Emergency Preparedness Plan for Harm Reduction CSOs in Lebanon







In July 2021, a situation assessment of needs was carried out to explore the impact of the COVID-19 on the lives of PLHIV and PWUD, their ability to access essential harm reduction services, and the harms inflicted on harm reduction services in Lebanon.

The overarching goal of this study was to highlight the mitigation strategies that were adopted by harm reduction Civil Society Organizations (CSOs) in response to the COVID-19 pandemic to be able to develop an emergency preparedness plan by building on their previous response to the pandemic.

Harm reduction CSOs' resilience in the context of the pandemic was used as a window of an opportunity to further enhance their preparedness and response strategy by addressing the challenges and gaps that they have encountered in taking timely actions during the Covid-19 public health crisis.

The proposed Emergency Preparedness Plan (EPP) presented in this document was developed and validated in collaboration with harm reduction CSOs that have participated in this study.

#### What is the purpose of this plan?

The Emergency Preparedness (EPP) is designed to guide the preparedness and the initial response of harm reduction CSOs in Lebanon to ensure their readiness and timely response in emergency situations.

#### Who is this plan for?

The proposed EPP can benefit all stakeholders that are directly involved in the development, design and implementation of harm reduction services in Lebanon, including Ministry of Public Health (MOPH), national disease control programs (NAP, NMHP), other line ministries (social affairs, education, legal, Interior), harm reduction CSOs, national and international NGOs, UN agencies and international donors' agencies.

#### What is the scope of the plan?

According to WHO (2017), Emergency preparedness is defined as "the knowledge and capacities and organizational systems developed by governments, response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, emerging, or current emergencies". Accordingly, the proposed EPP scope is limited to the pre-emergency actions to be adopted by harm reduction CSOs and other stakeholders in preparation for the initial response to mitigate the impacts of adverse emergency situations. Thus, the proposed plan doesn't cover/ include the actions needed for the comprehensive response and the recovery phase of the emergency planning cycle.

### **Guiding Principles**

- Emergency preparedness is a dynamic process that requires continuous monitoring, and assessment based on well-established indicators to be able to assess areas for improvement, and revisit priorities
- EPP activities should build on existing initiatives and response strategies and should aim at reducing duplication / replacing existing successful interventions.
- Collaboration, coordination, and mobilization of resources are the key elements for effective emergency preparedness and response plans

#### How has the plan been developed?

The development of the proposed plan builds on the outcomes of the assessment study that was conducted in Lebanon during the month of July 2021 to examine the impact of the COVID 19 pandemic on the lives of PLHIV and PWUD and the repercussions of the pandemic on the availability and supply of harm reduction services in the country.

The study findings revealed insights on the response strategy that was adopted by harm reduction CSOs in the context of the COVID -19 pandemic, and the challenges and gaps that have hindered their response to the crisis.

Building on these experiences, the proposed EPP aims at addressing the main gaps in the core elements of emergency preparedness that were identified by WHO (2017) strategic framework for emergency preparedness. This framework identifies three core preparedness elements that can enhance health systems/ organizations emergency response, including governance, capacities, and resources.

#### **Proposed Emergency Preparedness Plan**

The plan below (Matrix 1) elaborates recommended actions to enhance CSOs preparedness and initial response across three domains of work. This helps address the gaps and challenges that were identified by harm reduction CSOs based on their previous response during the COVID-19 pandemic.

What follows are the three domains of work that need to be developed to strengthen harm reduction CSOs' resilience to emergency situations:

- 1. Improve Governance: Improve governance to ensure multisectoral response, collaboration and coordination between existing national and local stakeholders working with PLHIV and PWUD; increase the awareness of decision makers on the needs of KPs; ensure that ongoing national policies and plans do not exclude KPs needs; incorporate harm reduction response into the overall national emergency response plans, and ensure that KPs needs are given adequate consideration.
- 2. Strengthening Harm Reduction CSOs Capacities: Enhance harm reduction CSOs operational capacities to ensure safety of KPs and their access to essential services. The findings of the study underscored the significance of several capacities, such as risk assessment, use of technology, reaching KPs at where they are, risk communication and community mobilization, and having standard operational procedures (SOPs) on the effectiveness of CSOs response to the COVID-19 pandemic
- 3. Ensure the sustainability and availability of harm reduction CSOs resources: Establish new systems to ensure the sustainability and availability of adequate resources, including financial, human, and essential medicines and commodities for KPs in times of crisis.



## Domain 1: Improve Governance

Goals	Strategic Objectives	Recommended Actions	
Ensure that existing national emergency policies and plans do not exclude KPs needs	KPs needs and rights are considered and prioritized in the national emergency response plan	<ul> <li>Conduct unified assessment for KPs needs in collaboration with all harm reduction service providers</li> <li>Carry out unified mapping of obstacles that hinders KPs access to harm reduction services</li> <li>Advocate for modification of existing government policies and legislations based on assessment and analysis of needs and risks</li> <li>Integrate harm reduction in existing health coordination systems</li> </ul>	<ul> <li>Map out the weaknesses in the government emergency response plan and its impact on the health of PLHIV/PWUD</li> <li>Increase the awareness of decision -makers on the needs of KPs and the policies that proved to be harmful to KPs/ harm reduction CSOs in times of the pandemic.</li> <li>Lead and advocate for actions that reduce stigma and discrimination against PLHIV and PWUD</li> </ul>
Harm reduction multisectoral EPRP is integrated within the government emergency national plan	Establish national multisectoral mechanisms for coordinated decision-making	<ul> <li>Map out existing harm reduction service providers</li> <li>Develop a list of key stakeholders</li> <li>Define and map the mandate and strengths of each stakeholder to identify each organization's areas of strengths, so that each can lead in its area of expertise</li> <li>Engage key players to ensure their participation and contribution in the development of harm reduction EPP</li> <li>Integrate the harm reduction EPP with the government emergency national plan</li> </ul>	<ul> <li>Advocate for setting up a governance structure that can develop, lead, and implement a multisectoral emergency preparedness and response plan for harm reduction services</li> <li>Work with authorities to identify the focal point to lead the coordination and collaboration among key stakeholders</li> <li>Establish digital platforms that would facilitate collaboration, coordination, referral, and communication among various stakeholders</li> </ul>



## Domain 2: Strengthening Harm Reduction CSOs Capacities

Goals	Strategic Objectives	Recommended Actions	
Strengthen CSOs capacities in risk assessments, analysis, research, monitoring and evaluation	Develop surveillance, research, evaluation and monitoring Systems	<ul> <li>Conduct capacity and situation analysis</li> <li>Assess baseline data</li> <li>Set up and manage a shared database</li> <li>Develop an early warning and information management systems</li> <li>Monitor and evaluate all activities and programmes</li> <li>Monitor and stay update on risky behaviors and new trends in substance use to provide tailored services</li> </ul>	<ul> <li>Conduct KAP surveys</li> <li>Carry out mapping of essential harm reduction services in the country</li> <li>Review, share, and discuss the existing information with relevant stakeholders</li> <li>Ensure that regular reports are made available to all stakeholders</li> <li>Develop a common digital platform to share available information, and referrals</li> </ul>
Ensure CSOs operational capacity to continue providing essential services in times of crisis	KPs can have access and know where to seek services in times of crisis	<ul> <li>Expand community outreach teams</li> <li>Invest in technology to implement on-line delivery of essential services and programs</li> <li>Provide guidelines and training for staff on the use of digital health solutions</li> <li>Work with health actors to identify potential new sites, and innovative models for the provision of essential harm reduction services</li> <li>Decentralize the distribution processes for providing essential medicines through the harm reduction centers</li> </ul>	<ul> <li>Develop standard operational protocols (SOPs) and guidelines to support continuity of services</li> <li>Advocate for actions to improve identified gaps in harm reduction services</li> <li>Develop r common systems for referral for harm reduction services by using existing referral systems</li> <li>Develop a list of available services and their location to disseminate to KPs in times of crises</li> <li>Train staff and beneficiaries on selfcare</li> <li>Develop protocols to ensure safety of beneficiaries and staff in times of crisis</li> </ul>
Strengthen CSOs abilities to ommunicate with KPs in times of emergency	Develop a multisectoral risk communication strategy	<ul> <li>Understand KPs most preferred communication channels</li> <li>Establish multiple communication channels, including telephone, WhatsApp, and social media to communicate with KPs</li> <li>Develop a segmented communication profile for KPs including appropriate and relevant information to each segment</li> </ul>	<ul> <li>Collaborate with other stakeholders to prepare and develop a list of key messages targeting KPs</li> <li>Train community outreach teams to deliver messages</li> <li>Establish a hotline</li> <li>Train workforce on hotline responses</li> </ul>



# Domain 3: Ensure the sustainability and availability of harm reduction CSOs resources (human, financial, logistics and supplies)

Goals	Strategic Objectives	Recommended Actions	
Ensure the sustainability of financial resources	Restructure funding streams and allocate new sources of funding.	<ul> <li>Work with international donor agencies to advocate for more flexible funding requirements in times of emergency to meet KPs emerging needs</li> <li>Donors should consider special emergency-based requests to channel unused funds to services that are deemed essential in times of crisis (Shifting activities)</li> <li>Advocate for maintaining their allocations from national budget</li> </ul>	<ul> <li>Develop harm reduction CSOs fundraising capacities including grant writing</li> <li>Develop financial arrangements for emergency care (cost waiver policies)</li> <li>Develop unified confidentiality protocols to safeguard the identity of KPs</li> <li>Work with international donor agencies to advocate for simplifying grant application processes</li> </ul>
Ensure the sustainability of essential medicines and preventive supplies and medical support	Develop logistics/ mechanisms to ensure availability of essential medicines and preventive supplies and medical support	<ul> <li>Establish procurement protocols that can support harm reduction CSOs purchasing and inventory processes</li> <li>lead distribution of essential medicines and preventive commodities, including ARV, OAT, NSP, HIV testing, STI screening, Lubricants, Condoms, and treatment</li> </ul>	<ul> <li>Develop cost waiver plans for essential commodities to support KPs access to essential medicines and preventive commodities</li> <li>Harm reduction CSOs should invest in predictive systems to forecast demand of essential medicines and preventive commodities to meet the needs of KPs</li> </ul>
Ensure the availability of adequate workforce	Develop Human resources surge capacity plan	<ul> <li>Plan for staffing requirements in times of crisis and develop competency frameworks for front liner training</li> <li>Establish a roster of volunteers and experts that can be mobilized to support harm reduction CSOs operation when needed and train them</li> <li>working at harm reduction CSOs</li> </ul>	<ul> <li>Develop protocols for human resources management during crisis</li> <li>Carry out a training needs analysis of staff and train workforce on emergency response tools</li> <li>Provide staff with special permit</li> <li>Staff at harm reduction CSOs should be prioritized for COVID-19 Vaccine</li> </ul>



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#### REFERENCE

WHO, 2017. A strategic framework for emergency preparedness. Retrieved from https://apps.who.int/iris/rest/bitstreams/1082021/retrieve

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