

# Lebanon

8 April 2020



## Key developments

As of 7 April, **no persons of concern to UNHCR in Lebanon have tested positive for COVID-19.**

The socio-economic situation of refugees, and of many Lebanese who have lost their income, is becoming increasingly dire with every day that passes. On 5 April, a 51 year old Syrian refugee died at Bekaa Hospital from third degree burns after he had set himself on fire in desperation over no longer being able to pay the family's rent, food and other essentials. He was immediately admitted to hospital but could not be transferred to the specialised care unit in Tripoli due to his critical condition. UNHCR is in contact with the family to provide support, including with cash assistance. The family is not among the 20% of Syrian families receiving the monthly multi-purpose cash assistance but had received the winter assistance.

The situation is becoming desperate, affecting not only people's ability to survive without subjecting themselves to exploitation, but also their realistic ability to comply with the movement restrictions. **UNHCR is thus appealing for additional funds (beyond the medical/WASH response to COVID-19) to expand the list of families benefitting from monthly cash assistance. This amount is included in the joint UN appeal for Lebanon to be issued shortly.**

This week, uploading of the UNHCR and WFP multi-purpose cash and food-assistance for April began, and will continue over the next two weeks in order to spread out the number of refugees visiting ATMs and contracted shops each day. Accompanying messages about the importance of maintaining social distancing and hygiene precautions have been communicated through SMS and social media platforms.

As part of hygiene promotion activities, UNHCR distributed soap and cleaning materials to refugees in 429 collective shelters (5,783 families/12,749 individuals) and distribution also continued by WASH partners in all ITSs. A second round of hygiene promotion and distribution has started. In parallel, our teams have worked with local authorities and the Office of General Security to identify more empty buildings and land that can be used to establish isolation and quarantining facilities for refugees, and to procure the necessary materials.

To accompany the technical SOPs on isolation for aid actors, a practical guide on how to isolate for people living in crowded settings ([in English and Arabic](#)) was developed and shared with refugees. Refugees with a medical background are being contacted to seek their interest in helping with hygiene promotion and care for COVID-infected patients, as part of community mobilisation for prevention and response. In total, 5 public and 2 private hospitals around the country have been selected by UNHCR and the Ministry of Public Health (MoPH) for expansion of bed and ICU capacity, and procurement of critical equipment such as ventilators, medical supplies and PPEs is underway.

MoPH's dedicated COVID-19 hotline was expanded with technical equipment and 10 additional operators (trained nurses funded by UNHCR) to take 30 simultaneous calls from across the country. With this added capacity, UNHCR will be able to more closely analyse patterns and follow-up on refugees affected by COVID-19.

UNHCR also further expanded its own hotline capacity to respond to an increased number of protection and assistance requests, the majority of which concern the urgent need for cash and food assistance for survival.

## 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 and refugees of other nationalities.

## Impact on regular activities

Activity	Status (with changes/adaptations to program indicated)
Individual case management (e.g. SGBV, child protection, PHSS, legal advice)	<b>Maintained</b> : conducted by phone wherever possible with in-person counselling limited to exceptional cases.
Border monitoring	<b>Suspended</b> since 23 March following instructions on movement restrictions and border closure.
Health, shelter, and WASH interventions	<b>Maintained &amp; expanded</b> : 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	<b>Maintained with some modifications</b> : assessments for protection and emergency cash largely conducted by phone; multipurpose 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	<b>Significantly reduced</b> : appointments rescheduled by phone & reception limited to critical/emergency cases; counselling appointments wherever possible conducted by phone
Call centres/hotlines/mass communications	<b>Maintained &amp; expanded</b> : 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	<b>Maintained with some modifications</b> : 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	<b>Maintained with limitations</b> : pending cases with interviews conducted finalised & processed, resettlement departures postponed.
Group activities at community centres and community-based education	<b>Suspended</b>

## 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.



*UNHCR and partners distributing hygiene kits and information in South Lebanon. © UNHCR*