



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

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## LIST OF ABBREVIATIONS AND ACRONYMS

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

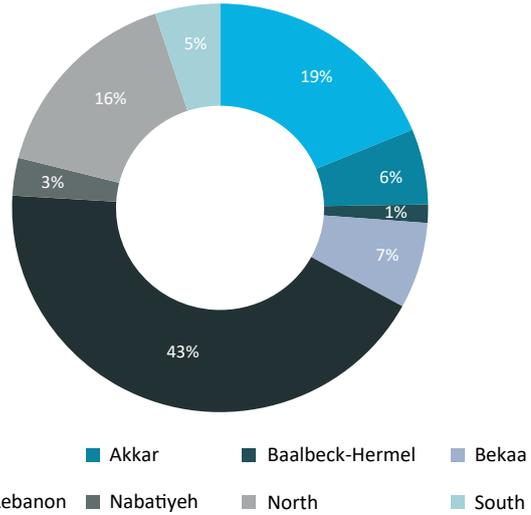
1. Pre-existing **poor urban basic services provision** – such as water, sanitation, and solid waste management and disposal – particularly in urban dense neighbourhoods severely prevents local authorities to adequately protect their communities from COVID-19. As of 4 June 2020, Lebanon has around 1,306 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

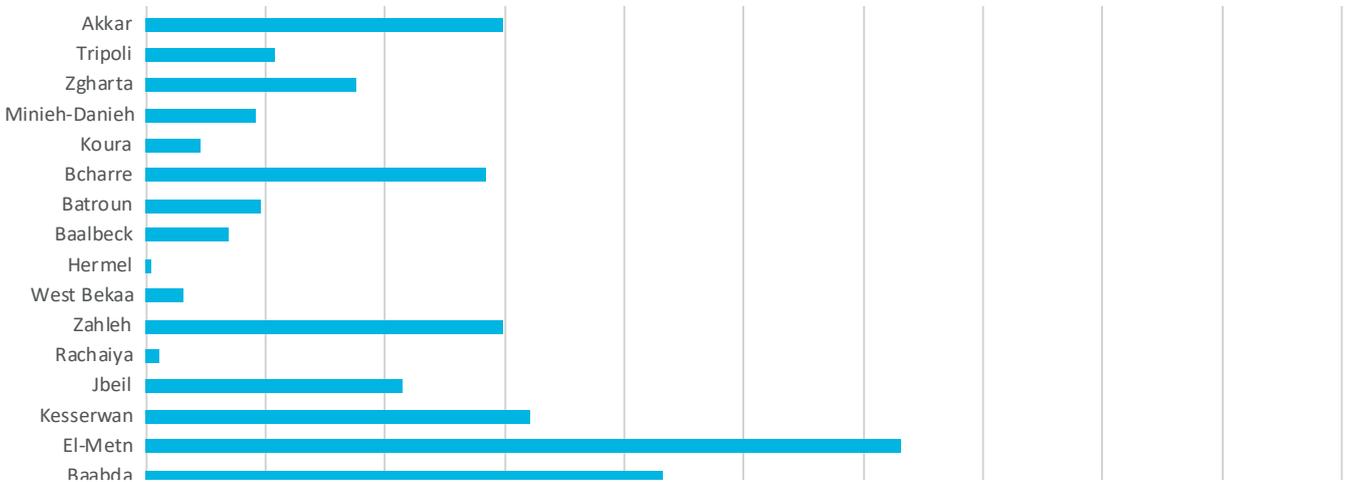
On 30 January 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern and on 11 March 2020, it called it a pandemic. The virus first emerged in Wuhan, China, in December 2019, and has since spread to all continents. Globally, as of 4 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)



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