LEBANON HEALTH RESILIENCE PROJECT (P163476)

FIFTH SEMI-ANNUAL PROGRESS REPORT

FOR THE PERIOD COVERING

APRIL 1ST 2022 - SEPTEMBER 30TH 2022

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1. Abbreviations and Acronyms

BDL	Banque Du Liban
CAD	Coronary Artery Disease
CDR	Council for Development and Reconstruction
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Corona Virus Disease 2019
CT	Computed Tomography
DA	Designated Account
DM	Diabetes Mellitus
EPHRP	Emergency Primary Health Care Restoration Project
ESMF	Environmental and Social Monitoring Framework
ESSN	Emergency Social Safety Net
FM	Financial Management
GCFF	Global Concessional Financing Facility
GoL	Government of Lebanon
GRM	Grievance Redress Mechanism
HCW	Health Care Worker
HTN	Hypertension
IBRD	International Bank for Reconstruction and Development
ICU	Intensive Care Unit
IsDB	Islamic Development Bank
IFRC	International Federation of Red Cross and Red Crescent
LHRP	Lebanon Health Resilience Project
M&E	Monitoring and Evaluation
MEHE	Ministry of Education and Higher Education
MoF	Ministry of Finance
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affair
NCD	Non-Communicable Disease
NDVP	National Deployment and Vaccination Plan
NGO	Non-Governmental Organization
NPTP	National Poverty Targeting Program
NSSF	National Social Security Fund
PCR	Polymerase Chain Reaction
PDO	Project Development Objectives
PHCC	Primary Health Care Center
PMO	Patient Monitoring Officer
PMT	Proxy-Means Testing
PMU	Project Management Unit
POM	Project Operations Manual
PSO	Patient Support Officer
STEP	Systematic Tracking of Exchanges in Procurement
TCL	Total Care Lebanon
TL	Team Leader
TF	Trust Fund
TPA	Third-Party Agent
UHC	Universal Health Coverage
UN	United Nations
UNDB	United Nations Development Business
VIRAT/VRAF 2.0.	Vaccine Introduction Readiness Assessment Tool
WB	World Bank

WHO	World Health Organization
WHO SAGE	World Health Organization Strategic Advisory of Experts on Immunization

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2. Executive summary

The Lebanon Health Resilience Project (LHRP) was approved by the World Bank (WB) Board of Executive Directors on June 26, 2017. It became effective on November 14, 2018. The project aims to increase access to quality healthcare services to poor Lebanese and displaced Syrians in Lebanon and to strengthen the Government's capacity to respond to COVID-19. The project is financed by a $120 million loan, entailing a non-concessional portion of $95.8 million funded by the International Bank for Reconstruction and Development (IBRD) and a concessional portion of $24.2 million funded by the Global Concessional Financing Facility (GCFF). As of September 30th, 2022, $ 71.71 million have been disbursed, and $ 72.99 million have been committed.

On November 11, 2020, the GOL requested an initial project restructuring to reallocate funds from component 1, *"Scaling up the scope and capacity of the primary health care Universal Health Coverage Program"* to Component 4, *"Strengthen capacity to respond to COVID-19"*, to strengthen the MoPH capacity to respond to COVID-19. As a result, a fourth component was added to the project *"Component 4: Strengthen capacity to respond to COVID-19"*, and $ 40 million was reallocated from Components 1, 2, and 3.

On January 21, 2021, a second restructuring was approved by the World Bank, which included a reallocation of an additional $ 18 million for the COVID-19 response component, for a total of $ 58 million for component 4, of which $ 34 million has been allotted to finance the procurement and deployment of COVID-19 vaccines and to strengthen the health systems capacity to respond to COVID-19.

Given the urgent needs of the country to address COVID-19, projects funds were reallocated across components and categories through the exchange of official letters between the MoPH, the Ministry of Finance (MoF), and the WB in May 2022. For this reallocation to become validated and official, an official restructuring (Restructuring III) will have to be prepared and approved by Parliament.[1]

The MoPH, through this loan, proved consistent on supporting the World Bank's endeavors to promote increased access and transparency in the rollout of COVID-19 vaccines to the Lebanese citizens refugees and their host communities, who are the direct beneficiaries of the Lebanon Health Resilience Project (LHRP), as well as to increase the inclusiveness of vaccine recipients, especially in a country of Fragility, Conflict, and Violence (FCV). The project also covered the procurement of equipment for 45 hospitals and 180 ICU beds and financial support to cover 14,527 COVID-19 related bills.

Updates on the project financed by the Islamic Development Bank

The Islamic Development Bank (IsDB) is providing parallel financing in the amount of US$ 30 million to fund the replacement and upgrading of priority equipment in public hospitals: diagnostic equipment (including medical imaging machines); treatment machines (such as medical ventilators, incubators heart-lung machines); medical monitors (including electrocardiograms,

[1] Details about the reallocation of funds across categories and restructuring status available in FM section of the report.

electroencephalograms, and others); therapeutic equipment (such as continuous passive motion machines); and electro-mechanical equipment (such as generators). IsDB's support will give priority to public hospitals located in areas with the highest concentration of displaced Syrians and vulnerable populations, hospitals with the greatest demand for services, and hospitals with the greatest need for critical equipment.

This project was included in the original plan. However, and for the mean-time, this activity is pending and it has been expected to remain as such until the end of the project.

With COVID-19 project implementation taking precedence, the PMU has focused on more collaboration with relevant departments at the MOPH to improve healthcare infrastructure, strengthen the MoPH capacity, and improve access to COVID-19 services. This and covering the non-COVID-19 claims under component 2 of the project have been the main activities undertaken throughout this period. No progress was made under component 1 of the project.

3. Introduction

Lebanon is amid three mega-crises: the economic crisis, the COVID-19 pandemic, and the aftermath of the Port of Beirut explosion. The crippling economic crisis starting in October 2019 has greatly constrained the health system's ability to provide accessible and affordable health services. Negative impacts of the economic crisis on the health sector include:

1. protracted delays in government payments of its arrears to hospitals;
2. a dollar shortage along with unregulated restrictions on depositors' access to their funds, hindering the import of essential medical equipment, medicine, and supplies;
3. an increase in unemployment rates leading to an increase in the number of uninsured citizens requiring government assistance to access health services.

The August 2020 Port of Beirut explosion damaged 292 health facilities, reducing access to care, especially for the vulnerable and the marginalized groups. In addition, the explosion decreased the country's hospital capacity to manage the increasing covid-19 cases. The World Bank's support to the GoL through the LHRP came at a time of desperate need for the Lebanese Public Health Sector and population. The multisectoral intervention consisted of empowering public hospitals to face COVID-19, financing COVID-19 inpatient bills, and procuring COVID-19 vaccine and their supplies.

Inflation rate soared in Lebanon an annual 215 percent as of February 2022[2], where hospitals are struggling with the increased cost of fuel, transportation, and the medical supplies which mostly rely on fresh dollar status resulting from the decrease in governmental subsidies for medication. This exerted considerable pressure on the MoPH which is currently unable to adjust its own tariffs for many reasons, the most important of which is that the Lebanese government has not yet adjusted the financial ceiling allocated to hospitalization, providing an obstacle for the MoPH to increase its medical tariffs. As a result, the MoPH and the WB came into an agreement to finance the cost of care of uninsured Lebanese in public and private hospitals beyond the contracted budget ceiling agreed on and covered by the MoPH, and according to a coefficient (multiplying the medical bill with a coefficient of 2.5). Starting December 2021, the inpatient claims for non-Covid-19 and Covid-19 admitted patients will follow the aforementioned coverage mechanism used to cover COVID-19 patients, it is and will be covered respectively from components 2 and 4 of the existing loan.

This progress report covers project activities between April 1st, 2022, and September 30th, 2022, and highlights the main objectives, activities, and progress fragmented as per the project's main components.

[2] https://www.thenationalnews.com/business/2022/03/23/lebanons-inflation-hits-215-in-february-as-economic-meltdown-worsens/#:~:text=Inflation%20in%20Lebanon%20soared%20an,Price%20Index%20since%20July%202020.

4. Project Development Objectives

The original Project Development Objective (PDO) is "to increase access to quality healthcare services to poor Lebanese and displaced Syrians in Lebanon."

Following the first project restructuring on March 12, 2020, a new component was added, "Component 4: Strengthen capacity to respond to COVID-19," and the PDO was revised as "to increase access to quality healthcare services to poor Lebanese and displaced Syrians in Lebanon and to strengthen the Government's capacity to respond to COVID-19".

The PDO remained the same following the second project restructuring, which was approved on January 21, 2021.

The PDO level indicators and the Intermediate Results Indicators segregated into (i) baseline, (ii) previous results, (iii) current value, and (iv) target are available in the "Results Framework" subsection under section 7 "Monitoring and Evaluation".

5. Components

Given the deteriorating economic and financial situation in Lebanon, the depletion of essential medications, vaccines, and medical supplies from the Ministry of Public Health (MoPH) warehouses, and the fight against the COVID-19 pandemic, the MoPH proposed the reallocation of resources of the loan among the four Project components to procure: (i) essential medications and vaccines that are depleted from the MoPH warehouses, including routine vaccines for children; (ii) medical equipment and supplies for public hospitals; and (iii) additional one million doses of Pfizer vaccines to continue supporting the COVID-19 vaccination rollout, and the school reopening plan.

The proposed plan included reallocating funds from the existing allocation in Components One "Scaling up the scope and the capacity of the primary health care Universal Health Coverage program", Two "Provision of health care services in public hospitals," and Three "Strengthening Project Management and Monitoring" of the Project. Accordingly, the activities planned in parts 1.1 and 2.1 of the Project Description will not be carried out as originally designed due to the impossibility of their execution, given the socio-economic context and the readjustment of programs to respond to the current crisis.

In that regard, official letters were exchanged between the MoPH and the MoF, the latest being in March 2022, detailing the need to reallocate funds under the project across components and categories with specific details and amounts to ensure an adequate response to the challenges of the Covid-19 pandemic, specifically to finance activities undertaken under component 4 of the project. The table below (Table 1) depicts the original budget allocation intended for the project, the first budget allocation, which followed a reallocation of $ 18M from component 1 to component 4, and the current reallocation which will mainly finance activities such as (i) the procurement of additional Pfizer vaccines and vaccine accessories, (ii) coverage of Covid-19 patient bills, supporting vaccination centers, (iii) maintenance of Covid-19 related biomedical equipment at public hospitals and supporting outreach and capacity building activities. The proposed reallocation is provided below:

Table 1.Proposed Reallocation by component

Components	Original Budget Allocation (Million USD) as of 10/03/2020	First Budget Allocation (Million USD)	Current Budget Allocation (Million USD)
Component 1: Scaling up the Scope and Capacity of the PHC UHC Program	51.24	33.24	4.36
Component 2: Provision of Health Care Services in Public Hospitals	23.52	23.52	23.52
Component 3: Project Management & Monitoring	5	5	5
Component 4: Strengthening the capacity to respond to Covid-19	40	58	86.88
Front end fee	0.24	0.24	0.24
Total	120	120	120

Moreover, the project will finance the cost of care of uninsured Lebanese in public hospitals beyond the contracted budget ceiling agreed on and covered by the MoPH. The project also financed the procurement and the deployment of Covid-19 vaccines and the operations that support the vaccination rollout. In that light, the MoPH and the WB came into an agreement to finance the cost of uninsured Lebanese in public and private hospitals beyond the contracted budget ceiling authorized and covered by the MoPH. The project will adopt the agreed upon mechanism which was reflected in the amended Terms of Reference of the TPA (amendment dates back to November 2021) that is currently contracted to audit the hospital bills covered by the project. The ToR of the TPA was amended to reflect the Ministerial decree issued by the MoPH (1526) which states the multiplication factor that will be covered from the project (x2.5): the hospital portion of the claim excluding drugs and implantable. The latter will be covered by the MoPH with a multiplication factor (x1) from the annual hospitals budget resulting in a total coefficient of 3.5 for each bill submitted for Covid-19 claims.

6. Procurement Management

Objective

The main objectives of the procurement management include, but are not limited to, achieving value for money, supporting the delivery of the Project's Development Objectives, and contract management following the World Bank policies and regulations.

The Systematic Tracking of Exchanges in Procurement (STEP) system is being used in a timely manner, thus ensuring optimal transparency and traceability in public procurement activities.

The Project Procurement Strategy for Development (PPSD) (usually prepared before project negotiation) was prepared during project implementation, considering that the project is subject to emergency procedures. The PPSD is being revised after the second restructuring. An amendment to the PPSD is being prepared by the PMU and will reflect the effect of the second restructuring and the procurement risks associated with the vaccine rollout, the updated procurement plan, and the revised procurement objectives.

The vaccine rollout in Lebanon played a crucial role in decreasing the number of COVID-19 cases. Thus, the period between February 2021 and February 2022 witnessed a decline in the occupancy rates in both regular and ICU beds. These changes in the occupancy rates were reflected in the procurement management, namely the type of goods and services underwent in this period.

Below is a description of the activities that took place during the period of April 1st, 2022, and September 30th, 2022, with a brief description:

Updates

Activities made under the procurement management are detailed below according to the Procurement Category, and to the committed amount of money:

Consultant Services

Consultancy Contracts signed as follows:

Project Manager:

Reference No.: *HR-001-PROJECT MANAGER*
This contract was signed on July 1st, 2020, for a duration of one year.
An amendment to the original contract was signed on June 2021.
A second amendment to the original contract was signed on June 2022.
The committed amount under this contract and its amendments is $ 126,000.
The disbursed amount under the second amended contract as of end of September 2022, is US$ 10,500.

Financial Officer:

Reference No.: *HR-004-FINANCIAL OFFICER*
This contract was signed on July 1st, 2020, for a duration of one year.
An amendment to the original contract was signed on June 2021.
A second amendment to the original contract was signed on June 2022.

The committed amount under this contract and its amendment is $ 81,840.
The disbursed amount under the amended contract as of end of September 2022, is $ 7,260.

Operations Assistant:

Reference No.: *HR-006-OPERATIONS ASSISTANT*
This contract was signed on August 1st, 2020, for a duration of one year.
An amendment to the original contract was signed on July 2021.
A second amendment to the original contract was signed on July 2022
The committed amount under this contract and its amendment is $ 64,980.
The disbursed amount as of end of September 2022, is $ 3,960.

Administrative Assistant:

Reference No.: *LB-MOPH-191340-CS-INDV*
This contract was signed on September 1st, 2020, for a duration of one year.
An amendment to the original contract was signed on July 2021.
A second amendment to the original contract was signed on July 2022
The committed amount for this contract and its amendment is $ 45,500.
The disbursed amount as of end of September 2022 is $ 1,430.

Financial Assistant:

Reference No.: LB-MOPH-ICS-002.
This contract was signed on October 15th, 2021, for a duration of 12 months.
The committed amount under this contract is of $ 16,800.
The disbursed amount under this contract is of $ 16,100.

Third-Party Agent:

Reference No.: *LB-MOPH-159410-CS-QCBS*.
This contract was signed on December 29th, 2020, for a duration of two years.

The committed amount for this contract is $ 656,338. The objective of this consultancy is to perform technical and financial verification of inpatient services provided to beneficiaries at hospitals.

Due to the change in the nature of the services provided under the Lebanon Health Resilience Project, and the introduction of several new activities as per the occurring reallocations, an amendment to the original contract became a need.

An amendment to the original contract was signed on August 12th, 2021, with a ceiling of $ 334,428 to cover the COVID-19 claims audit, verification phone calls to the beneficiaries, and the field visits to verify the assets purchased under the loan.

A second amendment to the original contract was signed on 30 November 2021, with the amount of $ 199,402. This amendment aimed at covering the non-covid-19 claims as well as the verification phone calls to the beneficiaries.
The committed amount (total ceiling) for this contract became of $ 1,190,168.

The disbursed amount as of end of September 2022 is $ 148,685.

Financial Auditor:

Reference No.: LB-MOPH-197566-CS-LCS.
This contract was signed on August 12th, 2021, for the remaining project duration.
The committed amount under this contract is of $ 41,040.
The disbursed amount under this contract is of $ 10,260.

Goods

Procurement of COVID-19 Vaccines

The MoPH sought out two amendments with Pfizer Company to increase the total amount of vaccines contracted with Pfizer to reach around $ 39M.

This operation financed the purchase and equitable deployment of COVID-19 vaccines and needed supplies and activities to support the Government of Lebanon's (GoL) COVID-19 response. So far, the project has supported the procurement of 3.25 million doses of COVID-19 vaccine as of January 2022, as well as supplies for vaccine deployment. Below is a figure showing the status of the overall COVID-19 vaccines (Figure 1):

Figure 1. Total number of doses by vaccine type

7. Monitoring & Evaluation

Objectives

Monitoring and Evaluation (M&E) is mainly focused on assessing the project's performance by tracking the changes in the project's indicators. Developing a solid M&E mechanism is essential in achieving the project's anticipated results. To achieve a well-established M&E system, there several milestones to be followed such as:

- Determining the qualitative and quantitative analysis tools;
- Developing data collection tools;
- Working with data platforms, databases, and technologies to capture and organize data;
- Cleaning, sorting and categorizing data;

Below is the assessment of the development of the project's main indicators and the changes that occurred between April 1st, 2021, and September 30th, 2021.

Results framework

Results Indicators 2017

The project results framework is used to track the progress in achieving project development objectives (PDO). Since the launching of project implementation in March 2020, no progress has been reported in the result indicators related to component 1 and component 2, namely the PHC, Outpatient, and Inpatient services. Based on the suggested project restructuring, these indicators will be revisited.

Results Indicators for COVID-19

When the COVID-19 pandemic started, its actual nature was ambiguous, and so was its impact and long-term effects on both global and national health systems.

To monitor the country's situation especially with adding a component specifically aimed at responding to COVID-19, several indicators were introduced to the project. These indicators were derived from previous registries for outbreak response, as well as previous strategic preparedness and response plans, and adapted to the special case of COVID-19.

As it is known, the LHRP is one of the main sources of funding for the COVID-19 vaccination campaign in Lebanon. This, and the vaccine deployment in Lebanon induced a need to update the previously established indicators to reflect the change taking place. The table below shows the results indicators for COVID-19 in LHRP (Table 2):

Table 2. COVID-19 Indicators

	Nb.	Results indicators for COVID-19	September 22
Phase 1	1	Nb. Of health personnel got infected	**3286**
	2	Number of COVID-19 rapid response teams at the governorate level	**12**
	3	Number of COVID-19 treatment centres	**38**
Phase 2	4	Number of vaccination sites	**62**
	5	Percentage of vaccination sites with functional cold chain	**100%**
	6	Grievances registered related to delivery of project benefits addressed	**90%**

	7	Percentage of people vaccinated from the whole population	**50.1%**
	8	Functional electronic registry for COVID-19 vaccination	**Yes**
	9	Functional mechanisms to capture community feedback on COVID-19 vaccination	**Yes**

Below is the update under each of the projects' indicators

1. *Number of Health Personnel who got Infected.*

Status

At the launching of the project (March 2020), the number of infected health personnel was only 2.

The number of infected health personnel on September 30th, 2022, consisted of 3286 cases.

Mitigation Measures:

As stated in the NDVP, MoPH identified HCW as high-risk population and prioritized vaccinating this group due to the high exposure health personnel have with COVID-19 patients. Since the vaccine rollout on February 15, 2021, HCW were the first group to receive the vaccine. The rate of infection among health personnel decreased due to the vaccination process in addition to the IPC measures mainly hand hygiene and proper use of PPEs.

2. *Number of COVID-19 rapid response teams at the governorate level*

There are currently 12 rapid response teams operating at the level of the governorates, with a total number of 38 personnel operating under these teams. A progress is noticed in comparison to the baseline number which consisted of 1 rapid response team.

3. *Number of COVID-19 treatment centers*

With the decrease in the number of COVID-19 cases, the number of treatment centers also witnessed a decrease. The number of treatment centers on April 1st, 2022, consisted of 52 (fifty-two) centers, however, this number witnessed a drop, reaching to 24 (twenty-four) centers.

It is important to note the different factors affecting the drop in the number of treatment centers including but not limited to:

- The decrease in the number of daily COVID-19 cases that need hospital admission coupled with a decrease in the infection severity due to the percentage of people vaccinated.
- The severe economic crisis and inflation rates have heightened the hospitals' operational costs, which forced the closure of several COVID-19 treatment centers.

4. *Number of Vaccination Sites*

The number of vaccination sites between the period ranging from April 1st, 2022, until September 30th, 2022 considerably decreased. The number of centers as of April 1st consisted of 82 centers, this number decreased to reach a number of 62 centers as of September 30th.

5. *Percentage of people vaccinated from the whole population (%)*

The percentage of vaccinated specific priority people consists of 50.1%.

6. *Number of vaccination sites with functional cold chain*

Pfizer-BioNTech COVID-19 vaccine requires storage in ULT freezers. Since the arrival of the vaccine's shipment to the airport, Pfizer will be transporting the vaccines from the airport to the

Ministry's central storage. The main storage facility of the vaccines was RHUH (Rafic Hariri University Hospital) in Beirut. However, vaccines are currently being stocked in Al Karantina Hospital. The Vaccination centres should ensure having a sustainable cold chain from the time of arrival of vaccines till delivery to the beneficiaries.

7. Grievances registered related to delivery of project benefits addressed

Throughout the period this progress report is covering, no grievances related to the delivery of the projects benefits were submitted whatsoever.

8. Functional electronic registry for COVID-19 vaccination

The IMPACT platform is fully functional at the level of all vaccination centres. It is the national platform for COVID-19 vaccination information system. Data related to the vaccines are entered directly in the IMPACT platform. Vaccination cards/certificates are being issued electronically to the people who have received the vaccines.

Claims Audit:

The Lebanon Health Resilience Project is still paying for COVID-19 inpatient fees at public and eligible private hospitals. This activity was introduced on April 2020 during the first COVID-19 breakout. This claims coverage is financed from the project's fourth component that was introduced earlier during 2020.

Moreover, and as of December 2022, an amendment to the TPA contract was signed, this amendment aimed at covering the non-COVID-19 hospital claims for the ministry's patients at all private and public contracted hospitals. This activity was initiated to support the hospitals during the economic crisis, and it was financed from the project's second component.

All claims are being verified by a third-party auditor for:

(i) eligibility of admissions,
(ii) clinical appropriateness of services
(iii) accuracy of claims.

In the period between April 1st, 2022, and September 30th, 2022, the project covered both COVID-19 and non-COVID-19, which summed up to more than $ 2.1 M distributed between both public and eligible private health providers. This amount represents a decrease in the amount of money paid under this activity (the project covered around $ 2.5 M in the previous period). Although non-COVID-19 claims were introduced during this period, however, the decrease is mainly attributed to the immense decrease in the number of inpatient COVID-19 patients.

Below is a summary of the audited claims:

Third-Party Agent:

The MoPH usually covers 85%-90% of the patients. Exceptions for cases that get covered 100% include:

(i) Elderly: the total number of elderly (above 81) amounts to 1112 (50.2% out of the total number of cases); and
(ii) People with disabilities: the total number of cases with disabilities amounts to 282 (which account for 2% out of the total number of cases

During the period from April 1, 2022, until September 30, 2022, twelve payments were made against payment decisions audited by the TPA for COVID-19 claims, and three other payments

were audited and disbursed against non-COVID-19 claims. Below is a summary of these payments(Table 3):

Table 3. Audited/ Processed Payments

Nb.	Payment Number	Payment Date	Decision Number	Payment Amount (USD)
COVID-19 Claims				
1	**32nd Payment**	*May-22*	180	62,616
2	**33rd Payment**	*May-22*	502	308,572
3	**34th Payment**	*May-22*	501	47,115
4	**35th Payment**	*May-22*	416	79,150
5	**36th Payment**	*Aug-22*	593	22,934
6	**37th Payment**	*Sep-22*	762	21,967
7	**38th Payment**	*Aug-22*	617	106,679
8	**39th Payment**	*Sep-22*	763	311
9	**40th Payment**	*Sep-22*	764	164,250
10	**41st Payment**	*Sep-22*	804	554
11	**42nd Payment**	*Sep-22*	805	495,225
12	**43rd Payment**	*Sep-22*	806	21,521
Total COVID-19 payments				**1,330,894**
Non-COVID-19				
1	**1st Payment**	*May-22*	51 and 1686	197,949
2	**2nd Payment**	*Aug-21*	466	238,203
3	**3rd Payment**	*Sep-21*	467	382,648
Total non-COVID-19 payments				**818,800**
Total Amount				**2,149,694**

Demographics

The number of claims audited by Globemed and covered by the LHRP during this period summed up to more than 2,000 claims. These claims have been audited by Globemed, reviewed by the World Bank team, and then covered through the Lebanon Health Resilience Project. A detailed demographic analysis of the population at hand can serve as a reflection and show the way by which the money was disbursed across the different factors to be considered in the analysis.

Demographics such as sex and age ranges will be presented below:

Sex:

Sex is recognized implicitly as an important factor in all aspects of clinical research. Having that said, and to make sure that the sex ration is conveyed correctly, it is important to report such data in a transparent manner.

The below pie chart shows that the percentage of male beneficiaries who were covered for COVID-19 claims during this period outweighs the percentage of female beneficiaries who did(Figure 2).

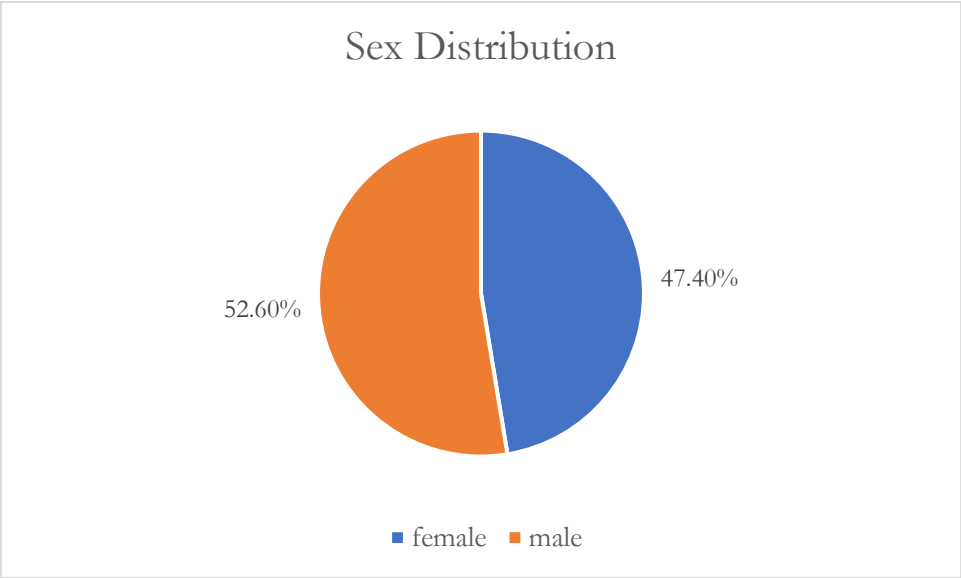

Figure 2. Beneficiaries Sex Distribution

Age range:

Age range is also considered among the important factors when studying health and disease. The below histogram reflects that the data is skewed towards higher age ranges. We highlight the fact that the elderly (50.2%) represents more than half of the beneficiaries age range of the population who benefited from the project's funds. Furthermore, older adults (36.84%), young adults (11.15%) ranked second in the distribution. Finally, young children (0.68%) and older children (1.13%) represented less than 5% of the overall population(Figure 3).

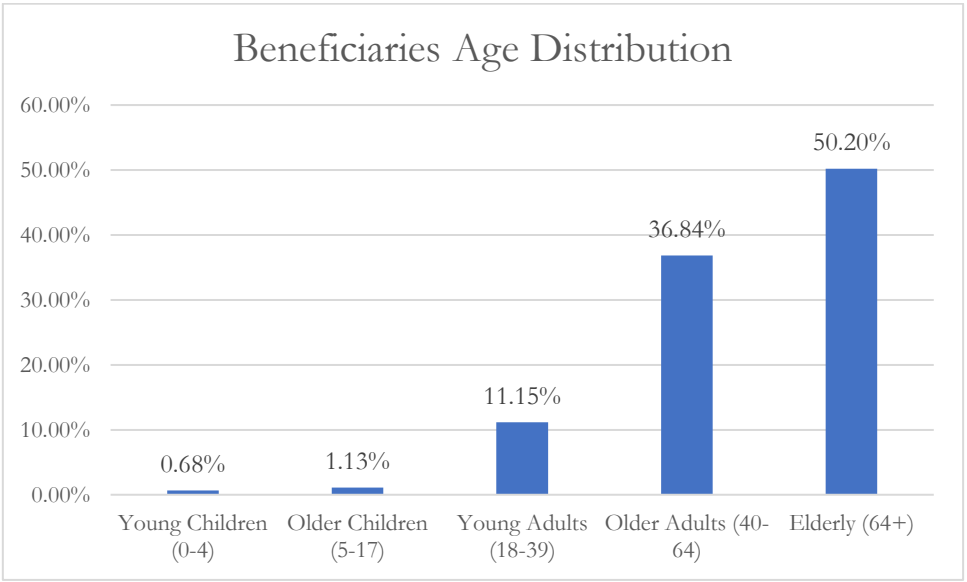

Figure 3.Beneficiaries Age Range Distribution

8. Financial Management

In this financial management section, we will be assessing (i) The Financial status of the loan (by components and categories) and the disbursement rate of the project (ii) The proposed project restructuring, and (iii) the risks and challenges pertaining to the financial management section as well as mitigation measures.

8.1. Status of loan

Table 4. Status of the loan

Description of the Total Loan	IBRD 87710 (79.83 %)	TF A5424 (20.17 %)	Total
Total Loan Amount	$95,800,000	$24,200,000	$120,000,000
Funds Withdrawn or Disbursed from World Bank DC	$61,451,718	$15,405,483	$76,857,201
Undisbursed from World Bank	$34,348,282	$8,794,517	$43,142,799

The Lebanon Health Resilience Project became effective on November 14, 2018; and the closing date of the project is June 30, 2023; thus, reaching the period of this progress report, the project is almost past midterm. The disbursement rate of the project (Table 4) is at 64.05% of the total cumulative disbursement which is conformant with the original planned project disbursement. To keep track on the origin of funds, the disbursements are categorized into (i) % IBRD which represents the funds allocated from the International Bank of Reconstruction and Development and (ii) % TF which represents the amount donated by the Trust Fund.

8.2. Total amounts withdrawn and description as of September 30th, 2022.

Table 5. Total amounts withdraw in terms of status and description

Description of the Withdrawn Amounts		Amount	Total
Disbursed (paid)	**Front end fee**	$239,500	$71,952,407
	Expenditures as direct payment	$11,031,939	
	Expenditures from DA at BDL	$60,680,968	
Available Amount	**BDL balance**	$3,923,868	$3,923,868
	MOF treasury account balance	$0	
	Total		**$75,876,275**

The total amount withdrawn from the World Bank fund as of September 30, 2022 is $ 75.88 Million (Table 5); with 94% out of the amount already disbursed, and the rest is still yet undisbursed and available in the DA.

The total amount of funds that were spent as Direct Payments made to supplies/ consultants under the disbursement category represents 15.33% of the total expenditures; with the rest of the expenditures being disbursed from the Designated account of the project at the central bank of Lebanon.

8.3. Implementation of LHRP: an assessment of the gap between the commitments and disbursements relative to total project commitments

Table 6shows the Total IBRD commitment for the active project, and the cumulative disbursements of the LHRP (as of September 30, 2022). The purpose of this table is to calculate the gap between the total IBRD/IDA commitment of the projects and the cumulative disbursements, then the % gap was calculated relative to the total IBRD commitment for the project.

The smaller the % gap between commitment and disbursement the more the project is being implemented in a conformant manner as predicted in the planning phase of the project. The % gap between commitment and disbursement relative to total loan commitment of the LHRP is at 35.8%, where the project is at its 80% completion (the timeline for completion of the project is in 2023).

Project disbursements were considered here as a measure of implementation. This is because disbursements are made against evidence that the agreed activities are being implemented by the relevant government and supervised by the Bank project staff. This is in line with common management practice: project disbursements are used as the main indicator of project success during implementation; and thus, we conclude that the LHRP is undergoing a successful implementation.

Table 6.Percentage gap between cumulative commitments and disbursements of LHRP

Project Name	Total IBRD Commitment (USD)	Disbursement of project (USD)	Commitment-Disbursement (USD)	% gap relative to commitment size
Lebanon Health Resilience Project	95,800,000	57,248,413	58,270,436	60.8%

8.4. Financial Status of Loan by Components

Table 7.Variations in disbursement rates by components

Component Name	Amount Allocated (USD)	Amount Committed (USD)	Amount Paid (USD)	Amount Not Paid (USD)
Component 1	4.36			

Component 2	23.52	0.82	0.82	
Component 3	5.00	1.61	0.43	1.18
Component 4	86.88	70.57	70.46	0.10
Front and Fees	0.24			
Total	120.00	72.99	71.71	1.28

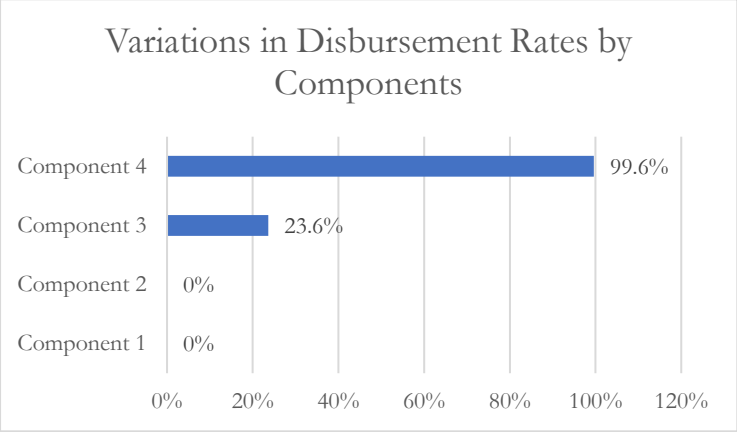

Figure 4. Variations in disbursement rates by components

Table 7presents the amounts allocated, committed, disbursed, and remaining per component under the project. The figures are presented in million USD and are rounded to two decimal places. Depending on the project's needs, variations in disbursements rates across components can be noticed. Component 4 presents the highest disbursement rate reaching 99.6% of total disbursements relative to commitment size[3], followed by component 3 which shows a much slower disbursement rate (23.6%). Components 1 and 2 had absolutely no disbursements (0%) over the same period(Figure 4. Variations in disbursement rates by componentsFigure 4).

Further breakdown of components 3 and 4 reflecting the financial status by these components are presented in tables Table 8Table 9below.

Table 8. Component 3 financial status

Ref	Supplier/Consultant Name	Description	Contract Amount	Amount Paid	Amount Committed Not Paid
Individual Consultant	Dr. Edmond Abboud	Project Manager	$126,000	$94,500	$31,500
	Mr. Imad Hariri	Financial Officer	$81,840	$60,060	$21,780

[3] The total commitments under component 4 exceed the allocated amounts due to the increased demand of funding for activities under this component. A restructuring to reallocate funds to this component is underway and passed the first step in the process (approval from the council of ministers).

	Mr. Ibrahim Assaad	Operation Assistant	$64,980	$47,160	$17,820
	Miss. Elham El Mais	Administrative Assistant	$45,500	$32,630	$12,870
	Mrs. Rima Abdul-khalek	Monitoring and Evaluation	$6,800	$6,800	$0
	Mrs. Lama Ayache	Financial Assistant	$16,800	$16,100	$700
	Total Individual Consultants		**$341,920**	**$257,250**	**$84,670**
Consultancy Services	Total Care Lebanon TCL	COVID technical auditor	$12,319	$12,319	$0
	GlobeMed	Third Party Agent (audit of hospital claims)	$1,190,168	$148,685	$1,041,483
	External Financial Auditor	Audit of the Financial Status of the Loan	$41,040	$10,260	$30,780
	Total Consultancy Services		**$1,243,527**	**$171,264**	**$1,072,263**
RFQ-12	**IDS Accounting Software**		**$20,070**		**$20,070**
Operational costs	Kassab for stationaries	Office Stationery	$1,285	$1,285	$0
	Sbeity Laptops	Office Assets	$2,090	$2,090	$0
	Total Operational Costs		**$23,445**	**$3,375**	$20,070
Grand Total			**$1,608,892**	**$431,889**	**$1,177,003**

The total commitment amount under Individual consultant's amounts to $ 0.23 Million, out of that around 83% has been disbursed to individual consultants working on the project in fixed monthly payments.

The MoPH, being in the public sector, aimed to benefit from the evolving best practices in the private sector, to ensure quality assurance whereby the activities of the project are being well planned, prepared and measured to achieve desired standards of service. The total contract amount under these consultancy services amounts to $ 1.24 million, out of which 14% has been disbursed. The operations costs committed under this component were disbursed at 100%. The total amount of allocated budget under component 3 is $ 5M, therefore, an amount of around $ 3.4M has not been committed yet.

Table 9. Financial Status Component 4

Nb.	Ref	Supplier/Consultant Name	Contract Amount	Amount Paid (US$)	Amount Committed Not Paid (US$)	Description
1	DS-1	Engineering Solutions & services	30,808	30,808	0	*Procurment of a UPS system and cameras for Qana Public Hospital*
2	MoPH	UNOPS	5,731,292	5,731,292	0	*procurement of PPE's and biomedical equipment (defibrillator, syringe pumps, infusion pumps…)*
3	MoPH	MEDICA	292,670	292,670	0	*Procurement of medical equipment*
4	MoPH	Medigate	301,460	301,460	0	*Procurement of medical equipment*
5	MoPH	Samer zakaria Menieh	54,000	54,000	0	*Rehabilitation of the ICU COVID-19 Unit at Al Menieh Hospital*
6	MoPH	VALEO CARE	206,889	206,889	0	*Installation of negative pressure systems*
7	MoPH	Chehab for Oxygen System	14,553	14,553	0	*Installation of Oxygen equipment at Al Hermel and Baabda Public Hospitals*
8	NP-2	Tromech Electromechanical	51,139	51,139	0	*Installation of a negative pressure system at Jizzin Hospital*
9	NP-3	S.termico SARL	40,954	40,954	0	*Installation of a negative pressure system at Batroun Hospital*
10	NP-8	Leomed Patient Care	34,912	34,912	0	*Installation of a negative pressure system at Bcharreh Hospital*
11	NP-9	AKA Joseph Abu Khalil	148,153	148,153	0	*Installation of a negative pressure system at Baabda, Nabatieh, Chahhar Al Gharbeh and Mays Al Jabal Hospital*
12	RFQ-1	SaraMed Sal	31,815	31,815	0	*Procurement of latex gloves*
		Inspiration Sal	37,000	37,000	0	*Procurement of 3ply surgical masks*
13	RFQ-2	Tamer Frères sal €	962,167	962,167	0	*Procurment of 30 ventilators*
		Chehab Industrial and Medical Gases Sal	773,160	773,160	0	*Procurment of 30 ventilators*
14	RFQ-3	Medica Lebanon	1,510	1,510	0	*Procurement of feeding pumps, IV Stands and air mattresses for hasbaya, rashaya, siblin, and Sir El Donieh hospitals*
		Kayat kanaan	21,000	21,000	0	*Procurment of high flow nasal cannula for siblin, sir el donnieh, rashaya and hasbaya hospitals*

		Medconsul + Amendment 1	45,741	45,741	0	*Procurement of bedside cabinet, defibrillator, infusion and syringe pumps, and ECG machines for Siblin, Rashaya, Hasbaya, Sir El Donnieh Hospitals+Procurement of Syringe and Infusion pumps for Qana Hospital*
		Royal Medicare	6,090	6,090	0	*Procurement of stools, vacuum regulators, oxygen cylinders and oxygen flow meters for Rashaya, Hasbaya, Sir El Donnieh and Siblin Hospitals*
		Medigate	83,775	83,775	0	*Procurment of ICU beds, stretchers, monitors, ABG machines, central stations, emergency carriages, and portable ultrasound for Rashaya, Hasbaya, Sir El Donnieh and Siblin Hospitals*
15	**RFQ-4**	**Manama Medical Supplies**	1,220	1,220	0	*Procurement of medical equipment*
		Medigate	72,000	72,000	0	*Procurement of medical equipment*
		TRINITY	1,331	1,331	0	*Procurement of medical equipment*
16	**NP-005/006**	**Medigate**	101,231	101,231	0	*Installation of a negative pressure system at Saida and Marjeyoun Hospital*
17	**SD-1**	**Meamar for Enginnering& constraction**	54,587	54,587	0	*Rehabilitation of the ICU COVID-19 Unit at Sir El Donnieh Hospital*
18	**SD-2**	**Chehab Medical Gases**	20,669	20,669	0	*Installation of Oxygen equipment at Sir El Donnieh Hospital*
19	**UN**	**WHO**	12,173,022	12,173,022	0	*Procurment of 100 ICU beds with their accessories and needed biomedical equipment (defibrillators, syringe, infusion and feeding pumps and many other equipment). The contract also covered the procurment of PPE's and of the testing kits and PCR tests related to the mass testing campaign*
20	**Vaccines**	**Pfizer Biontech**	39,017,160	39,017,160	0	*Procurement of Pfizer vaccines*
21	**Covid-19**	**Covid-19 bills**	8,082,759	8,082,759	0	*COVID-19 inpatient claims covered under the loan*
23	**RFQ-005**	**Medigate**	45,065	40,065	0	*Installation of negative pressure system at Sir el Donnieh Hospital*
24	**RFQ-006**	**WAH**	575,100	575,100	0	*Procurement of gloves for the vaccination campaign*
25	**RFQ-007**	**Medconsul**	319,500	287,550	31,950	*Procurement of Xray tube for CT scan at Baabda, Zahle, Halba and Bouar Hospitals*

		Medconsul amendment 1	25,800	23,220	2,580	*Procurment of Generator for the ct scan at Siblin*
		Medconsul amendment 1 Euro	€38,605	€34,745	€3,860	*Procurement of spare parts for the Xray at Baabda*
		Medconsul amendment 2	25,800	23,220	2,580	
		GME General Medical Equipment + amendment	41,210	41,210	0	*Procurement of Xray tube for CT scan at Al Menieh Hospital*
26	**RFQ-008**	**Chehab for installation oxygen system**	282,540	254,286	28,254	*Installation of Oxygen related equipment at Zahle, Saida, Bcharreh, Mays Al Jabal and Marjeyoun Hospital*
		SOAL	73,730	41,985	31,745	*Installation of oxygen related equipment at Hasbaya and Nabatieh Hospitals*
27	**RFQ-009**	**Beydoun medical equipment**	18,000	18,000	0	*procurement of 3 ml syringes for the vaccination campaign*
		MedisPharm	229,500	229,500	0	*procurement of 1 ml syringes for the vaccination campaign*
		BroadMed	157,500	157,500	0	*procurement of saline HCL for the Pfizer vaccine*
28	**RFQ-13**	**Beydoun Medical Equipment**	12,000	12,000	0	*Procurement of 3ml syringes*
		Broadmed	31,000	31,000	0	*Procurement of saline*
		Broadmed amendment	155,000	155,000	0	*Procurement of saline*
28	**DS-002**	**Beydoun medical equipment**	60,000	60,000	0	*procurement of 1 ml syringes for the vaccination campaign*
29	**DS-003**	**Intermedic**	22,780	20,502	2,278	*Procurement of medical equipment*
29	**Bank Commission & Fees**		4,066	4,066	0	

30	**Pharmacovigilance Program**	55,200	55,200	0	*Funding for consultants under the Pharmacovigilance Program*
TOTAL		**70,565,463**	**70,462,216**	**103,247**	

As Table 9shows, the bulk of the cumulative disbursements as of completion of the project have been expended from this component. The description of the activities under this component are displayed on the last column of the table. The equipping of public hospitals with equipment came as a rescue to the health sector in Lebanon whereby, with these funds, the government was able to strengthen its response to Covid-19. In addition, this component also was employed to fund around $ 39 M worth of Covid-19 vaccines whereby the MOPH showed support to the Bank's endeavours to promote increased access and transparency in the rollout of the COVID-19 vaccines not only to Lebanese citizens, but also to refugees which are the direct beneficiaries of this project, as well as their host communities. The total contract amount under component 4 is $ 70.5M, while the cumulative disbursements is $ 70.46M

The tables below (Table 10Table 11) provide the (i) amounts allocated, (ii) amounts committed, (iii) amounts paid, and (iv) amounts committed not paid under both financing agencies the IBRD and TF.

Table 10. Financial Status by category (IBRD Portion)

Category	Amount Allocated	Amount Committed	Amount Paid	Amount Committed Not Paid
1) Goods, Consulting Services, Non-Consulting Services, Training, Workshops and Operating Costs under Parts 1.2, 2.2, 3 and 4 of the project	77,321,438	57,616,788	56,594,765	1,022,023
2) Capitation Payments under Part 1.1 of the project	3,480,588	0	0	0
3) Special Capitation Payments under Part 2.1 of the project	14,744,105	653,649	653,649	
4) Front End Fee	239,500	-	-	-
Amount Cancelled as of December 17,2021	**14,369**			
Total	**95,800,000**	**58,270,436**	**57,248,413**	**1,022,023**

Table 11. Financial Status by category (TF Portion)

Category	Amount Allocated	Amount Committed	Amount Paid	Amount Committed Not Paid
1) Goods, Consulting Services, Non-Consulting Services, Training, Workshops and Operating Costs under Parts 1.2, 2.2, 3 and 4 of the project	19,593,062	14,557,567	14,299,341	258,226
2) Capitation Payments under Part 1.1 of the project	879,412			

3) Special Capitation Payments under Part 2.1 of the project	3,723,895	165,152	165,152	0
Amount Cancelled as of December 17,2021	**3,631**			
Total	**24,200,000**	**14,722,720**	**14,464,493**	**258,226**

8.5. Proposed Project Restructuring

The MoPH and the World Bank are discussing the possibility of reallocation of funds to further reactivate PHC 's Component.

Since the proposed changes will affect the structure of the loan agreement and propose a reallocation of funds and percentages through disbursement categories, the latter is subject to receiving the Lebanese Parliamentary approval. The following table (Table 12) specifies the current reallocation as per the categories of eligible expenditures that are being financed out of the proceeds of the loan, and the adjusted percentages of expenditures relative to the non-concessional and concessional portion of the loan.

Table 12. Project proposed budget reallocation

Category	Amount Allocated of the Non-Concessional Portion of the Loan in USD	Amount Allocated of the Concessional Portion of the Loan in USD	Amount After Reallocation of the Non-Concessional Portion of the Loan in USD	Amount After Reallocation of the Concessional Portion of the Loan in USD	Percentages Of Expenditures to be Financed (Inclusive of Taxes)
1) Goods, Consulting Services, Non-Consulting Services, Training, Workshops and Operating Costs under Parts 1.2, 2.2, 3 and 4 of the project	54,977,500	13,950,000	77,321,438	19,593,062	100%
2) Capitation Payments under Part 1.1 of the project	25,838,895	6,526,105	3,480,588	879,412	100%
3) Special Capitation Payments under Part 2.1 of the project	14,744,105	3,723,895	14,744,105	3,723,895	100%

4) Front End Fee to be Paid Pursuant to Section 2.03 of this Agreement in Accordance with Section 2.05 (b) of the General Conditions (Renumbered as such Pursuant to Paragraphs 3 and 5 of Section II of the Appendix to this Agreement and Relating to Capitalizing Front End Fee and Interest)	239,500	0	239,500	0	Amount Payable Pursuant to Section 2.03 of this Agreement in Accordance with section 2.07 of the General Conditions
5) Interest Cap or Interest Collar Premium to be Paid Pursuant to Section 2.08 (c) of this Agreement in Accordance with Section 4.05 of the General Conditions	0	0	0	0	Amount Due Pursuant to Section 2.08 (c) of this Agreement
Amount Cancelled as of December 17,2021			**14,369**	**3,631**	
Total	**95,800,000**	**24,200,000**	**95,800,000**	**24,200,000**	

8.6. Designated Account

Due to the economic crisis in Lebanon and in order to mitigate the risk of the currency losing its value, around first of August 2021 the Bank asked the MoPH to halt all disbursements under the project until a formal mechanism with the Ministry of Finance (MOF) and Banque Du Liban (BDL) is established for the exchange the rate for locally sourced expenditures that need to be paid in LBP. Payments after August 2021 were being processed on the Sayrafa rate as per the official platform adopted in the Central Bank. The negotiations of the MoPH with the central bank

on an agreed upon rate that matches closely with the Market rate allowed the funds to be used in their real value as compared to has increased drastically the disbursements of the loan in LBP to local costs such as the purchase of equipment from local suppliers or covering the COVID-19 inpatient hospital claims.

The PMU is responsible for preparing **Interim Unaudited Financial Reports** to provide the Bank with the right information to track whether the funds disbursed to the project are being disbursed as planned. Thus, ensuring that the budgeted costs won't be exceeded. The Financial Officer to the PMU submitted to the bank the interim financial reports covering the period October 2020 – September, 2022: (i) IFR Q1-2-3, 2020, (ii) IFR Q4, 2020, (iii) IFR Q1, 2021, (iv) IFR Q2, 2021, (v) IFR Q3 2021, (vi) IFR Q4 2021, (vii) IFR Q1 2022, (viii) IFR Q2 2022, and (viii) IFR Q3 2022

8.7. External Audit Function

The second audit for Y-2021 was carried out under physical-cum-virtual approach in July 2022 and the audit report under the LHRP was submitted around mid-August-2022. The period covered under audit is from 1 January to 31 December 2021. The audit was accompanied by a management letter that contains the external auditor's assessment of the internal controls, accounting system, and compliance with the financial covenants in the Loan Agreement.

As per opinion of the financial auditor, that the audit of year 2021 has been received with unqualified opinion and found acceptable by the Bank.

8.8. Accounting software

The challenge identified in the previous progress report was the lack of an accounting software to process accounting transactions. To mitigate this risk, the LHRP procured an Accounting Software for the Ministry of Public Health Project (MOPH) with specifications acceptable to the Bank to record expanded daily transactions and produce the periodic financial reports, as well as appropriate FM manuals. The RFQ for the accounting system was launched in September 2021; bidders submitted their proposals; the firm with the specifications that comply with the RFQ and with a fairly reasonable quotation was awarded. The contract was co-signed by the end of March 2022, the project is expected to be finalized in a period of three times and focuses on the delivering the different modules of the software as per the RFQ. This software will help also in the management of Funds in an accurate and timely manner, control over the project expenditures. The launching date of transactions will be starting beginning of October 2022.

The main features of the ERP Software that incorporates among other modules eight major components:

1. Fund and Budget Control
2. Contract Management
3. Accounting
4. World Bank Interim Financial Reports
5. Outreach Module & listing of assigned beneficiaries
6. Fixed Asset Module
7. KPI Module
8. Inventory Module

8.9. Stock Management for COVID-19 Vaccines

The Bank's FM team identified some concerns regarding the potential misuse of Covid-19 vaccine doses including stock management and distribution. The Bank's current TPMA contracted for vaccine monitoring are coordinating with the MoPH to report on the physical stock count of vaccines. However, some discrepancies were noticed between the MoPH stock reports, that are being regularly shared with the Bank team and the TPMA stock reports whereby the reconciliation of the figures was not successful. As a remedial action plan, the MoPH will recruit a stock management officer under the LHRP to monitor and validate the inventory of the vaccine stock which will help to align the stock count between MoPH and the TPMA. This will prove efficient in ensuring fair distribution and transparency. To date, there has been no progress on this activity yet.

9- **Environmental and Social Monitoring Framework (ESMF)**

1.1. Waste Management Monitoring

1.1.1. Overview

Medical waste from COVID-19 vaccination campaigns needs special attention. Therefore, handling waste at vaccination sites and implementing correct transportation of the medical waste to designated facilities for proper disposal along with hazardous waste is a critical practice. To assure adherence to the instructions on the proper segregation of medical waste and the correct way of packing it, the hospitals and vaccination centers have already established contracts with medical waste management firms (Arc en Ciel/ Abbasiyeh Municipality) to handle this waste.

1.1.2. Laws and Regulations

With reference to the latest guidelines issued by the GOL (Government of Lebanon), the MoPH
(Ministry of Public Health) will make sure to adhere to latest guidelines issued by the MoE (Ministry of Environment) regarding the proper segregation of medical waste, and the correct way for packing, transporting, and disposing it.
Below is a brief review of the Lebanese regulations on medical waste management:

- Lebanese decree 13389-2004 (Attachment 1)
  Decree 13389 -amending decree number 8006-2002 (Attachment 2)- regulates healthcare waste by defining the type of healthcare facilities and medical waste, defining the requirements of proper waste segregation and minimization, through setting guidelines for the collection and storage of medical waste.
  Finally, this decree recommends an EIA (Environmental Impact Assessment) for healthcare waste treatment facilities (hospitals, PHCCs, etc.) in order to be licensed from MoE.
- Circular 11/2011
  This circular defines the trimestral reporting template for Infectious Healthcare Waste Treatment facilities.
- Decision 1/1294-2018 (Attachment 3)
  This decision mainly regulates the transport of infectious healthcare waste by defining medical facilities, hazardous and infectious waste. It also sets the specifications of waste transport trucks and waste transport mechanisms.
- Decision 1/1295-2018 (Attachment 4)
  This decision mainly focuses on the mechanism of waste disinfection and disposal, the process of acquisition of a license to operate waste management facilities, and the environmental conditions of operating a waste management facility.
- Law 80 – 2018
  Integrated Solid Waste Management Law Sets the framework for Integrated Solid Waste Management based on the principles of Law 444/2002.
- Decree 5606 – 2019
  The decree specifies the principles for sorting domestic solid waste at the source into three categories: organic waste, recyclables, and inert waste.
- Decision 59/1 – 2020

The decision specifies the procedures and principles for hazardous waste storage facilities licensing in Lebanon.

- Decision 998/1 – 2020
  The decision specifies the procedures and principles for hazardous waste generators in Lebanon.
- Decision 6/1 – 2022 that supersedes Decision 8/1 2001 National Standards for Environmental Quality
  This decision provides Environmental Limit Values (ELV) for wastewater discharged into different receiving media (sewerage system, surface water, sea). PHCCs and hospitals are required to abide by this decision.

1.2. Project activity and location:

1.2.1. Waste Management

The PMU/MOPH (Project Management Unit/Ministry of Public Health) conducted an assessment on the amount and quality of medical waste produced in each of the vaccination centers for the last month. Below is a table showing the distribution of the centers across the country (Table 13):

Table 13. Pfizer Vaccination Centers

District	Name of the Center
Beirut District	RHUH
	Hotel Dieu
	Rizk Hospital
	Al Roum Hospital
	AUBMC
	Makassed Hospital
	Geitawi Hospital
Mount Lebanon District	Al Bouwar Hospital
	Al Zahraa Hospital
	Daher Al Bachek hospital
	Notre Damme de Liban Hospital
	Baabda Hospital
	Al Rasoul Hospital
	Ain w Zain Hospital
	Al Maaounet Hospital
	Siblin Hospital
North District	Tripoli Hospital
	Albert Haykal Hospital
	Al Batroun Hospital
	CHN Hospital

Aakar District	Rahhal Hospital
	Halba Hospital
South District	Saida Hospital
	Qana Hospital
	Jezzin Hospital
	Jabal Aamel Hospital
Nabatiye District	Nabatiye Hospital
	Ragheb Hareb Hospital
	Tebnin Hospital
Bekaa and Baalbak Hermel District	Dar El Amal Hospital
	Zahle Hospital
	Al Bekaa Hospital
	Al Hermel Hospital
	Baalbak Hospital
	Rashaya Hospital

Below is a summary of the MWM (Medical Waste Management) assessment conducted in each vaccination center, the name of each of the centers is featured below each table (Table 14Table 40):

Table 14. Baabda Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	Average 10 Kg/week	Three times per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	Average of 10 kg/ week	Three times per week	Arc en Ciel	Arc en Ciel
Bottles/glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	100 kg/week	Daily	-For non-recyclable waste: Specialized waste containers -For recyclable Waste: transport by a designated vehicle	-City Blu for non-recyclable waste -Live Love Recycle for recyclable waste
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A

Pharmaceutical and chemical waste	1 kg	Stored at a closed box	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 15. Dar El Amal Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	10 kg/week	daily	Arc en Ciel	Arc en Ciel
Sharps & cutting	0.5 kg	Once per month	Arc en Ciel	Arc en Ciel
Bottles / glass	0.5 kg	Once per week	Private institute	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	20 kg	Twice per week	Municipality	Municipality
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 16. Ftouh Keserwen Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	10 kg/week	Once per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	1 Kg/week	Once per week	Arc en Ciel	Arc en Ciel
Bottles / glass	3 kg/week	Once per day	kept in boxes at the hospital	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A

Waste assimilated to household waste	5 kg/week	Once per day	RAMCO	RAMCO
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 17. Abdullah Rasi Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	9 Kg / week	Once per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	5 Kg / week	Once per week	Arc en Ciel	Arc en Ciel
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	20 kg /week	1 / 2 days	Privet Association	Privet Association
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 18. Haykal Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	15 kg / week	Daily	No (Internal treatment	Ras Maska Municipality

Sharps & cutting	5 kg / week	Daily	By WM department at Haykel Hospital)	
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	N/A	N/A	N/A	N/A
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 19. Notre Dame du Liban-Jounieh Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	8 kg/week	Yellow bag/ 3 days per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	5 kg /week	Sharp containers	Arc en Ciel	Arc en Ciel
Bottles / glass	5 kg/week	Containers	Truck municipality	Municipality
Anatomical parts of the body	Not applicable	NA	NA	NA
Waste assimilated to household waste	Not applicable	NA	NA	NA
Perforated, sharp or cutting cytotoxic waste	Not applicable	NA	NA	NA
Soft cytotoxic waste	Not applicable	NA	NA	NA
Pharmaceutical and chemical waste	4 kg/week	Vials kept in Boxes	NA	NA
Radioactive waste	Not applicable	NA	NA	NA
Other waste	5 kg/week	Black bag/ 2 days per week	Truck municipality	Municipality

Table 20. Qana Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	20 kg/week	Once per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	20 kg /week	Once per week	Arc en Ciel	Arc en Ciel
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	20 kg/week	Once per week	Municipality of QANA	Municipality of QANA
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A

Table 21. Ragheb Hareb Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	15 kg/Week	3 days per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	3 kg	N/A	N/A	N/A
Bottles/glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	18 KG/ Week	Black Bag/ daily	Municipality	Municipality
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	1.5 KG/ Week	Storing	Storing	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 22. Rashaya Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	20 kg/ week	Twice per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	3 kg	Twice per week	Arc en Ciel	Arc en Ciel
Bottles / glass	5 kg	Twice per week	Arc en Ciel	Arc en Ciel
Anatomical parts of the body	NA	NA	NA	NA
Waste assimilated to household waste	10kg/week	Daily	Municipality	Municipality
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 23. RHUH Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	50 KG / week	3 days per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	30 KG / week	3 days per week	Arc en Ciel	Arc en Ciel
Bottles / glass	10 KG / week	3 days per week	Arc en Ciel	Arc en Ciel
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	N/A	N/A	N/A	N/A
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A

Other waste	N/A	N/A	N/A	N/A

Table 24. Saida Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	10 kg / week	Twice per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	5 kg / week	Twice per week	Arc en Ciel	Arc en Ciel
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	N/A	N/A	N/A	N/A
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	2 kg/week	Storing	None	None
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	Regular waste 10kg	Daily	Municipality	Municipality

Table 25. Siblin Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	5 kg/week	weekly	Arc en Ciel	Arc en Ciel
Sharps & cutting	5 kg/week	weekly	Arc en Ciel	Arc en Ciel
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	10 kg/week	On daily basis	City Blue City Blue	City Blue City Blue
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A

Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 26. Tripoli Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	25 kg/week	Every 2 days	Arc en Ciel	Arc en Ciel
Sharps & cutting	10 kg/week	Once per week	Arc en Ciel	Arc en Ciel
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	40 kg/week	Everyday	Municipality	Municipality
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 27. Lebanese Geitawi-UMC Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	12 kg/ week	weekly	Transported from the waste storage room	Arc en Ciel
Sharps & cutting	5 kg /week	weekly	Transported from the waste storage room	RAMCO
Bottles/glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A

Waste assimilated to household waste	20 kg /week	Daily	Transported from the waste storage room	RAMCO
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 28. Al Rasoul Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	20 kg/week (including sharps)	Twice per week	Arc en Ciel	Arc en Ciel
Sharps & cutting				
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	15 kg/ week	Twice per day	Arc en Ciel	City Blue
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	1 kg/ week	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 29. Tebnin Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	8 kg	once per week	Abbassiyeh Municipality	Waste Management Abbasiyeh
Sharps & cutting	4kg	Weekly	Abbassiyeh Municipality	Waste Management Abbasiyeh

Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	20 Kg/Week	Daily	Tebnin Municipality	Al Qalaa Municipality
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	2 KG /Week	Collected and Separately Stored in a Dedicated Secure Area		
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 30. Nabatieh Public Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	20 kg/week	One daily	Abbassiyeh municipality	Abbassiyeh municipality
Sharps & cutting	5 kg/week	Weekly	Abbassiyeh municipality	Abbassiyeh municipality
Bottles/glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	20 kg/week	One daily	Nabatieh municipality	Nabatieh municipality
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 31. Zahraa University Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	30 kg/week	Twice per day	Arc en Ciel	Arc en Ciel
Sharps & cutting	5 kg/week	Once per week	Arc en Ciel	Arc en Ciel

Bottles/glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	15 Kg/week	Daily	City blue	City blue
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 32. Notre Dame des Secours Hospital-Jbeil

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	20 kg /week	Yellow bags/ six times per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	10 kg/ week	Sharp containers provided by MOPH/ yellow bags	Arc en Ciel	Arc en Ciel
Bottles / glass	N/A	Black bags	Truck municipality	Municipality
Anatomical parts of the body	N/A	Grey Bags	N/A	Cemetery Of the hospital
Waste assimilated to household waste	N/A	Black bags/every 24 hours	Truck municipality	Municipality
Perforated, sharp or cutting cytotoxic waste	N/A	Purple sharp containers	N/A	Solution company: Exportation
Soft cytotoxic waste	N/A	Purple bags	N/A	Solution company: Exportation
Pharmaceutical and chemical waste	5kg	Red bags	N/A	Solution company: Exportation
Radioactive waste	N/A	Lead chamber… quantities are kept till radioactivity disappear	N/A	N/A
Other waste Electronic waste	N/A	Big red bin	N/A	Ecoserv… recycling company

Table 33. Jabal Amel Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	15 kg/week	3 days per week	Abbassiyeh municipality	Waste Management Abbasieh

Sharps & cutting	8 kg /week	3 days per week	Abbassiyeh municipality	Waste Management Abbasieh
Bottles/glass	10 kg/week	3 days per week	Abbassiyeh municipality	Waste Management Abbasieh
Anatomical parts of the body	5 kg/week	3 days per week	Abbassiyeh municipality	Waste Management Abbasieh
Waste assimilated to household waste	80 kg /week	3 days per week	Abbassiyeh municipality	Waste Management Abbasieh
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	10 KG /week	3 days per week	Abbassiyeh municipality	Waste Management Abbasieh
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 34. Akkar Rahhal Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	20 Kg/week	Once per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	15 kg /week	Once per week	Arc en Ciel	Arc en Ciel
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	50 kg /week	Six times per week	Municipality of Halba	Municipality of Halba
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 35. Zahleh Public Hospital

Waste type	Volume/week (m³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	20 kg/week	Once per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	N/A	N/A	N/A	N/A
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	N/A	N/A	N/A	N/A
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 36. Daher El Bachek Public Hospital

Waste type	Volume/week (m³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious Waste	20 kg/week	twice weekly	Arc en Ciel	Arc en Ciel
Sharps & cutting	3 kg/ week	weekly	Arc en ciel	Arc en ciel
Bottles/glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	N/A	N/A	N/A	N/A
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 37. Ain w Zain Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	20 Kg/week	twice per week	Arc en Ciel	Arc en Ciel
Sharps & cutting		twice per week	Arc en Ciel	Arc en Ciel
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	N/A	N/A	N/A	N/A
Waste assimilated to household waste	30 Kg/week	3 days per week	إتحاد بلديات الشوف السويجاني	مركز فرز للنفايات
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	2 Kg/week	Empty vials are collected and separately stored in a dedicated secure area		
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 38. LAU Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	30 kg (Average per week)	Daily	Arc en Ciel truck to Arc en Ciel	Arc en Ciel
Sharps & cutting	20 kg / week	Daily	Arc en Ciel truck to Arcenciel	Arc en Ciel
Bottles / glass	No data not collected	Daily	Beirut Municipality	No data
Anatomical parts of the body	No separate data all Included in hazardous waste data	Daily	Arc en Ciel truck to Arc en Ciel	Arc en Ciel
Waste assimilated to household waste	400 kg per week	Daily	Beirut Municipality	No data
Perforated, sharp or cutting cytotoxic waste (hazardous waste)	200 kg per week	Twice per week	Closed container to the incinerator area	incinerator
Soft cytotoxic waste	Data not separated, Included in hazardous waste data	Twice per week	Closed container to the incinerator area	incinerator
Pharmaceutical and chemical waste	Included in hazardous data	Twice per week	Closed container to the incinerator area	Stored

Radioactive waste	10 kgs per week	As needed	Closed container	Dedicated room for 3 months and later discarded in regular waste
Other waste/ construction waste	No data	No data	No data	No data

Table 39. Hôtel Dieu de France Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	150 kg/week	Yellow bag twice per week	Truck Arc en Ciel	Arc en ciel
Sharps & cutting	40 kg/week	N/A	N/A	N/A
Bottles / glass	N/A	N/A	N/A	N/A
Anatomical parts of the body	100 kilos/per year	N/A	N/A	N/A
Waste assimilated to household waste	N/A	N/A	N/A	N/A
Perforated, sharp or cutting cytotoxic waste	N/A	N/A	N/A	N/A
Soft cytotoxic waste	N/A	N/A	N/A	N/A
Pharmaceutical and chemical waste	N/A	N/A	N/A	N/A
Radioactive waste	5KG	Once per Week	Local of radioactive decay	After 10 cycles go to Dasri
Other waste	Papiers et cartons, 22 Tonnes/year	N/A	N/A	N/A

Table 40. Al Makased Hospital

Waste type	Volume/week (m^3) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	50 kg /week	Yellow bags/ every 24 hours except sundays	Truck AEC	Arc En Ciel
Sharps & cutting	7 kg / week	Sharp containers provided by MOPH/ yellow bags	Truck AEC	Arc En Ciel
Bottles / glass	N/A	Black bags	Truck municipality	Municipality
Anatomical parts of the body	N/A	yellow Bags	N/A	Buried from the patient family
Waste assimilated to household waste	N/A	Black bags/every 24 hours	Truck municipality	Municipality (RAMCO)

Perforated, sharp or cutting cytotoxic waste	N/A	yellow sharp containers	N/A	Storage in specific chambers, until a governmental decree
Soft cytotoxic waste	N/A	black bags	N/A	Disinfected by the department
Pharmaceutical and chemical waste	N/A	yellow containers	N/A	Storage in specific chambers, until a governmental decree
Radioactive waste	N/A	Yellow bags (no radiotoxic waste)	Truck AEC	Arc En Ciel
Other waste Electronic waste	N/A	Special containers in a specific storage zone	N/A	For sale to concerned party

Vaccination centers waste management

Improper disposal of medical waste would have environmental and public health impacts. As expected, the waste in the vaccination centers and mobile vaccination units will not likely be contaminated with COVID-19 and does not require special precautions beyond those already used to protect workers from the hazards they encounter during their routine job tasks in medical solid waste. However, proper disposal of this waste should be followed.

Mitigation Measures

- Each facility should have a contract with a Biological Waste company, namely Arc-en-Ciel & Abbasiyeh Mnunicipality. Other mitigations measures can be applied such as:
    - Source reduction measures such as purchasing restrictions to ensure the selection of methods or supplies that are less wasteful or generate less waste (for example use of materials that may be recycled either on- or off-site);
    - Identification and segregation of waste at the point of generation. Collection of Nonhazardous waste separately, such as paper, glass and plastic for recycling. Based on its feasibility, reuse or recycling of waste is recommended. Identification and segregation of Infectious and / or hazardous wastes according to its category using a color-coded system is a must. In terms of disposal for infectious waste, the container should have an inner, watertight layer of metal or plastic with a leak-proof seal and an outer packaging with adequate strength and capacity for the specific type and volume of waste. For sharps, the containers must be puncture-proof.
    - Emptying the bins regularly to avoid contamination. Sealing and replacement of bags and containers when they are approximately three quarters full and immediate replacement of full bags. Identification and labelling waste bags and containers properly prior to removal.

Wastewater discharges from hospitals treating COVID-19 cases

Hospitals treating COVID-19 infected patients are associated with increased volume of wastewater and excreta. Liquid contaminated waste (e.g., pathological sample, blood, feces,

urine, other body fluids and contaminated fluids) requires special handling, as it may pose an infectious risk to HCWs and communities if not well disposed.

Mitigation measures

- Disinfection of the liquid waste originating from the hospitals, HCC and laboratories should be done before directing to the general sewer line according to WHO-Laboratory biosafety guidance related to COVID-19 available at https://apps.who.int/iris/handle/10665/332076.
- Ensuring the availability and good conditions of the connection from the hospitals to the public sewer network or individual wastewater treatment plant. This process was done during the implementation of the LHRP.

1.2.2. Environmental Impact Assessment

The PMU/MOPH also conducted an assessment to have a better understanding on the status of the EIA (Environmental Impact Assessment) at each vaccination centers.
It is important to note that hospitals that do not have an EIA agreement with MOE (Ministry of Environment) are established before publishing of the decree in 2012 (Table 41).

Table 41. Environmental Impact Assessment per Hospital

No.	Hospital Name	Environmental Impact Assessment*	
		Yes	No
1	Qana Public Hospital		X
2	Notre Dame Jounieh Hospital		X
3	Ragheb Harb Hospital		X
4	Rashaya Public Hospital	X	
5	Rafic Hariri Public Hospital		X
6	Saida Public Hospital		X
7	Siblin Public Hospital		X
8	Tripoli Public Hospital		X
9	Geitawi Hospital		X
10	Rassoul Azzam Hospital		X
11	Tebnine Public Hospital		X
12	Nabatieh Nabih Berri Public Hospital		X
13	Zahraa Hospital		X
14	Notre Dame de Secours Hospital		X
15	Rahhal Hospital		X
16	Jabal Amel Hospital		X
17	Zahleh Elias Hraoui Public Hospital		X
18	Dahr El Bachek Public Hospital		X
19	Ein w Zein Hospital		X
20	Baabda Public Hospital		X
21	Dar El Amal Hospital		X

22	Ftouh Kesserwan Public Hospital		X
23	Halba Abdallah Rassi Public Hospital		X
24	Haykal Hospital		X
25	Makassed Hospital	X	
26	Hotel Dieu De France Hospital		X
27	Rizk LAU Hospital	X	

*: EIA was first implemented in 2012.

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1.3. Citizen engagement activities:

1.3.1. Overview

The spread of the COVID-19 pandemic constituted more than a health crisis; its impact is strongly affecting vulnerable communities through influencing the socioeconomic crisis Lebanon is going through. To ensure the successful design and implementation of the COVID-19 vaccination strategy, the national RCCE (Risk Communication and Community Engagement) established a Task Force (TF) on March 2020 comprising the relevant government counterparts including key Ministries, UN agencies, NGOs and academic institutions.

Led by the Health Education Department at the MoPH, and with the help of the RCCE TF, the DRM (Disaster Risk Management), UNICEF, WHO (World Health Organization) and UNHCR (United Nations High Commissioner for Refugees) the National COVID-19 Vaccine Technical Group on Communication and Training is the committee responsible for building and increasing trust, enable confidence, reduce hesitancy and refusal, and promote COVID-19 vaccine uptake and buy-in among all the targeted populations.

The main objectives covered by the Communication and Training Committee and its partners are as follows:

1- Engage communities through evidence-based interventions and message to raise awareness.
2- Promote public trust in the immunization services on COVID-19 vaccine provided by national and local authorities.
3- Increase public acceptance of COVID-19 vaccines.
4- Ensuring safe and equitable access and reach to COVID-19 immunization services, especially to the most vulnerable and at-risk population by advocating for the policies and interventions.

To achieve these objectives, several strategic activities in alignment with the NDVP were taken. Moreover, the development and dissemination of messages to the priority groups were undertaken by stakeholders and influencers on ad-hoc basis as follows:

- Ministerial entities: MoPH, MoSA, MoIM, MoI, MEHE, etc.
- Health and Medical professional groups including private physicians, healthcare syndicates, pharmacists, Kada Physicians, healthcare providers at the primary health care centers, etc.
- Media and social media professionals, advocates and influencers.

- Community leaders: Kaymakams, governors, municipalities, mayors, crisis cell teams.
- Religious leaders and faith-based organizations.
- Community outreach groups such as youth groups and women groups.
- Security forces: Lebanese Army, Gendarmerie, Civil Defense.
- Interagency groups, Health working group, Social Stability WG, Livelihood WG, Protection WG, as well as the other WG operating in the country under the LCRP umbrella.
- RCCE TF and sub- groups: CE and AAA.
- INGOs, NGOs and CBOs: UNICEF, WHO, UNHCR, ARCENCIEL
- Organizations working with people with disabilities, gender minorities, domestic workers and migrant workers: Lebanese Union of People with Disablities
- Academic institutions.
- Private sector entities including representatives from the designated vaccine companies.

Citizen engagement activities entail having in place a mechanism for the citizens/identified stakeholders to reach out to the project implementing agency and ask questions, raise concerns, provide feedback etc. For that purpose, The MOPH dedicated the lines 1214 and 1787 for citizen engagement activities. The MOPH marketed this communication line through TV adds and on social media.

1.3.2. Communication Campaign

Since the outbreak of COVID-19 in Lebanon in February 2020, the MoPH have been conducting intensive consultations and communication campaigns. A round of inclusive consultations took place on the Covid-19 vaccination during 2021. It was conducted in a transparent and systematic manner to ensure clear and widespread communication of the logistics, of the deployment, the eligibility criteria for the priority persons, and the associated environmental and social risks and impacts and mitigation measures of the government's vaccination deployment plan. The consultation included vulnerable groups and/or representatives of vulnerable groups of potential beneficiaries (such as female and elderly refugees, persons with disabilities or underlying medical conditions, women groups), representatives of environmental NGOs, health workers, academia and all other stakeholders and beneficiaries.

Moreover, the MoI (Ministry of Information) in collaboration with MoPH (Ministry of Public Health) and DRM (Disaster Risk Management) launched a website to follow up the latest developments on COVID-19 in Lebanon[4].
The produced materials are made public on weekly basis, sometimes more often if needed (change in any recommendation or guidance, in case of holidays or major event).
Social media plays a critical role in the dissemination process of the produced materials. Below is a table showing the different social media accounts on which the stakeholders post the flyers(Table 42).

[4] https://corona.ministryinfo.gov.lb/

Table 42. Stakeholders' social Media Accounts

Facebook	Instagram	Twitter
@UNICEFLebanon	@uniceflebanon	@UNICEFLebanon
@mophleb	@ministry_of_public_health	@mophleb
@ministryinfo.gov.lb	@ministryinfo.gov.lb	@MinistryInfoLB
@wholeb	@who_lebanon	@WHOLebanon
@drmleb	@drm_lebanon	@DRM_Lebanon

Below are some of the produced materials (Figure 5Figure 13)prepared between April 2022 and October 2022, the rest will be presented in Annex 1.

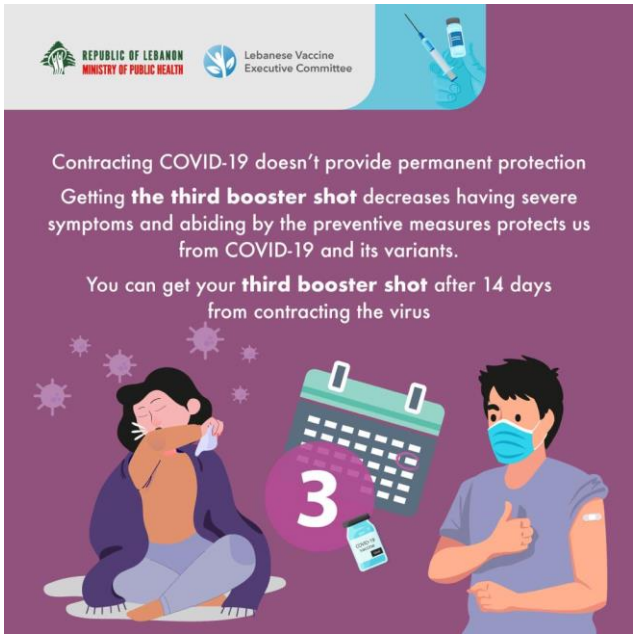


Figure 5.3rd vaccine poster (April 2022)

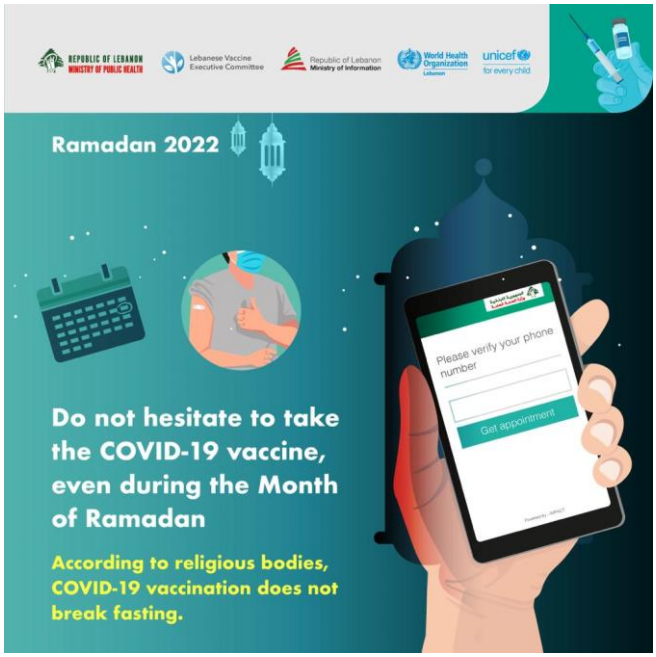


Figure 6. Ramadan (April 2022)

Figure 7. Easter (April 2022)

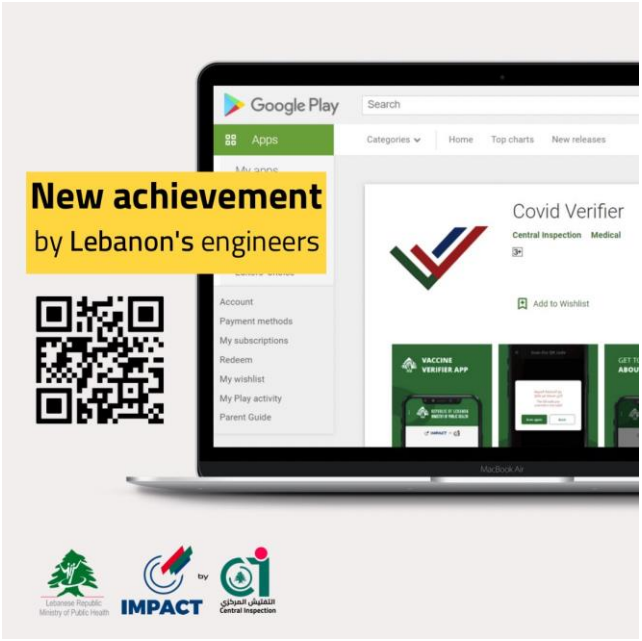


Figure 8. Covid verifier (May 2022)

Figure 9. Children vaccination (June 2022)

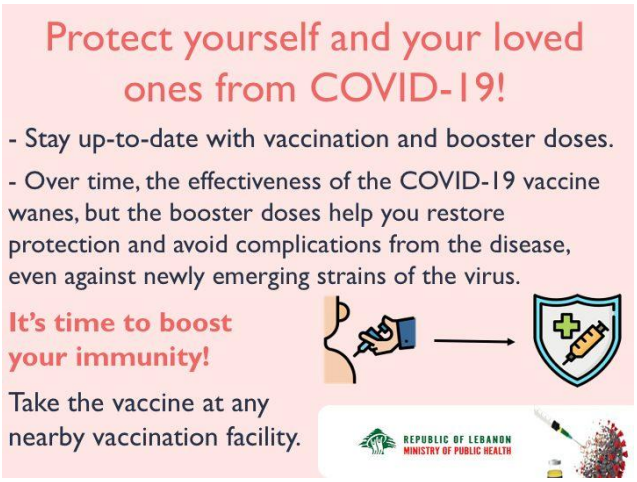


Figure 10. Booster vaccination (July 2022)

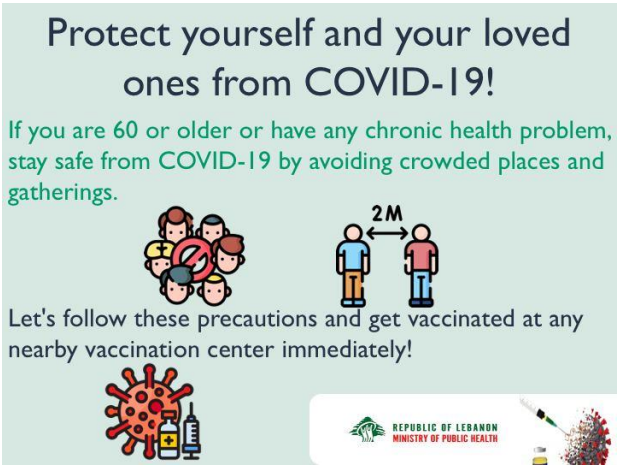


Figure 11. Elderly vaccination (July 2022)

Figure 12. Social distancing awareness (July 2022)

Figure 13. Vaccination marathon (July 2022)

a- Videos

In collaboration with the MoI, MEHE, DRM, WHO and UNICEF a series of videos were launched. The videos tackled the importance of vaccination, the registration

method, raising awareness on the importance of taking precaution measures in avoiding COVID-19.

Videos produced are often shared with the Ministry of Information and the National News Agency, they are shown on national Lebanese news channels as follows:

MTV
LBC
NBN
Al Manar
Al Jadeed
Tele Liban

1.4. Challenges:

1.4.1. Prioritization of Target Groups:

As of September 2022, the COVID19 Cumulative cases were 1,215,511 and the number of People registered were 3,866,650

• 1st dose (50.1%) 2,728,471

• 2nd dose (44.1%) 2,404,09

(Impact September 13, 2022)

The NDVP (National Deployment and Vaccination Plan) strategy for Lebanon -in alignment with WHO SAGE (World Health Organization Strategic Advisory Group of Experts) guidelines- adopted a risk-and-age based approach to ensure fair, timely and efficient provision of immunizations services to all the eligible groups that are willing to receive the COVID-19 vaccine. Priority groups were selected with the aim of protecting the health care system by protecting the front-line workers at first, and those who have essential roles to maintain the health-care system. This along with elderly, people with fragile health conditions, and patients with chronic co-morbid conditions were also given high priority (Table 43). The content was clearly communicated to the public through communication campaigns on different TV Channels, social media, MOPH site[5].

As per the updated ESMF report published in February 2021, vulnerable groups include but are not limited to the following:

- Elderly People.
- Disabled People.
- Refugees.

[5] https://moph.gov.lb/en/view/25580/protective-measures-coronavirus-
https://moph.gov.lb/en/view/63112/awareness-campaign-on-covid-19-2022-
https://moph.gov.lb/en/view/61258/awareness-campaign-covid-19-vaccine-easter-
https://moph.gov.lb/en/view/54733/national-awareness-campaign-covid-19-vaccine-

Table 43. Priority Groups

Stage IA:
1. HCWs (by priority as per guidelines in the COVID-19 vaccine initiative)
2. Age ≥75 years irrespective of comorbidity
Stage IB:
3. Age 65 - 74 yrs. irrespective of comorbidity
4. Age 55 - 64 yrs. + ≥1 comorbidity
5. Epidemiology & surveillance staff – house visits
Stage IIA:
6. Age 55-64 yrs. not included before
7. Age 16-54 + ≥1 comorbidity
8. HCWs not included before (as per guidelines in the initiative)
Stage IIB:
9. Individuals essential for preserving the function of the society.
10. Persons and staff in elderly shelters, group homes, prisons
Stage III:
11. K-12 teachers & school staff, Childcare workers
12. Other critical workers in high-risk settings
13. Other HCWs
14. Family caregivers of those age ≥65 or with special needs
Stage IV:
15. All those willing to be vaccinated.

1.4.2. Modifications to the Priority Groups:

After evaluating and discussing the situation with the COVID-19 Scientific Committee and Lebanese Society of Infectious Disease for COVID-19 Taskforce, the latter parties agreed to include the following diagnoses as a part of the first phase priority:

- Hemodialysis patients (all registered in Lebanon)
- Bone marrow transplant
- Multiple myeloma
- Solid organ transplant
- Active TB patients
- Primary pulmonary fibrosis patients who receive OFEV

A special sub-committee was formed to ensure the inclusion of marginalized groups and groups with critical health issues. The sub-committee set up a plan that addresses the following groups:

1.4.3. Reaching out to Incarcerated Individuals:

A committee was formed in the aim of immunizing those incarcerated in jails and prisons and those responsible for them. All supplies needed and logistics required will be evaluated to ensure rapid, efficient, and safe immunization plan.

1.4.4. Reaching out for the Elderly:

A significant challenge for the sub-committee was the development of an effective and efficient strategy that addresses the elderly people residing in nursing homes. Due to the mobility restrictions and the increased risk elderly people suffer from, the sub-committee decided to reach out to them in the tranquility of their vicinity.

For that purpose, mobile, refrigerated, adequately staffed, and well-equipped units operated by Doctors without borders went in an organized fashion to vaccinate all those residing at these facilities. Nursing staff taking care of the elderly were vaccinated as well.

Elderly individuals acknowledged by the facility physician or administrator to be well oriented and can make their own intelligent decision will be vaccinated without consenting. Meanwhile, others who are mentally incapable of deciding, their families will consent for them. Vaccination is optional for all, and decision will be individualized.

As of September 2022, the mobile clinic has conducted 110 visits to 5 different nursing homes. The total number of vaccinated elderly people is 10350.

Moreover, to overcome the mobility issues of elderly people residing in their homes, MoPH coordinated with LRC (Lebanese Red Cross) to facilitate their transportation to the nearest vaccination center. The Lebanese red cross ambulance teams are the only ambulance service covering the whole of the Lebanese Territory. The LRC contain around 250 ambulances that can reach the farthest areas of the country. As of September 2022, LRC transported around 3500 elderly people to vaccination centers.

The vaccination process for inpatients willing to take the vaccine will follow the below process.

- Pre-vaccination: pre-registration for vaccine uptake through the online platform established by MoPH with the support of IMPACT, the patient is then contacted, and appointment is scheduled.

- Arrival at vaccination site: arrival to vaccination center during allocated timeslot, COVID-19 measures adopted, patient's data is verified by administrator, patient is referred to waiting area.

- Vaccination: confirmation of data, patient is vaccinated, provided with vaccination card and moved to observation area

- Post- vaccination: consultation on expected side effects with healthcare provider, departure after waiting time of 15 to 30 minutes, patient requested to report side effects through contacting the call center or using digital form.

Pre-registration is a main requirement for vaccine uptake. However, a major limitation of the platform is that vulnerable and at-risk groups (mostly elderly) might need support while registering. To overcome this obstacle, pre-registration could also be conducted by contacting the MoPH 1214 call center.

To date, 2010 calls were reported for registration. These calls were addressed, and a thorough procedure was followed by the operators and callers to solve the issue and ensure that the caller is adequately registered to the platform.

1.4.5. Reaching out to People with Special Needs and Residing in Special Care Centers

Individuals with special needs and PwDs (People with Disabilities) residing in dedicated facilities were also targeted by the sub-committee's plan.

The same strategy adapted to target elderly people was adapted with individuals with special needs and PwDs where mobile, refrigerated, adequately staffed, and

well-equipped units went to vaccinate all those residing at these facilities. Nursing staff taking care of those with special needs were vaccinated as well.

Individuals acknowledged by the facility physician or administrator to be well oriented and can make their own intelligent decision will be vaccinated without consenting. Meanwhile, those who are mentally incapable of deciding, their families will consent for them. Vaccination is optional for all, and the decision will be individualized.

The mobile clinic conducted 8 visits to three different centers. The total number of vaccinated PwD's is 250.

1.4.6. Reaching out to the Refugees:

Lebanon is a country that hosts 6.8 million inhabitants, of which around one-third are refugees (Palestinians and Syrians). There are currently around 1.5 million Syrian and 400,000 Palestinian refugees, which is the largest refugee population per capita in the world, summing to around 25 percent of the total population (UNHCR, 2020)[6]

Through its official bilateral agreement with Pfizer, MoPH have secured 600,000 doses for Syrian refugees. Moreover, several steps were taken to ensure that vaccination takes place in a non-discriminatory manner, thus, including vulnerable groups, especially refugees. This was clearly reflected by the number of Syrian and Palestinian refugees so far vaccinated, and the continuous efforts intended to supply additional vaccine for refugees.

Outreach activities continue to support the vaccination enrolment of over 543,790 refugees on the IMPACT platform, which corresponds to 58% of eligible Syrian population. (UNHCR, 2022)

[6] https://www.unhcr.org/lb/wp-content/uploads/sites/16/2020/02/UNHCR-Lebanon-Operational-Fact-sheet-January-2020.pdf

As per Table 44below, the number of refugees, segregated by nationalities, who received at least one dose of vaccines as of end of April 11 2022 is 498,362.

Table 44. Pre-registration and vaccination as per refugee nationalities

Nationality	# of individuals pre-registered	Percent of total individuals pre-registered by nationality*	# of individuals who received at least one dose of a COVID-19 vaccine	Percent of pre-registered who received at least one dose of a COVID-19 vaccine	# of individuals who received at least 2 doses of a COVID-19 vaccine	Percent of pre-registered who received at least two doses of a COVID-19 vaccine
Palestinian	120,160	3%	73,638	61%	62,829	52%
Syrian	559,274	15%	316,127	57%	223,525	40%
Other	141,329	4%	108,597	77%	97,707	69%
Missing nationality	128,897	3%	16,352	13%	10,973	9%

The GoL is conducting negotiations with the WB to request a loan specific for the Covid-19 operations in Lebanon to provide support in financing the procurement and deployment of additional COVID-19 vaccines and supplies. The expected coverage of refugees with the additional doses to be procured under the new loan is 0.47 million (based on a projection from the vaccination of refugees that was covered by LHRP, as per Table 45). Clearly, the coverage should be higher due to pediatric doses and third shots, and the possibility of it becoming an annual vaccine and as a result, closing the gap in vaccinations for this group.

Table 45. Expected Coverage of Refugees in the New Loan.

Description	In Million
Total Quantity of vaccine doses procured through LHRP	**3.25**
MINUS Vaccines available in stock + upcoming	0.9
Vaccines used and administered	2.35
Nb of refugees covered	0.45
% of refugees covered	**19%**
% of refugees to be covered in the estimated vaccine purchase in the new loan (19%*2.5M doses)	0.475

1.4.7. Medical Exceptions modifications

A ministerial decision was issued to update medical exceptions recommendations on September 10, 2021, per type of vaccine and health conditions (Annex 3). Detailed lists of health conditions and diseases were mentioned for each type of vaccine (Pfizer, AstraZeneca, or any other covid vaccine).

In October 2021, the national vaccination committee agreed on several new recommendations mentioned in Annex 3.
These main recommendations are summarized as follow:

1- Third dose approved for elderly with any vaccine (regardless of the first 2 doses) after 6 months of the second dose.
2- Antispike test can be adopted to make decision about third dose even before 6 months after the second dose in special medical conditions.
3- Front liners, specially HCW, can also receive a 3rd dose after 6 months from the second dose

In March, 2022, the national vaccination committee agreed to the following:

1- Any person born between 2004 and 2010 (age 12 -18 Y) can take dose 1.
2- Dose 2 is given after 21 days.
3- Dose 3 is given at least 4 months after dose 2.

In June 2022, the national vaccination committee agreed to open registration for vaccination of children between the ages of 5 to 11 year old.

1.4.8. Migrant workers

A program to vaccinate migrant workers was also started with IOM since June 2021. Mobile clinics and mini-marathon for this purpose were created. A total of 5500 were vaccinated so far.

1.5. Functional Cold Storage, Logistics and Vaccine Management

Pfizer-BioNTech COVID-19 vaccine requires storage in ULT freezers. Since the arrival of the vaccine's shipment to the airport, Pfizer will be transporting the vaccines from the airport to the

Ministry's central storage. The main storage facility of the vaccines was RHUH (Rafic Hariri University Hospital) in Beirut. However, and since the reopening of the warehouse at Al Karantina, the vaccines are being stored there.

The Pfizer vaccine will be distributed to vaccination sites will be based on need and utilization, in line with the cold chain requirements for the vaccine. The vaccinations centers' need will be assessed by monitoring consumption rates through IMPACT platform.

MoPH received 12 cars equipped with fridges to help in transportation from central storage to vaccination sites. The ministry decided to use refrigerated cars and avoid the use of dry ice as much as possible due to shortage in the country and due to its negative environmental impact.

Furthermore, to ensure that the vaccine is not wasted or risk storing it at sub-optimal temperature for a long period, the pre-registration of all eligible adults who will take the vaccine must be provided with a back-up list and distributed to vaccination sites. This will ensure that if a person does not show-up to the assigned vaccination schedule, the vaccine can be given to another eligible person from the back-up list or allow walk in appointments at end of each working day at vaccination sites.

Increase in water and energy use

Most COVID-19 vaccines must be kept at a cold temperature to remain effective. Transporting vaccines from labs to vaccination centers need a system of refrigeration that works every step of the journey. The maintenance of this cold–chain requires certain amounts of energy. In addition, the effective IPC measures at the vaccination centers include adequate cleaning that requires large amounts of water.

Mitigations measures:

MOPH is working to ensure the following mitigation measures are being implemented:

- Provide renewable energy sources for the cold-chain whenever possible
- Make sure the vaccine is stored in the appropriate cold chain condition and according to the appropriate temperature, as soon as it is received.
- Implement water conservation measures and prevent overuse

Risks of loss of vaccines availability due to the poor management of the vaccine stock

The stock of vaccine should be well managed in order to prevent the potential loss of vaccines due to bad stock management.

Mitigations measures:

The MOPH/PMU in coordinating with the selected hospitals administrations and vaccination centers shall work to ensure the following measures are being implemented:

- Ensure all vaccines are carried in specialized vaccine carriers with temperatures according to the manufacturers' instruction and transported only by authorized refrigerated vehicles specially equipped for this purpose.
- Conduct a physical examination of the received vaccines for quality control purposes, ensuring the absence of damages, a leakage and presence of a sticker with basic information (such as the type of vaccine, expiry date, and manufacturing batch number) and other quality control parameters.
- Arrange the vaccines inside the cold chains according to First to Expire First Out (FEFO). Put the vaccines in the correct vaccine refrigerator without delay with the shortest dated foremost to ensure adequate stock rotation.
- Make sure Pfizer-BioNTech COVID-19 Vaccine (BNT162b2) vials remain upright at all times.
- Estimating the need to request additional vaccine doses.

Fire

HCF and vaccination centers may be subject to fire that may endanger the patients' lives especially if the HCFs are not well equipped with firefighting equipment and if proper fire prevention measures are not taken.

Mitigations measures:

- Vaccination Centers should be equipped with fire detectors, alarm systems, and fire-fighting equipment.
- The equipment should be maintained in good working order and be readily accessible. It should also be adequate for the dimensions and use of the premises, equipment installed, physical and chemical properties of substances present, and the maximum number of people present.
- Vaccination centers shall be provided with manual firefighting equipment that is easily accessible and simple to use.
- Fire and emergency alarm systems shall be installed and shall be both audible and visible.
- Personnel should be trained in how to behave in case of fire.

Potential Car accident and air pollution during transportation

The MOPH is using mobile vaccination units to vaccinate hard-to-reach populations (e.g., in remote areas); using Emergency Medical Services (EMS) ambulances, Medico- Social Services (MSS) mobile medical units in addition to cars and vans. The use of these vehicles could contribute to air pollution. Transportation could also lead to car accidents, especially if vehicles are not well maintained.

Mitigation measures

- All ambulances and vehicles shall be well maintained: regular check-ups are needed.

1.6. Monitoring and Evaluation: IFRC

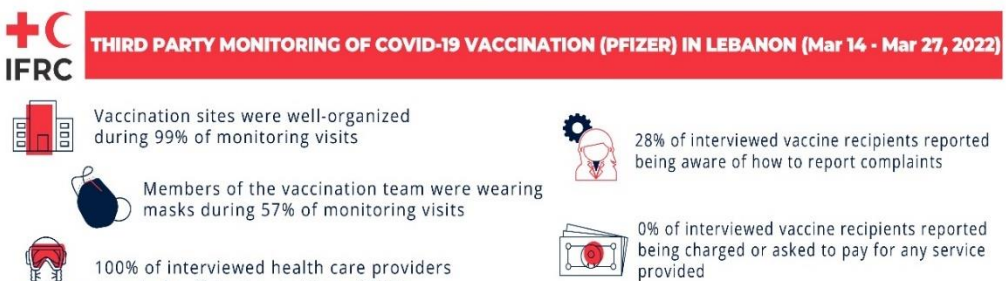
To ensure the proper use of vaccination and the fair access to the vaccine the WB signed an agreement with IFRC February 12, 2021 to independently monitor the compliance with standards/ guidelines and agreed deployment plan in terms of supply chain management and administration of COVID-19 vaccines at (i) the key points in the supply chain and (ii) all vaccination sites from the technical, environmental and social safeguards perspectives.

The MoPH is continuously providing the IFRC with (i) vaccine shipment arrival schedules, (ii) updated list of vaccination sites with operating schedules and (iii) schedule of mobile medical units. This will facilitate the assessment of the delivery of vaccination services at all vaccination sites, in terms of processes, site requirements, and eligibility of recipients as per NDVP, adherence to vaccination protocols (including protocols related to eligibility), infection prevention, record keeping and reporting, waste management.

IFRC is sharing narrative reports as well as incident reports with the MoPH and the WB in case of incidents so that the MoPH would take the appropriate corrective action. The IFRC also shares score cards for each center which represents the monthly analysis of each center; The IFRC specifies the number of monitoring visits, the number of interviewed health providers, and the number of interviewed vaccine recipients. In addition, IFRC analyzes the overall performance of the vaccination site based on the following indicators:

i. Vaccine storage ie. the availability and proper functioning of backup generators, refrigerator temperatures;
ii. Readiness of the vaccination site ie. the accuracy of the diluent used and according to approved standards;
iii. Visibility and organization of the vaccination site ie. the organization of the site and the abiding to covid-19 government measures;
iv. The composition of the team at the vaccination site;
v. Recording and use of data ie familiarity of the team with the national vaccination platform;
vi. Counseling of vaccine recipients on the possible side effects of the vaccine;
vii. Grievance mechanism for any complaints during the vaccination process;
viii. Safety and waste management following the infection control guidelines;
ix. Accessibility to the vaccine;
x. Feedback of the vaccine recipients ie being informed about the means of reporting and uptake channels in case of adverse events; and
xi. Feedback of the health provider who should have underwent training on Covid-19 vaccines.

The infographics (Figure 14) shared by IFRC below cover the period March 14 to 27 reflecting the data collected for each vaccination site. These infographics are produced on a bi-weekly basis and shared with the public on IFRC's Twitter account.



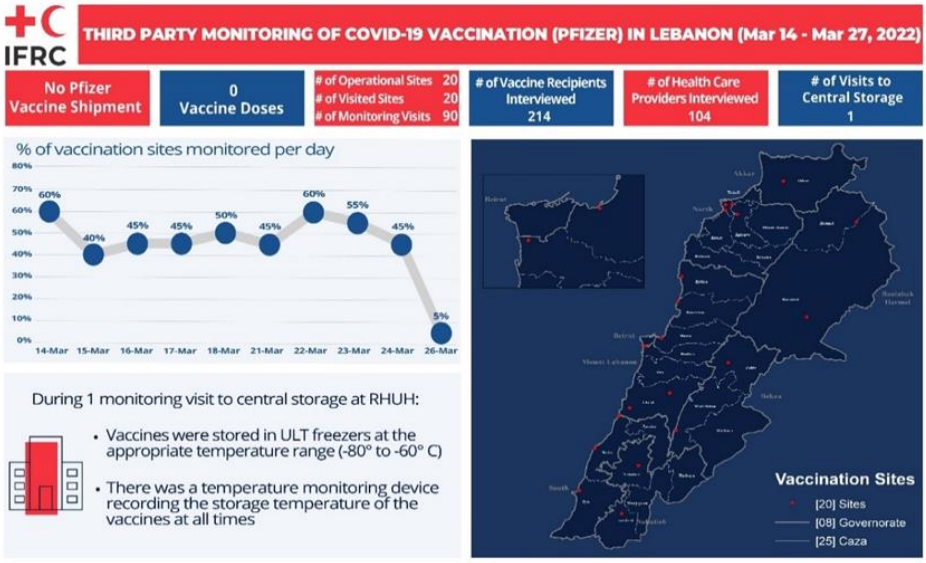


Figure 14. IFRC Infographics March 2022: Retrieved from IFRC's official Twitter Account

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In addition to the WB contracting of IFRC to monitor the vaccination process; the MoPH, in partnership with International Medical Corps (IMC) on June 18, 2021 contracted seven vaccination coordinators with the assignment of conducting field visits almost daily to the vaccination sites. The additional value of the MoPH's contracted coordinators is that the MoPH can take corrective action based on the findings. The coordinators, led by Zeina Daher, are compiling scorecards for each hospital to show the areas of each vaccination center that can be improved. The centers would then reply to the team with the relevant remedial action plan that will be administered by the centers to improve the efficiency of their site. This would lead the sites into better organization of the process, better stock management, better compliance with the measures introduced by the Ministry of Public Health (wearing masks, social distancing, separation of stations, etc). In cases where minor operational mistakes are reported, the centers receive warnings to take the appropriate measures,

whilst in cases where serious breaches get reported and communicated to the head of hospitals and dispensaries department and HE the minister, rapid and severe measures get taken vis-à-vis the vaccination centers or individuals committing fraudulent acts. The latter would then be questioned and prosecuted legally by legal authorities. Examples of breaches would be when Pfizer was restricted to specific age groups; non-eligible recipients took the vaccine after paying a bribe to a health provider.
As of May 2022, IMC took over the role of IFRC by funding a technical team of inspectors working under the supervision of MOPH.

1.7. Grievance Redress Mechanism:

1.7.1. Description of the Existing GM at MOPH

With the launching of the vaccination process, the establishment of a mechanism that helps in preventing social exclusion of marginalized stakeholders proved to be a necessity. For that aim, the Ministry decided to maintain a line of communication through the national hotline 1214.
While the vaccination Process was launched on February 19, 2021, the 1214 hotline was put into action one week before on February 12, 2021. The team consisted of 24 operators and 4 supervisors operating in separate shifts (each shift has different operators) per day, all week long as follows (Table 1):

Table 46. 1214 Hotline Shifts per Week before August 2021.

Monday till Thursday		Friday till Sunday	
AM Shift 7:00 am – 3:00 pm	PM Shift 3:00 pm – 11:00 pm	AM Shift 7:00 am – 3:00 pm	PM Shift 3:00 pm – 11:00 pm
6 operators	6 operators	6 operators	6 operators
1 supervisor	1 supervisor	1 supervisor	1 supervisor
1 project coordinator			
1 IT specialist			
1 Medical Practitioner			

The team in place answered and addressed 33,642 calls out of 85,165 calls (accounting for 39.5% of the overall number of received call). This indicated an increased need for a national hotline that handles peoples' requests and follow up with their questions. Having that said, and in the aim of increasing the hotline's efficiency, the team had to be expanded.
Between March 19, 2021 and April 19, 2021, there were, 24 operators and 4 supervisors per day The percentage of calls reached 76% (59,441 answered and addressed calls) of the total received calls (77,986 calls), with a turnaround time ranging from 24 to 48 hours.

As of August 2021, the Contact Center Human Resources included the following employees (Table 47) :

Table 47. 1214 Hotline Shifts per Week after August 2021.

Monday till Friday		Saturday		Sunday	
AM Shift 7:00 am – 3:00 pm	PM Shift 3:00 pm – 11:00 pm	AM Shift 7:00 am – 3:00 pm	PM Shift 3:00 pm – 11:00 pm	AM Shift 7:00 am – 3:00 pm	PM Shift 3:00 pm – 11:00 pm
17 operators	13 operators	10 operators	8 operators	8 operators	6 operators
2 supervisors	2 supervisors	2 supervisors	2 supervisors	2 supervisors	2 supervisors
1 project coordinator					
1 IT specialist					
1 Medical Practitioner					

Between April and September 2022, the number of PMO, PSO, TL and IT supports remain the same as in March 2022 (see table 54), however, see Table 48

Table 48. Total Number of calls

Total number of calls received:	60,872
Total number of answered resolved calls (see Table 49)	59,103 (97.09%)

1.7.2. Reporting System:

The existing call center that was previously implemented for COVID-19 services has been put at the service to cover COVID-19 related issues such as people who are calling to inquire about registration issues, or elderly or people with disabilities who are not familiar with registration process and don't know how to register. In addition, people who got vaccinated can call the hotline to report any side effects post vaccinations if any symptoms appear.

The hotline was receiving huge number of calls daily, this along with the questions that remained unanswered raised the issue of creating a system that documents the phone calls properly allowing for better follow-up. A total number of 85,165 calls were received in the period ranging from Upon expansion of the team, the percentage of calls answered and resolved increased to reach 76% of the total received phone calls. This proves that the issue was not an issue of performance but an issue in understaffing. For these reasons, a software was specifically designed to collect and categorize the received phone calls. Further to the establishment of the system, the team was able to visualize the problems of the callers, and thus, to solve each problem with the assigned team.

The system includes a section in which the operator places the caller's demographics (i.e., name, age, gender, date of birth, etc.). Once added, the operator proceeds with the documentation of the problem at hand by selecting one of the following topics:

- Inquiry.
- Complaint.
- Adverse event.
- Registration.

- Edit the information.
- Deleted messages.
- Technical problems.
- Does not have a smartphone.
- Change of vaccination center.
- Change of appointment.
- Editing the restricted information.
- Did not receive the appointment message.
- Medical staff and did not receive the appointment message.
- From the targeted population and did not receive the appointment message on time.
- Did not receive the second dose appointment message on time.
- Home vaccination.
- Medical exceptions.
- Exception needed for a surgery.
- Exception needed for travelling.
- Others.

  In addition to all of the above, all healthcare workers who undergo training on vaccination receive clear messages that prohibit SEA/SH during the vaccination process. These messages are disseminated during the provision of any healthcare service. To further put in place measures that prevent sexual exploitation and abuse, the 1214 hotline operators are well trained on how to deal with SEA/H complaints within the existing GRM. The principles of anonymity and confidentiality apply when required. In addition, when required.

1.8. Grievance Log:

Table 49. Grievance log for April 2022 – September 2022.

Item Description		**Number of cases received**	**Number of follow-ups**	**Number of cases solved**	**One-step or two-steps Handling**		**Note:**
Grievance Redress Mechanism	Registration.				We register them through the covax platform. If a family wants to register, a member calls: 01832700		
	Edit the non essential information (sex, nationality, father name, chronic diseases, email…).	39	39	39	• The operator can unlock the hold on this feature for the caller to edit the secondary data • The operator can't edit the restricted options such as the full name, the date of birth, the phone number and the ID number		
	Problem with the vaccine certificate	11	11	11		• The supervisor follows up and forwards the case to the operation support team	
	Change of vaccination centre.	65	65	65	• The operator documents the caller's need on the software	• The supervisor edits the center	
	Change of appointment.	delay: 122 cancellation: 4	delay: 122 cancellation: 4	delay: 122 cancellation: 4	• The operator documents the caller's need on the software	• The supervisor delays the appointment • The supervisor cancels the appointment	
	Editing the restricted information.	8,600	8,600	8,600	• The caller is asked to fill a kobo toolbox application by contacting 06669584 via WhatsApp	• The restricted options such as the full name, the date of birth, the phone number and the ID number can be edited through a form submission. • The operation support team audits and edits the forms submitted	

	Inquiry.	2	2	2	• If the operator has the answer, he informs the caller about it • If the operator doesn't have the answer, he can put the caller on hold, meanwhile he asks the operator plus and the supervisor for the right answer and informs the caller about it • If we don't have the answer, the operator documents it on the software	• Answers the questions of the operator. • The supervisors forward it to the team required to give us the answer for it	
	Complaint.	3	3	3	• The operators write down the complaint on the software • Follow the grievance redress mechanism	• Forward it to the party authorized to take action. • Follow the grievance redress mechanism	
	Adverse event.	45	45	45	• The operator explains the adverse events expected post vaccination, he documents all the details	• The supervisor checks it and makes sure it is forwarded to the preventive medicine team at the MoPH	

1.9 Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH):

All major university hospitals adopt the international regulations for Sexual Exploitation and Abuse and Sexual Harassment.
As for the public hospitals, it is important to note that on December 30, 2020, the Lebanese Parliament issued the law-205 on sexual harassment. This law defined the actions defined as sexual harassment. The issued law also discusses the incurred penalties on the harasser. Although the law is passed, it is crucial to establish application decrees needed for proper implementation of the law.

Gender-based violence (GBV) and sexual harassment, exploitation and abuse (SEA)
Gender inequalities and norms play an important role for access to critical health services such as vaccinations. Moreover, pandemics can create or exacerbate the conditions that especially put women and girls at greater risk of SEA/SH.

Mitigation measures

- Close collaboration with relevant department at the MOPH which can disseminate any rules, guidelines… to centers and ensure they are following these rules, in order to avoid the risk of gender inequalities and potential SEA/SH.
- Publicly post or otherwise disseminate messages clearly prohibiting SEA/SH during the provision of health care, whether healthcare providers are perpetrators or survivors.
- Make information available to health service providers on where GBV psychosocial support and emergency medical services can be accessed within the health system.

1.9. ESMP Compliance Reporting and Corrective Actions

The assessment of the ESMP (Environmental and Social Management Parameter) is based in the following criteria (Table 50) :

- MWM (Medical Waste Management):
  - High are centers that have a comprehensive medical waste treatment plan and submitted the EIA to MoE.
  - Good are centers that provided a full description of the medical waste treatment plan and the ways of handling it without submitting an EIA to MoE.
  - Moderate are centers that have a partial medical waste treatment with no EIA.
  - Low are centers showing a deficient medical waste treatment plan.
- OHS (Occupational Health and Safety):
  - Good are centers that have an officer in place that conducts a regular OHS training.
  - Moderate are centers that have an inactive OHS program.
  - Low are centers that do not have an OHS officer.
- GRM (Grievance Redress Mechanism)

- Good are centers that have a clear mechanism for receiving and following up on complaints (dedicated phone number for grievances, a box for complaint filing, etc.).
- Moderate are hospitals that address complaints without a written mechanism.
- Low are centers that do not have a clear mechanism for receiving complaints.

Table 50. Hospital's ESMP Compliance

Hospital Name	Environmental and social parameters	Compliance degree				Comments
		Low	Moderate	Good	High	
Qana Public Hospital	MWM		X			No EIA
	OHS	X				No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM	X				Complaints addressed without a documented mechanism
Notre Dame Jounieh Hospital	MWM			X		
	OHS			X		
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Ragheb Harb Hospital	MWM			X		
	OHS		X			
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Rashaya Public Hospital	MWM		X			
	OHS	X				No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM	X				No documented mechanism
Rafic Hariri Public Hospital	MWM			X		
	OHS			X		
	SEA/SH		X			No documentation in the hospital's code of conduct
	GRM			X		
	MWM			X		

Saida Public Hospital	OHS		X			No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Siblin Public Hospital	MWM	X				
	OHS	X				No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Tripoli Public Hospital	MWM		X			
	OHS	X				No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM	X				No documented mechanism
Geitawi Hospital	MWM			X		
	OHS			X		
	SEA/SH		X			No documentation in the hospital's code of conduct
	GRM			X		
Rassoul Azzam Hospital	MWM			X		
	OHS			X		
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Tebnine Public Hospital	MWM			X		
	OHS			X		
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Nabatieh Nabih Berri Public Hospital	MWM			X		
	OHS			X		
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Zahraa Hospital	MWM			X		
	OHS			X		
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
	MWM				X	

Notre Dame de Secours Hospital	OHS			X		
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Rahhal Hospital	MWM			X		No EIA
	OHS	X				No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM	X				No documented mechanism
Jabal Amel Hospital	MWM			X		
	OHS	X				No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM	X				No documented mechanism
Zahleh Elias Hraoui Public Hospital	MWM			X		No EIA
	OHS	X				No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM	X				No documented mechanism
Dahr El Bachek Public Hospital	MWM			X		
	OHS	X				No staff
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM		X			
Ein w Zein Hospital	MWM				X	
	OHS			X		
	SEA/SH			X		No documentation in the hospital's code of conduct
	GRM			X		
Baabda Public Hospital	MWM				X	
	OHS		X			Inactive program
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM		X			Complaints addressed without a documented mechanism
Dar El Amal Hospital	MWM			X		
	OHS		X			

	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		Complaints addressed without a documented mechanism
Ftouh Kesserwan Public Hospital	MWM			X		No EIA
	OHS		X			Inactive program
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM		X			Complaints addressed without a documented mechanism
Halba Abdallah Rassi Public Hospital	MWM			X		No EIA
	OHS		X			Staff recruited
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM		X			Complaints addressed without a documented mechanism
Haykal Hospital	MWM			X		No EIA
	OHS			X		
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Makassed Hospital	MWM				X	
	OHS			X		
	SEA/SH	X				No documentation in the hospital's code of conduct
	GRM			X		
Hotel Dieu De France Hospital	MWM			X		
	OHS			X		
	SEA/SH			X		No documentation in the hospital's code of conduct
	GRM			X		
Rizk LAU Hospital	MWM			X		
	OHS			X		
	SEA/SH			X		No documentation in the hospital's code of conduct
	GRM			X		
Saint George University	MWM		X			No EIA
	OHS			X		No staff

Hospital	SEA/SH			X		No documentation in the hospital's code of conduct
	GRM			X		Complaints addressed without a documented mechanism

1.10. Capacity building program:

1.10.1. Vaccination Training:

Each hospital was mandatory trained prior to vaccination initiation on how to handle, store, and administer COVID-19 vaccines and report AEFI (Adverse Events Following Immunization). Moreover, hospital staff involved in the vaccination program was trained on how to use the IMPACT platform, by ensuring proper registration of vaccinees, and confirming that the vaccine was successfully administered and reflected on the platform.
The training was conducted in every hospital by both MoPH and Pfizer representatives. In total, around 40 training sessions were held, and 400 persons trained (physicians, pharmacists, nurses, and administrative staff).

A refreshing training was conducted for vaccination centers (September 2021) and individual trainings were also conducted in collaboration with Pfizer company at the facility level when the center requested it (4-5 trainings between May to September with around 15- 20 persons were involved). The last updated version of the guidelines to be used was also disseminated to all centers.
In May 2022, a website for COVID19 vaccination training in Lebanon was initiated by Pfizer (www.cvdvaccine-lb.com). It was adopted by MOPH during its training session organized at the conference room on May 13th, 2022.

1.10.2. Pharmacovigilance (PV):

The steps of the PV program are as follows:

(i) Consultants collect data from different channels, clean the data and analyze it;
(ii) Consultants analyze the cases and classify them as per the seriousness criteria issued by WHO:
   a. Non-serious cases
   b. Serious cases: This includes cases that resulted in death, hospitalization, disability, congenital abnormalities, or were life threatening.
   c. Medically important events: this includes unexpected AEFIs, local or systemic, that may be serious in their nature but did not require hospitalization nor resulted in death.
(iii) After collecting all the available information, the investigation report is filled, and a causality assessment is performed by a group of experts to review the potential causal association between the AEFI and the vaccine. WHO forms and tools are used to carry out both the investigation and the causality assessment to determine whether the serious events are coincidental, indeterminate, or are related to the reception of vaccine.

Findings are discussed with the Serious AEFI Special Committee at Ministry of Public Health which aims to examine cases and investigations' results, provide with a technical expertise on all AEFI cases requiring investigation, answer all technical scientific inquiries related to investigated

cases, and suggest additional steps in the process of investigation in order to get further information and proposing risk minimization actions.

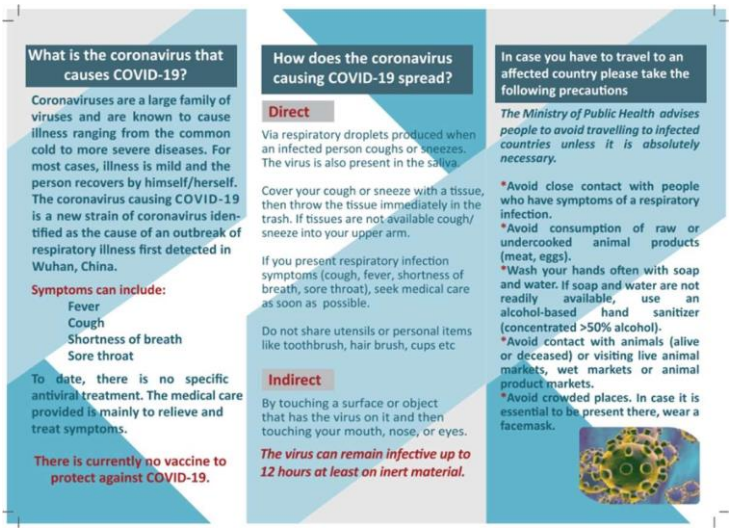
In the latest report covering the period of 14th of February 2021 to 14th of December 2022, the total number of registered persons was 6,420,891 and 5,602,239 was the total administered doses. Out of the total 7,188 reported case reports (corresponding to 25,841 AEFIs), 92.6% were non-serious. Vaccine recipients had the highest reporting rate (83.0%). AEFIs were mostly reported in vaccine recipients aging between 18 and 44 years old (54.5%), with females reporting more than males (61.0% vs. 39.0%). Of the total received AEFIs, the five most frequently reported with the five COVID-19 vaccines (Pfizer-BioNTech, AstraZeneca, Sputnik V, Sinopharm, and Moderna) available in Lebanon were injection site pain, fatigue, general pain which may correspond to body pain or joint pain, headache, and pyrexia. Finally, among the five main Lebanese governorates (Beirut, Mount Lebanon, South, North, and Bekaa/ Baalbek-Hermel), Mount Lebanon governorate had the highest reporting rate (40.45%) followed by Beirut (28.91%) which is in alignment with the number of administered vaccination doses (Pharmacovigilance Case report, December 2022).

Annex 1: Leaflets

a- What is Corona Virus

To increase the awareness on the COVID-19, MoPH and WHO produced several leaflets discussing the causes of the virus, the symptoms caused by it, the ways in which the virus is spread, traveling tips and a hotline for inquiries, below, some leaflets are presentedSee Annex .

What is COVID-19? (March 2020)



What is COVID-19? (March 2020)

b- Pregnancy

The LSOG (Lebanese Society of Obstetrics and Gynecology) in collaboration with MoPH, the

Technical Taskforce of Corona in Pregnancy, LOM (Lebanese Order of Midwives), and UNFPA (United Nations Population Fund) conducted a communication campaign targeting pregnant women by explaining COVID-19 symptoms during pregnancy, health tips for pregnant women, nutrition during pregnancy as well as recommendations for breastfeeding during COVID-19.

COVID-19 Symptoms. (April 2020)

Pregnant Women and Corona Virus (April 2020)

Nutrition During Pregnancy (April 2020)

Testing Positive for COVID-19 during Pregnancy (April 2020)

COVID-19 and Breastfeeding (May 2020)

COVID-19 and Breastfeeding (May 2020)

c- Let's Stay Committed

In collaboration woth WHO, UNICEF, UNDP, LRC, DRM and MIM, the ministry of public health published a campaign titled: "Let's stay committed" in

which it emphasized on the importance of committing to the prevention measures set by MOPH. Below is the flyer produced under this campaign.

Let's Stay Committed (May 2020)

d- Vaccine Registration

The MoPH in collaboration with MoI (Ministry of Information), DRM (Disaster Risk Management), WHO and UNICEF underwent a communication campaign that highlight the importance of vaccine in reducing the COVID-19 cases and mortality rates in Lebanon, as well as occupancy rates in hospitals. The campaign also indicates that people needing help with registration can refer to municipalities.

Vaccine Registration (June 2020)

Vaccine Registration (June 2020)

Vaccine Registration (October 2020)

e- Holidays

In collaboration with MoI, UNICEF, WHO and DRM, MoPH acknowledged the importance of tackling the issue of social gathering especially during holidays. Having said that, several communication campaigns were held during national

holidays in which stakeholders focused on the importance of social distancing and maintaining risk measures as follows:

- Christmas:

Christmas Poster (December 2020)

Christmas Posters (December 2020)

- Easter:

Easter Poster (April 2021)

- Ramadan:

Ramadan Poster (April 2021)

Vaccination Bus Poster (September 2021)

Reporting side effects Poster (September 2021)

Third dose advertisement (October 2021)

تقدم حافلة التسجيل والتوعية في الحملة الوطنية للتوعية حول لقاح كوفيد-19 فرصة لجميع أفراد المجتمع للتسجيل على المنصة، مما يمكنهم من التقدم خطوة بإتجاه الحصول على اللقاح.

#لا_ينفع_الندم
#كوفيد_19
#تعزف

Figure 13: Registration bus Poster (October 2021)

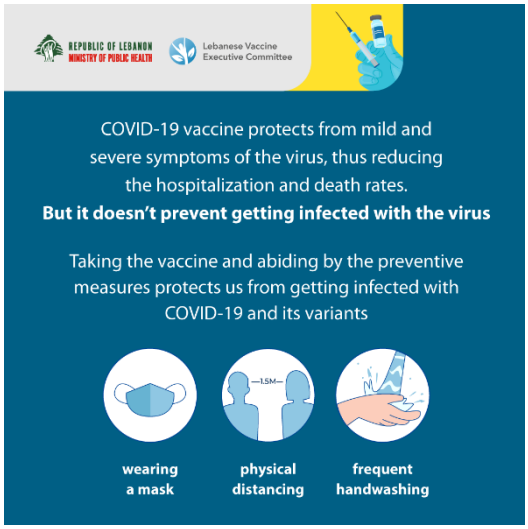
يهدف الخط الساخن 1214 للقاح كوفيد- 19 إلى:
✅ المساعدة على التسجيل للحصول على اللقاح،
✅ تقديم المعلومات الضرورية عن اللقاح،
✅ الإبلاغ عن أي تأثيرات جانبية بعد الحصول على اللقاح.

#لا_ينفع_الندم
#كوفيد_19
#تعرّف

1214 Poster (October 2021)

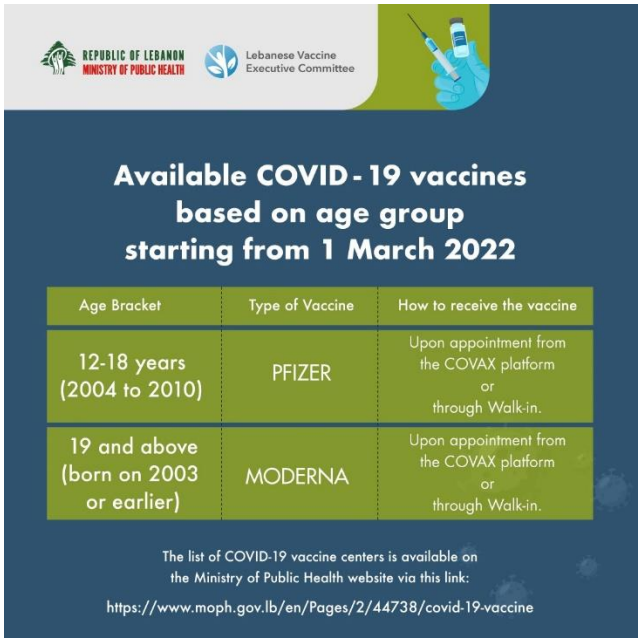
MOPH Pass (January 2022)

Pfizer Marathon (January 2022)



Social Distancing campaign (January 2022)

Vaccination registration for Children (January 2022)



Covax Platform or Walk in (March 2022)

Covax platform or Walk in (March 2022)

Annex 2: List of Vaccination Centers

اسم المركز	مدير المركز	رقم هاتفه	بريده الالكتروني	رقم هاتف المركز	دوام العمل	عدد ساعات العمل	أيام العمل
محافظة بيروت							
مستشفى الشهيد رفيق الحريري الجامعي	سميرة سعيد	3020428	s-said@live.com	01/830000	7:30-14:00	6	Monday-Friday
مستشفى أوتيل ديو	السا هيكل	3154124	elsa.haykal@hdf.usj.edu.lb	01/604000	7:30-15:00	7.5	Monday till Friday
مستشفى رزق - الجامعة اللبنانية الاميركية	د. جورج غانم	3622405	georges.ghanem@laumcrh.com	01/200800	8:00-16:00	8	Monday-Tuesday-Wednesday
مستشفى الروم	عمر أزمرلي	71306261	obzmerli@stgeorgehospital.org	01/441888	8:00-16:00	8	Monday till Friday
BCC - Saint George Hospital cedars clinic	عمر أزمرلي	71306261	obzmerli@stgeorgehospital.org	01/335531	8:00-15:00	7	Monday till Friday
مستشفى الجامعة الاميركية	د. أمية مشرفية	3358678	mw13@aub.edu.lb;um00@aub.edu.lb	01/350000	8:00-14:00	6	Monday till Friday
مستشفى المقاصد	د. ريما مغنية	3829363	moghniehrima@gmail.com	01/636121	8:00-16:00	8	Monday & Thursday
مستشفى الجيعتاوي	د. ناجي أبي راشد	3780898	dr_abirached@yahoo.com	01/590000	8:00-14:00	6	Monday till Friday

محافظة جبل لبنان							
Wesdnesday	6	8:00-14:00	05453500 Ext 4152	rdagher@hsc-lb.com	3336574	ريتا داغر	مستشفى قلب يسوع
Monday till Friday	7	8:00-15:00	01-858333 ext: 2714	akalame@sahelhospital.com.lb	3200106	عبير علامة الكردي	مستشفى الساحل
Wesdnesday - Thursday - Friday	7	7:00-14:00	01-544000 ext: 4085-4084	ajrouche.amal@gmail.com	70715051	أمل عجروش	مستشفى بهمن
One Day per week	7	8:00-15:00	25554264 ext 229	vaccination@imanhospital.org	78896631	نرمين المهتار	مستشفى الايمان
(only Friday)but they open thuesday incase of holiday	6	8:00-14:00	09857300, ext: 7300	mayathoumy@hotmail.com	3283821	مايا حديد	مركز كسروان الطبي
Monday & Wesdnesday	8	8:00-16:00	05/360555 ext 4550 - 4551	jamil.younes@aljabalhospital.com	70736071	جميل يونس	مستشفى الجبل
Monday till Friday	5.5	8:30-14:00	05/488070- whatsapp: 76/815512	mohamad-toufaily1989@hotmail.com	76998533	محمد طفيلي	الرضا حى السلم
Monday till Friday	7	8:30-15:30	01/682666 ext 5901	Rana.chedid@bmc.com.lb	71893357	رنا شديد	مستشفى بلفو
Thursday & Friday	5	8:00-13:00	01/851040 01/843754 ext:1030-1031 or whatsapp: 76771500	Samar.alarab@zhumc.org.lb	70189481-70952616	سمر العرب /زينة جابر	مستشفى الزهراء

Monday-Tuesday-Wednesday	6.5	8:30-15:00	09/644644 ext 8557	nathaliecharbelsaad@gmail.com	70340894	ناتالي عصاصه سعد	مستشفى سيدة لبنان جونية
Wednesday	8	7:30-15:30	04872147/9	Khalil_chidiac@live.com;Suzannemkhaiber@gmail.com	70106310-03907848	خليل شدياق/ د. سوزان	مستشفى ضهر الباشق الحكومي
Monday till Thursday	4.5	7:30 - 12:00	05/957000 ext: 20050	jean.abihaidar@mlh.com.lb	3665805-03351504	جان ابي حيدر / تيريز حداد	مستشفى جبل لبنان
Monday till Friday	9	8:00-17:00	1760	dory.nakhle@redcross.lb.org	3887204	دوري نخلة	مركز الصليب الاحمر - سيتي مول
Monday till Friday	7.5	7:30-15:00	05/920755	vizibel@hotmail.com; aline.reaidy@hotmail.com	3740788-71456703	د. زياد سعادة/ محمد ايوب	مستشفى بعبدا الجامعي الحكومي
Monday-Friday	6	8:00-14:00	01/469114	billabb@hotmail.com	70289025	د. بلال فرحات	مركز برج البراجنة الطبي - الرادوف
Tuesday till Thursday	7	8:00-15:00	09/621034-09/620033	layal.azzi@yahoo.com	3254520	ليال قزي	مستشفى مار مخائيل - عمشيت
Monday till Friday	6	9:00-15:00	81/930350	nadia_hajj_38@hotmail.com	3319860	ناديا حمادة	مستشفى الرسول الأعظم
Wednesday & Saturday	7.5	8:30-16:00	81/903891	Diaa.AbouShakra@awmedicalvillage.org; Inas.AlKaassamani@awmedicalvillage.org	3361394	د. ضياء أبو شقرا	مستشفى عين وزين
Monday-Friday	5	8:30-13:30	01/838284	dr.mahdiayoub@gmail.com	70800317	د. مهدي ايوب	مركز بنت الهدى للرعاية الصحية الاولية
Tuesday & Thursday & Saturday	7	8:00- 15:00	07/971722	manalhijjawi@hotmail.com	3066432	د. منال حجاوي	مستشفى سبلين الحكومي
Monday till Friday	5	9:00- 2:00	9405985	kartaba.governmental.hosp@gmail.com	03634827 03826894	عباد السخن- جمانة كرم	قرطبا الحكومي
Monday till Friday	5	9:00- 2:00	1833131	hs@naqaamc.com	71510107	حسين سكيكي	النقاء الطبي الجناح

محافظة بعلبك الهرمل							
Monday till Saturday	7	8:00 - 15:00	08/374765	mohammadobeid1980@gmail.com	70051720	د. محمد عبيد	مركز إتحاد بلديات بعلبك
Monday till Saturday	7	8:00 -15:00	08/206118	mohammadobeid1980@gmail.com	70051720	د. محمد عبيد	مركز القصر الصحي للرعاية الصحية الأولية
Monday till Saturday	7	8:00 -15:00	08/911243	mohammadobeid1980@gmail.com	70051720	د. محمد عبيد	مركز تمنين الصحي للرعاية الصحية الأولية
Monday	6	9:00 - 15:00	08/901300	-	03/261396	طوني عبدو	مستشفى رياق
Monday till Friday	7	8:00-15:00	76/053002	kamaljaafarlb@outlook.com	3869162	كمال جعفر	مركز إتحاد بلديات الهرمل
Monday till Saturday	7	8:00-15:00	08/340620	imanbayan@hotmail.com	70023461	د. إيمان بيان	مستشفى دار الامل الجامعي

محافظة البقاع							
Monday-Friday	6	8:00-14:00	08/805699	aobeidrita@gmail.com	3869925	ريتا أبو عبيد	مستشفى زحلة الحكومي
Monday, Wednesday, Friday	6	8:00-14:00	08-544022 ext:1475	maysoon.abdelkhalik@chtourahospital.com	70733877	سارية الخطيب	مستشفى شتورة
Monday-Friday	7	8:00-15:00	08/651738 ext:130/137	zahraabjeiji.mgh@gmail.com	71321424	زهراء بجيجه	مستشفى مشغرة الحكومي
Monday-Friday	7	8:00-15:00	08/591505	hassanelkhouwayer@hotmail.com	71445520	د. حسن خوير	مستشفى راشيا الحكومي

محافظة الشمال							
Monday till Friday	7	7:30-14:30	06/385300 ext 420/423	roulahajj@yahoo.com	3967014	رولا الحاج	مستشفى طرابلس الجامعي الحكومي
Monday till Friday	4	8:00-12:00	06/660575	amine.antoine1@gmail.com	3115476	طوني امين	مستشفى السيدة زغرتا
Tuesday-Wednesday	5	8:00-13:00	06-930982	Pharmacie@hopital-alkoura.com.lb jimmy.issa@hotmail.com it@hopital-alkoura.com.lb	03/857220	كريستين ابي خالد	مستشفى الكورة
Tuesday-Friday-Saturday	7	8:00-15:00	70458588	edylozom@gmail.com	3062362	ادغار لظم	مستشفى بشري
Monday till Friday	7	8:00-15:00	06/431400 ext 2114	celine_s@live.com	70/627304	سيلين صوالحي	مستشفى النيني
Monday & Wednesday & Friday	6	9:00 - 15:00	06/930250	youssef.bassim@balamand.edu.lb	3424246	يوسف بسيم	مركز التحصين في جامعة البلمند
Monday-Friday	6	8:00 - 14:00	06/491911	abir_hammoud1@live.com	3004866	عبير حمود	مستشفى سير الضنية الحكومي
Monday-Friday	7	8:00-15:00	70/237344	fatinanasser88@gmail.com	3159906	فاتنة ناصر	المستشفى الاسلامي الخيري
Monday till Friday	7	7:00 - 14:00	06/463933 ext:232	fadwa_hamoud@hotmail.com	3381532	فدوة حمود	مستشفى المنية الحكومي
Monday &Tuesday & Thursday	6	8:00-14:00	06/411111	ps@haykelhospital.com	76018230	رانيا دويدي	مستشفى ألبير هيكل
Monday till Friday	5	8:00-13:00	06/740970	Mireillechalouhy@gmail.com	3343947	ميراي الشالوحي	مستشفى البترون

Monday & Friday	7	8:00-15:00	03/842715	guinguin96@hotmail.com direction.medicale@chn.com.lb	3001006-03052398	جريج فنيانوس/ سامية حداد	مستشفى الشمال الاستشفائي
Monday till Saturday	7	8:00-15:00		mouhammad.slma@gmail.com	76152517	د.محمد سلمى	اتحاد بلديات الضنية
محافظة عكار							
Monday-Thursday	6	9:00-15:00	26/690000	n_akkary@hotmail.com	3325291	نقولا عكاري	مستشفى رحال - عكار
Monday & Wednesday & Friday	6.5	8:00 - 14:30	26/692055	-	03/761097	يولا أيوب	مركز اليوسف الطبي
Tuesday and Thursday	7	8:30 - 15:30	06/865065	rawaelq_@hotmail.com	3113208	روعة احدب	مستشفى الحبتور
Monday & Wednesday	5	10:00 - 15:00	26/351680	mary.demeam23@gmail.com	71674244	ماري بلان	مستشفى سيدة السلام القبيات
Monday till Friday	7.5	7:30-15:00	26/695637	laura_makdissy@hotmail.com	3422270	لورا المقدسي	مستشفى حلبا الحكومي
محافظة الجنوب							
Monday till Friday	6	8:00-14:00	07/721606	yasmine_elsamadi@lau.edu	71324459	ياسمينا صمدي	مستشفى صيدا الحكومي
Monday till Saturday	6	8:00-14:00	07/411080	jwaya-hosp@hotmail.com	70038234	يوسف جابر	مستشفى جويا
Monday till Friday	8	8:00-16:00	76/060537	marie.gentner@medair.org	81728854	ماري جنتنر	المستشفى التركي - MEDAIR INGO
Monday till Friday	7	8:00-15:00	07/430537	ali.gharib.br@gmail.com	70554558	د. علي غريب	مستشفى قانا الحكومي

Monday till Friday	6	8:00-14:00	07/780406	dr.elie.massaad@hotmail.com	70833435	د. ايلي مسعد	مستشفى جزين الحكومي
Monday & Tuesday & Friday	6	8:00-14:00	07/343700 ext:332	mimo_hod84@hotmail.com	3756021	ملاك حدرج	مستشفى حيرام
Monday till Friday	7	8:00-15:00	07/443344	AHM_KHA@HOTMAIL.COM	3280088	احمد خروبي	مستشفى خروبي
Monday till Friday	6	8:00-14:00		Rissala-way@hotmail.com	76970947	حسن دهيني	مركز الامام الصدر طورا للرعاية الصحية الاولية
Monday-Wednesday-Friday	6	8:00 - 14:00	07/343400	tmiro_mira@hotmail.com	78939377	وليد مروة	مستشفى جبل عامل
mon till sat	6	9:00 - 3:00	7724881	ziad@doctor.com	3555633	زياد ابو العينين	مستشفى الهمشري-الهلال الاحمر

محافظة النبطية							
Monday - Friday	9	7:00-16:00	07/766888	maysaa.kallas@outlook.com	70277421	ميساء كلاس	مستشفى الرئيس نبيه بري الحكومي
Monday till Friday	6.5	8:00-14:30	27831074	marjayoun-gh@hotmail.com	3724450	مؤنس كلاكش	مستشفى مرجعيون
Monday-Friday	6	8:00-14:00	07/769092	husseinabouzd@hotmail.com	78835231	حسين ابو زيد	مركز الرعاية الصحية الاولية - النبطية
Monday till Friday	6	8:00-14:00	71/807649	Haifasultan@outlook.es	71807649	هيفاء سلطان	مستشفى ميس الجبل
Monday till Saturday	7	8:00-15:00	76/766799	ftouni21@outlook.com	78910350	محمد فتوني	مستشفى الشيخ راغب حرب

Monday - Friday	6	8:00-14:00	27/452000 est 807	bjghospital@hotmail.com	71268654	حسن حمدان	مستشفى بنت جبيل الحكومي
Thursday	6	8:00-1400	07/550410 ext:221	houssam.Saasoue@gmail.com	70736066	غنوة الطير	مستشفى حاصبيا الحكومي
Monday till Friday	7	8:00-15:00	07/840902	hadilnasser1990@gmail.com	76667259	هديل ناصر	مركز الخيام الصحي
Monday till Saturday	7	8:00-15:00	07/385454	h.farhat984@gmail.com	3643654	محمد أيوب	مركز برج قلاوية الطبي
Monday-Saturday	6.5	7:30-14:00	03/720204	Roukaya.k.kanso@gmail.com	3665937	رقية قانصوه	مستشفى تبنين الحكومي

Annex 3: Assessment Tool

Location	
1.1 Assessment Details and Land PoE Identification	
Assessment team members:	
Locality where PoE is located:	
District where PoE is located:	
Administrative Post of PoE:	
Province where PoE is located:	
GPS coordinates: Longitude (Y):	
GPS coordinates: Latitude (X):	
Type of Ground PoE Assessed:	
Frequency of assessment:	
Contact details at PoE: Contact person's role	
Contact details at PoE: Name of person	
Contact details at PoE: Contact #:	
1.2 Human Resource / General Infrastructure and Resources	
List of Border Agencies and Authorities with activities at the PoE	
Number of staff deployed/day: Medical personnel	
Number of staff deployed/day: Security	
Number of staff deployed/day: Immigration	
Number of staff deployed/day: Quarantine	
Number of staff deployed/day: Other (Specify)	
Type of infrastructure (office):	
Communication equipment at PoE:	
Specify Agency:	
IT equipment at PoE:	
Indicate functionality of this equipment and challenges frequently encountered if any (shortages of toner? Breakdowns?)	
What mobility equipment is available at PoE?	
Specify Agency	
Indicate if fuel /driver is available 24/7 to operate the vehicle as relevant	
Border management information system:	
Water supply	
Electricity supply:	
Other comments: (comment on average electricity supply number of hours per day or days/ week, and frequency of power outage if any)	
1.3 PoE Coordination mechanisms	
Which agency/institution is leading overall coordination of operations at PoE?	

If Customs/Revenue authority is coordinating operations, do they coordinate with the National Trade Facilitation Committee on day-to-day operational blockages at PoE?	
How does the head of the PoE communicate with central level authorities?	
Is there a functional multisectoral border committee?	
If yes, Specify the composition of the PoE Coordination Committee:	
Is there a cross border coordination meeting with counterpart in neighboring country?	
If yes, specify frequency:	
Do the specific PoE border agencies meet regularly with their counterparts on the other side of the border?	
If yes, specify details	
1.4 Volume of Flows	
Opening days	
Opening hours:	
Average flows in normal days (entries / day)	
Peak hours in normal days:	
Average flows per event days: (entries / day)	
Peak hours in event days:	
Indicate which are the event days / high flow season(s):	
Specify Average Truck Drivers flow Per day (Monday - Friday)	
Specify Average Truck Drivers flow Per day (Weekend)	
Specify Average Truck Drivers flow Per day (Holidays)	
Are the truck drivers accounted for in Average Travelers' flow above?	
Is the flow monitoring conducted at PoE?	
If yes, Organization in charge of flow monitoring	
Modalities of registration of travelers:	
Registration of cross-border communities	
Type of flows:	
1.5 Presence of Health Personnel	
Is there any health personnel covering function of Port Health at PoE?	
Number of health personnel stationed at PoE:	
Types of health personnel who are stationed at PoE:	
Activities conducted by Port Health personnel:	
1.6 Port Health infrastructure	
Which type of health infrastructures does the PoE have? (Please check all the applicable items.)	
Is there a permanent infrastructure for Health surveillance (Port health office)?	
2.1 Public Health Emergency plan	

Is there a specific PoE Public Health Emergency Contingency Plan?	
Is there specific PoE SOP to be used in case of any Public Health Emergency?	
Is there (at PoE) a list of district-level contact points for notification in case of public health events at the border?	
Does this PoE also report public health events from nearby non-designated land crossings in the area?	
Was the PoE Public Health Emergency Contingency Plan ever exercised/simulated?	
2.2 Communication and coordination	
Does the PoE health team have means of communication with the designated health facility?	
COMMENTS: If yes, specify details	
Does the PoE health team have phone credit/airtime to communicate with designated HCF when there is a need?	
COMMENTS	
Do the health personnel have a functional and reliable source of electricity to recharge their telephone/radio?	
COMMENTS	
Does the PoE have contacts of the designated HCF?	
COMMENTS	
Are the contacts of the focal points clearly displayed/available?	
COMMENTS	
Name of designated Health Care Facility:	
Name of the Point of Contact in the HCF	
Contact info of Point of Contact	
Distance from PoE	
Does the Health supervisor have contacts of the competent Authority in the corresponding PoE in the neighboring Country?	
Does the health supervisor meet regularly with the health counterparts on the other side of the border?	
Does the health supervisor at the PoE receive regular updates from the national or district task force on the contact list of suspected COVID-19 cases who entered the country through the assessed PoE?	
Which institution is providing information on the contact list of suspected COVID-19 cases?	
2.3 COVID-19 Screening	
Does the PoE have an ongoing screening process for COVID-19?	
Is there a standard operating procedure for COVID-19 screening and referral?	
Screeners	

Which staff is conducting screening?	
What are their operating hours/days?	
For PoE which operates 24/7 In case health screening staff are working only during the day, are security staff trained to conduct the screening and referral process?	
Which entity is providing remuneration for screeners?	
Which staff/entity is responsible for providing logistics support to the screeners? (transport, food, supplies…etc)	
Have the screener teams encounter any challenge so far with the logistics support?	
Capacity of screeners	
Was there any training provided to the PoE screeners?	
If yes, please specify the entity who conducted the training and type of training:	
Type of training:	
Date of last training	
Screening space and equipment	
Is the PoE equipped with screening equipment (thermometer, test kits, etc)?	
Indicate feedback from screening team on challenges encountered and problem-solving mechanisms (shortage of forms? Of batteries?)	
Where is the screening conducted? (Inside main immigration office? Outside at the entry of the building? In dedicated temporary structure such as tent? Other?	
Is the COVID-19 screening place conducive to infection prevention and control	
Are there handwashing stations for travelers prior to screening?	
Does the structure assure adequate Ventilation?	
Are there effective physical distancing measures in place?	
Are travelers wearing masks consistently when accessing the screening space?	
Indicate any potential risks identified from observation on site	
PPE equipment for screening	
Does the screening team have PPE in use?	
Does the screening team have PPE in stock?	
Specify partner(s) who is/are providing PPE:	
How the screening team is comfortable with how to properly use and dispose of the PPE?	
Is there a complete First Aid Kit available on site?	
Referral of sick travelers	
Does the PoE have a vehicle to transfer sick traveler?	
COMMENTS	
in case the Poe does not have its own vehicle, what is the procedure for evacuation of sick or suspect traveler?	

How do you contact the emergency services/ambulance (e.g. landline telephone or personal mobile phone)?	
Who is authorized to contact the emergency services/ambulance?	
How far (distance) is the designated HCF from the PoE?	
Does the designated HCF have procedures in place and means for verifying alert raised at PoEs?	
Does the designated HCF have special equipment to carry suspected travelers?	
2.4 COVID-19 IPC measures	
Is there a standard operating procedure for COVID-19 IPC	
Has PoE staff been trained on the COVID-19 IPC SoP?	
IEC materials	
Is the list of COVID-19 signs and symptoms clearly posted and clearly visible?	
Other IEC materials available at PoE (please specify for which disease)	
PPE equipment	
Does the PoE non-health staff have PPE in use?	
Does the PoE non-health have PPE in stock?	
Specify partner(s) who is/are providing PPE for non-health border staff:	
How is the PoE non-health staff comfortable with how to properly use and dispose PPE?	
IPC measures for travelers' management	
Does the PoE have IPC measures in place?	
Are the IPC measures adequate to the flow of travelers?	
Specify partner(s) who is/are supporting IPC:	
Does the structure assure adequate Ventilation?	
Is the space adequate to comply with physical distancing?	
Observe the space and describe (including marks on the floor, special measures or arrangements taken for social distancing, mandatory use of masks…etc.)	
2.5 WASH facilities	
Is there running water (available on-site? Or by cistern)	
Is the PoE facing challenges with water availability?	
How many public lavatories are available for travelers?	
How many are functional?	
How many need repairs?	
Are there separate public lavatories for women and men?	
How often is the public lavatory cleaned?	
Which kind of product are used (to observe)	
Are these basic hygiene supplies available in the public lavatories at the border checkpoint?	

liquid soap	
toilet paper	
How many lavatories are available for border staff?	
How many are functional?	
How many need repairs?	
Are there separate public lavatories for women and men?	
How often is the staff lavatory cleaned?	
Which kind of product are used (to observe)	
Are these basic hygiene supplies available in the staff lavatories at the border checkpoint?	
liquid soap	
toilet paper	
2.6 Environmental issues	
Liquid waste	
Solid waste	
Rodent control	
Insect control	
2.7 Data Collection & sharing	
Is there a paper-based traveler data form?	
Is there a paper-based traveler health screening form?	
If yes, who fills the traveler screening form?	
How is the traveler health screening data compiled?	
Which authority is compiling travelers screening data?	
Is the traveler health screening data being shared?	
If yes, with whom?	
Specify the frequency of traveler health screening data sharing:	
Is there a Public Health Emergency Contingence Plan for COVID-19 or SOP?	
If available, the district plan incorporates information about preparing for or responding to an event public health, including the detection and response to a sick traveler on or near a crossing land or in communities along the international border?	
What procedures are used in the border to detect sick travelers crossing official borders?	
How does the district authority support cross border coordination and public health information sharing?	
In the district, is there a specific person in charge of coordination of public health surveillance and reporting at the borders?	