

REPUBLIC OF LEBANON
Ministry of Public Health
(MoPH)

**PRELIMINARY STAKEHOLDERS’
ENGAGEMENT PLAN (SEP)**

25.03.2022

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List of Acronyms

ESF	World Bank’s Environment and Social Framework
ESMF	Environmental and Social Management Framework
ESS	Environmental and Social Standard
GM	Grievance Mechanism
GoL	Government of Lebanon
ILO	International Labor Organization
IMC	International Medical Corps
KPIs	Key Performance Indicators
LRC	Lebanese Red Cross
LUPD	Lebanese Union for People with Physical Disabilities
M&E	Monitoring and Evaluation
MOPH	Ministry of Public Health
MSF	Medecins Sans Frontieres
NDVP	National Deployment of Vaccination Plan
NGO	Non-Governmental Organization
PAI	Project Area of Influence
PMU	Project Management Unit
SEA	Protection from Sexual Exploitation and Abuse
SEP	Stakeholders Engagement Plan
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children’s Emergency Fund
UNRWA	United Nations Relief and Works Agency
VAC	Vaccine Approval Criteria
WHO	World Health Organization
JMC	Joint Monitoring Committee

1. Introduction/Project Description

The first cases of COVID-19 were reported in Lebanon on February 21, 2020. In response, the Government of Lebanon (GOL) has prepared a COVID-19 Health Sector Response Plan and developed a National Multi-Sectoral Plan. Progress has been made in risk communication to the population, Port of Entry (POE) screening, the setting up of one testing center and of one treatment center. However, the unmet needs were immense. The outbreak came at a time when Lebanon's economy was already going through the worst crisis in recent history and the GOL had limited resources to respond.

The GOL has initiated preparedness activities for COVID-19 vaccine introduction. A COVID-19 National Coordinating Committee (CNCC) was established on November 6, 2020, for the successful planning, coordination and implementation of vaccination activities.

The Lebanon Health Resilience Project (LHRP) (US\$120 M) funded by the World Bank (WB) was effective on November 14, 2018, The LHRP's original Project Development Objective (PDO) was to increase access to quality healthcare services to Lebanese living in poverty and displaced Syrians in Lebanon. On March 12, 2020, upon the outbreak of the COVID-19 pandemic, the project was restructured to reallocate US\$40 million for the COVID-19 response. The PDO was revised as "to increase access to quality healthcare services to Lebanese living in poverty and displaced Syrians in Lebanon and to strengthen the Government's capacity to respond to COVID-19". A new component was added "Component 4: Strengthen capacity to respond to COVID-19". In January 2021, the GOL requested another restructuring of the project to reallocate US\$18M towards COVID-19 response efforts. This brings the COVID-19 response component to \$58M (US\$40 million from first restructuring and US\$18 million from second restructuring). US\$34M (out of the US\$58 million) is dedicated to fund WB-approved COVID-19 vaccines and their supplies for Lebanon's National Deployment and Vaccination Plan (NDVP).

Due to the unmet need for vaccines and the financial limitation of the GOL to meet the increasing health care needs, the "Strengthening Lebanon's COVID-19 Response Project" will finance further purchase and deployment of equitable COVID-19 vaccines and needed supplies and activities to support the GOL COVID-19 response.

Strengthening Lebanon's COVID-19 Response Project has a budget of **US\$29M** and duration of two years and comprises the following components:

- **Component 1 – Procurement of COVID-19 vaccines and deployment (US\$ 11.5M):** This component will support the purchase of COVID-19 vaccines and related deployment activities.
- **Component 2- COVID-19 prevention, detection and case management (US\$ 11M):** This component will support other COVID-19 prevention, detection and case management activities.
- **Component 3 – System Strengthening, Monitoring and Management (US\$ 6.5M):** This component will finance the project management unit, which includes at least: (i) financial management officers (FM), (ii) procurement and due diligence team; (iii) environmental and social officers; (iv) monitoring and evaluation officers and vi) Coordination. In addition, the component will support activities aimed at strengthening the health system in critical areas such as information systems, public health surveillance capacity, supply management/logistics, and expansion of primary health care settings.

Strengthening Lebanon’s COVID-19 Response Project is being prepared under the World Bank’s Environment and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 10, Stakeholders Engagement and Information Disclosure, the Ministry of Public Health (MoPH) as implementing agency will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation and this Stakeholders’ Engagement Plan (SEP) is prepared with this scope. A Project Management Unit (PMU) is assigned at the MoPH to follow up on the day-to-day management of the Project and among other duties, implement the SEP.

2. Brief Summary of Previous Stakeholder Engagement Activities

Initial stakeholder identification and consultation were conducted during the project preparation phase (January and February 2022). Due to the COVID-19 restrictions, a stakeholders consultation meeting was conducted virtually on Tuesday February 8, 2022, at 14:00 local time. MoPH extended the invite to fifty (50) identified stakeholders out of which twenty-three (23) participated. The virtual consultation session also followed the guidelines of the World Bank’s technical note on conducting consultations during times of constraints¹. Invitations to the stakeholders were sent via email ([Annex I](#)). Below is the list of the institutions that attended the stakeholder’s consultation meeting. The Project components, and associated environmental and social risks, impacts and mitigation measures were explained in a Power Point Presentation (see Annex III for an overview of the power point presentation) and stakeholders were invited to share their thoughts, questions and concerns regarding the current project setup and the associated environmental and social risks during a 1-hour virtual session. MoPH will continue following-up with all stakeholders who have not responded or could not be reached as part of the due diligence/preparation phase and will engage with all stakeholders as part of the proposed SEP program described in Section 4. Participants were also asked to share any additional suggestions and questions via the following email: lhr.covid19@gmail.com.

Community members or beneficiaries cannot be directly consulted due to the large extent of the Project but were and will be consulted through institutions such as WHO and UNNICEF – MENA Regional Offices. This issue will be given special attention at later stages of the Project especially during implementation, when the SEP will be updated.

Considering that organizations representing vulnerable groups and communities’ representatives and municipalities etc. did not attend this stakeholder consultation, the MOPH/PMU will hold a follow up consultation session to ensure the participation of these parties.

Table 1: List of institutions that participated in the Consultations on February 8, 2022

Institution/Organization
Ministry of Public Health (MoPH)
World Health Organization (WHO)
Project Management Unit (PMU)

¹https://biwta.portal.gov.bd/sites/default/files/files/biwta.portal.gov.bd/page/f3ca1ff6_95b0_4606_849f_2c0844e455bc/2020-10-01-11-04-717aa8e02835a7e778b2fff46f531a8c.pdf

United Nations International Children’s Emergency Fund – Middle East and North Africa Regional Office (UNICEF – MENA RO)
Lebanese American University (LAU)
Lebanese Army Forces (LAF)
World Bank (WB) representatives (as Observers)
Order of Nurses

Below is a summary of the feedback received during the consultations relevant to the Project:

- A question was raised by WHO about the management of the medical waste management plans at the vaccination centers. It was explained that the Project will be reimbursing the vaccine centers for their services and will be monitoring the implementation of their Infection Control and Waste Management Plan (ICWMP) that is a condition for the disbursement of funds. This issue was committed in the Environmental and Social Commitment Plan (ESCP) prepared under this Project and explained in the Environmental and Social Framework (ESMF) prepared under this Project.
- The representative of the Lebanese American University (LAU) and the former Head of Order of Nurses asked if the Project will be allocating funds to reimburse the nurses. It was explained that the project will be increasing the support to the health institutions and that will certainly be reflected in the increase of the nurses’ fees. More details can be found in Annex II.

3. Stakeholder identification and analysis

3.1 Methodology

Project stakeholders are defined as individuals, groups or other entities who:

- (i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as ‘affected parties’); and
- (ii) may have an interest in the Project (‘interested parties’). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- **Openness and life-cycle approach:** public consultations for the project(s) will be arranged during the whole life cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- **Informed participation and feedback:** information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders’ feedback, for analyzing and addressing comments and concerns;
- **Inclusiveness and sensitivity:** stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the projects is inclusive. All stakeholders at all times are encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders’ needs is the key principle underlying the selection of engagement methods. Special attention is given to

vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of diverse ethnic groups.

- **Flexibility:** if social distancing inhibits traditional forms of engagement, the methodology should adapt to other forms of engagement, including various forms of internet communication. (See Section 4.4 below).

Community and stakeholders' representatives play a crucial role in bridging the gap between the project and the targeted communities in a culturally appropriate manner. For the purposes of effective and tailored engagement, stakeholders of the proposed project can be divided into the following core categories:

- **Project beneficiaries** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect the project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be further disadvantaged by the project(s) as compared with any other groups due to their vulnerable status and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

3.2. Project beneficiaries

- Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Project beneficiaries will be citizens living all over the country. Particularly, the vaccine prioritization list currently under implementation covers the following groups:
 - All Lebanese citizens above 12 years old
 - Syrian and Palestinian refugees over 12 years old
 - Migrants and migrant workers
 - A plan to include Lebanese citizens under 12 years is being prepared. For the meantime, registration for people in this age group is opened on the system.

3.3. Other interested parties

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e. the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project such as representatives of the workers in the health sector (physicians, nurses, dentists and pharmacists) and representatives of the public and private health providers (syndicate of hospitals and military medicine). The projects' stakeholders also include parties other than the directly affected communities, including state legislative entities (Parliament, Council of Ministers and ministries). International non-governmental organizations (WHO, UNICEF, UNHCR, MSF, IMC, etc.) are also included due to their contribution to the public health sector in Lebanon.

State legislative entities: Legitimate representatives of citizens such as members of Parliament, ministries that may contribute to the vaccination deployment or have a mandate responsibilities that may be tackled by the Project such as: Council of Ministers, Ministry of Social Affairs, Ministry of Labor, Ministry of Environment, Ministry of Education and Higher Education, Ministry of Communication and Ministry of Defense.

Representatives of the workers in the health sector:

- Health care workers that can be engaged through the Orders of Physicians, Order of Nurses, Order of Dentists, Syndicate of Hospitals and Military Medicine
- Lebanese Red Cross
- Lebanese Society of Bacterial Diseases
- Hospitals and vaccination centers
- Public institutions that may be mandated security responsibilities during the implementation of the Project: Lebanese Internal Security Forces, Lebanese General Security and Lebanese State Security.
- Academia

Non-Profit Organizations may not have a direct role or responsibilities in the vaccination campaign. However, indirect roles and interventions may apply as deemed appropriate.

- Medical Waste firms: Arcenciel. A large proportion of Infectious Hospital Care Waste is treated by Arcenciel. One of its specialties lies in implementation of an effective Waste Management Plan.
- People with disabilities or underlying medical conditions: an active Lebanese non-profit organization that emphasizes the social and economic integration of marginalized people and communities back into society.
- Kafa Violence & Exploitation: a Lebanese civil nonprofit and secular organization seeking to create a society that is free of social, economic and legal patriarchal structures that discriminate against women (women and female).
- Abaad: a United Nations accredited organization that aims to achieve gender equality as an essential condition to sustainable social and economic development in the MENA region (women and female).
- Justice without Frontiers: a secular organization located in Beirut, its main role is to develop and promote democratic reform and rule of law and undertake legal and social projects that support human rights.
- Beit El Baraka: to ensure dignity to hard working Lebanese citizens by assisting them in their struggle with the increasing cost of living.
- Ajjalouna: women-led non-profit charitable organization committed to improving lives and supporting the underprivileged youth, women and elderly populations across a dynamic and ever-changing Lebanon (children, women and elderly).
- Kibarouna: to improve the quality of life of elders who are living at home with family members or alone (elderly).
- SOS children village: non-profit organization dedicated to supporting the right of the children who are deprived of parental care or at risk of losing it by providing them with family-based care and preventing child abandonment (children).
- SESOBEL: to implement a coherent and monitored service of assisting children with disability and to accompany their families as partners in facing life's challenges (people with disabilities).

- Lebanese Union for People with Physical Disabilities (LUPD): is a union that advocates for the inclusion, equality, and rights of people with disabilities in Lebanese society (people with disabilities).
- Arab Watch Coalition: aims to achieve a participatory, equitable, and sustainable development in the Arab region.

International Non-Governmental Organizations (INGOs)

- World Health Organization (WHO)
- United Nations International Children’s Emergency Fund (UNICEF)
- Medecins Sans Frontieres (MSF)
- International Labor Organization (ILO)
- International Medical Corps (IMC)
- United Nations Relief and Works Agency (UNRWA)
- United Nations High Commissioner for Refugees (UNHCR)

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

3.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether disadvantaged or vulnerable individuals or groups, may be further disadvantaged as a result of the Project. These groups often do not have a voice to express their concerns or understand the impacts of a Project and to ensure that awareness raising and stakeholder engagement with disadvantaged or vulnerable individuals or groups on infectious diseases and medical treatments in particular, be adapted to take into account such groups or individuals’ particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person’s origin, gender, age, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g., minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- Poor households, people living in poverty, especially extreme poverty
- People who do not know how to read or to write
- Refugees in camps, and groups living in dense urban neighborhoods
- Homeless people and those living in informal settlements or urban slums
- Unemployed people
- Women and female headed households
- Youth living in high-risk situations
- Elderly in high risk living situations (e.g., long term care facility, those unable to physically distance), and older adults defined by age-based risk
- Persons with disabilities
- Disadvantaged or persecuted ethnic, racial, gender, and religious groups, and sexual minorities
- Low-income migrant workers, internally displaced persons, asylum seekers, populations in conflict setting or those affected by humanitarian emergencies, vulnerable migrants in irregular situations

- Hard to reach population groups such as people living in rural areas with limited access to medical services
- Groups with comorbidities or health states (e.g., pregnancy/lactation) determined to be at significantly higher risk of severe disease or death and sociodemographic groups at disproportionately higher risk of severe disease or death
- Social groups unable to physically distance (e.g., geographically remote clustered populations, prisoners, detention facilities, dormitories, military personnel living in tight quarters, refugee camps)
- Children at school

Vulnerable groups within the communities affected by the Project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the Project is provided in the following sections. For the vaccination program under this Project, the SEP ensures targeted, culturally appropriate, and meaningful consultations (as referred in table 2: List of the project stakeholders’ needs) for disadvantaged and vulnerable groups before any vaccination efforts begin.

3.5. Summary of project stakeholders needs

The table below summarizes the project stakeholders’ needs. The stakeholders’ list has been identified based on previous experience with the Lebanon Health Resilience Project (LHRP) with aims very similar to the project at hand. The needs and preferred notification mean and specific needs were identified based on experience gained during the implementation of previous and current projects by the MoPH and previous and ongoing discussions and communication with identified stakeholders within the frame of the Project or other projects. It has been identified that the preferred ways to disseminate accurate messages are through media campaigns, websites, and hotlines.

Table 2: List of the project stakeholders’ needs

Stakeholder Group	Language needs	Preferred notification means	Specific needs
<i>Project beneficiaries</i>	<i>Arabic, English and any other specific languages</i> <i>Languages specific to foreign workers if English and Arabic are not understood</i>	<i>Media campaign audio visual and print</i> <i>Hotline</i>	<i>Focus on vaccine safety and effectiveness and counter any misinformation</i> <i>Organizational information such as eligibility, dates, centers</i>
<i>Interested parties</i>	<i>Arabic and English</i>	<i>Websites and official communication via electronic publications on the MoPH website no later than 45 days after the end of each reporting period (quarterly), throughout Project implementation</i> <i>COVID-19 safe meetings</i>	<i>Informed of progress and impact of the vaccination campaign</i>
<i>Vulnerable groups</i>	<i>Arabic, English and any local languages</i> <i>Languages specific to foreign workers if English and Arabic</i>	<i>Media campaign audio visual and print</i> <i>Hotline</i>	<i>All measures should be taken to ensure that groups who are out of mainstream reach tools do get the information through e.g.,</i>

	<i>are not understood</i>		<i>door to door delivery of printed material with a possibility to involve NGOs in this measure.</i>
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4. Stakeholder Engagement Program

4.1 Purpose and Timing of Stakeholders Engagement Program

The main goal of the Stakeholders consultations and engagements is to ensure stakeholders, and community at large are aware of the Project, its objectives and the risks associated with it. This preliminary SEP will be disclosed prior to Project appraisal and following consultation with the identified stakeholders.

As the SEP is a living document, it will be updated periodically by the Environmental & Social Safeguard and Grievance Mechanism (GM) officer that will be hired under the PMU, and as necessary as agreed with the Bank and as per the provisions of the ESCP.

MoPH, through the PMU, is planning to hold consultation meetings like the one held on the 8th of February 2022, throughout the Project implementation phase on a quarterly basis and with a possibility of adding relevant stakeholders according to the needs of the project. More identified stakeholders during implementation will accordingly be reflected in an updated SEP.

The Environmental & Social Safeguard and GM office will follow up on the GM and resolution of conflicts in coordination with the preventive medicine department at the MOPH and the PMU throughout the Project implementation. He/She will also be responsible and on the successful implementation of the SEP. The Project Manager at the PMU will be monitoring the implementation of the SEP.

4.2. Proposed strategy for information disclosure

MoPH, through PMU, and in coordination with other departments at the MoPH and relevant institutions such as the Ministry of Information and international organizations such as UNICEF and WHO will ensure that information to be disclosed as follows:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts,
- Includes where people can go to get more information, ask questions and provide feedback;

Over time, based on feedback received through the GM and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

As misinformation can spread quickly, especially on social media, during implementation of the Project, the PMU/MOPH will coordinate with the National E-health department at MoPH that already have dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and

side effects, and vaccine allocation and roll-out. The monitoring should cover all languages used in the country.

Table 3 describes what information will be disclosed, in what formats and methods that will be used to communicate this information to each of the stakeholders group.

Table 3: Project’s proposed strategy for information disclosure

Project stage	Target stakeholders	List of information to be disclosed	Methods and timing proposed	Responsibilities
<i>Project appraisal stage</i>	<i>Project beneficiaries, interested parties and vulnerable groups</i>	<i>SEP, relevant E&S documents, GRM procedure, regular updates on Project development and relevant new important information</i>	<i>Electronic publications on the MoPH website no later than 45 days after the end of each reporting period (quarterly), throughout Project implementation</i>	<i>MoPH It is highly recommended that the identified NGOS be engaged to support in disclosure process and access the target groups</i>
<i>Implementation stage</i>	<i>Project beneficiaries, interested parties and vulnerable groups</i>	<i>SEP, LMP, ESMF, relevant E&S documents, Grievance Mechanism procedure, regular updates on Project development and relevant new important information</i>	<i>Electronic publications on the MoPH website no later than 45 days after the end of each reporting period (quarterly), throughout Project implementation</i>	<i>MoPH It is highly recommended that the identified NGOS be engaged to support in disclosure process and access the target groups</i>
		<i>LMP</i>	<i>The project’s LMP to be prepared, by project negotiations and will be revised as relevant and when further information becomes available during project implementation.</i>	<i>MoPH PMU</i>
		<i>ESMF</i>	<i>ESMF to be prepared, consulted upon in a manner satisfactory to the Bank by project negotiations and will be used for screening of relevant project activities, identification of site-specific instruments and for overall guidance for the implementation of environmental and social</i>	<i>MoPH PMU</i>

			<i>aspects of the project which will be applicable throughout the project implementation.</i>	
		<i>E&S documents</i>	<i>Electronic publications on the MoPH website no later than 45 days after the end of each reporting period (quarterly), throughout Project implementation</i>	<i>MoPH PMU</i>

In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing Lebanon NDVP for COVID-19 is to reach 70% of the population in each country. To reach this percentage, MoPH expanded the vaccine prioritization list (section 3.2. Project Beneficiaries). As all people will not receive vaccination at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

The information to be disclosed will include citizen engagement, through:

- a. The TPM mechanism which will collect feedback from vaccine recipients and health providers as well as analysis of the performance of the vaccination centers through scorecards; Third-Party Monitoring will be independently monitoring 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. In detail, the TPM will be: Assessing the storage and handling of vaccine supplies in line with WHO guidelines at the key points of the supply chain (including but not limited to arrival point in Lebanon prior to custom clearance, centralized storage prior to distribution and vaccination sites).
- b. Assessing the temperature and stock maintenance of vaccine supplies at the key points of the supply chain
- c. Assessing the delivery of vaccination services at all vaccination sites in terms of processes, site requirements, eligibility of recipients as per NDVP, adherence to vaccination protocols (including protocols related to eligibility), infection prevention, record keeping and reporting, waste management.
- d. Assessing the perspectives and feedback of vaccine recipients and service providers at all vaccination sites, and through grievance reporting mechanisms (GRM) and on social media sites.
- e. Sharing the findings and suggested recommendations for action with the relevant parties
 - i. An IBM approach which will act as an iterative feedback loop that collects information directly from beneficiaries and identifies challenges at the local level that can be addressed by project teams. The Iterative Beneficiary Monitoring (IBM) surveys seek to evaluate end-user experience and are being conducted in countries where WB finances vaccination operations. This is a phone-based surveys with a random subset of persons pre-registered on the digital vaccination platform. The survey instrument is being pre-tested, with ongoing discussions on sample size and piloting, and it is expected to be conducted during the second quarter of 2022.; and
 - ii. Social Media surveys to increase engagement with community, especially in remote areas, and ensure the inclusion of their ongoing feedback in the rollout and implementation of the COVID-19 vaccination campaign

- f. Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country. The MoPH, through its staff, is taking care of monitoring and addressing misinformation during the vaccine deployment phase.
- g. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.
- h. The engagement of security or military personnel will be considered for deployment of vaccines as stipulated in the ESCP. The PMU at MoPH shall ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the GM. The PMU in collaboration with the preventive medicine department at the MOPH will also update the ESCP and SEP and make sure to inform key stakeholders when the plan gets prepared.

4.3. Proposed strategy for consultation

As per the World Bank’s “Technical Note: Public Consultations and Stakeholder Engagement in WB-supported operations when there are constraints on conducting public meetings” (March 20, 2020), A precautionary approach will be taken to the consultation process to prevent infection and/or contagion, given the highly infectious nature of COVID-19. The following issues shall be taken into consideration by the PMU and the MoPH for selecting channels of communication, in light of the current COVID-19 situation:

- a. Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- b. If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- c. Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chat groups appropriate for the purpose, based on the type and category of stakeholders;
- d. Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail) when stakeholders do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- e. Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- f. Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- g. The MoPH in collaboration with MoI identified trusted local civil society, namely UNICEF, WHO and UNHCR (Annex V) who are acting as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. the responsibilities are to prepare different communication packages and use different engagement platforms for different

stakeholders, based on the stakeholder identification above. The communication packages are taking different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions and provide feedback.

In line with the above precautionary approach, different engagement methods are proposed and cover different needs of the different stakeholders as elaborated below:

I- Project beneficiaries

Feedback mechanism through hotline (1214)

Feedback mechanism through email (lhrcovid19@gmail.com)

Feedback mechanism through the available GM channels (refer to section 6: “*Grievance Mechanism*” of the SEP)

II- Other interested parties

Formal meetings with stakeholders

Regular meetings with the stakeholders

Feedback mechanism through hotline (1214)

Feedback mechanism through email (lhrcovid19@gmail.com)

Feedback mechanism through the available GM channels (refer to section 6: “*Grievance Mechanism*” of the SEP)

III- Vulnerable groups

Feedback mechanism through hotline (1214)

Feedback mechanism through email (lhrcovid19@gmail.com)

Feedback mechanism through the available GM channels (refer to section 6: “*Grievance Mechanism*” of the SEP)

Continuous coordination will be available between the PMU and the respective MoPH Health Staff.

The MoPH/ PMU, will be documenting stakeholder engagement activities and ensuring the dissemination of the documented activities on the Ministry’s website. The documentation will take place by including the following:

- Date and location of each meeting, with copy of the notification to stakeholders;
- The purpose of the engagement (for example, to inform stakeholders of an intended project or to gather their views on potential environmental and social impacts of an intended activity);
- The modality of engagement and consultation (for example, face-to-face meetings such as town halls or workshops, focus groups, written consultations, online consultations);
- Number of participants and categories of participants;
- A list of relevant documentation disclosed to participants;
- Summary of main points and concerns raised by stakeholders;
- Summary of how stakeholder concerns were addressed and taken into account; and

- Issues and activities that require follow-up actions, including clarifying how stakeholders are informed of decisions.
- Specific measures adopted to reach out to vulnerable groups

4.4. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Special attention will be paid to engage with women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation. The MoPH will reach out to identified NGOs representing women rights groups (such as the NGOs ABAAD, and KAFA) to ensure inclusive consultations with women groups throughout the project life cycle and as outlined in this SEP. The MoPH is paying special attention to marginalized and vulnerable groups as noted in its National Deployment of Vaccine Plan (NDVP) published on January 28, 2021², and revised throughout the vaccination campaign. Specific measures (adopting mobile vaccine units, transportation for the elderly to the vaccination centers, registering the elderly people, etc.) will continue to be made to ensure equal access to vaccine for the following vulnerable groups to address the different needs of the beneficiaries:

- Elderly and debilitated in nursing homes
- People with special needs and residing in special care centers
- Reaching out to incarcerated individuals
- Refugees
- People with chronic diseases (hemodialysis, Multiple Sclerosis, active tuberculosis patients, solid organ transplant, etc..)
- Women and pregnant women at higher risk of infection
- Children at school

To ensure those groups are adequately involved in the project, specific engagement methods will be applied also. Those methods include:

- Women-only consultation sessions
- Diversification of outreach methods beyond digital media such as the use of printed awareness flyers (delivered at the level of health facilities), outreach campaigns through television, radio and billboard advertisement
- Collaboration with organizations and outreach through NGOs

4.5 Timelines

The timeline for implementation of all phases of the project is two (2) years. This preliminary version of the SEP will apply until an updated version of the SEP is prepared, consulted for, approved and disclosed. During the implementation stages, consultative meetings will be held with stakeholders and vulnerable groups covering all activities associated with the project lifecycle.

² <https://www.moph.gov.lb/userfiles/files/Prevention/COVID-19%20Vaccine/Lebanon%20NDVP-%20Feb%2016%202021.pdf>

The SEP will remain in the public domain for the entire period of project development and will be updated on a regular basis as the project progresses through its various phases, to ensure timely identification of any new stakeholders and interested parties and their involvement in the process of collaboration with the project including any feedback received from them that support successful project implementation. The methods of engagement will also be revised periodically and as needed to maintain their effectiveness and relevance to the project's evolving environment.

4.6 Review of Comments

As explained in more details above, communication and feedback from stakeholders will be taken into consideration at each stage of this project. The stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and GM.

4.7 Future Phases of Project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the stakeholder engagement plan and GM.

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

MoPH, in particular the PMU Project Manager and the Environmental & Social Safeguard and GM officer at the MOPH and the one that will be hired will be in charge of stakeholder engagement activities as outlined in this SEP in coordination with the World Bank Team, PMU staff and MoPH staff.

The budget for the SEP is included under

Component 3: *“Project Management and Monitoring and Evaluation”*, namely under subcomponent section (iii) *environmental and social requirements*.

5.2. Management functions and responsibilities

The SEP implementation arrangements are as follows:

- The PMU Project Manager will be overseeing all the stakeholder engagement activities
- The PMU/MOPH relevant department will be dedicated to implement, follow-up, report and regularly update the stakeholder engagement plans
- One environmental and social officer will also be recruited under the COVID-19 Operations Project to ensure that feedbacks and perceptions are taken into account throughout project implementation by regularly monitoring the results of community consultation.
- Project PMU E&S officer will manage the GM and will also ensure its adequate functioning.

At the present time, the contact email is: hr.covid19@gmail.com. The main contact person is the PMU. The contact person is subject to change.

The stakeholder engagement activities will be documented through quarterly and end of project progress reports.

6. Grievance Mechanism

The main objective of a GM is to assist to resolve complaints and grievances in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM:

- Provides Project beneficiaries with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.
- The COVID-19 Operations Project will rely on the previously existing GM consisting of the following:

6.1 Project's affected parties and vulnerable groups grievances:

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 MoPH 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 hotline team consisted of 24 operators and 4 supervisors operating in separate shifts all week long as follows:

Table 4: Schedule of operation of 1214 Hotline

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

In the period ranging from March 19, 2021, and April 19, 2021, the number of operators has increased to reach 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:

Table 5: Human resources and schedule of operation of 1214 Hotlines between March 19, 2021, and April 19, 2021

Monday till Friday		Saturday		Sunday	
AM Shift 7:00 am – 3:00 pm	PM Shift 3:00 pm – 11:00 pm	AM Shift 7:00 am – 3:00 pm	PM Shift 3:00 pm – 11:00 pm	AM Shift 7:00 am – 3:00 pm	PM Shift 3:00 pm – 11:00 pm

The team in place answered and addressed 92,669 calls out of 110,843 calls in September and October 2021 (accounting for 83.6% of the overall number of received call). According to Oumal, 90% of the answered calls were resolved. The NGO Oumal is responsible for the operation of the 1214 hotline owned by the MoPH but which is not involved in the WB funded project.

The reporting system in place (Annex IV for screenshot of the GM 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 as indicated in the table below:

Nb.	Item Description	
1	Modified priority groups (if there are any)	
2	Incarcerated/in prison individuals	
3	Elderly people	
4	People with special needs (special care centers)	
5	Refugees (Syrian and Palestinians)	
6	Grievance Redress Mechanism	Registration
		Edit the information
		Deleted messages
		Technical problems
		problems to access the registration link
		non receipt of the vaccine certificate
		Does not have a smartphone
		Home vaccination
		Medical exceptions
		Exception needed for a surgery
		Exception needed for travelling
		Medical staff and did not receive the appointment message
		From the targeted population and did not receive the appointment message on time
		Change in vaccine type
		Change of vaccination center
		Change of appointment
		Editing the restricted information
		Did not receive the second dose appointment message on time.
		Not being able to reach the vaccination center
		Inquiry
	Complaint	
	Adverse event	
	Others	

It is important to note that the establishment of this GM helped optimize the implementation of the national vaccination campaign. Several points can be highlighted in that regard as follows:

- Encouraging vulnerable groups to raise concerns without fear of reprisal
- Providing fair and timely means of dealing with complaints
- Preventing minor incidents developing into more serious disputes
- Paving the road for modifications in the vaccine deployment plan.

In addition to all of the above, all healthcare workers who undergo training on vaccination receive clear messages that prohibit Sexual Exploitation and Abuse/Harassment (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 and survivor centered approach apply when required.

The expected turnaround time for grievances to be resolved would be 48 hours from the time of receipt of the grievance.

6.2 Affected Stakeholders' grievances

The capacity of the hotline has been extended to receive and respond to additional calls. The numbers have been publicly disclosed throughout the country in the broadcast, print and social media. MoPH mobile application with the hotline information is also available. The GM also includes an appeal process for unresolved grievances that was established before the first project restructuring. The GM will be equipped to handle cases of SEA/SH following a survivor-centered approach and guidance on how to respond to these cases will be developed and shared with operators. The GM will continue to be publicized by the MoPH. Furthermore, to facilitate the communication between the PMU/MOPH and the affected stakeholders, the former dedicated an email³ to receive grievances related to the implementation of the project. The GM will include the following steps:

- Step 1: Receipt of grievances in writing
- Step 2: Recording of grievance and providing the receipt notice within 24 hours
- Step 3: Investigating the grievance and communication of the response within 7 days
- Step 4: Complainant response: either grievance closure or taking further steps if the grievance remains open. If grievance remains open, complainant will be given opportunity to appeal to the MoPH.

The GM will provide an appeal process if the complainant is not satisfied with the proposed resolution of the complaint. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

It is important to have multiple and widely known ways to register grievances. Anonymous grievances can be raised and addressed. Several uptake channels under consideration by the project include:

- By telephone on the following hotlines: 1214 and 1787
- By E-mail addressed to the MoPH: info@moph.gov.lb
- By E-mail addressed directly to the PMU that will be managing the project: lhr.covid19@gmail.com
- Letter to grievance focal points at local health facilities and vaccination sites
- Complaint form to be logged via any of the above channels
- Walk-ins may register a complaint on a grievance logbook at healthcare facility or suggestion box at clinic/hospitals
- People who do not know how to read or write are advised to reach out via the hotline: 1214 or 1787 as deemed necessary

⁶ On December 21, 2020, Lebanon passed the “Law to Criminalize Sexual Harassment and Rehabilitation of Its Victims.” This law is the first in Lebanon to criminalize any form of sexual harassment and abuse and to tackle some of the many gender equality barriers that women in Lebanon face under the law, it also outlines whistleblower protections. However, the law has not yet been implemented, and to date, there is no establishment of a clear referral pathway that resolves the aforementioned matters.

- Contact via designated NGOs that will collect grievances from vulnerable groups and for SEA/SH related grievances; Aaad has shown willingness to play this role in previous World Bank Projects and will be contacted for this end.

Once a complaint has been received, by any and all channels, it should be recorded in the complaints logbook or grievance excel-sheet/grievance database.

The project will have other measures in place to handle sensitive and confidential complaints, including those related to SEA/SH in line with the WB ESF Good Practice Note on SEA/SH⁴.

7. Monitoring and Reporting

7.1. Involvement of stakeholders in monitoring activities

A Joint Monitoring Committee (JMC) was set up with the objective to enhance the quality of monitoring and effectiveness of the COVID-19 vaccination program implementation with respect to the NDVP, WHO standards and WB requirements. The JMC is chaired by the World Bank and is composed of heads and technical staff from WHO, UNICEF, IOM, UNHCR, UNRWA. Since the beginning of the vaccination campaign in February 2020, the JMC convenes on a biweekly basis to provide high-level oversight of the progress in the NDVP implementation, to review findings of the TPM and ensure timely action for proposed improvements, and to align advocacy efforts and recommendations to the GOL/MoPH to maintain high levels of quality and equity throughout the vaccination process. The monitoring activities if the JMC will be also conducted under the new loan as per the Project Appraisal Document (refer to section C. “Sectoral and Institutional Context”).

7.2. Reporting back to stakeholder groups

The SEP will be revised quarterly and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the Project related activities and to its schedule will be duly reflected in the SEP. Quarterly summaries and internal reports on public grievances, enquiries and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the Project. The quarterly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project’s ability to address those in a timely and effective manner.

Information on public engagement activities undertaken by the Project during the year will be conveyed to the stakeholders in two possible ways:

- Publication of a standalone quarterly report on project’s interaction with the stakeholders.
- A number of Key Performance Indicators (KPIs) will also be monitored by the project on a regular basis, including the following parameters:
 - Number of public hearings, consultation meetings and other public discussions/forums conducted within the agreed upon reporting period;
 - Frequency of public engagement activities;
 - Number of public grievances received within the agreed upon reporting period;

- Number of those resolved within the prescribed timeline;
- Number of press materials published/broadcasted in the local, regional, and national media.

List of Annexes

Annex I: Invitation Emails to Stakeholders Consultation

Annex II: Feedback and Concerns from Stakeholders


Annex III: Overview of the stakeholders' Consultation PowerPoints Presentation held on February 8, 2022

Annex IV: Screenshot of the Grievance System

Annex V: Risk Communication and Community Engagement Plan

Annex I: Invitation emails to stakeholders' consultation

2/22, 5:05 PM Gmail - COVID-19 Operations Project - Stakeholders Consultations Meeting

 Ibrahim Assaad <ibrahim.a.moph@gmail.com>

COVID-19 Operations Project - Stakeholders Consultations Meeting

Ibrahim Assaad <ibrahim.a.moph@gmail.com> Thu, Feb 3, 2022 at 2:53 PM
To: kafa@kafa.org.lb, shereen@arabwatchcoalition.org, amy@arabwatchcoalition.org, Ehiggins@unicef.org, mkasonde@unicef.org, radya@who.int, shankli@who.int, oufly.phu@gmail.com, myma.doumi@gmail.com, madsonamatar@gmail.com, admin@ajajoua.org, JWF@jwf.org.lb, ghita.azari@basarivna.org, rachad.alameddine@gmail.com, v.sassine@moe.gov.lb, mario.goraieb@arcenciel.org, info@beltebaraka.org, info@atebba.org, op@opt.org.lb, cnd@army.gov.lb, info@labor.gov.lb
Cc: Edmond Abboud <abbouded@gmail.com>, Eham El Mais <eham.em.moph@gmail.com>, Imad Hariri <imad.h.moph@gmail.com>, lama.a.moph@gmail.com, Hicham Fawaz <hichamfawaz@hotmail.com>, Ronald Eduardo Gomez Suarez <rgomezsuarez@worldbank.org>, Rim Abou <rabou@worldbank.org>, Linda Khalil <lkhallil@worldbank.org>, Noushig Kaloustian <nkaloustian@worldbank.org>, Ahmed Hassoon Ali Al-Saeed <ahaisaedi@worldbank.org>, Jocelyne Jabbour <jabbour@worldbank.org>, Sherin Varkey <svarkey@worldbank.org>

Dear Esteemed Organization,

We are contacting you on behalf of the **Project Management Unit (PMU) of the Lebanon Health Resilience Project (LHRP)**, a project implemented by the **Ministry of Public Health (MoPH)**.

We are pleased to inform you that the **Government of Lebanon (GoL)** will receive financing from the **World Bank (WB)** to strengthen its response to the **COVID-19 Outbreak**.

This loan, consisting of a total amount of **USD 50M**, aims to prevent, detect and respond to the threat posed by **COVID-19** and strengthen Lebanon's national systems for public health preparedness. The project will aid in creating resilience in the health sector and will be implemented by the **Ministry of Public Health (MoPH)**.

The project is designed to strengthen the government's response to Covid-19 through the following components:

- Component 1:** COVID-19 vaccines and vaccine supplies
- Component 2:** COVID-19 detection and case management
- Component 3:** Project Management and Monitoring and Evaluation (M&E)

In light of the above, you are cordially invited to attend virtually the stakeholders' consultations meeting (as per the details below), to discuss the interventions of the project and the benefits that will be bestowed upon the beneficiaries. The project will support the **GoL** and the **WB** endeavors to promote increased access and transparency in the rollout of **COVID-19 vaccines not only to the Lebanese citizens but also to refugees** which are the direct beneficiaries of this project, as well as their host communities.

Meeting Details:
Date: Tuesday, February 8, 2022
Time: 2:00 PM Beirut time

The presentation will also include the new safeguards adopted by the **World Bank** which promote sustainable development through a bank policy and a set of **Environmental and Social Standards** (and all the associated instruments) that are designed to support projects such as the one at hand. We will also be outlining the project's identified environmental and social risks and their proposed mitigation measures.

Therefore, your presence in the stakeholder's consultations will be crucial to our objective of conducting an **inclusive and meaningful consultation** whereby all of your suggestions and concerns will be taken into consideration and acted upon if possible.

<https://mail.google.com/mail/u/1/?ik=de79aed944&view=pt&search=all&permmsgid=msg-a%3A-933956638035196899&siml=msg-a%3A-93395663...> 1/2

2/22, 5:05 PM Gmail - COVID-19 Operations Project - Stakeholders Consultations Meeting

possible.

The link to the session is attached to this email.

We look forward to receiving you all!

Sincerely yours,
--


Ibrahim Assaad
Operations Assistant
Phone Number: +961 1 830 300 - Ext: 274
LHRP | World Bank - Lebanon
Email: ibrahim.a.moph@gmail.com

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2/22, 5:09 PM Gmail - Covid-19 Operations Project- Stakeholders Consultations Meeting

 Ibrahim Assaad <ibrahim.a.moph@gmail.com>

Covid-19 Operations Project- Stakeholders Consultations Meeting

Eham El Mais <eham.em.moph@gmail.com> Thu, Feb 3, 2022 at 3:00 PM
To: georgekattaneh@yahoo.com, Ehiggins@unicef.org, Mucosonde Kasonde <mkasonde@unicef.org>, Ahsar RADY <radya@who.int>, "SHANKLI, Inant" <shankli@who.int>, Michelle Sarkis <msarkis@icrc.org>, info@sesobel.org, JWF@jwf.org.lb, Marwan Zoghbi <marwan.zoghbi@usf.edu.lb>, Asaad Kadhum <KADHUM@unhcr.org>, a.chanaa@unrwa.org, roger.rebeliz@outlook.com, raed.ekhalil@iau.edu.lb, Amanda Barakat <barakat@esa.edu.lb>, ahmed.kabbani@iau.edu.lb, escow@iau.org, newroom@ilo.org, pcr@ilo.org, trn@ilo.org, PARDEY@ilo.org, "Makouk (drmakouk@yahoo.fr)" <drmakouk@yahoo.fr>
Cc: Edmond Abboud <abbouded@gmail.com>, Ibrahim Assaad <ibrahim.a.moph@gmail.com>, Imad Hariri <imad.h.moph@gmail.com>, lama.a.moph@gmail.com, Hicham Fawaz <hichamfawaz@hotmail.com>, Ronald Eduardo Gomez Suarez <rgomezsuarez@worldbank.org>, Rim Abou <rabou@worldbank.org>, LINDA KHALIL <lindasim@hotmail.com>, Linda Khalil <lkhallil@worldbank.org>, Noushig Kaloustian <nkaloustian@worldbank.org>, Ahmed Hassoon Ali Al-Saeed <ahaisaedi@worldbank.org>, Jocelyne Jabbour <jabbour@worldbank.org>, Sherin Varkey <svarkey@worldbank.org>

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- Component 1:** COVID-19 vaccines and vaccine supplies
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In light of the above, you are cordially invited to attend virtually the stakeholders' consultations meeting as per the details below Tuesday, February 8, at 2:00 pm Beirut time, to discuss the interventions of the project and the benefits that will be bestowed upon the beneficiaries. The project will support the **GoL** and the **WB**'s endeavors to promote increased access and transparency in the rollout of **COVID-19 vaccines not only to the Lebanese citizens but also to refugees** which are the direct beneficiaries of this project, as well as their host communities.

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The link to the session is attached to this email.
We look forward to receiving you all!

Sincerely yours,
Eham El Mais
Administrative Assistant
<https://mail.google.com/mail/u/1/?ik=de79aed944&view=pt&search=all&permmsgid=msg-Pk3A172374697714402054&siml=msg-Pk3A1723746977...> 1/2


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Mobile: +961 76 351182
LHRP | World Bank - Lebanon
Email: eham.em.moph@gmail.com

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Annex II: Feedback and Concerns from Stakeholders

Q1: The Lebanese Army Forces inquired about the way by which the Army will be benefiting from the COVID-19 Operations Project.

A1: The Lebanese Army Forces will benefit from the project through the supported vaccination campaign that is targeted for both military and civilians.

Q2: Representative of the World Health Organization: considering the critical economic crisis Lebanon is going through, will the new project consider covering the reimbursement of health care expenses for both COVID-19 and non-COVID-19 cases

A2: Regarding the non-covid, MoPH allocated a certain budget for such cases under the LHRP.

Q3: Representative of the World Health Organization: although most of the vaccination centers have a waste management plan, very few of them are implementing this plan. How will the ministry address this critical issue?

A3: MoPH acknowledges the importance of properly managing the medical waste. However, the vaccine centers have limited financial capacities and are running the vaccine campaign on their own expense (running costs and payment to staff). Having said that, the proper implementation of the waste management plans at place will be hindered. To overcome this obstacle, MoPH is in the process of establishing a plan to reimburse the vaccine facilities, this plan will be followed up by actions targeted towards the waste management procedures.

Q4: Representative of the World Health Organization: Is the third-party monitoring party going to target all facilities i.e., facilities providing vaccines that are not procured under the project?

A4: Third party monitoring parties are now involved in monitoring the centers providing the vaccines procured under the loan. Monitoring facilities that are providing other vaccines would be subject to internal discussion between MoPH and WB.

Q5: The representative of the Lebanese American University (LAU) and the former Head of the Order of Nurses: is there a possibility to allocate a certain amount of money to reimburse the nurses?

A5: The MoPH decided to increase the hospital bills for both COVID-19 and non-COVID-19 through multiplying the bills by a factor of three point five (3.5). This increase in the bills will also include an increase in the doctors and nurses' fees.

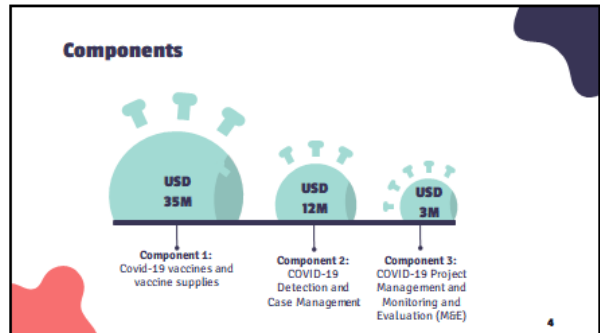
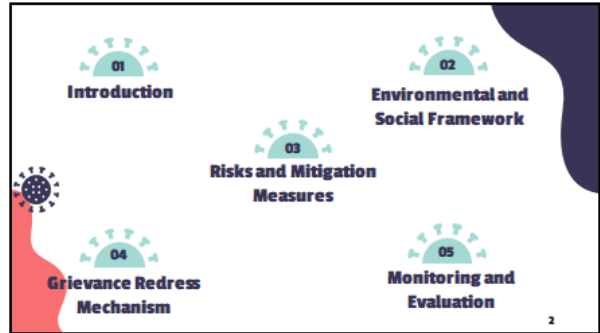
Q6: Representative of Lebanese American University (LAU): Following up on Dr. Shankiti's question regarding the non-COVID-19 cases, is there any plan at the level of MoPH to tackle non communicable diseases?

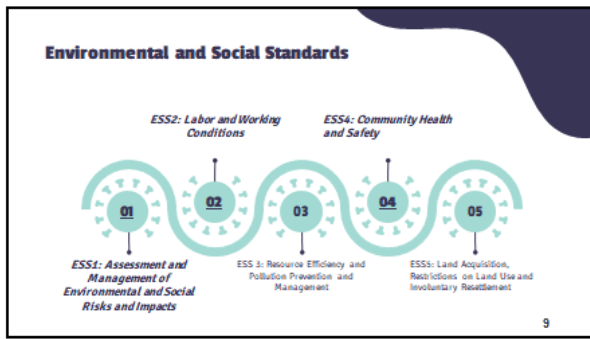
A6: The main aim of COVID-19 Operations Project is to deal with COVID-19 related prevention and case management.

Q7: The representative of the LAU and the former Head of the Order of Nurses: what is the role of the order of nurses in the COVID-19 Operations Project?

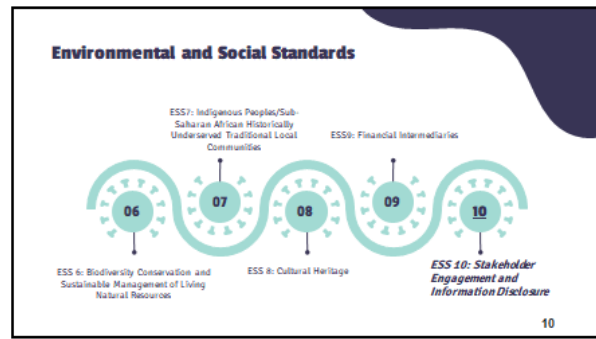
A7: The Order of Nurses represents one of the key players in the public health sector in Lebanon, the ongoing partnership between MoPH and the Order of Nurses will remain at place, The nurses' role in the ongoing vaccination process is extremely crucial and the Order is being consulted frequently to discuss matters that keep them informed and engaged.

Annex III: Overview of the stakeholders' consultation Power Point Presentation held on February 8, 2022





9



10

Environmental and Social Standards

ESS1: Assessment and Management of Environmental & Social Risks and Impacts:

- Identify, assess, evaluate and manage environmental and social risks and impacts
- Adopt differentiated measures so that adverse impacts do not fall disproportionately on the disadvantaged or vulnerable.
- Utilize national environmental and social institutions, systems, laws, regulations and procedures where appropriate

ESS2: Labor and Working Conditions:

- Promote safety and health at work
- Promote the fair treatment, protection, non-discrimination, and equal opportunity of project workers
- Prevent the use of all forms of forced labor and child labor
- Provide project workers with accessible means to raise workplace concerns

11

11

Environmental and Social Standards

ESS4: Community Health and Safety:

- Avoid adverse impacts on the health and safety of project-affected communities throughout the project cycle
- Minimize community exposure to diseases and hazardous materials and implement effective measures to address emergency events

ESS10: Stakeholder Engagement and Information Disclosure:

- Establish a systematic approach to stakeholder engagement through maintaining a constructive relationship with them
- Ensure that information is disclosed to stakeholders in a timely and accessible manner
- Enable stakeholders' views to be considered in project design

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Environmental

Risks

- Poor Maintenance of the cold chain
- Poor management of the vaccine stock

MITIGATION MEASURES

- The cold chain temperature should be monitored, and an alarm system should be activated to detect temperature deviation.
- Prepare a clear vaccination schedule.
- Monitor inventory and conduct a physical examination of the received vaccines for quality control purposes.

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Waste Management

Unsafe Management of medical waste

Almost all of the healthcare facilities in Lebanon have a waste management plan (WMP)

Effective WM abides by certain requirements that should be available in hospitals

18

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Social

Risks

- Potential Unequal Access to Vaccines, racial or religious discrimination inequity in vaccine administration (favoritism, familial, political, communitarian)
- Potential Sexual Exploitation and Abuse and Harassment (SEA/H)

MITIGATION MEASURES

- The Eligibility Criteria that is applied on Lebanese Citizens should be equally applied on minority and vulnerable groups.
- Information should be available against sexual exploitation and Gender Based Violence (GBV).
- Efficient reporting system through existing GRM.

19

19


Data Privacy and Security: Impact Platform

- Electronic Platform for vaccine registration (Impact) was launched on **Thursday, 28 January 2021**.
- All code repositories, code ownership, copyrights, and trademarks are registered under the **Central Inspection** and owned solely by the **Lebanese Government**
- As of **December 10, 2021**, the Impact platform was certified by the European Commission to issue COVID-19 vaccine QR code.

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05 Monitoring and Evaluation



25

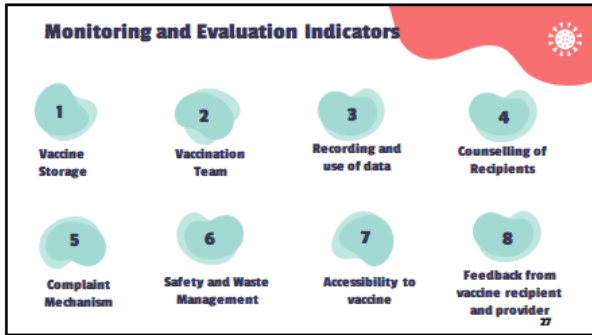
Monitoring and Evaluation (M&E)

Contracting a Third-Party Monitoring (TPM) provides a means to ensure independent monitoring of 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 Perspective


The TPM will share narrative and incident reports with MoPH in case of incidents in order to take corrective action.

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Conclusion and Discussion



You are welcomed to share your ideas, suggestions and concerns via the following email:

lhr.covid19@gmail.com



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Annex IV: Screenshot of the Grievance system.

المركز الوطني لتعويض الضحايا الشاملة | البرنامج الوطني لتفادي كوفيد-19

A screenshot of a web form with several input fields. The fields are labeled in Arabic: 'اسم العائلة' (Family name), 'الاسم' (Name), 'اسم الاب' (Father's name), 'اللقب' (Middle name), 'اسم الام' (Mother's name), and 'اسم الام وعائلتها' (Mother and her family). There are also radio buttons for gender selection and two buttons at the bottom: 'إلغاء' (Cancel) and 'حفظ' (Save).

A detailed screenshot of a grievance form. The form is divided into several sections with labels in both Arabic and English:

- Supervisor Operator:** Includes fields for 'اسم محي العميلة' (Name of the operator) with the value 'nourine', 'اسم مسؤول العميلة' (Name of the supervisor), 'تاريخ وتوقيت الإبلاغ' (Date and time of reporting) with the value 'PM 07:38 27/04/2021', and 'الرقم التسلسلي للإبلاغ' (Serial number of the report) with the value '2021046412'.
- Address:** Includes fields for 'العنوان' (Address), 'المحافظة' (Governorate), 'القطاع' (District), and 'البلدية' (Town).
- Nationality:** Includes a field for 'الجنسية' (Nationality).
- Personal Information:** Includes fields for 'رقم الهاتف' (Phone number), 'الاسم' (Name), 'اسم الاب' (Father's name), 'اللقب' (Middle name), 'اسم الام وعائلتها' (Mother and her family), 'تاريخ الولادة' (Date of birth), 'عمر المتعل' (Age), 'جنس' (Gender) with radio buttons for 'نساء' (Female), 'ذكر' (Male), and 'غيره' (Other), 'الموضوع' (Topic), and 'اسم الكلية الضامنة' (Name of the guarantor body).
- Medical Staff:** Includes a checkbox for 'من اللازم الطبي' (Medical staff).
- Case Management:** Includes a 'حالة العميلة' (Status of the case) dropdown menu and a 'ملاحظات' (Notes and details about the case) text area.
- Case Log:** A table with columns for 'اسم' (Name), 'الرقم التسلسلي للإبلاغ' (Serial number of the report), and 'تاريخ وتوقيت الإبلاغ' (Date and time of reporting).

At the bottom of the form, there are three buttons: 'إلغاء' (Cancel), 'Discard', and 'حفظ' (Save).

الشخص المتصل

تاريخ وتوقيت الإتصال: PM 09:49 28/03/2021

الرقم التسلسلي للإتصال: 2021036602

رقم الهاتف: 03-155828

اسم العميل: []

الشهرة: []

إسم الأب وعائلته: []

تاريخ الولادة: اليوم الشهر السنة
 10 10 1980
 جنس: ذكر أنثى غيره

الموضوع: []

اسم الشركة العاملة: []

اسم مجرى الخدمة: waton

اسم مسؤول الخدمة: []

المنطقة: []

المحافظة: []

البلدية: []

التصنيف: []

معدل المتابعات

نوع الإتصال

الرقم التسلسلي للإتصال

تاريخ وتوقيت الإتصال

حالة المتابعة

التاريخ

حالة المتابعة

إلغاء

حذف

إشعار

إشعار

شكوى

حدث مالي

مشاكل تقنية في الخدمة

لا يمكن التواصل معهم عبر الهاتف

تغيير المركز

من أمانة المنطقة وتم تحله رسالة التوجيه

في 21 يوم ولم يصل موعد الخدمة الثانية

لشخصي المتعلق من المتعلق

حالت صيرة تطالب أحد الفلاح

أستعمل على الخدمة لأحد الفلاح

تعدلي على الإستمارة

رسائل متعلق

لا يمكن التحدث عبري شكوي

تغيير تاريخ وتوقيت المتعلق

تم عمل الشركة لتغيير التوجيه

أتمناه تقنية متعلق

الموضوع

Not Active	الموضوع
<input type="checkbox"/>	إشعار
<input type="checkbox"/>	شكوى
<input type="checkbox"/>	حدث مالي
<input type="checkbox"/>	مشاكل تقنية في الخدمة
<input type="checkbox"/>	لا يمكن التواصل معهم عبر الهاتف
<input type="checkbox"/>	تغيير المركز
<input type="checkbox"/>	من أمانة المنطقة وتم تحله رسالة التوجيه
<input type="checkbox"/>	في 21 يوم ولم يصل موعد الخدمة الثانية
<input type="checkbox"/>	لشخصي المتعلق من المتعلق
<input type="checkbox"/>	حالت صيرة تطالب أحد الفلاح
<input type="checkbox"/>	أستعمل على الخدمة لأحد الفلاح
<input type="checkbox"/>	تعدلي على الإستمارة
<input type="checkbox"/>	رسائل متعلق
<input type="checkbox"/>	لا يمكن التحدث عبري شكوي
<input type="checkbox"/>	تغيير تاريخ وتوقيت المتعلق
<input type="checkbox"/>	تم عمل الشركة لتغيير التوجيه
<input type="checkbox"/>	أتمناه تقنية متعلق

الشخص المتلقي

تاريخ توليد الإخطار: PM 00-53 2803/2021

الرقم التسلسلي للإخطار: 2001036604

رقم الهاتف: 03-155828

الاسم: []

الاسم الأخير: []

العنوان: []

المنطقة: []

البلدية: []

البلد: []

الولاية: []

الرقم الوطني: []

تاريخ الولادة: []

الجنس: []

الموضوع: []

اسم الهيئة المتصلة: []

من نظام الشهي

سجل البلاغات

نوع الإخطار: []

الرقم التسلسلي للإخطار: []

تاريخ وتوليد الإخطار: []

التدخل

ملاحظات

هذه الملاحظة هي للتبويب

إشياء

حفظ

الموضوع	قيد المعالجة	تمت المعالجة	تستعيب تدخل Impact	تستعيب تدخل وزارة الصحة	تحتاج لألية خاصة	أجرت
إستفسار	71	205	0	8	0	319
شكوى	63	46	0	33	0	20
حدث سلبي	2	28	1	43	0	0
تسجيل علم المنصة لآخذ اللقاح	23	44	0	1	0	102
تعديل علم الإستمارة	31	32	69	8	0	1
رسائل ممحاة	8	101	0	0	0	20
مشاكل تقنية في المنصة	151	287	119	234	0	18
لا يملك هاتف خلوي ذكي	13	7	0	5	1	0
لا يمكن التواصل معهم عبر الخليوي	10	12	0	20	11	5
تغيير المركز	62	278	27	1	0	28
تغيير تاريخ وتوقيت اللقاح	5	17	4	1	0	0
تغيير الاسم أو الشهرة أو رقم الهاتف أو تاريخ الميلاد	22	205	5	0	0	3
لم تصل الرسالة لتحديد الموعد	82	340	0	102	0	148
من الفئة المستهدفة ولم تصله رسالة للموعد	79	1678	1	134	16	93
من الطاقم الطبي ولم يصله (ها) موعد	29	1	0	2	38	0
مر 1 يوم ولم يصل موعد الجرعة الثانية	30	52	96	0	0	0
أخطاء تقنية طارئة	6	1	14	1	0	0
تلقي اللقاح في المنزل	1	9	0	1	243	1
حالات صحية تتطلب أخذ اللقاح	21	0	0	48	2722	3
حالات صحية تتطلب أخذ اللقاح + ضرورة إجراء عمل جراحي	3	1	1	111	39	0
مضطر لأخذ اللقاح بداعي السفر	8	28	0	150	17	0
غيره	32	330	12	67	14	23

Solved	Requires a procedure	Forwarded to the MoPH	Forwarded to Impact	Processed	Under process	Topic
المدون	تحتاج لألية خاصة	تستدعي تدخل وزارة الصحة	تستدعي تدخل Impact	تمت المعالجة	قيد المعالجة	الموضوع
319	0	8	0	205	71	استفسار Inquiry
20	0	33	0	46	63	شكوى Complaint
0	0	43	1	28	2	حدث سلبي Adverse events
102	0	1	0	44	23	تسجيل علم المنصة لأخذ اللقاح Registration
1	0	8	69	32	31	تعديل علم الاستمارة Edit the information
20	0	0	0	101	8	رسائل ممتحاة Deleted messages
18	0	234	119	287	151	مشاكل تقنية في المنصة Doesn't have a smartphone
0	1	5	0	7	13	لا يملك هاتف خلوي نكبي Change of vaccination centre
5	11	20	0	12	10	لا يمكن التواصل معهم عبر الخليوي Change of appointment
28	0	1	27	278	62	تعديل المركز Editing the restricted information
0	0	1	4	17	5	تعديل تاريخ وتوقيت اللقاح Didn't receive the appointment message
3	0	0	5	205	22	تعديل الاسم أو الشهرة أو رقم الهاتف أو تاريخ الميلاد From the targeted category and didn't receive the appointment message
148	0	102	0	340	82	لم تصل الرسالة لتعديل الموعد من الفئة المستهدفة ولم تصل رسالة للموعد
93	16	134	1	1678	79	من الطاقم الطبي ولم يصلها (ها) موعد Medical staff and didn't receive the appointment message
0	38	2	0	1	29	من ٢١ يوم ولم يصل موعد الجرعة الثانية Didn't receive the second dose
0	0	0	96	52	30	إخطاء تقنية طارئة appointment message on time
0	0	1	14	1	6	تلقي اللقاح في المنزل Home vaccination
1	243	1	0	9	1	كالات صحية تتطلب أخذ اللقاح Medical exceptions
3	2722	48	0	0	21	كالات صحية تتطلب أخذ اللقاح + صعوبة إجراء عمل جراحي Exception needed for a surgery
0	39	111	1	1	3	مضطر لأخذ اللقاح بداعي السفر Exception needed for travelling
0	17	150	0	28	8	غيره Others
23	14	67	12	330	32	

Annex V: Risk Communication and Community Engagement plan

COVID-19 Vaccine

Risk Communication and Community Engagement (RCCE) and Accountability Preparedness and Response Plan

Background

This plan outlines the national Risk Communication and Community Engagement (RCCE) Task Force (TF) support to the Lebanese Government's response to the coronavirus pandemic of 2019 (COVID-19), focused on the introduction, roll out and promotion of the COVID-19 vaccine. The National RCCE task force established in March 2020 comprises of relevant Government counterparts including key ministries, UN agencies, NGOs, CBOs and academic institutions. The RCCE TF efforts on the promotion of key COVID-19 behaviors and preventive practices remain vital interventions to mitigate the pandemic's impact.

The COVID-19 pandemic is more than a health crisis^[1]. Its impact is contributing to the current socio-economic crisis in Lebanon, and sturdily affecting all parts of the society including vulnerable communities. Consequently, the introduction of a safe and effective vaccine is a main public health priority. Together with key behavioral actions by individuals and communities, vaccines are meant to be the most effective means to protect populations from COVID-19.

A COVID-19 vaccine national coordinating committee (NCC) led by the Lebanese Ministry of Public Health (MoPH) was established in November 2020 to plan, coordinate and manage the implementation of the National Deployment and Vaccination Plan (NDVP) for COVID-19 Vaccines.

Till date, the Lebanese Government has guaranteed the provision of 2,730,000 doses of COVAX facility potential vaccine candidates to address the immunization needs of 20% of the population residing in Lebanon, equivalent to 1,360,000 people who will receive a two-dose regimen of vaccine, on the basis of 6.8M inhabitants based on the World Bank estimates. According to the NCC, the first batch of the COVAX vaccine is expected to be delivered to Lebanon in the end of the first quarter of 2021. Furthermore, the Lebanese Government has signed an official bilateral agreement with Pfizer- BioNtech and secured 2,100,000 doses of vaccines to cover 15% of the population in the country, reaching to around 1 million individuals. The first batch of Pfizer- BioNtech vaccine has reached Lebanon by mid-February 2021. The vaccines provided under the COVID-19 National Vaccination Initiative will be free of charge for all residents in Lebanon including refugees and migrant workers. The MoPH is also undergoing negotiations with other pharmaceutical companies mainly AstraZeneca to provide more vaccines and increase immunization against COVID-19 in Lebanon. At this stage, the mRNA vaccines (i.e.: Pfizer-BioNTech vaccine), the vital sector vaccines (i.e.: AstraZeneca-Oxford vaccine) and the subunit vaccines (i.e.: Sinopharm Chinese vaccine) are the three main potential vaccine types that are being considered for Lebanon.

In order to ensure a successful design and implementation of the COVID-19 National Vaccination Initiative strategy, seven national technical groups were formed under the umbrella of the NDVP to organize and lead on the multiple preparedness and response interventions, including the National COVID-19 Vaccine Technical Group 4 on Communication & Training. The technical group 4 led by the Health Education Department at the MoPH, counts on the active participation and advisory role of the Ministry of Information (MoI) and the RCCE TF partners represented by the Disaster Risk Management (DRM), UNICEF, WHO and UNHRC. Group 4 acts within the framework of the NDVP as the main coordination platform for the RCCE preparedness and response interventions on COVID-19 vaccine strategy.

In this context, RCCE approaches are integral to maximize understanding, acceptance and uptake of COVID-19 vaccine, and the role and efforts of the RCCE TF are crucial to ensure the success of COVID-19 vaccine response strategies. Therefore, this document developed in line with the National COVID-19 RCCE Strategic Plan for Lebanon^[2] and the RCCE and Accountability Action Plan For the COVID-19 Post Blast Response^[3], seeks to **build and increase trust, enable confidence, reduce hesitancy and refusal, and promote COVID-19 vaccine uptake and buy-in** amid all target groups by mobilizing communities, raising awareness and promoting change of behaviors among the public, as well as addressing communication barriers to vaccine acceptance and access.

*Link to the MoPH official webpage <http://bit.ly/3bk0hsd> that includes the official documents and communication materials on COVID-19 vaccine.

Objectives

The overall goal of the national RCCE plan for COVID-19 vaccine is to **create and increase demand** for the vaccines adopted by the MoPH, in close alignment with available supply and services, while **continue promoting key prevention behaviors and practices**. Basically, the plan aims to:

1. **Engage communities through evidence-based interventions and messages to raise awareness, increase knowledge** and timely address and **mitigate infodemics, rumors and disinformation** on COVID-19 immunization services provided by the MoPH and its partners
2. **Promote public trust** in the immunization services on COVID-19 vaccine provided by national and local authorities to generate demand among target groups
3. **Increase public acceptance** of COVID-19 vaccines considering the partial information available on the new type of vaccine and safety profiles, as well as the rapidly changing scientific information on this matter
4. **Position communities** in an active and sustainable role on the demand and acceptance of the COVID-19 vaccine, fostering local ownership by engaging them **through participatory approaches** in the consultation and implementation process via established feedback mechanisms and development of new mechanisms as needed
5. **Advocate for policies and interventions** at central and field levels that support **safe and equitable access** and reach to COVID-19 immunization services, especially to the most vulnerable and at-risk populations to whom the RCCE TF is strongly accountable
6. **Ensure continuity in the promotion of evidence based key preventive behaviors** and practices during and after the vaccination campaign
7. **Tailor interventions** to target, engage and reach to the most vulnerable and at-risk groups based on their specific needs

Overview of the Vaccination Journey

The vaccination journey for patients willing to take the vaccine will follow the below process:

1. **Pre-vaccination:** pre-registration for vaccine uptake, patient is contacted, and appointment is scheduled
2. **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
3. **Vaccination:** confirmation of data, patient is vaccinated, provided with vaccination card and moved to observation area
4. **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.

At this stage, the MoPH has established an online platform for the COVID-19 vaccine registration with the support of IMPACT. Pre-registration, as a main requirement for vaccine uptake, could also be conducted by contacting the **MoPH 1214 call center**

The RCCE partners are expected to play a major role in mobilizing communities and guiding them to follow the registration process set by the ministry, using the existing registration and reporting tools. At this stage, RCCE TF efforts are required to support the MoPH in pre-respiration for vaccine uptake as follows:

1. Raise awareness on the pre-registration requirements and available mechanism using different media and social media channels, as well as community outreach initiatives and gateways
2. Outreach activities and support for vulnerable and at-risk groups (mostly elderly) to register for vaccine uptake through the efforts of main community actors such as municipalities, crisis cells, CBOs, NGOs and volunteers' groups
3. Support vulnerable and at-risk groups (mostly elderly) to access the vaccination sites (provision of transportation where possible) and receive immunization services for the needed vaccine doses

Prioritization of Target Populations

The WHO guidance on prioritizing groups for COVID-19 vaccine is built on two factors: 1) the epidemiological characteristics articulated by the high risk of contracting and transmitting the virus; and 2) the programmatic aspects of the vaccine provision and deployment at country level^[4]. According to the NDVP strategy for Lebanon, a risk-and age-based approach will be adopted, in alignment with WHO guidelines, for the prioritization of COVID-19 vaccine target groups. This approach seeks to ensure fair, timely and efficient provision of immunizations services to all the eligible groups that are willing to receive the COVID-19 vaccine.

According to the NDVP strategy, priority groups is selected with the aim of protecting the health-care system through protecting the front-line workers at first and those who have essential roles to maintain the health-care system. Elderly and people with fragile health conditions are given high priority as well along with patients with chronic co-morbid conditions. Certain sectors necessary to maintain the society function are prioritized as well.

The below list and table summarize the distribution of vaccines to target groups according to priority phases defined by the COVID-19 vaccine NDVP:

Phase 1A

- HCWs (by priority as per guidelines in the COVID-19 vaccine initiative)
- Age ≥ 75 yrs. irrespective of comorbidity

Phase 1B

- Age 65 - 74 yrs. irrespective of comorbidity
- Age 55 - 64 yrs. + ≥ 1 comorbidity
- Epidemiology & surveillance staff – house visits

Phase 2A

- Age 55-64 yrs. not included before
- Age 16-54 + ≥ 1 comorbidity
- HCWs not included before (as per guidelines in the initiative)

Phase 2B

- Individuals essential for preserving the function of the society
- Persons and staff in homeless shelters, group homes, prisons

Phase 3

- K-12 teachers & school staff, Childcare workers
- Other critical workers in high risk settings
- Other HCWs
- Family caregivers of those age ≥ 65 or with disabilities

Phase 4

- All those willing to be vaccinated

➤ First modification on priorities in the NDVP (March 24,2021):

The NCC committee, after evaluating the situation and deliberate discussions with the COVID-19 scientific committee and the Lebanese society of infectious disease for COVID-19 taskforce, decided 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

In addition to HIV patients (not a priority but special group already in the guidelines) to keep their privacy and avoid stigmatization. They will be vaccinated with AstraZeneca at the National Aids Program NAP.

Strategic RCCE Interventions:

Phases

Considering that the COVID-19 vaccine will be rolled out in phases, the RCCE plan is also being designed into a phased approach. Based on the timeline of introducing the COVID-19 vaccine in Lebanon, and the availability of the potential vaccines provided by MoPH, this plan follows three phases, with specific RCCE interventions integrated into all stages.

➤ Phase 0:

This is a preparatory phase that focuses on supporting the COVID-19 vaccine RCCE strategy and readiness tools. Throughout this phase the vaccine is not yet being rolled out in Lebanon. This phase focuses on 1) **collecting social data** to understand the public's perspectives, perceptions and positions in terms of COVID-19 vaccines' acceptance and hesitancy; 2) designing an **RCCE plan** to respond to communication and community engagement needs; 3) developing and tailoring **key messaging packages** on COVID-19 vaccine and promoting the vaccine registration platform mechanism (through IMPACT and MoPH 1214 Call Center) established by the MoPH; 4) mobilizing RCCE partners to support the TF's efforts in **raising awareness, addressing rumors**, misinformation and disinformation, and **increasing registration using the official platform** and vaccine's acceptance; and 5) **building the capacity** of target audience for vaccine uptake readiness. With reference to the NDVP strategy for Lebanon, the proposed timeline span for implementation of phase 0 is December 2020 till end of February 2021.

➤ Phase 1:

In this phase COVID-19 vaccine will potentially be available for priority target groups. The RCCE TF will focus on reaching primary and secondary target groups through different channels and tools. The activities for this phase will be designed to address specific groups to achieve the following objectives 1) **target groups are mobilized through RCCE efforts** and the diversified community engagement activities to increase demand, accept and take the vaccine provided by the MoPH; and 2) **target groups are actively engaging in promoting** the use of the vaccine among their networks due to their influence and resources. The expected implementation period of this phase ranges between February 2021 to June 2021 (Q1 & Q2 of 2021) and covers the target groups in the first phase of priority populations listed in the Prioritization section, as well as secondary target groups, particularly key influencers.

➤ Phase 2:

In this phase, COVID-19 vaccines are expected to be received by the MoPH and available in Lebanon to cover the immunization needs of the rest of the population. During this phase ranging from mid of 2021 till the end of 2021 (Q3& Q4 of 2021), the RCCE interventions will focus on the remaining primary groups that should be vaccinated according in the second phase of priority populations listed in the Prioritization section, as well as secondary groups, through 1) **continuous implementation of RCCE activities reviewed** based on the social data collected from stakeholders and communities using complaint feedback mechanisms (CFM) that are in place; 2) **constant engagement** of secondary groups as advocates for the promotion of COVID-19 vaccine.

Target Audience

The RCCE interventions aims to reach and influence the behaviors of targeted populations, while keeping a strong focus on the unique circumstances, behaviors, attitudes, and habits of the different communities in Lebanon. To ensure efficient communication and positive behavioral change practices for COVID-19 vaccine introduction and uptake, it is important to segment the audience per groups in alignment with the NDVP strategy for Lebanon. There are two type of audiences in RCCE preparedness and response guidance:

- The main beneficiaries of COVID-19 vaccination services identified as primary audience target group
- The stakeholders and influencers who engage in meeting the RCCE objectives identified as secondary audience target group

A section on the disaggregation of target groups according to each vaccination phase based on RCCE interventions, and in alignment with the NDVP list of priorities is to be added in the operational plan and micro-plans.

Primary target audience:

In its NDVP plan, the NCC has identified target population for COVID-19 vaccine phased roll out. These groups are considered as primary target group in RCCE activities, where messaging, interventions, tools and channels will vary based on each stage of the COVID-19 vaccine roll out plan. Simultaneously, the RCCE TF will address both vaccine eager and vaccine hesitant groups from the public as main audiences, be it with the aim of promoting vaccine demand and uptake, or dealing with rumors, misinformation and vaccine hesitancy and refusal.

The primary group includes:

- o Health care workers throughout Lebanon considered as frontline workers engaged in public health services, and at high risk of contracting COVID-19
- o Individuals with comorbidities who are at high-risk suffering from multiple and/or chronic diseases irrespective of age
- o People aged ≥ 65 / elderly
- o Individuals in public and private sectors who have essential roles in preserving the function of the society such as educational staff, childcare workers, social volunteers, etc.

- o Community members who critically contribute to the sustainability of the economic sector such as public transit and food supply
- o People with disabilities
- o Pregnant women (depending on the vaccine recommended for them)
- o Marginalized populations including persons in homeless shelters, group homes, prisons, jails and detention centers
- o Caregivers of those age ≥ 65 or those with immune suppression and disabilities
- o Children and adolescents (depending on the vaccine recommended for them)
- o Youth
- o Refugees
- o Immigrants including migrant and domestic workers
- o Stateless population
- o General public

This group includes influencers and stakeholders that will support the development and dissemination of messages to the priority target groups, considering their positions in the community, and their influence, resources and networks. **The secondary group** category consists of:

- o Ministerial entities: MoPH, MOSA, MoIM, MoI, MEHE, etc.
- o Health and Medical professional groups including private physicians, healthcare syndicates, pharmacists, Kada Physicians, healthcare providers at the primary health care centres, etc.
- o Media and social media professionals, advocates and influencers
- o Community leaders: Kaymakams, governors, municipalities, mayors, crisis cell teams
- o Religious leaders and faith-based organizations
- o Community outreach groups such as youth groups and women groups
- o Security forces: Lebanese Army, Gendarmerie, Civil Defence
- o 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
- o RCCE TF and sub- groups: CE and AAA
- o INGOs, NGOs and CBOs
- o Organizations working with people with disabilities, gender minorities, domestic workers and migrant workers
- o Academic institutions
- o Private sector entities including representatives from the designated vaccine companies

Key Activities

This RCCE plan revolves around the following six strategic approaches in alignment with the interventions outlined in the National RCCE Strategy for Lebanon. An operational plan is also developed in line with this overall narrative plan. It includes a more detailed and elaborated format of the series of activities per phase and defines relevant partners and target audiences.

1. **Strengthen preparedness and response through coordination and advocacy across all relevant RCCE sectors of government and stakeholders at national and field levels:**

- **Reactivate existing advocacy and coordination mechanisms** to develop a targeted national COVID-19 vaccine RCCE plan
- **Provide strategic and technical support** to the MoPH through the development and update of national COVID-19 vaccine RCCE operational plan in line with the NDVP strategy for Lebanon
- Conduct with RCCE TF members **behavioral and social data collection** using traditional and social media listening and community engagement activities to inform design and evaluation of interventions, identify barriers, misconceptions and opportunities on vaccine acceptance/rejection in different target groups
- **Identify key audiences** with a specific focus on the groups that will receive the vaccine first as defined by the NCC, as well as key influencers
- **Mobilize the RCCE TF groups** (RCCE and Accountability TF & External Communication TF) to support the efforts of the COVID-19 Vaccine Technical Group on Training & Communication and keep constant collaboration with members
- **Engage with the Accountability to Affected Populations (AAP) and Community Engagement (CE) RCCE sub-groups** to support the introduction of COVID-19 vaccine
- **Advocate and coordinate** with the Interagency partners and other sector partners, particularly the health sector to support RCCE efforts on COVID-19 vaccine responses
- **Coordination with Health Working Groups** and relevant Interagency teams as well as PSEA network and SGBV WG to create and disseminate key messages and design interventions associated to the vaccine campaign
- **Coordinate social data gathering and review findings** and lessons-learned on vaccine acceptance and conduct additional research to adjust and rephrase the plan upon needs
- **Ensure constant coordination with MoPH** on the implementation of COVID-19 vaccine RCCE response plan interventions
- **Maintain constant collaboration with RCCE TF** members and sub-groups members, and keep them engaged and informed for better outcomes and leverage of resources

2. Design and implement capacity building activities and provision of training opportunities to equip relevant actors with skills, knowledge and preparedness

- **Adapt existing RCCE training** materials and packages to address the communication needs for the new vaccine, increase community acceptability, include accurate information sharing, and continuously promote COVID-19 behavioral and risk reduction practices
- **Conduct training sessions** by area and target groups, including a focus on including Interpersonal Communication skills (IPC), reaching to frontline health care workers (including MoPH call center team), line ministries, faith-based organizations, youth and volunteer organizations, CBOs, NGOs, organizations, working with people with disabilities, gender minority domestic workers and migrant workers key influencers, religious leaders, faith based organizations, schools, national and local journalists and organizations working with people with disabilities, gender minorities, domestic workers and migrant workers
- Review and update the existing RCCE Message Bank developed for COVID-19 response by key target and channels, to ensure the COVID-19 vaccine materials are embedded.
- **Organize and implement refresher training sessions** for priority target groups based on findings from social data collected by the RCCE TF partners

3. Adapt and produce targeted IEC materials to spread accurate information, address misconceptions and increase trust and uptake of COVID-19 vaccines

- Define evidence-based **key messages** package using trusted sources by target groups based on social data findings, generic messages recommending people to consult the correct sources of info which are WHO and MoPH to be disseminated as well
- Develop a unified **key advocacy messages packages including Q&A** on COVID-19 vaccine for mass media and public outreach in order to raise awareness about the vaccine and address public hesitancy and refusal, this Q&A will be informed by the **vaccines public discussion tracking system**
- Adapt existing COVID19 RCCE **IEC materials** to highlight the efficiency of the new vaccines
- **Develop new IEC materials tailored** to address the needs of communicating with specific target audience such as the primary groups who will receive the vaccines according to NVDP's stages, this will include material showcasing the vaccination process, and translation of materials to different languages as needed to reach out to non-Arabic speakers
- Ensure **coordination and collaboration** among all actors engaged in the production and review of the IEC materials such as MoPH RCCE TF partners, MoI, etc.
- **Adapt the existing RCCE message bank** to include the COVID-19 vaccine component and ensure a consistent and regular collaboration among all technical and implementing partners
- **Conduct continuous review** of the IEC materials and amend content based on potential needs and when applicable

4. Raise awareness to inform and educate the public on the COVID-19 vaccines

- **Develop the crisis communication** plan for external communication activities **which include** a risk and scenario analysis with primary messages and strategic narratives tailored for different channels (official websites, SM channels, trusted journalists, and different target groups)
- **Identify** and involve key media to be part of the COVID-19 Vaccine advocacy group to ensure the dissemination of correct vaccines information under the umbrella of a proactive and transparent media strategy
- Develop a **spokespersons list** that will include Minister of Public Health and the head of NCC along with influencers from community and faith-based leaders to be shared with the media
- **Identify community actors and available/ potential resources** to support awareness-raising activities
- **Build on the existing vaccines public discussion tracking system** led by the external communication taskforce to identify, monitor and address infodemics, misinformation and disinformation
- **Engage influencers and advocates** through various platforms, including preparing and sharing key messages that can be used for awareness and vaccine promotion
- **Disseminate accurate messages and information** on COVID-19 vaccine through media and social media platforms, influencers and community gateways to increase public trust in COVID-19 immunization services

- Organize **webinars and live Q&A sessions** on critical COVID-19 vaccine and immunization issues with experts and journalists
- **Promote the official and trusted sources of information** around vaccine and their platforms
- **Maintain continuous review and dissemination** of timely and updated IEC materials using existing channels such as media and social media platforms and community gateways

5. Mobilize and engage communities to reduce hesitancy and achieve high acceptance of COVID-19 vaccines:

- Adapt and pre-test existing RCCE community-based **partnerships** on face to face and virtual community engagement focusing on vaccine promotion, while ensuring consistent promotion of healthy preventive measures
- Define with RCCE **partners complaint feedback mechanisms** to timely address gaps/needs and inform programmatic responses on community engagement
- **Identify key influencers** such as healthcare providers, health syndicates, private and public healthcare entities, youth groups and community volunteers, religious leaders, faith-based organizations, CBOs, NGOs, academia and educational entities including MEHE and representatives of private schools and people already infected with COVID-19 to support the RCCE outreach and advocacy activities
- **Leverage and advocate** with key influencers to get their support for creating an enabling and trustful environment for COVID-19 vaccine introduction and uptake
- **Listen to communities' voices** while gathering social data to understand their beliefs, fears and concerns, barriers in registration and access to vaccination sites, and highlight them in the data findings
- **Design micro-plans** in order to launch and implement diversified community engagement activities developed in alignment with findings from social data, key messages, training and CFM already designed
- **Tailor the engagement** with the various actors based on the specific audiences' profiles and needs in terms of content and engagement, channels and tools
- **Ensure** that Accountability to Affected Populations (AAP), CFM and monitoring systems **are in place to track community level** refusal and address barriers
- **Keep social mobilization continuously active** through engagement with key media and community influencers and actors
- **Monitor and address social tensions** related to the vaccination strategy and implementation
- Promoting **inclusivity and prioritization** based on the criteria set in the NDVP

6. Monitoring and evaluation of RCCE activities to reach the plan's goals

- Adapt the **monitoring and evaluation framework** developed with the efforts of the RCCE M&E subgroup to monitor and assess the fulfillment of the COVID-19 vaccine RCCE plan objectives

- Use **community feedback and social listening**, through data collection tools such as surveys and key interviews to monitor trends in public knowledge, perception and behaviors about the COVID-19 vaccine, and assess RCCE's activities impact and effectiveness
- **Monitor implementation of activities** in accordance with the RCCE plan objectives and expected results
- Ensure that the RCCE M&E framework for COVID-19 vaccine includes indicators that serve in identifying and **documenting challenges, best practices and lessons learned** to inform future preparedness and response activities

Key Considerations:

To ensure effective design and implementation of the RCCE interventions in terms of planning and responding to the COVID-19 vaccine introduction and uptake, it is important to reflect on the following factors throughout all the phases:

- **Investments** in coordinated, structured and proactive RCCE approaches is critical to increase COVID-19 vaccine demand, acceptance and uptake
- **Social data collection to be conducted by multiple** actors and relevant ministries with respective channels and platforms
- **Vaccine arrival and distribution** plan is announced by the MoPH defining role of **private and public healthcare sectors, relevant syndicates and vaccination facilities**
- Consistency and timely sharing of information regarding the vaccination plan, news and progress
- **Technical guidance and Q/A are provided by the Lebanese Government on vaccine** characteristics, procedures, side effect, priority groups and access to vaccination services
- The roles, responsibilities and accountabilities of all relevant stakeholders such as the NCC as well as the sub-committees led by the MoPH including the technical group 4 are clearly defined, which will facilitate the RCCE efforts and ensure having a main interlocutor at the MoPH as a focal point for the RCCE strategy
- **Role of the vaccine companies** is defined in the national RCCE Task Force to timely address medical and technical issues, rumors, misinformation and disinformation
- **Face to face community engagement activities** can be conducted based on COVID19 national procedures defined by the Lebanese Government such as lockdown situation and curfews in the country
- The high need to continuously **focus on the preventive behaviors** to prevent COVID-19 infection and transmission throughout all the messages tailored the vaccine
- **Adhere to the legitimacy principle** of the Values Framework defined by WHO is a vital consideration to the success of COVID-19 vaccine programmes. As such, it is an essential means to promote public trust and acceptance of a COVID-19 vaccine^[5]
- Keep a focus on **gender equality** and equally include and reach both genders, migrants, people with disabilities , elderly and vulnerable groups in every priority group that will receive the vaccines
- **Define accountabilities** among relevant government entities and the RCCE TF partners, while emphasizing on the need to enhance public trust in national authorities
- The **high level of fatigue** in the country due to the current socio-economic situation, the Beirut Port Blast effects, as well as the pandemic being increasingly protracted

^[1] GOARN, IFRC, UNICEF & WHO (2020). COVID-19 Global Risk Communication and Community Engagement Strategy.

^[2] MoPH, UNICEF & WHO (2020). COVID-19 Risk Communication and Community Engagement (RCCE) Strategic Action Plan, Lebanon.

^[3] UNICEF (2020). RCCE AND ACCOUNTABILITY ACTION PLAN FOR THE COVID19 POST BLAST RESPONSE

^[4] WHO (2020). WHO SAGE ROADMAP FOR PRIORITIZING USES OF COVID-19 VACCINES IN THE CONTEXT OF LIMITED SUPPLY.

^[5] WHO (2020). WHO SAGE ROADMAP FOR PRIORITIZING USES OF COVID-19 VACCINES IN THE CONTEXT OF LIMITED SUPPLY.