

**LEBANON HEALTH
RESILIENCE PROJECT
(P163476)**

FOURTH SEMI-ANNUAL PROGRESS REPORT

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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
GCFE	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 Affairs
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
PMT	Proxy-Means Testing
PMU	Project Management Unit
POM	Project Operations Manual
STEP	Systematic Tracking of Exchanges in Procurement
TCL	Total Care Lebanon
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 (GCF). As of March 31st, 2022, USD 70.28 million have been disbursed, and USD 71.69 million have been committed.

In 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 USD 40 million was reallocated from Components 1, 2, and 3.

In January 21, 2021, a second restructuring was approved by the World Bank, which included a reallocation of an additional USD 18 million for the COVID-19 response component, for a total of USD 58 million for component 4, of which USD 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 MoPH sought out two amendments with Pfizer Company to increase the total amount of vaccines contracted with Pfizer to reach around USD 39M. This operation is financing 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, equipment for 45 hospitals and 180 ICU beds and financial support to cover 14,527 COVID-19 related bills.

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

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, 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. A Specific Procurement Notice² (SPN) was published on the Council for Development and Reconstruction (CDR) website on September 9, 2021 and setting the deadline for submission of bids on October 27, 2021. The proposals were submitted to the CDR. The technical and financial evaluation of the proposals also took place, and the funding agency is reviewing the evaluation reports before proceeding to the contract award.

The procurement of activities financed by IsDB is applying the World Bank Procurement Regulations. The implementing agency for the IsDB project is the CDR. The MoPH conducted an assessment of needs of the public hospitals and what are their needs for essential equipment such as MRIs, CT scans, mammographies, etc... The hospitals were provided with questionnaires to fill regarding their priority needs of each equipment. Follow-up was being done by the Project Management Unit (PMU) with hospitals via phone calls. The MoPH had also appointed its biomedical engineering staff to draft and finalize the biomedical specifications of each equipment.

As of November 4, 2020, the MoPH submitted its consultancy file to the CDR for review; the file contains (i) official letter from H.E. the Minister approving of the list (ii) proposed list of medical equipment distributed to hospitals by governorate, and (iii) the finalized version of the biomedical specifications of the equipment

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. As a result, progress was mainly achieved in component 4, whereas activities under components 1 and 2 were stalled.

² <https://www.cdr.gov.lb/MediaFolder/Procurement/756.pdf>

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 underlying loan came at a time of desperate need for the Lebanese Public Health Sector and population. The multisectoral intervention consisting of empowering the GoL facilities (public hospitals) to face COVID-19, financing COVID-19 inpatient bills, and procuring vaccine supplies to achieve herd immunity.

The largest shares of total health expenditures are by the government (50.02 percent) and out-of-pocket (OOP) spending by households (33.22 percent), with the burden falling more on low-income households, and by this, subjecting a substantial proportion of the population to financial hardship and impoverishment (World Bank, 2021). This data raises equity concerns, especially in the most disadvantaged parts of Lebanon where the population are not covered by private health insurance and possess a high risk of being in dangerous/hazardous working conditions. Out-of-pocket costs impose a burden on this category and exposes the population towards financial misfortune.

The National Social Security System in Lebanon, comprised of NSSF, Public servant cooperation, security sectors insurance, and private insurance, cover around 48% of Lebanese citizens leaving the remaining with a lack of formal coverage. In addition, with regards to social assistance schemes created by MOSA, the NPTP database and related schemes (ie health and education subsidies, e-food voucher) is to date not yet finalized and agreed upon. The percentage of uninsured is also expected to rise with the rise of unemployment rates and poverty. Therefore, the Ministry of Public Health acts as a last resort with the aim of increasing access to healthcare services to reach as many displaced persons and host communities as possible, prioritizing the most vulnerable. The social protection programs do not extend to the non-nationals in Lebanon such as the refugees; they rely on the access that the MoPH provides to the established primary healthcare centres.

Inflation rate soared in Lebanon an annual 215 percent as of February 2022³, 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 percentage agreed on and covered by the MoPH. Starting December 2021, the inpatient claims for non-Covid-19 and Covid-19 admitted patients will follow the aforementioned system and will be covered respectively from components 2 and 4 of the existing loan.

This progress report covers project activities between October 1st, 2021, and March 31st, 2022, and highlights the main objectives, activities, and progress fragmented as per the project's main components.

³ <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 current budget allocation, which followed a reallocation of 18M USD from component 1 to component 4, and the proposed 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:

Components	Original Allocation (Million USD) as of 10/03/2020	Budget (Million USD) of	Current Allocation (Million USD)	Budget (Million USD)	Proposed Amount to be reallocated (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

Table 1- Proposed Reallocation by component

Moreover, the project will finance the cost of care of uninsured Lebanese in public hospitals beyond the percentage agreed on and covered by the MoPH. The project will also finance 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. 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 October 1, 2021, and March 31, 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 21st, 2021.

The committed amount under this contract and its amendment is USD 84,000

The disbursed amount under the amended contract as of end of March 2022, is US\$ 31,500.

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 21st, 2021.

The committed amount under this contract and its amendment is USD 52,800

The disbursed amount under the amended contract as of end of March 2022, is USD 19,800.

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 26th, 2021.

The committed amount under this contract and its amendment is USD 43,200

The disbursed amount as of end of March 2022, is USD 14,400.

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 26th, 2021.

The committed amount for this contract and its amendment is US\$ 31,200

The disbursed amount as of end of March 2022 is USD 9,100.

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 USD 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 USD 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 USD 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 USD 1,190,168.

The disbursed amount as of end of March 2022 is USD 117,288.36

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 USD 16,800.

The disbursed amount under this contract is of USD 7,700.

Pharmacovigilance Program

The Quality Assurance of Pharmaceutical Products (QAPP) Program at the Ministry of Public Health (MoPH) aims to reinforce the implementation of quality standards relating to pharmaceutical products' safety and ensure that medicines and vaccines reach the patient in a safe, effective, and acceptable manner.

The immediate objective is strengthening the Pharmacovigilance (PV) program through the effective collection, cleaning, validation, data entry, and analysis of COVID-19 Vaccine Adverse Event Following Immunization (AEFIs).

The project sought to reinforce and support the PV program by hiring a team composed of four consultants as follows:

Senior Technical and Clinical Manager

Reference No.: HR-007-SENIOR CLINICAL MANAGER

This contract was signed on September 8th, 2021, for a duration of six months

The committed amount under this contract is USD 9,600

The disbursed amount under this contract consists of USD 9,600.

Clinical Pharmacovigilance Officer

Reference No.: HR-008-CLINICAL PV OFFICER

This contract was signed on September 8th, 2021, for a duration of six months

The committed amount under this contract is USD 8,400

The disbursed amount under this contract consists of USD 8,400.

Data Operator

Reference No.: HR-010-DATA OPERATOR

This contract was signed on September 8th, 2021, for a duration of six months

The committed amount under this contract is US\$ 4,800

The disbursed amount under this contract consists of US\$ 4,800.

Data Operator

Reference No.: HR-011-DATA OPERATOR

This contract was signed on September 8th, 2021, for a duration of six months.

The committed amount under this contract is USD 4,800

The disbursed amount under this contract consists of USD 4,800.

Goods

The procurement of goods during the period from October 1st, 2021, until March 31st, 2022, was focused on two main objectives:

Procuring the essential spare parts related to the equipment used in detecting and treating COVID-19 patients

Procuring the accessories related to the deployment of the COVID-19 vaccines.

For that purpose, the following contracts have been signed:

Procurement of CT scan Spare Parts at Tebnine Public Hospital:

Reference No.: LB-MOPH-DS003

This contract was signed on February 28th, 2022

The committed amount under this contract is USD 22,780.

No disbursement was made under this contract yet.

Procurement of 3ml syringes:

Reference No.: LB-MOPH-RFQ013-1

This contract was signed on December 3rd, 2021.

This contract aims at procuring 3ml syringes to support the vaccination sites.

The total commitment under this contract consists of USD 12,000.

The whole quantity was delivered to the warehouse of the ministry.

The disbursed amount under this contract as of end of March 2022, is of USD 12,000.

Procurement of sterile NaCl diluents:

Reference No.: LB-MOPH-RFQ013-2

This contract aims at procuring 100,000 pcs of sterile NaCl diluents used in preparing the Pfizer vaccine doses.

The total commitment under the original contract consists of USD 31,000

The disbursed amount under the original contract consists of USD 31,000.

An amendment to the original contract was signed on January 19th, 2022. This amendment aims at procuring additional 500,000 pcs of sterile NaCl.

The total commitment under the amended contract consists of USD 155,000.

The amount disbursed under the amended contract consists of USD 62,000.

Procurement of An Accounting Software.

As planned in the Project Operational Manual (POM), an accounting software should be tailored to fit the needs of the LHRP and to closely monitor the disbursements and financial records held under the project. For that aim, a request for quotation was prepared and published on the World Bank and UNDB websites, the Ministry's website, and the Ministry's social media accounts on September 22, 2021.

Reference No.: *LB-MOPH- RFQ-012*

This contract was signed on March 22, 2022.

The total commitment under this original contract consists of USD 20,070.

No disbursement was made under this contract yet.

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 noticed in them result indicator related to component 1 and component 2, namely the PHC, Outpatient, and Inpatient services. Based on the suggested project restructuring, these indicators will be eliminated, and the main attention will shift to solely monitoring the response to the threat of COVID-19 pandemic, thus, setting back the implementation process of results framework indicators.

Results Indicators for COVID-19

When the COVID-19 pandemic spread, 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 funding the 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:

	Nb.	Results indicators for COVID-19	March 22
Phase 1	1	Nb. Of health personnel got infected	2724
	2	Number of COVID-19 rapid response teams at the governorate level	3
	3	Number of COVID-19 treatment centres	65
Phase 2	4	Number of vaccination sites	82
	5	Percentage of vaccination sites with functional cold chain	100%
	6	Grievances registered related to delivery of project benefits addressed	90%

7	Percentage of specific priority population defined in the national plan, vaccinated	45%
8	Functional electronic registry for COVID-19 vaccination	Yes
9	Functional mechanisms to capture community feedback on COVID-19 vaccination	Yes

Table 2: COVID-19 Indicators

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 March 30, 2022, consisted of 2,724 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.

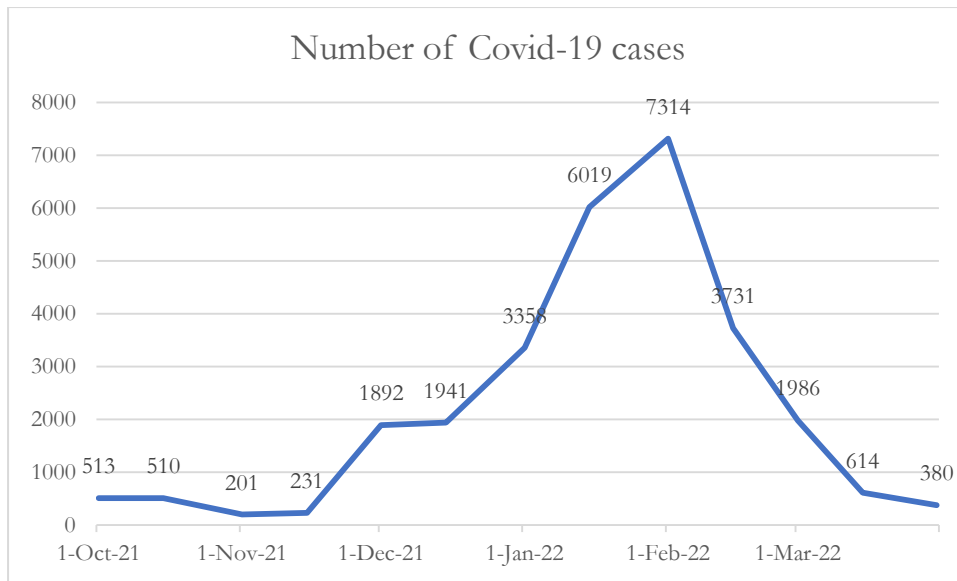
As of March 31, 2022, cumulative number of infected HCW on March 31, 2022, consisted of 2,654 personnel. The figure below shows that as of May 1, 2021, less than one HCW got infected per day on average. The drop in the daily infection rates proves that adopted strategy was successful.

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

There are currently 0 rapid response teams operating at the level of the governorates, entailing a regression when compared to the baseline number, 1 rapid response team.

3. Number of COVID-19 treatment centers

The period ranging from October 1, 2021, to March 31, 2022, witnessed the rise of a new COVID-19 variant, namely the OMICRON variant. The number of infected cases was thus affected by the rise of the new variant. This is reflected as per the below graph.



Graph 1: Number of COVID-19 Cases

As of March 31, 2022, the number of COVID-19 treatment centers consisted of fifty-two (52) distributed across the country (Table 3).

Governorate	Number of Treatment Centres	Percentage per Governorate
Beirut	8	12.31%
Mount Lebanon	12	26.15%
Bekaa	5	9.23%
South	5	7.69%
North	8	15.38%
Nabatiyye	4	6.15%
Baalabeck	7	18.46%
Aakar	3	4.62%
Total	52	100.00%

Table 3: Distribution of COVID-19 Treatment Centers per Governorate

It is important to note that the number of treatment centers have decreased throughout the period ranging from October 1, 2021, until March 31, 2022 (figure below). The observed decrease in the number of treatment centers can be mainly attributed to two main factors:

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

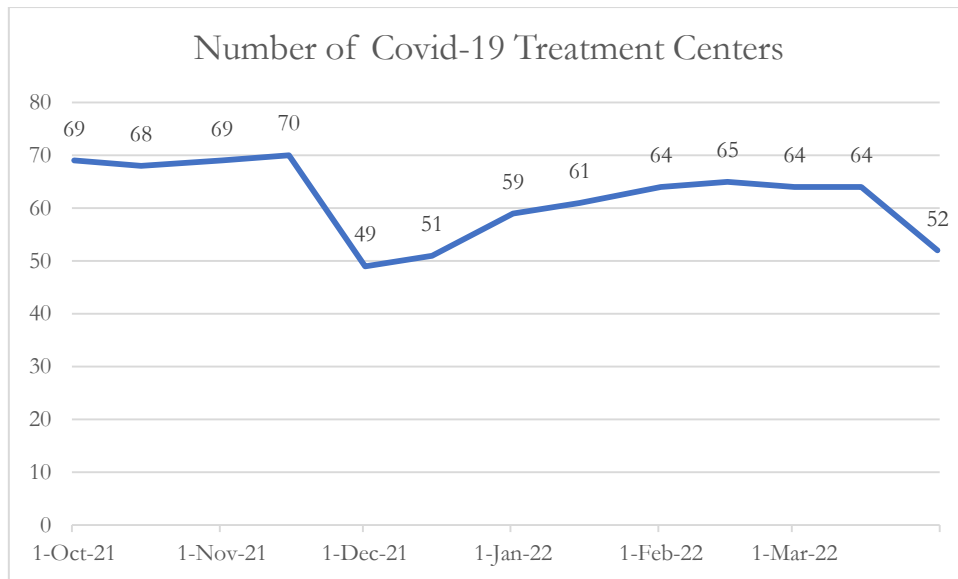


Figure 2: Number of COVID-19 Treatment Centers

1- Number of Vaccination Sites

The number of vaccination sites between the period ranging from October 2021 until March 2022 did not witness any change (82 centers). However, the adapted non-fixed mobile units shifted their roles from targeting elderly people residing at care centers, prisoners and orphans at orphanages to targeting school students in their schools, and all eligible population in remote areas. Through this, the ministry ensured the coverage of more areas, thus, increasing the number of vaccination centers.

The main rationale behind this increase was the influx of Pfizer doses from the amendment to the bilateral agreement signed with Pfizer. The increase in the number of vaccination sites allows for accelerating the vaccination process, thus, rapidly reaching a higher level of social immunity.

2- Percentage of vaccinated females (%)

The percentage of vaccinated females consists of 50.36% (1,927,080). It is important to note that this percentage exceeds the percentage of vaccinated males amounting to 46.31% (1,772,152)⁴

3- 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 will be RHUH (Rafic Hariri University Hospital) in Beirut. The Vaccination centers should ensure having a sustainable cold chain from the time of arrival of vaccines till delivery to the beneficiaries.

Mitigation measures:

⁴ <https://impact.cib.gov.lb/home?dashboardName=vaccine>

An effective cold chain relies on three main elements: a well-trained staff, reliable storage and temperature monitoring equipment and accurate vaccine inventory management. In this context, to mitigate this risk of losing vaccines due to deficiency in the cold chain, PMU in MOPH in coordination with administrations of selected HCFs for vaccine roll out will be handling the proper functioning of the cold chain including monitoring the freezers temperature, out-of-range storage or out-of-range transport temperatures ensuring the good international industry practices are being followed.

The following actions and procedures shall be ensured:

- Follow up and assurance of the conditions that must be met in the cold chain before storing the vaccine. The cold chain equipment must be calibrated, clean, and operating with high efficiency and need to be fully functional at least 48 hours before the expected vaccine arrival date.
- Ensure that cold chain temperatures are monitored periodically and daily; where possible, by electronic data loggers. Temperature monitoring devices and a mechanism for continuous temperature monitoring throughout the supply chain from receipt, during storage and delivery to the vaccination point;
- Perform effective and routine maintenance of the Ultra-Low Temperature (ULT) and Low-Temperature (LT) equipment
- Identify the location and availability of dry ice for emergency purposes or in case there is a need for transporting the vaccine;
- Ensure the presence of an additional back-up generator in case of power cut or UPS in order to maintain the temperature for a period of not less than 24 hours until the electrical current is restored or repaired.
- Estimate the storage capacity of each unit of cold chain equipment and matching it to the expected quantity to be received.

4- Grievances registered related to delivery of project benefits addressed

Throughout the period this progress report is covering, a single grievance related to delivery of projects benefits was raised. The problem raised was about a Palestinian refugee who claimed that upon requesting to be vaccinated, he got rejected at the centre. This problem also raised the problem that refugees might be prohibited from receiving the vaccine at the level of the vaccination centres. However, and upon following up with the stakeholders at the MoPH, it turned out that refugees are being vaccinated normally. Thus, this issue was well addressed and closed.

5- Percentage of specific priority population defined in the national plan, vaccinated

All of the priority population defined in the national plan have been vaccinated until the moment.

6- Percentage of registered persons for vaccination among residents in Lebanon (%)

7- 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. 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 October 1st, 2021, and March 31st, 2022, the project covered what sum up to more than USD 2.5 M distributed between both public and eligible private health providers.

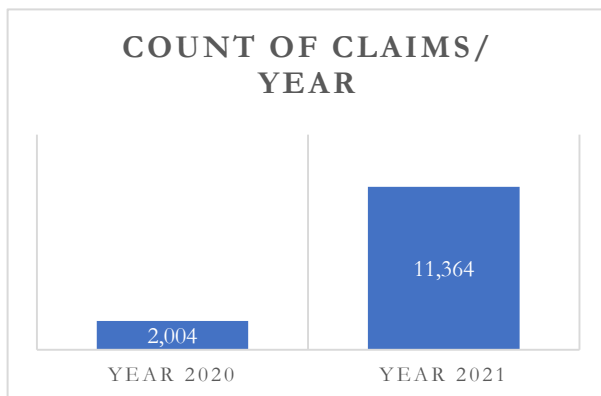
Below is a summary of the audited claims:

Third-Party Agent:

On November 30, 2021, an amendment to the TPA's contract was countersigned. The amendment's main objective is to cover both Covid and Non-Covid Claims.

As of end of March 2022, the TPA (Globemed) has audited a total number of 13,368 claims; out of those, 44% are female. 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 1945 (14.5% 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)



The TPA audited a total of 13,368 claims, out of which:

2,004 claims discharged in Year 2020

11,364 claims discharged in Year 2021

Figure 6- Total number of audited claims per year as of March 2022

The TPA audited a total of 13,368 claims, out of which:
 7,662 claims are Governmental hospitals
 5,706 claims are Private hospitals

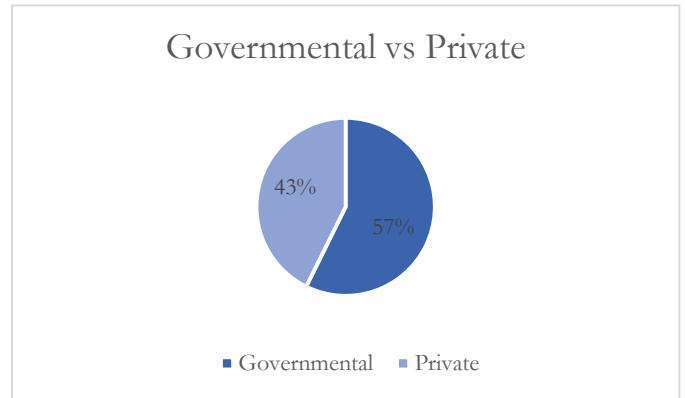


Figure 7- Admission Distribution: Governmental vs Private Hospitals

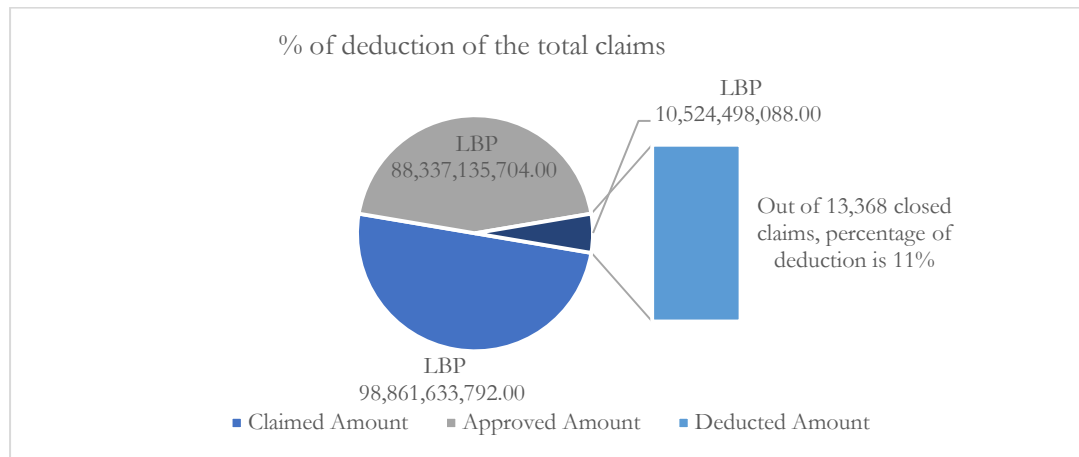


Figure 3- Percentage deduction of total claims as of end of March 2022

As per the figure above, the total amount of Covid-19 claims approved is LBP 88,337,135,704 out of the total claimed amount which is LBP 98,861,633,792 for both years 2020 and 2021. The deduction rate of 11% on total claims suggests that effective measures are being taken against hospitals to ensure that no fraud, abuse, or misuse is in place. In addition, 13,038 claims out of the total are partially rejected, leaving us with a full rejection of 330 claims (around 2%).

During the period from October 1, 2021, until March 31, 2022, twelve payments were made against payment decisions audited by the TPA. Below is a summary of these payments.

Nb.	Payment Number	Decision Number	Processed	Payment Amount (USD)
1	18th Payment Decision	975	yes	354,438
2	20th Payment Decision	997	yes	89,327
3	21st Payment Decision	998	yes	372,714
4	22nd Payment Decision	1030	yes	467,661
5	24th Payment Decision	1148	yes	67,331
6	25th Payment Decision	1149	yes	144,011
7	26th Payment Decision	1146	yes	288,706
8	27th Payment Decision	1187	yes	131,225
9	28th Payment Decision	1198	yes	246,698

10	29th Payment Decision	1317	yes	77,410
11	30th Payment Decision	1393	yes	147,508
12	31st Payment Decision	1535	yes	132,190
Total Amount				2,519,217

Table 4: Audited/Processed Payments

Percentage allocation

The total amount of claims covered throughout this period consists of USD 2,519,217. This amount has been disbursed among different public and private hospitals as per the below tables:

Public Hospital

Nb.	Hospital Name	Payment Amount (USD)
1	Al Batroun Public Hospital	11,384.66
2	Al Bouar Public Hospital	115,737.87
3	Al Menyeh Public Hospital	18,982.70
4	Baabda Public Hospital	104,619.21
5	Baalbak Public Hospital	103,658.37
6	Bcharreh Public Hospital	2,967.64
7	Bent Jbeil Public Hospital	44,367.64
8	Chahhar Al Gharbi Public Hospital	7,789.42
9	Daher Al Bachek Public Hospital	62,861.80
10	Halba Public Hospital	45,733.54
11	Hasbaya Public Hospital	2,826.57
12	Hermel Public Hospital	29,164.49
13	Jezzine Public Hospital	20,132.98
14	Machghara Public Hospital	71,490.97
15	Marjeyoun Public Hospital	342.19
16	Nabih Berry Public Hospital	88,651.91
17	Qana Public Hospital	5,038.82
22	Rashaya Public Hospital	29,799.44
18	Saida Public Hospital	70,716.97
19	Siblin Public Hospital	41,674.21
20	Tebnin Public Hospital	75,068.25
21	Tripoli Public Hospital	137,518.65
22	Zahle Public Hospital	20,125.94
23	Hariri Hospital	539,051.57
24	Al Batroun Public Hospital	11,384.66
Total Amount		1,649,706

Table 5: Public Hospitals Disbursements

Private Hospital

Nb.	Hospital Name	Payment Amount (USD)
1	Abdallah Riyak Hospital	12,542.84

2	Abo Jaoudeh Hospital	426.55
3	Ain Wa Zein Hospital	117,221.48
4	Al Aassi Hospital	4,519.38
5	Al Bekaa Hospital	18,662.22
6	Al Borji	1,616.41
7	Al Fakih Hospital	2,919.61
8	Al Habtour Hospital	3,965.22
9	Al Hayat Hospital	5,678.45
10	Al Hayek Hospital	340.97
11	Al Iklim Medical Foundation	2,326.02
12	Al Iman Aaley	7,069.76
13	Al Jabal Hospital	17,562.67
14	Al Khayr Hospital	6,575.82
15	Al Koura Hospital	9,102.89
16	AL Machrek Hospital	6,082.86
17	Al Makassed Hospital	29,092.24
18	Al Mayyas Hospital	12,506.00
19	Al Mazloum Hospital	18,430.47
20	Al Monla Hospital	6,375.82
21	Al Nini Hospital	34,656.29
22	Al Raach Hospital	1,720.86
23	Al Rayan Hospital	2,165.00
24	Al Sahel Hospital	28,967.05
25	Al Youssef Medical Center	3,306.02
26	Al Zahraa Hospital	20,138.57
27	Alaa Al Din Hospital	5,919.56
28	Albert Haykal Hospital	29,170.47
29	Assalam Triploi	546.65
30	AUBMC	36,879.26
31	Baaklin Medical Center	3,298.37
32	Bahman Hospital	14,059.44
33	Bchamoun Specialty Hospital	10,593.40
34	Belle Vue Medical Center	7,999.27
35	Bhannes Medical Center	9,092.88
36	Centre Hospitalier Du Nord	7,131.65
37	Chtoura Hospital	19,740.52
38	Dallaa Hospital	4,341.23
39	Dar Al Amal Hospital	32,698.79
40	Dar El Chifaa Hospital	14,103.64
41	Doctor Hospital - Al Manara	7,023.06
42	Ebn Sena	12,165.17
43	Family Medical Center	6,058.11
44	Hamed Farhat Hospital	4,317.52
45	Hammoud Hospital	18,071.72
46	Haroun Hospital	8,639.60

47	Hiram Hospital	25,237.13
48	Hotel Dieu	1,975.17
49	Islamic Hospital Tripoli	10,467.07
50	Jabal Aamel Hospital	61,945.29
51	Keserwen Medical Center	12,273.92
52	Khoury General Hospital	4,809.22
53	La Martine Hospital	5,813.35
54	Labib Medical Center	3,679.58
55	Lebanese French Hospital	2,627.96
56	Lebanese Geitaoui Hospital	38,640.89
57	Lebanese Italian Hospital	23,780.43
58	Middle East Medical Center	1,322.33
59	Najda Chaabiya Hospital	7,189.51
60	Notre Damme De Secours Hospital (Jbeil)	14,481.62
61	Ouseyran Health Medical Center	2,205.87
62	Rahhal Hospital	5,445.12
63	Rizk Hospital	4,651.55
64	Roum Hospital	49,509.54
66	Sacre Coeur Hospital	13,781.37
67	Saint Charle Hospital	544.13
68	Saint George Hospital (Aaajaltoun)	13,391.96
69	Saint Joseph Hospital	21,739.87
70	Saint Louis Hospital (Zahle)	1,774.03
71	Samir Serhal Hospital	854.17
72	Saydet Al Salem Hospital (Koubayyat)	1,913.63
73	Sincere Medical Services	1,238.16
74	Taanayel General Hospital	9,637.55
75	Sincere Medical Services	4,591.01
76	Tel Chiha Zahle Hospital	9,012.23
77	Temnin General Hospital	7,745.06
78	Universal Hospital	5,298.85
Total		1,009,914.05

Table 6: Private Hospitals Disbursements

There are several key points that needs to be highlighted when discussing the amount of money paid for each sector (public/private). Below is a table comparing the disbursements made to private and public hospitals under the loan during the period between October 1st, 2021, until March 31st, 2022.

Table 7: Percentage Disbursements

Hospitals	Number Of Hospitals	Percentage	Money Disbursed (USD)	Percentage of Disbursements
Public Hospitals	24	23.5 %	1,649,706	62 %
Private Hospitals	78	76.5 %	1,009,914.05	38 %
Total	102	100%	2,659,620.05	100%

It is important to note that the number of public hospitals admitting COVID-19 patients increased (24 centers) compared to the number of centers in the previous report (21 centers).

Demographics

The number of claims audited by Globemed and covered by the LHRP during this period summed up to 5,369 claims. These claims have been audited by Globemed, reviewed by the World Bank team, and then covered through the Lebanon Health Resilience Loan. 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.

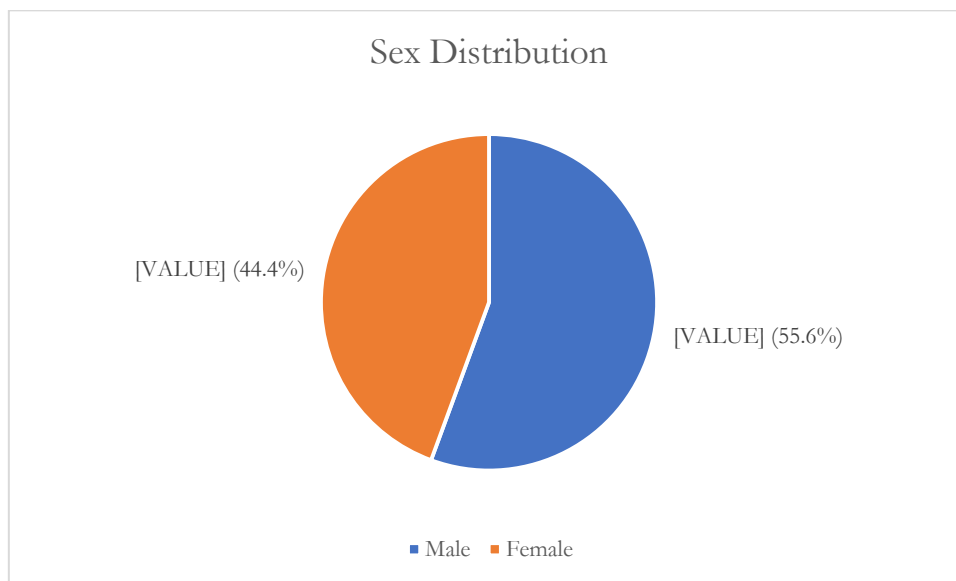
Age ranges, sex and claims coverage will be presented below. Demographics will include the following factors

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.

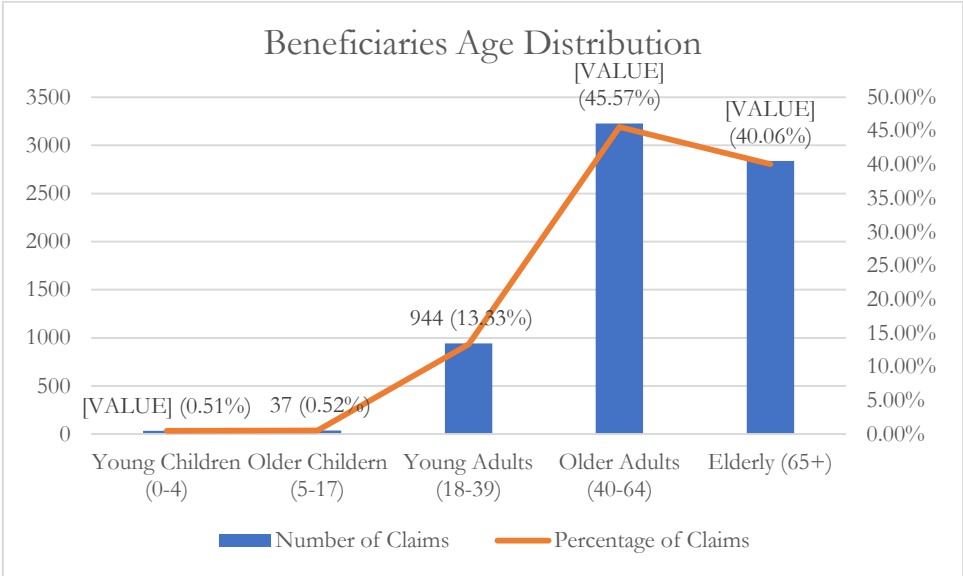
Figure 4- Beneficiaries Sex Distribution



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 both older adults (45.57%) and elderly (40.06%) age ranges possessed up to 85% of the overall number of the population who benefited from the project's funds. However, young adults (13.33%), older children (0.52%), and young children (0.52%) only represents the remaining 15% of the beneficiaries.

Graph 7: 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

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

Table 8- Status of the loan

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 8) 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 March 31st, 2022.

Description of the Withdrawn Amounts		Amount	Total
Disbursed (paid)	Front and fee	\$239,500	\$70,525,998
	Expenditures as direct payment	\$12,012,865	
	Expenditures from DA at BDL	\$58,273,633	
Available Amount	BDL balance	\$6,331,203	\$6,331,203
	MOF treasury account balance	\$0	
Total			\$76,857,201

Table 9 - Total amounts withdraw in terms of status and description

The total amount withdrawn from the World Bank fund as of March 31, 2022 is USD 76 Million; with 92% 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 17.14% 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 10 shows the Total IBRD commitment for the active project, and the cumulative disbursements of the LHRP (as of March 31, 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

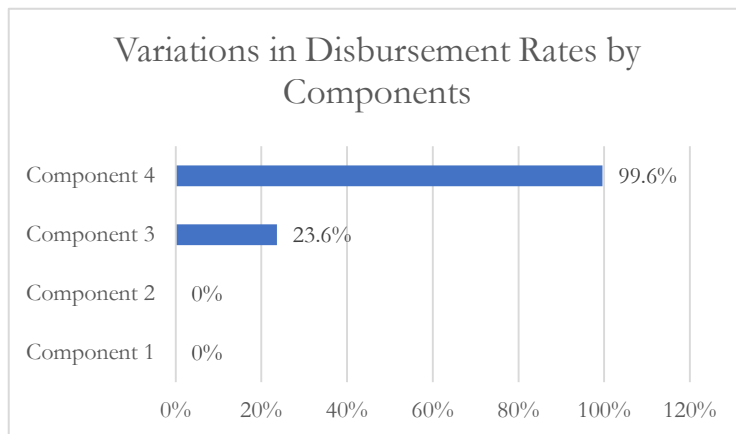
Project Name	Total IBRD Commitment (USD)	Disbursement of project (USD)	Commitment-Disbursement (USD)	% gap relative to commitment size
Lebanon Health Resilience Project	95,800,000	61,451,718	34,348,282	35.8%

Table 10- Percentage gap between cumulative commitments and disbursements of LHRP

8.4. Financial Status of Loan by Components

Component Name	Amount Allocated (USD)	Amount Committed (USD)	Amount Paid (USD)	Amount Not Paid (USD)
Component 1	33.24			
Component 2	23.52			
Component 3	5.00	1.48	0.35	1.13
Component 4	58.00	70.21	69.93	0.28
Front and Fees	0.24			
Total	120.00	71.69	70.28	1.41

Table 10- Financial Status by components



The Table above presents 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. Within a timeframe of xxx, component 4 presents the highest disbursement rate

reaching 99.6% of total disbursements relative to commitment size⁵, 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. Further breakdown of components 3 and 4 reflecting the financial status by these components are presented in tables 12 and 13 below.

Figure 8- Variations in disbursement rates by components

Ref	Supplier/Consultant Name	Description	Contract Amount	Amount Paid	Amount Committed Not Paid
Individual Consultants	Dr. Edmond Abboud	Project Manager	\$84,000	\$73,500	\$10,500
	Mr. Imad Hariri	Financial Officer	\$52,800	\$46,200	\$6,600
	Mr. Ibrahim Assaad	Operation Assistant	\$43,200	\$36,000	\$7,200
	Miss. Elham El Mais	Administrative Assistant	\$31,200	\$24,700	\$6,500
	Mrs. Rima Abdul-khalek	Monitoring and Evaluation	\$6,800	\$6,800	\$0
	Mrs. Lama Ayache	Financial Assistant	\$16,800	\$7,700	\$9,100
	Total Individual Consultants			\$234,800	\$194,900
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	\$130,053	\$1,060,115
	External Financial Auditor	Audit of the Financial Status of the Loan	\$41,040	\$10,260	\$30,780

⁵ 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).

	Total Consultancy Services		\$1,243,527	\$152,632	\$1,090,895
Operational costs	Kassab for stationaries	Office Stationery	\$1,285	\$1,285	\$0
	Sbeity Laptops	Office Assets	\$2,090	\$2,090	\$0
	Total Operational Costs		\$3,375	\$3,375	\$0
Grand Total			\$1,481,702	\$350,907	\$1,130,795

Table 12- Component 3 financial status

The total commitment amount under Individual consultants amounts to USD 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 USD 1.24 Million, out of which 12% has been disbursed. The operations costs committed under this component were disbursed at 100%. The total amount of allocated budget under component 3 is USD 5M, therefore, an amount of around USD 3.52M has not been committed yet.

Nb.	Ref	Supplier/C onsultant Name	Contract Amount	Amount Paid (US\$)	Amount Committed Not Paid (US\$)	Description
1	DS-1	Engineerin g Solutions & services	30,808	30,808	0	Procurement 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

						<i>Hospital</i>
6	MoPH	VALEO CARE	206,889	206,889	0	<i>Installation of negative pressure systems</i>
7	MoPH	Chehab for Oxygen System	14,553	14,553	0	<i>Installation of Oxygen equipment at Al Hermel and Baabda Public Hospitals</i>
8	NP-2	Tromech Electromechanical	51,139	51,139	0	<i>Installation of a negative pressure system at Jizzin Hospital</i>
9	NP-3	S.termico SARL	40,954	40,954	0	<i>Installation of a negative pressure system at Batroun Hospital</i>
10	NP-8	Leomed Patient Care	34,912	34,912	0	<i>Installation of a negative pressure system at Bcharreh Hospital</i>
11	NP-9	AKA Joseph Abu Khalil	148,153	148,153	0	<i>Installation of a negative pressure system at Baabda, Nabatieh, Chabbar Al Gharbeh and Mays Al Jabal Hospital</i>
12	RFQ-1	SaraMed Sal	31,815	31,815	0	<i>Procurement of latex gloves</i>
		Inspiration Sal	37,000	37,000	0	<i>Procurement of 3ply surgical masks</i>
13	RFQ-2	Tamer Frères sal €	962,167	962,167	0	<i>Procurment of 30 ventilators</i>
		Chehab Industrial and Medical Gases Sal	773,160	773,160	0	<i>Procurment of 30 ventilators</i>
14	RFQ-3	Medica Lebanon	1,510	1,510	0	<i>Procurement of feeding pumps, IV Stands and air mattresses for hasbaya, rashaya,</i>

					<i>siblin, and Sir El Donieh hospitals</i>
	Kayat kanaan	21,000	21,000	0	<i>Procurement of high flow nasal cannula for siblin, sir el donnieh, rashaya and hasbaya hospitals</i>
	Medconsul + Amendment 1	45,741	45,741	0	<i>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</i>
	Royal Medicare	6,090	6,090	0	<i>Procurement of stools, vacuum regulators, oxygen cylinders and oxygen flow meters for Rashaya, Hasbaya, Sir El Donnieh and Siblin Hospitals</i>
	Medigate	83,775	83,775	0	<i>Procurement of ICU beds, stretchers, monitors, ABG machines, central stations, emergency carriages, and portable ultrasound for Rashaya, Hasbaya, Sir</i>

						<i>El Donnieh and Sibliin Hospitals</i>
15	RFQ-4	Manama Medical Supplies	1,220	1,220	0	<i>Procurement of medical equipment</i>
		Medigate	72,000	64,800	7,200	<i>Procurement of medical equipment</i>
		TRINITY	1,331	1,331	0	<i>Procurement of medical equipment</i>
16	NP-005/006	Medigate	101,231	101,231	0	<i>Installation of a negative pressure system at Saida and Marjeyoun Hospital</i>
17	SD-1	Meamar for Enginnering & construction	54,587	54,587	0	<i>Rehabilitation of the ICU COVID-19 Unit at Sir El Donnieh Hospital</i>
18	SD-2	Chehab Medical Gases	20,669	20,669	0	<i>Installation of Oxygen equipment at Sir El Donnieh Hospital</i>
19	UN	WHO	13,153,948	13,153,948	0	<i>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</i>
20	Vaccines	Pfizer Biontech	39,017,160	39,017,160	0	<i>Procurement of Pfizer vaccines</i>

21	Covid-19	Covid-19 bills	6,751,865	6,751,865	0	<i>COVID-19 inpatient claims covered under the loan</i>
23	RFQ-005	Medigate	45,065	40,559	4,506	<i>Installation of negative pressure system at Sir el Donnieh Hospital</i>
24	RFQ-006	WAH	575,100	575,100	0	<i>Procurement of gloves for the vaccination campaign</i>
25	RFQ-007	Medconsul	319,500	287,550	31,950	<i>Procurement of Xray tube for CT scan at Baabda, Zable, Halba and Bouar Hospitals</i>
		Medconsul amendment 1	25,800	23,220	2,580	<i>Procurment of Generator for the ct scan at Sibliin</i>
		Medconsul amendment 1 Euro	€38,605	€34,745	€3,860	<i>Procurement of spare parts for the Xray at Baabda</i>
		Medconsul amendment 2	25,800	0	25,800	
		GME General Medical Equipment + amendment	41,210	41,210	0	<i>Procurement of Xray tube for CT scan at Al Menieb Hospital</i>
26	RFQ-008	Chehab for installation oxygen system	282,540	254,286	28,254	<i>Installation of Oxygen related equipment at Zable, Saida, Bcharreh, Mays Al Jabal and Marjeyoun Hospital</i>
		SOAL	73,730	41,985	31,745	<i>Installation of oxygen related equipment at Hasbaya and Nabatieh Hospitals</i>

27	RFQ-009	Beydoun medical equipment	18,000	18,000	0	<i>procurement of 3 ml syringes for the vaccination campaign</i>
		MedisPharm	229,500	229,500	0	<i>procurement of 1 ml syringes for the vaccination campaign</i>
		BroadMed	157,500	157,500	0	<i>procurement of saline HCL for the Pfizer vaccine</i>
28	RFQ-13	Beydoun Medical Equipment	12,000	12,000	0	<i>Procurement of 3ml syringes</i>
		Broadmed	31,000	31,000	0	<i>Procurement of saline</i>
		Broadmed amendment	155,000	62,000	93,000	<i>Procurement of saline</i>
28	DS-002	Beydoun medical equipment	60,000	60,000	0	<i>procurement of 1 ml syringes for the vaccination campaign</i>
29	DS-003	Intermedic	22,780	0	22,780	<i>Procurement of medical equipment</i>
29	Bank Commission & Fees		3,437	3,437	0	
30	Pharmacovigilance Program		55,200	27,600	27,600	<i>Funding for consultants under the Pharmacovigilance Program</i>
TOTAL			70,214,866	69,935,591	279,275	

Table 13: Financial Status Component 4

As Table 13 shows, 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 USD 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 USD 70.2M, while the cumulative disbursements is USD 69.9M; leaving a % gap of 0.39% (compared to 20.3% in the last progress report) between planned and

actual disbursements relative to total commitments under this component. The restructuring requested received initial approval from the Council of Ministers and is still pending approval from the parliament. There is no confirmed date yet for the parliamentary session that will be held to discuss the restructuring.

The tables below (Table 14 and 15) 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.

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	54,977,500	57,235,370	56,109,712	1,125,658
2) Capitation Payments under Part 1.1 of the project	25,838,895	0	0	0
3) Special Capitation Payments under Part 2.1 of the project	14,744,105			
4) Front End Fee	239,500	-	-	-
Total	95,800,000	57,235,370	56,109,712	1,125,658

Table 14- 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	13,950,000	14,461,198	14,176,787	284,411
2) Capitation Payments under Part 1.1 of the project	6,526,105			
3) Special Capitation Payments under Part 2.1 of the project	3,723,895			
Total	24,200,000	14,461,198	14,176,787	284,411

Table 15- Financial Status by category (TF Portion)

8.5. Proposed Project Restructuring

As mentioned in section 7.4 “Financial Status by components” of this report, funds under both components 1 “Scaling up the scope and capacity of the Primary Health Care Centers, Universal

Health Coverage program and 2 “Provision of Outpatient Diagnostic Services in Public Hospitals are still undisbursed; the activities planned under parts 1.1 and 2.1 of the project description were not 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 crisis. The MoPH and the World Bank are discussing the possibility of reallocation of funds to further support the GoL’s response to Covid-19.

Since the proposed changes will affect the structure of the loan agreement and propose a reallocation of funds and percentages through categories, the latter is subject to receiving the Lebanese Parliamentary approval. The following table (table 11) specifies the proposed 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.

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	77,335,807	19,596,693	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	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

and 5 of Section II of the Appendix to this Agreement and Relating to Capitalizing Front End Fee and Interest)					
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
Total	95,800,000	24,200,000	95,800,000	24,200,000	

Table 16- Project proposed budget reallocation

Designated Account

At the Central Bank is held in the currency of \$US. In 1997, the Lebanese pound was pegged to the dollar rate at the rate of 1,500 to 1 and the two were used interchangeably on that basis until October 2019. However, after the country slid into an economic crisis a year and a half ago, the currency lost its value steeply on the open market, losing 80 percent of its worth, even as the official rate stayed stuck at its 1997 peg. The expenditures that are being financed under the project are primarily in local currency, however the currency is not stable. Therefore, the MoPH must bear all the risks associated with foreign exchange fluctuations between the currency of the denomination of the Ministry's DA at BDL (in \$US) and the currency of project expenditures (in LBP). 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 – March 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, and (vii) IFR Q1 2022

External Audit Function

The contract for this activity became effective as of August 12, 2021. The auditor started conducting field visits at the MoPH where the PMU provided the auditor with all documents related to the Project such as Financial Statements along with the transaction listing / details for the expenditure incurred during the period, procurement processes, and project documentation. The audit phase included evaluating the project's internal control, ensuring the compliance of procurement processes with WB procurement guidelines, reviewing the financial performance, and assessing information processing risks. The first audit was carried out under physical-cum-virtual approach in October 2021 and the first audit report under the LHRP was submitted around mid-November 2021. The period covered under audit is from 1 January to 31 December 2020. 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, the Project Financial Statements present fairly, in all material respects, the financial position of the project 'Lebanon Health Resilience Project (LHRP)' as executed by the Ministry of Public Health, Lebanon (MoPH) for the period from 1 January to 31 December 2020 in conformity with International Financial Reporting Standards – Financial Reporting under the Cash Basis of Accounting and the requirements of the MoPH financial rules and regulation and in accordance with requirements of the loan of agreement between MoPH, The International Bank for Reconstruction and Development (IBRD) and Trust Fund. The auditor also highlighted some weaknesses in the project's compliance with the Project Operations Manual such as PMU recruitment and asset management. The Bank team requested a remedial action plan to be identified and implemented by the MoPH on December 2021. A finalized remedial action plan was shared by the PMU with which all weaknesses identified by the auditor have been addressed (if possible) and ensured in a satisfactory manner for the purposes of avoiding the same weaknesses going forward with the project.

8.6. Risks and challenges

The risks that are associated with Financial Management are mainly Fiduciary risks:

Limited internal controls:

- (a) The Ministry of Public Health (MoPH) has limited control functions; the internal controls are set according to the MoPH's internal bylaws. Mitigation: The PMU have prepared a Financial Management chapter in the POM which depicts in detail the FM procedures and rules that govern the flow of funds and internal control procedures, as well as the specific responsibilities of each member of unit.
- (b) One of the challenges faced by the MoPH is the adverse effects that follow the MOF's decision to no longer accept the Direct Payment method of disbursement. The Ministry can no longer make payments directly to a third party for eligible expenditures. The project has been using the Segregated Designated Account at the Central Bank to execute payments to suppliers and consultants. The process is often hindered due to:
 - a) The existing withdraw ceiling imposed on the Designated Account by the World Bank limiting the

amount that can be requested by the MoPH (ceiling of USD 30 Mn)

b) The lengthy process to transfer the funds to the DA when issuing a withdrawal application; The Court of Accounts (CoA) mandate is mainly consumed on ex-ante control: once the CoA approves the expenditures of the project, and with consultations with the Ministry of Finance (MoF), the funds undergo transfer from the treasury account of the MoF to the project DA. It averages around two (2) months for the funds to reach the DA. Mitigation Measure: (i) The financial team at the PMU can reimburse amounts based on previous expenses and request a replenishment of funds against those expenses., (ii) HE the Minister of Public Health sent an official letter to the CoA in November 2020, requesting the acceptance of Direct Payment method of disbursement. However, no positive action has been taken in this regard from the CoA.

Accounting software

The challenge identified in the previous progress report (xxxx) was the lack of an accounting to process accounting transactions. To mitigate this risk the LHRP is in the process of procuring 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.

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.

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:

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

Table 19: Pfizer Vaccination Centers

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:

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	Average 9 Kg/week	Three times per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	Average of 9 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	3 kg (Average of 300 empty vaccine vials/week)	Stored at a closed box at the Vaccination Center	N/A	to be kept at the Vaccination Center for the moment till further MOPH decision

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

Table 20: Baabda Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	8 kg/week	daily	Arc en Ciel	Arc en Ciel
Sharps & cutting	0.1 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 21: Dar El Amal Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	8 kg/week	Once per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	2 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 22: Ftouh Keserwen Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	8 Kg / week	Once per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	6 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	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	Average of 150 empty vaccine vials / week	Stored at a closed box at the vaccination center	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: Abdullah Rasi Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	14 kg / week	Daily	No	Ras Maska Municipality
Sharps & cutting	3 kg / week	Daily	(Internal treatment 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 24: Haykal Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	5 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 25: Notre Dame du Liban-Jounieh Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	15kg/week	Once per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	15KG/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	19 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 26: Qana Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	17 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	20 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 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 27: Ragheb Hareb Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	15kg/ week (for Hosp)	Twice per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	2kg	Twice per week	Arc en Ciel	Arc en Ciel
Bottles / glass	4kg	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 28: Rashaya Public Hospital

Waste type	Volume/week and/or weight (kg) (m ³)	Collection system/frequency	Transport	Final disposal
Infectious waste	40 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 29: RHUH Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	15 kg / week	Twice per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	4kg / 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	3kg/week	Storing	None	None
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	Regular waste 10kg	Daily	Municipality	Municipality

Table 30: Saida Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	5 kg/week	Empty vials are collected and separately stored in a dedicated secure area until collected up by the Lebanese Moph for safe disposal.	Arc en Ciel	Arc en Ciel
Sharps & cutting	5 kg/week	Once per week (Fridge)	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 31: Sibliin Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
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Infectious waste	20 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	50 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 32: Tripoli Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	8 kg/ week	Daily collection from the vaccination center	Transported from the waste storage room	Arc en Ciel
Sharps & cutting	3 kg /week	Daily collection from the vaccination center	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	2 m ³ /week	Daily collection from the vaccination center	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 33: Lebanese Geitawi-UMC Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	15 kg/week (including sharps)	Twice per day	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	MOPH
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 34: Al Rasoul Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	6 kg	once per week	Abbassiyeh Municipality	Waste Management Abbasiyeh
Sharps & cutting	2 KG /Week	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	15 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
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Table 35: Tebnin Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	17 kgs/week	One daily	Abbassiyeh municipality	Abbassiyeh municipality
Sharps & cutting	3kgs/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	18 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 36: Nabatieh Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	25 kg/week	Twice per day	Arc en Ciel	Arc en Ciel
Sharps & cutting	6 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	10 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 37: Zahraa University Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
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Infectious waste	18 kg /week	Yellow bags/ six times per week	Arc en Ciel	Arc en Ciel
Sharps & cutting	8 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	N/A	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 38: 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	3 days per week	Abbassiyeh municipality	Waste Management Abbasieh
Sharps & cutting	10 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	4kg/week	3 days per week	Abbassiyeh municipality	Waste Management Abbasieh
Waste assimilated to household waste	90 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 39: Jabal Amel Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	18 Kg/week	Once per week	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	100 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 40: Akkar Rahhal Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	15 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 41: Zahleh Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious Waste	15kg/week	twice weekly	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 42: Daher El Bachek Public Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	17 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 until collected up by the Lebanese Ministry of Public Health for safe disposal.		
Radioactive waste	N/A	N/A	N/A	N/A
Other waste	N/A	N/A	N/A	N/A

Table 43: Ain w Zain Hospital

Waste type	Volume/week (m ³) and/or weight (kg)	Collection system/frequency	Transport	Final disposal
Infectious waste	25 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	500 kg per week	Daily	Beirut Municipality	No data
Perforated, sharp or cutting cytotoxic waste (hazardous waste)	250kg 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	incinerator
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 44: LAU 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	50 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/par an	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/An approximatifs	N/A	N/A	N/A
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Table 45: Hotel Dieu de France 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

Table 46: Al Makased Hospital

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 contract with Biological Waste company such as Arc-en-Ciel. Other mitigations measures can be applied such as:
 - o 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);
 - o 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.

- o 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.

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	Ftough 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.

Table 47: Environmental Impact Assessment per Hospital.

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 Disabilities
- 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. 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. In order to fulfil the WB requirements, and as per the national restrictions, public

gatherings were avoided. Consultations were done virtually as per the following steps:

1. Virtual meetings were held on January 18, 2021 and January 21, 2021 with MoPH Key staff and the WB Safeguard Team to discuss main issues to be tackled in the revision to the addendum to the ESMF.
2. A meeting was held with Dr. Abdul Rahman Bizri on January 20, 2021 to discuss the work of the NCVF and the main sections of the updated addendum to the ESMF. In addition, a consultation session took place on February 5, 2021 where a total of 19 participants attended out of which there were 11 women attendees including the WB and MoPH staff. The participants who attended are:
 - Arcenciel (Environmental NGO)
 - Lebanese Union of People with disabilities (NGO)
 - WHO (United Nations Agency)
 - UNICEF (United Nations Agency)
 - The Order of nurses (Governmental agency)
 - Lebanese American University (LAU) (Private University)

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 Lebanon⁶.

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 48: 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
@drmlb	@drm_lebanon	@DRM_Lebanon

Below are some of the produced materials:

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 (figure 1).

⁶ <https://corona.ministryinfo.gov.lb/>



Figure 2.a: What is COVID-19? (March 2020)

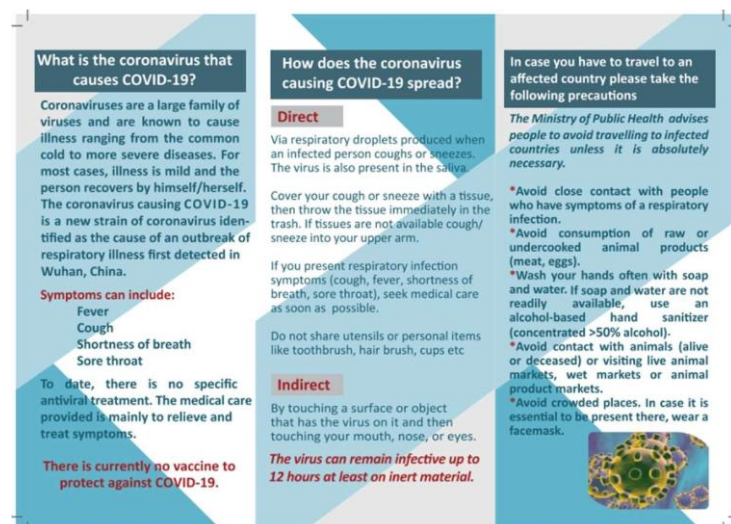


Figure 1.b: What is COVID-19? (March 2020)

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.



Figure 2: COVID-19 Symptoms. (April 2020)



Figure 3: Pregnant Women and Corona Virus (April 2020)



Figure 4: Nutrition During Pregnancy (April 2020)



Figure 5: Testing Positive for COVID-19 during Pregnancy (April 2020)



Figure 6.a: COVID-19 and Breastfeeding (May 2020)



Figure 6.b: COVID-19 and Breastfeeding (May 2020)

c- *Let's Stay Committed*

In collaboration with 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.



Figure 7: 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.



Figure 8.a: Vaccine Registration (June 2020)



Figure 8.b: Vaccine Registration (June 2020)



Figure 8.c: 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:

- o Christmas:



Figure 8.a: Christmas Poster (December 2020)



Figure 8.b: Christmas Posters (December 2020)

- o Easter:



Figure 9: Easter Poster (April 2021)

o Ramadan:



Figure 10: Ramadan Poster (April 2021)



Figure 11: Vaccination Bus Poster (September 2021)



Figure 12: Reporting side effects Poster (September 2021)

اللجنة التنفيذية
لقاح الكوفيد-19

الجمهورية اللبنانية
وزارة الصحة العامة

الجرعة الثالثة

لتعزيز مناعة كبار السن وبعض الفئات الأخرى
ضد فيروس كورونا ومتحوراته

بدأت وزارة الصحة العامة بإرسال مواعيد الجرعة الثالثة
لمواليد ١٩٦١ وما دون (٦٠ وما فوق) والذين تلقوا الجرعة
الثانية منذ ستة أشهر على الأقل



على أن يتم الإعلان عن فئات جديدة لاحقاً
لا ضرورة لإعادة التسجيل للحصول على الجرعة الثالثة.

REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

Lebanese Vaccine
Executive Committee

Available COVID-19
vaccines based on age group
starting from 25/10/2021



Age Bracket	Type of Vaccine	How to receive the vaccine
12-18 years (2009 to 2002)	PFIZER	Upon appointment from the COVAX platform, 48 to 72 hours after finalizing registration.
19-44 years (2001 to 1977)	Dose 1: AstraZeneca Dose 2: PFIZER or AstraZeneca (based on beneficiary decision)	Upon appointment from the COVAX platform or through Walk-in.
45 and above (born on 1976 or earlier)	PFIZER	Upon appointment from the COVAX platform or through Walk-in.

Figure 13: 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 باتجاه الحصول على
اللقاح.

#لا_ينفع_الندم
#كوفيد_19
#تعرف

الجمهورية اللبنانية
وزارة الصحة العامة



1 تقديم الدعم من أجل تسجيل
أفراد المجتمع على المنصة
لأخذ لقاح كورونا

2 التوعية حول فيروس كورونا

#لا_ينفع_الندم
تمزت - تسجيل - طعم

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

#تعرف



Figure 14: 1214 Poster (October 2021)



Figure 15: MOPH Pass (January 2022)

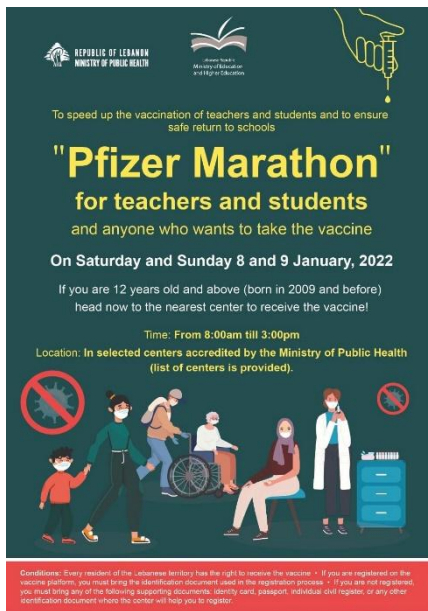


Figure 16: Pfizer Marathon (January 2022)

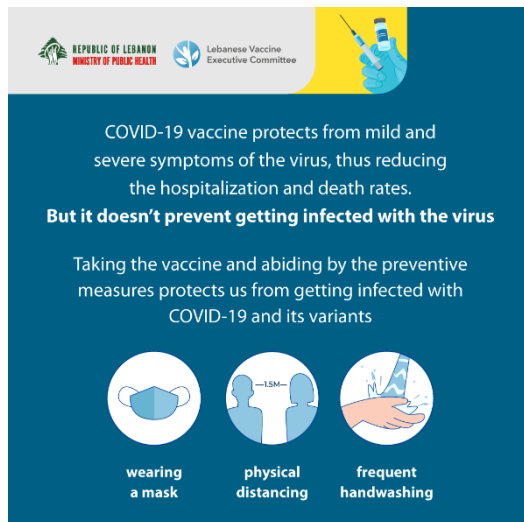


Figure 17: Social Distancing campaign (January 2022)



Figure 18: Vaccination registration for Children (January 2022)

Available COVID-19 vaccines based on age group starting from 1 March 2022

Age Bracket	Type of Vaccine	How to receive the vaccine
12-18 years (2004 to 2010)	PFIZER	Upon appointment from the COVAX platform or through Walk-in.
19 and above (born on 2003 or earlier)	MODERNA	Upon appointment from the COVAX platform or through Walk-in.

The list of COVID-19 vaccine centers is available on the Ministry of Public Health website via this link:
<https://www.moph.gov.lb/en/Pages/2/44738/covid-19-vaccine>

Figure 19: Covax Platform or Walk in (March 2022)

Ministry of Public Health available COVID-19 vaccines starting from 1 March 2022

Type of Vaccine	Additional information about the vaccine	Doses	How to receive the vaccine
PFIZER	mRNA vaccine	<p>Dose 1: Born between 2004 to 2010 (12-18 years) and hasn't been vaccinated yet.</p> <p>Dose 2: Received the first dose from at least 21 days.</p> <p>Dose 3: Received the second dose from at least 4 months.</p>	Upon appointment from the COVAX platform or through Walk-in.
MODERNA	mRNA vaccine	<p>Dose 1: Born on 2003 or earlier (19 years old and above) and hasn't been vaccinated yet.</p> <p>Dose 2: Received the first dose (Moderna or any other vaccine) from at least 28 days.</p> <p>Dose 3: Received the second dose (Moderna or any other vaccine) from at least 4 months.</p>	Upon appointment from the COVAX platform or through Walk-in.

The list of COVID-19 vaccine centers is available on the Ministry of Public Health website via this link:
<https://www.moph.gov.lb/en/Pages/2/44738/covid-19-vaccine>

Figure 20: Covax platform or Walk in (March 2022)



Figure 21: 3rd vaccine poster (April 2022)



Figure 22: Ramadan (April 2022)



Figure 23: Easter (April 2022)

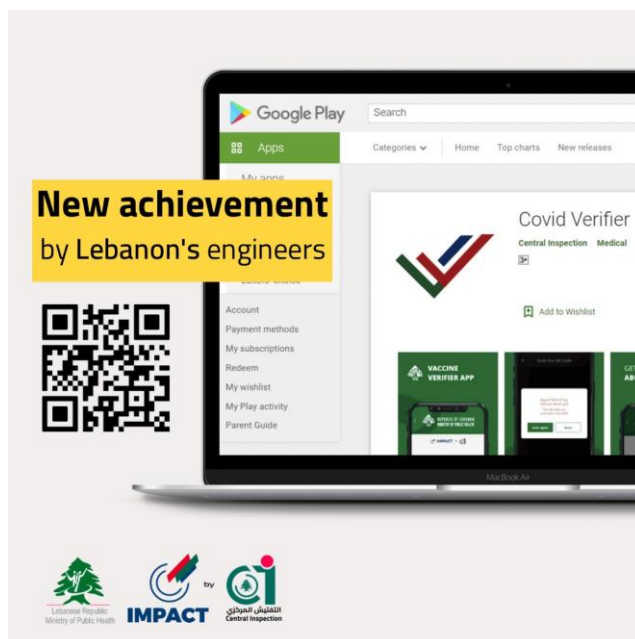


Figure 24: Covid verifier (May 2022)

f 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:

- o MTV
- o LBC
- o NBN
- o Al Manar o Al Jadeed o Tele Liban

1.4. Challenges:

1.4.1. Prioritization of Target Groups:

As of March 2022, the number of people who are vaccinated for COVID-19 in Lebanon is as follows:

- First Dosage Vaccination: 2,668,267
- Second Dosage Vaccination: 2,336,098
- Third Dosage Vaccination: 561,896

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 1).

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.

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.

Table 49: Priority Groups

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.

So far, the mobile clinic has conducted 105 visits to 5 different nursing homes. The total number of vaccinated elderly people is 10050.

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. So far, LRC transported around 2950 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, 1145 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 six visits to three different centers. The total number of vaccinated PwD's is 215.

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)⁷

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.

⁷ <https://www.unhcr.org/lb/wp-content/uploads/sites/16/2020/02/UNHCR-Lebanon-Operational-Fact-sheet-January-2020.pdf>

As per table 50 below, 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.

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%

Table 50- Pre-registration and vaccination as per refugee nationalities⁸

⁸ IMPACT COVID-19 vaccine national platform accessed on April 11, 2022

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 51 below). 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.

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

Table 51- Expected Coverage of Refugees in the New Loan.

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 1). 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 2.

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- Antispikes 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 1, 2011, 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.

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 4300 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 is RHUH (Rafic Hariri University Hospital) in Beirut.

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 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.

IFRC **THIRD PARTY MONITORING OF COVID-19 VACCINATION (PFIZER) IN LEBANON (Mar 14 - Mar 27, 2022)**

 Vaccination sites were well-organized during 99% of monitoring visits

 28% of interviewed vaccine recipients reported being aware of how to report complaints

 Members of the vaccination team were wearing masks during 57% of monitoring visits

 0% of interviewed vaccine recipients reported being charged or asked to pay for any service provided

 100% of interviewed health care providers reported sufficient quantities of PPEs

Vaccination sites had the capacity to thaw and store vaccine vials ahead of administration (% of monitoring visits)

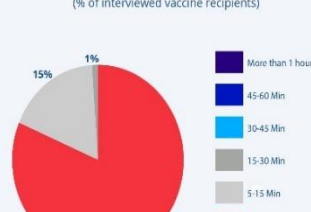


Vaccines were stored in refrigerators at the right temperature (2 to 8 °C) (% of monitoring visits)

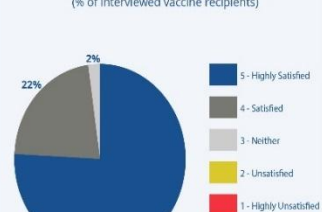


There was a temperature monitoring device recording the storage temperature of the vaccines at all times

Pre-vaccination wait time (% of interviewed vaccine recipients)



Overall satisfaction with service (% of interviewed vaccine recipients)



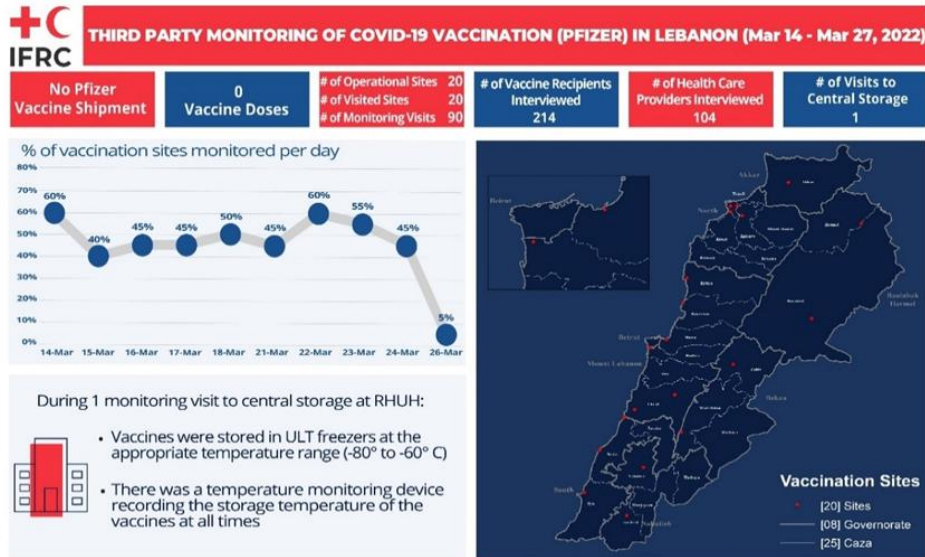


Figure 25 suite -IFRC Infographics March 2022: Retrieved from IFRC's official Twitter Account

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.

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:

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			

Table 52: 1214 Hotline Shifts per Week before August 2021.

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.

In the period ranging from March 19, 2021 and April 19, 2021, the number of operators increased to be 12 operators and 2 supervisors per shift, thus, 24 operators and 4 supervisors per day. This increase in the number of operators was clearly reflected in the percentage of calls that were answered, for the percentage of calls augmented to reach 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:

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					

Table 53: 1214 Hotline Shifts per Week after August 2021.

From 1 October 2021 till 31 March 2022, the number of Answered calls was 297523 (92%) and the number of Unanswered calls was 26,145 (8%).

As of October 2021, the Contact Center Human Resources included the following employees:

From 1 October 2021 till 30 November 2021					
Shift	Shift hours	Number of PSOs	Number of PMOs	Number of TLs	Number of IT assistants
Shift 1	7:00 am till 3:00 pm	24 PSOs	2 PMOs	1 TL	1 IT support
Shift 2	3:00 pm till 11:00 pm	17 PSOs	2 PMOs	1 TL	1 IT support
From 1 December 2021 till 31 March 2022					
Shift	Shift hours	Number of PSOs	Number of PMOs	Number of TLs	Number of IT assistants
Shift 1	8:00 am till 4:00 pm	15 PSOs	2 PMOs	1 TL	1 IT support
Shift 2	9:00 am till 5:00 pm	13 PSOs	1 PMO	1 TL	1 IT support
Shift 3	2:00 pm till 10:00 pm	10 PSOs	1 PMO	1 TL	1 IT support

PSO: Patient Support Officer (the responding agent); PMO: Patient Monitoring Officer (the supervisor); TL: Team leader; IT support: IT support assistant

Table 54: 1214 Hotline Shifts per Week between October 2021 and March 2022.

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 February 19, 2021, until March 19, 2021, out of which 33,642 were answered (around 40%). 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:

		1214 Grievance Log (September 2021 - March 2022)				
Grievance Topics	Number of cases received	Number of follow-ups	Number of cases solved	One-step or two-steps Handling		
Problems to access the registration link	370	472	370	<ul style="list-style-type: none"> • The operator advises him to try again switching his internet connection or using 3G instead • If he can solve the issue with the tools in hand, he does it and he makes sure it was solved • If the issue wasn't solved, he documents it on the software 	<ul style="list-style-type: none"> • The supervisor follows up and forwards the case to the operation support team 	
Problem with the vaccine certificate	1,527	1,466	1,527		<ul style="list-style-type: none"> • The supervisor follows up and forwards the case to the operation support team 	
Medical exceptions.	3173 (Mar-Feb)	3954 (Mar-Feb)	3173 (Mar-Feb)	<ul style="list-style-type: none"> • The caller is asked to fill a kobo toolbox application by contacting 06669584 via WhatsApp 	<ul style="list-style-type: none"> • The supervisor combines the documents in the email into one file and attaches it to the case on the software • The case can be easily accessed by the medical committee charged to review it and give the permission for an exception 	

	Exception needed for a surgery.	173 (Mar-Feb)	173 (Mar-Feb)	173 (Mar-Feb)	<ul style="list-style-type: none"> The caller is asked to fill a kobo toolbox application by contacting 06669584 via WhatsApp 	<ul style="list-style-type: none"> The medical operation support team (taskforce) handles these applications
	Exception needed for travelling.	5,930 (Mar-Feb)	5,930 (Mar-Feb)	5,930 (Mar-Feb)	<ul style="list-style-type: none"> The caller is asked to fill a kobo toolbox application by contacting 06669584 via WhatsApp 	<ul style="list-style-type: none"> The operation support team (taskforce) handles these applications
	Change of vaccination centre.	13,936	15,153	13,936	<ul style="list-style-type: none"> The operator documents the caller's need on the software 	<ul style="list-style-type: none"> The supervisor edits the center
	Change of appointment.	delay: 22,692 cancellation: 852	delay: 23,999 cancellation: 574	delay: 22,692 cancellation: 852	<ul style="list-style-type: none"> The operator documents the caller's need on the software 	<ul style="list-style-type: none"> The supervisor delays the appointment The supervisor cancels the appointment
	Editing the restricted information.	51,638	51,638	51,638	<ul style="list-style-type: none"> The caller is asked to fill a kobo toolbox application by contacting 06669584 via WhatsApp 	<ul style="list-style-type: none"> 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
	Did not receive the second or booster dose appointment message on time.	81	110	81	<ul style="list-style-type: none"> The operator documents the caller's need on the software 	<ul style="list-style-type: none"> The operation support team checks his vaccination status (it has to be done for the first dose) The follow up of the case on the software is done on a daily basis and it is updated in a way where all operators can check it in case the caller calls again and the operation support team contacts the vaccination center and solves it on a daily basis

	Inquiry.	81	73	81	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Answers the questions of the operator. • The supervisors forward it to the team required to give us the answer for it
	Complaint.	42	28	42	<ul style="list-style-type: none"> • The operators write down the complaint on the software • Follow the grievance redress mechanism 	<ul style="list-style-type: none"> • Forward it to the party authorized to take action. • Follow the grievance redress mechanism
	Adverse event.	792	331	788	<ul style="list-style-type: none"> • The operator explains the adverse events expected post vaccination, he documents all the details 	<ul style="list-style-type: none"> • The supervisor checks it and makes sure it is forwarded to the preventive medicine team at the MoPH

Table 55: Grievance log for September 2021 – March 2022.

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:

- 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.

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		
Saida Public Hospital	MWM			X		
	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		
Notre Dame de Secours	MWM				X	
	OHS			X		

Hospital	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
Ftough 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				No staff
	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 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
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Table 56: Hospital's ESMP Compliance

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 (Annex 3).

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.

	All Vaccines	Pfizer	AstraZeneca	Sputnik V	Sinopharm
Total Doses Administered	5,134,093	4,259,387	717,370	123,520	17,934
Total case reports (%)	6,808 (100)	4,255(62.5)	2,302 (33.81)	235 (3.45)	16 (0.24)
Non serious case reports* (%)	6,356 (93.36)	3,955 (93.0)	2,614 (94.0)	225 (95.75)	12 (75)
Serious case reports** (%)	452 (6.64)	300 (7.0)	138 (6.0)	10 (4.25)	4 (25)
Total reporting rate per 1,000 doses administered	1.33	0.99	3.2	1.9	0.9
Serious reporting rate per 1,000 doses administered	0.09	0.07	0.19	0.08	0.22

Table 57: case reports that were received between the period of February 14th, 2021 to February 19th, 2022.

Annex 1: List of Vaccination Centers

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

محافظة جبل لبنان

Wednesday	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
Wednesday - 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 & Wednesday	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 حي السلم
Monday till Friday	7	8:30-15:30	01/682666 ext 5901	Rana.chedid@bmc.com.lb	71893357	رنا شديد	مستشفى بلقو
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 ظهر 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 بعيدا 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 شقر	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	manalhijawi@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

محافظه 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

محافظه 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 زغرنا
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 النبي
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 الخيرى
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/	مستشفى الشمال الاستشفائي

						سامية حداد	
Monday till Saturday	7	8:00-15:00		mouhammad.slma@gmail.com	76152517	د.محمد سلمي	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 احذب	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	ياسميننا صمدي	مستشفى صيدا الحكومي
Monday till Saturday	6	8:00-14:00	07/411080	iwaya-hosp@hotmail.com	70038234	يوسف جابر	مستشفى جوبا
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. ايلى 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- الهلل 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 كلاش	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	bighospital@hotmail.com	71268654	حسن حمدان	مستشفى بنت جيبيل الحكومي
Thursday	6	8:00-1400	07/550410 ext:221	housam.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 قانسوه	مستشفى تينين الحكومي

Annex 2: 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?	

Annex 3 – Quantities of Waste Treated by Arc en Ciel Zahle Center (Dec 21 – Feb 22)

Due to closing zgharta's treatment center, the infectious waste collected in North and keserwan region, were transported to be treated in Zable's center.

Hereby, the quantity collected from North and Keserwan region and treated in Zable is mentioned in the table below.

Source	No. of Beds ¹	Quantity of wastes (kg)		
		Month 1 December 2021	Month 2 January 2022	Month 3 February 2022
AL INATY MEDICAL LABORATORIES	-	0	0	0
ASSOCIATION RABITAT EL NAHDA EL IJTIMAAIEH	-	0	0	0
BESHARY GOVERNMENTAL HOSPITAL	15	0	0	0
BEYOND ASSOCIATION NORD	-	0	0	0
BISSAR HOSPITAL	50	0	0	0
CENTRE DE MEDECINE DE CHARITE	-	0	0	0
CENTRE DE RADIOLOGIE-JOUNIEH	-	0	0	0
CENTRE DES SOINS PRIMAIRES - ASSOCIATION DU SECOURS POPULAIRE LIBANAIS - HALBA	-	0	0	0
CENTRE ELITE MEDICAL	-	25.00	180.00	175.00
CENTRE MEDICAL HRAJEL	-	0	0	0
CENTRE MEDICAL SAINT PAUL	-	0	0	70.00
CHN CENTRE HOSPITALIER DU NORD S.A.L	-	0	0	0
CROIX ROUGE HALBA	-	33.00	0	41.00
CROIX ROUGE JBEIL	-	52.00	85.00	237.00
CROIX ROUGE JOUNIEH	-	96.00	75.00	150.00
CROIX ROUGE TRIPOLI	-	1,215.00	875.00	1,143.00
DAR EL ZAHRAA HOSPITAL	70	0	0	0

DISPENSARE EL ARZ	-	0	0	0
DISPENSARE ET LABORATOIRE DE LA MUNICIPALITE DEIR AAMAR	-	0	0	0
DISPENSARE HAMIDI	-	141.00	0	129.00
DISPENSARE JEITA-ASSOCIATION NAHDA ADABIYE	-	0	0	0
EL YOUSSEF MEDICAL CENTER	120	1,965.00	1,020.00	2,067.00
FAMILY MEDICAL CENTER	140	0	0	0
FOYER DE VIEILLARDS NOTRE DAME DES DOULEURS GHEDRAS	-	0	0	0
HALLAB 1881 SAL	-	0	52.00	0
HOPITAL ALBERT HEYKAL (EL)	125	0	0	0
HOPITAL CARDIOLOGIQUE DU LIBAN	70	0	0	0
HOPITAL CHAHINE	50	0	0	0
HOPITAL DAR EL CHIFA	170	948.00	781.00	1,267.00
HOPITAL EL BATROUN	80	2,743.00	2,269.00	2,418.00
HOPITAL EL BORG AMIOUN	35	150.00	0	55.00
HOPITAL EL HANANE EL KHAYRIYAH	30	275.00	377.00	385.00
HOPITAL EL KHEIR	62	0	0	201.00
HOPITAL EL KOURA	62	2,627.00	2,674.00	2,356.00
HOPITAL EL MOUNLA	150	533.00	679.00	469.00
HOPITAL EL SALAM	187	249.00	0	120.00
HOPITAL GOUVERNEMENTAL BOIRE	100	1,922.00	1,820.00	1,512.00
HOPITAL GOUVERNEMENTAL EHDEN	10	0	0	0
HOPITAL GOUVERNEMENTAL HALBA	60	0	0	0
HOPITAL GOUVERNEMENTAL KARTABA	-	0	0	0
HOPITAL GOUVERNEMENTAL TRIPOLI	130	9,078.00	7,841.00	9,356.00

HOPITAL GOUVERNEMENTAL DE TANNOURINE	70	0	0	1,550.00
HOPITAL ISLAMIQUE DE BIENFAISANCE	123	2,250.00	2,459.00	2,538.00
HOPITAL MAZLOUM	102	1,900.00	2,291.00	1,407.00
HOPITAL MONSEIGNEUR CORTBAWI	25	312.00	0	0
HOPITAL NINI	128	3,649.00	4,387.00	2,877.00
HOPITAL NOTRE DAME DE LA PAIX DES SOEURS ANTONINES	75	174.00	121.00	146.00
HOPITAL NOTRE DAME DE LIBAN	150	4,460.00	5,388.00	5,159.00
HOPITAL NOTRE DAME DE SECOURS JBEIL	262	4,536.00	4,278.00	3,947.00
HOPITAL NOTRE DAME ZGHORTA	149	150.00	190.00	0
HOPITAL ORANGE NASSAU GOUVERNEMENTAL	40	877.00	778.00	974.00
HOPITAL RAHAL	100	1,110.00	380.00	632.00
HOPITAL SAFAD	35	107.00	59.00	401.00
HOPITAL SAFAD DIALYSM		1,766.00	881.00	2,985.00
HOPITAL SIR EL DENNIEH	40	791.00	895.00	829.00
HOPITAL ST MARITIME	95	1,716.00	1,736.00	1,658.00
HOPITAL ST MICHEL AMCHIT	10	0	0	110.00
HOPITAL ST. GEORGES AJALTOUN	100	1,236.00	693.00	563.00
HOPITAL ST. LOUIS	60	522.00	544.00	494.00
IBN SINA MEDICO-SOCIAL CENTER		2.00	0	0
KESERWANE MEDICAL CENTER SAL	65	40.00	0	320.00
LABORATOIRES DE BIOLOGIE MOLECULAIRES POLYVALENTES BMP	-	75.00	135.00	85.00
LABORATOIRE DR CHELALA	-	47.00	35.00	0
LABORATOIRE DR SAMIR GHANEM		0	5.00	0

LABORATOIRE DR WISSAM MANSOUR POUR ANALYSES MEDICALES	-	52.00	49.00	32.00
LABORATOIRE SALIBA	-	25.00	50.00	50.00
LABORATOIRE ST CHARBEL	-	8.00	7.00	8.00
LABORATOIRES MIDDLE EAST MEMERLAB	-	0	0	48.00
LABORATOIRE SAINT-LUC	-	0	0	45.00
LABORATOIRES WAKIM JOUNIEH	-	0	0	0
L.A.U JBEIL		0	0	0
LAUMC ST. JOHN'S HOSPITAL		0	0	0
MAC MAALOUF AESTHETIC CLINIC	-	0	0	0
MAISON DE REPOS SAYDET EL ALEM	-	0	0	0
MALTE ZOUK	-	0	0	0
MEDICAL CARE MANAGEMENT S.A.L - LAUMC ST.JOHN'S HOSPITAL		1,650.00	1,966.00	1,735.00
MEMERLAB	-	0	0	0
POLYCLINIC SOFTDENTAL	-	0	0	0
RAHMA MEDICAL CENTER	69	33.00	0	34.00
SAINT CHARBEL MEDICAL CENTER	-	0	0	0
TRIPOLI MEDICAL CENTER FOR LABORATORY ANALYSIS	-	0	0	29.00
UNIVERSITE L.A.U.	-	0	0	0
UNRWA NAHR EL BARED CAMP NORTH		0	0	0
UNRWA BEDDAWI CAMP - NORTH		30.00	0	113.00
WADIH EL HAGE HEALTH CENTER		0	0	0
Sous-Total	3,414	49,570.00	46,055.00	50,920.00

Annex 4 -Quantities of Waste Treated by Arc en Ciel Beirut Center (Dec 21 – Feb 22)

Source	No. of Beds ⁹	Quantity of wastes (kg)		
		Month 1 December 2021	Month 2 January 2022	Month 3 February 2022
ADVANCED MEDICAL SARL	-	0	0	0
AIRPORT MEDICAL LABORATORIES	-	0	0	0
AL BORJ HOSPITAL - SINCERE MEDICAL SERVICES	46	285.00	230.00	220.00
AJIALOUNA ORGANIZATION	-	0	0	0
ALLIED MEDICAL CENTER	-	0	0	0
AMBASSADE ALLEMANDE	-	0	0	0
AMBASSADE AMERICAINE	-	50.00	0	0
AMEL ASSOCIATION INTERNATIONAL - BORJ EL BRAJNEH		0	17.00	8.00
AMEL ASSOCIATION INTERNATIONAL - HARET HREIK		0	2.00	4.00
AMEL ASSOCIATION INTERNATIONAL - HAY EL SOLLOM		0	2.00	2.00
ANIMAL HOUSE HOSPITAL	-	0	0	0
AL WADI AL AKHDAR SAL	-	0	0	0
AMERICAN UNIVERSITY OF SCIENCES & TECHNOLOGY-AUST	-	0	0	0
ARMENIAN RELIEF CROSS	-	35.00	25.00	53.00
ASSOCIATION AAMEL	-	0	0	0
ASSOCIATION DE BIENFAISANCE GRECS CATHOLIQUES DE BEYROUTH	-	0	0	0
ASSOCIATION MARS		0	0	19.00
AUH	380	32,892.00	30,263.00	28,919.00

⁹ This applies only to hospitals

BEIRUT BEAUTY CLINIC	4	0	0	0
BEIRUT EYE & ENT SPECIALIST HOSPITAL-BEESH	22	527.00	354.00	423.00
BELLEVUE MEDICAL CENTER	120	4,041.00	4,200.00	3,996.00
BEST MEDICAL CENTER	-	0	0	0
BIOTECH	-	0	0	0
B POSITIVE MEDICAL SERVICES SAL	-	0	0	0
BRITE-MED	-	0	0	0
CAMPUS DES SCIENCES MEDICALES USJ	-	12.00	20.00	0
CD LOG sal	-	0	7.50	2.00
CEDIM	-	76.00	20.00	63.00
CEMA - CENTRE D'EXPLORATION MEDICALE AVANCEE S.A.R.L	-	127.00	101.00	122.00
CENTRE DES AFFAIRES SOCIALES	-	0	0	0
CENTRE DE SERVICES DU DEVELOPPEMENT BAABDAT	-	0	0	0
CENTRE HOSPITALIER DE BHANNES	70	671.00	2,524.00	1,593.00
CENTRE MEDICAL LIBANO-CANADIEN	-	29.00	0	25.00
CENTRE MEDICAL SAINT BERNARD CMB	-	15.00	20.00	37.00
CENTRE MEDICAL ST. JOSEPH	-	131.00	176.00	129.00
CENTRE MEDICALE MODERNE	-	39.00	36.00	20.00
CHILD AND MOTHER WELFARE SOCIETY	21	17.00	12.00	30.00
CHRONIC CARE CENTER	-	243.00	309.00	107.00
CITY MEDICAL AESTHETIC CLINIC	-	0	0	0
CITY DENTAL CLNIC	-	0	0	4.00
CLAIM SARL-FOOD, WATER & ENVIRONNEMENTAL TESTING LABORATORY	-	0	0	10.00

CLEMENCEAU MEDICAL CENTER	106	5,958.00	5,441.00	6,611.00
CLINIQUE DR EUGENIE CHAMOUN	-	0	0	0
CLINIC DR. HIBAH OSMAN	-	0	0	0
CLINILAB	-	25.00	29.00	24.00
CLINIQUE IGH	-	0	5.00	0
CLINIQUE DU LEVANT-SOCIETE MEDICALE	140	5,679.00	5,873.00	5,886.00
CLINIQUE DR ROGER EL KHOURY	-	0	0	0
CLINIQUE DR HABIB ZARIFE	-	0	0	0
CLINIQUE DR SANA' IBRAHIM	-	0	0	0
CINIQUE TOUMA	-	0	0	0
COMPAGNIE HOPITAL DR. SAMIR SERHAL S.A.L.	56	1,032.00	511.00	847.00
CONSEIL CENTRAL MARONITE-CENTRE DE DEVELOPPEMENT BEYROUTH	-	0	0	0
CONFIDENCE LABORATORY	-	0	37.00	0
CRD	-	0	0	0
CROIX ROUGE LIBANAISE ANTELIAS	-	135.00	135.00	115.00
CROIX ROUGE LIBANAISE BEIT MERY	-	0	0	0
CROIX ROUGE LIBANAISE GEMMAYZE	-	0	0	0
CROIX ROUGE SPEARS	-	239.00	351.00	339.00
CRYSTAL CARE CLINIC	-	0	0	0
DAIRY DAY	-	0	0	0
DIMA HEALTHCARE	-	0	0	0
DISPENSAIRE CENTRAL DE BEYROUTH	-	0	0	0
DISPENSAIRE DE LA MUNICIPALITE EIN EL RIHANEH	-	0	0	0
DISPENSAIRE EL TAHADI	-	0	1.40	0

DISPENSARE KARAKOUZIAN	-	57.00	30.00	25.00
DISPENSARE MAR ANTONIOS	-	0	15.00	0
DISPENSARE VOIX DE LA FEMME LIBANAISE	-	0	0	0
DISPENSARE DU MINISTERE DE LA SANTE	-	0	0	0
DOCTOR'S CENTER LABORATORY	-	278.00	504.00	341.00
DR ELIAS WARRAK EYE HOSPITAL – ADVANCED EYE CARE	5	5.00	14.00	17.00
DR. FALAH ABOU JAOUDE	-	39.00	17.00	28.00
DR. ISMAT EL DADA	-	0	0	0
OMNILAB	-	0	0	0
EXPERT MEDICAL DIAGNOSTICS	-	64.00	71.00	95.00
G4S	-	0	0	0
GENERAL MEDICAL CENTER EL FATWA	-	13.00	10.00	10.00
GET MEDICAL LABORATORIES	-	0	0	0
GREEK CATHOLIC WELFARE ASSOCIATION OF BEIRUT AND ITS SUBURBS (OASIS DE VIE)	131	584.00	1,229.00	2,001.00
HAJJ MEDICAL LABORATORIES	-	12.00	18.00	7.00
HARA MEDICAL CENTER		0	0	0
HAZMIEH INTERNATIONAL MEDICAL CENTER- HIMC	-	0	0	0
HOLLYWOOD SMILE	-	0	0	0
HOPITAL ABOUJAOUDE	112	0	0	0
HOPITAL AL IMAN	26	64.00	129.00	90.00
HOPITAL AL JABAL	70	397.00	153.00	799.00
HOPITAL BAABDA GOUVERNEMENTAL	44	451.00	1,114.00	865.00
HOPITAL BAKHAAZI	12	7.00	67.00	556.00
HOPITAL BEÏT CHABAB	150	709.00	0	686.00

HOPITAL BITAR	10	0	0	0
HOPITAL CHEHAR EL GHARBI	83	0	218.00	287.00
CLINIQUE DR GEORGES MOARBES	30	118.00	0	0
HOPITAL DAHR-EL-BACHEK	83	799.00	437.00	142.00
HOPITAL DE CAMPAGNE MILITAIRE ITALIEN	-	0	0	0
HOPITAL DR. NASSAR	28	0	0	180.00
HOPITAL EL HAYAT	110	67.00	60.00	177.00
HOPITAL EL MAKASSED	200	5,988.00	5,130.00	4,321.00
HOPITAL EL WATANI	30	0	15.00	20.00
HOPITAL EYE AND EAR	50	129.00	108.00	115.00
HOPITAL FOUAD KHOURY	40	654.00	644.00	459.00
HOPITAL GOUVERNEMENTAL QUARANTAINE	52	2,422.00	2,309.00	1,972.00
HOPITAL HADDAD SOEURS DES ROSAIRES	50	0	0	0
HOPITAL HAIFA	46	83.00	52.00	45.00
HOPITAL HAROUN	65	1,248.00	1,141.00	1,369.00
HOPITAL HAYEK	60	554.00	686.00	680.00
HOPITAL LIBANAIS CENTRE HOSPITALIER UNIVERSITAIRE	154	5,971.00	8,213.00	6,718.00
HOPITAL LIBANO-CANADIEN	100	0	0	0
HOPITAL MILITAIRE BADARO	140	6,285.00	5,849.00	5,481.00
HOPITAL MILLITAIRE EGYPTIEN	-	0	0	0
HOPITAL MONT LIBAN	150	7,735.00	8,378.00	7,428.00
HOPITAL NAJJAR	53	279.00	369.00	191.00
HOPITAL PSYCHIATRIQUE DE LA CROIX	100	0	0	65.00
HOPITAL RIZK	134	20,426.00	18,300.00	9,531.00
HOPITAL SACRE COEUR	160	2,156.00	1,409.00	1,512.00

HOPITAL ST. CHARLES	130	635.00	212.00	253.00
HOPITAL ST. GEORGES ACHRAFIEH	315	13,523.00	12,711.00	13,397.00
HOPITAL ST. GEORGES HADATH	82	11,874.00	10,439.00	9,836.00
HOPITAL ST. JOSEPH	100	3,651.00	4,176.00	3,479.00
HOPITAL STE. THERESE HADATH	133	0	0	812.00
HOPITAL TRAD	63	508.00	538.00	537.00
HOPITAL ZAHRAA	230	1,661.00	1,952.00	1,756.00
IN GOOD HEALTH	-	0	0	0
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES	-	0	0	0
INOVIE LEBANON S.A.R.L	-	536.00	1,192.00	617.00
ISLAMIC HEALTH SOCIETY - BORJ AL BRAJNEH HEALTHCARE CENTER	-	208.00	207.00	0
ISLAMIC HEALTH SOCIETY - DAR AL HAWRAA MEDICAL CENTER	-	350.00	306.00	249.00
JDEIDEH BOUCHRIEH SED MUNICIPALITY	-	0	0	0
LABORATOIRE AG	-	0	0	0
LABORATOIRE BOULEVARD	-	0	0	0
LABORATOIRE CHIAH D'ANALYSES MEDICALES	-	9.00	7.00	14.00
LABORATOIRES CRIMINELS DES FORCES DE SECURITE INTERNE	-	0	0	3.00
LABORATOIRE ANTOINE HINDI	-	176.00	121.00	136.00
LABORATOIRE DR NAAME	-	11.00	8.00	6.00
LABORATOIRE DES FORCES DE SECURITE INTERIEURE - CASERNE MOHAMED NASSER	-	0	0	0
LABORATOIRE JABER-GHORRA SAL	-	156.00	114.00	77.00
LABORATOIRE INP	-	161.00	109.00	90.00
LABORATOIRE INOVIE	-	0	0	0
LABORATOIRE MEDICAL SPECIALISE SAL	-	0	0	0

LABORATOIRE SCIENTIFIQUE D'ANALYSES MEDICALES	-	0	43.00	0
LABORATOIRE SECURITE LIBANAISE	-	162.00	374.00	193.00
LABORATOIRE ST. ELIE	-	37.00	0	41.00
LABORATOIRES DU LIBAN	-	0	0	0
LABORATOIRES HADATH D'ANALYSES MEDICALES	-	0	35.00	0
LABORATOIRE MODERNE BOU AKL	-	0	0	4.00
LABORATOIRE ST GEORGES D'ANALYSES MEDICALES S.A.R.L	-	181.00	122.00	115.00
LABORATOIRE WAFI' JABBOUR	-	0	0	0
LABORATOIRES WAKIM ANTELIA	-	0	0	0
LEBANESE OPHTHALMIC HOSPITAL	40	2.00	3.00	2.00
LAECD	-	0	0	0
LIFE LABORATORIES	-	7.00	5.00	6.00
MAKHZOUMI FOUNDATION	-	6.00	15.00	11.00
MAR ELIAS MEDICAL CENTER	-	24.00	24.00	20.00
MARSA SEXUAL HEALTH CENTER	-	0	0	0
MEDECINS SANS FRONTIERES - BELGIUM	-	857.00	0	7.00
MEDEX MEDICAL CENTER	-	67.00	39.00	37.00
MEDICAL 2000 - HOPITAL KAMAL JOUMBLATT	37	241.00	199.00	214.00
MEDICAL DIAGNOSTIC AND TREATMENT CENTER (MDTC)	-	158.00	712.00	413.00
MEDZONE MEDICAL LABORATORY AND PATHOLOGY	-	0	0	0
MIDDLE EAST INSTITUTE OF HEALTH	149	1,832.00	1,901.00	1,820.00
MIDTOWN MEDICAL CENTER	-	28.00	18.00	12.00
MIKATI LABORATORY	-	0	0	0
MODERN MEDICAL LAB - ALEY	-	0	0	0

MOGHA SAL	-	0	0	0
MYNE LABORATORIES	-	0	0	28.00
NAQAA MEDICAL CENTER	-	24.00	0	0
NEW MEDICAL LABS	-	12.00	9.00	7.00
NOVO NORDISK PHARMA S.A.R.L	-	0	0	0
OBAGI	-	0	0	0
OMNILAB		0	73.00	0
ORDRE DE MALTE	-	9.00	0	0
PAROISSE ST VINCENT DE PAUL	-	0	0	0
PHARMACIE AKL	-	0	0	0
PHARMACIE DU QUARTIER	-	0	0	0
PHARMACIE FATEN EL DAKDOUK	-	0	0	0
PLANETLAB	-	0	0	0
POLYCLINIQUE AKIK	-	0	0	0
PRIMARY HEALTH CARE CENTER CHIAH MUNICIPALITY	-	0	0	0
PROFESSIONAL HEALTHCARE DIAGNOSTICS (PHD)	-	98.00	120.00	138.00
QUALITY MEDICAL LABORATORIES QML	-	20.00	20.00	17.00
RAFIK AL HARIRI FOUNDATION DIRECTORATE OF HEALTH & SOCIAL SERVICES	-	10.00	0	0
RASSOUL AAZAM HOSPITAL	245	14,886.00	18,375.00	16,002.00
SAHEL HEALTHCARE CO. S.A.R.L	147	5,423.00	4,710.00	4,182.00
SAINT MICHEL MEDICAL LABORATORIES	-	27.00	63.00	15.00
SERUM PRODUCTS SARL	-	45.00	97.00	51.00
SHOUEIFAT MEDICAL CENTER	-	11.00	2.00	6.00
SIDC	-	0	55.00	0

SKIN FINE CLINIC	-	0	8.90	0
SKIN FITNESS	-	0	0	0
SLID SAL	-	0	0	0
SMART MEDICAL LABORATORY S.A.R.L	-	0	0	0
SOCIETE ANDRODE GUTIERIEZ	-	0	0	0
SOCIETE HOPITAL AREZ S.A.L	68	271.00	194.00	304.00
SPECIALIZED MEDICAL LABORATORIES	-	65.00	49.00	52.00
ST MARC MEDICAL & DIAGNOSTIC CENTER	-	293.00	290.00	191.00
TECHNIMED	-	0	0	0
THE EGYPTIAN LEBANESE HOSPITAL MEDICAL CENTER	9	65.00	60.00	334.00
TRANSMEDICAL FOR LIFE	-	6.00	23.00	16.00
TRIUMPHANT MERCY LEBANON	-	0	0	0
TRUST MEDICAL	-	20.00	0	22.00
UNITE GENETIQUE MEDICALE-USJ	-	34.00	17.00	19.00
UNIVERSAL SERVICES AND MAINTENANCE	-	0	0	0
UNIVERSITE LIBANAISE FACULTE SANTE PUBLIQUE SECTION 1	-	0	0	0
UNIVERSITE LIBANAISE FACULTE SANTE PUBLIQUE SECTION 2	-	0	0	0
UNIVERSITE LIBANAISE - FACULTE DE SCIENCES – SECTION 1	-	0	0	0
UNIVERSITY OF BALAMAND-FHS-DEKOUWENEH	-	0	25.00	0
UNIVERSITE SAINT ESPRIT KASLIK-USEK	-	0	0	0
UNIVERSITE SAINT JOSEPH - CSM (USJ)	-	160.00	120.00	109.00
UNION PHARMACEUTIQUE D'ORIENT S.A.L	-	0	0	0
UNITED NATIONS WORLD FOOD PROGRAMME (WFP)	-	0	0	0

ZARIF MEDICAL CENTER	-	0	0	10.00
WADIH EL HAGE HEALTH CENTER	-	0	4,710.00	4,182.00
Total	5,837	168,392.00	167,283.80	151,481.00

Annex 5 -Quantities of Waste Treated by Arc en Ciel Saida Center (Dec 21 – Feb 22)

Note:

- Due to closing Hotel Dieu treatment center, the infectious waste generated from Hotel Dieu De France were transported and treated at Saida’s treatment center.
- The number “0“mentioned in the table above means that arcenciel didn’t received any infectious healthcare waste quantity form the healthcare center during the month.

Hospital	Number of Beds	December	January	February
ABOU MERHI CHARITY INSTITUTION		36	35	49
ALAA EDDINE HOSPITAL		0	0	0
AL IKLIM HEALTH FOUNDATION - CENTRAL HOSPITAL	65	844	460	718
AL FANAR HOSPITAL	240	0	0	0
AL HADI LABORATORY AND MEDICAL CENTER		1042	1405	979
AMERICAN DIAGNOSTIC CENTER		295	506	547
ARWAN POUR LA PRODUCTION DE MEDICAMENTS		0	0	0
ASSOCIATION DAR EL AAJAZA EL ISLAMIYA	636	80	93	35
AYALAB		0	0	0
BASSIL MEDICAL LAB		0	0	0
BCHAMOUN SPECIALITY HOSPITAL	30	580	0	0
BEIRUT ARAB UNIVERSITY		0	0	0
BIGAMED GROUP S.A.R.L		0	0	0
CARITAS LIBAN CENTRE MEDICO SOCIAL- SAIDA		0	0	0
CARITAS MIGRANT CENTER SAIDA		0	0	0
CARITAS SAIDA		0	0	0
CENTRE AARFAN	35	190	52	132

CENTRE DE DIAGNOSTIQUE MEDICALE		0	0	0
CIC-AIS MEDLAB SAL		0	25	0
CROIX ROUGE BEIT EL DINE		0	0	0
CROIX ROUGE LIBANAISE EL CHOUF		35	347	58
CROIX ROUGE LIBANAISE BEKAATA		0	0	0
CROIX ROUGE LIBANAISE NABATIEH		100	0	107
CROIX ROUGE LIBANAISE SAIDA		95	250	105
CROIX ROUGE LIBANAISE TYR		43	46	53
DAMOUR MEDICAL CENTER		60	0	0
DISPENSAIRE AANKOUN - IMAM EL SADER FOUNDATION		0	0	0
DISPENSAIRE EL IMAM ALI		0	0	0
DISPENSAIRE EL ZAHRA'		0	0	0
DISPENSAIRE DE LA COOPERATION HUMAINE EL BINYAN		0	0	0
DISPENSAIRE NAJDA EL CHAABIYA - SAIDA		0	0	0
EVA LAB S.A.R.L		25	60	24
FOUANI MEDICAL LABORATORIES		0	0	0
GHAWTH FOR RELIEF AND EMERGENCY ASSOCIATION		0	20	0
GRAHAM WHITTAKER		0	0	0
HABANJAR MEDICAL CENTER		53	0	0
HAMMOUD HOSPITAL UNIVERSITY MEDICAL CENTER	200	7519	8812	7047
HEALTHCARE CENTER ABEY		0	0	0
HEALTH MEDICAL CENTER		534	531	462
HOPITAL BAAKLINE	40	144	65	123
HOPITAL BAHMAN	28	4119	4128	3918

HOPITAL BALSAM	27	0	0	0
HOPITAL BEYROUTH	90	2219	1002	0
HOPITAL CHEAIB	100	0	0	0
HOPITAL DALLAA	32	462	298	519
HOPITAL DR MOUNZER EL HAJJ	40	0	0	0
HOPITAL DU CONSEIL ISLAMIQUE DE LA SANTE	137	0	0	0
HOPITAL EIN WA ZEIN	250	1776	1705	1944
HOPITAL EL CHEIKH RAGHEB HARB	184	10806	10129	12276
HOPITAL GHANDOUR	40	0	37	0
HOPITAL GOUVERNEMENTAL BINT JBEIL		2336	1860	1312
HOPITAL GOUVERNEMENTAL SAIDA	80	953	1446	609
HOPITAL HAMSHARY	35	1696	1787	1382
HOPITAL KASSAB SAL	50	801	704	859
HOPITAL JBEILY		0	0	0
HOPITAL KHAROUBI	56	0	0	0
HOPITAL MILITAIRE SUD SAIDA		0	0	0
HOPITAL NAJDA EL CHAABIYA	75	970	491	307
HOPITAL OSMAN	45	0	0	0
HOPITAL RAHI	100	4474	3206	4196
HOPITAL SEBLINE	132	708	729	283
HOTEL DIEU DE FRANCE	430	13834	16588	16589
ISLAMIC HEALTH SOCIETY - NABATIEH SOUTH MEDICAL CENTER		110	46	54
ISLAMIC HEALTH SOCIETY - SAYYED ABED EL HUSSEIN SHARAFEDINE MEDICAL CENTER - TYRE		0	0	0
JABAL AMEL HOSPITAL	135	0	0	0

JAD MEDICAL CENTER		24	20	12
KHALIFE ADVANCED MEDICAL CENTER		0	0	0
KHALDEH'S MEDICAL ANALYSIS AND RADIOLOGY		0	0	0
LABIB MEDICAL CENTER SAL	125	3201	3085	3075
LABORATOIRES MODERNES KHALDE D'ANALYSES MEDICALES		0	44	20
LABORATOIRE SMDC		27	0	0
LAKKIS LAB		0	0	0
LEBANESE ITALIAN HOSPITAL		0	0	0
LEBANON MEDICAL LAB FOR MODERN ANALYSIS		0	0	0
MAAZ GENERAL LABORATORIES		0	30	9
MARTYR SALAH GHANDOUR HOSPITAL		0	0	0
MASHREK MEDICAL DIAGNOSTIC CENTER		0	0	0
MAYS EL JABAL GOVERNMENTAL HOSPITAL		218	198	0
MEDECINS SANS FRONTIERES - BELGIUM		New	0	0
MEDECINS SANS FRONTIERES - BELGIUM - SOUTH BEIRUT		New	1062	833
MEDILAND		0	0	0
MEJDLAYA MEDICAL GOVERNMENTAL CENTER		0	0	0
NABIH BERRI UNIVERSITY GOVERNMENTAL HOSPITAL	110	0	0	0
NAKIB HOSPITAL		0	0	0
NAQAA MEDICAL CENTER		New	55	51
NEW ALFA LAB		0	0	0
RAFIC EL HARIRI UNIVERSITY HOSPITAL		8561	10798	10698
PRIMED HEALTH SPECIALIST		0	0	0
SABBAH DIAGNOSTIC CENTER		0	0	0

SPECIALIZED MEDICAL REHABILITATION HOSPITAL	100	0	40	10
SPECIALIZED MEDICAL SERVICES CENTER (SMS) LTD		0	38	0
UNIFIL Q.G.OFFICE HUMANIT./UNITED NATIONS		0	0	5320
UNRWA SIBLIN - SAIDA		371	1866	421
URDA-DAWHET ARAMOUN		0	0	0
TOTAL Général		69341	74099	75136

Annex 6 -Quantities of Waste Treated by Arc en Ciel Zahle Center (Dec 21 – Feb 22)

Source	No. of Beds ¹⁰	Quantity of wastes (kg)		
		Month 1 December 2021	Month 2 January 2022	Month 3 February 2022
AL MAYYAS HOSPITAL	80	0	0	0
AL MAYYAS COMPANY SAL	80	1,053.00	1,723.00	1,641.00
AL ASSI HOSPITAL	80	0	0	0
AL FAROUK MEDICAL CENTER	-	143.00	58.00	47.00
ALWAN DIAGNOSTIC LABORATORY	-	30.00	9.00	20.00
AMEL ASSOCIATION INTERNATIONAL - EL EIN		0	10.00	25.00
AMEL ASSOCIATION INTERNATIONAL - KAMED EL LOZ		0	100.00	0
AMEL ASSOCIATION INTERNATIONAL - MASHGHARA		0	12.00	0
BATOUL HOSPITAL	45	0	0	0
BEKAA MEDICAL LABORATORY	-	3.00	5.00	3.00
BEYOND ASSOCIATION BEKAA	-	0	0	0
CARITAS ZAHLE	-	0	0	0
CENTRE AL IMAM HUSSEIN JALALA	-	0	0	0
CENTRE ARMENIEN	30	0	140.00	0

¹⁰ This applies only to hospitals

AAZOUNIEH				
CENTRE DU MARTYR FARAJ BALLOUK MEDICAL BAALBECK	-	0	7.00	0
CENTRE EL LABOUEH POUR SOINS DE SANTE PRIMAIRES	125	0	0	100.00
CENTRE MEDICAL ZAHLE	-	0	54.00	31.00
CHEIKH AREF HALAWI FOUNDATION	-	0	31.00	0
CLINIQUE DR ALAIN KHAIRALLAH		0	0	9.00
CROIX ROUGE LIBANAISE ZAHLE	-	231.00	200.00	243.00
CROIX ROUGE LIBANAISE RACHAYA EL WADI	-	80.00	0	26.00
EL ARAIBI LABORATORY	-	0	2.00	0
ELIAS HRAOUI GOVERNMENTAL HOSPITAL	180	4,276.00	3,472.00	2,979.00
GHIRAS ALKHAIR POLYCLINIC	-	0	90.00	0
HADDAD DENTAL CLINIC	-	0	0	0
HAMLIN NURSING HOME	75	0	0	0
HEALTH DIAGNOSTIC CENTER	-	70.00	65.00	58.00
HEALTHCARE CENTER FOR THE ROMAN CATHOLIC IN AL-QAA	-	0	0	0
HERMEL GOVERNMENTAL	87	847.00	708.00	917.00

HOSPITAL				
HOPITAL BEKAA	135	1,694.00	1,573.00	2,541.00
HOPITAL CHTAURA	87	2,575.00	2,088.00	1,850.00
HOPITAL DAR EL HEKME	80	110.00	110.00	75.00
HOPITAL DES MEDECINS EL MANARA	50	83.00	50.00	76.00
HOPITAL DR. BAHMAD & AL FAKIH	30	0	0	10.00
HOPITAL GOUVERNEMENTAL DE BAALBECK	115	3,744.00	2,548.00	2,459.00
HOPITAL HAMED FARHAT	85	324.00	257.00	330.00
HOPITAL IBIN SINA	75	113.00	0	43.00
HOPITAL KHOURY GENERAL	127	1,318.00	942.00	1,163.00
HOPITAL LIBANO- FRANCAIS	38	175.00	264.00	191.00
HOPITAL NASRA BAR ELIAS	35	257.00	346.00	346.00
HOPITAL RACHAYA GOUVERNEMENTAL	55	492.00	626.00	615.00
HOPITAL RAYAN	47	224.00	0	0
HOPITAL RAYYAK	200	2,347.00	0	0
HOPITAL TAANAEL GENERAL	75	1,629.00	1,583.00	1,753.00
HOPITAL TALL CHIHA	125	1,189.00	642.00	556.00
HOPITAL TATARY	34	40.00	0	168.00
HOPITAL UNIVERSITAIRE DAR AL AMAL	200	5,564.00	4,036.00	6,825.00
ISLAMIC MEDICAL CARE	-	0	0	0

CENTER - KAB ELIAS				
KAYAL MEDICAL LABORATORY	-	0	0	0
KHERBET KANAFAR GOVERNMENTAL HOSPITAL	8	0	91.00	0
LABORATOIRE CHTAURA	-	5.00	0	5.00
LE COMITE INTERNATIONAL DE LA CROIX ROUGE	-	0	0	0
MASHGHARA GOVERNMENTAL HOSPITAL		0	860.00	0
MATEN MEDICAL CENTER	-	20.00	10.00	12.00
MDC MEDICAL LABORATORIES	-	4.00	2.00	2.00
MEDAIR	-	0	0	0
MEDECINS SANS FRONTIERES BAR ELIAS - BELGIUM	-	687.00	1,030.00	825.00
MEDECINS SANS FRONTIERES BEKAA – MAJDEL ANJAR	-	0	0	0
MEDICAL VILLAGE	-	0	0	0
SAINT GEORGES ZAHLE LABORATORY	-	0	3.00	0
SHAMS RESTAURANT	-	0	0	0
SOHMOR HEALTH CENTER	-	0	0	0
UNIVERSAL HOSPITAL - RAS BAALBECK	20	0	0	0
UNRWA TALABAYA-		0	0	470.00

BEQAA				
WEST BEKAA HOSPITAL	40	1,672.00	709.00	223.00
Sub-Total	2,356	30,999.00	24,456.00	26,637.00