



ADOLESCENT GIRLS AND BOYS NEEDS IN WEST BEKAA AND MOUNT LEBANON

Plan International Lebanon
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Scope

Plan International's needs assessment was designed to assess the education and protection needs of Syrian refugee and vulnerable Lebanese communities in West Bekaa and Mount Lebanon, especially adolescent girls and boys and their families, in the context of the protracted Syrian refugee crisis, the current socio-economic and financial crisis, the COVID-19 outbreak and the recent Beirut explosion. The assessment also aims at guiding future programming that serves the most vulnerable adolescents and families in West Bekaa and Mount Lebanon.

Methodology

Data Collection Methods

Given the time, access, and logistical constraints as a result of the COVID-19 outbreak, the primary data was collected remotely, through phone calls, from 16 December 2020 until 28 December 2020. To extract relevant findings from the assessment, the methodology relied on quantitative data obtained through two different surveys, allowing to assess the needs and priorities as perceived by different groups of the affected populations, including disaggregation by sex, age, and nationality. A total of 341 female and male caregivers and 256 adolescent girls and boys, from both Syrian and Lebanese populations in Mount Lebanon and West Bekaa, were surveyed. Survey participants were identified by Plan Internal Lebanon's (PIL) local partner Amel Association. Facilitators from PIL and partner organisations were trained by PIL and assigned to conduct the data collection.

Sampling Method

For the purpose of assessing the current needs, two independent sets of samples were prepared. The sampling size was determined by the available data with the partner organisation considering the desired precision of 5% with an error risk parameter of 1.96, that is 95% confidence level. Accordingly, the sample size was set at 341 for caregivers and 256 for adolescents. Simple random sampling was adopted, and respondents were selected from complete and up-to-date lists of beneficiaries and residents in each geographical area using the number generator function of a computer.

Ethical Considerations

All enumerators were PIL or Amel staff that have signed Plan International's Safeguarding, Gender Equality and Inclusion global policies. Prior to collecting data, all enumerators were trained remotely by Plan's M&E, CP and Gender focal points on remote data collection, ethical considerations, safeguarding, gender and safe identification and referrals.

Prior to obtaining their consent, all surveyed individuals were informed of the confidential and voluntary aspect of their participation, briefed on the objective of the assessment and the use of information collected, and given the opportunity to ask questions or share their thoughts on issues that were not discussed during the interview. Respondents were only interviewed after they verbally provided their voluntary and informed consent. PIL is committed to ensuring the confidentiality and anonymity of participants at all times.

The tools were adapted to be age- and gender- appropriate, and different questionnaires were developed for adolescents and caregivers depending on their age and gender.

Findings

For each category, findings are presented as percentages of the total sample size for either caregivers or adolescents. Sub-category percentages, noted between brackets, represent the percentage of participants in a certain sub-category (e.g., percentage of Lebanese participants). They were calculated by dividing the number of participants in each category who have answered the question by the total number of participants pertaining to the same category. (e.g.: Number of Lebanese respondents who are out-of-school/Total number of Lebanese respondents = 9/52= 17%)

1- Demographics

The total sample of caregivers (N=341) was almost equally distributed between two regions: West Bekaa (53%), and Mount Lebanon (47%). 67% of adult respondents were Syrians, 32% were Lebanese, and 1% were Palestinian refugees from Lebanon (PRL). The vast majority of caregiver participants were women (81%). Of note, 60% of Syrian caregiver participants were located in West Bekaa, and the rest were in Mount Lebanon.

As for adolescent respondents (N=256), 61% resided in West Bekaa, while the rest were living in Mount Lebanon (39%). 79% were Syrians, 20% were Lebanese, and 1% were PRL. Slightly more adolescent females (52%) than males (48%) participated in the survey, and the age distribution was as follows: 78% were aged 10-14, and 22% were aged 15-17.

Table 1: Demographic Characteristics

		No.	%
Caregivers	Region		
	West Bekaa	181	(53)
	Mount Lebanon	160	(47)
	Total	341	(100)
	Nationality		
	Lebanese	110	(32)
	Syrian	227	(67)
	PRL	4	(1)
	Total	341	(100)
	Sex		
	Male	64	(19)
	Female	277	(81)
	Total	341	(100)
Adolescents	Region		
	West Bekaa	156	(61)
	Mount Lebanon	100	(39)
	Total	256	(100)
	Nationality		
	Lebanese	52	(20)
	Syrian	202	(79)
	PRL	2	(1)
	Total	256	(100)
	Sex		
	Male	122	(48)
	Female	134	(52)
	Total	256	(100)
Age range			
10-14	201	(78)	
15-17	55	(22)	
Total	256	(100)	

2- Education Needs

27% of surveyed adolescents aged between 10 and 17, reported that they were not attending any form of education (17% of Lebanese and 30% of Syrian participants), similarly, across the two assessment regions. Disaggregated by age, education dropouts represented 23% of those aged 10-14 and 42% of those aged 15-17.

Among those who dropped out of education, 41% dropped out a year ago (44% of Lebanese and 41% of Syrians not enrolled), 23% never attended school (22% of Lebanese and 23% of Syrians not enrolled) and 19% left school four years ago or longer (22% of Lebanese and 18% of Syrians not enrolled). Disaggregated by age, the data looked as follows: 11% of those aged 10-14 and 13% of those aged 15-17 dropped out a year ago, 8% of those aged 10-14 and 2% of those aged 15-17 never attended school, and 2% of 10-14-year-old and 18% of 15-17-year-old dropped out four or more years ago.

When asked about the reasons of dropping out or never attending school, 40% reported that they cannot afford it, 33% due to COVID-19, 13% had to work, 10% can't read and write and 7% because of the distance to school and transportation problems.

It was also found that 89% of adolescents who dropped out of school or never attended would like to go back to school or participate in education opportunities if they could. This was particularly the case of adolescents aged 15-17 (31%), females (27%), and Syrians (27%), with no difference between West Bekaa and Mount Lebanon.

73% of adolescents are currently attending education opportunities. This is particularly for Lebanese (83%) and younger adolescents (77% of those aged 10-14), while Syrians (70%) and older adolescents (58% of those aged 15-17) are less likely to attend school. Of those attending school, 42% were attending less than 3 days a week and 32% were attending 3-4 days a week.

67% (77% Lebanese and 41% Syrian) of adolescents who participate in education activities are enrolled in formal education, 31% non-formal and 4% vocational training. By age groups, 49% of 10-14-year-old were in formal education, 27% were in non-formal education, and 1% were in vocational education. As for 15-17-year-old, 46% were in formal education, 7% were in non-formal education, and 6% were in vocational education. Analysis by region revealed that there was a noticeably larger proportion of adolescents in West Bekaa receiving non-formal education (44%) than in Mount Lebanon (11%).

Of those not attending education activities consistently, 65% reported that it is due to the COVID-19 pandemic, 24% reported that the classes schedule is inconsistent due to COVID-19 and 7% due to work.

Table 2: School Attendance, According to Region, Nationality, Sex and Age

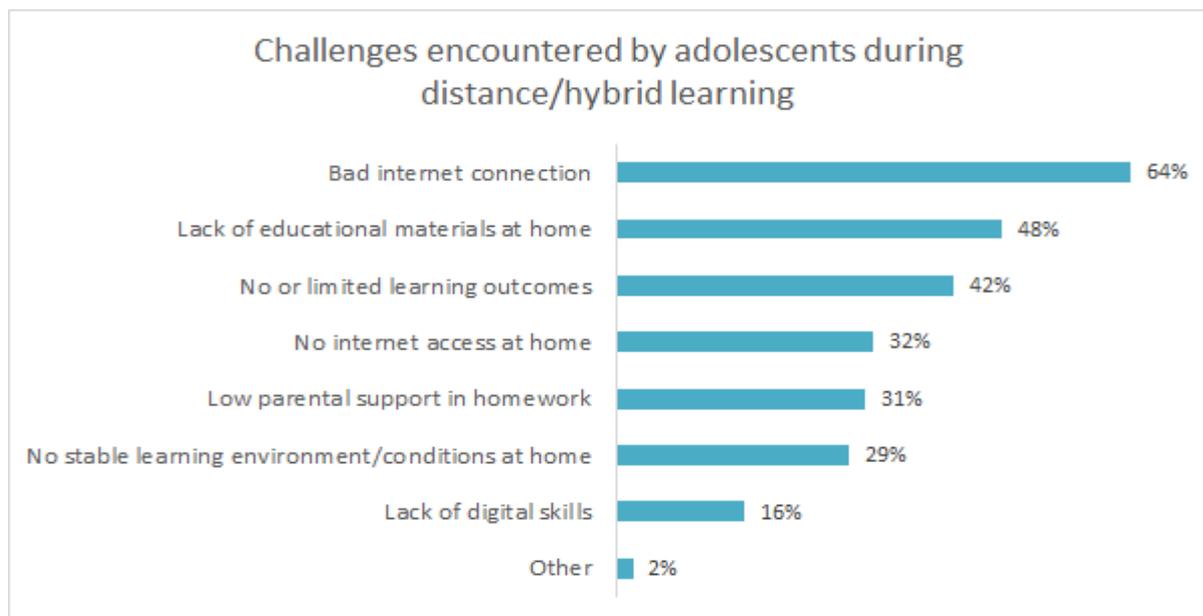
	In school		Out of school	
	No.	%	No.	%
Total	186	(73)	70	(27)
By region				
West Bekaa	113	(72)	43	(28)
Mount Lebanon	73	(73)	27	(27)
By nationality				
Lebanese	43	(83)	9	(17)
Syrian	141	(70)	61	(30)
PRL	2	(100)	0	(0)
By sex				
Male	92	(75)	30	(25)
Female	94	(70)	40	(30)
By age				
10-14	154	(77)	47	(23)
15-17	32	(58)	23	(42)

Since the COVID-19 pandemic, 90% of adolescents participating in education opportunities attended distance/hybrid learning classes, similarly, across the 10-14 and 15-17 age groups. By region, 97% of adolescents attending education in West Bekaa have ever attended distance/hybrid learning classes, compared to 81% in Mount Lebanon.

Only 45% of adolescents who attended distance/hybrid learning classes reported being satisfied with this educational model, while the rest reported being either not satisfied (38%) or somewhat satisfied (17%). Satisfaction with the classes varied across age, region, and nationality, as 50% of 10-14-year-old adolescents reported being satisfied with hybrid learning compared to 24% of older adolescents, 54% of adolescents in West Bekaa compared to 29% of those in Mount Lebanon, and 55% of Syrians compared to 18% of Lebanese adolescents. The most stated reasons for being either somewhat or not satisfied with distance/hybrid learning classes were: encountering difficulties in understanding the lessons (55%), preference for regular school settings (12%) and the lack of relevant educational material at home (16%).

When it comes to the challenges faced during the distance/hybrid learning classes, the most reported factors (in order of highest prevalence) were the bad internet connection (64%), the lack of learning material at home (48%), the absence or limitedness of learning outcomes (42%), the lack of internet access (32%), the low parental support in homework (31%), the absence of a stable learning environment at home (29%), and, finally, the lack of digital skills (16%).

58% of children enrolled in education lacked educational material at home, of whom 67% lacked stationary, 50% lacked the relevant books, and 49% lacked electronic equipment (laptop, tablet or cell phone).



As for caregivers, 71% stated that their children were currently attending educational opportunities, while 10% stated that this was the case for only some of their children, and another 19% stated that none of their children were pursuing education at the moment. Among those who had some or all of their children out of education, the overwhelming majority (89%) said that they would encourage their children to participate in educational opportunities, if safety and age-appropriateness were granted.

For caregivers who had some or all of their children currently attending educational opportunities, 92% stated that either some or all of their children have attended distance/hybrid learning classes since the onset of the COVID-19 pandemic. And among those, only 32% reported being satisfied with this learning modality, while the rest were either somewhat satisfied (27%) or not satisfied at all (41%), echoing the findings from the adolescent survey.

The most reported reasons for being either somewhat satisfied or not satisfied at all were: children encountering difficulties in understanding the lessons (35%), the lack of relevant educational material at home (16%), their children not benefitting from this educational modality (15%), their preference for regular school settings (14%) and the pressure that distance/hybrid learning has created on caregivers (10%), in terms of taking the role of the teacher at home and dedicating a lot of time to support their children in school work.

Caregivers reported several challenges encountered with distance/hybrid learning, including (in order of highest prevalence) the expensive educational materials (54%), their own low educational level (52%), their inability to support their children in digital skills (50%), their inability to support children in homework (45%), their inability to go to work when their children are home (12%), and having to leave their children alone at home to go to work (5%).

Interestingly, when asked about the educational modality that they would prefer for their children if schools were to take precautionary measures to prevent the spread of COVID-19, more than 80% of caregivers said “face-to-face”, while only 9% said “hybrid” and 10% said “remote”.

3- Protection and Psychosocial Needs

31% of caregivers (30% of males and 32% of females) and 56% of adolescents (60% of girls, and 52% of boys) did not know about any prominent hazards that boys are exposed to in their community. 33% of caregivers (33% of male and 34% of females) and 57% of adolescents (52% of girls, and 62% of boys) did not know about any prominent hazards that girls are exposed to in their community. A higher proportion of younger adolescents (aged 10-14) did not know about the hazards faced in their community by boys (58%) and girls (63%) than older adolescents (47% and 36% of 15-17-year-olds did not know the hazards faced by boys and girls respectively). Additionally, there was some differences between regions: 59% of adolescents in West Bekaa were not aware of hazards faced by boys compared to 51% in Mount Lebanon, and 62% were not aware of hazards faced by girls compared to 49% in Mount Lebanon.

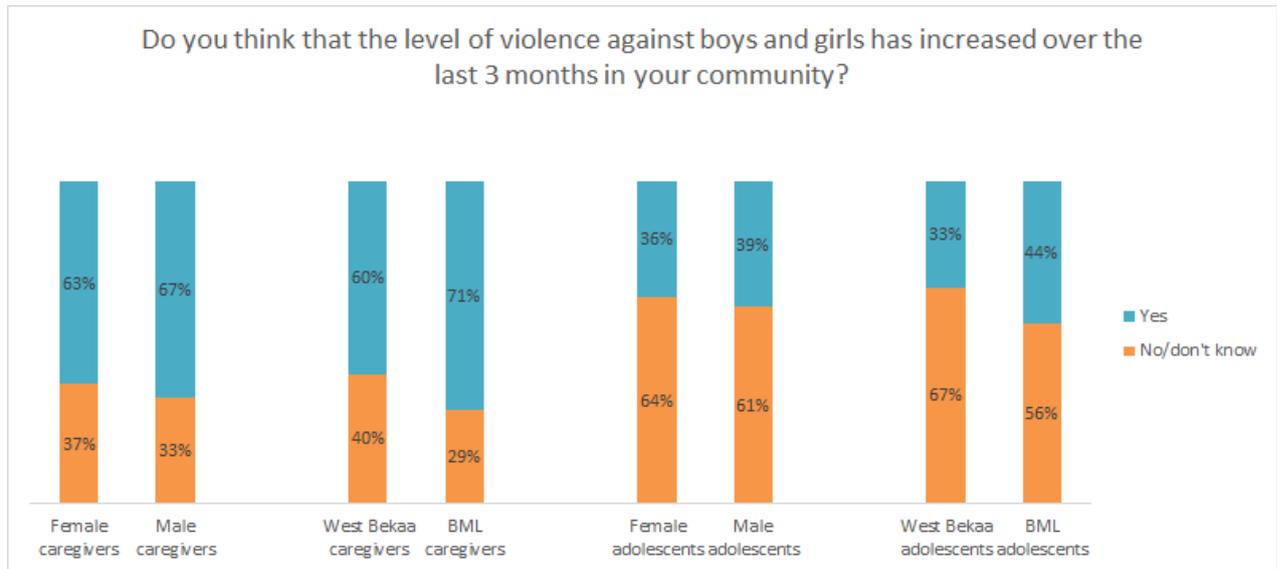
This high proportion of responses can be explained in various ways. It either indicates a lack of awareness of what constitutes a hazard or protection risk or issue, or that respondents didn't feel comfortable reporting or sharing their views. This shows the huge need for raising awareness on protection issues and the risks that adolescent girls and boys might face in their community.

The most reported hazards that adolescent boys are exposed to in their community (in order of highest prevalence) were harassment or discrimination (19%), physical abuse (19%), emotional abuse (19%), worst forms of child labour (13%), neglect (11%), sexual exploitation and abuse (6%), and child marriage (5%). On the other hand, the most reported hazards faced by adolescent girls were as follows: harassment or discrimination (26%), physical abuse (17%), emotional abuse (14%), child marriage (11%), neglect (9%), sexual exploitation and abuse (9%), and the worst forms of child labour (6%).

As for caregivers, the most reported hazards faced by boys (in order of highest prevalence) were harassment or discrimination (31%), worst forms of child labour (23%), physical abuse (23%), emotional abuse (21%), neglect (20%), sexual exploitation and abuse (18%), and domestic violence (13%). The most reported hazards faced by girls were harassment or discrimination (38%), sexual exploitation or abuse (25%), emotional abuse (22%), physical abuse (22%), child marriage (20%), neglect (18%), worst forms of child labour (14%), and domestic violence (13%).

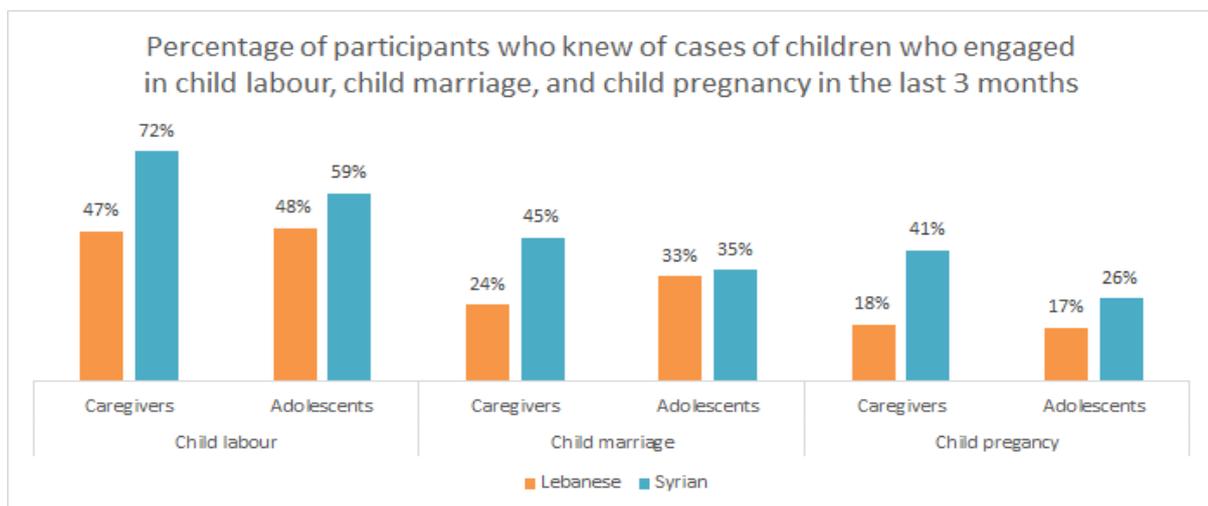
37% of adolescents (36% of girls and 39% of boys) and 63% of caregiver respondents (63% of females and 67% of males) said the level of violence against boys and girls has increased in the last three months, with a significantly higher proportion in Mount Lebanon (71% Mount Lebanon versus 60% West Bekaa among caregivers, and 44% Mount Lebanon versus 33%

West Bekaa among adolescents). Of those who reported no increase in the level of violence (or did not know), boys had the highest percentage (35%) among adolescents, and females had the highest percentage (23%) among caregivers.



57% of adolescents (59% of Syrians and 48% of the Lebanese) and 64% of caregivers (72% of Syrians and 47% of the Lebanese) reported knowing children in their community who were engaged in labour in the last 3 months. Disaggregated by region, the results were similar among caregivers in West Bekaa and Mount Lebanon, while there was a slightly higher proportion of adolescents from West Bekaa reporting an increase in child labour in their community (60%) compared to Mount Lebanon (52%).

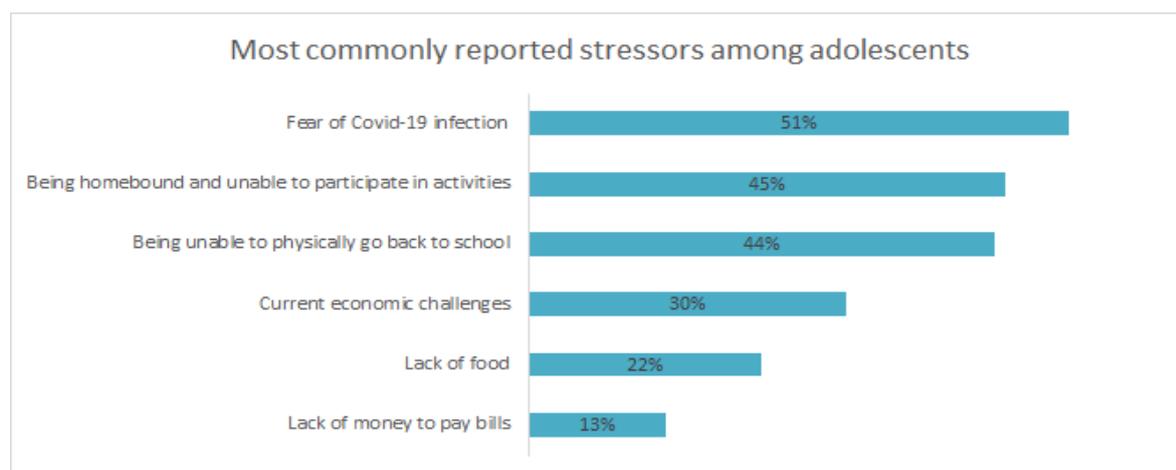
Additionally, 34% of adolescents (35% of Syrians and 33% of the Lebanese) and 38% of caregivers (45% of Syrians and 24% of the Lebanese) reported knowing adolescents in their community who got married before the age of 18 in the last 3 months, and 25% of adolescents (26% of Syrians and 17% of the Lebanese) and 33% of caregivers (41% of Syrians and 18% of the Lebanese) reported knowing adolescents in their community who got pregnant before the age of 18. Regional variation was observed among caregivers only, whereby 43% of caregivers in West Bekaa reported knowing cases of child marriage compared to 33% of respondents in Mount Lebanon, and 39% reported cases of child pregnancy compared to 27% in Mount Lebanon.



Only 38% of caregiver respondents (42% of Syrians, and 30% of Lebanese) were aware of a mechanism, place or focal point where they get help if they face a protection risk, similarly across regions but with a slightly notable gendered difference between males (47%) and females (36%). As for adolescents, only 27% adolescents (25% of Syrians, 37% of Lebanese) were aware of such mechanism, place, or focal point. Age disaggregation shows that only 26% of 10-14-year-old and 31% of 15-17-year-old knew of such a place, mechanism or focal point, with no regional differences. These findings indicate that there is a high need to increase information about what to report and how, and that this effort should target the whole population - Lebanese, Syrian, male, and female of all ages.

73% of adolescent girls and boys (72% of Syrians and 81% of the Lebanese) and 96% of caregivers (94% of Syrians and 99% of the Lebanese) reported feeling stressed out during this period of time. By age groups, these represented 71% of adolescents aged 10-14, and 81% of those aged 15-17. Regional differences were notable, with more adolescents in Mount Lebanon (81%) reporting feeling stressed out than in West Bekaa (69%).

Adolescents report the highest stress-causing factors (in order of highest prevalence) are fear of COVID-19 infection (51%), not being able to physically go back to school (44%), not being able to participate in activities and being home bound (45%), the current economic challenges (30%), lack of food (22%) and lack of money to pay bills (13%). The only statistically significant difference among these stressors across regions was “not being able to physically go back to school”, which was reported by 52% of adolescents in Mount Lebanon compared to 37% in West Bekaa. No significant differences in answers were reported between Syrian and Lebanese adolescents.



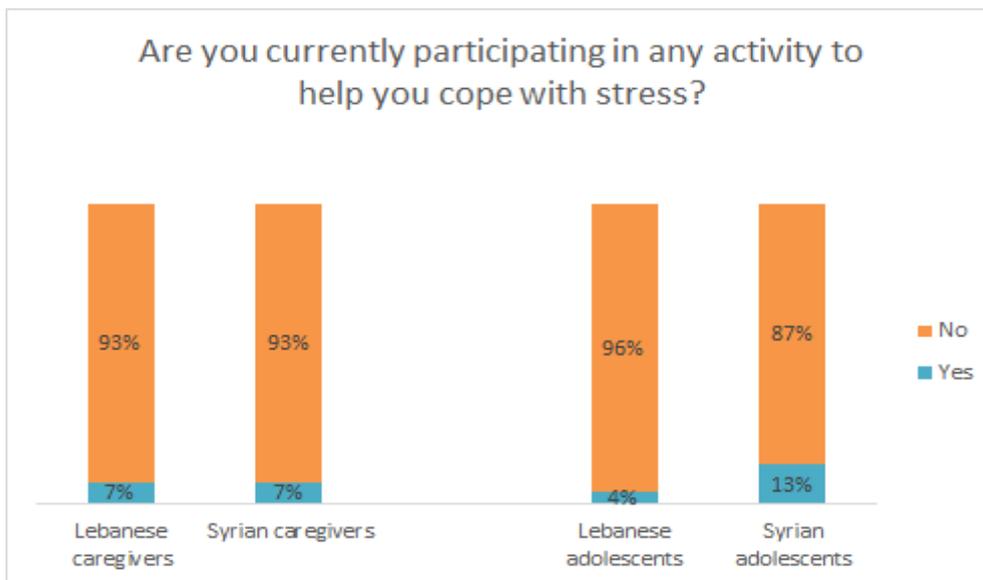
As for caregivers, they were most stressed about not being able to provide basic needs to their families (70%), having a lower income (54%), the lack of food (43%), the inability to pay debts and bills (28%), children’s safety and health challenges (24%), a deterioration of the security situation (23%), a further deterioration of the national currency (23%), and the loss of livelihoods (17%). Answers varied across regions, as lower income and health challenges were listed by more caregivers from West Bekaa than Mount Lebanon (58% versus 45% for lower income and 25% versus 17% for health challenges). On the other hand, worries about a further deterioration of the national currency were expressed by more caregivers in Mount Lebanon (28%) than in West Bekaa (17%). Additionally, Lebanese caregivers were more likely to be stressed because of the deterioration of the security situation (30%) than Syrians (19%), and of the further deterioration of the national currency (35% of Lebanese versus 15% of Syrian respondents).

When asked about the kind of behavioural changes noticed on their adolescent sons or daughters over the last 3 months, aggressive behaviour (37%) (biting, hitting, shouting, destroying or throwing items, etc.) was reported the most by caregiver respondents, followed by feeling sad (35%), a disrespectful behaviour in the family, community and with peer (18%), excessive crying and/or screaming (16%), a decreased willingness to help caregivers and

siblings (15%), and violence against younger children (12%). 27% of caregivers (25% females and 34% males) reported no behavioural change in their adolescent children.

No groups are successfully participating in specific psychosocial support (PSS) or stress reducing activities. An alarming 89% (87% of Syrians and 96% of the Lebanese) of all surveyed adolescents are not participating in any remote or face-to-face PSS activity to support them to cope with stress, while it is 93% (equal between Lebanese and Syrians) for caregivers. Although there were no differences in participation rates across gender, region, or nationality for both caregivers and adolescents, it is important to note that participation in PSS or stress-reducing activities was significantly higher among 10-14-year-old adolescents (13%) compared to older adolescents (4%).

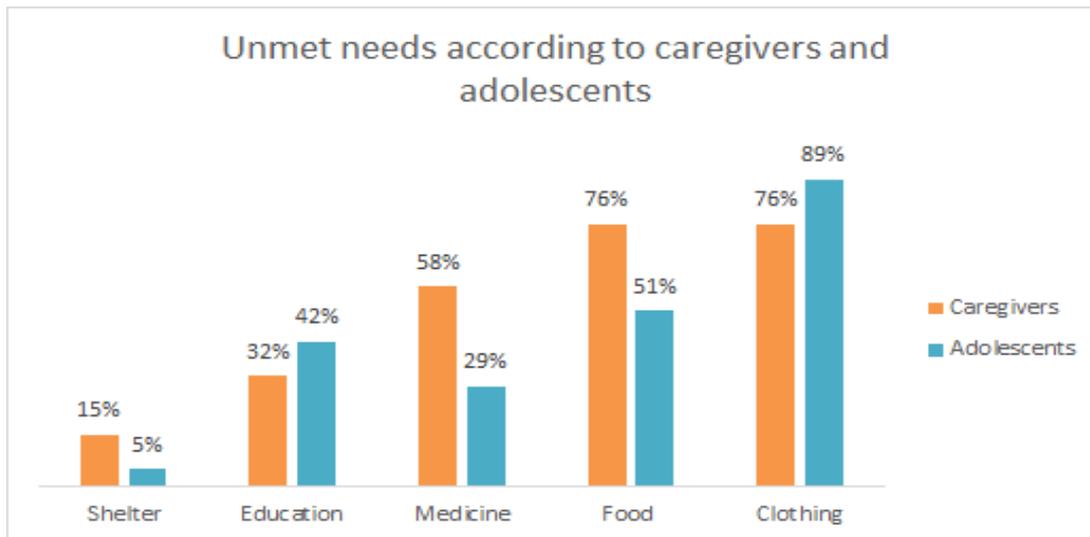
Finally, 82% of adolescents (87% of Syrians, 64% of the Lebanese), similarly across genders and regions, reported not having any entertaining materials or games to play at home.



4- Other Various Needs

59% of adolescent girls (69% of Syrian and 31% of Lebanese girls) and 60% of female caregivers (69% of Syrian and 47% of Lebanese adult respondents) reported not having the financial means to buy menstrual pads. Additionally, 64% of adolescent boys and girls (65% of Syrians, 60% of the Lebanese) and 68% of caregivers (72% of Syrians, 60% of Lebanese respondents) reported not having the financial means to buy face masks. These findings were not significantly different across regions.

Moreover, 81% of caregivers (86% of Syrians, 71% of the Lebanese) reported that they were not able to meet their family's needs. In order of highest prevalence, caregivers reported not being able to provide food (76%), clothing (76%), medicines (58%), education (32%) and shelter (15%). These results are concurrent with findings from the adolescent survey, where 72% (73% of Syrians, 72% of the Lebanese) of adolescents reported not having all their basic needs met by their caregivers, with the reported unmet needs being: clothing (89%), food (51%), education (42%) and medicines (29%). In this vein, it is important to note the differences across nationalities for unmet needs: among caregivers, 69% of Syrians stated that food was an unmet need for their families, compared to 47% of Lebanese respondents. Clean water was stated by 13% of Syrians compared to only 6% of Lebanese caregivers; clothing was stated by 69% of Syrians compared to 54% of Lebanese caregivers; medicine was stated by 52% of Syrian respondents compared to 37% of the Lebanese, and finally education was stated by 31% of Syrians compared to 16% of the Lebanese.



When asked about how the Covid-19 pandemic has impacted them personally, 87% of adolescents stated that they became homebound and were not able to see friends, 49% were unable to attend educational opportunities, 29% said that there was a lack of food, 11% said that it caused a loss of livelihoods, 11% said they were not able to pay bills and debts, and 10% said they were not able to access services. Some answers differed by adolescents' characteristics, such as "lack of food" which was reported by 37% of adolescents in Mount Lebanon compared to 24% of those in West Bekaa, and by 42% of adolescents aged 15-17 compared to 26% of younger adolescents. Being homebound and the inability to see friends was reported by 90% of 10-14-year-olds compared to 78% of older adolescents. Finally, the inability to access services was reported by 13% of adolescents in West Bekaa compared to 6% of those in Mount Lebanon. No significant differences in answers with regard to the impact of the pandemic were reported between Syrian and Lebanese adolescents.

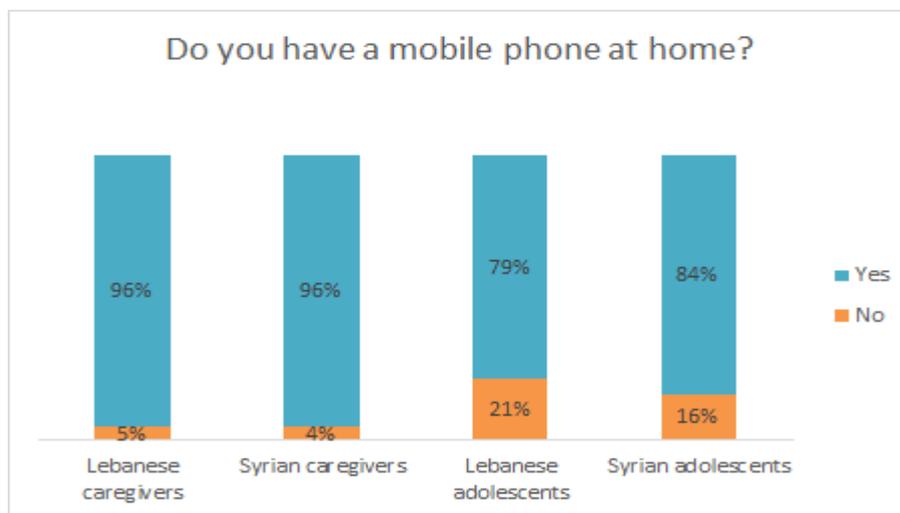
As for caregivers, the most reported pandemic impacts were lower income (72%), being homebound and the inability to see friends and relatives (63%), lack of food (51%), inability to pay bills (43%), inability to pay debts (37%), loss of livelihoods (30%), health challenges (23%), inability to access services (18%), and lack of water (12%). Some differences across caregivers' characteristics are important to delineate. First, the inability to pay bills was reported by significantly more Syrian (47%) than Lebanese caregivers (34%). Across regions, a lower income was reported by 77% of caregivers in West Bekaa compared to 67% of caregivers in Mount Lebanon. The inability to pay debts and access services was reported by a significantly higher proportion of caregivers in West Bekaa (41% and 25%, respectively) than in Mount Lebanon (32% and 8%, respectively). Finally, being homebound and unable to see friends was reported by more caregivers in Mount Lebanon (70%) than in Bekaa (58%).

82% of caregivers (82% of Syrians and 85% of the Lebanese) reported a decrease in the total amount of food that people are eating at the household in the last 3 months, with no regional differences. Additionally, 39% (45% of Syrian and 30% of Lebanese caregivers) reported being at risk of eviction because of housing debts if the situation continues. Regarding livelihoods, our findings show that the overall household incomes have been severely impacted by the COVID-19 pandemic and the economic crisis in Lebanon: and while work remains the main source of income for 53% of caregivers (46% of Syrian and 66% of Lebanese respondents), around a quarter (23%) reported relying mainly on cash assistance (32% of Syrian and 6% of Lebanese respondents), 15% mainly relied on borrowing money from relatives and friends (equally among Syrians and Lebanese), and 4% reported not having any source of income (2% of Syrian and 7% of Lebanese respondents). Significant regional differences were also noted, as 33% of caregivers from West Bekaa were relying on cash assistance as a main source of income, compared to 11% of caregivers in Mount Lebanon.

In order to cope with the current economic difficulties, 69% of caregivers reported resorting to reducing food consumption (73% of Syrians and 61% of the Lebanese), 55% reported borrowing food or relying on help from friends (61% of Syrians and 41% of the Lebanese), 14% sold goods or income-generating assets (13% of Syrians and 17% of the Lebanese), 10% reported having school age children involved in labour or income generation (14% of Syrians and 3% of the Lebanese), and 7% ignored the lockdown and tried to provide the daily income (8% of Syrians and 6% of the Lebanese). An additional 7% reported not being able to cope (6% of Syrians and 11% of the Lebanese). No significant differences were reported across the two assessment regions.

5- Digital Access

Almost all respondents have a mobile phone at home with 96% for caregivers (similarly between Syrians and Lebanese) and 83% for adolescents (84% of Syrians and 79% of the Lebanese). In the case of adolescents, 84% stated that the mobile phone available at home was their caregivers' (88% of adolescents aged 10-14 and 68% of older adolescents), of which 83% were allowed to use the phone for calls or for internet access (87% of adolescents aged 10-14 and 66% of older adolescents).



The 17% of adolescents who don't have a mobile phone at home represent 16% of Syrian and 21% of Lebanese respondents. Regional differences were noted, as more adolescents in Mount Lebanon (22%) did not have a mobile phone in their household, compared to adolescents in West Bekaa (14%).

Our findings also revealed that 69% of adolescents (67% of Syrians, 73% of the Lebanese) have access to the internet through Wi-Fi (28%) or 3G (72%). By age, 68% of 10-14-year-olds and 71% of 15-17-year-olds in our sample had access to the internet. Importantly, internet access was significantly lower among out-of-school adolescents (53%) compared to in-school adolescents (75%).

Three quarters of adolescents reported having a television at home, with a significant difference between Lebanese (92%) and Syrian (70%) of respondents. On the other hand, 97% of adolescents reported not having computers or tablets at home and 79% don't have access to social media. Social media access was significantly higher among Lebanese adolescents (40%) than among Syrians (16%), and among 15-17-year-olds (42%) compared to younger adolescents (15%). As for preferred modes of contact, WhatsApp was the most stated by adolescents (75%) and caregivers (85%), followed by the phone (64% of adolescents and 62% of caregivers). Younger adolescents were more likely to choose the phone (67%) as their preferred mode of communication compared to adolescents 15 and

above (55%). On the other hand, WhatsApp was more likely to be the channel of choice for older adolescents (84%), compared to those aged 10-14 (73%).

Conclusion

The assessment presents insightful findings on the complex impact of the current multiple crises on the vulnerable Lebanese and Syrian refugee families in Mount Lebanon and West Bekaa. It shows severe gaps in the provision of safe and quality education and a protective environment for adolescents, particularly girls, older adolescents and Syrians, with long-term effects in sight. An urgent integrated response by humanitarian and development organisations, donors, UN agencies and government authorities is therefore essential, based on age-, gender- and nationality- specific needs.

Over a quarter of surveyed adolescents are not attending any form of education, with almost half of them dropping out in the previous year because of financial and COVID-19 related considerations. Approximately one-third of adolescents who are out of school would like to continue pursuing learning opportunities. 65% of adolescents who are involved in education opportunities are not attending regularly because of COVID-19. There is a low satisfaction rate regarding the distance and hybrid learning solutions adapted in 2020 to cope with the effects of the pandemic, significantly impacting children's learning outcomes. Challenges faced include bad internet connection, lack of learning materials at home, limited learning outcomes, low parental support and the absence of a stable learning environment at home.

In addition, adolescents continue to be exposed to grave protection risks – including harassment or discrimination, physical abuse, emotional abuse, worst forms of child labour, neglect, sexual exploitation and abuse, and child marriage – while the levels of unawareness of response mechanisms and pathways are alarming. The rates of girls being married off or becoming pregnant, as well as those of children engaged in child labour, seem to be relatively higher than rates reported in previous years. Very high stress levels are reported among adolescents as well as caregivers, leading to negative coping mechanisms, compounded by limited involvement in PSS activities. It is clear that stress levels are the result of a build-up of crises, including the financial collapse and inability to meet basic needs, as well as the COVID-19 pandemic. The most unmet needs reported by families include clothing and food. Adolescent girls and women continue to report very limited access to sanitary pads due to financial reasons.

The prevalence of digital tools within both Syrian and Lebanese households provides opportunities for programming to ensure girls and boys continue to be reached even if access is limited.

Acknowledgments

This needs assessment was produced by Plan International Lebanon. The authors gratefully acknowledge local partner Amel Association who supported the identification of participants and data collection. The authors would also like to thank the children and parents who participated in this research.

Cover photo: A group of adolescent girls taking part of PSS activity in the North area, Lebanon.
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No photographs were taken during the course of this assessment. Girls featured in images in the report are not the same as those that participated in the research.

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About Plan International

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

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

We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 83 years we have been building powerful partnerships for children, and we are active in over 75 countries.

Since 2017, Plan International has been working in partnership with local, national and international organisations to strengthen capacities and address the needs of Lebanese and refugee children in Lebanon.