

Lebanon

16 April 2020

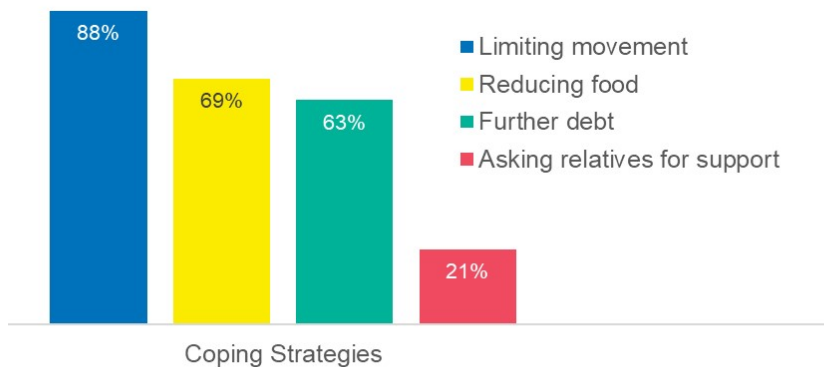


Key developments

As of 16 April, one refugee in Lebanon has tested positive for COVID-19. He is living alone in an apartment, where he is self-isolating for mild symptoms. We are monitoring his situation to follow-up on any changing needs. The Government has announced that exceptional measures, including movement restrictions and curfews, will be extended to 26 April to contain the virus.

Food security and basic needs

Refugees' struggle to survive and secure the basics for their families continues amid the economic crisis and COVID-19 related restrictions. UNHCR protection monitoring (1,476 families consulted from 20 March to 5 April) found that lack of money resulted in **78% of families having difficulty buying food and 69% unable to pay rent**. This aligns with information collected through UNHCR call centres, hotlines, social media, and field reports. Food security is the primary concern, as families are reducing food consumption and going into further debt to cope.

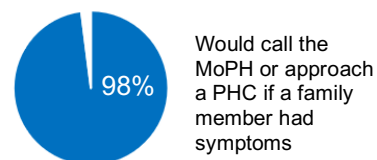
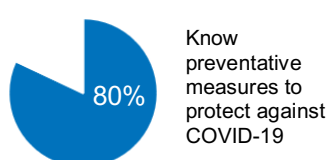
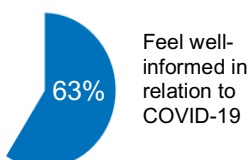


Supporting refugees to cover their basic expenses gives them the capacity to comply with the COVID-19 mitigation measures that have been introduced to prevent and contain the spread of the virus.

UNHCR is thus appealing for additional funding to implement a time-limited multi-purpose cash assistance response to help vulnerable refugee families currently unassisted with food or multi-purpose cash assistance meet their basic survival needs and comply with movement restrictions and curfews. In the current context where the combined effects of inflation and joblessness is pushing more refugees into extreme poverty, UNHCR is also looking at ways to sustainably increase the number of families benefiting from its regular multi-purpose cash assistance programme combined with WFP's food support. This discussion is taking place in the context of broader consultations on the establishment of a social safety net for the most vulnerable in Lebanon.

Refugee awareness and engagement

Protection monitoring also found that refugees have received key messages from UNHCR and partners and are well-informed about COVID-19 and how to prevent, recognise, and address infection (as below).



Funding requirements

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

- Expand Ministry of Public Health hotline capacity;
- Procure thermometers for detection; hygiene materials for refugees; and Personal Protection Equipment for frontline responders;
- Establish isolation/quarantining shelters (individual, community and municipal level) for 5,600 persons;
- Increase hospital bed capacity by 800 and intensive care units by 100; and
- Cover 1,200 diagnostic tests and intensive care treatment for 180 refugees.

UNHCR's programme in 2020 also requires:

- **\$55 million** to comprehensively cover COVID (non-intensive care) and non-COVID-related (including deliveries and surgeries) secondary health care needs of Syrian refugees and refugees of other nationalities;
- **\$76 million** to continue to assist 34,500 poor refugee families with the ongoing monthly multi-purpose cash assistance

Refugee engagement in prevention and surveillance is being scaled up with the identification and mobilization of community groups, caregivers, and medically trained refugees such as former medical doctors, nurses, and pharmacists.

Preparation and health sector expansion

UNHCR has continued its technical assessments of hospitals for expansion. Pending approvals by the relevant authorities, works are ready to commence at two sites and the designs for two more hospitals are nearing finalisation.

The establishment of isolation sites in rural and urban areas where large numbers of refugees live is also progressing. Several empty buildings have been submitted for approval by the central authorities and the clearance process is underway. Hygiene promotion and distribution has also continued, with 30,700 residents in 438 collective shelters (including vulnerable Lebanese residents, and prioritising elderly-at-risk persons) receiving hygiene items including sanitizer and bleach, as well as hygiene information.

Rapid Response Task teams have been established in each region of Lebanon with respective sector leads, UNDP, MOSA and MOIM to ensure a quick response and proper referral pathways when needed.

Access to basic assistance

In addition to staggered uploading of multi-purpose cash assistance and sending accompanying SMS messages to refugees about social distancing and hygiene precautions, UNHCR, WFP, UNICEF, and partners continue to monitor ATM access and functionality across the country. At some ATMs in the North and Bekaa, malfunctions or untimely replenishment of cash resulted in overcrowding over the Easter weekend, raising public health and public order concerns. Additional staff were deployed to those ATMs which usually serve a large number of refugees to support social distancing and, in collaboration with law enforcement personnel, the situation was resolved with orderly queueing. In other locations, ATMs were temporarily closed by municipalities to avoid overcrowding. UNHCR continues to work with banks and municipalities towards more frequent replenishment of ATMs and increased access for refugees, and to arrange the presence of law enforcement when required. Card replacement and PIN distribution for current beneficiaries has resumed at UNHCR reception centres. Fewer issues are being raised and addressed per day and substantial mitigation measures are in place to comply with COVID-19 prevention guidelines.

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.
Border monitoring	Suspended since 23 March following instructions on movement restrictions and border closure.
Health, shelter, and WASH interventions	Maintained & expanded: full coverage of PCR tests for COVID-19 for refugees & treatment prescribed, reinforcement of hospitalisation & ICU capacity; expanded shelter & WASH interventions to support isolation/quarantining of refugees with mild symptoms.
Cash programmes	Maintained & planned to be expanded with some modifications: assessments for protection and emergency cash largely conducted by phone; multi-purpose cash transfers further staggered to avoid crowding at ATMs, and complementary in-kind distributions considered as contingency if access to ATMs is further restricted.
Reception centre activities	Significantly reduced: appointments rescheduled by phone & reception limited to critical/emergency cases; counselling appointments wherever possible conducted by phone

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 by remote and focused on impact of COVID-situation on protection and well-being; detention monitoring by remote with legal and material support provided on case-by case basis.
Refugee Status Determination and Resettlement	Maintained with limitations: pending cases with interviews conducted finalised & processed, resettlement departures postponed.
Group activities at community centres and community-based education	Suspended

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:

- **Community engagement and prevention** (*Pillar 2 – Risk communication and community engagement*);
- **Enabling quarantining/isolation of refugees living in overcrowded settings** (*Pillar 6 – Infection prevention and control*); and
- **Reinforcing testing and hospitalisation capacity** (*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 work 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.