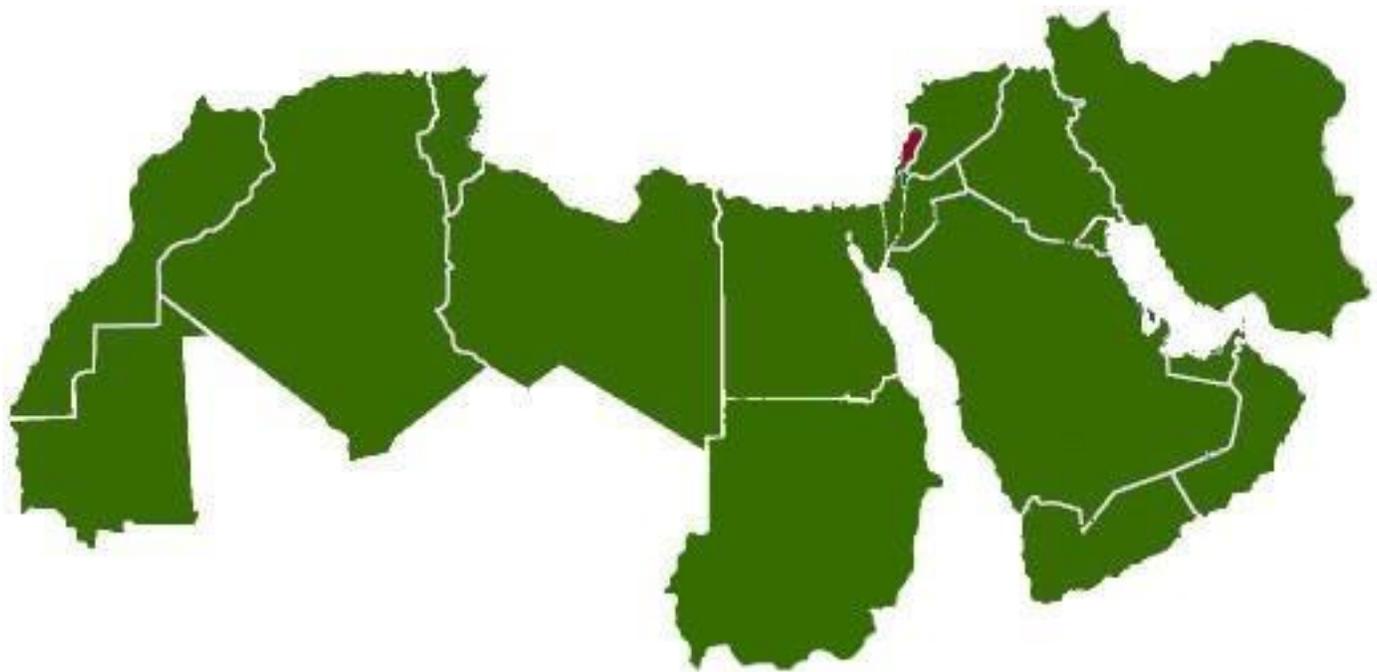


Social Protection and Safety Nets in Lebanon

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This report is one output from a regional study of social protection and safety nets in the Middle East and North Africa, commissioned by the World Food Programme (WFP) from the Centre for Social Protection at IDS.

The project includes an overview research report (see: <http://www.ids.ac.uk/publication/social-protection-and-safety-nets-in-the-middle-east-and-north-africa>) and nine country reports: Egypt, Iran, Iraq, Jordan, Lebanon, Palestine, Sudan, Tunisia, Yemen.

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Acronyms and Abbreviations

ACF	Action Contre la Faim
ACTED	Act for Change Invest in Potential
CDD	Community-Driven Development
CDR	Council for Development and Reconstruction
CSD	Community Social Development
CSO	Civil Society Organisation
CSP	Centre for Social Protection
CSP	Community Support Project
CTPWG	Cash Transfer Programming Working Group
DRC	Danish Refugee Council
DRR	Disaster Risk Reduction
EdL	Electricité du Liban
EMOP	Emergency Operation
ESIA	Economic and Social Impact Assessment
FAO	Food and Agriculture Organization of the United Nations
FFA	Food Assistance for Assets
GAM	Global Acute Malnutrition
GDP	Gross Domestic Product
GoL	Government of Lebanon
GVC	Gruppo Volontariato Civile
HCC	Higher Council for Childhood
HCT	Humanitarian Country Team
HEI	Household Essential Items
HI	Handicap International
HRC	High Relief Committee
IDS	Institute of Development Studies
ILO	International Labour Organization
IMC	Inter-Ministerial Committee
INGO	International Non-Governmental Organisation
IOCC	International Orthodox Christian Charities
IOM	International Organization for Migration
IRC	International Rescue Committee
IS	Informal Settlement
ISF	Internal Security Forces
KDS	Key Development Services
LAF	Lebanese Armed Forces

LCRP	Lebanon Crisis Response Plan
LHIF	Lebanon Humanitarian INGO Forum
LHSP	Lebanon Host Community Support Programme
LIBNOR	Lebanese Standards Institution
M&E	Monitoring and Evaluation
MEB	Minimum Expenditures Basket
MEHE	Ministry of Education and Higher Education
MENA	Middle East and North Africa
MoA	Ministry of Agriculture
MoET	Ministry of Economy and Trade
MoEW	Ministry of Energy and Water
MoF	Ministry of Finance
MoIM	Ministry of Interior and Municipalities
MoL	Ministry of Labour
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
NFI	Non-Food Item
NGO	Non-Governmental Organisation
NPTP	National Poverty Targeting Programme
NSDSL	National Social Development Strategy of Lebanon
NSSF	National Social Security Fund
NSSS	National Social Security System
OMC	Regional Bureau Cairo (of the World Food Programme)
PHC	Primary Health Care
PMO	Prime Minister's Office
PMT	Proxy Means Testing
PRL	Palestine Refugees in Lebanon
PRS	Palestine Refugees from Syria
PU-AMI	Première Urgence – Aide Medicale Internationale
PWD	Person with Disability
RRP	Regional Response Plan (of the UN for the Syria Crisis)
SAP	Social Action Plan
SDC	Social Development Centre
SGBV	Sexual and Gender-Based Violence
SHC	Special Hardship Case
SHEILD	Social, Humanitarian, Economical Intervention for Local Development
SSN	Social Safety Net
SSNP	Social Safety Net Programme
UN	United Nations

UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNIDO	United Nations Industrial Development Organization
UNISDR	United Nations Office for Disaster Risk Reduction
UNRISD	United Nations Research Institute for Social Development
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
VASyR	Vulnerability Assessment of Syrian Refugees in Lebanon
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision
YMCA	Young Men’s Christian Association

Chapter 1. Introduction

In recent years, social protection has risen rapidly up the policy agenda of many governments, donors, international organisations and non-governmental organisations (NGOs). The Regional Bureau Cairo (OMC) of the World Food Programme (WFP) and the Centre for Social Protection (CSP) – a global hub for research, policy analysis and capacity building on social protection, based at the UK Institute of Development Studies (IDS) – are conducting a scoping study of social protection programmes in the Middle East and North Africa (MENA) region. This study is expected to contribute to the development of WFP’s regional social protection strategy. In-depth country case-studies are being generated for several countries in the region, including Lebanon.

This report focuses on Lebanon’s social protection and stabilisation plans, which are currently facing a critical test. At present, more than one in every four people in Lebanon is a refugee, and the number of people in-country has risen by 30% in just four years.

1.1. Objectives

This study is a scoping exercise of social protection, particularly social safety nets (SSNs), from the perspective of food security, nutrition and livelihoods in Lebanon. It explores these concepts among different target populations: refugees, displaced persons and host communities. It also looks into the role played by SSNs in promoting food security and nutrition.

1.2. Methodology

The methodology adopted in this study is a combination of key informant interviews and a literature review. Face-to-face interviews were conducted with key informants in-country, including government officials, international non-governmental organisations (INGOs), local civil society workers, and beneficiaries (Annex 1 – List of people interviewed).

Considering that the interviews were conducted with a limited number of stakeholders, consisting most of the time of a single representative per agency/organisation, the results presented are indicative, rather than representative.

The second source of information and data was a literature review of the most current documents on social protection issues and safety nets in Lebanon (see reference list).

1.3. Report structure

The report is composed of six chapters, and several annexes:

1. Chapter 1, *Introduction*, presents the objectives of this study and the methodology used to gather data.

2. Chapter 2, *National context*, provides a brief overview of Lebanon's history, economy, demographics, and political life.
3. Chapter 3, *Social protection policies and institutional arrangements*, introduces the major policies and strategies related to social protection, as well as institutional arrangements, governmental and non-governmental, that have been put into place for the implementation of social protection policies and strategies (Annex 2 – Institution and policy mapping of social protection and safety nets in Lebanon).
4. Chapter 4, *Social protection programmes and safety nets*, provides an overview of existing programmes and SSNs, as well as their impact on food security (Annex 3 – Matrix of social protection and safety nets in Lebanon).
5. Chapter 5, *Informal and semi-formal safety nets*, discusses the role played by these informal schemes in social protection and food security.
6. Chapter 6, *Conclusion*, summarises the findings of the study, analyses gaps, and recommends approaches and steps that can contribute positively to food security in Lebanon.

Chapter 2. National context

The millionth Syrian refugee registered with the United Nations High Commissioner for Refugees (UNHCR) in Lebanon in April 2014, and nearly all refugees need support to meet basic needs. Public concern is growing and tensions are high in the most deprived parts of the country. The number of Lebanese living under the poverty line has risen; and public institutions are incapable of coping with the volume of need in a country where the private sector traditionally delivers many public services. A reinforced effort to tackle long-term inequities and development gaps exacerbated by an ongoing and protracted humanitarian crisis is essential.

While Lebanese communities continue to sympathise with the plight of refugees, they are also increasingly burdened with their own growing hardships. However, the year 2014 saw a shift in perceptions towards Syrians in Lebanon following a number of security incidents and clashes between Lebanese communities and Lebanese Armed Forces (LAF) with Syrians, leading to evictions and displacement of many informal settlements (IS); thus narrowing the asylum space for Syrians and compromising Lebanon's hosting capacity.

2.1. History

Lebanon was created under French mandate. In 1920, the Lebanese Republic was formed, and subsequently gained independence in 1943. Since its independence, Lebanon has been marked by periods of political turmoil. The 1975-90 civil war was followed by years of social and political instability. Sectarianism is a key element of Lebanese political life. The Lebanon-based Hizballah and Israel continued to engage in attacks and counterattacks against each other after Syria's withdrawal, and fought a brief war in 2006.

Lebanon is highly diverse, both demographically and geographically. It is a small country of 10,452 km² (of which only 273,000 ha are dedicated to agriculture), and a population of 4.4 million¹ (9.2% of which is engaged in agriculture²). The official language is Arabic. French is widely used; and English and Armenian are widely spoken as well.³

Today, Lebanese society faces numerous challenges including the volatile security environment, the fragile internal situation, the lengthy political stalemate and the influx of displaced persons who are weighing down on the economy. Sectarianism has been a key element of Lebanon's political makeup. It ensures influence in government for all 18 recognised religious groups based on their percentage of the population. It also requires all public service positions to be divided equally along the same religious lines. Religious leaders control all aspects of civil life with their

¹ <http://www.agriculture.gov.lb/>.

² In 2013, the agricultural labour force was comprised of 67% male and 33% female, <http://www.fao.org/>.

³ <http://www.undp.org.lb/>.

own civil laws and court systems, reflecting their religious beliefs. This quasi-federal religious state has kept Lebanese society deeply divided and has fuelled sectarianism rather than nationalism.⁴

2.2. Economy

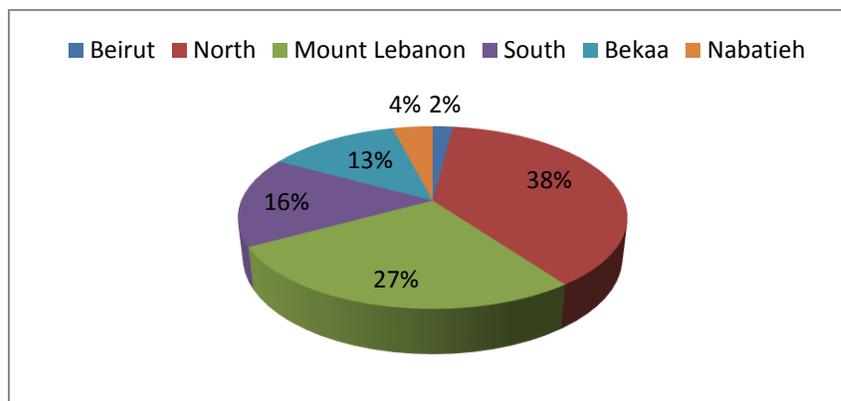
Lebanon has a free market economy guaranteeing entrepreneurship and private property. The private sector has a strong presence and plays a role in various economic fields, in particular the services, financial, and banking sectors, which represent 70% of Lebanon’s national income.⁵

2.2.1. The state of poverty

In 1995, the percentage of deprived households was 31% (of which 7% had very low living conditions) and the percentage decreased to 25% in 2004 (with 5% living in very low living conditions) (MoSA and UNDP 2007). In 2008, 8% of the Lebanese population lived in extreme poverty (lower poverty line).⁶ This percentage is the equivalent of 300,000 persons who are unable to meet their most basic needs of food and non-food. The ratio reaches 28.5 % for those falling on the upper poverty line. The gap per poor person is approximately US\$ 150 and US\$ 400 for the lower and upper poverty lines respectively. It is estimated that a well targeted cash transfer programme would cost US\$ 12 per capita per annum to lift all persons living in extreme poverty in Lebanon (MoSA and UNDP 2008).

In general, the poor are heavily concentrated among the unemployed and unskilled workers (MoSA and UNDP 2008), with the latter concentrated in the sectors of agriculture and construction (MoSA and UNDP 2008; MoSA, UNDP and CAS 2006). Striking regional disparities also exist, whereby poverty rates are the lowest in Beirut and highest in the North:

Figure 1. Poverty rates in Lebanon, by region



Source: MoSA, UNDP and CAS 2006

⁴ Global Post, Anwar Amro, Feb 22, 2014, <http://www.globalpost.com/>.

⁵ <http://www.presidency.gov.lb/>.

⁶ The dollar equivalent of the lower poverty line translates into US\$ 2.4 per capita per day, and into US\$ 4 per capita per day for the upper poverty line.

2.2.2. (Un)Employment

In 2004, the total labour force was 32.2% of the total population. A lower labour participation can be found among the poor (38% compared to 45.4% among better-off individuals), and among women (23.3% of total working individuals are women, while male workers represent 76.7%).

The unemployment rate for persons 15 years and above was 7.9% (9.5% for females, and 7.3% for males). Unemployment is most prevalent among the youth (27% for persons between the age of 15-19, and 17.3% for those between 20-24 years). There is also a significant gap in the labour participation of women belonging to poor and non-poor classes (unemployed females are 26.6% among the poor, and 8.2% among the non-poor) (MoSA, UNDP and CAS 2006).

In 2013, the labour market weakened further, partly due to the refugee-induced increase in the labour force and the slowdown in Gross Domestic Product (GDP) growth. The influx of Syrian refugees increased the labour supply by approximately 30% in 2013 (with the majority of Syrians being low- to semi-skilled workers) and therefore job competition (especially in the informal sector which represents more than 56% of total employment) (WB 2014a).

In May 2014, Minister of Labour Sejaan Azzi announced that the unemployment rate had reached between 22-23% and had risen to 33% amongst the youth.⁷ According to the International Labour Organization (ILO) (ILO 2014), youth unemployment in 2013 exceeded 22%.

Water shortages in the region have further negatively affected employment and the livelihood of the most vulnerable Lebanese households. The low level of precipitation led to water shortages, which ultimately affects those employed in the agricultural sector (WB 2014a).

By the end of 2014, the number of unemployed among Lebanese citizens, most of them unskilled youth, is expected to increase by an additional 220,000 to 324,000 persons (WB 2013a). Unemployed persons are the category of people that is most strikingly affected by poverty, and this is further aggravated by the absence of any sort of targeted assistance to this category of people (MoSA, UNDP and CAS 2006).

2.2.3. Impact of the Syria crisis on the Lebanese economy

To date, Lebanon has received more than one third of the Syrians displaced in the region, and the influx shows no sign of abating. Since Lebanon has not allowed for the establishment of camps thus far, Syrians have settled into Lebanese communities and therefore their presence has had an immense impact on these host communities.

Despite close ties between Lebanon and Syria on the social, economic, and historical levels, the negative impact of the Syrian conflict weighs down on the economy, social fabric, and public services:

⁷ <http://www.labor.gov.lb/>.

- Public services are under pressure given the sudden and large increase in demand as a result of the influx of displaced persons.
- The insecurity and uncertainty spillovers are impacting investor and consumer confidence.
- Trade routes are impacted; raising the cost of imports and lowering exports.
- The tourism sector has been the most negatively impacted; while the banking and real estate sectors have proven resilient.
- Inflation pressures are noted due to imports substitution away from cheaper Syrian products, and localised price pressure from the influx (e.g. rent of shelter).
- Social tensions between host communities and Syrians could further erode confidence and macro-economic stability.
- Pressure on employment and nominal wages for host communities, and lowering the quality of public services (WB 2014a). It is estimated that a reduction in daily wages has reached 60% in some places (FOA 2013). In turn, household-level vulnerability to poverty and hunger is most often associated with threats to livelihoods (HLPE 2012).

A recent market assessment posited that the economic slowdown experienced by Lebanon since 2011 ‘coincided’ with the start of the Syria crisis, but did not begin with the influx of Syrian refugees into the country. Aside from the unrest in Syria, factors such as ‘continued global economic weakness, domestic political uncertainty, as well as the lack of fiscal and structural reforms required to sustain continued high economic growth’ have had a significant impact on the economy (KDS 2014: 7).

At present, GDP growth is at its lowest since 1999. In 2013, it was at 0.9% (WB 2014a), compared to 3.5% in 2011 (FAO 2013) and 1.6% in 2006 (the year of the conflict with Israel) (WB 2014a).

By 2015:

- The number of Syrians displaced in Lebanon may reach 1.5 million.
- 170,000 Lebanese will be pushed into poverty (over and above the one million currently living below the poverty line).
- The total cost of the crisis for Lebanon will reach US\$ 7.5 billion (WB 2013a) (Annex 4 – Lebanon quantified impact assessment of the Syrian conflict spillovers).

A survey conducted in August 2014 on sources of income and the cost of living in 242 of the most vulnerable communities across the country revealed that:

- 76% of communities reported an increase in unemployment rates and a decrease in wages;
- 62% reported that the cost of food staples and essential Non-Food Items (NFIs) rose, with regional variations (OCHA and REACH 2014).

In addition, Syrians are setting up micro and small enterprises (e.g. restaurants, retail shops) that represent a competitive advantage in terms of pricing since products and equipments are often imported from Syria at a cheaper cost. In turn, Lebanese households are facing higher

expenditures as the costs of goods and services are rising, and with decreased incomes; which has led to a reduction in savings, increasing debt, and employment of negative coping mechanisms⁸ such as reducing the number of daily meals. In addition, negative effects on wages and employment prospects for Lebanese workers could instigate the emigration of Lebanese nationals (WB 2013a). As such, already poor families fall deeper into poverty, thereby needing higher levels of support to bring them back to their pre-crisis situation.

Certain interventions by INGOs have had a significant effect on some aspects of the market. On one hand, a study by the WFP on the impact of its e-card Programme (also known as the food voucher programme) revealed that the Programme has had a significant direct positive impact on contracted shops, whereby revenue doubled on average and 1,300 jobs were created in these shops. The study also posits that the Programme led to US\$ 3 million investments in capital expenditure because the larger shops increased floor space and storage. An indirect impact has also been noted and is reflected in an economic benefit with a multiplier value of 1.51 in the food products sector (WFP 2014).

On the other hand, an assessment touching upon dry and processed food in Lebanon noted that the WFP, through its contracting of a limited number of shops for its e-card Programme, handed 'a handful of shops a relatively large share of local demand' (KDS 2014: 16). These shops are therefore in a stronger position to choose their suppliers, and to set prices and terms. In general, the assessment advances that the restricted food voucher systems 'concentrate demand at the wholesale level in the hands of a few market participants, and create arbitrage opportunities such as markets for credit, in which 15-25% of the value of cash assistance is transferred to intermediaries' (KDS 2014: 4). In addition, in-kind assistance creates opportunities for the resale of goods (KDS 2014).

In general, the World Bank (WB) estimates the fiscal cost of the Syrian conflict on Lebanon at US\$ 2.6 billion (US\$ 1.5 billion from foregone government revenue collection, and US\$ 1.1 billion expenditure incurred by the government to meet the surge in demand for public services). Increasing demand is being met partly through a decline in both the access and the quality of service delivery. An amount of US\$ 2.5 billion is required for the stabilisation of services to their pre-Syrian conflict level (WB 2014a).

Food inflation was consistently higher in the country than general inflation, however the pattern reversed in July 2012: general inflation increased by about 4% at the end of 2012, while food inflation stabilised at around 6% (FAO 2013). Although food prices have not risen substantially as a result of the presence of Syrian refugees, the impact on the food sector goes beyond prices (KDS 2014).

⁸ Food-related coping strategies will be discussed later in this study.

2.2.4. Impact of the Syria crisis on food security in Lebanon

Differing perspectives on the impact of the Syria crisis on food security emerge through different assessments. Some assessments posit that an increasing demand for food has been caused by the growing influx of displaced Syrians, Palestine refugees from Syria (PRS) and Lebanese returnees into the country, which affected food availability (Food Security and Agriculture Working Group 2014a). Other assessments advance that the country's market chain infrastructure for consumer goods allowed for a quick adjustment in the supply of goods demanded by Syrians. Changing demand patterns 'created incentives for new supply of goods and the entrance of new market participants' (KDS 2014: 3).

Food trade

Lebanon is a net importer of food products sourced from countries outside the group of affected countries. Since the beginning of the Syria crisis, Lebanon has experienced a drop in its imports of food and beverages from neighbouring countries (by 9% in 2011 and 14% in 2012) (WB 2013a). The impact has been felt strongest by border town residents, who depend on Syria for imported food products and other groceries (Food Security and Agriculture Working Group 2014a).

The crisis in Syria also resulted in a significant drop in Syria's food production, and the security situation limited transportation through the country, which has had an adverse impact on food importation into Lebanon.

Lebanon's food exports are mainly oriented to the region (63% of the total). Syria is an exception and Lebanon has historically been an importer of food from the country. However, in 2012, Lebanon posted its first trade surplus in food products with Syria since data are available (Food Security and Agriculture Working Group 2014a; WB 2013a).

Food prices

The year 2013 did not show an upward pressure on Lebanon's domestic prices for food (KDS 2014; WB 2013a). This is due to increased price competition at the retail and wholesale levels, as well as the substitution of lower quality and cheaper products. Furthermore, in-kind distributions by INGOs often emphasised price over quality; thus creating incentives for traders to produce or import low quality products (KDS 2014).

WB (2013a) notes however that an upward pressure is expected due to the rise in consumption of staple products linked to Syrian consumers in Lebanon, combined with import substitution from cheap Syrian goods to more expensive foreign sources. In contrast, Key Development Services (KDS) posits that any rise in the price of consumer goods in Lebanon may not be attributed to Syrians whose purchasing power is relatively small, but rather to external shocks, or domestic fiscal policies (KDS 2014).

If the negative impact through consumption outweighs the benefit through production, rising food prices will lead to welfare losses. The impact at the household level is dependent upon the share of food products in expenditure and income. Nevertheless, Lebanon's move from a net

importer to a net exporter to Syria carries benefits for food producers and the agricultural sector more generally (WB 2013a).

In 2014, the negative impact on household incomes was evident and increased the prices for basic commodities, including access to food. Further threats to food security are likely to arise, such as the drought in the summer of 2014, and contribute to a major rise in the prices of food staples; thus exposing the country to further turbulence in its food supply. Other possible threats include a sudden increase in the number of arrivals, an escalation of internal conflicts, and increasing tensions between Syrians and host communities (Food Security and Agriculture Working Group 2014a).

Nevertheless, both effects (consumption and production) are generally biased against the poor. Price increases mean losses of purchasing power for poor households who are net food consumers. Although net food producers would benefit, only a small proportion of the population is employed in the agriculture sector, while at the same time being among the poorest households in Lebanon (WB 2013a).

2.3. Demographics⁹

2.3.1. Overview

The National Survey of Household Living Conditions 2004-2005 estimated that the population of Lebanon was 3,755,034 (excluding Palestinians living in camps). In 2004, Lebanese citizens represented 93.4% of the population, with 6.6% being non-Lebanese. Since 2011, the displacement of more than 1.5 million Syrians into Lebanon has altered these proportions dramatically; displaced Syrians now represent more than a quarter of the country's population.

In general, the population is concentrated in Beirut and its suburbs, in addition to the coastline of Lebanon. Therefore, Beirut and Mount Lebanon comprise 50% of Lebanon's residents, with the rest of the population dispersed among the remaining governorates (MoSA, UNDP and CAS 2006). In 2013, Lebanon's urban population represented 87.5%, with only 12.5% in rural areas.¹⁰

In 2004, the average household size was 4.3 individuals, compared to 4.8 in 1997, and 5.4 in 1970 (MoSA, UNDP and CAS 2006). This steadily falling household size might be a sign of rising incomes and/or a shift from rural to urban living.

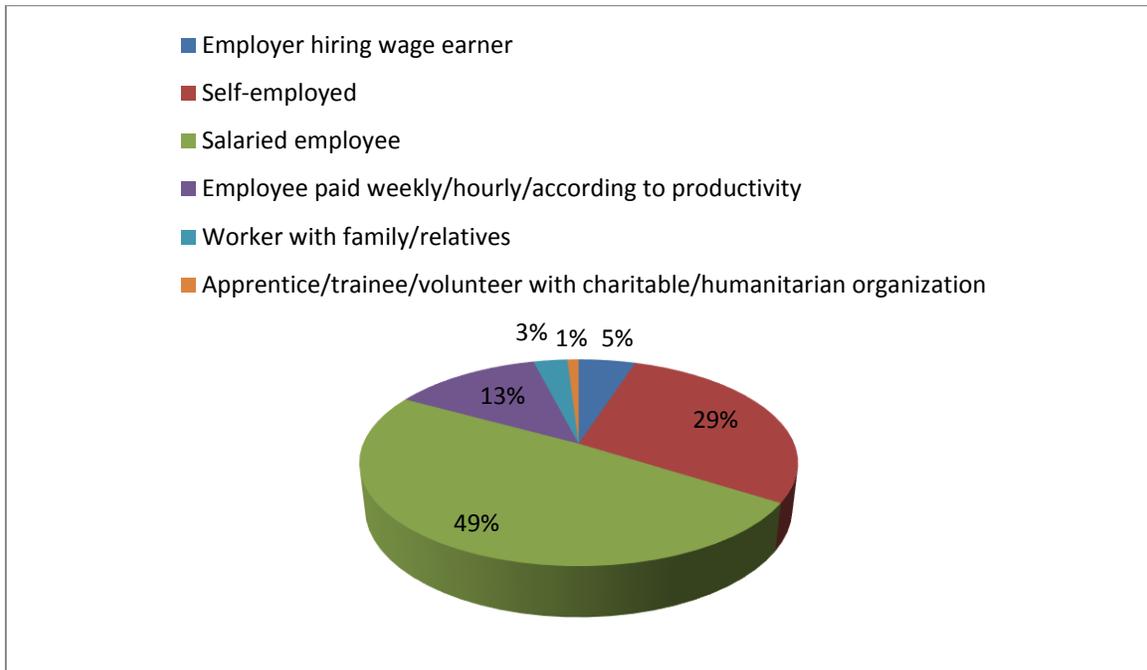
Less than half the Lebanese population (47%) participates in the labour market. The majority of the labour force is found in low productivity jobs, with only 29% in formal wage employment that can provide them with access to social security and protect them through labour regulations. In turn, half the workers are in the informal sector as wage employees or self-employed (WB 2013b).

⁹ Given that the last census was held over 80 years ago, sample studies are used to estimate the number of people living in Lebanon, and their demographic, educational, professional and other characteristics.

¹⁰ <http://www.fao.org/>.

The distribution of the labour force by employment status is as follows.

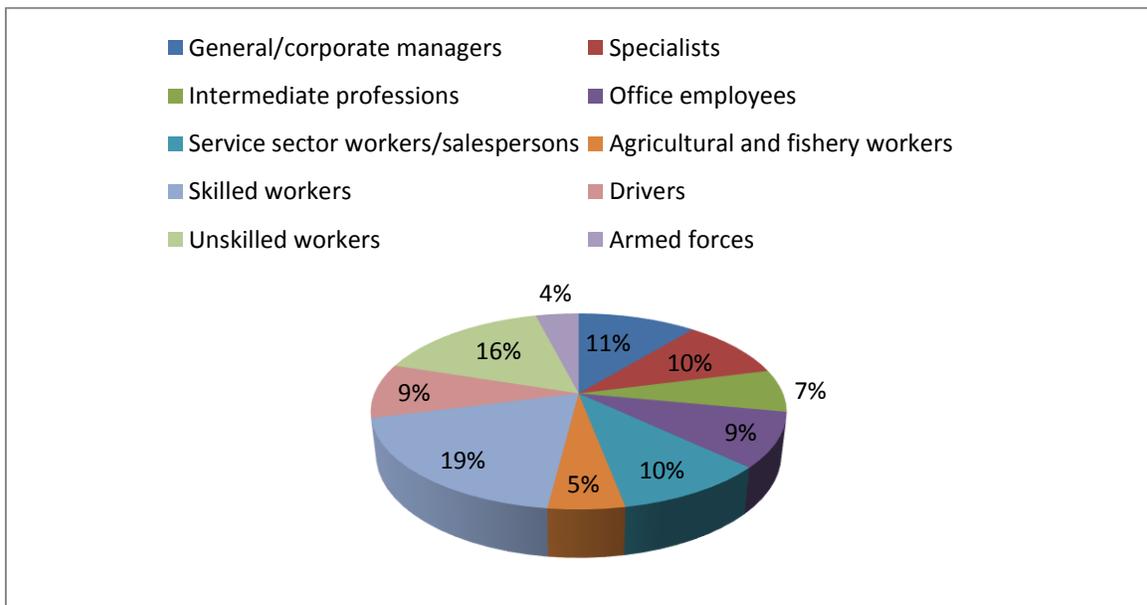
Figure 2. Labour force in Lebanon, by employment status



Source: MoSA, UNDP and CAS 2006

The distribution of the labour force by employment category is as follows:

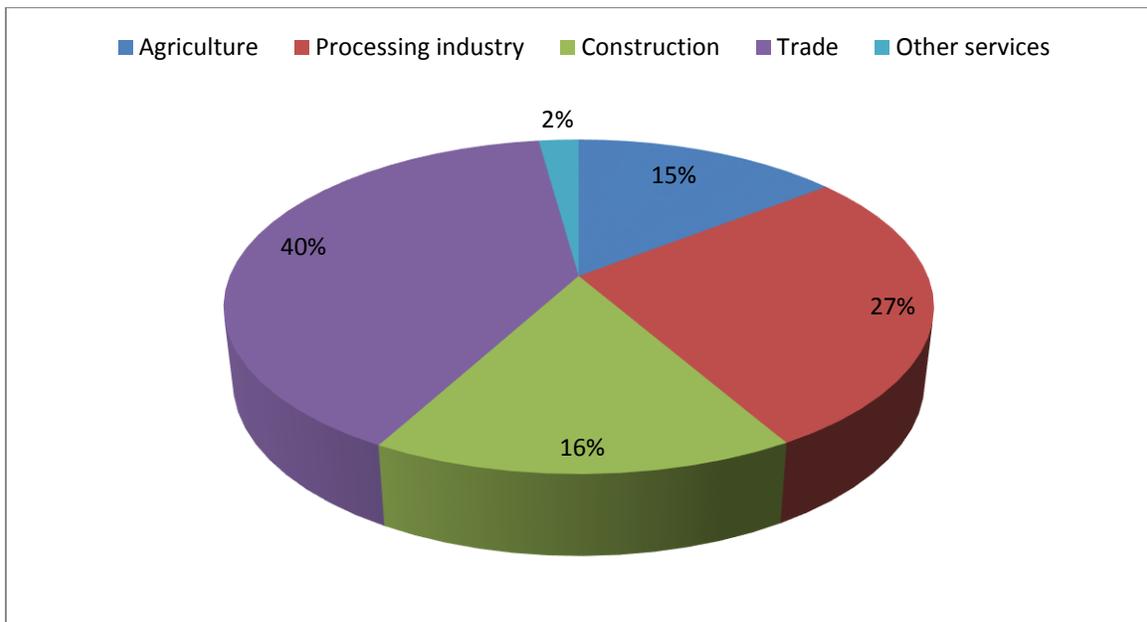
Figure 3. Distribution of labour force in Lebanon, by employment category



Source: MoSA, UNDP and CAS 2006

The distribution of the labour force by economic sector is as follows:

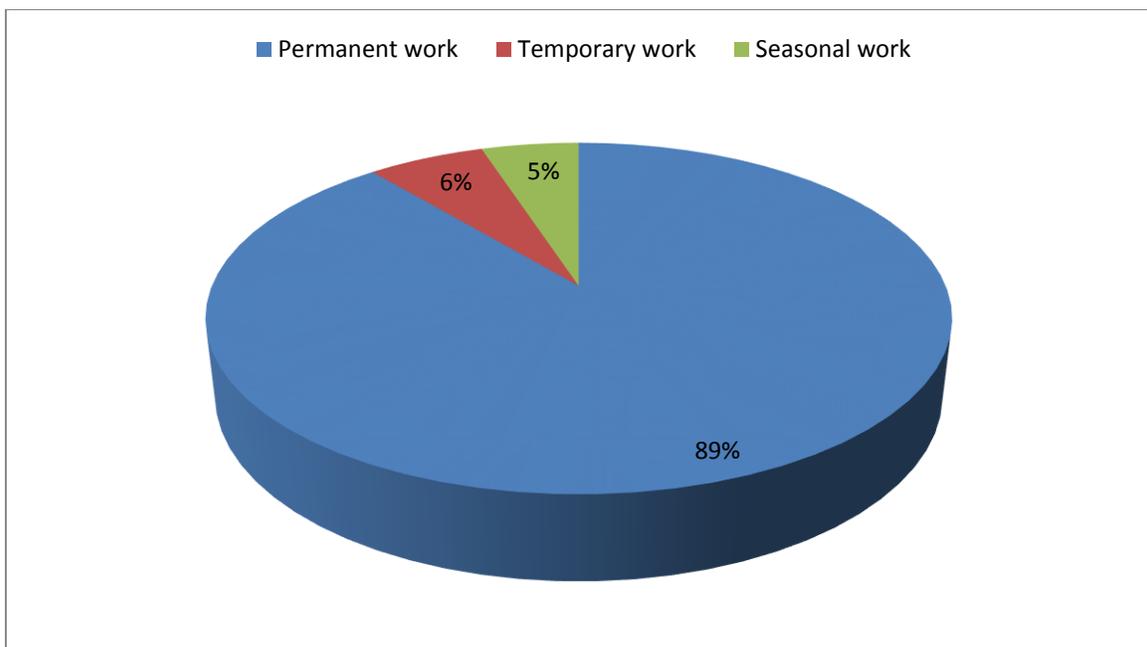
Figure 4. Labour force in Lebanon, by economic sector



Source: MoSA, UNDP and CAS 2006

As for the distribution of the actual labour force by work duration and usual number of working hours, it is approximately as follows:

Figure 5. Labour force in Lebanon, by work duration



Source: MoSA, UNDP and CAS 2006

The influx of Syrian refugees over the past three years means that Syrians now constitute a significant part of the Lebanese labour force, especially among women, youth, and unskilled workers. In 2014, displaced Syrians constituted 27-35% of the labour force. The share among women ranged between 44% and 53%, and between 31% and 42% for young males, mainly in the tourism, retail, and construction sectors. Considering the low level of education among displaced Syrians, most join the supply of low-skilled workers. The skills that they bring into the country are mainly of a traditional type and largely contribute to help fill low productivity jobs (WB 2013a).

2.3.2. Household food security and nutrition status

Various efforts have been allocated to food security in Lebanon, particularly food aid programmes during the country's civil war period between 1975 and 1990. Following that period, Lebanon was no longer considered a country in need of food aid (FAO 2007).

In 2004, Lebanon had an acceptable nutritional level and was classified by the World Health Organization (WHO) as a country of low malnutrition level regarding indicators of stunting and underweight, and medium level regarding the indicator of wasting which is slightly more than 5% (UNDP 2008).

In 2013, the situation remained relatively constant whereby a nutrition assessment showed that the nutrition status for Lebanon, compared to that of MENA countries in general and Syria more specifically, is in a better condition (UNICEF, MoPH, UNHCR, WHO, WFP and IOCC 2014).

Table 1. Nutrition status for Lebanon, Syria and the MENA region average

Country	Stunting (Moderate & Severe)	Wasting (Moderate & Severe)	Underweight (Moderate & Severe)	Exclusively Breastfed (<6 month)	Vitamin A supplementation coverage	Households consuming iodised salt
Lebanon	11	5	-	27	-	92%
Syria	28	12	10	43	33	79%
MENA average	28	9	11	34	-	48%

Source: UNICEF, MoPH, UNHCR, WHO, WFP and IOCC 2014

The 2013 assessment, which focused specifically on the nutrition situation of Syrian refugees in Lebanon, revealed the following national averages (with significant regional disparities):

Table 2. Nutrition status for Syrian refugees in Lebanon in 2013

Stunting (Moderate & Severe)	Wasting (Moderate & Severe)	Underweight (Moderate & Severe)	Exclusively Breastfed (<6 months)	Vitamin A supplementation coverage	Households consuming iodised salt
17.3	5.9	3.3	25	5.9	-

Source: UNICEF, MoPH, UNHCR, WHO, WFP and IOCC 2014

The prevalence of global acute malnutrition (GAM) is 5.9% for all Syrian refugees in Lebanon. This nutrition situation is considered “poor” as per WHO classification, although the situation differs significantly from one region to the other (8.9% in the Bekaa, and less than 5% in Beirut, Mount Lebanon and the South). Overall, higher levels of malnutrition were reported among young children (6-11 and 12-23 months) than the older categories, “implying sub-optimal child care practices to support growth”. Overall however, the assessment posits that the nutrition status of Syrian families remains acceptable.

A comparison with the previous year, however, reveals a deterioration in the nutrition situation of Syrian refugees in Lebanon as time passes:

Table 3. Nutrition status for Syrian refugees in Lebanon in 2012

Stunting (Moderate & Severe)	Wasting (Moderate & Severe)	Underweight (Moderate & Severe)	Exclusively Breastfed (<6 months)	Vitamin A supplementation coverage	Households consuming iodised salt
12.2	4.4	3.1	-	-	-

Source: UNICEF, MoPH, UNHCR, WHO, WFP and IOCC 2014

The nutrition situation could quickly deteriorate further, due to such aggravating factors as winter, risk of food insecurity, increasing numbers of refugees, new arrivals who are in worse condition, and a high disease burden (UNICEF, MoPH, UNHCR, WHO, WFP and IOCC 2014).

As for hazards like floods, earthquakes, and droughts which also have a strong impact on food insecurity and the nutrition situation, and while the MENA region is extremely susceptible to a variety of such disaster events, Lebanon has been among the least impacted by such occurrences, and has been mostly subjected to storms (GFDRR, UNDP, UNISDR and WB 2014).

2.3.3. Demographic changes following the Syria crisis

As of September 2014, Lebanon hosts 1,176,971 refugees from Syria registered with the UNHCR¹¹ (52% female and 48% male). Children under the age of 12 represent more than 40% of registered Syrians, and older persons over the age of 60 almost 3%,¹² adding to a pre-existing Palestine

¹¹ The number of non-registered Syrians in Lebanon is not known. It is estimated that the number ranges from 14% (HI 2013) to 40-50% (FAO 2013). The unwillingness to register has mainly been associated with fear, lack of documents, and lack of mobility or inability to offer transportation to registration centres (HI 2013). Through my work on the Syria Response Project, I noted that reluctance to register is also related to the issue of assistance. Syrians who are financially capable of providing for themselves or those knowing in advance that they are not eligible for assistance (based on the vulnerability criteria set by the UNHCR and other partners), refrain from registering. The targeting of assistance that took place in October 2013 and cut-off 35% of beneficiaries from assistance, contributed further to the reluctance to register. Less and less Syrians see the benefits of registering. A growing lack of interest in registration is also reflected in the dwindling numbers of Syrians who are coming forward to renew their UNHCR registration certificates.

¹² <http://data.unhcr.org/>.

refugee population of 455,000.¹³ As such, at least one-fourth of Lebanon's population consists of refugees; making Lebanon the largest concentration per capita of refugees worldwide.¹⁴

Syrians are highly concentrated in regions that are already characterised by high poverty rates (Annex 5 - Extreme poverty and geographical distribution of refugees). From the beginning of the crisis until mid-2014, the highest concentration was in the North, followed by the Bekaa then Mount Lebanon. By early 2014, a changing trend has been noticed whereby most displaced are now concentrated in the North, followed by Mount Lebanon and the Bekaa.¹⁵ This geographical distribution aggravates the vulnerable situation of Lebanese living in these areas through increased competition for jobs, services, and resources (WB 2013a).

2.4. Politics

Lebanon is a Parliamentary democracy headed by the President of the Republic. It follows a political system known as confessionalism where power is distributed proportionally among 18 officially recognised religious sects. The Lebanese political system is based on the principles of separation of powers: legislative, executive, and judicial.

Legislative power rests with the Chamber of Deputies (Majlis Al Nuwwab) which consists of 128 deputies elected directly by the people for a four-year term. The distribution of seats is according to the following principles:

- Equal representation between Christians and Muslims.
- Proportional representation among the confessional groups within each religious community.
- Proportional representation among geographic regions.

Executive power is entrusted with the Council of Ministers, which draws up and implements public policy in all fields in accordance with the laws in force.

The executive comprises the head of the government, and all members of enforcement agencies such as the police, the military, ministers, and civil servants. Two separate posts can be identified, although they may be held by the same person:

- The head of state (formal authority and largely symbolic importance).
- The head of government, or the chief executive (a post that carries policy-making and political responsibilities).

¹³ <http://www.unrwa.org/where-we-work/lebanon>.

¹⁴ <http://data.unhcr.org/>.

¹⁵ <http://data.unhcr.org/>.

Judicial power rests with judicial courts of different degrees and levels of jurisdiction. Magistrates are independent in the exercise of their functions.¹⁶

According to WB (2013b), Lebanon's political structure has a negative impact on the quality of the country's public institutions for service delivery. As a consequence, citizens often turn to more expensive providers of services. This situation is further hampered by the absence of a regionally balanced development strategy that has led to regional disparities in living conditions.

¹⁶ <http://www.presidency.gov.lb/>.

Chapter 3. Social protection policies and institutional arrangements

Social protection is an important component of the development policy agenda. Numerous definitions of this concept exist. In general, they encompass a concern for the prevention and management of risks that adversely affect people's lives and livelihoods; as well as the assistance of the poor, vulnerable, and marginalised populations.

The most common social protection instruments used to address risks that threaten the well-being of people are:

1. *Social insurance*, offering protection against risks associated with unemployment, injury, disability and ill health.
2. *Social assistance*, offering resources, cash or in-kind, to support vulnerable persons and households.
3. *Social inclusion efforts* (or labour market interventions), which are policies/programmes that promote employment, efficient operation of labour markets and the protection of workers (HLPE 2012).

Today, only 27% of the global population benefits from comprehensive social security systems, and 73% are covered either partially or not at all despite recognition that social protection contributes to human development, the reduction of hunger and food security (ILO 2014). The social protection and food security agendas complement each other: "food insecurity describes an inability to secure subsistence needs, and the mandate of social protection is to ensure that subsistence needs are met by public means whenever private means are inadequate".¹⁷

It can be assumed that food security exists when "all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life". The Food and Agriculture Organization of the United Nations (FAO) posits that a discussion of food security should consider availability, access, stability and utilisation (FAO 1996); WFP considers that indicators of food security are food consumption, food expenditure share and coping strategies (WFP 2014).

3.1. Policies and strategies

Over the past decade, the issue of social protection has been gaining increasing attention in Lebanon. Consecutive governments placed social issues such as the tackling of poverty and the reform of SSNs as a priority. This approach is reflected in a number of policies and strategies, and is featured in a number of government policy statements.

¹⁷ <http://www.unrisd.org/>.

In 2010, the country's National Social Development Strategy (NSDSL) was developed. Before that, Lebanon did not have a national vision and plan for poverty reduction and social protection. Rather, it had a collection of policies and strategies emanating from different ministries and organisations. Among these policies and strategies, there is the Social Action Plan (SAP) of 2007, strategies of the agricultural sector, and a number of laws and regulations related to the issue of social protection.

3.1.1. Social Action Plan (SAP)

In 2007, following the July 2006 Israeli attack on Lebanon, the international community gathered at the Paris III Donor's Conference to support Lebanon. SAP was submitted by the Government of Lebanon (GoL) to the donor community outlining basic starting points to enhance the living conditions of the poor and vulnerable, and to restore the shortcomings in the social sector.

The main objectives of the SAP are to:

1. Reduce poverty
2. Improve education and health indicators
3. Improve the efficiency of social spending
4. Minimise regional disparities
5. Achieve a better dissemination of allocations in the national budget for social intervention

These objectives are to be achieved through strengthening SSNs in the short-term and introducing social sector policy reform in the medium- to long-term.

SAP called for the improvement of existing measures or the introduction of new ones:

- Cash transfers to poor senior citizens, female-headed poor households, and poor persons with disabilities (PWDs).
- Increasing resources and expanding programmes targeting poor PWDs, street children, child labour, and children at risk of delinquency.
- Exemption (partial or full) of poor households from paying for certain social services.

SAP also called for the elaboration of a comprehensive and longer-term social development strategy that would consolidate cross-sectoral coherence needed to achieve the targets set for the reduction of poverty and regional disparity (MoSA 2007).

In addition to SAP, a paper on "Recovery, Reconstruction and Reform" was submitted by the Government of Lebanon to the donor conference calling for a reform of the pension system as a top priority through merging the different systems into one scheme, and extending coverage to self-employed and casual workers with limited savings capacity.

3.1.2. *The National Social Development Strategy of Lebanon (NSDSL)*

Building on SAP of 2007, an Inter-Ministerial Committee (IMC) for Social Issues headed by the Prime Minister and composed of concerned ministries (Ministry of Social Affairs (MoSA), Ministry of Education and Higher Education (MEHE), Ministry of Public Health (MoPH), Ministry of Interior and Municipalities (MoIM), Ministry of Finance (MoF), Ministry of Labour (MoL), and Ministry of Economy and Trade (MoET), in addition to the Council for Development and Reconstruction (CDR)), was formed to:

- Complement the real driving force made by MoSA to keep the momentum of the reform going.
- Enhance the performance of the social sector.
- Coordinate government efforts.
- Elaborate an overall national social development strategy.

In 2010, NSDSL was developed by an IMC, with the support of the United Nations Development Programme (UNDP), and represented the first comprehensive approach to development characterised by a wide scope covering economic development, social development, environmental management and land-use planning, and gender mainstreaming; thus recognising the linkages between these different spheres. The strategy based its approach on people-centred, inclusive, and participatory principles. It recognised the disparities in income and development across the different regions of the country, and committed GoL to insure inclusive and equitable access to services.

Overall, NSDSL calls for:

1. The establishment of an effective SSN targeted to the poor and vulnerable.
2. Improvements in health, education and employment opportunities.

More specifically, it was developed around the following objectives:

1. Achieving better health.
2. Strengthening social protection mechanisms.
3. Protecting and empowering children and youth, mainly through the provision of quality education.
4. Improving opportunities for equitable and safe employment.
5. Revitalising communities and developing the social capital.

Mechanisms to protect individuals against social risks should consist of:

1. *Protection schemes*, including a pension scheme, an unemployment fund, a disability insurance fund, and the elimination of discrimination in protection schemes.
2. *Assistance programmes to vulnerable groups*, including the provision of livelihood assistance to poor households, and the improvement of the quality and coverage of PWD services.

3. *Institutional reform of the entities in charge of these systems*, including the empowerment of MoSA to effectively lead the social sector, and strengthening the governance and institutional capacity of the National Social Security Fund (NSSF).

NSDSL did not set a timeline for implementation (MoSA 2010). Nevertheless, efforts are made to align programmes being implemented since the development of this strategy with the priorities highlighted.

3.1.3. Other social protection correlates

A collection of policies and strategies emanating from different ministries and organisations have a positive impact on social protection and the issue of food security; although they were not necessarily established for the purpose of improving social protection and/or food security more specifically. The following are a list of policies and strategies that are related to social protection and food security:

- a) Agricultural Development Strategy and Five-Year Programme of Work 2005-2009.
The strategy developed by the Ministry of Agriculture (MoA) and FAO focuses on sustainable agricultural development. Its main objectives are to:
 - Ensure sustainable and rational use of natural resources.
 - Achieve food security.
 - Develop poor rural areas.
 - Increase the incomes of farmers and assist them in generating employment opportunities.
 - Improve the competitiveness of agricultural products.
 - Improve the trade balance and related financial returns (MoA 2004).
- b) Strategy of Agricultural Sector Revival: Action Plan 2010-2014.
With the completion of the timeframe for the 2005-2009 strategy, a subsequent strategy was launched. It comprised a strong social component reflected in the following objectives:
 - Equitable regional development.
 - Fighting poverty and malnutrition.
 - Providing a clear understanding of food security in terms of quantity, quality, and price.
 - Limiting rural migration.
 - Strengthening the role of women and youth in rural development (MoA 2009).
- c) Lebanon Country Programming Framework 2012-2015.
The Framework outlines how FAO can complement efforts being made by GoL to meet its development priorities relating to agriculture, fisheries, forestry, natural resources and

rural development objectives, including food and nutrition security. It identifies the following priorities:

- Ensuring availability of safe and nutritious food and strengthening national capacities for improved food security.
- Fostering agricultural production, increasing competitiveness and improving food systems and livelihoods.
- Sustainable management and use of natural resources, fisheries and aquaculture resources for food security (FAO 2012).

A number of other national legal instruments and policies exist and comprise, either directly or indirectly, a social protection component. These instruments and policies include mainly:

- Lebanese Constitution
- Family and juvenile delinquency laws
- Labour policies on wages, paid sick leave
- Agricultural production policies
- Trade laws and measures

Lebanon has also signed a number of international declarations and conventions that have a social protection component, including:¹⁸

- United Nations Millennium Declaration
- Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Cultural and Social Rights
- Convention on the Rights of the Child
- Convention on the Elimination of all Forms of Discrimination against Women
- Convention on the Rights of Persons with Disabilities
- Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment
- Geneva Conventions (4) and Protocols (3) on International Humanitarian Law

According to these instruments, everyone is entitled to minimum standards of living.

Lebanon has not yet signed:

- Convention relating to the Status of Refugees, 1951
- Protocol relating to the Status of Refugees, 1967
- ILO social security conventions¹⁹

¹⁸ Some instruments have been signed with reservations, or are awaiting ratification.

¹⁹ ILO's normative social security framework consists of eight Conventions and Recommendations amongst which are the ILO Social Security (Minimum Standards) Convention, 1952 (No. 102); and the ILO Social Protection Floors Recommendation, 2012 (No. 202).

3.1.4. Policies and strategies focused on the Syria crisis

The impact of the Syria crisis on Lebanon is strongly felt in all regions of the country and across all sectors. In response, it necessitated targeted actions informed mainly by the *Lebanon Roadmap of Priority Interventions for Stabilization from the Syrian Conflict* (GoL 2013), the *Regional Response Plan (RRP)* (UN 2013) and the *Lebanon Crisis Response Plan (LCRP)* for 2015-2016 (GoL and UN 2014a), the title given to the plan that represents the seventh version of the RRP.

i. Lebanon Roadmap of Priority Interventions for Stabilisation from the Syrian Conflict:

In December 2012, with the support of the Economic and Social Impact Assessment (ESIA) partners, GoL articulated a goal to stabilise and consolidate from the adverse impact of the Syrian conflict on the country and its population.

This goal would be achieved through the following key objectives:

- Restore and expand economic and livelihood opportunities, particularly to vulnerable populations, and create an enabling environment for private sector investments.
- Restore and build resiliency in equitable access to and quality of sustainable basic services.
- Strengthen social cohesion.²⁰

In order to achieve these objectives, a Roadmap was developed by GoL, in collaboration with the WB and the United Nations (UN), and prioritised immediate, short- and medium-term interventions focusing largely on alleviating the impact on the government's budget and deteriorating public services to host communities (Annex 6 - Summary table for Lebanon's roadmap of priorities for stabilisation).

The Roadmap builds on the successive RRP (discussed later) to ensure complementarity and avoid gaps. Together, both frameworks aim to strengthen Lebanon's stabilisation and resilience by:

- Coping with the increased demand on basic services (shelter, water and sanitation, health, education, employment).
- Recovering from downward economic trends, including the degradation of infrastructure, and social tensions.
- Sustaining institutions and capacities to reduce vulnerability to future crises.

The Roadmap is currently being revisited by GoL in account for the continuously changing context and evolving needs.

ii. The Regional Response Plans (RRPs):

²⁰ The concept of 'social cohesion' is a recurrent theme in most strategies attempting to address the impact of the Syria crisis on Lebanon. Prior to the crisis, concern for social cohesion was not commonly reflected in social protection strategies and policies in Lebanon.

RRP is a strategic document through which appeals for humanitarian needs and requirements are made. It is developed collaboratively by GoL, UN agencies, as well as national and international NGOs, under the leadership of MoSA and UNHCR, and in collaboration with the donor community. The RRP is developed to be consistent with complementary initiatives such as GoL's Roadmap, and is meant to be in line with regional priorities.

The first RRP was published in March 2012. Successive RRP's then ensued. RRP6 is the last finalised revision of the RRP process. The appeal in RRP6 presents humanitarian needs and requirements for 2014 by identifying the following priority areas of intervention:

- The provision of food assistance, NFIs and/or financial assistance.
- Access to health care and education.
- Quick impact projects in host communities struggling to cope with the additional strain on their infrastructure.

A LCRP, the seventh revision of the RRP process, is currently underway and is planned to be launched in December 2014. This appeal will cover humanitarian and stabilisation needs for a period of two years, 2015-2016.

3.2. Institutional arrangements

3.2.1. The Ministry of Social Affairs (MoSA)

In the direct sense, MoSA is "the most important structure for social safety nets" in the country (UNDP 1997). Established in 1993, it is the main provider of social protection and assistance. According to Law 212/93, it assumes the following functions:

- Conduct studies and plan for social policies.
- Provide welfare and social assistance services to certain under-privileged groups, either directly or through contracts with civil society organisations (CSOs) NGOs.
- Promote local development through a network of social development centres (SDCs) and joint projects with CSOs and local administration.
- Enhance social development through sectoral programmes that target specific groups or specific sectors implemented through parallel projects or joint initiatives with international organisations or CSOs.

MoSA, as the main government entity responsible for the provision of SSNs, reaches around 350,000 beneficiaries every year. It provides vulnerable groups with services either through its SDCs or through contracted NGOs or social welfare institutions (WB 2013a). In addition to these functions, important contributions are made by MoSA to relief operations during emergencies²¹ (UNDP 1997).

²¹ This task is shared by the High Relief Committee (HRC), and addressed later in this study.

Although MoSA provides an acceptable level of coverage in terms of social assistance to vulnerable populations, it nevertheless faces a number of structural and fundamental challenges that affect its performance:

- Inconsistent allocation of resources in response to the needs of the different groups.
- Developmental and empowering interventions and programmes are limited.
- Criteria for the identification and selection of beneficiaries remain undefined.
- Lack of a well-structured monitoring and evaluation (M&E) mechanism that looks at partnerships with CSOs.

Furthermore, the budget allocated to MoSA represents only a small share of the national budget (1.1%); with the largest share of it supporting the provision of services through NGOs and welfare institutions (60-70% of MoSA's annual budget) (MoF 2010).

Currently, there is a plan to transform MoSA from a ministry working on social affairs to a ministry of social development; allowing it to assume a leading role in improving the livelihood of local communities and vulnerable groups. The plan would be implemented through four main activities:

1. Technical assistance provided towards the formulation of a comprehensive policy for social development, rooted mainly in NSDSL.
2. Revision of criteria and contractual procedures between MoSA and NGOs, and the setting of quality standards to be adopted for the selection of qualified NGOs for contractual cooperation.
3. Development and support of a MoSA training centre to train and develop human resources in the field of social service and development, establish a link between practice and academia, and look into best practices.
4. Establishment of a development gateway consisting of a networking mechanism between MoSA and NGOs, and amongst NGOs themselves, and NGOs and donors; as well as a mapping of NGOs to strengthen the sharing of data and information, and ensure a sound allocation of resources (UNDP 2011).

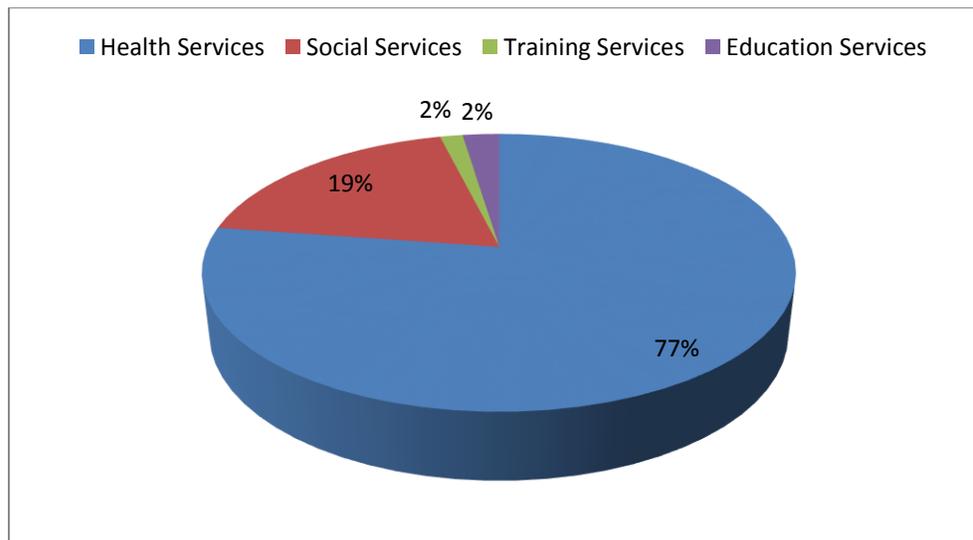
MoSA's Social Development Centres (SDCs)

SDCs are social projects through which MoSA implements its social development policies in a dynamic approach based on an integrated, participatory and sustainable process between different concerned stakeholders. The provision of activities in SDCs is coordinated with the various departments at MoSA. SDCs are considered to be the core for the identification, design and implementation of projects aiming at initiating and promoting social development in Lebanon at various levels (Decree No. 5734 dated 29 September 1994).

Currently, MoSA has 220 SDCs distributed in different regions of the country (Annex 7 – Map of MoSA SDCs).²² The network of SDCs provides the Ministry with a structure that allows a wide coverage to poor populations across the country because, other than municipalities, SDCs are the only permanent government institutions at the grassroots level. As such, they represent key local agencies for the implementation of MoSA’s strategy (WB 2013a). Through their activities, they can be seen as strengthening SSNs and the realisation of social justice and sustainable development objectives (MoSA 2014).

In 2011, SDCs provided the following services:

Figure 6. Services provided in MoSA SDCs, 2011



Source: MoSA 2012

Since 2007, and within the budget allocated to SDCs, there has been a gradual diversion of funds towards medical services. Consequently, funding for family support and care services, psychosocial support, and child care services suffered a decline despite persisting needs.

The Syria crisis further exacerbated this situation. MoSA noted a 40% increase in the utilisation of its health and social programmes as a result of the Syria crisis (WB 2013a).

Other challenges also remain. The distribution of SDCs is not proportional to the spread of poverty and vulnerability across the country,²³ and their performance has been uneven; thus reflecting inconsistent standards (in terms of mandate) and varying financial and human resource endowments.

²² A number of additional SDCs is currently planned for establishment in areas with a high concentration of Syrians or border areas that serve as a transit zone in cases of influx.

²³ The spread of SDCs is also not always reflective of the spread of displaced Syrians across the country.

Partnership with CSOs and NGOs

Partnership with CSOs and NGOs is the cornerstone of MoSA's work. These entities fall under the authority of three directorates at the Ministry:

1. Contracts with NGOs to provide certain types of services. The contracts evolve around traditional types of services: social/medical centres, day care centres, social service centres or centres for PWDs. In 2012, the number of contracted NGOs reached 285.
2. Contracts with welfare institutions to provide institutional care to specific groups of beneficiaries: older persons and PWDs. In 2012, the number of contracted institutions reached 275.
3. Contracts for local development through local organisations to implement small and medium scale development projects. A total of 360 projects were implemented in 2011-2012 in different regions; the majority of them falling under construction (UNDP 2011).

As is the case for SDCs, it has been noted that the distribution of NGOs is not proportional to the spread of poverty and vulnerability across the country. A mapping of service providers working on child protection, for example, revealed an unbalanced geographical coverage with the largest number of institutions being in Beirut and Mount Lebanon, and only a few in the North and South (WB 2013a).

The National Poverty Targeting Programme (NPTP)

NPTP (also known as Halla) was launched in October 2011. The Programme is a fundamental feature of the GoL's approach to poverty alleviation and social protection. It was established as an "Emanating Project" by Ministerial decree and an official unit within MoSA. It aims to provide assistance to poor and vulnerable Lebanese.

NPTP plays a dual role. On one hand, it represents a strategy that provides Proxy Means Testing (PMT²⁴) targeting mechanism for SSNs; on the other, it acts as a SSN in itself by providing assistance to vulnerable and marginalised populations.²⁵ Overall, NPTP enables GoL to:

- Lay the foundations for an effective SSN system.
- Better target its safety nets, including subsidies, to the poor and vulnerable; thereby improving the efficiency, effectiveness and poverty impact of those subsidies.
- Deliver social assistance and social services, to improve living standards of the population, particularly of the poor and vulnerable.

Expected outputs for SSNs include mainly:

²⁴ PMT is based on verifying whether potential beneficiaries possess the means to support themselves, and what value of assistance, if any, they may qualify for.

²⁵ The latter feature will be discussed in more detail in Chapter 4 on "Social protection programmes and safety nets".

1. A live database on poor and vulnerable populations in the country; enabling an objective assessment and ranking of households which, in turn, enables GoL to target its SSN programmes and improve the living standards of beneficiaries.
2. Regular monitoring surveys of the effectiveness of the targeting mechanism.
3. Administrative structure and capacity to manage the database and regularly update the targeting method.

To allow the implementation of NPTP, 100 MoSA SDCs across the country were equipped (human and financial resources) to receive applicants to NPTP and undertake other related tasks.

NPTP is financed by four different entities: the World Bank, as well as the Canadian, Italian, and Lebanese governments who collaboratively handle the operational costs of the programme. NPTP interventions are services supported by MoSA and other concerned ministries (MoSA-NPTP 2014).

Impact of the Syria crisis on MoSA's services

Since the start of the Syria crisis, an increasing number of Lebanese sought assistance through the NPTP, especially in the poorer regions of the country. According to WB, this is a reflection of increasing poverty among the Lebanese. To stabilise the situation till the end of 2014, over US\$ 50 million are needed to scale up NPTP for poor and vulnerable Lebanese.

Pressure was reported on MoSA's own programmes which are open only to Lebanese, or to children of Lebanese mothers, and which have experienced a steady increase in the number of beneficiaries since the start of the crisis (e.g. people-at-risk programme, disability programme). These programmes have been severely affected by the reallocation of funds to meet the demands of the SDCs. The reallocation affected the Higher Council for Childhood (HCC), vocational training, and adult literacy programs as well; which will have an adverse affect on addressing socio-economic difficulties faced by vulnerable groups in the country. In 2014, the impact of the crisis on MoSA's budget is of LBP14 billion (the equivalent of US\$ 9-10 million).

MoSA services provided in the SDCs and which have been open to displaced Syrians (e.g. health services, children, youth services and women empowerment activities) saw an increase in demand, and so did the pressure on the Ministry's already stretched resources and capacity. The number of services provided by SDCs increased from 338,000 in 2011 to about 380,500 in 2012 and to about 480,000 in 2013. To meet increasing demands, MoSA expanded the services provided through its own SDCs. Since 2012, and in an attempt to address the weaknesses in SSN system, MoSA committed to reform, reinforce, and capacitate its SDCs to enable them to fulfil their mandate, which includes relief work in the case of a refugee crisis.

MoSA also expanded the services provided through contracting with NGOs that are themselves facing constraints in their ability to respond. For instance, the funding allocated by MoSA to NGOs is capped based on pre-existing quota (Lebanese). Hence, NGOs are unable to meet increased demand from newly vulnerable Lebanese, as well as displaced Syrians, since the quota has not been revised according to the changed circumstances.

To stabilise the situation till the end of 2014, US\$ 176 million are required (of which US\$ 50 million are needed to scale up the NPTP) (WB 2013a). This amount has not yet been fully allocated.

3.2.2. Ministry of Public Health (MoPH)

MoPH serves as a provider of last resort for the uninsured (about 1.6 million beneficiaries):

- Services are provided either in public hospitals or through contracted private hospitals with MoPH covering 85% of the hospital care and 100% of medication of chronic and high risk diseases. In 2013, the average reimbursement by MoPH by hospital admission was US\$ 988. Nevertheless, MoPH has a budget deficit resulting in delayed payments to contracted private hospitals. This has a significant effect on the financial status of many private hospitals and is further exacerbated by significant time lags in reimbursement by public purchasers.
- Primary Health Care (PHC)²⁶ is provided through a network of 182 PHC centres of which 67% are affiliated through NGOs, 20% through local municipalities, 11% through MoPH, and 2% through MoSA. The PHC network is the main source of medication for chronic illnesses. It is managed by an NGO, the Young Men Christian Association (YMCA), and provides national coverage.
- Ambulatory outpatient care is available through private sector facilities, but most expenses are borne out-of-pocket so the facilities are largely frequented by the more well-off populations.
- Secondary and tertiary care is mostly provided by the private sector with an oversupply of hospital beds²⁷ and physicians,²⁸ but a shortage of nurses.
- Preventive health care²⁹ is directed by MoPH in concert with NGOs. For example, immunisations are carried out in a large number of health centres or dispensaries, as well as public or NGO centres (WB 2013a).

A 2004 survey of household living conditions revealed that 17% of Lebanese residents suffered from one chronic disease or more; while PWDs represented 2% of total residents (MoSA, UNDP and CAS 2006).

The influx of displaced Syrians has had a tremendous impact on the health sector, and consequently on host communities' access to affordable quality health care services. The Syrians have unique health care needs requiring different services and mode of health system (skin

²⁶ PHC includes immunisation, reproductive health, maternal and child health services, health education, general medical care, dental care, and essential drugs.

²⁷ 86% of hospital beds are privately owned compared to 14% in the public sector (WB 2013a).

²⁸ Lebanon has an oversupply of physicians (3/1000 population), pharmacists (1.2/1000 population), and dentists (1.1/1000 population). It has an undersupply of nurses (1.8 nurses/1000 population). The availability of high-tech equipment (e.g. CT imaging scanners, MRIs) is high (WB 2013a).

²⁹ Preventive health care includes immunisations, disease surveillance, and public health messaging.

diseases include leishmaniasis, scabies, lice and staphylococcal skin infection; malnutrition was predominantly among children; infectious diseases include measles, jaundice and typhoid) (El-Khatib *et al.* 2013). In general, 35% of displaced Syrians are vulnerable and require specific assistance. In addition, a large number of them have chronic diseases or serious medical conditions. Since Lebanon did not establish field hospitals for refugees, the burden falls on the existing public and private hospitals (WB 2013a).

On the one hand, the influx caused an increase in demand for health care services extended to Lebanese citizens, thus putting pressure on the delivery and quality of services, as well as on public finances. The increase in demand further exacerbated pre-crisis challenges, mainly unpaid commitments of MoPH to contracted hospitals and shortages in health workers. Delayed access resulting from increased demand would also likely result in greater morbidity and costs. The increase in demand is also pushing up costs and generating medication shortages in most public health entities.

On the other hand, the crisis resulted in a sharp rise in communicable diseases or the (re)emergence of certain infections. For example, the number of measles cases increased from nine in 2012 to 1,456 in 2013. The population in Lebanon is also at an increased risk of epidemics such as waterborne diseases and tuberculosis. Poor living conditions such as overcrowding, lack of water and sanitation infrastructure, and other poor environmental conditions such as limited access to safe drinking water and sanitation also pose a risk to increased infections.

Finally, the crisis led to an accelerated use and depletion of drugs (WHO 2013).

The financial burden of health care costs to displaced Syrians has mostly been borne by UN agencies, NGOs, public and private hospitals, and out-of-pocket. GoL does not provide free primary and hospital care services to Syrians, but subsidises medicine. It has borne part of the costs by paying for emergency visits, some drugs, immunisations and disease surveillance.

It is estimated that, in 2014 and depending on influx, the cost to GoL for providing health care to Syrians will be US\$ 48-69 million. UN agencies, supported by donors, international NGOs and charities, are subsidising health care costs for the Syrians using Lebanese facilities. In December 2012, 40% of PHC visits were for displaced Syrians, with regional variations. Since then, the number of Syrians in the country has increased significantly.

The high costs of health coverage in Lebanon led UNHCR and its partners to reduce coverage in April 2014 from 85% to 75%. This has further exacerbated the financial burden on Lebanese hospitals as about one third of bills due to be paid by Syrians are in arrears (WB 2013a).

3.2.3. Ministry of Education and Higher Education (MEHE)

The impact of the Syria crisis has also been strongly felt across the education sector. MEHE provided open access to Syrian children in its public school system, but demand for enrolment in the formal schooling system was only met for about a quarter of Syrian school-aged children

during the 2013-2014 academic year. At present, over 35% of students in public schools are Syrian. The number of students and costs continue to escalate (Yara 2014).

In 2012, 40,000 Syrian students were accommodated for a budgetary cost of US\$ 29 million, and an additional US\$ 24 million in costs were financed through UN agencies. Increasing demand led to mounting fiscal costs, as well as an adverse effect on the quality of public education and a need for non-formal education.

By the end of 2014, the number of enrolments is expected to reach 170,000 or 57% of public school students. As a result, between US\$ 348-434 million are required for MEHE's stabilisation needs. These figures do not include 65% of school-aged children who are not expected to enrol in the formal education system; creating significant needs for non-formal education to control the onset of negative social consequences such as child labour or child marriage (WB 2013a).

3.2.4. High Relief Committee (HRC)

Since the start of the Syria crisis, HRC has been assisting Lebanese returnees from Syria. HRC was established in the 1970s to deal with the emergency and relief needs that resulted from the Lebanese war, as well as the effects of natural and other disasters. It receives and distributes external aid.

Since 1993, HRC has been headed by the Prime Minister and established at ministerial level. As required, it calls upon representatives from concerned ministries, government agencies, and CSOs. Interventions undertaken by HRC are diversified, ranging from cash payments to victims of Israeli attacks or to victims of natural disasters, to assistance/equipment to health centres, to local infrastructure work. At times, HRC acts as a source of funding for projects, and at other times it assumes direct responsibility for project execution.

This diversification may make the work of HRC appear uncoordinated, or reveals the diverse and complex nature of existing needs (UNDP 1997).

3.2.5. Institutional arrangements aimed at improving nutrition and food security, and managing disasters

In 1997, a Department of Nutrition was established in MoPH, with the support of WHO. The Department falls under the Directorate of Preventive Health Care – Service of Sanitary Engineering. Its mandate, as stated on the MoPH website, is:

- Setting up food and nutrition strategies for food hygiene and food born and waterborne diseases and malnutrition.
- Conducting studies on children's nutritional status.
- Initiating health inspection activities and water safety studies.
- Insects and rodents control.
- Food safety.

- Classification of the production industry.
- Setting water safety standards.³⁰

To that extent, between 1997 and 2001, various activities were implemented to promote proper child nutrition and healthy living habits within households (FAO 2007).

Food safety has not thus far benefited from unified norms or standards, but a Food Safety Panel was established in 2001, in collaboration with the United Nations Industrial Development Organization (UNIDO), to:

- Come up with recommendations for a workable system and structure for a Lebanese Food Safety System.
- Support the government authorities concerned with food safety, and help coordinate their efforts.

The panel is composed of representatives from major universities in Lebanon, concerned ministries, FAO, WHO, the Syndicate of Lebanese Food Industrialists, the Syndicate of Restaurants, the Lebanese Standards Institution (LIBNOR), the Industrial Research Institute, and NGOs (UNIDO 2002).

As for the management of disasters, a Disaster Risk Reduction (DRR) and Management Unit was established at the Prime Minister's Office (PMO) in 2009, with the support of the United Nations Office for Disaster Risk Reduction (UNISDR) and UNDP, which made it possible to adopt a strategic vision for DRR early on (GFDRR, UNDP, UNISDR and WB 2014).

Although the unit often lacked technical and financial capacity, and a mandate to influence policy decisions, it nevertheless contributed to the establishment of related policies and activities:

- 2002 Environment Protection Law 444.
- 2004 Construction Law and Appendices Law 646.
- 2005 Public Safety Law 14293.
- 2009 Forest Fire Strategy (GFDRR, UNDP, UNISDR and WB 2014).

3.2.6. Institutional arrangements focused on the response to the Syria crisis

GoL is the primary entity responsible for the protection of persons on its territory and for the humanitarian response laid out in the RRP (UN 2013).

The overall accountability rests with the Prime Minister who is supported by an IMC established for the humanitarian response. Meanwhile, MoSA is the GoL entity in charge of the coordination of the refugee response in Lebanon. The Minister of MoSA ensures that the implementation of the response is in line with GoL's policies and humanitarian principles.

³⁰ <http://www.moph.gov.lb/>.

UNHCR is the mandated agency for refugee protection. It receives the support of the Humanitarian Country Team (HCT) in assisting the coordination efforts of GoL. In the response to the Syria crisis, the UN agencies co-lead with MoSA, the inter-agency coordination structure:

- UNHCR and MoSA lead in the sectors of Shelter and Protection (including the Sexual and Gender Based Violence (SGBV) Task Force).
- UNHCR leads the sector of NFIs.
- WFP and FAO co-lead the Food and Agriculture sector.
- United Nations Children’s Fund (UNICEF) co-leads with UNHCR and the Education and Water, Sanitation and Hygiene (WASH) sectors.
- UNICEF, UNHCR and MoSA co-lead in Child Protection.
- WHO co-leads with UNHCR in the Public Health sector.
- MoSA and UNDP co-lead in the Social Cohesion and Livelihoods sector.

UNHCR is the mandated agency to assist the Syrians, as well as other refugees residing in Lebanon, including mainly Iraqis, Somalis, Sudanese, and Afghans.

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is the mandated agency to assist Palestine refugees, both the Palestine Refugees in Lebanon (PRL) and PRS. In the humanitarian response, it oversees and coordinates the implementation of projects related to PRS across all sectors.

The International Organization for Migration (IOM) leads the response for Lebanese returnees, in coordination with HRC.

A large number of national and international NGOs (51 under RRP6) participate in the response. The Lebanon Humanitarian INGO Forum (LHIF) ensures consolidated representation of key international NGO partners at the highest level, while the overall coordination structure seeks to increase the participation of local and international NGOs. Inter-sectoral and inter-agency meetings, including with the donor community, attempt to ensure involvement of all stakeholders, in particular NGOs (UN 2013).

The initial response of GoL and the international community to the Syria crisis, in terms of policy and operations, was geared towards the immediate humanitarian needs of the displaced from Syria. This stance was reflected in the appeals for assistance launched under successive RRP6s. But as the crisis spread and deepened, its consequences for Lebanese communities increased, particularly on the poorer Lebanese. This development prompted a shift in both policy and operational responses on the part of the humanitarian assistance effort. A need for a more balanced and comprehensive approach was recognised and greater attention is now being devoted to addressing the country’s overall requirements and those of host communities. This shift is reflected in the expansion of the humanitarian appeal to include a substantial component of support for Lebanese communities to be implemented through government and international assistance channels (WB 2013a).

In 2013, and in recognition of the need to relieve pressure on Lebanese host communities, an international support group for Lebanon was formed on the margins on the UN General Assembly. This Task Force on Support to Host Communities is co-chaired by PMO, MoSA, UNDP and UNHCR to facilitate the formulation of a strategic framework for the response, facilitate the entry of new partners, and develop a targeting methodology for social cohesion and livelihood activities in prioritised communities.

In 2014, coordination was strengthened in decentralised locations through the reinforcement of field sectoral working groups to lead in the implementation and monitoring of the response plan, and to increase the engagement of local organisations and affected populations (UN 2013).

The food security response

In May 2012, and as a result of the growing number of displaced Syrians in Lebanon, GoL requested WFP to provide support to them. WFP has not had a country office in Lebanon since 1987, although it was present during the July 2006 war carrying out an emergency operation to assist the Lebanese people (both in Lebanon and in Syria) with food for a period of approximately three months.³¹

Capitalising on the experience of the 2006 operation in Lebanon, WFP set up offices quickly (a main office in Beirut, two sub-offices in the Bekaa and the North, and a sub-Beirut office covering the South). Initially, it started to operate under an Immediate Response Emergency Operation (EMOP) which allowed the rapid delivery of food assistance to Syrians, and since then through a regional EMOP (WFP 2012).

Thus far, the WFP-led food response has been the largest effort in terms of food assistance, as well as the most consistent. It provides food assistance to approximately 70% of registered Syrians or the equivalent of 800,000 persons (Bellamy and Kobeissi pers. comm. 2014).

Random and smaller-scale food (or unconditional cash) assistance programmes are being implemented by NGOs, faith-based organisations, foreign governments who contribute to the humanitarian efforts outside the UN-led initiatives, and political parties in different regions around the country. For example:

- In August 2014, the United Arab Emirates' government distributed food packages and in-kind items to target populations in Baalbek as a one-off type of assistance. The implementation/distribution was handled by local actors.
- In July-August 2014, the Kingdom of Saudi Arabia donated dates. Batches were dispatched to Dar Al Fatwa and distributed to vulnerable Syrians, Lebanese and Palestinians taking Ramadan meals at communal kitchens. Dates were also distributed in ISs through WFP's cooperating partners, and were included in food parcels distributed to newly arrived refugees (WFP 2014).

³¹ <http://www.wfp.org/>.

Such initiatives of food aid distributions have been numerous since the start of the Syria crisis, some formal others informal, but often short-lived (one-time assistance) due to the unsustainability of funding, and uncoordinated due to the multiplicity of actors involved and the application of different targeting criteria for the selection of beneficiaries. These initiatives have also not been applied consistently across all regions, or for all populations of concern (displaced Syrians, PRS, Lebanese returnees and affected host communities).

Chapter 4. Social protection programmes and safety nets

Two types of social protection systems may be distinguished in Lebanon:

1. National social security system (NSSS) (or national social insurance system).
2. Social safety nets (SSNs).

The first system, NSSS, has a permanent institutional and benefits structure and is mainly contributory – benefits and services through this system are financed, at least partially, by contributions made by beneficiaries themselves. The second, SSNs, is generally of a temporary or emergency nature, whether institutionalised or not, and is meant to be non-contributory.

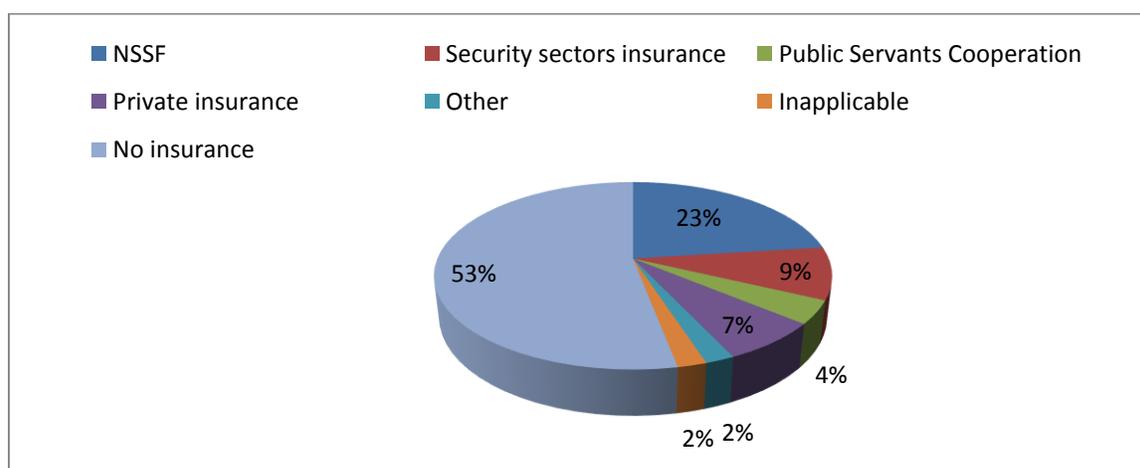
4.1. National Social Security System (NSSS)

NSSS is composed of:

1. NSSF
2. Public Servants Cooperation (also referred to as Cooperative of Public Sector Employees)
3. Security Sectors Insurance (LAF and Internal Security Forces (ISF))
4. Insurance companies/schemes covering specific professional sectors
 - Mutual Funds (Members of Parliament; Employees of Lebanese Parliament; Judges; Judges' aides; Islamic Tribunal Judges)
 - Syndicates (Order of Engineers and Architects in Beirut and Tripoli; Beirut and Tripoli Associations (for lawyers); Private Schools Solidarity and Pension Funds)
5. Private insurance companies.

The distribution of the country's population, according to those benefiting from at least one type of insurance, is the following:

Figure 7. NSSS beneficiaries, by type of insurance



Source: MoSA, UNDP and CAS 2006

An overview of Lebanon's NSSS shows that there exists at least one programme anchored in national legislation for: sickness, maternity, old age, employment injury, invalidity, survivors, and family allowances. Unemployment however remains unaddressed (ILO 2014).

At present, the weight of the current system's focus is on hospitalisation and medical expenses, education, and end-of-service indemnity or pension system. Issues such as food security, nutrition and livelihoods are not targeted by the system, at least not directly.

Nevertheless, measures or initiatives exist within formal institutions that may represent a safety net of sorts. For example, within ISF, a portion of the budget is usually kept unallocated; which allows for the assistance of poor or vulnerable ISF personnel, when necessary. As such, ISF staff in need of assistance may request it in person (this is complementary to the services/benefits provided to them through the Security Sectors Insurance which provides for health, education, and retirement). If deemed eligible for assistance, a one-time unconditional cash grant is given to the person in question. There are no clearly established criteria for the selection of beneficiaries (El Hajal pers. comm. 2014), and such measures or initiatives may not be relied upon to alleviate poverty or provide social protection because they are rare, low value, exceptional and temporary.

In general, criticisms of NSSS are mainly related to the fact that the existing system fails to cover all Lebanese citizens. More than half the population (53.3%) is not covered by any type of social insurance scheme (MoSA, UNDP and CAS 2006). This means that the population to be targeted by SSNs, and emergency and temporary assistance arrangements, is large. Furthermore, the system in its current state lacks a unified scheme. It is rather characterised by a multiplicity of institutions, an overlap in coverage because a beneficiary may be covered by more than one scheme, differences among institutions in the type of benefits offered, as well as inadequacy or absence of some benefits (Rached 2012; UNDP 1997).

In addition, access to the existing system is mainly dependent on employment affiliation. The unemployed, self-employed, agricultural workers, and those working in the informal sector do not benefit from any insurance schemes; while existing plans for older persons are weak and exclusive. This means that those most in need of insurance are the least covered by it (Rached 2012; MoSA and UNDP 2007). Furthermore, government employees enjoy generous social protection as part of this system, while private sector employees have limited access to comprehensive pension and health schemes (Rached 2012).

Research has shown that there is a strong correlation between poverty and the absence of insurance. Deprivation is much more likely when the head of household is uninsured. In 2004, 41.8% of deprived households had a head of household who was uninsured, compared to 16.9% of deprived households with a head of household benefiting from some type of insurance. Usually, households without any social or health insurance coverage experience the increased burden of having to allocate a part of their resources to health care, for example, at the expense of improving their standard of living (MoSA and UNDP 2007).

4.2. Social Safety Nets (SSNs)

SSNs are “a component of wider social protection systems” (WB 2014b: 1). They are non-contributory social assistance programs, either in cash or in-kind modalities (WB 2014b), “funded by general government revenues or grants and loans from multilateral organizations” (HLPE 2012: 25). They include “income support, temporary employment programs (workfare), and social services that build human capital and expand access to finance among the poor and vulnerable. [...] Family support and care services are also included in the definition of SSNs” (WB 2013a: 93).

At present, three types of government SSNs can be distinguished in Lebanon. They provide assistance to poor and vulnerable populations.

1. *Social services to specific categories of vulnerable groups* (e.g. older persons, PWDs, orphans) provided by MoSA-contracted CSOs and NGOs, and focusing mainly on caring and educational services. They are financed by MoSA.
2. *Price subsidies* for diesel, bread, domestic production of tobacco, and subsidies to Electricité du Liban (EdL). They are financed by MoF, MoET, and the Ministry of Energy and Water (MoEW).
3. *Fee waivers for hospitalisation in public and private hospitals*. They are financed by MoPH (MoSA-NPTP 2014).

Considering the types of SSNs available, it becomes evident that MoSA and MoPH act as a safety net to a substantive part of the population (UNDP 1997). Some initiatives available at MEHE such as enrollment fee waivers and scholarships may also act as safety nets (WB 2013a).

In 2010, prior to the Syria crisis, government spending on SSNs and subsidies in Lebanon amounted to about 4% of GDP (about 1% for SSNs and 3% for subsidies) (WB 2013b; IMF 2012):

Table 4. Government spending on SSNs and subsidies in Lebanon

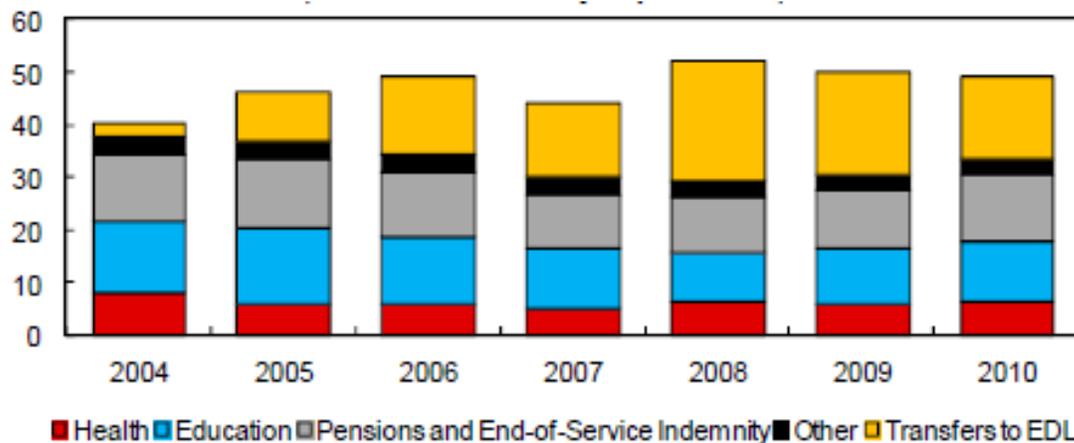
	Programme/Service	Cost (% of GDP)
SSNs		1.0
	Social services	0.2
	Price subsidies	0.23
	Fee waivers for hospitalisation	0.57
Subsidies		3.0
	Transfers to EdL	2.92
	Wheat subsidy	0.03
	Sugar beet subsidy	0.00
	Agricultural export subsidy	0.08

Source: IMF 2012

The share allocated to SSNs (defined as non-contributory transfers targeting the poor) is less than 1% of GDP. This is “small by international standards, which are about 2 percent of GDP on average, with a median of about 1 ½ percent of GDP”; and lower than the average in the MENA countries which stands at 1.7% of GDP (IMF 2012: 38).

As such, SSNs provided through official channels are small. Since the mid-2000s, social spending ranged between 30-40% of primary spending or the equivalent of 7.5% of GDP (including health, education and pensions). From 2004 to 2010, the evolution of social spending has been as follows (IMF 2012).

Figure 8. Evolution of social spending, and EdL subsidies 2004-10
(in percent of primary expenditures)



Source: IMF 2012

Over the past few years, total public social protection expenditure and health expenditure has been decreasing. In 2011, it represented 1.12% of GDP (0.77 for public health care, and 0.36 for public social protection), compared to 3.23% in 2007 and 4.5% in 1990 (ILO 2014).

Numerous concerns surround the different types of SSNs provided formally in Lebanon:

1. The first type (social services to specific categories of vulnerable groups) is said to reach around 200,000 beneficiaries, while representing about 90% of MoSA’s budget.
2. The second type (price subsidies) either reaches a small number of beneficiaries (e.g. 2,400 tobacco farmers) or is distributed universally, with significant benefit leakages to some distributors and suppliers (in the case of diesel subsidies). There are also concerns related to M&E.
3. The third type (fee waivers for hospitalisation) is accused of not being well targeted to the poor (WB 2013b).

Critics of Lebanon’s SSNs noted that the existing system is weak, fragmented, and poorly targeted; thus limiting the impact on poverty alleviation and the eradication of regional disparities (WB 2013a, WB 2013b). Added to that are “high rates of leakage to the non-poor, lack of a coordinated

approach, weak capacity of public institutions coupled with lack of reliable and consistent data” (WB 2013b).

Data from the MENA SPEAKS survey in Lebanon revealed that 22% of Lebanese believe that the government is not effectively distributing help: 84% of respondents want SSNs to target the poor, and 66% prefer to receive SSNs as cash assistance, instead of in-kind assistance (e.g. food or clothing).³² The preference for cash was shared by Syrians in Lebanon as well, whereby more than 80% of beneficiaries prefer cash assistance compared to in-kind assistance (e.g. food parcels), as the cash modality gives them choice and allows them to prioritise their needs (IRC 2014). Cash is also easier to use and handle (Abdulwahid pers. comm. 2014). Nevertheless, when given a choice between food vouchers and food parcels, 98% of respondents prefer the former because it allows them to choose the food commodities they prefer (WFP 2013).

4.2.1. Community-Driven Development (CDD) programmes

In Lebanon, MoSA is the agency with the mandate to coordinate and lead CDD-type programmes. The Ministry placed the CDD approach central to its NSDSL to “build social and economic assets of disadvantaged communities, building on its mandate among government agencies of supporting social development at the community level” (MoSA 2010: 41). Starting with the Lebanon Host Community Support Programme (LHSP), an emergency project which strengthens municipal services, livelihoods, and social cohesion in affected host communities, MoSA aims to complement these types of projects by Community Social Development (CSD) projects which have a sustained development impact (GoL 2013).

CDD programmes play an important role in addressing poverty and regional disparities, particularly when implemented with community participation. They involve activities that have an important impact on health and nutrition (e.g. waste water treatment, building health dispensaries), and contribute to the creation of jobs and improvement of income (WB 2013b).

According to WB, the complementarities of this programme with NPTP are high “with the former tackling poverty and inequality at the community level while the latter aiming to achieve similar goals at the household level” (WB 2013b: 5). As such, the two programmes should be implemented in parallel. Unfortunately, these programmes have not been sustainable. They are characterised by a multiplicity of actors, each applying different methodologies and criteria, and driven by different priorities (WB 2013b).

Since 2012, in an attempt to strengthen the existing SSN system at MoSA, the Ministry committed to reforming its CDD programmes through the adoption of an effective and transparent mechanism for the allocation of financial support to communities and community-based organisations (WB 2013a).

³² <http://carnegieendowment.org>.

In an attempt to alleviate the impact of the Syria crisis on the most affected Lebanese host communities, short-term and quick impact community support projects (CSPs) are being implemented to “reduce the stress on the provision of basic social services and improve self-reliance and livelihoods” (GoL and UN 2014b: 7). The projects range from the provision of waste collection trucks to municipalities, to the expansion of potable water and waste water networks, to market rehabilitation. On an individual level, the Lebanese have been targeted by some livelihood projects including cash for work and skills training (GoL and UN 2014b). Syrians are also being targeted for similar projects.

4.2.2. Ministry for the Displaced and Fund for the Displaced

Political and armed conflicts have led to the displacement of large numbers of Lebanese. In an attempt to assist the displaced, the Ministry, through the Fund for the Displaced, makes direct cash payments to compensate the evacuation of displaced Lebanese, and to repair and reconstruct houses by returnees.

A discrepancy exists between the process of evacuation and that of return. This could be explained by the fact that cash payments made to beneficiaries often served to support the income of the household receiving compensation. This means that the resources were often diverted from the intended purpose to fulfil other needs or priorities (UNDP 1997).

4.2.3. Assisting poor and vulnerable Lebanese through NPTP

NPTP was launched in October 2011 as the first poverty-targeted social assistance programme for the poorest and most vulnerable Lebanese families (WB 2013a). WB singled out NPTP as one of the “better targeted SSN programs and ready to be scaled up” (WB 2013a: 95); while Carnegie Endowment for International Peace considered NPTP to be the only SSN in Lebanon. It noted that the Programme undertakes individual assessments to provide social aid to those who are most in need. It guarantees equity by giving all Lebanese citizens the right to apply and benefit. It is also characterised by fairness and transparency because it utilises transparent and objective methodologies to assess applicants. Other services provided by GoL under health and education are considered non-subsidy programmes.³³

In 2011, the Council of Ministers allocated to MoSA US\$ 28 million to finance the Basket of Benefits (or social assistance) to be provided to beneficiaries through NPTP.

Currently, NPTP provides the following benefits to beneficiaries:

1. Payment of the beneficiary portion of health bills in public and private hospitals.
2. Coverage of chronic disease prescription medications, currently through MoSA SDCs and soon through MoPH PHC centres as well.
3. Registration fee waivers and free books for students in primary and secondary public schools (Murad 2014).

³³ <http://carnegieendowment.org>.

The Basket was supposed to include a waiver of government electricity bill fees as well, but this benefit could not be provided for technical reasons (Sharaf pers. comm. 2014).

In 2013, as supplement to these benefits, a food basket was distributed to selected beneficiaries (unemployed older persons) once every three months for a period of nine months. Around 8,600 baskets were distributed in total. Distribution ceased due to funding considerations (Murad 2014).

At the time of the drafting of this report, no food assistance was being provided to NPTP beneficiaries, neither in the form of a food basket nor any other modality. Nevertheless, in August 2014, the Council of Ministers approved the distribution of WFP food vouchers (through e-cards) to the poorest Lebanese through NPTP. This component of the Basket of Benefits is funded by WB.³⁴ Implementation of this initiative has not yet started. There are concerns within NPTP that the provision of food vouchers for only a proportion of eligible persons, mainly due to limited resources, will create much confusion and frustration among persons that are eligible (based on an assessment of their economic vulnerabilities) but who will not have the chance to benefit from food assistance, although they receive the other benefits provided by NPTP. The current funding allocated to the food voucher programme would only cover food assistance to an estimated 5,000 households, out of more than 60,000 households who are eligible and currently benefit from NPTP assistance.

As of August 2014, over 112,000 Lebanese households³⁵ had applied to NPTP, of which around 62,000 households (the equivalent of around 272,000 persons) are currently benefiting from the Programme (Sharaf pers. comm. 2014).

Despite much progress, coverage of poor Lebanese through the NPTP remains low, reaching only 27% of the extreme poor and 7% of the poor. The GoL's objectives are to:

- Expand the Programme to reach all Lebanese below the poverty line by 2027 (or the equivalent of almost 27% of the population)
- Create awareness about the Programme (awareness level among the poor is 40%)
- Turn the NPTP into an integrated anti-poverty programme where beneficiaries are activated into labour market or other self-reliance programmes (WB 2013b)
- Institutionalise the Programme structure (Sharaf pers. comm. 2014; WB 2013b)
- Establish a proper M&E infrastructure (WB 2013b).

Providing poor Lebanese with regular cash assistance (restricted transfers through vouchers) may represent the best modality to allow them to cater to their needs. According to Dar Al Fatwa, beneficiaries of assistance should not be restricted to the purchase of food items, but rather given the choice to prioritise their needs themselves, as they deem fit. However, the use of assistance

³⁴ This expansion of NPTP is discussed later in this study.

³⁵ On average, a Lebanese household consists of 5.2 persons.

may be restricted to contracted shops to prevent misuse or exploitation. Such an effort should be handled by MoSA (Dar Al Fatwa pers. comm. 2014).

4.2.4. Food programmes in Lebanon

In general, social protection instruments for food security include input subsidies, crop and livestock insurance, public works programmes, food price stabilisation, food subsidies, grain reserves, school feeding, supplementary feeding, conditional cash transfers, and unconditional cash transfers (HLPE 2012).

In Lebanon, the NSSS does not target food security or nutrition; nor does it have an unconditional cash assistance component that may be used by recipients to cater to food needs. Some food subsidies are provided by the government and may represent a SSN that provides limited protection in terms of food security, in addition to other agriculture-related initiatives adopted by MoA. As for instruments such as school feeding and cash transfers (whether conditional or unconditional), they are sometimes provided by NGOs or faith-based organisations but in a non-systematic, inconsistent and temporary manner.

Today, the largest and most consistent food assistance effort implemented in Lebanon is led by the WFP and a number of cooperating agencies. In 2014, these agencies consisted mainly of HRC, Action Contre la Faim (ACF), Act for Change Invest in Potential (ACTED), Danish Refugee Council (DRC), FAO, Gruppo Volontariato Civile (GVC), Handicap International (HI), InterSOS, International Rescue Committee (IRC), International Orthodox Christian Charities (IOCC), Islamic Relief, Mercy-USA, OXFAM, Première Urgence – Aide Médicale Internationale (PU-AMI), Save the Children, Solidarites International, Social, Humanitarian, Economical Intervention for Local Development (SHEILD), UNRWA and World Vision (WV).³⁶ It consists mainly of the distribution of food vouchers through e-cards (to registered Syrians) and food parcels³⁷ (for new arrivals) (Bellamy and Kobeissi pers. comm. 2014).

In 2014, the financial requirements for the food response (appeal made through the RRP6) exceeded US\$ 550 million (of which US\$ 16 million or 4% of the total appeal for food is to meet the needs of vulnerable Lebanese).

The two main objectives behind the food response are:

- To provide adequate food consumption for the targeted population that has been affected.
- To restore the agricultural livelihoods of Lebanese returnees and affected rural communities.

³⁶ The 33 organisations identified are only those reporting on Activity Info, a reporting tool managed by UNHCR. Other organisations are contributing to the food response but are not identified through this tool.

³⁷ The food parcel is composed of 19 food items for a family of five members for 30 days (WFP 2013).

Food assistance (objective 1) is being provided through various modalities, with the food voucher through e-card being the dominant mean of reaching Syrians and accounting for 90% of food assistance delivery modality. Some agencies use conditional cash transfers (mainly through ATM cards), paper vouchers and food parcels. The food parcel is also used by the WFP and its partners to reach new arrivals awaiting registration (UN 2013).

The WFP is implementing its voucher programme through seven partners that were already present in Lebanon;³⁸ and its food parcels programme through nine distribution partners³⁹ (WFP 2014).

In June 2014, around 832,000 refugees and host communities received food assistance. WFP and its cooperating partners reached around 778,000 Syrians through WFP's food voucher programme, for a cost of approximately US\$ 22.5 million. Other food security agencies reached around 55,000 vulnerable individuals among the four different target populations for an additional cost of approximately US\$ 1.8 million (WFP 2014).

Through the WFP e-card programme, beneficiaries receive a voucher of US\$ 30 per person every month.⁴⁰ The voucher can be spent at any of the 360 contracted shops across the country to purchase basic food items.⁴¹ By the end of 2014, there are plans to increase the number of shops to 1,000 to give more choice to beneficiaries, ensure that shops can be found within a reasonable distance from where they live, create competition among shops and reduce instances of corruption by enhancing compliance by shops to contractual agreements (Bellamy and Kobeissi pers. comm. 2014). Reported incidences in the shop included less quantities of food given than the voucher allowed, and prices are higher for those with vouchers (HI 2013).

The WFP e-card programme is an important and valued programme as it not only caters to the food needs of vulnerable persons and guides consumption patterns, but also contributes to the local economy. A move from vouchers to unconditional cash transfers is not preferred, in order to ensure that the assistance provided is spent on food. As for instances of corruption reported in some shops, they may be reduced by increasing the number of contracted shops and allowing for more competition (Malaeb pers. comm. 2014).

Certain groups however are particularly vulnerable in terms of food security, and may also be vulnerable across all sectors. These groups include:

- New arrivals: upon arrival, they often are unaware of assistance systems.

³⁸ These partners are: DRC, PU-AMI, WV, InterSOS, Mercy Corps and Save the Children.

³⁹ These partners are: GVC, Islamic Relief, HI, Save the Children, DRC, Solidarites International, Mediar Dorcas International, and SHEILD.

⁴⁰ The initial value of the food voucher (USD27) was increased in 2014 (USD30) to compensate for rising food prices and inflation (KDS 2014).

⁴¹ Among the requirements of WFP is that shops must have fresh food items (e.g. fruit, vegetables), but at present not all shops fulfil this criteria. Furthermore, baby formula may not be purchased with WFP vouchers so demand for this item must be met through other sources.

- Host communities: they often refuse assistance to avoid being seen as refugees, and therefore require assistance through different modalities.
- Families excluded from assistance: targeting excluded families who are vulnerable and running out of savings.
- Elderly PRS: consumption and food diversity are lower among this population than among others.
- PRL female-headed households: highly likely to suffer from severe food insecurity.
- Refugees affected by impairment, injury, or chronic disease: they face additional challenges (e.g. specific needs related to nutrition, require additional calorie intake, insufficient food intake can have severe health repercussions, special diets needed for healing) (HI 2013).
- Lebanese returnees: face difficulties accessing food, and have only been receiving assistance on an *ad hoc* basis (Food Security and Agriculture Working Group 2014a; WFP 2014).

It is also important to note that the populations of concern noted above have not been targeted proportionately for the provision of assistance.

As for the agricultural livelihoods of Lebanese returnees (objective 2) who “are currently facing problems of access to food and have only been receiving assistance on a ad-hoc basis” (Food Security and Agriculture Working Group 2014a: 5), FAO and MoA have been providing them with agricultural support. As of June 2014, the two agencies spearheaded a livestock vaccination programme that reached over 688,000 livestock across the country, in addition to other initiatives such as the provision of livestock herders with concentrated feed (Food Security and Agriculture Working Group 2014b) or the provision of milking equipment and material, as well as technical follow-up and training (UN 2013).

1. Food assistance to Syrians in Lebanon

Based on a 2013 WFP-led Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR), it was calculated that 72% of registered Syrians were in need of assistance (IRC 2014). Food is the biggest expense for Syrians in Lebanon ranging from US\$ 151 to US\$ 275 per household⁴² per month; followed by rent. The high level of expenditure on food and rent ultimately impacts spending on other essentials like education (Food Security and Agriculture Working Group 2014a; HI 2013).

In general, the food assistance received by Syrians, either by WFP or other entities, consisted of food vouchers (73.6%), in-kind food assistance (31.2%), and subsidised food assistance (4.3%) (HI 2013).

At present, 70% of the displaced Syrians registered with UNHCR are receiving WFP food vouchers on a monthly basis. This percentage is the equivalent of approximately 800,000 persons at the

⁴² On average, a household consists of five members.

total cost of around US\$ 25 million per month (Bellamy and Kobeissi pers. comm. 2014).⁴³ Nevertheless, when food expenditures are compared with the average amount received from the WFP, a shortfall of US\$ 108 remains. On average, food expenditure per household is US\$ 227, while the value of WFP vouchers is US\$ 119 (HI 2013). These calculations are closely consistent with those of the Minimum Expenditures Basket (MEB), an assessment undertaken by the Cash Transfer Programming Working Group (CTPWG) to calculate the Minimum Food Basket required to meet nutrient needs and 2100KCAL per person per month. The exercise revealed that the monthly total food expenditure is US\$ 219 per household (around US\$ 44 per person). Based on these two different calculations, a shortfall of about US\$ 20 per person remains and needs to be met through other means.

A recent study showed that, despite receiving food vouchers from WFP, Syrians receiving cash assistance for purposes other than food (e.g. winterisation) are using the cash to satisfy food- and shelter-related needs (Food Security and Agriculture Working Group 2014a; IRC 2014). But despite this additional cash assistance, household income remained insufficient to cover all the basic needs, particularly food (IRC 2014). WFP confirmed that the value of vouchers currently provided does not suffice to cater to the required food needs of households. Usually, the food vouchers provided are spent almost entirely at the beginning of the month to purchase bulk items such as oil and rice. Fresh food is then purchased out-of-pocket during the remainder of the month (Bellamy and Kobeissi pers. comm. 2014). As such, resort to food-related coping strategies has been common among Syrians.

An assessment revealed the following coping strategies among Syrians:

- | | |
|---|-----|
| - Less preferred/expensive food: | 89% |
| - Reduce number of meals: | 69% |
| - Reduce meals portion size: | 65% |
| - Purchase food on credit: | 62% |
| - Restrict consumption by adults: | 49% |
| - Borrow food/help from friends or relatives: | 42% |
| - Spend days without eating: | 10% |
| - Restrict consumption of female household members: | 8% |
| - Send household members to eat elsewhere: | 8% |

(Food Security and Agriculture Working Group 2014a)

A recent assessment confirms food-related coping mechanisms among Syrians. It reveals that the limited purchasing power of most Syrians led them to consume cheaper and lower-quality products that are usually not in demand by Lebanese consumers. The assessment also points to suppliers and wholesalers increasing bulk packaging to adjust to Syrian demand (KDS 2014).

⁴³ The increasing caseload and decreasing funding may lead to possible cuts in the near future (Bellamy and Kobeissi pers. comm. 2014).

Considering the high prices of some food products, particularly fresh food products in areas with a high concentration of Syrians, another coping mechanism adopted by Syrians is the establishment of alternative businesses in an attempt to provide food products at a lower price than those provided by local shops. However, the lower prices provided in the beginning tend to increase over time, having attracted an increasing number of customers, even among the Lebanese population (Malaeb pers. comm. 2014).

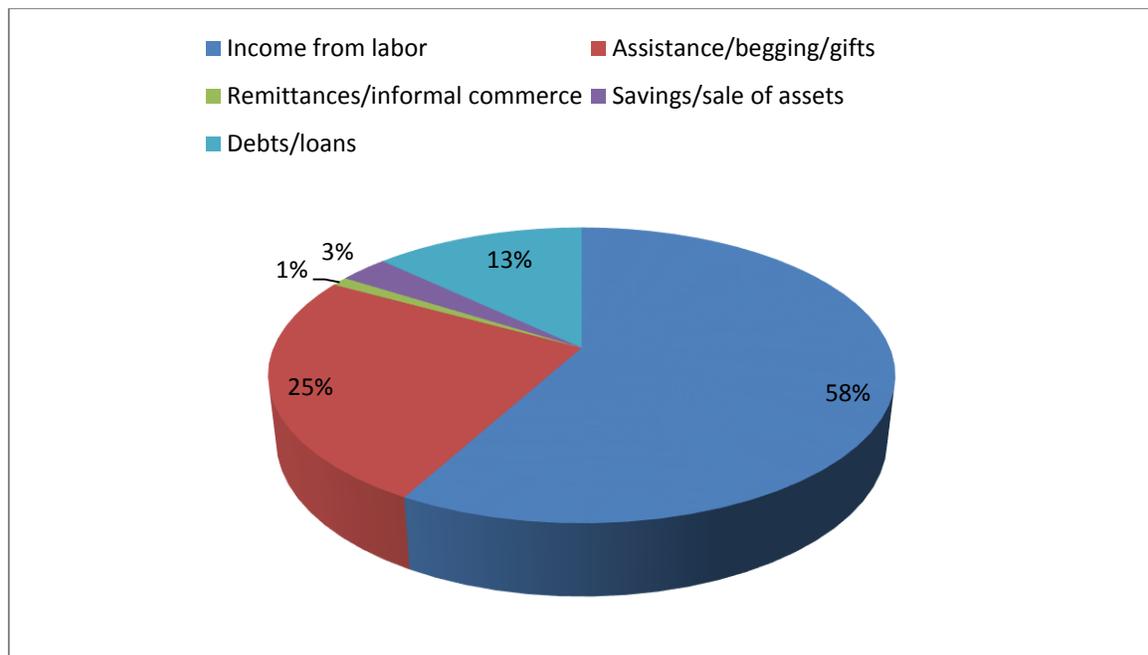
For many, assistance as food vouchers is essential to their survival, especially in the absence of income-generating opportunities. Nevertheless, recipients being cut off from assistance do not understand why their assistance has been discontinued, despite being very vulnerable and incapable of catering to their own basic needs and to those of their family (Abdulwahid pers. comm. 2014). Furthermore, food vouchers are restrictive and not based on the food that Syrians are used to consuming (HI 2013).

In general, data reveals that in Lebanon:

- Most Syrians have a high food diversity pattern.
- More than half the adults (58%) consumed less than three warm or cooked meals the day before.
- The main source of food was assistance from UN agencies and INGOs (Food Security and Agriculture Working Group 2014a).

As for livelihood sources, the main sources of income for Syrians in Lebanon are as follows:

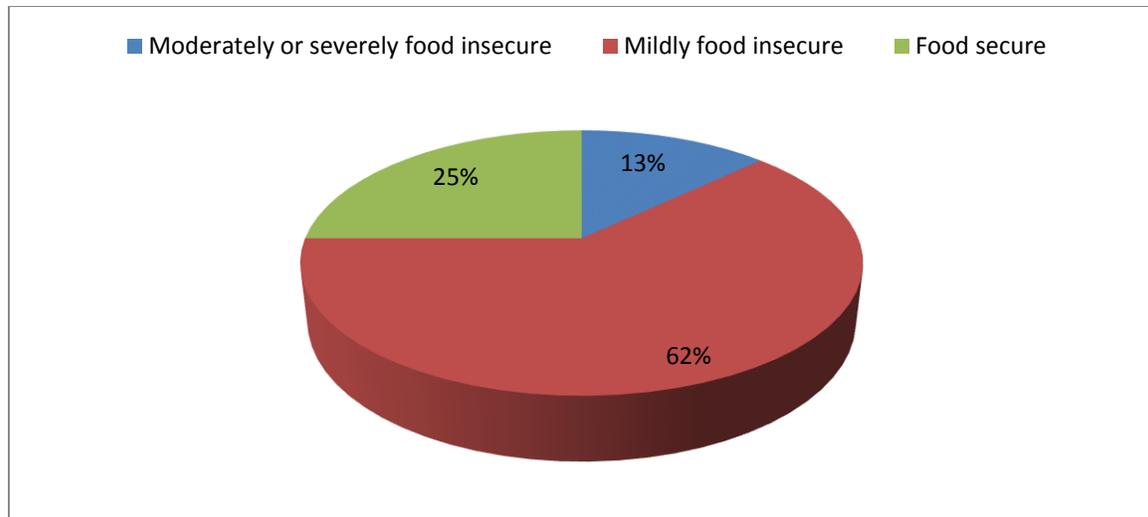
Figure 9. Main sources of income for Syrians in Lebanon



Source: WFP 2014

In 2014, a vulnerability assessment of Syrians showed that the state of food security among Syrians was mildly insecure for more than 60% of the population (VASyR 2014):

Figure 10. The state of food security among Syrians in Lebanon



Source: VASyR 2014

A year earlier, in 2013, the number of food secure households was 7% higher than in 2014 (VASyR 2013). Nevertheless, the state of food security for all populations of concern remains acceptable, with no reasons for major alarm. Any possible deterioration of the situation should be captured by the WFP malnutrition monitoring system as an early indicator. Nevertheless, food assistance programmes should allow for flexibility in their interventions whereby it should be possible to provide additional assistance in the case of changing circumstances and evolving needs. In addition, partnerships with local food market producers are highly encouraged and beneficial to both recipients of food assistance and local communities (Malaeb pers. comm. 2014).

Generally, beneficiaries reported being largely satisfied with WFP food assistance. For many, it represented the most reliable source of assistance but often they still needed to satisfy other basic needs such as baby-care products. Therefore, 34% of recipients reported exchanging their vouchers for 85-90% of their full value in return for cash or NFIs (WFP 2013).

A pilot Cash for Food (unconditional cash transfer) project for displaced Syrians will be rolled out by WFP in some regions of the country from November 2014 till May 2015.⁴⁴ Upon completion of the project, impact would be assessed to determine the benefits of unconditional cash transfers compared to those of food assistance in the form of vouchers (Bellamy and Kobeissi pers. comm. 2014).

⁴⁴ The number of beneficiaries and the selection criteria have not yet been decided.

2. *Food assistance to Palestine refugees in Lebanon (PRL) and from Syria (PRS)*

UNRWA began its mass distribution of rations to PRL in 1950. In 1978, the Special Hardship Case (SHC) programme was introduced to assist the neediest families. In 1984, mass distributions of rations were abolished in Lebanon and SHC remained the only programme providing food rations to vulnerable families. In 1997, a change in food aid was introduced, and it became a quarterly food package combined with a cash subsidy as a family income supplement. It moved from a status- to a poverty-based approach which uses PMT formula analysis to better target food insecure families. Today, this programme is known as the Social Safety Net Programme (SSNP) (UNRWA 2010).

UNRWA's SSNP is the only programme catering to the needs of vulnerable PRL through the regular delivery of food aid and cash subsidies (UNRWA 2010). It targets those who cannot meet their basic needs, and provides them with basic food commodities and cash subsidies from a number of distribution points on a quarterly basis. The programme's main interventions (as stated on the UNRWA's website) are:

- Providing basic food supplies and cash subsidies to the abject poor.
- Helping poor families make connections to service providers.
- Providing selective cash assistance such as one-off cash grants for basic household items or other needs, in the event of fire, flood, loss of family breadwinner or other family emergency.

In 2008, the overall combined value of assistance was on average US\$ 149 per month (US\$ 109 for food rations, and US\$ 40 for cash subsidies) (UNRWA 2010).

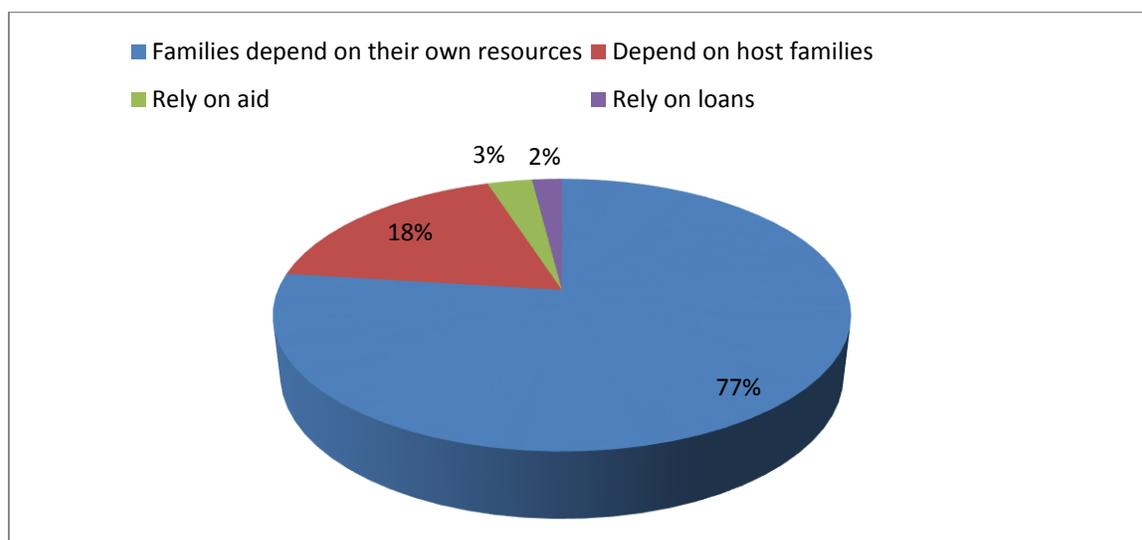
In 2013, 292,000 Palestine refugees benefited from SSNP which targets beneficiaries according to field- and family-specific poverty lines based on the local socio-economic context that helps to identify an individual's poverty level.⁴⁵

As for the PRS, and as is the case for displaced Syrians, food represented their biggest expense (86% of reported expenses), followed by shelter. A survey found that almost half of the surveyed Palestine households (45%) reported having consumed only one cooked meal the day before the survey was conducted (Food Security and Agriculture Working Group 2014a).

Among PRS, 82% of families reported receiving food aid from various sources but only 3% of them identified aid as their primary source of food. This may be attributed to the fact that food aid to PRS is not provided on a regular basis, and ultimately leading to poorer food security conditions compared to the Syrian beneficiaries (HI 2013).

⁴⁵ <http://www.unrwa.org/where-we-work/lebanon>.

Figure 11. Primary source of food assistance for PRS



Source: HI 2013

Since many PRS are unable to fulfil their food needs, resort to negative food-related coping strategies has been common:

- Rely on less preferred food: 77%
- Reduce portion size: 54%
- Borrow food: 39%
- Reduce number of meals: 39%
- Restrict consumption of adult: 39%
- Spent savings: 30%
- Sold goods: 20%
- Send household member to eat elsewhere: 8%
- Restrict consumption of female: 8%

(Food Security and Agriculture Working Group 2014a)

In August 2014, and following a request from the donor community that WFP assist UNRWA in catering to the food needs of PRS in Lebanon, a Cash for Food programme was launched in partnership between UNRWA and WFP. The initiative is meant to benefit the 42,000 PRS registered with the UNRWA.⁴⁶ It is funded by both agencies on an equal basis. Beneficiaries receive a cash amount of US\$ 30 per person each month, which is meant to be used towards the purchase of food items. This is the first time WFP has engaged in unconditional cash transfers in Lebanon. The lifespan of the project is dependent upon the availability of funding (Bellamy and Kobeissi pers. comm. 2014).

⁴⁶ Before the start of this programme, UNRWA was providing food assistance to PRS through a combination of food parcels and cash transfers.

3. *Food assistance to other refugees in Lebanon (Iraqis, Sudanese, Somalis, Afghans)*

At present, there are about 8,000 non-Syrian, non-Palestine refugees registered with UNHCR in Lebanon.⁴⁷ Of these refugees, around 1,500 are benefiting from different types of services. The selection of beneficiaries is based on a set of vulnerability criteria used to assess individual cases.

Services available to these refugees can include:

- Primary and secondary health care.
- Cash assistance of US\$ 150⁴⁸ per month (continuous and based on an assessment of vulnerabilities). This assistance is distributed by organisations such as Caritas CLMC and Makhzoumi.
- Food vouchers, combined with NFIs.
- Cash for rent (eligibility is determined following a case-by-case assessment).
- Counselling and mental health treatment.
- Education services (formal and non-formal).
- Vocational training and life skills.
- Legal representation.

Food assistance provided to this population of concern is handled by UNHCR partners and the Cooperative. It consists of vouchers of a US\$ 150 to US\$ 200 per month for up to six months, depending on an individual assessment of cases. The vouchers can be spent in 20 Cooperative shops across the country (Bousleiman Assely pers. comm. 2014).

Aside from UNHCR assistance to these refugees, NGOs and faith-based organisations also provide sporadic and temporary assistance. For example, Caritas lately provided cash transfers to Iraqis, but the funding for this initiative has now been exhausted (Manneh pers. comm. 2014).

Depending on the evolving situation of Iraqi refugees, WFP may contemplate the distribution of food parcels to Iraqi new arrivals, and eventually food vouchers through e-cards, but no decisions have yet been made to that extent (Bellamy and Kobeissi pers. comm. 2014).

4. *Food assistance to Lebanese returnees and vulnerable Lebanese host communities*

Lebanese returnees suffer from a gap in assistance and have only been receiving assistance on an ad-hoc basis. The assistance available to this population of concern is not clear, and 84% of them reported not having received any assistance, neither from the humanitarian community nor the government, since their arrival in the country (Food Security and Agriculture Working Group 2014a; WFP 2014). Being Lebanese citizens however provides them with the opportunity to seek assistance through NPTP. The latter does not however distinguish between Lebanese pre-crisis population and returnees in terms of assistance (Sharaf pers. comm. 2014; Bellamy and Kobeissi pers. comm. 2014), although the needs of the latter differ from those of the former.

⁴⁷ There are approximately 6,600 Iraqis, 1,000 Sudanese, 300 Somalis and a small number of Afghans.

⁴⁸ Amount varies depending on household size.

As for vulnerable host communities (also known as vulnerable Lebanese), and following an assessment of the impact of the Syria crisis on these communities, it was estimated that 170,000 Lebanese would be driven into poverty in 2014 as a direct result of the crisis (WB 2013a). As such, and in response to the rising poverty levels within host communities, WB donated US\$ 8.2 million to assist the poorest Lebanese families through NPTP, using the WFP e-card programme (as discussed earlier, under the section ‘National Poverty Targeting Programme’).⁴⁹

The food component would supplement the current Basket of Benefits for an initial 3-year period. The initiative will benefit around 5,000 of the poorest household or the equivalent of approximately 27,000 persons. At present, the funding provided allows the provision of aid for one year. The shops where the vouchers may be used are the same as the ones for Syrian beneficiaries. However, the upload of the voucher on e-cards will be completed on different dates for Syrians and for Lebanese to avoid crowding the shops and allow the latter to re-stock (Bellamy and Kobeissi pers. comm. 2014).

Recipients of the WFP food voucher⁵⁰ are selected among the poorest NPTP beneficiaries (Sharaf pers. comm. 2014). The limited funding will not allow all NPTP beneficiaries to benefit from the supplemental food component, which will create a difficult situation whereby some of the poorest Lebanese households who qualify for the NPTP Basket of Benefits will not be able to benefit from the WFP vouchers (Sharaf pers. comm. 2014; Bellamy and Kobeissi pers. comm. 2014).⁵¹

The Council of Ministers declined the proposal to assist poor Lebanese with unconditional cash transfers. This decision is linked to fears of possible corruption (Sharaf pers. comm. 2014). In addition to that concern, “instinctively, Lebanon is a non-welfare system” and such transfers may make people dependent upon the government for assistance (Malaeb pers. comm. 2014).

4.2.5. Other types of food assistance

1. School food programmes

In its 2007 SAP, GoL committed to improving ongoing school food programmes “implemented by MEHE [which] has partnered with international NGOs and Balamand University” (MoSA 2007: 11). The programme was meant to provide daily meals for children in 176 schools (MoSA 2007). Nevertheless, no such programme exists today at MEHE, except for one project that has been implemented by IOCC.

Random and sporadic school food projects are implemented in a non-systematised manner by various actors in different areas in the country. In May 2014, a pilot project was implemented by

⁴⁹ Conditional/restricted cash assistance of USD30 per person per month would be distributed via e-card to be used at 350 WFP-contracted shops across the country. A cap of six persons per household is set (unlike uncapped assistance provided to vulnerable persons of other nationalities).

⁵⁰ The beneficiaries will be those with the lowest scores, according to the NPTP vulnerability criteria.

⁵¹ Thus far, the food component of the NPTP Basket of Benefits has been dependent upon the availability of funding. As a consequence, the sustainability of the programme remains at stake.

Caritas Migrant Center in two public schools.⁵² The project aimed to give students access to good nutrition and promote community engagement. A healthy snack⁵³ was distributed to all students (1st and 2nd shifts) for a period of one month. Mothers of students were recruited to assist in the preparation of the snacks,⁵⁴ and ingredients needed for preparation were purchased in the local market. According to Caritas, the project was a success and the distribution of snacks was an incentive for many students to attend school regularly. As a result, Caritas is planning to implement a similar project during the upcoming academic year, for an entire year. The impact of the project on nutrition and food security will be established through a pre- and post-project medical examination of the beneficiaries (Manneh pers. comm. 2014).

WFP does not believe that school food programmes are an adequate solution in the Lebanese context. They relate this stance to the fact that only a minority of school-aged Syrian children are able to enrol in public schools. As such, the provision of free food in schools may generate tension between beneficiaries and persons who are unable to benefit, neither from enrolment in school nor from food assistance (Bellamy and Kobeissi pers. comm. 2014). This concern was somewhat observed in the Caritas project where siblings of students and other community members showed up to the school hoping to benefit from food assistance themselves (Manneh pers. comm. 2014).

Furthermore, WFP believes that school food programmes do not represent the best use of limited financial resources, which would be best spent within the household setting (Bellamy and Kobeissi pers. comm. 2014). A closely-related perspective is held by Malaeb (pers. comm. 2014) who posits that schools are not the place where nutrition is most lacking. As such, school food programmes would only be beneficial if the objective is aimed at a better nutrition intake, not at malnutrition.

2. *Communal kitchens*

Communal kitchens are being organised by some local NGOs or faith-based organisations but, once again, this type of food assistance occurs in a sporadic and non-systematised manner. It is reasonable to perceive it as a semi-formal SSN.

Malaeb (pers. comm. 2014) noted that communal kitchen projects have a positive impact on food security. They also help reduce the cost of baking at home, and thus marginally improve income. Nevertheless, communal kitchens and school food programmes may be best suited for implementation in ISs. They would at the same time contribute to the creation of employment within these settlements, feed into the local market, and provide an opportunity to link with the local farming community (Malaeb pers. comm. 2014).

⁵² School selection criteria: school is located in a remote area, community is vulnerable due to a high concentration of Syrians, the school has a morning and afternoon shift for formal education. The project was funded by Caritas Austria (Manneh pers. comm. 2014).

⁵³ The health snack consists of two sandwiches, a fruit, a vegetable, a desert, juice, and water.

⁵⁴ The women participating were given a training session on nutrition and hygiene. The skills acquired are necessary for the implementation of the project and for them as mothers. They were also paid USD200 as an incentive for participation.

Chapter 5. Informal and semi-formal safety nets

Social safety nets (SSNs), as discussed in Chapter 4, are non-contributory social protection mechanisms consisting of either social assistance to the poor, or social insurance to the vulnerable. They can be formal or informal schemes, and may be implemented and managed by a broad range of actors including government, CSOs, faith-based organisations, political parties or groups, communities and families.

Formal SSNs are official social security systems normally delivered by governments and donor organisations. They are usually guided by economic and social principles.

Informal (and semi-formal) SSNs are usually delivered by extended families and communities, but can also be delivered by local organisations or charities. They are usually guided by religious and cultural, as well as family and community values. Informal SSNs are administered through systems related to “informal mutual support networks of neighbors, kinship groups or local communities, as well as semi-formal groups, such as funeral societies” (Clarke and Dercon 2009: 10).

Unlike formal SSNs that are usually financed from public revenues, informal SSNs are financed by individuals and communities. However, both types of networks are meant to offer protection against risks and adverse events.

In Lebanon, given the limited outreach and unreliability of formal social protection schemes to cater to the needs of poor, vulnerable and marginalised, informal social protection schemes represent an important mechanism through which many needy persons are finding, at least temporarily, protection against small risks. Families, communities, CSOs and NGOs⁵⁵ play a major role in providing social assistance to those cut off from formal SSNs.

The significant role played by various actors in informal or semi-formal SSNs is, as explained by UNDP (1997), the result of the government’s failure to provide for the needs and demands of the Lebanese population in a time of war:

The war obliged the state and society to adjust to the needs and demands of that phase. Whereas the role of the state and central authority declined, especially at the level of providing basic services to citizens, that of the non-governmental sector expanded, particularly relief and emergency work and provision of health services and direct assistance (monetary and in kind). Family and religious institutions and structures played a complementary role in maintaining social solidarity and resolving emergency problems, especially those related to education, health, and the accommodation of displaced persons. In addition, various political forces and militias established organizations and channels to provide a variety of assistance (cash transfers, assistance to families of “martyrs”, education grants, and assistance to compensate for damage caused by bombardment and military operation, etc.) (UNDP 1997: 1).

⁵⁵ CSOs and NGOs also play an important role in formal SSNs.

5.1. Contributions by families as SSNs

Across the world, it is estimated that informal transfers represent between 2 to 41% of income for net receivers, and 1 to 8% of income for net givers. In general, they represent the following trends:

- Most transfers flow from older to younger households.
- Poor and vulnerable households are more likely to receive transfers, and non-poor households to give such transfers; which contributes to the equalisation of the distribution of income.⁵⁶

In Lebanon, informal mechanisms of social protection are widespread and their contribution at the community- and household-level is significant. Traditional solidarity networks, based on kinship and extended families, continue to provide an important source of support for many. In general, the Lebanese rely on family and community networks for protection, especially when they are old or unemployed (Food Security and Agriculture Working Group 2014a). The transfers or exchanges between households are in cash, food, clothing, informal loans, and assistance with work or child-care. Depending on the size of these transfers, they can have an impact on “household income and consumption, investments in human capital, fertility rate, and an individual’s savings and wealth”.⁵⁷

Older persons, for example, derive much of their income from transfers from their children (74.8%), while only a small share is derived from pension schemes. As such, the chance of an older person living on their own in Lebanon increases with wealth (Rached 2012).

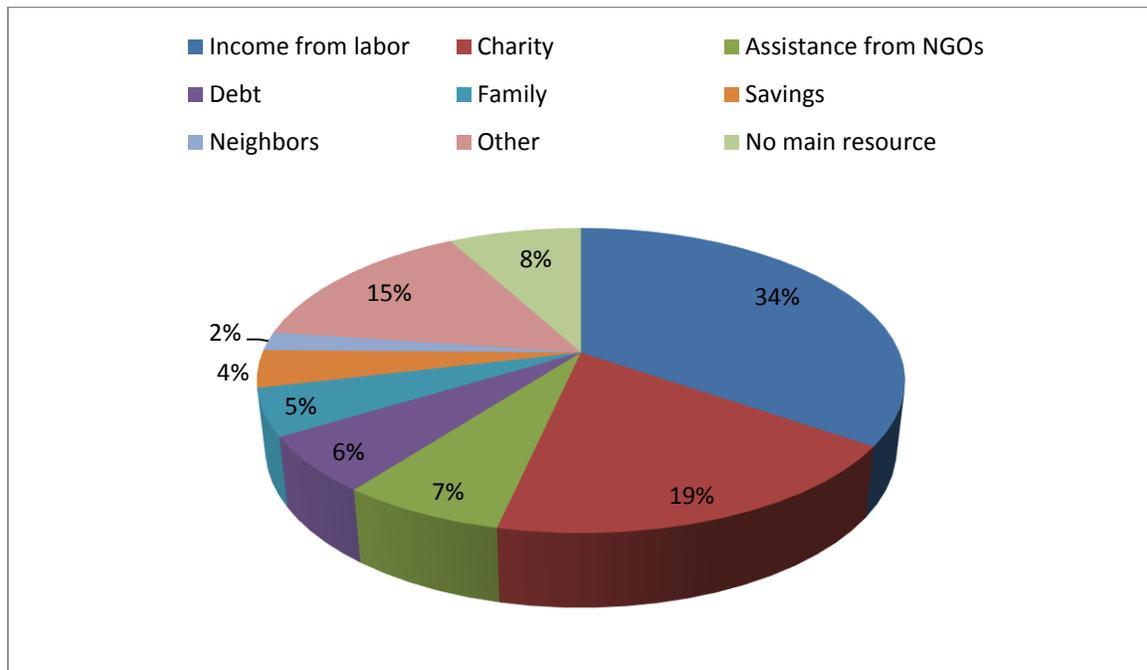
Certain populations like the PRL will have a difficult time benefiting from informal SSNs due to the ongoing instability in the occupied Palestinian territories, and the politically volatile situation in Lebanon, which make them particularly vulnerable and contribute to a breakdown in the capacity of traditional family structures to provide informal SSNs (UNRWA 2010).

According to a verification exercise undertaken by WFP in 2013 (WFP 2013), displaced Syrians in Lebanon revealed that only one-third of their income comes from labour, followed by charity and assistance from NGOs, accounting for one-quarter of their income, with smaller contributions coming from families, neighbours, savings and debt (see Figure 12).

⁵⁶ <http://web.worldbank.org>.

⁵⁷ <http://web.worldbank.org>.

Figure 12. Main source of income for Syrians in Lebanon



Source: WFP 2013

5.2. Contributions by CSOs and NGOs as SSNs

Informal SSNs are also provided by CSOs and NGOs who, in addition to the significant contribution that they make to formal SSNs (as discussed in Chapter 4), offer informally various forms of social services including basic health care, education, training, and microfinance (IMF 2012). The work of NGOs in Lebanon has therefore ranged from the provision of social assistance to the poor and vulnerable during times of peace and war, to relief work. Around 53% of NGOs active in Lebanon are devoted to assisting those in need (UNDP 1997).

Food assistance initiatives are commonly undertaken by faith-based organisations, and they include for example the preparation and distribution of warm meals during the month of Ramadan. For example, in Saida the Zakat Fund (an institution of Dar Al Fatwa) and Al Reayaa Organization provide such assistance, but they target mainly orphans. Sometimes, they also provide assistance to poor persons who approach the organisation seeking assistance (Dar Al Fatwa pers. comm. 2014). The Zakat Fund for example, in addition to the provision of education or medical assistance and Ramadan meals, provides Adha meat or food rations, in addition to monetary aid to persons with specific needs.⁵⁸ Nevertheless, the resources available remain extremely limited and unsustainable; thus allowing the provision of assistance only to a small proportion of those eligible for assistance.

⁵⁸ <https://www.zakat.org.lb/>.

In the context of the Syria crisis, one fifth of registered Syrian households reported receiving non-WFP assistance at least once. Nevertheless, it is difficult to quantify and locate the actions of a large number of regional and local organisations participating in the humanitarian response to the Syria crisis. This is because they are distributing household essential items (HEIs), food and cash assistance not on a regular basis, but mainly as a one-off occurrence that is targeted to certain areas (Food Security and Agriculture Working Group 2014a).

5.3. Limitations of informal SSNs

Informal SSNs may not substitute formal public action nor provide stable coverage that offers protection against risks and adverse events because:

- They are relatively fragile and unsustainable.
- They may only offer protection against small risks (Clarke and Dercon 2009).
- They fail when entire families live in poverty (Rached 2012).
- They are weak in facilitating risk management by household, particularly for covariate risks.
- They fail to protect the ultra-poor.
- They cannot replace public action when income shocks are covariate, delivery mechanisms are costly, severity of the income shock is extraordinary (e.g. drought, epidemic, macro-economic shocks), shocks are repeated.
- They can transmit patterns of inequality across generations.
- They may lead to poverty traps by either solidifying economic and social barriers, or by creating inefficiencies that undermine economic progress over time.⁵⁹

⁵⁹ <http://web.worldbank.org>.

Chapter 6. Conclusion

6.1. Summary

In 2010, the Government of Lebanon established for the first time a national vision and plan for poverty reduction and social protection, NSDSL, which focused upon the establishment of an effective SSN targeting the poor and vulnerable, as well as improvements in health, education and employment opportunities.

A number of existing policies and strategies emanating from different ministries such as MoSA, MoPH, MoA, MEHE and MoL also have a positive impact on social protection, food security and nutrition; although they do not always specifically target this issue.

In its response to the Syria crisis and the influx of displaced Syrians into the country, GoL drew a *Roadmap of Priority Interventions for Stabilization from the Syrian Conflict*, building on successive RRP, the main humanitarian appeal by UN, GoL, as well as national and international NGOs.

At present, the most important structure for formal SSNs in Lebanon is MoSA, as it is the main provider of social protection and assistance through its SDCs, NPTP, and services provided through contracted NGOs and welfare institutions. MoPH and MEHE also contribute strongly to SSNs through their specialised services and programmes, in addition to work undertaken by UN agencies and a number of INGOs, particularly in addressing the needs of the displaced and refugees in Lebanon since the start of the Syria crisis.

Currently, Lebanon's social protection system consists of:

1. A NSSF composed of a number of contributory insurance schemes providing coverage mainly for hospitalisation and medical expenses, education, and end-of-service indemnity or pension system.
2. SSNs that are non-contributory and meant to improve the welfare of the poor and vulnerable. They include social services to specific categories of vulnerable groups, price subsidies, and fee waivers for hospitalisation. In terms of food security more specifically, Lebanon's SSNs include mainly NPTP and the WFP e-card programme. Both programmes are recent initiatives launched in 2011 and 2012, respectively.

Given the limited impact of formal SSNs, informal social protection schemes have often been resorted to, to provide protection against small risks and adverse events for the poor, vulnerable and marginalised. Families, CSOs and NGOs, communities, faith-based organisations, charities, and political parties play a role in providing social assistance to those cut off from formal social safety nets.

6.2. Analysis of gaps

Lebanon is characterised by a complex political context from which any setting of national strategies, planning or implementation may not be divorced. The tumultuous state in which the country finds itself today, in addition to its political history, set the country off its developmental trajectory. Throughout its history, Lebanon's governments have mainly been preoccupied with reforms of an emergency nature, rather than 'normal' policy-making and long-term planning. Consequently, social protection and most other spheres of life have suffered neglect. Contingency planning has also been neglected, whereas the current context of food security, nutrition and livelihoods requires solid planning to mitigate anticipated risks such as sudden increases in the number of displaced, drought, and escalating tensions between Syrians and host communities.

By way of example, NSDSL, a recent attempt at a comprehensive approach to social protection, does not set any timeline for implementation. Lebanon's NSSS is aimed at providing insurance based, at least partially, on contributions made by the beneficiaries, rather than re-distributing to the poor, vulnerable and marginalised populations. Coverage is limited, leaving those most in need exposed to risk: the unemployed, self-employed, agricultural workers, and those working in the informal sector. To those for whom coverage is provided (persons working in certain types of employment), the benefits are often either insufficient or inadequate, mainly in the case of retirement and health. Unemployment remains unaddressed by all existing schemes, and therefore the contribution of these schemes to livelihoods is insignificant. Furthermore, this public system lacks a unified structure, and is characterised by a multiplicity of actors and overlapping coverage. None of the schemes provided target food security and nutrition.

The limited coverage provided by NSSS means that the population to be targeted by SSNs is large. However, government spending on SSNs and subsidies is small, 1% and 3% of GDP respectively. The distribution of social spending at relevant ministries is not consistent with the scale of the social problems. Furthermore, the impact of the formal SSNs on poverty is limited due to high rates of leakage to the non-poor, weak capacity and coordination among the concerned public institutions, and lack of reliable and timely data. The main SSNs targeting food security and nutrition, NPTP and the WFP e-card programme, are temporary schemes with limited funding. The performance of MoSA's SDCs also raises questions, particularly in terms of geographical coverage and the range of services available. In addition, the social and education services provided at the centres have, since the start of the Syria crisis, suffered from a diversion of funds to health services. Concerns about lack of geographical coverage and range of services provided also extends to the NGOs and welfare institutions contracted by MoSA.

SSNs in Lebanon, both formal and informal, provide only limited coverage and the targeting mechanism adopted by some of them is questionable. For many persons in the country, formal SSNs are either complemented by informal ones when coverage is inadequate, or completely substituted by them when they are absent. Nevertheless, informal SSNs may not substitute formal SSNs because the formal nature of these schemes is essential for a modern economy (government-provided, tax-funded). It also promotes innovation, economic growth and

development. While informal SSNs may supplement formal SSNs, they cannot alone provide sustainable coverage and protection against large-scale risks and adverse events.

In the response to the Syria crisis more specifically, not all affected and vulnerable populations have received sufficient and adequate assistance, notably host communities and Lebanese returnees. Little attention has thus far been allocated to the impact of the crisis on host communities. However, as the crisis persists and the number of displaced persons increases, the burden on host communities increases in parallel, and their capacity to respond to growing needs weakens. Thus far, the humanitarian response has had an emergency approach with a focus on displaced Syrians. A change in approach and a re-prioritisation of needs is now overdue. As for Lebanese returnees, the assistance provided to them has thus far been unclear and inadequate. Their right to seek assistance through NPTP does not necessarily account for their needs as refugees, but rather treats them as any other Lebanese citizen.

The response to the Syria crisis has also suffered from the lack of a proper level of coordination among the different actors and across the various sectors.

6.3. Recommendations

The gaps identified in this study may best be addressed through a well-coordinated, comprehensive, and sustainable approach to achieve a reasonable level of social protection for the populations of concern. This section however focuses specifically on recommendations related to food security, nutrition, and livelihoods; the scope of the current study.

6.3.1. Policies and institutional arrangements

- Set a timeline for the implementation of NSDSL, and establish an adequate mechanism of implementation, and M&E by GoL.
- Ensure that humanitarian programmes and interventions are in line with NSDSL and the *Lebanon Roadmap of Priority Interventions for Stabilization from the Syrian Conflict*, as well as other related policies/strategies outlined in this study.
- Empower MoSA to effectively lead the social sector; an effort that may be handled by the GoL with support from donors and their major implementing organisations.
- Institutionalise NPTP structure to ensure formality and sustainability of coverage.
- View planning on a medium- to long-term basis, and account for local development in a sustainable manner; an approach to be adopted by all relevant actors, governmental and non-governmental.
- Focus planning on stabilisation and on strengthening the resilience of Lebanese communities to weather the stress caused by the increase in population and in the demand for basic services and income-generating opportunities.

- Target poor, vulnerable, and marginalised populations in all assistance programmes through a focus on both economic and social criteria.
- Continue to direct efforts to the prevention of malnutrition through monitoring and surveillance systems; efforts that are best conducted by MoPH and organisations providing health- and food-related assistance.

6.3.2. Programmes and formal SSNs

Recommendations related to food assistance programmes in general:

- Establish adequate targeting mechanisms based on vulnerability criteria, economic and social.
- Allow for flexibility in the design of food assistance programmes to accommodate changing individual and contextual circumstances, such as deteriorating vulnerabilities.
- Establish proper M&E structures to ensure the provision of appropriate and well-targeted assistance, with consideration for cost-effectiveness.
- Continue and scale-up food vouchers assistance and food parcels assistance to all populations of concern.
- Procure goods locally, when possible (e.g. food parcels, communal kitchens, school food programmes), and ensure that this procurement emphasises the price of goods next to their quality.
- Refrain from universalising a move from food vouchers or food parcels to unconditional cash transfers, considering that the impact of this transition has not yet been fully explored in the Lebanese context.
- Expand food voucher programmes to support the marketing of Lebanese farm produce
- Prioritise the types of food assistance that have wide coverage and do-no-harm.

NPTP:

- Turn NPTP into an integrated anti-poverty programme that provides beneficiaries with livelihood opportunities and self-reliance programmes.
- Scale up NPTP to reach all Lebanese below the WB upper poverty line.
- Enhance the Basket of Benefits to fill the gap in terms of food and nutrition needs.
- Raise awareness about the Programme, especially among the poorest communities (since potential beneficiaries need to apply themselves to NPTP).
- In the case of Lebanese returnees, provide a Basket of Benefits customised to their needs.
- Harmonise assistance received through NPTP with that received by the displaced Syrian community from international donors and NGOs (in terms of nature of assistance, scope

of coverage, composition, and value), to reduce arising tensions between the two communities.

MoSA's SDCs:

- Establish SDCs in underserved regions to allow an adequate geographical coverage and easier access to those most in need.
- Enhance the capacity of SDCs to cater to the needs of a growing vulnerable population, not only in terms of health services, but also needed social services.
- Design and implement services that are well suited to current local needs.

Employment and livelihoods:⁶⁰

- Link livelihoods with food assistance to offer vulnerable populations a way to afford food and to ensure their dignity (For Syrians within ISs, for PRS within camps, and for Lebanese within the larger community).
- Create public works programmes that offer Food Assistance for Assets (FFA).
- Increase income-generating opportunities for host communities to allow them to cope with pressure, cater to their food needs, and strengthen their potential to host displaced persons and refugees.
- Create income-generating activities at the household-level for persons with specific needs like PWDs or female-headed households (e.g. food processing, waste segregation and recycling, and bio-composting).

The WFP Food Voucher (e-card) Programme:

- Raise the monthly value of food vouchers by US\$ 15-20 per beneficiary to allow the latter to better meet food needs and reach the impact sought in terms of food security and nutrition.
- Expand the number of contracted shops to expand choice for beneficiaries, reduce distance from shops, maximise price competition at the retail level, prevent the concentration of demand at the wholesaler/trader level, and reduce instances of corruption.
- Directly link the Programme to local fresh fruit and vegetable producers to support local farmers and help them maintain or even expand their production, and to facilitate beneficiaries' access to fresh food.

Better inform food-related assistance planning and programming by conducting research about:

⁶⁰ Income-generating opportunities should be designed judiciously to create a win-win situation for both host communities and displaced Syrians, and counter the negative impacts that have thus far shown to be associated with such opportunities.

- The impact of unconditional cash transfers versus conditional/restricted food voucher programmes.
- The appropriateness of Cash for Work programmes in communities experiencing mounting tensions and increasing labour competition between host communities and displaced Syrians.
- The feasibility of household-level food processing and the existence of a market to buy these processed foods.
- The appropriateness of school food programmes and communal kitchens, particularly in ISs, as well as their impact on health and nutrition, in addition to the most efficient targeting mechanisms to be adopted in these contexts.

6.3.3. *Informal and semi-formal SSNs*

- Support well-coordinated food parcel distributions to vulnerable populations.
- Support the setting up of communal kitchens in ISs and in camps located in transit areas.
- Encourage and support traditional solidarity networks, and strengthen family structures to facilitate and promote transfers of cash and aid to the most vulnerable.
- Link informal SSNs to the more formal SSNs to allow them to complement one another, rather than cause crowdedness.

References

1. Documents:

- Clarke, C. and Dercon, S. (October 2009) *Insurance, Credit and Safety Nets for the Poor in a World of Risk*, DESA Working Paper 81, New York: DESA.
- El-Khatib, Z.; Scales, D.; Vearey, J. and Forsberg, B. C. (2013) 'Syrian Refugees. Between Rocky Crisis and Hard Inaccessibility to Health Care Services in Lebanon and Jordan', *Conflict and Health* 7.18: 1-3. <http://www.conflictandhealth.com/content/7/1/18>.
- FAO (March 2013) *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*, Rome: Food and Agriculture Organization of the United Nations.
- FAO (November 2012) *Lebanon Country Programming Framework 2012-2015*, Rome: FAO.
- FAO (2007) *Lebanese Republic Nutrition Profile*, Nutrition and Consumer Protection Division, Rome: FAO.
- FAO (1996) *Rome Declaration on World Food Security and World Food Summit Plan of Action*, Rome: FAO.
- Food Security and Agriculture Working Group (June 2014a) *Multi-Sector Needs Assessment (MSNA)*, Food Chapter.
- Food Security and Agriculture Working Group (June 2014b) *Lebanon: RRP6 Monthly Update – June*, Food Security and Agriculture, Dashboard.
- GFDRR, UNDP, UNISDR and WB (2014) *Natural Disasters in the Middle East and North Africa – A Regional Overview*, January 2014.
- Global Post (2014), *Anwar Amro*, 22 February 2014, <http://www.globalpost.com/>
- GoL (November 2013) *Lebanon Roadmap of Priority Interventions for Stabilization from the Syrian Conflict*, Lebanon: Government of Lebanon.
- GoL and UN (October 2014a) *Lebanon Crisis Response Plan for 2015-2016*, launched in October 2014. https://docs.unocha.org/sites/dms/CAP/2015-2016_Lebanon_CRP_EN.pdf.
- GoL and UN (June 2014b) *Inter-Agency Support to Vulnerable Lebanese Communities and Public Institutions under the RRP6*, 30 June 2014.
- HI (August 2013) *Livelihoods Assessment Report*, Handicap International.
- HLPE (June 2012) *Social Protection for Food Security. A Report by High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*, Rome. http://www.fao.org/fileadmin/user_upload/hlpe/hlpe_documents/HLPE_Reports/HLPE-Report-4-Social_protection_for_food_security-June_2012.pdf
- ILO (2014) *World Social Protection Report: Building Economic Recovery, Inclusive Development and Social Justice 2014/15*, Geneva: International Labour Organization.

- IMF (2012) *Lebanon: Selected Issues, International Monetary Fund Country Report 12.40*, February 2012.
- IRC (August 2014) *Winterization Cash – Aiding Syrian Refugees in Lebanon from November 2013 to May 2014*, New York: International Rescue Committee.
- KDS (July 2014) *Development of a Framework for Multipurpose Cash Assistance to Improve Aid Effectiveness in Lebanon: Support to the Market Assessment and Monitoring Component*, Final Report, Lebanon: Key Development Services.
- MoA (December 2009) *Strategy of Agricultural Sector Revival: Action Plan 2010-2014*, Lebanon: Ministry of Agriculture.
- MoA (2004) *Agricultural Development Strategy and Five-Year Programme of Work 2005-2009*, Lebanon: Ministry of Agriculture.
- MoF (2010) *Budget for 2010*, Lebanon: Ministry of Finance.
- MoSA (January 2014) *Presentation on SDCs for Planning Meeting*, Lebanon: Ministry of Social Affairs.
- MoSA (October 2012) *Presentation on Social Development Centres: Current Status and Future Prospects*, Lebanon: Ministry of Social Affairs, Social Protection and Promotion Project Preparation.
- MoSA (September 2010) *The National Social Development Strategy for Lebanon: Vision, Elements and Objectives*, Lebanon: Ministry of Social Affairs.
- MoSA (January 2007) *Social Action Plan – Toward Strengthening Social Safety Nets and Access to Basic Social Services*, Lebanon: Ministry of Social Affairs.
- MoSA-NPTP (March 2014) *NPTP Progress Report*, Lebanon: Ministry of Social Affairs, National Poverty Targeting Programme.
- MoSA and UNDP (August 2008) *Poverty, Growth and Income Distribution in Lebanon*, Lebanon: Ministry of Social Affairs and United Nations Development Programme.
- MoSA and UNDP (2007) *Development of Mapping of Living in Lebanon 1995-2004: A Comparison with the Results of “Mapping of Living Conditions in Lebanon, 1998”, a part of the “Capacity Building for Poverty Reduction” joint project between Ministry of Social Affairs and United Nations Development Programme.*
- MoSA, UNDP and CAS (2006) *The National Survey of Household Living Conditions 2004*, Lebanon: Ministry of Social Affairs, United Nations Development Programme and Central Administration for Statistics.
- Murad, J. (March 2014) *البرنامج الوطني لدعم الاسر الاكثر فقراً (National Poverty Targeting Programme NPTP)*.
- OCHA and REACH (October 2014) *Informing Targeted Host Community Programming in Lebanon. Preliminary Analysis for Sector Planning*, OCHA and REACH.
- Rached, M. (December 2012) *Social Security and Pensions in Lebanon – A Non-Contributory Proposal*, by Mounir Rached, Lebanese Economic Association.
- UN (2013) *2014 Syria Regional Response Plan (known as RRP6)*, UN.
- UNDP (2011) *Enhancing Capacity for Social Development*, Lebanon Project Document, UNDP.

UNDP (2008) *Millennium Development Goals – Lebanon Report 2008*, UNDP.

UNDP (1997) 'Social Safety Nets', Chapter 2 – Section B. New York: UNDP.

UNICEF, MoPH, UNHCR, WHO, WFP and IOCC (2014) *2013 Joint Nutrition Assessment Syrian Refugees in Lebanon – Final Report*, February 2014.

UNIDO (December 2002) *The Integrated Programme for Lebanon to Enhance the Competitiveness of the Lebanese Industry and Its Integration in the Global Market Emergency Assistance to Food Industry*, Food Safety Panel Progress Report.

UNRWA (2010) Relief & Social Services – Social Safety Net Programme, Amman, Jordan.

VASyR (2014), *Vulnerability Assessment of Syrian Refugees*, WFP and UNHCR and UNICEF.

VASyR (2013), *Vulnerability Assessment of Syrian Refugees*, WFP and UNHCR and UNICEF.

WB (2014a) *Lebanon Economic Monitor: A Sluggish Economy in a Highly Volatile Environment*, Spring 2014, Washington DC: World Bank Group, Poverty Reduction and Economic Management Unit – Middle East and North Africa Region.

WB (2014b) *The State of Social Safety Nets 2014*, Washington DC: World Bank Group.

WB (September 2013a) *Lebanon - Economic and Social Impact Assessment of the Syrian Conflict*, Washington DC: World Bank Group, Poverty Reduction and Economic Management Department – Middle East and North Africa Region.

WB (2013b) *Social Promotion and Protection Project – Project Information Document (PID) Appraisal Stage*, Report no.: PIDA721, Washington DC: World Bank Group.

WFP (2014) *Syria Crisis Response Situation Update*, 9-22 July 2014, World Food Programme.

WFP (2013) Verification Exercise – Preliminary Result, March 2013, WFP.

WFP (2012) *Regional Emergency Operation 200433 – Food Assistance to Syrian Populations in Lebanon*, 23 December 2012, WFP.

WHO (2013) *Epidemic Risk Assessment for Syria Crisis*, 13-15 May 2013, Lebanon: World Health Organization.

Yara, F. (2014) Opening statement by Fadi Yara – MEHE, Statement made at the “Lebanon Crisis Response Plan of the 3RP – Stakeholder Consultation, Analysis and Planning Meeting”, 27 August 2014.

2. Interviews:

Abdulwahid, Z. (2014) Zakaria Abdulwahid (displaced Syrian in Lebanon), 2 September 2014.

Bellamy, C. and Kobeissi, F. (2014) Interview with Catherine Bellamy and Fouz Kobeissi – WFP, 1 September 2014

Bousleiman Assely, M. (2014) Interview with May Bousleiman – UNHCR, 20 August 2014.

Dar Al Fatwa (2014) Interview with anonymous representative – Dar Al Fatwa, 1 September 2014.

El Hajal, J. (2014) Interview with General Joseph El Hajal – ISF, 28 August 2014.

Malaeb, M. (2014) Interview with Makram Malaeb – MoSA, Syria Response Project, 1 September 2014.

Manneh, S. (2014) Interview with Samia Manneh – Caritas Migrant Centre, 1 September 2014.

Sharaf, D. (2014) Interview with Dania Sharaf – MoSA-NPTP, 20 August 2014.

3. Websites

Carnegie Endowment for International Peace, <http://carnegieendowment.org>, accessed August 2014.

Ministry of Agriculture, <http://www.agriculture.gov.lb/>, accessed August 2014.

Ministry of Labour, <http://www.labor.gov.lb/>, accessed August 2014.

Ministry of Public Health, <http://www.moph.gov.lb/>, accessed August 2014.

Ministry of Social Affairs, <http://www.socialaffairs.gov.lb/>, accessed August 2014.

Presidency of the Republic of Lebanon, <http://www.presidency.gov.lb/>, accessed August 2014.

United Nations Development Programme Lebanon, <http://www.undp.org.lb/>, accessed August 2014.

United Nations Food and Agriculture Organization, <http://www.fao.org/>, accessed August 2014.

United Nations High Commissioner for Refugees, <http://data.unhcr.org/>, accessed August 2014.

United Nations Relief and Works Agency for Palestine Refugees in the Near East, <http://www.unrwa.org/where-we-work/lebanon>, accessed August 2014.

United Nations Research Institute for Social Development, <http://www.unrisd.org/>, accessed August 2014.

World Bank, <http://web.worldbank.org>, accessed August 2014.

World Food Programme, <http://www.wfp.org/>, accessed August 2014.

Zakat Fund, <https://www.zakat.org.lb/>, accessed August 2014.

Annexes

Annex 1. List of people interviewed

Name	Organisation/Agency	Date of Interview
May Bousleiman Assely	UNHCR	20 August 2014
Dania Sharaf	MoSA – NPTP	20 August 2014
General Joseph El Hajal	ISF	28 August 2014
Makram Malaeb	MoSA – Syrian Response Project	1 September 2014
(Anonymous)	Dar Al Fatwa	1 September 2014
Samia Manneh	Caritas Migrant Centre	1 September 2014
Catherine Bellamy and Fouz Kobeissi	WFP	1 September 2014
Zakaria Abbulwahid	Syrian Displaced in Lebanon	2 September 2014

Annex 2. Institutional and policy mapping of social protection and safety nets in Lebanon

Strategy/Policy	Stakeholders/ Main Players	Description	Date of Strategy /Policy
GoL Social Action Plan (SAP)	GoL	<p>The objectives of SAP are to:</p> <ul style="list-style-type: none"> - Reduce poverty and improve the quality of education and health indicators - Improve the efficiency of social spending while preserving budgetary allocations at an appropriate and sustainable level - Minimise regional disparities and achieve better dissemination of allowances allocated in the national budget for social intervention - Increase the effectiveness and coverage of SSNs for the poor and marginalised. 	January 2007
Inter-Ministerial Committee for Social Issues	<p>Headed by the Prime Minister.</p> <p>Members include: MoSA, MEHE, MoPH, MoIM, MoF, MoL and MoET, in addition to CDR.</p> <p>MoSA acted as a technical and administrative secretariat to IMC.</p>	<p>The Committee was formed to coordinate government efforts and elaborate an overall social strategy.</p> <p>It is concerned with:</p> <ul style="list-style-type: none"> - Monitoring and evaluation of SSN programmes - Overlapping among ministries - Establishment of a social database 	January 2007
The GoL National Social Development Strategy (NSDSL)	GoL (formulated by MoSA)	<p>The objectives of NSDSL are:</p> <ol style="list-style-type: none"> 1. Achieve better health 2. Strengthen social protection mechanisms 3. Protect and empower children and youth 4. Improve opportunities for equitable and safe employment 	September 2010

		<p>5. Revitalise communities and encourage the development of social capital</p> <p>6. Encourage socio-economic development</p>	
Lebanon Roadmap of Priority Interventions for Stabilization from the Syrian Conflict	GoL (with the support of the ESIA partners)	<p>The Roadmap outlines a preliminary set of prioritised immediate-, short- to medium-term recommendations focusing on:</p> <ul style="list-style-type: none"> - Alleviating the impact on the government's budget and deteriorating public services to host communities - Restoring and expanding economic and livelihood opportunities, particularly to vulnerable groups, and creating an enabling environment for private sector investment - Restoring and building resiliency in equitable access to and quality of sustainable basic public services - Strengthening social cohesion 	<p>15 November 2013 (Presented by the President and Prime Minister at the Paris Conference in 2013)</p> <p>The Roadmap is currently being re-visited by GoL</p>
Inter-Ministerial Committee (IMC) established for the humanitarian response		Since GoL has the primary responsibility to protect persons on its territory, an IMC was established to support GoL in undertaking this task as part of the humanitarian response.	
Task Force on Support to Host Communities (also known as the International Support Group for Lebanon)	Co-chaired by UNDP, UNHCR, PMO, MoSA	<p>The recognition of the need to relieve pressure on host communities instigated the creation of this Group, on the margins of the UN General Assembly.</p> <p>The Task Force facilitated:</p> <ul style="list-style-type: none"> - The formulation of a strategic framework for the response - The entry of new partners - The development of a targeting methodology singling out 244 prioritised communities for social cohesion and livelihood activities 	Early 2003

Annex 3. Matrix of social protection and safety nets in Lebanon

National Social Security Systems	Social Safety Nets
National Social Security Fund (NSSF)	Ministry of Social Affairs (MoSA) <ul style="list-style-type: none"> - Social services to specific categories of vulnerable groups (e.g. older persons, PWDs, orphans) through contracted CSOs and NGOs - National Poverty Targeting Programme – NPTP (also known as Halla), for Lebanese citizens - Community-Driven Development Projects (CDD)
Public Servants Cooperation (also known as Cooperative of Public Sector Employees)	Ministry of Public Health (MoPH) <ul style="list-style-type: none"> - Fee waivers for hospitalisation - Primary health care provided through a network of PHCs mainly affiliated through NGOs, but also through local municipalities, MoPH and MoSA - Medications for chronic illnesses. - Preventive health care
Security Sectors Insurance: <ol style="list-style-type: none"> 1. Army 2. Internal Security Forces (ISF) 	Ministry of Education and Higher Education (MEHE): <ul style="list-style-type: none"> - Enrolment fee waivers programmes - Scholarships - Possibility of school food programmes
Insurance companies/schemes covering specific professional sectors: <ol style="list-style-type: none"> 1. Mutual Funds (Members of Parliament; Employees of Lebanese Parliament; Judges; Judges' aides; Islamic Tribunal Judges) 2. Syndicates (Order of Engineers and Architects in Beirut and Tripoli; Beirut and Tripoli Associations (for lawyers); Private Schools Solidarity and Pension Funds) 	Ministry for the Displaced & The Central Fund for the Displaced <ul style="list-style-type: none"> - cash payments to compensate the evacuation of displaced Lebanese , and to repair and reconstruct houses by returnees
Private Insurance Companies	United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA): <ul style="list-style-type: none"> - Social Safety Net Programme for Palestine refugees provides regular delivery of food aid and cash subsidies

	<p>World Food Programme (WFP):</p> <ul style="list-style-type: none"> - E-card programme (for displaced Syrians, and soon Lebanese returnees) - Food parcels (for newcomers) - Cash for Food (for PRS)
	<p>A number of NGOs, CSOs, faith-based organisations or political parties implement sporadic food assistance projects, but in a non-systematic, temporary, and unsustainable manner. These projects include:</p> <ul style="list-style-type: none"> - Food voucher or food parcels distributions - Cash for Work, or Food for Work - Unconditional cash transfers - School food programmes - Communal kitchens
	Contributions by families

Annex 4. Lebanon quantified impact assessment of the Syrian conflict spillovers

	2012	2013	2014		Cumulative 2012/14
			Baseline Refugee Influx	High Refugee Influx	Baseline Refugee Influx
(in millions of Lebanese Pounds)					
Impact Assessment	94,343	475,745	781,984	973,041	1,352,072
Human Development & Social Impact	62,032	102,754	238,831	287,807	463,587
Health	9,088	57,999	71,638	103,705	138,775
Education	43,994	95,206	153,113	184,102	292,313
Poverty & Social Safety Nets 1/	8,950	9,590	1,400	---	32,500
Infrastructure Impact	32,311	312,991	543,183	685,235	888,485
Electricity	24,120	256,275	473,353	592,448	753,790
Water & Sanitation	8,191	7,571	11,337	14,098	27,099
Solid Waste Management & Municipal Service	---	49,145	58,491	78,089	107,636
(in millions of US dollars)					
Impact Assessment	63	316	519	645	897
Human Development & Social Impact	41	108	158	191	308

Health	6	38	48	69	92
Education	29	63	102	122	194
Poverty & Social Safety Nets 1/	6	6	9	---	22
Infrastructure Impact	21	208	360	455	589
Electricity	16	170	314	493	500
Water & Sanitation	5	5	8	10	18
Solid Waste Management & Municipal Service	---	33	39	52	71

(in percent of GDP, unless otherwise indicated)

Impact Assessment	0.1	0.7	1.1	1.4	1.9
Human Development & Social Impact	0.1	0.2	0.3	0.4	0.7
Infrastructure Impact	0.0	0.5	0.8	1.0	1.3
Economic impact (public and private; in percent)	-2.9	-2.9	-2.9	-2.5	---
Real GDP growth rate: No Syrian Conflict Spillovers (in percent)	4.3	4.4	4.4	4.4	---
Real GDP growth rate: Actual and Projected (in percent)	1.4	1.5	1.5	1.9	---
Fiscal Impact (change in overall fiscal balance due to conflicts spillover)	1.1	2.1	2.6	2.6	5.8
Revenue: forgone due to conflict spillover	0.9	1.3	1.3	1.0	3.4
Expenditure: increment due to conflict spillover	0.2	0.9	1.3	1.6	2.4

Memorandum item:	(in millions of US dollars)				
Nominal GDP (actual and projected)	42,945	45,203	47,230	47,408	---
Nominal GDP (counter-factual: no Syrian conflict spillover)	44,088	47,662	51,157	51,157	---

Source: World Bank staff calculations and projections.

1/ No high scenario has been calculated for Poverty and SSNs in 2014

Source: WB 2013a

Annex 6. Summary table of Lebanon’s roadmap of priorities for stabilisation

Poverty and social safety nets (US million)

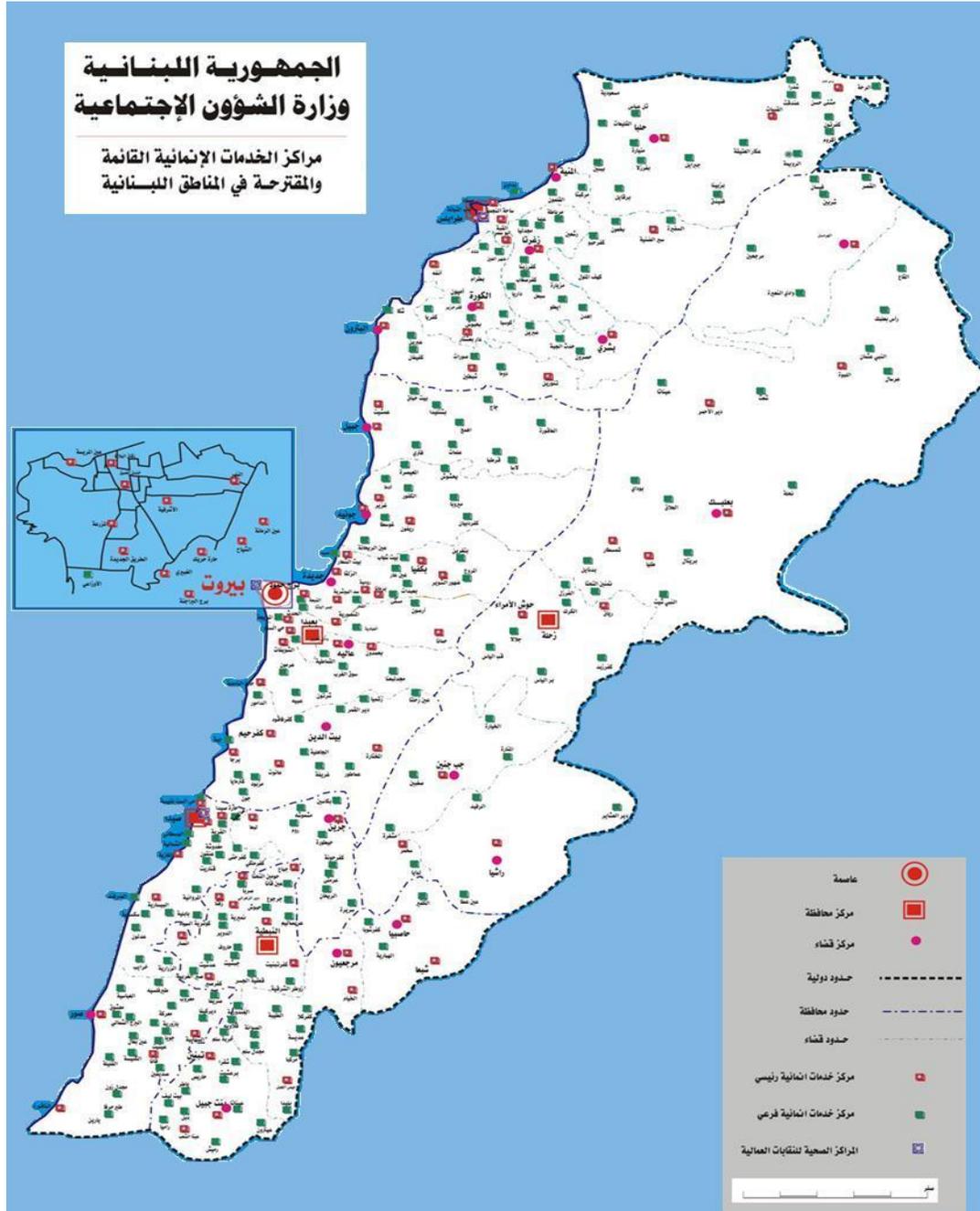
1	Scale-up of National Poverty Targeting Program (NPTP) 127 over 3 years	127
2	Enhance the capacity of Social Development Centers 8.1 over 3 years	8.1
3	Host Community Programme and long term Community Social Development (CSD) 40 over 5 years	40

Social cohesion

1	Fostering peace building mechanisms to mitigate tensions in areas hosting Syrian refugees	4.2
2	Improve government response to crisis and major civilian operations	2.9
3	Strengthening Civil-Military Coordination in rural and urban hot spots for enhanced stability	3.5
4	Improve crime prevention responses	2.5
5	Enhance protection systems and mechanisms targeting women and girls	6
6	Strengthening women’s participation (SCR 1325)	7

Source: GoL 2013

Annex 7. Map of MoSA's Social Development Centres (SDCs)



Source: Ministry of Social Affairs website, <http://www.socialaffairs.gov.lb/>