



IMPLEMENTING THE COVID TASK FORCE

Part II

Amidst our more-than-fair share of crises, the COVID outbreak hit our country hard. The hospitals were getting overcrowded. The use of oxygen tanks was decided by the hour, as instantaneously as the situation in the ward evolved. A lot of misinformation about COVID was being spread among people. Responsively, Khaddit Beirut moved to create municipality task teams that would help guide people and provide answers to their concerns and home care if needed. In line with the compelling need for a community health task force, health professionals had to create a guidebook that would serve as a reference on how to treat and care for COVID patients and simultaneously prevent misinformation.

Many doctors both in Lebanon and abroad such as Dr. Gladys Honein, Dr. Nuhad Yazbik-Dumit, Dr. Georgina Nouaime, Dr. Maya Romani, along with other, unnamed heroes, came together to form the guidebook that they hoped would also act as a reference course of action for doctors and nurses in the COVID task force and as a tool to battle misinformation by consolidating information. Many Lebanese specialists, pediatricians, infectious disease doctors, pulmonary critical doctors, and emergency doctors, both residing in the country and abroad, worked on the guidebook and reviewed it.

This guidebook was the framework for this project as it provided the information used in training the doctors and nurses who would be working in the COVID task teams to properly treat patients, and insured that all had the same information.

Khaddit Beirut collaborated with Lebanon Needs and contacted community leader, Dr. Petra Khoury, and in coordination with the order of nurses, order of doctors, ministry of public health and internal affairs, was able to implement a task force of at least one doctor and two nurses in each municipality. With this collaboration, Khaddit Beirut was also able to provide these doctors and nurses with personal protective



equipment (PPE's) and oxygen tanks. The doctors and nurses involved were all trained in order to ensure they all had consolidated information. Training sessions were held via online webinars lead by doctors in the diaspora and locally. Lebanon Needs ensured all health professionals attended. A group chat was formed to enable easy communication between doctors and nurses in different municipalities to assist each other.

Each municipality had its own hotline which were made available via social media to battle misinformation and provide people with a source to turn to for answers. People could call and the nurses would answer their questions regarding if hospitals had space for patients and how people could treat COVID patients at home. The municipalities could only provide the health professionals with an office space to store PPEs and medication, nothing more (like a hospital room or ER). Additionally, the nurses offered home care, checked patients' oxygen levels, provided PPEs and, at times, arranged to get their isolated patients some grocery delivered to them. The nurses regularly followed up on patients and told them when to go to hospitals.

Initially it was difficult to get the municipalities on board with the project because they were skeptical, but after several meetings – a concerted effort to raise their awareness and advocate for their wellness-, they gave their approval. So far, Khaddit Beirut joined forces with a dozen municipalities up from the initial eight back in winter 2020. Between these 12 municipalities there are 50 trained medical team members, and a total of 138 patients catered for.

However, this entire project would not have been successful were it not for the interdisciplinary collaboration between different doctors who came together to establish the framework in the form of a guidebook, followed by cooperation between different organizations to recruit volunteers and provide a space for the task force to reside.

There was a lot of positive feedback from this project as people in the targeted communities were grateful and happy to have someone they could call and ask for help without needing to go to the hospitals in the urban areas.



Future iteration of this groundbreaking way of attending to public health would see these municipalities as come-to centers for other chronic illnesses. With this framework, other health crises can be dealt with while also supporting the frailest in the community to advocate for themselves. This is done by educating the sick and elderly in ways to make them agents of their own wellbeing by giving them options of care before they feel helpless, seek outside structures, or turn their GPS on to the nearest hospital. This is what we mean, at Khaddit Beirut, by breaking cycles and building self-reliant communities.