



PROTECTING WOMEN AND GIRLS IN LEBANON'S COVID-19 COMMUNITY ISOLATION CENTERS

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COVID-19 COMMUNITY ISOLATION CENTERS

Following the Beirut port explosion on 4 August, new COVID-19 infections are reaching record highs in Lebanon. For the 300,000 people who lost their homes because of the explosion and those who were already living in overcrowded settings, such as informal tented settlements, camps, collective shelters and congested urban settings, isolating or quarantining at home in case of an infection is impossible. To curb the spread of the virus in these settings, at least 19 community isolation centers¹ have been established, with 6 operational to date, across six governorates. These facilities are to provide persons who have been exposed to or tested positive for the COVID-19 with a space to safely isolate or quarantine.

GENDERED PROTECTION RISKS

Women and girls admitted to the community isolation centers are particularly vulnerable to be subjected to harassment, violence, exploitation and abuse due to specific gendered protection risks:

- **Being confined in an isolated space:** heightens the risk for women and girls to be subjected to harassment or abuse. While entering the community isolation centers is voluntary, persons may only leave before the end of isolation or quarantine period when they can identify that they have another place to safely isolate or quarantine. This will be challenging for many, as not having such a space was the very reason for them to seek admission to the isolation center.
- **The staffing of the community isolation centers:** constitutes potential risks for women and girls to be abused. While there are mixed-gendered teams of nurses at the isolation facilities, the vast majority of Site Managers are men (95%

¹ The official count is fluctuating due to on-going operational issues within the COVID-19 response.

as of this writing), many retired military officers. At the same time, the number of present staff is kept to a minimum to reduce the risk of contagion. Social workers are infrequently present on-site and only work remotely.

- **Avenues to seek help might be limited or hard to reach:** Some of the community isolation centers will likely not have regular phone or internet access which makes it very challenging for women and girls to call for help in case of an imminent threat of abuse, despite protection measures put in place.
- **The economic vulnerability of women and girls:** admitted to the community isolation centers further increases the threat of exploitation in a country where in 2019, 23 percent of women stated that they had either experienced “sextortion” (coerced sex in exchange for government services) or knew someone who had.²

ACTIONS TAKEN BY THE UN

WHO and UN Women, together with UNICEF, UNHCR, UNRWA, MoSA, DRM, and the Protection Sector have developed an protection action plan to respond to the urgent protection needs of persons admitted to the community isolation centers, especially those of women and girls. It includes:



Community engagement and messaging: activities such as the development of FAQs for the public and beneficiaries with basic information about the isolation centers, and making services/ hotlines of protection, SGBV and child protection service providers available and known.



Trainings: on the prevention of SEA, sexual and gender-based violence and child protection are being organized for all staff working at the COVID-19 isolation centers. Orientation for the rights of patients are also being mainstreamed.



Protection monitoring and assessments: will be put in place, including a regular ad-hoc third-party protection monitoring scheme to assess the situation in the centers in with regards to safety, discrimination, and SEA.



Establishing a Complaint and Feedback Mechanism, including reporting sexual misconduct and exploitation: an interim PSEA reporting mechanism has been established in partnership with MoSA. With MoSA, UN partners are developing the PSEA standard operating procedures. A PSEA code of conduct will be signed by all community isolation center staff, which includes specific provisions for staff to mandatory reporting for sexual misconduct. Gaps remain on establishing a wider complaint and feedback mechanism for beneficiaries; consultations are on-going with UN agencies and governmental partners.

Funding and resources are urgently needed: UN agencies and partners have been overstretched to implement this work, given the limited funding allocated to protection needs within the COVID-19 isolation centers, now further exacerbated by the competing and urgent needs for national COVID-19 health services and the Beirut Port Explosion response.

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2 <https://www.transparency.org/en/news/sextortion-middle-east-and-north-africa>