

CASE STUDY

INCLUSIVITY EXAMINATION OF THE WORLD BANK EMERGENCY RESPONSE TO COVID19 IN LEBANON

Table of Contents

Introduction	3
Research elements	4
Lebanon overview	4
Persons with disabilities challenges during Covid19	6
The World Bank Emergency Response	6
Inclusion, or lack thereof, in the project design	7
Inclusion, or lack thereof, during implementation	9
Conclusion and Recommendations: LHRP towards Disability Inclusion Remediation	10

Introduction

On June 26th, 2017, The World Bank board of directors approved a US\$ 120 million loan to be granted to the Lebanese government. Primarily, this loan has aimed to assist the Lebanese government to keep up with the increasing demand towards the country's health sector that has been caused by the emergency of the displacement of Syrian refugees. The project development goal of this loan was to increase the access to quality health care services for poor Lebanese communities and Syrian refugees.

The fulfillment of this goal entails expanding the overall scope of the sector's health care services, enhancing the operational capacity of primary health care units and hospitals, and strengthening the sector's management capacity. These objectives are reflected in the Project Appraisal Document (PAD) and the Implementation Status Reports (ISRs) up to January 2020 as follows:¹²

- Scaling up the scope and the capacity of the primary health care UHC program (cost \$51.24 m)
- Provision of health care services in public hospitals (cost \$23.52 m)
- Strengthening project management and monitoring (cost \$5.00 m)

According to the project's Restructuring Paper dated March 12, 2020, after periods of significant delays in the project implementation, the Bank issued a threatening correspondence to the Lebanese government.³ This correspondence reflected the Bank's intention to suspend this loan by February 23rd, unless the government would submit a report presenting satisfactory explanation of the reasons that have been causing such delays. According to the same Restructuring Paper mentioned above, on February 27th, the Lebanese government submitted a report urging the Bank not to proceed with suspending the loan. In this report.⁴ The government made the argument that the country was expected to face the critical implications of the Corona Virus disease that had just hit the world back in December 2019. Therefore, maintaining the loan was deemed essential to help the country respond to the anticipated Covid-19 resulting health issues to be experienced by Lebanese people, especially poor and most vulnerable communities as well as Syrian refugees.

The Bank found this report submitted by the government to be satisfactory, and on March 10th, the Bank's Board of Directors approved the government's request for restructuring the project. The Bank agreed to add a fourth component to the project, which would allow the Lebanese health sector to better respond to the implications of Covid-19 on the well-being of poor and most vulnerable Lebanese communities and Syrian refugees. This component has been reflected through the objective that has been added to the

¹ [Project Appraisal Document Archived on June 13th 2017](#)

² To read all project Implementation Status Reports (ISRs), please visit:
<https://projects.worldbank.org/en/projects-operations/document-detail/P163476>

³ To read the Project's Restructuring Paper dated march 12th, 2020, please visit:
<http://documents1.worldbank.org/curated/en/672081584040797471/pdf/Disclosable-Restructuring-Paper-Lebanon-Health-Resilience-Project-P163476.pdf>

⁴ [Restructuring Paper on a proposed Project Restructuring Of Lebanon Health Resilience Project Approved On June 26, 2017](#)

project according to ISR documents as well as the restructuring Integrated Safeguards Data Sheet⁵: “Strengthen the Government’s capacity to respond to COVID-19”. According to the most recent Implementation Status Report archived on September 8th, 2020, the project showed significant progress in terms of setting up the required administrative, fiduciary, and contractual steps.⁶ The Ministry of Health has proceeded with contacting United Nations agencies as a third party for implementing parts of the project as well.

Research elements

This research has been conducted to examine the level of this project’s inclusivity and response to the needs of persons with disabilities of both Lebanese communities and Syrian refugees. This research follows the implementation status of this project and looks at the progress, or lack thereof, reflected in the changes that are taking place through the preset indicators as they are presented in the ISR documents. Before doing so, though, the research examines the extent of which the project has taken into consideration the needs of persons with disabilities, and the relevant inclusion and accessibility criteria according to the available project documents. To ensure the accurate results of this examination, this research conducts rapid field assessment of experiences of persons with disabilities, and the level of which they have benefited from the projects services and outcomes. To maintain its objectivity, the research benefits from the views and information offered by both World Bank specialists, Lebanese Public Health sector representatives, and leaders of the Lebanese disability community, who are directly engaged with persons with disabilities affected by the Covid-19 pandemic.

Lebanon overview

Like all countries across the globe, Lebanon has been undergoing the drastic implications of Covid-19. The first case of attracted Coronavirus was registered on February 21st, 2020. By the time the World Bank’s Lebanon Health Resilience project was restructured in March, the country had around 62 cases of infected people, and two death cases due to Corona Virus. As soon as the virus hit the country, the Lebanese government assigned Rafiq Hariri public hospital in Beirut as an Infection Prevention Control center (IPC). For a long time, this hospital remained the only IPC center available in the country. Other hospitals have followed suit eventually and began to dedicate minimum numbers of rooms and hospital beds for IPC purposes. The capacity for IPC in the country remains limited given the increasing cases of Covid-19 infected patients. Despite all measures that the government has been trying to enforce, these cases kept increasing and went out of control, given the limited number of rapid response capacity personnel and IPC facilities around the country. At the beginning, most Corona cases were due to incoming Corona infected international travelers. Therefore, for a while, containment efforts against the spread of the virus

⁵ To read the Project’s Restructuring Integrated Safeguards Data Sheet, please visit:

<http://documents1.worldbank.org/curated/en/795011583947053968/pdf/Restructuring-Integrated-Safeguards-Data-Sheet-Lebanon-Health-Resilience-Project-P163476.pdf>

⁶ To read the project’s Implementation Status Report Archived on September 8th, 2020, please visit:

<http://documents1.worldbank.org/curated/en/813811599601193419/pdf/Disclosable-Version-of-the-ISR-Lebanon-Health-Resilience-Project-P163476-Sequence-No-08.pdf>

remained focused on port facilities i.e., mainland and sea borders as well as the only airport in the country, Rafiq Hariri International Airport of Beirut.

The country's limited capacity of rapid response and intervention against the virus presented major challenges for people, particularly those who are the most vulnerable and less likely to have the appropriate and sufficient support. Some of these challenges were due to people's lacking access to adequate quarantine facilities, or the unavailability of well-trained or professional caretakers. Persons with disabilities, particularly those with severe disabilities (developmental or intellectual), have been among these vulnerable groups, who were exposed the most to the critical danger of the virus.

In the year 2000, Lebanon adopted the first national law on the rights of persons with disabilities (Law 2000/220). Health care and rehabilitation services represent one of the major issues and rights that have been addressed by this law. According to this law, persons with disabilities are supposed to enjoy sponsored in-and-out patient and rehabilitation services with partial or full coverage by the government through the ministries of public health and social affairs. Health care facilities, including rehabilitation centers and hospitals, had to comply with standards of accessibility; and health care personnel and specialists were to receive training on how to interact with, and respond to health care requirements and medical needs of persons with disabilities.

Lebanon remains one of the few countries in the world that have not ratified the International Convention on the Rights of Persons with Disabilities adopted by the United Nations General Assembly on June 8th, 2006. The Lebanese government continues to overlook the reinforcement of the law 2000/220, as issues of disability rights and disability inclusion remain not counted among its priorities, both on policy and programmatic levels. According to the records of the Ministry of Social Affairs, only 95 thousand persons with disabilities are registered in its programs for persons with disabilities' services. Through this program, persons with disabilities receive identification cards that indicate their type of disability and grant them the entitlement to have full or partial access to government sponsored health care and rehabilitation services. In addition to this ID card, the Ministry of Health issues a medical insurance card for the public including persons with disabilities. Based on the estimation of the United Nations and unofficial data by some disability organizations, persons with disabilities count around 400-to-600 thousand persons with disabilities in the country, i.e., around 10-to-15 percent of the overall Lebanese population⁷. In reference to this number, most persons with disabilities appear not to benefit from government sponsored health care and rehabilitation services. Furthermore, even those who carry the ID cards complain that it is useless to carry this card. According to the disability ID carriers, many hospitals do not recognize this card. Plus, the Ministry has not activated the sponsorship of out-patient services through this card as well.

Since the adoption of the law 2000/220, the government neglected the allocation of sufficient fund for enforcing this law, and thus realizing the mainstream community-based services it is supposed to grant for persons with disabilities. For the last 10-to15 years, Lebanon has been encountering increase deterioration in its economy. The government remained without annual budgets for around 11 years (2006 – 2017). Many public and private hospitals did not receive any reimbursements for medical services covered by the government. All this has been contributing to hospitals and health care centers neglect of the required standards of disability inclusion.

⁷ <https://gsdrc.org/publications/situation-of-persons-with-disabilities-in-lebanon/>

Persons with disabilities challenges during Covid19

As a result of the aforementioned factors, persons with disabilities, of both Lebanese community and Syrian refugees, have found themselves facing critical challenges during today's Covid-19 pandemic:

- The lack of accessible and adequately equipped quarantine facilities to accommodate the special needs of persons with severe disabilities.
- The lack of the resources required for providing and maintaining the essential and appropriate personal assistance.
- The perpetual stigmatizing attitude, as well as lack of the required knowledge for properly, respectfully, and inclusively responding to persons with disabilities' needs by rapid response personnel.
- The unavailability of accessible information on safety and preparedness against coronavirus in accessible format.
- The lack of necessary quality check for ensuring the adequacy of circulated personal protection equipment's (PPE) to persons with disabilities, particularly those with severe disabilities.

On the top of all these challenges, the pandemic has contributed significantly to deteriorating the economic capacity of many families in the country. Persons with disabilities have found themselves among those who have been affected the most by such crisis. The increasing cost of disability related services and commodities, the increasing rate of unemployment caused by the pandemic, the steady failure of the Lebanese currency, and most importantly the lack of sufficient public or private health insurance programs have all increased the burden on persons with disabilities and their families. These factors have contributed to the fact that persons with disabilities lack any capacity to self-afford cost resulted by any medical or quarantine measures to be taken for preventing the impact of the virus.

The World Bank Emergency Response

LHRP has been a generous contribution by the World bank of 120 million US dollars to help the Lebanese government enhance the quality of the public health sector in the country, and thus increase the sector's accessibility for poor Lebanese community and Syrian refugees. Furthermore, The Bank's decision of not suspending the loan of LHRP has been extremely important and timely to help the country respond to the pandemic resulting crisis of increasing cases of Corona infected people in the country since March 2020.

In response to the breakout of Coronavirus, the Bank agreed to make essential modifications on the project's development objectives as well as its operational component.

The original project component remained unchanged i.e., enhancing the scope of public health services, provisions of medical services and hospitals, strengthening management and monitoring. The fourth component added to the project is aimed at strengthening the government's capacity to respond to Covid-19.

The overall services and beneficiaries that the project is determined to target are:

- i. gender- and age-specific wellness packages (children 0-18, females 19-64, males 19-64, elderly 65+);
- ii. healthcare packages for the most common non-communicable diseases in Lebanon (diabetes, hypertension, coronary artery disease, chronic obstructive pulmonary disease);
- iii. maternal health package; and
- iv. mental health package.

It is necessary to note that the restructuring of HLRP has been reflected through major modifications to both project budget and operational scope. On the level of the budget, 40 million US dollars of the original project budget \$120 million have been relocated to the fourth component concerning Covid-19 response. Despite this restructuring regarding the budget allocation, the activities determined for the first three project components remained the same. These activities are to be fulfilled within the timeframe of three years, i.e., by June 30th, 2023 marking the closure date of the project. This means that the Lebanese government is obligated to reach the determined development objectives and complete the project operational components in three years instead of five, due to the significant implementation delay. It is also important to note that the restructuring decision has resulted in the reduction of the number of targeted beneficiaries. Prior to the restructuring decision, the number of beneficiaries was 715,000 (340,000 Lebanese and 375,000 Syrian refugees). As a result of the restructuring the number has been reduced to 250,000 persons of each group, which is equivalent to 50,0000 totals.

Inclusion, or lack thereof, in the project design

LHRP related documents and reports emphasize the targeting of vulnerable groups of both Lebanese community and Syrian refugees. These groups are categorized, as mentioned above, with the consideration of three variables: Gender equity (women and men), age (0-18, 18 – 65, and 65 and above), and critical health cases (diabetes, pulmonary chain diseases, mental health etc.). The project also emphasizes the targeting of poor communities as well.

Besides these categories of targeted vulnerable groups, there is no clear language mentioning persons with disabilities. According to the Environmental, Social, and Management Framework (ESMF) document, prepared by the Lebanese Ministry of Public Health, dated on July 1st, 2020, one can find two exceptions on the lack of any reference to disability and the disabled:⁸

- I) the project aims at offering a mental health care package;
- II) organizations of persons with disabilities will be potentially consulted on the project's future activities after Covid/19 pandemic related restrictions are lifted.

⁸ To read the Environmental, Social, and Management Framework document, please visit: <http://documents1.worldbank.org/curated/en/906251595324637941/pdf/Addendum-to-ESMF-for-the-Inclusion-of-Component-4-Strengthen-Capacity-to-Respond-to-COVID-19.pdf>

Even though the project documents reference disability in these two cases, this does not mean by any chance that the project has been successful in meeting the definition or criteria of disability inclusion. While mental health is essentially considered relevant according to the categorization of persons with disabilities, there is no indication to such matter by the project. In addition, if the project aims to target persons with mental health issues, this does not necessarily reflect any clear sign of disability inclusion. First, mental health issues do not concern persons with other types of disabilities (blind, deaf, physical, intellectual, or developmental). Second, the mental health care package seems to be rather concerned with offering psycho-social support to people affected by Covid-19 pandemic according to the (ESMF). This research found no guiding notes referring to how this mental health care package, or any other component of this project, are going to respond to the special needs of persons with disabilities during the pandemic.

The ESMF highlights the project's approach to stakeholder engagement through consultation related activities. This is the only time that any project document or report would mention persons with disabilities and their organizations. While this shows a minimum sign of disability inclusion, the problem remains through the level and the timing of this engagement. So far, neither the ESMF, nor any other Implementation Status Report mentions any consultative engagement of persons with disabilities and their organization since the beginning of the project. The project uses the excuse of pandemic restrictions to prevent any early on engagement. On the other hand, the ESMF refers to a series of consultations that took place virtually between the months of April and June of 2020. Organizations of persons with disabilities were excluded from attending these consultations as it appears in the ESMF, and for the reasons mentioned before. Organizations of persons with disabilities that were interviewed by this research have expressed their concern against this exclusion. They consider the excuses made by the project's implementing agency hard to be understood or acceptable, given that they could still be engaged since they have the capacity to join these virtual meetings.

It is worth noting that the project's restructuring Integrated Safeguard Data Sheet predicted cases of exclusion to be experienced by several vulnerable groups. While this data sheet did not specify the vulnerable group of persons with disabilities, it is obvious that this prediction came true considering the above-mentioned indicators as well as the lack of a clear and comprehensive language on disability by the project. Nevertheless, it remains unclear to what extent this data sheet can be relevant for considering disability as a safeguard triggering issue at this project. This data sheet does not determine the safeguard policy package that applies to the restructured LHRP. This matter becomes rather obscured, since the project was originally approved in the year 2017, when the previous World bank Safeguard policies were still in place. It is necessary to note here that the Bank has adopted its new safeguards - the Environmental and Social Framework- in 2018. The new ESF has clearly adopted a language on disability inclusion. However, this new safeguard does not have a retrospective application regarding projects that were approved before its adoption in 2018. Even though restructuring of LHRP has been approved in March of 2020, it remains unclear to what safeguard policy disability related issues can be triggered in this project today.

Inclusion, or lack thereof, during implementation

On the level of the implementation status, the project indicators, recorded in the ISRs of January 9th, June 30th, and September 8th, 2020, are reflecting several issues concerning disability inclusion.⁹¹⁰¹¹ These ISRs refer to a number of critical risks that have caused the project's slowdown in reaching its determined indicators. These risks are due to the failing state of Lebanon and the lack of efficient governance mechanisms, political and security instabilities, socio economic deterioration etc.

Keeping these risks and its resulted project slowdown in mind, the following inclusion related gaps and concerns can be identified:

The recent ISR shows that there has been considerable progress on the level of administrative, fiduciary, and contractual procedures. In addition, the same report indicates the progress on the level of contracting WHO, UNDP, and UNPOS as third parties for fulfilling relevant project operations.

Despite this administrative, fiduciary, and contractual procedures progress, the indicators regarding the assessment of health care centers and hospitals before and after the restructuring of the project remain at level zero according to ISR of September 8th, 2020. It is important to realize here that the delay in implementation may have necessarily caused this negative progress regarding health care center and hospital assessment and capacity building. It is not clear whether any guiding framework has been put in place yet regarding health care center and hospital assessment. Moreover, the delay in making any progress regarding this assessment raises major concerns about the extent of which this assessment will take into consideration the level of accessibility of targeted health centers and hospitals for persons with disabilities. This delay may, therefore, result into neglecting disability related standards for accessibility and inclusion at these centers. In addition, it leads to questioning the criteria to be pursued for accrediting any health care center or hospital by the project. All this to also keep in mind that the number of targeted health care centers and hospitals has been reduced to 170 with the restructuring of the project, where it was 204 before. This means that the number of centers that may potentially comply with standards of accessibility for persons with disabilities has been reduced as well.

The same problem is applied regarding the indicators of capacity building activities offered to healthcare professionals and personnel of Infection Prevention Control centers. This indicator triggers the major concern of maintaining the perpetual gap on the level of knowledge and skills of interacting with, and responding to special needs of, persons with disabilities, especially during the time of pandemic. Consequently, this will essentially lead to exposing persons with disabilities to further stigmatizing behaviors and discriminatory practices at health care centers, hospitals, and IPC centers throughout the pandemic and beyond.

Another indicator to be questioned is related to the project's Grievance Redress Mechanism. This mechanism has been determined since the outset of the project in 2017 and was modified because of the restructuring process. Today, the project's GRM system includes a dedicated hotline to receive complaints related to Covid-19. The indicator referring to the progress of the project GRM system has remained at 40 cases received during the period of January through September 2020. As this number remains unchanged during the period of almost 9 months, a question ought to be raised concerning the

⁹ [Implementation Status & Results Report | 08-Jan-2020 | ISR39668](#)

¹⁰ [Implementation Status & Results Report | 30-Jun-2020 | ISR42126](#)

¹¹ [Implementation Status & Results Report | 08-Sep-2020 | ISR43008](#)

effectiveness and efficiency of this GRM system. Another rather important question is to be asked concerning this system's capacity for handling grievance cases related to Covid-19 and disability. What makes answering this particular question rather difficult is the minimum data, or lack thereof, on Covid-19 and disability in the country, particularly through LHRP itself.

Conclusion and Recommendations: LHRP towards Disability Inclusion Remediation

After reviewing the project related documents, in addition to collecting observations of different stakeholders, one can easily conclude the significant gap on the level of LHRP's inclusivity for both disability criteria, either regarding considering issues of accessibility or the very special needs of persons with disabilities as the most vulnerable group against contracting Covid 19. The unsatisfactory delay in project implementation resulting in the reduction of both budget and timeframe has essentially increased the risk of limiting any effort for taking into account these inclusion criteria, and more importantly, needs of persons with disabilities for confronting the drastic implications of Covid 19. Moreover, the apparent gap on the level of recognizing the essential role that persons with disabilities and their representative organizations can play through the project's consultative engagement activities shall maintain the perpetual stigmatization against persons with disabilities throughout the project's reform efforts of the country's public health sector in general, and for ensuring the inclusivity of Covid 19 pandemic response efforts in particular.

Perhaps, the fact that the LHRP was approved before the adoption of the new World Bank Safeguards shall assume the impossibility of triggering any social issues concerning the lack of disability inclusion criteria. Nevertheless, the reconsideration of disability criteria throughout the project cycle can necessarily benefit from the increasingly noted interest of World Bank leadership and staff towards issues of social inclusion.

Hence, it is recommended that the Bank shall take advantage of the remaining short time in the project's life to consider the following:

- Identify essential accessibility standards for accommodating needs of persons with disabilities, while carrying any project related procurement planning, particularly regarding the providing of PPEs and other clinical equipment.
- Explore all possibilities for enhancing the environmental accessibility of potential contractors of IPCs and hospitals.
- recognize standards of accessibility as required criteria of compliance for potentially accredited IPCs and Hospitals.
- Include issues of disability accommodation in the designing of offered capacity building related training activities for IPC and hospital personnel.

- Ensure that relevant project monitoring and GERM activities should take issues of disability inclusion as well as Covid 19 pandemic related experiences of persons with disabilities into account.
- Guarantee the inclusion of persons with disabilities and their representing organizations in project consultation activities.
- Ensure the accessibility of project related information for persons with disabilities i.e., providing all project related information in accessible format and language for all persons with disabilities.