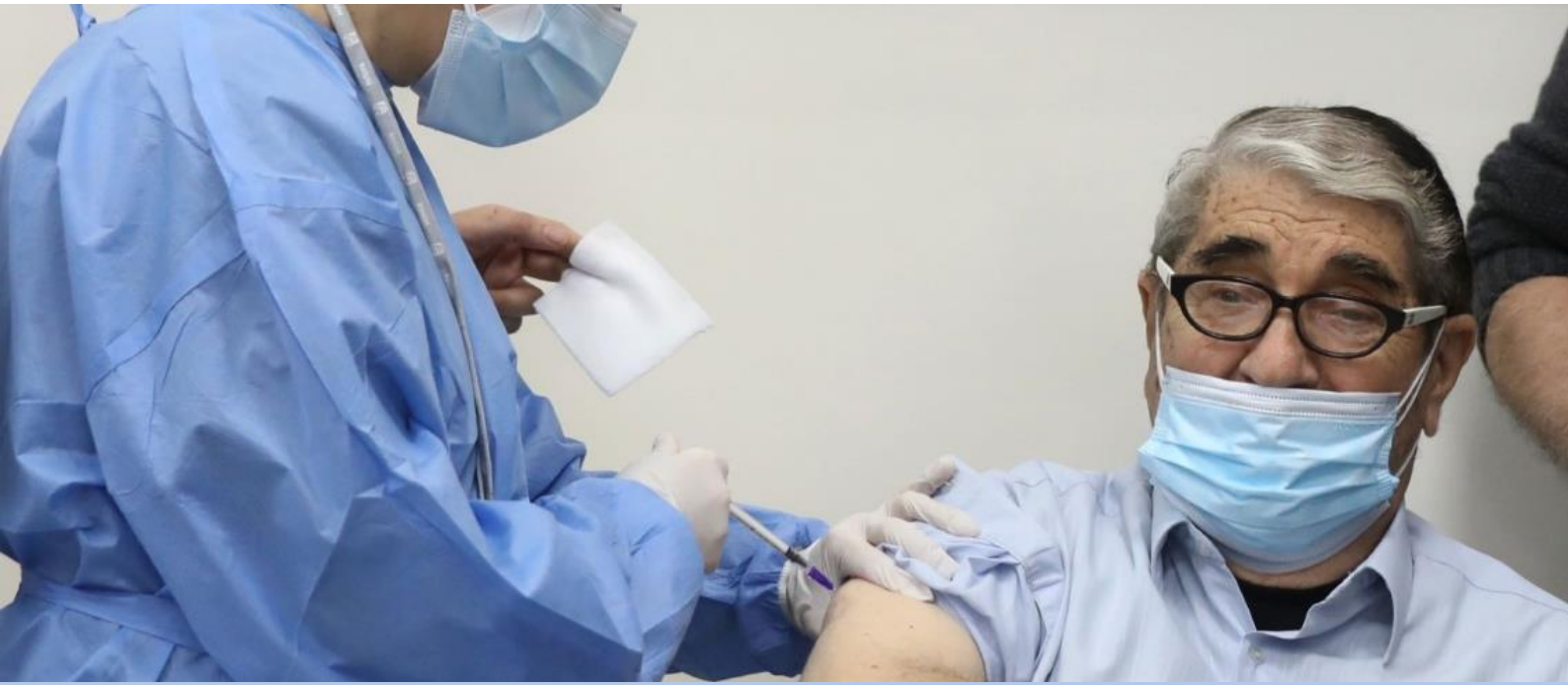
LEBANON HEALTH RESILIENCE PROJECT (P163476)

SECOND SEMI-ANNUAL PROGRESS REPORT



FOR THE PERIOD COVERING

OCTOBER 1ST 2020 - MARCH 31ST 2021

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I- Abbreviations and Acronyms

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

WHO SAGE	World Health Organization Strategic Advisory of Experts on Immunization

II- List of Tables and Figures

Table 1: PHCC level per capita of wellness packages and curative consultation & further testing

Wellness Sub-package	Target population	Annual cost per beneficiary (HRP financed)	Weights (% of total population)	Weighted per capita cost	Annual unified per capita cost
Child 0-18	135,476	$3.4	0.40	$1.37	$19.75
Female 19-64	113,443	$2.8	0.33	$0.95	
Male 19-64	68,002	$3.4	0.20	$0.69	
Elderly 65+	23,079	$17.9	0.07	$1.22	
Curative consultation & further testing	340,000	$15.5	1.00	$15.52	

Table 2: PHCC level costs of NCD package per capita

Package	Target population	% of NCD beneficiaries out of the target population	Bundle cost (annual)
NCD	170,524	30%	$68.16

Table 3: PHCC level cost of prenatal/ maternal health package per capita

Package	Target population	% of pregnant women out of the target population	Bundle cost (annual)
Prenatal/ maternal health	78,919	4%	$151.02

Table 4: Annual cost and unified per capita cost of hospital outpatient services

Packages	Target population	Annual cost per beneficiary (HRP financed)	Capitation weights (% of total population)	Weighted per capita cost	Annual unified per capita
Wellness Child 0-18	135,476	-	0.40	-	$35.93
Wellness Female 19-64	113,443	$14.8	0.33	$4.93	
Wellness Male 19-64	68,002	-	0.20	-	
Wellness Elderly 65+	23,079	$19.4	0.07	$1.32	
NCD	170,524	$5.3	0.18	$0.96	
Prenatal/maternal health	78,919	-	0.01	-	
Curative consultation & further testing	340,000	$28.7	1.00	$28.72	

Table 5: Provider Payment Mechanism

Package	Sub-package	Annual Unified Per Capita	Enrollment Component		Performance Component	
Wellness with curative consultation & further testing	Wellness Child 0-18	$19.75	Bi-annually	# of beneficiaries enrolled x $19.75 x 0.7	Annually	# of beneficiaries enrolled x $19.75 x 0.3x performance adjustor
	Wellness Female 19-64					
	Wellness Male 19-64					
	Wellness Elderly 65+					

	Curative Consultation & Further Testing					
NCD		$68.16		# of enrollees with NCDs x $68.16 x 0.7		# of enrollees with NCDs x $68.16 x 0.3 x performance adjustor
Prenatal/maternal health		$151.02		# of newly pregnant women x $151.02 x 0.7		# of pregnant women who delivered x $151.02 x 0.3 x performance adjustor
Hospital outpatient services		$35.93	Quarterly; Fee-for service with an annual budget ceiling = # of beneficiaries in the catchment area x $35.93			

Table 6 - List of Hospitals inspected by TCL by region

Mount Lebanon	Beirut	South	North	Bekaa
Ftouh Keserwan governmental	Karantina	Marjeyoun governmental	Tripoli governmental	Baalbeck governmental
Daher El Bashek governmental	Al Zahraa	Hasbaya governmental	Menyeh governmental	Hermel governmental
RHUH governmental	Al Sahel	Sir El Donnieh	Halba (Abdallah El Rassy) governmental	
Baabda governmental	Bahman	Sour	Bcharri	
Qana gov	Al Rassoul	Mais El Jabal	Tannourin	
Qartaba	Sacre Coeur	Tebnin	Notre Dame de Liban	
Saint Charles	Geitawi	Bent Jbeil	Maritime	
Serhal	Al Mahrek	Ragheb Hareb	MEIH Bsalim	
Haroun		Nabatiyeh	Batroun	
Bhannes		Saida	Saydet Zgharta	
Al Arez		Jezzine	FMC Zgharta	

Table 7- PCR Results

Case Query	Governmental Hospital	Private hospital Admission date before February 2021	Private hospital Admission date as at February 2021	Additional remarks
PCR Negative	Refer to CT chest result & Antigen detection SARS COV2 result	Not Covered => to inform MoPH	Refer to CT chest result & Antigen detection SARS COV2 result	Check for Positive results in favor of Covid 19 infection
PCR Unavailable	* Recheck with hospital * If no PCR, Refer to CT chest result & Antigen detection SARS COV2 result	* Recheck with hospital * If no PCR : Not Covered => to inform MoPH	* Recheck with hospital * If no PCR, Refer to CT chest result & Antigen detection SARS	Seek proof for request such as emails …

			COV2 result	
Rapid test only available	* Recheck with hospital * If rapid test for antigen => covered * If rapid test for anticorps => not covered (however to check CT and Ag detection test) * Refer to CT chest result & Antigen detection SARS COV2 results - If results available => covered - If results unavailable => not covered	* Recheck with hospital * If no PCR : Not Covered => to inform MoPH	* Recheck with hospital * If rapid test for antigen => covered * If rapid test for anticorps => not covered (however to check CT and Ag detection test) * Refer to CT chest result & Antigen detection SARS COV2 results - If results available => covered - If results unavailable => not covered	
CT Chest	* To check result for covid confirmation	* To check result for covid confirmation	* To check result for covid confirmation	Check results in favor of covid 19 infection diagnosis Seek results mentioning "shattered glass" "image en verre depoli"
Antigen detection Sars Cov2 (= rapid test)	* To check result for covid confirmation	* To check result for covid confirmation	* To check result for covid confirmation	Test code 87426 L222

Table 8- Medical/ Surgical cases coverage

Case Query	PCR Positive	PCR Negative	Additional remarks
Medical case regardless if major disease is Covid	Covered	Not Covered => to inform MoPH	All treatment, investigations and procedures are related to the disease and not to Covid 19
Surgical case regardless if major disease is Covid	Covered	Not Covered => to inform MoPH	

Table 9 - Delay between positive PCR result and admission date (when PCR is not repeated)

Case Query	< 14 days	> 14 days	Additional remarks
Delay between positive PCR result and admission date	Covered	To check the file and assess medically: * If Post covid complication => not covered (to inform MoPH) * If covid treatment => covered	Complications of Covid are not covered

Table 10 - Common administrative decision points

Case Query	Covered	Not Covered	Refer to provider	Additional remarks
Amount paid by patient much greater than his share according to coverage rate		Refer to MoPH		Pay attention to significant amount paid by patients especially those covered at 100%
Amount paid by patient greater than claimed total bill amount		Refer to MoPH		
Wrong entry / discharge date			Yes	
Discharge date on visa not available	Yes			
Entry date < 7 days > visa printing date	Yes			
Missing essential stamps on visa			Yes	Correction to be held by provider in collaboration with MoPH or else the invoice will be rejected
Missing patient's ID			Yes	Correction to be held by provider or else the invoice will be rejected

Wrong patient DOB on documentation	Yes (as long as the age does not affect the primary coverage rate)			
Missing PCR result			Yes	Missing document shall be provided by private hospitals or else the invoice will be rejected for bills before February 2021
Missing Ag SARS COV 2 detection			Yes	Missing document shall be provided by hospitals or else the invoice will be rejected
Missing CT chest result			Yes	Missing document shall be provided by hospitals or else the invoice will be rejected
Missing Exceptional approval of minister			Yes	Missing document shall be provided by hospitals or else the invoice will be rejected
Missing lab results			Yes	Missing document shall be provided by hospitals or else the invoice will be rejected
Missing hospital's stamps on lab results			Yes	Correction to be held by provider or else the invoice will be rejected
Missing discharge summary			Yes	Missing document shall be provided by hospitals or else the invoice will be rejected
Missing LOP and syndicate of nurses' stamps on bills			Yes	Correction to be held by provider or else the invoice will be rejected
Wrong patient name on documents			Yes	Correction to be held by provider or else the invoice will be rejected

Table 11- Prices per hospital classification

Item	T1 = A/B	T2 = C	T3 = D	Additional remarks

Regular bed price	LBP 90,000	LBP 81,000	LBP 72,000	
ICU bed price	LBP 375,000	LBP 318,000	LBP 281,000	
Isolation bed price	LBP 144,000	LBP 128,250	LBP 112,500	* Covered if admission to regular floor * Not covered if admission to corona ward
PPE price in regular floor	LBP 300,000	LBP 300,000	LBP 300,000	Covered according to LOS
PPE price in ICU	LBP 500,000	LBP 500,000	LBP 500,000	Covered according to LOS
Oxygen regular flow / hour	LBP 1,500	LBP 1,500	LBP 1,500	
Oxygen high flow / hour	LBP 4,500	LBP 4,500	LBP 4,500	
Respirator / day	LBP 50,000	LBP 50,000	LBP 50,000	
PCR Test price	LBP 100,000	LBP 100,000	LBP 100,000	Unique pricing for all hospitals (governmental & private)
CT scan price	LBP 140,000	LBP 140,000	LBP 140,000	To abide by NSSF billing rules & principles
MRI price	LBP 300,000	LBP 300,000	LBP 300,000	To abide by NSSF billing rules & principles
Ultrasound price	LBP 72,500	LBP 72,500	LBP 72,500	To abide by NSSF billing rules & principles
L value	LBP 270	LBP 229	LBP 202	
R value	LBP 445	LBP 400	LBP 356	
K Value	LBP 7,500	LBP 7,500	LBP 7,500	
OR value	LBP 7,500	LBP 5,400	LBP 4,000	
Standard Consultation fees	LBP 37,500	LBP 37,500	LBP 37,500	To abide by NSSF billing rules & principles

Table 12- Common Medical Points

Item	Covered	Not Covered	Additional remarks

Isolation		Yes	* Covered if admission to regular floor * Not covered if admission to corona ward
Vitamins		Yes	
Chronic medication		Yes	
Remdesivir	Yes		Unless purchased by patient or donated by MoPH
Evermectin	Yes		Unless purchased by patient or donated by MoPH
Medication with unit price > 50,000 L.L	Check generic and pay as per lowest market price available		
Medication with unit price < 50,000 L.L	Yes		No audit to be done on the price
Antipyretiques Whether oral or suppositoire		Yes	
Laxatives		Yes	
Antispasmodiques		Yes	
Antalgiques		Yes	
Sedatives except Precedex (fentanyl, midazolam, dormicum, esmeron, nimbex, diprivan)		Yes	
Precedex drug	Yes		
Creams (vaseline, Daktarin …)		Yes	
Serum < 250 ml		Yes	
Eau distillee		Yes	
Contrast product		Yes	
Medical supplies less than 20$		Yes	
Medical supplies greater than 20$	To check MoPH list of MS prices		
Gram stain &/or Antibiogram w/o result or when the result is sterile		Yes	
Consultation for infectious disease	Yes		As long as the total number of consultants does not exceed 2-3

Consultation for Pneumo	Yes		As long as the total number of consultants does not exceed 2-3
NST **When claim is related to maternity**		Yes	
EKG when Cs cardio is performed		Yes	

Table 14: Results Framework Baseline 2017

PDO Level Results indicator	Unit	Baseline May 15, 2017	Current August 20, 2020	Target December 31,2020
Primary care beneficiaries	Number	280000.00	280000	500000
		Progress value	0	-
Poor Lebanese	Number	150000	150000	250000
		Progress value	0	-
Displaced Syrians	Number	130000	130000	250000
		Progress value	0	-
% Female of total beneficiaries	Percentage	50	0	50
		Progress value	0	-
Health facilities accredited	Number	30	30	85
		Progress value	0	-
Pregnant women receiving at least four antenatal care visits	Number	50	50	60
		Progress value	0	-
Number of patients receiving inpatient and outpatient public hospital care above the MoPH contracted ceiling	Number	0	0	19000
		Progress value	-	-
Children fully vaccinated under the age of two according to national immunization policy	Number	50	50	75
		Progress value	0	-
Target population 40 years and above who were screened for diabetes mellitus	Number	0	0	45
		Progress value	0	-
Hospital Assessment carried out	Number	N/A	N/A	N/A
		Progress value		
Grievances registered related to delivery of project benefits addressed	Number	40	63	70
		Progress value	58	-
Health personnel receiving training	Number	0	0	850
		Progress value	0	-
Number of children immunized	Number	0	0	12000

		Progress value	0	-
People who have received essential health, nutrition, and population (HNP) services	Number	0	0	12000
		Progress value	0	-
Health facilities contracted	Number	75	75	170
		Progress value	0	-
Maintain Client Satisfaction (PHCCs & Hospitals)	Number	75	75	75
		Progress value	0	-

Table 15 - Classification of Reported Calls

Solved	Requires a procedure	Forwarded to the MoPH	Forwarded to Impact	Processed	Under process	Topic
أنجزت	تحتاج لآلية خاصة	تستدعي تدخل وزارة الصحة	تستدعي تدخل Impact	تمت المعالجة	قيد المعالجة	الموضوع
319	0	8	0	205	71	إستفسار
20	0	33	0	46	63	شكوى
0	0	43	1	28	2	حدث سلبي
102	0	1	0	44	23	تسجيل على المنصة لاخذ اللقاح
1	0	8	69	32	31	تعديل على الإستمارة
20	0	0	0	101	8	رسائل ممحاة
18	0	234	119	287	151	مشاكل تقنية في المنصة
0	1	5	0	7	13	لا يملك هاتف خلوي ذكي
5	11	20	0	12	10	لا يمكن التواصل معهم عبر الخليوي
28	0	1	27	278	62	تغيير المركز
0	0	1	4	17	5	تغيير تاريخ وتوقيت اللقاح
3	0	0	5	205	22	تغيير الإسم او الشهرة او رقم الهاتف او تاريخ الميلاد
148	0	102	0	340	82	لم تصل الرسالة لتحديد الموعد
93	16	134	1	1678	79	من الفئة المستهدفة ولم تصله رسالة للموعد
0	38	2	0	1	29	من الطاقم الطبي ولم يصله(ها) موعد
0	0	0	96	52	30	مر ٢١ يوم ولم يصل موعد الجرعة الثانية
0	0	1	14	1	6	اخطاء تقنية طارئة
1	243	1	0	9	1	تلقي اللقاح في المنزل
3	2722	48	0	0	21	حالات صحية تتطلب اخذ اللقاح
0	39	111	1	1	3	حالات صحية تتطلب اخذ اللقاح + ضرورة إجراء عمل جراحي
0	17	150	0	28	8	مضطر لاخذ اللقاح بداعي السفر
23	14	67	12	330	32	غيره

Inquiry
Complaint
Adverse events
Registration
Edit the information
Deleted messages
Technical problems
Doesn't have a smartphone
Change of vaccination centre
Change of appointment
Editing the restricted information
Didn't receive the appointment message
From the targeted category and didn't receive the appointment message
Medical staff and didn't receive the appointment message
Didn't receive the second dose appointment message on time
Home vaccination
Medical exceptions
Exception needed for a surgery
Exception needed for travelling
Others

	From	Till	# Day	All Calls	Answered	Unanswered	Information	Registration
7 per Shift	2/12/2021	3/18/2021	35 Days	85,165	33,642	51,523	22,516	11,126
14 per Shift	3/19/2021	4/3/2021	17 Days	36,840	27,822	9,018	22,345	5,504
	Total		52 Days	122,005	61,464	60,541	44,861	16,630

Table 16– COVID-19 Results indicator

PDO Level Results indicator	Unit	Baseline March 9, 2020	Current August 20, 2020	Target December 31, 2020
Number of COVID-19 rapid response teams at the governate level	Number	1	8	5

		Progress value	700%	-
Number of health personnel got infected (COVID-19)	Number	2	2654	<20
		Progress value	132600%	-
Number of COVID-19 treatment centers	Number	1	112	6
		Progress value	11100%	-
Percentage of specific priority population defined in the national plan, vaccinated (total and disaggregated by gender)	%	NA	NA	NA
		Progress value	-	-
Functional Electronic Registry for Covid-19 vaccination	(Y/N)	N	Y	Y
		Progress value	100%	-
Number of vaccination centers	Number	NA	55	-
		Progress value	-	-
Percentage of vaccination centers with functional cold chains	%	NA	100%	-
		Progress value	-	-
Functional mechanisms to capture community feedback on COVID-19 vaccination (Y/N)	(Y/N)	N	Y	Y
		Progress value	100%	-

Table 24- COVID-19 Inpatient bills by hospitals

Name of Hospital	Amount Allocated (US$)	Amount Paid (US$)
RHUH Beirut Governmental Hosp.	252,116	252,116
TRIPOLI Governmental Hosp.	229,198	229,198
BAABDA Governmental Hosp.	157,219	157,219
DAHER AL BACHEK Governmental Hosp.	63,578	63,578
NABATIEH Governmental Hosp.(Nabih Berri)	36,097	36,097
BINT JBEIL Governmental Hosp.	34,074	34,074
BAALBAK Governmental Hosp.	23,570	23,570
SAIDA Governmental Hospital	18,161	18,161
BSHARRI Governmental Hosp.	6,253	6,253
SIBLINE Governmental Hospital	6,017	6,017
ZAHLE Governmental Hosp.(Haraoui Elias Presidant)	4,898	4,898
HALBA Governmental Hosp.(Abdullah Al Rassi)	3,319	3,319
MASHGARA Govenmental Hospital	251	251
Dar Al Amal university Hosp	80,583	80,583
Albert Haykal Hospital	45,692	45,692
Bahman Hospital	27,882	27,882
AMERICAN UNIVERSITY AUBMC	25,094	25,094

JABAL AMEL HOSPITAL	22,271	22,271
St. Joseph Hosp -SR Croix CT MD R&A Najjar.	22,070	22,070
NINI Hospital	21,706	21,706
LAUMC RIZK HOSPITAL	19,965	19,965
RAYAK Hospital	15,730	15,730
AIN WAZEIN HOSPITAL	14,472	14,472
St.George Hosp. UMC (Al Roum)	13,894	13,894
AL MAYASS HOSPITAL	12,091	12,091
NEW MAZLOUM Hosp.	12,071	12,071
Soeurs Maronites de St.Famille Hosp GEITAWI	8,375	8,375
MAKASSED HOSPITAL	7,912	7,912
HAROUN Hospital	7,870	7,870
SAINTES THERESE HOSPITAL	7,051	7,051
Al ZAHRAA HOSPITAL UNIVERSITY.ZHUMC	5,587	5,587
Lebanon Italian Hospital	4,665	4,665
MONLA HOSPITAL	4,637	4,637
SACRET CARE Hospital	4,424	4,424
AL YOUSSEF HOSPITALITY CENTER	3,119	3,119
HIRAM HOSPITAL	2,351	2,351
AL KOURA HOSPITAL	2,214	2,214
CSS JESUS ET MARIE HOSP ST. CHARLES	1,267	1,267
CHTOURA HOSPITAL for medical center	1,092	1,092
Notre Dames De Secours NDS-Jbiel	1,009	1,009
BEKAA HOSPITAL	828	828
LABIB MEDICAL CENTER SAL	528	528
Batroun Hospital	487	487
BCHAMOUN SPECIALTY HOSPITAL	308	308
Scare Care Hospital	293	293
HAMMOUD Hospital University Medical Center	239	239
NAKIB HOSP.HEALTH CARE INVEST SARL	160	160
Total	$ 1,232,692	$ 1,232,692

Table 25: Stakeholders Social Media Accounts

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

Table 26: Priority Groups

Stage IA:

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

Stage IB:

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

Stage IIA:

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

Stage IIB:

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

Stage III:

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

Stage IV:

- All those willing to be vaccinated.

Table 27: 1214 Hotline Shifts per Week.

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

Table 28: Number of Received Calls

	From	Till	# Day	All Calls	Answered	Unanswered	Information	Registration
7 per Shift	2/12/2021	3/18/2021	35 Days	85,165	33,642	51,523	22,516	11,126
14 per Shift	3/19/2021	4/3/2021	17 Days	36,840	27,822	9,018	22,345	5,504
	Total		52 Days	122,005	61,464	60,541	44,861	16,630

Figure 17: What is COVID-19?

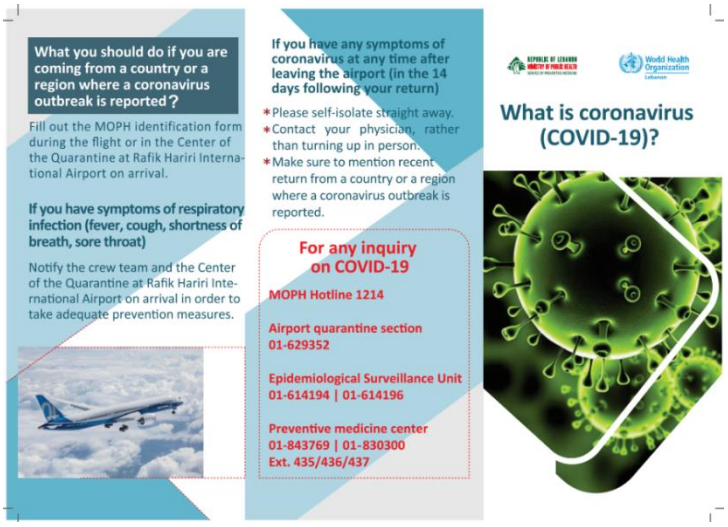

Figure 18: What is COVID-19?

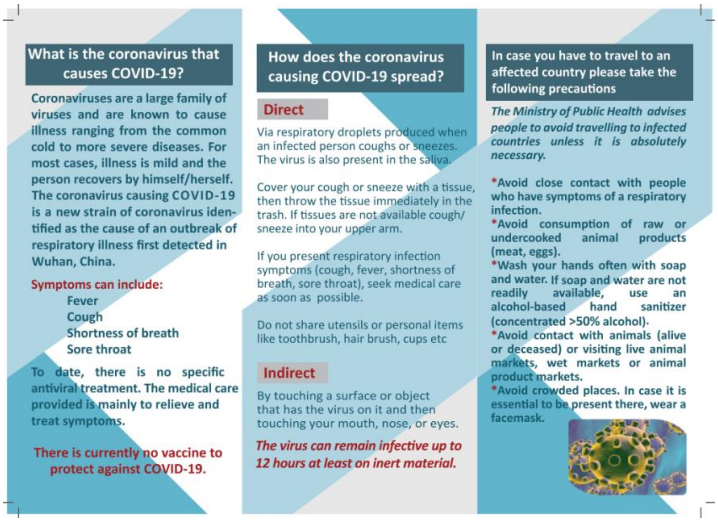

Figure 19: COVID-19 Symptoms.

Figure 20: Pregnant Women and Corona Virus

Figure 21: Nutrition During Pregnancy

Figure 22: Testing Positive for COVID-19 during Pregnancy

Figure 23: COVID-19 and Breastfeeding

Figure 24: COVID-19 and Breastfeeding

Figure 25 Let's Stay Committed

Figure 26: Vaccine Registration

Figure 27: Vaccine Registration

Figure 28: Vaccine Registration

Figure 29: Christmas Poster

Figure 30: Christmas Posters

Figure 31: Easter Poster

Figure 32: Ramadan Poster

III- Executive summary

The Lebanon Health Resilience Project (LHRP) was approved by the World Bank (WB) Board of Executive Directors on June 26, 2017. It became effective on November 14, 2018. The project aims to increase access to quality healthcare services to poor Lebanese and displaced Syrians in Lebanon and to strengthen the Government's capacity to respond to COVID-19. The project was financed by a $120 million loan, entailing a non-concessional portion of $95.8 million funded by the International Bank for Reconstruction and Development (IBRD) and a concessional portion of $24.2 million funded by the Global Concessional Financing Facility (GCFF). With a disbursement ratio of 49.6%, $21.52 million have been disbursed at the moment, and US$ 43.39 committed as of March 31st, 2021.

The Islamic Development Bank (IsDB) will provide parallel financing in the amount of US$ 30 million to fund the replacement and upgrading of priority equipment in public hospitals: diagnostic equipment (including medical imaging machines); treatment machines (such as medical ventilators, incubators heart-lung machines); medical monitors (including electrocardiograms, electroencephalograms, and others); therapeutic equipment (such as continuous passive motion machines); and electro-mechanical equipment (such as generators). IsDB's support will give priority to public hospitals located in areas with the highest concentration of displaced Syrians and vulnerable populations, hospitals with the greatest demand for services, and hospitals with the greatest need for critical equipment. As of January 29, 2021, the country had 296,282 confirmed cases and 2,680 deaths. Test positivity rate was high at 22.4 percent (compared to the World Health Organization (WHO) recommended rate of 5 percent). This surge, coupled with a high level of infections among health workers (2,409 cases), had been overstretching the health sector's capacity. 85 percent of COVID-19 regular beds and 95 percent of COVID-19 ICU beds were occupied. As the COVID-19 pandemic continued to suppress the labored healthcare system, Lebanon moved from the containment phase to the suppression and now the mitigation phase. The additional burden on the healthcare system required resources beyond Lebanon's government (GOL's) capacity.

The IsDB are applying the World Bank procurement regulations for the procurement of activities it finances. The implementing agency for the IsDB project is the Council for Development and Reconstruction (CDR). The World Bank holds no liability for procurement and safeguards for the IsDB-funded project. Each Financing agency supervises their respective projects and coordinate their supervisions accordingly. The MoPH conducted an assessment of needs of the public hospitals and what are their needs for essential equipment such as MRIs, CT scans, Mammographies, and the list goes on. The hospitals were provided with questionnaires to dill regarding their priority needs of each equipment. Follow-up was being done by the PMU with hospitals via phone calls. The MoPH had also appointed its biomedical engineering staff to draft and finalize the biomedical specifications of each equipment.

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

Following the clearance that was provided to the MoPH by the IsDB on the prioritized list, the project is being implemented by CDR.

As of November 11, 2020, the GOL requested a second project restructuring to reallocate funds from component 1, *"Scaling up the scope and capacity of the primary health care Universal Health Coverage Program"* to Component 4, *"Strengthen capacity to respond to COVID-19"*, to strengthen the MoPH capacity to respond to COVID-19. As a result, a fourth component was added to the project *"Component 4: Strengthen capacity to respond to COVID-19"*, and US$ 40 million was reallocated from Components 1, 2, and 3 to Component 4. In January 21, 2021, a second restructuring was approved by the World Bank's Executive Board, which included a reallocation of an additional $ 18 million for COVID-19 response, for a total of US$ 58 million for the pandemic response, of which US$ 34 million has been allotted to finance the procurement and deployment of COVID-19 vaccines.

The ESMF addendum was prepared to cover Covid-19 vaccine elements to reflect the additional social and environmental risks, impacts and mitigation measures associated with the vaccination deployment. An addendum to the ESMF was published on the MOPH website[1]. The addendum was consulted on, and cleared by the Bank and disclosed in July 2020 to complement the May 2020 ESMF for the project. Following the second Restructuring, and as part of the WB approval for financing COVID-19 vaccines, the Project Operation Manual (POM) was prepared by the Project Management Unit (PMU) and submitted on February 12,2021 to incorporate (i) a vaccine deployment action plan to ensure safe, efficient and effective vaccine deployment; and (ii) reflect updates to the social and environmental requirements related to vaccine requirements.. s part of WB approval for financing COVID-19 vaccine, the Bank requires the MoPH to complete two key activities as soon as possible:

a. the MOPH will need to amend the POM in a manner satisfactory to the Bank, to incorporate (i) a Vaccine Deployment Action Plan to ensure safe, efficient and effective vaccine deployment; and (ii) reflect updated to the social and environmental requirements related to vaccine requirements.
b. the Environmental and Social Management Framework (ESMF) and related Safeguards Instruments will need to be revised prior to the start of the activities to address Environmental and Social issues related to the delivery and deployment of vaccines. Similar to last time, the PMU will need to conduct stakeholder consultations and update the ESMF.

Furthermore, the Government prepared the National COVID-19 Vaccine Deployment Plan (NDVP) with technical support of development partners, which has all the essential elements recommended by WHO. During the month of February 2021, the Environmental and Social Management Framework (ESMF) and related Safeguards Instruments was also revised prior to the start of the vaccination activities to address Environmental and Social issues related to the delivery and deployment of vaccines. The link to the revised ESMF can be found in section 5 "ESMF" of the current Progress Report. The International Federation of Red Cross and Red Crescent Societies (IFRC) was awarded the TPM contract for monitoring transparency and equity in the deployment of vaccines.

With COVID-19 project implementation taking precedence, the PMU has focused its efforts on improving healthcare infrastructure, strengthening the MoPH capacity, and improving access to COVID-19 services. As a result, progress was mainly achieved in component 4, whereas activities under components 1 and 2 were stalled.

[1] https://www.moph.gov.lb/en/Pages/6/35275/lebanon-health-resilience-project-in-collaboration-with-the-world-bank-strengthen-capacity-to-respon

IV- Introduction

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

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

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

This progress report covers project activities between October 1st, 2020, and March 31st, 2021 and highlights the main objectives, activities, and progress fragmented as per the project's main components.

V- Project Development Objectives

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

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

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

Following the project restructuring, new indicators were added as follows:

- Number of health personnel got infected (COVID-19)
- Percentage of specific priority population defined in the national plan, vaccinated (total and disaggregated by gender)
- Percentage female
- rievances registered related to delivery of project benefits addressed (%)
- Number of COVID-19 rapid response teams at the governate level (cumulative) (Number
- Functional electronic registry for COVID-19 vaccination (Y/N)
- Number of vaccination sites (Number)
- Number of COVID-19 treatment centers (cumulative)
- Percentage of vaccination sites with functional cold chain (%)
- Functional mechanisms to capture community feedback on COVID-19 vaccination (Y/N)

1. Components

1.1. Overview

The project comprises four components:

(i) Scaling up the scope and capacity of the PHC Universal Health Coverage (UHC) program;
(ii) Provision of health care services in public hospitals;
(iii) Strengthening project management and monitoring;
(iv) Strengthening the Government's capacity to respond to COVID-19

Reeling under the pressure of Lebanon's economic and COVID-19 crises, the poor and vulnerable Lebanese families will benefit from medical health packages under this component.

Lebanon is still reeling from the port explosion that happened on August 4, 2020, which took the lives of 200 Lebanese people and left 6000 of them injured. This, on top of the crippling economic crisis whereby Lebanon is facing its worse crisis since the civil war of 1975-1990, translates into a loss of 80% of the value of its local currency over the last 16 months on the informal market, and food inflation reaching 400%. The economic crisis has had dire effects on the overstretched health sector.

The compounded crisis led to a projected increase in poverty to 45% and extreme poverty to 22%. It is estimated that 1.7 million people will fall under the poverty line, of which 841,000 people will be under the food poverty line.

To mitigate the severe impacts of this disaster, the WB approved a US$ 246 million project in collaboration with the GoL to provide emergency cash transfers and access to social services to poor and vulnerable Lebanese families. The Emergency Crisis and COVID-19 Response Social Safety Net Project (ESSN) will scale-up and enhance Lebanon's National Poverty Targeting Program (NPTP).

The ESSN project will be implemented by the Presidency of the Council of Ministers through the NPTP Central management Unit in cooperation with the Ministry of Social Affairs (MoSA) and the Ministry of Education and Higher Education (MEHE), not to forget the inpatient and outpatient medical packages that will be covered through the LHRP in collaboration with the MoPH.

Until the moment, the NPTP list of poor and vulnerable families have not yet been finalized, which is why the PMU and MoPH teams could not initiate the work under both components 1 and 2.

1.2. Component 1: *Scaling up the scope and capacity of the Primary Health Care Centers, Universal Health Coverage program (US$ 33.24 million)*

1.2.1. Objectives

This component will subsidize a package of essential healthcare services to 250,000 poor Lebanese. The target population will include previous users of the Emergency Primary Healthcare Restoration Project (EPHRP) since they will be entitled to benefit from the extended LHRP. It will also include additional populations identified by the National Poverty Targeting Program (NPTP) as living below the poverty line. The NPTP is based on a Proxy-Means Testing (PMT) targeting mechanism that ensures that the most vulnerable groups within the population would be reached. It will also continue to provide the package of essential healthcare services to past EPHRP beneficiaries regardless of NPTP status. The MoPH provides an in-kind contribution in the amount of $13.6 million providing drugs and vaccines to providers.
Six evidence-based packages will be provided under this project:

i- Wellness package covering three categories (ages 0-18, females 19-63, males 19-63);
ii- Non-Communicable Diseases (NCDs) package covering four main NCDs in Lebanon: diabetes mellitus (DM), hypertension (HTN), Chronic obstructive pulmonary disease (COPD) and coronary artery disease (CAD);
iii- Safe motherhood/ reproductive health package focusing on pre and post-natal care;
iv- A geriatric care package (ages 65+);
v- A Mental Health package focusing on 4 main mental health disorders: depression, psychosis, developmental disorder and substance abuse, and
vi- Outpatient hospital services.

Eligible beneficiaries will be covered for the following:

i- Screening, preventive, and health promotion visits;
ii- Essential clinical and diagnostic tests;
iii- Prenatal and postnatal care visits;
iv- Consultation visits (curative and preventive);
v- Prescription medications.

1.2.2. Updates

The MoPH team in collaboration with the WB team have conducted a costing exercise to update the cost of healthcare packages. The latter mentioned parties have also developed a provider payment mechanism. Below are the results for these exercises.

1.2.2.1. Costing of Essential Healthcare Packages

The age-adjusted unified per capita for the wellness packages is $19.75 per year. The weight of each package is based on the gender and age distribution of EPHRP beneficiaries.
The annual cost of the NCD package per capita is $68.16.
The calculated cost of the prenatal/ maternal health package is $151.02 covering 5 prenatal visits and 1 postpartum visit. The package does not include the cost of delivery which is a hospital level intervention that is financially covered by the MoPH funds.

1.2.2.2. Hospital Outpatient Services

The annual unified per capita cost of hospital outpatient services is $35.93.

1.2.2.3. Provider Payment Mechanism

The rationale of the PHCC payment mechanism is to:

1. Ensure adequate cashflow to the PHCCs and incentivize them by giving a larger weight (70%) to the enrolment payment which will be paid prospectively to the PHCCs and less weight to the performance component (30%);
2. Ensure that PHCCs will focus on delivering the entire benefit packages instead of focusing on achieving the targets of the performance indicators only; and reduce administrative burden and transaction cost through consistency in the frequency of payment and setting the frequency of enrolment payment bi-annually

Table 5 summarizes the provider payment mechanisms.

With the emerging COVID-19 situation, the focus of the PMU was on the COVID-19 response-related activities to strengthen the government's capacity to respond to the pandemic.

As mentioned previously, another restructuring request was submitted by the GoL to the Bank on November 11, 2020 to reallocate funds from component 1 to component 4. This provides justification to why there has been no progress under this component, it comes down to the Lebanese government's priorities regarding the reallocation of funds to COVID-19 component. There are discussions underway for the resturing,

1.3. Component 2: *Provision of Outpatient Diagnostic Services in Public Hospitals (US$ 23.52 million)*

1.3.1. Objectives:

This component will finance:

i- Provision of out-patient diagnostic services at participating public hospitals to eligible beneficiaries referred by PHCCs.

ii- Strengthening of the technical and organizational capacities of participating public hospitals for the provision of quality healthcare services through:

(a) provision of training to clinical and non-clinical staff.

(b) strengthening the health information management system targeting participating public hospitals and the MoPH.

1.3.2. Updates

The below chart shows the prospective workflow of the Third-party Agent under the LHRP loan for inpatient services at public hospitals. It also shows the process of verification of eligibility for admissions and coverage. The disbursement process is divided into (refer to Figure 1 of the Lists of figures and tables: MoPH internal mechanism):

1- Retrospective application: hospitals send their bills and the related documents to the ministry of health. These documents contain the invoices due of COVID-19 inpatients with the related information. Upon receipt by the MOPH, the invoices are checked to verify compliance with the MoPH tariffs and protocols by taking a sample of 10% of the hospital bills and each hospital should have a minimum of 10 bills to be audited. After undergoing the discount process, the bills will be sent to the TPA to undergo a medical audit. The TPA reviews a sample of the claims (100%) and applies it to all hospital bills.

2- Prospective application: at the discharge of the patient, the TPA reviews the claim to verify that the service fees are charged according to MOPH price list.

➔ If the TPA rejects the admission, the TPA documents the reason for rejection on the referral/admission documents. In that case, the patient will be covered by the MOPH (90% coverage by MOPH, 10% copay on patient).

➔ If the TPA accepts the admission, the patient will be covered under the world bank LHRP loan at the following rates:

i. 100 % coverage under the loan if the bill contains an invoice for an implantable medical device.

ii. 10% coverage under the loan if the bill does not contain an invoice for an implantable medical device, the remainder 90% will covered by MOPH.

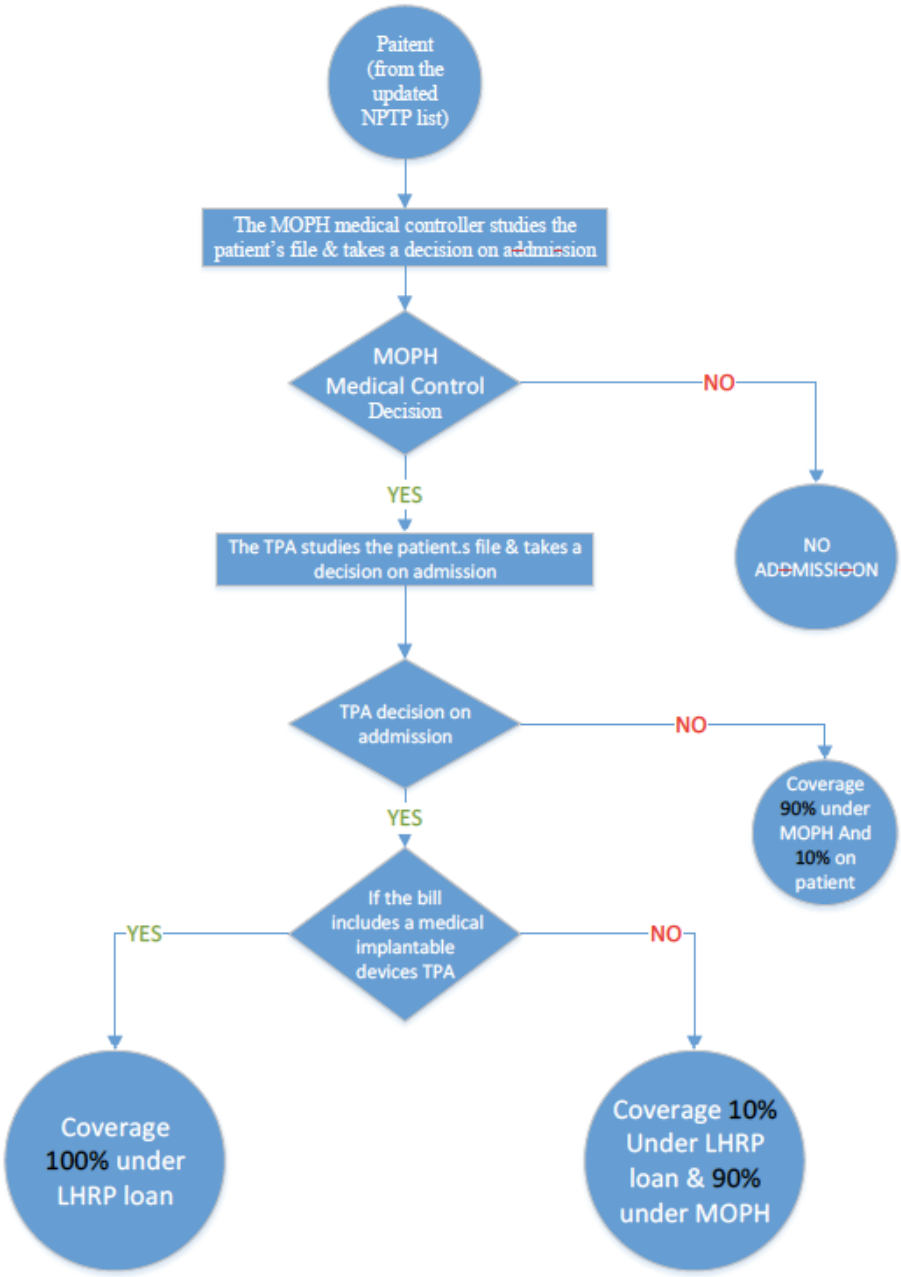

Figure 1- MoPH internal mechanism

1.4. Component 3: *Strengthening Project Management and Monitoring (US$ 5 million)*

1.4.1. Objectives

This component will finance:

1- Strengthening the capacities of the Project Management Unit | Lebanon Health Resilience Project MoPH for implementation, coordination and management of activities under the project (including, inter alia, procurement, financial management (FM), technical and financial audits, environmental and social safeguards, grievance redress mechanisms (GRM), monitoring and evaluation (M&E), health information management, supervision and reporting aspects), all through the provision of consulting services, non-consulting services, training and workshops, operating costs, and acquisition of goods for the purpose;

2- Carrying out a comprehensive assessment of hospitals focusing on accuracy of hospital case mix, use of hospitalization data in medical auditing, development of performance indicators incorporating actual patient outcomes, resource allocation decisions, and institutional/organization structures to identify gaps and make recommendations for improvement. The assessments will inform the MoPH in refining their hospital contracting reforms to ensure a more efficient reimbursement system. Implementation of revised contracting measures is contingent on legislative approvals by the government; and

3- Carrying out of an independent evaluation of project activities and results.

1.4.2. Updates:

PMU Staff

The staff under component three consists of four full-time external consultants hired under the project and three MoPH staff (civil servants) assigned to the Project Management Unit (PMU), as follows:

Assigned Ministry's staff:

- Project technical coordinator
- Social safeguard and GRM officer
- Project administrative coordinator

At the center of the LHRP is the PMU that mainly aims to implement and coordinate the management of the project to the highest professional standards. During the emergency conditions Lebanon is going through and the extensive need for financial and logistical support, four full-time consultants, delivered the vital support needed. Their knowledge, skills and motivation played a crucial role in carrying the required work by covering a wide spectrum of activities, including but not limited to following up with the inpatient hospital's payments, procuring the essential biomedical assets, and ensuring the proper implementation of the project as per the WB requirements. All of which is done under the strategic management of the project manager responsible for the day-to-day management of the project activities and the tremendous support provided by the civil servant at MoPH and the handholding provided by the WB Task Team.

1- Project Manager: The project manager is responsible for the implementation and overall coordination of project activities.

2- Financial Manager: The financial manager is responsible for carrying out all the financial management activities in accordance with the Lebanese laws and regulations.
3- Operations Assistant: The operations assistant is responsible for supporting the project management unit with the flow of operations.
4- Administrative Assistant: The administrative assistant is responsible for supporting the project management unit with administrative tasks.

1.5. Component 4: *Strengthen Capacity to Respond to COVID-19 (US$ 58 million)*

1.5.1. Objectives:

The objective of component 4 is to strengthen the GOL's capacity to respond to the COVID-19 outbreak by increasing the capacity of the health care system. This component was an additional project element from the restructuring in March 2020. Based on a request from the Government of Lebanon, the component aims to enhance the country's preparedness, finance the procurement of medical goods, supplies, equipment, and build capacities of health workers and front-line responders.

With the increasing incidence of COVID-19 in Lebanon, the public health system is under tremendous pressure. The continued support in combating COVID-19 by the WBG remains critical given the ever-increasing threat of the pandemic to the country's health and economic well-being. As of January 13, 2021, the country has 231,936 confirmed cases and 1,740 deaths. The test positivity rate for the last 14 days is high at 17 percent (compared to the WHO suggested rate of 5 percent). This surge, coupled with a high level of infections among health workers (2,308 cases), has stretched the health sector's capacity.

The GOL requested a second restructuring to reallocate US$ 18 million from component 1 to component 4. The Board approved the request of Executive Directors on January 21, 2021; the purpose of the Restructuring request was to allocate upfront funds to help the GOL purchase and deploy COVID-19 vaccines that aim to improve prevention of COVID-19 infection and strengthen the health systems capacity to respond to COVID-19 by vaccinating health care workers and other at-risk groups.

1.5.2. Activities for COVID-19 prevention and management

1.5.2.1. Procurement of COVID-19 goods and equipment

The implementation of key activities, one of which is the provision of new medical equipment for COVID-19, has increased the ability of hospitals to deliver more and better services. Before the COVID-19 pandemic, the fragile health system wasn't able to sustain a large number of COVID-19 cases in hospitals due to the lack of appropriate equipment.

Currently, 85 percent of COVID-19 regular beds and 95 percent of COVID19 ICU beds are occupied. Therefore, for Lebanon, COVID-19 vaccination is essential to protecting lives, reopening the economy with confidence, and recovering from the August 2020 Beirut blast.

1.5.2.2. Covid-19 inpatient fees

1.5.2.2.1. Technical Auditor

The technical auditor Total Care Lebanon (TCL) hired under the project for COVID-19 coverage is reviewing the hospital bills and has submitted three audit reports for the period April-December 2020. The firm has been reviewing 100% of the claims; All reviewed and approved bills are considered eligible expenditures and covered by the WB loan proceeds. The contract of TCL was amended to (i) extend the contract duration until February 28, 2021 and (ii) to incorporate the additional task of conducting an ex-post verification of delivery of the equipment (such as ventilators, PCR machines, defibrillators) supplied from the loan proceeds and allocated by MoPH at the designated hospitals based on visual inspections and field visits. This includes:

i. Verify the quantity and specifications of all the equipment supplied as per signed contracts;
ii. Track all the equipment using serial number in the invoice and verify whether the same was installed and operational;
iii. Verify the quality assurance certificates provided by the supplier as per signed contracts;
iv. Assess the COVID-19 units at all the hospitals and their readiness to use the equipment and verify that the appropriate health workers are assigned to operate these units;
v. Verify that the equipment are being used for the purpose of treating COVID-19 patients; and
vi. Report on any notable identified fiduciary issue.

The Technical Auditor has conducted the necessary field visits to all designated hospitals: forty-three (43) hospitals. These hospitals were divided into five (5) regions and depicted in the table 6 "List of hospitals inspected by TCL by region".

Table 6 - List of Hospitals inspected by TCL by region

Mount Lebanon	Beirut	South	North	Bekaa
Ftouh Keserwan governmental	Karantina	Marjeyoun governmental	Tripoli governmental	Baalbeck governmental
Daher El Bashek governmental	Al Zahraa	Hasbaya governmental	Menyeh governmental	Hermel governmental
RHUH governmental	Al Sahel	Sir El Donnieh	Halba (Abdallah El Rassy) governmental	
Baabda governmental	Bahman	Sour	Bcharri	
Qana gov	Al Rassoul	Mais El Jabal	Tannourin	
Qartaba	Sacre Coeur	Tebnin	Notre Dame de Liban	
Saint Charles	Geitawi	Bent Jbeil	Maritime	
Serhal	Al Mahrek	Ragheb Hareb	MEIH Bsalim	
Haroun		Nabatiyeh	Batroun	
Bhannes		Saida	Saydet Zgharta	
Al Arez		Jezzine	FMC Zgharta	

On 16 March 2021, the Technical Auditor submitted reports containing information related to the equipment procured (serial number, brand, model, etc.) under the project's funds and installed in the hospitals mentioned in table 6.

1.5.2.2.2. Third-Party Agent

A Third-Party Agent was selected following a competitive selection to perform technical and financial verification of services provided to beneficiaries at PHCCs and at referral public hospitals and to verify COVID-19 bills and physical verification of procured goods and equipment. The agreement with Globemed was became effective as of December 2020, and commenced their services as of February 2021,. The primary assignments of the TPA so far have been to review the claims submitted by MoPH based on the following:

i. Validate the hospitals identified by MoPH for the services rendered for the COVID-19 treatment.
ii. Validate compliance with the process adopted for admitting COVID-19 patients.
iii. Verify the delivery of medical services and that these services are related only to COVID-19 treatment.

iv. Review and substantiate the bills that are charged according to the MOPH price list.

Bills rejected by the TPA will be considered ineligible expenditures and will not be covered by the World Bank loan proceeds or will be refunded promptly to the World Bank if paid from the designated account.
The TPA hasn't submitted the monthly report yet, but has submitted a draft report to be reviewed by the PMU and the World Bank.

The PMU and the TPA has set clear guidelines and findings for the verification of inpatient claims (Refer to Tables 7 – 12 in section"List of Tables and Figures"). The aforementioned tables are stratified tables that contain cases and scenarios where the inpatient bills should or shouldn't be covered. These guidelines will help in following a clear process for conducting deductions on the bills.

A report has been submitted by the TPA, on March 19, 2021, to the MoPH with the focus on any misuse or abuse conducted by hospitals. The methodology that was followed by the TPA is as follow:

i. 100% calls to all admitted patients
ii. Administrative audit (documents, results, length of stay, etc…)
iii. Medical audit by doctors; based on documents at hand, survey, guidelines and rules (CPT, MoPH coverage, etc…)
iv. Technical audit and processing on GlobeMed and MoPH system
v. Closing and sharing related reports with MoPH
vi. Delivery of hard copy claims to related providers

The report (Attachment I) entails:

i. Number of Incorrect Services
ii. Number of Incorrect Length of Stay
iii. Number of Incorrect Oxygen Intake
iv. Number of Incorrect ICU Stay
v. COVID-19 Treatment Protocol Taken
vi. Extra Payments paid by the patient

The MoPH sought to take the proper corrective action against hospitals overcharging patients, where the patients would end up with large amounts of out-of-pocket spending. Let's take Mount Lebanon hospital for example; the total bill amount for one patient was LBP 50,927,742. According to the TPA, the patient was supposed to pay LBP 608,491 (which accounts to around 12 percent of the bill). However, the actual patient share (what the patient paid) was LBP 172,000,000 (which accounts to around 3377 percent of the bill). HE, the Minister of Health, was immediately informed of this abuse of the system. As a result, all future payments that were to be paid to that hospital to cover COVID-19 bills were immediately halted. In addition, Dr. Hasan requested extra monitoring for hospitals with;

i. Approvals at providers with high-cost claims
ii. Approvals at providers with an extended length of stay
iii. Approvals at providers with high patient copayment amounts.
iv. Providers with a high deduction rate.

1.5.2.3. Activities for Covid-19 vaccination

The GOL, with the support of the World Bank, conducted a COVID-19 readiness assessment by using an integrated instrument VIRAT/VRAF 2.0.

1.5.2.3.1. Planning, coordination, and regulation

The GOL has established a national COVID-19 vaccine committee and seven technical working groups to prepare the National COVID-19 Vaccine Deployment plan (NVDP). The NDVP identifies a list of prioritized groups targeted for COVID-19 following the WHO concept for fair access and equitable allocation of COVID-19 health products and the WHO Strategic Advisory Group of Experts (SAGE) values framework for the allocation and prioritization of COVID-19 vaccination.

The objectives of the NDVP are:

i. Prepare a mechanism for approval, purchase, registration, receipt, and distribution of the vaccine;
ii. Monitor vaccine side effects;
iii. Monitor the cold chain and other issues related to maintaining the quality of the vaccine;
iv. Identify and prioritize target groups; and
v. Ensure that the vaccine reaches the target groups practically and equitably.

The NVDP can be found on the website of the Ministry of Public Health[2] (it is also attached to this report as Attachment II)

1.5.2.3.2. Budgeting and Financial Sustainability

The reallocation of US$ 18 million from component 1 to component 4 was approved by WBG on January 21, 2021; the WB declares the announcement to allocate US$ 34 million under component 4 to finance COVID-19 vaccine purchase and deployment. An agreement was signed between HE the minister of health, Dr Hamad Hasan, and the Global President of Pfizer, Susan Silbermann on November 3, 2020. The initial amount agreed upon is one and a half (1.5) million doses for a total of eighteen million United States dollars (US$ 18,000,000). On the date of effectiveness of the contract, the MoPH paid Pfizer an initial upfront payment of two million nine-hundred ninety-nine thousand one-hundred United States dollars (US$ 2,999,100) as per contract. In addition, in line with the GoL's plan to vaccinate 70% of the population by the end of 2022, an amendment was made to the existing contract with Pfizer to procure 751,140 additional vaccines and increase the volume of vials per shipment to a minimum of 195 vials/shipment. The amendment became effective on March 3, 2021.

1.5.2.3.3. Monitoring and Evaluation

To ensure the proper use of vaccination and fair access to the vaccine, the WB signed an agreement with IFRC on February 12, 2021, to independently monitor the compliance with standards/ guidelines and agreed on a 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.

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

The MoPH is continuously providing the IFRC with (i) vaccine shipment arrival schedules, (ii) an updated list of vaccination sites with operating schedules, and (iii) a schedule of mobile medical units. This will facilitate 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.

IFRC is sharing incident reports (Attachment III) with the MoPH in case of incidents so that the MoPH would take the appropriate corrective action.

An NGO "Oummal" has been contracted with the MoPH to operate the hotline. The loan proceeds do not cover this contract. The call center is composed of one (1) project coordinator, one (1) general practitioner, one (1) IT specialist, three (3) supervisors, and twenty-four (24) operators; the hotline operates around sixteen (16) hours a day, seven (7) days a week. At any shift, at least twelve (12) operators are active. An additional number of operators are needed and additional IT equipment. The COVID19 hotline (1214) responds to the following queries:

i. Get information on COVID-19
ii. Request hospitalization for COVID-19 after vaccinations
iii. Pre-registration for vaccination and help with filling the digital form for registration
iv. Report side effects of the vaccine
v. Report grievances that can also be anonymous. The GRM also includes an appeal process for unresolved grievances established before the Project restructuring to the request of the WB. In case of unresolved grievances the MoPH will direct the grievance to the concerned party.

Additional uptake channels include the direct contact number at 01-594459 or registering grievances/complaints through the MoPH website (moph.gov.lb) or the ministry's mobile application in Arabic.

2. Procurement Management

2.1. Objective

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

All of those as mentioned above, occur while regularly uploading the necessary documents on the Systematic Tracking of Exchanges in Procurement (STEP) system, thus ensuring optimal transparency and traceability in public procurement activities.

The total value of commitments under the Lebanese Health Resilience Project in the period between October 1st, 2020, and March 31st, 2021, is US$ 33,516,637.

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

This period witnessed an increased number of COVID-19 cases for which the occupancy rates in both regular and ICU beds were very high. Subsequently, the procurement focused mainly on supplying COVID-19 treatment hospitals with the following:

- Biomedical equipment to ensure proper patient care.
- Medical reagents to sustain the testing campaign, thus, monitor the number of cases daily.
- Appropriate infrastructure that protects the health workers inside the COVID-19 units

The table 13 shows the commitments and disbursements under the project according to the Procurement Category, and figure 2 shows the percentage of the committed amounts under LHRP.

Table 13: Commitments by Procurement Category

Procurement Category	Amount Committed (US$)
Consulting Services	764,523.00
Goods	28,065,964.81
Non-Consulting Services (UN Agencies)	4,686,150
Total	**33,516,637.81**

2.2. Ongoing Contracts

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

2.2.1. Consultant Services US $ 764,523

Consultancy Contracts signed as follows:

1- *Project Manager:*
Reference No.: *HR-001-PROJECT MANAGER*
This contract was signed on July 1st, 2020, for a duration of one year.
The committed amount for this contract is US$ 42,000.00.

2- *Financial Officer:*
Reference No.: *HR-004-FINANCIAL OFFICER*
This contract was signed on July 1st, 2020, for a duration of one year.
The committed amount for this contract is US$ 26,400.00.

3- *Operations Assistant:*
Reference No.: *HR-006-OPERATIONS ASSISTANT*
This contract was signed on August 1st, 2020, for a duration of one year.
The committed amount for this contract is US$ 21,600.00.

4- *Administrative Assistant:*
Reference No.: *LB-MOPH-191340-CS-INDV*
This contract was signed on September 1st, 2020, for a duration of one year.
The committed amount for this contract is US$ 15,600.00.

5- *Technical audit for covid-19 coverage:*
Reference No.: *LB-MOPH-188195-CS-CDS*.
This contract was signed on August 26th, 2020, for a duration of four months.
The committed amount for this contract is US$ 2,585.00. Activities taking place under this consultancy service include the verification of the eligibility of in-patient claims for COVID-19 patients, during the period commencing August 28th, 2020, and continuing through November 30th, 2020. Verification of claims will take place at both contracted public and private hospitals. This activity will facilitate the coverage of COVID-19 patients bills. This activity is an ongoing activity, claims are being processed by the firm, and results will be shared upon receipt.
An amendment to the original contract was signed on November 11th, 2020.

6- *Third-Party Agent:*
Reference No.: *LB-MOPH-159410-CS-QCBS*.
This contract was signed on December 29th, 2020, for a duration of two years.
The committed amount for this contract is US$ 656,338. The objective of this consultancy is to perform technical and financial verification of inpatient services provided to beneficiaries at hospitals.

2.2.2. Goods US $ 28,065,964.81

To mitigate the impact of COVID-19 outbreak, to assess country preparedness, multi-sectoral response capabilities, and to procure medical goods and equipment, several contracts were signed under the Goods category as follows.
It is important to note that the following activities took place at a critical time in Lebanon where the hospitals were fully occupied with COVID-19 patients and the need for expanding COVID-19 units at the hospitals proved to be a critical need.

1- *Procurement of Biomedical Equipment and Installation of Negative Pressure Systems:*

The MoPH was registering a surge in the number of COVID-19 hospitalization and related mortality which was reflected in the severe shortage in functional ICU beds for severe COVID-19 patients, thus, putting a burden on both the MoPH and the GoL. Coupled with the dire economic conditions and financial crisis, the shortage in the number of ICU beds imposed the need for urgent interventions at the level of public hospitals.

The MoPH acted promptly and filled the voids in the public sector by resorting to the funds from the Designated Account (DA) at the Lebanese Central Bank (BDL) without going through the WB official procurement protocols and regulations.

This procurement activity boosted the ICU capacity of many governmental hospitals dispersed all over Lebanon, and it consequently managed to save peoples' lives.

The public hospitals serviced through this procurement activity are as follows:

1.1- Bouar Public Hospital;
1.2- Tripoli Public Hospital;
1.3- Jezzine Public Hospital;
1.4- Baalbeck Public Hospital;
1.5- Qana Public Hospital;
1.6- Nabatieh Public Hospital;
1.7- Bent Jbeil Public Hospital;
1.8- Menieh Public Hospital;
1.9- Hermel Public Hospital;
1.10- Baabda Public Hospital;
1.11- Daher El Bachek Public Hospital;
1.12- Rashaya Public Hospital;
1.13- Hasbaya Public Hospital;
1.14- Tebnine Public Hospital;

Although this activity was not conducted in compliance with WB policies and Procurement Regulations, it has helped by installing negative pressure system for 65 ICU rooms, as well as financing the infrastructure for medical gas systems at more than one hospital, procuring PCR laboratory equipment, and equipping 60 ICU beds in a period not exceeding two weeks.

This procurement is under review by the World Bank Task Team.

2- *Procurement of Equipment to face Covid-19:*

Reference No.: *LB-MOPH-RFQ003.*

A Request for Quotation was published on December 14th, 2020, on the UNDB and the ministry's website. This activity is a fast response activity where suppliers were required to deliver within a period of two weeks.

Deliverables under this activity included COVID-19 medical equipment such as high flow nasal cannula, infusion, syringe and feeding pumps and many other equipment as elaborated below. This activity aimed to strengthen the COVID-19 units at the four following public hospitals:

- *Hasbaya Public Hospital.*
- *Siblin Public Hospital.*
- *Sir El Donnieh Public Hospital.*
- *Rashaya Public Hospital.*

Five contracts were signed under this activity. It is important to note that all of the goods under these activities were delivered to the designated hospitals, and that the medical staff received the proper necessary training.

2.1- Reference No: *LB-MOPH-RFQ003-1.*
This contract was signed on December 26th, 2020.
The committed amount for this contract is US$ 6,090.00.
Goods under this contract were distributed to the above-mentioned public hospitals in the aim of strengthening the hospitals capacity to respond to COVID-19.
These goods mainly included oxygen flowmeters, vacuum regulators and oxygen cylinders.

2.2- Reference No: *LB-MOPH-RFQ003-2.*
This contract was signed on December 26th, 2020.
The committed amount for this contract is US$ 1,510.00.
Goods under this contract were procured in the aim of strengthening the hospitals capacity to respond to COVID-19.
These goods include feeding pumps, IV stands and air mattresses.

2.3- Reference No: *LB-MOPH-RFQ003-3.*
This contract was signed on December 26th, 2020.
The committed amount for this contract is US$ 83,775.00.
Goods under this contract were distributed to the above-mentioned public hospitals in the aim of strengthening the hospitals capacity to respond to COVID-19.
These goods mainly included ICU beds, wall mount monitors, central stations and ABG Machines.

2.4- Reference No: *LB-MOPH-RFQ003-4.*
This contract was signed on December 26th, 2020.
The committed amount for this contract is US$ 35,821.00.
The procured goods under this contract included defibrillators, infusion and syringe pumps and ECG machines.

An amendment to this contract was signed on March 5th, 2021.
The committed amount for this amendment is US$ 9,920.
The rationale behind amending the contract is that the COVID-19 unit at Qana Public Hospital needed infusion and syringe pumps to become fully functional. The supplier immediately supplied the goods to the hospital.

2.5- Reference No: *LB-MOPH-RFQ003-5.*
This contract was signed on December 26th, 2020.
The committed amount for this contract is US$ 21,000.00.
Goods under this contract were procured in the aim of strengthening the hospitals capacity to respond to COVID-19.
These goods strictly included high flow nasal cannulae.

3- *Procurement of Biomedical Equipment:*
Reference No.: *LB-MOPH-RFQ004.*
A request for quotation was published on December 14th, 2020, on the UNDB and on the ministry's website. Deliverables under this activity included COVID-19 medical equipment. Suppliers under this activity were supposed to deliver within a period of two months upon signing the contract.

This activity aimed to strengthen the COVID-19 units at the four following public hospitals:

- *Hasbaya Public Hospital.*
- *Siblin Public Hospital.*
- *Sir El Donnieh Public Hospital.*
- *Rashaya Public Hospital.*

Two contracts were signed under this activity as follows:

3.1- Reference No: *LB-MOPH-RFQ004-1.*
This contract was signed on January 14th, 2021.
The committed amount is US$ 1,220.00.
Goods purchased under this contract strictly included laryngoscope sets.

3.2- Reference No: *LB-MOPH-RFQ004-2.*
This contract was signed on January 14th, 2021.
The committed amount is US$ 72,000.00.
Goods procured under this contract included portable hemodialysis machines.

4- *Installation of Negative Pressure System at Sir El Donnieh Public Hospital:*
A request for quotation was published on December 18th, 2020, on the UNDB and on the ministry's website. The objective of this activity was to install a negative pressure system in the COVID-19 unit at Sir El Donnieh Public Hospital.
Reference No.: *LB-MOPH-RFQ005*
One contract was signed under this activity on January 14th, 2021.
The committed amount is US$ 45,065.00.

5- *Rehabilitation of the ICU Unit at Sir El Donnieh Public Hospital:*
Reference No.: *LB-MOPH-SD001.*
A request for quotation was circulated on January 27th, 2021.
The objective of this activity was to rehabilitate the Intensive Care Unit at Sir El Donnieh to open a COVID-19 center at the hospital.
The contract was signed on February 1st, 2021.
The committed amount is US$ 54,587.1.

6- *Procurement of Oxygen Related Equipment for Sir El Donnieh Hospital:*
Reference No.: *LB-MOPH-SD-002.*
Under the WB emergency procurement procedures, the PMU launched a RFQ to install oxygen gas system at Sir El Donnieh Public Hospital.
A contract was signed on February 15, 2021.
The committed amount under this contract is of US $ 24,389.5.

7- *Installation of Negative Pressure Systems:*

With the number of COVID-19 infected patients and the increased number of infected health workers, the need to protect health workers through ensuring safety measures at public treatment centers proved to be a priority.
For that purpose, the team allocated a budget to install negative pressure systems as follows:

7.1- Baabda Public Hospital
Reference No.: *LB-MOPH-NP001*
The committed amount is US$ 53,185.1.
The contract was signed on January 27th, 2021.

7.2- Jezzin Public Hospital.
Reference No.: *LB-MOPH-NP002*
The committed amount is US$ 51,138.53.
The contract was signed on January 28th, 2021.

7.3- Batroun Public Hospital.
Reference No.: *LB-MOPH-NP003*
The committed amount is US$ 40,954.13.
The contract was signed on January 29th, 2021.

7.4- Marjeyoun Public Hospital.
Reference No.: *LB-MOPH-NP005*.
The committed amount is US$ 59,893.51.
The contract was signed on January 28th, 2021.

7.5- Saida Public Hospital.
Reference No.: *LB-MOPH-NP006*.
The committed amount is US$ 41,337.6.
The contract was signed on January 28th, 2021.

7.6- Chahhar Al Gharbi Public Hospital.
Reference No.: *LB-MOPH-NP007*.
The committed amount is US$ 46,649.71.
The contract was signed on January 28th, 2021.

7.7- Bcharri Public Hospital.
Reference No.: *LB-MOPH-NP008*.
The committed amount is US$ 34,912.12.
The contract was signed on January 28th, 2021.

7.8- Nabatiye Public Hospital.
Reference No.: *LB-MOPH-NP009*.
The committed amount is US$ 23,004.81.
The contract was signed on February 17th, 2021.

7.9- Mays Al Jabal Public Hospital.
Reference No.: *LB-MOPH-NP010*.
The committed amount is US$ 25,313.51.
The contract was signed on January 28th, 2021.

8- *Procurement of a UPS System:*
Reference No.: *LB-MOPH-DS001*.
This activity was exceptionally approved by WB to ensure that the COVID-19 unit at Qana Public Hospital keeps functionning during the country's acute power cuts.
The committed amount is US$ 30,807.69.

9- *Procurement of COVID-19 Vaccines:*
Reference No.: *LB-MOPH-PFIZER*.
Due to the ongoing global pandemic and the difficulty to secure vaccines, MoPH approached several vaccines suppliers to gradually build the immunity of the country.
The original contract was signed on January 17th, 2021.
The committed amount of the original contract is of US$ 17,994,600.00.

To secure additional vaccines, MoPH signed an amendment to the original contract on March 8th, 2021.
The amount of the amended contract is US$ 9,013,680.00.

10- Procurement of Spare Parts for CT scan.
Reference No.: *LB-MOPH-RFQ007.*
Public hospitals have been overloaded by the huge number of patients infected by COVID-19. This has caused several CT Scanners to get defected. The aim of this activity is to repair the defected CT Scanners in several Public Hospitals. For that purpose, a specific procurement notice was published through STEP on the UNDB and on the ministry's website and local TV stations.
A contract was signed on March 30, 2021.

The committed contract amount is of US $ 319,500.

2.2.3. Non-consulting Services US$ 4,686,150. 00

1- Procurement of goods in response to covid-19:
a contract was signed with WHO. Deliverables under this contract included consumables (PPEs and reagents) and equipment (PCR machines, syringe pumps, and suction pumps).
Reference No: *LB-MOPH-164382-NC-WHO*
This contract was signed on March 30th, 2020.
The committed amount for this contract is US$ 5,562,072.00.

An amendment to the original contract was signed on December 10th, 2020.
The committed amount is US$ 4,686,150.
The amended contract was signed in a period where the number of COID-19 patients were increasing. The main aim of the contract was to support the government's capacity to face the pandemic through fully equipping one hundred ICU beds all over the public hospitals in Lebanon.

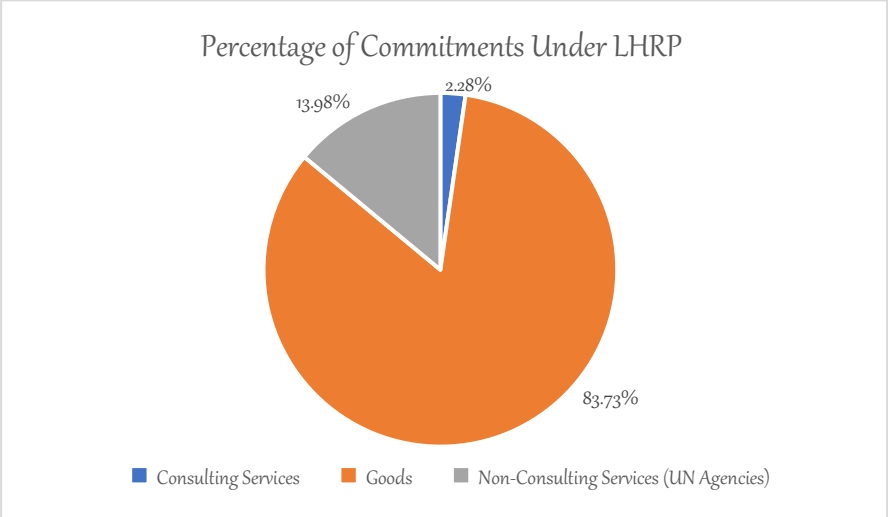

Figure 2: Distribution of Commitments Under LHRP

2.3. Challenges

The main constraint facing the procurement is the issue of direct payment. This issue caused a lag in payments to the local suppliers, which consequently led to a delay in delivering the procured goods. The Ministry of Finance (MoF), in coordination with the World Bank, and the Central Bank are conducting negotiations to develop ways to overcome this obstacle in a timely manner.

2.4. Ongoing Procurement

For the upcoming period, the following activities will be processed by the PMU.

1- *External Financial Auditor:*

Reference No.: *LB-MOPH-197566-CS-LCS*.

A Request for Expression of Interest (REOI) was published on the World Bank and UNDB websites on October 9th, 2020, setting the deadline for submission of Expressions of Interests on October 23rd, 2020. Interested firms were requested to submit their expressions of interest electronically or by hand to the Ministry of Public Health. As a result, expressions of interest related to the above-specified assignment were received from the below ten (10) firms.

The evaluation committee evaluated the Expressions of Interest based on the short-listing criteria which were determined in the published REOI. The evaluation was carried out in accordance with the criteria spelled out in the Request for Expression of Interest (REOI).

Request for Proposals will be addressed to the shortlisted consultants asking them to submit their proposals for the requested work.

2- *Amendment of WHO Contract.*

Reference No.: *LB-MOPH-164382-NC-WHO*.

The amount of this amendment amount to United States Dollars 2,905,726.

The main reason of amending this contract is to procure additional testing kits to monitor the infection rates of COVID-19 all over Lebanon.

3- *Procurement of Vaccine Supplies*

Reference No.: *LB-MOPH-RFQ006*.

Knowing that the World Bank have financed the procurement of vaccines, the project will be also responsible for procuring vaccine accessories such as syringes, Sterile Saline, and latex gloves.

A specific procurement notice (SPN) was published through STEP on February 24, 2021 requesting from interested bidders to submit their quotations for the delivery of the mentioned goods. The SPN was published on the UNDB, the MoPH website and local TV stations.

3. Monitoring & Evaluation

3.1. Objectives

Monitoring and Evaluation (M&E) is mainly focused on assessing the project's performance through tracking the changes happening in the project's indicators. Developing a solid M&E mechanism plays an essential role in achieving the project's anticipated results.

More importantly, and to achieve a well-established M&E system there several milestones to be followed such as:

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

Below is the assessment of the development of the project's main indicators and the changes that occurred between October 1st, 2020 and March 31st, 2021.

3.2. Results framework

3.2.1. Results Indicators 2017

The project results framework (Refer to table 14 in the Section: Lists of Tables and Figures) is used to track the progress in achieving project development objectives (PDO).

Since the launching of project implementation in March 2020, no progress has been noticed in these indicators. The main attention shifted to responding to the threat of COVID-19 pandemic, thus, setting back the implementation process of these indicators.

3.2.2. Results Indicators for COVID-19

When the target numbers were speculated, the actual impact of COVID-19 was ambiguous, which explains the low target for the number of infected health personnel. Table 15 includes a discussion for each of the COVID-19 indicators:

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

There are currently 8 rapid response teams operating at the level of the governorates, entailing remarkable progress of 700% when compared to the baseline number, 1 rapid response team. This progress also surpasses the target that was set by the team, consisting of 5 rapid response teams.

3.2.2.2. Number of health personnel got infected.

3.2.2.2.1. Status

At the launching of the project (March 2020), the number of infected health personnel was only 2. However, this number did not reflect the grave impact of this pandemic, which explains the low target number, supposedly comprising of less than 20 infected health personnel.

The number of infected health personnel on October 1, 2020, consisted of 1041. This number continually increased with the increase of COVID-19 infected patients (figure 3), and thus, COVID-19 treatment centers.

It is important to note that this increase in the number of infected HCW came when Lebanon is suffering from a severe human capital migration due to the socioeconomic crisis the country is going through and the severe devaluation of the Lebanese pound.

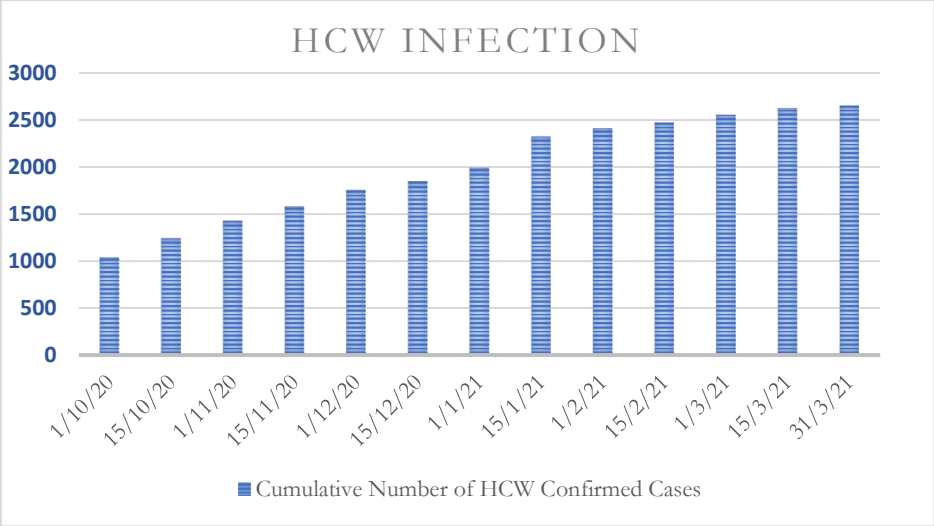

Figure 1: Cumulative Number of Infected HCW

3.2.2.2.2. Mitigation Measures:

To mitigate the impact of COVID-19 on the HCW, and reduce the number of infected personnel, two main strategies were adopted throughout the crisis as follows:

1- Installation of Negative Pressure Systems:
The installation of negative pressure systems at the treatment centers mainly aims to protect clinicians and nurses who work directly with the patients. In addition, these systems ensure safe air circulation in the treatment center (since COVID-19 is an airborne disease), and protect the medical staff working in the COVID-19 unit.
The project successfully funded the installation of negative pressure systems in 166 rooms in 15 different public hospitals (figure 4).

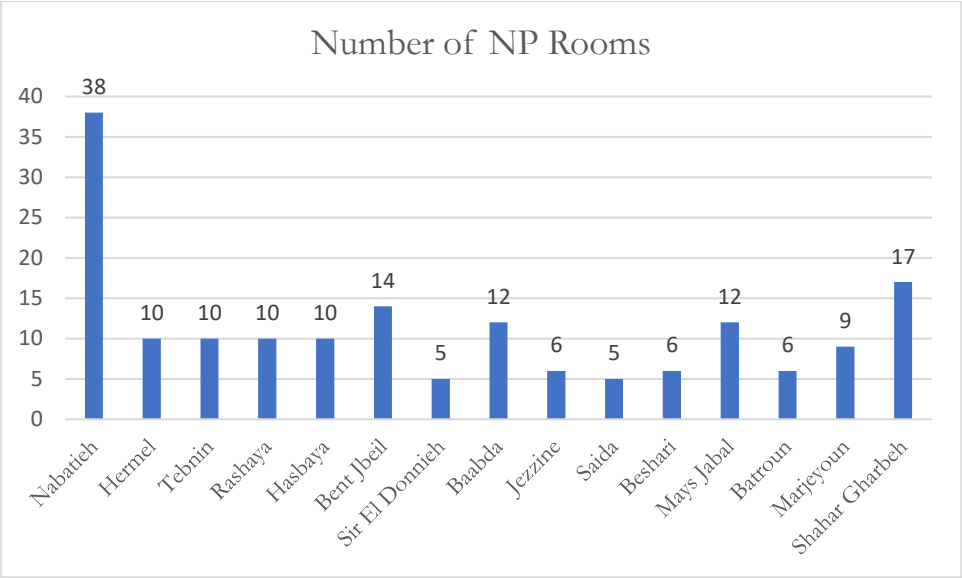

Figure 2: Number of Installed NP Rooms under LHRP

2- <u>Prioritization of HCW in the Vaccination Process:</u>

In its NDVP, MoPH identified HCW as high-risk population and prioritized vaccinating this group due to the high exposure health personnel have with COVID-19 patients.

Since the vaccine roll out on February 15, 2021, HCW were the first group to receive the vaccine. The effectiveness of this approach was clearly observed with the decrease of the number of health personnel that got infected (figure 5).

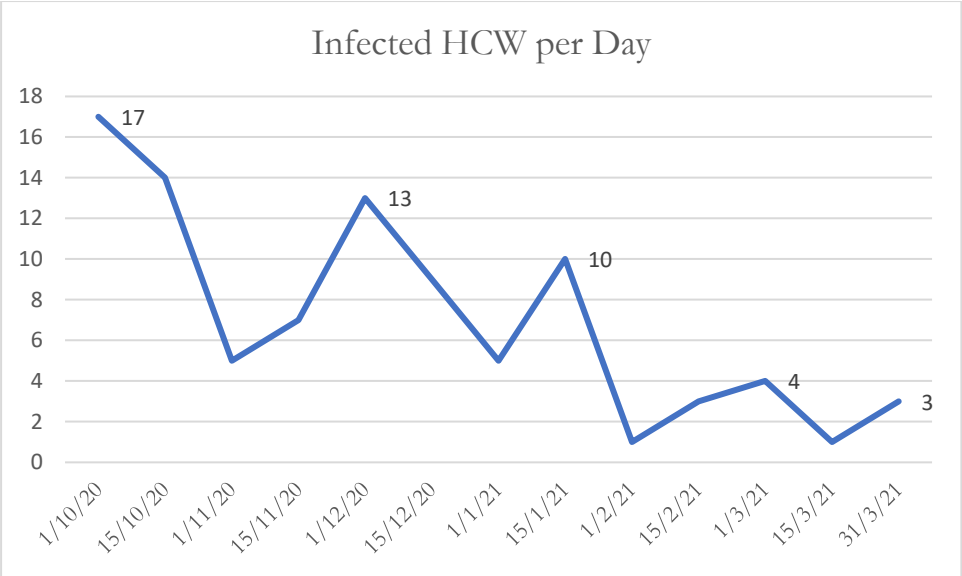

Figure 3: Monitoring of Infection Rates Among HCW

3.2.2.3. Number of COVID-19 treatment centers

3.2.2.3.1. Status

In the period ranging from October 1, 2020, to March 31, 2021, Lebanon witnessed an enormous increase in the number of COVID-19 patients (figure 6). This increase was partially exacerbated by the influx of migrants in the holiday season and the social gathering taking place at the time.

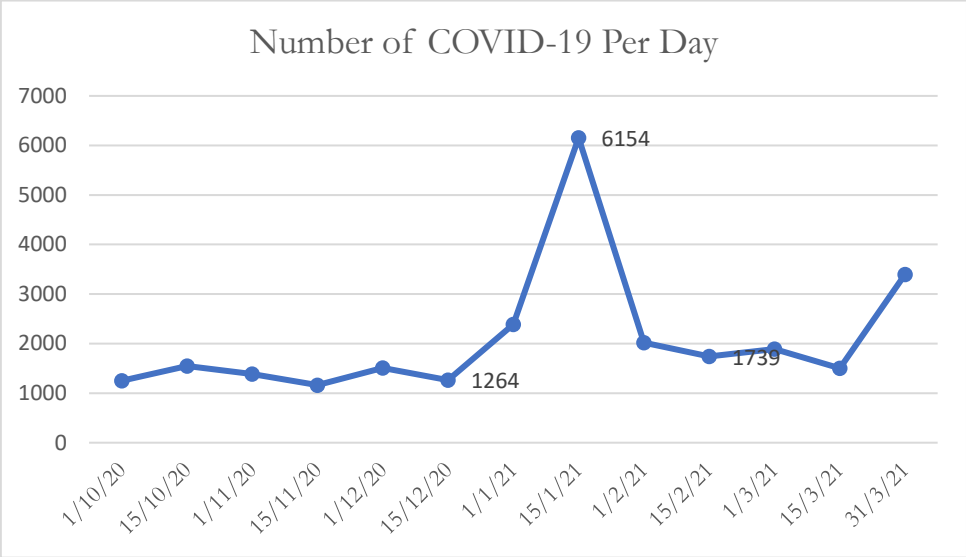

Figure 4: Monitoring of COVID-19 Infections Rates in Lebanon

Based on the WHO guidance considerations for implementing and adjusting public health and social measures in the context of COVID-19, Lebanon was at level 4 of community transmission, with an overburdened healthcare system (more than 90 percent occupancy rate of ICU beds).

This surge in the number of COVID-19 cases was coupled with an increase in the number of treatment centers. Both public and private sectors were urged to open COVID-19 units and start admitting COVID-19 patients in the government's plan to contain the pandemic.

There are currently 21 Public Hospitals (18.75 %) and 91 Private Hospitals (81.25 %) across Lebanon (table 16).

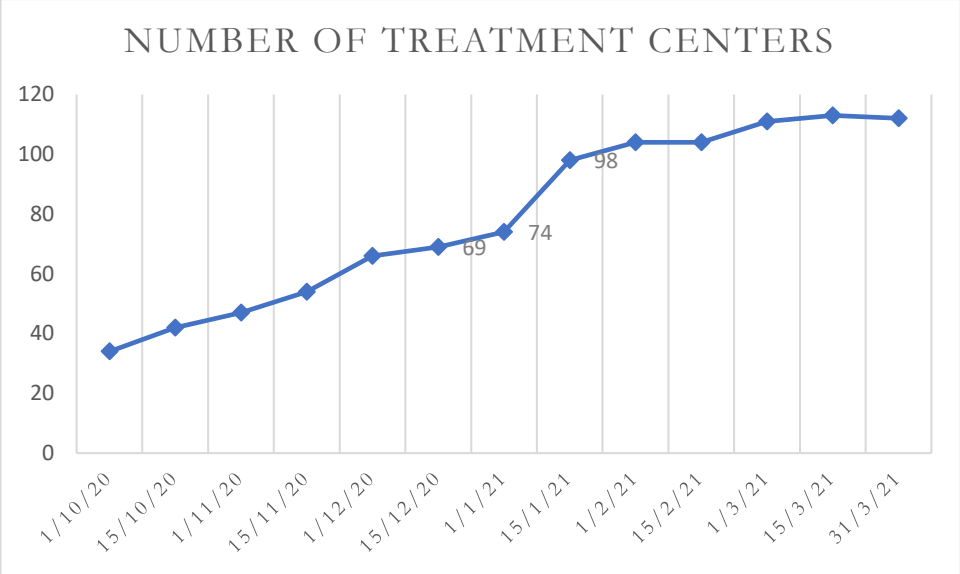

Figure 5: Development in Treatment Centers Numbers

These treatment centers are distributed across the country (figure 7), thus, demonstrating significant progress of 292.59% compared to September 2020 (27 treatment center). This progress surpassed the expected number by 106 treatment centers, thus proving that adequate measures are being taken despite the critical state of the country.

Table 16 - Distribution of Treatment Centers per Governorate

Governorate	Number of treatments centers (hospitals)	Percentage of treatment centers per Governorate
Beirut	8	7.14 %
Mount Lebanon	38	33.92 %
Bekaa	16	14.28 %
South	14	12.5 %
North	17	15.17 %
Nabatiyye	7	6.25 %
Baalabeck	7	6.25 %
Aakar	5	4.46 %
Total	**112**	**100%**

3.2.2.3.2. Mitigation Measures:

When public hospitals suffered from a severe economic crisis affecting their financial capabilities, the project's funds were mainly focused on expanding the COVID-19 ICU Units at public hospitals to strengthen the government's capacity to respond to COVID-19. This was clearly reflected by the growth in the number of ICU beds at public hospitals during the surge in the number of severely hospitalized patients. Through its contracts with WHO and many local suppliers, the PMU was able to respond to the crisis, and helped with equipping up to 194 ICU Beds (figure 8), accounting for more than 85% of the growth in the number of ICU beds (229 is the amount of growth).

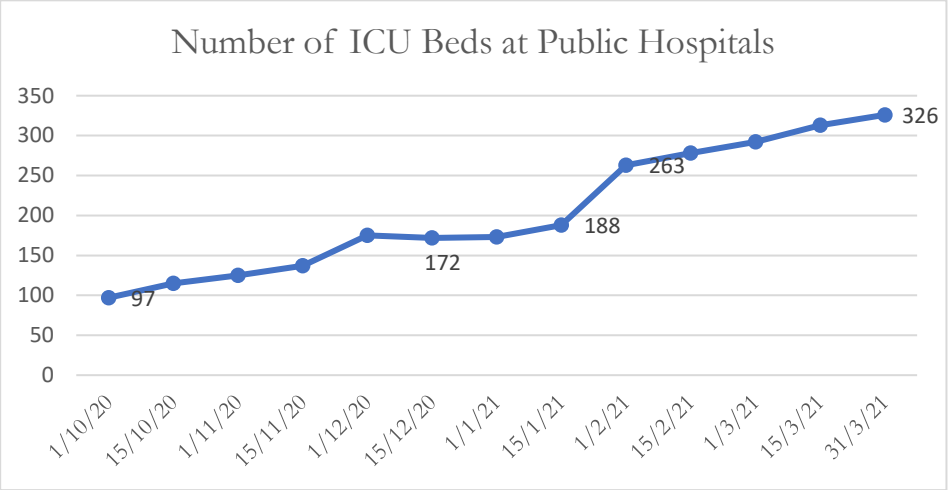

Figure 8: Development of ICU Beds Numbers at Public Hospital

3.3. Claims Audit:

The project has been contributing to meeting the urgent health care needs of uninsured Lebanese who got admitted for COVID-19 in hospitals. One of the structural weaknesses in the Lebanese health care system is related to the fact that the Ministry of Public Health has focused almost extensively on the provision of services, while its role in prevention, planning, and regulation remained limited. The project's interventions are progressing in a designed way not just to meet urgent health care needs, but also to focus on the strengthening of quality services in governmental and private hospitals. More information on the expansion of Intensive Care Units and provision of medical equipment are detailed in the Procurement section of the Report.

Health inequity can be defined as "a particular type of difference in health or in the most important influences on health that could potentially be shaped by policies; it is a difference in which disadvantaged social groups (such as the poor, racial/ethnic minorities, women, or other groups that have persistently experienced social disadvantage or discrimination) systematically experience worse health or greater health risks than more advantaged groups". Thus, inequity in health reflects the systematic differences across socio-economic groups in one or more aspects of health. The Lebanon Health Resilience Project (LHRP) aims to aid the MoPH in focusing on communities with low access to healthcare and health insurance. As of March 31,2021, a total number of 2,299 disadvantaged patients have been benefitting from the fruits of this loan.

Table 12: Health spending profile of the poor and non-poor

	Poor ($4.4 per day)	Non-poor ($4.4 per day)	Total
Share of spending on healthcare	4.7%	7.3%	6.6%
Catastrophic health payments	2.0%	6.4%	5.2%
Out of pocket expenditures per head (LL)	78,211	403,078	313,796

Table 24 (retrieved from Multipurpose Survey of Households conducted by the United Nations Development Programme (UNDP), the Ministry of Social Affairs (MoSA) and the Central Administration for Statistics (CAS), 2010) depicts the difference between the health spending profile of individuals classified as poor and non-poor according to the national poverty line. The national poverty line is fixed at 4$ per person per day (taking into account the official exchange rate of 1,500 LBP). Looking at the table above, we can agree that poor households tend to spend a lower share of their resources on health (4.7% vs 7.3% for the non-poor). According to the same data retrieved from MOSA, the out-of-pocket expenditures on health are also unsurprisingly lower for individuals below the poverty line: on average, an individual in poverty spends close to LL78,000 on health a year whereas the non-poor average is around LL403,000 per year.

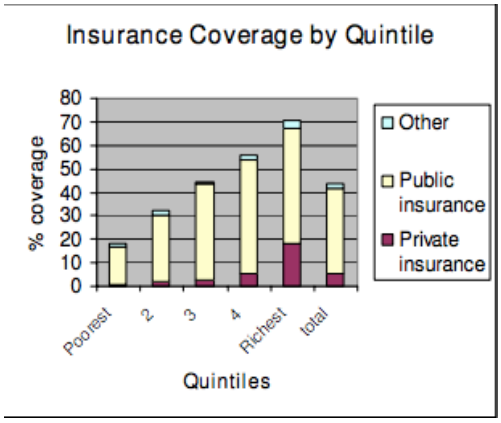

Figure 16- Insurance coverage from poorest to richest

Figure 16 (also retrieved from Multi-Purpose Survey of Households conducted by the United Nations Development Programme (UNDP), the Ministry of Social Affairs (MoSA) and the Central Administration for Statistics (CAS), 2010) shows the difference in the coverage rates across expenditure quintiles (Figure 16): only 18% of the poorest fifth are insured and the proportion rises monotonically across quintiles and reaches just over 70% for the richest 20% of the population. This shows how the poorer the person is the lower the access to insurance he/she has.

Recently, the WBG (2021) provided an estimate that extreme (food) poverty will double to 22 percent, and overall poverty will increase to 45 percent. This translates into approximately 1.7 million people (350,000 households) falling under the poverty line, of which 841,000 people (156,000 households) will be under the food poverty line. The reason we are providing these numbers is to translate that access to healthcare services will further be negatively influenced with the economic crisis.

In brief, The Lebanon Health Resilience Project (LHRP) aims to aid the MoPH in focusing on communities with low access to healthcare and health insurance. As of March 31,2021,

a total number of 2,299 uninsured Lebanese have been benefitting from the fruits of this loan. Table 24 is retrieved from the IFR- Q1 submitted to the bank, and it summarizes the payments to hospitals for COVID-19 hospital claims.

Our statistics (Refer to Table 24 of the Section:" Lists of Tables and Figures") show that 27% of the hospitals that are admitting COVID-19 patients are public hospitals, while 73% are private hospitals. The total amount paid to public hospitals is US$ 834,753 which is 68% of the total amount depicted in the table above. These payments were audited by the Technical Auditor (TCL) hired under the project (more information on the TA available in Section "Component 4" and were classified by the WB team as eligible expenses.

Below is a summary on the claims audited under each contract:

3.3.1. Total Care Lebanon (TCL):

TCL contract covered the period ranging from August 2020 to February 2021. The number of claims audited consisted of 2299 claims distributed over 55 private and public hospitals in Lebanon (table 17).

Table 17- Number of audited claims per hospital

Nb.	Hospital Name	Number of Audited Claims
1	Abdallah Al Rassy Hospital	27
2	Ain WaZein Hospital	71
3	Al Bekaa Hospital	20
4	Al Hermel Hospital	37
5	Al Makassed Hospital	16
6	Al Manara Doctors Hospital	1
7	Al Mayyas Hospital	20
8	Al Monla Hospital	13
9	Al Nakib Hospital	1
10	Al Nini Hospital	13
11	Al Rassoul Hospital	2
12	Al Sahel Hospital	2
13	Al Youssef Hospital	3
14	Al Zahraa Hospital	8
15	Albert Haykal Hospital	46
16	AUH	4
17	Baabda Governmental Hospital	182
18	Baalbeck Governmental Hospital	50
19	Bahman Hospital	16
20	Batroun Hospital	1
21	Bcharri Governmental Hospital	23
22	Bint Jbeil Governmental Hospital	85
23	Bshamoun Specialty Hospital	2
24	Chtoura Hospital	1
25	Daher Al Bachek Hospital	130
26	Dar Al Amal Hospital	76
27	Ftouh Kesrwan Governmental Hospital	197
28	Hammoud Hospital	1
29	Haroun Hospital	7

30	Hiram Hospital	3
31	Jabal Amel Hospital	23
32	Koura Hospital	4
33	Labib Medical Center	1
34	Lebanese Italian Hospital	5
35	Libanais Geitaoui Hospital	3
36	Machghara Governmental Hospital	1
37	Mount Lebanon Hospital	15
38	Nabih Berri Governmental Hospital	73
39	ND Secours Hospital	4
40	New Mazloum Hospital	20
41	P. Elias Haraoui Governmental Hospital	16
42	Rafic Hariri University Hospital	563
43	Ragheb Harb Hospital	14
44	Rayak Hospital	22
45	Rizk University Hospital	7
46	Sacre Coeur Hospital	7
47	Saida Governmental Hospital	18
48	Saint Charles Hospital	2
49	Saint Georges Hadath Hospital	188
50	Saint Georges Orthodox	4
51	Saint Joseph Hospital	7
52	Sainte Therese Hospital	2
53	Saydet Zgharta Hospital	7
54	Siblin Governmental Hospital	9
55	Tripoli Governmental Hospital	226
Total		**2299**

1. Demographics*:*

1.1. Age:

The average patient age of COVID-19 audited claims is 55 years, ranging from 3 to 121 years old.

Figure 9 shows the distribution of age groups across the different age groups, each of which consists of a five-year period.

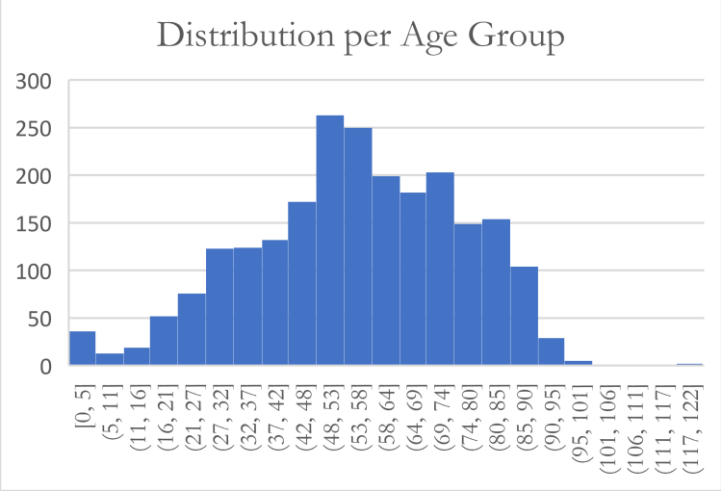

Figure 9: Distribution of Audited Claims per Age

1.2. Sex:

The number of male patient audited claims surpassed the number of female patient audited claims (figure 10).

TCL audited 1420 claims belonging to male patients (accounting for 61.76% of the total audited claims), whereas the number of claims belonging to female patients is 879 claims (accounting for 38.23% of the total audited claims).

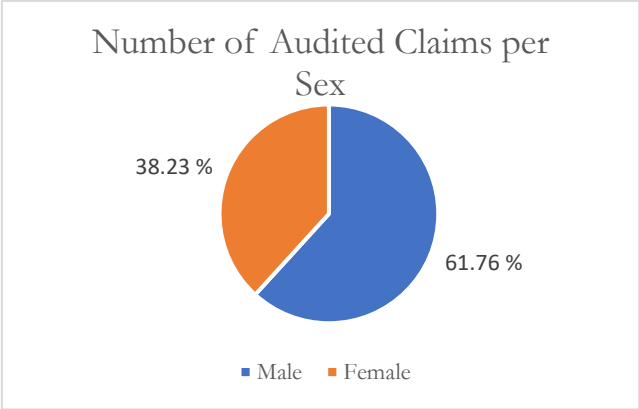

Figure 10: Audited Claims per Sex

1.3. Length of Stay

The average LOS (Length of Stay) showed to be 8 days regardless of the type of room the patients stayed in.

The minimum LOS is 1 day whereas the maximum LOS is of 63 days. Figure 11 shows the distribution per LOS groups.

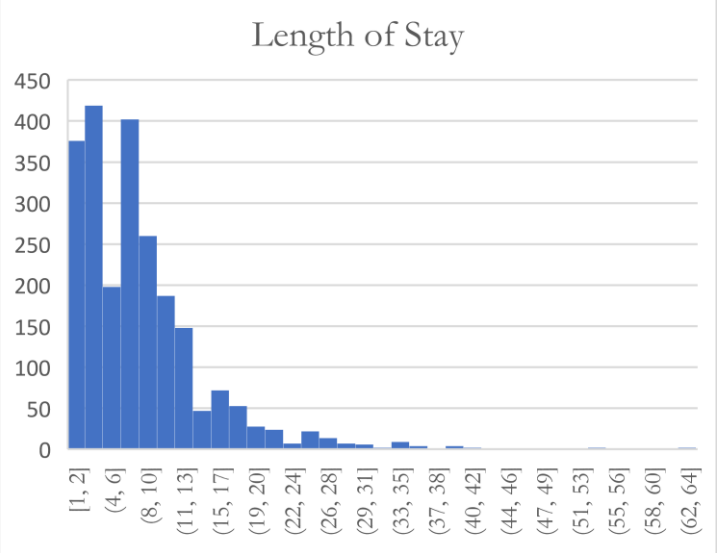

Figure 6: Average Length of Stay

3.3.2. Third-Party Agent (Globemed):

To gain even greater assurance about the use of Bank funds under this project, the PMU will negotiate an increased scope of the TPA TOR to ensure that the expenditures incurred from the WB financing are eligible, are in compliance with the criteria set, and are accounted for once, and appropriately, given that multiple donors support the health sector. Globemed was awarded for the consultancy "Third-Party Monitoring", the contract was signed in December 2020. The TPA submitted the monthly report for January 2021 claims, the main reasons for deduction (Table 18) are based on the MoPH guidelines (refer to Table 7- 12 of section:"List of Tables and Figures" for the guidelines).

Table 18- Main Reasons for deductions

Number	Reason Description
1	Not billed as per MOH deal/tariff
2	Not covered by MOH
3	Deduction done according to MOH admission criteria
4	Rejected as per MOH decision
5	Included in lumpsum deal
6	Billed but not used/done
7	Billed different than done
8	Billed with no available results
9	Double/Over billing
10	Wrong calculation from provider
11	Billed not as per CPT rules
12	Bill settled by the patient
13	Medically unnecessary / unjustified
14	Replacement of codes as per medical review
15	Not related to admission diagnosis
16	Deduction made on pharmacy item based on lowest price of generic
17	Audit done as per patient's file
18	Audit done according to survey info
19	Discrepancy in administrative info
20	Missing stamp and signature

Percentage Deductions

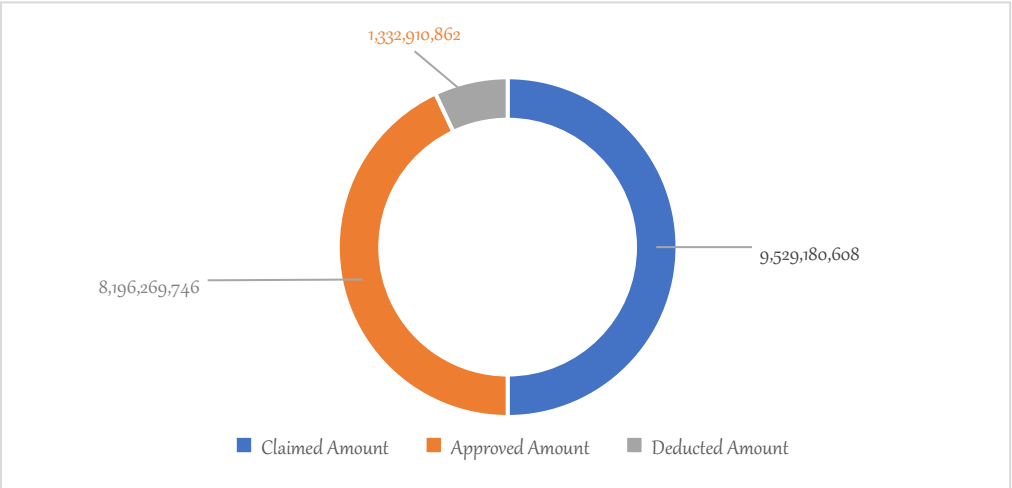

Figure 12: Hospital Claims Amounts

As per figure 12, the total claimed amount for January 2021 is LBP 9,529,180,608, out of which LBP 1,332,910,862 are deducted. Thus, out of the 1,357 claims that were audited, the percentage of bill deductions is 14 percent.

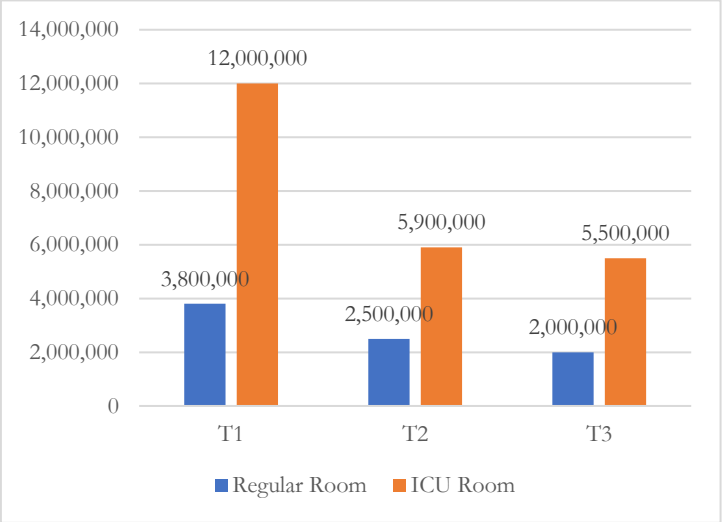

Figure 13: Average Cost per Stay (T1, T2, T3)

The global average cost of regular rooms is LBP 3,430,000, accounting for 26 percent of the total average cost.
The global average cost for an ICU room is LBP 9,700,000 which accounts to 74 percent of the total average cost.

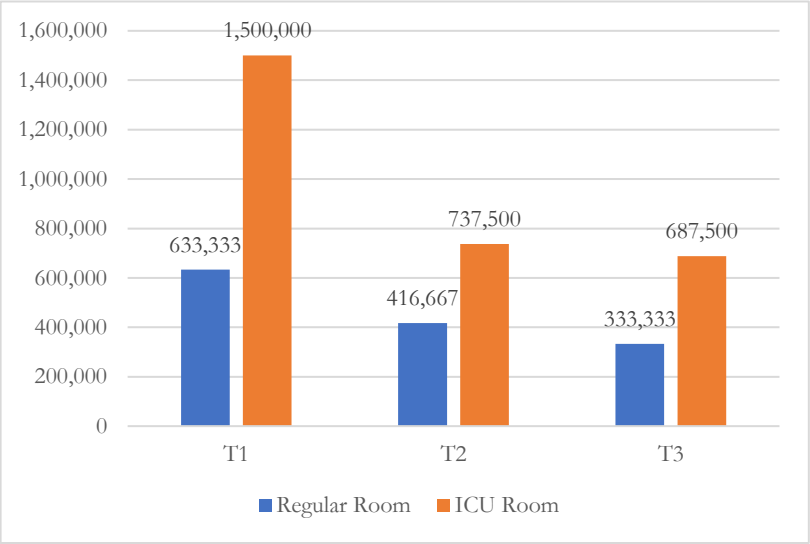

Figure 14: Average Cost per Day (T1, T2, T3)

The Average cost per day for a regular room is LBP 571,667 which accounts for 68 percent of the of the total Average cost/ day.
The Average cost per day for an ICU room is LBP 1,212,500 which accounts for 32 percent of the total Average cost/day.

As for the survey report:

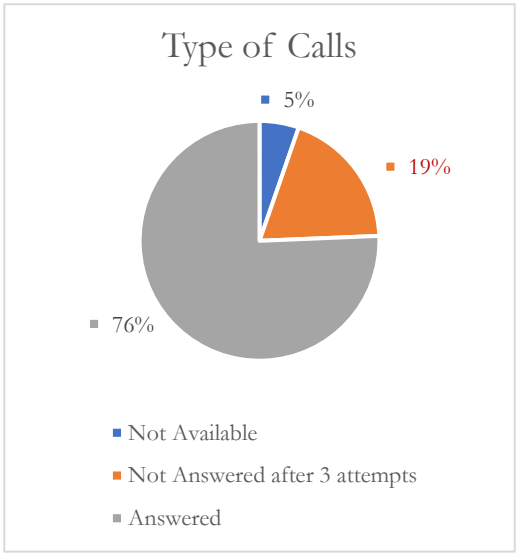

Figure15: Survey Report Results

The total number of calls conducted are: 1413 calls, out of which 1,069 were answered, 269 calls were not answered, and 75 calls were not available.

4. Financial Management

It is expected that the project will be financially sustainable. The World Bank Development Indicators (2014) estimate that the US$ 120 million project investment over a five-year period, accounts for five (5) percent of the annual government expenditure on health.

Summary Status of Financing (US$, Millions)

Ln/Cr/Tf	Approval	Signing	Effectiveness	Closing	Net Commitment	Disbursed	Undisbursed
IBRD-87710	26-Jun-2017	09-Mar-2018	14-Nov-2018	30-Jun-2023	95.80	18.27	77.53
TF-A5424	26-Jun-2017	09-Mar-2018	14-Nov-2018	30-Jun-2023	24.20	4.55	19.65

*Image retrieved from World Bank Web Based Client -Connection

The total MoPH loan disbursements stand at over US$ 22.82 million as of March 16, 2021. Out of the US$ 95.8 million net commitment financed by the IBRD, US$ 18.27 million are disbursed; and out of the US$ 24.20 million net commitment financed by the TF, US$ 19.65 million are disbursed so far. As of March 2021, around 19% of the project has been disbursed. This signifies good disbursement performance seeing as the actual implementation of the project started on March 2020, following the lift of threat of suspension.

4.1. Project Restructuring

The original project design comprised:

(i) Component 1: Scale up the scope and capacity of the PHC UHC program (US$ 76.5 million);
(ii) Component 2: Provision of health care services in public hospitals (US$ 36.4 million);
(iii) Component 3: Strengthening project management and monitoring (US$ 7.1 million).

The project has been restructured twice to help the country in its response to the challenges of the COVID-19 pandemic and to support the deployment of the national vaccination plan.

The first restructuring took place in March 2020 where US$ 40 million was reallocated for emergency COVID-19 response activities. The Ministry of Public Health (MoPH) contracted with UN agencies (WHO and UNOPS) and with private firms following competitive bidding processes for the procurement of ventilators, Personal Protective Equipment (PPE), polymerase chain reaction (PCR) machines, intensive care unit beds and associated equipment, and other medical equipment and supplies as well as preparing negative pressure rooms for better infection prevention and control. US$40 million were reallocated from Components 1, 2 and 3 for COVID-19 response. The resource allocation among the components was as follows:

(i) Component 1: US$51.22 million;
(ii) Component 2: US$23.52 million;
(iii) Component 3: US$5 million;
(iv) Component 4: US$40 million.

In January 2021, another restructuring was approved by the World Bank's Executive Board, which included a reallocation of an additional US$ 18 million for COVID-19 response, for a total of US$ 58 million for the pandemic response, of which US$ 34 million

has been allotted to finance the procurement and deployment of COVID-19 vaccines. The resource allocation among the components is as follows:

(i) Component 1: US$ 33.24 million;
(ii) Component 2: US$ 23.52 million;
(iii) Component 3: US$ 5 million;
(iv) Component 4: US$ 58 million.

The table below (Table 19) summarizes the budget allocation for each component prior and post restructuring.

Table 19- Reallocation of budget post restructuring by components

Components	Original Budget Allocation (US$ Million)	Budget allocation after the first restructuring (US$ Million)	Budget allocation after the second restructuring (US$ Million)
Component 1	76.5	51.24	33.24
Component 2	36.4	23.52	23.52
Component 3	6.86	5	5
Component 4	0	40	58
Front-end Fee	0.24	0.24	0.24

While the funds allocated under each component underwent significant changes, the project's overall disbursements remain the same. Table 20 specifies the categories of Eligible Expenditures that may be financed out of the proceeds of the loan ("Category"), the allocation of the amounts of the loan to each category, and the percentage of expenditures to be financed for Eligible Expenditures in each Category.

Table 20- Budget Reallocation by category

Category	Amount After Reallocation of the Non-Concessional Portion of the Loan in USD	Amount After Reallocation of the Concessional Portion of the Loan in USD	Percentage of Expenditures to be financed (inclusive of Taxes)
1. Good, non-consulting services, consulting services, Training and Workshops, and Operating Costs for Parts 1.2, 2.2, 3, and 4 of the Project	54,977,500	13,950,000	**100%**
2. Capitation Payments under Part 1.1 of the Project	25,838,895	6,526,105	**100%**
3. Special Capitation Payments under Part 2.1 of the Project	14,744,105	3,723,895	**100%**

4. Front-end Fee to be paid pursuant to Section 2.03 of the Agreement in accordance with Section 2.05 (b) of the General Conditions (renumbered as such pursuant to paragraphs 3 and *5* of Section II of the Appendix to this Agreement and relating to *Capitalizing Front-end Free and Interest)*	239,500	0	**Amount payable pursuant to Section 2.03 of this Agreement in accordance with Section 2.07 (b) of the General Conditions**
***5.* Interest Rate Cap or Interest Rate Collar premium to be paid pursuant to Section 2.08 (c) of this Agreement in accordance with Section 4.05 of the General Conditions.**	0	0	**Amount due pursuant to Section 2.08 (c) of this Agreement**
Total Amount	**95,800,000**	**24,200,000**	

4.2. Project Sources and Uses of Funds

Table 21 depicts where the sources of funds of the current project are from, and where all those funds are being used. This will help in creating an understanding of the cash flow process.

Table 21- Project sources and uses of funds to date

Description	Q1 – 2021 (US $)	Cumulative (US $)
Sources of Funds		
Opening Balance DA	2,078,533	
Funds Received DA	7,000,000	10,000,000
Front end fee		
Direct Payment		12,580,248
Total Funds Received	9,078,533	22,580,248
Uses of Funds		
Component 1: Essential healthcare Packages Scaling up the scope and the capacity of the PHCC UHC program		0
Component 2: Capacity Building Provision of health care services in public hospitals		0
Component 3: Project outreach Management and monitoring Strengthening project management and monitoring	21,100	72,800
Component 4 : Strengthen the Government's capacity to respond to COVID-19	7,994,541	21,444,556
Total Uses of Funds	8,015,641	21,517,356
Balance (Sources – Uses)	1,062,892	1,062,892

Bank Account Balance		
Closing Balance	1,062,892	1,062,892

Upon effectiveness of the project, the Financial Officer (FO) has been issuing withdrawal applications to withdraw funds from the LHRP loan. Up until this stage, the bank has been advancing loan proceeds into the Designated Account (DA) of the MoPH to finance eligible expenditures as they are incurred and for which supporting documents are being provided at a later date. The FO, then issues the withdrawal application with a letter signed by the authorized signatories. This will allow the funds to be transferred to the Ministry of Finance (MoF) as an initial advance. The number of Withdrawal Applications issued by the PMU during the period October- March 2021 is as follows:

i. WA1 IBRD US$ 5,588,100
ii. WA2 TF US$ 1,411,900
iii. WA3 IBRD US$15,966,000
iv. WA4 TF US$ 4,043,000

At a later stage the Financial officer will start the process of withdrawal of MoPH loan funds by "Replenishment" sending supporting documentation to the Bank to show that loan proceeds have been or are being used to finance eligible expenditures. The type of supporting documentation required by the Bank is in the form of "Summary Reports"; the summary reports can either be:

a) The interim un-audited financial reports required under the loan agreement
b) A statement of expenditure summarizing eligible expenditures paid during a stated period

The initial ceiling amount notified by the bank to the MoPH was US$ 6,000,000; up until January 2021, this was the maximum amount of loan proceeds that may be on deposit in the Designated Account (DA). In January 2021, the Bank, establishing the ceiling as an amount that is adjusted from time to time during project implementation based on periodic forecasts of project cash flow needs, has exceptionally approved the ceiling to be increased to US$ 10,000,000 due to COVID-19. Due to the restructuring which stresses on strengthening the response to COVID-19 and the need for large amounts to pay for related expenditures, including COVID-19 vaccines, the DA Advance ceiling has been increased for a second time exceptionally to US$ 30,000,000 for a period of six (6) months (till end of June 2021).

4.3. Financial Status by Category

4.3.1. The financial statements

The below report project expenditures by main disbursement categories; the categories are identified in the document prepared for defining the project (PAD) and the loan agreement (refer to Table 22,23). The key feature of these statements is that they provide:

i. A comparison between actual expenditures and the original projections made in the project evaluation report
ii. Explanations of significant variances

This will aid in the assessment of the financial status of the loan and to track whether the actual disbursements are in line with the planned ones depicted for the loan.

Table 22- Financial Status IBRD 87710 (Amount in US$)

Category	Amount Allocated	Amount Committed	Amount Paid	Amount Committed Not Paid
1) Goods, Consulting Services, Non-Consulting Services, Training, Workshops and Operating Costs under Parts 1.2, 2.2, 3 and 4 of the project	54,977,500	34,641,643	17,177,306	17,464,336
2) Capitation Payments under Part 1.1 of the project	25,838,895	0	0	0
3) Special Capitation Payments under Part 2.1 of the project	14,744,105			
4) Front End Fe	239,500	-	-	-
Total	95,800,000	34,641,643	17,177,306	17,464,336

Table 23- Financial Status TF 0A5424 (Amount in US$)

Category	Amount Allocated	Amount Committed	Amount Paid	Amount Committed Not Paid
1) Goods, Consulting Services, Non-Consulting Services, Training, Workshops and Operating Costs under Parts 1.2, 2.2, 3 and 4 of the project	13,950,000	8,752,623	4,340,050	4,412,574
2) Capitation Payments under Part 1.1 of the project	6,526,105	0	0	0
3) Special Capitation Payments under Part 2.1 of the project	3,723,895			
Total	24,200,000	8,752,623	4,340,050	4,412,574

4.3.2. Designated Account

At the Central Bank is held in the currency of $US. In 1997, the Lebanese pound was pegged to the dollar rate at the rate of 1,500 to 1 and the two were used interchangeably on that basis until October 2019. However, after the country slid into an economic crisis a year and a half ago, the currency lost its value steeply on the open market, losing 80 percent of its worth, even as the official rate stayed stuck at its 1997 peg. The expenditures that are being financed under the project are primarily in local currency, however the currency is not stable. Therefore, the MoPH must bear all the risks associated with foreign exchange fluctuations between the currency of the denomination of the Ministry's DA at BDL (in $US) and the currency of project expenditures (in LBP). The currency equivalent has been updated in the POM from 1,507 to 3,900 as of February 6, 2021.

The PMU is responsible for preparing **Interim Unaudited Financial Reports** to provide the Bank with the right information to track whether the funds disbursed to the project are being disbursed as planned. Thus, ensuring that the budgeted costs won't be exceeded. The Financial Officer to the PMU submitted to the bank the interim financial reports covering the period October 2020 – March 31, 2021: (i) IFR Q4, 2020 and (ii) IFR Q1, 2021. These financial reports entail:

1. Project Sources and Uses of Funds Statement which provides a mechanism for reporting the project's performance during the period;
2. Expenditures that covered the activities under each component;
3. Financial status by category classified into two financing loans IBRD and TF
4. Expenditures incurred in the PHCs and Hospitals
5. List of individual contracts stating the amount committed under each contract and the amount paid
6. DA reconciliation statement summarizing the movements in the Designated account
7. List of Fixed Assets containing the distribution of equipment purchased by the World Bank to public hospitals

4.4. Risks and challenges

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

4.4.1. Limited dedicated staff

The shortage in the number of staff dedicated to undertaking the FM activities within the MoPH and within the current PMU. To mitigate this risk, the MoPH is carrying out the implementation of the LHRP through a PMU that includes a Financial Officer. The FM performance is progressing positively throughout the project implementation; the PMU are planning to recruit additional FM staff with adequate experience to support the FO in handling FM arrangements and WB reporting requirements.

4.4.2. Limited internal controls:

The Ministry of Public Health (MoPH) has limited control functions; the internal controls are set according to the MoPH's internal bylaws. One of the challenges faced by the MoPH is the adverse effects that follow the MOF's decision to no longer accept the Direct Payment method of disbursement. The bank can no longer make payments directly to a third party for eligible expenditures. The project has been using the Segregated Designated Account at the Central Bank to execute payments to suppliers and consultants. The process is often hindered due to:

a) The existing withdraw ceiling imposed on the Designated Account by the Central Bank on the MoPH

b) The process time it takes the funds to reach the DA once a withdrawal application has been issued; The Court of Accounts (CoA) mandate is mainly consumed on ex-ante control: once the CoA approves the expenditures of the project, and with consultations with the Ministry of Finance (MoF), the funds undergo transfer from the treasury account of the MoF to the project DA. It averages around two (2) months for the funds to reach the DA; HE the Minister of Health sent an official letter to the CoA in November 2020, requesting the acceptance of Direct Payment method of disbursement. However, no positive action has been taken in this regard from the CoA.

Mitigation: The PMU have prepared a Financial Management chapter in the POM which depicts in detail the FM procedures and rules that govern the flow of funds and internal control procedures, as well as the specific responsibilities of each member of unit.

4.4.3. Lack of accounting system:

The MoPH does not possess an accounting information system to process accounting transactions. To mitigate this risk the LHRP is in the process of procuring an Accounting Software for the Ministry of Public Health Project (MOPH) with specifications acceptable to the Bank to record expanded daily transactions and produce the periodic financial reports, as well as appropriate FM manuals. The MoPH was in the process of considering implementing the same accounting software that had been in use on the EPHRP. The representative of the company that created the software for EPHRP "Everteam" had proposed that the old software be in use with minor changes to incorporate hospitals that are contracted with the MoPH to record the transactions of inpatient hospital claims uder component 2 and Covid-19 inpatient claims under component 4. However, the supplier submitted an unusually high quotation to the MoPH for the modules that he intends to deliver. In addition, the supplier refused to negotiate the prices. On that account, The MoPH is planning to launch an RFQ for the procurement of an accounting software where bidders would submit their proposals; the firm with the specifications that comply with the RFQ and with a fairly reasonable quotation will be awarded. The need for the accounting software is pertains to it being a tool that collects, analyzes, stores, and disseminates information that is useful for decision making.

It is also a tool to provide transparency and accountability of financial activities, provide timely reports, help detect errors and shortfalls during project implementation, indicate necessary corrections, and prepare and present progress reports to the MOPH and the World Bank.

The accounting software will have the following criteria:

a) Improving & strengthening financial controls and management of activities;
b) Accounting for funds in an accurate and timely manner;
c) Reporting on the project's expenditures;
d) Providing common processes for similar transactions which eliminates unnecessary duplication of transactions and saves time and efforts;
e) Incorporating adequate internal controls to ensure the reliability and consistency of data entry, transaction processing and reporting;
f) Facilitating timely & reliable financial reporting;
g) Creating adequate audit trails to allow auditors to gain audit assurance and have ready access to data to perform compliance and substantive testing.

4.4.4. Limited external audit function:

The Court of Accounts mandate is mainly consumed on ex-ante control. To mitigate this risk, the PMU will hire an External Financial auditor who will audit the Project's

Financial Statements. The audit will cover the WB financing to the MoPH and will be carried out in accordance with International Standards on Auditing. The audit TOR will be cleared by the WB and will cover, among other things, compliance with the FM chapter of the POM, the effectiveness of the internal controls system, and compliance with the Loan Agreement. The audit will be accompanied by a management letter that contains the external auditor's assessment of the internal controls, accounting system, and compliance with the financial covenants in the Loan Agreement. The audit report and audited PFSs, along with the management letter, will be submitted to the WB no later than six months after the end of each fiscal year. The external audit TOR was finalized and got the bank's no objection in October 2020. The first audit report that should be submitted by the Financial Auditor is expected to be end of June 2021.

TThe four periods that will be covered during the audit are as follows:

a) First period starting on January 1, 2020 and ending on December 31, 2020.
b) Second period starting on January 1, 2021 and ending on December 31, 2021.
c) Third period starting on January 1, 2022 and ending December 31, 2022.
d) Fourth period starting from January 1, 2023 till October 31, 2023.

The audit shall also include a separate opinion on the accuracy and reliability of the internal control procedures of the Statements of Expenditures (SOEs) submitted during the period under audit to support related withdrawals; a separate opinion reconciling opening and closing balances of the Designated Account (DA); In addition to a separate opinion stating whether the World Bank's Procurement Regulations and the Project's Loan agreement have been properly complied with .The auditor shall carry out such tests and controls of the underlying records as the auditor considers necessary under the circumstances.

5. Environmental and Social Monitoring Framework (ESMF)

5.1. Citizen engagement activities:

5.1.1. Overview

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

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

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

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

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

i. Ministerial entities: MoPH, MoSA, MoIM, MoI, MEHE, etc.
ii. Health and Medical professional groups including private physicians, healthcare syndicates, pharmacists, Kada Physicians, healthcare providers at the primary health care centers, etc.
iii. Media and social media professionals, advocates and influencers.
iv. Community leaders: Kaymakams, governors, municipalities, mayors, crisis cell teams.
v. Religious leaders and faith-based organizations.
vi. Community outreach groups such as youth groups and women groups.
vii. Security forces: Lebanese Army, Gendarmerie, Civil Defense.
viii. 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.

ix. RCCE TF and sub- groups: CE and AAA.
x. INGOs, NGOs and CBOs.
xi. Organizations working with people with disabilities, gender minorities, domestic workers and migrant workers.
xii. Academic institutions.
xiii. Private sector entities including representatives from the designated vaccine companies.

5.1.2. Communication Campaign

Since the outbreak of COVID-19 in Lebanon in February 2020, the MoPH have been conducting intensive communication campaigns. Moreover, the MoI (Ministry of Information) in collaboration with MoPH (Ministry of Public Health) and DRM (Disaster Risk Management) launched a website[3] to follow up the latest developments on COVID-19 in Lebanon.
The produced materials are made public on weekly basis, sometimes more often if needed (change in any recommendation or guidance, in case of holidays or major event). Social media plays a critical role in the dissemination process of the produced materials. Table 25 shows the different social media accounts on which the stakeholders post the flyers.

Below are some of the produced materials:

What is Corona Virus

To increase the awareness on the COVID-19, MoPH and WHO produced several leaflets discussing the causes of the virus, the symptoms caused by it, the ways in which the virus is spread, traveling tips and a hotline for inquiries (figure 17, 18).

Pregnancy

The LSOG (Lebanese Society of Obstetrics and Gynecology) in collaboration with MoPH, the Technical Taskforce of Corona in Pregnancy, LOM (Lebanese Order of Midwives), and UNFPA (United Nations Population Fund) conducted a communication campaign targeting pregnant women by explaining COVID-19 symptoms during pregnancy, health tips for pregnant women, nutrition during pregnancy as well as recommendations for breastfeeding during COVID-19 (figure 19 – 24).

Let's Stay Committed

In collaboration woth WHO, UNICEF, UNDP, LRC, DRM and MIM, the ministry of public health published a campaign titled: "Let's stay committed" in which it emphasized on the importance of committing to the prevention measures set by MOPH. Figure 25 is the flyer produced under this campaign.

Vaccine Registration

The MoPH in collaboration with MoI (Ministry of Information), DRM (Disaster Risk Management), WHO and UNICEF underwent a communication campaign that highlight the importance of vaccine in reducing the COVID-19 cases and mortality rates in Lebanon, as

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

well as occupancy rates in hospitals. The campaign also indicates that people needing help with registration can refer to municipalities (figures 26, 27, 28).

Holidays

In collaboration with MoI, UNICEF, WHO and DRM, MoPH acknowledged the importance of tackling the issue of social gathering especially during holidays. Having said that, several communication campaigns (figures 29, 30, 31, 32) were held during national holidays in which stakeholders focused on the importance of social distancing and maintaining risk measures for the following holidays:

- Christmas
- Ramadan
- Easter

Videos

In collaboration with the MoI, MEHE, DRM, WHO and UNICEF a series of videos were launched. The videos tackled the importance of vaccination, the registration method, raising awareness on the importance of taking precaution measures in avoiding COVID-19.
Videos produced are often shared with the Ministry of Information and the National News Agency, they are shown on national Lebanese news channels as follows:

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

5.2. Challenges:

5.2.1. Prioritization of Target Groups:

The NDVP (National Deployment and Vaccination Plan) strategy for Lebanon -in alignment with WHO SAGE (World Health Organization Strategic Advisory Group of Experts) guidelines- adopted a risk-and-age based approach to ensure fair, timely and efficient provision of immunizations services to all the eligible groups that are willing to receive the COVID-19 vaccine.
Priority groups were selected with the aim of protecting the health care system by protecting the front-line workers at first, and those who have essential roles to maintain the health-care system. This along with elderly, people with fragile health conditions, and patients with chronic co-morbid conditions were also given high priority (Table 26).
As per the updated ESMF report published in February 2021, vulnerable groups include but are not limited to the following:

- Elderly People.
- Disabled People.
- Refugees.

5.2.2. Modifications to the Priority Groups:

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

- Hemodialysis patients (all registered in Lebanon)
- Bone marrow transplant
- Multiple myeloma

- Solid organ transplant
- Active TB patients
- Primary pulmonary fibrosis patients who receive OFEV

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

5.2.3. Reaching out to Incarcerated Individuals:

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

5.2.4. Reaching out for the Elderly:

A significant challenge for the sub-committee was the development of an effective and efficient strategy that addresses the elderly people residing in nursing homes. Due to the mobility restrictions and the increased risk elderly people suffer from, the sub-committee decided to reach out for them in the tranquillity of their vicinity.
For that purpose, mobile, refrigerated, adequately staffed, and well-equipped units went in an organized fashion to vaccinate all those residing at these facilities. Nursing staff taking care of the elderly were vaccinated as well.
Elderly individuals acknowledged by the facility physician or administrator to be well oriented and can make their own intelligent decision will be vaccinated without consenting. Meanwhile, others who are mentally incapable of deciding, their families will consent for them. Vaccination is optional for all, and decision will be individualized.
So far, the mobile clinic has conducted 97 visits to 53 different nursing homes. The total number of vaccinated elderly people is 9895.

Moreover, to overcome the mobility issues of elderly people residing in their homes, MoPH coordinated with LRC (Lebanese Red Cross) to facilitate their transportation to the nearest vaccination center. So far, LRC transported around 2558 elderly people to vaccination centers.

5.2.5. Reaching out for People with Special Needs and Residing in Special Care Centers

Individuals with special needs and PwDs (People with Disabilities) residing in dedicated facilities were also targeted by the sub-committee's plan.
The same strategy adapted to target elderly people was adapted with individuals with special needs and PwDs where mobile, refrigerated, adequately staffed, and well-equipped units went to vaccinate all those residing at these facilities. Nursing staff taking care of those with special needs were vaccinated as well.
Individuals acknowledged by the facility physician or administrator to be well oriented and can make their own intelligent decision will be vaccinated without consenting. Meanwhile, those who are mentally incapable of deciding, their families will consent for them. Vaccination is optional for all, and the decision will be individualized.
The mobile clinic conducted six visits to three different centers. The total number of vaccinated PwD's is 199.

5.2.6. Reaching out for the Refugees:

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

Through its official bilateral agreement with Pfizer, MoPH have secured 600,000 doses for Syrian refugees. Moreover, several steps were taken to ensure that vaccination takes place in a non-discriminatory manner, thus, including vulnerable groups, especially refugees. This was clearly reflected by the number of Syrian and Palestinian refugees so far vaccinated, and the continuous efforts intended to supply additional vaccine for refugees. So far, the ministry has helped with the vaccination of 11,000 Palestinian refugees, this as well as 4715 Syrian who were also vaccinated. While 4882 persons from other nationalities were vaccinated.

5.2.7. Registering Elderly People

The vaccination process for elderly residing at inpatient care facilities willing to take the vaccine will follow the below process.

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

ii. **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.

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

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

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

So far, 29 calls were reported for registration. These calls were addressed, and a thorough procedure was followed by the operators and callers to solve the issue and ensure that the caller is adequately registered to the platform.

5.2.8. Functional Cold Storage, Logistics and Vaccine Management

Pfizer-BioNTech COVID-19 vaccine requires storage in ULT freezers. Since the arrival of the vaccine's shipment to the airport, Pfizer will be transporting the vaccines from the airport to the Ministry's central storage. The main storage facility of the vaccines will be RHUH (Rafic Hariri University Hospital) in Beirut.

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

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

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

5.3. Grievance Redress Mechanism:

5.3.1. Team

With the launching of the vaccination process, the establishment of a mechanism that helps in preventing social exclusion of marginalized stakeholders proved to be a necessity. For that aim, the Ministry decided to maintain a line of communication through the national hotline 1214.

While the vaccination process was launched on February 19, 2021, the 1214 hotline was put into action one week before on February 12, 2021. The team consisted of 24 operators and 4 supervisors operating in separate shifts (each shift has different operators) per day, all week long as per table 27.

The team in place answered and addressed 33,642 calls out of 85,165 calls as of March 18 ,2021 (accounting for 39.5% of the overall number of received call). This indicated an increased need for a national hotline that handles people's requests and follow up with their questions. Having that said, and in the aim of increasing the hotline's efficiency, the team had to be expanded.

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

5.3.2. Reporting System:

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

The hotline was receiving huge number of calls daily, this along with the questions that remained unanswered raised the issue of creating a system that documents the phone calls properly allowing for better follow-up. A total number of 85,165 calls were received in the period ranging from February 19, 2021, until March 19, 2021, out of which 33,642 were answered (around 40%). Upon expansion of the team, the percentage of calls answered

increased to reach 76% of the total received phone calls. This proves that the issue was not an issue of performance but an issue in understaffing. For these reasons, a software was specifically designed to collect and categorize the received phone calls. Further to the establishment of the system, the team was able to visualize the problems of the callers, and thus, to solve each problem with the assigned team.

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

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

5.4. Grievance Log:

The complaints received during the month of May 2021:

- 29 calls were reported for registration.
  The abovementioned calls were addressed, and a thorough procedure was followed by the operators and callers to solve the issue.
- 121 calls reported problems with access to registration link.
  The operators informed these cases that they should forward the message to other mobiles, or to try to connect to another internet connections.
- 59 calls reported an extensive time between the first and the second vaccine shot.
  The call centre would report the issue to the hospital to be managed effectively.
- 79 calls reported for non- receipt of certificate vaccination (for the out of platform vaccinations)
  These grievances are being handled on a case-by-case basis.
- 250 calls reported not being able to reach the vaccination centres.
  The Red cross stepped in to facilitate the transportation and mobility of these callers.
- 3219 cases to request to change the vaccination centre to another centre.
  These grievances are being handled on a case-by-case basis.
- 543 cases reported adverse effects after vaccination.

These cases are being reported to the MoPH (refer to Attachment 5 for the AEFIS (Adverse Events Following Immunization) report associated with the three types of vaccines administered in Lebanon during the period February-April).

- 276 cases to report on complaints on the vaccination centres.
  The call centre forwards the calls to the hospitals involved.
- 4945 calls were documented for the request to change the type of vaccines from AstraZeneca to Pfizer.