



Lebanon Humanitarian Fund

2021 First Standard Allocation Strategy Paper

Allocation Summary:

In advance of a multi-sector needs assessment to better evidence growing humanitarian needs in Lebanon, the LHF allocation, amounting up to \$15 million, will support a collaborative, harmonized and prioritized approach to meeting critical life-saving humanitarian needs not covered under existing operational response plans. In line with on-going HCT discussions and identified gaps in coverage, the Health, Food Security and Nutrition sectors will be priority in the allocation.

In line with the LHF's approach, the allocation will also continue to work with best-placed partners, local and national ones to the extent possible, to meet the needs of those profiles of people most vulnerable to the multiple crises currently impacting Lebanon. The allocation will support all population groups in Lebanon based upon vulnerability, with a particular focus on those people not currently supported under existing operational response plans, notably among Lebanese and migrant communities.

Humanitarian Context

Overview of the Humanitarian Situation

The current crisis in Lebanon is characterized by a set of political, economic and social drivers that have deepened existing structural and development issues in the country and resulted in increasing humanitarian needs amongst the Lebanese population. Decades of negligence, dysfunctional governance and endemic corruption have brought Lebanon close to collapse. Rising unemployment, crumbling infrastructure, weakening of rule of law, and increasing inter and intra-community tensions are some of the consequences of the situation. The country also continues to host the largest per capita number of refugees worldwide, with an estimated 1.5 million Syrian refugees, 27,000 Palestine refugees from Syria, and an estimated 180,000 Palestine refugees living in the country. Besides being increasingly at risk of scapegoating, refugees have been also strongly affected by the deterioration of the in-country situation. Finally, the deteriorating conditions have also left a large group among the estimated 400,000 migrants* in Lebanon, including many migrant workers left stranded in the country without work, nor the means to leave the country, in need of direct assistance.

The economic crisis in conjunction with political paralysis, has impeded the Government's ability to provide effective and timely assistance to its people. A third of the workforce is jobless and the Lebanese pound (LBP) has lost 80 per cent of its value in the last calendar year. Food insecurity, already deteriorating for the most vulnerable, was exacerbated due to COVID-19-related movement restrictions, loss of income and livelihoods, further indebtedness, increasing food prices, and impeding access to school feeding. It is estimated that in excess of 1,000,000 Lebanese individuals will be in extreme poverty in 2021, a threefold increase since 2019, and with the potential to further increase based upon the removal of subsidies. This directly impacts these vulnerable peoples' increasingly limited access to essential needs, including food. The situation is even more dire for Syrian refugees, 89% of whom (or 1.3 million people) are in extreme poverty, up from 55% in 2019. Poverty is leading to further deterioration in the food security status across populations in Lebanon and the increase in food insecurity described above goes in line with the increase in poverty. This unprecedented context and the anticipated removal of food subsidies have led to the inclusion of Lebanon into the FAO-WFP Food Insecurity Hotspot list in 2021. The removal of subsidies, without the implementation of appropriate social safety nets programming, will severely impact access to adequate food and likely further increase the depth and breadth of food and nutrition insecurity in Lebanon, making it significantly more acute and widespread.

Moreover, there are growing concerns on the deteriorating nutrition situation in Lebanon. The Infant and Young Child Feeding and Care environment has been heavily compromised with unsolicited donations, marketing and use of Infant formula putting infants and young children at high risk of malnutrition related morbidity and mortality. This is further compounded by the increasingly limited access to purchase and consume safe, age appropriate and nutritionally balanced diets particularly among the ultra-poor and marginalized households. Thus, families are continuously adopting negative food-based coping mechanisms which further compromises the dietary intake. For instance, the majority of the assessed families by International Orthodox Christina Charities (IOCC) (86 to 90 per cent) confirmed adopting negative coping mechanisms, such as a reduction in the number of daily meals, and particularly a reduction in the consumption of meat, dairy, fresh vegetables and fruits. The coverage of malnutrition treatment services is quite sub-optimal. Currently it is constrained to PHCs with majority of the population facing physical and economical barriers hindering access.

The public health system is near collapse - access to primary and secondary health services was limited prior to the COVID-19 outbreak, and the economic crisis caused most hospitals to cut their bed capacity by at least 40 per cent – the Beirut port explosion also damaged six hospitals (three closed, three with reduced capacity). The disease outbreak has put extra pressure on an already overburdened and under-resourced national health system. As the health system in Lebanon continues to be overloaded, availability and accessibility of life-saving health services remains constrained, impacting more acutely those most vulnerable among the overall population.

As a result of these intersecting crises, and as public services are unable to cover increased demand due to cross-over from the private sector, many people are now unable to access or afford basic necessities including electricity and internet, food, fuel, health care, and education. Water supply is also of concern with an estimated 64 per cent of people in Lebanon unable to access safely managed drinking water services.

Migrants, particularly those in irregular situations, are particularly vulnerable due to extreme hardship caused by these intersecting crises*. This adds to pre-existing vulnerabilities related to their legal status, lack of documentation, status at home, and migration journey, making it difficult for migrants to seek required support and limiting their ability to return to their countries of origin. Of those surveyed by IOM in May-July 2020, 41 per cent reported that they did not have their passports with them, 32 per cent reported that they did not have their legal documentation and 58 per cent reported they were not in possession of their employment contract. Most recent findings¹ showed that migrants suffer from financial deprivation, with 50 per cent of migrants surveyed by IOM reporting they were unemployed and without livelihood means. Over 50 per cent also reported difficulty buying food, with a minority of respondents, predominantly female, having resorted to degrading, exploitative, dangerous, or illegal work to ensure their basic food needs. Finally, deteriorating economic conditions render labour exploitation more likely. Approximately a third of migrants surveyed by IOM in 2020 reported suffering some form of abuse, including physical and psychological abuse and non-payment of wages. As the economic situation continues to deteriorate and employment opportunities remain limited, migrants' vulnerability to exploitation and abuse is likely to increase.

* It should be noted that a clear distinction must be made here between migrants and refugees. This distinction is critical to avoid serious legal and protection consequences, and risk eroding protection space for refugees, including potential involuntary return.

¹ International Organization for Migration (IOM), 2021. *Needs and vulnerability assessment of migrants in Lebanon*. IOM, Geneva. See also IOM, 2020. *Lebanon: Migrant Worker Vulnerability Baseline Assessment Report*.

Humanitarian Response Plan/Flash Appeal

The allocation will both draw upon and incentivize a collaborated response to priorities identified under three sector-based emergency response plans developed by the Food security, Nutrition and Health sectors to cover priority needs currently not responded to under existing response plans. It will also draw upon all available evidence available including under the LCRP and other more targeted assessments such as the IOM Migrant Worker Needs Assessment. Moreover, in line with standard LHF approach, the strategy has been developed in collaboration with all relevant actors - humanitarian and LCRP Sectors - to ensure accurate reflection of needs across all population groups. As data becomes available through the 3Ws exercise currently underway to identify priority response gaps and partner capacity to address them, the LHF will continue to refine guidance to partners.

Allocation Strategic Statement

As the country faces the ongoing impact of the crisis in neighboring Syria, an ongoing socio-economic crisis exacerbated by political deadlock and the absence of government, the impact of the COVID-19 pandemic and the 4th August 2020 Beirut Port Explosions, the situation in Lebanon continues to deteriorate and exposes increasing levels of vulnerability in 2021. Food insecurity and lack of access to basic health services in Lebanon have become significantly more acute and widespread.

Those already vulnerable refugee and Lebanese communities are being pushed further into worsening situations, with more than half the population now understood to be living under the poverty line, and increasingly resorting to negative coping mechanisms. With no foreseeable end in sight to the crises in Lebanon, the situation of its most vulnerable will only continue to worsen.

In advance of a multi-sector needs assessment to better evidence growing humanitarian needs in Lebanon, the LHF allocation will support a collaborative, harmonized and prioritized approach to meeting needs not covered under existing operational response plans. In line with on-going HCT discussions and identified gaps in coverage, the Health, Food Security and Nutrition sectors will be priority in the allocation.

The LHF allocation will facilitate **a strategic re-positioning under the Humanitarian Coordinator's leadership of the humanitarian community in Lebanon in support of all population groups affected by the "whole of Lebanon crisis" and strictly based on vulnerability and needs as identified by the humanitarian sectors.** This is fully aligned with the "person-centered" approach of the Fund. This will also support and incentivize a prioritized and coordinated response among humanitarian actors through a transparent, accountable and inclusive process.

While the humanitarian community in Lebanon does not yet have a coordinated response plan to address unmet needs in a systematic manner, the allocation strategy will be fully aligned with discussions at the HCT, and incentivize a prioritized and coordinated response among the concerned sectors and their partners. In line with the LHF's approach, the allocation will also continue to work with best-placed partners, local and national ones to the extent possible, to meet the needs of those profiles of people most affected by the multiple crises currently impacting Lebanon. Noting the impact of economic pressure in both refugee and Lebanese communities, and the strained capacity of national public service providers, ensuring a Do No Harm approach will be considered when building all projects.

Operational Strategy

Operational priorities (*please see below for more detailed information on prioritized activities*)

The allocation will support a package of integrated life-saving services meeting priority needs identified under the Food Security, Nutrition and Health Sectors emergency response plans. Geographic focus is countrywide, with a priority given to programming in areas with growing need among previously unsupported population groups, with particular consideration of Lebanese and migrant communities. Partner submissions providing an integrated package of services across sectors are strongly encouraged.

Nutrition: Funding under this allocation will support a scale-up of the nutrition response through the recently activated Nutrition Sector in Lebanon in the face of a deteriorating nutrition situation. Prioritized partner activities will support the prevention, treatment and surveillance of malnutrition cases, with a focus on children at risk of malnutrition under 59 months, pregnant and lactating women and caretakers of children aged below 2 years.

Prevention of malnutrition will be supported through the provision of skilled Infant and Young Child Feeding (IYCF) counselling and support to caretakers/Pregnant and lactating women (PLW) with children under 2, including specialized support for non-breastfed infants through Primary Health Care (PHC) centers and at a community level. Food kits provided under the Food Security Sector component will also include nutritionally balanced food and targeting will prioritize families with children under 2 and PLW. Treatment of moderate and severe wasting for Children Under 5, Pregnant and Lactating Women will be scaled up through timely detection, referral and treatment at PHC and community levels. Surveillance of the evolving nutrition situation will be strengthened through routine surveillance system for nutrition.

Health: In the face of an ongoing COVID-19 pandemic and an overburdened health system on the brink of collapse, the allocation will support partners to provide a package of life-saving services to better respond to and mitigate against the continuing risk of COVID-19 while also strengthening access to essential primary and secondary health services for those most vulnerable unsupported communities.

Activities include the coverage of PCR testing for vulnerable groups to access services (hospitals, protection service facilities), support to COVID-19 case management by providing hospitals with essential equipment required for COVID-19 treatment, and improving community engagement through multi-sectoral messaging on COVID-19, nutrition, PSEA and others).

The allocation will support the provision of a comprehensive package of care through non-traditionally supported PHCs facing increased number of vulnerable individuals, notably Lebanese and migrant users. Identifying access to secondary health care as a critical gap for poor communities without insurance and the growing requirement to cover bills in cash, the provision of hospital care support and advanced diagnostic care, including for mental health and the clinical management of rape, to vulnerable Lebanese and migrants is also considered a priority intervention under this allocation.

Food Security: Given dramatically increased food insecurity among all vulnerable populations, most notably among vulnerable Lebanese and migrant communities not currently supported by humanitarian actors under existing response frameworks, this allocation will bridge critical life-saving food gaps, and for Lebanese until wider-scale social safety net programs are in place (the full scale-up of the NPTP and the implementation of the ESSN). LHF funding will be made available for partners to address the immediate needs of vulnerable households meeting allocation targeting criteria with poor or borderline food consumption patterns. The assistance will be provided for a period of up to six months.

Provision of emergency food assistance (nutritionally balanced with fresh food components in addition to dry rations) to food insecure households will be through in-kind / voucher modalities. Food baskets are to be complemented with WASH kits (Hygiene, Elderly and Baby kits) to mitigate against COVID-19 among those profiles of beneficiary most at risk. Given the current COVID-19 outbreak and slow onset of the vaccination program, it is likely that COVID-19 infections will continue unabated in 2021. The allocation will also therefore look to cover the food needs of food

insecure individuals/households which are COVID-19 positive and isolating/ in quarantine at home or at great risk of contracting COVID-19. The in-kind food assistance would be provided regardless of nationality and status over a period of 2 months through dry food parcels, supplemented again by WASH kits. As a result, partners will be allowed to build a contingency stock to be able to provide timely assistance when needed, on the basis of referrals via appropriate channels and pathways.

Allocation Focus on Underfunded Priorities

In 2020, the Emergency Relief Coordinator (ERC) Mark Lowcock identified four priority areas that are often underfunded and lack the desirable and appropriate consideration in the allocation of humanitarian funding. These four priority areas were duly considered when prioritizing life-saving needs in the allocation process. All LHF allocations are intrinsically aligned with these strategic steers, with the Fund's operational model ('person-centered approach') targeting beneficiaries with specific vulnerabilities.

Under this allocation, the following profiles are prioritized: Families with children (children at risk of child labor, children with disabilities, children at risk of malnutrition under 59 months, children with protection risk); Female Headed households and caregivers for children under 24 months; Pregnant and Lactating women; PWSNs and elderlies; People individuals/households at risk of contracting COVID-19 or positive/ in isolation. More specific sectoral targeting details can be found below under specific sectoral activities breakdown.

These priorities are considered at all stages of the allocation process, reflected in the strategy, partner submission template, strategic review scorecards used to choose best partner submissions and then monitoring and reporting templates.

Support for women and girls	<p>The provision of support to women and girls is a critical element of the LHF's approach, with support targeting families with children (children at risk of child labor, children with disabilities, children at risk of malnutrition under 59 months, children with protection risk); Female Headed households and caregivers for children under 24 months; Pregnant and Lactating women.</p> <p>All Strategic Review Committees assessing project proposals submitted to the Fund also include a Gender focal point to ensure the needs of women and girls are fully and appropriately reflected in all projects</p>
People with Disabilities	<p>People with disabilities are considered under all LHF allocations as part of our person-centered approach. The distribution of food and hygiene kits will be tailored to accommodate people with disabilities' needs in ensuring packages are delivered to their homes (rather than collected from a distribution center to consider both mobility, protection and COVID-19 concerns).</p>
Education in protracted crises	<p>While education is not a priority sector under the allocation, targeting of beneficiaries focuses heavily on those families with children, ensuring they have adequate food, nutrition and health care support as part of a broader package of care.</p>
Protection	<p>The LHF continues to promote the mainstreaming of protection through all LHF-funded projects, ensuring partners providing other humanitarian services draw on referral mechanisms to address identified protection concerns.</p>

3.3 Crosscutting Issues

Localization	<p>In line with the LHF's 2021 target, the allocation will aim to channel 50% of funding directly through local and national NGOs. Local partners will be supported throughout the submission process with additional support as required, and technical GMS clinics to ensure no problems in using the system. The Strategic Review Committee (SRC) scorecards will prioritize projects submitted directly by local and national partners, and where projects are submitted in partnership with international NGOs, budget lines will be made available to support capacity development activities. International NGOs partnering with local and national partners will also be expected to equitably share 7% PSCs.</p>
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The Prevention of Sexual Exploitation and Abuse (PSEA)	The LHF in 2021 will draw on work done in 2020 to strengthen PSEA in the response to humanitarian needs in Lebanon. All LHF partners will be a) trained on PSEA and b) expected to have signed the inter-agency developed SOPs on PSEA. Representation from the PSEA Network will engage in the project review process to ensure the reflection of PSEA in submissions, as well as ensuring multi-sectoral messaging provided through in-kind food kits and at PHC and community-level engagement includes information materials on PSEA to ensure aid workers on the front line with those we support, and people in need themselves both understand clearly their rights and obligations, and how to report violations when they occur.
Accountability to Affected Populations (AAP)	Accountability to Affected People (AAP) is the active commitment of humanitarians to ensure communities themselves have the power and influence to determine, and act on, their own priorities. While there remains no system-wide AAP body/forum to support AAP, partners will be encouraged to ensure the presence of individual complaint and feedback mechanisms, or linkages to existing platforms. The Referral Information Management System (RIMS) provides a common platform for service providers to manage, track, and respond to referrals, in connecting those in need with those providing aid and protection services, while prioritizing efficient and accountable referrals avoiding gaps, or duplication, in services.
Cash and Voucher Assistance	Cash assistance is not prioritized under this allocation, but voucher assistance will be considered for partners submitting under the Food Security Sector. Should cash assistance be used as a modality, partners would be expected to follow all guidance available and comply with the coordinated approach to effective delivery of cash assistance (reflecting dollarization discussion) directed by the HCT and operationalized through the Cash Task Force and Humanitarian Sectors.

Eligibility Parameters/Guidance to Applicants

This Standard Allocation is intended to ensure the provision of targeted support to the life-saving needs of the most vulnerable beneficiaries, primarily among vulnerable Lebanese and Migrant Communities, as evidenced in the sectoral emergency response plans, mitigating against their increased risk as a result of the deteriorating situation in Lebanon, the pandemic and its socio-economic impact.

Under this allocation, the following profiles are prioritized: Families with children (children at risk of child labor, children with disabilities, children at risk of malnutrition under 59 months, children with protection risk); Female Headed households and caregivers for children under 24 months; Pregnant and Lactating women; PWSNs and elderlies; Persons with chronic or acute medical conditions; People individuals/households at risk of contracting COVID-19 or positive/in home isolation. More specific sectoral targeting details can be found below under specific sectoral activities breakdown.

Applications from local and National NGOs will be prioritized, as well as submissions from INGOs in partnership with Local grass roots NGOs.

To allow for a competitive and transparent allocation process, there will be an open call for proposals and all LHF partners are welcome to submit proposals in line with recommended priority actions. Partners are strongly encouraged to speak with colleagues from the Sector in preparation of project submissions in order to ensure full alignment with Sector guidance and expectations.

Please note that:

- Partners are requested to submit their project proposals online by close of business by **Friday 11th of June 2021 at 23:00 via the Grant Management System (GMS)** at cbpf.unocha.org. Submission of projects will not be possible after the deadline.
- Partners are requested to design project starting **1st of August 2021**.
- Applications must be submitted in English due to OCHA auditing requirements.
- In line with the LHF approach to work with **I/NGO partners**, submissions from UN agencies will only be considered on an exceptional basis.

For additional information on the process and the development of the project proposal please refer to the list of Annexes in the shared public folder <http://bit.ly/2021FSA>

Process and Timeline

Allocation Timeline

	Process workflow step	Date	Responsible body
Allocation Strategy Development	LHF in consultation with sectors and key stakeholders; discussion and endorsement by AB	Throughout April 2021; AB discussion on 27 April	LHF HFU, Sectors, other key stakeholders, AB
Opening the call for proposals on OCHA Grant Management System (GMS)	GMS open for partner online submissions	21 May	LHF HFU
Sector GMS training	Sectors registered and trained on GMS and sector role and responsibility in allocation process	28 May	LHF HFU, Sector co/coordinators
Partner training (webex /in person)	All partners invited to information session on allocation priorities, process and Q&A	25 May	LHF HFU, partners
Partner GMS training clinics	GMS CLINICS - Support upload of projects on portal	7, 8, 9 June	LHF HFU, partners
Closure of call for proposals	Partners to submit proposals on GMS	11 June	LHF HFU, partners
General check by HFU of partner submissions	Check partner eligibility of partners in case of suspension, compliance with template, duplication of proposal, etc.	12-14 June	LHF HFU
Strategic Review	Sectors use Scorecards for projects in their respective sectors to validate their viability and relevance to the sectoral priorities	15-18 June	LHF HFU, Sector Strategic Review Committees
Preliminary Approval by HC	HC endorses sector-recommended portfolio of projects for funding	23/24 June	LHF HFU, HC
AB review of recommended portfolio of projects for funding	Projects approved by HC is shared with AB for information; AB has 48 working day to comment	24/25 June	LHF HFU, AB
Technical and Financial Review	LHF HFU and respective sectors to validate technical viability of project and financial compliance; OCHA NY financial review and endorsement	Until mid-July	LHF HFU, Sectors, Partners, OCHA HQ
Final Approval by HC and finalization of grant agreements	Grant agreement is shared with IP for counter-signature (date marks start of eligibility, and earliest possible date for start of project implementation)	End of July	LHF HFU, Partners, OCHA HQ
Disbursement	Following OCHA EO signature, first tranche of funding is disbursed to the partner	10 working days from EO signature	OCHA HQ

HFU Contacts and Complaints		
HFU Information and Key Contacts		
<p>OCHA's Humanitarian Financing Unit (HFU) is the managing agent of the Lebanon Humanitarian Fund (LHF), responsible for the daily operations of all programmatic and financial processes, on behalf of the HC and in coordination with the Country Based Pooled Fund Section (CBPF-S) at OCHA New York for ensuring compliance with standardized global policies and procedures for Country-based Pooled Funds (CBPFs). The HFU provides support to the partners and sectors during the allocation process, as well as for ongoing project implementation, monitoring, reporting and audits. Due to the work required for the efficient execution of these prioritized actions, the LHF Eligibility Process (Due Diligence Review and Partner Capacity Assessment) are placed on hold until the completion of an allocation process.</p> <p>For additional information and clarification applicants are invited to contact the Fund Manager Craig Anderson (anderson17@un.org), Deputy Fund Manager Yendi Ghossein (ghossein@un.org) and Finance Officer Dana Khawaja (khawaja2@un.org).</p>		
Complaints Mechanism		
Please contact the OCHA HoO Severine Rey (rey@un.org) and the LHF Fund Manager Craig Anderson (anderson17@un.org) who will respond to your email as soon as possible.		
Cluster Breakdown and Priorities		
Sector Breakdown/ Envelopes		
Sectors	Amount allocated (US\$ million)	People Targeted (with CBPF Funds)
Food Security	\$ 7.0 TBC	TBC
Nutrition	\$ 3.2 TBC	TBC
Health	\$ 4.7 TBC	TBC
Total	\$15 TBC	TBC
Sector Priorities		
Food Security	Strategic Objective	Provision of immediate life-saving food assistance to meet growing and critical food needs of vulnerable Lebanese and migrant workers, not covered under the LCRP
Nutrition	Strategic Objective	Scale up programmatic solutions for the prevention and treatment of malnutrition at scale, as well as strengthening surveillance for the deteriorating nutrition situation
Health	Strategic Objective	Provision of life-saving support to vulnerable Lebanese, and migrant workers through COVID-19 mitigation, and hospital care support. and to vulnerable Lebanese, displaced population and migrant workers through the support of a comprehensive package of primary healthcare in the primary healthcare centers.

	Priority Needs/Gaps	Priority Response Activities	Linkage to Sector Plan (logical Framework / Outcome / Standard indicators)	Target population group	Location	Total budget available for projects (Including overheads)
<ul style="list-style-type: none"> ○ All LHF- funded projects have the ability to include budget for PPE equipment to allow for safe working practices. ○ Implementing Partners can include a contingency budget line of up to 4 % of total project budget under the “General Operating and Other Direct Costs” category. This approach will ensure a speedy response as this budget can be easily re-programmed and used to address needs related to COVID-19. Activation of a contingency budget line requires formal preapproval by the LHF Fund Manager. ○ Interested applicants are requested to consult the relevant sector coordinator(s) before submission of proposals, please refer to Annex 13 for contact details. ○ GMS clinics (45 minutes per session) are scheduled on the 7th, 8th and 9th of June 2021. They are intended to support applicants in filling the proposal on GMS. For booking a session, please make sure to send Ms. Dana Khawaja khawaja2@un.org 2 days in advance ○ Please refer to all annexes under the shared public folder http://bit.ly/2021FSA 						
<p>Food Security <i>Make sure to select the indicator with prefix 2021 on GMS</i></p>						
1	<p>Critical food insecurity among unsupported vulnerable groups with a focus on Lebanese and Migrant communities.</p> <p>Sectoral linkages: Nutrition Protection (PSEA-AAP) WASH Health</p>	<p>-Provision of emergency nutritionally balanced food assistance to food insecure households paired with WASH kits to mitigate COVID-19 risks for a duration of 6 months. Food parcels* (dry rations complemented by fresh contents when possible) and/or food vouchers* WASH Kits*(IPC, Hygiene, Elderly and baby kit)</p> <p>Cross cutting Activity: -Multi-sectoral messaging (COVID-19, Reproductive Health, Mental Health, EPI Immunization, WASH & Hygiene, nutrition, PSEA) and outreach to communities via community teams.</p> <p><i>*Food parcels: Adopt the Sector Standardized Guidance on basket composition (Annex 8)</i> <i>*Food Voucher, a modality to be proposed by partners with existing capacity and expertise.</i> <i>* WASH kit composition to follow sector Standardized Guidance (Annex 9)</i></p>	<p>Food Security Outcome: The most vulnerable individuals have access to nutritionally balanced food assistance.</p> <p>Nutrition Outcome: Vulnerable children under 2 have improved and sustained access to consumption of safe, adequate and nutritionally balanced diets.</p> <p>Standard Indicator Nutrition: % of food voucher programmes targeting families with children under 2 with an IYCF objective.</p> <p>Standard Indicator Food Security: -% of targeted HH with borderline or acceptable food consumption score based on the food groups consumed over a recall period of 7 days.</p>	<p>Target Groups: All population groups with a focus upon Lebanese and Migrants</p> <p>Targeted vulnerabilities* - Families with children (children at risk of child labor, children with disabilities, children at risk of malnutrition under 59 months, children with protection risk);</p> <p>- Single Female Headed households and caregivers for children under 24 months and elderly dependants;</p> <p>- Pregnant and Lactating women;</p> <p>- Household headed by a single elderly with one or more children;</p>	<p>Across the country with a focus on poor areas in: Akkar (40%) North (26%) Beirut (26%) Baalbek-El Hermel (25%)</p>	<p>7,000,000 \$</p>

			<p># of individuals receiving in-kind food assistance monthly through food parcels, disaggregated by gender - female & male, and by population cohorts.</p>	<p>-Household with only elderly members</p> <p>-Household where head/more than one member suffers from a severe chronic illness, or immunodeficiency, or is disabled, and with dependants (elderly and/or children);</p> <p>-Household with four or more dependants (elderly and/or children);</p> <p><i>*use of a vulnerability validation questionnaire to be endorsed by the sector. It should include assessment of HH food insecurity (poor food consumption & engaging in crisis or emergency coping strategies) and or poverty (Household with no fixed/monthly income.</i></p>		
2	<p>Critical food needs of food insecure individuals/households which are COVID-19 positive and isolating/ in quarantine at home or at great risk of contracting COVID-19</p>	<p>In kind Food Assistance (food parcels) for 2 months paired with WASH Kits*</p> <p><i>* WASH kit composition to follow sector Standardized Guidance (Annex 9)</i></p>	<p>Food Security Outcome: The most vulnerable individuals have access to In-kind food assistance.</p> <p>Standard Indicator: # of individuals receiving in-kind food assistance monthly through food parcels, disaggregated by gender - female & male, and by population cohorts.</p>	<p>Target Groups: All population groups</p> <p>Targeted vulnerabilities Individuals/households which are COVID-19 positive and isolating/ in quarantine at home or at great risk of contracting COVID-19</p>	Across the country	

Nutrition					
<i>Make sure to select the indicator with prefix 2021 on GMS</i>					
1	<p>Need for direct malnutrition preventive interventions</p> <p>Sectoral linkages: Health Protection (PSEA-AAP)</p>	<p>-Promoting timely initiation of breastfeeding, exclusive breast feeding and introduction of safe, age appropriate and nutrition diversified complementary food (including related hygiene messaging) among PLW, and caregivers of children aged below 24 months through facility and community-based platforms. *</p> <p>-Provision of Skilled Infant and Young Child Feeding (IYCF) counselling and support to for breastfed and non-breast-fed children under 6 months of age. *</p> <p>-Provision of Micro-nutrient supplementation for children aged 6-59 months and to PLW to improve quality of diet* Please refer to the UNICEF Supply Catalogue https://supply.unicef.org/all-materials/nutrition.html</p> <p>-Strengthen and scale up Baby Hospital Friendly initiative (working closely with health / entry point to supporting IYCF. *</p> <p>-Monitoring and addressing violation of the international code for marketing for breast milk substitutes due to the increased unsolicited, unlawful donations of breast milk substitutes (BMS) so priority to update the enforce Law 47/2008 that legislates the International Code of Marketing of BMS. <i>* linked to Health priority 2, Provision of a comprehensive package of care through PHC facing increased number of users (non-traditionally supported)</i> <i>*Refer to the list of non-traditionally supported PHCs (Annex 10)</i></p>	<p>Nutrition Outcome: Vulnerable Pregnant, Lactating Women and caretakers of children under 2 have increased and sustained access to skilled support for the protection, promotion, and support of optimal maternal, Infant and young child feeding and care-practices</p> <p>Standard Indicator: # of pregnant, lactating women and care takers of children aged below 2 years who receive skilled IYCF counselling and support</p> <p>% of programmes where BMS are appropriately targeted, based on qualified assessment and governed by accepted criteria</p> <p># of children aged 6-23 Months who receive Micronutrient Supplementation.</p> <p>% of reported code violations which followed up and fully addressed</p> <p># of PHCs supported to fully integrate Baby Friendly Hospital Initiative in ANC/PNC.</p>	<p>Target Groups: Across population groups through integrated service provision at PHCs not traditionally supported.</p> <p>Targeted vulnerabilities - Families with children (children at risk of child labor, children with disabilities, children at risk of malnutrition under 59 months, children with protection risk, Non-Breast Fed infants aged below 6 months)</p> <p>- Female Headed households and caregivers for children under 24 months.</p> <p>- Pregnant and Lactating women.</p>	<p>Through PHC non-traditionally supported focus on PHCs in poor neighbourhood with high density of Lebanese and Migrants <i>*Refer to the list of non-traditionally supported PHCs (Annex 10)</i></p> <p style="text-align: right;">2,600,000\$</p>
2	<p>Need for direct interventions for treatment of childhood wasting</p>	<p>-Strengthen the capacities of communities and health workers to timely detect, refer and treat children aged below 5 years and pregnant women with Severe and Moderate Acute Malnutrition along with co-existing illnesses until full recovery using the right government</p>	<p>Nutrition Outcome: Children U5, Pregnant and Lactating Women have increased and sustained access to timely identification, referrals and treatment of moderate and severe wasting through both community and facility-based platforms.</p>	<p>Target Groups: Across population groups through integrated service provision at PHCs not traditionally supported.</p>	<p>Through PHC non-traditionally supported focus on PHCs in poor neighbourhood with high density</p>

	<p>Sectoral linkages: Health Protection (PSEA-AAP)</p>	<p>approved protocols- including scaling up of the family MUAC approach. *</p> <p>-Procuring, managing and prepositioning nutrition supplies (Ready to Use Therapeutic Food, essential routine medicines, anthropometric equipment and data tools, micronutrient supplementation for PLW) for effective management of SAM and MAM. Please refer to the UNICEF Supply Catalogue https://supply.unicef.org/all-materials/nutrition.html</p> <p>* linked to Health priority 2, Provision of a comprehensive package of care through PHC facing increased number of users (non-traditionally supported) <i>*Refer to the list of non-traditionally supported PHCs (Annex 10)</i></p>	<p>Standard Indicator:</p> <p>-% of boys and girls 6-59 months identified with severe and moderate acute malnutrition referred for treatment</p> <p>-% of boys and girls aged 0-59 months with SAM and MAM admitted for treatment who Recover, Default and Die</p> <p>-% of pregnant women identified with severe and moderate acute malnutrition referred for treatment</p> <p>-% of pregnant women with SAM and MAM admitted for treatment who Recover, Default and Die</p> <p>-Number of PHC equipped to provide comprehensive nutrition services</p>	<p>Targeted vulnerabilities:</p> <p>- Families with children (children at risk of child labor, children with disabilities, children at risk of malnutrition under 59 months, children with protection risk)</p> <p>- Female Headed households and caregivers for children under 24 months.</p> <p>- Pregnant and Lactating women.</p>	<p>of Lebanese and Migrants <i>*Refer to the list of non-traditionally supported PHCs (Annex 10)</i></p>	
3	<p>Evolving nutrition situation requiring strengthened joint early warning and routine surveillance system</p> <p>Sectoral linkages Close linkages to the MSNA</p>	<p>-Conduct and disseminate the SMART survey in Q2-Q3 of 2021</p> <p>-Conduct growth monitoring surveillance at the clinical and at the community level (Governorate level sampling)</p> <p>-Integrate key nutrition indicators in the routine surveillance conducted by MoPH</p>	<p>Nutrition Outcome: The evolving nutrition situation and evidence base on nutrition is strengthened and monitored through a robust nutrition surveillance system. in Lebanon</p> <p>Standard Indicator:</p> <p>-Number of SMART Surveys conducted and validated by relevant authorities</p> <p>-Number of children between 6 and 59 months screened for malnutrition</p> <p>-Number of PLW screened for malnutrition</p>	<p>Target Groups: Across population groups</p>	<p>Across the country</p>	<p>600,000 \$</p>

Health					
<i>Make sure to select the indicator with prefix 2021 on GMS</i>					
1	<p>Emergency response to COVID-19</p> <p>Sectoral linkages: Nutrition Protection (PSEA-AAP)</p>	<p>A- Coverage for PCR testing of vulnerable groups: Coverage for vulnerable population who are required to show a negative PCR test prior to admission to in-patient hospital treatment and/or residential specialized facilities (such as mental health facilities or safe spaces) *</p> <p><i>* link to health priority 4, Provision of hospital care support</i> <i>*This does NOT include pre-departure/ pre-travel testing</i></p> <p>B- Support to COVID-19 case management: Provision of essential equipment required by hospitals providing COVID-19 treatment, in close coordination with MOPH, including</p> <ul style="list-style-type: none"> - high-flow nasal cannula - Testing tool - Hospital equipment - PPE - Home Care equipment and medication <p><i>*Please refer to the link that includes list of hospital equipment, list of PPEs, list of home care equipment and medication, and list of testing tools -</i> https://drive.google.com/drive/folders/1hxEVxsH5B8vdTMi50FXkWNfullMFJM4O?usp=sharing <i>* link to health priority 4, Provision of hospital care support</i></p> <p>C- Safe delivery of health services, including COVID-19 immunization:</p> <ul style="list-style-type: none"> - Procurement of PPE to protect health care workers and patients in health facilities - Safe operation of immunization site.* <p><i>*Please refer to the Vaccination site assessment documents in the google drive (Annex 11)</i></p>	<p>Health Outcome: population and health care workers are better protected from COVID-19 and able to access life-saving care and treatment.</p> <p>Standard Indicators: A.# individuals (SAAD, disability and group status) for whom cost of PCR test was covered (reporting monthly)</p> <p>Health Outcome: population and health care workers are better protected from COVID-19 and able to access life-saving care and treatment.</p> <p>B1. # of hospitals provided with COVID-19 case management equipment. B2. % of Total increase in hospital COVID-19 bed capacity as a result of donated equipment. B3. # of hospitals provided with PPE for COVID-19 case management.</p> <p>Health Outcome: population and health care workers are better protected from COVID-19 and able to access life-saving care and treatment.</p> <p>C1. # COVID-19 mass vaccination sites supported with PPE C2. # of patients receiving vaccination at mass vaccination site (reporting monthly) C3. # PHCs supported with PPE</p>	<p>Target Groups: All population groups with a focus upon Lebanese and Migrants</p> <p>Target Groups: All nationalities admitted to ICU and/or receiving home care services for COVID-19.</p> <p>Target Groups: All population groups with a focus upon Lebanese and Migrants</p>	<p>Across the country</p> <p>2,000,000 \$</p>

		<p>D- Improve community engagement (COVID & non-COVID)*</p> <ul style="list-style-type: none"> Multi-sectoral messaging (COVID, RH, MH, EPI, WASH & Hygiene, nutrition) and outreach to communities via community teams, with a focus on vulnerable communities Printing of IEC materials Support to improve running of vaccine registration hotline 1214 <p><i>* linked to Health priority 2, Provision of a comprehensive package of care through PHC facing increased number of users (non-traditionally supported)</i></p> <p><i>*Linked to Food Security priority 1, provision of nutritionally balanced food parcels</i></p>	<p>C4. # Monthly patient caseload at supported PHCs (reporting monthly)</p> <p><u>Health Outcome:</u> population and health care workers are better protected from COVID-19 and able to access life-saving care and treatment.</p> <p>D1. # of beneficiaries benefiting from community engagement sessions on a variety of health topics, including COVID-19 and vaccine-acceptance.</p> <p>D2. # of patients newly registered by partner on IMPACT platform (for immunization)</p>			
2	<p>Critical package of care through non-traditionally supported PHCs in areas with high concentration of vulnerable Lebanese and migrants</p> <p><u>Sectoral linkages:</u> Nutrition Protection (PSEA-AAP)</p>	<p>-Extended support to non-traditionally supported primary healthcare centres through the provision of a comprehensive package of care to PHCs facing increased number of users notably among Lebanese and migrants. (PPE, PRC, ANC, PNC, Mental Health) *</p> <p>-Procurement of PPE to protect health care workers and patients in health facilities</p> <p>-Improve community outreach.</p> <p><i>*(Consultations, medications, reproductive health, mental health and nutrition)</i></p> <p><i>*Linked to Priority 1 and 2 under Nutrition.</i></p> <p>- Establishment of community mental health centres in Mount-Lebanon governorate between Zouk to Batroun (especially for vulnerable Lebanese), Northern Bekaa.</p>	<p><u>Health Outcome:</u> Improve access to comprehensive primary healthcare (PHC)</p> <p><u>Standard Indicator:</u> # Number of PHCs supported</p> <p># Number of displaced Syrians, vulnerable Lebanese, Palestinian Refugees from Syria (PRS) and Palestinian Refugees from Lebanon (PRL), migrants accessing primary healthcare services.</p> <p># Number of community mental health centres established.</p>	<p>Target Groups: Across population groups through integrated service provision</p>	<p>Focus on PHCs in areas with high concentration of vulnerable Lebanese and migrants.</p> <p><i>*Refer to the list of non-traditionally supported PHCs (Annex 10)</i></p>	1,000,000 \$

		<p>Cross cutting Activity: -Multi-sectoral messaging (COVID-19, Reproductive Health, Mental Health, EPI Immunization, WASH & Hygiene, nutrition, PSEA) and outreach to communities via community teams.</p>				
3	Vaccination services for children under 5	<p>Increased access to quality vaccination for children under 5 across cohorts, across Lebanon including the implementation of vaccination campaigns (Routine Immunization under the Expanded Program on Immunization)</p> <p><i>* Vaccination can be provided at PHC level or through a separate dedicated project if approved by the Ministry of Public Health Primary Health Care department. (Priority to vulnerable Lebanese children under 5)</i></p>	<p>Health Outcome: Improve access to comprehensive primary healthcare (PHC)</p> <p>Standard Indicator: % Percentage of vaccination coverage among children under 5 residing in Lebanon. # of children under 5 receiving routine vaccination</p>	<p>Target Groups: Across cohorts through integrated service provision if provided at PHC level. If through a separated project, priority for Lebanese children under 5.</p>	<p>Focusing on PHCs in areas with high concentration of vulnerable Lebanese and migrants. <i>*Refer to the list of non-traditionally supported PHCs (Annex 10)</i></p>	500,000 \$
4	Critical lifesaving hospital care	<p>Support the coverage of the patient share, diagnostic care and the non-covered cost (material) to vulnerable Lebanese</p> <p><i>*Coverage for PCR testing to be considered linked the health sector priority 1A.</i></p>	<p>Outcome: Improve access to hospital (including emergency room care) and advanced referral care (including advanced diagnostic laboratory and radiology care)</p> <p>Standard Indicator: # of Lebanese admitted for hospitalization. # of persons receiving financial support for improved access to hospital care among targeted population # of persons receiving financial support for improved access to advanced/specialized diagnostic services on an outpatient basis among targeted population</p>	<p>Target Groups: - With a focus on Lebanese covered by MOPH not covered by any other type of insurance/CNSS - Migrants</p>	<p>Across the country</p>	700,000 \$

5	<p>A- Provision of inpatient psychiatric care for vulnerable Lebanese;</p> <p>B-Provision of clinical management of rape (CMR) support to vulnerable Lebanese</p>	<p>Support inpatient psychiatric care for vulnerable Lebanese across Lebanon. *</p> <p>Support clinical management of rape (CMR) admissions for vulnerable Lebanese across Lebanon. *</p> <p><i>* Please refer to list of prioritized CMR centres (Annex 12)</i></p> <p><i>*MH services can be designed under the priority 2, Provision of a comprehensive package of care through PHC facing increased number of users (non-traditionally supported) or exceptionally if approved by MOPH in private clinics.</i></p> <p><i>*Provision of inpatient psychiatric care is linked to health priority 2 provision of critical lifesaving hospital care.</i></p>	<p><u>Health Outcome:</u> Improve access to comprehensive primary healthcare (PHC)</p> <p><u>Standard Indicator:</u> # of Lebanese admitted for hospitalization.</p> <p># of persons receiving financial support for improved access to hospital care among targeted population.</p> <p># of persons receiving financial support for improved access to advanced/specialized diagnostic services on an outpatient basis among targeted population.</p>	<p><u>Target Groups:</u> With a focus Lebanese covered by MOPH not covered by any other type of insurance/CNSS - Migrants</p>		500,000 \$
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List of Annexes

Available on the shared public folder <http://bit.ly/2021FSA>

Annex 1 – 2021 1st Standard Allocation Submission Requirements and Review Process

Annex 2 – Lebanon Operational Modalities

Annex 3 – GMS 8+ 3 Proposal Preparation Guidance

Annex 4 – 2021 Budget guidance note

Annex 5 – GAM questionnaire

Annex 6 – VAT memo

Annex 7 – LHF COVID-19 Flexibility Guidance for Partners

Food Security (WASH):

Annex 8 – Food Security Sector guidance on Food Parcels composition

Annex 9 – WASH kit - Standardized Guidance composition and prices

Nutrition & Health:

Annex 10 – list of non-traditionally supported PHCs

Nutrition 1 and 2- Please refer to the UNICEF Supply Catalogue <https://supply.unicef.org/all-materials/nutrition.html>

Health Priority 1 -B- Support to COVID-19 case management - please refer to the link that includes list of PEEs, list of home care equipment and medication, and list of testing tools.

<https://drive.google.com/drive/folders/1hxEVxsH5B8vdTMi50FXkWNfullMFJM4O?usp=sharing>

Annex 11– Vaccination site assessment documents (Health Priority 1 -C- Safe delivery of health services, including COVID-19 immunization)

Annex 12 – List of prioritized CMR centers (Health Priority 5 – A-Provision of inpatient psychiatric care for vulnerable Lebanese - B-Provision of clinical management of rape (CMR) support to vulnerable Lebanese)

Annex 13 _ Sectors Contact