

# REVISED EMERGENCY RESPONSE PLAN LEBANON

**AUGUST 2021 -  
DECEMBER 2022**

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# About

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This document is consolidated by OCHA on behalf of the Humanitarian Country Team, in collaboration with humanitarian sectors and partners.

## **COVER PHOTO**

©UNOCHA/ Joseph Matar – Daughter of beneficiaries receiving dry food distribution during the Lebanon Humanitarian Fund monitoring visit to GVC and its partner Agriculture Cooperative MADA in Akkar Al Atika - Lebanon- February 2022.

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# I. INTRODUCTION

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On 4 August 2021, under the leadership of the Humanitarian Coordinator, the Humanitarian Country Team (HCT) launched the Emergency Response Plan (ERP) for Lebanon. Strictly humanitarian in nature, the 12-month multi-sector emergency response plan aimed to address the needs of the most vulnerable among the Lebanese, migrants, and Palestine refugees in Lebanon (PRL) affected by the multiple crisis, and to complement the Lebanon Crisis Response Plan (LCRP) – the framework to address the impact of the Syria crisis in Lebanon which mainly targets Syrian Refugees and host communities. The ERP sought to provide exceptional time-bound assistance to protect and save lives and alleviate suffering of the target population, while scaling up urgent aid for the most vulnerable.

Eight months after the launch of the ERP, the financial and socio-economic crisis, compounded by the lack of reforms, the political impasse, the COVID-19 pandemic and the impact of the Ukrainian crisis, has further deteriorated leading to a sharp increase in humanitarian needs. Primary and secondary data collection and joint analysis undertaken at sectoral and multi-sectoral levels by the Emergency Operations Cell (EOC) and the HCT released in April clearly shows a further decline in living conditions with many more unable to access basic services.

As of end of April 2022, thanks to the donors' generosity, humanitarian actors managed to reach 600,000 people (Lebanese, migrants and PRL) with multisectoral assistance under the ERP. However, sectoral assessments and the multisectoral needs assessment (MSNA) conducted in late 2021 found

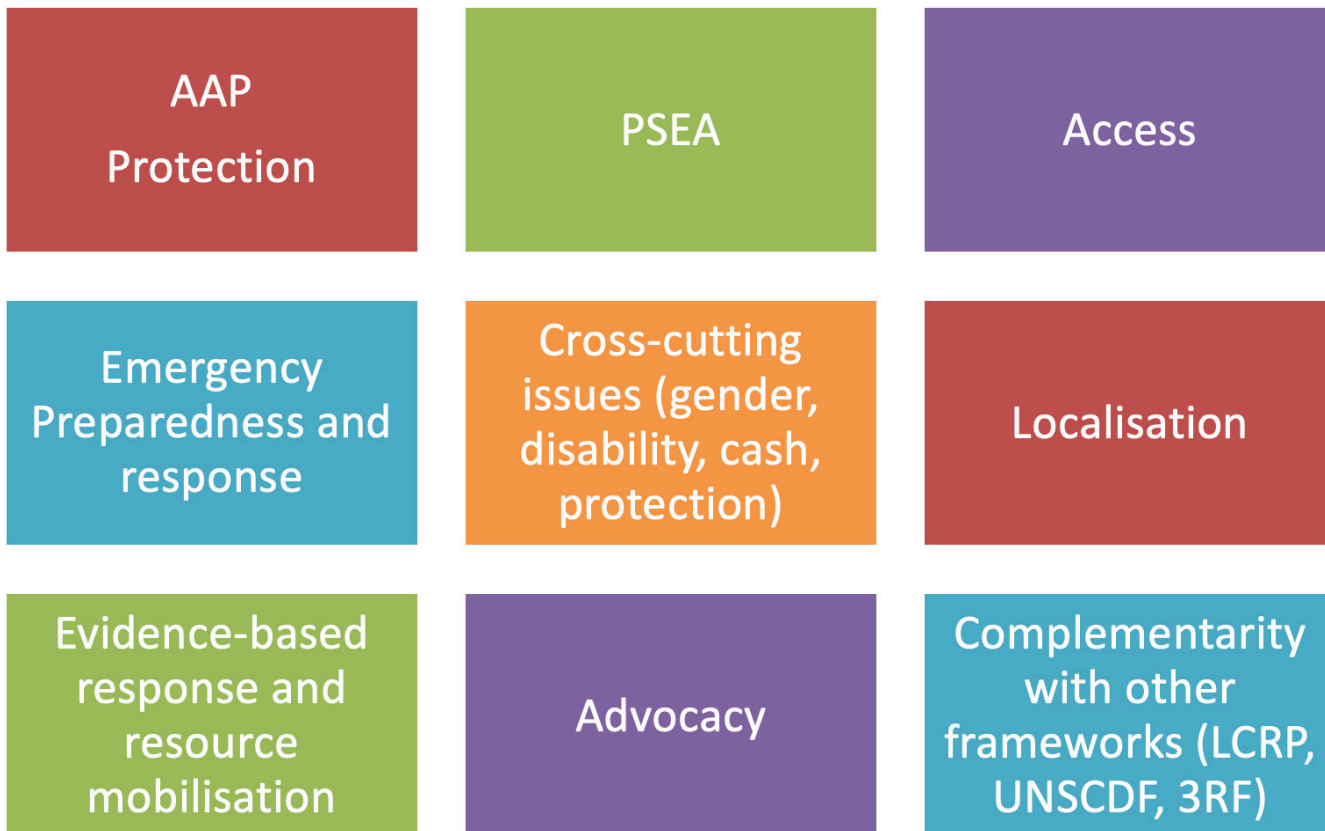
that humanitarian assistance was necessary for many of the most vulnerable families, but it remained largely insufficient. Around 85 per cent of Lebanese households, 66 per cent of PRL households and 95 per cent of migrant households reported that they did not receive any assistance during the three months preceding the assessment. Additionally, vulnerable groups cited information about humanitarian assistance, health care and livelihoods as their top priority information needs.

Informed by the latest evidence, the HCT has requested a revision and extension of the ERP until December 2022 to continue adjusting and scaling up urgent and much-needed lifesaving response in areas under severity 3, 4 and 5. To do so, the humanitarian community is requesting an additional US\$ 163 million until the end of December 2022.

This ERP revision outlines, on one hand, the progress made to date against activities from the ERP as reported by humanitarian partners; and on the other hand, the change in humanitarian needs and targets, together with the revised sectoral response plans and corresponding financial requirements estimated by sectors.

Under the leadership of the Humanitarian Coordinator, the Humanitarian Country team, supported by the Emergency Operation Cell and humanitarian sectors, will reinforce its commitment towards nine priorities, building upon the important progress made thus far, existing gaps and needs identified in line with global guidance and standards.

## HCT PRIORITIES



## II. ERP Response-to-date (August 2021- April 2022) Humanitarian Needs

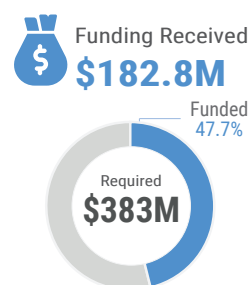
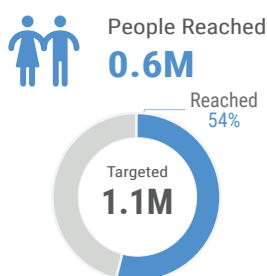
TOTAL REQUIREMENTS (US\$)	NUMBER OF PEOPLE IN NEED*	NUMBER OF PEOPLE TARGETED*
<b>\$383M</b>	<b>1.9M</b>	<b>1.1M</b>

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

● People reached/Funding received ● People unreached/Unmet requirements

Gender and Age Women Men Girls Boys

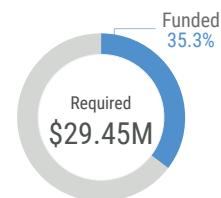
### Key Figures



### Protection - Child Protection and Gender Based Violence (CP & GBV)

Indicator	Reached / Targeted
# of individuals receiving GBV risk mitigation and prevention services	- / 17,000
# of individuals receiving GBV response services (focuses psychosocial support services (PSS), case management, legal counseling)	64 / 7,557
# of girls and boys receiving case management and specialised services	53 / 5,000
# of girls and boys benefiting from provision of emergency cash assistance	- / 20,000
# of girls and boys and caregivers receiving specialized/focused PSS	18 / 9,000
# of girls, boys and caregivers engaged in community-based CP activities	136 / 37,500
# of child protection initiatives conducted to mitigate CP risks in communities	19 / 120
<b>Total</b>	<b>271 / 96,057</b>

### Funding Progress

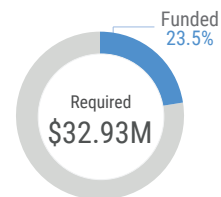


### Education

Indicator	Reached / Targeted
# of out of education children identified	2,060 / 120,000
# of children and youth received age-appropriate and relevant learning materials	528 / 100,000
# of learners and parents/caregivers supported by PSS-SEL*	1,097 / 70,000
<b>Total</b>	<b>2,588 / 220,000</b>

51.3% GIRLS 48.6% BOYS

### Funding Progress



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\* This indicator is not included in the equation/formula used to calculate the people targeted or people reached with assistance for the sector.

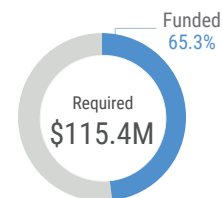
Data as of : 30 Apr 2022 Creation date: 7 June 2022 Sources: Financial Tracking Service (<https://fts.unocha.org>), Sectors Feedback: [ochalebanon@un.org](mailto:ochalebanon@un.org) [www.unocha.org](http://www.unocha.org) [www.reliefweb.int](http://www.reliefweb.int)



## Food Security

Indicator	Reached / Targeted
# of individuals benefitting from food distributions to improve their immediate access to food	640,033 / 435,000
# of individuals benefitting from cash transfers/ vouchers to improve their immediate access to food	6,109 / 55,000
# of individuals benefitting from multipurpose cash assistance to improve their immediate basic needs*	896 / 430,000
<b>Total</b>	<b>646,142 / 490,000</b>
	35.1% WOMEN      30.1% MEN      17.5% GIRLS      17.2% BOYS

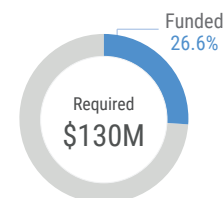
### Funding Progress



## Health

Indicator	Reached / Targeted
# of patients supported with non-COVID hospital costs and/or advanced diagnostics as precursor to hospital admission	91 / 47,000
# patients supported with acute, chronic, reproductive health, psychotropic and/or catastrophic medicines <sup>2</sup>	250,626 / 90,000
# PHCs supported to extend hours	66 / 25
# nurses deployed to COVID wards (ICU & regular)	48 / 771
# of individuals reached with integrated and accessible health messaging	198,512 / 127,000
<b>Total<sup>3</sup></b>	<b>299,847 / 246,000</b>
	43.4% WOMEN      28.1% MEN      14.1% GIRLS      14.4% BOYS

### Funding Progress



<sup>2</sup> Between August 2021 and April 2022, health partners provided **242,749** acute medicines, **3,373** chronic disease medicines, **2,740** reproductive health commodities, **1,764** psychotropic medicines and **0** medicines for other illnesses including catastrophic.

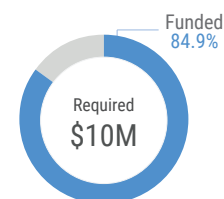
<sup>3</sup> The health sector calculation for people reached is composed of inputs from patients supported with hospitalization, patients supported with medication, and individuals reached with integrated and accessible health messaging.



## Logistics

Indicator	Reached / Targeted
% of public hospitals, primary health care centres, cold chain storage sites served against the list prioritized monthly by the health sector	84.6 / 100%
% of water facilities served against the list prioritized monthly by the WASH Sector	91.2 / 100%
% of fuel transferred to organizations against their shared monthly plans	0 / 100%

### Funding Progress



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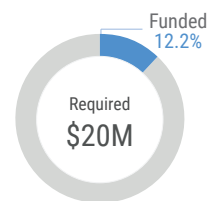


## Migrants

Indicator	Reached / Targeted
# of migrants receiving legal assistance	108 / 36,000
# of migrants receiving protection support	436 / 18,000
# of migrants provided with temporary/safe shelter support	15 / 1,000
# of migrants provided with NFIs	850 / 2,000
# of migrants provided with multipurpose cash assistance	1,209 / 3,000
# of migrants provided with voluntary humanitarian return assistance	417 / 6,000
<b>Total</b>	<b>3,035 / 36,000</b>

**Gender Breakdown:** 76.9% WOMEN, 16.8% MEN, 3.5% GIRLS, 2.7% BOYS

### Funding Progress

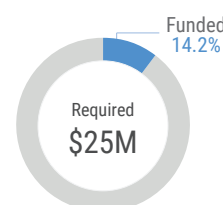


## Nutrition

Indicator	Reached / Targeted
# of caregivers enrolled in either BMS or malnutrition programmes who are receiving cash assistance*	4,973 / 4,000
# of pregnant and lactating women (PLWs) and adolescent who receive skilled nutrition counselling, messaging, and support at least once*	22,580 / 296,594
# of children under 5 receiving micro-nutrient supplementation at the community level	7,719 / 101,575
# of PLWs receiving micro-nutrient supplementation at the community level	- / 136,425
# of adolescent girls receiving iron and folic acid (IFA) supplementation	- / 160,169
# of children 6 to 59 months enrolled in severe acute malnutrition (SAM) treatment*	172 / 2,000
# of children 6 to 59 months enrolled in moderate acute malnutrition (MAM) treatment*	373 / 3,000
<b>Total</b>	<b>7,719 / 398,169</b>

**Gender Breakdown:** 47.4% GIRLS, 52.6% BOYS

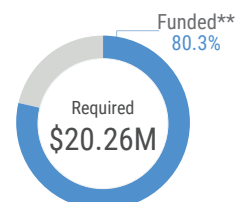
### Funding Progress



## WASH\*

Indicator	Reached / Targeted
Estimated # of people receiving a minimum quantity of water per day	286,000 / 1,091,671
# of customized hygiened kits for girls, boys, women, men and elderly	19,755 / 407,974
<b>Total</b>	<b>305,575 / 1,091,671</b>

### Funding Progress



\*To ensure minimum water provision to the population in the high severe areas the WASH sector has been supporting four Water Establishments (through minor repairs for pumping stations and networks, provision of chlorine and consumables), nevertheless the estimated number of beneficiaries reached through such activities is not yet available.

\*\*The sector is currently reviewing the funding progress with partners. The actual level of funding is likely to be around

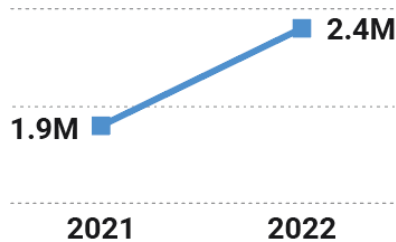
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### III. Changes in Context



#### 1. Situation Overview <sup>1</sup>

The collapse of the Lebanese banking sector and ensuing financial crisis, <sup>2</sup> compounded by political stalemate, subsidies removal, a fuel crisis, and the simultaneous health crisis brought on by COVID-19 and the consequences of the Beirut port explosions from August 2020, has affected everyone in country – Lebanese, migrants and refugees.<sup>3</sup>

As a result of this multi-faceted crises, many Lebanese have become destitute and have been unable to meet basic needs, with more and more requiring humanitarian support as of end of 2021 to make ends meet. Meanwhile, previously extremely vulnerable groups such as migrants and Palestine refugees (PRL and PRS), have seen their needs further deepen in 2021 due to the impact of the socio-economic shocks.

New data from several sector and multi-sector needs assessments released at the end of 2021 and detailed in the **Increasing Humanitarian Needs in Lebanon** document has revealed that living standards continue to deteriorate and impact physical wellbeing; a warning sign that humanitarian needs might well increase throughout 2022. In addition to the 1.5 million displaced Syrians <sup>4</sup> who continue to remain vulnerable and require support, 2.5 million people in Lebanon need some form of humanitarian assistance – an increase of 31 percent from the 1.9 million estimated to be in need in August 2021. The current figure, derived from sector severity scale methodologies, includes extremely vulnerable Lebanese (2.2 million people), migrants living in Lebanon (86,200 people) and the Palestine refugees (207,700 people).<sup>5</sup>

#### ■ ERP estimates for Lebanese, migrants, PRL in need of Humanitarian assistance and protection

Infrastructure and basic services are on the brink of collapse and, as of end of 2021, basic services were unaffordable to millions of families. Public services, which many people have turned to in 2021 - and continue to do so in 2022 - are not able to meet the full scale of needs, while private services remain prohibitively expensive.

Specifically, available health care services have fallen short in meeting everyone’s basic health needs. Since the start of the crisis two years ago, routine vaccination of children under five decreased and many types of medication are unavailable, or in scarce supply, or their cost has greatly increased following the reduction or removal of subsidies, thereby making them unaffordable to most families. Maternal mortality rate more than doubled in 2021. Meanwhile, specialised and generalist medical personnel continue to mass emigrate. Rising unemployment has led to increasing numbers of uninsured patients. Even among those with insurance, ever-fluctuating exchange rates and current have caused the patient share of hospital bills to grow to catastrophic levels.

Children are missing out on education and compromising their future. COVID-19 related school closures coupled with worsening economic situation has pushed many children to take up ill-paid, irregular and informal work. According to data published in early 2022, as many as three in ten youth stopped education in 2021.

In 2022, the electricity sector is still not able to sustain the functioning of basic services leaving many people

<sup>1</sup> For a more detailed analysis, including the detailed data sources, please refer to “Increasing Humanitarian Needs in Lebanon,” published April 2022 and available online here: <https://www.humanitarianresponse.info/en/operations/lebanon>  
<sup>2</sup> Defined by brutal contraction of GDP, extreme depreciation of the Lebanese Lira, triple-digit annual inflation, depletion of cash and foreign reserves affecting prices and availability of critical commodities, decreased purchasing power. See more in the “Increasing Humanitarian Needs in Lebanon” advocacy document.  
<sup>3</sup> The country hosts a large refugee population, including 1.5 million displaced Syrians, 180,000 Palestine Refugees in Lebanon (PRL) and approximately 30,000 Palestine Refugees from Syria (PRS).  
<sup>4</sup> The estimated 1.5 million displaced Syrians who have fled from and cannot return to Syria, includes the registered Syrian Refugees and other Syrian nationals of concern including those born in Lebanon to displaced Syrian parents.  
<sup>5</sup> UNRWA has a humanitarian and development mandate to provide assistance and protection to any and all eligible Palestine Refugees, and therefore uses a higher beneficiary number than the ERP. UNRWA overall planning figure is 257,000 (including 30,000 PRS)

with only a few hours of electricity per day, if at all. Alternatives are not only costly and remain unaffordable to large swathes of the population but also have significant environmental impacts (carbon production, air pollution, and so on). Between September 2021 and March 2022, over 600 health facilities and water pumping stations had to be exceptionally supported by the UN with emergency fuel provision to maintain basic services across the country.

At the same time, the public water supply system in the country is at a breaking point. Almost four million people are at immediate risk of being denied access to safe water in Lebanon, with alternative water supplies expected to be unaffordable to most vulnerable households.

Amidst all this, families were forced to rely more and more on harmful coping mechanisms, exposing adults and children alike to grave protection risks. The massive loss of wealth, together with significantly reduced income and rising prices observed in 2021 and continuing in 2022, has impeded access to critical life-saving services such as health and led to increased food insecurity across the country.

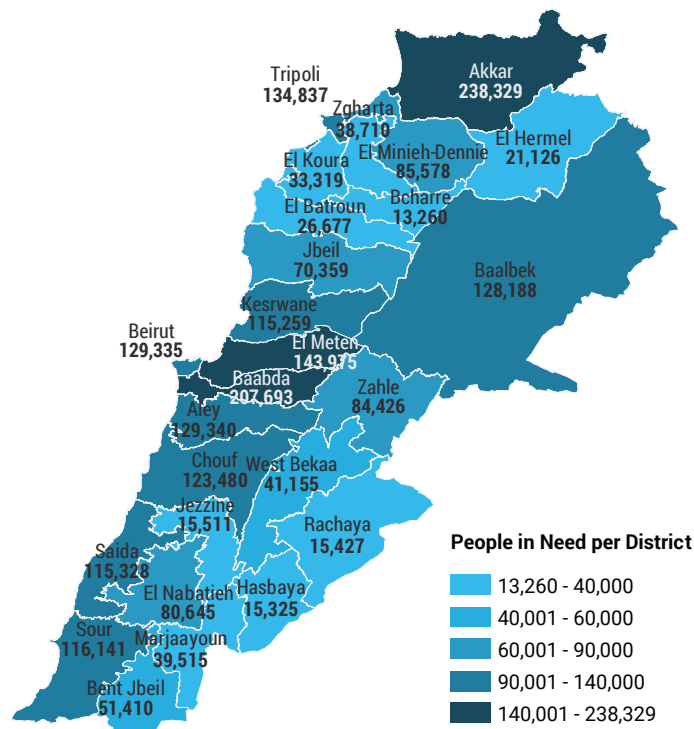
Overall, a third of all households assessed at the end of 2021 indicated that the physical health of adults was negatively affected by the crisis, while almost half indicated psychological distress as a result of the crisis.

Meanwhile, gender inequalities have been exacerbated by the crisis with increase in incidents of Gender Based Violence (GBV), as well as widespread reports of women and children feeling unsafe in public spaces such as streets, markets, transportation.

At the same time, many people have experienced an increase in barriers to accessing goods and services due to age, disability or diverse sexual orientation and gender identities. Rising food insecurity, collapse of basic services, more people unable to meet basic needs, and further increase in use of harmful coping strategies are expected humanitarian outcomes in 2022 if the economic and political landscape continues to worsen.

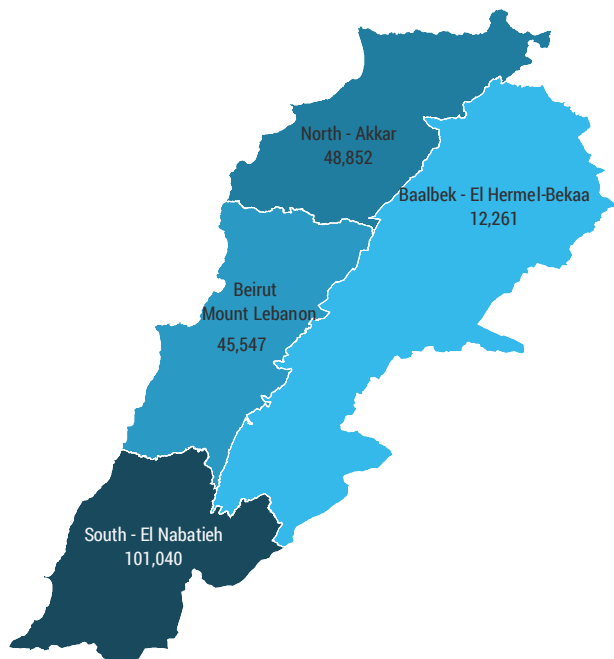
Meanwhile, there is no indication that the overall situation will improve throughout 2022. On the contrary, the reverberations of the crisis in Ukraine could have catastrophic consequences for Lebanon, which imports most of its total wheat needs from Ukraine and Russia. Lebanon had already been struggling with import of wheat, fuel and other commodities at affordable prices prior to the Ukraine crisis. In 2022, finding alternatives to Ukraine and Russia for acquiring wheat and preventing increase in food insecurity, while absorbing increased wheat and fuel costs in the absence of foreign currency reserves, remains critical to ensure that the humanitarian situation in the country does not further deteriorate in 2022.

**Lebanese**  
2.2 million Lebanese in need



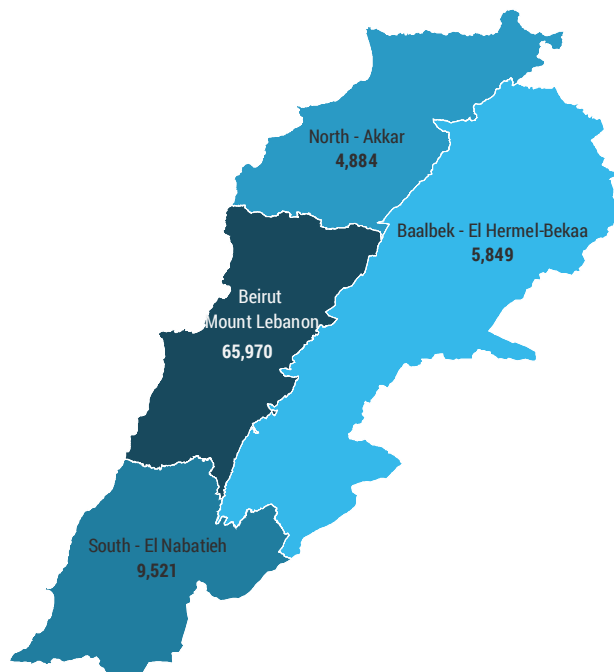
### Palestine refugees

207,700 Palestine refugees in need



### Migrants

86,200 Migrants in need



## 2. Humanitarian Impact

The analysis of the Lebanon Multi-Sector Needs Assessment and other available sectoral data found that the financial and economic crisis have been the major drivers of humanitarian needs, with food and healthcare needs most pronounced and driving the overall severity of need. As many as 2.2 million people need food assistance in 2022, while 1.95 million people need support to access critical health assistance.

Other pockets of acute needs have been found across all other sectors, with 1 million people needing support to access safe water and sanitation, 334,000 children requiring protection services, 393,000 people, majority women and girls, in need of GBV services, and 172,000 children in need of emergency education support. Further, some 464,000 people, primarily children and women, suffer from some form of nutritional deprivation and 62,000 migrants require specific shelter and protection assistance.

Overall, during the last months of 2021 and first months of 2022, Lebanese have seen a severe deterioration in their living conditions and a dramatic drop in physical and mental wellbeing as a result of loss of income,

dwindling resources (including savings) and severely decreased purchasing power. As of end of 2021, as many as 62 per cent of households reported challenges in affording basic needs. Meanwhile, critical services have become too expensive and unaffordable, and even unavailable for many Lebanese. Food consumption, health, water and sanitation patterns, as well as protection environment for women, girls and boys have changed for the worse as a result, and the change is even more pronounced in households where there are members living with a disability or chronic illness.

In 2022, the consequence of the multiple crises affecting Lebanese has in turn affected the living conditions and wellbeing of already extremely vulnerable migrant communities, who immediately and directly felt the consequences of the economic stresses and pressures felt by Lebanese. They too have seen their physical and mental wellbeing take a turn for the worse from 2021 to 2022. More than a third have reported challenges in affording basic needs, with many taking on debt as coping strategy to meet food needs. Additionally, migrants are also subject to crowded and unsafe living conditions, as well as increased protection

risks related to documentation, force labour, trafficking and GBV, including sexual and physical harassment. Access to specialized services is incredibly limited for migrant women and girls, who make up most of the population, due to their legal status in the country as well as stigma, fear and discrimination, etc.

Palestine Refugees in Lebanon continued to remain in 2022 an incredibly vulnerable group, with members largely unable to meet basic needs without additional assistance. As many as 63 per cent of households assessed have reported challenges in meeting basic needs as a result of loss or reduced employment.

The crisis has generated humanitarian needs for PRL families similar to those of the Lebanese households, including related to food, healthcare, education, water, hygiene and sanitation. High costs have been prohibitive for PRL families and seen as one of the main barriers making services inaccessible. Comparable to migrants, PRL face additional barriers of exclusion and discrimination when trying to meet basic needs and access services. Families continue to live in precarious shelters. As many as 45 per cent reside in overcrowded spaces in camps or shelters that are not suitable for long-term living.

## IV. Revised People in Need, People targeted and Financial Requirements (August 2021- December 2022)

The ERP revision of people in need, targeted and financial requirements is the result of improved and more precise targeting as a result of improved evidence-based and joint needs assessment, data collection and analysis.









The overall funding requirement for the revised ERP is \$546 million for the 17-month period (August 2021 to December 2022). This represents an increase of \$163 million or the equivalent of \$27 million per month until the end of the year to reach 1 million people (Lebanese, migrants and PRL) in urgent need of assistance and protection.

The largest increases in financial requirements are reported for the Health, Food Security and Agriculture, Child Protection and Gender Based Violence sectors in line with the dire growing needs and the existing partners' capacity to quickly scale-up the response. In the same vein, the Education, Logistics, Nutrition and WASH Sectors have proposed a better targeting thanks to improved alignment with other frameworks in prioritized locations and more focused response activities.



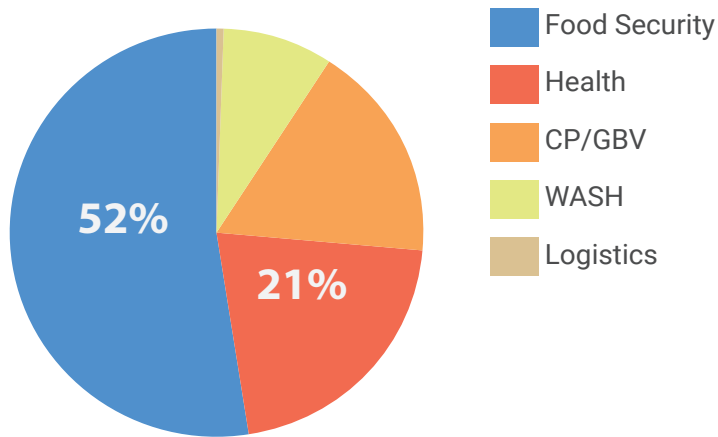
Note\* PiN is extracted from the Increasing Humanitarian Needs in Lebanon advocacy document.

\*\*Target is prioritized based on sectoral severities, 3,4,5.

SECTOR	PEOPLE IN NEED	REVISED PEOPLE IN NEED	ORIGINAL TARGET	REVISED TARGET	ORIGINAL REQUIREMENT	REVISION VARIATION	FINAL REQUIREMENT
 Food Security	1.47 M	2.28 M	0.49 M	0.59 M	\$115.40 M	89.60 M	\$205.00 M
 Health	1.36 M	1.95 M	0.25 M	0.54 M	\$129.98 M	36.15 M	\$166.13 M
 Water, Sanitation And Hygiene (WASH)	1.86 M	1.04 M	1.09 M	0.98 M	\$ 20.26M	14.74 M	\$35.00 M
 Child Protection and GBV	0.36 M	0.73 M	0.10 M	0.29 M	\$29.45 M	29.59 M	\$59.04 M
 Nutrition	0.83 M	0.46 M	0.40 M	0.32 M	\$25 M	0 M	\$25 M
 Education	0.40 M	0.17 M	0.22 M	0.13 M	\$32.94 M	-5.95 M	\$26.98 M
 Migrants	0.12 M	0.06 M	0.04 M	0.03 M	\$20.00 M	-1.99 M	\$18.00 M
 Logistics*	n/a	n/a	n/a	n/a	\$10.00 M	1.01 M	\$11.01 M

\*Common services in support of Humanitarian partners

### Breakdown by sector of additional Funding requirement (\$163 M)



Credit: UNOCHA/Joseph Mattar, Beirut- Lebanon- Provision of Critical Food & Hygiene Material in Lebanon

## Revised People in Need and Targeted (August 2021 – December 2022)

TOTAL REQUIREMENTS (US\$)

**\$546M**

NUMBER OF PEOPLE IN NEED\*









**2.5M**

NUMBER OF PEOPLE TARGETED\*\*

**1M**

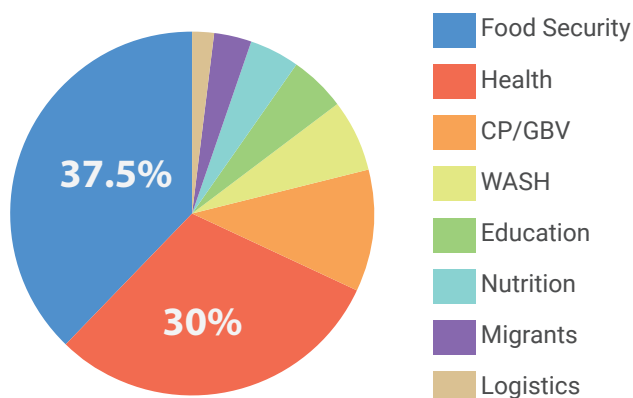
Note\* PiN is extracted from the Increasing Humanitarian Needs in Lebanon advocacy document.

\*\*This is calculated based on the focus of needs severity 3,4 and 5 from the Increasing Humanitarian Needs in Lebanon advocacy document.

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	TOTAL REQUIREMENTS
 Food Security	2.28 M	0.59 M	\$205.00 M
 Health	1.95 M	0.54 M	\$166.13 M
 Water, Sanitation And Hygiene (WASH)	1.04 M	0.98 M	\$35.00 M
 Child Protection and GBV	0.73 M	0.29 M	\$59.04 M
 Nutrition	0.46 M	0.32 M	\$25.00 M
 Education	0.17 M	0.13 M	\$26.98 M
 Migrants	0.06 M	0.03 M	\$18.00 M
 Logistics*	n/a	n/a	\$11.01 M

\*Common services in support of Humanitarian partners

Breakdown by sector of the overall Revised ERP Funding requirement (\$546 M)



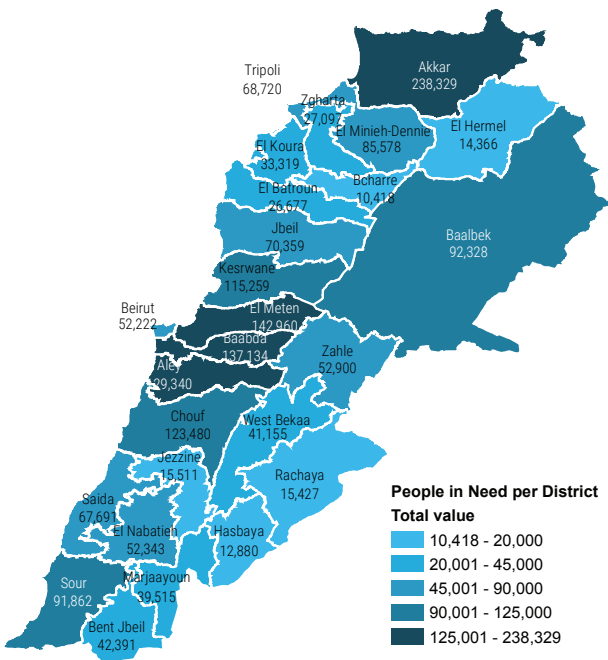
# V. Revised Sector Plans

Health sector

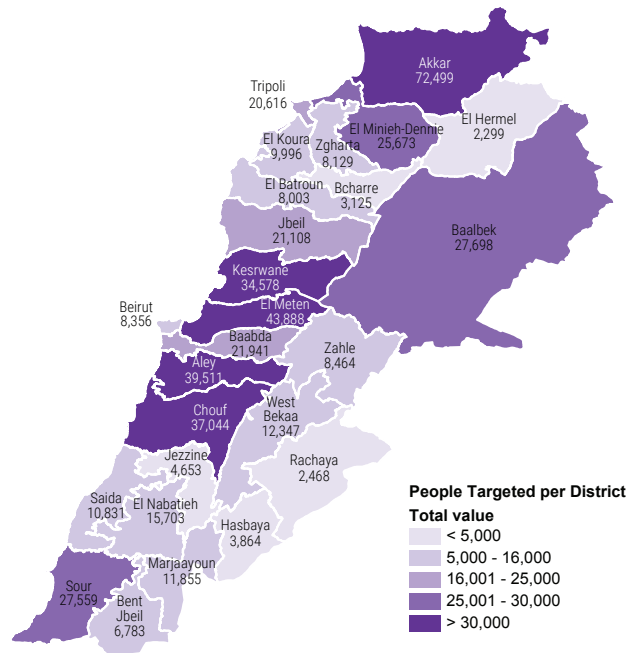


PREVIOUS PEOPLE IN NEED	REVISED PEOPLE IN NEED	PARTNERS
<b>1.4M</b>	<b>1.95M</b>	<b>23</b>
PREVIOUS PEOPLE TARGETED	REVISED PEOPLE TARGETED	REVISED FUNDING REQUIREMENTS (US\$)
<b>0.25M</b>	<b>0.5M</b>	<b>\$166M</b>

People in Need



People Targeted



	Lebanese	Migrants	PRL	% Male Female	% Children Adult	% Older People	% Disabled
PiN				48% 	33% 	14% 	15% 
Target				46% 	4% 		



## Revised Sector Needs and Gaps

Households are experiencing ever-increasing barriers impeding access to health care, driven largely by decreased resources, increased costs of care and transportation, and reduced availability of medicines and medical supplies. At the same time, all levels of the health system are facing major threats to continuity of services such as human resource migration, reduced supply of medications, reduced flows of electricity and increased fuel costs, liquidity constraints and cuts to existing funding streams.

With worsening economic conditions in Lebanon, the trend of increased reliance on public sector primary health care (PHC) services is expected to continue while current funding and operational support, including fuel, are anticipated to decline, thereby creating a triple burden on PHC facilities, particularly in under-served areas. Unless an interim solution to medication subsidies can be found, affordability and accessibility of safe and quality medicines will remain a challenge and therefore reliance on humanitarian supply is predicted to increase, while unmanaged Non-Communicable Diseases (NCDs) may produce a surge in hospital cases. Furthermore, noting the 2021 spike in maternal mortality, as well as the increased vulnerability born by women and girls in crisis settings, it is critical to ensure the full continuum of sexual and reproductive health (SRH) services - including antenatal care and safe delivery.

## Revised Sector Response

The ERP health sector will continue to work with Lebanon Crisis Response Plan (LCRP) counterparts to focus heavily on critical resource mobilization and advocacy to support increased access to hospital care – including hemodialysis, SRH services, essential medicines – especially catastrophic medications, comprehensive primary care packages with integrated mental health services, and continuity of the PHC network – particularly in areas of high severity of needs. To further enable access to hospitalization, the sector will work with key health partners to develop unified, costed hospital packages and patient vulnerability criteria.

The Health Sector's objectives remain unchanged as following;

1. Ensure access to lifesaving and life-sustaining health services for those most vulnerable and

in need in the context of worsening socio-economic conditions

2. Support health facilities to maintain operations during ongoing emergency context
3. Respond to COVID-19 in Lebanon
4. Provide enabling, cross-cutting support to coordinated, safe, timely and quality health responses with an emphasis on vulnerable communities

At the primary health care level, ERP partners will continue their efforts to support the continuity of the PHC network via operational and material support, in complement to the LCRP's focus on support to the comprehensive Long-term PHC Subsidized Package (LPSP) which also contains the integration of mental health services. To address transportation costs which are among the top three self-reported barriers impeding access to healthcare, particularly among vulnerable groups who face increased risks due to their age, gender or disability status, the sector will promote in-kind transportation support that is directly affiliated to a specific PHC facility or health center in order to:

- Support patients to pursue continuum of care for essential health services where comprehensive PHC services are not yet fully implemented (e.g. mental health, diagnostics, and physical rehabilitation);
- Ensure vulnerable patients, such as pregnant women and persons with disability, can regularly access services and follow-up care; and
- Provide complementary support to routine immunization and COVID-19 vaccination, which fall under LCRP and 3RF respectively, whereby transportation resources can be deployed for vaccination campaigns and related activities to maximize efficiency and coverage.

Existing home-based COVID-19 care teams will be expanded to provide primary health services and targeted support for older persons and those with mobility challenges, while still ensuring close linkages to PHCs to ensure continuity of care. Finally, partners providing specialized and/or higher-level care will provide closer tracking of referral pathways in an effort to enhance ongoing community outreach efforts as well as ensure the sector is reaching those most vulnerable and in need.

While the threat from COVID-19 remains, the health sector will focus on mainstreaming COVID-19 response across health activities while maintaining dedicated

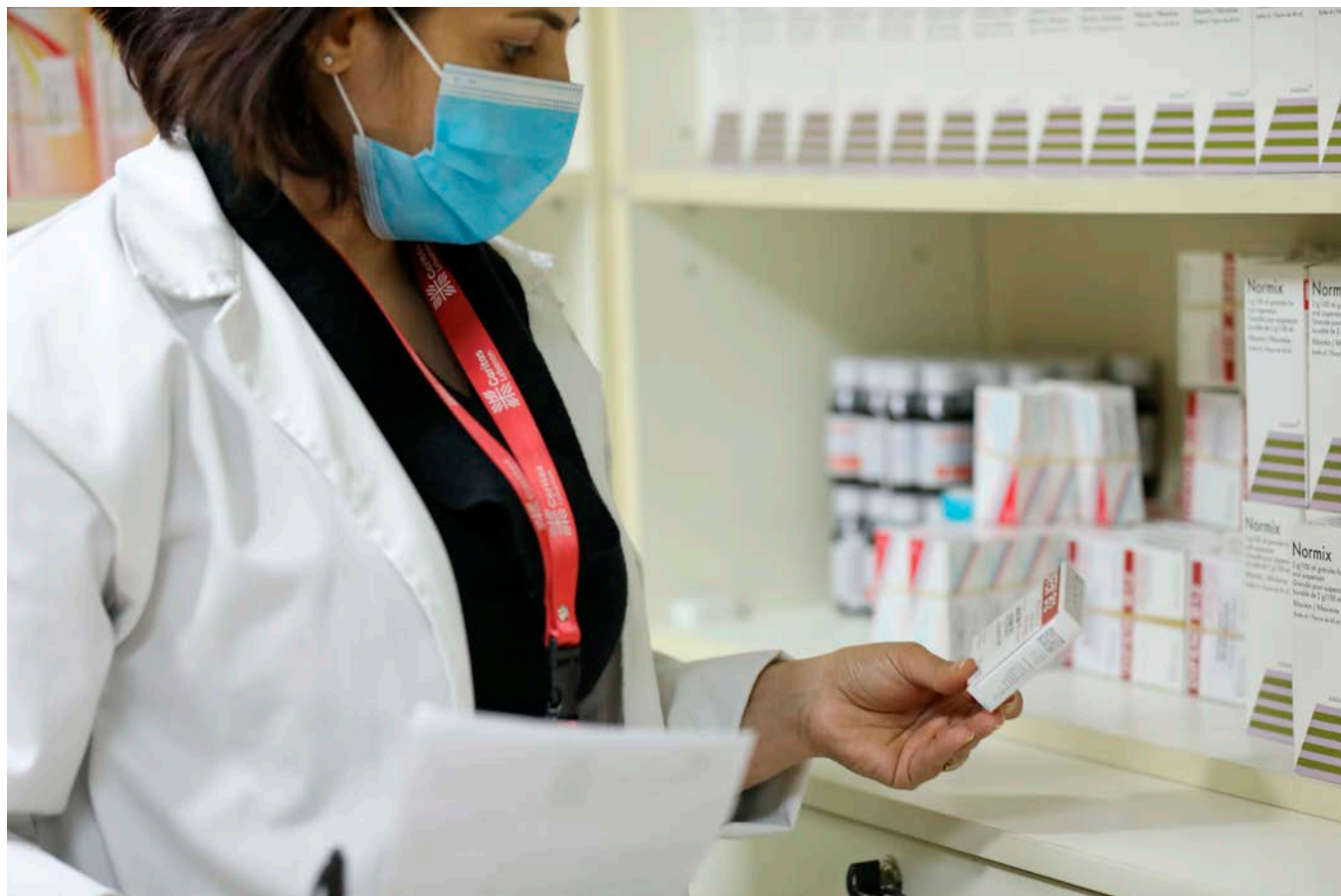
case management capacity, promoting COVID-19 vaccination through integrated health messaging, and continuing emphasis on safe access to health services at all levels of the health system. Further, the ERP health response will increase its focus on vulnerable groups such as persons with disability, pregnant and lactating women, and older persons – an effort that will be further bolstered by the creation of an integrated community health outreach package to be rolled out across all health frameworks.

**Complementarity with other frameworks**

Finally, the joint national health sector coordination mechanism launched in early 2022 will pursue

enhanced integration and synthetic data analysis, including careful review of partners' monthly and quarterly reporting to avoid duplication, across frameworks to enable a holistic understanding of needs, gaps and achievements within the sector. Underpinning this integrated approach will be continuous efforts to:

- Align with the Lebanon National Health Strategy currently under development;
- Promote further coherence across frameworks; and
- Pursue a nexus approach to health interventions wherever possible.



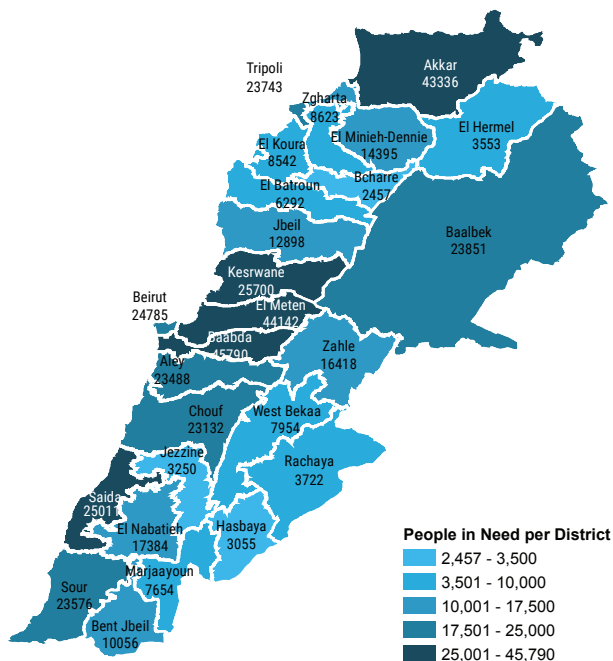
Credit: UNOCHA/Joseph Mattar, Beirut- Lebanon- Caritas provision of medical services

# Nutrition Sector

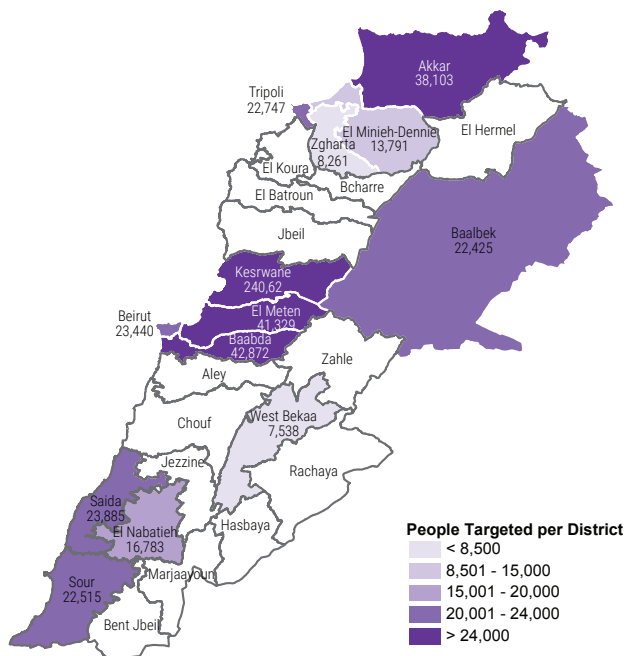


PREVIOUS PEOPLE IN NEED	REVISED PEOPLE IN NEED	PARTNERS
<b>0.83M</b>	<b>0.46M</b>	<b>8</b>
PREVIOUS PEOPLE TARGETED	REVISED PEOPLE TARGETED	REVISED FUNDING REQUIREMENTS (US\$)
<b>0.4M</b>	<b>0.32M</b>	<b>\$25M</b>

## People in Need



## People Targeted



	Lebanese	Migrants*	PRL	% Male	% Children	% Older	% Disabled
				Female	Adult	People	
PiN				32%	66%	0%	15%
Target				17%	70%		

\*Not available due to the lack of data, not the lack of needs

## Revised Sector Needs and Gaps

With the deteriorating situation stemming from the economic crisis, the poor or lack of optimum feeding practices, deficit in diets of children and high rate of anemia among children and women are expected to drive the rate of acute malnutrition in the country. While trends over the past 10 years show a slight improvement in the incidence of acute malnutrition among Lebanese and refugee children, there are serious concerns that with the new challenges in the current context, the rates could rise significantly among the most vulnerable women and children. The current conflict in Ukraine poses serious concerns in terms of availability and affordability of staples, as the country still contends with a devastating economic downturn exacerbated by the impact of the COVID-19 pandemic. Consequently, notable pockets of needs arising from gaps in emergency nutrition coverage continue to exist across different population groups.

## Revised Sector Response

In this revision, the nutrition sector is sharpening its focus while scaling up the coverage of critical nutrition interventions as per the recommendations of the recent National SMART Nutrition survey. Priority will be given to areas with the highest numbers of people in need, coupled with the level of severity, and ongoing interventions by partners considering the multi-sectoral convergence with WASH, health and food security sectors. Based on these criteria, 13 districts have been prioritized (see map). The Sector's response is structured around two major strategic objectives:

1. To protect, promote and support the uptake of recommended maternal nutrition and infant, and young child feeding (IYCF) and care practices among vulnerable adolescents, pregnant/lactating women and care takers of children aged below 2 years.
2. To scale up programmatic solutions to support the prevention, identification and treatment of all forms of under-nutrition, including acute and chronic malnutrition and micro-nutrient deficiencies among vulnerable pregnant and lactating women and children under age five.

These objectives are translated into a set of essential actions under two categories, i.e., nutrition specific interventions and nutrition sensitive interventions (see below). The response targets approximately 320,405 out of 464,048 Lebanese and Palestine refugee women

and children, who are suffering from some form of nutritional deprivation. The Nutrition Sector will follow four guiding principles;

1. Prevention comes first, if prevention fails, treatment is necessary
2. Nutrition needs are met throughout the life cycle with bold focus on the first 1000 days of life starting from the conception
3. The response must focus on improving diets, practices, and services for nutritional well-being of children, adolescents, and women
4. The response must apply a multi sector (Health, Food Security, Education and WASH) approach, with sector partners enabled and accountable to deliver sustainable results for nutrition.

## Nutrition Specific Interventions

The response plan relies on accountability of nutrition sector partners to engage in nutrition specific intervention around four pillars outlined below:

1. Protecting and promoting optimal maternal nutrition, infant, and young child feeding and care practices to prevent all forms of acute and chronic malnutrition.
2. Scaling up life-saving services for identification, referral, and treatment of moderate and severe acute malnutrition.
3. Providing preventive nutritional and micronutrient supplementation to children under the age of two and pregnant and lactating women (PLWs) to prevent and address micronutrient deficiencies and stunting.
4. Generating essential evidence on nutrition and strengthen Nutrition Information Management Systems to inform the response.

## Nutrition Sensitive Interventions

The response will also rely on other sectors' accountability to scale up a set of minimum nutrition sensitive interventions, to ensure that nutritional deprivations are addressed. These include but are not limited to;

1. Making social protection and food interventions more sensitive to the nutritional vulnerabilities
1. Putting in place standardized SOPs and Social Behaviour Change Packages on healthy nutrition to

be coupled with the social protection programs for messaging on healthy nutrition and IYCF.

1. Integration of WASH messaging in IYCF Behaviour Change Communication Interventions and vice versa.
1. Use of education and schools' platforms to enhance the nutritional awareness and improve the micronutrient status of school age children and adolescents through supplementation programs.

### **Complementarity with other frameworks**

The same guiding principles for nutrition response under ERP apply to the LCRP framework to respond to the multiple burden of malnutrition and its drivers and determinants in the context of Lebanon. While the ERP is focused on addressing nutritional deprivations among Lebanese and PRLs, the LCRP is aiming to address the needs of Syrian Refugees and the host communities. Activities are prevention oriented, life cycle centred and focused on promoting adequate diets, practices, and services. In both plans, the sector aims to utilize different delivery sectors / systems to achieve nutrition results, including, health, food, social protection, education, and WASH - elements that are also in alignment with the draft of the national nutrition strategy.



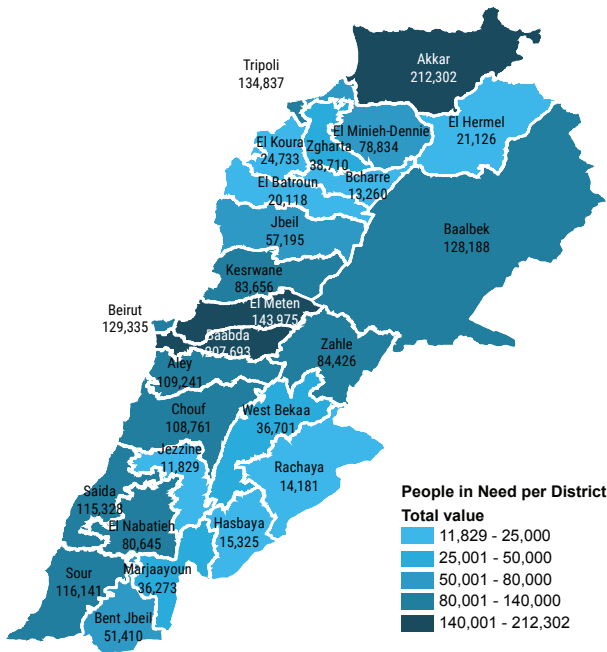
Credit: UNOCHA/Joseph Mattar, Tripoli- Lebanon- Faihaa Organisation

# Food Security and Agriculture Sector

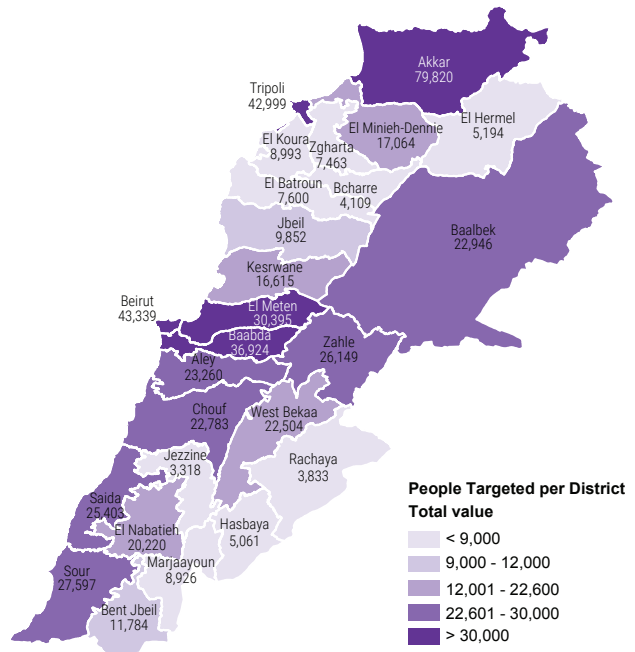


PREVIOUS PEOPLE IN NEED	REVISED PEOPLE IN NEED	PARTNERS
<b>1.5M</b>	<b>2.2M</b>	<b>26</b>
PREVIOUS PEOPLE TARGETED	REVISED PEOPLE TARGETED	REVISED FUNDING REQUIREMENTS (US\$)
<b>0.5M</b>	<b>0.6M</b>	<b>\$205M</b>

## People in Need



## People Targeted



	Lebanese	Migrants	PRL	% Male Female	% Children Adult	% Older People	% Disabled
PiN				48%	24%	11%	7.5%
Target				50%	24%		

## Revised Sector Needs and Gaps

With the continuous worsening of the socio-economic and humanitarian situation, the number of Lebanese, Migrants and PRL in need of assistance in Lebanon is estimated at just over 2.28 million in comparison to 1.47 million people in 2021. According to the WFP Household Deprivation Score (HDS), which is a measure of non-monetary poverty used to determine the number of families requiring assistance, there is a continuing deterioration of the food security status among the Lebanese population. Whereas the current prevalence of food insecurity was found to be 46 percent in the second half of 2021, up from 32 percent in the first half of the same year, 53 percent were found to be vulnerable and in need of assistance by the fourth quarter of 2021, equivalent to around 2.1 million people.

The Migrant population have also been exposed to the financial crisis that has hit the country, facing loss of jobs and challenges in coping with the decreased purchasing power of their salaries, coupled with essential food items price increases, amidst the inability of social safety nets to absorb these shocks. Comprehensive disaggregated data and analysis of the food security status of Migrants is not yet available; however, indicative estimates were derived by extrapolation.

Key socio-economic indicators show a negative trend also among PRL population, with the level of poverty now reaching 86%, compared to 73% in July 2021, showing an increase of 17.8 per cent in less than one year. The PRL population is not included as target group in this revision of the ERP. This is due to need of collecting more detailed data about their food security status, including a better understanding of their food insecurity severity with geographical disaggregation.

## Revised Sector Response

In this revision, the Food security and Agriculture Sector (FSAS) plans to extend the ongoing approach and activities, since due to the worsening situation, the overall number of people in need has increased compared to mid-2021. In terms of targeted cohorts, the scope of the response will continue to focus on Lebanese and migrants. Given the prevailing economic situation, partners' interventions shall continue to be channelled to Lebanese and migrants at higher risk of vulnerability using the preferred assistance options to be cost-efficient, mitigate the risk of tensions and benefit from previous lessons learned. This will take

into consideration inflation, the depreciation of the LBP due to the exchange rate fluctuations, the potential disruption of supply chains, and partners' previous experiences in the modality to be used.

Therefore, the objective of the FSAS response under the ERP framework will be to continue addressing primarily the unmet and immediate food needs and other basic needs that impact household food access, of the most vulnerable Lebanese and migrant population at higher risks of vulnerability. Key activities planned and implemented by partners are as follows:

1. Emergency food and basic needs assistance (cash or in kind)
2. Emergency food assistance through various modalities (cash or in kind)
3. Basic assistance through cash

The current financial crisis, compounded with the economic impact of the Russia-Ukraine war, generated a challenging operational environment whereas FSAS implementing activities are facing serious problem in ensuring consistency and continuity of the assistance provided to the most vulnerable people. This is affecting both in-kind and CBT assistance. Food items are reported to be either not available on the market, or difficult to be accessed or procured due to their higher price. Partners actively working under the FSAS coordination mechanism are deploying different strategies in order to mitigate the impact of the current situation.

One key approach for adapting projects' activities is to avoid reducing the number of beneficiaries supported by the ongoing response. The SMEB will be utilised as the basic and minimum standard within CBT assistance, and transfer values would aim to offer maximum value to existing beneficiaries in line with existing HCT guidance.

## Complementarity with other frameworks

In this context, and through the various modalities that will be implemented by partners, the Sector will coordinate all interventions with concerned partners to ensure complementarity, avoid duplication, in addition to adequate linkages with the existing response frameworks including the LCRP and safety nets programmes carried out in partnership with the Government. The Sector will also coordinate with complementary interventions, specifically related

to social protection, gender equality, gender-based violence, child protection, and protection against sexual exploitation and abuse (PSEA).

The proposed target of the FSAS is complementary with other response frameworks, which are overall targeting 1.1 M Lebanese through different mechanisms aiming at addressing their food insecurity status. Furthermore, the sector will contribute towards forging direct links

between humanitarian cash, voucher and in-kind programming and national safety nets, in the attempt to bridge the gap, until full implementation and possible further expansion of government assistance schemes, including the ESSN, NPTP and other social assistance programs.



Credit: UNOCHA/Joseph Mattar, Akkar- Lebanon

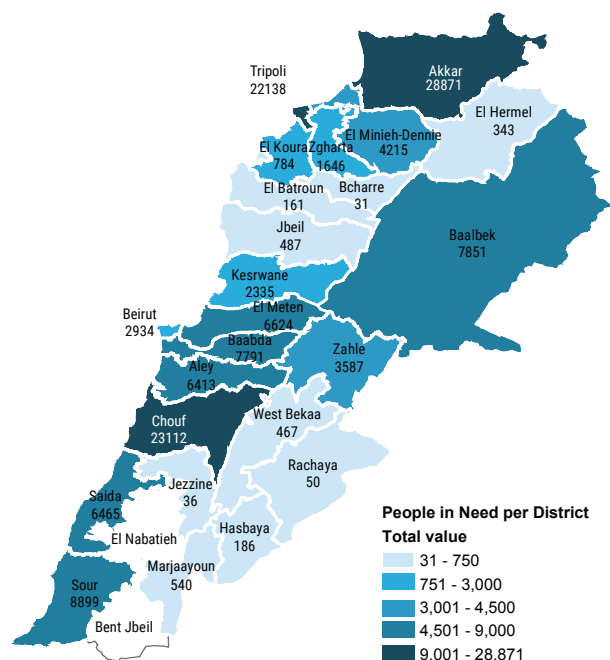


# Education Sector

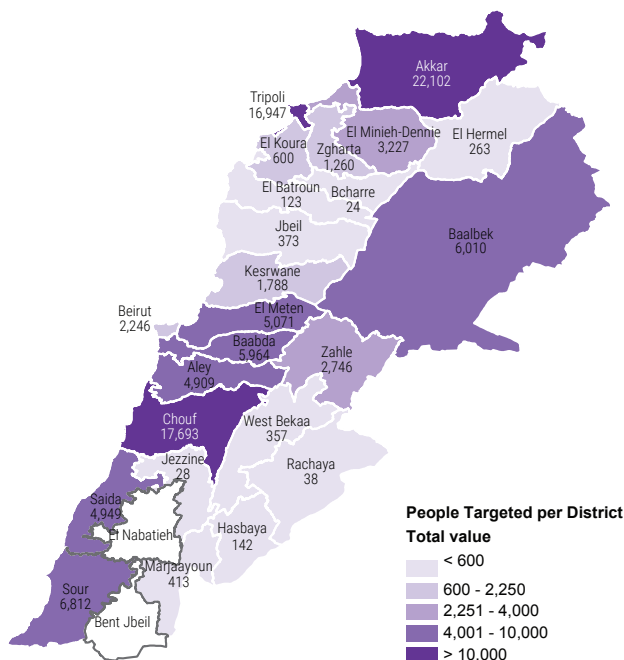


PREVIOUS PEOPLE IN NEED	REVISED PEOPLE IN NEED	PARTNERS
<b>0.4M</b>	<b>0.17M</b>	<b>27</b>
PREVIOUS PEOPLE TARGETED	REVISED PEOPLE TARGETED	REVISED FUNDING REQUIREMENTS (US\$)
<b>0.22M</b>	<b>0.13M</b>	<b>\$27M</b>

## People in Need



## People Targeted



	Lebanese	Migrants	PRL	% Male Female	% Children Adult	% Older People	% Disabled
PiN				48% 	24% 	11% 	7.5% 
Target				50% 	80% 		

## Revised Sector Needs and Gaps

Since the launch of the ERP in August 2021, the vulnerability and severity of needs of school-aged children are likely to further increase for the current school year due to the deteriorating socioeconomic context in Lebanon. Barriers to access learning opportunities across population groups exist, including high costs of transportation, and are further heightened by the continuous rise in the cost of living and cost of education as well as the system's limited ability to cope with the crisis. These needs are expected to persist in the next few months and may result in additional risks beyond those already identified among children, namely massive dropouts and learning losses and an increase in harmful coping mechanisms, leading to various protection issues.

According to a recent multi-sector needs assessment, the main driver of education-related vulnerability is poverty induced by the economic crisis. Households reported spending a quarter of their income on education-related expenditures, with little difference between households headed by men or women. On average, about 20 per cent of Lebanese, PRL and migrant households who reported child dropout reported inability to meet essential education needs. COVID 19 related disruptions affected the dropout rates among all population groups.

Other key factors for dropout among the Lebanese children were related to electricity and internet connectivity challenges. At the same time, 7 per cent (made up of 60 per cent boys and 40 per cent girls) of Lebanese children and 4 per cent of PRL children experienced disruptions in their regular attendance as a result of the child working. Overall, male-headed households (28 per cent) reported being far less able to meet the educational needs of their children, compared with female-headed households (13 per cent).

## Revised Sector Response

The sector will continue to focus on ensuring that students affected by the economic crisis are provided relevant, inclusive and quality education. Sector partners will address the unmet educational needs of the most vulnerable, Lebanese, migrant and PRL school aged children (and their care givers), both in and outside of schools, and within the communities. While the revised ERP will continue targeting the most vulnerable Lebanese, PRLs, and migrant children across Lebanon, and those within critical pockets of vulnerability, it will further prioritize the most vulnerable areas of Tripoli, Akkar and El Minieh Dennie, where the needs are highest.

According to the latest MSNA findings, children, in these areas and across the country within critical

pockets, struggle to access education mainly due to economic vulnerabilities, as well as protection issues, such as child labor and issues of gender-based violence, which affect attendance and retention rates of boys and girls. As far as the PRLs are concerned, the caseload is identified to be 86% of the total enrolment rate (86% being the identified poverty incidence among all the PRL households as per UNRWA's poverty monitoring report)

The Education Sector has two strategic objectives;

4. Direct community support to support the most vulnerable children to ensure continued learning.
5. Improving formal education of most the vulnerable Lebanese and migrant children through schools.

Under Sector Objective One, partners will continue to address the unmet educational needs of the most vulnerable Lebanese and migrant school-aged children (and their caregivers) who are in school and out of school and continue to focus on out of school and community-based support activities such as outreach, provision of cash for Education, remote learning support and provision of learning materials/assistive devices for children with disabilities. In addition, the sector will address learning losses of most vulnerable children (aged 6-14) who were not able to participate in catch up classes in schools through the community-based learning support program.

Under Sector Objective two, partners will ensure that students affected by the economic crisis are provided relevant, inclusive and quality education by supporting schools in ensuring that schools have basic conditions, including adequate human resources to operate according to national and international standards on education in emergencies and child protection. The sector will continue to support activities through the provision of teaching and learning materials, support to cover operational costs of schools affected by the crisis and catch-up classes to compensate for learning losses.

## Complementarity with other frameworks

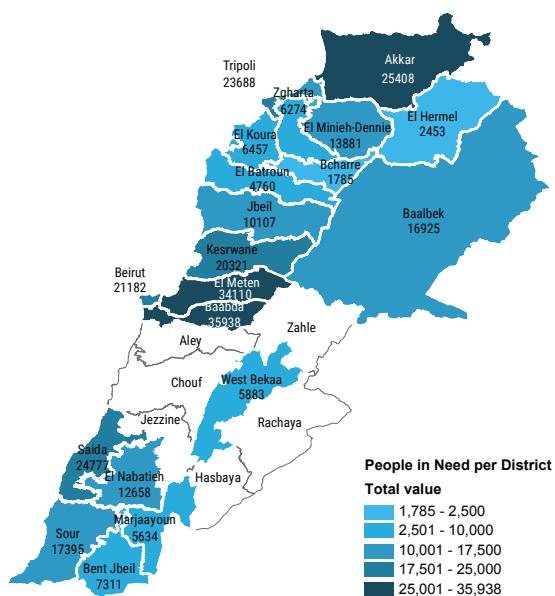
The Sector response plan is complementary and supportive to the programmatic interventions of Ministry of Education and Higher Education's 5-year Education Sector Plan launched in 2021. The humanitarian education sector will continue to focus on mitigating the impact that the socio-economic crisis and COVID-19 have had on children's learning especially in terms of access and learning outcomes. The ERP is targeting the most vulnerable Lebanese, PRLs and migrant school-aged children ensuring comple-mentarity with other frameworks, mainly the LCRP.

# Child Protection and Gender Based Violence Sector

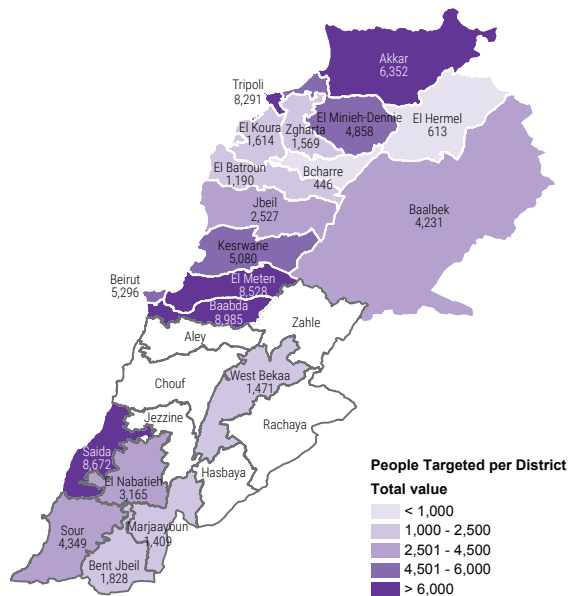


<b>PREVIOUS PEOPLE IN NEED</b>	<b>REVISED PEOPLE IN NEED</b>	<b>PARTNERS</b>
<b>0.36M</b>	<b>0.7M</b>	<b>26</b>
<b>PREVIOUS PEOPLE TARGETED</b>	<b>REVISED PEOPLE TARGETED</b>	<b>REVISED FUNDING REQUIREMENTS (US\$)</b>
<b>0.1M</b>	<b>0.3M</b>	<b>\$59M</b>

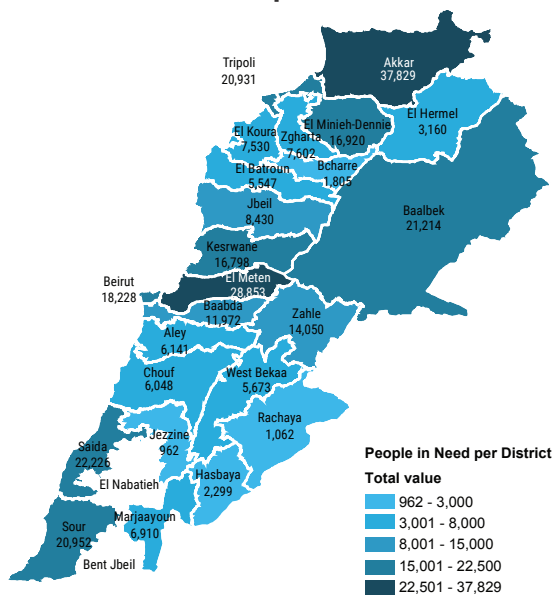
**GBV People in Need**



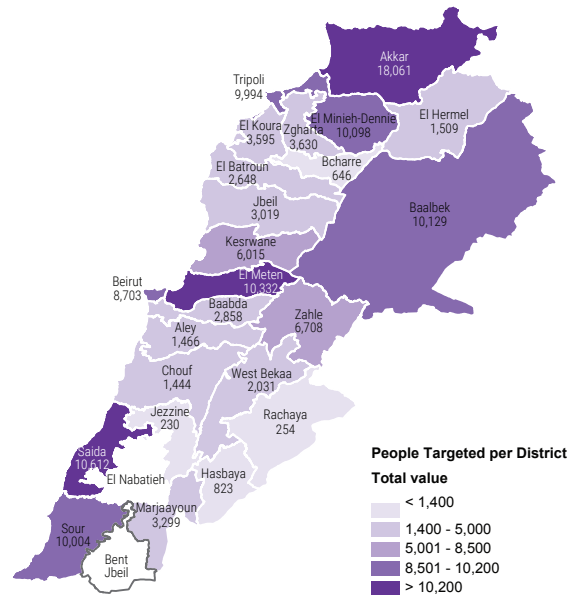
**GBV People Targeted**



**Child Protection People in Need**



**Child Protection People Targeted**



## Revised Sector Needs and Gaps

The MSNA in 2022 results have indicated that since August 2021, there continues to be increasing Child Protection needs overall, including a deterioration in the psychological distress of children and their caregivers across all population cohorts in Lebanon. Furthermore, the widespread safety and security concerns at the household and community level, psychological distress and dire economic situation are increasing GBV risks. Those contributing factors compounded with entrenched gender inequalities, and weak legal protection lead to an increase in violence against women and girls, in particular people with disabilities and people with different sexual orientation and gender identity.

Specifically in relation to child protection, the MSNA indicates that deteriorating economic conditions in the country, unemployment and poverty are expected to further impact the child protection needs in the most severe areas. Child protection trends such as child marriage, child labor and street working children – especially those seen as the only viable source of income for families struggling to meet their basic needs will continue to increase, if unaddressed. Children will have higher risks of being exposed to abuse and incidents of violence, sexual harassment and exploitation and heavy psychological burden. This will require immediate assistance such as lifesaving interventions including child protection case management services and focused mental health and psychosocial support services in addition to working at the community level to safely identify and refer cases at high risk of violence, abuse and/or exploitation.

In relation to GBV, the MSNA indicates that groups face increased risks in the absence of adequate specialized GBV services such as case management, psychological support, legal counseling, safe shelter options, and protection cash assistance which can in turn lead to more distress. If unaddressed, these protection and GBV concerns could have irreversible impacts, particularly on women, girls, and marginalized groups. Especially for the areas that face a higher severity of needs and where the population faces additional barriers in accessing services the risk is expected to increase. In the current crisis context, risks of intimate partner violence (IPV), exploitation and increase of transactional sex are considered high due to the challenges faced to meet basic needs, including accessing food and paying for shelter. In addition many women and girls are unable to afford menstrual hygiene products resorting to the use of less preferred

and unsafe options and restricting their movements during their period with consequences in terms of loss of access to education and protection services, livelihood opportunities.

## Revised Sector Response

In response, Child Protection actors will increase the numbers of their targeted population with Focused Psychosocial Support services provided to children and their caregivers across the country, while prioritizing locations with high severity, namely North and Akkar governates as well as South governate for Lebanese and PRL, and Beirut and Mount Lebanon governorate for Migrant children. Efforts will also be increased to safely identify and manage cases of children impacted by the continuous deterioration of the socio-economic situation, including children involved in Child Labor, Street Connected Children and Child Marriage, and provide them with multi-layered Child Protection Case Management services, including Emergency Cash Assistance provided to address certain protection shocks.

Additional social and behavioral change initiatives will also be implemented along with child protection related communication/awareness raising sessions in order to prevent child protection violations at the community level and ensure the protection of children against all forms of violence, abuse and/or neglect through close collaboration with other sectors, mainly Education, Nutrition and Health.

In this revision, the Gender Based Violence response will increase the target of GBV prevention and response services across the country. The response will prioritize locations with high severity namely Tripoli, Saida and El Minnie Dinnie and areas with high number of people in need like Akkar for vulnerable Lebanese and PRL and Beirut and Mount Lebanon for migrant workers. Interventions will strengthen the case management system, with the use of cash as a tool to reduce GBV risks and consequences, as well as multisectoral response to GBV including legal, health, menstrual hygiene management, safety/ shelter services

The response will be complemented by prevention and outreach activities at community level and risk mitigation interventions to ensure safe access to services and reduce risks of GBV. GBV partners will ensure targeted interventions for adolescent girls that are identified as group at particular risk of GBV including controlling behaviors, online and in person

sexual harassment, child marriage as well as tailored interventions for other vulnerable groups like LGBTQI+ persons, older persons and persons with disabilities.

**Complementarity with other frameworks**

The Child Protection and GBV sector will ensure targeting criteria under ERP does not overlap and rather complements other response plans in country, namely LCRP, 3RF, etc. in order to meet the increasing demand for urgently lifesaving protection services. The Child Protection and GBV sector will work at the individual and community level to address Child Protection and

GBV issues resulting from the deteriorating socio-economic situation through innovative approaches and outreach strategies targeting vulnerable Lebanese, Migrants and Palestine refugees in Lebanon.

Furthermore, the proposed activities are in line with the GBV/CP prevention and response activities in the LCRP ensuring all vulnerable population receive needed services based on vulnerabilities and not their status. The revision of the ERP will allow the Child Protection/GBV sector to increase the targets and address gaps and increased negative coping mechanisms created by the aggravated needs across all population groups.



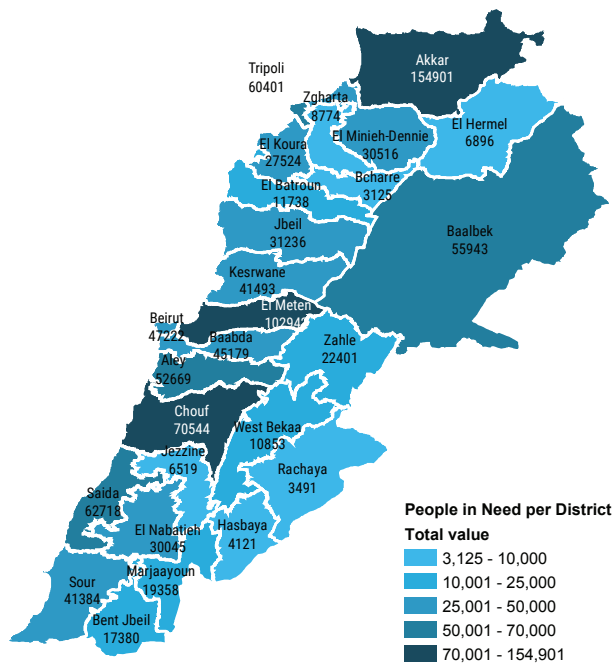
Credit: UNOCHA/Joseph Mattar, Beirut- Lebanon- Kafa Organisation

# WASH Sector

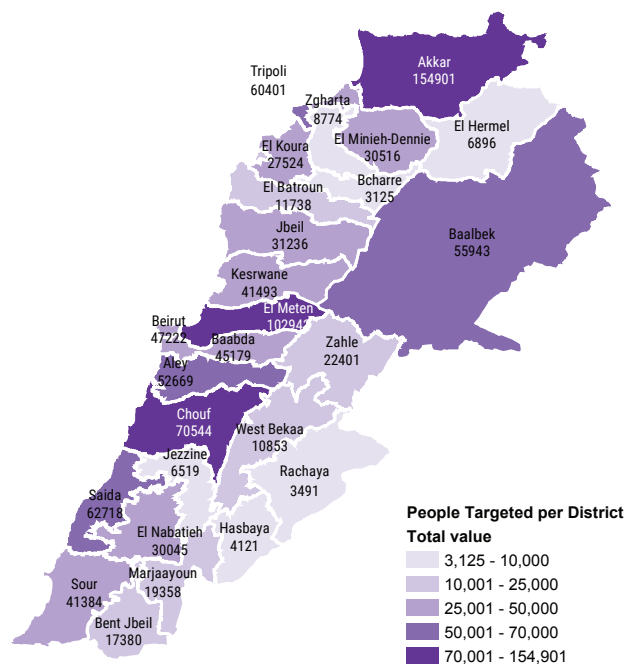


PREVIOUS PEOPLE IN NEED	REVISED PEOPLE IN NEED	PARTNERS
<b>1.86M</b>	<b>1.04M</b>	<b>13</b>
PREVIOUS PEOPLE TARGETED	REVISED PEOPLE TARGETED	REVISED FUNDING REQUIREMENTS (US\$)
<b>1.09M</b>	<b>0.98M</b>	<b>\$35M</b>

## People in Need



## People Targeted



	Lebanese	Migrants	PRL	% Male Female	% Children Adult	% Older People	% Disabled
PiN				48%	25%	15%	15%
Target				50%	41%		

## Revised Sector Needs and Gaps

Access to water remains one of the most critical needs in Lebanon, in particular in four districts (El Meten, Chouf, Tripoli and Akkar), where an estimated 300,000 people have limited access to water for basic needs (drinking and personal hygiene). The increased cost of fuel in the country and inefficiency of water establishments/municipalities cost revenue collection systems are the main drivers for the water shortages that are affecting the country, leaving a high number of Lebanese without access to water on premises. This has a devastating impact on the daily lives of households, particularly for women and girls who are regularly responsible for household hygiene, cleaning, and ensuring water supply for household consumption, as well as people living with chronic illnesses and people with disabilities, who have additional and specific WASH needs.

Specifically, an analysis of needs indicates that the need for water access largely depends on the availability of public water sources. 87 per cent of the population of Lebanon are connected to a water source that depends on Electricité Du Liban as the main power source. The availability of electricity is a primary factor with a bearing on the scale of needs, and largely depends on the strategies of the Ministry of Energy and Water to finalize an emergency plan to increase Energy supply in the coming months.

Another important factor is the purchasing power of vulnerable people, with change in prices for bottled water considering that 62 per cent of the population relies on bottled water as their primary source. The price of bottled water had been steadily increasing last year, following the depreciation of the Lebanese Lira. A six-fold increase of the average price of bottled water across Lebanon had been witnessed in 2021. A further increase in the prices would risk driving the most vulnerable households to rely on unsafe water sources.

Period poverty in Lebanon remains a concern for the sector, as the costs of menstrual hygiene products continue to rise.<sup>1</sup> This is affecting daily socioeconomic life and school attendance with many women and girls, especially those living in deprived areas, not being able to sufficiently meet their menstrual hygiene needs.

## Revised Sector Response

In the revision, the sector aims to respond to the needs of the Lebanese and migrant population. The WASH Sector will support provision of water through regional and local water systems, in line with the previous

strategy, as this is the most cost efficient and safest way to provide water to a large population. Lebanon is facing a major economic collapse, presenting operational challenges for major water supply systems in place (networks and pumping stations). The WASH sector will prioritize its efforts in districts with the highest severity of WASH needs, while trying to cover the needs of populations in other districts. The Sector response will be informed by the PIN and severity analysis and the WASH Vulnerability Mapping, which identify areas across Lebanon more vulnerable in terms of access to public water systems.

To respond to the decreased capacity to access critical hygiene items including menstrual hygiene products, the sector will scale up its ongoing distributions of customised hygiene kits, with a special attention to women, girls (dignity kits), babies (baby kits) and older persons (elderly kits), and people with disabilities. Another Change in the strategy is the inclusion of IPC Kits for the most vulnerable Lebanese and migrants.

The WASH Sector objectives remain unchanged focusing on the strategy's two main objectives identified previously. A stronger focus on the solarization of suitable water pumping stations is presented in this revision, replacing fuel distribution. These activities will be implemented in severity 3 and severity 4 districts targeting mostly cadasters that have water supply systems managed by municipalities and are not supported by other active response plans in the country for these activities.

## Complementarity with other frameworks

The WASH strategy aligns with the other frameworks in the country (LCRP and 3RF) in a number of different ways. As a first step, it does so by integrating the data from the water supply vulnerability with other WASH assessments in coordination with the Stabilization and the Water Quality Thematic groups, to create an integrated WASH vulnerability monitoring tool for Lebanon in permanent locations.

Additionally, the ERP will complement activities currently under the LCRP framework by focusing on the highest severity districts, in locations with the scarce presence of water establishment support programs. Further, innovative and cost-efficient solutions implemented under the ERP, such as renewable energy sources for pumping stations, are also in line with the National Water Sector strategy, and the Roadmap to Recovery of the Water Sector in Lebanon, MoEW 2022 (5 year plan developed by AFD under the 3RF).

<sup>1</sup> Plan International and Fe-Male organisation. (2021). Period Poverty in Lebanon. <https://plan-international.org/publications/period-poverty-lebanon>

For services in marginalized areas, not covered by official networks for Municipalities or Water Establishments, the ERP will coordinate and handover resulting infrastructures, such as public water points, to the local authorities closest to the community, with the

endorsement from the governorate. This will contribute progressively to localizing the response to WASH needs.



Credit: UNOCHA/ Joseph Mattar, Akkar- Lebanon



# Migrant Sector

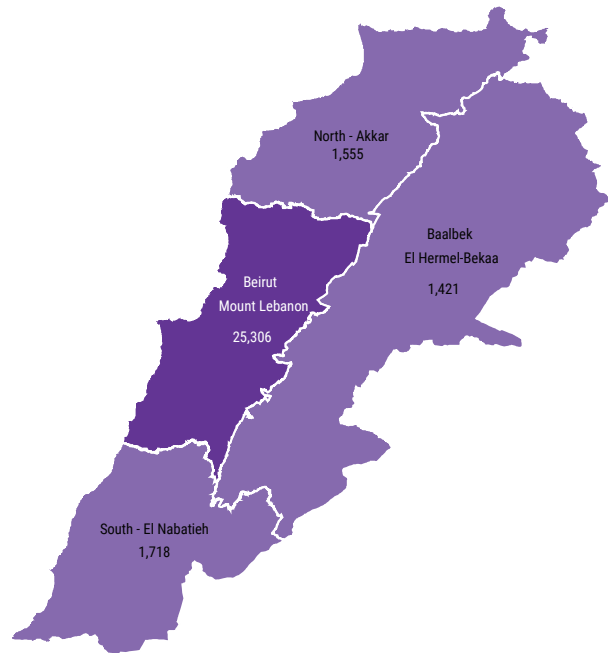


PREVIOUS PEOPLE IN NEED	REVISED PEOPLE IN NEED	PARTNERS
<b>0.12M</b>	<b>0.06M</b>	<b>8</b>
PREVIOUS PEOPLE TARGETED	REVISED PEOPLE TARGETED	REVISED FUNDING REQUIREMENTS (US\$)
<b>0.04M</b>	<b>0.03M</b>	<b>\$18M</b>

## People in Need



## People Targeted



	Lebanese	Migrants	PRL	% Male Female	% Children Adult	% Older People	% Disabled
PiN				27%	15%	3%	3%
Target				25%	7%		

## Revised Sector Needs and Gaps

As shown by the Multi-Sector Needs Assessment (2021), and as reported by migrant community leaders and sector partners, migrants in Lebanon continue to be heavily impacted by the current crises, while their access to services remains limited. Their inability to cover basic needs, and the lack of access to lifesaving assistance, is pushing more migrants into adopting negative coping mechanisms, such as accepting exploitative working conditions, also increasing their vulnerability to transnational crime such as human trafficking.

Addressing the root causes of migrants' needs requires structural reforms, which is precluded by the current political deadlock. As Lebanon prepares for another year of hardship, migrants will be among the first and most affected as increasing unemployment will push more migrants into an irregular status, losing their access to essential services. Urgent assistance will be required to reduce their exposure to abuse and exploitation and/or resorting to harmful coping mechanisms, and to support voluntary return. As assessments and assistance expand to currently unreachable areas with a high density of migrants, it is expected that additional people in need of urgent assistance will be identified.

The MSNA further demonstrated the migrants' continued need for protection assistance, access to documentation, legal aid, and psychosocial support. A fifth of all migrant households (21 per cent) surveyed reported that at least one member in the household saw his/her psychological state worsened as a result of the latest crises. Migrant sector partners also report prevalent and severe mental health needs among Lebanon's migrant communities, including very high rates of suicides, long preceding these latest crises. Access to protection assistance remains limited even for victims of violence. For instance, two-thirds (65 per cent) of migrant households reported lack of services for women and girls who experience some form of violence within 30 minutes from the shelter by usual mode of transportation.

## Revised Sector Response

For this revision, the migrant sector and partners will therefore continue providing lifesaving and protection assistance to migrants in vulnerable situations through the provision of multisector humanitarian assistance and protection services, such as legal support and mental health and psychosocial support, as well as facilitating voluntary humanitarian return to countries of origin. The sector partners will continue working to further scale up the capacity to mitigate protection risks and respond to the needs of migrants who are subject to violence, abuse and exploitation. This will include working with other sectors and their partners to enhance migrants access to other services covering their most basic needs (e.g. food, nutrition, education, health services, WASH, GBV/CP).

The migrant sector will increase efforts to ensure migrant inclusivity and access to services across sectors, along three strains. First, the migrant sector will work to strengthen migrant community leadership to support translation, awareness raising and referrals strengthening the outreach efforts of sector partners – and other sectors providing services to migrants – as well as the feedback mechanisms between affected population and humanitarians. Second, the sector will work to assist and equip other sectors, NGOs, Government authorities and other service providers with the knowledge, skills and tools to reach and assist migrant communities in Lebanon, and to enhance their capacities meeting migrants' needs. And third, the migrant sector will support with cash assistance for transportation to support migrants reaching additional service providers, as transportation costs are increasing, and more migrants move further away from service points to the outskirts where they can afford housing.

For 2022, the Migrant Sector will further work to strengthen the AAP component of the sector and sector partners, as an increased risk of fraud, abuse and exploitation among migrant communities has been reported. By strengthening AAP mechanisms, the sector seeks to mitigate this risk and ensure equitable access to humanitarian and protection assistance.

To achieve the above, the sector will prioritize engagement, empowerment and participation of migrant communities and community leaders, as the gradual alleviation of COVID-19 prevention measures allows for in-person meetings and activities.

## Logistics Sector



### REVISED FUNDING REQUIREMENTS

# \$11.01M

**in support of Humanitarian actors**

### Revised sector targets

Between September 2021 and March 2022, the Logistics Sector supported 272 health facilities with fuel ensuring their operational continuity. These facilities included 31 public hospitals (operating 1,183 beds), 202 Primary Health Care Centres (PHCCs), and cold chain facilities storing nearly 4.6 doses of COVID-19 vaccines. In parallel, support to water stations reduced the population's reliance on bottled and trucked water tanks amidst high water prices, with an estimated 2.3 million people benefitting from the fuel operation. For the revised ERP, where fuel will only be delivered in case of highly critical and urgent shortfalls, the Logistics Sector will target facilities that are found to be most in need of fuel based on the initial project period which started in September. Subsequently, 31 public hospitals, 3 central warehouse locations, and the National AIDS/TB programme building will be prioritized for fuel support to the health sector. As for support to WASH facilities, an estimated 36 to 40 water pumping stations – each providing water to more than 20,000 individuals – will be targeted to receive fuel. The Logistics Sector projects that the Lebanese, refugee, and migrant populations will benefit from the fuel project as the use of health and water services is not restricted to one specific population group.

### Revised locations:

Unlike the initial phase of the project that took place between September 2021 and March 2022, where 622 Health and WASH facilities across Lebanon were assisted with fuel, the fuel project under the revised ERP will take a different approach, where facilities in need of fuel will be served on an ad hoc basis and based on specific request to and subsequent verification of needs by the WASH and Health sectors. However, prioritized facility locations (35 for health and

36-40 for WASH) are already identified without the need for further geographical targeting.

Any major activity changes: At the beginning of the fuel project in September 2021, Lebanon was suffering from acute fuel shortages which hindered the provision of essential services, including water and healthcare. The main driver for fuel shortages in 2021 was the Central Bank's inability to continue subsidizing fuel commodities due to scarcity of foreign currency in the country. Following the lifting of subsidies on basic commodities in late 2021, importers were able to procure fuel more freely into the market at international fuel prices. This however led to substantial increases in the price of fuel, as the currency had already lost more than 90 percent of its value against the dollar since the beginning of the economic crisis in Lebanon. Although available in the market, fuel has become less accessible to a large portion of Lebanon's populations due to its high prices, including for health and water facilities. In order to cope with higher operational costs following the hike in fuel prices, water and health facilities were forced to increase their service fees, further hindering people's ability to access these vital services. Meanwhile, the cash-strapped Lebanese government remains unable to address the electricity crisis in the country, and continues to rely solely on the long-awaited electricity provision deal with Jordan and Syrian, which is unlikely to be implemented in the short term. As such, the Logistics Sector shall ensure the provision of fuel distributions on an ad-hoc basis until end of 2022 as a contingency measure to ensure continuity of the most critical water and health services in the country.

Revised funding requirements: Through the fuel operation that took place between September 2021 and March 2022, the Health and WASH sectors identified the fuel requirements of facilities throughout the country, which amounted to more than 10 million litres of fuel with the assumption that these facilities would be able to resource part of their additional requirements. For the revised plan, the needs of the facilities will not be identified prior to the beginning of the operation, as the Logistics Sector will only distribute fuel based on critical requests from facilities that would otherwise not be able to operate and thereby shut down life-saving activities. Such requests will be received and verified

by the Health and WASH sectors, and subsequently communicated to the Logistics Sector who will perform the fuel deliveries. It is estimated that an amount of 1 million USD will suffice for a period of 6 months, which is corresponding to 10% of the requirements from the previous phase of the project. These reduced needs underline the intention to only provide emergency assistance to the respective Water and Health facilities. It is anticipated – but subject to changes in the global diesel price – that some 640,000 litres of diesel could be delivered under this project.

### **Sector response strategy**

The sector strategy will significantly change during the remainder of 2022. The approach taken by Logistics Sector in close collaboration with the Health and WASH Sectors will focus on high-demand and emergency deliveries instead of the broader supply approach taken under the previous project period. Apart from the

already targeted facilities that are most in need of fuel support, the sector will not be initiating fuel deliveries unless requests are received and justified by the facilities and communicated through the Health and WASH sectors. In addition, the sector will strengthen coordination with the WASH and Health sectors to deliver support in a more timely and efficient manner to facilities in need. Similar to 2021, the Logistics Sector shall continue to coordinate with OCHA, UNDSS, and the relevant Lebanese military authorities to ensure safe fuel distributions while evading any possible security risks that might emerge from the current situation in the country. In addition, the Logistics Sector will continue to contract a superintendent company to monitor fuel distributions and ensure accuracy of data recorded and communicated to the WASH and Health sectors. Lastly, the sector will not exclude any populations or groups from its targeting as all populations shall benefit from water and health services.



Credit: UNOCHA/Joseph Mattar, Akkar- Lebanon



**REVISED EMERGENCY  
RESPONSE PLAN**  
LEBANON

2022 REVISION

**AUGUST 2021 -  
DECEMBER 2022**

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