

Background- With increased government measures to curtail the spread of COVID-19, the majority of NGO operations have been halted. Despite the challenges, essential health, shelter, protection and WASH activities have continued with ongoing access constraints being worked through at regional and central levels. With the nationwide lockdown extended to April 12, the issue of basic survival and protection of the most vulnerable communities in Lebanon has become a critical issue.

Key messages

- Ensure that movement restrictions do not restrict the ability of humanitarian organisation to provide essential lifesaving support and COVID-19 prevention and response.
- Authorities to refrain from issuing and adopting discriminatory circulars, statements, practices or restrictions targeting refugees¹.
- An urgent scale up of funding is needed for WASH interventions, in addition to nutrition and cash assistance.
- Emergency support to help stabilise vulnerable households within safe shelters and to respond to the current context given the temporary loss of access to income generating opportunities.
- Donor support to re-programme existing funding, in addition to new funding streams that can support immediate scale-up for COVID-19 response.
- Urgent support to increase national health system capacity should continue, to ensure unified and universal treatment for COVID-19 regardless of nationality. At the same time, the UN must ensure that operational plans are in place to scale up support to refugee communities in case the public system cannot cope.
- The impacts of the crisis will have dire consequences on the most poor and vulnerable in Lebanon, capacity for NGOs to respond in the aftermath should be maintained.

NGO programme continuity- NGOs are adapting and continuing activities that contribute to survival and protection of refugees and other vulnerable groups, such as cash assistance, shelter support and case management activities². Activities are now complemented by individual preventions awareness sessions and general support to common national response efforts. Given that the national response must be mounted with existing human and financial resources present in-country, NGO personnel are willing and able to perform different functions within the broader response *ie. transport, hotline support*. This means that we can maximise personnel and respond jointly as a humanitarian community.

Maintaining community outreach- Despite the level of national concern, knowledge in many marginalised communities around COVID-19 awareness, prevention and testing/treatment pathways is limited. NGOs have applied risk mitigation measures and are continuing to conduct awareness sessions with reduced numbers or via digital platforms. Community-based groups with the support of NGOs are also exploring how to assist shawishes and other community leaders and volunteers think through an action plan of prevention and how to handle a case in their settlement or community. *Empowering communities is an essential part of an effective COVID-19 response and in avoiding the flow on effects of stigma around the virus*³.

Self-isolation for IS/overcrowded areas realistic?- NGOs at field level have highlighted the inability of refugees and other vulnerable groups to self-isolate. Without broader aid provision and access to services, vulnerable populations will be unlikely to maintain containment measures for prolonged periods. In many contexts the potential for open space that can be designated for quarantine/isolation purposes is limited. In taking this approach, stigmatization and social tensions amongst communities must be considered. *NGOs are ready to support communities in their practical challenges with self-isolation*.

Operational risks/challenges- NGOs note the decisive steps taken by the government of Lebanon to restrict movement in order to combat the spread of COVID-19 under the decision of the Council of Ministers on March 15. As NGOs we seek to ensure that movement restrictions do not restrict the ability of humanitarian

¹ This could prove counterproductive, increasing stigma and reluctance of vulnerable groups to seek testing and treatment.

² Including remote PSS activities.

³ NGOs are active in the Risk Communication and Community Engagement (RCCE) pillar.

organisations to provide essential lifesaving support to different vulnerable groups in Lebanon, in addition to our support to maintaining basic standards of public health. *Municipalities, Governorates and other local level stakeholders should be urged to follow the Government of Lebanon (GoL) recommendations in terms of continuation of essential service delivery by NGOs. Diverging practices at the local level are currently delaying service delivery and creating confusion amongst NGOs.*

Maintaining public health through WASH- We note that in the CoM Decision of 15 March, that “institutions tasked with filling and distributing water” are exempt from the movement restrictions. As NGOs we assert that in the interest of public health and reduced COVID-19 transmission more broadly, that increased water trucking, frequent desludging, solid waste management and hygiene kit distribution is essential and should be allowed to proceed at local levels. Appropriate mitigation measures have been put in place to avoid crowds gathering. *At the same time we believe that community engagement and awareness raising is essential to halting the virus spreading.*

Essential office operations- As NGOs we only maintain essential staff physically within offices to maintain the above noted minimum operations, including support to the health system (permitted under CoM decision). Organisations have taken appropriate mitigation measures to ensure that this minimal operational level presents little risk of transmission and would urge this to continue. *Many organisations are also exploring how they can provide temporary accommodation to staff willing to perform frontline delivery of activities.*

Specific issues for further consideration – per sector

Health- Refugee and other vulnerable groups struggle with high rates of pre-existing conditions (including non-communicable diseases). Amidst the broader COVID-19 response its essential that health service capacity is maintained to support this and other essential service delivery. Further, refugees have reported to us that they are reluctant to call the national hotline. With regional referral pathways via PHCs⁴ at local levels, complemented by potential mobile medical units and other alternative mechanisms, this may support trust in the national response pathway. *The UN must ensure that testing and treatment access for refugees and other vulnerable groups is maintained as part of one national-led response.*

WASH- NGOs urge an immediate increase in water provision to Informal Tented Settlements (ITS) to 60 litres per capita per day⁵. Proportional to the water supply an increased volume and frequency of desludging needs to be considered. Further, the provision of additional latrines with handwashing stations, including for self-isolation rooms in tents in ITSs should be explored. WASH actors have highlighted that collective shelters need to receive more attention from the water sector.

Shelter- NGOs also urge the scale-up of funding needed for shelter interventions, including for adapted approaches to supporting self-isolation at household and community level. Central and local authorities should seek opportunities to identify empty buildings which could serve as self-isolation sites, taking into account minimum standards. While shelter actors can support communities with activities tailored to, for example, self-isolation needs, they don't have the technical expertise nor the mandate to manage health facilities at field level. Continuous coordination with the health sector in terms of technical specifications and service provision is key.

Protection- Case management has been prioritized as a life-saving service in consideration of the heightened risks that vulnerable populations, including women and children exposed to violence, are confronted with. Phone counselling continues to be provided for cases where there is no imminent threat to safety. This requires minimal contact with individuals of concern, with appropriate mitigation measures taken by organisations to ensure risk of transmission remains low. *We believe such activities will pose minimal risk to neighbouring communities while ensuring potentially lifesaving support and services to vulnerable people.*

⁴ PHCs maintain proximity and trust with communities.

⁵ The WHO recommends between 50 to 100 LPCD.

Basic assistance/Food security- Movement restrictions directly impact the ability of vulnerable groups to access income generating opportunities and basic food items. Furthermore, as schools have closed, school meals are suspended. This raises further concerns about the food security and nutritional status of children. Refugees are encountering additional restrictions in leaving their ITSs with several municipalities instating curfews and movement restrictions in response to the COVID-19 pandemic. *With movement restrictions continuing until April 12, we will need to explore how we can adapt and continue activities providing basic assistance to those with no other lifeline.*

NGOs urge consideration of increased funding for the provision of food assistance. During recent hygiene kit distributions, vulnerable communities have conveyed their concerns about their ability to access food due to the lock down. It is essential that such support contains fresh food when possible and messages related to breastfeeding promotion for new mothers. *Where possible NGOs are also exploring pivoting existing programming in order to provide dry ration kits i.e. hibernation kits to vulnerable ISs.*

Restrictions on conducting public or private gatherings has led to the suspension of the distributions of E-cards and pins for the beneficiaries of the food and cash assistance for two consecutive weeks. It is essential that UNHCR, WFP and the Lebanese government coordinate and approve an alternative distribution approach which incorporates additional measures to protect Syrian refugees and staff of organizations from the risk of COVID-19 transmission.

Outlined below is a current operational snapshot of NGO activities. The vast majority of NGOs are adopting working from home modalities since the government of Lebanon's announcement of the Health Emergency and National Mobilization on March 15. Some organizations maintain essential staff in the office or have adopted flexible staff rotation.

Suspended activities	<ul style="list-style-type: none"> ○ Suspension of activities across all sectors, with development programmes most affected. Some health, infrastructure works and WASH activities affected due to access constraints with non-essential activities within these sectors suspended <i>ie. Non-C-19 related trainings, assessments, awareness campaigns.</i> ○ Distributions of E-cards and Pins to Beneficiaries of Cash and Food assistance are suspended.
Maintained activities	<ul style="list-style-type: none"> ○ Provision of primary healthcare and support to PHCs, some SDCs and hospitals with training and provision of supplies. ○ Maintained water trucking and desludging. ○ Continued management of high-risk protection cases, mostly remotely, with exceptional face-to-face meeting/visits for extremely vulnerable cases. ○ Education actors testing platforms for remote-learning, with continued phone engagement of parents and caregivers. ○ Cash assistance is maintained for beneficiaries who have valid E-cards and Pins, including cash for rent modalities. ○ Support for people living with HIV, including medication and referral. ○ Clinical Management of Rape for SGBV survivors. <p>Adapted modalities: <i>Moving to phone and online platforms when possible, including for case management and distributing COVID-19 IEC material and dissemination of key messages. Reinforcing IPC measures and social distancing practices, avoiding gatherings in distributions and increased awareness efforts within PHCs.</i></p>

COVID-19 Response: Activities Implemented	<ul style="list-style-type: none"> ○ COVID-19 awareness sessions (including in ITS), municipalities, CDCs, CSOs, via phones, WhatsApp, social media, or face-to-face with limited number of participants. ○ Training to outreach volunteers, WASH focal points and partners on COVID-19 awareness and Hygiene kit distribution. ○ COVID-19 knowledge and perception surveys and emergency needs assessments with refugees. ○ Training of community volunteers on their potential role as caretakers in communities to community members who test positive with COVID-19 in isolation. ○ Active support to PHCs through procurement of PPE & IPC, screening and triage protocols and isolation procedures. ○ Provision of PPE and Medical supplies to RHPH. ○ Supporting border health screening (<i>prior to closure</i>). ○ Increased water service and desludging service provision in ITS including provision of PPE training and PPE to service providers and staff in charge of monitoring of water supply and desludging activities.
COVID-19 Response Planned Activities	<ul style="list-style-type: none"> ○ Cross-sectoral community engagement and risk communication activities based on IEC materials shared by sector and informed by community consultation. In addition, support to “Rapid Response Teams”. ○ Tailored shelter upgrades to improve conditions of isolation and to enhance shielding of higher-risk individuals. ○ Supporting municipalities in equipping and adapting buildings into isolation centres, to ensure proper segmentation and ventilation, as well as adequate water supply, sufficient toilets, provision of PPEs, and disinfectants. ○ Increased hygiene kit distributions in conjunction to outreach. ○ Procuring additional IPC supplies to support PHCs and support in preparedness activities. ○ Training frontline health and WASH staff on awareness raising and health messaging on COVID-19 in coordination with training for PHCs. <p><u>C-19 Response Challenges:</u> <i>Coordination among GoL, UN agencies and between sectors. Procurement of IPC, PPE and Hygiene items due to inflation and limited stock. Lack of clarity from national-level strategy on the community-level response for mild to moderate cases and on hospitalization for refugees. Staff engagement and readiness to be part of a response when needed. Remote M&E of current activities.</i></p>
Overarching Challenges	<ul style="list-style-type: none"> ○ Compounded vulnerabilities of target population, particularly refugees. ○ Lack of clarity on approval process for field access via local level authorities including maintenance of essential staff and office functionality. ○ Lack of community engagement and participation in COVID-19 response. ○ Anxiety and concerns of NGO front-liners in continuing to work and potential exposure to risk. ○ Inability to engage service providers, procurement and programme delays (health and non-health) due to lack of banking service access. ○ Reduced number of patients attending PHCs due to fear and movement restrictions. ○ Varying suspension of activities among partners. ○ Ability to re-programme existing resources for COVID-19 response activities and lack of clarity on future funding pipeline. ○ Ensuring a do-no-harm approach amidst rapidly adapted response efforts.