This Emergency Appeal seeks a total of some **20 million Swiss francs** on a preliminary basis to enable the IFRC to support the *Lebanese Red Cross* to deliver assistance and support to the people affected by the Beirut-Port explosions populations **for 24 months**, with a focus on health, livelihoods and basic needs, shelter, water, sanitation and hygiene promotion (WASH), taking into consideration the impact of the ongoing COVID-19 pandemic and the economic collapse in the country. The planned response reflects the current situation and information available at this time of the evolving operation and will be adjusted based on further developments and more detailed assessments. This is based on the Lebanese Red Cross mandate and priorities within their role in the national disaster response plan, in coordination with the national authorities and other actors present.

This Emergency Appeal incorporates priorities defined in the Lebanese Red Cross appeal (click [here](#) - Information Products) issued on 5 August which are specified in the section under ‘Areas of Focus’ with a longer timeframe to enable the Lebanese Red Cross to address the deeper and more persistent ramifications of the disaster.

**Detailed breakdown of the sectorial funding requirements will be made available soon through further assessment and analysis.**

### The disaster and the Red Cross Red Crescent response to date

**4 August**: An explosion destroyed the port of Beirut and reverberated throughout the city at approximately 17:50 local time, causing -at the time of writing- at least 158 deaths with up to 21 people still missing, injuring over 6,000 people, and displacing up to 300,000 people from their homes across the Greater Beirut area.”

**5 August**: The Government of Lebanon declares a two-week state of emergency.

**5 August**: CHF 750,000 Swiss francs allocated from the IFRC’s Disaster Relief Emergency Fund (DREF)

**5 August**: LRC issues initial appeal for USD 19 million for 3 months to be extended

**9 August**: IFRC issues a preliminary Emergency Appeal for 20 million Swiss francs.

### The operational strategy

*Summary of Red Cross response to date*

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1. To be determined based on the outcomes of the needs assessment and LRC planning
2. Source: authorities, figures as of 8 August
Since the explosions, Lebanese Red Cross (LRC) mobilized and deployed its Emergency Medical Teams (EMTs)\(^3\) and ambulances to the site, to provide emergency first aid and evacuate the injured to the closest medical facilities available. Up to 75 ambulances and 375 EMTs and staff are currently responding in Beirut to help the most vulnerable. LRC also quickly established first aid and triage stations in at least two locations downtown to provide assistance to those with non-critical injuries. LRC were also actively encouraging blood donors to donate at Blood Transfusion Service (BTS) centres as there was an urgent need for all blood types. This need has since been met. Three days since the disaster, LRC continues to coordinate its response with the national authorities as well as local and international actors present and responding on the ground. To date, LRC has been receiving strong bilateral support and contributions from national and international donors, governments and Movement and non-Movement partners.

**Needs assessment and targeting**

Thousands of people have been affected. Health facilities in Beirut and surrounding areas are still overcrowded with patients suffering all sorts of injuries, many of which are the result of flying glass. Authorities indicate at least 158 deaths with up to 21 people still missing and over 6,000 people injured as of 8 August, and Lebanese authorities estimate up to 300,000 people are displaced from their homes across the Greater Beirut area. The psychological impact of the explosions for the entire population of Lebanon was also huge. On 5 August 2020, the Government of Lebanon declared a two-week state of emergency in Beirut, and all import and export of commodities have been redirected to the smaller port of the City of Tripoli, in Northern Lebanon.

The key priorities are emergency first aid and medical assistance, psychosocial support, emergency shelter and related WASH services, as well as basic needs (food and other household needs) assistance. Looking ahead, the initial analysis indicates that interrupted access to essential health services and supplies of medicines are and will remain critical needs. Several hospitals are damaged and/or inaccessible and were already stretched due to the ongoing COVID-19 pandemic. Many people have lost possessions, business premises both large and small, and hence their livelihoods, at a moment when the economic situation for the majority of Lebanese, as well as for Palestine and Syrian refugees in Lebanon, is desperate. Few people have access to an adequate social safety net and as the situation worsens, many will be unable to afford the cost of even basic healthcare.

In the mid- to longer term, it is essential to ensure and maintain access to basic healthcare especially in the face of the socio-economic crisis, and to support the rehabilitation and recovery of the LRC Emergency Medical Service (EMS), blood bank resources and services.

Beyond the immediate lifesaving actions and assistance needed and currently being delivered by LRC and other actors on the ground in the aftermath of the explosions, the ongoing socio-economic crisis, exacerbated by the COVID-19 pandemic, further exposes and increases the vulnerabilities of large segments of the population most directly affected by the explosions, over the coming months. Likewise, the explosions increase the risk of transmission of COVID-19, as facilities providing isolation and care for confirmed cases have been affected, and displaced people are sheltering in close proximity to many others, rendering physical distancing impossible.

LRC issued their appeal on 5 August for approximately USD 19 million for 3 months. At the time of writing, LRC is consolidating needs and damage assessment results and is working to revise its appeal, based on information available to date. This IFRC’s Emergency Appeal, launched on behalf and at the request of LRC, covers a longer implementation timeframe, recognizing that whilst the LRC plan is for the emergency response period, the mid- to longer-term recovery, rehabilitation and social and economic aspects will require resources as well, and the proposed timeframe of this operation is to enable LRC to meet the needs of the most vulnerable with a responsible

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\(^3\) More information is available [here.](#)
use of available resources. This proposed plan is derived from the priorities of LRC and their mandate as outlined in the national disaster response plan. It highlights certain elements of the existing LRC response plan now under revision, and it expands upon the areas of a longer-term nature, in order to provide the continuity of support that LRC will be expected to offer to the affected population in due course.

**Coordination and partnerships**

LRC is a widely recognized and respected actor, nationally, with the presence of the IFRC, the International Committee of the Red Cross (ICRC) as well as many Partner National Societies who contribute and support the LRC response.

The Red Cross Red Crescent Movement coordination in Lebanon is anchored in the Movement Cooperation Agreement (MCA) outlining the functional co-ordination mechanisms in Lebanon with regular meetings at leadership, operational and technical level. The functional Movement coordination mechanisms and practical application of the Strengthening Movement Coordination and Cooperation (SMCC) process in Lebanon continue to reinforce a coordinated and complementary Movement response.

LRC is supported by IFRC, ICRC and 21 Partner National Societies including the Netherlands Red Cross, Norwegian Red Cross, and German Red Cross as key partners. The LRC jointly with IFRC, ICRC, and Partner National Societies have regular meetings to ensure coordination and to keep the Movement partners updated and informed about the situation and on LRC operations. At this moment Movement partners are mobilizing funds to provide multilaterally through this Emergency Appeal, as well as to channel in support of the LRC Response Plan.

LRC maintains the highest levels of coordination and collaboration with the Lebanese Authorities as well as regular communication with the EU, Embassies, international agencies of the United Nations, and major NGOs.

**COVID-19 pandemic**

Displacement of affected people combined with challenges with maintaining physical distancing and other preventative measures during the aftermath of the explosions can increase the risk of the spread of the COVID-19.

The first confirmed case of COVID-19 in Lebanon was on 21 February 2020. From that date, new cases have been registered, activating the health system across the country. The Government of Lebanon declared a state of a medical emergency on 15 March and announced a series of measures including a temporary closure of the airport, on-off lockdowns, closure of land borders, stricter entrance requirements and restrictions, amongst other measures. The spread of the pandemic has dramatically increased over the past two weeks – approximately two-thirds of all confirmed cases in Lebanon occurred during the past 30 days - see below chart (source: Lebanon MoPH):

Since the onset of the COVID-19 pandemic in Lebanon, LRC has been mandated to take the lead in transporting suspected and confirmed COVID-19 cases, as well as to transport test samples from multiple locations across the
country to the laboratories where they are analysed. As of 3 August, LRC has transported a total of 3,265 patients to medical facilities and 38,687 PCR tests to designated laboratories.

Following this new disaster, the national authorities have put on hold the lockdown measures planned to be in force until 11 August. The response strategy envisaged in this Emergency Appeal will be reviewed concurrently with COVID-19 prevention strategies to ensure the compatibility and to maximise synergies. Up to date information on the activities of the LRC as part of the national COVID-19 response and covered outside of this Emergency Appeal is available on the IFRC GO Platform.

**Proposed Areas for intervention**

<table>
<thead>
<tr>
<th>Areas of Focus</th>
<th>Shelter</th>
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<tbody>
<tr>
<td>People targeted: 10,000 families/ 50,000 people</td>
<td>The detailed allocation of funds will be provided thorough analysis of the needs</td>
</tr>
</tbody>
</table>

The homes of many residents were destroyed or badly damaged by the blast, leaving an estimated 300,000 people without shelter. In coordination with other actors, both private and governmental, LRC under its response plan (currently under revision) is focusing on providing emergency shelter and basic needs in the first 72 hours of the response for 1,000 families, and to increase this number to 10,000 families affected by the explosions for a period of three months, depending on rapid needs assessment results and changing needs of the affected. Together with basic needs, the total Disaster Management sector appeal is for USD 9 million as explained in LRC appeal.

Further needs requiring mid-term assistance will be identified based on the priorities as defined and responded to, in coordination with the authorities. LRC is aiming to provide shelter assistance in the form of cash and voucher assistance (CVA) as one of the response options for vulnerable families that may require additional assistance and/or fall between eligibility criteria that qualifies them for assistance.

**Proposed intervention**

*Activities include but are not limited to the following:*

- Establish emergency shelter access for up to 1,000 families for the first 72 hours
- Assess needs of community members affected
- Coordinate with local and national authorities as well other actors present to determine shelter assistance being provided
- Identify and provide shelter assistance based on need and through appropriate modality including considerations for CVA as a modality if appropriate
- Monitor access and use of intervention provided, to modify and correct as required to meet the needs of the people to be assisted
Livelihoods and basic needs
People targeted and the detailed allocation of funds will be provided through analysis of the needs.

Proposed intervention
Prior to the disaster, the Lebanese population had already been negatively impacted by ongoing challenges brought about by economic crisis coupled with the civil protests since October 2019, the devaluation of the national currency and, in spring 2020, the global COVID-19 pandemic that impacted economies worldwide. The port explosions further exacerbate the situation, and families already struggling with weakened financial capacities risk falling into further poverty or resorting to negative coping mechanisms, with homes, businesses and belongings destroyed, and sharply increasing costs of living.

There are concerns over food supplies as the national wheat silo was destroyed and Beirut's port severely damaged, which will further curtail the government’s ability to import food.

To address this, complementing activities outlined above under Shelter, LRC will distribute basic items including mattresses, blankets and hygiene kits to the affected population, together with ready-to-eat meals, either in-kind or through cash and voucher assistance (CVA), whichever most appropriate based on assessment results and availability of vendors and/or financial service providers.

Activities include:
- Rapid assessment of needs
- Coordination with all actors to avoid and/or minimize duplication
- Market assessment to determine most efficient and cost-effective modality of intervention
- Response options analysis
- Procurement of finance service provider or vendor for in-kind
- Emergency food distributions either in kind or in the form of cash and voucher assistance (CVA)
- Community engagement and accountability including post-distribution monitoring and Complaint Response Mechanism (CRM)
- Close monitoring of market conditions and remaining needs of most vulnerable families
- Revised and updated distributions based on essential/basic need and available resources

Health
People targeted and the detailed allocation of funds will be provided through analysis of the needs.

Proposed intervention
Initial analysis indicates a severe interruption of access to essential health services and supplies of medicines, as several hospitals are reported damaged, overwhelmed and/or inaccessible. Many individuals and families have lost their social safety net and the economic situation continues to worsen, resulting in escalating the cost of healthcare which must be met from personal means.

- Under its response plan (currently under revision) LRC envisages establishing and equipping 2 temporary staging centres to provide support to the affected population, including communications equipment, ambulances, PPE and operating costs. The LRC Blood Transfusion Service is experiencing unprecedented demand for its stocks and it has need for replenishment not only of blood but also of reagents and other materials, as well as repairing and fully re-equipment two facilities damaged in the disaster. Finally, the Medico-Social Services need to meet the surge in demand on its existing 36 health centres and 9 Mobile Medical Units (MMU).

Activities planned include:
- Delivery of first aid to the affected population
- Provision of pre-hospital care and medical transport to affected population
- Provision of Blood Transfusion Services (BTS) as per appropriate medical standards
- Replenishment of medicines, equipment and supplies of deployed EMTs and EMS stations
- Procurement of medical reagents and consumables for blood transfusion and voluntary donations
- Repairing and re-equipping two Blood Services facilities
- Provision of support to vulnerable families to access primary health care services
- Increasing access to essential health service through reinforcement of 36 LRC health centres and nine mobile medical units to meet needs of vulnerable individuals and families
- Mental Health and Psychosocial Support (MHPSS) for communities affected by the explosions

### Water, sanitation and hygiene

**Proposed intervention**

- Needs analysis and identification and targeting of population to be assisted
- Affected families need access to safe and clean drinking water as well as sanitation facilities. There is also an increased risk of the spread of COVID-19 due to the unavoidable close proximity of individuals and families in crowded temporary shelter and accommodation arrangements. There is a need to provide safe water and hygiene kits alongside other non-food relief items.

**Activities planned include:**

- Distribute safe water to the affected population
- Distribute hygiene kits
- Continuously monitor the water, sanitation and hygiene situation in targeted communities.
- Develop a hygiene communication plan integrating COVID-19 prevention messaging
- Train volunteers to implement activities from the communication plan.
  - Mobilize trained volunteers to promote positive sanitation behavior and hygiene practices in the communities
- Equip volunteers with appropriate personal protective equipment (PPE) including hand sanitizers and masks when engaging with community members.
- Continuous monitoring by technical staff.

### Protection, Gender and Inclusion

**Proposed intervention**

During times of disasters, affected people are made more vulnerable by lack of housing and economic insecurity. Vulnerable population groups such as children, elderly, persons with disabilities and people sick are at higher risk of neglect, exploitation, and abuse especially when there are displaced from their homes. There is a need to ensure protection of these population groups and incorporate their different needs into the programming. Almost 80,000 children are among the 300,000 people displaced by the Beirut explosions, according to UN Children’s Fund (UNICEF).

**Activities planned include**

- Provide follow up and technical support according to IFRC Minimum Standard Commitments to Protection, Gender and Inclusion (PGI) in Emergency Programming.
- Support protection related reference system at local level.
- Provide psychosocial support to affected people including children.
- Provide essential services to unaccompanied and separated children and other children on their own.
- Volunteers, staff and contractors sign, are screened for, and are briefed on safeguarding and Prevention and Response to Sexual Exploitation and Abuse (PSEA) policy/guidelines.
- Volunteers trained in PGI in humanitarian settings to assess immediate and longer-term PGI needs, including Sex and Gender Based Violence (SGBV). The assessment results will be built into the continuous planning and design across the operation.

**Strategies for Implementation**

*The detailed allocation of funds will be provided through analysis of the needs*

Based on the demand for the technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration; NS capacity strengthening, Preparedness for response  More details are in the Emergency Plan of Action (EPoA).

**Strengthening National Societies**

Key activities include:
- Rehabilitation of damaged and/or destroyed LRC premises
- Rehabilitation of damaged EMS stations and BTS centres directly damaged impacted by the explosions
- Provision of PPEs for staff and volunteers
- Enhance operational capacities at HQ and Branch level: replenishment of equipment, national response teams’ materials, protection equipment and emergency materials. Emergency Operation Center at HQ and Branches reinforcement, emergency need assessment, contribution to the NS preparedness for response plan etc.
- Support the running costs of the EMS, BTS and Health Centres and MMU across Lebanon.

**Ensure Effective International Disaster Management**

The following programme support functions will be put in place to ensure an effective and efficient technical coordination:
- Coordination support to LRC
- Supply chain coordination support with a focus on mobilisation in accordance with the operation’s requirements and aligned to IFRC’s logistics standards, processes and procedures.
- Information management support

More details will be provided in the Emergency Plan of Action (EPoA) to be made available soon.

**Influence Others as Leading Strategic Partners**

The programme support functions including communications and media relations; planning, monitoring, evaluation, and reporting (PMER) as well as partnerships and resource development will be put in place to ensure that IFRC influences others as a leading strategic partner as well as enables IFRC to raise the necessary funds in support of LRC as well as support LRC in their own fundraising. Since the onset of this disaster, IFRC has engaged with
LRC to support their fundraising efforts connecting LRC with potential donors (e.g. corporate donors) and funding opportunities.

The principal aim is that the Red Cross Red Crescent humanitarian response is professionally communicated, understood, and supported by internal and external stakeholders. Maintaining a steady flow of timely and accurate public information focused on the humanitarian needs and the LRC’s response is vital to support effective resource mobilisation efforts, enhance collaboration with key partners and stakeholders and mitigate reputational risks.

Communications support to this operation will ensure that the LRC is well profiled through proactive public information activities that integrate the use of the LRC and IFRC online platforms, media relations activities, audio-visual production, and social media engagement. Primary target audiences will include national, regional, and international media, Red Cross and Red Crescent National Societies, peer organizations as well as donors and the wider public.

PMER and information management support to LRC are provided as needed to ensure consistent data and information collection to guide informed decision making and allocation of resources where needed. The information is then channelled through appropriate streams including the IFRC GO platform, internal and external communications and media relations, partnerships, and resource development on behalf of LRC where appropriate. More details will be provided in the EPoA.

Funding Requirements

This Emergency Appeal seeks to mobilise 20 million Swiss francs. Detailed breakdown of the sectorial funding requirements will be made available under the upcoming revision of this Emergency Appeal and the development of the EPoA.

Jagan Chapagain
Secretary General
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**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.

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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 living**: promote social inclusion and a culture of non-violence and peace.