

# EMERGENCY RESPONSE PLAN LEBANON

2021 - 2022

Revision 1.0 - September 2021



# About

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This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on available data in the country.

**PHOTO ON COVER**

@ Giulio Origlia / WFP / 2021 / WFP triples its support to Lebanese families as country faces unprecedented crises

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# Table of Contents

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**05 Part 1: Crisis Overview**

- 05 Introduction
- 05 Humanitarian Impact
- 06 Impact on Migrants
- 07 Data and Ongoing Assessments

**08 Part 2: Main Humanitarian Needs**

- 09 Health Sector
- 10 Nutrition Sector
- 11 Food Security Sector
- 11 Education Sector
- 12 WASH Sector
- 13 Child Protection and Gender Based Violence (GBV)
- 14 Migrants
- 15 Logistics

**16 Part 3: Strategic Objectives**

**17 Part 4: Response Strategy**

- 17 Accountability to Affected Populations
- 17 Gender Equality and Mainstreaming
- 18 Cash
- 18 Coordination
- 19 People in Need and People Targeted

**20 Part 5: Annex 1: Sector Plans**

- 22 Education Sector
- 25 Food Security Sector
- 28 Health Sector
- 31 Nutrition Sector
- 33 WASH Sector
- 35 Child Protection and Gender Based Violence (GBV) Sector
- 37 Migrants
- 39 Logistics

**41 Four Ways to Support the Emergency Response Plan**



TOTAL REQUIREMENTS (US\$)

**\$383M**

NUMBER OF PEOPLE IN NEED

**1.9M**

NUMBER OF PEOPLE TARGETED

**1.1M**

Credit: Amel / 2021, Healthcare workers providing at-home medical support to an older person in the village of Eرسال (Bekaa).



# Part 1:

## Crisis Overview

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### Introduction

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Lebanon is grappling with economic and financial melt-down, COVID-19, the disastrous impact of the Beirut Port explosions and continued impact of the Syrian crisis. In addition, political deadlock fuels popular protests and hampers meaningful reform and recovery efforts. In this context, the situation of ordinary people in Lebanon is worsening day by day.

Since October 2019, when the crisis began, the Lebanese Pound has lost more than 90 per cent of its value, leading to a year-on-year inflation of 120 per cent between May 2020 and May 2021. Food prices increased at a staggering 400 per cent between January and December 2020. Revised food survival and minimum expenditure basket (SMEB) recorded a 21 per cent increase between March and April 2021. The overall cost is 4 times higher than at the start of the crisis.

At the end of 2020, 19 per cent of Lebanese nationals reported the loss of their main sources of income. Assessments indicate unemployment among migrants was up to 50 per cent, with significant job losses in final quarter of 2020.

Government-led interventions have proven unable to address the root causes and mitigate the impact of the ongoing crisis on the population. Amid growing scarcity, an ever-increasing number of families have found themselves unable to afford or access limited basic goods and services, including food, health, education, electricity, water and hygiene items. Negative coping mechanisms have also been increasingly reported. Families struggle for their bare survival while facing the mental stress of uncertainty and lack of hope in a better future. Fast-increasing multi-sector needs have been documented within Lebanese and migrant communities - indicators suggest that the most vulnerable households have crossed emergency thresholds and require emergency assistance.

In view of such continued and accelerated deterioration, under the leadership of the Humanitarian Coordinator

(HC) and the Humanitarian Country Team (HCT), with the support of OCHA, the UN and NGOs have developed the below 12-month coordinated multi-sectoral Emergency Response Plan (ERP) to address the needs of the most vulnerable among the Lebanese and migrants affected by the crisis, in complement to the Lebanon Crisis Response Plan (LCRP) as the framework to address the impact of the Syria crisis in Lebanon.

The ERP is strictly of humanitarian nature. It calls for exceptional time-bound assistance to save lives and alleviate suffering of the target population, also aiming to avoid a worsening of inter- and intra- community tensions. The activities covered will protect the most vulnerable until interventions aiming to address the root causes of vulnerabilities can be implemented. As such, the ERP does not represent a long-term solution to the on-going crisis. Such a solution will only come from structural reforms and Government-led development interventions, including the implementation of a full-fledged comprehensive and inclusive Government-led social protection strategy. Whenever possible this document articulates the sequencing between planned humanitarian interventions and recovery activities

### Humanitarian Impact

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The multiple crises afflicting Lebanon have led to a severe deterioration in people's standard of living. Basic rights are being denied as people are unable to afford or access basic goods and services including health, food, education, electricity, water and wastewater management.

Extreme poverty - also known as "food poverty" - increased three-fold from 2019 to 2020, rising from 8 per cent to 23 per cent. Meanwhile GDP is estimated to have fallen by 20.3 per cent in 2020.

In March 2021, 78 per cent of the Lebanese population (3 million people) was estimated to be in poverty. Extreme poverty has reached an estimated 36 per cent of the

Lebanese population (1.38 million). In parallel, according to the 2020 Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR), 89 per cent of Syrian refugee families (nine out of ten) live in extreme poverty, increasing from 55 per cent only a year before, with even worse conditions for female-headed households. As the situation continues to deteriorate, an even greater number of people is falling into absolute poverty and food insecurity.<sup>1</sup>

In parallel, the situation has affected the availability of basic services such as fuel, electricity, healthcare and clean water, most of which were previously provided through the private sector. With the economic crisis, an increasing number of individuals are seeking to access such services in the public sector, which is already overstretched and underdeveloped due to years of under-investment.

Humanitarian needs are increasing among Lebanese and migrants across all sectors, including food security and nutrition, health, protection, education and WASH. The situation also threatens to trigger a substantial increase in irregular migration of all population groups via dangerous maritime routes, predominantly to Cyprus. An increase in departure rates has already been noted, with frequent incidents observed in 2020 and 2021.

In addition to a significant increase in competition over employment, intra-communal tensions within Lebanese communities have worsened due to the shortage of basic essential goods and services. Tensions between host communities and refugees have similarly increased. Reports indicate growing forced evictions and occurrences of refugees being denied access to shops selling subsidized goods or having to pay for basic goods at increased prices, among other discriminatory measures. Overall, increasing tensions and sporadic violence have diminished the operational space for humanitarian actors who face an increasing number of access challenges.

If the situation remains the same and reforms are not implemented, with the gradual lifting of subsidies and deepening of the crisis, the potential for further deterioration and social tensions will continue to increase. Such a trend will ultimately further increase the number of people in need of acute humanitarian assistance.

## Impact on Migrants

Migrants have been severely affected by deteriorating economic conditions. Indicators suggest that the estimated 210,000 migrants in Lebanon, who are predominantly female, face high rates of unemployment, food and shelter insecurity, and poor access to drinking water. Their circumstances are particularly difficult due to pre-existing vulnerabilities. Subjected to the sponsorship (Kafala) system, migrants may be exposed to violence, abuse and exploitation, such as overwork and restricted movement. Amid worsening conditions, exploitative practices such as non-payment of wages, unfair dismissal, or breach of contracts by employers, have increased, subjecting migrants to increased hardship.

Migrants who leave exploitative employers often fall into irregular status and are marginalized from support structures. Indicators suggest significant numbers, particularly females, resort to dangerous, exploitative, degrading, or illegal work to meet their food needs. In the context of rising uncertainty and increased exposure to abuse and exploitation, the desire to return home remains significant.

Return prospects remain complicated for many migrants in Lebanon. Thousands among them are effectively stranded in Lebanon due to a range of security and personal circumstances. Stranded migrants are typically homeless, without work, and reliant on basic humanitarian and protection support.

### People Affected by Population Type



\* Based on the assumption that most people currently estimated to be poor would be pushed into extreme poverty, resulting from worsening inflation and food access, households with fewer economic livelihood opportunities resorting to negative coping mechanisms, and the removal of subsidies. It assumes 50 per cent of the Lebanese population could become extremely poor in 2021, increasing from the 2020 ESCWA estimate of 23 per cent.

\*\* IOM

\*\*\* Assumes the 87 per cent currently estimated to be poor (UNRWA April 2021 survey on PRS) would be pushed into extreme poverty.

<sup>1</sup> (<https://data2.unhcr.org/en/documents/details/85003>)



## Data and Ongoing Assessments

Recent demographic and systematic vulnerability primary data for the Lebanese and migrant population remains limited despite efforts to increase data collection and collective analysis.

In early 2021, following the publication of the Secondary Data Review, which pointed towards new humanitarian needs among Lebanese and migrants, the HCT tasked OCHA to undertake a Multi Sector Needs Analysis (MSNA) exercise to provide a comprehensive evidence base of multi-sectoral needs among different population groups in Lebanon to help understand the scale and severity of the current crisis.

The proposed MSNA aims to achieve the following objectives:

1. Inform humanitarian-development response options for 2021/2 planning, through the provision of comprehensive, multi-sectoral household data.
2. Provide inter-sectoral analysis of the severity of humanitarian needs among crisis-affected populations in Lebanon, including the calculation of People in Need and severity calculations to enable inter-sectoral prioritization and programming.
3. Improve the quality of humanitarian data in Lebanon for use by humanitarian and development actors.

The MSNA is being conducted over a period of nine months with findings published at the end 2021 to support a revision of this response plan. The findings will also support further articulation of operational response activities of recovery and development nature.

Credit: Taaoun / Volunteers in the Palestinian gatherings helping people to register on the platform to receive COVID-19 vaccine.



## Part 2: **Main Humanitarian Needs**

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Credit: Ramzi Haidar / Dar al-Mussawir





## Health Sector



The current crisis in Lebanon, coupled with the COVID-19 pandemic, has impacted both the health system and patients themselves.

**Health System:** Lack of reliable electricity, fuel and water supply threatens daily operations of hospitals and health facilities, including intensive care units, dialysis units, cold chain requirements, sterilization and diagnostic procedures. Currency exchange rates and cash flow restrictions on US Dollars have limited international purchasing power for essential medicines, supplies and various reagents while local suppliers – including pharmacies – suffer similarly depleted stocks. These combined factors threaten continued operation of health facilities and pharmacies. Outstanding reimbursements owed to hospitals by Ministry of Public Health (MoPH) further compound cash flow woes. Financially-driven layoffs of health workers, transition to non-clinical employment with better salaries<sup>2</sup>, and emigration of human resources continue unabated. Women make up over 80 per cent of registered nurses in Lebanon and are working in ever-more precarious environments, including frontline COVID-19 care and increasingly high ratios of nurses to patients. They simultaneously shoulder the burden of unpaid care work in their households and closure of nurseries during lockdowns, placing them under increased mental health pressures.<sup>3</sup> Limitations in the health system have also adversely affected women's access to sexual and reproductive health services and impeded safe access for survivors of gender-based violence (GBV).<sup>4</sup> Furthermore, the high cost of COVID-19 care, unpaid bills incurred by hospitals during the previous wave of the virus, as well as scarcity of human resources, limit the total functional bed capacity for COVID-19 care for patients requiring hospitalization in the country and leaves certain areas – such as Beirut/Mount Lebanon, the South and the Bekaa – particularly vulnerable to subsequent waves of COVID-19. Finally, decreased rates of routine immunization<sup>5</sup> within the public and private sector leaves Lebanon at a higher risk of an outbreak of vaccine preventable diseases.



Credit: Jaafar Hamdan / MEDAIR / Community Health Volunteer at one of the supported Primary Health Centres in South Lebanon.

**Patients:** Poor, uninsured Lebanese – estimated to be half of the total population – and migrants in need of hospitalization face demands for significant financial deposits to secure admission. Additional cost barriers are common, including COVID-19 PCR<sup>6</sup> tests required for inpatient procedures and costs of personal protective equipment (PPE).<sup>7</sup> Without cash, desperate patients are forced to sell assets, borrow funds at unfavorable rates or delay or forgo care. At the same time, scarcity and unaffordability of medicines – particularly those used to manage non-communicable diseases (NCDs) such as hypertension and diabetes – are resulting in increased hospitalization among these patients. This situation is especially common among the elderly, who report high rates of NCDs and diminished health status since 2019.<sup>8</sup>

Lebanese who previously accessed primary health care through private providers, as well as migrants, may be unaware or uncomfortable about seeking care through the public Primary Health Care (PHC) network. Transport costs, compounded by fuel shortages, further impact those living in under-served communities and those with disability or mobility challenges among whom

<sup>2</sup> Such as NGOs or STEM-related fields.

<sup>3</sup> UN Women, WHO, NCLW, UNFPA and UNHCR Inter-agency coordination unit (2020). <https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2020/07/ga%20lebanon%20no4/gender%20alert%20on%20covidlebanon%20issue%204.pdf?la=en&vs=4317>

<sup>4</sup> <https://www2.unwomen.org/-/media/field%20office%20arab%20states/attachments/publications/2020/07/ga%20lebanon%20no4/gender%20alert%20on%20covidlebanon%20issue%204.pdf?la=en&vs=4317>

<sup>5</sup> The utilization of routine (non-COVID) vaccination services at the national level decreased by 31 per cent from October 2019 till April 2020. In the private sector, immunization services provision diminished by 46.9 per cent mainly between February and April 2020 (Ziad et al., 2021 / Impact of COVID-19 pandemic on the utilization of routine immunization services in Lebanon)

<sup>6</sup> Polymerase chain reaction tests, cost between 100,000 and 150,000 Lebanese Pounds (LBP) at public and private providers respectively. Public rate as per <https://www.moph.gov.lb/en/DynamicPages/index/127/44574/the-cost-of-pcr-test-at-governmental-hospitals-reduced-to-lbp-100-000-starting-monday> accessed 23 July 2021.

<sup>7</sup> Ministry of Public Health (MoPH) Decree No. 1351, 2 Nov 2020 which requires patients to cover the daily cost (ranging between 200,000 and 400,000 LBP per day)

<sup>8</sup> Unpublished study conducted by UNFPA and CSA in collaboration with Makassed and University of Seniors AUB which showed 72 per cent of survey respondents reported a chronic illness.

women and elderly are disproportionately represented.<sup>9</sup> Diminished household resources and care rationing are likely to disproportionately affect women and elderly. Female-headed households are also more likely to report not accessing care compared to their male counterparts.<sup>10</sup> In an environment of reduced health care access, women also take on increasing caretaker burdens, further hindering their ability to access care and/or professional livelihoods. Such patterns are common among migrant women who increasingly report resorting to degrading, exploitative, dangerous, or illegal work to meet their basic needs.<sup>11</sup> People belonging to sexual and gender minorities may face heightened barriers in seeking basic health care fearing stigma and discrimination.<sup>12</sup>



Credit: Maria Klenner / ACF / Measuring a child's arm assessing her nutritional status and seek medical attention as needed.

## Nutrition Sector



Poor economic status is a proximate determinant of malnutrition. Poverty leads to inadequate dietary intake, sub-optimal access to medical care, poor hygiene and sub-standard childcare environment. The current economic crisis and impacts of the COVID-19 pandemic on children and women's health and nutrition status may threaten the gains made on child survival over the past few decades. The crisis in Lebanon is significantly decreasing the most vulnerable population's access to nutritionally diverse diets. This can ultimately lead to increased maternal and childhood mortality linked to maternal and childhood illness, wasting and stunting and micronutrient deficiencies. In this context, women are often more vulnerable than men to malnutrition because of their different physiological requirements, and socio-cultural norms whereby households often prioritize the nutritional needs of male family members in the face of food shortages.

Nutritional needs increase during pregnancy and lactation for support of fetal and infant growth along with alterations in maternal tissues and metabolism. Adolescent girls are equally vulnerable as they need protein, iron, and other micronutrients to support the adolescent growth spurt and meet the body's increased demand for iron during menstruation. Therefore, sub-optimal diets during this period inhibits both their own growth and that

of the fetus often resulting to negative birth outcomes including malnourished babies.

Routine maternal, infant and young child feeding practices in Lebanon fall short of global nutrition targets. The last survey conducted in 2009 indicated that exclusive breastfeeding rates stand at 40 per cent among 1-month old infants and only 2 per cent in 4-5 months old infants. Emerging programmatic evidence suggest that the rates are currently even lower. Women have been exposed to harmful gender stereotypes regarding breastfeeding, which leads to different forms of discrimination. Stigmatization regarding breastfeeding in public spaces and at workplaces are a major source of concern as it exposes women to pressure or intimidation and lessens the likelihood of breastfeeding. This is compounded by a general misconception that infant formula is the best feeding modality for infants and young children. As a result, the country is witnessing a surge in in-kind donations of Breast Milk Substitutes in response to the crisis. Unfortunately, these donations are not being provided in line with the national and international standards and with relevant coordination mechanisms.

The multiple risks associated with untargeted artificial feeding may contribute to the deterioration of the health and nutritional status of the infants and young children.

9 CAS- Labour Force and Household Living Conditions Survey 2018-2019 Lebanon <http://www.cas.gov.lb/images/Publications/Labour%20Force%20and%20Household%20Living%20Conditions%20Survey%202018-2019.pdf>

10 Assessment conducted by CARE, 2020 showed 34 per cent of FHH reported not accessing care versus 25 per cent of male headed households.

11 International Organization for Migration (IOM), 2021. Needs and Vulnerability Assessment of migrants in Lebanon. IOM, Geneva.

12 <https://www.hrw.org/news/2019/09/03/lebanon-end-systemic-violence-against-transgender-women>

## Food Security Sector



The situation in Lebanon changed dramatically in 2020. Price increases and the economic crisis, compounded by the effects of the COVID-19 pandemic, affected all population groups in Lebanon, with the most marginalized hit the hardest. The alarming pace of currency devaluation and inflation since October 2019 has impoverished well over half the Lebanese population and almost the entire Syrian refugee population. It also left around half of the migrant population to be vulnerable to food insecurity. As root causes of the crisis remain unaddressed, the further deterioration of the situation threatens to push many more into poverty and food insecurity.

Food access and availability have become major issues, with food prices out of reach for most, and retailers facing serious challenges to restock and keep their businesses afloat. As affordable food items become scarcer, competition for basic resources and social tensions are on the rise too. The steady deterioration of all basic economic instruments is threatening the ability of markets to function and the delivery of social assistance and services, including relief assistance and the curtailment of economic subsidies is expected to further aggravate social indicators especially for the most vulnerable.

Based on World Bank estimates and CAS/ILO population figures, 1.7 million Lebanese were estimated to have fallen into poverty and 850,000 into extreme poverty in 2020. In March 2021, factoring in the impact from inflation, changes in income, and other macroeconomic factors, the estimated prevalence of poverty was revised at 78 per cent (3 million people) and the estimated prevalence of extreme poverty at 36 per cent (1.38 million) amongst Lebanese. Estimates for extreme poverty, also known as “food poverty,” are complemented by recent data on food insecurity amongst the Lebanese population. While a comparison with pre-crisis levels is difficult, an unpublished rapid poverty assessment conducted in 2016 found that 2.5 per cent of the Lebanese were food insecure at that time. In sharp contrast, food insecurity affected 22 per cent of Lebanese households in March/April 2021, with the highest prevalence found in the North governorate (27 per cent) and the lowest in Mount Lebanon governorate (16 per cent). Women, girls, and female-headed households are more prone to food insecurity due to patriarchal norms and gender roles. Out of the estimated 210,000 migrants currently living in Lebanon, of which 75 per cent are women, 43 per cent (90,300) are vulnerable to food insecurity, adopting negative coping strategies due to lack of food or money to buy food.



Credit: Giulio Origlia / WFP / As a response to Lebanon's crises, WFP is now supporting one in six people in the country, more than at any time in its history.

The drastic reduction in income-generating opportunities and hyperinflation are major drivers for the increased levels of extreme poverty and food insecurity, with Lebanese and migrant households unable to rely solely on social safety nets to cushion the impact of these shocks. Data on people in need will have to be reviewed on a continuing basis, especially since the upcoming removal of subsidies is expected to deepen and increase vulnerabilities and uncertainty remains about when Government-led social safety nets, such as the National Poverty Targeting Program (NPTP) and the Emergency Social Safety Net (ESSN), will expand coverage.

## Education Sector



Over 1.2 million school-age children have had their education disrupted in 2020 alone, with 400,000 children being left out of school as a result of poverty and other factors. In addition to the economic crisis, the country's education system had already been faced with three other major crises, 1. the Syrian refugee crisis, 2. the COVID-19 pandemic, and 3. the Port of Beirut explosions.

The economic crisis is forcing families, particularly the most vulnerable Lebanese and migrant households, to adapt their livelihood-related coping strategies. This includes: for 50 per cent among them reducing household expenditure on education (WFP 2021), for 15 per cent among them unenrolling children from the schools (UNICEF) and for 9 per cent among them sending children to work (UNICEF) and marrying off adolescents/girls





Credit: Fouad Choufany/UNICEF

to reduce the economic burden on the families. In parallel, the cost of education has increased with many families unable to afford textbooks, stationery or IT equipment for online learning.

The country's education sector is also struggling to retain teachers due to the diminishing value of the local currency, putting an additional strain on the public education sector, which is already facing severe constraints in terms of available school infrastructure, education quality and service delivery. The situation is further exacerbated by the anticipated increase of 100,000-120,000 students transferring from private to public schools from 2019/2020 to 2021/2022. Such acute shifts in student demographics seriously compromise the capacity of the public-school system to ensure basic conditions, including adequate human resources, to provide relevant, inclusive, and quality education that adheres to national and international standards for education and child protection. The compounding factors of economic collapse, the inability to pay teachers, transportation costs, fuel to keep the lights on, availability of supplies, space, and the pandemic threaten to overwhelm the Ministry's capacity to open schools in the upcoming school year. This will compound pre-crisis issues as children across the country already had lower than average literacy and numeracy rates compared with the rest of the Middle East region.

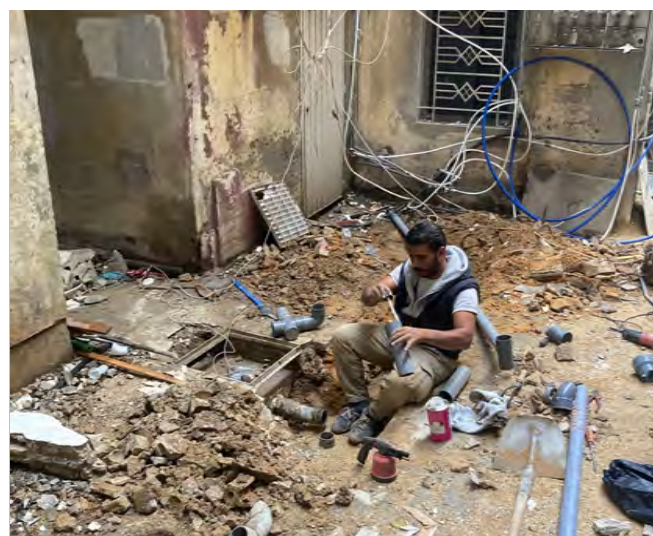
## WASH Sector



The current economic crisis is severely compromising the capacity of Lebanese communities to access safe water in their dwellings. While public service providers (Water Establishments and municipalities) are interrupting water supply services due to financial constraints and incapacity to procure fuel to offset challenges with Electricité Du Liban and Electricité de Zahle (EdL/EdZ) services, households are increasingly relying on water tankers to compensate for the shortages.

The water trucker market is both risky and expensive, with reports of price mark-ups reaching 8–24 times the price of the public supply system. Estimates from the WASH sector confirm such warnings: a comparison of 2021 market prices of water trucking against an equivalent support through fuel provision found that water trucking is at least 12 times more expensive than provision of public network water. Furthermore, a monitoring of the prices of water at the sector level demonstrated that in the last six months, the price of water tankers increased on average 4 fold while the price of bottled water increased between 2 and 5 fold. Currently all four Water Establishments in the country have decreased or interrupted their services and the situation is not expected to improve in the coming months, leaving a large part of the population deprived or depending on unsafe service providers.

Similarly, the sanitation system in Lebanon is falling apart with solid waste collection expected to stop in the coming weeks, leading to an environment which might



Credit: OCHA / Beirut

cause waterborne diseases and other types of outbreaks. Waste-water management is also an issue with treatment stations being progressively shut down and more untreated waste-water released in open fields, rivers and the sea, ultimately creating serious problems in agriculture and community health.

Given the lack of financial resources, the ability of the most vulnerable households to pay for trucked water and desludging services continues to decrease. More individuals resort to negative coping strategies such as consumption of non-potable water or open defecation, putting the population's health and hygiene at great risk, and disproportionately affecting women and adolescent girls who would face additional challenges related to Menstrual Hygiene Management. Households prioritizing access to food and other basic needs over their personal hygiene and purchase of hygienic items will also compound the risk of serious disease outbreaks and affect the efforts to curb the impact of the COVID-19 outbreak.

## Child Protection and Gender Based Violence



The current economic situation has put women and girls at greater risk of abuse, violence and exploitation. According to the GBV Information Management System (IMS), since 2020 there has been a significant increase of the percentage of Lebanese (predominately women) seeking GBV services (from 21 per cent in 2018 to 26 per cent in 2019 and 35 per cent in 2020). Moreover, Child Protection sector's reporting analysis shows the increased needs of psychosocial support services. Between January-May 2021, 32 per cent of the children reached with Focused Psychosocial Support (FPSS) and 30 per cent of the children reached through Case Management (CM) interventions were Lebanese, compared to only 10 per cent and 18 per cent respectively during the same period in 2020. The increased levels of debt and difficulties in paying rent or purchasing basic items have exposed Lebanese and migrant women and girls and other marginalized individuals to various forms of violence including sexual exploitation and human trafficking, also increasing the risk of harmful coping mechanisms such as child marriage and survival sex. Incidents of sexual exploitation often go unreported, especially



Credit: Embrace

among girls, members of the LGBTIQ+ communities and migrants due to the fear of retaliation, lack of information on reporting mechanisms and limited legal support available.

According to the latest Real Time Monitoring (RTM) report, cases of child labour have significantly increased compared to the fourth quarter of 2020 and becoming the most prominent child protection risk, followed by violence against children and violent disciplinary behaviours. GBV partners have also witnessed an increase in the risk of GBV at the workplace for Lebanese and migrants, with more women facing sexual harassment at their workplace because they cannot afford to lose their jobs (according to the GBVIMS Report of quarter one 2021, 29 per cent of sexual violence incidents reported happened at the workplace).

Lebanon continues to have one of the world's highest rates of children in residential care with an estimated 24,000 children, whose situation has been impacted by the closure of social welfare residential care facilities due to COVID-19 and the Beirut Port explosions. Some residential facilities can no longer afford to stay open, including due to an increasing number of families placing children in residential care so they can get sufficient food and attend school. Children in conflict with the law, trafficked children, unaccompanied and separated children, child victims and witnesses are usually among the most vulnerable and the ones at highest risk. Children are also at higher risk in relation to social-unrest with noticeable participation of children, mostly Lebanese, reported during recent nationwide demonstrations and protests - which can lead to exposure to violence and/or unlawful arrest and detention.



Beyond child protection and SGBV, the deteriorating socio-economic situation is exacerbating protection challenges across all population groups. People with specific needs, disabilities and older people face further barriers in their access to services. The need for psychosocial support and case management is elevated due to an increase in reliance on harmful coping mechanisms. The requirement for legal support is also likely to grow.

## Migrants



In 2020-21, assessments clearly indicate that the economic crisis is causing severe hardship for migrant women, men, and their children in Lebanon. Assessments published in May 2021 indicate over 50 per cent of migrants are unemployed, with a similar portion unable to meet basic food needs. Furthermore, shelter insecurity is widespread, particularly following the Beirut Port explosions. Indicative figures suggest roughly half of migrants live in substandard shelter conditions, characterized by unsafe structures, overcrowding, and threat of eviction. A further 45 per cent of over 1,000 surveyed migrants, equally split between male and female, did not have access to safe drinking water, and cited inadequate toilet and cooking facilities. Migrants' inability to access health care preceded the crisis, and has been exacerbated due to dwindling pharmaceutical supplies, rising hospital costs, and decreasing access to health facilities due to the COVID-19 pandemic. Sexual and reproductive health access also continues to be a major gap for female migrants.

Migrants' difficulties are partly conditioned by the abuses they may face under the sponsorship system. 73 per cent of female migrant workers assisted by partners in 2020 reported having wages withheld. Migrants are isolated in Lebanon and face barriers to accessing services that are linked to language, cultural difference, and fear, especially for those with irregular status. Humanitarian and state-sponsored support often does not extend to migrants. A mid-2020 assessment showed that 95 per cent of respondents received no humanitarian assistance, despite 80 per cent reporting difficulty affording food.

Difficult conditions are seeing a spike in numbers wishing to leave Lebanon. This was initially due to the economic



Credit: Muse Mohammed / IOM / "What I signed up for is not what I experienced, so I ran away from these employers."

crisis, but the onset of COVID-19, further economic deterioration, and the Beirut Port explosions, intensified migrants' return needs. 2021 figures indicate return intentions remain substantial. Legal, financial, and protection concerns however leave many unable to return. Return is further complicated for undocumented migrant children, estimated at 15,000 in country, whose irregular status raises concerns regarding access to basic services.

Faced with growing economic, shelter and food insecurity, migrants remaining in Lebanon are increasingly trapped between dwindling livelihood options and rising precarity, further enfeebling their weak bargaining power and exposing them to greater risk of exploitation, abuse, and psychological harm. Humanitarian actors have noted a notable incidence rate of GBV among women migrants in Lebanon. A study of 1,200 employers found 22.5 per cent always or sometimes lock their migrant domestic worker in their house, most of whom are women. These practices can create unbearable conditions for migrants, to the point of suicide or dangerous escapes. During 2008, an average of one migrant per week reportedly died due to such conditions, and a 2019 report suggests these conditions remain prevalent. According to one 2020 report, almost half the migrant women caseload treated for mental health said they had experienced physical and/or sexual abuse, with half of them actively suicidal.



## Logistics



Lebanon is heavily dependent on the importation of fuel and since August 2021, the country has been experiencing acute fuel and electricity supply shortages which are seriously threatening the provision of essential services such as health care and water provision and putting hundred thousand families across all population groups at risk of a humanitarian catastrophe. The national power producer, Électricité du Liban (EDL), has had to intensify the rationing of electric power, and shut down some of its power plants mainly as a result of the unavailability of fuel.

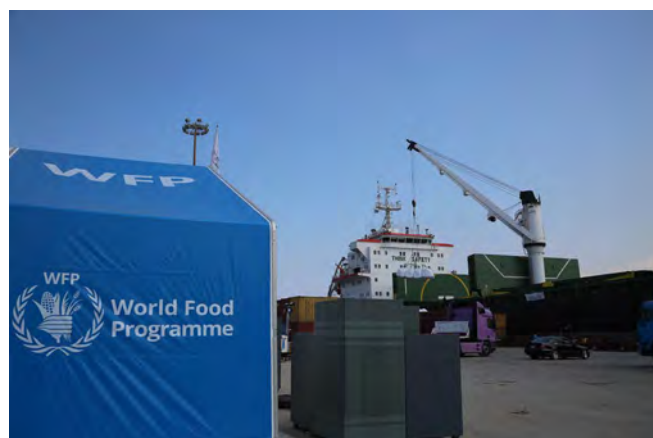
Many hospitals and health facilities in Lebanon have been forced to scale back their activities due to the scarcity of fuel and prolonged blackouts, warning they may be forced to shut down their operations indefinitely unless the fuel situation improves. Without imminent support to these health facilities, the consequences will be probable death of many patients in ICUs and NICUs, as well as newborn in incubators; increased mortality and morbidity among population seeking emergency; spoilage of public supply of vaccines, insulin, and other temperature-sensitive medications; and increased morbidity among patients with acute and chronic conditions unable to access primary care in a timely and effective manner, especially the most vulnerable population groups. Total persons at risk are estimated around 500,000 with acute conditions and some 200,000 with chronic conditions.

Likewise, public water supply and wastewater treatment systems, which are heavily reliant on fuel, have drastically reduced their operations across the country, leaving millions of people without continuous access to safe water and exposing them to environmental and public health risks amidst the COVID-19 pandemic. WASH sector actors estimate that the current fuel crisis which had not been fully apparent until recently has led to 3,690,000 people without adequate potable water within the four Water Establishment (WEs) Areas (Beirut/Mount Lebanon, Bekaa, South, and North), as of the end of August 2021. The sector notes that if fuel is not provided to these WEs and critical municipalities, more than two-thirds of the Lebanese population will no longer have access to water at home.

The impact of the fuel shortages has also been widespread across many other sectors. Food supply shops, transport service providers, and telecom network operators are limiting or completely halting their services while children also continue to suffer interruptions to online education due to the unaffordability or lack of broadband internet services and power outages which are frequent and prolonged. The situation also threatens to trigger a substantial increase in irregular migration from Lebanon and had in some instances been a source of tensions and heightened competition among the population in different parts of the country.

The humanitarian community has also been heavily impacted by the fuel shortages which could disrupt the delivery of critical humanitarian assistance to the country's vulnerable populations who are already grappling with the ramifications of the ever-deepening economic crisis. The current situation could have far-reaching implications for humanitarian operations and planning around business continuity until more sustainable solutions are put in place.

Procurement of fuel will prioritize the purchase of additional quantities of fuel at non-subsidized costs without minimizing/taking away the available yet scarce fuel resources in the country, and negotiations would involve continuous engagements with authorities and suppliers to facilitate permits/approvals.



Credit: Edmond Khoury / WFP / At the Port of Beirut, the Logistics Sector has set up mobile storage units.

# Part 3: Strategic Objectives



Credit: Giulio Origlia/WFP



## Strategic objective 1 Saving Lives

Provide essential short-term support to most vulnerable people affected by the economic crisis for them to meet their critical needs in terms of health care, food, nutrition, education and water.



Credit: Amel



## Strategic objective 2 Covid Response

Support the response capacity of the Lebanese health system in coping with the COVID-19 emergency.



Credit: Patrick Farah / MSD / Migrant workers in Lebanon, amidst the economic crisis and the worsened conditions of the Lebanese citizens, are striving to make a living.



## Strategic objective 3 Migrants

Enhance timely, unhindered and equitable access to protection assistance for migrants.

## Part 4:

# Response Strategy

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The ERP is envisaged as a temporary operation pending the implementation of a full-fledged comprehensive and inclusive Government-led social protection strategy and urgent reforms. It aims at linking with and preparing the transition towards solutions to addressing the root causes of the crisis, solutions which will only come from structural reforms and Government-led comprehensive and sustainable development interventions.

Sustained protection and delivery of humanitarian assistance to Syrian and Palestine refugees will also continue to be required in parallel to the Emergency Response Plan and as envisaged within the LCRP and UNRWA programs. Sector strategies have been developed collaboratively and coherently across the different operational plans to ensure “do no harm”.

## Accountability to Affected Populations

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The HCT prioritizes accountability to affected people (AAP). Accountability is a recognition of people’s dignity, expertise and abilities. In line with the Inter-Agency Standing Committee (IASC) Commitments on AAP and Protection from Sexual Exploitation and Abuse (PSEA), the HCT is collectively accountable to people with humanitarian needs in Lebanon.

The HCT and the humanitarian community will look to enhance a collective AAP approach in implementing the ERP, building on available mechanisms and tools and ensuring synergies with current platforms.

Opportunities remain for humanitarian agencies to take account of people by providing accurate and timely life-saving information, feeding into and supporting collective and participatory approach that inform and listen to communities in all humanitarian programming phases, and using their complaints

and feedback to design and adjust programming. The humanitarian community will aim at transparently and effectively communicating with people in formats they prefer and being held to account for aid workers’ conduct (particularly regarding PSEA) and for the quality, effectiveness and fairness of resources and programs.

Collective AAP mechanisms will support both people-centered approach and community-centered approach to ensure a) equitable and meaningful access to available information and services, b) leverage the participation of affected people including the inclusion of marginalized groups and hard to reach communities and c) promote two ways communication between humanitarian partners and the affected communities using their preferred languages and assistance modalities.

## Gender Equality and Mainstreaming

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The humanitarian crisis in Lebanon continues to threaten hard won gains on women’s rights and gender equality, disproportionately worsening conditions for women, girls and gender minorities, including transgender individuals and gender non-conforming individuals. As of 2021, Lebanon ranks 132 out of 156 countries in the World Economic Forum Global Gender Gap, due to low rates of economic participation, political representation, and patriarchal socio-cultural norms. These systemic gendered inequalities create more unstable communities, and make women more vulnerable to exploitation and violence, poverty, food insecurity, and negative health outcomes. In addition to gender, other intersectional identity factors have a large impact on affected populations’ vulnerability and ability to equally access humanitarian assistance – such as age, physical and mental ability, sexual orien-



tation and gender identity, legal status and geographical area of residence.

The ERP aims to ensure that the specific and diverse needs, capacities and priorities of women, girls, men, boys and gender non-conforming individuals are identified and responded to. Integrating gender equality in the ERP also reinforces a human rights-based approach which improves programming by respecting and protecting the universally recognized rights and dignities of every individual and will enhance the impact of humanitarian interventions in Lebanon. Attention to gender equality will be prioritized in all aspects of the ERP: including needs assessments, strategic planning, coordination, implementation, and monitoring and evaluation. Sex, age, and disability disaggregated data (SADD) will be collected and analyzed, to the extent possible, across sectors and used to improve access and impact to diverse marginalized groups. Humanitarian coordination, technical assistance, information management, and advocacy efforts related to gender equality will be supported by Lebanon's Gender Working Group and the LGBTIQ+ Task-Force (sub-working group), which oversees gender related coordination across the humanitarian-development and peace nexus.

## CASH

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Response modalities must remain flexible and adaptable to changing circumstances in Lebanon. Banking services, supply chains, market functionality and currency stability are constantly and increasingly challenged, and the prices of essential goods and services are affected by hyperinflation. It is also expected that assistance modalities within the ERP should remain largely inspired from and coherent with modalities already in place and/or tested, including modalities adopted under the LCRP to assist vulnerable Lebanese (including NPTP) or Syrian refugees.

The total amount of direct cash assistance to be provided by partners under the framework of the 2021-2022 ERP is about US\$ 140 million, approximately a third of the ERP's overall funding requirement. Of this amount, US\$ 27.25 million (20 per cent) is planned to be distributed in the form of multipurpose cash assistance (MPCA) complementing other assistance including sector-specific cash and voucher

interventions. MPCA is critical in assisting households affected by multiple vulnerabilities requiring a holistic response. Assistance will be distributed based on clear targeting and eligibility criteria by NGOs and UN agencies working collaboratively across sectors, drawing upon lessons from the recent response following the August 2020 Beirut Port explosions, where cash assistance, particularly MPCA, enabled a timely response to urgent needs.

The coordination of cash assistance – including harmonization of transfer values, Survival Minimum Expenditure Baskets (SMEBs), and post distribution monitoring/feedback mechanisms – will be supported by the revamped Lebanon Cash Working Group as a key inter-sectoral forum which is also aiming to strengthen the linkages between humanitarian and development interventions including through appropriate sequencing between short-term emergency cash programs and long-term social protection.

## COORDINATION

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The objective of the coordination structure is to facilitate and enable the principled delivery of emergency assistance to the most vulnerable populations while supporting transition towards more sustainable approaches.

The HC and HCT are overall responsible for the implementation of the ERP.

The HCT is supported at the operational level by an Emergency Operation Cell (EOC) chaired by OCHA and composed of sector coordinators to ensure appropriate cross-sectoral coordination. Sectoral coordination will take place under the leadership of designated UN agencies' lead and NGO co-lead.

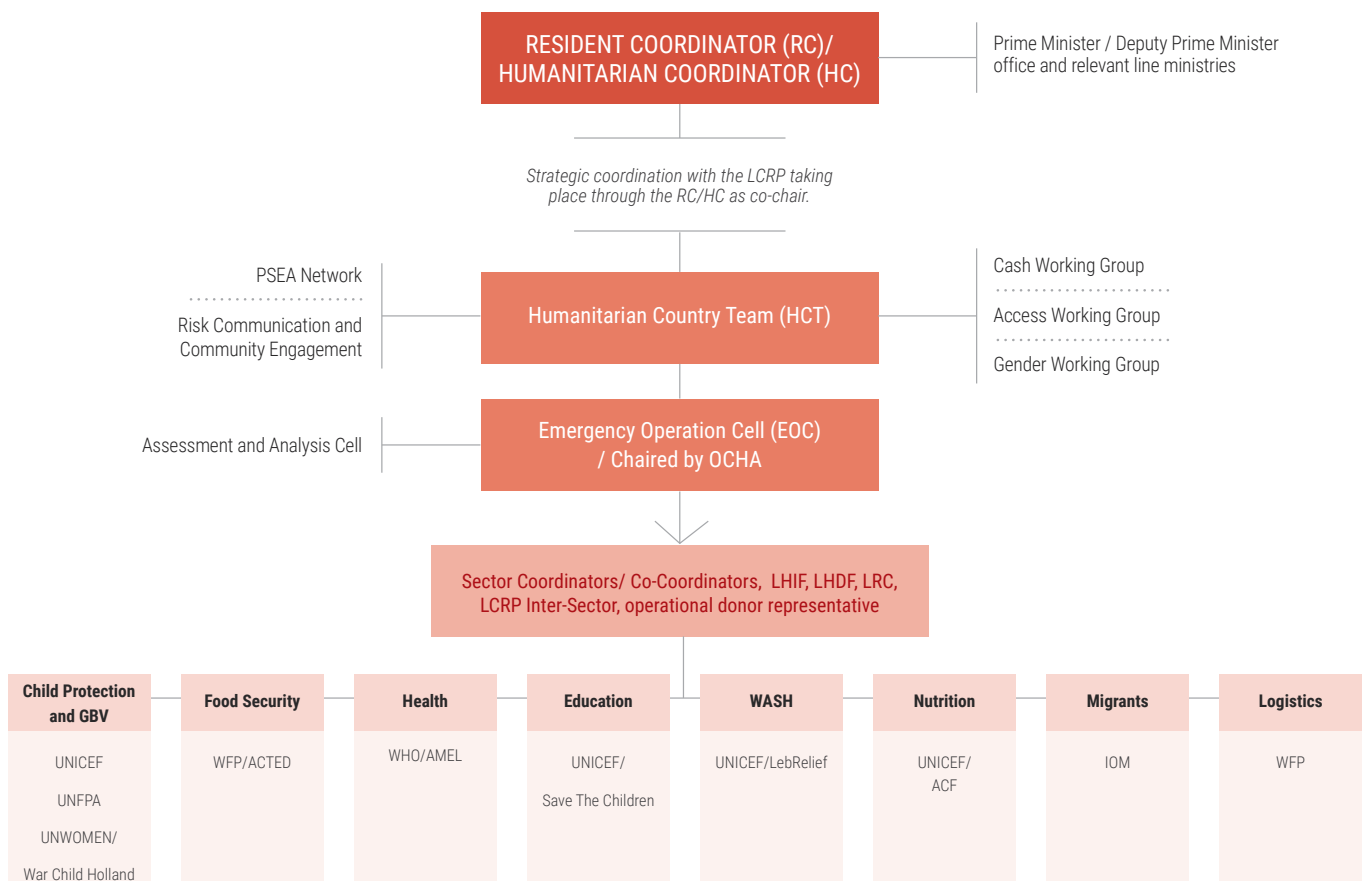
Strategic coordination with the Government of Lebanon take place at the level of the HC with the Prime Minister/Deputy Prime Minister Office. Operational coordination will be facilitated by sector leads through the relevant line Ministries.

In line with the HCT agreed Access Strategy, the Access Working Group (AWG) will ensure a common approach for humanitarian organizations working under the ERP. The AWG ensures systematic moni-

toring, reporting and analysis of access incidents and access-constraining policies, as well as informing humanitarian partners of any progress on access incidents. Humanitarian actors involved in the ERP commit to abide by the Joint Operating Principles agreed by the HCT as part of the Access Strategy and articulating how humanitarian organizations operate, their commitment to affected populations and common positions on key issues facing humanitarian organizations in Lebanon.

To ensure coherence and complementarity with other existing operational response plans, including the LCRP, appropriate joining-up will continue to take place at the sector level. While structures remain distinct, whenever possible synergies and alignment will be facilitated, including through collaboration on inter-sectoral and cross-cutting issues.

**LEBANON COORDINATION STRUCTURE FOR EMERGENCY RESPONSE PLAN (AUGUST 2021)**



*At the sectoral level, operational coordination with line Ministries as well as other operational frameworks including the Lebanon Crisis Response Plan*

## People in Need and People Targeted

<b>TOTAL REQUIREMENTS (US\$)</b>	<b>NUMBER OF PEOPLE IN NEED*</b>	<b>NUMBER OF PEOPLE TARGETED*</b>
<b>\$383M</b>	<b>1.9M</b>	<b>1.1M</b>

Note\* This is calculated based on the Sector (targeting only Lebanese and Migrants) with the highest number of people in need and targeted

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS
 Water, Sanitation And Hygiene (WASH)	1.86 M	1.09 M	\$20.26 M
 Food Security	1.47 M	0.49 M	\$115.40 M
 Health	1.36 M	0.25 M	\$129.98 M
 Nutrition	0.83 M	0.40 M	\$25.00 M
 Education	0.40 M	0.22 M	\$32.93 M
 Child Protection and GBV	0.36 M	0.10 M	\$29.45 M
 Migrants	0.12 M	0.04 M	\$20.00 M
 Logistics*	3.69 M	2.33 M	\$10.00 M

\*Figure includes support for populations other than Lebanese and Migrants targeted in this response plan.



## Part 5:

# Annex 1: Sector Plans

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Credit: Hala Habib / WHO / Medical and surgical kits received at Beirut airport 48 hours after the Beirut Port explosions that occurred on 4 August, 2020.



## 5.1 Education Sector



### PEOPLE TARGETED

# 220K

### REQUIREMENTS (US\$)

# \$32.9M

### Contact information:

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### Partner list:

World Vision International, AVSI, Caritas, War Child Holland, Alpha, TDH-Italy, SCI, Handicap International – Humanity and Inclusion, Fista North Lebanon, PARIC, Finn Church Aid, ShareQ

### Sector Response Strategy

The Education Sector will use a two-pronged approach to respond to this crisis.

#### Strategic Objective One: Direct community support to support the most vulnerable children to ensure continued learning.

The main aim is to ensure that the most vulnerable Lebanese and migrant children, including children with disabilities, are reached and supported to access and continue learning despite the challenges faced due to the deteriorating economic situation. This is achieved by providing support to both children and parents, ensuring their wellbeing and accessibility through the below interventions:

1. Conducting Needs Assessment to identify Out of Education Lebanese and migrant children, including children who have dropped out of school due to the socio-economic crisis.

2. Outreach, awareness raising & referrals of Out of Education Children (OOEC) to support their access to basic services and to bring them back to education.
3. Provision of assistive technologies for children with disabilities to enable their access and retention in education.
4. Cash for Education targeting the most vulnerable Lebanese and migrant families to enable retention in education in coordination with other social cash assistance program.
5. Remote learning support
  - Home-schooling support including transferrable skills, responsive caregiving and basic and digital literacy to parents /caregivers.
  - PSS-SEL programs integrated in the remote learning support for the most vulnerable students, parents/caregivers.
  - Promoting and applying SGBV risk reduction in adapted learning programs through raising awareness amongst children and caregivers on violence, bullying, cyber bullying, online safety.
  - Supporting with low-cost solutions (both low-tech and high-tech) for inclusive remote learning.
6. Procurement of food packages for children and youth enrolled in learning support programs.

To achieve the above result the sector partners will use a combination of modalities which range from joint assessments, community-based support through outreach and awareness, and direct beneficiary level support through cash, remote learning, wellbeing and food assistance. The sector has identified very specific vulnerability criteria to be able to have a targeted approach, including but not limited to:

- Students who have suffered a high level of learning loss in the last 2 years due to inequitable access to remote learning opportunities.
- Children and youth who are Out of Education and at risk of negative coping mechanism

- Students who have moved from private schools to public schools

**Strategic Objective Two: Improving Formal Education of most vulnerable Lebanese and migrant children through schools.**

The main aim is to ensure that students affected by the economic crisis are provided relevant, inclusive and quality education adhering to national and international standards on education in emergencies and child protection by ensuring that schools have basic conditions, including adequate human and operational resources to absorb and manage the influx of students from private to public schools. This is achieved by focusing on the below interventions:

- Procurement of learning and teaching materials (stationary, books, light equipment) by sector partners as direct support to the most vulnerable children and teachers.
- Inclusive and adapted catch up learning support program (at ECE, Primary, Secondary, and TVET) addressing learning losses and based on the needs of the most vulnerable children. The program will be implemented by the schools and financially managed by sector partners. These catch up

programs have the flexibility to be held remotely (engaging parents for retention and learning continuity) should schools temporarily close due to economic or health related challenges.

- Provision of Cash assistance to schools to be used for supporting children moving from private to public sector.

To achieve the above objective, sector partners will use a mixed modality of direct procurement of the equipment and learning materials to be provided to students, teachers and schools, and of providing direct cash assistance to schools. The aim is for MEHE, supported by the sector team, to lead the identification of schools to receive direct support and implement activities, based on the below vulnerability criteria:

- Schools with the least capacity to support transferring students from private schools based on the total number of existing students and teacher to student ratio
- Teachers living and working in identified most vulnerable areas
- Teachers working in public schools receiving significant numbers of students transferring from private schools

Credit: UNICEF





**Description of gender-sensitive and inclusive planning**

The Education sector response builds upon sector-specific gender- and age-specific needs analysis (provided by the sector partners and line ministries), which act as the evidence base for planning and development of the sector response framework. The response will focus on direct support to the most vulnerable Lebanese and migrant school-aged children impacted by the country's socio-economic crisis. Gender- and age-specific as well as intersectional vulnerabilities are considered in the vulnerability criteria for targeting, where the vulnerability is defined through a set of social and economic characteristics, such as individual's gender, age, employment- and disability status, and level of educational attainment. The strategy and its' design places special consideration to people with disabilities, recognizing their vulnerabilities are often heightened as well as overlooked during humanitarian crisis.

**Exit Strategy & Linkages/sequencing with Non-Humanitarian Frameworks and programs**

The Sector response plan ensures a complementary and supportive approach to the programmatic interventions of Ministry of Education and Higher Education's 5-year Education Sector Plan, which will be launched in August 2021. The humanitarian Education sector ensures close coordination with MEHE on all components of the response, with particular focus on supporting the public schools to ensure their continued operation to manage the ongoing influx of students from the private system. The ERP is targeting the most vulnerable Lebanese and migrant school-aged children who are not targeted under other on-going emergency responses inside Lebanon, therefore ensuring complementarity and no duplication mainly with LCRP. The sector relies on the MEHE 5-year plan to provide an umbrella for the humanitarian-development nexus, linking all interventions and ensuring sustainability of efforts after the ERP is finished.

## 5.2 Food Security Sector



PEOPLE TARGETED

**0.49M**

REQUIREMENTS (US\$)

**\$115.4M**

### Contact information:

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### Partner list:

WFP, IOM, LHF partners ACF, ANERA, CARE, CW, DPNA, FOH, GVC, MCC, NABAA, PCPM, TABITHA

### Sector Response Strategy

Since the beginning of the crisis, the Government of Lebanon, sector partners and donors have taken measures to step up the coverage of social safety nets, mainly through scaling up the NPTP response under the LCRP and the Beirut Port explosions response, and initiating an ESSN. These programs, in addition to other ad-hoc interventions, still leave a significant gap to meet the current needs arising from the dramatic deterioration of Lebanon's economic situation.

The ERP objective is to respond to the needs of 490,300 most vulnerable Lebanese and migrant individuals (of which 12.4 per cent boys, 11.7 per cent girls, 36 per cent men and 39.9 per cent women) with special focus on female headed households, households with people with disability, pregnant and lactating women and children under 5, by providing relief food and Multi-Purpose Cash Assistance (MPCA) to cover other basic needs. As such, the ERP is expected to target a total of 400,000 extremely poor Lebanese residents and 90,300 migrant individuals vulnerable to food insecurity. The sector expects to

reach all targeted members of the migrant community through tailored outreach mechanisms and approaches and through encouraging its partners to scale-up their response to migrants. The total needs figure is the highest anticipated monthly target across the ERP period, with an average monthly target of 266,000 beneficiaries, accounting for the planned stepping up of other mechanisms such as the NPTP and the ESSN. To address the food and additional basic needs of the identified targeted population, the Food Security financial requirements are \$115.4 million – including \$89.63 million for food assistance and \$25.75 million for MPCA to address other basic needs. Excluding confirmed and anticipated funding of \$54.0 million, the actual required funding for the sector is \$61.4 million.

While cash-based transfers (CBT) are amongst the preferred options for assistance, due to the prevailing economic situation, redemption through Money Transfer Operators (MTOs) instead of ATMs might also be considered, along-side electronic vouchers for restricted transfers (e.g. the food e-card currently used by NPTP beneficiaries). In-kind food transfers also remain a valid option, even though the recently granted access to the market exchange rate for USD contributions no longer makes this modality twice as cost-efficient as cash-based transfers. While in-kind food or hot meal distributions are a very common and effective modality for grassroots, niche-targeting and localized interventions by N/INGOs across the country, they also have advantages when used on a larger scale. In Lebanon's current unstable economic and financial context and unlike CBT, they are not as affected by food price inflation, exchange rate fluctuations, issues with ATM replenishment and overcrowding, shortage of liquidities, disruptions in commercial supply chains and food shortages, or retailers' closures.

Specifically, for this ERP, cash-based transfers have been budgeted at LBP 300,000 per person per month for food needs and at LBP 400,000 (based on a family size of four), for MPCA for non-food needs. The food transfer value is based on the price of the food SMEB, which reached close to LBP 300,000 at the end of June 2021. The response to basic needs component is calculated

based on the non-food SMEB<sup>13</sup> value of LBP 1,000,000 in May 2021, and excluding the self-reported income of very poor Lebanese households (LBP 640,000). The difference was rounded to LBPC 400,000 due to rising inflation and stagnating wages. As such, the MPCA intends to cover 40 per cent of an extremely poor household expenditure on non-food needs. The plan has been coordinated with other relevant ERP sectors to ensure that there is no duplication of efforts or caseload.

### Description of gender-sensitive and inclusive planning

The Food Security Sector strategy under the ERP will utilize available tools and lessons learnt to ensure equal access to all men, women, boys, and girls. This is even more relevant to migrant households, where the gender and age composition may vary from the typical Lebanese household. The sector will continue coordinating with the other sectors impacted due to the economic crisis (Nutrition, WASH and health) while

increasing collaboration with IOM for specific response and targeting of migrant individuals.

Consulting affected population, including, and receiving their feedback will be key in this regard. Centralised feedback channels like call centres and hotlines will be used to open two-way feedback and complement face to face channels like helpdesks. Moreover, providing information to affected communities about their rights and entitlement to food assistance and services available will be done through multiple formats and relevant languages will be adopted to address age, gender, literacy, language, cultural and disability barriers. The sector will also ensure that all partners engaged in the response, specifically front-line workers engaging in distribution activities (equal number of male and female workers will be aimed for), are trained on PSEA standards of conduct and also sensitized on issues of gender-based violence. The specific dietary needs and labour capacity of certain groups such as the elderly,

<sup>13</sup> The non-food SMEB is composed of: NFIs and other selected needs (toilet paper, toothbrush, toothpaste, laundry soap/detergent, sanitary napkins, soap, shampoo, diapers, disinfectant, blanket, cooking gas, mattress, clothes, communication, rent, water, transportation, electricity, health and education)

Credit: Giulio Origlia / WFP





pregnant and lactating women, children under five and people with chronic illnesses will also be taken into consideration.

### **Exit Strategy & Linkages/sequencing with Non-Humanitarian Frameworks and program**

The ERP objective is to tackle the unmet immediate basic needs, including food needs, of the most vulnerable Lebanese and migrant populations. At the same time there is a need for building linkages with longer-term prospects, program and policies, and for complementary direct assistance and services targeting specific vulnerabilities. This ERP is rooted in the imperative to work across the humanitarian-development nexus and should look at building on and strengthening domestic systems whenever possible.

The ERP will hence contribute towards forging direct links between humanitarian cash, voucher and in-kind programming and national safety nets, and the program and activities will support the transition

from delivering humanitarian assistance to reducing needs. As such, this ERP will attempt to bridge the gap until full implementation and possible further expansion of government assistance schemes, including the ESSN program.

In order to facilitate transition, the Food Security Sector, will ensure the necessary linkages with the NPTP, the ESSN, and other social assistance program, including deduplication of beneficiary households between program, convergence (where possible) of outreach/sourcing and eligibility/verification instruments, and coordination of efforts to sustain assistance beyond June 2022.



## 5.3 Health Sector

### PEOPLE TARGETED

# 0.25M

### REQUIREMENTS (US\$)

# \$130M

### Contact information:

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Christina Bethke	dupinc@who.int	+16173886323
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### Partner list:

UN: IOM, UNFPA, UNICEF, WHO  
 International NGOs: ARCS Arci Culture Solidali, Armadilla scs, Caritas Lebanon, Humanity & Inclusion – Handicap International, International Medical Corps, Medair, MedGlobal, Premiere Urgence Internationale, Syrian American Medical Society Foundation  
 Local NGOs: Amel Association International, EMBRACE Lebanon, Lebanese Center for Human Rights (CLDH), Restart Center, Tripoli Arteries Association

### Sector Response Strategy

The Health Sector will pursue a 4-pronged approach to respond to the current crisis:

**Objective 1:** Ensure access to life-saving and life-sustaining health services for those most vulnerable and in need in the context of worsening socio-economic conditions – primarily focused on expanded coverage for in-patient hospital care for vulnerable Lebanese and migrant patients, as well as supply of additional medicines for acute, chronic, reproductive, mental and catastrophic health conditions to complement existing interventions and address increased caseload among Lebanese and migrant patients.

**Objective 2:** Support health facilities to maintain operations during the ongoing emergency context – will enable

a) continuity of services in select hospitals to ensure continued access to emergency and critical care; b) expanded hours of operation at selected PHCs to ensure access and provide for increased demand among vulnerable Lebanese and migrant patients; and c) reliable power supply to expanded program on immunization (EPI) points for uninterrupted access to safe vaccination service.

**Objective 3:** Respond to COVID-19 in Lebanon – will follow the pillars approach laid out in the WHO global Strategic Preparedness and Response Plan for COVID-19, with particular emphasis on supporting case management of COVID-19 cases, including within the Intensive Care Unit (ICU), enabling surveillance and testing, and IPC.

**Objective 4:** Provide enabling, cross-cutting support to coordinated, safe, timely and quality health responses with an emphasis on vulnerable communities – will entail health sector coordination, mainstreaming of protection efforts, and overall community engagement with a focus on Lebanese and migrant communities, including those most vulnerable and in need as well as persons with disability.

### Linkages with LCRP

Extensive discussions with LCRP health sector counterparts have demonstrated that joint engagement on critical coordination activities will be essential to avoid overlapping efforts and ensure complementarity. For example, operationalizing eligibility criteria and pathways for access to hospitalization support – particularly for vulnerable Lebanese, establishment of a community engagement task force that encompasses all community outreach and messaging activities, mapping emergency training plans at facility level, and linking proposed telehealth interventions under the ERP with existing MHPSS services. Finally, extensive sensitization with health partners will be needed to enable smooth monitoring and reporting.

### Intersectoral Linkages

Outreach activities will be linked with WASH sector hygiene kit distribution while cross-cutting protection elements will be closely coordinated with Protection Sector counterparts. Surveillance and outbreak control

activities will be harmonized under the National Early Warning Alert Response System (EWARS) plan. Components of nutrition services and malnutrition interventions are delivered through PHCs and hospitals and therefore prioritization criteria for selection of supported facilities under Objective 2 will include consideration of these elements. Likewise, Nutrition actors should be properly sensitized on the GBV referral pathway, inclusive of health facilities, as well as broader health messaging, including maternal, newborn and child health.

### **Description of gender-sensitive and inclusive planning**

The COVID-19 pandemic has seen a rise in Gender-Based Violence (GBV) worldwide, a pattern that has been observed in Lebanon as well. Joint planning with LCRP counterparts ensures coordinated efforts to guarantee availability of safe identification and referral of GBV cases among health providers and clinical management of rape (CMR) services, as well as sexual and reproductive health services for vulnerable women and adolescent girls among all populations. Coverage of PCR testing costs under this ERP further reduces barriers for individuals seeking to access residential shelter services.

Hygiene kits and dignity kits will further target vulnerable women and girls in households with resource challenges.

Special attention has been paid to include activities which aim to address maternal mortality, particularly among pregnant women with COVID-19, by improving preventive care as well as in-patient care and targeting at-risk women with increased awareness efforts on prevention.

Vulnerability criteria for coverage of hospital costs will include considerations of gender and disability, and reporting for this activity shall be disaggregated by sex, age, nationality, and disability status. Among risk communication and community engagement (RCCE) activities, messaging shall be accessible to individuals with different languages and cultures, as well as persons with disability with an emphasis on using different formats of communication to enable maximum understanding and uptake. Vaccination activities include efforts to ensure equity in supply and access and will target underserved areas and populations, including those with mobility challenges who are unable to travel to vaccination sites and those unable to access the online registration platform.

Credit: Ramzi Haidar /Dar al-Mussawir





**Exit Strategy & Linkages/sequencing with Non-Humanitarian Frameworks and programs**

The health-related activities under the ERP, Strategic Preparedness and Response Plan (SPRP) for COVID-19, LCRP, UN Country Development Strategic Framework (UN CDSF) and 3RF all work primarily through the health system rather than targeting individual beneficiaries and are driven by epidemiological data, building blocks of the health system, health equity and the priorities and plans of the Ministry of Public Health. ERP support entails a stop-gap effort to enable continuity of the existing critical health services, coverage of increased caseloads particularly among vulnerable Lebanese and migrants, and mitigation of certain negative impacts of the current crises on both the health system and the population.

However, as noted above, this limited scope still requires extensive coordination to avoid duplication and confusion. Further, an additional mechanism is needed to support Lebanon's COVID-19 vaccination program to procure and administer sufficient doses in order to

reach minimum coverage thresholds. Longer-term planning is critical to address higher level health system threats such as quality of care, inequity in access and health coverage, low levels community participation and accountability, and particularly, human resources retention and development. Periodic review of the ERP will be needed given high levels of uncertainty in terms of the socio-economic and political context in the country, as well as the anticipated outcomes of the Multi-Sectoral Needs Assessment (MSNA) due to take place later this year. Moving forward, preparatory work for an integrated plan for supporting the health system in Lebanon, in line with the UN CDSF guidance, has been initiated, calling for complementary efforts aimed at addressing immediate humanitarian needs and bridging development goals to ensure aid efficiency, robust accountability and monitoring, and health system resilience in the face of future crises.

## 5.4 Nutrition Sector



### PEOPLE TARGETED

# 0.4M

### REQUIREMENTS (US\$)

# \$25M

### Contact information:

TITLE	NAME	EMAIL
Sector Coordinator	Kyaw Aung	kaung@unicef.org
Deputy Sector Coordinator		

### Partner list:

UN: United Nations Children's Fund, The World Food Programme, The Food and Agriculture Organization of the United Nations, United Nations Relief Commissioner for Refugee, World Health Organization, International Organization for Migration, United Nations Population Fund and United Nations Relief and Works Agency for Palestine Refugees.

International NGOs: Action Against Hunger Spain, Save the Children Lebanon, Concern, International Orthodox Christian Charities, Relief International, International Medical Corps, Medair, Mercy USA and Medical Aid for Palestinians.

Academia: American University of Beirut and Balamand University  
Local NGOs Lactica and Makhzoumi Foundation

### Sector Response Strategy

The Nutrition Sector emergency response plan addresses unmet/emerging nutrition vulnerabilities and needs among the Lebanese and Migrant population. The response is guided by two major strategic objectives namely; To protect, promote and support the uptake of recommended maternal, infant and young child feeding and care practices among vulnerable adolescents, pregnant/lactating women and care takers of children aged below 2 years and; To scale up programmatic solutions to support the prevention, identification and treatment of

acute malnutrition and micro-nutrient deficiencies among vulnerable pregnant and lactating women and U5 children.

To achieve the afore-mentioned strategic objectives the sector will undertake the below activities;

- Cash transfer for vulnerable caretakers of non-breast-fed infants enrolled in programs for artificial feeding support as a last resort and caretakers of children with SAM/MAM enrolled in malnutrition treatment programs to cover for transportation costs.
- Scale up, equip and capacity build the IYCF Specialists to provide timely and inclusive skilled maternal, infant and young child counselling and referral services at scale.
- Scale up community-based peer to peer learning for uptake of optimal IYCF practices.
- Strengthen referral pathways, care and support for the most vulnerable Non-Breast Fed Infants aged below six months.
- Iron Folic Acid supplementation and dietary counselling for adolescent girls.
- Strengthen referral pathways for treatment of acute malnutrition among children aged below five years, pregnant and lactating women through community-based platforms.
- Establish IYCF Corners at lower levels of care to strengthen continuum of care on skilled IYCF support.
- Conduct training sessions on the Lebanese Code and the international BMS Code standards, as well as on PSEA Code of Conduct and GBV sensitisation among MoPH and relevant humanitarian agencies/actors.

### Description of gender-sensitive and inclusive planning

Women girls, boys and men have been involved through participatory assessments to define nutrition priorities, planning solutions, interventions and evaluation in the design of the response. The Nutrition response incorporates gender specific targets to ensure equal and inclusive access to nutrition assistance to adequately address

gender specific needs. The sector has established a response monitoring and evaluation framework as well as a robust surveillance system that enables the collection and analysis of sex, age and disability disaggregated data to continually inform the different nutrition needs, capacities and barriers. The sector has consulted other key sectors (WASH, Food Security, Protection and Health) as well as the International Organization for Migration to holistically plan and design interventions that inclusively address the barriers to quality nutrition and sub-optimal access to related nutrition sensitive services for women, girls, men and boys, including those specific to migrants.

### **Exit Strategy & Linkages/sequencing with Non-Humanitarian Frameworks and programs**

To strengthen the nexus between development and humanitarian actors, the Nutrition Sector coordinates closely with MoPH IYCF Technical Committee as well as the women and children parliamentary committee. However, the current fragmented coordination mechanism for the nutrition response at regional levels needs to be systemized. The response plan strongly complements interventions outlined in the LCRP ensuring no duplication with existing efforts. The longer-term strategy for the nutrition response is to ensure full integration of nutrition interventions within the Primary Health Care package when the situation has stabilized as well as constraints on Human Resource for Health and access challenges have been sustainably addressed.





## 5.5 WASH Sector

### PEOPLE TARGETED

# 1.1M

### REQUIREMENTS (US\$)

# \$20.3M

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### Partner list:

ACTED, Action Against Hunger, LebRelief, Norwegian Refugee Council, Solidarités International, UN-Habitat, UNICEF, WeWorld-GVC, World Vision

### Sector Response Strategy

The WASH response strategy is divided into two main Strategic Objectives:

1. Provide essential short-term support to most vulnerable people affected by the economic crisis, with a focus on the distinct needs of women, girls, men and boys, for them to meet their critical needs in terms of health care, food, nutrition, education and water;
2. Support the response capacity of the Lebanese health system in coping with the COVID-19 emergency on access to hygiene items.

For Strategic Objective 1, a system approach addressing the most vulnerable communities in terms of water supply, is the most cost-effective solution to reach a high number of people in need in a short time. The only way to avoid the complete shutdown of all or part of the water systems in Lebanon is through the provision of fuel (Diesel) or

alternative energies to pumping stations. The benefits of a system approach are the following:

1. Cost and Quality effectiveness: The alternative of providing direct support through water trucking is more costly and presents higher risks in terms of public health and environment.
2. Avoid inequalities and tensions: Other alternatives, such as direct support through exclusive water trucking might create inequalities between households and localities and therefore contribute to create or exacerbate social tensions, particularly as it is a very visible support modality.

At the same time Critical hygiene items will be distributed in coordination with the Food Security Sector in the form of customized hygiene kits for girls, boys, women, men and the elderly; This activity aims to reach 407,974 Vulnerable individuals, including 90,300 migrants.

For Strategic Objective 2, in strict coordination with the Health Sector, Hygiene items will be distributed targeting 10 per cent of the community outreach beneficiaries (100,000). In order to identify the communities most affected by the current economic crisis the WASH Sector is conducting a country wide vulnerability mapping exercise. The highly critical communities have been classified as the ones with energy sources relying on fuel exclusively, and currently receiving less than 35 litres a day, based on the LCRP Water Sector minimal standard for water supply in Informal settlements.

Based on the Vulnerability mapping the target population is all the population receiving less than 35 litres per day of water for their basic needs. It is important to mention that the analysis relies on data of water production from the sources and does not consider water losses during the distribution. Considering leakages in the network (between 40-60 per cent in some areas), the water reaching the houses might become as low as 15 litres per day.

According to the SPHERE Standards, a minimum of 15 litres per person per day is established practice. It is never a "maximum" and may not suit all contexts or phases of a response. In an urban middle-income context, 50 litres per

person per day may be the minimum acceptable amount to maintain health and dignity.

The number of people being targeted by the sector is 1,091,671 (i.e., 58.6 per cent of the total number of People in Need of WASH services), to be reached through system support. This number will be refined in a second stage based on the detailed findings from the Vulnerability Mapping exercise especially for areas not covered by Water Establishments. For ensuring access to critical hygiene items, the WASH Sector will coordinate with the Food Security and Health Sectors to target the most socio-economically vulnerable households. Referrals are shared from water establishments, municipalities and communities directly to the sector partners, the needs are field validated before intervention.

### **Description of gender-sensitive and inclusive planning**

Gender and youth considerations are mainstreamed in the WASH Sector response, mainly at programming level in order to ensure the distinct needs and realities of women, men, girls and boys are reflected throughout the response.

The sector promotes the incorporation of the new global gender-based violence (GBV) guideline, through considering GBV in new assessments, and incorporating GBV risk-related questions in questionnaires and focus group discussions. The WASH Sector is committed to collect and use sex and gender disaggregated data during assessment, monitoring and evaluation. In addition, the sector builds the capacity of the staff that are engaged in outreach activities on WASH-related GBV risks and referrals.

With close collaboration with Protection Sector and GBV Sector, special mainstreaming of youth girls' needs is addressed through specific activities and provision of items (dignity kit and menstrual hygiene items). The partners are responsible for the distribution according to the WASH response coordinated, once drafted, with other sectors. In terms of implementation, WASH partners will be trained on protection (Safe identification and referrals, safe distribution, etc), PSEA, and trained on working

in COVID 19 Pandemic (health). The WASH Sector will ensure prevention and response to sexual exploitation and abuse and the potential for other forms of misconduct are fully considered and integrated in the sector response. This mainstreaming of PSEA is mainly considered in the different emergency distributions and services provided, for example ensuring that distributions and water trucking take place in daylight hours and placing public water points in central locations in the neighbourhood.

### **Exit Strategy & Linkages/sequencing with Non-Humanitarian Frameworks and programs**

While the main objective of the ERP is to respond to the most acute unmet humanitarian needs for Lebanese and migrant communities, the WASH strategy integrates with the non-humanitarian frameworks in the country some of the possible linkages with the National Water Sector Strategy (NWSS) and with other Development programs as listed below.

- When cost effective and meeting the timeframe of the humanitarian needs, the Sector will support off-grid energy solutions for pumping stations, including solarization, in line with the National Water Sector strategy.
- The ERP will coordinate to integrate the data from the Water supply vulnerability with other WASH assessments in coordination with the Stabilization and Water Quality Thematic groups, to create an integrated WASH vulnerability monitoring tool for Lebanon.
- For services in marginalized areas, not covered by official networks for Municipalities or Water Establishments, the ERP will coordinate and handover resulting infrastructures, such as public water points, to the local authorities closest to the community, with the endorsement from the governorate. This will have the double benefit of creating local accountability on Water infrastructures and protecting partners from liabilities during and after the implementation period of the ERP.

## 5.6

## Child Protection and Gender Based Violence (GBV) Sector



## PEOPLE TARGETED

96K

## REQUIREMENTS (US\$)

\$29.5M

### Contact information:

NAME	EMAIL
GBV / Erica Talentino	talentino@unfpa.org
Child Protection / Joud Munwar	jmunwar@unicef.org
Claire Wilson	claire.wilson@unwomen.org
Nisrine Yassine	nisrine.yassine@warchild.nl

### Partner list:

IRC, KAFA, ABAAD, LECORVAW, IOM, UNFPA, UNICEF, DRC, IMC, INTERSOS, AMEL, MOSAIC, HELEM, SCI, TDH, WVI, IOM, Himaya

### Sector Response Strategy

**Objective 1:** Survivors and individuals at risk have access to quality specialized GBV services and measures are in place to prevent, mitigate, and respond to GBV.

The sector will focus on the provision of specialized prevention and response services to individuals at risk of GBV and survivors by applying an intersectional approach in its targeting criteria. Key interventions will include a. Individual psychosocial support (case management and psychological counselling), b. Group focused psycho-social support, c. Provision of legal assistance and d. safe shelters options. The sector will also include protection emergency and recurrent cash assistance to mitigate the risk of harm or to ensure access to services that are not provided for free.

**Objective 2:** Holistic and integrated Child Protection services are provided to boys and girls at risk and/or survivors of violence, abuse and exploitation.

The sector will aim to provide prevention and response services to children and caregivers in need of specialised CP services. The main interventions will include a) Community-based and Focused Psychosocial Support services for children and caregivers, b) Integrated Child Protection case management services c) Social and behavioural change initiatives, d) Emergency protection cash assistance.

To ensure proper service mapping and community engagement during the implementation of these objectives, the sector will also focus on specific outreach activities that will be tailored to the different needs of the target groups, including establishing/strengthening community based child protection and GBV networks and focal points. Women and girls, in all their diversity, will be engaged as active partners in the sector's efforts to prevent, mitigate, and respond to GBV.

Specific awareness and community engagement around PSEA will also be implemented by the sector to ensure that community members are able to identify, and report SEA incidents and partners are able to respond to them using a survivor centred-approach.

Vulnerability criteria will be established/updated by the sector by taking into account intersecting forms of inequalities (including gender, age, disability, migration and displacement status, and socio-economic status) in order to prioritize those at a higher risk of violence, abuse and exploitation and those requiring immediate interventions.

Monitoring activities will include regular tracking of service uptake, confidential satisfaction surveys, and safety audits in targeted communities.

Further protection interventions responding to the evolving context, including cash-based assistance and

case management for Persons with Special Needs, Persons with Disabilities, and older persons, HLP and other legal interventions will continue to be delivered under the LCRP with targeting of Lebanese and migrants reviewed and expanded in line with evidence of growing needs.

### Description of gender-sensitive and inclusive planning

The sector responds to the needs of all gender and age groups with service tailored to cater for the needs of women, girls, boys, men, people of different sexual orientation, gender identity and expression and sex characteristics. The sector will also ensure that the needs of people with disability are taken into consideration and mainstreamed in program interventions.

The sector will foster the participation within the response of a different range of organizations that are specialized in the provision of assistance to the different groups. Youth-led and women-led organizations will specifically be encouraged to be engaged in the plan.

The monitoring framework will include collection of data disaggregated by gender, age, ability. Feedback and complaint mechanisms will develop in an inclusive way so that can be safely accessed by all gender and age groups and by people with disability.

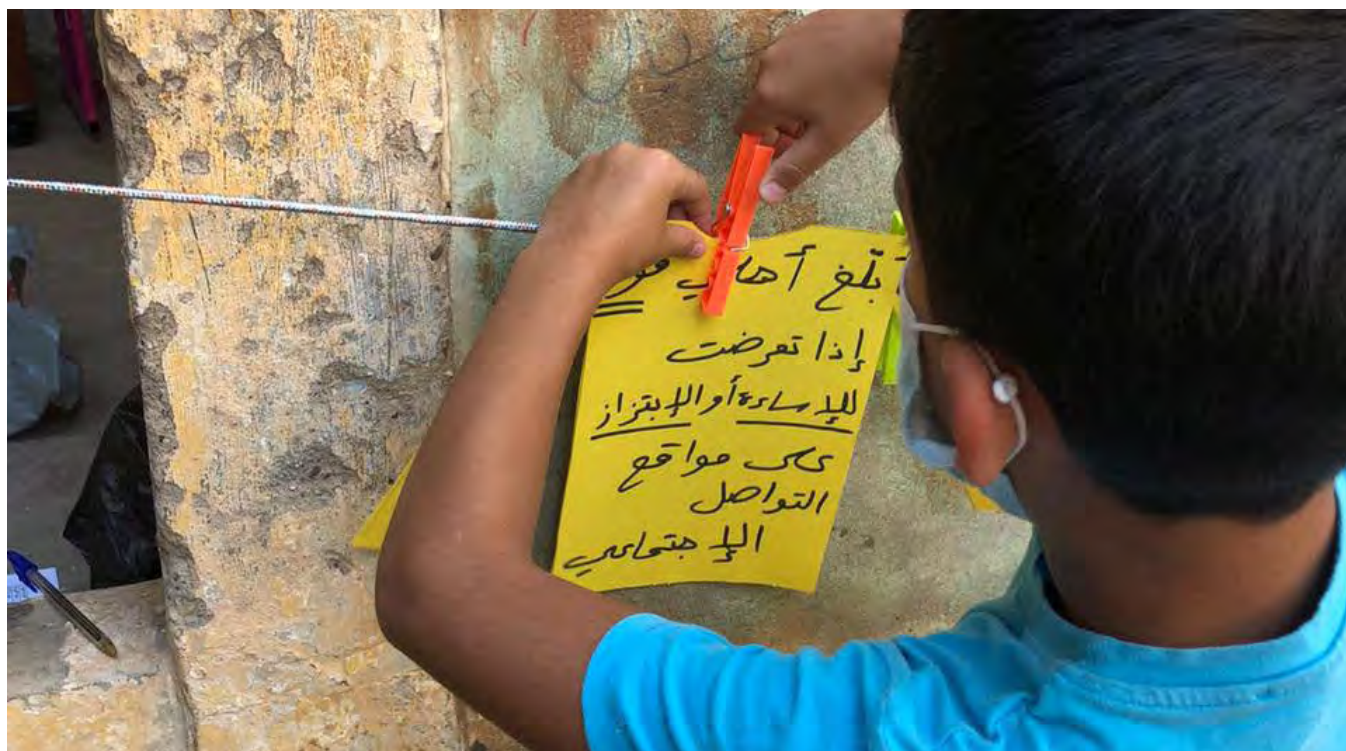
### Exit Strategy & Linkages/sequencing with Non-Humanitarian Frameworks and programs

Through the implementation of the proposed activities under ERP, the Child Protection and GBV Sector will address the most immediate, unmet needs of vulnerable Lebanese, migrants and PRL's women, children and their caregivers, while building and/or strengthening the protection infrastructure among these communities, which would eventually lead into enhancing the communities' resilience and solidifying the first level of the socio-ecological model in protection interventions.

Moreover, the cash assistance integrated into the child protection and GBV activities will not only attempt to reducing the needs of women, children and their caregivers in the short term, but it will also pave the way for any developmental plans, programs and activities targeting the same communities transitioning from humanitarian assistance with a wider protective space.

Therefore, the Child Protection and GBV Sector will implement its activities and work with its members under ERP in order to cover the gap created by limited public and social services and ensure a better linkage with non-humanitarian plans such as Reform, Recovery and Reconstruction framework and other government assistance schemes, such as ESSN and NPTP programs.

Credit: Philippe Abou Zeid / Plan International / Adolescent boy affected by the Beirut Port explosions receiving Child Protection community based PSS support.





## 5.7 Migrants



### PEOPLE TARGETED

# 36K

### REQUIREMENTS (US\$)

# \$20M

### Contact information:

NAME	EMAIL
Luke FitzHerbert	lfitzherbert@iom.int

### Partner list:

Caritas Lebanon; Concern Worldwide; Dorcas; IOM; UN Women; Amel Association; Migration Services and Development (MSD); KAFA: Dar al Amel; L'Union Pour La Protection de l'Enfance (UPEL); Tabitha; Fenasol; Justice Without Frontiers; Legal Action Worldwide.

### Sector Response Strategy

This chapter will follow a three-pronged approach with the aim to address migrant-specific difficulties stemming from marginalization and abuse, anticipate gaps in humanitarian safety nets, and provide alternative solutions. The below objectives do not however cover all migrant needs, as other needs such as food and health are mainstreamed into the appropriate sector plans of the ERP.

**Objective 1:** Partners to provide protection services to migrants in vulnerable situations. To protect migrants against abuse, exploitation, and marginalization, partners seek to provide legal assistance, including awareness, counselling, and legal aid to migrants. Through case management support, assistance will be provided to those unable to access services due to lack of documentation, fear of arrest, stigma, mobility/communication issues, and more. Mental Health and Psychosocial Support (MHPSS) will also be provided, in the form of awareness and self-help, group and individual counselling, and critical mental health care to severe cases.

**Objective 2:** Partners to provide multi-sector lifesaving assistance to migrants in vulnerable situations. In response to rising destitution and threat of homelessness, partners will seek to provide support in the form of temporary shelters, and provision of Non-Food Items (NFIs). Safe shelters will also be provided to survivors of severe abuse, particularly GBV. This support will react to urgent conditions, such as sudden homelessness, escape from severe abuse, or as a lifeline support to prevent destitution until sustainable solutions are achieved. Multi-purpose cash assistance will also be provided, largely to support accommodation rental costs for struggling migrants, but also to cover unpredictable, essential, and sudden, needs of migrants and ensure humanitarian gaps are covered.

**Objective 3:** Partners to facilitate the voluntary humanitarian return of migrants to their country of origin. To provide solutions for migrants wishing but unable to leave Lebanon, partners working with migrants will assist them to return home. In coordination with embassies, and relevant state bodies, migrants will be assisted through subsidized travel costs, assistance with travel documentation, pre-departure medical checks, and specific support for elderly, sick and children.

Coordination and feedback around the migrant response will be streamlined into other ERP sector working groups, to ensure migrants' needs are met across all sector. The ERP Migrant Chapter will also occasion the establishment of a migrant working group, between active partners.

### Description of gender-sensitive and inclusive planning

It is estimated that approximately 210,000 migrants are remaining in Lebanon, both regular and irregular. An approximate breakdown of 75 and 25 per cent between female and male, respectively is generally agreed and reflects the greater focus on female-specific needs, with most live-in domestic workers being female. This largely female subgroup, as well as artiste visa-holders, is highly vulnerable to abuse, such as Gender-Based Violence, and exploitation, including human trafficking and forced labour.

These trends align with partners' focus on gender-specific protection, such as all-female temporary shelters, and are backed up by records demonstrating psychological distress is particularly related to female migrants. However, assessments from 2020/21 found a gender balanced breakdown of insecurities related to livelihoods, food security, WASH conditions, which demonstrate that male migrants are also severely vulnerable, however their exposure to psychological abuse is likely less, given their live-out status and relative degree of freedom compared to female migrants. Live-out female migrants are also subject to abuse, demonstrating the gender dynamics regarding victims of abuse.

### **Exit Strategy & Linkages/sequencing with Non-Humanitarian Frameworks and programs**

Activities listed under the ERP Migrant Chapter contain significant linkages to wider programs and reform efforts to establish enhanced protection mechanisms for migrants in Lebanon in a coordinated and systematic manner and involving public bodies. The focus of these efforts involve engagement with state entities and other local protection actors in line with the objectives of the Global Compact for Safe, Regular and Orderly Migration, which was adopted by the Lebanese government in 2018. A major part of this will be integration of domestic workers into the Labor code and abolishing/reforming the Kafala, which partners are continuing to advocate for as an essential step to improve migrants' protection in Lebanon.

Credit: Muse Mohamed /IOM / IOM outreach workers deliver medicine and treatment to beneficiaries.



## 5.8 Logistics



### PEOPLE TARGETED

# 2.3M\*

### REQUIREMENTS (US\$)

# \$10M

\* Figure includes support for populations other than Lebanese and Migrants targeted in this response plan.

### Contact information:

NAME	EMAIL
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### Partner list:

UNICEF, WFP, WHO.

### Sector Response Strategy

As lead agency for the Logistics Sector, WFP will work closely and coordinate with all relevant actors to ensure fuel support is provided in a timely manner. The intervention is expected to cover an interim period of three months and the proposed activities that have been identified as priorities include the following:

**Objective 1:** Provision of fuel to critical and life-saving activities primarily under the Health and WASH sectors.

The total estimated monthly fuel requirement for lifesaving activities includes approximately five million liters of diesel, to be distributed across the Health and WASH Sectors. The Health Sector has had engagements with the Ministry of Public Health's Department of Hospitals and Dispensaries and is also in contact with the Syndicate of Private Hospitals to inform the prioritization of public and private hospitals. Each facility was ranked based upon jointly agreed criteria which identified 246 Primary Health Care centers (PHCCs), 554 dispensaries and 65 hospitals with critical fuel needs that will be prioritized for the final planning.

Fuel will also benefit a central warehouse and distribution sites at district level used to maintain cold chain and safe storage of essential health supplies, such as vaccines and other temperature-sensitive critical medicines. Similarly, over the next three months, the fuel plan is aiming to support the four Water Establishments (WEs) in the country with fuel to help power existing public facilities to continue supplying water and cover the needs of 2,230,000 people in the country estimated to be receiving less than 35 L/p/d, based on the WASH sector's latest vulnerability assessment.

**Objective 2:** Provision of fuel to the humanitarian community on a cost-recovery basis.

The Logistics Sector is also exploring options for providing gasoline for vehicles to allow business continuity across the humanitarian sector. This will most likely require a minimum of 3-4 dedicated filling stations in strategically located areas. Provision of fuel (gasoline and diesel) to UN and NGOs will be done on a cost-recovery basis given that each agency has a budget, where fuel is included, and the identified gap is merely an availability/accessibility issue rather than a funding issue. The distribution to the end-users will be coordinated through the Logistics Sector based on advanced fuel allocation and a detailed distribution plan developed based on WFP-led consultations and identifies fuel quantities, locations and expected delivery dates.

**Objective 3:** Coordination and information management provided to humanitarian actors on fuel provision, availability and access:

The Logistics Sector will convene coordination meetings and provide the necessary reporting and information management to serve the various sectors, donors, and end-users. As part of the coordination structure, the sector will also collect information on bilateral donations to health or water facilities and thereby adjusting the requirements accordingly. The Logistics Sector, along with other sectors and OCHA, will contribute to developing a communication plan to help minimize potential risks related to social tensions and misinformation which could strain relations with local commu-

nities where humanitarian actors are responding to needs. Working closely with other actors, the logistics sector will help establish a robust monitoring system which ensures the intended humanitarian use of the fuel support and prevents diversion. The logistics sector will explore suitable options for monitoring which may include engaging the services of vetted third-party companies with adequate capacities.

### **Description of gender-sensitive and inclusive planning**

In keeping with an inclusive, sector-wide approach of this fuel operation, agencies have agreed to that all related coordination activities including planning and reporting are streamlined through the logistics sector. This follows the HCT decision that the Logistics Sector fuel supply plan should support critical activities under both plans and benefit all populations including men, women, and children.

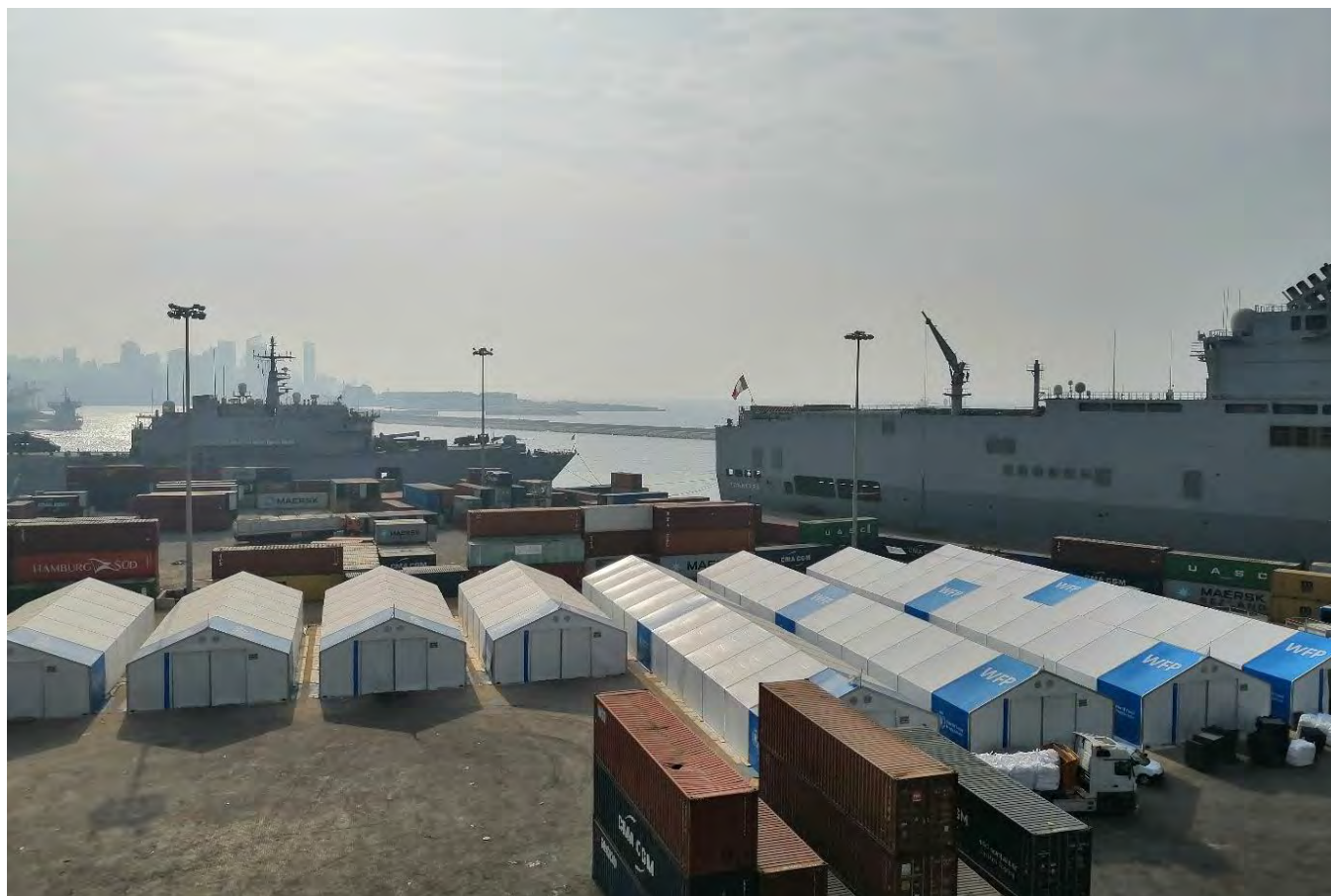
Following consultations, Health Sector leads for the ERP and LCRP have proposed an approach where on the one hand, fuel distribution at the hospital level and for the cold chain storage at qada offices and RHUH

warehouse will take place under the ERP (which aims at covering the immediate needs resulting from the current economic crisis and ensuring the continuation of the hospitals as explicitly mentioned under the ERP Health Sector Plan Objective 2: Support health facilities to maintain operations during ongoing emergency context). And on the other hand, LCRP Health actors will support business continuation at the PHCCs level involving fuel distribution, as this is one of main LCRP's objectives i.e., LCRP Outcome 1: Improve access to comprehensive primary healthcare (PHC).

### **Exit Strategy & Linkages/sequencing with Non-Humanitarian Frameworks and programs**

The responsibility to ensure uninterrupted provision of basic services including health care and water remains with the Government of Lebanon as the primary duty bearer and all efforts should be made by national authorities to implement sustainable solutions to the on-going energy crisis within the shortest possible time.

Credit: Edmond Khoury / WFP / At the Beirut Port, the Logistics Sector set up mobile storage units to provide the humanitarian assistance after the Port explosions.





# Four Ways to Support the Emergency Response Plan

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## BY MAKING A FINANCIAL CONTRIBUTION TOWARDS THE EMERGENCY RESPONSE PLAN

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. This page indicates several ways to contribute towards the response to the Lebanon crisis. Public and private sector donors are invited to contribute cash directly through the Emergency Response Plan. To do so, please refer to sector and organizational contact details as given in Annex I: Sector Plans and the project list to be published by the Financial Tracking Service (FTS) at the end of August 2021.

### Lebanon Humanitarian Fund (LHF)

The Lebanon Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments that receive unearmarked funds for allocation in response to humanitarian needs prioritized in the field through joint planning and an inclusive decision-making process. The LHF promotes coordinated humanitarian response and supports the implementation of the Emergency Response Plan.

Employing a person-centered approach to support projects targeting most vulnerable and at-risk population groups, the LHF is a flexible mechanism designed to respond quickly and efficiently in changing contexts, while still retaining accountable, inclusive and transparent processes.

For more information on CBPFs please visit: [www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf](http://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf)

For more information on the LHF please visit: <https://www.unocha.org/lebanon/about-lhf>

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## BY DONATING IN-KIND RESOURCES AND SERVICES

The UN Secretary-General encourages the private sector to align response efforts with the United Nations in order to ensure coherent priorities and to minimize gaps and duplication.

To make an in-kind donation of goods or services visit [www.business.un.org](http://www.business.un.org). Contributions must comply with the Guidelines on Cooperation between the UN and the Business Sector.

The United Nations enters into pro-bono agreements with companies planning to provide direct assets or services during emergencies. Contact [pss@un.org](mailto:pss@un.org) to discuss the ways in which your company might partner with the UN.

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## BY ENGAGING IN PUBLIC SUPPORT, JOINT ADVOCACY AND INNOVATIVE SOLUTIONS

**Support** employees, families and communities affected by disasters and conflict. **Partner** with the United Nations to undertake joint advocacy and work alongside humanitarian responders to identify and share innovative solutions. **Prepare** for and respond to disasters and conflict.

Contact [pss@un.org](mailto:pss@un.org) or visit [www.unocha.org/themes/partnerships-private-sector](http://www.unocha.org/themes/partnerships-private-sector) for further information.

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## BY REPORTING YOUR CONTRIBUTIONS TO FTS

Reporting contributions through FTS enhances transparency and accountability, and gives us the opportunity to recognize generous contributions. It helps us to identify crucial funding gaps. Please report contributions to [fts@un.org](mailto:fts@un.org) or by completing the online form at [fts.unocha.org](http://fts.unocha.org).

When recording in-kind contributions on FTS, please provide a brief description of the goods or services and the estimated value in US\$ or the original currency if possible.

**EMERGENCY RESPONSE  
PLAN**  
LEBANON

**2021 - 2022**

ISSUED August 2021

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