LEBANON
Response Plan

LRP Partners Update Meeting

August 9, 2024

Agenda

1. Update on Escalation of Hostilities in South Lebanon

- Feedback from Government-led Meeting on Humanitarian Preparedness Review
- Health Presentation from Ministry of Public Health
- Ongoing Response & Access Situation

2. Nationwide Preparedness and Sub-National Actions

- Presentation on the Preparedness Exercise
- Summary of Context from the Sub-National Level

3. Q&A by Partners

4. AoB

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Update on Escalation of Hostilities in South Lebanon

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Feedback from Government-led Meeting on Humanitarian Preparedness Review

Cynthia Bakkalian, Project Analyst (UNDP - Disaster Risk Management Unit)

Feedback from Gov-led Meeting on Humanitarian Preparedness Review

DRM UNIT

Meeting Overview

Objective:

- To discuss preparedness and response measures undertaken in response to the conflict in the South of Lebanon.

Attendees:

- Representatives of the National DRM Committee (Public administrations and ministries).
- Governors of South Lebanon and Nabatieh.
- Representatives of UN agencies and sector leads.
- Private sector.
- Donor agencies and embassies.

Agenda:

- Opening remarks.
- Presentation by OCHA on the humanitarian response in South Lebanon, preparedness priorities as well as gaps, challenges, and next steps.
- Discussion of preparedness and contingency measures for four main sectors: Shelter, Food security, Health and Fuel.
- Next steps.

Feedback from Gov-led Meeting on Humanitarian Preparedness Review

DRM UNIT

Meeting Highlights: Shelter

- The shelter sector has identified and assessed approximately 16 sites. Attendees agreed that this number is insufficient and should be increased.
- The Ministry of Education and Higher Education (MEHE) has approved a list of nine additional schools in the past week.
- MEHE is currently preparing a memo outlining the mechanism for designating a school as a shelter.
- Efforts are underway to develop a site identification, verification, and referral protocol, along with a site management guidance document.

Internally Displaced Persons (IDPs) in Lebanon

Type of Displacement
All

Collective Shelters
All

Total displaced persons

81.7k

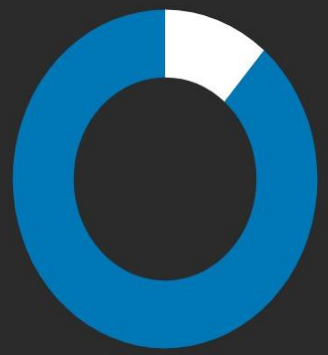
Total displaced families

21.5k

Demographic Highlights: Sex

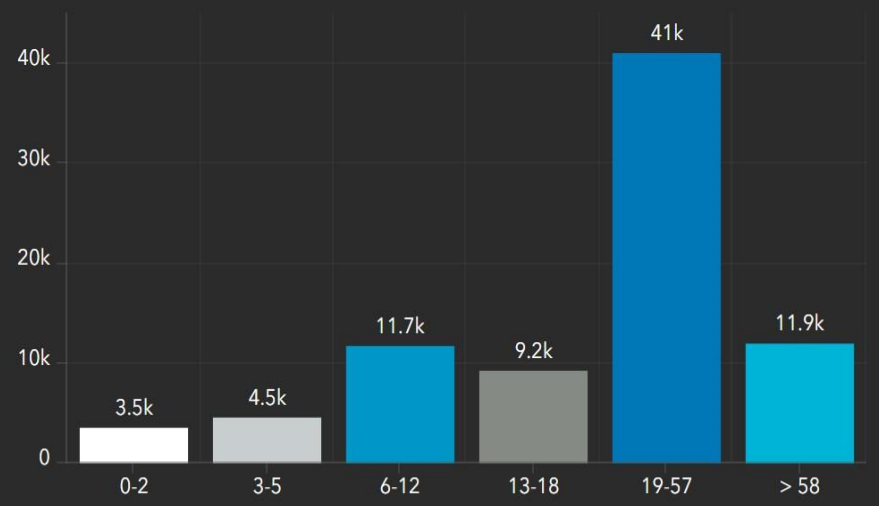
Male 47.4% Female 52.6%

Demographic Highlights: Chronic

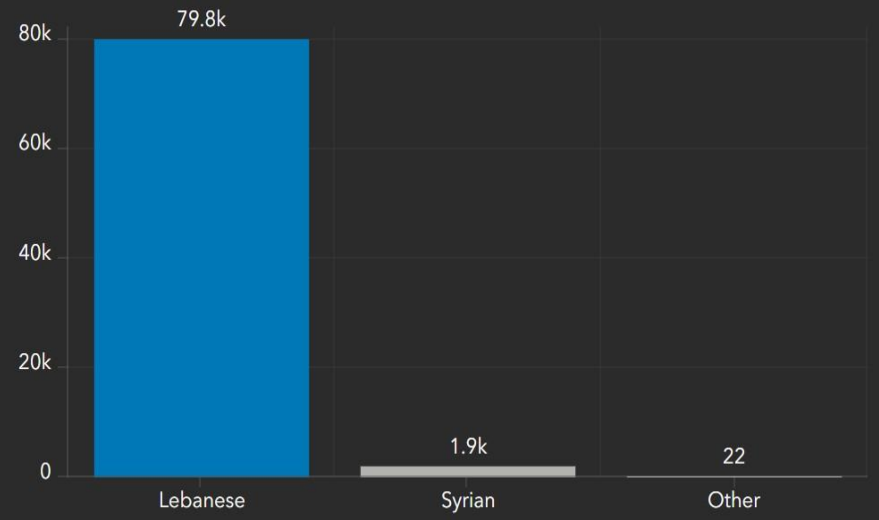


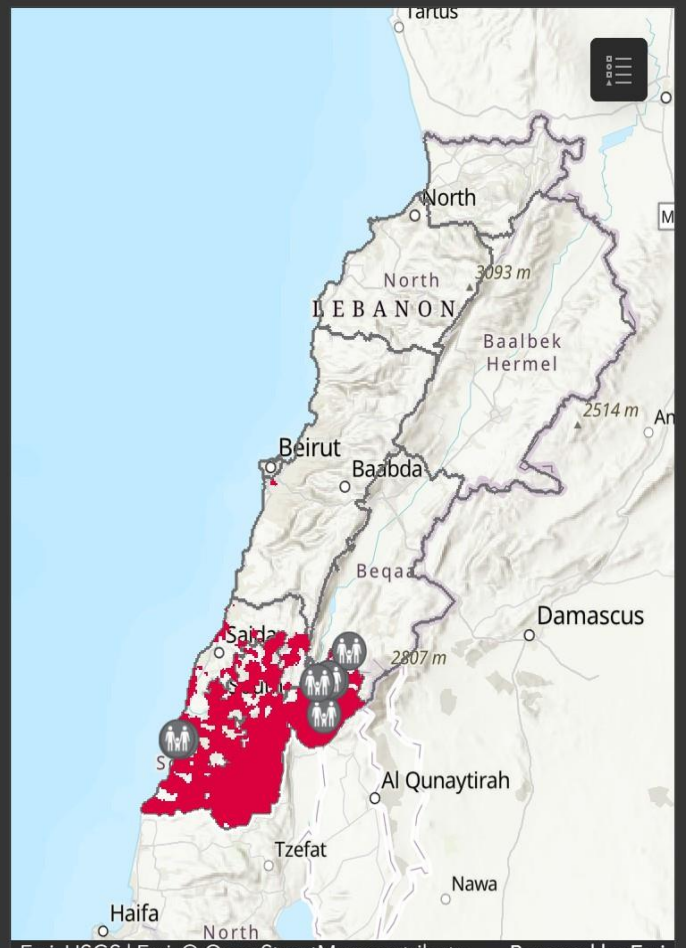
Yes 11.3% No 88.7%

Demographic Highlights: Age



Demographic Highlights: Nationality





Map Legend:

Shelters

Displaced from

Displaced to

Feedback from Gov-led Meeting on Humanitarian Preparedness Review

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Meeting Highlights: Health

- Hospital staff have been trained in mass casualty incidents and mental health, with drills conducted with the facilities.
- The Ministry of Public Health (MOPH) has received trauma kits from various responding agencies.
- A command-and-control center has been established at the ministry, incorporating key EMS providers such as the Lebanese Red Cross, Civil Defense, Al Risala Scout, and Hayaa Al Sohiyee.
- Essential health services continue at both primary and secondary care levels.
- A total of 10 decentralized Pressure Swing Absorption (PSA) gas oxygen plants have been installed by WHO and UNICEF, along with one liquid oxygen plant in Beirut.
- The Nabatieh governorate has emphasized the need for mobile hospitals to serve residents in hard-to- reach areas.

Feedback from Gov-led Meeting on Humanitarian Preparedness Review

DRM UNIT

Meeting Highlights: Food Security

- According to the Syndicate of Importers of Foodstuffs in Lebanon, country wide food reserve is sufficient for a period of three months.
- Moreover, according to the Syndicate of Supermarkets, the storage capacity of supermarkets is two weeks.
- In the event of escalation, the ideal response would involve securing meals and providing cas assistance to those affected.
- While food availability is not a major concern, ensuring food accessibility during wartime is crucial by guaranteeing "safe access" for delivery trucks to conflict areas.

Feedback from Gov-led Meeting on Humanitarian Preparedness Review

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Meeting Highlights: Fuel

- The supply chain must remain uninterrupted, as vessels are arriving in Lebanon, primarily in Beirut, to discharge.
- According to the Association of Petroleum Importing Companies, the current fuel reserves can sustain normal demand and consumption for up to two months.
- It is essential for the government to secure and decentralize stock sites, reserved exclusively for emergencies.
- In the event of war, and there a state of emergency, fuel will be allocated solely for critical services such as hospitals, bakeries, water facilities, and ambulance services.
- The World Food Programme (WFP) is actively exploring options to secure emergency fuel supplies in Lebanon.

Feedback from Gov-led Meeting on Humanitarian Preparedness Review

DRM UNIT

Next Steps

- Create a list of critical sites and services to share with the Association of Petroleum Importing Companies.
- Prepare and finalize a list of potential shelters across various regions, not limited to schools.
- Establish three technical working groups to discuss the following sectors: Shelter, Fuel, and Food Security.
- Share information on these needs in South Lebanon with donor agencies to seek funding.

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Health Presentation

Hicham Fawaz, Chief of Hospitals & Dispensaries, PHEOC Logistics Officer (Ministry of Public Health)

Public Health Emergency Operation Centre (PHEOC)

Risk Response Team

World Health Organization

REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

Prepared by:

Hicham Ismail Fawaz

- Chief of Hospitals & Dispensaries Department
- PHEOC Logistics Officer

Public Health Emergency Operation Centre

PHEOC in Lebanon

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Objective

Coordination of information and resources to support **incident management activities**

Services

Provides the basis for the **command, control, and coordination requirements** of responding to emergencies that involves health consequences and public health threats

Public Health Emergency Operation Centre

Security Threats at Lebanon's Southern National Borders

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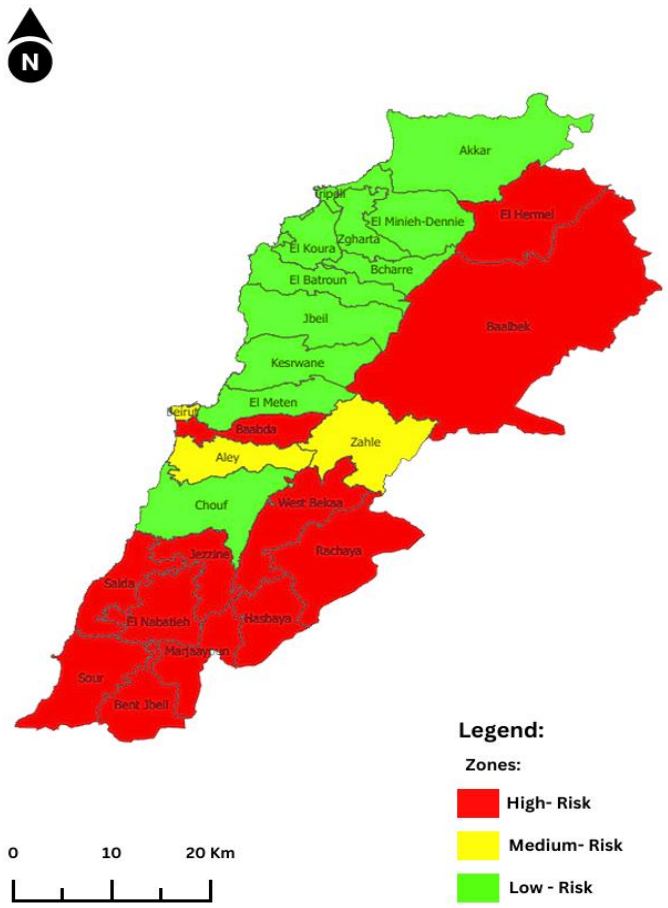
MINISTRY OF PUBLIC HEALTH

Initiated in 2022 as part of National Health Streategy with WHO support and **activated on 9 October 2023** in response to escalating security threats at Lebanon's southern national borders



Public Health Emergency Operation Centre

PHEOC has Two Main Objectives for the Current Incident Action Plan

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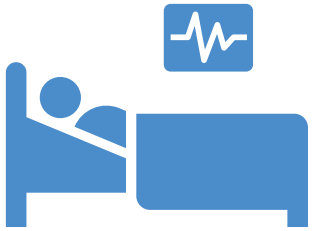
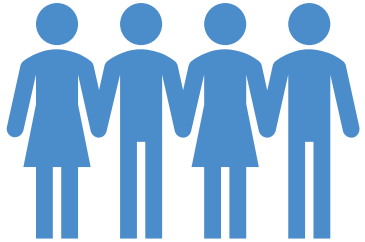


Management of injuries and saving lives



Provision of health needs and services to the displaced

Public Health Emergency Operation Centre

Incident Response

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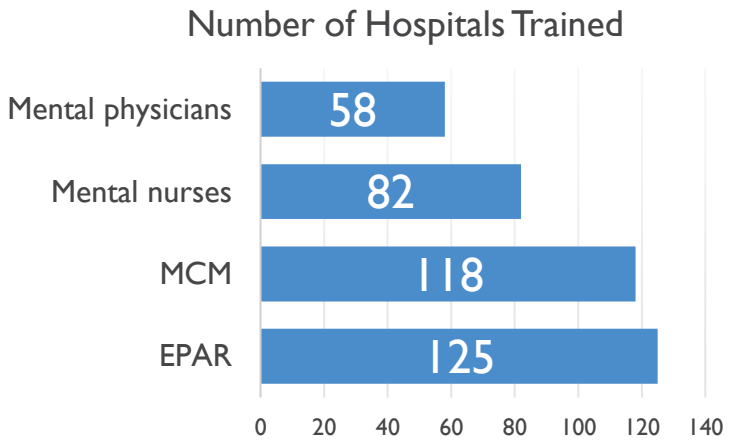
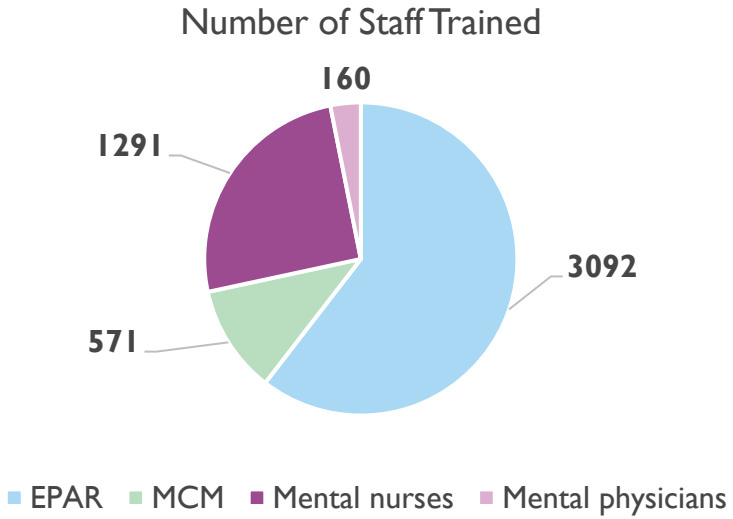
MINISTRY OF PUBLIC HEALTH

Addressing, Handling, and Providing Care for Casualties

- Preparedness of Health care facility
- Capacity Building
  - Module 1: Emergency Preparedness & Response
    - **125 hospitals covered , 3092 staff trained**
  - Module 2: MCM
    - **118 hospitals , 571 staff**
  - Module 3: mental health
    - **Physicians: 58 hospitals , 160 physician**
    - **Nurses: 108 hospitals , 1725 staff**
  - Emergency Disaster Management Drill
    - **112 hospitals**





Public Health Emergency Operation Centre

Incident Response (cont.)

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- Training for EMS:
  - Firefighting Medical Team
  - Lebanese Red Cross
- Coordination of Health Care Facilities: Meeting with Hospitals' CEO
- Meeting with hospital's Focal Points

Public Health Emergency Operation Centre

Logistics: Trauma and Emergency Surgery Kit

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Phase 1:

- 20 Kits – **WHO**
- More than 50 Tones of medications and medical supplies from **MOPH warehouses.**
- 65 Tones of Medications and medical supplies – **UNICEF**
- 6 Kits **- IOM**
- 5 Kits **– UNFPA**
- 3 Kits **– MSF**
- 3 Kits **- ICRC**
- **Various kind of support provided by WHO, UNICEF, IOM, Anera, MedGlobal, ICRC.**

Phase 2:

- 27 Kits (32 Tones) **- WHO**

More than 60 Hospitals and 4 EMS NGOs were provided by more than 130 tones of medical supplies, medications, surgical equipment on different batches.

2

Management of Injuries and Saving Lives (Command and Control Center)

Public Health Emergency Operation Centre

PHEOC's Command and Control Center (CCC)

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Main Tasks

1. Real-Time Data Management
2. Transfer Coordination
3. Decision Support
4. Communication and Collaboration
5. Communicating with Hospitals

3

PHCCs' Provision of Health Needs and Services to The Displaced

Public Health Emergency Operation Centre

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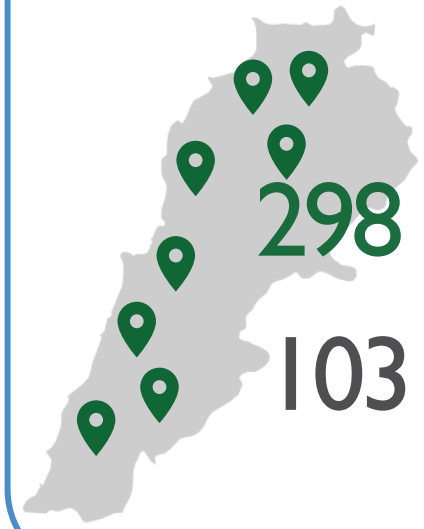
Lebanon's Primary Healthcare Network includes 298 Centers, each Providing 6 Programs and 6 Services

PHCC Locations



298 PHCCs across **all governorates**

103 supported through **LPSP**[2]

PHCC Programs[1]

- Expanded Program on Immunization
- Essential Medications
- Screening and treatment of Acute Malnutrition
- Mental Health
- Sexual and Reproductive Health
- Early Screening & Management of NCDs

PHCC Services[1]

- General/ Family medicine
- Pediatrics
- Reproductive health
- Dental services
- Cardiology
- Endocrinology

Serving over 1.5M beneficiaries per year

Several ongoing projects including immunization, early childhood development, and nutrition in partnership with UNICEF

[1] Data managed and monitored on MoPH's PHENICS system
[2] Long term Primary Healthcare Subsidization Protocol

Public Health Emergency Operation Centre

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MINISTRY OF PUBLIC HEALTH

The PHC Department has set a Preparedness and Response Plan to Combat any Health Crisis Arising as a Result of the Armed Conflict

PHCC Crisis Preparedness

Set criteria to **categorize PHCCs** into **low**, **medium** and **high risk** groups[1]

Prepared a **PHCC triage system** with partners to help PHCC **navigate through emergencies**

Preparing for an **emergency response training** (Ongoing)

Infrastructure Backup

Installed **solar fridges for vaccines** at all PHCCs and some dispensaries in partnership with UNICEF

Installed solar systems for 165 PHCCs in partnership with UNICEF

Identified **back up distribution centers in safe areas**

Set-up **MERA as an alternative to** and **in-sync with PHENICS** in case of internet time-out (Ongoing)

Management of The Displaced

Monitoring **displacement trends**, **healthcare needs**, and **consumption** of medical services for those displaced

Set a process for the smooth **chronic patient transfer between PHCCs on PHENICS** in case of displacement

More than 25 Mobile Clinics are serving the Displaced people supported by UNICEF.

Coordinating with all active **satellite PHCCs** to provide service for the displaced

Supplies Backup

Identified warehouses' stock and **identified needs** based on forecasted consumption for the **upcoming nine months**

[1] The categorization will help identify the appropriate actions to ensure the continuity of supplies and services

Details

Public Health Emergency Operation Centre

Dashboard Layout – 1787 Displaced Calls

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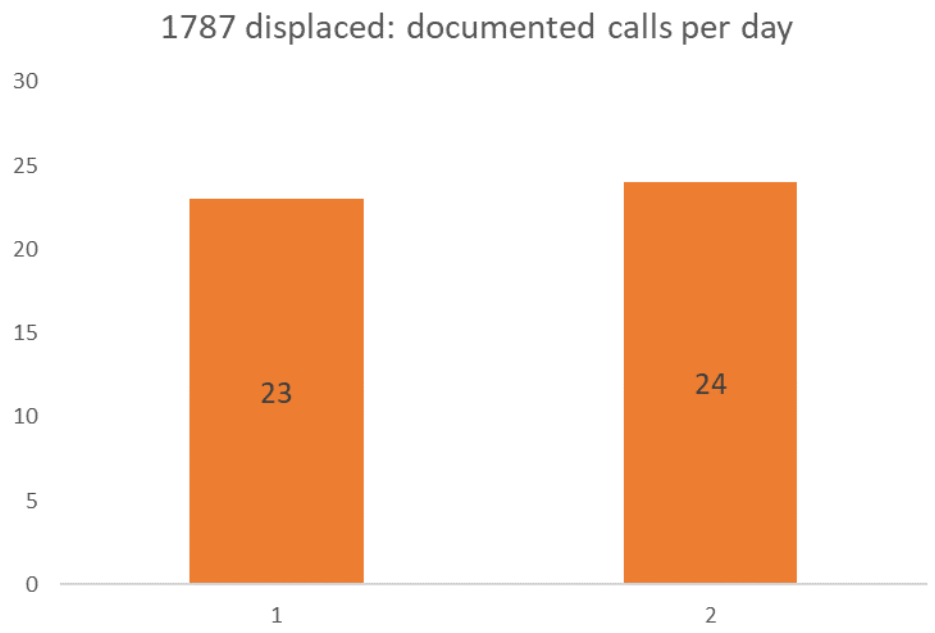

Public Health Emergency Operation Centre

DHIS2 Dashboards are Almost all Ready

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Casualties cases – Patient based	Data gathered from hospitals
Casualties cases – Bed availability	Real data
EMS – Patient based	Real data
EMS – Capacity	Real data
Facility assessment	Real data
Supply for hospital trauma kits	Training done on 20 October 2023
Supply for PHC essential drugs	Training done on 20 October 2023
Supply for PHC chronic diseases drugs	Training done on 20 October 2023
Supply for EMS	Pending training
Call center	Done since the week of 23 October 2023

Details

4

Challenges

Public Health Emergency Operation Centre

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PHCCs and Hospitals Face Two Main Challenges when Aiding the Country in a War Situation

	Management of injuries and saving lives	PHC: Provision of Health Needs and Services to The Displaced
Availability of human resources	!	!
Shortages in emergency supplies & Medications	!	!
Fuel	!	!
Oxygen	!	!
Access	!	
Safety Measures for the HCW	!	
Financial coverage of displaced healthcare needs		!

Thank you

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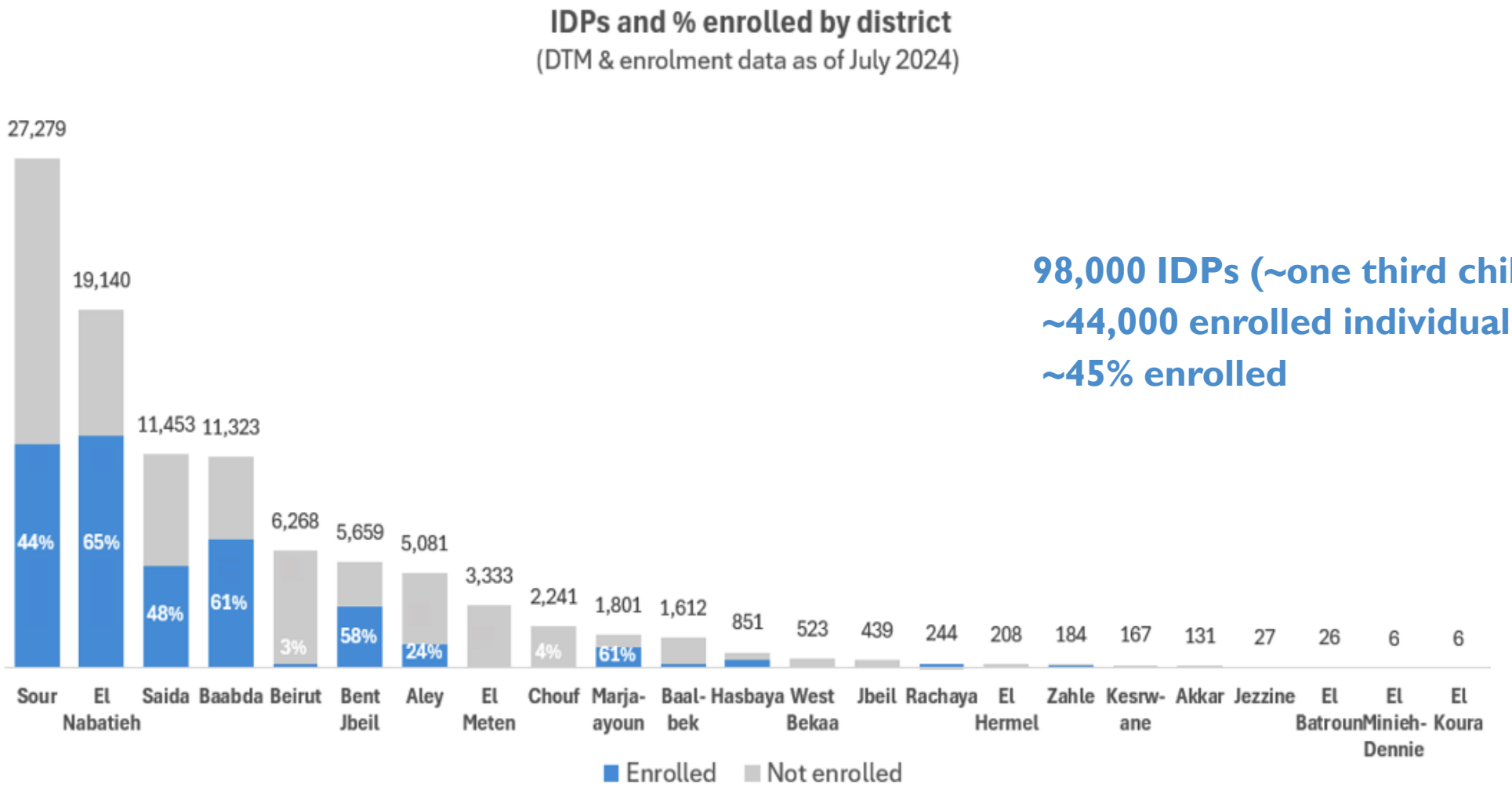
Access Situation & Ongoing Response

Khouloud Mahdi & Fadel Saleh, Humanitarian Affairs Officers (OCHA)

Ongoing Response

IDPs and Percentage Enrolled by District



98,000 IDPs (~one third children)
~44,000 enrolled individuals
~45% enrolled

Ongoing Response

Displacement Profile from the Enrollment System - Intersectoral Enrollment Analysis

% of Households with:

Children (0-17 years)	a member with chronic illness	Pregnant and/or lactating women	a person with disability	Children not attending school	Crowding index >3	Sharing a toilet	Health insurance
74%	**52%**	**9%**	**18%**	**23%**	**47%**	**56%**	**18%**

Ongoing Response

Pressing Needs of People Affected by the Conflict

The **specific needs** of the most vulnerable groups such as FHH, children and PWSN is increasing.

Protection and site coordination: Lack of privacy in the collective shelter, increasing the protection concerns and hindering willingness of women to share their concerns freely.

Securing safe **shelters** remains a big challenge for the displaced people in collective shelters (those willing to move out of the collective shelters) and hosted by families.

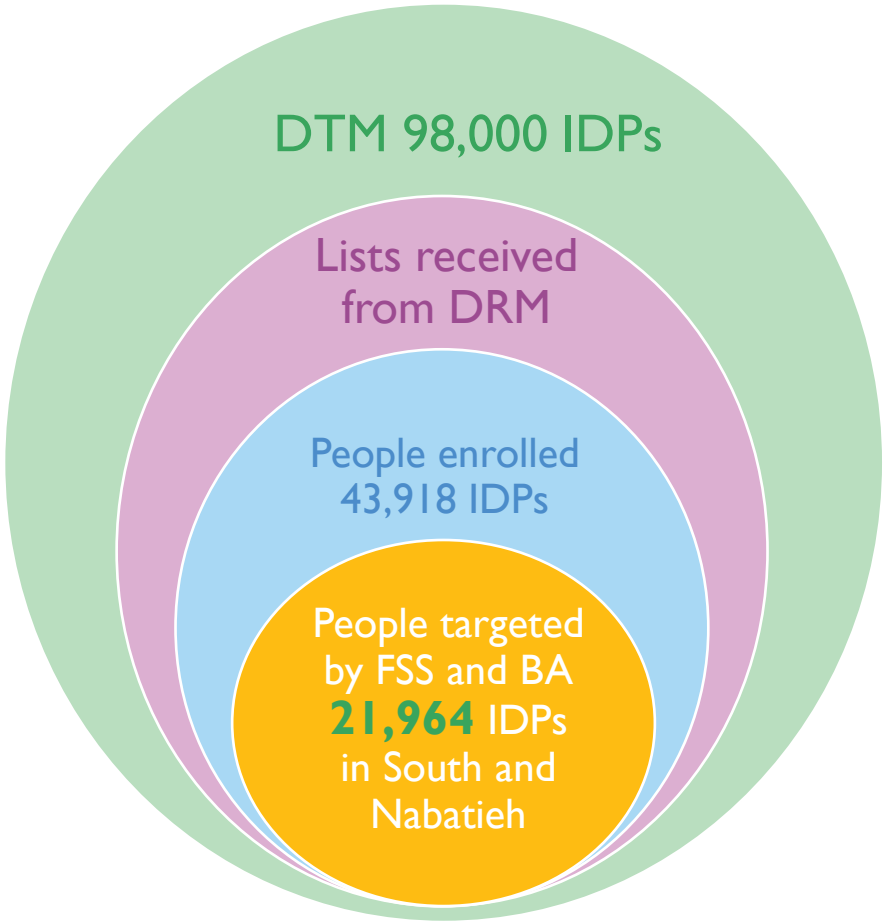
Competition for jobs
Risk of intra-Lebanese **tension**.

Needs in **collective shelters** are continuous, and emerging services are additionally identified (maintenance in shelters, operational cost, etc.).

Ongoing Response

Review of Capacities and Gaps in Response – All Governorates

ALL GOVERNORATES



- Half of people estimated displaced by DTM is enrolled
- Half of enrolled displaced people will be targeted in the upcoming period.

Asks

- Expand enrollment in border areas and in other governorates receiving displacement.
- Additional funding for the most vulnerable people – at least those enrolled.
- Review of PiN and target at intersectoral and sectoral level for the period between August and December to inform the gaps analysis.

Review of Sector Capacity - South Response up to Dec 2024

Sector	Response Activity	Specific Response	Geographical Areas				Capacity	Timeframe	Operational Partners	Coordination	Gaps/Challenges	Preparedness Action Required
		Modality	Governorate	District or cadaster	Caseload (HH)	Population	Confirmed / In Pipeline		Who are the partners that you will work with to undertake the activity?	Identify operational cross-cutting issues and opportunities to align with other Sectors.	identify existing gaps and challenges	What needs to be done over the next three months to implement the response activity ?
BA	Provision of Multipurpose Cash assistance for the most vulnerable families affected by the South Escalation	Cash distribution for displaced people in urban areas	Nabatieh	Nabatieh	3100	Leb	Confirmed	one round of distribution up to July 2024	Save the Children	Alignment of cash interventiosn with FSS activities mainly standardizing the vulnerability criteria and alignemnet of response targeting building on the operational capacity of partners to do FSS/BA interventions when possible. Identify the possibility to use enrollment system in border areas.	Alignement of all partners' interventions with sector guidance.	Clear communication with respective DRM/DRR including caseload, targeted geographical areas and resources available.
			South	Tyre	2180	Leb	Pipeline	one round distribution from July to Sept 2024	Save the Children			
			South	Tyre	1500	Leb and Pal	Pipeline	one round distribution Timeframe is not defined.	Anera			
			South	Saida	216	Syr Ref	Pipeline	6 round of distribution f from July to Dec 2024	ACF			
			TBC	TBC	1000		Pipeline	TBC	IOM			
			TBC	TBC	1000		Pipeline					

Ongoing Asks

South and Nabatieh ISCG

1. Finalize the **review of capacity** to be shared with partners and local authorities.
2. Update the **gaps in the response**.
3. Develop the **preparedness plan** in South and Nabatieh for a full-scale war, and **Business Continuity Plan**.
4. Inform DRM/DRR about the **targeted methodology** of BA/FSS sectors.
5. Inform **PiN/ Target/ Funding requirements** exercise led at national level.

Humanitarian Access & Operations

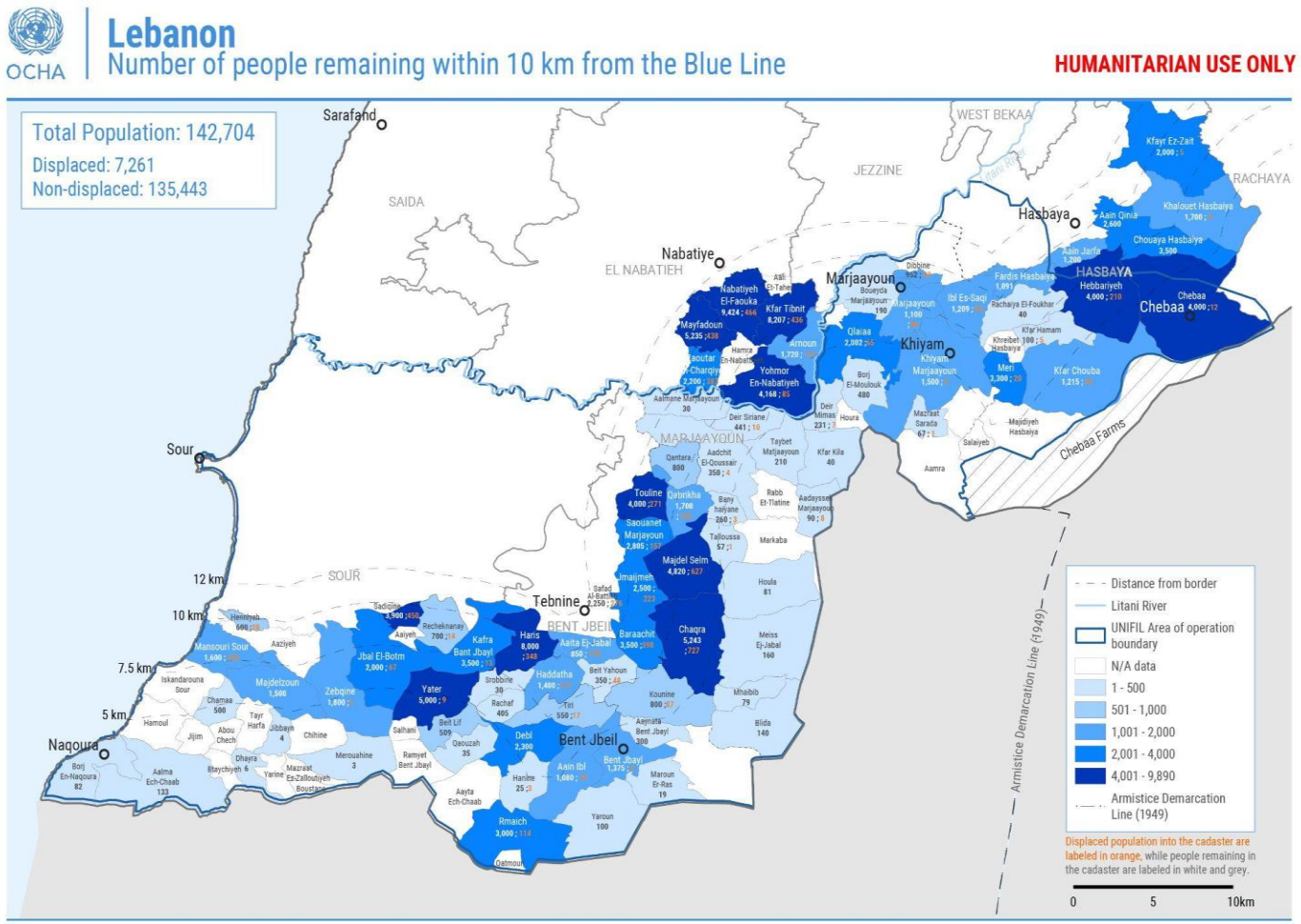
12 km Frontline Area

Displacement Statistics:

- Israeli attacks concentrated within 10-12 km from the border.
- 98% of IDPs from the four southernmost districts:
  - **Bint Jbeil:** 71,447 (73% of total)
  - **Marjaayoun:** 12,302 (13%)
  - **Sour:** 10,963 (11%)
  - **Hasbaya:** 2,134 (2%)

Current Status:

- At least 142,704 individuals remain within 10 km of the Blue Line.
- Many are in need of humanitarian assistance.
- Access is possible but very restricted.



Humanitarian Access & Operations

12 km Frontline Area

Safety Concerns:

- Self-imposed restrictions due to staff safety.
- Staff apprehensive and reluctant to work.

Supply Chain Disruptions:

- Conflict has disrupted humanitarian supply chains.
- Suppliers occasionally refuse to deliver to certain areas.

Limited Assessments:

- Difficulty in conducting comprehensive assessments.
- Reliance on limited information from local authorities and communities.

Humanitarian Needs & Assistance:

Understanding Needs:

- Limited assessment-based understanding of needs.
- Difficult to align aid delivery with actual needs.

Volume of Aid:

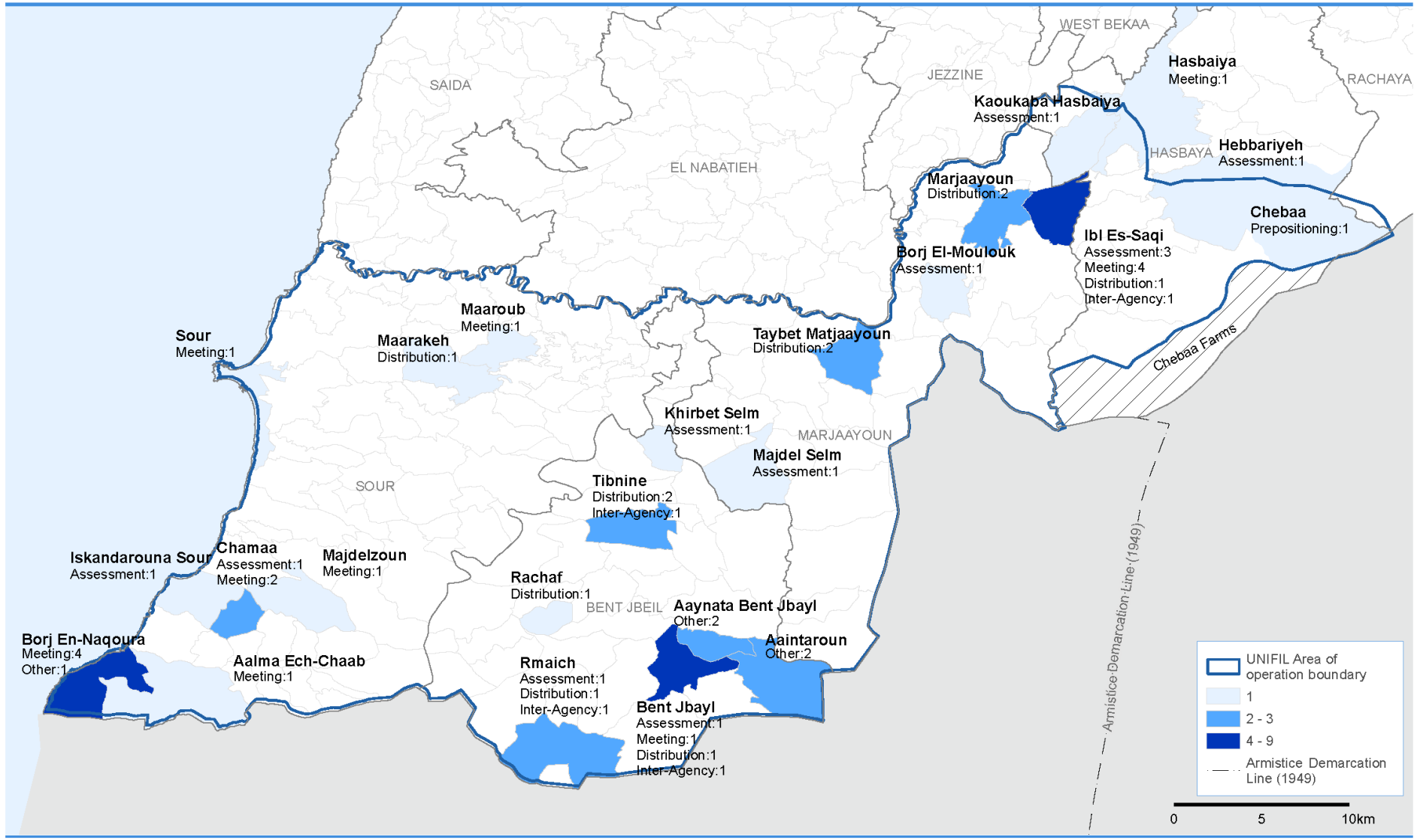
- Aid dispensed is below pre-conflict levels.
- Growing needs not being adequately met.

Anecdotal Reports:

- Fear affecting access to assistance.
- Granular understanding of these concerns is lacking.

Lebanon

Number of cadasters visited as of 15 July 2024



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 17 Jul 2024 **Feedback:** ochalebanon@un.org www.unocha.org www.reliefweb.int

Humanitarian Access & Operations

Beyond 12 km Frontline Area

Identified Constraints:

- Restrictions on door-to-door visits and phone calls.
- Discrimination towards refugees.

Operational Adjustments:

- Resumption of household visits in select areas.
- Use of trusted contacts for phone communications.

Remaining Challenges:

- Inability to conduct comprehensive assessments.
- Exclusion of refugees from beneficiary lists.

Discrimination & Operational Challenges:

Refugee Exclusion:

- Denial of refuge and discriminatory measures.
- Exclusion from beneficiary lists provided by local authorities.

Operational Impact:

- Reliance on local authority lists.
- Difficulty in conducting independent assessments.
- Compromised ability to deliver a comprehensive response.

Humanitarian Access & Operations

Humanitarian Notification System (HNS): Phased Approach in NLR

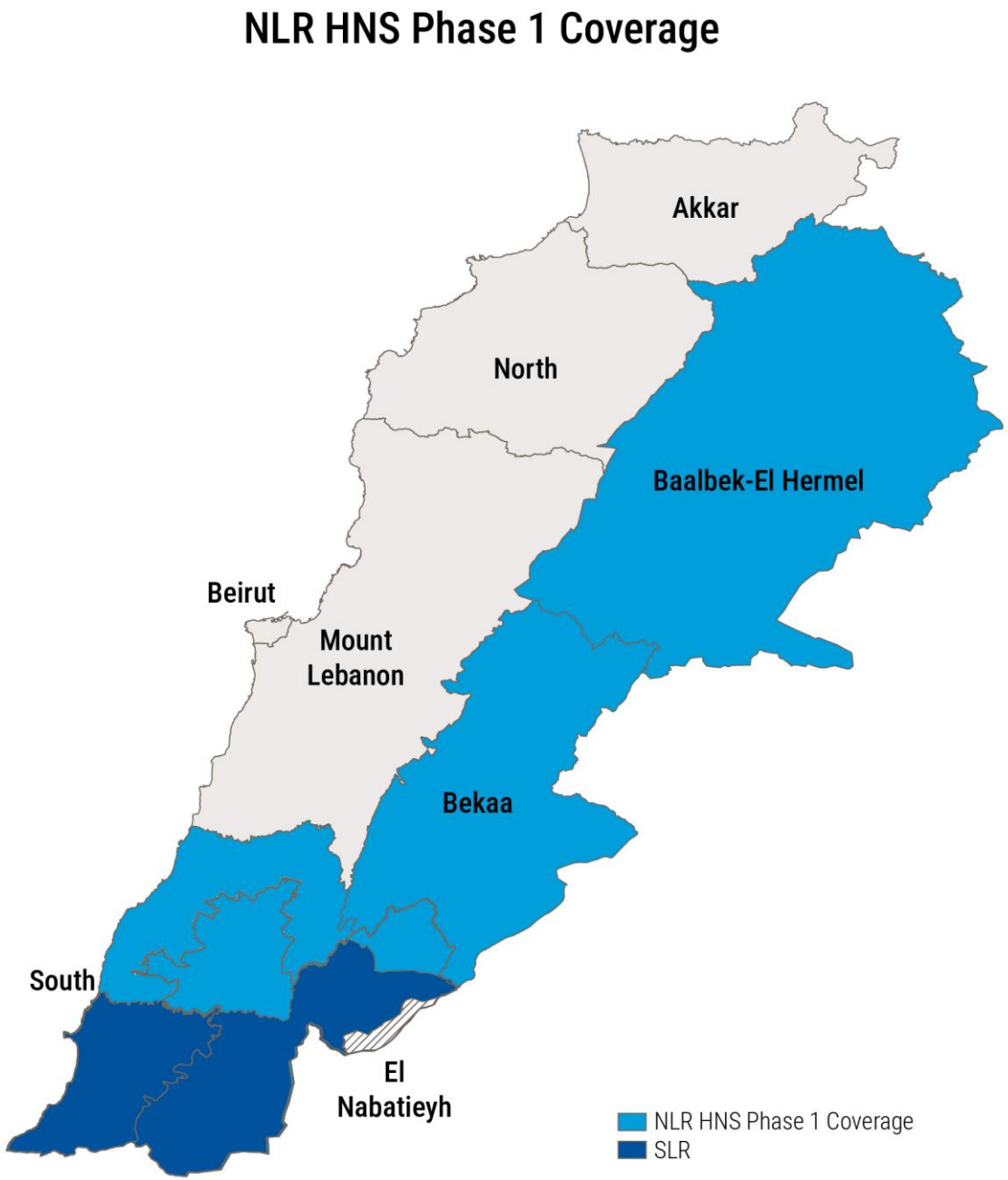
Due to the developing context where hostilities are increasing in specific areas of Lebanon where there is a high number of humanitarian organizations operating, the Lebanon HNS will be established in a phased manner, as follows:

Phase 1: Focus in the short and immediate term on notifying static humanitarian sites across the entire governorates of South Lebanon, Nabatiyeh (outside SLR), Bekaa, and the Baalbek-Hermel region.

Phase 2: The second phase would establish a mechanism to notify humanitarian movements into high-risk areas on a case-by-case basis (if the current tempo of the conflict persists).

Phase 3: The final phase would then expand into the notification of static humanitarian sites in governorates at less risk due to the lack of conflict activity/airstrikes mainly over the past months which include Beirut, Mount Lebanon, the North, and Akkar.

Scope of HNS: Phased Approach in NLR



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Nation Wide Preparedness and Sub-National Actions

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Preparedness Exercise

Jolly Shah, Head of Coordination (OCHA)

National and Sub-National Actions

*HCT National Contingency Plan – Two Agreed Conflict Scenarios**

** not to be confused with the current most likely scenario LRP figure of 140,000 displaced people used for PiN/target estimation*

01 Uncontrolled Conflict

Worst Case Scenario

1 M Internally Displaced

250 K

- Trigger 1: IDP
- Trigger 2: Mass Civilian Casualties (50+)
- Trigger 3: Declaration of a national state of emergency

3 Months
Duration

307 M
Requirements

02 Controlled Conflict

Most Likely Scenario

250 K Internally Displaced (from urban & rural areas)

150 K

- Trigger 1: IDP
- Trigger 2: Miliary targeting reach urban areas (x1 and +)

3 Months
Duration

146 M
Requirements

National and Sub-National Actions

Sub-National Preparedness Plan

3. Sub-National Preparedness Plan

1. 2 August- South and Nabatieh
2. 6 August- Bekaa and Baalbeck
3. 13 August- North and Akkar
4. 20 August –Beirut and Mount Lebanon

ISCG to support the development of a preparedness plan at the sub-national level for the uncontrolled conflict scenario. These efforts are being combined with a review by sub-national ISCGs and key partners of business continuity planning in the event of a continued 'controlled conflict scenario' while the national-level HCT Contingency Plan developed earlier this year has already included the uncontrolled conflict scenario. Additionally, the Business Continuity Plan (BCP) will be updated at the national level based on input from the sub-national level.

National and Sub-National Actions

Contingency Preparedness

Three important workstreams in progress:

1. **Contingency Preparedness** HC-led review of current response and preparedness priorities with humanitarian partners and donors to take place on Tuesday or Wednesday.

National sectors tasked to share topline priorities and prepositioning needs to respond to the 'uncontrolled conflict scenario' (250,000-1,000,000 displaced to all governorates) for the initial 2-4 weeks after massive displacement begins.
Topline information with Item/Activity, Quantity, Duration, Financial, and any other requirement.

Highlights of crucial issues in anticipation of an escalation as raised by the Government:	
MoE	MoH
1. Shelter and site management 2. Food 3. Fuel stocks and pipelines.	1. Procurement and (decentralized) prepositioning of medication for acute and chronic diseases, Trauma kits and emergency health kits 2. Activate Command Control Centre (CCC) at RHUH to ensure patient coordination among four major ambulance services 3. Sustain the surveillance and response capacity to diseases with outbreak potential 4. Continue the Public health emergency operation center (PHEOC) communication channels to provide information and awareness to affected populations and partners

National and Sub-National Actions

LRP Annex

2. Update the LRP Annex with current scenario (140,000 displaced + 149,162 remaining in 10km border)

1. **Overall PiN:** Update the number of people within the 10 km border zone using available data.
2. **Sectoral PiN:** Provide sector-specific PiN figures, when possible, if sectoral assessments are available.
3. **Sector Targets:** Review sector targets.
4. **Sector Priorities:** Highlight 3-4 critical interventions currently being implemented or urgently needed but unfunded, as reported in ActivityInfo.
5. **Funding Requirements:** Adjust funding needs based on updated targets and priorities, indicating received funds and highlighting any funding gaps.

Revised figures being finalized now ahead of the next HCT where it will be presented.

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Summary of Context from the Sub-National Level

Ania Zolkiewska *(Head of Suboffice, Tyre, OCHA)*

Summary of Context from the Sub-National Level

Guiding Questions

1. What would be the humanitarian consequences in case of further escalation?
2. What are the key priority actions for preparedness?
3. What are your messages for the partners?

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Q&A by Partners

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Thank You