

Lebanon

16 May 2020



Key developments

As of 16 May, one person of concern to UNHCR Lebanon has tested positive for COVID-19 (as per previous updates). Following a period of self-isolation at home, he has recovered from the virus.

UNHCR continues preparing for a gradual resumption of activities suspended since mid-March (please see table below on the status of UNHCR Lebanon's regular programmes), and an incremental return of staff to the office, in line with the Government's deconfinement plan and UN guidance. Interviewing rooms in the four Reception Centres are being equipped with plexiglass and the reception area with partitions to facilitate social distancing. Planning for the resumption of activities in UNHCR-supported Community Development Centres is also underway. The prioritisation of activities, scale and timeframes will, however, remain dependent on the national advice and any further lockdowns like the current one from 14-17 May.

Final approval was granted to UNHCR for 8 of the 24 suggested isolation sites nearby refugee settlements (2 in Akkar, 4 in the Bekaa and 2 in BML). In agreement with the National COVID Taskforce, UNHCR is proceeding with the preparation of 4 sites as a first phase. Expansion works at three public hospitals (Halba, Tripoli – pictured below -, and Baalbek) also commenced this week, but have been placed on hold during the four-day lockdown.



National testing campaign

In coordination with WHO, UNHCR is preparing to facilitate COVID-19 testing for refugees living in overcrowded settings together with the MoPH and partners, as part of the national efforts to expand PCR testing. An information campaign planned in consultation with community health volunteers and community groups in informal settlements will commence next week, following the four-day lockdown. The testing will start after Eid al-Fitr and target 1.5% of the population in informal settlements and collective shelters, based on the national sampling (15,000 per 1 Million).

Humanitarian needs growing

UNHCR's latest protection monitoring findings underline that the socio-economic situation of refugees continues to deteriorate, with 77% reporting that they have difficulties buying food and 70% that

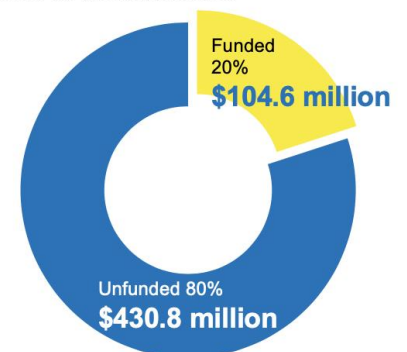
Key Figures

- **3,453** refugee volunteers and **650** UNHCR and partner frontline staff trained on COVID-19 awareness.
- **More than 450** refugees with medical background mobilised as **Community Health Volunteers**.
- **Site community groups to support isolation procedures** established in **1,226 informal settlements** so far.
- **301,000 refugees in overcrowded settings** reached with hygiene promotion and materials.
- **10,000 shelter kits in stock** for Level 2 isolation in informal settlements.
- **Eight Level 3 isolation facilities** identified by UNHCR **approved** for preparation.
- **MoPH COVID-19 hotline capacity expanded** with 10 additional operators (trained nurses) and technical equipment.
- Expansion works at **three public hospitals** have commenced.
- Medical equipment for **800 additional hospital beds** and **100 additional ICUs** ordered and reaching the country in batches.

FUNDING (AS OF 8 MAY)

USD 535.4 million

requested for the [Country] situation



they cannot afford their rent. The number of refugees reporting that they have gone into further debt to pay for basic necessities has also increased, to 74% from the 59% who mentioned this as a coping strategy during the first weeks of the protection monitoring. Amongst the elderly, persons with disabilities and persons with a critical medical condition, 90% now report that they face a lack of food (up from 82% four weeks ago).

UNHCR's COVID-19 temporary cash assistance targeting 11,000 Syrian families and 500 families of other nationalities with LBP 320,000 per month in May, June and July started being rolled-out. In addition, UNHCR is, in consultation with WFP, procuring food & hygiene product parcels that will be distributed through local NGO partners to an initial 10,000 unassisted families in dire need.

Cash assistance loadings in May are being staggered to prevent overcrowding at ATMs and staff are present at the most utilised ATMs, to monitor and advise on precautionary measures. As mentioned in the previous update, the amount transferred was increased to LBP 320,000 to compensate for the ongoing inflation, and additional families were added through reallocation of funds from exchange rate differences. Post-distribution monitoring for UNHCR multipurpose cash beneficiaries in April showed that almost all (99%) were satisfied with having received their assistance through an ATM. 60% of families reported that they did not face any challenge withdrawing the cash from the ATM. For those that did, this was mainly due to large gatherings and long waiting time (35%).

Suspension of deadlines

On 14 May, a new law was published in the Official Gazette which suspends statutory, judicial, and contractual deadlines occurring during the period 18 October 2019 to 30 July 2020. This applies to deadlines affecting the refugee population such as the one-year deadline for birth registration. All births which passed the one-year mark during the suspension period will thus be subject to an extended deadline based on the period that was remaining at 18 October 2019.

Returns

Following the Syrian Cabinet's plan of 20 April to allow certain categories of citizens to return to the country, an announcement has been posted on the website of the Syrian Embassy in Lebanon clarifying that most, if not all, refugees will be excluded from applying to return. Some refugees may be included under the "student" category. In the meantime, some refugees are returning through unofficial border crossings from Lebanon but seem to be admitted in batches at the Syrian official border crossing and quarantined for 14 days on arrival.

UNHCR's protection monitoring found that 91% of the refugees reported that the border closure did not have any impact on them and their family. Of those who said it did, two-thirds mentioned that they could not travel to Syria to obtain medical care.

COVID-19 requirements

More than \$30 million is required to cover additional health and WASH needs in the COVID-19 response, to:

- Procure Personal Protection Equipment (PPE) for frontline responders; hygiene materials for refugees; and thermometers for detection;
- Expand MoPH COVID-19 hotline capacity;
- Establish isolation/quarantining shelters (individual, community and municipal level) for an estimated 5,600 persons;
- Increase hospital bed capacity by 800 and intensive care units by 100; and
- Cover 15,000 diagnostic tests and hospital treatment for 3,180 refugees.

An additional \$24 million is required for a time-limited multi-purpose cash assistance response to enable up to 50,000 vulnerable refugee families who are currently not receiving food or multi-purpose cash assistance, meet their basic survival needs and comply with movement restrictions and curfews.

Impact on regular activities

Activity	Status (with changes/adaptations to program indicated)
Individual case management (e.g. SGBV, child protection, PHSS, legal advice)	Maintained: conducted by phone wherever possible with in-person counselling limited to exceptional cases. A plan for the resumption of activities at Community Development Centres, including info desks and individual case management and counselling is under preparation, based on the Government's 5-step deconfinement plan.
Border monitoring	Suspended since 23 March following instructions on movement restrictions and border closure, but is planned to resume in May.
Health, shelter, and WASH interventions	Maintained & expanded: regular health programs maintained and testing & treatment prescribed to refugees covered; reinforcement of hospitalisation & ICU capacity; expanded shelter & WASH interventions to support isolation/quarantining for refugees with mild symptoms.
Cash programmes	Maintained & expanded with some modifications: <ul style="list-style-type: none"> - protection and emergency cash assessments largely conducted by phone; - card and PIN distributions ongoing; - multipurpose cash transfers staggered to avoid crowding at ATMs, which are monitored; - COVID-19 time-limited multi-purpose cash assistance to 11,500 families for three months (initially) rolled-out in May; - as of May, humanitarian exchange rate implemented to adjust the multipurpose cash assistance grant to LBP 320,000/month/family and allow UNHCR to cover an additional 3,200 families within the MCAP; - in-kind distributions being prepared in collaboration with local NGOs for a limited number of families in dire need.
Reception centre activities and registration	Significantly reduced: appointments rescheduled by phone. Reception limited to critical/emergency cases; counselling appointments wherever possible conducted by phone. Preparations ongoing for the re-opening of Reception Centres through review of process flows, hygiene measures, and setting up of dividers and plexiglass in interviewing rooms.
Call centres/hotlines/mass communications	Maintained & expanded: number of hotlines increased to provide counselling on protection and assistance concerns; daily updating of situation & precautionary measures (hygiene, social distancing, movement restrictions & curfews) through refugee websites, social media, SMS, outreach volunteers & front-line staff.
Protection and detention monitoring	Maintained with some modifications: protection monitoring conducted remotely and focusing on the impact of COVID-19 on protection and well-being; detention monitoring by remote with legal and material support provided on case-by case basis, including advocacy for the release of detained persons of concern.
Refugee Status Determination	Maintained with limitations: all interviews suspended – remote and truncated in-person interviewing for urgent cases will be implemented in May 2020. Reviews and assessments are continuing.
Resettlement	Maintained with limitations: identification, screening, verification, submission and referral of cases is continuing, despite postponement of departures due to restrictions and airport closures (refugees referred to protection for assistance if required). Some resettlement countries have committed to continue processing, remotely and in person.
Group activities at community centres and community-based education	Suspended: Activities including information and awareness sessions, learning activities, social recreational activities, focus groups, and community-based interventions in CDCs and within communities planned to gradually resume in June, in line with the Government's deconfinement plan.

Response

UNHCR is working within the framework of the Government's response to the COVID-19 emergency, and in close collaboration with WHO and other partners to ensure that refugees' needs are addressed in a coordinated, equal and coherent manner. UNHCR's contribution to the refugee component of the response falls within three main areas:

- **Prevention** through community engagement and awareness-raising (Pillar 2 – Risk communication and community engagement);
- **Containing transmission** by supporting refugees to adhere to mitigation measures and enabling quarantining/isolation of refugees living in overcrowded settings (Pillar 6 – Infection prevention and control);
- **Treatment and case management** by reinforcing testing and hospitalization capacity, including by fully covering (100%) for the cost of COVID-19 testing for refugees conducted according to MoPH guidelines, as well as treatment for COVID-19 positive cases (Pillar 7 – case management).

Advocacy messages

In the context of the COVID-19 response, UNHCR is advocating for:

- One **coordinated and coherent national response** to the COVID-19 emergency, led by the Government with technical support from relevant partners, within which all Lebanese and non-Lebanese in the country have equal access to information, testing and treatment based on our common objective to save lives;
- **Non-stigmatization** of any individual or community based on real or perceived infection, by emphasizing that the virus does not discriminate based on nationality or other status, and by noting that fear of stigmatization, arrest or other risk may inhibit people's readiness to report symptoms and constitute a public health risk;
- **Non-discriminatory** application of movement restrictions and curfews announced by the central and local authorities, including by allowing refugees to undertake necessary movements to shops, pharmacies, ATMs and health care facilities with due respect for the precautionary and prevention measures;
- Allowing refugees with medical background to be engaged in health activities to reinforce the **health care response capacity**;
- A **moratorium on evictions** by landlords or municipalities of refugees and Lebanese unable to pay their rent, or for other reasons, as homelessness can exacerbate the risk of COVID-19 infection and transmission;
- Scaled up support and access to **basic assistance** as the COVID-19 emergency affects refugees and Lebanese families' already diminished livelihoods and ability to survive.

Thanks to our donors

UNHCR is grateful for the critical support provided by donors who have contributed in 2020 to the Lebanon operation, as well as those who have contributed to UNHCR programmes with broadly earmarked and unearmarked funds and private donors, including:

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