LHIF Lebanon Humanitarian INGO Forum

NGO COVID-19 Operational Snapshot 12 March 2020

منـــتدى المنظمـــات الانســـانية والتنموية غير الحكومية في لبنـان LHDF

Background- *As LHIF and LHDF we have over 7500 national staff running programmes across the country and maintain a network of hundreds of community-based volunteers who will be essential to national COVID-19 response and outreach efforts. This is in addition to NGO health actors who are supporting dozens of PHCs across the country and WASH actors who are maintaining essential service provision. Contingency planning for COVID-19 and mitigation measures at programme and operational levels are already underway and this update aims to provide an operational snapshot for NGOs (both local and international) in a rapidly changing context.*

Key messages

- COVID-19 stigma is already having a negative effect on the most vulnerable and increasing desire to keep a low profile and to not report suspected cases. This puts vulnerable individuals and their communities at risk.
- It is essential to combat fake news with trusted members of communities (including volunteers and NGO staff) relaying MoPH and WHO awareness messages.
- Movement challenges will restrict refugees from going to hospitals to seek testing and treatment.
- Critical to keep engagement and coordination with UN, NGOs, CBOs, religious leaders and municipalities.
- Slower or halted implementation will result in inability to meet existing targets under programmes with a focus on maintaining essential operations for vulnerable communities.
- Resilience of vulnerable groups to stockpile food and essential household items will be significantly strained due to the prevailing economic crisis in Lebanon.

Perspectives on National Level Response Planning- There is a worrying gap in sharing strategic guidance on how NGOs (health or non-health actors) can contribute to **preparedness and response in alignment with what is happening at a national level**. NGOs are keen to receive a National Response Plan and Business Continuity Plan (LCRP) for the next 3 months for COVID-19 which will provide a clear steer on scenarios for planning purposes. Right now we need practical guidance on what measures looks like in the specific contexts in which we work including overcrowded areas, ITS, camps and gatherings.

Operational risks/challenges- Coordination is essential so that the humanitarian sector does not spread panic unintendedly[1]. **Clear guidance on a sector-by-sector basis on what activities will run or not is essential in this regard.** For instance, what activities will continue in the case of all out nation-wide containment/quarantine scenario? Further, urgent communication with staff has been essential, particularly given the reputational and operational risks posed. Some further issues for immediate consideration are noted below:

- Staff have been asked to self-isolate and work from home should they show signs of illness, however, at a community level it is unclear what guidance should be provided to **programme participants who cannot self-isolate in ITS, camps and overcrowded areas[2]**. The current guidance to wait several days until seeking formal testing may also be problematic in such contexts.
- Many employees are already showing signs of high distress and burnout. This is negatively affecting the quality of services provided.
- With rapid GoL decisions on border movements this will have implications on which essential staff are able to travel into country and may have flow on implications **should surge support be required** to support response.
- Cash strapped **municipalities are increasingly requesting WASH support from NGOs**, including on de-sludging. In many respects we are unable to respond to requests from Lebanese communities due to the lack of funding and donor support.

[1] Messaging should be simple and consistent, with repetition through the same channels so people can trust at least one source.
[2] Noting that such guidance is currently under development. Developing SOPs for identification of cases and referral for field staff is an urgent requirement.

- On health, a number of actors have reported that refugees are feeling pressure from host communities and **health centres may present a flashpoint in inter-communal tensions**.
- On education some actors are **considering a shift to Education in Emergencies modalities** with incorporated public health awareness, parent engagement, child wellbeing and alternative learning modalities.

Specific Issues for further consideration – per sector

Health

- Containment phase relies solely on self-reporting to the National Call Centre, there is an assumption that approx. 330K individuals in over 6100 ITS nationwide are willing and able to call the Rafik Hariri Public Hospital and bring attention to their lack of legal status, fear of deportation and stigmatization. *Alternative monitoring and outreach activities are required in this regard. Alternative MoPH hotlines and referral pathways at a regional level will be essential.*
- In the containment phase, testing and hospitalization for severe cases is covered by GoL. Clarity is required on whether these services will be available to support refugees and other vulnerable groups in the event the virus spreads in ITSs, camps or other overcrowded impoverished areas in the event that GoL is forced into a mitigation phase. *Will PHCs be used for isolation and treatment of non-critical cases so as to mitigate self-isolation/overcrowding risks and preserve hospital capacity?*
- Clarity is required on the agreements reached between MoPH and private hospitals to ensure affordable and accessible testing. Further, costs for hospitalization at private hospitals will need to be clarified if part of a national response plan.
- Whereas urgent sterilizing operations are required *(particularly in our MH clinics and dispensaries where a high number of beneficiaries are being supported on a daily basis)*, we are facing challenges related to shortage of supplies and other financial constraints (i.e. unforeseen expenditure and inflation).

WASH

- Require clarity on the additional minimum requirements for water to combat COVID-19. Currently the WASH sector is ensuring a minimum of 35lpcd, which will not be enough for refugees to protect themselves from COVID-19 at ITS level[3]. Around 40% of the ITS rely on water trucking[4]. *Advocacy required to donors and the GoL in the short term to increase water trucking and in the longer-term (if required) network connections when possible.*
- Health front-liners can be potentially affected by the virus, leaving important gaps for health personnel in already stressed hospitals. The lack of schooling is adding an additional strain on families, also affecting hospital personnel. *Continuity of supply to PHCs for protective equipment must be assured with gaps to be notified to NGO health and WASH actors.*

Child protection/Protection

- Child protection risks of separation of children from caregivers and parents, with children working on the street facing heightened risks. Children may also live in underserved locations without the ability to be reached with awareness information, precaution measures and services.

- The elderly and persons with underlying health conditions are at higher risk, and therefore program adaption should be made. We may see reduced community support provided as contact is limited for many. *Practical guidance could be provided by the protection sector on how*

[3] The quantity of water distributed ranges between 26.5 L/cap/day in Arsal to 35 l/cap/day in other areas. In addition, it is important to ensure the availability of soaps at HH in ITS to ensure minimum hygiene measures.
[4] Most ITS of less than 4 tents receive few WASH services. It is essential for WASH actors to expand their services to cover the needs of people living in these settlements. Advocacy for additional resources is required. NGOs can will also assess their current capacity to respond to all needs.

programs can engage, noting practical challenges on case management when phone contact is not available.

Outlined below is a current operational snapshot of NGO activities, noting that the increasing trend is toward suspension of non-essential activities, with some orgs. adopting work from home modalities:

Suspended activities	○ Education and non-formal education, particularly for centre-based activities targeting children. **Noting that education actors have limited ability to provide remote education in this context without existing technology platforms.* ○ Some partners have unilaterally decided to shut all activities.
Maintained activities	○ Provision of healthcare activities in PHCs and SDCs including SGBV and Mental health support, in addition to support for some secondary healthcare. ○ Case management and legal consultations. ○ Community-based activities including health education and awareness sessions and hygiene product distribution[5]. **With reduced numbers per session and not held in a closed or confined space.* ○ Shelter and WASH infrastructure and rehabilitation work. *Noting some door to door assessments have been halted, KAP and HH surveys conducted via phone.* ○ Water-trucking and desludging services are ongoing. ○ Basic assistance and MPC where these do not involve gathering at distribution points. ○ Emergency response in ITS.
Mitigation measures	○ Some monitoring and assessment activities shifted to phone call instead of household visits. ○ COVID-19 Awareness and prevention guidance shared with staff and their families. ○ Strengthening IPC at work place, meetings venues and community centres. ○ Using individual sessions, or smaller groups for community activities. ○ Updating security guidelines, travel policies, HR policies to allow flexibility to work from home, guidance on home isolation for staff at risk. ○ In order to reduce the risk of burn out and exposure for employees, rotating shifts may be utilized.
COVID-19 related activities	○ Development of communication strategy based on community consultations, monitoring rumours and developing FAQs. ○ Cross-sectoral community engagement and risk communication activities based on IEC materials shared by the sector. ○ Staff attending COVID-19 briefings and trainings organized for non-health actors and partners. ○ Procuring IPAC supplies to support numerous PHCs and support in preparedness activities. ○ Providing necessary training for screening, triage and referrals of suspected cases at PHC level. ○ Training frontline health and WASH staff on awareness raising and health messaging on COVID-19 Coordinated training for PHCCs with MoPH. ○ Purchasing and distribution of soap and sanitizers in communities and schools.
Challenges	○ General fear and panic across communities which is difficult to manage. ○ Staff and partners reluctant to continue activities with keen attention paid to comparative NGO practices. ○ Increased mental health needs among staff and community.

[5] To be coordinated with Lebanon Red Cross who are running extensive awareness sessions.

	○ Lack of a comprehensive and user-friendly daily update that would include info about the situation of COVID-19 Lebanon in addition to related GoL decisions and specific sector guidance. ○ Syrian refugees concern around discrimination, stigma, risk of detention and deportation in addition to transportation cost should they need to seek healthcare. ○ Self-imposed movement restrictions in Syrian refugee communities. ○ Some ad-hoc restrictive measures applied by municipalities. ○ Activities running with low number of beneficiaries. ○ GoL institutions such as water establishments in some areas have been closed for days, affecting some WASH activities.