



LCRP BUSINESS CONTINUITY PLAN FOR COVID-19

I. BACKGROUND

The LCRP Business Continuity Plan for COVID-19 reviews ongoing impact on LCRP operations and outlines risks and critical interventions needed to ensure life-saving access to services and protection for the most vulnerable displaced persons from Syria and vulnerable Lebanese during COVID-19 situation. It aims to safeguard LCRP's critical operations, follows a risk mitigation approach and is an operational document that will be updated regularly to reflect the changing context.

Two possible scenarios have been used as a point of reference, recognizing the current impact and that measures are already being undertaken by partners:

- **Outbreak Containment:** Lebanon is currently in the containment phase. The cases confirmed to date have been imported by exposure from a country with local transmission or through contact with infected positive cases. LCRP will **maintain the operations of essential activities** by adapting modalities where required to avoid disruption. All critical activities are listed in the *Business Continuity – Critical Activities* matrix below.
- **Community Transmission:** When positive cases become untraceable (not epidemiologically linked to travel or to a positive case), the country will start to experience community transmission and will therefore move from containment to mitigation phase. LCRP will **maintain the operations of critical activities at a minimum level** through further adaptation.

II. CURRENT IMPACT ON OPERATING ENVIRONMENT

[Updated 12 March 2020]. To date, the COVID-19 is impacting LCRP operations mainly through:

- Official suspension of education activities (Education sector)
- Suspension of school meals programme (Food Security and Agriculture sector)
- Partial closing of non-formal education (NFE) activities under the Education (based on a sector recommendation to partners)
- Decisions made at the public institutions' level i.e. some Water Establishments closed for two days starting on Thursday 11 March
- Partial closing of child protection activities
- Sporadic suspension of NFE (Livelihoods sector)
- Some partners have decided to shut all activities
- Decisions made at the municipal level are impacting some operations, including the implementation of Community Support Programs (CSPs)



- Refugees are isolating themselves due to fear of becoming ill, being exposed to harassment and violence in the community
- Some prevention activities related to SGBV have been cancelled
- Disruption in the frequency of solid waste collection
- Reported increased tensions and stigma

To date, **most suspended activities are those engaging children and elderly.**

LCRP partners are in the midst of adapting programmes and **taking preventative measures.**¹ Partners are experiencing an **increase in operational constraints:**

- 1) Insufficient capacity/ability to respond (staff not able and/or willing to come to work; travel constraints; personal/family constraints; high levels of stress; unwillingness to go to the field; loss of productivity).
- 2) Partners not able to meet targets and issues related to flexible funding.
- 3) Evidence-based planning/decision-making/response is hindered due to lack of timely access to data and monitoring.
- 4) Impact of external decisions on closures of public administration, Government institutions, private companies as well as programme implementation and planning.
- 5) Technical assistance missions from headquarters suspended or working from home modalities in HQ impact procurement for country offices.

III. IDENTIFIED KEY IMPACT & RISKS

Closure of Formal and Non-Formal Education	Protection gaps for children at risk will increase, and identification of children at risk will decrease. Adapting to alternative homeschooling arrangements will be challenging without support. Completion of school year will be difficult and learning outcomes will be negatively affected. Many children will not come back once schools resume. Increased food insecurity for children without school feeding. Increased risk of working children.
Tensions rising due to unfolding situation	Increased tensions between host communities/refugees and intra-Lebanese. Tension landscape on social media is being impacted. Increased stigmatization of refugees in ISs and other shelter units. Potential internal movements of refugees and evictions if COVID-19 cases are identified amongst them. Risk of deterioration on intra-Lebanese relationships with accusations towards political authorities for not stopping flights from affected countries with clear political connotations. Misinformation leads to stigma towards communities and nationalities. General fear and panic across communities. Health centers may present a flashpoint in inter-communal tensions.

¹ Preventative internal measures & issuing operational guidelines for meetings, travel, workspace hygiene; limiting gatherings (events/meetings of more than 30-50 people); stopping center-based activities; enforcing distance among beneficiaries during distributions; increasing cleaning and hygiene measures, finding alternative spaces; conducting health training and awareness sessions for health and non-health actors, staff; and distributing soap and sanitizers. Some partners have also stopped door-to-door activities, including assessments and data collection, and shifting to phone calls instead in some cases. Most partners are also taking preventative measures such as sharing guidance with staff and family members; allowing flexibility to work from home; guidance on home isolation for staff; and putting in place protocols, contingency and communication plans in case staff are affected;



Decreased access to PHC and secondary health care	Interruption of primary health care services will have health consequences. This particularly applies to vaccination, where the disruption of the Expanded Programme on Immunization will increase the risks of outbreaks and vaccine preventable diseases. Limited absorption capacity/staff as a result of economic situation/additional pressure on the system. Inability to pay patient share. High cost associated with providing additional health support for refugees if not covered by MoPH. Restriction of movement will decrease access to services. Threat of limited supplies of personal protection equipment. Individuals in ITS may be unwilling to seek health care due to their lack of legal status, fear of deportation and stigmatization.
Decreased support for at-risk and extremely vulnerable populations	Loss of income opportunities and business closures. Decrease in employability support and vocational training. Reduced access to WFP stores in case of limited mobility. Decrease in identification and referral. Increased negative coping mechanisms. Increased risk for already vulnerable children, PwSN, particularly elderly persons. Decrease in community-led initiatives. Beneficiaries do not want to access activities.
Limited basic service provision	Restriction of movement, public administration and municipal measures will decrease access to services. Disruption of municipal services will lead to decreased access to essential services, water trucking, wastewater and solid waste management.
Deteriorating economic situation	The economic and financial crisis which is further impairing the capacities of already vulnerable Lebanese and refugees to subsist. Increase in prices and of debt, loss of inability to access livelihood opportunities, risk of eviction as a result of their inability to pay rent, and refugees fear arrest or deportation. Resilience of vulnerable groups to stockpile food and essential household items will be significantly strained. Further economic downturn could lead to an increase in security incidents. Disruption in government services, supply chains, and banking under worst case scenario.

IV. CONTAINMENT PHASE - ESSENTIAL INTERVENTIONS

This section outlines essential services that are ongoing and need to be maintained:

1. ENSURE ACCESS TO SERVICES FOR VULNERABLE POPULATIONS

- **Health** (emergency cash, acute and chronic medication, vaccinations, subsidized medical consultations & laboratory consultations, support for PHCs with equipment, supplies and staff support, financial support to life-saving hospital care, health screening at the border, testing and hospitalization for suspected cases)
- **Education** (flexible education programmes, prepare formal and NFE for reopening, distribution of communication material, alternative measures for school feeding, start working with MEHE on lesson plans in case schools do not reopen, and ensuring that refugee children will be able to access them, prioritize Grades 9 and 12)
- **Wastewater & Solid Waste** (water & wastewater services in ISs, hygiene awareness, urgent rehabilitation of facilities, support to municipalities on SW, awareness raising around the hazard of random disposal and burning of SW)

2. MAINTAIN SOCIO-ECONOMIC CAPACITIES

- **Cash assistance** (distribution of card and cash assistance to the most vulnerable)
- **Food assistance** (in-kind food distribution, ensure access to WFP stores)



- **Livelihoods** (flexible vocational/skills trainings and continue conditional cash transfers in employability activities to refugees and vulnerable Lebanese although activities have been suspended, continue essential financial services)

3. REDUCE RISKS TO INDIVIDUALS & FAMILIES

- **Individual interventions for prioritized cases** (incl. support for those at risks of deportation, RSD, RST, UNHCR documentation, protection counselling)
- **Prevention/Response to GBV** (clinical management of rape and case management, identification and referrals)
- **Services to PwSN** (case management, protection cash, identification and referrals, maintain critical contacts through regular phone calls for isolated persons)
- **Service for children at risk** (specialized services and case management, identification and referrals)
- **Legal residency & civil documentation** (legal counselling and legal assistance by phone)
- **MHPSS** (increase support to address growing anxiety and deterioration of mental health)
- **Detention** (remote monitoring and provision of material assistance)
- **Border monitoring**
- **Protection monitoring** (remotely, through community-based volunteers)
- **Shelter** (shelter rehabilitation, Core Relief Items and Shelter Kit distribution)
- **Assessments** (continuation of an adapted VASyR/Varon with no training)
- **Emergency Response** (Rapid Needs Assessment and response conducted)

4. COMMUNITY SUPPORT

- **Dissemination of specific messages** (groups more vulnerable to COVID-19, including elderly, persons with disabilities and pre-existing medical condition)
- **More balanced media/social media** (media monitoring, draft and disseminate key messages)
- **Monitor and mitigate tensions** (using existing tension task force mechanisms)
- **Actively communicate to and engage community members through risk communication** (harmonize messages, work with existing coordination mechanism to build trust and disseminate targeted messaging in order to prevent false information and political instrumentalization)
- **Disseminate information on services**

Adaptive modalities are being applied in line with existing guidelines, available capacities and regional contexts. It is strongly recommended that partners maintain full contact with extremely vulnerable persons by phone/skype/WhatsApp/Social media and in person when required. Limit use of community outreach workers to only urgent messages required by the community and referrals. Continue to find alternative methods of delivering hygiene promotion and materials. Maintain essential distributions (i.e. cards) but limit size of groups and ensure preventative health measures are put in place.



V. COMMUNITY TRANSMISSION PHASE – CRITICAL INTERVENTIONS

Most of the above-mentioned activities (from the containment phase) will be maintained with further adaptative modalities that ensures no face to face contact. Card distribution (limited to emergency cash); Shelter rehabilitation; Refugee Status Determination, Resettlement; In-Kind food distribution; and Flexible vocational and skills trainings, will be suspended.

IV. KEY MESSAGES/ASKS

- Comprehensive **strategic guidance on how partners (health or non-health actors) can feed into the national preparedness and response** is requested.
- **Alternative community monitoring and outreach activities are required** to address health issues. This includes reinforced capacities of the health sector and other key sectors to support and advise field level engagement. Existing community outreach personnel should be better leveraged upon and alternative MoPH hotlines and referral pathways at a regional level will be essential.
- Health front-liners can potentially be at higher risk of being affected by the virus, leaving important gaps for health personnel in already stressed hospitals. **Continuity of supply to PHCs and partners for protective equipment must be assured** with gaps to be highlighted by partners.
- **Support to ensure that additional minimum requirements for water to prevent and respond to combat COVID-19 are in place.** 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 level³. Around 40% of the ITs rely on water trucking⁴. Increase in short-term water trucking will be needed and in the longer-term (if required) network connections when possible.
- Sterilizing areas of operations are required (for example at reception centers, clinics and dispensaries where a high number of beneficiaries are being supported on a daily basis). **Mitigation measures are needed to address shortage of supplies** and other financial constraints related to awareness and prevention measures.
- **Municipalities are increasingly requesting WASH support**, including on de-sludging. Additional funding is required to ensure that partners are able to respond to these requests.
- Additional support to national actors and community based organizations is needed – there are gaps in capacities and information flow towards these stakeholders.
- Cash transfer to refugees and vulnerable Lebanese should continue and be increased, considering the economic situation. Additional funding is needed to cover costs for testing and patient fees.
- Considering the heightened tensions risks and its impact on communal relations, **ensure that all interventions consider conflict sensitivity & do no harm.**
- Non-health partners must continue to be trained and supported.



- Considering the rapidly changing situation, there is a need to constantly review operational modalities. Donors should be requested to consider additional and flexible funding.

V. LCRP SUPPORT TO THE NATIONAL RESPONSE PLAN

The inter-sector at the national level will be responsible for updating the business continuity plan based on input from the inter-sector/sectors in the field. Sectors at national level will provide support and guidance to field level sectors. The inter-sector at field level, with support of field level sectors, will lead on adapting programming to ensure continuity of critical activities as well as 3Ws (*Who, What, Where*) mapping is up to date. Any gaps that cannot be covered at the field level will be communicated to the inter-sector. Guidance for how regular communication and coordination can be maintained throughout the COVID-19 response is explained in section VII of this document. The link to the Disaster Risk Management Unit (DRM) will be maintained at the regional and national level. At the national level, the Health sector coordinator is the emergency focal point of the inter-agency in the DRM. At the regional level, the inter-agency is represented in the DRM through the UNDP Area Managers. The inter-sector participates in the National Task Force, regular engagement in Risk communication & community engagement and other Pillars as required. This helps to ensure linkages and complementarity between response and ongoing LCRP operations.

VI. GUIDANCE ON ORGANIZATION OF MEETINGS UNDER THE LCRP COORDINATION MECHANISM

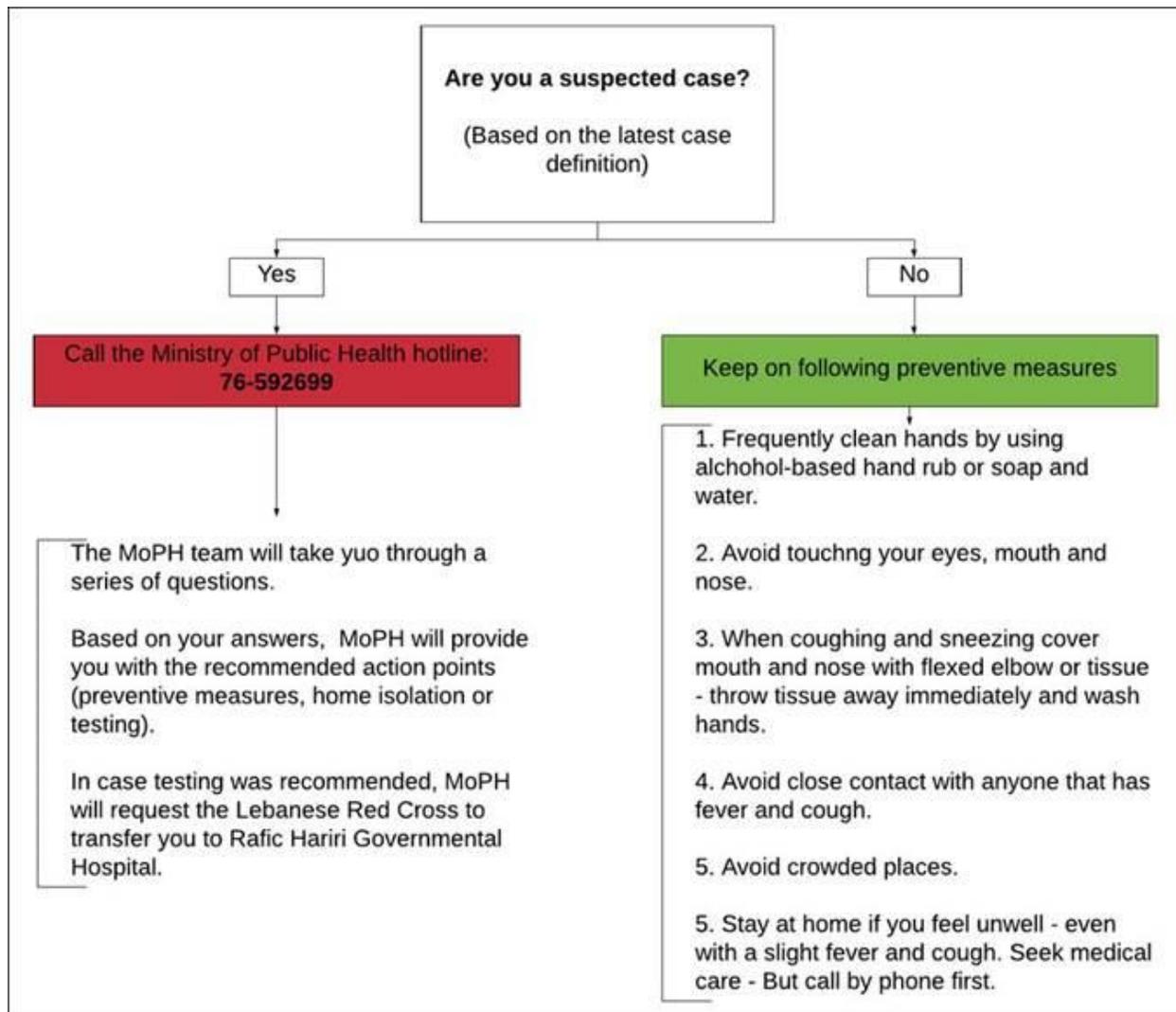
In response to the decision announced by the Prime Minister on 11 March 2020, specifically with regards to limiting meetings of all types, the Inter-Sector has done a criticality assessment of the LCRP coordination meeting structure as follows²:

Meeting	Criticality	Action /Mitigation measure
Inter-Agency	Medium	Suspended until further notice – communication through email
Inter-Sector	High	Continues through online platform (Webex; Skype)
Working Group	Medium	Continues through online platform (Webex; Skype)
Core Group	High	Continue with strong encouragement to utilize online option
Ad-hoc (retreat, workshops etc)	Low	Suspended until further notice

² This guidance is applicable to both National and Field level

ANNEX 1: COVID-19 GUIDANCE: How to Refer Suspected Cases?

While the main guidance on how to refer a suspected case is to call the **MoPH call center 76-592699** which will advise accordingly, please find below a guidance on patient management in containment phase. This guidance will help frontline workers to understand the procedure of patient management at different levels. Kindly click the hyperlink for *the case definition* for COVID19 [Suspected Cases](#)*



For partners that might be receiving symptomatic cases in their centers / premises, please do isolate the case in a separated room and follow the above-mentioned procedure.

Avoid close contact with the case, avoid touching your eyes, nose or mouth, sanitize your hands and the surfaces accordingly.