



# NATIONAL SOCIAL PROTECTION STRATEGY FOR LEBANON



## TOWARDS A RIGHTS-BASED, SHOCK-RESPONSIVE AND SUSTAINABLE SYSTEM



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October 2023

Edited based on Council of Ministers Decision No. 69/2022 and the feedback of the National Social Protection Strategy Inter-ministerial Committee (August 9, 2023)

This document has been prepared with the engagement and guidance of the Inter-ministerial Committee on Social Policy led by the Ministry of Social Affairs, with funding from the European Union and the Government of the Netherlands, technical assistance from UNICEF and ILO, and facilitated by Beyond Group.

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## **Prime Minister of Lebanon Najib Mikati Launch of The National Social Protection Strategy for Lebanon**

We are pleased to announce the launch of Lebanon's national social protection strategy, a significant milestone achieved through the dedicated efforts of international organizations alongside the Ministry of Social Affairs and various Lebanese governmental stakeholders.

Given Lebanon's current challenges – political, economic, and security-related – the concept of a national social protection strategy might initially seem ambitious; however, these very challenges underscore the critical need for innovative solutions to safeguard marginalized communities and preserve the middle class, a cornerstone of our society.

In response to these imperatives, the government, in collaboration with international organizations, has developed a comprehensive national social protection strategy for Lebanon. Each pillar of this strategy defines policy objectives, strategic pathways, initiatives, and a phased roadmap for short, medium, and long-term implementation. The present circumstances, therefore, present an opportune moment to harness the collective efforts of all stakeholders, fostering enhanced coordination and synergy across relevant sectors within the ambit of the social protection strategy which not only envisages a transformative vision for Lebanon's social protection sector; but also furnishes a concrete roadmap comprising specific, actionable measures.

This initiative has been a primary objective that we've tirelessly pursued over the course of more than two years. Through concerted efforts led by key ministries, notably the Ministry of Social Affairs, in collaboration with pertinent international bodies, we have outlined the overarching framework of this plan and devised strategies for its practical realization.

It's imperative to emphasize that our commitment to this plan transcends mere solicitation for donor assistance; rather, it aims to catalyze job creation opportunities across diverse social strata. Such endeavors promise to stimulate national productivity and alleviate the state's burden of social protection responsibilities. We have also ensured that the beneficiaries of this plan are exclusively Lebanese citizens. For non-Lebanese individuals requiring social protection, such as Palestinian refugees and displaced Syrians, their needs will be addressed by the relevant international entities.

Peace be upon you.



# 1

## EXECUTIVE SUMMARY

**The National Social Protection Strategy for Lebanon represents the first attempt to translate the commitment of the Lebanese Government to carrying out social reforms into a concrete, integrated and cross-sectoral approach**, in order to change the dynamic of providing social protection services from fragmented silos to a nationally coordinated and inclusive system. In fact, the absence of a comprehensive universal social protection system has undermined the socio-economic rights, contributed to widening inequalities, and limited the potential for inclusive human-centered growth and development. Thus, designing a vision for social protection is a pivotal prerequisite for the country's recovery from the multi-layered crises it has experienced, as there is an urgent need to address matters of social justice which have been systematically neglected in the post-war era.

In January 2019, the Ministry of Social Affairs (in partnership with UNICEF and ILO) convened stakeholders from Government, development partners, civil society, and academia, to initiate Lebanon's first national dialogue on social protection and lay the intellectual groundwork for a participatory policy process that sought to define the contextual vision for social protection in Lebanon, outline the key priorities for the country, and design a comprehensive system accordingly. **A consultative process of collecting data, mapping the institutions, programs and instruments of the social protection sector was initiated by the government of Lebanon, led by the Inter-ministerial Committee on Social Policy, coordinated by the Ministry of Social Affairs, and facilitated by Beyond Group with the technical support of UNICEF and ILO and funding from the European Union and the Government of the Netherlands.** It included 14 governmental agencies and 103 non-governmental stakeholders, with wide engagement from development partners, civil society actors, and academia. Here it is worth noting that the process has been dynamic and progressively adapted in light of rapidly changing socio-economic and political dynamics of the country, with the resignation of two cabinets, ongoing mass protests, an economic and financial crisis, the COVID-19 pandemic, and the Beirut Port Blast.

This document was reviewed by the Ministerial and Technical Committee in accordance with Council of Ministers Decision No. 69/2022., which defined the vision and strategic objectives and the scope of this strategy's coverage to Lebanese citizens<sup>1</sup> and as-

signed all matters related to refugees and displaced persons to the international community in cooperation with the Lebanese state and in line with international obligations, provided that these programs adhere to the Lebanese constitution and comply with all decisions made by previous and present governments. A dedicated appendix is created for this purpose.

Based on an extensive situational analysis of the social protection sector, and following substantive consensus-building efforts throughout these turbulent times, **there has been wide agreement that the Strategy must achieve three core features of:**

- 1. Universality as part of a human rights-based approach to social protection.**
- 2. Shock-responsiveness to improve the government's margin of capacity to respond to current and emerging crises.**
- 3. Financial sustainability to ensure continuity and anchor all initiatives in feasible implementation measures.**

Moreover, **four strategic goals** were established for the Social Protection Strategy:

### Strategic Goal 1 Coverage



Working to gradually expand coverage and benefits of social protection programs for the Lebanese population in an effort to achieve universal and adequate coverage for all, in a manner consistent with the state's financial capabilities and with a plan for financial sustainability.

### Strategic Goal 2 Governance and Institutional Capacity



Developing the capabilities of institutions responsible for social protection within the Lebanese state and the governance system in a way which enables the state to implement the strategy effectively.

### Strategic Goal 3 Funding



Develop and ensure feasible, fair and sustainable financing mechanisms for social protection to ensure the gradual implementation of the strategy, taking into account the overall financial situation of the country.

1- The strategy refers, where appropriate, to migrant workers and their families legally residing in Lebanon who contribute through paying taxes or contributions to national social security fund, in line with the principle of non-discrimination in access to social security as per international labor standards.

Note: The term "gender" wherever it appears in this document refers to males and females only and their associated roles, responsibilities, and expectations.



## Strategic Goal 4 **Accountability and Transparency**

Developing information systems within the relevant institutions and unifying them to facilitate access to information related to social protection programs, and establishing a clear structure within the Lebanese Government for accounting and oversight, along with ensuring data privacy.

Based on a **hybrid methodology**, policy outcomes and priority initiatives were developed using two lenses:

. A pillar approach which looks at the social protection system constituting five agreed pillars, which are

1. **Social Assistance**
2. **Social Insurance**
3. **Social Welfare**
4. **Financial Access to Basic Services**
5. **Economic Inclusion and Labor Activation**

. A **lifecycle approach** which takes a people-centered look at the social protection system and its ability to **address contingencies faced throughout the human lifecycle during childhood, working age, and old age.**

Across all priority interventions which have been developed considering these two lenses, **the overarching reforms to the social protection system include:**

4. **A robust legal and policy framework**
5. **Integrated contributory and non-contributory social protection schemes**
6. **Measures for integration and coordination across programs**
7. **Developed governance, institutional capacity, and administrative infrastructure of governmental entities**
8. **A mixed financing model that combines budget resources and contribution financing for social protection**

Moreover, each pillar of the Social Protection Strategy identifies policy outcomes, strategic orientations, initiatives, and a roadmap over the short, medium, and long term.

Thus, the current context presents an opportunity to bring together all stakeholders and promote inter-sectoral coordination under the umbrella of the Social Protection Strategy, which not only outlines a vision for change in the social protection sector in Lebanon, but also represents a roadmap of specific, phased actions for its implementation.







# 2

## INTRODUCTION

The “Social Protection Strategy for Lebanon” is a national government document, aiming at enabling the cabinet and all stakeholders to respond to the multi-layered crises the country is currently facing, and proposing a vision and a way forward to reforming the sector in a way that guarantees social justice, social cohesion and economic inclusion in society. It is a critical milestone within reform efforts to build an efficient, accountable, and financially sustainable social protection system in parallel to the financial, economic and governance reforms necessary to overcome the crisis and rebuild state capacity.

The strategy document presents the results of a situation analysis covering all institutions, programs and services concerned with social protection in Lebanon; proposes a vision and a people-centered strategy towards a human rights-based, shock-responsive and sustainable system; and recommends specific initiatives to build the social protection system which can respond to multi-faceted lifecycle risks. It builds on policy recommendations proposed by different stakeholders that were involved in the strategy development process, including organizations of persons with disabilities, labor unions and civil society working groups.

This strategy was developed at the initiative of the government of Lebanon, which started in January 2019 and is based on extensive dialogue between a multitude

of technical, institutional, and political stakeholders as well as international and national development and civil society actors. The social protection initiative brings together the Ministries of Social Affairs, Labor, Public Health, Education, Economy and Trade, Justice, and Finance, in addition to the National Social Security Fund, the National Employment Office, and a host of civil society organizations, syndicates and unions, development partners and international organizations, independent local and international experts and all UN agencies.

**This document has been prepared with the engagement and guidance of the Inter-ministerial Committee on Social Policy led by the Ministry of Social Affairs, with funding from the European Union and the Government of the Netherlands, technical assistance from UNICEF and ILO, and facilitated by Beyond Group. This document was reviewed by the Ministerial and Technical Committee in accordance with Council of Ministers Decision No. 69/2022., which defined the vision, strategic objectives and the scope of this strategy’s coverage of Lebanese citizens and entrusted all matters related to refugees and displaced persons to the international community in cooperation with the Lebanese state and in line with international obligations, provided that these programs respect the Lebanese constitution and all decisions by previous and current governments. A separate appendix is drawn up for this purpose.**





3

THE CASE FOR  
A SOCIAL  
PROTECTION  
STRATEGY

Lebanon is at a critical crossroad of either maintaining the status quo resulting in its gradual collapse, or driving a structural transformation of its social, economic, financial, governance and political institutions, while maximizing on its human capital and natural resources. For Lebanon to ensure social cohesion within society, rebuild trust in its state institutions and leverage its productive human capital, it is essential for government to act in favor of curbing the cumulative inequalities and facilitating lifecycle transitions, paying particular attention to alleviating hardship on the poor and the vulnerable and reducing the risk of the middle class falling into poverty. This comes in addition to providing greater opportunities for inclusive growth and development through a sustainable social and economic model.

In fact, by providing benefits such as social grants, unemployment insurance, healthcare coverage, and pension, social protection systems support workers and their families throughout challenging circumstances and stages and mitigate their vulnerabilities. This, in turn, enhances the presence of a more stable and productive workforce, also serving as support for employers, allowing individuals to seek and retain employment. Social protection also helps alleviate the negative impact of economic shocks and job loss, enabling workers to access essential services and supporting them during transitions to new employment opportunities. Additionally, these systems include active labor market policies, addressed in one of this strategy's pillars, such as training programs to increase workers' employability, contributing to long-term employment promotion and economic growth. Essentially, social protection is a fundamental pillar for creating an environment conducive to sustainable employment and comprehensive economic development.

This social protection strategy intends to be a vehicle for a new social contract<sup>2</sup> between citizens and the State aiming at establishing social protection as a human right, leaving no one behind. It focuses on immediate measures and long-term strategies to build an inclusive and sustainable system that is capable of responding to current and future shocks, achieving social inclusion and alleviating poverty. It aims at preventing further risks affecting the poor, the most vulnerable and the middle class. In the absence of a clear path out of the crisis, the strategy also takes into consideration the current multi-layered challenges while proposing a comprehensive system with concrete policy options on institutional arrangements and recommendations that could ensure its financial sustainability.

## Human Rights-Based Social Protection as a Driver for a New Social Contract

The State of Lebanon is committed to social justice, and equality in socio-economic rights in the preamble of its constitution, and under the Universal Declaration of Human Rights and international human rights treaties to which it is a party<sup>3</sup>, including the International Covenant on Economic, Social and Cultural Rights, recognizing "the right of everyone to social security, including social insurance"<sup>4</sup>, the Convention on the Rights of the Child<sup>5</sup>, the Convention on the Elimination of All forms of Discrimination against Women<sup>6</sup>, and the Convention on the Rights of Persons with Disabilities<sup>7</sup>. Social protection constitutes as well an integral part of the 2030 Agenda for Sustainable Development that Lebanon is committed to.

A paradigm shift is essential from the current unfair, fragmented and mismanaged social protection programs and measures into a universal, human rights-based, inclusive, efficient, transparent and accountable system. As stated by the UN Secretary-General Guterres at the 18th Nelson Mandela Annual Lecture on tackling the global inequality pandemic, a new social contract "must integrate employment, sustainable development and social protection, based on equal rights and opportunities for all<sup>8</sup>." Thus, in order to develop a robust social protection system, it must be based on universal human rights, and have built-in crisis responsiveness to systemic shocks and life-cycle risks. Such a system could help rebuild the trust between citizens and the state by reasserting its role in restoring social justice in society.

2-The National Social Development Strategy, which was launched in 2011 by the Ministry of Social Affairs, has referred to the social contract or charter.

3-Lebanon has ratified the following international human rights instruments relevant to social protection: CESCR - International Covenant on Economic, Social and Cultural Rights (1972); CEDAW - Convention on the Elimination of All Forms of Discrimination against Women (1997); CRC - Convention on the Rights of the Child (1990); CRC-OP-SC - Optional Protocol to the Convention on the Rights of the Child on the sale of children child prostitution and child pornography (2004).

4-International Covenant on Economic, Social and Cultural Rights, article 9. The UN Committee on Economic, Social and Cultural rights further clarifies the legal obligations of States parties in its General Comment No. 19 "The right to social security (art. 9)" (E/C.12/GC/19) and in its statement on "Social protection floors: an essential element of the right to social security and of the sustainable development goals"(E/C.12/2015/1)

5-UN Commission on Human Rights, Convention on the Rights of the Child., 7 March 1990, E/CN.4/RES/1990/74

6-UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979

7-UN General Assembly, Convention on the Rights of Persons with Disabilities, 13 December 2006, A/RES/61/106

8-Nelson Mandela Annual Lecture, Tackling Inequality: A New Social Contract for a New Era, 2020

“ Lebanon is a parliamentary democratic republic based on respect for public liberties, especially the freedom of opinion and belief, and **respect for social justice and equality of rights and duties among all citizens** without discrimination - Preamble of the Lebanese Constitution.”

## Transitioning Out of the Crisis to Build an Inclusive and Sustainable System

While the strategy focuses on the structural reforms needed to build the long-term social protection system, it also tackles the immediate and short-term challenges by proposing measures that contribute to reduced inequality and poverty, while creating opportunities for growth and employment, leading the country into long-term and sustainable stability. The current compounded social, economic and political crises have also been exacerbated by multiple successive shocks, with the COVID-19 pandemic and its containment measures, the Beirut Port explosion causing widespread destruction, in addition to the long-standing Palestinian refugee crisis and displacement crisis of Syrians since 2011 as a result of the war in Syria.

The social uprising that erupted on October 17, 2019 serves as concrete proof that fundamental reforms are required and well overdue in Lebanon. Without a comprehensive universal social protection system that restores the socio-economic rights of all Lebanese, reduces inequalities, and initiates inclusive people-centered growth and development, further social unrest is expected, exacerbating violence and putting the country's social cohesion at risk.

## Multi-Stakeholder Collaboration

For the proposed strategy to be coordinated, financed and implemented, a multi-stakeholder partnership platform is required that engages the Government of Lebanon and concerned ministries, donors and development partners, diverse civil society and non-governmental organizations, labor unions, academic institutions, and the private sector. It should be based on the [Common Minimum Standards for Multi-Stakeholder Engagement](#)<sup>9</sup>, as produced by the UN Sustainable Development Group, so as to ensure national ownership and that no one is left behind in the process. This collaboration can assist the Government of Lebanon in first ensuring the necessary vision for the strategy implementation, then providing the necessary technical support and financing needed for the success of the reform process and a guarantee of transparency, efficiency and accountability.

The strategy development process intended to be the most inclusive possible and ensured the participation of more than a hundred stakeholders, and this resulting document can serve as a vehicle for future dialogue on key policy issues.

In conclusion, Lebanon is in dire need of a Social Protection Strategy that aims at ensuring people's rights and social justice, is inclusive of all people in society, reduces inequalities, and is able to tackle vulnerabilities and life-cycle risks, through an institutionally and financially sustainable and accountable system.

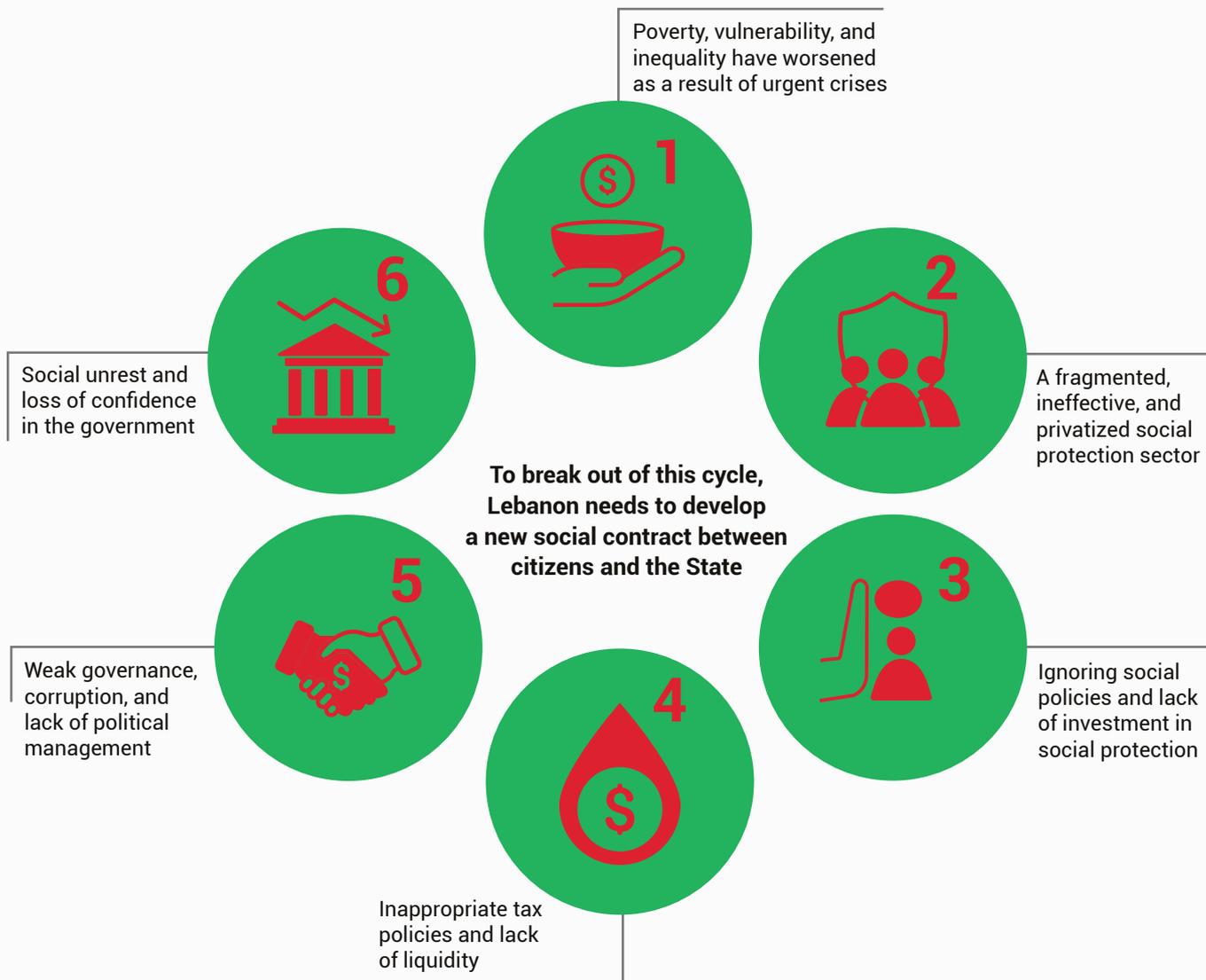
## Breaking Out of the Cycle

The challenges facing the social protection system in Lebanon dictate a structural transformation of the sector, which the proposed strategy intends to tackle.

The current compounding crises in Lebanon are exacerbating poverty and inequality rates, leaving a large number of uncovered people vulnerable to shocks. The Government's ability to respond to these multi-layered crises is

9-UN Sustainable Development Group, Common Minimum Standards for Multi-stakeholder Engagement in the UN Development Assistance Framework, 2020

exhausted due to an already fragmented and inefficient social protection sector. This comes as a cumulative implication of long-term neglected social policies and little investment in public social infrastructure and schemes. The underlying reasons have been inadequate fiscal policies, mismanagement of resources, and the expensive energy and fuel subsidies. Moreover, this has been caused by systemic corruption that paralyzed the political system and hindered political will to solve endemic social, economic and financial problems. This is leading to increased social unrest since 2019/20 and a further decline of trust between citizens and the State, with the risk of further escalation if the current situation is not dealt with.



To break out of this cycle, Lebanon needs to develop a new social contract between citizens and the State that reasserts social protection as a human right as well as a social pact between the State and social partners that defines the responsibilities of each actor in relation to the fulfilment of this objective. Therefore, the proposed social protection strategy is a vehicle that intends to respond to the above problem and to drive the new social contract and social pact that allows more efficient shock responsiveness and financial sustainability beyond the crisis.

As such, any immediate measures proposed to respond to current needs should align with a sustainable, long-term, comprehensive framework for social policy in general and social protection in particular, noting that such a framework should put state responsibilities and the development of state capabilities at the center and clearly outline the role of other concerned stakeholders (notably the private sector/employers), within the current financial challenges and for a longer-term sustainable framework.



# 4

## SYSTEM CHALLENGES FACING SOCIAL PROTECTION IN LEBANON

The current social protection sector in Lebanon is marked with many systemic challenges that hinder the realization of its desired outcomes:

**Social protection is not explicitly enshrined as a universal human right at the policy level and in the national legal framework** in line with the country's commitment to international human rights treaties. A human rights-based approach to social protection necessitates recognizing in national policies, legislations and systems the long-term commitment of the State towards providing universal, inclusive, gender-responsive and sustainable social protection benefits throughout people's life-cycle.

**Provision of social protection is marked with high levels of exclusion, narrow eligibility criteria and low coverage**, leaving out poor and marginalized groups that are the most in need and exacerbating existing inequalities. The groups most affected by the current economic crisis are individuals who have suffered from cumulative exclusion including those who were already poor, women heads of households, discouraged jobseekers, informal workers, families with children, persons with disabilities, older persons<sup>10</sup>, and migrant workers.

**Many are particularly at risk throughout their lifecycle**, as they are not being covered for various contingencies. Due to inadequacy, coverage ineligibility and institutional inefficiency, gaps in coverage and benefits from childhood to old age, including for unemployment, disability, maternity, and other socio-economic shocks, leave many people with no protection in the presence of both idiosyncratic and covariate shocks. The latter is even more worrying in the context of a systemic crisis such as the one the country is currently facing.

**Social protection programs are fragmented**, in the absence of a system for integrated, efficient and sustainable service delivery, including health and social services. The current system is lacking institutional linkages to ensure complementarity between different pillars and drive effective partnerships between various governmental and non-governmental stakeholders.

**The existing governance system does not enable accountability and efficiency**, as it does not provide for clear and well-defined roles and responsibilities, coordination mechanisms amongst the different actors, and required mechanisms, that ensure access to justice, participation of non-state actors and citizens, and compliance across different organizations involved in the social protection sector.

**The social protection infrastructure is underdeveloped**, with public entities having limited institutional capacity for service delivery. This is in part driven by limited digitization, outdated organizational structures, and lack of consideration for shock responsiveness in the design of social protection programs. It is also due to the high reliance of public entities on third party for service delivery with no capacity for oversight to ensure quality and adequacy.

**Fiscal space for social spending is very limited and inequitable**, with a taxation system that does not ensure equitable financing or resource allocation, in addition to inefficient spending of existing resources. In the absence of sustainable financing mechanisms and clear spending priorities, driven by fair fiscal policies, the continuity of social protection programs is continuously threatened.

In addition to the current system challenges facing the social protection sector the compound crises, represented by the Syrian refugee crisis since 2011 as a result of the ongoing war in Syria, the COVID-19 pandemic implications and Beirut Blast have exacerbated the difficult social and economic conditions people in Lebanon are suffering from.

Lebanon's social protection interventions also leave many risks uncovered from a lifecycle perspective, and the figure below demonstrates the major gaps in the provision of core lifecycle benefits, according to international frameworks, notably ILO Convention 102 and Recommendation 202<sup>11</sup>.

10-ILO (2021) Vulnerability and Social Protection Gaps Assessment – Lebanon, Report.

11-ILO (2012) 1952; UN Lebanon, 2020b

## CURRENT GAPS IN LIFECYCLE SOCIAL PROTECTION PROVISION

- No universal child grants
- No unemployment insurance
- No national old-age / social pension schemes
- No universal disability allowance
- No cash sickness and maternity or paternity benefits
- Weak protection for employment injury
- Weak social security system for non-national workers
- Weak or absent tax-financed guarantees for core lifecycle benefits

	 Children	 Working Age	 Old Age
<b>CONTRIBUTORY</b>			
• Public-sector schemes providing health, retirement, and family benefits (Civil Servant Cooperatives CSC, and Security Sector Schemes) and mutual funds	X	X	X
• NSSF – Family and Educational Allowances (formal employment only)	X	X	
• NSSF – End-of-service Indemnities (formal employment only)		X	X
• Employment injury benefits (employer liability)		X	X
<b>CORE LIFECYCLE BENEFITS</b>			
• Healthcare: NSSF- health insurance (for formal employment only)	X	X	X
• Healthcare: MoPH – subsidized hospital care and certain other services	X	X	X
• Social assistance of persons with disabilities – fee waivers and assistive devices	X	X	X
<b>OTHER BENEFITS</b>			
• National Poverty Targeting Program (NPTP / HAYAT), Emergency Social Safety Net (ESSN / AMAN), National Disability Allowance (NDA)	X	X	X

Source: (1) ILO (2020) Towards a Social Protection Floor for Lebanon: Policy options and costs for core life-cycle social grants, Policy Note and (2) Ministry of Social Affairs

## A SOCIAL PROTECTION DEFINITION AND PRINCIPLES FOR LEBANON

Inspired by definitions of social protection in international literature, and adapted to the local context, the following national definition for social protection has been developed in consultation with various governmental and non-governmental stakeholders. The definition serves as an invitation for a broader understanding of social protection as a vehicle to redefine the social contract between people and the state, as the custodian of an efficient and sustainable system of benefit delivery. Social protection is perceived as well, within the current compounding crises, as a framework that guarantees that the most vulnerable are resilient towards the social, economic and livelihood risks they might face throughout their life cycle.

Thus, the following definition was produced in consensus between all involved stakeholders, and reviewed by the Ministerial and Technical Committee in accordance with Council of Ministers Decision No. 69/2022

“ Social protection is a human right, which the state must secure and guarantee through comprehensive and systematic policies, programs, and mechanisms that enable people in Lebanon to live in dignity and autonomy, and to be resilient in facing social, economic and livelihood risks throughout the various stages of life.”

In line with international social security standards, it must be noted that the National Social Protection Strategy is for the development of national systems that should be accessible at least to all legal residents, including migrant workers and their families. As for refugees and displaced persons, a separate annex has been put for this purpose.

### Normative Framework for Social Protection in International Human Rights Instruments

- Universal Declaration of Human Rights, 1948
- ILO Social Security (Minimum Standards) Convention No. 102, 1952
- Recommendation on Social Protection Floors, June 14, 2012, Recommendation 202
- ILO Framework of decent work indicators
- 2030 Agenda for Sustainable Development
- International Covenant on Economic, Social and Cultural Rights, 1966 (**ratified by Lebanon**)
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1990
- Convention on the Rights of the Child, 1989 (**ratified by Lebanon**)
- Convention on the Elimination of all Forms of Discrimination Against Women, 1979 (**ratified by Lebanon**)
- Convention on the Rights of Persons with Disabilities, 2007 (ratified by Lebanon)



## GUIDING PRINCIPLES FOR A SOCIAL PROTECTION SYSTEM FOR LEBANON

Building on previous consultations with relevant governmental and non-governmental stakeholders, and in accordance with the rights enshrined in the Lebanese Constitution and Lebanon's commitment to international treaties and as a mean of enhancing social protection, the following set of guiding principles have been developed:



### Human rights-based

Human rights should be at the heart of the social protection system and inform its content, process and outcomes. Thus, social protection should support the realization of human rights as stipulated in national and international legal instruments<sup>12</sup>, ensuring access to services without discrimination.



### Social Justice

The social protection system should provide an adequate level of benefits which address the large economic and social differences between individuals and households by ensuring equity and equal opportunities.



### Inclusiveness

The social protection system should be committed to the realization of coverage of all individuals without any discrimination, leaving no one behind. It should take into consideration diversity of needs and risks and provide a set of social guarantees devoted to the needs of marginalized groups, with a particular focus on gender equality and disability inclusion to ensure better responsiveness.



### Social Solidarity

Everyone should cooperate and benefit collectively from the social protection system, which promotes solidarity, interdependence and a national feeling of ownership.



### Empowerment

The social protection system should empower and include marginalized groups, promote efficient labor markets, develop human skills, enhance productive capacities, and enable redistribution and inclusion in society.



### Sustainability

The social protection system should focus on meeting the needs of the present generation without undermining the ability to meet the needs of future generations, through stable financing, institutionalized administrative mechanisms, efficient human resources, and the effective use of available resources in a way that ensures sustainability.



### Participatory

The government is the custodian of the national framework for social protection and should secure overall leadership for it by setting the strategic direction and facilitating coordination and commitment by all concerned actors. The framework also accounts for institutionalized participation of rights holders across the design, implementation and monitoring process, and the support from a wide range of national actors, including diverse civil society and social movements.



### Good Governance and Rule of law

The social protection system should be based on a set of rules, controls, mechanisms and procedures that govern the state administration efficiently and effectively and ensure transparency and flexibility of application and strong institutions. This includes coordinating the efforts of ministries and public institutions, establishing clarity of roles among them, and strengthening the capacities of oversight and accountability.

12-International Covenant on Economic, Social and Cultural Rights, Article 9. Likewise, the UN Committee on Economic, Social and Cultural Rights clarifies the legal obligations of Member States in its General Comment No. 19 "The right to social security (art. 9)" (E/C.12/GC/19) and in its statement on "Social protection floors: an essential element of the right to social security and the Sustainable Development Goals" (E/C.12/2015/1).



**Accountability:**

The state is responsible for ensuring the rights and entitlements of its people are respected and assumes accountability in this regard for all involved actors in implementation, including civil society. Accountability mechanisms need to be set up, which include targets, benchmarks and indicators. All mechanisms must be transparent, effective and accessible to all stakeholders.





# 5

THE SOCIAL PROTECTION  
VISION AND STRATEGIC  
GOALS FOR LEBANON

By adopting the above principles, the social protection framework should align with Lebanon's human rights commitments and the 2030 Agenda for Sustainable Development, and in particular to the SDG target 1.3 that gives mandate to "implement nationally appropriate social protection systems and measures for all, including floors" as well as SDG indicator 1.3.1 to measure the "proportion by achieving substantial coverage of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable"<sup>13</sup>."

The Social Protection Floor framework<sup>14</sup> should orient the development of a nationally defined and inclusive social protection system in Lebanon, with the objective of closing social protection gaps and progressively achieving universal coverage.

The hybrid approach adopted for the development of the strategy focuses on the five social protection pillars in recommending strategic orientations and initiatives, and is designed to respond to life cycle risks.

## THE SOCIAL PROTECTION VISION FOR LEBANON

Based on the above national definition, the following vision is proposed for Lebanon in the coming 10 years, based on a consensus building process between all state and non-state actors involved, and following review by the Ministerial and Technical Committee in light of Council of Ministers Decision No. 69/2022:

**“A society in which all its members enjoy a decent life, and is based on a system that adopts a human rights approach to provide equitable, comprehensive and sustainable social protection throughout people's lifecycle.”**

The vision intends to achieve three core features for the aspired social protection system within the context of Lebanon:

### Universal



Social protection is ensured as a right according to the Lebanese Constitution and as a driver of the new social contract between people and the state, within the framework of international human rights and SDGs frameworks standards, the 2030 Agenda on Sustainable Development, and the pledge to leave no one behind and to reach the furthest behind first.

### Shock responsive



The social protection system provides solutions for current and future crises within a comprehensive framework that responds to vulnerability and risks throughout people's life-cycle.

### Financially sustainable



The social protection framework is established within integrated and sustainable institutional and financial implementation mechanisms that ensure efficiency, participation, transparency and accountability.

13-Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development, E/CN.3/2021/2

14-Social protection floors are nationally-defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion. These guarantees should ensure at a minimum that, over the life cycle, all in need have access to essential health care and basic income security. National social protection floors should comprise at least the following four social security guarantees, as defined at the national level: access to essential health care, including maternity care; basic income security for children, providing access to nutrition, education, care and any other necessary goods and services; basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; basic income security for older persons.

## SOCIAL PROTECTION STRATEGIC GOALS

The vision will be achieved through a gradual and cumulative process that aims at the progressive realization of the right to social protection. This includes preventing the fall of more people into deep poverty and vulnerability and assisting the poor to be resilient, protecting those at risk of vulnerability and the middle class throughout their life stages, promoting the enhancement of real income and capabilities by preserving human capital and productivity, and transforming the social protection system so that it ensures universal coverage.

In line with the above vision, the Lebanese government sets the following strategic goals for social protection in Lebanon:



### Coverage

Working to gradually expand the coverage and benefits of social protection programs for the Lebanese people, in an effort to achieve comprehensive and adequate coverage for all, in a manner consistent with the state's financial capabilities and while working on a financial sustainability program.



### Governance and Institutional Capacity

Developing the capabilities of institutions concerned with social protection within the Lebanese state and the governance system in a way that enables the state to implement the strategy effectively.



### Financing

Develop and ensure implementable, fair and sustainable financing mechanisms for social protection to ensure the gradual implementation of the strategy, taking into account the overall financial situation.



### Accountability & Transparency

Develop and unify information systems within the relevant institutions to facilitate access to information related to social protection programs, and establishing a clear structure within the Lebanese state for accountability and oversight, in parallel with ensuring privacy and data protection principles.



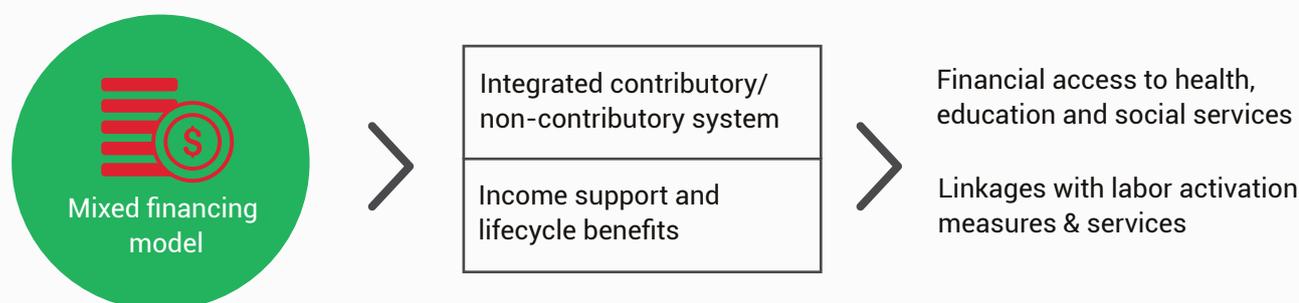


6

REQUIRED SOCIAL  
PROTECTION  
SYSTEM REFORMS

In order to bridge the gap between the current reality and the aspiration to achieve the vision of a comprehensive and integrated social protection system, the following system reforms are needed.

## Conducive Legal & Policy Framework



## Streamlined Institutional System

## Administrative capacity for delivery

Core components of the social protection system include:

- **A social protection legal and policy framework that recognizes social protection as a human right**, which in turn, serves to define the social contract between people and the State on the basis of citizenship, rights and solidarity. The policy and legal framework will clearly stipulate the role of the State as duty bearer, define main social protection programs, outline the responsibilities of all relevant stakeholders, establish mechanisms for accountability and transparency, and ensure the adequacy and predictability of benefits through long-term financing arrangements. Policy integration will be achieved across the five social protection pillars through the Inter-ministerial Committee for Social Affairs (IMC) which will be responsible for high-level coordination, collaboration, and transparent oversight of the social protection system.
- **Integrated contributory and non-contributory system to achieve broader and more inclusive coverage, progressively realizing universality.** This includes designing integrated contributory and non-contributory benefits for old age, disability, sickness and maternity, unemployment, and child benefits in a multi-tiered fashion, with features of shock-responsiveness. The Social Protection Floor framework will orient the development of a nationally defined and inclusive social protection system in Lebanon, with the objective of closing social protection gaps and having programs that more effectively address lifecycle risks in childhood, working age and old age. To that end, the integrated system will consist of a set of tax-financed core lifecycle benefits including a child grant, disability allowance and old-age pension, which are to be introduced alongside reforms to the social insurance system and existing social safety nets to provide income support for the extreme poor. This will also be coupled with basic guarantees to ensure access to health care, education, and other social services as well as labour activation measures that can enhance the productive inclusion of vulnerable groups.
- **Measures for integration and mechanisms for coordination across programs and institutions to drive synergies across and within the five social protection pillars.** This includes:
  1. A unified single registry (including a social registry) to serve as a shared and interoperable information system among the existing databases that enables efficient beneficiary identification, verification, payment, monitoring and reporting and allows for vertical integration across all pillars;
  2. A national digital ID system to embed in social protection delivery systems which will ensure unique, deduplicated identification of beneficiaries and transparent and secure execution of financial transactions/ benefit payments.

• **Developed governance and institutional capacity of governmental entities relevant to social protection to ensure higher accountability and partnership with other stakeholders.** This includes restructuring core public institutions and reallocating human and financial resources across government to ensure higher efficiency and transparency, as well as more effective partnerships with diverse civil society. This also includes clear definition of role and responsibilities of different entities, and developing public sector capacity to contract, accredit, monitor and regulate private sector or civil society service providers within the social protection system.

. **Developed administrative infrastructure within government to improve capacity for high quality service provision.** This includes digitizing operations and services, in line with data protection laws and guidelines, and conducting business process reengineering where necessary to ensure that the institutional set-up can carry out the core functions required to deliver benefits, including assessing eligibility of prospective beneficiaries, registration, payments, complaints and appeals, outreach and communications, case management, etc.

. **A mixed financing model to combine budget resources and contribution financing for social protection,** such that tax-funded social assistance benefits are complemented with contributory social insurance programs in line with obligations under the International Covenant on Economic, Social and Cultural Rights (CESCR). Extending coverage for the national social protection system in the current environment necessitates inverting the trend of austerity and leveraging available resources, including through international assistance and cooperation, to progressively achieve universality and comprehensiveness such that no one is left behind. Leveraging available resources to promote the realization of the right to social protection will require, among others, solidarity-based financing, progressive taxation measures/fiscal policies, strengthening the capacity to collect taxes, fighting tax evasion and other forms of abuse, tackling corruption and illicit financial flows, and developing a mechanism that pools resources from different local and international sources. These measures would contribute to effectively redistributing resources and combating inequality and discrimination in the short and long term.





# 7

## MATRIX OF SOCIAL PROTECTION POLICY OUTCOMES

The following matrix gathers the policy outcomes in an integrated social protection framework that responds to the strategic goals and system reforms. Strategic orientations and initiatives will be implemented on a short, medium and long term to achieve these policy outcomes.

	SOCIAL ASSISTANCE	SOCIAL INSURANCE	SOCIAL WELFARE	ACCESS TO SOCIAL SERVICES		LABOR MARKET ACTIVATION
				SOCIAL HEALTH PROTECTION	FINANCIAL ACCESS TO EDUCATION	
<b>COVERGAGE</b>	<b>P1.01</b> All vulnerable individuals are provided with direct income support to prevent and alleviate poverty, vulnerability and social exclusion and reduce overall inequality.	<b>P2.01</b> All workers and their dependents enjoy social insurance coverage.	<b>P3.01</b> All marginalized/ vulnerable groups have effective access to inclusive and quality social welfare services.	<b>P4H.01</b> Coverage against health care costs is available to the entire population, across all life stages, with a particular focus on marginalized groups and vulnerable segments of the population, including uninsured children, women and adolescent girls, persons with disabilities, and older persons.	<b>P4E.01</b> Universal quality education is financially accessible for all basic education students (including non-formal sector), with particular attention to marginalized groups, and exploration of fee waivers at the secondary level and within TVET.	<b>P5.01</b> Vulnerable segments of the population have enhanced access to decent work opportunities.
<b>ADEQUACY &amp; COMPREHENSIVENESS</b>	<b>P1.02</b> The level of social assistance transfers is sufficient to attain adequate standards of living and mitigate the impact of multi-faceted lifecycle risks.	<b>P2.02</b> All persons covered under the social insurance system enjoy adequate benefits that ensure minimum standard of living and address the variety of lifecycle risks and contingencies.	<b>P3.02</b> The range of service interventions, outreach and case management services provided to vulnerable groups is expanded to address their multi-dimensional vulnerabilities and needs within a global community development approach.	<b>P4H.02</b> Adequate financial protection is provided at the different levels of care (primary, secondary, tertiary, etc.) for essential services to ensure effective and efficient coverage of needs based on equity and solidarity.	<b>P4E.02</b> Social assistance programs promote financial access to education for program recipients and link to complementary services and programs.	<b>P5.02</b> Mechanisms for wage and income protection for vulnerable workers are operationalized.
<b>GOVERNANCE &amp; INSTITUTIONAL CAPACITY</b>	<b>P1.03</b> The national social assistance infrastructure allows for effective, efficient and transparent service delivery, and facilitates coordination and integration of social assistance programs within the broader social protection system.	<b>P2.03</b> Governance structures of the social insurance system ensure policy coherence, accountability, sustainability, and responsiveness.	<b>P3.03</b> Social welfare services adhere to high quality standards and are well coordinated to address the holistic needs of vulnerable groups.	<b>P4H.03</b> Streamlined institutional, financing and administrative system for accessing healthcare is developed.		<b>P5.03</b> Labor market institutions and labor protection frameworks are strengthened.
<b>FINANCING</b>	<b>PF.041</b> Sustainable and equitable financing is ensured to increase coverage of the social protection system through a mixed model of social contributions financing and budget resources <b>PF.042</b> Efficient management of financial resources invested in social protection schemes through improved coordination, reduced inefficiencies and enhanced monitoring <b>PF.043</b> A fair fiscal policy is adopted that prioritizes social protection and contributes to labor market activation					



# 8

## THE SOCIAL PROTECTION STRATEGY FROM A LIFECYCLE LENS

To ensure that the proposed social protection framework is comprehensive and integrated, the lifecycle lens is applied to complement the pillar approach and allow for a human-centered perspective. The figure below shows that the core initiatives of the strategy accounts for a majority of vulnerabilities and risk throughout the human lifecycle, leaving no one behind.

	 Children	 Working Age	 Old Age
<b>CONTRIBUTORY</b>			
■ Maternity benefit	×		
■ Work injury benefit		×	
■ Family allowance benefit		×	
■ Disability benefits		×	
■ Unemployment benefit		×	
■ Old age pension			×
<b>CORE LIFECYCLE BENEFITS</b>			
■ Child grant	×		
■ Social pension			×
■ Disability grant (with assistive devices and tax exemptions for PWD)	×	×	×
■ Universal access to healthcare	×	×	×
<b>OTHER BENEFITS</b>			
■ Cash transfers	×	×	×
■ Primary prevention services (day care activities and programs for children including those with disabilities, services for at-risk youth, etc.)	×		
■ Secondary prevention services (job training, legal support, support to find housing, day care to families who are found to be in a particularly difficult situation, etc.)		×	
■ Specialized social services (rehabilitation services for children with disabilities or youth with behavioral problems, psychologist services for children, etc.)	×		
■ SGBV services	×	×	
■ Long-term care, community support services			×
■ Community support services for persons with disabilities	×	×	×
■ Referral, follow-up and case management of households	×	×	×
■ Shelters for survivors of violence	×	×	×
■ Child protection services	×		
■ Alternative care for children (residential or family/community-based care)	×		
■ Specialized social services (Psychosocial & mentoring services for families, legal services, etc.)		×	
■ Free basic public and non-formal (inclusive) education	×		
■ Fee waivers and/or subsidies for fees at the secondary level and for TVET	×		
■ Support for indirect costs of education - i.e. uniforms, books, additional supplies & transport	×		
■ Vocational skills training	×		
■ Public employment services		×	
■ Private sector employment incentives including employment subsidies, wage supplements, labor market training		×	
■ Labor intensive programs		×	
■ Ecosystem for the social and solidarity economy		×	
■ Minimum wage		×	
■ Linkages between unemployment benefits with reskilling and upskilling initiatives		×	
■ Reformed labor legislation		×	

- Social Insurance
- Social Welfare
- Social Assistance
- Financial access to Social Services
- Labor Market Activation
- × Proposed Additional Benefits
- × Existing Benefits



# 9

## SOCIAL PROTECTION STRATEGIC ORIENTATIONS AND INITIATIVES



# SOCIAL ASSISTANCE

The aim of the social assistance pillar is to have a system which consists of streamlined and well-coordinated programs that provide direct income support to households to tackle rising vulnerability and income/food insecurity, promote socio-economic inclusion and life in dignity, as well as preserve human capital/ productivity. The system will rely on a combination of core lifecycle income-support benefits to address vulnerabilities/contingencies in childhood, working age, and old age (social protection floor), and a programs providing cash benefits for households that remain in a state of extreme poverty (social safety nets). This comprehensive social assistance system will progressively replace the system of price subsidies<sup>15</sup>, which began to be lifted from mid-2021. Cash transfer programs will also be supplemented by programs and policy initiatives in an integrated manner with other pillars of the SP system, noting in particular social welfare services, social insurance benefits, and economic inclusion and labor activation measures.

The integrated social assistance programs will have transparent eligibility criteria, provide adequate benefit levels to facilitate economic and lifecycle transitions, and have harmonized and coherent delivery systems. Such programs will go beyond an exclusive focus on poverty alleviation and instead also include non-contributory income support schemes that address lifecycle vulnerabilities and contribute more broadly to socio-economic development in the long term. Furthermore, social assistance programs will adopt shock-responsive social protection program design, such that they can “scale up” by temporarily increasing benefit levels to existing beneficiaries and “scale out” by temporarily providing benefits to affected households during times of acute need that were not previously included as beneficiaries.

A multi-pronged system that focuses on both poverty and life-cycle vulnerabilities is the most appropriate course of action for multiple reasons:

- . **Limited exclusion errors:** Exclusion from the current social assistance system is primarily driven by scale, and then by design through the existing targeting mechanisms which partially exclude categories of vulnerable groups (older people, people with disabilities, etc.). Broader and more inclusive coverage will be achieved under the new system through scaling up cash-based social assistance interventions, and introducing a categorical approach to targeting to ensure adequate safeguards for vulnerable groups. The following vulnerable groups are to be prioritized in the current context: persons with disabilities of all ages, children in early childhood and school-age, older persons, and people living in extreme income or multi-dimensional poverty.
- . **Catalyst for social cohesion:** The adoption of clearly defined and transparent eligibility criteria, along with inclusive policy choices, reduces the perception of the resulting exclusion as arbitrary, which reduces the emergence of community discontent. Thus, the benefits of social assistance contribute to enhancing social cohesion.
- . **More effective shock-responsiveness:** A combination of programs that address both poverty and life-cycle vulnerabilities can better support shock management during times of crisis, and simultaneously serve preventive and protective functions of social protection.

<sup>15</sup>-Although subsidies should ideally protect vulnerable households against inflation, the existing subsidy model in Lebanon is flawed, as it is expensive and regressive. Benefit analysis shows that only 20% percent of the total value of subsidies goes to the poorer half of the population. Moreover, considering the depletion of foreign currency reserves, the existing subsidy structure is not sustainable. At the same time, de-subsidization in its current direction will inevitably increase poverty and economic vulnerability, which is why a gradual reform is necessary which includes measures that can counter the welfare costs that come with the lifting of subsidies. As such, it is imperative to have an effective transition strategy for the reform of subsidies, and temporarily maintaining subsidies on basic consumer goods to ensure food security and access to essential medicines for the poorest and most vulnerable households.

## SOCIAL ASSISTANCE POLICY OUTCOMES

Accordingly, the following policy outcomes are proposed:

**P1.01: All vulnerable individuals are provided with direct income support to prevent and alleviate poverty, vulnerability and social exclusion and reduce overall inequality.**

The social assistance system will scale-out cash transfers to the extreme poor and to individuals facing lifecycle vulnerabilities to alleviate the impact of the various crises and reduce negative coping strategies. This will be achieved through the expansion of existing social safety nets in the short run<sup>16</sup> in addition to planning and implementing social grants schemes for broader and more inclusive coverage<sup>17</sup>.

**P1.02: The level of social assistance transfers is sufficient to attain adequate standards of living and mitigate the impact of multi-faceted lifecycle risks.**

The social assistance system will ensure that transfer levels are sufficient to facilitate both economic and lifecycle transitions, and that all programs are complemented with other programs (livelihood opportunities, labor activation, social and welfare services, etc.) to address various vulnerabilities and non-monetary deprivations.

**P1.03: The national social assistance infrastructure allows for effective, efficient and transparent service delivery, and facilitates coordination and integration of social assistance programs within the broader social protection system.**

The social assistance system will have enhanced efficiency and effectiveness through higher integration between social assistance programs and coordination with other relevant programs. In addition, this will be achieved through larger investments in systems building to manage the complexities of needs identification, prioritization, allocation of resources, coordination of efforts, implementation mechanisms, monitoring of results and evaluation of impact.

## SOCIAL ASSISTANCE STRATEGIC ORIENTATIONS AND INITIATIVES

### Strategic Orientation 1

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Progressively expand adequate direct income support to households and individuals facing poverty and life-cycle vulnerabilities.

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#### **Initiative 1.1:**

**Strengthen and complete the planned emergency expansion of the social safety nets for households in extreme poverty** while ensuring transparency, accountability in targeting mechanisms, as well as adequacy in transfer values, transition to cash instead of e-card food vouchers, and adequate geographical coverage.

#### **Initiative 1.2:**

**Introduce and roll-out inclusive Social Grants**, as a foundation for a social protection floor to address different lifecycle vulnerabilities and comprising: a child grant, disability allowance, and old-age social pension. When core lifecycle grants are rolled out, they would provide adequate universal protection for individuals who are eligible, while the poorest households would receive (additional) support from social safety nets.

<sup>16</sup>-The expansion of the coverage of the National Poverty Targeting Program (NPTP) from 15,000 pre-crisis to 75,000 families has actually begun, and the implementation of the World Bank financed Emergency Social Safety Net Program has begun since March 2022, which in turn has covered an additional 75,000 families.

<sup>17</sup>-The National Disability Allowance (NDA) was launched in April 2023 as the first social grants program. It is funded by a grant from the European Union and is implemented jointly by the Ministry of Social Affairs, the United Nations Children's Fund (UNICEF) and the International Labor Organization. Work is also currently underway to design a program. National Child Scholarship will be launched in 2023

## Strategic Orientation 2

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Ensure coordination and alignment between different social assistance interventions as part of a national social assistance system, including along the humanitarian-development nexus.

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### Initiative 2.1:

**Establish a social assistance coordination unit or mechanism which integrates and consolidates program design and operations across all institutions** (reference Governance Options and Institutional Framework Chapter). This can take the form of an inter-ministerial administrative coordination body which is hosted in the central government (PMO) or a quasi-independent Social Assistance Agency which has more autonomy over financial and administrative decision-making. Ultimately, the function of the adopted coordination mechanism is to achieve overall coherence in policy and mandates for program implementation, as well as ensure harmonization and integration of design and operations, M&E and information management of social assistance interventions implemented across different line ministries.

### Initiative 2.2:

**Establish unified or coordinated approaches for eligibility and transfer value determination across all interventions in the social assistance system, following rigorous analysis and periodic review.** Streamline and integrate programs into government-led identification and registration as a top priority, as well as payment, delivery, GRM and other key operational systems (see Strategic Orientation 4).

### Initiative 2.3:

**Until the return of the displaced Syrians, advance towards aligning existing social safety nets for Palestinian refugees and displaced Syrians, funded and implemented by the international community, with the national social assistance system under development for Lebanese nationals.** In the short run, develop mechanisms for operationalizing linkages between humanitarian assistance for refugees and displaced persons and national systems including developing common or harmonized design and administrative processes (e.g. assessment tools, transfer value, registration and payment methods, and monitoring and evaluation) taking into account the efforts of the Lebanese government towards the completion of the plan for the return of the displaced.

## Strategic Orientation 3

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Link social assistance with complementary services and programs that address multi-dimensional vulnerabilities.

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### Initiative 3.1:

**Fully develop linkages and referral systems between social assistance programs and other programs that provide opportunities for social inclusion.** Establish functional links between cash assistance and healthcare, education and social welfare services, taking into account additional barriers for marginalized groups such as women and PWD to access essential services. This can be achieved through developing integrated systems for referral to Primary Health Care centers (PHCs) for essential/preventive health care, connected into Social Development Centers and other centers providing social services (including education and social welfare services).

### Initiative 3.2:

**Increase case management services and specialized care for vulnerable groups** with multi-dimensional vulnerabilities (including individuals exposed to GBV or other forms of violence, abuse, or exploitation). Ensure that an integrated support package is provided as part of developing strong linkages between the poverty reduction component of social assistance and a protection component (social welfare). This could include shelters for survivors of domestic violence and abuse, counselling services, operational hotlines and reintegration services. In addition, invest in preventive measures, providing basic social services prior to the need for specialized services.

### Initiative 3.3

**Link social assistance to public TVET for reskilling/upskilling in addition to livelihood opportunities and other life skills capacity building (financial literacy training, etc.).** Facilitate the transition from social assistance to contributory employment through access to new employment via public works programs and job matching support (reference Economic Inclusion and Labor Activation Chapter).

### Initiative 3.4

**Ensure proper linkages between social assistance and access to affordable and inclusive housing.** Leverage pre-existing policies such as the revision of the rent control law to initiate housing protection programs. In the short term, alleviate the most pressing needs for housing through the provision of different modalities of housing assistance (such as rental assistance/vouchers, social housing projects, housing cooperatives, etc.). In the medium to long term, introduce a comprehensive housing policy that comprehensively structures the housing market to best respond to housing needs. As part of an overall reform of the housing, land and real estate sector, it will also be important to modernize registration, inventory and digitization of property documents/titles, design and implement a housing-specific database to better inform policymaking, as well as develop a robust legal framework.

## Strategic Orientation 4

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Develop the social assistance infrastructure and the capacity of ministries and mandated national institutions in providing integrated social assistance.

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### Initiative 4.1

**Establish fully government owned payment and delivery mechanisms within the unified institutional framework of the Social Assistance Coordination Unit** that can ensure enrollment, onboarding and delivery of cash to recipients on a regular, reliable and accessible basis. This should be provided in accordance with internationally and nationally accepted guidelines and minimum payment standards which should govern, which include at a minimum, fairness, reliability and transparency, accessibility, adaptability and acceptability.

### Initiative 4.2

**Enhance system capacity to respond to crises by embedding shock responsiveness in existing (and future) schemes,** including enabling environment, program design, and delivery systems. In particular, the NPTP and social grants programs should include operational, data and financing features for 1) scale-up ("vertical expansion") – whereby the value or duration of benefits for existing SA beneficiaries is increased temporarily, and 2) scale-out ("horizontal expansion") – whereby the number of beneficiaries in an existing SA program is increased temporarily.

### Initiative 4.3

**Invest in outreach and communications initiatives consistently** to ensure that intended beneficiaries (particularly vulnerable groups) and the public are informed of the objectives of SA programs, target population, and benefit entitlements, including those in rural and remote areas.

### Initiative 4.4

**Strengthen integrated grievance and redress mechanisms** for complaints and appeals, as well as queries at the national and local levels. Ensure the inclusion of civil society stakeholders in the monitoring and evaluation of all social assistance programs to enhance accountability and transparency.

### Initiative 4.5

**Establish and maintain a nationally-owned management information systems at the program level** and ensure their integration as part of a national single registry for the social protection sector. Management information systems should enable administrators to manage data related to registration, enrolment, payments, beneficiary updates and grievances, in addition to facilitating and supporting the monitoring of schemes by providing management reports on operational processes.



## SOCIAL INSURANCE

The aim of this pillar is to have an integrated social insurance system that delivers adequate social insurance benefits to the entire working population in a financially sustainable manner. The requisite reforms in order to achieve an integrated system for social security need to achieve a balance between

1. Broad and inclusive coverage.
2. Adequacy and comprehensiveness in addressing various lifecycle risks in childhood, working age and old age.
3. Solvency in the short term and sustainability over the long term without imposing a larger burden on the government budget.

The proposed system should include the following components: a reformed contributory pension; adequate child/family benefits; and expanded access to other social insurance benefits including sickness, unemployment, employment injury, maternity, invalidity, and survivors. Social health insurance is addressed in the Financial Access to Health chapter. Finally, the social insurance system should also include linkages to labor activation measures to preserve human capital and stimulate productivity.

Realizing a more integrated system requires reconciling existing structural fragmentations between the six employment-based social insurance schemes and improving equity in access to social insurance benefits across all segments of the working population.

## SOCIAL INSURANCE POLICY OUTCOMES

Accordingly, the following policy outcomes are proposed:

### **P2.01: All workers and their dependents enjoy social insurance coverage**

Social insurance coverage will be progressively expanded to include the entire working population, first by bringing all eligible persons into the NSSF and overcoming avoidance/evasion of contributions by employers, and then extending coverage to other categories of workers.

### **P2.02: All persons covered under the social insurance system enjoy adequate benefits that ensure minimum standard of living and address the variety of lifecycle risks and contingencies.**

The range of social insurance benefits provided will be expanded to enhance the capacity of individuals to manage various lifecycle risks, ensuring that benefit levels are in compliance with ILO Convention No. 102 of 1952 (commonly referred to as C102). C102 prescribes the minimum standards of benefit to be paid to a social insurance participant in the event that a life-changing event occurs, and refers to 7 contingencies: Sickness, Unemployment, Old age, Employment injury, Maternity, Invalidity, and Survivors.

### **P2.03: Governance structures of social insurance system ensure policy coherence, accountability, sustainability, and responsiveness.**

The social insurance system will reduce existing fragmentations and inequities in benefits between different categories of workers. This will be achieved through governance reform for improved decision-making, investments in institutional capacity to drive efficiencies (including digital transformation of NSSF operations and services, decentralization of functions to regional offices, etc.), and improved coordination mechanisms with relevant authorities for stronger accountability.

## SOCIAL INSURANCE STRATEGIC ORIENTATIONS AND INITIATIVES

### Strategic Orientation 1

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Progressively extend legal and effective coverage of contributory system to all workers and their families on the basis of equality of treatment and solidarity.

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#### **Initiative 1.1**

**Enforce the provisions of the Social Security Law to bridge the gap between legal and effective coverage.** Increase coverage of NSSF, particularly all employees in the formal sector that are legally covered under the existing legislation but are not registered and contributing to the NSSF by enhancing awareness, compliance and enforcement capacity (see more in initiative 4.4).

#### **Initiative 1.2**

**Amend social security legislation or introduce new legislation, if needed, to eliminate discriminatory provisions on the basis of sex and nationality and remove relevant administrative barriers.** Amend Articles 14, 46 and 47 of the Social Security Law 78/1963 so that, in par with the entitlements of a male worker, a woman registered at the NSSF through her job can extend her social security coverage to her spouse and is entitled to a family allowance for her spouse in the case he is unemployed, without exceptions or restrictions. In addition, amend provisions that discriminate between national and legal non-national workers in accessing social security benefits.

### Initiative 1.3

**Introduce long overdue regulatory mechanisms for mandatory coverage of temporary and seasonal employees**, while improving awareness, facilitating administration mechanisms and providing incentives as required for workers and employers to register all employees, beyond permanent staff.

### Initiative 1.4

**Extend mandatory coverage in the national social insurance system to groups that have sufficient contributory capacity**, such as high-income self-employed and employers, or for whom contributions can be sponsored, such as domestic workers, while introducing adaptation of the scheme parameters and administration as required.

### Initiative 1.5

**Extend mandatory coverage to workers who do not have sufficient contributory capacity, through partial or total subsidization of contributions**, such as low-income self-employed, agriculture, and construction workers, as well as unpaid care givers of family members with disabilities or older persons. Introduce specific parametric features and administrative mechanisms to foster enrolment, in addition to innovative modalities to determine the contribution base for casual, platform workers and other workers in new forms of employment.

## Strategic Orientation 2

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Reduce fragmentation and inequities across social security regimes.

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### Initiative 2.1

**Undertake necessary reforms to ensure long-term financial sustainability of the social security system for public sector workers.** Reform main parameters of social security schemes for public sector workers to ensure inter-generational equity, financial sustainability and adequacy, in line with international social security standards and benchmarks. As required the reform can be staggered in phases, introducing new reform parameters for new entrants, and arranging for appropriate transitional arrangement for currently insured members.

### Initiative 2.2

**Progressively harmonize benefit levels and conditions of coverage for all workers.** The unified benefit package and eligibility conditions should be determined on the basis of international social security standards, and ensure equity, adequacy, affordability and financial sustainability. Three broad options are considered in relation to the institutional configurations and funds structure that would accompany harmonization of benefit package profiles (See below).

#### → Policy Option A. **Full merger of social security funds**

Merge - through new legislation – all existing social security funds into one. Such new fund shall include private and public sector workers (civil and uniformed), as well as sectors currently insured through mutual funds, and provide for coverage on the basis of a unified benefit structure, at least for all insured future service periods. Special arrangements will have to be put in place to ensure financing of existing liabilities under pre-reform schemes, without undue cross-subsidization, on the basis of the principles of fairness and recognizing the role of government as the ultimate guarantor of social security systems, as enshrined in international social security standards.



#### **Main risks**

Accrued liability of generous public sectors schemes implicitly financed by private sector and/or future generations.



#### **Main advantages**

Broad risk pooling, efficient financing, unified institutional structure.

→ Policy Option B. **Full social security integration, for new entrants.**

Introduce – through new legislation – a single social security scheme and a unique social security fund for all new entrants to the workforce on a prescribed date. Such new fund shall include private and public sector workers (civil and uniformed), as well as sectors currently insured through mutual funds, and provide for coverage on the basis of a unified benefit structure. Special arrangements will have to be put in place to ensure continued financial viability for closed legacy schemes (old and disabled /insured members) on the basis of international social security standards.



**Main risks**

Heavy burden on government finances for closed schemes, could lead to significant inequities in entitlements between current and future generations.



**Main advantages**

Gradual reform, in the long run it achieves broad risk pooling and unified institutional structure.

→ Policy Option C. **System-wide alignment but limited social security integration**

Align benefits and standards across the different social insurance schemes for private and public sector (civil and uniformed) on the basis of a single unified benefit package and common eligibility conditions (for all new entrants, for all new insured service periods). Maintain separation in institutional and funds structure between private and public sector, while establishing tight supervision and control function to ensure alignment with unified design (e.g. by establishing a Social Security Authority for regulation and oversight). Gradually pursue integration of all existing mutual funds within the NSSF.



**Main risks**

Risk of divergence from policy of unified benefit package as a result of institutional fragmentation, perpetrates existing inequities; limited pooling



**Main advantages**

Least disruptive to institutional status quo

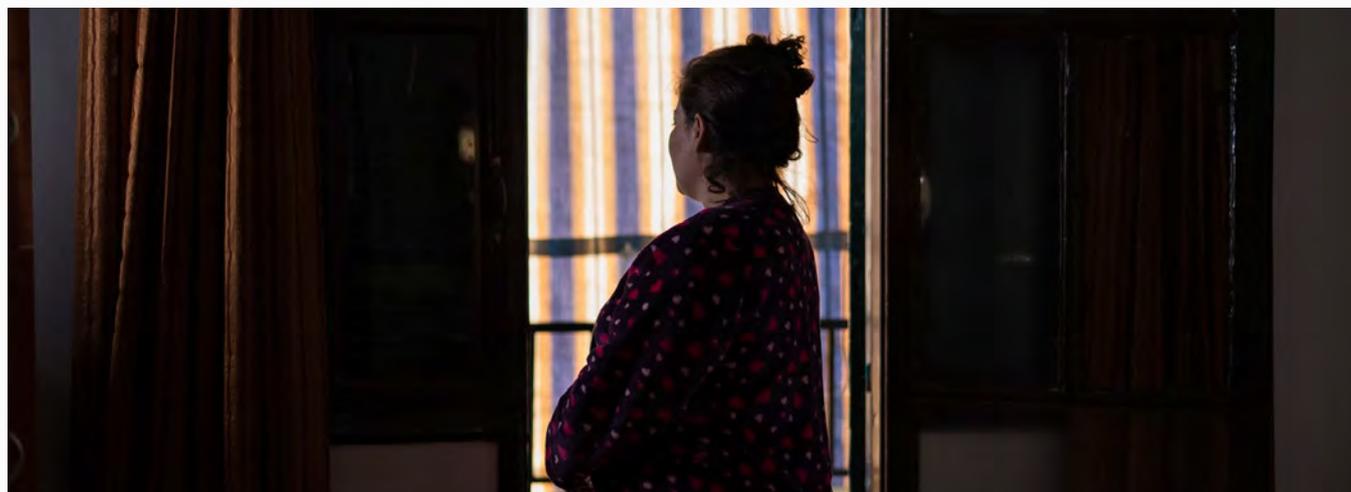
Under all options:

- Mechanisms will have to be identified to restore financial balance of social security systems for currently insured members (in Public Sector and for some of the mutual funds), with a combination of parametric reforms and identification of reliable and sustainable government financing options, in line with international social security standard (See Initiative 2.1)
- A special top-up social security regime could be put in place for the uniformed personnel, in light of specific risk profiles and conditions of service (e.g. for pensions and employment injury).

## Initiative 2.3

**Ensure balance in the allocation of government financing between social security for public sector workers on one hand and needed investment for the enhancement of social protection coverage for vulnerable workers and population groups through**

1. Subsidization of social insurance contribution.
2. Tax-financed social benefits.



## Strategic Orientation 3

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Broaden range of benefits provided through the contributory system, in accordance with minimum benefits prescribed under ILO conventions, and in the context of multi-tiered scheme design<sup>18</sup>.

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### Initiative 3.1

**Convert the EOSI benefit into a retirement pension scheme** providing regular monthly payment based on salary and years of contributory service, while ensuring a minimum level of income replacement/a minimum pension guarantee. To ensure the value of the benefit is not eroded over time by inflation, there needs to be an annual adjustment upwards of the benefit.

### Initiative 3.2

**Review the current family allowances scheme**, including contribution rate – high by international standards (6%), and the benchmark to be used in determining benefits levels, which could be linked to the minimum wage<sup>19</sup>. Provide increased benefits in the case of dependents with disability, to cover for the extra cost of disability.

### Initiative 3.3

**Update and implement the Work Injury component of the National Social Security Law.** The work-related accident scheme needs to have both a short-term focus of providing income replacement and a long-term focus of rehabilitating the injured worker.

### Initiative 3.4

**Establish an unemployment insurance fund under the NSSF.** The unemployment scheme would provide income support during working age for workers who are involuntarily unemployed, as well as provide health insurance coverage and age retirement contributions for the period that the benefit is received. The unemployment fund would link to active labor market programs such as job reskilling and training, counseling for the unemployed and job matching.

### Initiative 3.5

**Introduce sickness, maternity and disability benefits** based on international standards of coverage and adequacy to ensure comprehensive protection under the social insurance system.

### Initiative 3.6

**Introduce a reliable mechanism to regularly adjust all social security benefits with cost-of living.**

## Strategic Orientation 4

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Enhance governance in the social security system and strengthen social security administration.

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### Initiative 4.1

**Reform the NSSF governance structure**, maintaining tripartite representation but streamlining decision making. Reduce the size of the NSSF Board of Directors, include experts and representatives of all stakeholders based on transparent criteria and selection process, and improve transparency and sharing of financial information and reports.

<sup>18</sup>-In a multi-tiered social protection system, different schemes are integrated such that they offer universal coverage to everyone experiencing a lifecycle contingency, leaving no gaps in coverage for the category of covered population.

<sup>19</sup>-This could also include adjusting family allowances for disability related costs

### Initiative 4.2

**Implement necessary organizational reforms of the NSSF to enhance institutional capacity.** In particular, NSSF needs to devolve its administration, decision-making and implementation to managers in the field, with a number of functions removed from NSSF Headquarters and decentralized to the regions (e.g. lodging and payment of EOSI claims). In addition, it is necessary to conduct and implement recommendations from an exhaustive business process re-engineering exercise based on leading international best practice and ISSA guidelines for administering social security organizations, including building capacity for improved strategic planning, operational risk management, actuarial analysis, internal audit, investments, asset management<sup>20</sup>, standards on fraud and corruption, customer service, human resource management and information technology.

### Initiative 4.3

**Maximize use of digital technologies** to enhance customer experience and drive efficiency. Use unique identifier (national ID) for all services provided to social insurance scheme participants – employers and employees, automate registration, contribution collection and reimbursement, and abolish cash health insurance reimbursements. Establish mechanisms for digital access to individual information on social insurance status and processing of claims.

### Initiative 4.4

**Strengthen institutional coordination for enhanced compliance**, improving coordination between NSSF, Ministry of Labour, and Ministry of Finance to ensure compliance, and increasing the inspection capacity of the relevant institutions. On the longer term, progressively integrate tax and contribution collection by transferring the contribution gathering function to the State Revenue Authority within a unified tax collection administration. Introduce incentives and control mechanisms to ensure compliance, such as linking compliance with social security obligation with licensing and public procurement systems.

## SOCIAL WELFARE

The aim of the Social Welfare Pillar is to have an integrated system which ensures quality care services at the community level that foster family unity and preservation with a high degree of oversight and regulation from government. Gradually, the model that the social protection framework aspires for is a shift towards public service provision ensuring basic welfare services to priority vulnerable groups through MoSA SDCs, complemented by public-private partnerships and engagement with civil society for specialized services (through MoSA contracted and non-contracted NGOs). SDCs would assume the role of a “one-stop-shop” and act as a coordination hub for local actors, including municipalities, NGOs, other civil society stakeholders. As such, the high-level policy vision for social welfare cascades downward from the Ministry of Social Affairs, is translated into service provision on the ground through SDCs (and partnerships with civil society) based on the localized needs of the community, and then adapted according to a decentralized planning process which provides a feedback loop back to the central government.

In this context, social welfare must be based on the premise of citizenship and empowerment, placing citizens at the center of all interventions in favor of well-being with the ultimate goal of solidarity, inclusion and equal opportunity. To facilitate transformation in the field of social welfare, reforms must be implemented across three main axes:

- Strengthening the role of SDCs in planning of services, influencing budgets, and entering into a partnership relationship with civil society and local government entities/administration (such as municipalities, Primary Healthcare Centers, public schools, local NGOs especially the ones that have a strong area in one or more services, etc.). This requires the decentralization of local development processes to enable mobilization and participation of relevant stakeholders (at the district or local level) such that welfare services are responsive to evolving needs on the ground. In line with their original mandate, SDCs should exercise greater decision-making power in defining priority interventions and methods of collaboration with partners in their catchment area, as well as influence the budget allocations on social welfare services in the different regions based on its localized planning process that accounts for equity and efficiency principles.
- "Double empowerment" of rights holders - citizens and of stakeholders to ensure effective and equitable

20-For example, the latest draft of the draft law establishing the retirement system (as per decree No. 13760) included a series of reforms required in terms of investment governance and asset management within the fund in the event of establishing a retirement system.

service provision. Beneficiaries need to be empowered and engaged in the planning of programs that concern them and respond to their needs, while service providers are strengthened with the appropriate resources and processes in order to reinstate the trust of beneficiaries in the welfare system.

- “Double accountability” of services providers - a downward accountability, which reinforces the role of the central government as a regulator of social welfare services, and an upward accountability, which builds on the experiences of local communities and allows the central government to adapt its strategic orientations regarding services and activities. The principle of accountability extends beyond data collection to building the evaluative capacity across the social welfare system and engaging relevant stakeholders in a participatory manner to inform decision-makers and donors.

The main components of the social welfare pillar include:

1. The provision of a continuum of care to address multiple vulnerabilities and needs of vulnerable groups, which encompass primary prevention, secondary prevention, individual case management, specialized services, and intensive social services.
2. Further investment in the Ministry of Social Affairs (and SDCs) as the epicenter of social welfare policy execution, oversight, and gradually service delivery.
3. Improvements to the enabling environment (legal and policy changes) of the sector.
4. Driving social and behavioral change under a socio-ecological, multi-sectoral framework.

## SOCIAL WELFARE POLICY OUTCOMES

Accordingly, the following policy outcomes are proposed:

### **P3.01: All marginalized/vulnerable groups have effective access to inclusive and quality social welfare services.**

The role of SDCs as the operational branches of MoSA, in coordination with external protection actors, will be activated to provide a range of social welfare services for the benefit of local communities. The vulnerable groups that will be covered, in an inclusive and universal manner, by the social welfare pillar.

### **P3.02: The range of service interventions, outreach and case management services provided to vulnerable groups is expanded to address their multi-dimensional vulnerabilities and needs within a global community development approach.**

The continuum of social care will be made available in an effective manner, such that it responds to existing gaps in service provision based on a proactive planning process, and addresses the most pressing needs and vulnerabilities concentrated on intensive and specialized social services as well as case management services. More specifically, interventions across the continuum of social care should include support to children and families and other vulnerable groups in communities that alleviate poverty, identify and manage risks, and facilitate access to and delivery of social services for the overall family well-being. Moreover, intersectoral referral pathways (at the district or local level) will be developed between different services to enhance coordination across relevant stakeholders, as well as outreach channels to strengthen engagement with beneficiaries and mitigate their risk of vulnerability.

### **P3.03 Social welfare services adhere to high quality standards and are well coordinated to address the holistic needs of vulnerable groups.**

MoSA's ability to deliver on its protection mandate will be enhanced such that 1) the central authority is capable of policy-making, planning, regulation, and high-level coordination between its various functions; 2) SDCs are capable of quality service delivery and monitoring (for primary prevention, secondary prevention, and individual case management services) including partnerships with civil society (for specialized and intensive social services). This will include extensive capacity building, clarification of roles/ responsibilities/ specializations across MoSA, and presence of enabling and infrastructure to ensure internal referral pathways between the various units of the ministry and its affiliated projects.

## SOCIAL WELFARE STRATEGIC ORIENTATIONS AND INITIATIVES

### Strategic Orientation 1

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Strengthen the legal and policy framework for social welfare services.

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#### Initiative 1.1

**Develop a broad vision for social welfare services within a legal and policy framework that clearly defines roles and responsibilities of relevant governmental and non-governmental stakeholders.** The prerequisite for such a visioning exercise is revisiting the purpose and target population of services and then contextualizing them according to the roles and capacities of various ministries, paying particular attention to MoSA as the custodian of the social welfare pillar. The agreed upon vision (based on extensive and participatory consultations with all relevant stakeholders) should be cascaded into concrete mandates and policies, a concrete legal framework for protection, an allocation of responsibilities according to existing structures and functions, as well as operational processes and procedures.

#### Initiative 1.2

**Review relevant laws and pass required legislative amendments to ensure their consistency with international conventions.** Some legal amendments in the existing legal framework for social welfare include: advocating for the criminalization of "marital rape" and the amendment of Article 522 of the Penal code for that purpose; advocating for clear definitions of all forms of SGBV consistent with international standards; and imposing legal limitations on the removal of children survivors of SGBV from parental care, ensuring it is a measure of last resort and instead providing alternative care options. Other legislative reforms entail achieving coherence in the proposed amendments to some laws (such as amendment project for Law 422, the amendment project for the law punishing human trafficking, the law criminalizing sexual assault, and the domestic violence law) ensuring consistency and avoiding duplication in implementation, in addition to developing a unified law on child rights, a systematic regulatory framework for dealing with families in crisis and child poverty, revising the provision of Law 220 as stipulated in international legal frameworks (shifting away from a medical model for disability to a bio-psycho-social assessment), adjusting protection legislation to be more gender sensitive, as well as adopting the social protection policies that have been developed for the benefit of marginalized groups. Here it is worth noting that all legislative reforms should ensure participatory mechanisms to include civil society.

#### Initiative 1.3

**Ensuring the alignment of existing policies and strategies and achieving coherence among them and adopting policies that provide additional protection for marginalized groups.** Reviewing and analyzing plans and strategies to identify gaps and intersections between them. Some of the social protection policies that have been developed or are in progress include: the National Strategy for the Elderly, the National Plan for the Protection of Women and Children, the National Youth Policy Action Plan, the National Strategy to Combat Violence Against Women and Girls, and the anticipated strategy related to child marriage, etc.

#### Initiative 1.4

**Ensure effective enforcement of national laws and improve access to justice systems for vulnerable groups.** Issue relevant implementation decrees, administrative decisions, standard operating procedures, and reporting mechanisms to guarantee execution of all legal transformations. Moreover, ensure gender-sensitivity within existing legal procedures and processes, including gender mainstreaming across all investigations, prosecutions, protection measures, and grievance/redress mechanisms. Additionally, provide legal counseling and free legal aid through the Bar Associations to the vulnerable individuals in contact with the penal justice system, in line with the national laws.

#### Initiative 1.5

**Rationalize and reallocate spending on social welfare services based on a planning process that is mutually reinforcing between the central and local levels to ensure efficiency and sustainability.** Resource distribution on social welfare services should be done in a manner that ensures complementarity of services and reduced duplication, family preservation and strengthening, in addition to improving the proximity of prevention services

at the community level to identify risks and mitigate them rather than directing resources on crisis interventions. It is crucial to maintain the existing budget allocation for SDCs to enlarge and improve its social service offerings and enhance coordination with civil society actors, with a clearer delineation between social services provided by SDCs and health services (provided by PHCs and other service providers), and prioritizing service provision based on citizen's needs.

## Strategic Orientation 2

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Gradually consolidate social welfare service provision, improving the quality and access to services for the most vulnerable, and complement this with partnerships between service providers from the private and civil society sectors to ensure coherence.

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### Initiative 2.1

**Restructure SDCs to become community centers where service providers and beneficiaries can meet and hold discussions on how to improve the efficiency and quality of services.** SDCs should act as the primary point of contact for beneficiaries and enhance the provision and referral to services, leveraging the capacities of other entities in the community (local partners from the public, private and non-governmental sectors) to identify vulnerabilities. Reinforce primary/secondary prevention social welfare services within SDCs, ensuring equitable geographical distribution and accessibility of SDCs across the country (in accordance with the geolocation exercise that MoSA has undertaken with support from the Italian Agency for Development and Cooperation), and integrate Development Service Centers with inclusive schools (or schools in general) to ensure the provision of services for students with disabilities and learning difficulties, as well as those with protection needs; while investing in partnerships with civil society for the provision of more specialized services (i.e specialized medical and health care services, including mental health support, counselling, legal counselling etc.). A functional partnership between SDCs and non-public service providers is essential to ensure better coverage and typology of services needed for vulnerable groups, particularly women, children, and PWD.

### Initiative 2.2

**Strengthen family and community-based care services as part of a vision to reduce reliance on institutional care of vulnerable groups (particularly children and PWDs).** This entails adopting a comprehensive, holistic approach that ensures adequate linkages with social services and strong collaboration with statutory actors involved in decisions of care (MOSA, MOJ and the respective entities contracted with MOJ), . Resources should be shifted towards prevention services and enhancing the gatekeeping<sup>21</sup> role of MoSA, ensuring that remaining funding for social welfare facilities is administered in a way that incentivizes transitioning out of residential care and reactivating programs for child welfare within their families. Moreover, programs should be developed to strengthen the capacities of families to better care for their children or members with a disability to prevent unnecessary separation.

### Initiative 2.3

**Expand the scope of service provision to include the entire continuum of care which can address multiple vulnerabilities and needs throughout the lifecycle,** paying particular attention to increasing coverage of services for vulnerable groups not currently covered. The provision of services should reconcile gaps in primary prevention, secondary prevention, individual case management, specialized services, and intensive social services<sup>22</sup>, through

21- Gatekeeping is the broad term given to the set of systematic procedures aimed at ensuring that alternative care for children is used only when necessary, and that the type of care provided is suitable to the individual child. A functional gatekeeping mechanism will effectively:

- Support the movement of children and young people out of institutions,
- Prevent the unnecessary separation of children from families, and
- Support children in family based alternative care

Importantly, gatekeeping involves making decisions about care in the best interests of children who are at risk of losing, or already without, adequate parental care. All actions and decisions taken during the gatekeeping process must be made in the best interest of the child.

22- Primary prevention services needed include day care activities for children with disabilities, summer camps for vulnerable youth, training on vocational skills, and day care programs for children

- Secondary prevention services needed include support to find housing, day care to families who are found to be in a particularly difficult situation, legal support to families and individuals in difficulty, and job training
- Specialized social services needed include rehabilitation services for children with disabilities or youth with behavioral problems, psychologist services for children (victims or with behavioral problems), legal services for adult female survivors of gender-based violence, psychologist services for adult female survivors of gender-based violence, psychosocial and mentoring services for families
- Case management services needed include case management in family conflict, juvenile justice cases, cases of violence against children, cases of GBV, and alternative care cases
- Intensive social services needed include alternative care for children (residential or family-based care), shelters for women and girls (and their children) victims of GBV, and shelters for victims of violence

a combination of public provision and partnerships with civil society actors. Service delivery should be complemented with measures for social and behavioral change to address the normative drivers behind negative coping mechanisms.

#### **Initiative 2.4**

**Strengthen and build on the existing inter-sectoral referral system, case management and coordination for social welfare beneficiaries and families at risk.** This also includes linking social welfare interventions to complimentary programming under other social protection pillars (cash assistance, labor activation measures, skills training and TVET, access to health and education, etc.) and ensuring linkages to the unified social registry (Refer to System Reforms section).

### **Strategic Orientation 3**

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Develop the capacity of the Ministry of Social Affairs to assume its functions in policy-making, service provision, and oversight within the social welfare sector, in parallel with strengthening the protection functions of other relevant institutional entities.

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#### **Initiative 3.1**

**Adopt an evidence and results-based approach to social welfare service delivery by developing and enforcing improved standards for quality service provision and terms of contracting with institutions.** This includes developing technical standards for services offered by SDCs, joint programs, and contracted NGO (including a unified vulnerability criterion among all NGOs) as well as accreditation of all social welfare service providers<sup>23</sup>. Allocation of resources should be revisited to ensure equity in access and quality based on a proactive identification of needs and vulnerabilities at the local level, ensuring that the provision of services is sex-, disability-, and age-sensitive.

#### **Initiative 3.2**

**Improve organizational performance, human resource competencies and allocations across Ministry of Social Affairs departments/units, including SDCs capacity building.** Leverage existing studies (e.g. MoSA Capacity Assessment) to identify relevant human resource needs and priorities on different administrative levels (central and regional units, Social Development Centers, and related ministry projects). Clarify roles and functions across the Ministry, training existing staff and recruiting new staff to overcome scarcities, as well as optimizing the organization of social workers/assistants to allow streamlined work processes and effective supervision of SDCs. Develop and support the social welfare workforce, including PSEA training package to staff in direct contact with beneficiaries. Furthermore, develop an accountability framework that allows for effective performance measurement, ensures rigorous quality control of welfare services, and enhances the regulatory capacity of MoSA.

#### **Initiative 3.3**

**Build on existing efforts to drive coordination and internal referral pathways within MoSA.** Strengthen governance and develop tools to enhance collaboration between departments at the ministry (particularly the departments of social care, juvenile protection, specialized social care, and disability affairs), as well as unify the procurement process of NGO contracts to reduce fragmentation. Moreover, develop an effective system of reporting which facilitates decision making between SDCs and the central administration.

#### **Initiative 3.4**

**Strengthen the capacities of relevant ministries and local authorities(including municipalities) for early identification of cases, risk mitigation, and timely referral to appropriate services under a unified approach.** This includes developing bilateral coordination mechanisms (MOUs) between relevant ministries (MEHE, MoInt, MoPH, MoL, MoJ, etc.) to ensure integration of their mandates as they relate to social protection, in addition to linkages with syndicates.

23-Refer to the project of mapping social service providers that the Ministry of Social Affairs intended to implement within the framework of the cooperation program with the Italian Cooperation and Development Agency and developing a registry of social service providers and mapping available resources.

## Strategic Orientation 4

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Influence family and community awareness, attitudes and social norms to empower households, address the normative drivers of socio-economic vulnerability, and improve uptake of social welfare services.

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### Initiative 4.1

**Enhance behavioral and social change through various communication approaches that build trust in the social welfare system and enable social cohesion.** This includes utilizing behavior change communication, social change communication, social mobilization, and advocacy<sup>24</sup> to improve the perception of social welfare services and incentivize demand for them and encourage change in community practices. Raise awareness of gender equality, disability inclusion, social justice, sexual and gender-based violence through engagement with local constituents from the early stage of policy development to implementation and monitoring. Empower communities through information and public awareness campaigns that aim to oppose violence and incite/urge society to reject it and emphasize gender equality/disability rights.

### Initiative 4.2

**Enhancing the role of the family as a primary nurturer and strengthening its capacities to preserve its components.** Adopt a preventative framework which focuses on family preservation and addressing root causes which include poverty, limited financial access to education, lack of inclusive and affordable social care for people with disabilities, and the existing legal framework for child protection which provides for the removal of children from their families in the case of abuse or neglect.

### Initiative 4.3

**Enhance community outreach to identify vulnerable groups and the package of services that responds to current needs,** including engaging with mukhtars and municipalities, but also through household visits and referral to services. Leverage local community-based programs/networks/ actors for designing effective targeting, delivery, and implementation mechanisms.



24-According to the UNICEF 2017 Report on Communication for Development (C4D):

Behavior change communication (BCC) is a theory-based, research-based, interactive process to develop tailored messages and approaches, using a variety of population-appropriate communication channels to motivate sustained individual- and community-level changes in knowledge, attitudes and behaviors.

Social change communication is a purposeful, iterative and usually participatory process of public and private dialogue, debate and negotiation that allows groups of individuals or communities to define their needs, identify their rights, and collaborate to transform the way their social system is organized.

Social mobilization is a continuous process that engages and motivates various inter-sectoral partners at national and local levels to raise awareness of, and demand for, a particular development objective. Engagement is usually through interpersonal communication (i.e., face-to-face dialogue) among partners and aimed at changing social norms and accountability structures; providing sustainable, multifaceted solutions to broad social problems, and creating demand and utilization of quality services.

Advocacy is an organized effort to inform and motivate leadership to create an enabling environment for achieving program objectives and development goals. Advocacy promotes the development of new policies or changes to existing laws, helps redefine public perceptions, and influences funding decisions. Community-level advocacy provides a platform for voices of children and women, especially those from marginalized and excluded groups, to be heard.

# FINANCIAL ACCESS TO BASIC SERVICES

## SOCIAL HEALTH PROTECTION

The aim of the Social Health Protection component within the Financial Access to Basic Services Pillar is to have a unified system characterized by reduced fragmentation and adequate coverage to the entire population with the fundamental premise of health as a human right. The objectives are to introduce a universal health coverage law that integrates healthcare services with unified tariffs, reduce out-of-pocket expenditures, enable further solidarity, allow for the proper allocation of resources, drive synergies between public and private healthcare provision, and support a transparent regulation of the healthcare sector.

Facilitating equal access to all to a comprehensive benefit package (including both preventive and curative care) will build on previous efforts of the Ministry of Public Health and all concerned development partners, including the:

1. Emergency Primary Healthcare Restoration Project which supported the rehabilitation of 75 clinics across the country to enable them to provide quality health care in rural and marginalized communities as well as subsidizing an essential health service package to 150,000 poor people
2. The Long- Term PHC Subsidization Protocol (LPSP) which focuses on primary healthcare services packages (Maternal and Child Health, Non-Communicable Diseases and acute conditions), mental health services packages, and disability services.

The main components of social health protection include:

1. Strategies to prioritize the most vulnerable through a subsidy-based approach for currently uninsured/underinsured that builds upon proposed social assistance/insurance platforms
2. A progressive plan to increase coverage of additional population groups
3. Institutional interventions that target efficiencies in the health system to create fiscal space and a more "lean" delivery model.

## SOCIAL HEALTH PROTECTION POLICY OUTCOMES

Accordingly, the following policy outcomes are proposed:

**P4H.01: Coverage against health care costs is available to all Lebanese citizens and permanent residents, across all life stages, with a particular focus on marginalized groups<sup>25</sup> of the population, including uninsured children, women and adolescent girls, persons with disabilities, and older persons.**

Social health insurance will be expanded to achieve universal health coverage, while ensuring the inclusion of vulnerable groups that may have additional barriers to accessing healthcare. This will be achieved progressively through the provision of a basic healthcare package with urgent services and a short-term mechanism for ensuring equitable financial access to healthcare among the uninsured and vulnerable segments of society, while aiming to reduce institutional and scheme fragmentation in the longer term.

**P4H.02: Adequate financial protection is provided at the different levels of care (primary, secondary, tertiary, etc.) for essential services to ensure effective and efficient coverage of needs based on equity and solidarity.**

The range of services covered by the existing social health protection schemes will be adapted – building on existing initiatives – to include a larger focus on promotion, prevention and more broadly primary care in lieu of curative care in addition to offering early intervention, rehabilitation and palliative care to those in need of such services. Moreover, the level of financial protection awarded on essential services will be enhanced to bridge existing adequacy gaps and for effective access to quality healthcare without hardship to be realized. Specific health care needs of marginalised groups will be considered (rehabilitation and assistive products for persons with disabilities and comprehensive SRH services for women, including prenatal and postnatal care).

### **P4H.03: Streamlined institutional, financing and administrative system for accessing healthcare is developed.**

An improved institutional framework will be developed to address the fragmentation of public purchasers of health care services, allow for more effective cost-containment strategies and more strategic purchasing practices, and ultimately achieve financial sustainability for social health protection in the country. This will also include a revised strategic approach to the procurement of pharmaceuticals, with an institutional structure that is able to control spending, increase generic use and support local production to reduce the pharmaceutical bill and counter limited drug supply and rising prices in the market, all of which would ideally have a long-term favourable impact on better financial access to health.

## **SOCIAL HEALTH PROTECTION STRATEGIC ORIENTATIONS AND INITIATIVES**

### **Strategic Orientation 1**

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Unify access to financial health protection to all Lebanese.

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#### **Initiative 1.1**

**Introduce emergency measures to reinforce the role of social insurance schemes in covering beneficiaries' health-care costs during times of crisis.** Gradually restore the health protection mechanisms under NSSF and other social insurance schemes by adjusting the tariff structure while also increasing ceilings on contributions, and if necessary, work towards increasing contribution rates based on an actuarial assessment.

#### **Initiative 1.2**

**Extend a mechanism for emergency health protection** to reduce OOP for the uninsured and vulnerable segments of the population, including through free or subsidized access to outpatient services at Primary Healthcare Centers, to selected medicines, to rehabilitative and support services for PwDs, and waiver of co-payments from social insurance or hospitalization services covered by MoPH.

#### **Initiative 1.3**

**Progressively expand social health insurance coverage to all** through expansion of mandatory contributory coverage to more categories of workers, and subsidization of contributions for those who cannot contribute based on tax revenues. Pursue gradual extension of mandatory coverage of the NSSF health insurance scheme with several incremental steps:

1. Ensure coverage to all wage employees in the formal sector, regardless of contract length, contract type, sector or nationality
2. Extend coverage to groups that may require some adaptation of the scheme parameters and administration but still have sufficient contributory capacity such as in the case of self-employed and domestic workers. For those with no or little contributory capacity, reach consensus on how to cover them in an equitable way on a similar basis as the coverage offered by the NSSF rather than only an "insurer of last resort" mechanism as currently implemented by MOPH. Determine transparent and explicit mechanism of subsidization of contributions from tax revenue, based on equity and solidarity.

#### **Initiative 1.4**

**Reinforce public health services and expand financial access to (quality) primary healthcare for all.** This includes expanding the existing PHC network to include more centers, more offerings in its service package (e.g. further investment in sexual and reproductive health services), while ensuring the inclusion of the most vulnerable populations, including pregnant and lactating women, infants, older persons and persons with disabilities and their specific health care needs. Additional improvements are required such as

25-The European Network for social inclusion and health defines marginalization as the "position of individuals, groups or populations outside of 'mainstream society'". Marginalized patients experience severe health inequities which can result in poorer health status, higher premature morbidity and increased risk for patient safety incidents in comparison to the general population.

1. A referral system PHCs to secondary care in public hospitals particularly for the most vulnerable (including pregnant women) to guarantee continuity of services.
2. An updated list of basic medicines for PHCs. Invest in further rollout of the PHC accreditation program in order to refocus the healthcare system from hospital-based curative care to preventive care. In addition, more budget resources would need to be allocated for acute & chronic medications as well as vaccines to meet increasing demand. Finally, there is also a need to reassess/redefine the health provision component by SDCs and streamline decision-making about their health governance and accreditation by the MoPH PHC unit.<sup>26</sup>

## Strategic Orientation 2

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Progressively unify risk pooling and purchasing functions within a streamlined institutional framework. Harmonize design and enhance cost-effectiveness of existing health financing schemes.

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### Initiative 2.1

**Move towards strategic and active purchasing methods with a focus on Primary Health Care.** Progressively align purchasing methods, at least among public purchasers, moving away from passive fee-for-service mechanisms for secondary and tertiary care and including a strong primary care component which should play the role of gate keeper. Contracting a wider network of providers, payment on a capitation basis, the implementation of third party paying mechanisms and the enforcement of a referral system. A gate-keeping role for primary care should be considered and referral mechanisms need to be strengthened, both with the public and private sector service providers. Reinforce the regulatory power of the MOPH through HCH (see Strategic Orientation 3 below).

### Initiative 2.2

**Progressively unify benefit package and tariffs across different schemes.** The benefit package of NSSF and other health scheme needs to be re-balanced towards primary care and generic drugs. Tariff unification across all services including hospitalization (medical and surgical acts), diagnostic services, and pooled procurement of medicines and other medical devices should be considered. (See Strategic Orientation 3 on LDA).

### Initiative 2.3

**Merge existing social health protection schemes under a single umbrella in charge of revenue raising and strategic purchasing.** Those unified functions could be done by either one or two distinct institutions and could be combined with the decentralization of front office function to existing bodies. Combine financing originating from social health insurance and general taxation in one single-payer pool (sole-insurer). This could either be within the NSSF or the MoPH or a new third-party purchasing body created by merging elements of these two institutions (See box below). The institution chosen to manage this pool of resources should take on a strategic purchasing role in order to improve both the allocation and technical efficiency of public health financing.

→ Policy Option A:

**Direct public funds towards a revamped NSSF in its role as sole social health insurance administrator to provide universal health coverage.** This entails a more conventional separation between the purchaser, provider, and regulator functions within the healthcare sector, such that the role of the Ministry of Public Health is redefined as the regulator of the healthcare and thus will not be involved in healthcare financing or provision (thereby eliminating its role as an “insurer of last resort”). The NSSF already includes a social health insurance component which can constitute a basis for further expansion of coverage, considering that it already accounts for the largest share of Total Health Expenditure (~20%) and already has many of the organizational processes and infrastructure in place. However, much of the existing infrastructure needs to be incrementally changed to expand coverage, and thus, there are structural and fiscal reforms required to the revamped NSSF (including legal/financial/administrative/ governance aspects) that are detailed under the social insurance pillar.

26-It is reported that 90% of MoSA's SDCs provide PHC services which can significantly widen the network of MoPH PHCs.

→ Policy Option B:

**Establish a National Health Fund (NHF) that manages all the public and contribution-based financing and ultimately replaces all existing schemes.** This entails a more radical reform such that a National Health Fund that will be established by legislation as a quasi-independent public body that will act as a purchaser and payer of healthcare and administer contributions. The NHF will gradually be responsible for pooling revenues and eventually purchasing healthcare services for all citizens, under a clearly defined basic package of benefits, with voluntary private insurance available to cover services not included within the basic package. This is an extensive undertaking that should be planned in phases, including developing a legislative and institutional framework for a National Health Fund that will maintain its solvency independently of the government budget, as well as application decrees for the organizational and financial components of the Fund to include different segments of the population.

### Initiative 2.4

**Establish modalities for all workers to contribute according to their capacity with a view to increase revenues of the single risk pool,** differentiating according to broad employment types rather than sector wherever possible. Absorb into the single risk pool populations groups who are currently contributing to mutual funds.

## Strategic Orientation 3

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Strengthen sector-wide governance, institutions and systems for service delivery to enhance cost-effectiveness, cost-efficiency and coordination.

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### Initiative 3.1

**Reactivate the Higher Council for Health (HCH) and establish a clear mandate for it.** This would be the entity ensuring policy cohesion in all suggested/future health policies and coordinating strategic decisions on health that require inter-ministerial/agency decisions, including a) strategy, target setting and outcome monitoring; b) regulatory function (e.g. definition of benefit packages, tariffs and standards of care, accreditation and supervision of providers), c) coordination of health financing, and d) supporting the health parliamentary committee with mainstreaming health matters on all public policies.

### Initiative 3.2

**Enforce Law 253 regarding the establishment of the National Drug Agency** This would provide a unified institutional framework for drugs registration (including the role of the central laboratory and the central bureau for medicines), pricing, and generic substitution. While the HCH would provide guidance on the overall strategy for the procurement of pharmaceuticals, the LDA functions would be concerned with technical implementation.

### Initiative 3.3

**Strengthen the MoPH capacity as a regulator of the entire health system.** Direct more resources to automate existing manual processes and invest in human resources (particularly increasing the number of audit doctors and other technical staff), ensuring that transparency and accountability measures are in place. Coordinate with other relevant oversight bodies, reinforcing the role of the central audit and central inspection office to full carry out their mandates, including auditing all procurements and bids and ensuring proper compliance.

### Initiative 3.4

**Develop more efficient service provision models with improvements in healthcare infrastructure.** One possible model is the Health Care Coordination Networks (HCCoNs) which is a geographically-based grouping of service providers (primary, secondary and tertiary) that coordinate service delivery to provide adequate care (efficient and effective) across the continuum of care.

### Initiative 3.5

**Develop a unified health management system that operates across all financing streams, purchasers and providers, and links core health institutions.** Any governance reforms should also be met with measures to enhance information sharing for each of the proposed initiatives (emergency health protection mechanism, sole health insurer, HCCoNs, LDA, unified procurement, etc.). Develop a referral pathway (particularly between pharmacies

and medical doctors) with a proper follow up, data collection, and monitoring process. The health management system will be coupled with a performance assessment and accountability system, with expenditure, output and outcome monitoring capabilities.

### Initiative 3.6

**Process automation and administrative simplification.** Streamline claims management and reimbursements process. Automation and digitalization should be adopted across the entire system of healthcare provision, including at primary care and for each patient with the ability to retrieve files from any health facility (with a QR code for every person's health record linked to his/her ID), for medical claims, as well as health insurance providers (NSSF and other funds) and hospital level.

## FINANCIAL ACCESS TO EDUCATION

The aim of this pillar component is to ensure that households have financial access to education for all children. This implies that for households with school-age children, support provided under the other pillars such as social assistance or social insurance is not simply 'cancelled out' by high economic barriers to attending school or other learning opportunities. As a result, three key strategic approaches are necessary; first, the need to reduce or eliminate the direct costs of schooling, essentially fees; second, to reduce the indirect costs of education – such as the costs of books, supplies, transportation; and third to create a clear linkage with, and recognition of the role of, social assistance programs in reducing economic barriers (both direct and indirect) of poor and vulnerable households to basic services. Other linkages are also vital, such as those with the social welfare system to support families to address related challenges or with labor activation programs to promote employment.

The rationale for including financial access to basic services, including education, in a national social protection strategy is clear – while social assistance and social insurance may combine to support households economically, basic services must by definition remain equitably accessible to all. Despite the provision of free basic education in Lebanon, the highest dropouts from school occur within the lowest socioeconomic group and the most common reason stated for not attending is cost, both direct and indirect. It is worth noting that Lebanese law stipulates the compulsory and tuition-free nature of basic education (from the first to the ninth grade), however, this directive doesn't apply to paid private education, and there are no implementing decrees for its enforcement.

**MEHE's draft 5-year General Education plan 2021-2025**, which is being developed into a full-fledged education sector plan **to act as the main unifying reference document for all educational planning** in Lebanon, states that 36% of all children in Lebanon are out-of-school (10% of Lebanese children, and 48% of non-Lebanese). Strikingly it notes that "only 17.7% of Lebanese students at Grade 7 (age 13) continue on to secondary and tertiary levels. Dropouts are mostly boys who leave for remunerated work or to seek such opportunities. The highest dropouts are among those from the lowest socioeconomic backgrounds. Transport costs and the need to work are two of the largest barriers to accessing education in Lebanon<sup>27</sup>."

It is also vital that synergies are explored and developed between public and private education provision and financing, including review of subsidies to private school versus direct funding of public schools, considering a range of key factors such as quality and cost-efficiency.

## FINANCIAL ACCESS TO EDUCATION POLICY OUTCOMES

Accordingly, the following policy outcomes are proposed:

**P4E.01 Universal quality education is financially accessible for all basic education students (including non-formal sector), with particular attention to marginalized groups, and exploration of fee waivers at the secondary level and within TVET.**

27-First Draft 5-Year Education Sector Plan shared by MEHE on March 11, 2021, with international stakeholders.

In the immediate term, the education sector will finalize planning with development partners and education stakeholders to ensure the continuation of funding to cover school fees at the basic public education level and for non-formal education to ensure that basic level school children continue to face zero direct costs to attend school. Fee waivers and/or subsidies for fees at the secondary level and for TVET programs will be explored. Likewise for indirect costs – i.e. uniforms, additional supplies and transport, as well as books at the secondary level – the Education Sector Plan will outline how each can be reduced through the continuation of funding for stationary and books at the basic education level, and reduced for the secondary level.

#### **P4E.02 Social assistance programs promote financial access to education for program recipients and link to complementary services and programs.**

The social assistance system will prioritize programs and program design that support families to face the costs of education, including the opportunity cost of sending children to school instead of out to work. This may include prioritizing the establishment of the National Child Grant, as well as top-ups for families with children under the poverty program (as planned under the Emergency Social Safety Net Program (ESSN) in which older children – aged 13-18 – receive small cash top-ups to cover the direct costs of education, i.e. direct school fees – in addition to indirect costs such as books for secondary education, vocational and technical education, stationery, and transportation.

Linkages for households with children, especially children with disabilities as well as those with female head of households, to complementary services including social welfare and labor market activation will be prioritized. Coordination of the synergies and complementarities between this pillar's programs will be ensured.

Finally, it is crucial to underline that the education sector is right now in the process of developing its strategic direction, funding and program prioritization through the development of the education sector plan. It will be crucial to ensure that the issues represented in the Social Protection strategy of financial access to education are integrated within the education sector plan. Likewise, once the education plan is finalized, with proposed policy and strategic recommendations to address the issue of financial access, these will likely iteratively affect the roadmap outlined below.

## **FINANCIAL ACCESS TO EDUCATION STRATEGIC ORIENTATIONS AND INITIATIVES**

### **Strategic Orientation 1**

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Ensure elimination or reduction of fees for attending education.

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#### **Initiative 1.1**

**Agree funding mechanisms with development partners and education stakeholders to ensure basic public and private education remains fee free**, including reduction or cancellation of books, uniform, and transportation fees.

#### **Initiative 1.2**

**Propose roadmap for equitably reducing fees at secondary level as well as for TVET**, with particular attention to prioritizing marginalized children and fee waiver for specific vulnerable groups and support with associated costs. Assess data related to disability and gender barriers to education which may impact the direct and indirect costs of education, ensuring that gender/disability inequalities are regularly reviewed and addressed.

#### **Initiative 1.3**

**Review subsidies to private free school versus direct funding of public schools**, considering a range of key factors such as quality and cost-efficiency.

## Strategic Orientation 2

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Introduce and progressively expand social assistance programs that promote financial access to education and develop linkages between complementary services and programs.

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### Initiative 2.1

Design and roll out a new national Child Grant and include children with disabilities in the new national Disability Allowance currently being designed.

### Initiative 2.2

Prioritize referral, follow-up and case management of households with children to social welfare services, capacity building programs and TVET, ensuring coordination between social care services and MEHE.



# ECONOMIC INCLUSION AND LABOR ACTIVATION

The aim of the Labor Market Activation Pillar is reducing labor market imbalances and introducing supply side measures that can sustainably address unemployment and underemployment and ensure worker retention in the labor market amongst most vulnerable segments of the population. It intends to increase access to decent work, protection of people at working age, and inclusion of the most vulnerable in the labor market.

In order to ensure economic inclusion and labor activation of the most vulnerable, and in addition to the interlinkages required with other social protection pillars, this chapter focuses on introducing active labor market policies and programs to reconcile market mismatches in supply and demand, enhancing labor legislation and oversight capacity, and ensuring better participation and representation of stakeholder groups in a social dialogue and policy making processes.

## ECONOMIC INCLUSION AND LABOR ACTIVATION POLICY OUTCOMES

Accordingly, the following policy outcomes are proposed:

### **P5.01: Vulnerable segments of the population have enhanced access to decent work opportunities.**

Labor market inclusion and activation policies for vulnerable workers will promote labor-market entry and success to better employment, assist re-employment by improving job readiness, and will improve the matching of supply and demand of the labor market. Special attention will be awarded to the increase of women's labour market participation and access to decent work. This is achieved through the reactivation of gender-sensitive public employment services and labour intermediation services for job-search assistance the development of the ecosystem for the social and solidarity economy, and coordination with relevant institutions in respect to private sector employment incentives including employment subsidies, wage supplements, labor market training and labor intensive programs to address vulnerable groups.

### **P5.02: Mechanisms for wage and income protection for vulnerable workers are operationalized, through periodical wage adjustment in relation with standard cost of living and income replacement in case of cyclical and long-term unemployment.**

Wage protection policies will set up minimum wage adjustment mechanisms based on systematic indexation to alleviate economic repercussions and to restore social justice, and to reduce poverty and inequality. Income protection will be provided in case of temporary or structural unemployment, while interlinking unemployment benefits with labor activation through and reskilling and upskilling initiatives to encourage reintegration of unemployed into the workforce.

### **P5.03: Labor market institutions and labor protection frameworks are strengthened through the reformed labor laws and regulations, and by ensuring effective participation and adequate representation of labor market stakeholders in social and economic dialogue platforms and policy making processes.**

The reform of labor and employment protection legislation will hinge on ratified labor conventions. The enforcement of reformed labor legislation will be strengthened through the enhanced capacities of oversight bodies of inspection and labor arbitration councils.

Economic and social dialogue, which is a precondition to the development of a social contract and re-establishing trust in and legitimacy of state institutions, will be re-activated in a regular and effective manner in order to accompany the policy making process in general and the formulation of policy solutions in particular.

In this vein, a coordination platform that encourages a multitude of stakeholders to engage in social dialogue will be set forth through enhancing the institutional capacity of the Economic and Social Council (ECOSOC) and other platforms for collective bargaining<sup>28</sup>.

## ECONOMIC INCLUSION AND LABOR ACTIVATION STRATEGIC ORIENTATIONS AND INITIATIVES

### Strategic Orientation 1

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Developing labor activation policies to improve matching of labor supply and demand amongst disadvantaged groups.

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#### Initiative 1.1

**Empower the NEO and increase linkages with other relevant institutions and local authorities** to establish a labor management information system, and provide gender-sensitive job search assistance, labor market training and skills development, and entrepreneurship support. These services should aim at facilitating entry and re-entry of women into the labor market after breaks resulting from childbirth and taking on additional care responsibilities in the household. The empowerment of NEO necessitates investment in human resources, capacity building, and IT infrastructure, as well as the development of a new strategy, linkages with a national employment policy and the establishment of partnerships with the private sector in order to increase market actors' participation.

#### Initiative 1.2

**Strengthen linkages between secondary, university and TVET education systems and the labor market.** Develop coordination mechanisms between MoL/NEO and MEHE to ensure that educational institutions are responsive to labor market needs and students' preferences, as they are key to linking the demand for student programs to the labor market demand for graduates. This should be coupled with the continuous reform of curricula in line with labor market demands, which is steered by MEHE and supported by a multi-stakeholder task force.

#### Initiative 1.3

**Link unemployment insurance scheme as well as other social protection programs** with ALMPs, as re-skilling and upskilling programs, job search and job placement services, mobility assistance and employment counsellor, vocational training allowances, entrepreneurship and MSMEs support.

### Strategic Orientation 2

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Promote employment opportunities for the vulnerable.

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#### Initiative 2.1

**Design and expand short- and medium-term labor-intensive programs** that mainstream access and protection of employment to smooth the impact of economic shocks and typically targeted towards disadvantaged residents in partnership with relevant ministries and local authorities. Such programs comprise cash-for work and work-based learning opportunities. The design of these programs requires a needs assessment of existing infra-

28-The 1989 National Reconciliation Accord stipulates: "the establishment of an economic and social council that guarantees the participation of representatives of the various sectors in the development of the economic and social policy of the country through the provision of guidance and recommendations" (section D, article 3 - Other Reforms). The law that established the council was enacted years later (Law 389, dated January 12, 1995). The creation of the first governing body and the election of the first executive bureau took place in 1999, following which the implementation decrees were issued in 2000, and official headquarters for the Council were designated in 2002. Since 2003, when the first mandate of the Economic and Social Council expired, no new mandate was enacted despite the insistence on the important role of the Council and the need to reactivate it that were expressed in the various presidential addresses, Council of Ministers' programs, and the individual programs of several ministries, including the "Social Pact" that was drafted in 2010 by the Ministry of Social Affairs. Source: [http://www.commonspaceinitiative.org/uploads/9/5/2/1/9521202/1\\_ecosoc\\_a4\\_publication.pdf](http://www.commonspaceinitiative.org/uploads/9/5/2/1/9521202/1_ecosoc_a4_publication.pdf)

structures and the identification of design elements (strategic sectors, regional distribution, etc.) as well as the institutional and financial arrangements for the implementation of public works programs. Assessments will hinge on the participation of local authorities and complement existing local development plans. Beyond construction and infrastructure, such programs will include providing paid care services to the community such as childcare, elderly care, and support for PwD. Such programs will build synergies with social assistance programs in order to guarantee the adequate and efficient inclusion of vulnerable groups with particular attention to the engagement of women and PwD or members of households with elder people and children.

### **Initiative 2.2**

**Mainstream the inclusion and recruitment of vulnerable groups in private sector and infrastructure development and enterprise support programs and initiatives.** Set-up the coordination between relevant line ministries that lead on private/public sector investment agenda in view of adoption of employment intensive approaches. Engage in the design of a set of recruitment guidelines and selection criteria will aim at adopting equity parameters for the recruitment of local capacities among the most vulnerable groups.

### **Initiative 2.3**

**Enable the legal, institutional and policy environment for the establishment of social and solidarity economy organizations (cooperatives, local producers and social enterprises).** Set forth incentives, technical assistance, and trainings for SSE organizations in a way that promotes regional and rural development and favors the inclusion of the most vulnerable in the working age population. The adoption of a SSE policy will require the launch of an awareness campaign to emphasize the need and the role of an active productive sector for the creation of job opportunities for low income and low skilled workers. Regulations of social and solidarity economy should be issued and the government investment in the infrastructure of cooperatives is required.

### **Initiative 2.4**

**Design and implement programs that ensure access to free or subsidized childcare services in view of increasing women's participation in the labor market.** This initiative aims to address a central constraint that hamper the economic participation for women which is particularly low for less educated women. The design of programs that provide access to quality childcare will allow for higher participation rates.

## **Strategic Orientation 3**

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Ensure labor rights and access to decent work through an enhanced regulatory framework and employment protection mechanisms.

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### **Initiative 3.1**

**Enforce emergency measures to ease the impact of mass waves of layoffs** (including arbitrary layoffs), wage cuts, and suspension of business operations in many key industries. Such measures may include a support program to provide incentives for SSEs and MSMEs mainly affected by the crisis to enable them to retain jobs. These incentives include wage subsidy programs, deferral of tax collection, waiver on public utilities payments, subsidies to cover rent, extension of loan programs, etc.

### **Initiative 3.2**

**Review and reform the Labor Code in line with labor conventions to ensure protection of all workers.** Extend equal labor protection to all labor forces and vulnerable groups in particular that do not benefit from several basic rights and guarantees including migrant domestic workers, daily workers, part-time and freelance workers, and workers in the agriculture sector. Reinforce the protection of all workers for better work conditions, and strong mechanisms for resolving disputes, and to prohibit discrimination in wage and access to work opportunities against women and PwD and accompany this with deterrent and punitive mechanisms to effectively reduce unfair practices in the workplace. Furthermore, improve maternity leave benefits according to ILO standard 14 weeks period and consider the introduction of paternity leave benefits building on previous draft laws.

### Initiative 3.3

**Enhance and enforce the Law to Criminalize Sexual Harassment and Rehabilitation of its Victims** passed on December 21st, 2020, including the establishment of monitoring and complaints mechanisms and providing gender-responsive training to security and judicial officials involved in the enforcement of the law.

### Initiative 3.4

**Enforce the implementation of Law 220 concerning the inclusion of PwD** by issuing the executive decrees pertaining to 3 per cent quota of PwD at the workplace, clarifying the roles and powers of the different ministries in relation with structural accessibility to facilitate the implementation of the Law, and allocate necessary budget lines to enforce and improve structural accessibility to private and public spaces.

### Initiative 3.5

**Address inequalities in access to employment and the work conditions of non-national workers** through measures aimed at facilitating the issuance of work permits. This initiative will aim to enforce the legal amendments approved by the Lebanese Parliament in 2010 (Law 129) that grant Palestinian refugees, registered and residing in Lebanon, the rights to free of charge work permits. Additional reforms address the issue of labor mobility and termination of employment contracts, the abolishment of the sponsorship system, access to social protection benefits on grounds of equality of treatment and access to legal recourse mechanisms.

### Initiative 3.6

**Set forth regular and adequate adjustments of minimum wage that ensure income security and decent standard of living** for all workers and dependents and provide adequate safeguards against inflation through revitalizing the Price Index Committee as per Decree No.4206 of 1981 to ensure a periodic assessment of price increases and continuously review wage indexation. To ensure enforcement and compliance, the inspection capacity of the MoL is improved and coordination between MoL and NSSF is enhanced.

## Strategic Orientation 4

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Strengthen inspection, compliance and collective bargaining mechanisms to protect labor rights

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### Initiative 4.1

**Strengthen monitoring and compliance with labor market regulations and labor disputes** through developing the institutional capacity of the Ministry of Labor DLIPS and the arbitration councils. Spread awareness on employees' protection rights and grievances mechanisms already available to them prior to seeking legal recourse within the Legal Arbitrary Council for any dispute with employer or lay-off.

### Initiative 4.2

**Protect freedom of association** starting with the ratification of ILO Convention 87 Freedom of Association and Protection of the Right to Organise Convention, the reform of labor legislation (i.e. article 86 of the Labor code and Decree 112 of 1959) to allow for trade union formation without pre-authorization and to allow the association of public sector employees, and support the reform of the organizational structure and internal regulations of the General Confederation of Workers in Lebanon in vigor since 1970 in the direction of more transparency, democracy, and representativeness.

### Initiative 4.3

**Reform the structural and operational mechanisms of the ECOSOC** towards fully functional legislative and executive bodies – including reforms of the voting system and the rules of appointment of experts by the government - as well as adequate professional or economic representation based on transparent and independent selection of representatives to ensure effective and continuous tripartite deliberation on social and economic policies.





10

SOCIAL  
PROTECTION  
GOVERNANCE  
OPTIONS AND  
INSTITUTIONAL  
FRAMEWORK

Acknowledging that one of the core challenges for realizing the objectives of the Social Protection Strategy is the governance and institutional framework for its implementation, this chapter will highlight policy options for governance and institutional arrangements. The preconditions of good governance permeate across different levels of the social protection system, beginning at the policy-making level and coordination between high-level actors across government, to the implementation level and coordination between programs to ensure effective access and availability of services.

Against this backdrop, we consider the reforms presented within the social protection pillars, which have significant implications on the institutional framework of the whole system:

Social Protection Pillar	Institutional Considerations/Options
<p><b>Social Assistance</b></p> 	<ul style="list-style-type: none"> <li>• Formation of a Social Assistance Coordination Unit/Mechanism that constitutes a common administrative platform for all social assistance programs</li> <li>• Coordination mechanisms between social assistance programs and other complementary programming</li> </ul>
<p><b>Social Insurance</b></p> 	<ul style="list-style-type: none"> <li>• Reduction of fragmentation across social insurance schemes               <ul style="list-style-type: none"> <li>- Option 1. Full merger of social security funds into one</li> <li>- Option 2. Full social security integration, where all new entrants subscribe to a single social security scheme from a prescribed date</li> <li>- Option 3. System-wide alignment but limited social security integration, where all benefits and standards are aligned on the basis of a single unified package for all new entrants</li> </ul> </li> <li>• Changes to internal governance of social insurance schemes related to               <ul style="list-style-type: none"> <li>- The introduction of additional benefits (unemployment insurance, work injury insurance, sickness, maternity and disability benefits, etc.)</li> <li>- The reform of the structure of board of directors of the NSSF</li> </ul> </li> </ul>
<p><b>Social Welfare</b></p> 	<ul style="list-style-type: none"> <li>• Strengthening the role of SDCs in planning of services, influencing budgets, and entering into a partnership relationship with civil society and local government entities which requires decentralization of local development processes</li> </ul>
<p><b>Financial Access to Health</b></p> 	<ul style="list-style-type: none"> <li>• Merging existing social health protection schemes under a single umbrella in charge of revenue raising and strategic purchasing               <ul style="list-style-type: none"> <li>- Option 1. Public funds directed towards a revamped NSSF in its role as sole social health insurance administrator to provide universal health coverage</li> <li>- Option 2. National Health Fund (NHF) established as a quasi-independent public body that manages all the public and contribution-based financing and ultimately replaces all existing schemes</li> </ul> </li> <li>• Establishment of a Higher Council for Health (HCH) which would be coordinating strategic decisions on health that require inter-ministerial/agency decisions</li> <li>• Establishment of a Lebanese Drug Agency (LDA) which would provide a unified institutional framework for drugs registration, pricing, and generic substitution</li> </ul>
<p><b>Financial Access to Education</b></p> 	<ul style="list-style-type: none"> <li>• Coordination mechanisms between social assistance programs and education strategies and initiatives</li> </ul>

<p><b>Economic Inclusion and Labor Activation</b></p> 	<ul style="list-style-type: none"> <li>• Empowering the NEO as a quasi-independent agency</li> <li>• Reforming the structural and operational mechanisms of the ECOSOC towards fully functional legislative and executive bodies</li> </ul>
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In order to ensure a well-governed system for social protection, the following characteristics must be present:

<ul style="list-style-type: none"> <li>• Coherence and coordination across policies, institutions and programs</li> </ul>	<ul style="list-style-type: none"> <li>• Robust accountability structures, with clearly defined mandates, roles and responsibilities of different actors that ensure predictability of social protection service delivery</li> </ul>
<ul style="list-style-type: none"> <li>• Transparency and channels to enable access to information regarding social protection programs and entitlements, as well as financial and operational matters</li> </ul>	<ul style="list-style-type: none"> <li>• Active participation of relevant stakeholders, with avenues for citizen engagement and inclusive social dialogue</li> </ul>
<ul style="list-style-type: none"> <li>• Financial sustainability, with due consideration for social solidarity, social justice, and prudent financial management</li> </ul>	

Based on the above, the aim is to propose different possible directions at the

1. Implementation level (social protection administration/management functions).
2. Governance & Policy level (social protection governance, policy-making and policy coordination). It is worth noting at the outset that the below policy options are not mutually exclusive, but instead can be achieved through a gradual, cumulative process over the medium/long term.

## **Implementation Level**

### **POLICY OPTION A - SINGLE BENEFITS AGENCY**

#### **DESCRIPTION**

Establish a Single Benefits Agency that integrates and administers all contributory and non-contributory social protection programs. This entails structural reform of the social protection system to combine financing from social contributions and budget resources into one single pool. The new fund will be a single payment agency which will disburse all social assistance, social insurance and financial health protection benefits (see Variations A1 and A2 below). As such, the Single Agency will assume the administration of the current public social insurance schemes, the National Poverty Targeting Program, forthcoming social grants program, and MOPH's health claims' administration.

#### **VARIATION**

1. Financial health protection can be provided outside the single benefit agency, through a separate National Health Fund under the tutelage of MoPH, which would integrate all existing health insurance schemes, including that currently managed by NSSF.
2. Public sector social insurance schemes could co-exist for the single agency, at least for currently insured members (see more discussion in Social Insurance chapter).

#### **GOVERNANCE**

The Single Benefits Agency would have a multi-stakeholder governance model, with a Board of Directors containing representation from MoSA, MoL, MoPH, MoA, MEHE, MoF, and NSSF, as well as workers and employers' organizations.

## **RATIONALE**

Within the current fragmented environment for social protection financing and service delivery, creating a single benefits agency will achieve maximum economies of scale in delivering direct income support, social insurance programs, and financial health protection. The agency will serve as a common platform for the above-mentioned programs, thus reducing duplication in administrative costs and driving efficiency in service delivery.

## **MAIN ADVANTAGES**

Sets a unified institutional structure with high level of integration, encourages good governance and knowledge sharing, ensures inclusiveness and equity and facilitates the participation of all relevant parties, promotes ownership and commitment for action.

## **MAIN RISKS**

Difficulty in ensuring political will as transformation process requires significant engagement on behalf of government, large shift in current mandate of institutions and legislation, Board of Directors could become politically polarized.

## **POLICY OPTION B –**

### **INTEGRATED SOCIAL PROTECTION AGENCIES/SCHEMES**

#### **DESCRIPTION**

Restructure existing institutions into integrated agencies/schemes for different social protection pillars. This entails clustering social protection functions by pillar and clarifying respective mandates within the following 5 “agencies/units”:

1. Social Insurance Agency – Sole administrator of social insurance and financial health protection schemes (see Variations B1 and B2 below).
2. Social Assistance Scheme – includes integrated poverty targeting programs (NPTP) and social grants, implying that social assistance benefits will be administered in a consolidated manner rather than as emanating programs from MoSA (as the NPTP currently is).
3. Housing Agency – assumes responsibility for housing assistance.
4. NEO – Primary agency for labor activation, implying that NEO will have greater autonomy and larger scope than it currently has.
5. SDCs Unit – Decentralized structure for social welfare provision, under the umbrella of a social welfare department.

#### **VARIATION**

- B1. Alternatively financial health protection can be provided through a National Health Fund under the tutelage of MoPH, which would integrate all existing health insurance schemes, including that currently managed by NSSF.
- B2. Public Sector social insurance schemes could co-exist for the single agency, at least for currently insured members (see more discussion on SI chapter).

#### **GOVERNANCE**

Each social protection agency operates as a semi-autonomous entity, with the exception of SDCs which are part of a social welfare department and potentially the social assistance scheme which can be governed either through an Inter-ministerial Coordination Unit/Mechanism or a Social Assistance Agency.

#### **RATIONALE**

Building on the existing institutional framework, creating a set of integrated agencies/units allows for proper linkages between the social protection pillars, while maintaining administrative and financial autonomy. Fragmentation will be resolved through clear identification of the different agencies' mandates and development of coordination mechanisms among them. Existing structures will be reformed and integrated with clear coordination mechanisms. Operational/management coordination tools and systems (e.g. unified single registry and MIS, unified application/registration, Monitoring and reporting systems; where relevant unified payment and GRM systems) will be leveraged to achieve greater integration between existing ministries/institutions.

## MAIN ADVANTAGES

Reduces fragmentation to a large degree, sets clearer mandate and allocation of roles and responsibilities across various relevant ministries.

## MAIN RISKS

Challenging politically considering the implications of structural and financial integration, moderate shift in current mandate of institutions and legislation, requires strong coordination mechanisms across institutions/ministries and capacity for development of sector-wide systems.

## Governance and Policy Level

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### POLICY OPTION I –

#### REVAMPED INTER-MINISTERIAL COMMITTEE FOR SOCIAL AFFAIRS (CABINET)

##### DESCRIPTION

The IMC/cabinet assumes the role of policy development and coordination, providing direction and decision-making on overall SP policy, budget allocation and resource mobilization, coordination of efforts and implementation mechanisms. The IMC is also responsible for monitoring and oversight over the Social Protection Strategy implementation and ensuring accountability. The IMC will be complemented by the Higher Council for Health<sup>29</sup>.

##### GOVERNANCE

The IMC will have representatives from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET and MoF, with an advisory role for donors and civil society organizations. Legislative bodies may also exercise oversight of the social protection sector as noted in legislation.

**\* ECOSOC can be empowered as a dialogue platform and play the role of engagement on the policy level.**

##### RATIONALE

Under the assumption that operational functions at the implementation level are either fully integrated or well-coordinated, the IMC serves as a lean policy coordination model which ensures horizontal coordination across different actors and stakeholders, including government and civil society.

##### MAIN ADVANTAGES

Effective to oversee NSP Strategy implementation including annual monitoring and preparation of an Action Plan.

##### MAIN RISKS

Could lack decision making power and only exchange information about respective 'silos' rather than enable joint decision-making, could lack real government ownership, could be subject to political capture and be paralyzed due to conflicting interests, political resistance to involve CSOs in IMC.

### POLICY OPTION II –

#### MERGING OF MINISTRIES +IMC

##### DESCRIPTION

The Ministry of Social Affairs and Ministry of Labor are merged ("Ministry of Social Solidarity") to assume the role of policy development for the social protection sector. This means it can serve as the main tutelage authority for entities relevant to social protection ( Single Benefits Agency under Policy Option A and the 5 social protection agencies/units under Policy Option B). The IMC assumes the role of policy coordination between relevant actors. The IMC will be complemented by the Higher Council for Health.

**\* ECOSOC can be empowered as a dialogue platform and play the role of engagement on the policy level.**

29-The Higher council for health will provide governance oversight of the health sector and would enable further coordination of strategic decisions on health that require inter-ministerial/agency decisions (e.g. HCH would have a primary role to play in the COVID-19 response). It would be chaired by the Prime Minister with the MoPH as a secretariat. Other ministries would include Social Affairs, Labor, Defence, Interior as well as representations from relevant agencies such as NSSF, cooperatives, orders and syndicates and private sector with input from experts.

## GOVERNANCE

The merged ministry ("Ministry of Social Solidarity") will have one general directorate, and restructured sub-directorates for matters of labor, social assistance, and social welfare. The IMC will have representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET, MOYS, OMSAR and MoF, with an advisory role for donors and civil society organizations. Program-level monitoring would feed up to Ministry of Social Solidarity as a lead ministry.

## RATIONALE

A dedicated ministry for overseeing the implementation of social protection strategies, initiatives, and programs can ensure a higher level of accountability and coordination. Concentrated authority and administrative responsibility is more often associated with broad-based coverage expansion, and can enable more effective sector-wide planning.

## MAIN ADVANTAGES

Effective to oversee NSP Strategy implementation including annual monitoring and preparation of an Action Plan, reconciles structural fragmentation between MoL and MoSA.

## MAIN RISKS

Could face political resistance as the merged ministry will have strong convening power and replace sectarian status quo.

## POLICY OPTION III –

### IMC + SOCIAL PROTECTION COORDINATION UNIT

## DESCRIPTION

The IMC/cabinet assumes the role of policy development, and the Social Protection Coordination Unit serves as the administrative platform for coordination and developing common systems, including operational/management coordination tools and systems (e.g. integrated registry and MIS, unified application/registration, M&E and reporting systems; and where relevant unified payment and GRM systems). The IMC will be complemented by the Higher Council for Health.

## GOVERNANCE

The IMC will have representatives from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET, MOYS, OMSAR and MoF, with an advisory role for donors and civil society organizations. Legislative bodies may also exercise oversight of the social protection sector as noted in legislation. The SP Coordination Unit will be housed in the PM (or DPM) office.

## MAIN ADVANTAGES

No need to make material changes to the physical/governance structure.

## MAIN RISKS

Could revert back to status quo where IMC serves a very limited role and meets on an ad-hoc basis, requires strong coordination mechanisms across institutions/ministries, and capacity for development of sector-wide systems, might not resolve the current inefficiencies and fragmentation.



## SUMMARY OF GOVERNANCE POLICY OPTIONS

SP Administration/ Management/ Implementation Level	
POLICY OPTION A	POLICY OPTION B
Single Benefits Agency which administers all contributory and non-contributory SP programs	Integrated social protection agencies/units which encompass 5 clusters: 1. Social Insurance Agency 2. Social Assistance Scheme 3. Housing Agency 4. 4NEO, 5. SDCs

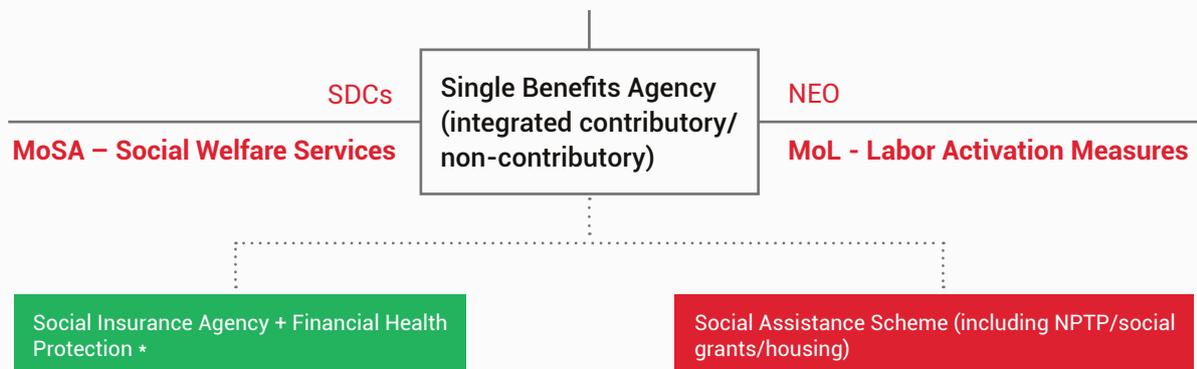
Governance and Policy Level		
POLICY OPTION I	POLICY OPTION II	POLICY OPTION III
Revamped Inter-Ministerial Committee for Social Affairs (Cabinet)	Merging of Ministries (MoL and MOSA to form "Ministry of Social Solidarity") + IMC	IMC + Social Protection Coordination Unit

## VISUALIZATIONS OF GOVERNANCE AND COORDINATION POLICY OPTIONS

### POLICY OPTION AI – SINGLE BENEFITS AGENCY

#### Inter-Ministerial Committee for Social Affairs

Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET and MoF, CAS, with an advisory role for donors and civil society organizations.



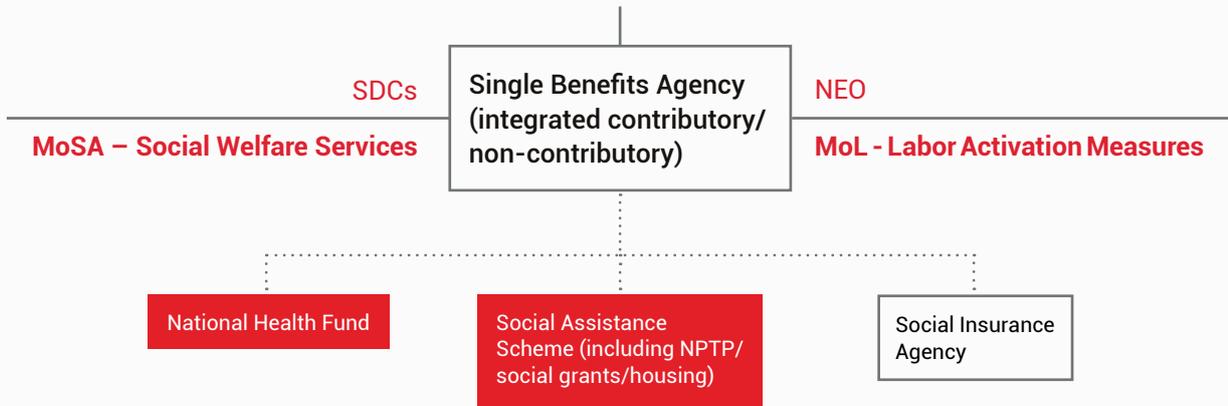
■ New institutional arrangement ■ Variation of existing institutional arrangement

\* The revamped social insurance agency assumes coverage for both private and public sector workers (civil and uniformed).

POLICY OPTION AI –  
**SINGLE BENEFITS AGENCY (VARIATION A1)**

**Inter-Ministerial Committee for Social Affairs**

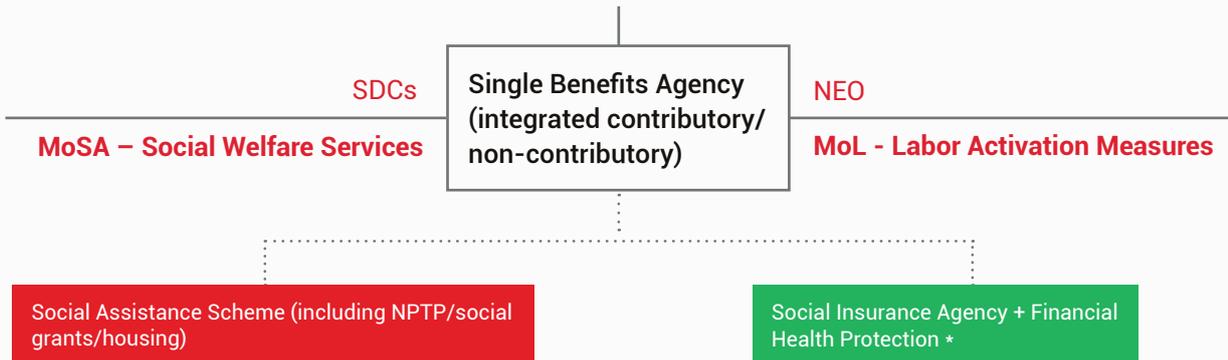
Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET and MoF, CAS, with an advisory role for donors and civil society organizations.



POLICY OPTION AI –  
**SINGLE BENEFITS AGENCY (VARIATION A2)**

**Inter-Ministerial Committee for Social Affairs**

Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET and MoF, CAS, with an advisory role for donors and civil society organizations.

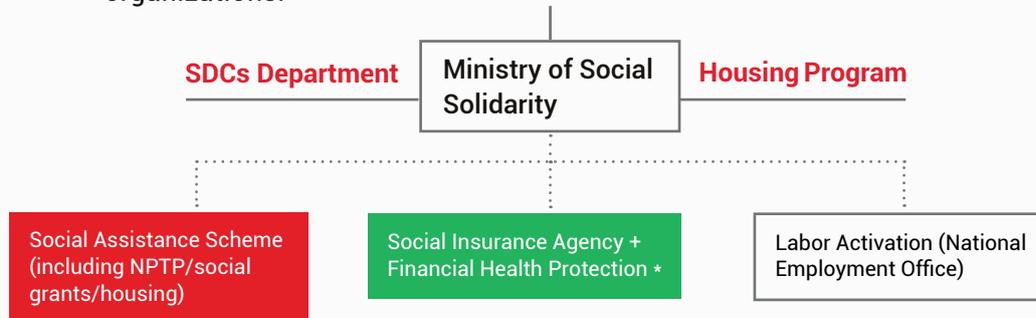


\* The revamped social insurance agency assumes coverage only private sector workers, maintaining separation in institutional and funds structure between private and public sector.

**POLICY OPTION BII –  
INTEGRATED AGENCIES**

**Inter-Ministerial Committee for Social Affairs**

Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET, MOYS, OMSAR and MoF, CAS, with an advisory role for donors and civil society organizations.

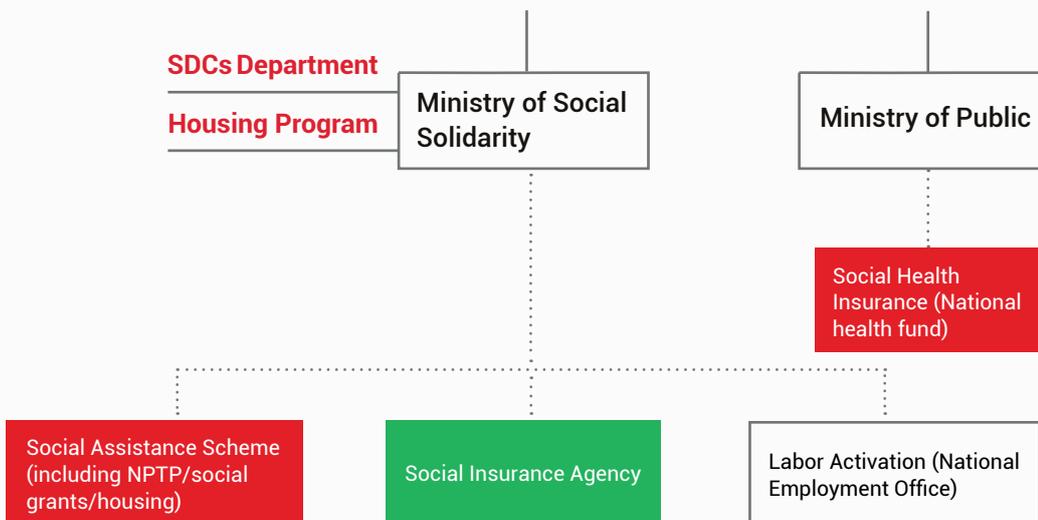


\* The revamped social insurance agency assumes coverage for both private and public sector workers (civil and uniformed).

**POLICY OPTION BII –  
INTEGRATED AGENCIES (VARIATION B1)**

**Inter-Ministerial Committee for Social Affairs**

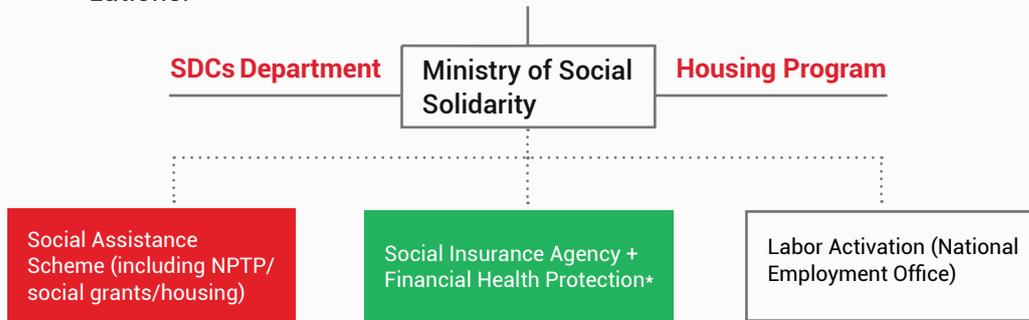
Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET, MOYS, OMSAR, CAS, and MoF, with an advisory role for donors and civil society organizations.



**POLICY OPTION BII –  
INTEGRATED AGENCIES (VARIATION B2)**

**Inter-Ministerial Committee for Social Affairs**

Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET, MOYS, OMSAR, CAS, and MoF, with an advisory role for donors and civil society organizations.

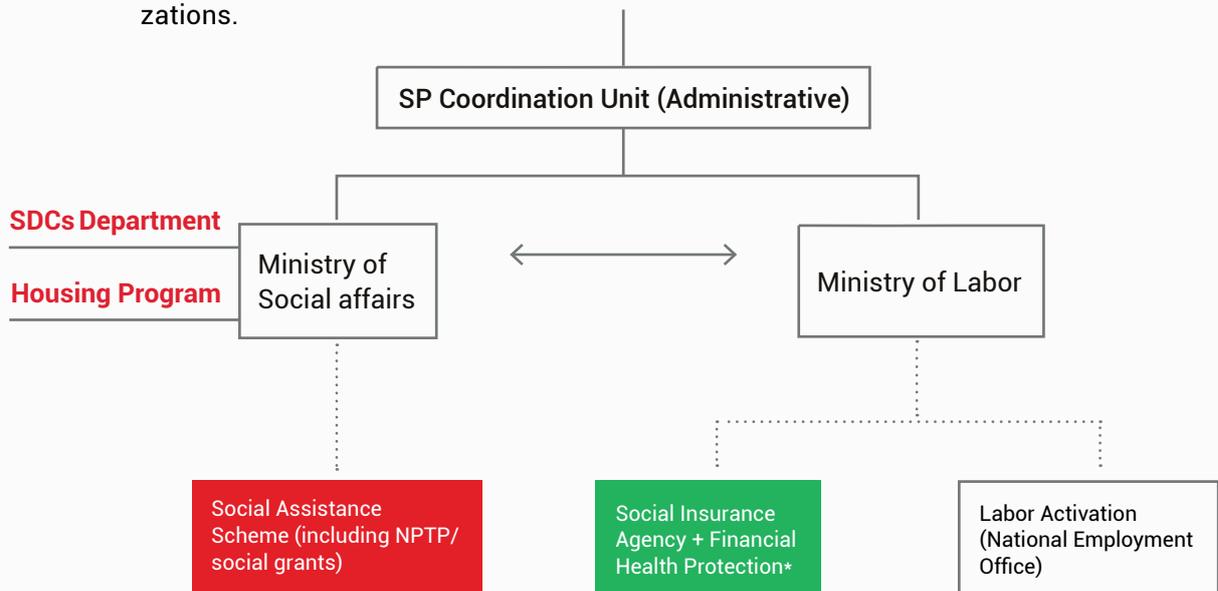


\* The revamped social insurance agency assumes coverage only private sector workers, maintaining separation in institutional and funds structure between private and public sector.

**POLICY OPTION BIII –  
COORDINATED INSTITUTIONS**

**Inter-Ministerial Committee for Social Affairs**

Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET, MOYS, OMSAR, CAS, and MoF, with an advisory role for donors and civil society organizations.

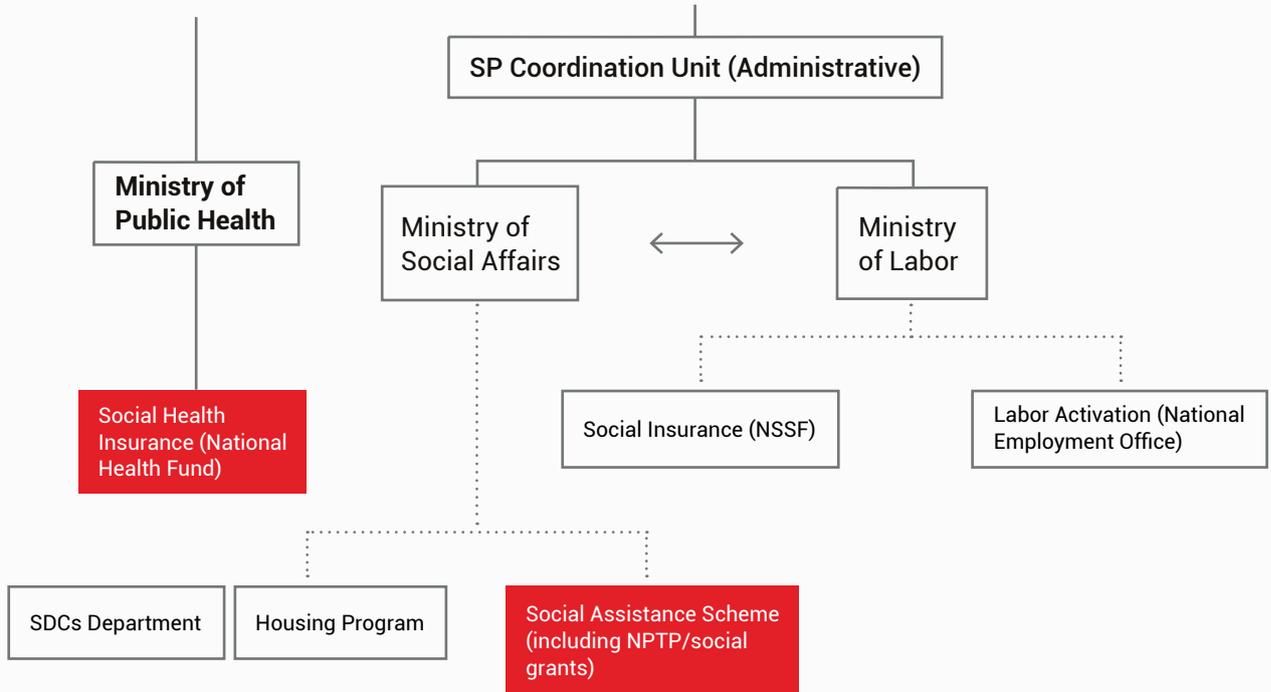


\* The revamped social insurance agency assumes coverage for both private and public sector workers (civil and uniformed).

**POLICY OPTION BIII –  
COORDINATED INSTITUTIONS (VARIATION B1)**

**Inter-Ministerial Committee for Social Affairs**

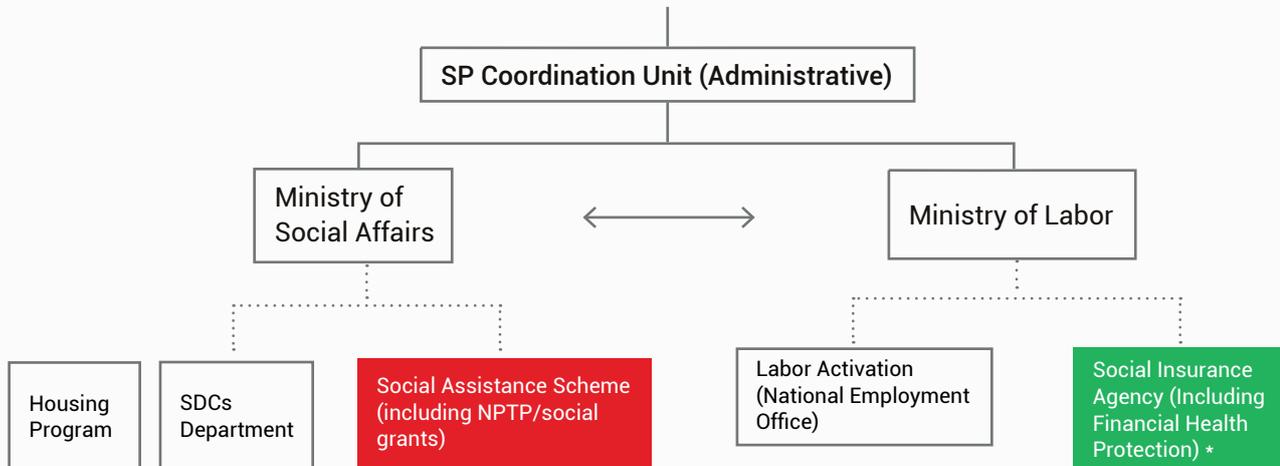
Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET, MOYS, OMSAR, CAS, and MoF, with an advisory role for donors and civil society organizations.



**POLICY OPTION BIII –  
COORDINATED INSTITUTIONS (VARIATION B2)**

**Inter-Ministerial Committee for Social Affairs**

Representation from DPM, MoSA, MoL, NSSF, MoJ, MoPH, MEHE, MoET, MOYS, OMSAR, CAS, and MoF, with an advisory role for donors and civil society organizations.



\* The revamped social insurance agency assumes coverage only private sector workers, maintaining separation in institutional and funds structure between private and public sector.

Within all policy options, there are minimum requirements for reform which enable more effectiveness and efficiency within the social protection system, including:

## Strategic Orientation 1

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Drive integration and complementarity across relevant actors to ensure coherent social protection service delivery.

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### Initiative 1.1

Establish mechanisms and platforms for **data-sharing** and its related validated institutional architecture. This includes establishing a **unified single registry (including a social registry)** with a governance framework that enables integration and inter-operability between program MISs across different social protection pillars and public institutions (such as the civil registry and other sources of information). This framework should also be couple with Data Sharing Protocols to facilitate the use of common social protection databases with secure data flows that protects beneficiaries' right to privacy.

### Initiative 1.2

Develop a **monitoring and evaluation system** and common review mechanisms to enhance accountability and transparency, as well as provide the necessary data to guide strategic planning and allocate resources in the most optimum way. Commit to a unified results framework across the social protection system.

### Initiative 1.3

Strengthen **coordination mechanisms**

1. At the **national level** for planning, budgeting and financial management purposes.
2. At the **local level** between relevant public, private, and civil society actors to facilitate implementation and promote synchronized interventions in the community.
3. **Between oversight units** for monitoring, reporting, and data collection.
4. **Between development partners** to ensure harmonization of funding and technical assistance activities.

## Strategic Orientation 2

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Enhance shock-responsiveness and readiness to existing/emerging crises.

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### Initiative 2.1

**Commence steps towards having emergency-preparedness measures in place** such as developing early-warning systems to preempt emerging crises, rolling out operational manuals and their associated training for relevant staff to promote responsiveness, and reserving contingency funds to ensure rapid mobilization in response to shocks. It is necessary that social protection staff is trained on mainstreaming gender in preparedness planning and in the management of emergencies.

### Initiative 2.2

**Ensure scalability of implementation and delivery systems**, leveraging technology and human resources to enable horizontal scaling up (extending coverage) and vertical scaling up (expanding the adequacy or range of service provision) when needed.

### Initiative 2.3

Strengthen **evidence-based policy making and programming** on the back of improved M&E systems, better incorporating multi-dimensional assessments to inform existing policies and programs.

## Strategic Orientation 3

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Build institutional capacities of ministries and mandated national institutions to increase efficiency and effectiveness, strengthen accountability and transparency, and enhance participation of civil society.

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### Initiative 3.1

Invest in **capacity building** at the institutional and individual levels to improve the margin of state capabilities. The institutional layer includes modernizing existing organizational structures, leveraging digitization, improving management methods and internal controls. The individual layer entails developing the competencies and skills of civil servants to strengthen program planning, service delivery, monitoring, coordination and stakeholder engagement. Particular attention should be given to social protection service providers, social workers and case management professionals, and accountability and oversight bodies. Moreover, gender experts should be integrated across the structures of all relevant institutions as focal points (i.e., line ministries and other structures).

### Initiative 3.2

Strengthen and ensure enforcement of **accountability and transparency measures** at the national and local levels through reformed legislation and improved institutional capacity of control institutions. Ensure that **general accountability, grievance and redress, access to information, as well as anti-corruption** processes are extended to all social protection interventions. Complement these efforts with mechanisms for **social accountability to enable citizens' participation and feedback** on implementation processes and experiences with social protection services. Other safeguards must also be in place to ensure **financial accountability** through financial management protocols, quarterly programmatic reporting on expenditure, and regular internal and external audits.

### Initiative 3.3

Develop stronger **partnerships between public, private and civil society actors**, promoting effective engagement throughout policy development, implementation and monitoring process.

### Initiative 3.4

Introduce **Gender responsive budgeting (GRB)** as an important tool for advancing gender equality in key national planning and budgeting documents at central and local level. Enhancing the capacities of the public officials will be required to use gender lenses in analyzing, designing and implementing gender-responsive interventions and budgets, equipping them with the needed instruments and capacities to track budget allocations and spending. Moreover, along with the public officials at the central level (MoSA and other central agencies) and SDCs, there is a need to also train CSOs in the GRB, so they play a key role in advocating and monitoring for gender equality across all policy cycles and implementation.



**11**

**SOCIAL  
PROTECTION  
FINANCING**

Estimating financing resources for the social protection strategy highly depends on the policy mix that would be opted for by the state to achieve the targets set within the broader SPS framework. This policy mix may – in the case of Lebanon certainly will- result in additional cost that vary in magnitude depending on several factors including: priority options, existing gaps, baseline situation, targets, time span and phasing of implementation. Estimating an accurate cost envelope for the strategy would require thus a detailed time-bound action plan derived from the strategy with clear priorities, sequencing of activities, and achievable targets, and that should align well with the existing state's institutional and human capacity<sup>30</sup>.

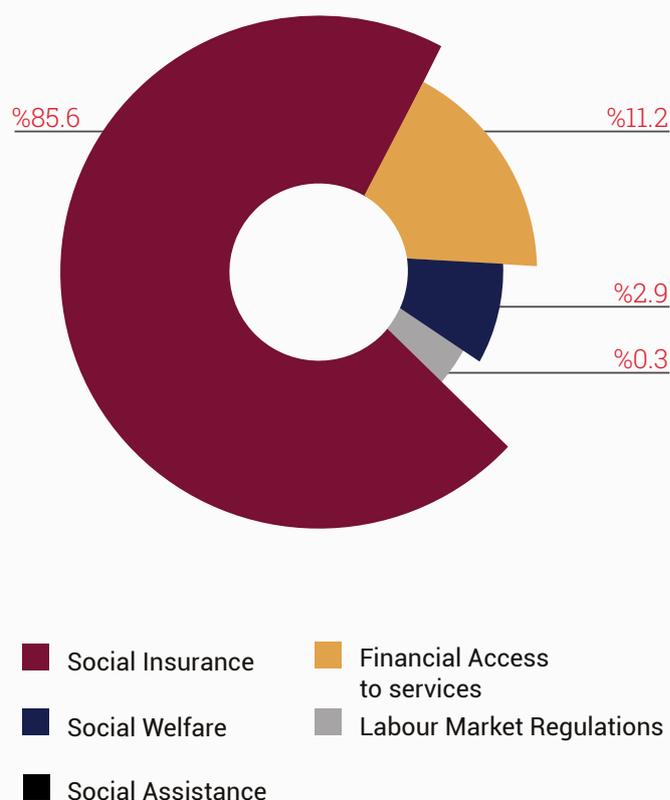
The ongoing crisis, however, has severe repercussions on the Lebanese households and it imposed de-facto policy priorities to mitigate the growing implications of the crisis. These are suggested to be areas of focus over the coming 3-5 years. In specific, given the rising poverty figures, focus will be shifted to upscaling social assistance programs including cash transfer programs and life cycle social grants. The strategy proposes a gradual rollout of a series of social grants concurrently with the expansion of social safety nets<sup>31</sup>. Combining social safety nets with the social grants programmes is judged to optimize the cost associated with each of the programme being implemented as a standalone policy option<sup>32</sup>. Depending on the programme criteria, proposed scenarios and relevant assumptions, the cost of combining these two policy options would result in a cost that ranges between 1.5 percent to 2.25 percent of the GDP. In dollar terms, this will range between around USD 300 million and USD 600 million per year (assuming the GDP for 2021 is around USD 20.5 billion as per the latest revised estimates by the World Bank<sup>33</sup>).

The second priority area is the social insurance- particularly ensuring the financial sustainability of the benefits of the NSSF, reforming and expanding its scope and coverage. The cost of such process will be ideally borne by all partners in the tripartite social contract: the Government, employers, and employees. In coordination with the Ministry of Finance, necessitating the development of a mechanism to track all financial flows and transfers within the framework of the strategy. To ensure financial sustainability, unavoidably, comprehensive structural reforms across

all branches are necessary, including transforming the end-of-service compensation system into a retirement system, aligning with the proposed law in parliament, which is built on extensive studies determining the percentage of contributions required for its financing from both workers and employers, ensuring its financial sustainability. Meanwhile, on the government's front, the cost entails repayment of accumulated arrears due for the fund, most likely in gradual approach. According to unofficial estimates, these arrears reached around LBP 4,800 billion by the end of 2020. The annual cost for settling these arrears will depend on a mutually agreed optimal installation period between the government and the NSSF, including penalty interests.

### Spending on Social Protection in Lebanon

Figure 2 Share of spending on social protection pillars in 2019 (Actual).



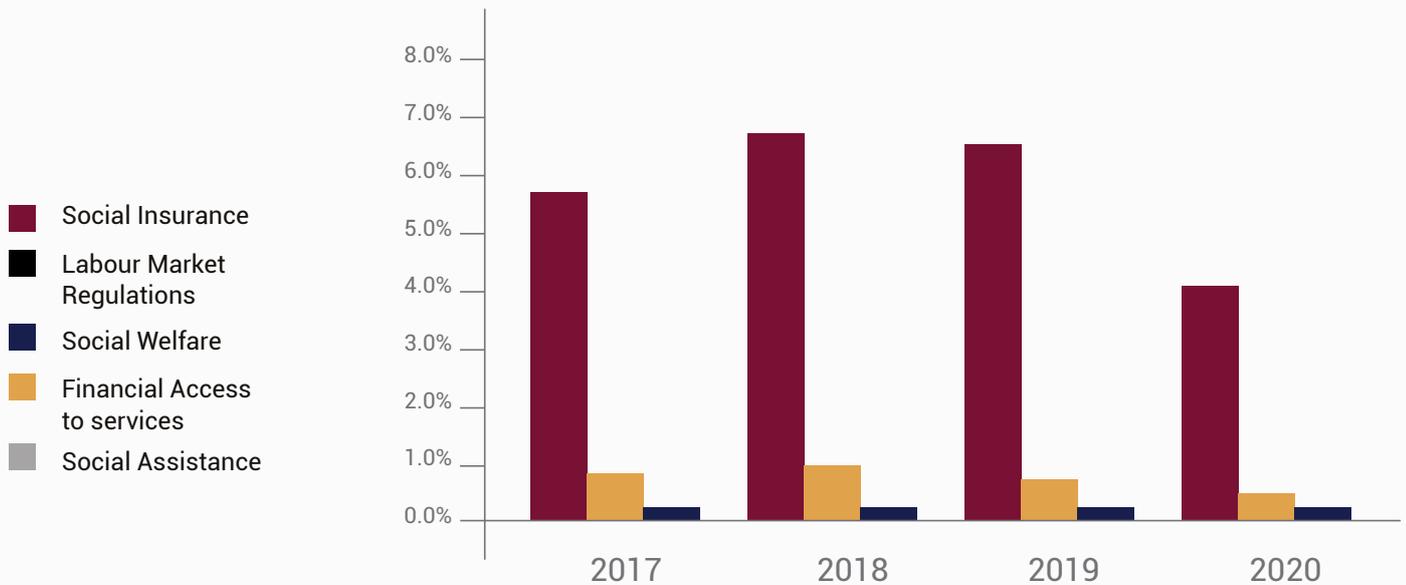
30-A time-bound action plan will come as a second step in the SPS preparation following the official approval of the strategy by the government and after broadly agreeing on priority pillars/programs.

31-UNICEF and ILO (2021), Towards a Social Protection Floor in Lebanon

32-Expanding Social Assistance and Building Relevant Systems in Lebanon - Policy Options and Costing of Establishing a National Social Assistance System, ILO, UNICEF, and World Bank (2023)

33-The World Bank, Lebanon Economic update for October 2021.

Figure 1 Recent trends of spending on social protection (including health-related) as percentage of GDP (%)



Lebanon's public spending on social protection (including health-related expenditure) is estimated at around 4.3 percent of GDP in 2020, down from its higher level of 6.8 percent in 2019<sup>34,35</sup>. Excluding health-related expenditures, this share drops to 2.75 percent in 2020, down from its level of 4.6 percent in 2019. It is worth mentioning that this rate is relatively higher than the reported average in the Arab States of 2.5 percent of GDP<sup>36,37</sup>.

Expenditures in the sector are dominated by social insurance outlays (85.5 percent of total spending on social protection in 2019), particularly the public sector pension that attracts 64 percent of spending on social protection in 2019 (95 percent of non-health expenditure on social protection), representing a relatively high share of GDP reaching 4.4 percent during the same year. This high level of expenditure on pension is coupled with a significantly low coverage, as beneficiaries of the pension scheme do not exceed 14 percent of the labor force<sup>38</sup>. Spending on the remaining pillars of social protection, notably on social assistance, social welfare and on active labor market, remains very low.

Spending on social protection is mostly funded through taxation in addition to a very modest share of contributions paid by beneficiaries. For instance, the contribution rate to public pension which is set at 6 percent, to be contributed by the beneficiary, is estimated to fund only a small fraction of the life-time benefits paid. This reality undermines the fiscal sustainability of the pension scheme and imposes heavy pressure on the government budget. The same applies to health insurance schemes that are mostly funded by taxation, as contributions- whenever applies- are not sufficient to ensure financial balance and sustainability. Social assistance- particularly cash and near-cash transfers- is an emerging pillar in Lebanon and most of the benefits are currently covered by donors, targeting a limited number of households, with a modest package of social assistance services<sup>39</sup>.

34-This figure is based on the compilation of government's expenditure on what is classified as social protection spending. These expenditures include spending related to health and education that may go beyond the narrow definition of social protection such as covering hospitalization expenditure for those not covered by any social/health insurance schemes. However, it excludes expenditures of the National Social Security Fund – all branches- which is a contributory system primarily funded by contributions of the private sector (employees and employers), government's contribution as an employer in addition to the Government's share in the annual expenditures of the Health and Maternity branch of the NSSF, set at 25 percent. The latter has not been actually transferred to the NSSF for a long period of time.

35-The decline between 2019 and 2020 is primarily attributed to the inflationary increase in GDP between 2019 and 2020 rising from LBP 80,795 billion in 2019 to LBP 118,667 billion in 2020- as per the latest estimates released by the World Bank. The Government budget for 2020, however, did not account for any inflationary factors. <https://data.worldbank.org/indicator/NY.GDP.MKTP.CN.AD?end=2020&locations=LB&start=2011>

36-ILO, World Social Protection Report: Universal Social Protection to achieve the Sustainable Development Goals, 2017-2019. Lebanon's estimated spending on social protection in the report is slightly below 3 percent of GDP, which is marginally lower than the estimate in this document. This may be due to time difference and/or scope and definitions used to draw the boundaries of the social protection sector.

37-GDP figures are based on the World Bank estimates for the period 2017-2020.

38-Only employees of the Central Government (Civil Servants and military personnel) are covered by the scheme. Other public sector employees, such as contracted personnel and employees of public enterprises, are not included. They are covered by the End-of-Service Indemnity scheme of the NSSF that provides a one-off lumpsum payment upon reaching the retirement age.

39-Over the period 2014-2020, BMZ, MADAD, UNHCR and the World Bank covered around 15,000 households were with a near-cash food voucher program implemented through the NPTP, with an average annual cost ranging between USD 12 and 19 million.

### Options and Challenges

Expanding the social protection system in Lebanon is a necessity, given the significant role this sector would play in addressing the implications of the ongoing economic and health crisis, and more broadly in improving responsiveness to emerging shocks and crises. This should come in line with the commitment made by Lebanon, as one of the member states who signed the Addis Ababa Action Agenda of the Third International Conference on Financing for Development. The agenda included a pledge by countries 'representatives to provide strong international support for the efforts to establish social protection floors'<sup>40</sup>. Also, experiences drawn from several countries around the world demonstrate that social protection programs are essential to offset socio-economic drawbacks that may arise following austerity and fiscal consolidation plans that governments may opt to implement to restore fiscal balance and steer economic recovery- which is the case of Lebanon. It is thus imperative that the Lebanese government explores available means for creating an appropriate level of fiscal space to fund the expansion of the social protection system. A wide array of options can be explored to generate resources, many of which demand a broader financial and fiscal restructuring strategy. The nature of the multi-pronged crisis in the country and growing vulnerabilities call for embracing pragmatic and sensible financing options and to prioritize impactful and cost-efficient social protection schemes.

### KEY MESSAGES

- Options exist for finding fiscal space to expand social protection initiatives and priorities. Creating fiscal space for funding social protection programs is a matter of political will, consensus and commitment to increase investments in the sector, rather than lack of resources. The state commitment to this funding is materialized in approving budget documents that reflect decent level of allocation to the social protection sector.
- One of the sustainable short- and medium-term financing solutions for social protection programs involves restructuring, prioritizing and rationalizing public spending, while redistributing on this basis. Additionally, enhancing revenue effectiveness through a review of the tax structure towards a more fair and equitable system, and taking necessary measures to improve tax collection and reduce tax evasion, in addition to revisiting recent tax measures such as customs and value-added tax, which are now calculated based on the Sayrafa exchange platform. Furthermore, consideration can be given to expanding social security coverage, unifying benefits and contributions across all relevant public entities involved in social insurance.
- Funding social protection programs using domestic resources may be challenging over the shorter run, given the continuing economic instability, and falling demand. Options could include donor funding and directing received resources from official development assistance towards social protection. The Government should pursue a more proactive and vigorous approach with donors to prioritize the social protection sector and heavily invest in system and institutional building.
- As the strategy will be gradually implemented, some financing options may be systemically integrated during the cost and priority-setting process.

40-Addis Ababa Acton Agenda of the third international conference on Financing for Development, July 2015. Article 12 of the action agenda stresses the importance of "delivering social protection and essential public services for all: To end poverty in all its forms everywhere and finish the unfinished business of the Millennium Development Goals, we commit to a new social compact. In this effort, we will provide fiscally sustainable and nationally appropriate social protection systems and measures for all, including floors, with a focus on those furthest below the poverty line and the vulnerable, persons with disabilities, indigenous persons, children, youth and older persons".



12

GENDER  
MAINSTREAMING

The adoption of a human rights-based approach to social protection reinforces the need to ensure that social protection programs and policies are designed, implemented and monitored in a way that is sensitive to the lived experiences of men and women. As such, it is important to factor in differences between men and women in matters of legal protection, access to/control over household and community resources, constraints stemming from social norms regarding women's care role, and access to services and productive work.

Moreover, welfare levels may differ between men and women considering the gender dimensions of life cycle risks and vulnerabilities, where men and women are exposed to different risks and have varying capacities to cope with existing/emerging risks and shocks. As such, women are often more vulnerable to the loss of income, to having their health and basic needs unmet during shocks, and to facing discrimination within the household. This comes in addition to systemic discrimination across social, political and economic institutions that put women at a disadvantage and limit their participation in shaping policies and procedures and in making decisions that affect their lives.

Thus, to ensure that men and women enjoy their socio-economic rights on an equal basis, there is a need to ensure a gender-responsive approach to social protection. The figures below demonstrate how gender has been mainstreamed across the Social Protection Strategy and each of its five pillars.

Key Gender Considerations	Inclusion in the Social Protection Strategy
<p><b>A comprehensive identification of gendered risks and vulnerabilities across the life cycle</b>, such as child/early marriage, pregnancy or maternity-related risks, disproportionate responsibility for unpaid care and domestic work, heightened exposure to SGBV, gender-specific barriers to access to resources/opportunities/education, etc.</p>	<p>The SP Strategy builds on the findings of a <b>baseline assessment report that looks at social protection in Lebanon from a gender perspective<sup>41</sup></b>, identifying key gender issues, needs, gaps and priorities in the SP system.</p>
<p><b>Introduction of gender-responsive policies and program design features</b>, including targeting mechanisms, service delivery modalities which account for gender dynamics, linkages to complementary programs (e.g. sexual and reproductive health services, social care services to address unpaid care and domestic work, case management for SGBV), etc.</p>	<p>The SP Strategy has <b>mainstreamed gender in individual initiatives</b> and highlighted further design, operational, and institutional considerations in the following section on gender considerations per social protection pillar.</p>
<p><b>Introduction of measures to address and counter structural gender inequalities</b>, including eliminating discriminatory legal provisions and measures to ensure women's economic empowerment and reduce gender gaps in labor force participation.</p>	<p>The SP Strategy contains explicit <b>initiatives to ensure gender equality</b>, such as amending the social security law to recognize working women and men equally in their entitlement to benefits, introducing maternity benefits, promoting women's access into the labor market, etc.</p>

41-Social protection in Lebanon from a gender perspective - Baseline assessment report, UN Women (2021)

Key Gender Considerations	Inclusion in the Social Protection Strategy
<p><b>Participation of gender equality advocates, civil society actors, and beneficiaries</b> in the planning, design, implementation, and M&amp;E of social protection policies and programs to enable greater collaboration and coordination with policymakers.</p>	<p><b>Representatives from civil society organizations</b> that advocate for women's rights and gender equality <b>have been included in all Technical Working Groups</b>, and have played a role in influencing the priorities of the SP Strategy</p>
<p><b>Integration of gender into M&amp;E systems</b>, including gender-specific indicators and sex-disaggregated data into M&amp;E frameworks, in addition to accessible and effective grievance redress mechanisms.</p>	<p><b>The forthcoming M&amp;E framework</b> will include gender-specific indicators and sex-disaggregated data</p>

Social Protection Pillar	Pillar-specific Gender Considerations
<p><b>Social Assistance</b></p> 	<p>Mainstreaming gender in the Social Assistance Pillar has ensured that existing and forthcoming income support programs are inclusive of specific groups of vulnerable women, including female headed households (FHH), elderly women and women with disabilities. To that end, the following design and operational considerations are proposed:</p> <p><b>Program Design</b></p> <ul style="list-style-type: none"> <li>- Ensure that <b>gender equality and women's empowerment principles are embedded within core social assistance scheme/capacity building objectives</b> to enable women to transition into sustainable livelihoods and increase their participation in the labor force.</li> <li>- <b>Establish a social protection floor that provides basic guarantees to everyone, thereby ensuring minimum protection to vulnerable population groups and closing coverage gaps affecting women.</b> An adequate social protection floor can also improve women's access and participation in the labor market, in the short and long term.</li> </ul> <p><b>Targeting Mechanisms</b></p> <ul style="list-style-type: none"> <li>- Provide further clarity about the transparency and efficiency of targeting mechanisms to ensure that <b>indicators for capturing poverty and vulnerability are determined in a gender-sensitive manner</b> with consideration to new vulnerabilities and increased gender gaps emerging from the economic and financial crisis that has deeply affected the country.</li> </ul> <p><b>Delivery Mechanisms</b></p> <ul style="list-style-type: none"> <li>- Review the appropriate conditions in which to gradually shift any existing and forthcoming cash transfer program towards having <b>women as direct recipients of cash transfer benefits</b> to enhance their economic inclusion, increase their decision-making power, and improve household consumption choices.</li> </ul> <p><b>Outreach &amp; Communications</b></p> <ul style="list-style-type: none"> <li>- <b>Ensure community level outreach and communication</b> to ensure that potentially eligible women apply to social assistance programs and to improve the awareness of the general public on the available social assistance and wider</li> </ul>

Social Protection Pillar	Pillar-specific Gender Considerations
	<p>social protection rights. Social workers and local administrators can play a crucial role through outreach identifying women and girls in need for support and increasing the visibility of the social assistance measures.</p> <p><b>Monitoring &amp; Evaluation</b></p> <ul style="list-style-type: none"> <li>- Accompany the expansion of social assistance through cash transfers with <b>sound systems that identify and monitor the wellbeing of women</b>, paying particular attention to their social and economic empowerment in a sustainable manner. Ensure that data collected on beneficiaries is sex-disaggregated, and furthermore, develop a gender-sensitive results-based M&amp;E framework for cash transfer programs to monitor the impact of transfer values on gendered spending patterns and changes in intra-household dynamics.</li> </ul> <p><b>Institutional Reforms</b></p> <ul style="list-style-type: none"> <li>- Ensure that the team employed in <b>existing and new coordination, payment and delivery structures receives gender inclusion training</b> to increase their awareness on gender issues.</li> </ul>
<p><b>Social Insurance</b></p> 	<p>Gender was mainstreamed in the social insurance pillar through initiatives that account for the fact that women are more likely to be in informal employment, vulnerable employment, and/or have shorter or more intermittent careers compared to men. This includes the following considerations:</p> <p><b>Scheme Design</b></p> <ul style="list-style-type: none"> <li>- <b>Take different working modalities and types of employment into account</b> to ensure adequate coverage for women and other vulnerable groups that are less likely to find formal employment.</li> <li>- <b>Adopt solidarity-based financing</b> to ensure adequate coverage for women and other groups that are likely to contribute less to the social insurance scheme.</li> <li>- <b>Provide minimum pension guarantees in the proposed pension scheme to ensure basic income security for those with weak contributory records.</b></li> <li>- <b>Provide sickness and maternity (cash) benefits</b> as part of the social insurance system.</li> <li>- <b>Adopt a normative framework that adheres to the ILO's Social Protection Floor and its C102 convention concerning Minimum Standards of Social Security</b>, particularly components that are relevant to women such as maternity and child care for instance.</li> <li>- <b>Ensure gender-sensitive eligibility criteria for unemployment benefits</b> to ensure equal access for both men and women, and to respond to the different employment/work modalities women perform.</li> <li>- <b>Ensure integration between contributory and non-contributory systems</b> to achieve broader and more inclusive coverage.</li> </ul>

Social Protection Pillar	Pillar-specific Gender Considerations
<p data-bbox="225 241 411 271"><b>Social Welfare</b></p> 	<p data-bbox="504 241 1481 618">Mainstreaming gender in the social welfare pillar has started with reinforcing the need for political consensus on the welfare approach for the country, such that it ensures adequate prevention and protection measures for all vulnerable women through an integrated holistic approach. The entry-point to reform starts with a legal review from a gender perspective while ensuring adequate access to justice, developing institutional capacities to provide a continuum of social care that responds to the existing gender gaps in service provision particularly intensive and specialized services, as well as efficient referral mechanisms, outreach and case management, awareness raising, and reliable gender sensitive monitoring and evaluation. Furthermore, the following considerations are proposed for the social welfare system:</p> <p data-bbox="504 663 691 692"><b>Scheme Design</b></p> <ul data-bbox="504 696 1481 1379" style="list-style-type: none"> <li>- <b>Add services related to matters of childcare</b> which is an essential element to address the gender gap in Lebanon.</li> <li>- <b>Formulate clear tasks related to gender equality and disability inclusion in the revised role and functions of the SDCs as a “one-stop-shop”</b>, ensuring the establishment of a gender/disability sensitive basket of services at the local level, based on local vulnerability assessments and detailed analysis of the current services to optimize service provision and efficient use of available resources for MoSA and SDCs and a better planning process.</li> <li>- <b>Ensure gender-sensitive community-based approaches which can bring diversification of service provision for women and communities</b>, encompassing areas such as psychological support, awareness raising and advocacy. A combination of services can be provided entailing case management and referral programs, support of women and children, and services to strengthen the capacities of families to better care for their children or members with a disability to prevent unnecessary separation.</li> <li>- Complement the establishment of case management and referral mechanisms with an <b>online free-of-charge national counselling helpline for cases of sexual and gender-based violence</b>. Addressing service gaps for survivors of gender-based violence and their children can be complemented with efforts aiming at the <b>establishment of rehabilitation services for perpetrators</b>.</li> </ul>
<p data-bbox="209 1480 427 1547"><b>Financial Access to Basic Services</b></p> 	<p data-bbox="504 1480 799 1509"><b>Social Health Protection</b></p> <p data-bbox="504 1514 1481 1827">Mainstreaming gender in the Social Health Protection component of the Financial Access to Basic Services Pillar ensures that schemes cater to women's specific health needs based on a life-cycle approach. The pillar's strategic orientation includes moving towards universal access to social health protection, while prioritizing the most vulnerable through a subsidy-based approach for currently uninsured or underinsured individuals, many of which are unemployed women, women outside of the labor force, or women working in the informal sector with no direct access to the social insurance system. Furthermore, it is recommended that social health protection accounts for the following considerations:</p> <p data-bbox="504 1861 691 1890"><b>Scheme Design</b></p> <ul data-bbox="504 1895 1481 2029" style="list-style-type: none"> <li>-Ensure a financially accessible package of health services that places greater <b>emphasis on Sexual and Reproductive Health (SRH) services</b> in the primary healthcare package and other services related to health contingencies specific to women (fertility, pregnancy, maternity, etc.).</li> </ul>

Social Protection Pillar	Pillar-specific Gender Considerations
<p data-bbox="164 237 384 297"><b>Financial Access to Education</b></p> 	<p data-bbox="480 237 1437 510">- This should be complemented with a <b>gender-sensitive and responsive approach in service delivery</b> that considers the gender-specific needs and barriers. For example, the implementation of Health Care Coordination Networks as a potential model for improved service provision should ensure a <b>fair geographical distribution of healthcare services/facilities for the inclusion of women and PWDs in marginalized and rural areas</b>, which will alleviate further costs of transportation and the dangers of commuting in the case of emergencies (e.g. child delivery).</p> <p data-bbox="480 546 839 573"><b>Financial Access to Education</b></p> <p data-bbox="480 580 1437 781">Mainstreaming gender in the Financial Access to Education component of the Financial Access to Basic Services Pillar includes more rigorous analysis into the gender gaps and disparities in educational enrolment, completion, attrition and dropout rates. As part of a multi-dimensional lens to poverty, gender-differentiated barriers which have implications on financial access to education are accounted for:</p> <p data-bbox="480 822 671 848"><b>Program Design</b></p> <p data-bbox="480 855 1437 956">- Ensure that education components of <b>social assistance programming account for gender-based violence, burdens of unpaid care work, among other factors which could lead to disturbances in girls' educational continuity.</b></p> <p data-bbox="480 996 711 1023"><b>Program Budgeting</b></p> <p data-bbox="480 1030 1437 1162">- Ensure <b>gender-responsive public expenditure management</b> such that all reallocation of public and development aid funding (for primary, secondary, and TVET education) explicitly includes gender-based assessments and considerations with the goal of promoting gender equality.</p>
<p data-bbox="156 1279 416 1339"><b>Economic Inclusion and Labor Activation</b></p> 	<p data-bbox="480 1279 1437 1756">Mainstreaming gender in the economic inclusion and labor activation pillar is informed by SDG5 as a guiding lens, which focuses on the following targets: recognition of unpaid care and domestic work, women's full and effective participation and fair representation in leadership and at all levels in all sectors, reforms to give women equal rights to economic resources and development, adopting and strengthening sound policies and legislations for the promotion of gender equality and empowerment of all women and girls. In addition to SDG 5, the pillar is also guided by the primary goal of the ILO in promoting decent work for all, with gender equality considered as a key element in its vision to attain this goal. There are four thematic areas in this regard: promoting fundamental principles and rights at work; gender equality in the creation of greater employment and income opportunities; better and more robust social protection policies; and strengthening social dialogue and tripartism (ILO). To that end, the following design and operational considerations are proposed:</p> <p data-bbox="480 1796 647 1823"><b>Policy Design</b></p> <p data-bbox="480 1830 1437 2031">- <b>Design of policies that incentivize hiring women in the private sector, through the introduction of gender quotas, tax reductions, etc.</b> Private sector actors can also be incentivized to invest in programs that fund women-led enterprises and/or skills development training for the labor market, and investing in projects that aim at easing and facilitating women's access to labor opportunities; such as transportation services, child care facilities, etc.</p> <p data-bbox="480 2038 1437 2065">- <b>Introduce gender sensitive labor migration policies and frameworks that takes</b></p>

Social Protection Pillar	Pillar-specific Gender Considerations
	<p><b>into consideration the lived realities of women migrant workers and propose mechanisms to facilitate their integration</b>, such as: gender-specific programs/entities for reception and orientation, universal clauses in the standard unified contract for the minimum wage, work hours, leave requirements, medical benefits, inspection of employers for compliance, clear and accessible complaint platforms, support services for migrant workers and specifically women domestic workers, accessible services/entities to send remittance, gender-responsive regularization programs, safety nets for women domestic workers and hotline services to report abuse.</p> <p><b>Program Design</b></p> <ul style="list-style-type: none"> <li>- <b>Ensure the provision of gender-sensitive and gender-responsive training programs</b> to enhance the skills of women and prepare them for emerging labor market needs without necessarily limiting sectoral focus to “female-friendly” industries (e.g. handicrafts, agri-food, etc.). This includes conducting <b>tailored workshops and training to build the capacities of women entrepreneurs, as well as public services to assist them in formalizing their enterprises.</b></li> <li>- <b>Public works programs can include a minimum quota for women and PWD throughout the project cycle and diversify the sectors in which they can work in</b> as a tool for affirmative action to increase their labor force participation and economic empowerment.</li> <li>- <b>Encourage further establishment of women-led/only cooperatives as part of a support and solidarity network for women in the Social and Solidarity Economy</b>, which would strengthen collective bargaining power and competitive advantage.</li> <li>- <b>Ensure that all financial support programs for businesses have gender-sensitive selection criteria</b>, ensuring adequate inclusion of businesses that are women-led or have a majority of women employees.</li> <li>- <b>Consider the socio-cultural norms that impede women from seeking economic empowerment and jobs in the design of job search assistance services</b>, and hence diversify the pool of opportunities on these job search channels/platforms to respond to the needs of women in different conditions. This includes providing various work modalities, for example: providing remote work options, part time jobs, freelance opportunities, etc.</li> </ul> <p><b>Institutional Reforms</b></p> <ul style="list-style-type: none"> <li>- <b>Ensure gender sensitivity in inspection and compliance mechanisms to protect women’s labor rights</b>, for example through providing labor inspectors with gender-specific training as well as reinforcing gender diverse work arbitration councils and grievance mechanisms.</li> <li>- <b>Ensure diversity and inclusion through the engagement of women and PWD at the decision-making level as part of institutional reforms to ECOSOC.</b></li> </ul>



13

DISABILITY  
INCLUSION

To ensure that the proposed social protection framework is inclusive and leaves no one behind, matters of disability have been integrated as a cross-cutting consideration throughout the strategy. The figure below summarizes how the Social Protection Strategy has accounted for matters of disability.

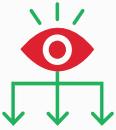
Key Considerations for Disability	Inclusion in the Social Protection Strategy
<p><b>An emphasis on inclusion of people with disabilities in legal and policy frameworks.</b> This includes the ratification of the UN Convention on the Rights of Persons with Disabilities and harmonization of national laws and policies accordingly, as well as issuing the implementation decrees for Law 220/2000.</p>	<p>The SP Strategy explicitly mentions the need to <b>review Law 220/2000 and pass required legislative amendments</b> to ensure its consistency with international conventions, and ensuring effective enforcement of all its provisions.</p>
<p><b>Ensuring accessibility of all social services,</b> encompassing physical accessibility, access to information, and financial access.</p>	<p>The SP Strategy contains explicit reference to <b>addressing additional barriers faced by PWDs in accessing healthcare, education, etc.</b> For example, financial access to healthcare programs account for rehabilitative and support mechanisms for PWDs, financial access to education programs emphasize inclusive education, and so on.</p>
<p><b>A combination of disability-specific and inclusive mainstream social protection programs</b> to ensure adequate income support across the life cycle PWD are met.</p>	<p>The SP Strategy calls for the <b>introduction of disability-specific measures,</b> such as a <b>Disability Support and Inclusion Allowance</b> for PWDs of all ages to tackle basic disability related costs that increase their vulnerability and poverty, <b>in addition to other social protection programs which will be rendered disability-inclusive.</b></p>
<p><b>Designing benefit structures and levels to ensure a life of dignity, inclusion and independence for PWD</b> in a way that guarantees basic income security, contributes to coverage of disability related costs, ensures adequate access to health care including rehabilitation and assistive devices, contributes to effective access to community support services, supports inclusive education, economic empowerment and participation in in the labor market.</p>	<p>The SP Strategy proposes initiatives that ensure higher inclusion and autonomy for PWD, such as developing <b>family and community-based social support system programs</b> instead of institutionalizing PWD, <b>enforcement mechanisms for the 3% quota</b> to ensure their engagement in the labor market, among others.</p>
<p><b>An effective, up to date, transparent, integrated disability registry and information system</b> to support policy planning and monitoring and provision of social protection services.</p>	<p>The SP Strategy calls for the development of a <b>unified single registry</b> which would house information on all current and prospective beneficiaries of social protection programs, including PWD.</p>



**14**

**ROADMAP FOR  
IMPLEMENTATION  
OF THE SOCIAL  
PROTECTION  
STRATEGY**

## OVERSIGHT



Oversight of the National Social Protection Strategy is assigned to the IMC/Cabinet and the Parliament. Cabinet will be responsible for approving and adopting the policy document, with the IMC providing a mechanism for policy coordination and expediting intersectoral collaboration at the national scale. The IMC will have a multi-sectoral Technical Committee that includes the General Directors of relevant line ministries, in order to ensure cooperation at the level of the public administration. Critical parliamentary committees are also expected to serve as oversight bodies, while carrying out their duties of enacting and amending laws relevant to social protection, drafting budgets and approving the mobilization of appropriate financial resources for social protection programs, and ensuring the delivery of social protection services.

## OPERATIONAL COORDINATION AND MANAGEMENT



The Office of the Prime Minister will provide leadership for overall operational coordination and will be supported by the Social Protection Working Committee. The terms of reference of this Committee include, but are not limited to:

1. Spearheading implementation of the Strategy
2. Providing technical guidance and reviewing policies and laws related to the Strategy
3. Establish links with existing and forthcoming plans and programs responding to the current crisis (e.g. 3RF, etc.)
4. Coordinating with relevant stakeholders and building their capacity to effectively deliver on their respective mandates
5. Monitoring and evaluating the progress of social protection interventions
6. Tracking of inter-program linkages to ensure integrated service delivery
7. Establishing and maintaining the unified single registry

## NEXT STEPS

. **Implementation Plan:** With all initiatives mapped and phased over the short, medium, and long term, the next step is to operationalize the recommendations of the strategy through a concrete implementation plan. This plan would provide a more detailed account of the institutional mechanisms and human resource requirements to implement all proposed programs/activities, including designating the leading line ministries and division of roles between government entities, development partners, INGOs and CSOs.

. **Costing Plan and Financing Strategy:** Costed sector plans bridge the gap between an abstract strategy to actionable blueprints and practical budgets. The financing component of the strategy encompasses two complementary activities:

- First, a comprehensive costing exercise which provides a detailed projection of the inputs and resources required to implement each initiative, over time. The identification of relevant scale-up scenarios and their respective cost implications is also warranted. While a preliminary costing of the flagship initiatives has already been conducted, this should only be used as an estimation of the cost envelope for planning purposes.
- Second, a financing strategy which ensures resource mobilization for the strategy, including a realistic projection of domestic resources and potential fiscal space as well as support from development partners available in the short and medium term. Additional sources of financing will need to be tapped into in the case of a funding gap.

. **Monitoring and Evaluation Framework:** Coupled with the implementation and costing plans, a robust M&E framework must be developed to lay the foundations for evidence-based programming and to ensure that the desired impact is being realized. Periodic data should be collected on specified programmatic indicators and the disbursement of funds should be contingent on tracking relevant milestones. Regular impact evaluations should also be designed in order to inform future programming.



# 15 ANNEXES

## Annex A – Contributing Organizations

### Academia/Civil Society

- ABAAD
- Amel Association International
- American University of Beirut (AUB)
- Arab Foundation for Freedoms and Equality
- Arab foundation for freedoms and equality (AFE)
- Arab NGO Network for Development (ANND)
- Arab Resource Collective
- Center for Studies on Aging
- Centre for Lebanese Studies (CLS)
- Collective for Research and Training Development - Action (CRTDA)
- Consultation and Research Institute (CRI)
- Issam Fares Institute for Public Policy and International Affairs (IFI)
- KAFA
- Knowledge to Policy Center (K2P)
- Lebanese League of Women in Business (LLWB)
- Lebanese Society for Educational and Social Development (LSESD)
- Lebanese University
- Lebanon Support
- Legal Agenda
- Masar Association
- Mouvement Social
- Ruwwad
- Saint Joseph University (USJ)
- Seeds for Legal Initiatives
- Teach for Lebanon
- The Lebanese Center for Policy Studies (LCPS)
- The Lebanese Democratic Women's Gathering (RDFL)

### Disabled Persons Organizations

- Arab Organization of Persons with Disabilities
- Arcenciel
- Association of Parents of Deaf Children
- Ecumenical Disability Advocates Network (EDAN)
- Fundación Promoción Social
- International Disability Alliance
- Lebanese Association for Self-Advocacy
- Lebanese Down Syndrome Association
- Lebanese Physical Handicapped Union
- Lebanese Union for People with Physical Disabilities
- Lebanese Universities League for the Blind
- Lebanese Welfare Association for the Handicapped
- Mousawat Association
- National Association for the Rights of Disabled People
- NEXT STEP Program at AUB Continuing Education Center (CEC)
- The Association of the Friends of the Disabled people
- The Learning Center for the Deaf
- The Lebanese Federation of the Deaf
- World Rehabilitation Fund (WRF)
- Youth Association of the Blind

### Workers' Organizations

- Beqaa Workers Union
- Chemical Workers Union
- Constituent Body for Farmers
- Federation of Trade Unions and Workers of the Beqaa
- Federation of Trade Unions and Workers of the South
- Federation of Trade Unions for Construction Workers
- Federation of Trade Unions of Public Car Drivers
- Food Industries Workers Union
- General Confederation of Agriculture Organizations - North
- General Confederation of Workers in Lebanon
- Independent Cultural Movement
- Lebanese Labour Watch (المركز اللبناني لحقوق العمال)
- Lebanese Order of Physicians
- Lebanese Trade Union Training Center
- National Federation of Worker and Employee Trade Unions in Lebanon (FENASOL)
- Social Workers' Syndicate
- Teachers Syndicate in Private Schools
- The Association of Public Secondary Education Professors
- Union of Bank Employees
- Union of North Lebanon Water Authorities

### Development Partners/INGOs

- Agence Française de Développement (AFD)
- Department for International Development (DFID) UK
- European Union Delegation
- Food and Agriculture Organization (FAO)
- Foreign, Commonwealth & Development Office UK (FCDO UK)
- German Embassy
- International Medical Corps
- International Monetary Fund (IMF)
- International Organization for Migration (IOM)
- International Policy Centre for Inclusive Growth (IPC-IG)
- Italian Cooperation
- Oxfam
- Save the Children
- Swiss Cooperation Office, Embassy of Switzerland
- UN Human Rights Regional Office for the Middle East and North Africa (ROMENA)
- UN Women
- United Nations Development Programme (UNDP)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Population Fund (UNFPA)
- United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)
- World Bank
- World Food Programme (WFP)
- World Health Organization (WHO)
- World Vision Lebanon



