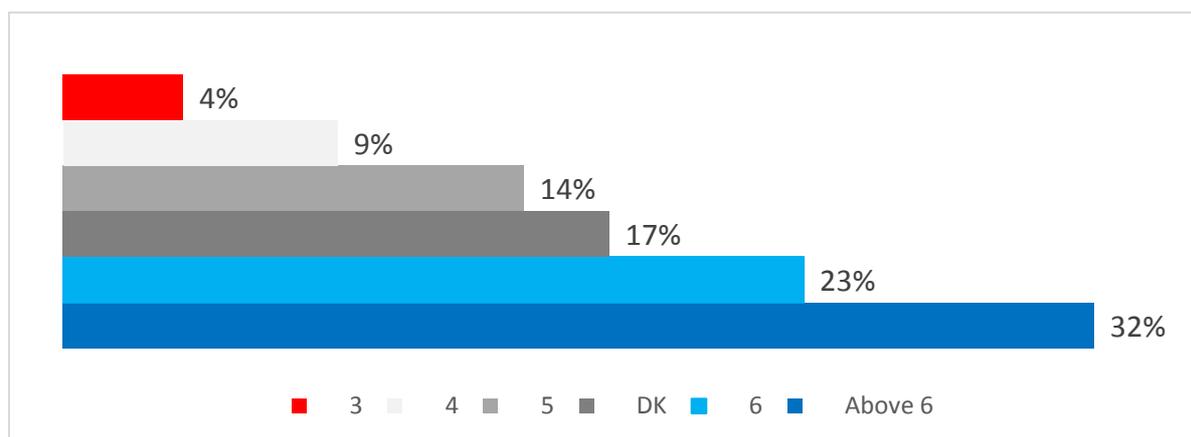


Table 4.17: Results of Syrian caretakers registered with UNHCR being asked how many vaccination sessions children of the age of one year need to have completed

“When the baby is born in the hospital in Syria, they give him the first vaccine. I was not there with my wife so I do not know what vaccines the child received.”
 Syrian father, FGD in Mount Lebanon, May 2017

When asked where they usually go to receive vaccinations for their children, an overwhelming majority of respondents in the registered Syrian domain replied that they go to PHCs or dispensaries. This finding is validated by FGDs, in which Syrians state making mostly use of health centres affiliated with NGOs. In distant second place for vaccination service provider come MOSA. The difference between female and male respondents is not significant.

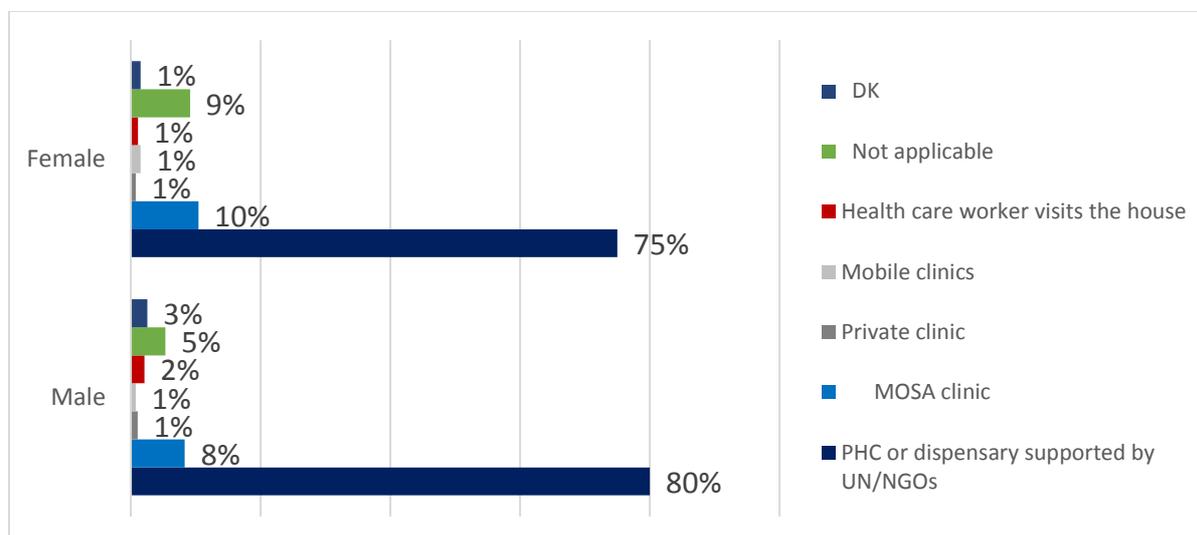


Table 4.18: Results by gender of Syrian respondents registered with UNHCR asked where they usually go to receive a vaccination for their child

The primary reason for not going to a PHC or dispensary for vaccination given by registered Syrians is that a vaccinator is not available at the PHC and that they cannot afford vaccinations at the PHC. Critically, the issue does not seem to be that there are vaccine stock-outs, as this is very rare for routine immunization, but rather that no vaccinator is always available. Another reason is that respondents in the registered Syrian domain find the quality of PHCs not good enough. Lack or the cost of transportation are other reasons, as is unfriendly staff at the PHCs.

“When we go to the UN to renew our registration card, they give our children vaccinations and we do not pay anything.” Syrian mother, FGD in Baalbek-Hermel, June 2017

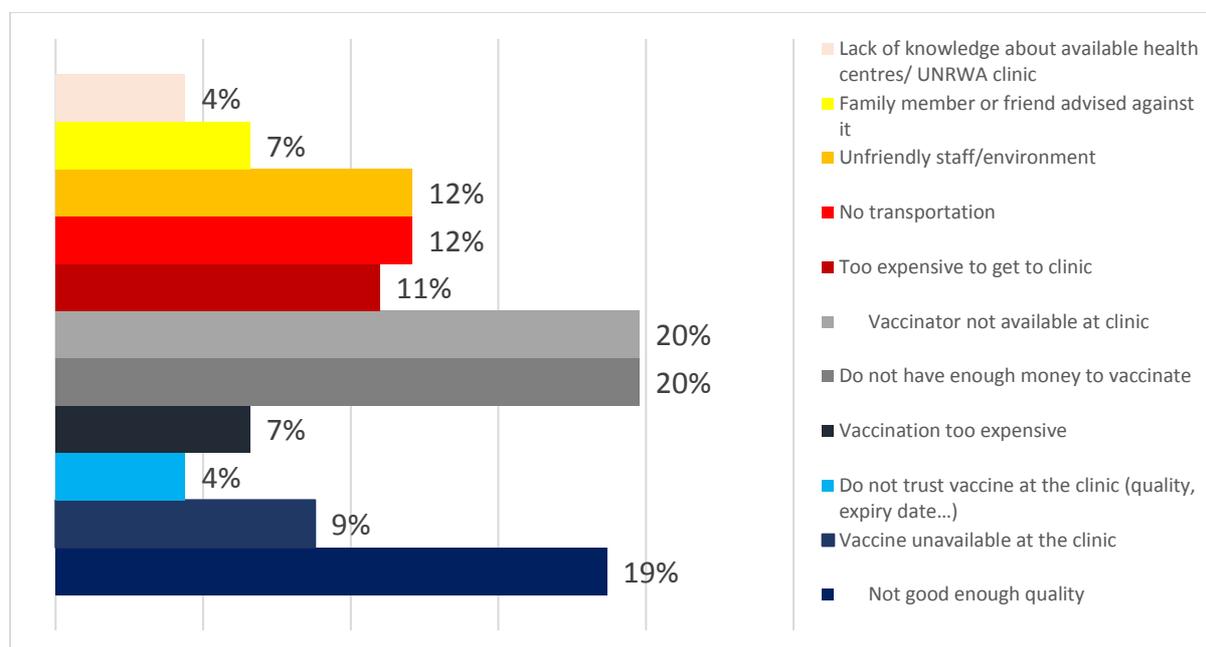


Table 4.19: Primary reason cited by Syrian respondents registered with UNHCR when asked why they did not go to a PHC, dispensary or MOSA/SDC clinic for vaccination

The response that the lack of transportation is a reason for not visiting the PHC for vaccination is surprising as answers to the question about the time needed to reach the nearest PHC reveal that registered Syrians rarely need more than an hour to get to the nearest PHC. Indeed, depending on mohafaza, 73-86% respond that they need under 30 minutes to reach the nearest PHC.

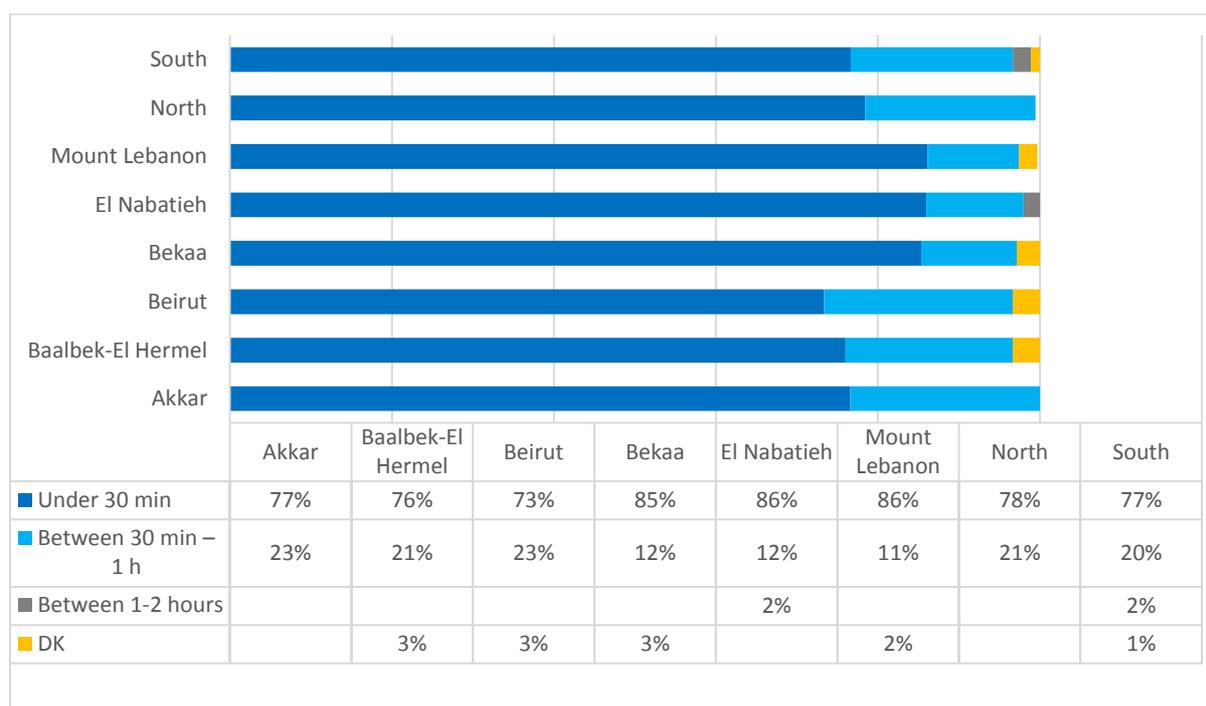


Table 4.20: Time needed by Syrians registered with UNHCR to reach the nearest health clinic by mohafaza

Practice of antenatal care and child delivery

87% of Syrian mothers registered with UNHCR visited antenatal care for their last child. Of those, 64% answered that they visited ANC four times or more for the last child they delivered. Over one third report that they made use of ANC three times or less.

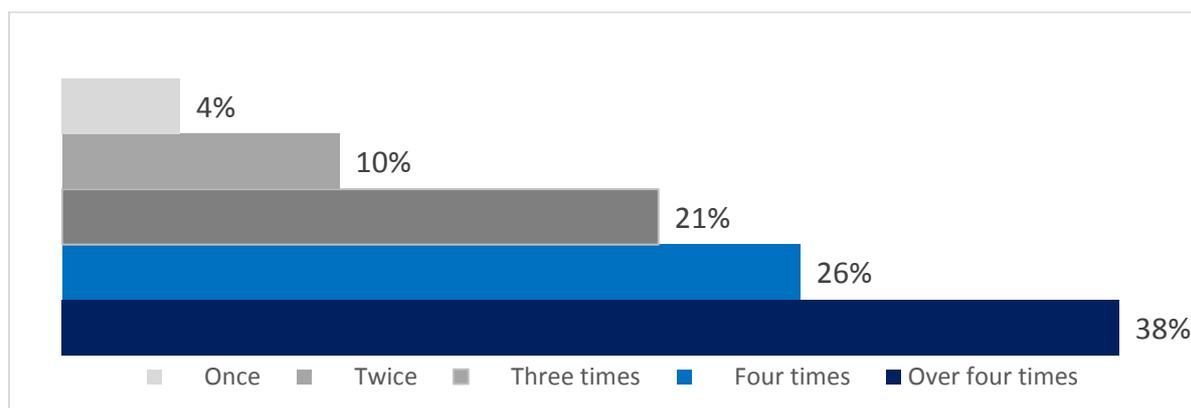


Table 4.21: Responses of Syrian mothers registered with UNHCR on frequency of ANC visits during their most recent completed pregnancy

What type of medical facility mothers-to-be went to for ANC varied across mohafazat, as can be seen in the table below. In the North, Akkar and Beirut, Syrian mothers registered with UNHCR mostly visited PHCs and dispensaries. South and Baalbek-Hermel show the highest rates of visits to public hospitals.

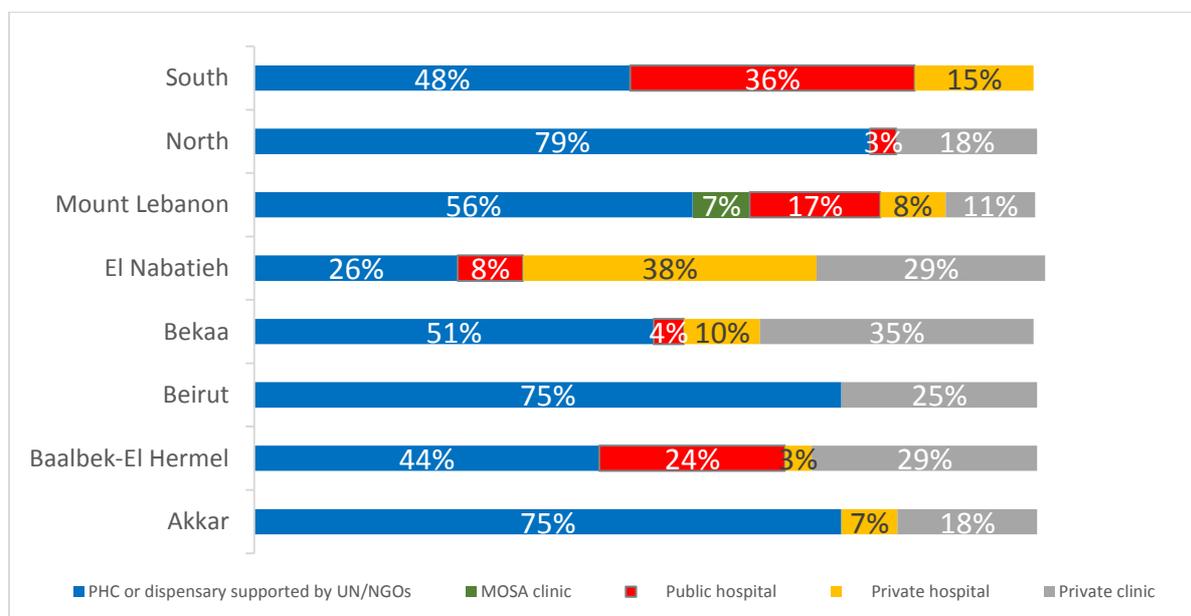


Table 4.22: By mohafaza: type of medical institution accessed by Syrian female respondents registered with UNHCR with at least one child who visited antenatal care for the last child delivered

Close to a third of respondents in the registered Syrian domain stated that the mother did not make use of ANC because there were no complications in the pregnancy. As many as 18% replied that they were not aware of the possibility to use ANC and just as many replied that their financial status did not permit them to visit a medical facility that provides ANC.

When asked about the delivery of the last child, most Syrian respondents registered with UNHCR at 88% reported that mothers went to a hospital. Just 5% stated that women delivered a child at home or in a tent, 4% delivered in a private clinic, 2% in a PHC. Of those respondents who delivered in a hospital, private clinic or PHC, 62% replied that they covered the costs of delivery themselves, while 52% in the domain of Syrians registered with UNHCR said that UNHCR, some other UN organization or MOPH had paid for the delivery. This data also points towards cost-sharing of deliveries, meaning that there is more than one source to cover the financial cost of the delivery. Because respondents were able to name several options, payments for delivery might come from more than one source.

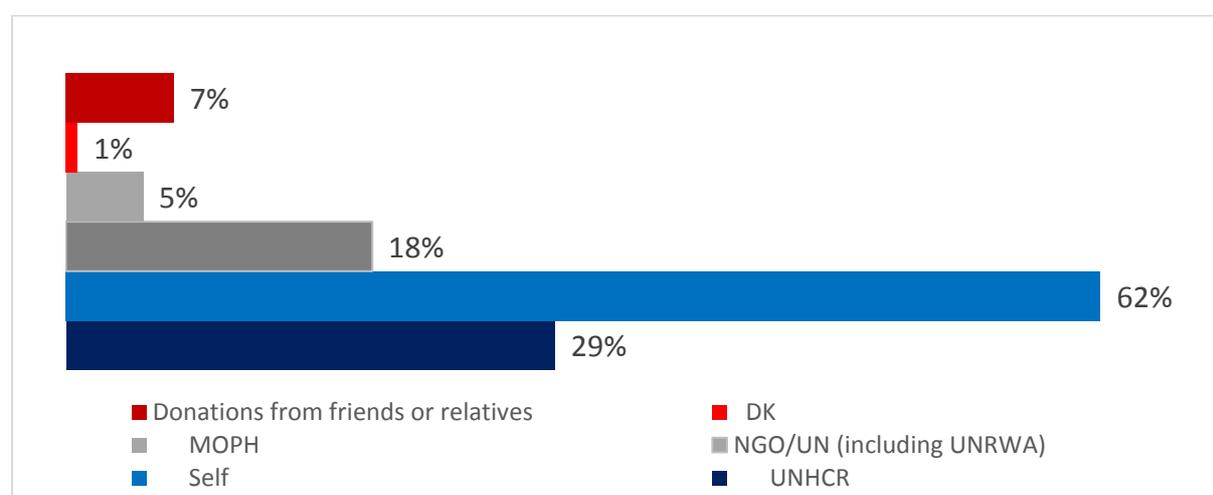


Table 4.23: Options cited by Syrian respondents registered with UNHCR on who paid for the mother's most recent delivery

Attitudes on exclusive breastfeeding

Around 95% of Syrians registered with UNHCR stated that they believe in exclusive breastfeeding. The most common reason, given by 91% of respondents in the registered Syrian domain, for why they believe in exclusive breastfeeding is that it provides good health. Learning from the experience of other women is another often mentioned reason (33%) for believing in exclusive breastfeeding. There is no significant difference between answers provided by female and male respondents.

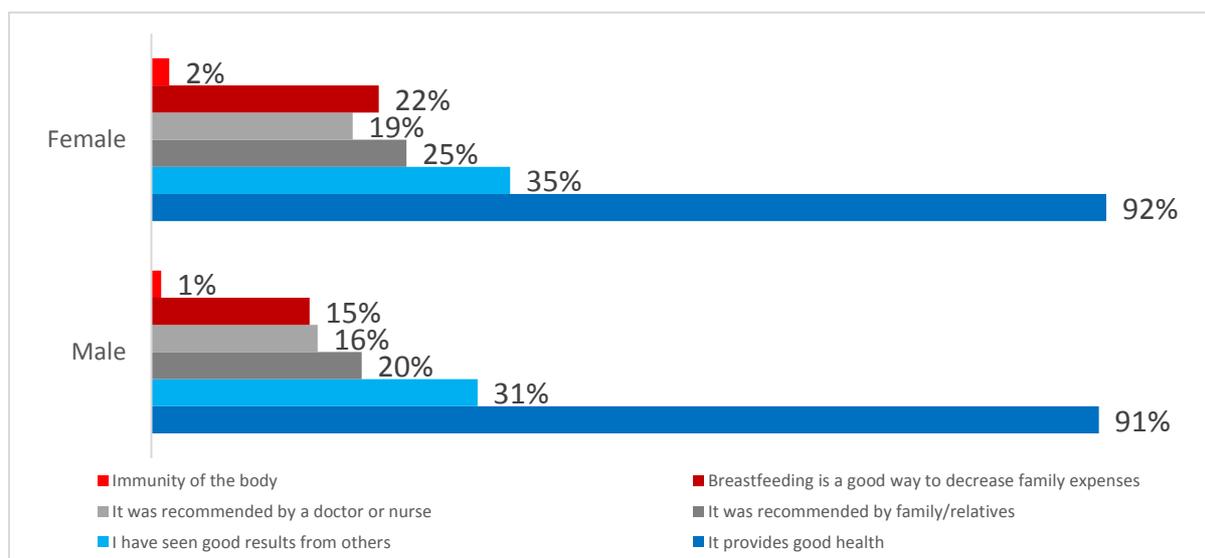


Table 4.24: Reasons cited by Syrian respondents registered with UNHCR for believing in exclusive breastfeeding

When asked until when respondents thought it important to breastfeed, a majority of registered Syrian respondents at 64% think that breastfeeding was important to the age of 24 months and another 30% maintain that it is important until the age of 12 months.

“In the hospital, they did not train us on how to breastfeed but prescribed us formula milk. They used to distribute formula in the hospital and my husband bought it for LL 20,000.” Syrian mother, FGD in Baalbek-Hermel, June 2017

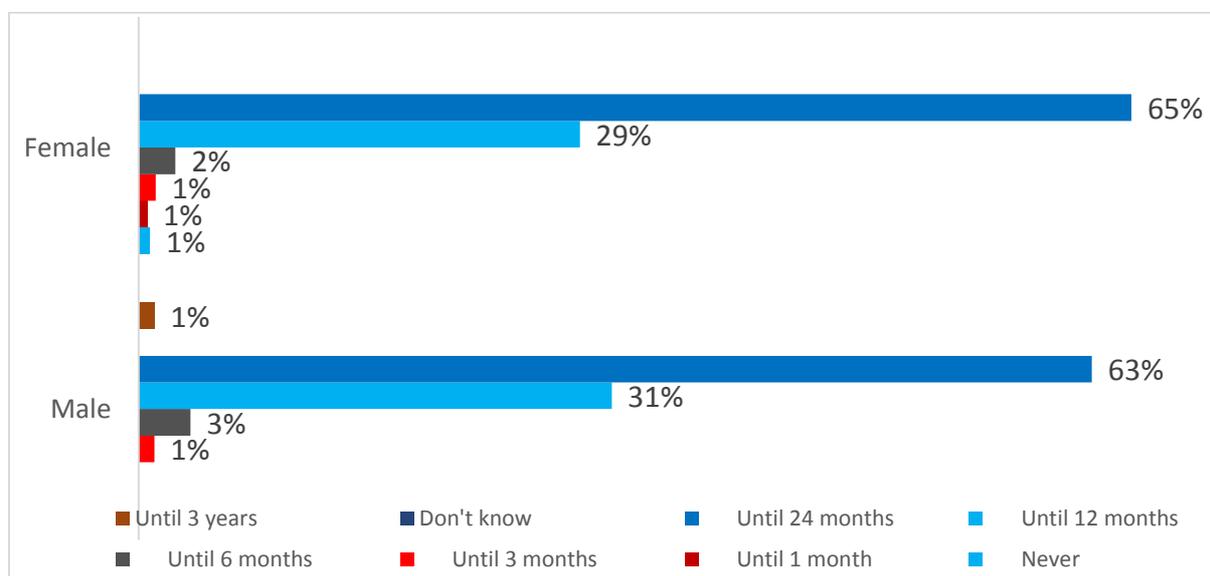


Table 4.25: Syrian respondents registered with UNHCR who state their attitudes towards the duration of breastfeeding

“The doctor advised me to breastfeed because it gives child immunity, better health and increases the bond between mother and child.” Syrian mother, FGD in Beirut, May 2017

The most common answer at 63% among respondents in the registered Syrian domain to the question why mothers do not breastfeed or stop breastfeeding, which was asked as a question with multiple possible answers, was that the mother does not have enough milk. A common related answer is that the baby is still hungry after breastfeeding and needs more food at 29%. Another, at 37% even more common, answer is that it is time to stop breastfeeding. Fewer registered Syrian than Lebanese respondents stated that breastfeeding is impossible because the mother is sick or has to work.

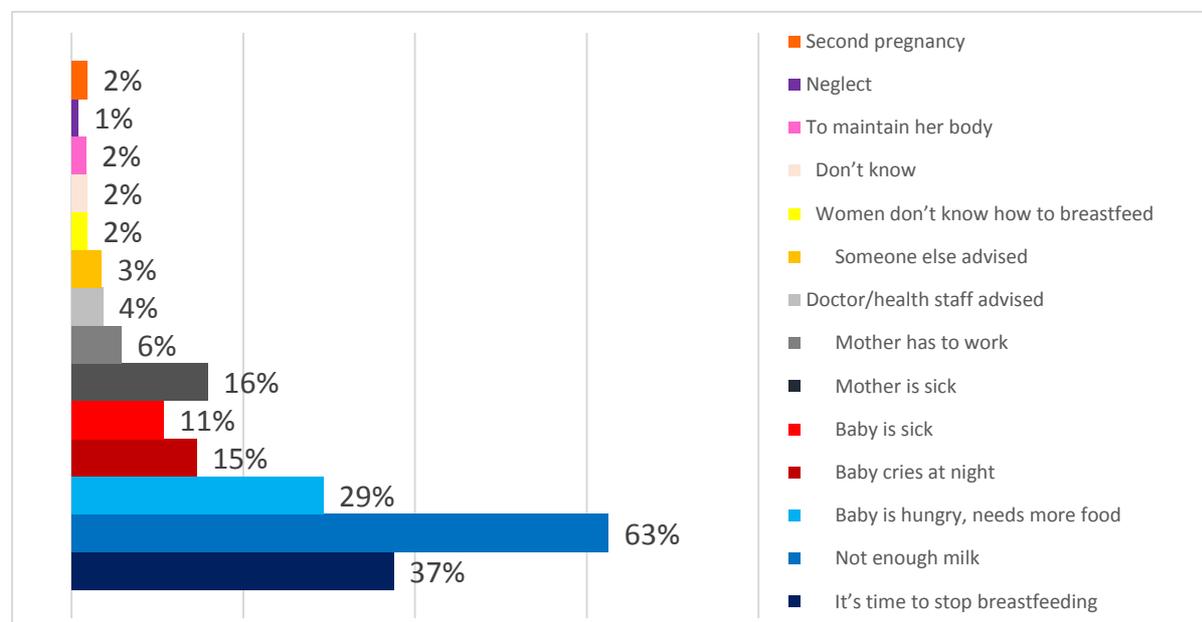


Table 4.26: Reasons cited by Syrian respondents registered with UNHCR for why mothers do not breastfeed or stop breastfeeding

4.3.4. Syrians in ISs domain

Knowledge on vaccination under 1 year of age

All respondents in the Syrian in ISs domain know that children of the age 12 months and under need to complete the recommended vaccinations. **When asked how many vaccination sessions a child of one year needs to have completed to have received all recommended vaccines, 55% know that the answer is at least six.** In contrast, 28% underestimate the number of sessions needed and 19% do not know.

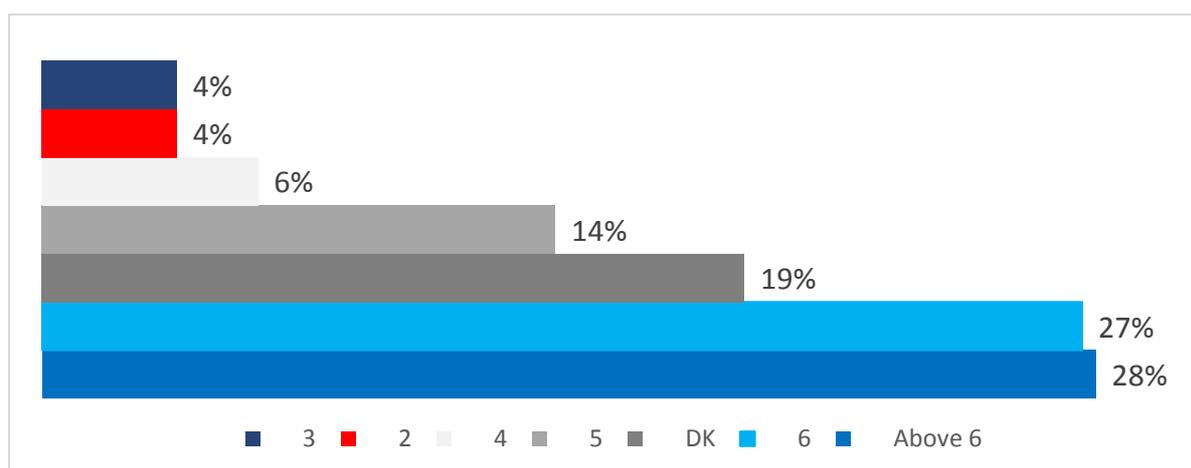


Table 4.27: Results of Syrian caretakers in ISs being asked how many vaccination sessions children of the age of one year need to have completed

Upon the question where they usually go to receive vaccinations for the children, most respondents answer PHC, dispensary, MOSA or public hospital. Very few, less than 5%, say that they visit a private clinic for vaccination. In the Syrian in ISs domain, there are differences in how women and men answer this question. Noticeably, male respondents seem unaware of MOSA as outlets for immunization and might confuse them with PHCs, which would explain why more men than women mention PHCs as suppliers of vaccination.

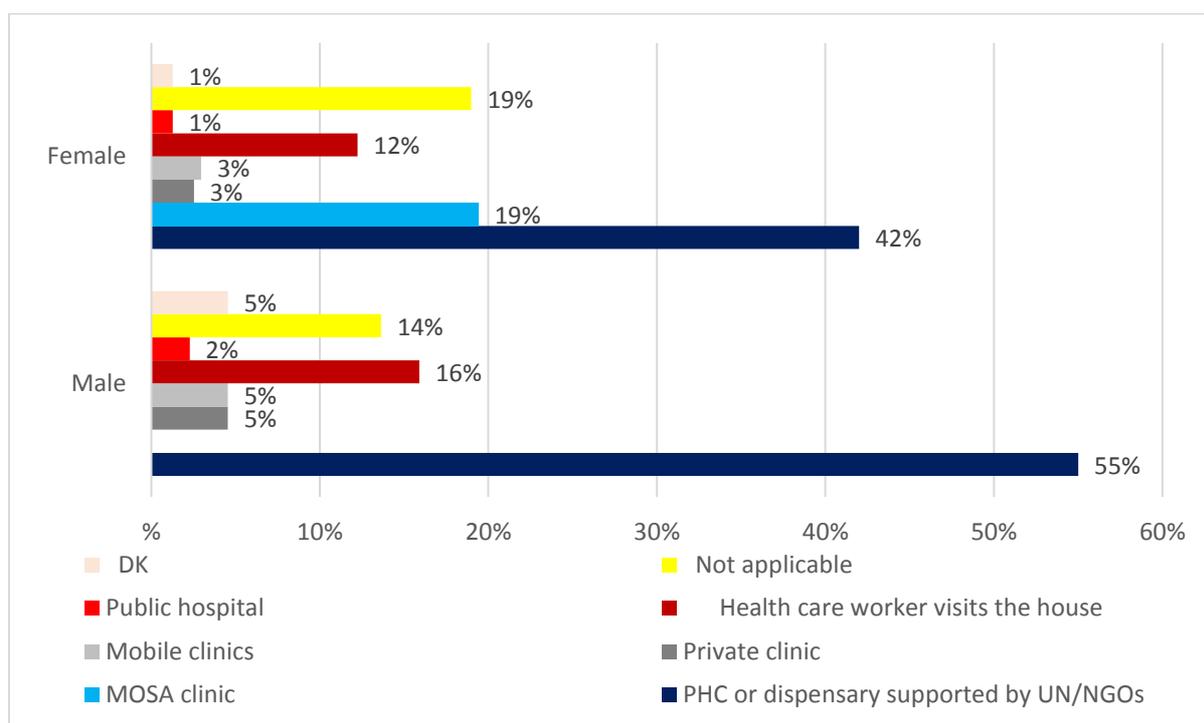


Table 4.28: Results by gender of Syrian respondents in ISs when asked where they usually go to receive a vaccination for their child

When asked about the primary reason for not going to PHCs or dispensaries for vaccination, the most common response at 20% in the Syrian in ISs domain is a lack of knowledge about available PHCs. The cost for transportation to, and vaccination at, PHCs and dispensaries is the second most common

answer at 17% respectively. At 14%, family members and friends advising against vaccination at PHCs and dispensaries is another reason for not accessing them for vaccination.

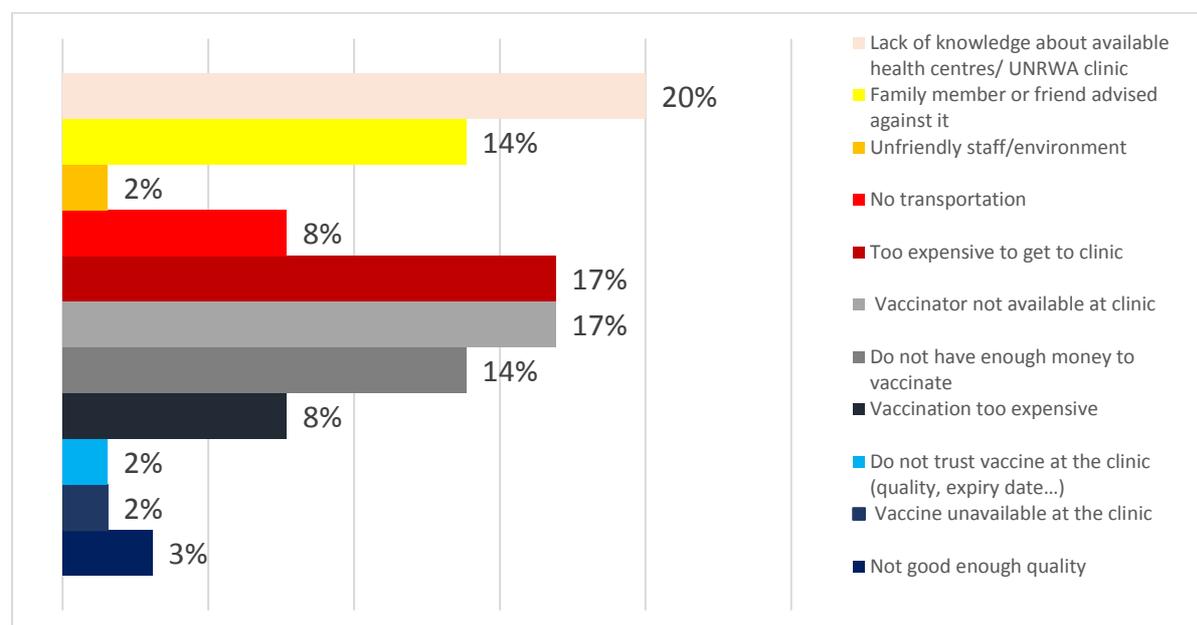


Table 4.29: Primary reason cited by Syrian respondents in ISs when asked why they did not go to a PHC, dispensary or MOSA/SDC clinic

Practice of antenatal care and child delivery

91% of Syrian mothers in ISs sought antenatal care for the last child delivered. For the delivery of their last child, **63% of the female Syrian respondents in the ISs domain stated that they visited a provider of ANC four times or more during pregnancy**; 20% went just once or twice. Reasons for not making use of ANC include that it was not the respondents' first child, that there were no complications and that it was a financial issue.

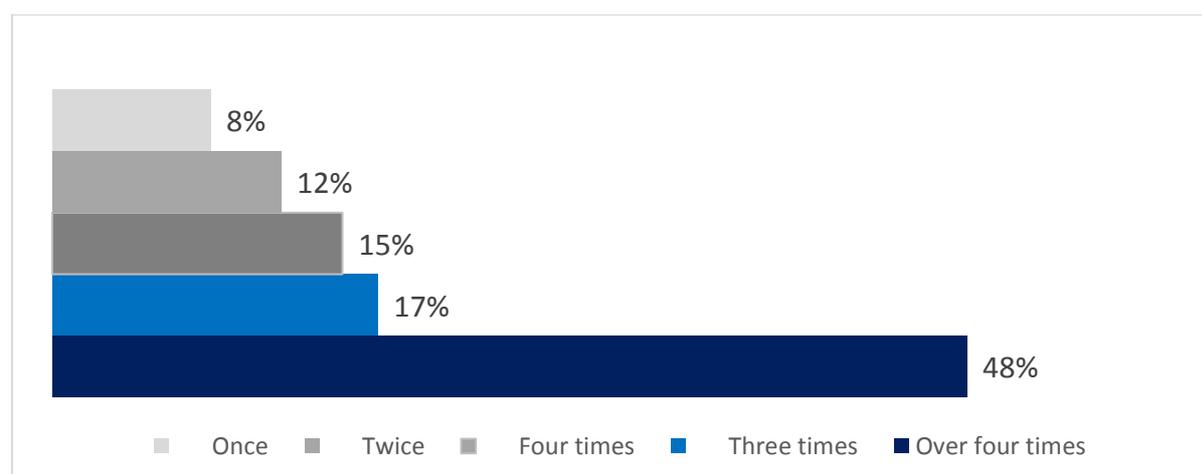


Table 4.30: Syrian mothers in ISs' responses on frequency of ANC visits during their most recent completed pregnancy

For the last child that was delivered, almost 80% of respondents in the Syrian in ISs domain stated that the mother delivered in the hospital. As many as 10% reported that deliveries have occurred in tents, but almost as many have given birth in a private clinic. While 79% of Syrians in ISs bore the costs

for the delivery themselves, 43% of deliveries were paid for by UNHCR and other UN-sponsored organizations. Because respondents were able to name several options, payments for delivery might come from more than one source.

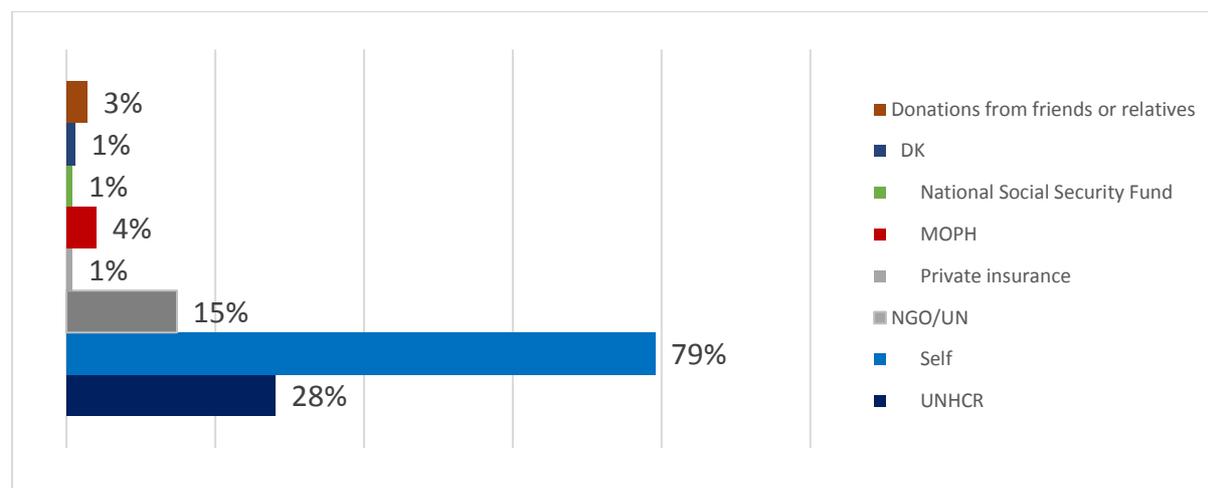


Table 4.31: Options cited by Syrian respondents in ISs on who paid for the mother's most recent delivery

Attitudes on exclusive breastfeeding

Syrian respondents in ISs believed to 99% that exclusive breastfeeding was beneficial. By far the most common answer to the question why Syrians in ISs believe in exclusive breastfeeding is that it provides good health, which was validated by FGDs and KIIs. To have seen good results from others and that it was recommended by doctors, nurses or relatives are other responses. Only 7-11% answered that it reduces family expenses.

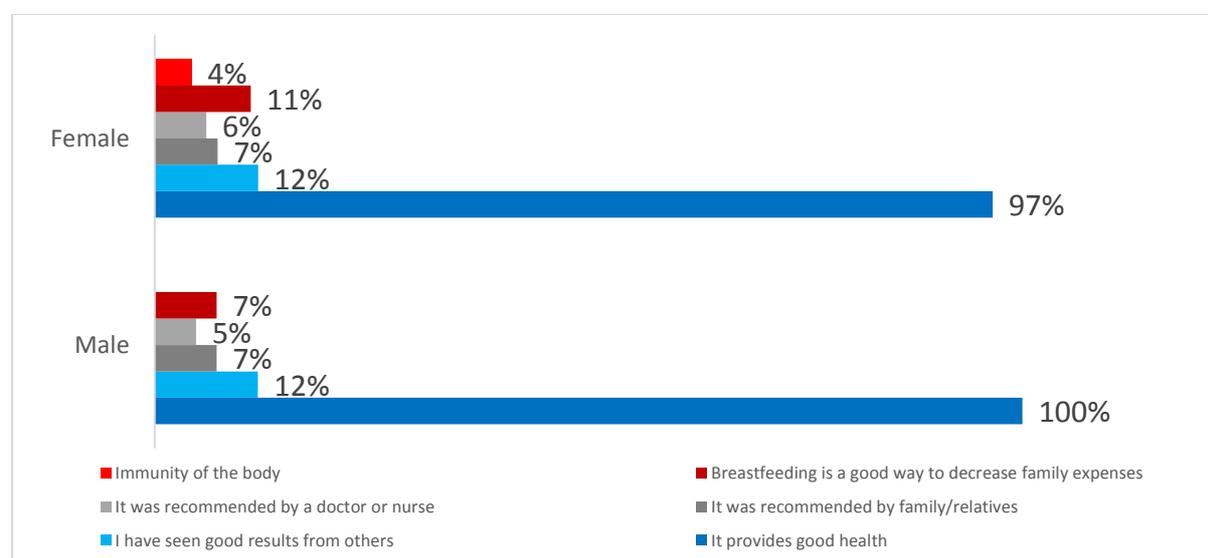


Table 4.32: Reasons cited by Syrian respondents in ISs for believing in exclusive breastfeeding

There appears to be some agreement in the Syrian in ISs domain on how long a mother should breastfeed. **85% think that breastfeeding is important until the child is 24 months old**; 11% believe that breastfeeding is important until 12 months.

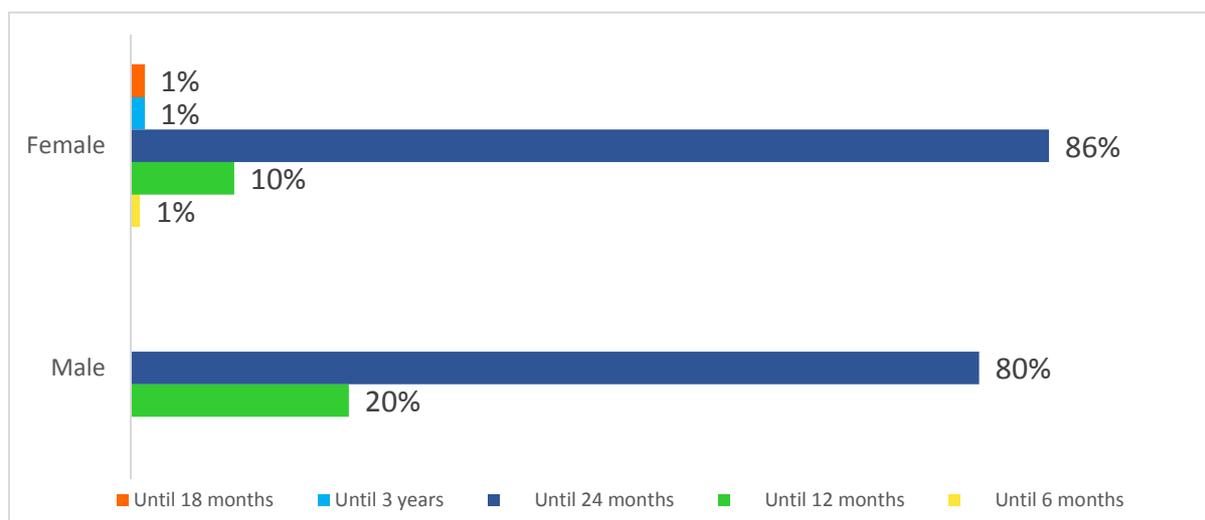


Table 4.33: Syrian respondents in ISs stating their attitude towards the duration of breastfeeding

When asked why mothers do not breastfeed or stop breastfeeding, which was asked as a question with multiple possible responses, 68% of the respondents in the Syrian in ISs domain answer that it is because the mother does not have enough milk and 30% say that it is because the baby is still hungry after breastfeeding; 13% mention that the mother is sick and therefore is unable to breastfeed.

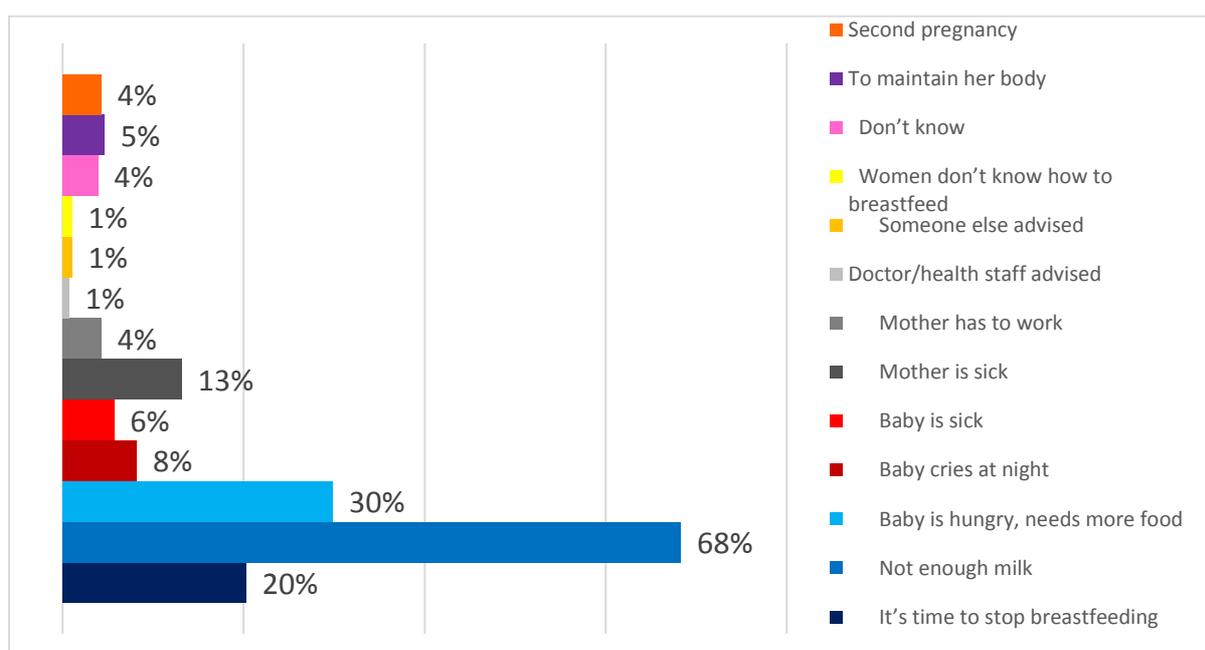


Table 4.34: Reasons cited by Syrian respondents in ISs for why mothers do not breastfeed or stop breastfeeding

4.3.5. Palestine refugees domain

Knowledge on vaccination under 1 year of age

As good as all respondents in the Palestine refugee domain know that children until their first birthday need to take vaccines. Of all Palestine refugee respondents, **53% know that a child needs at least six vaccination sessions to receive all of the recommended vaccines.**

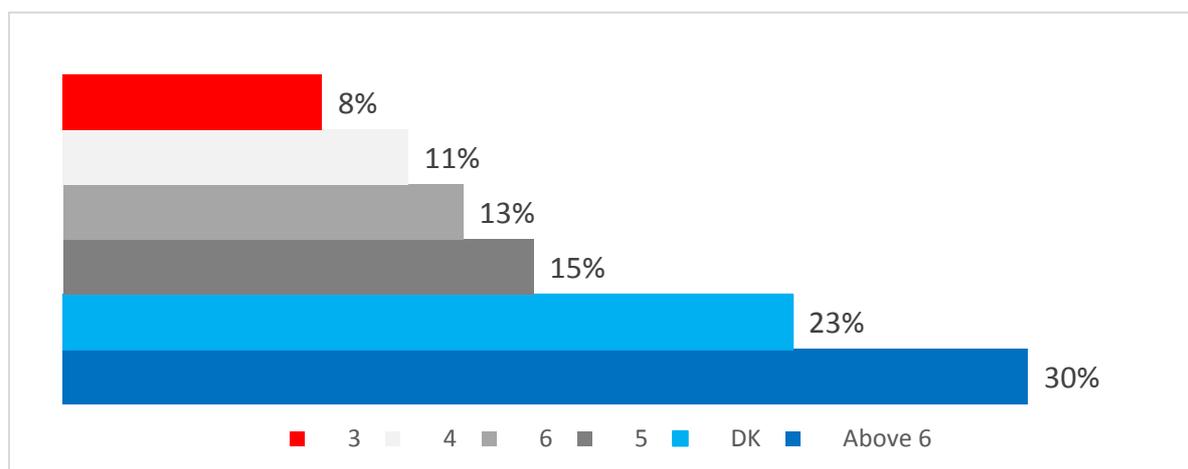


Table 4.35: Results of Palestine refugee caretakers being asked how many vaccination sessions children of the age of one year need to have completed

“I have not vaccinated my child or taken him to the health centre. I think that assistance to Palestinians is restricted to those residents within the UNRWA camps. I am not sure if Syrian Palestinians like me can qualify for aid.” Palestine refugee father, FGD in South, June 2017

When asked where they usually go to have their children vaccinated, Palestine refugees almost unanimously respond that they take their children to the UNRWA health centre. As a matter of fact, UNRWA healthcare staff are efficient in reminding new mothers when to come back for the child’s next vaccine session. As UNRWA is working on putting in place an e-health system, to keep a paperless record of all patients, and vaccination sessions, reminders will soon become more automated and easier to conduct.

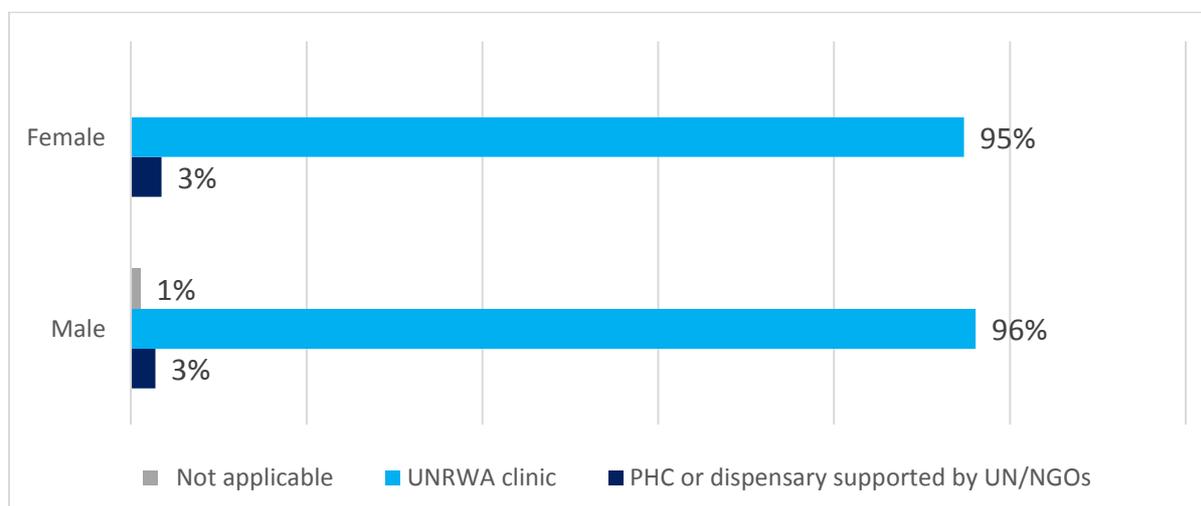


Table 4.36: Results by gender of Palestine refugee respondents asked where they usually go to receive a vaccination for their child

“UNRWA reminds us about our children’s vaccinations, they call us to make appointments and gives us instructions and leaflets to read about the importance of vaccination. We trust UNRWA’s health centres, we know that there are regular

quality checks and the staff are from our own community.” Palestine refugee mother, FGD in the North, May 2017

Practice of antenatal care

87% of female Palestine refugee respondents with at least one child visited antenatal care for the last child. Of those mothers, **75% visited ANC at least four times.** A higher rate of ANC visits among Palestine refugees compared to Syrians could be explained by the effective follow-up by UNRWA on antenatal care.

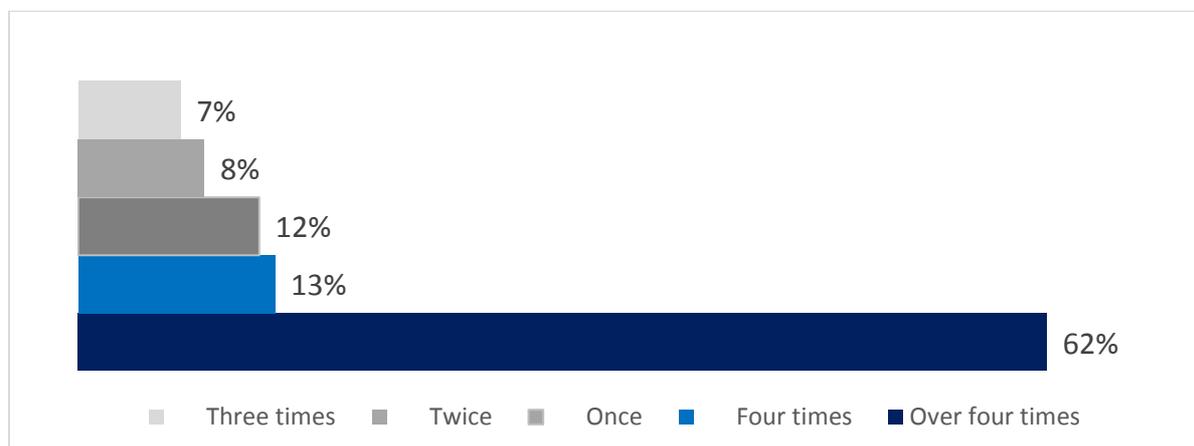


Table 4.37: Palestine refugee mothers' responses on frequency of ANC visits during their most recent completed pregnancy

Attitudes on exclusive breastfeeding

A total of 97% of Palestine refugee respondents believe in exclusive breastfeeding. Out of those, 99% believe that breastfeeding provides good health. More than in any of the other domains, respondents also mentioned that breastfeeding was a good way to decrease family expenses and for mother-child bonding.

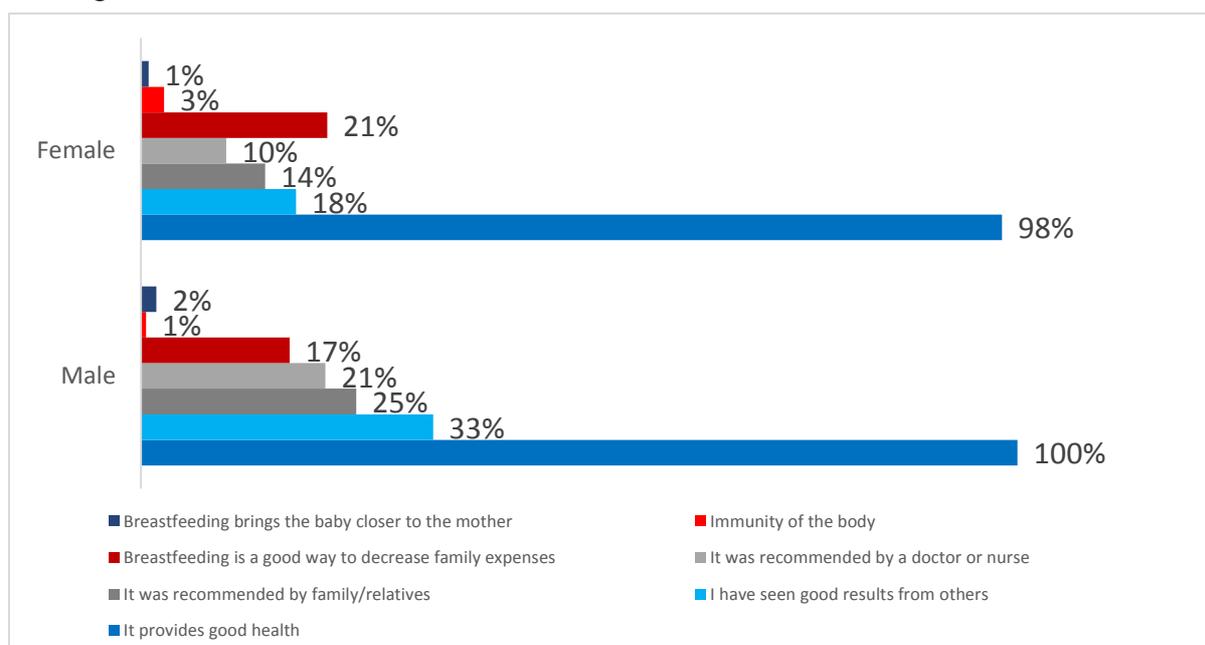


Table 4.38: Reasons cited by Palestine refugee respondents for believing in exclusive breastfeeding

53% of Palestine refugee respondents think that it is important to breastfeed children until 24 months, while 44% believe it is important to do so until 12 months. In an FGD with Palestine refugee mothers in the North of Lebanon, many reasons were cited for the importance of breastfeeding, including to strengthen the child’s immunity, providing the child with the right nutrition and to protect the mother from breast cancer. Breastfeeding as a way to decrease family expenses was also mentioned along with it being more practical than bottled milk feeding, since there was no need to sterilize bottles. This argument also mentioned by Syrian mothers in the registered domain.

“Breastfeeding for two years is an advice passed on from the older generation and it is even written in the Quran.” Palestine refugee mother, FGD in the North, May 2017

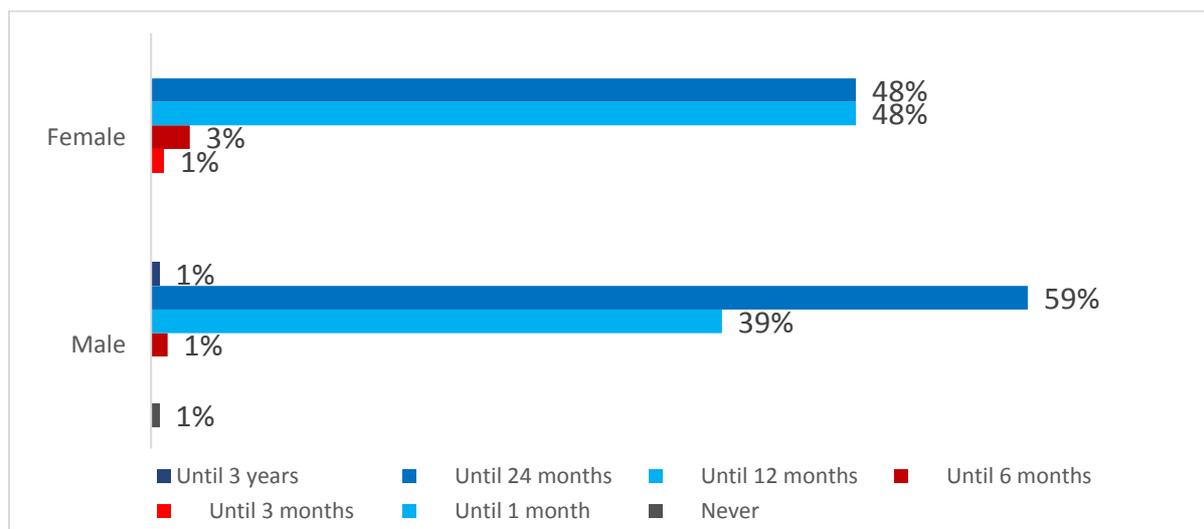


Table 4.39: Lebanese respondents who state their attitude towards the duration of breastfeeding

When asked about why mothers stop breastfeeding or do not breastfeed in the first place, a question which allowed multiple responses, almost 60% of Palestine refugee respondents believe that mothers do not breastfeed or stop breastfeeding because they do not have enough milk. An additional 46% mention as a cause that the baby is still hungry after breastfeeding. Almost a third of the respondents in the Palestine refugees domain point to the mother being sick as the reason for not breastfeeding.

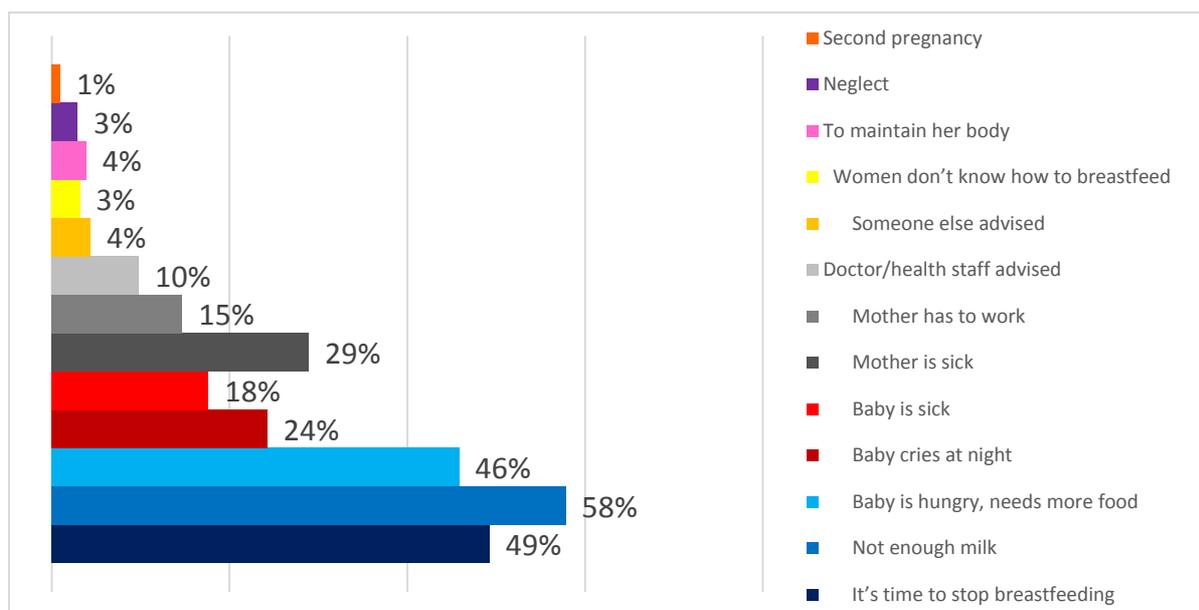


Table 4.40: Reasons cited by Palestine refugees for why mothers do not breastfeed or stop breastfeeding

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5. WATER, SANITATION AND HYGIENE (WASH)

This chapter provides a baseline for the programmatic area of water, sanitation and hygiene or WASH. UNICEF works worldwide to secure children’s access to safe water and basic sanitation, and to nurture appropriate hygiene practices. Interconnected interventions in the fields of water, sanitation and hygiene, WASH, are essential for the survival and development of children.²⁹

5.1. Situation analysis

5.1.1. WASH sector response

The overall WASH response in Lebanon is geared towards increasing the percentage of

- Households with access to safe and sustainable drinking water
- Girls, boys, women and men with appropriate hygiene knowledge and practices
- Households with safely managed waste and wastewater.

More than 3.7 million persons are in need of WASH support, of whom nearly 2 million are targeted.³⁰ Lebanon’s ‘alarming water and sanitation situation’³¹ is especially hazardous when compounded by poor hygiene practices. Vulnerable population groups are particularly at risk.³² Children have already been affected by outbreaks of dysentery, Hepatitis A and typhoid.³³ 16% of Syrian refugees reported a lack of access to showering or washing facilities.³⁴ Due to a lack of access to safe sanitation and means for personal hygiene, women and adolescent girls face risks to health, protection and dignity, especially when living in informal settlements or substandard shelters.³⁵

5.1.2. Baseline indicators

Knowledge on appropriate hygiene practices

“Something as simple as handwashing can save lives”³⁶

Washing hands with soap at critical times, like after going to the toilet or before eating, can have a significant impact on children’s health. Good hygiene practices reduce the incidence of diseases such as pneumonia, trachoma, scabies, skin and eye infections and diarrhoea-related diseases like cholera

²⁹ UNICEF 2017b.

³⁰ Government of Lebanon and United Nations 2017: 157.

³¹ Ibid: 14; for more details, see *ibid*: 157-170.

³² See, e.g., Noone 2016 and World Vision International 2014.

³³ Government of Lebanon and United Nations 2017: 14.

³⁴ *Ibid*: 160.

³⁵ *Ibid*.

³⁶ UNICEF 2017a.

and dysentery. Research shows that regular handwashing with soap can reduce the number of incidents of diarrhoea, a disease which can be deadly for children, by around 50 percent.³⁷

Education and communication are important components of promoting hygiene, however education alone does not necessarily result in improved practices. Promoting behaviour change is a gradual process that involves working closely with communities, studying existing beliefs, defining motivation strategies, designing appropriate communication tools and finally, encouraging practical steps towards positive practices. Communities should be fully engaged in the process at all stages using participatory processes, and special attention should be given to building on local knowledge and promoting existing positive traditional practices.³⁸

The 2016 vulnerability assessment among Syrian refugee households revealed that a large majority, 90%, has access to cleaning items. 87% of refugees have access to personal hygiene items, 86% to female hygiene items, and 78% to baby care items. A mere 2% of households had received hygiene kits during the three months preceding the survey, while 1.5% had received hygiene training within the previous six months. Geographically, least access to hygiene items was observed in Beirut and Baabda (see table 5.1).³⁹

³⁷ Ibid.

³⁸ Ibid.

³⁹ UNHCR, UNICEF, and WFP 2016: 25.

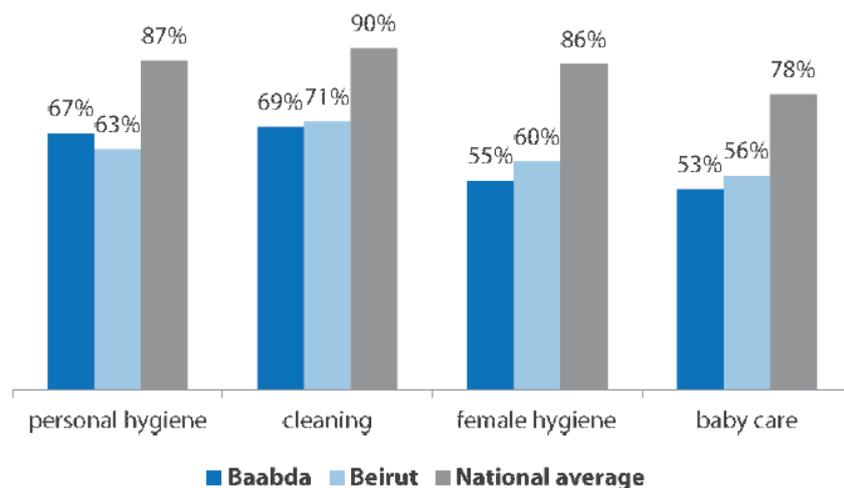


Table 5.1: Access to hygiene items in selected districts in Lebanon⁴⁰

As for the Palestine refugees' domain, most PRS families reported sufficient access to soap and other hygiene items. The only exception is North, where 50.7% of families residing inside camps and 46% of those residing outside camps reported having no access to soap and other hygiene items.⁴¹

Little has been written about hygiene knowledge and practices within the Lebanese domain. A study on intimate hygiene among Lebanese women, however, considers 'education about adequate feminine hygiene practices [...] crucial to improve Lebanese women's reproductive health'.⁴² The same study calls for a 'cross-sectional study on a sample of women [...] all over Lebanon', comparing 'results obtained before and after educational campaigns, personal hygiene classes or other informative interventions'.⁴³

In order to monitor the increase in hygiene practices over time, this KAP Study sets a baseline for the following indicator: **% increase of boys, girls, women and men with appropriate hygiene knowledge and practices**. According to LCRP 2017-2020, progress will be measured every two years (see figure 7.2.).

⁴⁰ Ibid.

⁴¹ Abdulrahim and Harb 2015: 27.

⁴² Attieh et al 2016.

⁴³ Ibid.

Indicator 2	Description						Means of Verification						Unit	Frequency
Percentage increase in boys, girls, women and men with appropriate hygiene knowledge and practices							KAP survey 2016/2017, 2018 and 2020						Percentage	Every two years
 Lebanese			 Displaced Syrians			 Palestine Refugees from Syria (PRS)			 Palestine Refugees in Lebanon (PRL)					
Baseline:	Target 2018	Target 2020	Baseline:	Target 2018	Target 2020	Baseline:	Target 2018	Target 2020	Baseline:	Target 2018	Target 2020			
0%	(7%)	(15%)	0%	(10%)	(20%)	0%	(7%)	(15%)	0%	(7%)	(15%)			
	Dependin g on KAP baseline assessme nt	Dependin g on KAP baseline assessme nt		Dependin g on KAP baseline assessme nt	Dependin g on KAP baseline assessme nt		Dependin g on KAP baseline assessme nt	Dependin g on KAP baseline assessme nt		Dependin g on KAP baseline assessme nt	Dependin g on KAP baseline assessme nt			

Table 5.2: Indicator targets as per LCRP 2017-2020⁴⁴

5.2. Qualitative findings summary

5.2.1. Supply and demand of services

Issues of WASH highlight the challenges of moving from an emergency response towards a more development-oriented response. The latter would involve tackling issues in a more medium-term way, ensuring sustainability to services and programmes. In the case of WASH, however, the emergency response is a persisting solution to the supply of basic services.

Water

In Lebanon, there are five main supply sources of water:

Public	Private
- The sources and grids of regional water establishments	- Private wells
- Municipal wells	- Water delivered by truck
	- Bottled water

Table 5.3: Water supply sources in Lebanon

These sources of water are of varying quality and supply different levels of quantity. Water sources like wells, rivers and dams generally suffer from bacteriological and chemical contamination. Coastal wells, in addition, are exposed to sea water intrusion. The ground water is polluted from industrial effluents, fertilizers, pesticides, disposal of untreated sewage into the environment etc. The water that reaches the household is therefore mostly of poor quality. Respondents in the FGDs say that they prefer bottled water as their primary source of drinking water. FGD data also indicate that rumours about the quality of bottled water flourish, with respondents sharing what they have heard to be true about the quality of the different brands of bottled water.

Delivering water by truck is common even in urban areas like Beirut. The truck delivers water that is pumped into cisterns. Customers have concerns that cisterns are not filled completely by the delivery service and that the water tastes and smells bad. Distributing water by truck is associated with emergencies, but in Lebanon it has become a routine method of water supply.

⁴⁴ Government of Lebanon and United Nations 2017: 170.

A systemic issue is the dependency of water establishments and private wells on electric pumps. Approximately 85% of the water that is distributed by water establishments is being pumped out of the ground. That makes the distribution of water depend on the supply of electricity and thus vulnerable to power cuts. A solution envisioned by central and regional water authorities is the construction of dams on higher altitudes, so that pipe pressure is achieved through gravity.

In the meantime, demand for water is increasing as Lebanon's population and built environment grows. More and more wells are being dug at ever greater depth. The tipping point at which the consumption of water from Lebanese sources exceeds the natural capacity for the replenishment of same sources may already have passed, according to a KII with a general director of one of Lebanon's four water establishments.

Hygiene

The main challenge to appropriate hygiene practices are of practical and financial nature. Lack of available or clean water, limited financial means to procure water or soap and other cleaning material, such as shampoo, washing liquid or detergent, present challenges especially for Syrian refugees. While most respondents in FGDs and in the survey had positive attitudes towards handwashing, anecdotal evidence from KIIs with individuals working closely with ISs in Akkar point towards some lack of knowledge and practice in using soap in handwashing.

In refugee settlements and camps, as well as in public spaces like schools, the use of latrines can present major challenges. In Syrian refugee camps, latrines are usually not divided according to gender with latrines for women and latrines for men. Instead, they tend to be allotted to one or more households. Ideally, one household has one toilet to itself. A particularly sensitive issue is menstruation. For women, and even more for girls, to share a latrine during menstruation can be challenging. Some girls do not attend school during their period because clean and properly functioning toilets are not available in their schools.

Solid waste

Solid waste is another critical issue in Lebanon. Landfills are used beyond their capacity and illegal waste dumps of various age and size can be found across Lebanon. At the household level, collection of solid waste is not organized in a nationally standardized fashion. UNICEF and other UN organizations, as well as different NGOs, provide waste bins in many parts of the country.

Sanitation

Lebanon's systems for collecting and treating domestic, industrial and other types of wastewater are insufficient. Most of the country is not covered by collection systems. Instead, wastewater is released into above-ground open holding pits, soak pits, septic tanks and directly into the environment. Even wastewater transported through collection systems will, by and large, remain untreated before it is released into the sea. There are approximately 53 wastewater outfalls into the Mediterranean Sea along Lebanon's coastline.⁴⁵

A particularly sensitive case is that of Syrian refugee settlements. National policies prevent the construction of more permanent or at least more sustainable structures for water supply and sanitation treatment. NGOs nevertheless attempt to find better solutions than releasing unfiltered, untreated wastewater directly into the environment. At the moment, the most common method of collecting domestic wastewater in tented settlements is in open concrete holding structures and to a much lesser extent in soak pits. A problem with underground pits is that they need frequent

⁴⁵ Ministry of Environment Lebanon 2001: 234.

desludging. Pilot projects with septic tanks for black water and filters for grey water in tented settlements have begun by an NGO in the North mohafaza.

5.2.2. FGDs summary

Beirut	Mount Lebanon	Akkar	North	Bekaa	Baalbek-Hermel	South	Nabatieh
Syrian fathers	Syrian mothers	Lebanese girls	Palestine refugee mothers	Syrian girls (IS)	Lebanese boys	Lebanese fathers	Syrian mothers

Table 5.4: WASH FGDs matrix

An analysis of the qualitative data on the issue of WASH points towards a strict gender division in households across all domains. While men are responsible for ensuring the household has access to water for drinking and general usage, women are responsible for everything else having to do with the hygiene and cleanliness of children and the household as a whole. Caretaking responsibilities in this regard seem to be clearly divided with children's wellbeing placed under the mother's care, which is confirmed by the fact that female respondents supply a wealth of data on hygiene, whereas male respondents have much less to say about the matter.

"My wife is the main person in charge of cleanliness of the home and the hygiene of the children." Syrian father, FGD in Beirut, May 2017

A strong barrier to appropriate hygiene practices is of a financial nature. Menstruation, for example, adds a financial burden. Syrian and Palestine refugee women and girls are often forced to use sanitary items sparsely. The supply of water is another challenge. Most often, drinking water is purchased while water for general use such as showering and cleaning is provided by an aid agency to Syrian and Palestine refugees (unless it also has to be bought). Syrian respondents in ISs are supplied with necessary water for drinking and general use by UNICEF. Palestine refugees and Lebanese respondents living in the South are supplied with water for general use by UNRWA, UNIFIL or are part of the national water network.

The need to buy water places a financial burden especially on Syrian refugees who live in collective shelters and rented apartments. Procuring hygiene and cleaning products are also an issue. All Syrian respondents spoken to stated that dishwashing liquid, laundry detergent, shampoo and other cleaning products are very expensive, causing them to choose cheaper and less effective products or substitute products. Syrians also mention borrowing from their nearest shops to be able to get hold of hygiene and cleaning products. Few of the Syrian respondents have heard of fellow Syrians who informally sell products they do not need.

"We often have to buy from shops on credit and pay back our debt whenever we have any money. It happens that I do not have a product, so I substitute another for it, for example I use shampoo to clean the floor or for washing dishes." Syrian mother, FGD in Nabatieh, June 2017

Qualitative data of the KAP Study show that many women and girls are convinced that showering and bathing during menstruation is unhealthy, even dangerous. Reasons given is that the poor quality of the water can bring about bacterial infections, that showering can cause fibrosis, that one can get "a sack of water in the uterus", and so on. Consequently, many girls do not shower in the first days of the

period and some refrain from cleaning their body for the entire period. Girls are discouraged from showering during menstruation by relatives and one girl reports that her doctor told her not to shower during her period. There seems thus to be a lack of knowledge among female respondents on appropriate hygiene practices during menstruation.

“I was told that if I shower on the first day [of menstruation] it will cause a problem. I am unsure what will happen, maybe I would get sick.” Lebanese girl, FGD in Akkar, May 2017

5.3. Baseline indicators: WASH

5.3.1. All domains

Water

Overall, 52% of total respondents state that the members of their household use bottled water as the primary source of drinking water. 28% cite piped water as primary source and 12% name either protected or unprotected wells or springs as their primary source of drinking water.

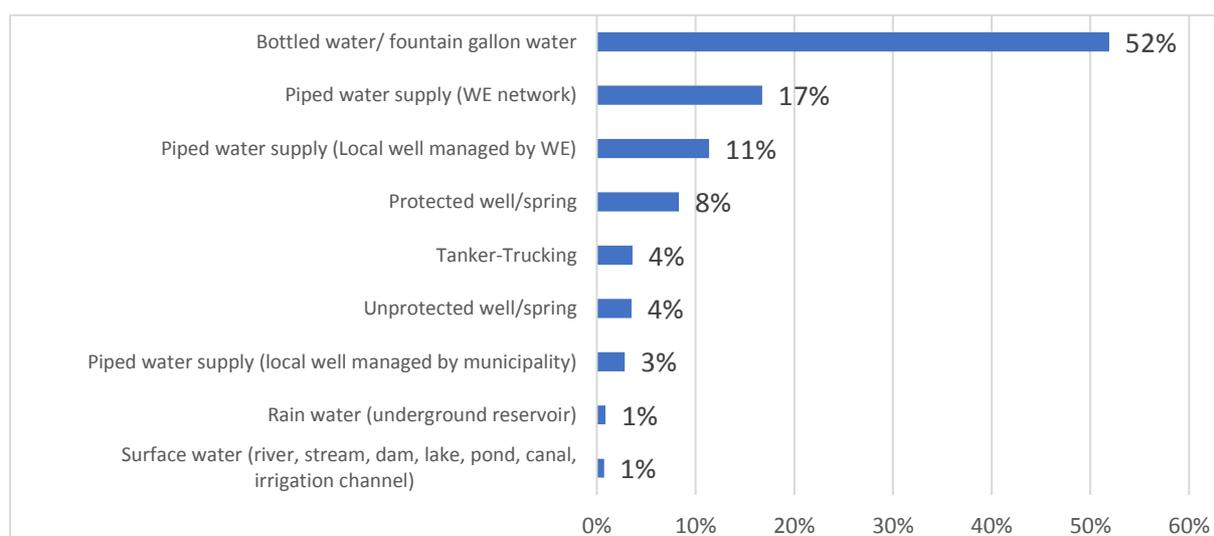


Table 5.5: Main source of drinking water as cited by total domains

Hygiene

The vast majority of respondents at 99% use soap when handwashing. The three most-mentioned important times to wash hands are before eating cited by 73% of all respondents, after returning home from outside cited by 67% and before preparing food cited by 66%.

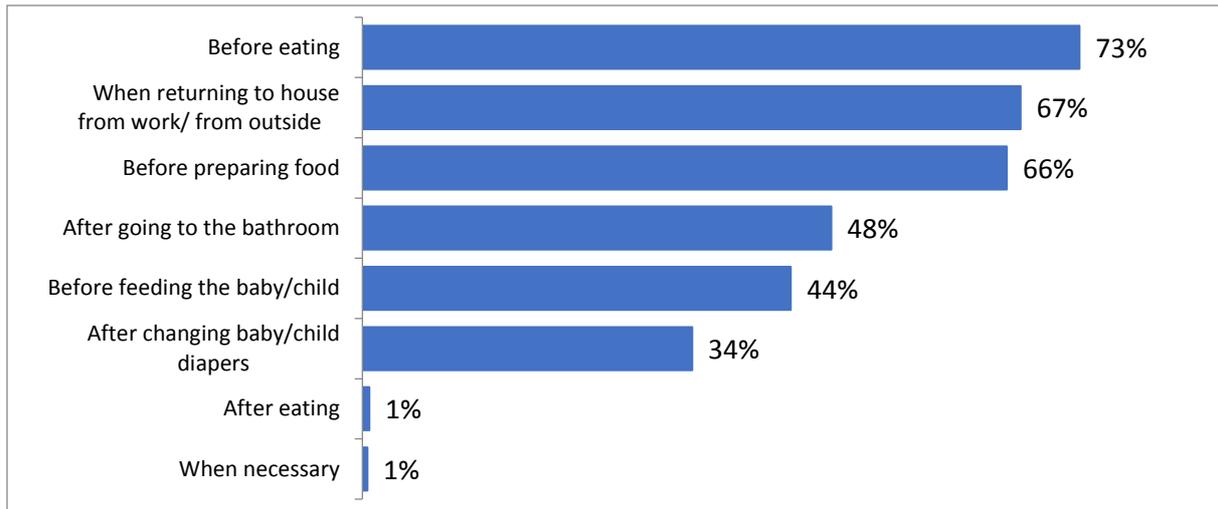


Table 5.6: Most important times to wash hands during the day as cited by total domains

When asked about the most important ways to prevent disease transmissions, with the choice of multiple responses, respondents had a mixed level of knowledge. The most stated response was handwashing before eating, at 69%, the second-most handwashing after using the bathroom at 62% and proper cooking and cleaning practices at almost 50%.

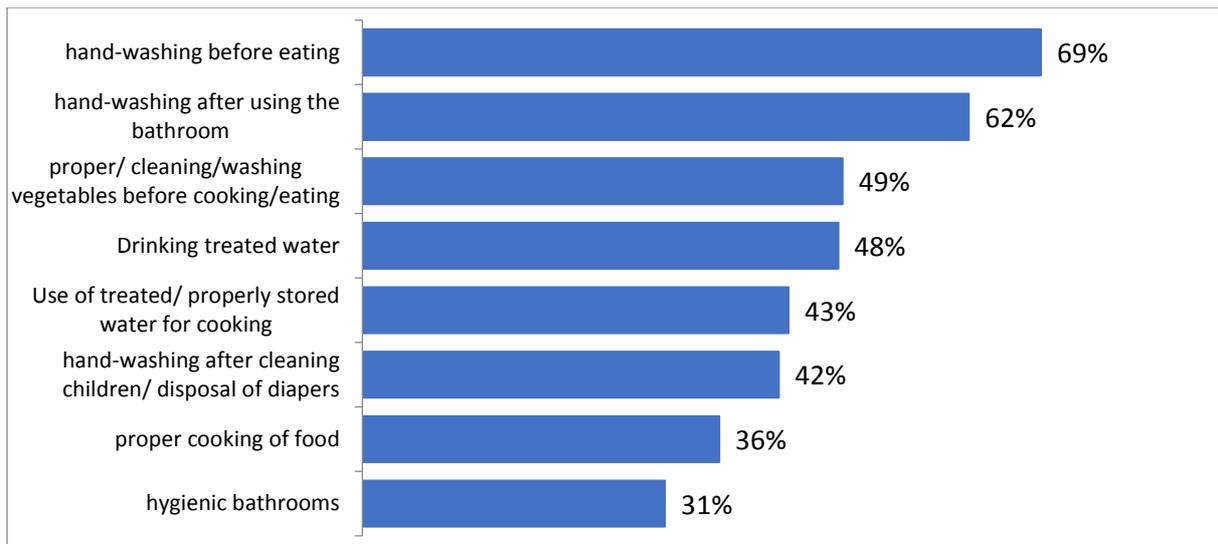


Table 5.7: Most important ways to prevent disease transmission as cited by total domains

Solid waste

The most common type of solid waste for total respondents is food scraps at 74%. The second most common type of solid waste is plastic at 59%.

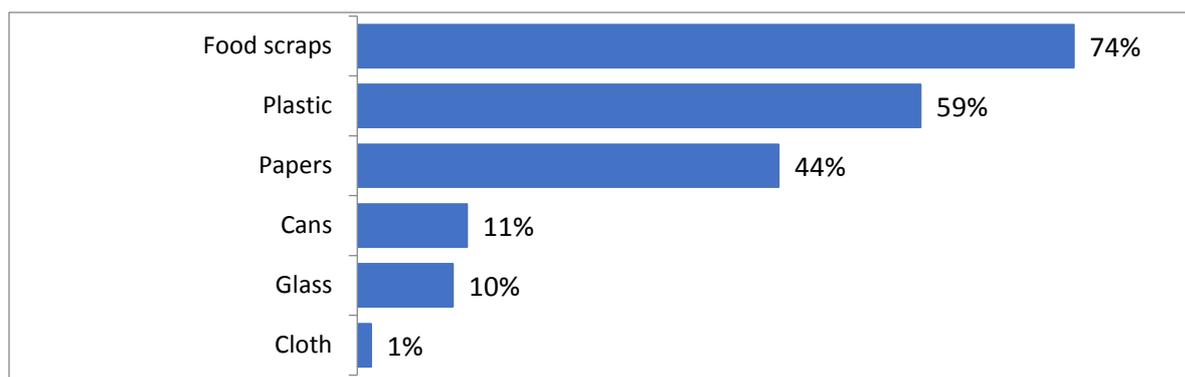


Table 5.8: The two most common types of households' solid wastes for total domains

63% of total households dispose of waste in municipal containers, while 21% dispose of them through a collector. Critically, 13% of households dump their waste randomly although in closed bags. Of the 5% of households who sort their waste at source, almost 70% sort their organic waste, 55% sort recyclable materials and 30% sort non-recyclable materials.

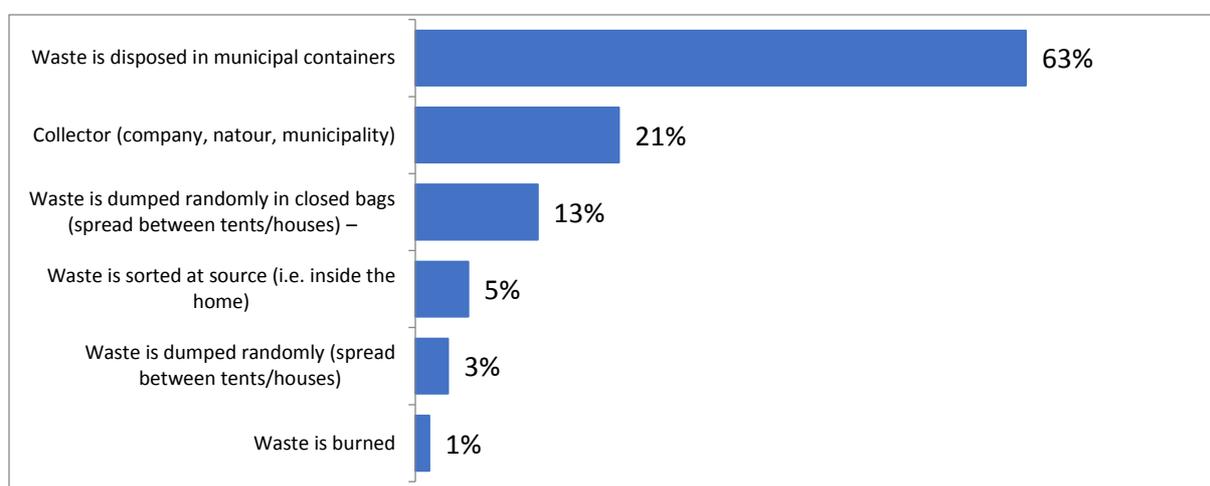


Table 5.9: Ways in which households usually dispose of solid waste for total domains

Sanitation

Overall, 62% of total households do not share their toilet or latrine with individuals who are not from their household. Of those respondents who report that their household shares the toilet or latrine with others, 61% would qualify it as clean, 27% as somewhat clean and 12% as not clean.

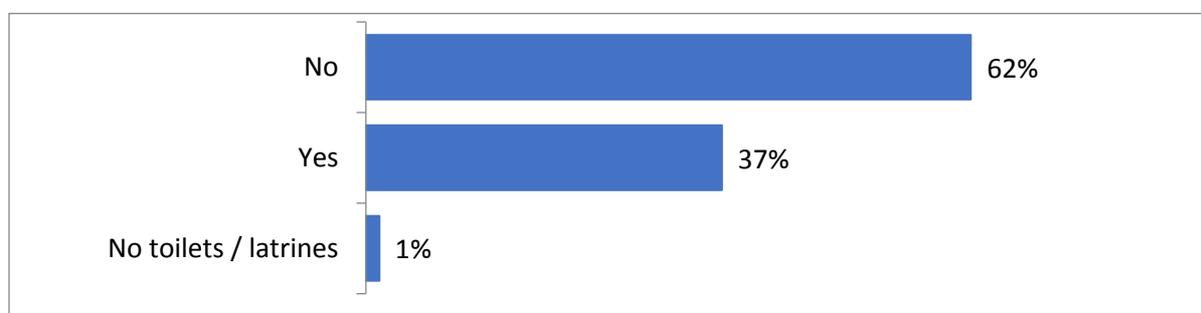


Table 5.10: Total households who share their toilet or latrine with other households or individuals

5.3.2. Lebanese domain

Water

More than half of the respondents in the Lebanese domain say that the members of their household use bottled water as the primary source of drinking water. 33% cite piped water as primary source and 12% name either protected or unprotected wells or springs as their primary source of drinking water.

*“We buy gallons of drinking water. We must buy drinking water to meet our needs.”
Lebanese father, FGD in South, June 2017*

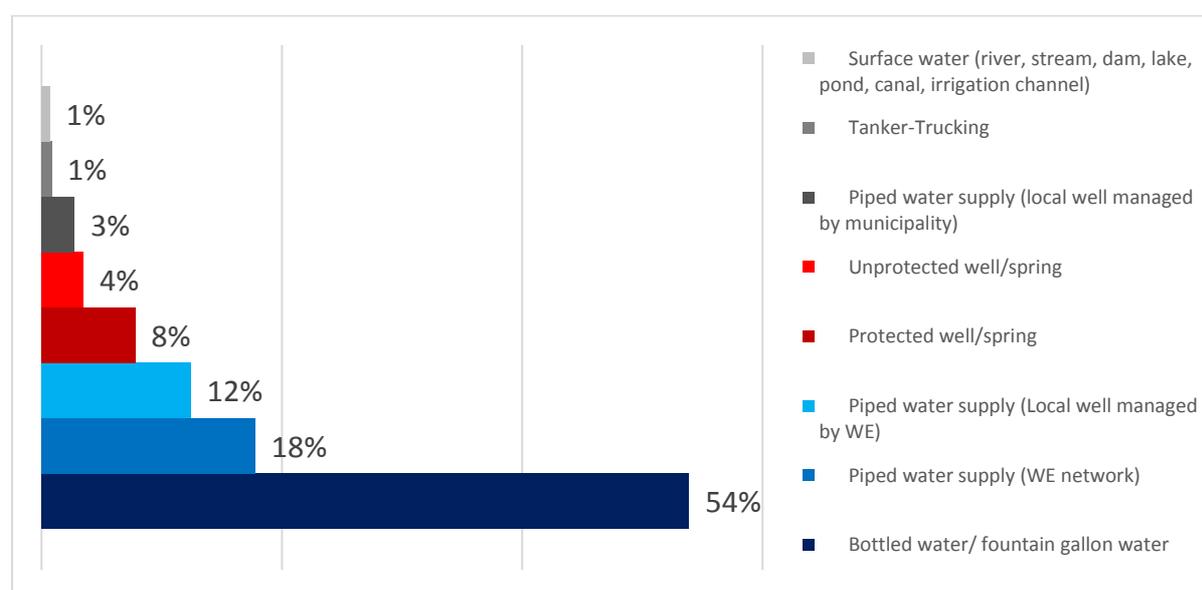


Table 5.11: Main source of drinking water for households of Lebanese residents

Hygiene

51% of Lebanese respondents state using bar soap in handwashing, while 49% use liquid soap. When asked about the most important times to wash hands, with multiple responses possible, female respondents provide more varied responses than male respondents. **While the most stated responses for Lebanese female respondents are after changing the baby’s diapers at 69%, before feeding the baby and before preparing food at 67% respectively, the most stated responses for men are after eating at 46%, when necessary at 44% and after returning home from outside at 40%.**

Gender differences become especially visible in relation to hygiene practices that are part of caring for babies and children. While almost three quarters of female respondents state that it is important to wash hands after changing the baby’s diapers, only 31% of male respondents mention this occasion. Similarly, 67% of female respondents state the importance of washing hands before feeding the child or baby, compared to 33% of male respondents.

“My mother and older sister taught me about how to wash myself properly. I shower and change my clothes.” Lebanese girl, FGD in Akkar, May 2017

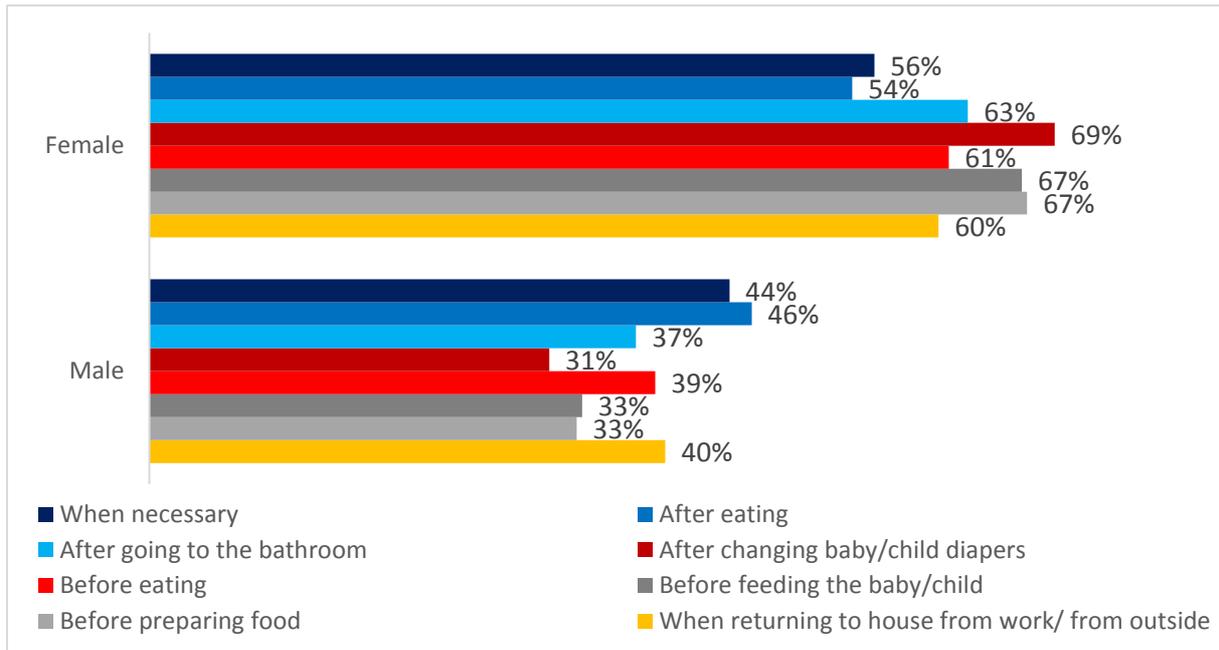


Table 5.12: Lebanese respondents citing the most important times to wash hands during the day

Qualitative data from FGDs highlight the gender division with respect to taking care of household members. It is women, not men, who generally care for babies’ and children’s hygiene and who see to it that household members follow appropriate hygiene practices, which might explain the lower response rates among male respondents.

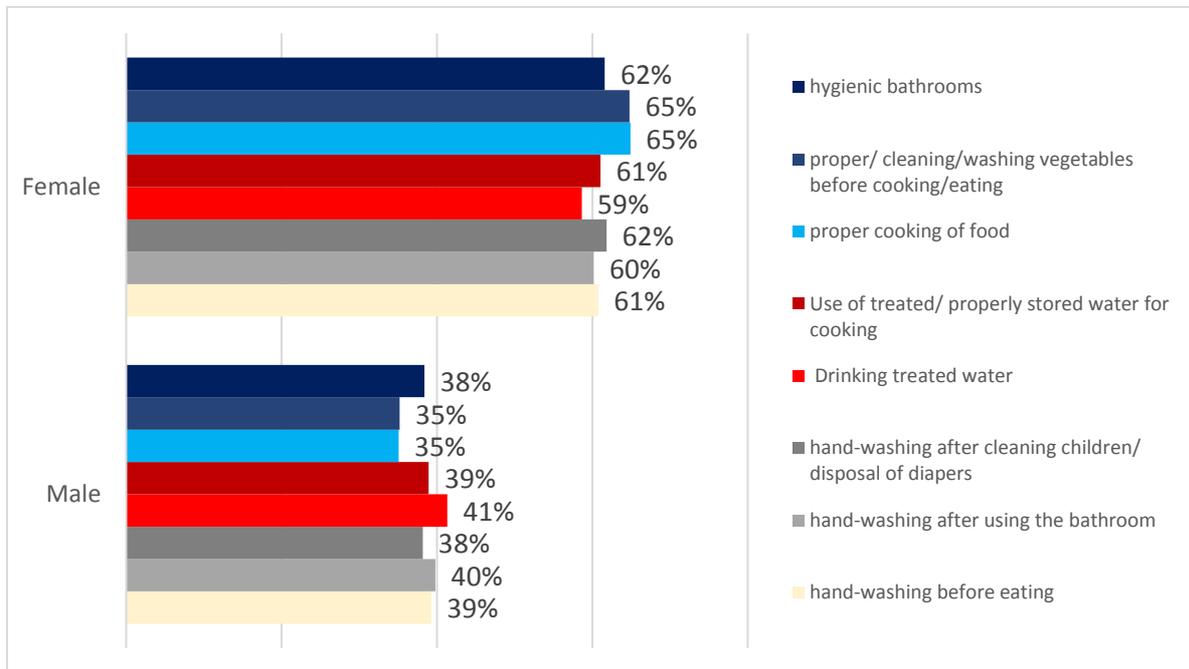


Table 5.13: Lebanese respondents citing the most important ways to prevent disease transmission amongst people

*“The mother is responsible for the cleanliness and hygiene of children and family.”
Lebanese father, FGD in the South, June 2017*

Solid waste

Food scraps are the most common type of solid waste in Lebanese households at 74%. In second place comes plastic at 59% and in third place paper at 44%. Glass and cans are other, less common types of solid waste. Cloth was also mentioned as a common type of solid waste. Data from the FGDs indicates that Lebanese and Palestine refugees would be interested in sorting their waste. What stops them from doing so is a lack of trust in the waste management system, arguing that waste that is sorted at home will still be disposed of together in the same containers. Syrian respondents in FGDs stated facing increased stress because of their vulnerability levels, and while most had positive attitudes towards sorting waste, practical reasons seem to be the barrier, such as not having access to municipal containers.

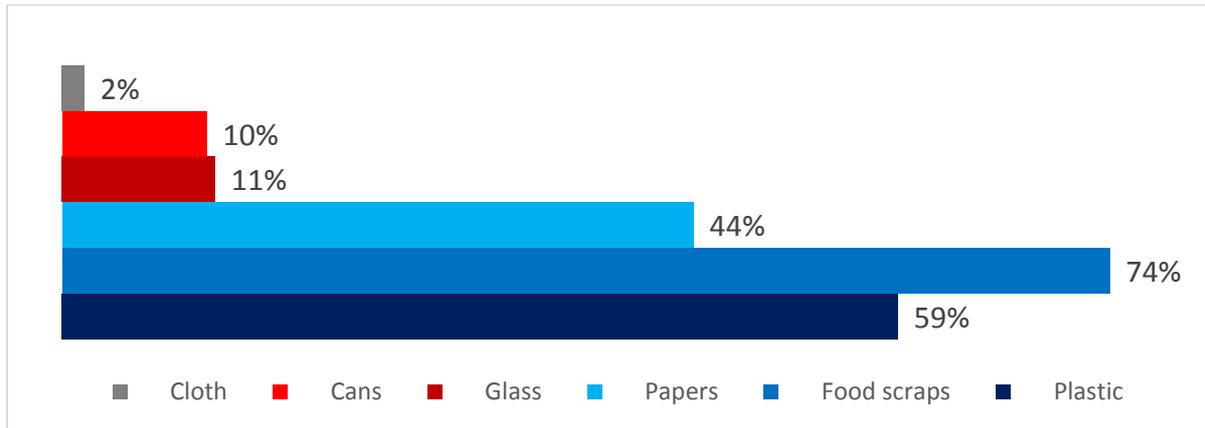


Table 5.14: The two most common types of solid wastes in Lebanese households

A majority of Lebanese respondents, 62%, reply that they use municipal containers to dispose of their household's solid waste. Slightly less than a quarter of respondents mention that their waste is collected. As many as 16% admit that they dump their waste randomly outdoors. Just 6% sort their waste inside the home.

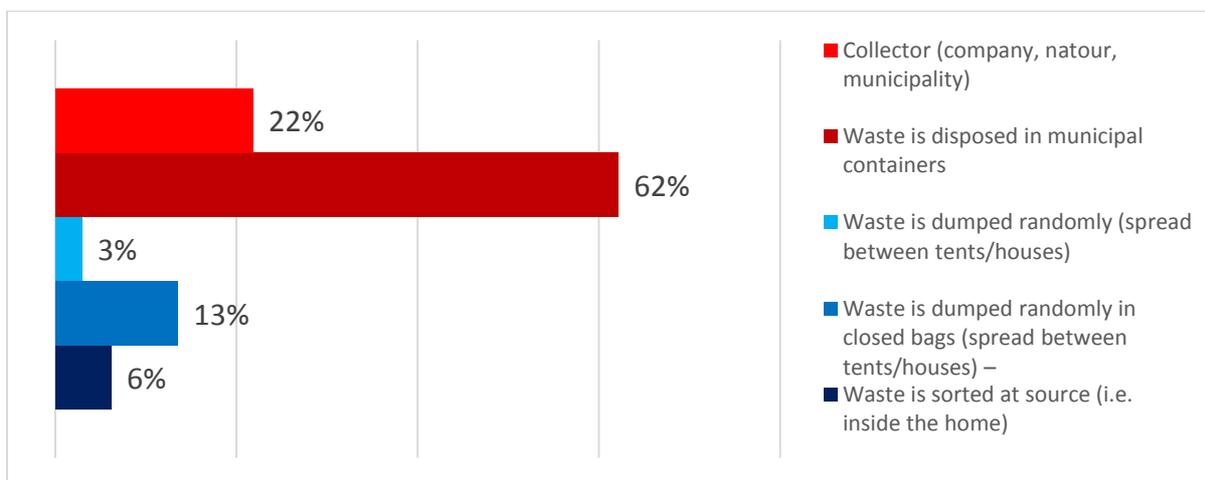


Table 5.15: Disposal of solid waste in Lebanese households

The 6%, who represent 579 of the total 5,100, of Lebanese respondents who said that they sort their waste inside the home were asked according to which categories they sort their solid waste. The most frequently mentioned categories are 'organic' and 'recyclable materials'.

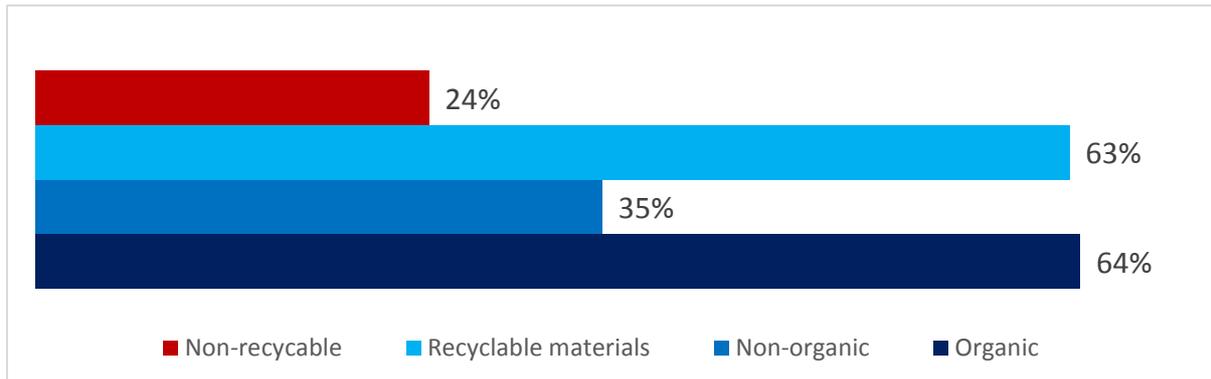


Table 5.16: Categories in which solid waste is sorted out in for Lebanese households who state to sort their waste at the source

Sanitation

More than half of the Lebanese respondents answered ‘yes’, while 45% said ‘no’, upon being asked whether they share a toilet/latrine with other families or individuals. Almost everyone, 98%, who shares a toilet/latrine with others reports that it is clean, while 2% state that it is somewhat clean.

5.3.3. Syrians registered with UNHCR domain

Water

48% of respondents in the registered Syrian domain use bottled water as the primary source of drinking water and roughly a third uses piped water. For the rest, the main source of drinking water is either a well or spring and water delivered by truck. Data from FGDs indicates that procuring good quality water is a financial burden for Syrian refugees in Lebanon. In all domains, a clear division is made between drinking water and water for general usage. Syrian respondents in FGDs mentioned that the water quality in Lebanon is lower than what they were used to in Syria.

“In Syria, we used to drink tap water. Here, Lebanese tell us not to drink tap water, they say it is not good. We buy water from the water truck. It’s not the cleanest water, but we have no other choice.” Syrian mother, FGD in Mount Lebanon, May 2017

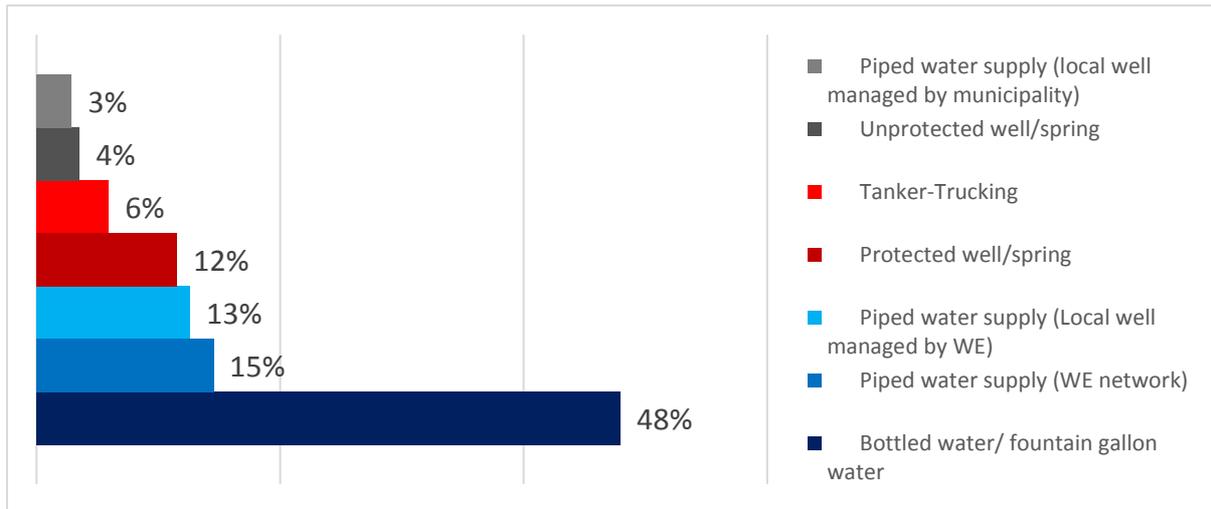


Table 5.17: Main source of drinking water for households of Syrians registered with UNHCR

Hygiene

87% of registered Syrian respondents state that they use bar soap when handwashing, 12% liquid soap and 1% water only. When asked about the most important times to wash hands during the day, male and female respondents provided varied responses. **The most frequent response of registered female Syrian respondents was after eating at 80%, followed by before feeding the baby or child at 56%. Registered male Syrian respondents' most frequent response was when necessary at 75% followed by when returning home from outside at 61%.** Syrian participants in FGDs had a solid understanding of hygiene, but practical barriers such as lack of financial means or lack of infrastructure prevented them from adhering to appropriate hygiene practices.

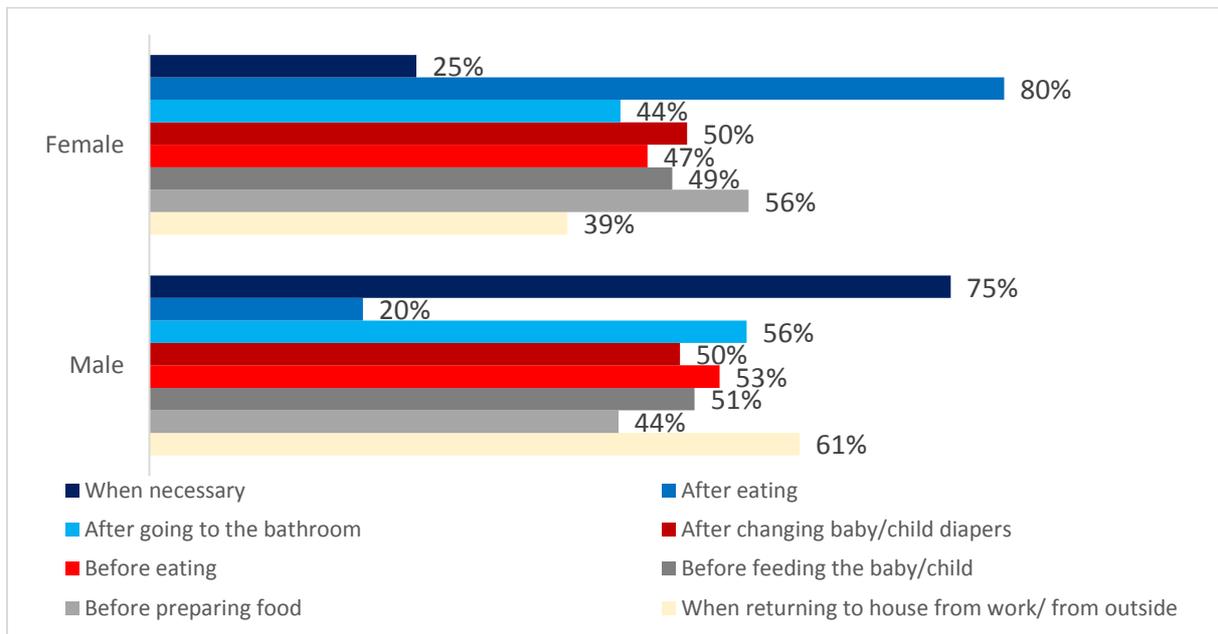


Table 5.18: The most important times to wash hands during the day as cited by Syrian refugees registered with UNHCR

In FGDs, Syrian respondents mentioned that the purchase of hygiene and cleaning products places a heavy financial burden on them and that it therefore is a barrier to appropriate hygiene practices. Dishwashing liquid, laundry detergent, floor-cleaning products, shampoo, but also menstrual pads and other items, add considerably to household expenditures. Overall, qualitative data show a clear

difference between gender roles: while it is the man's role to make sure that the household has water, it is the woman's role to ensure cleanliness and hygiene inside the home. Syrian women living in collective shelters in Nabatieh, who participated in an FGD, highlighted the challenges of performing their role as duty-bearers, since a lack of financial means meant that they cannot always ensure their children's hygiene.

"Sometimes I see that my child is very dirty and I look away. I have to buy water to shower him." Syrian mother, FGD in Nabatieh, June 2017

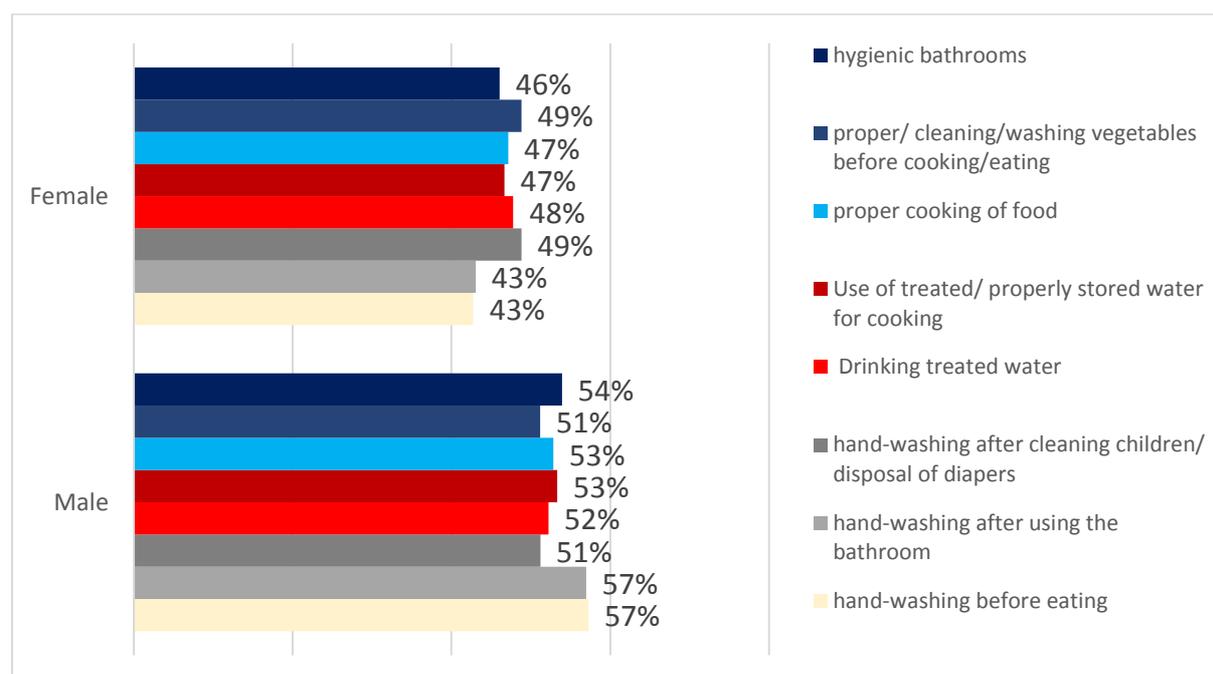


Table 5.19: Syrian respondents registered with UNHCR citing the most important ways to prevent disease transmission amongst people

Solid waste

Food scraps, plastic and paper are the most common types of solid waste in the households of registered Syrians. The percentages for the registered Syrian domain are similar to those for the Lebanese domain. The only notable difference is that the percentage of registered Syrians who identify cans as a common type of solid waste is almost twice that of Lebanese (19% for registered Syrians; 10% for Lebanese).

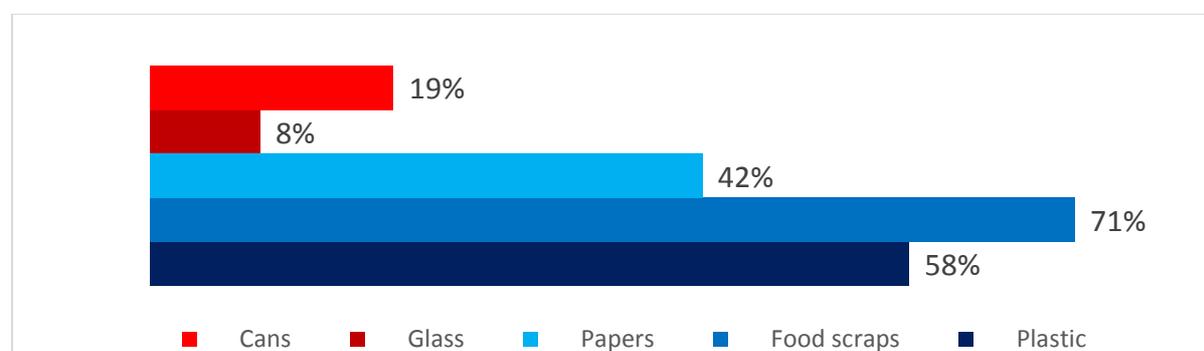


Table 5.20: The two most common types of solid wastes in households of Syrian refugees registered with UNHCR

When asked how they usually dispose of solid waste, a large majority of respondents in the registered Syrian domain say that they do so in municipal containers. If one adds the 16% that report that their solid waste is collected, as many as 91% of the respondents can dispose of their solid waste in an organized fashion. At the same time, 14% say that they dispose of solid waste themselves, either by dumping it randomly or by burning it. Just one percent sort their solid waste at home.

“I throw the trash away in closed bags in the municipal containers. I do not sort as it gets mixed up in the container anyway.” Syrian mother, FGD in Mount Lebanon, May 2017

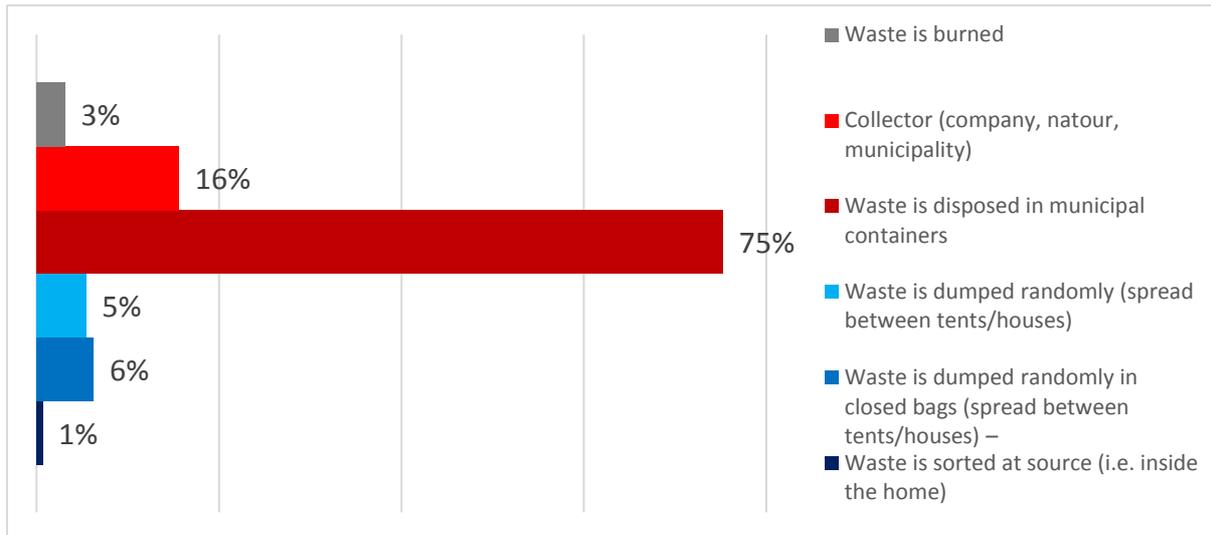


Table 5.21: Disposal of solid waste in households of Syrian refugees registered with UNHCR

The one percent of respondents in the registered Syrian domain, which equals 16 respondents, who sort solid waste in their home tend to sort waste into organic matter at 88%, non-organic matter at 50%, recyclable materials at 38%.

Sanitation

Almost two thirds, or 63%, of respondents in the registered Syrian domain do not share their toilet or latrine with other families or individuals, while 37% do. One percent state not having a toilet or latrine. Of those 37% who share a toilet or latrine with others, 54% reported that it is clean, 35% said that it is somewhat clean and 11% that it is not clean.

5.3.4. Syrians in ISs domain

Water

The main source of drinking water for members of households in the Syrians in ISs domain is trucked water at 46%. Bottled water is the second most common source of drinking water at 22%, followed by protected well water at 15%. Qualitative data validates these findings: ISs who are supported by UNICEF and NGO partners regularly receive trucked water. This service provision is costly as well as time- and energy-consuming.

“You know the water is good from the taste of the tea.” Syrian girl, FGD in an IS in the Bekaa, May 2017

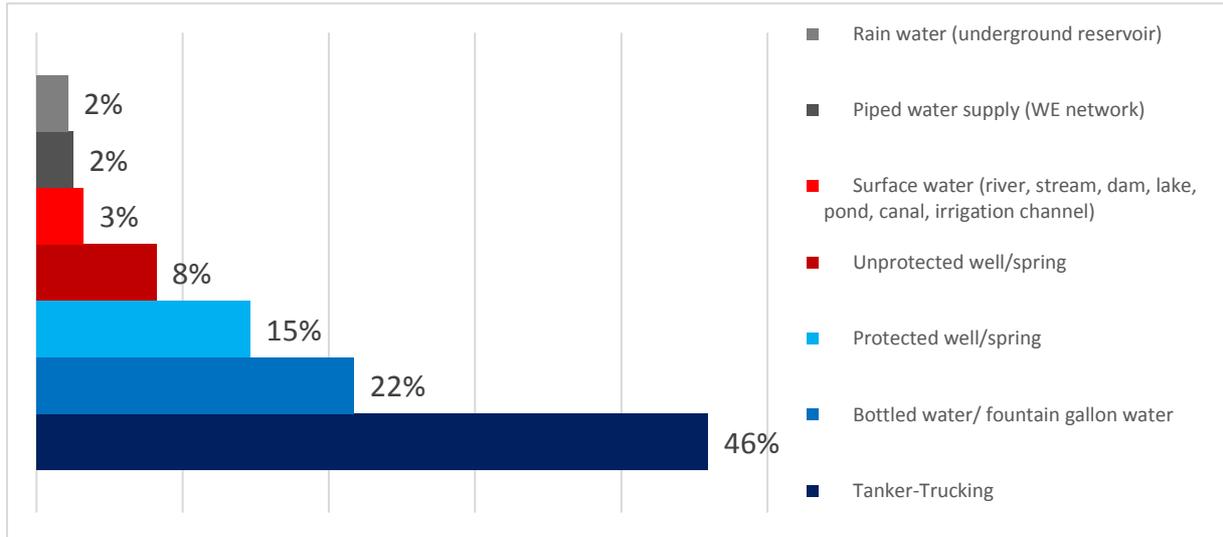


Table 5.22: Main source of drinking water for households of Syrians in ISs

Hygiene

88% of Syrian respondents living in ISs state using bar soap for handwashing, while 11% use liquid soap and 1% use water only. **When asked about the most important times to wash hands during the day, female respondents in ISs have a much higher level of knowledge than male respondents**, pointing towards a strict gender discrepancy. This can partly be due to women performing most if not all caretaking activities, including cooking, cleaning and ensuring children's hygiene.

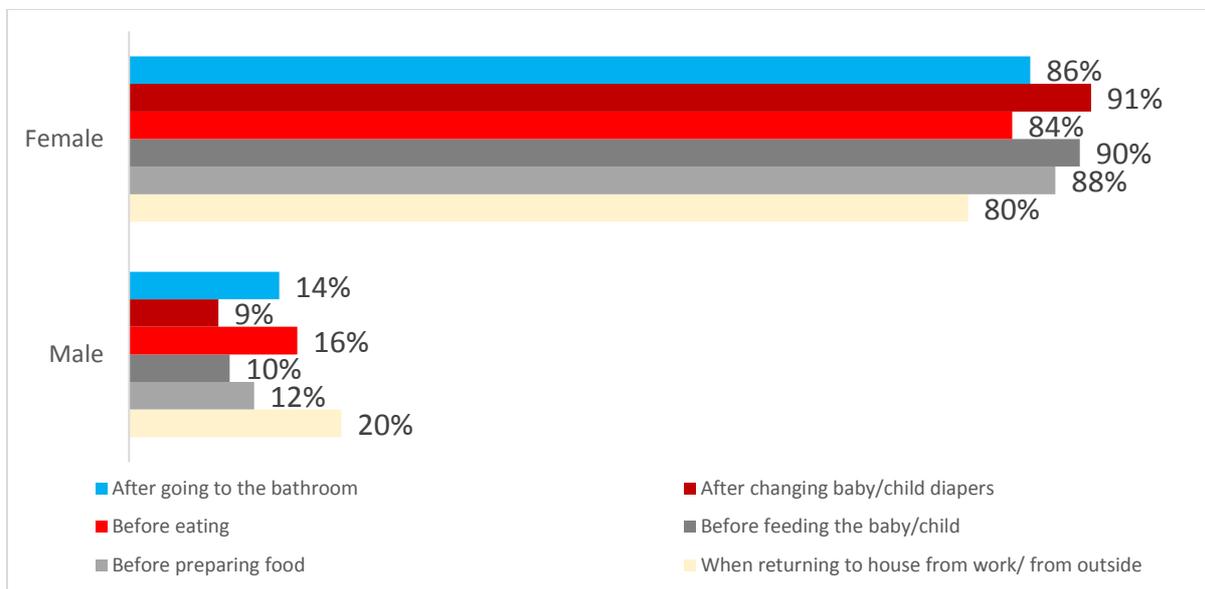


Table 5.23: The most important times to wash hands during the day as cited by Syrians living in ISs

Hygiene promotion activities by NGOs, that have been going on for several years, in most part target women living in ISs since most men are out during the day. The KAP Study data show that the hygiene promotion information is not passed on from women to men in the household. Critically, while knowledge on appropriate hygiene practices is indispensable, the lack of gender-equal knowledge sharing might reinforce the lack of gender-equal burden-sharing.

“It is important to be clean, so to not get lice or diseases and not to smell.” Syrian girls, FGD in an IS in the Bekaa, May 2017

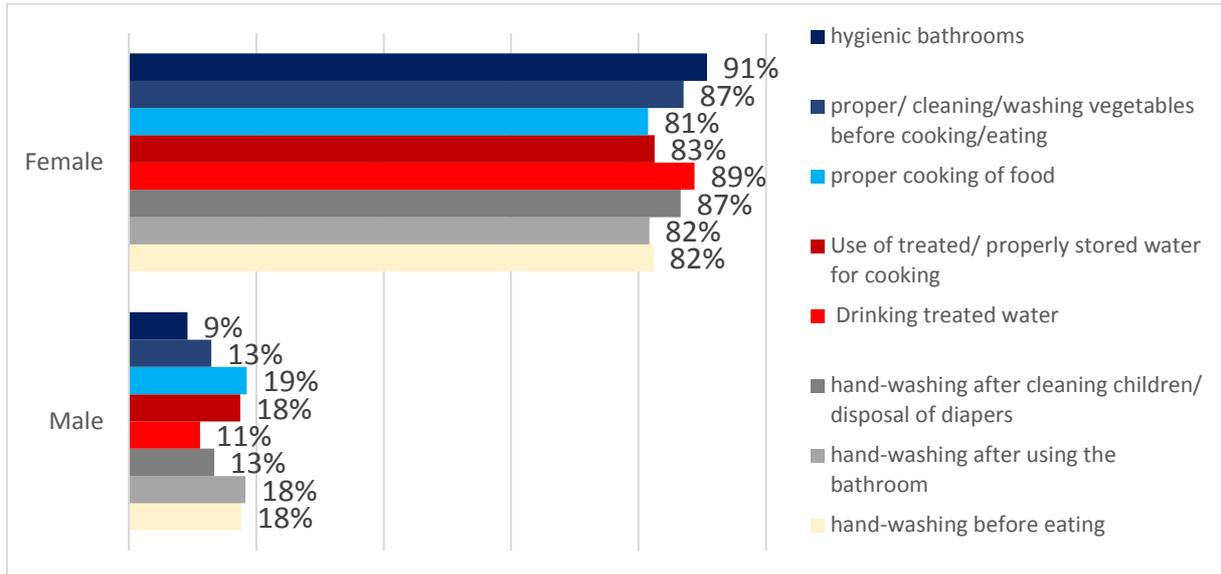


Table 5.24: Syrian respondents living in ISs citing the most important ways to prevent disease transmission amongst people

A similar gender discrepancy can be noted for knowledge on the most important ways to prevent disease transmission. Men’s limited response rate means that they might unknowingly increase the risk of passing on diseases due to lack of knowledge. Men’s lack of knowledge might persist since most disease prevention campaigns target caretaking activities such as cleaning and cooking, which respondents say is the responsibility of girls and women. Interestingly, female respondents in ISs cite hygienic bathrooms most frequently as a way to prevent disease transmission. Qualitative data from FGDs with women living in ISs in Akkar and the Bekaa highlight the challenge of sharing latrines and the difficulties of keeping them clean because of the high number of users.

Solid waste

As in all other domains, the most common types of solid waste in Syrian in ISs households are food scraps at 81%, plastic and paper at 53%. Only in the Syrian in ISs domain are diapers mentioned as a common type of waste.

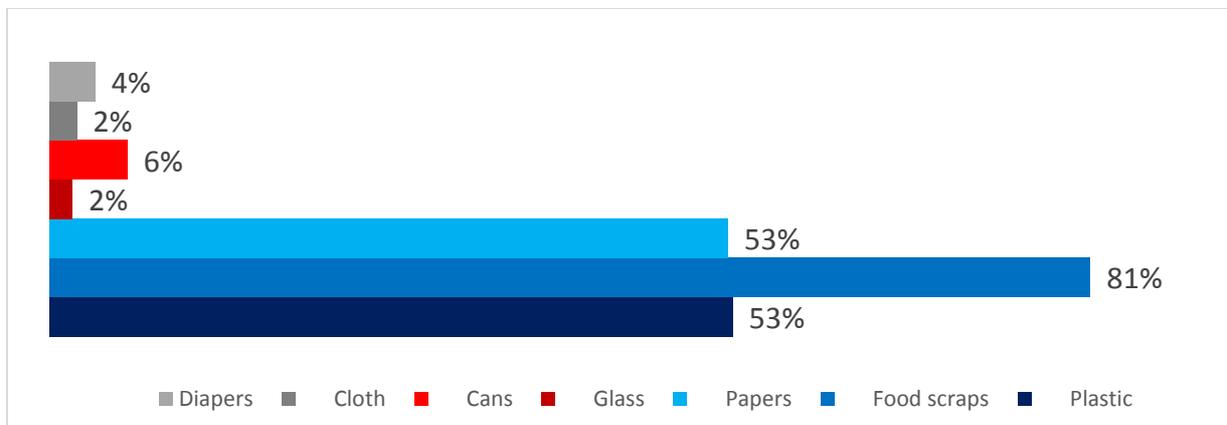


Table 5.25: The two most common types of solid waste in households of Syrians living in ISs

76% of Syrian respondents in ISs dispose of solid waste mainly by putting it in municipal containers. 13% of respondents report that dispose of solid waste by burning it. Just as many state that they dump waste randomly between tents.

“All the garbage inside the tent is handled by the women in the family and the garbage outside is handled by men and boys.” Syrian boy, FGD in Baalbek-Hermel, June 2017

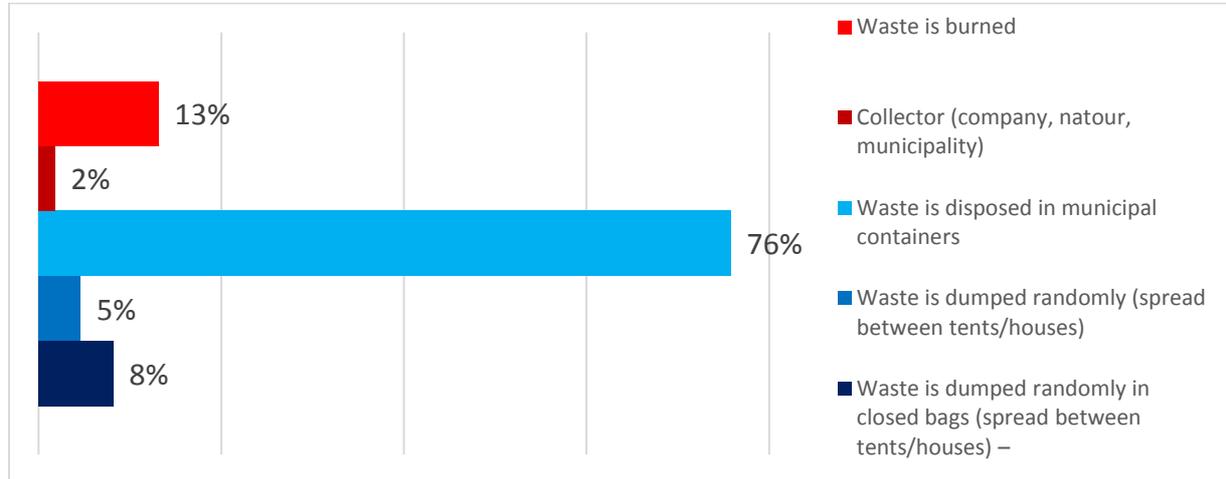


Table 5.26: Disposal of solid waste in households of Syrians living in ISs

Sanitation

The quota of Syrian respondents in ISs who share their toilet or latrine with other families or individuals is 47%. 51% do not share their toilet or latrine with others, while 2% state not having access to toilets or latrines. Slightly less Syrians in ISs share their toilet or latrine with others than respondents in the other Syrian domain.

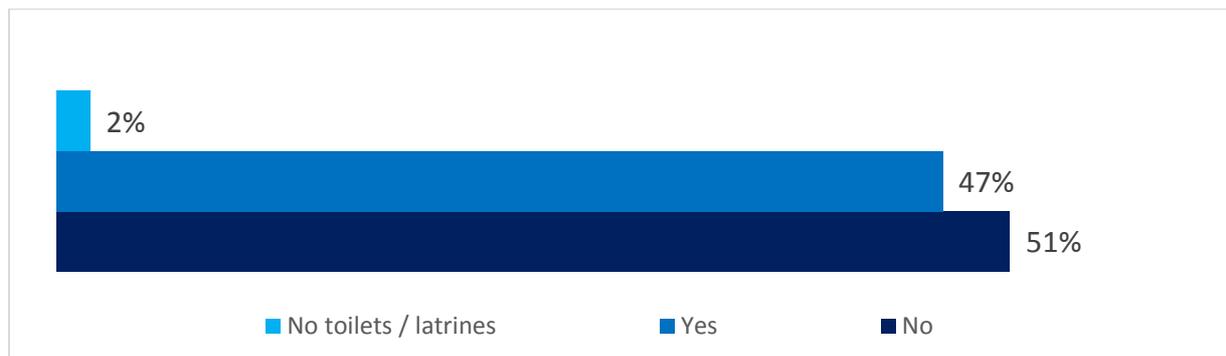


Table 5.27: Syrian households in ISs who share their toilet or latrine with other families or individuals

“Every 6 to 8 families share one bathroom for men and one for women, with toilet and shower in the same place. Sometimes we also shower inside the tent.” Syrian mother, FGD in Akkar, June 2017

Of the 47% of households who do share their toilet or latrine with others, just a quarter say that it is clean. The rest define the shared toilet/latrine as somewhat clean at 48% or not clean at all at 27%. There are variations in access to toilets and bathrooms in ISs. In a FGD with Syrian girls living in an IS in the Bekaa, every tent had its own bathroom or toilet. Other ISs visited in the Bekaa however had

one bathroom and toilet between several tents, meaning that several households made use of it. Women and girls mentioned not feeling comfortable with this arrangement, especially when having their period, and mentioned the problem of overcrowding especially during prayer time for abolition washing.

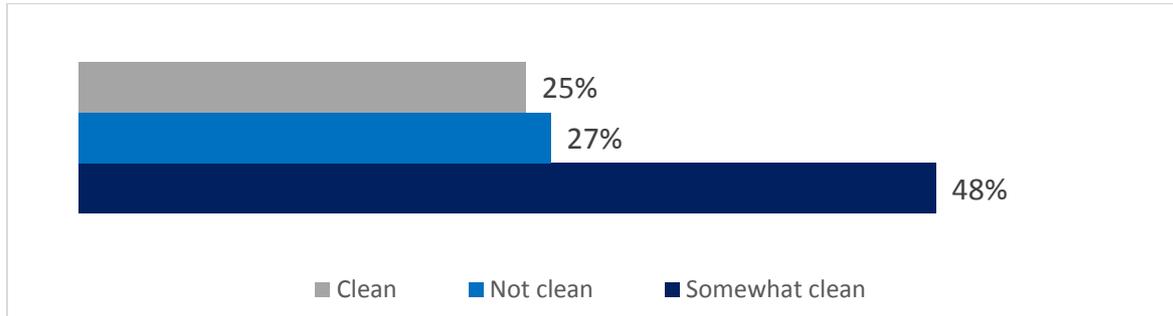


Table 5.28: Hygienic condition of toilet or latrine as reported by Syrians living in ISs who share their bathroom with other families or individuals

5.3.5. Palestine refugees domain

Water

More than half of the Palestine refugee respondents, or 59%, report that members of their household use bottled water as their main source of drinking water. 20% have access to piped water as their main source of drinking water and as many as 11% say that they get their drinking water from underground reservoirs of rain water. As with all domains, drinking water is differentiated from water for general usage. Data from FGDs shows that water provided by UNRWA is not perceived as being of good quality and Palestine refugees often need to pay to procure water.

“UNRWA is the main source of water in the camp, but it is salty water and has a foul smell. We mainly use it for cleaning the house or showering but is not suitable at all for cooking and drinking.” Palestine refugee mother, FGD in Nahr el Bared camp in the North, May 2017

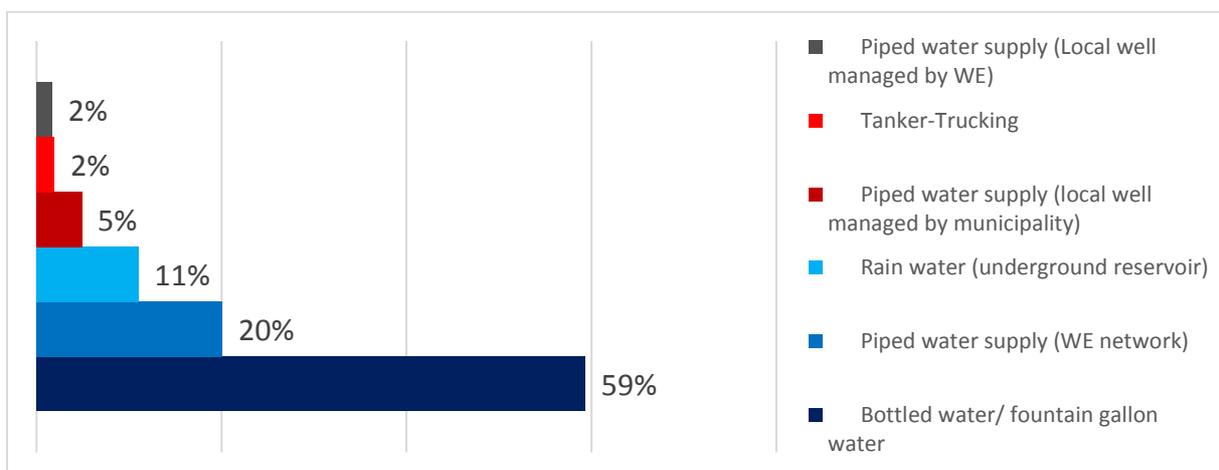


Table 5.29: Main source of drinking water for households of Palestine refugees

Hygiene

For handwashing, 61% of Palestine refugees use bar soap, 38% liquid soap and 1% use only water. **When asked about the most important times to wash hands during the day, female Palestine refugee respondents had more knowledge than male respondents**, indicating a higher level of female respondents’ knowledge and awareness of, and responsibility for, the hygiene of household members.

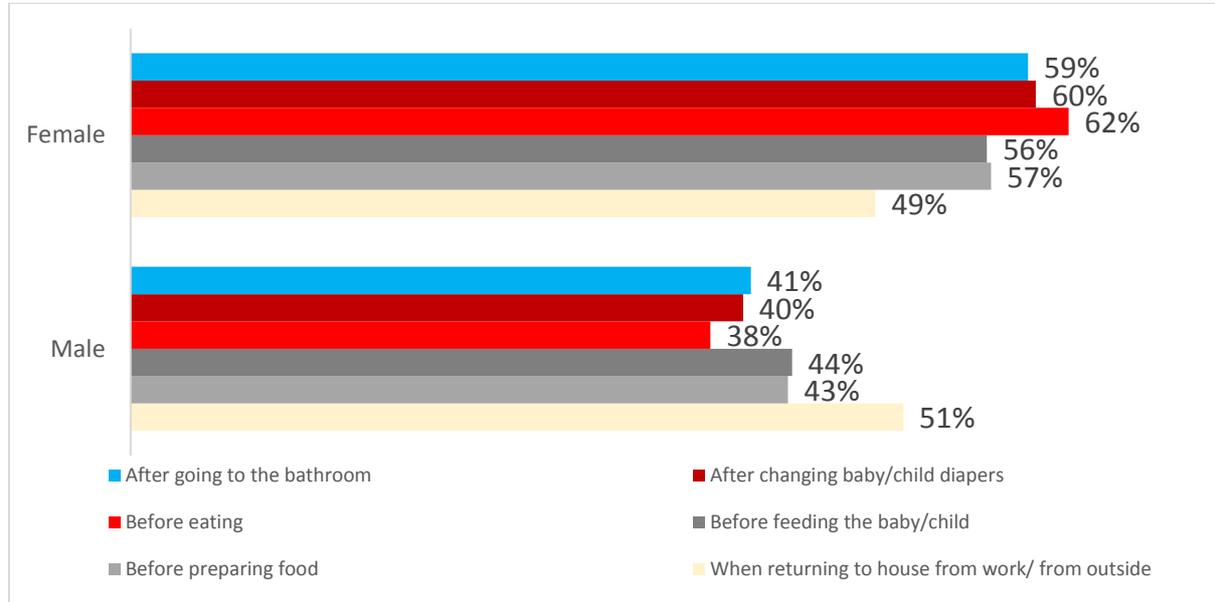


Table 5.30: The most important times to wash hands during the day as cited by Palestine refugees

When asked about prevention of diseases, female respondents again provided more answers than male respondents. Levels of knowledge for Palestine refugees are comparable to those in the Lebanese domain, as results are similar.

“The mother is the main person responsible for the cleanliness and hygiene of the children.” Palestine refugee mother, FGD in the North, May 2017

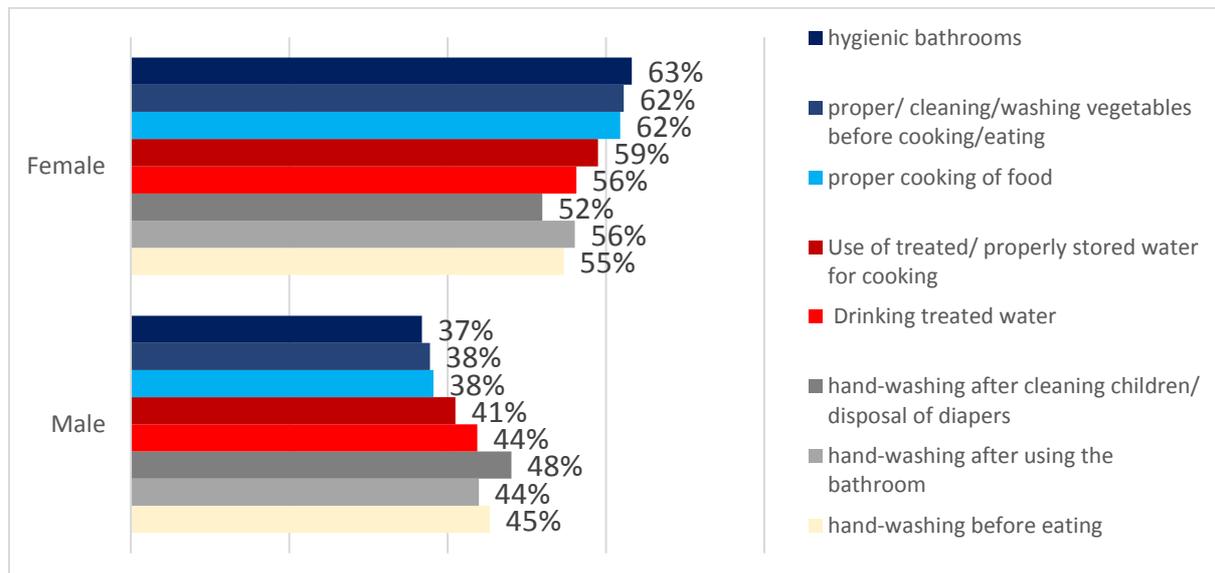


Table 5.31: Palestine refugees citing the most important ways to prevent disease transmission amongst people

Solid waste

Almost 90% of respondents in the Palestine refugees domain name food scraps as the most common type of solid waste in their household, with plastic and paper in second and third place, at 59% and 33% respectively.

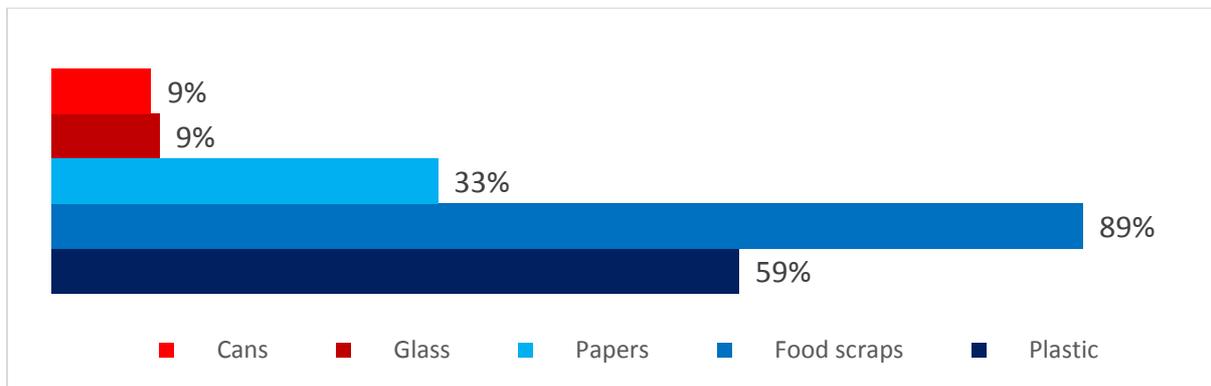


Table 5.32: The two most common types of solid wastes in households of Palestine refugees

When asked how they usually dispose of solid waste, 42% answer that it is collected. This is the highest number for any domain. Many respondents dispose the waste in municipal containers. And an alarming 27% say that they dump their solid waste between tents/houses.

“I am not satisfied with the solid garbage disposal in my community. I am not happy the way garbage is collected and burned which is causing diseases.” Palestine refugee mother, Nahr el Bared camp in the North, May 2017

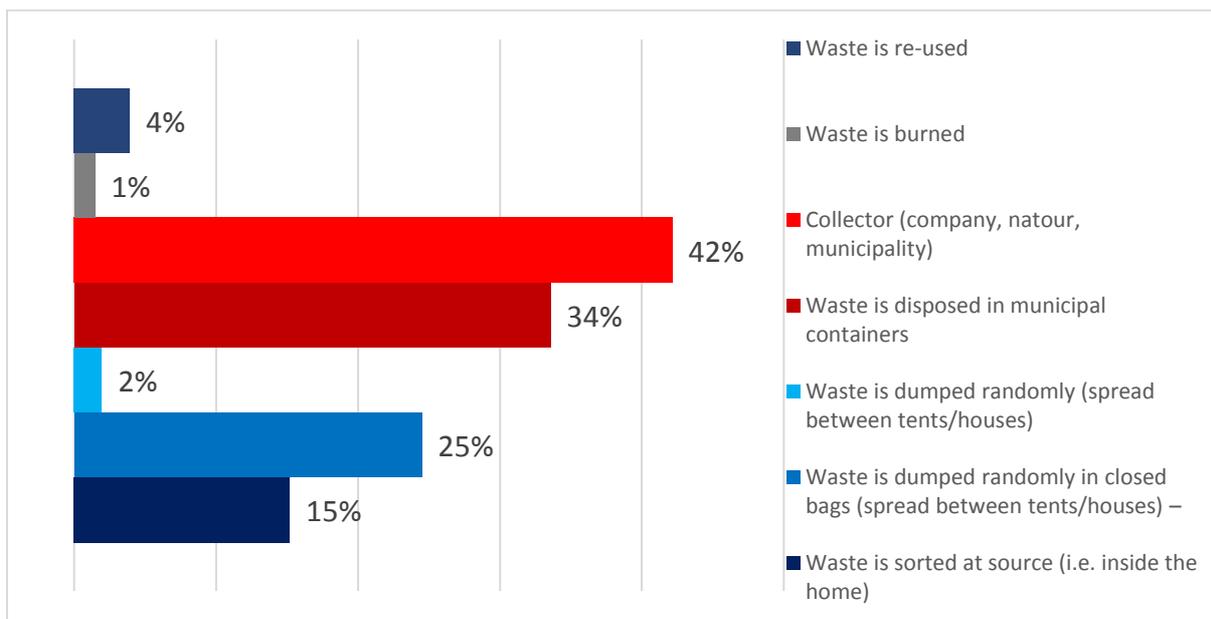


Table 5.33: Disposal of solid waste in households of Palestine refugees

Of those 15%, or, in total numbers, 65, of Palestine refugee respondents who sort waste at the source, that is, in their home, 79% sort out organic materials and 19% also sort out recyclable materials.

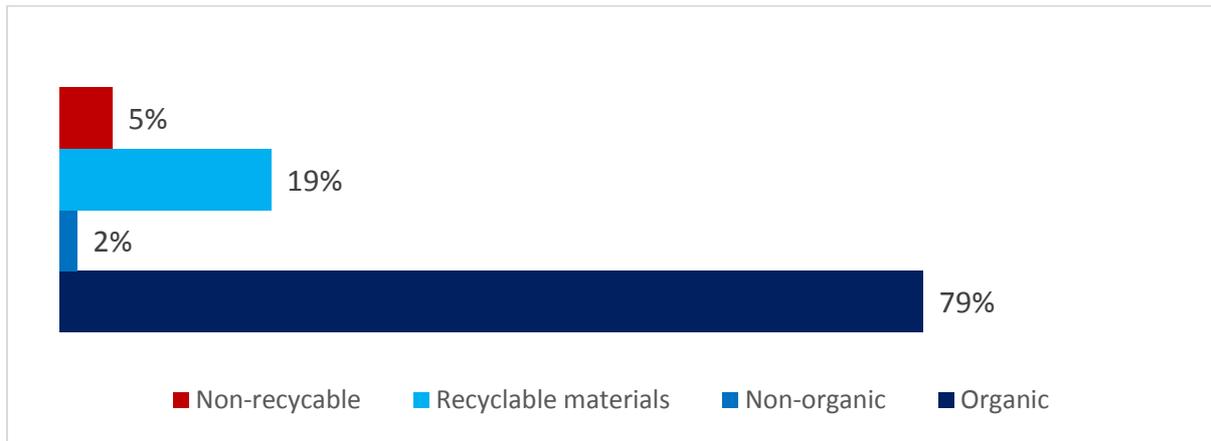


Table 5.34: Categories into which solid waste is sorted in Palestine refugee households that state that they sort their waste at the source

Sanitation

A vast majority of respondents or 85% in the Palestine refugee domain does not share toilets or latrines with other families or individuals. Just 14% of respondents do and 2% state that they do not have a toilet or latrine. Of the respondents who share a toilet or latrine with other families or individuals, a majority, 71%, say that the toilet or latrine is clean, while 14% believe it is somewhat clean and another 14% think that it is not clean.

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6. EDUCATION

6.1. Situation analysis

All children have the right to quality education that is relevant to their present and future lives. Providing access to education is among UNICEF's core objectives worldwide. Central to UNICEF's education programming is a focus on early learning, equal access, continuation of education in emergencies, quality, partnerships, and system strengthening.⁴⁶

6.1.1 Education sector response

Lebanon is home to more than 1.23 million children in need of educational support.⁴⁷ The combined efforts of the Lebanese government, UN agencies, and NGOs aim to enrol 543,616 (or 44%) of these children in formal education.⁴⁸ The focus of the response has been on enrolling displaced children in Lebanese public schools and on strengthening the public education system. Increasing numbers of public schools have opened their doors for refugee children during afternoon shifts, usually referred to as 'second shifts'. While 88 public schools hosted second shifts in 2013-2014 this number increased to 313 during the 2016-2017 schoolyear. Second shifts are accessible for non-Lebanese students only and implement a condensed version of the official Lebanese curriculum. Palestine refugee children (both PRL and PRS), in turn, are enrolled in UNRWA schools.

Despite concerted efforts of MEHE, UN agencies, and NGOs (as demarcated in the RACE I and II strategies), 48% of Syrian refugee children aged 6-14 and 84% of Syrian refugee children aged 15-17 remain out of formal school,⁴⁹ alongside 42% of PRS children.⁵⁰ Out-of-school rates are highest among secondary school-aged children (15-17 years) of whom only 16% is currently enrolled in certified education (see also table 1).⁵¹ The LCRP 2017-2020 lists poverty as a key barrier to accessing education for Lebanese children. In addition to poverty, refugee families report residency rules and negative perceptions of the value of education as reasons for non-attendance. Another source points at early marriage and working children as key coping strategies employed by families, both of which prevent children from accessing or completing their education.⁵²

⁴⁶ UNICEF 2017.

⁴⁷ Government of Lebanon and United Nations. 2017: 47.

⁴⁸ Ibid.

⁴⁹ UNHCR, UNICEF, and WFP 2016:27, 28.

⁵⁰ Abdulrahim and Harb 2015. N.B.: Tables are not disaggregated according to the domains used in the KAP Study.

⁵¹ UNICEF, OCHA, and REACH 2015: 28.

⁵² Government of Lebanon, and United Nations. 2017: 48.

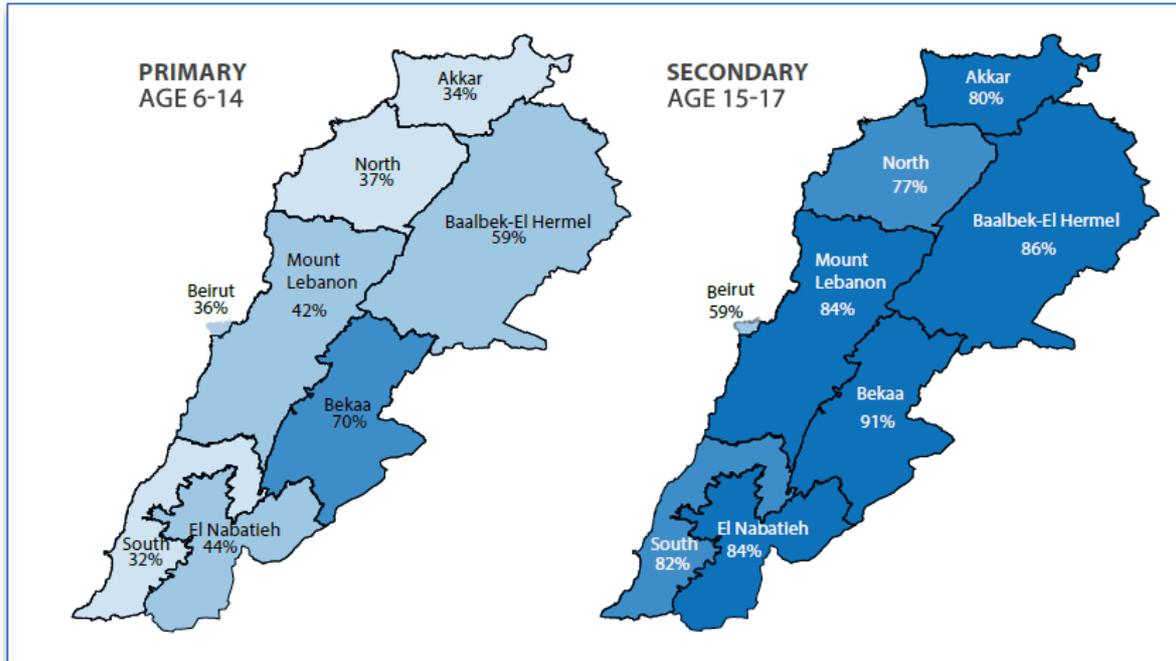


Table 6.1: % of out-of-school children per governorate⁵³

Aside from formal pathways (pre-primary, primary, secondary education, or TVET), MEHE has established several non-formal education (NFE) pathways in an attempt to ease specific barriers to accessing certified education (table 2). Community-based and regular Early Childhood Education (ECE) prepare children aged 3-5 for enrolment in schooling. Basic Literacy and Numeracy (BLN) as well as Accelerated Learning Programs (ALP) support children who do not qualify for entry into formal education.

⁵³ UNHCR, UNICEF, and WFP 2016: 29.

Non-Formal Education Structure of NFE Pathways

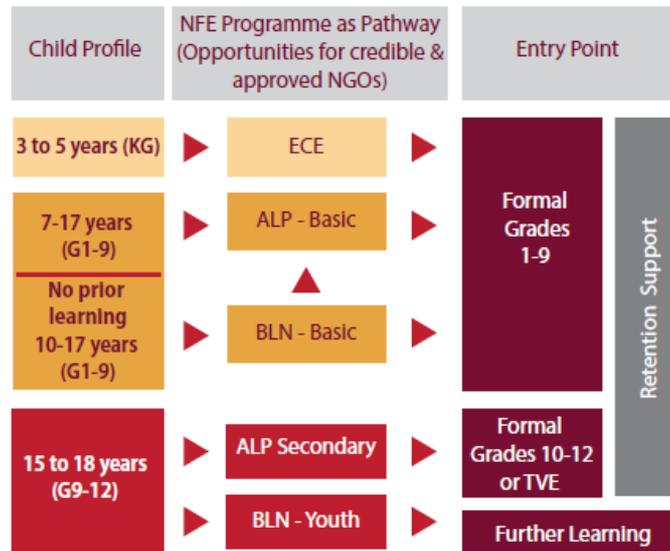


Table 6.2: NFE pathways in Lebanon⁵⁴

6.1.2 Baseline indicators

Knowledge of caregivers of formal and non-formal pathways to education and what that means in practice

In order to gain better insight into caregivers' knowledge and choice of education pathways, the first indicator assessed under education is knowledge of caregivers of formal and non-formal pathways to education *and* what that means in practice: which pathway are they more likely to choose for their child. Little is known about caregivers' knowledge of formal and non-formal education pathways, and the likeliness they send their children to either of them.

An earlier study by UNICEF, OCHA and REACH revealed a lack of knowledge and 'confusion' among displaced communities, and to a lesser degree among host communities, which is likely to prevent children from accessing available pathways.⁵⁵

Attitudes towards girls' participation in education and the practice taking place as a result of the attitude

Detailed or representative studies of perceptions towards girls' education are scarce or non-existent. A study by Human Rights Watch found that Syrian parents are more likely to keep older girls home due to safety concerns, including fears of (sexual) harassment.⁵⁶ Regardless, REACH and UNHCR established that the majority of Syrian caregivers would like to send their children (both boys and girls) to school.⁵⁷

⁵⁴ Government of Lebanon and United Nations. 2017: 52.

⁵⁵ UNICEF, OCHA, and REACH 2015.

⁵⁶ Ibid.

⁵⁷ REACH and UNHCR. 2014.

Syrian caregivers consider the decision to withdraw their children from school as ‘difficult and unfortunate’.⁵⁸ The REACH and UNHCR findings were not disaggregated by residential conditions.

As for Palestine refugee children, girls are less likely than boys to complete their primary education; however, 30.3% of girls hold a secondary or higher diploma as opposed to 28.7% of PRS boys. ‘There are no noticeable gender differences in school enrolment at young ages. Between the ages of 12 and 17, however, a larger proportion of girls are currently enrolled compared to boys. [...] [Boys] as young as 12 years of age begin to drop out of school at a higher rate compared to girls’.⁵⁹ These findings pertain to PRS, not to Palestine refugee children in general.

Perceptions of quality of education in public schools and regulated NFE programs

The third KAP indicator assessed for education is: perceptions of quality of education in public schools and regulated NFE programs (disaggregated by type of NFE program) in relation to actual practices of caregivers sending and retaining their children in school. The third dilemma targeted by this study relates to perceptions of quality in formal and NFE and how these perceptions shape Syrian caregivers’ choice to prioritize education over work and marriage.

Non-formal programs, are perceived as offering varying quality. ‘Some NGOs run robust programs and hire teachers to follow a set curriculum, but others do not’.⁶⁰ Studies prior to the current KAP Study show that poor quality is given as one of the reasons why caregivers might withdraw their children from education.⁶¹ Data on perceived quality of education in UNRWA schools prove hard to find, and there is a need to further understand the perceptions of quality among various vulnerable groups in Lebanon and to establish how this defines their decisions with regard to enrolment in formal or non-formal education.

6.2. Qualitative findings overview

6.2.1. Supply and demand of services

The education indicators for the KAP Study refer to the utilization of formal and informal education pathways, girls’ enrolment in education, and the quality of education. As indicated above, supply in the education sector comprises both formal and non-formal pathways, alongside ‘illegal’ or uncertified schools which neither follow MEHE-endorsed curricula nor abide by its regulations.

Formal education

Public schools are at the forefront of the education response to the crisis. Aside from enrolling refugee students in morning shifts, the MEHE requests many of its public primary schools to operate additional ‘second shifts’ during afternoon hours to cater to non-Lebanese students. The number of public schools operating second shifts has increased from 88 during the 2013-2014 schoolyear to 313 in 2016-2017.⁶²

⁵⁸ Oxfam and Merits Partnership 2015.

⁵⁹ Abdulrahim and Harb 2015.

⁶⁰ Ibid.

⁶¹ Oxfam and Merits Partnership 2015.

⁶² Ministry of Education and Higher Education 2017.

Concerns from Lebanese parents about the enrolment of Syrian students in public schools resulted in 10,000 Lebanese students withdrawing from public schools⁶³ but statistics show that enrolment levels are back at pre-crisis levels.⁶⁴ MEHE has waived documentation requirements⁶⁵ and fees for all public school students and provides textbooks free of charge so as to minimise the barriers to enrolment. Also, it is now deploying psychosocial and health counsellors to second shifts as well as community liaison volunteers.⁶⁶ Aside from primary schools, MEHE also opens public secondary, vocational, and technical schools to non-Lebanese students.

Close to 37,000 Palestine refugee students are enrolled in one of the 67 UNRWA schools across the country, three of which also operate a second shift. UNRWA schools teach the Lebanese curriculum rather successfully, its students achieving higher average results than their peers in Lebanese public schools.⁶⁷ For adolescents and youth UNRWA also operates the Siblin training centre which offers accredited vocational and technical courses.⁶⁸

NFE

In order to complement formal education pathways, MEHE has launched a range of regulated non-formal education opportunities for non-Lebanese children. Those between 3 and 5 years can enrol in community-based early childhood education (ECE) or those turning 5 years before September of that academic year MEHE preparatory ECE in public schools. Children between 7 and 14 years who have missed out on schooling can access MEHE's Accelerated Learning Programme (ALP) to prepare for enrolling in formal education. Those between 10 and 14 years with no prior schooling can access Basic Literacy and Numeracy (BLN) track in case they have learning gaps too substantial to allow for a return to formal education. Children and young people between 15 and 20 years can access an ALP programme, sit for Brevet exams, or benefit from BLN training.

Barriers to and drivers of accessing education

Despite the manifold formal and non-formal education pathways, 48% of primary school-aged and 84% of secondary school-aged Syrian refugee children remain out of school.⁶⁹ Out-of-school rates vary considerably across governorates. A 2016 vulnerability assessment (UNHCR, UNICEF, and WFP 2016) identifies key demand-related barriers including the indirect 'cost of education, child labour, child marriage, the need to stay at home, cultural reasons and transportation costs'. The same study lists supply-side barriers such as schools preventing enrolment, lack of nearby schools, lack of space in schools, school-based violence, and difficulties pertaining to language or curriculum.⁷⁰

Many of these barriers were confirmed in the KIIs that were conducted for the KAP Study. A school principal noted that drop-out rates are highest between grade 7 (age 12) and grade 9 (age 14).⁷¹ UNICEF confirmed that the needs for adolescents to contribute to income generation is pressing and a reason to leave or stay out of school.⁷² At the same time, a positive tendency was observed by UNICEF

⁶³ KII with MEHE staff, 24 May 2017.

⁶⁴ Ministry of Education and Higher Education 2017.

⁶⁵ Although this is not always clear to school principals (KII with UNICEF South staff, 19 May 2017).

⁶⁶ KII with MEHE staff, 24 May 2017.

⁶⁷ KII with UNRWA staff, 6 June 2017.

⁶⁸ KII with UNRWA staff, 6 June 2017. See also www.unrwa.org/tags/siblin-training-centre.

⁶⁹ UNHCR, UNICEF, and WFP 2016:27, 28.

⁷⁰ UNHCR, UNICEF, and WFP 2016.

⁷¹ KII with school principal Akkar, 17 May 2017.

⁷² KII with UNICEF BML staff, 23 March 2017

in Beirut and Mount Lebanon where ‘Syrian refugees have increasingly the perception of being a “right holder” but [UNICEF needs] to raise awareness that they have obligations as well: follow up on your children’s education and well-being, contribute to the area in which you are living, etc.’.⁷³ The recruitment of qualified teachers proves challenging to school directors, given the fact that only a university degree is needed but no pedagogical or practical training.⁷⁴ MEHE warns of schools putting pressure on teachers to teach both regular and second shifts.⁷⁵

Concerns about ‘illegal’ schools were raised in KIIs. A public school principal noted how ‘Syrian schools’ operate outside the scope of MEHE, using the Syrian curriculum, employing Syrian teachers, and often providing financial aid on top of education. It was mentioned that families may send some of their children to Lebanese public schools and others to ‘Syrian’ schools.⁷⁶ Certain informal settlements were said to be off-limits to NGOs and UN agencies with alternative organisations running education, healthcare, and other services.⁷⁷ In other instances, the sheer amount of education information and messages delivered by national authorities or donors such as UNICEF means that there can be confusions on the ground. As a result, the messengers (NGOs) can sometimes lose credibility and even “look like liars.”⁷⁸ The KAP Study baseline indicators give further insight into drivers of and barriers to accessing education.

6.2.2. FGDs summary

Beirut	Mount Lebanon	Akkar	North	Bekaa	Baalbek-Hermel	South	Nabatieh
Lebanese mothers	Syrian boys	Lebanese fathers	Syrian girls	Lebanese boys	Syrian fathers (IS)	Palestine refugee mothers	Lebanese girls

Table 6.3: Education FGDs matrix

Education is a critical topic that was mentioned in many FGDs. The qualitative data gathering focused mainly on gaging caregivers’ knowledge of formal and non-formal pathways to education, attitudes towards girls’ participation in education and perceptions of quality of education of the formal education system. For Lebanese and Syrians, data gathering was focused on Lebanese public schools while for Palestine refugees it focused on UNRWA schools. Four FGDs were held with children and four with caregivers to get a better insight into what they like and do not like at school.

“Public schools need to be further developed. The quality is good but they need more support.” Lebanese mother, FGD in Beirut, May 2017

Overall, Lebanese respondents are well aware of formal pathways to education and the different options available for their children. The choice of sending children to either seem to be mostly based

⁷³ KII with UNICEF BML staff, 5 May x2017

⁷⁴ KII school principal Akkar, 17 May 2017.

⁷⁵ KII MEHE staff, 24 May 2017.

⁷⁶ KII school principal Akkar, 17 May 2017.

⁷⁷ KII UNICEF Bekaa staff, 26 May 2017.

⁷⁸ KII NGO representative in Bekaa, 31 May 2017.

on financial means, with private schools remaining the preferred option if income allows. The clear majority of Lebanese children enrol from KG and primary school onwards, however retention in school and successful completion remains an issue for many. Lebanese mothers in Beirut mention challenges pupils are facing in passing exams, including the Brevet exam, and therefore drop out. In Akkar and Baalbak-Hermel, Lebanese fathers state that it is not always possible for boys to continue their education as they start working or helping out in family businesses. Moreover, boys assume responsibilities early on that cannot wait until past university.

“If possible, boys should continue their education. But that is not always possible and the boy may not have the necessary interest.” FGD in Lebanese father, Baalbak-Hermel, June 2017

Most Lebanese caregivers value education strongly, for both boys and girls. They are invested and involved in their children’s studies; fathers pick up their children from school and mothers help out with homework and attend parents school meetings. Lebanese children attend a variety of activities, although boys have more options for organised sport activities including scouts and sports. None of the Lebanese respondents in the FGDs were aware of any NFE programmes. Most Syrian caregivers living in urban areas are aware that their children can and should attend formal school. However, multiple challenges exist in relation to enrolment and retention in schools.

Even though MEHE waived all documents for registration, some parents have stated that their children were not accepted in school because they have missed too many years of schooling, did not have any identification papers or because the school had no more space to accommodate new students. Syrian caregivers who participated in FGDs vaguely knew of NFE programmes but had little information about them. Syrian caregivers living in ISs have more mixed opinions about the necessity of completing the education cycle. While some wish for their children to attend secondary school, others prioritise knowing how to read and write.

“The children usually come and say that they have ‘school’ tomorrow but they are not learning anything [at the NGO education centre].” Syrian fathers, FGD in an IS in Baalbek-Hermel, June 2017

Several children in ISs also attend activities of NGO-run education centres. Syrian parents in ISs are aware that their children will not get a formal accredited certification, but lack of opportunities and a certain confusion of available NFE options make these activities more appealing to the parents. Palestine refugee caregivers on the other hand have no trouble accessing UNRWA schools for their children. While enrolment is not an issue for PRL and PRS, both face challenges in children’s, and especially boys’, school retention. Palestine refugee mothers are primarily responsible for following up on their children’s educational achievement. Difficulties in passing important exams, especially the Brevet, represent an issue primarily for Syrians, but also for PRS and some Lebanese and PRL. Palestine refugee mothers with children with disabilities preferred the remedial education offered inside UNRWA schools to the official curriculum.

In principle, most respondents believed that girls and boys should participate equally in education. Arguments justifying girls’ education rely on the benefits this brings to their future family and children, but also to girls’ empowerment. Lebanese, Syrian and Palestine refugee respondents stressed that education increases marriage chances for girls, as they will be able to support children in their future education and their husband through an additional income. While education represents a girl’s safety net, in practice marriage is prioritised and fathers as well as husbands do play a role in encouraging or permitting girls and women to work or not.

“I did not register my children until recently because could not afford it. I am not sure I can afford to register them for the next school year.” Syrian mother, South, June 2017

Perceptions of quality of education differ within domains. A number of Lebanese, Syrian and Palestine refugee respondents are satisfied with Lebanese public schools and UNRWA schools respectively, while others perceive the quality of education to have deteriorated over the last years. Lebanese caregivers cite shortcomings in the school governance and infrastructure, the relative lack of accountability of teachers, and protection issues including corporal punishment as challenges to the quality of the public education system. Syrian respondents’ perception of quality of education varies, however most are facing challenges related to corporal punishment inside schools, transport to and from school as well as financial difficulties in keeping children enrolled.

“There are no issues to enrolling children into school. The issues are inside the school: the school system demotivates children early on instead of supporting them.” Palestine refugee mother, FGD in the South, June 2017

The need for boys to earn an income and support the family was cited by both caregivers and Syrian boys themselves for instance in Akkar and Baalbak-Hermel, but remains an issue for all population groups. NGO-led education activities were perceived positively as providing children with basic educational knowledge and skills and as dealing respectfully with children. Palestine refugee caregivers highlight some shortcomings with the quality of UNRWA schools, including too many pupils in a classroom, demotivated teachers and continued practice of corporal punishment. Respondents especially criticise teaching methods in which teachers prioritise students with good grades. Last but not least, economic stagnation, lack of jobs and structural barriers to getting employed on the basis of nationality or identification are perceived to lower young people’s motivation to pursue formal education or lead them towards more vocational educational pathways.

6.3. Baseline indicators: Education

6.3.1. All domains

Knowledge of caregivers of formal and non-formal pathways to education

67% of total caregivers interviewed knew how to enrol children in formal school. Awareness of formal education pathways is further discussed per domain below. **94% of all respondents reported no knowledge of non-formal education opportunities.** Out of the 6% who are familiar with non-formal programmes, 66% are aware of remedial education or homework support and 29% of MEHE’s ALP programme.

		Lebanese residents	Registered Syrians with UNHCR	Syrians living in ISs	Palestine refugees in camps	Totals
% of caregivers who know how to enrol children in formal school	Male	66%	54%	43%	93%	
	Female	67%	61%	36%	90%	
	Total	67%	57%	37%	91%	67%

% of caregivers who are aware of non-formal education activities and programmes	Male	NA	4%	0%	26%	
	Female	NA	7%	7%	27%	
	Total	NA	6%	6%	27%	6%

Table 6.4: Education indicators on caregivers' knowledge on formal and non-formal education by domains, gender and in total

Attitudes towards and practices of girls' participation in education

	Lebanese residents	Registered Syrians with UNHCR	Syrians living in ISs	Palestine refugees in camps	Totals
% of caregivers who believe girls should be in school until they graduate	96%	88%	82%	78%	93%
% of school-aged girls enrolled in formal education	90%	60%	41%	89%	88%
% of school-aged girls enrolled in non-formal education	6%	9%	12%	27%	9%

Table 6.5: Education indicators on attitudes on and practices of girls' participation by domains and in total

Attitudes towards quality of formal and non-formal education

Of the **43% who refuse to enrol their children in public or UNRWA schools** and the 2% who do not know if they would, 33% are ready to reconsider their negative attitude if schools would offer better quality of teaching, 28% if schools would cover transportation costs, 25% if schools would offer free education and 23% if schools would be of better quality. Of the 43% who refuse to enrol their children in public or UNRWA schools, 20% are not ready to reconsider their negative attitude.

		Lebanese residents	Registered Syrians with UNHCR	Syrians living in ISs	Palestine refugees in camps	Totals
% of caregivers who would never enrol their children in public or UNRWA schools	Male	47%	26%	39%	21%	
	Female	50%	28%	48%	8%	
	Total	49%	27%	46%	14%	43%

Table 6.6: Education indicators on attitudes towards quality of services by domains, gender and in total

Of the 6% of total respondents who know about non-formal education, 78% would be interested in sending their children to non-formal education opportunities. 70% of those interested would also do so if activities were attended by mixed nationalities.

Children's participation in formal and non-formal education

	Lebanese residents	Registered Syrians with UNHCR	Syrians living in ISs	Palestine refugees in camps	Totals
% of school-aged children currently in formal education	93%	63%	43%	87%	83%
% of school-aged children currently enrolled in non-formal education	7%	10%	13%	28%	9%

Table 6.7: Education indicators on children's enrolment by domains and in total

44% of total number of children aged between 3 and eighteen who are currently enrolled in formal education attend primary school, 24% attend complementary school. 15% of children attend preschool and exactly as many attend secondary school.

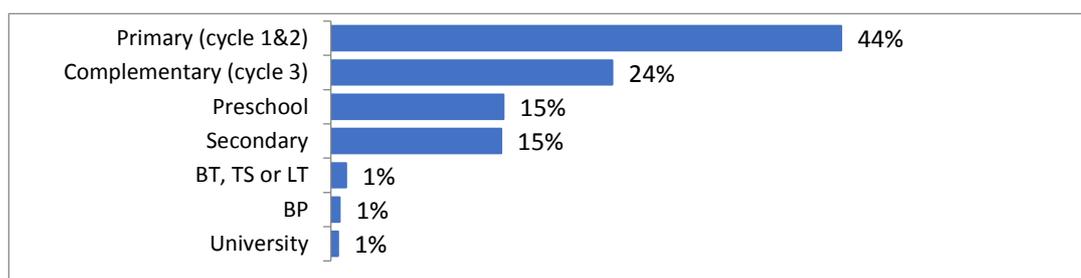


Table 6.8: Formal education pathways in which children from all domains are enrolled

Lack of scholarship money	33%
Inappropriate age for education	30%
Costs of textbooks and stationary	29%
Transportation difficulties	23%
Child does not like to attend school	17%
Child has to work	17%

Table 6.9: Reasons for non-attendance in school of children from all domains

59% of children between 3 and 18 who are currently out of school have never attended school in their life. For those who did go to school in the past, the following reasons are provided to explain drop-out: the child is unwilling to attend school (29%), the child needs to work (27%), the child does not understand the teachers (17%), the child received enough education (16%), or education is not necessary (15%).

84% of children enrolled in non-formal education participate in remedial classes (language and homework support). 11% are enrolled in MEHE’s ALP, 3% in CB-ECE, and 2% in BLN. Main reasons for not attending any non-formal education programmes include that NFE is not applicable (46%), lack of knowledge on existence of NFE (43%), lack of knowledge on how to register for NFE (40%), and no coverage for transportation costs (13%).

6.3.2. Lebanese domain

Knowledge of caregivers of formal and non-formal pathways to education

67% of Lebanese caregivers know how to enrol children in formal education, but the degree of awareness varies by mohafaza. The highest knowledge levels on enrolment can be noted in Nabatieh at 87%, Akkar at 80%, North at 78% and South at 74%. The lowest knowledge levels on enrolment were found in Baalbek-Hermel at 54% and in Beirut at 56%. The knowledge of formal education pathways contrasts sharply with the **96% of Lebanese respondents reporting a lack of awareness of any NFE opportunities**. Those few who are familiar with NFE mainly refer to remedial education opportunities and obtain details through family members.

“This is the age of education. We are nothing without education. We would pay for our children to get an education.” Lebanese mother, FGD in Beirut, May 2017

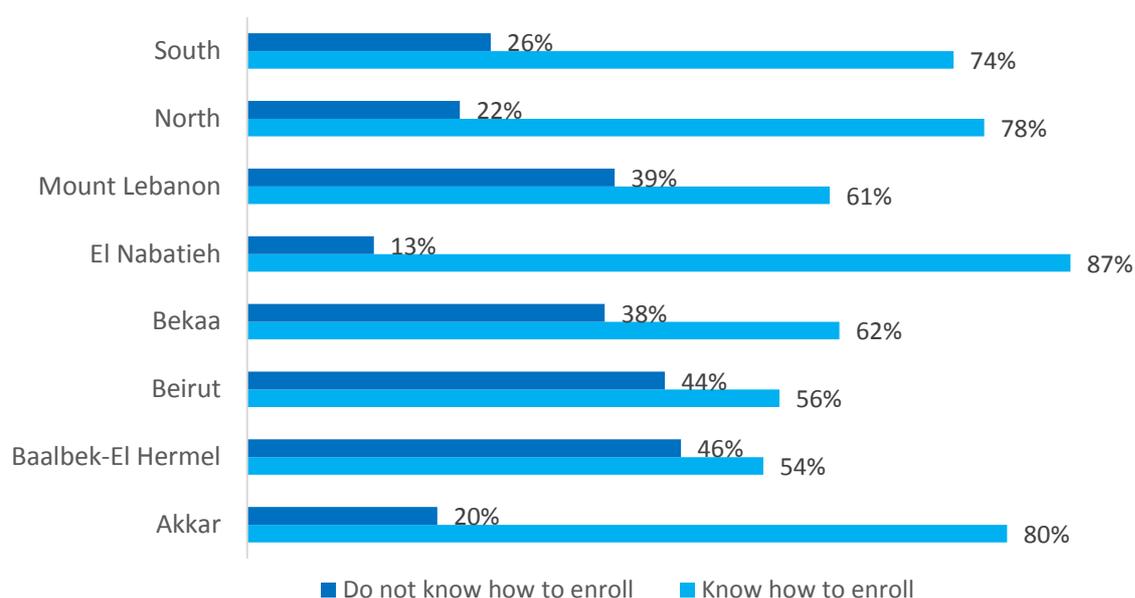


Table 6.10: Lebanese respondents who know how to enrol children in formal schools

Attitudes on and practices of girls’ participation in education

96% of Lebanese respondents believe that girls should be at school until they graduate, exhibiting an overwhelmingly positive attitude towards girls’ education. The most positive attitudes on this question can be noted in Mount Lebanon and the North at 98% and the lowest in the South at 90%.

Beirut	Bekaa and Baalbek-Hermel	Nabatieh	Mount Lebanon	North and Akkar	South	Total
95%	97%	95%	98%	98%	90%	96%

Table 6.11: Lebanese respondents' attitudes towards girls participation in education by mohafaza and in total

This finding is validated by qualitative data. Lebanese caregivers placed strong emphasis on their daughters' educational achievement, sometimes even more than for boys. Education was often cited as a girl's 'weapon', affording her to have social power in the household, to be able to earn an income and to teach her children in the future. However, while attitudes were overall positive, practical challenges to girls' educational attainment were also mentioned, including the importance of marriage, as well as protection issues if a girl would have to move to Beirut or abroad to advance her education.

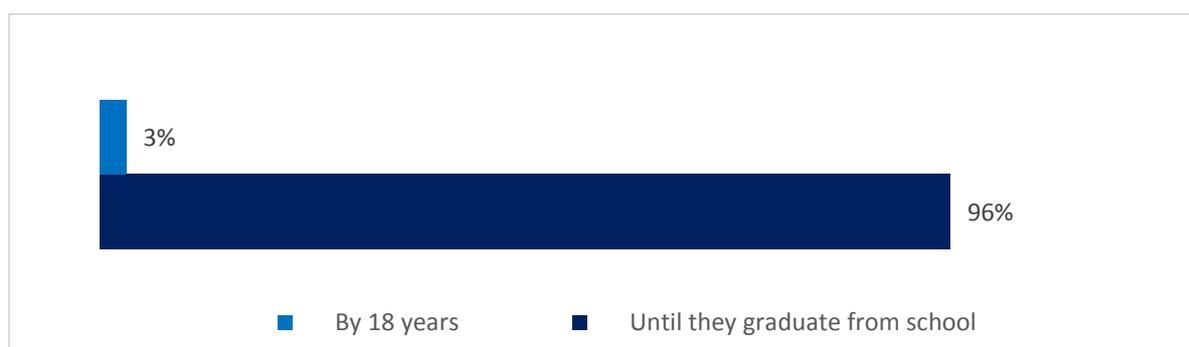


Table 6.12: Lebanese respondents' attitudes on the age girls at which should leave school

"Girls today can better support the finances of the family if they get an education and work." Lebanese father, FGD in Akkar, June 2017

94% of school-aged Lebanese girls in respondent households are currently enrolled in private or public schools, vocational education, or a public kindergarten while 6% are enrolled in regulated non-formal education.⁷⁹ Girls' enrolment in formal education varied per mohafaza, with highest rates in Mount Lebanon at 94% and lowest in the North at 87%. Highest enrolment rates for girls in NFE were observed in Beirut at 17% and the lowest in the North at 2%.

⁷⁹ Of an additional 5% of girls in Lebanese respondent families it was not known whether they attend NFE or not.

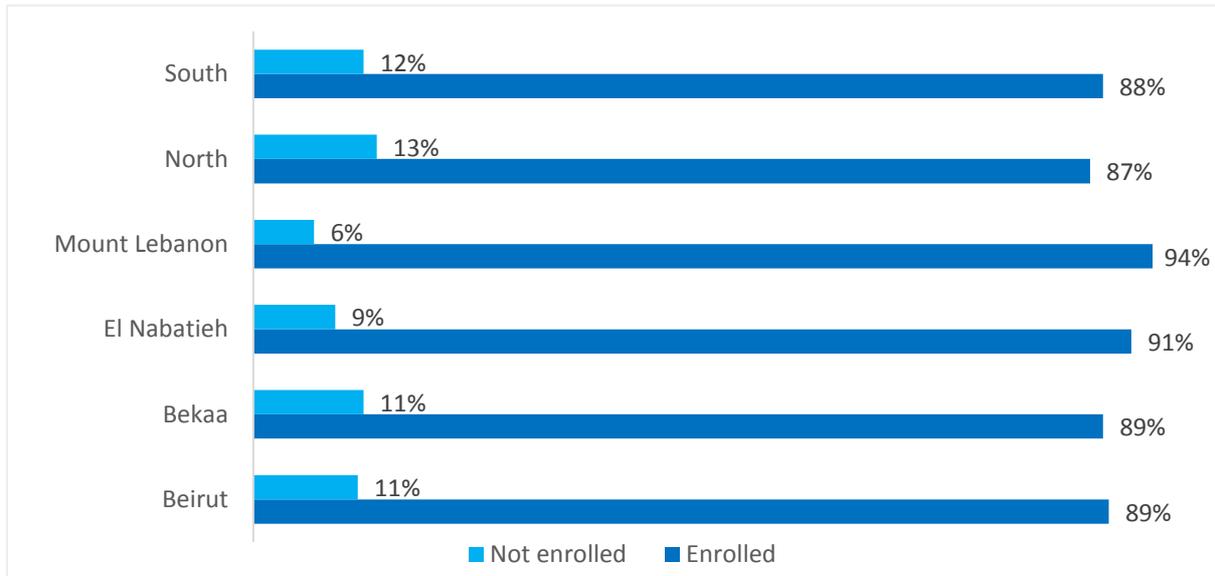


Table 6.13: Lebanese girls' formal school attendance by mohafaza

Attitudes towards quality of formal and non-formal education

Willingness to enrol children in public schools is limited among Lebanese respondents and depends on the mohafaza. The most positive attitudes were noted in Nabatieh at 42%, Mount Lebanon at 36% and the North at 35%. The most negative attitudes towards sending children to public schools were in Baalbek-Hermel at 61%, Beirut at 59% and Bekaa at 58%. Most children who are already enrolled in Lebanese public schools are in the South at 34% and Baalbek-Hermel at 25%. Even though MEHE have put in place Standard Operating Procedures (SOPs) to limit violence and corporal punishment, in the FGDs, Lebanese caregivers argued that shortcomings in public schools' governance and infrastructure, the relative lack of accountability of teachers, and protection issues including corporal punishment constitute negative aspects of the public education system.

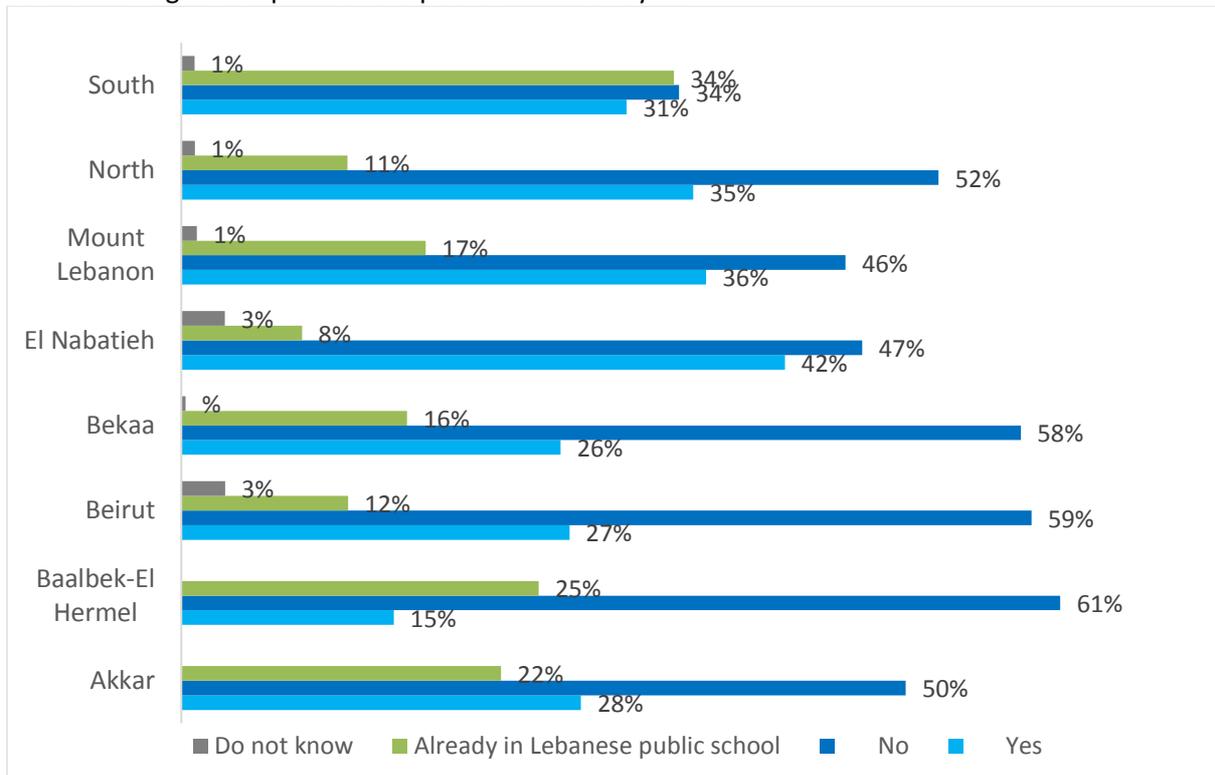


Table 6.14: Lebanese caregivers who would send their children to Lebanese public schools by mohafaza

34% of Lebanese who are unwilling to send their children to public schools, or who do not know, stated that they could reconsider their negative attitude and would send their children to a public school if it would offer better teaching quality. 30% would reconsider if there was less violence, 24% if the quality of the school was better, and 20% if transportation costs were covered. 22% of respondents would under no circumstance consider enrolling their children in a public school. **Of the 6% of Lebanese respondents who know about NFE opportunities, 65% would be interested in sending their children to NFE.** 52% of those have no objections to children mixing with other nationalities during NFE activities.

*“In public schools there is no accountability of teachers and the school administration. If the principal is not effective, then the whole school is bad.”
Lebanese father, FGD in Akkar, June 2016*

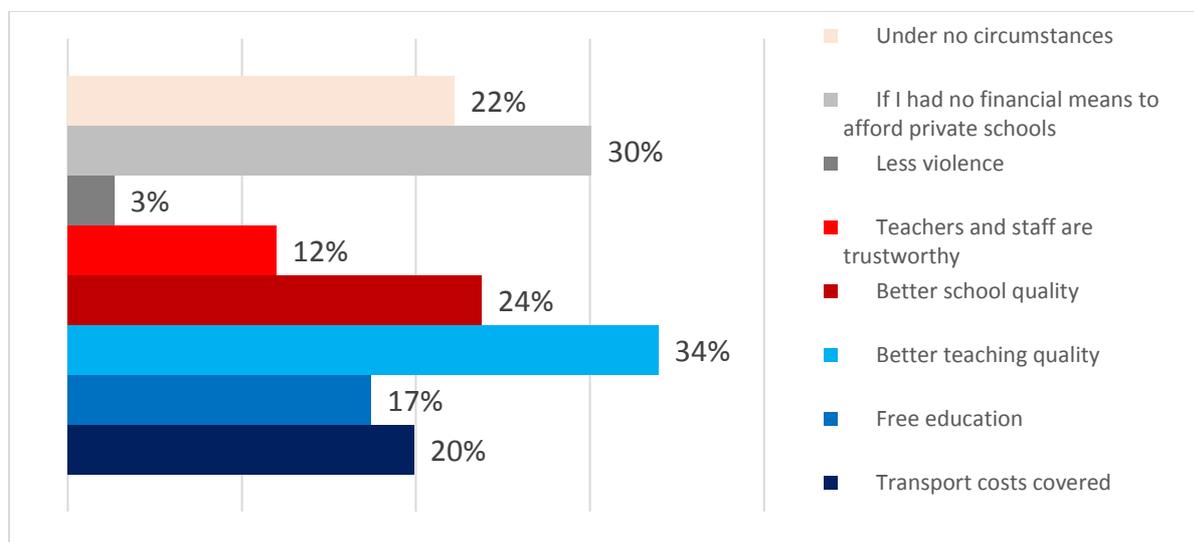


Table 6.15: Circumstances under which Lebanese caregivers would send their children to a public school

Children’s participation in formal and non-formal education

Within Lebanese respondents’ households, **94% of girls and 93% of boys who are of school age are currently enrolled in public kindergarten, or in private, public, or vocational schools.** 7% of children in Lebanese households participate in NFE pathways. This shows that Lebanese caregivers are more likely to send their children to formal education. Lebanese children aged 3-18 years who are currently enrolled in education are at different educational levels. Around 40% of children are in cycle 1 and 2, 25% in cycle 3 and around 16% are in secondary school.

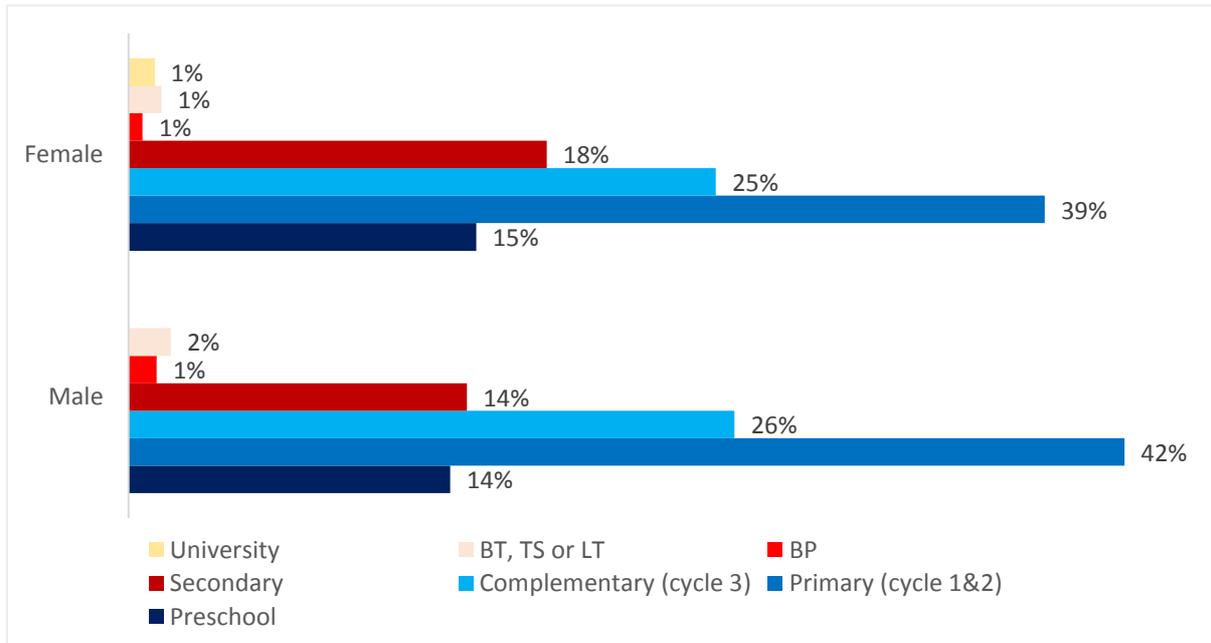


Table 6.16: Educational level of children aged 3-18 years in the Lebanese domain by gender

Reasons provided by Lebanese respondents for why their children are currently not enrolled in school vary with the place of residence. 80% of respondents in Baalbek-Hermel and 61% of respondents in the Bekaa state that children do not attend school because the child's age is not appropriate for schooling. While this finding suggests that the population in these two mohafazat is quite young, qualitative data shows that boys and girls tend to drop out around grade 9, either before or after taking the Brevet, and therefore do not continue to secondary education. The other two reasons point towards worrying trends of children's dissatisfaction with school and child labour.

"My teacher is 64 years old, he does not understand or joke with us. I would prefer to have a younger teacher." Lebanese boy, FGD in Bekaa, June 2017

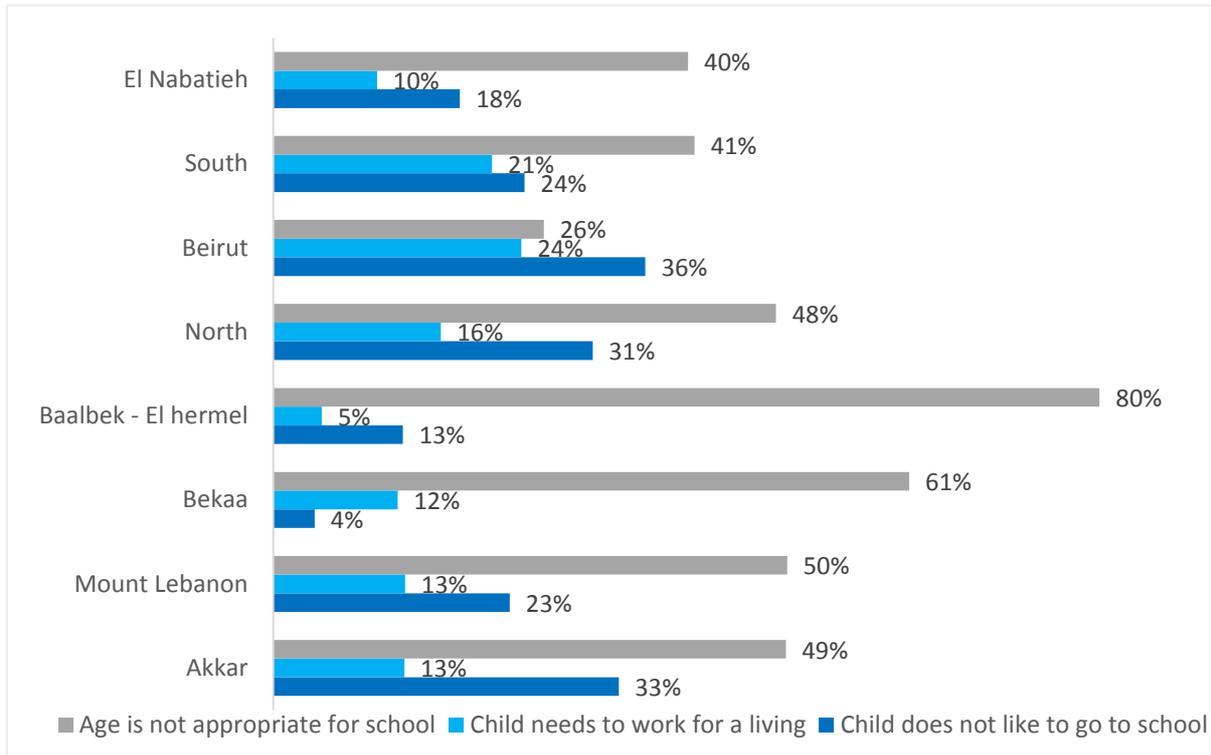


Table 6.17: Reasons cited by Lebanese caregivers for why their children do not attend regular private or public school, a vocational course or public preschool

Most children in the Lebanese domain who are currently out of school had attended school earlier but dropped out, with the highest drop-out rate being in Nabatieh and South at 76% and 75% respectively. The highest number of children who have never attended school are to be found in Baalbek-Hermel at 65% and in Bekaa at 58%. For those children who did attend school in the past, table 6.18 shows the main reasons for drop-out.

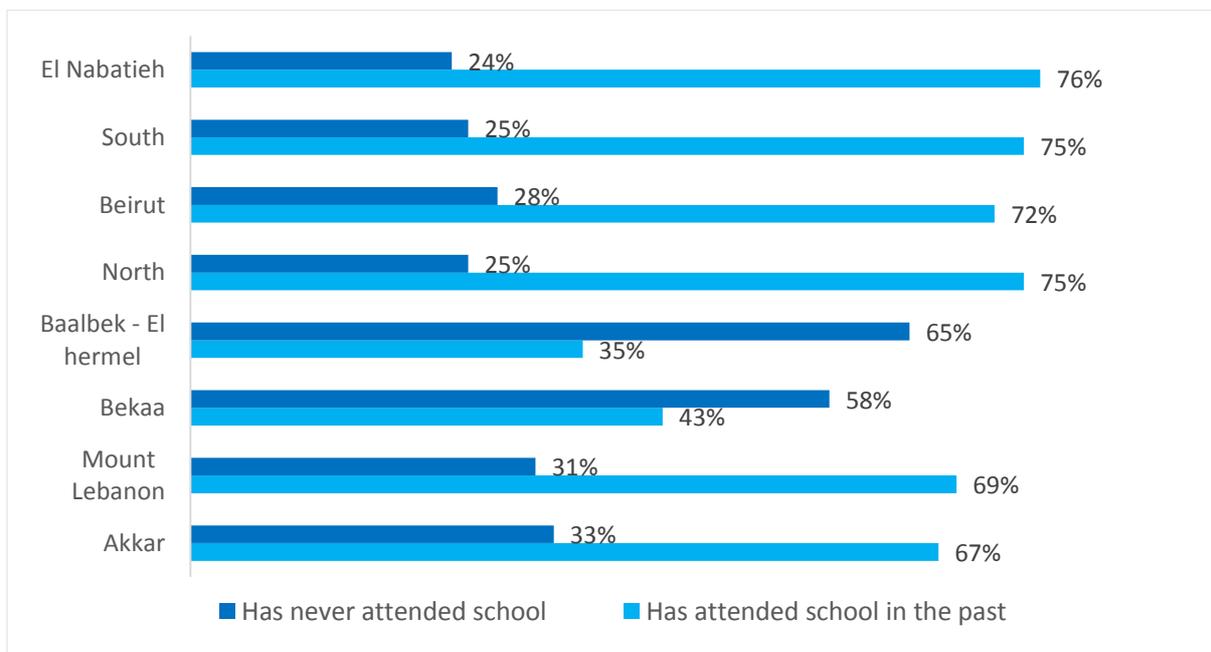


Table 6.18: Drop-out rates for children in the Lebanese domain who are not currently attending regular private or public school, a vocational course or public preschool

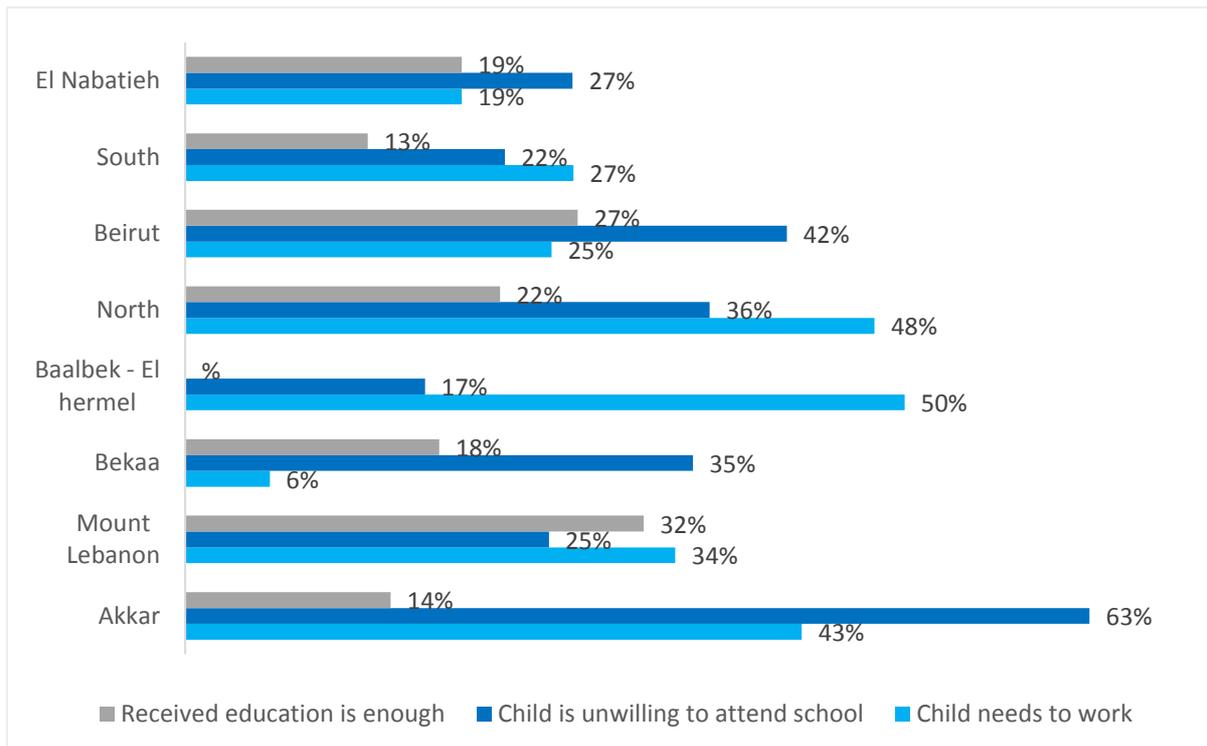


Table 6.19: Main reasons for drop-out among Lebanese children who had previously attended regular private or public school, a vocational course or public preschool

94% of Lebanese children enrolled in NFE take part in remedial education programmes such as homework or language support. Main reasons for not attending any NFE programme include a lack of awareness among Lebanese caregivers of what NFE is about (45%), the impression that NFE is not applicable (44%), and a lack of knowledge on how to register for NFE (41%).

6.3.3. Syrians registered with UNHCR domain

Knowledge of caregivers of formal and non-formal pathways to education

The **awareness of registered Syrian caregivers on how to enrol their children in formal education varies per governorate**, with the highest level of awareness in Akkar at 79% and in the North and Nabatieh at 72%. While knowledge levels are also relatively high in Beirut at 70%, in South at 61% and in Mount Lebanon at 60%, Bekaa and Baalbek-Hermel show a low level of awareness, with only 38-41% of registered Syrian caregivers knowing how to enrol children. **94% of registered Syrian caregivers have no knowledge of NFE opportunities**. Among the 6% who are aware of NFE opportunities, most know about the ALP (53%) or about remedial education (47%) and obtain details through NGOs or UN agencies.

“My children are in a public school. The school is free, but I pay for stationary, extra activities, school trips, uniforms and school transportation. It costs me around LL 125,000 for every child. I am satisfied with the school.” Syrian father, FGD in South, June 2017

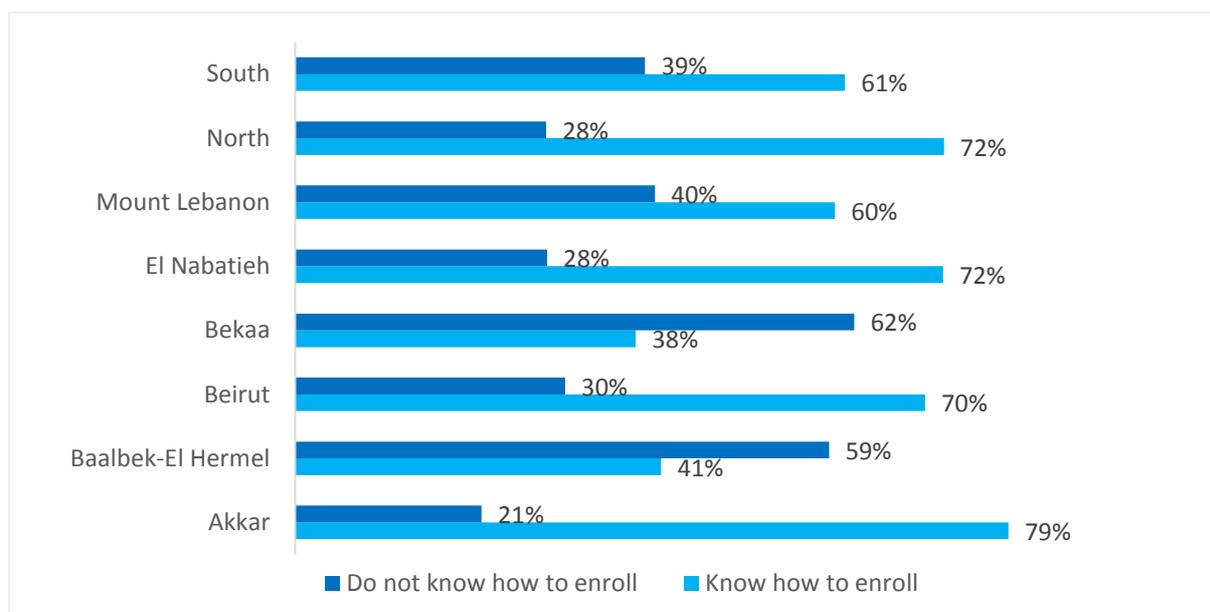


Table 6.20: Syrian respondents registered with UNHCR who know how to enrol children in formal schools

When asked whether they can enrol their children in a Lebanese public school without any documents, many Syrian caregivers believe that this is *not* possible, the percentage ranging from 36% in the South to 64% in Bekaa. The rate of caregivers who do believe that it is possible to enrol children without documents are 30% in the South, 28% in Nabatieh, 25% in the North and 27% in Akkar.

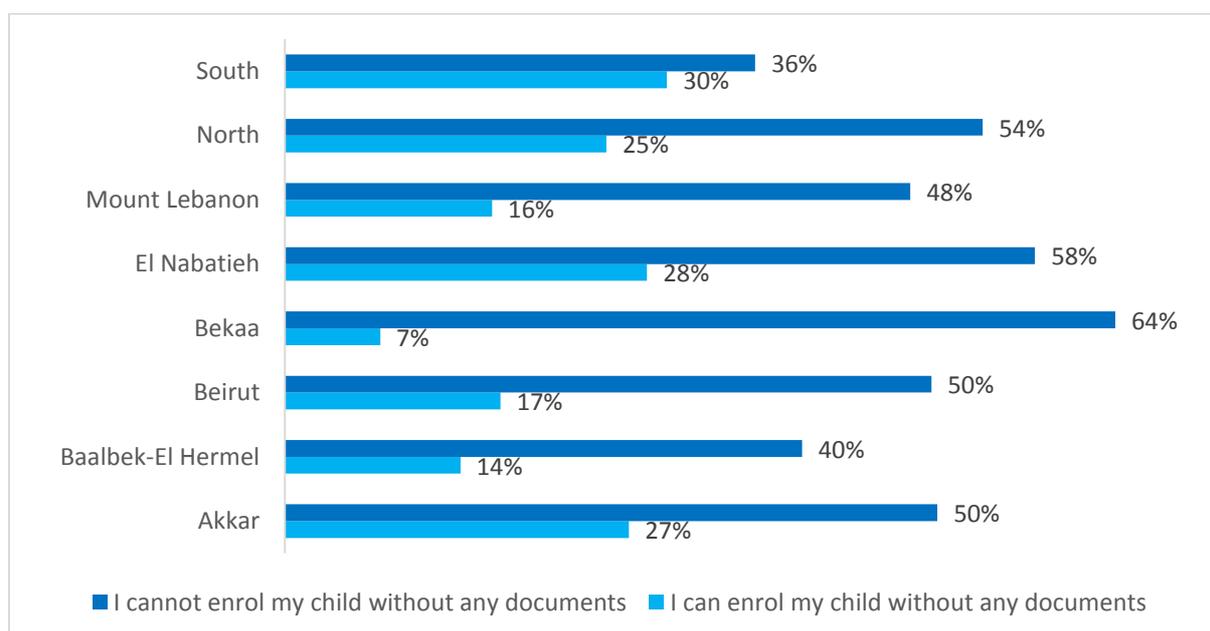


Table 6.21: Syrian caregivers registered with UNHCR by mohafaza who believe that they can enrol their child in a Lebanese public school without any documents

Attitudes on and practices of girls' participation in education

88% of registered Syrian respondents believe that girls should be in school until they graduate. 6% think girls should be in school until they reach the age of 18, 3% until 14, 3% until 16, and 1% until 12 years. The lowest percentage of respondents who think that girls should be in school until they graduate was noted in Beirut at 73%; the highest percentage was found in the North and Akkar at 98%.

“If a girl is educated, she can get better marriage proposals and if her husband leaves her she can work and support herself. But a girl does need to get married at the age of 18-22 years, or else she will not get a good match.” Syrian father, FGD in South, June 2017

Beirut	Bekaa and Baalbek-Hermel	Mount Lebanon	North and Akkar	South and Nabatieh	Total
73%	83%	88%	98%	80%	88%

Table 6.22: Syrian respondents registered with UNHCR’s attitudes towards girls staying in school until graduation by region

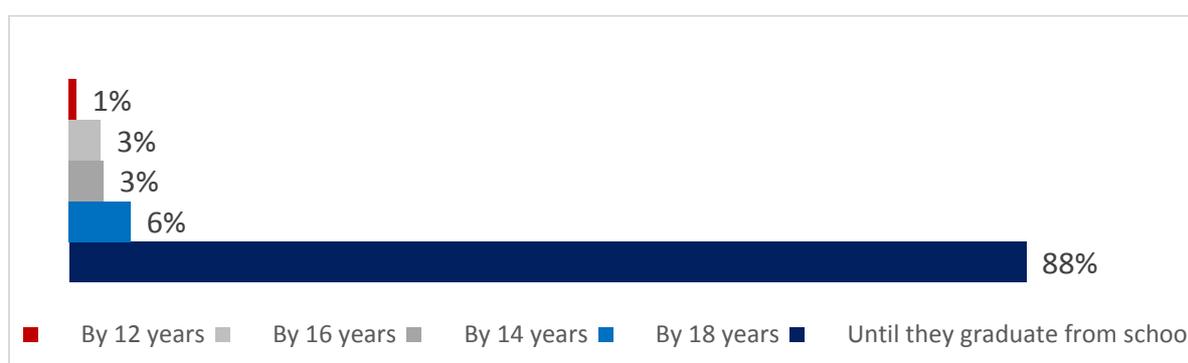
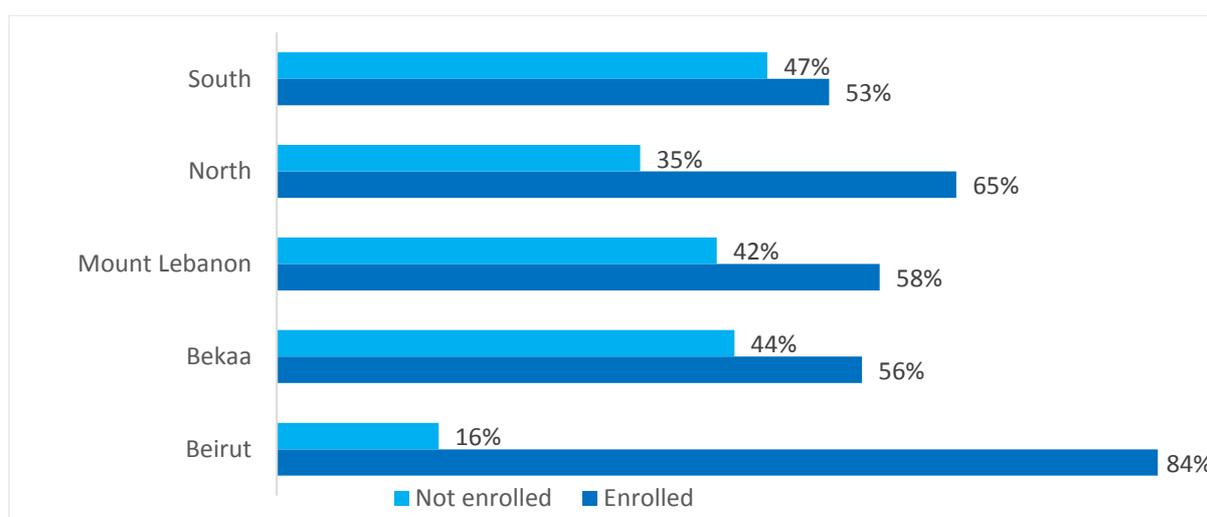


Table 6.23: Syrian respondents registered with UNHCR’s attitudes on the age at which girls should leave school

64% of school-aged girls in registered Syrian households are currently enrolled in private or public schools, vocational education, or a public preschool, while 9% of girls regularly participate in non-formal education.⁸⁰ Girls’ enrolment varies substantially per mohafaza, with highest enrolment rates in Beirut at 84% and lowest in the South at 53%. The highest enrolment rate in NFE was found in the South at 15% and the lowest in Beirut 0% at the time of data collection.



⁸⁰ Of an additional 2% of girls in urban Syrian refugee respondent families it was not known whether they attend NFE or not.

Table 6.24: Girls' formal school attendance in the Syrians registered with UNHCR domain by mohafaza

Attitudes towards quality of formal and non-formal education

Compared to Lebanese respondents, registered Syrians are less resistant to enrolling their children in public schools. The most positive attitudes and willingness towards enrolling their children in Lebanese public schools was noted among registered Syrian caregivers in Akkar at 68%, in the North at 61% and in Beirut at 67%.

Qualitative data from FGDs validate these findings, as Syrian mothers and fathers are keen to send their children to public school. However, this may be because they are used to public services, including public education, from Syria or because they do not have the financial means to afford semi-private or private schools.

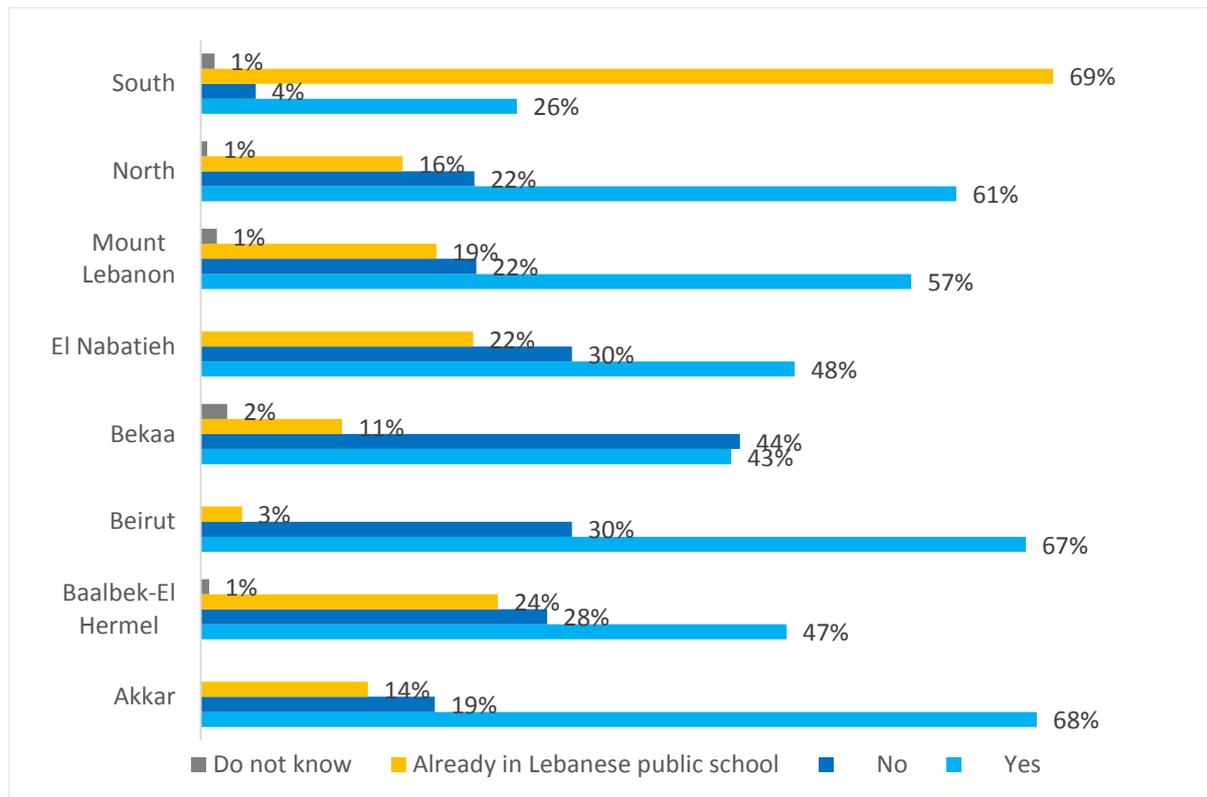


Table 6.25: Syrian caregivers registered with UNHCR who would send their children to Lebanese public schools by mohafaza

Transportation costs remain a major barrier for enrolment of registered Syrian children in public schools. **Covering transportation costs would compel 58% of caregivers to enrol them in public school.** 47% of caregivers note that they would send their children to public schools if these were completely free. Registered Syrians also list improved quality of teaching (23%) and of the school in general (20%) as other drivers that would make them send their children to public schools. A decrease in violence is only mentioned by 6% of registered Syrian caregivers as motivator to enrol their children in a public school.

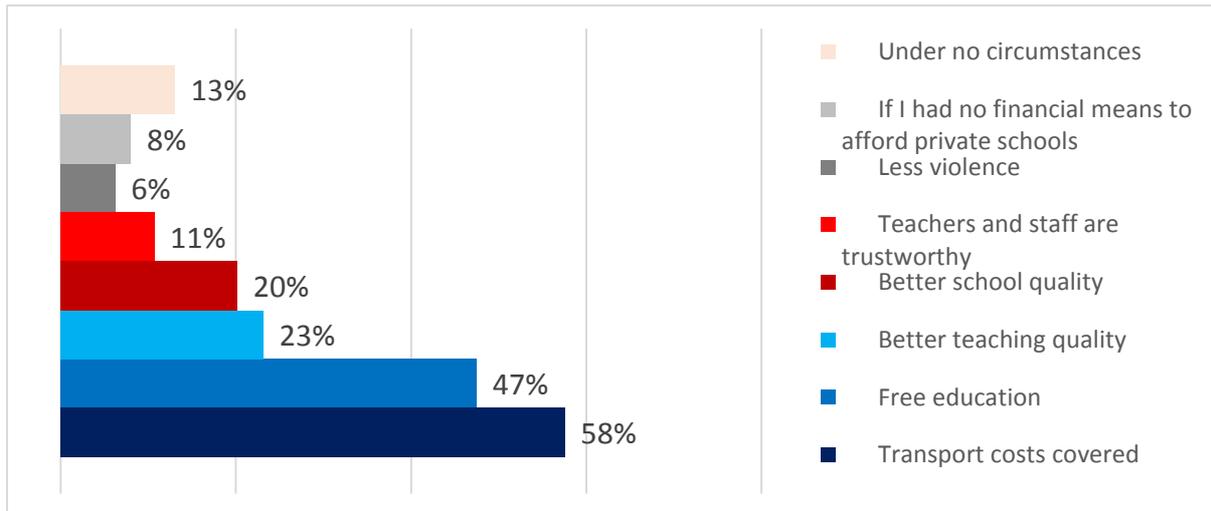


Table 6.26: Circumstances under which Syrian caregivers registered with UNHCR would send their children to a Lebanese public school

In FGDs, Syrian respondents' perception of the quality of education varies, however most are facing challenges related to corporal punishment inside schools, transport to and from school as well as financial difficulties in keeping children enrolled. **Moreover, of the 6% who know about NFE, 91% of respondents would be interested in sending their children to NFE opportunities**, and 91% of those have no objections to children mixing with other nationalities during NFE activities.

Children's participation in formal and non-formal education

Within registered Syrian households, **64% of girls and 62% of boys of school age are currently enrolled in public preschools, or in private, public, and vocational schools**. 10% of children participate in NFE pathways. 55% of children aged between 3 and 18 in Syrian households registered with UNHCR are currently enrolled in primary education (cycle 1 and 2). The number drops sharply for children enrolled in cycle 3 at 18-20% and in secondary school it is down to 7-10%.

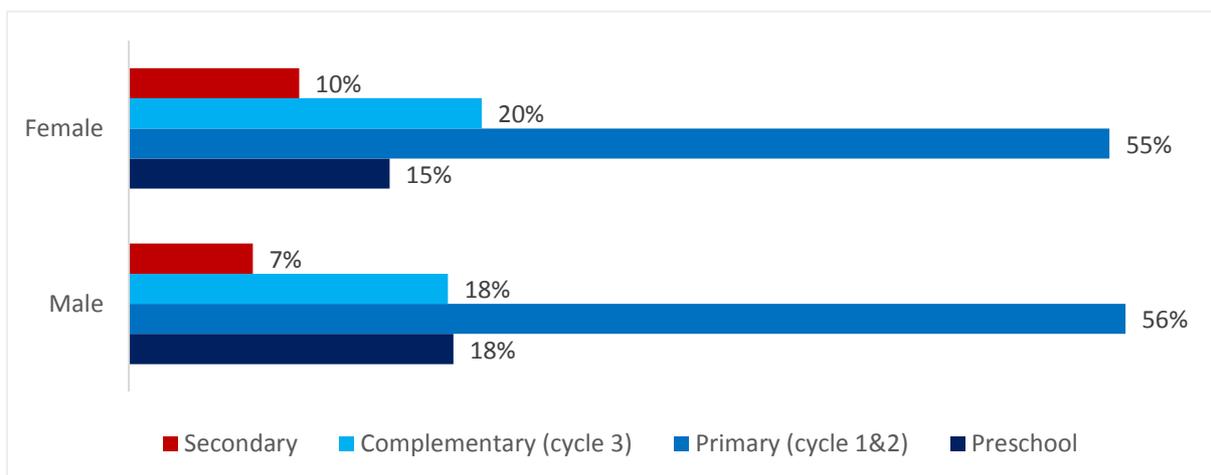


Table 6.27: Educational level of children aged 3-18 years in the Syrians registered with UNHCR domain by gender

Even though MEHE provided free stationaries and text books to all enrolled children in public schools, registered Syrian caregivers of children who are not currently enrolled in education still perceive and cite text books and stationery as main financial burden. This might point towards a lack of knowledge by those Syrian caregivers that stationery and textbooks are provided free of charge to their children.

Differences can be noted at the mohafaza level. While financial reasons seem to be more prevalent in Baalbek-Hermel, in Bekaa and Mount Lebanon children are perceived to be either too young or too old to be in school.

“My 11-year old son is studying and working in an aluminium factory on the side to support us.” Syrian mother, FGD in South, June 2017

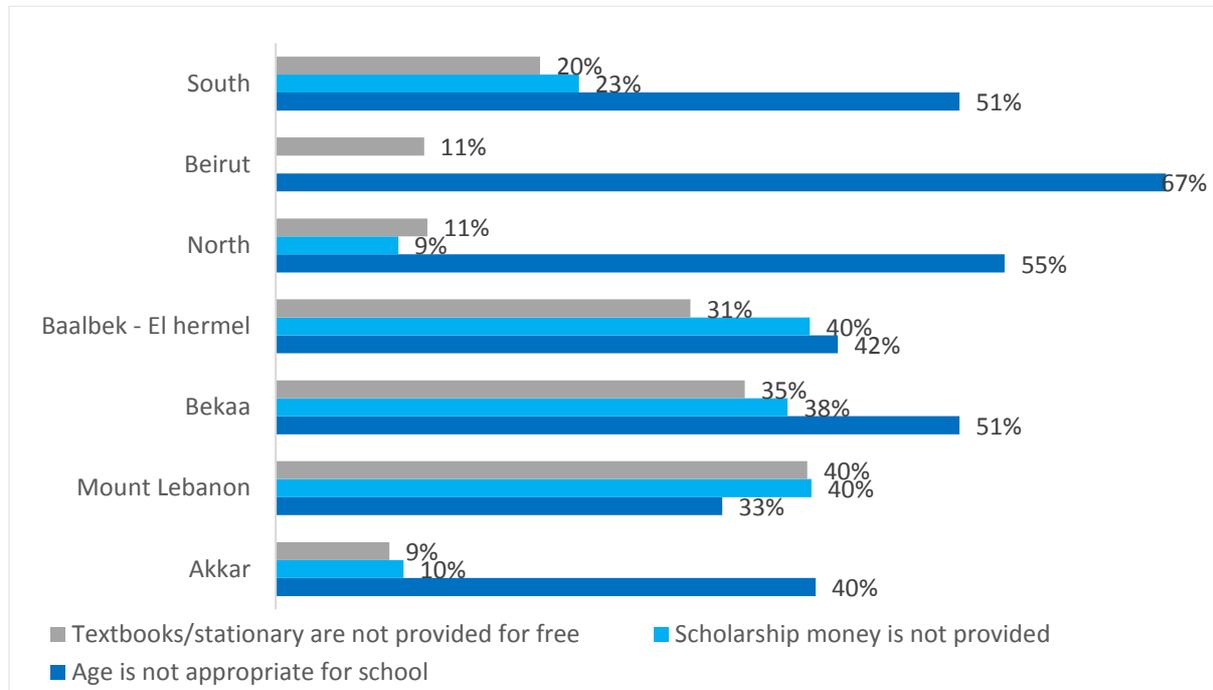


Table 6.28: Reasons cited by Syrian caregivers registered with UNHCR for why their children do not attend regular private or public school, a vocational course or public preschool

Of the school-aged children in registered Syrian households who are not currently enrolled in formal education, 90% in Bekaa have never attended school. The number for Baalbek-Hermel is 82%. While this could be due to the relatively high birth rate among Syrians, it also points towards a growing number of children in Lebanon who have never been to school.

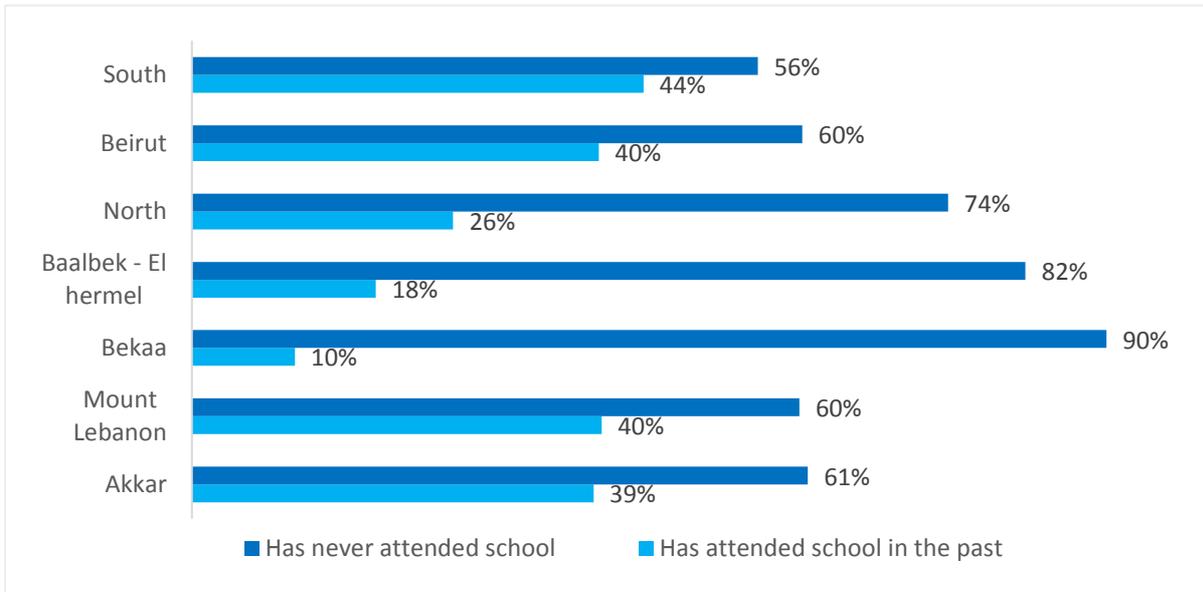


Table 6.29: Drop-out rates for children in the Syrians registered with UNHCR domain who are not currently attending regular private or public school, a vocational course or public preschool

Among the registered Syrian domain, the three main drop-out reasons of children who did go to school in the past but had dropped out at the time of the KAP survey are that transportation is difficult, that the child does not like to go to school and that the child needs to work. Disparities can be found among mohafazat, with child labour cited as the main drop-out reason in Beirut compared to Mount Lebanon where the primary reason given for drop-out is that the child is not willing to go to school anymore. The issue of children not wanting to go to school and caregivers allowing the children to drop out points to issues of neglect.

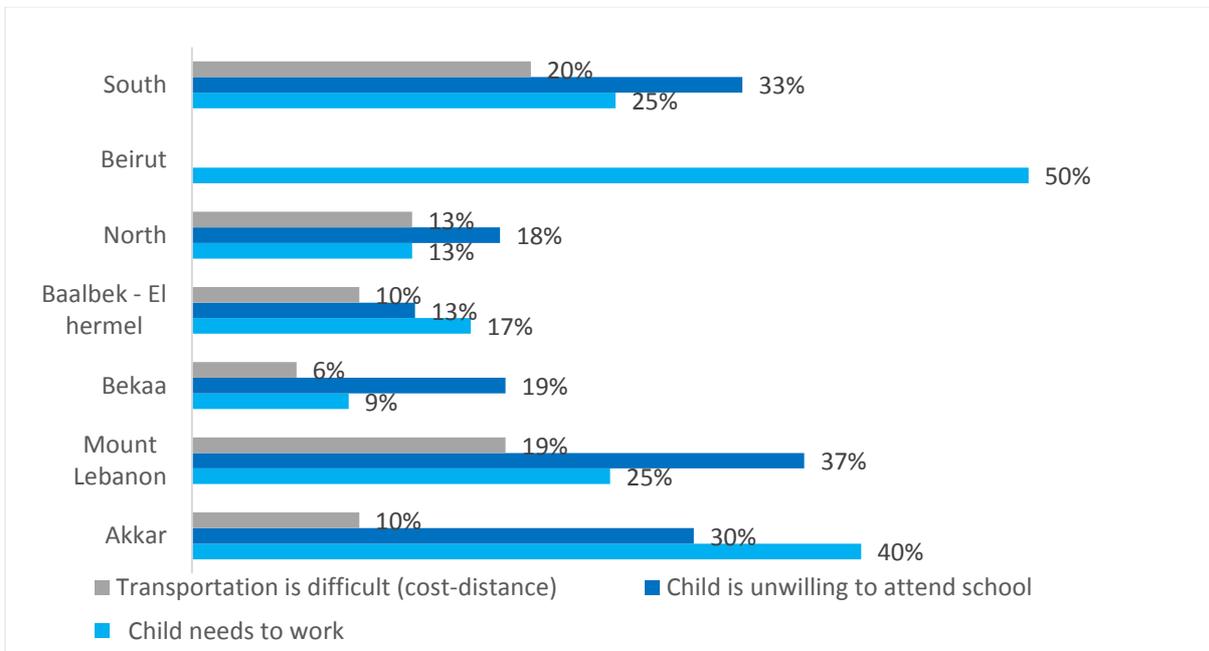


Table 6.30: Main reasons for drop-out among children in the Syrians registered with UNHCR domain who had previously attended regular private or public school, a vocational course or public preschool

Children in registered Syrian households who were enrolled in NFE predominantly attend remedial education at 73%, followed by ALP at 21% and CB-ECE at 4%. The main reasons for registered Syrian

refugee children not participating in NFE include that NFE is not considered applicable at 53% (meaning that the children are either too young or not enrolled in education), that there is a lack of knowledge on what NFE is about at 38% and on how to register for NFE at 36%, and no coverage of transportation costs at 17%.

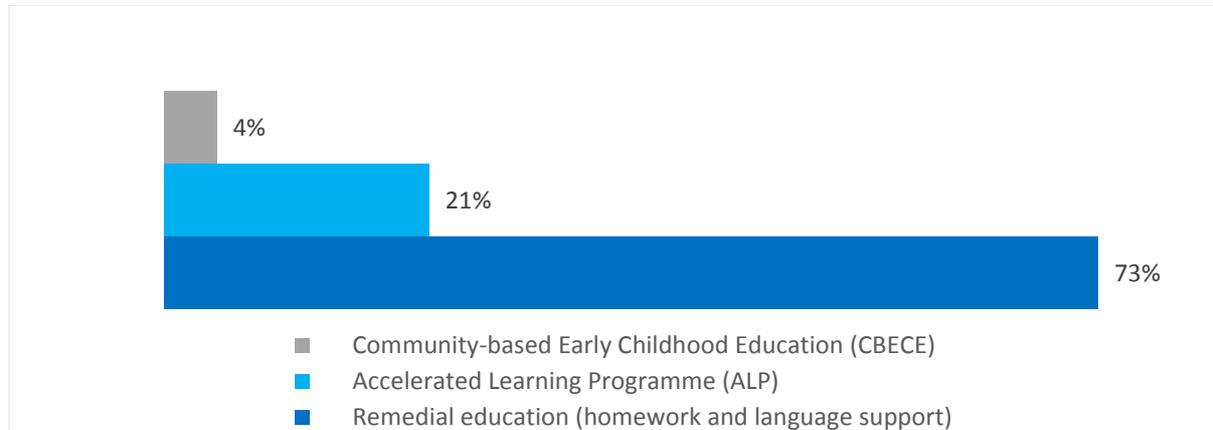


Table 6.31: Attendance of NFE programmes of children in the Syrians registered with UNHCR domain

6.3.4. Syrians in ISs domain

Knowledge of caregivers of formal and non-formal pathways to education

63% of caregivers in ISs do not know how to enrol their children in Lebanese formal schools. When asked whether they can enrol their children in a Lebanese public school without any documents, only 13% believed that they could, compared to 47% who believed that they could not. Moreover, like Syrian registered refugees, 94% of residents of ISs are unaware of available NFE pathways. This data points towards a discrepancy between extensive outreach efforts and refugees in ISs' level of knowledge. Of the few who know of the existence of NFE, 44% are unable to list any examples, while 31% refer to ALP, 19% refer to BLN and 19% refer to remedial education. Less than one percent of refugees in ISs are aware of MEHE's CB-ECE programme. Information on NFE, if any, is obtained mainly through NGOs and UN agencies.

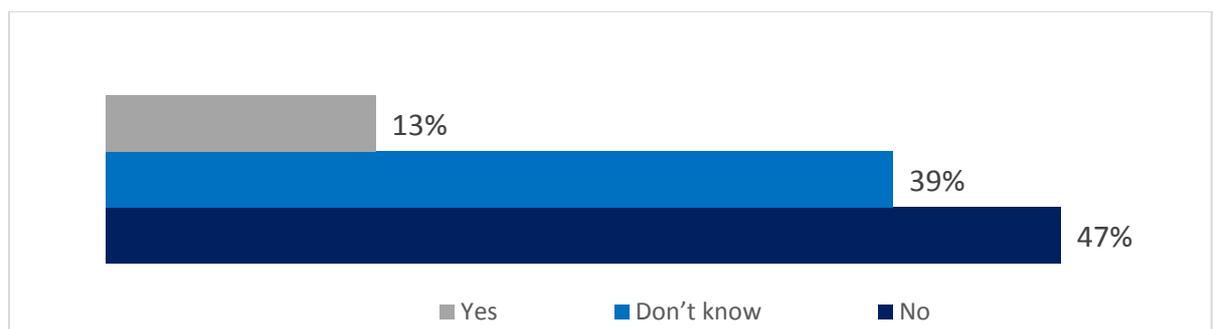


Table 6.32: Syrian caregivers registered with UNHCR who believe that can enrol their children in a Lebanese public school without any documents

Attitudes on and practices of girls' participation in education

82% of Syrian respondents in urban settings believe that girls should be in school until they graduate. 5% think girls should be in school until they reach the age of 18, 5% until 14, 5% until 16, 2% until 12 years, and 1% until 10 years.

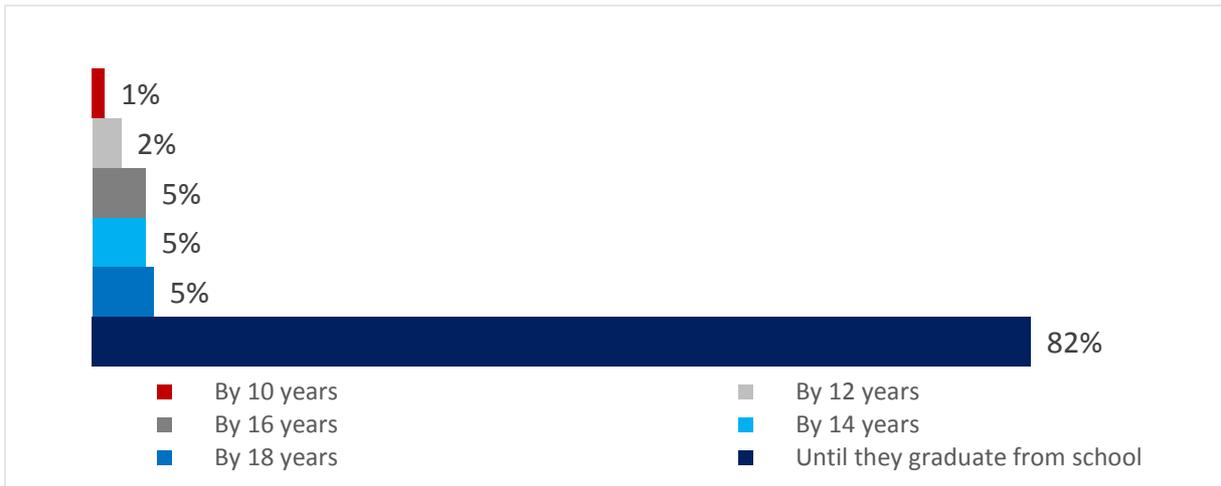


Table 6.33: Syrian respondents in ISs' attitudes on the age at which girls should leave school

42% of school-aged Syrian girls residing in ISs are currently enrolled in private or public schools, vocational education, or a public kindergarten while 11% are enrolled in regulated non-formal education.⁸¹ Qualitative data from FGDs highlight the barriers girls living in ISs face to attending school. The barriers represent a mixture of attitudinal and practice barriers. In FGDs, some Syrian caregivers in ISs highlighted that education up to the Brevet (grade 9) is sufficient since girls should start preparing themselves for marriage. On the other hand, lack of transportation to and from the school is a real barrier for girls attending school, as Syrian caregivers in ISs stressed that harassment of young girls on their way to school represented a real protection risk.

Attitudes towards quality of formal and non-formal education

46% of Syrian caregivers in ISs is unwilling to enrol their children in Lebanese public schools. While 25% of children in Syrians in ISs households are already enrolled in public schools, another 25% would consider to send their children.

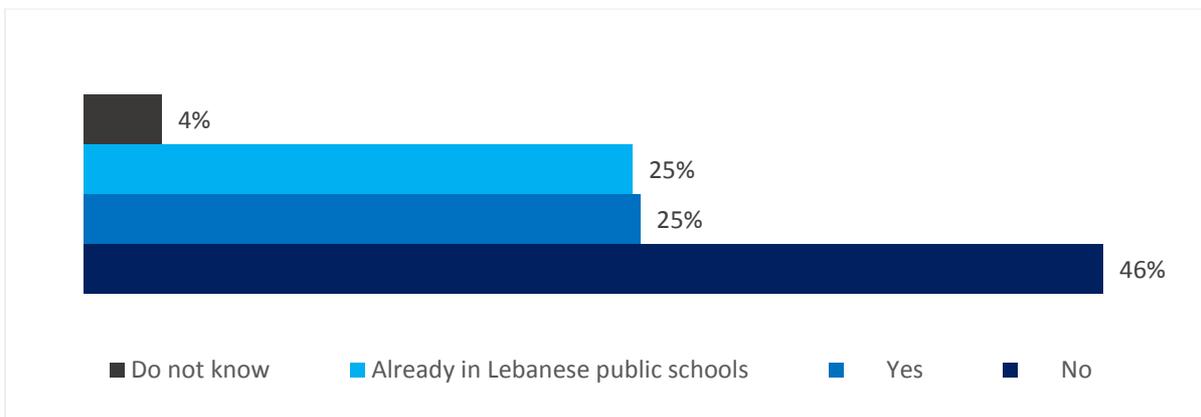


Table 6.34: Syrian caregivers in ISs who would send their children to Lebanese public schools

79% of Syrian caregivers residing in ISs, who do not currently enrol their children in public schools, say they would do so if education would be completely free, 69% would do so if transportation costs were covered and 24% if the teaching quality improved. 75% of respondents would be interested in sending their children to NFE opportunities, 81% of whom have no objections to children mixing with other nationalities during NFE activities.

⁸¹ Of an additional 2% of girls in informal settlements it was not known whether they attend NFE or not.

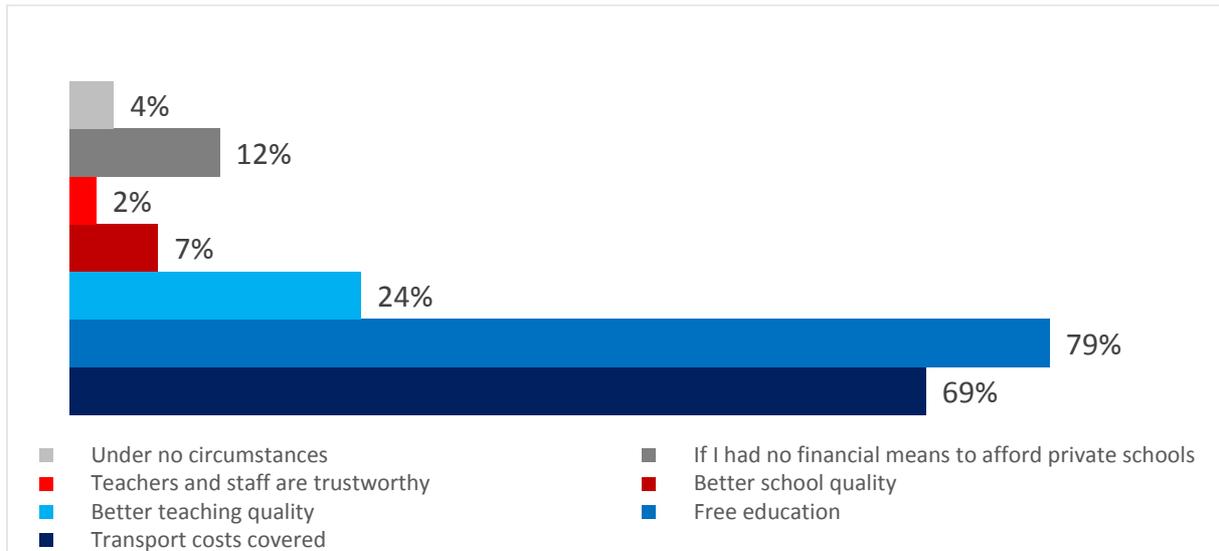


Table 6.35: Circumstances under which Syrian caregivers in ISs would send their children to Lebanese public school

Children’s participation in formal and non-formal education

Within Syrian households living in ISs, **42% of girls and 45% of boys of school age are currently enrolled in public preschool, or in private, public, and vocational schools**. 13% of children in Syrian households in ISs participate in NFE pathways, which is slightly more than among registered Syrians.

46% of Syrian girls and 52% of Syrian boys in ISs attend cycle 1 and 2 in school, while only 21% of girls and 17% of boys attend cycle 3. Twice as many Syrian boys in ISs (14%) attend secondary school than girls (7%). A number of children also attend educational activities provided by NGOs and other service providers.

“My children go to an NGO centre sometimes. They are not learning anything, but seem to be only playing, not studying.” Syrian father, IS in Baalbek-Hermel, June 2017

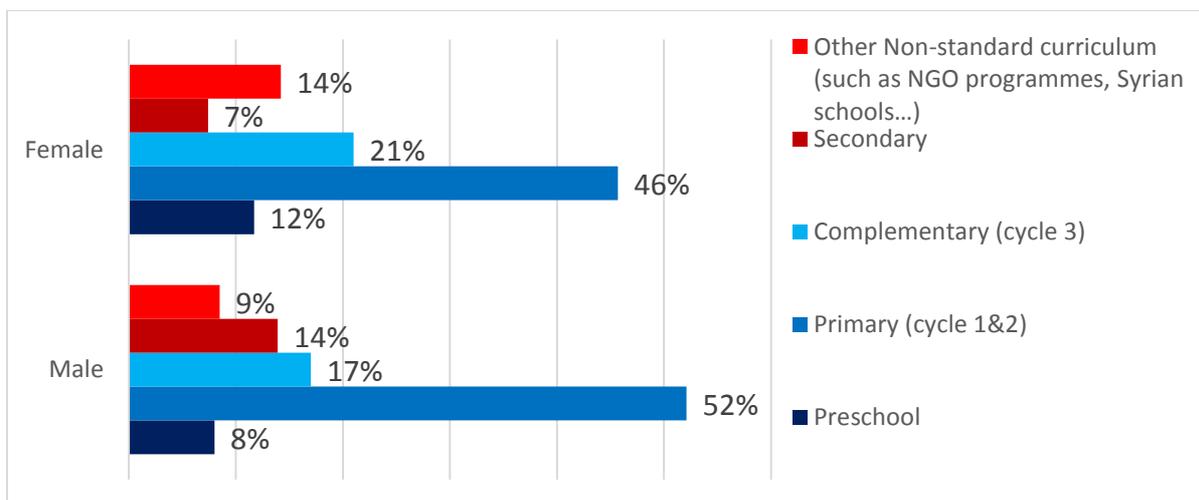


Table 6.36: Educational level of children aged 3-18 years in the Syrians in ISs domain by gender

The three main reasons expressed by Syrian caregivers in ISs for why their children do not regularly attend formal education are that scholarship money is not provided (in other words, that education costs are not covered) at 35%, that the child is either too young or too old to attend school, also at 35%, and that school-related costs are not covered at 32%. The main barrier to children's enrolment seems to be of financial nature.

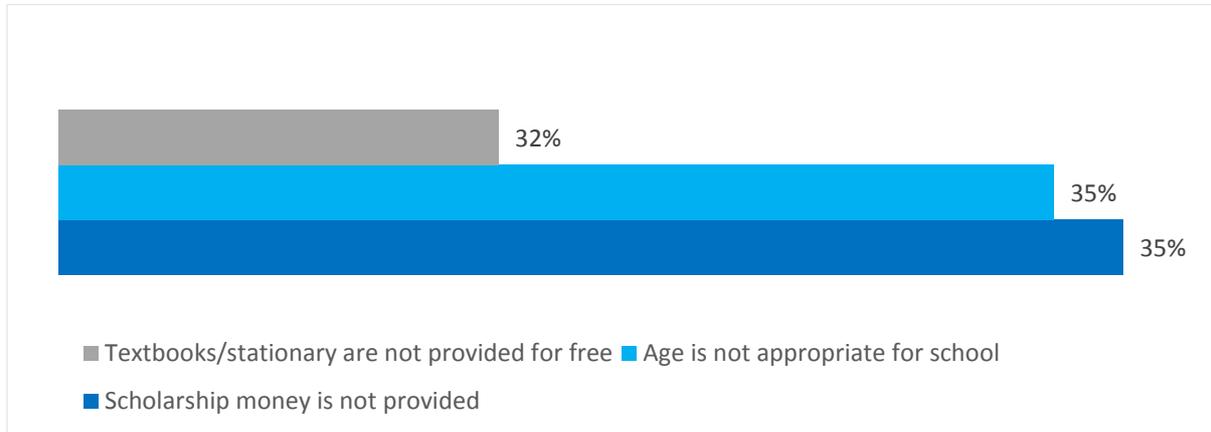


Table 6.37: Reasons cited by Syrian caregivers in ISs for why their children do not attend regular private or public school, a vocational course or public preschool

Of the Syrian children in ISs who are not currently enrolled in formal education, 68% never went to school. The main reasons for drop-out of Syrian children living in ISs are the lack of a nearby school (20%) and lack of transportation (19%). Moreover, 18% of Syrian respondents in ISs state 'the conflict in Syria' as a reason for their children's drop-outs, which refers to challenges of displacement and indicates that adapting to life in Lebanon is difficult.

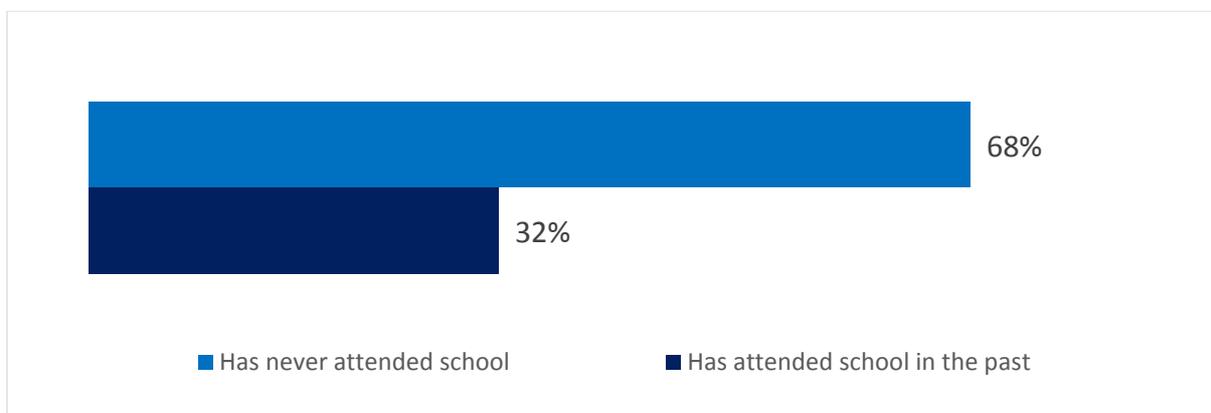


Table 6.38: Drop-out rates for children in the Syrians in ISs domain who are not currently attending regular private or public school, a vocational course or public preschool

Of the 13% of children in the Syrians in ISs domain who attend NFE programmes, 55% attend remedial education, 41% attend ALP and 4% CBECE. The main reasons for not attending any NFE include a lack of knowledge on how to register for NFE at 44%, lack of knowledge on what NFE is about at 40%, and no coverage for transportation costs at 28%.

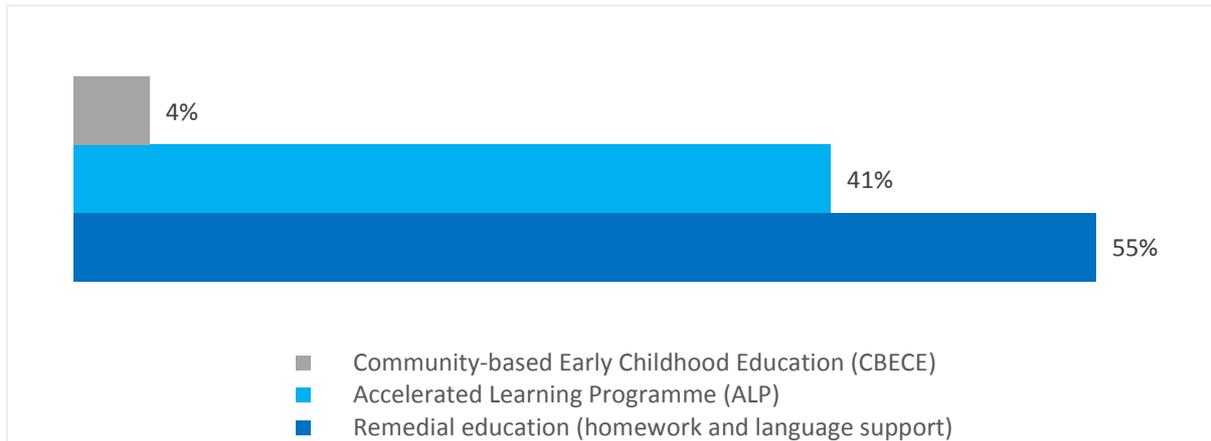


Table 6.39: Syrian children in ISs attendance of NFE programmes

6.3.5. Palestine refugees domain

Knowledge of caregivers of formal and non-formal pathways to education

91% of Palestine refugee caregivers say they know how to enrol their children in UNRWA schools.

This finding is validated by qualitative data. Palestine refugees in FGDs state that enrolment of children into school is not an issue, it is the retainment around grades 7-9 that is problematic. Moreover, qualitative data point towards mothers taking on the task of enrolling children in schools. The awareness of NFE pathways is considerably larger among Palestine refugees than among Lebanese and Syrian respondents. 27% of Palestine refugee respondents know of NFE programmes. Of those, 72% refer to remedial education. Most information on NFE is obtained through family members.

Attitudes on and practices of girls' participation in education

78% of Palestine refugee respondents believe that girls should be in school until they graduate. 19% think a girl should be in school until she reaches the age of 18, which could be considered an equivalent to finishing school. 2% of Palestine refugee respondents believe girls should be in school until the age of 16, and 1% until 14 years.

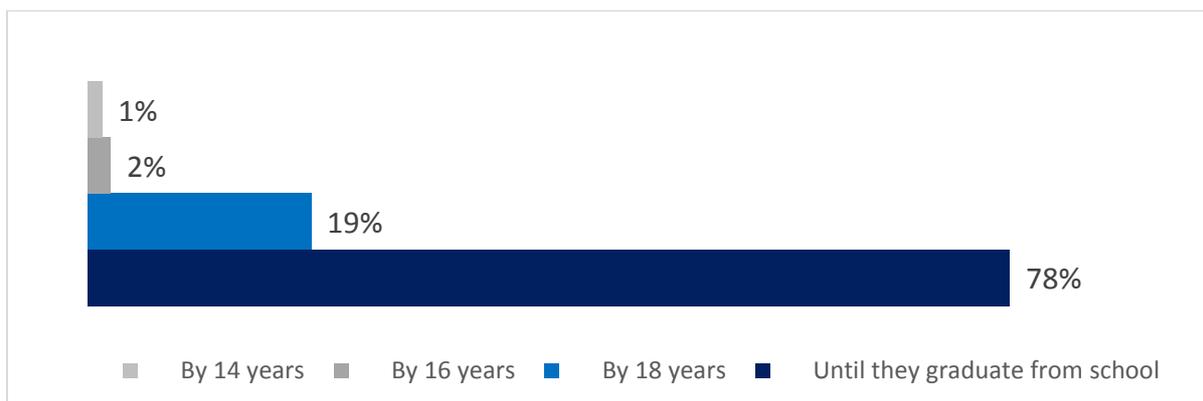


Table 6.40: Palestine refugee respondents' attitudes on the age at which girls should leave school

92% of school-aged girls in respondent households in Palestine camps are currently enrolled in UNRWA schools, vocational education or public preschool and 30% in non-formal education.⁸² In

⁸² Of an additional 6% of girls in the Palestine refugees domain it was not known whether they attend NFE or not.

FGDs, Palestine refugee caregivers stressed the importance of education, for both boys and girls. Female caregivers were especially vocal about girls' education, highlighting that it would benefit the girls' themselves as well as family members if they were educated. Caregivers argued that girls' characteristics, such as being more quiet and studious, increased their chances to succeed in formal education compared to boys, who spend more time outdoors with friends and are keen to make an income as soon as possible.

“Investing in girls’ education provides more results than investing in boys’ education.” Palestine refugee mother, FGD in the South, June 2017

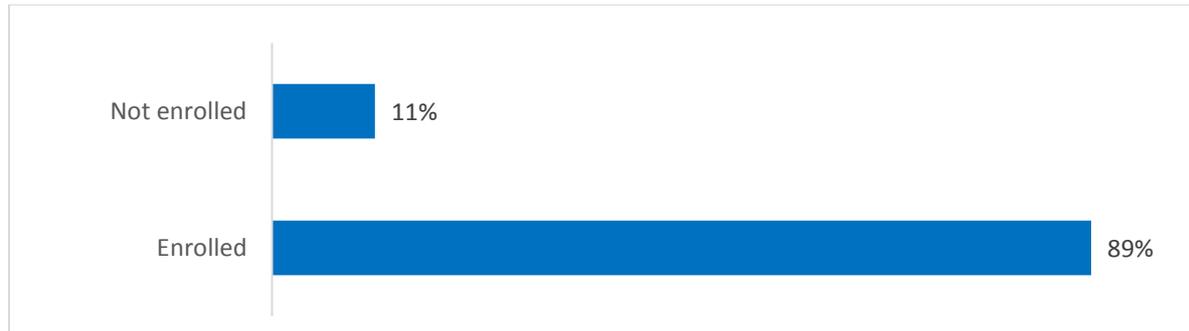


Table 6.41: Girls in Palestine refugee domain enrolled in UNRWA schools, vocational education or public preschool

Attitudes towards quality of formal and non-formal education

Attitudes towards enrolment in UNRWA schools are positive with 56% of Palestine refugee caregivers expressing willingness to enrol their children in UNRWA schools and 23% already doing so. 69% of Palestine refugee caregivers who had not enrolled their children in UNRWA schools at the time of the survey, stated that they would reconsider their decision if transportation costs were covered, if education were completely free (64%), or if teaching quality improved (56%). Critically, since UNRWA schools are completely free of charge, it is likely that Palestine refugee respondents referred to school-related costs.

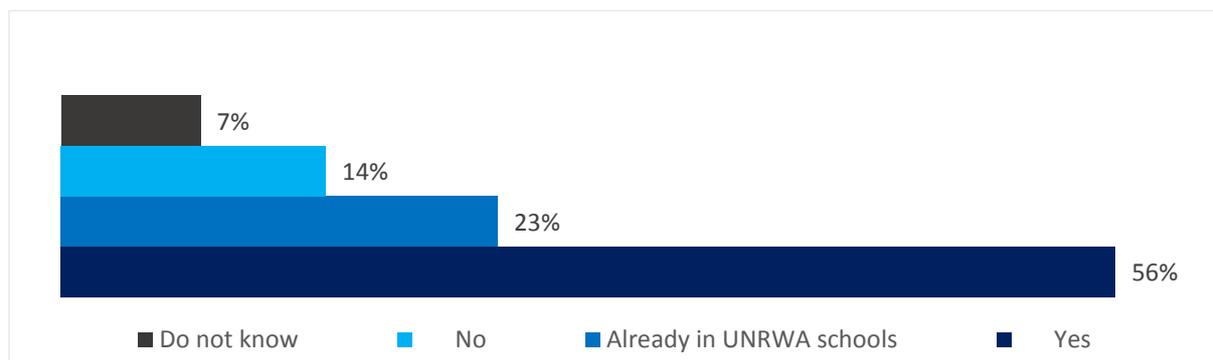


Table 6.42: Palestine refugee caregivers who would send their children to UNRWA schools

“Our children are strongly influenced by the issues in the camps. My son says to me: ‘Inshallah there will be a war so that we do not need to go to school.’” Palestine refugee mother, FGD in South, June 2017

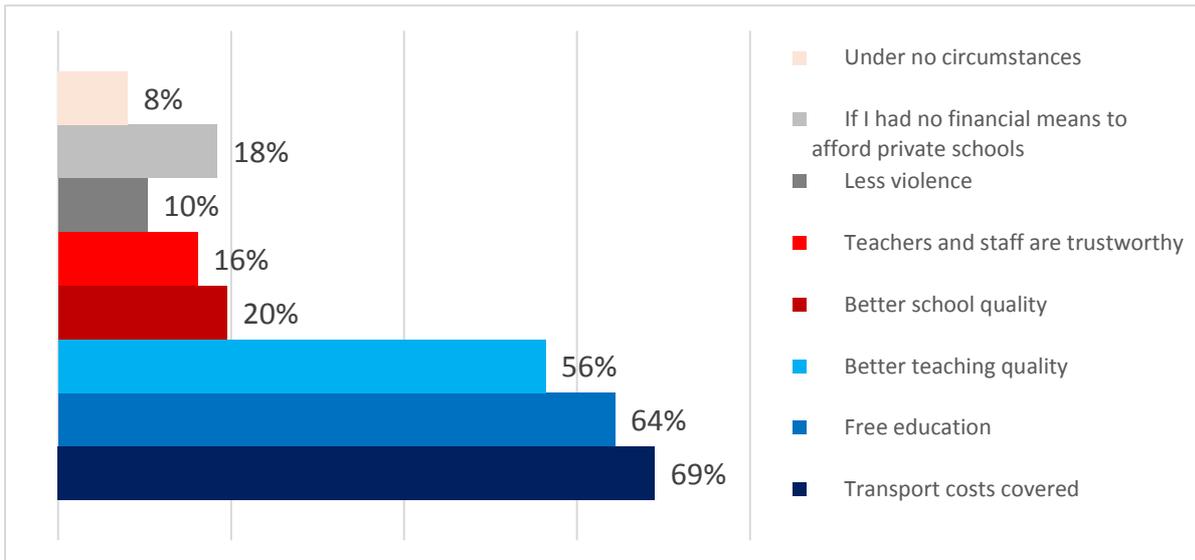


Table 6.43: Circumstances under which Palestine refugee caregivers would send their children to UNRWA school

Moreover, 95% of Palestine refugee respondents would be interested in sending their children to NFE opportunities, 89% of whom have no objections to children mixing with other nationalities during NFE activities.

Children’s participation in formal and non-formal education

Within Palestine refugee households, 92% of girls and 83% of boys of school age are currently enrolled in UNRWA schools, vocational education, or public preschool. 28% of children in Palestine refugee households participate in NFE pathways, markedly more than in other domains. 40% of children in the Palestine refugee domain, who are currently enrolled in education, attend cycle 1 and 2 of formal education, while 24% attend cycle 3. Slightly more girls are enrolled in secondary education than boys at 17% compared to 13%.

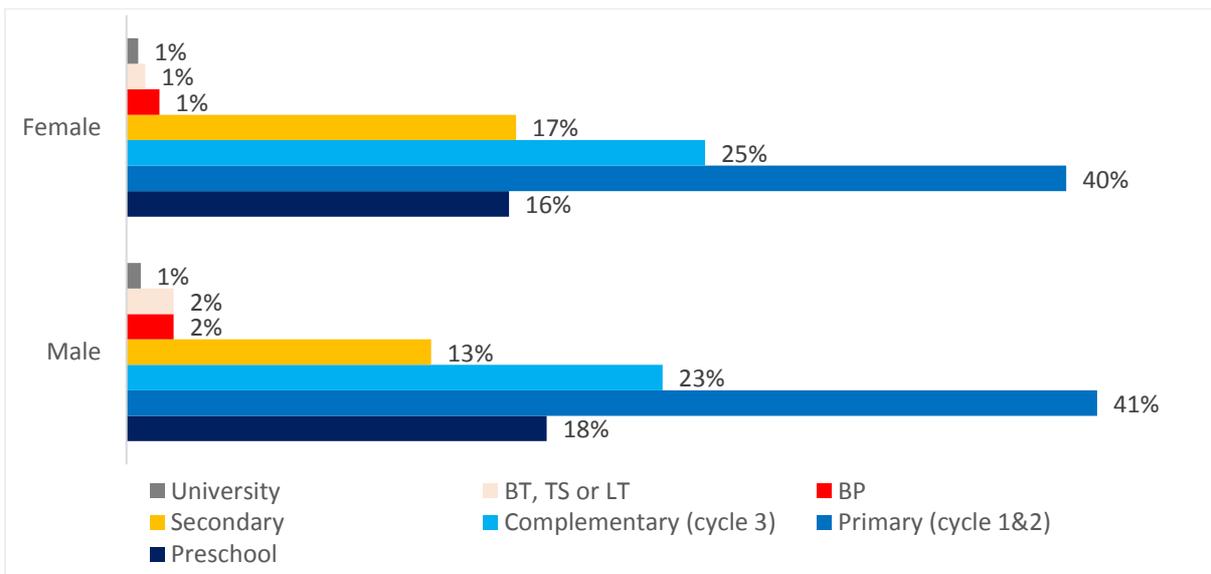


Table 6.44: Educational level of children aged 3-18 years in the Palestine refugee domain by gender

Of school-aged children in the Palestine refugee domain, who are not currently enrolled in formal education, respondents state that 40% do not have the appropriate age to attend school, 28% state that the child does not like to go to school, while another 28% believe that education is not necessary. The latter reason might refer to preschool but also to higher educational levels such as secondary school.

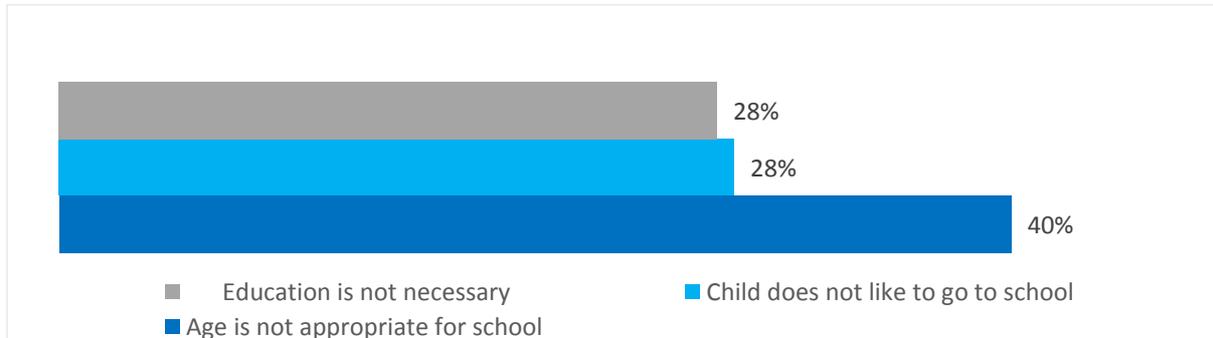


Table 6.45: Reasons cited by Palestine refugee caregivers for why their children do not attend regular private or public school, a vocational course or public preschool

76% of Palestine refugee children who are currently out of school were in school in the past. Caregivers cite several reasons for drop-out of Palestine refugee children: 36% are said to have dropped out because of the perceived lack of quality of UNRWA schools, 32% because of the need to work and 32% because the child does not understand the teachers.

Of the total of 28% of Palestine refugee children who are enrolled in NFE programmes, 81% are enrolled in remedial education, 8% in CBECE, 6% in ALP and 5% in BLN.

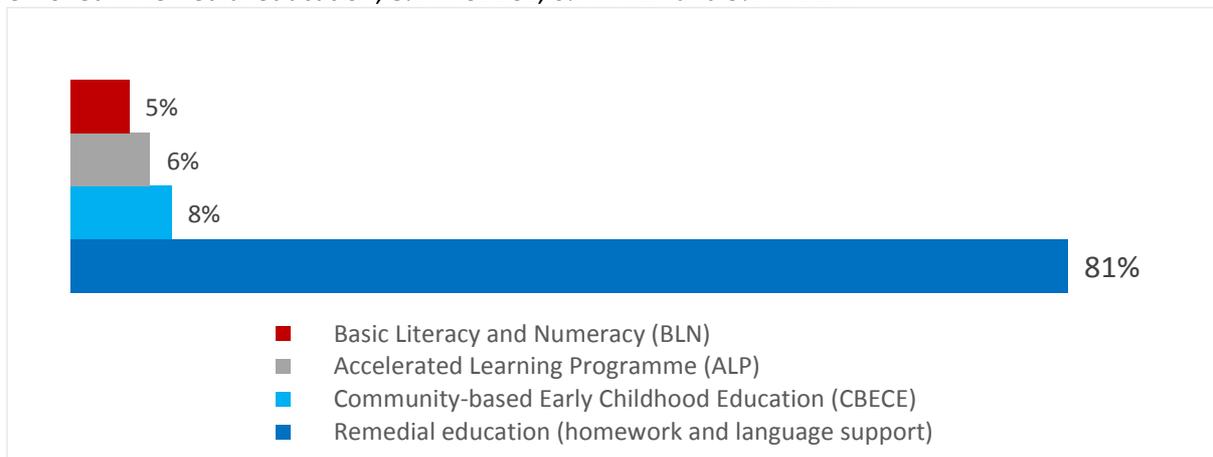


Table 6.46: Palestine refugee children's attendance of NFE programmes

The main reasons for Palestine refugee children not taking part in NFE include a lack of knowledge on what NFE is about (39%), a lack of knowledge on how to register for NFE (36%), adverse security situation (15%) and no coverage for transportation costs (14%).

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7. CHILD PROTECTION

7.1. Situation analysis

All children have the right to be protected from violence, exploitation and abuse. Some children are particularly at risk because of gender, socio-economic status, displacement or exposure to armed conflict. High protection needs are also associated with having a disability, absence of caregivers and social marginalisation.⁸³ In collaboration with partners, UNICEF works on strengthening comprehensive child protection (CP) systems that incorporate human resources, laws, standards, governance, monitoring, and services.⁸⁴

7.1.1. Child protection sector response

CP is part of the overall protection sector in Lebanon, which focuses on addressing violence, exploitation, abuse against children as well as gender-based violence (GBV) including through strengthening referral pathways and ensuring access to services. More than 3.2 million persons are in need of protection, nearly 1.9 million of whom are targeted through programmes.⁸⁵

Among the protection risks faced by children in Lebanon are the lack of birth registration, with 70% of around 100,000 Syrian refugee children born in Lebanon remaining unregistered⁸⁶, and poverty, with 37% of vulnerable Lebanese, 71% Syrian refugees, and 65% of Palestine refugees living below the poverty line⁸⁷. These factors compel households to revert to negative coping strategies such as child marriage, child labour and withdrawal from education, all of which leave children even more prone to exploitation, abuse and harassment.⁸⁸ GBV rates are amplified by displacement and stress. Girls and women are disproportionately represented at 90% in reported incidents of GBV, which mostly involve physical violence, sexual violence, and forced or child marriage.⁸⁹

This KAP Study focuses on the following seven child protection and GBV priorities: (1) Caregivers' knowledge of the harmful consequences of child marriage; (2) Attitudes towards seeking child protection, SGVB, or other services for women and children; (3) Knowledge on protection risks and reporting mechanisms; (4) Attitude towards participation of minors in armed violence; (5) Caregivers' knowledge of labour regulations in relation to working children; (6) Knowledge on positive discipline; (7) Perceptions of positive discipline.

7.1.2. Baseline indicators

Knowledge on protection risks and reporting mechanisms

⁸³ UNICEF 2017b.

⁸⁴ Ibid.

⁸⁵ Government of Lebanon, and United Nations. 2017: 115.

⁸⁶ Ibid: 117.

⁸⁷ Ibid.

⁸⁸ Ibid: 117-118.

⁸⁹ Ibid: 119.

Low rates of support-seeking by survivors of CP violations and GBV not only relate to attitudes but also to a lack of knowledge of existing CP and GBV reporting mechanisms.⁹⁰ Strikingly, 85% of community members surveyed as part of a vulnerability assessment were unaware of services for survivors of abuse, exploitation, and sexual violence.⁹¹

Low support-seeking trends are likely reinforced by limited awareness of protection risks. This CP indicator will be split into two separate indicators capturing knowledge of CP risks and associated reporting behaviour separately: **% of targeted population who are knowledgeable on protection risks** and **% of targeted population who knows how to report CP or GBV violations**.

Knowledge of harmful consequences of child marriage

“Marriage before the age of 18 is a fundamental violation of human rights.”⁹²

Among refugees from Syria, child marriage is often assumed to be a common coping mechanism,⁹³ and is perceived as a means to “protect girls and better secure their future when faced with general insecurity, poverty, absence of male family members and uncertainty.”⁹⁴ According to a recent UNFPA study, 24% of Syrian girls aged between 15 and 17 and living in the Bekaa valley are married, while 35% of women aged between 20 and 24 reported that they had married before reaching 18.⁹⁵

Child marriage, however, has many potentially harmful implications, including health threats to the mother during pregnancy, at birth, and throughout the remainder of her life; threats to foetus life, increased risk of prematurity and low birth weight, as well as associated higher likelihood of developmental delays and disorders; threats to the girl’s psychosocial wellbeing; inability to access opportunities such as work and education; and increased risk of exposure to domestic violence.⁹⁶ Feelings of abandonment, loss of support from parents and lack of access to resources to meet the demands of being a spouse and a mother may create additional stress for married girls.⁹⁷ Moreover, Syrian refugee mothers mentioned the risk of ending up young as a widow because of the wars in Syria.⁹⁸

Among the Lebanese population, child marriage has gradually decreased over time.⁹⁹ 1% of Lebanese girls gets married at 15 and 6% at 18 years.¹⁰⁰ As for the Palestine refugee domain, UNRWA indicates a prevalence of child marriage in the North, which results in children dropping out or failing to enrol in education.¹⁰¹

⁹⁰ Abla and Al-Masri 2014.

⁹¹ UNICEF, OCHA, and REACH. 2015.

⁹² UNICEF 2017a.

⁹³ UNHCR, UNICEF, and WFP 2016: 65.

⁹⁴ Hassan et al. 2015.

⁹⁵ See <http://www.unfpa.org/news/new-study-finds-child-marriage-rising-among-most-vulnerable-syrian-refugees>.

⁹⁶ Listed consequences were identified by UNICEF Lebanon and reflected in the ToR for this study.

⁹⁷ Hassan et al. 2015.

⁹⁸ Spencer et al. 2015.

⁹⁹ UNICEF 2016a.

¹⁰⁰ UNICEF 2016b: 151.

¹⁰¹ Abdulrahim and Harb 2015: 30.

Recent campaigns¹⁰² highlight the need to address child marriage in Lebanon. To be able to do so, this KAP study defines the baseline against which the **% of caregivers who are able to name at least 1 harmful consequence of child marriage** will be measured.

Positive attitude towards seeking CP, GBV and other services through MOSA and NGOs

Reporting child protection offenses and seeking appropriate support remains a challenge for many survivors.¹⁰³ Low reporting rates among Syrian youth, aged 15-24 years, are associated with hesitation to report GBV to case management agencies out of fear for further restrictions on movement, because it is perceived as a secondary problem¹⁰⁴ or in response to practices of survivor blaming.¹⁰⁵ Women and girls also report fearing to seek protection services due to a lack of residential documentation and fear of deportation.¹⁰⁶ Moreover, access to services for GBV survivors is limited by distance to available services, limited availability of quality services and costs associated with care. A health access survey indicated that only 24-36% of Syrian refugees perceived care as affordable and accessible.¹⁰⁷

In order to better understand attitudes towards seeking protection services, the indicator assessed is: **% of individuals reporting positive attitude towards seeking CP, GBV, and other services for children and women through MOSA and NGOs.**

Attitudes of community members on participation of minors in armed violence

Lebanon has signed but not ratified the CRC optional protocol on the involvement of children in armed conflict.¹⁰⁸ The involvement of children in armed violence was a common feature across militias during the country's civil wars (1975-1990) and there are signs of children's continued involvement in armed violence, most notably in Palestine refugee camps.¹⁰⁹ "Understanding children actively partaking in armed action requires acknowledging that this phenomenon is more complex than 'abducted children being forced to fight'. These children are being pressured and recruited by other family and community members or are in need to earn money to support their families or for status and protection reasons. Children can also see themselves obliged to fight out of moral duty to protect their community."¹¹⁰

So as to be able to assess attitudes towards children's participation in armed violence, this indicator measures the **% of community members answering "never" or any equivalent answer when asked in which circumstances the participation of minors in armed violence is justified.**

Caregivers' knowledge of the minimum working age, working hours and types of work which are legally allowed in Lebanon for children

UNICEF's 2016 household baseline study details economic activity of children across population domains and governorates. In summary, it reveals that economic activity increases with age across domains. While 5% of Lebanese children aged 5-11 years are engaged in economic activity, 6% of

¹⁰² See for instance www.kafa.org.lb/kafa-news/113/raisetheage.

¹⁰³ Abla and Al-Masri 2014.

¹⁰⁴ Ibid.

¹⁰⁵ Spencer et al. 2015.

¹⁰⁶ SGBV Working Group 2016.

¹⁰⁷ Spencer et al. 2015.

¹⁰⁸ UNICEF 2011: 1.

¹⁰⁹ Coalition to Stop the Use of Child Soldiers 2007.

¹¹⁰ World Vision 2013.

children between 12 and 14 years and 11% of children aged 15-17 years are as well. Across ages, boys are twice as much engaged in work as girls.¹¹¹

Based on data from 2016, 4% of Syrian refugee households resorted to putting children to work as a strategy to supplement family income. Figures were highest in Nabatieh at 7%, followed by Mount Lebanon at 5%, and Akkar and South Lebanon at 4% respectively.¹¹² Table 7.1 shows that working children are mostly engaged in agricultural activities at 25%, services at 26%, and shops at 22%. Working adolescents are mostly involved in agriculture at 35% followed by services at 27% and construction at 17%.

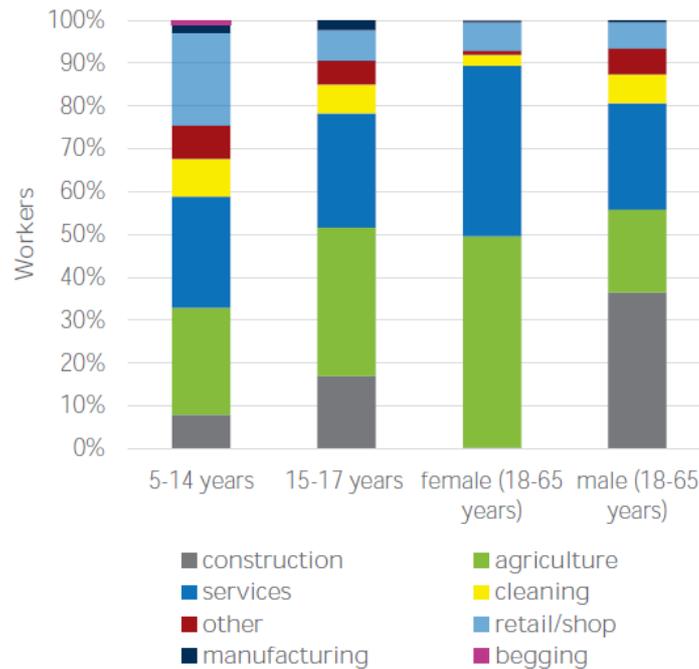


Table 7.1: Type of labour by age group¹¹³

8.6% of Palestine refugee children between 5 and 14 years are involved in employment, with around twice as many boys at 10% as girls at 5% engaging in work.¹¹⁴ Children's employment is substantially higher in rural areas at 10% compared to urban areas at 6.3%.¹¹⁵ On average Palestine refugee children work 26 hours per week.¹¹⁶

Reports show that economic activity negatively affects school attendance and completion.¹¹⁷ On top, work is associated with health, safety, and protection risks. Caregivers bear a key responsibility in protecting children against harmful consequences of work. To this end, knowledge of Lebanese labour law and its application to minors is critical. Key regulations relate to the minimum working age, which ranges between 14, 16 and 18 years depending on the type of work, maximum number of working hours, which is at 6 hours per day for children aged between 14 and 17 years, and the prohibited types

¹¹¹ UNICEF 2016a: 270.

¹¹² UNHCR, UNICEF, and WFP 2016: 101.

¹¹³ Ibid: 56.

¹¹⁴ ILO and UCW 2014: 13.

¹¹⁵ Ibid: 14.

¹¹⁶ Ibid: 17.

¹¹⁷ ILO and UCW 2014; UNICEF 2016a.

of work (as defined in the Labour Code with regard to work that may compromise children's safety, morals, and health).¹¹⁸

In order to gain better insight into caregivers' knowledge of labour regulations that concern children, this indicator is: **% of caregivers who have knowledge of the minimum working age, working hours and types of work which are allowed (legally) in Lebanon.**

Knowledge on positive discipline

"Positive parenting practices involve providing guidance on how to handle emotions or conflicts in manners that encourage judgment and responsibility and preserve children's self-esteem, physical and psychological integrity and dignity."¹¹⁹ Yet, 65% of Syrian refugee children, 57% of Lebanese children, and between 77% and 82% of Palestine refugee children between 1 and 14 years experienced violent discipline during the month preceding UNICEF's 2016 household baseline study.

Marked regional disparities in violent discipline were observed, with 26% of Lebanese children in Nabatieh reporting violent discipline compared to 85% in the North. Similarly, 38% of Syrian children experienced violent discipline in Mount Lebanon compared to 83% in the Bekaa, and 69% Palestine refugee children (PRL) reporting violent discipline in the Bekaa as opposed to 94% in Akkar.¹²⁰ This indicates the need to advance knowledge of positive parenting (indicator 6) and support caregivers in putting positive discipline into practice (indicator 7) across domains.

In order to gain better insight into progressive knowledge on positive discipline, the sixth indicator assessed under Child Protection is **% increase in knowledge on positive discipline.**

Attitudes on positive discipline

Following from CP indicator 6, the seventh indicator assesses progress in the **% increase in positive attitudes/perceptions on positive discipline.**

7.2. Qualitative findings overview

7.2.1. Supply and demand of services

The focus of the child protection and GBV indicators for this study are related to child marriage, awareness of child protection risks, access to child protection and GBV services, child labour and participation of children in armed violence. The qualitative data highlights that both supply and demand of services on child protection and GBV are limited. Overall, there are many protection needs that do not however translate into demands for services.

MOSA/SDCs

Important suppliers of social and protection services are the country's, at the time of writing, 228 SDCs that sort under MOSA. A number of SDCs also provide health services, such as dental care, paediatrics

¹¹⁸ UNICEF 2016a: 268-269.

¹¹⁹ Ibid: 272.

¹²⁰ Ibid: 273.

and gynaecology, that seem to be popular with Syrian respondents in FGDs and increasingly with Lebanese respondents as well. SDCs report to MOSA regional offices, collaborate with different NGOs and with MOPH. An objective of SDCs is to provide complementary services in one place, where patients and individuals coming to seek one service will be made aware of other services. SDCs visited as part of this research in the mohafazat of Akkar and Bekaa were working on integrating beneficiaries into different protection programmes, which include awareness raising, psychosocial support activities, safe spaces for women and case management. These services are provided by UNICEF implementing partners in and around SDCs. Some SDCs also handle cases of child protection, such as referrals of children to residential institutions. At the time of writing, SDCs' work on this is limited, however MOSA is aiming to focus more on referrals in the next few years.

Data from the FGDs highlight that few respondents are aware about MOSA/SDCs' protection services for children and women. In FGDs, Lebanese were less aware about MOSA/SDCs than Syrians; Syrian women mentioned seeking MOSA/SDCs for medical services related to dental care and vaccinations for children. The qualitative data indicates that MOSA/SDCs are harder to access in remote areas, that directors play a vital role in the positive development of the MOSA/SDC and that the delivery of social services are often limited in scope and resources. Another significant challenge for everyone seeking protection services is the lack of a structured approach. As long as the full range of services is not existent or provided, let alone easily available as information, beneficiaries will be hesitant to seek protection services.

Among other barriers, such as lack of knowledge of available service or physical distances, social norms relating to the family's 'reputation' mean that the scope of MOSA/SDCs and other service providers can be limited when it comes to GBV. Beneficiaries do not always prefer to follow up or get support from formal actors, as it could have a negative impact on social reputation and potentially increase protection risks for them. Cases of child protection are more socially accepted than GBV, and programmes such as community-based psycho-social support (PSS) work to reduce the stigma. Crucially, the level of demand for protection services does not always match the needs: lack of awareness of the available services for children and women as well as social norms might deter individuals to make use of available services for themselves or their children.

NGOs

NGOs represent a significant supplier of CP and GBV services. Programmes focus on awareness raising, PSS activities, safe spaces for women and children as well as case management. NGOs working in Lebanon are both international and national; interviews with relevant key informants indicate the increasing capacities and expertise of local organisations specialising on CP and GBV. While most NGO services are available around the centre, Beirut and Mount Lebanon, increasingly local organisations are expanding their services to more peripheral areas and are working on delivering the same level of quality programmes. Approaches to working on CP and GBV differ between the different mohafazat, including on social norms and the nature of social organisation. For instance, raising awareness and working on CP issues in Akkar in an effective way requires a certain community-based approach, working closely with community and religious leaders, as well as with socially active women. The approach taken in Akkar might differ to that in the South or Mount Lebanon.

Moreover, programmes are designed in ways as to not stigmatise the specific target groups. For example, an interviewed protection NGO-worker highlighted that girls aged 15-17 years represented the most isolated group, as they often have dropped out of school, stay indoors and are at risk of child marriage. In order not to stigmatise them, activities targeting them focusing on empowerment, parental skills and family planning include other girls and women from the community who are up to

22 years old. In Palestine refugee camps, NGOs work to provide community-based CP and GBV services inside the designated camps.

Overall, NGOs estimate that while CP and GBV needs will increase over the few years, funding for services will decrease. Both state and non-state protection service providers work on demand-creation, although there is still a long way to go both in terms of strengthening existing structures and changing attitudes towards acceptability of accessing these services.

7.2.2. FGDs summary

Beirut	Mount Lebanon	Akkar	North	Bekaa	Baalbek-Hermel	South	Nabatieh
Palestine refugee mothers	Syrian girls	Syrian boys	Lebanese boys	Syrian mothers (IS)	Lebanese girls	Syrian fathers	Lebanese mothers

Table 7.2: CP FGDs matrix

CP issues have been raised in FGDs across all domains and mohafazat. This section will focus specifically on issues pertaining to the CP sector, including CP and GBV risks.

FGDs provided a qualitative baseline on when both parents and children themselves considered boys and girls to become ‘adults’. The findings highlight some variation along domains and mohafazat. In the FGDs on CP, Palestine refugee mothers in Beirut stated the youngest age (15 years) of children becoming adults, while Lebanese mothers in Nabatieh stated the oldest age (28 years). Most caregivers considered children to become adults between the ages of 15 to 18 years. An analysis of the qualitative data highlights a slight discrepancy between caregivers’ and children’s own opinion on this specific question, as most children believe to become an adult between the ages of 16 and 22 years.

The suitable age for marriage also differed slightly among domains and mohafazat, although adults’ and children’s responses corresponded more closely to each other: the marriage window for girls was between the ages of 16 to 22 years, while it was between 20 and 25 years for boys. Syrians respondents note that the age of marriage has become lower from when they were back in Syria as young people are marrying younger. Interestingly, caregivers of the four domains warn against marrying young. While some speak from experience and regret marrying young, others married at a later age and expressed their worry at this trend.

“My daughter had read about the ‘facts of life’ on Google before getting married. I was surprised but my daughter said she was too shy to ask me.” Palestine refugee mother, FGD in Beirut, May 2017

Reasons for the changing pattern and trend in the marriage age are argued to be related to structural issues and out of the direct control of caregivers. Lebanese respondents highlight two parallel trends regarding the decision on when to get married: while the age of marriage is increasing for some because of longer time to complete studies and start a career, exposure to the outside world and increase of social media use, where boys and girls can talk virtually instead of having to meet physically, are also argued to lower it. Marriage is expressed as a form of ‘protection’ for both boys and girls who

are facing daily protection risks, such as physical or sexual harassment. Marriage is also seen as a way to alleviate financial pressures on families and as a desire by young people themselves to gain independence. While Syrians cite structural realities of displacement as the reasons for child marriage, with only very little they can do about it, Lebanese caregivers express a stronger responsibility for parents in case of child marriage, believing that parents should not allow young people under 18 years to get married.

*“I believe that the parents are to blame if they force their daughter into early marriage, although there are cases where the girl decides to marry young.”
Lebanese mothers, FGD in Nabatieh, June 2017*

Across population groups, qualifying for marriage is strongly based on girls and boys having certain ‘skills’. Both boys and girls need to have a certain level of ‘maturity’, where they are perceived being able to take on responsibility. While girls need to be able to cook and take care of their own household, boys need to be able to support a family, have an income and work. These gendered prerequisites are confirmed by caregivers and children respondents. The FGDs with boys highlight the strong awareness of their role as protectors and providers of their (future) families. Some boys openly expressed their worries of the pressure and feasibility to achieve this ideal, therefore resorting to child labour and dropping out of school if necessary. Lebanese boys placed a bigger emphasis on education than Syrian boys, with the aim to obtain qualifications or professional skills for later in life.

“An adult man has the biggest responsibilities for his home and family. He works to ensure his kids’ future and support all the family.” Lebanese boy, FGD in North, May 2017.

Harmful consequences related to child marriage were cited by several respondents. Health risks were only expressed by Lebanese boys and Palestine refugee mothers, and related mostly to the mother’s health. Syrian and Lebanese respondents stressed the social repercussions of child marriage, although this could be due to the framing of the FGDs, which focused on social aspects of people’s lives. Social repercussions of child marriage include girls not pursuing their education due to their husband disliking it or due to pregnancy and childcare duties. Education is perceived by all population groups as a safety net for girls, yet in practice few girls accomplish the level of education that parents and they themselves aspire to achieve. Moreover, marrying at a younger age is perceived to increase the risk of divorce and separation. Syrian mothers at an IS in the Bekaa mentioned the worrying trend of early marriage and early divorce among their community. Moreover, respondents also mention social risks of marrying ‘too late’, leaving a relatively small age window between girls being perceived as too young and too old to wed.

Overall, caregivers of all domains are knowledgeable on protection risks. The most significant risks perceived by all are physical and sexual harassment and violence outside the home. Steps taken to mitigate these risks include limiting girls’ mobility outside the home, by either insisting on a male relative to accompany girls or not allowing them to walk outside in the dark. Increasingly, protection risks for boys are recognised as well but unlike for girls, there are very few practical steps that can be taken to ‘protect’ them, at least as perceived by respondents. Respondents mentioned that boys face physical dangers when working in hazardous activities, financial exploitation by employers and exposure to sexual harassment or content. For instance, a Syrian caregiver stated that while at the football pitch, a young man has displayed a pornographic video on his smartphone to younger Syrian boys.

“I cannot report for a woman I do not know. It is her family’s responsibility and affair more than mine.” Syrian woman, IS, FGD in Bekaa, May 2017

There is a consensus among caregivers that they would tell someone in case they saw or heard of a child in a situation of danger, whether it directly concerned them or not. However, very few respondents stated that they would resort to seeking formal services. The majority would tell people they know and the parents of the child. Lebanese respondents are more willing to resort to state and non-state actors, including security forces or NGOs, although they perceive state services as not being effective and not able to support in cases of 'personal' issues. Syrian respondents on the other hand do not know who to speak to for support. Generally, respondents stated being reluctant to tell someone external to their close circle, let alone report to authorities, when it comes to GBV cases.

7.3. Baseline indicators: Child protection

7.3.1. All domains

Knowledge on protection risks

For boys, the three most perceived protection risks across the four domains are physical and sexual harassment at 32%, basic needs not being met at 30% and exploitation at 28%. For girls, the three most perceived protection risks are physical and sexual harassment at 42%, verbal harassment at 34% and basic needs not being met at 31%. Basic needs not being met include not having adequate access to food, shelter or clothing. Aside from indicating the level of knowledge on existing protection risks, this indicator also reveals respondents' attitudes about what constitute the protection risks faced by boys and girls in Lebanon.

Usually, basic needs not being met does not constitute a protection risk by itself, but rather exacerbates other CP risks. The high levels of responses on children's basic needs not being met in the framework of this study however indicates that survey respondents consider it a protection risk. For this indicator, respondents were able to state multiple responses. When violence was mentioned, respondents probed about violence in the home or community, which is why the total percentages in the domains do not add up to 100%. Rather, the percentages refer to the ratio of answers for each option.

Knowledge of harmful consequences of child marriage

73% of respondents believe that marriage under 18 years of age has negative consequences and could name at least one negative consequences. While 8% of respondents were undecided, in the sense of not having a clear opinion about this question, 17% believed that child marriage did not have negative consequences at all. Of those respondents who believed that child marriage had negative consequences or who were undecided, 45% believed that child marriage risked the mother's opportunities for work or education and 18% believed that it increased the risk of domestic violence, while 38% believed that it presented a threat on the psychological wellbeing of the mother and on the mother's life during pregnancy.

Another 5% simply stated that their perception that the girl was too young. For this indicator, respondents were able to state multiple responses, which is why the total percentages in the domains do not add up to 100%. Rather, the percentages refer to the ratio of answers for each option.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who believe that marriage under 18 years of age has negative consequences and could name at least one negative consequence	Male	75%	63%	48%	50%	
	Female	77%	66%	62%	71%	
	Total	76%	64%	60%	62%	73%

Table 7.3: Overview of CP indicator on knowledge of harmful consequences of child marriage by domain, gender and in total

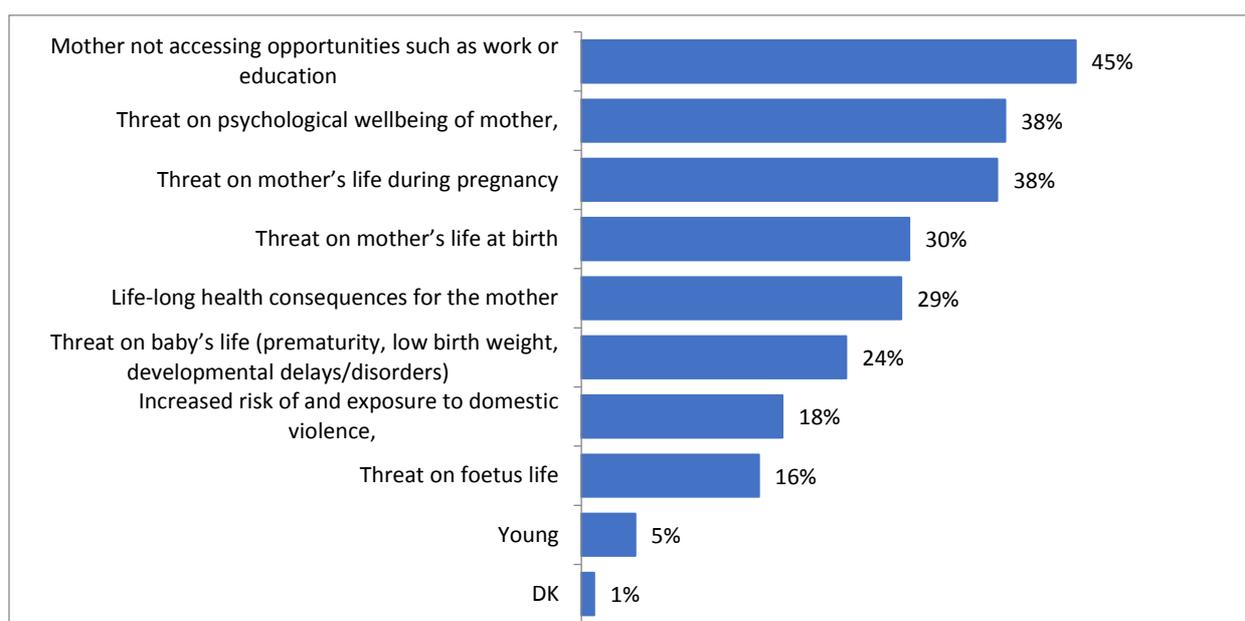


Table 7.4: Negative consequences of child marriage as cited by total respondents

Knowledge on how to report CP and GBV violations

Rather than asking directly whether respondents knew how to formally report cases of GBV and CP, which might have led to biased responses, they were asked whether they 'would inform someone' in case of GBV and CP risks. The question relating to GBV was formulated in an indirect way, asking respondents what they think a woman would do if she was a victim of violence, and who she would tell about the incident in case she had to inform someone. For children, respondents were asked more directly what they would do if they saw or heard that a child (under 18 years) was in a situation of danger, and if they had to inform someone about it, who they would turn to. All respondents were

probed on who they would tell in case the perpetrator of violence was the husband or close family members.

Crucially, instead of asking respondents who they would 'report to', the emphasis was on who they would inform about a protection issue. This provided more accurate information on who respondents felt more comfortable to reach out to. The findings show that there is a high level of readiness to tell someone about an incidence of violence inflicted on a woman or child, but that most accounts would stay among informal actors, including close family members, especially the husband, friends and neighbours. This indicates that many cases of GBV and CP would go unreported to formal authorities and highlights a need for more community-based awareness on available GBV and CP services. Respondents who state that they would tell MOSA, NGOs or local authorities are considered to formally report cases of GBV and CP. The percentage of respondents who state to reach out to these formal channels are therefore counted for this indicator.

If a woman in the community was a victim of violence, 93% of respondents stated that she would inform someone about it. **However, only 17% of respondents stated that a woman would report a case of GBV to formal authorities.** Of those, 16% would report to MOSA or NGOs and 1% to local authorities. In contrast, 40% stated that she would report to her husband, 20% to a community leader and 12% to parents or a caregiver.

If respondents saw or heard that a child they knew was in a situation of danger, 95% stated that they would inform someone or report the case. **21% of total respondents stated that if they had to report a protection issue for a child, they would report it the formal authorities.** Of those, 17% would report to MOSA or NGOs and 5% to local authorities. Comparatively, 38% would report to the child's parents or caregivers, 24% to nobody and 11% to neighbours and friends.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who believe that a woman would report to formal authorities if she had to tell someone about a GBV incident	Male	24%	18%	9%	13%	17%
	Female	31%	19%	16%	24%	
	Total	28%	19%	14%	20%	
% of respondents who would report to formal authorities in case they had to tell someone about a case of CP	Male	34%	20%	16%	17%	21%
	Female	37%	24%	14%	32%	
	Total	36%	22%	14%	25%	

Table 7.5: Overview of CP indicator on knowledge of reporting CP and GBV violations by domain, gender and in total

Positive attitude towards seeking CP, GBV and other services through MOSA and NGOs

49% of respondents believed that protection services provided to children and women through MOSA and NGOs are helpful. In contrast, 36% did not believe that they were, 13% were undecided and 2% believed that the services were not needed.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who believe that protection services provided to children and women through MOSA and NGOs are helpful	Male	50%	40%	32%	51%	49%
	Female	51%	38%	52%	62%	
	Total	50%	40%	42%	56%	

Table 7.6: Overview of CP indicator on positive attitudes towards seeking CP and GBV services through MOSA and NGOs by domain, gender and in total

Attitudes of community members on participation of minors in armed violence

When asked in which circumstances the participation of children under 18 years in armed violence was justified, 93% of community members answered that it was not justified under any circumstances. Comparatively, 6% argued that it was justified when the community was under threat or attack, 4% to earn money, for religious causes and for political causes respectively.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who answer that children's participation in armed violence is not justified under any circumstances	Male	93%	94%	95%	83%	93%
	Female	93%	90%	95%	91%	
	Total	93%	93%	95%	87%	

Table 7.7: Overview of CP indicator on attitudes towards participation of minors in armed violence by domain, gender and in total

Caregivers' knowledge of the minimum working age, working hours and types of work which are legally allowed in Lebanon for children

83% of the total respondents stated that the minimum working age in Lebanon by law is from 18 years of age and older. 6% of respondents were undecided, 11% believed the minimum working age to be between 14 and 16 years, with 4% stating exact 16 years of age. **Only 5% of total respondents stated that the maximum number of working hours per day for children by law is 6 hours.** The overwhelming majority, at 91%, stated that the maximum number of working hours per day for children was between 7 and 10 hours by law.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
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% of respondents who know that the minimum working age in Lebanon is from 18 years and older	Male	85%	79%	80%	81%	83%
	Female	87%	69%	57%	72%	
	Total	86%	75%	61%	76%	
% of total respondents who know that the maximum number of working hours per day for children by law is 6 hours	Male	4%	3%	2%	4%	5%
	Female	5%	4%	13%	5%	
	Total	5%	4%	11%	5%	

Table 7.8: Overview of CP indicator on knowledge on child labour by domain, gender and in total

The graph below shows a breakdown of the types of work respondents believe children above the perceived minimum working are legally allowed to work in. **Street work has the highest proportion of affirmative responses at 97% and domestic work has the lowest affirmative responses at 53%.**

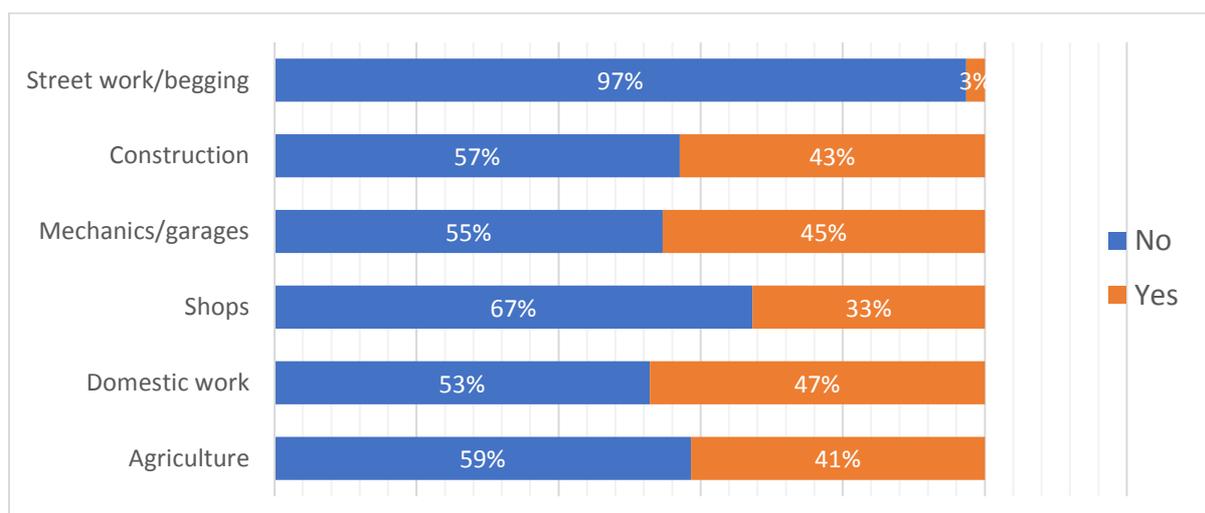


Table 7.9: Types of work total respondents believe children above the minimum working age are legally allowed to work in

Knowledge on positive discipline

71% of respondents stated that it is wrong to hit children, indicating knowledge on alternative non-violent methods of discipline. 22% stated that hitting children can be justified depending on the circumstance while 7% believed that hitting children was not wrong.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who know that it is wrong to hit children	Male	72%	75%	73%	70%	71%
	Female	69%	73%	62%	66%	

	Total	70%	74%	63%	68%	71%
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Table 7.10: Overview of CP indicator on knowledge on positive discipline by domain, gender and in total

Attitudes on positive discipline

84% of respondents exhibit favourable attitudes on positive discipline methods as they believe them to be useful. Comparatively, 27% of respondents find verbal violence and 15% find physical violence disciplining methods useful.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who exhibit positive attitudes towards positive discipline methods	Male	84%	86%	74%	73%	84%
	Female	86%	87%	83%	73%	
	Total	85%	86%	82%	73%	

Table 7.11: Overview of CP indicator on attitudes towards positive discipline by domain, gender and in total

Disciplining methods ¹²¹	Useful	Not useful
Explain to child why his/her behaviour was wrong	95%	5%
Give the child something else to do	83%	17%
Take away privileges or forbidding something the child likes to do	75%	25%
Call the child dumb, lazy or another word like that	19%	81%
Shout at child	35%	65%
Spank, hit or slap the child on the bottom	23%	77%
Spank, hit or slap the child on the face or the rest of the body	7%	93%

Table 7.12: Responses on disciplining methods relating to positive discipline (in orange), verbal violence (in green) and physical violence (in blue) in total¹²²

7.3.2. Lebanese residents' domain

¹²¹ These positive disciplining methods are adapted from UNICEF. 2010. *Child disciplinary practices at home: Evidence from a range of low- and middle-income countries*, page 14. Available at: https://www.google.com.lb/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKewiY7bjAhMXWAhUCvBoKHdtbBVwQFggpMAA&url=https%3A%2F%2Fwww.unicef.org%2Fprotection%2FChild_Disciplinary_Practices_at_Home.pdf&usg=AFQjCNF1HRtYJKU4zHpRnhLv5iTzXnx_5g

¹²² The domain breakdown is available in below sections

Knowledge on protection risks

When asked when boys are at risk of danger in their environment, the three most perceived protection risks by Lebanese respondents were physical and sexual harassment at 34%, exploitation at 29% and basic needs not being met at 28%. Other interesting results are 22% citing no access to school or healthcare and 18% citing abandonment by parents or caregivers. Female respondents have a slightly higher response rate than male respondents, but no striking gender differences can be noted.

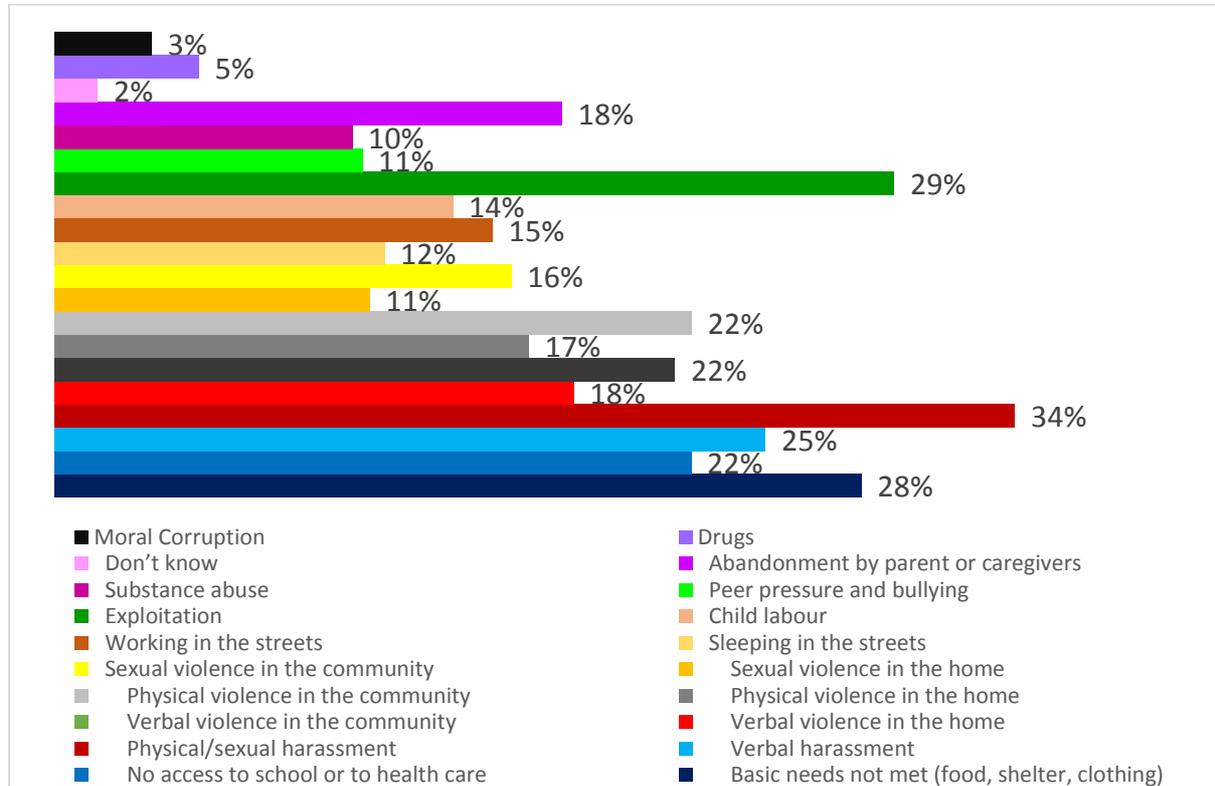


Table 7.13: Attitudes towards protection risks for boys by Lebanese respondents

When asked when girls are at risk of danger in their environment, the three most mentioned protection risks are physical and sexual harassment at 44%, verbal harassment at 34% and exploitation at 30%. Results are more or less similar for boys and girls. However, levels of sexual violence in the home are perceived as slightly higher for girls, and 12% of Lebanese respondents perceive prostitution as a protection risk for girls. Female respondents perceive that violence in the home and community is slightly more a protection risk than male respondents do.

Data from the qualitative research seconds the qualitative findings, as Lebanese female caregivers in FGDs highlight the occurrence of sexual violence in homes affecting women and girls the most, as well as high levels of violence between family members.

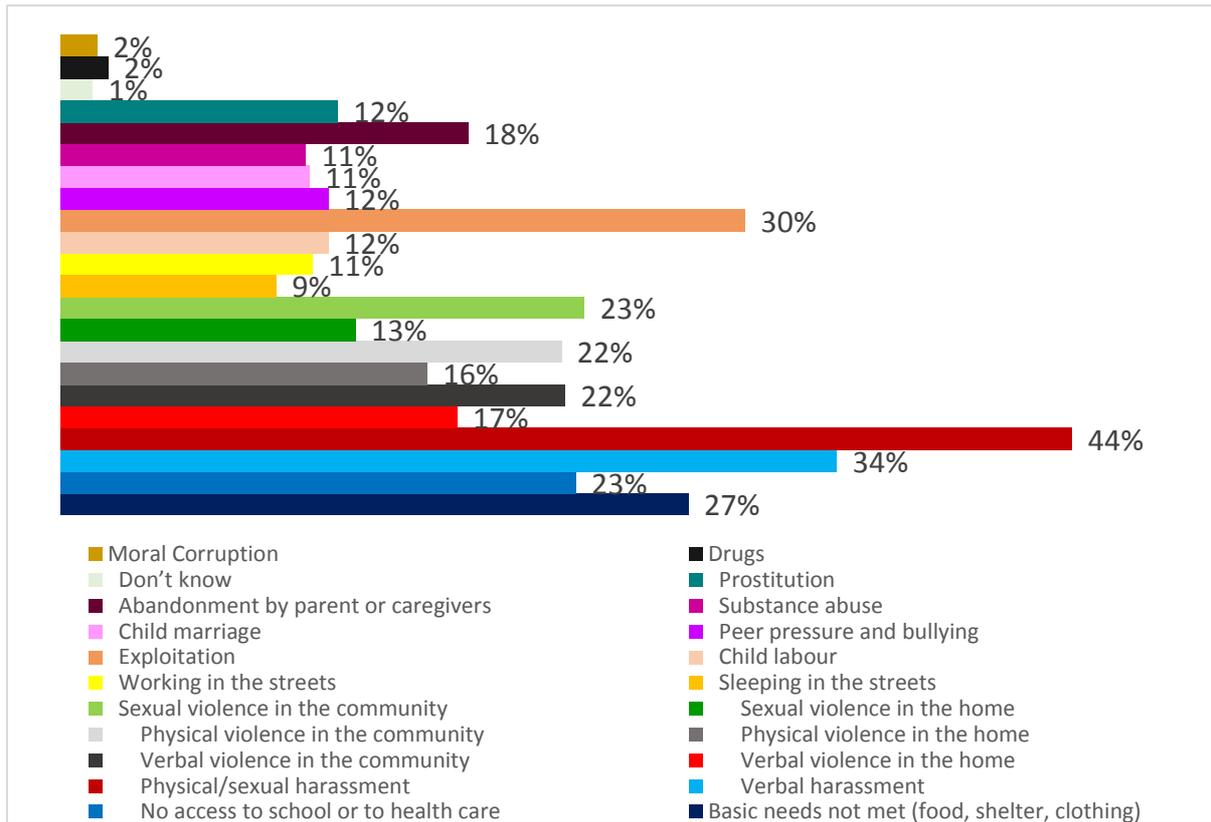


Table 7.14: Attitudes towards protection risks for girls by Lebanese respondents

Knowledge of harmful consequences of child marriage

When asked at what age girls usually get married in their communities, 72% of Lebanese respondents stated by 20 years and over; 21% stated by 18 years and 5% by 16 years of age. On a mohafaza level, Bekaa and Baalbek-Hermel had the highest reported rates of girls marrying by the age of 16 years at 16% and of 18 years at 45% compared to other mohafaza. The perceived age of girls' marriage is the lowest in Baalbek-Hermel, while the highest is in Mount Lebanon.

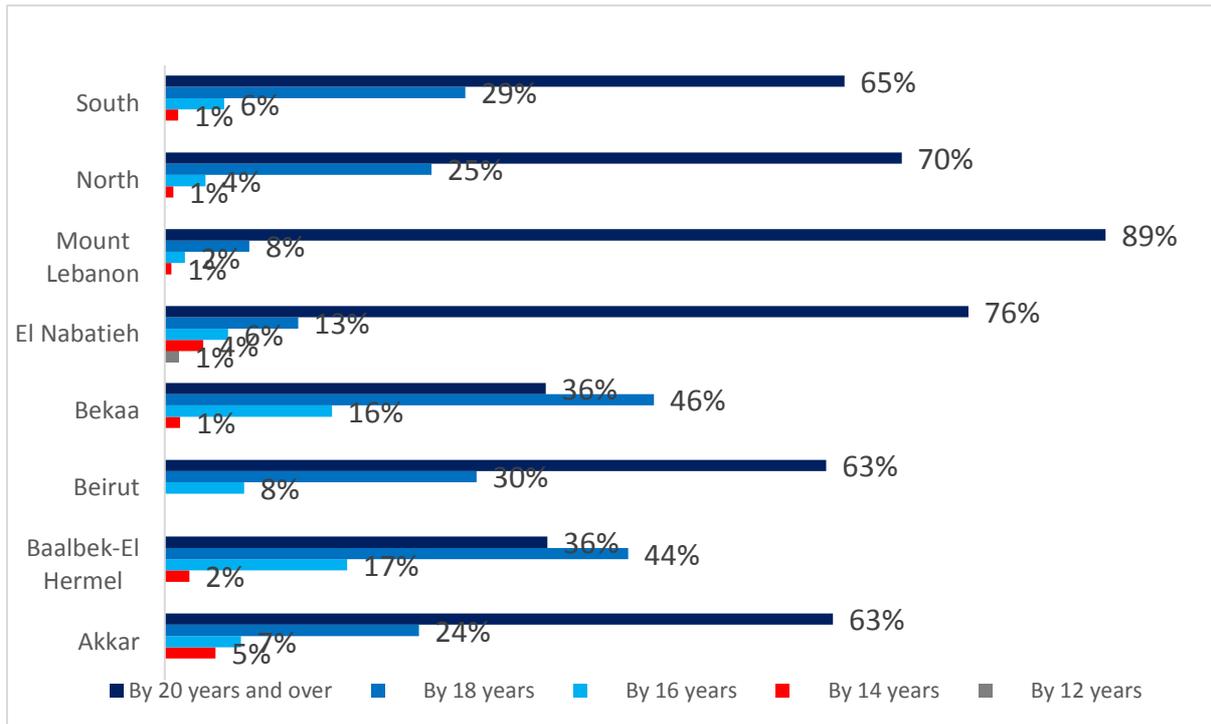


Table 7.15: Perceived age at which girls usually get married cited by Lebanese respondents by mohafaza

76% of Lebanese respondents believe that marriage under the age of 18 years has negative consequences and named at least one of them. While 8% of Lebanese respondents were unsure whether marriage under the age of 18 years has any negative consequences, 14% stated that there were no negative consequences. Responses were more or less consistent across mohafaza. Beirut had the lowest affirmative response rate at 65% and the highest response rate for ‘maybe’ at 17%. Akkar and the North had the highest response rates for those who believed that marriage under the age of 18 years does not have any negative impacts, at 28% and 22% respectively.

Of those 84% of Lebanese respondents who believed that stated that marriage under the age of 18 years has, or might have, negative consequences, almost 50% cited the negative consequence of mothers not accessing education or work opportunities as result. Around 40% cited the threat on the psychological wellbeing of the mother, while 36% cited the threat of the mother’s life during childbirth. 20% of respondents mentioned the increased risk of exposure of domestic violence, indicating some level of knowledge gap on GBV risks.

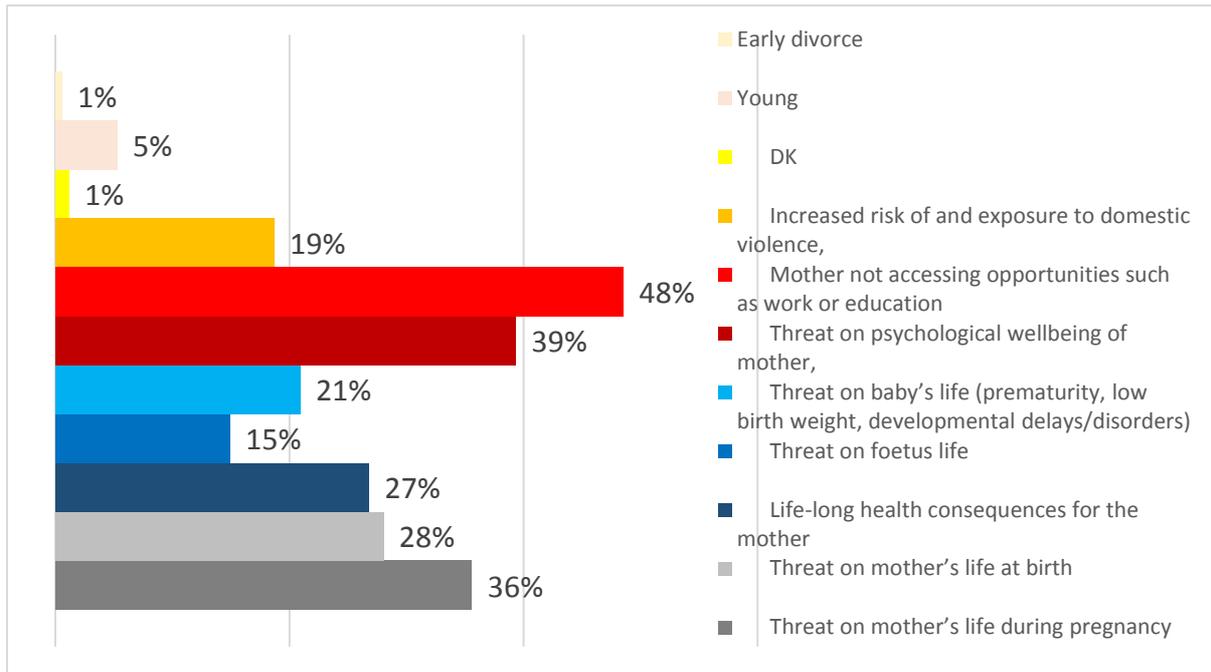


Table 7.16: Reasons cited by Lebanese respondents who believe that child marriage has or might have negative consequences

Knowledge on how to report CP and GBV violations

If a woman in the community was a victim of violence, 94% of respondents stated that she would inform someone about it. **However, only 28% of respondents stated that a woman would report a case of GBV to formal authorities**, namely to MOSA, NGO or local authorities. Of the total female respondents, 31% stated that she would report to formal authorities compared to 24% of total male respondents. This question was multiple choice, and most chose the options to report to the husband and community leader.

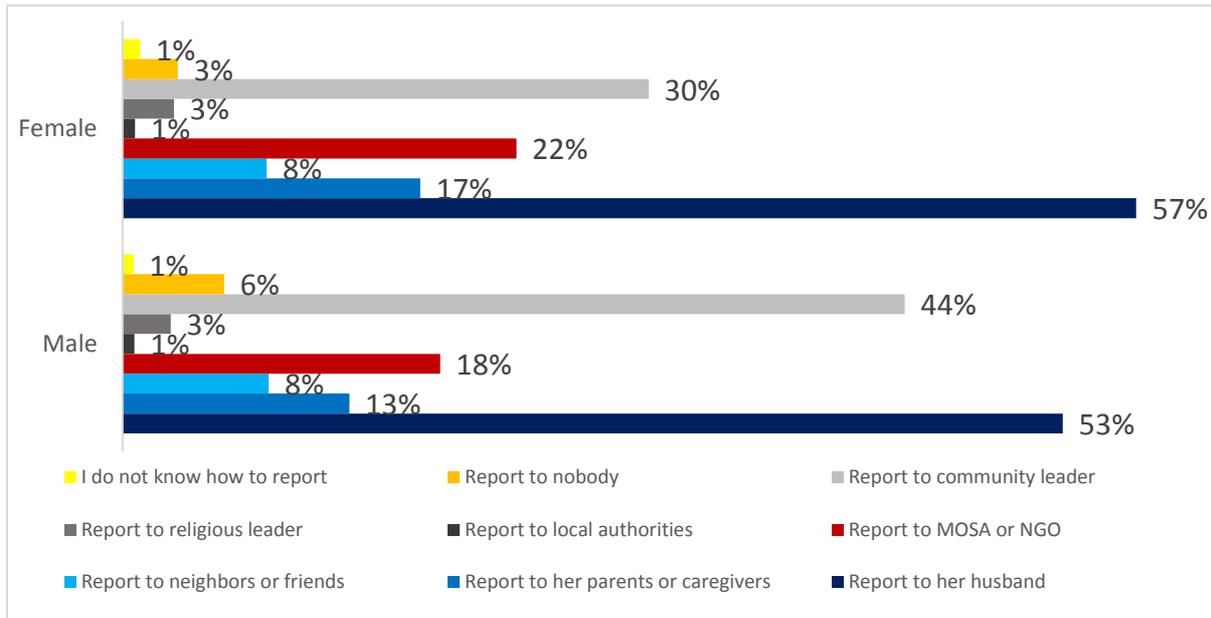


Table 7.17: Lebanese respondents' attitudes on whom a woman would inform regarding a protection issue for herself by gender

The highest proportion of respondents stating that women would report to community leaders are in Baalbek-Hermel and Bekaa at 32% and 29% respectively. Akkar, Beirut and North have the highest rates of reporting to the husband, at 82%, 75% and 72% respectively. While Mount Lebanon has the highest proportion of respondents replying reporting to MOSA or NGOs at 32%, in Bekaa 30% would report to MOSA.

If respondents saw or heard that a child they knew was in a situation of danger, 95% Lebanese respondents stated that they would inform someone or report the case. **36% of Lebanese respondents stated that if they had to report a protection issue for a child, they would report it the formal authorities**, namely to MOSA, NGOs or local authorities. 34% of total male respondents state they would report to formal authorities, compared to 37% of female respondents.

Respondents were asked as multiple choice, and most chose the options to report to the parents and caregivers and to report nobody. Strikingly, almost 50% of Lebanese male respondents also stated not to report to anyone for a child protection issue. Since respondents were probed on who else they would tell about the CP issue if the caregivers or relatives were the perpetrators, the relatively high levels of 'report to nobody' could indicate a lack of knowledge on who else aside from caregivers' respondents would seek support from for the child in question.

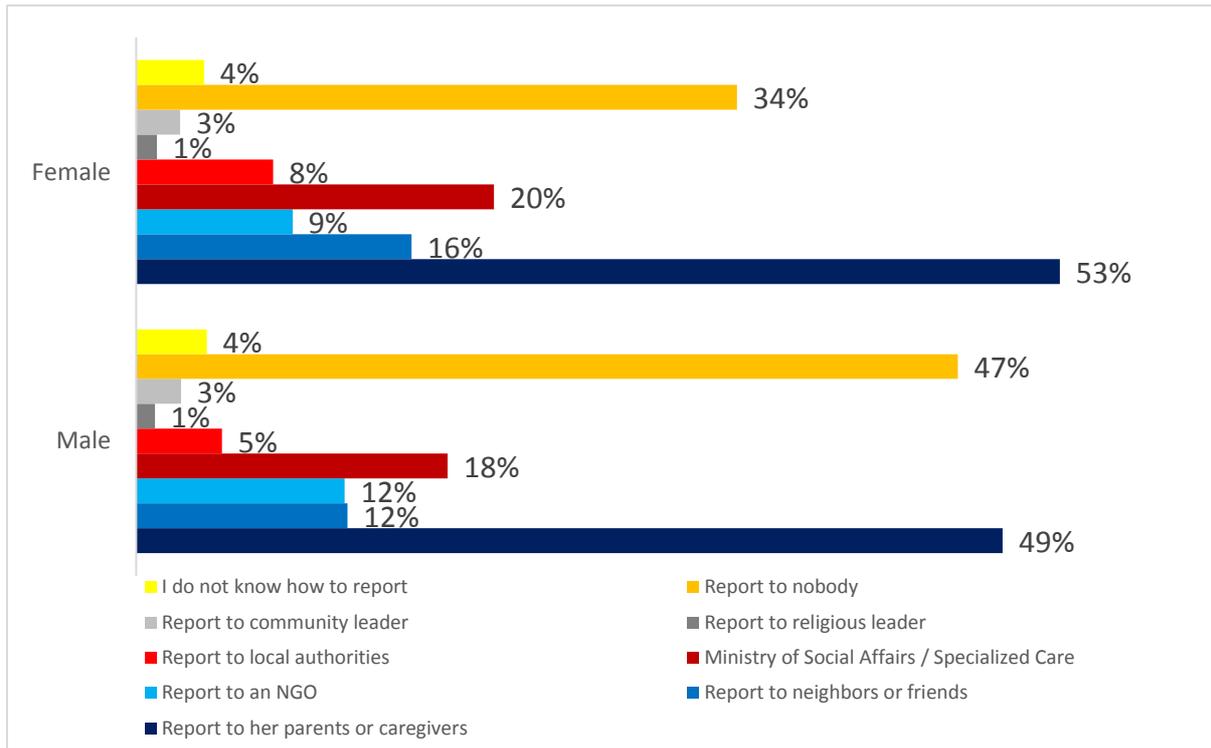


Table 7.18: Formal and informal actors Lebanese respondents would inform about a protection issue for a child under 18 years by gender

Almost 30% of respondents in the Mount Lebanon and 21% of respondents in the Bekaa stated to report to MOSA in case of a child protection issue. Mount Lebanon and Bekaa have the highest response rates to reporting to NGOs, at 15%. Interestingly, Mount Lebanon also had the highest response rate on not reporting to anyone at 52%, followed by Baalbek-Hermel at 40%.

Positive attitude towards seeking CP, GBV and other services through MOSA and NGOs

50% of Lebanese respondents believed that protection services provided to children and women through MOSA and NGOs are helpful. In contrast, 36% did not believe that they were, 11% were undecided and 2% believed that the services were not needed. While half of total Lebanese respondents had a positive attitude towards seeking protection services through MOSA and NGOs, fewer respondents had previously mentioned that a woman would report to MOSA or NGOs in case of a protection issue in the above indicator, potentially highlighting an overly positive response.

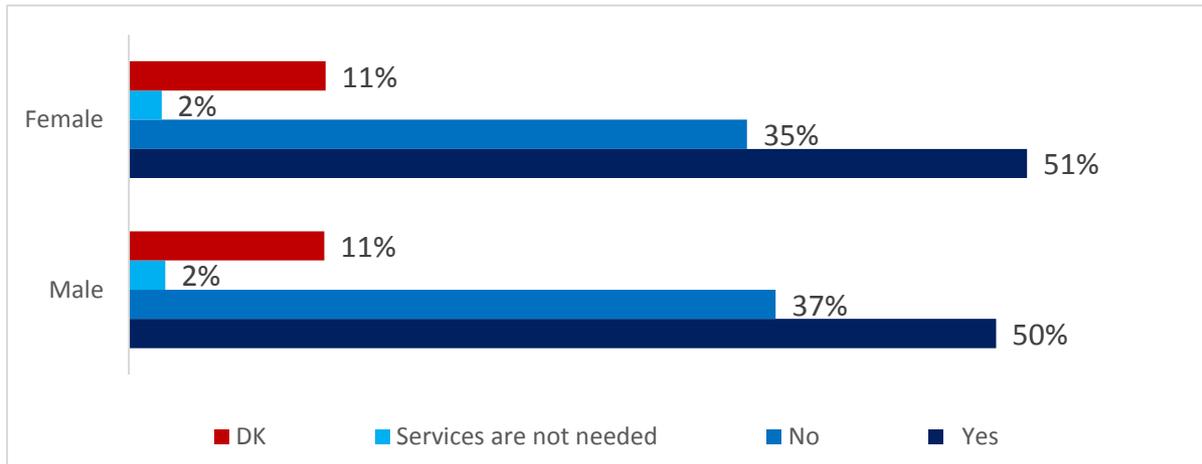


Table 7.19: Lebanese respondents who believe protection services provided to children and women through MOSA and NGOs are useful by gender

Nabatieh and Bekaa had the highest levels of affirmative responses towards seeking CP and GBV services through MOSA and NGOs at 67% and 64% respectively. North, Akkar and South have the least affirmative responses ranging between 52 and 45%. In FGDs, Lebanese female respondents were not aware that some MOSA provided GBV services and were also not aware of the relevant NGOs in their surroundings, but mentioned that they would like to make use of services if the latter were available.

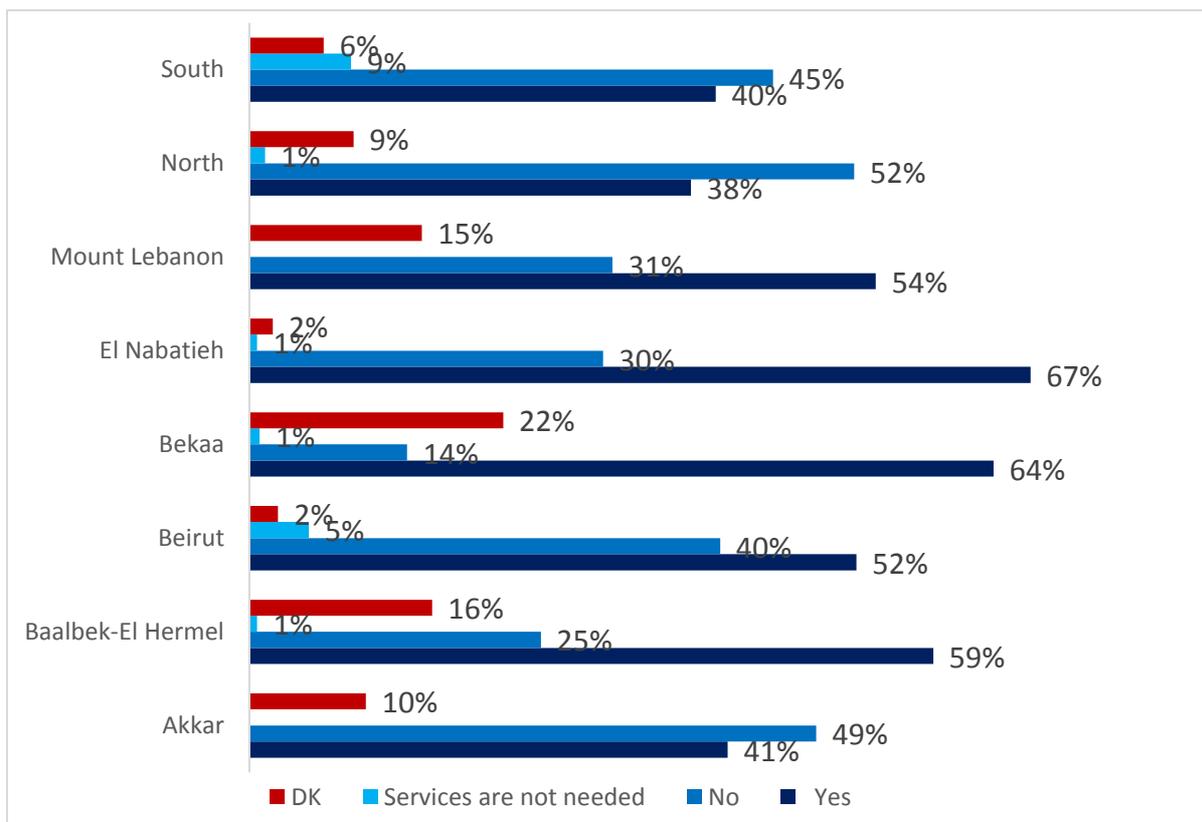


Table 7.20: Lebanese respondents who believe protection services provided to children and women through MOSA and NGOs are useful by mohafaza

Attitudes of community members on participation of minors in armed violence

When asked in which circumstances the participation of children under 18 years in armed violence was justified, 93% of Lebanese community members answered that it was not justified under any circumstances. Comparatively, 6% argued that it was justified when the community was under threat or attack, 3.5% to earn money, 4% for religious causes and for 3% for political causes.

Caregivers' knowledge of the minimum working age, working hours and types of work which are legally allowed in Lebanon for children

87% of Lebanese respondents believed the minimum working age by law to be 18 years. 4% believed it to be 16 years and 3% were unsure. 92% of Lebanese respondents stated the maximum number of working hours to be 7-10 hours per day, while 5% stated it to be 6 hours. The type of work that most Lebanese respondents believed children to be allowed to work in is related to shops. In contrast, 98% of respondents stated that street work or begging was not a type of work allowed for children.

	Beirut	Bekaa and Baalbek-Hermel	Nabatieh	Mount Lebanon	North and Akkar	South	Total
Street work/begging	5%	1%	2%	2%	3%	3%	2%
Construction	33%	38%	39%	31%	75%	34%	42%
Mechanics/garages	43%	54%	46%	40%	81%	50%	52%
Shops	77%	67%	56%	55%	84%	56%	65%
Domestic work	46%	50%	23%	50%	61%	52%	51%
Agriculture	40%	60%	51%	51%	81%	48%	57%

Table 7.21: Types of work Lebanese respondents believe children above the minimum working age are legally allowed to work in by mohafaza

Knowledge on positive discipline

70% of respondents believed that it is wrong to hit children, indicating knowledge on alternative non-violent methods of discipline. Around 22% stated that hitting children can be justified depending on the circumstance while 7% believed that hitting children was not wrong. The qualitative data shows that Lebanese caregivers prefer using non-physical disciplining methods for their children. For example, female caregivers in Mount Lebanon mentioned that dialogue was the basis of the relationship between parents and children. Among domains, Lebanese were the most aware of, and vocal about, developing decision-making abilities and the character of children.

Attitudes on positive discipline

85% of respondents exhibit favourable attitudes on positive discipline methods as they believe them to be useful. The positive discipline method that was perceived the most useful by Lebanese respondents was the explain to the child why his/her behaviour was wrong at 95%. Verbal violence as a method for discipline was perceived at useful by 26% of Lebanese respondents, while 14% believe that physical violence was useful as a method for discipline.

Disciplining methods	Useful	Not useful
Explain to child why his/her behaviour was wrong	95%	5%
Give the child something else to do	83%	17%
Take away privileges or forbidding something the child likes to do	77%	23%
Call the child dumb, lazy or another word like that	18%	82%
Shout at child	35%	65%
Spank, hit or slap the child on the bottom	21%	79%
Spank, hit or slap the child on the face or the rest of the body	7%	93%

Table 7.22: Lebanese respondents' attitudes on disciplining methods relating to positive discipline (in orange), verbal violence (in green) and physical violence (in blue)

7.3.3. Syrians registered with UNHCR domain

Knowledge on protection risks

Asked when boys are at risk of danger in their environment, the three most perceived protection risks were: basic needs not being met at 34%, no access to school and healthcare services at 31% and exploitation as well as physical and sexual harassment at 29%. Other interesting results are physical violence in the community at 26% or child labour at 22%. Although basic needs not being met that lack of access to services such as health care and education do not constitute protection risks per se, but rather lead to protection risks, in the framework of this study they indicate perceived protection risks by respondents.

"In Syria, boys became men after the obligatory military service. In Lebanon, children are becoming adults before they should. They are not living their childhood." Syrian male caregiver, FGD in the South, June 2017

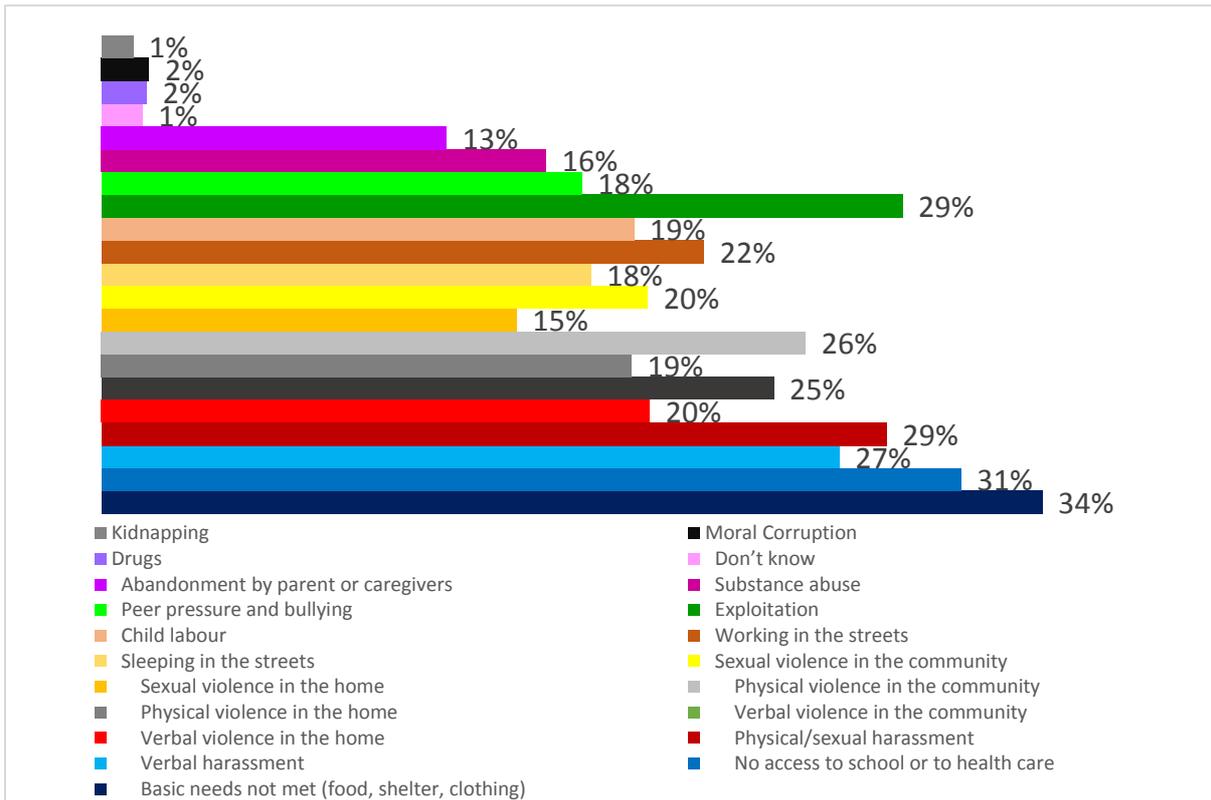


Table 7.23: Attitudes towards protection risks for boys by Syrian respondents registered with UNHCR

Asked about when girls are at risk of danger in their environment, registered Syrian respondents believe that girls are the most at risk from their basic needs not being met at 42% and from physical and sexual harassment at 39%. Verbal harassment, no access to school or healthcare services, exploitation and sexual violence in the community also scored relatively high with at least one third of respondents stating these risks.

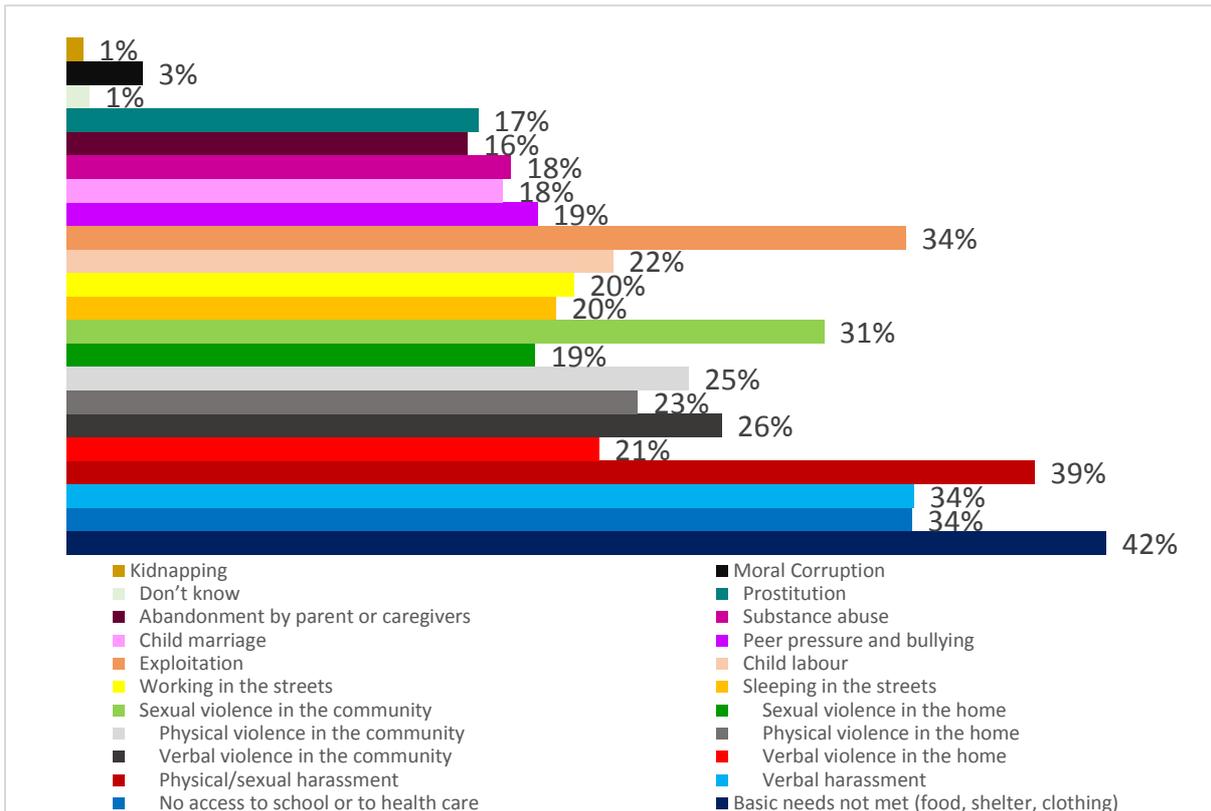


Table 7.24: Attitudes towards protection risks for boys by Syrian respondents registered with UNHCR

Knowledge of harmful consequences of child marriage

When asked at what age girls usually get married in their communities, 32.5% of registered Syrian respondents stated by 20 years and over, approximately half of the proportion of Lebanese respondents. 32% stated that girls get married by 18 years, 21.5% by the age of 16 years and 13.5% by the age of 14 years.

On a mohafaza level, the highest response rates for girls marrying at 20 years and over are exhibited in the North and Akkar at 53% and in Nabatieh at 46%. The highest response rates for girls marrying by 18 years are in Beirut at 43% and Bekaa at 36%. Bekaa and Baalbek-Hermel, as well as South, have the highest response rates for girls marrying by the age of 16 years. In Baalbek-Hermel, almost 30% of respondents stated that girls in their communities married by the age of 14 years, while Beirut came in second place at 23%.

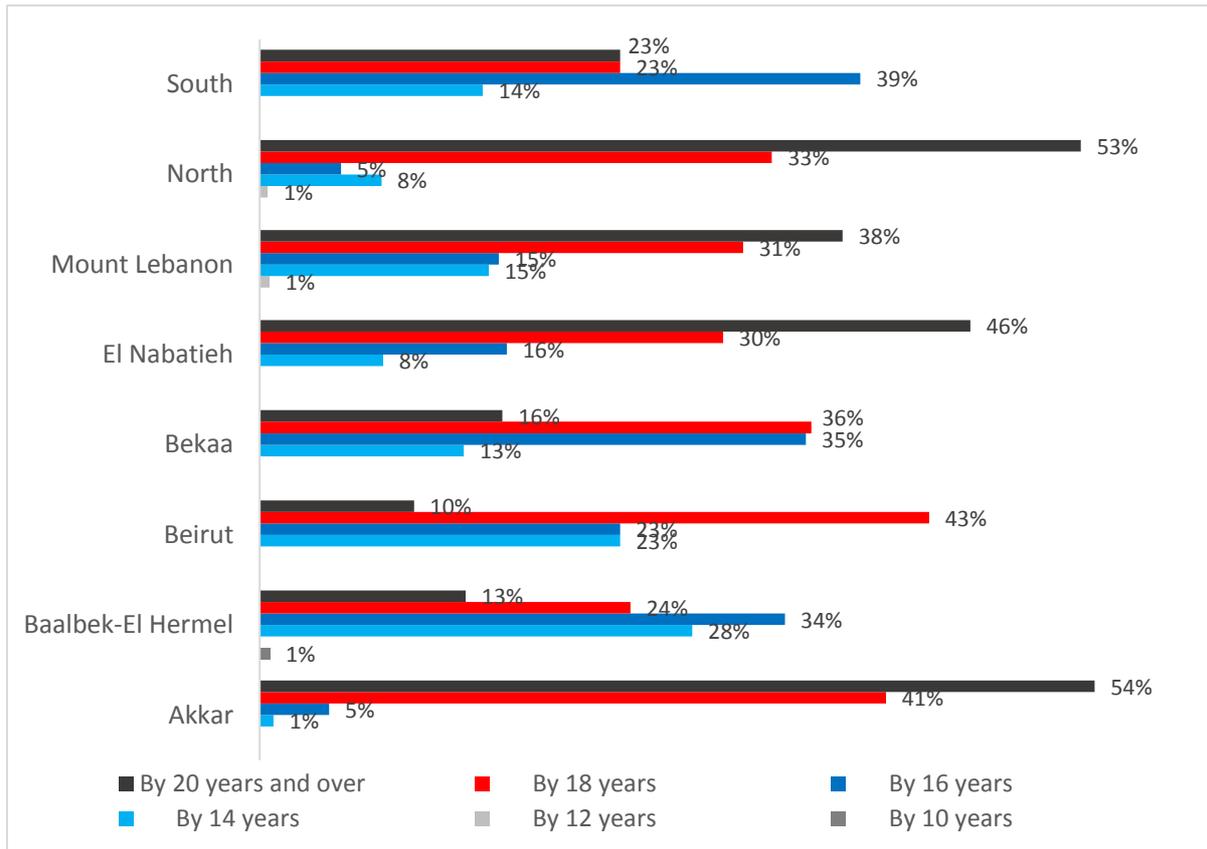


Table 7.25: Perceived age at which girls usually get married cited by Syrian respondents registered with UNHCR by mohafaza

64% of registered Syrian respondents believe that marriage under the age of 18 years has negative consequences and named at least one of them. While 8.5% of respondents were unsure whether marriage under the age of 18 years has any negative consequences, 25.5% stated that there were no negative consequences. The highest affirmative response rates for whether marriage under 18 years has any negative impact on the girl being married were exhibited in Akkar, Bekaa and Beirut – where rates of child marriage are relatively high, indicating that drivers of child marriage are less based on knowledge and more on difficult living conditions.

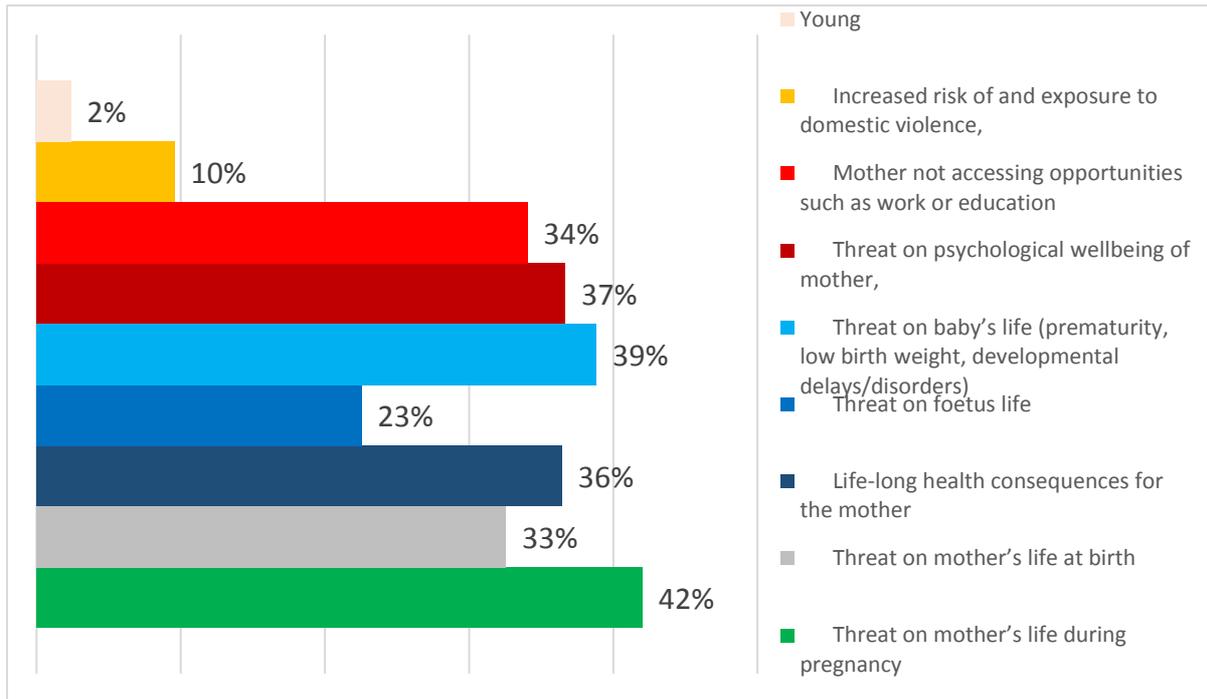


Table 7.26: Reasons cited by Syrian respondents registered with UNHCR who believe that child marriage has or might have negative consequences

Of the 73% of registered Syrian respondents who believed that child marriage has or might have negative consequences, health risks for the mother and child were mentioned the most, including threats on the mother's life, life-long health complications and psychological impact, but also threats on the baby's life. Social consequences were also stated: 34% mentioned that the mother would not access education or work opportunities because of child marriage. Only 10% of respondents mentioned the increased risk of exposure of domestic violence, indicating a knowledge gap on GBV risks.

"I want to get married at the age of 20 years. A married woman needs to be responsible enough to take care of herself, her home and new family. She needs to be strong." Young Syrian girl, FGD in Mount Lebanon, May 2017

Knowledge on how to report CP and GBV violations

If a woman in the community was a victim of violence, 93% of respondents stated that she would inform someone or report the case. **However, only 18% of registered Syrian respondents stated that a woman would report a case of GBV to formal authorities,** namely to MOSA, NGOs or local authorities. 18% of male registered Syrian respondents believe that a woman would report to formal authorities, while 19% of female registered Syrian respondents believe that a woman would seek formal reporting pathways.

Overall, 63% of registered Syrian respondents believe that a woman would inform someone from the immediate family on a protection issue, namely to the husband or parents/caregivers, indicating a strong reliance on informal networks. On a mohafaza level, the highest affirmative response rate of women reporting to their husband was in the North and Akkar at around 90%.

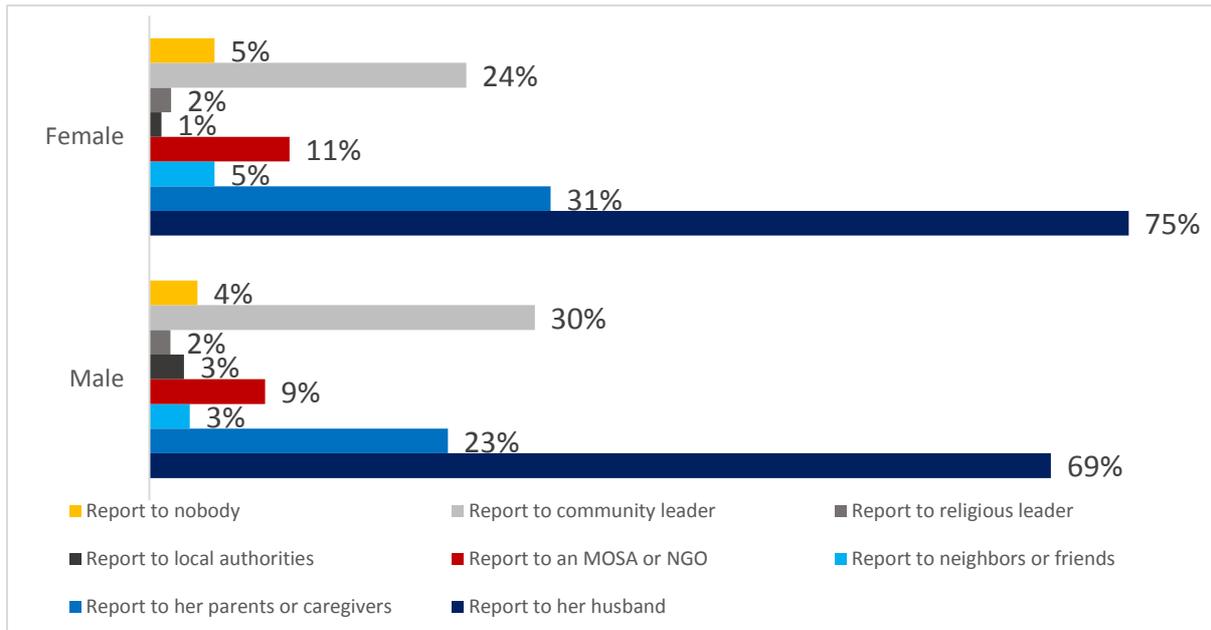


Table 7.27: Syrians respondents registered with UNHCR's attitudes on whom a woman would inform regarding a protection issue for herself by gender

If respondents saw or heard that a child they knew was in a situation of danger, 96% of registered Syrian respondents stated that they would inform someone or report the case. **22% of registered Syrian respondents stated that if they had to report a protection issue for a child, they would report it formal authorities**, namely to MOSA, NGOs or local authorities. Of those, 24% are female and 20% are male respondents. 63% of female respondents and 57% of male respondents would report to the child's caregivers or to neighbours and friends.

Moreover, there is a significantly high proportion of respondents who would not report to anyone, with the highest percentages in Mount Lebanon at 52%, North at 36% and Akkar at 32%. Respondents were probed on who else they would tell about the CP issue if the caregivers or relatives were the perpetrators, the relatively high levels of 'report to nobody' could indicate a lack of knowledge on who else aside from caregivers' people would seek support from for the child in question.

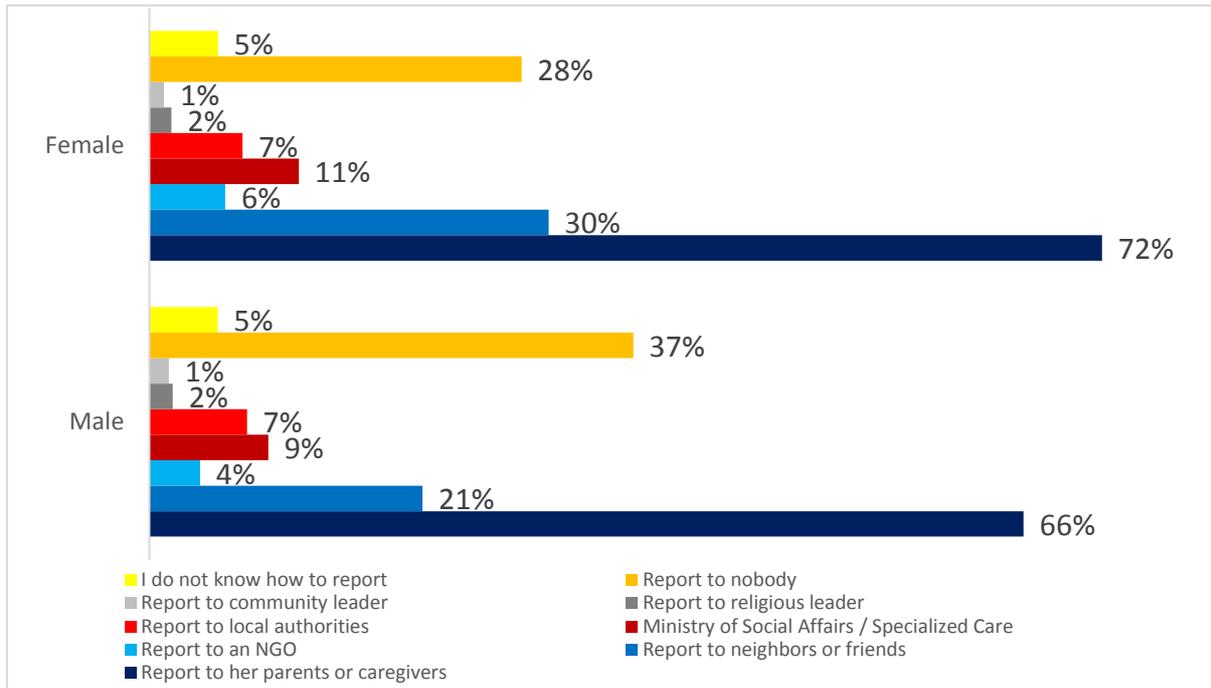


Table 7.28: Formal and informal actors Syrians respondents registered with UNHCR would inform about a protection issue for a child under 18 years by gender

On the mohafaza level, 30% of respondents in Mount Lebanon and 20% in the South and Nabatieh would report to MOSA in case of a child protection issue. Over 50% of respondents in Mount Lebanon would report to nobody, while over 30% of respondents in the Bekaa stated not knowing how to report a child protection issue. Very few respondents would report to an NGO, especially in more rural governorates such as Bekaa, Baalbek-Hermel, Akkar and North.

Positive attitude towards seeking CP, GBV and other services through MOSA and NGOs

40% of registered Syrian respondents believe that protection services provided to children and women through MOSA and NGOs are helpful. In contrast, the same proportion of respondents did not believe that they were useful, while 19% were undecided and did not know. The highest affirmative response rates towards seeking services through MOSA and NGOs were in Beirut at 67% and the North at 51%. The most negative responses were given in Akkar at 57%, North and Nabatieh at 48%. In the South, around 25% of registered Syrian respondents believed that CP and GBV services were not needed, while 50% in Baalbek-Hermel did not know whether they were useful.

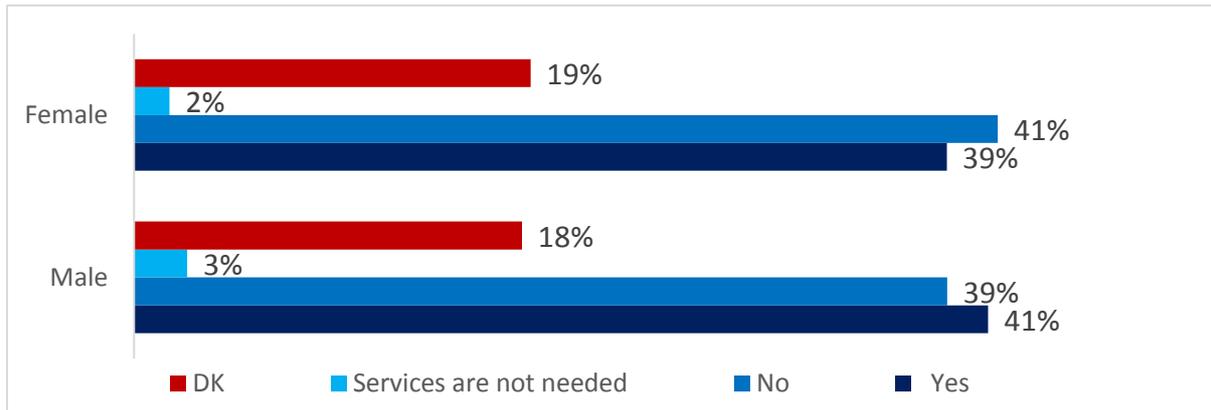


Table 7.29: Syrian respondents registered with UNHCR who believe protection services provided to children and women through MOSA and NGOs are useful by gender

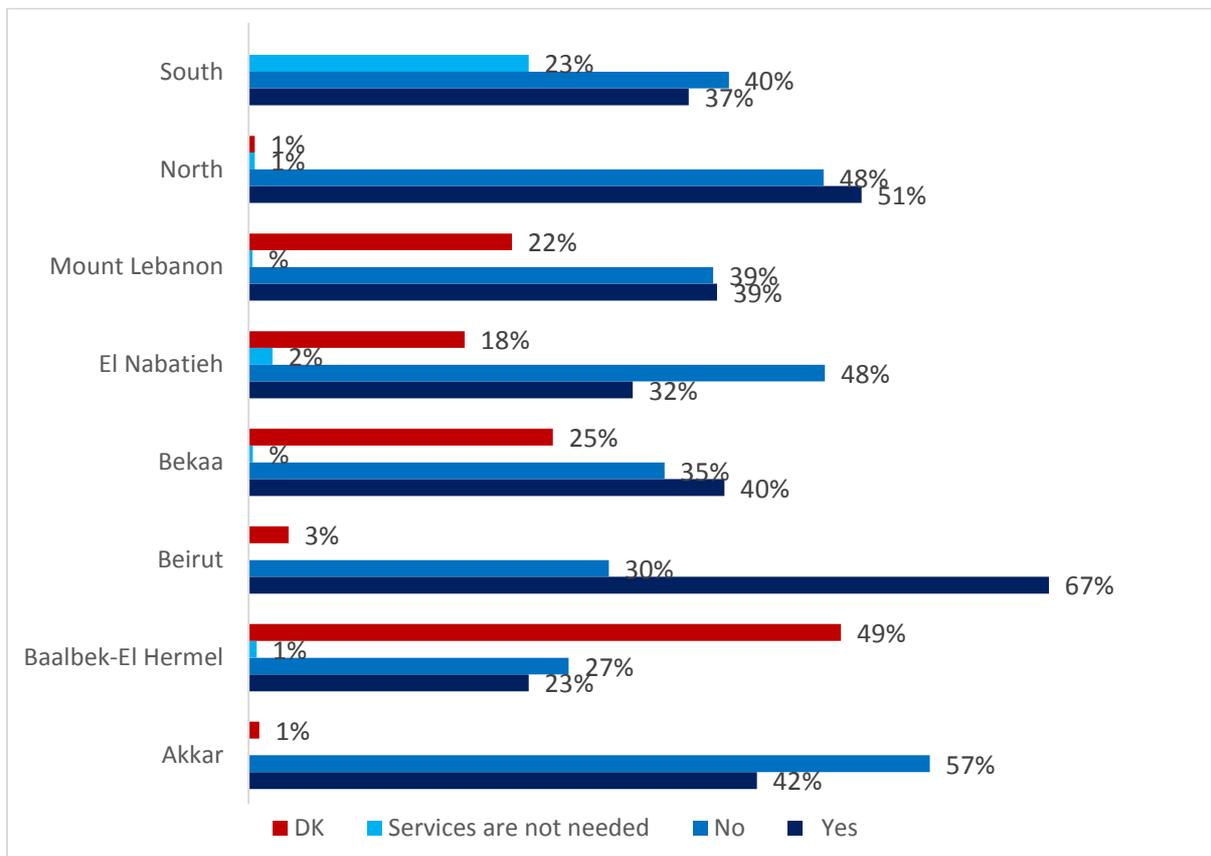


Table 7.30: Syrian respondents registered with UNHCR who believe protection services provided to children and women through MOSA and NGOs are useful by mohafaza

Attitudes of community members on participation of minors in armed violence

When asked in which circumstances the participation of children under 18 years in armed violence was justified, 93% of registered Syrian community members answered that it was not justified under any circumstances. Comparatively, 7% argued that it was justified when the community was under threat or attack, 6.5% to earn money, for religious causes and for political causes.

Caregivers' knowledge of the minimum working age, working hours and types of work which are legally allowed in Lebanon for children

75% of registered Syrian respondents believed the minimum working age by law to be 18 years or more. 13% were unsure about the legal minimum working age while 11% believed it to be at 17 years and younger. 93% of registered Syrian respondents believed the maximum number of working hours to be 7-10 hours per day, 4% believed 6 hours or less while 3% believed over 10 hours.

The type of work that registered Syrian respondents believed children to be allowed to work in the most is in shops at 81%, while the second-most is in agriculture at 70%. In contrast, 96% of respondents stated that street work or begging was not a type of work allowed for children.

	Beirut	Bekaa and Baalbek-Hermel	Mount Lebanon	North and Akkar	South and Nabatieh	Total
Street work/begging	0%	1%	8%	4%	5%	4%
Construction	37%	39%	32%	93%	28%	49%
Mechanics/garages	40%	71%	45%	88%	51%	66%
Shops	87%	87%	68%	98%	57%	81%
Domestic work	37%	67%	54%	72%	58%	63%
Agriculture	47%	78%	45%	98%	49%	70%

Table 7.31: Types of work Syrian respondents registered with UNHCR believe children above the minimum working age are legally allowed to work in by mohafaza

Knowledge on positive discipline

74% of respondents stated that it is wrong to hit children, indicating knowledge on alternative non-violent methods of discipline. Around 21.5% stated that hitting children can be justified depending on the circumstance while 7% believed that hitting children was not wrong.

Attitudes on positive discipline

86% of respondents exhibit favourable attitudes on positive discipline methods as they believe them to be useful. The positive discipline method that was perceived the most useful by registered Syrian respondents was the explain to the child why his/her behaviour was wrong at 97%. Verbal violence as a method for discipline was perceived at useful by 29.5% of respondents, while 13.5% believe that physical violence was useful as a method for discipline.

Disciplining methods	Useful	Not useful
Explain to child why his/her behaviour was wrong	97%	3%
Give the child something else to do	85%	15%
Take away privileges or forbidding something the child likes to do	76%	24%
Call the child dumb, lazy or another word like that	26%	74%
Shout at child	33%	67%
Spank, hit or slap the child on the bottom	22%	78%
Spank, hit or slap the child on the face or the rest of the body	5%	95%

Table 7.32: Syrian respondents registered with UNHCR's attitudes on disciplining methods relating to positive discipline (in orange), verbal violence (in green) and physical violence (in blue)

7.3.4. Syrians in ISs domain

Knowledge on protection risks

Overall, responses for this domain were relatively few compared to the others. Asked when boys are put in situations of danger, Syrian respondents in ISs gave an average of 2.3 answers, while for girls they gave an average of 3 answers. For boys, the three most perceived protection risks are basic needs not being met at 23%, exploitation at 22% physical violence in the community at 21%. Only 10% of respondents stated access to school and healthcare services, indicating that either needs are met or that they are not considered as a protection issue. The response rate for abandonment by parents or caregivers was also relatively high at 17%. This latter could relate to lack of care from caregivers towards their children or linked to caregivers' support to their children marrying at younger ages.

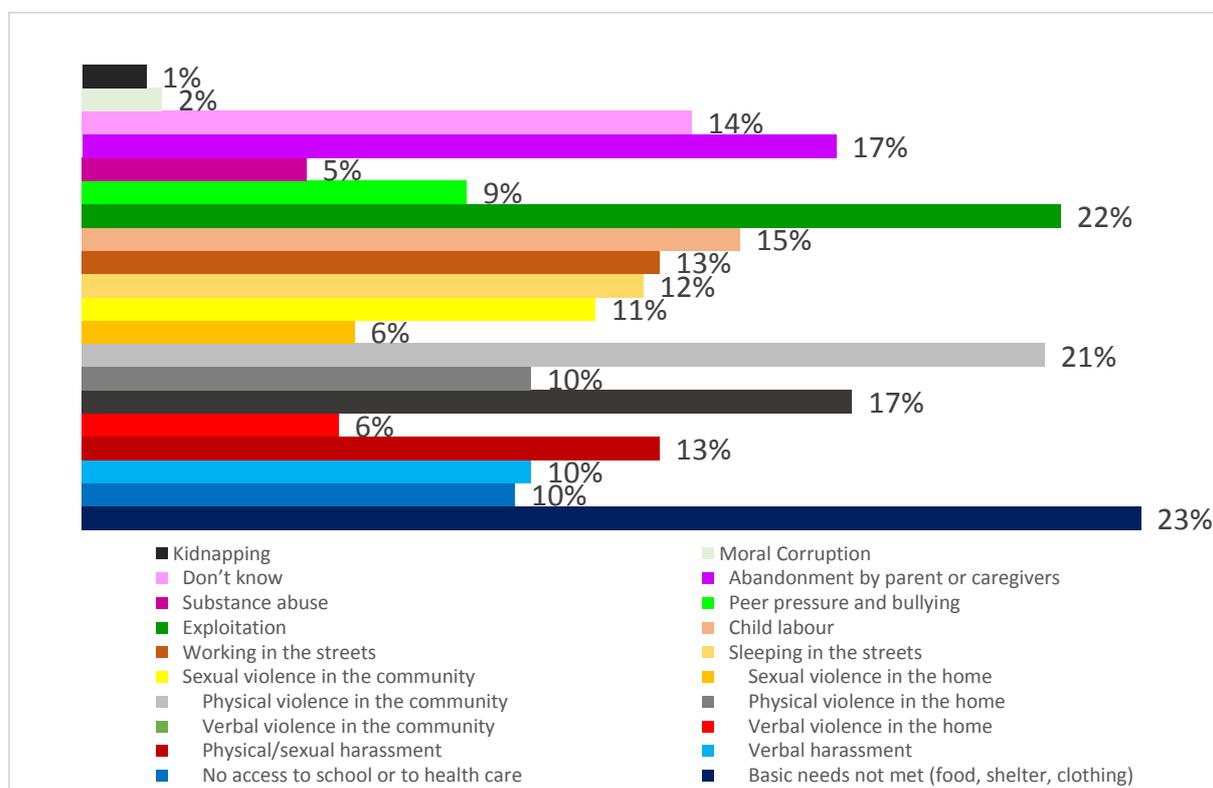


Table 7.33: Attitudes towards protection risks for boys by Syrian respondents in ISs

Responses for girls were slightly different: 27% perceived that basic needs of girls were not met, 22% cited exploitation and physical and sexual harassment as protection risks faced by girls. 20% of respondents claim that girls face the risk of abandonment by parents or caregivers, perhaps related to the high levels of child marriage. Access to school and healthcare services were only mentioned by 13%. Although basic needs not being met that lack of access to services such as health care and education do not constitute protection risks per se, but rather lead to protection risks, in the framework of this study they indicate perceived protection risks by respondents.

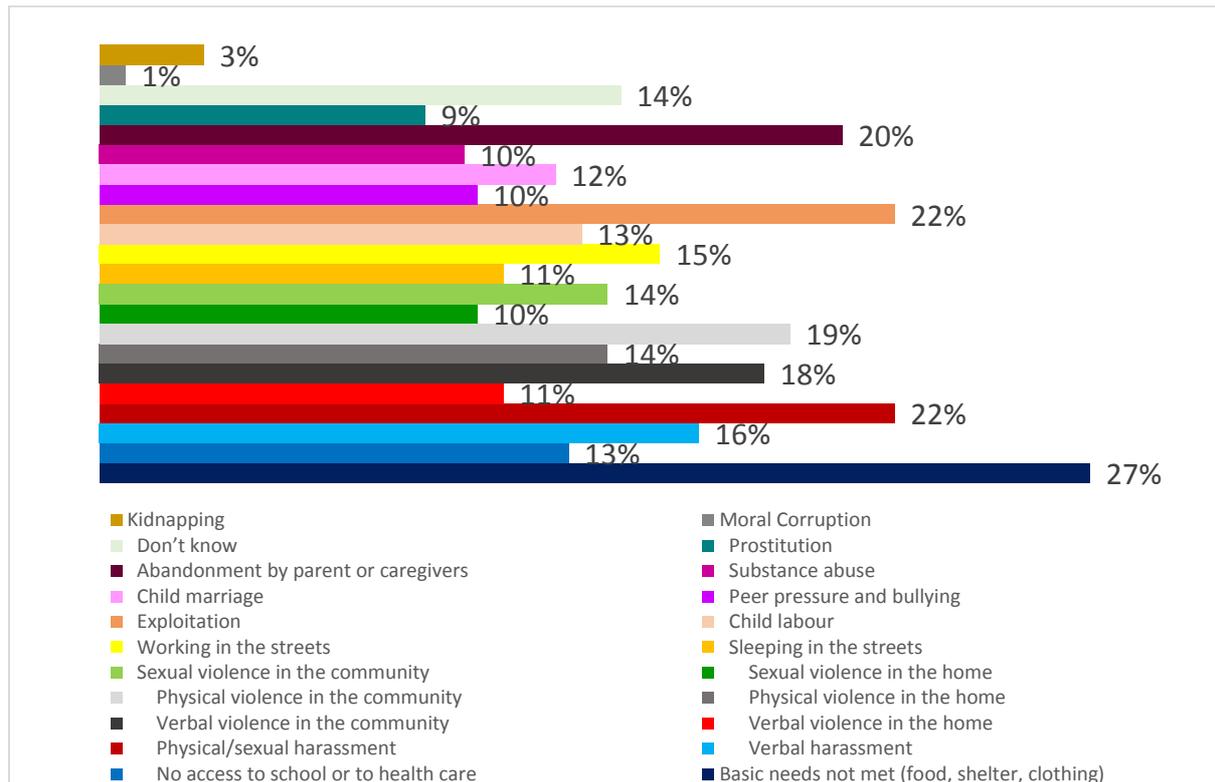


Table 7.34: Attitudes towards protection risks for girls by Syrian respondents in ISs

Knowledge of harmful consequences of child marriage

When asked at what age girls usually get married in their communities, only 10% of Syrian in ISs respondents stated by 20 years and over. 26% state that girls get married by 18 years, 33% by 16 years and 23% by 14 years. However, more female respondents than male state lower the ages: for instance, while 36% of the female respondents state that girls get married by 14 years of age, 20% of male respondents' state so. Moreover, 3% of female respondents' state that girls get married by the age of 12 years.

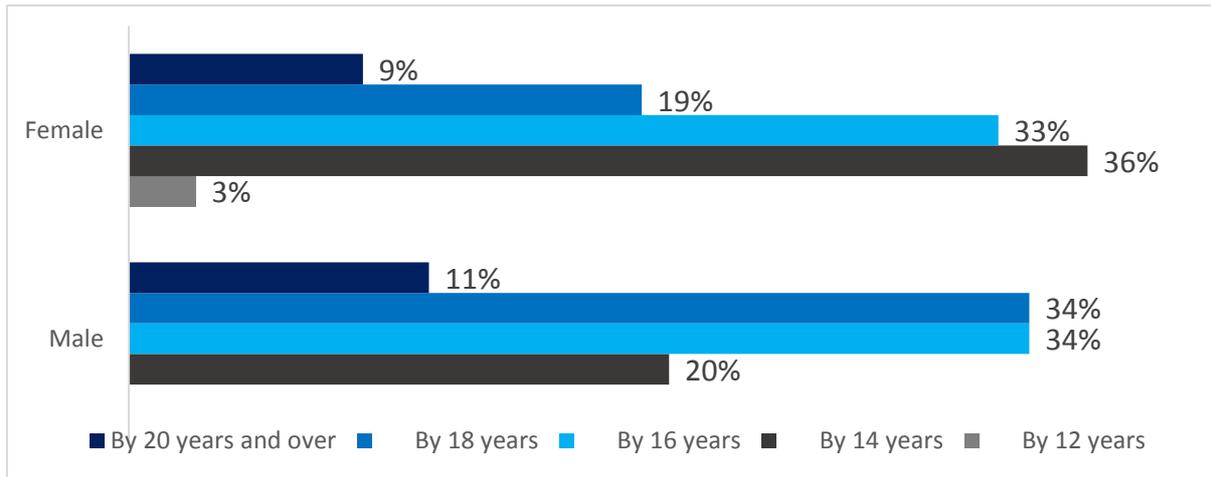


Table 7.35: Perceived age at which girls usually get married cited by Syrian respondents in ISs

60% of Syrian respondents in ISs believe that marriage under the age of 18 years has negative consequences. Of those, 98% were able at least one negative consequence. While 6% of respondents were unsure whether marriage under the age of 18 years has any negative consequences, 31% stated that there were no negative consequences. 41% of respondents believe that child marriage has a negative impact on the psychological wellbeing of the girl. This finding is validated by FGDs in which Syrian women highlight the prevalence of child marriage but also of high levels of depression among residents in the ISs. Syrians in ISs display more awareness on the increase in risk to domestic violence than the registered Syrians domain.

In FGDs, Syrian women in ISs stressed that child marriage has increased in displacement. They highlighted the social risks associated with child marriage, such as the high levels of interpersonal violence and of divorce. Lack of safety was cited as a reason for marrying younger, as a way of ‘protecting’ young girls but also boys. Moreover, some elements of child marriage were also acknowledged to represent protection risks for girls, including being confined to work for the in-law’s family, conducting a lot of household chores and being relatively isolated and lonely.

“I got married at 15 years. All my sisters got married at 14 years. My father decided it but I did not mind, it is better than waiting and risking doing something ‘haram’.”
 Syrian girl, FGD in an IS in Bekaa, May 2017

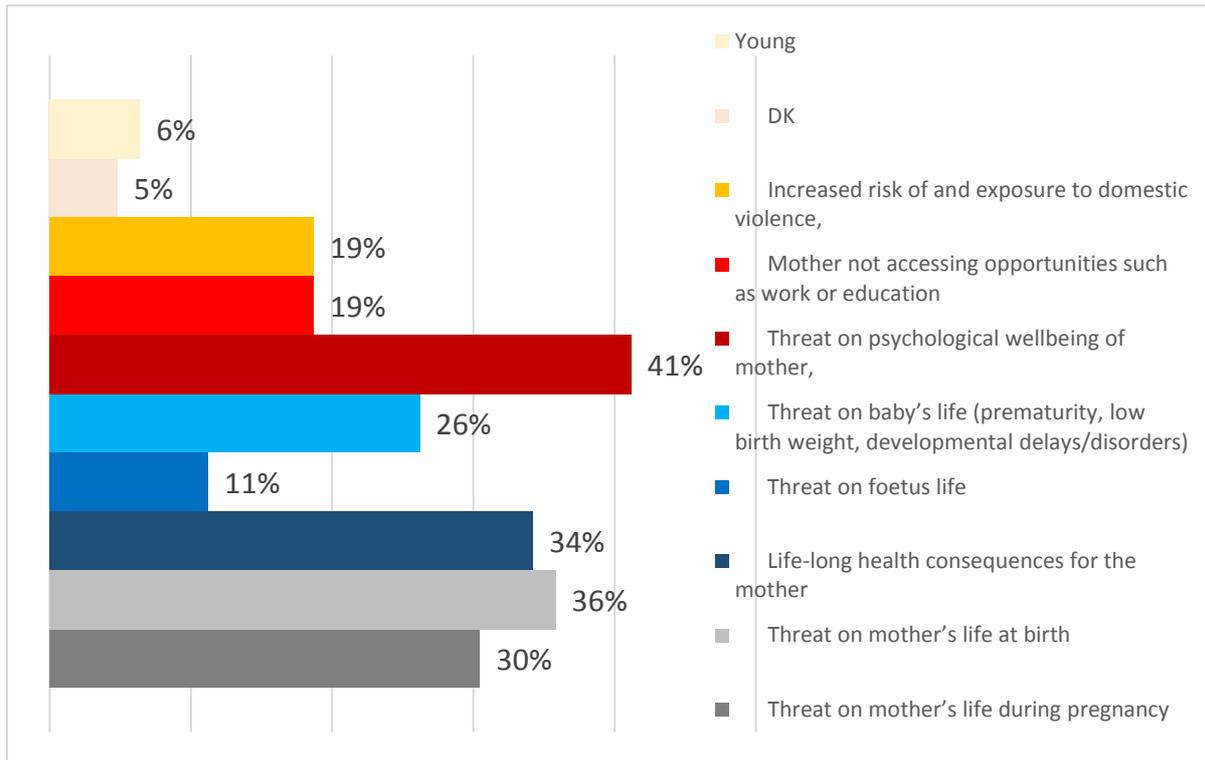


Table 7.36: Reasons cited by Syrian respondents in ISs who believe that child marriage has or might have negative consequences

Knowledge on how to report CP and GBV violations

If a woman in the community was a victim of violence, 79% of respondents stated that she would inform someone or report the case, while 21% believe she would do nothing about it. Syrians in ISs have the lowest affirmative response rate on this issue. **Moreover, only 14% of Syrian respondents in ISs believed that a woman would report a case of GBV to formal authorities**, namely to MOSA, NGOs or local authorities. 9% of male respondents and 16% of female respondents believed that a woman would report a case of GBV to formal authorities. Overall, 76% of female and male respondents believe that a woman would resort to the immediate family to report a protection issue, namely to the husband or parents or caregivers.

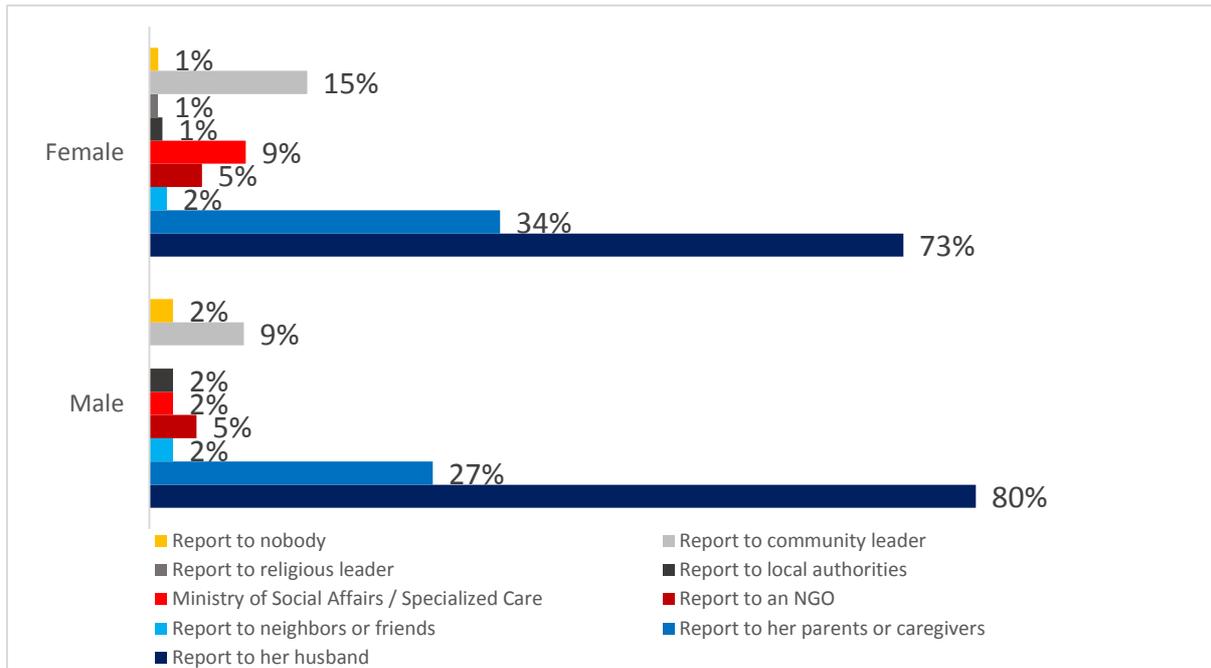


Table 7.37: Syrian respondents in ISs attitudes on whom a woman would inform regarding a protection issue for herself by gender

If respondents saw or heard that a child they knew was in a situation of danger, 86% of Syrian respondents in ISs stated that they would inform someone or report the case, while 12% would not do anything. **14% of Syrian respondents in ISs stated that if they had to report a protection issue for a child, they would report it formal authorities**, namely to MOSA, NGOs or local authorities. Among the total male and female respondents, 16% of male respondents and 14% of female respondents state that if they had to report a protection issue for a child, they would report it formal authorities. 73% of female respondents and 78% of male respondents would report to the child's caregivers or to neighbours and friends. Moreover, there is a significantly high proportion of respondents who would not report to anyone, potentially indicating a gap in who to reach out to aside from the family or lack of access to justice.

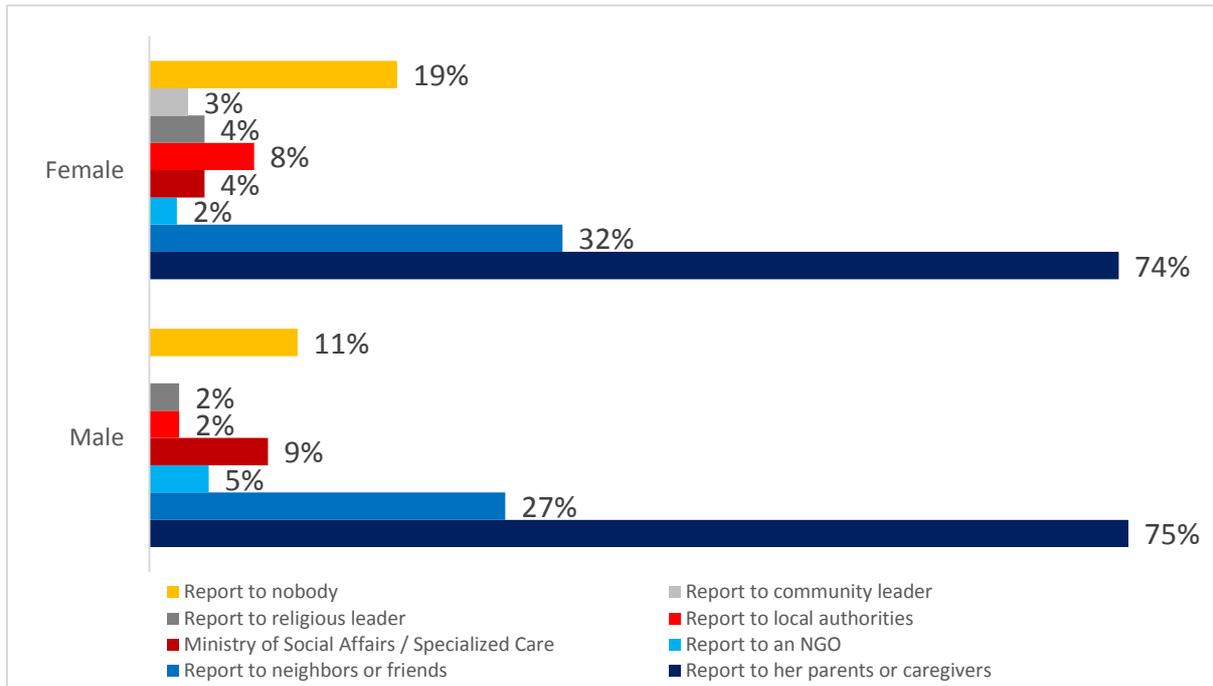


Table 7.38: Formal and informal actors Syrians respondents in ISs would inform about a protection issue for a child under 18 years by gender

Positive attitude towards seeking CP, GBV and other services through MOSA and NGOs

42% of Syrian respondents in ISs believe that protection services provided to children and women through MOSA and NGOs are helpful. In contrast, 21% of respondents did not believe that they were useful, while another 21% were undecided and did not know. Women had a higher affirmative response rates towards seeking services through MOSA and NGOs than men, at 52% compared to 32%. In FGDs, Syrian women often expressed not knowing where to receive support from, indicating a lack of knowledge on available services and where to find them in the first place.

“Who would you report to here? You cannot report a case, because of issues of reputation. You can never report without the parents’ consent.” Syrian female caregiver, FGD in an IS in Bekaa, May 2017

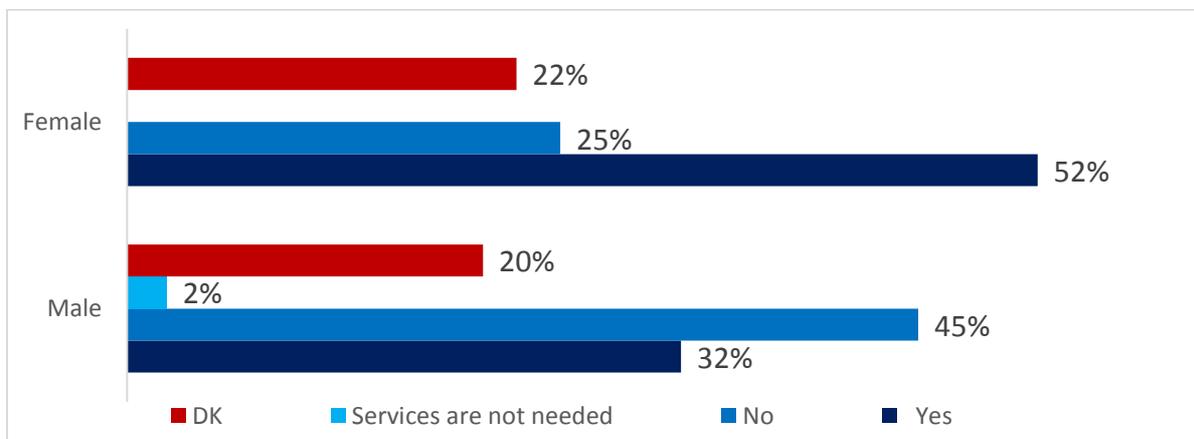


Table 7.39: Syrian respondents in ISs who believe protection services provided to children and women through MOSA and NGOs are useful by gender

Attitudes of community members on participation of minors in armed violence

When asked in which circumstances the participation of children under 18 years in armed violence was justified, 95% of Syrian community members in ISs answered that it was not justified under any circumstances. Comparatively, 4% argued that it was justified when the community was under threat or attack.

Caregivers' knowledge of the minimum working age, working hours and types of work which are legally allowed in Lebanon for children

61% of Syrian respondents in ISs believed the minimum working age by law to be 18 years or more. 25% were unsure about the legal minimum working age while 14% believed it to be at 17 years and younger. 74% of Syrian respondents in ISs believed the maximum number of working hours to be 7-10 hours per day, 11% believed 6 hours while 5% believed over 10 hours.

The type of work that Syrian respondents in ISs believed children to be allowed to work in the most is in shops at 84%, while the second-most is in mechanics and garages at 79%, directly followed by agriculture at 78%. In contrast, 98% of respondents stated that street work or begging was not a type of work allowed for children, followed by construction work at 60%.

Type of work	Yes	No
Street work/ begging	2%	98%
Construction	40%	60%
Mechanics/ garages	79%	21%
Shops	84%	16%
Domestic work	60%	40%
Agriculture	78%	22%

Table 7.40: Types of work Syrian respondents in ISs believe children above the minimum working age are legally allowed to work in

Knowledge on positive discipline

63% of Syrian respondents in ISs stated that it is wrong to hit children, indicating knowledge on alternative non-violent methods of discipline. Around 30% stated that hitting children can be justified depending on the circumstance while 7% believed that hitting children was not wrong. In FGDs, Syrian women in ISs explained that nowadays it is necessary to hit children as they had become desensitised to violence, which is omnipresent in school, with friends and at home.

“Nowadays, children only understand violence. Boys get hit more than girls because girls are generally quieter.” Syrian woman, FGD in an IS in Bekaa, May 2017

Attitudes on positive discipline

82% of Syrian respondents in ISs exhibit favourable attitudes on positive discipline methods as they believe them to be useful. The positive discipline method that was perceived the most useful by Syrian

respondents in ISs was explaining to the child why his or her behaviour was wrong at 96%. Shouting at the child as a method for discipline was perceived as useful by 43% of respondents, while spanking, hitting or slapping the child on the bottom was stated as useful by 30% of respondents.

Disciplining methods	Useful	Not useful
Explain to child why his/her behaviour was wrong	96%	4%
Give the child something else to do	80%	20%
Take away privileges or forbidding something the child likes to do	69%	31%
Call the child dumb, lazy or another word like that	16%	84%
Shout at child	43%	57%
Spank, hit or slap the child on the bottom	30%	70%
Spank, hit or slap the child on the face or the rest of the body	14%	86%

Table 7.41: Syrian respondents in ISs' attitudes on disciplining methods relating to positive discipline (in orange), verbal violence (in green) and physical violence (in blue)

7.3.5. Palestine refugees' domain

Knowledge on protection risks

Palestine refugees stated an average of 3.5 responses on protection risks for boys and almost 4 responses for protection risks for girls. Asked about when boys are in risk of danger in their environment, most Palestine refugee respondents perceive that to be when boys' basic needs are not met at 52%; 41% believe that the lack of access to school or healthcare services presents a protection risk, followed by verbal harassment at 37% and physical and sexual harassment at 28%. For girls, the most perceived protection risks pertained to basic needs not being met at 50%, no access to school and healthcare services and verbal harassment at around 40% and physical and sexual harassment at 30%. Exploitation and abandonment of girls were mentioned by 20% of respondents respectively.

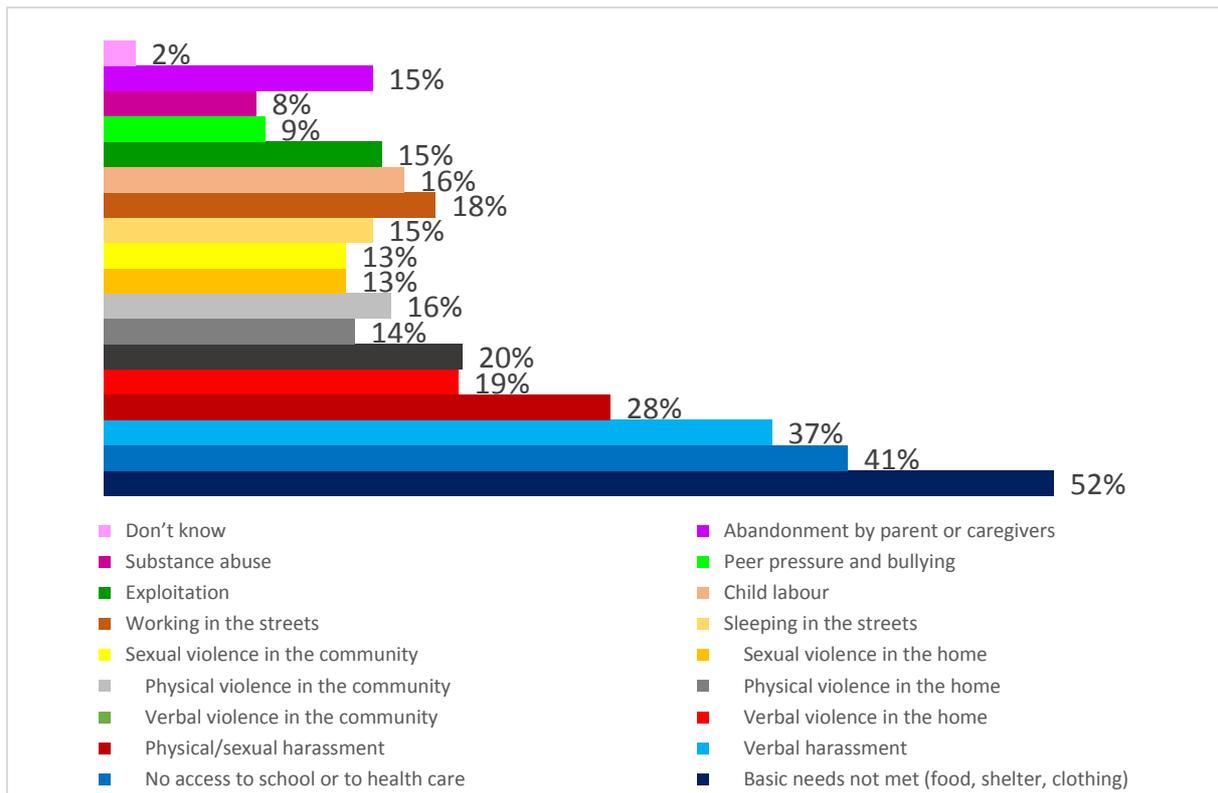


Table 7.42: Attitudes towards protection risks for boys by Palestine refugee respondents

Qualitative findings nuance the above-stated numbers. Palestine refugee participants in FGDs mentioned accessing UNRWA's basic services including UNRWA schools and healthcare centres. As a Palestine refugee mother put it, enrolment in school is also not an issue but the retention in school is. Mothers mentioned that the lack of skilled work opportunities due to Palestine refugees' legal work limitations reduce young people's ambitions to pursue their education. Moreover, the perception is that only basic healthcare services are covered and uncertainty exists around what treatments UNRWA can cover, such as for chronic diseases or hospitalisation. It is therefore likely that Palestine refugee respondents' regarding lack of access to school or healthcare referred to a perceived reduced level of access.

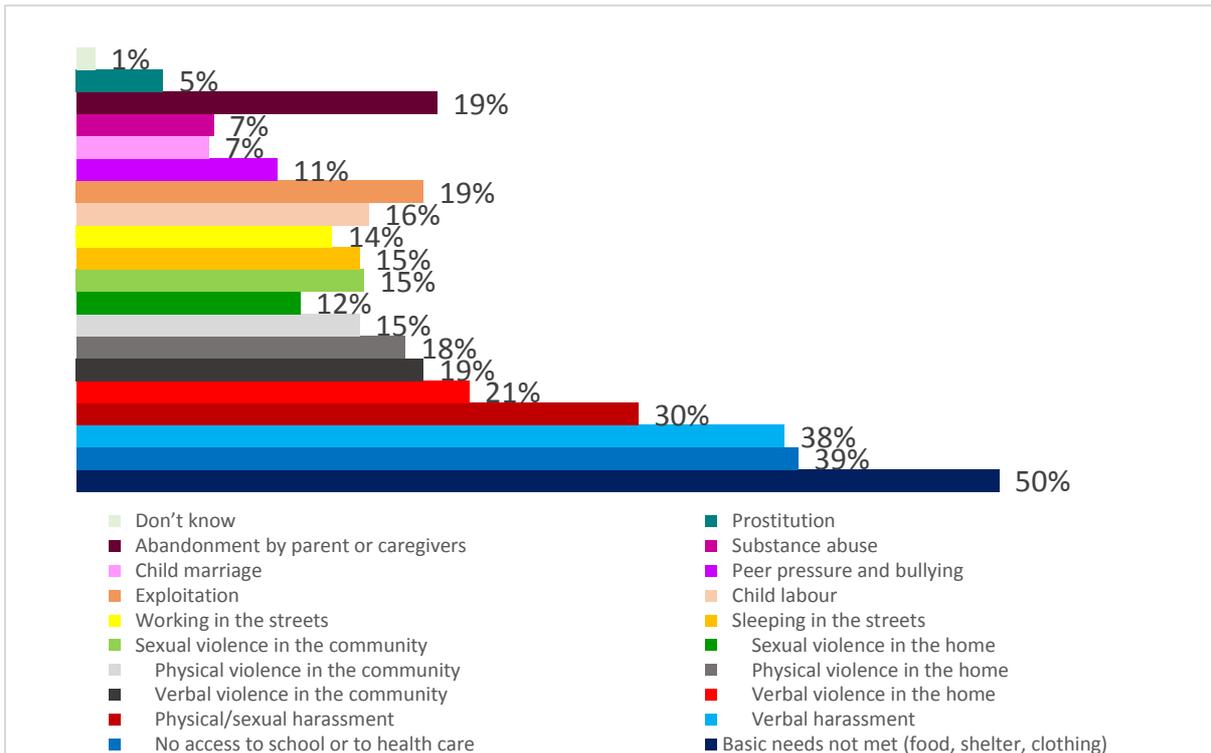


Table 7.43: Attitudes towards protection risks for girls by Palestine refugee respondents

Knowledge of harmful consequences of child marriage

When asked at what age girls usually get married in their communities, only 36% of Palestine refugee respondents stated by 20 years and over. 33% believe that girls get married by 18 years, 23% by 16 years and 7.5% by 14 years. However, more female respondents than male state lower the ages: for instance, while 11% of the female respondents state that girls get married by 14 years of age, 4% of male respondents' state so. Crucially, these numbers are respondents' perception, which might differ from the actual practice.

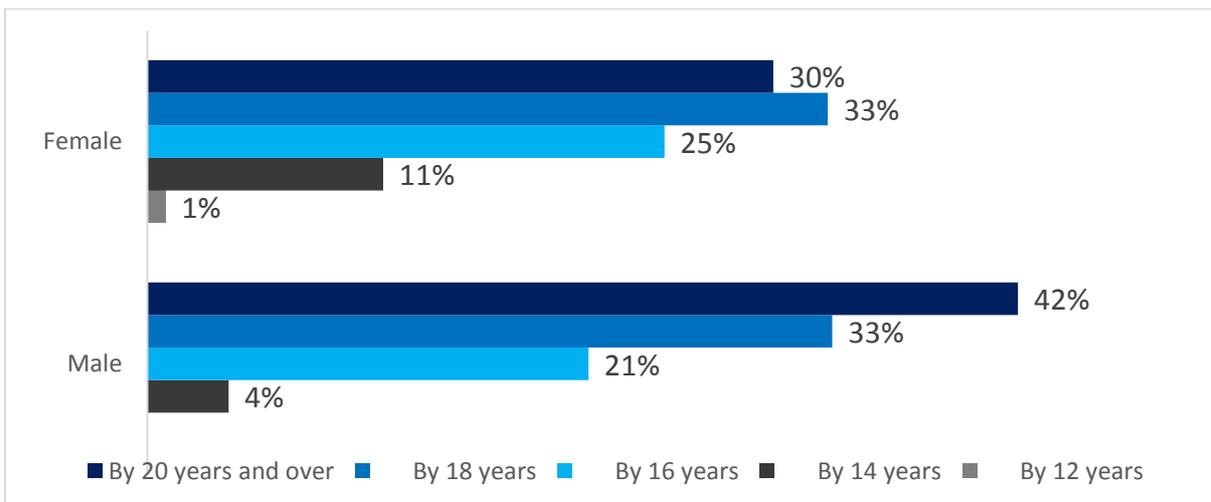


Table 7.44: Perceived age at which girls usually get married cited by Palestine refugee respondents

62% of Palestine refugee respondents believe that marriage under the age of 18 years has negative consequences. While 15% of respondents were unsure whether marriage under the age of 18 years has any negative consequences, 16% stated that child marriage had no negative consequences. Of the 77% of Palestine refugee respondents who believed that child marriage has or might have negative consequences, almost 60% cited health risks on the mother during pregnancy and almost 40% during birth. Moreover, almost 40% believed that child marriage would limit education or work opportunities and 35% believed that it increased risk of domestic violence.

“I married at a very young age and against my parents’ wishes. I still think it is more likely that you may not choose the right partner and that it is physically damaging to have children that young.” Palestine refugee female caregiver, FGD in Beirut, May 2017

In the qualitative data, Palestine female respondents were some of the few FGDs participants to explicitly cite health risks as a result of child marriage. Moreover, they highlighted the increased social risks such as the risk of separation and divorce as a result of marrying too early. While risks of child marriage were more or less known, FGDs participants stressed that the practice was still ongoing in their community, especially among young people who fall in love.

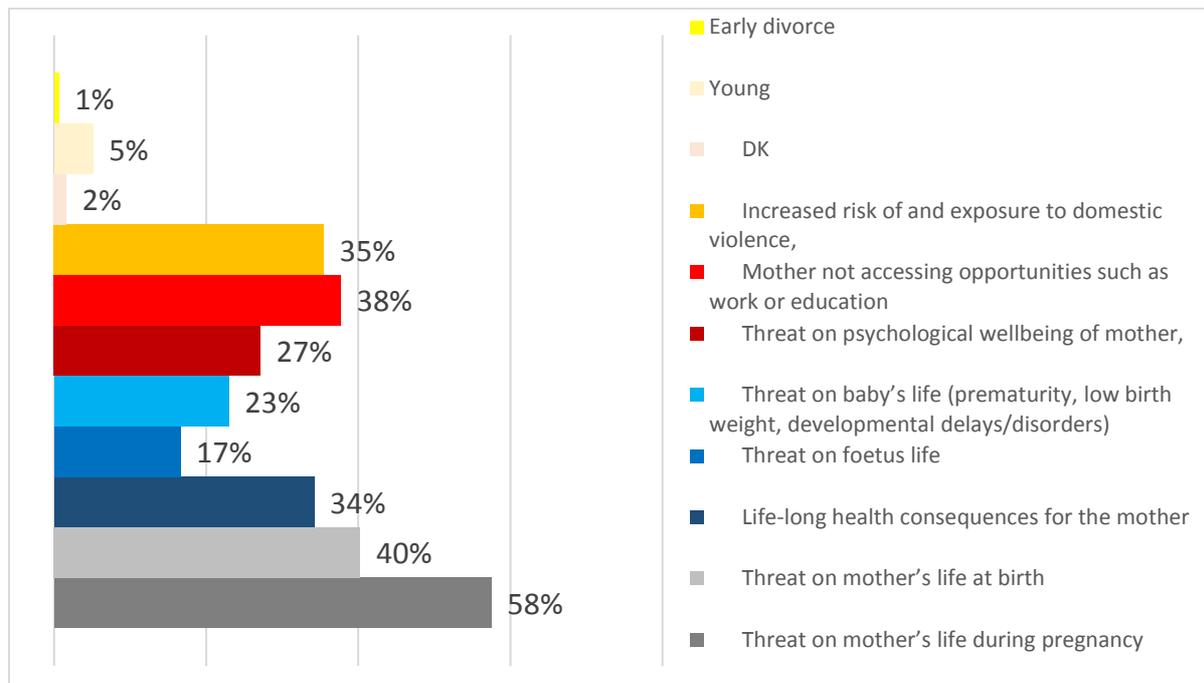


Table 7.45: Reasons cited by Palestine refugee respondents who believe that child marriage has or might have negative consequences

Knowledge on how to report CP and GBV violations

If a woman in the community was a victim of violence, 88% of respondents stated that she would inform someone or report the case, while 12% believe she would do nothing about it. When asked who she would report to, **20% of Palestine refugee respondents stated that a woman would report a case of GBV to formal authorities**, namely to NGOs or local authorities. 13% of male respondents and 24% of female respondents believe that a woman would report an incident of violence to formal authorities. Overall, 58% of female and 68% of male respondents believe that a woman would resort to the immediate family to report a protection issue, namely to the husband or parents/caregivers, indicating a trend of relying on informal networks.

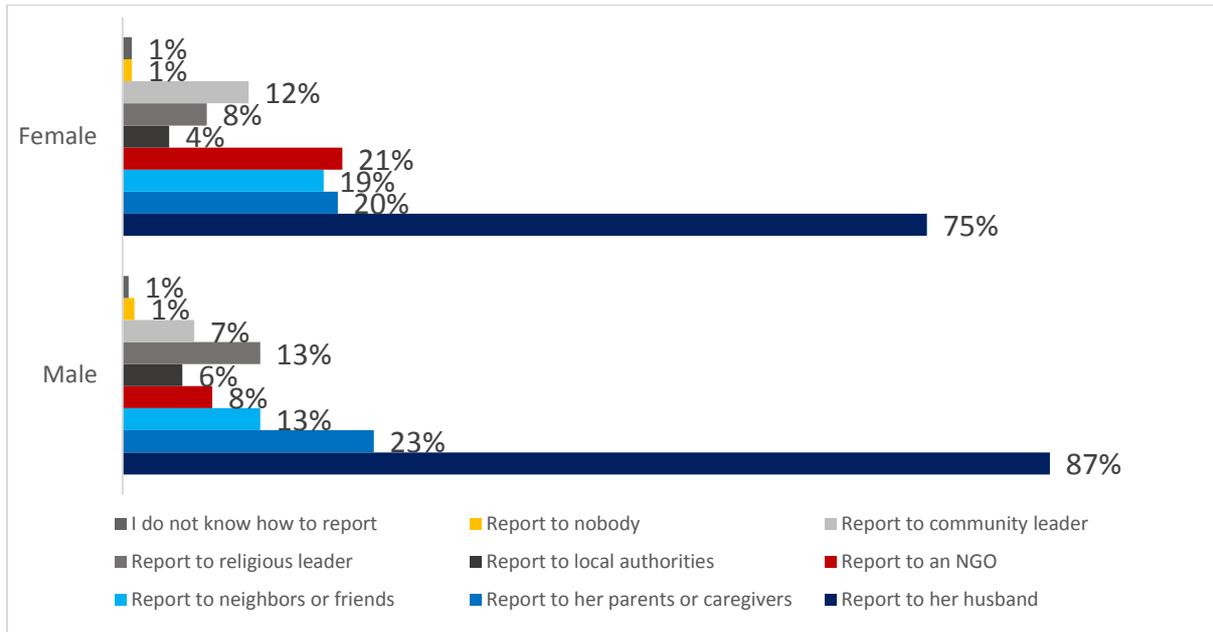


Table 7.46: Palestine refugee respondents’ attitudes on whom a woman would inform regarding a protection issue for herself by gender

If Palestine refugee respondents saw or heard that a child they knew was in a situation of danger, 95% stated that they would inform someone or report the case. **26% of Palestine refugee respondents stated that if they had to report a protection issue for a child, they would report it formal authorities,** namely to NGOs or to local authorities. 17% of male respondents would do so, compared to 32% of female respondents, with more women showing a willingness to access NGOs. 54% of female respondents and 62% of male respondents would report to the child’s caregivers or to neighbours and friends. Crucially, Palestine refugees access NGOs that are located inside the camps and cater to them, but might be affiliated with certain political factions.

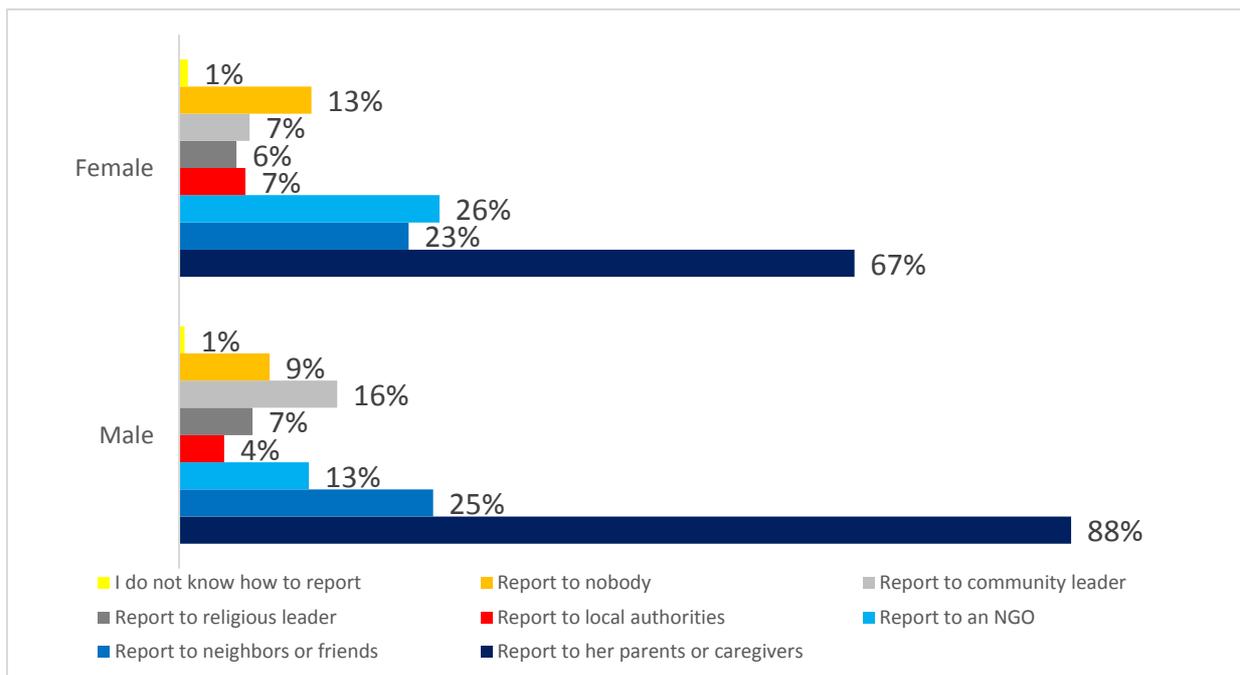


Table 7.47: Formal and informal actors Palestine refugee respondents would inform about a protection issue for a child under 18 years by gender

Positive attitude towards seeking CP, GBV and other services through NGOs

56% of Palestine refugee respondents believe that protection services provided to children and women through NGOs are helpful. In contrast, 21% of respondents do not believe that they are useful, 15% are undecided and do not know and 4% believe that the services were not needed. Women had a higher affirmative response rates towards seeking services through NGOs than men, at 62% compared to 32%. Moreover, 21% more men than women did not know whether the services were useful, indicating a lack of knowledge on, and involvement of, men in protection issues for women and girls.

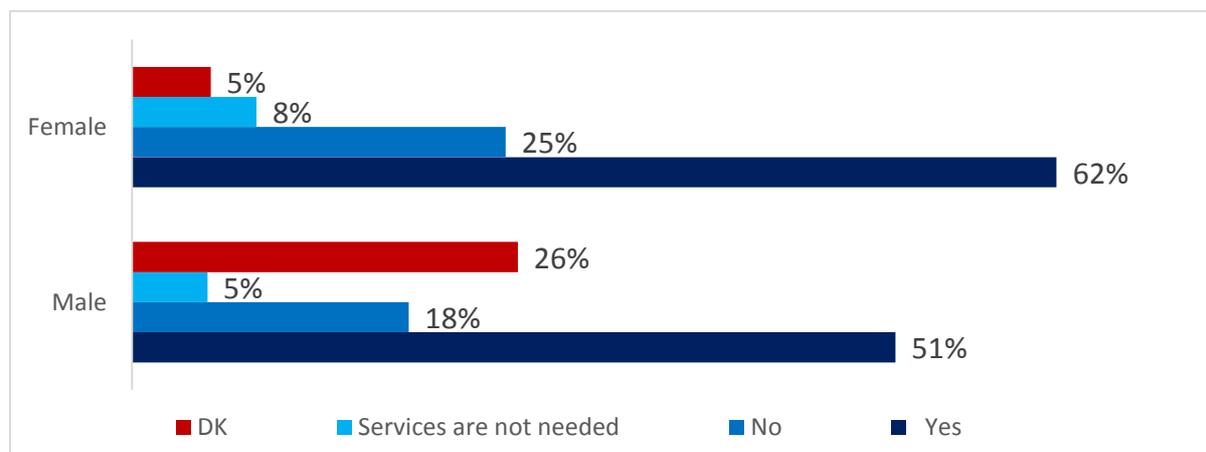


Table 7.48: Palestine refugee respondents who believe protection services provided to children and women through NGOs are useful by gender

Attitudes of community members on participation of minors in armed violence

When asked in which circumstances the participation of children under 18 years in armed violence was justified, 87% of Palestine refugee community members answered that it was not justified under any circumstances. Comparatively, 9% argued that it was justified when the community was under threat or attack. Male respondents were slightly more in favour of children's participation in armed violence at 83% compared to 91% for female respondents.

Caregivers' knowledge of the minimum working age, working hours and types of work which are legally allowed in Lebanon for children

76% of Palestine refugee respondents believed the minimum working age by law to be 18 years or more. 8% were unsure about the legal minimum working age while 13% believed it to be at 17 years and younger. 74% of Palestine refugee respondents stated the maximum number of working hours to be 7-10 hours per day, 5% believed 6 hours while 18% believed it to be over 10 hours.

The type of work that Palestine refugees believed children to be allowed to work in the most is in agriculture at 69%, while the second-most is in mechanics and garages at 64%. In contrast, 98% of

respondents stated that street work or begging was not a type of work allowed for children, followed by construction work at 77%.

<i>Type of work</i>	Yes	No
<i>Street work/ begging</i>	2%	98%
<i>Construction</i>	23%	77%
<i>Mechanics/ garages</i>	64%	36%
<i>Shops</i>	53%	47%
<i>Domestic work</i>	55%	45%
<i>Agriculture</i>	69%	31%

Table 7.49: Types of work Palestine refugee respondents believe children above the minimum working age are legally allowed to work in

Knowledge on positive discipline

68% of Palestine refugee respondents stated that it is wrong to hit children, indicating knowledge on alternative non-violent methods of discipline. 22% stated that hitting children can be justified depending on the circumstance while 10% believed that hitting children was not wrong. Female respondents displayed more negative attitudes towards positive discipline, as 26% stated that hitting children can be justified depending on the circumstance compared to 18% of male respondents.

Attitudes on positive discipline

73% of Palestine refugee respondents exhibit favourable attitudes on positive discipline methods as they believe them to be useful. The positive discipline method that was perceived the most useful by Palestine refugee respondents was explaining to the child why his or her behaviour was wrong at 91%. Shouting at the child as a method for discipline was perceived as useful by 35% of respondents, while spanking, hitting or slapping the child on the bottom was stated as useful by 32% of respondents.

Disciplining methods	Useful	Not useful
Explain to child why his/her behaviour was wrong	91%	9%
Give the child something else to do	80%	20%
Take away privileges or forbidding something the child likes to do	51%	49%
Call the child dumb, lazy or another word like that	12%	88%
Shout at child	35%	65%
Spank, hit or slap the child on the bottom	32%	68%
Spank, hit or slap the child on the face or the rest of the body	8%	92%

Table 7.50: Palestine refugee respondents' attitudes on disciplining methods relating to positive discipline (in orange), verbal violence (in green) and physical violence (in blue)

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8. CHILD RIGHTS

8.1. Situation analysis

8.1.1. Child Rights policy response

All children, like adults, have a right to an acceptable standard of living, access to social services and to a life free from bias and stigma.¹²³

Child rights exist to guarantee the social inclusion of children. Consequently, child rights centre on understanding patterns and drivers of child poverty and exclusion and developing effective responses.¹²⁴ In its work for child rights and social inclusion, UNICEF establishes partnerships with a variety of actors and across sectors on behalf of the poorest and most marginalised children. UNICEF's social inclusion approach consists of five focus points:

1. Child poverty and social protection
2. Human rights, non-discrimination and participation
3. Public finance for children
4. Governance and decentralisation
5. Social inclusion in humanitarian settings¹²⁵

The social inclusion programme in Lebanon focuses on promoting awareness and fulfilment of child rights, including children's involvement in decisions that affect their lives. The KAP Study also scopes the awareness of the National Poverty Targeting Programme (NPTP)

A literature review on KAP indicators under social cohesion rendered no relevant data, which is why the indicators are presented without further introduction.

8.1.2. Baseline indicators

Knowledge of child rights

Knowledge of child rights is a critical condition for their fulfilment. The first indicator under child rights therefore assesses the **% of men and women who have heard of child rights** across population domains.

¹²³ UNICEF 2015: 3.

¹²⁴ UNICEF 2014; see also ESCWA 2009.

¹²⁵ UNICEF 2014.

Duty bearers' awareness of role in safeguarding child rights

Fulfilling child rights requires awareness on the part of duty bearers (parents, caregivers, teachers, healthcare professionals, community leaders, authorities, etc.) as to their respective role in safeguarding children's rights.¹²⁶ The second KAP indicator therefore is: **% of duty bearers, (i.e. caregivers and community members, i.e. leaders, teachers, doctors, nurses, social workers) aware of their role as promoters/protectors of child rights.**

Duty bearers' attitudes towards preventing rights violations

Preventing child rights violations relies for a large part on the positive attitudes of duty bearers. The third KAP indicator is: **% of duty bearers with positive attitudes towards preventing child rights violations.**

Children's involvement in decision-making

Policies and programmes are supposed to serve the best interest of the child (article 3 of the Convention on the rights of the child or CRC). Article 12 of the CRC grants children 'the right to express [their] views freely in all matters affecting the child'.¹²⁷ Children's involvement in decision-making is also a foundation for child rights governance. The relevant qualitative KAP indicator is: **boys and girls who are involved in decision-making processes affecting them.**

Children feel they are listened to

Programmes and policies may consult children during design, implementation and evaluation, but whether children experience that they have actually been listened to is a different concern. The qualitative KAP indicator under child rights focuses on children's subjective experience of participation in decision-making: **boys and girls who feel like they are listened to in matters relevant to them.**

Awareness of National Poverty Targeting Programme

"As rates of poverty incidences increase, certain members of a family – children and older persons, persons with specific needs and female-headed households – become more vulnerable to exclusion, exploitation and increased hardships"¹²⁸

Data from 2008 and 2011 suggest that between 27% and 28.5% of Lebanese were poor prior to the start of the Syria crisis. Around 10% of the population was considered extremely poor. In response, MOSA initiated the National Poverty Targeting Programme (NPTP) in 2011.¹²⁹ Following the start of the Syria crisis, poverty rates have increased by 6%. Upon adding a food voucher component to NPTP in November 2014, an increase in the number of applications to the NPTP programme was noticed by MOSA, partly as a result of Lebanese returnees from Syria. By the end of 2016, 105,849 households were deemed to live below the poverty line and hence to be eligible to receive NPTP assistance. Nearly a third of these households live below the absolute poverty line. Eligible households receive health and education subsidies and food assistance through e-vouchers.¹³⁰

¹²⁶ See also UNICEF 2017.

¹²⁷ United Nations 1989.

¹²⁸ Government of Lebanon, and United Nations 2017: 35.

¹²⁹ Ibid. See also Kukrety 2016: 18-20.

¹³⁰ Government of Lebanon, and United Nations 2017: 73.

The final KAP indicator under child rights is: **% of Lebanese households who are aware-of and trust National Poverty Targeting Programme (NPTP) to target and serve the most vulnerable households.**

8.2. Qualitative findings overview

8.2.1. Supply and demand of services

HCC

Lebanon's Higher Council for Childhood or HCC was established in 1994 and is formally part of MOSA. It represents the national framework for the work on child development and wellbeing in compliance with international conventions, especially with the CRC. HCC's work is concentrated on the level of policy and strategy at the national level, including coordination between ministries and NGOs, capacity building and trainings for various stakeholders and reviewing law bills and advocacy proposals. HCC had a clear policy of not working in the Syria crisis emergency response, maintaining a constant line of priorities and outcomes and not going down the route of humanitarian programming and service delivery. Syrian children living on Lebanese soil, however, are included in the mandate of HCC, but without being singled out or targeted separately.

In practice, HCC works on certain specific issues at a time and invests its resources more in activities in the field. For example, HCC led a campaign against cyberbullying with a TV spot, 5 billboard ads and 1,000 goodie bags, all provided as donations from various companies. Before the Syria crisis, HCC undertook community work with children caught in armed fighting in Tripoli, work that stemmed from a jointly developed action plan with UNICEF. Moreover, HCC implemented a child parliament project in partnership with UNICEF and a few other NGOs, focusing on citizenship education for Lebanese children from different areas of the country.

HCC also provides training and capacity building for the government, NGOs and schools, reviews law bills and works on campaigns. In addition, HCC has a coordinating role and leads 17 different committees with NGOs, UN and government partners. While HCC is a critical player in pursuing sustainable, policy-based and development-oriented programming on child rights in Lebanon, it does not currently have a national strategy, which is a challenge in targeting efforts and resource allocation for child rights.

Duty bearers

The qualitative data collection focused on duty bearers' attitudes to protecting and upholding child rights across different sectors including education, health and child protection. Overall, the picture is mixed. Across KIIs and FGDs, the importance of child rights was acknowledged yet overshadowed by the actual and reported pervasiveness of verbal, psychological and physical violence both inside and outside the home. Violence is omnipresent across society and escalates among vulnerable populations.

Parents' and caregivers' role as primary duty bearers is overwhelmingly recognised across the country and across all three surveyed nationalities. Moreover, educators' role as duty bearers is highly recognised in Lebanon. Parents place a great amount of trust and expectation on educators, in particular on teachers and school principals. In the FGDs, however, parents often lamented the lack of care from educators for their children's learning and development. Children also do look up to their educators as role models, but cases of corporal punishment or lack of capacity or interest on the part of educators present a challenge.

Overall, the picture in Lebanon is mixed as not all educators seem to be aware of their role as promoters and protectors of child rights. While some school principals and educators interviewed for

the KAP Study articulated a high awareness of their role as duty bearers, comments from caregivers and children who participated in FGDs seem to suggest that a lack of awareness is widespread. On the other hand, medical professionals are not perceived as duty bearers the same way as educators; doctors and nurses are first and foremost seen as service providers. Children especially do not seem to have a relation of trust with them.

8.2.2. FGDs summary

Beirut	Mount Lebanon	Akkar	North	Bekaa	Baalbek-Hermel	South	Nabatieh
Lebanese boys	Lebanese mothers	Syrian fathers (IS)	Syrian boys	Lebanese mothers	Lebanese fathers	Syrian mothers	Lebanese girls

Table 8.1: Child rights FGDs matrix

During the FGDs on the topic of child rights, respondents shared their views on what they believed to be the rights of children, how the current socio-economic situation is impacting them and to what extent boys and girls participate in decision-making. As part of the discussion, respondents also expressed their opinions on the ages or stages in life when children become adults, which provides a qualitative baseline that puts data on child rights into perspective. The majority of caregivers and all the children spoken to were familiar with the concept of child rights, although the majority stated not having had any information provided to them on the topic in a formal way. Lebanese mothers in the Bekaa stated receiving information from TV programmes, advertisements by NGOs and their children's schools on child rights. The only population group that showed limited knowledge on the topic were Syrian fathers in an IS in Akkar, who, when asked about child rights, did not elaborate on anything specific.

"If we cannot afford giving the child his right, we need to explain the reason or excuse to him." Lebanese mother, FGD in Bekaa, June 2017

All Lebanese caregivers, and Syrian female caregivers except in Akkar, state children's basic rights such as the right to shelter, clothes, food, healthcare, education, play and to get love and affection from their parents. Lebanese caregivers also mentioned the right to socialise and participate in activities, emphasising entertainment, communication with other children and developing social skills. Moreover, they stated that children have the right to express themselves and to voice their opinion, to change their minds and to develop their personalities. While Lebanese fathers in Baalbak-Hermel stressed the importance of education and aspiring to see their children attend university, Syrian mothers in the South insisted that it is children's right not to have to work.

Gender came out strongly in all FGDs and centred on the difference in decision-making varied between boys and girls. Girls are more or less expected to model on their mothers and boys to model on their fathers. Boys were argued to benefit more from freedom than girls, including being able to work independently or staying out late. Girls were perceived to face more personal safety and security issues, making it necessary to keep them at home. Boys have more opportunities to participate in organised group activities, to move to Beirut or abroad to pursue higher education and more choice in deciding on who and when to marry than girls. Interestingly however, protection issues for boys are increasingly being recognised by all respondents, including social pressure that can be placed on them to earn an income. Qualitative gender findings will be examined in more detail per domain in the sections below.

In addition to gender, respondents' social and economic status seems to play a role in their level of knowledge, attitudes and practices. For instance, Lebanese mothers spoken to in Mount Lebanon, who were from a middle-income background, expressed more positive attitudes and reported more positive practices on child rights than Lebanese caregivers in other mohafazat, and than Syrian caregivers. Levels of knowledge, attitudes and practices are also tightly coupled to vulnerability levels, including housing situation, legal status and financial precariousness. Syrian caregivers who participated in FGDs and who were living in ISs and in collective shelters showed the highest levels of vulnerability when it came to protecting child rights.

"I would let the boy go to Beirut to study but I would not let the girl go and sleep in a dormitory." Lebanese father, FGD in Baalbak-Hermel, June 2017

Caregivers all stated that they were primarily responsible to ensure that the rights of their children are respected and fulfilled. The discussion centred mostly on caregivers' own children and the duties they had towards them directly, rather than children in general. In addition to considering themselves as mainly responsible for their children, Lebanese fathers noted that the state and NGOs are also responsible to protect child rights, especially when it comes to education and health, although in their opinion the state was largely absent in their lives. In contrast, when asked who is responsible for protecting child rights, Syrian mothers in the South did not mention anyone outside the immediate family, with the exception of teachers and healthcare workers who they thought also should be involved as duty bearers. KIIs with duty bearers across the country do show that knowledge on child rights is prevalent, however, the consent and role of parents remains vital and can rarely be circumvented.

"In Syria, the children's uncles would help them with homework, but here in Lebanon the children are not able to benefit from such educational opportunities." Syrian mother, FGD in South, June 2017

Caregivers strongly express their responsibility in fulfilling child rights, although related primarily to their own children. Situations in which parents cannot protect their children's rights are related to the socio-economic situation and are of a structural nature. Syrian mothers in the South, for instance, mentioned that children's rights were not protected in situations of displacement, stressing that children could not be granted the fundamental right to education. In Lebanon, Syrian families have lost the essential support network of the extended family. Lebanese parents, on the other hand, mention economic stagnation and scarcity of jobs as a reason for why children and youth might have to give up their right of pursuing an education, by either starting to work or marrying early. Evidence from FGDs also highlights the prevalence of corporal punishment by educators across the country, representing an attitudinal problem of structural scale. Moreover, anecdotal evidence points towards medical professionals providing inadequate medical advice related to infants' nutrition and health.

"Our parents raise us; they help us; they educate us; they care about us." Syrian boy, FGD in North, May 2017

Overall, Lebanese and Syrian boys as well as Lebanese girls, who participated in the FGDs, felt involved in the decision-making processes affecting them. All perceived to be allowed a certain degree of autonomy in making decisions on friendships and their choice of education and career. Responses by caregivers partly confirmed these statements, but highlighted the structural realities and gender differences once again. For instance, although boys have more freedom of movement, they also face more social pressure to step in to support the family financially if needed.

While Lebanese children did not mention that the extended family plays a significant role when decisions are made that affect them, Syrian boys stated specifically that, in addition to their parents, aunts, uncles and grandparents take decisions in the household. Importantly, a discrepancy seems to exist between when caregivers consider children to reach adulthood and when children themselves

believe that they become adults. While many caregivers would consider children as more or less adult already at the age of 14-16 years, children seem to think that they become adults only at 18 years and over.

8.3. Baseline indicators: Child rights

8.3.1. All domains

Knowledge of child rights

90% of total respondents heard of child rights, while 10% had not. Of those who had heard of child rights, almost 80% associated it with the right to education, 64% with the right to health and 61% with the right to adequate living standards.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who heard of child rights	Male	89%	91%	77%	73%	90%
	Female	92%	92%	76%	88%	
	Total	91%	91%	76%	81%	

Table 8.2: Overview of child rights indicator by domain, gender and in total: percentage of respondents who heard of child rights

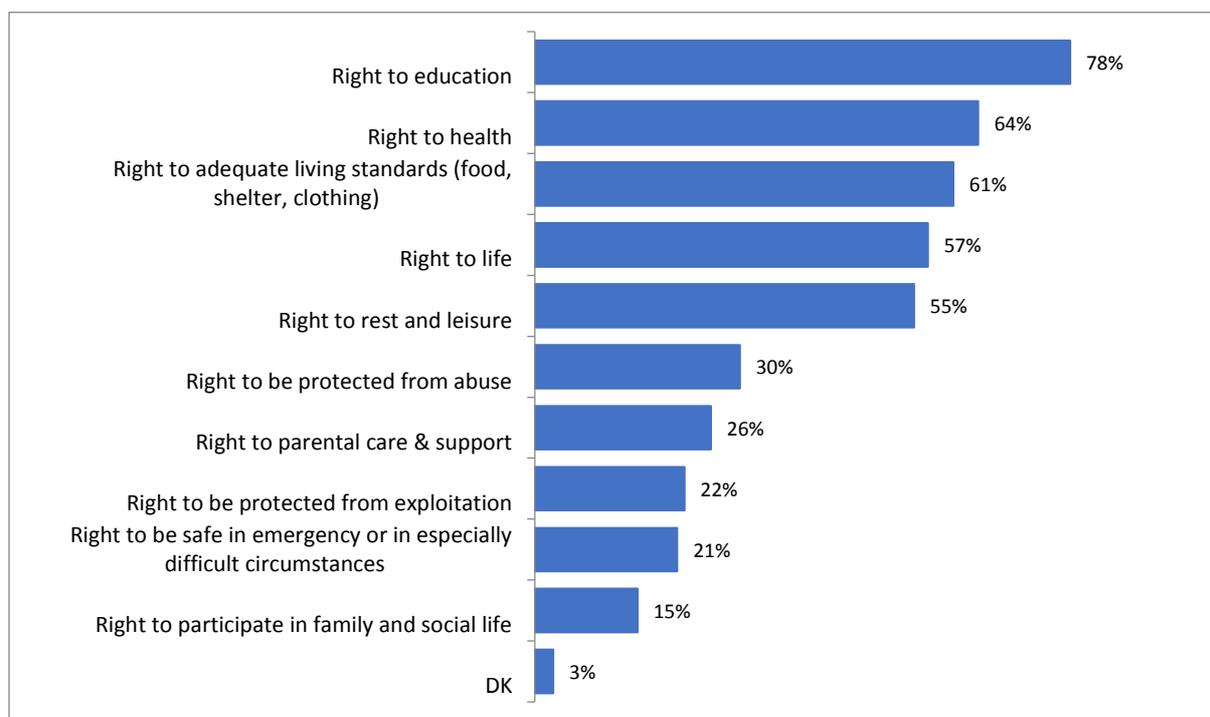


Table 8.3: Total respondents' results when asked what kind of rights they think 'child rights' refer to

Duty bearers' awareness of role in safeguarding child rights

96% of duty bearers asked in the KAP Study were aware of their role in safeguarding child rights, by stating parents and caregivers as those who play the most significant role in protecting child rights. The remaining 4% of total respondents cited the state, extended family and siblings.

	Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of duty bearers who are aware of their role in safeguarding child rights	96%	96%	98%	86%	96%

Table 8.4: Overview of child rights indicator of duty bearers who are aware of their role in safeguarding child rights' results by domain and total

Duty bearers' attitudes towards preventing rights violations

95% of duty bearers have positive attitudes towards preventing child rights violations. When asked to what extent respondents felt it was their duty to protection child rights, whether they have children or not, 83% stated fully and 12% stated to a significant extent. 3% believed that it was their duty to protect child rights only to some extent, 1% to a limited extent and 1% only felt they had to protect their own children.

	Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of duty bearers who have positive attitudes towards preventing child rights violations	95%	94%	94%	96%	95%

Table 8.5: Overview of child rights indicator by domain and total of duty bearers who are aware of their role in safeguarding child rights

Caregivers' attitudes towards children needing to be listened to in matters affecting them

84% of caregivers believe that children, or persons under 18 years of age, should be listened to in matters affecting them. A total of 12% believed that children should be sometimes listened to, while 2% stated it depends on the child's age.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of caregivers who believe that children need to be listened to in matters affecting them	Male	84%	81%	87%	90%	84%
	Female	87%	76%	88%	73%	
	Total	86%	79%	88%	81%	

Table 8.6: Overview of child rights indicator by domain and total of duty bearers who are aware of their role in safeguarding child rights

Children's involvement in decision-making

Lebanese and Syrian boys and girls believe that they are given some space in taking their own decisions, although Syrian children cite stronger involvement from parents in decision-making that

affects the child. The data collected for this indicator are entirely qualitative, as they consist of children's responses in FGDs. Respondents in the quantitative household survey had to be at least 18 years. Therefore, children did not participate in the quantitative household survey. Three FGDs were held on child rights with children: one with Lebanese boys in Beirut, one with Syrian boys in the North and one with Lebanese girls in Nabatieh. All child respondents were between 12 and 14 years of age.

Children feel they are listened to

Lebanese boys and girls said that their parents listen to them in matters that are important to them, while Syrian boys felt that their parents did not always listen to them in matters that are important to them. The data collected for this indicator are entirely qualitative, as they consist of children's responses in FGDs. Respondents in the quantitative household survey had to be at least 18 years. Therefore, children did not participate in the quantitative household survey. Three FGDs were held on child rights with children: one with Lebanese boys in Beirut, one with Syrian boys in the North and one with Lebanese girls in Nabatieh. All child respondents were between 12 and 14 years of age.

Awareness of National Poverty Targeting Programme (Lebanese only)

27% of Lebanese households were aware of the NPTP, in contrast to 73% who were not. **Of those respondents who were aware of the NPTP, 51% believed that it effectively targets and serves the most vulnerable households**, compared to 32% who did not believe so and 17% who were unsure.

		Beirut	Mount Lebanon	North and Akkar	South	Nabatieh	Bekaa and Baalbek-Hermel	Total
% of Lebanese households who are aware of the NPTP	Male	38%	31%	25%	34%	21%	31%	31%
	Female	20%	22%	28%	39%	11%	25%	25%
	Total	27%	26%	27%	37%	15%	26%	27%

Table 8.7: Overview of child rights indicator of Lebanese households who are aware of the NPTP by gender and mohafaza

8.3.2. Lebanese domain

Knowledge of child rights

91% of Lebanese male and female respondents heard of child rights in contrast to 9% who had not heard of child rights before. Of those who heard of child rights, 81% associated it with the right to education, almost 70% with the right to health, 60% with the right to adequate living standards and to life. Almost 60% mentioned the right to rest and leisure, such as playing. Lebanese stated the right to participate in family and social life, which, at 17%, is the highest percentage compared to other domains.

"Sometimes children lead and other times they follow." Lebanese female caregiver, FGD in Mount Lebanon, May 2017

All Lebanese caregivers spoken to in FGDs stress the right to education as a major one, and explained that issues related to the lack of education are often related to financial difficulties or to the family environment. Healthcare was also mentioned as a major right among caregivers, who mentioned that necessary medical treatment was not always provided in Lebanon. Lebanese respondents were aware of the need to let children express themselves as it could otherwise impact children negatively.

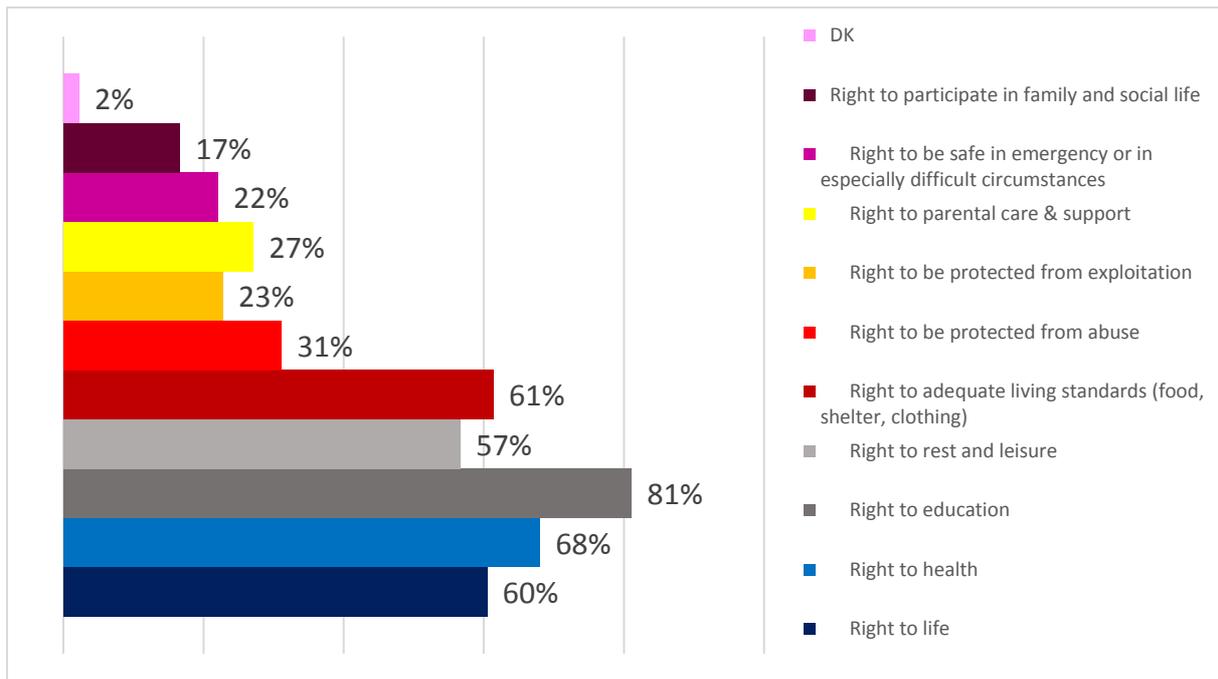


Table 8.8: Answers given by Lebanese respondents when asked what 'child rights' refers to

Duty bearers' awareness of role in safeguarding child rights

96% of respondents and duty bearers are aware of their role as promoters and protectors of child rights and believe that parents and caregivers play the most important role in safeguarding child rights. The other 4% believe that the state and siblings should have the main role in protecting child rights. Data from FGDs highlight that although caregivers are aware of child rights, in practice gender norms play a crucial role in how they are promoted and protected. Generally, the right to education and to social life seem to be more promoted for boys, although boys also need to step in to support the family financially if need be. Among Lebanese respondents, education is increasingly valued for girls as, it is argued, it can support them in case of economic adversity, it develops their sense of self and it helps their children later in life.

"In our society, women who work and who will not worry whether their husband earns money or not are increasingly being valued." Lebanese female caregiver, FGD in Bekaa, June 2017

Duty bearers' attitudes towards preventing rights violations

95% of duty bearers had positive attitudes towards preventing child rights violations, as they felt it was their duty to protect child rights to a full (84%) and to a significant (11%) extent. Only 2% felt it was their duty to protect child rights to some extent, and 1% felt that they should protect only their own children.



Table 8.9: Lebanese respondents who feel that it is their duty to protect child rights, whether they have children or not.

Caregivers' attitudes towards listening to children in matters affecting them

86% of Lebanese caregivers stated that children should be listened to in matters affecting them. In contrast, 11% stated that children should sometimes be listened to, while 2% stated it depended on the child's age. The indicator below elaborates on the qualitative findings.

Children's involvement in decision-making

Lebanese boys and girls believe that they are given some space in taking their own decisions. Such decisions concern the choice of friends, degree of socialising with people that the parent's trust and choice of future profession and career paths. Parents are seen to 'advise' their children based on what they believe to be the best for them. Some boys mention having strict fathers who limit the scope of social activities and of mobility with friends and only allow going out with family members. Lebanese girls stated that they trust their mothers and seek their support and advice in personal matters, unlike boys who did not provide any information in this regard. Lebanese girls stated explicitly that the reason they take their parents' advice is that they know more than them and know what is good for them. Child rights are known by children and said to be the responsibility of parents until children are 18 years of age.

"If my parents know who we are with and transport is available, then they will let me go to an activity." Lebanese boy, FGD in Beirut, May 2017

Lebanese caregivers' responses seem to validate children's statements. Lebanese mothers in Mount Lebanon and Bekaa, as well as fathers in Baalbak-Hermel, demonstrated a certain level of awareness of children's right to participate to some degree in decision-making. Lebanese mothers in Mount Lebanon from middle-income households exhibited the most progressive perspective among respondents, encouraging children to voice their opinions and asking their children to participate in decision-making, which, for boys, can include buying a new house or a car and, for girls, buying furniture and changing the interior of the home. It seems especially important for Lebanese parents to instil in their children a sense of integrity, so that they can stand up for themselves.

"My daughter would not let anyone touch her or pat her on the head in school, not even teachers or supervisors. She would say 'ne touche pas', as she was taught at home." Lebanese mother, FGD in Mount Lebanon, May 2017

As the scope of decision-making expands, gender differences become apparent. Lebanese mothers in the Bekaa stated that society distinguishes genders and that boys are given more freedom. Lebanese fathers confirmed this statement, by explaining that while girls can only participate in lower-level decisions, boys can already take major life decisions, including joining an armed group, leaving the home or eloping to marry a girl before the age of 18 years. On education, Lebanese fathers would be

reluctant to send daughters to pursue further studies in Beirut, whereas they would not mind sending their sons. Lebanese mothers in Mount Lebanon would similarly be more reluctant to allow their daughters to study outside the country than they would with their sons. Parents' comments point towards a positive societal trend, however: increasingly, girls pursue education, develop strong characters and make a living on their own.

"We wear the headscarf. It is obligatory but I do not force my daughter. I explain the reasons for wearing the headscarf to her, but do not force her." Lebanese mother, FGD in Bekaa, June 2017

Parents do, in part, have a say in their children's choice of work, especially when asking boys to support the family financially. Parents seem to expect sons to support them financially. Sons might be asked to start working at an early age if necessary. Although boys and girls can in principle choose their own partners, parents state that for their daughter they investigate more thoroughly a possible groom, including his financial means, whether he owns a home and is educated. For boys, on the other hand, it is enough if the bride is decently behaved for her to be accepted. Regarding headscarves, caregivers' practices differ as some mothers would oblige a child to wear the headscarf while others would use persuasion and not insist if their daughter does not want to wear it.

Children feel they are listened to

Lebanese boys and girls perceived their parents to listen to them in matters that are important to them. Boys stated that their parents took good care of them and that they felt their child rights were being met. Girls would especially turn to their mothers to seek their advice and tell them about their personal relationships. They mentioned seeking their fathers' advice when facing a problem with someone or wanted to go out with friends (seeking permission). Child respondents admitted that parents do not listen to everything they tell them, or that there are matters that they would prefer not to tell their parents, in particular if it involved romantic relations or having done something 'wrong' with friends. Regarding other duty bearers, boys mentioned that there were some school teachers they really trusted and would speak to, whereas they did not trust others.

"My father listens to me and is open-minded." Lebanese boys, FGD in Beirut, May 2017

Lebanese mothers in Mount Lebanon backed up the views of children respondents and stated that dialogue was the basis of the relationship between their children and them. They were focused on building their children's character and decision-making abilities. Parents send children out to buy things from the store or encourage them to choose their own clothes. They sometimes force them to visit relatives or take part in religious observances but underscore the importance of compromise and dialogue. Mothers perceive girls as being more attentive while boys are considered more headstrong, although, in the end, it depends on individual personality.

"We sometimes impose but we compromise...One day is this ...One day is that (activity children want to do)." Lebanese mothers, FGD in Mount Lebanon, May 2017

Awareness of National Poverty Targeting Programme

27% of Lebanese households are aware of the NPTP, in contrast to 73% who are not. **Of those respondents who are aware of the NPTP, 51% believe that it effectively targets and serves the most vulnerable households**, compared to 32% who did not believe so and 17% who were unsure.

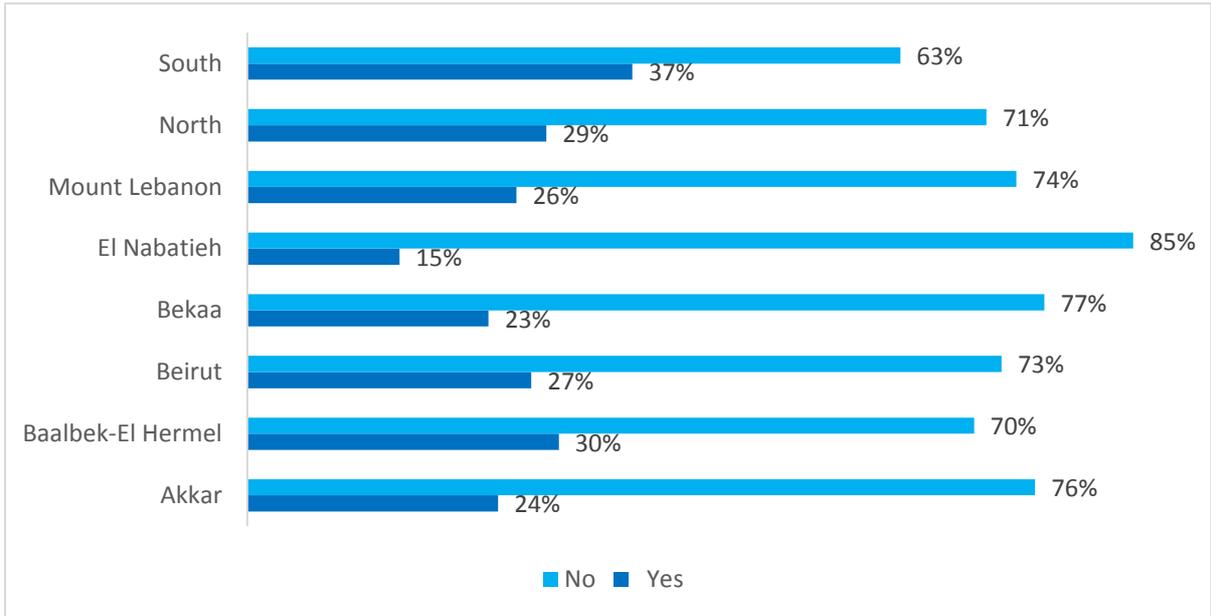


Table 8.10: Lebanese respondents, by mohafaza, who are aware of the NPTP

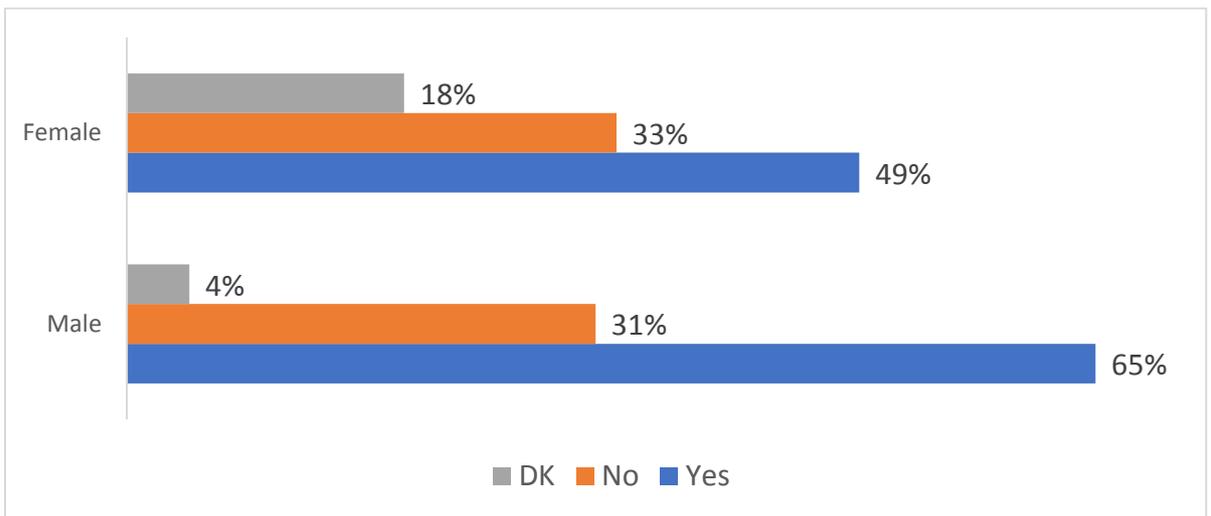


Table 8.11: Lebanese respondents by gender who believe that the NPTP effectively targets and serves the most vulnerable households

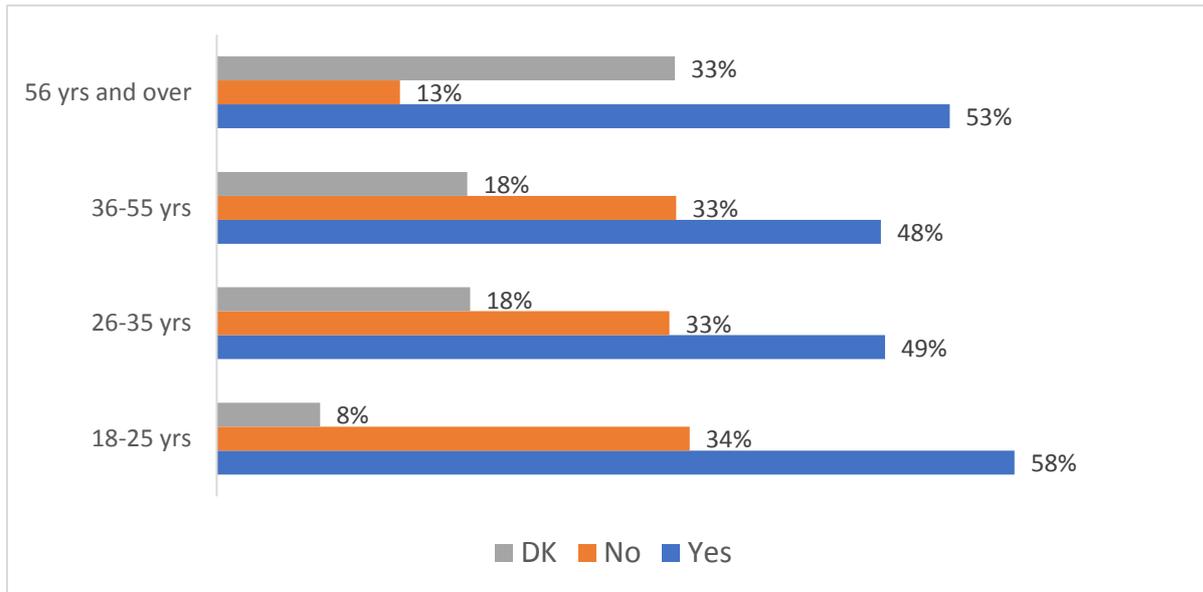


Table 8.12: Lebanese respondents, by age, who believe that the NPTP effectively targets and serves the most vulnerable households

8.3.3. Syrians registered with UNHCR domain

Knowledge of child rights

91% of registered Syrian male and female respondents heard of child rights in contrast to 9% who had not heard of child rights before. Of those who heard of child rights, almost 70% associated it with the right to education, 65% with the right to adequate living standards and 50% with the right to rest and leisure and to health. Only 10% of registered Syrian respondents referred to the right to participate in family and social life.

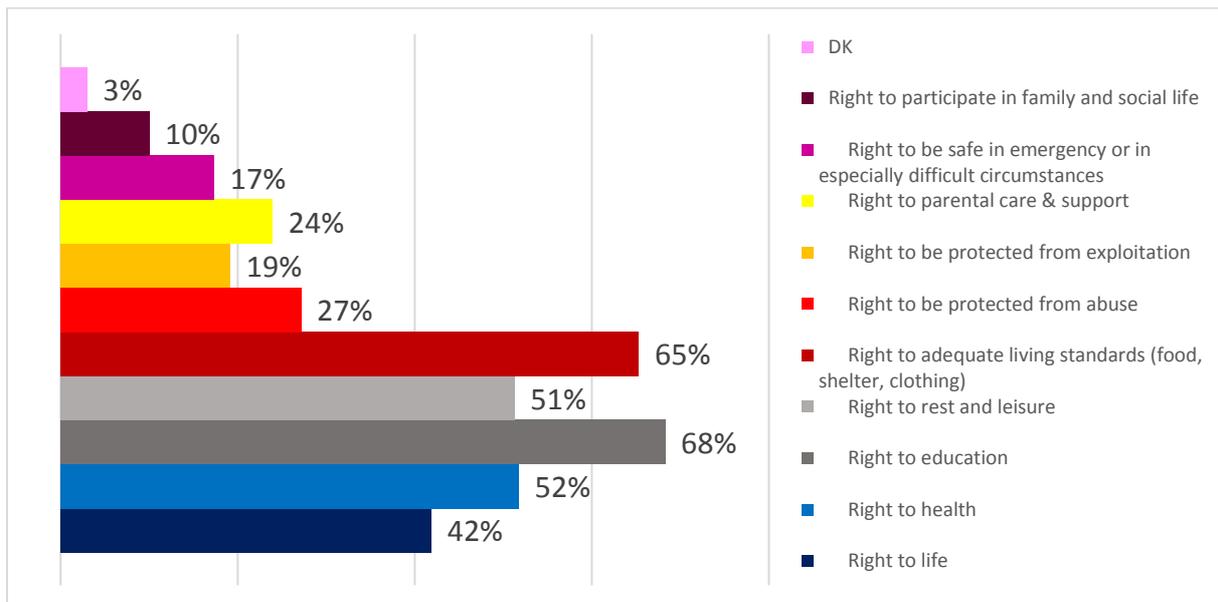


Table 8.13: Answers given by Syrian respondents registered with UNHCR when asked what 'child rights' refers to

Syrian respondents in FGDs were generally aware of the basics of child rights and considered childhood to be the best time of a person's life, without worries or responsibilities. They acknowledged, however, that children are living through difficult times these days with a total absence of rights. Syrian parents expressed their frustration with not being able to provide clothes and toys for their children, and for needing children to support the household financially.

Duty bearers' awareness of role in safeguarding child rights

96% of registered Syrian respondents and duty bearers are aware of their role as promoters and protectors of child rights and believe that parents and caregivers play the most important role in safeguarding child rights. The other 4% believe that the state and siblings should have the main role in protecting child rights, but 1% does not know whose responsibility it is.

Duty bearers' attitudes towards preventing rights violations

94% of duty bearers have positive attitudes towards preventing child rights violations. 81% feel that it is their duty to fully protect child rights and 13% that it is their duty to a significant extent. Only 1% of respondents think it is their duty to protect child rights to some extent, and just as many believe that they should protect just their own children. 3% were unsure how to respond.



Table 8.14: Syrian respondents registered with UNHCR who think that it is their duty to protect child rights, whether they have children or not

Caregivers' attitudes towards listening to children in matters affecting them

79% of registered Syrian caregivers with UNHCR stated that children should be listened to in matters affecting them. In contrast, 16% said that children should sometimes be listened to, while 4% said that it depends on the child's age. The indicator below elaborates on the qualitative findings.

Children's involvement in decision-making

Syrian boys spoken to in the North of Lebanon were more vocal on the decision-making structure within the family, including the roles of parents, uncles and aunts, and grandparents. Boys stated that their parents ensure that they are safe and would not hurt each other, that they stay clean and tidy, behave well and study hard. Uncles seem to guide children towards pursuing education and supporting parents where possible. Grandparents seem to have a say in family affairs in an advisory fashion, because they are assumed to have accumulated enough experience to base their advice on. Regardless, the boys state that parents are the primary reference for them and the first people they would go to for help. **Parents seem to have authority over which decisions children can participate**

in and make in their lives. The boys have to obtain their parents' permission before going out to an activity or meeting with friends.

"My school football team was the first public school to win the national championship and all the winners had been granted a scholarship to attend the final match. Although I was supposed to participate in the final match, my mother did not let me go because it was held in Beirut." Syrian boy, FGD in North, May 2017

Syrian mothers in the South, who are struggling financially, corroborate that children can participate in decisions concerning them. However, they seem to provide more choice to their children than Lebanese parents regarding working alongside school, leaving school to start work and getting married. The respondents acknowledge that because of socio-economic pressure, boys and girls mature earlier than before, which is reflected in the marriage age that ranges between 13 and 20 years. Boys are asking to leave school to work and support the family financially, while girls are asking to get married to help reduce their parents' expenses.

"My 11-year old son goes to school but works for an hour a day in an aluminium company." Syrian mother, FGD in South, June 2017

Gender divisions in decision-making were more starkly expressed by Syrian fathers who participated in an FGD in a northern Akkar IS. They stated that girls participate less in life decisions than boys as a result of customs. Protection issues such as harassment were cited as the reason why girls could only go to school when accompanied by their brothers or male relatives, and otherwise stay within the remit of the IS. Girls' decisions were mostly limited to household chores, whereas boys can move freely, work and make decisions together with their fathers. On marriage, fathers proclaimed not to force their daughters to accept a certain groom, but that their approval as fathers was necessary for their daughter to marry.

Children feel they are listened to

While Syrian boys said that they trust their parents and seek their support in different matters, they also stated that there are some issues their parents are not interested in hearing about, such as problems with their friends. The boys expressed a strong desire for more outdoor activities and pursuit of hobbies and interests. They felt that adults do not pay special attention to certain needs of children. All boys mentioned enjoying sports such as football, swimming and bicycling. Syrian mothers in the South commented that they take their children's decisions seriously. They are aware that children should enjoy their childhood, but that parents often do not have a choice but to encourage children to grow up faster than they normally would.

"While our parents are on the Internet, they do not listen to us." Syrian boy, FGD in North, May 2017

Moreover, parents might not have the financial means to offer boys the kind of social and outdoor activities that they would prefer. The data indicate that young girls and boys take decisions for the sake of the family's wellbeing, and that difficult socio-economic circumstances are putting a strain on relations between parents and children. Parents are often unable to offer their children the quality of education, healthcare, activities, etc., that parents believe their children to be entitled to. At the same time, children do not want to burden their parents and therefore voluntarily assume the role and responsibilities of adults.

"Children today do not play, have become refugees and are far away from their families." Syrian mother, FGD in South, June 2017

8.3.4. Syrians in ISs domain

Knowledge of child rights

76% of Syrian male and female respondents in ISs heard of child rights in contrast to 24% who had not heard of child rights before. Of those who heard of child rights, 74% associate it with the right to life, almost 70% with the right to education and 50% with the right to health. 14% of Syrian respondents in ISs mentioned the right to participate in family and social life.

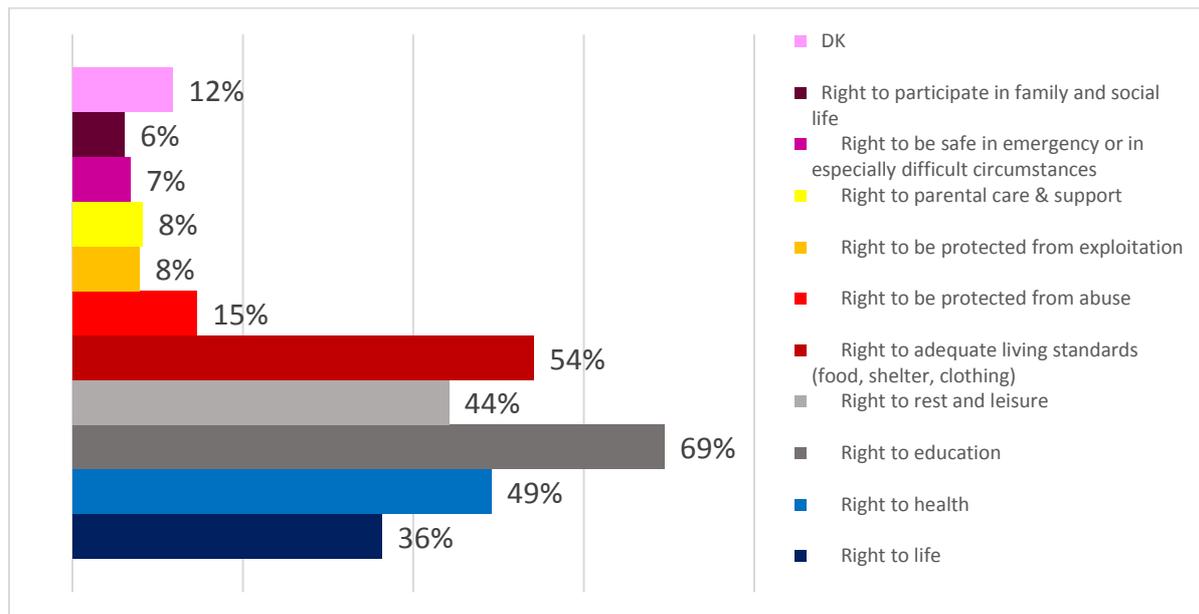


Table 8.15: Answers given by Syrian respondents in ISs when asked what 'child rights' refers to

Duty bearers' awareness of role in safeguarding child rights

98% of Syrian respondents in ISs and duty bearers are aware of their role as promoters and protectors of child rights and believe that parents and caregivers play the most important role in safeguarding child rights. The other 2% believe that siblings and extended family should have the main role in protecting child rights.

Duty bearers' attitudes towards preventing rights violations

95% of duty bearers had positive attitudes towards preventing child rights violations. 72% think it is their duty to fully protect child rights and 23% that they should protect child rights to a significant extent. 4% believe it is their duty to protect child rights to some extent and 1% to a limited extent and 1% are unsure.

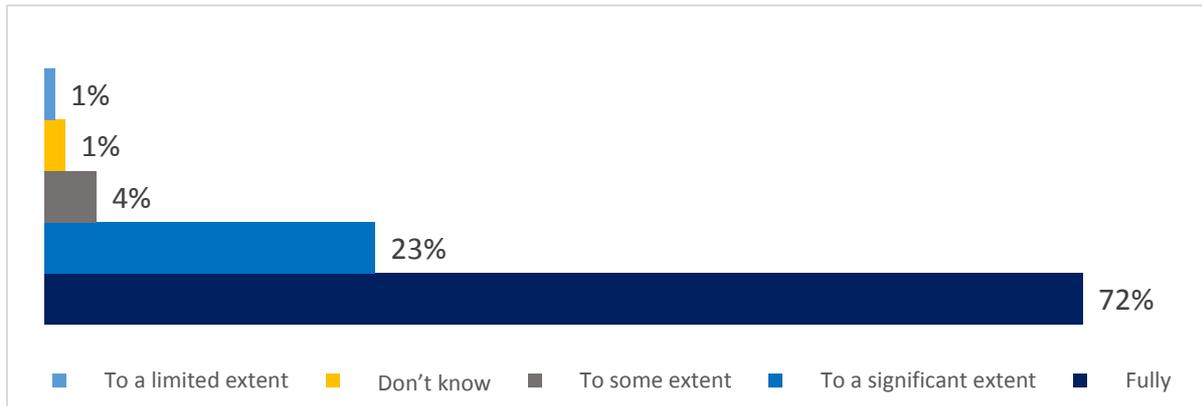


Table 8.16: Syrian respondents in ISs who think that it is their duty to protect child rights, whether they have children or not

Caregivers' attitudes towards listening to children in matters affecting them

88% of Syrian caregivers in ISs stated that children should be listened to in matters affecting them.

In contrast, 12% said that children should sometimes be listened to. Data from FGDs point towards a relatively strict power hierarchy in the family, where older men have more power than women and children. It is perceived that children become adults around 15 to 16 years of age. Since respondents were asked specifically about children as 'persons under the age of 18 years', the first number, that is, the rather high percentage at 88%, might be explained by the fact that adolescent children are already perceived as adults.

8.3.5. Palestine refugees domain

Knowledge of child rights

81% of male and female Palestine refugee respondents heard of child rights in contrast to 19% who had not heard of child rights before. Of those who heard of child rights, almost 79% associate it with the right to education, followed by the right to adequate living standards at 54% and the right to health at 49%. Only 6% of Palestine refugee respondents referred to the right to participate in family and social life and 12% of respondents did not know exactly what child rights referred to.

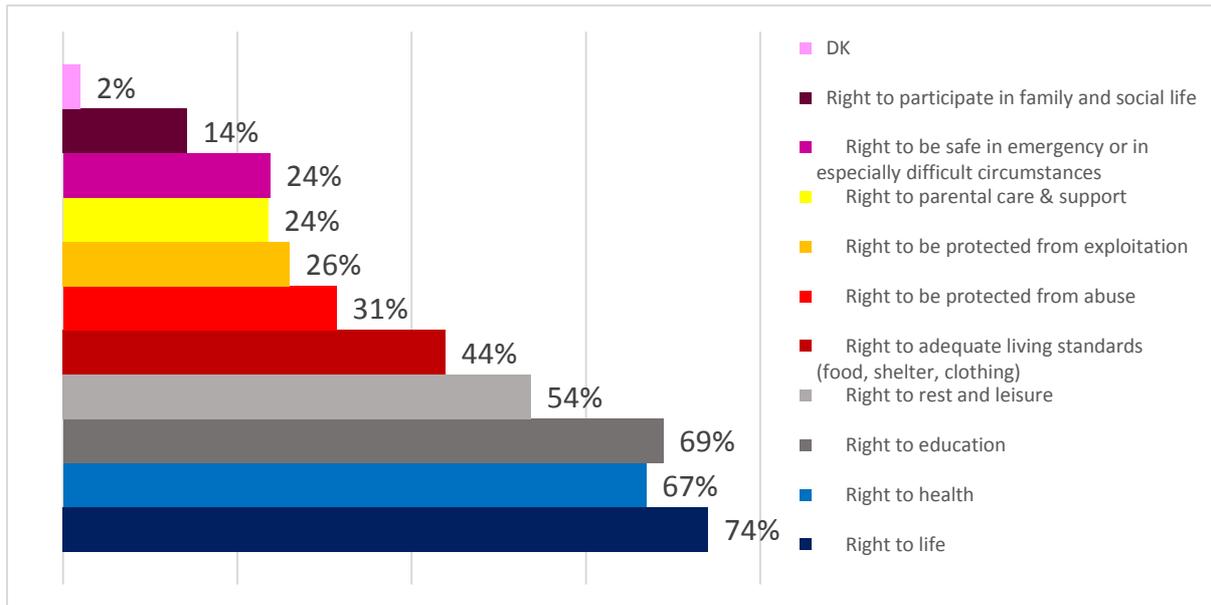


Table 8.17: Answers given by Palestine refugee respondents when asked what child rights refers to

Duty bearers' awareness of role in safeguarding child rights

86% of Palestine refugee respondents and duty bearers are aware of their role as promoters and protectors of child rights and believe that parents and caregivers play the most important role in safeguarding child rights. 7% of Palestine refugee respondents believe that the extended family has the most important role in protecting child rights, whereas 3% of respondents think that the police (ISF) plays the most important role in promoting child rights. 2% say that that it is the responsibility of siblings.

Duty bearers' attitudes towards preventing rights violations

96% of Palestine refugee duty bearers have positive attitudes towards preventing child rights violations. 86% think that it is their duty to fully protect child rights, 10% that it is their duty to a significant extent. 4% said that it was their duty to protect child rights to some extent.



Table 8.18: Palestine refugee respondents who feel that it is their duty to protect child rights, whether they have children or not

Caregivers' attitudes towards listening to children in matters affecting them

81% of Palestine refugee caregivers state that children should be listened to in matters affecting them. In contrast, 15% say that children should sometimes be listened to and 3% that it depends on

the child's age. Data from FGDs indicate that respondents in the Palestine refugee domain have different views on when children become adults. Generally, adolescents tend to be perceived as adults at around 15 or 16 years of age. Adolescent boys who are working and earning an income are thought of as being able to take their own decisions to a greater degree than those who are not working.

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9. DISABILITIES

9.1. Situation analysis

Children with disabilities are among the most marginalized and vulnerable groups worldwide. Confronted with social and cultural exclusion, barriers to accessing services, as well as gaps in policies and legislation, children with disabilities ‘are effectively barred from realizing their rights to healthcare, education, and even survival’.¹³¹ The vulnerabilities of persons with disabilities are further augmented in emergency situations, including war and displacement.¹³² UNICEF works to protect the rights of children with disabilities and mainstream an equity approach worldwide, throughout its policies and programmes.¹³³

9.1.1. Disabilities’ sector response

The current Lebanon Crisis Response Plan notes that persons with disabilities ‘are at high risk of violence, discrimination and exclusion. These risks are exacerbated in protracted emergency settings and when there are no targeted interventions in place to aim at reducing inequities for those children living with disabilities’.¹³⁴

12% of Syrian refugee households and 9% of Lebanese households include one or more members with physical or intellectual disabilities (see also figure 9.1.); 8-10% of the Palestine refugee population has physical or intellectual disabilities¹³⁵ It is likely that actual rates are substantially higher across domains as persons with disabilities ‘may be hidden in shelters, missed in needs assessments and not consulted in the design of programmes’.¹³⁶ The WHO estimates that over 15% of any population consists of persons with disabilities¹³⁷ and this rate is generally higher in conflict-affected populations.¹³⁸

A data gap persists on disability in Lebanon, which hampers interventions that target children and youth with physical and intellectual disabilities.¹³⁹ The needs of children with disabilities exceed what service providers can address in terms of rehabilitation services, assistive devices, and mental health care.¹⁴⁰

UNICEF’s 2017-2020 Country Programme Document prioritises the inclusion of children with disabilities across sectors. This KAP study sets a baseline to monitor attitudes towards the integration of persons with disabilities in a range of social domains, including education and work.

Age Bracket	Number	%
0 – 17	13,082	13.4%
18 – 24	7,549	7.7%
25 – 34	10,538	10.8%
35 – 64	35,968	36.8%
65+	30,598	31.3%
Total	97,735	100%

Table 9.1: Distribution of MOSA disability

Gender	Number	%
Males	60,148	61.5%
Females	37,587	38.5%
Total	97,735	100%

Table 9.2: Distribution of MOSA disability card holders by gender¹⁴²

¹³¹ UNICEF 2017.

¹³² Women’s Refugee Commission 2013: 3.

¹³³ UNICEF 2017.

¹³⁴ Government of Lebanon and United Nations 2017.

¹³⁵ Government of Lebanon and United Nations 2017: 118.

Governorate	Number	%
Beirut	7,031	7.2%
Mount Lebanon	36,144	37.00%
North Lebanon & Akkar	17,781	18.2%
South Lebanon	12,493	12.8%
Nabatieh	7,993	8.2%
Bekaa & Baalbek Hermel	16,293	16.6%
Total	97,735	100%

Table 9.3: Distribution of PDC holders by mohafaza of Residence¹⁴³

Type of Disability	Number	%
Motor	58,713	55.3%
Mental	30,376	28.6%
Hearing	9,017	8.5%
Visual	8,009	7.6%
Total (including persons with disabilities with multiple disabilities)	106,115	100%
Learning difficulties for PDC holders	2,578	
Learning difficulties without other disabilities	3,265	
Autism	851	

Table 9.3: Distribution of MOSA disability card holders by type of disability¹

¹³⁶ Women's Refugee Commission 2013.

¹³⁷ World Health Organization 2017.

¹³⁸ Women's Refugee Commission 2013: 3; see also Article 19 2015.

¹³⁹ Government of Lebanon and United Nations 2017: 13.

¹⁴⁰ Ibid: 118.

¹⁴¹ Rights and Access Programme - MOSA (November 15, 2016)

¹⁴² Ibid.

¹⁴³ Ibid.

9.1.2. Baseline indicators

Integration in education

In order to gain better insight into attitudes towards enrolment of children with disabilities in education, the first set of indicators assesses the **% of people who think children with physical disabilities should go to regular preschools and schools** and **% of people who think children with intellectual disabilities should go to regular preschools and schools**.

According to the Lebanese government, in 2002, a staggering 85% of children with disabilities did not complete primary education.¹⁴⁴ Children with disabilities are met with enormous challenges if they seek to enrol in formal or non-formal education. Most schools report to have no staff or equipment tailored to deal with students with disability needs.¹⁴⁵ Lebanese children with disabilities face challenges in pursuing their education. A 2004 survey showed that 38.2% of Lebanese persons with disabilities could not read or write, compared to 11.3% of the general population. A mere 8% of persons with disabilities completed secondary or tertiary education, compared to 32.1% of the overall population.¹⁴⁶

None of the displaced Syrian caregivers consulted by the Women's Refugee Commission reported their children with disabilities as enrolled in formal or informal education. Educating children with disabilities is largely under the mandate of MOSA – instead of MEHE – which operates a number of private schools especially for children with disabilities without the aim of including them into the common system. Directors in MEHE's public schools are reported to be reluctant to enrol children with disabilities, citing attitudes of parents and lack of equipment. MEHE, however, collaborates with the Lebanese Centre for Special Education to scale up support for children with learning disabilities in public schools.¹⁴⁷ Caretakers who have attempted to enrol children with disabilities in non-formal education have likewise reported that schools or learning centres 'are not equipped for these children and that other students will make fun of children [with disabilities]'.¹⁴⁸

Integration into work

The second set of indicators assesses the **% of people who think young people with physical disabilities should work** and **% of people who think young people with intellectual disabilities should work**.

A 2004 survey showed that employment rates for persons with disabilities were lower than those for the general population, despite Lebanese law requiring larger employers to respect a 3% quota for persons with disabilities.¹⁴⁹ A 2003 study by the Lebanese Physically Handicapped Union found that over half of the 200 surveyed persons with disabilities (aged 14-38) were unemployed and out of school. A 2007 study of 27,086 working-age persons with disabilities found that only 26 percent were employed.¹⁵⁰

Since Syrian refugees are only entitled to work in a limited set of labour sectors (e.g. construction and agriculture), finding work is a major challenge for many displaced families. Due to the scarcity of both legal and illegal work, and the predominantly physical nature of most jobs accepted by refugees, youth with disabilities are confronted with a range of challenges in their search for work and income.¹⁵¹

¹⁴⁴ Ibid: 13-14.

¹⁴⁵ UNHCR, UNICEF, and WFP 2016.

¹⁴⁶ 2004 Central Administration of Statistics' household living conditions survey, quoted in Article 19 2015: 13.

¹⁴⁷ Women's Refugee Commission 2013: 8.

¹⁴⁸ Human Rights Watch 2016.

¹⁴⁹ Article 19 2015: 13.

¹⁵⁰ Ibid.

¹⁵¹ Human Rights Watch 2016.

Palestine refugees are prohibited to work in 36 professions in Lebanon. Since 2005, Palestine refugees have been granted the right to practice about 70 professions that were previously prohibited to them and restricted to Lebanese nationals only.¹⁵²

To address challenges confronted by youth with disabilities, the Lebanon Response Plan includes vulnerable people, including children with disabilities, in livelihood activities through specialized training, equipment and devices to allow their full integration in the workforce.¹⁵³

Integration into society

In order to gain better insight into attitudes towards integration of persons with disabilities, the third set of indicators assesses **% of people who think children with physical disabilities should be integrated into society** and **% of people who think children with intellectual disabilities should be integrated into society**.

*“Women, girls and boys with disabilities are among the most vulnerable to neglect, abuse, and exploitation”*¹⁵⁴

Families of persons with intellectual impairments

*are facing extreme challenges and social isolation as refugees. In most cases, the families have had little guidance and support when raising their children in Syria, and have therefore adopted coping strategies that pose protection concerns for the individual in question, particularly when under the added stress of displacement. Some families are using physical and medical restraint to prevent their family members from leaving the shelter and/or harming themselves and others. Stigma and fear of exploitation may also contribute to families hiding their relative, adding to the isolation of the individual.*¹⁵⁵

As for integration of persons with physical disabilities, MOPH found that three quarters of persons with disabilities in Lebanon have no access to a bathroom or toilet that is adapted to their needs.¹⁵⁶

Lebanese law requires public buildings to be accessible for persons with disabilities. A 2006 study, however, found 95% of public buildings to be inaccessible. Much of the transport infrastructure is similarly inaccessible to persons with disabilities, severely restricting their movement and participation in society.¹⁵⁷

In order to gain better insight into children with disabilities’ participation in community life, the fourth set of indicators assesses the **% of people who think children with physical disabilities should participate in the life of their community** and **% of people who think children with intellectual disabilities should participate in the life of their community**.

Participation in community life

Children with disabilities ‘are at high risk of experiencing violence, both within the home and in the wider community. [...] [Physical] violence may be common between family members, and used as a

¹⁵² UNRWA 2016.

¹⁵³ Government of Lebanon and United Nations 2017: 81, 109-110.

¹⁵⁴ Ibid: 118.

¹⁵⁵ Women’s Refugee Commission 2013: 7.

¹⁵⁶ Government of Lebanon and United Nations 2017: 160.

¹⁵⁷ Article 19 2015: 13.

way of managing behaviours that are perceived as negative'.¹⁵⁸ The relatively low rates of disabilities reported for Lebanese, Syrian, and Palestine refugee domains (see further down) may point to tendencies to bar children with disabilities from taking part in community life. One signifier of social exclusion is that only 37.7% of Lebanese persons with disabilities were found to be married in a 2004 survey, compared to 53.3% of the general population.¹⁵⁹

Residential institutions

The fifth indicator assessed under Disabilities examines the **% of people who find it acceptable if families of children with physical and intellectual disabilities place them in residential institution.**

MOSA subsidizes a number of residential institutions where Lebanese children with disabilities can live. An estimated 2% of Lebanese children live in residential institutions – one of the highest rates in the world.¹⁶⁰ One disability rights expert told Human Rights Watch that, 'These are really institutions, not schools. They aren't focused on education'.¹⁶¹ Unjustified placement in residential institutions is also reported as a way to gain access to education, healthcare and other basic services.¹⁶² 'Parents of children with disabilities often have no educational alternatives for their children, even though the education in these institutions is of significantly lower quality than that in regular schools, with many children not even completing primary school'.¹⁶³

Subsidised residential institutions are not accessible to non-Lebanese children, who rely on non-subsidised institutions or who have to stay home.

9.2. Qualitative findings overview

9.2.1. Supply and demand of services

The disabilities indicators for the KAP Study are related to attitudes on the inclusion of children with physical and intellectual disabilities into education, community, social and work life. Data indicate that although there is a growing demand for services in the field of disabilities, supply still falls short.

MOSA/SDCs

In May 2000, the Lebanese Parliament approved Law No. 220, which secures the basic rights for persons with disabilities including comprehensive livelihood services such as social services, education, health and employment. However, the implementation of the legislation remains work in progress. Lebanese citizens are able to benefit from certain services by obtaining a disability card, which is issued by 8 (out of 228) SDCs in all of Lebanon, one in each mohafaza.¹⁶⁴ The card is valid for two and a maximum of five years, after which it needs to be renewed. Cases of intellectual disability are diagnosed and categorised at the MOSA HQ in Beirut through an IQ test that can only be taken from the age of 5 years onwards, which disregards the fact that negative effects of disabilities often can be prevented at an earlier age.

¹⁵⁸ Women's Refugee Commission 2013: 7.

¹⁵⁹ 2004 Central Administration of Statistics' household living conditions survey, quoted in Article 19 2015: 13.

¹⁶⁰ Ibid: 14.

¹⁶¹ Human Rights Watch 2016.

¹⁶² Government of Lebanon and United Nations 2017: 121.

¹⁶³ Article 19 2015: 14.

¹⁶⁴ In August 2017, the Lebanese parliament declared the establishment of the new mohafaza of Keserwan-Jbeil, bringing the total of mohafaza to nine.

Often, MOSA/SDCs have difficulties referring children with disabilities because they themselves do not have adequate information about available services. MOSA/SDCs lack the specialised staff to adequately deal with disabilities and are rarely designed for people with disabilities, e.g. by not being wheelchair-friendly. Currently, there exists an institutional separation between social services and disabilities; the latter is not mainstreamed in programmes. The demand for services for children and adults with disabilities is increasing every year, but the current availability of services cannot cope with the existing demand.

UNRWA

UNRWA started working on disabilities in the 1970s, however, the services have so far remained relatively limited. A disability policy has recently been adapted to reflect a twin-track approach, in which disability is mainstreamed into all UNRWA programmes, as well as in the work with Palestine refugee communities 'on the ground'. The identification of disabilities follows a similar procedure as that at MOSA, whereby a clinic psychologist conducts a test and diagnoses the child or adult person. Persons with disabilities can receive an identification from the Palestinian Disability Forum (PDF).

Critically, UNRWA does not provide services for individuals with disabilities specifically; however, disability represents one of many criteria for being prioritised to entering UNRWA's Social Safety Net programme, which provides poor families with \$10 per family member every month in financial support. At the time of writing, there are over 7,000 persons with disabilities registered with PDF, while there are 6,850 persons with disabilities registered with UNRWA in the Social Safety Net programme. Crucially, disabilities can lead to increased vulnerabilities such as debt: more than 90% of Palestine refugees with disabilities registered with UNRWA live under the poverty line. If Palestine refugees want to make use of services provided by the Lebanese state, they need to pay for them.

NGOs

Both MOSA and UNRWA work closely together with partners who provide direct services to beneficiaries. At the time of writing, MOSA has contracts with 103 local NGOs and pays a daily fee for each child, while UNRWA has 17 Palestinian partners under the umbrella of the PDF and 7 Lebanese contracted institutions for specialised services. The services available to children with disabilities are generally limited, and are even more limited in Lebanon's peripheral areas. For instance, some local partners of MOSA only have a capacity to accommodate 10-20 children at a time. MOSA contracts residential institutions for children with disabilities, however, at most of them caregivers pick up children at the end of the day or for the weekends. Across Lebanon, 30 contracted partners are considered residential institutions, one of which has a total of 30 cases with children living continuously in the residential institution.

While many Lebanese and Palestine refugees are in great need for support but cannot receive it due to a lack of capacity or funding shortages, Syrians are especially vulnerable as they receive limited support for disabilities and chronic diseases. Syrian respondents in FGDs were often very unsure where or from whom to seek support. Palestine refugees receive support mostly from PDF, a local network that involves Palestinian organisations and groups working with disability among Palestine refugees in Lebanon. It plays an important role in coordinating the work of its 17 member organisations and in advocating for rights of Palestine refugees with disabilities.

Service providers argue that the most effective approach is to work with disabilities in a holistic manner by providing the needed services to the concerned individuals, supporting the family of persons with disability, and promoting the inclusion of the child or adult with disabilities into social, educational and work life. While the demand for services increases year by year, services remain costly and approaches that would provide a longer-term positive impact requires sustained funding, which is often not available given donor-funding schemes.

9.2.2. FGDs summary

Beirut	Mount Lebanon	Akkar	North	Bekaa	Baalbek-Hermel	South	Nabatieh
Lebanese mothers	Palestine refugee fathers	Syrian mothers (IS)	Lebanese girls	Syrian girls	Syrian boys	Palestine refugee mothers	Lebanese fathers

Table 9.5: Disabilities FGDs matrix

The FGDs with caregivers and children covered a number of topics related to children with disabilities, including education, inclusion into society and work opportunities, generating a wealth of data that was further supplemented by KIIs. Overall, all respondents differentiate between physical and intellectual disabilities when it comes to including or interacting with children with disabilities. Children were more open and positive to interacting with children with disabilities, while adults had more concerns about their children's exposure to children with disabilities. Those concerns were largely related to the physical safety of children without disabilities. It is worth noting that some respondents in FGDs confused mental illness with disability and were subsequently corrected by others in the group.

Opinions regarding children with disabilities attending regular pre-schools and schools were divided along three main lines. The most inclusive argument was made by a number of female Palestine refugee respondents, who have children with disabilities themselves. Their ideal scenario is for all children to attend the same class with the support of a shadow teacher. A number of Palestine and Syrian refugee respondents preferred for children with disabilities to attend separate classes but remain in regular schools. This would allow children to play together and socialise during break time. The majority of Lebanese and a number of Palestine and Syrian refugee respondents preferred that children with disabilities attend separate specialised schools. Respondents were moderately more accepting of children with physical disabilities to attend regular school than for children with intellectual disabilities.

“The presence of a child with disabilities in a regular school will affect him and make him feel different, from the point of view of being socially included and having friends” Lebanese woman, FGD in Beirut, May 2017

The main arguments provided for placing children with disabilities in separate educational institutions centred around the quality of education and the benefits for children themselves. Respondents mentioned that teachers would be overburdened if in addition to dealing with a full classroom, they had to ensure children with disabilities follow the curriculum. Shadow teachers for cases of disability that are not severe were mentioned by some respondents as a solution. The majority of respondents stated that specialised schools would benefit children with disabilities since they would benefit from a tailored curriculum and get the care they need. In regular schools, other children would most likely bully them and might inflict harm on them. However, it was also mentioned that some children with disabilities might be violent and injure others, and therefore needed to be kept separate.

Those respondents who stated having close relatives, children or acquaintances with disabilities showed a higher level of acceptance of their social inclusion. Palestine refugee caregivers seemed to have the most exposure to children with disabilities in their daily lives, while Lebanese had the least. Those respondents most sceptical about intermingling, including Lebanese, were afraid that their children would be hurt or copy behaviour of children with disabilities. While all respondents were somewhat accepting of marriage to individuals with physical disabilities, Syrian respondents in ISs were also accepting of marriage to individuals with intellectual disabilities as long as they did not display

violent behaviour. A few Palestine refugee female and male respondents mentioned thinking about emigrating to Europe, because there, services for people with disabilities maintain a higher quality than those in Lebanon.

“Individuals with disabilities are treated well in Europe but are marginalised in all the Arab countries.” Palestine refugee man, FGD in Mount Lebanon, May 2017

Children expressed more positive attitudes towards inclusion of children with disabilities than caregivers. All children respondents were open to the idea of having children with physical disabilities join their classrooms, and mentioned that children with intellectual disabilities could do so if they had special assistance; only severe cases would require special classes. Children also expressed high levels of empathy towards children with disabilities, saying that they would be happy to interact with them.

“We would benefit from mixing with children with disabilities in regular school and they might improve by mingling with ordinary children.” Lebanese girls, FGD in North, May 2017

In theory, caregivers expressed positive attitudes towards individuals with physical disabilities working, however, less so towards individuals with intellectual disabilities. The criterion for including persons with disabilities in work was that they should be able to complete tasks required in a job. The possibility of working therefore was taken to depend on the level of disability. In some cases, it was mentioned that having an individual with disabilities working in a restaurant or shop could cause embarrassment and should be avoided. Additionally, the majority of caretaking burden is placed on the mother, who needs to be proactive in seeking support for the child and inclusion from the community. While Palestine refugee respondents mentioned reaching out to UNRWA for available services, Lebanese and Syrians respondents had limited knowledge on available support services from MOSA and aid agencies.

9.3. Baseline indicators: Disabilities

9.3.1. All domains

		Lebanese residents	Registered Syrians with UNHCR	Syrians living in ISs	Palestine refugees in camps	Totals
EDUCATION						
% of respondents who believe children with physical disabilities should go to regular preschools and schools.	Male	55%	45%	57%	41%	
	Female	55%	46%	48%	61%	
	Total	55%	45%	49%	52%	53%
% of respondents who believe children with intellectual	Male	16%	16%	11%	21%	
	Female	19%	18%	10%	25%	

disabilities should go to regular preschools and schools.	Total	18%	17%	11%	23%	18%
WORK						
% of respondents believe that young people with physical disabilities should work	Male	70%	35%	39%	49%	
	Female	65%	31%	32%	60%	
	Total	67%	33%	33%	55%	59%
% of respondents believe that young people with intellectual disabilities should work	Male	20%	10%	7%	12%	
	Female	22%	9%	5%	13%	
	Total	21%	9%	6%	12%	18%
SOCIAL LIFE						
% of respondents who believe children with physical disabilities should be integrated into society	Male	73%	59%	52%	40%	
	Female	69%	53%	47%	51%	
	Total	70%	56%	48%	46%	66%
% of respondents who believe children with intellectual disabilities should be integrated into society	Male	22%	31%	27%	20%	
	Female	27%	36%	14%	19%	
	Total	25%	34%	16%	20%	26%
COMMUNITY LIFE						
% of respondents who believe that children with physical disabilities should participate in community life	Male	70%	55%	54%	51%	
	Female	66%	50%	50%	62%	
	Total	68%	53%	51%	58%	64%
% respondents who believe that children with intellectual disabilities should participate in community life	Male	23%	33%	27%	37%	
	Female	27%	38%	14%	37%	
	Total	25%	31%	16%	37%	27%
RESIDENTIAL INSTITUTIONS						
% of respondents who find it acceptable if families of children with physical disabilities	Male	61%	60%	57%	69%	
	Female	59%	56%	46%	63%	

place them in residential institutions	Total	60%	58%	48%	66%	60%
% of respondents who find it acceptable if families of children with intellectual disabilities place them in residential institutions	Male	61%	72%	72%	73%	
	Female	62%	66%	77%	74%	
	Total	61%	70%	76%	73%	64%

Table 9.6: Overview of disabilities indicators results by domain, gender and in total

Main findings from the quantitative survey for all domains

Across all questions and domains respondents were more favourable to the inclusion of children with physical disabilities than children with intellectual disabilities, with the exception of placement of children with disabilities in institutions. Overall, Lebanese respondents were more favourable towards the inclusion of children with physical disabilities than other domains.

Education

More than half of all the respondents said that children with physical disabilities should go to regular school or preschool. Less than one in five persons thought that children with intellectual disabilities should go to regular school. Lebanese and Palestine refugee respondents were more favourable to inclusion than Syrians.

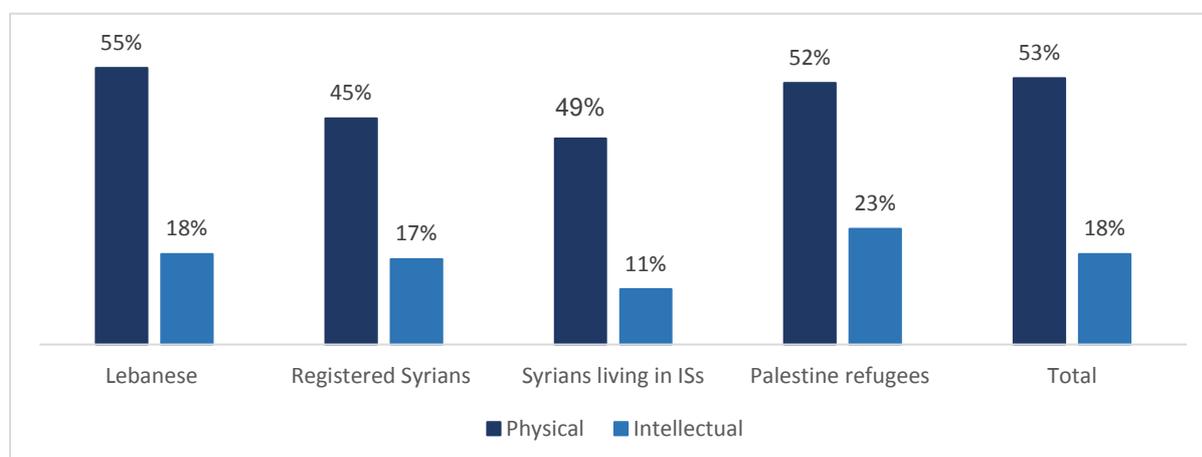


Table 9.7: Respondents who believe children with physical disabilities should go to regular preschools and schools by domain and in total

Work

3 out of 5 respondents thought that young people with physical disabilities should work, compared to only 1 out of 5 for intellectual disabilities. Lebanese respondents were the most favourable and Syrian respondents the least favourable for both physical and intellectual disabilities.

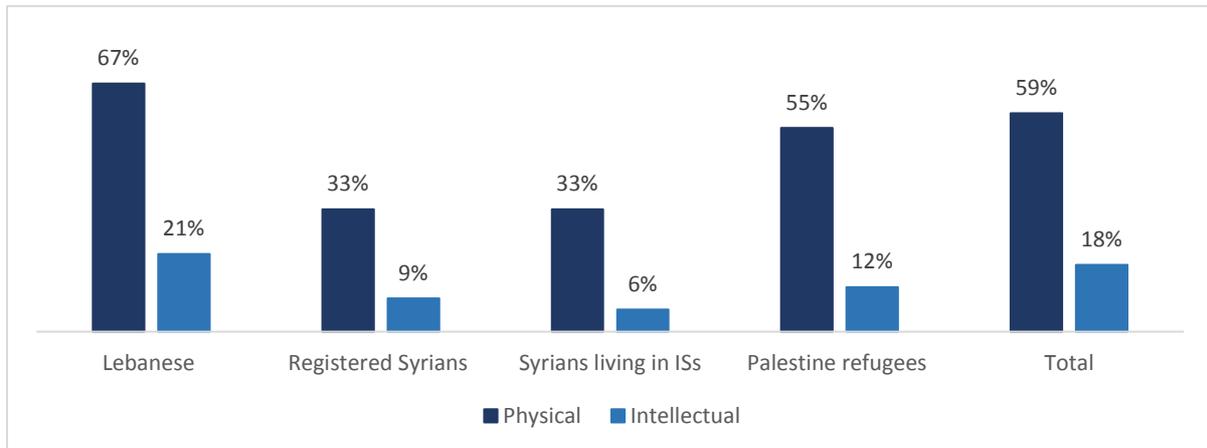


Table 9.8: Respondents who believe that young people with disabilities should work by domain and in total

Social Inclusion

While 2 out of every 3 respondents think that children with physical disabilities should be integrated into society, only 1 in 4 thinks that children with intellectual disabilities should be integrated into society. For physical disabilities, Lebanese were the most favourable to inclusion overall, while Syrians registered with UNHCR had the most favourable attitudes on intellectual disabilities.

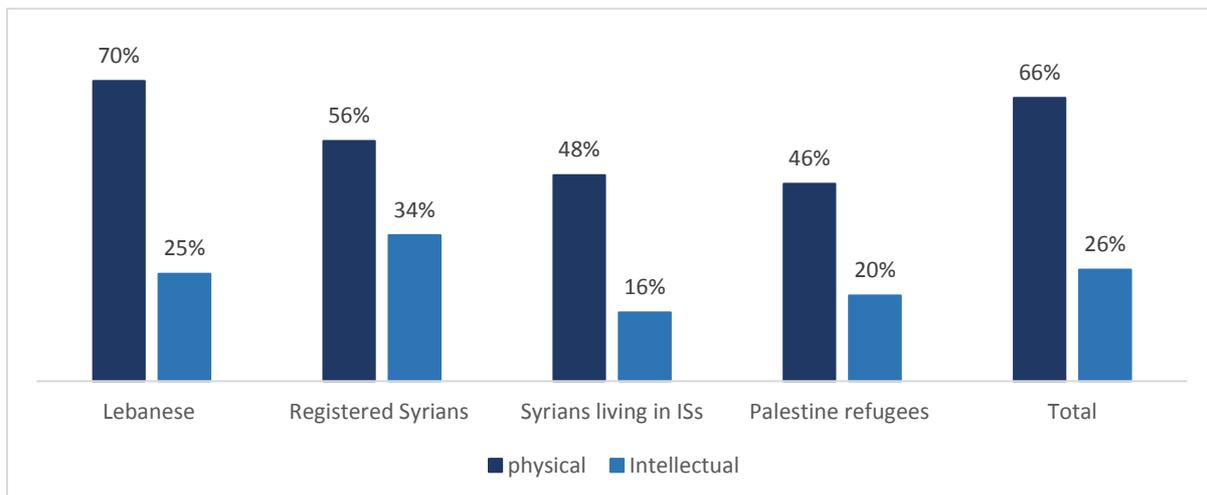


Table 9.9: Respondents who believe children with disabilities should be integrated into society by domain and in total

Inclusion in community life

The attitudes towards inclusion of children with disabilities in community life largely mirror attitudes towards the integration into society. The only exception is in the responses of Palestine refugees where a higher proportion of respondents is in favour of community participation than of integration into society.

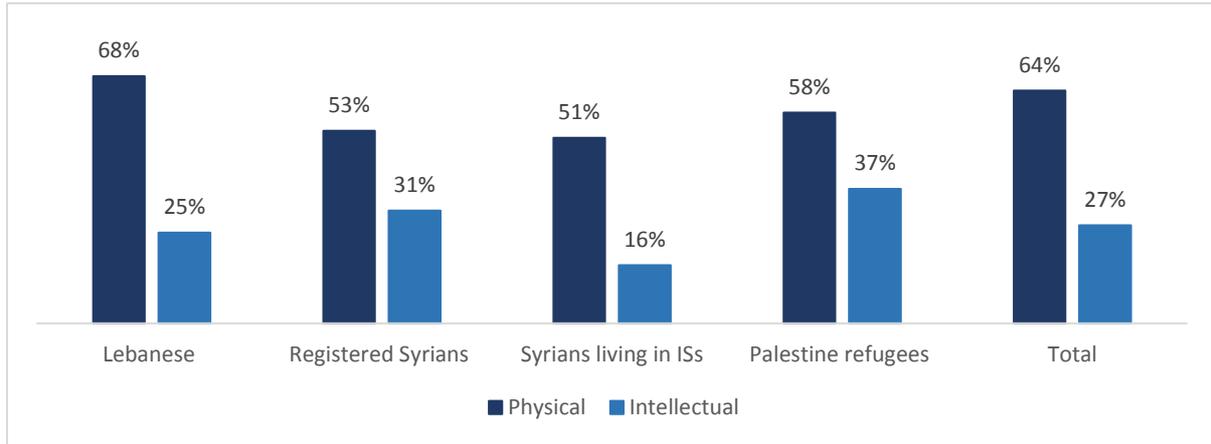


Table 9.10: Respondents who believe that children with disabilities should participate in community life by domain and in total

Residential institutions

3 out of 5 respondents thought it was acceptable to place children with disabilities in residential institutions. Interestingly, among the Lebanese, there is no big difference between physical and intellectual disabilities.

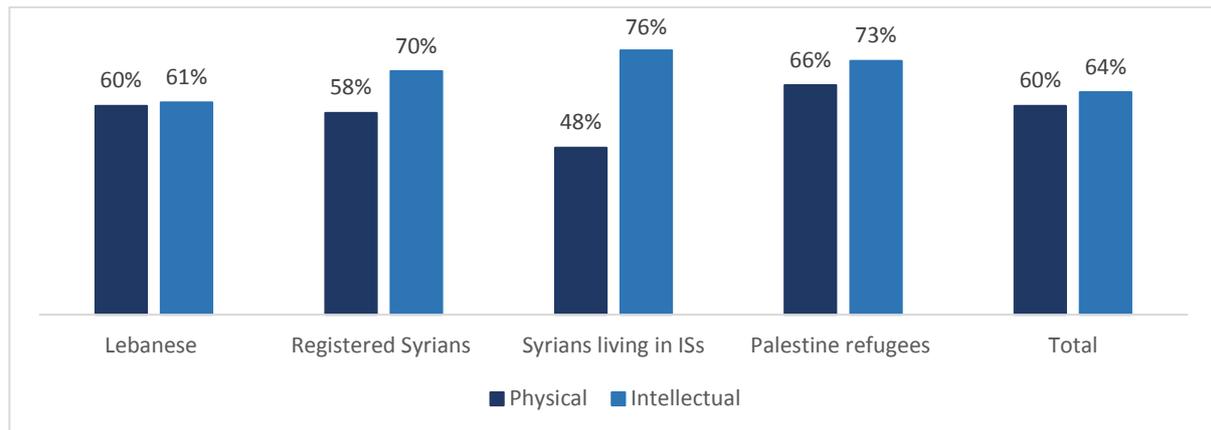


Table 9.11: Respondents who find it acceptable if families of children with disabilities place them in residential institutions by domain and in total

9.3.2. Lebanese domain

Integration into education

Physical disabilities

55% of Lebanese respondents believe that children with physical disabilities should attend regular preschool or school. In the North, Bekaa and Beirut, responses were divided more or less equally between those who believe and those who do not believe that children with physical disabilities should attend regular preschool and school. The most positive attitudes were found in Nabatieh, Mount Lebanon and the South, whereas Baalbek-Hermel and Akkar exhibited the most negative attitudes.

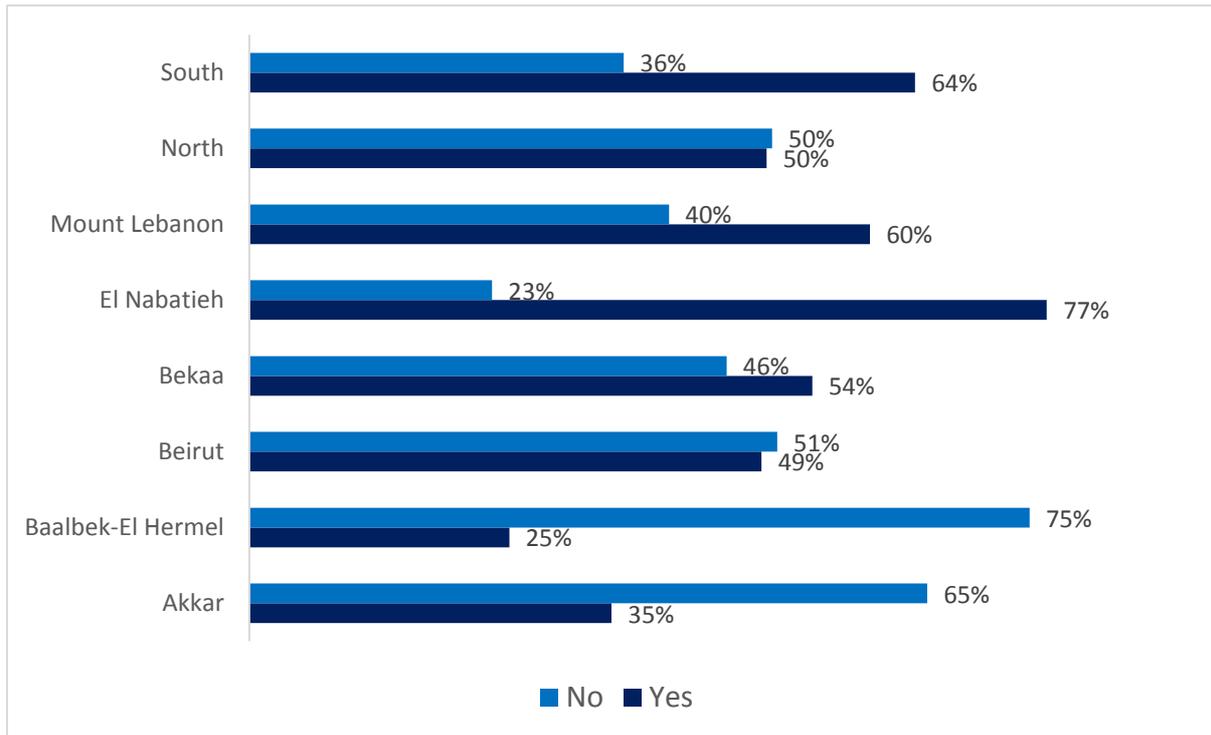


Table 9.12: Lebanese respondents who believe that children with physical disabilities should go to regular school or preschool with other children by mohafaza

Respondents' belief that children with physical disabilities should attend regular preschool or school was underpinned by a number of reasons. The most common reason at 64% was that specialised schools are more beneficial for children with disabilities as they can offer a tailored curriculum. The second-most cited reason at 45% was that teachers in regular schools are not able to work with children with disabilities, followed, at 40%, by conditions in 'normal' schools not being adapted for children with disabilities. Other reasons given had to do with the perceived wellbeing of children with disabilities and the potential danger children with disabilities present to other children.

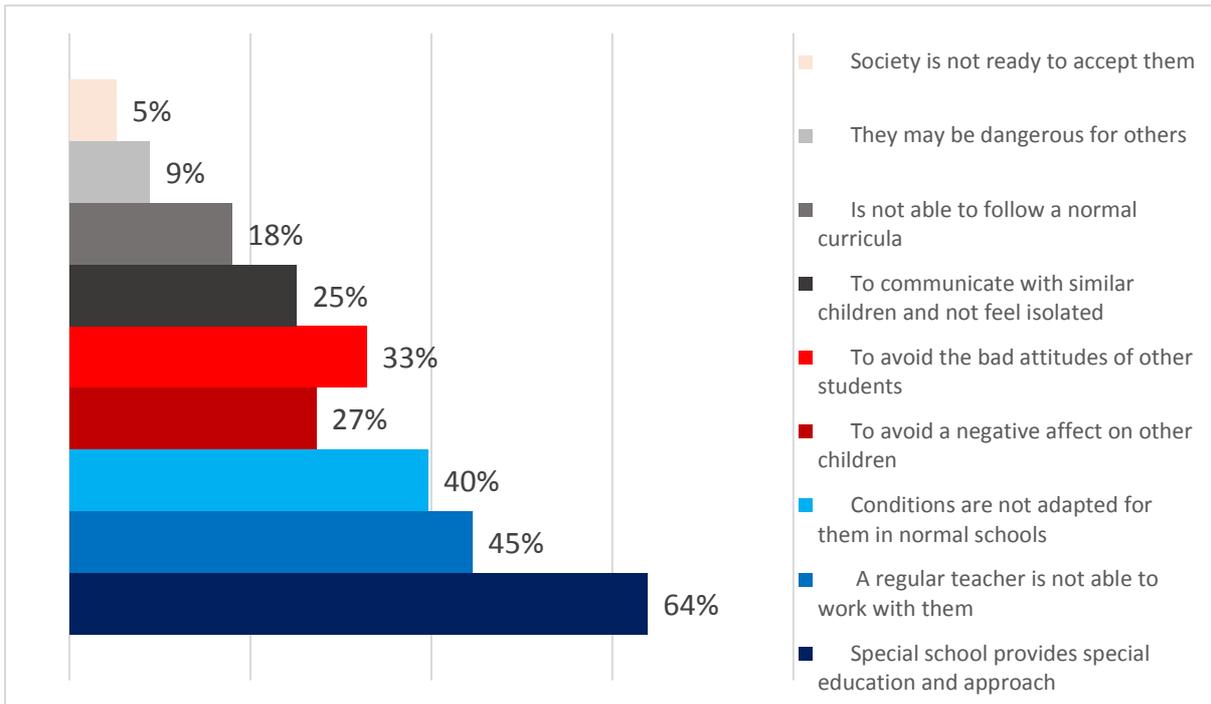


Table 9.13: Reasons cited by Lebanese respondents who believe that children with physical disabilities should not go to regular school or preschool with other children

Intellectual disabilities

A total of 18% of Lebanese respondents believe that children with intellectual disabilities should attend regular preschool or school with other children. The numbers are similar among male and female respondents, with women slightly more positive towards children with intellectual disabilities attending regular education facilities at 19%, compared to 16% for men. Over 80% of Lebanese male and female respondents do not believe that children with intellectual disabilities should attend regular education facilities. Slight variations are exhibited by mohafaza, with Nabatieh and Beirut displaying the most positive attitudes and Bekaa and Baalbak-Hermel displaying the least positive attitudes.

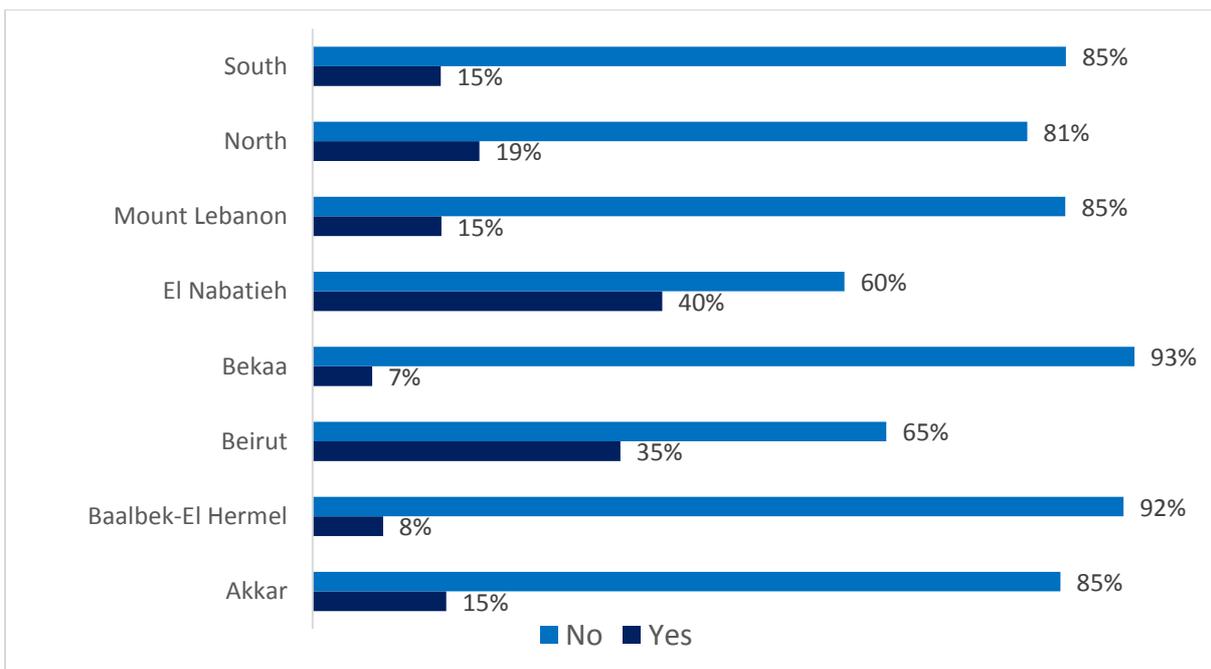


Table 9.14: Lebanese respondents who believe that children with intellectual disabilities should go to regular school and preschool with other children by mohafaza

Around 60% of Lebanese respondents who do not believe that children with intellectual disabilities should attend regular preschools and schools cite the benefits of a specialised school and curriculum as a reason. 30% of respondents believe that they would lower the education level in the class and that conditions are not adapted for them in ‘normal’ schools. Almost 20% believe that the presence of children with intellectual disabilities in regular school may be dangerous for other children.

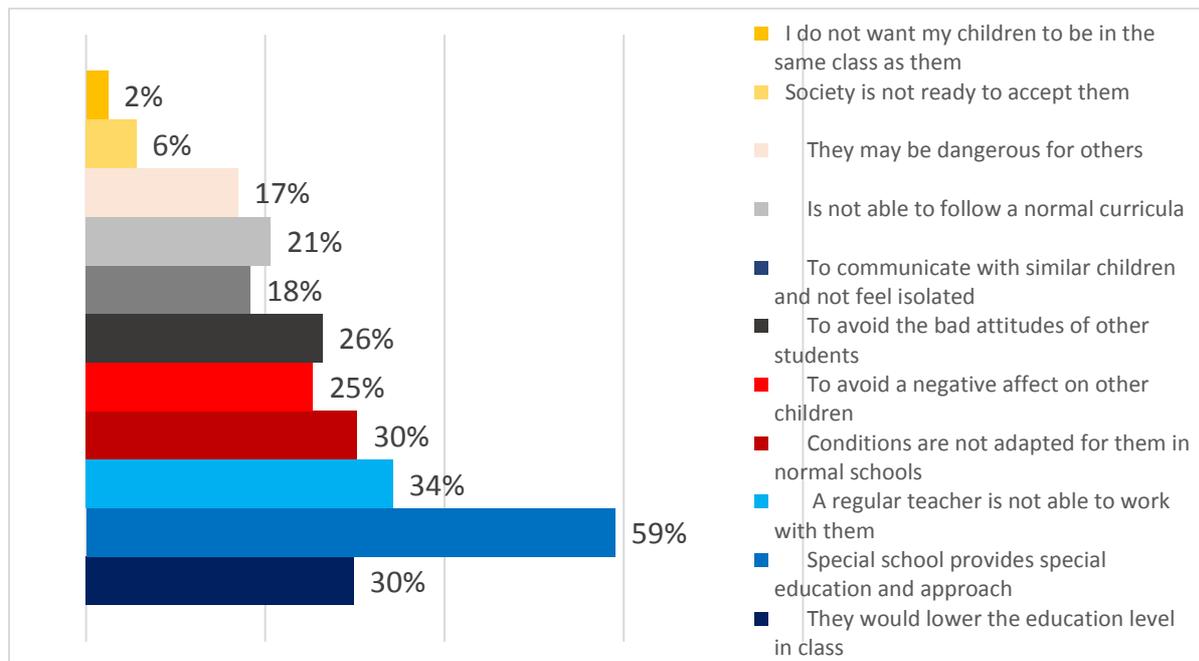


Table 9.15: Reasons cited by Lebanese respondents who believe that children with intellectual disabilities should not go to regular school and preschool with other children

Integration into work life

Physical disabilities

Overall, 67% of Lebanese total respondents believe that young people with physical disabilities should work. Male respondents are slightly more positive than female respondents, at 70% compared to 65%. Overwhelmingly positive responses were exhibited in Nabatieh, Mount Lebanon, Beirut and the South. The most negative responses were displayed in Baalbak-Hermel and Akkar, consistent with the general trend. Most Lebanese respondents from FGDs were positive about individuals with physical disabilities working as it boosted their moral and made use of their skills.

“People with physical disabilities have talent and abilities that are more developed than ordinary people”. Lebanese female caregiver, FGD in Beirut, May 2017

They believed that individuals with physical disabilities should work regular jobs but acknowledged that their job opportunities might be limited due to reduced mobility and access. While Lebanese respondents in Beirut argued for the need to promote employment for persons with disabilities in the FGDs, they suggested individuals with disabilities work from home or from specialised centres on artisanal and handicraft work. In other words, while the right to work is acknowledged, inclusion of persons with disabilities into the regular workforce is not preferred.

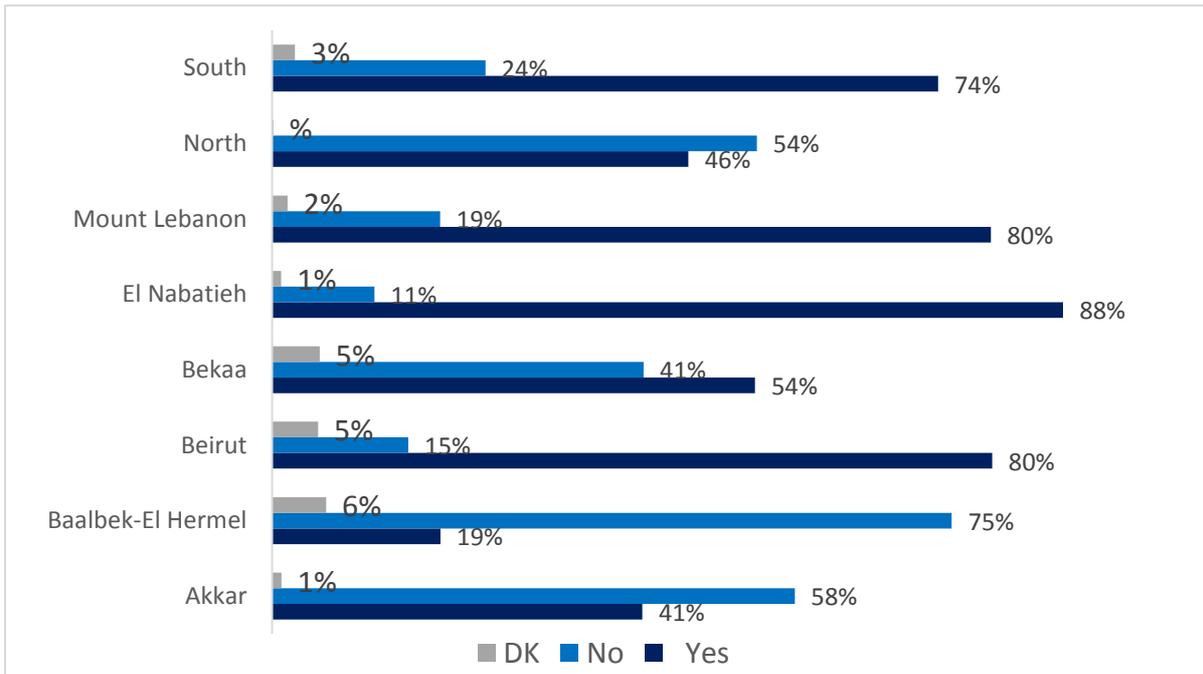


Table 9.16: Lebanese respondents who believe young people with physical disabilities should work by mohafaza

Intellectual disabilities

21% of Lebanese respondents believe that young people with intellectual disabilities should work, in contrast to 75% who believe they should not. The biggest proportion of positive responses is found in Nabatieh and Beirut, at 45% and 30% respectively. The majority of Lebanese respondents however does not believe that young people with intellectual disabilities should work, reaching 92% in the North, 90% in Akkar and 88% in Baalbek-Hermel. Lebanese respondents from FGDs believe that individuals with intellectual disabilities should be able to work basic or simple jobs. Some did not believe they should work as they may not be able to comprehend workplace conditions, not be productive for the business or customers and cause embarrassment.

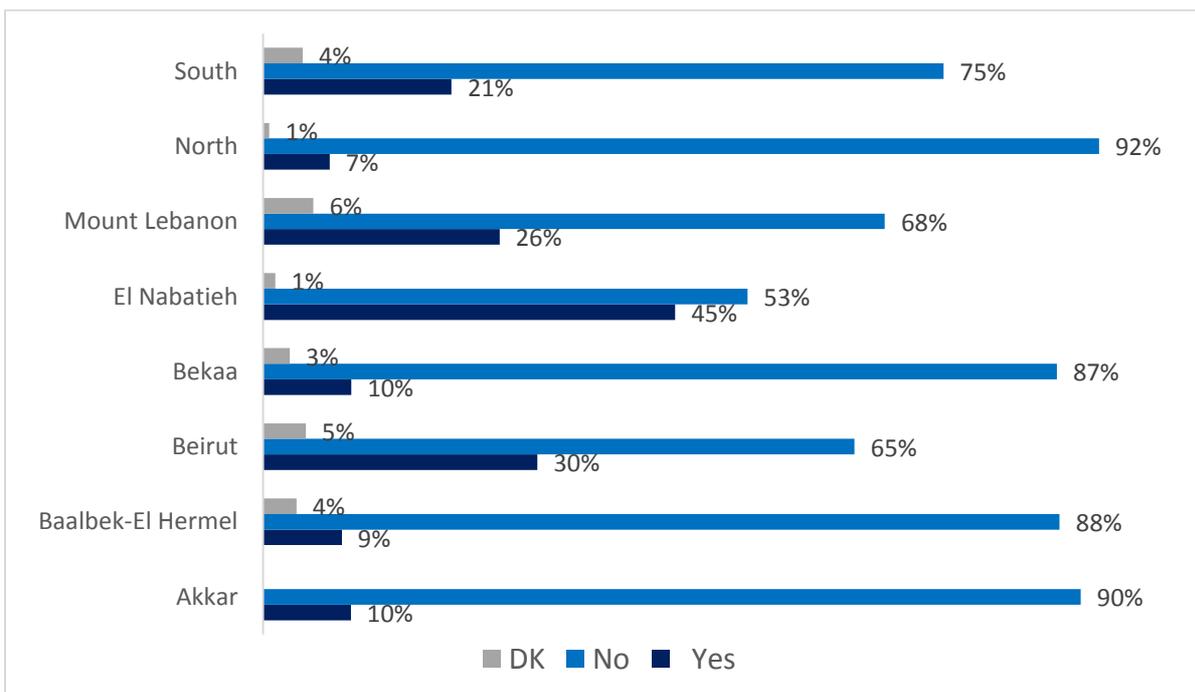


Table 9.17: Lebanese respondents who believe young people with intellectual disabilities should work by mohafaza

Integration into society

Physical disabilities

71% of Lebanese respondents believe that children with physical disabilities should be fully integrated into society. An average of 24% believes that they should not be fully integrated into society, and 5% do not have an opinion on the issue. The most positive responses were exhibited in Mount Lebanon at 84%, Nabatieh at 81% and Beirut at 73%. In Baalbek-Hermel, a third of respondents were unsure of the answer, highlighting a knowledge gap.

“Many children with disabilities do not go out, they stay at home because of society and their mood.” Lebanese male caregiver, FGD in Nabatieh, June 2017

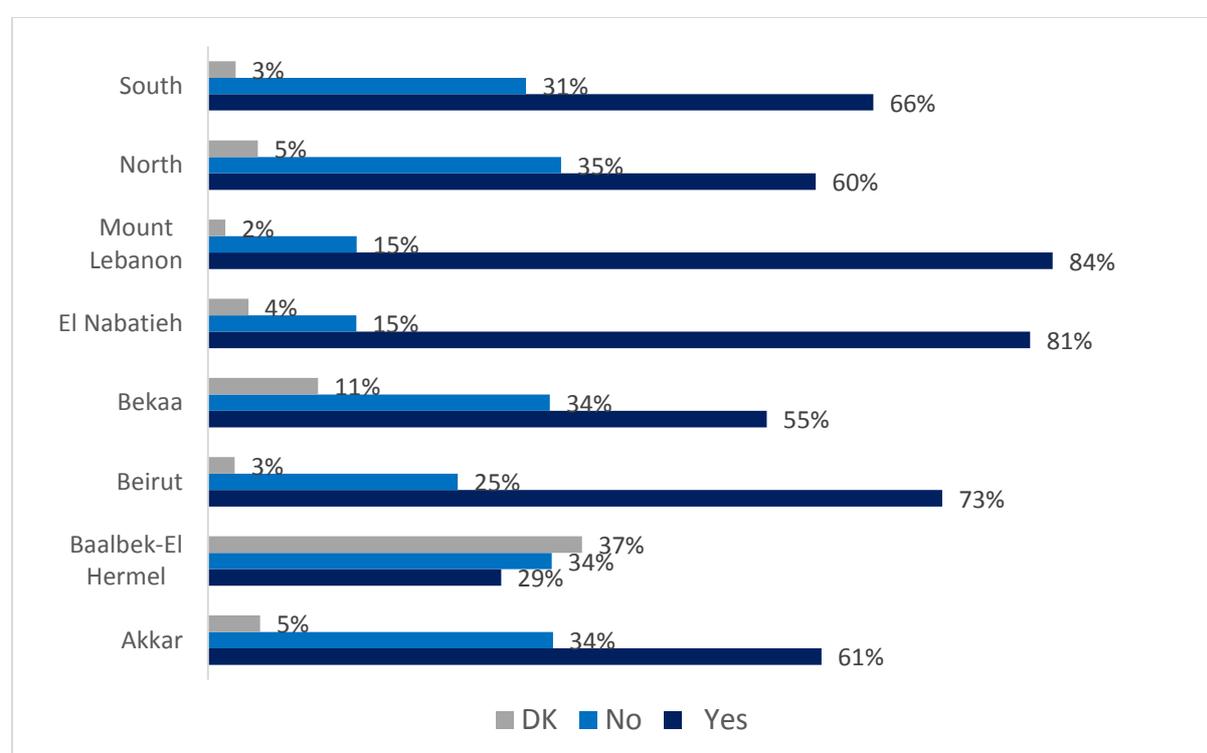


Table 9.18: Lebanese respondents who believe children with physical disabilities be fully integrated in society by mohafaza

Intellectual disabilities

25% of the total Lebanese respondents believed that children with intellectual disabilities should be fully integrated in society. The majority of respondents at 40% was not sure about their opinion, stating “do not know” as response, while 35% of respondents believed that children with intellectual disabilities should not be fully integrated in society. Responses varied across mohafazat. The most positive attitudes towards children with intellectual disabilities being fully integrated into society were found in Nabatieh at 40% and Beirut at 32%.

The most negative attitudes towards children with intellectual disabilities being fully integrated into society were noted in the South at 55%, in Akkar and in the North at 36% respectively. The high levels of uncertainty among some respondents indicates that they have not made up their minds on the

issue: in the Bekaa and Baalbek-Hermel, around 60% of Lebanese respondents are undecided whether children with intellectual disabilities should be fully integrated into society.

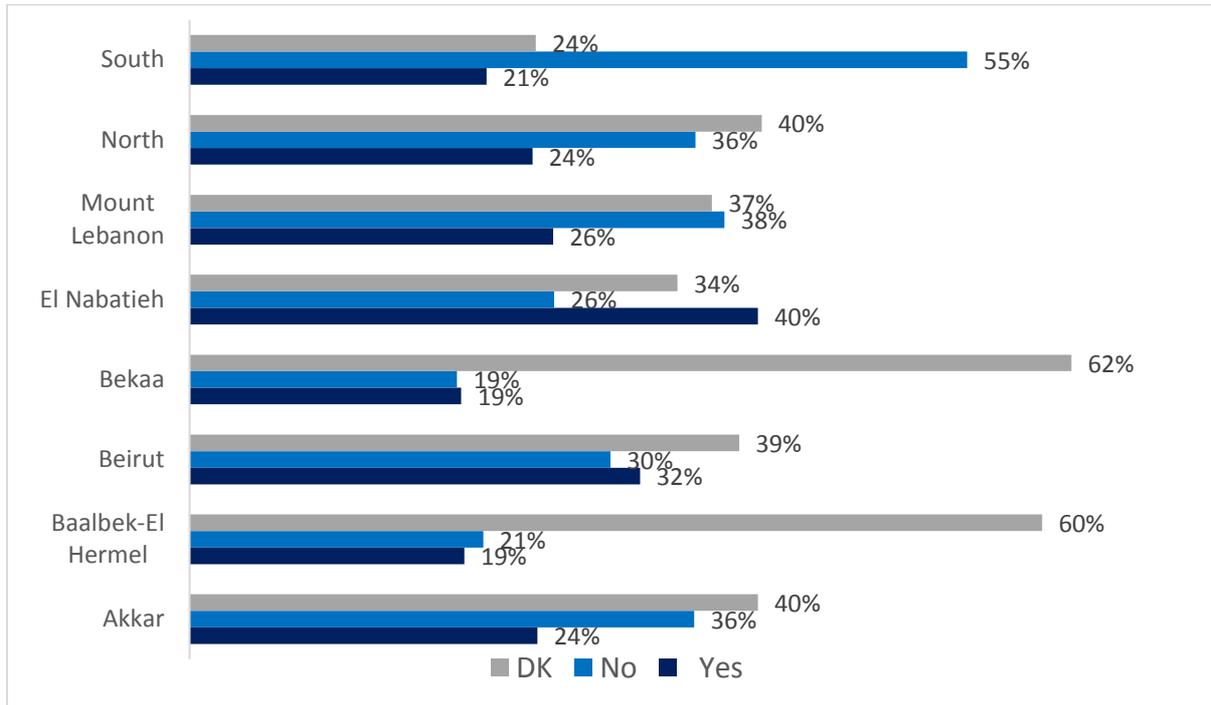


Table 9.19: Lebanese respondents who believe children with intellectual disabilities be fully integrated in society by mohafaza

Participation in community life

Physical disabilities

68% of Lebanese respondents believe that children with physical disabilities should participate in community life, in contrast to 26% who do not believe that and 5% who are undecided. The most positive responses for children with physical disabilities to participate in community life were noted in Mount Lebanon at 82% and in Nabatieh at 80%. In contrast, the most negative responses were noted in Akkar at 45% and in the North at 42%. In Baalbek-Hermel, a third of respondents was undecided about the question at hand.

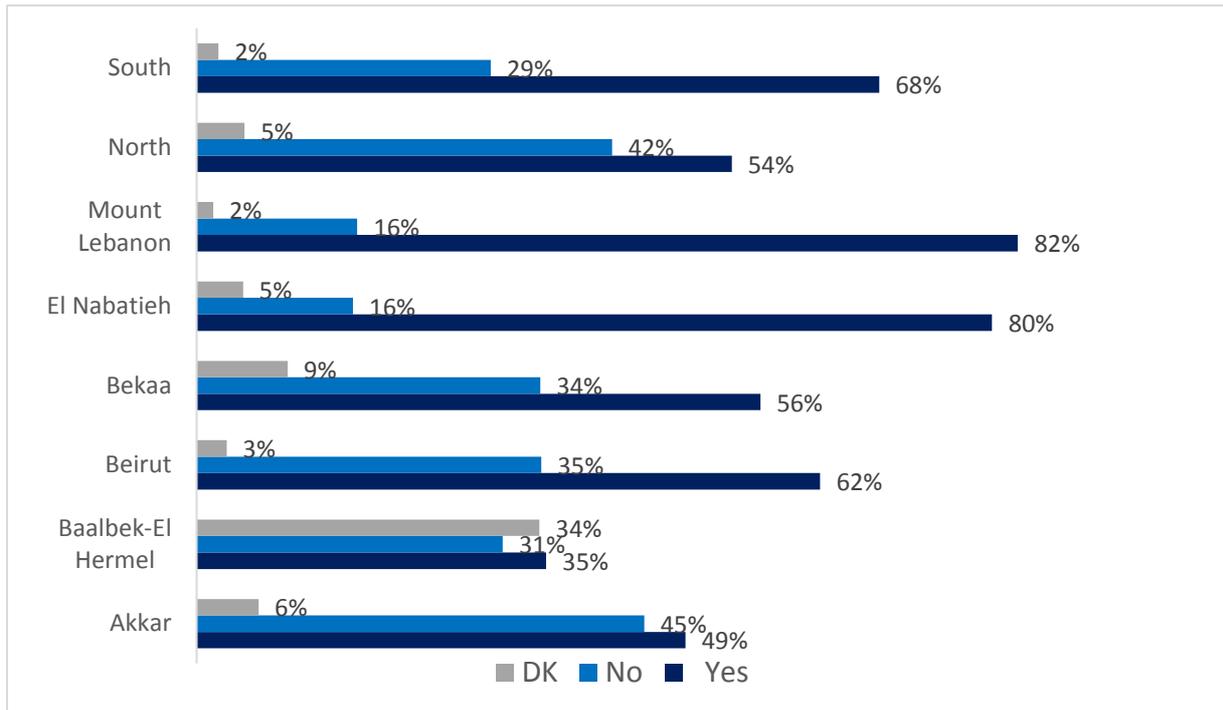


Table 9.20: Lebanese respondents who believe children with physical disabilities should participate in community activities by mohafaza

Intellectual disabilities

25% of Lebanese respondents believe that children with intellectual disabilities should participate in community life. In contrast, 35% of the total respondents state that they should not participate in community life, while 40% of the total respondents are undecided. The high levels of indecisiveness indicate a lack of knowledge and awareness on the issue at hand. The highest levels of indecisiveness were noted in the Bekaa at 56% and Baalbak-Hermel at 55%.

“Children with disabilities are entitled to play with other children, join social occasions, join in outings and be invited to play with other children in their homes.”
 Lebanese male caregivers, FGD in Nabatieh, June 2017

The fewest responses in favour of children with intellectual disabilities participating in community life were noted in the North and Akkar, while the most responses in favour were exhibited in Nabatieh and Mount Lebanon. Lebanese respondents in FGDs explained that children with disabilities should be fully included in the social life of the community except if they could be a source of danger and harm to others.

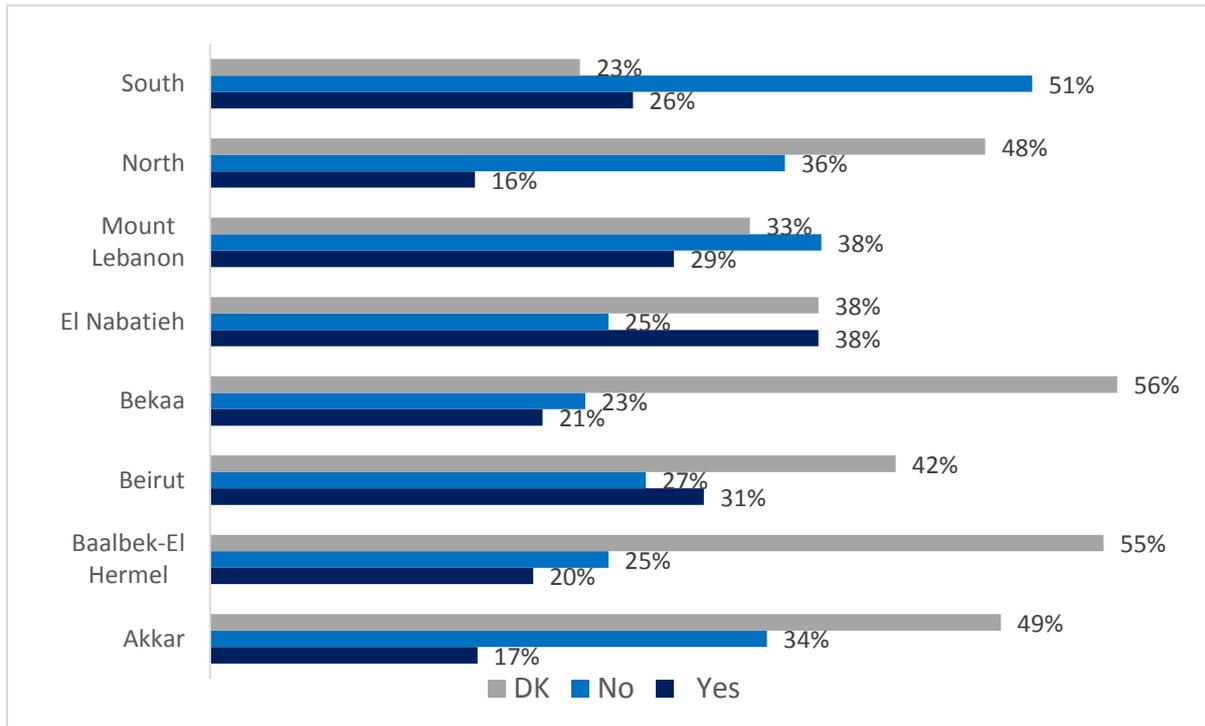


Table 9.21: Lebanese respondents who believe children with intellectual disabilities should participate in community activities by mohafaza

Residential institutions

Physical disabilities

Overall, 60% of Lebanese respondents believed it was acceptable to place children with physical disabilities in residential institutions. While 31% of total respondents did not believe that it was acceptable to do so, 9% were undecided. In the various mohafazat, respondents who found it acceptable to place children with physical disabilities in residential institutions ranged from 43% in the Bekaa to 81% in Nabatieh. Respondents who did not find it acceptable to place children with physical disabilities in residential institutions ranged from 12% in Nabatieh to 47% in Beirut. Almost 20% of respondents in the Bekaa and Baalbek-Hermel were undecided.

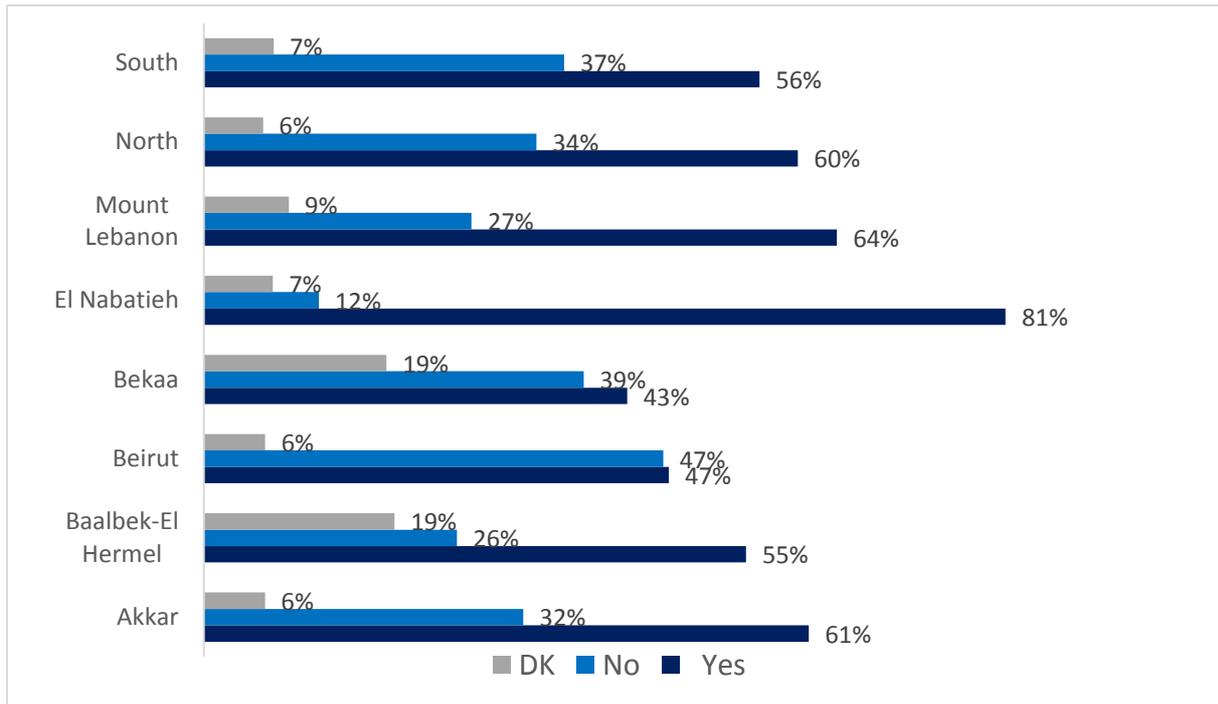


Table 9.22: Lebanese respondents who believe it is acceptable to place children with physical disabilities in residential institutions by mohafaza

Intellectual disabilities

71% of Lebanese respondents found it acceptable to place children with intellectual disabilities in residential institutions. While 23% did not find it acceptable, around 15.5% was undecided on the issue. Opinions differed across mohafazat. The most respondents who did not find it acceptable to place children with intellectual disabilities in residential institutions were in the South at 37% and the North and Akkar at 30%. A significant proportion of respondents was undecided, especially in Nabatieh and Bekaa at 33% and 30% respectively.

“In Lebanon, people need a lot of time to understand disability, which is why I would prefer to place children with disabilities in a private institution, in order for them not to be mocked by others.” Lebanese male caregivers, FGD in Nabatieh, June 2017

Respondents from the FGDs stated that they had more trust in private sector institutions rather than in public services, since they were argued to be better equipped and staffed. Overall, knowledge of centres and their life was limited, with respondents not sure how to access services for children with disabilities.

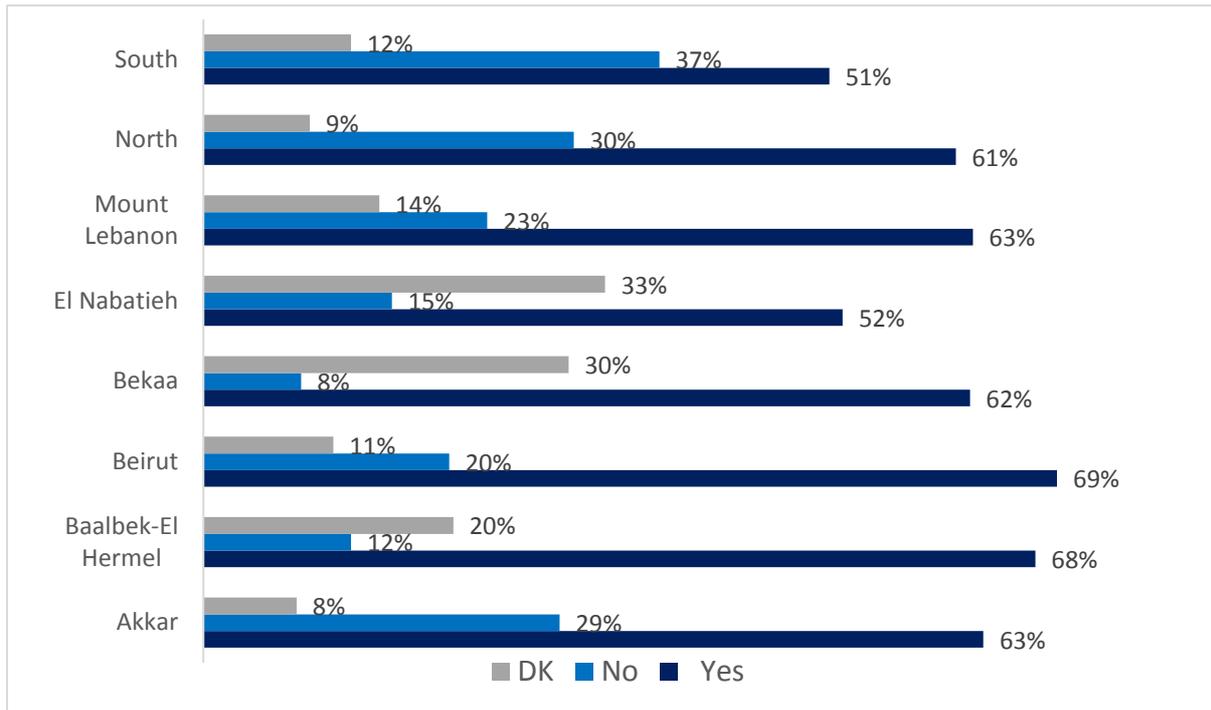


Table 9.23: Lebanese respondents who believe it is acceptable to place children with intellectual disabilities in residential institutions by mohafaza

9.3.3. Registered Syrians domain

Integration into education

Physical disabilities

A total of 45% of registered Syrian respondents believed that children with physical disabilities should attend regular preschool and schools. The most positive attitudes were exhibited in the South and in Beirut at 81% and 70% respectively, while the least positive attitudes were exhibited in Baalbek-Hermel and Bekaa at 85% and 65% respectively.

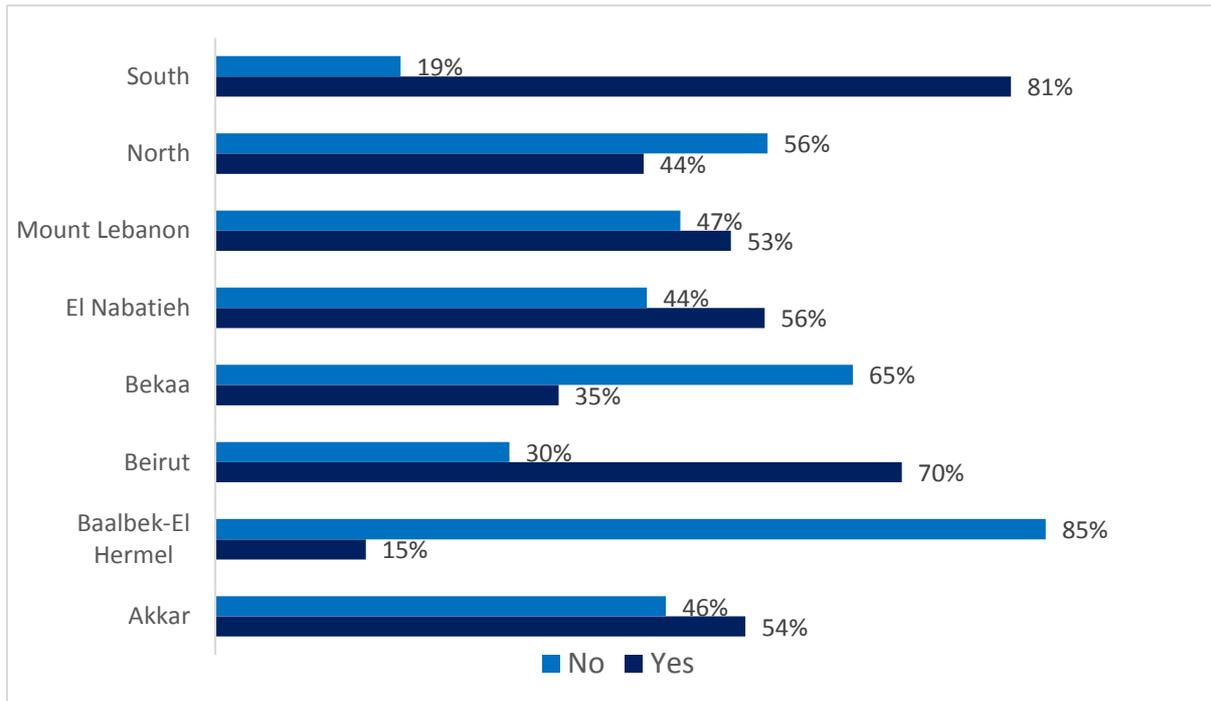


Table 9.24: Syrian respondents registered with UNHCR who believe that children with physical disabilities should go to regular school or preschool with other children by mohafaza

Of those respondents who believed that children with physical disabilities should not attend regular preschool or school, 55% believed that conditions in normal schools were not adapted to accommodate them and 45% believed that specialised schools are more beneficial to children with physical disabilities.

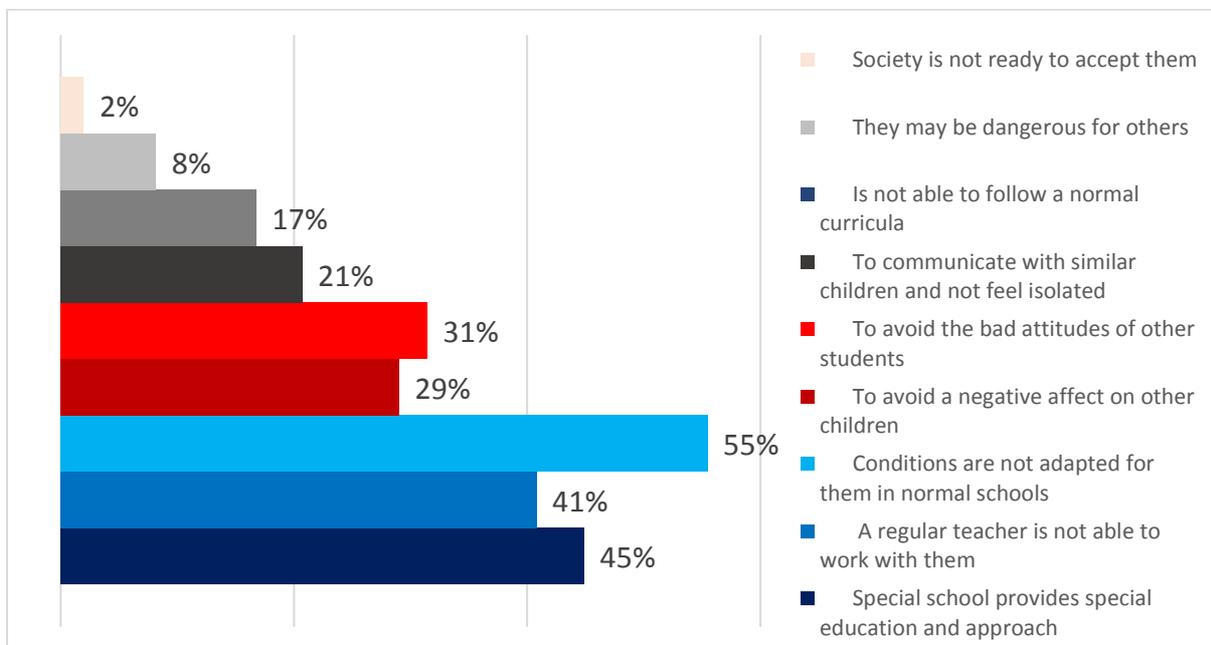


Table 9.25: Reasons cited by Syrian respondents registered with UNHCR who believe that children with physical disabilities should not go to regular school or preschool with other children

Intellectual disabilities

17% of registered Syrian respondents believe that children with intellectual disabilities should attend regular preschool and school with other children, in contrast to 83% who believe that they should not. Across mohafazat, the majority of responses were not in favour of children with intellectual disabilities attending formal education activities. The most positive attitudes were exhibited in Beirut at 30% and in Akkar at 26%.

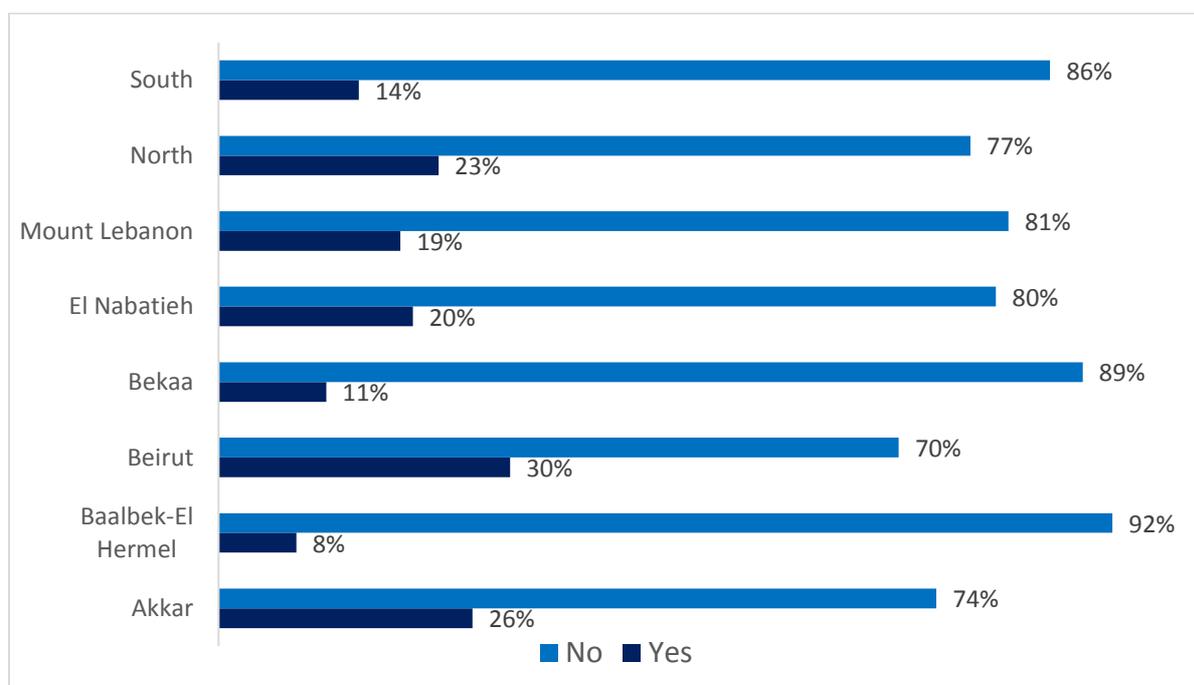


Table 9.26: Syrian respondents registered with UNHCR who believe that children with intellectual disabilities should go to regular school or preschool with other children by mohafaza

Of those who did not believe that children with intellectual disabilities should attend regular preschool and school, 40-46% believed that specialised school would be a better option for the children in question, regular teachers would not be able to work with them and conditions in regular schools were not adapted to them. 31% of registered Syrian respondents stated that children with intellectual disabilities should be excluded from regular education establishments as they could have a negative effect on other children, and 16% of respondents stated that they may be dangerous for others.

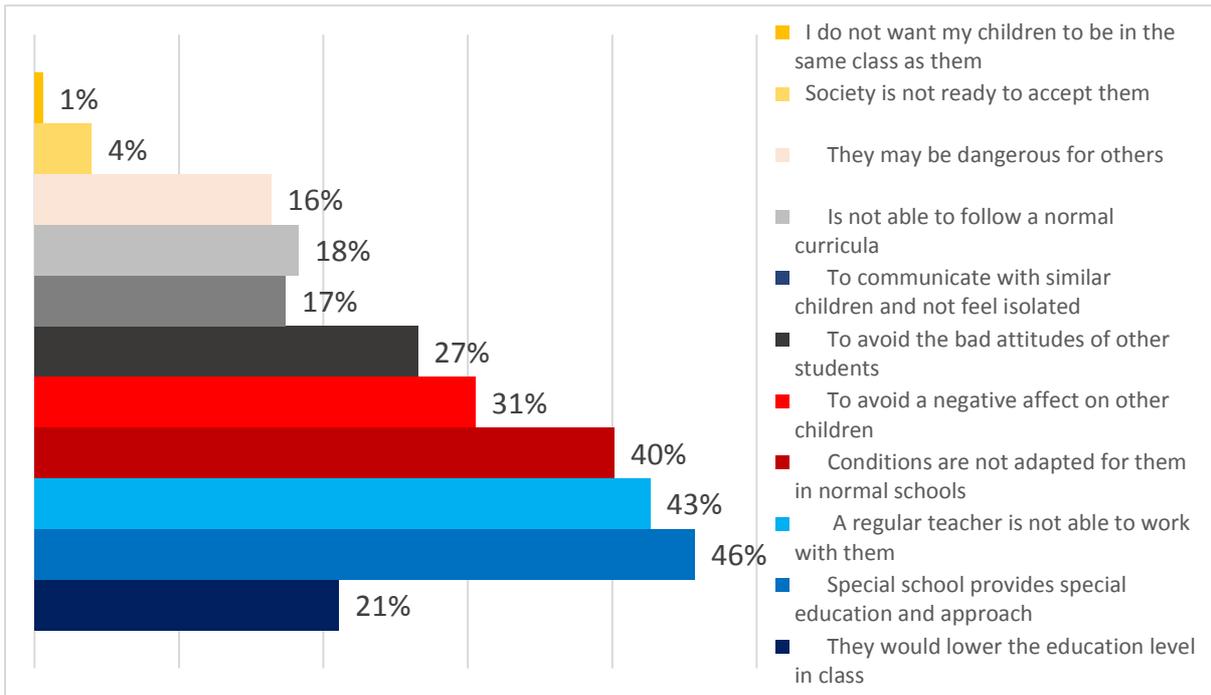


Table 9.27: Reasons cited by Syrian respondents registered with UNHCR who believe that children with intellectual disabilities should not go to regular school or preschool with other children

Integration into work life

Physical disabilities

33% of registered Syrian respondents believe that young people with physical disabilities should work. However, most respondents at 64.5% believe that young people with physical disabilities should not work and 3% are undecided. There are clear variations by mohafaza: the most negative attitudes towards young people with physical disabilities working were noted in Baalbek-Hermel and the Bekaa, while the most positive were noted in Beirut, the South and Mount Lebanon.

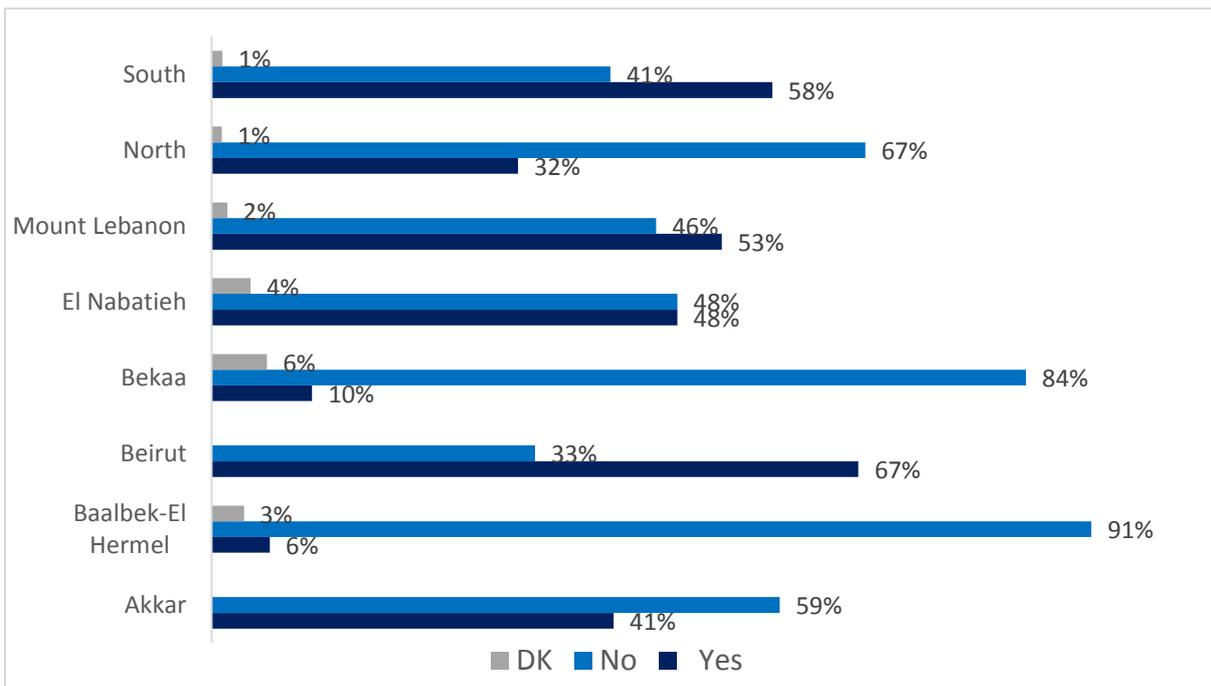


Table 9.28: Syrian respondents registered with UNHCR who believe that young people with physical disabilities should work by mohafaza

Intellectual disabilities

9% of registered Syrian respondents believe that young people with intellectual disabilities should work, compared to 89% who do not believe so. The responses were consistent on a mohafaza level except for Beirut and Mount Lebanon, where attitudes were more positive: in Beirut 30% of respondents believed that young people with intellectual disabilities should work and in Mount Lebanon 21% believed so.

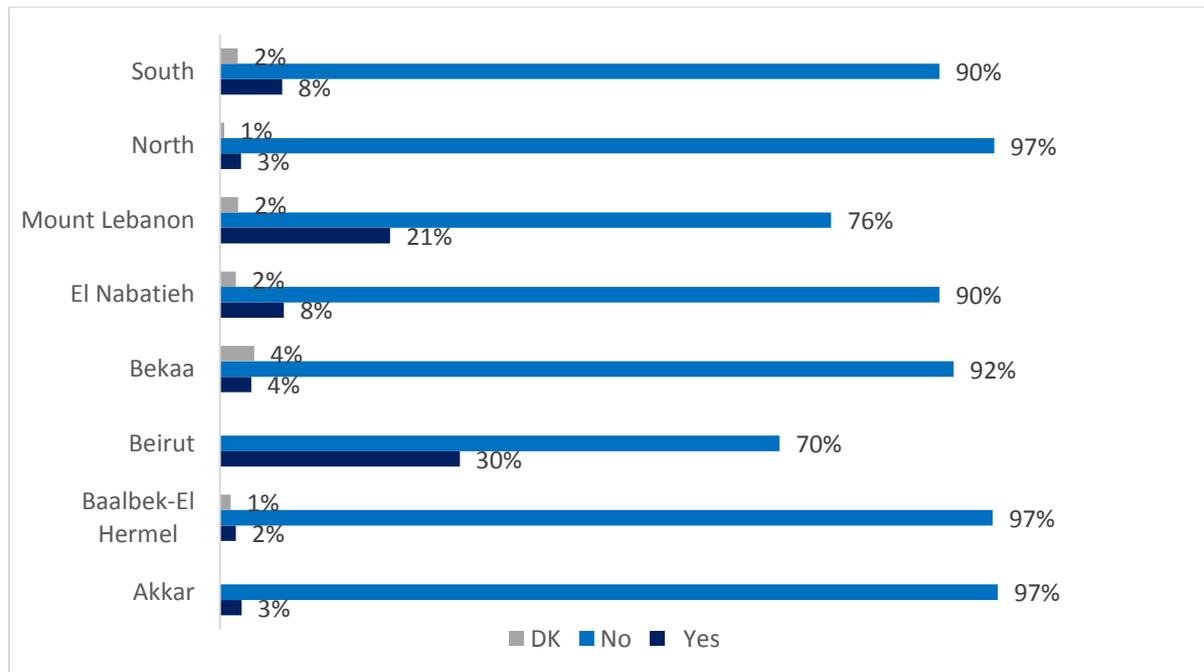


Table 9.29: Syrian respondents registered with UNHCR who believe that young people with intellectual disabilities should work by mohafaza

Integration into society

Physical disabilities

Overall, 56% of registered Syrian respondents believe that children with physical disabilities should be fully integrated in society. This can be compared to 35% of respondents who believe that they should not be and 9% of respondents who are undecided. Mohafazat in which respondents believe most strongly in fully integrating children with physical disabilities are Mount Lebanon, Nabatieh and Beirut. The most mixed results are found in Baalbek-Hermel and the Bekaa, with many undecided respondents.

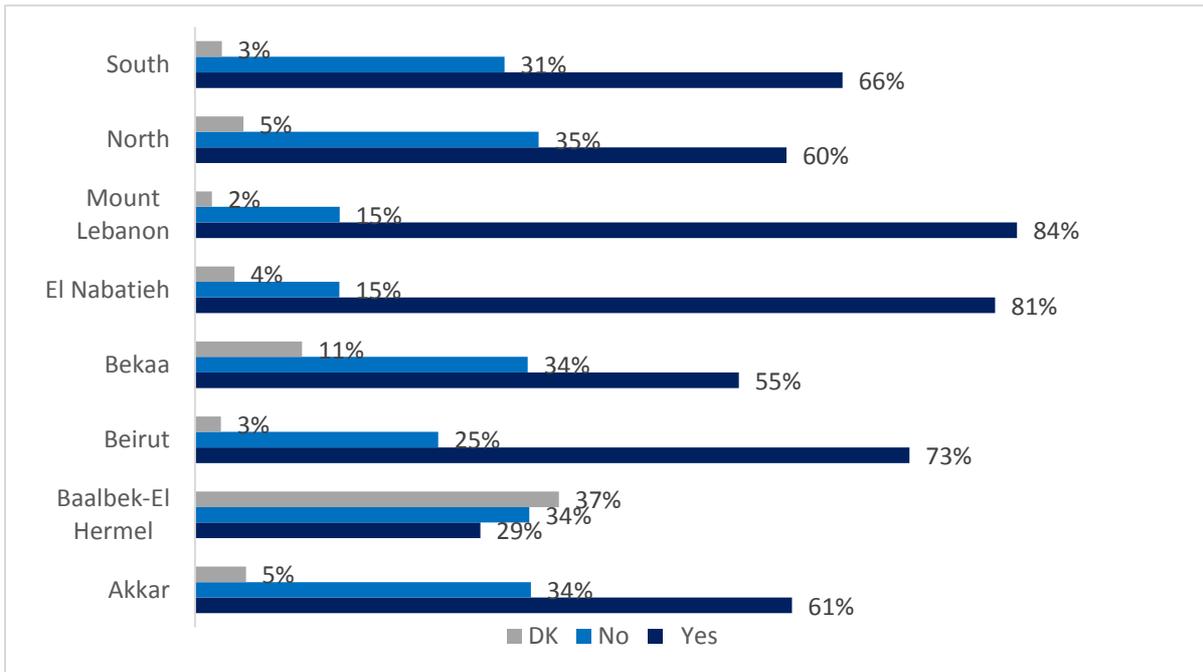


Table 9.30: Syrian respondents registered with UNHCR who believe children with physical disabilities should be fully integrated in society by mohafaza

Intellectual disabilities

33% of registered Syrian respondents believe that children with intellectual disabilities should be fully integrated in society. The rest of respondents are split almost evenly between 31.5% who believe they should not be fully integrated in society and 35% who are undecided. The most positive attitudes are exhibited in the North and in Akkar at 45% and 37% respectively. The significant level of undecided responses highlights a gap in knowledge and represents an opening for shaping people's attitudes.

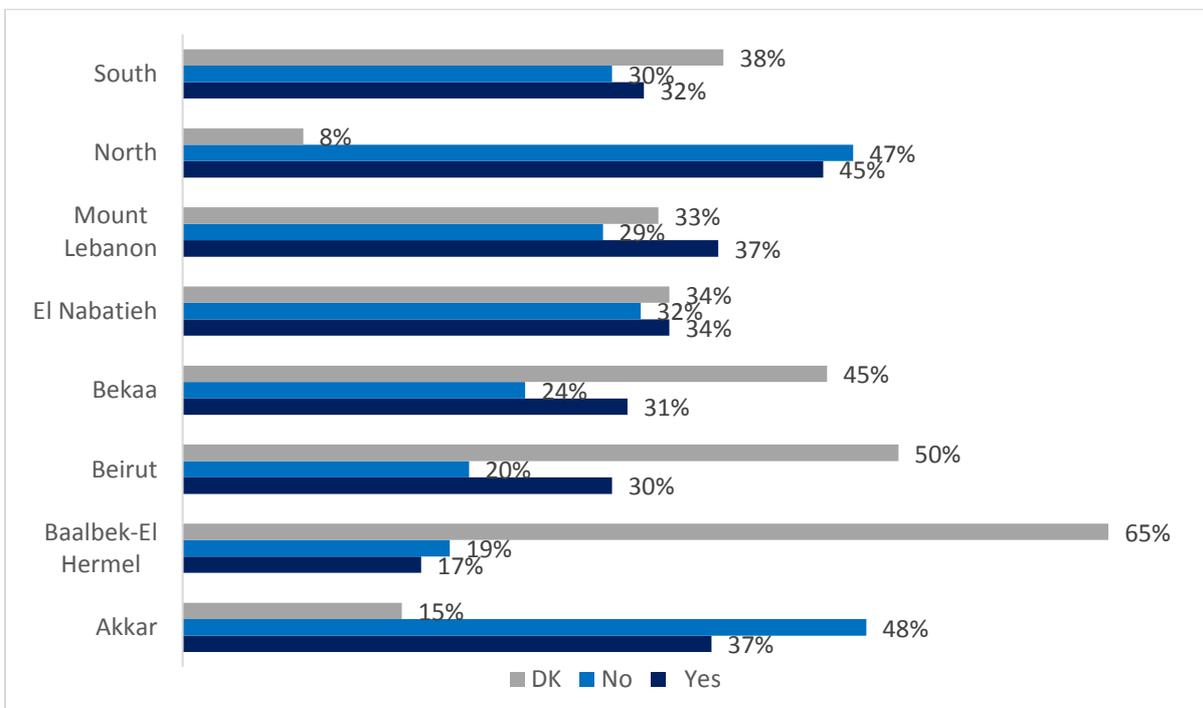


Table 9.31: Syrian respondents registered with UNHCR who believe children with intellectual disabilities should be fully integrated in society by mohafaza

Participation into community life

Physical disabilities

53% of registered Syrian respondents believe that children with physical disabilities should participate in community life, while 39% believe that they should not. On a mohafaza level, the respondents who exhibited the most positive attitudes were in Beirut and Nabatieh at 80%, Mount Lebanon at 75% and the South at 66%. The most negative attitudes to children with physical disabilities participating in community life were noted in the North and in Akkar at 77% and 70% respectively.

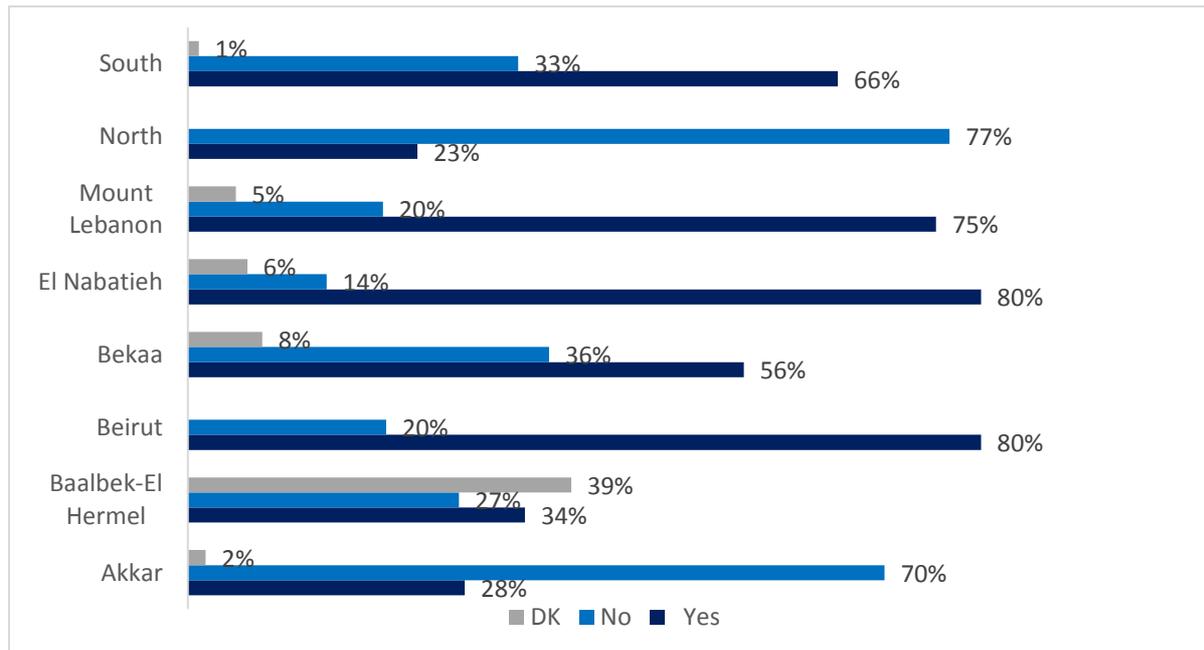


Table 9.32: Syrian respondents registered with UNHCR who believe children with physical disabilities should participate in community life by mohafaza

Intellectual disabilities

31% of registered Syrian respondents in Mount Lebanon believe that children with intellectual disabilities should participate in community life. In contrast, 40% of respondent in the same mohafaza believe that they should not and 29% are undecided. The most positive attitudes were expressed in Bekaa at 45%. Half of respondents in Beirut and Baalbek-Hermel were undecided on this issue, while the most negative attitudes were articulated in the North and Akkar at 73%.

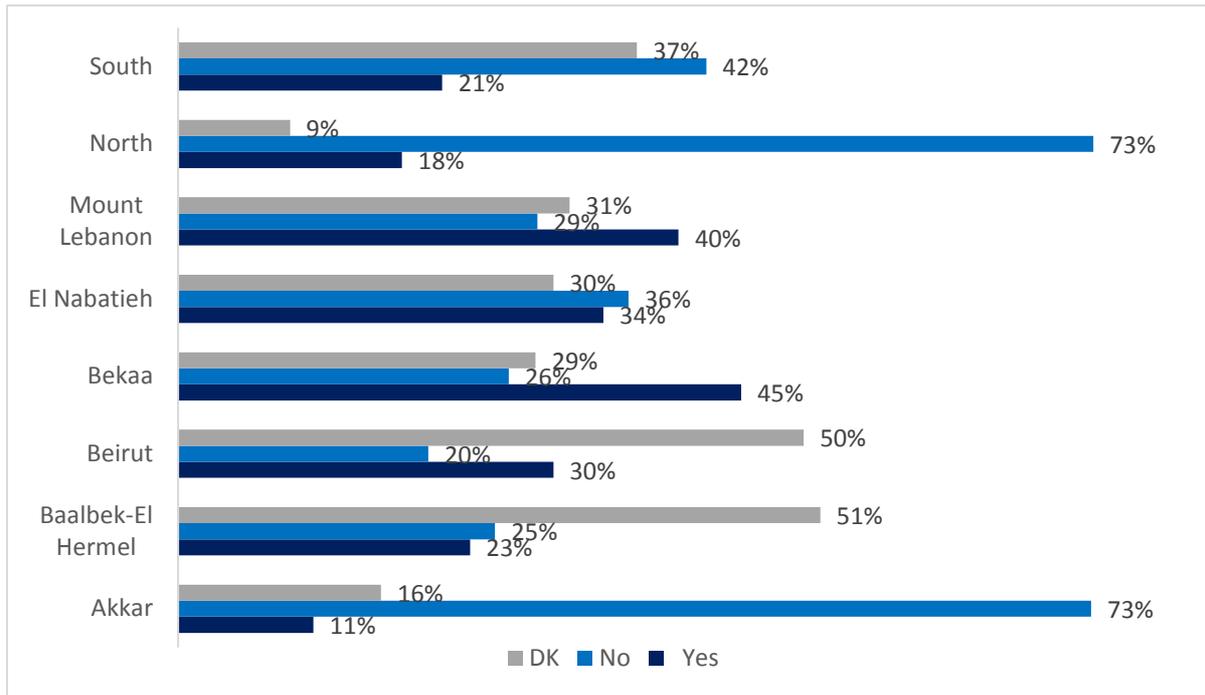


Table 9.33: Syrian respondents registered with UNHCR who believe children with intellectual disabilities should participate in community life by mohafaza

Residential institutions

Physical disabilities

Out of the total of registered Syrian respondents, 58% found it acceptable to place children with physical disabilities in residential institutions. The highest proportion of registered Syrian respondents replying to find it acceptable were in Nabatieh at 78% and the lowest in Beirut at 43%. The highest proportion of respondents who did not find it acceptable was in Akkar, the North and Bekaa.

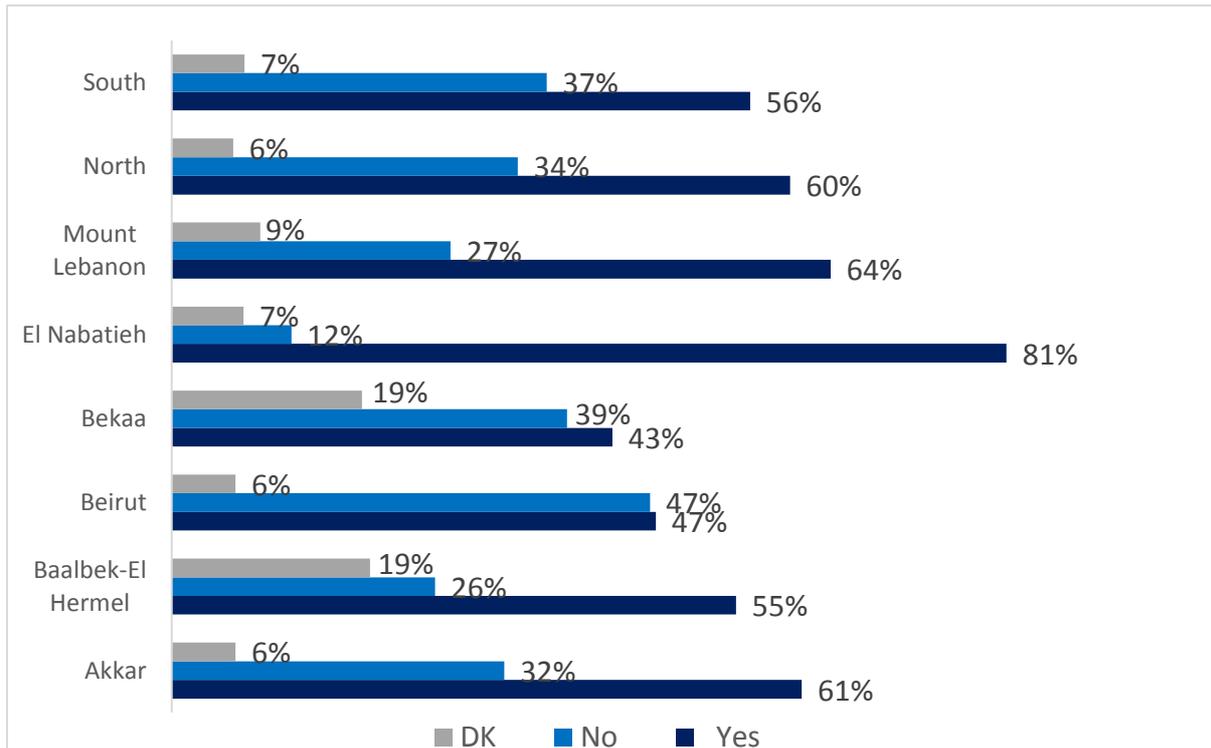


Table 9.34: Registered Syrian respondents with UNHCR who find it acceptable to place children with physical disabilities in residential institutions by mohafaza

Intellectual disabilities

69% of registered Syrian respondents find it acceptable to place children with intellectual disabilities in residential institutions. While 21% of respondents do not find it acceptable, 10% are undecided. Responses of those who believe that it is acceptable to place children with intellectual disabilities in residential institutions range between 100% in Beirut to 46% in the South, while those who do not find it acceptable are mostly in the North at 48% and in Akkar at 41%.

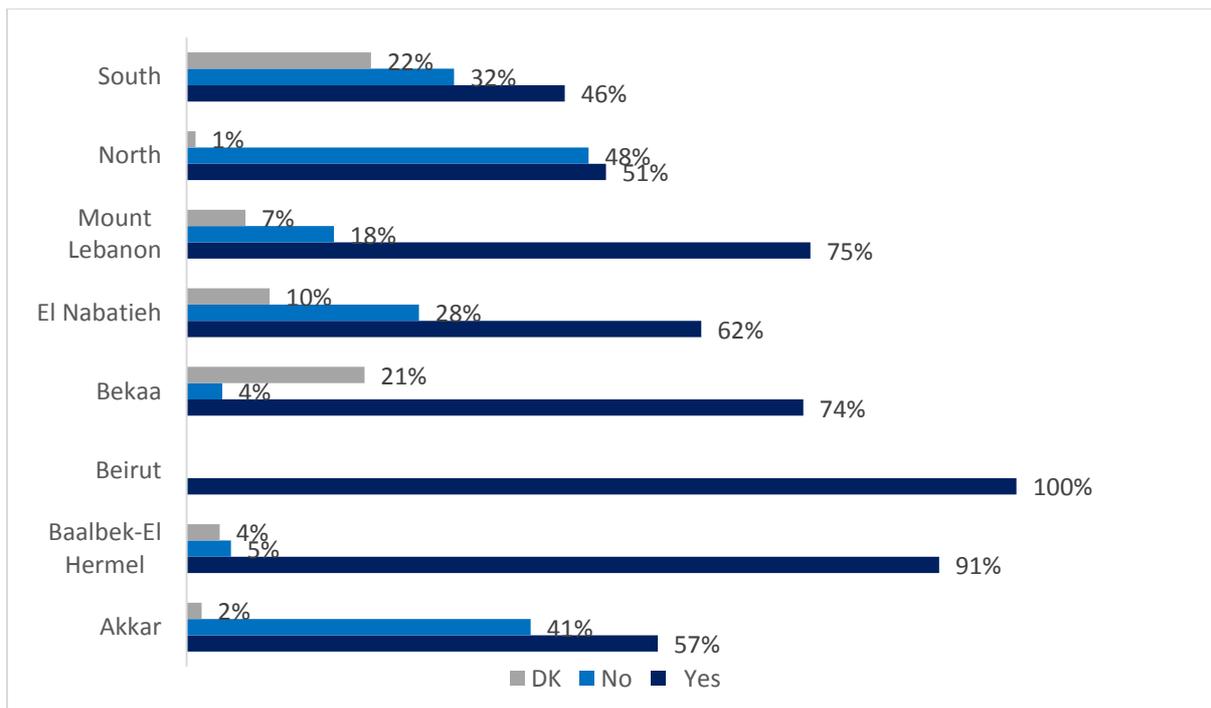


Table 9.35: Syrian respondents registered with UNHCR who find it acceptable to place children with intellectual disabilities in residential institutions by mohafaza

9.3.4. Syrians in ISs domain

Integration into education

Physical disabilities

49% of Syrians in ISs believe that children with physical disabilities should attend regular preschool and school. Male respondents have a more positive attitude than female respondents, at 57% versus 48%. Of those who do not believe that children with physical disabilities should attend regular preschool and school, more than half cite that the child would not be able to follow the normal curricula, implying that they would not be able to hear the teacher or read what is written on the board.

“Other children would make fun [of the child with disabilities]. The child will feel sad and will stop wanting to go to school.” Syrian female caregiver, FGD in an IS in Akkar, June 2017

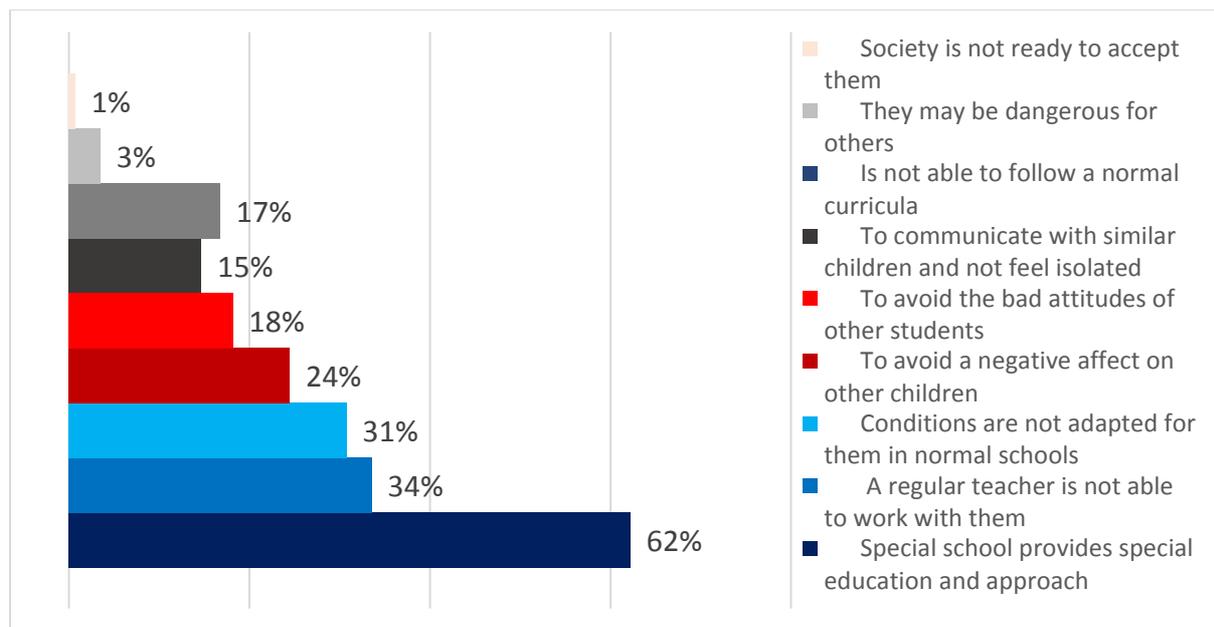


Table 9.36: Syrian respondents in ISs who believe that children with physical disabilities should not attend regular school or preschool

Intellectual disabilities

Only 11% of Syrian respondents in ISs believe that children with intellectual disabilities should attend regular preschool and school. Of those 89% who do not believe that they should, 54% state that specialised education establishments would provide a more tailored curriculum, therefore implying that regular schools are not adapted to include children with intellectual disabilities. In a FGD with Syrian female caregivers in an IS in Akkar, most were generally in favour of specialised schools but explained that they were not available for them in Lebanon. Fear of bullying towards the child with disability was high and school administrations were also said to often not accept children with disabilities.

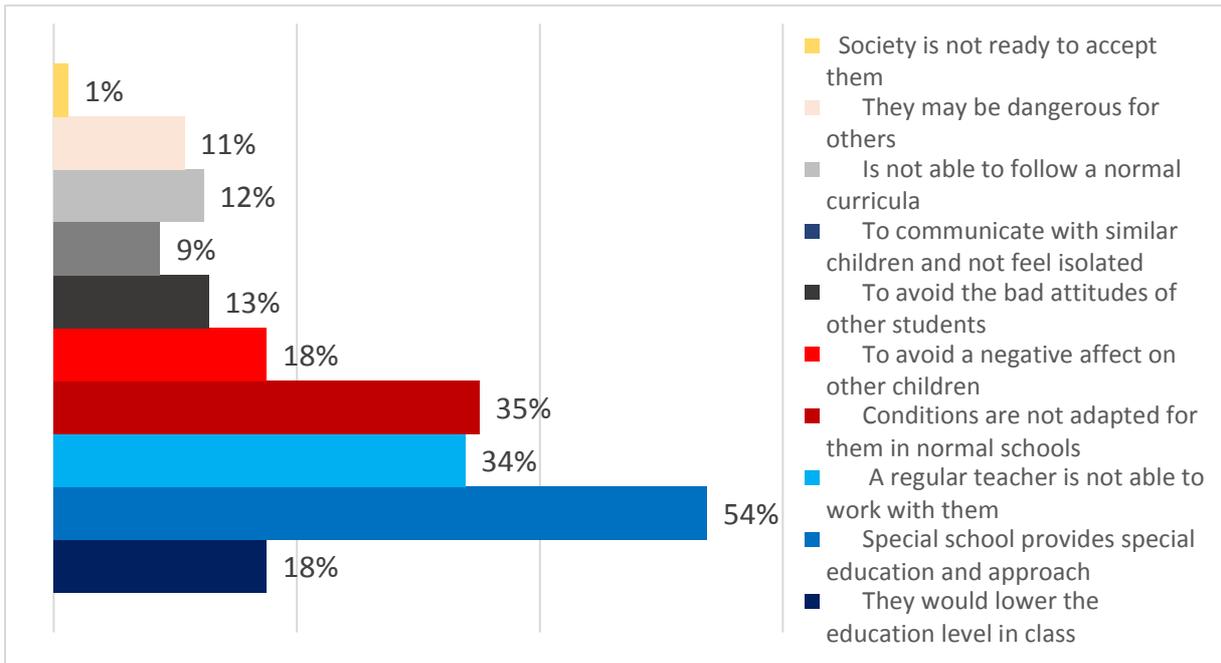


Table 9.37: Syrian respondents in ISs who believe that children with intellectual disabilities should not attend regular school or preschool

Integration into work life

Physical disabilities

35% of Syrian respondents in ISs believe that young people with physical disabilities should work compared to 60% who believe that they should not. Men have a slightly more positive attitude to this question.

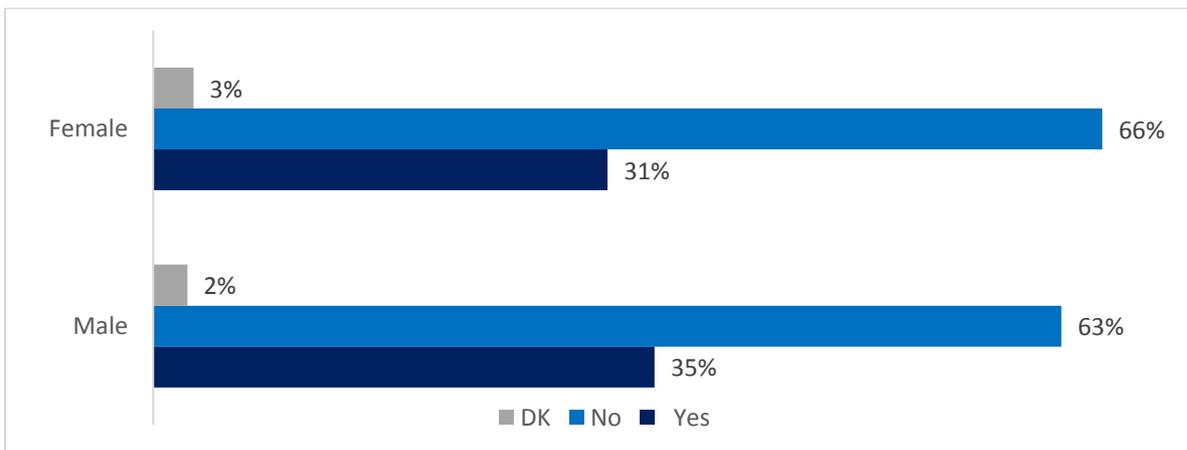


Table 9.38: Syrian respondents in ISs who believe young people with physical disabilities should work

Intellectual disabilities

Only 6% of Syrian respondents in ISs believe that young people with intellectual disabilities should work compared to an overwhelming 90% who believe that they should not. Slightly more male respondents, at 7%, than female respondents are undecided about this question.

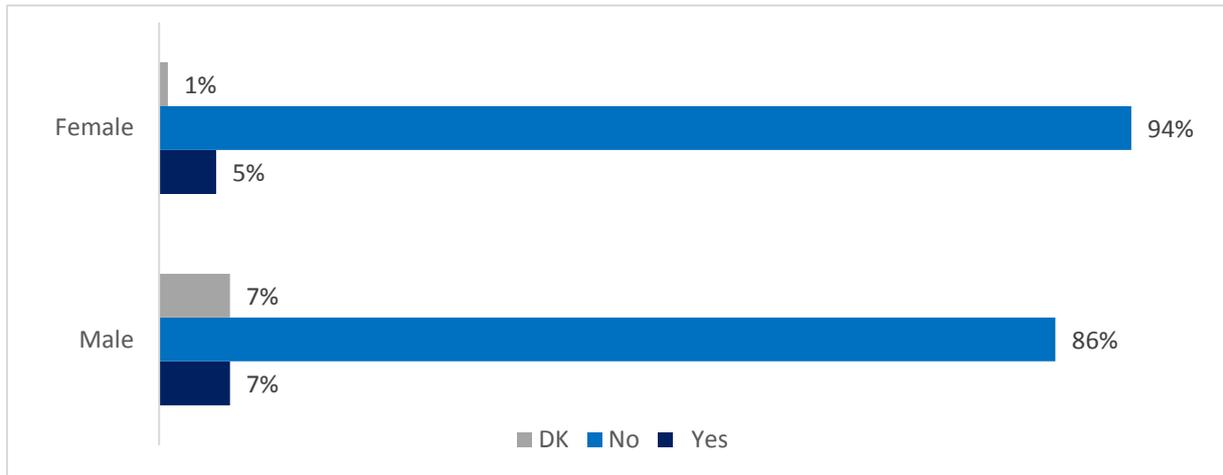


Table 9.39: Syrian respondents in ISs who believe young people with intellectual disabilities should work

Integration into society

Physical disabilities

49% of Syrian respondents in ISs believe that children with physical disabilities should be fully integrated in society. Interestingly, more female respondents were against integrating children with physical disabilities into society than male, at almost 40% compared to 25%. However, more male respondents were unclear about their opinion than female respondents.

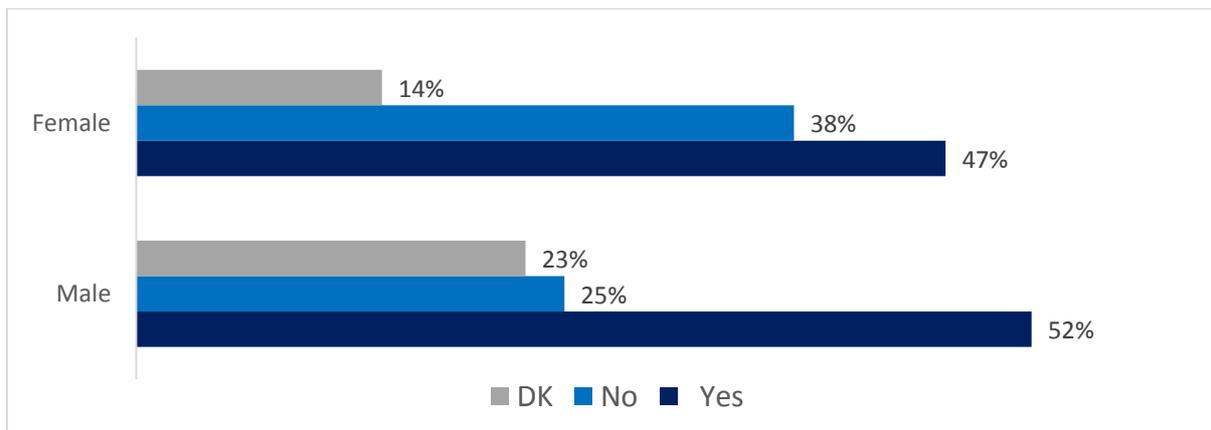


Table 9.40: Syrian respondents in ISs who think children with physical disabilities should be fully integrated in society

Intellectual disabilities

A total of 20% of Syrian respondents in ISs believe that children with intellectual disabilities should be fully integrated in society. Interestingly, men have more positive attitudes towards the social integration of children with intellectual disabilities than women. It is worth noting that 61% of all respondents are undecided about this issue, highlighting the need to provide awareness and knowledge.

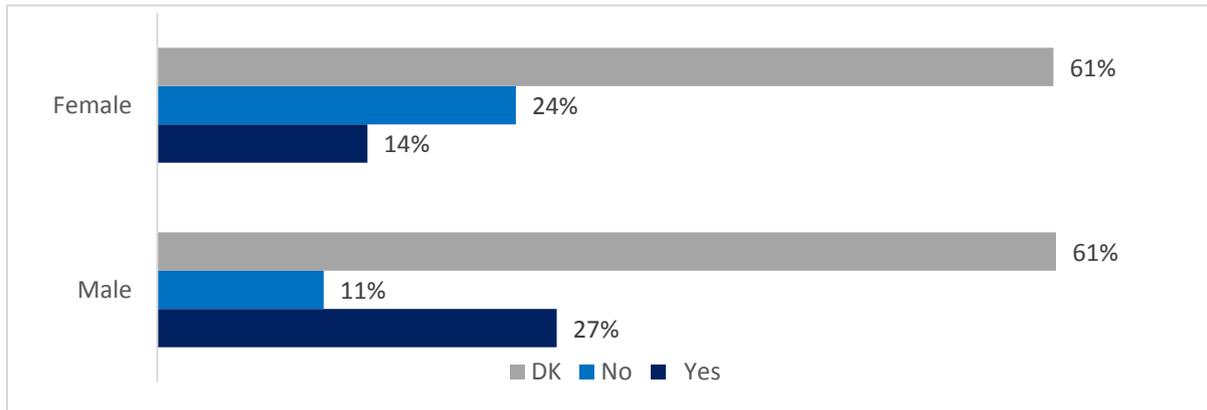


Table 9.41: Syrian respondents in ISs who think children with intellectual disabilities should be fully integrated in society

Participation into community life

Physical disabilities

52% of Syrian respondents in ISs believe that children with physical disabilities should participate in community life. While 10% more female than male respondents believe that children with physical disabilities should participate in community life, more male respondents are undecided on this question.

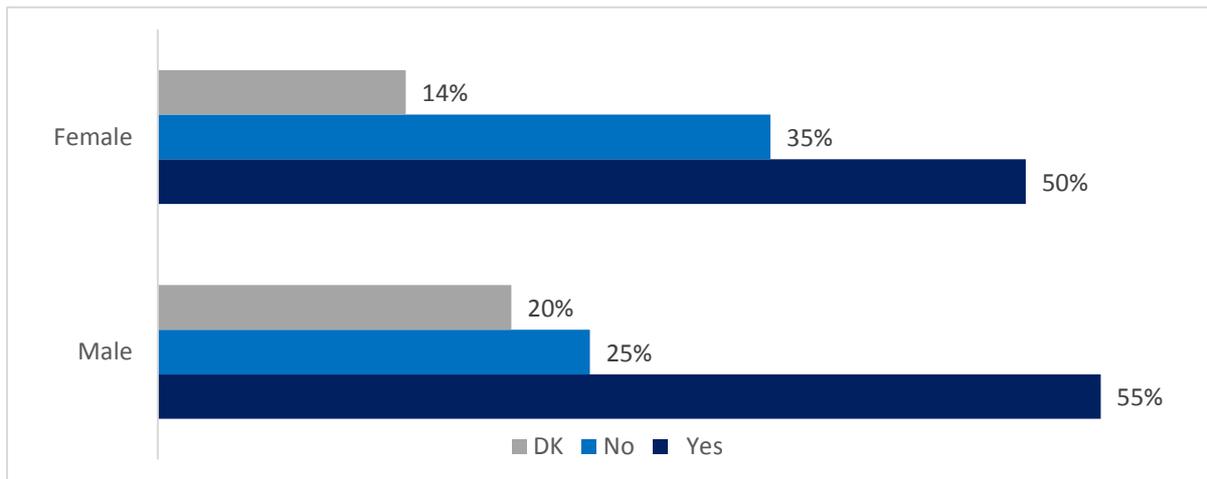


Table 9.42: Syrian respondents in ISs who believe children with physical disabilities should participate in community life

Intellectual disabilities

20% of Syrian respondents in ISs believe that children with intellectual disabilities should participate in community life. This percentage is less than half of what respondents replied when asked the same question on physical disabilities. Double of female than male respondents, at 30% compared to 14%, believed that children with intellectual disabilities should not participate in community life. Crucially, over half of total respondents were undecided on this question.

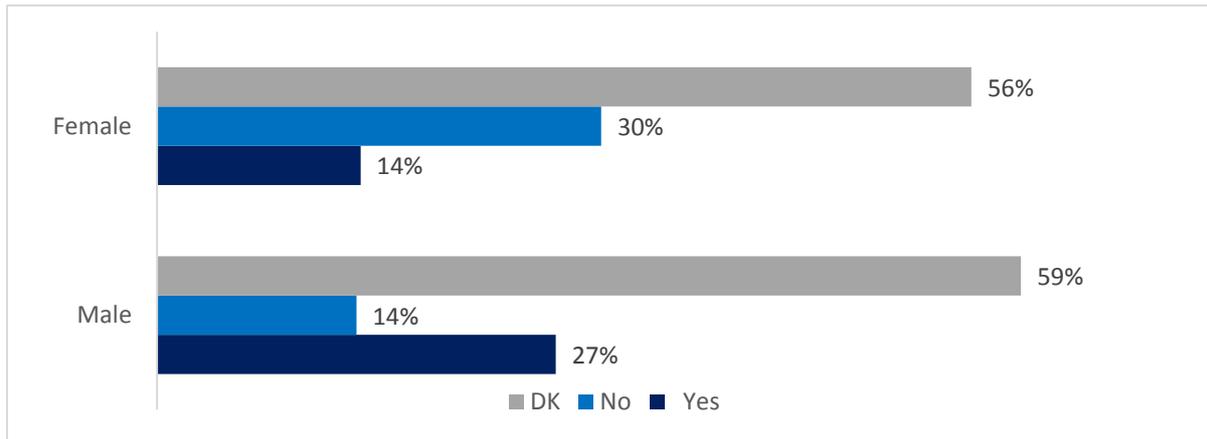


Table 9.43: Syrian respondents in ISs who believe children with intellectual disabilities should participate in community life

Residential institutions

Physical disabilities

51% of Syrian respondents in ISs believe that it is acceptable to place children with physical disabilities in residential institutions. The level of acceptance is higher for male than for female respondents, at 57% compared to 46%, while 20% of total respondents remain undecided on this question.

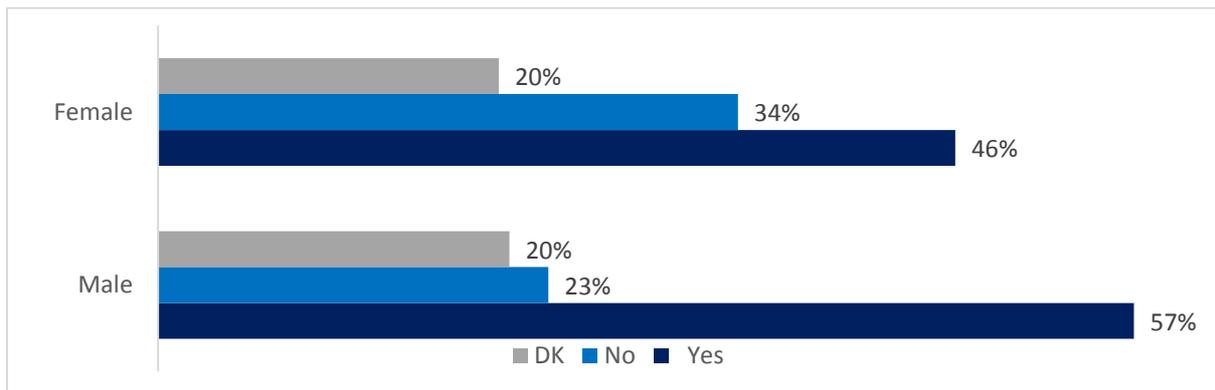


Table 9.44: Syrian respondents in ISs who believe it is acceptable to place children with physical disabilities in residential institutions

Intellectual disabilities

An overwhelming 75% of Syrian respondents in ISs believe that it is acceptable to place children with intellectual disabilities in residential institutions. The rest of respondents are divided between not finding it acceptable, at 11%, and being undecided about this question, at 13.5%.

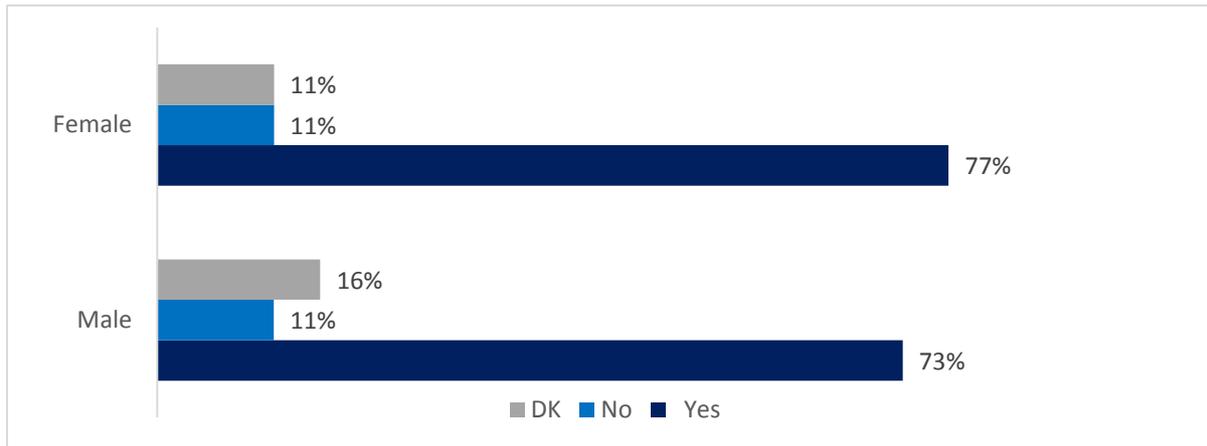


Table 9.45: Syrian respondents in ISs who believe it is acceptable to place children with intellectual disabilities in residential institutions

9.3.5. Palestine refugees domain

Integration into education

Physical disabilities

A total of 51% of Palestine refugee respondents believe that children with physical disabilities should attend regular preschool and school. Interestingly, 61% of female Palestine refugee respondents believed that the children should do so, compared to 41% of male respondents. Of those who do not believe that children with physical disabilities should attend regular education facilities, 86% stated that specialised schools would provide a more tailored curriculum and learning approach.

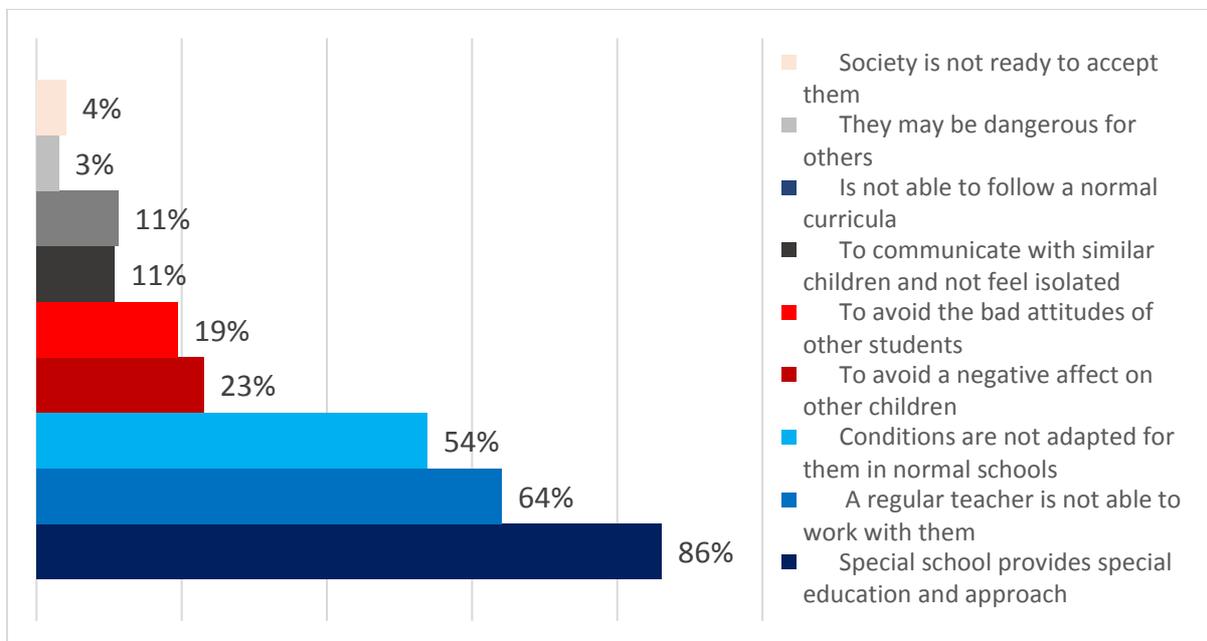


Table 9.46: Palestine refugee respondents who believe that children with physical disabilities should not attend regular school or preschool

Intellectual disabilities

Only 23% of Palestine refugee respondents believe that children with intellectual disabilities should attend regular preschool and school with other children. This percentage is around half in comparison

to children with physical disabilities. Of those 77% who do not believe that children with intellectual should attend regular education facilities, 61% believe that specialised schools would be more beneficial for these children and 54% believe that they would lower the education level in class.

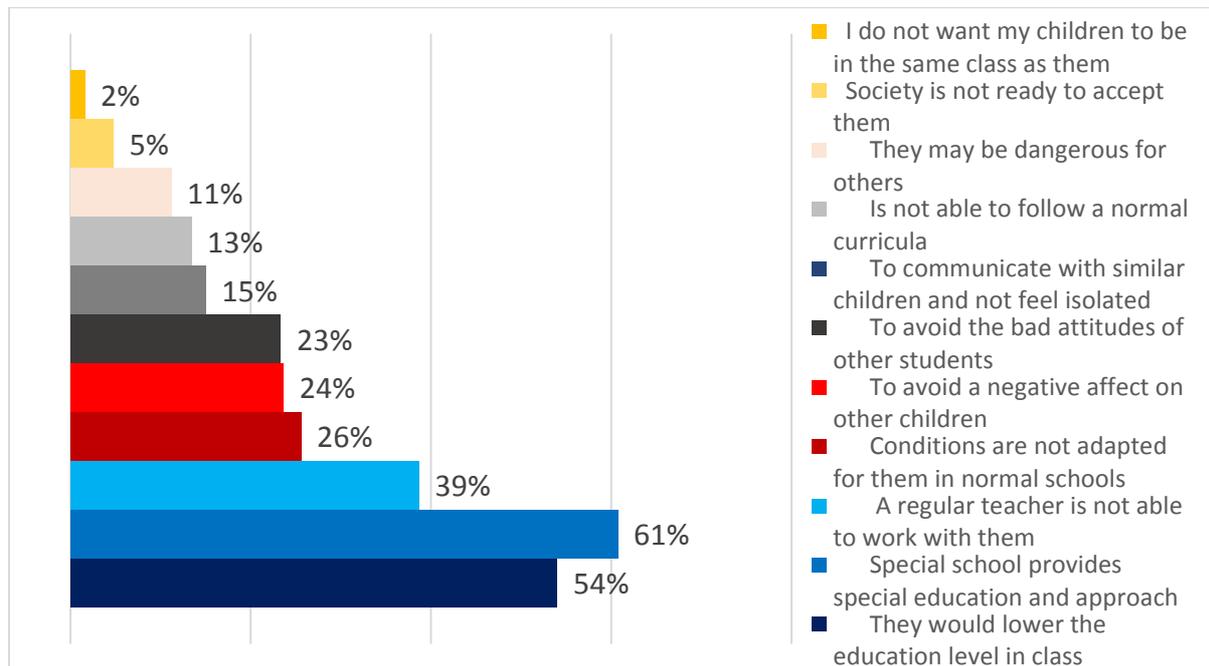


Table 9.47: Palestine refugee respondents who believe that children with intellectual disabilities should not attend regular school or preschool

Integration into work life

Physical disabilities

54% of the total Palestine refugee respondents believe that children with physical disabilities should work. Slightly more women than men believed so, at 60% compared to 49%. Moreover, an average of 8% of respondents were undecided.

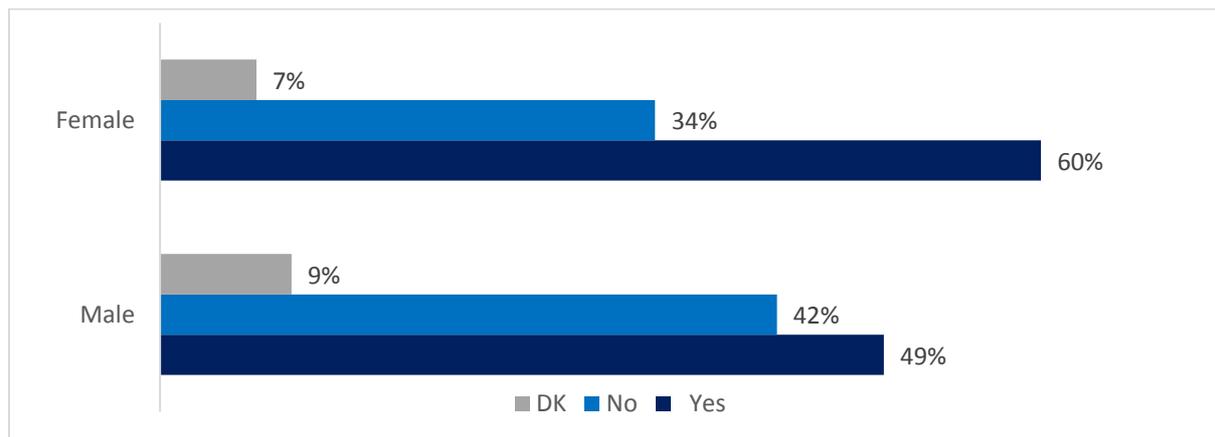


Table 9.48: Palestine refugee respondents who believe young people with physical disabilities should work

Intellectual disabilities

Only 12% of all Palestine refugee respondents believe that young people with intellectual disabilities should work. In contrast, 72.5% do not believe that they should work and 15.5% are undecided. In FGDs, female Palestine refugee caregivers stated that it was very difficult for healthy young people to

find work, making it a lot more difficult for young people with intellectual disabilities: while the female respondents in the FGDs believed that individuals with disabilities could work, structural limitations were cited as an important barrier.

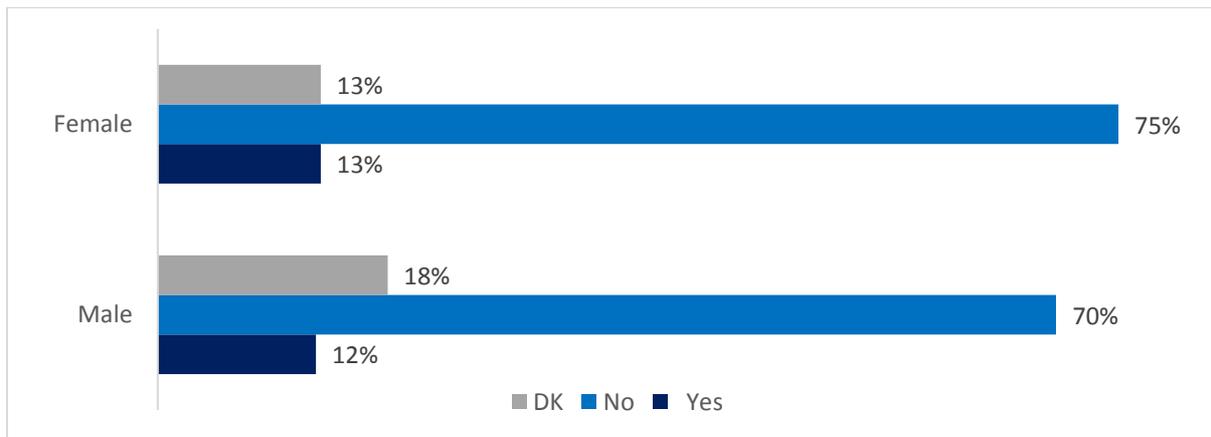


Table 9.49: Palestine refugee respondents who believe young people with physical disabilities should work

Integration into society

Physical disabilities

46% of Palestine refugee respondents believe that children with physical disabilities should be fully integrated into society. Female respondents have a more positive attitude than male respondents, at 52% compared to 40%.

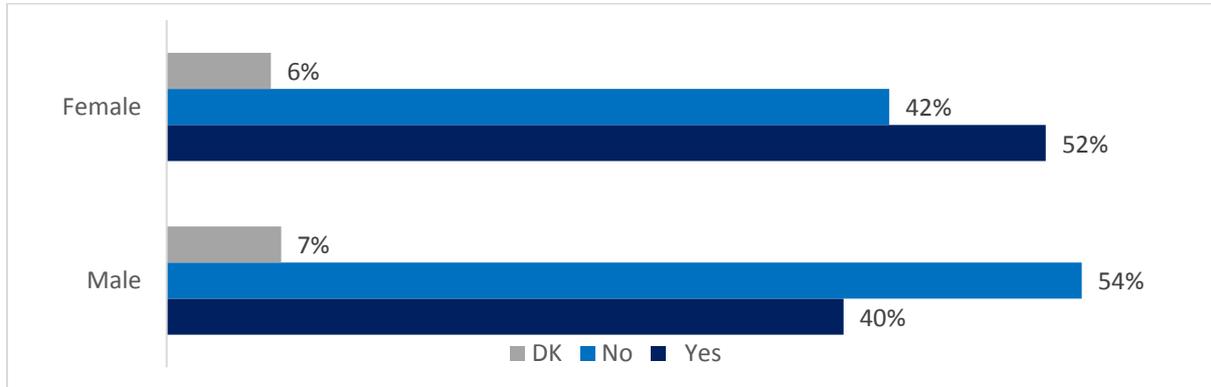


Table 9.50: Palestine refugees who believe that children with physical disabilities should be fully integrated in society

Intellectual disabilities

20% of Palestine refugee respondents believe that children with intellectual disabilities should be fully integrated into society. Male respondents have more negative attitudes towards this issue than female respondents: almost 60% of men do not believe that children with intellectual disabilities should be fully integrated into society, compared to 45% of women. Moreover, more women are undecided about the answer than men.

“The shopkeeper around the corner did not want my daughter (with down syndrome) to pass by. I had to speak to him over several times to change his mind and educate him, now he likes my daughter.” Female Palestine refugee caregivers, FGD in South, June 2017

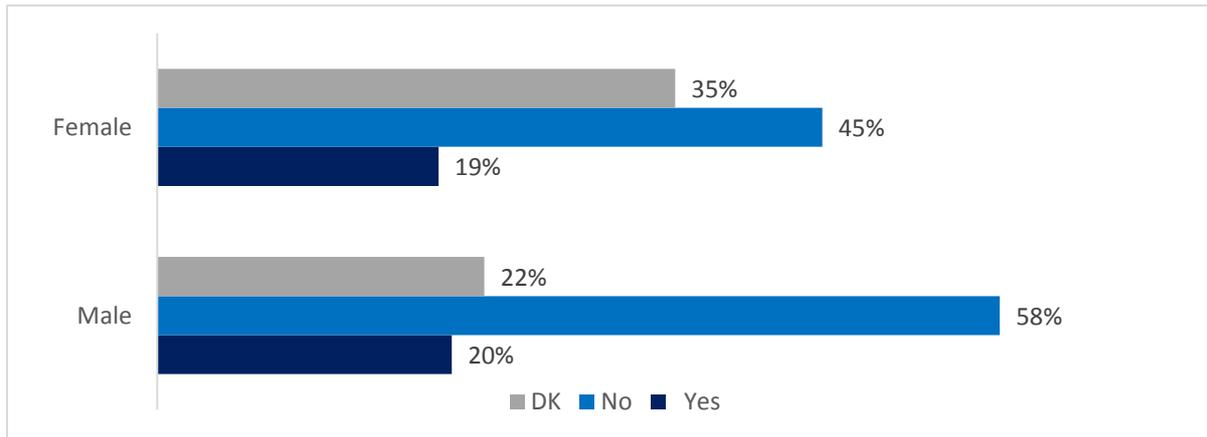


Table 9.51: Palestine refugees who believe that children with intellectual disabilities should be fully integrated in society

Participation in community life

Physical disabilities

56% of Palestine refugee respondents believe that children with physical disabilities should participate in community life. Slightly more female than male respondents have positive attitudes towards this issue.

“The community is destroying children with disabilities, and nobody is helping us [as families who have children with disabilities].” Female Palestine refugee caregiver, FGD in South, June 2017

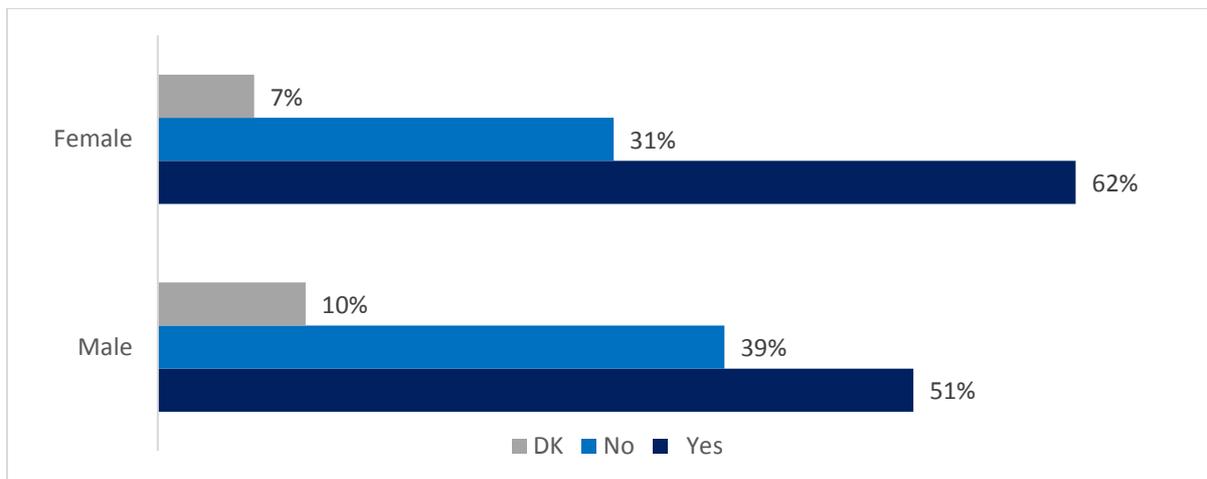


Table 9.52: Palestine refugees who believe that children with physical disabilities should participate in community life

Intellectual disabilities

37% of Palestine refugee respondents believe that children with intellectual disabilities should participate in community life. Female respondents are more undecided than male respondents, at 35% compared to 20%. This points towards a certain flexibility and potential openness that can be seized to shift attitudes towards inclusion.

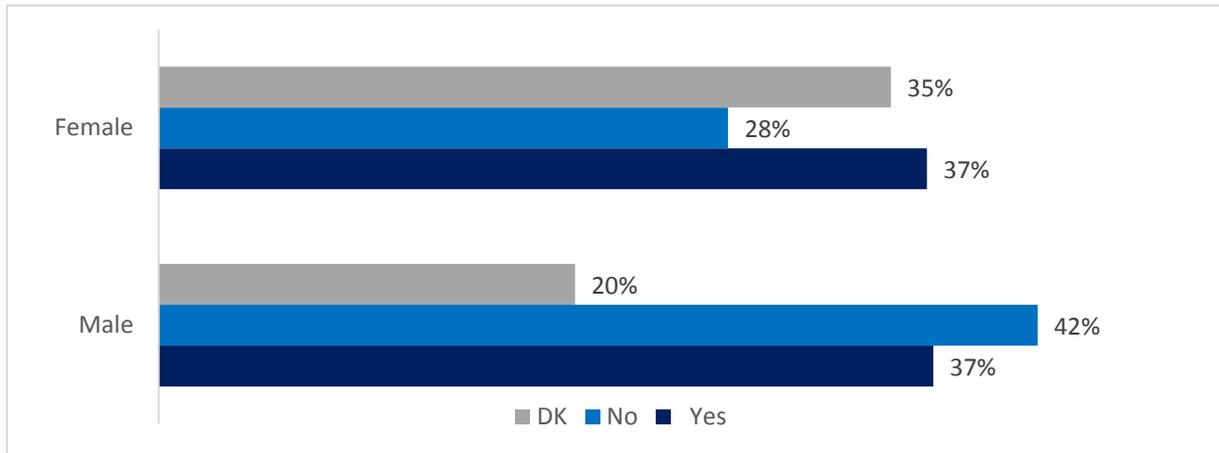


Table 9.53: Palestine refugees who believe that children with intellectual disabilities should participate in community life

Residential institutions

Physical disabilities

66% of Palestine refugee respondents find it acceptable to place children with physical disabilities in residential institutions. Here, 22% of men do not find it acceptable to place children with physical disabilities in residential institutions compared to 32% of women.

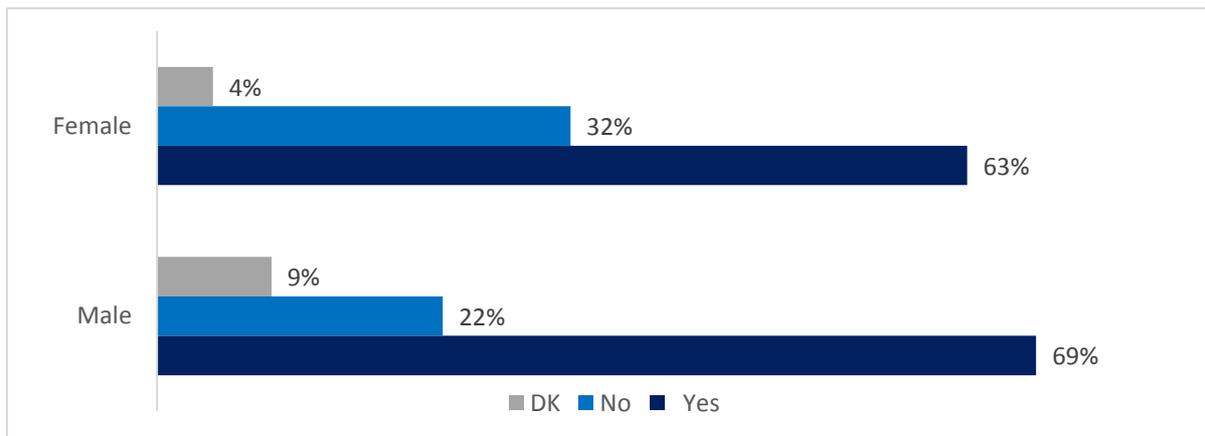


Table 9.54: Palestine refugees who find it acceptable to place children with physical disabilities in residential institutions

Intellectual disabilities

73.5% of Palestine refugee respondents find it acceptable to place children with intellectual disabilities in residential institutions, approximately 7% more than for children with physical disabilities. Palestine refugee respondents in FGDs mentioned the lack of safety in the camps, for instance in Ein el-Helweh, which is why the children with disabilities often stay indoors. Residential institutions are perceived to provide the necessary care, safety and expertise for children with disabilities.

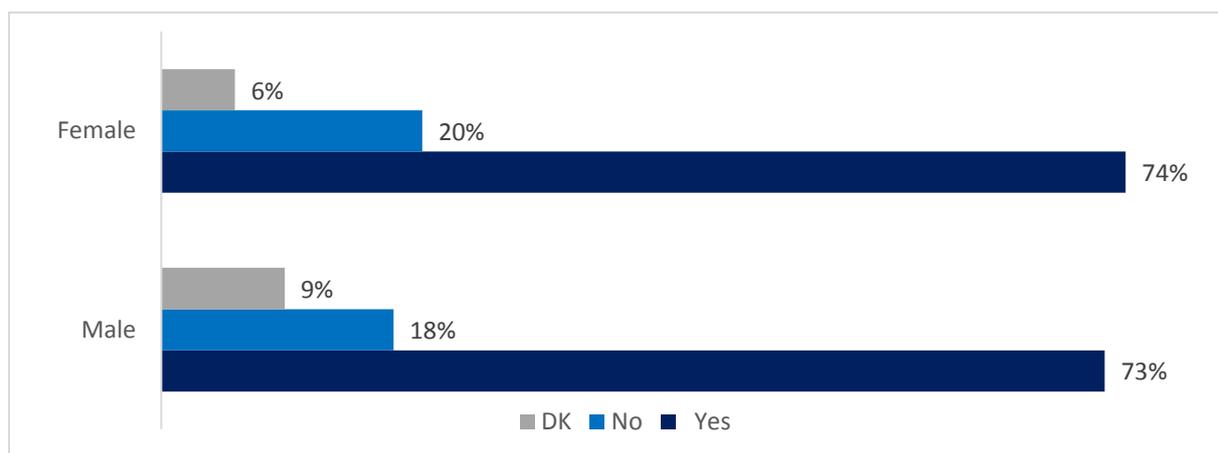


Table 9.55: Palestine refugees who find it acceptable to place children with intellectual disabilities in residential institutions

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10. C4D

Communication for development or C4D is key to UNICEF’s global pursuit of social and behavioural change in support of children’s welfare.

*‘C4D involves understanding people, their beliefs and values, the social and cultural norms that shape their lives. It involves engaging communities and listening to adults and children as they identify problems, propose solutions and act upon them. Communication for development is seen as a two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives’.*¹⁶⁵

*‘C4D practitioners believe that sustainable and long-term behavioural and social change is the result of a participatory, human rights-based process of social transformation. This process helps shift political, social and support systems by giving voice to members of all communities and providing them with the skills they need to advocate effectively for long-lasting changes’.*¹⁶⁶

C4D is only effective when based on evidence. As part of UNICEF Lebanon’s C4D agenda, this chapter contributes evidence on the exposure of traditional and new media across population domains, age, gender, and locality in Lebanon.

10.1. Situation analysis

10.1.1. Preferred traditional media and type of programming

A 2013 study by Qatar’s Northwestern University found that 99% of Lebanon’s inhabitants watch TV (for an average of 21 hours per week), 51% listen to the radio (7 hours per week), and 34% read newspapers (3 hours per week).¹⁶⁷ UNICEF’s 2016 baseline survey revealed low newspaper exposure and high TV exposure among women aged 15 to 49 years regardless of population domain (see table 10.1). Moreover, it established that 21% of Syrian women, 6-7% of Palestinian women, and 4% of Lebanese women have no exposure to any traditional media. Weekly exposure to all three traditional media (newspapers, radio, TV) was found to depend on education level and mohafaza.¹⁶⁸ Another study found that Syrian refugee youth spend around 25% of their leisure time watching television.¹⁶⁹

¹⁶⁵ UNICEF 2017a.

¹⁶⁶ UNICEF 2017b.

¹⁶⁷ Northwestern University in Qatar 2013.

¹⁶⁸ UNICEF 2016: 337.

¹⁶⁹ Abla and Al-Masri 2014.

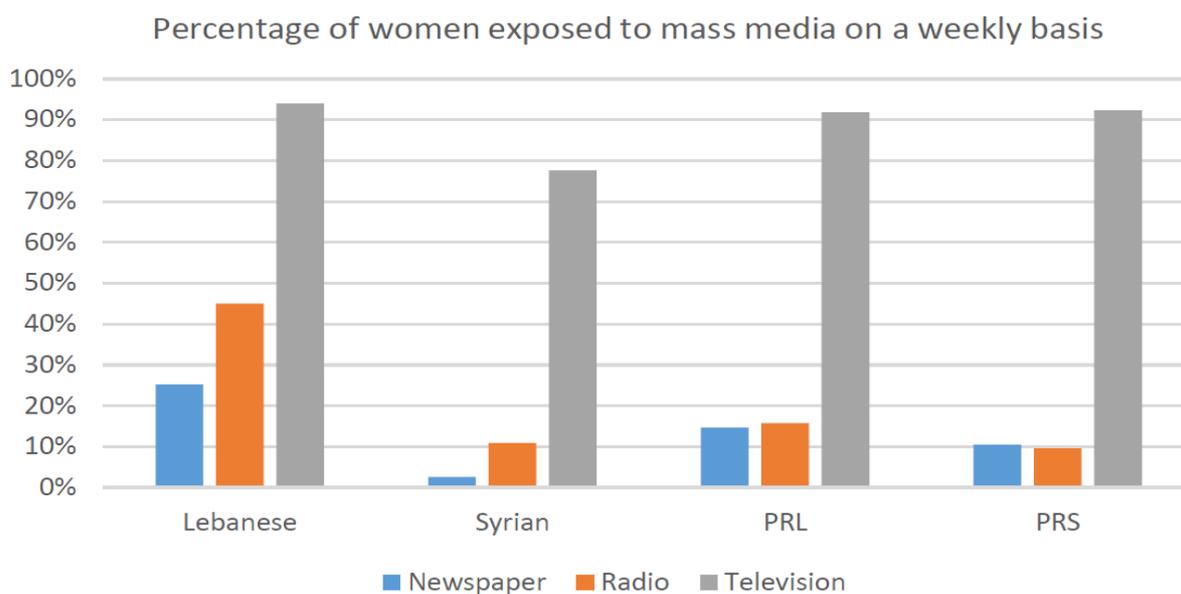


Table 10.1: Exposure to traditional media among women aged 15-49¹⁷⁰

10.1.2. Baseline indicators

Preferred traditional media (TV, radio, newspapers) across population domains, gender, and mohafazat.

Preferred type of programming (news programmes, serials, talk-shows, children programming at what time) across population domains, gender, and mohafazat.

Access and use of the internet

75.9% of the population of Lebanon was connected to the Internet in 2016.¹⁷¹ UNICEF's 2016 baseline survey looked into the use of Internet and social media among women aged between 15 and 24 years, revealing large differences in modern media exposure across population domains (see table 10.2). Internet use is more widespread among women aged between 20 and 24 and also strongly associated with locality and education level.¹⁷²

Access and use of social media

WhatsApp (99%) and Facebook (95%) are the most used social media applications in Lebanon. WhatsApp is the preferred social media channel of 59% of social media users and is accessed by 97% of users on a daily basis. 95% of social media users own a Facebook profile, of whom 83% access Facebook on a daily basis, and 90% do so using a handheld device.¹⁷³

¹⁷⁰ Ibid. Please note that population categories in this figure are not fully aligned with KAP Study population domains.

¹⁷¹ Internet World Stats 2017.

¹⁷² UNICEF 2016: 338.

¹⁷³ TNS 2015.

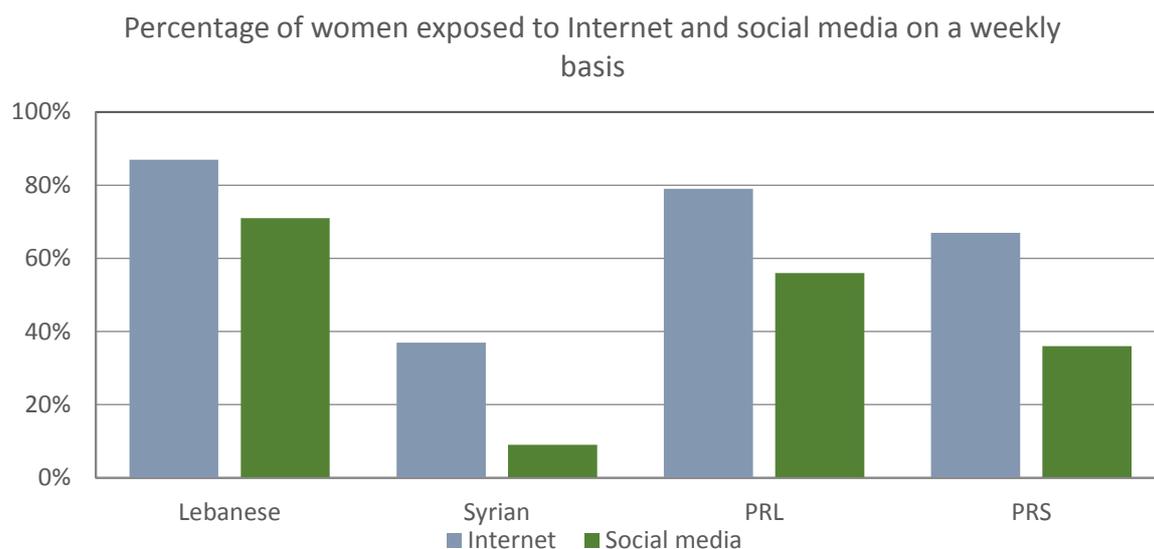


Table 10.2: Exposure to Internet and social media among women aged 15-49¹⁷⁴

Preferred way of communication for services

To obtain a detailed and current understanding of how UNICEF can best use communication tools across domains in Lebanon, the last KAP indicator under C4D assesses the preferred way of communication for services.

10.2. Qualitative findings overview

10.2.1. Supply and demand of services

The landscape of traditional and new media in Lebanon is varied and consists largely of privately owned media. Television continues to be the most popular traditional medium, while radio and newspapers lag far behind in popularity. The Internet is used mostly for social purposes, in particular to stay in touch with friends and family. Mobile phones are the principal device for accessing the Internet. The two most popular applications are WhatsApp and Facebook.

Television penetration is at 92% in Lebanon, which can be compared to 80% smartphone penetration.¹⁷⁵ Traditional media tend to be affiliated – or at least, in public perception, associated – with Lebanon’s various political factions and economic interests.¹⁷⁶ According to a 2016 audience study by IPSOS and Nielsen, Lebanese TV networks have the following audience shares:

LBCi	14.8%
MTV	10.3%
Al-Jadeed	10.2%

¹⁷⁴ Ibid. Please note that population categories in this figure are not fully aligned with KAP Study population domains.

¹⁷⁵ IPSOS and Nielsen 2017.

¹⁷⁶ Leffler and Yap 2017.

OTV	3.0%
Future TV	1.5%
Al-Manar TV	1.2%

Table 10.3: Lebanese TV networks audience shares (2016)

These percentages of audience shares add up to a mere 41%. This does not change significantly if networks with even smaller shares of the TV audience are added. This indicates that at least half of the TV audience in Lebanon watches networks other than Lebanese. Internet penetration was 76% in Lebanon in 2016.¹⁷⁷ Social media penetration out of Internet users was 96%.¹⁷⁸ Smartphone penetration in Lebanon is 80%.¹⁷⁹

10.2.2. FGDs summary

No specific FGDs were held on the topic of C4D, however, data was gathered by participants in most FGDs across Lebanon.¹⁸⁰ Respondents seem to sometimes provide answers that they believe to correspond to what they assume to be an official version. Awareness campaigns appear to thus have had an effect. At the same time, knowledge and attitudes do not necessarily translate into practice. To mention just two examples: (a) parents and caregivers acknowledge the benefits of positive discipline but nevertheless use and condone verbal and physical violence against children; (b) compared to other studies, respondents in the KAP Study seem to exaggerate the number of months that mothers breastfeed and practice exclusive breastfeeding.

Another finding is that respondents at times are unaware of who is approaching them and for what purpose. At an FGD with Syrian women in Nabatieh it became clear that some of them had been interviewed by “the UN” about living conditions and nutrition. They complained to the “UN” surveyors about their leaking roof and told the FGD group that they never heard from “the UN” again. Similar knowledge gaps could be observed during data collection for the KAP Study. A few respondents were under the impression that participation in the study would result in immediate rewards, although no rewards were mentioned or promised. Similar anecdotes were told in other FGDs and by KII respondents. A possible conclusion is that beneficiaries not always are able to differentiate between the suppliers of services and therefore grow suspicious and frustrated when services are not delivered.

10.3. Baseline indicators: C4D

10.3.1. All domains

Preferred traditional media

Of all media, television is by far the most popular at 90% for all domains. 5% of total respondents mentioned not to like traditional media, 2% stated radio newspapers respectively.

¹⁷⁷ IPSOS and Nielsen 2017.

¹⁷⁸ Ibid.

¹⁷⁹ Ibid.

¹⁸⁰ See Appendix D.

Preferred type of TV programming

Serials are the most popular type of TV programming at 49% for all domains, followed by news at 30%. Gender differences are worth highlighting, as more men prefer to watch news at 46% while women prefer to watch serials at 61%.

	Male respondents	Female respondents	Totals
Serials	32%	61%	49%
News	46%	19%	30%
Documentaries	8%	6%	7%
Children programming	3%	6%	4%
Talk shows	5%	4%	4%
No TV	2%	2%	2%

Table 10.4: Preferred type of TV programming for all domains by gender

When asked about when respondents preferred to watch TV during the day, with the option to provide multiple answers, **67% respondents prefer to watch TV in the evening** and 40% night. No important gender differences were noted on the answers.

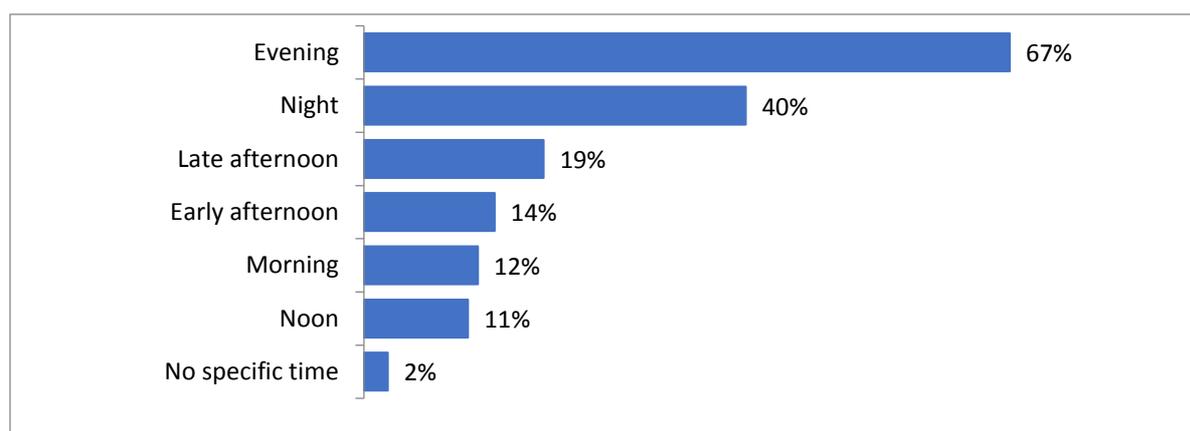


Table 10.5: Total respondents' preferred time of day to watch TV

Access and use of the internet

71% of respondents access the Internet daily. The next highest response is at 23% for total respondents who never use the internet. 5% use the internet every few days and 1% once a week. For those who do access the internet, **97% do so usually on their mobile phones.** Gender differences in daily access to the internet are worth noting. Syrians in ISs have the least access to the internet on a daily basis. A more detailed breakdown will be provided in the sections by domains.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who access the internet daily	Male	78%	60%	43%	78%	73%
	Female	77%	47%	23%	72%	69%
	Total	77%	54%	26%	75%	71%

% of respondents who never access the internet	Male	16%	38%	50%	12%	21%
	Female	16%	50%	72%	20%	24%
	Total	16%	43%	68%	16%	23%

Table 10.6.: Overview of C4D indicator on access and use of the Internet by domain, gender and in total

When asked what respondents use the Internet for the most, with the option of multiple choice, **respondents across all domains stated to use the Internet mainly for social purposes: 75% use it to stay in touch with family and friends and 72% to access social media.** A considerably smaller percentage uses the Internet for seeking information at 19%, receiving news at 15% and for work at 13%. Reflecting levels and types of employment, more Lebanese than any of the other respondents use the Internet for work. None of the Syrians in ISs do so.

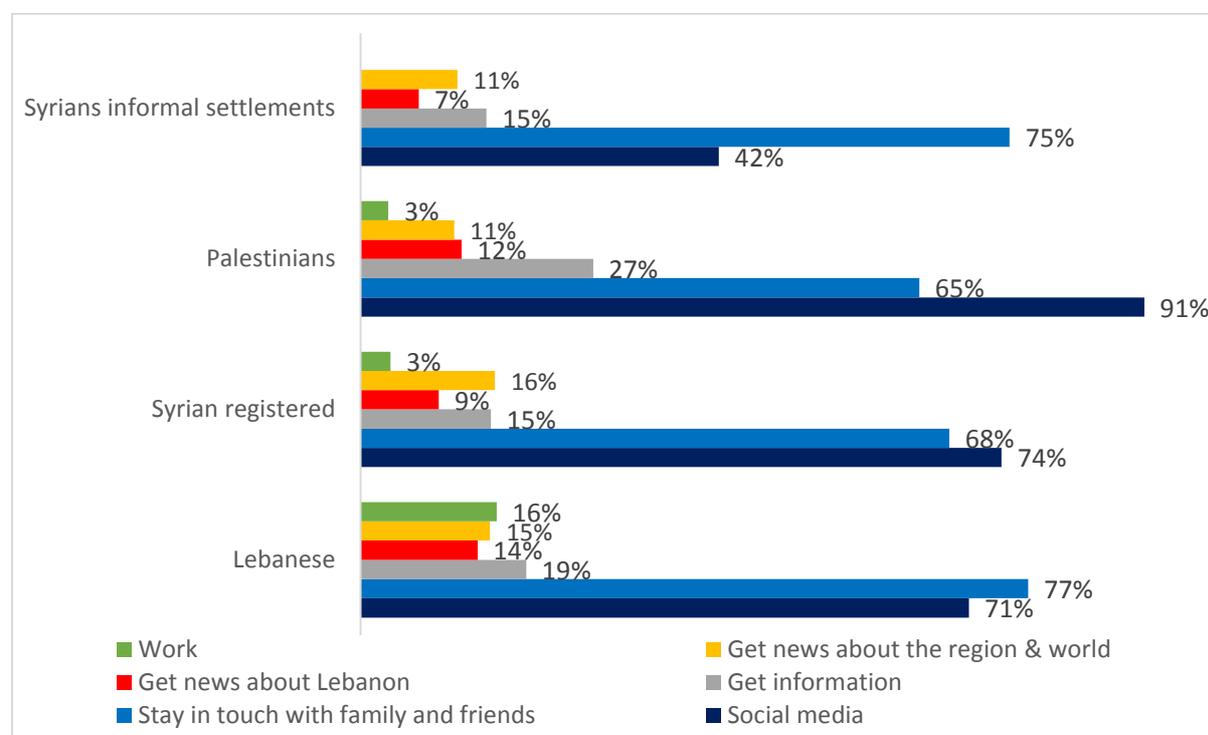


Table 10.7: Responses on use of Internet by total respondents by domain

Access and use of social media

Most respondents at 75% access social media on a daily basis. A quarter of registered Syrian respondents never access social media and as many as a third of Syrians in ISs do not. Between 10% and 33% of respondents for each domain state never to access social media.

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
	Male	79%	64%	60%	81%	76%
	Female	76%	61%	46%	74%	74%

% of respondents who access the social media daily	Total	77%	63%	49%	77%	75%
% of respondents who never access social media	Male	9%	23%	32%	4%	11%
	Female	10%	28%	33%	10%	12%
	Total	10%	25%	33%	7%	12%

Table 10.8: Overview of C4D indicator on access and use of social media by domain, gender and in total

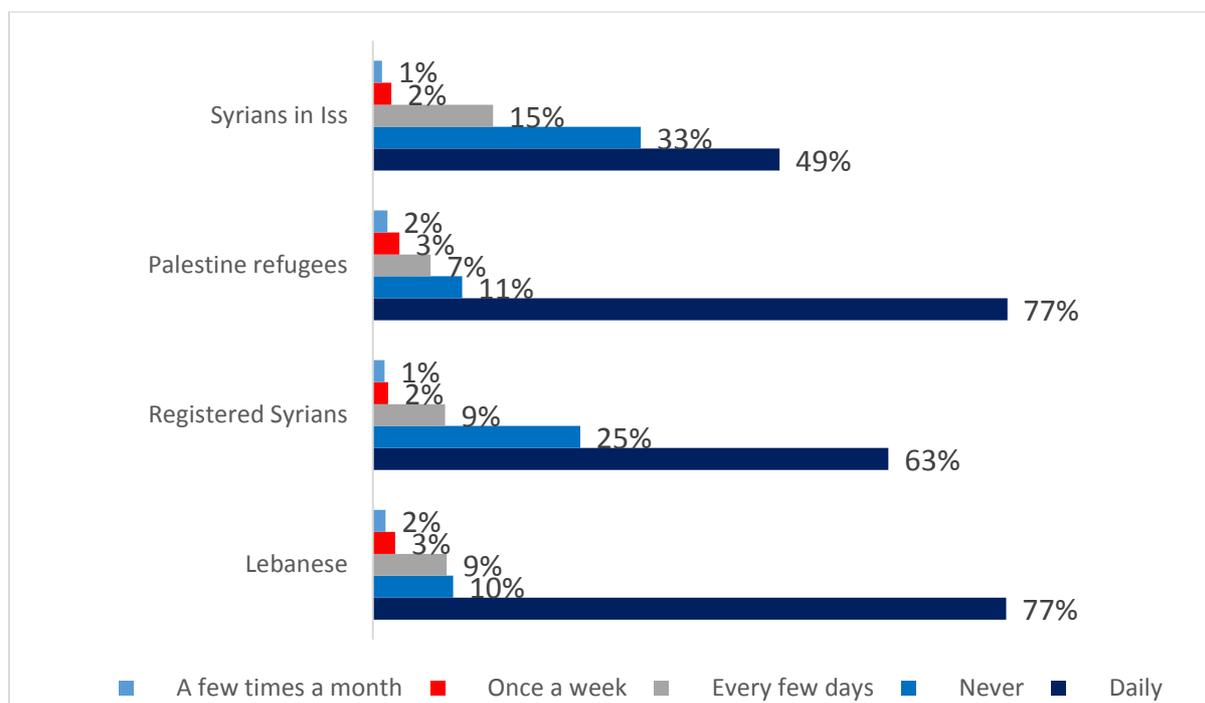


Table 10.9: Total respondents' access to social media (Facebook, Twitter and other apps) by domain

Asked about what respondents use social media for the most, with answers options possible, most mention to use social media to stay in touch with family and friends, with Syrians in ISs at 90% and Palestine refugees at 69%. Respondents also use social media to get information about services in general, with registered Syrians stating to do so the most at 56% followed by Lebanese at 47%.

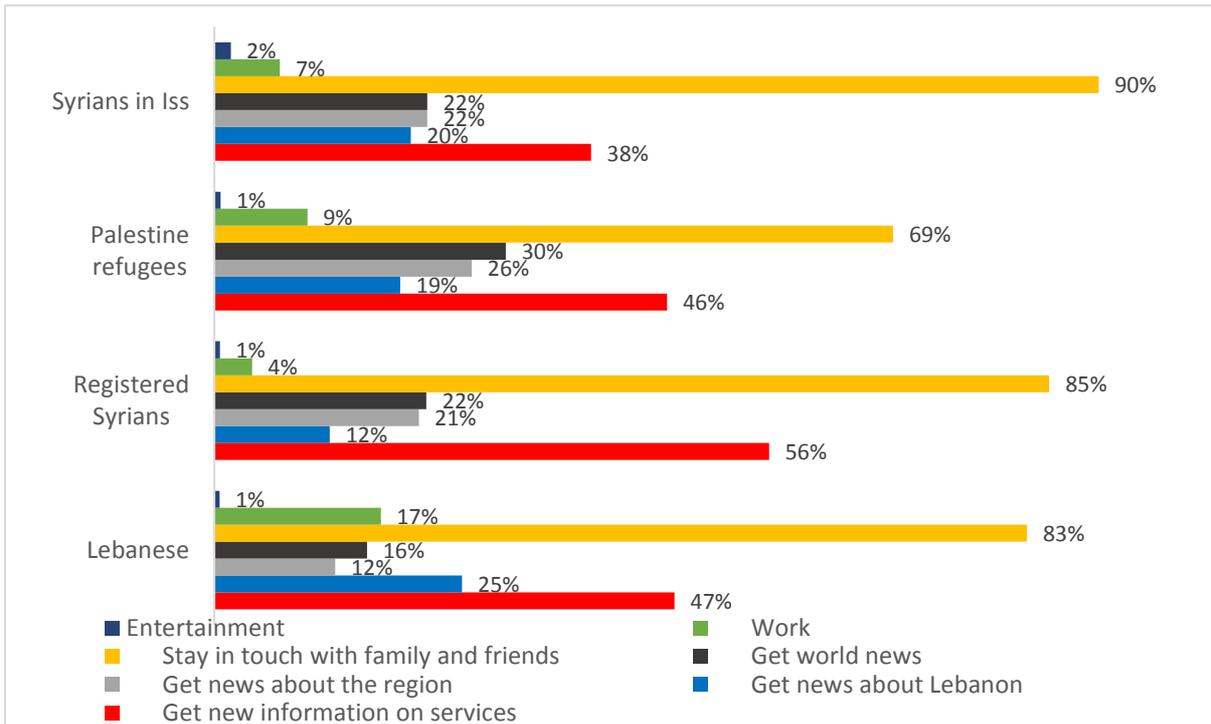


Table 10.10: What total respondents use social media for the most by domain

Preferred way of communication for services

Asked about how respondents preferred to be informed about available UNICEF services, 60% stated by mobile phone, through SMS. The second-most preferred option was social media (including WhatsApp) at 41%. Almost a third, however, prefer to receive this information in person through outreach volunteers. Around 30% preferred to be contacted in person by an outreach volunteer. Qualitative data validates the quantitative findings, as most FGDs preferred to be contacted by mobile phone yet a consistent minority preferred in-person communication.

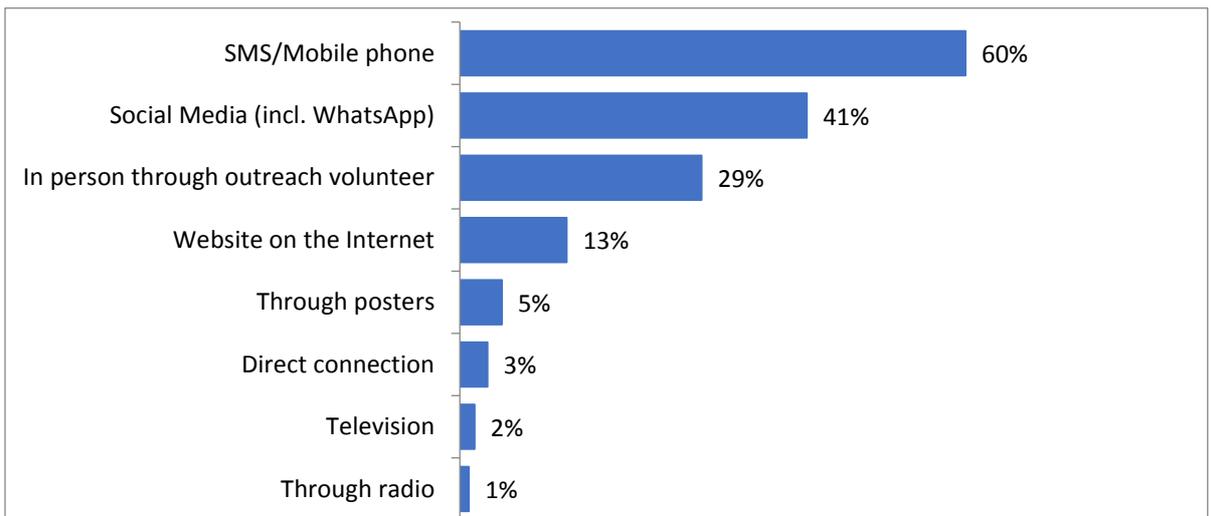


Table 10.11: Total respondents preferred way to receive information about available UNICEF services

10.3.2. Lebanese domain

Preferred traditional media

Television is by far the most popular traditional media in the Lebanese domain at 90%. As in the other domains, there is a minority that says that they do not like traditional media. Even fewer prefer newspapers, at just 3%, and the radio, at 2%, as traditional media.

Preferred type of programming

62% of female respondents in the Lebanese domain prefer serials as a type of TV programming, while male respondents prefer news at 46%, although almost a third of them also mentioned serials as a preferred type of TV programming. Documentaries come in distant third place at 7% and 10% respectively.

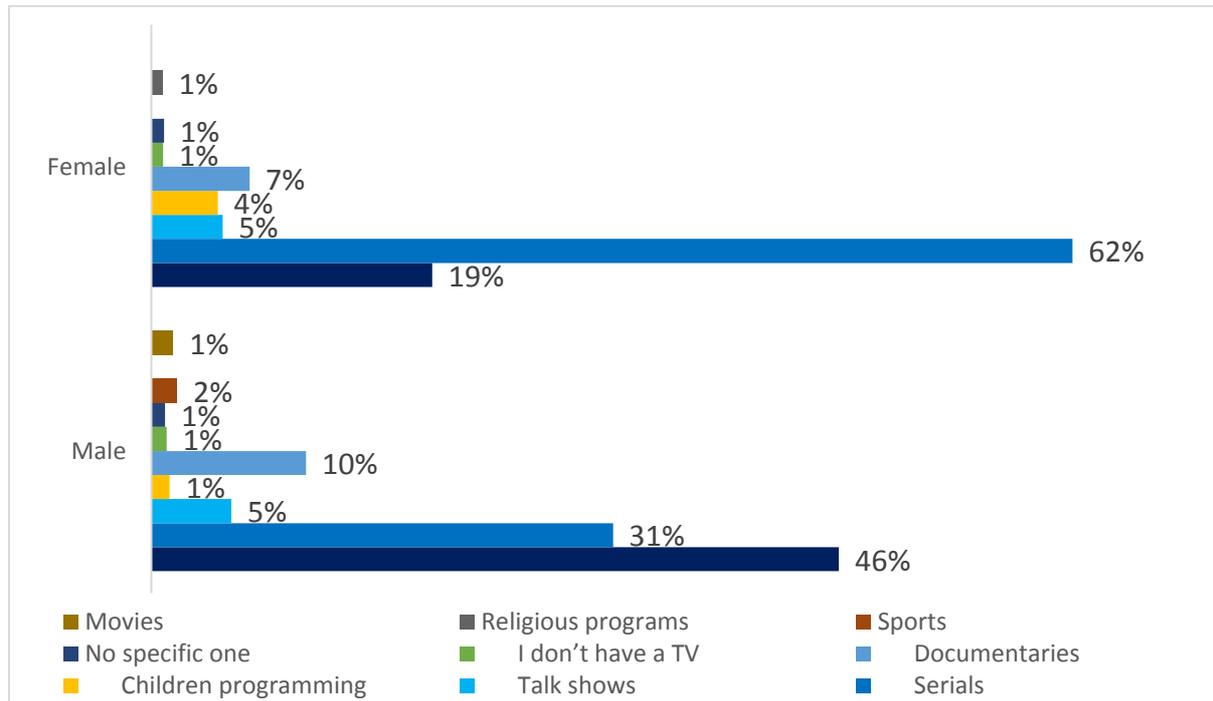


Table 10.12: Lebanese respondents' preferred type of TV programming

Both female and male respondents in the Lebanese domain prefer to watch TV in the evening at 63% and 69%, or at night at 42% and 45% respectively. Mornings and afternoons are not as popular for watching TV, with percentages being slightly higher for female respondents than for male.

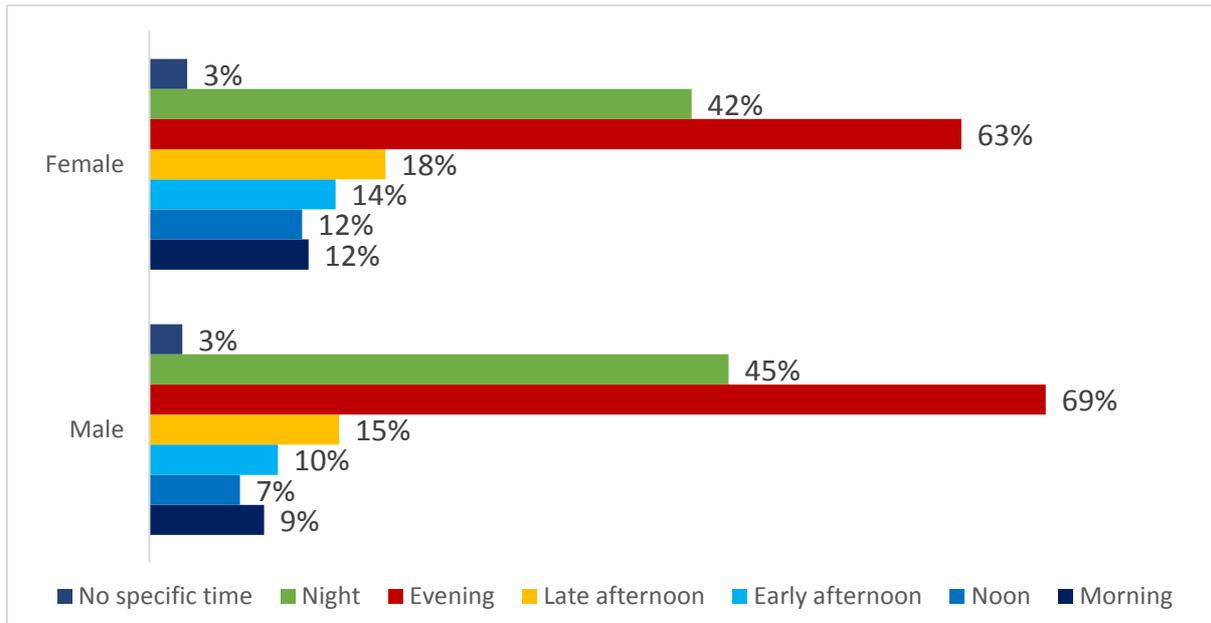


Table 10.13: Lebanese respondents' preferred time to watch TV during the day

Access and use of the Internet

Most Lebanese respondents of both genders access the Internet daily at 77% for female and 78% for male respondents. The percentage of respondents who never access the Internet is the same for women and men at 16%.

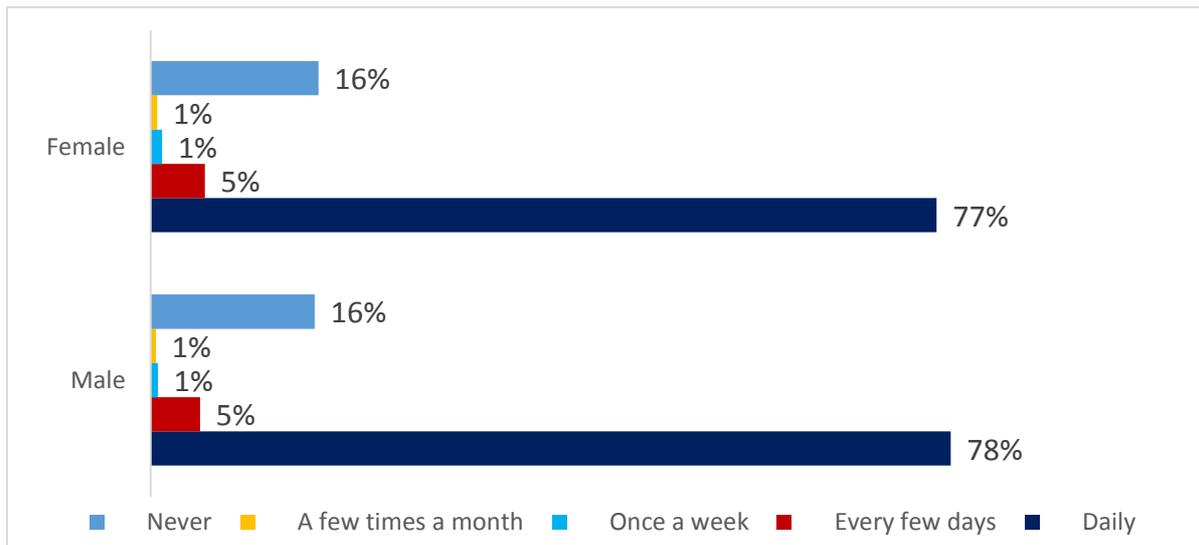


Table 10.14: Lebanese respondents' frequency of accessing internet

Lebanese respondents use the Internet most to stay in touch with family and friends at 77%, to access social media at 71%, to receive information at 19% as well as to get news about Lebanon, the region and the world and for work between 14-16% respectively.

Access and use of social media

77% of Lebanese respondents access social media, such as Facebook, Twitter and WhatsApp daily. 10% never access social media, 9% every few days. 83% of Lebanese use social media to stay in touch with family and friends, while 47% use it to get information on services.

Preferred way of communication for services

58% of Lebanese respondents prefer to receive information about available UNICEF services via mobile phone and 43% by social media. However, A quarter of them would like to receive the information in person, through outreach volunteers.

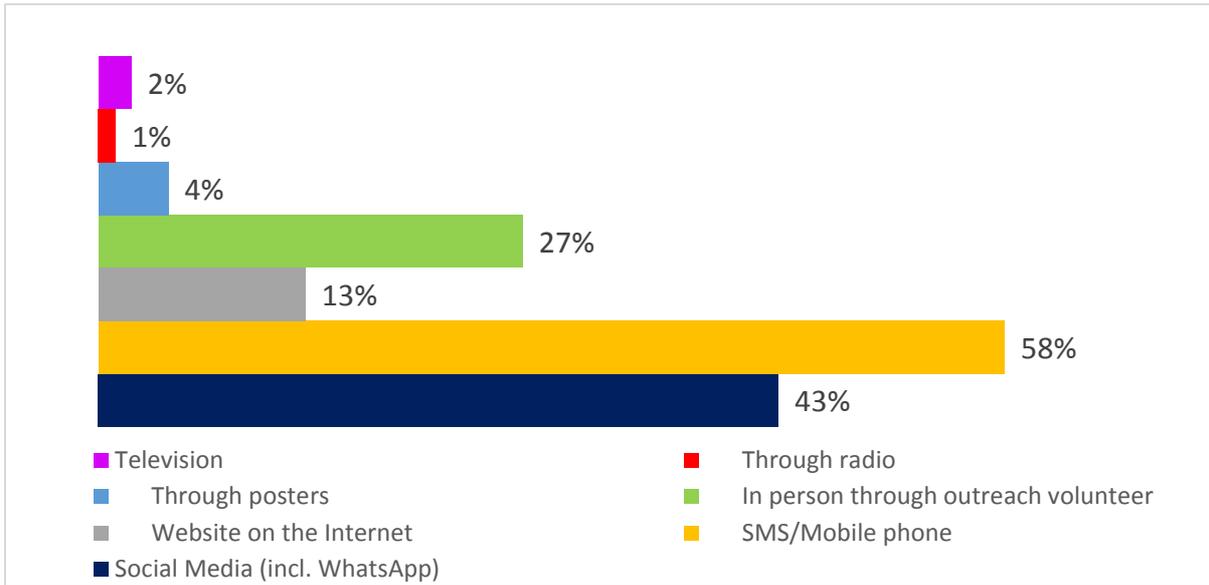


Table 10.15: Lebanese respondents' preferred way of receiving information about available UNICEF services

10.3.3. Syrians registered with UNHCR domain

Preferred traditional media

Among Syrians registered with UNHCR, the preferred medium of traditional media is television at 92%. Just one percent prefer radio or newspapers and 6% state not to like traditional media.

Preferred type of TV programming

55% of female respondents in the registered Syrian domain prefer to watch serials on TV and 49% of male respondents in the same domain prefer to watch news. A few percent of both genders prefer children programming, and 6% of female respondents do not have a TV compared to 3% of male respondents.

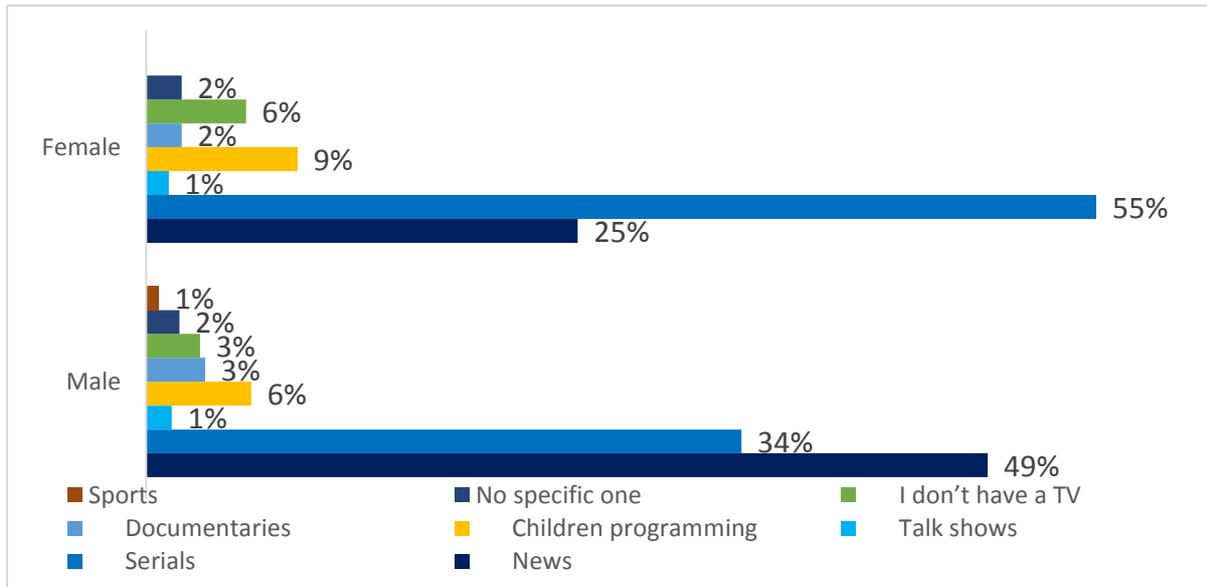


Table 10.16: Preferred type of TV programming of Syrian respondents registered with UNHCR

Most registered Syrians prefer to watch TV in the evening and at night. Registered Syrian female respondents' preferred time to watch TV is in the evening at 73% and male respondents' in the evening at 81%. More female than male respondents prefer watching TV during the day, although are low overall.

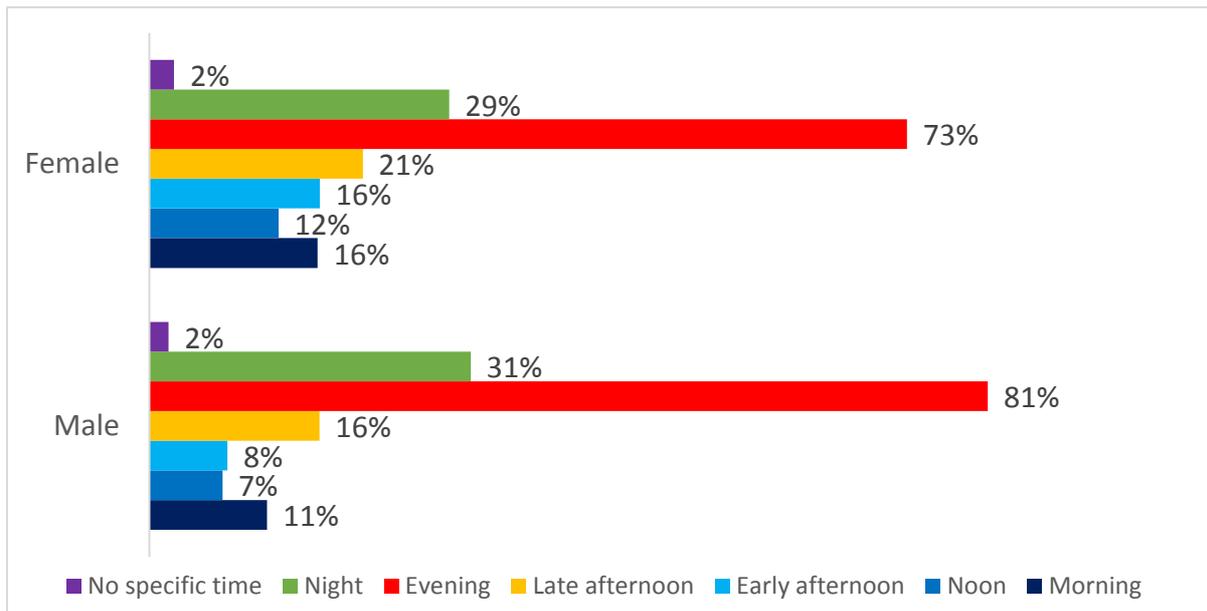


Table 10.17: Preferred time to watch TV during the day of Syrians registered with UNHCR

Access and use of the Internet

60% of male respondents in the registered Syrian domain access the Internet compared to 47% of female respondents. Critically, 49% of female and 38% of male respondents in the registered Syrian domain never access the Internet, representing a high proportion in contrast to Lebanese or Palestine refugee domains.

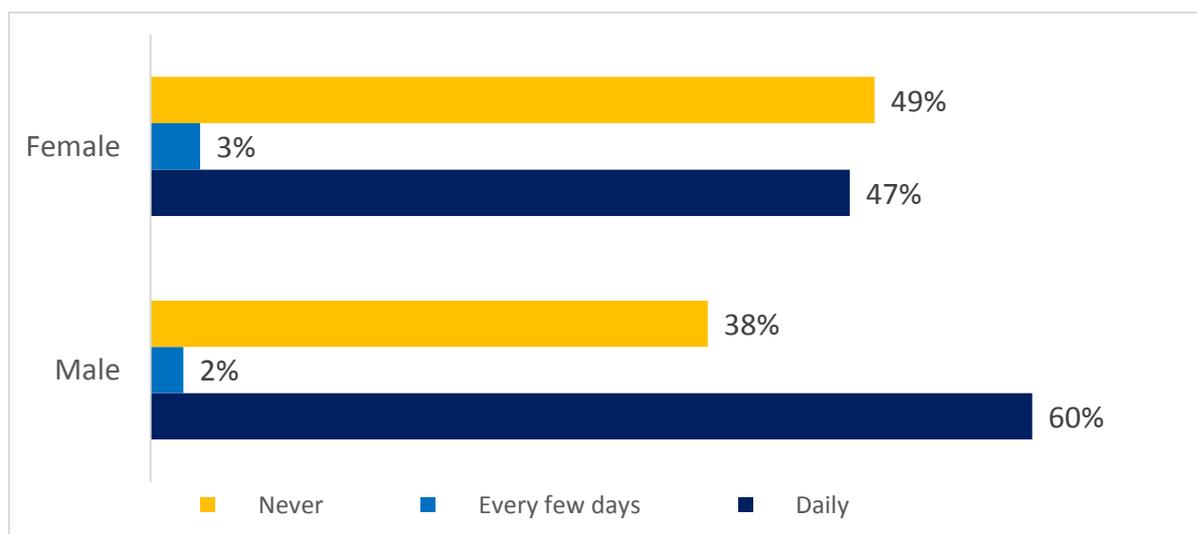


Table 10.18: Frequency of accessing internet of Syrians registered with UNHCR

74% of registered Syrians use the Internet to access social media, 68% to stay in touch with friends and family. 15% use the internet to get information, which is a relatively low proportion. 16% use the Internet to get news about the region and the world.

Access and use of social media

63% of registered Syrian respondents access social media on a daily basis, compared to 25% who state never to access social media. Around 10% access it every few days. In contrast to the Internet, registered Syrians use social media more to get information on services at 56%. 85% also use social media to stay in touch with family and friends and 22% to get news.

Preferred way of communication for services

While 75% of registered Syrians would like to receive information about available UNICEF services on their mobile phone, more than a third of respondents at 36% would prefer to receive this information in person through an outreach volunteer. Another 32% would prefer being contacted through social media.

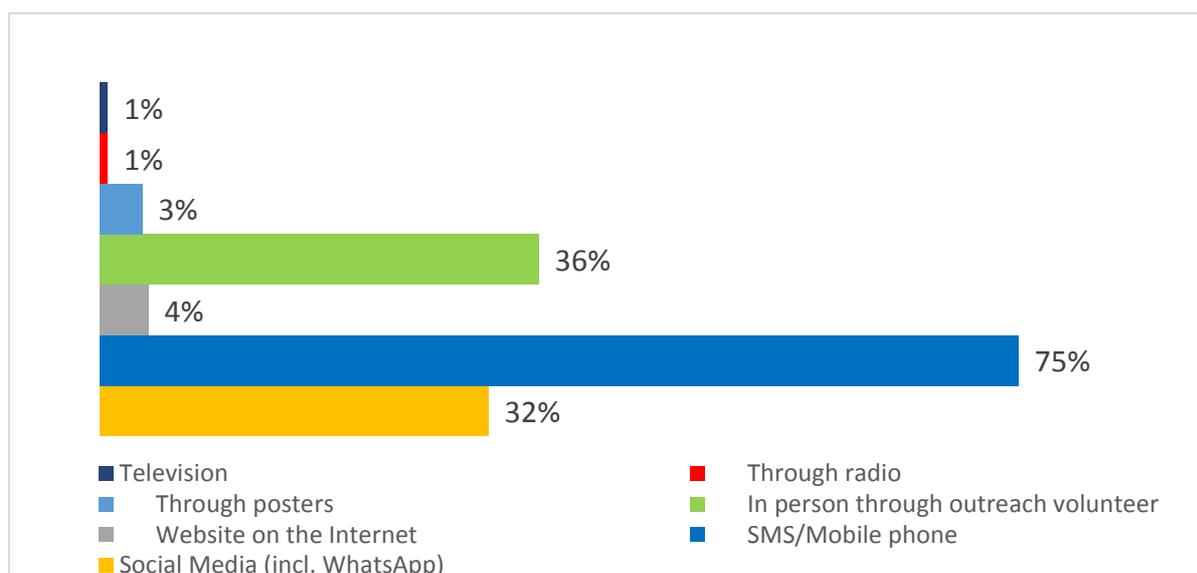


Table 10.19: Syrians registered with UNHCR's preferred way of receiving information about available UNICEF services

10.3.4. Syrian in ISs domain

Preferred traditional media

86% of Syrians in ISs name television as their preferred traditional medium. At 86%, this majority is slightly smaller than in the other domains. 8% do not like traditional media and 5% do not prefer a specific one. This question covers attitudes, however in practice many ISs might not have access to TVs.

Preferred type of TV programming

In contrast to male respondents in the other domains, whose first preference is to watch news on TV, male respondents in the Syrian in ISs domain prefer to watch serials at 48% and female respondents at 50%. 32% of male and 24% of female respondents like to watch the news, followed by 9-10% of respondents who like to watch children's programming.

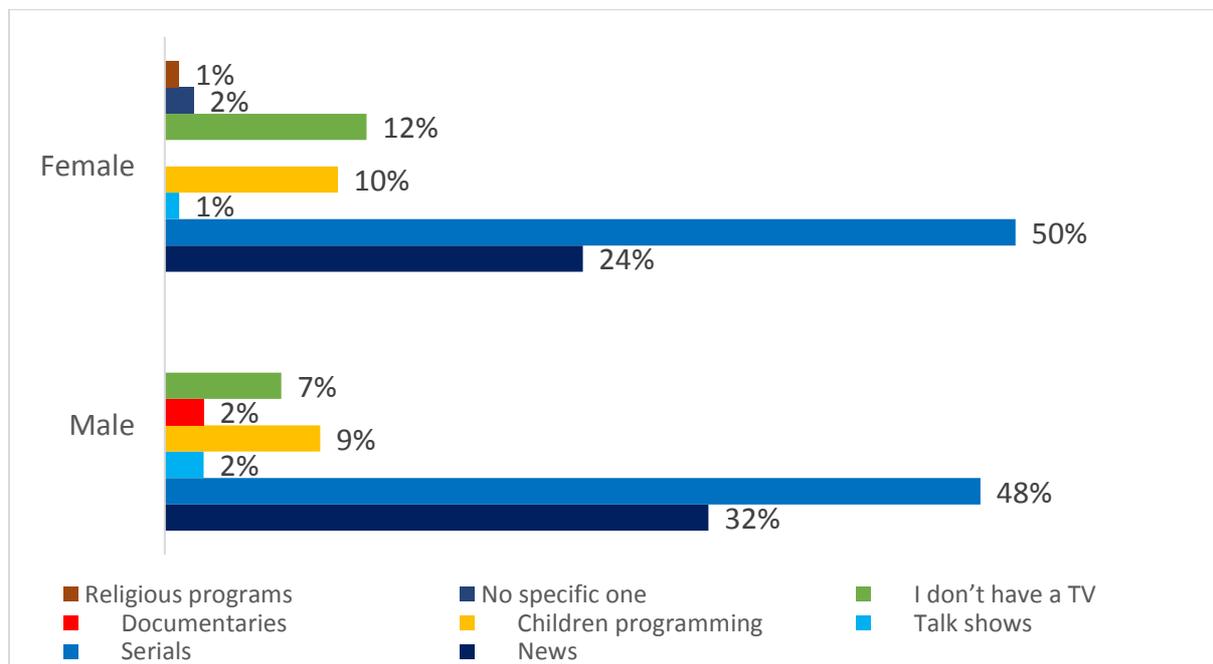


Table 10.20: Syrians in ISs' preferred type of TV programming

While a majority of Syrians in ISs prefer to watch TV in the evening at 66% for female and 59% for male respondents, and around a third like to watch TV at night as well, **many more Syrian in ISs respondents than in any of the other domains also watch TV throughout the day.**

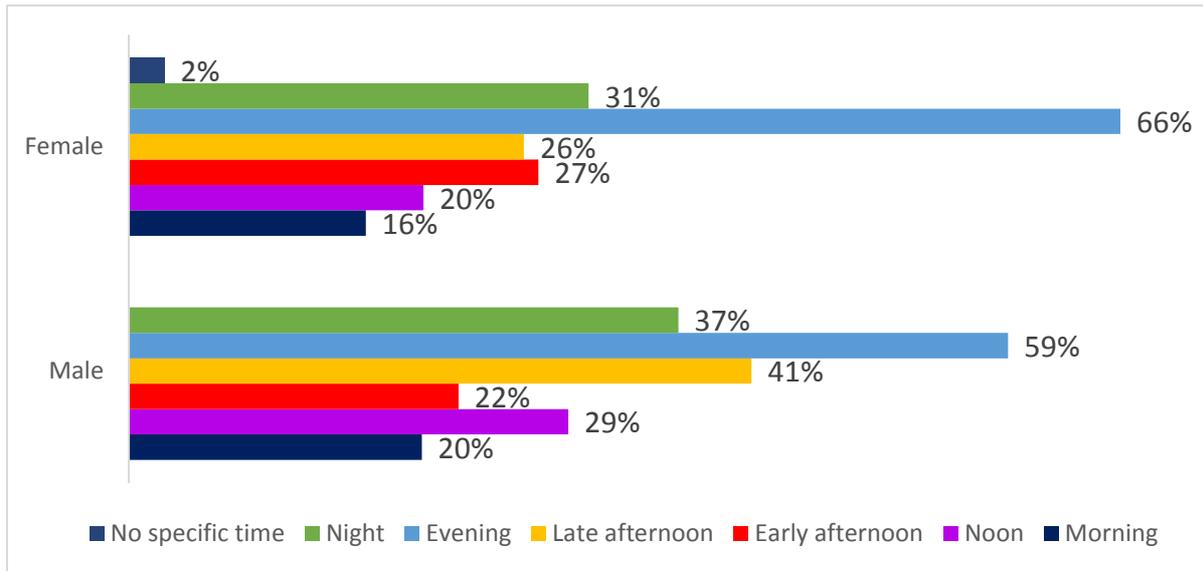


Table 10.21: Syrians in ISs preferred time to watch TV during the day

Access and use of the Internet

72% of female respondents in the Syrian in ISs domain never access the Internet, compared to 50% of male respondents. This stands in contrast to 43% of male and just 23% female Syrians in ISs who access the Internet daily.

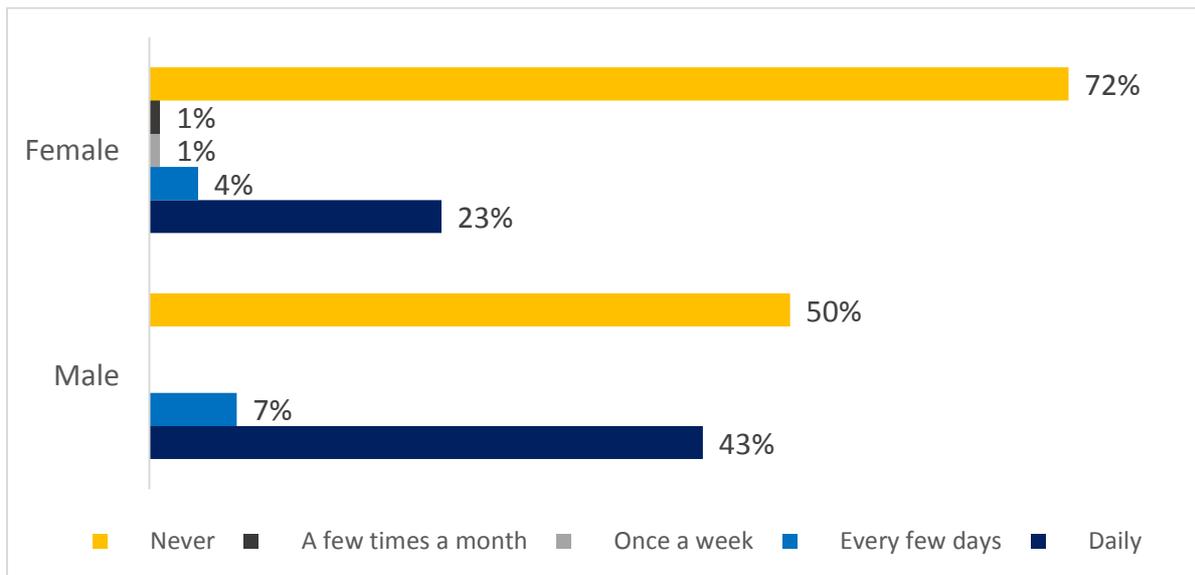


Table 10.22: Syrians in ISs frequency of accessing internet

Syrians in ISs state to access the Internet the most to stay in touch with family and friends at 75%, to use social media at 42% and to get information in general at 15%. 11% use it to get news about the world and the region and 7% to get news about Lebanon.

Access and use of social media

49% of Syrians in ISs access social media daily, in contrast to 33% who never access social media. 15% state to access social media every few days. When asked about what Syrians in ISs use social media for the most, 90% responded for staying in touch with friends and family and 38% to get new information on available services. 22% use social media to receive news about the region and world respectively and 20% to receive news about Lebanon.

Preferred way of communication for services

Most Syrians in ISs at 53% prefer to receive information about available UNICEF services in person through an outreach volunteer, in contrast to 49% via mobile phone and 17% through social media. Qualitative data from FGDs with male and female Syrian caregivers confirms this, as they prefer to have person-to-person contact. This is mostly due to the fact that they often have specific questions and clarifications they like to ask.

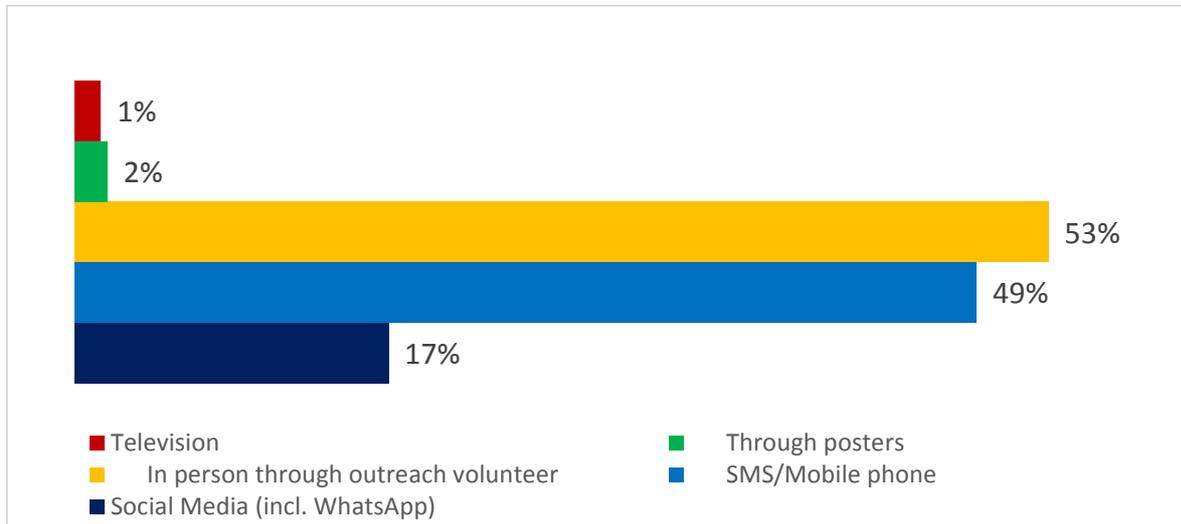


Table 10.23: Syrians in ISs preferred way of receiving information about available UNICEF services

10.3.5. Palestine refugees' domain

Preferred traditional media

An overwhelming majority of respondents of Palestine refugees, at 94%, say that television is their preferred traditional medium. In comparison, newspapers are insignificant as traditional media at 1% and 4% do not like traditional media.

Preferred type of TV programming

Palestine refugees have the biggest gender difference on their preferred type of TV programming. **While 70% of female Palestine refugees prefer to watch serials, 41% of male Palestine refugees prefer to watch the news.** Over a third of male respondents does like to watch serials as well, while only 9% of female respondents like to watch the news.

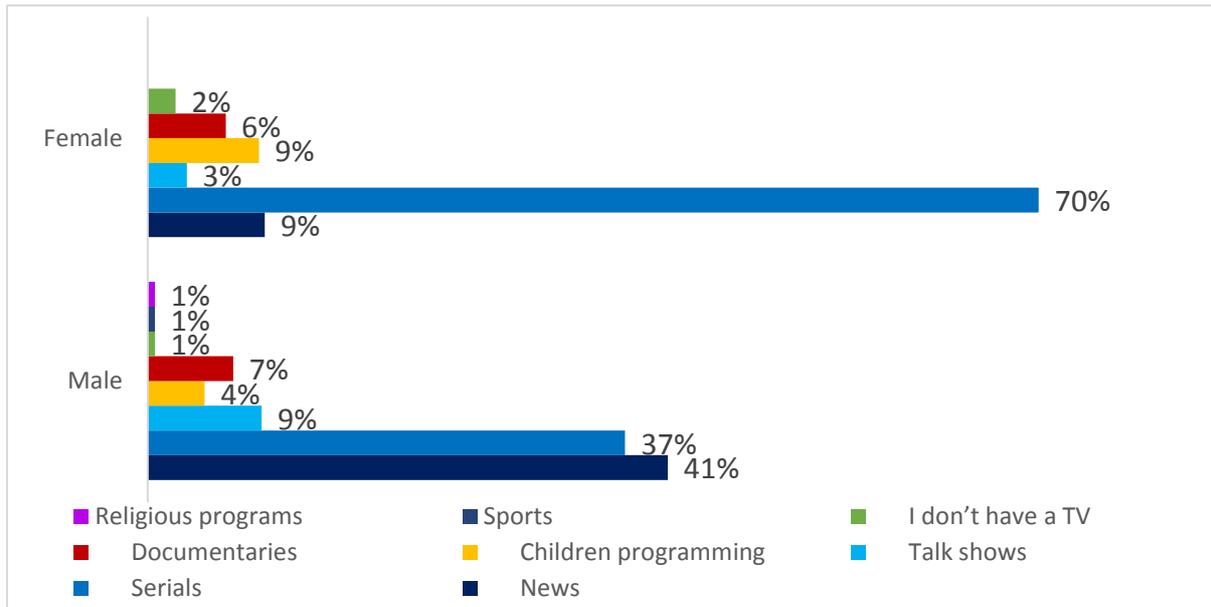


Table 10.24: Palestine refugees' preferred type of TV programming

Most respondents in the Palestinian domain state that they prefer watching TV in the evening, with 68% for female and 51% for male respondents. As in the Syrian in ISs domain, a large percentage of men and women like to watch TV during the day. After the evening, late afternoon scores highest at 32% for female and 40% for male respondents, unlike for all other domains where night is always the second-preferred option.

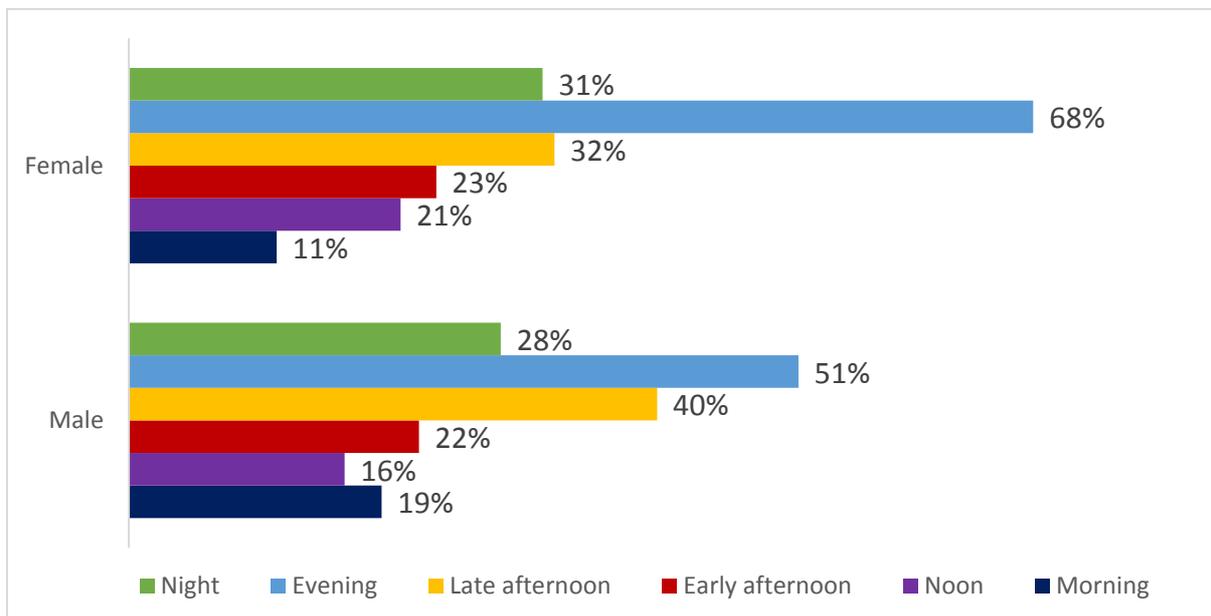


Table 10.25: Palestine refugees' preferred time to watch TV during the day

Access and use of the Internet

72% of female and 78% of male Palestine refugees access the Internet daily. A fifth of women at 20%, however, never accesses the Internet, compared to 12% of men. 91% of Palestine refugees use the Internet to access social media, the highest percentage of all domains. 65% use it to stay in touch with family and friends, while 27% use it to get information, also the highest percentage of all domains.



Table 10.26: Palestine refugees' frequency of accessing internet

Access and use of social media

77% of Palestine refugees access social media daily. 11% never access social media, while 7% access it every few days. 69% of Palestine refugees use social media to stay in touch with family and friends, 46% use it to get new information on services. In contrast, 30% use it to get news on the world, 26% on news about the region, which represent the highest percentages for these options across domains.

Preferred way of communication for services

56% respondents in the Palestinian domain prefer to receive information about the available UNICEF services electronically through social media, 46% through mobile phones and 39% through a website on the Internet. However, 32% of Palestinian respondents would like to receive this information in person through outreach volunteers and 18% through posters.

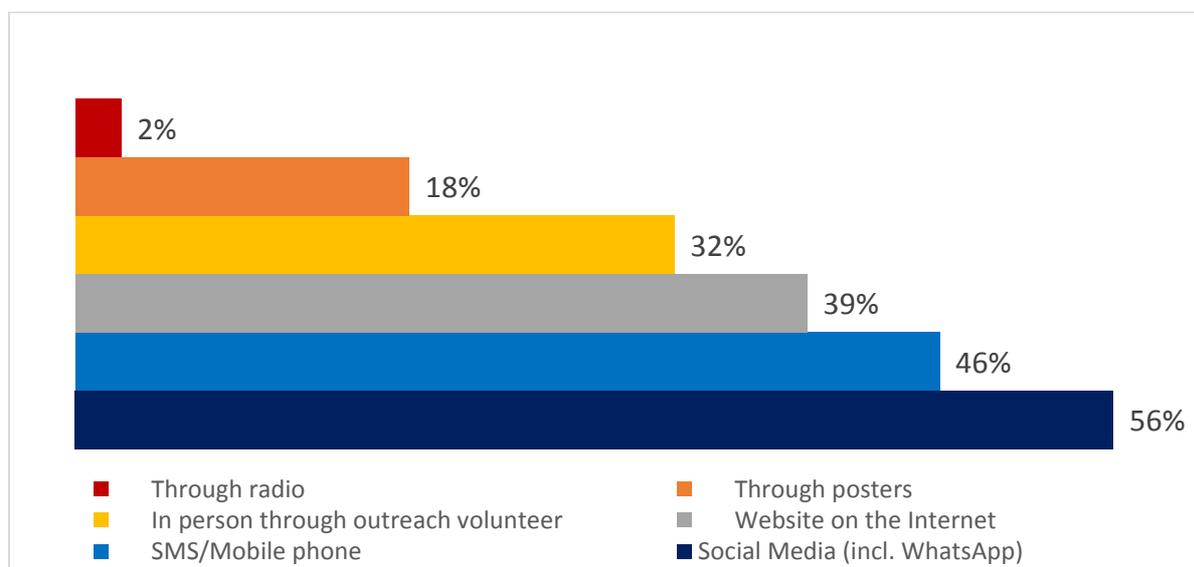


Table 10.27: Palestine refugees' preferred way of receiving information about available UNICEF services

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11. BARRIERS AND RECOMMENDATIONS

The analysis of data that were collected for the KAP Study identifies a range of knowledge gaps and attitudinal and practical challenges that act as barriers to health, education, WASH, child protection, child rights and social inclusion. KAP barriers can be overcome with social and behaviour change and an improved matching of supply and demand of services in terms of both volume and quality. Towards this end, the chapter concludes with a list of recommendations for further action.

11.1. Analysis

Four overarching analytical categories emerged from the data that were collected for the KAP Study. They are best represented as binaries (pairs of opposites):

- Public/private
- Female/male
- Poor/not-poor
- Centre/periphery
- Emergency/development

The binary of public and private refers to the fact that public goods and services, on the one hand, and private interests, on the other, can be at variance. For example, public health might require a sufficient immunization coverage, while medical professionals, out of private interest, might discourage patients from using the vaccines available at public health centres (PHCs) and social development centres (SDCs) in order to convince patients to pay for privately provided vaccines, which, however, not everyone can afford.

The female-male binary refers to the fact that gender relations are pervasive in almost all KAP Study data. To a considerable extent, men and women, as well as boys and girls, seem to lead different lives. Qualitative and quantitative data from the KAP Study show that knowledge, attitudes and practice tend to be gendered. (See the annex to this chapter for selected indicators disaggregated by gender.)

The poor-not-poor binary, while a global phenomenon, is particularly consequential if paths out of poverty are largely unavailable. Official and unofficial restrictions on who can hold what position of employment make it near impossible for certain groups in Lebanon to escape poverty. At the same time, there exists an unregulated black labour market, which provides thousands of refugees with an opportunity to earn an income, though wages might be low, employment security might not exist and occupational safety and health protections might not be observed.

Overarching analytical categories:

- Sphere (public/private)
- Gender (female/male)
- Income (poor/not-poor)
- Services (centre/periphery)
- Response (emergency/development)

The centre-periphery binary signifies regional asymmetries in Lebanon in terms of available services and opportunities, but also in terms of social norms, such as the just mentioned gender norms. Data collected for the KAP Study indicate that the presence of the Lebanese state and the role of civil society are rather limited in mohafaza like Akkar and Baalbek-Hermel. As far as policy decisions, available resources and services and employment opportunities are concerned, Beirut is the indisputable centre of Lebanon. The urban sprawl along Lebanon's Mediterranean coast – a sprawl that also stretches inland – must be considered part of the socio-economic centre as well. In the periphery, resources, services and opportunities to earn an income are more limited and are often channelled through

networks of patronage. Residents of the periphery who are without or with very limited access to such networks, like Syrian refugees, are especially vulnerable. Others, like young men from Akkar, often enlist with the police and military and become teachers.

Lebanon has taken in more international refugees per capita than any other country in the world. Most refugees in Lebanon arrived from Syria. It is estimated that the number of Syrian refugees in Lebanon might be as high as two million. Thus, the Syrian crisis created a situation that required an immediate and extensive humanitarian response. Resources, institutional capacities and services in Lebanon were overburdened. Strengthening Lebanon's capacities to cope with the crisis have blurred the line between an emergency response and development. Regardless of such blurring, international organizations like UNICEF Lebanon realise that capacities need to be built. At the same time, there is resistance in Lebanon to hosting Syrian refugees in perpetuity and to create permanent structures and services for them.

GENDER

The seemingly universal division of care and work between a public sphere that is largely male and a domestic sphere that is largely female, the discrepant social expectations placed on women and men, the transference of gender norms to a new generation, and so on, are indicative of a deeply gendered social order.

- Female caregivers are the primary decision-makers and agents with regard to children's **health**, but often have to rely on financial support from their husbands and family.
- Men see to it that the household has **water** for drinking and general usage. Women are responsible for the **hygiene** of household members and the **cleanliness** of the home.
- Most respondents believe that girls and boys should participate equally in **education**. In practice, protection challenges, such as lack of documents, child labour, child marriage and safety concerns, prevent girls and boys from accessing education.
- The general perception among respondents is that there are more **protection** risks for girls than for boys. In cases of GBV and CP violations, both female and male respondents prefer to seek support from informal sources, like close family, rather than to turn to formal service providers.
- While caregivers perceive basic **rights**, like food, shelter and education, to be largely equal for girls and boys, rights of expression and self-determination are gendered. Due to traditional gender norms and perceived protection risks, the rights of expression and self-determination are more limited for girls.
- The care of children with **disabilities** tends to be the responsibility of mothers, who need to be proactive in seeking support and services.

Binaries are laden with values. The two concepts in the binary 'poor-not poor', for example, are not value-neutral. 'Not poor' is usually considered to have a more positive value than 'poor'. Data from the KAP Study indicate that the binary 'male-female' is value-laden as well. Girls and young women are, for example, expected to know household skills before getting married, whereas boys and young men are supposed to be able to provide for a family before they can marry. Such expectations correspond to a division between domestic and non-domestic values. In similar fashion, the centre-periphery binary carries values that refer to the contrast between tradition and modernity, rurality and urbanity, social control and social anonymity, deprivation and prosperity, and so forth.

The binary of emergency and development is laden with values related to agency and responsibility. Providing support in an emergency is likely to be seen as a humanitarian imperative, whereas development tends to raise more complex issues of who should act – or should have acted – and in what manner. Because resources are limited, the emergency-development binary is subject to value

judgements about what to prioritize. KII data indicate that the dilemma of allocating resources to either emergency relief or development is an ongoing topic of discussion within UNICEF as well.

It is possible to apply one or more of the four overarching analytical categories to each barrier identified below. To do so opens up perspectives on the immensity of the challenges Lebanon faces.

11.2. Barriers and recommendations

11.2.1. Health

Barrier

- Among Lebanese and Syrian respondents there is limited awareness of available health services that are covered by the Government of Lebanon and the right to receiving such services. For example, right holders are not aware that MOPH even covers the greater part of the costs for child delivery at contracted private hospitals. Among Lebanese respondents there is a preference for private health services.

Recommendations

- The recommendation is to raise community awareness on health services by:
 - Communicating individuals' right to health services
 - Communicating the improved quality of public health services
 - Spreading information on access points to health services
 - Strengthening community outreach actions

Vaccination

Barrier

- Across all domains, a sizeable minority of respondents underestimated the number of vaccination sessions needed before a child's first birthday for it to have received all recommended vaccines. Furthermore, quantitative data from the KAP Study indicate that few caregivers actually complete all of their children's recommended vaccination sessions before their first birthday.

Recommendations

- A two-pronged supply-side approach is recommended:
 - An information campaign that specifically addresses the number of recommended vaccination sessions
 - A systematic follow-up programme organized and conducted by public health services that reminds caregivers to bring children to the next vaccination session. First-time and young mothers could be prioritized. Lessons learned from UNRWA's follow-up approach might be relevant to design this programme.

Barrier

- Male respondents across domains are considerably less well informed about the health status of their children than female respondents. Some male respondents express clearly the view that women have sole responsibility for the care, including the health care, of their children. This places an extra burden on women and makes the provision of healthcare, including vaccinations, difficult because of perceived safety risks for women who are unaccompanied outside the home.

Recommendations

- Two actions, based on the research team's previous work with mixed-gender dialogue sessions,¹⁸¹ are recommended:
 - Develop a curriculum for mixed-gender parenting sessions, which includes a focus on gendered roles in caring for newborns and children. Participants in parenting sessions could be recruited in connection with antenatal care visits. A suggestion is to organize four parenting sessions of two hours each over the course of the pregnancy.
 - Recruit interested fathers-to-be as co-facilitators for continued organized dialogue groups among fathers.

Barrier

- A persistent rumour is that vaccines at PHCs are of inferior quality. This myth is perpetuated by some medical professionals with the intention of persuading patients to pay for vaccinations at privately-owned clinics instead of using the free or inexpensive vaccination service at PHCs and SDCs.

Recommendations

- Instead of targeting external stakeholders like caregivers, the recommended action targets internal stakeholders. Organize workshops for medical professionals on the relationship between medical ethics and business models in medicine. The initiative should be co-owned by UNICEF and MOPH and organized and conducted in collaboration with MOSA and Ordre des Médecins du Liban. A prioritized target group should be physicians working in public healthcare, especially physicians in PHCs and public hospitals.

Breastfeeding

Barrier

- KAP Study data highlight widespread misunderstandings and myths on exclusive breastfeeding. Common practices include giving water with sugar or honey, camomile tea and other liquids or solids to newborns and infants. The relatively high percentage of respondents who favour exclusive breastfeeding contrasts with these practices, which seems to reveal a knowledge gap that is not filled adequately by medical professionals.

Recommendations

- Part of antenatal care must be to raise awareness on what constitutes exclusive breastfeeding, its evidence-based benefits and how to practice breastfeeding. KAP Study data show that the existing tool, the IYCF educational cards, used for this purpose, tend to promote a one-way communication model, largely due to time constraints. A participatory C4D model is recommended that encourages parents-to-be to come up with, and reflect on, solutions to challenges associated with exclusive breastfeeding.

Barrier

- While breastfeeding is recognized by MOPH to be the most beneficial method of feeding newborns and infants, this knowledge does not necessarily reach caregivers. KAP Study data indicate that formula is promoted excessively by healthcare services and that it, in some cases, even is provided to parents right after child delivery, before breastfeeding has been initiated. Qualitative data also point to a decrease in breastfeeding frequency in the Syrian domains, which appears to be linked to Syrian children being delivered in Lebanese hospitals.

¹⁸¹ Khattab 2016.

Recommendations

- Like the recommendation for the vaccination barrier that is directed towards internal stakeholders, the recommendation for this barrier also targets internal stakeholders, in particular MOPH, MOSA and medical professionals. The recommendation is to organize workshops for medical professionals on the relationship between medical ethics and business models in medicine. The initiative should be co-owned by UNICEF and MOPH and organized and conducted in collaboration with MOSA and Ordre des Médecins du Liban. A prioritized target group should be physicians, nurses and midwives working in public healthcare, especially physicians in PHCs and public hospitals.

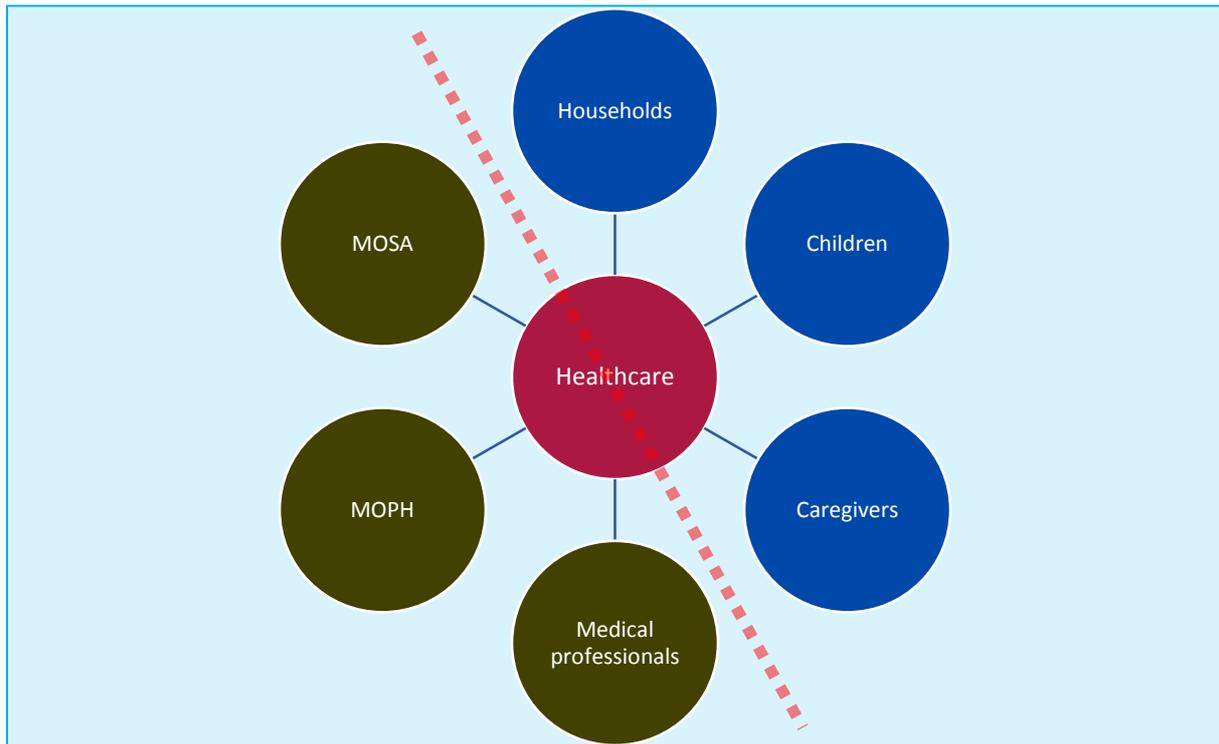


Table 11.1: Internal and external stakeholders in healthcare (internal stakeholders: MOPH, MOSA and medical professionals; external stakeholders: households, children and caregivers).

11.2.2. WASH

Water

Barrier

- Access to clean drinking water and a sufficient supply of water for hygienic purposes is a challenge across domains but is most troublesome for already vulnerable groups like Syrian refugees living in ISs. Short-term solutions used during emergencies like delivering water by truck have become permanent services. The primary source of drinking water is bottled water, which is costly for individuals and households and, because of inadequate recycling, results in large quantities of plastic bottles that degrade the environment.

Recommendations

- Continued support in implementing projects at the water establishments and the Ministry of Energy and Water on the improvement of the quality and reach of piped water.

Sanitation

Barrier

- Wastewater disposal presents a health and environmental challenge in all mohafazat and for everyone in Lebanon. Untreated or only slightly treated wastewater contaminates Lebanon's soil, streams, groundwater and coastal waters. Syrian refugees living in ISs are often refused access to more sustainable solutions for wastewater disposal.

Recommendations

- Three initiatives are recommended:
 - Institutional capacity building to increase the use and efficiency of existing wastewater treatment facilities
 - Support the extension of wastewater networks, that are connected to treatment facilities, in accordance with Ministry of Energy and Water guidelines
 - Sponsoring of septic tanks for black water and filters for grey water in ISs
 - Community-based participatory C4D actions to raise awareness on the short- and long-term consequences of releasing unfiltered, untreated wastewater into the environment

Barrier

- KAP Study data show that, depending on domain, between 11 and 27% of respondents report that they dump solid waste randomly in the environment.

Recommendations

- Community-based participatory C4D actions with the double purpose of (a) organizing clean-up campaigns and (b) preventing that solid waste is dumped randomly in the environment

Hygiene

Barrier

- In all domains, female respondents report that they abstain from showering and bathing during the first days of menstruation. Some even refrain from showering and bathing for the entire period. Various health risks were mentioned as resulting from showering or bathing during menstruation, such as 'fibers' [fibrosis], developing a sack of water in the uterus and that taking a shower can stop the period altogether.

Recommendations

- The recommendation is to conduct an awareness campaign that demystifies what menstruation is and debunks myths surrounding the period. The campaign could focus on appropriate hygiene practices during menstruation, as well as child protection issues like unwanted pregnancies after the onset of menstruation. Core messages could be adapted to the residential and living circumstances of the specific target group. For instance, social media content is likely to reach girls in the Lebanese domain but not necessarily girls in the Syrians in ISs domain.

11.2.3. Education

Barrier

- KAP Study data indicate that there is a noticeable difference between domains when it comes to enrolment in formal education. While 93% of school-aged children in the Lebanese domain are enrolled in formal education, the number for children in the Syrians living in ISs domain is just 43%. For children in the registered Syrian domain, the figure is 63%. The quantitative and qualitative data show that there are a number of barriers to school enrolment:
 - A lack of teaching space; qualitative data indicate that when Syrian caregivers tried to enrol their children they were not admitted because of overcrowding in Lebanese public schools
 - Children not wanting to go to school; if collated with other quantitative and qualitative data from the KAP Study, possible reasons for children not wanting to go to school include teachers using verbal and physical violence against children and occurrences of bullying in school
 - Children dropping out of school to work; levels of child labour vary across mohafaza and domains. Most at risk are boys who are eager to assume adult responsibilities
 - Preventive costs of education, for example for transport, activities, stationary, and so on

Recommendations

- The recommendations consist of two types of action:
 - That resources are directed towards making more teaching space available. This would involve opening new schools or expanding the floor space of existing schools to meet the demand for basic education
 - It is recommended that the implementation of MEHE's child protection policy, which was developed together with UNICEF, is intensified and is monitored more closely

Barrier

- According to qualitative KII data, caregivers in the Lebanese and Palestinian domains are often engaged in the school work of their children. In comparison, caregivers in the Syrian domains appear less involved and empowered. Possible reasons for the lower level of engagement include the educational background of the caregivers and language barriers related to the Lebanese curriculum.

Recommendations

- The recommendation is to support caregivers in the Syrian domains through (a) basic literacy and numeracy training and (b) accurate instruction on educational options. The purpose is for them to be more involved in their children's school work and to help their children with their homework.

11.2.4. Child protection

Barrier

- While conservative norms already were widespread in Lebanon's peripheral regions, KAP Study data suggest that they become even stricter and spread even wider. This trend includes an increasing frequency in child marriages, a strict separation of genders and, in the Syrian domains, forced pregnancies.

Recommendations

- The recommendation for this barrier is threefold:
 - To initiate a study on the root causes behind this barrier. Whether this is a transfer of social norms from Syria to Lebanon or the effect of negative coping mechanisms, or a mixture of both, or if it is caused by something else, needs further study.
 - Family planning sessions for couples in order to involve men and facilitate a dialogue between men and women. It is recommended that the sessions are organized in connection with postnatal care visits.
 - A participatory C4D action in the form of dialogue sessions for women and men separately. Sessions could potentially be conducted with mixed-nationality groups. The purpose of the dialogue sessions is to reflect on gender expectations and challenges and to change attitudes and behaviours. Sessions should be structured topically and designed differently for different age groups. It is suggested that dialogue groups run for at least six months.

Barrier

- Quantitative data from the KAP Study evince that only a minority of women would report to formal authorities if they had to tell someone about a GBV incident. For women in the Lebanese domain the number is 18%, for women in the registered Syrian domain it is 12%, for women in the Syrians in ISs domain it is just 8% and in the Palestinian domain it is 14%. While these percentages are not satisfactory, the data also make clear that a majority of women in all domains would report GBV incidents to their husband or other family and community members.

Recommendations

- The recommendation consists of three parts:
 - Continue to build capacities of formal authorities to act appropriately and efficiently in response to reported cases of GBV and CP incidents.
 - Create greater awareness about available formal CP and GBV services.
 - Develop community-based solutions for GBV prevention and CP, for example by starting up pilot projects in Akkar and Bekaa that involve community leaders.

Barrier

- The vast majority of respondents in all domains does not know that, by law, the maximum number of working hours per day for children is 6 hours. Most respondents think that children are allowed to work more hours per day.

Recommendations

- The recommendation is to strengthen the capacity of labour law enforcement, in particular with regard to labour inspections.

Barrier

- A majority of respondents (74-86%) in all domains think that positive discipline is useful. At the same time, 35% of respondents in the Lebanese domain find shouting at a child useful, as do 35% of respondents in the Palestine refugee domain. In the registered Syrian domain, the number is 33% and in the Syrians in ISs domain it is 43%. In the Lebanese domain, 21% of respondents find it useful to spank, hit or slap the child on the bottom. For Syrians registered with UNHCR this number is 22%, for Syrians in ISs it is 30% and for Palestine refugee respondents it is 32%. These figures suggest that there is a gap between favourable attitudes towards positive discipline and disciplining practices.

Recommendations

- The recommendation consists of two parts:
 - Further study to investigate the reasons behind the gap between favourable attitudes towards positive discipline and disciplining practices
 - C4D efforts directed to caregivers should present concrete examples of and practical tools for positive disciplining methods, along with promoting the respect for the bodily and intellectual integrity of children. Such efforts bridge the priority areas of CP and CR because the issue of children's integrity is common to both.

11.2.5. Child rights

Barrier

- Awareness of child rights is widespread. Even children know, for example, that they are not supposed to work or marry very young. This knowledge is limited, however. Respondents believe that child rights refer to basics like food, clothes, education and so on, but not to children's right of expression, participation, inclusion and decision making. This points to an awareness gap between considering children to be entitled to care and seeing children as persons with a right to dignity, integrity and self-expression.

Recommendations

- It is recommended that a focus on children's personhood, capacity of self-expression and agency in decision-making informs UNICEF Lebanon's programmes. This means, for example, that programming that targets children should be participatory already at the design stage. Children could be involved in the planning and implementation of programme activities. This would provide children with an opportunity to 'exercise their voice' and articulate their aspirations.

11.2.6. Disability

Barrier

- Disability is the programmatic area that is in greatest need of C4D action, starting with capacity building in the field of professionally identifying disabilities. An overwhelming majority of respondents in all domains are unaware of the right to social inclusion for children with disabilities. Prejudices and lack of knowledge abound in the field of disability. Despite people

with disabilities being among the groups most at risk of exclusion and exposure to violence, they are rarely acknowledged and targeted in programming.

Recommendations

- Two recommendations address this barrier:
 - Capacity-building C4D interventions targeting internal stakeholders like UNICEF staff, ministries and partners. The objective is to fill conceptual and practical knowledge gaps, with a focus on helping stakeholders integrate a disability perspective into their programmes. Different programme areas require different approaches to meet this objective.
 - The scale of the barrier demands a nation-wide awareness campaign for external stakeholders. Such a campaign should communicate the capacity of children with physical and intellectual disabilities and provide positive examples of individuals with disabilities who are socially integrated.

Barrier

- KAP Study data indicate that there is widespread confusion about the difference between, on the one hand, physical and intellectual disabilities and, on the other hand, physical and mental illnesses.

Recommendations

- Part of the nation-wide awareness campaign mentioned in the above recommendation should be to explain in a single phrase the difference between disability and illness.

Barrier

- There is more willingness to socially include anyone with physical disability than there is to include persons with intellectual disability. The reasons provided by respondents for this difference is that they fear that people with intellectual disabilities might become violent.

Recommendations

- The recommendation is to conduct community outreach actions that create opportunities for personal interaction between community members with and without disabilities. The express purpose is to open a path to social integration in the community.

11.2.7. C4D

Barrier

- Nearly half of female respondents in the registered Syrian domain never access the Internet. For male respondents, the corresponding number is 38%. Almost three quarters of female respondents in the Syrian in ISs domain never access the Internet, nor do half of male respondents. 43% of male and just 23% female Syrians in ISs access the Internet daily. While most Palestinians access the Internet daily, a fifth of women never accesses the Internet. C4D actions that make use of the Internet are therefore unlikely to reach the most vulnerable groups.

Recommendations

- A majority of Syrians in ISs prefer to receive information about available UNICEF services in person. Qualitative data from FGDs with Syrian women confirm this.

The fact that considerable percentages of respondents in all domains do not access the Internet and that there is a demand for face-to-face communication should inform all of UNICEF Lebanon's communication efforts towards external stakeholders.

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Annex: Selected indicators disaggregated by gender

Health

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees living in camps	Total
% of respondents who know that children need to be brought to the health facility at least 6 times to complete the recommended vaccines by the child's first birthday	Male	61%	52%	57%	49%	
	Female	73%	59%	55%	38%	
	Total	69%	55%	55%	42%	64%
% of respondents who believe in exclusive breastfeeding	Male	95%	94%	95%	95%	
	Female	96%	97%	99%	99%	
	Total	95%	96%	99%	97%	96%
% of respondents who believe it is important to breastfeed until 24 months	Male	41%	63%	79%	59%	
	Female	46%	65%	86%	48%	
	Total	44%	64%	85%	53%	50%

Table 11.2: Health indicators by domain and gender

Water, sanitation and hygiene (WASH)

Water

Lebanese residents		Male	Female	Total
Three main sources of drinking water for	Piped water supply	34%	32%	33%
	Bottled water	52%	55%	54%

household members	Protected well/spring	7%	8%	8%
Syrians registered with UNHCR		Male	Female	Total
Three main sources of drinking water for household members	Piped water supply	30%	30%	30%
	Bottled water	48%	48%	48%
	Protected well/spring	12%	11%	12%
Syrians living in ISs		Male	Female	Total
Three main sources of drinking water for household members	Tanker-trucking	43%	46%	43%
	Bottled water	27%	21%	22%
	Protected well/spring	14%	15%	15%
Palestine refugees living in camps		Male	Female	Total
Three main sources of drinking water for household members	Piped water supply	36%	19%	27%
	Bottled water	40%	75%	60%
	Rain water	21%	3%	11%

Table 11.3: Drinking water indicator by domain and gender

Hygiene

For a detailed gender breakdown of responses, see tables 5.12, 5.13, 5.17, 5.18, 5.22, 5.13, 5.29 and 5.30.

Education

		Lebanese residents	Registered Syrians with UNHCR	Syrians living in ISs	Palestine refugees in camps	Totals
% of caregivers who know how to enrol children in formal school	Male	66%	54%	43%	93%	
	Female	67%	61%	36%	90%	
	Total	67%	57%	37%	91%	67%
% of caregivers who are aware of non-formal education activities and programmes	Male	NA	4%	0%	26%	
	Female	NA	7%	7%	27%	
	Total	NA	6%	6%	27%	6%

% of caregivers who believe girls should be in school until they graduate	Male	96%	86%	86%	79%	93%
	Female	97%	89%	81%	77%	
	Total	96%	88%	82%	78%	
% of caregivers who would never enrol their children in public or UNRWA schools	Male	47%	26%	39%	21%	43%
	Female	50%	28%	48%	8%	
	Total	49%	27%	46%	14%	
% of children who are enrolled in formal education	Boys	93%	62%	45%	83%	83%
	Girls	94%	64%	42%	92%	
	Total	93%	63%	43%	87%	

Table 11.4: Education indicators by domain and gender

Child protection

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who believe that marriage under 18 years of age has negative consequences and could name at least one negative consequence	Male	75%	63%	48%	50%	73%
	Female	77%	66%	62%	71%	
	Total	76%	64%	60%	62%	
% of respondents who believe that a woman would report to formal authorities if she had to tell someone about a GBV incident	Male	24%	18%	9%	13%	17%
	Female	31%	19%	16%	24%	
	Total	28%	19%	14%	20%	
% of respondents who would report to formal authorities in case they had to tell someone about a case of CP	Male	34%	20%	16%	17%	21%
	Female	37%	24%	14%	32%	
	Total	36%	22%	14%	25%	

% of respondents who believe that protection services provided to children and women through MOSA and NGOs are helpful	Male	50%	40%	32%	51%	
	Female	51%	38%	52%	62%	
	Total	50%	40%	42%	56%	49%
% of respondents who answer that children's participation in armed violence is not justified under any circumstances	Male	93%	94%	95%	83%	
	Female	93%	90%	95%	91%	
	Total	93%	93%	95%	87%	93%
% of respondents who know that the minimum working age in Lebanon is from 18 years and older	Male	85%	79%	80%	81%	
	Female	87%	69%	57%	72%	
	Total	86%	75%	61%	76%	83%
% of total respondents who know that the maximum number of working hours per day for children by law is 6 hours	Male	4%	3%	2%	4%	
	Female	5%	4%	13%	5%	
	Total	5%	4%	11%	5%	5%
% of respondents who know that it is wrong to hit children	Male	72%	75%	73%	70%	
	Female	69%	73%	62%	66%	
	Total	70%	74%	63%	68%	71%
% of respondents who exhibit positive attitudes towards positive discipline methods	Male	84%	86%	74%	73%	
	Female	86%	87%	83%	73%	
	Total	85%	86%	82%	73%	84%

Table 11.5: Child protection indicators by domain and gender

Child rights

	Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
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% of respondents who are aware of child rights	Male	89%	91%	77%	73%	90%		
	Female	92%	92%	76%	88%			
	Total	91%	91%	76%	81%			
% of duty bearers who have positive attitudes towards preventing child rights violations	Male	95%	94%	95%	99%	95%		
	Female	95%	93%	94%	93%			
	Total	95%	94%	94%	96%			
% of caregivers who believe that children need to be listened to in matters affecting them	Male	84%	81%	87%	90%	84%		
	Female	87%	76%	88%	73%			
	Total	86%	79%	88%	81%			
		Beirut	Mount Lebanon	North and Akkar	South	Nabatieh	Bekaa and Baalbek-Hermel	Total
% of Lebanese households who are aware of the NPTP	Male	38%	31%	25%	34%	21%	31%	31%
	Female	20%	22%	28%	39%	11%	25%	25%
	Total	27%	26%	27%	37%	15%	26%	27%

Table 11.6: Child rights indicators by domain and gender

Disabilities

		Lebanese residents	Registered Syrians with UNHCR	Syrians living in ISs	Palestine refugees in camps	Totals
EDUCATION						
% of respondents who believe children with physical disabilities should go to regular preschools and schools.	Male	55%	45%	57%	41%	53%
	Female	55%	46%	48%	61%	
	Total	55%	45%	49%	52%	
% of respondents who believe children with	Male	16%	16%	11%	21%	
	Female	19%	18%	10%	25%	

intellectual disabilities should go to regular preschools and schools.	Total	18%	17%	11%	23%	18%
WORK						
% of respondents believe that young people with physical disabilities should work	Male	70%	35%	39%	49%	
	Female	65%	31%	32%	60%	
	Total	67%	33%	33%	55%	59%
% of respondents believe that young people with intellectual disabilities should work	Male	20%	10%	7%	12%	
	Female	22%	9%	5%	13%	
	Total	21%	9%	6%	12%	18%
SOCIAL LIFE						
% of respondents who believe children with physical disabilities should be integrated into society	Male	73%	59%	52%	40%	
	Female	69%	53%	47%	51%	
	Total	70%	56%	48%	46%	66%
% of respondents who believe children with intellectual disabilities should be integrated into society	Male	22%	31%	27%	20%	
	Female	27%	36%	14%	19%	
	Total	25%	34%	16%	20%	26%
COMMUNITY LIFE						
% of respondents who believe that children with physical disabilities should participate in community life	Male	70%	55%	54%	51%	
	Female	66%	50%	50%	62%	
	Total	68%	53%	51%	58%	64%
% respondents who believe that children with intellectual disabilities should participate in community life	Male	23%	33%	27%	37%	
	Female	27%	38%	14%	37%	
	Total	25%	31%	16%	37%	27%
RESIDENTIAL INSTITUTIONS						

% of respondents who find it acceptable if families of children with physical disabilities place them in residential institutions	Male	61%	60%	57%	69%	
	Female	59%	56%	46%	63%	
	Total	60%	58%	48%	66%	60%
% of respondents who find it acceptable if families of children with intellectual disabilities place them in residential institutions	Male	61%	72%	72%	73%	
	Female	62%	66%	77%	74%	
	Total	61%	70%	76%	73%	64%

Table 11.7: Disabilities indicators by domain and gender

C4D

Preferred type of TV programming

		Male respondents	Female respondents	Total
Serials	Lebanese residents	31%	62%	50%
	Syrians registered with UNHCR	34%	55%	45%
	Syrians living in ISs	48%	50%	50%
	Palestine refugees living in camps	37%	70%	56%
	Total	32%	61%	49%
News	Lebanese residents	46%	19%	29%
	Syrians registered with UNHCR	49%	25%	38%
	Syrians living in ISs	32%	24%	26%

	Palestine refugees living in camps	41%	9%	23%
	Total	46%	19%	30%
Documentaries	Lebanese residents	10%	7%	8%
	Syrians registered with UNHCR	3%	2%	3%
	Syrians living in ISs	2%	0%	1%
	Palestine refugees living in camps	1%	2%	1%
	Total	8%	6%	7%
Children programming	Lebanese residents	1%	4%	3%
	Syrians registered with UNHCR	6%	9%	7%
	Syrians living in ISs	9%	10%	10%
	Palestine refugees living in camps	4%	9%	7%
	Total	3%	6%	4%
Talk shows	Lebanese residents	5%	5%	5%
	Syrians registered with UNHCR	1%	1%	1%
	Syrians living in ISs	2%	1%	1%
	Palestine refugees living in camps	9%	3%	6%
	Total	5%	4%	4%
No TV	Lebanese residents	1%	1%	1%
	Syrians registered with UNHCR	3%	6%	4%
	Syrians living in ISs	7%	12%	11%

	Palestine refugees living in camps	1%	2%	1%
	Total	2%	2%	2%

Table 11.8: C4D indicators by domain and gender

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who access the internet daily	Male	78%	60%	43%	78%	73%
	Female	77%	47%	23%	72%	69%
	Total	77%	54%	26%	75%	71%
% of respondents who never access the internet	Male	16%	38%	50%	12%	21%
	Female	16%	50%	72%	20%	24%
	Total	16%	43%	68%	16%	23%

		Lebanese residents	Syrians registered with UNHCR	Syrians living in ISs	Palestine refugees in camps	Total
% of respondents who access the social media daily	Male	79%	64%	60%	81%	76%
	Female	76%	61%	46%	74%	74%
	Total	77%	63%	49%	77%	75%
% of respondents who never access social media	Male	9%	23%	32%	4%	11%
	Female	10%	28%	33%	10%	12%
	Total	10%	25%	33%	7%	12%

Table 11.9: C4D indicators by domain and gender

Preferred way of communication about available UNICEF services (multiple choice)

		Male respondents	Female respondents	Total
Mobile phone (SMS)	Lebanese residents	61%	55%	58%
	Syrians registered with UNHCR	75%	75%	75%
	Syrians living in ISs	41%	51%	49%

	Palestine refugees living in camps	45%	47%	46%
	Total	32%	61%	49%
Social media	Lebanese residents	44%	43%	43%
	Syrians registered with UNHCR	34%	29%	32%
	Syrians living in ISs	23%	16%	17%
	Palestine refugees living in camps	63%	50%	57%
	Total	32%	61%	49%
In person (through outreach volunteer)	Lebanese residents	24%	26%	23%
	Syrians registered with UNHCR	36%	35%	36%
	Syrians living in ISs	49%	54%	53%
	Palestine refugees living in camps	34%	31%	32%
	Total	32%	61%	49%

Table 11.10: C4D indicators by domain and gender