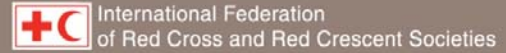


www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Operation Update

Lebanon: Civil Unrest



DREF n° MDRLB008	Glide n° OT-2019-000144-LBN
EPoA update n° 1; issued 30 December 2019	Timeframe covered by this update: 17 October till 27 December 2019
Operation start date: 03 January 2019	Operation timeframe: 4 months (extended 2 months). End date: 05 March 2020
Overall operation budget: CHF 986,501	
N° of people being assisted: 17,750 (3,550 HHs) (10,000 + 7,250) through the Lebanese Red Cross (LRC) + (500) through Palestine Red Crescent Society (PRCS)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), German Red Cross (GRC), The Netherlands Red Cross, Norwegian Red Cross (NorCross), Danish Red Cross (DRC).	
Other partner organizations actively involved in the operation: Lebanese Armed Forces (LAF), Internal Security Forces (ISF), Ministry of Social Affairs (MoSA)	

Summary of major revisions made to emergency plan of action:

The LRC have been responding according to their plan in providing emergency medical services, pre-hospital care, and blood transfusion services to the affected population from the ongoing protests since its onset on October 17, 2019 until now. This Operation Update extends the DREF operation for two months to support the scale up of LRC intervention plan to reach **2,000 HHs** from most vulnerable areas in Lebanon for three months through provision of food parcels and fuel vouchers.

This DREF will cover **1,450 HHs** providing them with food parcels and fuel vouchers for two months, while Movement partners (GRC, NorCross and DRC) will cover the remaining gap of 550 HHs for two months, and the total of 2,000 HHs for the third month (beyond this DREF operation timeframe).

On the other hand, Palestinian Red Crescent Society branch in Lebanon (PRCS-L) is being also supported through the extension of this DREF to cover around 500 refugees and vulnerable patients' bills' deficits for 2 months in its 5 hospitals according to set criteria (provided below).

A. SITUATION ANALYSIS

Description of the disaster

In end-December, a month and a half into protests that have crippled Lebanon and placed Lebanon's economy in disintegrating at an alarming rate, sparking a currency devaluation, a mass flight of money, restrictions on withdrawals, a grave threat to the country's banking system and a guarantee that – without a foreign bailout – the country will default on its enormous debts by March 2020 at the latest. Thousands of protesters filled the streets of major cities across Lebanon as part of nation-wide demonstrations over deteriorating economic conditions and new austerity measures. The demonstrations began on October 17, 2019 -Thursday evening, and continued to date as ongoing protests paralyzed movement by blocking major roads across the country. The call to protest came through various social media platforms as the government discussed hiking taxes and introducing new fees, including a 0.20 levy per day for WhatsApp calls. Protesters quickly responded to the requests as activists called for gatherings at Beirut Downtown and other major cities.

The protests began peaceful then shortly deteriorated on Monday October 21, following to the announcement of the Prime Minister on a package of reforms to tackle the crisis. The announcement did not meet the protesters' demands causing a spike in mass protests and nation-wide strike. Army troops and security forces deployed across the country which lead to confrontations with the protestors while trying to reach to the Council of Ministers. This resulted in many injuries among all parties involved. On October 29, the clashes escalated, leading to a scale up in security measures taken by the ISF and LAF. Shortly, the Prime Minister announced his resignation which eased the tensions for a while, but then scaled up again later in the evening, leading further intense clashes.

Protests have since continued and are calling for the binding parliamentary consultations to form a new government of competent and independent specialists and for the resignation of the entire political class. Almost on daily basis, clashes are being reported due to confrontations between LAF, protestors, and political supporters causing injuries between the lines.

Economically, Lebanon –a dual currency economy- is facing severe shortages in foreign currency reserves with a general slowdown in economic output exacerbating the general situation. The economic crisis is due to mounting government debt (150% of GDP) and long-term balance of payments deficits, which have caused the recent depreciation of the Lebanese Pound in the parallel local exchange market while the “official” rate is maintained (putting additional stress on foreign reserves). The Lebanese Pound has effectively started to depreciate in September 2019, several weeks before the protests began. The limited amount of US Dollar (USD) that banks are allowing their customers to withdraw opened the door to moneychangers to begin exchanging dollars at gradually higher rates due dwindling supply and increased demand to buy USDs. In essence, the “official” rate is still maintained but with few bank transactions at LBP 1,500-1,515/US \$, however the parallel market is 2,000LBP/US \$ as of December 17 which is a 32% increase.

Furthermore, global credit rating agencies have been downgrading Lebanon’s rating to alarming levels. Leading credit rating agency Fitch cut Lebanon’s rating on December 12th to ‘CC’ from ‘CCC’ which reflected its view that a debt restructuring, or default was now “probable owing to acute political uncertainty, de facto capital controls, and damaged confidence in the banking sector.” This rating reflects a probability of a collapse in Lebanon’s economy if no significant efforts were made to manage the situation.

Summary of current response

Overview of Host National Society

Lebanese Red Cross (LRC):

Lebanese Red Cross is the most recognized and respected emergency health entity all over Lebanon, leading in Emergency Medical Services (EMS), Blood Transfusion Services (BTS), adding to that the Primary Health Care and Disaster Management. LRC provides services to more than half a million people every year. Services are delivered through a network of around 12,000 volunteers and more than 379 staff working from 46 EMS stations, 32 local branches, 36 primary health care centers, eight mobile clinics, 13 blood banks, 31 youth centers and 14 disaster management units, in addition to the LRC headquarters.

The Lebanese Red Cross since 17 October 2019 has been responding to the on-going, changing situation in different regions in Lebanon especially with the protests that are continuing to date. During December the manifestations included some clashes on site (as reported in the news) resulting in some casualties from the Protesters, the ISF and LAF; this is due to the suggestions made from the government about the Prime Minister nominees which were mostly refused, as well as the change in dynamics between the protesters, some wishing to create riot to get their demands. The Lebanese Red Cross since then has been on high alert to meet the needs in the country and continue responding to the regular ones especially with its primarily services: Emergency Medical Sector and Blood Transfusion Sector.

The LRC treated 2,427 cases on site and 745 cases transported to the hospitals. Yet it is important to highlight and note that the majority of the cases transported and treated during the protests are not related to the clashes or confrontations. Most of these cases were people suffering from dyspnea, dizziness, unconsciousness, hypotension, hypertension, etc. while few had physical trauma.

Also, the LRC provided during this period a total of 4,887 blood units. Blood stocks and medical consumables were purchased (including bags and other reagents) to make sure that all requests received are fulfilled within the blood availability in the BTS Centers. The Blood-drive Teams are also handling blood drives to support and try to fill the need.

The Lebanese Red Cross is one of the major actors in Cash and Voucher Assistance (CVA) globally. The National Society has vast experience and capacity to provide humanitarian assistance to affected population through CVA. It is worth mentioning that the LRC has framework agreements in place for in-kind items (food parcels) and CVA.

¹ <https://tradingeconomics.com/lebanon/rating>

Palestine Red Crescent Society – Lebanon (PRCS-L):

Since its presence in Lebanon and due to the specific and unique situation of the Palestinian refugees in Lebanon, PRCS-L mandated itself to providing health and social services to Palestinian refugees living in refugee camps in Lebanon. All PRCS/Lebanon facilities are located in or around these camps, serving UN-registered and unregistered refugees as well as needy Lebanese citizens through eight Primary Health Care Centers. Moreover, PRCS provides health services through five hospitals operating across Lebanon.

Overview of Red Cross Red Crescent Movement in country

The Lebanese Red Cross is supported by IFRC, ICRC and 21 National Societies (NSs) including The Netherlands Red Cross, Norwegian Red Cross, Danish Red Cross, and German Red Cross as key partners. The LRC jointly with IFRC, ICRC, and partner NSs have regular coordination meeting to ensure information sharing and to keep the Movement partners updated and informed about the situation and on the LRC operations.

The LRC estimated outstanding needs enabling EMS, BTS, and DM to mobilize additional resources to respond to the situation that was shared with the involved Movement partners: ICRC, GRC, NorCross and DRC to allocate additional resources to support LRC response.

In coordination with the LRC and Movement partners, IFRC launched a DREF to cover LRC needs to respond to the ongoing situation of protests and socio-economic crisis.

PRCS-L are being supported through this DREF to cover around 500 refugees and vulnerable patients.

Overview of non-RCRC actors in country

Non-Movement actors and NGOs also work in Lebanon some in close coordination with LRC and PRCS-L in specific projects.

Needs analysis and scenario planning

Needs analysis

The widespread protests and occasional high-level violence initiated LRC high-alert thus immediate intervention through their EMS teams, BTS branches, and DM units in order to provide first aid and pre-hospital care, scaling up to relief distributions. Expansion of the operational capacities of the National Society is now necessary to maintain continuity of its services as the leading humanitarian service provider, auxiliary to the public authorities. The identified priorities are to support and strengthen the LRC First Aid, Ambulance, Blood Transfusion services, and Relief distributions in order to ensure delivery to the affected people.

Lebanon is currently in a crisis which might devolve into a full economic and social collapse. As it stands, Lebanon's road to recovery is long and painful to the most vulnerable. Most of Lebanon's population will have to endure harsh austerity measures, which will take its toll on its shrinking middle class and especially its lower class leading to an increase in vulnerable population. In the event that no tangible efforts are made by the political class to tackle the current crisis, Lebanon's economy will collapse. This will lead to people losing their deposits, high inflation of the local currency, liquidity shortages, which will then lead to grave essential good shortages and a shutdown of public and health institutions.

Currently, people living in the country are facing difficulties in meeting their basic needs due to rising unemployment and increase in the cost of goods, thus, many Lebanese and non-Lebanese communities are living under vulnerable conditions. Based on multiple Focused Group Discussions (FGDs) findings, the top three priority expenditures/needs in winter listed by Lebanese families are food, health/ medical and fuel. International support was provided to multiple agencies on the ground – such as the Lebanese Red Cross, in order to alleviate the situation of severely vulnerable communities, through the distribution of Food and Non-Food items, as well as CVA, WASH, winterization, health and sheltering services.

PRCS-L needs to support:

Two thirds of the Palestinian refugees in Lebanon suffer from poverty, while 7.9 percent of them suffer from extreme poverty, meaning that their daily income is less than two and a half dollars per day. According to UNRWA, two thirds of the Palestinians in Lebanon are poor, meaning that the labor market was almost closed to them before the outbreak of the Lebanese popular movement. Therefore, the unemployment rate among the Palestinian labor force during the past years reached about 65 percent, which increases the burdens and exacerbates the problems on families and the absence of sources of livelihood and decent living.

The crisis before the outbreak of the popular movement on October 17 last reflected on the conditions of the Palestinian refugees more than others, due to the fragility of their conditions in the first place, and the loss of hundreds of Palestinian workers and employees in their jobs and jobs due to the closure of institutions, workshops and factories, as they are daily workers and craftsmen, and these have joined to the ranks of the unemployed, or they have lost more than half of

their salaries under the weight of the crisis, which leads to the inability of more families even to provide their daily bread, in addition to the inability of the heads of families to meet the requirements to pay fees and installments for their children in schools and private universities, and the impossibility of contributing to Fold chronic and incurable costs of diseases, treatments, and other urgent health requirements. Many Palestinian tenants also lost the ability to pay their home rents, putting them at risk of displacement.

As a direct effect, flow of patients increased after the start of the situation. Below are figures showing the flow of patients to the 5 hospitals since mid-October:

Hospital	Type	Oct-18	Nov-18	Dec-18	From 1 – 16 Oct 2019	From 17 – 31 Oct 2019	Total Oct 2019	% of increase per Dept.	Overall % of increase per hosp.	Nov-19	Dec-19
Hamshary	Adm	660	634	682	354	405	759	14%	30%	775	793
	ER	1133	1018	1188	523	691	1214	32%		1337	1286
	OPD	1411	1194	1250	499	695	1194	39%		1244	1252
Nasra	Adm	105	99	106	24	43	67	79%	38%	91	92
	ER	800	820	690	374	485	859	30%		962	1050
	OPD	923	989	854	419	601	1020	43%		1069	1162
Balsam	Adm	158	129	154	50	61	111	22%	17%	124	140
	ER	632	660	822	363	400	763	10%		819	842
	OPD	123	660	131	28	57	85	104%		106	130
Haifa	Adm	188	114	168	52	85	137	63%	45%	150	181
	ER	1020	982	1106	342	580	922	70%		897	746
	OPD	934	861	856	467	587	1054	26%		681	601
Safad	Adm	327	295	334	90	112	202	24%	46%	340	357
	ER	850	1152	1057	430	732	1162	70%		1585	1453
	OPD	459	464	365	295	346	641	17%		658	639

The increase in number of total patients vary between hospitals from 30% to 46%. Highlighted numbers show a decrease in ER and OPD patients in Haifa hospital as it went under total rehabilitation for ER and OPD. Flow of patients is continuing to increase following the trend till end of 2019.

Many items in the stocks of medicines and medical supplies are in scarce, even its price has increased by over 30%.

In light of the current situation, Palestinian refugees, as well as other vulnerable people served by PRCS/L such as Syrians, poor Lebanese and other nationalities are not able to cover the costs of their treatments. PRCS/L has no financial capacity to cover the treatment of those patients and at the same time not being able to refuse incoming patients.

Targeting

The main target of this operation is the population affected by the ongoing incidents and the movement constrictions.

The LRC will be targeting 2,000 HHs (scalable) from the most vulnerable areas in Lebanon which are Bekaa Valley (Hermel, and West Bekaa), and the North (Tripoli, T5², and Akkar). In coordination with key official personnel in the area and community representatives such as the presidents of the municipalities, regional surrogate, community leaders, and local representatives from the Ministry of Social Affairs (MoSA), a list of Names of the most vulnerable Lebanese families in the concerned areas will be collected. These families will be contacted and visited in order to collect data on their socio-economic status, which will be later reviewed and analyzed.

Based on the analysis, those who are eligible for assistance will be targeted in the project.

Assistance will be provided to families through monthly distributions of food parcels and fuel vouchers.

Each family will receive one Food parcel (equivalent to 27\$), and 100\$ for fuel via a booklet of paper vouchers which has ten papers of 10\$ each. Distributions will take place at the end of each month from December 2019 till February 2020. The selection of in-kind assistance for food needs is made after a thorough risk assessment and is mainly based on the current inflation and fluctuating prices of food items. The prices for fuel remain stable making CVA more appropriate to address fuel needs.

² Batroun, Bcharre, Koura, Minnieh-Dennieh and Zgharta

At a later stage, after the project reach its end, the LRC will be reviewing the collected assessment data to look for further opportunities to support specific families strengthen their income generating activities, provide technical support, or link them to the market where possible to increase their opportunities for employment or sales.

At the end of the project, field data collection team will conduct monitoring survey(s) to measure the impact of the project.

As for PRCS-L activities, this will be targeting around 500 patients in five hospitals run by PRCS in Lebanon:

The below table shows the hospital location & its bed capacity.

Location	No of beds
Hamshary Saida	70
Haifa Beirut Burj al Barajneh camp	40
Balsam Tyre Rashidiyeh camp	26
Safad Tripoli Beddawi camp	28
Nasra Bikaa Bar elias	26

Scenario planning

Lebanon's current situation remains highly unpredictable and can get violent again in the coming days. The worst-case scenario would be events of extreme violence extending for a prolonged period. Such situation would lead to days, weeks, or even months of intense insecurity and dire humanitarian needs. This DREF operation covers the duration of an initial two months extending with an additional two months; the plan of action may be reviewed and extended in time and resources in order to best respond to the quickly evolving situation.

If the current situation continues to evolve in the coming months, there will be a need to consider a potential appeal.

Operation Risk Assessment

The LRC is highly recognized and well accepted all-over the country. LRC vehicles and personnel have exclusive accessibility throughout the country along with ISF and LAF. Situation with extreme violence requires implementation of tighter security measures for LRC volunteers and could affect accessibility to the affected areas. In response to the recent violence, the LRC will continue to apply operational safety and security measures during its operations to ensure that it maintains access to the affected population, as far as possible, without undue risk to its personnel. Lack of fuel availability in country in addition to the inflation of fuel prices would have an impact on the quantity of fuel vouchers distributed to the people reached.

B. OPERATIONAL STRATEGY

Proposed strategy

Lebanese Red Cross:

This operation aims to support the continuity of LRC operations in delivering:

- **First Aid and prehospital services** to the affected population through the replenishment/provision of First Aid consumables and transportation running costs
- **Blood transfusion services** through the replenishment/provision of medical consumables, laboratory tests, and running costs

The National Society will be provided with institutional visibility for better identification of the Red Cross to enhance accessibility to the areas of operation. This operation will also cover the volunteers' incentives and meals, based on shifts in different branches.

The DMU will be focusing on providing support for vulnerable Lebanese families to meet two of their basic needs (Food and fuel oil for heating) during the winter period from December 2019 till February 2020. As mentioned above, currently Lebanon is facing a liquidity and inflation challenges –with a risk of banks seizing operation- therefore, the LRC has

decided to shift from cash modality to In-kind food assistance for this project. The LRC will be targeting 2,000 HHs (scalable) from the most vulnerable areas in Lebanon which are Bekaa Valley (Hermel, and West Bekaa), and the North (Tripoli, T5³, and Akkar). Due to the current situation considering security measures, the distributions in the targeted areas will be a door-to-door approach instead of gathering point distributions, requiring mobilization of an added number of volunteers for intervention and transport ranging between 20 to 35 volunteers per day. The volunteer's incentives will be covered for the two months under this DREF.

Modality	In-kind Paper vouchers
Items Needed	Food parcels Fuel vouchers
Frequency	Monthly distributions (January 2020 – March 2020)
Target area	Baalbek - Hermel Akkar Tripoli and T5 Bekaa
Target people reached	Baalbek – Hermel: 600 HHs Akkar: 600 HHs Tripoli and T5: 400 HHs Bekaa: 400 HHs
Selection criteria	listed families meet at least two points of the following selection criteria: <ul style="list-style-type: none"> • 1 or more family member with chronic illness/disability • Family has occasional income or no income at all • Family depends on charity from local community • Single elderly > 60 years old
Activities	Household Level: <ul style="list-style-type: none"> - Before the first distribution, Household visits will be done - At the end of the project, impact monitoring surveys will be conducted Community Level: <ul style="list-style-type: none"> - Monthly distribution of fuel vouchers (100\$/HH) and food parcels (one Food parcel -27\$/HH)

The below table shows the list of food parcels to be distributed

Item N°	Material/ service description	Unit	Estimated Quantity
1	Rice (polished)	1 Kg / Pack	5
2	Pasta (Spaghetti)	500g / pack	3
3	Rice Vermicelli (she'reya)	500g / pack	1
4	Canned Tuna in oil	185g	4
5	Fine White Sugar	1 Kg / pack	3
6	Canned Beans (Ready to Eat)	400g	3
7	Lentils (red) Peeled	1 Kg / pack	3
8	Sunflower oil	1L/ bottle	3
9	Concentrated Tomato Paste (24% concentration)	400g	4
10	Black Tea (Pekoe/ Ceylon)	160g / pack	1
11	Vegetable Ghee	500g	1
12	Sesame paste (tahini)	908g / pack	1
13	Dry iodized Salt	450g / pack	1

^{3 3} Batroun, Bcharre, Koura, Minnieh-Dennieh and Zgharta

14	Brown Lentils – unpeeled	1Kg	1
15	Dried Chickpeas	1kg	1
16	Canned chickpeas (ready to eat)	400g	2
17	Bulgur (not grinded)	1Kg	1
18	Bulgur (grinded)	1Kg	1

Palestine Red Crescent Society (Lebanon Branch):

The extended DREF operation aims to support PRCS-L in their hospitals through partial coverage of patients bills deficit. The selection criteria and the sealing of the financial support has been set out in agreement with PRCS-L as the following:


Secondary Health Care services include the following, but not limited to hospitalization policy:


- o **The DREF will be covering up to 90 % of the cost without exceeding the ceiling of 125 CHF by New patient^{4*}** *This includes the provision of physicians' consultations, necessary laboratory, radiology and other diagnostic tests and the delivery of treatment services including medications.*
- a. **Emergency Room Services:** including consultations and interventions performed in the Emergency Room (E.R.) for patients presenting in acute conditions that are not responsive to primary care treatment, not eligible for hospital admission and in accordance with E.R. eligibility criteria. Patients admitted to hospitals through E.R., are only regarded as inpatients and not E.R. as well.
- b. **In-patient Medical Services:** including the provision of medical treatment to both pediatric and adult patients admitted inside the hospital. This includes the provision of physicians' consultations, necessary laboratory, radiology, and other diagnostic tests and the delivery of treatment services including medications and phototherapy for neonatal jaundice.
- o **DREF will be covering up to 70% of the cost without exceeding the ceiling of 350 CHF by New patient** **includes the provision of physicians' consultations, necessary laboratory, radiology, and other diagnostic tests and the delivery of treatment services including medications.*
- c. **In-Patient Surgical Interventions:** including the performance of surgical intervention on patients whose conditions necessitating such an act. Surgeries include but not limited to General surgeries, Urological surgeries, orthopedic surgeries, Ear, nose and throat surgeries and others.
- d. **Intensive Care Unit Services:** including the provision of intensive care services for those patients whose conditions are critical.
- e. **Coronary Care Unit Services:** including the provision of services to patients suffering from acute cardiac conditions that necessitate immediate and close monitoring.
- f. **Intensive Care for the neonates:** including the provision of services to neonates who are usually premature and whose conditions necessitate admission to the intensive care unit for management, but not covering routine post-natal monitoring of healthy neonates.
- g. **Life-saving medical intervention** for health problems caused by a third party: e.g. car accidents or shooting (covered only when the victims have no liability to an assurance schema)

⁴ * A **new patient** is one who has not received any professional services (i.e., those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported from the physician/qualified health care professional or another physician/qualified health care professional of the *exact same specialty and subspecialty* who belongs to the same group practice, within the past year. The patient should be not covered under any other scheme of financial support provided by RCRC partners, UNRWA, civil society, private, etc..

C. DETAILED OPERATIONAL PLAN

The revised EPoA includes the new activities which are highlighted below in GREEN.

 <p>Shelter People targeted: 7,250 (1,450 HHs) Male:3,713 Female:3,537</p>		
Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions		
Indicators:	Target	Actual
# of targeted people with safe and adequate shelter and settlement	7,250	-
Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households		
Indicators:	Target	Actual
# of affected households provided with short, medium, and long-term shelter and settlement assistance	1,450	-
Progress towards outcomes		
<ul style="list-style-type: none"> - LRC has revised their EPoA to include distribution of fuel vouchers to 2,000 most vulnerable families for heating. This DREF will support 1,450 families with two fuel vouchers for each, one in January and the other in February 2020 consecutively. - Actuals will be reported in the final report after implementation phase. 		

 <p>Livelihoods and basic needs People targeted: 7,250 (1,450 HHs) Male: 3,713 Female: 3,537</p>		
Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods		
Indicators:	Target	Actual
# of targeted households that have enough <food, cash, incomes> to meet their survival threshold	1,450	-
Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities		
Indicators:	Target	Actual
# of people reached with food assistance or cash for basic needs	7,250	-
Progress towards outcomes		
<ul style="list-style-type: none"> - LRC has revised their EPoA to include distribution of food parcels to 2,000 most vulnerable families. This DREF will support 1,450 families with two food parcels for each, one beginning of January and the other beginning of February 2020. - Actuals will be reported in the final report after implementation phase 		



Health

People reached: 8,059

Male: 4,128

Female: 3,931

Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
# of people reached by NS with services to reduce relevant health risk factors	7,900	3,172

Output 1.2: Target population is provided with rapid medical management of injuries and diseases

Indicators:	Target	Actual
# of people reached by First Aid services	7,900	3,172

Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Indicators:	Target	Actual
# of people reached by NS health services	500	

Output 2.1: Improved access to health care and emergency health care for the targeted population and communities

Indicators:	Target	Actual
# patients treated in PRCS-L health facilities	500	

Outcome 4: Vulnerable people's health and dignity are improved through increased access to appropriate health services

Indicators:	Target	Actual
Indicator: # of people reached by NS with appropriate health services to improve their health and dignity	2,100	4,887

Output 4.1: Improved access to health care and emergency health care for the targeted population and communities

Indicators:	Target	Actual
# of people reached through blood transfusion services	2,100	4,887

Progress towards outcomes

- The LRC treated 2,427 cases on site and 745 cases transported to the hospitals. Yet It is important to highlight and note that the majority of the cases transported and treated during the protests are not related to the clashes or confrontations.
- Also, the LRC provided during this period a total of 4,887 blood units. Blood stocks and medical consumables were purchased (including bags and other reagents) to make sure that all requests received are fulfilled within the blood availability in the BTS Centres.
- The revision of the DREF includes support provided to PRCS-L through their 5 hospitals to cover partially patients costs for two months.

Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
# of mobilized volunteers	1,200	1,200

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
# of volunteers provided by daily meals	300	300

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming

Indicators:	Target	Actual
DREF review and lessons learned reports produced and shared	Yes	Planned

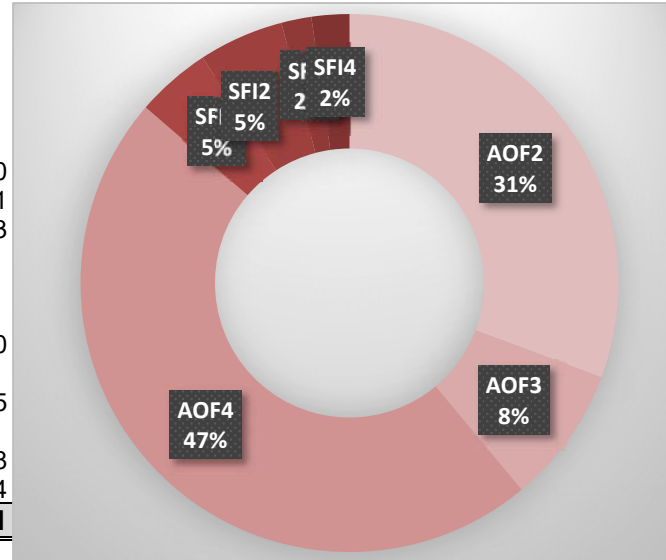
Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards		
Indicators:	Target	Actual
# mobilized NS vehicles and ambulances	150	150
Progress towards outcomes		
- All activities related to the visibility, safety and well-being of the volunteers have been carried out including procurement of visibility items.		

D. BUDGET

Revised budget:

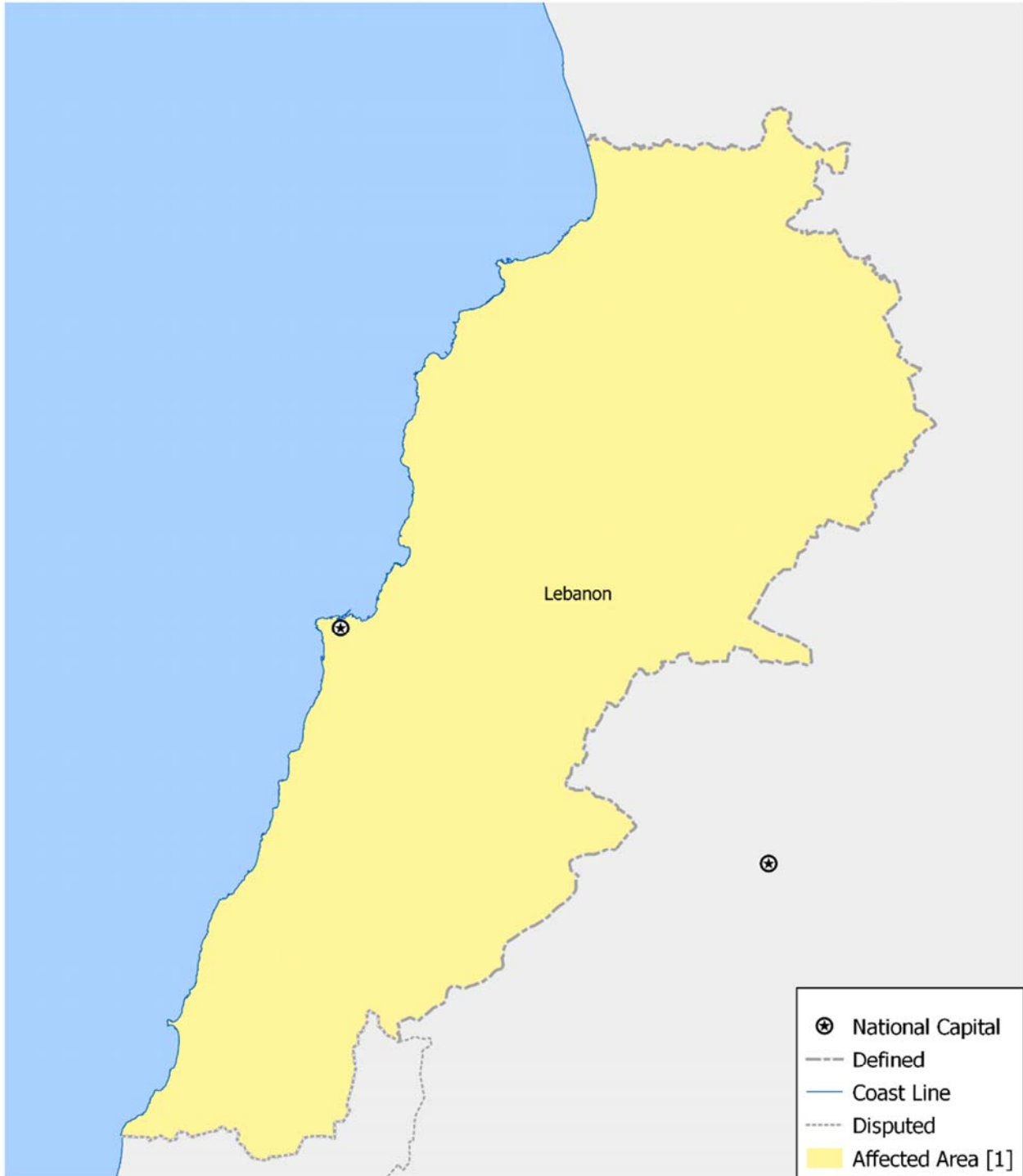
Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	302,920
AOF3	Livelihoods and Basic Needs	81,351
AOF4	Health	467,303
AOF5	Water, Sanitation and Hygiene	
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SF11	Strengthen National Societies	44,290
	Effective International Disaster	
SF12	Management	50,415
	Influence others as leading	
SF13	strategic partners	17,828
SF14	Ensure a strong IFRC	22,394
TOTAL		986,501





Lebanon - Civil Unrest
Disaster Relief Emergency Fund



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.



Contact information

For further information specifically related to this operation please contact:

- **Lebanese Red Cross:** George Kettaneh, Secretary General; email: georgekettaneh@redcross.org.lb, georgeskettaneh@yahoo.com
- **IFRC Lebanon Office:** Cristhian Cortez, Head of Country Office, Lebanon; phone: +961 71 802 926; email: cristhian.cortez@ifrc.org
- **IFRC Regional Office:** Dr. Hosam Faysal, Head of Disaster and Crisis (Prevention, Response and Recovery) – MENA; phone +961 71 802 916; email: hosam.faysal@ifrc.org
- **IFRC Geneva: Programme and Operations focal point:** Tiffany Loh, Senior officer, Operations coordination, email: tiffany.loh@ifrc.org;

For Resource Mobilization and Pledges:

- **IFRC Regional Office:** Yara Yassine, Regional Senior Partnerships and Resource Development Officer; phone: 00961 79 300 562; e-mail: yara.yassine@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **IFRC MENA Regional Office, Beirut:** Nadine Haddad, Regional PMER manager, phone: +961 71 802 775; email: nadine.haddad@ifrc.org
- **For In-Kind donations and Mobilization table Support:** Dharmin Thacker, Acting Head of Logistics, Procurement and Supply Chain Management, phone: +961 5 428 505, email: dharmin.thacker@ifrc.org

How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace.**
