



UN-Habitat Lebanon Unions of Municipalities' COVID-19 Rapid Assessment Report

May 2020

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LIST OF ABBREVIATIONS AND ACRONYMS

COVID-19	Coronavirus disease 2019
DRM Unit	Disaster Risk Management Unit [at the Prime Minister's Office]
IASC	Inter-Agency Standing Committee
IPC	Infection prevention and control
IsDB	Islamic Development Bank
ISF	[Lebanese] Internal Security Forces
LCRP	Lebanon Crisis Response Plan
MoIM	Ministry of Interior and Municipalities [of Lebanon]
MoPH	Ministry of Public Health [of Lebanon]
MoSA	Ministry of Social Affairs [of Lebanon]
NGO	Non-governmental organization
No.	Number
PPE	Personal protective equipment
ROAS	[UN-Habitat] Regional Office for Arab States
SDC	Social Development Centre
ToT	Training of trainers
UN DESA	United Nations Department of Economic and Social Affairs
UN-Habitat	United Nations Human Settlements Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSD	United Nations Statistics Division
UN Women	United Nations Entity for Gender Equality and Women's Empowerment
UoM	Union of municipalities
WaSH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

EXECUTIVE SUMMARY

Lebanon is a highly urbanized country, at almost 90 per cent urban by population (UN DESA Population Division, 2019), with close to 65 per cent of its inhabitants living in five main urban agglomerations: Beirut, Saida, Tripoli, Tyre and Zahleh (UN-Habitat, 2009). The country hosts around 1.5 million Syrian refugees in an overall population of approximately 6.8 million – making it the country with the highest number of Syrian refugees per capita in the world (UNHCR, 2019; World Bank, 2018a). In addition, it has a sizeable community of Palestinian refugees and refugees from Iraq and other countries (UNHCR, 2019).

Over 1.5 million Lebanese live under the poverty line, with the majority of its refugees – over 70 per cent – also living below the poverty line (United Nations Lebanon, 2020). Prior to the outbreak of the coronavirus disease 2019 (COVID-19) pandemic, Lebanon already struggled with serious socioeconomic, spatial and environmental challenges related to rapid urbanization and a weakly regulated governmental framework. The pre-existing situation of poor housing, overcrowded neighbourhoods, substandard basic services including water, electricity, solid waste management and disposal, high pollution and inefficient transport have only been exacerbated by the COVID-19 crisis. The majority of vulnerable Lebanese and refugee communities live in poor dense urban neighbourhoods and experience similar challenges as repeatedly highlighted across the world for populations living in slum-like conditions – a severe challenge to observe universal precautionary measures, including physical distancing and extensive water, sanitation and hygiene (WaSH) measures (UN-Habitat, 2020).

In addition to this complex urban environment, weak governance and political instability have left local authorities with limited financial and administrative support from the national level and hence capacity to respond to large-scale emergencies or plan well for the future. The ongoing Syrian refugee crisis is one example where municipalities, already struggling to provide adequate services to the Lebanese population, face additional pressure to support refugee communities. While around 20 per cent of the Syrian refugee population is hosted in informal tented settlements (in mainly rural locations) and supported under the Lebanon Crisis Response Plan (LCRP), the remaining population reside in poor urban neighbourhoods and fall de facto under municipality responsibility (UNHCR, UNICEF and WFP, 2019). The COVID-19 pandemic further highlights the lack of decentralized support and empowerment of local authorities in Lebanon. Being at the front line of the response at the local level, it is clear that a critical gap exists and needs to be urgently addressed, if Lebanese local authorities are to weather future emergencies and avoid complete breakdown of services and functionality. Both of these crises – the Syrian refugee crisis and COVID-19 – are additionally drastically compounded by the severe and ongoing socioeconomic crisis.

In this context, UN-Habitat Lebanon undertook two assessments of local authority capacities across the country. A first, remote assessment took place from 25 to 27 March 2020, involving 10 unions of municipalities and individual municipalities across 8 districts (Aley, Beirut, Chouf, Kesserwan, El-Metn, Saida, Tripoli and Tyre). The findings of the remote assessment highlighted the urgent need for immediate interventions to address the challenges encountered by local authorities in response to COVID-19, mainly the need for infection prevention and control (IPC) materials and supplies, creation of isolation centres, basic assistance to families in need, etc. This assessment was subsequently complemented by a rapid field assessment.

The aim of the rapid assessment was to obtain baseline information and data concerning the COVID-19 response at the local level, in order to establish a comprehensive strategy for COVID-19 support in these same areas. The assessment involved 34 unions of municipalities covering 548 municipalities, in addition to 5 individual municipalities: Baalbeck, Bcharre, Bourj Hammoud, Nabatiyeh (officially known as Nabatiyeh El Tahta), and Tripoli. Together these cover 52 per cent of all municipalities in Lebanon. The selection of the unions and municipalities was based on a combination of the size of the unions and their exposure to COVID-19 at the time of selection; unions containing a number of vulnerable municipalities experiencing COVID-19 cases were selected.

From 6 to 15 April 2020, four field teams – comprising engineers, architects and social development experts – conducted the rapid assessment. A checklist (Annex 1) was developed to help the field teams compile qualitative data across different sectors/issues that are in line with the [circular](#) issued by the Ministry of Interior and Municipalities (MoIM) on 19 March 2020. The checklist aimed to look into the following areas in response to COVID-19 while ensuring that the needs of the most vulnerable populations (elderly, children, women, youth, people with disabilities) were considered throughout the rapid assessment:

- Measures undertaken by unions of municipalities to contain COVID-19.
- Coordination structures/platforms.
- Main actors that are already contributing/willing to contribute.
- The need for isolation centres.
- Water and sanitation issues.
- Emergency needs requested by the unions/municipalities, including IPC/personal protective equipment (PPE) and general hygiene equipment, supplies, awareness/training, etc.
- Urgent livelihood needs.

KEY FINDINGS SUMMARISED

1. Pre-existing **poor urban basic services provision** – such as water, sanitation, and solid waste management and disposal – particularly in urban dense neighbourhoods severely prevents local authorities to adequately protect their communities from COVID-19. As of 4 June 2020, Lebanon has around 1,306 cumulative cases of COVID-19 confirmed (MoPH and WHO, 2020). This relatively low number compared to other countries has not demonstrated the magnitude of the severity of the WaSH situation in the country. However, the assessment strongly indicated that should the caseload drastically increase, the spread could be significantly exacerbated by these factors.
2. **Awareness-raising messages and campaigns should accompany each proposed intervention**, to ensure adequate behaviour applied by local authorities and the public. In addition, capacity-building programmes should be developed and implemented in all municipalities on appropriate awareness messaging to be applied by front-line actors.
3. Although most unions of municipalities **requested support to refurbish isolation centres**, in line with national-level directives on how these need to be equipped, there is still an absence of clarity at the national level how these will be funded, operated, managed and maintained.
4. There are indications of **rising tensions and violence** among vulnerable populations, including between host and refugee communities. They are principally triggered by a trifecta of pressures – including the October 2019 civil unrest and political stalemate, the ensuing and ongoing socioeconomic crisis, and the additional effect of the COVID-19 restrictions imposed on the economy and social environments – as well as stigma and discrimination.
5. Considerably **strengthening the financial and administrative capacity of local authorities** to respond to COVID-19 and future similar emergencies is considered an immediate, medium and long-term need. Significant financial, technical and administrative gaps were identified, including the scarce transfers from the central government through the Independent Municipal Fund, the lack of sufficient and skilled municipal staff, etc. The rapid assessment also found that municipalities are being instructed at national level to undertake COVID-19 measures beyond their capacity, and identified gaps and challenges within the COVID-19 regional coordination mechanisms led by the national government. These challenges include the lack of sufficient municipal police to implement lockdown procedures coupled with the lack of sufficient personnel within the Internal Security Forces (ISF), which has increased the burden on municipalities.
6. The **severe cumulative impact on the livelihoods** of already vulnerable Lebanese and refugee communities was a recurrent and stark finding of the assessment. Local authorities are assuming the responsibility to extend safety nets to the extent possible with very limited resources, while at the national level the debate continued on targeting methodology in the **absence of accurate, reliable, up-to-date, multisectoral and disaggregated data** – another critical challenge across the COVID-19 response at the local level.
7. The **absence of adequate and affordable housing and shelter** options in Lebanon, for both vulnerable Lebanese and refugee communities, was also identified as a key impediment or challenge in responding to COVID-19. This concern was mainly linked to the risk of virus spread where housing units and shelters are overcrowded with poor sanitation, and there is no way to isolate suspected cases or infected people. As a precautionary measure, some mayors mentioned that they had to find temporary shelter for suspected cases, to limit potential spread. The impact of the absence of a national policy supporting access to and protection of affordable housing and shelter, currently left largely to a poorly regulated market – similar to the absence of adequate urban basic services – is likely to be most severely felt in dense urban neighbourhoods with poor housing and shelter conditions, should the COVID-19 caseload significantly increase.
8. The assessment identified **more than 80 urgent interventions** (see the map on p. 20 and Annex 4 for details) related to 7 main sectors: isolation centres, solid waste, water, wastewater, IPC materials, awareness raising on the use of protection materials and supplies and on adequate hygiene, and livelihoods.



INTRODUCTION AND BACKGROUND

On 30 January 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern and on 11 March 2020, it called it a pandemic. The virus first emerged in Wuhan, China, in December 2019, and has since spread to all continents. Globally, as of 4 June 2020, there have been 6,416,828 confirmed cases, including 382,867 deaths; out of the total number of cases, 570,026 have been recorded in the Eastern Mediterranean region (WHO, 2020c).

In Lebanon, the first case of COVID-19 – a Lebanese woman who was aboard a plane coming from Iran – was confirmed on 21 February 2020. Until 1 March 2020, 231 people were tested at Rafik Hariri University Hospital, with 221 negative and 10 positive results (MoPH, 2020). As of 13 March 2020, the total number of cases rose to 79 and the number of deaths to three (WHO, 2020a). Less than a week later, as of 19 March 2020, just four days after the government’s 15 March 2020 decision to declare a state of health emergency, the total number of cases had almost doubled, rising to around 150, including four deaths (WHO, 2020b). In the next few weeks, the number of confirmed cases and deaths marked a sharp increase, totalling 632 and 20, respectively, as of 14 April 2020, and as of 4 June 2020 stand at 1,306 and 28, respectively (MoPH and WHO, 2020).

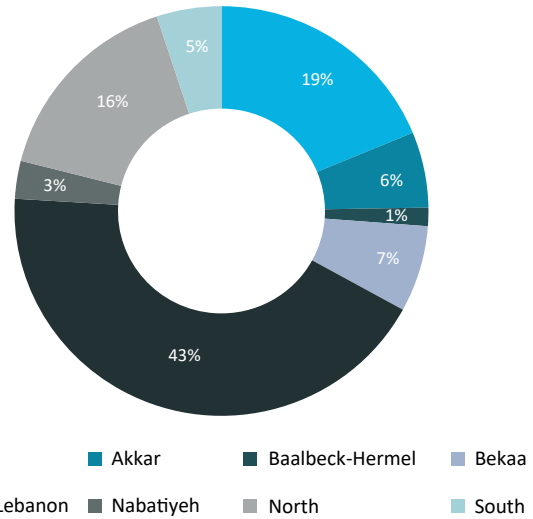


Figure 1: Percentage of confirmed cases by governorate

Source: <https://www.moph.gov.lb/maps/covid19.php> (4 June 2020)

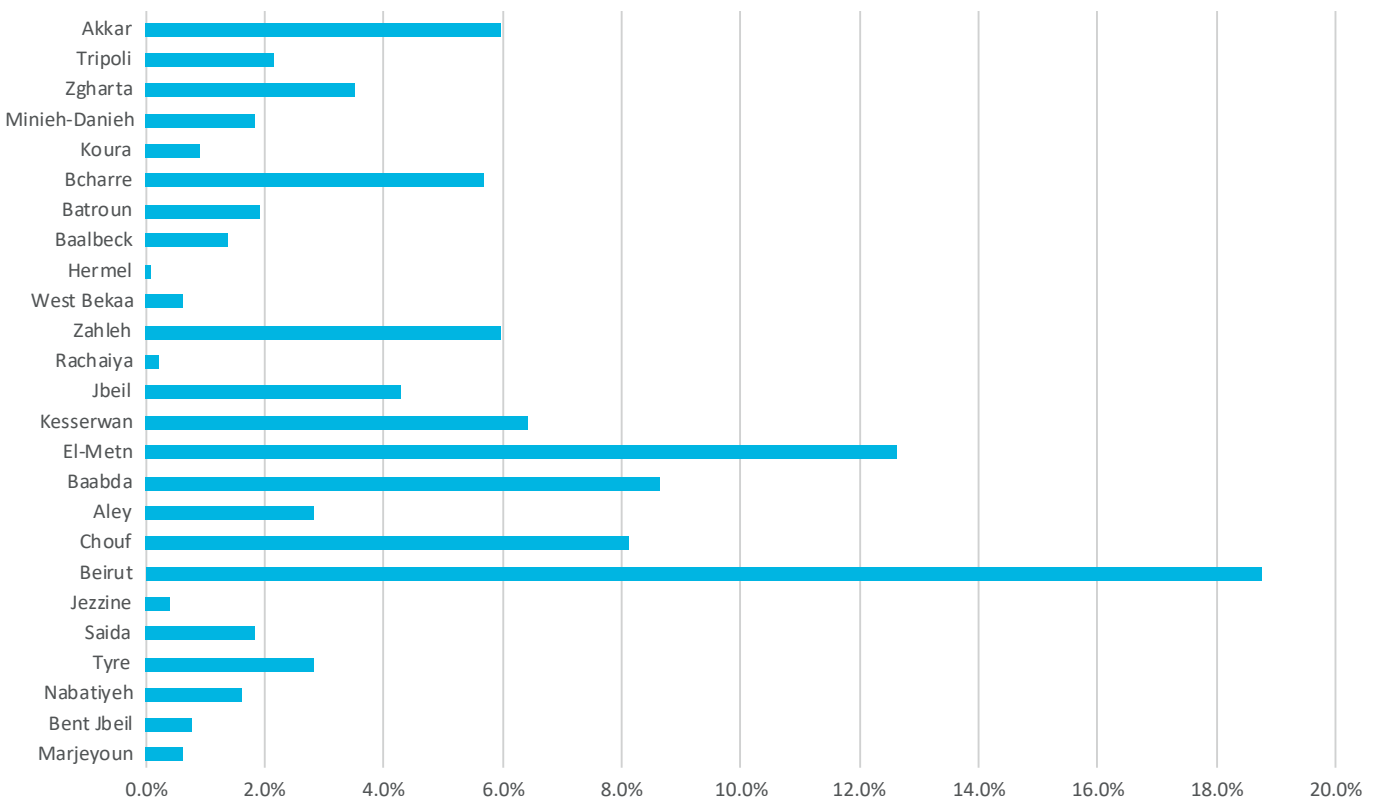


Figure 2: Percentage of confirmed cases by district

Source: <https://www.moph.gov.lb/maps/covid19.php> (4 June 2020)

COVID-19 NATIONAL AND INTERNATIONAL FRAMEWORKS

MEASURES TAKEN BY THE GOVERNMENT OF LEBANON WITH IMPLICATIONS ON LOCAL AUTHORITIES

In Lebanon, the national-level [COVID-19 crisis response](#) is led by the Government of Lebanon, supported by the Ministry of Public Health (MoPH), MoIM, the Ministry of Education and Higher Education, the Ministry of Social Affairs (MoSA) and WHO, together with other key United Nations agencies. It is aimed towards risk mitigation, emergency preparedness, reestablishment and reinforcement of health-care services, expansion of new services, as well as decentralization and empowerment of health district offices, civil defence, and local authorities. Since the declaration of a national state of health emergency on 15 March 2020, successive measures have been adopted and implemented by the Government of Lebanon, with the support of the United Nations, to address the pandemic in the country.

In a [circular](#) dated 19 March 2020, the MoIM called upon governors – each within their scope – to undertake full supervision of the implementation of the decisions issued by the Cabinet Resolution No. (1) dated 15 March 2020¹ and the follow-up with the authorities in charge of implementation.

The circular underlined the importance of coordination between municipalities and the unions of municipalities. It also identified the capacities of developing a response and community mobilization plan. The MoIM requested the unions of municipalities to develop a detailed plan to assist municipalities financially, logistically and with the necessary human resources to form a municipal team (consisting of members of the municipal council, the municipal police, *mukhtars*,² and specialist volunteers from the local community and local associations) for rapid intervention. This municipal team will be trained on community-based intervention measures to limit the spread of the virus, and on how to report possible cases in the event of direct contact.

The circular further encouraged local authorities to establish a municipal operations room to manage the COVID-19 response plan and identify suitable locations for isolation centres. The undertaking of a rapid survey was also instigated, in order to identify the needs of the poorest, in addition to coordinating with the international community.

In addition, the MoIM designated governors, the *qaemmaqam*³ and local authorities (municipalities and unions of municipalities) to fully implement the decisions as outlined in the circular.

To date, the national response operates based on a number of national directives, guidelines, and documents, some of which have direct implications on the actions to be taken by local authorities, these include among others:

- Standard Operating [Procedure](#) for municipalities in the response to COVID-19
- Lebanon [Response](#) to Novel COVID-19 National
- [Guidelines](#) on isolation centres standards for supporting local authorities
- Coronavirus Disease 2019 (COVID-2019) Health Strategic Preparedness and Response [Plan](#)
- Strengthening the role of municipalities in Lebanon in preventing and containing COVID-19: A [roadmap](#)

These plans and guidelines call for strategic coordination, planning and monitoring concerning country-level interventions focusing on the engagement of national authorities to operationalize their preparedness and response. They are composed of awareness materials, precautionary measures, infection prevention and control, capacity-building programmes and coordination mechanisms with relevant parties. They aim at providing the overall country-wide response a framework of coordinated actions specific to the outbreak of COVID-19 that should be implemented at the highest level of coordinated efforts.

It is in this context that UN-Habitat undertook a rapid assessment exercise to assess 34 unions of municipalities, in addition to 5 individual municipalities, and their response to COVID-19, including their capacities and challenges, and to identify the most critical support needed.

UNITED NATIONS LEBANON COORDINATION PILLARS, UN-HABITAT HEADQUARTERS & REGIONAL FRAMEWORKS

The rapid assessment is in line with the broader national Lebanese COVID-19 response adopted by the United Nations and the Government of Lebanon, the global UN-

¹ In a televised statement on 15 March 2020 and after an extraordinary cabinet session, Prime Minister Hassan Diab declared a state of general mobilization until 31 March 2020. He announced a set of additional measures and decisions taken by the government to deal with the emerging health crisis, with the aim of protecting Lebanon and its citizens.

² The Mukhtar Law was written in 1947, with parts being updated in 1997, and requires that the person serving in this office is from the selected town, village or neighbourhood for which he/she is responsible. The *mukhtar* is the representative of the smallest state body at the local level in Lebanon. The latter can have several *mukhtars*, according to its population. As an administrative officer, the *mukhtar* is responsible for some of the official functions established among the people of his/her community, such as registration for national registers, births, deaths and marriages.

³ Representative of the Lebanese state on the district level.

Habitat COVID-19 Response Plan, as well as the UN-Habitat Regional Office for Arab States (ROAS) COVID-19 Urban Response Framework. It also responds to the repeated calls by all stakeholders involved in the COVID-19 national response for updated data, enabling targeted and evidence-based response for the most vulnerable in society.

COVID-19 AND HUMAN SETTLEMENTS IN LEBANON: CHALLENGES AND OPPORTUNITIES

LEBANESE URBAN CONTEXT

Lebanon is close to 90 per cent urban by population (UN DESA Population Division, 2019). The total number of inhabitants is estimated at 6.8 million, which includes approximately 1.5 million displaced Syrians who are mainly concentrated in urban areas, in addition to a sizeable community of Palestinian refugees and refugees from Iraq, Sudan and other countries (UNHCR, 2019; World Bank, 2018a). In line with government policy, no formal refugee camps were established in Lebanon in response to the influx of Syrian refugees.

Around 20 per cent of Syrian refugees live in informal tented settlements (camp-like settings in mainly rural areas), whereas the majority of the remaining 80 per cent live in vulnerable urban, and some rural, settings across Lebanon (UNHCR, UNICEF and WFP, 2019). Over 470,000 Palestine refugees are registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) in Lebanon, with 180,000 estimated for planning purposes to be residing in the country. About 45 per cent of them live in the country's 12 refugee camps, whereas the majority of the remaining population reside in vulnerable urban settings (UNRWA, 2020). Currently, Lebanon hosts the highest proportion of Syrian refugees per capita in the world (UNHCR, 2019). Lebanon is also one of the most densely populated countries in the world, ranking 15th with a density of 669 persons per km² of land area (World Bank, 2018b). The majority of vulnerable Lebanese also reside in urban, densely populated areas in poor conditions.

Nine years into the Syrian refugee crisis, coupled with civil unrest and a political vacuum since October 2019, the ensuing banking and economic crisis, compounded by drastically rising poverty levels, and the COVID-19 crisis and lockdown, the overall situation is severely eroding the little resilience left in communities and local authorities, who are at the front line of this situation. While the LCRP actors focus on those residing in informal tented settlements, the majority of refugees residing in vulnerable and densely populated urban areas, are often not sufficiently targeted. These disadvantaged urban areas also accommodate vulnerable Lebanese. An estimated 1.5 million Lebanese

live below the poverty line, of whom 470,000 are children (United Nations Lebanon, 2020).

In Lebanon, UN-Habitat uses the term vulnerable or disadvantaged urban neighbourhoods/communities to refer to slum-like conditions/densely populated and poor areas – as the term informal (tented) settlements refers to a different type of settlement.

It is in this context that the ability of already vulnerable communities living in the country's poor dense urban neighbourhoods to adequately protect themselves against COVID-19 is being severely challenged, in addition to a continued erosion of their fundamental human right to adequate housing. Due to the complexities that urban agglomerations pose for human development in general, in addition to emergency and post-emergency situations, the COVID-19 pandemic's impact on urban areas will also have specific characteristics. Consequently, they require a tailored area-based approach in order to ensure a comprehensive response, targeting the most vulnerable. The COVID-19 emergency calls for universal precautionary measures, including physical distancing and extensive WaSH measures. In vulnerable and dense urban communities, such as those prevalent in Lebanon, such precautionary measures are not always feasible, due to overcrowding or lack of access to water.


SLUM-LIKE CONDITIONS, HOUSING AND LIVELIHOODS

It is estimated that around 1.8 billion people, or more than 20 per cent of the world's population, lack adequate housing. These figures include around 1 billion people living in informal settlements or slums. In Lebanon, there is no agreed-upon definition of urban slums or informal settlements. In addition, reliable, accurate and comprehensive data on the number of residents of such areas across the country and their living conditions is scarce (UN-Habitat and IsDB, 2020).⁴ Based on data available from multisectoral, multicohort profiles that UN-Habitat and the United Nations Children's Fund (UNICEF) have been undertaking since 2017 in disadvantaged urban neighbourhoods in different parts of the country, these areas are densely populated with poor water and sanitation conditions, inadequate solid waste management, and limited access to and/or awareness about formal health care facilities. In addition, they suffer from a lack of basic services, secure tenure and adequate housing. Urgent preparations are needed to enable residents to stay safe and healthy.

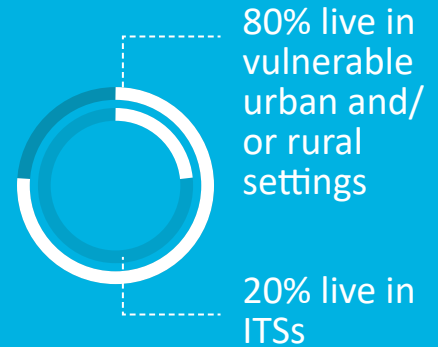
Many communities residing in vulnerable urban neighbourhoods in Lebanon are employed outside the formal sector with unstable incomes and minimal savings. They already have or will likely lose their livelihoods with the shutdown of Lebanese cities, with little chance of social benefits and will be unable to afford water, soap, food

⁴ According to one source (UNSD, 2015), the slum population as a percentage of the urban population in the country is 53.1 per cent and the slum population in urban areas is more than 1.8 million. A study conducted prior to the Syrian refugee crisis estimated that there are around 300,000 residents in the 24 slums identified in Beirut, constituting over 20 per cent of the population of the city (Fawaz and Peillen, 2003).

URBAN LEBANON: FACTS AND FIGURES

 **6.8 Million**
Total estimated population

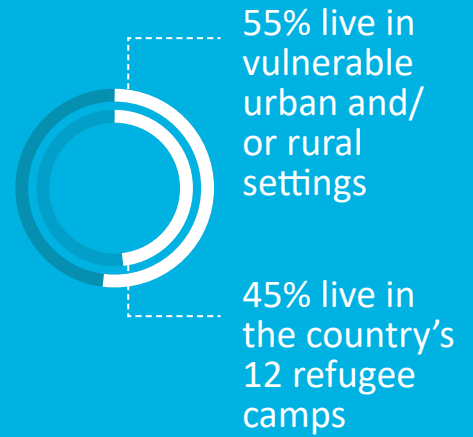
 **1.5 Million**
Total estimated displaced Syrian population



 **90%**
Live in urban settings

 **470,000**
Palestine refugees registered with UNRWA

180,000
residing in Lebanon



“Lebanon is ranked the 15th most densely populated country in the world”

 **669** persons/km² of land area

Around **1.8 Billion** people, more than **20%** of the world's population, lack adequate housing

Around **1 billion** people live in informal settlements or slums

Around **1.5 Million Lebanese** live below the poverty line

470,000 are children 

or medical treatment. Rapid, innovative deployment of income guarantees, basic supplies and a social safety net are essential for communities to carry out the public health measures necessary to fight the spread of COVID-19 in their neighbourhoods. The loss of income from lockdowns and stay-at-home orders threatens the ability of residents in informal settlements to pay for rental housing. The weak tenure security of residents in these areas, coupled with their inability to seek recourse to justice, could lead to increasing eviction risks. In addition, those who are homeless or living in grossly inadequate housing often suffer serious health problems and must be immediately offered safe, adequate shelter that permits social distancing.

Housing is a fundamental human right. It is also central in our battle against COVID-19. Without adequate housing, it is impossible to carry out physical distancing and good hygiene practices. As Leilani Farha, former United Nations Special Rapporteur on the Right to Adequate Housing, said, "Housing has become the frontline defence against the coronavirus. Home has rarely been more of a life or death situation."

The COVID-19 control measures in cities and urban areas and lack of access to outside spaces can have a detrimental effect on residents' mental and physical health. The stressful home-stay environment especially in small and crowded housing in informal settlements, the disruption of social and protective networks, and decreased access to services exacerbate the risk of violence for women and children. Evidence of domestic abuse in Lebanon has already been documented in the context of COVID-19 (NCLW et al., 2020; UN Women, 2020). Absence of basic services, stress and unhealthy living conditions also contribute to poor health.

Immediate, short-term actions should be focused on containing the spread of infection, while longer-term interventions should include a review of the current approaches to housing and land governance in Lebanon. Decisions and measures taken now could significantly shape the success or failure of future, post-disaster recovery.

UN-HABITAT RECOMMENDED MINIMUM EMERGENCY MEASURES

In the short term, UN-Habitat urges national, regional and local governments to, at a minimum, adopt the following emergency measures:

- **Provide temporary emergency accommodation with basic hygiene facilities to all** people without secure housing to allow them to practise social distancing and other necessary public health measures, such as isolation centre and self-isolation. This can be accomplished by

leveraging places such as hotels that are currently empty and repurposing community assets like schools and community centres that are closed.

- The economic impact of COVID-19 is creating income instability particularly for small businesses, low-income and informal workers, and self-employed contractors who are facing indefinite closures, job loss and economic hardship. This could result in rental and mortgage arrears, and the threat of forced eviction. National, regional and local governments should **take immediate measures to secure the right to housing for all**, including through moratoriums on evictions due to rental and mortgage arrears; deferrals of mortgage payments; extension of winter moratoriums on forced evictions of informal settlements and slums; introduction of rental stabilization or reduction measures; suspension of utility costs and surcharges for the duration of the pandemic; and creation of emergency funds to reduce exposure for categories at risk. At the same time, contingency plans to avoid economic challenges for landlords should be taken into consideration.
- Explore options for the **provision of basic needs** to vulnerable communities or neighbourhoods, particularly food and hygiene essentials. Nationally appropriate social protection systems for all can address multiple, often interrelated, causes of homelessness by preventing poverty, easing the burden of certain expenditure during periods of unemployment and contributing to improved health.

OPPORTUNITY TO ADDRESS FUNDAMENTAL RIGHTS AND NEEDS

Although the COVID-19 pandemic is eroding the resilience of even the most developed nations, it offers a unique global opportunity to demonstrate that it is possible to provide adequate housing and land tenure security. It also shows the importance of sustainable housing sectors, urban basic services and of course health infrastructure to strengthen the preparedness of urban areas to respond to such extreme crises.

Cities and local governments around the world can move towards reducing inequalities and poverty levels and providing access to adequate housing, urban basic services and health care as a catalyst for the achievement of other fundamental rights. It is an opportune time for Lebanon, along with ongoing reform, and its three year plan launched in May 2020 (Government of Lebanon, 2020), to address these underlying basic human development needs and rights.



In Lebanon, it is also an opportunity to establish much more. There is a long-standing scarcity of reliable, multisectoral and spatialized urban data in the country. The absence of up-to-date data that can assist the Government of Lebanon and local authorities to identify and respond to those most in need has repeatedly been underlined as a critical challenge in the response to date. There is an opportunity to move ahead with a nation-wide data collection exercise and to set in place the statistical and monitoring systems to maintain it. This creates a critical entry-point to establish a targeted social safety-net basket system for those most in need.

Against this backdrop of data scarcity, UN-Habitat Lebanon is exploring ways to scale up its joint project with UNICEF on neighbourhood profiling.⁵ Generated within an area-based approach, data and maps from the UN-Habitat–UNICEF neighbourhood profiles (published as part of a recently launched [online portal](#)) can to date provide a baseline for 25 disadvantaged neighbourhoods where data collection and processing have been completed.

OVERVIEW OF THE UNIONS OF MUNICIPALITIES' RAPID ASSESSMENT

OBJECTIVE

The objective of the rapid assessments of unions of municipalities was to:

- Identify current response undertaken by local authorities, identify gaps and propose potential solutions through acupuncture projects and fundraising;
- Understand how to better support local authorities and communities as front-line responders;
- Contribute to a broader coordinated response by sharing findings with all concerned actors and leveraging actions by others;
- Identify key urban challenges relating to the response (WaSH, shelter, mobility) and propose mitigating measures in the most vulnerable locations, ensuring the most vulnerable are not left behind.

GEOGRAPHICAL COVERAGE

As of 4 June 2020, 984 out of 1,306 confirmed cases (75.3 per cent) are located in districts where one or more unions of municipalities have been assessed by UN-Habitat (Annex 3).⁶

The rapid assessment was conducted with 34 unions of municipalities and 5 individual municipalities covering 7 governorates: Akkar, North, Baalbeck-Hermel, Bekaa, Mount Lebanon, South and Nabatiyeh. This exercise was discussed and approved by the MoIM and the governors since they were assigned by the MoIM to undertake full supervision of the implementation of the decisions issued by the relevant ministers in support of Cabinet Resolution No. (1) dated 15 March 2020 and follow-up with the authorities in charge of implementation.⁷

METHODOLOGY

Based on an initial remote rapid assessment of 10 unions of municipalities and individual municipalities undertaken by UN-Habitat from 25 to 27 March 2020 across 7 districts (Aley, Beirut, Chouf, Kesserwan, El-Metn, Saida, Tripoli and Tyre), the need to ascertain more details on the status of the response, gaps and needs of local authorities through a rapid in-person field-level assessment was decided. The initial assessment was undertaken through remote meetings with mayors, vice mayors and municipal council members directly involved in the COVID-19 response. This remote assessment identified several needs and requirements expressed by the local authorities. These included rehabilitation or equipping of isolation centre; establishment of coordination mechanisms; and the provision of equipment, including PPE. The need for dissemination of correct public awareness messages and community-based awareness initiatives was also identified as critical, addressing both vulnerable host and refugee communities.

The aim of the subsequent rapid assessment was to ascertain baseline information concerning the COVID-19 response at the level of unions of municipalities and municipalities, in order to establish a comprehensive strategy for COVID-19 interventions in these same areas. Although extensive coordination and communication is taking place at the national level concerning the role, actions and needs of local authorities, this assessment was the first on ground to establish a baseline of needs and gaps.

The rapid assessment was based on a selection of unions of municipalities containing a vulnerable municipalities, in order to cover geographically a large number of cities and

⁵ These are assessments of 31 disadvantaged neighbourhoods in Lebanon, containing multisectoral, multicohort, spatialized assessments of the living conditions of Lebanese and non-Lebanese residents. Profiles cover diverse issues, including data that is directly or indirectly relevant to COVID-19 preparedness and response, such as population (e.g. age, nationality and gender breakdown), health (e.g. percentage of chronically ill and people with disabilities), livelihoods (e.g. average monthly household income, main sources and frequency of income, unemployment and poverty rates), conditions of buildings and housing (e.g. overcrowding, type of shelter, rented versus owned housing, type of rental agreement with landlord, sources of rent payment), basic urban services (e.g. domestic water, wastewater and stormwater network conditions at the street and building levels; solid waste management at the street and household level; and water, sanitation and hygiene practices at the household level), among others. Profiled neighbourhoods were selected from a list of 498 most disadvantaged areas in the country, based on a national identification and ranking exercise.

⁶ In addition, 661 of the confirmed cases (69.3 per cent) are in districts within which UN-Habitat and UNICEF have profiled or plan to profile disadvantaged neighbourhoods.

⁷ See footnote 1.

villages in urban and rural areas experiencing COVID-19 cases. Four field teams (two to three persons) were established – composed of engineers, architects and social development experts. A checklist was developed in line with the the MoIM circular of 19 March 2020 to assist the field teams in the collection of qualitative data in person, and site visits, covering the following areas while ensuring that the needs of the most vulnerable population groups (elderly, children, women, youth, people with disabilities) were taken into consideration throughout the assessment:

- Measures undertaken by unions of municipalities to contain COVID-19.
- Established coordination structures/platforms.
- Main actors that are already contributing/willing to contribute (United Nations, private sector, individuals, non-governmental organizations [NGOs], etc.).
- Intention of local actors to establish isolation centres and the need to conduct a full technical assessment for the selected buildings/sites.
- Assessment of the cleanliness of water sources and site visits to check if any precautionary measures/works are needed.
- Existence of open areas for wastewater disposal and assessment of needed interventions.
- Other emergency needs requested by the unions/ municipalities, including IPC/PPE and general hygiene equipment, supplies, awareness/training, etc.
- Urgent livelihood needs.

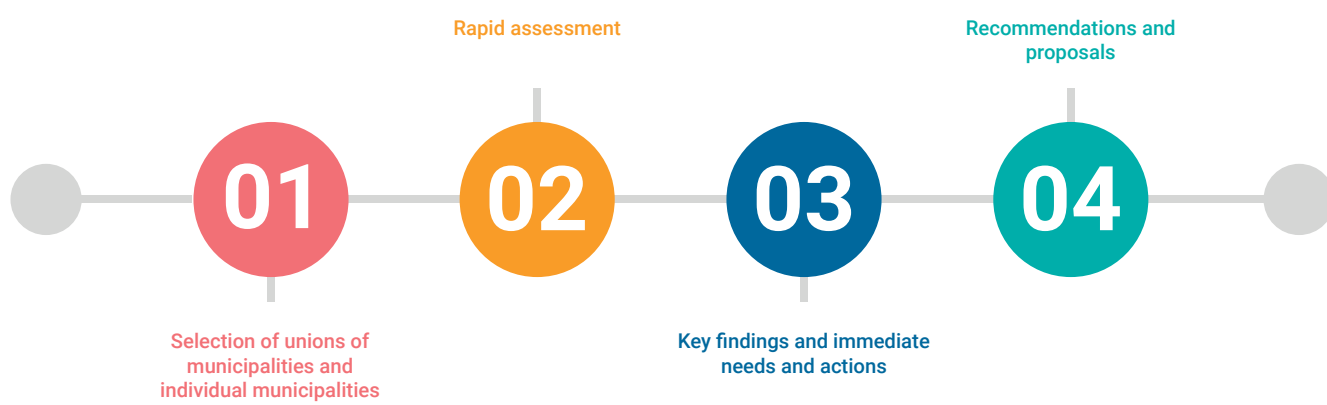


Figure 3: Rapid assessment methodology timeline

KEY FINDINGS

GENERAL INFORMATION

- The findings of the rapid assessment indicated many commonalities among municipalities and unions of municipalities in terms of the applied actions and practices, gaps and challenges to contain/respond to COVID-19. Most of the unions are leading the response in full coordination with their enrolled municipalities, relying fully on actions being undertaken at the level of the Governor's Office or individual municipalities. Unions of municipalities that have a single political affiliation proved to be more active due to the in-kind, human and/or financial support provided by those parties.
- The rapid assessment recognized the full engagement and the leading role unions of municipalities are playing to respond to COVID-19, irrespective of their size, **experience and limited human and financial resources**. Unions of municipalities that have similar crisis-related experience – through engaging in the Syrian refugee crisis response – were able to react and cope faster with the COVID-19 precautionary measures. The rapid assessment was welcomed by most. However, there was scepticism about any tangible result or support following completion.

MEASURES UNDERTAKEN BY UNIONS OF MUNICIPALITIES TO CONTAIN COVID-19

- All assessed unions and municipalities are either partly or fully engaged in the COVID-19 response. Some initiated preventative measures prior to enforcement at the national level. UN-Habitat noted a full compliance by the unions to the implementation of the requested measures to contain COVID-19. However, it was obvious that due to **lack of expertise and of sufficient human and financial resources**, the implementation of those measures is at times ineffective and costly.
- With respect to the reporting of or follow-up on suspected cases, municipalities and unions of municipalities, in coordination with security forces, are following the directives and instructions channelled through the Disaster Risk Management (DRM) Unit at the Prime Minister's Office or the MoPH. Municipalities are notified through the DRM Unit of any suspected case that should be isolated within their boundaries. The cases are followed upon on a daily basis, ensuring full compliance with the necessary isolation measures. In many cases, municipalities and unions of municipalities are providing meals and errand support to individuals in confinement. In addition, municipalities – through their police, the ISF and the Lebanese Armed Forces – are ensuring that lockdown directives are fully applied by individuals as well as shops and other businesses. For

this, UN-Habitat identified different means and methods that were used by municipalities to communicate COVID-19-related messages and enforce the implementation of instructions. While some municipalities relied on traditional communication means (through mobile speakers and religious places), others have invented more innovative methods using mobile apps and social media.

- Concerning precautionary hygiene measures, UN-Habitat observed that most of the municipalities and unions of municipalities, **due to lack of experience, are applying haphazard approaches, which involve overwhelming efforts and spending**. Examples include the spraying of disinfection and sterilizing materials in open public spaces without proper guidance on the type of sanitizers to be used, frequency of disinfection, efficiency of used method, etc. Realizing the high cost and low impact of spraying in open spaces, many municipalities have limited that to indoor public facilities or near the shops attended daily by inhabitants (groceries, butcher shops, pharmacies, etc.). All mayors complained about the high cost of gloves and masks used on a daily basis by municipal workers, police and volunteers. The daily consumption of PPE in some municipalities is over 1,000.
- A few inland unions of municipalities have limited the entry of "foreigners" to their areas by closing secondary roads and fixing checkpoints on main entry points operated by volunteers who mainly check body temperature for those entering the area, disinfect all goods transported into the villages, and prohibit the entry of Syrian refugees seeking safe places.



COORDINATION AND COLLABORATION FRAMEWORKS

- Coordination structures are put in place in all assessed municipalities and unions of municipalities. While unions participate in a “crisis cell” created at the governorate level, including representatives from different ministries and security forces, “emergency committees” are being created at the municipal level involving *mukhtars*, local NGOs, and community volunteers. The enrolment of large numbers of youth volunteers in emergency committees was highly appreciated by mayors.
- According to several mayors, the engagement of different ministries and security forces in the implementation of COVID-19 measures is weak and invisible **due to the lack of human and financial resources**. Mayors have indicated that in some instances, subnational government entities requested masks and gloves and to disinfect their premises. Mayors stressed on the absent role of MoSA that was expected to be played through Social Development Centres (SDCs).⁸ In addition, mayors commented on **the visible absence of the United Nations and other aid agencies since the COVID-19 outbreak**. “We haven’t seen any of the UN or international agencies approaching us in this critical time”, said one of the mayors. He added: “Aren’t they supposed to be present and provide support when crises emerge?”
- Mayors noted that some hygiene kits and protection materials were distributed by UNICEF and the Office of the United Nations High Commissioner for Refugees (UNHCR) to Syrian refugees residing in informal tented settlements or collective shelters. In addition, UNHCR and UNRWA confirmed their commitment to deal with any potential COVID-19 cases among Syrian or Palestine refugees living in camps or collective shelters. They also relayed their willingness to identify/establish isolation centres within unions of municipalities that host large numbers of refugees.
- Unions of municipalities recognize the critical role played by the Lebanese Red Cross that offers technical and logistical support to all municipalities. In many unions of municipalities, the Islamic Health Society has been providing transport of suspected cases to hospitals as well as training to local volunteers to properly apply COVID-19 measures.
- The lockdown has resulted in **severe socioeconomic conditions at the level of poor families**. As a result, municipalities and unions of municipalities are providing food assistance, which is consuming substantial funds secured either from the municipal budget or through cash or in-kind donations offered by community members.

ISOLATION CENTRES

- At the time of the assessment and based on the request from MoIM, most unions of municipalities were already engaged in identifying different locations to be used as isolation centres (see the map on p. 20 and Annex 4 for details). However, UN-Habitat noticed that at the time, **this task, which is coordinated with the DRM Unit and the Lebanese Armed Forces, still lacked clear guidance and procedures at the level of municipalities**.
- While many municipalities proceeded with the assessment of available buildings, a few had initiated refurbishments from their budget (Tyre, Nabatiyeh, Iqlim El Touffah, etc.). A few municipalities (Baalbeck, Nabatiyeh) have started to host suspected cases, including those coming from abroad, in prepared isolation centres. The types of identified buildings include hotels, motels, student dormitories, non-operational medical centres, etc. The applied criterion by mayors was onefold: each room should include a separate bathroom. Hotels and motels requested either lump-sum monthly amounts to lease the whole place, or a daily fee per room. **Both rates are considered high and cannot be covered by municipalities**.
- There is an **absence of understanding about the financial feasibility of isolation centres**. While some of the proposed venues can host over 20 cases, others had limited capacity of up to 5. Several unions of municipalities have identified five to six locations to be used as potential isolation centres, despite no positive caseload at the date of assessment.
- There was an **absence of clarity on who and how those isolation centres will be operated**, including financial, human resource and other costs and procedures. Most municipalities and unions of municipalities lack the human and financial resources as well as the expertise in managing such facilities.
- In unions of municipalities where isolation centres already host suspected cases, municipalities, in coordination with concerned families, and relying on their minimum resources, secure meals and other personal necessities, in addition to collecting waste on a daily basis. Workers who serve suspected cases apply maximum precautionary measures, including the use of PPE, which again represents another burden on municipal budgets.
- With respect to Syrian and Palestine refugees, mayors were firm that available isolation centres will only host Lebanese people. They consider that it is the responsibility of UNHCR and UNRWA to secure relevant isolation spaces for refugees. Based on information shared, a general observation was made that insufficient action is being undertaken by the United Nations.

⁸ Affiliated to MoSA, SDCs provide social services and some primary health-care services for the benefit and development of local communities.

WATER AND SANITATION

- Lebanon suffers from a widespread lack of adequate basic services: water, electricity, wastewater and solid waste management. The rapid assessment involved a WaSH component, which aimed to better understand the existing gaps at the level of water supply, wastewater, stormwater and solid waste management, and to identify the possible consequences should COVID-19 be transmitted through service networks. UN-Habitat gathered information on the access of households, mainly vulnerable populations, to clean water, as a main element in the protection against COVID-19. The rapid assessment also looked into how wastewater, stormwater and solid waste are being managed, mainly when it comes to medical waste, including large quantities resulting from disposed gloves and masks.
- The majority of municipalities and unions of municipalities **have not sufficiently taken into consideration WaSH as an integral element of the COVID-19 response**. While access to water is reportedly secured for a large number of households, it is not necessarily clean. The management of wastewater and solid waste represents a major long-standing problem that needs actions and interventions beyond municipal capacity.
- Access by households to water was noted as acceptable. Mayors recommended that UN-Habitat consult with Water Establishments (WEs) that are mandated to oversee water resources and ensure good quality. **Several unions of municipalities strongly recommended the establishment of water stations within vulnerable neighbourhoods**, thereby helping poor families reduce monthly costs spent to purchase clean water. Others proposed to support WEs in installing water filters to enhance the quality of supplied water. In two unions of municipalities, mayors indicated the need to supply and install electrical stations that will improve pumping the supply of water to households.
- Wastewater management is complex. In Lebanon, only 8 per cent of wastewater is adequately treated, while wastewater network coverage is 60 per cent. Households not connected to wastewater networks often use cesspits and septic tanks, which provide minimal reduction in risk of raw sewage leaching directly into the environment and contaminating groundwater resources (Government of Lebanon and United Nations, 2020). **Some mayors were unaware of the potential risk of COVID-19 transmission through wastewater**. They confirmed massive challenges and gaps in the wastewater treatment and reported that they require the support of the central government to plan and implement viable treatment plants. In Sahel El Zahrani, the mayor indicated that it will be good to assess a pilot project that was implemented in Adloun, where a local treatment station was installed with a capacity to cover 100 households.
- Concerning the **management of medical waste and the increased volume of solid waste resulting from the**

wide use of gloves and masks, mayors had no concrete answers. Several larger unions have solid waste collected through companies, others use a common dumping site, while a few of them rely on municipalities to deal with solid waste collection and treatment individually. Mayors mentioned that medical waste is being collected by Arc en Ciel, a Lebanese NGO. In Tyre, the mayor informed the UN-Habitat team about the autoclave that was installed by the United Nations Development Programme (UNDP) within Abbassiyeh municipal land, and which could be a solution to treat medical waste.

LIVELIHOODS

- This assessment was conducted at a time when the country is suffering from a severe socioeconomic crisis that predated the October 2019 civil unrest. It became more acute following the political vacuum that ensued after the resignation of Prime Minister Saad Hariri on 29 October 2019, further economic stagnation and most recently with the lockdown measures implemented to contain COVID-19.
- During the rapid assessment, **mayors expressed the urgent need to provide poor families with either cash or in-kind support**. Food rations and other basic assistance have been provided by municipalities even prior to the assessment. While peri-urban municipalities proposed to promote urban farming as a means to ensure a healthy nutrition basket to the poorest families and reduce monthly expenditures on vegetables, other municipalities aimed to encourage local production of precautionary items needed to respond to COVID-19.
- Some municipalities and unions of municipalities **requested financial support to initiate income-generating activities that respond to COVID-19 implications on municipalities** and on vulnerable populations, and at the same time provide job opportunities mainly to women and youth. This involved production of masks through local sewing workshops, equipping local factories to produce disinfection materials needed by municipalities, and equipping a central kitchen to provide meals to confined persons and to families in need.

AFFORDABLE HOUSING AND SHELTER

The absence of adequate and affordable housing and shelter options in Lebanon, for both vulnerable Lebanese and refugee communities, was also identified as a key impediment or challenge in responding to COVID-19. This concern was mainly linked to the risk of virus spread where housing units and shelters are overcrowded with poor sanitation, and there is no way to isolate suspected cases or isolate those infected. Some local authorities identified temporary shelter for suspected cases within poor families to prevent the spread of the virus.

RISING TENSIONS AND VIOLENCE

Even before the COVID-19 crisis, the unprecedented economic downfall that the country has been experiencing had already led to the shutdown of numerous businesses and the loss of tens of thousands of jobs. The COVID-19 lockdown has exacerbated the situation (UN OCHA, 2020). Even with the adopted curfew, the country witnessed protests by youth groups complaining about the lack of jobs and requesting employers to hire Lebanese youth instead of refugees. **Anecdotal evidence and testimonies from mayors, report feelings of competition and tensions between host and refugee populations**, which predate the pandemic and the October 2019 civil unrest, but are now compounded with a sense of fear related to the spread of COVID-19. In many areas with existing informal tented settlements, 24/24 curfews have been enforced, disallowing refugees to leave.

AWARENESS

- Raising public awareness on COVID-19 is a key task undertaken by municipalities and unions of municipalities across the country. Awareness involves two levels: residents and shop owners. With respect to residents, awareness included the distribution of messages on precautionary measures with a focus on proper handwashing practices and the importance of the use of gloves and masks. Information and messages urged residents to report suspected COVID-19 cases in order to minimize the spread.
- At the level of the shops, awareness messages addressed the safety measures shop owners should apply to ensure social distancing, proper disinfection, and the use of gloves and masks by workers and clients.
- Several unions of municipalities applied non-traditional means to convey messages to the people. In addition to the distribution of leaflets and brochures, they created WhatsApp groups and used social media and websites. The use of mobile speakers and announcements through religious places is widespread.
- Awareness has been carried out by municipal police and a large number of volunteers who are engaged in the response. However, UN-Habitat noticed that many of the shared messages were not accurate, especially when it comes to the application of sterilizing materials. Mayors confirmed the need to develop the capacities of local volunteers and municipal police.

IMMEDIATE NEEDS

Immediate identified needs include:

Protection supplies and materials:

There is an urgent need to supply all unions and municipalities with PPE, mainly gloves, masks, protection clothes, and disinfection materials and equipment. Those items have been consuming lots of funds from the already strained municipal budget.

Isolation centres:

The creation of isolation centres should be further discussed with mayors to ensure that proposed premises are consistent with WHO-DRM Unit guidelines and that the proper operations and management of centres are ensured. A few well-planned venues that require rehabilitation and equipment could be immediately supported (Jabal El Rihane, Tyre).

Water:

There is a dire need to supply/install handwashing stations mainly in localities where vulnerable population groups are settled. This will help such populations access clean water and ensure adequate hygiene practices in public spaces, mainly in market areas. In addition, power stations are required in three unions of municipalities (Charq Zahleh, El Iqlim El Janoubi, Southern Suburbs) to increase the timespan of water supply. Other water interventions were raised by mayors, yet at the medium and long-term levels (see next page).

Wastewater:

The scope of interventions in this sector is extensive, requiring substantial investments at the medium and long term.

Solid waste:

There is a need to build the immediate technical capacity of municipalities on means of treating medical waste and the disposal of gloves and masks. This might be done through activating the central autoclaves that exist in the different governorates as well as providing municipalities with bins designed specifically for medical waste. Agreements with local NGOs that have the required expertise could be promoted.

Income-generating activities:

Some municipalities requested financial support to implement COVID-19-related income-generating activities. In Nabatiyeh, three small pilot projects are ready to be supported: (i) mask production workshop run by women; (ii) manufacturing of locally made safe disinfection and sterilizing materials to be used by



municipalities; and (iii) creation of a community kitchen run by women to secure meals to persons in confinement and to poor families. In Baalbeck, home gardening is proposed to help poor families secure a substantial portion of vegetables consumption.

Provision of social support:

This was stressed by all mayors due to the difficult socioeconomic situation. Many municipalities have been providing food rations to a large number of poor families.

Awareness:

Messages and guidance notes should be reviewed, adjusted and mainstreamed to ensure adequate behaviour applied by the public. In addition, a capacity-building programme should be developed and implemented in all municipalities on appropriate awareness messaging to be applied by front-line actors.



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MEDIUM TO LONG-TERM NEEDS

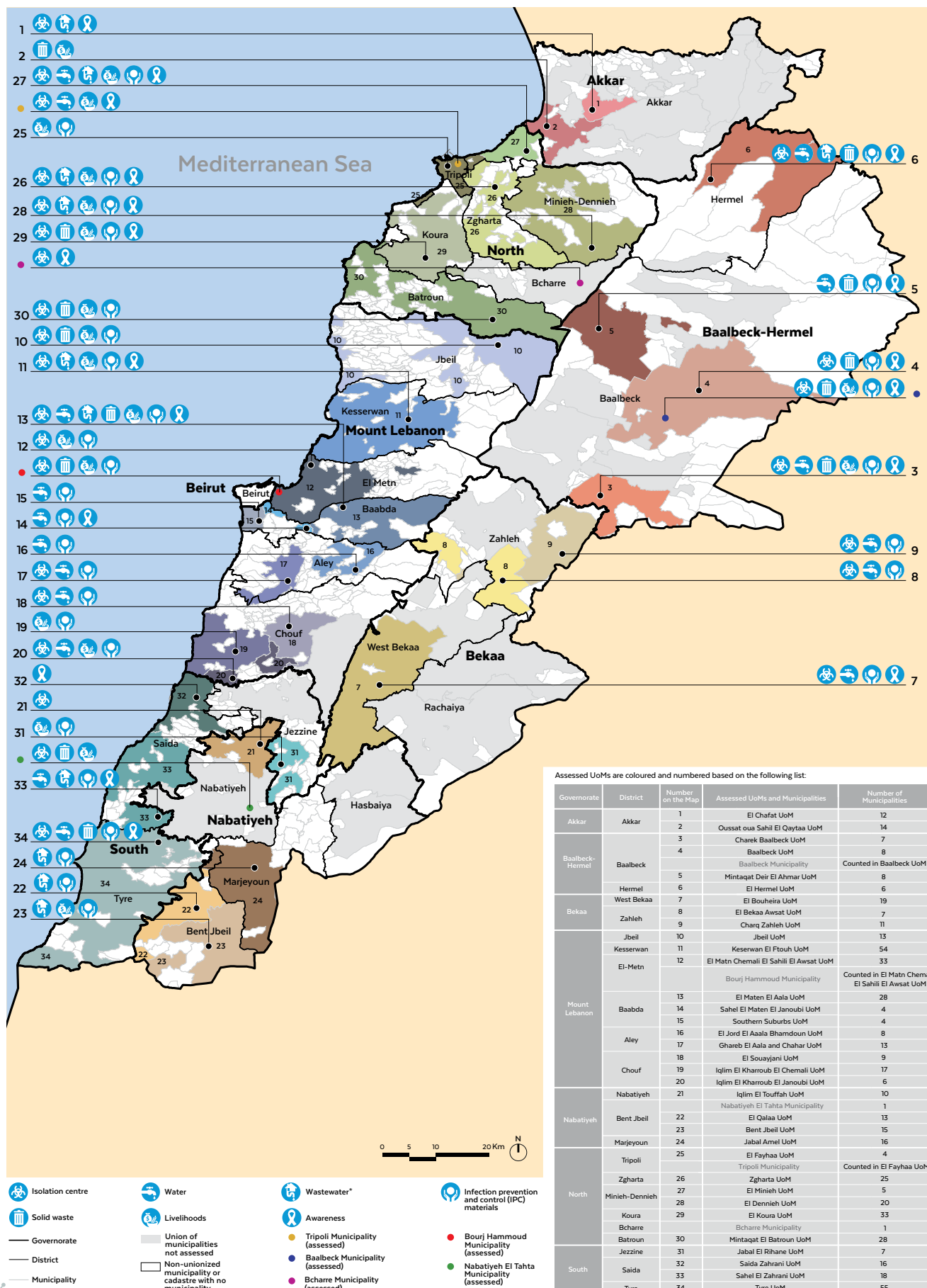
Although the assessment focused largely on immediate and medium-term needs, a number of long-term needs were identified to enhance the resilience of predominantly poor urban neighbourhoods to protect themselves and respond to future similar emergencies.

These include interventions focusing on:

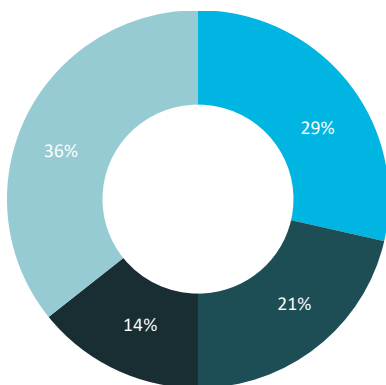
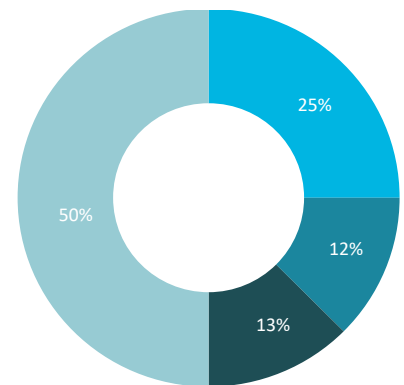
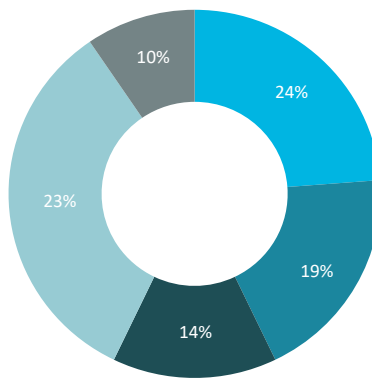
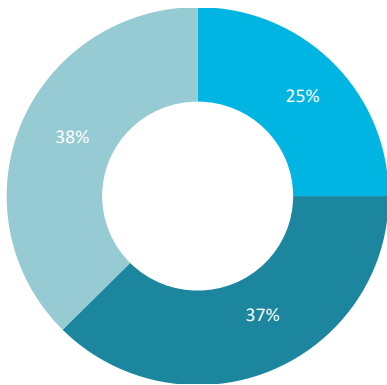
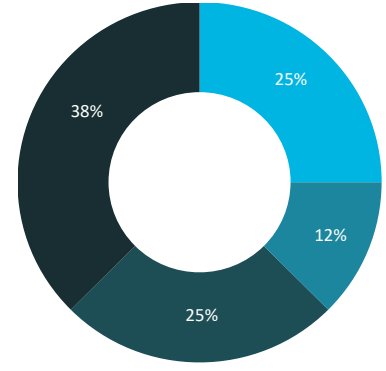
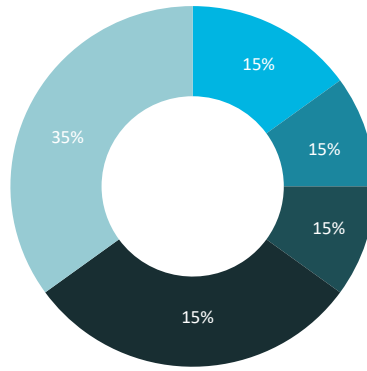
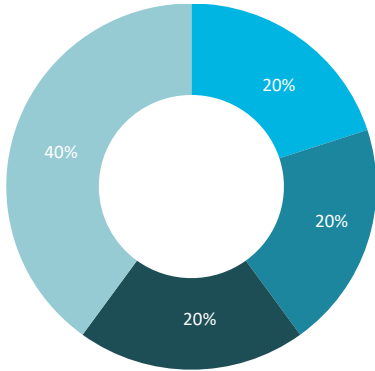
- **Urban basic services**, including WaSH needs as identified by local authorities, such as extensive upgrading of water networks, supply of water filters to main water sources, use of water wells, cleaning of water springs, etc. These medium and long-term interventions will require thorough discussions and collaboration with WEs.
- **Wastewater**, including provision of trucks and other machinery, extension of networks to cover newly built-up areas, establishment of treatment plants, etc.
- **Solid waste management and disposal**, including machinery, dumping sites, autoclaves to manage medical waste, etc; and
- **Affordable housing and shelter** approached from a national policy development perspective and complemented at the local level – a concept and practice largely unfamiliar in Lebanon.







Many of these medium and long-term interventions can be planned adequately and properly if reliable, multisectoral and spatialized urban data is available. Hence, there is a need to strengthen and build the capacities of state institutions – along with non-state actors – to collect, monitor and analyse such data in a timely and effective manner. Such data will also help guide and target short-term interventions, related to COVID-19 but also compounded by the socioeconomic crisis ongoing in the country, to meet the needs of the most vulnerable population.

MAP OF UNIONS OF MUNICIPALITIES AND MUNICIPALITIES ASSESSED AND NEEDS BY SECTOR



UNIONS' PRIORITIES PER GOVERNORATE (%)



-  Isolation centres
-  Water
-  Infection prevention and control materials and awareness
-  Solid waste
-  Livelihoods
-  Supply of equipment and machines

Wastewater projects were excluded as they are long-term and require further detailed assessment.

RECOMMENDATIONS AND CONCLUSIONS

While COVID-19 response activities and support to municipalities are ongoing, it is clear that there is an urgent need for coordinated, systematic and efficient approaches to be adopted by different stakeholders, aid agencies, subnational and local governments, to ensure the most vulnerable municipalities and communities receive the support they need.

Immediate recommendations correspond to the key findings as follows:

- Quick solutions ensuring sufficient supply and **access to clean water and sanitation for vulnerable host and refugee populations**. This may involve the supply and installation of handwashing stations, distribution of hygiene materials, raising public awareness on hygiene, etc., targeting the most disadvantaged communities.
- **COVID-19-related income-generating projects** should be promoted and implemented. Such projects will provide temporary jobs to vulnerable population groups (women, refugees, youth, etc.) and can contribute to social cohesion between host and refugee populations in the poorest neighbourhoods. Projects may involve the production of locally made masks, disinfection and sterilizing materials, and other small business enterprises.
- While no substantial transfers of funds from the central government to municipalities are expected in the short run, **support in the form of direct assistance** through the provision of IPC materials and supplies, along with capacity building, **could empower and build the capacities of municipalities and local volunteers to adequately implement MoIM and MoPH COVID-19 directives**, ensuring that precautionary measures are well adopted and respected by the community at all levels.
- **Urban farming projects** could be promoted and implemented in the most vulnerable communities with the aim of reducing the monthly food expenses of. This can also contribute to **enhancing food security and to reducing tensions among different community groups**.
- While **isolation centres for responding to immediate segregation needs** are critical in overcrowded settings with inadequate water, sanitation and hygiene (WaSH) facilities, in the long run, **the issue of poor housing and weak sanitation needs to be addressed** to avoid a potentially seriously exacerbated situation should COVID-19 caseload increase.
- **Area-based multisectoral and multidimensional interventions and projects** at the unions of municipalities'

level should be jointly developed for immediate implementation. They include COVID-19 health-related interventions, such as the refurbishment of isolation centres and improvement of water and sanitation conditions, yet including livelihood components in addition to local skills development. This will also involve advising on and supporting municipalities in COVID-19 waste disposal and management. Such immediate projects, and especially medium and long-term ones, can be planned properly if **reliable, multisectoral and spatialized urban data** is available. Hence, there is a need to strengthen and build the capacities of state institutions – along with non-state actors – to collect, monitor and analyse such data in a timely and effective manner to provide an evidence base for coordination and programming to target the needs of the most vulnerable populations.



ANNEXES

ANNEX 1: COVID-19 FIELD RAPID ASSESSMENT CHECKLIST

The rapid assessment will involve qualitative data gathered based on a set of interviews and review of available reports and materials. Interviews should be held in the form of a discussion and not structured Q&As. The below points will help in guiding the discussion where relevant.

General information

- Estimated number of population residing within the union
- Number of Syrian or other refugees – locations?
- Number of poor Lebanese, elderly, widowed women, persons with chronic diseases – existing statistics, locations?
- Number of confirmed COVID-19 cases? Number admitted to hospital/s? Location? Number of cases subject to isolation centre? Location(s)? Gender? Age? Vulnerability?
- Most overcrowded/densely populated parts of the union? Availability of informal tented settlements/collective sites/ Palestinian gatherings within the union
- Availability and capacity of health facilities within the union

Measures undertaken by the union/municipality to contain COVID-19

- Has the union/municipality or other institution undertaken a COVID-19 assessment? When? Report?
- Do(es) the union/municipality provide regular data to the MoIM/other state actors? How frequently? To which platforms? What questionnaire(s) do they fill out?
- Union's and municipal capacities to implement government and MoIM decisions? Gaps and challenges?
- List actions and activities undertaken by municipalities to implement the decisions. Gaps and challenges?
- Availability of sufficient financial and human resources? Equipment? Supplies?
- Existing union/municipal response plan(s).
- Impact of the current lockdown on population, mainly vulnerable groups? Measures taken to support? Challenges?

Coordination and collaboration frameworks

- Existing coordination structure(s)? Which level(s) (governor, MoPH, MoIM, etc.)
- Frequency of meetings? Locations? Implementation of decisions?
- Collaboration with United Nations or international agencies, NGOs? What, Who? Where and when?
- Focal persons leading/attending the coordination meetings and liaising with agencies/NGOs.
- Gaps and challenges?

Coordination and collaboration frameworks

- Existing coordination structure(s)? Which level(s) (governor, MoPH, MoIM, etc.)
- Frequency of meetings? Locations? Implementation of decisions?
- Collaboration with United Nations or international agencies, NGOs? What, Who? Where and when?
- Focal persons leading/attending the coordination meetings and liaising with agencies/NGOs.
- Gaps and challenges?

Need for a local isolation centre

- Intention of the union/municipality to establish isolation centres for COVID-19 suspected/mild cases?
- Availability of the location(s)? Capacity? Previous usage? Ownership?
- The need to refurbish/equip the location(s)? Availability of funds? Need for technical assessment?

Water and sanitation

- Source of water supply into the houses? Areas lacking water? Secondary sources? Cleanliness? Responsibility? Gaps and challenges?
- Sewage network coverage, wastewater disposal/management? Safety? Responsibility? Gaps and challenges?
- Solid waste management? Communal collection systems, medical waste consideration? Are they separating them from regular waste? Existing nearby treatment facilities? Any open burning, open dumping noticed during COVID-19? Gaps and challenges?

Awareness

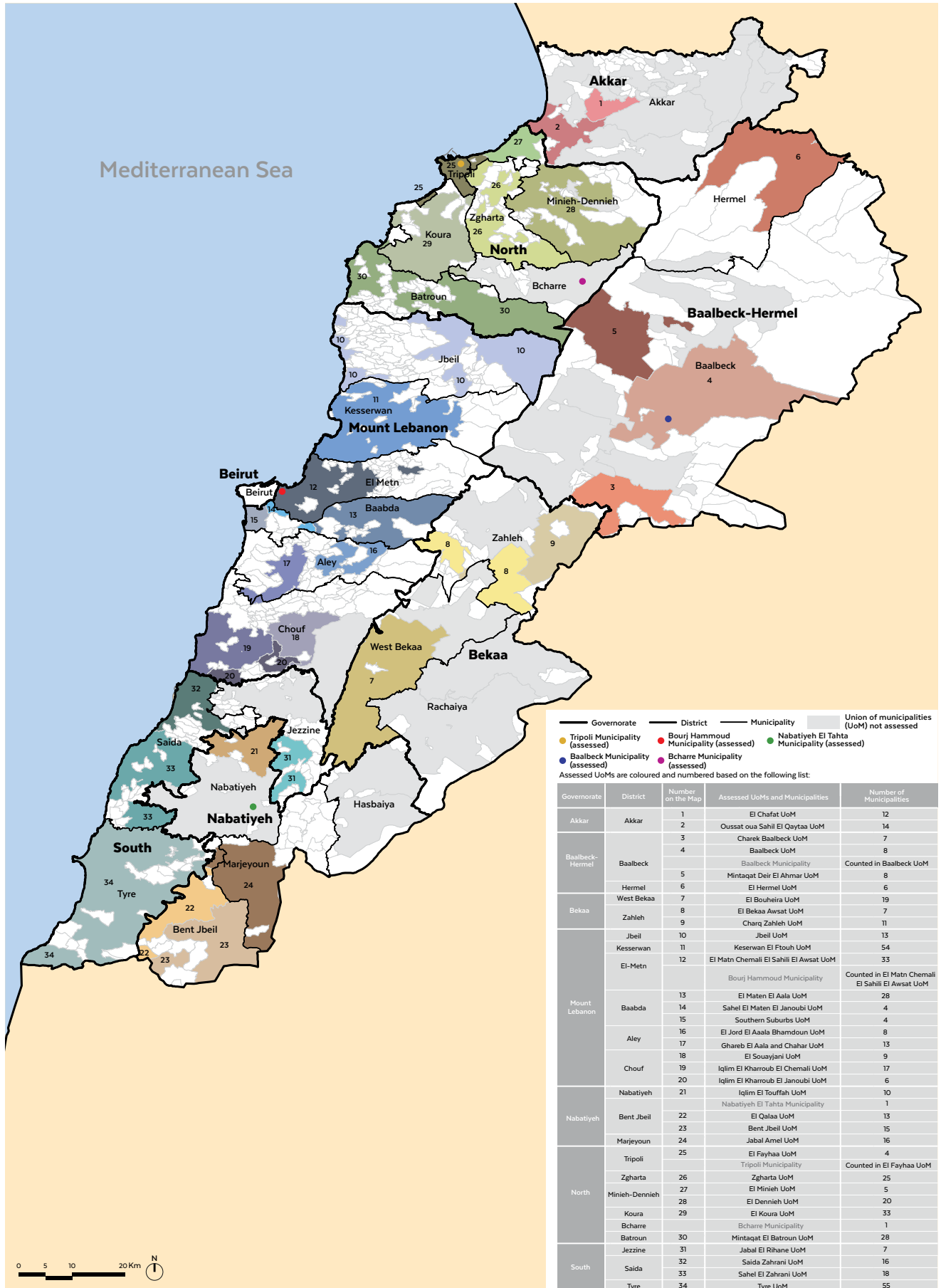
- Is there general awareness on how to protect against COVID-19? Gaps? Any particular groups? Any needs to focus on more? If so, where?
- Availability of communal handwashing stations? Need? Where?

Urgent needs

- Main challenges? Human resources, number and capacities? Equipment, supplies and materials? Technical support? Financial needs? Shelter needs/support? Data/evidence-generation needs?



ANNEX 2: MAP AND LIST OF UNIONS OF MUNICIPALITIES AND INDIVIDUAL MUNICIPALITIES ASSESSED



ANNEX 3: LOCATIONS (BY DISTRICT) OF CONFIRMED COVID-19 CASES VIS-À-VIS THOSE OF UN-HABITAT UNIONS OF MUNICIPALITIES' ASSESSMENTS AND UN-HABITAT–UNICEF PROFILED OR TO-BE-PROFILED NEIGHBOURHOODS (AS OF 4 JUNE 2020)

Governorate	District	No. of Confirmed Cases	No. of UoMs Assessed	Neighbourhoods Profiled/ To-be-profiled by UN-Habitat–UNICEF
Akkar	Akkar	78	2	1
North	Tripoli	28	1	4
	Zgharta	46	1	1
	Minieh-Danieh	24	2	1
	Koura	12	1	0
	Bcharre	74	0	0
	Batroun	25	1	0
Baalbeck-Hermel	Baalbeck	18	3	3
	Hermel	1	1	0
Bekaa	West Bekaa	8	1	1
	Zahleh	78	2	4
	Rachaiya	3	0	0
Mount Lebanon	Jbeil	56	1	0
	Kesserwan	84	1	1
	El-Metn	165	1	3
	Baabda	113	3	0
	Aley	37	2	0
	Chouf	106	3	4
South	Jezzine	5	1	0
	Saida	24	2	1
	Tyre	37	1	2
Nabatiyeh	Nabatiyeh	21	1	0
	Bent Jbeil	10	2	0
	Marjeyoun	8	1	0
Total		1306	34	31*

* The 31st neighbourhood is to be determined.

UN-Habitat has also assessed five individual municipalities in the districts of Baalbeck, Bcharre, El-Metn, Nabatiyeh and Tripoli.

Source: <https://www.moph.gov.lb/maps/covid19.php> (4 June 2020)

ANNEX 4: DETAILED NEEDS PER UNIONS OF MUNICIPALITIES ASSESSED

Akkar Governorate: While El Chafat Union of Municipalities was interested in sharing their needs to respond to COVID-19, the mayor of Oussat oua Sahil El Qaytaa was very sceptical about any future assistance and he was more keen to discuss needs not directly related to COVID-19.

Governorate	District	Union of Municipalities	Isolation Centres	Water	Solid Waste	Livelihoods	Infection Prevention and Control Materials and Awareness	Supply of Equipment and Machines
AKKAR	Akkar	El Chafat	Furnish and equip an existing private building	Implement potable water networks and irrigation water canals for the most disadvantaged neighbourhoods			Provide life-saving protection kits and training of trainers (ToT) to front-line COVID-19 crisis responders	Train youth volunteers and municipal police
		Oussat oua Sahil El Qaytaa			Provide a solid waste collection truck		Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	

North Governorate: As many districts within the North Lebanon Governorate had many confirmed COVID-19 cases, the common main request raised by mayors was the refurbishment of isolation centres in addition to the dire need for protection materials.

Governorate	District	Union of Municipalities	Isolation Centres	Water	Solid Waste	Livelihoods	Infection Prevention and Control Materials and Awareness	Supply of Equipment and Machines	
NORTH	Minieh-Dennieh	El Minieh					Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders		
		El Dennieh		Provide a water network for schools			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders		
	Tripoli	Municipality of Tripoli					Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders		
		El Fayhaa	Equip an hotel to be used as an isolation centre	Implement hand washing stations			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders		
	Koura	Koura	Provide equipment for the isolation centre				Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders		
		Bcharre	Municipality of Bcharre	Refurbish and equip an isolation centre		Implement a solid waste sorting and composting facility		Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
	Batroun	Batroun	Rental fees for the isolation centre		Capacity support and funding of a solid waste treatment plant			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
			Hospital equipment (separate entrance for the COVID-19 department)						

Baalbeck-Hermel Governorate: While the unions of Baalbeck and Charek Baalbeck have similar immediate priorities, Mintaqat Deir el Ahmar is focusing on long-term resilient agricultural projects that ensure fixed income to families. In El Hermel Union of Municipalities, the proposed projects focused on medium to long-term measures.

Governorate	District	Union of Municipalities	Isolation Centres	Water	Solid Waste	Livelihoods	Infection Prevention and Control Materials and Awareness	Supply of Equipment and Machines
BAALBECK-HERMEL	Baalbeck	Baalbeck	Refurbish and equip Baalbeck quarantine centre			Support edible-landscaping for food security	Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
		Deir El Ahmar		Construct water collection ponds to feed farmlands with irrigation water		Start up sewing factory to produce masks	Providing life-saving protection kits and ToT to front-line COVID-19 crisis responders	
	Hermel	El Hermel	Refurbish and equip El Hermel isolation centre			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	Provide protection supplies and disinfection materials	

Bekaa Governorate: At the time of the assessment, the number of confirmed COVID-19 cases in the Bekaa were zero. This explains the lack of interest shown by mayors when discussing challenges and needs. However, informed by the crisis cell at the governorate level, mayors were obliged to implement instructions channelled through MoIM and the DRM Unit.

Governorate	District	Union of Municipalities	Isolation Centres	Water	Solid Waste	Livelihoods	Infection Prevention and Control Materials and Awareness	Supply of Equipment and Machines
BEKAA	West Bekaa	El Bouheira	Equip two isolation centres in Qaraoun	Implement handwashing stations			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
	Zahleh	El Bekaa Awsat	Equip a handicap accessible community centre	Implement handwashing stations			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
		Charq Zahleh			Implement handwashing stations			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders

Mount Lebanon Governorate: Most of the unions of municipalities in northern Mount Lebanon are excluded from United Nations and international agencies' support as they are considered the least vulnerable compared to others. However, mayors highlighted the following priority needs.

Governorate	District	Union of Municipalities	Isolation Centres	Water	Solid Waste	Livelihoods	Infection Prevention and Control Materials and Awareness	Supply of Equipment and Machines
MOUNT LEBANON	Jbeil	Jbeil			Support a recycling treatment plant extension		Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
	El-Metn	Municipality of Bourj Hammoud			Provide unified bin liners for waste in households		Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
	Baabda	El Metn El Aala	Provide a PCR station	Provide clean water access and supply	Provide a solid waste management plan		Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
		Sahel El Metn El Janoubi					Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	Equip a place (tunnel) to sterilize vehicles

Governorate	District	Union of Municipalities	Isolation Centres	Water	Solid Waste	Livelihoods	Infection Prevention and Control Materials and Awareness	Supply of Equipment and Machines
		Southern Suburbs		Provide water tanks and pick up for distribution			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	Provide two early diagnosis health centres with CBS and X-rays machines
	Aley	Ghareb El Aala and Chahar	Transform dorms into an isolation centre	Implement hand washing stations			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
	Chouf	El Souayjani	Provide medical vehicle to transport COVID-19 suspected cases Rehabilitate an isolation centre Equip a laundry facility to serve two nearby health services	Implement hand washing stations and public washrooms			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	



South Governorate: Unions of municipalities in South Lebanon were fully engaged in the response to COVID-19 crisis and were aware of their exact needs at the time of the assessment many of them had even prepared projects concepts and documents ready for submission for funding.

Governorate	District	Union of Municipalities	Isolation Centres	Water	Solid Waste	Livelihoods	Infection Prevention and Control Materials and Awareness	Supply of Equipment and Machines
SOUTH	Jezzine	Jabal El Rihane	Provide a pick-up for waste collection and disposal				Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
	Saida	Saida Zahrani					Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
		Sahel El Zahrani		Implement a communal water system			Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
	Tyre	Tyre	Refurbish and equip an isolation centre (El Najde)		Expand the autoclave facility in Abbassiyeh		Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	

Nabatiyeh Governorate: As in South Lebanon, municipalities and unions of municipalities in Nabatiyeh were fully engaged in the response and prepared to face potential risks from the spread of COVID-19. The Nabatiyeh Municipality was at the time of the assessment ready to initiate some projects if funding was available.

Governorate	District	Union of Municipalities	Isolation Centres	Water	Solid Waste	Livelihoods	Infection Prevention and Control Materials and Awareness	Supply of Equipment and Machines	
NABATIYEH	Bent Jbeil	El Qalaa	Refurbish and equip an isolation centre in Tebnin				Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders		
		Bent Jbeil	Rehabilitate and equip Kawnin centre		Rehabilitate Kawnin dumpsite and establish a sanitary landfill		Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders		
	Marjeyoun	Jabal Amel			Rehabilitate and upgrade Kabrikha sorting facility		Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders		
	Nabatiyeh	Iqlim El Touffah	Refurbish and equip Iqleem El Touffah chalets					Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	
		Municipality of Nabatyieh	Refurbish and equip Nabatiyeh dorms			Equip the health care treatment facility in El Kfour	Equip the municipal kitchen Equip factories for hygiene and sanitation products	Provide life-saving protection kits and ToT to front-line COVID-19 crisis responders	

Wastewater projects were excluded as they are long-term and require further detailed assessment.

ANNEX 5: RESOURCES

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