

2014 Syria Regional Response Plan

Lebanon

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Lebanon Response Plan

OVERVIEW

A. Executive Summary

Lebanon, a country of four million people, has demonstrated unfaltering solidarity towards displaced populations by receiving 36% of the Syrian refugees in the region. Already severely economically impacted by the conflict, it now hosts over 880,000¹ refugees from Syria, adding to a pre-existing Palestine refugee population of 280,000. Refugees make up over one fifth of the population. The cumulative economic, social and security consequences are profound and enduring.

This appeal presents humanitarian needs and requirements for 2014, for the following projected populations:

- **1.5 million Syrian refugees,**
- **100,000 Palestine refugees from Syria,**
- **50,000 Lebanese returnees, and**
- **1.5 million affected Lebanese.**

The total appeal is for US\$1.7 billion for the inter-agency response (including 80 million presented by the Government of Lebanon (GoL) with UNDP and WFP) and US\$165 million presented by the Government. These plans have been developed collaboratively by the GoL, 11 UN agencies, 54 national and international NGO partners as well as refugees and host communities, under the overall leadership of the Ministry of Social Affairs (MoSA) and UNHCR, and in close coordination with the donor community.

Key features of the response include: prioritization and targeted assistance across all sectors; attention to the specific needs of women and children; and new programming efficiencies, such as the expansion of cash assistance and central and common procurement. Partners also have placed significant emphasis on enhancing capacity to government institutions impacted the most by the refugee influx and support to hosting communities – prioritizing areas with both high concentrations of Lebanese poor and high numbers of Syrian refugees. Institutional and community support interventions are designed for immediate impact corresponding to Track 1 interventions outlined in the National Stabilization Roadmap².

1 As of 30 November 2013, 833,685 Syrian refugees had approached UNHCR: 762,242 had been registered and a further 71,443 were awaiting registration. At 29 November 2013, some 50,940 Palestine Refugees from Syria had been recorded by UNRWA.

2 *Lebanon Roadmap of Priority Interventions for Stabilization from the Syrian Conflict*, 12 October 2013.

The Ministry of Social Affairs is the overall Government entity in charge of the coordination of the refugee response in Lebanon. To support host communities and address the negative socio-economic impact of the refugee crisis, the MoSA has identified interventions related to primary health care protection of vulnerable groups and poverty reduction. The GoL supports the response plan and relies on the international community to assist Lebanon in coping with the humanitarian dimension of the refugee influx and its impact on the Lebanese population. While a number of Track 1 interventions outlined in the Government's National Stabilization Roadmap are addressed in this response, the additional funding and strategies required to reinstate the access to, and quality of, public services to their pre-Syrian conflict level are outside this appeal.

B. Context

Lebanon now hosts some 880,000 refugees from Syria, including some 50,000 Palestine Refugees from Syria (PRS). This is the largest population of refugees from Syria in the region. The pace and scale of displacement to Lebanon has been overwhelming: growing from under 150,000 registered refugees from Syria in January 2013 to over 760,000 today³. This represents an increase of over 500 per cent. Almost one in five residents in Lebanon is now a refugee. In addition, the Lebanese Government estimates that a further 230,000 Syrians are residing in the country. While refugee arrivals have slowed in neighbouring countries, Lebanon's rate has been relatively consistent with projections made in the previous response plan.⁴

The Syrian crisis and refugee influx has had many destabilizing consequences for Lebanon. A recent World Bank (WB)/UN assessment⁵ points to a reduction in GDP growth by 2.85% each year since the crisis began and estimates that the total cost of the crisis to Lebanon will reach US\$7.5 billion by end 2014. Spending on education and health has increased significantly while the quality of public services has reportedly deteriorated, especially for vulnerable Lebanese citizens.⁶ Competition in the informal job market has driven wages down, while prices for basic necessities, such as fuel or rental accommodation, have increased. Whilst refugees are dispersed throughout the country, the majority (86%) are living in communities where most of the vulnerable Lebanese (66%) also reside.

Despite these challenges, the current caretaker Government (GoL) has kept borders open to Syrian refugees and allowed them to settle across the country. Although the vast majority of persons seeking protection and assistance have been permitted to enter in 2013, some individuals, in particular among PRS, have faced difficulties⁷. Moreover, the Government continues to allow

3 An additional 71,000 refugees are awaiting registration

4 The Regional Response Plan 5 (RRP5) projected that some 1,000,000 refugees would be registered or in the process of registration by end 2013. Current trends indicate that the end year figure will be 1,020,000.

5 *Lebanon - Economic and social impact assessment of the Syrian conflict (ESIA)*, World Bank, 20 September 2013.

6 The ESIA projects a loss in Government revenue of US\$1.6 billion and an increase in Government expenditure of US\$1.2 billion. Lebanon's fiscal deficit is expected to increase by US\$2.7 billion over the period 2012-2014.

7 Since August 2013, UNHCR and UNRWA have observed changes in border practices which have resulted in a number of persons not being able to enter Lebanon.

Syrians access to public services, although the latter are increasingly being overwhelmed by rising demand. PRS, like other Palestine refugees in Lebanon, are unable to access public services and continue to rely on UNRWA for support.

Shortages in water and electricity, as well as shortcomings in solid waste management have become more commonplace. Pressure on water supply and waste management is leading to rising tensions, destabilizing already fragile settings. Highly privatized healthcare and education systems make the expansion of these services for refugees extremely costly. The number of refugee children has largely overstretched the capacity of public schools. Health providers report mounting unpaid bills from refugees. With limited livelihood opportunities, the vulnerability of refugees is increasing over time, which may lead them to resort to negative coping mechanisms, such as a child labour, child marriage or survival sex.

Refugees have been permitted to settle throughout the country and are found across 1,500 localities. Some 67% of refugees rent basic apartments or homes, half of which are overcrowded with several refugee families sharing limited space. Over 30% live in substandard and insecure conditions in makeshift shelters, tents, unfinished buildings, garages, warehouses and worksites⁸. Access to clean water and sanitation, and protection from the elements, in particular flooding, are constant challenges. PRS must mainly find shelter in overcrowded Palestine refugee camps or their surroundings.

As the country grapples with its own political and internal divisions, the additional pressures brought on by a massive refugee influx are fraying nerves. There is a growing sense that the Lebanese are being asked to accommodate a seemingly endless stream of refugees, without commensurate support. Curfews imposed on refugees in local villages and recent evictions of refugees from apartments and land used for informal settlements are testament to growing tensions between Lebanese and refugee communities in some areas. Additional threats to the security of Lebanon range from missiles from Syria landing in local villages, to engagement by Lebanese in the fighting in Syria, or sporadic internal clashes which have posed risks for Lebanese and refugees and disrupted humanitarian access.

The RRP5 is just 51% funded for the inter-agency response, which has meant that an already prioritized response plan had to be further cut and streamlined.⁹ The funds available have enabled the most critical interventions to be carried out, including the doubling of registration capacity to over 4,000 refugees per day. By the end of October, almost 1,109,000 individual food vouchers were distributed¹⁰ and over 440,000 persons were assisted with primary health services. 53,000 children were enrolled in formal education and 7,000 PRS in UNRWA schools. 194,000 persons received shelter assistance, and a further 450,000 persons are to receive fuels, stoves, clothes and blankets to ensure warmth throughout the winter months. 80 community support projects were implemented and a further 111 are planned or ongoing. These interventions have saved countless lives, and helped to ensure the basic needs of hundreds of thousands of refugees were met.

8 *UNHCR Shelter Survey*, August 2013.

9 *UNHCR Inter-agency Funding Update*, 28 October 2013, includes funding of requirements put forward by the Lebanese Government and Humanitarian Agencies.

10 This figure includes people who have received a food voucher every months and those that have received vouchers for shorter periods in a variety of different projects.

Funding shortfalls, coupled with the continuous stream of refugees and the stretched capacity of the GoL and communities, mean that many thousands of refugees continue to face extreme hardship and burdens on hosting communities continue to mount. Partners have made significant efforts to ensure that available resources reach the most vulnerable in 2014. This includes the introduction of targeting across all sectors; reinforced coordination and new programming efficiencies such as the introduction of cash assistance and centralised procurement. Even with these measures, early and increased international support will be needed in 2014 to avoid the disruption of basic and life-saving interventions.

Based on the impact and needs identified and quantified in the WB/UN Economic and Social Impact Assessment (ESIA), the GoL, with the support of ESIA partners, aims at addressing the adverse consequences of the Syrian conflict on Lebanon and its population. The National Stabilisation Roadmap includes four tracks of interventions to bring about: 1) rapid immediate impact; 2) short to medium term delivery and impact; 3) longer-term delivery and impact and 4) private sector engagement¹¹. In a complementary way, a number of immediate measures corresponding to track 1 interventions, designed to provide direct support to government institutions and communities most impacted by the refugee influx, are included in this appeal and will serve to ensure continued social cohesion and receptivity towards refugees.

11 Ibid at note 1

C. Needs, vulnerabilities and capacities

The vast majority (99%) of refugees in Lebanon are propelled to come by violence in Syria, with a large proportion having already been displaced within Syria¹². Many arrive in Lebanon with nothing but the clothes on their backs. Those who arrive with more resources see these diminish quickly as their situation becomes more protracted.

A recent vulnerability assessment conducted by WFP, UNHCR and UNICEF¹³ indicates that at least 72% of refugees will require continuing international assistance in 2014. Some 39% of newcomers are identified as having specific needs¹⁴. For the 49% of refugees who arrived in Lebanon before 2013, a second or third year in exile will bring entrenched hardship and deprivation. PRS and Lebanese returnees face similar challenges.

Children comprise over half the refugee population. They are among the most tragic casualties of the war, with many severely shaken by their experiences and most having been out of school for one to two years. Public school capacity is overstretched, making the need to find alternative schooling acute. Outside of school, distress lingers, risks of exploitation increase and prospects for a better future diminish. Because of deepening poverty, many families must rely on the contribution of children, who are often out-of-school and sometimes subject to the most exploitative working conditions. Field monitoring suggests that early marriages as a coping mechanism are becoming more prevalent.

Close to 25% of households are headed by women¹⁵, with a large number of women having lost their husbands or fathers in the conflict in Syria. Many are exposed to harassment, and some have resorted to survival sex to provide for their families. Lack of privacy in overcrowded collective shelters and insufficient income or transferable skills, increase risks of sexual and gender based violence. A recent gender analysis revealed changes in gender roles amongst refugees: traditional norms have further limited the mobility and access to resources of women¹⁶.

The poor health status of new arrivals is worrisome. Public health institutions have reported an increase in communicable diseases¹⁷ with a real risk of spread of preventable diseases, including

12 UNHCR Registration data, 31 October 2013. 40% of refugee arrivals have been displaced already within Syria. 15% of these refugees were displaced more than once.

13 *Vulnerability Assessment for Syrian Refugees (VASyR)*, WFP, UNHCR, UNICEF; publication pending - due November 2013. The assessment used key food security indicators, such as household expenditure and dietary diversity, as well as health status, shelter condition, education and family conditions to survey 1,400 households. The 72% of persons found to be highly vulnerable translates into 68% of refugee households.

14 At 31 October 2013, over 280,000 refugees had been identified as having specific needs as part of the registration process, including children at risk, persons with disabilities, unaccompanied and separated children, older persons at risks, persons with specific medical conditions, single parent families, victims of torture and sexual and gender-based violence.

15 UNHCR Registration data, 31 October 2013

16 *Shifting Sands: Changing gender roles among refugees in Lebanon*, Oxfam, 02 September 2013

17 The Ministry of Public Health worked with partners to contain an outbreak of measles affecting some 1,700 children in 2013, of which 88% were Lebanese. Over 750 cases of Leishmaniasis were reported, a disease that was previously unknown among the Lebanese population. An increased number of cases of Hepatitis A and Leishmaniasis have also been reported in the course of 2013.

measles and polio, unless universal immunization of children and national health surveillance programmes are strengthened. In addition, based on recent experience, over 50,000 refugees are projected to need life-saving health interventions in 2014. The recent identification of cases of severe acute malnutrition amongst under-five children suggests declining health status, and the need for further information and action to prevent more widespread incidence. Capacities to comprehensively respond to mental illness are also sorely lacking. Poor sanitation networks and water supply, inadequate waste water and solid waste management, and limited access to fuel and electricity are similarly exposing refugees and host communities in many locations to further health and sanitation risks.

67% per cent of refugees rent apartments or houses, and over half of these are overcrowded. A growing proportion (some 30%) is resorting to extremely insecure shelters including tents, garages, empty buildings, and warehouses. These structures often lack adequate water, sanitation, drainage and are not secure against the elements. Land identified as appropriate for limited sized residential sites have not received Government approval, nor has the substitution of more sturdy structures for the makeshift ones currently in use. Given these conditions, over 500,000 refugees will be at risk in 2014 unless urgent measures are taken to finance and capacitate partners in their on-going efforts to weatherproof substandard dwellings, improve access to water and sanitation and to mitigate risks of flooding.

According to the WB/UN economic and social impact assessment, 170,000 Lebanese could be pushed into poverty, and up to 340,000 Lebanese, mainly youth and low-skilled workers, could become unemployed by end 2014 as a result of the Syrian conflict¹⁸. The economic and social impact is severe with an estimated loss of US\$7.5 billion in economic activity and the government deficit is estimated to widen by US\$2.6 billion over the 2012-14 period as a direct consequence of the crisis.¹⁹ The capacities of the Ministry of Social Affairs and its Social Development Centres, to address rising poverty among Lebanese require a critical investment to ensure continued social cohesion between Syrian and Lebanese communities.

18 The ESIA projects the supply of unskilled labour in the youth age group to increase by 120%.

19 WB/UN ESIA report

RESPONSE STRATEGY AND PRIORITIES

This response plan presents updated needs and requirements from January – December 2014 for:

- **1.5 million Syrian refugees,**
- **100,000 Palestine refugees from Syria,**
- **50,000 Lebanese returnees, and**
- **1.5 million affected Lebanese.**

These projections are informed by experience over the past year, as well as by planning of humanitarian agencies inside Syria and their projections of the evolving situation there. While the plan does not include projections for a rapid intensification of hostilities and consequent mass influx to Lebanon, readiness to respond to a sudden influx of 150,000 persons has been mainstreamed across sectors, in line with the inter-agency contingency plan for Lebanon.

The total appeal is for US\$1.7 billion for the inter-agency response across eight sectors. The Government is appealing for US\$245 million, of which US\$165 million is on its own for health, education, protection and social cohesion/livelihoods activities, and some US\$80 million in partnership with WFP and UNDP on projects related to food security and social cohesion/livelihoods. The response plan has been developed jointly by the Government of Lebanon, UN agencies and NGO partners so as to be fully consistent with complementary initiatives, such as the GOL's *National Roadmap for Stabilization* and the *No Lost Generation* Initiative.

The plan is also in line with regional priorities

Additional features of the response include: prioritization and targeted assistance across all sectors; the introduction of new programming efficiencies; enhanced capacity to government institutions impacted the most by the refugee influx and support to hosting communities, prioritizing areas with both high concentrations of Lebanese poor and high numbers of refugees from Syria.

In regard to prioritization and targeting, partners will continue to prioritize critical interventions to protect and meet basic and life-saving needs of the most vulnerable. Food assistance, for example, will be delivered to those who are determined to not be able to provide for themselves (some 80% of the refugee population)²⁰ while in other sectors partners will proceed from general vulnerability data to target specific groups most at risk and favour interventions with the greatest impact and cost-efficiency.

The requirements put forward in this appeal have been reviewed for cost efficiency, and represent a reduction in spending per capita from previous appeals. Programming efficiencies include the centralized procurement of medications; a focus on lower cost high impact non-formal education opportunities; the identification and development of additional shelter options by local authorities and a move to provision of assistance through cash transfer for food (via vouchers), core relief

²⁰ The 80% of refugees targeted for food assistance is based on the findings of the VASyR which found 72% of refugees to be vulnerable, as well as a safety net of as well as a safety net caseload of pregnant and lactating women, children under the age of two, elderly over the age of 60 and individuals identified as non-autonomous. The actual number assisted may differ based on the results of the verification and appeal process following the introduction of targeted.

items, hygiene kits and rent, as well as for newcomers. Partners will continue to pursue common advocacy, supported by donors, to reduce the high cost of delivery of essential services through the public system in some sectors, in particular health and education.

Partners will expand and harmonize cash assistance programmes, with the aim of delivering a multi-sectoral and comprehensive package of assistance through a single ATM card. Given the wide dispersal of the displaced population, the move from in-kind distribution to cash is expected to bring cost efficiencies. Partners will aim at providing different levels of assistance in each sector, as better information on the socio-economic status of refugees and affected populations becomes available. Cash will empower beneficiaries to use assistance in a way that best meets their needs, and will also inject resources into the local economy. Partners will monitor market and community impacts, and adjust programmes to mitigate any negative effects. This will include verifying that basic needs of beneficiaries remain covered and that women and girls control key resources of direct relevance to their well-being and protection. Some interventions in education, health and shelter that are not suitable for cash will continue to be directly delivered by partners.

Mapping will be used to regularly reassess the areas where the highest proportions of poor Lebanese and Syrian refugees co-exist, allowing partners to better geographically target their interventions to have maximal impact for all affected communities. Mapping data from October 2013 has revealed that 96 per cent of the registered refugee population and 66 per cent of vulnerable Lebanese live side-by-side in 225 locations²¹. Interventions aimed at maintaining social cohesion and address potential social tensions will target these communities.

Regardless of the method of delivering assistance, the need to ensure effective monitoring and outreach is recognised, both to ensure effective use of resources, but also as a critical safeguard to ensure that vulnerable refugees are identified and reached. This will be done through household visits; information provided by host communities, local authorities and front-line service providers; information gathered during registration verification exercises; and, through the expansion of refugee volunteers.

The current plan emphasizes the need to sustain significant support for public institutions and host communities to guarantee that Syrians and PRS will continue to be able to enter Lebanon and enjoy access to basic services. Vulnerabilities are expected to increase as conditions for refugees and other affected populations, including Lebanese communities, deteriorate. While the generosity of the Lebanese population remains unabated, community coping mechanisms are fraying. Partners will make a concerted effort to mainstream support to host communities across all programmes, and through community support projects implemented in close coordination with the GoL, both at national and local levels. Institutional and community support interventions are designed for immediate impact corresponding to track 1 interventions outlined in the national stabilization roadmap²².

21 *Equity in humanitarian action: Reaching the most vulnerable localities in Lebanon*, October 2013, UNICEF, UNHCR, Republic of Lebanon Presidency of the Council of Ministers.

22 Stabilisation priorities that have been included in this appeal include inter alia: strengthening public health systems and surveillance; rehabilitation of schools; strengthening national education systems; support to the National Poverty Targeting Program; enhancing the capacity of Social Development Centres; Host Community program; fostering peace-building mechanisms to mitigate tensions in areas hosting refugees; Meeting urgent water and sanitation needs and support to municipal waste management.

D. Partnerships and coordination

Partners will deliver the objectives and outputs agreed under this plan under the coordination structure established for the implementation of previous appeals, bringing together the Government, the United Nations, international and national NGOs, as well as Syrian refugees, PRS and Lebanese host communities in the following eight sectors of response: Protection; Food Security Non-food items (NFI); Shelter; Water and Sanitation (WASH); Public Health; Education and Social Cohesion.

The GoL has the primary responsibility to protect persons on its territory and for the humanitarian response reflected in this appeal. While overall accountability rests with the Prime Minister, he will continue to be supported by the Inter-Ministerial Committee established for the humanitarian response that is coordinated by the Minister of Social Affairs. The Minister ensures that the implementation of the response is in line with Government policies and humanitarian principles.

MoSA is the overall government entity in charge of the coordination of the refugee response in Lebanon. UNHCR, as the mandated agency for refugee protection, will, with the support of the Humanitarian Country Team (HCT), assist the coordination efforts of the Government by co-leading with MoSA the inter-agency coordination structure. UNHCR and MoSA will lead partners in the sectors of Shelter and Protection, including the SGBV Task Force. UNHCR will lead the sector of Non-Food items. WFP and MoSA will lead in the Food sector. UNICEF will co-lead with UNHCR in Education, Child Protection and WASH. WHO will co-lead with UNHCR for Public Health. MoSA and UNDP will co-lead in the Social Cohesion sector. UNRWA, as the mandated agency to assist Palestine refugees, will oversee and coordinate the implementation of projects relating to PRS across all sectors. IOM will lead the response for Lebanese returnees. In the regions, the GoL has deployed regional coordinators to support the coordination efforts.

51 national and international NGOs will participate in the response, bringing technical expertise and local experience in a broad range of areas. The Lebanon Humanitarian International NGO Forum (LHIF) will ensure consolidated representation of key international NGO partners at the highest level, while the overall coordination structure will seek to increase the participation of local and other international NGOs.

UNHCR will pursue improvements to coordination arrangements in partnership with other agencies in line with the findings of the Real-Time Evaluation conducted in July 2013²³. Dedicated coordination staff will continue to lead sector working groups. Inter-sectoral and inter-agency meetings, including with the donor community, will ensure a broader involvement of all stakeholders, in particular the non-governmental partners. In 2014, the coordination will be strengthened in decentralized locations by reinforcing the capacities of field sectoral working groups to lead in the implementation and monitoring of this response plan. This will also increase the engagement of local organizations and affected populations. NGOs have been encouraged to join as leads in coordinated efforts including co-leadership of field sectoral working groups. Capacities of coordination staff will be strengthened, in particular to ensure that partners receive timely and relevant information to inform their response, and to nurture the cooperation with national and international NGOs.

23 From slow boil to breaking point: A real-time evaluation of UNHCR's response to the Syrian refugee emergency, UNHCR Policy Development and Evaluation Service, July 2013

E. Protection response

Lead Agencies	UNHCR and MOSA		
Participating Agencies	MOSA ABAAD, ACH, AJEM, AMEL, Arc En Ciel, AVSI, Beyond, Caritas Lebanon, Migrant Centre (CMLC), Danish Refugee Council (DRC), Fundacion Promocion Social de la Cultura (FPSC), Handicap International (HI), Heartland Alliance, International Rescue Committee (IRC), Internews, Intersos, IOM, IRAP, IRD, KAFA, MADA, Makhzoumi Foundation, Medical Aid for Palestinians (MAP), Mercy Corps, Norwegian Refugee Council (NRC), Oxfam, Rassemblement Democratique des Femmes du Liban (RDFL), Refugee Education Trust (RET), Relief International, RESTART, Save the Children, SAWA, Seraphin Global, SHEILD, Terre Des Hommes Italy, Terre Des Hommes Lausanne, War Child Holland (WCH), World Rehabilitation Fund (WRF), World Vision International (WVI). UNFPA, UNHCR, UNICEF, UNRWA		
Objectives	1. Refugees fleeing Syria are able to access the territory and their rights are respected. 2. Community empowerment and outreach are strengthened and assistance is provided to persons with specific needs. 3. Prevention of and response to sexual and gender-based violence (SGBV). 4. Protection of children from neglect, abuse and violence. 5. Durable and humanitarian solutions are made available to refugees from Syria.		
Requirements from January to June 2014	US\$93,170,002		
Prioritized requirements (January-June)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US\$44,199,400	US\$43,207,352	US\$5,763,250
Total 2014 indicative financial requirements	US\$184,596,468		
Contact Information	Claudio J. Delfabro, Delfabro@unhcr.org		

1. ACHIEVEMENTS AND CHALLENGES

By end September 2013, some 775,000²⁴ Syrian refugees had registered with UNHCR or were scheduled for registration. The majority of Syrian refugees were able to enter Lebanon for humanitarian reasons. UNHCR established a regular observation presence at land borders, and mobile registration teams – to the extent possible – reached refugees in remote locations, in order to enhance access to assistance and ensure freedom of movement.

47,700 Palestine refugees from Syria (PRS) have been confirmed as living in Lebanon and have been recorded by UNRWA. Since August 2013, UNRWA has intervened at the border and advocated for humanitarian cases of PRS to enter Lebanon. 557 PRS have been supported with legal counselling, assistance and representation.

24 773,281, - a number equivalent to over 75 % of the total projected population by the end of 2013.

Some 12% of registered refugees – and potentially more among unregistered refugees – entered Lebanon through unofficial border crossings. These refugees are not considered to be legally present by the authorities, placing them at risk of arrest and detention. They also face severe limitations on freedom of movement, limited access to livelihoods/employment, risks of labour exploitation and problematic access to essential services. In addition, refugees who entered officially risk being considered as irregular if they fail to renew before their 6-month residency coupon expires.

The numbers of refugees arrested for illegal entry remain low. Partners are aware of some 105 cases since the beginning of 2013. From 1 January to 30 September, 443 detention visits were undertaken to ensure that refugee rights are respected and almost 2,000 Syrians were supported with legal counselling, assistance and representation.

Refugees are dispersed in over 1,500 locations across Lebanon, and the shortage of adequate shelter options has led large numbers of refugees to settle on private or public empty land. This can place them at heightened risk of eviction and related protection incidents. From August to October, over 1,250 families reported having been affected by threat of eviction or actual eviction.

Women and children continued to make up some 78% of the registered refugee population. They are disproportionately affected by sexual and gender-based violence (SGBV), and survivors are reticent to seek assistance due to the social stigma and threats to personal security in case of disclosure. Mobility of women and girls is often restricted, and vulnerable women and girls remain the most difficult to reach.

30,350 dignity kits were distributed to Syrian women and girls, strengthening confidence in community outreach. Over 300 social workers were trained on SGBV programming in emergencies. The GBV Information Management System (GBVIMS) was rolled-out to foster ethical inter-agency data sharing and analysis. Coordination at sub-national level was strengthened through the development of local level referral pathways, training and support to health, SGBV, protection and child protection partners and Lebanese Women's organisations. However, many gaps remain as national capacities are limited and survivors do not always have access to support. In particular, there is a need for more safe spaces, mobile services and specialised SGBV partners to make services more accessible. Violence perpetrated against men and boys also needs to be better documented and addressed.

Partners delivered protection services and psycho-social support to over 200,000 boys and girls children, as well as over 40,000 parents and other caregivers. Mechanisms for identification and referral of children at risk/survivors of protection violations have been strengthened through training of key child protection actors, improved tools and strengthening of coordination at sub-national level. Family tracing for unaccompanied and separated children continues to be supported by ICRC and child protection partners. Mine risk education was also provided in targeted locations with high risk of UXOs and other remnants of war.

Partners facilitated access to birth registration through continued advocacy and awareness-raising and successfully reduced procedural barriers in registering the birth of refugee children with civil authorities. Refugees were informed of steps to register births through mass information, legal assistance and counselling.

Other groups of persons in need of specialized services included persons with disabilities, older persons and persons with serious medical conditions. Additional refugee outreach volunteers were identified to respond to community concerns. 22,500 individuals participated in community empowerment activities and 31 community centres were supported by humanitarian partners, providing services to vulnerable Lebanese and refugees alike.

Accurate, updated and timely mass information campaigns, formalized refugee committees and more targeted programming for adolescents, older persons and persons with disabilities remain limited due to a lack of technical capacities and the fact that these community-based activities are resource, time and labour-intensive. The lack of sufficient experienced protection partners in field locations continued to curtail implementation of priority interventions.

UNHCR has worked closely with States to facilitate resettlement or humanitarian admission to third countries as part of the broader protection response to refugees in the region. In a significant number of cases, individualized refugee status determination and solutions analysis is necessary, requiring significant case-management capacity.

Out of a target of 500 Syrians for regular resettlement and 5,000 for the humanitarian admission programme (HAP) for Lebanon, 127 and 1,180 individuals respectively have been submitted to resettlement/humanitarian admission countries for consideration.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Syrian Refugees	1,500,000	1,500,000
Palestine Refugees from Syria	100,000	100,000
Affected Lebanese	50,000	50,000
Lebanese Returnees	1,500,000	100,000

Overall, Syrian refugees and other persons that have been displaced from Syria have become more vulnerable over the course of 2013. A recent assessment by WFP, UNHCR and UNICEF indicated that some 72% of Syrian refugees are in need of international support. With the crisis in Syria in its third year, many refugees have depleted their savings putting them at increased risk of destitution or negative coping strategies, including begging, exploitative labour and survival sex.

The situation of PRS is equally precarious. Over 50 % of PRS reside in the 12 Palestine refugee camps in Lebanon with restricted access to employment and services. They are dependent on assistance by UNRWA to meet basic needs.

Given projections of up to 550,000 arrivals of refugees and PRS in 2014, continuous advocacy with the Government for open borders and access to the territory will be key priorities. Capacity to handle movements from Syria efficiently and in line with international principles needs reinforcement.

Timely registration or recording of refugees and other displaced groups will continue to be critical, especially for persons in remote locations and with limited mobility. This will require maintained registration capacity, as well as strengthened mobile registration and provision of transport to reach registration centres. There is also a need to verify the situation of refugees registered in previous years to inform programming and update information on vulnerabilities.

Given the scale and high levels of dispersal of the refugee population in some 1,500 locations across Lebanon, protection monitoring, protection interventions and up-scaled outreach will be needed at both the individual and community level to ensure that protection responses and services reach those most in need.

Lebanese communities have extended extraordinary generosity hosting the continued influx of civilians fleeing Syria. Tensions are, however, rising and low-income families have borne the brunt of over-stretched public services. Increased competition for low-skilled labour has pushed down salaries against rising costs of living contributing to heightened levels of vulnerability in the Lebanese community and reduced scope for self-reliance for refugees and PRS. The concerns of vulnerable Lebanese will also need to be addressed in the delivery of protection services, by ensuring, amongst others, that community centres are open to all and that the capacities of local frontline workers are strengthened.

Prevention of and response to SGBV will continue to be a priority of humanitarian partners. Risks for women and girls are exacerbated by overcrowding and lack of privacy in shared living spaces, community tensions, as well as by the limited opportunities of many households to meet high costs of living in Lebanon. Some families have resorted to negative coping mechanisms including survival sex and early marriage. Local capacities to address SGBV are limited, and in many locations medical services for survivors are inadequate or lacking. Reaching survivors and those at risk in remote and dispersed locations requires scale-up of community outreach.

A needs assessment conducted in February 2013 by the Child Protection in Emergencies Working Group in Lebanon highlighted the challenges facing children in Lebanon, including separation from families, child labour, exposure to physical and psychological violence including sexual violence and exploitation, and limited access to child protection services.

Although the Government made significant steps in reducing procedural barriers to birth registration in 2013, challenges remain putting refugee children at heightened risk of statelessness. Many parents face difficulties obtaining birth certificates for newborns as they do not have documents proving

identity, marriage and legal stay. Refugee parents are not always aware of the consequences of not registering newborns at birth, necessitating up-scaled awareness raising activities and individual counselling.

With the number of refugees, PRS and Lebanese returnees projected to reach 1,650,000 by end 2014, mass information will need to be significantly increased to ensure that refugees are aware of available services and assistance. The wide dispersal of the population, and the complex range of protection challenges they face has challenged partners in identifying and responding to critical protection risks. Further advocacy is required to encourage national and international protection partners to engage in the humanitarian response.

3. RESPONSE STRATEGY

Humanitarian partners will respond to protection risks and the specific needs of Syrian refugees, Palestine refugees from Syria (PRS), Lebanese returnees, as well as host communities:

- specialized assistance to the most vulnerable;
- community-based interventions; and
- community outreach, including mass information, counseling and legal assistance services.

UNHCR will work with the Government to support border processing and strengthen the capacity of the General Security Office (GSO) in managing movements to and from Syria, including through continued presence and protection interventions at border points.

Registration capacity will be further enhanced to minimize backlogs and enable expedient access to protection and assistance for refugees. UNHCR will introduce biometrics technology at its registration centres to further strengthen the integrity of the registration process. A verification exercise will also be undertaken to update information on registered refugees. The information gathered will be important in identifying individuals with specific needs and/or protection-related issues. It will also provide a solid basis for future programming for partners. UNHCR will implement verification progressively in line with the renewal of refugee documents²⁵.

Protection monitoring will be scaled up across Lebanon to improve identification, analysis and response to protection risks. This will be done through on-going community level monitoring, information dissemination in all areas where refugees are living, as well as through outreach and assistance for new arrivals and refugees with specific in hosting communities. Legal counselling and representation will be provided to refugees in detention, as well as on other issues related to civil documentation, housing, land and property (HLP), as well as cases of undocumented refugees and those at risk of statelessness.

²⁵ UNHCR will cover some 66% of registered refugees whose documents will expire prior to 30 June 2014.

Partners will continue to work together to prevent and respond to SGBV including through the scale-up of 'safe spaces' for women and girls, building of peer networks, strengthening of community-based initiatives, and engagement with men and boys. Timely referrals of survivors to life-saving services, as well as psycho-social and legal support will be improved through the capacity-strengthening of frontline workers in collaboration with the Ministry of Social Affairs, as well as the security and justice sectors.

In line with the child protection strategy, partners will prioritize interventions aimed at children at high risk of abuse and violence who require immediate assistance, including victims of violence; children suffering from psychological distress; children engaged in the worst form of child labour; street children; children formerly associated with armed groups and children without documentation, including birth registration. Interventions will mitigate and address the impact of the crisis on children through community based psychosocial support that restores a sense of normalcy and builds the resilience of children and their caregivers.

The Child Protection sector will prioritize interventions aimed at children at high risk of abuse and violence who require immediate assistance and access to specialised services, including unaccompanied and separated children; children suffering from psychological distress; children engaged in the worst form of child labour; children formerly associated with armed groups, child survivors of GBV, children with disabilities or injured by explosive weapons and remnants of war, and children without documentation, including birth registration. Through case management children at high risk will be identified, documented, supported, appropriate family reunification facilitated and where necessary placed in suitable family based care. Interventions will also mitigate and address the impact of the crisis on children through community based psychosocial support aimed at building the resilience of children and their caregivers. Another key component of the strategy will focus on systems strengthening, whereby existing child protection mechanisms and institutions such as social development centres (SDCs), but also schools, health centers, police services will be mobilized, their capacities to deliver, regulate, supervise and coordinate child protection prevention and response strengthened and improved as a result of the emergency response. Ensuring minimum quality standards during the provision of these services is essential and so partners will support their development and use throughout these interventions. The strategy also includes mainstreaming protection and psychosocial support in other sectors.

Partners will continue efforts to remove procedural barriers to birth registration, including through capacity development of the Ministry of Interior and municipalities, awareness-raising, legal counseling and mass information.

Partners will also work to deepen the engagement of the refugee and local communities in the response. Sustainable and cost-effective networks and services that empower refugee and hosting communities in the medium and longer term will be prioritized. This will include expanding the number of refugee outreach volunteers and refugees with specialized skills to 1 per 1,000 persons. The number of community centres will also be increased to 1 for 5,000-10,000 persons expanding the availability of community-based activities. Partners will increase efforts to target adolescents, LGBTI, older persons and persons with disabilities within existing activities.

Mass information interventions will be scaled up to ensure that both refugees and host communities are aware of services, changes in assistance, national campaigns and other key announcements that affect them. Partners will establish a multi-media humanitarian information service (print, audio, SMS, video and photos) providing information online, and via mobile and SMS channels to maximize scope for effective communication to different segments of the affected populations.

Partners will complement community-based interventions with individual support to extremely vulnerable persons with immediate or specific needs²⁶. Partners will provide one-off or monthly cash assistance to the most vulnerable, reducing the exposure of persons at high risk with limited means for self-reliance to destitution or negative coping mechanisms. Some 33,500 persons will be targeted in 2014 with home visits, outreach and monitoring. Partners will assess the socio-economic conditions and vulnerability of refugees at the household or individual level to better target their protection and assistance interventions.

Refugees whose vulnerabilities place them at risk in their host countries will be prioritized for resettlement/humanitarian admission programs and include women and girls at risk, survivors of violence and/or torture, older refugees at risk, refugees with physical protection needs, refugees with medical needs or disabilities, children and adolescents at risk, LGBTI persons, and refugees in need of family reunification. Significant additional resources will be required to carry out Refugee Status Determination (RSD) and resettlement. The joint resettlement/humanitarian admission planning figure for 2014 is 5,000 individuals for submission to interested resettlement countries.

²⁶ Persons with specific needs include but are not limited to persons with disabilities, single headed households, older persons at risk, unaccompanied and separated children, other children at risk, survivors of torture and SGBV, persons with serious medical conditions.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Refugees fleeing Syria are able to access the territory and their rights are respected.										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 1.1 Access to territory is improved and risk of refoulement reduced	850,000	33,000			National	4,449,012	710,313	284,872	3,453,827	CLMC, IRD, Oxfam, UNHCR, UNRWA
Access to territory is improved and risk of refoulement reduced	560,000		39,000	5,600	National	2,800,000	2,800,000			MOSA
Output 1.2 Protection violations against refugees are prevented, monitored and addressed	310,000	79,000	41,000	12,000	National	5,242,287	341,306	4,900,981		AJEM, AMEL, Caritas, IRC, IRD, Mercy Corps, NRC, Oxfam, UNHCR, UNRWA
Output 1.3 Access to timely registration and adequate reception conditions improved	655,000	79,000		50,000	National	3,899,424	2,894,920	1,004,504		Oxfam, SHEILD, UNHCR, UNRWA, IOM
Output 1.4 Access to legal assistance and civil status documentation enhanced	322,000	79,000	43,000	12,000	National	3,150,858	886,498	1,948,323	316,036	CLMC, IRC, IRD, NRC, Oxfam, UNHCR, UNRWA
Objective 1						16,741,581	4,833,038	8,138,679	3,769,864	
GoL						2,800,000	2,800,000			

Objective 2. Community empowerment and outreach are strengthened and assistance is provided to persons with specific needs.										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 2.1 Community empowered and benefiting from community-based services	80,000	80,000	30,000	12,000	National	10,117,459		10,117,459		UNHCR (Amel, Restart, SHIELD Internews, DRC), DRC, Intersos, IOM, Makhzoumi Foundation, Oxfam, UNRWA
Community empowered and benefiting from community-based services	72,000	9,000	90,000	9,000	National	2,100,000			2,100,000	MOSA
Output 2.2 Community self-management is strengthened and expanded	400,000	200,000	15,000	7,000	National	2,580,832		2,135,832	445,000	UNHCR (IRC, SHIELD, Internews), Intersos, IOM, UNRWA, WVI, WRF
Output 2.3 Persons with specific needs receive support and services	43,500	1,000	2,500	2,500	National	25,087,980	20,155,720	4,132,260	800,000	UNHCR (Restart, SHIELD, Arcenciel, Lebanese Physically Handicapped Union), CLMC, DRC, HI, WRF
Persons with specific needs receive support and services	1,290	90	1,500	90	National	11,625,600		11,625,600		MOSA
Objective 2						37,786,271	20,155,720	16,385,551	1,245,000	
GoL						13,725,600		11,625,600	2,100,000	

Objective 3. Prevention and response to Sexual and Gender-Based Violence (SGBV).										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 3.1 Refugees and Lebanese women and girls have an increased access to safe spaces	35,000	5,000	15,000		National	7,534,055	4,665,380	2,868,675		UNICEF (Heartland Alliance, IRC, ABAAD, Medical Aid for Palestinians), UNFPA (MOSA and partners), UNHCR (Intersos, CMLC, Makhzoumi Foundation, Amel, DRC, IRD, RDFL), RET, IRC
Output 3.2 All survivors of SGBV and women at risk access immediate, safe and multi-sectoral services (psycho-social, health, justice and security) through ethical referrals and quality case management	3,500	500	1,000		National	3,225,152	1,988,471	1,190,412	46,270	UNICEF (IRC, ABAAD, Arcenciel, Intersos, TdH Lausanne, DRC, Heartland Alliance, Medical Aid for Palestinians), UNFPA (and partners), UNHCR (Intersos, CMLC, Makhzoumi Foundation, DRC, ABAAD,), RET, IRAP, CMLC

All survivors of SGBV and women at risk access immediate, safe and multi-sectoral services (psycho-social, health, justice and security) through ethical referrals and quality case management					National	5,160,400	5,110,000	50,400		MOSA
Output 3.3 Negative coping mechanisms and risks to SGBV are mitigated through community-based initiatives and increased capacity of frontline workers	20,000	2,000	5,000	500	National	1,572,346	324,899	1,036,204	211,243	UNICEF (IRC, Heartland Alliance, ABAAD, MAP, RI, Intersos, DRC, SCI, Mercy Corps, Terre Lausanne, Arcenciel, KAFA,), UNFPA (KAFA and partners), UNHCR (Intersos, KAFA, CLMC, Makhzoumi Foundation), Refugee Education Trust -RET, IRAP, IRC
Objective 3						12,331,553	6,978,749	5,095,291	257,513	
Gol						5,160,400	5,110,000	50,400		

Objective 4. Child Protection response.										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 4.1 Vulnerabilities of children and care givers reduced and their resilience strengthened	170,000	5,000	60,000	1,200	National	9,633,852		9,573,852	60,000	DRC, SCI MC, IRC, TdH I, TdH L, WCH, Amel, Sawa, Avsi, Beyond, ACH, Arcenciel, Intersos, Seraphim Global, WVI, IRD, UNICEF, UNHCR
Vulnerabilities of children and care givers reduced and their resilience strengthened	23,000	2,600	28,000	2,600	National	1,350,000		1,350,000		MOSA
Output 4.2 Child Protection Violations are mitigated and addressed	120,000	4,600	45,000	1,400	National	12,330,943	11,562,291	768,652		DRC, SCI MC, IRC, TdH I, TdH L, WCH, Amel, Sawa, Avsi, Beyond, ACH, IRD, Arcenciel, Intersoc, UNICEF, UNHCR, IRD, UNICEF, UNHCR
Child Protection Violations are mitigated and addressed	700	90	875	80	National	9,100,000	7,700,000	1,400,000		MOSA

Output 4.3 Mainstreaming of child protection and capacity building of child protection actors/ sectors	10,000	350	7,000	National	997,785	566,912	430,873	SC, Seraphim Global, WWI, UNHCR, UNICEF
Objective 4					22,962,580	11,562,291	10,909,416	
GoL					10,450,000	7,700,000	2,750,000	

Objective 5. Durable and humanitarian solutions are made available to refugees from Syria.										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 5.1 Most vulnerable persons are identified through fair and transparent processes	7,500				National					CLMC, IRD, Oxfam, UNHCR
Output 5.2 Individuals have their status determined	3,500				National	1,017,624	203,524	814,100		AJEM, AMEL, Caritas, IRC, IRD, Mercy Corps, NRC, Oxfam, UNHCR
Output 5.3 Refugees benefit from resettlement and humanitarian admission	2,500				National	2,330,392	466,078	1,864,314		Oxfam, SHEILD, UNHCR
Objective 5						3,348,016	669,602	2,678,414		

Sector indicators	Target
# of Syrian refugees and Palestinian refugees from Syria (PRS) who requested protection	850,000
# of Lebanese returnees who requested protection	5,000
# of Syrian refugees registered with UNHCR and PRS recorded	850,000
# of Syrian refugees, PRS and Lebanese returnees provided with individual legal counseling	50,000
# of vulnerable women and girls who received dignity kits	60,000
# of service providers and frontline workers trained on SGBV prevention and response	800
# of persons who accessed SGBV prevention and/or support activities within safe space	3,000
# of refugees and host community members sensitized on SGBV services and referral pathways	200,000
# of boys and girls provided with psychosocial support	300,000
# of caregivers benefitting from psychosocial support	100,000
# of boys and girls survivors and at risk of abuse, neglect, violence or exploitation assisted with specialized services	2,500
# of service providers and frontline workers sensitized or trained on child protection services and referral pathways	600
# of refugees submitted for resettlement or humanitarian admission	2,500

Protection - Summary Requirements					
	Requirements Jan-June 2014				
	Total Requirements (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Indicative requirements Jul-Dec 2014 (US\$)
Humanitarian agencies	93,170,002	44,199,400	43,207,352	5,763,250	91,426,466
Government of Lebanon (GoL)	32,136,000	15,610,000	14,426,000	2,100,000	13,419,000

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Protection in Lebanon (US\$)			
Agency	Total Jan-Dec 2014	Jan-Jun 2014	Jul-Dec 2014
CLMC	2,875,840	1,437,920	1,437,920
DRC	2,750,000	1,375,000	1,375,000
FPSC	1,400,000	800,000	600,000
HI	2,800,000	1,400,000	1,400,000
IOM	2,678,750	1,525,125	1,153,625
IRAP	167,000	68,500	98,500
IRC	3,294,750	1,555,000	1,739,750
IRD	885,444	427,444	458,000
MAKHZOUMI	267,000	133,500	133,500
MC	2,560,000	1,280,000	1,280,000
NRC	4,275,062	2,213,902	2,061,160
OXFAM	501,000	250,500	250,500
RET	410,000	215,000	195,000
S GLOBAL	763,000	429,500	333,500
SCI	5,373,460	3,224,076	2,149,384
UNFPA	3,650,000	1,530,000	2,120,000
UNHCR	105,817,470	53,032,617	52,784,853
UNICEF	35,486,000	18,261,517	17,224,483
UNRWA	1,776,192	890,601	885,591
WRF	3,041,300	1,207,700	1,833,600
WVI	3,824,200	1,912,100	1,912,100
Total	184,596,468	93,170,002	91,426,466
GoL	45,555,000	32,136,000	13,419,000

F. Food Security response

Lead Agency	World Food Programme		
Participating Agencies	HRC, MoSA, ACF, ACTED, DRC, FAO, GVC, Handicap International, International, InterSOS, International Rescue Committee, IOCC, Islamic Relief, Mercy-USA, OXFAM, PU-AMI, Save the Children, Solidarites International, SHEILD, UNRWA, World Vision		
Objectives	1. Adequate food consumption for targeted affected population. 2. Agricultural livelihoods of Lebanese returnees and rural affected communities restored.		
Requirements from January to June 2014	US\$239,635,116		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US\$211,073,148	US\$26,678,218	US\$1,883,750
Total 2014 indicative financial requirements	US\$550,332,352		
Contact Information	Ekram El-Huni, Ekram.elhuni@wfp.org		

1. ACHIEVEMENTS AND CHALLENGES

As of September 2013, more than 163,000 vulnerable individuals received food parcels; 1,105,000 individual food vouchers were distributed²⁷; 21,000 individuals received a weekly bag of bread; 57,800 PRS have received cash for food and close to 5,500 host community members received agricultural support.²⁸ Humanitarian aid increased food security, supporting vulnerable families struggling to provide food for their families and guarding against resort to negative coping mechanisms.

Thus far, WFP's food voucher programme and UNRWA's cash for food programme have injected over some US\$89 million into the Lebanese economy, particularly in some of the poorest areas of Lebanon where large concentrations of refugees are hosted. Food parcels are solely sourced locally, worth more than US\$130,000.

In addition to assisting registered Syrian refugees and Palestine refugees from Syria, the Food Security Sector Working Group has been providing food assistance to unregistered refugees (mostly afraid or unwilling to register) and new comers.

The number of refugees and other affected populations requiring food assistance has grown throughout 2013. To date, host communities and Lebanese returnees have received limited support,

²⁷ This figure includes people who have received a food voucher every month and those that have received vouchers for shorter periods in a variety of different projects

²⁸ Inter-agency Food Security Sector September Dashboard-<http://data.unhcr.org/syrianrefugees/admin/download.php?id=3184>

despite increasing levels of poverty linked to the Syrian crisis that are resulting in intercommunity tensions. Further, security constraints have obstructed access to beneficiaries, especially in Tripoli, Wadi-Khaled and the northern part of the Bekaa Valley.

By end August 2013, all Lebanese returnee dairy farmers in Akkar and North Baalbeck were supported to resume their dairy activities and incorporated into a programme for support with dairy equipment and material. Some 340 dairy farmers in communities in North Lebanon hosting large numbers of refugees received milking equipment and material (for storage, tanks, home processing, handling, transportation and hygiene) increasing local livelihood prospects and mitigating tensions. Technical follow-up and training was provided to farmers in partnership with the Ministry of Agriculture, focusing on women-headed households, to ensure the sustainability of activities. Special assistance was provided to newly established Dairy Cooperatives and Milk Collection Centres, allowing smallholder farmers the benefits of large-scale farming.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Syrian Refugees	1,500,000	1,125,000
Palestine Refugees from Syria	100,074	85,063
Vulnerable Lebanese	1,500,000	446,894
Lebanese Returnees	50,000	37,500

In May and June 2013, WFP, UNHCR and UNICEF conducted a vulnerability assessment of Syrian refugees (VASyR) in Lebanon to inform targeting of programming to the most vulnerable. Results indicate that 70% of Syrian refugees are food insecure. Nearly 45% of refugees relied on negative coping strategies to cover food needs (for example, 49% of adults restricted their food consumption so children in the household could eat). 61% of households borrowed regularly to cover meet the costs of food. The study also indicated that food insecurity decreases with length of stay in-country and access to food assistance.

Assessment results also showed that half of a household's expenditure was spent on food: on average, US\$52 was spent per capita each month. Households rely heavily on assistance, particularly WFP's food voucher, which is valued at US\$27 and covers over 50% of average food expenditure. Without continued assistance in 2014, vulnerable households will face increased risks of food insecurity, and greater numbers may resort to harmful strategies to meet basic household needs.

WFP and UNRWA are currently undertaking a joint needs assessment of PRS which will be used as a basis for the targeting of assistance for the PRS population. Ongoing joint needs assessments of Lebanese returnees expected to show similar levels of vulnerability to the Syrian refugees.

Poverty levels among Lebanese communities are expected to increase in 2014, with a recent World Bank/ UN survey indicating that some 170,000 Lebanese may be pushed into poverty in the coming months. The majority of refugees are now located in regions with high poverty rates and Palestine camps, deepening the vulnerability of the Lebanese communities in these areas. A FAO rapid assessment of the impact of the Syrian crisis on food security and agricultural livelihoods in neighbouring countries²⁹ indicates that the deterioration of bilateral trade between Syria and Lebanon and reduced trade through Syria to other markets has made it difficult for Lebanese farmers and workers in the agricultural/food sectors, to sustain a living. To address increasing poverty and risks to social cohesion linked to the Syrian crisis, more robust support to national food programmes and agricultural activity will be required.

Syrian veterinary services and animal vaccination programmes have collapsed over the past year causing significant risks of spread in animal diseases to the agriculture sector in the region and a threat to public health³⁰.

3. RESPONSE STRATEGY

Food partners will continue to upscale food assistance operations to meet the needs of vulnerable segments of projected refugee and other affected populations in 2014. In response to the rapid acceleration of new arrivals in 2013, the size of the WFP operation is 20 times larger than at the beginning of the operation in July 2012, and almost 5 times the size of its operation at the beginning of 2013. WFP will provide monthly assistance to 75% of registered refugees and Lebanese returnees in 2014 to maintain adequate food consumption and protect against resort to negative coping mechanisms. WFP and partners will explore means of fine-tuning targeting to ensure that all those in need of assistance continue to receive support. This will primarily be done through intensified monitoring and verification efforts.

WFP and other organizations will continue to provide monthly food parcels to vulnerable Syrians who have just arrived or who are pending registration. In addition, various actors will assist other vulnerable groups at risk of food insecurity, such refugees afraid or unwilling to register. UNWRA and WFP will also collaborate to assist PRS through an unconditional cash assistance programme.

To respond to rising poverty levels in communities hosting refugees and mitigate tensions surrounding aid, WFP will collaborate with the Ministry of Social Affairs (MoSA) to supplement the targeted social assistance package under the National Poverty Targeting Program (NPTP).

29 Full report available at www.neareast.fao.org

30 Significant numbers of cases of Blue Tongue, bovine tuberculosis, brucellosis, cutaneous leishmaniasis, FMD, HPAI, LSD, PPR and rabies, have already been identified along the Syrian border in Iraq, Jordan, Lebanon and/or Turkey at higher than normal levels. For more information, see FAO's Agricultural Livelihoods and Food Security Impact Assessment and Response Plan for the Syria Crisis in the Neighbouring Countries of Egypt, *Iraq, Jordan, Lebanon and Turkey* available at: <http://neareast.fao.org/Pages/NewsDetails.aspx?ID=2405645&Cat=2&lang=EN&I=0&DId=0&CId=0&CMSId=5000914>

Assistance to low-income Lebanese will start in the second quarter of 2014, in line with Track 1 of the Roadmap of Priority Interventions for Stabilization³¹ recently presented by the Government of Lebanon with the support of the World Bank and UN.

WFP, through its programmes in Lebanon, will continue to contribute directly and significantly to the local economy by injecting millions of dollars into some of the poorest areas of Lebanon. WFP has selected a national bank to carry-out the e-card programme thus benefiting from a substantial increase in its revenues in 2014.

FAO will also continue working with host communities to ensure that agricultural livelihoods of Lebanese returnees and rural affected communities are restored.

31 *Lebanon Roadmap of Priority Interventions for Stabilization from the Syrian Conflict*, 12 October 2013

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Adequate food consumption for targeted affected population										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 1.1 Food assistance distributed in sufficient quantity and quality to target groups under secure conditions to maintain adequate food consumption and dietary diversity	1,083,000	72,500	268,600	32,000	National	236,738,616	211,073,148	25,665,468		WFP, UNWRA, IOCC, SCI, IRC, OXFAM, Mercy USA, DRC, PU-AMI, ACF, WVI, SHEILD, HI, Solidarites International, IRW, GVC, Intersos, HRC, MOSA
Objective 1						25,665,468		25,665,468		

Objective 2. Agricultural livelihoods of Lebanese returnees and rural affected communities restored										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 2.1 Spread of trans-boundary animal and plant diseases and pests contained, and food safety control established	3,750	-	63,750	7,500	National	1,000,000		1,000,000		FAO
Output 2.2 Smallholder agricultural production restored	1,600	-	12,650	3,000	National	1,896,500		12,750	1,883,750	FAO, Mercy USA
Objective 2						2,896,500		1,012,750	1,883,750	

Sector indicators	Target
% of planned distribution to which benefit women, men, boys and girls	75% of the caseload
Total cash equivalent of e-card t/vouchers transfers or food distributed and redeemed	550,240,947
Dietary diversity and food consumption scores remain at acceptable levels for the majority of the target populations.	Food consumption score > 35.5
# of animal vaccinated	400,000
Number of affected farming households that will have improved food nutrition and food safety	18,000

Food security - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total Requirements (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	(US\$)
	239,635,116	211,073,148	26,678,218	1,883,750	310,697,236
SECTOR GRAND TOTAL					

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Food security in Lebanon (US\$)			
Agency	Total Jan-Dec 2014	Jan-Jun 2014	Jul-Dec 2014
ACTED	996,000	498,000	498,000
CLMC	1,624,260	812,130	812,130
FAO	5,767,500	2,883,750	2,883,750
IOCC	1,692,000	846,000	846,000
IRC	3,720,000	1,920,000	1,800,000
MU	1,487,610	635,370	852,240
OXFAM	2,034,000	1,040,000	994,000
SCI	4,742,400	2,371,200	2,371,200
UNRWA	26,512,205	11,491,998	15,020,207
WFP	501,756,377	217,136,668	284,619,709
Total	550,332,352	239,635,116	310,697,236

G. Education response

Lead Agencies	UNHCR and UNICEF		
Participating Agencies	MEHE, MOSA, AVSI, British Council, FPSC, HWA, INTERSOS, IOCC, NRC, Relief International, RET, Save the Children, UNESCO, UNRWA, WCH, WVI		
Objectives	3. Ensure that the right to education for all children (girls and boys) is fulfilled in a protective learning environment. 4. Systems strengthened to deliver quality education to respond to the escalating Syrian crisis in a protective learning environment.		
Requirements from January to June 2014	US\$91,445,351		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US\$74,029,718	US\$13,431,507	US\$3,909,126
	US\$182,815,702		
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1. ACHIEVEMENTS AND CHALLENGES

Concerted action by the Ministry for Education and Higher Education (MEHE) with humanitarian partners enabled some 30,000 Syrian children to enrol in the Lebanese public school system for the school year 2012/2013. Some 7,000 Palestine refugee children from Syria enrolled in schools managed by UNRWA in the 2013/2014 school year. A further 45,000 vulnerable children (Syrian, Lebanese returnees and vulnerable Lebanese populations) accessed non-formal education.

Despite these efforts, the continuing influx from Syria has overwhelmed the capacity of public school system to respond. As the 2013/2014 school year begins, there are approximately 280,000 Syrian 3-18 year old refugee children registered with UNHCR in Lebanon, and 20,000 Palestine children from Syria. Based on current projections, some 693,000 children (Syrians, Lebanese Returnees and Palestine children from Syria) will be in need of schooling by the end of 2014.

The Lebanese public school system currently caters for 300,000 children. MEHE has indicated that only an additional 90,000³² children can be accommodated in the public school system in 2013/2014 with capacity support from the international community. However, some 500,000 Syrian children will need to access education outside the formal public system, or face limited future prospects and increased exposure to protection risks.

The strain on the public school system has affected the quality of schooling for Lebanese children. Communities hosting the largest numbers of refugees are among the most vulnerable. In these locations the number of Lebanese children attending public schools is high. Most families do not have the means to send children to private schools in contrast to the norm in Lebanon where 70%

32 World Bank Assessment, 20 September 2013, "Lebanon – Economic and Social Impact Assessment of the Syrian Conflict"

of the children attend private schools. Prior to the Syrian crisis Lebanon had achieved considerable progress in moving towards the Education for All goals, including eradicating illiteracy. However, overcrowded classrooms and inadequate school facilities and supplies linked to displacement have led to deteriorations in the learning environment. Without up-scaled support to public schools, gaps in the equity and efficiency of the system risk widening significantly, with the most disadvantaged Lebanese citizens bearing a disproportionate burden.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Syrian Refugees	597,000	207,000
Palestine Refugees from Syria	35,000	25,000
Affected Lebanese	111,400	82,000
Lebanese returnees	33,000	17,000

In line with the inter-agency vulnerability assessment³³, the interventions in this appeal aim to provide learning opportunities to a targeted number of these children. The target population of some 331,000 will cover 43% of children identified as in need by the sector and 82% of the needs defined in the regional *No Lost Generation* strategy. The target has been agreed based on partner capacities to deliver quality programmes as well as the need to take availability of funds into consideration as the costs of formal education rise. Partners will identify children through community outreach activities, including refugee outreach volunteers, and will prioritize those living in informal settlements and other substandard temporary housing who have been out of school for an extended period of time. Partners will not be able to reach some 400,000 children, leaving a gap of almost 60% in the provision of education services.

Enrolment and school retention among Syrians are critically low. According to the Joint Education Needs assessment, 80% of refugee children do not attend school, while non-attendance among older children reaches above 90%. This contrasts with pre-conflict enrolment rates in Syria, which averaged over 95%.

The reasons why children and youth do not attend school vary. Common barriers include costs of transportation and tuition fees which can be excessive for refugee families with limited resources. Language barriers and safety concerns of Syrian parents contribute to a high drop-out rate among refugee children. More information is needed on specific barriers for girls. Activities currently target girls and boys equally however as the situation develops, anecdotal stories of girls being marginalized are arising. During 2014 greater efforts will be made to document and address gender disparities.

33 *Vulnerability Assessment for Syrian Refugees (VASyR)*, WFP, UNHCR, UNICEF

The destabilizing effects of the Syrian conflict also affect the education of Lebanese citizens. A recent World Bank assessment³⁴ estimates that an additional 170,000 Lebanese (70,000 children) will be pushed below the poverty line in 2014. These children will be at risk of dropping out of school as families struggle to cope with the financial situation. Continued support to help vulnerable families with the costs of education including under the National Poverty Targeting Programme is a key priority, and must be matched by increased efforts to support vulnerable children to integrate into the system.

The costs of integrating displaced children into the public system have increased significantly for 2014. Existing school capacity has been eclipsed by refugee numbers, resulting in a decision to create a second shift to cater for Syrian children. This requires significant investments in additional capacity. Whereas the humanitarian community previously covered a unit cost per child of US\$60, it is now necessary to pay US\$600 per child to cover running costs for the additional school shift.³⁵ Discussions on the modalities and costs of the second shift are ongoing, to enable more children to join the first shift and reduce the unit cost per child in the second shift, however it is anticipated that significantly increased international support will be needed to secure formal education for children.

Strengthening teacher and management capacity to manage growing class sizes and children facing trauma is a priority. The sector will work on a sustained package of measures to increase classroom capacity, expand the cadre of teaching staff and mitigate against the concerns of parents and communities on deteriorations in quality. Special consideration and support for children with specific needs is integrated into programme activities, including support through specific activities.

Providing children with formal education that will pass equivalency processes in other countries will remain the priority but given the overwhelming numbers of out of school children, partners will not be able to ensure formal education places for all children. Partners will deliver non-formal education interventions to ensure that out-of-school children access protective, safe environments where they are given an opportunity to learn and develop. These will range from structured programmes such as Accelerated learning to less structured community based literacy classes, and be organized to facilitate transition to more formal options in the future.

34 *Lebanon - Economic and social impact assessment of the Syrian conflict (ESIA)*, World Bank, 20 September 2013

35 According to the recent WB report the government cost of primary education averages US\$2,200 so the cost for second shifts is highly subsidized by the government.

3. RESPONSE STRATEGY

The response strategy seeks to ensure that every child's right to education is fulfilled. Current projections indicate that there will be 693,000 Syrian, Palestine children from Syria and Lebanese returnees between the ages of 3 and 18 in Lebanon by the end of 2014. An additional 630,000 Lebanese children in the same age-group will be affected by the increasing demand for education. Out of the 1,323,000 affected school aged children it is estimated that some 770,000 will be out of school by end 2014.

The sector will not target children based on age group. For the purpose of this appeal, the school-aged population is defined as the 3-18 years old based on every child's right to education and also responds to a demand among the Syrian and Lebanese populations to provide children with school readiness, protecting them from harm while also ensuring they do not fall behind in their education.

The Education strategy outlines two objectives:

- **The right to education is fulfilled for boys and girls in a protective learning environment** by responding to the immediate needs of children;
- **The education system is strengthened and quality standards are maintained**, including through linkages to stabilization initiatives;

The response will focus on:

- A) Enrolment in formal education** including community outreach for enrolment; support with tuition fees and the costs of transportation; improvement of school environments; winterization through fuel for schools; running second shifts and providing learning support to ensure school retention, including language instruction;
- B) Enrolment in non-formal education programmes** including through the introduction of a structured Accelerated Learning Program accredited by MEHE/CERD³⁶;
- C) Increased support to the quality of education** as well as measures to secure the well-being and healthy development of children through psycho-social support;
- D) Capacity building** of government officials and partners to strengthen national capacity to respond to the needs of Lebanese children and increasing numbers of refugees; and,
- E) Professional development** for teachers and educational personnel.

Palestine children arriving from Syria will be provided educational services through UNRWA managed schools.

In order to address increasing levels of poverty in communities hosting refugees as a result of the crisis, the Government's National Poverty Targeting Programme will be scaled up to ensure that eligible persons benefit from national assistance with education, in line with Track 1 of the Roadmap of Priority Interventions for Stabilization from the Syrian Conflict.

³⁶ The ALP curriculum for cycle one has been developed, cycle two is in process and cycle three is yet to be developed. A comprehensive package including training needs will be completed after the first year of piloting the program

Support with fees for children enrolling in formal schools is a strategic priority of the response but has not been included in RRP budgets due to on-going advocacy efforts to improve policies on inclusion of children in second shifts and reduce high unit costs. Detailed plans and requirements for formal education in 2014/2015 will be determined through the mid-year review process, to coincide with the new school year starting in October.

The sector is coordinated through the Education Working Group which is co-led between MEHE, UNHCR and UNICEF. A steering committee³⁷ provides direction on strategic ways forward and monitors progress towards sector targets. Partners coordinate closely with the Working Groups on Protection, Child Protection and SGBV, to ensure comprehensive follow-up to the needs of girls and boys.

37 Members – MEHE, UNHCR, UNICEF, UNRWA, UNESCO, WCH, SCI, British Council, WVI and NRC

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Ensure that the right to education for all children is fulfilled in a protective learning environment										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 1.1 School-aged children affected by the Syrian crisis have access to formal and nonformal education programs	182,000	50,000	82,000	17,000	National	53,860,051	47,312,741	6,547,310		UNHCR, UNICEF, UNRWA, UNESCO, SCI, HWA, RI, WCH, AVSI, TdH, NRC, Intersos, RET, FPSC, WVI
School-aged children affected by the Syrian crisis have access to formal and nonformal education programs			15,500		National	3,150,000		3,150,000		MOSA
Output 1.2 School-aged boys and girls are learning in a safe and protective environment	59,800	11,950	11,950	35,850	National	9,383,833	8,675,453	708,380		UNHCR, UNICEF, UNRWA, SCI, IOCC, HWA, RI, AVSI, TdH, NRC, Intersos
School-aged boys and girls are learning in a safe and protective environment					National					MEHE

Output 1.3 School/learning space environment are improved and conducive to learning	63,301	12,660	12,660	37,981	National	12,982,980	9,018,609	3,964,371	UNHCR, UNICEF, UNRWA, SCI, HWA, TdH, Intersos, FPSC, WVI
School/learning space environment are improved and conducive to learning	31,250				National	16,337,500		16,337,500	MEHE
Output 1.4 Adolescents at risk have access to adequate learning opportunities and increased knowledge on life skills	18,475	3,695	3,695	11,085	National	9,900,001	8,322,915	1,372,086	UNHCR, UNICEF, UNESCO, SCI, WCH, NRC, RET, FPSC
Adolescents at risk have access to adequate learning opportunities and increased knowledge on life skills					National				MEHE
Objective 1						86,126,865	73,329,718	12,592,147	205,000
GoL						19,487,500		19,487,500	

Objective 2. Systems strengthened to deliver quality education to respond to the escalating Syrian crisis in a protective learning environment										
Output	Targeted population by type (individuals)				Location(s)	Detailed requirements from January - June 2014				Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees		Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	
Output 2.1 Educational personnel and school teachers have increased knowledge and skills	51,150	10,250	30,700	10,250	National	3,388,411	650,000	737,260	2,001,151	UNHCR, UNICEF, UNRWA, UNESCO, SCI, IOCC, British Council, TdH, HWA, RI, AVSI, NRC
Educational personnel and school teachers have increased knowledge and skills	100,000				National	2,525,000	2,500,000	25,000		MEHE
Output 2.2 Institutional support is provided to MEHE departments and services	69,250	13,850	41,550	13,800	National	1,586,028			1,586,028	UNHCR, UNICEF, UNESCO, RI, NRC
Institutional support is provided to MEHE departments and services	100,000				National	625,000		625,000	0	MEHE
Output 2.3 Effective coordination and leadership is established	6,750	1,350	4,050	1,350	National	269,047	50,000	102,100	116,947	UNHCR, UNICEF, UNESCO, SCI

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Education in Lebanon (US\$)			
Agency	Total Jan-Dec 2014	Jan-Jun 2014	Jul-Dec 2014
AVSI	174,000	87,000	87,000
BC	975,700	487,850	487,850
FPSC	645,000	322,500	322,500
HWA	485,000	242,500	242,500
INTERSOS	505,800	215,400	290,400
IOCC	5,416,000	2,708,000	2,708,000
NRC	2,845,000	1,422,500	1,422,500
RET	480,000	240,000	240,000
RI	2,168,568	1,084,284	1,084,284
SCI	5,350,000	2,675,000	2,675,000
UNESCO	6,054,000	3,027,000	3,027,000
UNHCR	53,728,494	26,864,247	26,864,247
UNICEF	87,852,274	43,926,137	43,926,137
UNRWA	12,241,813	6,120,907	6,120,906
WCH	2,801,803	1,400,901	1,400,902
WVI	1,092,250	546,125	546,125
Total	182,815,702	91,370,351	91,445,351
GoL	45,475,000	22,737,500	22,737,500

H. Health response

Lead Agencies	UNHCR, WHO, MoPH		
Participating Agencies	MoPH, MoSA AJEM, Amel Association, Armadilla SCS Onlus, Beyond, Caritas Lebanon Migrant Centre, Centre for Victims of Torture, Fundacion Promocion Social de la Cultura, Handicap International, Humedica, International Medical Corps, International Orthodox Christian Charities, International Organization for Migration, Makhzoumi Foundation, Medair, Medical Aid for Palestinians, Medecins du Monde, Première Urgence-Aide Médicale Internationale, Relief International, ReStart, Save the Children, Seraphim Global, Soins Infirmiers Development Communautaire, Young Man's Christian Association. UNHCR, UNFPA, UNICEF, WHO, UNRWA		
Objectives	5. Improve access, coverage, and quality of primary health care services 6. Improve access and quality of secondary and tertiary health care services 7. Strengthen national health care system		
Requirements from January to June 2014	US\$111,029,453		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US\$72,143,950	US\$25,685,750	US\$13,199,753
Total 2014 indicative financial requirements	US\$188,110,729		
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1. ACHIEVEMENTS AND CHALLENGES

The rapid increase in refugee population in the course of 2013 has put a significant strain on health services, and refugees have found themselves at increasing risk of deteriorating health status and distress. Poor shelter, lack of appropriate waste disposal, and poor hygiene are major contributing factors to health problems among refugees from Syria. The serious humanitarian situation in Syria coupled with poor living conditions of refugees in Lebanon has heightened risks of disease outbreaks, including measles and polio, and the introduction of new diseases to the host community.

Although Lebanon has a wide network of health care, affordability is increasingly becoming the main barrier to health for affected populations. Health services in Lebanon are largely privatized and based on user fees. Refugees are expected to cover the costs of treatment, which can reach significantly above their means. Humanitarian actors continued to assist refugees with treatment costs and supported the fragile network of public health providers with medicines, equipment and staff capacity to respond to increased demand and mitigate against deteriorations in services for Lebanese communities.

By end October 2013, humanitarian partners had supported some 317,000 primary healthcare interventions for refugees and other affected populations, including for 60,840 Palestine Refugees from Syria (PRS). Partners worked with the Ministry of Public Health (MoPH) to contain a measles outbreak affecting 1,745 children of which 88 per cent were Lebanese nationals. Some 730,000 children were vaccinated for measles and 231,057 children received oral polio vaccines and the routine immunization programme was strengthened with cold chain equipment, vaccines and staff training. 75,000 patients received chronic care medications and 769 cases of cutaneous leishmania were put on treatment. Reporting on communicable diseases was strengthened and health care providers were trained on epidemiological surveillance. Over 14,000 Syrians received psychosocial support however the limited number of mental health professionals at PHC centres hindered provision of mental health services. Anecdotal evidence also suggests that antenatal care was negatively impacted by user fees.

Providing secondary healthcare in Lebanon's fragmented and privatized health system is extremely costly. Faced with rising patient numbers and limited resources, humanitarian agencies had to restrict financial support to the most vulnerable refugees with life-threatening conditions and increase the refugee contribution from 15 per cent to 25 per cent. Within these tight targeting criteria, partners supported over 28,000 Syrian in accessing care for life-threatening conditions. Beneficiaries included nearly 1,500 new-borns and infants, and 7,500 pregnant women. UNRWA referred some 3,150 Palestine refugees for urgent secondary healthcare.

Reduced health assistance has placed a heavy burden on refugees and health providers. Some refugees skipped treatment or resorted to negative coping mechanisms to pay for care. At the same time, hospitals accumulated significant unpaid bills³⁸. Some hospitals resorted to unorthodox methods of collecting payment, such as detaining patients or bodies of the deceased, requesting upfront payment, and confiscating registration documentations. Without sustained humanitarian support in 2014, these incidents could escalate to outright denial of access to health care.

Partners have put in place a number of measures to rationalize costs and strengthen oversight of secondary health care programmes to ensure the most effective use of resources. These include daily patient visits, immediate medical and financial audit of files upon discharge and standard procedures for service delivery. Partners also visit hospitals regularly to follow up on various issues, such as inappropriate procedures, poly pharmacy, and quality of care.

Malnutrition is an increasing challenge. Since May 2013, 64 children suffering from acute malnutrition were identified. Partners trained staff in 25 PHC centres to identify malnutrition and treat moderate cases, while referring severe acute malnutrition (SAM) cases for specialized care in pre-identified hospitals. Results from a country-wide nutrition survey are expected in December and will provide insight on the magnitude and severity of the problem. UNRWA trained and recruited additional health staff in its 27 health centres across Lebanon.

38 As of October 2013, 4 government hospitals are owed over US\$269,000 in unpaid bills arising from the 25% refugee contribution.

Humanitarian and government agencies stepped up preparedness in relation to the use of chemical weapons in Syria. 17 frontline hospitals were identified and supported with personal protective equipment, antidotes and training. In addition, over 60 Lebanese Red Cross first responders were trained to identify and triage persons exposed to chemical weapons.

Recent confirmed cases of polio in north-eastern Syria are of significant concern and require immediate response. An outbreak risk assessment conducted by WHO in May 2013 indicates that Lebanon is at increased risk of reintroduction of polio³⁹. It is estimated that some 500,000 Syrian children have not been immunized, and vaccination coverage among displaced Syrians and host communities in border areas is suboptimal.

2. NEEDS AND PRIORITIES

The health status of refugees and affected populations is likely to deteriorate in 2014 without sustained humanitarian support. Based on current trends, it is estimated that vulnerable persons among affected populations will require a primary healthcare intervention at least once in 2014⁴⁰. Some groups, including pregnant and lactating women, children under five years of age, older persons⁴¹, persons with disabilities, and those with acute life threatening diseases have elevated needs for healthcare that will require priority attention. Persons exposed to critical health events such as disease outbreaks will also be prioritized.

Population group	Population in need	Targeted population
Syrian refugees	1,500,000	900,000
Palestine refugees from Syria	100,000	55,000 ⁱ
Affected Lebanese	1,500,000	900,000
Lebanese returnees	50,000	30,000
ⁱ Based on an estimate of three visits to health centres per year.		

Some 20 per cent of projected refugees and the affected population are children under 5 years of age (573,000 persons). It is estimated that 5 per cent of new-borns will be premature and suffer from neonatal distress and congenital malformations, needing prolonged medical care. Partners project that a further 5,000 refugee children need specialized care for life-threatening conditions in 2014. Improving early detection of malnutrition, community awareness and infant and young child feeding practices are important priorities in light of recent reported cases. A nutritional survey is underway and will provide better population based data to fine-tune the nutritional response.

39 The last case of poliomyelitis due to wild poliovirus was reported in 1999 in Syria, and 2002 in Lebanon.

40 The *Vulnerability Assessment for Syrian Refugees (VASyR)*, WFP, UNHCR, UNICEF found 72% of refugees to be vulnerable. Pending the completion of similar assessments on PRS and Lebanese returnees, a similar proportion of these groups have been considered to be vulnerable for the purposes of planning.

41 Over 60 years of age.

Some 25 per cent of the projected population (775,000 persons) will be women of reproductive age and 124,000 will be pregnant women requiring essential pre-natal, delivery and post-natal services. Persons with disabilities and older persons will continue to need special attention with the particular health challenges they face given their lack of visibility and mobility within the community. In addition, some 20 per cent of the displaced population are expected to have mental health disorders in 2014, requiring specialised follow up and support.

Current trends suggest that some 50,000 Syrian refugees will require acute medical and surgical interventions in secondary and tertiary hospitals. With the cost of life-saving procedures averaging US\$565 per patient in 2013, significant international support will be required to ensure that the most vulnerable are not subjected to undue distress and an increased risk of mortality. Improved access to life-saving treatment for the most vulnerable among the Lebanese population through existing mechanisms including the NPTP⁴² is also a vital intervention to ensure continued social cohesion in communities hosting large numbers of refugees.

Health providers will continue to need support to be able to absorb the vast increase in patient numbers. A recent WB assessment found that US\$1.4-1.6 billion is needed until end 2014 to stabilize and restore access and quality of health, and other services to pre-conflict levels⁴³. The network of health centres and hospitals providing reduced-cost services to refugees must be expanded and training of health workers increased, to ensure access to treatment for refugees and diminish deteriorations in services for local populations. Additionally, health providers will need support replacing essential equipment and drugs that have come under strain because of continued increase in demand.

The capacity of GOL/MOPH in terms of preparedness and response to outbreaks must be rapidly reinforced, particularly in light of recent outbreaks of measles and polio. The expansion of the Government's early alert and response system is an urgent need. A synchronized sub-regional polio immunization campaign targeting the countries hosting most Syrian refugees is also of utmost urgency.

42 National Poverty Targeting Programme.

43 *Lebanon - Economic and social impact assessment of the Syrian conflict (ESIA)*, World Bank, 20 September 2013

3. RESPONSE STRATEGY

Humanitarian partners will work to maintain the health status of the affected population, reduce health risks and respond to potential disease outbreaks. They will also ensure treatment for those with life-threatening conditions. The strategy for 2014 seeks to:

- **Improve access, coverage, and quality of primary health care services.** Partners will target the most vulnerable with a minimum package of services based on the MOPH network package.⁴⁴ An expanded network of primary health care centres (PHCCs), including Ministry of Social Affairs' (MOSA) Social Development Centres (SDCs), shall be the first entry point for preventive, curative care, health promotion activities, and referral for secondary care⁴⁵. Additional mobile medical units will be established to reach vulnerable persons in remote locations. Partners will work on improved clinical management and treatment of mental health disorders, in addition to other psychosocial support activities and access to psychotropic medications.
- **Improve access and quality of health care services at the secondary and tertiary level.** Existing health facilities have the capacity to absorb increasing demand, however as health care is privatized and expensive, humanitarian actors will prioritize and target vulnerable refugees, specifically pregnant women, new-borns, persons with specific needs as well as emergency life-threatening medical and surgical interventions.
- **Support the national health system to respond to the increasing number of persons in need of health care in addition to supporting preparedness to respond to public health challenges.** Partners will work with MOPH and MOSA to improve access to and utilization of PHCCs and SDCs by reducing consultation fees, increasing availability of physicians, ensuring availability of essential drugs and supplies including reproductive health supplies, providing centres with essential equipment, and capacity building on various issues. The National Poverty Targeting Programme will be reinforced to assist with treatment costs for vulnerable Lebanese.

44 Groups considered to be vulnerable include children under 5, women of reproductive age, older persons and persons living with disabilities and mental health disorders.

45 Partners plan to expand the PHC network from 60 to 180 facilities.

Partners will work to improve efficiencies by centralizing procurement of essential drugs for acute and chronic conditions and making them available to targeted refugees and vulnerable Lebanese for a nominal fee⁴⁶. UNHCR will also use a Third Party Administrator (TPA) to administer and audit medical and financial services provided by contracted hospitals. This will reduce the burden on partners, enabling them to focus on case follow up and monitoring. It is hoped that this will also provide for better scrutiny of treatments prescribed to targeted groups, given reports of unnecessary medical procedures, poly-pharmacy, and the prescription of expensive therapeutic regimes. Despite efforts to reduce costs, partners will only be able to reach up to 72 per cent of the at-risk groups outlined in this response in line with overall assessments of vulnerability conducted by WFP, UNICEF and UNHCR. In the event of a funding shortfall, partners will be forced to further increase refugee contributions towards health costs reducing their access to basic care.

Health education and mass information activities will also be expanded across the country. Refugees will be encouraged to seek treatment in contracted hospitals where UNHCR and partners have negotiated preferential rates.

Palestine Refugees from Syria will continue to be supported by UNRWA through its health centres and by providing referrals and support for secondary and tertiary hospitalizations for life-threatening conditions. UNRWA will maximize available resources to provide primary health care and life saving secondary and partial tertiary health care services. UNRWA will also support the provision of life-saving emergency visits for PRS in Lebanon.

⁴⁶ Humanitarian partners will import drugs and distribute them to the network of PHC thereby lowering procurement of drugs locally which can be as much as 4-6 times more expensive.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Improve access, coverage and quality of primary health care services										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 1.1 Treatment of acute and chronic conditions in PHC settings	420,000	28,080	400,000	6,680	National	25,113,664	23,548,080		1,565,584	Amel Association, Humedica, IMC, IOM, Makassed, Medair, PU-AMI, SCI, Seraphim Global, SIDC, UNHCR, (Amel, IMC, CMLC, PU-AMI, Makhzoumi Foundation, IOCC, Restart), UNICEF (MOPH, MOSA, Beyond, RI, IMC, PUAMI, IOM, HI, CLMC, MF, IOCC, Humedica, SG, Makassed), UNRWA, WHO
Treatment of acute and chronic conditions in PHC settings	33,600		140,000	7,000	National	3,004,267	3,004,267			MOSA

Output 1.2 Management of childhood illness	222,000	12,300	200,000	5,600	National	17,659,553	7,418,691	9,571,818	669,044	Amel Association, IMC, IOCC, IOM, Makassed, Makhzoumi Foundation, Armadilla S.c.s. Onlus, Medair, SCI, Seraphim Global, UNHCR (Amel, IMC, CMLC, PU-AMI, Makhzoumi Foundation, IOCC, Restart), UNICEF (MOPH, IOCC, Beyond, RI, MOSA, IMC, PUAMI, IOM, HI, CLMC, MF, IOCC, Humedica, SG, Makassed), UNRWA, WHO
Management of childhood illness	32,000	3,300	100,000	2,000	National	4,161,512	4,144,012		17,500	MOSA
Output 1.3 Reproductive health and family planning services provided	34,000	2,000	40,000	1,000	National	9,699,326	5,884,738	3,575,031	239,557	Amel Association, IMC, IOM, Makassed , Medical Aid for Palestinians, Medair, SCI, UNFPA, UNHCR (Amel, IMC, CMLC, PU-AMI, Makhzoumi Foundation, IOCC, Restart), UNICEF (MOPH, MOSA, Beyond, RI, IMC, PUAMI, IOM, SCF, HI, CLMC, MF, IOCC, Humedica, SG, Makassed), UNRWA, WHO

Reproductive health and family planning services provided	16,000	1,200	20,000	520	National	501,760	501,760	106,000	3,487,593	172,248	MOSA
Output 1.4 Mental health psychosocial services and support persons with disability	15,500	2,800	10,000	900	National	3,765,841					CLMC, FPSC, HANDICAP INTERNATIONAL, IMC, IOM, Makhzoumi Foundation, Armadilla S.c.s. Onlus, Medical Aid for Palestinians, Seraphim Global, UNHCR (Amel, IMC, CMLC, PU-AMI, Makhzoumi Foundation, IOCC, Restart), UNICEF (Medical Aid for Palestinians)
Output 1.5 Health promotion and outreach and outbreak prevention	124,000	7,000	100,000	3,800	National	2,766,987		896,276	1,642,282	228,429	Amel Association, IMC, IOM, Makassed, Makhzoumi Foundation, Armadilla S.c.s. Onlus, Medical Aid for Palestinians, Medair, Seraphim Global, SIDC, UNFPA, UNHCR (Amel, IMC, IOCC, CMLC, PU-AMI, Makhzoumi Foundation, Save The Children), UNRWA

Health promotion and outreach and outbreak prevention	2,000		50,000	800	National	867,449		867,449		MOSA
Output 1.6 Polio Campaign					National	4,000,000		4,000,000		WHO (MOPH, Beyond), UNICEF (MOPH, Beyond)
Objective 1						63,005,370	37,853,785	22,276,724	2,874,861	
Gol						8,534,987	7,650,038	867,449	17,500	

Objective 2: Improve coverage and quality of secondary and tertiary health care										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 2.1 Management on neonatal and congenital conditions	4,130	2,400			National	3,856,651	1,864,795	109,145	1,882,711	CLMC, UNHCR, UNRWA
Management on neonatal and congenital conditions	680				National	2,118,750	1,718,750	400,000		MOSA
Output 2.2 Management of obstetric and gynecological conditions	35,280	3,120			National	20,071,000	19,934,378	119,159	17,463	Amel Association, UNFPA, UNHCR (Globemred), UNRWA
Management of obstetric and gynecological conditions	34,000				National	10,500,000	9,750,000	750,000		MOSA

Output 2.3 Management surgical conditions	7,730	1,150				National	7,270,025	6,161,498	1,108,527		Amel Association, CLMC, HANDICAP INTERNATIONAL, Medical Aid for Palestinians, UNHCR, UNRWA
Management surgical conditions	6,950					National	8,416,250	3,916,250	4,500,000		MOSA
Output 2.4 In and out patient management of medical conditions	17,850	89,000				National	6,925,053	6,329,494	595,559		Center for Victims of Torture, Medical Aid for Palestinians, UNHCR, UNRWA
In and out patient management of medical conditions	5,450					National	4,730,000	3,230,000	1,500,000		MOSA
Objective 2							38,122,729	34,290,164	1,932,390	1,900,174	
GoL							25,765,000	18,615,000	7,150,000		

Objective 3: Strengthen national health systems								
Output	Targeted population by type (refer to individuals) from Jan-Jun 2014				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees				
Output 3.1 Strengthen primary health care system	907,000	56,150	700,000	22,350	National	7,185,842		1,476,636
								IMC, IOM, Makhzoumi Foundation, Armadilla S.c.s, Onlus, Medair, UNFPA, UNHCR (IOCC, Save The Children), UNICEF (MOPH), MOSA, Beyond, RI, IMC, PUAMI, IOM, HI, CLMC, MF, IOCC, Humedica, SG, Makassed), WHO (MOPH)
Strengthen primary health care system			408,000	5,000	National	282,650		14,000
Output 3.2 Strengthen secondary/tertiary health care system	907,000	56,150	1,080,000	27,350	National	1,964,930		1,964,930
								WHO (MOPH), UNHCR, MF, Save the children
Output 3.3 Surveillance of diseases of PH importance	907,000	56,150	1,080,000	26,350	National	750,582		750,582
								WHO (MOPH), UNHCR, Save the Children, UNRWA
Surveillance of diseases of PH importance	907,000	56,150	1,080,000	26,350	National	8,000		8,000
								MOSA
Objective 3						9,901,354		1,476,636
GoL						290,650		14,000
								276,650

Sector indicators	Target
# of PHC consultations	1,051,350
# of pregnant women who attended ANC visits at PHC Centers	344,160
# of children under 5 years of age vaccinated -with routine vaccination	575,230
# of children under 5 years of age who received oral polio vaccine	600,000
# of patients who received inpatient care	146,885

Health - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total Requirements (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	(US\$)
Humanitarian agencies	111,029,453	72,143,950	25,685,750	13,199,753	77,081,276
Government of Lebanon (GoL)	34,590,637	26,265,038	8,031,449	294,150	34,475,737

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Health in Lebanon (US\$)			
Agency	Total Jan-Dec 2014	Jan-Jun 2014	Jul-Dec 2014
AMEL	752,802	456,476	296,326
CLMC	2,413,600	1,196,800	1,216,800
CVT	200,000	100,000	100,000
FPSC	822,000	434,750	387,250
HI	4,360,000	2,180,000	2,180,000
HUMEDICA	500,000	250,000	250,000
IMC	5,563,950	2,531,900	3,032,050
IOCC	376,000	188,000	188,000
IOM	2,516,001	1,410,001	1,106,000
MAKASSED	768,380	384,190	384,190
MAKHZOUMI	545,000	272,500	272,500
MAP	266,000	133,000	133,000
MEDAIR	2,819,040	1,409,520	1,409,520
PU-AMI	676,800	338,400	338,400
S GLOBAL	2,072,000	1,036,000	1,036,000
SCI	2,523,284	1,260,942	1,262,342
SIDC	107,400	53,700	53,700
UNFPA	8,682,500	4,882,500	3,800,000
UNHCR	93,051,811	53,816,405	39,235,406
UNICEF	31,577,787	17,648,030	13,929,757
UNRWA	12,398,701	9,745,022	2,653,679
WHO	15,117,673	11,301,317	3,816,356
Total	188,110,729	111,029,453	77,081,276
GoL	69,066,373	34,590,636	34,475,737

I. Shelter response

Lead Agencies	UNHCR, MOSA (Lebanese Ministry of Social Affairs)		
Participating Agencies	ACTED, CARE International, CONCERN, COOPI, CISP, CHF, CLMC, DRC, GVC, IOM, Medair, NRC, SCI, PU-AMI, PCPM, Shield, SIF, Solidar, Solidarites UNHCR, UN-Habitat, UNRWA		
Objectives	1) Adequate settlement space to accommodate refugee families is available and maintained 2) Shelter conditions in settlements (including other options in urban/rural settings) are improved and maintained		
Requirements from January to June 2014	US\$86,584,732		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US\$20,544,734	US\$37,061,774	US\$28,978,224
Total 2014 indicative financial requirements	US\$168,083,696		
Contact Information	Mohamad Mukalled, Mukalled@unhcr.org Ahmad Kassem, Kassema@unhcr.org		

1. ACHIEVEMENTS AND CHALLENGES

Since the onset of the crisis, 300,000 persons received shelter assistance, comprising 220,000 Syrian refugees and 57,000 PRS, and 23,000 persons of vulnerable host families that received cash-for-host-families. Refugees and PRS benefited from shelter activities including cash-for-rent, weather proofing in informal settlements and unfinished houses, and rehabilitation of collective centres, unfinished buildings and temporary shelter settlements. Around 1,000 temporary shelter units were erected in privately owned sites. However, in view of their perceived permanence, these structures are no longer authorized for use.

Rising rental costs and the lack of large available buildings that could be rehabilitated for refugee use hamper shelter solutions. With the protracted crisis, more refugees are resorting to informal settlements (ITS). Currently, 420 such settlements exist in the country, primarily in the Beka'a and northern regions. They offer poor sanitation facilities, are mostly fire prone, and some are located in flood-planes thus endangering the life and health of refugees, especially during winter. There is often little possibility to establish dedicated areas for women, play areas for boys and girls, or access to adequate WASH facilities for the elderly and persons with disabilities. Moreover, since ITS are often established without authorization on public or private land, evictions are known to occur.

The worksites and unfinished houses pose similar hazards for refugees. PRS are primarily living within the 12 Palestine refugee camps and gatherings, which already face critical challenges of overcrowding, fragile housing, and inadequate water and sanitation infrastructure.

Within the more impoverished regions, the increasing numbers of refugees living on worksites and in informal settlements place additional burden on the overstretched infrastructure. In the absence

of a cost recovery mechanism for the use of basic utilities by refugees, and the protracted refugee situation, communities are becoming increasingly concerned and municipalities are becoming less collaborative on identification of shelter options for refugees.

In view of the lack of shelter options, and the substandard conditions in the majority of refugee shelters, UNHCR continues to advocate for the establishment of managed settlements. In the meantime, the government has authorized formal tented settlements to be set-up on public land comprising a maximum of 20 shelter units each. However, identifying adequate sites with the consent of host communities can be a slow process.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Syrian Refugees	765,000 ⁱ	694,000
Palestine Refugees from Syria	100,000 ⁱⁱ	100,000 ⁱⁱⁱ
Affected Lebanese	98,000	98,000 (indirectly through cash for rent, host families, and house rehab).
Lebanese Returnees	50,000	28,000
<p>i A UNHCR August 2013 Shelter Survey of 1,600 registered Syrian refugees/interviewees nationwide revealed that 50.9% of Syrian refugees are at shelter risk. Risks include: Eviction: 'owner call' or 'Exhaustion of resources'; Potential risk of Eviction: 'no job' or 'rent too high';</p> <p>ii As per UNRWA.</p> <p>iii UNRWA submission provides for 89,600 PRS including 4,600 in collective shelter rehabilitation and 85,000 in cash for rent, noting that this cash assistance is presumed to provide to all PRS needs, including shelter. Four NGOs will also target shelter assistance to around 10,000 PRS. Thus the entire PRS projected figure can be covered.</p>		

A survey conducted by UNHCR in August 2013, concluded that from the total number of registered refugees, around 67% live in apartments or houses, 14% live in substandard facilities such as garages, worksites and unfinished houses, 14% live in informal settlements, and 1.2% live in collective shelters.

A linear application of these refugee accommodation types implies that over one million Syrian refugees would be in apartments next year. Knowing that more than 500,000 refugees are in apartments today suggests a two-fold increase of available apartment space.

UNHCR will continue to advocate for large formal tented settlements to address emergencies, and the ongoing needs of more than one third of the refugees living within hazardous sub-standard conditions in informal settlements, garages and worksites. Moreover, the increasing demand on apartments for rent and the refugees' dwindling resources are expected to increase the demand on safe and managed collective shelters. In the absence of a structured real estate market to assess available empty dwellings, and the reluctance of some municipalities and communities to provide shelter options, the establishment of larger collective shelters and formal tented settlements is critically needed.

New ideas are also being explored to overcome the lack of shelter options, including raising the investment in buildings to rehabilitate those least completed, or in need of more repair. The ongoing assistance of Lebanese home owners to rehabilitate their houses for temporary refugee accommodation will be boosted through the direct involvement of, and in close collaboration with, municipalities in the process.

3. RESPONSE STRATEGY

The goal of the strategy will be to assist 920,000 persons of concern, including 694,000 Syrian refugees, 100,000 PRS, 28,000 Lebanese returnees and 98,000 members of host communities.

Interventions will target:

- Providing safe and dignified emergency shelter to newly arriving households;
- Improving substandard shelters and maintaining the shelter conditions of vulnerable households; and,
- Upgrading properties belonging to Lebanese host families, thus enabling them to benefit from structural improvements in the long-term.

Priority will be given to shelter interventions categorized as lifesaving, which will target approximately 31% of the targeted population. This will include assistance to refugees living in informal settlements and unfinished houses, cash for rent, and establishment of formal tented settlements.⁴⁷

The response will focus on

1. The **establishment of formal settlements**, including the option to rent private land for this purpose. The cooperation of municipalities and communities in accepting refugees will remain crucial. UNHCR and partners will continue to advocate with the Government to increase the authorized number of shelter units within a managed formal settlement.
2. Expand the initiative to **rehabilitate apartments and houses** to other areas, including increasing the ceiling/cost of repairs in order to entice more house owners to provide houses for shelter use.

⁴⁷ The 31.27 % of the total submissions amounts to around US\$52.5 million. Weather proofing of IS and unfinished houses estimated at US\$26 million, the remaining balance would be then divided between establishment of FTS, site improvement of IS, and cash assistance.

3. **Cash for rent and cash for host families** will offset the burden of rent payments on the vulnerable Syrian refugee and PRS households. However, attention will be paid to avoid adverse impact on rental markets and community hospitality, and the standpoint of regional disparities.
4. **Rehabilitation of public and private collective shelters.** In view of the dwindling number of public buildings for refugee use, a new push towards rehabilitating large privately owned buildings will be up scaled in 2014.
5. **Weather proofing of informal settlements and unfinished houses** to improve living conditions, in particular during the winter months. Rehabilitation work and shelter kits will source the local market for materials thereby enabling a cost effective design that would reach as many beneficiaries as possible. Weatherproofing of informal settlements and sealing off unfinished houses will be an integral part of winterization activities.
6. **Site improvement** of informal settlements includes decongestion and provision of fire breakers and drainage possibilities.
7. **Collective shelter management** will address the problems arising from issues such as solid waste management and electric power consumption and thus encourage communities to put large buildings at the disposal of the refugees.

Shelter projects will contain a considerable degree of direct beneficiary participation, thus empowering refugees to determine their own solutions. This will include specific consultations with women, especially female heads of households (24% of the refugee population). Shelter agencies will collaborate towards establishment of dedicated facilities and areas for women, boys and girls and towards improving access to the elderly and refugees with special needs. Shelter initiatives will also contribute to the development of the local economy by using local production and supply of materials and therefore, creating livelihood opportunities for host communities.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Settlement Space Available										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 1.1 Refugees, and other displaced persons from Syria have access to increased number of adequate settlement space	163,700	61,800	36,350	5,450	National	72,320,996	10,757,337	33,060,436	28,503,223	ACTED, Care, Concern, CLMC, GVC, IOM, Medair, NRC, PCPM, SC Lebanon, SIF, Solidar Suisse, SI, UN-Habitat, UNRWA, UNHCR (ACTED, CHF, CISP, CONCER, COOPI, DRC, Intersos, IOM, IRW, Makhzoumi, PCPM, PU-AMI, SHEILD)
Objective 1						72,320,996	10,757,337	33,060,436	28,503,223	

Objective 2. Acceptable Living Conditions										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 2.1 Refugees have access to settlement spaces with acceptable living conditions.	153,650	4,100	9,200	3,350	National	14,263,736	9,787,397	4,001,339	475,000	ACTED, Care, Concern, CLMC, GVC, IOM, Medair, NRC, PCPM, SC Lebanon, SIF, Solidar Suisse, SI, UN-Habitat, UNRWA, UNHCR (ACTED, CHF, CISP, CONCERT, COOPI, DRC, Intersos, IOM, IRW, Makhzoumi, PCPM, PU-AMI, SHEILD)
Objective 2						14,263,736	9,787,397	4,001,339	475,000	

Sector indicators	Target
# of persons provided with temporary emergency shelter (including formal tented settlements)	54,000 Refugee Population 230 PRS Population 700 Affected Lebanese Population 540 Lebanese Returnee Population
# of persons who received cash for rent and cash for host families	54,680 Refugee Population 59,580 PRS Population 19,540 Affected Lebanese Population 3,260 Lebanese Returnee Population
# of persons who benefitted from the rehabilitation of private and public collective shelter and collective shelter management	12,570 Refugee Population 3,740 PRS Population 160 Affected Lebanese Population 170 Lebanese Returnee Population
# of persons who benefitted from rehabilitation of their apartment/house (including Syrian refugees and Lebanese owners)	40,950 Refugee Population 1,960 PRS Population 14,500 Affected Lebanese Population 1,480 Lebanese Returnee Population
# of persons who benefitted from weatherproofing of their shelter (informal settlement and unfinished houses)	100,770 Refugee Population 270 PRS Population 8,260 Affected Lebanese Population 1,880 Lebanese Returnee Population
# of persons who benefitted from site improvement of their informal settlement	33,420 Refugee Population 140 PRS Population 830 Affected Lebanese Population 1,480 Lebanese Returnee Population
# of individuals benefitting from shelter management by all type of existing refugee settlement	20,970 Refugee Population

Shelter - Summary Requirements						
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014	(US\$)
	Total Requirements (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)		
SECTOR GRAND TOTAL	86,584,732	20,544,734	37,061,774	28,978,224		81,498,964

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Shelter in Lebanon (US\$)			
Agency	Total Jan-Dec 2014	Jan-Jun 2014	Jul-Dec 2014
ACTED	4,081,000	2,040,500	2,040,500
CARE	1,451,012	590,060	860,952
CLMC	3,732,800	1,866,400	1,866,400
CONCERN	121,000	121,000	
GVC	604,220	100,000	504,220
IOM	8,750,000	3,435,000	5,315,000
MEDAIR	6,470,000	2,235,000	4,235,000
NRC	11,250,000	5,625,000	5,625,000
OXFAM	1,870,000	935,000	935,000
PCPM	6,411,000	2,227,000	4,184,000
SCI	7,831,250	2,634,000	5,197,250
SI	1,680,000	840,000	840,000
SIF	610,000	610,000	-
SOLIDAR	420,000	150,000	270,000
UNHABITAT	6,544,400	3,264,200	3,280,200
UNHCR	75,427,796	45,263,722	30,164,074
UNRWA	30,829,218	14,647,850	16,181,368
Total	168,083,696	86,584,732	81,498,964

J. Basic Needs response

Lead Agencies	UNHCR, MoSA		
Participating Agencies	ACTED, AVSI, CARE, CHF, CLMC, DRC, GVC, HI, HWA, INTERSOS, IOCC, IOM, Medair, Mercy Corps, Mercy-USA, Oxfam, SCI, Solidar Suisse, Solidarités International, TdH-Italia, WVI UNHCR, UNICEF, UNRWA		
Objectives	<ol style="list-style-type: none"> 1. The necessary seasonal NFI and sufficient access to energy to survive winter is provided without adverse effects. 2. The provision of necessary seasonal NFI for the winter is targeting newcomers. 3. Sufficient basic and domestic items, including stocks for emergency needs, are targeting newcomers shortly after arrival. 		
Requirements from January to June 2014	US\$77,444,514		
Prioritized requirements (Jan-Jun)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
	US\$47,339,195	US\$30,105,319	
Total 2014 indicative financial requirements	US\$149,090,198		
Contact Information	Charles Higgins, Higgins@unhcr.org		

1. ACHIEVEMENTS AND CHALLENGES

As of September 2013, partners delivered basic non-food items (NFI) to some 212,000 Syrian refugee men, women, boys and girls for cooking, eating, sleeping and living with dignity. The main assistance provided was the NFI kit for new arrivals consisting of one blanket per person, four mattresses per family, a kitchen set of pots, pans, plates and utensils, two water storage containers, a hygiene kit of consumables such as sanitary items and soap plus diapers and other items for baby-care (if needed). Some partners could add a cooking stove to a limited number of beneficiaries at the beginning of the operation, as well as a dignity kit to women and adolescent girls including items to maintain feminine hygiene, clothing and a flashlight for their safety. During the winter months of 2012/2013 partners reported distributing vouchers for heating fuel to 110,000 persons and heating stoves to cover some 12,000. Almost all the NFI and fuel provided to date was sourced within Lebanon, benefiting local companies.

Partners worked to keep pace with new arrivals, although maintaining a high volume of procurement, transportation, and distribution of relief items, proved challenging given Lebanon's limited warehouse capacity, poor transport infrastructure and lack of suitable public facilities for use as distribution sites. Severe weather conditions during the winter also delayed some deliveries and security problems led to suspension of NFI distributions in Tripoli and Bekaa at certain times.

With no reception facilities in Lebanon, refugees move around the country to find accommodation and livelihoods opportunities and, consequently, they can be widely dispersed. This increases the challenge of locating and assisting newcomers, adding to the logistic costs and meaning that

some of them have been missed. It has also made it difficult for agencies to conduct quality needs assessment and tailor assistance according to these needs and the gender and age composition of the family. In the absence of a common database on the unregistered, partners believe that some households could access assistance by presenting themselves as newcomers more than once in different locations. Post-distribution monitoring of NFI was also insufficient and the impact of the assistance provided needs to be consistently evaluated in 2014.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Syrian Refugees	1,500,000	540,228
Palestine Refugees from Syria	100,074	49,023
Affected Lebanese	1,500,000	14,713
Lebanese Returnees	50,000	21,137

Household surveys conducted by the agencies distributing NFI indicate that over 90 per cent of Syrians, PRS and Lebanese returnees arrive with almost no personal possessions, and most do not have the means to purchase them. To ensure a predictable response to their needs, the NFI Working Group has standardized a newcomer assistance package. Partners aim to provide any family found to be in need through assessment, with basic NFI assistance within two weeks of arrival.

Alleviating risks to health and hardship linked to harsh winter conditions is the most critical priority identified by partners. Conditions for those living in tents, tent-like structures, unfinished buildings or other poor shelter conditions, can be life-threatening. Providing for basic items including stoves, blankets and the means to buy heating fuel enables displaced persons to survive Lebanon's harsh winter without resorting to negative coping strategies such as taking exploitative work, survival sex or selling the few possessions they have.

It is projected that 524,000⁴⁸ refugees, PRS, Lebanese returnees and vulnerable host community men, women, boys and girls within the overall targeted population will be in need of assistance during the 2013/2014 winter. They have been targeted based on their vulnerability status, the severity of the weather in their locations, the quality of their shelters, or other special needs they may have. Resources are available to provide blankets, winter clothing, heating stoves or cash and fuel until end 2013, however targeted families will continue to need support to meet fuel costs until March 2014, and newcomers also need extra support through the winter.

As vulnerabilities are expected to increase in 2014, a larger proportion of men, women, boys and girls will need support for winter 2014/2015, and the plan presented in RRP6 will be reviewed mid-year to ensure that targets match the reality.

48 Including some 140,000 children who will receive winter clothing (in-kind and in vouchers).

The capacity to respond to a sudden increase in new arrivals will need to be maintained in 2014. Although a contingency stock of NFI already exists, supplies need to be regularly replenished, and more warehouse capacity is still needed, especially in Akkar and the North.

3. RESPONSE STRATEGY

In 2014 partners have agreed to focus efforts around three essential interventions:

1. Providing vulnerable men, women, boys and girls with the necessary seasonal NFI and sufficient access to energy to survive winter without adverse effects;
2. Ensuring that newcomers have the necessary seasonal NFI pending registration;
3. Ensuring that newcomers have sufficient basic and domestic items, shortly after arrival, and maintaining a reserve stock for emergency needs.

So far as is possible, partners will target assistance to ensure that available resources reach the most vulnerable and are appropriate for the different needs of men, women, boys and girls. Partners will strengthen efforts to reduce security risks for women and adolescent girls at distribution points, including by ensuring gender balance in distribution teams and their obligation to report sexual exploitation and abuse informing them of the appropriate behaviour towards refugees⁴⁹. Establishing help desks at distribution sites will also better inform refugees about complaints' mechanisms.

Under objective 1, partners will target those that are most affected by harsh winter conditions. UNHCR and its partners will cover all refugees living in areas above 500 metres in elevation, while other agencies will concentrate on those living in informal settlements (ITS), unfinished buildings and others in the worst shelters. Partners will also assist persons with special needs, including vulnerable older persons, female-headed households and those with high dependency ratios, as well as vulnerable host community families, who will be identified by municipalities and verified by MoSA. Targeted households will be supported with a high thermal blanket per person plus US\$100 per month to cover fuel costs for the five winter months in 2014 (January-March and November-December). Newcomers will also be provided with a heating stove per household or US\$50 cash in lieu. Fuel will be provided as a cash transfer mostly through ATM cards, to avoid problems encountered with fuel vouchers last year. Children are especially vulnerable to cold and UNICEF and its partners will assist at least 100,000 children with in-kind winter clothing and vouchers in ITS and other forms of shelter in the most vulnerable locations, as well as providing fuel for heating schools.

Under objective 2, partners will provide newcomers who arrive during either of the two winter periods, with a one-off distribution of US\$150 in cash or voucher, to cover special winter needs on top of the regular NFI newcomer package. This will help them to survive until they are able to register and receive assistance under the regular winterization programme.

49 Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (2003).

Assistance under objective 3 will target all projected Syrian, Palestine refugee, Lebanese and third country national newcomers with the basic in-kind NFI assistance package already outlined above, plus the WFP food parcel.

In 2014, a comprehensive monitoring and evaluation system will be set up for all programmes with significant cash components, starting with winterization (objective 1). Subsequently, if it proves feasible to extend the ATM cards to the unregistered refugee population once a central database to manage the system has been created, it may be possible to transform the entire newcomer assistance programme into cash through ATM transfers, achieving savings on logistics and enabling the initial assistance a newcomer receives to be tailored to their needs, based on gender and age.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Targeted population has the necessary seasonal NFI and sufficient access to energy to survive winter without adverse affects									
Output	Targeted population by type (individuals)			Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees					
Output 1.1 Sectoral cash grants or vouchers provided - all humanitarian agencies	540,250	196,550	14,700	13,700	All Lebanon (North, Bekaa, Beirut & Mt Lebanon, South)	41,701,790			ACTED, AVSI, CARE, CHF, CLMC, DRC, GVC, HI, IOCC, IOM, Medair, Mercy Corps, Mercy-USA, Oxfam, SCI, SIF, Solidar Suisse, Tdh-Italia, UNHCR, UNICEF, UNRWA, WVI
Objective 1					41,701,790	41,701,790			

Objective 2. Newcomer population has the necessary seasonal NFI for the winter									
Output	Targeted population by type (individuals)			Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees					
Output 2.1 Cash grants or vouchers (multi-purpose) provided - all humanitarian agencies	155,850	18,000	1,250	1,350	All Lebanon (North, Bekaa, Beirut & Mt Lebanon, South)	5,637,405			ACTED, CLMC, DRC, GVC, HI, Intersos, Medair, Mercy Corps, SCI, Solidarités International, Tdh-Italia, UNRWA
Objective 2					5,637,405	5,637,405			

Objective 3. Newcomer population has sufficient basic and domestic items, shortly after arrival										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 3.1 Core relief items (CRI) provided - all humanitarian agencies	490,900	49,000	7,450	21,150	All Lebanon (North, Bekaa, Beirut & Mt Lebanon, South)	30,105,319		30,105,319		ACTED, AVSI, CLMC, DRC, GVC, HI, HWA, Intersos, IOM, Medair, Mercy Corps, Mercy-USA, SCI, SIF, Solidar Suisse, Solidarités International, Tdh-Italia, UNHCR, UNRWA
Objective 3						30,105,319		30,105,319		

Sector indicators	Target
# of persons who received unconditional winter cash grants of vouchers to purchase fuel (for one month).	530,075
# of newcomers who received unconditional cash grants or vouchers to purchase fuel (for one month).	88,095
# of persons who received CRI (non-winter).	284,250

Basic Needs - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total Requirements (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	(US\$)
GRAND TOTAL BASIC NEEDS SECTOR	77,444,514	47,339,195	30,105,319		71,645,684

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Basic Needs in Lebanon (US\$)			
Agency	Total Jan-Dec 2014	Jan-Jun 2014	Jul-Dec 2014
ACTED	5,860,300	2,624,200	3,236,100
AVSI	973,400	565,400	408,000
CARE	2,293,768	849,948	1,443,820
CHF	1,551,990	825,990	726,000
CLMC	2,997,696	1,633,696	1,364,000
DRC	29,565,000	16,734,000	12,831,000
GVC	1,322,500	701,100	621,400
HI	2,272,220	1,552,220	720,000
HWA	1,060,750	535,750	525,000
INTERSOS	1,168,000	600,800	567,200
IOCC	898,000	198,000	700,000
IOM	7,051,483	2,516,483	4,535,000
MC	867,000	594,000	273,000
MEDAIR	4,169,230	1,498,050	2,671,180
MU	1,360,000	680,000	680,000
OXFAM	3,904,800	1,952,400	1,952,400
SCI	7,032,776	3,658,026	3,374,750
SI	696,000	332,000	364,000
SIF	2,728,800	1,364,400	1,364,400
SOLIDAR	835,400	375,400	460,000
TDHI	1,535,700	384,000	1,151,700
UNHCR	61,215,489	30,920,489	30,295,000
UNICEF	5,000,000	5,000,000	-
UNRWA	2,471,396	1,282,162	1,189,234
WVI	258,500	66,000	192,500
Total	149,090,198	77,444,514	71,645,684

K. Social cohesion and Livelihoods response

Lead Agencies	UNDP, UNHCR, MoSA, PMO		
Participating Agencies	ACTED, Al Majmoua, Amel, BBC Media Action, DRC, FAO, GVC, ILO, International Alert, International Rescue Committee, INTERSOS, IOM, Mercy Corps, Oxfam, Relief International, RESCATE, RET, Safadi Foundation, SC Lebanon, SFCG, WRF UNDP, UNESCO, UNHCR, UNIDO		
Objectives	<ol style="list-style-type: none"> 1. Social cohesion in refugee-hosting communities promoted 2. Self-reliance and livelihoods improved 		
Requirements from January to June 2014	US\$48,352,828		
Prioritized requirements (January-June)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or Resilience
		US\$44,848,023	US\$3,504,805
Total 2014 indicative financial requirements	US\$98,424,687		
Contact Information	Shombi Sharp, shombi.sharp@undp.org Anna Leer, leer@unhcr.org Carol El-Sayed, elsayed@unhcr.org		

1. ACHIEVEMENTS AND CHALLENGES

The Syrian crisis and refugee influx has had many destabilizing consequences for Lebanon. A recent World Bank published assessment⁵⁰ points to a reduction in GDP growth by 2.85 per cent each year since the crisis began and estimates the total cost of the crisis to Lebanon will reach US\$7.5 billion by end 2014. Spending on education and health has increased significantly while the quality of public services has reportedly deteriorated, especially for the vulnerable Lebanese citizens.⁵¹ Competition in the informal job market has driven wages down, while prices for basic necessities, such as fuel or rents, have increased. The majority of refugees (86 per cent) are living in communities where the majority of vulnerable Lebanese (66 per cent) also reside. Both refugees and vulnerable Lebanese are severely affected by the poor quality of public services, hard-to-get-by job opportunities and inflation in the price of basic goods.

Efforts are increasingly being made to support Lebanese institutions and hosting communities cope with the refugee influx. To date, 154 projects have been completed or are in process of completion at the local level. These include projects to expand capacity of local medical facilities, to improve water treatment and supply and waste disposal, building or rehabilitating communal spaces and strengthen capacities of social development centres.

⁵⁰ *Lebanon - Economic and social impact assessment of the Syrian conflict (ESIA)*, World Bank, 20 September 2013

⁵¹ The ESIA projects a loss in Government revenue of US\$1.6 billion and an increase in Government expenditure of US\$1.2 billion. Lebanon's fiscal deficit is expected to increase by US\$2.7 billion over the period 2012-2014.

More than 3,000 (40 per cent Lebanese) have enrolled in vocational training programmes, at least 20 per cent leading to gainful employment, and a number of agencies are now establishing more wide-ranging livelihood programmes with focus on women, youth and persons with specific needs.

In addition, assisting Lebanese institutions and providing support to vulnerable Lebanese has been mainstreamed across all sectoral interventions, and specifically in the areas of health, education, shelter and water and sanitation. Investments have also been made in strengthening the capacities of municipalities to cope with the crisis, as well as to strengthen the ability of national and local service providers to respond to those with specific needs (Lebanese and refugees).

Nonetheless, the significant lack of funding remains a major barrier to the work of the sector. Many actors received no financial support. More restrictive government policies regarding livelihood provisioning for Syrians in the face of growing public concerns about competition for jobs, and limited local market opportunities, present additional challenges.

The recent international recognition of the need to relieve pressure on Lebanese host communities may change things around for the sector funding-wise, most notably, by the UN Security Council Presidential Statement in July and the September formation of the International Support Group for Lebanon on the margins of the UN General Assembly.

Launched in early 2013, the Task Force on Support to Host Communities, co-chaired by UNDP, UNHCR, PMO and MOSA has facilitated the formulation of a strategic framework for the response, a significant entry of new partners and the development of a clear targeting methodology singling out 244 prioritised communities for social cohesion and livelihood activities.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Syrian Refugees	1,500,000	320,600
Palestine Refugees from Syria	100,000	700
Affected Lebanese	1,500,000	424,000
Lebanese Returnees	50,000	24,950

With a projected 1.5 million registered refugees by the end of 2014, one in four persons in Lebanon will be a Syrian refugee and an estimated 1.5 million Lebanese stands to be negatively affected by the crisis with poor Lebanese disproportionately affected⁵². As the country grapples with its own political and internal divisions, the additional pressures brought on by a massive refugee influx are fraying nerves. There is a growing sense that the Lebanese are being asked to continue to accommodate a seemingly endless stream of refugees, without commensurate support. Curfews

⁵² The ESIA estimates that in addition to the 1 million poor, another 170,000 Lebanese will be pushed into poverty and up to 320,000 will become employed.

imposed on refugees in local villages, recent evictions of refugees from apartments and land used for informal settlements, are testament to growing tensions between Lebanese and refugee communities in some areas.

A recent risk assessment identified 25 communities, mainly in the Bekaa and North Lebanon, as requiring most urgent interventions to help restore or maintain harmony between Lebanese and Syrian refugees.

In parallel to the host community needs, the majority of refugees face severe poverty and associated risk of resorting to negative coping mechanisms such as early marriage among girls, child labour, survival sex and other exploitative labour markets to subsist. This, taken together with the impact of the crisis on livelihoods of Lebanese and the associated discontent, illustrates the importance of self-reliance activities for both refugees and vulnerable Lebanese.

To comprehensively address the situation, the larger scale developmental interventions foreseen in the joint GOL/World Bank/UN Needs Assessment and Roadmap to a Stabilization Framework, are a critical supplement to the humanitarian response and its specific interventions addressing most immediate causes of tensions in Lebanese host communities.

3. RESPONSE STRATEGY

A comprehensive strategy supported by robust funding to promote social cohesion and self-reliance has to effectively tackle both the expression of conflict and causes of tension in refugee-hosting communities. This will be done through a four-pronged approach.

First, to expand local conflict mitigation mechanisms, social cohesion partners will bring local actors together in dialogue fora, support them with the tools to mediate conflicts and seek their commitment to respond jointly to rising tensions.

Second, local and national change agents like media, teachers, youth and local leaders will be called upon and prepared to actively combat the misperceptions fuelling hostilities.

Third, service provision will be reinforced through host community support projects (CSPs) defined by the community as sources of tension and/or priority. Reflecting the significant increase in pressures on municipal services in 2013, RRP6 features a more robust emphasis on promoting social cohesion through services-related CSPs guided by a set of core principles recognizing local and national ownership. To succeed, efforts will also be made to mainstream conflict sensitive programming and service provision across all sectors.

Fourth, conflict-sensitive and innovative livelihood activities mainly targeting women and youth and leading to self-reliance will be scaled up considerably. While refugees and vulnerable Lebanese desperately need jobs to meet their basic needs for self-reliance, promoting job-creation for refugees is highly sensitive due to the potential fuelling of further tensions. Assessments have also shown

job opportunities to be very limited within the principal sectors of agriculture, construction and services. Activities will therefore target both communities and the strategy will focus on innovation and market/business creation within two to maximum three areas not constituting competition to existing local markets. Handicraft is identified as an area with great potential for Syrian women's livelihoods considering existing skills and cultural barriers to participate in the traditional labour market. Otherwise, new markets will be explored based on analysis of opportunities in import substitution, procurement for the emergency and new exports and business will be created around Lebanese businesses and cooperatives.

In view of the massive stabilization needs, which can only be addressed by large scale developmental interventions, the majority of the activities of the sector are best categorised as preventing further deterioration of vulnerabilities.

To target the humanitarian response, pre-existing poverty profiles have been analysed against refugee data, to identify the 225 most affected and vulnerable communities in Lebanon. This has been overlaid with a preliminary conflict-map resulting in the identification of another 19 communities amounting to 244 priority locations for social cohesion and livelihood interventions. Reflecting this prioritization, the North and Bekaa have been allocated the most significant attention and resources in the sector, while the South and Mount Lebanon and Beirut have increased rapidly from a low base since the RRP5.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. Social cohesion in refugee-hosting communities promoted									
Output	Targeted population by type (individuals)			Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees					
Output 1.1 Change agents capacitated to address misperceptions fuelling tensions	1,350	45	3,000		Lebanon	3,363,007	3,363,007		Al Majmoua, Amel, BBC Media Action, GVC, International Alert, IRC, RET, SFCG, UNDP, UNESCO, UNHCR, WCH, WRF
Output 1.2 Community Capacity for dispute resolution and conflict management strengthened	185,250		213,750		Lebanon	2,485,445	2,485,445		GVC , Intersos, Mercy Corps, RESCATE, UNDP, UNHCR (SFCG, LOST, WCH), WRF
Output 1.3 Service provision reinforced through community driven CSPs	270,750		277,850		Lebanon	12,877,813	12,877,813		ACTED, Amel, DRC, GVC, Intersos, IOM, RESCATE, SC Lebanon, UNDP, UNHCR (UNDP, DRC, ACTED, IRS, COOPI, AMEL, WCH, Right to Play, CHF, TdH, IRC, Intersos, PU-AMI, UN-Habitat), WRF

Service provision reinforced through community driven CSPs	49,850		423,950	24,950		2,500,000		2,500,000	MoSA
Output 1.4 Social Cohesion mainstreamed	150,000		150,000		Lebanon	1,761,800		1,761,800	International Alert, UNDP, UNHCR (International Alert, SFCG, UNDP)
Objective 1						20,488,065		18,726,265	
GoL						2,500,000		2,500,000	

Objective 2. Self-reliance and livelihood improved									
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees					
Output 2.1 Income generation, employment and market creation opportunities increased	30,000	700	50,000	10,000	Lebanon	23,060,058		21,317,053	1,743,005
									Amel, FAO, ILO, Intersos, IOM, Mercy Corps, Oxfam, Relief International, Safadi Foundation, SC Lebanon, UNDP, UNHCR (Al Majmoua, Intersos, Amel, LOST), UNIDO, WRF

Output 2.2 Vocational, life skills and entrepreneurship training opportunities increased	13,500	640	15,000	320	Lebanon	4,804,705	4,804,705	26,121,758	1,743,005	Amel, Intersos, IOM, RET, Safadi Foundation, SC Lebanon, UNDP, UNHCR, WRF
Objective 2						27,864,763				

Sector indicators				
# of CSPs implemented	69 CSPs			
# communities benefitting from CSPs	50			
# of people residing in communities benefitting from CSPs (refugees and host community members)	598,500 host community member			
# of change agents (media, locallyouth leaders, public servants in health and education sector) trained and actively promoting conflict prevention and social cohesion	920 stakeholders capacitated			
# of persons receiving vocational or life skills support	28,000			
# of persons benefitting from increased income generation, employment opportunities or market creation	80,000			

Social Cohesion and Livelihoods - Summary Requirements						
	Requirements Jan-June 2014					Indicative requirements Jul-Dec 2014
	Total Requirements (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	(US\$)	
Humanitarian agencies	48,352,828		44,848,023	3,504,805		50,071,859
Government of Lebanon (GoL)	2,500,000			2,500,000		2,500,000

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

Social cohesion and livelihoods in Lebanon (US\$)			
Agency	Total Jan-Dec 2014	Jan-Jun 2014	Jul-Dec 2014
ACTED	1,500,000	750,000	750,000
Al Majmouaa	50,000	20,000	30,000
AMEL	644,002	347,001	297,001
BBC	1,000,000	500,000	500,000
DRC	400,000	240,000	160,000
FAO	6,000,000	2,500,000	3,500,000
GVC	2,070,000	685,000	1,385,000
IA	555,000	310,000	245,000
ILO	2,825,000	1,200,000	1,625,000
INTERSOS	2,569,800	1,333,400	1,236,400
IOM	5,999,999	3,225,714	2,774,285
IRC	172,000	86,000	86,000
LOST	84,520	40,020	44,500
MC	3,455,747	2,200,497	1,255,250
OXFAM	5,680,000	2,840,000	2,840,000
RESCATE	354,000	177,000	177,000
RET	1,880,000	940,000	940,000
SAFADI	1,150,000	575,000	575,000
SCI	12,390,300	6,195,150	6,195,150
UNDP	27,773,600	13,916,800	13,856,800
UNESCO	1,900,000	650,000	1,250,000
UNHCR	19,647,019	9,413,396	10,233,623
WRF	323,700	207,850	115,850
Total	98,424,687	48,352,828	50,071,859
GoL	5,000,000	2,500,000	2,500,000

L. Water Sanitation and Hygiene (WASH) response

Lead Agencies	UNHCR/UNICEF		
Participating Agencies	ACF, ACTED, AVSI, CARE, CARITAS Lebanon Migrant Center, CISP, Concern, GVC, INTERSOS, IOCC, IRD, Makhzoumi Foundation, Medair, MercyCorps, MercyUSA, Oxfam, PU-AMI, Relief International, Rescate, Save the children, SHIELD, Solidarités International, UN-Habitat, UNHCR, UNICEF, UNWRA, WWL		
Objectives	<p>1 Safe, equitable and sustainable access to a sufficient quantity and quality of potable water for drinking, cooking and personal and domestic hygiene is ensured.</p> <p>2 A safe, sanitary and hygienic living environment that protects affected populations from the spread of disease is promoted.</p> <p>3 Hygienic practices, effective community mobilisation to address harmful current practices, and delivery of hygiene products and services on a sustainable and equitable basis that reduce the risk of WASH-related diseases are improved.</p>		
Requirements from January to June 2014	US\$102,042,581		
Prioritized requirements (January-June)	Life-saving or preventing immediate risk of harm	Preventing deterioration of vulnerabilities	Capacity-Building or resilience
	US\$56,878,210	US\$39,733,833	US\$5,430,538
Total 2014 indicative financial requirements	US\$202,424,337		
Contact Information	Samuel Gonzaga, gonzagas@unhcr.org David Adams, dadams@unicef.org		

1. ACHIEVEMENTS AND CHALLENGES

Throughout 2013, access to an adequate quantity of safe water for affected populations was ensured through a number of activities including the distribution of 6,129 household water filters, water quality tests carried out at 126 sources, installation of 6,354 water tanks, and over 15,086 individuals benefit from on-going water-trucking.

Sanitation needs have been addressed by constructing or rehabilitating 3,453 latrines and establishing services for disposal of wastewater – provision of 1,086 solid waste collection bins, distribution of 1,704 toilet cleaning kits, and the installation of 1,340 hand washing facilities. Hygiene promotion activities benefited 59,531 individuals and, 664,817 family hygiene kits and 240,552 baby kits were distributed. At Masna'a border crossing, a waiting area was set up with WASH facilities to accommodate a large number of refugees if necessary.

Environmental health services were provided to 26,000 PRS from inside Palestine refugee camps. Sewage and water systems in all 12 Palestine refugee camps were maintained and repaired and 4,317 families were provided with hygiene kits.

The increase in refugee numbers has put significant pressure on national water and wastewater systems resulting in a deterioration of services for local communities. Partners worked with the government to develop community level projects that benefit Lebanese affected by the crisis. Some 203,000 affected Lebanese and 43,000 refugees have benefited from efforts to rehabilitate water systems. Wastewater projects have improved conditions for 25,000 affected Lebanese and 30,000 refugees, and ongoing solid waste assistance is benefiting 29,365 refugees and 172,900 Lebanese in host communities.

Capacities to address WASH needs remain stretched, compounded by limited funding and a complex environment. Refugees are dispersed in over 1,500 locations and many have found shelter in informal settlements or substandard dwellings with poor or non-existent WASH facilities. Partners must invest considerable time and resources to identify and deliver appropriate responses, including frequent short-term and emergency interventions. At the same time partners are developing non-conventional interventions to address longer-term challenges including increased crowding in refugee settlements, risks of flooding during winter and government restrictions to installing services. The WASH and Shelter sectors worked jointly in preparation for the winter to undertake site-improvement activities in informal settlements including flood-risk mitigation measures, reinforcing hygiene promotion and distribution of NFI kits.

Localized insecurity in certain locations deters access and delivery of necessary humanitarian services. Overcrowding in Palestine refugee camps is a pressing concern as fragile water and solid waste systems are further burdened by new arrivals.

2. NEEDS AND PRIORITIES

Population group	Population in need	Targeted population
Syrian Refugees	Water – 405,000 Sanitation – 435,000 Hygiene – 1,050,000	Water – 405,000 Sanitation – 281,000 Hygiene – 605,000
Palestine Refugees from Syria	Water – 50,000 Sanitation – 50,000 Hygiene – 70,000	Water – 45,000 Sanitation – 45,000 Hygiene – 30,000
Affected Lebanese	Water – 405,000 Sanitation – 435,000 Hygiene – 1,050,000	Water – 405,000 Sanitation – 165,000 Hygiene – 250,000
Lebanese Returnees	Water – 13,800 Sanitation – 14,800 Hygiene – 35,800	Water – 2,000 Sanitation – 1,000 Hygiene – 2,700

Over twenty WASH related assessments were conducted since May 2012 and emerging needs are continuously monitored as more refugees arrive and settle across Lebanon. Current trends estimate that 27 per cent require access to potable water (quality and quantity), 29 per cent require improved sanitation facilities (latrine and solid waste facilities) and 70 per cent need assistance adapting to hygienic conditions in displacement. The projected refugee figure in 2014 will put

enormous strain on already limited WASH services leading to public health risks and increasing tensions. Furthermore, latrine coverage in some settlements is below standards. The most intractable problems concerning solid waste management in Lebanon centre on the treatment and disposal of waste. It is estimated that around 51 per cent of all municipal solid is landfilled, 32 per cent is dumped, and the remaining 17 per cent is recovered through sorting and composting. The refugee caseload has grossly impacted on this delicate solid waste management system. Added to this mix are the limited facilities for wastewater collection and treatment. The containment, treatment and disposal of wastewater would reduce contamination of water sources. Water quality data reported by partners indicate high levels of microbiological contamination in water delivery points. Per capita costs vary between regions based on logistical, scope of work, security and other implementation capacities and challenges. For example, community water supplies are twice the cost in the North than in Mount Lebanon and Beirut.

Intervention is a critical where overall WASH conditions are below minimum standards or are particularly precarious, such as in informal settlements, collective centres and small shelters. Up-scaled support to community WASH services such as water and wastewater systems, solid waste collection and environmental management of wastewater is also needed to address increasing local tensions and ensure longer-term sustainability of the response. This gradual shift away from temporary interventions is most appropriate in vulnerable localities where there is a high concentration of refugees and poor Lebanese. The response to new arrivals will continue to require temporary intervention, particularly in locations with limited infrastructure.

Poor drainage coupled with inadequate (or lack of) solid waste management systems present a problem in many low-lying areas. Without continued action by partners, flood-prone areas could become breeding grounds for vectors and inadequate human excreta facilities will increase risks of contamination of ground water (e.g. enhanced vector control activities in Akkar). 6,000 persons are estimated to reside in flood-prone areas that are at risk of enteric diseases.

Despite good knowledge of general hygiene principles among refugees, hygiene practices remain rudimentary in many settlements. Installation of sanitation and hygiene facilities must be accompanied by promotion of best practices in hygiene to reduce prevalence of diarrheal diseases. More focus will be on strengthening the communication plans, development of Information, Education and Communication (IEC) materials and monitoring the implementation of hygiene promotion. There will be a reinforced assessment of hygiene promotion barriers to devise ways, with community-generated solutions, to overcome these barriers.

3. RESPONSE STRATEGY

The WASH strategy for 2014 prioritizes:

- meeting critical and life-saving needs with short-term emergency interventions;
- improving sustainability and cost-effectiveness through the adoption of longer-term solutions which add value to and extend existing service provision; and
- ensuring the ability to respond rapidly and adequately to significant changes in needs such as those arising from a mass influx of refugees or disease outbreak through continued preparedness activities.

Activities will target geographical locations with high numbers of refugees, vulnerable hosting populations and non-existent or insufficient water and wastewater services. Interventions will focus on informal settlements (starting with the largest and most poorly serviced locations), formal settlements, collective shelters, collective centres, and small and individual shelters. The proposed activities are designed based on existing gaps, expected caseload, actor capacity, lessons learned and anticipated needs. Vulnerable groups, households and individuals (i.e. newly arrived refugees, female/child headed households, elderly or disabled persons and minors) will be assisted first.

Short-term activities such as water trucking will be minimized in view of its expense and limited added-value to existing systems. Wherever possible, partners will focus on communal projects that have high impact and strengthen local capacities identified in partnership with Water Establishments and municipalities. While the start-up costs of communal projects can be considerable, they will provide more cost effective and sustainable delivery of services over the medium-term and serve to mitigate tensions between refugees and local communities. The development and management of water and sanitation facilities will ensure that water bodies are not contaminated and key environmental health concerns are addressed.

By June 2014, a move to cash-based implementation for the provision of hygiene and baby kits will be considered against in-kind distribution currently on the basis of cost efficiency and the flexibility for refugees to meet basic needs. The WASH methodology will include gender and child protection concerns in programming through, for example, active female participation in WASH community structures, training of stakeholders on gender roles and setting up WASH facilities in non-formal education centres and child friendly spaces. Female involvement in the design phase of WASH interventions will ensure their concerns are fully integrated, such as ensuring adequate lighting and the proximity to and gender separation of facilities.

Monitoring and coordination of all WASH actors will be strengthened, and will follow a decentralized structure to ensure that responses target local needs. Partners will review coverage of critical needs regularly, while recognising that continuity in implementation is critical to fostering better relationships with local authorities, communities and beneficiaries. In the event of a funding shortfall, coordination structures will encourage partners to prioritize life-saving activities, and reduce the broader package of support.

4. SECTOR RESPONSE OVERVIEW TABLE

Objective 1. WATER - Affected populations are ensured with safe, equitable and sustainable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 1.1 Supply	322,800	31,100	622,100	650	National	17,535,791	4,547,526	11,370,568	1,617,697	ACF, ACTED, AVSI, Care, CISP, GVC, IOCC, M-USA, MC, Medair, Oxfam (PARD, UTOPIA), OXFAM NOVIB, RESCATE, SC Lebanon, Solidarités International, UN-Habitat, UNDP, UNHCR (ACTED, CONCERN, M-USA, PU-AMI, AVSI, WWL, ACF, SHEILD, Oxfam, UNICEF (ACF, SI, CONCERN, GVC, WVI, SAWA, PU-AMI, CISP), UNRWA, WWL
Output 1.2 Storage	226,500	11,300	37,500	1,000	National	6,942,586	4,763,807	1,953,779	225,000	ACF, ACTED, AVSI, Care, CISP, GVC, IOCC, M-USA, MC, Medair, Oxfam (PARD, UTOPIA), OXFAM NOVIB, RESCATE, SC Lebanon, Solidarités International, UN-Habitat, UNDP, UNHCR (ACTED, CONCERN, M-USA, PU-AMI, AVSI, WWL, ACF, SHEILD, Oxfam, UNICEF (ACF, SI, CONCERN, GVC, WVI, SAWA, PU-AMI, CISP), UNRWA, WWL

Output 1.3 Quality	169,800	1,400	97,800	1,400	National	4,899,336	4,210,784	688,552		ACF, ACTED, AVSI, Care, CISP, GVC, IOCC, M-USA, MC, Medair, Oxfam (PARD, UTOPIA), OXFAM NOVIB, RESCATE, SC Lebanon, Solidarités International, UN-Habitat, UNDP, UNHCR (ACTED, CONCERN, M-USA, PU-AMI, AVSI, WWL, ACF, SHEILD, Oxfam, UNICEF (ACF, SI, CONCERN, GVC, WWI, SAWA, PU-AMI, CISP), UNRWA, WWL
Output 1.4 Water Management	99,200	1,810	104,100	-	National	1,931,302			1,931,302	GVC, SHEILD, UN-Habitat, UNDP, UNHCR (ACTED, CONCERN, M-USA, PU-AMI, AVSI, WWL, ACF, SHEILD, Oxfam, UNICEF (ACF, SI, CONCERN, GVC, WWI, OXFAM, SAWA, PU-AMI, CISP)
Objective 1						31,309,016	13,522,117	14,012,900	3,773,999	

Objective 2. SANITATION - Affected populations are protected from the spread of disease, and promoted with a safe, sanitary and hygienic living environment									
Output	Targeted population by type (individuals)			Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese						
Output 2.1 Facilities	279,250	7,200	44,850	National	30,664,924	19,575,145	11,089,778		ACF, ACTED, AVSI, Care, CISP, GVC, IOCC, M-USA, MC, Medair, Oxfam (PARD, UTOPIA), OXFAM NOVIB, RESCATE, SC Lebanon, Solidarités International, UN-Habitat, UNDP, UNHCR (ACTED, CONCERN, M-USA, PU-AMI, AVSI, WWL, ACF, SHEILD, Oxfam, UNICEF (ACF SI, CONCERN, GVC, WVI, SAWA, PU-AMI, CISP), UNRWA, WWL
Output 2.2 Drainage	57,850	7,050	11,900	National	797,643	68,750	578,893	150,000	IOCC, Medair, SC Lebanon, Solidarités International, UN-Habitat, UNHCR(ACF, Intersos, UNHCR, WWL, Oxfam PU-AMI, ACTED, CONCERN, CISP, MC, PARD, SHEILD)
Output 2.3 Wastewater management	76,750	18,600	64,750	National	3,077,753	308,143	1,942,235	827,375	ACF, ACTED, AVSI, Care, CISP, GVC, IOCC, M-USA, MC, Medair, Oxfam (PARD, UTOPIA), OXFAM NOVIB, RESCATE, SC Lebanon, Solidarités International, UN-Habitat, UNDP, UNHCR (ACTED, CONCERN, M-USA, PU-AMI, AVSI, WWL, ACF, SHEILD, Oxfam, UNICEF (ACF SI, CONCERN, GVC, WVI, SAWA, PU-AMI, CISP), UNRWA, WWL

Output 2.4 Solid waste management	253,500	21,850	282,150	850	National	8,689,756	4,100,620	4,589,136		ACF, ACTED, AVSI, Care, CISP, GVC, IOCC, M-USA, MC, Medair, Oxfam (PARD, UTOPIA), OXFAM NOVIB, RESCATE, SC Lebanon, Solidarités International, UN-Habitat, UNDP, UNHCR (ACTED, CONCERN, M-USA, PU-AMI, AVSI, WWL, ACF, SHEILD, Oxfam, UNICEF (ACF SI, CONCERN, GVC, WWI, SAWA, PU-AMI, CISP), UNRWA, WWL
Output 2.5 Vector Control	34,000	11,250	9,300	150	National	461,429	186,415	275,014		ACTED, IOCC, Medair, SC Lebanon, Solidarités International, UNHCR (ACF, Intersos, UNHCR, WWL, Oxfam, PU-AMI, ACTED, CONCERN, CISP MC, PARD, SHEILD), UNRWA
Objective 2						43,691,505	24,239,073	18,475,057	977,375	

Objective 3. HYGIENE - Affected populations have reduced risk of WASH-related diseases through access to improved hygienic practices, effective community mobilisation to address harmful current practices, hygiene promotion, and delivery of hygiene products and services on a sustainable and equitable basis										
Output	Targeted population by type (individuals)				Location(s)	Total Requirements Jan - June (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	Partners
	Syrian refugees	Palestine Refugees from Syria	Affected Lebanese	Lebanese returnees						
Output 3.1 Hygiene Items	258,450	47,800	32,550	1,500	National	15,277,234	8,551,905	6,511,729	213,600	ACF, AVSI, CARE, CISP, CLMC, GVC, IOCC, IRD, M-USA, MC, Medair, Oxfam (PARD, UTOPIA), Oxfam NOVIB, SC Lebanon, SHEILD, Solidarités International, UNHCR (ACF, Intersos, SHEILD, CISP, PU-AMI, MC, Oxfam, AVSI, WWL, CHF, ACTED, IRD, M- USA), UNICEF (GOL, ACF, SI, CONCERN, GVC, WWI, Oxfam, SAWA, PU-AMI, UN-Habitat, UNRWA, CISP), WWL
Output 3.2 Hygiene Promotion	346,550	26,400	217,350	1,200	National	11,764,827	10,565,115	734,148	465,564	ACF, ACTED, AVSI, Care, CISP, GVC, IOCC, M-USA, MC, Medair, Oxfam, Oxfam NOVIB, RESCATE, SC Lebanon, SHEILD, Solidarités International, UNHCR, UNICEF, UNRWA, WWL
Objective 3						27,042,061	19,117,020	7,245,877	679,164	

Sector indicators	Target
# of persons provided with necessary/standard storage containers	251,000
# of persons provided with improved water supply at an adequate level of service	1,280,000
# of person who benefited from improved sanitation facilities	354,000
# of persons living in Informal Settlement who benefited from reduced risk of flooding	65,000
# of individuals who have experienced an HP session	203,000

WASH - Summary Requirements					
	Requirements Jan-June 2014				Indicative requirements Jul-Dec 2014
	Total Requirements (US\$)	Life-saving or preventing immediate risk of harm (US\$)	Preventing deterioration of vulnerabilities (US\$)	Capacity Building / Resilience (US\$)	(US\$)
SECTOR GRAND TOTAL	102,042,581	56,878,210	39,733,833	5,430,538	100,381,756

5. SECTOR FINANCIAL REQUIREMENTS PER AGENCY

WASH in Lebanon (US\$)			
Agency	Total Jan-Dec 2014	Jan-Jun 2014	Jul-Dec 2014
ACF	3,076,400	2,585,000	491,400
ACTED	2,179,000	1,057,500	1,121,500
AVSI	59,000	29,500	29,500
CARE	3,936,338	1,968,169	1,968,169
CISP	641,000	320,500	320,500
CLMC	884,400	442,200	442,200
GVC	826,063	100,794	725,269
IOCC	2,272,350	1,136,175	1,136,175
IRD	390,000	200,000	190,000
MC	1,420,000	951,300	468,700
MEDAIR	5,343,585	2,283,685	3,059,900
MU	1,017,900	432,950	584,950
OXFAM	3,927,900	2,174,200	1,753,700
PU-AMI	1,748,866	874,433	874,433
RESCATE	587,500	362,500	225,000
SCI	3,395,300	1,697,650	1,697,650
SHEILD	1,214,000	744,000	470,000
SI	1,780,000	890,000	890,000
UNDP	7,000,000	2,300,000	4,700,000
UNHABITAT	3,245,000	1,535,000	1,710,000
UNHCR	58,927,973	30,516,808	28,411,165
UNICEF	90,104,520	45,052,260	45,052,260
UNRWA	4,202,242	2,265,457	1,936,785
WVI	4,245,000	2,122,500	2,122,500
Total	202,424,337	102,042,581	100,381,756

M. Lebanon Financial Requirements Summary

Table 1: Country Financial Requirements per Agency

Agency	Total 2014	Jan-Jun 2014	Jul-Dec 2014
ACF	3,076,400	2,585,000	491,400
ACTED	14,616,300	6,970,200	7,646,100
Al Majmouaa	50,000	20,000	30,000
AMEL	1,396,804	803,477	593,327
AVSI	1,206,400	681,900	524,500
BBC	1,000,000	500,000	500,000
BC	975,700	487,850	487,850
CARE	7,681,118	3,408,177	4,272,941
CHF	1,551,990	825,990	726,000
CISP	641,000	320,500	320,500
CLMC	14,528,596	7,389,146	7,139,450
CONCERN	121,000	121,000	
CVT	200,000	100,000	100,000
DRC	32,715,000	18,349,000	14,366,000
FAO	11,767,500	5,383,750	6,383,750
FPSC	2,867,000	1,557,250	1,309,750
GVC	4,822,783	1,586,894	3,235,889
HI	9,432,220	5,132,220	4,300,000
HUMEDICA	500,000	250,000	250,000
HWA	1,545,750	778,250	767,500
IA	555,000	310,000	245,000
ILO	2,825,000	1,200,000	1,625,000
IMC	5,563,950	2,531,900	3,032,050
INTERSOS	4,243,600	2,149,600	2,094,000
IOCC	10,654,350	5,076,175	5,578,175
IOM	26,996,233	12,112,323	14,883,910
IRAP	167,000	68,500	98,500
IRC	7,186,750	3,561,000	3,625,750
IRD	1,275,444	627,444	648,000
LOST	84,520	40,020	44,500
MAKASSED	768,380	384,190	384,190
MAKHZOUMI	812,000	406,000	406,000
MAP	266,000	133,000	133,000
MC	8,302,747	5,025,797	3,276,950

Agency	Total 2014	Jan-Jun 2014	Jul-Dec 2014
MEDAIR	18,801,855	7,426,255	11,375,600
MU	3,865,510	1,748,320	2,117,190
NRC	18,370,062	9,261,402	9,108,660
OXFAM	17,917,700	9,192,100	8,725,600
PCPM	6,411,000	2,227,000	4,184,000
PU-AMI	2,425,666	1,212,833	1,212,833
RESCATE	941,500	539,500	402,000
RET	2,770,000	1,395,000	1,375,000
RI	2,168,568	1,084,284	1,084,284
S GLOBAL	2,835,000	1,465,500	1,369,500
SAFADI	1,150,000	575,000	575,000
SCI	48,638,770	23,716,044	24,922,726
SHEILD	1,214,000	744,000	470,000
SI	4,156,000	2,062,000	2,094,000
SIDC	107,400	53,700	53,700
SIF	3,338,800	1,974,400	1,364,400
SOLIDAR	1,255,400	525,400	730,000
TDHI	1,535,700	384,000	1,151,700
UNDP	34,773,600	16,216,800	18,556,800
UNESCO	7,954,000	3,677,000	4,277,000
UNFPA	12,332,500	6,412,500	5,920,000
UNHABITAT	9,789,400	4,799,200	4,990,200
UNHCR	467,816,052	249,827,684	217,988,368
UNICEF	250,020,581	129,887,944	120,132,637
UNRWA	90,431,767	46,443,997	43,987,770
WCH	2,801,803	1,400,901	1,400,902
WFP	501,756,377	217,136,668	284,619,709
WHO	15,117,673	11,301,317	3,816,356
WRF	3,365,000	1,415,550	1,949,450
WVI	9,419,950	4,646,725	4,773,225
Total	1,723,878,169	849,629,577	874,248,592

Government requirements	Total 2014	Jan-Jun 2014	Jul-Dec 2014
MEHE	39,175,000	19,587,500	19,587,500
MoSA	125,921,373	72,376,636	53,544,737
Total GoL	165,096,373	91,964,136	73,132,237

Table 2: Country Financial Requirements per Sector

Sector	Total 2014	Jan-Jun 2014	Jul-Dec 2014
Basic Needs	149,090,198	77,444,514	71,645,684
Education	182,815,702	91,370,351	91,445,351
Food	550,332,352	239,635,116	310,697,236
Health	188,110,729	111,029,453	77,081,276
Protection	184,596,468	93,170,002	91,426,466
Shelter	168,083,696	86,584,732	81,498,964
Social cohesion and livelihood	98,424,687	48,352,828	50,071,859
WASH	202,424,337	102,042,581	100,381,756
Grand Total	1,723,878,169	849,629,577	874,248,592
Government requirements	Total 2014	Jan-Jun 2014	Jul-Dec 2014
Education	45,475,000	22,737,500	22,737,500
Health	69,066,373	34,590,636	34,475,737
Protection	45,555,000	32,136,000	13,419,000
Social cohesion and livelihoods	5,000,000	2,500,000	2,500,000
Total GoL	165,096,373	91,964,136	73,132,237

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