THE SITUATION

OF CHILDREN AND WOMEN

IN LEBANON

1995

UNICEF Beirut

THE GOVERNMENT OF LEBANON

PREFACE

UNICEF is pleased to present the situation analysis of children and women in Lebanon, hoping that it will contribute to the present and future efforts aimed at the protection and promotion of children and women. The known dearth in vital statistics in Lebanon has forced us to rely, as an alternative, on sample surveys, research works and studies conducted by universities, civic groups and international agencies. The information thus gathered was subsequently reviewed with knowledgeable professionals and the UNICEF officers directly involved in the relevant activities before finalization of the text.

Lebanon has made excellent progress todate towards the attainement of the Mid-Decade Goals (MDGs) and is actively pursuing the fulfillment of the word and spirit of the convention on the Rights of the Child (CRC). The Higher Council for Childhood, the Parliamentarian Committee for the Rights of the Child and the Forum of National NGOs which was expressly set up to support the CRC, are key players in this effort. This heartening trend is bound to enhance in a tangible manner the domains that are of interest to UNICEF. Lebanon's monumental reconstruction programme and the adminsitrative reform related to it are also expected to spawn new potentials and capacities permitting a rewarding management of the challenges and opportunities lying ahead. UNICEF sincerely hopes to continue to play its role as a useful partner in the endeavours of the people and the Government of Lebanon to promote the welfare and development of their children.

Sabah Allawi

UNICEF Representative to Lebanon

Executive Summary

The population of Lebanon is estimated at about 2.9 - 3.3 million, one third of which is under the age of 15 years. The estimated annual growth rate is 2.2. and life expectancy at birth is 65 years for males and 69 years for females. Estimates of crude birth rates range from 25 to 33 per thousand and those of total fertility vary between 2.9 to 3.1.

IMR was estimated to be 35 per thousand in 1990, and is thought to have come back to the prewar levels of 32 per thousand. 74% of infant deaths occur during the first month of life, due to mainly to premature birth, low birth weight and delivery problems. After one year of age, the major causes of death are: acute respiratory infection and accidents with no significant gender differences.

The country is characterized by a high urbanization ratio of 86% up from 60% in 1970, a big number of displaced people (approximately half million, an increase in the size of the low income class, and a major decrease in the size of the middle class which used to be the driving force of the Lebanese economy and social stability. On the other hand, 10% of the country's territories are under foreign military occupation and the regions of the South and West Beqa'a have been suffering from a "chronic" emergency state for the past 25 years.

Though MDGs have been achieved at national level, analysis of results and indicators show regional disparities and enormous inequities among areas of the same major cities regarding IMR, morbidity rates, poverty, drop out rates and other indicators. The Beqa'a and North regions with only 25% of total number of under-fives account for 60% of the total under five mortalities. 95% of deliveries are attended by a trained medical person at the national level compared to 32.1% in the Beqa'a and 30% in Akkar. Furthermore, 20% of the women in Beqa'a and 40% in Akkar receive no prenatal care. Vaccination coverage ranges between 39.6% - 56.5% for measles and 70.9% - 83.5% for DPTOPV3 in the Beqa'a and Akkar compared to 73% and 91.6% for the same at the national level.

In education, available data suggests high enrolment rates of 96% at national level. At the same time drop out, failure and repetition rates are high. This reflects the poor quality of the educational process and its efficiency system including the management of its input and the relevance of its outcomes. Furthermore, the data conceal important regional variations; the capital and its suburbs with only 40% of total students have 45% of total intermediate schools and 63% of total secondary schools. Shares of total students in the undeserved regions of the North, the Beqa'a and pockets in the South are less than the shares of the total population.

The heavy toll of 17 years of war, coupled with adverse economic conditions facing the rehabilitation and reconstruction works, namely, the decline in the transfer of funds from Lebanese emigrants, the decline in alternative sources of income, the high inflation rates the decrease in the purchase power of the Lebanese Lira and the reduction in donations have all

negatively influenced the socioeconomic status of most of the population. Experts estimate that All this reflects negatively on the middle and low income classes, who witnesses increased poverty, and lack of social security. Almost 40% of the population is not covered by any social insurance scheme. Limited available data indicate that 7.5% of Lebanese families live below extreme poverty line, mostly in rural areas, and 28% live below absolute poverty line mostly in urban areas.

The deterioration of economic conditions, the death, the disability or migrations of the family heads, forced children at early age to drop out from school and seek employment to support themselves and their families. A large number of children are seen roaming the streets begging or selling services and goods. Also, the number of female-headed households increased. Limited research indicates that 27% of the labor force are women.

The Lebanese youth below the age of 25 years, who constitute more than half of the population, suffer from weak integration in the social environment and from the economic crisis. They are faced by unemployment due to lack of jobs, difficulty of getting into the work cycle, and difficulty o securing a house or a place to live. Furthermore, they are directly affected by the deterioration of the educational level and system, and the changing cultural context which is leaving them helpless in front of the contradictory and changing norms around them.

Amidst these conditions, the rehabilitation plan of the Government known as “horizon 2000" aims at rehabilitating the physical infrastructure of the country, revitalizing key social sectors and stimulating economic growth. It includes plans to rehabilitate water networks and school buildings, improve school programmes and rehabilitate the health care infrastructure. This plan gives attention to human resources development and its impact on basic human indicators is expected to be very limited. The role of civic society and the local communities in this process is not clear.

INTRODUCTION

For the past couple of years, Lebanon has been going through a transitional period, moving from a conflict period towards political and economic recovery. The government has been taking measures towards economic stabilization and preparing contracts for the rehabilitation of the country's infrastructure. This brought about a new sense of optimism among the Lebanese and replaced an atmosphere of despair with one of hope.

Taking note of the considerable progress achieved by the government during the past few years, the country still faces major social problems. The government faces the complex challenge of not only revitalizing the economy, but also the challenge of tackling and dealing with the obvious and apparent social problems. High levels of poverty and the multi-faceted problem of the displacement has not been fully attended to. The inequities induced, such as the division between high income and low income groups, are large and getting larger. These have to be addressed through government policies with greater social leverage and content.

It is of utmost importance to start addressing the basic social needs of the neediest segments of the population in order to achieve complete stability and lasting peace, for the rebuilding of war-torn societies requires the simultaneous pursuit of political, economic, and social reconstruction as the three are interconnected and interdependent.

The aim of this situation analysis is to identify and to highlight social problems pertaining to women and children in post-war Lebanon and provide suggestions and recommend-ations which will guide UNICEF and the government to focus on areas in need of special attention and on priority problems of women and children and then proceed into formulating strategies to address the causes of these problems.The analysis is UNICEF's initial step towards the production of its five-year programme of coordination and cooperation with the Lebanese government which will aim at alleviating and addressing the many remaining social problems of Lebanese women and children.

The situation analysis is based on a review of previously produced documents, reports and statistics regarding issues related to women and children. The Ministry of Education, the World Bank, the Center for Education and Research Development, and UNICEF in cooperation with the Ministry of Public Health have been able to carry out a number of studies and surveys which were used and are cited in this analysis. UNICEF's 1994 National surveys on EPI and CDD, conducted with the Ministry of Public Health, and UNICEF's 1993 Situation Analysis and Surveys on Child Health provided significant information on the health situation of children and were used extensively in the report. However, older sources were reverted to when recent and up-dated information was not available.

The report consists of five major sections. The first section provides a national overview of the country.The second section focuses on the health services, the third section analyse the physical and psychological condition of Lebanese women and children and highlights their social and health problems; the fourth section highlights the underlying causes behind them. The 5th section is divided into two parts: The first part discusses the global priorities which will ameliorate a wide variety of problems and challenges facing the Lebanese government, the second part presents sectoral priorities and recommendations for the different areas that have been

addressed in the study with the aim of improving the situation of children and women in post-war Lebanon.

PART I: NATIONAL CONTEXT

The Physical Land Scape

1.1 The “Switzerland of the Middle East”, or “the land of Friendliness” or “the land of the Cedars” were phrases used to describe Lebanon before the war, whether this could be revived is uncertain. The Lebanese Republic is situated along the eastern Mediterranean coast and is nestled between Syria to its north and Israel to its south. Lebanon has 10,452 Km^2 of territory with a coastal length of 225 kms.

1.2 The name Lebanon is said to have orginated from Laban-Aramic for white as there is heavy snow fall in the higher hills which are covered from December to May.

1.3 Lebanon is a Mosaic of varying racial and cultural elements. The Western lowlands have a mixed population possibly best described as "Levantine. There is fair individuals and people with darker complexion and pronounced facial features. In addition, small refugee groups who took refugee in the mountain areas to escape presecutions have a different racial ancestry. Almost all Middle Eastern Countries are represented racially in Lebanon.

1.4 Lebanon consists of a narrow flat coastal strip, the land then rises steeply formulating peaks and ridges. The highest is Qurnet Al-Sauda just over 3000 meters high and Mount Sannin which is over 2700m. East of these Mountains there is a broad trough like valley known as the Beqa'a valley. It is about 16 km wide and 110 - 120 km long. To the East there is the anti-Lebanon Mountains, the Harmon range. Two rivers rise in the Beqa'a, the Ornates which flows to Syria and the Litani which flows southwards at a short distance from the Israeli frontier where it makes a sudden bend westward and plunges through the Lebanese Mountains.

1.5 Lebanon has a typical Mediterranean climate: the summers are hot and humid with temperatures averaging between 28-30 degrees centigrade on the coast, and slightly warmer but dryer in the interior Biqaa area. The winter season, stretching from November to March, is cool and wet.Rainfall is generally abundant but it decreases in the East making Beqa'a drier than the West. The rainfall is estimated at 750mm. to 1000m in the coastal areas, increasing to 1250mm in the mountains and falling again to 380 mm in the Beqa'a. Snow covers only the high mountainous areas during part of the winter season.

1.6 Lebanon is administatively divided into six district or governrates, Muhafaza **(ãÍÇ_ÙÉ)** The North, the South, Beqa'a, Mount Lebanon's, Nabatieh and Greater Beirut. Each is subdivided into subdistricts or regions **(_ÖÜÜÜÜÜÇÁ).**

2. POPULATION

2.1 The population of Lebanon was estimated at 2.9 million in 1993, although independent estimates put the figure higher at 3.3 million. In order to avoid the political crisis which may have resulted from major shifts in the numbers of the different religious groups, no official census has been carried out since 1932. In 1982, annual population growth was estimated at 2.2%, with male life expectancy at 65 years of age, and female life expectancy at 69 years (EIU, 1994-95). In 1990, the literacy rate was estimated at 80%.(EIU, 1994-95). UNICEF and the World Bank estimate male and female life expectancy at 67 years.

2.2 The last national sample survey that provided widely acceptable population figures was carried out in 1970 by the former Ministry of Planning. During the years of strife in the 1970s and 1980s, the population of Lebanon experienced massive movement, both internal and international, while the vital registration system continued to be defective. As a result, current estimates of the total population vary widely from one source to another, ranging from 2.7 million to 4 million, up from 2.3 million in 1970.

Table 1. Estimates of the total population of Lebanon by source of estimation year

Source	Mid-year	Population in millions
Courbages and Fargues	1970	2.3
UNDP	1991	2.8
UN-ESCWA	1992	3.4
UNFPA	1994	2.7
UN, Population Division	1994	3.0
Population Reference Bureau	1994	3.6
M. Faour	1994	3.9
UNICEF (Estimate)	1994	2.8

2.3 The rate of natural increase is estimated at about 2 to 2.5 percent per year. This rate is expected to decline slowly over time because of projected drops in fertility rates. The projected rate of annual growth, which includes the effects of both natural increase and net migration, is expected to approach zero or no growth sometime in the twenty-first century.

2.4 The annual rates of population growth vary by source from 0.67 to 2.20 percent for the period 1970-1994 figure 1 (Courbage and Fargues, 1970 and Faour, 1994). Today in the post-war period, the annual rate of growth is estimated at 2 to 2.5 percent, as compared to 2.7 percent between 1932, the year of the only census in the history of Lebanon, and 1970. This implies that the population of Lebanon will double in size in 28 to 35 years, which may occur as early as the year 2022.

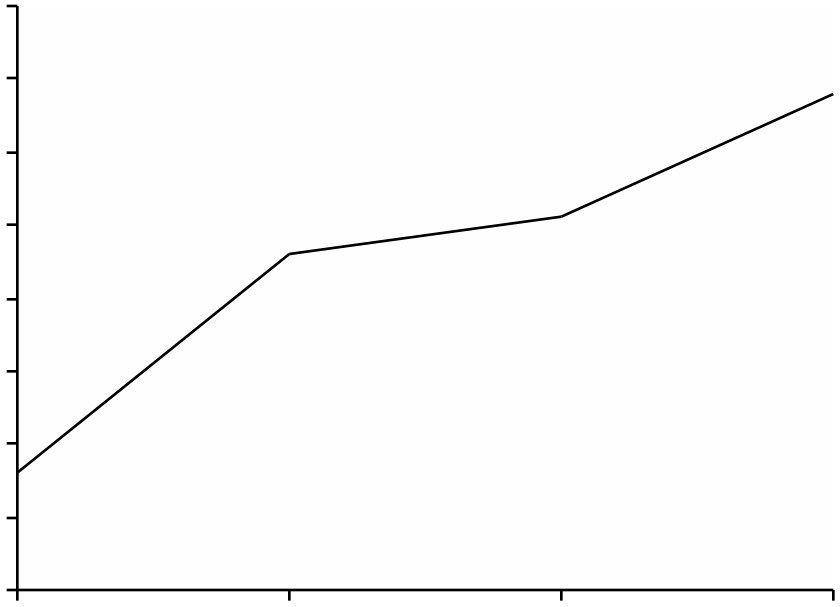


Figure 1.

2.5 The combined effect of socio-economic change and forced internal migration has produced changes in the geographic distribution of the population. Currently, about 16 percent of the Lebanese population live in the capital city Beirut, down from 22 percent in 1970.The suburbs' share of the total population is also thought to have changed: one study conducted by Kasparian and Baudoin in 1987 considers the change to be positive, another to be negative by 3 to 4 percentage points (Faour, 1988). Residents of each of the other *muhafazat* (governorates) represent 12 to 20 percent of the total population. The capital city Beirut remains the largest in population size, followed by

Tripoli in the north. Together with the suburbs, Beirut's population is estimated at about 1.2 to 1.3 million, which accounts for about one-third of Lebanon's total population.

Table 2. Geographic distribution of the population by "muhafaza", selected years (percent)

Muhafaza (Ministry of Planning)	1970	1987 (Kasparian & Baudoin)	1988 (M. Faour)
Beirut	22	16	16
Suburbs of Beirut	22	25	18
Mount Lebanon	17	15	18
North Lebanon	17	17	20
South Lebanon	12	14	16
Biqaa	10	12	13

Sources: Courbages, Y. et P. Fargues, 1974, La situation demographique au Liban, II. sparian, R. et A. Baudoin, 1992, La population deplacee au Liban: 1975-1987, vol. 1. Faour, M., 1991, "The demography of Lebanon: a reappraisal," Middle Eastern Studies 2 (4).

2.6 As is the case in many countries in the region, most of the inhabitants (86%) live in urban areas *i.e.*, areas with a population size of 5,000 or more, up from 60 percent in 1970. Urbanization, particularly rural-to-urban migration, has been maintained at high levels for decades, generating in the process reduced agricultural production and mounting pressure on urban resources and infrastructure. Prior to 1975, the process of urbanization in Lebanon and many other developing countries was characterized by urban primacy whereby one city --Beirut-- houses the majority of the urban population. In 1970, metropolitan Beirut housed slightly over half the urban population. Since then, a number of urban centers surpassed the capital in their population growth rates. Towns like Baalbak, Tyre, and Jounieh have rapidly developed into small cities while Beirut was barely maintaining its population size. Today, metropolitan Beirut attracts the largest segment of the urban population, yet it houses less than 40 percent of the total urban population (Faour, 1994).

2.7. Among other factors, rapid urbanization and massive displacement unmatched by development of appropriate services have generated a housing problem-- a shortage of affordable, standard accommodation for a majority of urban residents. Related to housing shortage are two other urban problems: crowding and high population density. In some quarters of the capital, the population density exceeds 25,000 persons per square kilometer living in crowded accommodations. Nevertheless, the population density in Lebanon as a whole is not high by

international standards. It varies between 258 and 383 persons per square kilometer depending on the source of the population estimate up from 217 persons per square kilometer in 1970 (UNFPA , 1993 and Faour,

1994).

2.7.1. The average number of persons per dwelling unit, or average household size, is about five (Kasparian and Baudoin, 1992). Yet, there are significant variations in household size by geographic area. For example, in 1988, the average household size ranged from 3.9 persons per accommodation in some quarters of the capital, up to 6.2 persons per accommodation in the predominantly rural area of Akkar in north Lebanon (Faour,1991). In the absence of a reliable, national data base, estimates of household size vary from one source to another. Following are the estimated figures from a 1987 national survey of the displaced.

Table. 3. Households by average size and muhafaza, 1987

Muhafaza	# households	Average # persons/dwelling	Population
Beirut city	107,900	4.44	480,140
Suburbs of Beirut	159,800	4.74	756,910
Mount Lebanon	101,310	4.60	465,680
North Lebanon	94,870	5.61	532,480
Biqaa	73,110	5.39	394,510
South Lebanon	80,870	5.33	431,310
Total	**617,860**	**4.95**	**3,061,030**

Source: Figures are computed from: Kasparian, R. et A. Baudoin, 1992, La population deplacee au Liban: 1975-1987, vol. 1, table 3-3.

2.7.2. According to a household characteristics national survey carried out by UNICEF and the Ministry of Health in 1992, the number of persons per household was 5.75, and the number of rooms per households was 3.40. In addition, the proportion of households by number of persons per room was also measured as follows:

One person / room	26.80% of households
Two persons / room	44.17% of households
Three persons / room	15.34% of households
Four persons / room	13.63% of households

At the regional level, in cooperation with the Ministry of Health, UNICEF carried out another household characteristic survey in 1993 to determine the level of crowding of people in houses in

the Akkar, Tripoli, and Baalbak regions. The results are shown in the following table.

Table 4. Household Characteristics at the Regional Level Survey of September 1993 (UNICEF)

Charecteristics	Region			
	Akkar	Tripoli	Baalbak	Hermel
Number of persons / household	7.3	6.6	6.8	
Number of rooms / household	3.4	3.7	2.9	
Number of persons / room		2.6	2.2	2.5

Source: UNICEF, 1993.

2.7.4 The extent of crowding has probably increased over the past two decades, at least in the congested neighborhoods of the major cities. In Beirut city, the average number of occupants per dwelling unit was 2.1 in 1970; today this figure is about 4.5. Although no recent accurate data on crowding are available for various regions of Lebanon, one would expect a higher percentage of crowded accommodations today as compared to 1970.

2.8 Emigration was characteristic of Lebanon's population long before the outbreak of hostilities in 1975. The main determinant of emigration then was economic. Between 1975 and 1990, the protracted war produced large numbers of emigrants, many of whom were forced to move abroad. Difficult economic conditions, personal safety, and political instability were principal factors that drove thousands of Lebanese out of their homeland towards various regions of the world notably the oil-rich states of the Arab Gulf, North America and Australia (UNFPA, 1994).

2.8.1 During the period 1975-1980, America and Australia received about 40 percent of the migrants, and the Gulf countries received another 40 percent. Unlike emigration to America and Australia, emigration to the Gulf is fixed-term, not permanent, primarily because of restrictions on naturalization of non-natives in the Gulf states (UNFPA, 1994).

2.8.2 The streams of migrants from Lebanon fluctuated in response to the economic, political and security situation, and so did the streams of return migrants. The net annual number of migrants is estimated at 55,000 during the period 1975-1980, and 45,000 between 1980 and 1988 (ESCWA, 1989:102). The total number of emigrants since 1975 is estimated at about one million Lebanese. Return migration is on the rise, and some 40,000 are reported to have returned in the years 1992 and 1993 (UNFPA, 1993:5).

2.9 Along with urbanization, Lebanon has experienced another type of internal population movement namely, forced internal migration also known as displacement. More than 800,000 residents from various governorates were forced to leave their domiciles during the civil war. By

early 1993, about

450,000 persons belonging to 90,000 households were still displaced, according to the Ministry for the Displaced. Most of them came from rural areas and settled in urban and suburban areas, notably the capital city Beirut. The overwhelming majority were uprooted from their residences in the muhafazats of Mount Lebanon (62 %) and South Lebanon (24 %) (Ministry of the Displaced, 1993). Their main destination was other locales within Mount Lebanon, followed by Beirut and South Lebanon. A recent survey of the displaced conducted by the Ministry of the Displaced in 1992, found in excess of 7,000 Lebanese families living in accommodations that were not originally designed as dwelling units, such as factories and offices.

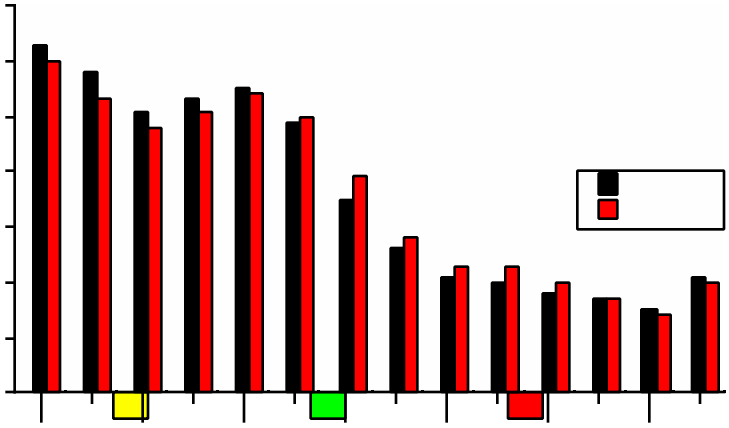
Table 5. Geographic distribution of the displaced, 1993

Muhafaza	Place of origin # households	%	Place of destination # households	%
Beirut	4,366	8	11,419	20
Mount Lebanon	35,012	62	29,826	53
North Lebanon	2,367	4	2,124	4
South Lebanon	13,423	24	8,920	16
Biqaa	1,315	2	3,293	6
Outside Lebanon	not applicable	-	992	1
Total	**56,573**	**100**	**56,573**	**100**

Source: Ministry of the Displaced, "A summary of the estimated, preliminary requirements for financing the first stage of the plan for returning the displaced in Lebanon", 1993 . (in Arabic)

2.10 According to the United Nations Economic and Social Commission forWestern Asia (ESCWA, 1993), 12 percent of the Lebanese population are pre-school children below 5 years of age, and a third are under 15 years. According to UNICEF and the Ministry of Health 1994 estimates, there are 350,000 children under the age of five and an average 82,000 births per year. Older people-- 65 years old and above-- comprise a small 4.5 percent of the total population. In 1970, the age distribution of the population was different: the proportion of children below 15 years of age was larger-- 44 % -- and the proportion of persons in the prime work ages 15-64 was lower-- 51 % (Courbages and Fargues, 1974). Thus the population of Lebanon is getting older mainly due to a decline in fertility.

Figure 2.



Source: Ministry of Health, UNICEF, 1994.

2.10.1. Estimates of UN-ESCWA for the sex distribution indicate an overall balance between males and females: 50.4 percent males and 49.6 percent females in 1993. However, some surveys of Beirut city and other districts of Lebanon present a different picture: a distinct shortage of males in the prime work ages between 20-49 (A.U.B., 1984).

2.10.2 In 1984, sex ratios in Beirut for these ages ranged from 93 to a low 76 males per 100 females (Zurayk et al, 1984). Similar observations were made in north Lebanon and Biqaa, based on a 1985 survey (Faour, 1993). The excess of females in the young ages reflects the impact of male emigration and, to some extent, higher rates of war-related male mortality.

Figure 3.

Source; AUB 1984

2.10.3 Estimates of UNICEF for the sex distribution for the age group from 0-5 years old is as follows: in 1991, 51.9% were males and 48.1% were females. In 1992, 58.2% were males and 41.8% were females. In 1994, 50.8% were males and 49.2% were females.

3. THE ECONOMY

3.1 Beyond the physical destruction of the infrastructure and the damage to factories, houses, and other service facilities, the war and the tense atmosphere of insecurity which persisted even in times of calm, caused the partial de-industrialization of the Lebanese economy. However the signing in 1989 of the Ta'if agreement was a basis for a negotiated settlement of Lebanon's 16-year war. The accord was also the basis for the political and economic recovery in which Lebanon is still engaged.

3.2 The first half of 1994 witnessed some positive economic signs, particularly in reconstruction. According to Bank Audi's Quarterly Economic Report, all economic indicators showed economic growth in the second quarter of the year, and performances in the first half of the year, exceeded those for the same period in 1993. GDP growth during the first six months of 1994 was estimated at a rate of 8% while inflation increased at a rate of 12% per year before increasing in July and August due to the sudden rise of prices of crude oil and coffee. The real inflation rate, however, was probably considerably higher, with the government itself accepting a rate of 15%. In dollar terms, prices are estimated to have risen by 8.4% in the first six months, with the biggest increases in transport (10.4%), durable goods (8.4%), clothing (6.6%), and services (5.5%).

3.2.1 Lebanon's fifteen-year war is estimated in some official quarters to have costed the country some $25bn. As a result, as civil peace has been consolidated since 1991, the different Lebanese governments have concentrated on transforming this situation into economic benefits. In 1992 and 1993, however, economic growth was lower than expectations, with GDP growth in both years estimated at between 7% and 8% (EIU Report 1993-94). A similar growth figure is predicted for 1994, indicating a constant, if stagnant, growth pattern over the past three years.

3.3 Since Mr. Hariri took office in late 1992, however, the national currency first stabilized and then appreciated. If the average exchange rate fluctuated widely between roughly L£930/$1 and

L£l,740/$1 between 1991 and 1993, it stabilized and steadily gained in 1993 and 1994 to reach the L£1,660/$1 level in the latter half of the year. Meanwhile, foreign reserves have risen from $1.27bn in 1991 to $3.12bn in the middle of 1994. Lebanon also has a $3.6bn gold reserve, although some economists have criticized the fact that the gold has not been put to any productive use (EIU Reports, 1991-94).

3.3.1 At the heart of the government's efforts to stabilize the national currency, has been the dramatic reduction in public spending, something made necessary by the expanding domestic debt. The 1994 budget was passed with an official deficit estimated at 52% of spending. The government aims to lower the figure for 1995 to 43%, although government ministers acknowledge that the figure will be higher. Loans from international financial organizations have been linked to a reduction in the budget deficit. The public debt, meanwhile, continues to rise steadily, and by mid-1994 had reached L£6,009bn ($3.6bn). 95% of the domestic debt is due to interest payments on treasury bills (EIU Report, 1994). This represents a potentially inflationary trend, which may, in the medium term, contribute to undermining the government's reconstruction efforts.

Table 6. Economic Indicators between 1989 and 1993.

Economic indicators	1989	1990	1991	1992	1993
GDP at market prices $m	2,215	2,558	3,535	3,694	3,952
Consumer price inflation%	50	115	33	130	18
Population m	2.71	2.74	2.78	2.84	2.90
Exports fob $ m	484	496	490	601	686
Imports fob $ m	2,263	2,578	3,748	3,770	4,222
Reserves excl gold $m	903.3	623.3	1,236.7	1,467.7	2,298.9
Total extrnal debt $ m	1,021	1,783	1,560	1,812	2,100
Exchange rate (av) LP:$	496.7	695.1	928.2	1,713.0	1741.9
October1,1994 LP 1,666:$1					

Source : EIU Country Report, 4th Quarter 1994

3.4 The civil war hit industry badly. Apart from the damage that factories suffered, and the lost production, many thousands of industrial workers emigrated. In early 1985, the president of the Association of Lebanese Industrialists declared that one quarter of the country's productive capacity has been destroyed in the war, and that many factories had been totally destroyed. Those that remained, were operating at only 25% of pre-war capacity. Estimating the replacement value of damaged industrial buildings, plant and equipment at $1.5bn, he said that 600-700 industrial enterprises had closed down.

3.4.1 In 1982, the Israeli invasion and bombings of urban areas severely affected industrial production; industrial exports dropped by 14.8% to L£2.0bn. The total by 1984, was only L£984m. Industrial exports were subsequently boosted by the collapse of the local currency. In

1993 Lebanon exported some $581.5m worth of goods to the Arab world, mainly to Saudi Arabia, Syria and the United Arab Emirates. Some $436m worth of goods were exported to European countries, mainly to France, Germany, and Italy, and $2.3m worth of goods to the Americas.

Table 7. Main destinations of Industrial exports 1993.

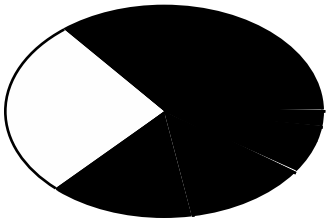
Destination	L£ in mn
Saudi Arabia	98,018
Syria	44,143
France	39,509
Jordan	34,294
USA	14,987
Italy	5,813
Germany	5,569

Source: Commerce Du Levant

3.4.2 One persistent obstacle to expansion of industry in recent years has been the reluctance of banks to provide the sector with credit. Although credit to industry was on the rise in mid-1994, from an initial 10.7% of all bank loans to the different sectors of the economy, at the beginning of the year, it has continued to lag behind the sector's share of GDP.

Figure 4

Destination of Industrial Exports by Percentage, 1993.



Source: Commerce Du Levant.

3.4.3. Lebanon's main industrial exports have been clothing, food products, marble, sanitary equipment, and chemical products. The Arab world was the largest market for Lebanese manufactures in 1993, with Saudi Arabia importing some L£98bn worth of goods, representing 28% of the total; Syria came in second with L£44bn, and France was third with L£39bn.

3.5 One quarter of Lebanon is made up of mountainous terrain and forests, but there are good agricultural areas in the coastal strip and the Biqaa Valley. Irrigation projects were underway before the war and about a quarter of the 400,000 hectares of arable land was irrigated. Only 33% of Lebanon is cultivable and the scope for expanding cultivated area is limited. Of the area under commercial cultivation, it is estimated that forest plantings account for 27%; fruit trees for 30%; cereals for 19%; vegetables for 10%; industrial crops for 7%; and fodder crops for 7% (EIU Report, 1994).

3.5.1 The agriculture sector has been the poor parent of the Lebanese economy, and has substantially declined since the beginning of the war. Part of the problem of agriculture in Lebanon has been that the largely agricultural south has been a zone of un-interrupted conflict since even before 1975. Further, the Israeli invasion drove the cheap labour force away, and farmers had to replace it with a Lebanese Labour Force at double the cost. The dangers of transport through areas of armed conflict in the South and elsewhere was a further problem. Another difficulty resulted from the increasing out-put of orange groves in Syria which used to improt around three Quarters of the Lebanese crop.

3.5.2 Fruit growing increased substantially and played an important part in the economy during the civil war. But there is a reduction in output from 214,000 ton in 1991 to 190,000 metric ton of apples in 1992 and from 358,000 tons of grapes in 1992 to 290,000 in 1991. Other crops

include sugar beets and tobacco, the cultivation of which declined as a result of the civil war and the Israeili invasions.According to the Middle East and North Africa 1995, the tobacco cultivation declined from 8000 hectares before civil war to 3273 in 1980.

3.5.3 The difficult living condition and the relative lack of security has allowed two crops to prosper: the Cannabis sativa, and the papaver samniferum which are sources for hashish and opium poppy.

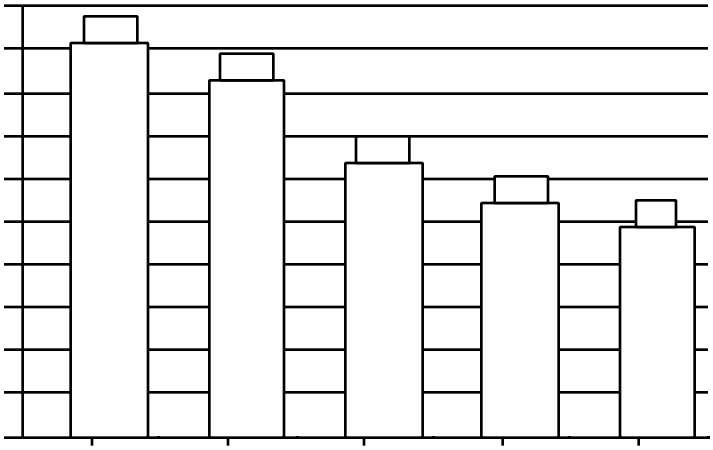
3.5.4 A recent 1994 report carried out by the *Centre de Recherches et d'Etudes Agricoles Libanais* , noted that current agricultural productivity, in real terms, was equivalent to that in 1964. No effective social policy exists for those engaged in agriculture, and training facilities are lacking. Lebanon imports 75% of its food needs, while agriculture receives a small proportion of bank credit – only $16m in the first six months of 1994 (Commerce du Levant, 1994)

3.6 In an effort to improve irrigation, the World Bank has agreed to loan Lebanon $57m to irrigate a total of 14,300 hectares in different parts of the country. This will increase the amount of irrigated land in Lebanon by 20%. Before the war, 100,000 hectares of the country's 400,000 hectares of arable land were irrigated. Meanwhile, Lebanon and Syria have signed an agreement sharing the waters of the 'Asi (Orontes) river. Lebanon is to exploit 22% (80 million cubic meters) of the river's flow, which will reportedly allow for the irrigation of 60 million square meters of land in the dry Hermel region.

3.7 Lebanon's balance of payments situation in 1993 and half of 1994 has been characterized by a balance of trade deficit offset by capital inflows. In 1993, the last annual figures available, imports totalled some $4.9bn, a 40% increase over the previous year, while exports were estimated at $479m. Since exports are generally underestimated, an upward revision of the figure by 30% to 35% is necessary. With capital inflows estimated at $4.2bn, the balance of payments surplus reached $1.13m, compared to a figure of $53.7m in 1992 (EIU Reports, 1992-1994).

3.7.1 The main imported products are manufactured and semi-manufactured goods, raw materials, gold and other precious metals, industrial equipment and agricultural products. The main exported products are manufactured and semi-manufactured goods, foodstuff come in second. In 1994, both the UK and Germany announced that they would resume export guarantees to Lebanon. While the guarantees were relatively modest, their resumption showed a renewal of interest in trade with Lebanon, particularly on behalf of the UK.

Figure 5. Principal Exports 1993.



Source: EIU Country Report

3.8 The services sector has long been the mainstay of the Lebanese economy. In 1987, commerce, financial, and non-financial services alone were estimated to represent 66% of GDP. The present priorities of the Hariri government indicate that a return to such a situation is being sought for Lebanon in the near future, with Beirut apparently being envisaged as a service entrepôt after an Arab-Israeli peace. Four sectors we can deal with are banking, tourism, advertisement, and construction.

3.8.1 The total assets of commercial banks in mid-1994 were estimated at some L£20,904bn, although investment capital only amounted to some 2.7% of the total. In an effort to open up the banking sector somewhat, the Central Bank has said that it will grant licenses to foreign banks to open branches in Lebanon provided they meet a capital requirement of $5m and re-invest 30% of their locally collected deposits domestically. Local banks have protested the move, arguing that they cannot yet compete with foreign banks.

3.8.2 In an effort to encourage the provision of credit, the International Finance Corporation (IFC), the arm of the World Bank which provides loans to the private sector, has extended a $45m facility to four local banks. The funds are to be loaned to the agriculture, industry, and tourism sectors. One obstacle to credit is that the prime lending rate of banks, although it has declined in the recent past, remains a very high 17%. Moreover, almost 90% of bank loans are in dollars, not in Lebanese pounds.

3.8.3 In an effort to revive tourism, in February 1993 the ministry of tourism announced a number

of measures to inject new life into what had been one of the economy's most vital sectors before the war. One step has been to return to their Arab owners, summer mountain homes occupied by displaced during the war. In this way, the government hopes to re-attract Gulf Arab visitors who injected substantial amounts of money into the pre-war economy. Agreement has also been reached with companies, to rebuild at least two of the major pre-war downtown hotels, the Holiday Inn and the Phoenicia Intercontinental.

3.8.4 One of the booming sectors of the service economy in recent years has been advertisement. Estimates have put spending on advertisement in 1993 at $152m, as opposed to $126m the previous year. Large foreign advertisement firms such as Saatchi & Saatchi and BBDO have opened offices in Beirut, joining some 150 local advertisement agencies which employ about 8,000 people. 80% of advertisement expenditure goes to television, while newspapers and magazines account for the remaining 20%.

3.8.5 Between 1992 and 1993, construction, measured in terms of square meters, where construction was allowed, increased by 25%, while permits issued by the Engineers' Association increased by almost 48%. In turn, price of land has skyrocketed in the past two years.

3.9 The last poll made concerning the Lebanese working population was conducted in 1970 and it revealed a figure of 538,410, or 25% of the total population . Of the male population, 43.8% were engaged in work, while only 9.5% of the female population worked. When the war began in 1975 the total stood at 748,000, 18.4% of whom were women.

3.9.1 During the first ten years of the war, the Lebanese economy lost approximately 40% of its work force. By 1990, with the end of the war, serious shortages existed in all labor sectors. This was due to such factors as death, disablement, and emigration because of the war. While figures showed that unemployment was 3.1% and that 2.3% of workers were seasonal or occasionally unemployed workers in 1970, (Investor's Guide, 1994), in 1990, the UN Disaster Relief Organization estimated unemployment at 35%. The problem of unemployment has been further enhanced by the inflow of foreign workers and laborers into the country. These foreign workers, especially the unskilled laborers, accept low wages that a Lebanese cannot accept as a salary as it is not enough for him to make a living and to feed a family.

3.9.2 Since 1991, with peace and the progressive normalization of economic activity, the working population represented 30% of the total population, that is roughly 900,000.
- 1 million workers. Of these, 72% were males , and 27.2% were females (Investor's Guide, 1994).

3.9.3 Until the Hariri government took office, minimum wages for public-sector employees were repeatedly raised in line with inflation. In May 1991, for example, monthly income was increased to L£75,000. At the end of 1991, public sector salaries were increased by 120%. However the sharp decline, as of early 1992, in the value of the pound against the US. dollar and the imposition of the new taxes, increased commodity prices by an estimated 30-50%, effectively wiping out the benefit of these increases. This led to labor unrest which often involved strikes or

strike threats. In December 1993, the government offered salary increases of between 15% and 70% after the General

Confederation of Lebanese Workers (GCLW) has demanded a 120% increase. A new government proposal in December 1994 again offered raises in salaries – this time of 20% – as well as social benefits which became effective at the beginning of 1995.

3.9.4 This excessive rate of inflation that has been observed since the beginning of the eighties, has repercussions on consumers' behavior, production, economic growth, productivity, and education trends. The situation between 1985 and 1992 has led to a decrease in productivity, a decline in GDP of 40% and an increase in the consumer goods' price index by 265 times. Furthermore, a multiplication of the minimum salary by 135.6 occurred between December 1985 and December 1994 (Investor's Guide,1994).

3.9.5 There are no accurate figures of wages and inflation, although there is little doubt that the cost of living is rising more quickly than salaries. Some estimates put inflation in 1993 at 30%, a declining rate over the previous year's rate of 130% (EIU Report, 1993-94). These figures must be treated with caution, however.

Table 8. The survival budget of a Lebanese family estimated at $ 784.41 in April 1993.

Expenditure	Expenses/ month in L£	Expenses/ month in US Dollars	Percentage of Expenses
Food Stuff	524,926	301.32	38.41
Clothing	219,931	126.25	16.09
Housing	56,418	32.39	4.13
Health	87,319	50.12	6.39
Education	309,890	177.89	22.68
Transport	70,388	40.40	5.15
Other Expences	97,625	56.04	7.15
Total	**1,366,497.00**	**784.41**	**100.00**

Source: Investor's Guide, Lebanon 1994

3.10 The war which devastated Lebanon left behind lots of social problems including drugs. Illicit production of drugs started in Beqa'a, a region which has been historically neglected and is considered among the least developed and most underserved regions in Lebanon, with poor infrastructure and inadequate health and education services. During the war, it became famous for its illicit cropping. According to the Regional Surveys of the World, 1995 the opium poppy (cultivation which was introduced in the eighties, grew to cover 3500 to 5000 hectares yielding 30 to 40 tons of poppy (3-5 tons of processed heroin). The government took effective measures to combat illicit crop cultivation.(Regional Surveys of the World, The Middle East and North Africa, 1995)

3.10.1 The government's eradication efforts, need to be supported by an integrated development

programme for the region, because underdevelopment and poverty go hand in hand with illicit activities. The government has given high priority to the correction of regional imbalances, and consequently assigned 14% of the total region specific investment to the Beqa'a region to upgrade infrastructure, water and sanitation system, social services and health services. An integrated rural development programme for the region, has been prepared in cooperation between the government, UNDP and other UN agencies including UNICEF.

3.11 Three years after the cessation of civil war, an atmosphere of hope for a better future for Lebanon is prevailing. However the war years have left behind them grave social problems such as the increase in the poverty levels of a significant part of the population which in turn has increased social and regional disparities. Poverty today afflicts a large number of Lebanese men, women and children, who are living in sub-standard housing which lacks basic amenities and adequate shelter and resources. Some can hardly cope with the rising costs of the most basic items necessary for living such as the food prices.

3.11.1 There is a pressing need today not only for the provision of social services to the neediest
segments of the population, but also to begin addressing the problem of poverty and the growing gap between the social classes. The government's decision to form a Consultive Economic and Social Council is a positive step but it does not cancel the need to form a comprehensive and effective social policy to alleviate and address the multiplying social problems of the poor. Development programmes and policies should attend to the different experiences and consequences of poverty programmes for men and women; and children. Children born into poor families are greatly disadvantageous as they are deprived from health care and education. Importance should be given to supporting those children living in poverty as an investment in social and economic development on the long-term.

3.11.2 The issue of poverty has only recently been given attention, several research papers about the subject were prepared and discussed in a special conference on poverty. It was established during the conference that although services to help the poor are provided, programmes and projects to solve the poverty problem in Lebanon are non-existent. Information on the extent of the problem, together with the criteria and measurement procedures to determine the level of poverty, are not available. More than one paper stressed the need to start assessing the poverty situation and its causes and to begin conducting studies to find out the number of poor people, the extent of their poverty, and their economic, social and demographic characteristics which will in turn reveal the reasons behind their poverty. Having done that, policies have to be analyzed depending on the findings of the analysis, decisions have to be made whether the existing policies need to be developed and changed or whether new policies have to be established.

4. SOCIAL AFFAIRS

4.1 The Ministry of Social Affairs was established in 1993 to address social problems and challenges facing post-war Lebanon. The ministry consists of the department of social development and the department of social services. The ministry has offices distributed in the

different regions of Lebanon and provides social services. Despite the lack of facilities, organization, and manpower faced by the ministry in carrying out its tasks, it cooperates with other ministries to implement its projects and programmes which aim at addressing some of the problems faced by the poor.

4.1.1 The newly established ministry faces major challenges in post-war Lebanon. These include: helping orphans and people in difficult circumstances, provision of basic services to underserved rural areas, empowering women with skills and ensuring community participation in the development process.

4.1.2 So far, the ministry has established 23 centers in Lebanon which provide services to the different regions. The ministry is planning to establish new centers to cover the geographic regions where 30 to 40 thousand people live. This new goal is based on the principle of decentralization of social services and on improving their efficiency.

4.2 The ministry's main strategies regarding primary health care include: (a) focussing on activities that lead to human growth and development; (b) co-ordinating with other ministries, such as the Ministry of Health, to promote primary health care. This coordination aims at obtaining the goal "Health for All"; (c) coordinating with the active NGOs to insure their participation in the planning and implementation processes; (d) motivating communities by increasing their awareness about their needs and ensuring their participation in obtaining those needs; and (e) coordinating with universities and institutes in order to form specialized teams and trained groups who will be involved in the effective implementation of projects and programmes.

4.3 The Ministry established the Higher Council for Childhood in 1994. It consists of several ministries, NGOs and UNICEF. The Higher Council for Childhood is a very important body and key partner that plays an active role in child development and survival. The Council is headed by the Minister of Social Affaris with members from the ministries of Education, Health, Foreign Affairs, Interior, Justice and Information. In addition, there are five members representing NGOs and a representative for each one of the UN agencies dealing with children problems including UNICEF, as well as a representative each from the National Committee for the Lebanese Child, the Lebanese Union for the Welfare of Children and the Lebanese Forum for the Rights of Child.The responsibility of the council is to finalize the National plan of action and to implement the clauses of the Convention on the Rights of the Child and in the implementation of laws affecting children.

5. SOCIETY AND SOCIAL ORGANIZATION

5.1. Arabic is the national language, and it is current over the whole country, but English, French and even Spanish are widely understood. French is probably the leading language, though English is tending to replace it. As two of the country's most important universities, the American University of Beirut (AUB) and the Lebanese American University (LAU), are English-language institutions.

5.2. The political developments in the past century, led to the predominance of confessional loyalties over other loyalties, even after the establishment of the constitutional republic in 1926. This nuance is necessary, if only to underline the fact that social cleavages in Lebanon have not, historically, been solely confessional, but have been defined also by socio-economic class, regionalism, and even, if to a lesser extent, by political affiliation.

5.3. Lebanon is a country in which modern and traditional social relations coexist, and even overlap. It remains a patriarchal society, but one in which women are given far more freedom than in most other Arab countries. The political and economic hierarchy of the country is almost overwhelmingly male, yet women are present in virtually all fields, including the armed forces.

5.4. Women in the reproductive years, between 15-49, slightly exceed one-fourth of the total population. Compared to 1970, a larger percentage of women in the prime marriage ages remain single. For example, almost all women under age 20 were single in 1987, whereas 13 percent of their counterparts in 1970 were married. In the age group 30-34, 36 percent of the women were still single in 1987 as compared to only 14 percent in 1970. This indicates strong trends toward delaying first female marriages and having a higher percentage of women who never marry (ESCWA, 1993 and Courbages and Fargues, 1974).

5.5. More women are becoming heads of households mainly because of increased widowhood and emigration of males caused by the war. Surveys of Beirut city in 1954, 1984, and 1992 showed that the percentage of female-headed households over the given period has risen from 9.2 to 15.3 to 20.0, respectively (UNFPA, 1993:6). The women who were left behind during the war, endured a lot of suffering and hardships as they were responsible for the protection of their children and for keeping the families united. Furthermore, many women during the war played the roles of both parents, as many had to provide for money and the protection of children.

Table 9. Single Lebanese by sex and age, 1970 and 1987 (percent)

Age	**1970**		**1987**	
	males	females	males	females
15-19	99	87	98	99
20-24	88	51	84	86
25-29	55	25	51	58
30-34	25	14	26	36
35-39	15	10	12	20
40-44	8	8	6	12

Sources: Courbages, Y. et P. Fargues, 1974, La situation demographique au Liban, II, p. 54.
Kasparian, R. et A. Baudoin, 1992, La population deplacee au Liban: 1975-1987, vol. 1, p. 138.

6. POLITICAL AND ADMINISTRATIVE ORGANIZATION

6.1. Constitutionally, the president is elected by a two-thirds majority of the Parliament to a six-year term. Legislative power is exercised by the National Assembly with 128 seats divided equally between Christians and Muslims. They are considered representatives of the country and serve a term of four years. The prime minister is chosen by the president after consultation with the parliamentary deputies. The president and the prime minister must agree on, and must both sign a decree in forming the cabinet. The ministers do not need to be members of the National Assembly, however they are responsible to it.

6.2 The Ta'if agreement brought about a number of fundamental changes to the 1926 Lebanese constitution. The most far-reaching was the transfer of the executive power from the Presidency to a Cabinet with portfolios divided equally among Christians and Muslim ministers. The appointment of the Prime Minister remain the prerogative of the President to be exercised in consultation with the members and President of the National Assembly. This has created what is referred to as a leadership *troika*: the sharing of power between a Maronite president, a Sunnite Prime Minister, and a Shi'ate Speaker of Parliament.

6.2.1 Another major change brought about by the Ta'if agreement, is that it provided for an increase in the number of seats in the National Assembly from 99 to 128, to be divided equally among Christian and Muslim deputies. The powers of the National Assembly were increased and the term of office of its president was also increased from one to four years, and the holder of that post will play a role in appointing the Prime Minister.

6.3 Since the signing of the Ta'if agreement in 1989, and the end of the war in 1990, Lebanon's political life has been moving in the direction of the consolidation of state authority and economic reconstruction. In 1991, the main Lebanese militias were disarmed and the process of rebuilding the Lebanese army was initiated. The first year of peace, however, was characterized by a political leadership that had difficulty inspiring domestic or international confidence necessary for reconstruction, which led to a progressive decline in the Lebanese pound. In an effort to promote economic development and reconstruction, in October 1992 the Saudi-Lebanese businessman, Rafiq al-Hariri, was appointed Prime Minister, with the main objectives of stabilizing the pound and attracting foreign investment, restoring confidence in the country's economy and facilitating its reconstruction.

6.4 Both in its domestic and regional policies, Lebanon's political leadership has co-ordinated closely with Syria. In May 1991 the two countries concluded a Treaty of Brotherhood, Cooperation, and Coordination which outlined a framework for close bilateral relations in virtually all major fields. Lebanon also entered the Middle East peace talks in late 1991, although little progress has been achieved in the way of negotiating an Israeli withdrawal from southern Lebanon. Close Syrian and Lebanese coordination in the peace talks has led to the widespread assumption that an Israeli withdrawal from Lebanon will only take place in conjunction with a peace agreement between Syria and Israel.

6.5 The Lebanese administration is built on the French model, with administrative authority located firmly in Beirut. To address the problems and challenges which developed during the war years, the government, created new ministries. The newly established ministries include Higher Education and Culture, Technical Education and Vocational Training, Environment, Emigrants, Transportation, and Municipalities. In addition, due to the multiplicity of the social problems and the problem of displaced people, a Ministry of the Displaced was created to return the displaced people to their places of origin and a Ministry of Social Affairs and the Handicapped was created to support the neediest
segments of the population by providing them with basic education and health care services. Ministries are headed by a director-general, the highest level in the civil service, who acts under the authority of a minister who is often a political figure.

6.6 Because the administration provides a fertile terrain for patronage, the civil service suffers from overmanning and is burdened with employees. The civil service was one of the victims of the war which had a direct effect on both its size and quality of performance. The core of the civil service is about 40% of the official cadre authorized by the law. Unqualified and inefficient daily workers and temporaries were squeezed by politicians into the administration ostensibly to cover for the cadre vacancies. A major economic report prepared in 1992 made administrative reform a prerequisite for effective economic reconstruction, and upon taking office Mr. Hariri affirmed that he would streamline the administration. Despite the removal of some 3,000 civil service employees in late 1993, the process of administrative reform has come to a halt, largely because Lebanese politics continue to be dominated by a system of patron-client relationships. With the government seeking to cut expenditures, it has become imperative to reduce the number of civil servants; paradoxically, this will bring – as it did before – government policy into conflict with the interests of individual politicians. It was to tackle this problem and address this urgent need of reform that the Ministry Parliamant Affairs in charge of Administrative reform was created.

6.7 Lebanon is divided into six regional administrative subdivisions placed under the ultimate authority of the Minister of the Interior. The six governorates, or *"muhafazaat"* are: Beirut, Mount Lebanon, the South, the North, the Biqaa, and Nabatieh which is a newly established governorate. A *muhafaza* is headed by a *muhafiz*, or regional governor, who is appointed by the Minister of the Interior. The *muhafazat* are subdivided into *qada*s, or subdistrict, each of which is headed by a *qa'im maqam*.

6.7.1 At the lowest regional administrative level are municipalities. Over 600 municipalities exist in Lebanese cities, towns, and villages. A municipality is made up of a Municipal Council elected by residents, and is headed by a president, vice-president, and secretary. All three are elected from within the council. While municipal elections are to take place every six years; because of domestic and regional uncertainties and of the demographic changes resulting from the displacement of people, no elections have taken place since 1963. There is speculation that municipal elections may take place in 1996, although this is not official. Municipalities used to report to the Minister of the Interior, however, a new Ministry of State for Municipal and Village Affairs was created in 1994 and therefore, municipalities will report to this ministry. They are financed locally through taxes on shops, construction, residences, and real estate

transactions. Because of the centralized structure of the administration, municipalities have little real power or money, which has led to their gradual marginalization in local affairs.

6.8 Lebanon's judicial system is comprised of a three-tier system of courts, including 56 local (single judge) courts, 11 (three-man) Courts of Appeal, and four Courts of Cassation, three dealing with civil and commercial cases and the fourth with criminal cases. The Courts of Cassation are made up of a president and at least two councilors. There is also a Council of State which deals with administrative cases, and a Court of Justice which deals with matters affecting state security. The different religious communities also have court structures to deal with matters of personal status.

7. SOCIAL MOBILIZATION STRUCTURE

7.1 While there are no recent figures available on the numbers of radio and television sets available in Lebanon, according to UNESCO, there were an estimated 2.32 million radio receivers and some 905,000 television sets in 1991.

7.1.1 According to a 1994 report by the Pan-Arab Resource Center, 57% of the families own one T.V. set, 35% own 2 sets and 8% own three to five T.V. sets. The audio-visual media witnessed a tremendous expansion in the past six years. The number of television stations increased from 10 in 1988 to more than 40 stations in 1994. This expansion can be said to be one of the major results of the war and because of the absence of a law on the audio-visual media during the war. It was in order to regulate the audio-visual media, that discussions and efforts started to pass a new law on the audio-visual media in late-1994. The suggested law proposes a number of guidelines designed to both, limit the numbers of radio and television stations, and to discourage stations from carrying political programmes. The government will continue to have a final say on licensing. The law on print material and other relevant laws are applicable to the audio-visual media in regulating the content of programming.

7.2 The written press in Lebanon remains one of the freest in the Middle East. In the early seventies, there were 51 newspapers and 43 weekly magazines in Beirut. In the whole country there were 97 newspapers and 322 weekly or monthly non-political magazines. By 1994, some 30 daily newspapers, many of them the organs of political organizations, were estimated to be in production, as were some 60 periodicals. Distribution in recent years has gone down, in part due to the rapid expansion of television. This, in turn, has led to a sharp reduction in advertising, with newspapers receiving only 13% of advertisement expenditures in 1993. The Lebanese press syndicate takes care of all the press.

7.3 The mass media, especially television, are not subject to stringent rules concerning the dissemination of civic education, cultural, or educational programmes. The new law for the media is still under discussion with the Government system in Lebanon. Hence, it is impossible to estimate at this point what will be their new plans and programmes. The leading television

stations broadcast mostly popular programmes that attract large audiences, and there is little room in their grids for regular educational, social, and health programme.

7.4 The audio-visual media is an important medium for transmitting beneficial messages especially to illiterate, semiliterate and less educated people. UNICEF has been taking advantage of this by producing several T.V. spots on health issues and water and sanitation and one on polio as well as on the home care management of diarrhea.

7.4.1 To cope with, and coordinate the work of the numerous T.V. stations, UNICEF coordinated two workshops whose objectives are:

1- To help participants acquire skills, through the learning by doing approach in applying the scientific process for the development of public announcements and programme inserts on the Rights of the Child and Mid-Decade Goals.

2- To initiate participants in team work among professionals from various agencies for the development of social communication programmes.

This lead to cooperation between technical staff working in various T.V. stations to produce collectively, and in cooperation with UNICEF, public srvice announcements aiming at raising awareness among parents for their children's health.

8. GOVERNMENT NATIONAL RECONSTRUCTION PLANS

8.1 Reconstruction represents the centerpiece of Mr. Hariri's ambitions. His government has moved in two parallel directions, concentrating on rehabilitation of Lebanon's infrastructure, and focusing its efforts on rebuilding Beirut's old city center. In addition, a public institution, the Council for Development and Reconstruction (CDR), which was originally established in 1977 and is an executing agency of the Council of Ministers, prepared a National Emergency Reconstruction Programme (NERP) in response to the needs of reconstruction. The programme initially covering 1992-1995 was approved by the council of ministers in 1992. It forms a part of a 10 - year programme called the Horizon 2000 plan which aims to restore real GDP to its 1974 level by 1995 and to double real per capita GDP in 1992-2002 period.

8.2 In late 1994, to help finance infrastructure rehabilitation, the government issued $400m worth of high-interest (10.125%) Eurobonds. The success of the issue did not conceal that it would increase the foreign debt, which, until then, was in the range of $300m. Moreover, the episode confirmed that foreign financial aid to Lebanon has been insufficient to finance reconstruction, and that the government has little choice but to increase its debt to finance expenditures.

8.3 In a controversial innovation, the government has allowed a private company, Solidere, to redevelop Beirut's war - ravaged commercial center and to rehabilitate infrastructure in the Beirut's old downtown area. Solidere, which was established to manage reconstruction of the old city, is to be reimbursed in land on a landfill near the area. A detailed masterplan has been prepared by local consultants, Dar Al - Handasah. On completion in 2018, the development should have 40,000 residents and accomodate businesses and government offices employing 100,000 people. In late 1994, reconstruction of the area formally began, and the first stage of the work, involving infrastructure rehabilitation, removing debris, and restoring old buildings, is scheduled to last four

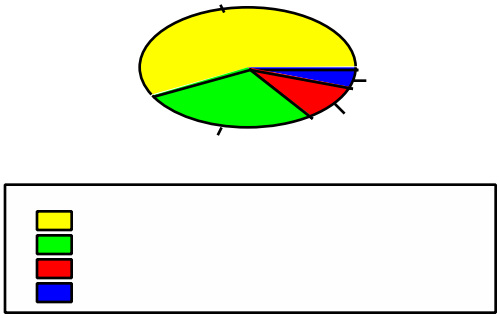
years.

8.4. The National Emergency Reconstruction Program (NERP) consists of a three-year (1993-1995) public investment programme designed to address critical physical and social infrastructure bottlenecks and to lay the foundation for long-term development, to rehabilitate key physical and social infrastructure facilities and to provide necessary technical assistance. NERP was established on the basis of the results of the damage assessment studies (financed by the EEC) of the electricity, telecommunications, water, waste water, and solid waste sectors. The approach of the programme is to focus on the recovery of the capacity of existing facilities, while providing technical assistance to support policy and institutional restructuring necessary for sustainable improvements according to a priority programme.

8.4.1 Some of the projects under NERP: include: water conveyance projects, rehabilitation of the electricity network, reinforcement of governmental institutions, and reconstruction of colleges and vocational schools. Yet, NERP does not address the urgent needs of Lebanon's social infrastructure, nor does it restore a balance between regions and sectors. NERP can be described as a limited but serious attempt to address Lebanon's immediate physical infrastructure needs. The Horizon 2000 plan has been prepared to complement NERP.

8.4.2 The proposed three-year NERP programme totals $2.24bn. External financing is expected to total $1.9bn (85%) while local financing is to total $336m (15%). In terms of sectoral distribution, the physical infrastructure sectors (electricity, waste water, solid waste, telecommunications, transport, water supply and government buildings) make up the highest share of the programme. These sectors total $1.29bn (57.8% of the total budget), of which $1.17bn will be spent on public physical investment, and $116m on technical assistance. The social infrastructure sectors (education, health, and housing) will get $612m (27.3 % of the total budget) of which $269m will be spenton physical investment and around $309m will be provided as credit (mainly to housing).

Figure 6. Sectoral Distribution of the NERP Budget



Source: CDR

8.4.3 The productive sectors (agriculture and irrigation, industry, oil, gas, and private sector services) will receive $220m (9.8 % of the total budget), of which $137m will be spent on physical investment, $46m as credit, and $38m on technical assistance. Finally, $112m will be allocated to management and implementation, and will be spent as technical assistance to the CDR.

8.5 The "Horizon 2000" ten-year (1993-2002) plan which was established by the Hariri government aims to rebuild and rehabilitate Lebanon's infrastructure and develop its different economic and social sectors in all regions of Lebanon. Its main target is to double per capita GNP over the ten-year period, thus allowing Lebanon to regain its position among the world's upper

middle-income nations. Prepared by the CDR, the ten-year plan envisages spending of some $13bn over the ten-year period.

8.5.1 The plan hinges on three lines of action: (1) The comprehensive re-establishment of adequate basic infrastructure as a basis to stimulate the development of the productive sectors; (2) a balanced regional distribution of public investment; and (3), the promotion of private sector development through incentives to increase savings.

8.5.2 There are three main sources of financing in the "Horizon 2000" plan: (a) budget surpluses which the government expects to realize as of 1996; (b) internal loans through the selling of treasury bonds; and (c) external sources of finance, both loans and grants. Foreign loans will constitute about 59% ($7.6bn) of the total cost of the plan, with domestic financing totalling 41% ($5.3bn). The total cost of the plan rises to nearly $18bn, when interest and loan service costs are added, only 30% of which have already been approved by Parliamant.

8.5.3 The sectoral distribution of expenditures includes: electricity at $1.8bn; sewage and solid waste at a little over $1bn; telecommunications at $620m; public transport at $2.8bn; drinking water at $415m; education and vocational training at $1.1bn; hospitals and clinics at $600m; housing at $950m; agriculture at $585m; industry at $350m; oil and oil refining at $70m; and tourism at $200m. The budget distribution plan allocates 37% to physical infrastructure, 25% to social infrastructures, 22% to socio-economic public services, 8% to productive sector and 8% to state apparatus.

8.5.4 The ten-year plan forecasts an average of 8% GDP growth at constant 1991 prices. This would raise the GDP in the year 2002 to more than $10bn, which corresponds to a per capita GDP of $2,150. To be successful, this effort will require a sustained investment effort. The actual volume of private investment achieved would depend to a large extent upon financing from the banking sector (about 30-35% of expected volume). The private sector is also expected to take part in financing public investments. Since domestic savings declined during the war years, external sources of funding are much more important to finance investment.

8.6 The government is working towards creating the proper conditions for the success of this recovery plan. First, it has adopted measures intended to lead within two years to the stabilization of the domestic currency. This will facilitate mobilization of foreign resources and help channel them into job-creating domestic investment. Second, the government intends to facilitate the development of an organized financial market.

9. CURRENT AND FUTURE PLANS

9.1 Current electricity demand in Lebanon is estimated at 1,200 mw, while electricity production is estimated at 1,100 mw. The Electricité du Liban's (EDL) network includes eight thermal generating plants and seven hydroelectric stations. In 1993, a $66m contract was signed for the rehabilitation of the two main power stations at Zouq and Jiyyeh, while other contracts were signed for the repair of transmission equipment and the distribution system. Lebanon and Syria plan to build, by 1997, a combined cycle gas and steam turbine power plant in northern Lebanon. Another plant is planned for Zahrani in south Lebanon.

9.2 The government has been actively seeking in the past year to repair the fixed telephone network and install a mobile GSP cellular telephone network. Three European companies have been responsible for rehabilitation and expansion of the fixed system which is to have a capacity of some 1.2 million lines. The mobile GSM system is scheduled to begin operation with some 60,000 lines by spring 1995, although the system's capacity could eventually be 250,000 lines if demand is forthcoming.

9.3 Lebanon is currently in the first year of a three-year $161m water-supply repair programme, and is currently engaged in repair of pumping stations and water treatment works at a cost of $15m. The projects are financed by the World Bank, the European Investment Bank, and the

government. The government is now considering bids from companies for work on the second and third years of the program.

9.4 In its efforts to make Lebanon once again a hub for regional business and tourism, the government has embarked on rehabilitating its transportation system. First, the expansion and modernization of the Beirut International Airport has started. The project will cost an estimated $400m. It is hoped by the government that the airport will service 6 million passengers a year by the end of 1997, a nearly fivefold increase over the passengers serviced in 1993 (1.29 million).

9.4.1 Second, a feasibility study is currently being examined to expand the port's fifth basin, while a 72,000 square meter building is to be built in the tax-free zone. The European Investment Bank has also offered to finance the rehabilitation of two general cargo basins and the completion of a third, and the construction of a deep water dock for container traffic. This is intended to expand the port's capacity to 4.3 million tons by 1997, a 70% increase over the present.

9.4.2 Third, the government plans to undertake major construction road projects which include the construction of an estimated $500m toll highway between Beirut and the Syrian border at Masna'a; the building of a ring-road around Beirut, and rehabilitation of many major arteries in the capital.

9.4.3 Fourth, The government also intends to rehabilitate Lebanon's virtually in-operative railway network. It recently invited pre-qualification bids to build an electrified coastal railway from Tripoli to Tyre at an estimated cost of $500m. The project is seen in some quarters as an effort to place Lebanon into the regional railway network after a peace settlement. At the same time, however, it will undoubtedly help alleviate traffic congestion to and from Beirut, which has reached dramatic proportions in the last few years.

9.5 Regarding the social infrastructure, projects regarding health include the construction of a large hospital in the south of Beirut. In addition to the plan of rehabilitation of existing hospitals, the Health Ministry's future plans include the construction of new public government hospitals and health centers in each *qada'a* to achieve the goal of ensuring access to public health for all segments of the population. The ministry is currently working towards the creation of new legislation which will guarantee the right of all citizens to receive hospitalization in the future.

9.6 Regarding the education sector, the CDR has taken the responsibility of rehabilitating schools. The Council for the South has already completed the construction of some new schools. UNESCO and the Ministry of Education have proposed to implement a project to improve the quality of teaching through in-service training activities. The project objective is to enhance the level of proficiency of teachers and to improve the general quality of educational supervision.

9.6.1 UNICEF has agreed with the government on a cooperation programme for the improvement of services benefiting children based on pre-primary, primary, intermediate, and non-formal education. This project aims at (a) promoting the creation of a lasting culture of peaceful living and mutual understanding to replace the culture of war and violence and (b) ensuring access to a minimum level of basic education, including early chidhood education, of a quality and content appropriate for the children of Lebanon.

9.6.2 Other projects planned for the educational sector are:

(a) The Centre for Educational Research and Development (CERD) has undertaken to implement the rehabilitation of all old and damaged school buildings and the building of new ones.

(b) UNESCO and the Islamic Bank will be involved in the provision of science laboratories and materials, including teachers' aids for all intermediate and secondary schools.

(c) UNESCO and UNICEF will provide support on revitalizing and rehabilitating the basic educational system through teacher training, the development of a new curriculum, and training in modern teaching methods.

(d) Within the Ministry of education, CERD is planning a ten-year educational plan. This plan aims at improving the standards of education, achieving a balance between academic education and technical and vocational training, and providing the new generation of students with the needed skills and experience by emphasizing high moral values, nationalism, freedom and democracy.

9.7 The role of Non-governmental organizations (N.G.O.) gradually increased in scope and significance during the years of the civil conflict in view of the increasing needs, availability of foreign funding and the deteriorating socioeconomic conditions. The deterioration in the capabilities of the public sector created a vacuum in services thus facilitating an expansion in the role of the NGOs. In addition to their control of major hospitals, NGOs operate outpatient dispensaries and health centers all over Lebanon.

9.7.1. This is primarily related to the diversity of the reasons and forces that enabled them to exist, and to their reliance on foreign assistance and foreign funds that proved to be far from sustainable. During the war, NGOs' activities were emergency-related services, however with the cessation of the civil conflict, many international NGOs have partly closed down their offices.

9.7.2 The multiplicity of NGOs and their lack of coordination has led to the duplication of work and efforts which could be directed in areas not yet considered. This has led some of the NGOs to assemble under two major forums; the NGO Forum and The "Collective des ONG". The need for coordination and proper planning between NGOs and the government has materialized through the collaboration between a committee from the Lebanese Parliament and the "National NGO Forum". A major achievement of the NGO forum was to remove the term "Illegitimate child" that used to be written on the identification cards of children born "out of wedlock". They also were instrumental in implementing the separation of Juvenile delinquents from imprisoned adults. Some other activities include the Young Men Christian Association's agreement with the Ministry of Health to distribute medicines for chronic diseases, and the Lebanese Red Cross's agreement with the Ministry of Health to carry out its ambulance service twenty four hours a day.

9.7.3. More than a thousand NGOs invest in services for children wellfare, youth activities and non formal educational activities. They are rarely specialized in a specific service, and thus are very often coordinating in an unsystematic way with governmental counterparts or with UN agencies. Trying to dicipline the relation and to reach a proper channelling of assistance to children, the Ministry of Social Affairs has created the High Council for Childhood to coordinate efforts of NGOs working for children, as well as a coordination forum for NGOs working for handicapped children, in addition to its other responsibilities. The preparation for the Fourth World Conference on Women to be held in Beijing in September 1995 has created a National Committee parallel to the existing National Council for women - the umbrella NGO grouping all NGOs for women-.

9.7.4. The proliferation of NGOs in Lebanon is very subsequent to the Lebanese character enterprising and concerned. It is, thanks to the NGOs, that the Civil Society survived the war and kept the momentum of humanitarian services in the country.

9.8 The war has not only caused the loss of human lives and the destruction of material infrastructure, it has created a fragmented society and a loss of sense of nationalism, ethics, values, discipline and civic identity among the Lebanese people. The war had especially detrimental effects on children who endured violence, geographical, social, and cultural segregation, and fears that impeded their natural development, affected their attitudes towards society, their interpersonal relations, and their basic values.

9.9 In Lebanon today, there exists a scouts movement of 40,000 which aims at teaching children the basic human values, the respect of others, discipline, and the love of one's own country. The scouts focus on organizing trips to visit different regions in Lebanon and carrying out national disciplinary education programmes which teach children geography, history, and songs such as the national anthem. They also organize summer camps which bring together children and youth from different regions and religions. These activities teach those children and youth raised under violence, corruption, racism and hatred, it teaches them awareness, the importance and use of dialogue, understanding, tolerance, respect of one another, peace and patriotism.

PART II: HEALTH, WATER And Sanitation Services.

Introduction

1.1 The importance and honor attached to the role of the mother in traditional Middle Eastern society is neatly summarized by the Arabic proverb, which claims that "paradise lies at the feet of mothers". The mother is the life-giver, care-taker, healer, and teacher who shapes the next generation, and thus, influences the future of her society. Biologically, spiritually and morally, the mother is the most crucial link between her society's past, present and future.

1.2 The role of the mother and of the home were especially important during the long and bitter years of Lebanon's destructive civil war (1975-1990). With the disappearance of all institutions of the centralized government, the devastation of civil society, and the transformation of public spaces into lethal combat zones; the private realm of the home, the domain of mothers and grandmothers, assumed a key role in providing Lebanese society with its only source of continuity, normalcy and nurturance during a violent and uncertain period in the country's history (Makdisi, 1991; Glass, 1990). Thanks to the unsung efforts of countless Lebanese mothers, the home remained a calm and caring refuge during long and deadly political storm. The argument can be made that without the ceaseless efforts, sacrifices, creativity and perseverance of Lebanon's mothers, Lebanese society simply could not have survived the merciless battering of the long civil war.

1.3 Five years after the cessation of hostilities and the resurrection of Lebanon's central government, most Lebanese mothers did not find paradise at their feet, but instead, a host of profound and interrelated problems, such as poverty, illness, lack of basic services, environmental degradation, and poorly conceived and inadequately coordinated social, medical and educational programmes. Lebanon's post-war problems are immense, systemic and serious. Health problems arise from environmental devastation, which in turn results from social and administrative dysfunction, which in turn stems from political and economic crises, which are influenced by global and regional developments and interests.

1.4 Thus, addressing Lebanon's post-war social problems in a compartmentalized and sequential manner is possible only analytically. In the everyday experience of Lebanese mothers and children, these problems are inextricably intertwined. Attempts to solve one set of problems must take into consideration its roots in or contribution to other sets of problems. The tasks facing the Lebanese Government, Non-Governmental Organizations and International funding agencies are monumental, but possible. The following analysis, which draws on research collected by several qualified Lebanese academics, examines the actual current circumstances confronting most Lebanese women and children, highlights key problem areas and potential crises situations, discusses their underlying causes, and offers realistic and informed recommendations for coordinated and comprehensive policies and programmes to rectify these problems.

1.5 Although all of the challenges and obstacles facing the people and government of post-war Lebanon are grave, those problems having a particularly detrimental impact on Lebanese mothers and children are especially urgent. Children are the future of Lebanon, a country whose most valuable natural resource is its people. Securing a peaceful and constructive future for Lebanon after 17 years of war depends not only, nor primarily, upon the renovation and reconstruction of the nation's damaged infrastructure; more importantly, Lebanon's future depends on the mental and physical health of its children, many of whom have been physically, emotionally and morally scarred by violence and its aftermath. Addressing the multi-faceted and pressing needs of children and their families should thus be a key priority of the Lebanese Government. The role of the state in ensuring and overseeing constructive child development is crucial, not only in a financial and legal sense, but also morally and symbolically. Since the civil war shattered the nation and obliterated the institutions of the state for nearly two decades, the resurrected Lebanese government must clearly commit itself, in word and deed, to the healing of the wounded nation, the basic unit of which is the individual citizen. The nation's youngest individuals are its most precious, and at the same time, its most vulnerable. In the analyses and recommendations that follow, frameworks and guidelines for addressing the health, environmental, economic and educational problems of Lebanese children will emerge.

1.6 Before proceeding to the situation analysis, it is crucial to note that any attempt to understand and rectify the many post-war problems confronting Lebanese women and children is severely hindered by a marked lack of reliable, objective and up-to-date statistical data. Neither government nor non-government agencies can supply policy-makers and funders with an accurate, comprehensive and current profile of Lebanon's most pressing social and economic problems. Any effective and viable long-term programmes to ameliorate the difficult circumstances of Lebanese women and children must begin with verifiable and factual knowledge of actual situations and needs; not to do so is to waste valuable time, effort and resource.

2. HEALTH SERVICES

2.1 Although the most recent trends and indicators demonstrate changes and improvements in maternal and child health in Lebanon, there is still a great need for further amelioration, as evidenced by the continuing marked disparities in child and maternal health and mortality in various regions of the country. Regions such as Akkar, Hermel and the South, which never received adequate health care services, training or funding before the war, are still suffering from the effects of neglect, thus indicating continuing problems with equitable resource allocation and prevelance of social problems, and unsanitary water supplies in Lebanon's rural hinterlands.

2.1.1 Although Recent health indicators show a decline in mortality rates and an improvement of health conditions in Lebanon.Yet, there is a need for further improvement of the health care system as there still exists inequities in the health status and health care services. Many needy people living in rural underserved areas do not have access to health care services as 75.5% of the physicians are located in Beirut and Mount Lebanon and many hospitals are concentrated in

urban areas. Moreover, studies have repeatedly revealed that mortality rate of children in rural areas have been higher

(60/1000) than in urban areas (43/1000). The situation is further exasperated, as the quality of health care services in remote areas is below standards due to the bad condition and shortage of medical equipment, facilities and medical supplies. Focus should be on producing policies based on equity and affordability that will benefit the entire Lebanese population.

2.2 The short-term emergency health crises arising from violent conflict and displacement, which beset women and children during the war, have now been replaced by chronic health problems arising from substandard living conditions, environmental degradation, economic deprivation, tainted water sources, unrelenting psycho-physiological stress and a general lack of adequate health information, treatments and supplies.The amelioration of these post-war chronic health problems depends as much upon successful implementation of comprehensive social, economic and environmental programmes as it does upon prompt and appropriate medical intervention.

2.3 Sources of and responsibility for health care have also changed since the end of the war, as the Lebanese Government's Ministry of Public Health (MPH) gradually re-assumes its responsibilities after a long absence. Various local and international Non-Governmental Organizations and UN agencies, notably UNICEF, played a crucial role in delivering primary and emergency health care to mothers and children during the war years. The current transitional period, which is witnessing a shift in emphasis and responsibility from the private and non-governmental sectors to the public sector, is a potentially critical period, since many needy people, especially illiterate, semi-literate, and impoverished mothers and children, may fall into the gap between governmental and non-governmental agencies if the transition is not carefully coordinated every step of the way. It is thus crucial that personnel from the NGO community, private clinics and the MPH continue to cooperate closely during this critical period to ensure the best possible health care for the greatest number of Lebanon's citizens, especially its most vulnerable citizens: children. Recent cooperative projects between UNICEF and MPH in the areas of immunization and control of diarrheal diseases can serve as models for successful cooperation and coordination as the transition period progresses.

2.4 Another pressing issue in the post-war period is the rising cost of health care and medical insurance. According to a recent World Bank report, 45 percent of Lebanese citizens do not have any medical insurance at all. Given the devaluation of the Lebanese pound since 1985, and the current low wages and high unemployment in Lebanon, a national health insurance plan is critical to assure adequate preventative and emergency health services for all Lebanese citizens.

2.4.1 The increasing costs of health care services forbids the average citizen to have easy access to medical care. Despite the existence of many insurance companies, 44% of the Lebanese population do not have any kind of health insurance (World Bank,1994) simply because they cannot afford the high premiums. This problem faced by the needy segments and low-income groups of the population, has also become a source of concern for the middle class people. Although the government has made some efforts to repair the damage sustained by the health care sector during the war, few efforts have been made towards reforming the health care services and insurance.

3. Private and Public Hospitals

3.1. Private hospitals and practitioners, local and international NGOs and the government are the main providers of health services in Lebanon. The health services are generally financed by insurance companies, the government and to some extent by NGOs.

3.1.1 According to the World Bank Staff Appraisal Report, there are about 760 out-patient facilities around the country. 80% of these facilities are run by NGOs and the remaining 20% by the Ministry of Health. The Ministry of Health according to the World Bank Report manages 25 hospitals with some 700 beds that provide in-patient medical services. Of the 25 hospitals, about 10 have managed to continue the provision of medical services through their dependence on some community support. Their advantage over the private hospitals has been their low-cost which enabled the poor to benefit from their services as they can neither afford the high-cost of private hospitals nor the premiums of insurance companies.

Table 10. Number, Distribution and Utilization of Hospitals and Hospital Beds in Lebanon.

Region	**Population**		**Hospitals**			**Hospital Beds**	
		Priv.gen	Priv. spec.	Govt.	Priv.Acute	Priv. Long Stay	Govt.
Beirut #	900,000	28	3	1	2,554		
%					(2.8)		-
M. Lebanon	635,000	41	9	8	2,566		116
%					(4.0)	*Information not avail.*	(0.2)
North #	580,000	18		5	966		130
%					(1.7)		(0.2)
South #	500,000	14		6	1,052		280
%					(2.1)		(0.6)
Beqa'a #	268,000	20	1	5	235		170
%					(0.9)		(0.6)
Total #	**2,383,000**	**121**	**13**	**25**	**7,373**	**3,587**	**696**
					(2.6)	**(1.2)**	**(0.2)**

Source. world bank staff appraisal report. Information not available (NA).

3.2 The efficiency of these public hospitals has deteriorated during the war because of the lack of resources and the lack of governmental support. Since the government was unable to repair public hospitals destroyed by the war, uninsured patients were referred to private hospitals which agreed to provide services under a signed agreement with the Ministry of Health where by the ministry cover the expenses. This arrangement is proving to be inadequate due to problems such as long delays in admissions and the request of many private hospitals for illegal charges on MOH patients.These problems complicate access of the poor population to medical services.

3.3 On the other hand, since government hospitals are unable to provide all health care needed and since many of them are not yet able to operate at full scale as a result of the war-inflicted damages, a special arrangement has been made whereby the Ministry of Public Health has come to meet the hospital costs of those admitted to private hospitals without health insurance.The Ministry contracts beds from private sector hospitals to provide services to supplement depleted public hospital capacity. Beds are contracted and medical services subsidized on the basis of tariffs established for services and a star rating system for hospitals. Available information indicate that 20 to 30% of hospital beds in the private sector (including hospitals supported by private charities) are contracted to the Ministry. 1559 general hospital beds are reported to have been contracted to the Ministry in 1991.In 1994, 1,469 beds are reported to have been contracted to the Ministry distributed as shown in the following table:.This arrangement costs the government 75-80% of its budget and is proving to be inadequate as problems related to delayed admission and illegal charges from the patients covered are complicating access of the poor to medical services. The present attempts at reforming the health sector in Lebanon include the ten-year rehabilitation plan of the World Bank, which includes the construction of 14 new hospitals and the rehabilitation of 17 others through regional and international donations and loans. These hospitals are expected to play a key role as front line referral facilities for both public and private outpatient services in underserved areas.

Table 11. Distribution of Hospital beds by Region.

Location	**No. of Hospitals**	**No. of Beds**
Beirut	25	474
Metn	17	135
Chouf/Aley	13	152
Keserouan/Jbeil	8	87
Beqa'a	17	168
North Lebanon	11	218
South Lebanon	19	235
Total	**110**	**1,469**

Source - Ministry of Health and Social Affairs 1992.

Table 12. The Distribution of Public Hospital Beds

Region	Number of Planned Beds	Number of Available beds
Greater Beirut		
Qarantina	250	0
Baabda	190	0
Chouaifat	40	0
Sub-Total	**480**	**0**
Mount Lebanon		
Daher Al Bashek	80	80
Shaher Al Ghabi	30	0
Damour	50	0
Betedinne	25	0
Hammana	20	0
Chhim	20	0
Sub-Total	**225**	**80**
North Lebanon		
Tripoli	200	125
Orangenassu	80	40
Akkar	25	0
Sub-Total	**305**	**165**
Bekaa		
Zahleh	175	80
Baalback	150	50
El Hermel	45	25
West Bekaa	40	35
Rachaiya Al-Wadi	20	0
Sub-Total	**430**	**190**
South Lebanon		
Saida	150	75
Sour	50	25
Marjeioun	50	65*
Jezzine	40	30
Tibnine	50	50
Rachaiya Al-Fekhar	20	0
Nabatieh	70	20

Sub-Total	**430**	**265**
Grand Total		
L E B A N O N	**1870**	**700**

***** The hospital has been expanded by Israelis.
Source: Ministry of Health and Social Affairs.

3.4 Although many initiatives to develop the health sector have been made by the Ministry of Health, development has been slow and inconsistent because of the lack of resources and the government's weakened institutional capabilities. According to the World Bank, the Ministry of Health still suffers from poor organization and inefficient personnel. Control of the operation of public hospitals and dispensaries is highly centralized, with all matters related to procurement of supplies and staffing requiring the direct authorization of the Ministry. Hospital Directors and Regional Directors have virtually no discretion in the management of budgets allocated by the Ministry or in matters of personnel management. The distribution of dispensaries and clinics operated by the Directorate of Health is shown in the following table:

Table 13. Distribution of Dispensaries and clinics operated by MOH. Region Central

	Dispensary	Dispensaries	Clinics
Beirut & Mt Lebanon	1	5*	5
North Lebanon	1	10	4
Bekaa	1	7*	1
South Lebanon	1	6	4
Total	**4**	**28**	**14**

*including two dispensaries in Beirut and one in Beqa'a for special illness.
Source: MOHASA 1992

3.5 The Central Dispensaries are, in principle, equipped with laboratory facilities for clinical tests. However, these laboratory facilities are not currently operational at any of the central dispensaries.Facilities in private hospitals are reported to be used.

3.6 Hospital services are provided mainly by the private sector and focus on providing top-quality and high-profit care. According to the World Bank Appraisal Report private hospitals provide 7,400 beds for short-periods of stay, and 3,600 beds for long periods of stay. One third of all private beds are in less than 2 dozen large hospitals while the rest are distributed in small ineffective hospitals around the country.

3.6.1 There are around 134 private hospitals (including specialty hospitals) in Lebanon. Approximately 60 percent have 50 beds each or less.These are owned by private individuals/corporations or by private voluntary agencies.The total number of beds in these hospitals is 8,066.Of these, 1,469 (18%) are contracted out to the Ministry of Health on the basis of a percentage of an established tariff. (following tables). On the other hand, there are about 25 hospitals that are managed by the Ministry of Public Health with some 700 beds. Of the 25 hospitals, about 10 have managed to continue the provision of medical services through their dependence on some community support. The type of services offered by public hospitals is limited to internal medicine, obstetrics and minor surgery.

3.6.2 Large private hospitals are concentrated in the Beirut area and thus limiting their use by the poor living outside Beirut. Distribution-wise, Beirut city accounts for 24% of total private hospital beds in the country. Mount Lebanon has 32%, followed by 16% in the South, 15% in the North and 13% in the Bekaa Region. These hospitals are expensive as they focus on high-technology, specialized and top-quality care. According to the World Bank report, private hospitals operating in rural areas are very small, providing less than 50 beds, inefficient, cannot afford to keep qualified staff and cannot afford the investment cost of necessary medical equipment.

Table 14. Distribution of Private Hospitals in Lebanon.

Zone	**Medium Stay** Number of Hospitals	%	Number of Beds	**Long Stay** Number of Hospitals	Number of Beds
Beirut	33	24	2425	2	727
Metn	20	15	1211	11	1060
Chouf/Aley	14	10	560	3	440
Kesseruan/Jbeil	9	7	673	4	215
Beqa'a	18	13	735	-	-
North Lebanon	20	15	1076	2	145
South Lebanon	21	16	1386	-	-
Total	**135**	**100**	**8066**	**22**	**3587**
No. of beds subsidized by Ministry of Health			**1469**		**1325**

Source: Syndicate of Lebanese Hospitals (July 1994).

3.7. In addition to hospitals and small dispensaries there is a large number of health centers. These also have their problems. For instance there is discrepancy in the size and quality of the services provided by these centers. Thus on the one hand, we have about 40% of these centers that are small centers of about 50 square meters each, whose services are confined to consultations for few hours a week, on the other hand, about 15% of dispensaries are large centers that have X-ray, laboratory, pharmacy, dentistry services as well as different medical specialties and health education facilities. Furthermore, about 20% of these centers do not have the capacity to deliver a steady type of services. Most of these centers, in terms of their geographical location, are not in line with a carte sanitaire. Consequently, we find a concentration of good centers in one region and very weak ones in the other.

3.7.1. The competition between the NGOs that are behind these centers, has often meant an emphasis on the number of centers opened at the expense of the quality of services they provide. The centers suffer also from lack of co-ordination at regional level, as well as lack of co-ordination among the different government agencies that sponsor these centers. There is also absence of a clear policy regarding the contribution of the citizen to the cost of these services. Consequently, costs range from those who believe in the free of charge nature of such services to those who believe in the commercial aspect of such services, without relying on real cost for calculating their charges. Furthermore, there is no interactive policy between the providers of services and the beneficiaries, wherein there is no policy for addressing the development of the vicinity within which the dispensary is located.

3.8. However, since the end of the war, the government has started to exert efforts to improve primary health care services. The most important achievements made in this respect are:

1- The initation of work on the sanitary carte of Lebanon, which constitutes an essential element in the re-organization of primary health care.

2- Operationalization of the concepts of PHC and the adoption of a strategy formulated by the Ministry of Public Health in co-operation with the Ministry of Social Affairs, the NGOs and experts from WHO and UNICEF.

3- The decision to establish a department for PHC and the allocation of an annual budget for the purpose.

4- A plan for re-activation of PHC in co-ordination with the World Bank whereby a number of rural hospitals would be transformed into PHC centers and contracts would be drawn with 20 health centers run by NGOs as well as the construction of new PHC centers. This plan would put at the disposal of the Ministry of Public Health about 50 health centers that constitute the building block for activation of PHC services quantitatively and qualitatively. On the other hand, the construction of rural governmental hospitals would help in finding a solution to one of the most crucial problems of PHC, namely the referral system from the first level to higher levels of medical care.

5- The Ministry of Public Health has also started work towards the establishment of a modern emergency system that functions in all regions of Lebanon around the clock. This would serve to improve the health care system in general and PHC in particular.

4. The Role of NGOs

4.1 The role of Non-Governmental Organizations NGO gradually increased in scope and significance during the years of the civil conflict in view of the increasing needs, availability of foreign funding and the deteriorating socioeconomic conditions.The deterioration in the capabilities of the public sector created a vacuum in services thus facilitating an expansion in the role of the NGOs. In addition to their control of major hospitals, NGOs operate outpatient dispensaries and health centers all over Lebanon. Existing information shows that there are approximately 750 dispensaries and health centers in Lebanon.Of these 225 (33%) are public, while all the others are run by non-governmental organizations.Information about the technology and type of services provided in these centers is limited.UNICEF has identified 340 centers (50 per cent of the total), that provide "primitive services", 212 that provide "moderate services" and 123 that provide "good services". It is believed that these centers provide mostly limited outpatient curative services and some MCH and Immunization services with limited, involvement if any with other primary health care services.

4.1.2 NGOs faced serious problems in the continuity of their operations and coordination among one another. This is primarily related to the diversity of the reasons and forces that enabled them to exist and to their reliance on foreign assistance funds that proved to be far from sustainable.

4.1.3 The need for coordination and proper planning between NGOs and the government has materialized through the collaboration between a committee from the Lebanese Parliament and the "National NGO Forum". The main task of this collaborative endeavor is to draft a National Plan of Action for the "Children's World Summit" conference.

5. Health Manpower

5.1 Primary health care generally consists of private practitioners, out-patient facilities run by NGOs and public health centers which provide medical services at affordable prices to the majority of the population. It is estimated that the total number of practicing physicians in Lebanon in 1994 is close to 10,000 (according to the latest figures quoted by the Minister of Health). In 1991 there was a doctor for every 537 people, now we count one doctor for every 390 people. Most are located in the big cities and urban centers. Information about those physicians is limited and fragmented. However, it is evident that this professional group suffers serious problems, primarily related to limitations in the process and standards of licensing, absence of continuing education programmes and activities; diversification in professional and training background wherein physicians graduate from more than 70 countries, implies wide variation in medical practices, as well as discrepancies in performance levels. (Lebanon, France, USA, UK, Egypt, other Arab countries, the countries of the former Soviet Union and Eastern Europe). Furthermore, the increasing number of physicians, creates problems for newly graduating physicians, who find difficulty in getting employment, thus leading to an increase in the cost of medical care.

5.1.1 Physicians control most, if not all, of the primary outpatient medical services in Lebanon. Most of them are in private practice with a small proportion working for a salary with NGOs.Sixty percent of the registered physicians are specialists with a significant shortage in the number of generalists in the country. Geographically, there is a maldistribution of physicians in the country with 75.5% in Beirut and Mount Lebanon, 10.5% in the North and 7% in each of the South and the Bekaa regions. All these factors underline the importance of formulating a national policy to control the number of medical students, control the level of their performance, geographic distribution orient as to the specialties required and finding means to protect the rights of physicians.

5.2 The quality of health manpower education at universities is reported by the World Bank Report to be good, but most of the doctors are oriented towards studying curative care and most of them become specialists. This fact affects the increase in the cost of medical services. Currently, there are 3 medical schools in the Country with approximately 200 graduates each year (The Lebanese University, the St. Joseph University and the American University of Beirut). In addition there is equal or higher number of graduates from medical schools outside Lebanon. Available information suggests that this number may increase to 7 over the next few years.

5.3 Nurses. There are 3 universities that offer bachelor degrees in nursing, graduating approximately 100 nurses each year. Furthermore, these Universities and another 12 hospitals/schools offer non-bachelor nursing diplomas. The total number of nursing graduates from these facilities is approximately 300 each year. However, as in most countries, there is a difficulty in retention of nursing manpower and most of the nurses seek and find employment in other countries where the working conditions are better. The result is serious shortage in nursing manpower. The estimated ratio in 1993 is one nurse for 2500 persons and one nurse-aid per 3000-4000 persons. Most of the nurses are located in major urban centers.

5.4 Other Health Manpower Categories. Serious deficiencies and or maldistribution are also evident in other disciplines that are involved directly or indirectly with health care. Primarily due to the absence of clear national professional standards and the imposition of political and

confessional factors. For instance, in 1993 the estimated ratio of midwives is one midwife for every 5670 people. According to the Order of Pharmacists there are 2150 pharmacists registered in Lebanon during the period of 1950 to 1994 of which 1181 are females and 969 are males. The number of dentist according to the Order of Dentists is 2500 dentists registered in Lebanon in 1994.

5.5. <u>Therapeutic Drugs</u> The exorbitant price of therapeutic drugs is also a factor limiting access to health care for low income groups. A recent International Labour Organization (ILO) study on health care costs in Lebanon estimated that expenditure on drugs represented 42% of total medical expenditures, and that 6% of personal income goes towards therapeutic drugs.

5.5.1. The high prices of drugs is largely a result of tight private sector control of the industry, a high dependence on imported drugs, and the depreciation in the value of the Lebanese pound. This is coupled with an over-consumption of drugs, wherein both physicians and patients tend to prescribe a high number of medications that are often unneeded, while on the other hand, many persons in the country's poorer regions cannot even afford to pay for the most essential drugs.

5.5.2. The government has made a number of attempts to control this drug problem. One of them has been the Essential Drugs Project, undertaken with the support of UNICEF, and in co-operation with WHO and the NGOs. The project, initiated in 1989, offers essential drugs for mothers and children to some 750 dispensaries both governmental and non-governmental twice a year. A partial cost-recovery system has been initiated wherein minimal and symbolic charges are collected by dispensaries and used to cover the costs of salaries and development of services in these centers. It is to note that the Ministry of Public Health has started since 1995 to contribute to the cost of the projects through purchasing drugs and the logistic services. The project has acted as a model project including the list of essential drugs, their provision, packaging, distribution as well as the health education component and the rational use of drugs thus linking it to the other elements of PHC in a complementary fashion. Moreover, as mentioned earlier the anti-tuberculosis project has been built along the same model of the EDP project.

5.5.3. The Ministry of Public Health is also undertaking, in co-operation with the Young Men Christian Association (YWCA) a project for providing drugs for chronic diseases to about 135 dispensaries.

5.5.4. The most important development in the question of therapeutic drugs remains however the formation of the National Drugs Bureau and the appointment of an administrative council for this bureau. The organizational structure of the Bureau has been put forward and work is undertaken at present to complete the administrative-financial and logistic preparations required as well as the studies necessary to launch the real work in early 1996. It is expected that the Bureau would co-ordinate closely with the EDP project in order to formulate a national drug policy for Lebanon.

6. Health Sector Financing

6.1 Health services in Lebanon are financed by insurance companies, the Ministry of Health, NGOs, users and donors. It is estimated by the World Bank that 44% of the population is uninsured. This is a problem for people who need inpatient care as private facilities are expensive and public services are inefficient. Poor segments of the population have difficulty in getting into private hospitals as they are placed on long waiting lists and when their turn does arrive they are asked to pay a substantial amount prior to their admission.

6.2 According to the World Bank Appraisal Report, health service expenditures were about US $301 million or 5.3% of GDP in 1992. Of this amount, the total government expenditures on health were approximately at 1.3% of the GDP. In 1992, the budget of ministry of health was $45.1 million or 5.4% of the total government budget. Out of the total government budget for 1995, 5.3% has been allocated to the Ministry of Health 9.3% to the Ministry of Education, while 20.6% has been allocated to the Ministry of Defence.

6.3 According to the Minister of Health , health expenditures in 1994 are expected to be around 500 million dollars. The National Social Security Fund (NSSF) covers 28% of these health services expenses, 9% is covered by the cooperative of government employees, 11% by the Army and Ministry of Defence whereas private insurance companies cover only 7%. According to the Minister of Health the remaining 44% is subsidized by the Ministry of Health.

6.4 The government needs to improve its budgeting, accounting and monitoring procedures in order to avoid the existing problems of disparities, oversupply and false billing. There is a need to study and evaluate the financing of the health sector as the current arrangements are leading to the increase of costs due to the mis-allocation of resources and lack of planning. The ministry, according to IBRD report, still suffers from poor organization and inefficient personnel. Furthermore, many managerial positions remain unoccupied. There is a need to study the role, the functions and the structural organization of both governmental and non-governmental institutions in order to identify problems and strengthen their capacities to cope and carry out their responsibilities.

7. Water, Sanitation And Environment.

7.1 To survive and thrive, children require not only a healthy home environment, but just as important, a healthy natural environment. Clean air and potable water are as essential for child's development as adequate shelter, parental love and nutritious food. Lebanon's environment was without doubt one of the major victims of the long civil war. With the collapse of the social order and the massive destruction of infrastructure, water quality plummeted, air in urban areas became polluted and towering piles of putrefying garbage lined most streets and roadways.

7.2 During the war, environmental quality was not a priority as most people were simply trying to survive from day-to-day. But in the post-war era, environmental devastation has become a pre- eminent social, political, and health issue. In early 1995, Lebanon's government and citizens are coming to grips with the revelation that regions throughout Lebanon were used as dumping grounds for highly toxic chemical and radioactive waste materials a process which was started during the war. The long-term public health implications of such toxic waste dumps must be addressed and ameliorated as soon as possible.

7.3 Despite the absence of formal environmental monitoring, it is generally acknowledged that the major problem areas are waste management, localized but severe air pollution, and widespread land degradation. Water resources are naturally the most threatened in this potentially water scarce country. However, little quantitative data is available, and most of the widely quoted figures originate from poorly substantiated data. Thus, any analysis of the status of the environment in Lebanon must be approached with caution. Furthermore, none of the available studies have focused upon women and children in relation to the environment. Among the most reliable recent sources of information on water and environmental health are three surveys undertaken by UNICEF between 1990 and 1991: The AUB/UNICEF survey on water quality; the survey of the underserved Areas (Baalbak, Hermel, Tripoli, Akkar); and the EPI/IMR/CDD survey. These form the core of what is currently known regarding the linkage between water and the health of women and children.

7.4 Water, Sanitation, and Environment - Related Health Issues

7.4.1. The amount of precipitation received on the coastal slopes of Lebanon is exceptionally high for the region, and accounts for the country's appreciable water resources. The surface water flow is estimated at 2500 million m^3/ year. Yet, the efficiency of water recovery and use is limited by the steepness of the slopes and the local geology, which result in the rapid dissipation of the water to the sea or into groundwater. Paradoxically, the agricultural Beqa'a area receives a far lower amount of rainfall, yet has large water requirements, mostly for irrigation purposes. The water sector is characterized by the following problems, which contribute to the deterioration of the health conditions of women and children:

- Poor design of current systems
- Deterioration of the networks and associated losses
- Un-even regional allocation of services
- Lack of data on water resources and water quality
- Poor regulation of water use
- No current options for judicious water management

7.4.2. Infrastructural breakdown resulting from the war has led to a 60% decrease in the quantity of water available from municipal sources between 1975 and 1992.Water availability per capita is estimated at around 80 liters/day, and falls to 30 liters/day in the Baalbak-Hermel area, well short of the daily requirement estimated at 165 liters/day (Jaber,1992 and Slim,1993).Most areas suffer

from water shortages caused by major demographic changes which arise from massive population movement and displacements during the war which was not been accompanied by infrastructural improvement. Damage to networks and pumping stations caused by shelling, neglect, and lack of maintenance or looting are major causes of water scarcity. Many villages lack a domestic water source and have never been connected to a network.In the undeserved Areas (Baalbak, Hermel, Akkar and Tripoli), 22% of the villages lack access to reliable drinking water (Table 15), and all water sources were found to be microbially contaminated (Jurdi, 1992 and UNDP, 1993).

Table 15. Access to reliable drinking water in the Underserved Areas.

	Villages lacking access to reliable drinking water	**Villages not connected to the municipal network**
Baalback	41%	38%
Hermel	38%	44%
Tripoli	35%	22%
Akkar	6%	44%

Source: (UNICEF, 1993)

7.4.3 The 1990-1991 national UNICEF/AUB water quality control survey revealed that 66% of town water networks and 78% of village networks were microbially contaminated. The study also found that 60% of natural water sources were contaminated. The areas most affected by water pollution were the Beqa'a, the North, and the South where the population relies on private wells which are often contaminated (Jurdi,1992). Springs, wells and surface water are polluted with inadequately disposed wastewater and solid wastes.

7.5 Whenever they exist, wastewater disposal networks are usually undersized, ill-maintained and inadequate. Thus, only 50% of the Lebanese population, 48% of the urban areas and 29% of the rural areas (UNICEF, 1993) are served by sewage disposal system (CDR,1994). Fifty nine percent of the wastewater collected in the sewage system is discharged in rivers and in the sea, while the remainder is disposed of on land, without any technical provisions or safety measures (Jurdi, 1992). In Beirut alone, 15 independent systems collect and discharge wastewater in the sea at 15 different locations along the coast (AUB, 1994).Where sewers do not exist, wastewater is disposed of via poorly designed, and unlined cesspools which increase the risk of water contamination. Such cesspools are used by 30% of the urban inhabitants and by 68% of the rural inhabitants (UNICEF,1993). Waste disposal in unused wells is also common, and is a main cause

of groundwater and spring contamination due to the karstic (limestone) geology of Lebanon. A large number of villages, especially those in the underserved areas, lack access to sanitation (Table 16).

Table 16. Access to sanitation facilities in the underserved areas

Qada'a	% villages served by Sewer network	% villages served by open channel and cesspools	% villages lacking both and using open air disposal
Baalbeck	2	54	44
Hermel	-	9	91
Tripoli	8	43	49
Akkar	2	31	67

Source: UNICEF, 1993

7.5.1 In addition to the inadequate wastewater collection system, wastewater treatment prior to disposal is also severely deficient. There are five wastewater treatment plants in Lebanon, none of which are operational, either due to shelling or to incomplete construct-
tion (AUB, 1994).

7.6 In view of restoring the water sector to adequate levels, the NERP includes a number of projects based on new strategies and policies which depend on efficient cross-sectoral institutional organization. Funds have been sought for the development of this programme. The development of the sector has been assisted by the UNDP, the Kuwait Fund, and the World Bank/METAP. The involvement of the private sector has been considered through the Business Council for Sustainable Development (BCSD) project for feasibility studies pertaining to urban water management (UNDP,1993).

7.6.1 The National Emergency Recovery Plan (NERP) of the Council for Development and Reconstruction (CDR) involves a number of water and wastewater rehabilitation projects.These include networks, pumping stations and treatment plants in Dora and Ghadir (Beirut's northern and southern suburbs), at a cost of 245.2 million US dollars. The NERP also includes 142 projects for wastewater collectors distributed across Lebanon and two pumping station projects in Tripoli and Kesrwan. The NERP also plans to update the wastewater master plan which will define the expansion work needed to connect the whole population to the public sewers. Feasibility studies have also been initiated to identify sources of pollution and to identify the level of treatment required before disposal (CDR,1994).The following table lists the projects currently in the implementation phase.

Table 17. Selected water projects implemented as part of NERP.

Project	Cost in mn $	Funder	Duration (Years)
Sectoral Implementation Unit	6.4	EEC	3
Management Consultancy,Ministry			3
of Water & Electric Resources	2.6	France	
Expansion of Dbayeh Station	5.7	Italy	2.5
Rehabilitation of Ain el Delbeh	0.4	Kuwait Fund	1.5
Infrastructure of Displaced Villages	3	Saudi Development Fund	0.3
Water Plants Rehabilitation	38	Euro-Development Bank, World Bank	1
Bisri Dam Studies	1.9	Lebanon	1.6
Quasmieh Irrigation Project	2.3	Italy	NA
Irrigation Project in Barouk,		Italy	NA
Adonis, Akkar,			

Source: CDR 1994.

7.7 Policy and administration problems plague the water and wastewater sector. Wastewater management at the national level is the responsibility of the newly established Ministry of the Environment, while domestic water is managed by the Ministry of Hydraulic and Electrical Resources, on the other hand, and irrigation water is managed by the Ministry of Agriculture. In addition, municipal authorities, wherever present, play an important role at the local level. Furthermore, there is a general lack of coordination and cooperation among the eleven different official bodies responsible for wastewater.

7.7.1 In November 1992, UNICEF, in cooperation with the Ministry of Health, organized a major seminar on "Water in Lebanon". The two-day seminar, which included thirty papers by high-ranking government officials, university professors and experts from consultancy firms, was attended by over 250 persons.As a result, a committee was formed by the Ministry of Hydraulic and Electric Resources to follow up on the recommendations, and has requested the close involvement of UNICEF.

7.8 Since 1992, UNICEF has been engaged in a series of activities aimed at human resources development for monitoring water quality. In cooperation with the Ministry of Hydraulic and

Electrical Resources, facilities for physical, bacteriological, and chemical water testing were developed at the level of individual water authorities. Training of water technicians was provided through a number of two-day workshops. A similar project was initiated in 1993 with the Ministry of Health for the training of 13 health inspectors and 8 laboratory technicians. Field training in water quality monitoring was offered to the health inspectors for a period of three months.

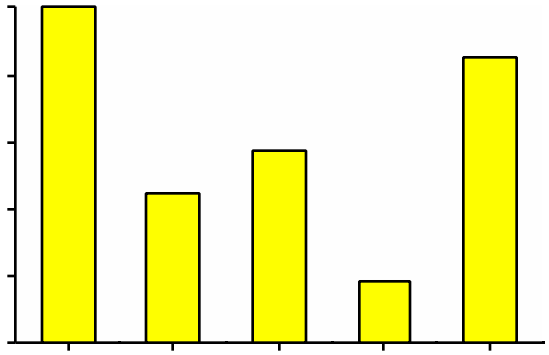
7.9 Women play a central role in water management in Lebanon, first as providers, especially in the villages of the underserved areas, and second as users. Women's exposure to sources of polluted water place them, alongside children, in the most vulnerable group. Thus, it is they who will feel most strongly the impact of change in environmental conditions. Moreover, they are ideal partners in development as they have a vested interest in the creation and maintenance of a safe environment. Unfortunately, the role of women in water management has been consistently neglected, and little is known about the impact of waste and environmental projects on their lives.

7.9.1 In most of the villages and the poor urban zones of Lebanon, water is still obtained from springs, rainwater collection wells, or dug wells that tap groundwater.Wome traditionally collect the water, an occupation which requires a considerable physical effort and occupies a large part of their lives. A recent needs assessment study of the village of Fnaidik (Akkar) (SCF, 1993) found that although the majority of households have access to piped water, women are still in charge of providing water in cases of shortage. Access to a reliable water source came second on women's list of priorities after income-generating activities.

7.9.2 In a pre-KAP survey in five villages in the Akkar area (Zurayk, 1993), an attempt was made to evaluate the impact of minor technological change on women's lives. Two of the villages, (Akroum and Kfartoun, comprising a total population of 10,000) lack a water delivery network and obtain their water from a spring located 5 km away from the village. A few years back, a rubber hose was installed at the spring by the villagers, and water can now be delivered to a pond on the main road just 1 km from the villages. Before the hose was installed, women used to spend more than six hours each day carrying water from the spring.The water can now be fetched using donkeys or trucks from a much shorter distance, with considerable time saving.The women acknowledged that this minor technical intervention has had a tremendous bearing on their lives as they now have more time to devote to household chores, child-care and leisure time.

7.10 Nearly 3,800 tons of solid waste are produced daily in Lebanon, with the area of greater Beirut producing 1,000 tons/day of a mixture of industrial and domestic wastes.(Table 18)

Table 18. Composition of Solid Wastes in Lebanon.



Component	Amount %
Vegetables an fermented products	50-60
Paper	20-30
Plastic	5-10
Glass and ceramic	1-5
Textiles	0-1
Others	0-5

Source: Fawaz, M., Mallat H., Khawlie, M.

7.10.1 Facilities for solid waste collection, treatment and disposal are highly inadequate throughout Lebanon, especially in the rural areas (figure 7).Solid waste collection is the responsibility of the local municipal authorities.Thus, localities of less than 5,000 people and those which lack municipal authorities cannot set up and operate their own waste disposal system. In 94% of the villages of the undeserved areas, solid waste disposal is the individual's responsibility. Wastes are deposited at street corners often staying for several days awaiting collection thus creating major health hazards.

Figure 7.

Source: Khawlie, 1994

7.10.2 Only a fraction (10%) of the collected solid waste is properly disposed of (fawaz, 1994). Waste is usually dumped with no form of treatment (crude-dumping). In major urban disposal sites (Table 17), which were established without any environmental planning or geotechnical assessment during the war. Waste is piled up and then compacted with the help of bulldozers before being pushed towards the sea. In rural areas, solid waste is disposed of into rivers, in "wadis" and often by the side road, a few hundred meters outside the locality. These are regularly set on fire causing fire hazards as well as serious localized air pollution.

Table 19. Major crude dumping sites in Lebanon.

Municipality	Dumping sites
Beirut	Normandy
	Ouzai
	Tahwita
	Qarantina
Metn	Borj Hammoud
Jounieh	Maameltein Bridge
	Valley between Adma and Gazir
Jbeil	Valleys
	seaside
	Disused quarries
Sour	Ruins
Saida	Seashore
	Saytanig
	Near river
Tripoli	Abou Ali Rive

Source: Tabet, M.

7.10.3 Solid waste treatment is virtually nonexistent. In Beirut, the Qarantina solid waste disposal plant was operational until 1975, with a capacity of 700 tons/day. The plant also included a composting unit which provided agricultural compost. Since 1975, Beirut's solid wastes have been disposed of in the Normandy dump, on the sea shore at close proximity to the port. During the war, a small incinerator was erected in the Choueifat area.This plant was rehabilitated in 1993 and is currently operational.The Quarantina plant is currently being rehabilitated and will soon be operational.In 1982The CDR, in coordination with the UNDP and the WHO, developed a "Master Plan for Solid Wastes Management" which awaits implementation.

7.11 The absence of adequate solid waste management has taken a tremendous toll on Lebanon's marine environment, and has caused the degradation of the coastal marine ecosystem. The degradation of the fishing grounds due to the accumulation of plastic and metallic waste on the sea bed partly explains the decline of the fish population and the decrease in the fish catches from 6,000 t/year in the early 1970's to 2,500 t/yr in the early 1990's (Fawaz, Mallat, Khawli, 1992 and UNICEF,1993).

7.11.1 Marine pollution can also cause direct health hazards to humans through swimming. The bioconcentration of certain contaminants, particularly heavy metals and pesticides, and the consumption of contaminated fish and other sea foods, mainly shellfish, poses indirect but serious hazards. A study by Kouyoumjian and Safa (1992) revealed that the sea off the coast of Jounieh contained a very large amount of solid waste, predominantly plastics (6-15kg/30m2) while lower amounts were found near the Ramlet al Baidah area (0-1 kg/30m2). The difference was attributed to the predominantly south-north current.

7.11.2 The study also found an increase in the levels of mercury, cadmium, copper, DDT and PCB in three commonly consumed fish species caught in the proximity of sewer outfalls (Table 20).The levels were however acceptable by the WHO, FAO and UNDP standards.The level of coliform was relatively elevated at river outlets and ranged between 10 and 300 cfu/100ml (Table 21).

Table 20. Contaminants Levels in Common Lebanese Fish

Fish Species		**Concentration of contaminants (microgram/kg)**			
Local name	Mercury	Copper	Cadium	DDT	PCB
Sultan Ibrahim	20-250	200-800	3_20	5-150	5 90
Ghubbous	10-110	250-900	2_25	3_40	12 30
Lukkos Ramlih	15-160	120-350	3_20	10_50	0-15

Source: Kouyoumjian, H.,and Safa, A., 1992.

Table 21. Contaminant Levels at River Outlets.

Type	Quality (gram/liter)
Phosphates	0.18 - 0.19
Nitrates	o.12 - 0.6
Nitrites	7 - 0.43
Ammonium	1.33 - 0.3

Source: Kouyoumjian and Safa 1992.

7.11.3 A 1993 study of 38 sites along the coast of North Lebanon showed the absence of Vibrio cholera and of Salmonella, while both the total coliform and E. coli were present in significant albeit variable quantities (Helweh, Hamzeh, 1994).

7.12 It is thought that **air pollution** constitutes a major health hazard, especially in the Greater Beirut area and in the vicinity of the major industrial zones.Smog is a common occurrence in Beirut. A global survey of air pollutants in Lebanon was conducted by the Lebanese National Council for Scientific Research in 1974 but it is by now largely obsolete. The data have been used, however, to predict the current amounts, based on the increase in the number of cars, generators, industries and other sources. The data has not been validated, but can serve as a trend indicator (following table).

Table 22. Air Pollutants in Lebanon (estimates).

Pollutant	1975 Estimates	1994 Estimates
	T/yr	T/yr
CO2	32,400	259,200
SO3	475	2,850
Particulate matter	125,000	1,500,000
NO	15,700	125,600
C O	15,230	2,103,220
Hydrocarbons	5,500	2,121,000

Source: Khawlie, 1994.

7.12.1 Preliminary results from a study on air pollution in selected sites in 1991 and 1992 in Ras Beirut, Zouk and Tripoli showed rainfall pH ranges between 4.11 and 7.8 in Beirut, 5.1 and 5.8 in Zouk and 4.7 and 5.6 in Tripoli (Khawlie, 1994). The data was used to demonstrate the existence

of air pollution, as a more alkaline pH is expected in Lebanon due to the neutral-alkaline pH of most soils and water.

7.12.2 The main sources of air pollution in Beirut are the gases emitted from the combustion of petrol in cars and generators.The impact of the industries is thought to be limited, as the entire sector is still modest.There are more than 1.5 million cars, and most of them are old, poorly maintained and badly tuned.This worsens their impact on the environment due to incomplete fuel combustion.The lack of control of fuel quality leads to the import and use of low quality petrol, resulting in higher toxicity emissions (Slim,1993).Unleaded fuel is practically unused although it appeared on the market in 1993.

7.12.3 In the Chekka region, along the northern Lebanese coast, six factories producing cement, lime, sugar and paper contribute significantly to the degradation of air quality.It has also been reported that asbestos is still currently used in spite of an international ban on this carcinogenic substance.The issue has received considerable media coverage, and in 1991 a Council of Ministers decree urged all factories to install filters in order to reduce environmental pollution.It is not clear to what extent these guidelines have been followed. Unconfirmed reports from the area attribute a high incidence of asthma and of deaths from cancer due to air pollution.The vegetation in the area shows clear signs of damage caused by dust and chemicals. Local doctors in the Chekka area have conducted limited studies showing an abnormally high number of children affected by silicosis, with a high incidence of acute respiratory diseases.National newspapers have reported a figure of 1200 cases of asthma, allergies and lung cancer between 1989 and 1994 but provide no indication of the population sampled or of the sources (Haddad,1994).Similarly the Sibline cement factory on the southern coast is accused of causing similar illnesses, where the inhabitants and doctors of the neighboring Barja village are reporting a high incidence of athsma .

7.3 Lebanese farmers use **pesticides** intensively, especially for horticultural crops such as fruits and vegetables.During the harvest season, when sprays are regularly required (especially in greenhouses and on irrigated lands), farmers rarely conform to the "waiting period", i.e., the minimal length of time which must elapse between spraying and harvesting. By farmers' own accounts, many of the products that reach the market have been sprayed less than 24 hours earlier. Pesticide residue levels in water and in food have not been studied and research is needed.Experts agree however, that many of the "summer illnesses" (brief spells of diarrhea, vomiting and headaches) may be caused by minor pesticide poisoning following the consumption of recently sprayed fruits and vegetables.Chronic poisoning is unreported, but there are incidences of acute poisoning which are believed to account for 3% of the deaths of children in the 0-5 age bracket.

7.13.1 The use and import of pesticides is clearly and adequately legislated (decree 27/7/1992), but the regulations are not properly enforced. A study by Traboulsi (1991) found that a large number of prohibited pesticides were freely available on the market, including organochlorines and organophosphates such as DDT, Eldrin, Carbofuran, Parathion, Supracide and Vydate.The situation is further complicated by the uncontrolled trading and the common practice among agricultural firms of selling pesticides or pesticide blends without any instructions, sometimes

under false names and without indicating the active ingredients and levels of concentration. Others protect their franchise

and maximize profit by selling the same pesticides at different concentrations under different names (Dakroub,1991). Most of the ports of entry are not controlled, and neither are the traders. Little extension help is offered by the government, and many farmers do not follow any safety precautions.

7.14 Noise pollution is a by-product of the rapid and unplanned urbanization of the country, and is due to the large number of cars and private electrical generators. Little is known about the impact on children, although there have been reports of lowered school performance.

7.15 The physical and ecological conditions of Lebanon make it specially vulnerable to **land degradation.**The problem is several millennia old, and is most acute on the steep mountain lands, which suffer from intensive deforestation.The areas of high population density, such as the coastal zone and parts of the Biqa'a area, are also at risk from intensive agriculture, unplanned urban expansion, and mushrooming industry. Currently, the urban zones lack any form of green areas.

7.15.1 Deforestation in Lebanon goes back to the Biblical era.The main agent of deforestation was and is the uncontrolled tree-felling for the provision of wood and the manufacture of coal. Forest fires are frequent and destroy vast wooded areas every year. When deforestation is rapidly followed by grazing, the land may be permanently damaged, and the woods are degenerated into a low quality scrub.The Lebanese forestry service reports that, out of a total wooded area of 53,000 ha, fire destroys nearly 1,200 ha annually, and that many fires are caused by the burning and disposal of solid waste. As a result, the current forest cover is estimated at 5% - 7%, down from 25% at the turn of the century (AUB,1994 and Fawaz, Mallat, Khawlie, 1992) .

7.15.2 The impact of deforestation on the watershed has not been studied, but there are indications of high rates of soil erosion, leading to a high sediment load and a lowering of the surface water quality in some areas.The legislation covering the administration of wooded areas has recently been revised, and is implemented by the Forest and Natural Resources Department of the Ministry of Agriculture. Logging is prohibited, regardless of ownership or the status of the wooded area which prevents, in principle, the burning of wooded zones by owners wishing to profit from the wood.

7.15.3 Reforestation projects are currently on the reconstruction agenda, and include a major UNDP/WFP project still under study. Over the past three years, local reforestation projects have been successfully carried out at the community level in various parts of the country.

7.16 The exceptional climatic and ecological diversity of Lebanon has created a number of varied and rich habitats, which house 2700 species of wild flowering plants, 250 species of birds, and 50 species of mammals (AUB,1994). Lebanon is also an important point of passage for migratory birds, and thus a vital nesting ground, located in the *Ammiq* wetland, is currently under environmental threat.The disappearance of selected habitats is not the only danger for bird life in

Lebanon; hunting causes the death of millions of birds each year, to the extent that Lebanon has been internationally blamed for the extincion of migratory birds.

7.16.1 As a result of intensive hunting, major imbalances in the ecosystems are taking place. Suni

bug infestations, causing yield losses in cereals, have become more common, and require higher doses of pesticides due to the decimation of its predator, the migratory quail. Severe crop failures were reported this year and were caused by a population explosion of field mice caused by the disappearance of many species of rapacious birds. In spite of the declaration of protected areas in Nakhil Island, Horsh Ehden and soon Jabal Barouk, there has not been any proper management, due to lack of funds, commitment and trained personnel. Hunting in Lebanon is regulated by licensing from the Ministry of Agriculture, according to the law of the 15th of June 1952.In 1994, the Ministry of the Environment issued a decree banning hunting on the Lebanese territory from 1995-1998.

7.17 The Environment and Natural Resources law number 64 (1988) is the only legislation with explicit reference to the environment.It states that the protection of natural resources is a duty of every citizen. Other legislation related to the environment are by-products of laws regulating various sectors, these laws are dispersed and lack focus. Mallat (1992) reviewed these laws which cover 28 domains.According to his research, the following decrees and laws cover issues which are of direct relevance to the health of women and children.

* The drinking water regulations (1926, 1940).
* Underground water (1990)
* Public health (1974)
* Sewers (1933)
* Marine pollution (1966)
* Air pollution (1951, 1961)
* Industry (1983)
* Food products (1983)
* Pesticides (1992)

Most of these laws are obsolete and require updating to respond to the socio-economic, demographic and technological changes of the past decades. Yet, implementation in their present form will relieve somewhat the current pressure on the environment, pending their improvement.

7.17.1 Lebanon has also ratified several **international agreements** for the protection of the Mediterranean sea. There are few indications that the country is fulfilling its obligations in this respect. The international environmental treaties signed by Lebanon include:

• The Biodiversity Convention, Rio de Janeiro, 1991.

• International Convention for the protection of the Mediterranean Sea, Barcelona, 1976 decree-law 126, 30/6/77.

• International Convention for the Prevention of Sea Pollution with Hydrocarbons, London, 1954. Implemented as of 26/7/58, replaced as of 2/10/1983 by the 1978 Protocol of the International Convention of 1973 for the Prevention of Pollution from Ships.

• International Convention on Civil Responsibility for Damages Caused by Hydrocarbons Pollution, 1969, Decree-law 28/73 of 10/12/1973.

• Ratified the International Treaty Prohibiting the placement of nuclear weapons and other weapons of mass destruction on sea and ocean floors. Law 9133 of 7/10/1974.

• International Convention on High Sea Intervention in case of Accidents Leading to Hydrocarbon Pollution, Brussels, 19/11/1969, decree-law 9226 of 12/10/1974.

7.17.2 The environment has only recently been recognized as an issue which should receive high-level governmental attention.The **Ministry of the Environment** was established in 1993 as a watchdog for the environment. Staffing is in progress, but equipment and finances are lacking. Time is required before the new ministry can be fully operational. It has already selected seven priority areas (Traboulsi,1991) :

* Solid waste management.
* Sewage- related issues.
*Integrated water management.
* Nature protection/deforestation.
* Atmosphere protection (air pollution).
* Pesticide pollution.
* Noise reduction.

7.17.3 The determination of the government to deal with the problem of environment is clear by what the newly established ministry achieved since its establishment which include: (Multi and Serhal 1994).

* Rehabilitating the Choueifat solid waste incinerator.
* Imposing the use of filters in the Chekka and Zouk factories.
* Campaigning for street cleaning and for reforestation.
* Formulating a joint UNDP project for natural reserves.
* Preparation of a programme for environmental education and awareness.
* Ratifying the General Convention for Climate Change and the Biodiversity Convention.
* Issued a decree banning hunting for a period of three years.
* It is currently updating the wastewater master plan.
* Opened a dialogue with NGOs and other scientific and social associations.

7.17.4 Lebanese NGOs, scientific associations, scouts and other social organizations are very active in environmental issues. Many operate at the community level but also act as advisors, pressure groups and lobbyists. However, their work often lacks focus and coordination. Some have joined the Lebanese Association for Environmental Protection which acts as an umbrella group. Private and academic institutions play a minimal role in research. In spite of their marginalization in the official political sphere, women have a significant presence in NGOs dedicated to women's issues, health issues and children's issues. Most of these groups deal with

issues closely related to environmental action. The UNDP office in Beirut has published a list of the major NGOs in Lebanon, including their addresses and contacts (see following table).

Table 23. A list of some local environmental NGOs.

Name	Location and Contact
The Lebanese Symposium for Environmental Conservation	Mr. Antoine Bekhaazi
Liban Nature Environnement	Mr. Abbas Zahreddine
Association for Environmental Conservation	Gazieh - Mr. Mustafa Ghaddar
Association for Social & Cultural Developmment	Nabatieh, Mr. Malek Ghandour
Association for Environmental Protection	Bekaa, Dr. Ahmad Toufaily
Center for Environmental Studies and Documentation	Mr. Nazih Shalala
Association for Environmental Development in Hermel	Hermel, Abbas Chams
National Committee for Environmental Protection	Beirut, Dr. Mouin Fawaz
The Chouf Cedars Association	Chouf, Mr. Akram Chehayeb
Environmental and Heritage Protection Authority	Koura, Mr. Rifaat Saba
Lebanese Energy and Environment Academy	Beirut, Dr. Miad Jarjoui
National Committee for Environmental Activities	Mr. Abdallah Zakhiah
Lebanese Consortium for Environmental Protection	Tripoli, Mr. Mahmoud Hallab

Source: UNDP

7.17.5 .The recent rise in interest in the environment has been illustrated by a number of conferences organized by various national and international bodies. Among the most significant are:

The workshop on "Man and the Environment in Lebanon", (1991), UNESCO.

. The seminar on "Women and the Environment in Lebanon" (1992), Center for Women's Studies, Beirut University College.

. The "Regional Symposium on Arab Women and the Environment" (1993), Center for Women Studies, Beirut University College.

. The seminar on "National and International Environmental Issues" (1994), Rene Moawad Foundation and the Friedrich Nauman Foundation.

. The seminar on "Scientific Research and Environmental Problems" (1994), Lebanese National Council for Scientific Research.

7.17.6 The private sector, especially the audio-visual media, have recently started to campaign for environmental, as well as other social and civic issues. At least four TV stations and two radio stations regularly broadcast messages with environmental contents.

7.17.7 Environmental awareness is considered a priority by concerned parties and development organizations, and will be soon addressed by an imminent UNDP/MoE project. The Lebanese people have recently started to give importance to environmental issues. A recent survey (Hbeish,1993) showed that most of the respondents (47%) consider solid waste to be the main problem, followed with air quality and water quality. The environment was the second major issue affecting surveyed samples after the economic situation. A pre-KAP survey was carried out in 1993, and found that people perceived their environment in a very utilitarian fashion, and aim at improving their immediate surroundings with little regards to the rest of the community (UNICEF,1993).

7.17.8 Much remains to be done in order to relieve the current problems and prevent further degradation of the environment.The joint UNDP/MoE project funded by the Agenda 21 initiative is focused on developing institutional capacity according to the following strategy:

* Reviewing and implementing environmental standards and legislation.
* Institutionalizing Environmental Impact Assessments.
* Training governmental manpower in priority areas.
* Improving the efficiency of cross-sectoral institutional organization.
* Developing strategies and policies.

III The Situation Of Children And Women

1.1. In Lebanon the child survival and development picture is a complex reflecting the present Social Status. It is augmented by the pressures resulting from the direct and indirect residues of the civil war and by the changes that are wittnessed by the country and the region. The Civil war left behind social, cultural, educational and financial problems in addition to the forced population movement inside and outside the country. In general, the health situation in Lebanon has improved inspite of the war, yet the improvement does not cover all regions and all sectors equally.

1.1.2. The Lebanese child is the major victim of the civil war who suffered from the madness that engulfed the nation. The struggle among the fighting militias, parties, ethnic and religious groups has been a great danger for the children's growth and development especially psychological development, Social behaviour and school and educational achievement. Unfortunately, the scars left by the war are deep and long lasting and we are facing them now in our youth who are the students of the primary, intermediate and secondary schools, or who are at the vocational training institutes, or those working to support themselves and their families.

1.1.3. In spite of a ravaging civil war which lasted for more than fifteen years, limited data suggest that Lebanon's health and demographic indicators are comparable to middle income countries in general and even superior to several other Middle East countries in particular (World Bank Staff Appraisal Report, 1994). For instance, life expectancy at birth in Lebanon is estimated at 67 years, whereas for Syria life expectancy is 65 and in Egypt only 59. Lebanon's crude death rate in 1990 was 7.8, as compared to 10.8 for Egypt (ibid.). It is worth mentioning that the latest census of Lebanon is dated 1932. Since then no national demographic survey was conducted and information are based on scattered sample surveys and on projections.

1.1.4. The present health status of children indicate that there is a great room for improvement in the quality of available health services, in the availability of health services in underserved urban and rural areas, as well as in the universal accessibility of these services.

1.2. Infant Mortality Rate (IMR). The infant mortality rate is commonly used as an index of overall health conditions in a country, although it describes survival only during the first year of an infant's life. Even during the war years, the infant mortality rate in Lebanon was consistently lower than in most countries of the region. In 1960, Lebanon reported a rate of 68 infant mortalities per thousand. In 1971 it was estimated to be 31 per 1000 live births. A recent World Bank study (1994) indicates that the infant mortality rate (IMR) in Lebanon in 1992 was 40 per thousand. A UNICEF national survey conducted in 1990 estimated that Lebanon's IMR was 35 per thousand, with significant differences corresponding to geographical areas. The fifteen years of war did not lead to a big rise in IMR as would be expected. At present, it is expected that IMR has come back to its pre-war levels i.e. 32 per 1,000 live births and the under-five mortality rate (U5MR) to be 43 per 1,000 live births. Analysis of available data indicate the following trends.

1.2.1 Significant regional disparities. According to two studies undertaken in the 1980s by the American University of Beirut (AUB), the estimated IMR in the suburbs of the capital was three times higher than the IMR in the municipal area of Beirut (Beirut 1984, LFPA, FHS 1986). The 1990 MPH/UNICEF survey revealed also that the Beqa'a and Northern regions, which contain only one quarter of the country's children, account for fully 60% of under-five mortality.

1.2.2. The data however do not, indicate **gender disparities.** In most comparable developing countries, female mortality has been reported to be higher than male mortality due primarily to cultural discrimination against female children. The MPH/UNICEF 1990 survey however, shows a pattern similar to developed countries, in which male mortality is slightly higher than female mortality.

1.2.3. Neonatal death. The 1990 MPH/UNICEF national survey revealed that the largest proportion of infant deaths (74%) occur in the first month of life and 60% in the first week of life. A 1979 study of hospital deaths at AUB had also found that approximately 50% of deaths occur in the first week of life, while 60% occur in the first month. These data indicate that the quality of health care services should be analysed, evaluated and upgraded.

1.2.4. Neonatal deaths are due to pre-natal and postnatal causes, most important of which are: congenital malformations, premature births, low birth weight, blood incompatibility and delivery problems.

1.2.5. Between one month and 12 months, the major causes of infant mortality are acute respiratory infections, septicemia, meningitis and diarrhoea.

1.2.6. While the most important causes of mortality between the age of one and five years are related to acute respiratory infections and accidents. It is worth noting that diarrhoeal diseases and vaccin - preventable diseases have ceased to be a main contributor to infant and child mortality.

1.2.7. Maternal Mortality In a cohart study undertaken at the American University of Beirut Hospital and comprising 35058 deliveries between 1971 and 1982, maternal mortality rate (MMR) was determined at 128 deaths for every 100000 live births. The study indicated that 58 percent of the reasons for maternal death were due to the following reasons: haemorrhage, aborion, sepsis, hypertension disorders of pregnancy and ruptured uterus. The study concluded that many deaths aould have been saved if they had arrived earlier to hospitals or if they had rapid access to a hospital with surgical and blood transfusion facilities. Since that date, no study has been conducted regarding maternal mortality. Nevertheless, the available data indicate an improvement in the availability of medical services in all areas and an increase in the proportion of births attended by trained health personnel. It is expected that the large - scale study undertaken by the faculty of health sciences at the Americal University of Beirut would be

completed by the end of 1995 and would shed light on the conditions of maternal mortality in Lebanon at present.

1.3. The high percentage of infant deaths that occur in the perinatal period and during the first month (74%) indicates the need for adopting a special strategy to address this issue emphasizing safe motherhood practices, most notably, improving the quality of maternal and neonatal care in the high risk districts and strengthening the referral system especially in underserved areas. Focus has to be put also on addressing socio-economic conditions and the nutritional status of the mother as well as the reduction of regional and social disparities, the revitalization and expansion of the prevailing health system, the improvement of the quality of its services and the need to establish a social and health insurance scheme.

1.4 Low birth weight. A weight less than 2,500 grams, is an important determinant of perinatal mortality, since it puts the child at an increased risk of infective diseases.

1.4.1 In Lebanon, the national rate of low birth weight is estimated to be 10% with significant regional disparities due to the variant socio-economic, health and environmental conditions among regions. The main causative factors of low birth weight are poverty and poor maternal health, which imply low maternal caloric intake during pregnancy, low pre-pregnancy weight, increased and strenuous work of the mother and reproductive tract infections (WHO, 1992).

1.5. Acute respiratory infections. The World Bank (1994) and deeb et.al. (1995) report that respiratory infections, meningitis, and gastroenterities are the leading causes of mortality among Lebanese children. Acute respiratory infections seem to be one of the main causes of child mortality and morbidity in Lebanon. A 1979 study by Mounla revealed that acute respiratory infection (mainly pneumonia) accounted for 35.3% of total infections diseases causing mortality in infants and children older than one month of age. In the last two year the Ministry of public health in coordination with UNICEF has conducted three studies on acute respiratory infections: the first was a national survey, the second a survey in underserved areas and the third was an ethnographic study undertaken in cooperation with the faculty of health sciences at the American university of Beirut. The 1990 National survey found that acute respiratory infections accounted for 16% of under five deaths according to mother's reporting.

1.5.1. The national survey conducted by the MPH and UNICEF in 1992 revealed that 52.7% of children under five had one episode of cough in the last two weeks preceding the survey; implying an average of 6.3 episodes of cough per year for every under five child. The same study found that 33% - 40% of under five children suffer from recurrent tonsillitis, 10% - 11% of them from otitis and 7% - 10% from asthma according to reports by mothers.

1.5.2. The survey undertaken in three underserved districts in 1993 on the incidence and management of acute respiratory infections did not reveal significant discrepancies between the national and the district levels.

1.5.3. Case management of acute respiratory infections is mostly done by physicians and mothers, while the pharmacist and the other health personal treat the remaining cases, with slight differences when cough is accompanied by breathing difficulty, (the following table).

Table 24. Source of treatment of children with cough.

Source of treatment	Cough	Without Breathing difficulty	With Breathing difficulty
Mother	32.4%	37.2%	27.7%
Physician	64.8%	61.1%	70.5%
Emergency	2.8%	4.4%	1.2%

Source: Ministry of Public Health/UNICEF 1992. National, Survey on acute respiratory infections among under five children.

The same study indicated that almost two thirds of mothers know that giving warm fluids and keeping the child warm are important elements in the management of a child with cough.

1.5.4. In terms of the use of drugs in the treatment of acute respiratory infections, it was found that 95.1% of children with cough are given medications. Bronchadilators and anti-coughs are given in about three quarters of cough cases, irrespective of the incidence of breathing difficulty. Antibiotics are also used in a large proportion of cough cases without breathing difficulty. This was common all over Lebanon including the most remote areas.

1.5.5. With respect to management of ARI by mothers, it was found that two thirds of mothers have some knowledge that keeping the child warm and giving him warm fluids and continued feeding are important for treatment. As for the symptoms that require seeking medical care, the main reasons were found to be: high fever, severe cough with vomiting, and breathing difficulties. Mothers seek medical advice within the first 48 hours of cough.

1.5.6. Lebanon has a national project for control of acute respiratory infections, launched in 1992; however, work in the project has effectively started in 1994. A National Plan of Action and protocole of treatment have been formulated in coordination between the Ministry of Health, WHO and UNICEF in collaboration with scientific associations and faculties of medicines. It includes the following components: training of health personnel on case management of ARI; health education addressed to mothers regarding prevention and CCM of ARI; and national use of drugs. A national seminar was held in 1994 to share the available data with physicians and health workers and review the National Plan of Action. Work in the project has included so far training of specialist physicians and production of a manual addressed to health workers on the prevention and correct case management of ARI. Drugs for the treatment of ARI are provided through the distributions of essential drugs to the active PHC facilities in the context of the

Essential Drugs Project. So far, four physician trainers have been trained on ARI management and a manual addressed to health personnel has been published.

1.6. Diarrhoeal diseases, a Ministry of Health (MPH) UNICEF national survey undertaken in 1990 indicated that more than 15 percent of 9047 children under the age of five had suffered an episode of diarrhea in the two weeks preceding the survey. It is concluded that there is an estimate of 2.6 episodes of diarrhoea per year per child under five years of age.

1.6.1. The major cause of such a high incidence of diarrhoeal disease were the poor-environmental conditions in post-war Lebanon, specifically, water pollution and food contamination and the improper case management.

1.6.2. The efforts exerted in the Control of Diarrhoeal Diseases (CDD) project over the years at all levels of intervention and simultaneously have had a positive impact on the status of diarrhoeal disease in Lebanon. In fact, work in the project over the last four years has been in terms of the different components: practices of physicians and mothers for the correct case management of diarrhoea; special measures to ensure the implementation of the legislation banning the use of anti-diarrhoeal drugs; elimination of anti-diarrhoeal drugs from the market; work towards improvement of the quality of drinking water in coordination with the Ministries of Hydraulic and Electrical Resources and of Public Health. All these have left a positive impact on the status of diarrhoeal diseases. Thus, the average annual rate of diarrhoea episodes was found to be 2.6 episodes for every under five child (MPH/UNICEF National Survey, 1994). The achievements of the project are summerized in the following table:

Table 25. Indicators of Diarrhoeal diseases in 1990 and 1994.

Indicator	National Average 1990	National
Average number of diarrhoea episodes	3.6	2.6
Proportion of children treated by physicians	50.9%	51.7%
Proportion of children taking drugs	60.5%	42.3%
Proportion of children hospitalized.	5.9%	4.5%

Source: Ministry of Public Health/UNICEF; The National EPI/CDD/IMR Survey, 1990. Ministry of Public Health/UNICEF: The National EPI/CDD/Vitamin A deficiency survey, 1994.

A 1994 national survey jointly conducted by the MPH and UNICEF indicated significant improvements in the incidence and treatment of diarrhoea. The average annual rate for diarrhoea episodes was found to be 2.6 episodes per year per child under five years of age.

1.6.3. Case management of diarrhoeal diseases in children is usually handled by mothers and physicians, as revealed the following table:

Table 26. Sourse of treatment of diarrhea in children

Source of Treatment	Percentage 1990	Percentage 1994
Mother	38	39.1
Persons outside medical body	1.3	1.3
Nurse/health worker	6.5	1.3
Pharmacist	3.5	6.3
Physician	50.9	52.1

Source: Ministry of Public Health/UNICEF, 1994 Survey on Immunization coverage diarrheal diseases and vitamin A.

1.6.4. The same study highlighted the great improvement in the case management of diarrhoea followed by mothers and physicians, like continued feeding and breastfeeding, increased intake of fluids including ORS, and decrease of prescribed drugs as shown in the following

Table 27. **Indicators of case management of diarrhoea**.

Indicator	Percentage 1990	Percentage 1994
Continue feeding and increased fluids	45	82.2
Use of ORS	26.9	35.4
Drug use	60.5	42.3

Source: Ministry of Public Health/UNICEF, 1994 Survey on Immunization coverage diarrheal diseases and vitamin A.

1.6.5. On the other hand, 42.3% (a high percentage) of children with diarrhea are given drugs, whether anti-diarrheals, anti-bacterials or anti-parasitics. The study indicated also that 4.5% of children with diarrhea are admitted to hospitals.

1.6.6. The improvement achieved in terms of the incidence and case management of diarrheal diseases over the years is largely a result of addressing simultaneously all project components, namely: preventive measures through health education and water quality surveillance; correct case management through training of physicians, and rational use of drugs through updating of legislation banning the use of anti-diarrheal drugs and ensuring strict adherence to it by physicians and health centers.

1.7. Communicable diseases/vaccine-preventable diseases until very recently, most infant and childhood mortality in Lebanon resulted from diseases which can easily be prevented by vaccination. One of the most positive developments in the area of child health in post-war Lebanon has been the reduction in the incidences of vaccine-preventable diseases through the National Expanded Programme on Immunization (EPI). The intensive efforts exerted in the

programme over the last four years have lead to a raise of the national immunization coverage for diphtheria, pertussis, tetanus and polio to 91.6% among children under one year of age and 94.6% among children aged 12-23 months, according to the 1994 MPH/UNICEF EPI/CDD/Vit.A survey.

1.7.1. Two observations are worth noting here: first, almost one third of physicians in the private medical sector continue to vaccinate against measles after the age of 15 months despite the efforts exerted, second, the improvement in measles immunization is the result of continuous efforts and steady progress, and not the result of desperate campaigns.

1.7.2. The epidemiological data available indicate a decrease in measles morbidity and measles - associated mortality. The data however, showed regional differences. Regional and National immunization coverage surveys that were conducted in February and October 1994 respectively showed that measles and DPT/OPV3 coverage were lower in certain less developed regions (following table).

Table 28. Immunization coverage of children in less developed regions compared to national level.

Region	Age of Child	Percentage	Date and Source
All Lebanon	9 - 12 months	73	MPH/UNICEF Oct. 1994
Baalbeck/Hermel	\< 1 year	49.6	MPH/UNICEF Feb. 1994
Akkar	\< 1 year	39.6	" "
Danniyeh/Minyeh	\< 1 year	51.8	" "
Tripoli	\< 1 year	56.6	" "

Source: Compiled from Ministry of Public Health/UNICEF surveys of February 1994 in the underserved regions and October 1995 for all of Lebanon.

1.7.3. The same surveys indicate that although the measles coverage has improved yet it is still lagging behind the rest of the antigens (table 28).

Table 29. Vaccination coverage of DPT/OPV3 and measles for all Lebanon and for the less developed regions 1994.

Age group	DPT/OPV3	Measles	Region	Source
	91.6	73	All Lebanon	MPH/UNICEF Oct.1994
Children*				

under one year of age	71.3	49.6	Baalbeck/Hermel	MPH/UNICEF Feb.1994
"	73.5	39.6	Akkar	" "
"	70.9	51.8	Danniyeh/Minyeh	" "
"	83.5	56.5	Tripoli	" "
"	95.6	88.2	All Lebanon	MPH/UNICEF Oct.1994
"	76.2	61.9	Baalbeck/Hermel	MPH/UNICEF Feb.1994
Children 12 to 23 months of age	80.0	47.3	Akkar	" "
"	74.1	57.8	Danniyeh/Minyeh	" "
"	84.8	65.7	Tripoli	" "

Source: Compiled from MPH/UNICEF October and February 1994 surveys.

***** For all Lebanon age group was 9-12 months.

1.7.4. For polio eradication, only one confirmed case of polio was registered in 1994. Since then, Lebanon started the implementation of a National plan of action, and established a National Committee; and like other countries of the region, is organizing National Immunization days to achieve polio eradication by 2000.

1.7.5. Acceleration of project activities and intensive social mobilization have lead to a raise of the coverage level for OPV/DPT to somewhere between 70-75 per cent in four of the districts (identified earlier to have low coverage) and more than 80 per cent in the fifth.

1.7.6. Close cooperation with the private medical sector and strong social mobilization enabled Lebanon to move from 40.7% coverage in 1990 to 73% coverage in 1994 among children under one

year of age and from 57.5% in 1990 to 88.2% among children under five If these efforts are sustained it is expected that Lebanon will be part of the Inter-regional polio free zone in the region of the Middle East and North Africa by the end of 1996.

1.7.7. The important role played by the private medical sector in Lebanon was confirmed by the results of the national survey conducted in 1994. It was found that 43.3% of DPT/OPV vaccinations and 44.5% of measles vaccinations took place in centers belonging to the private sector.

1.7.8. Tuberculosis: In a study that dates back to 1974, a WHO expert indicated an increase in the number of diagnosed cases of tuberculosis since 1971, especially among children between 5 and 14 years of age. Many factors have occurred since that time, that might have lead to a possible increase in the number of tuberculosis cases. Notably, the socioeconomic consequences of the war, the extensive population movement and high population density are all factors that could lead to increase in the incidence of tuberculosis.

1.7.9. Since 1990, an anti-tuberculosis project has been established and a protocol has been formulated in coordination between the Ministry of Public Health, WHO and UNICEF.Diagnosis and follow up centers were set out in all Lebanese regions, and drugs necessary for treatment were made available either through the Ministry of Public Health or through UNICEF.

1.7.10 It is to note that the project constitutes a model for the cooperation between the Ministry of Public Health and UNICEF wherein the Ministry was able, four years after the project launching, toassume complete responsibility, while UNICEF facilitates only the provision of drugs and logistic assistance.

1.8. Aids The first case of AIDS was reported in Lebanon in 1984. Since that date, there has been an increase in the number of cases. The number has reached 325 cases as of today, most of whom are carriers of the virus not exhibiting the symptoms of the disease yet. Nevertheless, this number seems to be underestimated, since the Ministry of Public Health estimates the number to be ten folds higher, i.e. 3250 affected cases. The number is expected to reach 7000 persons by the year 2000.

1.8.1. Young people in the age group 20-40 years form the majority of the AIDS cases. Figures indicate also an increase in the incidence of cases among women, wherein the proportion of males to females was 5 to 1 in 1992 and became 3 to 1 in 1995. Moreover, nine cases were reported among neonates of affected mothers. Data available on the modes of transmission indicate that the most common are sexual relations (60%), especially the heterosexual ones. It is also worth noting that a number of AIDS cases have been reported among persons who never left the Lebanese territories, which raises the possibility of an endemic transmission.

1.8.2. In 1988, the National Anti-AIDS committee was formed and it was revised in 1993, to include in addition to the Ministry of Public Health, a large number of other government agencies and NGOs, as well as specialized technical and promotive committees. The objectives of the National AIDS programme were set as follows:

1- Strengthen prevention through limiting the modes of transmission of the virus causing the disease.

2- Limit the social and health problems resulting from AIDS infections.

3- Mobilize local resources for the battle against AIDS.

1.8.3. Since its launching and until the present, the project has been able to accomplish a number of important achievements, notably: a) setting a computerized system for disease reporting by physicians and laboratories, b) organization of lectures and workshop in the various Lebanese regions, c) support of activities of about 25 NGOs, d) strengthening the role of governmental health facilities and training of their personnel, e) acceleration of media activities including T.V. spots, panel discussions and production of pamphlets addressed to the public, f) issuing of a number of legislations related to AIDS namely on blood transfusion, mandatory reporting, and necessity of HIV testing before marriage. In addition, the Government has allocated, for the first time, a budget to the AIDS National Programme in 1994.

1.8.4. In view of the expected increase in the number of AIDS cases, preparations have been under way since July 1994 to prepare a medium-term plan focussing on the priorities to prevent the transmission of AIDS and address the high - risk groups.

1.9. Ante-, Intra, and Post-natal Health one of the factors influencing perinatal mortality rates is antenatal and postnatal care. The higher the number of antenatal visits starting early in pregnancy, the lower the rate of perinatal mortality. The study supported by UNICEF in 1990 on breastfeeding patterns in Lebanon, revealed that 83.3 percent of women had consulted a doctor at least once or more during their pregnancy. However, this figure conceals major regional disparities. As indicated the results of a survey conducted in 1994 in underserved areas, as shown in the following table.

Table 30. Source of Antenal Care of Women.

Person consulted	National Average 1990	Baalbeck 1994	Akkar 1994	Tripoli 1994
Physician	83.3%	58.6%	55%	64%
Midwife	3.6%	14.9%	3.8%	9.7%
TBA	0.2%	7.5%	2.3%	2.4%
None	12.9%	19%	38.9%	23.9%

Source: MPH/UNICEF survey February 1994 survey.

1.9.1. On the other hand, while the national survey of UNICEF revealed that 81.2 percent of deliveries nation wide take place in hospitals and 80.8 of them are attended by physicians, we find

that these figures vary greatly by region, wherein 37.7 percent of deliveries in Akkar region take place at home and 30.1% of them are attended by TBAs, as indicated in the following table.

Table 31. Place of delivery of women in all Lebanon compared to underserved region.

Place	National	Baalbeck	Akkar	Tripoli
	1990	1994	1994	1994
Hospital	81.2%	59.3%	58.8%	69.4%
Small Clinic	9.7%	25%	3.5%	2%
Home	9.1%	15.7%	37.7%	28.6%

Source: Complied from MPH/UNICEF survey of 1990 and 1994.

Table 32. Attendant at delivery for all Lebanon compared to underserved region.

Attendant	National 1990	Baalbeck 1994	Akkar 1994	Tripoli 1994
Physician	80.6%	54.9%	47.1%	40.3%
Midwife	15.8%	14.0%	22.8%	40.7%
TBA	3.6%	31.1%	30.1%	18.9%

Source: compiled from MPH/UNICEF surveys of 1990 and 1994.

1.9.2. The large number of births attended only by midwives and TBAs in the regions of Tripoli, Akkar and Baalbeck respectively indicates the important role that they continue to play in these parts of the country.

1.9.3. Although training of midwives is occuring, and therefore graduation is taking place, the number of trained TBAs is on the decrease, this could be attributed to the fact that the government of Lebanon does not envisage giving TBAs any legal status. Hence, any programme which is to be formulated to address this issue has to be directed at midwives, but not at TBAs.

1.9.4. Finally, one cannot overlook the fact that the regions with the highest infant mortality rates and the highest incidence of low birth weights are these regions with the highest percentage of deliveries attended by TBAs and midwives.

1.10. Diseases resulting from consanguineous marriages. Consanguineous marriages are suspected to be very common in Lebanon. They tend to be accepted as a simple fact of life. They are recognized to be associated with higher risk for autosomal recessive transmitted diseases than in the general population.

1.10.1. In a survey carried out in 1971, Laiselet et al estimated the average national incidence of consanguineous marriages to be 18 percent. Another study conducted in Beirut in 1986 found the incidence rate in its sample of 750 couples to be 26 percent.
1.10.2. All studies have referred to differences in rates of consanguineous marriages among regions and religious groups. A survey conducted in 1993 by the MPH and UNICEF in underserved areas found that the rate of consanguineous marriages is highest in Baalbeck/Hermel 60.7%, followed by Akkar 43.7%, and Tripoli 31.2%.

1.10.3. This high rate of consanguineous marriages has led to a high incidence of both common and rare genetic diseases in Lebanon. About 164 different genetic diseases have been documented in the country, the most common of which are mental retardation, thalassemia, familial hypercholesterolemia, hypothyroidism, genetic eye disease and renal diseases.

1.10.4. A recent study (unpublished data) revealed a 30% incidence of consanguinity associated congenital hearing disorders, one of the highest in the world. A 1993 epidemiological study on consanguinity - associated kidney diseases in Lebanon, by A. Barbari et.al from Rizk Hospital, found a high prevalence of consanguinity in the Lebanese dialysis population. This is associated with a aspecific renal disease pattern, characterized by a relatively young age of diagnosis and dialysis initiation with significant exaggeration of an already increased risk for familial renal disease in the general dialysis population. This seems to be a cultural phenomenon affecting all religions and regions, with significant Muslim and Druze predominance and higher prevalence in the rural areas.

1.10.5. The impact of consanguineous marriage on morbidity rates among children is highlighted by the fact that about 17% of admissions to one hospital in Beirut city are patients who suffer from a genetic disease. In addition, most of these diseases are of a chronic nature, and require medical, social and financial assistance to the individual over long periods of time, which in turn places tremendous stress upon the families of the patients in particular as well as upon public agencies, organizations and society in general.

1.10.6. Although genetic councelling, prenatal diagnosis and neonatal screening are useful means of helping individual families, these techniques do not represent a viable approach to the problem at national level. Rather, what is needed is awareness raising, through both the mass media and organized health education programmes, regarding the many dangers inherent in consanguineous marriages. It is recommended that the government, through Ministries of Health and Education in coordination with the medical community and the various religious institutions develop a multi approach strategy involving education, information, counseling and probably legislation in order to hopefully limit and discourage consanguineous marriages.

1.11. Accidents are the leading cause of death among children between the ages of one to 15 years in industrial countries. The case is not much different in developing countries where accidents and injuries are among major causes of death among children. In countries like Lebanon where infections diseases and malnutrition are under control, it is expected that accidents become

the major cause of death. Furthermore, accidents are a major cause of disability and other related financial, economic and psychological problems.

1.11.1. In Lebanon there is no mortality and morbidity surveillance system indicating the causes of deaths in the various regions and age groups. Furthermore, the traditional sources of information and statistics such as death certificates, police reports or medical examiner are practically almost non existing. Therefore, the only vital source of information is the medical records in the emergency units and hospitals.

1.11.2. Two leading hospitals in Beirut, the American University Hospital (AUH) and the Hotel Dieu Hospital, prepared two reports about accidents in Lebanon. In a 1995 report, Dr.Nuwayhed, from AUH reported that in 1975, three percent 3 % of death among children less than five years of age was due to poisoning. In 1987, 102 dangerous emergencies not resulting from the war were admitted to a leading hospital. In 1984, a study in Beirut found out that 30% of deaths in all age groups was due to injuries and accidents and that 28% of disabilities was due to injuries and accidents including war caused injuries. A 1993 study by MPH/UNICEF indicates that 4.6% of death in children under five years of age was caused by injuries and accidents. In 1992 it was found from information compiled from the emergency records of two leading hospitals that 3.3 per thousand of the children under sixteen who were admitted to the emergency died upon arrival or shortly after arrival to the hospital. Furthermore, accidents and injuries constituted 35% of the total number of children who were admitted to the emergency and 20% of those children who were hospitalized from the emergency units.

1.11.3. The major forms of accidents occuring and those leading to death are shown in tables 32. and 33 respectively.

Table 33. Leading childhood accidents in a hospital in Beirut.

Causes	Percent
Falls	more than 50%
Car Accidents	7.5
Poisoning	5
Burns	5

Source: compiled from a paper prepared by Dr. Nuwayhed.

Table 34. The major accidents leading to death among 18 child fatalities resulting from accidents.

Type of Accident	Number of Fatalities
Falls	6
Car accidents	2
Car hit	2
Arms and bullets	2
Drawning	2
Electricity	1
Firework	1
Unknown	1

Source: Compiled from a paper by Dr. I. Nuwayhed, AUH, 1995.

1.11.4. In Hotel Dieu Hospital, where children constitute 40% cases in the emergency units, it was mentioned in a paper by Dr. B. Girbaqah 1995 that accidents are increasing with time and in 1994 they are equal in magnitude to admission from other causes. Furthermore, it was mentioned in the same paper that most accident (22%) occur in the summer months of July and August, with a higher concentration during the weekend and between 5 and 7 o'clock in the late afternoon. It was also noticed that 75% of accidents occur in the place of residence. The ages that were more suceptible to accidents are 2-17 years coinciding with the age of walking with the child, and the age of driving cars with the youth, and they are more prevelant in males than in females at a ratio of 1/1.5. Accidents, it was found, are more common in families of the middle income group and in 90% of the cases they happened during the presence of a family member.

1.11.5. Although the available information is limited yet it indicates that accidents is a major cause of children's death now. It is expected to increase unless we face it now and address the problem at a national level before it becomes bigger then, we would not be able to bring down IMR and CMR from its present level in the near future.

1.11.6. To address the problem of accidents there is a need for a national survey to estimate the size of the problem and to define accidents and injuries among children by region, sex, age group, type of accidents and its effect on the life of the child. It is also useful to have a permenant surveillance system connected to a network of the emergency units in the country. It is also essential to support studies to find out public awareness of the problem and then to develop the necessary information aiming at increasing public awareness and preventing or decreasing the number of accidents.

1.12. Age at marriage is known to be an important factor influencing perinatal mortality. International studies indicate that marriage at early age, i.e. before 18 years and at advanced age, i.e. after 35 years is a high risk factor for perinatal mortality; it also has detrimental effects on maternal health.

1.12.1. Studies undertaken in the 1970s showed that the average age at marriage for women in Lebanon was 23 years. Today, with the serious economic crisis affecting the Lebanese population, it is estimated that 47% of women aged 25-30 years are not married, (Mroueh, Personal communication 1995).

1.12.2. The National survey conducted by UNICEF in 1990 provided evidence to the relationship between marriage at an early and late age and perinatal mortality as shown in the following table:

Table 35(a) Relationship between mothers' age and the child birth weight .

Age group	Less than 2500 gm	More than 2500 gm	Unknown
15 - 19	75.0	25.0	-
20 - 24	91.6	7.1	1.3
25 - 29	93.8	6.3	-
30 - 34	85.3	10.3	4.4
35 - 39	80.6	11.1	8.3
40 - 44	87.5	12.5	-

Source: UNICEF National Study on Breastfeeding practices, 1991.

1.12.3. Although this does not apply to all regions especially the rural oves, but it will no doubt cause demographic changes that will result in changing the kind and distribution of health problem among children and women. As the UNICEF 1991 study on breastfeeding indicated that low birth weight for the age group 15-19 years was four times its level for the age group 30-34 years as shown in the next table:

Table 35. Summary of age-based estimates of childhood mortality rates for both genders combined.

Age Group	IMR	U5MR
15-19	**0.048**	**0.061**
20-24	**0.038**	**0.047**
25-29	**0.031**	**0.038**

30-34	**0.034**	**0.041**
35-39	**0.042**	**0.053**
40-44	**0.042**	**0.054**
45-49	**0.054**	**0.072**

Source: UNICEF national survey 1990.

1.13 Nutrition little information on food consumption is available, especially for the last decade as political instability did not allow any large scale studies. Conclusions drawn from isolated reports, therefore, have to be treated with caution. Available information for the period 1962-1970 on nutrient intake showed adequate intake of protein and energy, and low intake of iron, vitamin A and calcium. These findings were confirmed in children in 1981 and in adults in 1992 (Baba 1992). Food and nutrient intake of children aged 1-12 years from displaced families was studied (Sha'ar and Ayyas 1986; Shaar and Shaar 1992). No deficiency in mean energy intake was reported, except in the 7-10 years age group, but the proportion of children consuming less than 2/3 of the recommended daily allowances (RDA) ranged from 22 to 27% . The protein intake was adequate and the proportion of children who consumed protein less than 2/3 of RDA ranged from 2% to 4%. Mean daily iron intake was low and ranged from 50 to 57% of the RDA for children aged 1-3 years. In general, the proportion of children who consumed less than 2/3 of RDA was 40% in 1986 and 32% in 1992. The main sources of energy and protein of these children were bread and other foods made from wheat, beans, legumes, milk products and eggs. The consumption of red meat was low, explaining in part the deficiency in iron intake.

1.13.1. A recent study on 2040 children aged 6 to 10 years in private and public schools in the Beirut area shows that the prevalence of malnutrition is higher among those from public schools. Stunting was found to be prevalent among 35.7% of public school children compared to 4.6% of private school children. The prevalent of under weight and the prevalence of wasting were 7.1 to 0.1 and 4.9 compared to 11% respectively (Baba 1992).

1.13.2. In a 1986 study in Greater Beirut, Jamal et.al. found that one in six families reported that they were unable to afford sufficient food to meet their basic needs. Average household expenditure on food amongst low income groups is reported to have risen from 37 to 67% of total income since the outbreak of the war in 1975 (General Labour Union, 1986). A 1990 study among 2000 school children in Beirut revealed stunting amongst children of low socio-economic status, and speculated that data collected from the more impoverished regions of the country would likely reveal an even more drastic problem. Experts indicate that due to the economic crisis, about 28-40% of Lebanese families are reported to live below the poverty line. Evidence to this figure is present in the data obtained from surveys of cases brought to the emergency rooms of the main hospitals in Beirut, wherein 50 percent of the children presenting to the emergency rooms of one of these hospitals were found to suffer from mild to moderate malnutrition.

1.13.3. The impact of socio-economic status on the magnitude and severity of malnutrition in school children aged 6-10 years in West Beirut was studied in 1991. Results showed that the children classified as low socio-economic status (public schools) had low weight for age and

height for age indices, indicating higher occurance of under weight and stunting as compared to children from higher soci-economic status (private schools).

1.13.4. Anthropometric data from a sample of 215 children between the ages of six and 10 years from a Bedouin population of the Beqa'a valley including settled and semi-settled Bedouins indicate that semi-settled Bedouin children have better means weight, and height at all age groups than settled Bedouins. In general these children manifested mild to moderate stunting (Baba 1992).

1.13.5. Iron deficiency anemia is still a major public health problem in Lebanon. The prevalence was higher among females at all ages compared to males, and it has been so since the ICNND survey of 1962 where haematocrit (HCT) and haemoglobin (HG) values indicated the occurance of anemia in about 40% of the population.

1.13.6. Data from Lebanon on the relationship between the prevalence of diet related non-communicable disease and dietary intake is scarce. A 1994 FAO report on nutrition country profile states that hospital records indicated that morbidity from such diseases reached 37% in men and 41% in women between the ages of 50-59 years. The percentage reached 57.3 and 67.2 in men and women between 60 and 69 years of age.

1.13.7. The results of the PAPCHILD survey that will be conducted before the end of 1995 are expected to shed important light and give us a clear idea about the nutritional status of infants and children.

1.14. Education of the mother the 1990 national survey revealed surprisingly that the 15 years of war did not affect the literacy level among females. On the contrary, this level has improved. More specifically, the survey found that 85 per cent of all women aged 15-49 years were literate. The highest literacy rate is highest in the 15-19 age group (94.8%) and lowest in the 45-49 age group (52.6%). Another study undertaken by khalaf in 1995 noted a steady increase in female enrolment in the public sector from 41.9% in 1973-1974 to 53.2% in 1993-1994. At the university level, the share of females to the total number of student enrolment has also increased from 25.2% in 1973-1974 to 37.3% in 1982-1983 and to 48.2% in 1993-1994.

1.14.1. Yet, it is worth noting that there are important regional variations in female literacy rates. The 1990 breastfeeding survey found the illiteracy rate in the North region to be 35.4% compared to 21% in the South and 21% in Greater Beirut.

1.14.2. Results of the 1990 national survey revealed a strong relationship between the educational level of the mother on the one hand and infant and child mortality on the other hand, as demonstrated in the following table.

Table 36. The relationship between educational status of mothers and infant and child mortality.

Educational status	IMR	U5MR
Illiterate	61.5	83.5
Elementary/Preparatory	34.0	42.0
Secondary/Technical	25.5	30.0
University/Higher	7.5	8.0

Source: Ministry of Public Health/UNICEF 1990: National EPI/CDD/IMR survey.

1.14.3. The study reveals also that an infant born to an illiterate mother has eight times the probability of dying before its first birthday than an infant born to a mother with university education. Infants of illiterate mothers face double the risk of death before the age of five than children of mothers who have attended elementary school, demonstrating that even a small amount of education seems to have a drastic impact on child mortality.

1.14.4. On the other hand, a survey conducted on immunization coverage in the underserved areas in February 1994 revealed a significant relationship between the educational level of the mother and the immunization status of the child, in particular the drop-out rate between the first and the third dose of DPT/OPV.

1.14.5. Education of the mother has also an effect on her way of dealing with the events around her. Studies have found that mothers with a low educational level have dealt more emotionally with the events around them, and were mostly unable to understand and cope with any crisis situation.

1.15. Breastfeeding. Current indicators show that the national level, the proportion of mothers who breastfed their children is close to the level that was prevalent before the war. The great majority of Lebanese infants are breastfed during the first month. Solid food supplements are given between four and six months of age. Although the tendency of prolonged breastfeeding continues to be a universal practice in some rural areas, the mean duration of breastfeeding is becoming increasingly shorter among the younger generation of mothers, particularly in urban areas (Harfouche 1981).

1.15.1. Hitti and Reaidi (1984) surveyed the mothers of 297 infants in the Beirut area. They found that complete breastfeeding, which included 47% of the new borns, decreased rapidly after three months of age to only 10% of the infant group understudy, where as partial breastfeeding continued up to 9 months of age. Cow's milk was the most common replacement of mother's milk, followed by fruit and fruit juices. Only 2% of the infants were totally breastfed at the age of 9-12 months.

1.15.2. A national survey conducted by UNICEF in 1990 on patterns of breastfeeding in Lebanon found that 90 percent of Lebanese mothers were breastfeeding their current child for some period, with the median duration being 8-10 months. It also found that exclusive breastfeeding, is very low (7% at 4 months) and weaning foods are not appropriate. Along the same line, it was found that 60% of mothers introduce food supplementation in the first 1-3 months.

1.15.3. The 1990 UNICEF survey revealed significant differences in breastfeeding patterns among regions. The percentage of Lebanese children who were never breastfed is approximately 10% at the national level, with only 9% of rural children reported as never having been breastfed compared to 24% in metropolitan Beirut.

1.15.4. The most common reasons given by mothers who never breastfed were milk problems (45.4%), followed by problems with the child (24.4%) and problems with the mother herself (21.8%).

1.15.5. Realizing the importance of promoting breastfeeding for ensuring proper infant nutrition, special efforts were made by the MPH in this direction, with the assistance of international organizations, professional medical associations and NGOs. Thus, a National Committee for promotion of breastfeeding was formed. Its main tasks involve planning, implementation and coordination of project activities related to the promotion of breastfeeding.

1.15.6. On the other hand, work has also been done since 1992 to implement the ten steps of the baby friendly hospital initiative that was jointly launched by WHO and UNICEF. Two 80-hour courses have been organized including health personnel from hospitals. It is expected that by the end of 1995, 15 hospitals (4 governmental and 11 private) would be designated as baby friendly hospitals, in addition to 25 hospitals that implement part of the ten steps included in this initiative. Moreover, efforts exerted include those addressed to medical personnel working in PHC centers and to mothers and the public in general to modify their attitude and practices with respect to breastfeeding.

1.15.7. A main problem that faces the promotion of breastfeeding is, however, the loose implementation of code 110 that bans the free distribution of infant formula and breastmilk substitutes to maternal facilities. Although great efforts were made by the MPH in the direction of imposing severe sanctions on violators of this code, there is still much to be hoped for in order to ensure its implementation and full compliance by milk companies and hospitals.

1.16. Iodine deficiency does not only result in goitre but it also cause a wide variety of symptoms that have a direct effect on the health and well being of people.The main function of iodine which

is found in the thyroid, is to produce the thyroxine hormone that regulates physical and mental growth. Iodine deficiency therefore, causes diseases for all age groups especially pregnant women and children, where it could lead to fatal death, cretanism or to disability in the hearing and talking abilities of the child. Goitre remains a major feature of iodine deficiency which needs operations and hospitalization at a high cost of money and time. Iodine deficiency could be easily controlled by ensuring that everybody is consuming the right amount of iodine from food sources specially sea foods and iodized salt, or from other sources of iodine taken orally or added to the water.

1.16.1. Goitre seems to be a public health problem in Lebanon with incidence figures of over 80% in some rural villages (Cowan et al 1966). The daily intake of iodine in various locations was found to be for below the minimum daily requirement even in coastal villages. The survey of school children in 1981 showed an overall prevalence of 19.5% of which grade one was the most prevalent (American University of Beirut, 1981). The highest prevalence was observed in Baalbeck. A report (Saibi, 1986) on the relationship of goitrogen containing foods and the incidence of goitre failed to show any clear relationship.

1.16.2. A 1993 national survey of iodine deficiency disorders among school children found that Lebanon suffers from a mild to moderate type of iodine deficiency disorders (MPH/WHO/UNICEF/AUB, 1993). The prevalence of goitre was found to be 25.8 at national level, with rates of 23.1% in urban areas, 28.1% in rural areas and 34.8% in high - risk areas.

1.16.3. A survey of the iodine content of salt available on the Lebanese market was also conducted in 1993. The results indicated that 84% of the locally produced salt marketed as iodized salt is not iodized or its iodine content is very low. One brand of the imported iodized salt on the other hand, does not comply with the conditions and regulations of iodized salt. It was also noticed that iodized salt is more readily available in the markets of the capital, while it was less available outside Beirut, where the need is higher for iodized salt.

1.16.4. The study found that there are two factories for salt purification in Lebanon in the North. Crude salt is produced in 50 locations at a capacity of 16-18 tons per year and at a cost of 25-40 $ per ton. Crude salt is also imported from Turkey, Egypt, Greece and Cyprus and is purified in one of the two factories by means of spray mixing at 30mg iodide/kg salt. The capacity of the two factories is estimated at 28000 tons a year which is enough to cover the consumption needs in the Lebanese market which is estimated at 30-34000 tons. Out of this 16-18000 tons are consumed crude, and 14 to 16000 tons are purified. However the purification factories are only producing 2500 tons of purified salt a year and the rest is imported.

1.16.5. A control programme centered on universal salt iodisation was introduced in response to this situation. Technical support was provided to the two major salt refineries in the country, and production of iodized salt has started in January 1995. In addition, a monitoring kit to test the iodine content of salt at the level of manufacturing, packaging, retail sale, small - scale stores and household levels. The project in all its components is planned and run by an interministerial committee comprising the Ministries of Industry and Petroleum, Economy and Trade and Public Health, with strong support from WHO and UNICEF.

1.17. Vitamin A deficiency does not appear to be a public health problem in Lebanon. The 1961 ICNND survey sampled 8600 militaries, civilians and refugees, out of which 3521 were school age children. The study reported that the average civilian diet included an acceptable intake of vitamin A. Another study conducted by cowan et.al. in 1964, on the food consumption and habits of the Lebanese population selected 305 and 167 individuals from the Beqa'a valley and Kfarzebian respectively. The authors concluded that in both regions the per capita intake of vitamin A was lower than the RDA revised in 1964. Average vitamin A intake was 38% of the allowances and approximately two thirds of the recommended value in Kfarzebian and Beqa'a respectively. In 1980 FAO and WFP conducted a nutritional survey on 1181 school children in Beirut, Beqa'a, South and North Lebanon. They found that the vitamin A intake of children was below the recommended level in all regions. Ranging from 54.5% in Baalbeck to 62.9% in Beirut with an exception of 1.6% average in Saida. In 1993 a study undertaken by a group of graduate students at AUB (unpublished), examined nutritional status of children in public schools in Beirut and its suburbs and in the Beqa'a valley. It reported a 72.7% and 78% intake of RDA for vitamin A for rural and urban areas respectively. The study groups therefore, are proved to be non-deficient.

1.17.1. MPH and UNICEF conducted a national cluster survey of 60 clusters, each cluster containing 35 children under five years of age and seven children aged 12-23 years. The results indicate that vitamin A is not a public health problem in Lebanon. However, it was noticed that vitamin A from animal sources was more adequate because eggs, an important source of vitamin A, were consumed by a majority of the children. Foods containing fats and oil which help in the absorption of vitamin A were also consumed. More attention should be drawn to the consumption of plant sources of vitamin A.

1.17.2. Future priorities should include organization of health education and awareness campaigns on the importance of vitamin A and the need to include it in the diet especially during the weaning period and early childhood.

1.18. Abortions and Stillbirths Recent research by Deeb et al (1995) shows that the percentage of abortions and stillbirths out of the total number of births did not change significantly during the war.This research indicates that the probability of a woman having had a previous abortion is directly related to her age. Approximately half of the women studied in the 40-49 age group had at least one previous abortion compared to only 10 to 15 percent in the 20-24 age group.

1.19. Family Planning Family planning has been relatively well-accepted in Lebanon for some time.The Beirut 1984 survey indicates that 60.2 percent of married women between the ages of 15 and 49 were using contraception at the time of the survey, with 53 percent of these women employing effective techniques such as sterilization, pill, or loop. The same holds true for the 1992 survey which reported that nearly 61 percent of women were using at least one method of contraception. It is interesting to note that the non-use of contraceptives did not reflect

disapproval. The majority of young women who did not use contraceptives at the time of the 1984 survey were either breastfeeding, pregnant, or trying to become pregnant.

1.19.1. As for the majority of older women in the reproductive age group, they were not using contraceptives because of infertility or the absence of a husband. Various NGOs have played an important role in promoting the use of contraceptives in Lebanon. The Lebanese Family Planning Association has been especially active, both in rural and urban areas, increasing women's awareness of the subject of family planning and providing them with promotional material related to family health. However, The role of the Lebanese government in promoting birth-spacing has been quite limited.

1.20. Oral and dental health Denatal caries seem to be a very common public health problem in Lebanon, as evidenced by the records of school health programmes . One study estimates that 76.4 per cent of school children have dental caries. The number is expected to increase due to the following reasons: the absence of health education on oral and dental hygiene; the quality and type of food that are rich in sweets especially among children, the high cost of treatment, which is generally not covered by any form of insurance; the difficulty of treatment in some severely advanced cases and fear from the dentists.

2. General Morbidity Patterns

2.1. According to a recent World Bank report, the leading cause of mortality and morbidity in post- war Lebanon is infectious diseases and chronic, non-communicable diseases. These findings indicate that Lebanon is undergoing an epidemiological transition which will require health care providers and policy makers to shift their focus and funding priorities. Preventive medicine and public health campaigns, rather than emergency intervention, will be especially relevant in the immediate future. Nevertheless, acute respiratory tract infection, tuberculosis, and HIV remain serious public health threats that should be addressed.

2.1.1. Several UNICEF health projects have been at the vanguard of this transition from emergency to preventive health care, notably the Maternal and Child Health Project (MCH), which emphasizes proper ante-, intra-, and post-natal care, nutrition, and family planning counseling. This program has helped to fill in some important gaps in Lebanon's national medical services. The MCH programme has been carried out through a network of dispensaries in every region of the country. In addition, the MCH project included the establishment, in 1993, of the baby friendly hospital initiative to address some long-term health needs of babies and mothers, specifically, nutritive problems that have a direct impact on child health.

2.1.2. In a study of hospital admissions in Hotel Dieu de France (a hospital located in Beirut) in 1993, it was found that out of 7,500 cases admitted to the emergency room, 2,840 cases were admitted with the following diagnosis shown in the following tables.

Table 37. Causes of admission to the emergency room of Hotel Dieu Hospital.

Cause	Number	Percentage %
Pediatrics and pediatric surgery	423	26.7
Internal medicine and infectious diseases	306	19.2
Cardiology	295	18.6
Hematology - Oncology	201	12.7
Orthopedics	192	12
General surgery	172	10.8
Total	1,589	100

Source: Akatcherian, Carlo, 1995. Morbidity and mortality from one month to five years

2.1.3. Another study at the American University Hospital showed the following admissions for chronic disorders:

Table 38. Causes of admission to the American University Hospital.

Category	Number	Percentage
Hematology - Oncology	49	39
Cardiology	25	20
Neurology	20	16
Endocrine disorders	10	8
Respiratory disorders	9	8
Gastroenterology	6	5
Malnutrition	2	2
Congenital malformations	2	2
Nephrology	2	2
Total	125	100

Source: Mikati, Mohamad. 1995, Chronic Disorders in Childhood.

In 1994, an agreement was reached between UNICEF and the Ministry of Public Health and UNFPA to train health workers from Lebanon's Primary Health Center system on MCH service techniques.

3. Children in Difficult Circumstances many children in post-war Lebanon live under difficult circumstances, as orphans, displaced, disabled, working children and street children. Such children deserve special care, attention and assistance, from their families as well as from their communities and their government. The Lebanese government, the NGOs, and International

Organizations have recognized the need to support children in these special circumstances. However, without up-to-date statistical data and research, effective social policies and plans cannot be formulated. Realizing the need for background studies, statistics and research, UNICEF has recently sponsored three preliminary studies concerning disabled children, street children and working children in Lebanon. These studies, although preliminary, have shed some light on the enormity of such problems.

3.1. Child disability in Lebanon emerged as a big problem during and after the war. In 1980, a study by Caritas estimated the number of disabled people to be 103,000 - Another study carried out by the office of Social Development and UNICEF in 1982 revealed that 6.26% of total disabilities were a direct result of the war. The same study indicated that children aged 3-5 years constitute 7.5% of the total number of disabled in Lebanon. A very recent study supported by UNICEF in December 1994 estimated that there were 110,000 disabled persons in Lebanon, of whom 53,000 were below the age of 18 years.

3.1.1. The Lebanese law defines the disabled, as the person who finds difficulty in doing a job which is considered basic for daily life, due to a lack in his physical or mental capacities. This definition includes: visual disabilities, learning, talking disabilities, automotive disabilities including imputations and paralysis and mental and learning disabilities as well as psychologically ill people.

3.1.2. The law does not differentiate between disabled children grownups and old age. It does not differentiate either, between heridatory emergent and complex disabilities.

3.1.3 The Lebanese law which was revised in 1993 defines the concept of disability and the role of the National Council of Disability which is responsible for statistics and documentation on the handicapped. The activities of the Council cover the fields of education, labor, health and prevention, sports and media. Presenly, this committee has come under the guide of the Ministry of Social Affairs, which is preparing a comprehensive National Policy for this problem. The first step of this policy was made in July 1995 with the adoption of a special identity card or record for each handicapped.

3.1.4. Nevertheless, it is possible to make a number of comments on the present status of the disabled and the services available for them: first, care of the disabled is left mostly for associations and benevolent NGOs, located mostly in the regions of Beirut and Mount Lebanon, while a majority of handicapped live outside these regions; second, the role of the public sector so far has covered only partial assistance in meeting the costs of health care, education and rehabilitation, irrespective of the quality of services offered by the institutions which they support; third, the capacity of these

voluntary associations to accept and integrate handicapped is very limited, wherein it does not cater for more than 10% of the disabled in Lebanon; fourth, there is a shortage in trained personnel in the field of disability and there is a lack of control over the projects offered by the institutions catering for the disabled. All these findings point to the big problem that is faced in this sector.

3.1.5. As for the types of disability, it is possible to state that the intensity of the war in recent years has made moter - related disabilities more likely as shown in the following table.

Table 39. Disability of children by age group and by type of disability.

Type	**0-4 years**	**5-9 years**	**10-14 years**	**Total**
Mental handicap	**257**	**1734**	**3342**	**5333**
Mental Illness	**0**	**162**	**497**	**659**
Blindness	**42**	**247**	**413**	**702**
Deaf/Mute	**206**	**829**	**870**	**1905**
Paralysis	**524**	**2191**	**3797**	**6512**
Amputtee	**43**	**80**	**238**	**361**
Physical Deformity	**121**	**486**	**585**	**1192**
Multi Handicaps	**153**	**618**	**1333**	**2104**
Total	**1346**	**6347**	**11075**	**18768**

Source: The Lebanese center for policy studies, 1995.

3.1.6. The 1984 Beirut population and health survey provides the following distribution of disability by cause and gender (n = 13735 of Beirut permanent residents).

Table 40. Distribution of disability by cause and by gender.

Cause	Male%	Female%	Total%
Congenital	20.5	20.5	20.5
Infant birth trauma	7.7	2.6	6.0
Injury and accidents	37.2	10.3	28.2
Disease	25.6	46.2	32.5
Other	5.1	17.9	9.4
Unspecified	3.9	2.5	3.4

Source: Beirut 1984 population survey.

3.1.7. It is clear that the disability of females from disease is almost double than that of males. This could imply among other things, that sick females are not cared far as much as sick males. An issue which needs further probing and investigation.

3.1.8. It is clear that thousands of disabled children in Lebanon are outside institutional care, and get their care from their families who in turn are in need of training on how to deal with their disabled children. The society furthermore, needs to be educated and made aware of the needs of the disabled children to live in a normal environment based not on what they miss or don't have, but on what they posess. There is a need too, to rehabilitate those children within the main stream of society in schools, whenever possible. This could be done by legislation, by training, by equipping the schools and other public services like buildings, public transport, pavement, etc. to be able to cater for certain disabilities, and by public awareness campaigns for prevention of disabilities and for dealing with the disabled.

3.1.9. In 1983, a public social institution was established to help disabled by providing them with physical, mental and psychological assistance and training. In 1993, 2,458 disabled benefitted from the social services of this institution. Some of the aims of the institution included conducting studies, rehabilitating some handicapped to help integrate them into society, and training the trainers of the specialized NGOs. However, due to limited resources, these goals remain unaccomplished.

3.1.10. The efforts of the Ministry of Health's efforts are directed towards encouraging NGOs to establish rehabilitation centers. The Ministry also collaborates with the WHO to train social workers, assistants and technicians, and it cooperates with UNICEF's vaccination campaigns against polio and other diseases leading to death or disability. In 1987, the Ministry commissioned the WHO to formulate policy recommendations regarding the rehabilitation of disabled people in Lebanon. The recommendations concentrated on evaluating the role of the public social institutions and the necessity of supporting NGOs working on programmes related to the handicapped.

3.1.11. Institutions providing services for disabled are available, however, they are mostly concentrated in Mount Lebanon and Beirut as it is shown in the following table.

Table 41. The number of Disabled who Benefit from the Services by district and kind od disability, 1993

Kind & Number of disability						
District	Number of Centers	Mentally Disabled	Physically Disabled	Nervous Disability	Brain Damaged	Total
Beirut	6	381	100	287	50	818
Mount Lebanon	15	509	295	415	195	1414
South	4	120	70	74	_	264
Bekaa	1	25	_	_	_	25
North	1	_	30	_	10	40

Total	**27**	**1035**	**495**	**776**	**255**	**2561**

Source: Study on the services for disabled children in Lebanon, situation of children, Dr. Ali Ballout, Dr. Tannous Shalhoub and Dr. Bashir Ismat, 1995.

3.1.12. According to the Lebanese Handicapped Union, only 30% of all handicapped children benefit from rehabilitation centers and 20% study in special institutions. According to a specialized institution for the deaf and mute, IRAP, schools for the deaf today can absorb only 5% of the deaf population.

3.1.13. From the above table, it can be concluded that 40.4% of those disabled who are receiving services and are mentally handicapped, 19.3% are physically handicapped, 30.3% are blind, deaf and mute, and 9.9% are mentally incapacitated. It can also be concluded that 75% of the centers that offer services to the handicapped are concentrated in Beirut and Mount Lebanon as there are 6 institutions in Beirut and 15 in Mount Lebanon while there is only one in the Bekaa area and one in the North. Only 2.3% of 110,000 handicapped individuals benefit from the services provided by the government supported institutions. From the UNICEF supported study, it is clear that it is difficult to estimate the number of disabled children who benefit from these centers because of the lack of comprehensive statistical studies.

3.2. Although the issue of **child labor** has not received the attention it deserves, preliminary investigations indicate that this is a problem of increasing magnitude. Many children from the poor areas of Beirut drop out of school at an early age and are employed in small industries, such as metal factories in inadequate conditions. The situation is similarly obscure for the conditions of work of women. Further research is necessary in order to provide reliable information concerning the magnitude and extent of the problem.

3.2.1. Many children today engage in work which is hazardous to their health and which prohibits them from acquiring education and from normal development.UNICEF has recently sponsored a preliminary study on child labor. The main purpose of the study was to determine and explain the economic and social factors causing children to work and to suggest policy recommendations to improve the situation of those working children. The study was based on a review of earlier research reports, as well as on 103 questionnaires completed on children in the districts of Beirut and its suburbs, the North (Tripoli), Bekaa (Zahle and rural areas), and the South (Sidon).

3.2.3. Many children today are being employed in contravention and in violation of the Convention on the Rights of the Child, as well as the Lebanese laws which provide for their protection from economic exploitation and work which interferes with their normal development. Under Lebanese law, the minimum working age of children was set at 8 years; the lowest one in all the Arab countries. However, changing the minimum employment age of children to 10 or 13 years old is currently being studied by the government. The study revealed that 21% of the surveyed working children are 10 years old and below, 43% are between 10 and 13 years old, and 36% are between 13 and 18 years old of them. The study also revealed that 38% of working children work between 10 and 14 hours per day and 36% work between 8 and 10 hours per day, thus violating the Lebanese law which stipulates that children under 16 years of age are not allowed to work more than 7 hours a day. 48% percent of the working children suffer from fatigue, and not only are they not provided with health insurance, but they are also exploited by

their bosses as 63% of them earn less than the minimum wages and 32% work under dangerous conditions.

3.2.4. Furthermore, the problem is exacerbated by the fact that illiterate parents do not recognize the need or importance of educating their children. The study showed that 53% of the 103 working children questioned have not completed their elementary education and 46% did not complete intermediate school. The main factors behind these figures are that (69%) of children left school because they failed, 29% did not have the financial means, and 2% failed to socially integrate within the school system. The majority of working children belong to large families and the study indicated that 50% of children had to work because of their families' poor economic situations. 33% worked to learn a skill, and 14% worked because they failed at school.

3.2.5. From the study, it was concluded that economic problems of families are the main reasons causing children to look for jobs. The study proposed the need to conduct a comprehensive national study to determine the exact numbers of working children and to organize workshops where all concerned parties, including ministries' representatives, NGOs and international organizations, could work towards elaborating monitoring policies and laws that protect working children. It was also concluded that government action is badly needed and could concentrate on amending the working laws that are detrimental to children, such as the one related to the exceptionally law minimum working age of children. The study also stressed the need to enforce all the laws that insure child protection, especially those that are related to the health of children.

3.2.6 It is important to mention here that very little has been done for those children, one NGO (terre des hommes) has organized in collaboration with UNICEF a summer camp for working children. This first experience taking place end July 1995, will be a pioneer activity to study and investigate feasibility and possibilities of further attention and support to working children

Table 42. Distribution of Households by Head's Sex and Type of ccupation According to the two Surveys of 1984 and 1992 in City.

	Male		Female			Male		Female		
	1984					1992				
Head's Occupation	**N**	**%**	**N**	**%**		**N**	**%**	**N**	**%**	
Employee/Clerk	615	33	24	39		318	25	25	35	
Teacher										
Small business &	426	23	6	10		304	24	7	10	
Skilled labor										
Skilled labor	397	21	14	23		300	24	25	35	
Professional	180	10	5	8		123	10	5	7	
Managerial	80	4	2	3		72	6	2	3	
Unskilled labor	79	4	7	12		75	6	6	9	
Large business	53	3	2	3		31	2	1	1	

Police & armed	48		2	1		2		38		3	0	0
Forces												
TOTAL 100	**1878**		**100**	**61**		**100**		**1261**		**100**	**71**	

Source: Deeb M., and Khayyat R. (unpublished)

3.4. In Lebanon, the war left behind grave effects on society, and the Lebanese government faces the challenge of not only revitalizing the economy but also the challenge of tackling and dealing with the profound social problems which have multiplied as a consequence of the war. Today, one of the most pressing problems is the increase in the number of **street children.** Street children are those children who are below 18 years of age and live of begging and cleaning car windows and other similar practices. Internationally, the problem of street children is a disturbing phenomenon which is apparent in urban areas more than in rural areas. This issue was given importance after the convocation of an international children's day which took place in 1979. The main factors leading children to leave home are social problems within the family, especially those associated with poverty.These factors lead children to flee from home and live on the streets where there is neither security nor protection.

3.4.1. When Lebanon ratified the Convention on Rights of the Child in 1990, an increased amount of support was given to programmes related to the improvement of the health of Lebanese children and women, but social development programmes especially designed to help poor families were not given much attention.The situation however, is changing today. The government is demonstrating a marked interest in the question of poor children who are in difficult circumstances, and has made their concerns a national priority and a prerequisite to achieve complete stability and lasting peace. As a start, UNICEF supported a preliminary study to gather information and data on the characteristic traits and the family situation of street children as well as the circumstances and reasons that led them to leave their homes.

3.4.2. The research addressed the issue of street children from two different viewpoints, the judicial perspective, which includes all the laws that protect the rights of children, and the statistical perspective, which involved administering questionnaires in the main cities of Beirut, Saida, Zahle, and Tripoli. The interviewers roamed the streets at different hours of the day and night and questioned 20 street children from Beirut, 10 from Zahleh, 10 from Sidon, and 10 from Tripoli. The interviewers found it very difficult to interview those children but results indicate that 22% of them were Lebanese, 18% Palestinian, 14% with a nationality under study. It is worth mentioning that 60% are boys and 40% girls, however the study does not indicate the kind of activities each group performs in the streets.

3.4.3. The study, although limited, gives a first idea of the situation of street children. Tabulated results highlighted significant indicators which showed that the majority of street children who turn to begging come from poor and large families. Figures showed that 86% of questioned children begged because of their need for money, 56% came from families of six to nine children, and 30% of them came from single-parent families. Results revealed that children had very poor educational background as only 20% of them completed the third elementary, 10% finished elementary school, 4% reached the first intermediate, and 66% did not give any answers. The parents of the interviewed children also had a poor educational background, as it was revealed that 82% of them were illiterate and 10% acquired only primary education. These families are living in sub-standard housing which lacks basic amenities, adequate shelter and resources, all of which contribute to the unhealthy way of living as results indicated that 28% of them lived in huts or tents and 28% occupied empty apartments.

3.4.4. Street children represent a particularly urgent challenge to the conscience of their communities and their governments, as they are in need of food, education, and health services they also need to be protected from violence and abuse. However, the first priority is to find preventive solutions so that children will not be forced onto the streets neither by their families nor by poverty.The study also provided suggestions and recommendations to address the situation of street children, some of which include:

- Reactivate and strengthen the governmental committee to follow up on this issue in the field and institute its mode of operation on solid basis to prevent disruption of it in the future.

- Coordinate with NGOs and governmental offices who are concerned with the wellfare of childhood in Lebanon and especially children in difficult circumstances, by detecting potential cases of street children through the Community Development Centers of MOSA, and by establishing care centers for the already existing cases.

- Activate the role of the public elementary schools to fight the early drop-out of students by consolidating strong ties with the family and parents of the vulnerable children.

- Address the situation of migrant bedouins to limit it and provide possible assistance according to needs.

- Assemble concerned organizations as well as representatives of social institutions to discuss and study the problem and establish work plans and measures to solve it.

- Establishing a governmental relief agency that will provide help to the neediest and poorest families.

3.5. Psychological Effect of the War on Women and Children Lebanese children, like all children living in war-torn countries, have been subjected to traumatic experiences that have had an impact on their development, their attitudes toward society, their relationship with others and their outlook on life in general (Macksoud, Dyregrov and Randalen, 1993). A 1992 study that examined the psychological effects of the war on 2220 Lebanese children indicated that, on average, a Lebanese child has experienced five to six different types of traumatic events during his lifetime; some events being experienced more than once. Macksoud discovered that 90 percent of the children studied had been exposed to shelling and/or combat; 68 percent had been displaced, 54 percent had suffered the privations of extreme poverty, 50 percent had witnessed violent acts, and 26 percent had lost a close member of their family.

3.5.1. The effects of demographic variables such as age, gender, socioeconomic status and region of residence on the number of traumatic events and types of traumatic categories were analyzed. Older children, children from lower socioeconomic levels and children who resided outside Greater Beirut or in the Southern suburbs experienced a greater number of traumatic events. Gender seemed to have no effect on the number of traumatic events experienced. These various

traumatic events - in terms of type, magnitude and extent of exposures - were found to be crucial factors when investigating the effect of the war on children's development. The various studies carried out in Lebanon along these lines indicate that:

• Lebanese children who were subjected to repetitive shelling and combat conditions showed a high level of psychological distress (Hourani, Armenian and Afifi 1986, Day and Sadek 1982);

• Children who had experienced forced displacement, destruction of home, and death of a family member were about 1.7 times more likely "to exhibit nervous, regressive, aggressive and depressive behavior reactions to a general war stress situation" than those who had not. In addition, the proportion of children showing symptoms of fear and anxiety was greater (1.4 times more) among children whose mothers were reporting these symptoms for themselves. (Chimienti, A Nasr and Khalifeh 1989).

. Children who had chronic exposures to war stressors - such as the loss of someone close to them, being a victim of violent acts, separation from parents - developed " continuous post traumatic stress disorders" and depressive symptoms (Macksoud and Aber, 1993). It is interesting to note here that some of the same war experiences (namely separation from parents and loss of someone close to the child) along with remaining in one's own community during combat and shelling and witnessing violent acts have had, in some cases, according to the same study - a positive impact on children who showed an increase in pro-social and playful behavior.

3.5.2. It remains to be seen, however, whether these developmental changes are transient or permanent in nature. According to Chimienti et.al. (1989), 30% of Lebanon's urban children could be placed in a category of risk for developing psychological disorders later on in life. In fact unless long-term studies are undertaken, we would not really know what will happen "to a generation of vulnerable children who have lost their sense of safety, who have acquired a high tolerance for violence, who are haunted by terrifying memories, mistrusting and cautious of others and who hold a pessimistic view of the future" (Macksoud, Dyregrov and Randalen, 1993).

3.5.3. The long civil war which ravaged Lebanese society, destroyed the country's infrastructure and killed nearly 200,000 people also left serious and chronic emotional scars and disabilities in its wake. To date, neither private nor public agencies in post-war Lebanon have made any sustained and comprehensive efforts to address the mental health problems of Lebanese citizens in the post-war era. This lack of concern for mental health is not simply the result of under-staffed ministries or limited funds, it also results from a deeply-rooted cultural aversion to open acknowledgment and discussion, and thus effective treatment, of mental disease and disability.

3.5.4. The post-war mental health situation has a significant bearing on the situation of women and children. Children's development is profoundly impaired by long exposure to traumatic, uncertain and violent situations. Mothers, who bore a major share of the responsibility for keeping homes together and functioning during the war, and who now bear considerable

responsibility for the economic livelihood of their families, have experienced tremendous psychological stress, which can negatively affect their physical health and interfere with their child-rearing abilities.

3.5.5. As far as the psychological impact of war on women is concerned, various studies seem to be reporting contradictory findings. While Karam, Saliba and Al Atrash (1993) agree that normally, women develop depression 1.5 to 2 times more than men, their study on the effects of war on mental health in Lebanon indicates that both sexes are equally affected by war events. Men were found to break down as frequently as women when subjected to the same war stressors. In a recent study (1993), Farhood compared war-related psychological symptoms among family members and found that depressive symptoms, e.g., feelings of hopelessness, thoughts of suicide, inability to concentrate, pronounced fatigue, inability to make decisions, etc., were more pronounced among mothers and adolescent daughters than among fathers and adolescent sons. The future parenting skills of such children will probably be limited if they do not receive psychological care and counseling. The creation of such programme is crucial for Lebanon's future.

3.5.6. An interesting experience in the field of delinquency is the "Association for the Protection of Delinquent" A seminar two-day was held in Beirut in collaboration with the Lebanese Union for Child Welfare grouping 40 NGOs working for children. The seminar studied problems of delinquency, twenty recommendations focused around the role of education, legislation and media for the protection of the delinquents, their rehabilitation, and for building capacities in the governmental institutions to meet their specific needs. It is worth mentioning, that there used to be a prison for delinquents in Lebanon, it was closed during the war. The Association is pursuing efforts to re-establish a proper rehabilitation center for delinquents. Under this category of children falls a number of problems, to name four: delinquency; thalassemic and diabetic children; orphans; and chidren and violence.

3.5.7. A serious and sustained programme for thalassemic and diabetic children is carried out by the Chronic Care Center (CCC) headed by H. E. The First Lady. The CCC serves 380 diabetic and 400 thalassemic children with curative care, providing them with the drugs and monitoring as well as enabling parents to become adequate carers of their sick children. The CCC trains health carers, update knowledge of para-medical staff; and carries out programmes for raising awareness through media and seminars. The CCC exerted pressure to pass and implement the law demanding medical exams for couples to be married as a measure for detecting possible cases of thalassemia.

3.5.8. Another significant initiative in Lebanon with regards to orphans is the initiative of the S.O.S. villages. The first village is 25 years today another had followed, the third is being installed in May 1995, three youth houses and a social center host 1000 orphans and abandoned children. The innovation in this approach is in the fact that every 8 or 10 orphans live in a house with a "mother" and lead a normal family life. They are integrated in the village where they live, go to

school and later they marry or go to university, supporting from wherever they are the SOS village initiative and advocating for children's right for a family.

3.6. The Lebanese Union for Children Welfare acts as an umbrella for 40 NGOs serving children

is preparing the NGO parallel report on the implementation of the CRC in Lebanon. This parallel report and the national report will serve as background for planning action to promote children welfare.

3.6.1. Displaced Women and Children Although it is easy to argue that all women and children in Lebanon are living in difficult circumstances in the post-war period, some women and children are currently facing particularly bleak living conditions. All Lebanese have experienced the psychological stresses of the war and the environmental devastation which has followed it, but the post-war situation presents additional problems for those families who were displaced from their villages of origin during the war. The following table indicate the distribution of displaced people by areas of origin.

Table 43. Distribution of Permanently Displaced Population by Areas from which they were displaced.

Area	No. of Displaced Persons	
Displacement within Beirut City, between East and West, Southern and Western suburbs		**325,000**
Displacement from cities and villages in Southern Lebanon (Occupied Security zone and confrontation areas)		**278,000**
Displacement from cities and villages in Mount Lebanon		**200,000**
Displacement from cities and villages in the Biqaa (including confrontation villages in West Biqaa)	**65,000**	
Displacement from cities and villages in North Lebanon	**30,000**	
Total		**898,000**

Source: Faour Ali, 1993 (in Arabic)

3.6.2. Displacement is a multifaceted and complex problem having social, economical, psychological, educational and political repercussions.The situation of displaced women and

children is especially difficult. Displacement subjects the family to long-term and intolerably high levels of stress, which have a negative impact on the parents' marital relationship as well as upon their parenting abilities. According to a 1989 study by Chimienti, Nasr and Khalifeh, children who had experienced forced displacement, destruction of their homes, and death of family members were almost twice as likely to exhibit nervous, aggressive and depressive behavior, than those who did not have such experiences.

3.6.3. Displaced families tend to be the most impoverished families in post-war Lebanon, and as such, suffer from a number of health problems at a higher rate than families who have never been displaced. Particularly alarming, are indications that displaced families are more likely than other families to suffer malnutrition. Also, the unhealthy and crowded conditions in which displaced families live create fertile conditions for the spread of tuberculosis, a disease which, according to the World Bank (1994), is on the increase in Lebanon.

3.6.4. The many pressing needs of displaced families will continue to present challenges to the Lebanese Government and the NGO community for many years to come, and solving the problems of displacement is a key priority to the Lebanese Government during the next five years. For this, the Government established a ministry for the displaced and a special fund and budget that do not report to the civil service board. The main objective of the ministry is to ensure that all displaced return to their places of origin after rehabilitating or rebuilding the infrastructure, houses and basic services like health, education, water, sanitation, electricity etc. UNDP is supporting the Ministry of displaced through a project called "AIDOON" or Returning. The project aims at social and economic development, local community development and fund raising. It covers women, youth, children and vulnarable groups from the perspective of health, education, income generation, agriculture, and handicraft.

3.6.5. UNICEF is coordinating with UNDP to provide input in the health and education sectors and within its mandate and available resources.

4. Convention On The Rights Of The Child. In 1990, Lebanon ratified and adopted the Convention on the Rights of the Child during the World Summit for Children. The convention recognizes the rights of the children to survival, development, protection and participation. The Lebanese government has agreed to comply with the principle, "First Call for Children," which commits the government to continuously address the essential needs of children. This agreement is timely for Lebanon, since a large percentage of the children have been affected in one way or another by a war which has displaced, orphaned and handicapped many of them. Along with a number of NGOs, the Ministry of Social Affairs has started preparing a National Plan Of Action to comply with the Convention, which is still in a rough draft form. The NGO Forum is preparing an alternate report as well.

4.1. To ensure basic health and health services for children, measures have been taken by the Ministry of Health, UNICEF and a consortium of NGOs. Some of these measures include the continuation of the national immunization programme against Poliomyelitis and measles; the implementation of school health programme and the provision of health material to schools; the

placing of pressure on hospitals not to provide baby food in place of breast feeding; and the issuing of a decree stating that medical certificates should be obtained from the Ministry of Health before marriage. The National NGO Forum on the Rights of the Child has enforced this law and is requesting the provision of a medical insurance certificate for each child, in addition to the education of children about health issues, and granting mothers 3 months leave with pay and one year without pay following the birth of each child.

4.1.1. According to the Committee on the Rights of the Child 1994 report, the Ministry of Social Affairs has provided several basic social services to insure the appropriate care of Lebanese children. Some of these services include the following:

- 41 newly-established Socio-Medical centers.

- In cooperation with NGOs, 142 social institutions providing services to 6,547 orphans, 14,718 children with social problems, 1,075 infants, 25 devious girls, and 3,713 students in vocational training have been opened.

- 32 day-care centers and nursery schools have been established.

- In cooperation with NGOs, institutions for the handicapped have been created.

4.2. Although there have been some attempts to make primary school compulsory, to date, education in Lebanon is still not compulsory. It is a well-known fact that the educational sector was badly affected by the war. In cooperation with international organizations and NGOs, the Ministry of Education has been, since 1990, trying to rehabilitate the school personnel and has opened many new schools. However, according to the Committee on the Rights of the Child, the entire school system needs rehabilitation. Plans to revise the school curricula have not been implemented yet. However, environmental and health education have been added to classroom education. The Government, NGOs and international organizations have been providing vocational training in a number of fields, such as secretarial skills, carpentry, automobile repair, electrical training, computer skills, hotel staff skills, sewing and embroidery.

4.2.1. In any country, education is fundamental to the process of growth and development. With the resumption of peace and reconciliation, Lebanon faces the great challenge of rebuilding its educational system with a commitment to national unity. According to Article 29 of the Convention on the Rights of the Child, education should stress the total development of the child's physical, social, intellectual, moral and psychological aspects of personality. In the Lebanese schools today, the emphasis is placed only on academic achievement with particular stress on passing the final governmental examinations. Lebanese schools currently lack not only classroom material and teaching aids, but also up-to-date teaching methods. The current school books are content-oriented, outdated, and place little emphasis on the acquisition of values.

There is a need today to enhance the general quality of educational standards and renew books, as the newer books are essential in conveying and transmitting the concepts of mutual values, principles, humanity, dialogue, justice, and a sense of belonging and unity among a generation of children raised and exposed to an atmosphere of violence, intolerance, and corruption.

4.3. Article 31 of the Convention stipulates the right of the child to leisure, recreational, and cultural activities. This area is completely ignored, and not given any importance by most schools and the government. Until now, teaching techniques remain based on the passive learning methods of yester years. There is a need to engage students in new participatory and interactive methods which enhance their learning processes and their creativity.The private sector is more involved in providing cultural activities, such as book exhibitions, plays, music and dance performances. Children are not given the chance, neither at school nor at home, to creatively use their leisure time. Many high school and university students indulge in gossiping, driving cars and other useless activities. Activities such as sports, music, and drama are provided only for those who can afford such extras.

4.4. Protection Rights deal with all forms of exploitation and cruelty, arbitrary separation from family, and abuses in the criminal justice system. This includes the special problems of refugee children (Article 22), children in conflict with the law (Article 40), and children in situations of exploitation, including physical and psychological recovery and social reintegration (Article 39). Under Lebanese law, children under 8 years of age are not allowed to work. The Parliamentarian Committee for Child's Rights, the Higher Council for Childhood, and the NGOs supported by UNICEF, requested the Parliament to modify this law and raise the employment age of children from eight to thirteen. Unfortunately, the laws pertaining to the protection and survival of children against violence and harm proved ineffective during the war. The war in Lebanon has exposed innocent children to hatred, terror and violence, and has inflicted upon them psychological scars. Thus, regarding the article that deals with the psychological recovery and social reintegration of children, NGOs and the Government are currently searching for methods to heal the psyches of the young. Among the attempts initiated are structural classroom instruction, summer and day camps, extra-curricular activities in schools, and creative healing techniques, such as puppetry and drama.

4.5. Regarding Article 40 of the Convention, which states that “Parties should recognize the right of every child who has been accused to be treated in a manner consistent with the promotion of the child’s sense of dignity and worth...” In Lebanon, Legislative Decree 119 provides for the protection of juvenile delinquents by stating that charges against any juvenile should be handled in a special “juvenile court” under the jurisdiction of a special judge. The juvenile court is assisted by the Association for the Protection of the Young. The Ministry of Social Affairs together with the School of Social Work at St. Joseph University, has designed a plan to reduce and put a halt to actions of delinquency and the rehabilitation of delinquents. The plan includes monitoring and supervising children’s development, helping families to provide the right environment for the normal development of their children, and improving the children’s social, educational, health, and economic environments.

4.6. A particularly priviledged opportunity for children and the youth to express their feelings and opinions and to voice their concerns have been the summer camps, the voluntary, development camps, the clubs and in general the non-formal educational activities.

4.6.1. This opportunity is given to children aged 7 to 11 that more than a multitude of NGOs are holding one day or 15 days summer camps. Many of these NGOs have had their animators trained by UNICEF in the Education For Peace programme and are thus giving childrens participation an important interest. Still in most schools where authoritarianism is very strong, a lot remains to be done to bring in the concept of parents teachers council including children. Few schools are using it, but it is quite exceptional. The participatory approach in learning is being introduced in the formal teaching through the Global Education Initiative that concentrates on the development of the child potential and capacities.

4.6.2. The participation of youth in the rebuilding for peace process in Lebanon is open to them through their commitment in the voluntary development work camps that the ministry of social affairs as well as the ministry of education (GDYs) is implementing with the youth trained in the Education for Peace Programme, assisted and supported by UNICEF. These camps are spreading values, attitudes and skills of communications and conflict resolution that enhances and secures a deeply rooted sustainability of the peaceful process in course today in Lebanon. In these camps, programmes re-designed by the young leaders, then discussed with the ministry concerned and UNICEF, after that, as implementation starts, supervision is kept to the minimum of monitoring and education that secures for the camp the least authoritarian interference. This balance is the result of close cooperation between the CFP programme and the GDYs through the young leaders.

4.7. Participation Rights include the freedom to express opinions and to have a say in matters affecting one's own life, as well as the right to play an active role in society at large (Article 13). According to the Convention, children should have freedom of thought, conscience and religion (Article 14). Article 13 of the Lebanese Constitution states that the government guarantees the expression of opinion through any form verbally, in writing or in drawing. It is in this light that within the Education For Peace project, summer camps for children were organized by 250 NGOs and UNICEF between 1989 and 1995.In these camps children interacted from all parts of Lebanon and actively participated in learning common values for living together. SAWA magazine produced by UNICEF between 1990 and 1994 was also a communication tool for children between 7 and 12 years of age and a platform for their expressions, drawings and writings. More than 13.000 childrens' letters, stories, or drawings were received by UNICEF from all parts of Lebanon.

4.8. Since Lebanon’s ratification of the Convention on the Rights of the Child in 1990, and given the prevailing economic conditions in the country and the magnitude of the social problems yet to be addressed, Lebanon has started implementing and complying with the articles of the Convention. The government realizes that work undertaken by the NGOs -- although quite commendable, particularly in the cases of disabled and abandoned children - cannot by itself

address the many problems confronting children in post-war Lebanon. Government action is badly needed and could, at a first stage -- given the unavailability of adequate funds -- concentrate on amending laws that are detrimental to children, such as the law concerning the minimum working age of children, which is set at 8 years making it the lowest one in the Arab countries. In addition, it could, in cooperation with the concerned NGOs, set a plan of action for children from which specific priority projects would be chosen and implemented, after securing adequate funds for them from international organizations.

5. Poverty

5.1 The war affected the social equation of the country especially those belonging to the middle income group working for a salary who used to be the major componant of the community and the rural community especially small farmers. Studies indicate that the purchase power of the salaries deteriorated which reflected on the individuals' income and on the share of the beneficiary from health and other services which decreased to half of its value between 1974-1992. So did social benefits available for families.

5.2 The issue of poverty, although it may have in Lebanon very specific connotations and be based on non standard parameters, is of increasing concern. Poverty is not only weighing more heavily on the deprived categories of the population but also striking the vulnerable part of the middle class. The country is characterized by an increase in the size of the low income class and a major decrease in the size of the middle class, which used to be the driving force of the Lebanese economy and social stability. The purchasing power of salaries diminished by more than 2.3 percent annually throughout the period 1984-1992 due to inflation and money depreciation (Institute of Research and Consultancies, 19930. More and more Lebanese families are facing difficulties in coping with their basic needs and calling on women and children to generate supportive income: limited research indicates that 27% of the labour force are women. In addition, the number of female-headed households is on the increase. While inflation goes up steadily, the number of poor and jobless people is also increasing and the national labor force is diminishing in favor of cheap, unskilled labor imported by the private sector. Among rural families, more than 40% live below the extreme poverty line and 75% below the absolute poverty line, whereas these percentages decrease to 7.25% and 28% for urban families (Dr. K. Hamdan) Extreme poverty line is defined at US$ 306/month for an urban family of five and US$ 226 for a rural family of the same size. Likewise, the line of absolute poverty is placed at US$ 608 and US$ 377 respectively (Dr. Issa, 1995 and Semerjian, 1994). Government estimates, indicate that 60% of the population is covered by a social insurance scheme (either public or private), while the remaining 40% is not covered by any form of insurance.

6. Situation of Women

6.1. Women are usually excluded and marginalized at various levels including: a) discrimination against women in legislations in the existing laws. b) in norms, habits, traditions and social culture that limits the women's freedom c) political discrimination especially the exclusion of women in

the real participation in political leadership and decision making positions at all levels. d) economic discrimination regarding attaining production resources, type of jobs, salaries and giving credit to her for participation in the economic process. e) statistical discrimination where there is a need for specific information on women.

6.1.1. The women movement in Lebanon is addressing the discrimination issue from two perspectives first the legislative front through exerting pressure to abolish legislations discriminating against women and having authorities adapt the gender equity and equality issue. The second perspective is work, based on the theory that womans' emancipation starts with her economical independence. But work places a greater burden on women as it was found that in female headed households the situation is worse than male headed poor families, because the woman suffer from low income and exhaustion due to their work as bread winners outside the house and home makers inside the house. Limited studies indicate that poor women are discriminated against from the nutritional point of view, in terms of the number of meals and the qualitative and quantitative content where priority goes to the male bread winner and male children in the family.

6.1.2. Law does not appear to be the major source of discrimination against women apart from honor and revenge regulations in the individual civil legislation codes. At the economical level, women's participation in the labour market increased due to deteriorating economy and living conditions, imigration, displacement and widowhood, yet we cannot consider women's participation in productive work is equivalent to the improvement of her status in the society. Because the mechanism of abolishing discrimination especially at the economic levels is still limited by legal, cultural and social factors that usually pull in the opposite direction. In a study of displaced families undertaken by the Internal Security Forces (Ministry of Interior). In 1991, it was found that in 14.7% of the surveyed displaced families the women are widowed. These families are more vulnarable economically and socially because the social attitude towards female widows contains a negative element based on deeming them weak.

6.1.3. The preparation of the 4th World Conference for Women in Beijing, September 1995 was a very important moment which gave women's role the attention it deserves and focused the interest around her capacities. The formation of the National Committee made of professional women, was already a big achievement and the sponsoring of the First Lady, provided the committee and the National Report additional importance.

6.1.4. Local NGOs also prepared for the Conference in Beijing through seminars and workshops. The National Report will be officially in circulation in August 1995, one month before the conference. Most active was UNIFEM who was recently established in Lebanon (1994).

6.1.5. The Ministry of Social Affairs, is collaborating closely with UNIFEM, UNDP, Fredrick Ebert, and UNICEF, ESCWA, UNRWA. Its efforts are directed towards strengthening skills of women entrepreneur though two credit schemes: a) the individual loans and b) the group guarantees lending and saving. UNIFEM is investing also in training trainers on entrepreneurship and counceling in order to serve women entrepreneurs through the MOSA community development centers all over the Lebanese territory.

6.1.6. Moreover UNIFEM, MOSA, the Industrial Associations and the Ministry of Displaced are working on business "incubators" to provide different types of services to women

enterprises. Efforts are also made to identify big industrialists to subcontract women entrepreneur and find market outlets for their products.

6.1.7. The major thrust for the Ministry of Social Affairs is to consolidate and build strong capacities in the main training center of the MOSA. All UN efforts are joining to provide this training center with full support in order to enable it perform the leading role it used to perform before the war. This center, will train and upgrade all social workers and trainers for the Community Development Centers of MOSA scattered all over the Lebanese territory. These centers are of primary importance for basic services and for health as well as social services, implemented by women and mothers.

IV UNDERLYING CAUSES

1. The long years of civil war, left behind tremendous loss in the income, capital and human resources. Instead of continuing to improve its economic development indicated by a 6% growth in 194/1974, the war forced Lebanon to deteriorate at the social and economic levels where in 1992 the GDP was reported to have decreased to 40% of what it should have been if the war did not take place. Furthermore, the war caused a great deterioration of the infrastructure, the public services of health, education, transport and communication and the private sector as well as the commercial, monetary and service-oriented activities at the local, regional and International levels.

1.1 The war negatively reflected on the productive sector specially agriculture and manufacture. But the most effected sector remains to be the human resources which characterized Lebanons' growth before the war. The war caused deterioration in educational and vocational training level especially in the public sector. It resulted in forced internal displacement and external permenant and temporary migration, increased national internal and external debts and lead to a collapse of the Lebanese Lira and to tremendous inflation. The effects of war were more prominant on the vulnarable groups like displaced, disabled, orphaned poor, youth and women and in the education system.

2. Education System.

2.1. Early Childhood Education. Interest in early childhood development in Lebanon is relatively recent, particularly at the government level. In fact, it was only in 1971-72 that pre-elementary education was actually introduced in official schools; while daycare centers for children below three years of age were organized by virtue of a decree issued in February 1979.

2.2. The number of registered daycare centers in Lebanon today is estimated at 148, the majority of which is located in the big cities and their suburbs. They cater for 5700 of children representing 2.2% of children's groups in Lebanon, who are below 3 years of age. (UNICEF, 1993). Public day care centers, run by MOSA, represent 9.5% of the total number of daycare centers available in the country. This number is quite low if one is to take into account their importance as being one of the best daycare centers in comparison to private daycare centers. It would therefore be advisable to look into the possibility of setting more public day care centers at a minimum affordable charge which would be more evenly distributed in the country. It is imperative, in that context, to stress the need for qualified personnel who would be able to emphasize the educational, social and awareness roles that such institutions could potentially play. Needless to say that there are almost no institution that provide training or even education or a degree in such specialization. (Universities could be encouraged to provide a certificate in child care to that age level). Pre-primary schools' enrolment rate at that level stands at around 43% in 1993. In other words, there are problems of access and equity at this level since only 43% of Lebanese children have the opportunity of being involved in some kind of pre-primary education, either due to unavailability of facilities or due to economic constraints.

2.3. Efforts should be encouraged to increase enrolment at that level in order to provide the same opportunities for all pre-primary children in Lebanon. When such opportunities are absent, media messages could help in supplementing needed information to the parents.

3. Education System Post War Overview

3.1. During the sixteen years of war, the educational system in Lebanon has incurred many damages and suffered from many ailments. These could be grouped as follows:-

A. Destruction or looting of physical facilities, equipment and instructional matterial in addition to the sharp increase in the price of text books making them unaccessible and beyond the reach of deprived students.

B. Displacement and dislocation of teachers, together with little or no control over recruitment, appointment and teachers transfer, resulted in overstaffing in some schools bringing up the pupil/teacher ratio to 8:1, thus, imposing a heavy burden on the finances of the state. Pre-service and in-service training of teachers have been continuously disrupted and for years completely stopped, consequently, the number of unqualified or underqualified teachers have been increasing.

C. The educational administrative and management set-up has been disrupted and the professional side responsible for planning at the Ministry of Education (MOE) - the Center for Educational Research and Development CERD - has become partially or totally paralized, the result of which was the unavailability of significant data on educational inputs, processes and outputs and a complete absence of educational planning.

D. Curricula were not revised since 1968 - 1972 period, and in any case were not assessed in terms of outcomes. Moreover, it is widely believed that schools, especially nonsubsidized private ones did not confirm to the prescribed curricula.

E. The educational system seems to be hardly meeting the needs of the country's economy, administration, social recovery and development; This raise questions about relevance of education at all levels. Also, enrolment in technical and vocational education institutes is low in comparison to general education.

F. The public sector has witnessed a sharp decline in its enrolment share, demonstrating lack of access and equity as to the needy and a decrease in the confidence and trustfulness of the public towards the public sector.

3.2. However, after four years of tranquillity, the system is at a turning point. The cabinet has adopted the CERD plan of educational enhancement. Yet, the country's full recovery and future

development could not be conceived and achieved without proper attention to the rehabilitation of educational facilities, the renewal of the educational contents and processes, and the proper monitoring of educational outcomes. The CERD/MOE new plan for educational enhancement is to improve the quality of teaching instructions, to expand access taking into consideration regional disparities, implement monitoring of the educational outcomes, apply remedial programmes, and to enhance the administrative and supervisory capabilities of the MOE.

4. Structure and Enrolment

4.1. The Lebanese educational system can be subdivided into two broad categories: public and private. This subdivision prevails at all levels: primary, secondary, vocational and university. At the primary school level, the private sector is further subdivided into subsidized and non-subsidized schools.

4.2. The number of schools in each sector is roughly equal: there are 1296 schools in the public sector and 1065 in the private sector, representing 54.9 percent and 45.1 percent of the total student population for academic year 1992-93. But while the majority of the public schools (56.7 percent) falls under the intermediate category, the private non-subsidized schools are clustered primarily in the secondary and intermediate categories (37.5 percent), whereas the private subsidized schools are all elementary schools. This situation has not changed appreciatively since 1980-81. During that academic year, public schools represented 56.1 percent, while private subsidized schools amounted to 19.1 percent and private non-subsidized schools to 24.8 percent of the total number of schools. It is clear from this data that secondary schools are predominantly private: out of a total of 410 secondary schools, only 32.2 percent were public, i.e., operated by the Lebanese government, while the rest were private (Center for Educational Research and Development, 1980-81).

Table 44. No. of Schools by level education and type of school, 1992 - 1993

		Type of Schools		
Level of Education	Public	Private Subsidized	Private not Subsidized	Total
Pre-elementary	14	-	13	27
Elementary	392	362	110	864
Intermediate	735	-	264	999
Secondary	155	-	316	471
Total	**1,296**	**362**	**703**	**2,361**

Source: The Ministry of National Education and Fine Arts, Center for Educational Research and Development Preliminary Statistics on Education, 1992 - 1993.

4.3. The education system in Lebanon consists of two years of pre-school education (generally three at the private institutions) 5 years of primary education beginning at the age of six, four years of intermediate education, general or technical and three years higher education. At the end of the intermediate level an official national examination called the "Brevet of Basic Education" is administred, the success of which leads to the secondary level. At the end of secondary level, an official national examination called the Baccalauratte of Secondary Education" is administred, the results of which leads to entrance into the University level.

4.4. Education in Lebanon is compulsory , but is not enforced since achieving this goal is not" yet" a financially viable option. Available data shows that enrolment in general is very high in Lebanon 96.3%. However, this rate was completely different during the war years, and the number of enrolled students decreased as indicated by the following table.

Table 45. Enrolment Growth between 1986 and 1994

School year	Number of enrolled students
1986/1987	808,468
1988/1989	719,715
1993/1994	770,599

Source:

4.5. The public sector has around 30.60% of the enrolment rate of these students while the private subsidized has 14.88% and the private non-subsidized takes the major share of 54.52% as the following figure shows:

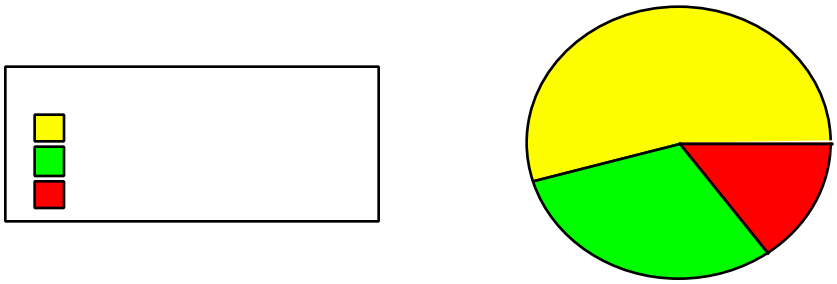


Figure 8.

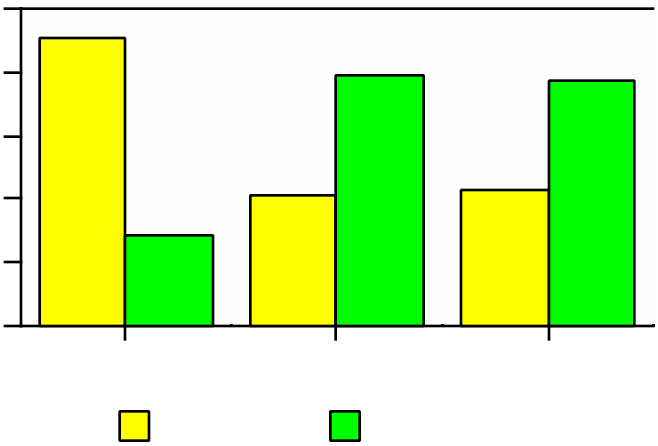


Figure 9. School Distribution by Sex.

4.5.1 In Lebanon, though data reflects no gender disparities in enrollment rates, the same data reflects enrollment rates slightly favoring boys at the preschool and the primary levels, as the following tables show.

Table 46. Enrollment rates of Boys and Girls in all levels 1993-1994

		Type of School	
Sex	**Public**	**Private Subsidized**	**Private**
Females	53.23%	48.20%	48.51%
Males	46.77%	51.80%	51.4

Source: CERD preliminary statistics, 1993 - 1994.

Table 47. Enrollment rates for Girls

	School year			
Educational Level	**1981 - 1982**	**1988 - 1989**	**1991 - 1992**	**1992 - 1993**
Preschools	47.75%	48.33%	48.60%	48.85%
Primary	**47.60%**	48.43%	48.49%	48.57%

Source: CERD, study on women in education, employment and health**.**

4.6. Also, data reflects that erollment rates in the public sector tend to be more in favor of girls than for boys, indicating that free education encourages parents to send their daughters to schools thus girls enrollment tends to be higher when economic constraints are eliminated, as tables 47 and 48 show. It also reflects the necessity of developing the public sector as a vehicle that provides the necessary opportunities for girls' education.

Table 48. Enrollment rates of girls at primary level by type of school.

	School year			
Type	**1981 - 1982**	**1988 - 1989**	**1991 - 1992**	**1992 - 1993**
Public Sector	49.07%	50.49%	49.99%	50.34%
Private Aided	48.48%	48.88%	48.58%	48.36%
Private	45.06%	46.47%	47.38%	47.34%

Source: CERD, Study on Women in Education, Employment and Health.

5. Efficiency of the System

5.1. Although access to education has no problems and the percentage of out-of-school children is low at the primary level, there are figures concerning failure rates and repetition that indicate a different image.

5.2. Before the war, available data concerning failure rates and repetition indicate that more than 40% of pupils reaching the end of intermediate level have repeated one grade level, and more than 15% have repeated more than one grade. Repetition rates were around 20% in the first four years of primary education.

5.3. After the war,data onrepetition rates in public schools indicate that these rates are still high at the primary level, reaching as high as 46% in some areas, the median of reported data being around 23%. Success rate at the "Brevet of Basic Education" which sanctions the end of the intermediate level, was in 1992 around 45% and in 1993 - 1994 around 53%.

5.4. Repetition of grade level has an impact on the age of children who are enrolled in the various levels of education. Before the war, only around 35% of primary school children and 19% of intermediate school youth were enrolled in a grade level corresponding to their chronological age. After the war, available data indicate that in public schools and for primary levels children adequately placed according to their chronological age do not exceed 38%.

5.5. In addition, CERD estimates indicate that out of 10 students enrolled at the first grade of the primary cycle, two will reach the secondary level. Even though enrollment rates are high, the above mentioned projections, reflect the existance of a series of economic fiscal and managerial problems which are being encountered in the education sector. The following figures reflect the passing rates of students at the end of the intermediate cycle (Brevet) and the secondary cycle (Baccalaureate).

Table 49. Results of the 1993 - 1994 official tests

Level	Students sitting for the exam	Passing Students	Success Rate
Brevet	**44388**	**23527**	**53%**
Baccalaureate	10795	3929	36.4%
Philosophy	4568	2012	44%
Mathmatics	9180	3960	43%
Experimental Science			
Total	24543	9901	41.1%

Source: CERD, Scholastic scale, Asa'ad Younes, 1995

6. The Teaching Force

6.1. Inspite of the sixteen years of hostilities, the number of teachers has been continuously growing, its growth exceeding that of enrollment. The ratio in 1993 - 1994 stands at: 8% in public schools, 24% in private subsidized schools and 15% in private unsusidized schools.

6.2. The number of teachers increased from 42185 in 1974/1975 to 52017 in 1988/1989, and stands at 63335 in 1993/1994. It is however worth mentioning that these figures do not take into account the fact that contract teachers, especially at the intermediate and secondary levels, do not work on a full - time basis.

6.3. The Pupil Teacher Ratio (PTR) indicates that there is a tremendous excess of teachers in public schools. Excess of teachers means that a lot of saving could be made in recurrent public expanditure.

6.4. Preliminary data concerning teachers' qualifications in the pre-university general education are shown in the following table:

Table 50. Teachers' Qualifications

Level of Qualification	Percentage
1. University degrees in Languages & Humanities	10%
2. Intermediate Teaching Certificate (TTC)	44%
4. Primary Level Education	11%
5. Baccalaurate Part II	35%
Total	100.00

Source: Jbai, Youssef and Abou Rjaily Khalil, Basic Education in Lebanon, x and problems, and proposed for its improvement, Beirut, 1993.

6.5. Private schools generally have a higher percentage of qualified teachers since they offer better incentives and are more selective and apply strict standards in living.

6.6. There are three different training programmes for the training of primary, intermediate and secondary school teachers. Admission to the primary teacher training institutes requires a Baccalaureate part II. The duration of the study is one year. These institutes train generalists, physical education and fine arts. Primary school teachers are trained in specialized training institutes for three years. Admission for these specialized institutes requires only the intermediate school certificate.

6.7. Candidates for the intermediate teacher training programme should be of the Baccalaureate part II level. They get three years of professional training, two of which are to be spent at the university to study in depth the subject matter to be taught, and the third year is spent at the teacher training centers (TTCs) during which pedagogial foundations are acquired.Teachers of

secondary education are trained at the university level, mostly at the Lebanese University, the faculty of Pedagogy. They should have a degree in the specialization plus a diploma in teaching. The number of TTCs was 9 in 1973, 21 in 1986 and 32 in 1995.

6.8. This rapid growth was due to the decentralization policy designed to attract candidates from rural areas and the dislocation of population during hostilities. Pre-service teacher training was stopped in 1986 because of the fact that the primary school system is already over- staffed with teachers who are mostly unqualified. However, the TTCs, through the CERD, have been conducting in-service teacher training courses, on an irregular basis, to deal with the main problem of the existance of untrained teachers at the primary level. However, out of these 1998 teachers enrolled at the TTCs, 98 are male teachers and the rest are females as the following table indicates:

Table 51. Distribution of teachers studying at TTCs by sex.

TTC	Males	Females
Primary level teacher	64	1738
Intermediary level teacher	34	162

Source: CERD qualitative and quantitative development and education in Lebanon, Asa'ad Younes, 1994.

7. Schools: facilities and equipment

7.1. The number of schools in Lebanon was 2361 in (1992-1993) compared to 2299 in (1991-1992) and 2305 in (1988-1989) ; that is with an increase of 56 schools in 5 years. The number in (1993-1994) stands at 2446. Of these, 1287 schools are in the public sector and 1159 in the private sector. However, 55% of the schools cover only 1/3 of the student population from the public sector, while 45% of the schools cover 2/3 of the student population from the private sector. Thus, the average number of students per school in the public sector is lower than the private sector.

Table 52. Student distribution per public and private schools.

students	**schools**	**sector**
185	1	public
436	1	private

Source: CERD, qualitative and quantitative development and education in Lebanon. Asa'ad Younes, 1994

7.2. The reason for this difference is due to the fact that private schools are numerous in the heavy residential city areas. Also, the private sector has a large number of schools in the secondary and intermediate levels; out of a total of 410 secondary schools, only 32.2% are public , while the rest are public as shown in the following table:

Table 53. No. of Schools by Level of Education and Type of School, 1992 - 1993

Type of School	Public	Private	Private not	Total
Level of Education		**Subsidized**	**subsidized**	
Pre-elementary	14	-	13	27
Elementary	392	362	110	864
Intermediate	735	-	264	999
secondary	155	-	316	471
Total	1296	362	703	2 ,361

Source: The Ministry of National Education and Fine Arts, Center for Educational Research and Development. Preliminary Statistics on Education, 1992-1993.

7.3. Geographical Distribution of Schools Northern Lebanon has the highest concentration of primary and intermediate schools, followed by the Beqa'a and South Lebanon. The highest concentration of secondary schools (28.7 percent of the total) is found in Mount Lebanon (including the Beirut suburbs). The number of secondary schools in the North, South and the Beqa'a areas, however, is very low. In the Baalbeck region of the Beqa'a, for example, secondary schools represent only 11.2 percent of the total number of schools. In North Lebanon, the Akkar region, they amount to only 4.3 percent of the total while in the Hermel region there are no secondary schools at all (UNICEF, 1993). It is significant that although the number of secondary schools has increased from 410 in 1980-81 to 471 in 1992-93 , there has been no change in the geographical ditribution of these schools. Furthermore, there has been no change in the percentage of public versus private secondary schools since 1980-81, in spite of establishing new schools. In 1992-93, as in 1980-81, the percentage of public secondary schools is 32 percent, while the private secondary schools account for 67 percent of the total. Public schools lack essential equipment and furniture, books and other materials. Ownership of school buildings in 1992-1993: is presented in the following table:

Table 54. Characteristics of Public Sector schools

Ownership	Number	Percentage	
Government	277	23.6%	30%
Municipality	75	6.4%	

Private owned (Rented)	163	14%	70%
Private owned (contribution from NGOs & others)	175	56%	
Total	1172	100%	

Source: CERD qualitative and quantitative development of education in Lebanon, Asa'ad Younes, 1994

7.4. In these 1172 buildings, there are 1296 public schools, where 32.7% of the student population are enrolled.

Table 55. Characteristics of Technical and Vocational Schools (1993-1994)

Ownership	Number	Percentage
Government	19	76%
Contribution	2	8%
Residence in Government Building	2	8%
Private (Rented)	2	8%
Total	25	100%

Source : CERD, qualitative and quantitative development of education in Lebanon, Asa'ad Younes, 1994.

7.5. In these 25 buildings, there are 29 schools, and institutions and the students enrolled are 9743

Table 56. Characteristics of Teachers Training Centers (T T Cs) 1993-1994

Ownership	Number	Percentage
Government	7	20.6%
Contribution	1	2.9%
Residence	15	44.1%
Private (Rented)	11	32.4%
Total	34	100%

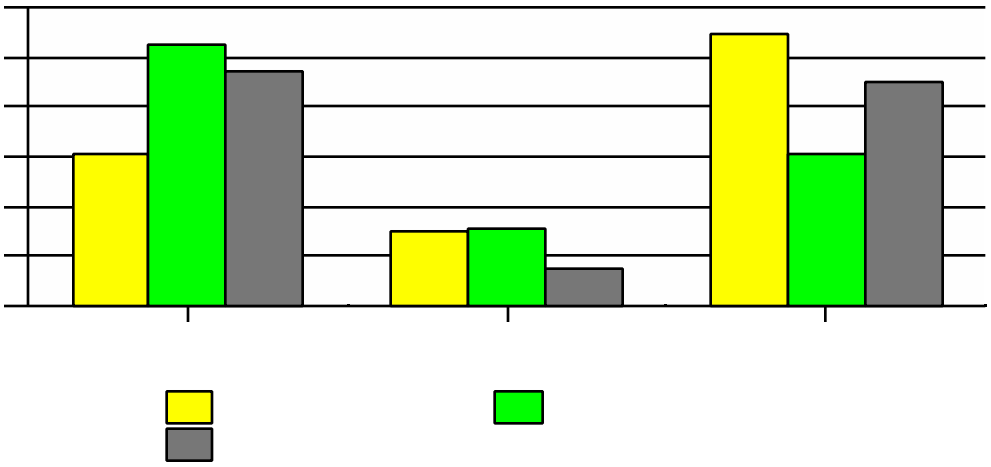
Source: CERD, qualitative and quantitative development and education in Lebanon, Asa'ad Younes, 1994.

7.6. In the 34 buildings ; there are 38 TTCs , 32 are primary level TTCs and 6 are intermediate level TTCs. The number of enrolled students in these TTCs are 1998.

7.7. The MOE is aiming at complete ownership of buildings instead of renting. Moreover, it is aiming at cancelling the two teaching intervals or "shifts" of mornings and afternoons followed in some public schools.

7.8. Also, upon comparing the number of teachers, students and schools between the public sector and the private subsidized and unsubsidized, it would be obvious that students in the public sector are less in number relative to the number of students, teachers, and schools in the private sector as the following table indicates.

Figure 10.



Source: CERD, preliminary statistics for 1993 - 1994.

7.9. The distribution of schools, teachers, and students, and pupil teacher ratio (PTR), reflects regional disparities in addition to the disparities between the private and public sectors as shown in table.

Figure 11. Student Distribution by School and Teacher.

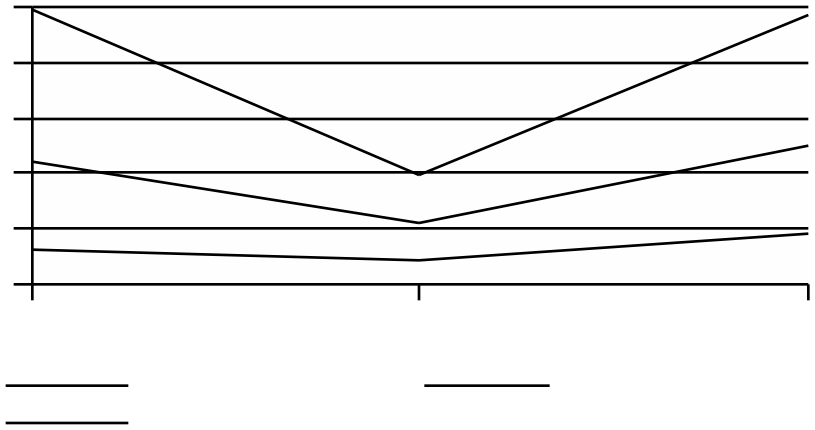


Table 57. Percentage distribution of schools, teachers, students per region per Public and Private sectors.

Region		Public Sector		Private Unsubsidized		Private Subsidized		Total
		Percentage	Total	Percentage	Total	Percentage	Total	
Beirut	students	16.67%	17745	72.57%	77265	10.76%	11454	106464
	teachers	24.96%	2194	68.75%	6037	6.25%	549	8780
	schools	29.76%	75	57.94%	146	12.30%	31	252
	PTR	8 : 1		21 : 1		13 : 1		
Beirut Suberbs	students	12.98%	23525	73.86%	133920	13.16%	23860	181305
	teachers	28.25%	4027	64.92%	9252	6.81%	971	14250
	schools	23.56%	98	58.17%	242	18.21%	76	416
	PTR	6 : 1		25 : 1		14 : 1		
	students	33.62%	26661	52.03%	41261	14.35%	11383-	79305

Mount Lebanon								
	teachers	54.06%	4266	39.15%	3089-	6.78%	535	7890
	schools	57.83%	181	27.47%	86	14.70%	46	313
	PTR	6 : 1		21 : 1		13 : 1		
North Lebanon	students	42.17%	69072	44.22%	72443	13.61%	22291	163806
	teachers	60.58%	8427	32.77%	4559	6.63%	923	13909
	schools	67.75%	397	19.79%	116	12.46%	73	586
	PTR	8 : 1		24 : 1		16 : 1		
Beqa'a	students	35.13%	39741	41.46%	46908	23.41%	26481	113130
	teachers	54.38%	4619	33.41%	2838	12.19%	1036	8493
	schools	56.92%	251	23.13%	102	19.95%	88	441
	PTR	9 : 1		26 : 1		17 : 1		
South Lebanon	students	46.67%	59076	38.18%	48331	15.15%	19182	126589
	teachers	63.46%	6355	28.82%	2886	7.72%	772	10013
	schools	65.07%	285	21.46%	94	13.47%	59	438
	PTR	9 : 1		25 : 1		17 : 1		

Source: CERD, preliminary statistics for 1993 - 1994

8. Curricula

8.1. Curriculum in Lebanon is almost 30 years old. basic work on it was done in 1968 and in 1971. Since then, no effort was done to renew or review it. It is formulated as a series of generalized goals statements without any indication on how or what material is to be taught. The traditional theoritical and classical outlook prevails its content. Emphasis on knowledge gain is more prominent in these curricula than on the practical and experiental side, consuming almost 90% of the teaching time. Also, its content is not relevant to the requirements of the present and future technological advancements nor to the requirements of the job market and its future projections. It excludes important subjects like the environment and health. Also, it does not develop life skills that are important for every day living and life long learning and other important coping skills needed to function effectively in this fast changing world and to take advantage of opportunities as they evolve. Furthermore, the present curricula were designed 30 years ago for the middle range of abilities, and is insufficient for children of high ability while expecting too much from slow learners. The instructional methods used are traditional and revert to rote memory where the teacher is the preacher and is the center instead of the student being an

active learner. The teaching materials used are classical and depend mostly on traditional text books as the only source of learning. In addition, the curricula, are tied or linked to a good built-in remedial system where student performance can be directed into relevant output. Neither are the curricula supplemented by relevant extra curricula activities that help in the students development. The CERD, at the MOE, is responsible for producing and printing textbooks which can be used by both public and private schools. However, there is no rule or mechanism at the present time for monitoring compliance. Thus, private schools are free to use the books and materials that they choose.

8.2. UNICEF in this concern has introduced in 1993 the Global Education Initiative (GEI). Though implemented on a small scale, this pilot project was very successful in upgrading the teacher and student performances as well. The GEI aimed at improving the quality of education by reforming the curriculum and refining teaching methods. The GEI was started in 1993 in coordination with Unicef Regional Office in Amman, Jordan and the International Institute for Global Education at the University of Toronto in Canada. The GEI concentrates on integrative learning while enhancing the curricula content with new basic life skills and activities like rights and responsibilities, peace values and gender issues, and job creation skills while using active and participatory approaches. The GEI had a synerjetic impact on other educatinal activities. For instance, and at the request of MOE/CERD an environmental project was initiated focusing on training teacher trainers and health supervisors while using the global education methodology and practise.

8.3. Examinations Student progress is based on classroom examinations and monitored at the national level by the administration of standardized examinations at the end of the ninth grade (Brevet) and the twelfth grade (Baccalaureate). Classroom examinations are developed by teachers at each school and are intended to assess student knowledge. They are administered and scored at the school level. Since these tests are developed by each teacher in each school, there is no consistency across schools in content coverage or any information gathered regarding the psychometric quality of the examinations.

8.4. Moreover, the evaluation methods used focus on memory and the accummulation of knowledge, and avoids skills needed to cope with life like problem solving and analysis. Teachers who administer these tests and who use these evaluation methods are not trained in test construction and development nor are they introduced to psychometric testing, administer. In this endeavour, UNICEF in partnership with UNESCO, has introduced in 1994-95 a pilot project on assessing learning achievenment in order to identify factors that influence learning acquisition, in the school, home, and the community. The over riding aim, was to assist the MOE, and CERD in particular, in building its national capacity, so that they could develop their own country specific testing instruments and to establish a monitoring system and mechanism for assessing the performance of basic education.

9. Government Expenditure on the Educational System

9.1. The percentage of governmental expenditures on education in post-war Lebanon has declined in the overall budget. Educational expenditures fell from 22.1 percent in 1974 to 5.5 percent in 1988, but have been increasing gradually since 1991. Expenditures on education represent 13.5 percent of the total 1995 estimated budget. This amount is subdivided as follows : 9.2 percent for the Ministry of Education, Youth and Sports; 1.2 percent for the Ministry of Vocational and Technical Education; and 3 percent for the Ministry of Culture and Higher Education.

9.2. In the private sector, expenditures are higher. In 1992, it was estimated that private spending on education amounts to 2.8 times the budget of the Ministry of Education, Youth and Sports (UNDP, 1993).

9.2.1 The 9.2% budget for the MOE, amounts to L.L.321,643,485,000- or US$198,913,719- Out of this amount, 8.2% or L.L. 26,735,000,000- (US$16,533,704-) is spent on supplies, while 91.68% or L.L. 294,908,485,000 which is equal to US$182,380,015- is spent on salaries and administrative costs (Ministry of education, 1994).

9.3. The Ministry of Education charges registration fees per student per year and these funds go directly to the Ministry. Moreover, there is another fee that the student pays to the school directly. These fees are retained funds used by each school to purchase needed supplies and to cover services and maintenance costs that are no longer covered by the MOE. These fees are as shown in the following table, bearing in mind that the minimum wages per person in Lebanon is 250000 L.L.

Table 58. Fees paid by Public School students (1993-94)

Registration Fees Per student	Preprimary	Primary	Intermediate	Secondary
MOE Funds	10000 L.L.	10000 L.L.	20000 L.L.	30000 L.L.
School Funds	55000 L.L.	55000 L.L.	55000 L.L.	75000 L.L.
Total	65000 L.L.	65000 L.L.	75000 L.L.	85000 L.

Source: Ministry of Education, Mr. Nicholas Jammal, Head of the Guidance, Counselling and Orientation Unit, 1994.

9.4. In addition to that, there is a cost charged on text books. Also, the parents councils in the secondary schools charge a fee of around 10000 to 50000 to cover cost of activities that they contract for their children.

9.5. Thus, the total private cost to attend a public primary school is 65000 L.L. which is estimated to be equal to $40- per student. In addition to this cost there is the cost of text books which might be equal to another $40 per student. The costs per student have made primary schooling expensive for many families since family size in Lebanon averages 3 to 4 children. These costs with the escalating high cost of living and the low amount of salaries might have contributed to the drop in the estimated primary school enrollment in the public sector.

9.6. The estimated total cost for private unsubsidized primary schools is around $500 to $1000 per year plus the cost of school uniforms and instructional materials. However, despite the substantially higher cost, private primary schools have higher enrollment rates than the public schools. Many educators report that parents sacrifice a lot to register their children in private schools from a belief that the quality of the education is superior to that available in public schools.

9.7. As for the private subsidized sector, the MOE partially supports the operating costs of these schools through a subsidy scheme that is equal to 75% of the minimum wages per registered student in these private subsidized schools.

10. Non formal education

10.1. This sector was highly active during the war due to the felt need of protecting children from war impact to which NGO, addressed their efforts. More than 250 NGOs collaborated with UNICEF in the Education For Peace (EFP) programme that started in the last years of the war 1989, 1991. These NGOs were active at a low scale during the years before 1989 and provided the EFP with the human element and the organizational facilities. The number of children who benefited from these activities reached over 25000, and more than 16000 young persons were trained to be animators of the activities for children of those 250 left because certified trainers at their age (23 and above) are finding jobs and other commitments that leave them little time for voluntary work. Some of them are still leaving the country for financial reasons.

10.2. Meanwhile the Ministry of Education - the General Directorate of Youth and Sports - is underlying the importance of supporting the youth in their various activities (soprts - voluntary development camps and scouting).

10.3. GDYS is calling for coordination with the other units of MOE and other concerned ministries (MOSA, Tourism, Displaced) and is developing its programmes in support of the youth.

10.4. They are also underlying the importance of providing to the youth basic technical skills as a means to develop their abilities and their participation in society.

11. Technical and Vocational education

11.1. Technical and vocational education in Lebanon starts at the beginning of the intermediate level. At the vocational level the CAP or Certificate d'Aptitude Professional and the BP or Brevet Professional are offered. At the technical Level, the LT or LicenceTechnique, the TS or Technician Superieur and the BT or Baccalaureat Technique are awarded and each certificate corresponds to the following years of study for its completion as shown in the next table.

Table 59. No. of years needed to obtain various technical degrees.

Certificate	Number of Years
CAP	2
BP	2
BT1	3
BT2	3
TS	3
LT	4

Source: CERD, quantitative and qualitative development and education in Lebanon Assa'ad Younes, 1994.

11.2. certificates are offered in both the private and public sectors. The number of enrolled students in the public sector is equal to 9350 compared to 35301 students enrolled in private technical and vocational institutions or schools. Out of these 35301 students enrolled in the private sector, 62.53% are following the official programme and are preparing to be certified by the ministry, and 37.47% are preparing to be certified by the private institutions or schools that are following their own programmes.

11.3. The total number of schools and institutions in both the private and public sector of technical and vocational education amounts to 262 in 1993-94. Out of these, 29 are public schools and 233 are private ones representing 88.3% of the total number of technical schools. These private institutions attract the bulk of the student body (79%). These schools also employ most of the technical and vocational teachers which is equal to 4035 or 71%, while there are 1630 teachers or 28.7% in the public sector. The distribution of these schools, teachers and students in all regions of Lebanon appears in the following table.

Table 60. Distribution of students, schools and teachers by region.

Region	Public students	Private students	Public schools	Private schools	Public teachers males	Public teachers Female	Private teachers males	Private teachers female
Beirut	11.10%	22.43%	4	52	145	56	532	373
Suburbs	34.52%	41.49%	8	82	337	159	1051	623
Mount Lebanon	2.59%	9.57%	3	26	40	9	248	138
North Lebanon	13.99%	13.80%	4	33	170	90	354	203
Bekaa	16.99%	2.43%	6	10	237	62	72	26
South	20.81%	10.28%	4	30	251	74	275	140

Total	100	100	29	233	1180	450	2532	1503
					4035		1630	

Source: CERD, qualitative and quantitative development of education in Lebanon, Assa'ad Younes, 1994.

11.4. According to a 1993 UNDP report, average tution fees for the private stitutions range from US $1200 to US $2000 per year. In 1993, the Lebanese government established a Ministry of Technical and Vocational Education in order to follow up on developments in this sector and ensure that training corresponds to market demand. UNICEF has in this sector supported a major NGO in providing an educational programme that offers both an accelerated vocational training and courses in basic learning competencies and life skills, to students 12 to 15 years old. Teaching modules for 5 to 6 months, where linkages with private factories and institutions that offer work opportunities, were provided. When comparing enrollment in the formal academic system with enrollment in technical and vocational education the differences are shown in the following table:

Table 61. Enrollment in technical and vocational institutes compared to acadamic institutes.

	Student Enrollment 1991-1992		Student enrollment 1992-1993	
Level	Academic	Technical & Vocational	Academic	Technical & Vocational
Intermediate	184926-	14030-	185486-	13910-
Baccalaureat	63171-	20476-	70200-	24311-
Total	248047-	34506	255686-	38221-

Source: CERD, qualitative and quantitative development of education in Lebanon, Assa'ad Younes, 1994.

11.5. However, the following is an overview of the problems being faced with the new ministry:

1- The equipment used has become outdated and does not correspond to the new modern equipment used in present industries.

2- The curricula is old with no revisions done on it since the sixties to cover and accomodate the present evolution in the labour force.

3- Teachers and instructors in this field need to be upgraded and trained.

4- The language of instruction which is mostly done in Arabic, does not correspond to the language of textbooks and which are mostly in French.

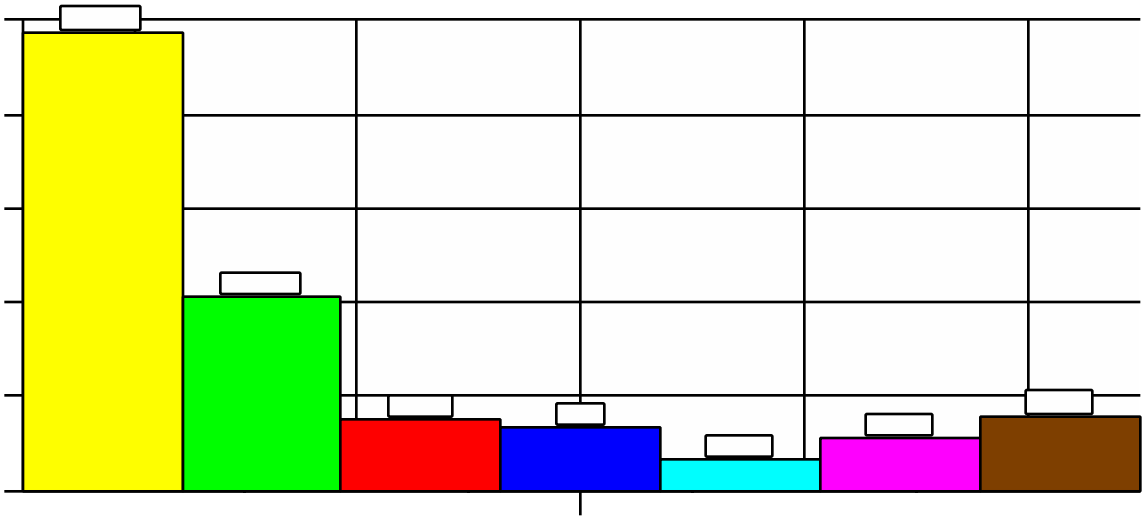
12. University Education

12.1. The total number of higher education institutions reached 20 in 1993-1994. Most of these institutions are located in the capital Beirut and its suburbs. During the war years, a few

universities opened branches in other regions of Lebanon.These universities include the Lebanese University, Saint Joseph University, American University of Beirut, Lebanese American University (BUC) and Balamand which is originally located in the North and has opened a branch in East Beirut.The enrollment of students in all the 20 institutions is a follows:

Lebanese University (LU)	48.79%
Arab Beirut University (ABU)	20.61%
Saint Joseph University (SJU)	7.44%
American University of Beirut (AUB)	6.60%
Kaslik University (KU)	3.23%
Lebanese American University (BUC)	5.45%
Other Institutions	7.88%

Figure 12.



12.2. Since the Lebanese University has the highest enrollment rate the following table will reflect majors offered, and enrollment of students, teachers and other faculty by gender in 1993-94

Table 62. No. of students, teachers, and administrators per faculty, segregated by gender.

Faculty	Students			Teachers			Administrators		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Literature Humanities	3246	8644	11890	507	159	666	149	166	315
Law & PSPA	6368	3782	10150	192	21	213	124	140	264
Science	3055	2142	5197	219	55	274	143	162	305
Public Administ.	591	618	1209	178	29	207	60	75	135
Document-ation Media	148	728	876	49	29	78	18	30	48
Education	78	521	599	80	36	116	43	50	93
Engineering	1083	230	1313	190	16	206	60	66	126
Social Sciences	481	1085	1566	135	36	171	79	110	189
Fine Arts	681	478	1159	259	47	306	51	62	113
Public Health	115	770	885	131	100	231	38	73	111
Agriculture	121	105	226	57	31	88	15	17	32
Medicine	378	188	566	164	100	264	31	32	63
Applied Sciences	417	90	507	33	2	34	20	7	27
Dentistry	107	55	162	124	29	153	26	32	58
Pharmacy	49	149	198	41	37	78	21	39	60
Total	16918	19585	36503	2359	727	3086	878	1061	1939

Source: CERD, preliminary statistics for 1993 - 1994.

12.3. Out of the 20 higher education institutions, the Lebanese university is the only public sector institution. Though enrollment in this university is the highest, the total enrollment of the other private institutions accounts for more than half of the total university student body. In 1993, the Lebanese government established a new Ministry, the Ministry of Culture and Higher Education. This Ministry controls and monitors the expansion of higher education institutions along with

formulating new policy guidelines towards the development of this subsector. Yet, some major problems persist and they can be summarized as follows:

1- The total number of foreign students has decreased thus a large amount of income to the economy has diminished.

2- Data indicate that 75% of the total enrollment is in arts and 25% in sciences, which has a negative impact on the market demands.

3- Due to the increase of new institutions, and because of displacement and dislocations and the travel of qualified teachers abroad, the new centers established were sometimes staffed with inexperienced staff.

12.4. From the preceeding analysis it is clear that Lebanon's educational system has suffered greatly as a result of the war. The two major problems facing education in post-war Lebanon are the physical destruction of the schools and the deterioration in the quality of education (i.e., personnel and curricular materials). The government is attempting to address these two problems through a plan of action which has already been prepared by the Center for Educational Research and Development. According to this plan of action, the following issues require immediate attention and amelioration:

* the absence of an overall educational policy.
* the outmoded curricula at all stages and levels of the educational system.
* the shortage in competent administrative personnel.
* the shortage in qualified teachers in all regions, but especially in rural areas.
* the inadequacy of the physical facilities and the shortage in up-to-date and relevant supplies and equipment.

12.5. Unless these issues are properly addressed, and unless funding is made available, the future of the Lebanese educational system will be very bleak, and Lebanon will be losing its major asset, the human asset of the next generation.

13. Access to Health Services

13.1. Apart from the education related problems, access to health care is considered as one of the factors underlying infant and child morbidity and mortality. Despite the presence of about 10,000 physicians and about 11,000 hospital beds, Lebanon still suffers from absence of health care to about 40% of its population who live in difficult conditions without any form of insurance.

13.2 It is possible to classify the problems from which Lebanon suffers in terms of health services as follows:

A- First, the imbalance between the various health sectors, notably the public, NGO and private sectors, in favor of a predominance of the private sector.

B- Second, the imbalance between the concepts of medicine and health, in favor of a predominance of medical concepts and a deterioration of the public health concepts.

C- Third, an imbalance between the concepts of therapy and prevention in favor of a predominance of the concept of therapeutic services. This is reflected in all sectors, and the evidence for it is present in the competition for acquiring advanced medical technology for diagnosis and treatment, without any rational use of these technologies.

D- Fourth, the predominance of hospitals in the national health system. It is worth noting here that the opinion of experts does not highly evaluate the fact that hospitalization makes up more than three quarters of the cost of medical bills.

E- Fifth, an imbalance between the different categories of medical and health personnel in favor of a predominance of physicians. Thus, while we have one physician for every 325 persons, there is only one nurse for every 1200 persons and one midwife for every 2500 persons. On the other hand, the number of medical specialists is higher than the number of general practitioners.

F- Sixth, preventive services and health education are weak components in the primary health care centers.

G- Seventh, the absence of any form of health insurance for about 40% of the population who live in very poor social and economic conditions. These are faced by the dilemma of seeking medical care with very good quality but at a high cost or poor quality s at affordable costs.

14. Poverty

14.1 The issue of poverty is of rapidly increasing concern at the global level, and it is an issue of importance and urgency at the national level. Although the issue may not be well defined and its dimensions be rather vague, its causes ill understood, and its implications though disconcerting, not met by adequate action , yet it is there, and its presence challenge us to understand the reality of the poor and to plan for action through a participatory approach involving empowerment of the poor, decent-ralization.

14.2 The issue of poverty, although it may not be well defined in Lebanon and its dimensions are not determined, is of increasing concern. UNDP coordinated a workshop on poverty reductionin 1995, where few papers on poverty in Lebanon were presented. The papers include: Poverty in Lebanon its scope and the characteristics of the poor. Dr. Haddad 1995 based on an unpublished study on poverty in Lebanon, did for ESCWA; a paper on the issue of measuring poverty in Lebanon by Dr. K. Hamdan, 1995 and on the concepts of poverty and its reduction by Dr. Issa 1995 by Semerjian, 1994, based on a sample of 1000 families. These papers and studies defined the extreme poverty line to be 306 U.S.$ for an urban Lebanese family of five and 226 U.S.$ for a rural family. It also defined the absolute poverty line to be 608 for an urban family and 377 U.S.$ for a rural family. The studies indicated that more than 40% of the Lebanese agricultural families live below extreme poverty line and 5% of them below absolute poverty line. Furthermore, the

studies indicated that 7.25% of Lebanese families live below extreme poverty line and 28% live below absolute poverty line. Furthermore, available studies indicate that the purchase powers of salaries have diminished sharply throughout the years of war due to inflation and money depreciation. In 1993 studies the institute of research and consultancies reported the purchasing power diminished by more than 2/3 throughout the period 1984-1992. Furthermore, the increasing number of children joining the labor force to support themselves and their families is another indication of the increasing poverty in the country. The results of UNICEF supported studies in the status of working children in Lebanon by Dr. Ballout 1995, deducted from the results that 35.7% of the total labor force are children under 18 years of age.nnbb Although the sample size is small (103 questionnaires from Beirut, Tripoli, the Beqa'a and the South), yet the results present certain implications on the social, educational and an economical situation in the country, where 64% of the surveyed children join the labor force before the age of 13 years and 33% of those before 10 years of age i.e. before they complete their primary education. Another study on street children by Dr. Ballout 1995, on a sample of 50 children from Beirut, Sidon, Zahle and Tripoli was supported by UNICE. The results indicated that all surveyed children belong to poor families and that 86% are in the streets due to poverty. It is worth mentioning that only 10% of the surveyed children have completed their primary education.

14.3 The war affected the social equation of the country especially:

a) Those belonging to the middle income group working for a salary who used to be the major componant of the community.

b) Rural community especially small farmers. Studies indicate that the purchase power of the salaries deteriorated.This reflected on the individuals' income and on the share of the beneficary from health and other services which decreased to half of its value between 1974-1992. So did social benefits available for families.

14.4 The long years of civil war dealt a devastating blow to the physical and human infrastructure and to public and private institutions.The loss was tremendous especially if we add the indirect costs and opportunity costs, the cost of the loss of human lives, financial and human capital flight**,** emigration and displacement as well as the lack of investment in the productive sectors. These factors, regardless of the existing income distribution, aggravated poverty and reduced marked by the average income of the Lebanese individual, about one third its level in 1975. The war has also aggravated income inequalities and led to the decline in the size of the middle class.

14.5 Poverty reduction will be based on two fundemental polices at the macro level. 1) Stabilization and 2) employment generation. From this perspective, the preoccupation of the present government and past government is the stabilization of the Lebanese Pound and containing inflation. The Government has also embarked on a massive reconstruction rehabilitation and development programme that promises to activate the economy of the country.

14.6 At the micro level it is important to initiate specific and targeted programmes for poverty reduction emphasizing the role of the private sector and the NGOs in poverty alleviation. General assistance for social services and education are also crucial.

14.7 To address this problem, it is not enough to rely on financial capital, resources, economical polices and decisions. It is essential to plan for a participatory sustainable human development with the people. With special emphasis on the more vulnarable and margnalized groups like women in general, rural women, disabled, displaced, widows, orphans and children in extremely difficult circumstances.

14.8 To facilitate programme planning to address poverty, it is important to classify various geographical areas especially rural areas according to the available poverty indicators. Such a classification could be based on regional income and expenditure patterns, the magnitude and type of available public services. Using such indicators, Dr. K. Hamdan, Lebanese researcher, in a study prepared for UNDP in 1995 classified the Lebanese subdistrict, - Qada's - and found out that the regions most in need are: Akkar, West Beqa'a, Hasbayeh, Rashayya, Bint Jbeil and Hermel. Where as according to the MPH and UNICEF the regions most in need identified through health statistic and indicators are. Minyeh - Danniyeh, Baalbeck, Hermel Akkar and Tripoli. It is that there are the same regions.

PART V: Opportunities for the Future

1. Before proceeding to the recommendations and priorities for each of the separate areas surveyed in the situation analysis, it is appropriate to cite two over-arching recommendations having relevance for every post-war factor which impacts the lives of Lebanese women and children. If these two recommendations are seriously considered and implemented, the realization of all of the following recommendations will be easier to accomplish.

1.1 Establishment of a Comprehensive National Data-Base Without accurate, objective and up- to-date statistical data, it is virtually impossible to plan and to conduct the effective social policies which Lebanon so desperately needs in the post-war period. Lebanon is in dire need of a comprehensive national data-base which will be accessible to all government ministries as well as to the public, and which would contain accurate and timely information about Lebanon's social, economic, environmental, demographic, health and educational conditions.

1.1.1 UNICEF has already suggested the creation of a Population and Housing Data Base Project to provide population-related information to guide and rationalize the government's reconstruction plan in the social sector. The comprehensive national data base suggested here would include, but go beyond, the data base project suggested by UNICEF. Data gathering should be a key priority of the Lebanese Government as it makes the difficult transition from war-time to peace and reconstruction. The current ongoing UNFPA/MOSA project for establishing such a frame for data collection should be supported by all concerned individuals and agencies. It is also important that this project involve more national and international experts, not only public officials and Lebanese academics. Demographers and statisticians from other universities and nations should also be consulted.

1.1.2 At present, neither governmental nor non-governmental organizations can supply Lebanese policy-planners and international agencies with an accurate, current profile of Lebanon's most pressing post-war problems. Any effective and viable long-term programme to assist Lebanese women and children must begin with verifiable and timely information about actual situations and needs. Not to do so is to waste valuable time, effort and resources.

1.1.3 Promoting the role of women in development is a key overriding concern. Raising awareness of women's rights and gender stereotyping, and encouraging government institutions and women's NGOs to play a more active role in advocating for, and monitoring implementation of, legislation for protecting women, should be major components of broader advocacy efforts. Disaggregating data by gender, and expanding baseline data on Lebanese women and the girl child, should be stressed within the research components of the sectoral programmes. Direct support should be provided to strengthening the role of women as change agents and decision-makers at the community level, and to providing vulnerable women with access to credit and income-generating opportunities, within the framework of an area-based programme targeting high-risk districts.

1.2. Institution Building In this transitional period between war and peace, sources of funding, locations of responsibility, decision-making and power; and priorities are all changing rapidly. During the war years, NGOs and small neighborhood and confessional organizations took over many of the duties of the centralized government, which had been paralyzed by the ongoing conflict.These NGOs and groupings developed expertise, demonstrated commitment, and gained popular support and legitimacy. As the Lebanese Government begins to resume its role and reclaim its responsibilities, it is recommended that government support to relevant NGOs continue, in order to accomplish a smooth and effective transition.

1.2.1 It is also crucial to improve organization and coordination both within and between various ministries. Such improvements would be facilitated by the adequate staffing of ministerial positions on the basis of merit and expertise (rather than on the basis of confessional membership or political affiliation), and the opening and enhancement of channels of communication within and between ministries, as well as communication between ministries and the NGO community and communication between ministries and the public. To neglect these principles of institutional building in the post-war period may result in the loss of valuable time and money, and may also lead to the loss of legitimacy of the newly resurrected central government.

1.2.2 While billions of dollars are planned for investment in Lebanon's physical rehabilitation and physical capacity development, little attention is being given to human rehabilitation and human capacity development. Helping to ensure that the human dimensions of development are not lost amidst the massive physical rebuilding and rehabilitation underway in Lebanon, will be another opportunity for the next Country Programme. Advocacy with Government to do more in human resources should be a priority. Training designed to enhance planning and technical capacity in various spheres should be supported for personnel from sectoral government ministries, local government, community groups, and NGOs as a central element of the next country programmes.

1.2.3 If both of the above recommendations are followed, it will lead to a clarification of governmental and non-governmental priorities in the post-war era; help eliminate unnecessary duplication of effort, and enable governmental and non-governmental organizations to better decide how to use their human and monetary resources to maximum advantage as they take on the complex and challenging tasks of rebuilding Lebanese society

1.3. Although the first draft of the Government - UN Country Strategy Note (CSN) is expected in October and the final draft in December 1995, yet the preliminary draft which came out after the Chtoura meeting presents the broad lines of the framework for an integrated approach by the UN system to address priorities of the government. The CSN emphasized the political and managerial renewal as well as the administrative reform in the country and developing and strengthening the partnership between government and the private sector. The CSN foresees that the UN system could support Lebanon in development of: a comprehensive social policy, taking into account international mandate like CRC, agenda 21, HIV/AIDS, Health for all, Education for

all and Social Summit, institutional research capacities on social policies and facilitating systems of data gathering and policy analysis, poverty reduction programmes, including primary education, primary health care, disabled, rural development and vocational training. In addition to encouraging action towards gender equal opportunities, revision of housing policies emphasizing low income groups and displaced population and advocacy at the national level for the conformity of government policies with agreed international decade mandates. This is an opportunity for UN co-operation and integrating UNICEFs' input with the activities of other UN agencies.

1.4. The CRC could provide the broad framework for all activities in the Country Programme, both at the level of advocacy and implementation. Ensuring child rights remain high on the national agenda, should be the major focus of advocacy and social mobilisation efforts while ensuring realisation of the major articles of the Convention pertaining to health care, education, safe environment, standard of living, etc. should be the overall aim of sectoral and area-based programmes. Promoting complementarity and close cooperation between major child rights bodies, and strengthening the capacity of NGOs to act as advocates for children, should be other important areas of emphasis within the domain of child rights.

1.5. As the gap between haves and have-nots continues to grow in Lebanon, and vulnerable households struggle to make ends meet, numbers of children in especially difficult circumstances, including street and working children, are thought to be growing. The Advocacy and Social Mobilisation programme could have an important role in addressing CEDC issues on the level of advocacy and legislation, while direct support to children in especially difficult circumstances could be provided within the framework of the High-Risk Areas and sectoral programmes.

1.6. The many years of civil war have given NGOs and civil society a uniquely important role in Lebanon. They provided a life-saving safety net for many thousands of Lebanese during the civil war when government social services collapsed, and have been a key force, both at the national and local levels, in promoting the country's post-war physical and psychological recovery. Ensuring that NGOs and civil society have the capacity to remain important actors during the next stage of national recovery, within the framework of rebuilt government social service institutions, should remain a priority. UNICEF should continue to work with and support selective national and local NGOs in the areas of child rights, maternal and child health, nonformal education, and the environment. This could be enhanced in view of the long experience of UNICEF in coordinating among agencies at all levels, but notably at the lowest operational level, i.e., at district and peripheral levels.

1.7. In the face of evidence that disparities are growing rather than diminishing in Lebanon during the recovery period, both intensifying and integrating interventions targeted to high-risk areas should be critical priorities for UNICEF in the next programme cycle. The slums of Beirut and Tripoli, along with districts of Baalbeck, Hermel, Akkar, and rural Tripoli in the Beqaa and North regions, some regions in South Lebanon and West Beqaa, the Buffer Zone and the regions to

which the displaced are returning are the areas, evidence suggests, have fallen furthest behind, and thus must be the focus of intensified efforts.

1.8. Information, education, and communication activities designed to enhance basic life skills and knowledge could form a critical strategic element of all sectoral interventions in the Country Programme. In ECD, for instance, reaching mothers with selected messages on how to improve the care and stimulus given to young children could be a central focus. In health, providing caregivers basic information in areas such as proper weaning, prevention and treatment of acute respiratory infections and diarrhoeal diseases, and immunisation, could be a major emphasis. In addition to television and radio spots, posters and pamphlets, and other traditional promotion techniques, extensive efforts could be made in mobilising new partners, including local NGOs, youth organisations, and school teachers, and in finding new entry points, such as the classroom and scouts, for promoting basic life skills and knowledge.

2. Health Care Recommendations and Priorities

2.1. Lebanon has now entered an epidemiological transition period; fewer people are dying of vaccine preventable diseases and war-related injuries. At present, most adults die of chronic, non-communicable disease (hypertension, heart-disease, diabetes), while the leading causes of death among children are diarrheal diseases and acute respiratory infections. These shifts in morbidity and mortality patterns require a shift in strategies, funding and policies on behalf of the Ministry of Health and all relevant non-governmental organizations and UN agencies most notably UNICEF and WHO. The increasing role of environmental degradation in diseases among children and adults behooves the Ministries of Health and the Environment to coordinate and collaborate in addressing Lebanon's serious post-war environmental condition. The following recommendations are offered for the improvement of public health during the next five years:

2.1.1 The possible areas of action in the health sector for the 1997-2001 Programme Cycle are: a) sustaining the achievements that were reached in terms of the mid-decade goals and achieving EDGs, b) reduction of ARI morbidity and mortality by focussing on correct case management, social mobilization and health education; c) focus on safe motherhood, especially quality prenatal, natal and postnatal care for mothers and infants through strengthening referral services in high-risk districts, training of midwives and social mobilization; d) continue support to PHC system at national level through promotion of cost recovery mechanisms, training of health personnel and stronger coordination between the private, public and NGO sectors; e) support to child nutrition through promotion of breastfeeding, proper weaning practices, and nutritional supplements and; f) focus on prevention of accidents and AIDS.

2.1.2. Building on the successful Primary Health Care (PHC) Programme launched by UNICEF, the Ministry of Health should set conditions which require participating dispensaries and health centers to obtain licenses from the MoH, to ensure that all staff and personnel at these dispensaries and health centers are adequately trained, and to integrate PHC services into their activities. Work could be done with two main government counterparts: The first is work with

the Ministry of Public Health and should focus on PHC reintegration.UNICEF could sit on PHC reform planning and coordinating committees, support policy-oriented research on PHC reform issues and help convene policy seminars and symposiums on strengthening PHC. Special efforts should be made in the direction of developing the human element and providing in-service training for PHC personnel at the peripheral level. UNICEF's work in this sense would be complementary to that of the World Bank, which would be undertaking this task at central level within the Ministry. Another area of work for consolidating PHC could be collaboration with NGOs based on the past experience of UNICEF in this field. The second is work with the Ministry of Social Affairs. Based on the previous experience of the network of Social Development Centres in providing PHC services, mainly MCH, as part of an integrated package of social development programmes at the community level, and based on UNICEF's past involvement in the establishment and support to these centres, direct support could be envisaged for these centres to strengthen their input in PHC. These activities would be in line with a basic element of the health strategy advocated by UNICEF, which calls for integrating health into social and economic issues.

2.2. Expand and enhance the Maternal and Child Health services (MCH) by increasing coordination and communication between participating dispensaries and improving staffing at each dispensary.Training programme for all personnel should be mandatory. If personnel are adequately trained, they will be better able to teach mothers the basic principles of pre-, intra, and post-natal care; the benefits to mother and child of breast-feeding, and the necessity of food hygiene to avoid diarrheal diseases among infants and young children.

2.2.1. Realizing the importance of school health, efforts could be exerted with the MPH, the MOE, MOSA, NGOs and the private medical sector to formulate a national policy on school health, initially at kindergarten and elementary levels, and later at the intermediate level. Three basic components could be addressed within the context of this strategy: health education by its integration into their curricula; school medical health and creation of a healthy environment for children.

2.2.2. Since environmental factors play a major role in the two most fatal childhood diseases in post- war Lebanon, i.e., diarrheal disease and acute respiratory infections, the Ministry of Health and the Ministry of the Environment should form a coordinated joint plan to eliminate the poor water and air quality which exacerbates these fatal diseases. Concerning diarrheal diseases, UNICEF and the MoH should conduct research surveys to determine why only 27 percent of mothers use ORS packets in treating their children's diarrheal episodes, in spite of the fact that the packets are widely available, free of charge, and easy to use. If the surveys reveal a need for a new education programme, the MoH and UNICEF should design one.

2.2.3. Health problems among displaced persons are especially pronounced, given the crowded and substandard conditions in which displaced people are living. In such a setting, communicable diseases spread quickly. Of particular concern for the displaced (as well as for all Lebanese citizens) is the resurgence of tuberculosis in Lebanon. The MoH and all relevant NGOs should

make every effort to educate the public about tuberculosis, its symptoms and effects; to provide testing services; and to initiate treatment programme as soon as possible.

2.2.4. The Ministries of Health and Social Affairs, in collaboration with psychologists and relevant NGOs, should establish a culturally-sensitive national system of mental health centers to address the many serious psychological problems stemming from the war, especially problems affecting children.

2.3. Safe Motherhood form a larger component of UNICEF cooperation in the maternal and child health sector, reflecting the importance of maternal health to achieving end-decade mortality reduction goals. Improving the quality of maternal care in the high-risk district should be a major area of emphasis. This could be done by improving the quality of first referral hospitals to ensure the availability of services for complicated cases (among mothers and infants) by in-service training for midwives, on safe motherhood and detection of at-risk mothers; and by using multi-channel IEC campaigns and active mobilisation designed to encourage mothers to make better use of existing MCH facilities and become active seekers of prenatal care. Close coordination should be made with UNFPA in the framework of MCH, especially safe motherhood to ensure complementarity of efforts and consequently adoption of complete package, especially the ones focussing on reproductive health and family planning.

2.4. Focus on infant and child nutrition should form an important area of work in the future MCH project, as the available data have indicated limited presence of malnutrition and possibility of its expansion, especially in peri-urban and high-risk rural areas. The reasons for this growing incidence of malnutrition are varied including the low level of exclusive breastfeeding, the poor practices related to weaning and supplementary food, and the impact of the economic situation on the vulnerable groups. To address these problems, focus needs to be put on, first, promotion of exclusive breastfeeding during the first four months through universalizing the BFHI concept to become a baby-friendly environment in general. Exclusive breastfeeding would ensure balanced growth for the infant in the first months irrespective of the socio-economic status of the family. Second, ensuring proper growth in the age group 6 months to 2 years is strongly affected by the mother's knowledge and practices with respect to proper weaning and supplementary food. In this respect, production of IEC material focussing on proper weaning and supplementary food that is adapted to local cultural practices and food habits.

Other nutrition issues might need to be addressed based on the findings of the PAPCHILD survey of 1995. Third, we have to address ourselves to micronutrients deficiencies, namely, iodine and vitamin A. The successes achieved in terms of salt iodization have to be further strengthened and sustained, and IEC material has to be produced to raise awareness about the importance of eating Vitamin A rich food.

2.5. Accelerating efforts in ARI control should also be an important priority in the next programme cycle. UNICEF could provide technical support to MPH in developing comprehensive CARI policies and technical protocols based on WHO guidelines, and in training of trainers and practitioners, physicians from PHC centres at district level on standardized case management. Training could also be provided to personnel of health centres to enable them conduct the necessary face-to-face communication with mothers regarding management and prevention of ARI. The establishment of specialized ARI training units (ATUs) at hospitals, and the incorporation of standardised case management into the curricula of medical schools and nurses training institutions, should be advocated for, and supported as a means of institutionalising the training process. Support could also be provided to strengthening routine CARI reporting systems, and to the establishment of a sentinel reporting network at hospitals in

all districts. Varied IEC material should be produced

focusing on prevention and recognition of early symptoms that may lead to complications. To summarize future opportunities for UNICEF intervention will include:

- Concentrating efforts on underserved areas especially those with IMR of 40/1000 and above.

- Training of physicians working in PHC on CCM.

- Health education for mothers on proper case management and identifying symptoms that require physicians attention.

- Proper use of durgs.

2.6. Technical support in the next programme cycle could focus on improving the routine CDD surveillance system, continued training on standardised case management, and application of legislation banning the use of antidiarrhoeals. Promoting awareness of proper water disinfection and safe storage, personal hygiene, food hygiene, and ORT, should continue to be emphasized in the communications component of the health programme. Increased attention could be paid to promoting prevention in high-risk districts, through targeted multi-channel IEC campaigns, and through efforts to improve water quality and the environment. UNICEF has an opportunity for supporting preventive measures especially those related to water control system and food surveillance in addition to promotion of breastbeeding and proper weaning.

2.7. It is envisaged that in EPI, the central focus of cooperation in the health sector in recent years will account for significantly less UNICEF resources and staff time in the next cycle as efforts shift to consolidating and sustaining past progress at all levels and ensuring that MPH takeover of full responsibility for the programme, is smooth. Technical support should focus on improving the routine EPI reporting and surveillance systems and additional surveillance activities conducted as part of polio eradication and neonatal tetanus elimination programmes. Support could also be extended to monitoring district-level coverage and conducting campaigns in the high-risk districts as needed. The importance of timely child immunisation should continue to be included in the communications component of the health programme. In addition to sustaining of achievements done till now, the possibility of introducing new vaccines like mumps and german measles, and the probability of widening the target group of beneficiaries to include children under fifteen instead of children under fivecould be considered.

3. Environmental Recommendations and Priorities The newly established Ministry of the Environment has recently announced that it will focus on seven priority areas concerning environmental degradation in Lebanon. These priority areas are:

1) Integrated water management

2) Wastewater management
3) Solid waste management
4) Atmospheric protection
5) Control of pesticides and agrochemicals in the environment
6) Nature conservation and prevention of deforestation
7) Noise reduction

3.1. It is recommended that all relevant branches of the Lebanese Government and all relevant NGOs work in concert to effectively address these priority areas. By addressing Lebanon's serious environmental problems, public health, especially children's health, would be greatly improved. Especially crucial, is the immediate improvement of water quality and air quality. Thus programmes to facilitate better waste-water management and control of air pollutants should be implemented as soon as possible. It is also crucial that environmentally-related legislation be strongly enforced throughout Lebanon without exceptions.

3.2. In light of the recent disclosures concerning the presence of dangerous toxic waste dump sites throughout Lebanon, a committee comprised of government officials, environmental experts, relevant NGO officials, physicians, and municipal representatives from affected areas and UN agencies should be formed to examine and treat the long-term health threats stemming from these dump sites.

3.3. Addressing environmental problems presents an opportunity to educate, mobilize and empower various sectors of the public to become involved in environmental rehabilitation at the local and national levels. It is thus recommended that the Ministry of the Environment develop a multi-sectoral body which includes governmental, non-governmental, international, private organizations and citizen.This body would oversee and address the following issues:

3.3.1. Review and implementation of environmental standards and legislation.The government, in an effort to stop pollution by industry, should adopt a "polluter pays" approach.

3.3.2. Institutionalize environmental impact assessments and environmental audits as an integral part of project development and execution.

3.3.3. Train government workers and officials at all levels in environmental monitoring and management techniques.

3.3.4. Develop an integrated environmental strategy based on long-term policies.

3.3.5. Emphasize the role of women in environmental management, especially in rural areas, and whenever possible involve them in policy planning and implementation. Include women in efforts to adapt indigenous and traditional practices of using water to the modern era.

3.3.6. Oversee the design of environmental education and awareness campaigns and curricula.

3.3.7. Prevent land degradation and pollution by appropriate land-use planning.

3.3.8. Assure even and comprehensive allocation of environmental services on the entire Lebanese territory. Focus especially on the small, rural communities not served by the National Emergency Recovery Plan.

3.3.9. Upgrade and integrate rural extension services with primary health care services in order to reach and improve the status of health in the rural underserved zones, especially women's and children's health.

4. Educational Recommendations and Priorities

4.1. Although both the private and the public educational sectors are in need of improvements in the post-war era, the public sector requires special attention in order to counteract and correct the educational gap between rich and poor which widened dramatically during the war years. Supporting the going-to-scale of GEI, as a key component of a broader national basic education reform effort, is envisaged as the central thrust of UNICEF efforts in the education sector during 1997-2001. Initial experience during 1993 and 1994 in implementing GEI suggests the initiative has great potential as a low-cost means of addressing issues related to the equity, quality and relevance of primary education in Lebanon. It also has an important role to play in promoting the reunification of the country's fragmented education system. Broadening the GEI coalition to include all primary education providers, and mobilising high-level political support for GEI, should be emphasised to ensure broad scale implementation. These efforts will coincide with the objectives of the MOE/CERD national plan of education that parallels the objectives of the GEI methodology and approach.

4.2. While an education strategy focused primarily on non-formal learning, and within this Education For Peace, was most appropriate at the end of the civil war, GEI in its initial phase has generated broad-based support and momentum for primary education reform that must now be capitalised on or being lost. Hence in the next programme period there should be some shift in UNICEF focus and resources from NFE to primary education reform. Using GEI as a framework for incorporating NFE approaches and experiences into the formal system will be an important part of this primary education reform process. Furthermore, matching education with the economic development of the country, calls for a revised but relevant curriculum for basic education where career awareness and basic life skills are emphasized within formal education. On the other hand, pre-vocational skills with attitudinal changes and life skills can be emphasized within the non-formal channels of learning.

4.3. There is an opportunity for UNICEF in conjunction with UNESCO to continue to support efforts aimed at building Lebanon's national capacity to collect and process educational data through construction of a national education management information system (EMIS) based at

the MOE Centre for Education Research and Development (CERD). The system will respond to the critical need for up-to-date data for monitoring progress towards EFA goals and informed policy-making. The project began in 1995 with an initial emphasis on development of a system for regularly assessing learning achievement. In supporting the newly established MOE unit of Orientation, Guidance and Counseling, educational disparities as well as differences due to children learning disabilities, home and school background can be addressed by remedial educational strategies and positive discriminatory measures for identified groups. Thus, a systematic and comprehensive information base of a permanent nature should be developed in order to monitor the system's performance as well as the performance at individual, school and regional levels. Internal efficiency and the maintenance of a reasonable learning quality could be approached from a standpoint of a quality improvement with greater emphasis on the teaching - learning process and other process performance indicators for example by strengthening the system for monitoring of basic life skills and competencies.

4.4. In light of the long-term nature of addressing problems related to the quality and relevance of learning in the formal education system, and the continued importance of bringing children together outside the classroom in an atmosphere of peace and mutual understanding Nonformal education, an area where UNICEF has extensive and unique experience, could to be an important area of cooperation. Strengthening the capacity of General Directorate of Youth and Sports (GDYs), and supporting GDYS in training youth leaders and in providing non-formal activities for children, will be important areas of intervention for UNICEF.

4.5. Creating linkages and synergism between the formal and non-formal education sectors is an area of increased attention. A project involving the creation of permanent children's clubs at public schools for after-school extra-curricular activities could be expanded on the basis of pilot experience in 1995 and 1996.The clubs, to be run by specially-trained teachers, could act as a vehicle for complementing and reinforcing formal classroom learning. UNICEF could also promote incorporation of the major themes of the non-formal EFP programme, and associated active learning activities, into the primary education reform process.

4.6. Cooperation in early childhood development could be expanded as an essential and complementary component of the Universal Primary Education (UPE) strategy. Emphasis to be placed on improving parental and community care of children in the years prior to entering primary school, mainly through adaptation and application of the MENA Better Parenting Initiative. The initiative, already being implemented successfully in four MENA countries, involves development of an integrated multi-channel approach using TV, radio and face-to-face communication to reach parents with selected messages on how to improve the care and stimulus given to young children. It also aims to provide direct support, guidance and reinforcement to parents as they develop an understanding of the important impact that they have on their children's lives. Feedback from preliminary discussions with MOE and NGOs suggests strong national interest and support for application of the Better Parenting Initiative in Lebanon. When considering the ECD MENA Initiative, focus should be drawn to additional needed programmes to compensate for the children of 3 to 5 and 6 years old, in addition to strengthening the limited

but fairly good services presently provided by the MOSA to children of 0 to 3 years old. Thus, ECD should be approached from cognitive, psycho-motor developmental stages and requirements as well as the child's human rights. Consequently, school readiness, research and studies will be emphasized in order to design appropriate modalities for ECD programmes. This will encompass human capacity building, preparing supportive resource training materials and providing needed material and equipment in addition to monitoring and evaluation.

4.7. The following list of recommendations, will help in the efforts for improving the educational system in the country:

4.7.1. Attracting better-qualified teachers to work in the public education system.

4.7.2. Training current public school teachers at all levels of the educational system in order to strengthen and up-date their teaching abilities.

4.7.3. Hire and/or assign more teachers in fields such as mathematics, sciences, computer science, and foreign languages, especially in rural underserved areas.

4.7.4. Enhancing the role and the efficiency of the public educational sector in order to counter balance the private sector. If the public school system is improved, Lebanese students from all backgrounds will see it as an inexpensive alternative to costly private schools.

4.8. Since the curricula in most schools, whether public or private, is out-moded and based on ineffective pedagogical philosophies, it is crucial that the government adopt and implement new curricula at all levels of the educational system. The new curricula should include the following emphasis:

4.8.1. Active learning approaches which involve the student as a problem-solver, rather than old-fashioned approaches which require passive memorization.

4.8.2. Civic education courses which inform and empower the student in his or her role as Lebanese citizen. Civic education provides an excellent opportunity to address the important post-war issues of mutual living and understanding, conflict resolution, and individual responsibility. Of special relevance here is UNICEF's "Learning for Life" programme, which can be used in formal and informal educational settings. The "Education for Peace" component of the "Learning for Life" programme has been especially effective in bringing together Lebanese children and youth from all regions and confessional backgrounds and expose them to programmes which emphasize mutual understanding and coexistence, cooperation, consensual decision-making, and empowerment.

4.9. Improving educational quality should be a top pirority .

4.9.1. Improving the management capacity of the MOE should precede any physical expansion.

4.9.2. Implementing inservice training of teachers including inspectors and school principles.

4.9.3. Developing a comprehensive and a systematic information system which is learner-based inorder to monitor on a continuous and a permanent basis the performance of the basic education.

4.9.4. Developing performance indicators related to equity, access and disparities along with gender, regional, and economic lines and related to quality, internal and external efficiency

4.9.5. Improving the quality of basic education and its relevance to the job market focussing upon the learner-centered participatory interactive global education methodology and practise.

4.9.6. Involving parents in basic education, especially at the pre-primary level, while enabling them to better prepare young children for education by providing them with knowledge and skills of early child care.

4.9.7. Supporting the new established unit at the MOE for Guidance, Counseling and Orientation.

4.9.8. Supporting a built-in system to accomodate slow learners and those at risk of leaving school.

4.10. UNICEF has organized several Voluntary Development Camps for youth from underserved areas as part of the "Education For Peace" programme. These camps have proved very successful, and UNICEFshould consider replacing them by permanent clubs in the school in the future, with an added emphasis on the education and empowerment of adolescents who grew up during the most violent periods of the war. These young people will receive special training and attention and will be given the responsibility to help manage these camps with qualified UNICEF personnel.

4.11. The civics curriculum can also introduce the students to environmental awareness and teach them to be better stewards of their shared environment. To that end, the Ministry of Environment should collaborate with the Ministry of Education and relevant NGOs in developing appropriate environmental awareness curricula for all educational levels in Lebanon's private and public school systems.

4.12. Since more than 80 percent of Lebanese children attend school, the educational setting is an excellent place to monitor child physical and mental health to distribute information about personal health care and hygiene, and to intervene in potentially threatening health conditions. The Ministry of Education, in cooperation with the Ministry of Health and UNICEF, should strengthen efforts to educate children about health in the schools, and to provide needed health information, counseling and, if needed, services in the context of the school. Mental health

services and information in particular, might be introduced gradually into the school setting to address psychological problems stemming from the war and difficult post-war conditions which have a detrimental impact on students' learning abilities.

4.13. As Lebanon rebuilds its society and infrastructure in the post-war era, there is a strong need for adequately trained technicians. To this end, vocational and technical education in Lebanon require strengthening through Design of programmes that meet current and projected market needs and improvement of the quality of programmes offered to insure the provision of the labor market with appropriately trained manpower.

4.14. Given the current difficult economic situation in Lebanon, more women must work for a living. Since some of these women are single parents (widows and divorcees) and the sole breadwinners in their family, they bear a difficult and double burden as the primary child-care provider and the sole pillar of economic support. In order to assist them in this challenging task, it is crucial that the government, in cooperation with relevant NGOs, establish more daycare centers. These centers should be of minimal charge, professionally-staffed and periodically monitored. In addition, the government should make all attempts to improve the quality of existing daycare centers, both at the infrastructural and personnel levels. Particularly crucial, is the adequate training of daycare workers. The Ministry of Social Affairs, the Ministry of Education, and NGOs should collaborate closely in setting criteria and objectives for daycare centers and in following up on their implementation.

4.14.1. It is especially important that day care centers be established in communities in which many displaced families are currently living. Given the complexity of returning the displaced to their communities of origin, it may be years before they are able to return. In the meantime, these families, and especially their children, are suffering from overcrowded and substandard living conditions, lack of educational and recreational stimulation, as well as of psychological stress and economic deprivation. A network of day care centers equipped to cater to the special needs of displaced families and children would be an excellent stop-gap measure in dealing with the multi-faceted social, psychological and health problems resulting from massive population displacement in post-war Lebanese society. The presence of such daycare centers would also be helpful to displaced mothers who need help in dealing with unusual levels of stress related to child-rearing in difficult circumstances.

5. Recommendations For Women and Children in Difficult Circumstances

5.1. The post-war era has witnessed the feminization of poverty and the impoverishment of women. This is especially apparent among displaced women and women in rural and underserved areas The long-term consequences of such harsh economic and social conditions for women and their children should impel the government and relevant NGOs to implement the following:

5.1.1. Design and execute surveys to secure reliable data on the needs of Lebanese women.

5.1.2. Facilitate women's participation in the labor force through the provision of adequate training based on market needs, low-cost daycare centers, flexible working hours, and part-time employment with full health coverage for working women and their children.

5.1.3. Educational programmes targeted at women in need, which will make them aware of the important role they play as homemakers and breadwinners, and the crucial part they play in shaping the coming generation of Lebanese citizens. Campaigns to empower women and strengthen their self-esteem should be mounted by relevant ministries and NGOs. Such campaigns should be geared towards these women, as well as towards the Youth of both sexes in order to improve the image of women that they hold and thus raise the level of respect for women and all that they do as mothers, workers and citizens to ensure the continuance and reconstruction of Lebanese society.

5.2. To address the problem of working children, it is necessary to quantify and analyze the problem through a national survey and to follow-up with the government to adjust children's labor laws in
coordination with CRC, and to protect them from exploitation and abuse. There should also be vocational and technical training programmes to upgrade the skills of the working youth and improve their economical status. Laws to protect the disabled children are necessary and should be accompanied by social mobilization to create an atmosphere to help society deal with the disabled child focussing on his remaining organs and existing capacities. The Higher Council for Childhood, the National Committee of the Disabled, the Ministry of Social Affairs, the Ministry of Education and the NGOs should cooperate to take care of CEDC by early detection, early intervention, rehabilitation, training and social mobilization of the community.

5.3. Preventive actions should be provided to these children through MOSA/Community Development Centers focussing on rehabilitation and vocational training and placement for the existing homeless street kids, and by mobilizing the community and available social resources to improve services for children.

5.4. The basic educational system should be geared decrease drop-out rate by activating the role of the primary school and strengthening the link between the school system and the community. Primary education should be made available and compulsory for all children under 13 years of age.

5.5. Measures should be taken to ensure to appropriate working conditions for working children and to provide them with a suitable physical working environment. The juvenile court system should be reviewed to deal with juvenile offenders and to protect them from ill treatment and regain them into the society.

6. Future Opportunities to decrease Regional Disparities

6.1. In the face of evidence that disparities are growing rather than diminishing in Lebanon during the recovery period, both intensifying and integrating interventions targeted to high-risk areas are critical priorities for UNICEF in the next programme cycle. The slums of Beirut and Tripoli, along with districts of Baalbeck, Hermel, Akkar, and rural Tripoli in the Beqaa and North regions, the regions under so-called "chronic emergency" conditions in South Lebanon and West Beqaa

and the regions of the displaced population, the areas, evidence suggests, have fallen furthest behind the rest of the country, are seen as the most important foci of intensified efforts.

6.2. An area-based emphasis could be introduced to the Country Programme to provide an integrated framework for support targeted to high-risk districts. Programme emphasis will centre on promoting local capacity development, an increased community role in decision-making, integrated service delivery, and improved links between central- and local-level authorities. The programme should also form a key part of a broader strategy and preserve and strengthen the key role of local NGOs in community development.

6.3. The network of Social Development Centres (SDCs) run by the Ministry of Social Affairs is envisaged as the major vehicle through which the programme will be implemented. The SDCs, already present in each of the targeted areas, operate based on a holistic and integrated approach to local development, stressing local community involvement and local capacity development. Each SDC includes a section for education (ECD and daycare, NFE and recreational activities, remedial education, etc.), social affairs (environmental awareness, assistance for hardship cases, CBR programmes, etc.), and health (health education, school health, MCH clinics, well-baby clinic, environmental health, training, etc.). Each SDC is also connected to a network of smaller NGO-run structures in satellite villages. Support also has to be extended to revitalize and strengthen the Social Training Institute of the Ministry of Social Affairs that undertakes the training of social workers.

6.4. UNICEF's role is envisaged as primarily that of a mobiliser and catalyst, helping to bring together the government, community and local NGOs, within the framework of the SDCs, to identify local needs, set goals, develop plans and implement them. Particular attention should be given to involving women in all stages of the process. The design, provision and institutionalisation of local training programmes in planning, would be supported as part of a broader local capacity development process. Working through local NGOs and government structures, direct material and technical support is foreseen to areas such as income-generation and credit expansion for vulnerable women, maternal and child health, CEDC, ECD and primary education, and the environment.

7. Future Opportunities for Advocacy and Social Mobilization.

7.1. Advocacy and social mobilisation efforts should continue to promote increased national resources for social programmes and accelerated progress towards reaching NPA goals and implementing child and women's rights conventions.Activities should be part of a broader effort to ensure that the human dimensions of development are not lost amidst the massive physical rebuilding and rehabilitation projects scheduled for implementation through the end of the decade. Within the framework of the three major child rights bodies, support is foreseen for a variety of IEC activities promoting child and women's rights, and for a range of policy seminars and symposiums, roundtables, experience exchanges, etc. aimed at generating, and contributing to a national debate on women's and children's rights issues.

7.2. Advocacy aimed at creating a broad interest in children and giving them top priority in governmental plans, with due attention and introduction to the 20/20 vision has to be a cardinal guiding principle in our dealing with the decision-makers, the media, the NGOs, the academic

institutions and the public at large. With the help of the Parliamentary Committee for the Rights of the child, special emphasis to be accorded to legislation affecting children. Moreover, translating the reformed and newly cast legislation into specific projects on the ground, has to be developed in cooperation with Government, Ministries and the sister UN agencies concerned.

7.3. As the gap between haves and have-nots continues to grow in Lebanon, it is envisaged that issues such as street and working children will become increasingly important. Child disability is another important area where progress thus far has been limited. The Advocacy and Social Mobilisation programme could have an important role in addressing these issues on the level of advocacy and legislation, in complement to direct interventions within the framework of the High-Risk Areas and sectoral programmes. Strengthening the capacity of NGOs to act as advocates for children, and ensuring complementarity and close cooperation between the major child rights bodies, should be other important cross-cutting areas of interest.

7.4. Our main interlocutors in social mobilization are the parents; and the bridges to these is the media and systematic arrangements designed to establish direct links with them through dispensaries, PHC/MCH centers and other points where the parents assemble. In the same context, endeavours shoud be made to mobilize religious and community leaders and to give special care to communicating with the young (male and female) through their classrooms, non-formal education activities, scout movements, etc. Innovative approaches, to deliver messages outside the conventional media networks could also be initiated through the now expanding theatrical movements.

7.5. Advocacy and social mobilisation efforts should also be directed towards strengthening the communications components of other elements of the Country Programme (i.e. Health, Education and High-Risk Areas), and promoting awareness of and support for UNICEF projects among the donor community, mass media, NGOs and research institutions. Support should be extended to the development of awareness-raising and multi-media IEC campaigns to reinforce various components of the country programme (e.g. CARI, safe motherhood, primary education, etc.), as well as to the documentation, analysis and promotion of UNICEF programme experience, with a particular emphasis on experience in targeting high-risk areas.

7.6. A built-in PSC component should be part and parcel of every new project and should use, to the best extent the, approaches described in the above paragraph. An important point here is that evaluation relating to PSC could be easily conducted in the said projects, using for that purpose the Knowledge Attitudes Practice (KAP) techniques.

7.7. Developing the talents needed for the conduct of the various efforts described above could be achieved through appropriate training programmes which represent a horizontal activity in relation to the said efforts. These programmes could evolve around seminars, workshops and the in-service training of specialized personnel.

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