COVID-19 EMERGENCY APPEAL

LEBANON

ISSUED 07 MAY 2020

About

Following consultations with the Government of Lebanon's COVID Inter-Ministerial Committee and international partners to chart collective, coordinated and decisive action in response to the unprecedented health emergency confronting Lebanon, the Resident and Humanitarian Coordinator ad interim (RC/HC a.i.) and humanitarian partners are launching this in-country emergency funding appeal. The Lebanon Emergency Appeal aims to highlight critical areas of humanitarian intervention to protect the lives of people in Lebanon who are most acutely at risk due to the COVID-19 outbreak in the country and its immediate socio-economic impact. The Appeal brings within one coherent frame the set of activities required to support people to cope with the immediate impact of the disease outbreak.

This document brings together activities planned for in the World Health Organization (WHO)-led COVID-19 Country Preparedness Response Plan (CPRP) for Lebanon, the 2020 Lebanon Crisis Response Plan (LCRP), as well as new relief activities, in particular the containment measures, aiming to mitigate the combined impact of the economic crisis and COVID-19 on population groups not previously receiving humanitarian assistance. The document also aims to align local efforts with regional and global fundraising efforts including: the UN Multi Partner Trust Fund launched on 11 April; the COVID-19 Global Humanitarian Response Plan launched on 25 March (updated on 7 May); the regional 3RP for Syria; and, the UNRWA regional appeal launched on 17 March in response to the COVID-19 outbreak. The local Lebanon Emergency Appeal plan will also be adjusted as the situation evolves.

PHOTO ON COVER

UNICEF is distributing personal protective equipment (PPEs) to PHCs across all governorates to protect health workers from contracting the coronavirus while treating patients - Photo: UNICEF® Lebanon

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This document was prepared by the Office for the Coordination of Humanitarian Affairs, on behalf of the United Nations and its partners in Lebanon.

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Woman gathering weeds and roots in Tripoli (Abou Samra), December 2019
Photo: OCHA/ Sebastian Brandt

Context of the Crisis

The onset of the COVID-19 has come at an extraordinarily difficult time economically and socio-politically in Lebanon, compounding existing weaknesses and further increasing vulnerabilities.

Like in other parts of the world, the disease outbreak put extra pressure on an already overburdened and under-resourced national health system. Despite the available medical human resources, the public health system in Lebanon was already facing structural challenges, including around the import of medicine and equipment. The COVID-19 outbreak is further diverting human and material resources and leaving other already weak essential services heavily under-resourced, including assistance to people with disabilities, older people and survivors of domestic and gender-based violence (GBV). The outbreak heightens the need for mental health, psycho-social, as well as sexual and reproductive health support. Pre-existing poor hygiene practices, poor coverage in water and sanitation services, poor solid waste management/disposal and overcrowded living conditions in many parts of the country may also augment the incidence and the risk of the spread of the virus.

Beyond the health impact of the disease outbreak, the non-health consequences will be deeper and longer lasting and require a collective and whole-of-system approach. Children have been deprived of ordinary education, learning opportunities and nutrition support. Food insecurity that was deteriorating is now exacerbated due to movement restrictions, loss of income, and no access to school feeding and recently identified gaps in required assistance. Protection risks are increasing, particularly for women and girls, refugees and migrants (including domestic workers), people with disabilities, older people and other vulnerable groups.

Prior to the outbreak, the World Bank already estimated that economic freefall and skyrocketing inflation would lead to significant increase in poverty levels among the Lebanese – from current rates of 30 per cent up to 52 per cent by the end of the year, especially impacting young people and reducing the purchasing power and household expenditure of all population groups in Lebanon. Poverty levels among Syrian refugees are also rising from the 73 per cent previously living below the poverty line and 55 per cent below the extreme poverty line, as reported prior to the crisis. Similarly, poverty figures among Palestine refugees are expected to have increased from 65 per cent among Palestine refugees in Lebanon and 90 per cent among Palestine refugees from Syria, as recorded in 2015. The additional impact of the COVID-19 on people's livelihoods is dramatic, particularly for the most vulnerable among the Lebanese such as youth, daily workers, female-headed households, older people and people with specific needs. The situation of migrants and refugees is also deteriorating sharply, increasing the total number of people in need of basic humanitarian assistance and protection.

In a recent policy paper, UN Women Lebanon highlights the likely disproportionate impact of COVID-19 on women in terms of vulnerability to GBV, economic and livelihood impacts, and access to life-saving health information and decision-making in the response. Female-headed households, representing 29 per cent of the households in Lebanon, female migrant workers and most marginalized women and girls are of particular concern. Initial data published by the National Commission for Lebanese Women jointly with the UN is already showing a marked increase in the number of survivors of domestic/ intimate partner violence who are requesting support.

The risk of Sexual Exploitation and Abuse (SEA) may also be exacerbated, as evidenced in other contexts. Overall, there are increased risks in times of crisis, particularly for the most vulnerable. Meeting our commitments to Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) is therefore especially important.

Response Plan and Priorities

The plan recognizes the leadership role of the Government of Lebanon in developing the response. It is also premised on the principle of a single health response for all those residing in Lebanon, without distinction based on gender, nationality or status. In line with the national COVID-19 Response Plan, the UN and its partners have identified four key priority workstreams required to immediately respond to current humanitarian needs and prevent their aggravation in the medium and long-term.

The planning for activities under each of the workstreams is based on needs identified through available information and analysis, including existing monitoring of impact of the COVID-19 outbreak on known vulnerable groups, epidemiological modelling of the disease progress, pre-crisis work on social protection and recent rapid assessments and analysis. Planning assumptions have been discussed within existing coordination mechanisms (CPRP pillar working groups for priorities 1 and 2 and LCRP sectors for Priority 3) as well as with the Government's Inter-Ministerial Social Safety Net Task Force for Priority 4. A cross priority review has been undertaken to avoid duplication. Funding requirements have been calculated based on target populations and accounting for confirmed resources, while discussions on re-programming of existing projects have already started.

Each of these workstreams is led by designated UN agencies which are ensuring appropriate coordination and involvement of partners, to allow for an efficient and effective response. Additional support is also being provided to the Government's Disaster Risk Management (DRM) unit, at the national and sub-national levels, to facilitate a coordinated whole-of-Government response and strengthen the engagement with national and international partners.

Recognizing the particular role of WHO in leading the COVID-19 response, the RC/HC a.i., with the support of the Office for the Coordination of Humanitarian Affairs (OCHA) and the RC's Office, will aim to ensure the overall coherence of the international community's efforts and strategic coordination with the Government of Lebanon. Internally, the Humanitarian Country Team will serve as the strategic coordination body for the COVID-19 response, in consultation within the broader UN system through the UN Country Team. This should ensure a collective approach and mutual accountability on issues of strategic relevance, as well as cross-cutting issues, such as conflict-prevention and a 'Do No Harm' approach, human rights protection, GBV, and PSEA and AAP.

Priority 1 (WHO lead): Supporting the preparedness and response capacity of the Lebanese health system in coping with the COVID-19 emergency

There are an estimated 6 million individuals living in Lebanon – citizens, refugees, migrant workers and stateless people – who need to have access to adequate health services. Based on the available epidemiological data, it is estimated that approximately 600,000 people (10 per cent of total population, including Lebanese, migrants and refugees) will contract the infection over a period of two to three months. Of these, 120,000 will require some form of healthcare. An estimated 20,400 will be asymptomatic or have mild symptoms but will require isolation at home or in isolation centres. About 12,600 people will be severe or critical cases requiring hospitalization, and 3,600 among them will require intensive care. About 70 per cent of those hospitalized will require free medical assistance to be covered by the Government of Lebanon, and by UN agencies for the refugees.

The health response needs to be coherent and unified under the oversight of the Government of Lebanon and offer the same level of services to all those in need of health care. The Appeal seeks to reinforce the national hospitalization and surveillance capacity, while making provision for the cost of testing and treating for the most vulnerable individuals, including refugees. The plan also includes specific interventions for patients under treatment or recovering, who are living in overcrowded areas and are unable to self-isolate at home.

As the first health facility accessible to the community, primary health care (PHC) centres are being equipped with personal protective equipment (PPE) and other infection prevention and control (IPC) supplies to serve as triage and outpatient care for most suspected cases, while maintaining essential services such as immunization and reproductive health service package with due attention to maternal newborn child and adolescent health. Staff working in PHC centres are being trained accordingly.

For cases of COVID-19 with alarm signs of respiratory complications, the Rafik Hariri University Hospital is the main hospital, while 11 other hospitals – at least one per governorate – are being upgraded to establish so-called "flu clinics" for testing and inpatient care of moderate cases, with adequate laboratory testing as well as specific training of staff. This will increase the overall inpatient capacity and alleviate the pressure on hospitals.

The capacity for testing for COVID-19 is also progressively being expanded. Technical trainings for health staff will be done by subcontracting an academic health institution (national university or hospital). The procurement of required material for IPC, PPEs, intensive care unit (ICU) equipment and personnel, and testing kits is being facilitated through a collective supply chain mechanism.

Quarantine centres for suspected cases and isolation centres for confirmed asymptomatic cases or cases with mild symptoms are needed to assist people in overcrowded areas and avoid overloading hospitals. Municipalities, as well as UNHCR and UNRWA for the Syrian and Palestine refugee populations, are establishing such centres in all governorates of the country.

Priority 2 (UNICEF lead): Strengthening the engagement of and communication with communities, supporting good hygiene practices and ensuring COVID-19 specific support services

In collaboration with the Ministry of Public Health (MoPH) and other Ministries, NGOs and civil society organizations such as the Lebanese Red Cross Society, a Risk Communication and Community Engagement (RCCE) Strategy and Action Plan has been developed. The strategy outlines interventions for the development of initiatives to establish integrated RCCE systems and processes and enhance partnership and build capacity. The plan also includes interventions to raise public awareness, cultivate community mobilization and engagement, change behaviours and assess impact for possible adjustments of on-going interventions.

As part of this strategy, work is ongoing with the Government and civil society to ensure all communities are provided, through adequate communication channels, with evidence-based guidance on prevention, mitigation and management of COVID-19 mild cases and referrals for severe cases. The adoption of specific activities to counter misinformation, fake news, scapegoating and stigmatization is a critical component of this workstream. Similarly, it is vital to ensure that communication with and feedback from vulnerable communities, including refugees, are informing programming and advocacy. Given increased protection risks, specific attention is placed on informing vulnerable communities about their rights, expected standard of conduct of actors providing services and assistance, PSEA and how to report misconduct, including SEA allegations.

The information campaign on Hygiene Practice through TV and social media has already reached three million people. Information on precautionary hygiene measures, the MoPH's hotline for diagnosis and advice, and other information, has been broadly disseminated to Syrian and Palestine refugees through SMS and dedicated community channels. This communication is complemented by the distribution of hygiene items in informal refugee settlements, where 22 per cent of the total Syrian refugee population is living in overcrowded conditions, as well as collective shelters and Palestine refugee camps.

Particular efforts are also ongoing, in collaboration with the Ministry of Interior and Municipalities (MoIM), the MoPH and DRM, to support municipalities in facilitating the implementation of the local public health response. Specifically, support will be given to municipalities to establish isolation shelters and defining a mechanism for self-isolation, including access for patients to support services such as IPC packages and medicines, social assistance, food, mental health and psycho-social support, and catering to people with special needs in consideration of age, gender and disability. The approach will build on and further strengthen the capacities of PHC centres and Social Development Centres (SDCs).

The support to municipalities and governors involves the development and dissemination of technical guidance and the provision of support to ensure enhanced hygiene practices in public spaces and institutions. It also foresees communication and awareness raising about the health-strategy and "patient flow" between municipalities, PHC centres serving as triage for all suspected cases, referral to flu clinics with a testing and inpatient department, and advanced health services for severe cases in reference hospitals. In addition, the UN and partners are supporting municipalities and local communities in coordinating and planning access to various health and non-health services for mild COVID-19 cases and their families. Provision of additional COVID-19-related non-health assistance and services might be required to complement existing activities implemented to support vulnerable populations under the LCRP.

COSTING Priority 1 and 2 (as reflected in the CPRP):

US$93,636,500

Priority 3 (UNHCR and UNDP co-lead): Ensure uninterrupted delivery of critical assistance and services to the most vulnerable communities affected by the Syria crisis, including refugees and host communities, as foreseen in the LCRP Business Continuity Plan

Continued and consistent life-saving support for the most vulnerable will need to be secured and expanded throughout the crisis, as poverty is aggravated by the interrupted access to livelihoods. Provision of primary health care and hospital care are an essential component of the overall environment required to fight against the disease as are services supporting good hygiene practices as outlined in Priorities 1 and 2. In light of the movement restrictions introduced to contain the spread of the COVID-19, humanitarian partners are reviewing the existing operational footprint and continuously identifying new ways to maintain the most critical activities – including remote based interventions. These activities include assistance to refugees and host communities in terms of food and basic cash assistance, child protection and support to GBV survivors – namely domestic or intimate partner violence. The plan also includes support for health-related activities such as hygiene awareness and promotion, PHC and hospital care services – including protection of health workers, routine immunization, and maternal and childcare. Other support activities relate to water and sanitation activities.

Suspension of formal and non-formal education has disrupted learning for all Lebanese and non-Lebanese children. Complementary support to government-initiated distance learning and related programming will ensure a balanced response extending to the most vulnerable children in the form of recreational learning and support to parental engagement.

COSTING Priority 3 (LCRP):

US$216,310,025

Priority 4 (WFP and UNRWA co-leads): Expand support to vulnerable population groups not included in the LCRP, in need of humanitarian assistance due to the combined socio-economic impact of the economic and banking crisis and COVID-19

Economic and social vulnerabilities have significantly increased since mid-2019. Food prices were up 15 percent in January compared to a year ago [Central Administration of Statistics]. Over 200,000 jobs were temporarily or permanently lost between October 2019 and end of January 2020 [Infopro] and many are likely being pushed into the informal sector. In addition, access to basic services has been increasingly challenging, with a quarter of acute medications out of stock in December, salaries of frontline staff reduced or unpaid, and a dramatic drop in collection of utility fees [Inter-Agency, February 2020]. As a result, economic growth had ground to a halt by the end of 2019 and will be further impacted by the recent default on debt repayment.

The outbreak of the COVID-19 is substantially exacerbating the already severe effects of the economic and banking crisis in Lebanon, as the "lockdown" measures needed to contain the spread of the infection have led to businesses closures, reduction or suspension of salaries, and people staying at home without work. Immediate social assistance to provide economic support is necessary, with priority to extreme poor Lebanese households and refugees previously not receiving relief assistance. Such support can be rapidly targeted and implemented. It is coherent with the announced Government plan to provide emergency cash assistance to poor and vulnerable Lebanese households. The cash assistance envisaged in this Appeal will bridge the gap until the eventual scale-up of social protection measures foreseen by the Government in cooperation with the World Bank. Under this workstream, provision is also being made for distance learning activities by UNRWA for 38,000 Palestine refugee children who cannot go to school in view of the situation.

Finally, support will be provided in the form of cash for work to undertake the refurbishment of select venues identified as isolation centres to be managed by municipalities. This will boost the local economy in different regions and will ensure revenues to new vulnerable populations across beneficiary cohorts, including in urban poor neighbourhoods not previously targeted by the LCRP. COVID-19-related small businesses will also be promoted at municipal level to produce masks and other COVID-19 disinfection, materials and goods to be used by municipalities. This will involve a value chain impact as other businesses will be reactivated and will ensure revenues to vulnerable groups including women and youth.

COSTING Priority 4:

US$40,204,000

Total Lebanon Emergency Appeal requirement: US$350,150,525

#	PRIORITY	LEAD AGENCY	REQUIREMENTS (US$)
P01	Supporting the preparedness and response capacity of the Lebanese health system in coping with the COVID-19 emergency	WHO	
P02	Strengthening the engagement of and communication with communities, supporting good hygiene practices and ensuring COVID-19 specific support services	UNICEF	
	Costing Priority 1 and 2 (as reflected in the CPRP)		**$93.6 M**
P03	Ensure uninterrupted delivery of critical assistance and services to the most vulnerable communities affected by the Syria crisis, including refugees and host communities, as foreseen in the LCRP Business Continuity Plan	UNHCR UNDP	**$216.3 M**
P04	Expand support to vulnerable population groups not included in the LCRP, in need of humanitarian assistance due to the combined socio-economic impact of the economic and banking crisis and COVID-19	WFP UNRWA	**$40.2 M**
	Total Lebanon Emergency Appeal requirement		**$350.15 M**

COSTING PRIORITIES

Annex

Priority 1

Supporting the preparedness and response capacity of the Lebanese health system in coping with the COVID-19 emergency - WHO Lead

Priority 2

Strengthening the engagement of and communication with communities, supporting good hygiene practices and ensuring COVID-19 specific support services - UNICEF Lead

PILLAR	DESCRIPTION	TARGET	ESTIMATED FUNDING NEEDS (US$)	PARTNERS
COORDINATION, PLANNING AND MONITORING	• National Disaster Risk Management Unit supported to: (a) assist with national and regional level planning for the implementation of the COVID-19 response; and, (b) to promote business continuity of other key sectors and Ministries based on indicators agreed by relevant Government institutions. • Gender and protection considerations addressed and integrated throughout the response. • Protection from sexual exploitation and abuse (SEA) is strongly integrated in the response, including among health care actors, through trainings/awareness session on PSEA and increased capacity of frontline staff to safely and confidentially handle reports of SGBV and SEA to ensure survivors receive quick and appropriate assistance and support.	N/A	**150,000,000**	WHO, UNWOMEN, UNDP, OCHA, UNICEF, UNHCR, UNRWA.

PILLAR	DESCRIPTION	TARGET	ESTIMATED FUNDING NEEDS (US$)	PARTNERS
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT	• In collaboration with the Government of Lebanon (GoL), communicate with communities through adapted mechanisms and provide evidence-based guidance about COVID-19 prevention, mitigation and case management through multiple communication channels including TV, social media channels, individual SMS and in dedicated communication with community channels. • Strengthen the Ministry of Public Health (MoPH) hotline. • In collaboration with MoPH, develop and implement a Risk Communication and Community Engagement (RCCE) strategy to fight against fake news, scapegoating and stigmatization, as well as to increase awareness of the patient flow between municipalities, public health centres (PHC), isolation centres and other support services such as social assistance, mental and psycho-social support, specific needs interventions, and infection prevention and control (IPC). • Support the development and dissemination of technical guidance and provide additional support to governors and municipalities to ensure enhanced hygiene practices in public spaces and institutions. • Support municipalities and local communities as relevant in coordinating and planning provision of various support services for mild COVID-19 cases and their families in collaboration with civil society and local private sector.	Communication: All population groups Community engagement: most vulnerable individuals through municipalities, CSOs, religious leaders, community initiatives and leaders as required for concerned most vulnerable groups and taking into account their specific needs (including gender, age, disability). Includes: 1,156,000 people for direct outreach to most vulnerable communities through CSOs and public partners. 1,000,000 people for establishment of feedback mechanisms and complaint mechanisms; monitoring of social media; tracking and respond to misinformation; hotlines; development and dissemination of awareness material.	**2,158,000**	UNICEF, UNDP, UNHCR, UNRWA, OHCHR, MSF, Mouvement Social, Balamand University, International Orthodox Christian Charities (IOCC), CRC, IMC, Lebanese Red Cross (LRC), Alef, CLDH
SURVEILLANCE/RAPID RESPONSE TEAMS/ CASE INVESTIGATION	• Active case finding (6 million people Lebanese, Syrian and Palestine refugees, as well as refugees of other nationalities, and migrants) through contact tracing in line with WHO guidelines (monitoring patients, and tracing all contacts in household, community, and healthcare workers' contacts). Positive COVID-19 cases for refugees either hospitalized or treated at home or in isolation centres. • Event-Based Surveillance: a call centre is already being supported to enhance event-based surveillance through community reporting for all communities including refugees. • Support the establishment of testing facilities in 11 hospitals (at least one per governorate) that will be upgraded as "flu clinics" for testing and inpatient care of moderate cases. • Enhancement and expansion of influenza-like illness (ILI) surveillance standards to include healthcare centres and public and private physicians (Lebanese and Syrians) to monitor possible community transmission.	6 Million people	**340,000** Costs include support staff to MoPH, training, logistics (drivers / transportation of specimen) and automation of the reporting system	WHO, UNHCR, Order of Physicians, Humedica and ACF

PILLAR	DESCRIPTION	TARGET	ESTIMATED FUNDING NEEDS (US$)	PARTNERS
POINTS OF ENTRY	• Currently borders are closed and no air, sea, land travel from March 18, 2020 until further notice. Minimal border crossing has been maintained for trade and Lebanon has also started to repatriate some 20,000 Lebanese living abroad. Airport point of entry, as well five border points with Syria (including Masnaa and Arida) are being reinforced. • UNICEF, in collaboration with IOCC and MopH has: (i) increased the number of registered nurses serving at land borders and equipped each point with IPC and PPE supplies and training; and, (ii) with WHO, supported the replenishment of PPE materials at the airport, to cope with the repatriations. • Once borders re-open there will be a need to enhance the screening at the POE, including additional staff, e- information system linked to the COVID-19 surveillance, awareness raising campaign for travellers, and maintaining for every child crossing the border the systematic immunization against polio and measles.		**505,000**	WHO, UNICEF, ICRC, Order of Nurses, IOCC, LRC and MSF
NATIONAL LABORATORIES	• In line with WHO advice, scaling up the testing programs is the best response to slowing the advance of COVID-19. More testing kits are urgently needed. Rafiq Hariri University Hospital (RHUH) was initially performing 250-300 tests per day, with the private sector testing an additional 200 cases per day. There is a need to increase the number of tests per day to 2,000. • Support will be provided to the MpPH and Epidemiology and Surveillance Unit (ESU) team to expand the ILI to at least 25 additional sites. The support includes: capacity building, provision of information technology communication equipment, human resources support staff. This activity will be implemented directly by WHO, in coordination with the MoPH. • A selected number of peripheral public hospital labs will need to be upgraded in terms of testing capacity and biosafety measures. Intervention includes procurement of Kits and reagents and supplies, and selected equipment.	6 Million people	**1,000,000**	WHO, MSF and PU-AMI

PILLAR	DESCRIPTION	TARGET	ESTIMATED FUNDING NEEDS (US$)	PARTNERS
INFECTION PREVENTION AND CONTROL	• IPC practices in ambulances and health facilities (T1 reference hospitals with 27 ICU, laboratories, flu clinics in 11 hospitals at governorate level, 235 PHCs as triage points, and five land border point and one airport PoE quarantine shelters) should be enhanced to abide by IPC measures, during transport and treatment of patients with COVID-19, and prevent nosocomial contamination to staff, to non-case patients and further to other patients or visitors and the community. Personal protective equipment (PPE) with hygiene practices like hand-washing and social distancing are the main barriers against the spread of the disease. Procurement of PPEs is needed for healthcare workers working in laboratories, COVID-19 designated referral hospitals, flu clinics and UNRWA health facilities. • IPC and PPE equipment will be provided to PHCs which contribute to referral of mild individual cases while continuing routine services such as immunization, maternal new-born child and adolescent health. • IPC and PPE equipment, including for management of medical waste, are also foreseen for home isolation in vulnerable locations, public spaces, schools, Social Development Centres, and others. • Mobile handwashing stations and garbage containers specific for medical waste are supplied in the 30 most vulnerable urban localities along with awareness raising campaigns and technical support to municipalities.	Public institutions, including elderly homes, providing services to the most vulnerable population groups are supported with IPC packages, disinfection supplies, services and medical waste; Non-health front line humanitarian workers are provided with PPEs; Most vulnerable among the affected populations (estimated to 65 per cent of the total) are provided with IPC material. Medical waste garbage containers provided to 30 most vulnerable urban localities.	**23,390,000**	UNICEF, WHO, UNHCR, UNRWA, UNFPA, UNHABITAT, Order of Nurses, YMCA, LRC, AMEL, IMC, NRC, MDM, NCA, Intersos, Concern Worldwide, Relief International, Medical Teams International, Solidarites international, GVC, Welfare Association (Taawon), ACF, CARE, PU AMI

UNICEF warehouse, where PPEs are stocked before distribution to partners and PHCs
Photo: UNICEF® Lebanon

PILLAR	DESCRIPTION	TARGET	ESTIMATED FUNDING NEEDS (US$)	PARTNERS
CASE MANAGEMENT AT PRIMARY HEALTHCARE LEVEL COMMUNITY LEVEL	Expand capacity of Community Case Management • The current PHC network at the MoPH is widely distributed across the country, with 235 PHC centres and some 800 dispensaries. It is estimated to serve around 1,000,000 vulnerable Lebanese and non-Lebanese, including Syrian refugees. In the event of community spread of COVID-19, the PHC centres will serve as first accessible point for triage and outpatient treatment for the vast majority of cases for these vulnerable groups that cannot afford private physician consultation. PHCs are to be used as "tier 1" level response, with additional community awareness and sensitization as most of the current centres do not have the necessary human resources to deal with COVID-19 cases. • All 235 PHCs will be provided with the testing kits, basic PPEs and IPC materials (hand sanitizer, etc.) for nurses and doctors, and will be trained on triage of suspected cases, providing medical care and advice. • For mild and moderate cases with alarm signs for respiratory complications, 11 hospitals – at least one per governorate – are upgraded to establish "flu clinics", with adequate laboratory testing (external safe spaces/kiosks, lab equipment, supplies), sufficient inpatient capacity and training of human resources. This is also an opportunity for increasing the testing capacity at the periphery (including with possible drive-through testing) and decongest the ERs, allowing identification of cases for self-isolation or quarantine in community shelter to avoid larger spread of contamination. • These 11 "flu clinics" in hospitals will be supported to account for the extra staff, with IPC and PPE supplies, equipment needed including waste management of these supplies, and the operationalization of the flu clinic to serve everyone in need across Lebanon.	1,000,000 vulnerable Lebanese and Syrian refugees through 235 PHC COVID-19 triage points; 10,000 patients among the most vulnerable groups seeking outpatient health care in flu-clinics;	**1,927,000**	WHO, UNICEF, LRC, AMEL, MSF, IMC, PU AMI

PILLAR	DESCRIPTION	TARGET	ESTIMATED FUNDING NEEDS (US$)	PARTNERS
CASE MANAGEMENT AT SECONDARY HEALTHCARE LEVEL SEVERE CASES	Expand hospital case management capacity of Lebanon's health system. • Capacity of ICU services for COVID-19 severe and critical cases in public hospitals will be provided with minor rehabilitation, provision of equipment, capacity building and human resources reinforcement; rehabilitation works will be outsourced (national expert, bill of quantity, bidding according to WHO rules and regulations); procurement and capacity building activities will be done by WHO. Comprehensive medical, nutritional, and psycho-social care for those with COVID-19 will be ensured. • From 6 million people, a population of 600,000 (10 per cent) will be infected and 120,000 (20 per cent) will require care. Of those who seek care 3 per cent will need ICU services (3,600 over a period of 6 to 8 weeks). It is estimated that at the peak of the outbreak, around 700 ICU beds will be needed to be operating simultaneously. On average each patient will need seven days in ICU, at a cost of $700 per day. • UNHCR and UNRWA will cover the costs for ICU treatment of Syrian and Palestine refugees. Remuneration of care for vulnerable Lebanese is included. • Initially the public sector had only 140 ICU beds, while 300 beds will have to be availed by the private sector. Additional funds are needed to procure the needed equipment to ensure a capacity of 700 ICU beds.	For ICU and hospital improvements, support provided to eight public hospitals; For reimbursement of costs for vulnerable individuals, calculation is based on estimates of 65 per cent of patients being unable to afford needed care (30 per cent of whom are refugees	**28,812,500** The estimated costs include the expansion of ICU capacity in terms of care for vulnerable populations.	WHO, UNHCR, UNRWA
ISOLATION AND SELF-ISOLATION ASYMPTOMATIC OR MILD CASES	• If the virus spreads, people who test positive and are asymptomatic or with mild symptoms should recover without hospitalization in a contained space, away from their families and the general public. Isolation spaces are be needed for those unable to isolate at home. • The cost estimated for isolation centres includes support staff (at least two registered nurse per facility, and a medical doctor on call, rental subsidy, mental health and psychosocial support activities, and partial food support). • Municipalities are establishing isolation shelters especially for those cases coming from overcrowded locations (including refugees) as well as mechanisms for self-isolation. These centres will require medical and security oversight as well as capacity to manage basic services including psycho-social support while catering to those with special needs in consideration of age, gender and disability. • UNHCR and UNRWA are also establishing dedicated isolation centres in areas with large proportion of refugees in informal settlements and refugee camps.	Patients who do not have the capacity to self-isolate and therefore should have access to dedicated isolation centres through a mix of Government and UN/partners run locations	**32,000,000**	WHO, UNICEF, UNDP, UNHABITAT, UNHCR, UNRWA

PILLAR	DESCRIPTION	TARGET	ESTIMATED FUNDING NEEDS (US$)	PARTNERS
COMPREHENSIVE PSYCHOSOCIAL CARE AND PROTECTION	• Avail remote mental health and psychosocial support for persons with COVID-19 and their families (including prevention of child separation) • Ensure equitable access to mental health services for children and adolescents. • Ensure comprehensive psycho-social care and protection-related case management procedures.	Estimated 4,200 most vulnerable patients with mental illness; 1,800 children in need of psycho-social support; 200 children requiring intense case management (e.g. separated children); 1,200 children indirectly supported with PSS kits in their home; 1,200 women supported through safe spaces (remotely); and, around 200 individuals to benefit from capacity-building on PSS.	**2,929,000**	WHO, UNICEF
EMERGENCY REFERRAL	• The Lebanese Red Cross, as the one referral service in the country, requires additional support in terms of advanced PPEs and refresher training on the management of severe acute respiratory infections, and COVID-19 specific protocols on case management and transportation measures.		**200,000**	WHO
	• A national expert should be recruited to assess the burden on the local health system, and capacity to safely deliver primary healthcare services.		**125,000**	WHO
	• Awareness-raising activities for the self-care of patients with mild COVID-19 symptoms, including guidance on when referral to healthcare facilities is required.		**50,000**	WHO
RESEARCH IMPLEMENTATION OF CLINICAL TRIALS	• Lebanon has agreed to be enrolled in the randomized clinical trial on the use of therapeutic agents to COVID-19 patients. The cost includes provision of some medications for the clinical trial		**50,000**	WHO

Priority 3

Ensure uninterrupted delivery of critical assistance and services to the most vulnerable communities affected by the Syria crisis, including refugees and host communities, as foreseen in the LCRP Business Continuity Plan - UNHCR and UNDP co-lead

SECTOR	DESCRIPTION	ESTIMATED FUNDING NEEDS (US$)
PROTECTION	• Individual interventions for prioritized cases (including GBV, notably domestic violence); • Communication support to ensure case management (including for GBV); • Material support to GBV survivors; • Services to children at risk; • PPEs to facilitate urgent follow-up for cases; • MHPSS - for the most vulnerable children and remote support; • Protection support packages; and, • Top up of emergency cash (including for SGBV and domestic violence survivors).	**3,178,400** Includes: 600,000 assistance to families with children; 810,000 Hygiene pads and dignity kits; 200,000 emergency cash for survivors.
FOOD SECURITY	• Emergency measures to continue agricultural activities; • Food assistance to vulnerable HHs (includes support to 40,000 Lebanese families (NPTP) at the request of the MoSA); and, • Cash for food assistance to vulnerable Syrians.	**46,543,000** 5,000,000 support for Lebanese farmers; 41,543,000 in kind and cash assistance for food.
BASIC ASSISTANCE	• Maintaining ongoing cash assistance for the most economically vulnerable; • One-off emergency unrestricted cash grant for vulnerable individuals not receiving any assistance; and, • Distribution of multi-sectoral support packages.	**58,353,725** 37,096,625 cash grants; 21,257,100 support packages.
WASH	• Continued delivery of critical assistance and water, sanitation and hygiene services. • The support would include trucking and desludging, latrine and hand washing facilities, IPC and disinfections kits for the affected families in informal settlements and collective shelters.	**51,636,000**
LIVELIHOODS	• Vocational/skills training (through flexible, alternative modalities). • Emergency financial support to micro small and medium enterprises.	**5,148,900**
HEALTH	• Ensuring continued access to basic PHC services (medications for vulnerable host and refugee communities at PHC - 92,000 vulnerable Lebanese and Syrian refugees with chronic medical conditions and 350,000 patients (Lebanese and refugees) with acute medical condition), continuity of immunization services for vulnerable children, continuity of maternal newborn child and adolescent health, including mental health, provided with quality infection prevention and control to avoid any nosocomial infection. • Support to life saving non COVID-19 related hospitalization (60,000 refugees).	**15,000,000** 5,000,000 medications at PHCs; 10,000,000 hospitalization for refugees.

SOCIAL STABILITY	• Support to municipalities on solid waste management. • Monitor and mitigate tensions through existing tension task force mechanisms.	**3,400,000** Includes: 3,000,000 support for garbage collection
EDUCATION	• Support development and implementation of flexible education programmes to ensure continuity of learning for non-formal education (NFE) (target: 50,000 children) and targeted support to MEHE for children enrolled in formal education (target: 100,000 children); • Develop and carry out well-being activities targeting children and parents (target: 20,000 families) to support coping mechanisms and new home-based learning routines; • Parental engagement activities to support targeting parental/caregiver involvement in children's learning; • Promote health awareness on COVID-19 for parents and children in NFE (target: 50,000 children) and through targeted support to MEHE for children enrolled in formal education (target: 100,000 children); and, • Prepare for resumption of formal and NFE in safe learning environments.	**33,050,000** Includes: 22,000,000 flexible education programmes

Priority 4

Expand support to vulnerable population groups not included in the LCRP, in need of humanitarian assistance due to the combined socio-economic impact of the economic and banking crisis and COVID-19 - WFP and UNRWA co-lead

PILLAR	DESCRIPTION	TARGET	ESTIMATED FUNDING NEEDS (US$)	PARTNERS
SUPPORT FOR NEW HUMANITARIAN CASELOAD	• Three month bridging emergency social assistance programming by WFP and UNICEF for 50,000 most poor Lebanese households (food and cash), as well as specific additional targeting of 14,000 households including children and caregivers with disabilities; • Provision of cash assistance equivalent to half of the minimum food survival requirements for 257,000 Palestine refugees and other individuals eligible for UNRWA support (e.g. non-refugees married to Palestine refugee women and their children); • Education support for 38,000 Palestine refugees children prevented from accessing schools due to COVID-19 restrictions; • Cash for work program including to refurbishment of 25 isolation centres; and, • Small business development across 40 municipalities through production of masks and COVID-19 related materials to benefit indirectly 40,000 households.	50,000 most poor Lebanese households and 14,000 vulnerable Lebanese households, including children and caregivers with disabilities. 257,000 Palestine refugees and other individuals. 500 workers from new caseload in vulnerable urban settings for refurbishment. 250 individuals from new caseloads in vulnerable urban settings engaged to service the isolation centres. 100 people directly benefitting from job opportunities (mainly women and youth).	**40,204,000** Includes: 22,704,000 social assistance; 3,500,000 livelihood support; 12,000,000 UNRWA cash assistance; and, 2,000,000 UNRWA remote education.	WFP, UNICEF, UNRWA, UN-HABITAT